



Global  
Health  
Ministries

## AN INVITATION

To Our Church Partners:  
An Invitation to the Ministry of  
Community-Based Primary Health Care  
with GHM

July 2020



## To Our Church Partners,

Global Health Ministries (GHM) is very thankful to God for 33 years of serving and learning, together with our partner Lutheran Health Care Systems around the world, how to improve patient care. We would now like to share a new and powerful approach that we have been developing with our church partners in Tanzania, Madagascar, Nigeria, El Salvador, and Nicaragua. We call this a “*community-based*” approach. It is founded on good research from all over the world, which shows that:

1. Health care systems composed of hospitals and clinics staffed by medical professionals save and transform many lives.
2. However, they *do not* lower the death rates of mothers and children under age 5 years at the community/population level.
3. Healthcare systems that partner with communities, who in turn commit their resources to keep their communities healthy, *do* lower the death and disability rates in these two high risk groups. Community empowerment that leads to the wide adoption of habits that promote health and prevent common deadly illnesses are the keys to this.

GHM would like to share selected resources with all our partners that would help them to understand how this community-based approach could broaden and multiply the results of their ministries of compassion in the name of Jesus.

Whether or not you are already integrating the promotion of healthy practices and disease prevention in your ministry, we invite you to make use of the experience we have gained in other countries and the many resources that follow this introduction and partner with us in learning how to strengthen your program. Some resources are available in French, Spanish, Malagasy, Kiswahili.

Community-based Primary Health Care (CBPHC) begins with the identification of health needs and factors in a community that affect the health of individuals and the health of the community as a whole. It involves recruiting trusted members of the community to be trained to be health workers, educators or promoters in disease prevention topics such as the use of latrines, handwashing, purifying water and sanitation, as well as first aid and first responder skills. This core of community health workers (CHWs)<sup>1</sup> can become a valuable resource in collaboration with local hospitals and clinics as well as municipalities and schools to locally assess and prepare neighbors to go to the hospital when necessary, promote pre- and post-natal care, as well as participate in community health education and immunization campaigns. CHWs may obtain additional knowledge and skills as local needs and opportunities arise. CBPHC becomes most successful through relationships, planning, and coordination that are developed between the Church, its CHWs and other community leaders. Through these relationships, local people can also better advocate for needed correction or improvement when health care and community health are deficient.

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<sup>1</sup>Community health workers (CHW): we use this term but acknowledge that depending on your country/language a different equivalent term may be used, such as *promotoria* (in Spanish) or *agent communautaire* (in French).

The church is ideally suited to engage in this community-based health program because the local congregations and leadership make it possible to reach every corner of each community with this concrete expression of the love of Jesus. It is essential, however, that the leadership of the church, and the church's hospital and clinical staff leadership, be committed to health as integral to your ministry, and to building the capacity of community members to be agents equipped to enhance community health. Once committed, the church will need to conduct surveys of the community members' health needs and resources in order to begin building the program on their wisdom, passion and real needs. The survey then sets the agenda for on-going training in health topics and skills geared to community needs. In what follows, you will find a wealth of resources to help you get started or to further develop your community health ministry. The information is organized in categories that will help you find the guidance that you need. These include: Principles of Community Development, Community Surveys, Training Curricula, Evaluation of Community Health Initiatives, etc. Most of the resources are directly linked to the material but contact GHM to access additional material in the CBPHC Resource Center.

GHM also offers personal consultation through its Global Health Administration Partners (GHAP) program to help develop your program. For more information, contact [robthames@ghm.org](mailto:robthames@ghm.org).

# Introduction to Community-Centric Health System Development

As a first step we would suggest considering/debating the following questions at the various levels of the church:

- I. Whose **health** does your church seek to improve?
- II. How has the church carried this out historically?
  - a. How has this been financed?
  - b. What is the current level of local to outside support?
- III. Have you as a church defined a population/s whose **"health"** you want/intend to improve?
- IV. What is the minimum level of health services that you as a church want/intend to make available to all of your membership?
  - a. To what degree does this apply to the communities in which the church lives?
- V. What do you, as a church, consider to be the successful **health** accomplishments of your ministries from the perspective of the:
  - a. Congregations?
  - b. Church health workers?
  - c. Church leadership?
  - d. Non-Christian community members in areas served by the church health care system?
- VI. How would these groups define **"health"** in their context?
- VII. Who do you have as partners in providing health care?
  - a. How engaged is each partner?
  - b. Are there other potential partners who might provide assistance/guidance?
  - c. What roles do local and national government services/programs play? How are they regarded by the church?
- VIII. What evidence is there about the effectiveness of the health care provided by your system on **health** at the:
  - a. Individual level?
  - b. Community level?
- IX. How can we **together** build on the successes of the past to:
  - a. Go from a primarily **"patient" focused health care system** to a more inclusive **"community-centric" health system**?
  - b. Provide more effective and efficient patient care in the hospitals and clinics?
  - c. Partner with communities and empower and assist them to bring about lasting health improvements?
- X. What would be the best path to sustainability for such a system at your location?

From: Going from Health Care Systems to Community-Centric Health Systems Using The SEED-SCALE Model, by Dr. David Thompson

# Key Resources for Starting a Community-based Primary Health Care Program

## Introduction to Community Development (using SEED-SCALE)

1. The JAMKHED MODEL: A Sustainable, Comprehensive, Community-Based Primary Health Care (CBPHC) Approach, based on the Comprehensive Rural Health Project (CRHP), Jamkhed, India. Full document is 10 pages and available on request from GHM.
2. The Four SEED-SCALE Principles:
  - Build from Success
  - 3-Way Partnership
  - Evidence-Based Decision-Making
  - Behavior Change
3. What introductory material is there for SEED-SCALE that would be helpful to our partners?

## Community Surveys and Organizing a CBPHC Program

Laughlin, M. (2010). *The Care Group difference: A guide to mobilizing community-based volunteer health educators*. Baltimore, MD: World Relief. <https://www.mchip.net/technical-resource/the-care-group-difference-a-guide-to-mobilizing-community-based-volunteer-health-educators/>

Also see website at [www.caregroupinfo.org](http://www.caregroupinfo.org). Care Group is another successful model for community health worker programs in low resource countries. It has been used in Mozambique and southeast Asia. While the model is different than SEED-SCALE, it complements SEED-SCALE. See Davis et al. article referenced above that describes the Mozambique Care Group program.

Taylor, D.C. & Taylor, C.E. (2016). *Just and lasting change—When communities own their futures* (2nd ed.). Baltimore, MD: Johns Hopkins Press.

The Taylors' book on the SEED-SCALE model has many examples of community-based projects that have been highly successful, and some not so successful, and the factors impacting the success or lack thereof. The last section of the book is a "handbook" on the SEED-SCALE model. This fully revised 2nd edition includes 13 additional years of evidence and scholarship since the original publication in 2002, including 5 new chapters. Order online.

## Training Curricula

### **Training Health Promoters, A Guide for Instructors, Level 1.**

One of a series of guides for training of health promoters. Excellent overview for program planning and designing a training program for health promoters. Distributed by Hesperian Health Guides [www.hesperian.org](http://www.hesperian.org).

Abel, R, Rajaratnam, J. & Joseph, I. (2009). *Trainers' Manual for Health Workers, A curriculum for training developed in Gujarat, India.*

Copies available from Dr. Rajaratnam Abel, Email: [abel\\_rajaratnam@hotmail.com](mailto:abel_rajaratnam@hotmail.com))

Werner, D. (2015 revised). *Where there is no doctor: a village health care handbook*. Berkeley, CA: Hesperian Health Guides. <https://hesperian.org>

The most widely-used health care manual for health workers, educators and others involved in primary health care and health promotion. Available in over 50 languages. Order online.

Werner, D. & Bower, B. (2012 updated, 14th printing). *Helping health workers learn: a book of methods, aids, and ideas for instructors at the village level*. Berkeley, CA: Hesperian Health Guides.

<https://hesperian.org>

This handbook is a resource for training community health workers. Available in English and Spanish. Order online

### **Evaluation of CBPHC Programs**

Black, R.E., Taylor, C.E., Arole, S., Bang, A., Bhutta, Z.A., Chowdhury, A.M.R. & Perry H. et al. (2017).

*Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health*. *Journal of Global Health*, 7(1).

<https://www.ncbi.nlm.nih.gov/pubmed/28685046>