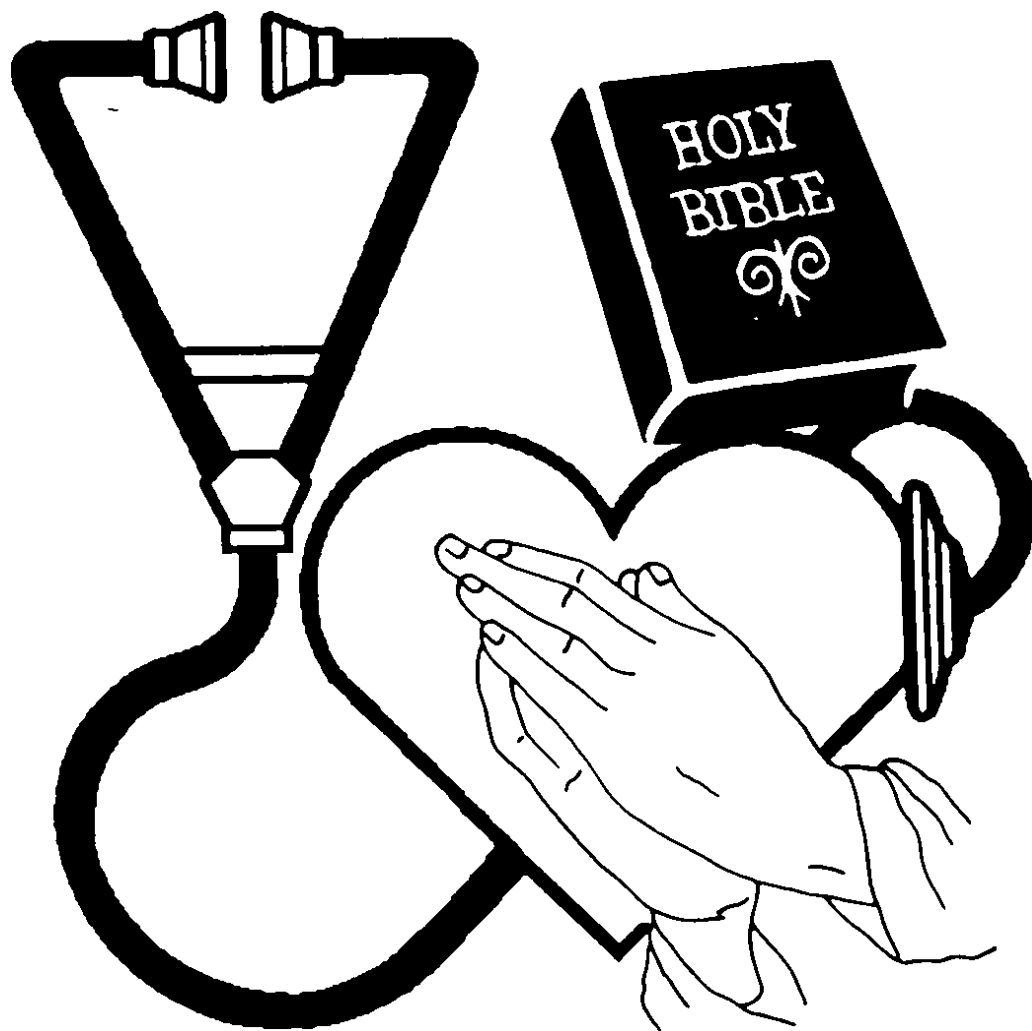

WHOLE-PERSON HEALING



A BASIC GUIDEBOOK

for Your Church's Healing Ministry

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A HEALING MINISTRY FOR YOUR CHURCH

Introduction:

Healing as the Church's Mission

Community-based health care, particularly in a church, should go far beyond the mending of cuts and scrapes. Healing must involve not only traditional medical services, but prayer ministry, counselling and social services.

A healing ministry should be one where individuals and families feel free to visit the church "Healing Centre" or where persons work together in the community to have their health looked after. Not only their physical health - but their total health should be attended to.

A wholistic ministry should aim at the promotion of healing for the whole person -- mind, body, spirit and social relationships. Why? Each of these aspects affects all the others.

Physical complaints are sometimes traps for other problems that exist in a person, affecting the body, mind and spirit. This means that if a person is to receive help to become well and remain well, any hidden problems must get attention. This should also extend to the person's community.

In the Gospels, Jesus is seen as a Preacher, Teacher and Healer. He gave His disciples authority and a mission to do the same (Luke 9: 1-2).

In obedience to Christ we are challenged to exercise a ministry of healing to the whole person.

Healing, which was a major activity in the New Testament involved healing of the whole person through meeting both physical and psychological needs. Luke was a physician. He also healed through the power of the Spirit, but no doubt he employed the stewardship of medicine in his Master's service.

So today, as well as being agents of God's miraculous healing power, we also can use our gifts for medical healing and counselling.

Counselling was vital in the life of the early church as believers bore one another's burdens and restored those who were found to be at fault (Galatians 6: 1-2).

As persons who believe in the priesthood of all believers, we accept that the congregation shares in all pastoral duties. The commissioning of prayer partners, health workers and lay counsellors to help fellow members and persons in the local community thus represents a true congregation-based ministry.

The ideas shared in this booklet are not the last words on the church's Healing Ministry. Church teams are encouraged to develop and share their own ideas. A training manual will be available in due course.

I. FOUR BASIC PRINCIPLES OF WHOLE-PERSON HEALTH

What are the basic aspects of the philosophy that will guide the Whole Person Healing Ministry of the Church?

1. HEALTH IS WHOLENESS

Health in its true sense means wholeness, that is, an integration among:

aspects of the self (body, mind and spirit) self and others
self and the natural environment
self and God

Less than a wholeness approach in health care is but patchwork.

2. HEALTH PROMOTION INVOLVES CLARIFYING AND MODIFYING HEALTH RELATED VALUES

This involves bridging the gap between perceived wants and objective needs. In other words a change of values should be reflected in self responsibility and specific health behaviour changes in the areas of:

- Self-help activities
- one's life-style regarding health

3. TOTAL HEALING AND HEALTH PROMOTION FOR THE WHOLE PERSON INVOLVES A MULTIDISCIPLINARY APPROACH

This includes the following disciplines in promotive, preventive, curative and rehabilitative activities:

- Medicine
- Counselling and Mental Health
- Prayer and Spiritual Direction

The multidisciplinary approach is best carried out by a team but all aspects should be integrated into the activities of individual health practitioners.

4. WHOLE PERSON HEALTH PROMOTION NEEDS SELF-HELP COMMUNITY PARTICIPATION

This is in order for health promotion to be effective and justly distributed. Community participation will involve:

- the church as a therapeutic community members of the wider geographical community.

II. A CHRISTIAN SERVICE

Medical healing is a much-needed stewardship throughout the world. Medicine has always been an important aspect of the missionary work of the church. Once this aspect of missions is realized, it is hoped that services can be provided for medical healing by Christian doctors in a Christian setting where prayer, counselling and medicine are all used.

For a Wholistic Healing Ministry to be effective, it must be a ministry carried out by more-than-nominal Christians who can fully represent to clients and patients, Christ as the Great Healer and the Church as a healing community. These Christians should share a faith in the healing powers of God available in medicines, men and women, and miracles - all four.

At the same time such a ministry must respect the rights and freedom of patients and clients not to make use of or desire an expression of the overtly religious aspects of the ministry.

The following biblical principles may help give direction to starting a healing ministry:

(1) Prayer and abiding in Christ are absolute pre-requisites (John 15:7).

Without these two essential actions, there can be no healing ministry.



(2) Once your church decides that a healing ministry is a service aimed at salvation through Christ of the whole person, then every worker involved should be a believer in Christ with qualities of a New Testament church leader (1 Timothy 3). Careful selection must take place, even from among believers, through the leadership of the Holy Spirit and wisdom.

(3) The healing ministry must be approved of and supported by the whole church. Church leadership must neither be neglectful nor pay lip service only to this ministry. The healing ministry must not be viewed as less important or more important than any other ministry in the church.

The church oversight body must exercise a balanced leadership through consensus and prayer to guard against damage by sceptics or fanatics.

(4) All phases of this ministry must be unified by means of:

a) inter-relationship between itself and other ministries in the church;

b) joint feedback and planning, prayer and inspirational retreats involving all workers in this witness to Christ;

c) regular prayer as a part of every activity (Eph. 6: 18).

(5) God will work in different ways to heal if we earnestly desire Him to heal (Acts 4:29-31; 5:16.)

III. GETTING STARTED

Sharing the Vision

The way to begin such a ministry is quite simply to share the vision of a combined approach to healing of medicine, counselling and prayer (divine healing). Share the vision with church leaders and as many members as possible.

WAYS TO SHARE THE VISION:

- Study the literature on this subject (a bibliography has been provided at the end of this manual). Possibly some of the material can be requested from your denomination's healing committee, bought from a Christian bookstore in the area or ordered directly.

- Study what the Bible has to say on healing. The literature and God's Word should be studied by the pastor and selected leaders whom the pastor feels will be able to share the vision with the rest of the church.

- Discuss the vision during church Bible studies, officers' meetings, church organizations (such as women's and men's groups), and members' meetings.

- Share the vision in preaching and in Christian education programmes.

Remember, the purpose of sharing the vision is to make the church more aware of God's challenge to both preach and heal; and to find practical ways in which the church can become involved in the healing of the whole person.

Praying For Power

After the church begins to become more aware, pray that God will prepare the way for the ministry. You can pray with assurance because we know that God wants to heal.

Prayer can take place in several settings. A **special group** can be set up to pray for the ministry at least twice per month as a group and at a certain hour every day on an individual basis. The pastor and church officers can pray for the ministry as special intercessors. Prayer can take place during Sunday services, prayer meetings/Bible Studies, cottage meetings, church organizations and activities.

WHAT SHOULD YOUR CHURCH PRAY FOR?

Pray for guidance; the filling of the Holy Spirit; provision of gifts for divine healing as God wills; provision of gifts of wisdom and knowledge for counselling; provision of manpower; provision of financial resources; space and equipment.

KNOWING YOUR COMMUNITY

After the church determines its calling to a healing ministry through prayer and supplication, the next step would be to determine the needs in your community.

This can be accomplished in several ways:

- By collecting data in a 'basic needs' survey;
- Being aware of existing community agencies which can provide information;
- Knowing the social and cultural community practices and their impact on the health of community members;
- Meeting and communicating with community members.

Setting Objectives for the Healing Ministry

Examples of the main aims and objectives for the healing ministry could be:

1. To establish a model of congregation-sponsored primary health care that will minister to the whole person in body, mind and spirit
2. To provide comprehensive healing resources with a preventive, curative and rehabilitative emphasis

3. To deliver quality and adequate care to all income groups in the communities served by the Centre. Groups most affected, of course, would be your church congregation and underserved areas of the community.
4. To facilitate community-managed organizations in self-help promotion towards socio-economic development and whole person health.
5. Set enabling, attainable goals for each objective based on the specific needs of your target population.

How to Begin the Ministry

Start small!

Many churches fail to start, because they feel a full-blown Healing Ministry is needed with all sections fully developed and with doctors in place. Remember that with **prayer and visitation** alone, you can be involved in healing.

Counselling can be carried out informally by a selected team looking out for people with burdens they can help to bear, through discussions at home, after church or on the telephone.

Medical activities can be simple, including first-aid, screening and basic health education. There is much preventive work and early health care that can be done without a doctor. This could be done even on a once per month basis.

Siting and Resources

The church building could be used as a whole-person clinic or prevention outpost until more appropriate accommodations can be secured. Preferably, the clinic or outpost should be housed in an education building, the vestry or rooms adjoining the church. A community centre or a home near the church could also be used. Ideally, there should be a purpose-built area in which the facilities can be housed.

As for resources, start with what you have. Use screens as partitions to allow for privacy and better use of halls and rooms. Provide tables, chairs, and an examination table (a carpenter can make a simple one and foam rubber used to cover it).

Medical equipment for screening (if feasible) can be obtained.

Finding Workers

The staff would be comprised mainly of church members. They do not necessarily have to be highly trained professionals. If there are no professional volunteers - especially medical practitioners - in the church, volunteers could be sought from other churches in the community. The primary qualification is for each volunteer to be a Christian.

It is recommended that at least one registered nurse be available. In many cases the needs of a patient can be met by the services of a nurse who works with a trained counsellor.

Other personnel could include lay counsellors, nursing aides, community health aides and other persons who could be trained in counselling, health education, and first aid. These persons could be ministers, lay leaders, home economic teachers and social workers.

There should be ongoing, in-service education for professional staff to upgrade or learn new skills in preparation for giving optimum service in the healing ministry.

Structured training activities could take the form of staff group counselling sessions with a visiting trained pastoral counsellor, and case discussion sessions. Staff devotions, prayer groups, and retreats can also provide an educational and social forum.

To complement this training, lectures/discussions and other activities for human resource development can be given by resource persons in the community, coordinated by a volunteer trainer responsible for this activity.

IV. COUNSELLING SERVICES

One of the most crucial areas in a healing ministry is a counselling service for clients with personal and practical concerns. The best times to schedule this service should be determined by your healing ministry committee.

Trained counsellors can assist clients to decide on the best way to cope with a particular problem.

This should be treated as a professional and confidential service available to people of varying ages, sex and marital status. Prayer and spiritual counselling should be offered if they so desire.

Each church should set aside specific areas or rooms for counselling. These areas should provide the kind of atmosphere in which people will feel perfectly free to discuss their problems. Consequently, there must be privacy, and the counselling areas should be sited where there would be as little distraction as possible.

Suitable literature including a Bible should be placed in the counselling room should be within easy reach of the counsellor, to be used as the need arises. The counsellor, of course, should always have his Bible with him or her, but a bible should be placed in the counselling room.

In selecting counsellors, there should be great care in making sure they have certain qualities. A counsellor should be:

- A committed Christian;
- Familiar with the Word of God and one who communicates with

God through prayer on a regular, consistent basis;

- Respected by the local church and community;
- Interested in people and genuinely concerned about their welfare;
- Willing to be open to others;
- A good listener;

Positive about his/her own values/beliefs but able to listen to views/values expressed which may be different from his/her own without starting an argument.

Counsellors should be advised to pay attention to personal hygiene and appearance. Neglecting this important practical area may "put off" the counsellee.

Training is crucial for the would-be counsellor, since the well trained counsellor is the one who will be best able to help another person find solutions to his problems. He/she will be prepared to advise or suggest options to the person in difficulty.

A suitably trained pastor, or another qualified person, can conduct a few training sessions for the counsellors to acquaint them with the "Do's" and "Don'ts" of effective counselling, and provide other basic information so that the counsellors can proceed. He/she may recommend certain books for them to read on their own.

Perhaps the denomination, association or convention to which your church belongs offers short-term counsellor training seminars.

As well as providing individual counselling, consider organizing one of the following programmes:

SHARING GROUPS - If you have a mature group leader, consider a group setting where individuals could share personal problems. Group members can encourage one another, offer suggestions and practical help, and pray for each other. Other activities could include sharing of experiences of God's help in time of need. These groups could be formed by using the midweek **prayer meeting time** or **Sunday night service** and breaking up the larger group into small groups on a regular basis; by organizing **special meetings of organizations** involving youth, adult men and women, and breaking into small groups; by having regional **cell groups** for young people and adults; and by arranging other **special groups** as people feel drawn to each other.

FAMILY LIFE EDUCATION - Since strengthening family life is one of the biggest concerns in countries worldwide, issues on marriage, divorce, parenting, adolescence and communication problems between parents and children deserve strong attention. This could be given through **panel discussions, film series, talks and plays**. Special **marriage enrichment activities** could be held for couples and support groups organized for **single adults**. **Family clusters** involving group activities with 5-8 families each are also useful.

EDUCATION ON PERSONAL MATURITY - People often have problems because they do not understand themselves or what it means to be a mature person. Areas of interest include sex, dating, personal relationships, vocation, self-acceptance and coping with crises e.g. death, sickness, financial problems.

In most churches and communities, resource persons can be found to help others understand these areas.

INDIVIDUAL SHARING AND HELPING - Members and leaders should talk with persons who are hurting or going through a difficult time. This can take place after church services or other activities, on the street, by inviting someone home or by visitation.

V. PRAYER AND VISITATION

Each church can have a specific Prayer Ministry for the healing of the sick. So, what can your church do?

Form a prayer team. This group could consist of persons who are mature Christians, humble, willing to listen and understand and willing to exercise their faith in a ministry of healing.

The team can meet regularly to pray for the sick members of the church and community; invite ill persons to meet the group for special prayer; have a visitation programme for the sick; and pray before services for God's blessings. - Make praying for the sick a part of worship services and also of evangelistic crusades. Remember that Jesus' evangelistic ministry included both preaching and healing. The prayer team could be available to pray with those who come forward for healing. Special Healing Sundays and Health Week activities could be held to emphasize prayer and the Healing Ministry's activities.

- Have your pastor and other Christian leaders help to build up members through Bible teaching on prayer and divine healing.
- Attend seminars on prayer and counselling, if available.

VI. MEDICAL SERVICES

The church's whole-person clinic or clinic outpost (also known as preventive medical centre) must be viewed as something different from a typical medical clinic.

People from the community - regardless of their religious beliefs should be invited to come and talk about their health problems.

The **medical clinic** should be organized along the lines of a general practitioner service. A plan should be in place where individuals are screened and referrals are made according to their needs. A basic dental service can also be provided.

Functions of the clinic outpost would encompass areas in social and health education such as maternal and child care, child development, family life teachings, nutrition instruction, attention to senior citizens and the mentally retarded.

FEES AND CONTRIBUTIONS

Clinical services should be self-supporting, if possible. To do so, all users of the service should be charged an affordable medical fee or asked to make a contribution for cost of material and services offered at the outpost. This would be in ratio to their own abilities to pay, with a maximum/minimum charge to be decided by your church's healing ministry committee.

Since persons working in **part-time clinic outposts** render **voluntary service**, all fees or contributions should go towards the cost

of dressing materials, equipment and drugs for those who cannot afford them. In **full-time** healing ministry centres, with paid staff fees also assist with **salaries**. For full-time centres other **income** generating activities will be necessary through self-help activities. Special donors could also be approached for funding.

PHARMACEUTICAL SERVICES

The possibility of a small pharmacy where medication can be purchased at a minimum price may be considered by the church's healing ministry committee. Medication prescribed by the doctors may be purchased at the ministry pharmacy at a nominal cost in comparison to other private pharmacies, or the person may opt to use other pharmacies in the community. The cost of some drugs can be subsidized by the Church when the need warrants such subsidy. Donations of drugs can be sought from the private sector or special overseas agencies.

REFERRALS

Referrals for specialist or continuing care may be made to specialists or to government and non-government agencies in the public and private sectors, depending on the services needed and the resources available.

VII. WHOLE-PERSON CARE

Without a Doctor, Nurse or Professional Counsellor

Each church should do what it can to promote good health and to help sick members get better. A church does not need to have a special clinic in order to help the sick. Many illnesses can be detected and treated without the help of a doctor or nurse.

What can your church do without a doctor or nurse? Some people would say "nothing". However, that is far from the case.



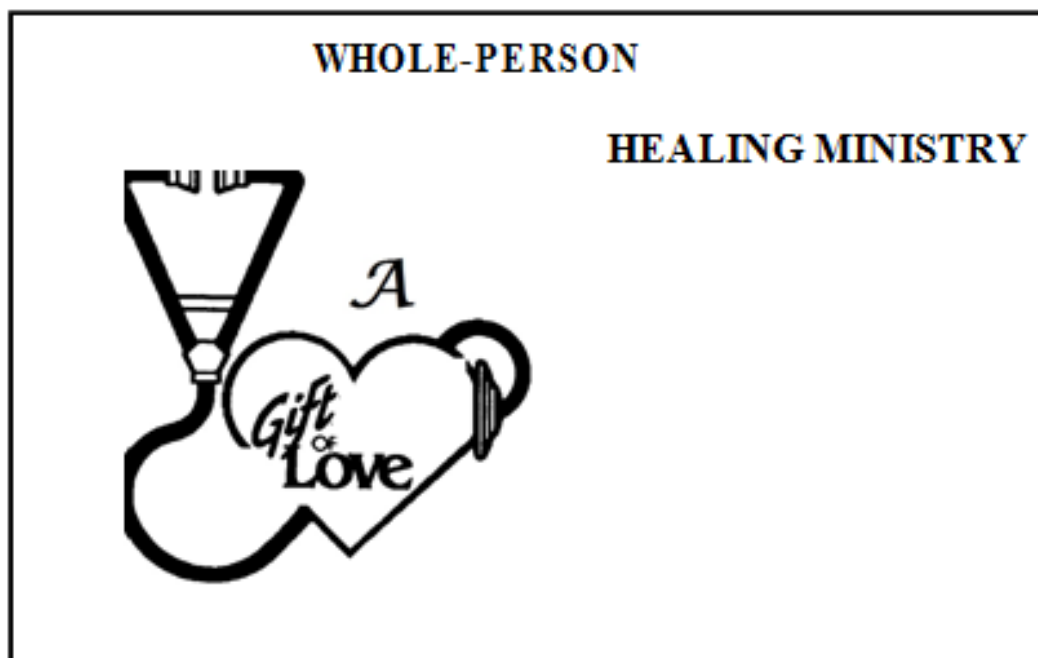
Here are some suggestions:

- Identify and train certain '**health workers**' in first aid, health assistance, health advice and screening. Get local and regional doctors, nurses, pharmacists and health educators to assist with training.
- Help each church member to know how to make up a home medicine kit.
- Have a First Aid and Health Advice Centre equipped with a **medicine kit**. Perhaps this can be in an area of the church vestry or office. It should be equipped to treat minor conditions.
- Have **screening days** when health workers can do special tests to detect hypertension, diabetes, eye problems and (for women) lumps in the breast. Some members can be easily trained to carry this out.

The necessary equipment will probably have to be borrowed or donated.

- **Refer** persons who need further help to a nearby clinic, public health nurse or general practitioner.
- Assist members of your church to receive early medical attention by helping with the **fees** and **transportation**.
- Have a health education programme for men, women, youth and the elderly in your church. Use drama and songs as well as audio-visual aids as teaching tools.
- Organize home care for shut-in members of your church and community.

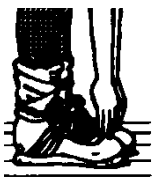
Have a special **Health Week** and designate **Healing Sundays** for education, screening, prayer and other promotive and preventive activities.



What conditions can you prevent or treat without the help of a doctor or nurse? Much more than you imagine. Emphasis should be placed on personal and environmental health promotion.

For example, church health workers should understand the importance of personal hygiene and the basic procedures underlying the general cleanliness of the body including the ears, teeth, eyes, mouth, nails and genitalia.

They should be able to recognize signs and symptoms of infection; and identify steps to prevent and care for infection. They should be able to determine when and where to make referrals for infections which require advanced technical management.



Church health workers should also be able to teach basic habits of cleanliness; perform simple dressings; and know the importance of exercise and rest. Special exercise classes could be organized.

In the area of environmental health, they should understand the importance of refuse disposal, care of pit-latrines, control of rodents, mosquitoes, fleas and other insects. Workers should know the common water-borne diseases and their causes and preventions.

They should be aware of simple methods of treatment and storage of water for household use and be able to demonstrate basic management of the home environment.

Church health workers (volunteers) should know how to take and read accurately temperature, pulse, respiration and blood pressure. They should be aware of the home remedies taken by patients and their effects on health.

They should know the difference between prescribed and non-prescribed medications. Concerning obesity, they should be aware that some of the health problems related to being overweight are high blood pressure and heart disease. They should be able to advise on the benefits of health habits such as exercise and proper diet. Health workers need to know the six basic food groups, and understand the need for a balanced diet. They should be able to demonstrate the preparation of foods for diabetic and hypertensive diets.

Concerning maternal and child care, clients should be motivated to use available medical and social agencies in the community. Workers should also know the basics of family planning as well as caring for, feeding and cleaning infants. Families must be advised on the importance of breastfeeding and full immunization and the importance of oral rehydration for diarrhea.



Health volunteers will also understand the importance of patients taking prescribed medication and knowing their common side effects. They should emphasize to clients the importance of keeping medical appointments.

For elderly and bedridden patients, volunteers should be able to give bed-baths, feed them and give passive and active exercises depending on individual conditions.

Volunteers should also understand the importance of documentation - writing simple reports and using a filing system.

They should be able to perform simple and appropriate treatments for simple cuts and bruises, choking, burns and scalds, insect bites, cardiac arrest, inhalation of water in the lungs, bleeding and fainting.

As in a regular clinic situation, health volunteers and lay counsellors should be able to listen attentively to clients about their problems and make appropriate referrals of those which they cannot address.

They should, of course, have good listening skills; be able to pray and counsel with clients; be able to reassure clients; know how to lead someone to Christ.

Please remember that many persons with physical problems also need counselling and encouragement, and that all persons with physical problems can receive healing by prayer and faith.

VIII. WORKING WITH LOCAL COMMUNITIES

Why Should We Work At The Community Level?

It is vital to recognize that to try to solve physical, emotional and social problems simply by curative medicine, counselling and giving handouts is not enough. What is most important is to prevent the problem from occurring in the first place. If this is not done, persons will keep coming back for help and be dependent on the service rather than be truly whole and self-reliant.

As well as paying attention to the individual, one needs to address the underlying environmental and socio-economic problems that generate ill health. For example, a lack of educational opportunities leads to insufficient skills. This leads in turn to unemployment, poverty and ultimately to health problems such as malnutrition, gastroenteritis, and increased respiratory infections. A lack of clean drinking water and proper sewerage disposal contributes to communicable diseases such as Typhoid and Cholera. Inadequate family planning together with no breastfeeding as well as poor immunization contributes to an increase in maternal and infant mortality.

Insufficient housing leads to overcrowding and in turn to increased communicable disease, stress and related physical, emotional and sexual abuse of family members. Poor control and protection of the environment causes problems from health hazards, dumps, industrial waste and backyard battery repairing. These lead to polluted water, poisoned fish and lead poisoning.

Social problems such as class and colour prejudice, lack of education, as well as poverty and illiteracy all contribute to a lack of self-worth. Such problems also lead to frustration, psychological illness, and serious psychosomatic disorders such as high blood pressure and diabetes. Crime and violence also result, especially among the young, leading to injuries and premature death.

Economic injustice and social neglect are a part of all societies.

The Scriptures teach against this. (1 John 3: 15-18, Matthew 5:31-40 and James 2: 1-9 are useful passages for group Bible study.)

Given all the facts mentioned, a significant priority of the healing Ministry team will be to help in the self-development of underserved communities. Because persons in urban ghettos and deep rural communities tend to be underserved and neglected, they tend to show the following features:

- a lack of morale and hope
- a lack of initiative, with a dependence on politicians, drug "dons" and others who patronize them and buy their loyalty with handouts;
- social disorganization leading to disunity and insufficient community co-operation to gain access to social services, utilities, economic and health resources.

APPROACHING THE COMMUNITY

How do we approach the local community? Some simple steps towards helping to promote the wholistic development of the community include the following:

1. Get the permission of the informal leaders and community health nurse (if available) as well as members of the community for a community organizer, a community health nurse (if available) and a small support group from your church to work with the community as a part of their team. The team can also include counselling and prayer personnel.
2. Avoid going much beyond helping them ask their own questions and provide their own answers. Help them develop their own leadership, strategies for cooperation, diagnoses, plans, citizens' associations, community activities and evaluation.
3. Do not impose answers and merely give handouts. This is patronizing and destroys initiative. (Acts 3:5-6~ Galatians 6:6).

4. Learn from the community members about their own methods of organizing themselves. Be familiar with their culture, human and material resources, technology etc. Sometimes time-tested methods are the best foundation for Progress.
5. Help them use and develop the lowest cost and simplest appropriate technology (ways of and tools for doing things) which can work.
6. Help to give community members a recognition of their own power (empowerment) by facilitating them to ask themselves the following questions in a process called animation:

Who am I?

Who are we?

What are the major problems facing the community? Why are we in our present situations?

What is the way out?

How can we work together to find the way?

How would our religious awareness and experience affect our decision-making?

A critical analysis of these "action generative themes" by participants is vital for empowerment.

POSSIBLE PROJECT AREAS

What are some of the activities that community self-help could include? Be prepared to hear about problems and proposals coming from community members.

Though the church team will not be the decision makers, in order to be prepared, the team needs to have some knowledge of the common areas in which community projects are likely to fall. These include:

- Education, such as basic schools and adult literacy classes;
- Skill training (dressmaking, tailoring, carpentry, masonry, etc.);
- Self-employment (small business management);
- Income generating community projects (such as cooperative enterprises);
- Agriculture (including access to land, technology, extension services, backyard garden initiatives, etc.)
- Housing;
- Access to drinking water, sewerage and garbage disposal;
- Community aesthetics (appearance) and environmental pollution management;
- Alternative energy sources (such as solar, wind and biogas);
- Self-help in preventive health services, such as education, breastfeeding promotion, nutrition awareness, family planning, immunization, oral rehydration knowledge, immunization, maternal and child care and drug abuse prevention.

- Training volunteer community health workers, agricultural advisors, peer counsellors, group leaders, etc.
- Survival skills development (e.g. dealing with legal and financial issues, dealing with offices, department, self management and accessing information) and forming and sustaining a citizen association, health committee, etc;
- Personal and community enrichment, development and awareness building through activities such as recreation, drama and the other arts;
- Advocacy (negotiating for rights) and networking with government institutions and departments, political representatives, the commercial sector, non-government organizations, etc.
- Building religious awareness, faith, experience and discipline as part of a whole-person healing approach.

PATIENCE

The community organizer and his/her team will need to be very patient. It could take years to establish a relationship with the community, build mutual trust and help community members to begin working together towards self-reliance. Nevertheless, the results are rewarding and will last.

IX. NETWORKING WITH GOVERNMENT AND NON-GOVERNMENT AGENCIES

Interaction with agencies in the community is another way to ensure even more resources from which to draw for your healing ministry. Such agencies can offer health care, social, educational and community development services. There can also be a close liaison with other churches offering a healing ministry to their congregations and other non-members. This could be through your denomination's Healing Ministry Committee or your national Church Health Coordinating Agency.

Clients from your church's healing ministry can be referred to those agencies where cases warrant such referral. Close co-operation makes available additional resources to your church's healing ministry. Using services in the community such as a women's crisis centre, government health departments and hospital personnel provide support for the individual client in areas of family problems and special medical intervention.

HIV / AIDS and drug abuse are growing crises. National and regional officials are willing to help in education and training in attitudes, counselling and care.

X. HINTS ON ADMINISTRATION

One of the biggest problems affecting the progress of organizations is that of management efficiency. This is not always a reflection on the personality or values of leaders or group members. Most often the need is for a greater awareness of the knowledge, attitude and skills involved in the management process.

Few persons are "born leaders." Like anything else team and project management must be learnt. One of the most necessary qualities of the successful leader or manager is the willingness to be as informed and equipped as possible for the task. This involves a constant process of learning, no matter how well equipped one may be initially.

It is vital for leaders and managers as well as other team members to take time out for their own reflection and for planning of their involvement. Hopefully, the following outline will assist you and your team in this process.

THE ORGANIZATIONAL SYSTEM

Structure, Personnel and Functions

An organizational system needs to be developed having a structure, relevant experienced personnel and clear functions.

A. DIRECTING

The healing ministry project can be directed by a Healing Ministry Director and Assistant Director. He/she will liaise with the Healing Ministry Administrator, the managing body of the church, the pastor and other church staff, membership, and outside agencies.

He/she will provide overall leadership and motivation to the various team leaders and members. He will lead in the development and fulfillment of a mission policy and objectives, the delegation of responsibilities and will ensure follow-up. The mobilization and building of leadership is a vital aspect of directing.

The directing committee or Central Management Committee would be made up of the above-mentioned officers as well as a secretary, the Pastor and a few church representatives with special expertise and management experience. Important members of this committee are the various Coordinators.

Their activities and teams (sub-committees) are listed below:

B. ACTIVITY CO-ORDINATION TEAMS

1. Services

Medical, Counselling, Prayer and Visitation, and Community Organization sub-committees could be formed to do the following:

- services co-ordination
- training and consultation
- services documentation, evaluation and research

2. Day-to-Day Administration

In larger ministries this would require a paid Healing Ministry Administrator along with the team. Aspects include:

- programme monitoring~ administrative tasks
 - manpower needs (executive team and workers)
 - human resource development
 - physical plant and supplies
 - support services
 - the convening and servicing of meetings
3. **Financial Management** (book-keeper, treasurer or committee responsible for receipts, payments, financial records and reports)
 4. **Fund Raising** (such as through special grants and "Friends of the Healing Ministry")
 5. **Income Generation** (via self help economic projects such as a thrift shop, lunch co-op or farmers' market)
 6. **Special Events** (such as staff inspirational retreats, planning retreats, socials, birthdays, staff prayer sessions, Healing Sundays, Public Screening Days, and Open Days)

7. **Public Relations** (including the media, brochures, published reports and newsletters)
8. **Outreach** (e.g. to other churches to promote the Healing Ministry concept and activities)
9. **Inter-Agency Relations** (See "networking" above)

Whereas there would need to be a responsible officer, to have a reward sub-committee for each of the above activities could be a lot Your organization would need to decide how to make the necessary combinations without overloading any person or group.

C. PLANNING AND DEVELOPMENT FOR THE FUTURE

This is a very important process. A Steering Committee needs to be involved in several months of planning before the Healing Ministry is established and formally launched. This would involve all or most of the prospective team leaders and other Central Committee members.

The use of special experts or consultants, in areas such as establishing whole-person ministries, organizational management, training, fundraising and proposal writing will be most helpful. The Steering Committee can also get help from leaders of established Healing Ministries in other churches and from representatives of your denomination's Healing Ministry Committee.

After the project has begun, a Planning and Development Officer could be appointed who would work with a small "advance planning and development sub-committee."

They would be constantly evaluating and planning for the future, through the following steps:

- Needs Assessment, involving user participation
- Adopting a Mission Statement
- Setting Objectives
- Developing Operational Criteria
- Planning and Setting Action Strategies (for each objective)
- Scheduling Activities (phasing, with the use of an implementation chart)
- Establishing an Organizational Structure (using a chart)
- Delegating: prepare job descriptions to ensure satisfaction and streamlining
- Establishing a Procedures Manual
- Developing Methods of Monitoring Activities with an Implementation Schedule
- Enhancing the Degree of Teamwork Approach (communication, team relationship building, problem-solving processes, team-member participation in decision-making, and efficiency of meetings)

- Developing Documentation and Reporting systems
- Developing Monitoring and Evaluation systems Using outside consultations

Where any of the above aspects of programme development and administration are established, the sub-committee can do updating as necessary. Because team members and services constantly change this will be a continuous process.

XI. EVALUATION OF SERVICES

One of the best ways to improve services is to ask others to evaluate the services being provided. The primary question is: What is the effect of the healing ministry at your church and in your community?

Surveys or focus group discussions can be conducted among local community and church members.

Perhaps a survey can be taken of a sample of the clients who received services from the ministry. The first part could deal with patient responses about health and counselling services, while the second part could deal with cases of divine healing involving any of the healing ministry clients.

XII. HOW OTHERS CAN RESPOND TO THIS MINISTRY

Here are some suggestions:

- Begin praying now for the ministry;
- Utilize the services offered according to their needs;
- Share with others their experience of, and provide information about services offered;
- Volunteer their skills for use in the ministry;
- Contribute financially to enable the continuation of the service to the underserved;
- Offer suggestions for improvement of the management of Services;
- Visit the centre and encourage staff and patients;
- Offer to participate in community building activities.

Whether your church is contemplating a small or large healing ministry, remember the whole person has physical, mental, social and spiritual needs.

BIBLIOGRAPHY

This list of readings is being suggested for staff in the Healing Ministry. They are meant to provide a good, general orientation to the several facets of the wholistic approach. Those indicated by an asterisk (*) are most essential for all staff.

Each book does not have to be read in its entirety at one sitting. It is suggested that the worker becomes familiar with the contents and use the book for reference when necessary. At the same time, it is hoped that staff will maintain ongoing reading as part of their continuing education.

How to Order Books

Write to the publisher to make an order. Request an invoice from them. Use the invoice to buy foreign exchange from your bank in the form of a draft made out to the publisher. Mail the draft and invoice to the publisher who will mail the book to you.

Planning for preventive health activities and primary care services

1. *Community Health and the Church*, J. H. Hellberg, World Council of Churches.
2. *CONTACT* (magazine published by the Christian Medical Commission World Council of Churches, 150 Route De Ferney, 1211, Geneva, Switzerland) issues No. 40, 43, 55, 57, 75, 78 and 106 (dealing with principles and methods in community participation;
 - Issue No. 86 entitled: *The Child's Name is Today* (dealing with the real issues in health care in developing countries.)
 - Check the *CONTACT* indexes for other issues dealing with principles and excellent programmes in various countries.

3. *The Manual/or Community Health Workers*, published by the Department of Social and Preventive Medicine, University of the West Indies, Kingston 7, Jamaica.
4. *Helping Health Workers Learn*, D. Werner, Hesperian Foundation, P.O. Box 1692, Palo Alto, Calif., U.S.A., 94302.
5. *Where There Is no Doctor*, D. Werner, Hesperian Foundation (see previous address).
6. *Manual of/Primary Health Care* .P. Pritchard, Oxford University Press. Walton St. Oxford Ox 26DP U.K.

Understanding wholistic health and the church's healing ministry

- 7a. **Health, Healing and Transformation*. Allen, Lipscombe, Myers, Ram, Marc Publications, 121 East Huntington Drive, Monrovia, CA 91016-3400 U.S.A., (Marc will send a catalogue with several books on Missions and Community work).
- 7b. **Caring for the Whole Person*, E. Anthony Allen, Marc Publications, 121 East Huntington Drive, Monrovia, CA 91016-3400 U.S.A.
8. **Healing and Wholeness: The Church's Role in Health*, Christian Medical Commission.
9. *Wholistic Health*, D. Tubesing, Human Sciences Press, 72 Fifth Ave., New York, N.Y. 10011 U.S.A.
10. **Literature on the Healing Ministry at Bethel Baptist Church* by Dr. A. Allen also provides an orientation to the wholistic approach. See Contact No. 113 Christian Medical Commission.
11. *The Call to Health: Health as a Spiritual Journey* by KL. Bakken, Crossroads Publishing Co., 370 Lexington Avenue, New York, N.W. 10017 U.S.A.
12. *The Caring Question*, D. Tubesing and N. Tubesing, Ausburg Publishing House., 426 South Fifth Street, Box 1209 Minneapolis, Minnesota 55440, U.S.A.

Divine healing

13. **Healing* by Francis McNutt, Bantam books, P.O. Box 1006 South Holland, Illinois 60473 U.S.A.

14. *Prayers for Healing* by John Gunstone: Highland Books, Broadway House, The Broadway Browborough East Sussex, United Kingdom.

Community organization

15. * *Empowering the Poor* by Robert C. Linthicum, MARC World Vision.
16. *Training for Transformation* by Hope and S. Timmel Mambo Press. Senga Rd. Gweru Zimbabwe.
*Workshop guides and other literature by the Tubesings are available from Whole-Person Press. P.O. Box 3151 Duluth, Minn. 55803 U.S.A

Basic counselling

17. • *How to be a People Helper*, by G. Collins, Vision House. Santa Ana, California 92705 U.S.A.
18. Literature on Counselling produced by the Jamaica Baptist Union, 6 Hope Rd., Kingston 10, Jamaica.
19. *Videotapes and Workbook on Individual, Premarital and Marital Counselling* by E. Anthony Allen produced by the Caribbean Baptist Fellowship Media Centre, 3400 Raleigh St. Hollywood, FL, 33021 U.S.A.
20. • *The Helping Relationship* by L.M. Brammer, Prentice Hall Publishers., Englewood Cliff, N.J. 07632 U.S.A.
21. *A Guide to H.I. V Counselling*, Published by the Christian Medical Commission, World Council of Churches.

Leadership and planning

22. *Getting on Top of Your Work*, B.R. Faulkner, Convention Press. Nashville, Tennessee U.S.A.
23. *Project Formulation and Proposal Writing*, by K. Janovsky, Office of Publications, World Health Organization, Geneva, Switzerland.