

A close-up photograph of a smiling woman with dark skin, wearing a colorful patterned headwrap and a matching patterned shirt. She is carrying a large, weathered metal pot balanced on her head. The background is a blurred outdoor setting with green foliage and reddish-brown earth. A semi-transparent white rectangular box is overlaid on the right side of the image, containing the text 'ANNUAL REPORT 2017'.

ANNUAL REPORT 2017


medical ambassadors
INTERNATIONAL





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President's Annual Report

Medical Ambassadors International's (MAI) approach is simple, biblical, replicable and transformational.

In many places around the world it has already become a self-propagated movement, growing so fast it is hard to keep track! Even rough and approximate assessments show MAI is influencing a population of over 2.5 million people. Our total expenses for 2017 were \$2,829,644. This works out to be \$ 1.13 per person impacted a year. This is a testament to the cost effectiveness of the approach which, because of how it is designed, builds on the community's existing survival strategy and makes it immensely sustainable.

Growth Through Partnerships

MAI's presence is operating in 40 countries directly and 34 others through partners. Through this collective leadership team, we have been able to facilitate and support nearly 50,000 Community Health Evangelism (CHE) volunteers, who operate at the cutting edge with vulnerable communities in the field. We continue to strive to promote our core strategy to share the Good News of the gospel by proclaiming it through word and deed, thus ensuring it continues to multiply and spread.

A Brief Overview of 2017

Last year we were able to connect with The Barnabas Group in the San Francisco Bay Area. Through telling them about our ministry and connecting with their experts, we were able to overcome a major struggle, namely, to develop a succinct elevator pitch that more aptly explains what we do. We discovered the reason God established us as an organization was to fulfil what Jesus taught us in the Lord's prayer: to be His instruments and make His will done on earth as it is in heaven. That is what we are in the business of doing—bringing heaven to earth, one community at a time.

The year 2017 was one of leadership transition at the organizational and at the regional leadership level. We continue to develop, build, and strengthen our next generation of leadership in the field while at the same time strengthen our field training programs. Across the globe, we facilitated over 614 CHE training programs, including multiple specialized CHE training programs like Women's Cycle of Life (WCL), Men Matter, The Heart of the Family, BLISS, The First 1000 Days, CHE Disability, CHE Agriculture, CHE Microenterprise and Business Development. MAI helps facilitate four Internships in different parts of the world each year. In 2017 two of those were in the Philippines and Kenya where 19 interns were trained in intensive CHE practice management, preparing a managerial level of trainers and facilitators who have the potential to be local, regional, and national CHE leaders.

In the year ahead, we have three special areas of focus.

The first emphasis is to increase our overall unrestricted revenue, so MAI can continue to focus on the creative access countries, our 'next generation' leadership, member care, and the unreached people groups in the 10/40 window. We grew marginally in 2017 over our 2016 budget but hope to make a significant increase in 2018.

Second, the plan is to continue to grow this year, but through strategic partnerships. As long as the work grows, and more communities are impacted, we believe it can happen indirectly through partnerships.

Finally, we also plan to make special efforts to track at least a couple of hundred communities in multiple countries to measure the impact of the CHE movement.

In the US, our efforts to build and increase name recognition continues as we connect with more networks and consolidate our brand image. As we continue to follow the Lord, we will seek His face and ask that He continues to open our eyes to see what He is doing and partner with Him in the expansion of His kingdom!

Dr. Ravi I. Jayakaran
President/CEO
Medical Ambassadors International



<https://www.youtube.com/embed/jpSjITkOBfM>



Across the globe, we facilitated over 614
CHE training programs, including multiple
specialized CHE training programs...
- Dr. Ravi Jayakaran



MAI The history

In 1975, as South Vietnam was falling, a man name Dr. Raymond Benson was on the last airlift from the roof of the American Embassy.

Dr. Benson's vision was for Christian medical professionals to establish clinics around the world. His hope was to heal people both physically and spiritually. Out of that desire, Medical Ambassadors was formed.

While Dr. Benson was correct in his assessment of the physical and spiritual needs of people around the world, he did not anticipate that the same people would keep coming back to the clinic with the same preventable illnesses. It became clear that this clinic-based model was not sustainable. In fact, we were creating a culture of dependency within the communities we were trying to help.

In light of this, Medical Ambassadors transitioned to a new model. Instead of going into a community and giving free care, we entered bringing only questions.

Instead of giving the communities what we thought they needed, we asked local leaders, "What do you need to be happy and healthy?" We let their answers guide our focus and started developing lessons on those topics. In time, the available lessons included far more than only health topics. Depending on what the local



At Medical Ambassadors International we build relationships with the world's most vulnerable people and together we work to heal communities both physically and spiritually.



leaders determined their communities needed, there were teachings on how to work together and solve problems, teachings on agriculture, literacy, family relationships, micro-enterprise, coping with disability, and more.

The genius of this approach was that the education could be replicated at the grassroots level, neighbor to neighbor. Instructors teach learners who become instructors who teach learners who become instructors who teach learners—well, you get the idea.

Certainly, there were still physical needs requiring professional medical attention—clinics and hospitals continue to be essential. However, 70-80 percent of people in these clinic lines could now be helped at the community level.

This development model became known as Community Health Evangelism (CHE). Evangelism...because seamlessly woven into the lessons of health are basic biblical truths: You can be clean on the inside as well as the outside. You have great value because you are wonderfully and beautifully made by God.

We are proud to be a work in progress. We are committed to learning from the communities we work with and listening to God. We deeply desire to align ourselves with his plan and power.

Medical Ambassadors International is equipping communities through Christ-centered health and development.



Our Board Members



Lisa Armour

Missionary & Teacher

Served 5 years, CA



Steve Belton, M.D. , CA

Physician

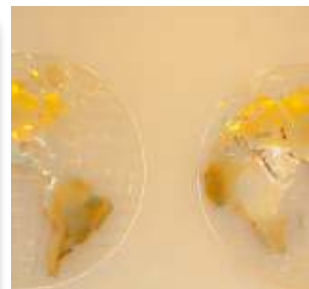
Board Chair, Served 8 years, CA



Wayne Jeffers, M.D.

Physician

Board Co-Chair, Served 7 years, CO



Carla Davis

Restricted Area Director for
International Nonprofit

Served 2 year, OR



Ravi Jayakaran, B.V.Sc. & A.H.

President/CEO MAI

Served 1 year and 4 months, CA



Frank Marsh

Retired IT Director &
Strategic Planner HP

Served 9 years, CA



Tom Mason

Retired Executive Vice
President General Motors

Served 13 years, GA



Tom Steipp

CEO Liquidmetal
Technologies

Served 2 year, CA



Paul Varkey Parayil

Software Engineer,
Facebook

Served 3 years, CA



Stefan Wiechers

VP of Corporate Finance
Align Technology

Served 1 year and 4 months, CA

Global Reach Report

Medical Ambassadors International (MAI) works in 40 countries directly with its own teams, and another 34 countries through partners.

Central Africa Region: The Democratic Republic of Congo continues to grow as the country with the greatest number of communities (over 900) engaged in Community Health Evangelism (CHE) ministries. The CHE curriculum has been developed for three different Christian universities, where future leaders, business people, and pastors learn about integral mission and wholistic community development. In less than two years, multiple pastors and churches have begun to engage over 30 different communities in the wholistic development process. The leadership team has also been able to launch a special focus on church planting alongside community transformation work.

Political turmoil continues to trigger violence, and despite tremendous loss in many villages, families involved with CHE have recognized the need for forgiveness, peace and reconciliation, and responding to violence with love. This was apparent when CHE leaders stepped up to help their fellow villagers, even when their own family life was disrupted by conflict.

South America & Caribbean regions: The Caribbean was hit hard in 2017 by Hurricanes Irma and Maria. Partner organizations in Haiti, Cuba, and the Dominican Republic recognized the need for more training in disaster response and partnering with government responders and emergency relief non-government organizations. CHE communities responded by helping neighbors prepare for the potential destruction and by working together to clean up and rebuild.

CHE communities in Haiti continue to develop the First 1000 Days program focusing on good nutrition for mother and child from the point of conception through the second year of life. Children in these particular communities will be monitored over time to see how effectively the community is working together to reduce malnutrition, anemia, and common problems like diarrhea, pulmonary infections, and tooth decay.

In addition, Traditional Birth Attendants (TBAs) in rural communities were trained to upgrade their delivery skills and knowledge so they can more safely and effectively care for pregnant women, who often live far away from adequate medical care and facilities. CHE volunteers, who help communities learn about broader aspects of health and focus on the prevention of infections and malnutrition, work with the TBAs to also address potentially harmful traditional beliefs and spiritual practices and share how Jesus has power over the spirits.

Teams working with indigenous cultures and people groups in South America are learning to adapt traditional CHE training methods to an orality model much more relevant to these groups, who pass on history through oral traditions and are primarily oral learners. With the establishment of trust and respect for these indigenous villages, using oral methods of training, and working through trainers and partners of similar backgrounds, we have seen a large breakthrough in engaging indigenous communities.

East Africa Region: In the countries of Uganda, Kenya, and Ethiopia, there are over 500 communities experiencing transformational development through Community Health Evangelism. These communities have developed their own committees and mobilized over 7500 community health volunteers. Five Bible schools have adopted community health evangelism into their curricula.

The Anglican Church of Uganda has adopted CHE as a central ministry for equipping and empowering churches to become more caring, compassionate, and relevant to their communities. The Anglican Church in Uganda has 37 dioceses, and MAI has actively partnered to engage 17 of these dioceses with CHE. This has resulted in churches in 33 districts of the country learning to share God's love in their communities by helping neighbors learn lessons about health, forgiveness, caring for your neighbors, and faith.

In the Wolaita region of Ethiopia, Holistic Ambassadors Ethiopia Ministry (HAEM) partnered with the Kale Heywet Church, the largest evangelical denomination in the country, to train couples in family CHE.

The training introduced a Biblical view of shalom and holistic health especially in the context of marriage, family, and community. Family CHE lessons particularly touch all areas of the lives of families. In many small groups where husbands and wives participate together, couples have experienced forgiveness, healing, and reconciliation as they learn about Biblical love, respect, and grace for one another.

In many countries where women are expected to fill traditional roles and responsibilities, women are often not considered to be equal partners by men. In Ethiopia, women are meeting in small groups to learn about their God-given dignity, worth, and identities through the CHE Women's Cycle of Life Curriculum. These women enjoy the time together in a safe environment where they can share their common stories, struggles, hopes and dreams. In a recent training, several women shared how exciting and encouraging it was to learn that God loves and cares about women and has a great plan and purpose for them in His kingdom. Men who take part in the family CHE trainings are also challenged with a new understanding of their calling to be loving and Godly husbands. Following one training, a man immediately called his wife to apologize for falling short in his call to be a servant to his wife and family and to share how excited he was to go home and work to improve his relationship with his wife.

West Africa Region: In Cape Verde, a team was trained in CHE, and began engaging unemployed youth who had dropped out of school. They challenged the youth about what they could do—not only to help their own situations but to change their communities. They began to visit homes, learn about healthy living, and how to care for their environment. Today, they work with parents who care for disabled children, help clean neighborhood streets, and help neighbors build latrines in their homes. The Anglican Church in Akure, Nigeria, has adopted Community Health Evangelism as a strategy to strengthen churches and church growth through a partnership with MAI. It has set a goal to establish and equip churches in at least 100 parishes over the next 10 years.

Nurses Christian Fellowship of Nigeria has adopted CHE as a strategy for its HIV-prevention program for the country.

The Central African Republic has been a country devastated by war and religious and political conflict for nearly a decade. Thousands of civilians have been killed, injured, and abused. A coalition of churches invited MAI to help assist war victims with a first micro-enterprise training in 2015. This was followed by a second training in 2016 with the same group of women. Since then, a wonderful thing has happened with the formation of over 50 SAIL (Savings And Internal Lending) groups forming across churches. Many women wondered why this training was never introduced to them by any other group sooner. They are now sharing their stories and training to encourage other women. Despite tremendous hardship and personal loss, they are finding hope and a way forward, and churches are energized with a greater vision to help their neighbors physically and spiritually.

Most countries in West Africa now have at least one CHE community, and there is CHE work in French-speaking, English-speaking, and Portuguese-speaking West African countries.

Southeast Asia/South Pacific: In the Philippines, a national drug crisis and subsequent government “war on drugs” crackdown has emphasized the need for effective community responses to drug addiction. One MAI partner, Well of Life, is recognizing a tremendous opportunity for the CHE ministry to help communities address some of the root causes of addiction and to develop effective community-based rehabilitation approaches. Well of Life is working with organizations that have expertise in drug addiction and developing faith-based, outpatient programs.

In another disaster-prone area of the Philippines, MAI and Holistic Community Development Initiatives (HCDI) are developing a pilot approach to building community resilience through Community Health Evangelism at the local level with a multi-stakeholder partnership involving a regional hospital, emergency responders, the public health department, and university telemedicine. Resilient communities are better able to prepare for, mitigate, and respond to the effects of natural disasters.

Northern Creative Access Region: In a Middle Eastern country, one team has been invited to bring in holistic development lessons into all the public schools of their district. Students learn about character, loving their neighbor, and forgiveness in addition to health lessons, planning for the future, and working hard. Parents are encouraged to get involved with their children's education, and this has led to increased opportunities to engage the entire family.

In another Asian country, house churches and non-government development organizations are being equipped with the principles and processes of Community Health Evangelism and learning practical ways to serve their neighbors and communities. This has led to an exciting, new perspective of holistic ministry for these groups. One leader of an organization, which had been "black listed" by the government for "proselytizing," is now welcomed by the local government authorities and community after they learned how his group served and helped the community address its priority needs and issues in a relevant and practical way.

South Asia: In a country with large Buddhist, Hindu, and Muslim communities, a local team trained in Community Health Evangelism has been working with villages through children's clubs. Through the Children's CHE curriculum, youth learn about their value to God and how they can serve their families and communities even at an early age. Youth learn and work together to solve problems. As the children incorporate new ideas health and hygiene, develop creativity through games and stories, incorporate lessons into their lives and share these with their own families, parents are often pleased to see new practical skills and knowledge, developing character, and servant attitudes in their children. This opens doors and fosters greater openness in parents to learn about holistic development as they see the value in it for their own families and community.

In another South Asian country, a shift toward nationalism has made it more difficult for Christian organizations to function. Local partners, while wary of a more restrictive environment, continue to care for communities of all faith traditions through development that encourages peace, wholeness, and love for all neighbors.

Southern Africa Region: All of the work in this region is being done through partnerships, and the team has built a very collaborative regional network. There has been a focus on financial sustainability with partner organizations, and one partner is in the process of using a loan from a sustainability fund to start two income-generating businesses that will help fund CHE work through their organization. In Madagascar, MAI is partnering with several groups to explore how CHE can strengthen a network of indigenous churches focused on disciple-making. As small groups of new believers learn to study and apply the Bible to their own lives and share it with others, CHE training can help equip them with practical ways to help their own families and neighbors.

Financial Statements

IT'S HUMBLING

Why do our 50,000 volunteers worldwide continue training and sharing the many lessons they learn through community health education (CHE) development. Could it be the awesome results of a transformed neighborhood or village? Is it the number of saved lives, or growth of a new church plant?

Why do these same volunteers continue without pay or reimbursement of expenses? The only response that can approach answering these questions is the CHE volunteers are so steadfast in their belief in Jesus, and therefore they are firm in purpose, faith, resolve, and unwavering in their determination to share their testimony of transformation with their neighbors.

How do we put a value on this gift? This remarkable gift of time, effort, and sacrifice from a vulnerable people who have so little. We don't. However, we recognize that the combined effort of the CHE volunteer and donations received, Medical Ambassadors International (MAI) can reach the 2.5 million affected by community health and development. It is only with this reduced labor cost, and the giving of our steadfast donors that allows our program ministry to grow.

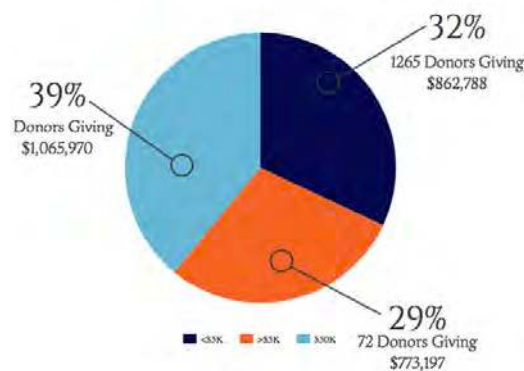
How do we say thanks to the thousands who participate in training their community, or those who join with our ministry with sacrificial contributions? Our thanks seem so inadequate, but we humbly state, **"THANK YOU"**. And it is thanks to you that we were able to raise \$2.57 million in 2017 through your generosity. Donor generosity funds our field ministry and programs with \$2.06 million. This includes ministry oversight, program training and materials, support and travel funds for the eight regional coordinators who oversee and lead programs in eight large regions, many area coordinators and country directors, and numerous master trainers. It also, provides program materials for worldwide family, women, and health programs. **It is humbling how much can be done when donated services and contributions are combined!**

Suzette Montez,
Controller

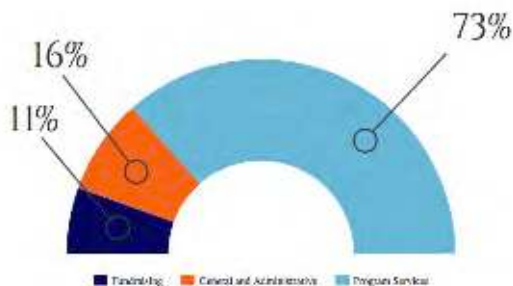
2016-2017 FINANCIAL HIGHLIGHTS



2017 REVENUE SOURCES



2017 FUNCTIONAL EXPENSES





Management Team

At Medical Ambassadors International we build relationships with the world's most vulnerable people and together we work to heal communities both physically and spiritually.

Victor Chen, MD, MPH

July 2007 – Present
Global Coordinator
California

Education: Bachelor of Arts, Molecular and Cell Biology, University of California at Berkeley, 1993 Doctor of Medicine, University of Southern California Keck School of Medicine, 1998 Masters of Public Health, University of California at Berkeley School of Public Health, 2003

Ravi I. Jayakaran, B.V.Sc. & A.H.

June 2017 – Present
President
California

Education: Doctor of Veterinary Medicine and Animal Husbandry, Jawaharlal Nehru Agriculture University, India

Professional Societies & Boards: Board of Directors - Accord Network USA & the Chalmers center, Lookout mountain.
Catalyst - Integral Mission, Lausanne Movement, Switzerland

Work Experience: e3Partners/I Am Second, Global Director, Community Transformation: 2015-2017 MAP International, VP - Global Programs: 2007-2015 World Vision International: 1992-2003

Suzette Montez, MBS

February 2000 – Present
Controller
California

Boards: Local church board, Treasurer (current)

Education: Bachelor of Science, California State University Stanislaus, 1990. Master of Science Business Administration Taxation, California State University Hayward, 1999

Laura Nelson, A.S.

February 2001 – Present
Vice President of Human Resources
California

Education: Associate of Science in Court Reporting, Humphreys College, 1992. SUM Medical Transcription Program, Health Professions Institute, 1993
Certified California Notary Public, 1995

Boards: Secretary, International Center for Reconciling God's Way (Marriage 911)



MAI loves people. Those serving in the field and those being served. Our faithful and generous donors. Our prayer warriors. And all the home office staff and US workers. Together God has woven us into a team that loves what we do—because it's all about helping people help themselves. - Laura Neslon

Thank You!

Keep in touch

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