I. Life Sketch of Mrs. Laurel Erica Dukie (Palmer) Thoresen

--from the July Southern [Union] Tidings

"Born Nov. 11, 1924 in Suva, Fiji, died Jan. 20, 2015. She was the daughter of missionaries and the little sister of two brothers, Nelson and Calvin.

"She attended Longburn Adventist College in New Zealand where she obtained a degree in elementary education and where she agreed to go on a date with an awkward, shy young man who later got over his shyness long enough to ask for her hand in marriage.

"As her mother before her, she faithfully followed her husband to the mission field and served by his side in Vietnam, Hong Kong and the Middle East, She taught elementary school both abroad in and in Fletcher, NC. She was an accomplished pianist and teacher of music who gave the gift of music to many future musicians.

"Her husband, Dr. Francis Douglas Thoresen, preceded her in death Sept. 11, 2014. She is survived by three children: Garth, Nelson, Rozanne (Muller); six grandchildren and six great-grandchildren. A memorial service was held Jan. 25, 2015 in the Gospel Chapel at the Collegedale, TN. Church."

II. Securing Mothers' & Infants' Lives with Equity (SMILE) Cambodia Project

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On June 29, 2015, Adventist Development and Relief Agency (ADRA) Cambodia, with financial support from the Department of Foreign Affairs, Trade and Development Canada (DFATD) and ADRA Canada, conducted a workshop on the SMILE program. The SMILE Project was implemented from January 2012 to June 2015 and has been jointly implemented by ADRA Canada and local counterparts ADRA Cambodia and M'day Reakrey Kone Reakrey with technical support from Hincks-Dellcrest and in close cooperation with the Ministries of Health, Ministry of Education Youth and Sport, Ministry of Agriculture Forestry and Fisheries and community partners. The SMILE project has worked to improve the facilities, human resources, and systems of Preah Vihear health services and empower communities to improve the nutritional and health status of women and children through use of community Mother-Child Health Groups.

Over the period of three and a half year, the SMILE project has contributed to Royal Government of Cambodia's strategy to reduce mortality of mothers and children under-five nationally as well as specifically in the Chieb, Chey Sen and Rovieng districts of the Preah Vihear Province, through the following outcomes and key activities.

More equal participation in improved health care practices by mothers, women of reproductive age and other female and male caregivers relating to Reproductive Health and Integrated Management of Childhood Illness (IMCI). The SMILE project supported the establishment of 534 Mother Child Health Groups through training 26 Commune Health Supervisors, over 400 female and male Village Health Support Group Facilitators and assistants in gender-sensitive behavior change facilitation, leadership, literacy, communication and early childhood development. The project developed over 50 key messages and pictorial learning materials on maternal and child nutrition, health care and access, water, hygiene and sanitation, safe environments, early childhood development, literacy and other topics. The Mother Child Health Group members participated in meetings and campaigns where they discussed and analyzed relevant issues through participatory activities which built personal and community awareness and action on health and environment...
issues. Water filters and latrines were also promoted within communities. Improved capacity of health care providers (F&M) and Traditional Birth Attendants (TBA) to provide reproductive and IMCI quality health services.

The SMILE project supported trainings in IMCI to local Health Center staff and the improved health facilities and systems supporting health care provision. Eight delivery and waiting rooms were constructed at existing health centers and health posts and 13 Health Centers and Health Post were equipped with essential mother and child health service equipment including wells, latrines and waste incinerator infrastructure. The project trained and coached health center midwives and trained traditional birth attendants establishing Midwife-Traditional Birth Attendant alliances supported by their local commune councils. Increased consumption of micronutrients and protein rich foods by girls and boys under 5, mothers, pregnant women and other Women of Reproduction Age (15-49).

The SMILE project conducted child nutritional behavior change and rehabilitation programs in all 80 villages for malnourished girls and boys.

U5 were conducted using growth monitoring and the Positive Deviance Heath model. The project promoted the increased consumption of micronutrients for children (sprinkles) and women. Interested farmers in 80 villages increase consumption of nutritious vegetables through home gardening training and support of seeds, seedlings, equipment and other resources.

Preliminary evaluation results presented showed that the project was very relevant to the women, men, girls and boys in the target area. Aligning with the sustainability actions presented, the evaluation team noted that the SMILE project worked with the MOH structure toward the MOH goals of increasing delivery of skilled birth attendants at the health facility and strengthened capacity of midwives. The waiting and delivery rooms built at health facilities are long term and the equity fund can support health costs for ID poor for transportation. Water filters and home gardening remain in the communities. Also noted were improved participation in decision making, consumption of vegetables grown and knowledge in gender equality, child development, reproductive health, pregnancy care, nutrition, and home gardening topics. Diarrhea of girls and boys decreased significantly. The Positive Deviant Hearth program was mentioned as an effective way to extend principles learned in training and also provides a nutritious meal for those involved.

SMILE project lessons learned discussed by participants for the three project intermediate outcomes identified Learning through Play and Early Childhood Development as very important foundations. While it was hard for many women to meet four times in a month, when programs are presented in topical unit groupings of interest, there is more interest to attend the full sessions. Groups noted that IMCI and IFA training were successful and should be continued. There was a lot of interest in PD Hearth and maybe sprinkles can be improved by a local micronutrient option. The workshop was presided over by representatives from National Maternal and Child Health Center of the Ministry of Health, Ministry of Education Youth and Sport, Preah Vihear Provincial Health Department, ADRA Canada, ADRA Cambodia and M'day Reakreay Kone Reakreay (MRKR) with National and international guests, partners and representatives from other NGOs interested in the project results, 85 persons in total.

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III. SULADS Story: "Through Thick and Thin, in Sickness and in Health"

Michael Dirlon assigned in Kafok, Tupi, South Cotabato

It was November 17, 2014 when I told my wife that my vision was starting to be blurry, and I was having a hard time seeing. I could never possibly handle my classes. So I asked her, "Can you please handle and teach my classes today?"

"Oh, yes I will gladly do it! Please take a good rest," she faithfully answered. It meant teaching from kindergarten to grade 6 for the whole day.

In late afternoon, I was so glad to hear my wife coming from her very loaded schedule that day. I could feel my wife was really exhausted. I thought what I was feeling with my eyes would just pass later in the evening, but I was totally wrong.

During the night, I felt troubled when I started to vomit. Even though I tried to stop myself, I couldn't. I vomited from 9:30 to 11:30. When my wife could not hold it any longer seeing me in that condition, she ran to our neighbors for help and right away the two elders decided to rush me to the hospital before anything worse would happen. At 12:00 a.m. I was carried in a hammock by 5 people on foot down in a very slippery slope to the hospital. I was thinking of my wife and how tired she would be at that time assisting her helpless husband. I believed in her faith and prayers. I knew so well that it was her faith that made her convince the elders to bring me right away to the hospital even without any amount to pay our bills. It was her faith in the promises of God's provision to His people in their great time of need.

At the hospital, my wife held close to the only thing she had brought with her that night. I was rushed to the hospital, as she held on to her Bible.
"God thank you for the strength you have given to my wife in this very trying time of our service to you when I, the pillar of our little family, am afflicted by this illness. God, I am worried and you know that. How are we going to pay these bills? Oh, my God please help us."

With grateful heart I prayed to my Father. I believed He is the greatest pillar, and I believed He will deliver me from our difficulty. . . I was comforted by the words of Paul, "We should thank God for everything."

The situation we had been in was hard, but I rejoiced in the everlasting fact that God was with us. He was with my wife. He was with me and all the people who had been used to help us.

On the fifth day, the day I would be discharged, I found out that all my worries of paying the hospital bills had been worked out by God ahead of time. That was the day, I was impressed to call the head of the finance department of SULADS. I could not contain the joy in the response that was given to me - an answer to our very prayer.

Indeed, in all circumstances I will rejoice. I praise God for a wife He has blessed me with who is able to always stand by my side in all circumstances. Like the very intimate relationship my wife and I have, "through thick and thin, in sickness and in health" is God's promise of faithfulness.

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