

Urban CHE overview

community health evangelism

DEVELOPMENT PROVERB

Go in search of your people.

Love them.

Learn from them.

Plan with them.

Serve them.

Begin with what they have;

Build on what they know.

But with the best of leaders,

When the task is accomplished,

The people all remark

“We have done it Ourselves!”

Source unknown

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URBAN COMMUNITY HEALTH EVANGELISM OVERVIEW

GOAL

The goal of Community Health Evangelism (CHE) is to establish a development ministry whose purpose is to bring together Jesus' Great Commission (Matthew 28:19-20) and the Great Commandment (Matthew 25:37-40). This is accomplished by training community members as Community Health Evangelists (CHEs) who regularly visit 5 – 10 neighboring households, sharing the gospel and promoting principles of disease prevention and healthy living. The program is designed to be transferable, multipliable, and ongoing after the training team leaves the area.

BIBLICAL BASIS

In addition to the Great Commission and the Great Commandment, Jesus made a startling statement in Matthew 25:34-40. He asserted that as we give food and drink to those in need, take in strangers, clothe the naked, look after the sick, and visit those in prisons, we are doing these things to Him. Jesus calls us to be His disciples, sharing the gospel and serving others in love, meeting them at the point of their need.

Jesus not only calls us to *be* disciples, but also to *make* disciples. He wants our ministries to multiply and His love and truth to reach the ends of the earth, touching individuals, households, and communities, now and eternally. Christian community development is rooted in obedience to the commands of Christ. It is driven by a desire to see individuals come to faith in Christ and to see lives, households, and communities transformed by obedience to the principles of God's Word.

We are told in II Timothy 2:2 to train faithful men to teach others who, in turn, will teach others. Here is multiplication as each one teaches those who will go on to teach others both spiritually and physically.

When Jesus walked this earth, He ministered to the whole person. As Christians, we too are responsible to meet both physical and spiritual needs and to train others to do so also.

When Jesus sent out His twelve disciples to minister to others, He commanded them to heal the sick, being concerned for the physical needs of others, as they preached the Good News of Jesus Christ. Today, if we are to follow Christ's example, we too must be concerned for physical and spiritual healing as were the disciples.

Traditionally, a number of missions have been committed to caring for people's physical and spiritual needs, but they use different people to present the evangelistic message from those who care for physical needs. Often in day-to-day practice, however, a missionary is faced with incredible physical needs. For many missionaries this leads to conflict of interest between urgent physical concerns and the spiritual needs of the people. Accordingly, we believe the basis for all health care should be a blend of curative and preventive care, balanced with Biblical instruction.

COMMUNITY HEALTH EVANGELISM (CHE) MEETING NEEDS

THE NEED: POVERTY AND CHE

Poverty is based on more than just an absence of material goods; it is related to people having little or no power to change their situation. In some instances this is due to their own fatalistic feeling of, "I

can't do anything to change my situation." Other reasons for poverty are the structures that keep people powerless. These structures can be governmental, political, religious, criminal, or moral restrictions which benefit those who cause the structures to be in place.

Man was created in God's image to have a relationship with Him and to be a steward over God's creation. Rebellion and sin came into the picture and man became corrupted. Man began to think of himself first. God gave us laws to live by; but man was not willing to follow them. So man created his own laws to protect those who were being run over by immoral acts.

Our feeling of self-first is a major reason why the world has poverty. We try to get all we can for ourselves and then build in safeguards to protect our possessions. Poverty can be seen as spiritual and social, in that without trust and a willingness to think of others we push people down so we can get more. Poverty is a vicious cycle.

CHE addresses poverty by equipping people through training how to improve their individual and family life. This empowers them with new knowledge and skills. Their attitude and beliefs are reshaped to have a Biblical and moral basis.

As these individual and family lives change, they begin to share with their neighbors. Then the community begins to slowly change, individual by individual, from the inside. In an aggregate form the community then change. This changed community then reaches out to nearby communities and neighborhoods to help them. The sum of the individuals becomes greater than the sum of the parts by having a multiplier effect.

The CHE participatory training builds on what people already know and gives them confidence they have worthwhile things to share. Through the use of Participatory Learning Activities (PLA) people begin to look at their villages with a new set of eyes.

The key to CHE is empowerment, which is a long-term process. Empowerment in CHE is:

- A people-oriented process.
- Designed to build up internal and external abilities and be sustainable.
- Primarily a grassroots, bottom up process that requires a person to act as a catalyst and facilitator.
- A gradual learning process progressing from the simple to the more complex.
- A government structure is needed for development to continue towards its rightful conclusion. This government may not be strongly present at the beginning but may develop as people change.
- Working primarily with individuals and households to impact the community as a whole.
- Greater than the sum of its parts.
- Requiring a moral and ethical focus for relationships to grow, which happens through trust being established. These ethical values are based on absolutes, which are based on God's Word.

THE COMMUNITY HEALTH EVANGELISM (CHE) APPROACH

The CHE strategy is broadly aimed toward the whole community. This is done by training local villagers to share spiritual, physical, emotional, and social truths with their fellow villagers.

The CHE strategy includes the following primary characteristics:

1. Concentration on meeting priority needs keenly felt by the village through simple community projects. These projects are designed to empower the villagers to do as much as possible on their own. We attempt to begin at the ability level of the people in relation to their leadership, initiative, and self-reliance.
2. An integration of preventive medicine, health education, and sometimes curative care, into a total program. The emphasis is on prevention and education with expected results in changed lifestyles and conditions.
3. A vision and goal to reach the most people as possible.
4. A program of instruction that shows the people how they can participate in their own development. Lessons are developed that are aimed at simple topics which affect people's lives in their target neighborhood. Of special interest might be topics dealing with how to obtain and hold a job, problems related to children's behavior and expectant mothers etc.
5. Community self-help and community leadership emanating from the peoples' commitment to the program.
6. A commitment to delegate most of the tasks to local church leaders, community leaders, and the CHE home visitors, who can best generate local support and commitment for the program.
7. An understanding that the content of the training must be transferable and multipliable.
8. A commitment to use readily available local resources as much as possible.
9. Provision for good working relationships with many different services from the government, NGO's, Christian agencies and churches which provide services to people in the target neighborhood.
10. Provision for working with small sub-groups or sectors in the geographical target area to deal with problems of more narrow interest. By doing so builds relationships in small dispersed groups that can be merged into a whole at a later date.
11. It is best to have a visible physical location to work from within the community, though all work must be going out to the people in the community, not expecting them to come to you.
12. Become part of and participate in any collaborative work already going on in the specific target area or beyond.

An underlying foundation for a CHE Program is that the community sees a project as its own. Too many times outside organizations do something for the people, leave, and what had been accomplished disintegrates. The emphasis from the beginning must be on the community taking ownership.

WAYS TO HELP A COMMUNITY

- **Relief Ministries** - Provides temporary short term assistance without addressing long term needs nor using community assets. It is doing things for people because of an observed need.
- **Betterment Ministries** - Tend to create short term positive, caring beneficial environments and relationships that offer participants respite or positive experiences.
- **Development Ministries** - Focus on measured changes in knowledge, skills abilities or conditions of the participants

How Do These Ministries Work

- **Individual Betterment**-Tends to create positive, caring beneficial environments and relationships that offer individuals respite or positive experiences. But this is a doing for others individual's ministry.
- **Individual Development**-Geared toward individuals which focuses on measured changes in their knowledge, skills or conditions of the individual. This is a beginning to equip individuals to do things for themselves
- **Community Betterment**-Focuses on the community as a whole and their betterment. This is still a relief type ministry but is done on a broader scale helping groups in the community but it is still dependent on others doing things for those in the community.
- **Community Development**-Is the intentional process of ongoing engagement with a community to:
 - Define their vision for a preferred future
 - Cooperate with the community to achieve that preferred future
 - Work with the community to make life better for everybody.
 - Responds to the agenda set by the community

Our Goal in Transformation is based on Community Development.

URBAN WORK THAT EMPOWERS

Assumptions on which both urban and community organization rests:

1. Only the poor of a community can assume responsibility for solving their own predicaments. No one can do it for them.
2. The poor can be empowered collectively through projects and actions.
 - Projects are activities that deal directly with a problem.
 - Actions are demands for a legally appropriate response from the government.
3. The Christians living in a city can best carry out ministry rather than outsiders. An outsider's main task is to equip local leadership for ministry by coming alongside and strengthening them in their work.
4. The Church can assume its local mission only through proclamation, ministry among and with the poor, and focusing on empowerment.
5. The task of a para-church organization, denomination, or mission group is to support the local body of Christ to effectively enable the church to undertake ministries of empowerment with the poor.

CORE ELEMENTS OF CHE

Community Health Evangelism is made up of three essential groups:

THE TRAINING TEAM

The training team initiates the program and usually comes from outside the area. Each training team consists of two to four people with a combination of vocational skills (medical, microfinance, pastoral, social work, etc.).

THE COMMITTEE

A successful Community Health Evangelism Program that will be multipliable, transferable, and ongoing must be community-based rather than outside agency-based. The program must be integrated around community committees, which are chosen from community members. The committee carries out this goal.

The committee should be community-based. The members should be mature, well-respected individuals who represent different segments of the community (educational, governmental, business, agricultural, medical, etc.).

THE COMMUNITY HEALTH EVANGELISTS (CHES)

The Community Health Evangelism volunteer, or home visitor, is the major worker in the program and is chosen by the committee. Adequate attention to their ministry will require about six to eight hours a week. As they are being trained they will:

1. Put into practice what they have learned around their home and with their family; modeling what they have learned.
2. Promote good health, prevent disease, and model abundant Christian life with their neighbors.
3. Practice evangelism and discipleship with individuals and groups.
4. Do home-visiting on a regular basis, sharing the spiritual and physical truths they have learned.
5. Teach in a way that will help others to become teachers.

PROGRAM DESCRIPTION

STEPS IN A COMMUNITY HEALTH EVANGELISM PROGRAM

The process and training courses below are designed to teach individuals and organizations how to put into action their own integrated ministry of Community Health Evangelism (CHE). Once the

participants are trained, they are able to set up a CHE program and teach volunteers how to implement the work in their own neighborhood. All teaching is done in a participatory style; the learner is the center of attention, not the teacher.

1. **First Step:** A desire to make a lasting difference in the lives of people in developing countries is a prerequisite.
2. **Vision Seminar:** A 14-hour, two-day seminar is used to introduce the CHE concept in a new country or area. Organizations or key village leaders who are interested in an integrated approach to wholistic community-based development are the ones who should attend this seminar. The next step is to participate in a Training of Trainers I (TOT I).
3. **Teaching Nationals to be Trainers:** Training of Trainers (TOT) enables people to teach the workers in the field how to put CHE into practice. TOT I focuses on the philosophy of CHE, how to choose a location, and how to start a CHE program. Spiritually, it emphasizes evangelism. The training normally takes 4-½ days covering 32 hours of classes.

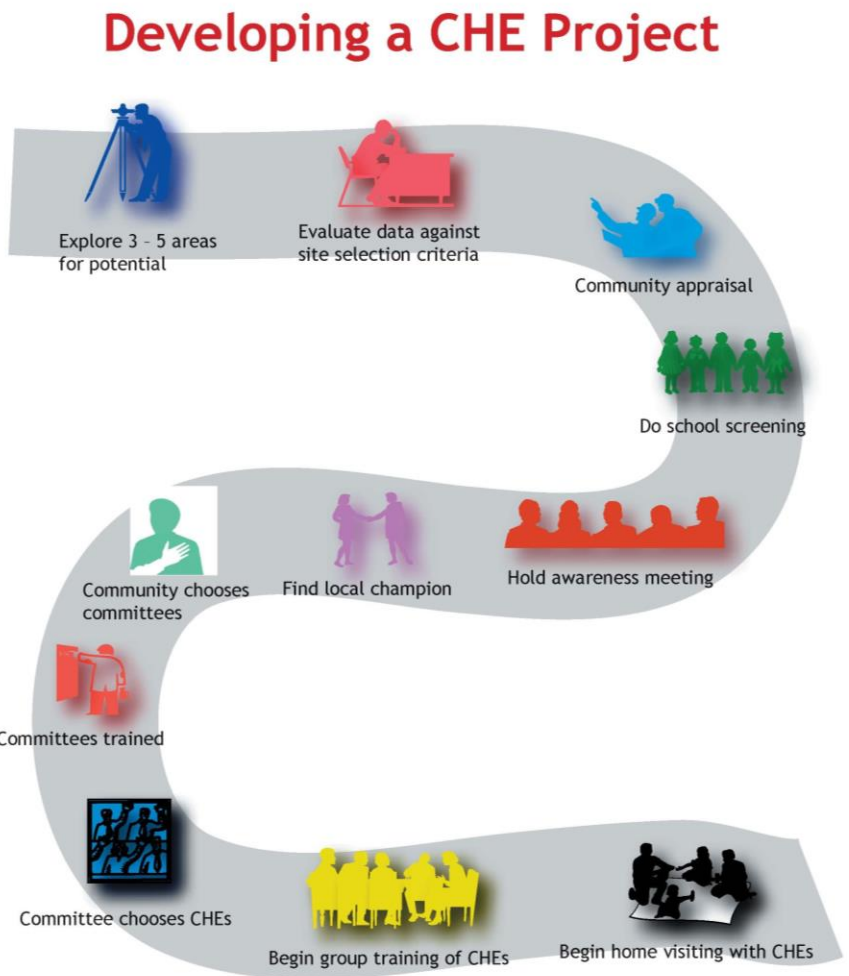
4. **After TOT I:** The newly qualified trainers are to return to their areas and form a three or four person training team.

5. **Selection of an Area:** A training team takes great care to select the most receptive group/neighborhood. Discovering the methods of how to select a community takes place through an evaluation process taught during TOT I.

6. **Entering an Area:** There are a variety of ways to introduce a CHE team to a community and these methods also are taught during TOT I. There is an entire series of activities available during this phase.

7. **Awareness Meeting:** These meetings create an understanding of the community needs and assets and reveal which ones are of greatest importance. It is important to provide a structured time where people have opportunities to express and explore what they know about their community. Also, the community begins to learn about CHE.

8. **Community and Worker Selection:** Once the community people express interest in adopting



the CHE strategy, they then elect their own committee which will oversee the program development. The community people also choose their own Community Health Evangelists (CHEs) who will teach the principles to their neighbors, possibly through picture booklets. Both the Committee and the CHEs are trained over the next six months by the training team. During this time many who are not believers in Christ come to a saving knowledge of him, and those who do not know Christ lose their motivation and quit the program. Thus, the program is both community-owned and spiritually strong.

9. **Committee Training:** A six-day, 18-hour training curriculum teaches the CHE committee their responsibilities. By teaching the committee first, the individuals begin to take responsibility in their leadership roles in their village.
10. **CHE Training:** The prime training targets are the CHEs, the home visitors. CHE lessons are taught by the training team. There are over 1,000 lesson plans from which the community can choose what they want to learn. This training team normally trains 15 – 25 CHEs in one geographical area, typically two days per week, until 40 – 50 sessions have been completed. Each session includes a spiritual/moral value lesson and a physical or health lesson.
11. **Problem-Solving:** Once trained, the committee goes to work to solve what *they* consider their most pressing community need. This need is voted by all committee members.
12. **One-on-One:** CHE trainees put into practice what they have learned in their own home. They then visit their neighbors and teach them what they have learned. A part-time CHE can work with 5 to 10 households.
13. **Multiplication to nearby communities:** These changed groups of people become models, and individuals from these communities multiply their efforts to nearby groups and communities. Three to six local CHEs will be chosen from those trained by the initial outside training team to become trainers themselves. These local training teams will expand the program into adjacent communities within their area.
14. **Funding:** As much as possible, funding for the individual program needs to come from the local communities. Where local resources are insufficient, funds may be solicited from in-country NGOs or government agencies responsible for dealing with the program's interests.

DIFFERENT APPROACHES TO CHE

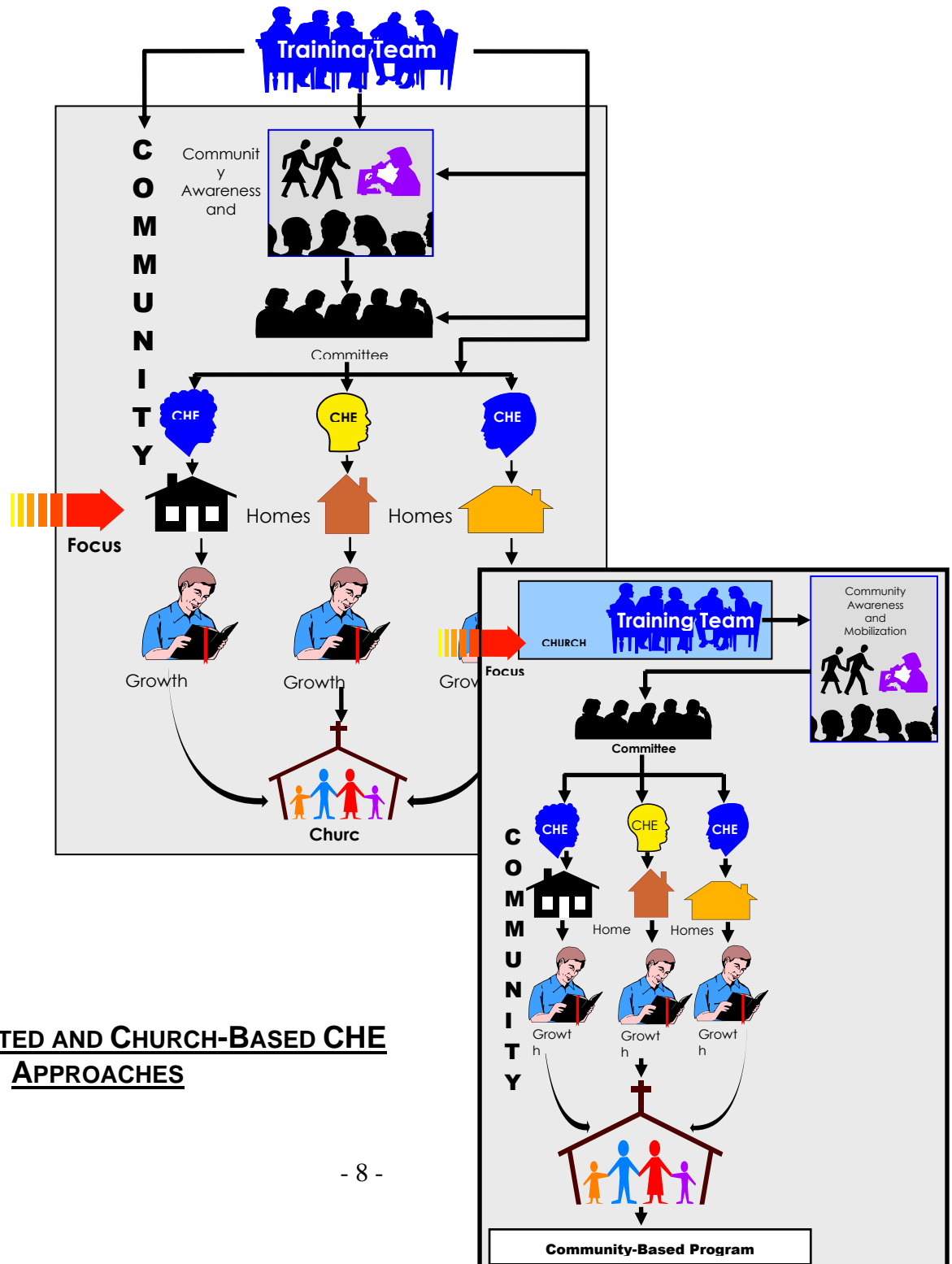
Different approaches for starting a CHE Program are available for different situations. The community-based CHE program, which is described below, is the most commonly used and desired.

COMMUNITY-BASED CHE MODEL

The community-based model is the most desirable model because of the probability of success. Once a project is truly owned by the community, the people take responsibility for their own lives and those

of their neighbors. Mortality rates and sicknesses decrease, children are no longer malnourished, neighbors live in harmony with one another, family and spouse relationships are strengthened, the gospel is shared, churches grow, and communities become wholistically healthy. Community-based models are used in all of our open access countries and are most successful in rural areas.

However in urban settings, community may be hard to find since people often do not know each other or there is little trust to allow working together. In these cases, the community-based model is not the most desirable. Churches often provide a sense of community from which to reach out with CHE to non-churched people in the neighborhood. Sub-groups of people who are similar in some way (like single mothers) can form the basis for community from which CHE can work.



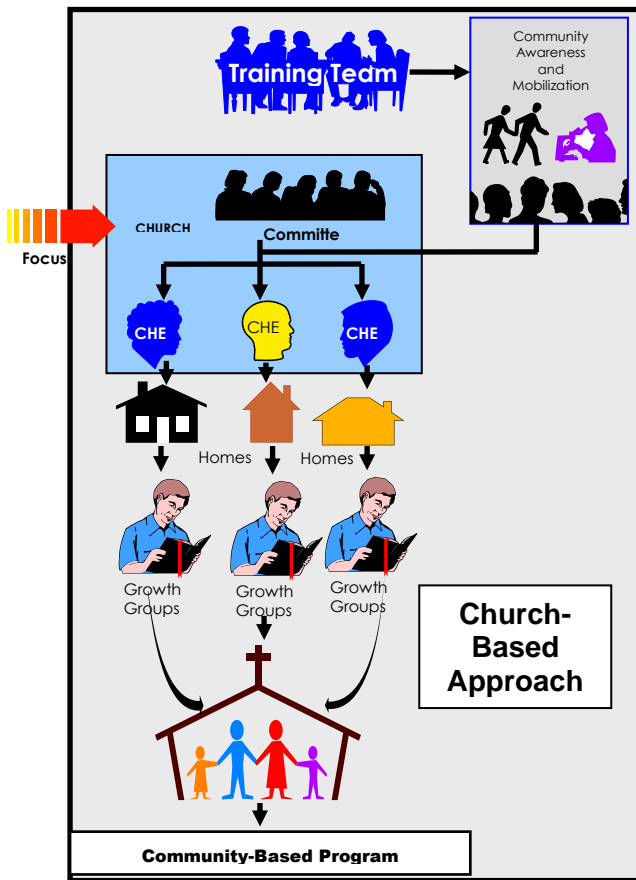
CHURCH-INITIATED AND CHURCH-BASED CHE APPROACHES

The CHE strategy may begin through the church when the target area is too large or there is little unity among the community (i.e. urban settings). If there is only one church in the community that is open to CHE, then the committee members and the CHEs will probably be made up of only church members. If this is so, the church will probably be seen as the initiator and doing something for the community. Therefore, there may be little or no community ownership. This is a church-based approach. But if the church is open, it is best to have non-church members on the committee and as CHEs which will build community ownership. This is called a church-initiated, community-based approach.

One major difference in a church approach is that there is the opportunity for the trainers to be volunteers if they are from the church and they see their service as a ministry of the church. If this is the case, then there needs to be more (8 – 12) trainers equipped since they will not have the same experience to work as does a full-time trainer.

Church-Initiated Approach

If there is more than one evangelical church in the community, equal representation from all of these churches should be on the committee and chosen as CHEs. One small (50 member) evangelical church may not have the resources to establish and maintain a CHE program unless this is their main outreach into the community.



The churches must view this strategy as a means to reach out to their non-Christian neighbors in a wholistic way rather than exclusively using it for their own church members. The more churches involved the better, since an individual church may not have enough members or resources to enable the development of a broad-based community program.

Our role is to help inner-city urban communities identify God's plan and agenda for their area. Through the church we help the community identify and implement God's plan. This plan integrates physical and spiritual elements into a ministry.

URBAN-BASED CHE APPROACH

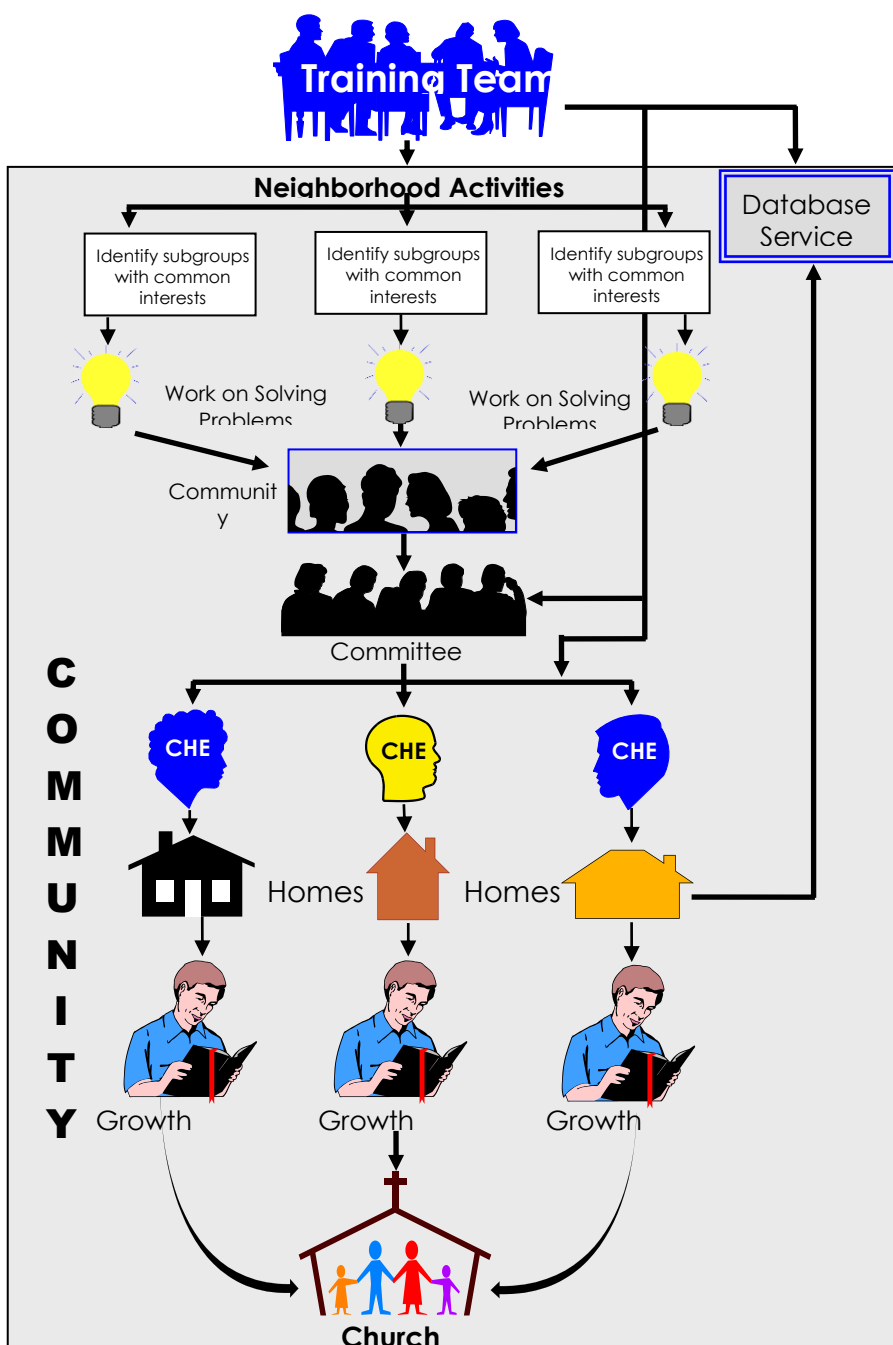
The urban-based approach is very similar to the community-based model, but with more time spent in entering the community phase. Because there is such diversity in the urban poor, it is more difficult to start a CHE program. People hold so few things in common and have little or no sense of unity. Therefore, it is critical to find mini sub communities within the geographical target area. The most obvious subgroups could be identifying ethnic groups living together in the same areas but in many poor areas these groupings may not be present.

Asset Based Community Development (ABCD) is a *strategy* for sustainable community-driven development which helps solve this problem. The appeal of ABCD lies in its premise that communities can drive the development process themselves by identifying and mobilizing existing (but often unrecognized) assets, and thereby responding to and creating local economic opportunity.

ABCD builds on the assets that are already found in the community and mobilizes individuals, associations and institutions to come together to build on their assets and not

concentrate on their needs. Most urban poor identify the needs or problems and then refers them to professionals who solve these problems with or for the people. ABCD is a tool to get neighbors helping neighbors and putting control back into the hands of local people instead of the professionals.

An extensive amount of time is spent in identifying the assets of individuals, associations and then institutions before they are mobilized to work together to build on the identified assets of all involved. The power of ABCD is found in the local associations who should drive the community development process and to leverage additional support and entitlements. These associations are the vehicles



through which all the community's assets can be identified and then connected to one another in ways that multiply their power and effectiveness.

One natural subgroup might be with a church in the target poor area that has a vision to reach out to its community in a wholistic way. If such a church or churches are found then the church-based approach is best used (see previous page).

It is more important in an urban setting to have a physical presence in the target area such as some of the training team living in the area and having a physical location from which to work. Once your target area it is useful to rent an apartment in the area for a place to live or as the team's headquarters. This is the beginning of the entering the community phase.

You then begin to facilitate multiple activities in the target area possibly based in the team's headquarters that would bring people together. Such things might be a drop in coffee house or a children's Bible club. The key is to find activities that draw people to the headquarters. During these activities you build relationships and some trust with individuals. During the informal times you talk individually or informally in groups about what the people like and dislike about their community; similar to what is done in a group Awareness Seminar but on a much less formal basis.

You find small groups of people that have similar interests and help them do something of mutual interest. At some point in this entering the community phase you want to have a large community mixer that is fun and includes food, games, music, etc. At the gathering explain some of the things that have been going on and ask the community if they would like to do something as a larger community. The intent is to mobilize the people you have been developing relationships with and encourage to come together with others to see what might be done collectively in their community. This is a more formal Awareness Meeting, which is the beginning of a typical community-based CHE program.

Another important element which needs to be done from the beginning of entering the community phase is to begin to develop a database of all the services available to the people living in your target area. Some of these services may be in the target area. Most people living in urban poor areas do not know what services are available to them from the government, non-governmental organizations (NGOs), or churches and if they are aware of them do not know how to access them.

While you are gathering this information about other services you start to develop relationships with these agencies. In turn, when people in your area have a specific need you can send them to an agency that already provides those services. This means not duplicating services and not having to provide the curative services but can instead concentrate on prevention, equipping people, and being a catalyst for fostering change in our target community.

TRAINING PROGRAMS

Training is critical for the success of any CHE Program. All of our training is highly participatory, no matter which group is undergoing training. There is a considerable use of problem-posing situations through role plays or pictures to start the discussion. Small group discussion is widely used as well as songs, stories, and demonstrations.

THREE PHASE TRAINING OF TRAINERS (TOT)

The training process is broken into three, one-week phases with several months between each phase to allow trainees to practice what they have learned.

Phase I Focuses on development philosophy and how to start a CHE Program. Spiritually, the emphasis is on evangelism.

Phase II Focuses on developing teaching materials, methods, and curriculum. Spiritually, the emphasis is on follow-up.

Phase III Focuses on evaluation, project expansion, multiplication, and management. Spiritually, the emphasis is on discipleship.

COMMITTEE TRAINING

The committee is trained in six, three-hour sessions, learning to take responsibility for what happens in their program. The training gives the committee members a clear understanding of how to establish a personal relationship with Christ. By training the committee first, the members begin to take more responsibility and leadership, and chose better people to be trained as CHEs.

TRAINING OF CHE HOME VISITORS

Group involvement is a key factor. The methods used are highly participatory teaching techniques using role plays, stories, songs, visuals, demonstrations, and large and small group discussions. Volunteer home visitors go through 40 – 50 sessions, each including a physical/health and spiritual/moral value lessons. The training is spread over three to six months. Each day they receive one physical and one spiritual subject. They then put into practice what they have learned as they visit in neighbors' homes. After the initial training is completed, they receive two to three days each month of additional training for the next twelve months.

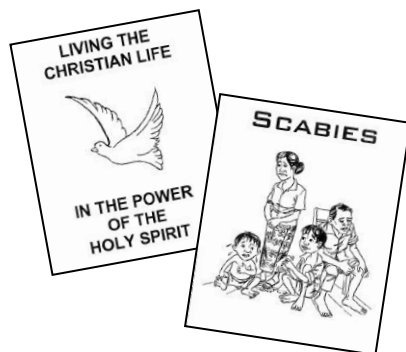
TRAINING MATERIALS

LESSON PLANS

Over 1,000 lesson plans are available. Each lesson plan has been designed to present the physical and spiritual truths using a high degree of learner participation. Each lesson begins with a problem-posing role play or picture, which helps the learner to discover the problem and its importance. The participants are involved in discovering the causes and solutions to the identified problem. Everything they learn, they then put into action by sharing it with their neighbors. All teaching must be under the guidance of the Holy Spirit.

PICTURE BOOKLETS

The main job of the CHE home visitors is to be a model of good Christian health practices in their homes. They are also to visit their neighbors, sharing what they have learned. They can use physical and spiritual picture booklets on various topics when they share with their neighbors.



The booklets are used as a review of the teaching on a given topic. The CHE home visitors practice using the booklet with each other and are observed by the Training Team in a simulated exercise. They are then given an assignment to share the booklet with at least three of their neighbors.

BIBLE STUDY GROUP MATERIALS

Bible study materials have been developed to be used by the CHEs as they lead their own Bible study groups. The materials address ministry successes and failures, praying for one another, and studying various books of the Bible.

Bible stories with appropriate interpretation and application questions are a powerful way to present God's truth to both children and adults in all cultures. This is especially true in oral culture. Thus, there are CHE lessons with sample questions for over 500 Bible stories, helpfully indexed and organized in many folders.

HOW TO INTEGRATE THE PHYSICAL AND SPIRITUAL

We have found that it is one thing to see the importance of a program that integrates both physical and spiritual truths, but it is another matter to implement such a combination. The integration of spiritual truth into a physical outreach is a way of thinking, which must be constantly reinforced.

It is, therefore, important to spend as much time on evangelism and discipleship as on physical subjects. One-half of our class time is spent on physical teaching and the other half on spiritual teaching. The danger is that CHEs may spend all their time meeting physical needs, which are highly visible, to the exclusion of meeting spiritual needs.

The trainers must be good models of an integrated ministry by teaching both physical and spiritual topics. They should expect the CHE will do the same and not specialize in a specific area.

We must expect spiritual integration and actively address worldviews which prevent physical, emotional, and mental changes. Physical change without spiritual change is not long-lasting. As we see spiritual changes taking place, excitement and momentum grow.

CHE AND CHURCH PLANTING

In a CHE program as people come to Christ they begin their walk to Christian maturity by those who won them to Christ. These new believers form a small group where they are nurtured in their faith, given ministry skills, and encouraged to help reach a target area for Christ. These members then begin to do evangelism in a target area and follow-up those they have won to Christ.

A new group of believers is formed into their own new small group. From these small groups a church is formed where there has been none previously. If there are already churches in the area, the new believers are incorporated into them, causing the churches to grow.

EXAMPLES OF HOW CHE PLANTS CHURCHES

An example of CHE planting churches in an open country is seen with a *community-based model* in our project in the Congo done in conjunction with the Presbyterian Church. After four years the project saw the number of churches grow from two to 36 as CHE and the gospel were spread from home to home.

In 90 villages in northern India and eastern Nepal, people's lives are changed spiritually and physically using the *family-based approach*. One by one people come to Christ as they see and experience God's love. They then form home fellowship groups. In four years over 80 home fellowships were started with the largest one having 250 members.

The pastors have now formed their own denomination of which the bulk of these new churches will join. When one Christian family has a vision to see their community changed, mighty things can happen for God.

We are finding a keen interest in churches using the cell-group strategy in Central Asia to use the *family-based approach* because it gives their cell group leaders a means to help people at their point of need and not just preach to them. Cell-group churches have primarily been in urban centers but CHE gives them a means to successfully implement cell group strategy in rural areas. It builds credibility for Christians in the sight of non-Christians and shows God's love in action.

The question may be asked, "Is CHE always a successful church planting strategy?" It is only as successful as the people who implement CHE. If they have a vision for church planting, then churches are planted.

EXAMPLE OF HOW CHE HELPS CHURCHES GROW

Gavia is a village of 600 families about two hours outside of Guatemala City. The CHE program was initiated with the local Gavia church of 40 members. The committee and CHEs all are from the church. This is the only Protestant church in an area that is dominantly Catholic. The people in the village felt evangelicals were only interested in saving souls rather than physically helping others and the pastor was not respected.

After one year the people now trust the CHE program. Because of the home-visits, the villagers saw the CHEs were interested in helping them spiritually and physically. The church grew four times its size to 160 members. The pastor is now a respected and sought-after leader in the community, and there is good cooperation with the Catholic Church.

GOALS FOR AN EFFECTIVE CHE PROGRAM

1. Spirit-filled CHE volunteers are capable of reproducing themselves in others.
2. CHE is integrated into the community infrastructure.
3. CHE is expanding to adjacent areas through local training teams after the initial training team leaves.
4. Locally self-funded.
5. Community members see the program as their own.
6. At least 50 percent improvement of individual health indices.
7. A ratio of CHE volunteers to the population is one CHE volunteer for 5 – 10 households (30 – 60 people).
8. Community members are taking responsibility for their own health.
9. Other organizations are establishing their own integrated CHE program using our training and materials.
10. People are coming to know Jesus Christ and churches are being planted.

RESULTS OF A CHE PROGRAM

CHANGED INDIVIDUAL LIVES

In one project during a home-visit, we met an elderly man named Samwell. The gospel was shared with Samwell using a picture booklet. By the end of the conversation, he had tears running down his cheeks.

When asked if he would like to invite Christ into his life, he did so with excitement. After the prayer he held up the booklet, turned to us and said in English, "My passport to heaven...my visa to heaven."

More than a year later Samwell remains strong in his walk with the Lord. He has other people read to him daily from the Bible and even has many Scripture passages memorized. Because of the tremendous changes that have taken place in Samwell's life, he has been a strong witness to others in the community. Samwell exemplifies the reason spiritual values must be integrated with any village health program. The need for transformed lives is just as necessary as the need for improved health care.

CHANGED INDIVIDUAL LIVES MULTIPLIED THROUGHOUT THE COMMUNITY

Our project in the Congo done in conjunction with the Presbyterian Church has grown rapidly throughout the community. After four years the project saw the number of churches grow from two to 36 as CHE and the gospel were spread from home to home. In one year, they watched God change their communities in many physical and spiritual ways.

Spiritually, over 1,500 decisions for Jesus Christ were made with over 500 people baptized. The CHEs led 42 Bible studies with almost 3,000 people involved.

Physically, over 20,000 women and children were seen at antenatal and well-baby clinics with almost 6,500 children being vaccinated.

CHEs made almost 10,000 home-visits to their neighbors. There were over 1,700 new pit latrines, 1,200 rubbish pits built, and over 1,400 families received a "Healthy Home Award" for having completed five major health interventions with their family in that year.

THE PROGRAM CONTINUES ON

In another project the pastor caught the vision of CHE. Initially, an outside training team spent 16 months with him establishing one CHE project in his village. Since the team left, he mobilized the people in 40 surrounding villages to become involved in CHE and trained over 150 CHEs. He also mobilized the people to build, equip, and staff their own clinic, and then build a 20-bed ward. Both these projects were self-funded. In addition, they protected over 100 water sources and had five wells drilled by the government.

At the beginning of the project, 70 percent of the people had a problem with alcohol because they made their living brewing alcohol. After five years with the CHEs doing active evangelism, discipleship, and teaching people how to earn a living by vegetable gardening, growing tree seedlings, fruit trees, coffee, wheat, sunflowers, bee-keeping, and fish farming, less than 30 percent still had a problem with alcohol.

MULTIPLICATION THROUGHOUT A COUNTRY

In Papua New Guinea the Department of Health and Church Health Services adopted the CHE strategy as their wholistic health program. The Government Health Workers are trained as CHEs and are beginning to work in their villages. As the government is continuing to train more individuals, the CHE strategy, including the physical and the spiritual elements, is beginning to reach more villages ... more provinces ... and eventually, the entire country.

A ministry to the whole man is having results in different religious settings and throughout the world. The results of CHE are over and above our wildest dreams! The Lord calls each of us who are ministering in His name to deal with people as whole persons, physically, spiritually, emotionally, and socially. The starting point and center of good health is our Lord Jesus Christ. Community Health Evangelism is one strategy that is doing just this.

Sample List of CHE Topics

DEVELOPMENT

<p>Assessing Needs and Resources</p> <p>Christian Development Success Factors</p> <p>Christian Principles of Development</p> <p>Christians Meeting Needs</p> <p>Community Needs</p> <p>Comparing Relief and Development</p> <p>Cooperation Agreement</p> <p>How to Choose and Enter the Best Community</p> <p>Human Need and Poverty</p>	<p>Hunger and Poverty</p> <p>Jesus and Development</p> <p>Needs and Resources of the Community</p> <p>Nehemiah and Development</p> <p>Paralytic and Development</p> <p>Principles of Christian Development</p> <p>Relief Vs. Development</p> <p>Secular Development Theories</p> <p>Seed Projects</p> <p>Short-Term Medical Outreach</p>
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MEDICAL

<p><u>Diarrhea</u></p> <p>Cause</p> <p>Danger of Dehydration</p> <p>Diarrhea Case Studies</p> <p>Prevention</p> <p>Treatment Giving ORS</p>	<p><u>Malaria</u></p> <p>Bed Nets to Prevent Malaria</p> <p>Malaria I – Cause</p> <p>Malaria II – Prevention</p> <p>Malaria III – Symptoms</p> <p>Malaria IV - Treatment and Referral</p>
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SPIRITUAL

<p><u>Discipleship</u></p> <p>Devotions on Great Commission</p> <p>Discipleship I – Biblical Basis of Discipleship</p> <p>Discipleship II – Object of Discipleship</p> <p>Discipleship III – Framework for Developing a Multiplying Ministry</p> <p>Discipleship IV – Building Disciples Strategy</p> <p>Discipleship V – Selection of Disciples</p>	<p>Discipleship VI – Multiplication in Disciples</p> <p>Leap from Addition to Multiplication</p> <p>Multiplication</p> <p>Overview of a Discipleship Ministry</p> <p>Steward Act</p> <p>The Great Commandment and the Great Commission</p>
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COMMITTEE TRAINING SCHEDULE

The committee training is best done a minimum of three hours per day over a six day period. We have found it best to do the training two days per week. We desire that the committee know what their job is, as well as what the CHE volunteer's job is. We also want them to fully understand the concepts of CHE and to take responsibility for what happens in their project. We desire that they understand how to become a Christian.

First Day: Emphasis on Community

Expectations of CHE and their Concerns
Understanding Community
Ready and Willing Witnesses
What is Development?

Second Day: Emphasis on the Community Needs and Resources

Paralytic and Development
Needs and Resources of the Community
CHE Program Description – Basic Elements of a CHE Program

Third Day: Emphasis on the Committee's Role

Roles of the Committee
Committee Organization and Constitution
Christian Growth – Experiencing God's Love and Forgiveness

Fourth Day: Emphasis on the CHE's Role

Roles of the CHE
Development of the CHE Job Description
Christian Growth – The Filling of the Holy Spirit
Supervision, Reporting, Incentives, and Funding of CHEs

Fifth Day: Emphasis on Planning

Objective Setting
Step Planning
Christian Growth – Walking in the Spirit

Sixth Day: Emphasis on Committee Doing Planning for their Project

Christian Growth I – Overview
Questions that Need to be Asked in the Formation of a Committee
Final Questions and Evaluation

SEVEN-WEEK AWARENESS MEETING

Week 1 - Relationships

Session 1 - Groups to discuss and report the following questions:

- Are you happy with your life now?
- Are you satisfied with your living conditions?
- What good things do you NOT have?
- Are you trying to make your life better? How?

Session 2 - Bible Study of "God's View of Man and Community"

Week 2 - Meetings

Session 1 - Groups to discuss and report the following questions:

- What groups are meeting in the community?
- Who are members of the groups?
- What is the purpose of the meeting?
- What results from the meetings?

Session 2 - Bible Study of "Jesus - Man and His Need"

Week 3 - Activities

Session 1 - Groups to discuss and report the following questions:

- What are your favorite Stories? Why?
- What are your favorite Parables? Why?
- What are your favorite Songs? Why?

Session 2 - Bible Study of "Kingdom of God – God's Intention for the Present"

Week 4 - Development

Session 1 - Do River Crossing Role Play

Session 2 - Groups to discuss and report the following questions:

- What development activities are happening in our community?
- What groups are working in development in our community?
- What are the results of the work?
- Who are the people involved?
- Why is their community different from others?

Week 5 - Health

Session 1 - Use "Students' Worldview of Health" to discover traditional health beliefs

Session 2 - Use "Road to Health" exercise to learn health needs

Week 6 - Health

Session 1 - Use Dr. Akili to show difference between prevention and cure

Session 2 - Bible study of "Good Health"

Week 7 - What Do We Do Now

Session 1 - Explain CHE concept:

- Groups to discuss and report the following questions:
- What do we want to do now?
- What are the advantages and disadvantages of each?
- What steps do we need to do and who will do them?

Session 2 - Bible Study of "Integration of Physical and Spiritual"

CHE MORAL VALUE TEACHING MATERIALS

The Moral Value teaching materials were developed to be used in non-Christian countries where there is antagonism towards Christianity. These topics are a way to give spiritual teaching in a non-offensive way. The series is used in place of our normal spiritual topics used in open countries. Those people who are spiritually open are then brought into a separate group which is taught from the Chronological Bible Stories to build a Biblical understanding. The Chronological series then prepares people to make a decision for Christ.

If CHEs are to be successful they need to have certain moral qualities which this series tries to develop. All lessons are based on Old Testament Characters or parables. Most countries can see the value of good moral character therefore they are willing to let us teach these topics.

In each lesson there is a section for the trainer to insert a traditional story or saying for that moral value. This brings the meaning of the moral value to something familiar for the student. This also shows that we are not trying to impose the Bible on them, but are using our Biblical traditions and culture as teaching material.

This series may be used with Christians or those who are more open to the Bible; therefore there are noted sections which are **only to be used with Christians**. There should be a Bible in their language for the students use. In translating the lessons into the appropriate language **do not translate the Christian sections** as Government Health Workers may be using them.

Availability	(Parables Vineyard & 10 Virgins)
Caring For Your Neighbor	(Parable Good Samaritan)
Caring for the Whole Person	(Parable Birds, Elijah)
Enthusiasm	(Zacchaeus)
Faithfulness	(Jehoshaphat, Daniel)
Flexibility	(Ruth, Philip)
Forgiving Others	(Parable Prodigal Son's, Joseph)
Goodness and Kindness	(Psalm 107, David)
Honesty	(Joseph, NOT Ananias & Sapphira)
Being a Person of Integrity	(Daniel)
Justice	(Amos, Jeremiah)
Living A Balanced Life	(Eccl)
Obedience	(Noah, Joshua)
Patience	(Isaac)
Peace and Gentleness	(Isaiah)
Perseverance	(Abraham and Sarah)
Responsibility	(Moses)
Resourcefulness	(Nehemiah)
Self Control	(David)
Self-Esteem	(NOT Moses)
Serving Others	(Rebekah)
Taking a Stand	(Proverbs)
Unity	(None)
Withstanding Temptation	(Joseph, Joshua)

EMOTIONAL CARE TOPIC LIST

Helping Skills

Taking Inventory of Your Helping Skills
Evaluate Your Listening Skills Exercise
Listening – The First Helping Skill
The Foundation for Helping
Confronting Biblically
Speaking the Truth – The Second Helping Skill
Directing Toward Action – The Third Helping Skill
Care Groups
Caring for People with Emotional Needs I
Caring for People with Emotional Needs II
Caring for People with Emotional Needs III
Caring for People with Emotional Needs IV
Caring for People with Emotional Needs V
Caring for People with Emotional Needs VI

Emotional Issues

Anger
Availability
Bitterness
Dealing with Failure
Depression
Fear and Worry
Flexibility
God's Words for AIDS Patients
Grief
Guilt
Kindness Leads to Goodness
Loneliness
Overcoming Hurts and Anger
Proper Perception of God
Serving Others
Ultimate Self-Worth I – Who Am I
Ultimate Self-Worth II – Your Identity in Christ
Valuing Self
Worry and Anxiety

COLDS - SYMPTOMS

Date: 11/89

(1 HOUR)

- OBJECTIVES:**
1. Participants will be able to recognize symptoms of colds.
 2. Participants will be able to teach others how to recognize symptoms of colds.

OVERVIEW FOR TRAINERS: This is the first in the series on colds.

METHOD	TIME	KNOWLEDGE
<p>Role Play: One person enters the home of another. The first person is coughing and sneezing in the other person's face. They shake hands and talk for a while. The one with a cold leaves and the other person starts coughing and sneezing.</p> <p>----SHOW questions---- S = What do you <u>See</u>? H = What is <u>H</u>appening? O = Does this happen in <u>O</u>ur place? W = <u>W</u>hy does this happen?</p>	10"	
<p>I. Break into groups to discuss what the symptoms of colds are.</p> <ul style="list-style-type: none"> - Come back together and make a list of symptoms. 	15"	<p>I. <u>Symptoms of Colds:</u></p> <p>A. General cold:</p> <ol style="list-style-type: none"> 1. Runny nose, sore throat, sneezing, slight fever. <p>B. Severe cold:</p> <ol style="list-style-type: none"> 1. Small child, less than 6 months, with blocked nose. 2. High, continual fever. 3. Child with high fever and/or fits. 4. Child with sore tonsils and/or glands. 5. Sores in the mouth. 6. Ear pain or pus coming from ears. 7. Difficulty in breathing, ribs showing, nasal flaring.
<p>II. List ways that colds are transmitted.</p>	10"	<p>II. <u>How colds are transmitted:</u> Germs are transmitted by:</p> <ol style="list-style-type: none"> A. Coughing without covering mouth. B. Shaking hands. C. Using same dishes. D. Using same towel. E. Sleeping in same bed.

COLD - SYMPTOMS

METHOD	TIME	KNOWLEDGE
III. Give spiritual analogy:	10"	<p data-bbox="886 266 1464 453">III. <u>Spiritual analogy</u>: Colds are caused by a virus and are often spread to other people through droplets in the air. Colds are not life threatening but they can really make you feel bad. They are a real hindrance to one's productivity.</p> <p data-bbox="886 485 1464 640">There is a virus being spread among Christians today that is a great hindrance to one's effectiveness for Christ. It says, "You have the right to control certain areas of your own life."</p> <p data-bbox="886 672 1464 974">In contrast, the Bible says in Romans 12:1 "I urge you brethren by the mercies of God, to present your bodies a living and holy sacrifice, acceptable to God, which is your spiritual service of worship." This means one's entire self: attitudes, thoughts, actions, desires, and will are to be under God's control. "For you are not you own; you were bought at a price." Do not let the virus hinder your Christian life.</p>
This session will probably not take a full hour.		
IV. Bible Verse: Jeremiah 24:2		IV. <u>Bible Verse</u> : Jeremiah 24:2 – Fever...

ATTITUDE: Facilitator understands there needs to be concern with a cold despite the fact the problem is not too serious.

SKILL: Participants will be able to recognize symptoms of colds and they will be able to teach others how to recognize the difference between a general cold and a severe cold.

EVALUATION: Facilitators will know participants have learned the content of this lesson when they can distinguish between a general cold and a severe cold.

MATERIALS:

- Newsprint
- Marking Pens
- Masking Tape

This lesson is used in: Physical – Cold



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