

CONNECT

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magazine

MEDICS & MISSION



AFRICA
INLAND MISSION

MEDICS & MISSION

Look at any official rankings comparing healthcare in the world and you will be hard-pressed to find an African country in the top 50. In fact, the majority of them will be at the bottom end of the list. The reality is that many of the countries in Africa are the poorest in the world and, as a result, their healthcare system suffers. Their hospitals face illnesses and diseases that would be preventable and treatable in other parts of the world, their life expectancy is considerably lower than other countries, and only 52% of Africans have access to the healthcare they need (African Health Agenda International Conference, 2021). It all seems hopeless.

This is not the case though. In this edition, we will see how AIM is having a significant impact through its medical ministries: supporting local hospitals, training local medical professionals, and bringing healing and the hope of Jesus to these countries.

Rosie

CONNECT EDITOR

Note: We use an * for pseudonyms, to protect people and their people groups. Images are often representative and we will note where AI was used to create images.



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Missionary healthcare professionals have doors opened to them which are closed to other missionaries.

HOPE AND HEALING



A BIBLICAL FOUNDATION

Medicine and health care deservedly have an unassailable pedigree in the long history of Christian mission. From the early chapters of the Pentateuch (when Abraham prayed for God to heal Abimelech's family, Gen 20:17), to the final chapter of the New Testament (where the leaves of the tree of life are for the healing of the nations, Rev. 22:2), we read of God's concern for the holistic wellbeing of his people as encapsulated in the concept of shalom. Jesus set us a particular example, as the gospels are replete with instances of his compassion for people, manifested in a variety of ways, including physical healing.

BRINGING HOPE THROUGH HEALING

From the early days of AIM, diverse health ministries have played an important role in the proclamation of the gospel and embodying the kingdom of heaven. Unable to ignore the desperate need around them, many early missionaries discovered that "the stethoscope and scalpel" opened up doors that other approaches could not budge. This led to the establishment of mission health care facilities, from small remote dispensaries to flagship hospitals. By the end of the twentieth century, mission partners primarily served in many mission hospitals and their well-developed (mostly nurse) training programmes that focussed on excellent care.



Unable to ignore the desperate need around them, many early missionaries discovered that "the stethoscope and scalpel" opened up doors that other approaches could not budge.

REALIGNING THE FOCUS

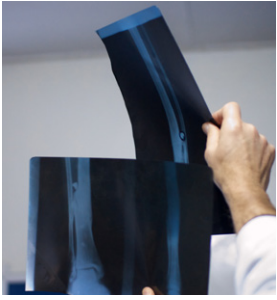
AIM, however, regularly evaluates its goals, objectives and methodologies, and its health ministries have certainly reflected this. At the turn of the twenty first century, most healthcare professionals found themselves in long-established church hospitals in areas that had been reached for decades. This led to healthcare workers feeling out of step with the goals of the mission, undervalued and consequently experiencing a high attrition rate. A landmark review of AIM's health care resulted in regional leaders developing more diverse placements for health professionals, for example, partnering with NGOs, government hospitals and higher education establishments. These partnerships, in turn, enable more opportunities in countries hostile to the gospel and places where no church hospitals exist.

TRAINING FOR MISSION

In recent years another area of focus for training health professionals has been helping to equip the African mission force e.g. the Kairos & Saline courses. This has meant that in many places, mission partners can combine a role in excellent health care training with training national professionals for mission and outreach. It has also meant that we have more opportunities for both short- and long-term placements in the whole breadth of health professionals training.

COMBINING MEDICINE AND MISSION

Every health ministry is now an expression of a clear strategy reflecting the overall regional ministry direction of AIM in the diverse and varied contexts of Africa and contributes to the discipling of health professionals in both open and creative access nations, the training of church leaders and the provision of compassionate care.



EVERY ROLE COUNTS



CHALLENGING PERCEPTIONS

When considering medical missions, it can quickly bring to mind the work of doctors and nurses, without thought of those more niche specialties, or those from other medical professions. The reality is that there is a need for all medical professionals to be involved in this work, from specialist doctors to mental health professionals, to radiographers, and everything in between. Each location can have different issues to face: some hospitals may have the equipment for certain procedures, but they don't have the trained professionals to use it; other locations, especially government hospitals, can struggle with meeting staffing needs to provide adequate care; the more rural

areas may simply have a need for a friendly face they can rely on to provide a clinic.

MINISTRIES AND OPPORTUNITIES

There is an abundance of ministries across Africa that we are involved in and partner with, including mission, government and non-government hospitals, local ministries - such as clinics run by NGOs - and churches in rural areas where access to medical care would not otherwise be possible, as well as non-institutional-based health care. This ministry is also used in nations that are closed to the gospel where we wouldn't otherwise be able to work or openly share the gospel.

MEDICAL CARE IN AFRICA

African life expectancy
In the 60s was 40, today it is 63

63 vs 80

UK life expectancy
In the 60s was 70, today it is 80

Only 52%

Only 52% of Africans have access to the healthcare they need

On average there is 1 doctor in Africa for every 10,000 people. The UK has 31 doctors for every 10,000 people

1 vs 31

Every minute

Nearly every minute, a child under 5 in Africa dies of malaria

Only two countries, Cabo Verde and South Africa, spent the recommended amount of money on healthcare in 2021

Only 2

50X

Women in sub-Saharan Africa are fifty times more likely to die from childbirth than women in high-income countries

there is a need for all medical professionals...from specialist doctors to mental health professionals, to radiographers, and everything in between.

A WIDE RANGE OF CONTEXTS AND COUNTRIES

We work in Government hospitals, Mission or church based healthcare, and through local ministries in Chad, DRC, Ethiopia, the Indian Ocean Islands, Kenya, Lesotho, Madagascar, Mayotte, Mozambique, Namibia, South Sudan, Uganda, North and West Africa. AIM has also established Tumaini Counselling Centres in Kenya and Uganda.



OPPORTUNITIES AROUND

Here are some of the short and long-term opportunities open to medical students and professionals.

Find out more by emailing us: mobscoordinator.eu@aimint.org

MEDICAL DISCIPLER

Serve in Lesotho for 3 weeks to 12 years

MENTAL HEALTH PROFESSIONAL

Serve in Kenya for 12 months

DOCTOR

Serve in Tanzania for 2 weeks to 12 years

NURSE

Serve in an undisclosed location for 9-12 months or long-term

VOCATIONAL INBOUND TEAM

Join an Inbound team for 1-3 years, with a view to joining a local team in South Sudan.



TESTIMONIES OF HEALING

Our missionaries meet people
from different walks of life.
Read this collection of stories
from a variety of ministries.

STORIES FROM KENYA

CARE THROUGH THE GENERATIONS: A TALE OF THREE WOMEN, BROKEN AND DESPERATE

We met Magdalene through her daughter, Naomi, who was in the Sunday school class. Magdalene had endured horrific abuse during the post-election violence and was then rejected by her family. Fleeing to a shanty town near us, she found the only work available to her, a woman with no dignity, no hope and small children to care for: prostitution. Naomi was often hungry, always stigmatized by her classmates, but even at a young age had a deep passion to understand the context of scripture, and a mature faith.

GIVING SUPPORT

Magdalene eventually got AIDS and we worked with her over several years so that when she became pregnant with Susan, she took the antiretrovirals and even became a patient advocate in our hospital despite the stigma and condemnation she experienced. Susan was born HIV negative but sadly Magdalene eventually succumbed to AIDS when Susan was still young.

A POSITIVE FUTURE

Naomi was very bright and through some of our contacts helping with fees and applications, was able to complete high school with good grades. She won a scholarship to study in the US where she did her undergraduate degree then a Masters, while working to earn enough to put herself through medical school. She is now a resident in paediatrics and palliative care, with plans to return to Kenya after her residency to work in that department.

While an undergraduate, Naomi legally adopted Susan so she would no longer be an orphan. Susan herself is now in her final year of university studying to be a clinical officer and determined to help her community.

JOURNEYING TOGETHER

We walked alongside Magdalene and her family through traumatic times for over 20 years, constantly amazed at and inspired by their determination to trust God no matter what. He is faithful to the next generations, and we are privileged beyond imagination to be witness to it.



FAR-REACHING REPUTATION

Yewa (pictured below) attended Kijabe Hospital after struggling with a facial tumour for over 16 years. She was informed that the hospital might be able to help and, with the support of well-wishers, came to receive care. While this is a common tale, what was surprising was how far she had come: she had travelled all the way from Togo, West Africa.

Reading the Bible wasn't like any other book; it wasn't just knowledge increasing, but life transforming and brought her a peace she had never experienced before.



FROM THE ISLANDS

A LIFE TRANSFORMED

From early on in our friendship, Mama Fae was hungry for Truth and interested to study what the Bible said. She initially wanted to read it because she wanted to add to her knowledge of God, explaining, if one book provides some wisdom, why stop there? However, she said reading the Bible wasn't like any other book; it wasn't just knowledge increasing, but life transforming and brought her a peace she had never experienced before. She explained that before she understood who Jesus is, she was very fearful, but now God has replaced that fear with his peace.

NOT JUST A HOSPITAL



The Halestraps were based at AIC Kijabe Hospital for 11 years – Pete working in the Outpatient and Emergency departments and serving as Director of Medical Education, while Libby ran an education course in the hospital – before returning to the UK in 2023 for health reasons. They remain closely connected to the hospital and continue to help develop online learning materials.

FAR-REACHING IMPACT

‘Impacting a million lives annually for Christ’ is the main goal of Kijabe Hospital’s current strategic plan. This vision reminds everyone that God’s kingdom and his glory is at the heart of everything that the organisation does.

A LONG HISTORY

The hospital has been seeking to provide Christ-like compassionate care to those in need for almost 110 years, but what started as a small clinic to provide care for the local community has now grown to become a major referral hospital for the whole region. The hospital seeks to show Christ-like love to its neighbours, both near and far, demonstrated most clearly by sharing the good news of Jesus.

CHRIST-CENTRED CARE

Every interaction presents an opportunity: the gospel is explained to patients in the waiting room, and patients are also prayed for during ward rounds and before surgery. Yusuf*, a member of an unreached people group, attended the hospital after failing to improve with care at other hospitals or with traditional medicine. He underwent emergency surgery and recovered in the ward. During his time in Kijabe, he came to faith in Jesus and is now being discipled by believers in his home area. Indeed, in the first six months of 2024, over a hundred people like Yusuf committed their lives to Christ.

EXCELLING IN LOVE AND LEARNING

The hospital also places a major emphasis on teaching and training, with over 350 full-



time learners, from undergraduate nursing students to consultant-level trainees. Many new programmes have been pioneered and continue to impact the whole region. A programme for clinical officers (mid-level providers) in emergency medicine and critical care began in 2015, with just nine students undergoing in-house training. By 2022, the now nationally approved programme had graduates working across Kenya, with over a hundred people attending the annual conference.

CHRIST-CENTRED TEACHING

All teaching programmes are explicitly Christian, with discipleship and mobilisation being key components. Many of the trainees undertake the Kairos missions course, and each student is encouraged to think about how they can most effectively serve God with the skills and heart that he has given them. Graduates often go on to work in under-served or unreached places. On several occasions, graduates have returned to their home country as the first fully trained paediatric surgeon.

LOOKING TO THE FUTURE

We pray that Kijabe Hospital, through its care and its graduates, will continue to impact millions of lives for Christ, now and in the years to come.

During his time in Kijabe, he came to faith in Jesus and is now being discipled by believers in his home area.

TRAINING TO SEND

Lead Tutor Irene with students Korir, Nancy, Eric, Mercy and Desmond



Katy Linley began serving at Kijabe Hospital in 2021 and took on the leadership of the hospital's new higher diploma in family health for clinical officers (FHCO). A graduate in the first cohort, Irene, is now lead tutor alongside her. Katy reflects on the hopes for how this course will impact not just Kenya, but further afield.

STRUGGLING WITH HEALTHCARE

Kenya, and neighbouring countries, continue to face tremendous challenges to the health of their population despite sustained efforts of government, churches, NGOs and the private sector.. There are large inequalities across the population in accessing quality and affordable healthcare.

Primary healthcare (PHC) is widely regarded as the fairest and most cost-effective way to provide people with access to healthcare where and when they need it; offering most of the medical care that a person needs, from pregnancy to end of life, and all stages in between. By working with communities and families, primary healthcare also focuses on prevention of disease and health promotion.

In many countries, family physicians (GPs) and teams provide primary healthcare, but in Kenya, there are only about 150 trained family physicians for a population of 54 million. So, clinical officers (mid-level health workers) and nurses provide much of the primary healthcare across the country, but without specific training for this role.

A NEW TRAINING COURSE

Understanding the huge need for primary healthcare specialists, Kijabe College of Health Sciences, part of Kijabe Hospital, developed this new diploma, which has also been adopted by the government. The training aims to equip clinical officers to become experts in primary healthcare, being skilled to deliver comprehensive, evidence-based and cost-effective holistic care at an individual, family and community level.

Although numbers are small so far, we have five family health for clinical officers graduates and ten currently in training, with a new intake planned each year. Current trainees come from different parts of Kenya and beyond and plan to return to work in the areas they grew up in. Graduates are working in clinics at Kijabe Hospital and its satellite clinics.

By working with communities and families, primary healthcare also focuses on prevention of disease and health promotion.



"The course has challenged me to be part of the missionary work through Kijabe hospital and also inspired me to integrate my life, my clinical work and missions." Korir

"I look forward to being a healthcare leader in the community and reaching out to more people as I care for their health and spiritual aspects." Eric



"I learned that as a medic I have a great opportunity to do mission work as I can interact with different people from different places. We can 'reach' them while we give medical care." Mercy

In many countries, family physicians (GPs) and teams provide primary healthcare, but in Kenya, there are only about 150 trained family physicians for a population of 54 million.

THE VISION FOR THE PROGRAMME

We want to inspire FHCOs to see their medical skills as an opportunity to serve in less reached areas, through cross-cultural training and placements with missionary teams in different parts of Kenya. As the programme expands, we hope to see FHCO graduates working across Kenya and beyond as part of PHC teams, showing compassion as they lead and influence the delivery of quality and accessible healthcare where people are in need of physical and spiritual healing.



IMPACTING COLLEAGUES

Peter* and Nia*, along with their three daughters (aged 8, 10 and 12), currently serve in West Africa. Nia is a doctor and has been working in the emergency department of a government hospital in their city for the last 18 months.

JOY DESPITE DIFFICULTIES

The hospital I work in is the busiest government hospital in our city. Despite the challenges and chaos, I love it! It is hard to work in a persistently under-resourced environment, it is hot, and it is not always possible to provide care to a level that you wish you could. Sad things often happen. But the opportunities to dig into real life with my Muslim colleagues and make friends with them – to wrestle through the difficulties and celebrate the successes with them and to witness to them in those moments – are there in abundance. I am also able to bless some of the least fortunate and impoverished people in our city.

PRAYER PROMPTS CONVERSATION

I have been able speak about Jesus simply by silently praying before sharing lunch in the staff room with my colleagues; they were fascinated by it and wanted to know more. During Ramadan, I fast alongside them, praying for them and this country. Many opportunities arise to talk about what the Bible says about fasting, why it is not a way to get right with God, and why I do it anyway. This has prompted conversations about prayer and access to God, and the confidence with which I can approach God and why that is possible.

OPPORTUNITIES THROUGH FRIENDSHIP

Most Muslims here do not have a single Christian friend and have little chance of hearing about Jesus and his awesome gospel. By working in the government system, I now have many friends amongst my Muslim colleagues, and we are working and living life together. I have hung out with them at home, brought gifts for them when they have babies, met their families, and have been invited to festival celebrations.



GIVING HOPE IN A HOSPITAL

How can those who have not heard about Jesus or know nothing except what has been told to them by unbelievers find out more about him? One way is through friendships with Christians – and Christians working in a government hospital provides a brilliant vehicle to enable that to happen. It can be tricky, unpredictable and challenging but the opportunities for sharing about Jesus are numerous – and somebody needs to be there to take them.

I have been able to share about Jesus simply by silently praying before sharing lunch in the staff room with my colleagues; they were fascinated by it and wanted to know more.



PRAY

- Pray for Christians working in government spaces to have courage in sharing and for them to be a witness in their workplaces.
- Pray that Nia would represent Jesus well in the department, especially when things are hectic.
- Nia teaches English to her colleagues each afternoon and has recently started using the parables in these sessions. Pray that the parables would prompt gospel-centred conversations.
- Pray for deepening relationships with friends and that Nia would lead them to Jesus.



Holly* is a general surgeon and has been working at Kijabe Hospital since 2021. But before then she served for seven years in a government hospital in a closed nation.

REFUSING CARE

‘Inshallah’ was his final word. As Allah allows. He absolutely needed surgery but was never going to accept. I knew if he went home, he would suffer complications and die, but I was unable to encourage him to trust our assessment. Such an event was fairly frequent, at least in my early years, and I came to appreciate some of the factors that played into that inability to accept help.

BARRIERS TO HEALING

The big issues were an absolute fear of the unknown (anaesthesia and surgery), a lack of trust that a stranger, even in a professional capacity, had their best interest at heart, and a lack of hope that things could be improved.

Inshallah implied a trust that Allah was in control, but in reality it often reflected a hugely fatalistic outlook to life. My only professional response was to appreciate that being present, consistent and demonstrating compassion, had the ability to change some perceptions over a period of time.

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A DESIRE TO SHARE

But of course, as much as I valued being able to offer professional expertise, my biggest desire was to share the gospel with others. It is easy to see how these issues of hope and trust can only be met with hope and trust in all Jesus has done for us. I found many opportunities to meet with individual ladies over the years, ladies who had real faith and had very little fellowship with other, especially local, believers. Being in a position to study the Bible and pray consistently over years with others was a real joy and encouragement for me.

BUILDING RELATIONSHIPS

When I arrived, another doctor in the hospital, with hard-worked-for language, had a weekly meeting at his home with some local ladies. The relationships came over months of consistent medical care and kindness. His wife would provide food, and they had time to chat and have very direct biblical reading

and teaching. But it came to an abrupt end, meaning those ladies never all met again. At the time it was unknown if they were seekers. So, even as we sorrowed later to hear two individual ladies had died, it was beautiful to learn they both had declared Jesus as their saviour and could express that hope as they faced death, and eternal life.

BRINGING HOPE DESPITE CHALLENGES

As much as working in this place had challenges, the opportunity to share carefully with others hugely outweighed any struggles. Professionals have an open door still to enter such locations and can delight in being those who take hope and light to those living in a great darkness.

PRAYER

Over the years the number of believers has grown here. Please pray for their growth, fellowship, and protection where they are under significant scrutiny and potential for persecution.

CLOSED TO MISSION

OPEN TO MEDICS



Kay* and Elle* are part of a medical team, serving on an Indian Ocean Island. Kay* heads up the team and has been serving in the Indian Ocean Islands since 2011, and Elle* joined the team in 2021. They highlight the difficulties of sharing on an island that is hostile to the gospel.

THE ISLAND

We are two Brits living up on Planters' Plateau, a green highland area in the south-east of Clove Island*. The island is a closed country, meaning that open missionary work isn't allowed. To be an islander is to be Muslim: locals are not allowed to change religion, and outsiders are not allowed to share the good news with them. So, we must use creative ways to access the community. Therefore, our medical work provides us with many such creative things.

THE WORK

It's our official reason to be here and the job title on our visas. It gives us a positive identity in the community and allows us to show them Jesus' love as we serve them. We work in the district hospital as a nurse and doctor alongside local staff to help improve services, treat patients and prevent disease. We cannot do much open sharing on hospital grounds. But we pray for opportunities to share the good news with staff, patients and neighbours in a more discreet way.

THE COMMUNITY

By living in the community, learning local language and taking part in as much community life as possible, we get to know people and find those open to hearing. We pray and read the Word with seekers in their homes and come alongside local believers to encourage them in their own ministry.



*"Remember me?
You treated my son. He died, but you
prayed and God answered you."*

Elle:

My biggest joy has been seeing islanders willing to read God's Word for themselves, seeing it challenging and changing them. Our friend Mama Fae was desperate for God to reveal which way was right, the one she grew up with, or trusting in the Jesus we had told her about. By the time we got to the end of reading John, she was convinced that he is the way, the truth and the life!

Kay:

Often, we never know the impact a kind word or a simple prayer can have, but sometimes God gives us glimpses. One morning, I was helping our colleagues try to save a wee boy who sadly didn't make it. After, as I swaddled him and placed him in his father's arms, I prayed for God to comfort this grieving family. Exactly a year later, a man came up to me and said "Remember me? You treated my son. He died, but you prayed and God answered you.

Today, exactly a year after our son passed, God has given us another son. You must come and meet him!"

PLEASE PRAY

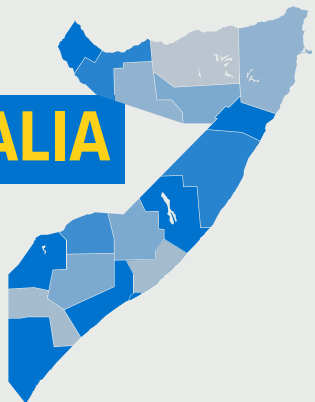
- That local Christians would have boldness and wisdom as they share, and for us as we support, mentor and encourage them.
- For those who have shown interest, but not yet decided to follow.
- That the Holy Spirit would lead us to those who are open to hearing about Jesus, at work and with friends and neighbours.
- For whole families to believe, not just individuals.

REPUBLIC

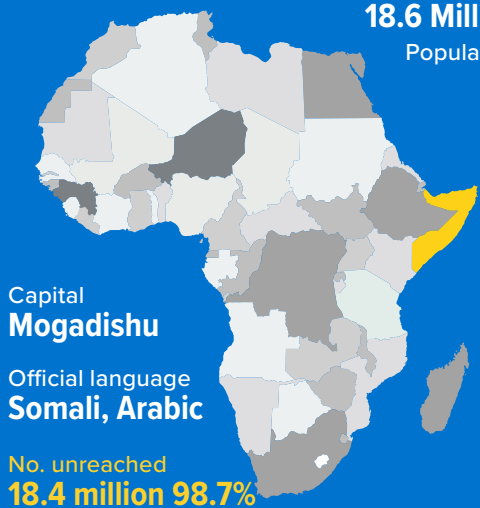


OF

SOMALIA



18.6 Million
Population



Capital
Mogadishu

Official language
Somali, Arabic

No. unreached
18.4 million 98.7%

98.6% ISLAM

RELIGIONS IN SOMALIA

0.1% ETHNIC

1.3% CHRISTIAN

A NATION SCATTERED

Somalia is consistently considered one of the poorest countries in the world. With its ongoing civil war, and staunchly Muslim heritage it is a dangerous place to be: as a native, as a woman, as a Westerner, as a Christian. It has a significant number of diaspora across the world, with nearly the same amount of Somali people spread across the rest of the world, as resides in Somalia.



HISTORY

The Republic of Somalia was formed in 1960 when a former Italian colony and a British protectorate joined together to form a federation. The government was overthrown in 1991. In the midst of this, two independent states were declared: the Republic of Somaliland in the north in 1991, and the Puntland State of Somalia in the northeast in 1998. Neither of these states are recognised internationally. In 2012, an internationally-backed government was installed in Somalia to help bring peace and stability to this nation.

LIFE IN SOMALIA

The civil war has not been kind to Somalia. Power stations frequently malfunction, there is low productivity in factories, the Somali shilling has depreciated, its health and welfare structure is severely damaged and its state education system was left in a dire situation. The threat from al-Shabaab, a Sunni Islamist military and political organization, continues and over half of the population are still living below the poverty line (2022). The country is on a slow journey toward stability.

THE PEOPLE

Family is an important part of the culture in Somalia, with the oldest family members being given the utmost respect. The country's population is overwhelmingly Somali, with this people group spreading out into northeastern Kenya, the Ogaden region of Ethiopia, and the southern part of Djibouti. The vast majority of Somalis belong to the Sunni sect of Islam.

THE CHURCH

The dangers faced by Christians in Somalia means that the church is virtually non-existent. Leaving Islam to become a Christian is seen as a betrayal, with communities and families turning against those who convert. Attempts to establish or re-open previous churches are met with opposition. This country continues to be trapped in darkness.

WORDS ON THE PAGE

The Somali language was only written down in 1973, when it adopted an official orthography based on the Latin alphabet.



BANANA REQUIRED

No Somali meal is complete unless accompanied by a banana. Chop it up and mix it in!



SOLE PROBLEM

In Somalia, it is rude to show, point or expose the soles of your feet to another person whilst sitting.

A FRAGRANT EXPORT

Somalia is one of the biggest producers of frankincense, which comes from the Boswellia resin trees and is used in fragrances and medicines.



CAMELUS DROMEDARIUS

An estimated 7.5 million camels live in Somalia. That's the second largest population of camels in the world, behind Chad!

FOCUS ON THE SOMALI



WHO ARE THE SOMALI PEOPLE?

The Somali people are spread across the Horn of Africa with the majority found in Somalia, and significant populations in Kenya and Ethiopia. While this people group shares a common language, faith and cultural heritage, it is also divided into four major clan groups. The two largest groups are the Somaal, who are primarily nomadic shepherds, and the Sab, who tend to settle in communities and are farmers or craftsmen.

WHAT DO THEY BELIEVE?

The vast majority of Somali people are Shafi Muslims, which is one of the schools of the Sunni sect of Islam. Over the years, various beliefs and traditions have been blended with their Islamic practices. The standard prayers are usually observed, but it is only in more recent years (1990s) that it has become a requirement for Somali women to wear a veil.

WHAT IS BEING DONE TO REACH THEM WITH THE GOSPEL?

The country of Somalia is currently placed at number 2 on the Open Doors World Watch List for persecution, meaning that reaching the Somali people in this country is all but impossible. However, due to their widespread population, this can open up opportunities to reach them through our ministries in other countries where the gospel is more easily accessible. This will need to be done in a sensitive way, for the Somali identity is so intrinsically linked to the Islamic faith.



PRAY FOR SOMALIA

- An alliance was recently formed between Egypt and Somalia; pray that this would not increase tensions with neighbouring Ethiopia.
- Pray that the attacks by al-Shabaab would come to an end, and peace would return to this country.
- Lift up those in government, that they would have wisdom in the decisions they make.
- Pray that Somalia would know stability and be able to flourish after so many years of conflict and reliance on foreign aid.
- Pray for the millions of people who struggle in poverty, and are unable to access much-needed healthcare.



PRAY FOR SOMALIS

- Lift up the Somali believers in Somalia who face oppression for their faith, from friends and family, as well as extremist groups.
- Pray for Somalis spread across the world, that they may have opportunities to hear the gospel.
- Pray for the church in Somalia, that it may be strengthened and grow in the face of danger.



THE CHALLENGES AND JOYS OF MEDICAL MISSION

Ruth and Sam Strain are junior doctors from the East Midlands. In October 2023 they took a year out of their training and served in Kenya for 5 months at AIC Kijabe Hospital. Sam worked on the inpatient medical wards, while Ruth worked in the casualty and outpatient department.

LEARNING NEW THINGS

It was a privilege to be welcomed into the team at the hospital to be part of their mission. Our experience of working short term was a rollercoaster. We had a period of adjustment as we settled into the village, our flat and work. It took us a while to get used to a different hospital system, mix of diseases, and medication available, as well as language and culture. It was a steep learning curve for us both. We saw patients who were far more progressed into disease than we normally see in the UK and saw diseases that we had not seen before!

DIFFICULTIES FACED

Often cases were covered with sadness as patients and their families were unable to afford the investigations or medication needed and it was challenging to incorporate considering the financial burden of blood tests or a course of treatment into the care we gave. Throughout the struggles, we felt so well supported by the team in Kijabe and learnt huge amounts from our colleagues. After a few weeks, we started to feel settled and - soon - working in this environment felt normal and enjoyable!

FREEDOM TO SHARE

One of the joys of working in a mission hospital was the opportunity we had to unashamedly share the gospel with patients and pray with them. Being able to talk openly about the hope we have in Jesus and how we can trust him in all things was a blessing to us and gave visible comfort to the families facing



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hard diagnoses or bereavement. We found that it reminded us to bring every patient before the Lord, ask for his healing for them and wisdom for us as we decided how to treat them. It reminded us that he is totally in control and the medicine we use only works because he allows it.

ENCOURAGING COLLEAGUES

It was also so encouraging to be able to pray with our colleagues and support each other as we all sought to bring glory to Jesus at work. Our days would frequently start with singing and praying with the team, and this was a true highlight for us. Through this time God has taught us more about himself, his people, and his desire for all nations to know him and we are thankful for our time there.



FUTURE...

We are not sure exactly what the future holds at the moment, but we are excited to continue to explore what mission will look like for us.

GET IN TOUCH

If you are a medical professional or student interested in serving, please get touch to explore where God might be calling you to use your medical gifts for the gospel.



TEACHERS AND MISSION

Teachers play a crucial role on the mission field. It is only with their support that a lot of families can remain in the mission field and continue their ministry. If you are a teacher and passionate about mission, join us for our next online Teaching in Mission webinar and see how you can support the educational needs of our missionary families.

Find out more about the wide range of opportunities for teaching, both primary and secondary, in a variety of locations: large international schools, home-school situations, and even remote teaching.

SATURDAY 8 MARCH 10.00AM-12.00PM

To find out more and to sign up go to eu.aimint.org/teachers



AUTUMN CONFERENCE



PHOTOS FROM OUR 2024 CONFERENCE

In September 2024, the AIM UK staff team was joined by missionaries preparing to serve, current missionaries, returning missionaries, retired missionaries, church leaders and supporters. It was a great time together, being stirred up in our faith and encouraged to persevere by catching glimpses of the glory that awaits us in heaven.

Save the date for our next conference at the King's Park Conference Centre in Northampton with speaker Rev. Eddie Larkman.

9 - 11 SEPTEMBER 2025

Find out more at eu.aimint.org/autumn



MISSION IN ACTION

Throughout spring we will be hosting events in Scotland, Northern Ireland, Wales and England. Zufan, a Muslim-background believer and member of AIM's International Office team, will be sharing about her vision for mobilising Africans for mission, and how AIM partners with her in this work. Come along and be inspired and see how you and your church can become a force for mission too.

SATURDAY:
26 APRIL CARDIFF
3 MAY EDINBURGH
10 MAY BELFAST
17 MAY BIRMINGHAM (NEW)

All events will run from 11am – 1pm, with coffee served from 10.30am and a light lunch to follow the event.

Sign up here: eu.aimint.org/events

OUR 2023 AND 2024 EVENTS

AMONG HER OWN PEOPLE
 COME AND MEET
 AIM MISSIONARY
 ROSINA

SATURDAY 27TH MAY
 11AM - 1PM
 GREAT VICTORIA

MISSION IN ACTION

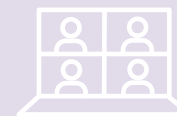
AFRICA INLAND MISSION
 x
 AFRICA INLAND CHURCH TANZANIA (AICT)

MEDICS IN MISSION

Are you currently studying for a medical degree and looking for a medical elective? Are you a medical professional looking for a way you can serve in mission with your skills? We have the perfect opportunity to explore the options at our BRAND NEW Medics in Mission webinar. With a chance to hear from current missionaries serving in a medical setting, as well chat to our Mission Advisors, this will be a great way to find out how you can use your medical skills to not just change lives through medical care, but also through sharing the gospel message.

Saturday 18th October 2025 10am-12pm

BRAND NEW EVENT



MEDICS IN A HOSTILE WORLD



HELP SEND MEDICAL WORKERS
TO UNREACHED AFRICANS

Did you know that only 52% of Africans can access the healthcare they need? As part of our ministry to the unreached, we equip and send medical workers to communities in Africa to meet this need.

These dedicated believers don't just offer their medical expertise – they also bring the hope of the gospel to those who might otherwise never hear it.

We also partner with organisations and local communities to train local medical professionals and equip them for mission.

Serving as a medical professional in these settings opens doors to share the message of Christ in profound ways. The work is challenging, requiring humility, perseverance and courage, but our workers faithfully use their God-given talents to serve where the need is greatest.

The truth is, many more medical professionals with a heart for mission are urgently needed.

Can you help us send more medical workers where they are needed most?



*Africa Health Agenda International Conference, 2021

[EU.AIMINT.ORG/GIVE](https://eu.aimint.org/give)



**AFRICA
INLAND MISSION**

**PARTNERING WITH CHURCHES
REACHING AFRICA'S UNREACHED**

Africa Inland Mission serves and partners with churches to fulfil the Great Commission and advance the gospel among Africans who have the least opportunity to hear about Jesus.

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