

**The Community Health Evangelism Program in the Dem. Rep. of Congo**  
**Medical Ambassadors International**  
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It was late in the 1980's when Zaire (now the Dem. Rep. of Congo) was experiencing a shaky and unstable period of transition from a military dictatorship to the first fledgling steps of democracy. In the city of Mbuji Mayi, East Kasai state, right in the heart of Africa, Kazadi Mpoyi, MD, and pastor Lukusa had been recently trained in how the Community Health Evangelism (CHE) program could be implemented in their rural area, two and a half hours by road to the east of the city of Mbuji Mayi. In the ensuing years, 2 other CHE program sites would be established, one in the urban center of Mbuji Mayi, and another rural area two hour's to the west of the city.

Mbuji Mayi and much of the surrounding area is diamond territory. When the government sanctioned public prospecting of diamonds, the population of Mbuji Mayi began increasing. People moved to the area in hopes of striking it rich. It had immediate effects on the population: Students as young as fifth grade began dropping out of school to dig for diamonds in the surrounding hills and valleys; farmers quit cultivating fields and their wives helped to remove tons of dirt from the diamond pits as they indulged themselves in the prospect of quick and abundant wealth. The focus in life became more self-centered resulting in ignoring of others' needs.

Merchants from the city of Mbuji Mayi began trucking basic food supplies to these diamond areas since now, the demand began exceeding the local supply. It was cheaper to buy the staple manioc and corn flour in the city than in the rural area where it should have been grown. Men in the city left their wives and children alone at home for several weeks at a time, causing them to fend for themselves. The men lived in makeshift tent villages where food prices doubled, hygiene was deplorable, and prostitutes made big money.

Many people were fortunate to find the too often illusive stones, while others labored in vain only to return home empty handed, weak and weary, where they knew wives and children waited expectantly for new clothes and plenty of food to fill their now aching and empty bellies.

Prices of goods in the markets of the villages and in the city of Mbuji Mayi began jumping since those who found diamonds weren't at all concerned about how much they paid for clothes, food, or basic household goods. Life became strained for those not involved in the diamond industry.

Healthcare for the village people had been practically non-existent in the past decades as it was, and this preoccupation with diamonds was no step forward. The search for rapid wealth was also a step back in many people's spiritual lives as they abandoned church and a regular faith walk. This was the context in which the CHE programs were begun.

Since the Community Health Evangelism (CHE) program focuses on empowering families and communities to work together under the guidance of the Holy Spirit in identifying and solving local problems, using local resources, it is important to note here, for the context of this paper, that the term "project" is one that we seldom use. CHE is a long-term wholistic development program, and the word "project" too often connotes money and material being brought in.

Beginning the CHE programs: In Mbuji Mayi, Congo, two training teams were launched to head the work in two rural areas. The vision for these teams was to help the people and communities come to understand and realize their God-given potential – for them to see, and live, within the intention which God had in mind for them.

In January of 1991, two full-time trainers per team were trained from the Presbyterian and Mennonite churches. Medical Ambassadors Int'l (MAI) agreed to support these teams and continue an on-going relationship with them for further training, translation and printing of training/teaching materials, as well as regular on-site visits. The MAI Africa director came for site-visits twice a year, going right into the villages and meeting with the committees and development workers and observing the progress made.

Entry strategy into communities begins by the training team members building relationships with church (if there is one present), and community leaders in several villages. Awareness sessions, in which the community members are active participants in dialogue and discovery, help the trainers understand the worldview and mentality of the people. It also gives the people a broader view of their own lives and circumstances, and in the end, presenting to them the potential for a future with more hope. The villagers decide whether or not they would like to take ownership of the CHE program, and having decided for it, they choose a committee which is trained with 18 lessons regarding the CHE structure, Biblical basis of the program, and their responsibilities towards the rest of the community. It is these key people who make up the “ownership pillar”.

Once trained, the committee members choose the village development workers whom we call Community Health Educators, or Evangelists (CHEs), who in their turn, are trained in some 40 lessons on the overall CHE program. These CHEs were informed from the beginning of their training that they would be volunteers, receiving nothing from MAI for their home visiting. In their training, we put much emphasis on the biblical basis, and, since one of their assignments is to share the message of salvation in Christ Jesus with their neighbors, they are trained in various methods of how to share their faith in precise and clear ways. They are also taught how to follow-up new believers in order to assure a deep and vital relationship with God. Other lessons also focus, of course, on specific health and development aspects relating to the villager's context.

After the initial surveys made by the Congo teams in 1991, several villages were chosen in which to begin. The teams did not choose the neediest village, but the one in which their survey showed they would most likely succeed. Word soon spread about the good things that were happening in those original villages and it wasn't long before the trainers had delegates from other villages knocking on their doors asking them to come to their village next. With some good experience behind them, the teams began entering the more needy villages. Now, 12 years later, reports from the second quarter of 2003, informed us that the three teams are working with 144 committees.

As the number of villages expanded, it was necessary to add other trainers to the team. An agriculturalist was found for each team, and recently some nurses have been added. However, the distance to cover was enormous so the solution found was to raise up some of the CHEs who had done an excellent job and who were well respected into positions, to become “CHE supervisors”. They maintained the visitation and teaching in their own villages, but now were given added responsibilities of encouraging and helping CHEs in newer villages. These people were given a minimal stipend for the extra time they were putting into the program.

Through the years, some 40 churches have been planted with thousands of people committing themselves to Jesus Christ. The new, and newly “rededicated,” believers are “followed-up” with a series of 7 picture booklets which help them to grow in faith and in the knowledge of who God is and what He desires for, and of, His children. They are encouraged to join prayer and Bible study growth groups which are led by the CHEs. Pastors, committee chairpersons and village chiefs have all attested to the fact that there is now more peace, unity, and harmony where a CHE program has been implemented for several years. Abuse in all its forms is lower, life styles have changed, and children are more respected. Giving has increased in churches, pastors tell us.

Reports received from the Congo inform us that the living styles (behavior) of people, as also noted in the previous paragraph, (and site visits made by MAI personnel have confirmed much of the information submitted in the reports) are changing. People are happy with the program since their children were healthier, and sick less often with upper respiratory troubles. Stomach and intestinal problems due to unprotected water sources are less frequent since they have now learned how to protect water sources, and how to purify their drinking water. Better hygiene practices, the use of latrines, and more knowledge on proper nutrition all contribute to a healthier, happier and a more fulfilled life. People also reported that illnesses were less severe since parents were learning how to home-treat some of the simple diseases, as well as learning at what point they should take their children to the health centers.

Committee members were encouraged to have a communal field together – the proceeds from the harvests reaped are shared partly among themselves, while the remainder was to be designated for a specific project for the betterment of the village. Some village committees created a grain bank so that in the “famine months” of the off-season there would be grain to sell to the villagers at reduced prices. The pride and happiness conveyed by committee members during site visits by MAI personnel was remarkable and delightful to observe.

Other time-bound projects such as adult literacy training, micro-enterprise programs – all depending on the desires of the villagers, themselves, have been carried out. The training team was the stimulus, while the committee members and CHEs the driving force and implementers. Where the CHE programs continue on, the committee members had taken ownership and responsibility for the welfare of their own people.

Many villages are too large for the scope and influence of one committee, so the whole village does not reap the benefit of direct home-visits by the CHEs. Since the CHEs work on a volunteer basis, they average, over a year, 2 to 3 visits per week. One CHE should normally visit between 20 to 35 families. One of CHE’s core values is multiplication, so our hope has been that there would be a “trickle-down” effect from families visited by a CHE to a “non-CHE” family. We had no scale by which to measure that until an external evaluation was done in the summer of 2002. It was found that there is a “trickle down” effect from a family visited and taught by a CHE to their friends and neighbors who have not yet been visited by a CHE. That was an exciting “confirmed” finding for us.

The following summary shows some of the findings of that evaluation. Note that there were three categories of homes: 1) CHE households, 2) Households not visited by a CHE, but in a “CHE village”, 3) Households in a Non-CHE village (meaning that no CHE teaching has been done in that village yet). The statistics below compare only #1) and #3).

**Spiritual:**

98.3 % of CHE homes attend church – 86.5% among non-CHE homes  
 58% of CHE homes attended a Bible Study or Prayer meeting – 39% for non-CHE homes  
 95% of CHE homes prayed yesterday – 73% for non-CHE homes  
 74% of CHE homes had Bibles – 53% for the non-CHE home  
 -- Family members of CHE homes reported having shared about Christ and God’s work in their lives much more than members of non-CHE homes.

CHE homes were more knowledgeable about Christian growth and practice:

Bible Reading:	+ 46%
Meeting with Others	+ 37%
Prayer:	+ 26%
Evangelism:	+ 42%

**Conclusion:** The CHE program is having an evangelistic impact in the families it serves. The CHE program is succeeding in communicating the basic components of the Christian life and helping to bring about increased Bible study, prayer, meeting with others, verbal sharing and evangelism.

**Health Results Found:**

-- Under-five mortality rate: CHE homes: 3.19% Non-CHE homes: 7.14 %  
 -- Malnutrition rates: “ “ : 7.3 % “ “ “ : 12.7 %  
 -- Food Resources and healthy foods eaten are 25 – 35% higher in CHE homes since animal husbandry, fish ponds, and agricultural techniques are high on village committees’ agenda.  
 -- General:

CHE families are far more knowledgeable in prevention and treatment of Diarrhea than non-CHE homes.

Three times the CHE mothers knew to give ORS & use boiled water.  
 Twice as many washed their hands before they ate, and also covered their food.  
 Twice as many built and used latrines.

**Knowledge and Practice on Prevention of MALARIA :**

**CHE Homes Vs. Non-CHE Homes:**

Filling holes	+ 53%
Removing things that hold water	+ 42%
Cutting down brush	+ 20%
Using mosquito nets	+ 5%
<b>Home treatment of Malaria : CHE Homes Vs. Non-CHE Homes</b>	
Wet, cool cloths on child’s body	+ 27%
Malaria Medicine	+ 18%

**Conclusion:** The CHE program has proved to be a catalyst to the improvement in diet and farming, with the concrete result of alleviating malnutrition. CHE teachings on prevention and treatment of illness have brought about a significant increase in awareness, understanding and practice of prevention and treatment of such common childhood ailments as malaria, diarrhea, and coughing.

These improvements contribute significantly to the reduced child mortality in CHE villages.

-- Only modest engagement by provincial church leadership plus church or personnel conflicts within the major denominations have sometimes caused disharmony among our training team members, depending on their tribe or clan affiliations.

-- Training teams sometimes tend to rush through the Awareness Raising phase resulting in a lack of understanding on the part of community members, and therefore no real 'ownership' on their part as time goes on.

-- Occasionally someone questions the volunteer CHEs about their responsibilities and instills in them the desire to ask for an "encouragement," meaning some reward or pay for what they do. If this becomes a driving force within their minds, their focus becomes diverted from what they were trained, and from why they are CHEs in the first place. Overall this has not been a concern, yet it does come out from time to time when some of the higher MAI leaders visit a program.

Attempts have been made to help bring reconciliation about within major denominational conflicts, but with few immediate results. We encourage leaders towards forgiveness and understanding, but ultimately it is in their hands to deal with.

As for the training teams which tend to wander from the advised strategy, we have found that in-depth refresher training, interaction with members of other teams, and site-visits to other CHE programs encourage, gives greater insight, encouragement and a desire for more creativity. We have now scheduled regular inter-team exchanges. Bringing in experts of different fields of knowledge also exposes our training teams to greater potential and broadens their horizons of thinking.

As the program expands to further villages, and oversight on the part of the training team increases, we must look at the options available for meeting those opportunities. Wisdom would tell us not to get too spread out to the point that needed follow-up for newer villages become diluted. The challenge we face is to increase the number of trainers while finding ways in which those trainers can function on a volunteer basis, or at least not be dependent on outside resources for survival. We are experimenting on micro enterprise ideas so that they can have an income and at the same time not be dependent on an outside source.

A site visit by MAI's Central Africa coordinator this summer ('03) revealed that a greater enthusiasm and depth of understanding of the CHE program was very evident among the training teams, committees and CHEs. We believe that this was due to two major elements.

First was the evaluation process last year. Not only were the training teams involved in putting the survey questions together, but the evaluator returned to share the results with them and the villagers. After hearing and seeing the gathered statistics, they were asked for their observations and recommendations for the future. This latter gathering gave the clear awareness to all the people present (village chiefs, committee leaders, CHEs and training team members) that they were the true owners of the program and of their own welfare. It also pointed out to them the extent of success of true and great changes that they themselves have managed to bring about in their communities and homes – as a result of their own efforts. We are pleased that the evaluator has accepted to visit the Congo twice in the next two years to follow through with the teams.

Secondly, we attribute a renewed sense of enthusiasm to a Children's Ministry begun by the person who did the evaluation. She had begun this ministry in West Africa, and upon seeing the extent of the network of the CHE program with churches, was convinced that this would be a ripe opportunity to begin this ministry in the Mbuji Mayi CHE program area. After several months of initiation, the children's ministry has now been incorporated into the CHE program. A renewed sense of the worth of children, the need they have to be respected and cared for, has been instilled in the minds of the parents and villagers alike. Many fascinating and inspiring "testimonies" were given by people about the change in attitude and behavior in the children, as well as parents telling us how their children have returned home to "correct" them in various health aspects of their life-styles.

This summer as I was visiting a number of villages where our teams have been working, a government official who accompanied us remarked after the first afternoon that he had not dreamed of seeing such progress in his country, that he was so surprised to see the difference between the "CHE section" of the large village as compared to the Non-CHE area, and that he hadn't believed it possible for people to be able to express what they had learned, and why they had changed – in the way he had experienced it that day. "I will be your advocate to any government authorities if the need arises," he said. "This is something that needs to be spread too all areas of our state." We praise God for the changes and transformation of lives that are taking place through the committed and dedicated lives of the training team members. God is at work in mighty ways through the CHE program in the Congo, yes, but also throughout the world.