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COMMUNITY HEALTH EVANGELISM

OVERVIEW

PURPOSE

The goal of Community Health Evangelism (CHE) is to establish a development ministry whose purpose is to bring together Jesus' Great Commission found in Matthew 28:19-20, and his Great Commandment to heal the sick found in Matthew 25:36. This plan is accomplished through the training of villagers as Community Health Evangelists (CHEs). The CHEs will, in turn, minister to their fellow villagers by teaching disease prevention and health promotion. The CHE may also treat basic diseases and assist in immunizations.

The CHE training covers physical topics such as water purification, sanitation, agriculture, nutrition, maternal care and childcare, home care, and prevention of disease. We also train people to help others with emotional and social problems. Also covered are spiritual truths such as how to be sure you are a Christian, how to tell others about Jesus Christ, how to live under God's control, and how to lead Bible study groups.

The intent is to raise up local nationals as volunteers who will be models and share the physical and spiritual truths they have learned with their neighbors in the home setting. The program is designed to be transferable, multipliable and ongoing after the training team leaves the area.

BIBLICAL BASIS

Christian community development must be based on the Bible. We are commanded in Luke 10:27 to love God totally and to love our neighbors as ourselves. If we love our neighbors as ourselves, we will truly be concerned with their welfare; both physically and spiritually. We will want to help our neighbor live a more abundant, meaningful life here on earth, and to share how they can have eternal life. Because of God's love for us, we will desire to share that love with others.

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, visit the sick and those in prisons, we are doing these things to Him. Most of us would find it easy to do these things for Christ, and even for our own family, but Jesus says we must even do them for the lowliest of people, including those we don't know or may even despise. We are called to serve all men.

The emphasis of Christ's Great Commission is on the spiritual needs of man. He commands us in Matthew 28:19, 20 to go to the whole world, winning men to Christ and discipling them. We will do this in the name of Jesus and under the authority of God.

This is not optional for the Christian, but it is a command. Jesus says, "He will be with us now and always." We should do this in God's strength made available through the Holy Spirit and not in our own power.

We are told in II Timothy 2:2 to train faithful men to teach others who, in turn, will teach others. This verse is talking about multiplication, as each one teaches those who will go on to teach others. This should apply both spiritually and physically, because we want to see the world physically improved, as it is reached for Christ. As we pour our lives into faithful men, they will catch the vision for teaching others who, in turn, will help others.

When Jesus walked this earth, He ministered to the whole person. He healed the sick as He preached and taught. As Christians, we too must be concerned for the well-being of the whole man. This involves meeting both physical and spiritual needs, and training 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, one person must do both, as did 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 preventative care, balanced with Biblical instruction.

COMMUNITY HEALTH EVANGELISM (CHE) MEETING NEEDS

The Need

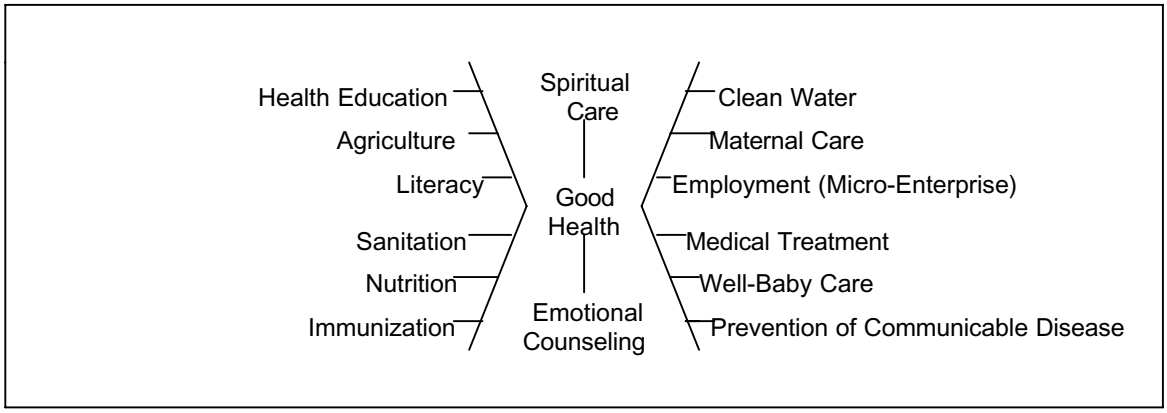
There are immense needs in the two-thirds world. One-half of those who die in the villages of developing countries are under five years of age! Most such deaths are due to a combination of malnutrition and infection. Diarrheal and gastrointestinal diseases abound, which are due to contaminated water and food, improper waste disposal, poor hygiene, poor sanitation, and poor nutrition. UNICEF reports 40,000 children die each day of diseases that are preventable.

The very high infant rate in the developing world stems from the poor level of health care available to pregnant women and newborn children. Furthermore, efforts to encourage smaller families are being impeded by the high death rate, because village parents want to insure that some children would survive to care for them in old age.

Serious respiratory diseases occur frequently because of overcrowded living situations, low resistance due to poor nutrition, and lack of knowledge of how to prevent transmission to other family members. Typhoid, diphtheria, tetanus, and whooping

cough are common diseases, which can be prevented through the use of inoculations. Environmental health diseases transmitted by snails, insects, and other animals can be prevented by the use of other modern medicines.
At the Alma Ata Conference in 1978, primary health care became the focal point for world health with the slogan, "HEALTH FOR ALL BY THE YEAR 2000." Primary Health Care can be defined as essential frontline care that is accessible, acceptable, affordable, all-inclusive, and altogether (participatory). Most importantly, it is to come from the initiative of the people, themselves.

Good health is more than just medical elements. For a person to be truly healthy many elements are involved. To this end, CHE attempts to deal with the elements presented below:



In 56 countries, MAI uses the Community Health Evangelism (CHE) strategy, where we train, visit, consult with, hold accountable, and provide funds for 50 local national, Christian training teams to deal with the above issues. In addition, we have trained over 400 other Christian organizations to use CHE.

CHE is a multifaceted, community-based, development strategy that deals with the whole man---physically, spiritually, emotionally, and socially. Our training teams equip local villagers as CHEs in the needed physical, social or emotional topics, and always in the spiritual area. The CHEs then put into practice what they have learned in their own lives and share this with 15 to 20 neighboring families.

Historically, most of the available medical personnel and funds in the developing world have been committed to hospitals, which provide curative care for only 5 percent to 10 percent of the population. In most of the two-thirds world countries, 80 percent of the health professionals are found in cities, while 80 percent of the people live in rural areas. The majority of the clinics and hospitals are also in the cities.

The best medical care is preventing disease before it occurs. Curative medicine seeks to cure existing diseases rather than preventing diseases. Furthermore, it is expensive and not available to the majority of the people, especially those in rural areas and villages. It is like a fireman waiting to put out a fire when there are ways and means of

prevention available. Therefore, CHE places its greatest emphasis on prevention, which involves community development.

On the other hand, back-up resources of curative care, in the form of clinics and hospital for recourse in dealing with the more serious illnesses are necessary. For this reason, Medical Ambassadors establishes clinics, when none existed, in our program areas. The clinics are staffed by doctors or nurses who help continue the ongoing training of the village health evangelist.

Although most diseases are preventable through health education and immunizations, we also train Community Health Evangelism volunteers (CHEs) to recognize basic diseases and treat them in the home. As an example, in Africa, worms can be treated with pawpaw milk. In addition, CHEs are taught how to recognize the signs and conditions severe enough to need treatment at the hospital.

CHEs also meet needs in another critical area---malnutrition. The most poorly nourished people are the women and small children. Sometimes people are not growing the right crops to keep the family well-nourished. Teaching people to grow vegetables and how to properly prepare them, helps women and children be protected from diseases, which take the lives of the malnourished. The "3 x 3 lesson plan" is an easy way to remember what foods to eat. People are encouraged to eat at every meal: (1) an energy food---potatoes or bread; (2) a body building food---beef or fish, and (3) a protective food---oranges or pineapples.

Sanitation can be a problem in houses made of mud and when access to water is limited. A crucial factor for health is to train people to build pit latrines and keep clean homes. Villages have no running water, so people walk three to four kilometers to draw water from a dirty river. CHEs teach people how to find a clean source of water and then teach them how to protect it. They also teach ways to purify water. In addition to teaching the villagers about sanitation, the CHEs tell them how Jesus Christ can cleanse their lives of sin permanently.

Trained local Christians, working through the church, can be a vital catalysts for a Community-Based Health Care Program. They can help alleviate the health problems by teaching their fellow villagers spiritual principles, which have a direct impact on physical health as well.

THE COMMUNITY HEALTH EVANGELISM (CHE) APPROACH

Medical Ambassador's Community Health Evangelism (CHE) Program is broadly aimed toward the whole community. We do this by training local villagers to share spiritual, physical, emotional and social truths with their fellow villagers.

Through CHE, we desire to reach the greatest possible number of people with physical and spiritual help, and we have learned that we can do so by training Community Health Evangelists. The approach includes the following primary characteristics:

1. Concentration on meeting priority needs keenly felt by the village in simple community projects---designed to teach the people 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 aggressive initiative of going to the people.
3. 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.
4. A vision and goal to reach the most people as possible.
5. A program of instruction which shows the people how they can participate in their own development. Lessons are developed, which are aimed at simple health education, identification or major diseases, recognition of the need for medical care, and care of the sick (especially children).
6. Community self-help and community leadership emanating from the peoples' commitment to the program.
7. A commitment to delegate most of the tasks to local church leaders, community leaders, and the CHEs, who can best generate local support and commitment for the program.
8. An understanding that the content of the training must be transferable and multipliable.
9. A commitment that readily available local resources should be used as much as possible.
10. Provision for good working relationships with the nearest available back-up hospital for necessary obstetrical, surgical and medical care of severely ill patients.
11. Mass inoculation programs for measles, BCG, DPT, and polio. Such programs should be community-sponsored programs.
12. Provision for sanitation training, with an emphasis on safe water and proper use of pit latrines.
13. Provision for easily accessible family planning instruction materials.

An underlying foundation for a CHE Program is that the community sees a project as their own, not outsiders who initiated it. Too many times organizations have come from the outside to do something for the people, but when the outsiders leave, what had been accomplished disintegrates. There is no sustainability. The people expect the outsiders to provide the funds, parts or labor to maintain and repair the project.

When we do things for people in the community, then the people always see what has been done as belonging to the outsiders. The emphasis from the beginning must be on the community, saying this is ours and we will make it happen. We need to be enablers of people, so that they take responsibility for the work health under God's direction. There is not one action, but many that enables community ownership to happen.

CORE ELEMENTS OF CHE

Community Health Evangelism is made up of three essential groups:

The CHE Training Team

The training team is the group that initiates the program. They usually come from outside the area. There should be two to four people on each training team, including potential combination of the following skills---nursing, public health, teaching, agriculture, nutrition, water development, and sanitation. At least one member should be a nurse, but not all members should be medical personnel. The training team's expertise should be any combination of---nursing, public health, agriculture, sanitation, nutrition, social work and teaching. Because the team of trainers works full-time, they are nearly always salaried.

The Community Health Committee

The key to a successful Community Health Evangelism Program, that will be multi pliable, transferable, and ongoing, is that the program 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 should, preferably, be community-based. The members should be mature, well-respected people, who represent different segments of the community; i.e., education, government, business, agriculture and health.

Volunteer Community Health Evangelists

The Community Health Evangelism volunteer is the major worker in the program. Adequate attention to their ministry will require about two half-days of work a week. Once the communities have chosen such people and they have been trained, their job is as follows:

1. Put into practice what they have learned around their home and with their family; that is, they model what they have learned.
2. Promote good health, prevent disease, and model abundant Christian life as a volunteer.
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. Initiate and coordinate local community self-help projects.
6. Teach in a way that will help others to become teachers, themselves, and thereby, repeat the instructional process and expand the circle of learning.

PROGRAM DESCRIPTION

Community Health Evangelism has the following elements:

1. A team of three to four trainers works with the community to assess their needs and establish community health committees. These committees choose workers (CHEs) who have an average community education.
2. A group of CHE trainers normally train 12 to 18 people from five to eight areas within walking distance of the training location. Training sessions normally are conducted two days per week, until 40 to 50 sessions have been completed. Half of each training day will be spent on health teaching and the other half on spiritual teaching. All the teaching must be transferable, so that the people being trained will be able to teach others who, in turn, can teach others.
3. The CHE trainees then teach what they have learned in their community by means of story-telling, discussions and example. Their main roles are teaching in the home, assisting in community health projects, and having a spiritual ministry. A part-time CHE worker can work with up to 400 people.
4. Each training team works in a given area for three to five years, establishing projects in three to six geographically adjoining areas. They will be involved in training 150 to 200 CHEs, covering 15 to 25 villages serving 80,000 to 100,000 people.
5. It is best for the CHEs to be volunteers, but remuneration, if desired, may be given by the Community Health Committee. If so, it must be a community's responsibility to provide funds. Remuneration in kind; i.e., doing work for the CHE worker, is a good method of reward.
6. The program is begun first in one area and then expanded into adjacent areas. Additional workers may need to be trained in the original area to obtain a better ratio of CHE to the population.
7. The goal is for each initial training team to be replaced by three to six, especially bright and gifted, local CHEs. These 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 areas within the country.
8. As much as possible, funding for the individual project needs to come from the local communities, but where local resources are insufficient funds may be solicited from in-country agencies who are interested or working in community health, agriculture, etc.
9. Major expansion of the CHE Program best takes place by training multiple national community health teams. In each country, models are developed to show how to integrate a spiritual ministry into an already existing community health program. This enables other communities to learn by observation how to establish an integrated program from the beginning.

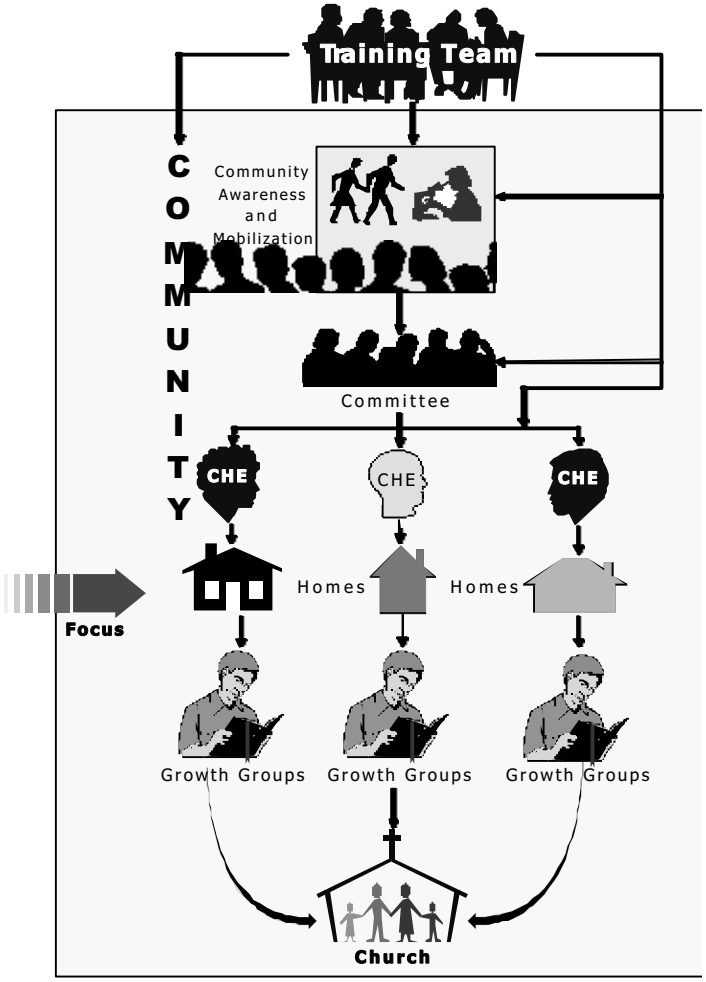
In the decade of the 90's, it is our vision to establish training teams in 80 countries of the world to train 100,000 people as CHEs. They will be models for their country in how to help people help themselves--both physically and spiritually. The training teams are not only to be Medical Ambassador workers, as the major multiplication of the CHE strategy will take place by training other organizations to implement their own CHE projects. MAI provides the lesson plans, problem-posing pictures, picture books, and Bible study materials, which they can use in their own program.

Currently, in two-thirds world, 60 percent of each country's population live in rural areas. This will change in the future. A United Nation's study predicts that by the year 2025 AD, over 62 percent of the world's population will live in urban areas versus 42 percent now. Twenty-five of the 35 world's largest metropolitan cities will be in the less developed countries. By 2025 AD, four out of every five urban dwellers will live in less developed countries.

The CHE Program has been used mainly in rural areas and with people open to the Gospel. We have different models for starting a CHE Program in different situations. The Community-Based CHE Program, which we have described above, is most commonly used in our 45 projects in 25 countries.

The **MOST DESIRABLE MODEL** is a Community-Based model, which enhances the probability of success. But there are also Family-Based, Feldscher-Based and Church-Based CHE projects. These other three alternative approaches depend on the nature of the target area.

COMMUNITY-BASED PROGRAM



MODIFYING THE CHE STRATEGY

We are now working in an area called the 10/40 window, which requires different approaches. This area stretches from 10 to 40 degrees North latitude. It reaches from Japan on the east through North Africa and Southern Spain on the west. Europe and Northern Russia are not in this window, but Russian's old Muslim republics are included.

It is in the 10/40 window that 60 percent of the world's population lives, with 82 percent of the poorest of the poor living there. Eighty-four percent of these people have the lowest quality of life. Also, 97 percent of the people in the 55 least evangelized countries live there, but 8 percent of the world's missionaries work among these people.

A number of changes have been made to CHE so it would be better accepted by the medical professionals and religious forces in these closed countries. In these countries,

CHE stands for Community Health Education, instead of Evangelism, and the workers are called Community Health Educators.

But to implement changes, the following non-negotiables must be present as we adapt the CHE Program for these closed, un-reached countries.

First	-	The integration of physical and spiritual ministry.
Second	-	Multiplication of all work through intensive training.
Third	-	Community ownership of a program, which is directed by the villagers, themselves, with a minimum of resources from the outside.
Fourth	-	An emphasis on prevention of disease rather than cure.
Fifth	-	The program is sustainable after the training team leaves.
Sixth	-	The program is effective in helping people physically and spiritually.
Seventh	-	The program is sensitively adapted to meet the needs of a particular people.

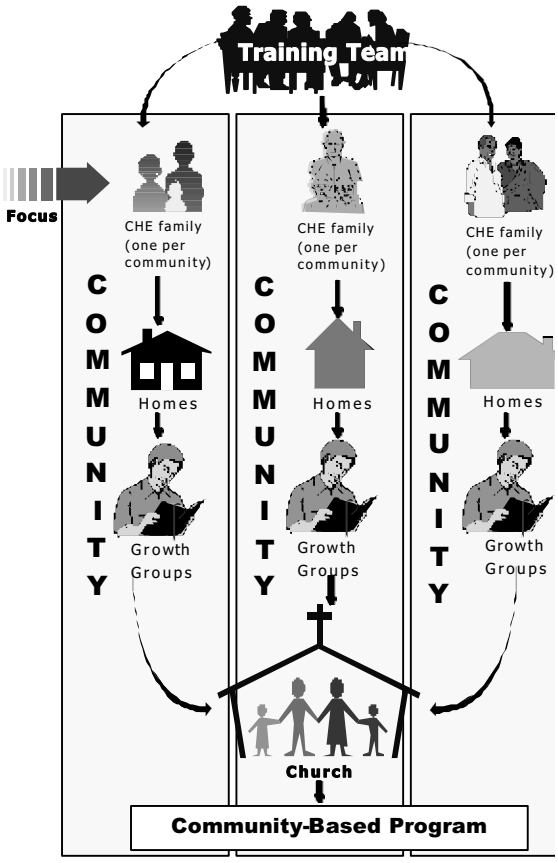
Family-Based CHE Program

A FAMILY-BASED CHE PROGRAM is used in closed, un-reached countries, where there are no Christians. It is a precursor to establishing a normal Church-Based CHE Ministry. A Christian family, trained as CHEs, moves to an un-reached village and begins to minister as CHEs. As people come to Christ, experience God's love, and see the benefits of an integrated ministry, a normal Community-Based CHE Program is begun.

The families' training is a combination for a CHE and a Trainer, but their main role is as a CHE, not a trainer. Their goal will be to fill the role of CHEs, themselves, until their work bears fruit and they have made disciples, many of who, in turn, may become CHEs.

The Christians may invite their neighbors in for a weekly class on health and spiritual topics on Moral Values. Those that are spiritually open are invited to a chronological approach Bible study. They begin with commonly held concepts as a bridge to Christianity.

FAMILY-BASED CHE PROGRAM



We are using this model in over 120 villages in Eastern Nepal and Northern India, with all Buddhists and Hindu communities in the foothills of the Himalayan Mountains, where over 105 fellowships/churches have been started.

Government-Initiated Approach CHE Program

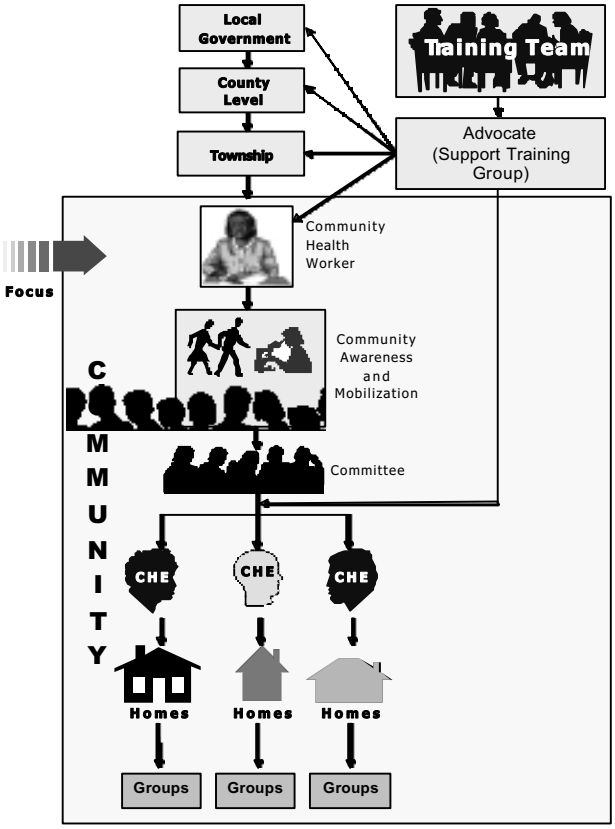
The old Soviet Union's Central Asian Republics are historically Muslim, although for the past 70 years atheistic Communism has been imposed on their way of life. All of these countries use the same basic Health Care System, which is a top down, authoritarian, Soviet model.

The professionals in the Central Asian Republics are aware of Primary Health Care (PHC), but not the difference between PHC and a Community-Based Health Care (CBHC) System. A PHC Program consists of those interventions that trained health professionals perform to protect and promote health for the people.

A Community-Based system is built on what people do for themselves. Great advances have been made in Public Health Mass Control Programs of sanitation, vaccinations and water supplies. But little has been done in changing health attitudes and behavior.

The old Soviet countries have a very broad-based health care infrastructure, with many medical professionals found in the smallest of villages. The feldscher is at the heart of the Rural Health Care System as they are in charge of the village health post and are trained in cure and prevention.

GOVERNMENT-INITIATED APPROACH



Because the government believes that they have a great prevention, and health education programs, we must start where they are by meeting some of their felt needs. This means, we may offer to bring in needed medical equipment, supplies or medicines for Feldscher-Aid Posts (FAPs) in one selected district. Many of the materials can be obtained from UNICEF or WHO, as we can become their distributor in our selected district.

To stay within the Russian Monolithic Health Care System is best, therefore, we choose to establish a model in one district under a Ministry of Health contract. The desire is to

assist the Ministry of Health to go beyond their Primary Health Care Program to implement Community-Based Health Care.

Our target is to improve the health of the people at the lowest level of health care, which are the 30 to 40 (FAPs) in the selected district. Trained local people are the vital catalysts for a Community-Based Health Care Program.
Here we offer to retrain all 50 to 100 feldschers and nurses from the FAPs in the chosen district. We train them in participatory teaching techniques, how to mobilize their community to take more responsibility for their own health and on moral value topics.

The feldscher becomes our key contact person who will mobilize his/her communities to get people interested in taking more responsibility for their own health care. We look for those feldschers who are trying to implement a CHE Program and those that are spiritually open to help them start a Community-Based Program.

Later, as the Ministry of Health sees the results, we then offer to train their Health Education staff at the national and district level in CHE and participatory teaching techniques as the means to spread CHE throughout the country. This model is being used in Tajikistan, Mongolia and Kazakhstan.

Our normal approach of raising up Christian, national professionals in these un-reached countries will not work as there are none. Therefore, we must find ex-patriates to begin CHE projects. MAI establishes a partnership with a mission or Christian NGO, which is working in the target country, and who is interested in CHE. MAI provides the technical expertise, regular consultation and training, while the agency provides the people, most of the funds, and the daily oversight of the CHE project.

Many of these nations are Islamic, but the people know little about Islam, as they practice Folk Islam---a mixture of animism and Islam. If they are Buddhist or Hindu, they know nothing about Christianity and have no understanding of a monotheistic God.

Those who are spiritually open are invited to join an inquirer's Bible study, where lessons are from the Torah (Law), Prophets and Psalms, building a foundation and making a bridge to Jesus Christ. Individual seekers are presented with the opportunity to make a decision for Christ as they complete the 45 study sessions. Those that respond are then taken through MAI's normal Follow-up Series and New Believer's Bible Study.

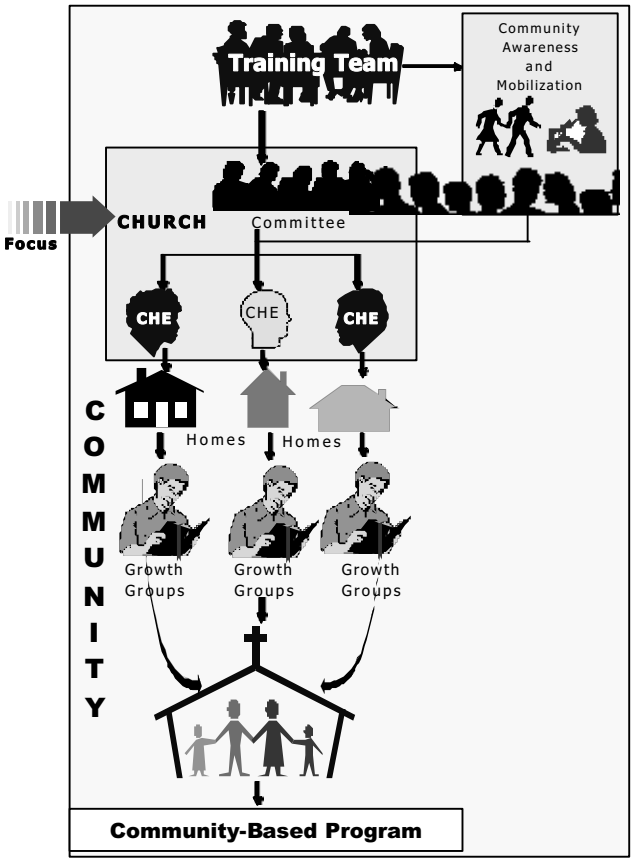
Church-Based CHE Program

In a few instances, we may start a CHURCH-BASED CHE Program, where the community is fragmented and there is little feeling of community. This is an especially useful model in an urban slum area.

Our role is to help an inner city, urban community, identify what God's plan and agenda is for their area. We help the community through the church, identify God's plan, and then help them to implement this plan. This plan integrates both physical and spiritual ministry. We are working on establishing such an urban ministry in slums in large cities in the Philippines, Kenya, and the USA.

In a church model, the committee members and CHEs will probably be made up of the sponsoring church members. But, the church must be concerned with man as a whole person and not just his spirit.

CHURCH-BASED CHE PROGRAM



They must view development as being important for the whole community, rather than exclusively to be used for their own church members. The church must also see CHE as a way to win people in the community to Christ, and to help them grow as whole persons. In addition, the church must be willing to give up control in order to obtain community involvement and commitment.

If there is more than one evangelical church in the community, equal representation from all of these churches is desirable. The more churches involved the better, since an individual church may not have enough members or resources to continue the program as they are reaching out to all members of the 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 used extensively, as well as songs, stories, and demonstrations.

Modeling by the trainer to show what is expected of the trainee is important in everyday life. If the trainer does not do what he expects the trainee to do, the trainee will not think it is important and, therefore, will not do it himself. This is especially important for spiritual truths. A trainer needs to do home visits with the trainee, so the trainee can observe and learn by demonstration.

Cooperative Agreements

Our normal approach of raising up Christian national professionals is sometimes hindered by the fact that they are rarely available in the restricted access countries. Therefore, MAI establishes a **cooperative agreement** with a Christian non-governmental agency (NGO), which is set-up in the target country as a secular agency. These agencies are interested in CHE and have expatriates available for CHE.

A simple letter of agreement is signed between MAI and the agency. For the cooperating agency, it is their program to implement, with their people and using their money. They agree to stick with non-negotiable elements and to only change any elements with MAI's approval. In addition, they will provide MAI with a Quarterly Report.

MAI provides the strategy, training, materials, model and changes. The Field Director visits twice yearly for consulting to help make the project successful. MAI also trains key agency personnel at Trainer of Trainers (TOT), so they can train their own people and expand the program beyond one project. MAI provides their own travel expenses, while the agency provides their in-country accommodation costs.

Three Phase Training of Trainers (TOT)

The training process is broken into three, one-week phases, with several months between each phase, in order for the trainers to practice what they have learned.

Phase I Focuses on development philosophy and how to start a CHE Program. Spiritually, it emphasizes evangelism. We present the basic Gospel messages and teach the trainees how to use the Picture Book and other evangelism tools.

Phase II Focuses on developing teaching materials, methods, and curriculum. Spiritually, we emphasize follow-up through the use of follow-up picture booklets. These also act as a review of basic messages.

Phase III Focuses on evaluation, project expansion, multiplication, and management. Spiritually, we focus on discipleship.

Committee Training

The committee is trained in six sessions, each lasting about three hours. We have found it is best to do the training two days per week. The committee members must not only know what their job is, but also what the CHE volunteer's role will be.

We also want them to fully understand the concepts of CHE in order to be able to take responsibility for what happens in their project. Most importantly, their training gives the committee members a clear understanding of how to establish a personal relationship with Christ.
Initially, we did not train the committees. We discovered, however, that when we trained the committee first, the members began to take more responsibility and leadership, and chose better people to be trained as CHEs.

CHE Volunteer Training

Group involvement is a key factor. To illustrate, during the teaching on malaria, we start with the following drama:

> Three people are talking. One has a high fever, headache and chills. One of the CHEs is representing a mosquito. BZZZ! The mosquito bites the person with malaria, and then bites a healthy person who now gets malaria. We discuss what they saw; what the problem is; the cause of the problem; and what they can do about it. Sometimes, we use pictures to pose a problem or help the CHEs compose songs and stories, which will help them teach others.

The methods used are highly participatory teaching techniques using role plays, stories, songs, visuals, demonstrations, and large group discussions. Training is for 40 to 50 sessions, spreading the training 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

Lesson plans are designed to present the physical and spiritual lessons in ways that use a high degree of learner participation, which will aid the learner to do a good job. Each lesson starts with a problem-posing play or picture, which leads the learner to see the problem and why it is important to them. They then 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 CHEs main job 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 are to use physical and spiritual picture books on each topic, when they share what they have learned with their neighbors.

The picture booklets have been developed as a result of the success of the Four Spiritual Laws Picture Book used for non-readers. Our philosophy has been "if a picture book could be successfully used in evangelism and be transferable, why couldn't the same concept be used for other topics?" The booklets include:

Physical

Nutrition
Feeding Children
Scabies
Immunizations
Colds
Family Planning
First Aid
Eye Problems
Diarrhea
Worms
Malaria

Spiritual

New Life in Christ
Confession
Living the Christian Life in the Power of the Holy Spirit
Walking with Christ
Christian Growth
Quiet Time
Prayer

The booklets are used as a review of the teaching on a given topic. They follow the same sequence as did the individual lessons on the topic. Then, the CHE trainees practice using the booklet with each other and are observed in a simulated exercise. They are then given an assignment to share the booklet with at least three of their neighbors.

The booklets have been produced with English words to give guidance to individual teams in translating and producing their own booklets. We also have the pictures printed without words, four to a page, so various translations can be added by individual teams through the use of stencils.

Bible Study Group Materials

Bible study materials were developed to be used by the CHEs as they lead their own Bible study groups. The sequence for each session is as follows:

- On arrival, fellowship
- Discussion of ministry successes and failures
- Soliciting individual and group prayer needs
- Praying for individual and group needs
- Acts Bible Study
- Spiritual skill training

- Physical skill training

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 that we spend as much time on evangelism and discipleship as we do on physical subjects. One-half of our class time is spent on physical teaching and the other half on spiritual teaching. If we are not careful, 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. That means that they teach both physical and spiritual topics. They should expect that the CHE will do the same and not specialize in a specific area.

Sometimes, we may need to limit our physical activities, since they can be overwhelming, in order to have a balance with spiritual activities. This is a major reason why we do not wish that the CHEs be involved in curative medicine, which takes up so much time and resources.
We must expect spiritual integration and inspect for it. If we do not expect spiritual changes in peoples' lives, then all we will see are physical changes, which generally are not long-lasting. If we expect spiritual changes, then we should inspect to see that these are taking place. As we see spiritual changes taking place, excitement and momentum grow.

Talking about spiritual integration is a first step, but it is not enough. We must be modeling evangelism and expecting it to be demonstrated in the life of the trainee. Evangelism and discipleship must be thought out, talked about, modeled, practiced, expected, and monitored, if they are to take place.

CHE AND CHURCH PLANTING

In a CHE program, as people come to Christ they are started in their walk to Christian maturity by those who won them to Christ. Then these new believers are formed into 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.

They then form their new believers 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 therefore churches grow. But if there are no churches in the area then these small groups become churches.

Examples of How CHE Plants Churches.

A good example of how a CHE project is planting churches in an open country is seen with a Community Based Model in our project in central Zaire done in conjunction with the Presbyterian Church.

The project area is 40 x 60 kilometers in size with over 300 villages where 48 villages now have over 150 CHEs helping them in their villages. After four years they have seen the number of churches grow from 2 to 36.

A Family based model starts with a strong Christian trained to be a CHE as well as evangelism, follow-up and discipleship.

In 90 villages in northern India and eastern Nepal peoples lives are changed spiritually and physically using the family based model.
People one by one come to Christ as they see and experience God's love. They are then formed into a home fellowship. In four years over 80 home fellowships have been 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 if they are seeking God's will and then are willing to act on the vision that God has given them.

CHE has been used in conjunction with a church planting training program in Almaty Kazakhstan. They bring people together for three weeks segments to train them in saturation church planting and have incorporated the family based CHE training as well. They then go back home and put into practice what they have learned. When they have assigned tasks they return for the next level of church planting and CHE training for three phases.

We are finding a keen interest in churches using the cell strategy in Central Asia to use our family based CHE model 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 family based CHE model also equips urban church members to help their neighbors as well.

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. If they do not have a vision for church planting then churches do not appear.

Example of How CHE Helps Churches Grow

Gavia is a village of 600 families, 5 km by 5 km in size, about 2 hours outside of Guatemala City. The program was initiated with the local Gavia church of 40 members. The committee and all CHEs are from the church. This is the only protestant church in the area with the Catholics being dominant. The people in the village felt evangelicals were only interested in souls not helping others and the pastor was not respected.

After one year the people now trust the CHEs especially because they found out evangelicals were also interested in helping them physically. The church grew four times it size to 160 members. The pastor is now a respected and a sought after leader in the community. There is good cooperation with the Catholic church medically and there seems to be little fear on their part of the church.

RESULTS OF A CHE PROGRAM

When you are looking at investing in God's Kingdom, you (like me) are interested in what the results will be. In the CHE Program, we are interested in results at four levels.

1. Changed individual lives, physically and spiritually.
2. Those individual lives will change other peoples' lives; thereby, multiplying the results throughout a community, in order for the community to be changed from the inside out.
3. We want the program to continue after outside assistance has left the individual village.
4. We want to see an entire country changed physically and spiritually.

Let's see if these goals are being met.

Changed Individual Lives

In one project, during a home visit by the training team, we met an elderly man of 92, by the name of Samwell. We shared the Gospel with Samwell using a Picture Book, and by the end of the conversation, he was sitting on the edge of his chair with 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."
Samwell then explained to us that normally, by that time of day (11:00 a.m.), he was drunk and that now he understood why he had not started drinking and the reason we came to visit him that day. God had ordained this meeting.

More than a year later, Samwell remains strong in his walk with the Lord. He has not had another drink of alcohol, since the day he received Christ. 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, especially the joy he exemplifies, 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

A good example of how a CHE project is changing communities is seen in our project done in conjunction with the Presbyterian Church. The project area is 40 x 60 kilometers in size, where 38 villages now have 400 CHEs helping them in their villages. After four years, they have seen the number of churches grow from two to 36. In one year, they saw God change their communities in many physical and spiritual ways.

Spiritually, 1,619 decisions for Jesus Christ were made with 508 people baptized. The CHEs followed up 2,936 people and led 42 Bible studies with 2,936 people involved.

Physically, 20,834 women and children were seen at antenatal and well-baby clinics with 6,441 children being vaccinated.

CHEs made 9,704 home visits to their neighbors. There were 1,775 new pit latrines and 1,258 rubbish pits built, and 1,457 families received a "Healthy Home Award" for having completed five major health interventions with their family in that year.

The Program Continuing After The Outside Team Has Left The Area

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. Then, the team left. Since that time, he has mobilized the people in 40 surrounding villages to become involved in CHE and trained over 150 CHEs. He has also mobilized the people to build, equip and staff their own clinic, and then build a 20-bed ward, which were both 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. But 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 By Training Organizations

The main way that the CHE concepts are multiplied throughout a country is by training people from many different Christian organizations how to establish their own integrated community health program.

This training is done through our TOTs (Training of Trainers), which are broken into three phases and spread over one year's time. Each phase is one week's duration and emphasizes a different stage in the development of a CHE Program. The participants gain some knowledge and then go back to their home area to put it into practice.

In addition, the trainers are provided materials for teaching the three main groups involved in a project. In the last five years, we have been involved in providing this training for:

- 250 Christian organizations
- Who have trained 350 trainers
- Who, in turn, have started several hundred projects
- And trained over 20,000 CHEs

GOALS FOR AN EFFECTIVE CHE PROGRAM

1. The primary goal of the program is to reproduce Spirit-filled CHE volunteers, who are capable of reproducing themselves in others; both in spiritual and physical terms. Ideally, that reproductivity will move down to at least the fourth generation from the initial training team.
2. The program must be integrated into the community infrastructure, with the local leaders taking responsibility for it. We enter through and with the local church.
3. The program should continue on and expand to adjacent areas through local training teams, after the initial training team leaves.
4. The program should be locally self-funded.
5. The villagers should see the program as their own and not as belonging to an outside agency.
6. There should be an improvement of at least 50 percent in individual health indices.
7. There should be a ratio of CHE volunteers to the population of one part-time CHE volunteer per 400 people, or 50 families.
8. People should be taking responsibility for their own health.
9. Other organizations will be establishing their own integrated CHE Program using our training and materials.

A MINISTRY TO THE WHOLE MAN IS HAVING RESULTS in different religious settings and throughout the world 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 Evangelism is one strategy that is doing this.

To God be the Glory!

SAMPLES

CHE TOPICS

CHE Program Preparation

Program Structure
Standards of Performance
Survey
Mapping
Home Visiting
Reporting
Students World View of Health
Teaching Methods
Teaching Stories
Teaching Songs
Use of Picture Books
Dr. Akili
River Crossing and Development

Emotional Care Topics

Helping
Inventory of Your Helping Skills
Listening
Foundation for Helping
Confronting Biblically
Speaking the Truth
Directing Toward Action
Caring for Others Emotionally - I
Caring for Others Emotionally - II
Caring for Others Emotionally - III
Caring for Others Emotionally - IV
Caring for Others Emotionally - V
Caring for Others Emotionally – VI

Emotional Problems
Perception of God
Anger
Bitterness
Depression
Failure
Fear and Worry
Grief
Guilt
Loneliness
Low self-esteem

Also Available But Not Included

28 Session Management Series

Social Care Topics

Abortion
All Life Ultimate Value
Abortion and It's Effects
Alternatives and Restoration

Aids
Aids Spread
Care of Aids Patients
God's Word for Aids Patients

Addictions
Addiction
Alcohol
Drugs
Smoking

Christian Family
Requirements of Married Partner
Husband's and Wife's Roles
Disharmony Between Man and Woman
Responsibility of Parents
Needs and Training of Children
Training by Discipline

Social Care Topics (Continued)

City
City I - Challenge of the City
City II - Example Evil City
City III - God's View of City
City IV - Approach to City
City V - Seven Cities
City VI - Transforming the City

Sexuality
God Made You Unique
Men
Women
Consequences of Premarital Sex
What Now

Community Development

Agriculture
How To Make a Faith Garden
Kitchen Garden - Seedbeds
Kitchen Garden - Preparation
Kitchen Garden - Planting
Compost
Mulching
Crop Rotation
Preparation for Double Dig Gardening
Seed Beds and Working the Garden
Drip Irrigation
Plant Structure and Function
Ground Preparation and Nutrients
Soil and Humus
Pests and Diseases
Control of Pests and Plant Diseases
Herbs
Producing Vegetables Plants for Transplanting Outdoors
Guide for Planting Vegetable Seeds
High Altitude and Cold Weather Agriculture
Lengthening the Growing Season
Cooperatives
Cold Problem
Compost Enclosures
Control of Pest and Disease
Crop Rotation Diagrams
Most of Grow Season

Animal Care
Breeding of Cows
Bull Standing at Stud
Feeding Cattle
Principles in Caring for Healthy Calves
Proper Milking
Zero Grazing Cows
Chickens
Keeping Chickens Healthy
Construction of Hen House for 20 Hens

Food Processing
Sun Drying of Fruit
Principles
Trays
With Sulfer
Moisture Determination for Dried Foods - Ovens

Stoves
Mud Stoves
Stove (Nouna)
Solar Cooking-Panel Cooker

Community Development (Continued)

Creation Topics
Nature and Environment Creations
Nature and Environment Good Health
Nature and Environment Restore Nature
Nature and Environment Seven Abuses
Nature and Environment Seven Provisions
Nature and Environment What Principles

Trees
Planting and Transplanting Seeds
Tree Chart
Selecting and Building Tree Nursery
Finding and Preparing Tree Seeds
Growing Fruit and Nut Trees
Orchard Pruning Practice
Grafting Budding of Fruit Tree

Sanitation & Water
Personal Hygiene
V.I.P. Latrine
Construction of VIP Latrines
Dish Racks
Refuse Pits
Spring Protection
Clean Water

Medical Topics

Colds
Prevention
Symptoms
Treatment

Dental
Tooth Decay
Gum Swelling and Infection
Deposits on Teeth

Diarrhea
Cause, Contaminated Water
Dehydration
Treatment
Prevention
Cholera

Eye Problems
1 - Infections
2 - Objects in Eye
3 – Referral

First Aid

Family Planning
Need for Family Planning
Methods of Family Planning
How to Help a Family

Scabies
Prevention
Cause
Treatment

Medical Topics (Continued)

Immunizations
Why Immunizations
Where and When Given
How Immunizations Work

Nutrition
Menu and 3 Food Groups
Family Menu with 3 Food Groups
Breast-Feeding
Weaning Diet
Child Malnutrition
Growth Monitoring
Child Health Cards
Practice Using Growth Cards

Worms
Identification of Worms
Pinworms
Roundworms
Hookworms
Tapeworms
When to Send to Hospital
Prevention

Colds
Symptoms
Treatment
Prevention

Malaria
Cause
Signs
Treatment and Referral
Prevention

Other
Herbs
Tuberculosis (TB)
Sexually Transmitted Diseases
Leprosy

Picture Books
3 Food Groups
Feeding Children
Family Planning
Immunizations
First Aid
Scabies
Colds
Malaria
Eye Problems
Worms
Diarrhea

Also Available But Not Included
18 Session TBA/Midwife

Spiritual Care Topics

Bible Study
Growth Groups - I
Growth Groups - II
Growth Groups - III, Deal with Problems

Discipleship
Biblical Basis of Discipleship
Biblical Examples of Discipleship
Objective of Discipleship
Framework for Discipleship
Selection of Disciples
Overview of Discipleship
Challenge to Spiritual Multiplication
Multiplication Ministry

Family
Disharmony Between Man & Woman
Husband's and Wives' Roles
Needs and Training Children
Requirements of Married Partners
Responsibility of Parents
Training by Discipline

God/Christ
Attributes of God
Grace of God
Priority of Relationship with God
Knowing God's Will
Identity in Christ

Holy Spirit
Being Filled with Spirit
Using Christian Life Book
Walking in Spirit
Using Walking in Christ Book
Using Blue Holy Spirit Book

City
God & The City I
God & The City II
God & The City III
God & The City IV
God & The City V
God & The City VI

Evangelism
What and Why Evangelism
Sharing the Picture Book
How to Use Four Laws - I
How to Use Four Laws - II
How to Use Four Laws - III
How to Use Four Laws - IV
Gospel Hand for Evangelism
Testimony Preparation and Present
Great Commission

Follow-up and Growth
Importance of Follow-Up
Assurance of Salvation
Using New Life in Christ Book
Confession
Using Confession Book
Christian Growth – I
Using Christian Growth Book – II
Growth - III, Time Alone with God
Growth - IV, Prayer
Love by Faith

Healing
God's Devine Healing
Jesus' World View
Practical Approach to Healing
World View and Ethics

Spiritual Care Topics (Continued)

Mobilizing the Church
God's Intention for His Church
Inward or Outward Looking Church
Illness Compared to the Church
Framework for Integrated Approach
Community Needs and Church Resources
How Church and CHE Work Together
Seed Projects Through the Church Seed Project
Through the Church
Establishing a Target Area
Evaluation of a Target Area

Praying for Others
What-Who-Why-When
Praying for Health
Praying for Others in Need

Integrated Topics
Caring for the Whole Person
Physical/Spiritual Integration
Good Health is Wholeness
Ill Health is Disharmony
Paralytic and Development

Picture Books
New Life in Christ
Confession
Christian Growth
Living in Power of Holy Spirit
Walking with Christ
Prayer
Time Alone with God

Also Available But Not Included
52 Session Acts/CHE Study
51 Session Small Group Study
46 Session Chronological Study
38 Session Faith in Action Study
12 Session Muslim Study
25 Moral Value Study

MANAGEMENT AND EVALUATION

Intro to Management
Controlling In Management
Organize Management I, II
Supervision In Management
Delegation In Management
Management Exemplified In Nehemiah
Evaluation I-VI
How To Establish Purpose For Evaluation
Scenarios
Responses to Avoid

Communication Intro
Communication Methods
Planning Style/Questionnaire
Planning
Practice Sheet
Step Planning
Building A Team I-III
Case Study Visits
Objective Setting
Team Development

VISION

Beginning A CHE Program
CHE Background
CHE Description Objective
CHE Template for Church Planting
Different Models of CHE
What Can We Do To Start a CHE
Evangelism Follow-up
How We Learn
Integration for Physical and Spiritual
Intro-Expectations
Leaders Vision Conference
LePSAS Intro
Narrow View of the Gospel
Paralytic and Development
Preparing a Lesson Plan
Relief Vs. Development
Review of Key Ideas
Training Committee CHE

DEVELOPMENT

Assessing Needs and Resources
Causes of Poverty
Christian Development Success Factor
Children as Health Educators
Christian Principles of Development
Community Needs
Cooperation Agreement
What is Development
Social/Physical Services Through the Church
Human Need and Poverty
Hunger and Poverty
Jesus and Development
Needs and Resources of the Community
Nehemiah and Development
Paralytic And Development
Principles of Christian Development
Relief Vs Development
Responses to Hunger
Secular Development Theories
Seed Project
Short Term Medical Outreach
Test Your Awareness As A World Christian

MICRO ENTERPRISE

Field Worker's Training

Different Types of Economies
Micro-Business
Moral Value Topic: Honesty
Operation of the Program
Revolving Fund
Moral Value Topic: Withstanding Temptation
Field Workers
Starting a Business
Moral Value Topic: Perseverance
Supply and Demand

Borrower's Training

Business Basics
Business and Economics
Moral Value Topic: Honesty
Market Economy
Micro-Business
Moral Value Topic: Withstanding Temptation
Revolving Fund
Supply and Demand
Moral Value Topic: Perseverance
Credit

Field Worker's Training (Continued)

Credit
Moral Value Topic: Faithfulness
Finances
Customer and Competition
Moral Value Topic: Serving Other
Marketing
Moral Value Topic: Resourcefulness
Business Ethics
Step Planning and Objective Setting
Moral Value Topic: Responsibility

Borrower's Training (Continued)

Consumer and Spending
Moral Value Topic: Faithfulness
Customer and Competition
Marketing
Moral Value Topic: Serving Other
Finances
Moral Value Topic: Resourcefulness
Starting a Business
Objective Setting
Moral Value Topic: Self Control
Step Planning
Decision Making
Moral Value Topic: Obedience
Reviewing Business Plans
Reviewing 12 Principles
Moral Value Topic: Being a Person of Integrity

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.**
What are the group's expectations of CHE and their concerns?
What is community?
What is evangelism?
What is development?

Second Day: **Emphasis on the Community Needs and Resources.**
Story of the paralytic and taking decisive action.
What are your dreams and needs and what can you do about them?
Description of CHE. Using Dr. Akili and Buhugu Case

Third Day: **Emphasis on the Committee's Role.**
Responsibilities of committee.
Developing a constitution.
Confession.

Fourth Day: **Emphasis on the CHE's Role.**
Basic qualities of CHE.
Development of the CHE job description.
Being filled with the Holy Spirit.
How and who supervises the CHE.

Fifth Day: **Emphasis on Planning.**
Setting goals and priorities.
Step Planning.
Walking with the Holy Spirit.

Sixth Day: **Emphasis on Committee Doing Planning for their Project.**
What is needed to do our project?
How to fund the project.
How to Grow in Christ.
Final questions.

Finalize officers once this training is completed.

SEVEN WEEK AWARENESS SEMINAR

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 - Do Bible study "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 - Do Bible Study, "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 World View of Health" to find out traditional beliefs about health.

Session 2 - Use "Road to Health" exercise to get at health needs.

Week 6 - Health

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

Session 2 - Do Bible study, "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 on "Integration of Physical and Spiritual."

CHE MORAL VALUE TEACHING MATERIALS

11/94

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 are taught from the Chronological Bible Studies 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 feldschers 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	(Psm 107, David)
Honesty	(NOT-Joseph Ananias & Saphira)
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)

The Ingil (Bible)

Torah Series

In the Beginning, God	(Gen 1:1-26)
Creation of Adam and Eve	(Gen 2:7-24)
Satan	(Gen 3:1 & multiple others)
The Sin of Adam and Eve	(Gen 3:1-24)
The Flood	(Gen 6:11-7:23)
Tower of Babel	(Gen 9:1, 11:1-9, Rom 1:18-25)
Abraham	(Gen 12:1-7, 15:1-6, 22:1-13)
Jacob and Esau	(Gen 25:19-34, 27:1-27)
Jacob	(Gen 29:1-27, 37:2-11)
Joseph	(Gen 37:13-33, 39:1-20, 14:1-43)
Moses	(Ex 2:1-15, 3:1-10, 6:4-8, 7:20-21, 8:5-24; 9:6-26)
Passover	(Ex 12:1-36)
Ten Commandments	(Ex 20:1-17)
Breaking God's Law and Atonement Healing Through God	(Ex 32:1-20, 34: 1-2, Lev 16:2-16,17:1-11) (Num 21:4-9)

Prophets Series

Ezra and Isaiah's Vision	(Ez 9:5-7, Isa 6:1-7, 9:2-7)
Justice, Peace and Salvation	(Isa 11:1-11, 12:1-6)
God's Judgment	(Isa 13:6-11, 24:1-6)
Inner Peace and Righteousness	(Isa 26:3-10)
Salvation Through The One Who Took Our Punishment	(Isa 49:1-7, 53:1-12)
Separated From God & Condemned	(Isa 59:1-17)
Clothed With Righteousness Through Repentance	(Isa 61:10-11, Ezk 18:20-24, Jer 17:5-8)
Daniel and Zechariah	(Dan 7:13-14, Zech 3:1-5, 9:9-10)
Bethlehem and Marriage	(Mic 5:2-5,18,19, Mal 2:14-16)
God's Prophesy of the Coming Messiah	(Multiple)

Psalms Series

Blessed and Despised	(Psm 1:1-6, 2:1-12, 6:1-10)
God Keeps His People Safe	(Psm 15:1-5, 16:1-11, 17:1-15)
Reviving and Furnace	(Psm 19:1-14, 20:1-9, 21:1-13)
Forsaken and Restored	(Psm 22:1-31, 24:1-10, 25:1-22)
Mercy and Forgiveness	(Psm 26:1-12, 27:1-14, 32:1-11)
Unfailing Love	(Psm 33:1-22, 34:1-22, 36:1-12)
A New song	(Psm 40:1-17, 41:1-13, 43:1-5, 49:1-20)
Salvation Rests With God	(Psm 50:1-23, 51:1-19, 62:1-12)

Jesus Series

Jesus Filmstrip Lesson (3 hrs)
The Coming Messiah
Jesus Earthly Life
Jesus Death and Resurrection

JESUS Film Topics

Jesus Birth Through Age 12
John Baptist Through 1st Disciples
Jesus & Disciples to Healing Demons
Jesus and Disciples to Jerusalem
Jesus Dies and Come Back

11/89 **MALARIA_CAUSE** (1 Hour)

OBJECTIVES:

1. To recognize the cause of malaria.
2. To be able to teach others on the cause of malaria.
3. To recognize the traditional beliefs about malaria.

OVERVIEW FOR TRAINERS: This is the first in the series about malaria.

METHOD	TIME	KNOWLEDGE
Role Play: A person acting as a mosquito bites a person who is apparently sick with malaria (shivering, joint pain, fever, etc.) Later the same mosquito bites a healthy person and this person starts to develop symptoms. (You may want to say this is some days later when the 2nd person gets sick.) SHOWD Questions. OR Teaching picture (rather than role play). Use picture of the boy with fever, standing water and mosquitoes. SHOWD questions.	10"	
I. Ask them to name and discuss traditional beliefs about causes of malaria. List their answers. (You may not want to write these all down as it takes up a lot of class time.) Strike out those that there is disagreement over. (Go over them one by one.) As you discuss the list, help them understand why some of their traditional beliefs are wrong or that they don't go far enough.	15"	I. Traditional Beliefs: a. Mandazies cause malaria. b. Sugar causes malaria. c. Malaria is something you can vomit up. d. Kimbo (shortening) causes malaria. e. Walking in the rain causes malaria. f. Food that is not cooked well causes malaria. (Find out before teaching, what the traditional beliefs are in your area.)
II. Explain what actually causes malaria. Role of mosquito in malaria cycle. You could do above role play after discussion of traditional beliefs and before explaining role of mosquito in cause of malaria.	10"	II. Role of mosquito in malaria cycle: a. Mosquito bites a person with malaria and sucks the blood with the malaria germs. b. The mosquito now carries malaria and 7_10 days later. c. This mosquito bites a healthy person and gives this person the malaria germs. d. Now this person has malaria. e. Incubation period is about 10 days.
III. Discuss ways we cannot get malaria.	10"	III. We cannot get malaria from: a. Eating certain foods. b. Touching or being around another person with malaria. c. Drinking from the same cups or using the same bed or clothes from another person who has malaria.

IV.	Explain only way we can get malaria.	IV.	We can only get malaria when we are bitten by a mosquito that has the malaria germs.
V.	Give the Spiritual Analogy.	V.	Spiritual Analogy: Malaria is a disease caused by the introduction of germs into one's body through the bite of a mosquito. The symptoms of malaria are fever, chills and aching joints. These symptoms come and go in 48 hour cycles. Because of these cyclic symptoms people often think they are over the disease before they actually are. In the Christian life we tend to have periods where we feel we have overcome temptation to sin. We think that we've reached a level of maturity where Satan will now leave us alone. But beware: "Your enemy the devil prowls around like a roaring lion looking for someone to devour. Resist him, standing firm in the faith." I Peter 5:8a.

ATTITUDE: Respect for people's traditional beliefs about causes of malaria.

SKILL: To help people understand their own beliefs and to evaluate whether they are right or wrong.

EVALUATION: Ask questions. Have CHEs practice teach among themselves. Observe CHEs teaching during home visits.

MATERIALS:
- Newsprint
- Marking Pens
- Masking Tape
- Teaching picture of boy with malaria

Note:

Stan Rowland presented CHE at the Global Connections Healthcare Mission Forum. November 2003