HEALTH CARE ESSENTIALS

CARE FOR THE SICK



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PEACE Health Care Essentials Handbook

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Welcome



Hi friends!

I want to personally thank you for attending this PEACE training session. I am thrilled that you are here and are considering implementing these key concepts in your church!

It is my desire for your life and your church to be blessed by God as we work together to do the unimaginable. Together, let's care about what God cares about most, which is His lost children being found, caring about "the least of these" and the growth of His church; growing warmer through fellowship, deeper in discipleship, wider through ministry, and extending all around the world through evangelism. That is what God wants.

At Saddleback Church, we focus our outreach efforts to do the five things that Jesus did during his ministry time on earth and which we call PEACE. It is our desire to not only do what Jesus did but also to focus on empowering churches around the globe to do the same.

Get ready for God to use ordinary people in your church in extraordinary ways!

I am so glad that you are here on the very front end of this exciting and world changing adventure.

Pastor Rick Warren





LEARNING CONVERSATIONS

FACILITATOR'S GUIDE



About the Chalmers Center

The Chalmers Center for Economic Development is a research and training organization that equips churches with economic development strategies that holistically impact people who are poor. By uniting cutting-edge research, microeconomic development interventions, and social entrepreneurship principles, the Chalmers Center grows the capacity of local churches around the world to transform the lives of low-income people without creating dependency.

Since 1999, the Chalmers Center has been an industry pioneer in equipping church-based trainers with gospel-driven economic development innovations, including: savings-led microfinance, microenterprise development, financial literacy, jobs preparedness, and matched savings programs.

The Chalmers Center has prepared trainers in over 100 countries and is currently piloting new delivery models using social entrepreneurship methods in Côte D'Ivoire, Mali, Benin, Togo, and the United States.

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Chalmers Center for Economic Development 507 McFarland Road, Suite B Lookout Mountain, GA 30750 United States info@chalmers.org.

SESSION 1: ILLNESSES FAMILIES FACE

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Recognized God as the owner of all—including health and finances.
- 2. Listed illnesses—both common and serious—that families in the community face.

PREPARATION

- Identified the local word or concept for stewardship
- Holy Bible (highlighted/reviewed in advance)

TIME

30 Minutes

Steps

1. INTRODUCE THE TOPIC - 12 MINUTES

Today, we start a series of sessions to help you financially prepare and plan for illnesses your families face. We are not going to talk about how to prevent illnesses, though that is important. We are going to talk about how to prepare to face illnesses that come despite efforts to prevent them. Specifically, we are going to look at ways to reduce the impact of illness on our lives by:

- calculating the costs of illness;
- exploring the causes of disease;
- deciding how to best save to meet these costs.
- ♦ What questions or comments do you have about this topic?

Respond to questions and clarify information.

You can plan to face illness using the same skills you use to plan for your business. You know your business costs. To manage those costs, you create a plan for the future and follow the plan each day. Just like for your business, it makes sense to think about the costs of illness and create a plan to manage them. Before we begin, let us ask the question:

♦ Why should we create a plan for better health?

Allow 2 or 3 participants to respond.

God cares about the health of our bodies. He created us in his own image, which gives each of us incredible worth and value.

Open the Scripture and read directly from Psalm 24:1.

Psalm 24:1 says:

"The earth is the Lord's, everything in it; the world and those who live in it."

♦ If all that we own belongs to God, what can we conclude about our health and our finances?

After a few responses, thank respondents and say:

We must care for our health and manage our finances in the most efficient way. We are responsible to properly use and care for everything that is entrusted to us by God.

He has made us managers over His possessions, giving us an opportunity to learn to be faithful and trustworthy. Listen to Genesis 1:28: *Open the Scripture and read*:

- "...God said to them, (the man and woman He created)...be fruitful and multiply, fill the earth and subdue it...have dominion over...every living thing upon the earth."
- ♦ Over what things has God made you a manager? [time, life, talents, abilities, material possessions, family]

After a few responses, thank respondents and say:

He has trusted us with much. Let us specifically consider the need to manage our health and our finances well throughout these lessons. These are two important aspects of our lives over which God has made us managers.

2. IDENTIFY DIFFERENT KINDS OF ILLNESSES - 12 MINUTES

Let us talk about illness. Turn to someone next to you and ask the question:

♦ What illnesses or health problems have you or your family faced in the past that needed health care?

After a few minutes, ask participants to share examples. Use their examples in Mary's Story.

I want to tell you about a woman whose family gets the same illnesses. Her name is Mary. She is a smart businesswoman whose food business is growing. Listen to her thoughts on illness and be ready to answer some questions.

Mary's Story

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egularly. One time, m	•
	o. Sometimes she get participant) as well. (yet another illne ome regularly, like dr ether the drops make ous, but together the

lot of money to treat him. Another time, my son had a fever that got worse, and I had to rush him to the hospital for malaria treatment.

Common illnesses and unexpected illnesses that become serious—can I do anything to prepare for them? It seems so complicated.

♦ Mary faces the same illnesses as you. How does she describe them?

After a few responses, thank respondents and say:

Mary described two different kinds of illness:

- Common illnesses. These come regularly and always cost something.
- Emergencies or serious illnesses. Serious illnesses may start like common illnesses but get worse—sometimes because the illnesses are not treated when they are not serious.

3. COMPARE ILLNESSES MENTIONED WITH THE TWO KINDS OF ILLNESSES – 5 MINUTES

Think about one of the illnesses that you identified at the beginning of this session. State it again. If you think it is an emergency or serious illness, come to this side (point to one side). If you think it is a common illness, come to this side (point to another side).

Give each participant an opportunity to share the reason for their choice and then for other participants to voice their agreement or disagreement. Once participants are all in place, ask:

♦ In what ways do these two kinds of illnesses affect your families and relationships?

Allow a few participants to share, and then say:

Thanks for your ideas about these illnesses. Remember what side you are on so that you can work in these same groups during our next meeting.

4. COMMIT TO THINK ABOUT ILLNESSES' EFFECTS - 2 MINUTES

Remember, you face many illnesses. Some are common and come regularly. Others are serious or come as emergencies. These two kinds of illnesses affect your families differently. The reality of both of them, however, requires us to be good stewards of the bodies that God has given to us by making a plan for better health.

At our next meeting, we are going to talk about what these illnesses are costing you. Until then, notice who in your community is sick with common illnesses, emergencies or serious illnesses and how they affect their day-to-day lives differently.

Let us lift our hands together and say:

Make a plan for better health! Care for your family and your body!

Would anyone like to pray, asking God to help us as a community to prepare to face illness?

Give 2 or 3 participants an opportunity to volunteer. Join hands and pray together. After prayers finish, close with a form of this prayer:

Lord God, thank you that you have made us in your image and that you love us so much. Make us cautious, faithful stewards of our health and money. Be gracious to us and make Your face to shine upon us, that we and all people may know Your ways and Your saving health. In Jesus' name, Amen.

2

SESSION 2: THE COSTS AND CAUSES OF ILLNESSES

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Calculated the full costs of a recent illness.
- 2. Compared the costs of common illnesses with the costs of serious illnesses or emergencies.
- 3. Identified local beliefs about the source of disease and addressed them according to biblical and scientific truth.

PREPARATION

- Pictures 1-7
- Picture 8
- Poster paper and markers
- Research local beliefs on the origins of disease—for example: virus/germs, dirty water, personal sin, ancestral dissatisfaction, spirit intrusion, breaking of taboo, sorcery/curses, etc.
- Holy Bible (highlighted/reviewed in advance)

TIME

35 Minutes

Steps

1. REVIEW DIFFERENT KINDS OF ILLNESSES – 3 MINUTES

Welcome participants and ask:

- ♦ What were the two kinds of illness we talked about last week?
- ♦ What are two examples of common illnesses and two examples of emergencies or serious illnesses?

Thank participants for their ideas and then ask:

♦ What other examples of illnesses did you see in your community since the last session?

Allow several participants to share. Then say:

The reality of both of common and serious illnesses in our community requires that we are good stewards of the bodies that God has given to us. We can do this by making a plan for better health. By caring for the health of our family and community, we also honor God's command to love one another. During this session, we are going to talk about what these illnesses are costing you.

2. IDENTIFY DIFFERENT COSTS OF ILLNESSES - 6 MINUTES

Illnesses have many effects. You can think of these effects as the "costs" of illnesses. Stand up and call out a cost associated with treating an illness.

If participants call out costs shown in Pictures 1–7, show the matching pictures. After they finish, summarize the costs they mentioned using the appropriate pictures and add all other costs they did not mention using the other pictures. Then say:

Some costs are "money costs" for treating or curing illness, such as paying for (show and post Pictures 1–4 as you say the cost):

Money Costs for Treating Illness	
1 Transportation	Transportation to travel to a clinic or other
The text is touchasty the second of the seco	location where health care is provided
2 Doctor Visits	Visits to a doctor or other health-care
	provider
3 Tests	Tests (e.g., blood tests)
4 Medicines	Medicines

Other costs are not for treating or curing illness, but happen as a result of illness. Some of these are "lost income" costs. For example, if you are ill or if you must care for an ill person, costs can include (show and post Pictures 5–7 as you say each cost):

Lost Income Costs As a Result of Illness	
5 Lost Time at Work	Lost time at work
6 Lost Productivity at Work	Lost income from not working as
	productively
7 Lost Business Income	Lost income because someone taking
	over your business is not careful

3. CALCULATE AND COMPARE THE FULL COSTS OF COMMON ILLNESSES AND EMERGENCY OR SERIOUS ILLNESSES - 10 MINUTES

For the next few minutes, you are going to work in groups to calculate the costs—using the pictures—of illnesses we discussed. Half of you are going to think about common illnesses, and the other half are going to think about emergencies or serious illnesses.

Help the participants form 4 groups. Have 2 groups stand at the left side of the room and 2 groups at the right side. Give Picture 8 to each group.

Note: Using Picture 8, the 2 groups on the left are going to calculate the cost of a common illness while the 2 groups on the right are going to calculate the cost of an emergency or a serious illness.

Those on my left, within your small group, must choose a common illness which 1 member of the group had. Those on my right, within your small group, must choose an emergency or serious illness. Your job is to examine the costs of the illness and calculate the amount the illness cost the group member. Choose someone to make a note of the costs and add them all up using the pictures.

Circulate among the groups to make sure they choose an example from a group member and calculate all the costs. After a few minutes, say:

Now each group is going to quickly share the illness and the full cost, including all the types of cost shown in the pictures.

After all groups share, ask:

♦ How are the costs of serious illnesses or emergencies different from the costs of common illnesses?

Allow several participants to share. Thank and praise them.

These two kinds of illnesses affect us differently. In order to be prepared for both types of illness, we must learn to be good stewards of the bodies that God has given to us by making a plan for better health.

4. IDENTIFY LOCAL BELIEFS ABOUT THE SOURCE OF DISEASE AND PROPERLY ADDRESS THEM – 12 MINUTES

Say:

Now, let us discuss the origins of these illnesses. There are many different ideas about this within our communities.

♦ Where do people in your community believe these illnesses come from?

Within your small groups of 3 or 4, respond to this question by drawing the source of the illness that your group chose.

Pass out poster papers and several markers to each group. Encourage the groups to be honest and creative. After 10 minutes, say:

Now, I invite each group to post your drawing on the wall, and briefly share an explanation of your artwork and the perceived origins of the disease.

Address both physical and spiritual beliefs about disease according to the truth of Scripture. Draw out animistic beliefs and practices. Allow for adequate clarification among participants. Thank and praise them.

Illness certainly comes to us all, and we may feel desperate and afraid. In these times, God may seem distant, and we are tempted to trust only in our own abilities, or to ask the spirits for a cure. However, the Bible says that Jesus Christ is our true help. He is the one that forgives our sins, heals our bodies, and heals our relationships. I John 5:14 says: *Open the Scriptures and read*:

"This is the confidence we have in approaching God: that if we ask anything according to His will, He hears us."

♦ Knowing this, what must we do when disease strikes?

By looking to God for healing for our hearts and bodies, we are being good caretakers of what He has given to us. It is He who provides for our well-being.

5. COMMIT TO CALCULATE THE COSTS OF ILLNESSES - 2 MINUTES

Say:

Remember, all illnesses have a variety of costs. Some are money costs and some are costs from lost income. Serious illnesses or emergencies are different from common illnesses in terms of costs. The cause of illnesses may be physical, spiritual, or both, but we must always look to God as the primary source of knowledge and healing.

Before the next session, I invite everyone to calculate the cost of an illness that you or a family member recently faced. In the next session, we are going to talk about how you dealt with the costs of these illnesses.

Let us lift our hands together and say:

Know the cost of illness! Care for your family and your body! Look to God for healing!

In our groups, let us pray, asking God to help us to deal rightfully with the costs and causes of illness.

After prayers finish, close with a form of this prayer:

O Great Physician, let us recognize the accurate costs and the causes of our illness, that we may, through good stewardship and faith, find healing. May we always look to Your power to forgive our sins, and heal our diseases. In Jesus' name we pray, Amen.



SESSION 3: PREPARING TO FACE ILLNESSES

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Compared strategies to prepare for illness.
- 2. Identified biblical support for saving little by little.

PREPARATION

- Pictures 1-7
- Holy Bible (highlighted/reviewed in advance)

TIME

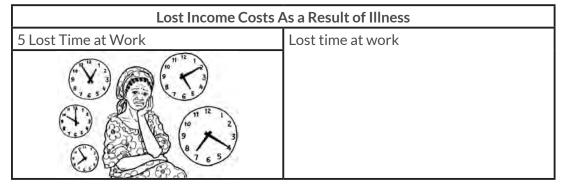
30 Minutes

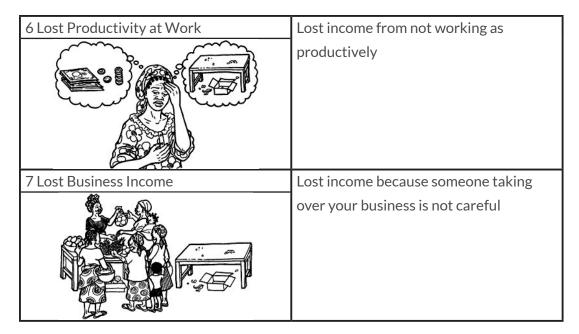
Steps

1. REVIEW THE FULL COSTS OF ILLNESSES - 3 MINUTES

Last session we discussed the full costs of illnesses. Call out the costs that go with the pictures.

Money Costs for Treating Illness	
1 Transportation	Transportation to travel to a clinic or other
Self to 1. total angle of the self t	location where health care is provided
2 Doctor Visits	Visits to a doctor or other health-care
	provider
3 Tests	Tests (e.g., blood tests)
4 Medicines	Medicines





I am going to give you a short time to calculate the cost of an illness which you or your family member recently faced. Look at the pictures carefully and think about all the costs involved.

Wait a few minutes for each participant to calculate the cost, and then say:

Now, count the number of times you were sick or a family member was sick for an entire year. Then calculate ALL you spent each time you or a family member was sick. Finally, add together ALL you spent on illness for the entire year.

Invite participants to share their calculations. Then say:

That gave you an idea of the total cost of illness for your family in a year. Now find a partner. With your partner, take a minute to share the amount you spend on illness in a year. Be prepared to remember your amount and your partner's amount, in case she forgets, since we are going to come back to these amounts later.

After a minute, say:

Today we are going to talk about how people face these costs and make sure they can deal with illnesses when they come.

2. IDENTIFY WAYS OF PREPARING FOR ILLNESSES - 10 MINUTES

♦ When having to pay for illnesses, how do people in your community get the money?

After participants share several examples, say:

Even though it is not easy, it is clear you will find a way to get the money. There are many things you do <u>after</u> illness strikes to deal with it and other responsibilities. Many of you also do things <u>before</u> illness strikes to prepare for it. Let me tell you a story about what a woman named Roza who prepares for illnesses before they come.

Roza's Story

Roza has many questions about what she can do to make facing illnesses easier. She realizes that she already does some things She prays to God to ask for her family's protection from illnesses, knowing that He hears her and loves her. She asks Him for wisdom to manage what He has given to her. She helps to take care of her friends and neighbors in time of need, and they do the same for her. And, though it is hard, Roza tries to put a little money aside each day from her business so she can have a little saved to pay for part of what an illness costs. She used to have to go to a shopkeeper for loans, but her small savings means she does not have to get loans, and that saves money on interest. It also means she worries less because she has a little money set aside. Besides all these things Roza does, she wonders what else she might do to prepare for illnesses before they come.

3. ANALYZE STRATEGIES TO PREPARE FOR ILLNESSES - 15 MINUTES

♦ How is Roza a good manager of what God has given to her? [asks God for help, helps others in the community, saves each day, saves on interest]

Make sure that all the above ideas are mentioned.

Those are excellent observations.

Then ask:

- ♦ What do you do that is similar to Roza?
- ♦ How satisfied are you with your preparations?

Summarize the pluses and minuses of the strategies. Then ask:

Even though it can be difficult, saving a little money each day is a wise way to prepare to face future illness.

Open the Scripture and read directly from Proverbs 13:11b.

Proverbs 13:11b says:

"...He who gathers money little by little makes it grow."

♦ How possible is it for you to gather money little by little as the proverb teaches?

Summarize the benefits and challenges of saving to face illnesses.

Saving a little money at each opportunity can help reduce the effects of illness and pay for it when it comes. Remember, we are responsible to properly use and care for everything that is entrusted to us by God, including our health and savings.

Let us see what you think about the idea of saving to face illness. Please stand up.

- If you already decided to start saving to face illness or if you already save for these costs, go over there (point to one corner of the room).
- If you are thinking about saving to face illness but did not decide what to do yet, go over there (point to another corner of the room).
- If you are thinking about the idea but it is impossible for you at the moment to save to face illness, go over there (point to a third corner of the room).

While the participants are going to the 3 corners of the room, ask:

♦ Who is willing to tell us why you are in that particular corner of the room?

Listen to all those who want to comment.

After any willing participants comment on their choices, thank all participants for their honesty. Answer any questions about saving, and summarize the benefits and challenges of saving to face illness.

4. COMMIT TO START SAVING TO FACE ILLNESSES - 2 MINUTES

Saving can difficult if you are managing many costs or if your income is unpredictable. But remember, you already do some things to prepare to face illnesses. Saving a little money at each opportunity can help reduce the effects of illness and pay for it when it comes. In doing this, you can bring honor to God by managing your finances well and caring for the body that He has given to you.

Before the next session, I invite you all to see how much you can save to face illnesses. Next session, we are going to talk about how to save money to prepare for illnesses. Let us lift our hands together and say:

Save money a little at a time! Care for your family and your body!

Say:

Would anyone like to pray, asking God to help us to save to prepare for future illnesses?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Father of Provision, teach us to save our money little by little, that in being faithful in these small aspects, You might bless our wise management, and prepare us to face illnesses in faith. In Jesus' name, Amen.



SESSION 4: HOW TO SAVE TO FACE ILLNESSES

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Named obstacles to saving and identified ways to overcome them.
- 2. Developed strategies to improve saving.

PREPARATION

- Identify the name of a local game (for men)
- Holy Bible (highlighted/reviewed in advance)
- Research latest information about Mutelle de Sante

TIME

30 Minutes

Steps

1. REVIEW SAVING EFFORTS - 3 MINUTES

Last session you committed to trying to start saving to face illnesses.

- ♦ Who can share what happened?
- ♦ What are some of the things that make it difficult for you to save to face illnesses?

Thank participants for their ideas.

Remember, saving a little money at each opportunity can help reduce the effects of illness and pay for it when it comes. Although saving may be difficult, we are responsible to properly use and care for everything that is entrusted to us by God.

2. DISCUSS OBSTACLES TO SAVING AND WAYS TO OVERCOME THEM – 12 MINUTES

It is difficult for you to save, and it is also difficult for Roza. Listen to her story and compare your experience with hers.

Roza's Story

I know that saving to face illnesses helps me reduce costs because I do not have to borrow money to pay health care costs, but it is still very hard. It is difficult to put a little bit of money aside each day! There are many other things I can possibly spend it on. Sometimes, my family barely has enough food. Other times, my children need school clothes and supplies. And my husband always asks me for money. Because I never know from one day to the next how much I am going to earn, it is hard to be strict and save a set amount. I also worry I might need my savings to pay back a loan I took out for my business. Sometimes, I struggle to have faith that God will provide all of these things. I use some of my savings to consult the diviner about my future and my sales.

♦ Why is it difficult for Roza to save money?

Thank participants for their ideas and summarize:

- There are demands on Roza's money from her family and husband.
- Roza is not sure what things she can spend less on.

- Roza does not know how much money to put aside.
- Roza struggles to have faith in God
- Roza uses her savings on consulting a diviner
- Roza's income is irregular.
- Roza is worried about repaying her loan.
- ♦ How do Roza's difficulties compare to the ones you talked about?

After a few responses, say:

Clearly, it is not easy to save. In Roza's case, her income is irregular; she does not think she can spend less on anything.

When she faces these difficulties, Roza consults a diviner for help.

- **♦ What similar practices occur in our community?**
- ♦ Why?

When we have difficulty with savings and finances, we are tempted to trust only in our own abilities, or to ask the diviners or spirits for help. However, the Bible says: Open the Scriptures and read Deuteronomy 18:10-13:

"Let no one be found among you who sacrifices his son or daughter in the fire, who practices divination or sorcery, interprets omens, engages in witchcraft, or casts spells, or who is a medium or spiritist or who consults the dead. Anyone who does these things is detestable to the Lord...You must be blameless before the Lord your God."

♦ What does this mean for us as we save?

Give 2 or 3 participants an opportunity to share. Thank and praise participants.

As the people of God, we are not to consult diviners or follow their advice. When we are part of God's family, we can ask Him to give us wisdom in saving. He provides the only help through Jesus, who has demonstrated his power by rising from the dead and freeing us from sin. Jesus walks with us in giving us strength to live abundant, productive lives.

Let us hear more of Roza's story.

3. DEVELOPED STRATEGIES TO IMPROVE SAVINGS - 8 MINUTES

Roza's Story

Roza decided to ask for advice from Veronica, her aunt; Josephine, her friend; and Rosemary, another friend. Veronica told Roza to save 100 FRW after each market day during the good season and use it just for illness. Josephine, who is a successful small businesswoman, suggested that Roza consider joining the Mutelle de Sante, for 1000 FRW per year. Rosemary told Roza to talk to her husband about helping to save for illness. Maybe he would be willing to spend less playing ______ (local game) and give some money to the family's health savings.

- ♦ Which advice do you like the best?
- ♦ Why?

Allow participants to respond freely to each piece of advice.

When the advice to save more in good seasons is mentioned, open the Scripture and read:

Proverbs 6:6-8 says:

"Consider the ant, and be wise. It has no commander, no overseer or ruler, yet it stores its provisions in summer and gathers its food at harvest."

Even in God's creation, we can see the importance of wisely managing what He has given to us.

♦ What other suggestions do you have for how to save?

After participants share some advice, thank them for their good ideas.

4. IDENTIFY SAVING STRATEGIES TO TRY - 6 MINUTES

Turn to someone next to you and discuss which of these ideas (or others) you want to try and how you are going to do it. Be prepared to share your ideas.

After a few minutes, ask participants to share ideas.

5. COMMIT TO SAVE FOR ILLNESS - 2 MINUTES

Say:

Remember:

- 1. Save more in good seasons—like the ant from the proverb.
- 2. Visit the nearest Centre de Sante to find out about health insurance.
- 3. Find ways to spend less on other (not as important) things.
- 4. Talk to family members about saving and make it a family project.
- 5. Find others who save and ask them how they do it.
- 6. Look to God for help and strength in saving.

Today's session shared ways to overcome challenges in order to save for health needs. Although saving may be difficult, we are responsible to properly use and care for everything that is entrusted to us by God. Remember, He has made us managers over His possessions, giving us an opportunity to learn to be faithful and trustworthy.

Next session, we are going to figure out how much you can save to face illnesses and determine how many of your needs that might help to cover.

Let us lift our hands together and say:

Save to face illness! Care for your family and your body!

Say:

Would anyone like to pray, asking God to help to save to prepare for future illnesses? Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of prayer:

Sovereign God of All Life, let us look to Your very creation, and learn from the ant that You have created. Teach us likewise to save and store in the good seasons, to be careful with our resources, and to cooperate with our families and communities in saving. In Jesus' name, Amen.



SESSION 5: COMPARING SAVINGS TO NEEDS

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Compared the cost of an illness with the amount they can save to pay for it.
- 2. Demonstrated current intentions to save to face illnesses.
- 3. Generated biblical and traditional proverbs that relate to saving.

PREPARATION

- Pictures 1-7
- Holy Bible (highlighted/reviewed in advance)
- Poster board and marker

TIME

30 Minutes

Steps

1. REVIEW SAVING EXPERIENCES TO DATE - 5 MINUTES

Last session you committed to saving and identified some ways to begin to save for illnesses.

- ♦ Who tried to save to face illness since our last meeting?
- ♦ How did you do it and what happened?
- ♦ What can you remember about the ant from the proverb?

Thank participants for their commitments to save despite the challenges.

Even in God's creation, we can see the importance of wisely managing what He has given to us. Although saving may be difficult, we are responsible to properly use and care for everything that is entrusted to us by God.

2. HAVE PARTICIPANTS CALCULATE SAVINGS PER YEAR AND COMPARE IT TO TOTAL COST OF ILLNESS PER YEAR - 12 MINUTES

I want to encourage you to make an effort, like Roza. Take a few minutes to think about all the strategies which you can use to save and then consider:

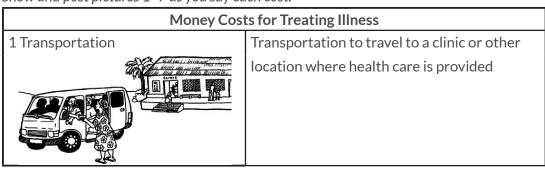
♦ How much can you save in a year to face illness?

After a few minutes, invite some of the participants to say how much they can save in a year.

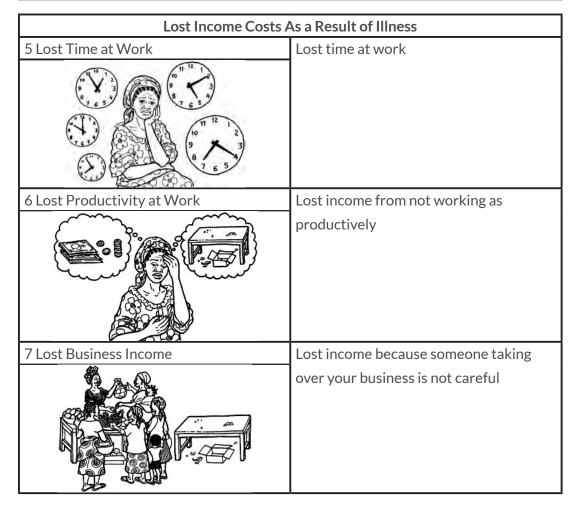
Note: Make a note of the amounts mentioned for the follow-up activity.

Remember how much you can save and do not forget that the purpose of these savings is to help you to face the costs of illness. Look at the pictures again to remind yourselves of the different types of cost.

Show and post pictures 1–7 as you say each cost:



2 Doctor Visits	Visits to a doctor or other health-care
	provider
3 Tests	Tests (e.g., blood tests)
4 Medicines	Medicines



Several lessons ago, each of you calculated the total cost of illness for your family in a year. If you forgot the amount, ask your partner from that session to remind you.

Think about the total cost of illness in a year that you calculated. You are going to need to save almost this much in a year to face illness. Next, think about the amount you can save in a year, which you just counted a few minutes ago. Now turn to someone nearby and for a few minutes discuss how to answer this question:

♦ To what extent is the amount which you can save going to cover your costs of illness for a year?

Note: If necessary, remind participants again that the amount they can save in a year is the same as they calculated earlier in this Learning Conversation.

After a few minutes, invite participants to share ideas and concerns. Then say:

Like Roza, you face challenges in saving. But saving even a little bit can help to reduce costs. For example, with a little savings, you might not need to take out a loan to pay health care costs. That way, you save money by not having to pay interest on a loan. If you do not have any savings at all, you might hesitate to get health care for yourself or for your children when it is needed. This could make the illness grow worse—even much worse—which will cost even more. So, having even a little savings can help you avoid other problems and costs.

3. COMMIT TO SAVE TO FACE ILLNESSES - 12 MINUTES

Let us read a proverb from the Bible that we can relate to saving for better health.

Open the Scripture and read directly from Proverbs 21:20.

"In the house of the wise are stores of food and oil, but the foolish devour all that they have."

- ♦ How does this proverb relate to preparing for illness?
- ♦ What other traditional proverbs about savings or health do you know?

Give 2 or 3 participants an opportunity to share. Note these proverbs on a poster board. Thank and praise participants.

Certainly, a wise person uses discipline by storing and saving for future hard times. We must all learn to be good stewards of what God has given to us, including our money and our bodies.

Just like Roza showed us, it can be hard to save, but illnesses always come. I am glad you are thinking about saving for illnesses. By making a plan for better health, you can honor God by managing well what He has given to you.

Let us lift our hands together and say:

Make a plan for better health! Care for your family and your body!

Say:

Today is the last session of the series discussing what you can do to be prepared to face illness. To close these sessions, let us pray, asking God to give us wisdom in making decisions about saving to face illnesses.

Allow a participant from each group an opportunity to volunteer. After prayers finish, close with a form of this prayer:

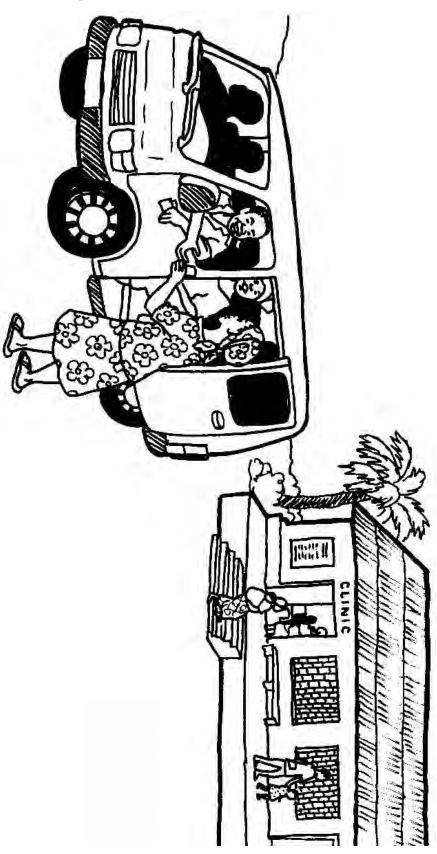
We praise You, Most Loving Ruler.

We are at rest, for You know each of our needs even before we are aware of them. Help us to make right decisions about saving to face illnesses, that we may be good managers of our bodies, which you created in your image, and ultimately, belong to You. In Jesus' name, Amen.

PLANFOR BETTER HEALTH

LEARNING CONVERSATIONS
PICTURES

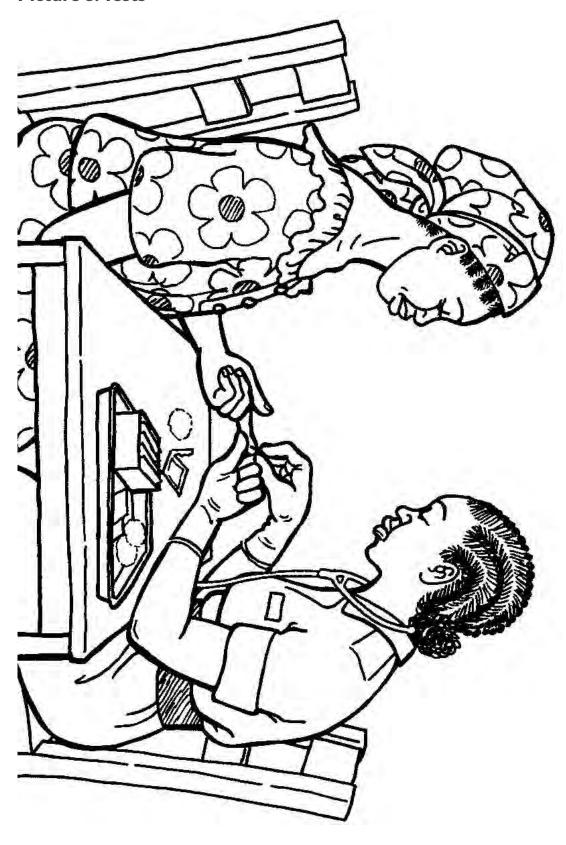
Picture 1. Transportation



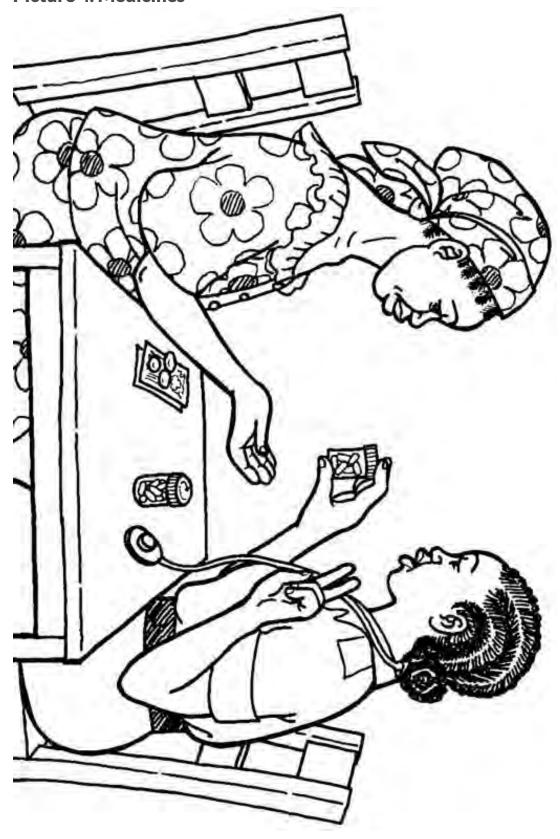
Picture 2. Doctor Visits



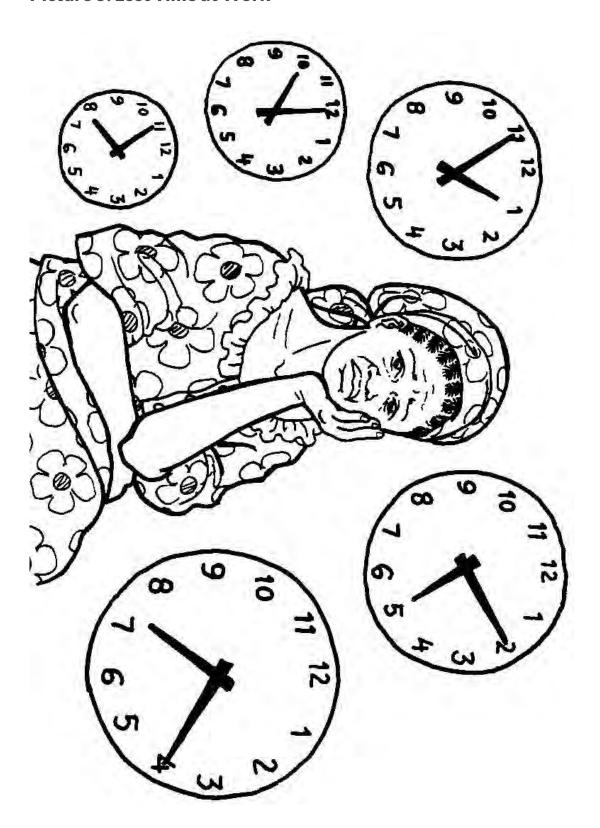
Picture 3. Tests

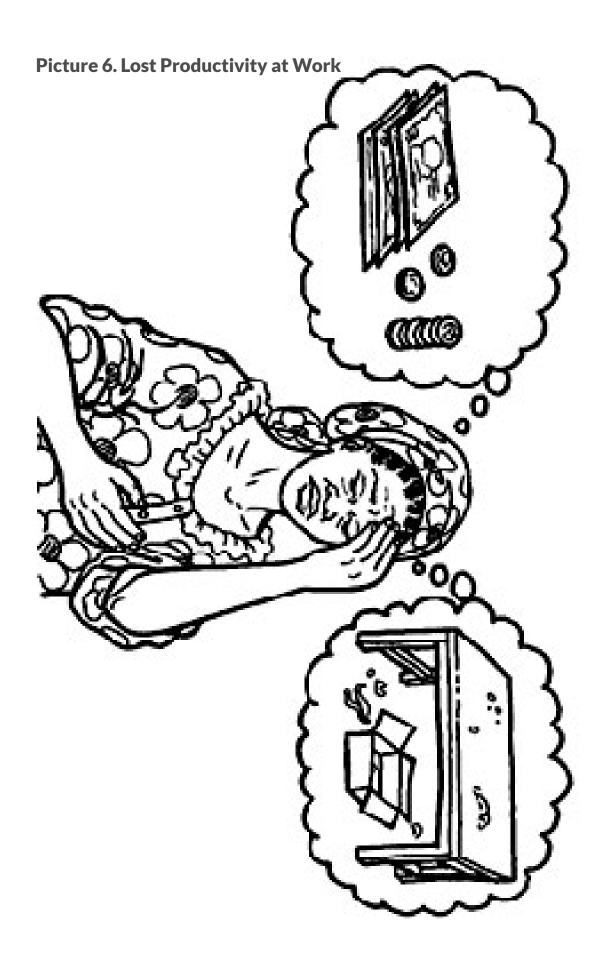


Picture 4. Medicines

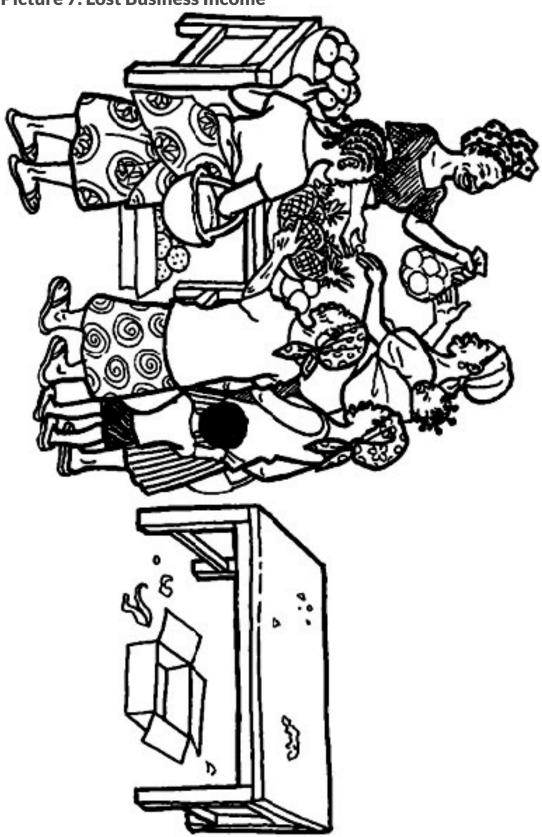


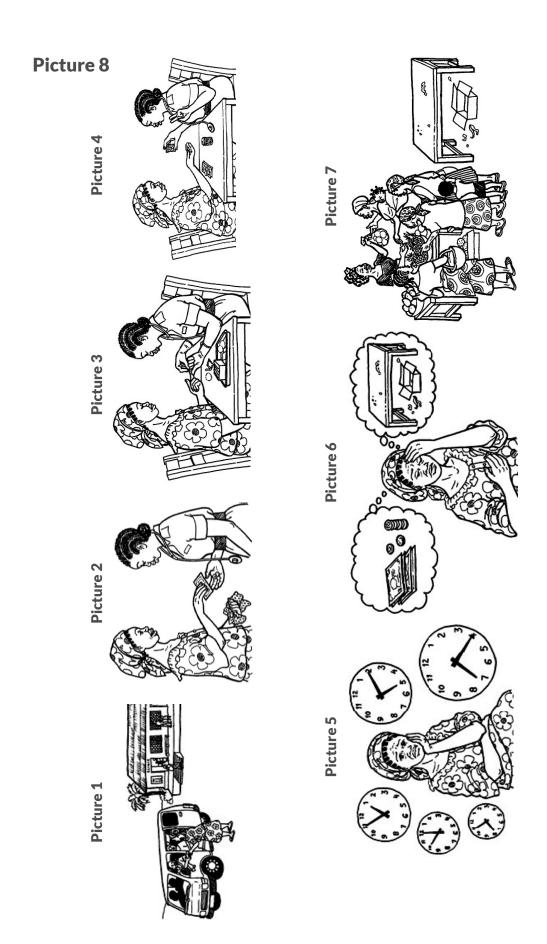
Picture 5. Lost Time at Work





Picture 7. Lost Business Income







LEARNING CONVERSATIONS

FACILITATOR'S GUIDE



About the Chalmers Center

The Chalmers Center for Economic Development is a research and training organization that equips churches with economic development strategies that holistically impact people who are poor. By uniting cutting-edge research, microeconomic development interventions, and social entrepreneurship principles, the Chalmers Center grows the capacity of local churches around the world to transform the lives of low-income people without creating dependency.

Since 1999, the Chalmers Center has been an industry pioneer in equipping church-based trainers with gospel-driven economic development innovations, including: savings-led microfinance, microenterprise development, financial literacy, jobs preparedness, and matched savings programs.

The Chalmers Center has prepared trainers in over 100 countries and is currently piloting new delivery models using social entrepreneurship methods in Côte D'Ivoire, Mali, Benin, Togo, and the United States.

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To receive training, or for further inquiries, please contact:

Chalmers Center for Economic Development 507 McFarland Road, Suite B Lookout Mountain, GA 30750 United States info@chalmers.org.

SESSION 1: OUR IDEAS ABOUT HEALTH CARE

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Identified local beliefs and practices concerning healing and health care.
- 2. Defined what good health care means to them.
- 3. Committed to talking with another person about good health care.

PREPARATION

- Collect information about local beliefs about healing
- Poster board paper and markers
- Holy Bible (marked and highlighted in advance)
- Familiarize oneself with local hospital practices, including benefits and tensions
- Familiarize oneself with national health rights of the country

TIME

30 minutes

Steps

1. INTRODUCTION - 1 MINUTE

Today, we start a series of meetings to help you get the most out of health care services. When faced with sickness, it is important to know how to best get care for yourself and your family. Our beliefs about healing are very important to think about when we access health care services—which are a source of healing that God has given to us.

2. DISCUSS LIKES AND DISLIKES IN GETTING HEALTH CARE - 8 MINUTES

During these meetings, we are going to focus on the services you can get from doctors and nurses at health centers and hospitals.

Consider what you like about the health care services that you get. Turn to someone near you and take a few minutes to discuss what you like about the health care you get at health centers and hospitals, including what you like about the people who see you: the doctors and nurses.

After a few minutes, invite participants to share their ideas. Then say:

Now turn to the same person and take a few minutes to discuss <u>what struggles</u> <u>you face</u> in getting the health care you need at health centers and hospitals, again including your thoughts on the people who see you: the doctors and nurses.

After a few minutes, ask participants to share their ideas. Then say:

Your ideas show that you think about	t what good and bad health care is. You said that,
for you, good health care includes	(summarize participants'
responses).	

Note: Summarize participants' responses by repeating their likes and turning their dislikes into positive statements to indicate these are things that make good health care.

3. TELL STORY TO IDENTIFY WAYS TO GET GOOD HEALTH CARE - 12 MINUTES

Listen to this story about a woman named Perusi. She wants the same good health care that you do.

Tell the story in your own words.

Perusi's Story

After thinking about it for a long time, Perusi decided to start saving for illnesses. It is hard to do, but she found ways to cut back on some household costs. Her husband agreed to help. Now that she started saving, she wants to make sure she is getting good service for the money she spends.

When it comes to her business, there are things Perusi feels she can do to assure that she gets good products and service. For example, when she buys fish, she does not simply take anything the sellers offer her at the market. Because she wants good fish, she goes to the market with a clear idea of what she wants. She asks questions about where it comes from and when it was caught. She makes it clear what she wants and bargains hard to get it. She is respectful and patient and does not give up if she does not get what she wants right away. It is hard work, but she gets the most for her money because she knows what she wants and what is best for her.

That makes her think: are there some things she can do to get the most out of health care? Is it possible to ask for better health care in the same way she asks for better fish? Can she do this even with important people like health agents?

End the story and say:

Turn to someone near you and take a few minutes to discuss how to answer this question:

♦ What are some of the things Perusi does to get her money's worth when she buys fish for her business? [Is prepared with a clear idea of what she wants, asks questions, makes it clear about what she wants, bargains, remains respectful and patient and does not give up]

After a few minutes, ask for volunteers to share what they discussed. Then ask pairs to take a few minutes to discuss how to answer the following question:

♦ How might Perusi use these skills when she needs health care services? [Perusi can go to see the health agent with a clear idea of what she wants; ask questions about the services offered and the information the health agent gives her; make it clear to the

health agent about what she wants; bargain; and remain patient and do not give up until she gets what she wants.]

After a few minutes, invite participants to share what they discussed. Empathize with the barriers and struggles that participants have in getting good health care service, yet reinforce the above notions. After a few minutes, invite participants to share what they discussed. Empathize with the barriers and struggles that participants have in getting good health care service, yet reinforce the above notions.

♦ Why should Perusi use the available health care services in her community? [It is her right and privilege; if she cares for herself, she can better take care of her family, her health is valuable, etc.]

After a few minutes, invite participants to share what they discussed.

4. SHARE ABOUT LOCAL PRACTICES FOR HEALTHCARE (15 MINUTES)

I now invite you to share about your own community's practices.

♦ Aside from visiting the health centre, what do people in the community usually do to get treatment for themselves or members of their families who are ill?

Think of three different things that people in the community do. In small groups of 3 or 4, draw these ideas as best as you can.

Pass out poster papers and several markers to each group. Draw out animistic beliefs and practices. Encourage the groups to be honest and creative. After 7 minutes, say:

Thank participants.

Apart from going to health centers	or hospitals, some people in the community try
other practices, such as	(traditional healers, witch doctors) when they or
family members are ill.	

When disease strikes, many are tempted to look for a cure in this way. However, the Bible says in Colossians 2:15:

"Jesus disarmed all other rulers and powers and put them to open shame, by triumphing over them at the cross."

♦ Knowing this, what must we do when we face sickness and disease?

Physical and spiritual causes for disease are related. Our beliefs about healing are very important to think about when we access health care services. We can defeat sickness by using the knowledge God gives us. He can give us the faith and healing that we need for a full life. We must act bravely in His victory, for He has given us the power to learn to effectively treat disease.

5. INVITE PARTICIPANTS TO COMMIT TO DISCUSSING WHAT GOOD HEALTH CARE MEANS TO OTHERS - 5 MINUTES

Next meeting, we are going to talk about available health care services in the community. Later, we will discuss what good health care should be, and what each of you can do to get good health care.

It is important to talk with others about what they think good health care is, and why they should use the health care services in the community.

- ♦ Why we should use health care services?
- ♦ Who is someone that you can talk with about good health care?

Give participants a chance (individually) to identify someone with whom to talk. Then say:

Excellent. I look forward to hearing about your conversations the next time we meet.

Now, let us all join hands and say:

Together, we are going to get the most out of health care services!

Would anyone like to pray, asking God to give us wisdom in using available health care services?

Give 2 or 3 participants an opportunity to volunteer.

Let us all join hands and pray together.

After prayers finish, close with this prayer:

Creator from the Ancient Time,

Thank you for caring about our health. Teach us to make the best use of available health care services in our community. Thank You for Your good gifts, O Jesus. Amen.

2

SESSION 2: HEALTH CARE SERVICES IN THE COMMUNITY

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Explored a biblical idea of human dignity and rights as foundational for accessing health care services.
- 2. Identified the health care services offered in their community.

PREPARATION

- Collect information about the health care services offered in the community in which the participants live. Make a list of health centers in the community and identify the referral hospital for the community.
- Photo of a son, daughter, mother, or father

TIME

30 minutes

Steps

1. REVIEW IDEAS OF GOOD HEALTH CARE AND INTRODUCE A BIBLICAL IDEA OF HUMAN DIGNITY AND RIGHTS - 12 MINUTES

Last meeting, we discussed what good health care means to you and why each of you should

access it. Let us review.

♦ In your opinion, what makes up "good" health care?

Allow a few minutes of discussion, and then ask:

♦ Based on conversations you had since the last meeting, what other things would you add?

Allow several participants to respond, and then thank them for their suggestions.

Hold up photo of son, daughter, mother, or father. Pass the photo around for participants to view.

Look at this photo of my son/daughter/mother/father. In the same way that he/she is like me, so each person in the world reflects the image of God. Because He made us in this way, we have the ability to make our own choices, and to enjoy a right relationship with Him, with others, and with His creation.

In the beginning of the Bible in Genesis, it says:

"God created human beings in His own image. In the image of God He created them; male and female He created them." (1:27)

Because each man and woman is made in the image of God, we are each incredibly valuable, matter what skills we have, what we own, or what we look like. In fact, God values us so much that He uses us to complete His purposes. He has given us the potential to effect change in the health centers, assisting them to provide adequate care to us and the community.

♦ From the story during our last lesson, does anyone remember what skills

Perusi used when she needed health services? [Is prepared with a clear idea of what she wants, asks questions, makes it clear about what she wants, bargains, remains patient and does not give up]

Allow several participants to respond, and then thank them.

♦ What does it mean for something to be your right?

When something is your right, it means it should happen without you having to ask for it. I know that sometimes you have a right to things that you still do not get. In those cases, we must remain patient, persistent, and respectful when asking for our rights.

In James, God tells us:

"My brothers and sisters, believers in our glorious Lord Jesus Christ must not show favoritism. Suppose a man comes into your meeting wearing a gold ring and fine clothes, and a poor man in filthy old clothes also comes in. If you show special attention to the man wearing fine clothes and say, "Here's a good seat for you," but say to the poor man, "You stand there" or "sit on the floor by my feet," have you not discriminated among yourselves and become judges with evil thoughts?" (2:1-4)

- ♦ What is God's desire for all people?
- ♦ What does this mean for healthcare services that we receive?

Allow several participants to respond, and then thank them.

Because equality of all people is God's design, we can pray and ask God to grant us justice. He never tires of hearing our prayers. In the same way, we can be persistent when asking for our health care rights. Remember, all people are made in the image of God. We can ask for our health care rights, but we must respect others, as well, treating them with the same respect that we would like to be shown.

2. PRESENT THE HEALTH CARE SERVICES OFFERED IN THE COMMUNITY – 10 MINUTES

Today's meeting is going to focus on the different places health care is offered for your community, and the services each provides.

Many people wonder: why is it that when I am ill, the health agent does not see and treat me at once, and why does the health agent sometimes refer me to somewhere else? Today I am going to share some information with you from a health agent in order to answer these questions and explain how health care works.

Health agents are there to see and treat you. The people who arrive first to the health center are treated first. That means the earlier you arrive, the earlier you are treated. Some illnesses are simple and easy to treat, while others are more complicated and difficult to treat. If you go to the health center and the health agent decides your illness is too complicated or serious, the health agent will send you to the hospital and should give you the necessary information to go there.

- ♦ How many health centers do you have in the community?
- **♦ Where are these health centers located?**
- ♦ Which health center is closest to your house?

Listen to the participants' answers. Share information about any health centers that the participants did not mention from the list you prepared, if necessary, and say:

In health centers, the staff generally includes a nurse, a midwife and a health agent. They provide very important services. Go to the health center as soon as you become ill to get treatment and stop the illness from getting worse. Remember, health centers treat simple illnesses, so they may refer you to a hospital if you have a serious illness.

- ♦ Which is the referral hospital for the community?
- ♦ Where is this hospital located?
- ♦ How do you get there?

Listen to the participants' answers. Tell them about the referral hospital for the community, if necessary, and say:

In the hospital there are more specialized staff and more equipment to carry out laboratory tests and surgeries. You should go to the hospital for emergencies, such as a broken bone or when you are referred by the health center because you have a serious illness.

♦ What questions or comments do you have about the health care services offered in the community?

Respond to any questions or comments.

3. ASK PAIRS TO DISCUSS THE REASONS FOR GOING TO A HEALTH CENTER OR HOSPITAL – 5 MINUTES

In both health centers and hospitals, the staff is there to serve you and, if necessary, refer you to other places to get services you need; for example, to the pharmacy to

get medicines or to the laboratory to get tests. Sometimes, it is a long way to go to a health center or hospital, but remember that there is nothing as precious as your life. Since you cannot take care of your family if you are not in good health, you must do everything to look after yourself when you are ill. If you feel shy or afraid to go to a health center or hospital, consider bringing a friend or family member along with you.

With this information, please take a few minutes to discuss these 2 questions with a partner:

- ♦ Where is the best place to go if you have a headache or a cough and why? [It is best to go to the nearest health center for a headache or a cough because health centers mainly treat these simple types of illnesses.]
- ♦ Where is the best place to go if you have a broken leg and why? [It is best to go to the hospital for a broken leg because hospitals have more specialized staff and equipment to treat emergencies, like this, and serious illnesses.]

After a few minutes, invite the participants to share what they discussed. Emphasize that health agents are the best qualified people for participants to visit to get proper treatment and sometimes to save their lives.

4. INVITE PARTICIPANTS TO COMMIT TO USING THE HEALTH CARE SERVICES OFFERED IN THE COMMUNITY – 5 MINUTES

Today, we reviewed the health care services offered in the community at health centers and hospitals and the right that each person has to use them. Because we are all made in the image of God, we are responsible for properly taking care of our bodies and persistently and respectfully asking for our health care rights. We can honor the dignity of others by encouraging our family, friends, and neighbors to use available health care services.

♦ Who is going to use the health care services offered in the community?

Give participants a chance (individually) to make the commitment, but do not force them to commit. Then say:

Next meeting, we are going to talk more about as what good health care should be, and, later, what each of you can do to get good health care.

I look forward to seeing and talking with you all in our next meeting.

Now, let us all join hands and say:

Together, we are going to get the most out of health care services!

Would anyone like to pray, asking God to give us wisdom in using available health care services?

Give 2 or 3 participants an opportunity to volunteer.

Let us all join hands and pray together.

After prayers finish, close with this prayer:

Great God of Justice,

You have given us each the right to health care services. Teach us to recognize the dignity that You, our Father, have put into each person, and that each one of us is precious in Your eyes. Amen. In Jesus' name, Amen.



SESSION 3: GOOD HEALTH CARE: WHAT HEALTH AGENTS SHOULD DO

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Examined the connection between knowing one's rights about community health care services and good stewardship of the body.
- 2. Compared their ideas of good health care with what health agents should do to meet the minimum standard in health care.

PREPARATION

- Pictures 1-5
- Picture or drawing: A new bicycle

TIME

30 minutes

Steps

1. REVIEW PARTICIPANTS' IDEAS OF RIGHTS - 3 MINUTES

Last time, we talked about the health care services offered in the community, our rights in being able to access them, and the need to be respectful and persistent. Today, we are going to talk about what you want from health care, as well as the things you have a right to expect and ask for. Let us review.

♦ Why is it important to use the health care services that are available?

Allow several participants to respond, and then thank them.

Because we are all made in the image of God, we are responsible for properly taking care of our bodies and persistently and respectfully asking for our health care rights.

2. USE A NEW BICYCLE TO DEMONSTRATE STEWARDSHIP - 8 MINUTES

Now, I will need two volunteers.

Select two willing persons. Invite the group to the outdoors, if necessary, to observe the bicycle.

Let us pretend that this is _____'s new bicycle. (*volunteer 1*) She has worked hard to earn the money to buy it. She uses it as transportation to work every day. In order to visit a clinic that is very far away, ____ (*volunteer 2*) would like to borrow the bicycle for one day.

♦ ② How should ____ (volunteer 2) treat the bicycle that she has been allowed to use? [with respect, as if it were her own, fixing flat tires, making sure it is safe, etc.]

Thank the volunteers and allow them to sit down.

When trusted with something of great value, one has the responsibility to care for it well. As with the bicycle, so it is with our bodies as well, for God has given them to us. In the Bible, a man named Paul wrote a letter, telling a group of Christians the importance of caring for the body.

Open the Scriptures and read I Corinthians 6:19-20.

"Do you not know that your body is the temple of the Holy Spirit, who lives in you and was given to you by God? You do not belong to yourself, for God bought you with a high price. So you must honor God with your body."

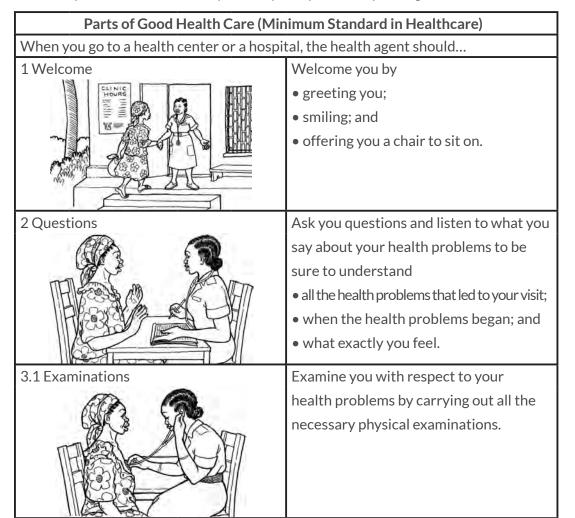
♦ How does this relate to healthcare services?

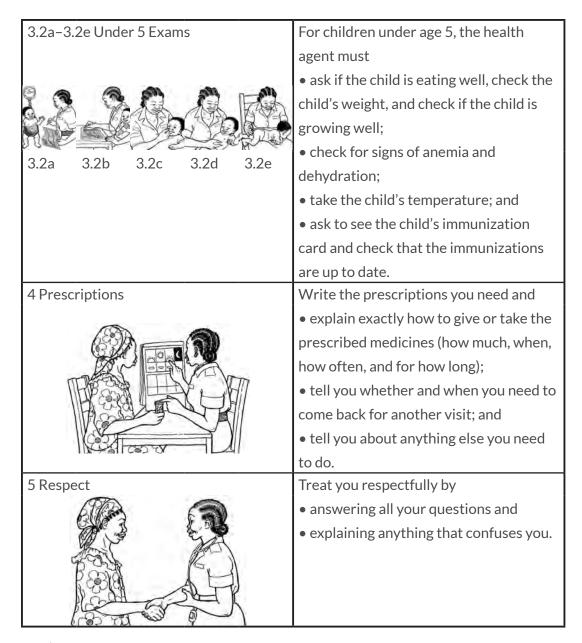
By knowing about community health services and using them, we honor God by taking care of our bodies. By knowing our rights and seeking proper treatment, we are being good caretakers of the bodies that God has given to us.

3. USE PICTURES TO DESCRIBE MINIMUM STANDARD IN HEALTH CARE – 8 MINUTES

Just as you have ideas about what good health care is, so do health agents. I am going to show pictures of the things that health agents are trained to do in order to demonstrate good health care practices that you should expect from them. As you watch and listen, think about your ideas of good health care and compare them with the parts of good health care shown in the pictures.

Show and post Pictures 1–5, one by one, as you explain each part of good health care:





♦ What questions or comments do you have?

Answer questions and, if possible, respond to concerns. Then say:

Even if health agents fulfill all the parts of good health care, you may not get better right away. This does not mean they did not provide good health care; some health problems take more time for you to recover.

When they do not recover quickly, many are tempted to look for a cure through traditional healers or witch doctors or _____ when they or family members remain ill. They also burns special candles and leaves or pray to their ancestors for help.

♦ What are your thoughts on this practice?

♦ What similar practices occur in our community?

The powers of evil, sickness, and death are real – the Bible tells us in Ephesians: (6:11-12)

"Put on all the armor that God gives, so you can defend yourself against the devil's tricks. We do not struggle against only humans. We are fighting against forces, rulers of darkness, and powers in the spiritual world."

As His children, God protects us from darkness and evil. His power and love are greater than any other force. We do not need to consult mediums or spiritists when we suffer. He gives us His wisdom and knowledge to care for our bodies.

The Bible says in 1 John: (10, 18)

"This is love: not that we loved God, but that He loved us first and sent His Son (Jesus) to be the payment for our sins. And there is no fear in love; but perfect love casts out fear..."

Through the love of God in Jesus, we are forgiven of our sins and freed from fear. We can have real, direct contact with God through Jesus – the Powerful Loving One.

♦ What questions do you have?

If health agents do not prescribe or give medicine to you, it does not mean they did not provide good health care. Health agents do not always give a prescription since not all health problems require medicine. For example, health agents may tell you to do certain things and, if you do not get better or if you get worse, to come back and then they may prescribe medicine. Or, health agents may ask you to get tests done. Once they have the test results, they can decide exactly which medicine to prescribe. If health agents do not prescribe or give you medicine, they should explain.

♦ What questions do you have about these points?

Answer any questions.

4. HAVE GROUPS COMPARE THEIR IDEAS AND THE MINIMUM STANDARD IN HEALTH CARE – 8 MINUTES

Show Pictures 1, 2, 3.1, 4 and 5 again, one by one, and ask the following question after showing each picture:

♦ What part of good health care does this picture show?

Make sure that the participants can differentiate the parts of good health care shown in the pictures: Welcome, Questions, Examinations, Prescriptions and Respect.

Then show Picture 3.2 All Under 5 Exams, and ask:

♦ If a child is under age 5, what must the health agent examine in order to provide good health care to the child? [Weight and growth, signs of anemia and dehydration, temperature and immunization card]

Divide the participants into 5 groups. Give each group 1 of the following pictures: 1, 2, 3.1, 4 and 5. Then say:

Take a few minutes and discuss with the other members of your group how to answer this question:

♦ What is the same between your ideas of good health care and your group's picture?

After a few minutes, ask participants to call out what they see as the same. Then ask the full group:

♦ What else is in the pictures that no one mentioned yet?

After a few minutes, invite participants to call out what else they saw. Then say:

That is part of good health care, too.

5. INVITE PARTICIPANTS TO COMMIT TO TELLING OTHERS ABOUT THEIR HEALTH CARE RIGHTS - 3 MINUTES

These pictures show the minimum parts of good health care. These are things to which you have a right whenever you go to a health center or hospital.

♦ Who is going to tell one other person about your health care rights?

Give participants a chance (individually) to identify someone with whom to talk. Then say:

Next meeting, we are going to discuss other ways to get good health care. Remember, each person, including you, is made with incredible dignity by God. We must respect all people, and expect the same treatment from them. By respectfully insisting on getting proper treatment, we are being good caretakers of the bodies that God has given to us.

Now, let us all join hands and say:

We will take care of our bodies by getting the most out of health care services!

Say:

Would anyone like to pray, asking God to make us good caretakers of our bodies, and those of our families?

Give 2 or 3 participants an opportunity to volunteer.

Let us all join hands and pray together.

After prayers finish, close with this prayer:

Most High Creator, We have life only because You have given generously to us. Teach us to properly use health care services, that we may take the best care of our bodies, honoring You in our times of sickness, and glorifying You in times of health. In Jesus' name, Amen.



SESSION 4: ASKING FOR THE HEALTH CARE YOU WANT

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reaffirmed their biblical understanding of human dignity and rights.
- 2. Identified how to respectfully ask for good health care.

PREPARATION

- Pictures 1-5
- Life-size baby doll
- Holy Bible (highlighted and reviewed in advance)

TIME

35 minutes

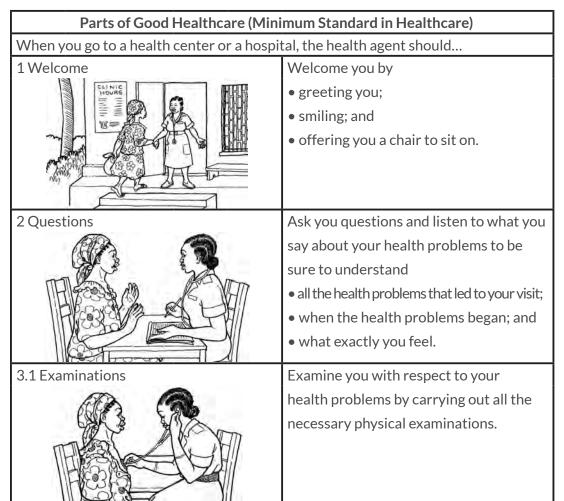
Steps

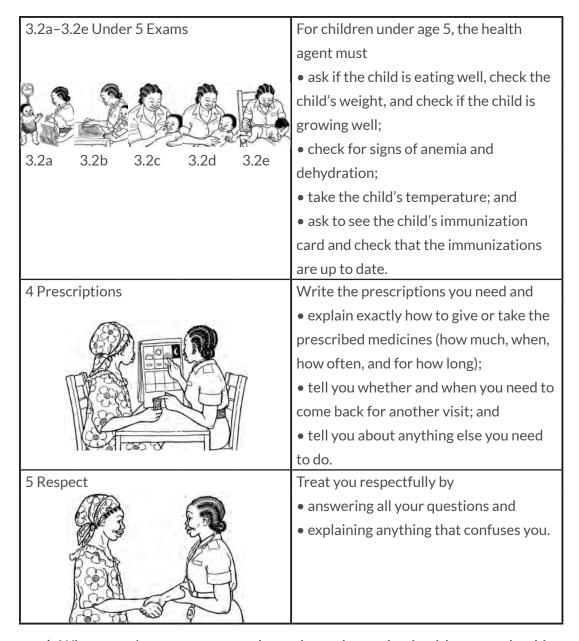
1. REVIEW WHAT HEALTH AGENTS SHOULD DO AND PARTICIPANT RIGHTS - 8 MINUTES

Last meeting, we compared your ideas of good health care with what health agents should do. Today, let us start with a review of those ideas.

- ♦ What should health agents do in order to demonstrate all the parts of good health care?
- ♦ What should health agents always do with children under age 5 to give them good health care?

Each time a participant mentions a part of good health care, show the appropriate picture as specified in the table below. Be sure that the participants identify all the parts of good health care.





♦ What questions or comments do you have about what health agents should do?

Respond to questions.

♦ Why does each man, woman, and child have these rights to basic health care?
Give 2 or 3 participants an opportunity to respond.

Because everyone is made in the image of God, each of you have the right to take the best care of your health by visiting the health center or hospital when you need service. He has created each person with great value and worth. We honor what God has given to us and to our families by understanding our basic health care rights and respectfully insisting on them.

2. CONDUCT ROLE-PLAY TO HAVE PARTICIPANTS IDENTIFY WHAT A HEALTH AGENT DOES AND FAILS TO DO – 8 MINUTES

While these are the things that health agents should do, they do not always do them. It is important to understand the reasons why health agents might not always give good health care. They may be underpaid and unmotivated. They may be overworked or have too many sick people to see every day. Or, they may not even know all the things they are supposed to do. Even in this case, they should provide good health care to you. You must be very clear about your needs and what you expect from them. For example, when the health agent asks you questions, give him or her good information about your illness and do not hesitate to ask questions.

To prepare to see a health agent, let us role-play and use the pictures. I am going to play a health agent and I need someone to play a mother bringing her 4-year-old sick child to get health care. The volunteer needs to pretend that she comes to see me, the health agent, with her child.

Hand the doll to the volunteer. Show Picture 3.2 All Under 5 Exams and say:

Everyone else must try to identify <u>what I do well and fail to do</u> as the health agent on this picture.

After a volunteer comes up, ask the volunteer her last name. Then tell her in private to <u>not speak</u> during the role-play. Conduct the role-play by saying and doing the following:

Role-Play: What a Health Agent Does and Fails to Do		
Say:	Do:	
Yes, Mrs (volunteer's last name), I see	Take the doll from the mother and	
what you mean. I am going to check the	place the child on a scale.	
child's weight.		
His weight is normal for his age. Now, I	Pretend to put a thermometer in the	
am going to take his temperature to see	doll's anus.	
whether he has fever.		
Yes, I see.	Give the doll back to the mother	
	and then write a prescription for	
	medicines.	
Give these medicines to the child twice a	Pretend to give the prescription to	
day for 2 days.	the mother and lead her away.	

Thank the volunteer. Then show Picture 3.2 again and ask the rest of the participants:

- ♦ As the health agent, what did I do that you see in this picture? [Checked the child's weight and took the child's temperature.]
- ♦ As the health agent, what did I fail to do that you see in this picture? [Did not ask if the child is eating well, did not check if the child is growing well, did not check for signs of anemia or dehydration, and did not ask to see the child's immunization card.]

3. HAVE PAIRS IDENTIFY HOW TO ASK HEALTH AGENTS FOR GOOD HEALTH CARE – 8 MINUTES

Imagine that what happened to the mother in the role-play happens to you. Discuss for a few minutes with your neighbor what you could ask or say to the health agent to make sure the health agent does everything in this picture (show Picture 3.2 again).

After a few minutes, ask:

♦ What could you ask or say to the health agent?

Allow several participants to reply. Then say:

The Lord says in the book of Zechariah: Open the Scriptures and read. (7:9)

"Once again, I, the LORD All-Powerful, tell you, "See that justice is done and be kind and merciful to one another."

♦ How can you balance justice and kindness?

We must seek justice and also use kindness. Asking questions or sharing concerns is a good way to make it clear to the health agent what you want in a positive way. You could say, "I wonder if the child is anemic or dehydrated." Or you could ask: "Are my child's immunizations up to date?"

4. INVITE PARTICIPANTS TO COMMIT TO TELLING OTHERS ABOUT HOW TO ASK FOR GOOD HEALTH CARE - 5 MINUTES

Even if it is difficult, you must respectfully ask for the health care that you need, both to get the most for your money, and because it is your right. Remember, every woman and man has been created by God with dignity. This gives each of you the right to take the best care of your health by visiting the health center or hospital when you need service.

♦ Who is going to tell one other person about what she can ask or say to the health agent when she does not get the health care she wants?

Give participants a chance (individually) to identify someone with whom to talk. Then say:

At our next meeting, we are going to discuss some ways you can become more confident in your ability to ask for these things and get the most out of health care.

Now, let us all join hands and say:

We will take care of our bodies by getting the most out of health care services!

Would anyone like to pray, asking God to give us wisdom in dealing with health agents?

Give 2 or 3 participants an opportunity to volunteer.

Let us all join hands and pray together.

After prayers finish, close with this prayer:

O Great Healer, we thank You for giving us health care services, and ask that You help us to show kindness when dealing with doctors and nurses, that our community may grow in love and health. In Jesus' name, Amen.



SESSION 5: NEGOTIATING GOOD HEALTH CARE

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reconsidered their God-given dignity in negotiating for good health care.
- 2. Practiced negotiating for good health care.

PREPARATION

• Find 2 volunteers to help you with the Role-plays 1 and 2 in Step 3. For each role-play, explain to the volunteer what she has to do and rehearse the role-play before the Learning Conversation.

TIME

35 minutes

Steps

1. REVIEW WHAT PERUSI DID TO NEGOTIATE - 5 MINUTES

To get the most out of health care, you must be confident about what you expect and have a plan for telling health agents your needs. Last meeting, you identified how to ask health agents for good health care and discussed why sometimes they do not do what you need. Today, we are going to see how to negotiate to get what you need.

To start, recall the story of Perusi from our first meeting together. She was thinking about how she got good fish for her business and wondering if she could use some of the things she does to get the fish she wants to get good health care.

♦ Who can recall some good things that Perusi did when negotiating to buy fish? [Is prepared with a clear idea of what she wants, asks questions, makes it clear about what she wants, bargains, remains patient and does not give up]

After participants share what they recall, say:

You can use some of these ideas, such as being prepared and asking questions to negotiate for good health care. If you feel afraid, remember that it is your right to respectfully insist on getting fair treatment.

♦ Why does each person have the right to insist on fair treatment?

Give 2 or 3 participants an opportunity to respond.

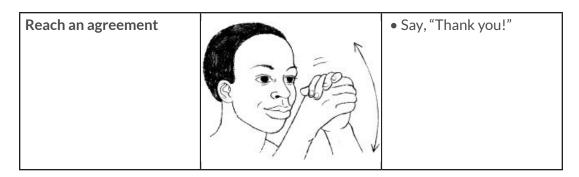
Remember, every woman and man has been created by God with dignity. This gives each of you the right to take the best care of your health by visiting the health center or hospital when you need service. Each of you can continually ask God to grant justice. He never tires of hearing your prayers. You can honor God by being persistent, and also respectful, when asking for your health care rights.

2. EXPLAIN THE 5 STEPS OF NEGOTIATION USING HAND MOTIONS – 5 MINUTES

You can use 5 easy steps to remind yourself of what you can do to try to get the health care you need. I am going to use some hand motions to help you remember the 5 steps:

Demonstrate the 5 steps of negotiation by saying and making the following hand motions:

Five Steps of Negotiation			
Say:	Make the	Keep making the hand	
	hand motion:	motion as you say:	
When you are talking with a	health agent		
Pray before talking to the health agent	The second	Ask God to help you to act confidently and	
		respectfully, thanking Him	
		for creating you in His	
		image.	
Ask questions		State clearly what you need.	
Listen carefully to what the health agent tells or		Listen attentively, since it could help you clarify	
asks you	A PARTIES AND A	what you need and ask good questions. • Do not act angry, even if the health agent seems to be angry.	
Ask further questions		Repeat what you need, if necessary.	
		• It is not about who is	
		right or wrong but about	
		getting what you need!	
		• Do not let the	
		conversation get off the	
		subject; clarify what you	
	- e- Me-	need, if necessary.	
		Do not give up!	



♦ What questions or comments do you have?

Respond to questions or comments. Then say:

♦ Who can show us the 5 steps of negotiation while doing the hand motions?

Encourage a volunteer to show the steps. Help her if necessary and say:

Even if you follow these steps, you are not always going to get what you need, but do not give up! We can persistently ask God to grant us justice. Remember, all people are made in His image. This means that we can ask for our health care rights, but we must treat all people with the same respect that we would like to be shown.

3. CONDUCT ROLE-PLAYS TO HAVE PARTICIPANTS PRACTICE NEGOTIATING - 15 MINUTES

Now let us see how someone can use these steps when visiting a health agent. I		
prepared a role-play with Mrs(last name of volunteer 1). In the role-play,		
I am a health agent and Mrs (last name of volunteer 1) is a sick person		
who has come to see me. Follow carefully and be prepared to tell me how Mrs.		
(last name of volunteer 1) uses the steps of negotiation.		
Conduct Role-play 1. You play the role of health agent. Make sure that the role-play		

develops as described in the table below.

Roleplay 1: Steps of Negotiation		
Role	Say:	Steps Followed:
Sick person:	Dear Lord God, help me to act confidently and	Can mes
	respectfully when speaking with the health agent	
Health	Good morning Mrs (last name of	
agent:	volunteer 1).	
Sick person:	Good morning health agent.	
Health	How are you?	
agent:		

Sick person:	Oh! Not at all well. I have had a fever for 2 days,	
	and I need your help to get better.	
Health	What other signs of illness do you have?	
agent:		
Sick person:	I have headaches too, and I sometimes get so	G.
	cold that I shiver.	
Health	I see ˇ¥, Ÿˆ‰ …", } ‰-BŸHLˇfever, headaches and	
agent:	NLL s-n B, H (Pretend to use a thermometer to take	
	the sick person's temperature.)	
	Yes. You have a high temperature.	
Sick person:	Yes, this fever has been tiring me out for 2 days.	
Health	You have no cough, runny nose, or anything else?	
agent:		
Sick person:	No! Nothing else, thank goodness.	
Health	Right.	
agent:	(Pretend to give a sheet of paper to the sick person.)	_
	Take this paper to the laboratory in the room	(Times
	next door. The technician is going to do a test	
	to see if it is malaria. Bring me back the results.	
	Then I can decide how I can help you get better.	
Sick person:	Thank you, health agent! Goodbye.	

Thank the volunteer and ask:

♦ How did Mrs. _____ (last name of volunteer 1) follow the 5 steps of negotiation? [She asked God for help before visiting the health agent. She clearly stated her main health concern, fever, and her need for help to get better. She listened attentively to the health agent's questions and clarified that she also had headaches and felt cold. She repeated her main health concern, fever, and clarified that the fever is tiring her out. She reached an agreement with the health agent to get a test for malaria and bring back the results, and said "thank you."]

Acknowledge that although this negotiation was successful, sometimes negotiations are not successful. After several comments, say:

Now watch another role-play. This time Mrs. _____ (last name of volunteer 2) is going to help me and this time the health agent is not as helpful. Follow again and be

prepared to tell me how Mrs. _____ (last name of volunteer 2) uses the steps of negotiation.

Conduct Role-play 2. You play the health agent. Make sure that the role-play develops as described in the table below.

	Roleplay 2: Steps of Negotiation	
Role	Say:	Steps
		Followed:
Sick person:	Dear Lord God, thank you for considering my life and	
	health valuable. Give me confidence and respect when	
	speaking with the health agent	_) 7/ R
Sick person:	Health agent, here are the results of the test.	
	(Pretend to give a sheet of paper to the health agent.)	
Health agent:	Let me see!	
	(Pretend to read the sheet of paper and nod your	
	head.)	
	As I thought, the result of the thick drop test	
	shows that you have malaria.	
Sick person:	Malaria again! I knew it was malaria.	
Health agent:	(angrily) You knew? Then why did you come here?	
Sick person:	(calmly) I came because I know that you are an	
Health agent:	expert. (quickly and still angrily) Here! Take 2 pills, morning	
Health agent.		
	and evening.	
	(Pretend to give a bottle of medicine to the sick	X1 A1
Cialchanana	person.)	
Sick person:	How many pills should I take, health agent?	
Health agent:	(still angrily) Can't you listen when I am talking to	
	you?	
Sick person:	(calmly) Excuse me, health agent! I am sorry! How	C. San
	many pills should I take?	

Health agent:	(still angrily) 2 pills in the morning, Mrs	
	(last name of volunteer 2), and 2 in the evening, until	
	they run out.	
Sick person:	Thank you, health agent!	
Health agent:	Goodbye Mrs (name of volunteer 2)!	

Thank the volunteer and ask:

♦ How did Mrs. _____ (last name of volunteer 2) use the 5 steps of negotiation? [She asked God for help before visiting the health agent. She stated clearly her health problem, malaria. She did not act angry, even when the health agent seemed to be angry. She listened attentively to the health agent's instructions, so she could ask a good question about how to take the pills. She did not let the conversation get off the subject by repeating her need to understand how to take the pills. She came to an agreement with the health agent about how to take the pills and said "thank you."]

After several comments, say:

Though it was difficult, Mrs. _____ (last name of volunteer 2) made sure that she got what she needed by remaining calm, acting respectfully, and focusing on what she needed, not on the health agent getting angry. Remember that you can control the first 3 steps, but you cannot always control the last step: reaching an agreement.

Now, you are going to practice the 5 steps. Get together in groups of 3 and do a quick roleplay. One of you is the health agent, one is a sick person, and one observes how well the sick person uses the 5 steps of negotiation. The health agent should fail to do something the sick person needs. The sick person should ask for her needs, using the 5 steps of negotiation. When I say stop, change roles and do it again.

After 2 or 3 turns (depending on time), ask:

♦ What do you think of these steps now that you tried or observed them?

After a few responses, say:

Getting good health care may not change a health agent's bad behavior. More often, you must negotiate to get the health care you or your family members need. You must all be confident and prepared to negotiate—even when it is difficult.

4. INVITE PARTICIPANTS TO COMMIT TO TRYING TO NEGOTIATE FOR GOOD HEALTH CARE - 5 MINUTES

Practicing the 5 steps of negotiation gives you confidence to respectfully ask for what you need when getting health care. If you feel timid, consider taking someone else from this group with you who can help you. Remember, God has made you in His image, and you are extremely valuable to Him. It is your right to respectfully insist on getting fair treatment.

Stand up and call out what you are willing to try the next time you visit a health agent.

Encourage and congratulate participants for trying new actions, and then say:

Remember, God has made you with dignity. Respectfully asking for these things from your health agent is your right. You can ask for them!

Now, let us all join hands and say:

We will take care of our bodies by negotiating for health care!

Would anyone like to pray, asking God to give us confidence, kindness, and respect in our negotiation for health care?

Give 2 or 3 participants an opportunity to volunteer.

Let us all join hands and pray together.

After prayers finish, close with this prayer:

Father of Strength and Health, we ask for Your help in negotiation for health care. Give us confidence and kindness when speaking to the doctors and nurses, for our health and wellness is Your desire, Jesus. Amen.



SESSION 6: PREPARING FOR A VISIT TO THE HEALTH AGENT

OBJECTIVES

By the end of this Learning Conversation, participants will have:

Expressed what they will do differently when visiting the health agent.

Reviewed their responsibility to: take care of their bodies, know their health care rights, and understand their God-given dignity.

TIME

25 minutes

Steps

1. REVIEW THE 5 STEPS OF NEGOTIATION - 5 MINUTES

Last time we practiced 5 steps of negotiation, using hand motions to help remember them.

♦ Who can remind us what these 5 steps were, while making the right hand motions?

Encourage 1 or 2 volunteers to demonstrate the hand motions. Clarify if necessary, as specified in the table below.

Five Steps of Negotiation	
Advice:	
When you are talking with a health agent	
Pray before your visit	
Ask questions	
Listen carefully to what the health agent tells or asks you	
Ask further questions	
Reach an agreement	

This is the last meeting about using health care services. Today we are going to talk about how to prepare for a visit to the health agent so you can get the most out of the health care services.

2. SHARE ADVICE FOR PREPARING FOR A VISIT TO THE HEALTH AGENT - 10 MINUTES

Just as health agents have things they should do, so do the people who see them when they are ill. By doing these things, we can honor God by respecting others and taking care of the body that God has given to us.

Recently, the leader of a savings group, who is also a midwife, shared her thoughts about health care. She had a lot of praise for health agents because she had very good experiences at the health centers. She also had some good advice:

When you or one of your family members becomes ill:

- go to the health center immediately before the illness gets any worse;
- go early in the morning so the health agent can see you early;
- wait your turn patiently since it is "first come, first served" except for emergencies;

- wash up as best you can: wear clean clothes and comb your hair;
- be polite: say "Good morning" and "Thank you;"
- remember all the parts of good health care and watch to see that the health agent does them;
- be confident and use the 5 steps of negotiation.; and
- follow the health agent's instructions completely and take the medicines as prescribed.
- ♦ What advice did the leader give?

Listen to a few volunteers and then ask:

♦ Which piece of advice do you value most?

Listen to a few participants and then say:

♦ What other advice would you give?

Listen to a few participants and then say:

Thank you for sharing. This is very good advice which sums up what you can do to get the most out of health care services.

3. HAVE PARTICIPANTS MIME ADVICE FOR PREPARING FOR A VISIT TO THE HEALTH AGENT – 5 MINUTES

I need a volunteer to mime the leader's advice—that means acting without talking. Each time I say a piece of advice, the volunteer is going to mime it. If the volunteer has a problem, I am here to help.

Encourage a volunteer to mime the advice. Say each piece of advice in the table below, one at a time, and then give the volunteer a few moments to mime it. If the volunteer has a problem miming the advice, you can share example actions listed in the right column of the table below. Repeat the mime several times with different volunteers if time permits.

Mime: Preparing to Visit the Health Agent		
Pieces of Advice	Example Actions	
Go early in the morning so the health	Pretend to run.	
agent can see you early.		
Wait your turn patiently since it is	Tap your left wrist as if you are wearing	
"first come, first served," except for	a watch.	
emergencies.		

Take care of your appearance (wear	Straighten your clothes, pretend to comb
clean clothes and comb your hair).	your hair, and parade for a few seconds.
Be polite (say "good morning" and	Bow or nod your head slowly backwards
"thank you").	and forward.
Remember all the parts of good health	Point to your eyes.
care and watch to see that the health	
agent does them.	
Be confident and use the 5 steps of	Do the hand motions.
negotiation.	
Follow the health agent's instructions	Pretend to take medicine.
completely and take the medicines as	
prescribed.	

Now, we are all going to mime the advice together.

Encourage the whole group to mime one last time.

We have discussed for several weeks how to use health care services. I invite each of you to share your answer to this question:

 \Diamond After these meetings about using health care services, what will you do differently when you visit a health agent?

Encourage the participants to be specific and to put into practice what they learned in the meetings.

4. HAVE PARTICIPANTS REVIEW BY CREATING A SONG - 10 MINUTES

Ask:

♦ What do you remember about your responsibility to: take care of your bodies, know your health care rights, and understand your God-given dignity?

Let us make songs to review all what we learned about these things. Divide into three groups. Each group will make up a short song to sing about your assigned topic—1) taking care of your bodies, 2) knowing your health care rights, and 3) understanding your value to God as made in His image. Use a tune that is easy to remember, so that you can sing the song often and others can learn it too. You can use a tune you already

know or make up a new one. The song can simply repeat the basic message to music or can include other words as well. You have 5 minutes.

After 5 minutes, ask each group to perform their song and then teach it to all participants. Then say:

Thank you for your hard work, creativity and musical entertainment!

When I am ill, I am going to remember my health care rights, taking care of the body God has given to me. I am going to share this good advice with my friends and neighbors. I encourage you to do the same!

Now, let us all join hands and say:

We will take care of our bodies by using health care services!

Say it again three times!

Would anyone like to pray, asking the Lord to help us remember all that we have learned about using health care services?

Give 2 or 3 participants an opportunity to volunteer.

Let us all join hands and pray together.

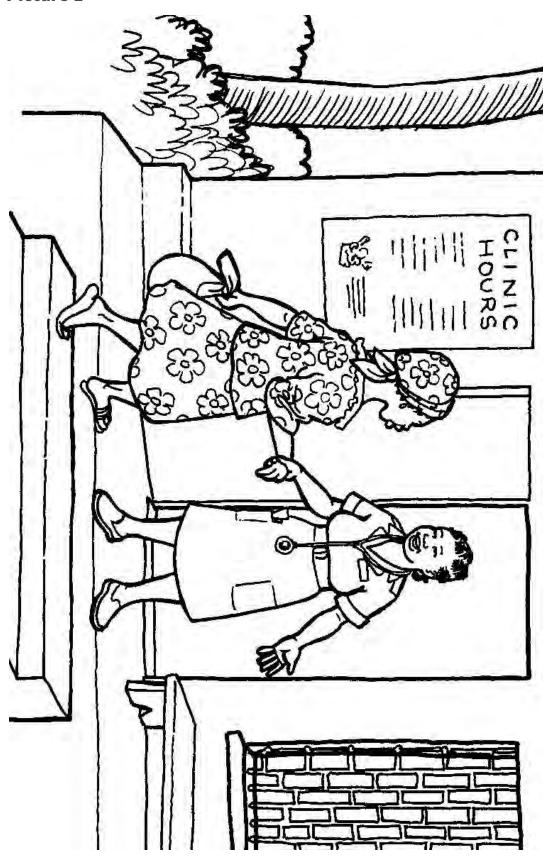
After prayers finish, close with this prayer:

Most Loving Master, we thank You for our bodies, and ask for Your guidance in taking care of them. Help us to always remember that You have made each person unique, in Your image, and with incredible dignity. Amen.

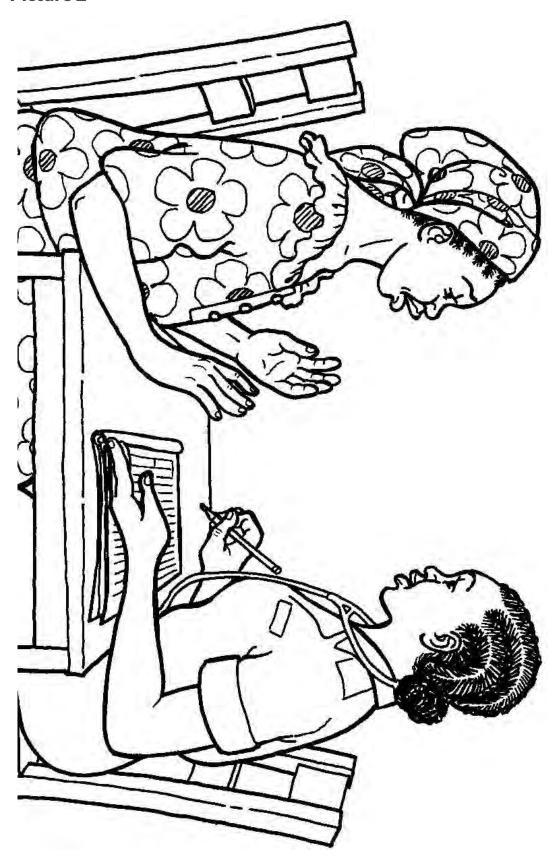
USING HEALTH CARE SERVICES

LEARNING CONVERSATIONS
PICTURES

Picture 1



Picture 2



Picture 3.1



Picture 3.2a



Picture 3.2b



Picture 3.2c



Picture 3.2d



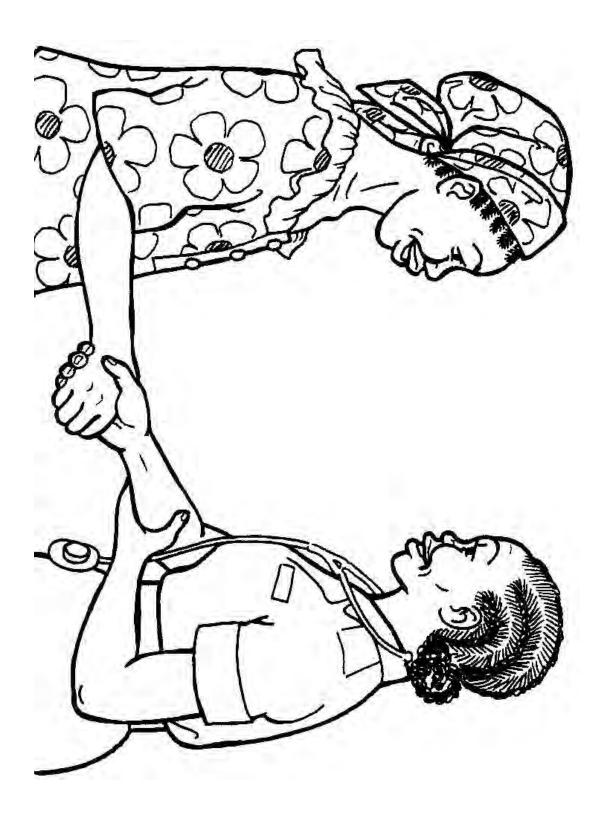
Picture 3.2e



Picture 4



Picture 5



HAND WASHING, GERMS, CLEAN WATER, AND DISEASE TRANSMISSION



1A. Hand Washing: How to Wash Hands

Message: **Materials:** 1. Germs make us sick 1. Glitter 2. Germs are too small to see 2. 3 Basins (1 filled with water) 3. Germs spread easily from person to 3. Soap person by shaking hands 4. Hand Towel 4. Hand washing removes germs 5. Pitcher filled with water 5. Tippy Taps use very little water 6. Tippy Tap filled with water 6. Washing hands regularly improves health 7. Optional: Kazoos 8. Optional: Song (below)

Method:

- 1. Put three basins on the floor in the center of the circle of participants.
 - Fill the first basin with water; put the bar of soap behind the basin & the clean towel nearby.
 - Leave the second basin empty; put a pitcher of water in front of the basin.
 - Leave the third basin empty; put the Tippy Tap (1/2 filled with water) in front of the basin.

- 2. Put glitter on your dampened hands, being careful not to show anyone, except another teacher. With glittered hands, shake hands with no more than 3 people (depending on the class size) who they in turn will shakes hands with other people.
- 3. Ask everyone to stand and greet one another with a handshake, **"Everyone may not have had a chance to say hello. Let's take a minute so everyone can shake hands and say hello."** (Suggestion: teach students to say hello in English and to shake hands like Americans.) You should also greet people, transferring the glitter to their hands.
- 4. Ask the group to stay standing and ask, "Do you see anything on your hands?"
 - Show the group your hands. "What do you see?" (Shiny stuff, glitter.)
 - Please sit down if you don't see any shiny stuff, glitter, on your hands.
 - Also, please sit down if you shook hands with me.
 - Please continue standing if you did not shake hands with me. When we all shook hands, I was the only one with glitter on my hands at the beginning." Ask one or two of the students, "How did you get glitter on your hands if you didn't shake hands with me?"

(The glitter transferred when students who shook hands with the facilitator then shook hands with others.) Ask every one to sit down.

- "I used glitter to represent germs. You can see the glitter, but you cannot see real germs. They are too small to see with our eyes.
- I was the only one with glitter on my hands. Look how many of you now have glitter on your hands. When you shook hands the germs traveled to the other person's hand. Germs can make us sick."
- 5. "How can we get the glitter/germs off our hands?" Wipe them on pants and ask if that will get rid of them. (No...show that there is still glitter on your hands.) "Do you have any other ideas?" (Wash hands.)
- 6. Wash your hands in the first basin with water only. "Are my hands clean?" (No... show that there is still glitter on your hands.) "How can I get rid of more of the germs?" (Wash hands with the soap.)
- 7. In the same first basin, wash hands again with water and soap.
 - "We need four things to get all the germs off: water, soap, time, and motion. It is important to wash hands for at least 30 seconds and to rub vigorously. Please count to five with me as I wash each part of my hands." (Alternate English and the local language):
 - ° Palms (1,2,3,4,5)
 - Back of left hand and wrist (1,2,3,4,5)

- Back of right hand and wrist (1,2,3,4,5)
- Between fingers (1,2,3,4,5)
- Under left finger nails (1,2,3,4,5)
- Under right fingernails (1,2,3,4,5)
- Show hands are clean. "But if we dry them on our pants, what happens?" (We are putting germs back on our hands.)
- Dry them on the clean hand towel.
- **8**. Pick up the first basin and take it over to someone who says they have lots of glitter on their hands. Invite them to wash their hands (with the dirty water). If they agree, quickly move the basin away and ask the other students if that is a good idea. (No) **"When you share a basin to wash your hands, you are putting germs back on your hands."**
- 9. Ask for two volunteers. In the second basin have one person pour water over the hands of the other to demonstrate both the pouring method and the proper hand washing technique: palms, back of hands and each wrist, between fingers, and fingernails.

Option: Ask participants to count or kazoo a song or sing the optional song twice.

Note: Make sure that less water is used with this method than with the first method. Also make sure that enough water is used so that the Tippy Tap method results in significantly less water usage (the Tippy Tap generally uses 1/10th of the water as compared to the pitcher method of pouring water over hands to wash and rinse them).

"This is better because you are not reusing the same water." Offer them the dirty towel. If they try to take it, pull it away and ask the group if that is a good idea. (No. Some of the glitter "germs" were removed onto the towel.) Ask for other ideas. Dance and say "A good way to dry our hands is to air dry them by shaking them and air drying them." Wave to Jesus.

10. Hold up the Tippy Tap and ask, "Has anyone seen one of these before." Ask for two strong volunteers, select two strong guys (have some fun, for example, feel their biceps to see if they are strong enough). Select a third volunteer, someone young who says they have seen a Tippy Tap before. Ask the strong guys to pretend they are trees and give them each strings to hold up the Tippy Tap while the third volunteer washes their hands with the Tippy Tap.

Option: Ask participants to count or kazoo a song or sing the optional song twice.

11. Ask for another volunteer to come up and tell what they observe about the basins. Ask the student to compare the amount of water used with each of the hand washing methods.

(There is lot of water in the first basin, less in the second from the pitcher, and a minimal amount in the third from the Tippy Tap.)

- Ask the student if all of the water looks dirty. (Yes, all of the methods removed the dirt.)
- Ask people if they believe that all three methods removed the germs. (Yes... No...)
- Compare your hands and the hands of the volunteers who washed their hands using the pitcher and the Tippy Tap to show that all hands are clean and glitter free.
- 12. "The Tippy Tap uses only a small amount of precious water. It still removed the dirt and germs, just like the other methods of hand washing. Is water precious here? Do you think that using a Tippy Tap a good idea? Would you like to learn how to make a Tippy Tap?
- Later today, you will learn how easy it is to make a Tippy Tap."

1B. Hand Washing: When to Wash Hands

Message:Materials:1. Germs usually enter our bodies through our mouths.Pictures2. The biggest source of germs is poop.Optional: Songs3. Another big source of germs is from people who are already sick.Optional: Review

Method:

- 1. Pass out the pictures to participants.
- 2. "The best thing we can do to get rid of germs and avoid getting sick is to wash our hands before or after doing certain activities. Please stand, show your picture

to everyone, and tell us how the activity pictured represents an important time to wash hands."

After participants show the pictures put them on the floor in the center of the circle so everyone can see them. Affirm answers, ask the group to help anyone who has difficulty, continue to ask how the activity pictured is an important time to wash hands, and add additional information (especially information noted below in bold quotations):

- before cooking or serving food
- before eating
- before nursing a baby
- before handling clean drinking water
- after urinating or pooping "The biggest source of germs is poop."
 - "Why should we wash our hands, if we are not going to eat or drink?" (We might forget to wash our hands later or we might shake hands with others and they might forget to wash hands before eating.)
 - ° If the local culture greets with hand shakes, affirm that this wonderful, friendly tradition should continue; stress that washing hands is the behavior change.
- after cleaning a baby's messy bottom
- after working in the fields or tending animals "Animal poop is also a big source of germs."
 - ° This means when the work is finished before you do other things where you might put your hands in your mouth. (It does not mean washing hands after touching each animal. Don't put a bigger or unrealistic hand washing expectation on participants than U.S. standards!).
- before and after touching someone who is sick (the picture could represent a mother or a nurse)

"Another big source of germs is people who are already sick."

- ° We need to wash our hands because we don't want to give the vulnerable sick person additional germs (there are many types of germs and sicknesses).
- ° We need to wash our hands when finished because we don't want to catch what they have or pass it on to others.
- ° If you are caring for several sick people, wash hands before and after touching each person.
- after coughing or sneezing into your hand
 - ° Suggest coughing or sneezing into one's own shirt or elbow so germs don't get on hands or spread to others through the air.

3. "Hand washing is one of the best ways to stop germs from making us sick."

Optional Review:

- 1. "What four things do we need to wash our hands?" (Water, soap, time, & motion.)
- 2. "How long should we wash our hands to get them clean?" (30 seconds or 5 seconds for each part):
 - ° Palms
 - Back of left hand and wrist.
 - ° Back of right hand and wrist
 - ° Between fingers
 - ° Under left finger nails
 - ° Under right fingernails

Optional Songs:

1. Wash Wash Wash Your Hands

Tune - Row Row Row Your Boat

Wash, wash, wash your hands.

Wash them nice and clean.

Wash on top, wash on bottom, fingers in between.

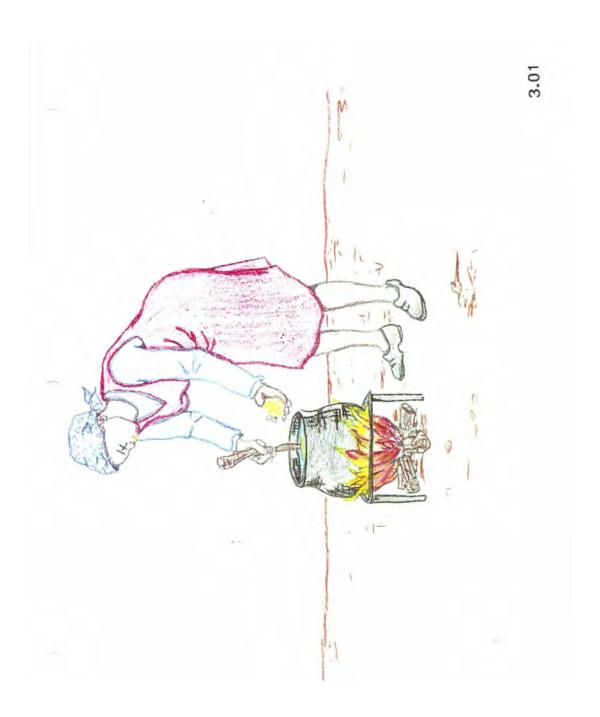
After participants learn the song, it is fun to divide the group and stagger start times, singing it in rounds.

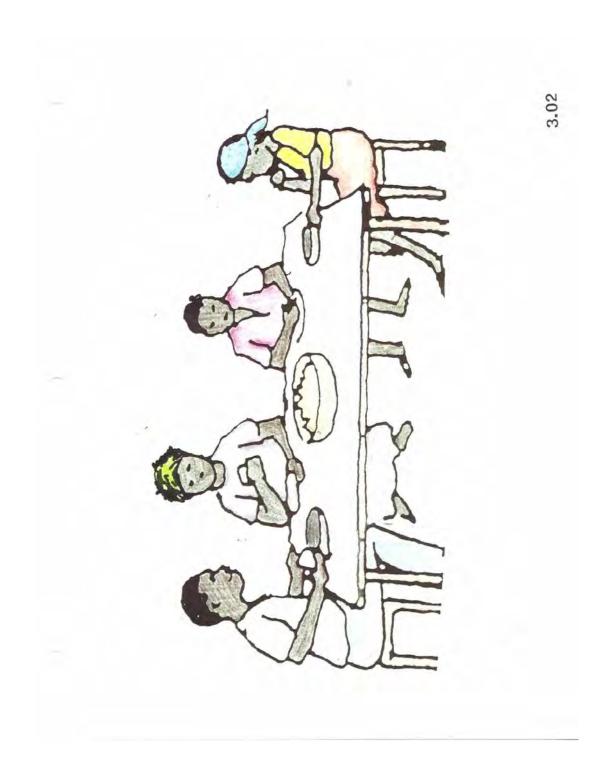
2. Makes Them Clean; Makes Them Clean.

Tune - Frere Jacques

Tops and Bottoms, Tops and Bottoms (Rub top and bottom of hands.)
In between, In between (Rub fingers inside on both hands.)
All around your hands, All around your hands (Be sure to include the wrists.)
Makes them clean. Makes them clean.

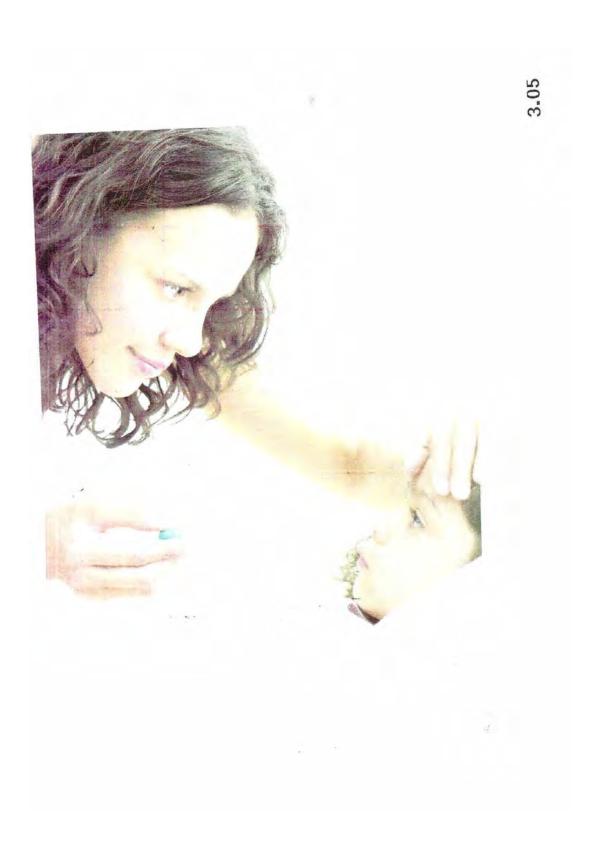
NINE PICTURES (3.01 thru 3.09)
FOLLOW "HAND WASHING WHEN TO WASH HANDS" LESSON.





















1C. Craft: Hand Washing

Clean Healthy Hand/Dirty Unhealthy Hand

Message:

This craft will help participants remember the lesson and teach their family and friends about germs and the importance of washing their hands.

Materials:

- 1. Paper Plates (white, one per student)
- 2. Crayons brown, black, light blue, pink, green, & purple
- 3. Glitter Glue or Glitter & Glue

Method:

Show an example of the finished craft and explain what the participants will be making. You might also want to have one person demonstrate the lesson as you explain the craft. Encourage creativity. Adapt eye, lip, and soap color to reflect the participants' location.

1. Begin by having participants place their hand in the center of the plate and trace their hand on both sides of the plate using a black crayon.

Front of the Plate—Clean Healthy Hand (Happy Face)

- 2. To make the fingernails, draw a **smile** or "**U**" from one side of each finger to the other side.
- 3. Draw a **HAPPY** face in the center of the hand: happy eyes, eyebrows, and a big smile.

(Students can color the eyes/eyebrows black or brown and the smile red or pink or appropriate colors for the participants.)

- 4. With the pink crayon (or another appropriate color for the location), draw soap bubbles around and on the hand.
- 5. With the light blue crayon, draw drops of water around and on the hand.

Back of the Plate—Dirty Unhealthy Hand (Sad Face)

- 6. To make the fingernails, draw a **smile** or "**U**" from one side of each finger to the other side.
- 7. With the black or brown crayon, color the top of the fingernails to show dirt under the nails.
- 8. Draw a **SAD** face in the center of the hand: sad eyes, eyebrows, and a big frown.
- 9. With the black, brown, green and purple crayons, draw different kinds of germs, worms, and parasites on the hand.

- 10. Have each student put some glue on their dirty "hand" then take a pinch of glitter and sprinkle the glitter in the glue or smear some glitter glue on their plate. Reinforce the concept that the glitter represents germs that make us sick even though they are so small that we can't even see them with our eyes. Doctors and scientist can see them with microscopes.
- 11. Ask the students to take the plate home and share what they have learned with their family and friends.

2. Germs

Message:

- 1. Poop is a major source of germs that cause sickness
- 2. Flies spread germs
- 3. Magnification helped scientists learn about language germs
- 4. Germs from poop get into water sources

Materials:

- 1. Pictures
- 2. Magnifying glass
- 3. A page of printed material in the local language

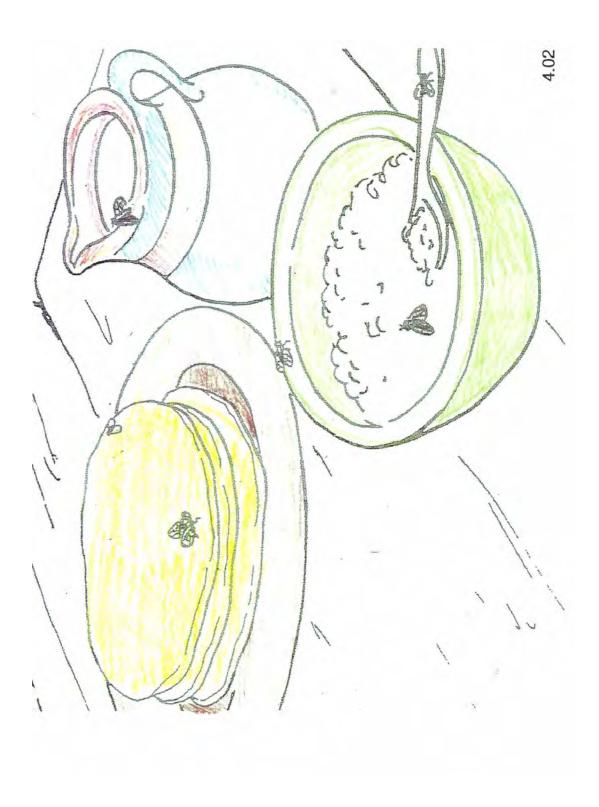
Method:

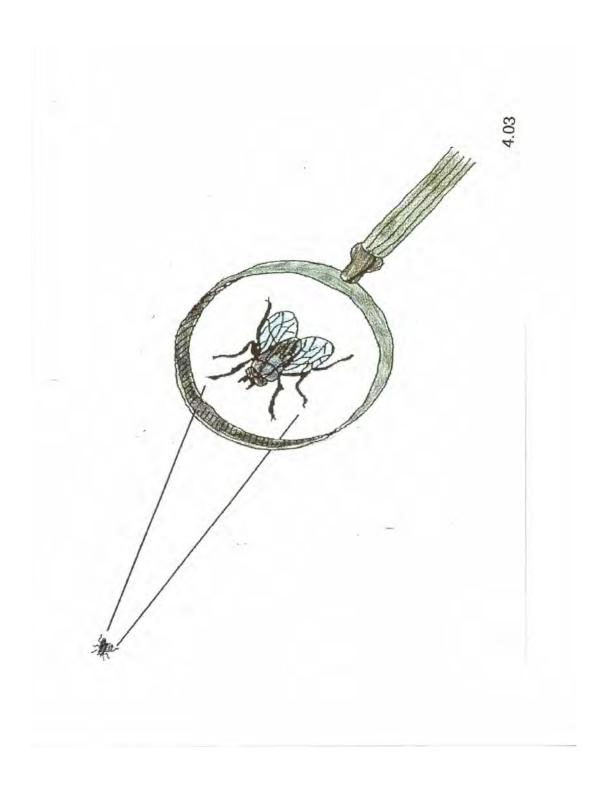
- 1. Show the drawing of someone stepping in poop, picture 4.01 and ask, **"What is happening in this picture?"** (Someone is stepping in poop, flies are on the poop)
- 2. "What happens when we step in poop?" (It goes where we go, it gets all over...)
- 3. "If we step in poop and it goes where we go, does this also happen with flies?" (Yes)
- 4. Show picture 4.02 of food with flies on it. "Where are the flies now?" (On the food) "Do you think they are leaving anything?" (Yes, poop)

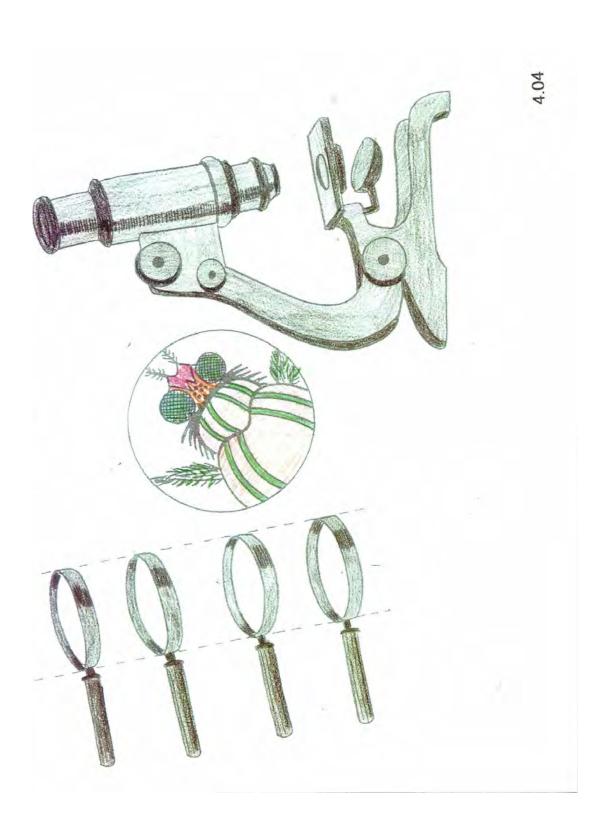
- 5. We just saw how glitter can be spread from one person to another through touch. Another way that germs can be spread is by flies."
- 6. "Doctors and scientists have figured out that there are lots of germs in poop and germs are so small that we cannot even see them! If we get these germs in our mouths and swallow them so they get inside our bodies, they make us sick. Do people in your communities ever get stomach aches or diarrhea?" (Don't wait for an answer.)
- 7. "Sometimes people wonder, how do doctors know about the germs, if we can't even see them? Show drawing 4.03 and the magnifying glass. "Have you ever seen something called a magnifying glass? It is a special glass that makes things look bigger?"
- 8. Show next drawing, 4.04. "Doctors use something called a microscope to make small objects look larger. The microscope uses many magnifying glasses together. See the fly his head looks very big! Is it really that big?" (No)
- 9. Show the last picture 4.05. "Doctors and scientists have looked at drops of water under the microscope. When they looked at the water drops they can see germs that are so small that they could not see them with their own eyes. They have also found that many of these disease-causing germs live in diarrhea. This is how we know that the germs from poop are getting into water sources and causing sickness and diseases."
- 10. Pass the magnifying glass around (or put it out at break) for the participants to look through at a page of printed material in their language.

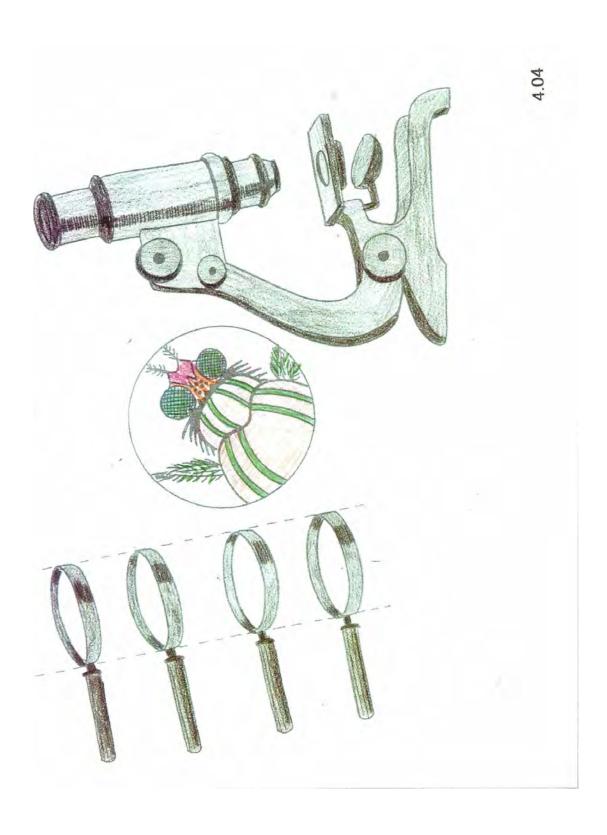
FIVE PICTURES (4.01 thru 4.05) FOLLOW "GERMS" LESSON.

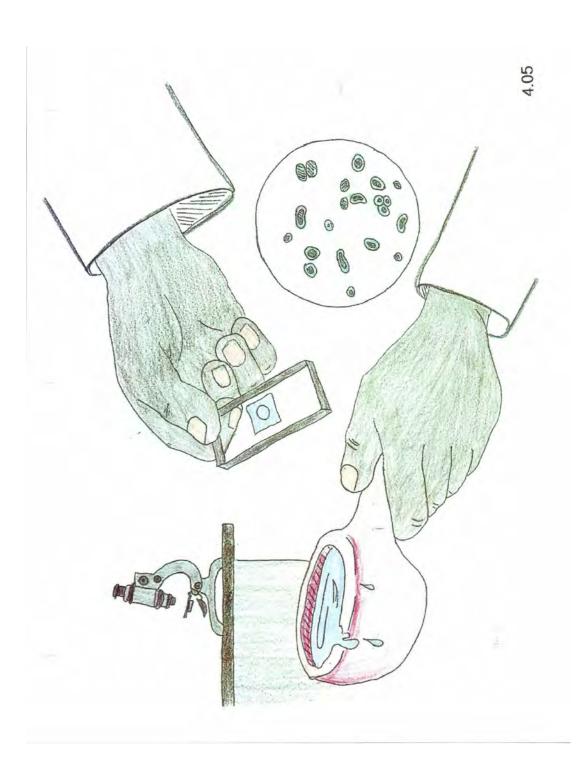














3. Tippy Tap

Message:

- Tippy Taps use a minimal amount of water.
- Tippy Taps can be conveniently hung outside homes and latrines.
- Making a Tippy Tap is simple.
- The Tippy Tap can be made with materials locally available.
- Live healthier lives by using the

Tippy Tap to wash hands before eating.

Materials (one for each participant):

- 1. Plastic Jugs (with a handle)
- 2. Nails (to punch holes)
- 3. String (thick, strong, plastic coated; to speed up the lesson, cut the string before the class starts):
 - Two pieces of string 1.0 meter (4 feet)
 - Two (or three) pieces of string 0.5 meter (2 feet)
- 4. Scissors (number depends on whether the trainer or participants cut the string)
- 5. Candles
- 7. Matches
- 8. Nylon Footies or Socks
- 9. Bars of Soup
- 10. Plastic Cup or ½ plastic water bottle
- 11. Wooden Sticks for foot pedal

Options:

- A. Paper plates (to catch wax drippings)
- B. Gift soap for each participant to restock the Tippy Tap and to share with family and neighbors as they teach them how to make their own Tippy Tap

Notes:

- Make and test a Tippy Tap with local materials in advance of teaching to make sure your final product will be acceptable. Show Tippy Tap to class before starting so they see the finished product.
- To make teaching easier, hand out supplies **one step at a time**. Do not hand out supplies in advance of teaching each step or it becomes confusing. Make sure everyone is and stays on the same step helping the slow people to keep up.

Method:

- 1. Poke holes: four in the plastic jug and one in the plastic cup or water bottle.
 - Heat the point of a nail over a candle to melt the plastic and make it easier to poke the holes.

A. Poke two holes through the sides of the handle about 1/3 of the way from the top of the handle. These holes will be used to string the Tippy Tap up to a tree or other support. Push the heated nail through both sides of the handle (the two holes must be lined up to facilitate putting the string through both holes).

- B. On the side opposite the handle poke a small hole in the middle about 1/4 of the way from the top of the jug. This hole is where the water will flow out. It should not be too large or too far down or water will be wasted.
- C. On the side opposite from the handle poke another hole just below the lip of the jug. This hole will be used to secure the foot pedal (or hand pull).
- D. Poke a hole in the center of the bottom of the cup (or ½ water bottle). The cover will protect the soap against rain and sun.
- E. Before blowing out the candles, if string end is frayed, dip the end in the hot wax and twist together.
- 2. Attach strings: to hang the Tippy Tap, the soap, and the foot pedal.
 - Cut string on an angle to help thread through the holes. If the string frays, dip the end in the hot wax and twist together.
- E. Distribute (or cut) a piece of string to use to hang the Tippy Tap. The length of the string will vary depending on where it will hang. Cut the string approximately two times your arm span or about 1.0 meter (4 feet). Thread this string through the two holes punched in the handle (pinch the plastic together to make it easier to thread

through both holes or use the nail to poke it through). Tie a knot on each side of the hole to keep the string from sliding when the Tippy Tap is used.

- ° Remember to hang the Tippy Tap in a way that makes it easy to untie when you need to refill the Tippy Tap.
- ° The Tippy Tap should hang about waist high for ease of use.

F. Distribute (or cut) string for the foot pedal.

- a. The first foot pedal string should be about 0.5 meter (2 feet). Tie it around each end of the wooden stick and hold the string at mid point forming a triangle shape. Tie a knot at the top leaving a loop above the knot.
- b. The second foot pedal string should be about 1.0 meter (4 feet) long. On the side opposite the handle thread the string through the hole just below the lip of the jug.

Make a knot on the inside of the lip so the string does not come loose when stepping on the foot pedal.

- c. Tie the other end through the loop of the string attached to the wooden stick.
- d. Screw the lid on to keep the water clean and help hold the string in place.
 - ° The foot pedal should hang about 1/8 meter (about 6 inches) off the ground.

G. Distribute (or cut) a piece of string to hold the soap; it should be about 0.5 meter (2 feet). Put the soap in a nylon footie or thin sock. Thread the string through the hole in the plastic cup or tin can then tie one end around the footie or sock so the soap hangs down in the cup or can. Next tie the other end to one side of the string that the Tippy Tap hangs from.

° Do not tie a knot on either side of the hole in the cup or can. The cup or can needs to slide up to expose the soap and down to cover the soap.

3. Fill the bottle: ½ full of water and it is ready to hang up and use.

4. Discuss

Encourage participants to modify the Tippy Tap for local use. Emphasize that there is no perfect way to make a Tippy Tap. Encourage them to think of ways to make the Tippy Taps better for their area. For example:

H. Strings

- strings for hanging the device can be longer for trees far apart or shorter if both strings will be looped over a branch, pole, or door
- the string for the foot pedal should be shorter if the device will be hung low to the ground (for ease of use by older people) or longer if the device will be hung high off the ground (away from animals and children)

• For heavy duty use at a church or school, construct a wooden structure and put the handle of the Tippy Tap through a wooden pole (instead of hanging it up with strings).

The wooden structure and pole can be built to accommodate several Tippy Taps.

• A hand pull is an alternative to the foot pedal. Tie the shorter string through the hole and tie a know to make a circle at the end, large enough to put a hand through and tip the Tippy Tap with a wrist. (The longer string is unnecessary for Tippy Taps with hand pulls.)

I. Hole

The water hole can be:

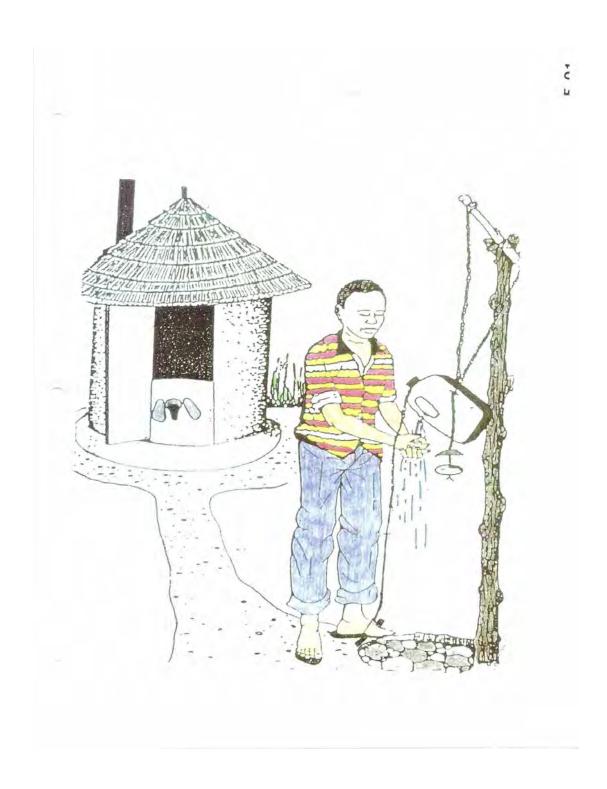
- punched higher to conserve water or
- punched lower or larger to make water flow out more easily

J. Local materials

What other local materials can be used:

- for the plastic container?
- to protect the soap?
- to tie the soap onto the plastic container?
- for string to hang up the containers?
- to poke holes in the plastic container?
- 5. Option: Hand out gift soaps (to restock the Tippy Tap and help others make Tippy Taps).

THREE PICTURES (5.01 thru 5.02) FOLLOW "Tippy Tap" LESSON.



5.02



Wooden Tippy Tap Support

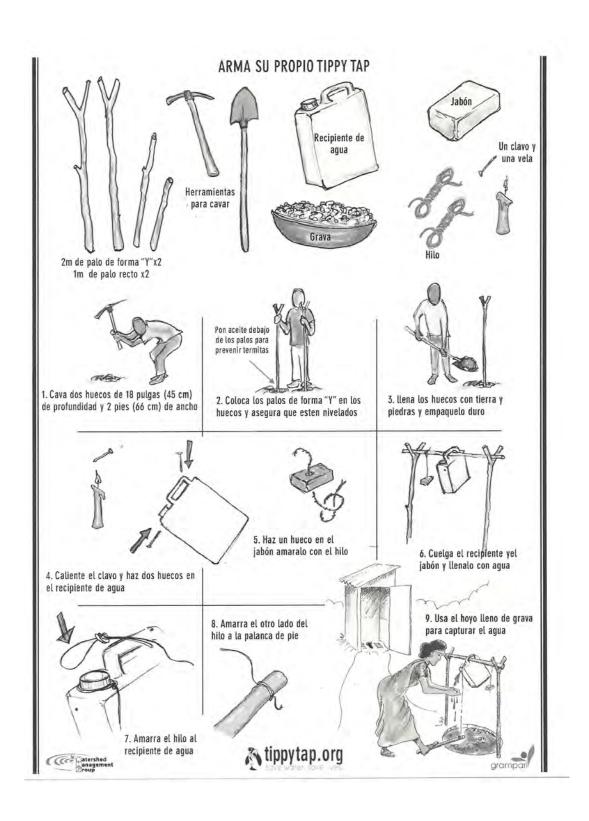


Alternative Foot Pedal



Tippy Tap with Hand Pull

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4. Disease Transmission

Message:

Participants will discover more about how diseases and illnesses are transmitted.

Materials:

- 1. Pictures
- 2. Plastic & real food (perhaps an apple or other fruit that is usually eaten unpeeled and a piece of bread)
- 3. Play dough
- 4. Glitter
- 5. Plastic fly (put some play dough on the fly's feet or mouth so the glitter will stick)
- 6. Water (in a pitcher or cup)

Method:

- 1. Hand out the plastic and real food to people in the room.
- 2. Make a play dough pile of poop and put it on display.
- 3. Begin this lesson by reminding them of what they have just learned from the Germs lesson.

"Germs make us sick. We can't see germs."

- 4. Sprinkle glitter on the poop stating, "There are many germs in poop. Poop is the biggest source of germs that make us sick."
- 5. "Flies love to land on the poop? Here is a fly and it is landing on this pretend poop and is going to begin flying around. Let's see where it lands."
- 6. Have the fly land on the food, someone's hand, someone's face, and in the water.
- 7. Lay down the drawing of the boy pooping and state "this boy is pooping and leaving his poop on the open ground."

- 8. Now lay down the drawing of the mouth at a distance from the boy. "We are going to use this picture of a mouth to represent our bodies. We are going to talk about ways that germs can travel from poop to get inside our bodies and make us sick."
- 9. Hand out the pictures. Ask students to stand, show the other students their picture, and tell how the picture represents ways that germs can get into our bodies. "If you are having trouble figuring out your drawing, don't worry some of the drawings need to be improved, just ask the group to help. I'll start; here is a picture of a fly. Where did we see the fly land earlier?" (on the poop, then on the food, hand, water, face). "Flies spread the germs from the poop everywhere that they land and the germs then get in our bodies from our dirty hands and contaminated food and water."

Affirm all answers. You may need to repeat the question ("How does the picture represent ways that germs can get into our bodies?") or ask the group for help by asking,

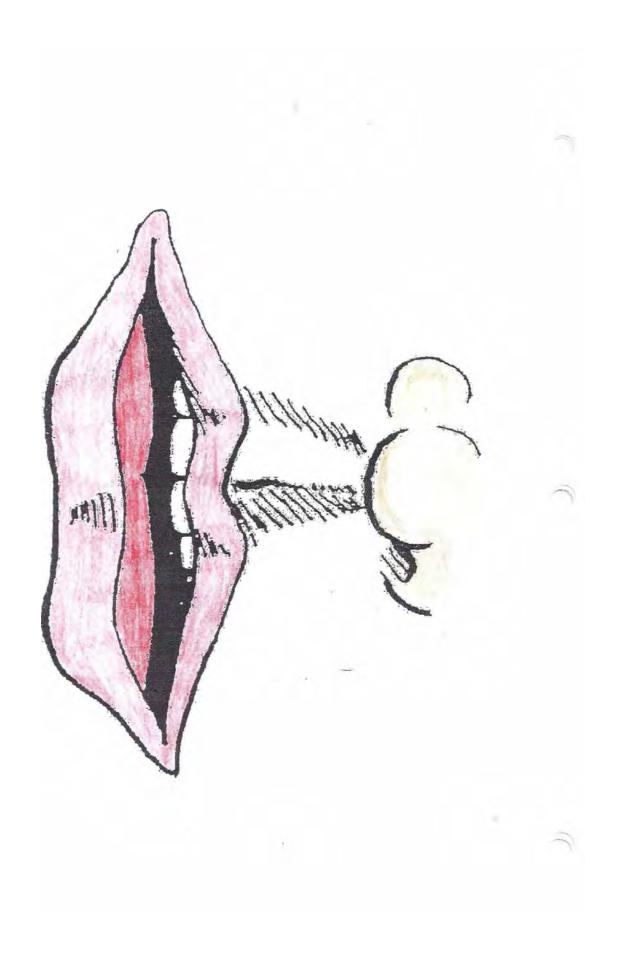
"Yes and does anyone else have other ideas for how the picture could represent ways that germs from poop get into our bodies? What else could the picture mean?"

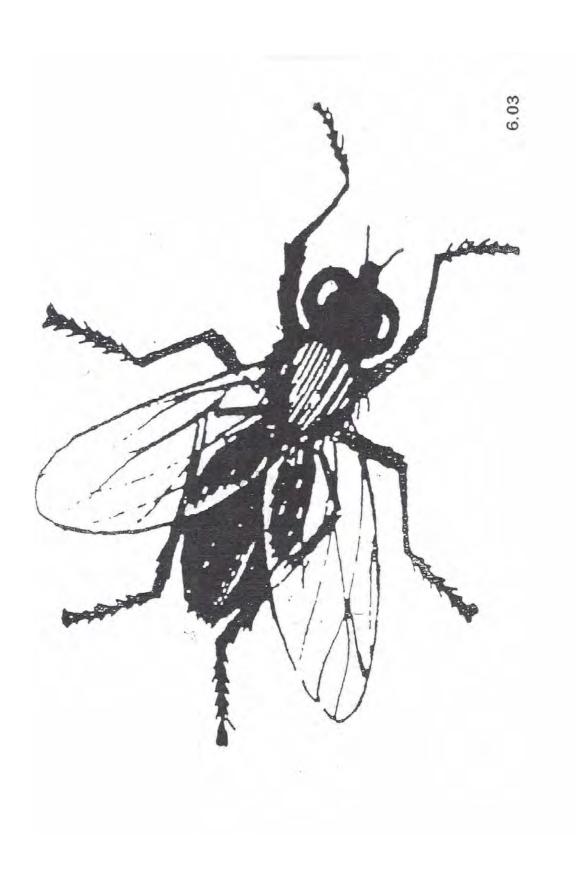
Some of the important points that the pictures should represent are:

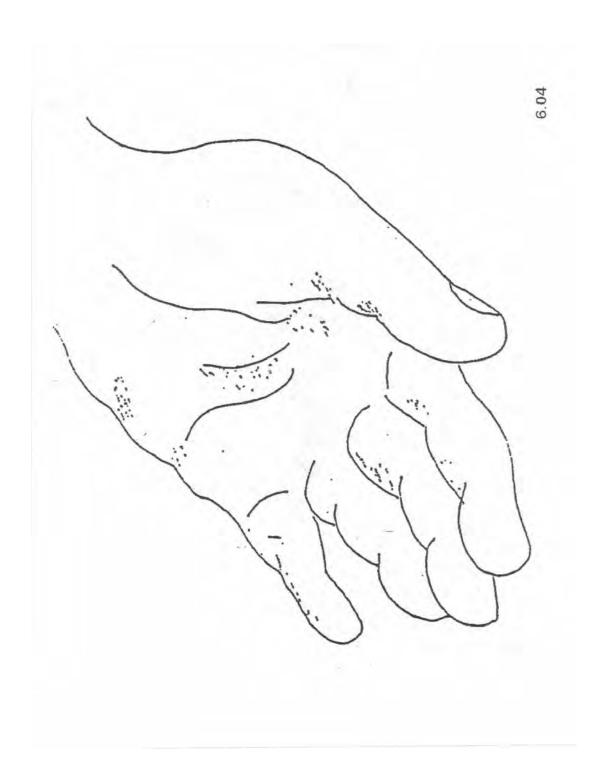
- Hand Hands get germs on them when we poop or shake hands with other people and they have dirty hands. The germs can get in our bodies when we eat, drink, or touch our mouth.
- Food Food that we eat can be contaminated with germs from flies or dirty hands.
- Water Germs from poop can wash into our water supply when it rains, when animals and people bathe in the water, when flies land in the water, and when people wash dirty clothes in the water.
- Chicken Animal poop is also a big source of germs that make us sick. Animals pass germs to us by stepping in poop and spreading germs to our hands when we take care of them.
- 10. After the discussion, place these drawings down in a line between the boy pooping and the mouth. (fly, hands, food, water, chicken)
- 11. "Next let's talk about what we can do to stop or "block" the germs from getting into our bodies and making us sick." (Leave drawings out for the next lesson

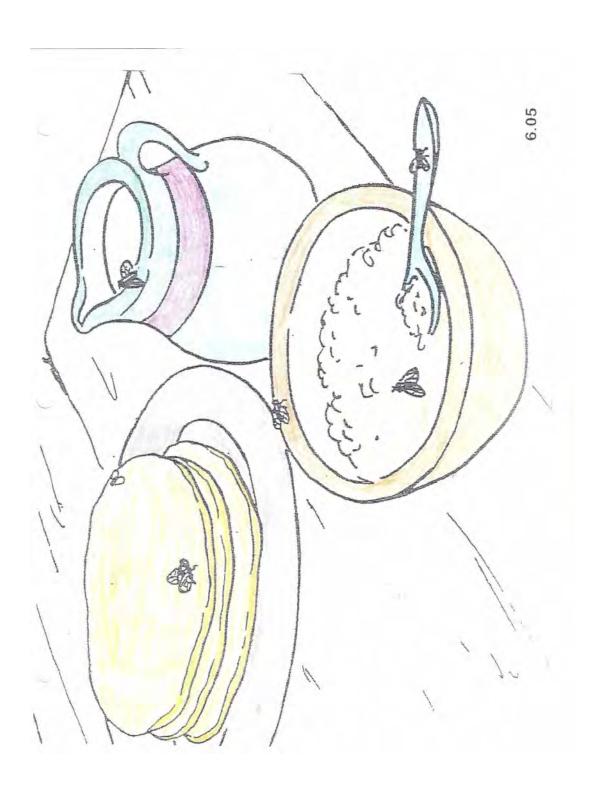
SEVEN PICTURES (6.01 thru 6.07)
FOLLOW "Disease Transmission" LESSON.

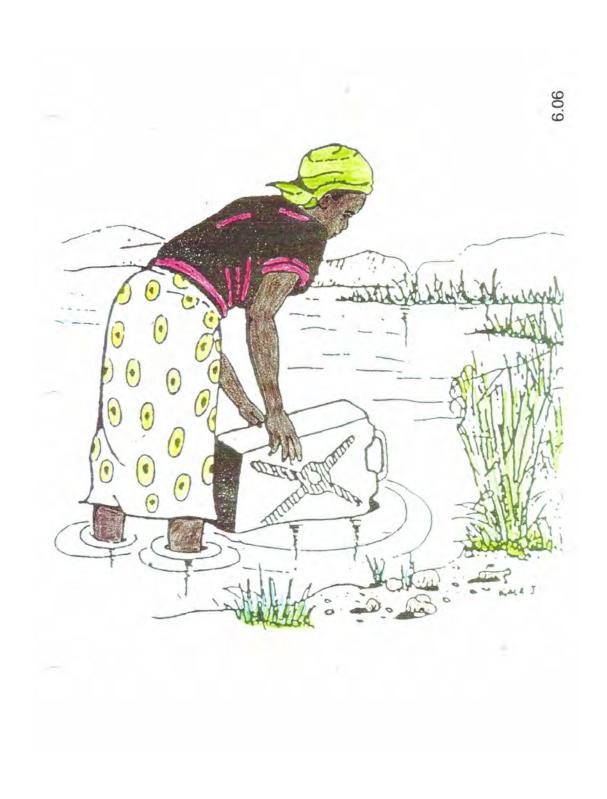














5. Disease Blocking

MESSAGE: 1. Discuss better hygiene behaviors concerning sanitation, water, and food. 2. Learn how to block the spread of germs and transmission of diseases 3. Reinforce the importance of hand washing

METHOD:

The transmission drawings from the previous lesson should still be on display. If not, then place them out again with the drawing of the person pooping on the left, the mouth drawing to the right, and the fly, hand, water, food, and animal between them.

- 1. Pass out the blocking drawings to the group for:
 - ♦ 7.01 Cooking Food
 - ♦ 7.02 SODIS
 - ♦ 7.03 Chlorinator (do not use if no chlorinators are in use or planned for the area)

2. "We've just learned that poop has germs that can make us sick. Now we are going to talk about good hygiene behaviors that can stop germs in poop from entering our bodies. For example:

7.01 Cooking Food – "This is a picture of cooking food. If we heat food before we eat it, heat it very hot right before we eat it, then the heat will kill the germs. I am going to put this picture in front of the food picture because cooking food before we eat it blocks germs from getting into our body."

7.02 SODIS – "This picture shows a way of making water safe to drink so I will put it under the picture of water. This method uses the sun to kill germs. Would you like to learn how to clean water using the sun tomorrow?"

7.03 Chlorinator (Optional) - "This is a picture of another way of making water safe to drink. It is a machine that kills germs in water. We have brought this technology with us and are working with (the local church to install one at the hospital/clinic). We wanted you to see it so you would help explain what it is to other people. The water will have a different taste than you are used to but the new taste is good because it means the water is safe to drink without boiling. I am also placing it under the picture of water because it kills germs in water and stops them from getting into our bodies.

- 3. "Look at your picture. Please stand and take turns telling the group what is happening in your picture and how that could prevent germs from getting in to our bodies and making us sick. If you are having trouble figuring out your drawing, don't worry some of the drawings need to be improved, just ask the group to help." Ask someone to start and go around the circle one by one. Ask each person to place the good hygiene behavior drawing below the drawing of ways germs enter our bodies.
 - Affirm all answers. You may need to repeat the question or ask the group for help by asking "Yes and what else could the picture mean? How could this good hygiene behavior prevent germs from spreading and prevent germs from getting in our bodies so we stay healthy?"

Poop	Fly	Hand	Dirty	Food	Animal	Mouth
			Water			(represents
						our body)
Bury	Use a	Wash	Boil	Cook	Fence Well	
Poop	Latrine	Hands	Water	Food	Pump	
Wash	Bury		Purify	Cover	Fence	
Hands	Trash		Water	Food	Animals	
	Wash			Wash	Wash	
	Hands			Foods	Hands	
				(eaten raw		
				unpeeled)		
			Use Clean	Wash		
			Water	Dishes,		
			from a	Utencils,		
			Drilled	Jerry Cans		
			Deep Well			
			Wash	Wash		
			Hands	Hands		

Some of the important points in this exercise and additional information that the facilitator can add are:

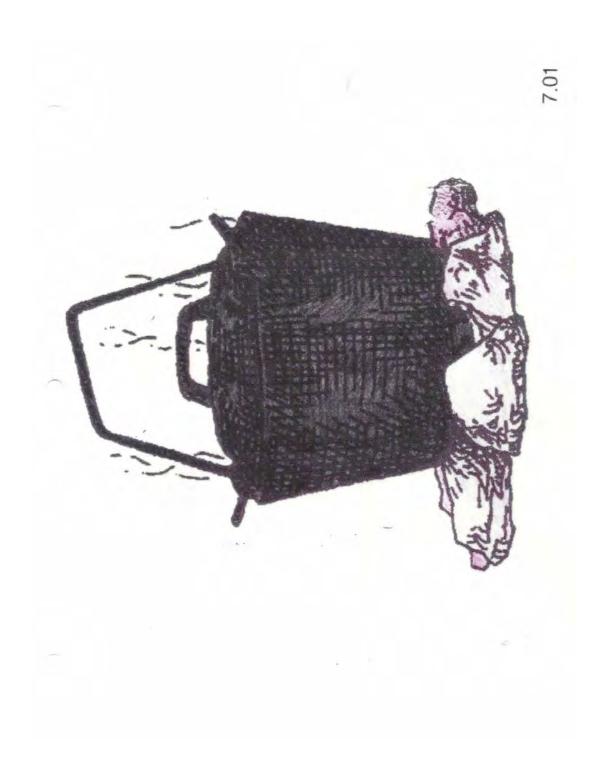
- Bury poop so people don't step in it or touch it and spread the germs.
- Cover food to keep flies from landing on it and spreading germs.
- Boil water to kill germs.
- Use a latrine so people don't step in poop or touch it and spread the germs.
 - ° Latrines should have covers over the top so flies can't enter and carry off germs.
 - ° A vent with a screen will allow smells out but keep flies inside.
 - ° Be sure the latrine is located in a place where rain can't wash poop into water sources.
- Bury trash so it doesn't rot where flies can land on it and carry the germs where they will make us sick.
- Use clean water from a drilled deep water well.
- Put a fence around pumps and keep the area clean. Keep animals out so they don't contaminate the pump by licking, urinating, or dropping feces. Keep children from playing on the pump and damaging it.
- Fence animals so they don't poop all over.

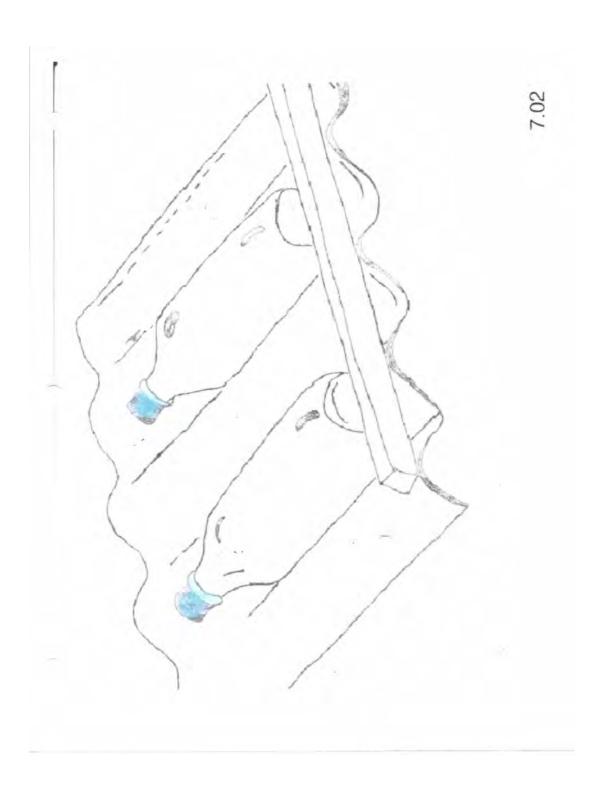
- Wash fruits and vegetables (foods that you eat raw & unpeeled) with clean water to remove germs.
- Wash dishes, utensils, and jerrycans with clean water and soap; air dry them.
 - ° To clean the inside of a jerrycan, shaking clean stones and water inside several times can help remove stubborn mold and other contaminants.
 - ° Consider using a jerrycan and other water containers only for water so they are easier to keep clean.
- Wash hands before preparing, serving, and eating food or clean water so germs don't get into anyone's mouth.
 - ° Note: After the first person shows a picture of hand washing, ask if anyone else has a similar picture. Ask them all to stand and ask, "Which way of getting germs in our body can be blocked by hand washing?" (all of them).

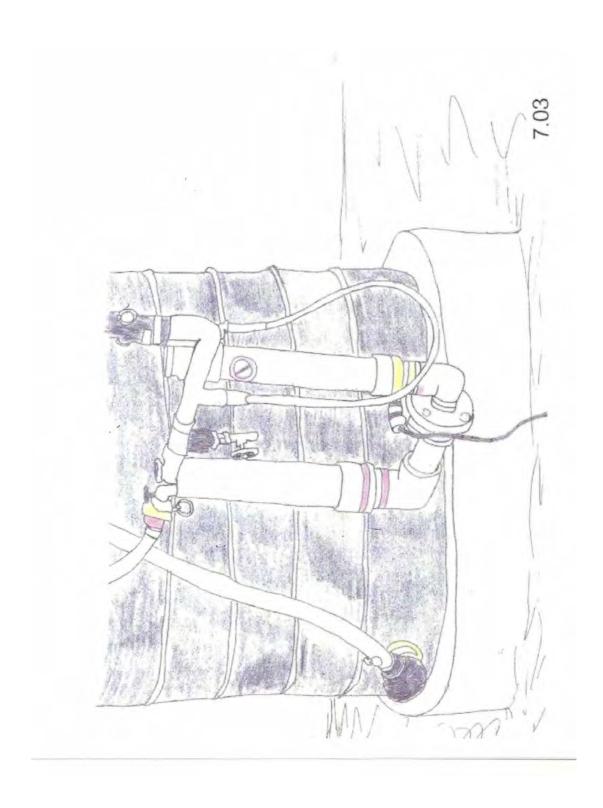
Ask participants to place their picture in each column "Hand washing is the most important way to stop germs from entering our bodies and making us sick."

4. "Look at all the ways we can stop the germs from spreading and keep germs from entering our bodies. As you can see, if we apply these good hygiene behaviors there are many ways we can help our families stay healthy."

FIFTEEN PICTURES (7.01 thru 7.19) FOLLOW "Disease Blocking" LESSON.

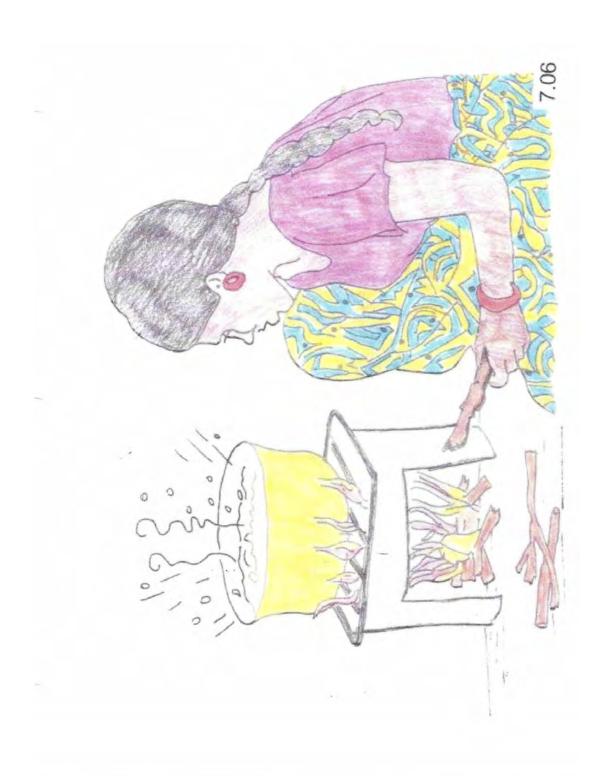


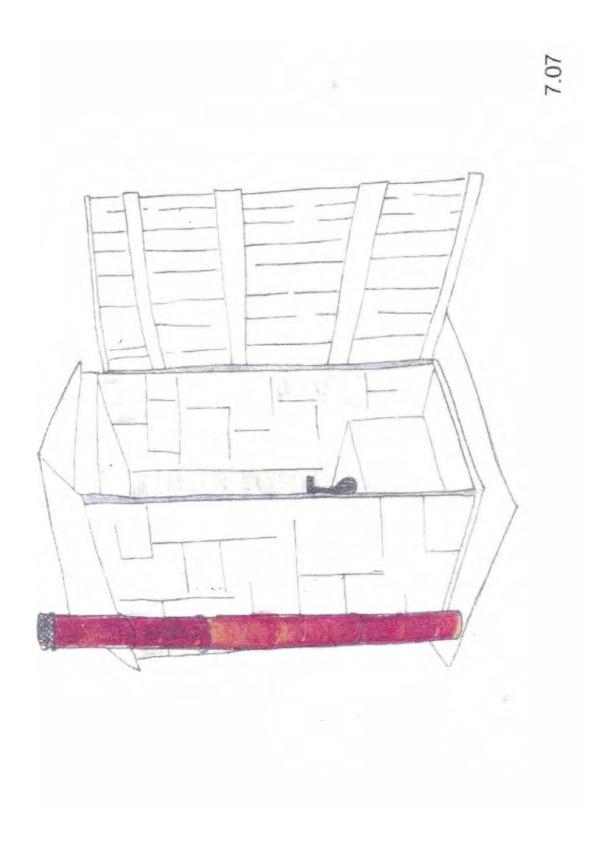


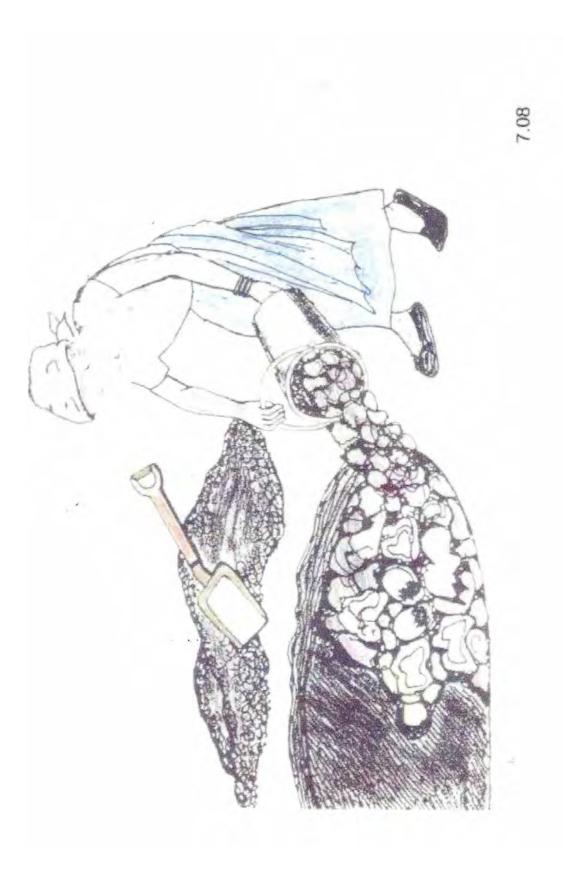




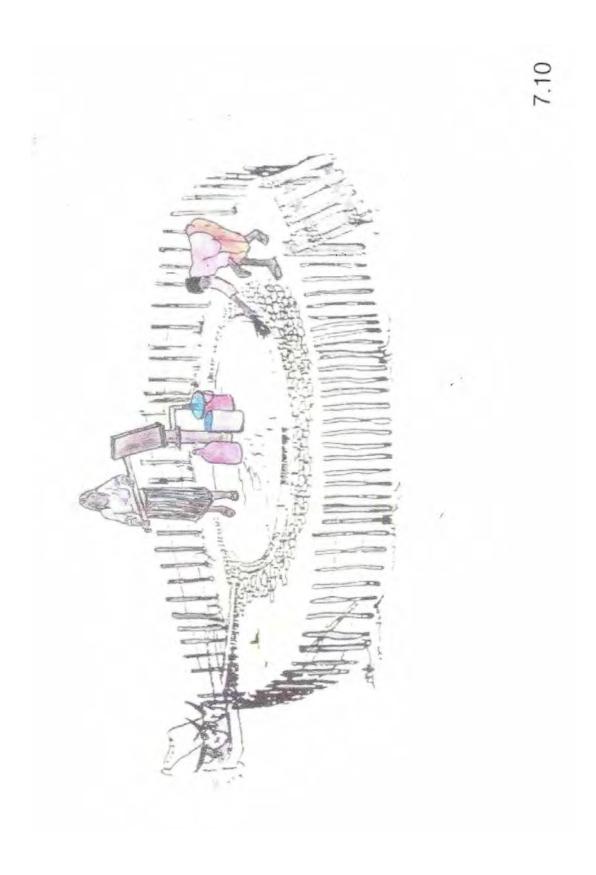






















DIARRHEAMANAGEMENT

DREWENTION

LEARNING CONVERSATIONS
FACILITATOR'S GUIDE



About the Chalmers Center

The Chalmers Center for Economic Development is a research and training organization that equips churches with economic development strategies that holistically impact people who are poor. By uniting cutting-edge research, microeconomic development interventions, and social entrepreneurship principles, the Chalmers Center grows the capacity of local churches around the world to transform the lives of low-income people without creating dependency.

Since 1999, the Chalmers Center has been an industry pioneer in equipping church-based trainers with gospel-driven economic development innovations, including: savings-led microfinance, microenterprise development, financial literacy, jobs preparedness, and matched savings programs.

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SESSION 1: DIARRHEA IS DANGEROUS - IT KILLS!

OBJECTIVES

By the end of this session, participants will have:

- 1. Recognized their dignity as being made in the image of God.
- 2. Analyzed a demonstration about how diarrhea causes dehydration.
- 3. Reflected on their experiences with the signs of severe dehydration.

PREPARATIONS

- Two clear or transparent plastic bags and water for the dehydration demonstration (see the instructions at the end of this session)
- Picture 1: Signs of Severe Dehydration 1 copy with and 4 copies without answers
- Baby picture: you and your own baby, or any mother/father and son
- Holy Bible (highlighted/reviewed in advance)

TIME

30 minutes

Steps

1. PRESENT DIARRHEA—MOTIVATION FOR MANAGEMENT AND PREVENTION - 8 MINUTES

Welcome participants. Introduce the new topic with the following presentation:

Today we are starting a new topic called "Diarrhea—Its Management and Prevention." Together, we are going to examine the danger of diarrhea, what causes it, how it is spread, how to treat it and how to prevent it.

Before we consider these things, I invite you to think about this question:

♦ Why should we learn about how to treat and prevent diarrhea?

Allow participants to respond. Thank them for their answers.

These are excellent motivations! We all must learn about diarrhea in order to best care for ourselves and our families, because each person is incredibly valuable to God—no matter who you are or what you have. This value exists in each of us because God made us in His image. Let me show you an example.

Hold up photo of a baby with parent—you and your own child or grandchild or any photo of a mother/father and child.

This is a photo of ______. As the parent is like the child, so each person in the world reflects the image of God. Because He made us in this way, we have the ability to make our own choices, and to enjoy a relationship with Him, with others, and with His creation.

Pass the photo around for participants to view. Then, open the Bible and say:

In the beginning of the Bible in Genesis, it says:

"God created human beings in His own image. In the image of God He created them; male and female He created them." (1:27)

Because each man and woman is made in the image of God, each person has great value, no matter what skills we have, what we own, or what we look like. Because every person is valuable in the eyes of God, it is important that we take the best care of our children and families when diarrhea strikes.

Each of you already has some experience with diarrhea. Doctors and scientists have made careful observations and discovered important information about how God has created our world and our bodies. By combining this information with your experiences, you can be better prepared to prevent diarrhea from happening and to manage it when it occurs.

2. DEMONSTRATE DEHYDRATION AND ANALYZE THE CONSEQUENCES – 10 MINUTES

Ask for a volunteer to help with the demonstration. Tell the participants:

We are going to do a demonstration to see what can happen when a person has diarrhea. This plastic bag represents a baby (show the "happy baby" bag filled with water). See how "plump" and healthy the baby looks?

Watch what happens when there is diarrhea that is not given treatment. (Squeezing closed the hole in the back and fill the "sad" baby bag with water. After the bag is full, release the hole and say:) See how the bag begins to collapse? The "skin" of the bag gets loose and wrinkled. This is like the skin of a baby who has untreated diarrhea. This is caused by the loss of the water in our body. It is called DEHYDRATION. Compare this bag with the other one that is full and smooth. (Let the participants feel the "skin" of the bags.) Severe dehydration—losing too much water—is very dangerous and can cause death. This is especially true for infants and children because they are much smaller than adults and have less water to lose.

Watch what happens when I replace the water in the leaking bag (replace the lost water by adding more to the bag). As long as I add water to replace the lost water, the 'skin' remains smooth. The same is true for our bodies. You need to replace the water that your body loses when you have diarrhea. The water will prevent dehydration. Otherwise the diarrhea leads to severe dehydration and even death.

Ask the participants the following questions while replacing the water for the "sad" baby. Probe for information. Highlight the correct answers.

Let us review the medical facts you learned from the demonstration.

♦ What sign of dehydration did you see in the demonstration? [The bag collapses and wrinkles. The 'skin' withers and is wrinkled.]

- ♦ What should you do to prevent dehydration when you have diarrhea? [Give extra liquids as soon as the diarrhea starts. Continue to give liquids until the diarrhea stops.]
- ♦ What happens if you do not take this action? [It can cause dehydration that leads to death.]

Thank the group for their help and participation in the demonstration.

3. IDENTIFY SIGNS OF DEHYDRATION - 8 MINUTES

Ask the participants to stay in their groups. Give each group a copy of Picture 1 without the answers. Then give the following instructions:

Because it can kill quickly, let us identify the signs of dehydration. Look carefully at the drawing of a small child that is severely dehydrated. Think about your own experiences with diarrhea. You have 4 minutes to discuss the following question:

♦ What signs of severe dehydration do you see in the picture?

After 4 minutes, ask each group to report one sign of severe dehydration. Repeat the cycle of reporting with the groups until all of the signs are mentioned. Show Picture 1 with the answers to highlight the signs. Ensure that all of the following points are covered.

Signs of Severe Dehydration



Ask several volunteers to report and others to comment:

♦ What is your experience seeing these signs of severe dehydration? Who was seriously sick or died from diarrhea?

Thanks the volunteers and summarize by saying:

The doctors and your own experiences tell you that dehydration from diarrhea is dangerous and can kill, especially infants and children. Even when diarrhea strikes, we must not fear, for God is our healer and can give us peace in our hearts. He has given us knowledge about diarrhea—it is completely preventable and treatable, if we act in a timely fashion.

4. REVIEW THE SESSION AND ASSIGNMENT - 8 MINUTES

Remember, each person has been made with dignity because all are made in God's image. Because of this great value, we must take the greatest care of our bodies and those of our children. I invite you to remember 3 important facts about diarrhea:

- Diarrhea causes dehydration.
- Dehydration kills quickly.
- Giving liquids saves lives.

Before the next session, tell the 3 important facts about diarrhea to a friend or neighbor. Then ask her to tell you: "What <u>causes</u> diarrhea?" Because each person is incredibly valuable, we need to share this information and help others to take care of themselves and their families. In the next session we are going to discuss the **cause** and spread of common diarrhea.

Let us stand and repeat this commitment together:

We will care for our families and friends by preventing and treating diarrhea!

Thank you for participating today. I look forward to hearing about your conversations the next time we meet.

Would anyone like to pray, asking God to help us remember to care for our bodies?

Allow 2 or 3 participants to volunteer. After prayers finish, close with a form of this prayer:

Lord Jesus, You have given us the knowledge and resources for a full life. Thank You for providing water to hydrate our bodies. May we guard the health of our families by using it properly, for each life is precious to You. In Jesus' name, Amen.

INSTRUCTIONS FOR THE DEHYDRATION DEMONSTRATION USING PLASTIC BAGS

MATERIALS NEEDED

- Two (2) clear or transparent plastic bags
- Permanent marker
- 4 liters (or one gallon) of water
- A large bowl or bucket
- 1 volunteer or assistant
- 1 cup

STEPS TO PREPARE

- 1. If desired, draw the face and simple body features of a baby on the bags with a permanent marker. One face can be of a "happy" baby. The other can be of a "sad" baby.
- 2. Poke a small hole near the bottom of the back of the "sad" baby bag.
- Practice the demonstration!

Presentation

- 1. Ask one of the participants to help you with the plastic bag demonstration by holding the bags and/or pouring water into the bag for you.
- 2. Show the bag without a hole first (the "happy" baby bag). Fill it with water and hold it up, explaining that it is like a healthy child who is not dehydrated.
- 3. Now pour water into the bag with the hole (the "sad" baby bag). Squeeze the hole in the back of the bag so that no water escapes. When the bag is full, release the hole. Point out that as the water escapes from the bag, the bag begins to collapse. Show how the "skin" of the bag becomes loose and wrinkled like the skin of a child who has lost a lot of fluid from diarrhea and/or vomiting. Compare this bag with the other one that is full and smooth.
- 4. Replace the lost water by adding more water to the "sad" baby bag. Point out that a child with diarrhea is also losing water with every liquid stool, and that this water needs to be replaced.

SESSION 2: DIARRHEA – ITS CAUSE AND HOW IT SPREADS

OBJECTIVES

By the end of this session, participants will have:

- 1. Analyzed a story with illustrations about the cause and spread of diarrhea.
- 2. Examined biblical ideas of dignity and stewardship of the body as foundational for health.
- 3. Developed stories or examples about the cause and spread of common diarrhea in their homes and communities.

PREPARATIONS

- Pictures numbered and located at the end of the sessions.
 - 1. Signs of Severe Dehydration
 - 2. Family Working in the Field
 - 3. Father Having Diarrhea in the River
 - 4. Mother Collecting Water from the River
 - 5. Mother Giving Water to Her Son
 - 6. Son Having Diarrhea Behind the House
 - 7. Daughter Eating Uncovered Food with Flies on It
 - 8. Daughter Having Diarrhea Under a Tree
 - 9. Daughter Giving Unwashed Fruit to Her Mother
 - 10. Whole Family Having Diarrhea
- Holy Bible (highlighted/reviewed in advance)

TIME

30 minutes

Steps

1. REVIEW THE PREVIOUS SESSION AND THE ASSIGNMENT - 8 MINUTES

Today, we will discuss the <u>cause and spread</u> of common diarrhea. Before we begin, let us review the 3 important facts you learned about diarrhea. Look at this picture and call out the signs of dehydration.

Show Picture 1 of severely dehydrated child and ask:

♦ What are the signs of severe dehydration? [Sunken and tearless eyes, dry mouth or cracked lips, loss of elasticity of skin, little urine that is dark yellow or no urine]

Allow several participants to respond, then ask:

♦ Why is it important to know and tell others about the dangers of diarrhea? [It can cause death; responsibility for self, family, and community; dignity of each person as made in the image of God]

Because each person's life and health are valuable to God, we must know the dangers of diarrhea, and also learn how diarrhea is caused and spread. Now, please think about the assignment from the previous session.

♦ What did your neighbors and friends tell you about the cause and spread of diarrhea?

Get the information from 3-4 participants. Draw out animistic beliefs and practices. Allow for adequate clarification among participants. Thank and praise them.

Jesus desires our lives to be full and healthy in every way. He says in John 10:10: *Open the Scriptures and read*:

"The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full."

- ♦ What does it mean to have a 'full life?'
- ♦ How does this relate to preventing diarrhea?

Jesus gives wisdom to His children and conquers disease, pain, and sin. He is the best source of knowledge in fighting diarrhea – we do not need to fear the spirits or curses.

Keep this information in mind while I tell you a story. Then you are going to compare the information in the story with the information from your friends or neighbors.

2. ANALYZE THE "DIRTY HABITS" STORY - 10 MINUTES

Hold up your hand and use 5 fingers—one finger for each "f" to emphasis the 5 ways the germs that cause diarrhea are spread.

Diarrhea is caused when germs that are found in feces are swallowed and infect the bowels or gut. Foods, fingers, flies (and other insects or animals), fluids (liquids) and field (soil) that are contaminated with feces are the 5 most common ways that the germs get into our mouths. In other words, lack of hygiene is the way most people get diarrhea.

Listen to the story of Joseph's family. Consider how each member of the family got diarrhea. Be prepared to say if it was by contaminated food, fingers, flies, fluids or field.

Tell the following story using pictures 2 through 10. Walk around if necessary and show the pictures as you tell the story. Then post the pictures so all can see them.

The Dirty Habits Story ¹				
Picture	Story			
2. Family working	This is Joseph's family. They work hard in the garden to grow			
in the field	food for their family.			
3. Father having	Joseph has had diarrhea lately. He stops work to use a latrine			
diarrhea in the	but it is far away. He uses the river instead.			
river				
4. Mother	His wife collects water from the same river. She does not know			
collecting water	that her husband used the river as a latrine.			
from the river				
5. Mother giving	She brings her water home to give her son something to drink.			
water to her son	The water is not boiled. The son unknowingly drinks water with			
	sickness from the father in it.			
6. Son having	Soon the son develops diarrhea and falls sick. He defecates			
diarrhea behind	behind the house and the flies land on his feces.			
the house				

¹ This activity is based on the Republic of Uganda Primary School Health Kit on Water and Sanitation, Ministry of Education, Ministry of Health, UNICEF Kampala.

7. Daughter	The flies move from the son's feces to the family food indoors.
eating uncovered	The daughter is eating some cold food that was not covered.
food	She did not wash her hands before eating.
8. Daughter	Now the daughter is sick with diarrhea. She defecates under
having diarrhea	the fruit tree near the house.
under tree	
9. Daughter giving	After defecating, the daughter does not wash her hands. She
unwashed fruit to	finds some ripe fruit under the tree and gives it to her mother.
her mother	The mother eats the fruit right away without first washing it.
10. Whole family	Now Joseph's wife also has diarrhea. The whole family has
having diarrhea	diarrhea.

Analyze the story together. Continue to use the pictures to help the group answer the questions.

Let us analyze how the members of the family got diarrhea.

- ♦ How did the son get diarrhea? (Point to pictures 3, 4 and 5.) [He drank the water that had feces from the father in it—fluid.]
- 1 This activity is based on the Republic of Uganda Primary School Health Kit on Water and Sanitation, Ministry of Education, Ministry of Health, UNICEF Kampala.
 - ♦ **How did the daughter get diarrhea?** (Point to pictures 6 and 7.) [She does not wash her hands and flies moved from the son's feces and landed on the food she ate—flies, fingers and food.]
 - ♦ How did the mother get diarrhea? (Point to pictures 8 and 9.) [The mother ate the fruit that had feces from her daughter on it. The mother did not wash her hands before she ate—food and fingers.]
 - ♦ How might the father have gotten diarrhea? (Point to picture 3.) [The soil may be contaminated with human or animal feces—soil.]

All the members of Joseph's family got diarrhea from the same thing. (Point to picture 10.)

♦ What was it? [They all ate or drank something that had germs from feces on or in it.]
Summarize the information:

This story demonstrates that eating or drinking something contaminated with feces is the primary source of common diarrhea. It reminds us that (show with your hand and 5 fingers) food, fingers, flies, fluids or field spread the germs that cause diarrhea.

3. CREATE A STORY OR EXAMPLES ABOUT HOW DIARRHEA SPREADS IN YOUR FAMILIES – 10 MINUTES

Think about the 5 Fs and how they are spreading diarrhea germs in your household or community. Get into small groups of 5 members. Create a short story or prepare examples of how diarrhea might be spreading. Discuss the source of the feces contamination and how it is spread. Use the ideas you learned from your friends and neighbors to tell how contaminated fingers (hands), food, flies, fluids (water) and field (soil) might be involved. You have 4 minutes to prepare. Two or three groups will be asked to present their story or examples.

Ask for and answer any questions about the assignment. Circulate among the small groups to answer any questions and to help them prepare.

After 4 minutes call the participants together. Ask 2 to 3 groups to present. Invite others to comment on and discuss the presentations. Be sure that all of the technical information on the cause of diarrhea and spread by contaminated materials is accurate.

After the groups finish, ask the question:

- ♦ If we know how diarrhea is caused and spread, must we be afraid when it strikes?
- ♦ Why or why not?

Ask participants to share their ideas. Thank them. Then, open the Scriptures and read.

In 2 Timothy 1:7, it says:

"For God did not give us a spirit of fear, but of power, of love, and of self-discipline."

♦ What do you hear from this verse?

Encourage 2 or 3 participants to share. Thank them.

Because God has given us the proper knowledge to prevent diarrhea, we must not fear. Any powers of evil that are believed to cause diarrhea, such as spirits, demons, or curses, have been defeated by Jesus. We can treat diarrhea by using the knowledge God gives us, but it is He who heals us; we must act bravely in His victory, for He has given us the power to learn to effectively treat diarrhea.

Allow for clarification. Then, ask:

♦ If we recognize and take action to stop the spread of diarrhea, how does this honor God?

Allow several participants to share an answer.

Since diarrhea is completely preventable and treatable, we must take steps to fight it. By taking the best care of our own bodies, our children, our community, and the earth, we honor God and show respect to all that He has created.

4. REVIEW THE SESSION AND THE ASSIGNMENT - 3 MINUTES

Today, we learned important information about the cause and spread of diarrhea. Remember:

- Most diarrhea is <u>caused</u> by swallowing germs found in feces.
- Contaminated food, fingers, flies, fluids or field <u>spread</u> the germs that cause diarrhea.
- God is honored when we <u>recognize</u> and <u>take action</u> to stop the spread of diarrhea.

I invite you to tell the story of the Joseph's family to others. Before the next session please ask a friend or neighbor: "What treatment do you give when diarrhea occurs?" In the next session we are going to discuss the household treatment for common diarrhea.

Let us stand and repeat this commitment together:

We will care for our families by preventing and treating diarrhea!

Thank you for participating today. I look forward to hearing about your conversations the next time we meet.

Would anyone like to pray, asking God to help us to recognize and fight the spread of diarrhea?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Holy Father God,

You have made us in Your image, and we see Your reflection in all that You have made. Teach us to respect Your creation, including our own bodies, by recognizing and fighting the spread of diarrhea. In the holy name of Jesus we pray, Amen.



SESSION 3: HOME TREATMENT FOR DIARRHEA – FLUID AND FOOD

OBJECTIVES

By the end of this session, participants will have:

- 1. Reconsidered the dignity of each person as made in the image of God.
- 2. Examined recommendations to use liquid and food for home treatment of diarrhea, including quantity, frequency and duration of feeding.
- 3. Analyzed cases and decided on an appropriate home treatment for diarrhea.

PREPARATIONS

- Research a harmful practice done locally as treatment for diarrhea
- Holy Bible (highlighted/reviewed in advance)

TIME

30 minutes

Steps

1. REVIEW THE PREVIOUS SESSION AND ASSIGNMENT - 5 MINUTES

Today we are going to talk about the home treatment of common diarrhea. But first, let us review the important information about the cause and spread of diarrhea.

Everyone hold up your closed hand. Let us call out together the 5 ways the germs that cause diarrhea are spread. Open your fingers—one for each way germs are spread—until all 5 are named and your hands are completely open.

All together: Food!..., Fingers!..., Flies!..., Fluid!..., and Field! Give a big wave to each other as congratulations for your good work!

Ask 3-4 volunteers to report with the following question. Do not correct their information—just listen.

Think about the conversations you had with friends and neighbors on the treatment of diarrhea.

♦ What did they say about how to treat diarrhea?

Draw out animistic beliefs and practices. Thank the participants for their reports.

When diarrhea strikes, we may be tempted to ask the diviners or spirits for a cure. However, the Bible says that Jesus Christ has defeated all other powers by the cross. (Colossians 2:15) The Psalms say: (89:6)

"For who in the skies can be compared to the LORD? Who among the heavenly beings is like the LORD?"

- ♦ How does our God, Jehovah, compare to other gods?
- ♦ Knowing that God is All-Powerful, what should we do when seeking to treat diarrhea?

Thank the participants.

God has given us the proper knowledge that we need to treat diarrhea when it strikes us and our children.

You know that small children have diarrhea more often than adults because their hygiene is more difficult to control. Diarrhea is much more dangerous for children because they can become dehydrated much more quickly.

♦ Why must we give special attention to our children when diarrhea strikes?

In the book of Psalms, it says:

"Children are a gift from the Lord, the fruit of the womb is a reward." (127:3); and

"I will give thanks to you, O God, for You have made me wonderfully..." (139:14a)

Because every person is valuable in the eyes of God, we must take the best care of our children and families when diarrhea strikes. Today we are going to discuss the treatment of diarrhea for children, but the information also applies to adults.

2. PRESENT THE RECOMMENDATIONS FOR HOME TREATMENT OF DIARRHEA – 10 MINUTES

Give a brief presentation about the recommendations for home treatment of diarrhea.

Recommendations for Home Treatment of Diarrhea

As soon as diarrhea starts:

1. Give Extra Liquids

- "Food-based" liquids such as soup, rice water, yogurt drinks, plain water, (and breast milk for babies) are best.
- Do not give sweetened fruit juice and drinks or heavily salted soups.
- Replace the amount of fluid lost with each watery stool until the diarrhea stops.

2. Give Plenty of Food

- Starchy foods such as rice, maize or millet mixed with legumes (lentils, beans, etc.) are good. Offer small, frequent meals 6 to 8 times a day.
- After the diarrhea stops, continue to give children one extra meal each day for 2 weeks.

3. Do Not Give Medicine

- Unless a doctor or nurse advises you to do so, do not give medicine or antibiotics.
- ORS (oral rehydration solution) is recommended.

4. Give Special Attention

• Each man, woman, and child is made in the image of God, and is valuable to Him.

• Infants and children are especially vulnerable, as they are much smaller than adults and have less water to lose.

Watery diarrhea can last for 3 to 5 days or even longer before it stops. If the diarrhea lasts more than 14 days, it is a good idea to check with a trained health worker.

Ask for and clarify any questions. Conclude the presentation on home treatment for diarrhea with the following information:

Prepare foods by cooking them well, mashing, grinding or fermenting them. If previously prepared foods must be offered, first reheat them until they are thoroughly hot.

3. ANALYZE CASES ON HOME TREATMENT OF DIARRHEA - 12 MINUTES

Please get into small groups of 3 persons. Listen to the following examples of children with common diarrhea and how they were home-treated. Decide if you agree with the treatment or what you recommend to do differently.

Read each case on the home treatment. Give the small groups about 1 minute to discuss their advice to each mother. Ask 1 group to report their advice and invite other groups to comment. Ensure that the conclusion of the discussion is correct information. Repeat this process for each case. Do as many cases at time allows. As much as possible, alter each case to use local examples.

Case of Marigarita

Marigarita has a 9-month-old baby boy. He is normally an active child but today he is not. He started having very watery diarrhea yesterday. Marigarita realizes she is pregnant again. She thinks it is her breast milk that is causing the diarrhea. She decides to stop breastfeeding her baby.

♦ What advice would you offer to Marigarita to treat her son's diarrhea? [Marigarita's breast milk is still good for the baby. Getting pregnant does not change her breast milk. She should continue to breastfeed and even increase the frequency if possible and give other liquids. She should also offer small, frequent meals to her baby.]

Case of Mariza

Mariza has a 3-year-old daughter. The little girl is normally very healthy. However, she has had watery diarrhea for 4 or 5 days. Mariza is giving plenty of liquids and extra food to her daughter. Yesterday, she even gave the ORS mixture to her daughter but this 'medicine' did not cure the diarrhea. Today Mariza went to the market and purchased some antibiotics from the local seller. She hopes this medicine is going to make her daughter better.

♦ What advice would you offer to Mariza? [Watery diarrhea can last for 3 to 5 days or even longer before it stops. The proper treatment is to give plenty of extra liquids and frequent feeding. ORS is a good liquid to use, but it will not "cure" diarrhea. It helps prevent dehydration. Normally, the diarrhea will "cure" itself. It is not safe to give antibiotics for watery diarrhea unless the health worker says so. It can be expensive and it will not help the diarrhea.]

Case of Sarah

Sarah has a 2-year-old daughter. Her child does not eat well and is very thin. Sarah recently learned that diarrhea is dangerous and can lead to malnutrition and death. She knows this is true because twice her daughter was near death from diarrhea. Sarah's daughter is having watery diarrhea again and she decided to force her daughter to eat. The child cries, shuts her mouth and refuses to take the food. Sarah holds her daughter's nose and pries her jaws open to take the drink and food. The child vomits the food.

♦ What advice would you offer to Sarah? [Sarah is correct that her daughter needs to eat and she especially needs to drink more when she is having diarrhea. However, it is not recommended to force food into a child's mouth. There is danger of choking or hurting the child in other ways. Instead, fix favorite foods if possible and patiently encourage the child to eat.]

Case of Regina

Regina has a 4-year-old son. He has had watery diarrhea for almost a week. The weather is very hot and his diarrhea is frequent. Regina wants to make sure that he drinks plenty of extra liquid. She decides to use ORS packets mixed into fruit juice to make it taste better. Her son likes sodas and Regina plans to buy them as a special treat to encourage him to drink more.

♦ What advice would you offer Regina? [Regina is correct to see that her son drinks plenty of extra liquid. However, too much sugar can make the diarrhea worse. There is a lot of natural sugar in fruit juices and the addition of ORS makes the amount of sugar dangerous. Likewise, the amount of sugar in sodas is too much—even before adding any ORS. She should not offer soda.]

Thank the group for their advice.

4. REVIEW THE SESSION AND THE ASSIGNMENT - 3 MINUTES

Today we learned important information about treating diarrhea with fluid, food, and personal care. Remember:

- Immediately start giving extra liquids—keeping hydrated is vital.
- Give plenty of food in small, frequent meals—even after diarrhea is gone.
- Do not give medicine unless told by a doctor or nurse—only ORS.
- Give special attention to diarrhea—every person's life is valuable.

There is one more recommendation about what to do if the diarrhea does not get better. We are going to talk about that in the next session. In the meantime, I invite you to share this information with a friend or neighbor. I look forward to hearing about your conversations the next time we meet.

Let us stand and repeat this commitment together:

We will care for our families by preventing and treating diarrhea!

Thank you for participating today. Remember, because every person is valuable in the eyes of God, we must take the best care of our children and families when diarrhea strikes.

Would anyone like to pray, asking God to help us to properly treat diarrhea?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Father God.

Even the most common illness is important to You. Thank you for giving us the knowledge to treat them. Thank you that in Your greatness, You are concerned for us, and consider each of us precious. In Jesus' name, Amen.

Recommendations for Home Treatment of Diarrhea—Liquids and Food

1. Give More Liquids than Usual (it saves lives!)

What

- "Food-based" liquids such as soup, rice water, breast milk, yogurt drinks—or give plain water.
- Breast milk is best for babies less than 6 months of age (breastfeed frequently, no additional drinks should be needed).
- Do not give sweetened fruit juice and sodas or heavily salted soups they make the diarrhea worse.

When

As soon as the diarrhea starts.

- How much Replace the amount of fluid lost with each watery stool:
 - ¼ to ½ large cup for children under 2 years of age
 - ½ to 1 large cup for children 2 to 10 years of age
 - Older children and adults should drink as much as they want

How long

• Until the diarrhea stops.

2. Give Plenty of Food

What

- Starchy food such as rice, maize or millet mixed with legumes (lentils, beans, etc.).
- Add a little salt and, for children, 1 or 2 small spoonfuls of vegetable oil to each serving.
- Add proteins as much as feasible, such as beans, eggs, fish, cheese, lentils, etc.
- Fresh fruit juices and bananas are helpful.
- Breast milk is the best food for babies less than 6 months of age. Nothing else should be given.
- **Do not give** foods that are hard to digest or too sweet, such as coarse fruits and vegetables or their peels, or whole-grain cereals

When

- As soon as the diarrhea starts.
- Encourage the child to eat. Offer food every 3 or 4 hours (6 to 8 times a day).

How much • Small, frequent feeds are best.

How long

- After the diarrhea has stopped, continue to give the child one extra meal each day for 2 weeks.
- 3. Do Not Give Medicine (unless told to do so by a doctor or nurse). It is not necessary for most diarrheas.

4. Give Special Attention

- Each man, woman, and child is made in the image of God, and is valuable to Him.
- Infants and children are especially vulnerable, as they are much smaller than adults and have less water to lose.

Watery diarrhea can last for 3 to 5 days or even longer before it stops. If the diarrhea lasts more than 14 days, it is a good idea to check with a trained health worker.



SESSION 4: SEEKING HELP FOR SEVERE DIARRHEA

OBJECTIVES

By the end of this session, participants will have:

- 1. Distinguished differences among various types of diarrhea.
- 2. Analyzed symptoms of serious dehydration and what actions to take if any appear.
- 3. Reinforced a biblical idea of human dignity as the basis for seeking medical help.
- 4. Practiced making wise decisions as to when to seek medical help.

PREPARATIONS

• Holy Bible (prepared/highlighted in advance)

TIME

30 minutes

Steps

1. REVIEW THE PREVIOUS SESSION AND ASSIGNMENT - 3 MINUTES

Today we are going to talk about seeking help for severe diarrhea. But first, let us review the important information about the treatment of common diarrhea. I am going to read a statement and would like for all of you to call out the missing word when I pause.

Read the sentence but give the group the opportunity to fill in the blank. Then read the extra information found in the parenthesis.

Immediately sta	rt giving extra (liquids).
• Give plenty of _	(food) (in small, frequent meals).
• Do not give	(medicine) (unless told by a doctor or nurse)
• Give special	(attention), (each person's life is valuable).

Invite 1 or 2 participants to share their experience treating diarrhea. Ask:

♦ Who can share how you used this information since our last meeting?

Thank the participants and summarize by saying:

There are times when diarrhea does not get better or even gets worse. Today we are going to distinguish among the various types of diarrhea and what to do for each. You are also going to learn how to detect if a person is getting dehydrated and needs additional help.

2. PRESENT THE TYPES OF DIARRHEA - 12 MINUTES

Give the following presentation:

There are 4 types of diarrhea to recognize. All of them are dangerous because they can cause dehydration (loss of water) that leads to death and worsens malnutrition.

- Common watery diarrhea This is the diarrhea we have discussed in previous sessions. It is 3 or more watery stools in 24 hours. It can last up to two weeks. You do not need medicine.
- **Dysentery** Diarrhea with blood and mucus in it. If you see blood and mucus in the stool, immediately go to a trained medical person. You need to get antibiotics.

- Cholera Diarrhea with an enormous amount of fluid loss with vomiting. The fluid loss happens because you are having several watery stools each hour. Go to a trained medical person immediately for antibiotics and help in replacing the fluids. Cholera spreads rapidly to many people if basic hygiene behaviors are not practiced carefully.
- Long-lasting diarrhea This is watery diarrhea that lasts for more than 14 days. Go immediately to a trained medical person for advice on how to eat differently to control your diarrhea.

With any diarrhea, there are additional danger signs or behaviors that suggest immediate medical attention is needed. Watch for these symptoms:

- Unable to drink anything
- Repeated vomiting
- Fever
- Lethargic (sleepy) or unconscious

Ask 2 or 3 volunteers to share their experiences with dysentery, cholera or long-lasting diarrhea.

♦ What is your experience seeing these types of diarrhea or signs of severe dehydration?

Ask for and answer any questions about the types of diarrhea and danger signs.

3. PRACTICE DECISIONS ABOUT SEEKING MEDICAL ATTENTION - 12 MINUTES

Remember, all diarrhea is dangerous and can kill. If the diarrhea has blood in it, if there is an enormous amount of fluid loss, if there are signs of severe dehydration, or if it lasts longer than 14 days, immediately go for medical care from a trained health worker. Any of these symptoms requires immediate medical care. We can honor God by taking care of ourselves and our families when we seek medical care for severe diarrhea.

Let us practice making wise decisions in seeking medical attention. Please stand in a straight line—one behind the other. I am going to read a brief story about a person with diarrhea. Then, when I say one, two, three... "STEP", if you think the person needs to go immediately to the doctor move to your **right** (demonstrate one step to their right) or if you think home treatment is sufficient for the diarrhea move to your **left** (demonstrate one step to their left).

The Case of Marita

Marita woke early and rushed to the latrine. She noticed blood and mucous in her feces. She ignored it and began preparing the morning meal. Later in the morning she felt the need again. And again there was blood and mucous.

♦ What should Marita do? Go immediately to a doctor or home treatment for diarrhea? One, two, three...STEP!

Ask one of the participants who stepped to her right:

♦ Why would you go to the doctor? What type of diarrhea might Marita have? [Marita may have dysentery which needs to be treated by a doctor.]

Applaud all who stepped to the right and then ask everyone to form a straight line again. Tell the next case and repeat the same process.

The Case of Baby Jane

Baby Jane was not herself. She had diarrhea several times the day before. This morning it was difficult for her mother to wake her and Baby Jane could not breastfeed.

♦ What should Baby Jane's mother do? Take her baby immediately to a doctor or give home treatment for diarrhea? One, two, three...STEP!

Ask one of the participants who stepped to her **right**:

♦ Why did you say go to the doctor? What type of diarrhea might Baby Jane have? [Baby Jane may be severely dehydrated from watery diarrhea and needs to be seen by a doctor immediately.]

Applaud all who stepped to the right and then ask everyone to form a straight line again. Tell the next case and repeat the same process.

The Case of Felician

Felician returned from construction work in the city. He said that work stopped because everyone was sick. He complained that he was having diarrhea like never before. Then he felt feverish and started to vomit over and over.

♦ What should Felician's wife do? Take Felician immediately to a doctor or give home treatment for diarrhea? One, two, three...STEP!

Ask one of the participants who stepped to her **right:**

♦ Why did you say go to the doctor? What type of diarrhea might Felician have? [Felician may have cholera and need to be treated by a doctor immediately.]

Applaud all who stepped to the right. Summarize by saying:

If any of these signs appear, <u>immediately</u> give liquids and go to a trained health person for help. Never wait to give liquids. Start before seeking medical care. This is especially important for infants and children, who can quickly die from dehydration.

It may be a long way to go to a health center, but nothing is as precious as life. It is important that we do everything possible to care for ourselves, our children, family members and friends when signs of severe diarrhea arise.

♦ Why should we seek medical care immediately for severe diarrhea?

Allow several participants to share ideas. Thank participants for their answers.

Because our lives are precious gifts from God, we must honor Him by taking care of our bodies. In the Bible, a man named Paul wrote a letter, telling a group of Christians the importance of caring for the body:

Open the Scriptures and read I Corinthians 6:19-20.

"Do you not know that your body is the temple of the Holy Spirit, who lives in you and was given to you by God? You do not belong to yourself, for God bought you with a high price. So, you must honor God with your body."

By seeking medical care for severe diarrhea, we honor God by taking care of our bodies. By getting proper treatment, we are being good caretakers of the bodies that God has given to us.

4. REVIEW THE SESSION AND THE ASSIGNMENT - 3 MINUTES

Today we discussed four types of diarrhea: common watery diarrhea, dysentery, cholera and long-lasting diarrhea. All of them can be dangerous if extra liquids and food are not given. You also learned important information about recognizing and taking action when you see signs of severe dehydration. Remember:

- All diarrhea is dangerous.
- If any signs of dehydration appear, go <u>immediately</u> to a doctor or nurse for help.

I encourage you to discuss this information with your friends and neighbors, especially if they have children who have diarrhea.

The next session is about how to <u>prevent</u> diarrhea. Ask your friends and neighbors how they prevent diarrhea. I look forward to hearing about your conversations the next time we meet.

Let us stand and repeat this commitment together:

We will care for our families by preventing and treating diarrhea!

Thank you for participating today.

Would anyone like to pray, asking God to help to use wisdom when seeking help for severe diarrhea?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Lord of Life,

Our bodies are gifts from You, and You know them inside and out. Teach us to take care of them properly, and grant us the wisdom to know the difference between common and severe diarrhea. For this, we trust in You. In Jesus' name.

Amen.



SESSION 5: PREVENTION OF DIARRHEA

OBJECTIVES

By the end of this session, participants will have:

- 1. Reviewed 4 recommended practices for preventing or reducing cases of diarrhea.
- 2. Discussed and formulated a plan for using discipline to prevent diarrhea in their homes and communities.

PREPARATIONS

- Pictures:
 - 2. Father Having Diarrhea in the River
 - 4. Mother Gives Water to Son
 - 6. Daughter Eating Uncovered Food with Flies
 - 8. Daughter Giving Unwashed Fruit to Her Mother
 - 11. Hand washing
 - 12. Use the Latrine
 - 13. Bury Feces
 - 14. Drink Water from a Safe Source
 - 15. Protected Food: Covered and Heated
 - 16. Protected Food: Washed and Cooked
- Holy Bible (highlighted/reviewed in advance)

TIME

30 minutes

Steps

1. REVIEW THE PREVIOUS SESSION - 3 MINUTES

Today we are going to talk about how to prevent diarrhea. First, let us review what we learned in the previous session.

- ♦ What are the danger signs of severe diarrhea? [Unable to drink, repeated vomiting, fever, and lethargic (sleepy) or unconscious]
- ♦ What do you do if you see any one of these danger signs? [Immediately give extra liquids and go to a trained medical person.]
- ♦ Why should we seek medical care immediately for severe diarrhea? [Each person is made in the image of God; we honor Him by caring for our bodies.]

2. PRESENT HOW TO PREVENT DIARRHEA - 12 MINUTES

♦ What did your neighbors and friends tell you about the prevention of diarrhea?

Ask 3-4 participants to share. Address both physical and spiritual beliefs about diarrhea according to the truth of Scripture. Allow for adequate clarification among participants. Thank and praise them.

Continue the story of Joseph's family to analyze the ways to prevent the spread of germs that cause diarrhea. Ask each question and invite volunteers to respond. Show pictures 2, 4, 6 and 8 to help them answer. Be sure the correct response is clear.

Let us study Joseph's family again to consider what to do to prevent swallowing germs that cause diarrhea. Think about how the story began.

- ♦ What did the father do that spread germs that cause diarrhea? (Show Picture 2.) [He defecated in the river.]
- ♦ How did the son get diarrhea? (Show Picture 4.) [He drank water contaminated with feces.]
- ♦ How did the daughter get diarrhea? (Show Picture 6.) [She did not wash her hands and ate food that was contaminated with feces spread by flies.]
- ♦ **How did the mother get diarrhea?** (Show Picture 8.) [She did not wash her hands and ate unwashed fruit that had fallen to the ground contaminated with feces.]

Form the participants into 4 groups. Present the 4 practices to reduce diarrhea. Assign each group one practice and give the pictures to each group as you present it. Say:

There are many things you can do to reduce the chances of getting or spreading diarrhea. I invite you to recall the need to use discipline. It is impossible to prevent diarrhea without using proper discipline. Remember, in 2 Timothy 1:7, it says:

Open the Scriptures and read.

"For God did not give us a spirit of fear, but of power, of love, and of self-discipline."

♦ What does this verse tell us about preventing diarrhea?

Encourage several participants to share. Then, say:

Because God has given us the proper knowledge to prevent diarrhea, we must not fear. Any powers of evil that are believed to cause diarrhea, such as spirits, demons, or curses, have been defeated by Jesus. We can treat diarrhea by using the knowledge God gives us.

There are 4 practices that are especially important that you can do: hand washing, using a latrine or burying feces, drinking safe water, and protecting food. I am going to assign one practice with a question to each group.

Group 1: Hand Washing (Picture 11)

♦ When should you wash your hands? Before and/or after what daily activities?

Group 2: Use a Latrine or Bury Feces (Pictures 12 & 13)

♦ How can family members prevent contact with feces?

Group 3: Drink Water from a Safe Source (Picture 14)

♦ How can you make sure that your drinking water is clean and stays clean?

Group 4: Protect Food (Pictures 15 & 16)

♦ How can you ensure that the food you eat is safe?

You have 3 minutes to prepare your report.

After 3 minutes, ask each group to report and to use their pictures to highlight the information. Use the table below to ensure that all the information is covered. Only mention points not reported by the groups.

Practices to Reduce	Practices to Reduce Exposure to Germs that Cause Diarrhea		
Hand£ashing	Wash your hands (and your children's hands) with soap and		
(Picture 11)	clean water. Do this:		
	• after using the latrine, defecating, or changing the baby's diaper		
	• before cooking or preparing food		
	before eating or feeding children		
	To dry your hands, use a clean cloth or let them air-dry.		
Uss-n a Latrine	All family members should use a clean latrine. If no latrine is		
or Burys-n Feces	available, bury feces to prevent humans/animals/flies from		
(Pictures 12 & 13)	coming into contact with the feces. It is especially important to		
	dispose of feces of young children.		
Drinking Water from a Safe Source	• Drink water from a safe source or boil it thoroughly.		
	Transport water safely in covered containers to prevent		
(Picture 14)	contamination with fingers or dirt.		
	• Keep drinking water in a clean, covered container. If possible,		
	use a narrow-neck container to make it difficult for fingers to		
	get to the water.		
	• Keep the container in a clean place off the ground and away		
	from children and animals.		
	• Water should be poured from these containers or have a ladle		
	or cup used only for dipping water and not for drinking.		
Protecting Food	 Cook food thoroughly and serve it hot. 		
(Pictures 15 & 16)	• Keep food in a cool place out of direct sunlight in clean,		
	covered containers. Make sure that flies and other pests cannot $% \left\{ 1,2,,n\right\}$		
	get into the food.		
	• Wash all raw vegetables and peel or wash fruit in clean water.		

Ask for and clarify any questions. Applaud their good work.

3. PREPARE PLANS FOR IMPROVING DIARRHEA PREVENTION PRACTICES – 12 MINUTES

Tell the participants:

Today, you learned about practical ways you can use discipline to prevent or reduce the number of times family members get diarrhea. Four of these actions are especially important. They are:

• Hand washing

- Using latrines or proper feces disposal
- Drinking safe water
- Protecting food

Please stay in your 4 groups. Prepare a plan for motivating your family or community to use the recommended practices assigned to your group. Be very specific.

♦ What is your plan to improve the family's use of your assigned practices?

You have 4 minutes to prepare your plan. Then each group is going to report (or demonstrate) the specific steps they are going to take to improve one of these practices in their families or community. We are going to see which group develops the best plan.

Give the groups 4 minutes to prepare. Then ask each group to report their ideas. After each report, invite comments and discussion from the other participants.

Congratulate the groups for their plans.

4. REVIEW THE SESSION AND ASSIGNMENT - 3 MINUTES

Today we discussed the actions you can take to prevent diarrhea. (*Point to the pictures as you mention each action.*) Remember:

- Wash hands.
- Use a clean latrine or bury feces.
- Drink safe water.
- Eat clean food—washed or well cooked and covered.

Remember, you must use discipline in order to prevent diarrhea. The health of the whole community depends on each individual person. Please discuss what you learned with your family, friends and neighbors who could benefit from knowing these practices. Also, please take action to improve your diarrhea prevention practices.

Let us stand and repeat this commitment together:

We will care for our families by preventing and treating diarrhea!

Thank you for participating today.

Would anyone like to pray, asking God to help us to use discipline in preventing diarrhea in our community?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Lord of All the Earth,

You are the Great Doctor. Because of Your goodness, we find healing for our hearts and our bodies. Teach us to use discipline, that we may strengthen the health of our families and communities, in the name of our blessed Lord, Jesus.

Amen.

Note: Only facilitate Session 6: ORS—Oral Rehydration Solution if the packets are locally available. Ask as many participants as possible (at least 3 or 4 of them) to bring the following items to the next session: cup, mixing bowl, 1-liter container and a spoon. Arrange to have sufficient water for all to practice preparing ORS.



SESSION 6: ORS – IT SAVES LIVES

(Implement this session only if ORS packets are locally available)

OBJECTIVES

By the end of this session, participants will have:

- 1. Reviewed the dangers of a cholera epidemic.
- 2. Practiced mixing ORS.
- 3. Re-examined a biblical view of caring for the body.

PREPARATIONS

- ORS packets—enough for the demonstration and for participants to practice
- Basin, soap, water and cloth for washing hands
- Mixing container, spoon and clean water
- Cup to show quantity to give and to taste the mixture
- Holy Bible (reviewed/highlighted in advance)

TIME

30 minutes

Steps

1. PRESENT INFORMATION ABOUT ADDRESSING CHOLERA WITH ORS – 3 MINUTES

In an earlier session you learned that severe dehydration can occur rapidly, especially with cholera, and needs immediate attention by a doctor or nurse. ORS—Oral Rehydration Salts or Solution—may be used for treatment of dehydration, but this may not cure diarrhea. If you think it is cholera, tell the health worker immediately to prevent the spread of the germs to other people.

Today the session is about ORS. When large amounts of fluid are rapidly lost through diarrhea and vomiting, ORS is one of the best treatments to prevent dehydration. ORS comes in a packet (show the packet) and contains carefully measured amounts of sugar, salt and other ingredients that help prevent the body from getting dehydrated. Today we are going to practice mixing ORS and how to use it.

Ask for and respond to comments and questions.

2. DEMONSTRATE MIXING ORS AND HOW TO USE IT - 12 MINUTES

Give a demonstration of how to prepare ORS solution. Show and explain the steps listed below.

Steps for Preparing ORS Solution

- 1. Wash your hands with soap and water.
- 2. Pour all the powder from one packet of ORS into a clean container. Use whatever container is available, such as a jar, bowl or bottle.
- 3. Measure 1 liter of clean water (or the correct amount for the packet used). Keep a 1-liter bottle, such as an empty soda bottle, available to measure the correct amount of water to use. It is best to boil and cool the water before use, but if this is not possible, use the cleanest drinking water available. Pour the water into the container. Mix well with a clean spoon until the powder is completely dissolved.
- 4. Taste the solution so that you know what it tastes like—just like tears.
- 5. Mix fresh ORS solution each day in a clean container. Keep the container covered. The solution can be kept and used for one day (24 hours). Throw away any solution remaining from the day before.

Ask for and answer any questions.

There are 4 things to know and to do when giving home treatment with ORS. They include:

Recommendations for Giving ORS		
When do you give ORS?	After each loose stool	
How much ORS to give?	• Less than 24 months old $-\frac{1}{4}$ to $\frac{1}{2}$ cup (1 to 2 fingers	
(by age group)	high)	
	\bullet 2 up to 10 years old— $\frac{1}{2}$ to 1 cup (2 to 4 fingers high)	
	• 10 years and older—as much as wanted	
How do you give ORS?	Less than 24 months old—spoonful by spoonful	
	• 2 years and older—frequent sips from a cup	
How long do you give ORS?	Continue to give until the diarrhea stops	

If a child vomits the ORS, wait 10 minutes. Then give the ORS more slowly—for example, one spoonful at a time.

3. PRACTICE MIXING ORS - 12 MINUTES

Invite the participants to get into groups of 2 or 3 persons. Instruct them to practice mixing ORS and helping each other learn and become confident in the preparation procedure. When one member has mixed a packet, they should change roles. The second person mixes the solution and the other members give feedback as needed. Walk among the groups to answer questions and to ensure that they are mixing the ORS properly.

When the small groups have completed their practice, discuss the experience with the large group. Ask:

- ♦ What was your experience mixing the ORS?
- ♦ What suggestions do you have to help others do it correctly?

Thanks the volunteers and then ask:

♦ Who among you have children or grandchildren less than 2 years old?

When the participants have identified themselves say:

Put your fingers on the outside of your cups (or hold up the number of fingers) to show:

♦ How much ORS to give? [1 to 2 fingers = ¼ to ½ cup]

Then ask volunteers to answer:

♦ When would you give it? [after each loose stool]

- ♦ How would you give it? [spoonful by spoonful]
- ♦ For how long? [until the diarrhea stops]

Repeat the questions for participants with children or grandchildren 2 up to 10 years old. Then repeat the questions for participants with children or grandchildren over 10 years old. Ask for and answer any questions. Then congratulate the group on its good work.

♦ Why should we learn to properly use ORS?

Thank participants for their answers.

Excellent. Because God has given us the gift of life, we are responsible to properly care for our bodies and our children.

♦ What do you remember about Paul's advice to care for our bodies?

Thank participants for their answers. Open the Scriptures and re-read I Corinthians 6:19-20.

Let us read the Scriptures once again.

"Do you not know that your body is the temple of the Holy Spirit, who lives in you and was given to you by God? You do not belong to yourself, for God bought you with a high price. So you must honor God with your body."

Certainly, by properly using ORS, we honor God by taking care of our bodies when diarrhea strikes.

4. REVIEW THE SESSION - 3 MINUTES

Today you practiced how to mix ORS. You also reviewed how to use ORS for severe diarrhea, such as occurs during a cholera epidemic. In acting quickly, we are being good caretakers of the bodies that God has given to us.

Remember:

- Give ORS or other liquids for severe dehydration.
- If you suspect cholera or severe dehydration, go to the doctor immediately.

I encourage you to discuss what you learned with your family, friends and neighbors who could benefit from this information.

Let us stand and repeat this commitment together:

We will care for our families by preventing and treating diarrhea!

Thank you for participating today. I look forward to hearing about your conversations the next time we meet.

Would anyone like to pray, asking God to help us put to practice all that we have learned?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

O Lord,

All good gifts that we have are from You. Give us wisdom to properly treat diarrhea when it strikes, and to have Your peace in times of sickness, knowing that You are the Giver of Life. In Jesus' name we ask these things, Amen.



SESSION 7: REVIEW THE DIARRHEA SESSIONS

OBJECTIVES

By the end of this session, participants will have:

- 1. Reviewed the important information from each session.
- 2. Described the actions they have taken as a result of this topic.
- 3. Stated how they plan to use the information and recommended practices.

PREPARATION

None

TIME

30 minutes

Steps

1. REVIEW IMPORTANT INFORMATION FROM ALL THE DIARRHEA SESSIONS – 12 MINUTES

Today is the final session on diarrhea. Let us begin with a game to review the information about diarrhea presented during all of the sessions. Please form 4 groups by counting off 1, 2, 3, 4, 1, 2, 3, 4, etc. Sit together with your group and with the groups sitting in order 1, 2, 3 and 4.

I am going to read part of a sentence or a statement about diarrhea, but I will leave out an important part. Group 1 gets to answer first. If they answer correctly, they get a point (use a stone, slip of paper, etc.). If the answer is incorrect or incomplete, the second group gets the chance to respond. If their answer is correct, they get the point. Then I am going to read another statement and group 3 gets the opportunity to answer and win a point. Once a group answers correctly and wins a point, the next group gets to answer, and so on.

Ask if the participants understand the game and verify that they are ready. Keep the pace of the game lively. Read the following partial statements:

[Response: water]
♦ The most important action to take when diarrhea starts is [Response: to give plenty of water or liquids]
♦ Each person is valuable to God because all people are made in His [Response: image]
♦ When an infant or child has diarrhea it is important to give extra liquid. It is also very important to continue [Response: continuing breastfeed or giv plenty of food]
♦ After a child's diarrhea has stopped, it is important to give an extra meal every day for at least [Response: 2 weeks]
♦ It is impossible to prevent diarrhea without using [Response: discipline]

\Diamond You know a person is severely dehydrated when you see
Responses: All of the following are possible. Allow several groups to answer to get all of
the responses.
Sunken and tearless eyes
Dry mouth or cracked lips
 Loss of elasticity of skin
Little urine that is dark yellow or no urine]
There are different types of diarrhea. Responses: All of the following are possible.
Allow several groups to answer to get all of the responses.
• You identify common watery diarrhea by [3 or more watery stools in 24 hours]
• You identify dysentery by [blood and mucus in the stool]
 You identify cholera by [enormous fluid loss with vomiting]
• You identify long-lasting diarrhea by [diarrhea lasting for 14 days or longer]
♦ You know a person has a diarrhea danger sign when you see
Responses: All of the following are possible. Allow several groups to answer to get all of
the responses.
• Inability to drink
Repeated vomiting
• Fever
• Lethargy or unconsciousness]
♦ If a child or adult has severe diarrhea or dehydration, you should
Responses:
Immediately give liquids
• Immediately take them for medical attention]
♦ If a child has severe diarrhea, you should not give [Responses:
• medicines, unless told to do so by a doctor or nurse.
sweetened juice and drinks or heavily salted soups]
Vou can use discipline to prevent diarrhea by [Responses: All of
the following are possible. Allow more than one person to answer to get all responses. • Hand washing • Using the latrine or burying feces • Using clean or boiled water • Eating clean food (washed and well cooked)

This is the end of the game. Each group tell the number of points you have.

Let each group announce its points. Then say:

Congratulations to group ___ as the one with the most points. And congratulations to everyone for all the information you learned.

2. REPORT PRACTICES USED TO MANAGE AND PREVENT DIARRHEA – 8 MINUTES

Knowing about diarrhea is important. However, what is more important is how you use the information.

Now, I am going to read a recommended practice. Think about your use of the recommendations from all of the sessions on diarrhea. Raise your hand if you have used the practice. I am going to ask for 1 volunteer to report what she has done.

Read each statement. Then ask 1 volunteer to share her experience. Celebrate with applause the actions she has taken. If a problem is stated, ask if anyone has advice to share with that person to help overcome the problem. If time is running short, select two of the practices to discuss.

Recommended Practices to Prevent and Treat Diarrhea

You learned that...

A. Dehydration is dangerous and can kill rapidly. It is important to give liquids immediately and for as long as the diarrhea remains.

- ♦ How have you used this recommendation?
- ♦ What results did you have?

Ask 1 participant to share her experience. Respond to problems by asking the other groups to offer solutions. Congratulate her actions.

You learned to...

B. Continue feeding a child who has diarrhea. Give an extra meal each day for 2 weeks after the diarrhea has stopped.

- ♦ How have you used this recommendation?
- ♦ What results did you have?

Repeat the report -> problem solving -> congratulations steps.

You learned to...

C. Look for signs of severe dehydration and to seek immediate medical attention when any one of them occurs.

- ♦ How have you used this recommendation?
- ♦ What results did you have?

Repeat the report -> problem solving -> congratulations steps.

You learned to...

D. Use discipline to prevent diarrhea by: washing your hands, drinking clean water, eating clean food, using the latrine or burying feces.

- ♦ How have you used this recommendation?
- ♦ What results did you have?

Repeat the report -> problem solving -> congratulations steps.

After the discussion of the final point, encourage all of the participants to give applause to each other for what they have learned and tried.

3. DECIDE HOW TO USE THE RECOMMENDED PRACTICES - 10 MINUTES

To conclude the topic, help participants assess how the sessions have empowered them. Say:

Diarrhea is a common visitor to the household. It causes small losses in health for many days that can add up to a big problem—and it is a killer. However, because God has given us the proper knowledge to prevent diarrhea, we must not fear.

Open the Scriptures and read.

In 2 Timothy 1:7, it says:

"For God did not give us a spirit of fear, but of power, of love, and of self-discipline."

We must act bravely in the victory of Jesus, for He has given us the power to learn to effectively treat diarrhea.

Preventing diarrhea from occurring in the first place is wise. All of the recommended practices that we have discussed about the prevention and treatment of diarrhea are

important. Think about what the sessions on diarrhea have prepared you to do. Turn to the person sitting next to you and finish these statements:

- ♦ One important thing I learned during the sessions on diarrhea is...
- ♦ How I plan to use the information is...
- **♦** These lessons and practices are important because...

After 5 minutes, ask 4 or 5 volunteers to share what they discussed.

Summarize a few of the surprising results of the day. Congratulate the participants for planning to try the new practices. Encourage them to continue the new practices even if they have difficulties. Say:

You are now diarrhea management and prevention experts! Please use discipline in following the recommended practices, and share this life-saving information with friends and family members. In doing so, you honor God by caring for the health of your community. Because He has created each of us with great dignity, we must honor Him by taking care of ourselves, one another, and our families.

Let us stand and repeat this commitment together:

We will care for our families by preventing and treating diarrhea!

Would anyone like to pray, asking God to help us put this knowledge to proper use?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form

of this prayer:

Father of All Wisdom,

You have shown us that we are valuable to You. May we use the minds and bodies that You have given us to promote well-being in our families and communities. In Jesus' name, Amen.

DIARRHEA MANAGEMENT AND PREVENTION

LEARNING CONVERSATIONS
PICTURES

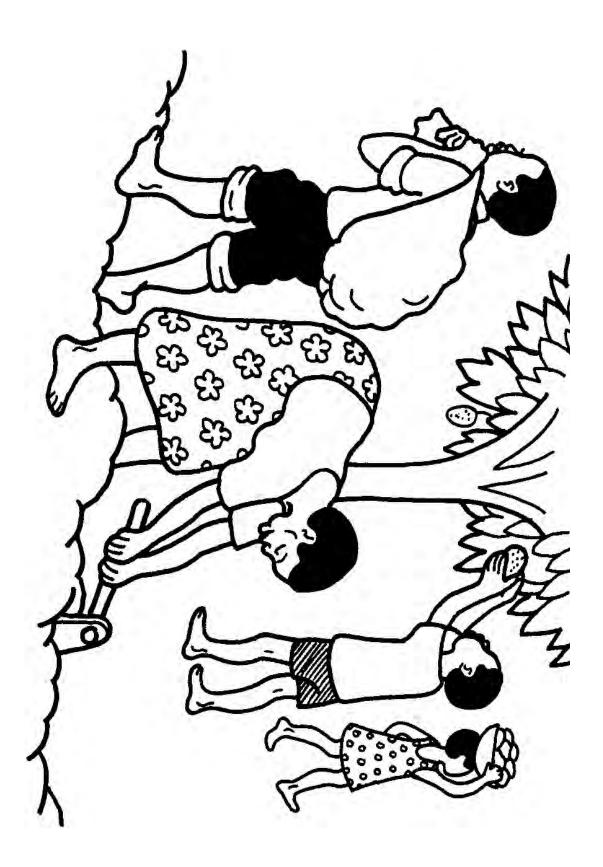
Signs of Severe Dehydration



Signs of Severe Dehydration



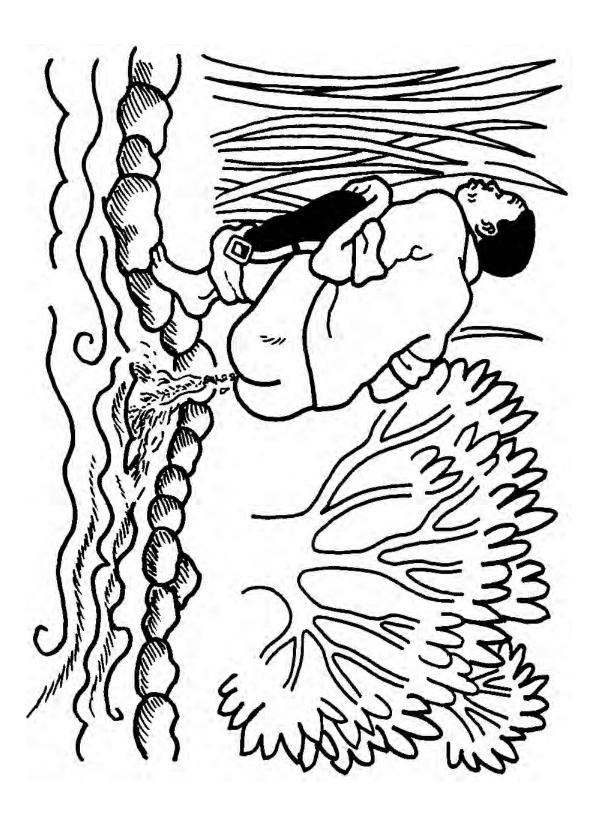
Picture 2: Family Working in the Field



This is Joseph's family.

grow food for their family. They work hard in the garden to

Picture 3: Father Having Diarrhea in the River



Joseph has had diarrhea lately.

is far away. He stops work to use a latrine, but it

He uses the river instead.

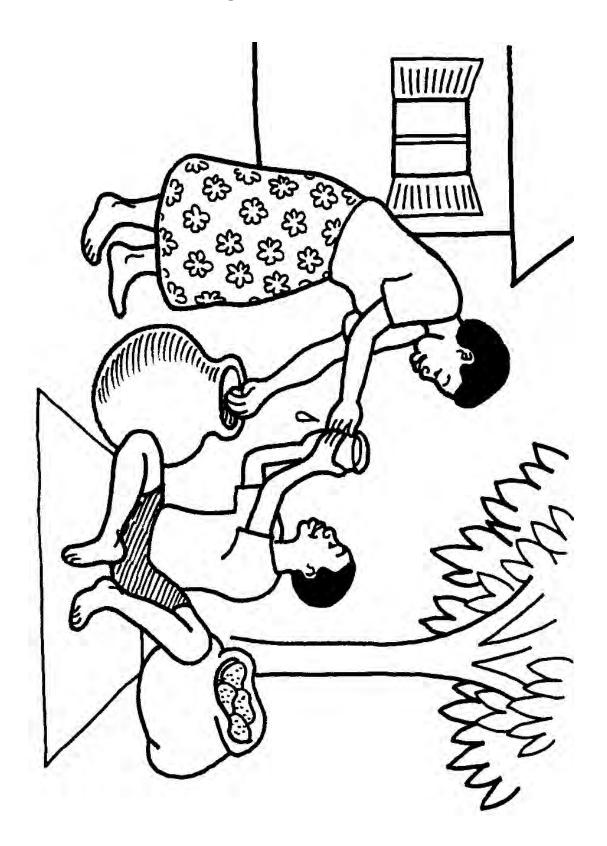
Picture 4: Mother Collecting Water from the River



same river. His wife collects water from the

husband used the river as a latrine. She does not know that her

Picture 5: Mother Giving Water to Her Son

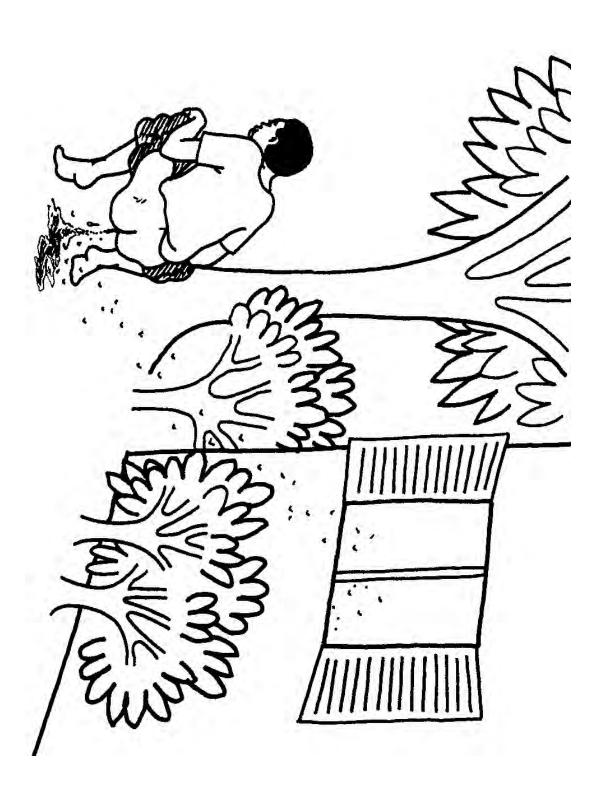


her son something to drink. She brings her water home to give

The water is not boiled.

with sickness from the father in it. The son unknowingly drinks water

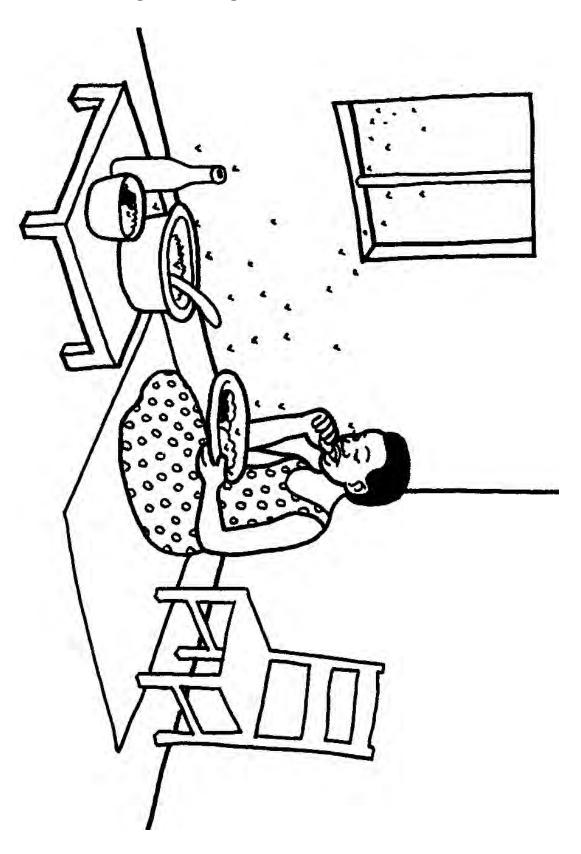
Picture 6: Son Having Diarrhea Behind the House



falls sick. Soon the son develops diarrhea and

the flies land on his feces. He defecates behind the house, and

Picture 7: Daughter Eating Uncovered Food with Flies

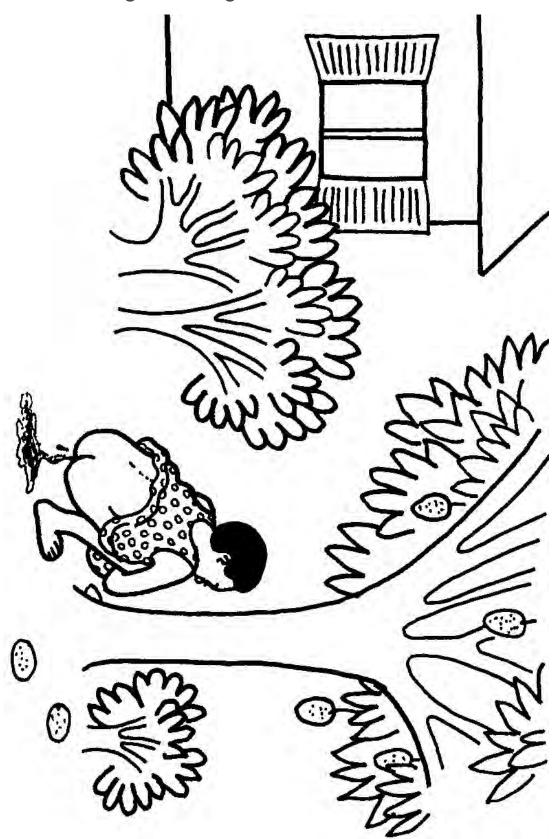


to the family food indoors. The flies move from the son's feces

food that was not covered. The daughter is eating some cold

eating. She did not wash her hands before

Picture 8: Daughter Having Diarrhea Under a Tree



Now the daughter is sick with

She defecates under the fruit tree near the house.

Picture 9: Daughter Giving Unwashed Fruit to Her Mother



After defecating, the daughter does not wash her hands.

She finds some ripe fruit under the tree and gives it to her mother.

away without first washing it. The mother eats the fruit right

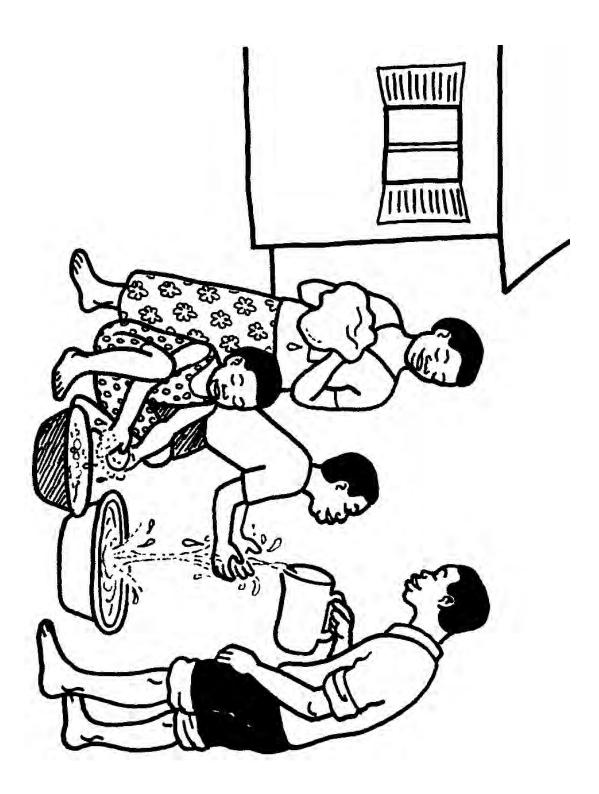
Picture 10: Whole Family Having Diarrhea



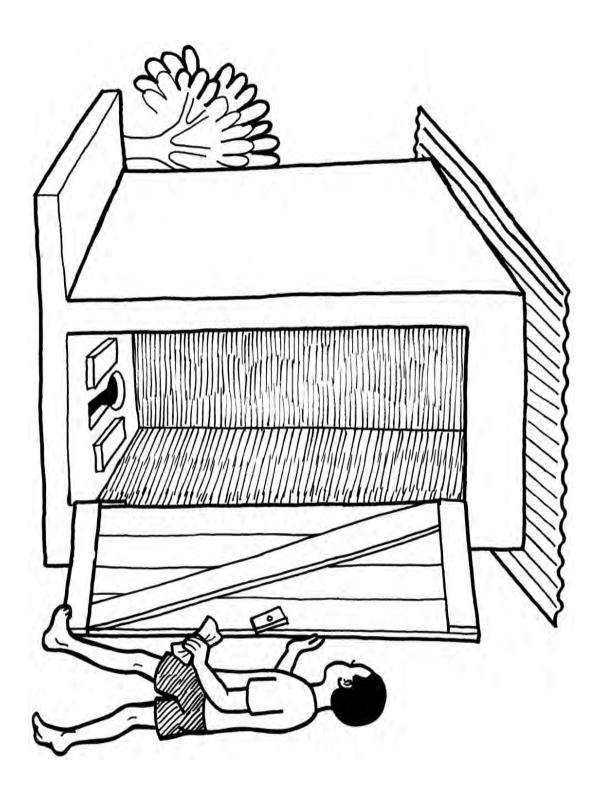
Now, she also has diarrhea.

The whole family has diarrhea.

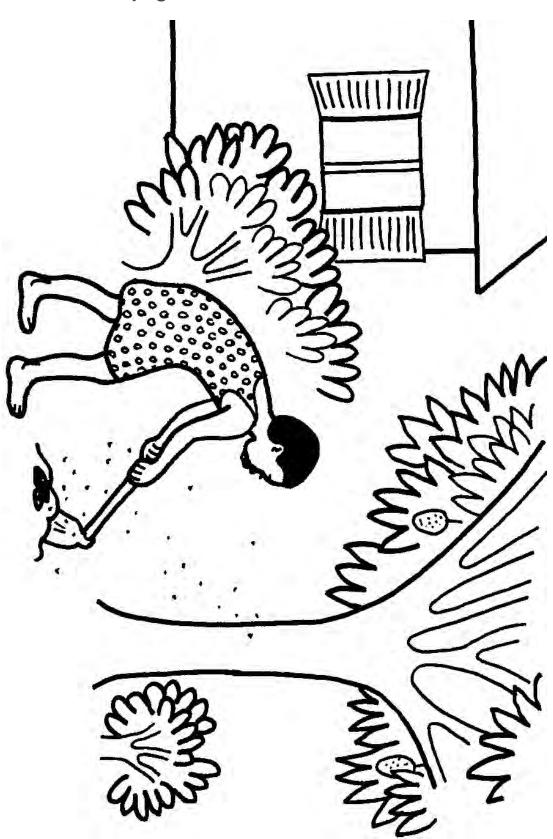
Picture 11: Handwashing



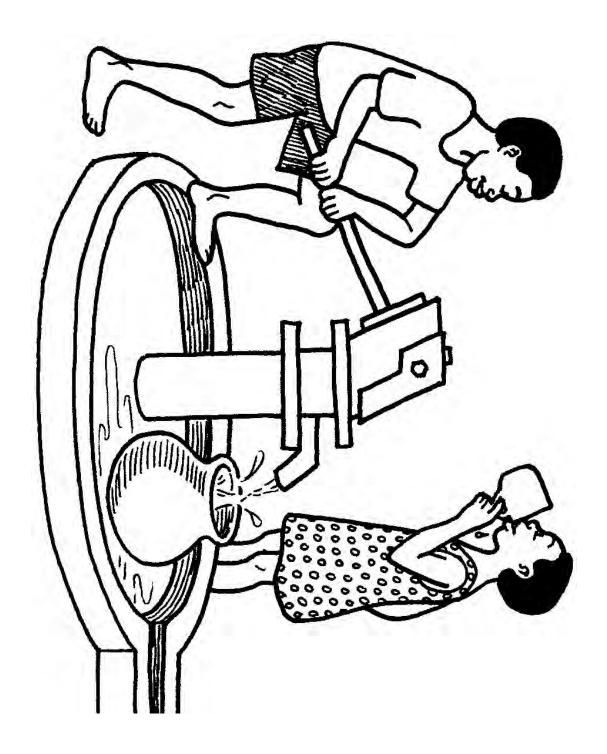
Picture 12: Using the Latrine



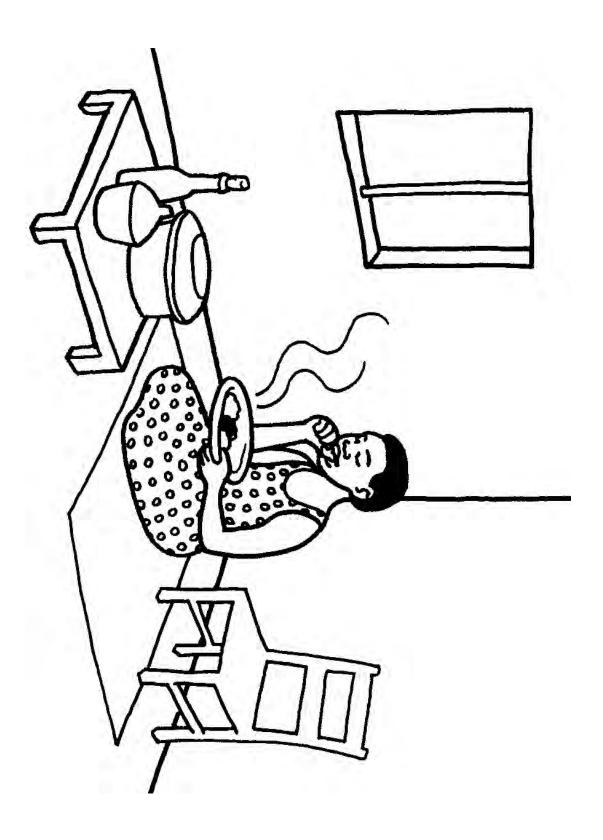
Picture 13: Burying Feces



Picture 14: Drinking Water from a Safe Source



Picture 15: Protected Food: Covered and Heated



Picture 16: Protected Food: Washed and Cooked



CONFRONTING MALARIA IN OUR COMMUNITY

LEARNING CONVERSATIONS
FACILITATOR'S GUIDE



About the Chalmers Center

The Chalmers Center for Economic Development is a research and training organization that equips churches with economic development strategies that holistically impact people who are poor. By uniting cutting-edge research, microeconomic development interventions, and social entrepreneurship principles, the Chalmers Center grows the capacity of local churches around the world to transform the lives of low-income people without creating dependency.

Since 1999, the Chalmers Center has been an industry pioneer in equipping church-based trainers with gospel-driven economic development innovations, including: savings-led microfinance, microenterprise development, financial literacy, jobs preparedness, and matched savings programs.

The Chalmers Center has prepared trainers in over 100 countries and is currently piloting new delivery models using social entrepreneurship methods in Côte D'Ivoire, Mali, Benin, Togo, and the United States.

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SESSION 1: WHAT CAUSES MALARIA AND HOW IT SPREADS

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Considered their God-given dignity in caring for their bodies.
- 2. Designed a way to remember how people get malaria.
- 3. Committed to sharing with others how malaria spreads.

PREPARATION

- Identify the local word for anemia or "thin or weak" blood.
- Picture 1
- Malaria Card! Section 1: How Malaria Spreads (one for each participant)
- Holy Bible (reviewed/highlighted in advance)
- Picture or tangible representation of one of the following: rice cooker, motorbike, rice field (or other appropriate local prop for Step 1)
- Large sheets of paper and markers

TIME

22 Minutes

Steps

1. INTRODUCE THE MALARIA TOPIC - 3 MINUTES

Welcome participants.

Today, we will begin a series of lessons about a sickness that is very dangerous—malaria.

Let us start with a question:

♦ If I gave you a new _____ (rice cooker, motorbike, or rice field) and asked you to take care of it, how would you treat it?

Show the item or photo. Ask 2 or 3 participants to share their ideas. Thank them, then say:

In the same way, all that God gives to us should be treated with respect. This not only means material things, but also our own bodies.

Open the Scripture to 1 Corinthians 6:19-20.

The Bible tells us:

"Do you not know that your body is the temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your body."

Our bodies belong to God and He has entrusted us to care for them. We must take care of our bodies, ensuring we are in good health and taking precaution against disease, including malaria.

♦ How many of you or your family members have had malaria?

Today we are going to talk about <u>what malaria is and how someone gets it</u>. In other meetings, we are going to discuss the best way to prevent malaria and what to do if someone gets sick with it.

2. DISCUSS HOW PEOPLE GET MALARIA - 10 MINUTES

Let us talk about what people say about malaria. There are many different ideas about this in our communities. In groups of 3 or 4, discuss the question:

♦ Where do people in your community believe malaria comes from?

In your groups, draw the source of the malaria.

Pass out poster papers and several markers to each group. Draw out animistic beliefs and practices. Encourage the groups to be honest and creative. After 7 minutes, say:

Now each group is going to quickly share an explanation of their artwork and the local beliefs about the origins of the disease.

Thank participants.

Listen to Psalm 86:6-10: Open the Scriptures to read:

Hear my prayer, O LORD; listen to my cry for mercy.
In the day of my trouble I will call to you, for you will answer me.
Among the gods there is none like you, O Lord;
no deeds can compare with yours.
All the nations you have made
will come and worship before you, O Lord;
they will bring glory to your name.
For you are great and do marvelous deeds;
you alone are God.

Among all other powers, Jehovah God is the all-powerful. Only He hears our prayers and can answer according to His unchanging love and concern for us. Because of this, we do not need to appease other powers – God gives us the knowledge and power that we need through His spirit.

♦ Knowing this, what must we do when malaria strikes?

The Bible says that Jesus Christ is our true help. I John 5:14 says: *Open the Scriptures and read*:

"This is the confidence we have in approaching God: that if we ask anything according to His will, He hears us."

We can defeat malaria by asking God for wisdom in using the knowledge He gives us. It is He who heals us. We must act bravely in His victory, for He has given us the power to learn to effectively treat malaria.

3. DISTRIBUTE CARDS AND TELL HOW PEOPLE GET MALARIA - 8 MINUTES

As we have learned, physical and spiritual causes for disease are related. God considers us valuable and can bring healing to our hearts and bodies.

Doctors and scientists have made careful observations and discovered important information about how God has created our world and our bodies. Listen to what they have learned:

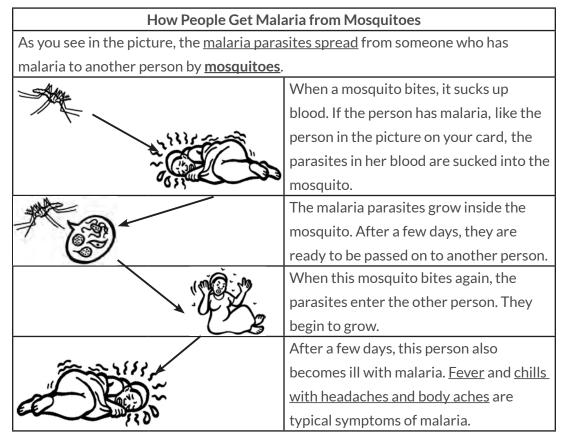
What Causes Malaria—a Parasite

- Malaria is caused by a parasite. It is a tiny creature too small to see. It <u>lives in human blood</u>.
- When the parasite enters and <u>destroys blood</u>, the person gets a <u>fever</u>. When enough blood is destroyed, the person gets <u>anemic</u> (thin blood). Sometimes the blood with the malaria parasite gets sticky. This clogs the brain. This is <u>brain malaria</u>, which causes convulsions and even death.

Distribute a Malaria Card to each participant.

Please <u>bring this Malaria Card to every meeting</u>. These are drawings of the things we are going to discuss about malaria. Today we will look at Section 1. The first picture on your card is the same picture I am showing you.

Show Picture 1. Point to each drawing as you explain how people get malaria:



♦ What questions do you have about what causes malaria and how it is spread?

*Respond to questions and clarify information.

4. DEVELOP WAYS TO REMEMBER HOW PEOPLE GET MALARIA – 8 MINUTES

Please form 3 groups. Each group is going to prepare a skit to help others in this community <u>remember how someone gets malaria</u>.

Remember, the <u>mosquito</u> with the malaria <u>parasite</u> bites and infects the <u>person</u>. Use the pictures on your Malaria Card to help. You have 5 minutes to prepare. Then you are going to have 2 minutes to present.

While they are preparing, visit each group to answer questions.

After 5 minutes, let each group present. Correct any wrong information. Congratulate the participants.

5. END THE LEARNING CONVERSATION - 3 MINUTES

To stop malaria in this community, we need to tell everyone what we have learned about this disease. Our bodies are the dwelling place of God, and we must honor Him by sharing this valuable knowledge with our community. Turn to your partner and remind her:

We can defeat malaria by using the knowledge God has given to us!

Remember ...

- 1. A parasite <u>causes</u> malaria; it sucks out blood, causing weakness, headache, and chills;
- 2. Mosquitoes spread malaria;
- 3. People <u>carry</u> the parasite and get sick with malaria.

Thank you for your participation. At the next meeting we are going to hear about your experiences sharing with others about the malaria parasite, mosquitoes that spread it, and people who carry it.

Would anyone like to pray, asking God to help us to properly fight malaria?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Most Holy God,

You alone are the Source of all Knowledge. Teach us to use this knowledge You have given to us to fight malaria that our families and communities may live in health and peace, through Jesus Christ our Lord. Amen.



SESSION 2: HOW TO RECOGNIZE AND TREAT MALARIA

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reported results of discussions with others about the causes and spread of malaria.
- 2. Described signs of malaria and severe malaria.
- 3. Practiced using the malaria card to identify correct medicine dosage.
- 4. Committed to appropriately treat fever in children, especially as it may indicate malaria.
- 5. Recognized the importance of knowledge and discipline to promote health and wellbeing.

PREPARATION

- Get a sample of nationally recommended and locally available malaria medication. Identify the correct medicine, amounts, and where it can be found locally.
- Picture 2
- Malaria Card—Section 2: Signs of Malaria and Severe Malaria, Section 3: Immediate Action at Sign of Malaria and Section 4: Treatment for Malaria
- Holy Bible (reviewed/highlighted in advance)
- Small mirror

TIME

30 Minutes

Steps

1. REVIEW WHAT PARTICIPANTS SHARED ABOUT THE CAUSE AND SPREAD OF MALARIA – 8 MINUTES

Today we are going to talk about <u>how to recognize and treat malaria</u>, <u>especially in</u> children, but also in adults.

Before we begin, let us review the previous session. Who can use the Malaria Card to answer this question:

♦ What did you tell others about the cause and spread of malaria?

Encourage 2 or 3 participants to share. Thank them and say:

All of us know people who got sick with malaria and some who died. Let us all be committed to talk about malaria with others in the community.

♦ How did telling others about the causes of malaria honor our bodies as God's temple?

Encourage 2 or 3 participants to share. Thank them and say:

When we promote health and well-being in our community, God is honored. As His people, we must properly care for the members of our community and our families. For example, in nurturing their children, mothers teach them discipline that is important for a healthy life.

♦ What are some of the ways that you teach your children to use discipline?

Encourage participants to share in small groups of 2 or 3, then, invite several to share aloud. Thank them and say:

Not only children, but also parents should acquire knowledge and discipline that will help them succeed in nurturing their children's health.

Open the Bible and read James 1:23-25:

In James, it says:

"Those who listen to the word of God, but do not do what it says are like people who look at their faces in a mirror (hold up the mirror and look into it) and, after looking at themselves, go away and immediately forget what they look like. But those who look intently into God's

perfect law that gives freedom and continue in it—not forgetting what they have heard but doing it—they will be blessed in what they do."

♦ What do you hear from this verse?

Encourage 2 or 3 participants to share. Thank them.

God has given us the knowledge essential for good health. If we use this knowledge properly to care for our bodies, it can empower and free us from disease and evil.

With knowledge from God and through our own discipline, we can treat malaria; we do not need to visit quacks or mediums. God gives us the power that we need to fight disease.

♦ When we encounter malaria, how can we use discipline to fight it? [pray to God, use proper medicine, visit a clinic, use the knowledge He has provided]

Encourage 2 or 3 participants to share. Thank them.

2. TELL A STORY ABOUT HOW TO IDENTIFY AND TREAT MALARIA – 12 MINUTES

Today we are going to talk about how to decide if someone has malaria. I am going to tell you a story about what a mother did when her child had a fever. Be ready to answer some questions.

Tell the following story in your own words. Pretend you are Chantal.

Chantal's Story

Hello, my name is Chantal—people know me as Mama Rachel. This story is about my daughter, Rachel. She is not yet one year old and is usually happy and playful. One morning, Rachel was unusually sleepy. She seemed very tired and did not want to play. I felt her forehead and noticed that she was hot—she had a fever. I worry when children get a fever— it can mean malaria. I also noticed that she had chills and sweating. She was fussy as if her head and body ached all over. Rachel did not want to eat. In fact, she vomited. All of these signs told me that Rachel might have malaria. Malaria can be deadly, especially in children.

I decided to do something right away before things got worse. First, I took off Rachel's clothes and washed her with water that was not too

cold or too warm. This was to reduce her fever. I gave her plenty to drink. I prayed, asking God to guide us and to heal Rachel's body, as I took her to the health center.

Pause the story and say:

Look at Section 2a. Signs of Malaria on your Malaria Card:

- ♦ What signs did Chantal see that suggested Rachel may have malaria? [fever, chills and sweating, head and body ache, sleepy, no appetite, vomits]
- ♦ What did she do to treat the signs? [took off clothes, washed her with cool water, gave fluids to drink, prayed, went for help]

Ensure that all of the signs are mentioned. Then continue the story.

The health worker told me that Rachel needed a certain medicine to
cure the malaria. She said to be very careful—many of the medicines in
the pharmacy are not for children. She told me to buy and
to make sure to buy the full amount that Rachel needed. Rachel must
take the medicine for days, even if she seems to be well.

Together we checked the date on the medicine to be sure it was fresh. I also asked what to do if the medicine did not work. He said that if I did not see an improvement on the second day, I must take Rachel back to the primary health center. He also said that if Rachel has any "fits" (convulsions), continuous vomiting, difficulty breathing, stiff neck or dark-colored urine that I should GO IMMEDIATELY to the health center. These are signs of severe illness and possibly brain malaria.

Pause the story. Hold up Picture 2 again and ask participants to look at Section 2b: Signs of Severe Malaria on their Malaria Card. Then ask:

- ♦ What did the worker say are the signs of severe (brain) malaria? [continuous vomiting, difficulty breathing, stiff neck, dark colored urine, convulsion (fits)]
- ♦ What do you do if you see any signs of severe malaria? [GO IMMEDIATELY to the health center, always take the full, recommended amount of medicine]

Ensure that all of the signs and actions are mentioned. Then continue the story.

I gave Rachel the medicine and, thankfully, she got better. In the future, if the same thing happens, I am going to give the correct

amount of medicine for all three days. If my child does not get better on the second day, I am going to take her to the primary health center immediately.

My husband thought I was wasting money—rushing off to buy medicines. I told him that malaria can come at any time. Fever is the first sign. If I wait, the sickness can get worse and our daughter suffers more. Then it costs much more to take care of Rachel.

Ask the participants to form groups of 4 or 5. Say:

Think about the story.

♦ What were the important actions that Chantal took?

Use Section 3 of your Malaria Card to remind us what Chantal did. Discuss in your groups and be prepared to share your responses using the Malaria Card.

After a few minutes, ask groups to share their answers using their Malaria Card. Ask participants for many responses. Share the actions in the following box *if they are not mentioned*.

Important Actions that Chantal Took

- She <u>acted immediately</u>—when there was FEVER she did not wait.
- She got the <u>proper medicine</u>, the <u>correct dosage</u> and checked it for <u>freshness</u>.
- She gave all of the medicine.
- She <u>prayed</u>, asking God for guidance and healing.
- She decided to take Rachel to <u>the primary health center</u> if she did not get better by the second day.

Thank you for your ideas.

3. USE THE MALARIA CARD TO IDENTIFY CORRECT MEDICINE DOSAGE - 10 MINUTES

Show Picture 2 and ask participants to look at Section 4 on their Malaria Card. Point to the drawings that represent the amount of parasites and ask:

♦ What can you say about the amount of parasites in the blood? [The number of parasites gets less each day. It takes three full days to kill all of the parasites.]

It is important to use proper discipline when taking medication—you must give the full dose of medicine each day for all three days. If you stop the medicine too soon, all

of the parasites are not killed. The strong ones remain and it is more difficult for the medicine to cure the malaria in the future.

Let us identify the amount of medicine to give for malaria. Look again at Section 4 of your Malaria Card. It shows the correct amount of malaria medicine for children and adults. (Show the sample of medicine.) This is the medicine to take for malaria. It is called ____. You can get it at _____.

Use your Malaria Card and tell me:

- What can you tell Chantal about the amount of medicine to give to her daughter?
- ♦ How much medicine do you give to a 1- to 4-year-old child?

Practice identifying the dosage for other age groups. Make sure they get the dosage correct.

♦ In conclusion, how did Chantal use discipline to protect her daughter's health?

Encourage 2 or 3 participants to share. Thank them and say:

Thank you for your answers. What we have discussed today can save lives. God gives us knowledge that we can put to use and promote good health. Without this knowledge and the discipline to properly use it, we will suffer loss.

Remember, if a child under 5 gets a FEVER, immediately give the correct and complete amount of medicine for malaria. If the child has not improved by the second day, go to the health center.

Turn to your partner and remind her:

We must take care of our children—fever can mean malaria!

Thank you for participating. During the next session, we are going talk more about your experiences.

Would anyone like to pray, asking God to help us to recognize and properly treat malaria?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

All Knowing God, You have provided the knowledge that is necessary for us to treat and prevent malaria. Teach us, O God, to use discipline when we encounter malaria, acting quickly and effectively to care for ourselves and for those whom we love. In Jesus' name, Amen.



SESSION 3: MEDICINE TO FIGHT MALARIA – USE CORRECTLY AND COMPLETELY

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Recognized the importance of discipline in the fight against malaria.
- 2. Reported their experiences treating someone with fever.
- 3. Analyzed why giving the correct medicine and dosage is important.

PREPARATION

- Pictures 3–6 (Show for Part One of story.)
- Pictures 7–10 (Show for Part Two of story.)
- Holy Bible (reviewed/highlighted in advance)

Note: The Malaria Card is NOT used in this session.

TIME

30 Minutes

Steps

1. DISCUSS THE ACTIONS TAKEN FOR FEVER - 3 MINUTES

Today we are going to talk about using the correct and complete medicine to fight malaria.

But first, at the end of the previous session, you agreed to practice treating fever, especially in children.

♦ What was your experience treating someone with fever?

Ask 1 or 2 participants to tell their experiences.

Thank you for sharing. I encourage everyone to put your ideas into action if anyone in your family gets a fever. God gives us knowledge that we can put to use and promote good health. Without this knowledge and the discipline to properly use it, we will suffer loss.

2. TELL STORIES ABOUT THE IMPORTANCE OF USING THE CORRECT MALARIA MEDICINE COMPLETELY – 15 MINUTES

Great truths are communicated through proverbs and sayings. The Bible uses proverbs to communicate ideas that help us to use discipline.

Open the Scriptures and read.

Proverbs 25:28 says:

"Like a city whose walls are broken down is a man or woman who lacks self-control."

♦ What does this proverb teach us about the importance of discipline?

Encourage 2 or 3 participants to share. Thank them and say:

Like the city whose walls were feeble, if we do not use discipline to protect ourselves, malaria will steal away our health. We must use discipline to fight for a healthy life.

♦ What proverbs do you know that talk about discipline?

Ask participants to share their proverb with a partner. After 2 minutes, invite 2-3 participants to share. Then, say:

We must take care of our bodies, using discipline to develop habits that promote good health. Remember, our bodies belong to God and He has entrusted us to care for them.

I am going to tell two stories about three important actions to take at home to treat malaria. The first story is about how illness is similar to a thief who steals our health. It tells what we can do to chase the thief away.

Tell the story. Show and post Pictures 3 through 6, one by one, as you tell the story (these pictures are NOT on the Malaria Card):

The "Thief of Good Health" Story—Part One			
Picture to Show	Story to Tell		
Thief Entering	Like the city with broken down walls, the house		
House		is not properly protected. As you all know,	
(Picture 3)		thieves enter houses to steal what is valuable.	
Thief Chased,		When someone sees the thief, he chases the	
But Not Far		thief away. But if the thief is not chased out	
(Picture 4)		of the village, he looks for another chance to	
		enter and steal again.	
Thief Chased		To keep the thief from ever coming back, he	
from Village		must be chased out of the village. Only then	
(Picture 5)		are the house and the village safe.	
Mending House		To ensure the thief cannot enter, the house	
to Stop Thief		must be more secure. Sometimes repairing the	
from		window is not enough. It may be necessary to	
Reentering		install a better window, put up window bars,	
(Picture 6)		or build a better wall. Otherwise, the thief may	
		enter and steal again.	

This is the end of the first story.

Now I am going to tell the story again. This time I am going to show you how this story is about malaria stealing the health of a child. Listen and watch closely for the three actions that one must take to help the child get better.

Show and post Pictures 7–10, one by one, as you tell the story (these pictures are NOT on the Malaria Card):

The "Thief of Good Health" Story—Part Two			
Picture to Show		Story to Tell	
Malaria Enters	2773	We are like the house in the story. Malaria is	
to Make a Child		the thief. Malaria enters our body and takes	
Sick (Picture 7)		away our health.	

Medicine ½		To chase out malaria, we need the malaria
Used (Picture 8)		medicine. But if we do not give all of the
		medicine because we think we are getting
		better, we are not chasing malaria away
		completely.
Medicine All		Only by giving all of the medicine for each
Used		day can we chase malaria completely away.
(Picture 9)		Otherwise, it may remain and make us sick
		again.
Feed and Give		The family in the house needs to make
Drinks and		it more secure to prevent the thief from
Return to Clinic)	re-entering. In the same way, we can help to
(Picture 10)		make our bodies strong. The most important
	שו	way is to keep feeding (or breastfeeding
)	infants) and giving plenty to drink when
		anyone has malaria. For children, give an
		extra meal every day for two weeks after the
	Carried States	illness.
		If we are not getting better on the second
		day, go back to the primary health center to
		get stronger medicine to fight malaria.

What questions or comments do you have about the two stories?

Listen to their responses and clarify information.

3. ANALYZE THE STORY TO IDENTIFY KEY ACTIONS NEEDED TO SUCCESSFULLY TREAT MALARIA – 12 MINUTES

Turn to 2 or 3 others nearby. Thinking about what you learned in the story, discuss how to answer:

♦ What are the 3 important actions to successfully treat malaria, especially for a child?

After a few minutes, ask for volunteers to share the 3 actions. Share the actions in the following box <u>if they are not mentioned</u>. The <u>Note</u> gives you important ideas to add.

3 Important Actions to Help a Child with Malaria Get Well

1. <u>Give the correct and complete doses of medicine</u>, even if you think the person or child is getting better.

Note: If you stop giving medicines when the person seems better, you may kill some—but not all—of the malaria. The malaria that remains grows stronger. In the future, the medicine may not work.

- 2. <u>Give an extra meal and plenty to drink every day for 2 weeks</u> after the illness is over. For infants, continue to breastfeed in small amounts at regular intervals.
- 3. If the person, especially a child, is not getting better by the second day, take him or her to see a doctor.

Note: The person may need different medicine or may be suffering from another illness that seems like malaria.

♦ What additional questions or comments do you have about treating malaria?

Answer questions or let others in the group give the answers, if they can. Then, say:

Remember, if someone, especially a child under 5, gets a FEVER:

- immediately give him or her the correct and complete medicine.
- if there is no improvement by the second day, go to the health center.
- if it is a child, feed him or her an extra meal each day for two weeks.

By developing habits of following all the instructions concerning treatment, we can we fully benefit from our efforts to pursue good health. Because God has blessed us with life, we must properly care for ourselves, our families, and communities.

Let us stand together and say:

We will use careful discipline to treat malaria!

Thank you for participating. During the next session, we are going to look at the special danger of malaria for pregnant women and what to do about it.

Would anyone like to pray, asking God to help us to fight malaria?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Most Righteous One, Teach us the necessary discipline to properly care for the bodies you have given to us. May we honor You by fighting malaria, bringing health and peace to our families and communities. In the name of Jesus, Amen.



SESSION 4: PREVENTING AND TREATING MALARIA DURING PREGNANCY

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Explored the need for good stewardship in relation to pregnancy, birth, and child rearing.
- 2. Practiced talking about the dangers of getting malaria during pregnancy.
- 3. Reviewed how women can prevent and treat malaria during pregnancy.
- 4. Planned to talk with pregnant women and their female family members about how to prevent malaria during pregnancy.

PREPARATION

- Tape together Pictures 12 15 so that they look like Picture 11
- Pictures 16 and 17
- Malaria Card—Section 5: Malaria During Pregnancy, Section 6: Preventing Malaria During Pregnancy and Section 7: Treating Malaria During Pregnancy
- Holy Bible (reviewed/highlighted in advance)
- Local example of a gift

TIME

30 Minutes

Steps

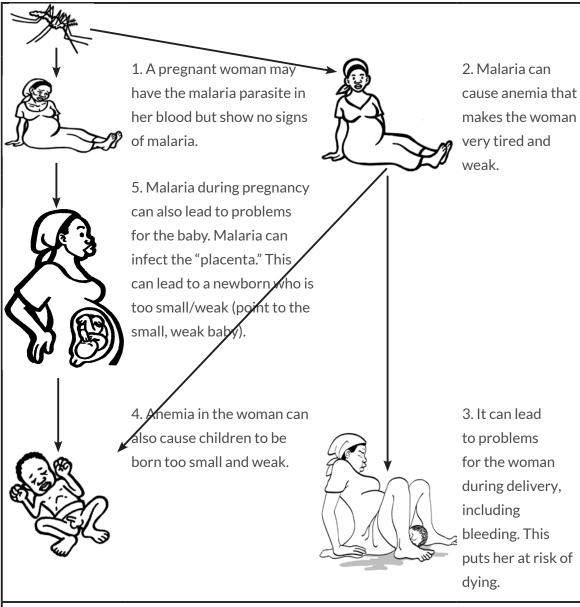
1. PRESENT PROBLEMS CAUSED BY MALARIA DURING PREGNANCY - 10 MINUTES

Today we are going to discuss the <u>danger of malaria during pregnancy and how to prevent it</u>.

Show the poster you created by taping together Pictures 12 – 15 (the poster should look like Picture 11). Then say:

Follow along using Section 5 of your Malaria Card while I tell you about problems caused by malaria during pregnancy.

Point to Pictures 12 - 15, one by one, while you say the following:



- Children who are too small at birth are more likely than other children to die in the first year of life.
- Women who are in their first or second pregnancies are the ones most likely to have these problems.

♦ What questions or comments do you have about malaria during pregnancy?

Respond to questions. Thank the participants for their questions and comments.

2. USE THE MALARIA CARD TO GIVE INFORMATION ABOUT MALARIA DURING PREGNANCY – 5 MINUTES

Let us pretend that I am a pregnant woman. Who will volunteer to use Section 5 on the Malaria Card to explain to me the possible problems if I get malaria? Everyone can help.

Conduct the role-play. Make sure the volunteer uses the Malaria Card. Ask participants questions about the possible problems of malaria during pregnancy for the mother and the baby.

Thank the volunteer(s) for using the card to explain the problems.

3. PRESENT HOW TO PREVENT AND TREAT MALARIA DURING PREGNANCY – 12 MINUTES

Present a local example of a gift.

When friends visit each other, they often bring a gift for the other. It would be disrespectful if you gave this gift to me, and I did not acknowledge its value.

Open the Scriptures and read Psalm 127:3.

In the Bible, Psalm 127:3 says:

"Children are a heritage from the LORD; children are a reward from Him."

We all know it is important to value gifts from friends, so:

♦ What should our attitude be towards the gift of children which God has given us?

Allow 2 or 3 participants to share ideas.

Since children are gifts given by God, they are incredibly valuable. Because each child is made with dignity, we are responsible care for them. From conception, we should do our best to protect them from anything that threatens their well-being.

Turn to a friend and ask him or her:

♦ What do you feel is the God-given responsibility of a parent?

Ask 2 or 3 participants to share their answers, then say:

Preventing sickness in our children is a very important responsibility, even before they are born. This is why to <u>prevent</u> malaria during pregnancy, the pregnant woman MUST sleep under an insecticide-treated net. Look at picture (*show Picture 16*) and on your Malaria Card in Section 6. This is the best way to prevent malaria. If the mosquito cannot bite, it cannot give malaria.

If a pregnant woman shows signs of malaria, she must act <u>immediately</u> to treat it. Look at Section 7 on your Malaria Card or this picture (*show Picture 17*) and tell me:

- ♦ How much medicine (_____) must a pregnant woman take to treat malaria?
- ♦ What questions do you have about how to prevent and treat malaria during pregnancy?

Respond to questions and clarify information.

If a pregnant woman gets a fever or shows signs of malaria, she must get treatment immediately. Malaria is very dangerous for her and for her baby.

4. PLAN TO TALK TO PREGNANT WOMEN ABOUT THE DANGERS OF MALARIA – 3 MINUTES

All women need to understand the problems that malaria causes during pregnancy. Turn to the person next to you. Together identify one woman in your community who is either pregnant now or who may become pregnant soon. When you identify one woman, please stand up.

When everyone is standing, say:

Call out the names of the woman you chose.

After all of the names are mentioned, ask:

♦ If you commit to talking with her and her female family members about the dangers of malaria during pregnancy, raise your hands and say YES!

As parents, we are responsible to care for our children, as they are valuable gifts from God. Helping other mothers to do this by talking with them about disease also brings honor to God and restores health to our community.

We are going to hear about your experiences at the next session. We are going to talk about insecticide-treated nets. Remember, malaria can cause problems and kill mother and child. Sleeping under an insecticide-treated net and getting medicine during pregnancy can protect mother and baby.

Would anyone like to pray, asking God to protect the children and pregnant mothers in our community from malaria?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Loving Father,

Look down with love upon Your children whom You have made with dignity. Teach us also to be compassionate and responsible toward the children and unborn babies of our community, that future generations may grow in health and in the knowledge of Your love through Jesus Christ our Lord. Amen.



SESSION 5: THE BEST WAY TO PREVENT MALARIA – INSECTICIDE-TREATED NETS

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Described what they shared about the dangers of malaria during pregnancy.
- 2. Discussed the need for wisdom and discipline in order to prevent malaria.
- 3. Discussed ways people try to prevent malaria.
- 4. Compared the cost of treating malaria with the cost of a mosquito net or treatment kit.

PREPARATION

- Have a sample insecticide-treated net—a locally available brand.
- Picture 18
- Malaria Card—Section 6: Preventing Malaria During Pregnancy
- Holy Bible (reviewed/highlighted in advance)

TIME

31 Minutes

Steps

1. SHARE EXAMPLES OF CONVERSATIONS WITH PREGNANT WOMEN – 3 MINUTES

Today we are going to discuss the <u>best way to prevent malaria</u>—by keeping mosquitoes from biting us.

But first, in our previous session, you named a woman and her female family members to talk with about the dangers of malaria during pregnancy. Use your Malaria Card to tell me:

♦ What did you discuss as the problems of malaria during pregnancy?

Ask several participants to share what they discussed. Add the following <u>if they are not</u> mentioned.

Problems Caused by Malaria During Pregnancy

- A pregnant woman may have the parasite in her blood, but show no signs of malaria.
- Malaria can cause thin blood with extra bleeding and possibly death during delivery. It can also lead to a newborn who is too small, weak and more likely to die.
- Malaria can infect the "placenta" and result in a newborn who is too small, weak and more likely to die.

Thank you for your active use of the Malaria Card to explain the problems caused by malaria during pregnancy. Remember, because our children are made by God with dignity, we are responsible to care for them. Helping other mothers to do this by talking with them about disease also brings honor to God and restores health to our community.

2. DISCUSS WAYS USED LOCALLY TO PREVENT MALARIA - 5 MINUTES

Say:

Any threat to your health or the health of your family should be dealt with in the most effective way.

Open the Scripture and read Proverbs 1:7.

Proverbs 1:7 says:

"The fear of the LORD is the beginning of knowledge, but fools despise wisdom and discipline."

♦ According to this verse, what is the importance of discipline?

Allow several participants to share their ideas.

We must look to God for wisdom and use discipline when making choices, including our decisions on how to prevent malaria. Let us talk about this more specifically.

Ask a friend sitting next to you:

♦ What do people do to prevent malaria—to keep from getting it?

Name ways people say they use to prevent malaria.

After a few minutes ask 2 or 3 participants to share their discussions. Then say:

You mentioned various ways to prevent malaria. Some work better than others. Among those that do <u>not</u> work so well are:

Common Ideas about Malaria Protection		
Draining or removing water	These actions may reduce the amount of	
Clearing around the house	mosquitoes but not the ones that carry	
	malaria parasites.	
Smoke or mosquito coils	These methods may reduce the number	
Insect repellent	of mosquito bites. They can be useful	
	in the evening before you go to sleep.	
	However, they do not protect you	
	completely. They only work for a few	
	hours. You are not protected throughout	
	the night when malaria mosquitoes are	
	feeding.	

We are going to discuss the best way to protect you. And that is to <u>use an insecticide-treated net to prevent getting bitten by mosquitoes that carry malaria.</u>

3. PRESENT INSECTICIDE-TREATED NETS—THE BEST WAY TO PREVENT MALARIA – 3 MINUTES

Look at this picture (*show Picture 18*). There are different types of mosquitoes. The mosquitoes that give us malaria prefer to bite in the evening and during the night. The best way to keep from getting bitten is to sleep under a mosquito net. As we see in the picture, it is most important for small children and pregnant women to sleep under a mosquito net. This picture is similar to Section 6 on your Malaria Card.

Show the sample of a locally available insecticide-treated net. PASS IT AROUND SO EVERYONE CAN SEE IT. Then say:

Some mosquito nets are treated with a special insecticide that kills the mosquitoes that land on it. Anyone using the insecticide-treated net is protected. The insecticide-treated net also kills other pests like head lice, bedbugs, ticks, and house flies. People sleeping outside but near the insecticide-treated net get some protection, too. An insecticide-treated net is the best net for everyone to use. However, developing a habit of sleeping under an insecticidetreated net will require you to use discipline.

- ♦ What questions do you have about insecticide-treated nets?
- ♦ What have you heard about insecticide-treated nets that make you want to avoid use?

Answer questions, address myths, or ask the participants to discuss and answer any questions.

4. CALCULATE THE COST OF AN INSECTICIDE-TREATED NET VERSUS THE COST OF MALARIA – 15 MINUTES

Some think that insecticide-treated nets are too expensive. Let us talk about whether or not this is true. Listen to what happened to Anna. Then we are going to decide how much each malaria attack is costing her.

Anna's Story

One day, Anna was at work. Her older daughter came running to say that the baby, Claude, was sick. Anna went home. She discovered that Claude had a high fever. Anna took Claude to see the local pharmacist. He sold Anna medicine for fever and sent them home. Claude was worse the next day. Anna decided to make the two hour walk to the health center with Claude. She waited in line many hours before the

nurse could see Claude. The nurse tested Claude and found that he had malaria. The nurse gave Claude some medicine but said that he needed to go to the hospital immediately. Anna went with Claude on the bus to the hospital. Again there was a long line of people, but finally the doctor checked Claude. He insisted that Claude be admitted to the hospital and given full treatment for malaria. The treatment lasted two days, but Claude got well and Anna brought him home. Claude was still weak so Anna stayed at home with him one additional day. Finally, Anna went back to work after being away for five days. She was worried because her older daughter was complaining about her headache, body ache, chills and sweating. Soon, there may be another malaria attack in the family.

Let us identify how much the malaria attack of Claude cost Anna. Together let us determine what costs were involved and how much Anna paid.

Ask participants to name Anna's expense items and give a general estimate of the amount. Help the participants calculate the total amount. Ensure that all of the items below are included.

Anna's Expenses for One Malaria Attack	
Payment to local pharmacist and medicine =	FRW
• Cost of the test for malaria and medicine at the health center =	FRW
Ticket for bus to the hospital and back =	FRW
Hospital fee for 2 days and medicine prescribed by the doctor =	=FRW
• Food for 2 days at the hospital =	FRW
• Anna loses 5 days of work income (first day sick, second day to	the
health center, 2 more days in the hospital, 1 day to recover) =	FRW
• Other expenses =	FRW
То	tal Cost FRW

Announce the total costs and then ask:

٨	I I I Alicha				EDVA
\Diamond	How does this co	st compare to	o tne cost of a	mosquito net?	FRW

♦ To the cost of a net treatment kit? ___ FRW

Turn to your partner and compare the amount you spend on malaria treatment to the cost of buying a mosquito net or net treatment kit. Remember that when someone has malaria, the sick person <u>and</u> the caretaker lose time at work. Then, think about

<u>how often</u> someone in your family gets malaria. Calculate the total cost for a full year. Be prepared to answer the question:

♦ What do you think about the cost of a mosquito net or net treatment kit versus the cost of treating malaria?

Invite several participants to respond.

Thank you for your ideas. We can see that the cost of buying a mosquito net or treatment kit is less than the cost of treating family members for malaria. This is especially true if we consider the costs for one year or more. One net can last five years, and several children can sleep under the same net. Consider buying and using a mosquito net as a wise purchase for your family. Buying and using an insecticide-treated net will require discipline, but it will save money and prevent malaria in your household.

5. PREPARE TO PRACTICE TREATING MOSQUITO NETS - 5 MINUTES

During the next meeting, we will learn how to treat the mosquito nets you may already have to make them insecticide-treated nets. I need volunteers to bring the following items to the next meeting:

- Two or three large buckets or basins (like the ones you use for washing)
- Several buckets or containers of clean water
- Two or three spare mats—we are going to lay the wet, insecticide-treated nets on them
- A bottle or something to measure water
- Two or three clean mosquito nets—not cotton or plastic nets
- Washing soap to clean out the basins after we treat the mosquito nets.

♦ What volunteers are going to bring these things?

The next meeting is going to be a bit longer than usual because we are going to practice treating mosquito nets. Please bring your Malaria Card and the items you volunteered to bring.

Let us all remember and share with others: Sleeping under an insecticide-treated net is the BEST protection from mosquitoes that give you malaria. If you commit to share with others about insecticide-treated nets, wave your Malaria Card and say:

Insecticide-treated nets PREVENT malaria!

Would anyone like to pray, asking God to give us the wisdom and discipline to use prevent malaria?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

King of Wisdom,

You have equipped us with the knowledge and resources to prevent malaria. Teach us, O Father, to combine these gifts with discipline, that our families may live in peace and prosperity through Jesus Christ our Lord. Amen.

SESSION 6: HOW TO TREAT A MOSQUITO NET



Note: This is an optional session if you are able to promote a specific re-treatment service.

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reviewed the importance of biblical stewardship.
- 2. Explained how malaria spreads and the importance of using insecticide-treated nets.
- 3. Examined how to treat a mosquito net with insecticide.
- 4. Practiced treating a mosquito net with insecticide.
- 5. Committed to telling others about treating mosquito nets to protect from malaria.

PREPARATION

- Identify where net treatment kits can be purchased locally and their cost.
- Bring enough net treatment kits and rubber or plastic gloves or bags for 2 or 3 groups to practice treating a mosquito net. Bring an untreated mosquito net as a backup.Remind participants to bring 2 or 3 buckets, water, 2 or 3 mats, 2 or 3 mosquito nets, washing soap and something to use for measuring.
- Malaria Card—Section 1: How Malaria Spreads and Section 2: Signs of Malaria
- Net Treatment Cards (1 for each participant)
- Holy Bible (reviewed/highlighted in advance)
- Picture or tangible representation of one of the following: rice cooker, motorbike, rice field (or other appropriate local prop for Step 1)

TIME

37 Minutes

Steps

1. REVIEW BIBLICAL IMPORTANCE OF STEWARDSHIP - 5 MINUTES

Today, we are going to practice how to properly treat a mosquito net with insecticide.

Before we do this, let us remember our first meeting. Let me ask you again:

♦ If I gave you a new _____ (rice cooker, motorbike, or rice field) and asked you to take care of it, how would you treat it?

Show the item or photo. Ask 2 or 3 participants to share their ideas. Thank them, then say:

In the same way, all that God gives to us should be treated with respect, including our bodies.

♦ Why should we care for our bodies?

Ask 2 or 3 participants to share. Thank them for their answers.

Good memory. Our bodies belong to God and He has entrusted us to care for them. The Bible tells us:

Open the Scripture to 1 Corinthians 6:19-20.

"Do you not know that your body is the temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your body."

♦ What does this verse mean when we consider malaria?

Ask 2 or 3 participants to share. Thank them for their answers.

We must take care of our bodies, ensuring we are in good health by taking precaution against malaria.

2. REVIEW MALARIA TRANSMISSION -- 10 MINUTES

Now, let us practice using the Malaria Card. Pretend that I am someone new in the community who does not know about malaria. Use your cards to teach me.

♦ What can you tell me about malaria and how to protect myself?

Probe the participants for answers and encourage them to use their Malaria Cards. Add any of the points in the following box if they are not mentioned.

Key Points about How Malaria Spreads and Insecticide-Treated Nets

- Malaria is caused by a parasite. It is spread by mosquitoes from an infected person to another person.
- Malaria makes an infected person sick and possibly die by destroying the blood.
- The best way to keep from getting malaria is to sleep under an insecticide-treated net. It protects you from bites and kills mosquitoes.

Thank you for your explanations and use of the Malaria Card.

3. DEMONSTRATE HOW TO TREAT A MOSQUITO NET - 15 MINUTES

Distribute 1 Net Treatment Card to each participant and say:

Over time, the insecticide in the mosquito net weakens and must be replaced, especially because of washing and fading from the sun. For insecticide-treated nets to protect us from mosquitoes, we need to re-treat them regularly—at least once every 6 months. The steps for treating a mosquito net are listed on the Net Treatment Card that I gave you.

♦ Who has treated a mosquito net before?

Please help me to demonstrate—step by step—how to treat a mosquito net. Follow along on your Net Treatment Card as we perform the steps. Ask questions at any time.

Demonstrate and explain the steps to treat a mosquito net:

How to Treat a Mosquito Net with Insecticide



Treat the mosquito net <u>outdoors</u> but in the shade, <u>not in direct</u> <u>sunlight</u>. Collect the necessary equipment: a clean mosquito net, basin, measuring equipment, gloves, and re-treatment chemical like the one I have here (show the insecticide).



Put on the <u>protective gloves</u> or plastic bags. <u>Measure the correct amount of water</u> for a single mosquito net (a little extra water will be required for a cotton mosquito net or a double mosquito net) and pour the water in the basin.



<u>Use the full bottle or whole tablet of insecticide</u>. It is exactly the correct amount. Crush the bottle and throw it in a garbage place.

Do not re-use this bottle or packet!



Thoroughly mix the water and the insecticide.



Unfold the mosquito net and slowly lower it into the basin with the solution; assure that the mosquito net gets completely soaked.



If you ever splash insecticide on your skin or in your eyes, **immediately** rinse with a LOT of water.



Lift the insecticide-treated net out of the solution and let the extra water drip out of it.



Do not wring or squeeze the insecticide-treated net so that the insecticide is not lost.



Lay the insecticide-treated net flat (do not hang it) and let it dry <u>in</u> the shade. Keep it out of the sun! Some odor may remain on the insecticide-treated net, but it goes away and is not harmful. Do not touch the wet insecticide-treated net with your bare hands. You can also dry it on the mat or cot that you sleep on. The insecticide kills other bugs, too.



Dispose of the leftover insecticide solution. Throw it in a latrine or bury it in a pit. Keep it away from water sources where animals or humans drink.

After the demonstration, ask:

♦ What questions or comments do you have about treating mosquito nets with insecticide?

Mosquito nets must be treated in this order every 6 months or after every third washing. An insecticide-treated net should be washed gently in clean water—no soap. Remember to keep it out of the sunlight. Be sure to also regularly examine your mosquito nets for rips or tears. You can purchase the net treatment kits at ______ for the cost of _____ FRW.

4. PRACTICE IN SMALL GROUPS TREATING MOSQUITO NETS - 15 MINUTES

Now it is your turn to practice treating a mosquito net. Form 2 or 3 groups. Use the steps listed on the Net Treatment Cards. Do not go to the next step until all of the groups are ready. If anyone has questions, we are all listening so everyone can benefit.

After the practice session, make sure everything gets cleaned up and that any leftover solution is disposed of properly.

5. COMMIT TO TREAT MOSQUITO NETS - 2 MINUTES

Now you have 2 different cards—a Malaria Card and a Net Treatment Card. Please bring both cards to the next session.

Remember, most mosquito nets need treatment every 6 months or every 3rd washing. Examine your mosquito nets for rips or tears.

Let us all join hands and say together:

We commit to treating our mosquito nets!

Remember, God has entrusted us to care for our bodies. By following the right procedures in treating our mosquito nets, we can honor Him and promote health within our families and communities.

Thank you for participating. Would anyone like to pray, asking God to help us to remember to properly treat our mosquito nets?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

Creator of All the Earth,

Give us the necessary discipline to care for our families by properly treating our nets with insecticide. May the health of our community be preserved, and in faith, may our community glorify You with a pure heart. In Jesus' name, Amen.



SESSION 7: PROTECTING OURSELVES, OUR FAMILIES AND OUR COMMUNITY

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Discussed their sense of belonging to the community.
- 2. Reviewed ways to prevent and treat malaria using the Malaria Card.
- 3. Planned actions to address commitments to fight malaria in the home and community.

PREPARATION

- Malaria Card
- Malaria Game Score Card (Optional)
- Holy Bible (reviewed/highlighted in advance)

TIME

30 Minutes

Steps

1. REVIEW INFORMATION ABOUT HEALTH, FAITH, AND COMMUNITY - 7 MINUTES

Today is our final session about malaria. Let us begin by discussing sickness in our communities.

♦ What do you do when someone is sick in your family or community?

Ask 2 or 3 participants to share their ideas. Thank them for their ideas, then say:

Many of us sympathize with the sick, whether they are in our own family or in the larger community. Other people's sickness affects us, as well. When the whole community is well, we are all stronger. In the Bible, God's family is compared to a human body in this same way.

Open the Scriptures and read 1 Corinthians 12:26.

1 Corinthians 12:26 says:

"If one part (of the body) suffers, every part suffers with it; if one part is honored, every part rejoices with it."

♦ What things make you feel that you belong to the community where you live?

Give an example as the facilitator. Ask participants to share in groups of 3-4. Then, ask several participants to share with everyone. Thank them for their ideas.

In order to have strong families and communities, we must have healthy relationships with God, with the people around us, and with the earth. When the community is bound together in the unity of God, we are strengthened to fight malaria when it strikes.

2. PLAY GAME TO REVIEW INFORMATION ABOUT MALARIA - 8 MINUTES

Now, let us play a game to review what we learned about how to prevent and treat malaria in our community. I am going to ask questions about malaria. All of the answers are on the Malaria Card. See if you can give the correct answer. Then all of you are going to decide if the answer is correct or give the correct answer.

♦ What questions do you have about how to play the malaria game?

Read the following questions, one at a time. Try to select different participants to answer the questions. Be sure the correct answer is clearly announced after each question.

Optional: Record the answers of the group on the Malaria Game Score Card attached to this session. Give a copy of the score card to your supervisor.

Malaria Game Questions and Answers			
Questions	Answers		
1. What <u>causes</u> malaria?	1. A tiny creature called a <u>parasite</u> gets into a		
	person's blood and destroys it.		
2. How is malaria spread?	2. Malaria is spread from an infected person to		
	another person by a <u>mosquito</u> . When it bites, it		
	drinks the blood that has the parasite and passes		
	it to another person when it bites again.		
3. What are the typical signs of	3. <u>Fever</u> , chills and sweating, head and body ache,		
malaria?	sleepiness, lack of appetite, vomiting		
4. What are signs of severe or	4. Continuous vomiting, difficulty in breathing,		
brain malaria?	stiff neck, dark-colored urine, convulsions.		
5. What should you do if your	5. Bathe the child in cool water, give plenty to		
child has fever?	drink, go to health center, get and give medicine in		
	the correct dose. Use discipline; act immediately!		
6. How much malaria medicine	6. For a child 1–4 years of age:		
do you give to a child between			
1–4 years old?			
7. Why must you give all of the	7. You must give all of the medicine to get rid of all		
medicine?	of the malaria in the blood.		
8. What are 3 problems for the	8. Malaria can make the woman anemic. This leads		
mother or child if a pregnant	to problems in or death of the woman during		
woman gets malaria?	delivery. Malaria in placenta can lead to low birth		
	weight or death of the baby before or after birth.		
9. What can women do to	9. To prevent malaria, sleep under an		
prevent and treat malaria	insecticide-treated net. To treat malaria, take the		
during pregnancy?	medicine dosage:		
10. What is the best way to	10. Keep from getting bitten by mosquitoes by		
keep from getting malaria?	sleeping under an insecticide-treated net.		
11. How often should you	11. Treat the mosquito net with the approved		
re-treat a regular mosquito net?	insecticide every 6 months or after every 3rd washing.		

Thank you for your answers and for using the Malaria Card to find them.

3. PLAN ACTIONS TO PREVENT OR TREAT MALARIA IN THE COMMUNITY – 12 MINUTES

During the Malaria sessions, you committed to use discipline by:

- getting all children and pregnant women to sleep under insecticide-treated nets;
- treating children with fever with the complete and correct medicine for malaria;
- helping anyone showing even one of the danger signs of severe malaria to get trained medical attention; and
- educating pregnant women and their female family members about the dangers of malaria during pregnancy.

Think about how well your plans are going and as a group decide:

♦ Which commitment needs more work?

After participants identify one or two activities that need more work by the group, say:

Name a specific action that you plan to do as a group, when you plan to do it and who is going to be responsible. Be specific. Make your idea something you can do.

Facilitate the discussion. Ensure that participants' plans are simple and specific and include who is going to carry out each part as well as when each part is going to occur.

4. SHARE IDEAS AND ACTION PLANS FOR DEFEATING MALARIA IN THE COMMUNITY – 3 MINUTES

Let us summarize your plan(s).

Encourage the group to summarize their idea(s). Then, say:

This is a great plan. As a community, we must commit to honor God and one another in faith and discipline in order to promote good health for everyone. These relationships are essential for successfully defeating malaria.

Let us stand and say together:

We will use discipline to defeat malaria in this community!

Thank you for participating in and discussing malaria. Let us stand. Would anyone like to pray, asking God to help us protect our communities from malaria?

Give 2 or 3 participants an opportunity to volunteer. After prayers finish, close with a form of this prayer:

O Great Doctor,

Our lives and our health are in Your healing hands. May we use the knowledge that You have provided to defeat malaria by treating, helping, and educating those around us, through the guidance and discipline that comes from Your Holy Spirit. Amen.

Mal	aria Game Score Card (Optional)		
Mala	ria Game Questions and Answers		
Group Name:	Group Location:		
Facilitator:	Date:		
Questions	Answers	Score ²	
1. What <u>causes</u> malaria?	1. A tiny creature called a <u>parasite</u> gets into a		
	person's blood and destroys it.		
2. How is malaria spread?	2. Malaria is spread from an infected person to		
	another person by a <u>mosquito</u> . When it bites,		
	it drinks the blood that has the parasite and		
	passes it to another person when it bites again.		
3. What are the typical	3. <u>Fever</u> , chills and sweating, head and body		
signs of malaria?	ache, sleepiness, lack of appetite, vomiting		
4. What are signs of severe	4. Continuous vomiting, difficulty in breathing,		
or brain malaria?	stiff neck, dark-colored urine, convulsions		
5. What should you do if	5. Bathe the child in cool water, give plenty		
your child has fever?	to drink, go to health center, get and give		
	medicine in the correct dose. Act immediately!		
6. How much medicine for	6. For a child 1–4 years of age:		
malaria do you give to a child			
between 1–4 years of age?			
7. Why must you give all of	7. You must give all of the medicine to get rid		
the medicine?	of all of the malaria in the blood.		
8. What are 3 problems	8. Malaria can make the woman <u>anemic</u> . This		
for the mother or child if	leads to <u>problems in or death of the woman during</u>		
a pregnant woman gets	delivery. Malaria in placenta can lead to low birth		
malaria?	weight or death of the baby before or after birth.		
9. What can women do to	9. To prevent malaria, <u>sleep under an</u>		
prevent and treat malaria	insecticide-treated net. To treat malaria, take		
during pregnancy?	the full amount of medicine:		
10. What is the best way to	10. Keep from getting bitten by mosquitoes		
keep from getting malaria?	by sleeping under an insecticide-treated net.		
11. How often should you	11. Treat the mosquito net with the approved		
retreat a regular mosquito	insecticide every 6 months or after every 3rd		
net?	washing.		
	Total Number Answered Correctly		

CONFRONTING MALARIA IN OUR COMMUNITY

LEARNING CONVERSATIONS
PICTURES

1. How Malaria Spreads

2a. Signs of Malaria

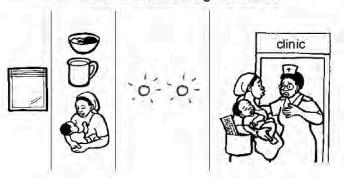


2b. Signs of Severe Malaria



Continuous vomiting, difficulty in breathing, stiff neck, dark coloured urine, convulsions

3. Immediate Action at Signs of Malaria

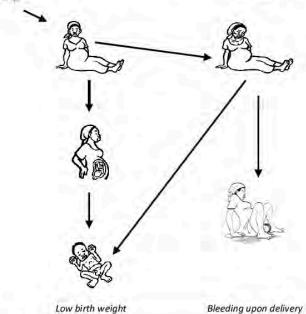


Treatment For Malaria

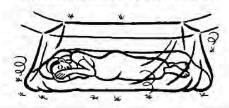
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5. Malaria During Pregnancy

Pregnant woman, malaria without signs Pregnant woman, with anaemia



6. Preventing Malaria During Pregnancy



7. Treating Malaria During Pregnancy







TREAT OUTDOORS BUT IN THE SHADOWS, COLLECT EQUIPMENT

.....



PUT ON GLOVES OR PLASTIC BAGS, MEASURE AND POUR WATER



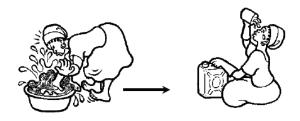
ADD INSECTICIDE



MIX THOROUGHLY



SOAK MOSQUITO NET



SPLASHED IN EYE...

...RINSE EYE WITH WATER





DRAIN NET



DO NOT WRING



DRY NET IN SHADOWS



DRY NET ON A MAT



POUR INSECTICIDE IN LATRINE



POUR INSECTICIDE IN HOLE

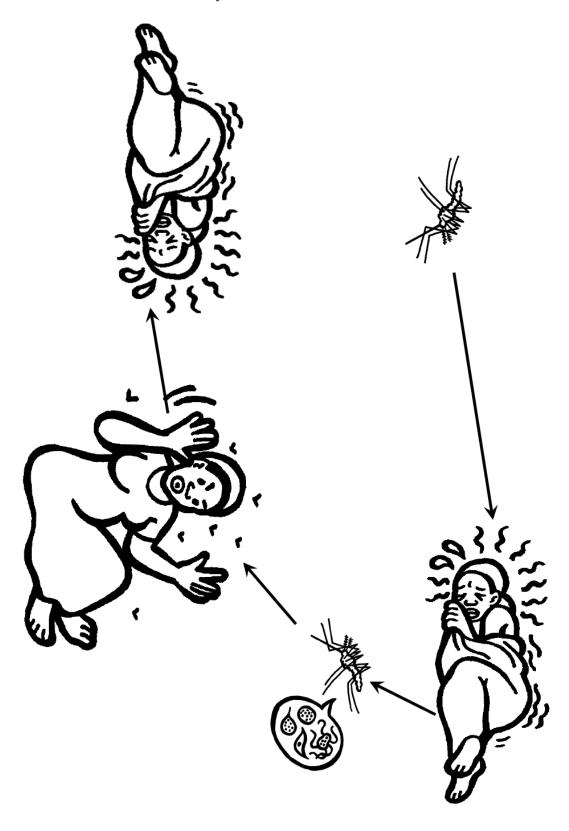


WASH BASIN



WASH HANDS

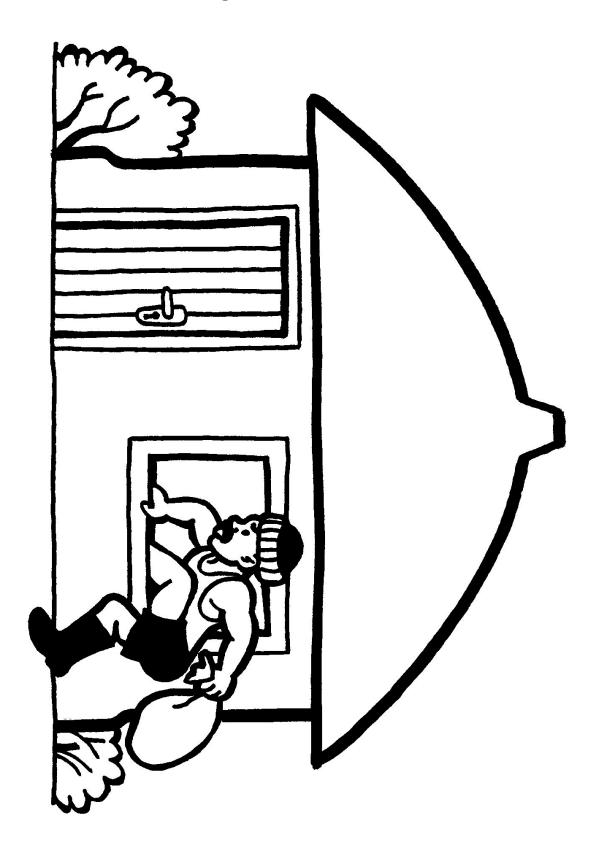
Picture 1: How malaria spreads



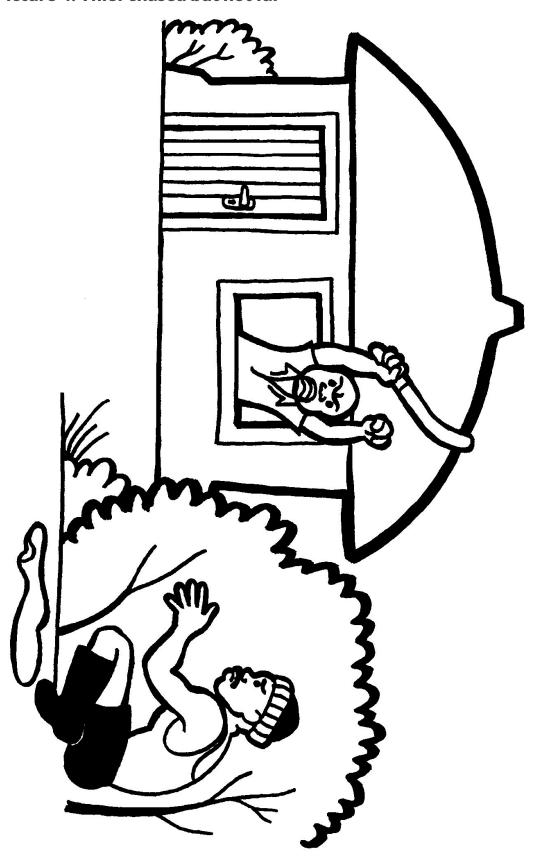
Picture 2: Treatment to kill parasites

Cured Malaria	Weak Malaria	Moderate Malaria	Severe Malaria
Health Returns	sickness Day - 3	Sickness Day - 2	Sickness Day - 1
, O, - DAY-4	DAY - 3	DAY-2	DAY-1

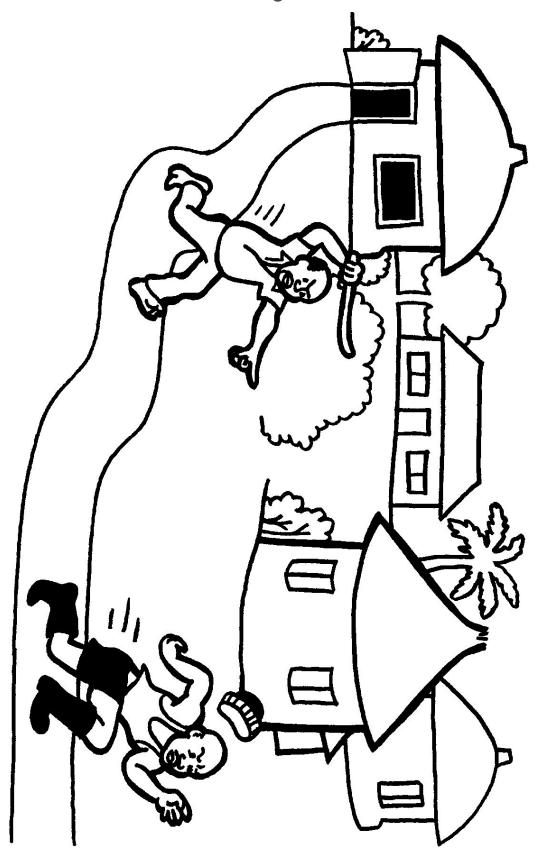
Picture 3: Thief entering house



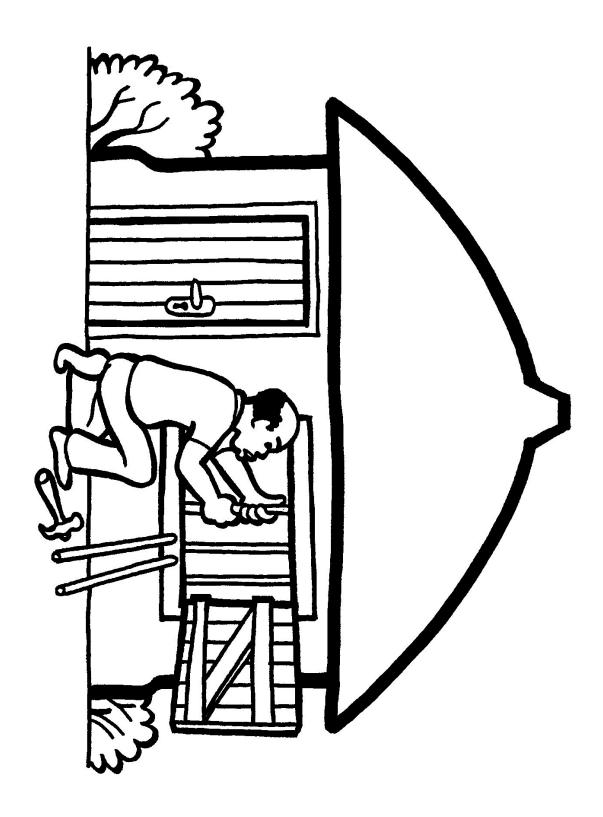
Picture 4: Thief chased but not far



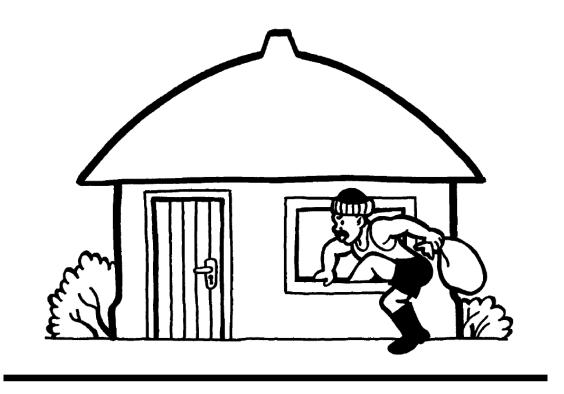
Picture 5: Thief chased from village



Picture 6: Mending house to stop thief from re-entering



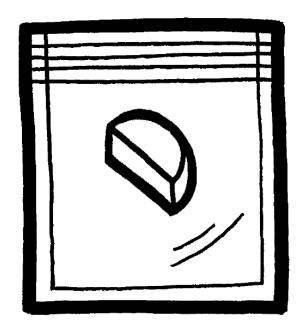
Picture 7: Malaria enters to make a child sick



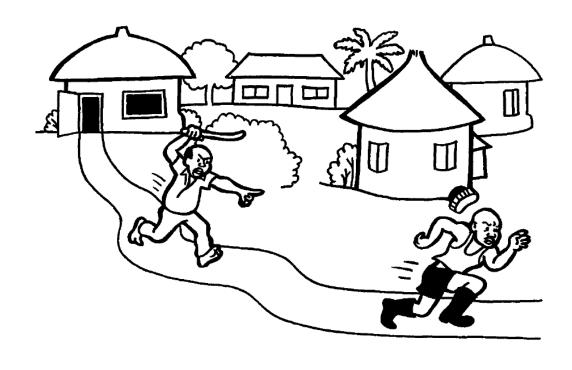


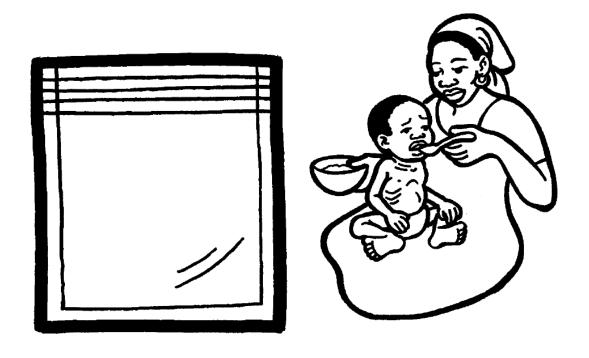
Picture 8: Medicine half used



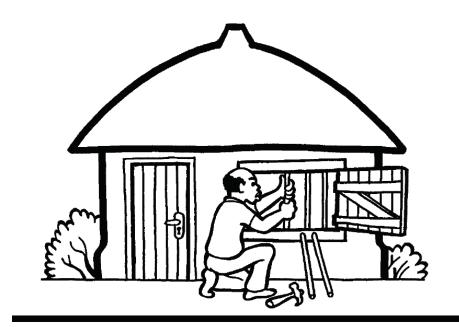


Picture 9: Medicine all used





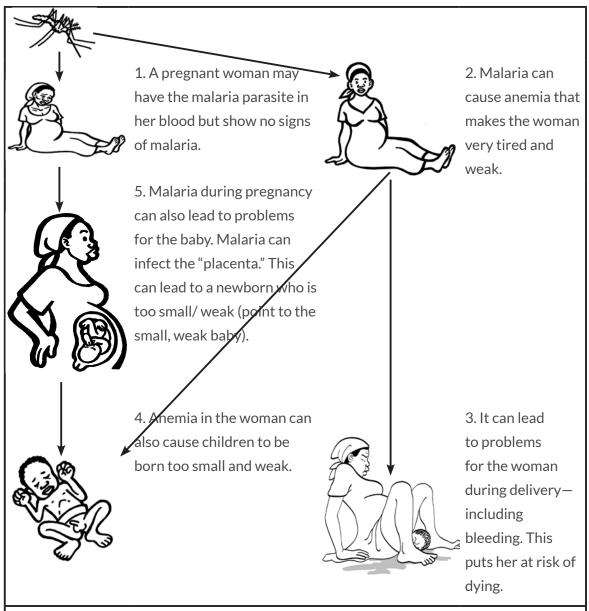
Picture 10: Feed and give drinks and return to clinic





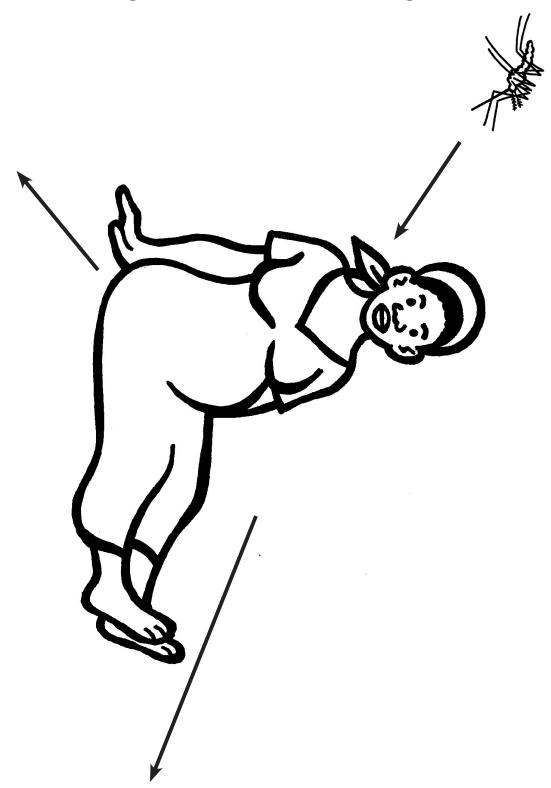


Picture 11: Malaria during pregnancy

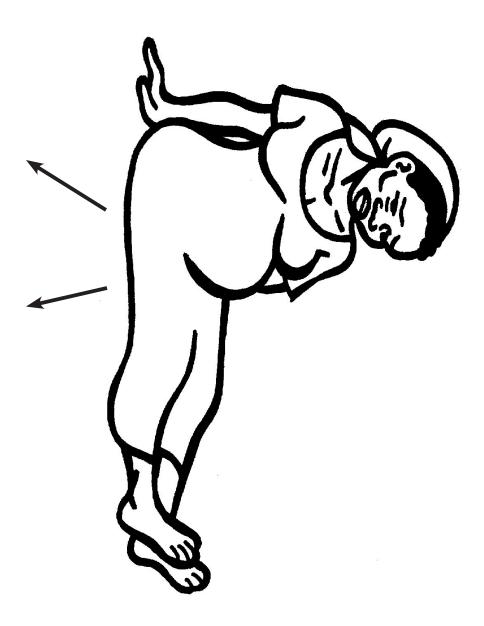


- Children who are too small at birth are more likely than other children to die in the first year of life.
- Women who are in their first or second pregnancies are the ones most likely to have these problems.

Picture 12: Pregnant woman, malaria without signs



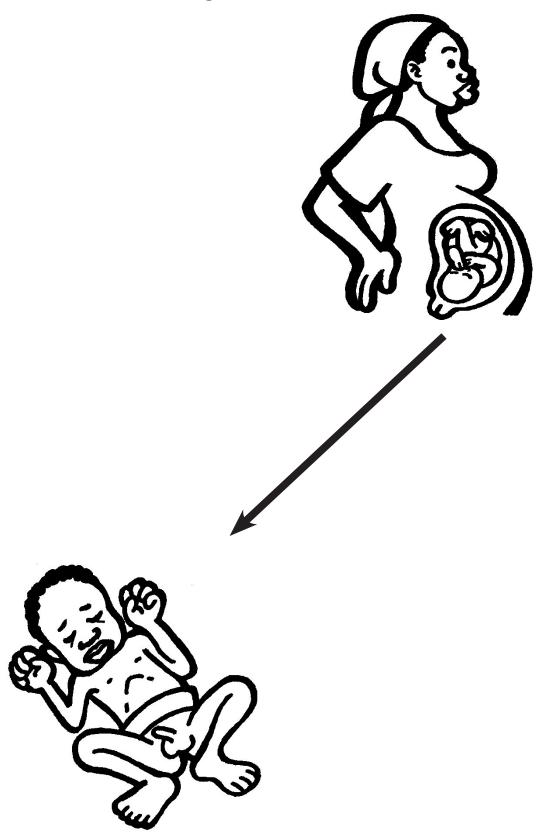
Picture 13: Pregnant woman, with anaemia



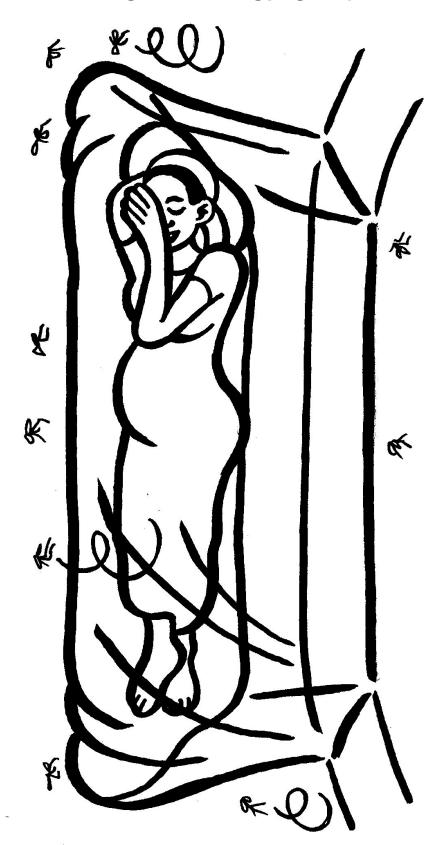
Picture 14: Bleeding upon delivery



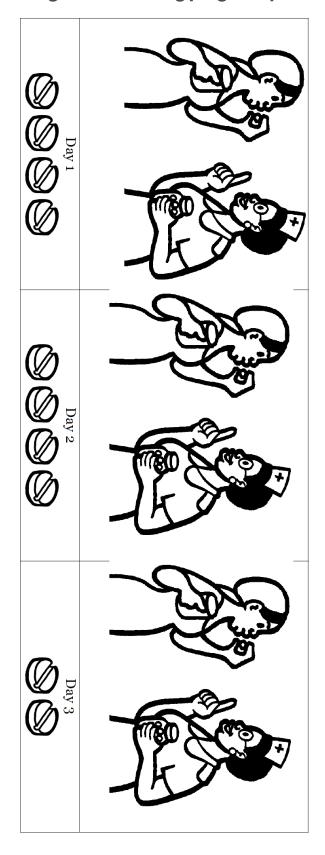
Picture 15: Low birth weight



Picture 16: Preventing malaria during pregnancy



Picture 17: Treating malaria during pregnancy



Picture 18: Pregnant woman and child sleeping under a mosquito net



PREVENTING HIV/AIDS: IT IS OUR

CHOICE

LEARNING CONVERSATIONS
FACILITATOR'S GUIDE



About the Chalmers Center

The Chalmers Center for Economic Development is a research and training organization that equips churches with economic development strategies that holistically impact people who are poor. By uniting cutting-edge research, microeconomic development interventions, and social entrepreneurship principles, the Chalmers Center grows the capacity of local churches around the world to transform the lives of low-income people without creating dependency.

Since 1999, the Chalmers Center has been an industry pioneer in equipping church-based trainers with gospel-driven economic development innovations, including: savings-led microfinance, microenterprise development, financial literacy, jobs preparedness, and matched savings programs.

The Chalmers Center has prepared trainers in over 100 countries and is currently piloting new delivery models using social entrepreneurship methods in Côte D'Ivoire, Mali, Benin, Togo, and the United States.

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To receive training, or for further inquiries, please contact:

Chalmers Center for Economic Development 507 McFarland Road, Suite B Lookout Mountain, GA 30750 United States info@chalmers.org.

SESSION 1: WHAT IS HIV/AIDS?

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reviewed the status of HIV/AIDS in the country.
- 2. Considered the God-given dignity of every man, woman, and child.
- 3. Viewed pictures to understand the basic facts about HIV/AIDS.
- 4. Committed to share with others the basic facts about HIV/AIDS.

PREPARATION

- Pictures 1 and 2
- Research current national statistics on HIV/AIDS

TIME

30 minutes

Steps

1. INTRODUCE THE HIV/AIDS TOPIC - 10 MINUTES

Say:

Today we are going to begin talking about HIV/AIDS—a sickness that has entered the community. In Rwanda, over 400,000 people are infected with HIV/AIDS. The HIV prevalence is 13.5% among adult ages 15-49, making Rwanda one of the nine most infected countries in sub-Saharan Africa.

In this session, we are going to discuss what HIV/AIDS is. In other meetings, we are going to discuss how it is spread, how to protect ourselves and what to do if someone gets sick with it. In the final session, we are going to review all of the sessions to see how much we learned.

Let us discuss what people say about HIV/AIDS. Turn to the person next to you and answer the question:

♦ What do you hear about HIV/AIDS?

After several minutes, ask 2 or 3 participants to share their ideas about HIV/AIDS. Allow for adequate clarification among participants. Then say:

God has given us the knowledge essential to prevent HIV/AIDS. If we use this knowledge properly to care for our bodies, it can empower and free us from disease and evil.

I would like to share further information with you about what HIV/AIDS is and what it does in the body. But first, turn again to the person next to you and answer the question:

♦ Why is it important to know about HIV/AIDS?

After 1 minute, ask 2 or 3 participants to share their ideas. Affirm their answers. Then say:

Those are great reasons. When God created people, He created each person with great value and He considers us precious. In the beginning of the Bible in Genesis, it says:

"God created human beings in His own image. In the image of God He created them;

male and female He created them." (1:27)

Because each man and woman is made in the image of God, we are each incredibly valuable, no matter what skills we have, what we own, what we look like, or what problems we have. We must care for and protect ourselves, our families, and communities by having the proper knowledge about HIV/AIDS.

2. PRESENT INFORMATION ABOUT HIV/AIDS - 15 MINUTES

Show pictures 1 and 2 and explain HIV/AIDS:

Doctors and scientists have made careful observations and discovered important information about how God has created our world and our bodies. Listen to what they have learned about HIV/AIDS while you look at these pictures.

What is HIV/AIDS?

1 Newly Infected Person



God created our bodies to defend themselves from disease. In our blood are body soldiers (white blood cells) that protect and defend our health when sickness enters. In a healthy person, the body soldiers can fight and defeat diseases so that he or she stays healthy.

HIV is a virus. Once the HIV virus enters the body, the body soldiers are not able to get rid of it. When the fight between the body soldiers and the HIV virus begins, the person is "HIV-positive." For years, the infected person looks and feels as healthy as someone without the HIV virus. However, an HIV-infected person can still pass the virus to others.

Inside the body, the HIV virus becomes stronger. The HIV virus kills more and more body soldiers. Remember, you cannot tell whether someone is infected with HIV just by looking at him or her; the only way to find out if a person is infected with HIV is with a special blood test.

2 Full-Blown AIDS



A person has AIDS when the HIV virus has killed so many body soldiers that the body can no longer fight other diseases. Someone with AIDS is frequently sick and dies from diseases such as tuberculosis and pneumonia because there are not enough body soldiers left to protect the body. Remember, there is no medicine to kill HIV once it is in the body.

What questions do you have about how HIV attacks the body and makes us sick?

Respond to questions and clarify any misinformation. Then say:

Unfortunately, there is no medicine to cure HIV once a person is infected. The good news is that it is completely preventable if you decide to protect yourself.

Turn to the person next to you and explain in your own words what the HIV virus does in the body. Have each person practice once.

After a few minutes, ask 2 or 3 participants to share their discussion. Then invite participants to recite a summary of key information:

- 1. HIV is a virus that defeats the body soldiers inside our body.
- 2. A special blood test is needed to detect the virus.
- 3. There is no cure, but we can prevent the spread of HIV.
- 4. By knowing about HIV, we can care for and protect the dignity of everyone.

3. COMMIT TO TELLING OTHERS ABOUT HIV/AIDS - 3 MINUTE

To stop HIV/AIDS in this community, we need to learn more about it. Before our next session, please share what HIV/AIDS is with your friends and neighbors, reminding them that God made each person with dignity.

Open the Scripture and read. In Psalms, it says:

"I will praise the Lord, for I am fearfully and wonderfully made. Your works are wonderful; I know that full well." (139:14)

Let us repeat together a commitment for today's session:

I will tell my friends and neighbors the importance of knowing about HIV/AIDS.

Thank you for your participation. At the next session, we are going to hear about your experience telling others about HIV. We will also continue to discuss the importance of God-given dignity together with HIV/AIDS.

To end our session, let us pray together:

Ask participants for a volunteer to pray, if appropriate. Then, close with a form of the following prayer:

Most High God,

We thank you for giving us knowledge about HIV/AIDS. Teach us to use it to instruct and love the people in our community. In Jesus name we ask for your guidance. Thank You, Father. Amen.

SESSION 2: STOPPING THE STIGMA OF HIV/AIDS

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Recognized the needs and dignity of those living with HIV/AIDS.
- 2. Identified Christ-like ways of helping those with HIV/AIDS in the community.
- 3. Recognized the value of accepting and helping someone with HIV/AIDS or who suffers from the stigma (or shame).

PREPARATION

• Holy Bible (reviewed/highlighted in advance)

TIME

30 minutes

Steps

1. SHARE EXPERIENCES TELLING OTHERS ABOUT HOW HIV IS SPREAD – 3 MINUTES

Today, let us begin by conducting a role-play together. But, before we do that, who can tell us what HIV/AIDS is?

Let one volunteer review how HIV destroys the body soldiers and allows other diseases to make a person sick and more quickly die (Optional: Use pictures 1 and 2 to help the volunteer recall the information). Answer any questions and clarify misinformation. Then ask:

♦ What happened when you told others about HIV/AIDS and the dignity of all persons?

After 2 or 3 participants share their experiences, say:

Thank you for sharing your experience. Remember, because God has made each person with dignity, we must care for and protect ourselves, our families, and communities by having the proper knowledge about HIV/AIDS.

2. CONDUCT ROLE-PLAY TO EXPERIENCE THE STIGMA OF HIV/AIDS – 12 MINUTES

We are going to conduct a role-play together. I am going to play the role of Marigarita, a woman with HIV returning to the community where she grew up. You are going to play the role of Marigarita's fellow community members. Listen to Marigarita's story, and be prepared to come up to me (as Marigarita) and state how you are going to help me and my children.

The Role-Play of Marigarita

My name is Marigarita. Some of you know me from our childhood. I have 2 children. Recently my husband died. For several years he was too sick to work. After I was pregnant with our second child, he told me that tests showed he was HIV-infected. We spent all of our money, we sold everything—even our land—to buy a cure. It was all a waste. Now, my youngest child is sick. No one comes near me. No one buys from my business. My in-laws blame me for their son's death. In fact, I

was faithful to him, but he was not faithful to me. They cast me out of the house and the community.

Ask each participant to come forward and answer the question:

♦ What can you do to help me (Marigarita)?

Think of my physical, social, emotional, and spiritual needs and the needs of my children.

After all of the participants speak, thank them for their ideas.

3. TELL STORY FROM MARK TO ILLUSTRATE RESTORED DIGNITY AND RELATIONSHIPS – 12 MINUTES

You had good ideas for how to help Marigarita. I invite you to hear a story about how Jesus treated a woman who suffered from shame related to her disease. This woman had a disease that caused vaginal bleeding for twelve years, an embarrassing and painful condition. She was considered unclean by her community and was abandoned. Being infertile, she had no children. Alone and poor, she came to Jesus.

Open the Scriptures and read Mark 5:25-34:

The Woman with a Bleeding Problem (Mark 5:25-34)

In the crowd surrounding Jesus was a woman who had been bleeding for twelve years. She had gone to many doctors, and they had only caused her further pain. She had paid them all the money she had. Instead of getting better, she only got worse. The woman heard about Jesus, so she came up behind him in the crowd and touched his clothes. She had said to herself, "If I can just touch his clothes, I will get well." As soon as she touched them, her bleeding stopped, and she knew she was well. At that moment Jesus felt power go out from him. He turned to the crowd and asked, "Who touched my clothes?" His disciples said to him, "Look at all these people crowding around you! How can you ask who touched you?" But Jesus turned to see who had touched him. The woman knew what had happened to her. She came shaking with fear and knelt down in front of Jesus. Then she told him her whole story. Jesus said to the woman, "My daughter, you are now well because of your faith. May God give you peace. You are healed of vour trouble."

In a group of 3 or 4 people, answer the question:

♦ In what ways did Jesus help this woman?

Think of her physical, social, emotional, and spiritual needs.

After 1 minute, ask participants to share their answers. Affirm answers according the categories mentioned below: [physical, social, emotional, spiritual.]

Physical: When Jesus cured this woman's bleeding problem, her physical body was restored to health. She was empowered to work again, earning her own living.

Social: When Jesus healed her disease, sending her away in peace, her social relationships were restored. He allowed her to touch Him; she was considered clean and could rejoin her family and community.

Emotional: When she heard Jesus say "My daughter", her dignity was restored, as she experienced the love of God and the reality of her own value.

Spiritual: Likewise, spiritual healing took place when she entered into a relationship with Jesus, knowing that He loved and healed her.

After each category has been drawn out, say:

Think about people in your community who have suffered like this woman and like Marigarita. The shame of diseases like HIV/AIDS is strong, but God has created each person with dignity, and Jesus came to restore this dignity to all persons. As a community who honors God, it is our responsibility to show compassion to those who suffer shame and lead them to the healing of Jesus.

4. DISCUSS EXISTING NEEDS IN THE COMMUNITY - 3 MINUTES

Many people, especially women and children, are infected with HIV through no fault of their own. They need our help and understanding.

♦ How can we help those in our community who suffer shame?

After all of the participants speak, thank them for their ideas.

Consider the example of Jesus. Think about someone with HIV/AIDS or who suffers from shame in your community. I invite you to consider a way that you can help them, and put your idea to action. Next time, we will hear about your experiences.

Let us repeat together a commitment for today's session:

I commit to show compassion to someone in my community who suffers from shame.

To help stop the shame of HIV/AIDS, I invite you to share what you have learned with a friend or neighbor. Let us close in prayer, asking God to give us a heart like His for those who suffer from HIV/AIDS.

Ask participants for a volunteer, if appropriate. Then, close with a form of the following prayer:

Restore our community, Lord God, and make us tools for healing. Give us the compassion of Jesus to care for those who endure disease and shame, that the suffering may be restored. Teach us to share the healing works of Jesus with all people. In His name we pray, Amen.



SESSION 3: HOW DO PEOPLE GET HIV?

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Shared experiences telling others about HIV/AIDS.
- 2. Explored God's intentions for sexual relationships.
- 3. Distinguished between how HIV is spread and not spread.
- 4. Clarified why women, especially girls, are more at risk than men.
- 5. Committed to share with others how HIV is spread.

PREPARATION

- Review the statements in the table "How HIV is Not Spread" in Step 3. If there are incorrect beliefs about how HIV is spread that are common in your area but are not mentioned, add them to the table—both statement and correct answer.
- Have pictures 1 and 2 available in Step 1 if participants need help reviewing information from the previous session (Optional).
- Pictures 3-12
- Holy Bible (reviewed/highlighted in advance)

TIME

30 minutes

Steps

1. SHARE EXPERIENCES TELLING OTHERS ABOUT HIV/AIDS - 5 MINUTES

Today we are going to discuss how HIV is spread. Before we begin, I invite you to share your experiences in helping those who suffer shame in your communities.

♦ How have you been able to help those in your community who suffer shame?

After 2 or 3 participants share their experiences, say:

Thank you for sharing your experience. By showing love to those who suffer shame, you model the compassion of Jesus and help restore dignity to those whom God considers valuable.

2. PRESENT INFORMATION ABOUT HOW HIV IS SPREAD - 12 MINUTES

Now, let us talk about how HIV is spread. Although these may be personal or difficult issues, we must care for and protect ourselves, our families, and communities by having the proper knowledge about how HIV is spread.

God created us with dignity and gave us sex as a precious gift. We have read in the Bible that God created people in His image. We can also read about the first relationship between a husband and wife. Through this story, God gives us knowledge about sex.

Open the Scriptures and read from Genesis 2:22-25:

Adam and Eve, the First Husband and Wife (Genesis 2:22-25)

The Lord made a woman out of Adam's rib. The Lord God brought her to the man, and the man exclaimed, "Here is someone like me! She is part of my body, my own flesh and bones. She came from me, a man. So I will name her Woman!" Because of this, a man will leave his own father and mother. He then marries a woman, and the two of them become like one person. Although the man and his wife were both naked, they were not ashamed.

♦ What is God's intention for sex?

After 2 or 3 participants share their experiences, say:

God did not intend for sex to be shameful. Rather, it was His design, given to us as a blessing between a husband and wife. It is not sex that is harmful, but the misuse of God's gift of sex.

Through their study, doctors have learned that HIV is spread in 3 ways: though sex, blood, and from mother to child.

Show pictures 3–7 one at a time and explain how HIV is spread:

How HIV Is Spread

Sex

3 Unprotected Sex with Infected Partner



The most common way of getting HIV is through unprotected sexual intercourse with an HIV-infected person. This can happen because the semen or vaginal fluid from an HIV-infected person goes inside the vagina, anus, penis, or mouth of another person. From there, it passes into the bloodstream.

- Women are in more danger of getting HIV. This is because the virus can pass more easily through the vagina, which is a larger moist area than the penis. Also, the vagina can tear with rough sex, and the virus can enter the blood through the tear.
- Girls are especially in danger because their sex organs are not fully developed. The lining of the vagina tears easily during early sex, which increases girls' risk of infection.
- Anyone with sexually transmitted infections (such as syphilis, gonorrhea, herpes, etc., in their sex organs or private parts) is more easily infected because there are sores and breaks in the skin for the virus to enter the blood.

<u>Blood</u>

4 Contaminated Razors and Needles



5 Transfusion



Apart from sexual means, HIV may spread when fresh blood infected with the virus enters another person's blood. This can happen when:

- A person uses a needle that has wet HIV blood on or in it.
- A person is cut by a razor blade or any cutting instrument that has wet HIV blood on it.
- A person gets a transfusion of blood that is infected with HIV.

Mother to Child

6 Pregnancy and Delivery



7 Breastfeeding



An HIV-infected mother can spread the virus to her baby during pregnancy (through blood) and delivery (through blood and other fluids). An HIV-infected mother can also spread the virus to her baby through breastfeeding (through breast milk). For pregnancy, delivery, and breastfeeding, the mother can take special medicine (ARV) that reduces the risk of giving HIV to her baby.

What questions do you have about how HIV spreads?

Respond to questions and clarify misinformation.

3. DISCUSS HOW HIV IS NOT SPREAD - 10 MINUTES

I am going to state ways that some people say HIV is spread. After each statement, raise your hand if you think the statement is **TRUE**. Do **not** raise your hand if you think the statement is **FALSE**. Be prepared to explain why you think it is true or false.

Show pictures 8–12 one at a time as you pose the first 5 statements. For the remaining statements, ask the participants to just listen and continue to vote true or false. After participants vote for each statement, probe for explanations and ensure that the correct answer is clearly stated.

How HIV Is Not Spread			
Picture	Statement	Answer	
8 Sharing Bowls or Cups	HIV is spread by sharing	No; there is no way for the	
4.500 800	bowls and cups or by	virus to get into the blood.	
	eating together.		
9 Sharing Clothing	HIV is spread by sharing	No; the virus does not live	
	clothing.	more than a few seconds	
		outside of the body.	
10 Touching or Shaking	HIV is spread by touching	No; there is no way for the	
Hands	or shaking hands.	virus to get into the blood.	
11 Mosquito Bites	HIV is spread by mosquito	No; the virus cannot live in	
	bites.	a mosquito.	
12 Using Same Toilet	HIV is spread by using the	No; the virus dies. There is	
	same toilet.	no way for the virus to get into the blood.	

How HIV Is Not Spread		
Statement	Answer	
HIV is spread by kissing.	No; HIV cannot live in saliva. You would need to swallow	
	saliva that has infected blood in it.	
HIV is spread by coughing or	No; this is not possible. The virus cannot get into the	
sneezing.	blood.	
HIV is spread by the bed	No; HIV is not spread by caring for sick persons. The virus	
sheets of an HIV-positive	does not live more than a few seconds outside of the	
person.	body.	
HIV is spread by embracing.	No; there is no way for the virus to get into the blood.	

What questions do you have about how HIV is or is not spread?

Answer any questions, and say:

Remember: HIV can only live in fresh human fluids such as blood, semen, vaginal fluid and breast milk.

Then invite participants to recite a summary of key information by asking:

♦ In review, in what three ways is HIV/AIDS spread?

After all three ways are mentioned, show pictures and say:

Good memory. HIV is only spread:

- 1. By having unprotected sex with someone who has the virus;
- 2. By having the blood of an HIV-infected person enter your blood; or
- 3. From mother to child if the mother has the HIV virus.

I realize that these are personal or difficult issues to discuss; however, it is important that we understand how to best take care of our health and that of our families.

Because God has made each person with dignity, we are responsible to protect ourselves, our families, and communities.

4. COMMIT TO SHARE WITH OTHERS HOW HIV IS SPREAD - 3 MINUTE

To stop HIV/AIDS in this community, we must use the knowledge we have learned and share it with others. Before our next session, please tell at least one other person how HIV is spread.

Let us repeat together a commitment for today's session:

I commit to tell at least one friend or neighbor how HIV is spread.

To close, let us pray, asking God to give us boldness to properly share what we have learned about the spread of HIV/AIDS.

Ask participants for a volunteer to pray, if appropriate. Then, close with a form of the following prayer:

Great Physician,

You open Your hand and satisfy the desire of every living thing. You alone, God, hold the cure to every problem and every disease. Make us bold, teaching others to stop the spread of HIV/AIDS, that our families and communities may live in the health, purity, and peace of Jesus Christ. Amen.



SESSION 4: SEXUAL AND BLOOD SPREAD OF HIV

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reviewed how HIV is spread.
- 2. Shared experiences telling others how HIV is spread.
- 3. Clarified questions about how to use discipline in protecting from sexual and blood spread of HIV.
- 4. Shared songs to remember how to use discipline in protecting from sexual and blood spread of HIV.

PREPARATION

- Have pictures 3–12 available in Step 1 if participants need help reviewing information from the previous session (Optional).
- Pictures 13-17
- Tape recorder (Optional)
- Holy Bible (reviewed/highlighted in advance)

TIME

30 minutes

Steps

1. SHARE EXPERIENCES TELLING OTHERS ABOUT HOW HIV IS SPREAD – 5 MINUTES

Today we will discuss how to protect ourselves from HIV. But, before we do that, who can tell us how HIV is spread?

Let one volunteer review how HIV is spread by sex, blood and from mother to child (Optional: Use pictures 3–12 to help the volunteer recall the information). Answer any questions.

♦ What happened when you told others about how HIV is spread?

After 2 or 3 people share their experiences, say:

This is a difficult topic and that is one of the reasons why many people are infected with HIV. I really appreciate you sharing how HIV is spread with others—the Godgiven dignity of each person means that we are responsible to care for and protect ourselves, our families, and communities.

Today, let us talk about how you can protect yourself from sexual and blood spread of HIV.

2. ENCOURAGE DISCIPLINE TO PROTECT FROM SEXUAL INFECTION WITH HIV – 10 MINUTES

Let us consider the story of Joseph from the Bible.

Open the Scriptures and read directly from Genesis 39:6b-12:

Joseph and His Master's Wife (Genesis 39:6b-12)

Joseph was strong and handsome. After a while, his master's wife noticed Joseph. She said to him, "Make love to me!" But he said no. "My master has put me in charge," he told her. "Now he doesn't have to worry about anything in the house. He trusts me to take care of everything he owns. No one in this house is in a higher position than I am. My master hasn't held anything back from me, except you. You are his wife. So how could I do an evil thing like that? How could I sin against God?" She spoke to Joseph day after day. But he told her he

wouldn't make love to her. One day Joseph went into the house to take care of his duties. None of the servants were inside. His master's wife grabbed hold of him by his coat. "Make love to me!" she said. But he left his coat in her hand. And he ran out of the house.

In groups of 3 or 4, discuss this question:

- ♦ How did Joseph use discipline to protect himself and those around him?
- How can we use discipline to protect ourselves, our spouses, and our children?

After 2 or 3 people share their opinions, say:

We must resist sexual temptation in order to remain free from HIV and to bring honor to God. Remember, He gave sex to us as a blessing between a husband and wife.

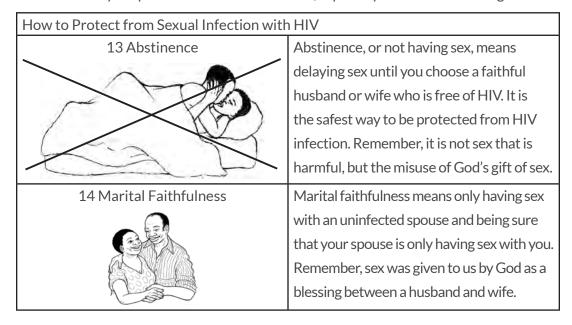
Because He has created each person with great value, we must respect our bodies and those of others, following His perfect design. The use of discipline is essential in order to honor God and protect ourselves and our communities from sexual infection with HIV.

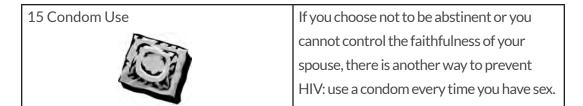
Even if we have failed to honor God in this way, He offers forgiveness to all who are broken and repentant (*Psalm 51*).

Let us learn more about how to honor God and protect ourselves in this way.

Show pictures 13–15 one at a time and explain how to protect from sexual infection with HIV:

There are 3 ways to protect from sexual infection, especially from semen and vaginal fluid.





In your group of 3 or 4, discuss this question:

♦ What hinders people in our society from practicing abstinence and marital faithfulness?

After several minutes, allow participants to share answers. Thank them for sharing.

3. PRESENT INFORMATION ABOUT HOW TO PROTECT FROM BLOOD INFECTION WITH HIV - 3 MINUTES

Show pictures 16 and 17 one at a time and explain how to protect from blood infection with HIV:

To protect from blood infection with HIV, be sure to use the following:

How to Protect from Blood Infection with HIV		
16 Use Clean Razors and Needles	Use new or disposable needles from the	
- A	local health worker or hospital. Use razors	
E provided &	or other cutting instruments cleaned	
1	with soap and water (after use by others).	
17 Make Sure Blood Is Tested	Use tested blood (blood that is not	
	infected with HIV) for blood transfusions.	

What questions do you have about protecting from blood infection with HIV?

Answer any questions from the participants. Invite other participants to help.

4. USE SONGS TO REMEMBER PROTECTION OPTIONS - 11 MINUTES

Invite participants to form groups of 4 or 5. Once the groups are formed, say:

It is important to protect ourselves from the sexual and blood spread of HIV/AIDS. In your groups, please take 5 minutes to create a song to help all of us remember the ways to prevent sexual and blood spread of HIV.

After 5 minutes, ask each group to present its song to the rest of the participants. Write down the words and record the songs, if possible. Thank the groups for their creativity. Then, show pictures and invite participants to recite a summary of key information:

Use discipline to protect from sexual spread of HIV by:

- 1. Practicing abstinence—it is the safest way to prevent the spread of HIV/AIDS.
- 2. Practicing marital faithfulness with your spouse—it is God's design and blessing.
- 3. Using a condom if you cannot practice abstinence or marital faithfulness.

Use discipline to protect from blood spread of HIV by:

- 1. Using clean razors.
- 2. Using clean or new needles from the health worker.
- 3. Using tested blood for transfusions.

To stop HIV/AIDS in this community, we need to share what we learned with everyone. I invite you to share with your friends and neighbors about how to use discipline in protecting ourselves from sexual and blood spread of HIV.

Let us repeat together a commitment for today's session:

I will use discipline to stop the sexual and blood spread of HIV.

Let us encourage one another to honor God and protect ourselves and our communities from sexual infection with HIV. To close, let us pray, asking God to help us.

Ask participants for a volunteer, if appropriate. Then, close with a form of the following prayer:

Provider of All,

You have given to us the knowledge that we need to protect ourselves from sexual and blood spread of HIV. Make us leaders in the community who use this knowledge wisely, respecting the good gifts that You have given to us, that HIV/AIDS may be destroyed. In Jesus' name, Amen.



SESSION 5: PROTECTING FROM THE SPREAD OF HIV

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reviewed how to protect from sexual and blood spread of HIV.
- 2. Discussed ways to prevent or reduce the risk of mother-to-child spread of HIV.
- 3. Shared advice for preventing or reducing the risk of mother-to-child spread of HIV.
- 4. Explored biblical ideas of dignity and discipline in stopping the spread of HIV.

PREPARATION

- Select 1 or both stories from Step 3 that are relevant to the participants.
- Have pictures 13–17 available in Step 1 if participants need help reviewing information from the previous session (Optional).
- Pictures 18-21
- Research local government services for HIV-positive mothers
- Holy Bible (reviewed/highlighted in advance)

TIME

30 minutes

Steps

1. REVIEW PROTECTION METHODS FOR SEXUAL AND BLOOD SPREAD OF HIV – 5 MINUTES

Today we will discuss how to prevent or reduce the risk of mother-to-child spread of HIV. But, before we do that, who can tell us how to use discipline in protecting from sexual and blood infection with HIV?

Let one volunteer share (Optional: Use pictures 13-17 to help the volunteer recall the information). Answer any questions. Then ask:

♦ How did Joseph use discipline in protecting from sexual infection with HIV?

After 2 or 3 participants to share, then say:

Like Joseph, we must resist sexual temptation in order to remain free from HIV and to preserve our integrity before God.

Remember, the HIV virus is spread when the fresh blood, semen or vaginal fluids of an HIV-infected person comes into contact with the blood or moist openings (mouth, nose, vagina, anus or penis) of a healthy person.

2. PRESENT INFORMATION ABOUT HOW TO PREVENT OR REDUCE THE RISK OF MOTHER-TO-CHILD SPREAD OF HIV – 12 MINUTES

Show pictures 18–21 one at a time, and explain how to prevent or reduce the spread of HIV from mother to child:

How to Prevent or Reduce the Spread of HIV from Mother to Child		
• The spread of HIV from m	The spread of HIV from mother to child can be prevented if:	
18 Uninfected and Faithful	Both mother and father are HIV-negative (do not have	
Spouse	the virus).	

19 Avoid Pregnancy



Pregnancy is avoided if either parent is HIV-infected.

• If a woman is HIV-positive or does not know her status, the risk of spreading HIV to her baby is reduced by:

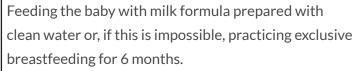
20 ARV Medicine



Taking special medicine (ARV) during pregnancy at the health center. Both the mother and the baby must also take the special medicine at the time of delivery. The baby must then continue to take the medicine for one month. The medicine does not cure HIV but makes it less likely that the virus passes from the mother to the baby.

• If a woman is HIV-positive or does not know her status, the risk of spreading HIV to her baby is reduced by:

21 Formula Feeding with Clean Water or Exclusive Breastfeeding



The formula must be prepared with clean water to avoid diarrhea, which can kill babies.



Note: See a doctor when you are pregnant and discuss breastfeeding. If it is impossible to get enough formula and clean water to prepare the formula, the World Health Organization advises that HIV-positive mothers practice exclusive breastfeeding for 6 months. This means breastfeeding only, with NO water or other foods. (The risk of a child dying from diarrhea from formula made with unclean water is higher than the risk of becoming HIV-infected through breastfeeding.) If it is still impossible after 6 months to feed the baby with formula, continue breastfeeding while you introduce other foods. Visit the doctor regularly to check the child's health. Breastfeeding should stop as soon as it is possible to give the child a safe and complete diet.

What questions do you have about preventing or reducing the risk of mother-tochild spread of HIV?

Answer any questions. Invite other participants to help.

3. USE STORIES TO DISCUSS OPTIONS FOR PARENTS TO CONSIDER – 14 MINUTES

Form the participants into groups of 3 or 4. Once the groups are formed, say:

Please listen to the following stories. Discuss and decide what advice to offer each woman in the stories.

Read the story you selected or both stories. After a story, allow the groups a few minutes to discuss their advice. Then ask 2 or 3 groups to report their advice.

Umwari and the Older Man

A few years ago when Umwari was 14 years old, she was attacked by an older man. He forced her to have sex with him. Now she thinks that she may have HIV. She recently got married. Her husband wants to have children. Umwari decides to tell her husband about the attack and her fear that she may have HIV. She wants to protect her and future children from HIV infection.

♦ What can Umwari do to protect her future children?

Mukamana and Her Husband of Many Years

Mukamana was married 6 years ago. She and her husband have 2 children. Their daughter is 5 and growing well. Their son is 2 and is always sick. She was excited to tell her husband that she is pregnant again. Her husband looks worried. He tells her that 3 years ago he had sex—once—with another woman and did not use a condom. In recent months, he was feeling sick so he got tested for HIV. He learned that he is HIV-positive. Mukamana decides she needs ARV medicine to reduce the risk of passing HIV to her baby, but does not know how to get it.

♦ What advice do you have for Mukamana?

Think of her physical, social, emotional, and spiritual needs and those of her children.

Thank groups for their advice, then say:

In these two stories, neither Umwari nor Mukamana were properly respected. Even when situations like these happen, remember that God greatly values you and your child, no matter what has happened.

A wise mother recognizes the value of her life and her child's life, and protects herself and her child from HIV infection by taking special medicine (ARV).

I invite you to call to mind the story of the woman with the bleeding problem from several weeks ago.

Open the Scriptures and read Mark 5:25-34 again.

The Woman with a Bleeding Problem (Mark 5:25-34)

In the crowd surrounding Jesus was a woman who had been bleeding for twelve years. She had gone to many doctors, and they had only caused her further pain. She had paid them all the money she had. Instead of getting better, she only got worse. The woman heard about Jesus, so she came up behind him in the crowd and touched his clothes. She had said to herself, "If I can just touch his clothes, I will get well." As soon as she touched them, her bleeding stopped, and she knew she was well. At that moment Jesus felt power go out from him. He turned to the crowd and asked, "Who touched my clothes?" His disciples said to him, "Look at all these people crowding around you! How can you ask who touched you?" But Jesus turned to see who had touched him. The woman knew what had happened to her. She came shaking with fear and knelt down in front of Jesus. Then she told him her whole story. Jesus said to the woman, "My daughter, you are now well because of your faith. May God give you peace. You are healed of your trouble."

♦ How did Jesus treat this woman when she came to Him for healing?

Think of her physical, social, emotional, and spiritual needs.

Thank participants for their answers.

Jesus came to restore dignity to all persons. Because God has created each person with dignity, we are responsible to stop HIV/AIDS in the community. By sharing with friends and neighbors about how to prevent or reduce the spread of HIV from mother to child, you can show compassion and lead others to the healing of Jesus.

Let us repeat together a commitment for today's session:

I will reduce the spread of HIV from mother to child by sharing what I have learned.

Let us pray, asking God to help us properly protect ourselves, our children, and our communities from the spread of HIV/AIDS.

Ask participants for a volunteer, if appropriate. Then, close with a form of the following prayer:

Most Worthy Father,

Awaken our hearts, that we may have great concern for the welfare and dignity of our children, and for the children in our communities. Empower us to prevent the spread of HIV/AIDS, that the children of our community and nation may live healthy, full lives. In Jesus' name we pray, Amen.



SESSION 6: TESTING FOR HIV

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reviewed methods to prevent or reduce the risk of mother-to-child spread of HIV.
- 2. Identified where to get tested and who should be tested.
- 3. Discussed the symptoms of HIV infection.
- 4. Considered the knowledge of one's HIV status together with stewardship.

PREPARATION

- Collect information on local testing centers (location, room number, hours, and cost)
- Have pictures 18–21 available in Step 1 if participants need help reviewing information from the previous session (Optional).
- Pictures 22-27

TIME

30 minutes

Steps

1. REVIEW METHODS TO PREVENT OR REDUCE MOTHER-TO-CHILD SPREAD OF HIV – 4 MINUTES

Today we will discuss how to get tested for the HIV virus. But, before we do that, who can tell us how to prevent or reduce the spread of HIV from mother to child?

Let one volunteer share (Optional: Use pictures 18–21 to help the volunteer recall the information). Answer any questions. Then say:

By sharing with friends and neighbors about how to prevent or reduce the spread of HIV from mother to child, you can show compassion and lead others to the healing of Jesus.

2. PRESENT INFORMATION ABOUT HIV TESTING AND HIV STATUS – 15 MINUTES

Let us now talk about how to get tested for the HIV virus. When a person is first infected with HIV, the virus spreads throughout the body but there is no sign that the person is sick. After about 3 to 6 months, the virus grows enough to be detected by a special blood test. Today we are going to talk about testing for HIV.

The location nearby for HIV testing a	and coun	seling is _		_•
The testing center is open from	_to	_for	_ days of the week.	
n Rwanda, the cost of the test is	·•			

When going for an HIV test, the clinic staff

- explains the test;
- takes a small amount of blood from your arm;
- tells you when the results are available;
- has you return to the clinic because only you are told the results;
- listens and answers any questions or concerns you have; and
- provides counseling if you have HIV.

Getting tested for HIV is voluntary and confidential. Listen to each of these situations. Tell me what people in each situation could do if they knew their HIV status:

After stating each situation, invite 1 or 2 participants to share their ideas.

Someone using contaminated needles or razors.

- Someone having sex with someone else who is unfaithful or might be HIV-infected.
- Someone showing any of the symptoms of HIV infection.
- A pregnant woman.
- The spouse of someone who is HIV-infected.
- Someone planning on getting married.
- Someone who has not practiced abstinence.
- Friends or relatives of an HIV-infected person who have seen the affects of the disease.

Then ask:

♦ What would you gain by knowing your HIV status?

Allow several volunteers to answer.

♦ What questions do you have about HIV testing?

Answer any questions. Invite other participants to help.

3. DESCRIBE SYMPTOMS OF HIV INFECTION - 10 MINUTES

Show pictures 22–27 one at a time and explain the symptoms of HIV infection:

It is impossible to look at someone and know if they are infected with the HIV virus. Only a special blood test can tell you if you are infected. Remember, HIV destroys the "soldiers" that protect your body from disease. People with HIV may look and feel healthy for years before becoming very sick. Without enough body soldiers, your body cannot fight off other diseases such as tuberculosis that can kill you. This is why the symptoms of AIDS are similar to other common but serious diseases; symptoms such as:

	1
Symptoms of	HIV Infection
22 Loss in Weight	23 Continuous and Unexplained Fever for Months
(ellela c Jelle	
24 Chronic Diarrhea for Months	25 Continuous Cough for Months



♦ What questions do you have about symptoms of HIV infection?

Answer questions. Thank participants.

Knowledge about HIV/AIDS empowers us to make proper decisions about caring for our bodies. Listen to the story of Esther.

Esther's Story

Esther wakes up early, works all day in the maize field, takes care of her family at night, and then goes to sleep and starts all over again the next day. She lives day-to-day, working hard.

During the dry season one year, Esther began to lose a lot of weight. She felt tired all the time. At first, she thought it was the weather. But after some months, she noticed sores on her tongue, and she had a cough that would not go away for months. Esther had learned that these were symptoms of HIV, but she did not want to get tested. She was convinced that one of her business competitors had bewitched her. So, she visited a witchdoctor and spent ___ RWF on seeking cures.

Two months later, Esther had gotten even weaker, and she passed away. Her family grieved when they lost her – she was a great woman. Their suffering was intensified because Esther had spent her money on seeking improper cures

Ask:

- ♦ How did Esther spend her money?
- ♦ What mistakes does she make?
- ♦ What advice would you give to someone in Esther's situation? [get proper medical treatment/testing, pray and trust God not a witchdoctor]

Listen to what Paul tells the Corinthian people:

Open the Scripture to 1 Corinthians 6:19-20:

"Do you not know that your body is the temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your body."

♦ Why is it important for each person to know their HIV status?

Allow participants to share in groups of 2 or 3. Thank participants for their answers.

Since our bodies belong to God, we must use the knowledge He has given to us to care for them. Because He lives in those who believe in Him and has created all people in His image, we are of great value. Knowing our HIV status can help us make better decisions about protecting ourselves, our spouses and our children.

However, we cannot keep this knowledge to ourselves. To stop HIV/AIDS in this community, we need to share what we know with our friends and neighbors, encouraging them to know their HIV status.

Let us repeat together a commitment for today's session:

I will encourage my friends and neighbors to know their HIV status.

Let us close in prayer, asking God to help us to use the knowledge that we have for His glory and for the health of our community.

Ask participants for a volunteer, if appropriate. Then, close with a form of the following prayer:

All Knowing and Absolute God,

Nothing is hidden from Your sight. We praise You for sharing Your wondrous knowledge with us. Bless our community with health as we use this knowledge to fight the spread of HIV/AIDS. In Jesus' name, Amen.



SESSION 7: TALKING ABOUT HIV/AIDS

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Reviewed HIV testing information.
- 2. Used the HIV/AIDS Card to review ways HIV is spread and ways to prevent the spread of HIV.
- 3. Identified how each family member is at risk of getting HIV.
- 4. Practiced how to talk about HIV/AIDS.
- 5. Explored biblical rationale for talking about HIV/AIDS.
- 6. Committed to talk with family members about HIV/AIDS and its prevention.

PREPARATION

- Have pictures 22–27 available in Step 1 if participants need help reviewing information from the previous session (Optional).
- Picture 28
- HIV/AIDS Card (1 for each participant)
- Holy Bible (reviewed/highlighted in advance)

TIME

30 minutes

Steps

1. REVIEW INFORMATION ABOUT HIV TESTING - 3 MINUTES

Today we will discuss how to talk with a spouse or child about HIV/AIDS. But, before we do that, who can tell us about HIV testing?

Let one volunteer share (Optional: Use pictures 22–27 to help the volunteer recall the information). Answer any questions.

Since our bodies belong to God, we must use the knowledge He has given to us to care for them. Knowing our HIV status can help us make better decisions about protecting ourselves, our spouses and our children.

2. DISTRIBUTE HIV/AIDS CARD AND REVIEW WAYS HIV IS SPREAD AND PREVENTED – 5 MINUTES

Distribute an HIV/AIDS Card to each participant and say:

Here is an HIV/AIDS Card for each of you. This card will help you remember how HIV is spread and how you can protect yourself from HIV/AIDS. The top part of the card shows the 3 ways that HIV is spread.

♦ Using the card, who can tell me the 3 ways that HIV is spread? [Sex, blood, and mother to child]

Below each way that HIV is spread, there are pictures to help you remember how you can prevent that spread. For example, to prevent the spread of HIV through sex (point to each prevention picture under Sex on the HIV/AIDS Card) you should practice abstinence or being faithful to your spouse—this design is honoring to God and healthy for the community. If you cannot do either of these, you should practice using a condom. Now look at the 2 other ways HIV is spread: through blood and from mother to child.

- ♦ Using the card, who can tell me the ways to prevent blood spread of HIV? [Use clean razors and needles; make sure blood is tested for blood transfusions]
- ♦ Using the card, who can tell me the ways to prevent mother-to-child spread of HIV? [Make sure your spouse is uninfected and faithful; avoid pregnancy; take ARV medicine before, during and after delivery; formula feeding with clean water or exclusive breastfeeding]

Congratulate the participants for successfully using their HIV/AIDS Card, and then say:

Please use this HIV/AIDS Card to remember what we have discussed and to share information with others in the community.

3. IDENTIFY HOW EACH FAMILY MEMBER IS AT RISK OF GETTING HIV – 8 MINUTES

Show Picture 28 and ask:

♦ Who in this picture is at risk of becoming infected with HIV?

Invite participants to share ideas. Keep asking, "Who else?" until each person in the picture is mentioned.

♦ How can each family member get HIV?

Invite participants to share ideas. Keep asking, "How?" and "Why?" until all of the information in the following box is mentioned.

Who Is At Risk for HIV Infection?		
Person	HIV Exposure Risks	
Husband	Sex with spouse or other partners before or after wedding	
and Wife	Contaminated razors and needles (for example, for tattooing or	
	scarification)	
Girl and	Mother-to-child infection	
Boy	Contaminated razors and needles (for example, for tattooing or	
	scarification)	
	• Sex:	
	 Sometimes girls are lured or forced into having sex with boys or men. When a girl is young, the lining of her vagina is thin. The lining tears easily if a girl marries young and/or has sex at an early age. Sometimes boys are pressured into having sex to become 	
	"men."	
Baby	Mother-to-child infection before or during birth or through	
	breastfeeding	

Now, turn to someone near you and ask:

♦ Why should each of us talk with our friends, spouses, boys, and girls about the risks of getting HIV?

Invite participants to share ideas with each other for one minute. Then, open the Scriptures and read.

In the Bible, in 2 Timothy 1:7, it says:

"For God did not give us a spirit of fear, but of power, of love, and of self-discipline."

♦ What do you hear from this verse?

Although these are personal or difficult issues to discuss, we must not be afraid to talk about the risks of HIV with those we love. God has given us the responsibility to protect and educate our friends, spouses, and children. Everyone in the picture is at risk and needs protection from HIV. We must talk with our spouses. And most of all, we must talk with boys and girls. They are the age group most likely to become infected with HIV. Let us practice how to talk with spouses and children about HIV/AIDS.

4. PRACTICE TALKING ABOUT HIV/AIDS - 18 MINUTES

Ask participants to each choose a partner. Once pairs are formed, assign 1 type of spread to each pair: sex, blood, and mother to child. Then say:

Pretend your partner is someone with whom you should talk about HIV/AIDS—a friend, spouse, or daughter or son. Be sure to tell him or her the basic facts about HIV and how to prevent the spread that you were assigned. Use your HIV/AIDS Card to help you share the most important information.

Give the pairs 5–10 minutes to practice. Then ask 1 pair to role-play a conversation. Explain that they have 5 minutes for the role-play. Say:

Watch and listen carefully as the volunteers role-play their conversation about HIV/ AIDS. We are going to discuss what we learn from them.

Observe the role-play. Thank the volunteers. Then discuss the role-play with the group using the following as a guide:

- ♦ What did you like about how the conversation began?
- ♦ How accurate and complete was the information?
- ♦ What parts of this conversation are you going to use when you talk to your loved ones?

Invite participants to recite a summary of key information:

We should tell our family and friends that everyone is at risk for HIV/AIDS and that the best ways to protect from sexual spread of HIV are by following God's design—through abstinence or marital faithfulness to one's spouse. If these are not possible, use a condom.

Let us repeat together a commitment for today's session:

I will talk to my friends, spouse, and children about HIV/AIDS.

At the next and final session, we are going to review what we learned about HIV/AIDS. Please bring your HIV/AIDS Card with you.

Let us close in prayer, asking God to give us courage to talk to others about HIV/AIDS.

Ask participants for a volunteer, if appropriate. Then, close with a form of the following prayer:

Those who seek you, O Righteous God, will lack nothing. Empower us with confidence and wisdom to care for our families by honestly and modestly talking about HIV/AIDS. May the peace and knowledge of Jesus be in our communities. In His name we pray to You, Amen.



SESSION 8: STOPPING HIV/AIDS - IT IS OUR CHOICE

OBJECTIVES

By the end of this Learning Conversation, participants will have:

- 1. Tested their knowledge of the facts about HIV/AIDS using the HIV/AIDS Card.
- 2. Planned actions to help stop HIV infection at home and in the community, or to help someone with HIV or AIDS.

PREPARATION

- Write the numbers 1 through 8 on separate cards.
- HIV/AIDS Card
- Holy Bible (reviewed/highlighted in advance)

TIME

30 minutes

Steps

1. PLAY GAME TO REVIEW INFORMATION ABOUT HIV/AIDS - 13 MINUTES

Today is our final session about HIV/AIDS. Let us play a game to review what we learned about HIV/AIDS, how to protect ourselves and how to prevent HIV infection in our families and community. Please form 8 teams.

Once the teams are formed, share the instructions:

Each team is going to draw a card with a number on it. I am going to ask a question that matches that number. The questions are all about HIV/AIDS. Listen to the question I ask. Decide if the correct answer to the question is "yes" or "no." You can use your HIV/AIDS Card to help you remember the answer. The team that draws number 1 goes first. Everyone else listens to the answer and decides if it is correct. If the group's answer is wrong, then another team has the opportunity to give an answer. Then team number 2 is given its question, and so on. We are going to continue until all 8 questions are asked and answered.

♦ What questions do you have about how to play the HIV/AIDS game?

Have each group draw one of the numbered cards you prepared. Conduct the game. Be sure the correct answer is clearly announced after each question.

HIV/AIDS Game	
Questions	Answers
1. Is HIV a virus that gets into a	Yes
person's blood and destroys the	The "body soldiers" are called white blood cells.
"body soldiers"?	
2. Is HIV spread by touching or	No
shaking hands?	There is no way for the virus to enter the blood.
3. Can a husband protect his	Yes
wife from HIV?	By being maritally faithful, he can protect her.
	This is God's design.
4. Can you get infected with HIV	Yes
by sharing a razor or needle that	Only use new or disposable needles from the
has wet HIV blood on it?	health worker or hospital. Clean used razors and
	knives with soap and water.

5. Can a baby be infected with	Yes
HIV before it is born?	If the mother is HIV-infected and not taking
	the special (ARV) medicine, the baby can be
	infected.
6. Must we protect ourselves,	Yes
our families, and our communities	God has created each person with dignity, and
by having the proper knowledge	Jesus came to restore this dignity to all persons.
about HIV/AIDS?	We are responsible to lead others to His healing.
7. Can you tell by looking at	No
someone if they have the HIV	A special blood test is the only way to know if
virus?	someone is infected with the HIV virus.
8. Is it good for parents to talk	Yes
with their children about HIV/	Our children are valuable and need to know
AIDS?	about God's design for sex, including how to
	prevent HIV.

Congratulate the participants for their answers and for using the HIV/AIDS Card to find them.

2. PLAN ACTIONS TO HELP STOP HIV INFECTION AT HOME AND IN THE COMMUNITY, OR TO HELP SOMEONE WITH HIV OR AIDS – 17 MINUTES

During the HIV/AIDS sessions you committed to

- accepting and helping those in the community who suffer from shame;
- sharing with others the basic facts about HIV/AIDS and about God-given dignity;
- sharing with others how HIV is spread;
- sharing with others how to use discipline in protecting from sexual and blood spread of HIV;
- sharing with others information about mother-to-child spread of HIV;
- sharing with others the need to care for our bodies by getting tested for HIV;
- caring for family members by talking with them about HIV/AIDS and its prevention.

Think about how well you are sharing this information with those around you. Let us discuss:

♦ How does making these commitments to share with others honor the Lord?

Allow several participants share their ideas. Then, add:

- 1. Like the woman with the bleeding problem, God greatly values each person, because we are all made with dignity and in His image, no matter what skills we have, what we own, what our problems are, or what we look like.
- 2. Discipline is needed in order to take proper action to protect ourselves, our families, and our communities from HIV/AIDS.
- ♦ How can we improve in making these commitments?

After several participants share their ideas for action, say:

As a group, choose 1 of these actions.

After participants agree on an action, ask:

♦ When do you plan to do it?

After participants agree on when to accomplish the action, ask:

♦ Who is going to be the leader(s) in accomplishing this action?

After participants agree on the leader(s), say:

This is a great plan. Let us look to God for power, love, and discipline to accomplish these goals.

Open the Scriptures to 2 Timothy 1:7, then say:

Stand up. Raise your fist. Repeat this verse together three times and commit it to memory:

God did not give us a spirit of fear, but of power, of love, and of selfdiscipline.

Thank you all for discussing HIV/AIDS. Let us stand, hold hands and pray together, asking the Lord to guide us as we seek to prevent HIV/AIDS in our community.

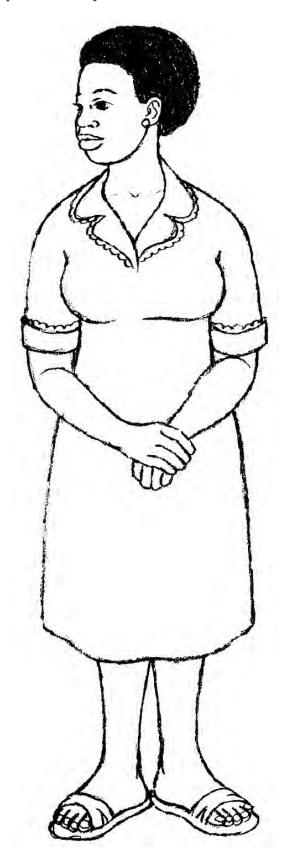
Holy God,

We lift up those suffering from HIV/AIDS in our communities. Where there is despair, grant them new hope and dignity found in You, O Jesus. Use us to heal and educate our communities, that HIV/AIDS might be abolished, and Jesus' mighty name may be lifted up. Amen.

PREVENTING HIV/AIDS: IT IS OUR CHOICER

LEARNING CONVERSATIONS
PICTURES

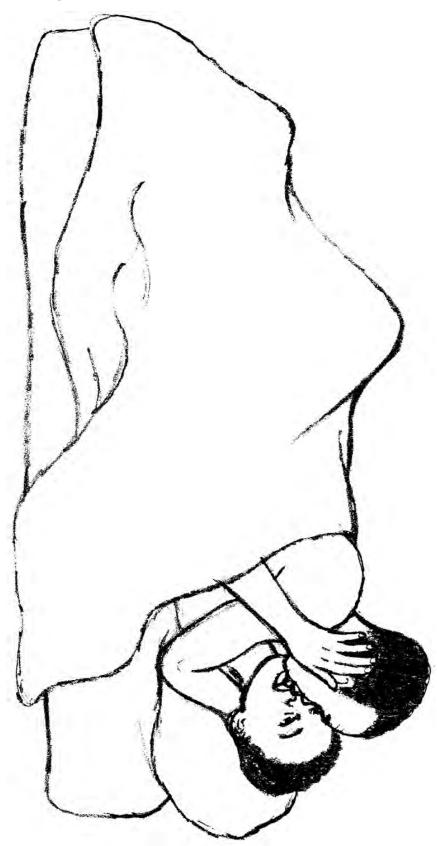
Picture 1: Newly infected person



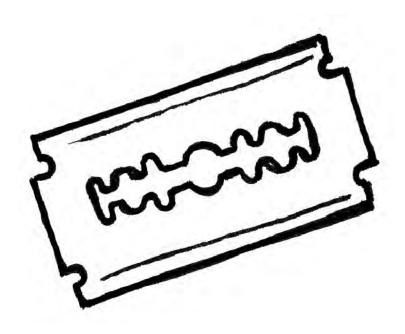
Picture 2: Full-Blown AIDS

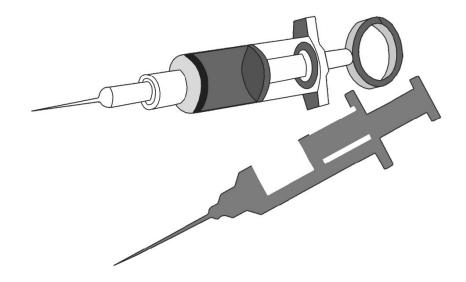


Picture 3: Unprotected Sex with Infected Partner

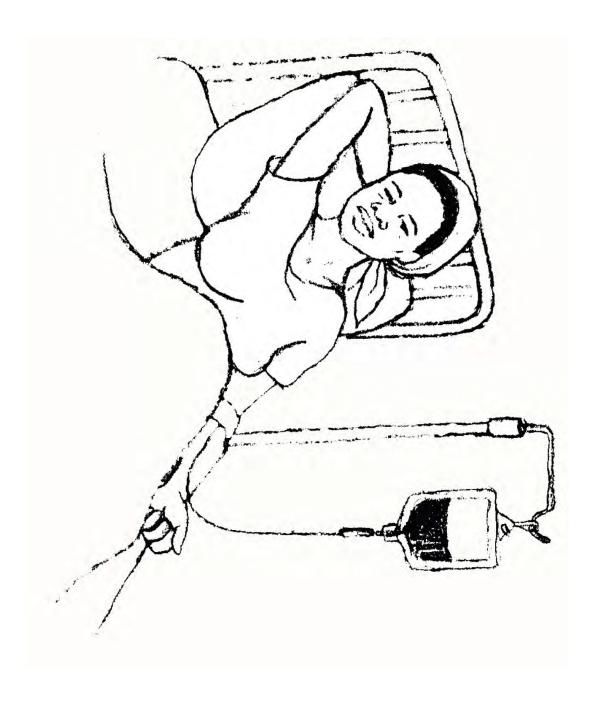


Picture 4: Contaminated Razors and Needles





Picture 5: Transfusion



Picture 6: Pregnancy and Delivery



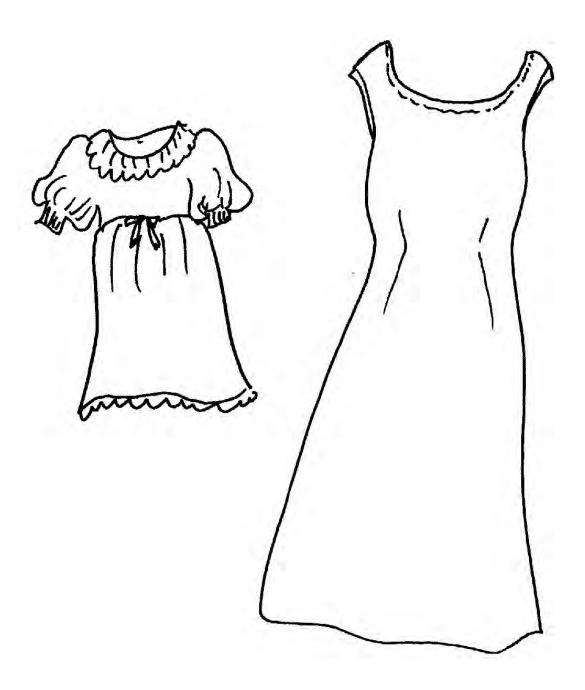
Picture 7: Breastfeeding



Picture 8: Sharing Bowls or Cups



Picture 9: Sharing Clothing



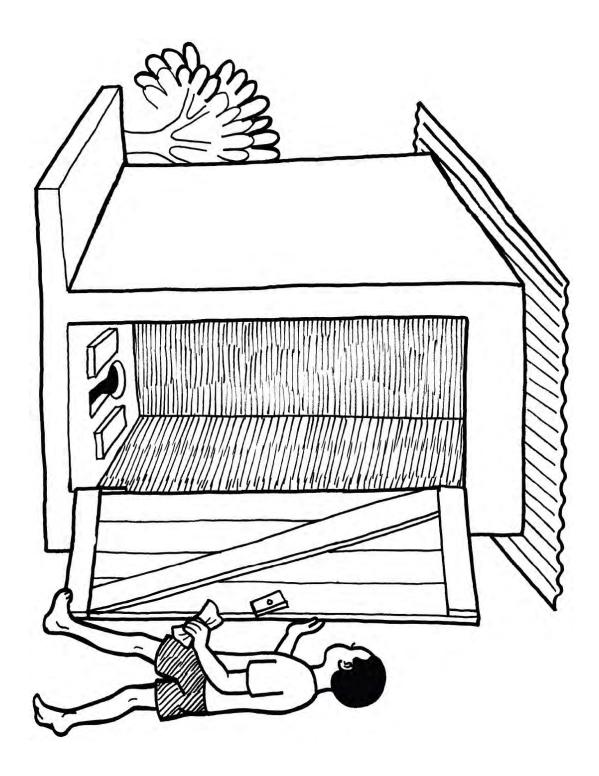
Picture 10: Touching or Shaking Hands



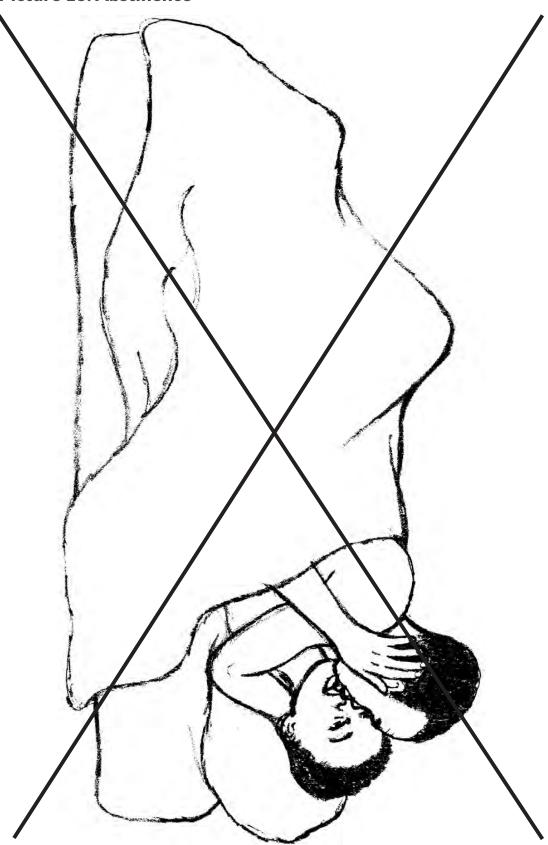
Picture 11: Mosquito Bites



Picture 12: Using the Same Toilet



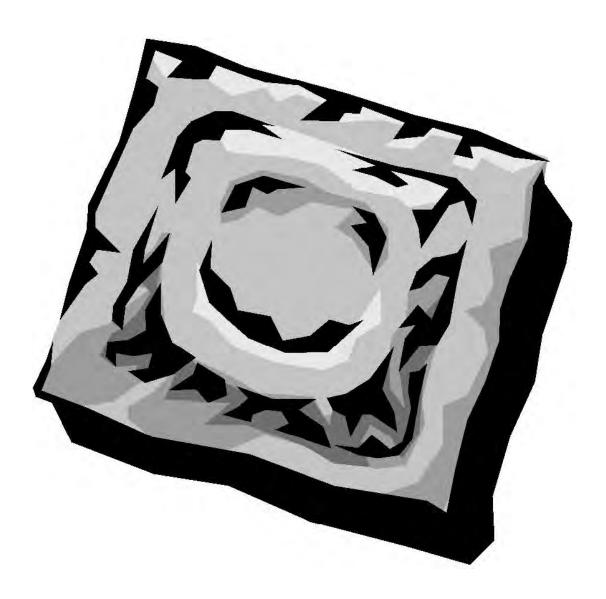
Picture 13: Abstinence



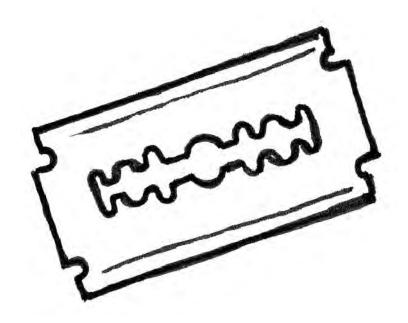
Picture 14: Marital Faithfulness

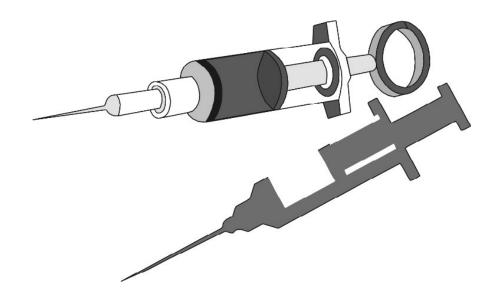


Picture 15: Condom use



Picture 16: Use Clean Razors and Needles





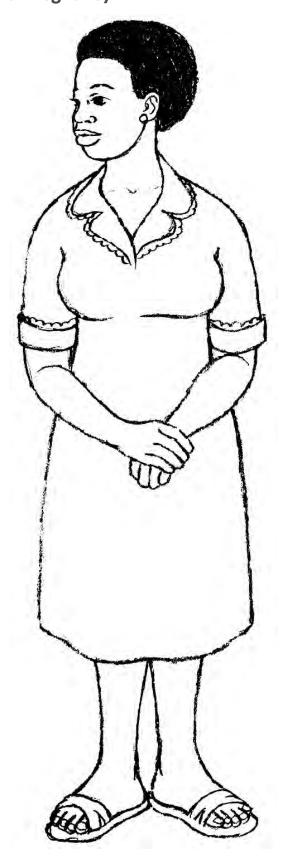
Picture 17: Make Sure Blood is Tested



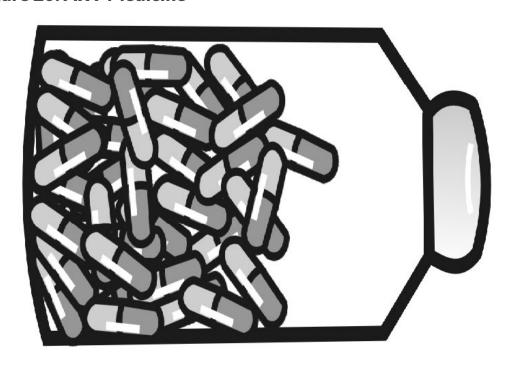
Picture 18: Uninfected and Faithful Spouse

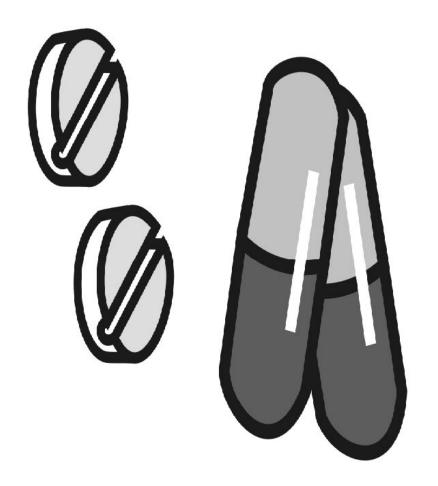


Picture 19: Avoid Pregnancy

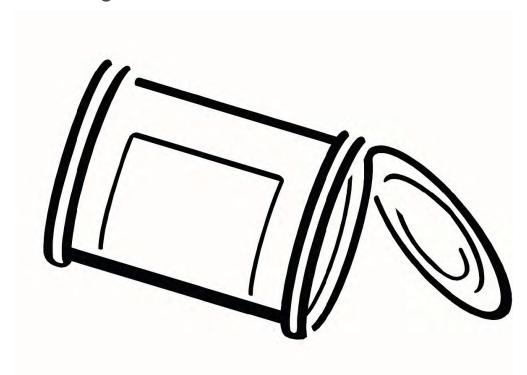


Picture 20: ARV Medicine



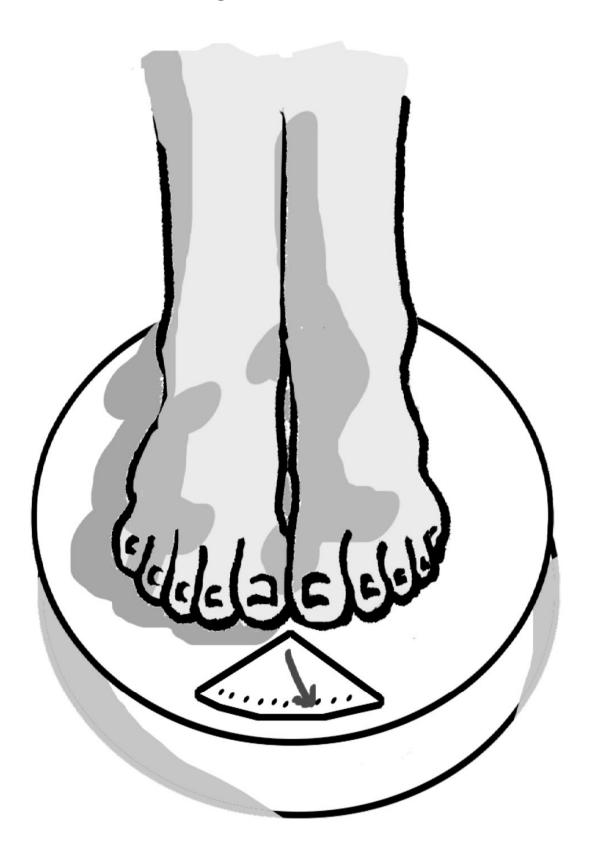


Picture 21: Formula Feeding with Clean Water or Exclusive Breastfeeding





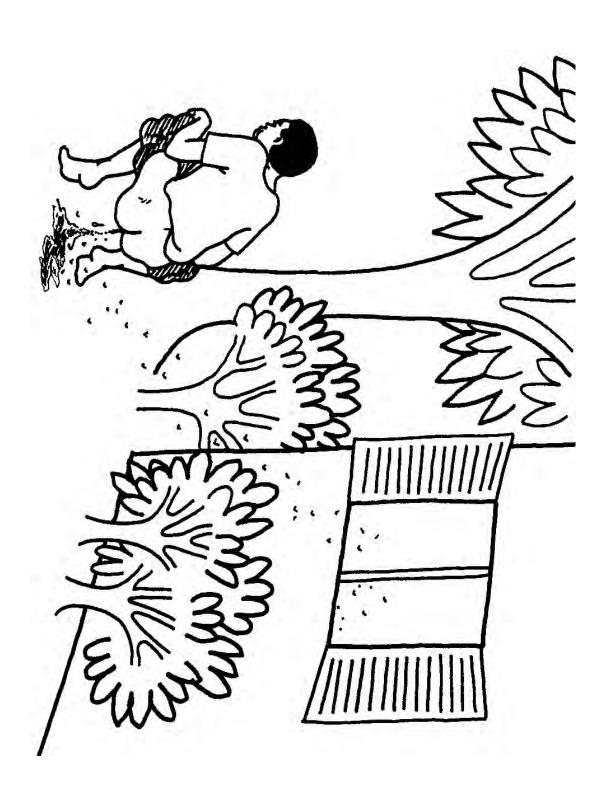
Picture 22: Loss in Weight



Picture 23: Continuous and Unexplained Fever for Months



Picture 24: Chronic Diarrhea for Months



Picture 25: Continuous Cough for Months



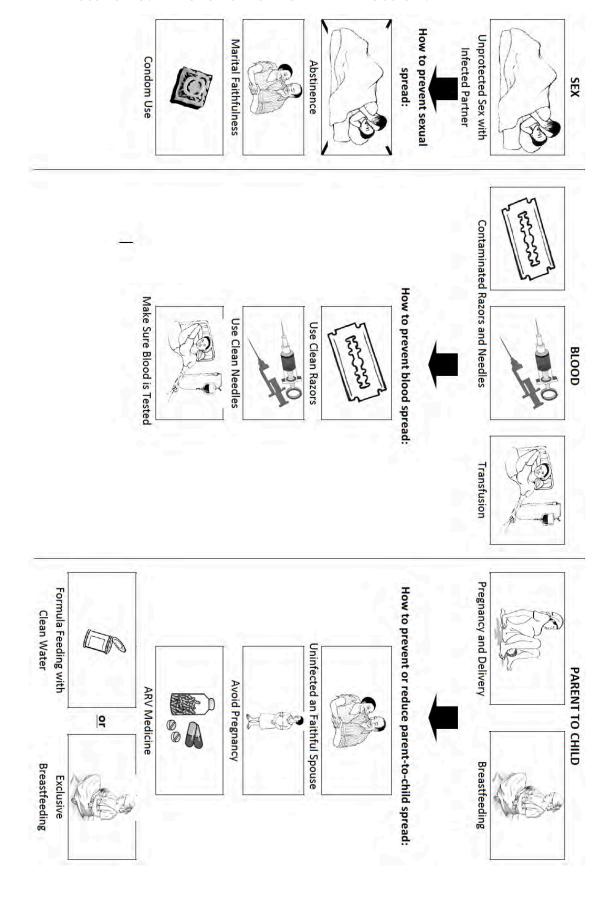
Picture 26: Fatigue and No Energy



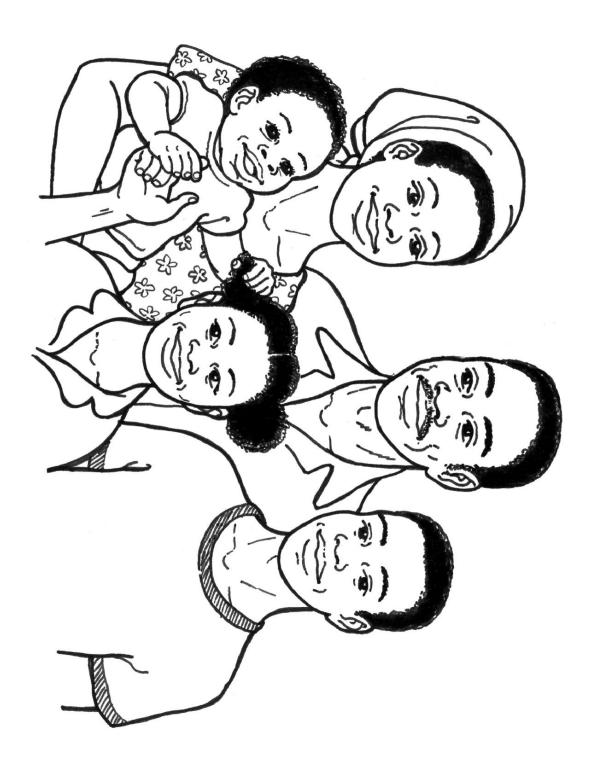
Picture 27: Patches on Tongue or Sores in Mouth



Picture 28: Who Is at Risk for HIV Infection?



Picture 28: Who Is at Risk for HIV Infection?



Who Is At Risk for HIV Infection?

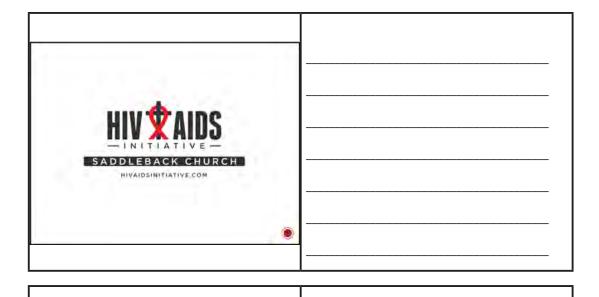
Person	HIV Exposure Risks	
Husband and Wife	♦ Sex with spouse or other partners before or after the wedding	
	♦ Contaminated razors and needles (for example, for tattooing or scarification)	
Girl and	♦ Mother-to-Child infection.	
Boy	♦ Contaminated razors and needles (for example, for tattooing or scarification)	
	♦Sex:	
	° Sometimes girls are lured or forced into having sex with boys or men. When a girl is young, the lining of her vagina is thin. The lining tears easily if a girl marries young and/or has sex at an early age.	
	° Sometimes boys are pressured into having sex to become a "man."	
Baby	♦ Mother-to-Child infection before or during birth or through breastfeeding	

HIV&AIDS AND THE CHURCH

HIV/AIDS INITIATIVE

SADDLEBACK CHURCH



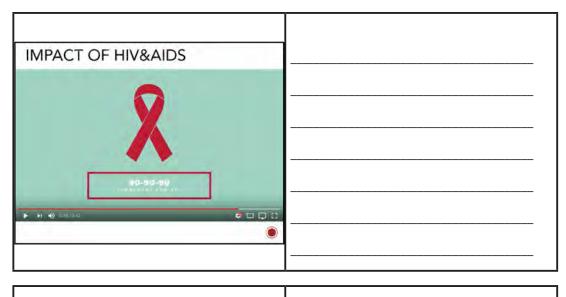


AGENDA

- Why care?
- · HIV/AIDS 101
- CHURCH Six things your church can do
- Starting the ministry in your church

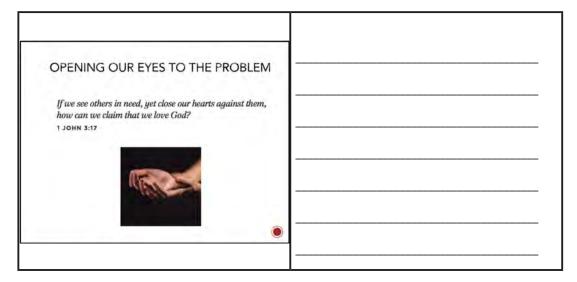
IMPACT OF HIV&AIDS



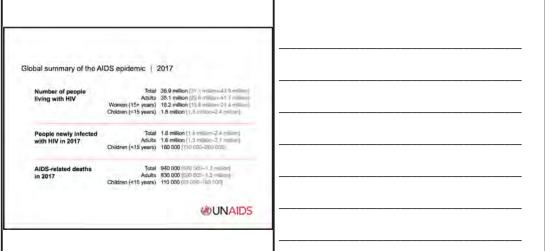


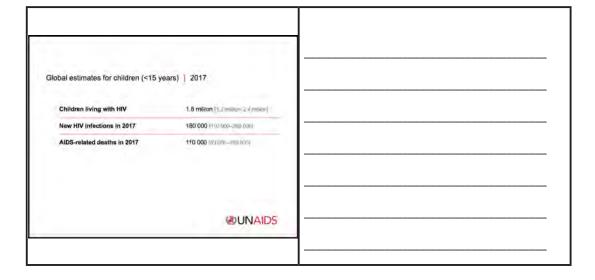
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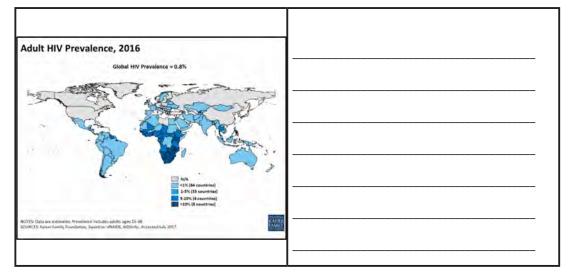


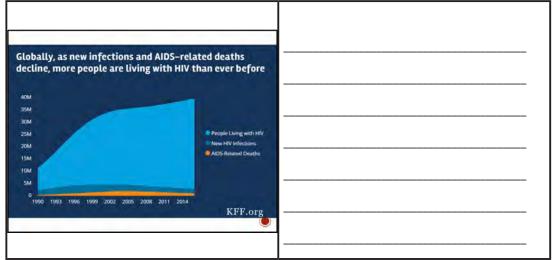
OPENING OUR EYES TO THE PROBLEM * "It's not a sin to be sick" * "Your illness is not your identity" "Then the righteous will answer him, "Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you? "The King will reply, Truly! I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.' Matthew 25:37-40



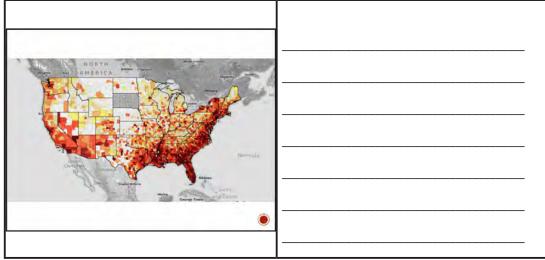


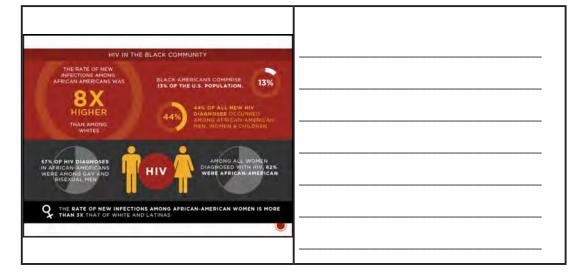
About 5000 new HIV infections (adults and children) a day 2017 About 66% are in sub-Saharan Africa	
About 500 are among children under 15 years of age About 4400 are among adults aged 15 years and older, of whom: almost 43% are among women about 33% are among young people (15-24) about 19% are among young women (15-34)	
@UNAIC	os —



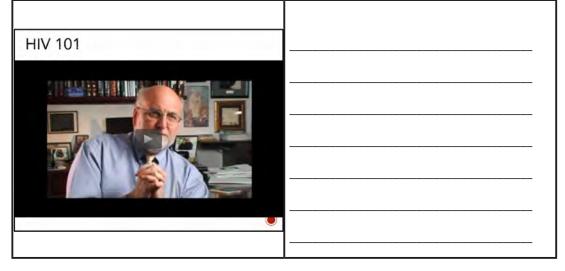






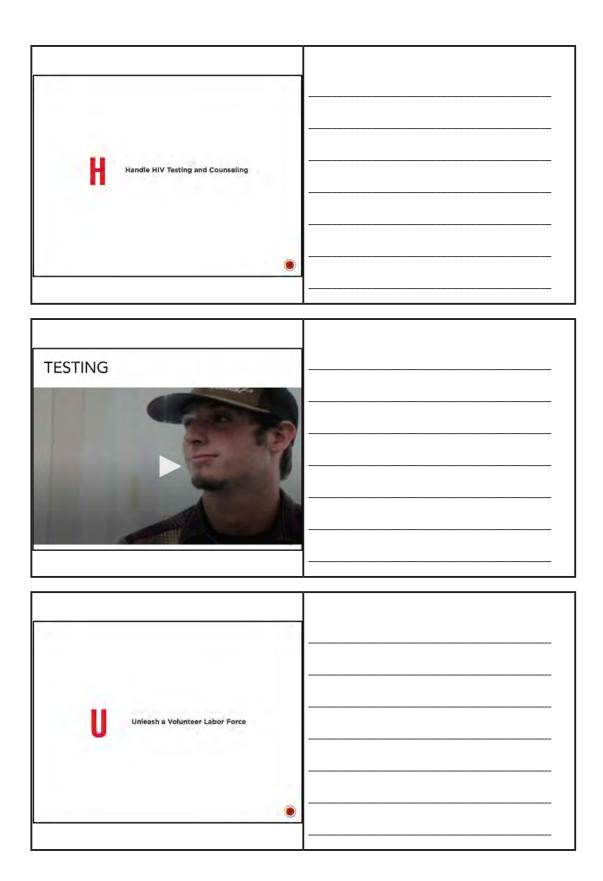








THE C.H.U.R.C.H. STRATEGY: WHAT EVERY CHURCH CAN DO	
Care for and Support the Sick	
KATHI'S STORY	

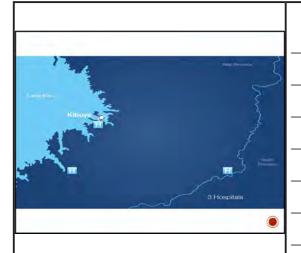


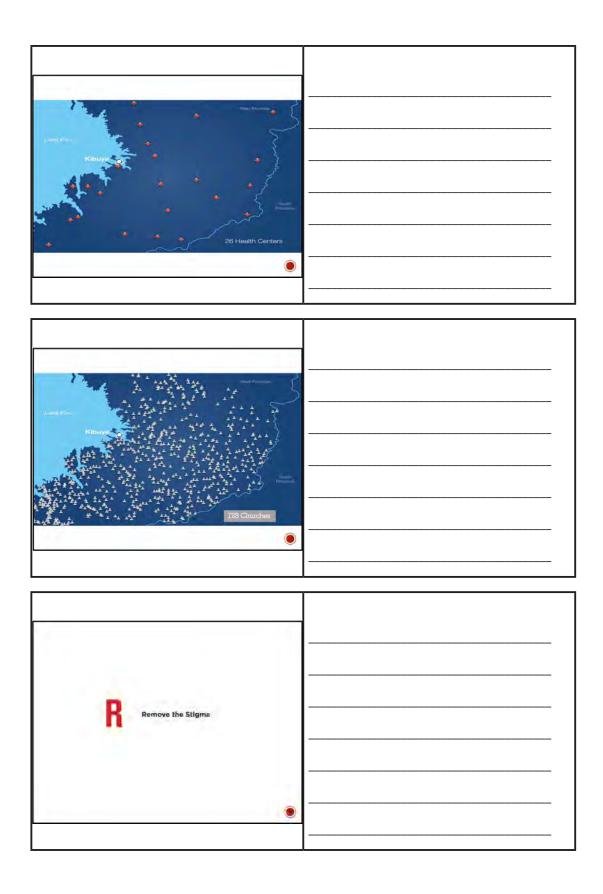
SEVEN ADVANTAGES OF LOCAL CHURCHES

- The Largest Participation
- The Simplest Administration
- The Longest Continuation
- The Highest Motivation
- The Widest Distribution
- The Fastest Proliferation
- The Strongest Authorization









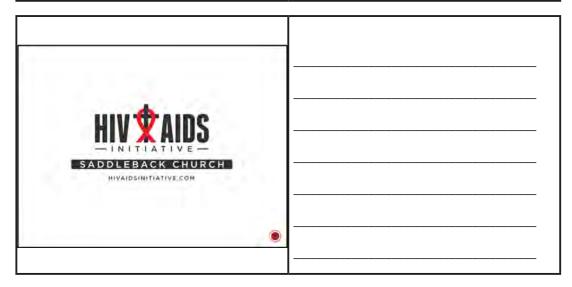
DAVE'S STORY

PASTOR STRATON'S STORY PASTOR STRATON'S STORY 2 HOW TO START A MINISTRY KAY WARREN

Crawl Step	Walk Step	Run Step
Low time/commitment	Increased time/commitment	Most time/commitment
"Come see" - low relationship	"Come follow" - greater involvement	"Come die" – high sacrifice, relationship
Ex Take a meal to someone who is sick	Ex Take someone to a doctor's appointment	Ex. – Commitment to treatment accountability coaching
Ex. Research the needs in your community	Ex Attend a local HIV event	Ex Volunteer to serve on a local HIV government org

WORLD AIDS DAY IDEAS • Kay's vidao • College Ministry • Saddleback Visual Arts • Community outreach





Why the Church Must Care

Five reasons every Christian should care about people living with HIV&AIDS:

- 1. It's unpredictable.
 - No one expects that the church will care about a sexually transmitted disease.
 - There's a stigma attached to HIV unlike any other disease.
- 2. It's incurable.
- 3. It's treatable.
- 4. It's preventable.
- 5. It's "care-able."

We care about people living with HIV and AIDS because Jesus cares. The Gospels are filled with examples of Jesus caring for the sick and the marginalized. In fact, he spent one-third of his ministry healing people.

In Mark 1:40–42 (NLT) the Bible says, "A man with leprosy came and knelt in front of Jesus, begging to be healed. 'If you are willing, you can heal me and make me clean,' he said. Moved with compassion, Jesus reached out and touched him. 'I am willing,' he said. 'Be healed!' Instantly the leprosy disappeared, the man was healed."

In Jesus' day, lepers lived lives of isolation and stigma. They were outcasts, forced to shout out to everyone "unclean, unclean" as they walked through town. This leprous man heard about Jesus' power to heal every sort of disease and made the courageous choice to and him, braving the stares, cursing, fear, and rejection of others.

How did Jesus respond to the sick?

He CARED (vs. 41)

Jesus was "moved with compassion." His heart broke as he looked at this suffering man. Jesus wasn't filled with revulsion or distaste, but with deep empathy. The accepted belief of the time was that lepers had a secret, unconfessed sin that caused

their illness, but Jesus healed him with no questions about his past. He offered his love without condition.

He TOUCHED (vs. 41)

Jesus broke through the social and religious stigma of the day to communicate value, love, and worth to this man. With a single *word* he could have healed him, but Jesus chose to reach out and *touch* him, restoring his dignity.

He <u>HEALED</u> (vs. 42)

Jesus didn't leave the man in his weakened, sick condition; he healed him. While we pray the cure for HIV and AIDS is discovered in the near future, there is spiritual, emotional, and relational healing in Jesus Christ today.

"Christ carried our sins in his body on the cross so that freed from our sins, we could live a life that has God's approval. His wounds have healed you." 1 Peter 2:24 (GW)

- Our greatest need is not for medication or physical healing, but for inner spiritual healing, and to know the Creator of the universe loves us and seeks to be in relationship with us.
- We, the church, are God's representative on earth—we care because he does!

Scale of the Disease Around the World:

- 37 million people living with HIV³
 - ° This number is increasing as people access treatment and live longer
- 5,000 newly infected each day 2 million new infections last year
- AIDS has left 17 million children orphaned, primarily in sub-Saharan Africa⁴
- Only half of people living with HIV are on treatment⁵
- AIDS the second leading cause of death in Africa⁶
- 51% of people living with HIV are women
- 38% of new infections are under the age of 25
- Fifth leading cause of death in low income countries⁷
- Leading cause of death among women of reproductive age8

³ http://www.unaids.org/en/resources/campaigns/globalAIDSupdate2017

⁴ https://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/orphans-and-vulnerablechildren-affected-hiv

⁵ https://www.hiv.gov/hiv-basics/overview/data-and-trends/global-statistics

 $[\]label{eq:complex} 6 \qquad \text{http://www.businessinsider.com/hivaids-is-no-longer-the-leading-cause-of-death-in-africa-2017-8?} \\ r=UK\&IR=T$

⁷ http://www.who.int/mediacentre/factsheets/fs310/en/index1.html

⁸ http://apps.who.int/gho/data/view.wrapper.MGHEMORTCAUSE10-2012?lang=en&menu=hide

° In 2016, new infections among young women were 44% higher than young men.⁹

Six practical things you and your church can do for people living with HIV&AIDS:

C - Care for and Support the Sick

Churches are commanded by God to care about the sick. It is their calling! It doesn't require money or special training to love. Local congregations are the only caring organization found in almost every community around the world.

Many people living with HIV have experienced rejection and loneliness as a result of their status.

Just showing up with compassion in their lives can be a huge step in seeing and meeting their needs.

"The Lord forgives our sins, heals us when we are sick." Psalm 103:3 (CEV)

"Comfort those who are frightened; take tender care of those who are weak." (1 Thessalonians 5:14b)

H - Handle HIV Testing and Counseling

We believe that everybody should know their HIV status. There are two reasons to know your HIV status: if you're negative, stay negative; if you're positive, you can access care and treatment, and avoid transmitting the virus to others.

Encouraging people to get tested for HIV is something that's within the reach of every church. Pastors and church leaders can remind members and lead by example by getting tested in front of the congregation.

This could be an opportunity to have volunteers offer to go with those who may be afraid to get tested. In the United States, and in an increasing number of countries, there are sites which offer HIV testing for free – check out if there are offerings in your area and how you can connect people to those resources.

If it's feasible, consider if your church can offer testing. In some churches, in an effort to reduce stigma, HIV testing is offered as part of other testing (height, weight, BMI, glucose) in a community health fair format.

"All who are prudent act with knowledge." Proverbs 13:16a (NIV)

"Get all the advice and instruction you can, so you will be wise the rest of your life." Proverbs 19:20 (NLT)

U - Unleash a Volunteer Labor Force

There will never be enough healthcare professionals in the world to teach prevention, administer treatment, and offer care to those who need it. Churches have the largest volunteer labor force on the planet—more than two billion members. What an impact we can make if this enormous untapped pool of talent, energy, and compassion can be mobilized to support those living with and affected by HIV and AIDS! Unleasing the pent up power of the lay person is one of the keys to the PEACE Plan.

Jesus said, "I will build my church, and all the powers of hell will not conquer it." Matthew 16:18b (NLT)

"He comes alongside us when we go through hard times, and before you know it, he brings us alongside someone else who is going through hard times so that we can be there for that person just as God was there for us." 2 Corinthians 1:4 (MSG)

R - Remove the Stigma

It's not a sin to be sick. Your illness is not your identity.

Jesus never asked anybody how they became sick. He just said, "What can I do to help you? How can I help?"

Churches must embrace people who are living with HIV by replacing rejection and alienation with mercy and acceptance. You may have people in your church who are living with HIV who have never felt safe to share.

"Accept one another, then, just as Christ accepted you, in order to bring praise to God." Romans 15:7 (NIV)

C - Champion Healthy Behavior

HIV/AIDS is complex and yet preventable. Churches have the moral authority to promote healthy sexual behavior and to offer the spiritual motivation for abstinence, fidelity, and drugfree living. Churches can offer a holistic approach that encompasses all aspects of HIV prevention and addiction recovery.

- Many churches offer Celebrate Recovery®, a Christian 12-Step program, to those struggling with codependency, alcohol, drug, and sexual addiction.
- Churches can teach boys and men to respect women and girls (sexual abuse is one social driver of HIV).

"God bought you with a high price. So you must honor God with your body." 1 Corinthians 6:20 (NLT)

"Give yourselves completely to God, for you were dead, but now you have new life. So use your whole body as an instrument to do what is right for the glory of God." Romans 6:13b (NLT)

H - Help with HIV Medications

While it is unexpected to visualize a role for local churches in helping with HIV treatment, the Church can be an integral part of helping HIV-positive individuals live longer. HIV treatment offers hope for a normal lifespan but requires daily adherence. The faith community can provide treatment support that's as simple as helping with accountability in taking medication. It's been shown that people receiving support in HIV support groups demonstrate higher adherence rates than their non-supported peers.

"You obey the law of Christ when you offer each other a helping hand." Galatians 6:2 (CEV)

How to START an HIV and AIDS Ministry

S - ____ (Seek)___ Leadership Support of the Church

Church leadership must understand that it is important to begin this ministry. Without their support, the ministry probably won't succeed.

• Inform the leadership team about the number of people living with and affected by HIVlocally and globally.

- Talk about the reasons the Church is best positioned to care for people who are HIV positive (check out our resouces on "Seven Advantages of the Church").
- Write a statement that clearly explains the purposes of this ministry and how it fits within the scope of the Church's overall vision.

T - ___(Talk)___ about Scriptural Foundations for a HIV/AIDS Ministry

Human emotion is insufficient as a rationale for beginning an HIV&AIDS ministry; it must rest upon a scriptural foundation.

- Review Bible verses that reveal God's compassion for the sick.
- Study Jesus' ministry here on earth and emphasize how he spent one-third of his time healing sick people! Jesus cared about physical needs as well as spiritual needs.
- Examine the New Testament writers' instructions to the Church to care for the weak, the poor, orphans, widows, and those in need.
- Check out our "Why the Church Must Care" section for more support.

Places to begin: *Psalm 22:24*, *Isaiah 63:9*, *Matthew 14:14*, *Mark 6:55-56*, *John 14:12*, *Proverbs 3:27*

A - ___(Assemble)___ a Team of Volunteers

Assemble a team of volunteers who will meet on a regular basis to increase HIV awareness, knowledge and skill. Most people know very little about HIVand AIDS, and one powerful way volunteers can impact their congregation is to regularly distribute accurate information.

- Encourage people living with HIV to share their stories among volunteers then with the entire congregation.
- Dream together as a team about the possibilities for this ministry to impact the Church, the community, and the world by increasing HIV and AIDS awareness, knowledge, and skill. Try to create opportunities with different levels of commitment (crawl steps, walk steps, run steps).

R - ___(Research)___ the Needs in Your Area

Learning about needs in your community and in communities you intend to serve will help determine what the activities of your ministry could look like. Start with finding out the needs of your community!

- Meet with the existing agencies in the community that serve people living with HIV and AIDS, and explore how a church ministry can support their efforts.
- In the US, many areas have government HIV planning committees that already convene key HIV stakeholders consider attending a meeting and networking.
- Explain how the ministries of local churches can increase the effectiveness of their programs by providing a spiritual home for hurting people.
- Look for common ground and then become a vital part of the community's HIV response.
- Realise that sometimes people living with and affected by HIV have had negative experiences with the Church be prepared to come with an apology and earn trust with your actions.

T - ____(Take)____ Action

Once your team is assembled and you know the needs, it's time to get started! Check out the CHURCH strategy training for a great framework of six ways every church can serve. Don't be afraid to start with one area – perhaps creating a HIV support group in your church – and building from there.

- Check out the CHURCH strategy.
- A support group is a great place to begin determining if there are ways church members can meet needs.
- Understand that growing the ministry takes time and patience.

Starting a ministry isn't difficult, it just requires commitment from the church leadership, a strong scriptural understanding of God's compassion for the sick, a group of enthusiastic trained volunteers, up to date information and a willingness to put feet to your faith through concrete action.

SLOW & STOP: Strategies for Addressing the HIV Epidemic

Working in the area of HIV and AIDS often means working with others who may have different approaches on how to curb the AIDS pandemic. A tremendous effort has been made to find strategies to SLOW the pandemic. However, we are not content to slow the pandemic. We want to STOP it, and this will require a different strategy.

SLOW

S - Support Correct and Consistent Condom Use Every Time

The correct and consistent use of condoms can prevent the transmission of HIV.

L - Limit Number of Sexual Partners

Limiting sexual partners reduces potential exposure to HIV. While not fool-proof, fewer partners decrease the likelihood of HIV transmission.

O - Offer Needle Exchange

From a public health standpoint, a clean needle prevents people from contracting HIV through contaminated needle sharing.

W - Wait for Sexual Debut

Research shows that pushing back the age of sexual debut reduces the risk of HIV transmission.

STOP

S - Save Sex for Marriage

Abstinence before marriage, while a difficult ideal that goes against culture, IS a viable and proven method of stopping HIV transmission.

"It is God's will that you should be sanctified: that you should avoid sexual immorality; 4 that each of you should learn to control your own body in a way that is holy and honorable" 1 Thessalonians 4:3-4 (NIV)

T - Teach Men and Boys to Respect Women and Children

By teaching men and boys to view women and children as respected equals created in the image of God, the church is working to reduce gender violence, sexual abuse, and the spread of HIV.

Adolescent girls are one of the highest category of new infections globally, and some of that stems from sexual exploitation and abuse.

"In the same way, husbands ought to love their wives as they love their own bodies." Ephesians 5:28

O - Offer Treatment through Churches

The Church offers more than clean needles and condoms—it offers freedom from addiction and care for the addict. Celebrate Recovery is a Christ-based recovery program that your church may consider offering to those struggling with addiction or other hurts, habits, and hang-ups.

"Dear brothers and sisters, if another believer is overcome by some sin, you who are godly[b] should gently and humbly help that person back onto the right path. And be careful not to fall into the same temptation yourself. Share each other's burdens, and in this way obey the law of Christ." Galatians 6:1-2

P - Partner with One Person for Life

When two HIV negative people partner together faithfully in marriage for life, the risk of sexual transmission of HIV is virtually non-existent.

"Give honor to marriage, and remain faithful to one another in marriage." Hebrews 13:4 (NLT)

HIV&AIDS INITIATIVE

MINISTRY LAUNCH GUIDE



WE OFFER TWO WEBSITES TO ASSIST YOU

1. HIVANDTHECHURCH.COM

This web link will give you full access to all the marketing materials needed to launch a ministry for caring for the sick. These free marketing resource files will help to promote and customize an HIV ministry for your church. Please take advantage of these resources as often as possible to educate and motivate your congregation and to encourage participation.

2. SADDLEBACKRESOURCES.COM

Search HIV on the Home Page to find HIV ministry toolkits, sermons and other resources for the growth of your ministry.

BEFORE YOU DIVE IN

Congratulations! Your church is about to embark on a journey that will welcome in the lost and offer people a roadmap to a healthier life. The key to unprecedented spiritual growth lies neither in the ministry materials nor pre-launch preparations, even though both are important. Instead, the key to making this ministry a success is the simple act of prayer.

As you start down this path, prayer will be the most important thing you can do. Throughout the training materials you'll find encouragement to rely on God's power through prayer. Prepare with prayer, plan with prayer, and implement with prayer. Without prayer, this ministry will be nothing more than religious activities. Yet when you and your leadership team spend time on your knees before God, He will reveal your next steps and bring clarity to the direction for your church. Trusting Him and opening your heart to His guidance in the process is the most powerful choice you can make.

There is no power like that of prevailing prayer. It turns ordinary mortals into men of power. It brings power. It brings fire. It brings rain. It brings life. It brings God. Samuel Chadwick

THE BIG PICTURE

Through your ministry, your church will grow disciples who learn how to love and care for the sick like Jesus did. Imagine for a moment the impact on your church, your community, and the world when each person lives out the principles the Bible teaches about radical compassion. This impact grows as those individuals live in powerful community with their small group, and reaches its peak when those small groups come together to experience the power of the principles as an entire congregation! We call this the Power of Alignment. This concentrated time of alignment will bear lasting, eternal fruit throughout your church and community. The Power of Alignment is best seen in the three major components of the ministry:

1. INDIVIDUAL PARTICIPATION

Individuals are the heartbeat of the ministry. Encourage each participant to commit to praying for the ministry, for people living with HIV/AIDS, and for whatever next step God may be asking them to take.

2. GROUP PARTICIPATION

A potential powerful element of the ministry launch is encouraging people to experience true Biblical community through small groups. The interactive curriculum includes a Bible study taught on video by Kay Warren allows for a guided discussion time where group members dig deep and apply the truths of the study to their lives and service.

3. EVENT AND WEEKEND SERVICE PARTICIPATION

There is something powerful about serving together. As you launch your ministry, consider how you can create events that help people come together and form community around the shared heart to serve the sick. If possible, see if your church will allow some weekend service time and space where you can begin to educate members on the issue of HIV/AIDS in your community and around the world, as well as God's call to care for the sick.

DREAM BIG DREAMS

Many churches make the mistake of putting God in a box by thinking too small. We challenge you to go on a faith adventure and think impossible. Rick Warren calls this concept "exponential thinking." The idea behind exponential thinking is simply this: Identify the results you think you can achieve, and go beyond them to create an audacious goal that only God can reach. God will do far more through big goals than He ever will in the safety of small goals. Remember, if you can figure out how to pull it off, you aren't thinking exponentially! Exponential thinking is God's secret instrument in this ministry—stand back in wonder as He goes to work.

LORD, I have heard the news about you; I am amazed at what you have done. LORD, do great things once again in our time; make those things happen again in our own days... Habakkuk 3:2 (NCV)

"Exponential growth begins with exponential thinking."

TIME FOR ACTION

STEP 1: GET ORIENTED

These ministry materials grew out of the experiences of Saddleback Church and the thousands of other churches that have gone through Saddleback's spiritual growth campaigns. Take the time to review the various components as you begin the process of developing your HIV Ministry.

For additional resources to assist you in your ministry, go to http://hivaidsinitiative.com/tools/resources/ to find:

Marketing Resources: We've helped provide sample marketing materials needed to launch a HIV Ministry. These free marketing resource files will help to promote and customize HIV/AIDS awareness materials for your church. Please take advantage of these resources as often as possible to educate and motivate your congregation and to encourage participation.

Support Group Leader's Guide: The HIV&AIDS Initiative Support Group Leader's Guide is a helpful tool for anyone who wants to start an HIV/AIDS Support Group in their church. It provides all the tips and steps to create a community that cares for the sick and journeys together toward a healthier life.

Sample Sermons and Small Group Material: To access example sermons about HIV/AIDS and caring for the sick and materials for small groups, go to www.saddlebackresources.com and search "HIV."

ADDITIONAL SUPPORT

If you have any questions or issues that are not addressed in the campaign guide, please feel free to call Saddleback's HIV&AIDS Initiative line at 949-609-8555.

STEP 2: BUILD THE TEAM

WHO TO ASK

Start planning and training for the HIV Ministry launch about two months prior to the launch. Begin by building a team of Ministry Coordinators. Each team member will assist you by coordinating a specific component of the ministry. Here is an example breakdown of coordinator positions to breakdown and delegate the tasks of ministry:

- 1. **Pastor:** At the head is the Pastor, who gives spiritual leadership to the ministry, casting the vision and motivating the congregation to get involved.
- 2. Lay Leader: At the heart is the Lay Leader, who reports to the Pastor and manages the coordinators as they perform the day-to-day responsibilities of the ministry.
- 3. **Communications Coordinator:** Working with the Lay Leader as the other logistics administrator of the team, the Communications Coordinator promotes the ministry and supports the other team members by coordinating all their communication to the church.
- 4. **Prayer Coordinator:** Working in tandem with the Pastor, the Prayer Coordinator plans and implements the prayer strategy, covering the entire ministry effort with prayer. Prayer is also part of the individual-level engagement with the ministry.
- 5. Events and Weekend Services Coordinator: The Weekend Services Coordinator plans the thematic weekend service during the year perhaps World AIDS Day weekend preparing the special features that enhance member awareness of HIV/AIDS and the ministry. It is in the weekend services that people experience the congregational level of engagement with the ministry. This person can also help arrange events at the community level to help people living with and affected by HIV/AIDS become aware of what your church has to offer.

HOW TO BUILD A GREAT TEAM

Prayer is the first step to building a great team of coordinators. Resist the urge to run right out and make a few phone calls to the "usual candidates." Wait on God. There may be someone in your church you wouldn't have thought of, who has gifts just waiting to be used on your team. God has been preparing them for such a time as this. Through prayer, let the Lord lead you to his team of Ministry Coordinators.

As you build the Ministry Coordinators Team, think about those in your church who are involved in service and ministry, or newer members who have expressed a desire to get involved with their new church.

Building a team for such a significant experience offers the opportunity to help your church and its ministry long-term. You may discover potential new leaders for your church. We often learn that people find and develop their spiritual gifts in new areas of ministry they've never considered.

Here are some suggested qualifications to seek in any team member:

- Excitement and enthusiasm about sharing the vision of the ministry with others
- An authentic walk with the Lord
- Leadership and/or organizational gifts
- Strategic and/or creative thinking
- Willingness to give the necessary time to this ministry
- Well-respected as a spiritual leader
- A commitment to excellence
- Ability to problem-solve and delegate responsibilities

In choosing people for specific roles as coordinators, here are some key questions to ask:

Lay Leader: Who is a "big picture" person that is gifted in administration and teambuilding?

Communications Coordinator: Who knows the internal systems of your church well?

Prayer Coordinator: Who is the prayer warrior in your church?

Events and Weekend Services Coordinator: Who knows the style of your church and can work effectively with the Pastor?

STEP 3: THE FIRST TEAM MEETING

Team meetings are great opportunities to infuse a strong sense of community into your Ministry Coordinators. Pray together. Dream and trust God together. You will develop a deep and unbreakable bond in your collaborative effort to lead this powerful, life-changing journey in your church. Before your first meeting, think through how the ministry may need to be adjusted to fit your church's specific context.

The Pastor and Lay Leader lead the first meeting together. The Pastor shares the vision of the ministry and the Lay Leader explains the preparation materials. Distribute Success Guides to each coordinator. As you explain what it takes to prepare for the ministry, make sure everyone comes away understanding the following four concepts:

1. WHO DOES WHAT?

All team members need to become familiar with their particular areas of responsibility and how they fit into the ministry. Each coordinator should review his/her Success Guide before choosing other team members to assist them in their responsibilities.

2. HOW DO WE DO THIS?

The Success Guide provides step-by-step procedures for each phase of the ministry launch. Although all of the coaching materials have grown out of the experiences of our church and others, we know one size doesn't fit all. The specific ways in which you carry out each step can be adjusted to fit your local context.

3. WHEN DOES IT NEED TO BE DONE?

The timeline included in this guide lists general guidelines for when each step of the ministry launch needs to be done. Depending on the size of your congregation, the timeline might need to be adjusted. Keep in mind that it is usually better to allow too much time rather than too little.

4. WHEN WILL WE MEET?

Once your initial training meeting is complete, the timeline suggests you schedule meetings every week until the beginning of the ministry. Once the ministry starts, you may not need to meet as often.

NOTES ABOUT MINISTRY COORDINATORS' MEETINGS

Agenda: When you hold team meetings, your agenda should be mostly about things that concern the entire team. Here are some possible agenda items for each meeting:

- Prayer
- Progress since the last meeting
- Upcoming events or promotions that need coordination between teams
- What is going well?
- What is not going well?
- Where is help needed?

STEP 4: PLAN YOUR MATERIALS

Here are some considerations when planning your budget for funding the ministry, promotions, and providing ministry resources.

MINISTRY COSTS—

If the costs of a HIV ministry are difficult for your church to handle within your regular budget, pray about whether this is God's will for your church. We have seen God provide time and time again for churches who did not know how their costs were going to be covered. At the same time, you will hear us talk a lot in this guide about focusing on ways your church can serve people living with and affected by HIV with no money required.

PROMOTION COSTS—

Invest in Your People: If your budget is limited, invest in your people and not in products. Your people are your best promotional tool, so invest in getting the congregation excited about the ministry. Word of mouth is priceless!

MINISTRY LAUNCH TIMELINE

7–8 WEEKS BEFORE THE LAUNCH

LAY LEADER

- Review all success guides, resources, and documents.
- Recruit Ministry Coordinators.
- Start meeting with Ministry Coordinators every week.
- Determine what events you will include in your ministry. Begin to define the community service project you will launch.

PASTOR

- Review the Pastor's Success Guide and pastor's training materials.
- Hold a Ministry Vision Meeting for key church leaders.

PRAYER COORDINATOR

- Review the Prayer Success Guide and the prayer training materials.
- Recruit members for the Prayer Team.
- Begin meeting and praying.
- Brainstorm ideas to infuse prayer throughout the ministry.

- Review the Communications Success Guide and the communications training materials and resources.
- Recruit a Communications Team and begin meeting and praying.
- Begin production of non-print items, such as signs and banners.
- Meet as a team to review the Success Guide and discuss the purpose of communications in the ministry.
- Assist the Pastor and Lay Leader with the HIV Ministry Vision Meeting to create joint ownership of the ministry.
- Decide with the rest of the Ministry Coordinators what communication strategies you will use that are not printed pieces, and begin to produce them, such as: a ministry sign for the inside of the sanctuary, outdoor ministry signs, a video or PowerPoint® slide promotional piece.

5-6 WEEKS BEFORE THE MINISTRY LAUNCH

LAY LEADER

- Continue meeting weekly with the Ministry Coordinators. Review your progress since last meeting; agree on action steps for the next two weeks; ask what's going well, what's not, and where help is needed.
- Pray together, especially for the launch of the prayer strategy and the launch of the host home recruitment phase. Pray also for God's discernment and vision as you make decisions regarding your resource order in two weeks.

EVENT AND WEEKEND SERVICES COORDINATOR

- Extend invitations to any special musicians or people with testimonies involved in the Launch Weekend Services.
- Determine any particular technical needs you will have to plan for on the Launch Weekend.
- Start praying for the Launch. Ask God to use this service to start your ministry effectively and inspire people to participate wholeheartedly in the ministry.

PRAYER COORDINATOR

- Develop a ministry prayer plan.
- Recruit a Pastor's Prayer Team.

- Announce the ministry to the whole church, using the Pastor as the primary spokesperson.
- Publicize the dates of the ministry and assist the Small Groups Team in communicating the upcoming ministry launch to existing small groups.
- Develop and produce promotional materials customized for your church's HIV Ministry.
- Assist the Prayer Team with any materials they need as they launch their prelaunch prayer strategy.

3-4 WEEKS BEFORE THE LAUNCH

LAY LEADER

• Continue meeting weekly with the Ministry Coordinators. Pray together; review progress since your last meeting; review the schedule for next the two weeks; ask what's going well, what's not, and where help is needed.

PASTOR

- Continue to be the primary spokesperson for promoting the ministry from the pulpit.
- Coordinate with the Weekend Services Team as they plan special features.
- Work with the Prayer Team to finalize arrangements for the Day of Prayer 3—4 Weeks before the ministry launch.
- Continue to plan for the impact of the ministry and gear up the church for the increased activity.

EVENT AND WEEKEND SERVICES COORDINATOR

- Coordinate with the Prayer Team to incorporate the Day of Prayer with prelaunch services.
- Coordinate with the Pastor to arrange for music, testimonies, and other special features during the Launch Weekend Services.
- Work with the Communications Team to give some promotional attention to the Launch Weekend Services.
- Arrange the logistics for distributing the ministry resources to the congregation.
- Develop a plan for the special features of the weekend services, and begin extending invitations to any special guests.

PRAYER COORDINATOR

- Continue your prayer strategy.
- Plan a Day of Prayer for the church, and/or a Staff & Team Day of Fasting and Prayer.
- Work with the Communications Team to announce and promote the Day of Prayer.

- Promote the HIV Ministry to your church. Use strategies such as pulpit announcements by the pastor, bulletin inserts, social media, letters or postcards, emails to the congregation, and your written ministry overview.
- Roll out the initial publicity around the church building, such as signs, banners, or posters.
- Deliver the printed pieces needed by each Ministry Coordinator and ask about any additional communications needs or problems with each team.
- Optional: Begin promoting the ministry to the community with public service announcements, display ads, or community posters.

1-2 WEEKS BEFORE THE LAUNCH

LAY LEADER

Continue meeting weekly with the Ministry Coordinators. Pray together; review your progress since the last meeting; review the schedule for the next two weeks; ask what's going well, what's not, and where help is needed.

Coordinate between teams for upcoming issues:

- Day of Prayer: Finalize plans for the Day of Prayer and/or the Staff & Team Day of Fasting and Prayer.
- Launch: Finalize arrangements for the Ministry Launch, including music, testimonies, and any other features.
- Communications: Make sure the Communications Team is serving all the teams well.

PASTOR

- •Ask for commitment. It's extremely helpful for the Pastor to ask for the commitment of the people to participate in the ministry.
- Consider talking about God's heart for the sick in a weekend sermon. Example sermons can be found and downloaded at www.saddlebackresources.com.

EVENT AND WEEKEND SERVICES COORDINATOR

- Announce the Ministry Launch through the appropriate communication channels.
- Finalize special features for next week to communicate the theme.

PRAYER COORDINATOR

• Conduct a Day of Prayer and/or Staff & Team Day of Fasting and Prayer.

- •Coordinate all communications being generated to market the ministry launch. Think about both your internal audience (members) and your external audience (people living with and affected by HIV/AIDS).
- Update social media channels and communication as needed.

HIV MINSTY LAUNCH EVENT

LAY LEADER

Starting this week, meet every two weeks with the Ministry Coordinators. Pray together; review the schedule for the next two weeks; ask what's going well, what's not, and where help is needed.

Coordinate between teams for current issues:

• Communications: Make sure the Communications Team is serving all the teams well.

Evaluate completed events:

- Day of Prayer: How effective was it? What would we do differently in a future day of prayer?
- Launch Weekend: Share praise reports and stories from the services during the Launch Weekend. What should we do differently for upcoming ministry events?

WEEKEND SERVICES COORDINATOR

- Do the special features for the Week 1 service.
- Finalize special features for Week 2 to communicate the theme.

PRAYER COORDINATOR

• Distribute a prayer verse and ministry prayer requests to the prayer team.

- Coordinate communications for following up with interested attenders.
- Oversee the collection of photos and video of the launch in action.

GOING FORWARD: FOLLOW UP AND GROWTH

LAY LEADER

Meet every other week with the Ministry Coordinators. Pray together; review the schedule for the next two weeks; ask what's going well, what's not, and where help is needed.

Coordinate between teams for current issues:

- Going Forward: Present upcoming Going Forward issues and discuss. Include structuring to support small groups, providing new curriculum for groups, and accommodating new volunteers for ministry after the launch.
- **Communications:** Make sure the Communications Team is serving all the teams well.

Evaluate completed events:

- Weekend Services: How effective are they? What can we do to improve the remaining services?
- **Host Homes:** How are the small groups going? Include praise reports from phone calls to the hosts.

PASTOR

- Prepare and deliver the weekly messages.
- Work with the Weekend Services Coordinator to plan and prepare special features for each service that augment and communicate the theme.
- Discuss Going Forward issues with the Lay Leader. Begin preparing for postlaunch needs.

WEEKEND SERVICES COORDINATOR

- Work with the Pastor to plan and prepare special features for each service that augment and communicate the theme.
- Collect and utilize the video footage, photos, and testimony response forms gathered through the ministry.

PRAYER COORDINATOR

• Distribute a prayer verse and ministry prayer requests to the prayer team.

COMMUNICATIONS COORDINATOR

- Oversee the collection of photos and video of the ministry in action and distribute to raise awareness about the ministry.
- Develop a plan for continual follow up with interested ministry and community members.

SCRIPTURE USAGE IN HIV MINISTRY LAUNCH GUIDE:

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HIV&AIDS INITIATIVE

SUPPORT GROUP

LEADER RESOURCES



BEFORE YOU DIVE IN

Congratulations! Your church is about to embark on a journey that will welcome in the sick and offer people a roadmap to a healthier life. The key to unprecedented spiritual growth lies neither in the ministry materials nor pre-launch preparations, even though both are important. Instead, the key to making this ministry a success is the simple act of prayer and stepping out in faith.

Saddleback Church offers comprehensive support group leader training in person or online, and this guide is a supplement specifically to help support group leaders working in the area of HIV/AIDS. If you would like additional resources, email https://hit.go.ni.org/hit.go.n

THE BIG PICTURE

It's helpful to remember that you and the support group are not the total solution for anyone struggling in the ministry or in the community. Support group is just one piece of the picture to help people build stronger connections to each other, to the church as a whole, and to God. If someone has a problem that is larger than the capacity of the group, be sure to take it to your church leadership, or encourage the member to seek medical assistance when appropriate.

Support group can be a great place to start an HIV Ministry, but for other ways every church can serve the sick, let's review our CHURCH model (learn more at HIVandtheChurch.com):

- C Care for and Support the Sick
- H Handle HIV Testing and Counseling
- U Unleash a Volunteer Labor Force
- R Remove the Stigma
- C Champion Healthy Behavior
- H Help with HIV Medication

HIV SUPPORT GROUP LEADER OVERVIEW

Living with HIV is not a requirement for hosting a HIV/AIDS Support Group. The support group leader only needs to have a heart to create a safe place for those who are struggling to be able to share. Someone who does not have HIV can only consider the vastness of living with, and perhaps dying from, a disease for which we presently have no cure. If that is you, it is our prayer that this guide may help provide some insight. At the same time, having the disease does not make one an expert. Both the leader with, and the leader who does not have, must study God's Word, pray for wisdom and compassion, and must learn the issues and resources around the disease. Both must be committed to more than one to two hours per month, for the needs of those who attend such a group will likely reach beyond the walls of a meeting room. Leaders must be ready to touch the lives of group members and their families and friends in person, by phone, in homes, and in hospital rooms. The church at large must be ready and willing to support the leader.

The leadership of the HIV/AIDS Support Group must remain faithful to the One who is faithful. Jesus said that apart from Him you can do nothing (John 15:5). Leadership must be called of God to this ministry and must hold fast to His hand in all things. Going solo lessens the value of ministry in Jesus' name and can become a prideful ambition. Going solo also puts the leader at greater risk for compassion fatigue.

A Christ-based support group offers hope! It should be said and emphasized that a HIV positive diagnosis does not mean the end of life. A Christ-based support group offers hope! Remember, it is always alright to say, "I do not know, but I will find out."

7 INGREDIENTS FOR CARING FOR THE SICK

BY PASTOR RICK WARREN

The Christian approach to pain, suffering, and sickness is compassion, mercy, tenderness, and caring. Matthew records, "When He saw the crowds, He felt compassion for them, because they were weary and worn out, like sheep without a shepherd." (Matthew 9:36 HCSB)

He didn't write off their illness as an illusion.

He didn't blame them for their illness.

He didn't discourage them or tell them to give up.

He had compassion. If you're going to be like Jesus, you have to learn to be compassionate toward people when they're sick.

Millions of people are suffering unnecessarily from preventable and sometimes curable diseases. Three hundred million people will contract malaria this year, but we know how to prevent it and treat it. Every day three thousand children die of a mosquito bite.

And then there are the diseases we don't have a cure for yet, but we're working on it. Three million people die each year from HIV/AIDS. We don't have the cure yet, but we do know how to prevent it.

We cannot delay. We cannot procrastinate. If we're going to be people of compassion, we can't wait any longer.

There are seven ingredients in caring for the sick.

1 - THOUGHTFULNESS

Before you can care, you've got to be aware. You have to pay attention. You have to put up your antenna. You have to start looking at people and listening to people and looking for the clues that say, "I'm in pain."

God intentionally allows sick people in your life to give you the opportunity to learn to love. Those people are not accidentally in your life. Who's our model for this? God. The Bible says in Psalm 106:44, "God saw their misery and heard their cry."

2 - PRESENCE

I was sick inside with sin. I needed God, so He showed up in my life. He offered his presence. That's exactly what God asks us to do for each other. He wants us to give our presence to each other in moments of need. Many times people just need someone to listen to them and be available for them, rather than someone to try and fix them. Show up and listen.

3 - ACCEPTANCE

Acceptance means removing the embarrassment that someone might experience being sick. I don't know why, but we get embarrassed about our sicknesses. We get embarrassed about our illnesses. We don't want people to know. But it's not a sin to be sick. It's not a lack of faith. It's just part of being human.

One of the illnesses that we need to de-stigmatize is HIV/AIDS. It's considered a sexually transmitted disease, so people wind up feeling an extra sense of judgment and rejection when they suffer with it. Too many people have been fired, shunned, and banned from being part of an organization because of HIV/AIDS. But Jesus welcomed those stigmatized by illness into his life, and we should as well.

4 - AFFIRMATION

We need to give people living with sickness the gift of hope. People can handle almost anything in life if they have hope. One of the ways you can give people hope is through a word of encouragement.

Other ways might come through physical expressions of affection like a touch, a hug, or a pat on the back to show your a concern. That gives people hope.

5 - ASSISTING WITH MEDICATION

Medicines are a gift from God. We're to use them. Presumption is when we ignore what God has provided. Medicines are a gift from God and you should use them without shame or without hesitance.

The Good Samaritan went out of his way to help the guy who was mugged on the side of the road and bandaged his wounds, pouring on oil and wine. He was using the best medicines he had available at that moment. He pours some alcohol on the wounds, which disinfects them. Then he pours oil on the wounds to soothe them.

As a support group leader, you may not be the means of someone receiving medication, but you can help connect them to care and help them stay on their medication as prescribed. Check out the "Assisting with Adherence to Medication" section below for more info.

6-PREVENTION

Prevention is part of caring for the sick. How do you prevent sickness? You teach health habits.

Around the world, millions of people need to learn basic health habits that all of us take for granted. Much of the world doesn't know that you can stay a lot healthier by just washing your hands. Another thing would simply be to boil water to get the germs out of it. A small provision such as bed nets – a mosquito net placed over one's bed so the mosquitoes can't bite them – would save millions of people from being sick.

7 - PRAYER

Prayer is asking God to heal people who are sick. All healing comes from God, no matter the method He uses. He can use doctors. He can use medicine. He can use natural techniques. He can work a miracle.

God heals people many different ways. Doctors will tell you they cannot heal. They can perform procedures, but the healing has to be God doing it in your life. God uses doctors, God uses medicine, and God uses miracles.

Here's the question... Will you do anything about this with the sick people in your life? There are sick people around you.

The Bible calls Jesus the Great Physician. He is the cure to the ailments in your life. When it comes to guilt, worry, depression, fear, bitterness, boredom, loneliness, etc. He is the great physician who heals physically, spiritually, and emotionally.

HELPFUL GUIDELINES FOR HIV SUPPORT GROUP LEADERS

BY DAVE STORM, LONG TERM SUPPORT GROUP LEADER AT SADDLEBACK CHURCH AS TOLD TO AND WRITTEN BY DR. SUSAN ELLIOTT

These are suggested skills and areas to keep in mind. For additional support and coaching, email HIV@saddleback.com.

Leadership skills within the home church	Leader(s) have a Biblical and dynamic personal relationship with Jesus Christ as Savior and Lord.
	Know and follow church policy and procedures for recognized groups and leaders of groups.
	Understand expectations of group leaders.
	Demonstrate Christian leadership character and skills.
	Understand Church doctrine as applied to topics.
Qualities and processes of a Christ-based group	Ability to welcome Christians and non-Christians into the group.
	Ability to discuss what sets a Christ-based group apart from a random community group.
	Ability to give appropriate and yet heartfelt touch.
	Ability to welcome members of the community with openness and love, while also holding to the Biblical truths that may be in contrast to their views.
	Ability to create an environment of safety that members can share honest emotions, without experience harm from other group members.
	Ability to share God's love and the freedom of healing found only in Jesus Christ without requiring such belief to be accepted into and by the group.
	Building of critical trust. Specifics shared within the group remain confidential by all members (with exception of i.e. crime).
	Relationship and team building. Compassion in action, helping members know they have someone who cares and who can help (i.e. transport to healthcare appointments, moving to new housing, food/clothing, prayer and Biblical encouragement).
	Christian end-of-life conversations and care.
	Hold fast to the value of prayer before, during, and after meetings.

Layperson knowledge of HIV/AIDS

Overview history and present local and global status of the disease.

How the virus is and is not transmitted.

Risk factors for exposure and preventative measures.

Overview of medications available, resources for treatment and professional support.

Importance of adherence to taking all medications as directed by the individual's healthcare provider (i.e. physician, nurse practitioner, psychiatrist).

Consistently striving to offer research and other quality information about global HIV/AIDS medications and treatments. Information resources include the Centers for Disease Control, National Institutes of

Health, and World Health Organization.

Critical labs which impact well-being (i.e. CD4 count, viral load).

Validate the impact of physical, emotional, psychological, and spiritual stress on the person with HIV/AIDS.

Examine methods for stress relief and improving life/wellness (i.e. nutrition, exercise, supportive relationships, freedom in Christ).

Layperson understanding of psychiatric needs and intervention

Ability to address the unique reality and impact of stigma associated with the diagnosis and disease.

Develop skills for communicating about stigma, including supportive measures for starting conversation with the members and upon request, their family and friends.

Identify the risk of depression and suicidal thoughts. Understand personal limitations for discussion and intervention.

Develop group pathways for members to share their mental and emotional needs and encouraging ways so members can support each other.

Be aware of emergency resources and processes for immediate professional and/or legal protective intervention.

ASSISTING WITH ADHERENCE TO MEDICATION

One area your support group may be helpful to those living with HIV is in helping people adhere to taking their HIV medication regularly. With side effects like nausea or diarrhea, taking HIV medications as prescribed can be a difficult task. However, taking HIV medications regularly as prescribed helps people with HIV live longer, healthier lives.

Understanding the benefit and importance of taking medications can help motivate individuals living with HIV to stick to their medications. Taking HIV medications every day and exactly as prescribed helps protect the health of the individual, as well as those around them. These are some of the main reasons why it is important, beneficial, and necessary to take HIV medications daily:

- HIV medications reduce the amount of HIV in the body. Skipping doses can give HIV the chance to multiply rapidly, and the best way to protect one's health is keeping the amount of virus in the blood as low as possible. Aiming to keep the amount of HIV in the body low also reduces the risk of passing HIV to others.¹⁰
- HIV medications help keep the immune system strong, which helps the body fight off infections and certain cancers.
- HIV medications help prevent drug resistance. Drug resistance can develop as HIV multiplies in the body and changes form, which means the previous HIV medications will no longer be effective. In other words, skipping medications makes it easier for drug resistance to occur, making medications that used to suppress HIV no longer effective, causing HIV to continue to multiply. In addition, drug resistance may limit future treatment options.¹¹

Here are some tips to help encourage and come alongside an individual living with HIV to adhere to their daily medications and treatment regimen. Don't underestimate the power of accountability and group problem solving in helping someone come to a healthier solution for their life:

• Ask them if they have a system that **reminds them** to take their medications daily. Some people living with HIV prefer someone to text or call daily to remind him or her. Others prefer a reminder notification on their cell phone or a phone alarm.

National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, CDC. Date last updated: 5/15/2017. Taking Your HIV Medications Every Day. Retrieved September 05, 2017, from https://www.hiv.gov/hiv-basics/staying-in-hiv-care/hiv-treatment/taking-your-hiv-medications-every-day

¹¹ HIV Medication Adherence Understanding HIV/AIDS. (2017, March 02). Retrieved September 05, 2017, from https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/21/54/hiv-medication-adherence

- Encourage them to make taking medications part of their **daily routine** by lumping a daily activity, such as eating or sleeping, with taking medications. Be sure they are **planning ahead** so they do not run out of medications.
- Identify any **perceived barriers** and offer solutions. Some people choose not to take their medications because of the way it makes them feel or they have other mental health issues making it difficult to adhere to medications. Help the individual with HIV understand why they are having trouble taking their medications. Tell them that medications can help them from becoming ill and encourage them to stay in communication with the support group.
- Let them know they do not have to feel ashamed to **tell their doctor** that they are having a hard time sticking to their treatment regimen. Life and personal reasons often get in the way of taking consistent medications, and doctors can offer tips and advice to help them adhere to their medications.

Occasionally we hear that people who are hurting have been told that they should not seek treatment because that shows a lack of faith in the Lord's power to heal. Faith certainly is an important part of health and healing. God is the great physician and He does heal usemotionally, mentally, and physically; and we should seek his intervention in any physical difficulty. However, an important aspect of faith is using good stewardship over our physical bodies with resources and opportunities that God provides us.

God is a healer and He is also sovereign over everything, including the use of medication. The Lord gave us the intelligence and the ability as His creation to discover medicinal practices that help cure our physical ailments. Doctors and treatment bring healing and recovery, and both are God's gift to the hurting. Even though our trust should ultimately be in the Lord, the church can assist with linkage to care and treatment for repairing our physical bodies.

Pastor Rick Warren describes the importance of taking care of our physical bodies in the message below:

"Embracing what God does for you is the best thing you can do for him" (Romans 12:1 MSG).

Taking care of your body is a spiritual discipline, like prayer, worship, or Bible study. God wants you to succeed at this.

The apostle Paul says, with God helping you, "Take your everyday, ordinary life — your sleeping, eating, going-to-work, and walking-around life — and place it before God as an offering" (Romans 12:1 MSG).

When you take care of your body, you worship God. And it's never too late to start this important journey in your life.

Before you ever start your journey of getting healthy, you need to realize that it's a step of faith. Like Peter stepping out of the boat, every step you take toward better health increases your trust in God. Every step helps you expect the best from him. The same verse also says, "Embracing what God does for you is the best thing you can do for him."

The Bible embraces three incredibly important truths about the journey of getting healthy. Grasping these truths before you begin will change everything about the journey before you.

God made your body. Psalm 139:13 says, "For you created my inmost being; you knit me together in my mother's womb" (NIV). Physical health is as much about stewardship as where you give your resources.

Jesus paid for your body. The Bible says, "Don't you realize that your body is the temple of the Holy Spirit, who lives in you and was given to you by God? You do not belong to yourself, for God bought you with a high price. So you must honor God with your body" (1 Corinthians 6:19-20 NLT, second edition). On the cross, Jesus paid not just for your soul but also your body. You honor God when you take care of your body.

The Holy Spirit lives in your body. If you're a Christian, the Bible says your body is God's temple and that the Holy Spirit lives in you (1 Corinthians 3:16). Good health is one way you take care of God's temple. You'd never let your church building get into poor shape, and God wants you to think of your body in the same way.

Knowing the truth about your body makes acting on that truth a step of faith. It means you're no longer getting healthy just to live a few more years, fit into a particular item of clothing in your closet, or look more physically attractive. You're getting healthy as a way to worship God. That's a terrific and empowering reason to get healthy and get into treatment if needed.

LEARNING FROM EXAMPLE:

ONE SUPPORT GROUP LEADER'S STORY

THE TESTIMONY OF DAVE STORM, LONG TERM SUPPORT GROUP LEADER AT SADDLEBACK CHURCH. AS TOLD TO AND WRITTEN BY DR. SUSAN ELLIOTT

David Storm has been the leader/co-leader of the Saddleback Church HIV/AIDS Support Group since 2004. His story, like those common to people with a diagnosis of great consequence, has defining moments in time. His story has enabled him to uniquely minister to those who share a common journey.

The Time Before HIV:

David, now 70+ years old, was raised in the sunshine of southern California. It was his father's 50+ year career with the infamous Howard Hughes which gave him unique teen activities such as frequent flights in a private jet, and using Hughes' tickets to take a date to the Academy Awards. In the midst of what would seem thrilling to his peers, David faced the challenge of learning with what we now call dyslexia and Attention Deficit Disorder. His learning challenge was enhanced through the pain of repeatedly being reminded by his father that he was "stupid." David felt that he never measured up.

However, David did learn. He would draw pictures upside down and read right to left but David was not stupid. Accomplishments included earning a pilot's license with a passing score of 98% by age 17, and later additional levels of pilot licenses and certifications. David graduated from high school, attended college, and served in Vietnam. In the work force, David demonstrated his leadership abilities and moved up the career ladder from an entry level worker to manager during his years at Hughes Aircraft. By the time he retired, he had over 200 engineers and other employees reporting to him. He would later be the sales manager in a successful moving and storage company.

Marriage and children were part of David's journey. His first marriage, while short in duration, gave David his son. A second marriage started in 1980, gave him his daughter, and was the marriage was greatly impacted by David's HIV/AIDS reality.

David's spiritual development was led by an atheist father and Catholic mother. He progressed through the Catholic catechism, first communion, and other rituals as

something that just had to be done. Such held little meaning beyond establishing his foundational belief that there was indeed God.

When Time Changed:

In July 1983, David unknowingly began his HIV/AIDS story. Riding his motorcycle, David was hit by a driver who ran a stop sign. The impact caused him to be thrown over the front of his bike where a femoral artery was lacerated. This trauma happened only two years after HIV/AIDS became an official diagnosis of the Centers for Disease Control, and sadly three years before the world tested for HIV in blood. Therefore, David received two units of HIV- contaminated blood.

It would be nine years before David learned of how those two units of blood which had saved his life could now end it. Other than recurrent shingles outbreaks which in hindsight could have been a clue, David had no HIV/AIDS symptoms until he hit his crisis moment. In 1992 David woke up one morning to a day of work, swimming, and having friends over for a barbeque. He ended the day in the hospital. Nine days and many tests later, David was told he had pneumocystis pneumonia. He was told he had AIDS. And he was told he had two months to live.

In those few months, David sought counseling and in God's plan, the insurance company directed him to the services of a Christian psychiatrist. Here David accepted Jesus Christ as his Lord and Savior and learned that he could trust God to care for his family after he was gone. While he proceeded with getting life in order and making funeral plans, God had another plan for David. God was not ready to take him home.

Through Time:

Because David lived, he entered the reality of living with AIDS. David and his wife had been blessed during the nine years of not knowing he was HIV+ in that his wife did not contract the virus. Now that his was a reality they were aware of, every moment and every component of their relationship changed. Most challenging was that their marriage bed now required condoms. They faced fear of cross-contamination in every encounter and lived with a marked decrease in the intimacy they had known. In time they would separate, and their divorce was final in 2012.

David and his wife had the children and public to contend with. When he was first diagnosed and told that death was pending, they told only their pastor. Unfortunately, the pastor told the church and David was told not to come back. They then decided to keep the diagnosis quiet from all friends and family, including their children. Feeling as if he was in the confines of prison, the silence caused him continuous pain and stress.

It was not until many years later when David was invited to tell his story at another church that they finally told the children of his condition. His son accepted him, and they are still close.

David's life became an illness/wellness rollercoaster, with any stability gained through the veteran's AIDS clinic and hospital. His health has been impacted by strokes and heart attacks resulting from Agent Orange exposure in Vietnam. David presently has cirrhosis of the liver and Stage 3 kidney failure. He continues to receive care for post-traumatic stress disorder and intermittent depression.

After retirement, his employment and top sales work in the moving and storage business provided well for his family until the national financial downfall of 2008. David had now lost wife, home, savings, and income. Emotionally, David's greatest challenge has been with cumulative anger. While there may be rational reasons to be angry, David's manifestations of anger took toll on himself and on those for whom he cared.

During these hard years, David's spiritual journey continued. He and his wife had gone to church where his daughter attended preschool, but it was more out of a sense of obligation rather than true commitment. The habitual attendance faded, and this did not go unnoticed by a neighbor. In 1999 this neighbor and his wife invited David and family to visit Saddleback Church, and the experience changed the concept of church for David forever. For the first time, David looked forward to going to church and he entered a dynamic season of learning and growth which continues today. David's life changed again when in reading The Purpose Driven Life, learning that life was not all about him. He learned more about praising God for never giving up on him. He found his hope in knowing that he was not in charge of anything.

Saddleback Time:

David's journey collided with Kay Warren, co-founder of Saddleback Church. Kay, along with nurse Elizabeth Styffe who at the time was a volunteer at the church, had been to Africa and brought the HIV/AIDS story to the church. The day came when Kay learned that David, a member of her church, was living with HIV. She invited David to join this dedicated ministry. At the same time, a small group was formed around David with a HIV/AIDS focus, and both the small group and support group continue on today. Kay is one from whom David felt true love, acceptance, and inspiration. In the cycle of life, another key person who touched David in such a way is Sister Freda who ministers to the HIV/AIDS community in Kenya. He met Sister Freda on a mission

trip with a Saddleback pastor Steve Rutenbar and his HIV/AIDS-focused small group. He was later able to return to help organize and present at a Kenyan HIV/AIDS conference.

You can view a video piece of Dave's Story under the "Tools" section of HIVandtheChurch.com.

ADDITONAL RESOURCES

- Basic HIV/AIDS information:
 - o HIV.gov
 - o CDC: https://www.cdc.gov/hiv/default.html
- Resources for HIV and Mental Health:
 - o Mental Health at AIDS.gov
 - ° https://www.aids.gov/hiv-aids-basics/staying-healthy-with-hivaids/taking-care-of-yourself/mental-health/
 - o HIV and Mental Health at AIDS Info
 - ° https://aidsinfo.nih.gov/education-materials/fact-sheets/27/92/hiv-andmental-health
 - o HIV/AIDS and Mental Health at National Institutes of Mental Health
 - ° https://www.nimh.nih.gov/health/topics/hiv-aids/index.shtml
 - o Mental Health and the Church Hope for Mental Health
 - ° http://hope4mentalhealth.com
- Sermons related to HIV/AIDS:
 - o http://www.saddlebackresources.com

GETTING TO ZERO!



GOD'S HEART FOR PEOPLE LIVING WITH HIV&AIDS

Kay Warren, Founder HIV&AIDS Initiative, Saddleback Church

What do you know about HIV&AIDS?

_	ne and compile a lis assionately to this g	t of ways the Church — you and I — might respond global pandemic.	k
<i>be</i> Five r	atch the video le low. reasons every Chris	esson now and take notes in the areas prostian should care about people living with HIV&	ovided
		·	
		·	
4		·	
5		·	
	"If you are willing with compassion	P. (NLT) cosy came and knelt in front of Jesus, begging to be heal g, you can heal me and make me clean," he said. Moved n, Jesus reached out and touched him. "I am willing," he !" Instantly the leprosy disappeared and he was healed	d e
		yays that are a model for us:	
Jesus	reacted in three w		
		, not judgment or condemnation	on.
He wa	as moved with	, not judgment or condemnatiothe man physically.	on.

Six practical things you and your church can do for people living with HIV&AIDS:

C - ____

Psalm 103:3 (CEV)

The Lord forgives our sins, heals us when we are sick.

1 Thessalonians 5:14b (LB)

Comfort those who are frightened; take tender care of those who are weak.

H-

Proverbs 13:16a (NIV)

All who are prudent act with knowledge.

Proverbs 19:20 (NLT)

Get all the advice and instruction you can, so you will be wise the rest of your life.

U-

Matthew 16:18b (NLT)

Jesus said, "I will build my church, and all the powers of hell will not conquer it."

2 Corinthians 1:4 (MSG)

He comes alongside us when we go through hard times, and before you know it, he brings us alongside someone else who is going through hard times so that we can be there for that person just as God was there for us.

R - _____

Romans 15:7 (NIV)

Accept one another, then, just as Christ accepted you, in order to bring praise to God.

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4. Kay discuesses Jesus' response to people who are sick. How might his response start shaping yours?	
5. Imagine and describe ways in which your church, small group, and family migh support people	

RADICAL HIV/AIDS CUBE SCRIPT



Prevention not Infection

(Use the arrows on the cube to help you see how to open the pictures!)

1. What is HIV?

- (Point to healthy people on the left) Everyone wants to have a healthy body. Our bodies are designed in some ways like these doors to keep out disease and keep us healthy.
- (Point to sick people on the right) the pictures on this cube will tell you about a very serious disease that kills many people. It is called HIV. This virus leads to a sickness we call AIDS. HIV is real. HIV can be spread to others, but the good news is that there are things we can do so that we do not get HIV, which leads to AIDS.
- (Point to the sick person on the upper right) When a person first receives HIV into their body, they do not look sick. Once HIV comes into the boyd it is there to stay. The infected person will after some years go onto get the condition we call AIDS which leads to an early and often painful death.

(As we are about to open both doors) First, we will talk about ways that we can open the doors to HIV/AIDS so we will know how to protect ourselves.

2. How is HIV Spread?

- HIV is passed on when blood or sexual fluids from an HIV infected person come in contact with blood or the body fluids of a healthy person.
- (Point to the man and woman) Having sex with someone who has HIV (HIV Positive) opens your body's doors to HIV. This is the most common way to get HIV.
 Sometimes this sex happens when you do not want it. For example rape or violent sex.
- (Point to pregnant woman) HIV can be passed from an HIV infected mother to her unborn or newly born baby. This may happen in the womb, which is rare, or during birth. Not all babies born to mothers with HIV will get HIV. A pregnant

woman who is infected with HIV can take medicines to help prevent her baby from getting HIV.

- (Point to needle) By sharing needles, blood containing HIV can be passed from one person to another. This includes sharing needles when using illegal and dangerous drugs or tattoo needles.
- (Point to blood) HIV can be passed on by receiving blood from someone who has HIV. This HIV can be a blood transfusion or on any kind of shared skin cutting or piercing instrument. (Examples include razor blades for barbering, tribal markings, and circumcision if the instruments are shared.)

Now we will talk about how HIV is not passed on. (Turn to next panel)

3. How is HIV Not Spread?

- (Point to the holding hands) HIV is not spread by holding hands or casual contact.
- (Point to man bathing) HIV is not spread by sharing bathing water.
- (Point to the mosquito) HIV is not spread by insect bites such as mosquitoes or flies.
- (Point to dining) HIV is not spread by eating together and sharing eating utensils.
- You can live alongside people with HIV and not get infected with HIV. It is important to encourage and care for those living with HIV/AIDS.

Now we will talk about how you can know whether or not you have HIV. (Open cube to next panel)

4. Get Tested!

- Knowing if you have HIV or not is the first step in protecting yourself and others. We call this knowing your HIV status.
- (Point to the people in the picture) These people look healthy. Most people with HIV also look healthy. You can't tell by looking at someone's face if they have HIV. It is only later when HIV becomes AIDS that a person starts to look sick.
- (Point to the two small people walking) When you go to a hospital or clinic to be tested for HIV, it may help to tkae a good friend or family member with you.
- Show love by being tested and by encouraging your family and friends to be tested.
- If you test HIV negative, you will see on the next panel what you need to do to protect yourself in the future.
- If you test HIV positive, there are things you can do to protect others, and to help you live longer and have a better quality of life. We will see how on the panel after this next panel.

Now we will talk about how you can protect yourself from HIV. (Open the cube to the next panel.)

5. You Can Protect Yourself And Others From HIV

- (Point to the shield) since sex is specially designed for marriage, we can guard our hearts and bodies for our "1" future spouse by abstaining from sex until marriage.
- (Point to husband and wife) As sexual contact with someone who is HIV positive is a major cause of spreading HIV, understanding that sex is designed to be shared in marriage between one man and one woman is very important.
- Faithfulness between husband and wife is the foundatino of a lasting, joyful marriage and is most likely to prevent HIV coming into your body. The more sexual partners you have, the more likely you are to have HIV. If your marriage

partner was HIV positive before he/she married you, he/she can still give you HIV even when you are both faithful inside the marriage.

- (Point to blood bag) Accept a blood transfusion only when the blood has been tested (screened) and declared safe from HIV.
- (Point to needles, scissors, and razor blades) Do not share needles or any kind of skin cutting or piercing instrument.
- (Point to clinic) Go for HIV testing and counseling so that you know your HIV status. This is especially important if you are planning to marry.
- (Point to condom) If you do not know your own or your marriage partner's HIV status, use a condom correctly and every time you have sex. This will lower the risk of HIV infection. But try to persuade him/her to be tested for HIV.

Now we will show what steps to take if you test positive for HIV. (Open cube to the next panel)

6. What Should You Do If You Test Positive for HIV?

- (Point to couple talking) One of the most powerful ways of slowing the spread
 of HIV is teling others your HIV status if you test positive for HIV. THIS is the
 FIRST STEP in protecting others. You can EXTEND YOUR LIFE and IMPROVE
 YOUR QUALITY OF LIFE BY following these simple steps:
- (Point to food) Eating a healthy diet is an important part of keeping your body healthy.
- (Point to cigarettes and alcohol) Smoking cigarettes and drinking alcohol lower your body's ability to stay strong. Alcohol use often leads to risky behavior.
- (Point to working, fishing, soccer) Leading a full active life helps keep your body and mind strong.
- (Point to ARV medicines) Taking ARV medicines is the best way of delaying AIDS. These medicines must be taken every day to keep HIV under control. Unless you have an HIV test and find out if you have HIV, you will not know that you need these medicines.

Now we will talk about some of the ways the Church and every person can help those with HIV and AIDS. (Open cube to the final panel)

7. Encourage, Empower, and Embrace Those With HIV

- Reach out and build HOPE on a foundation of love for those living with HIV. This is the best way to remove the stigma and fear of HIV/AIDS.
- (Point to visit in hospital or home) You can provide personal care for those living with HIV/AIDS by offering to care for them. You can also just visit them and pray with them.
- (Point to carrying water) You can empower those living with HIV/AIDS by encouraging them to live as normally as possible by carrying water, working on their farms, preparing meals and caring for their children.
- (Point to paper work) Encourage them to continue to follow instructions given to them by their healthcare provider and to attend any appointments at their hospital or clinic.
- (Point to hospital/clinic) You can encourage them to take their ARV medications every time, on time, following the instructions and never missing a dose. You can help them remember to take their medication and to seek help if they can't take their medication right away.
- (Point to heart in the middle) Most importantly embrace those living with HIV by showing them love. This helps remove stigma, restores dignity and gives hope.

Remember: GET TESTED. Know your status. Remain abstinent before marriage, or faithful in your marriage. Do not have sexual relations outside of your marriage. If you are HIV positive, live responsibly and positively to lengthen your life. Reach out to a church in your area for help and support. All of us need to empower, encourage and embrace those living with HIV/AIDS, and all of us can pass on this life saving information.



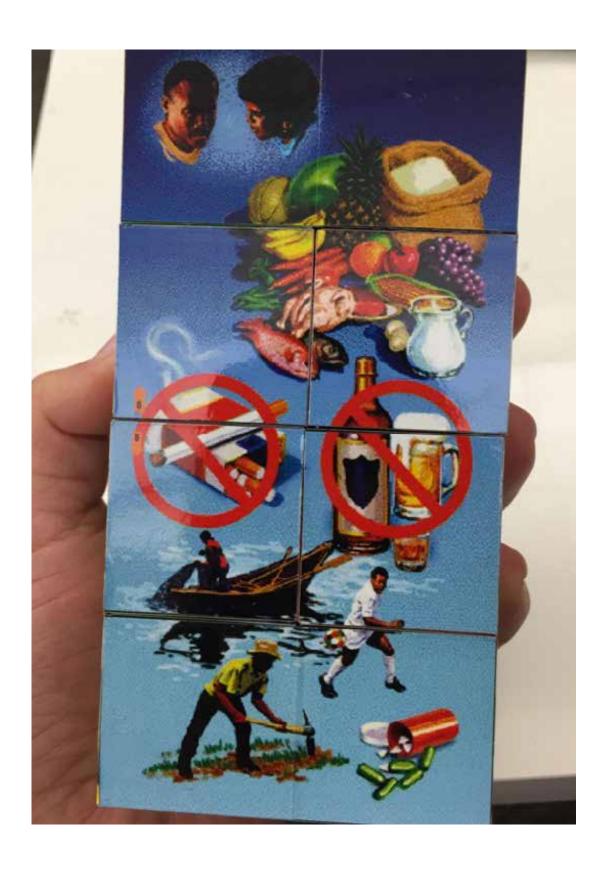














GETTING TO ZERO!



An Introduction

World AIDS Day is both a celebration of the progress that is being made to slow and stop the greatest disease pandemic in human history and a commemoration of over 33-million family and friends lost in the process. On December 1, "Getting to Zero!" is also a commitment to keep fighting for the 34 million who live everyday with HIV&AIDS.

You'll see "**Getting to Zero!**" expressed worldwide until at least 2015. There still is neither vaccine nor cure for HIV&AIDS, but the unabashed goal is to get the number of new HIV infections to zero. Admittedly, it takes a gargantuan collaborative effort in science, medicine, social policy and human behavioral change to achieve this reality. Most importantly, the church—that's you and me—has a huge stake in this endeavor!

We often don't think of ourselves as having an active role in "Getting to Zero!" as members of a faith community. In fact, we have sometimes dismissed those living with HIV&AIDS as people who "deserve what they get," building up both conscious and unconscious prejudices against them. As a result, few people living with HIV&AIDS think of you and me as either friendly or helpful.

To capture our role as the church this **World AIDS Day 2012**, we explore "**Getting to Zero!**" as a church and embark on a journey of discovery through reflecting on Scripture in the prayerful power of the Holy Spirit. It's a way of diving deep into the heart of God and the soul of Christianity as we engage the reality of HIV&AIDS and embrace our brothers and sisters living with HIV&AIDS and their families and friends.

Our encounter with Scripture over the next few days asks the Holy Spirit to examine our hearts and change us. As an introduction to the series, we are all praying as David, "Search me, O God, and know my heart: try me, and know my thoughts: And see if there be any wicked way in me, and lead me in the way everlasting," Psalm 139:23–24 (KJB).

After praying and spending some quiet time in His presence, take a few moments to write down any thoughts on the following questions ...

- 1. Who do I know that is HIV+ or has AIDS?
- 2. What are the first words that come to mind about people living with HIV&AIDS?
- 3. When God speaks to me about what I can do about/for people living with HIV&AIDS, will I listen and act?
- 4. What other questions or thoughts come to mind...?

A Hopeful Future in Which We All Help

It's a dream we never thought we'd realize—a fantasy we dared not entertain. But now, this hopeful goal is both within the grasp of imagination and the scope of reality! Imagine, a world "Getting to Zero!" A planet virtually absent of new cases of HIV&AIDS; absent of HIV&AIDS related deaths; and absent of stigma and discrimination against people living with HIV&AIDS!

"HIV and AIDS?" Bewildered, you might ask, "Aren't they gone? Hasn't this disease been eradicated! Why resurrect ghosts and be haunted again by this virus?"

Today, HIV&AIDS remains humanity's greatest, **most stubborn**, and **deadliest pandemic**, having **killed over 33 million**. There are 34 million people living with HIV&AIDS worldwide; 1.2 million of these are family and friends in the United States; 6,674 are our neighbors in Orange County; 170 of us being recently diagnosed with HIV; and 145 newly discovering we have AIDS. Bottom line, many people, both near and far, need our help!

It is always surprising to see how much the face of a person living with HIV and/or AIDS looks just like us, representing all age and faith groups and every demographic accounted for by ethnicity, culture, race, and socio-economics. And it's heartwrenching to know that not one person now testing "positive" for the virus ever willingly welcomed the havoc wrecked on everyday life and the future by this pernicious killer.

When God revealed himself to Isaiah, asking him to get involved in a great mission to his peers, the prophet humbly began by acknowledging his own shortcomings, "Woe to me!" I cried. "I am ruined! For I am a man of unclean lips, and I live among a people of unclean lips, and my eyes have seen the King, the LORD Almighty," Isaiah 6:5 (NIV84). After God ministered to him, Isaiah again, heard the voice of the Lord [call], "Whom shall I send? And who will go for us?" It took only an instant to reply, "Here am I. Send me!" Isaiah 6:8 (NIV84).

What about us, you and me? Are we willing to listen to God's call and help people living with HIV&AIDS around us? Hear again God's hopeful call, "Whom shall I send? And who will go for us?"

Pray Isaiah's words as a commitment to help, "Here I am, send me!"

Pause for a few moments and reflectively ask God ...

- 1. Help me take steps to become more aware of the needs of people living with HIV&AIDS and their families and friends in my community.
- 2. Help me meet someone living with HIV&AIDS to befriend him/her.
- 3. Help me start or join an HIV&AIDS ministry in my church and begin helping people living with HIV&AIDS and their families and friends.

Those Who Feel Unloved

Christians have sometimes referred to the Great Commandment and the Great Commission as "GC2." They are the most important words Jesus ever spoke and the transformative basis of living out a Gospel that cares for the sick, specifically for people living with HIV&AIDS and their families and friends.

Jesus' version of the Great Commandment reads, "Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength ... Love your neighbor as yourself.' There is no commandment greater than these" Mark 12:30–31 (NIV84). His statement proclaims that we cannot live truly fulfilled lives until we discover and develop essential relationships that transform who we are and define everything we do.

Note that "we're all in" when we love God and others as Jesus commands: our "heart"-intellect, emotion and will; our "soul"- the internal-eternal us; our "mind"- the intentional, creative, imaginative us; and our strength - the physical, actional us. No part of our being or behaving should be unloving.

What's more, because of the construction of Jesus' commandment and connection of his words, "heart, soul, mind, and strength" also apply to our "neighbor" and "ourselves." NO ONE should be unloved. This is the integrity of the Gospel.

This **World AIDS** Day, we want the number of people living with HIV&AIDS and their families and friends who feel unloved by Christians and the Church to "**Get to Zero!**" With the Lord's help, we can do that by praying the Great Commandment: "Lord. Help me love you with all my heart, soul, mind, and strength and love my HIV&AIDS neighbor and his/her family and friends as myself."

Take a few moments in the Spirit's presence, and...

List three next steps you will take to love a person living with HIV&AIDS and his/her family and friends so that NO ONE IS UNLOVED:

- 1.
- 2.
- 3.

Those Who Are Left Out

Next to feeling unloved, being left out is perhaps the most miserable existence a human being can know. Unintentionally being overlooked or deliberately shunned contributes to a profound loneliness that people living with HIV&AIDS all-too-frequently experience.

We are all made for love and community. Jesus declares that love is the most persuasive evidence of Christ-like faith, "By this all people will know that you are my disciples, if you love one another," John 13:35 (ESV). He also commands us to build a great community by fulfilling the Great Commission, "Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you," Matthew 28:19, 20a. That calls the Church to be the most inclusive community ever, a community that exists to grow because members of the family consciously and constantly work so that others are included.

Tragically, the Church's response to HIV&AIDS has contributed to the formation of a community whose calling might better be described as "The Great Omission." Not many people living with HIV&AIDS feel welcome in most churches or around us as Christian believers. And if there are people living with HIV&AIDS in our faith communities, they often feel much safer not revealing their status. The next sentence deserves its own paragraph for emphasis.

You and I have no greater calling than to love people into Christian community, "Getting to Zero!" the number of people who are left out, especially those living with HIV&AIDS and their families and friends.

"Make disciples" is actually a command to "make friends!" Friends is precisely what Jesus called His own disciples: "I have called you friends, for everything that I learned from my Father I have made known to you," John 15:15b. Friendship with Jesus is, was and forever will be, friendship with a purpose. "Make disciples" means you and I are building a Kingdom community of the dearest friends, which includes any and every person living with HIV&AIDS and their families and friends.

People living with HIV&AIDS and their families and friends need us to be interested in, spend time with, care about, love on, pray for, learn together with, and include them as family in the church. Jesus does it for us! We can do no less for others!

Let's pray today, "My HIV+ and/or AIDS friend, I love you. Welcome to the family. Let's hang out, and I promise that everything I learn from my Father I will make known to you."

And while we're on our knees about this, let's ...

- 1. Ask God to bring a person living with HIV&AIDS into our lives to befriend.
- 2. Be intentional about the Great Commission, being interested in, spending time with, caring about, loving on, praying for, learning together with, and including people living with HIV&AIDS as friends and family in the church.
- 3. Let people in our community know that our church is a community of friends that welcomes everyone into the family.

Those Who Are Stigmatized

Stigma is a Greek word with a nasty history. It means a "brand" or "mark," usually inflicted with a hot iron. Stigma is also a mark of disgrace or infamy—a sign of stain or reproach. Stigma is not limited to physical injury, but wounds, inflicts pain, and causes scars on the hearts and minds of its victims. Stigma is why many people living with HIV&AIDS form their own communities and fear engaging the larger culture and church.

Jesus confronted stigma with the disciples early on, "But you will receive power when the Holy Spirit comes on you; and you will be my witnesses in Jerusalem, and in all Judea and Samaria, and to the ends of the earth," Acts 1:8 (NIV84). Geography carries stigma in Jesus' day, and we could well-interpret this passage as an anti-stigma message to the church, "You will be my witnesses to people exactly like you, people a little unlike you, people you love to hate and people unthinkable to you."

Dr. David Barstow, a researcher on stigma related to HIV&AIDS has developed a list of ten marks of stigma-free people and their faith communities. A Stigma-Free Faith Community ...

- Talks openly about HIV&AIDS, as well as related issues such as sexual behavior ...;
- Describes HIV&AIDS as medical conditions, not punishment for immoral behavior:
- Provides basic factual information about HIV&AIDS, including methods of transmission, treatment and prevention, to those who are uninformed;
- Encourages members to participate in all-faith community activities, regardless of HIV status;
- Repeatedly and consistently gives messages of compassion, not judgment, toward people living with HIV;
- Focuses on providing care and support to people living with HIV, rather than on how they became infected;
- Encourages positive living through education and support groups for people living with HIV;
- Actively encourages testing for all members and provides facilities for voluntary counseling and testing;

- Affirms the individual responsibility of all members to know their HIV status and to refrain from behavior that risks transmission of HIV; and ...
- Works proactively with other organizations to address HIV&AIDS issues in the wider community.

So, how did you and your faith community do? Are you stigma-free, or do you still have work to do? Why not pray, "Father. Help me to love everyone you call into my life and community of faith, whether they be people exactly like me, people a little unlike me, people I have loved to hate or of whom I have been afraid, and people unthinkable to me. Especially, do not let me stigmatize people living with HIV&AIDS and their families and friends through fear, anger or prejudice, for Your honor and glory."

Take a look at Barstow's list, "Getting to Zero!" stigma by ...

- 1. Beginning to eliminate stigmatizing thoughts and actions from your life, and...
- 2. Talking with your faith community about how you might eliminate stigma towards people living with HIV&AIDS and their families and friends.

Those Who Lack Hope

Churches who love people with HIV&AIDS and their families and friends are gifted faith communities which intentionally create ministries that effectively communicate hope by the grace of the Holy Spirit to all.

Describing such churches and their grace-ministries, the Apostle Paul instructs, "Follow the way of love and eagerly desire spiritual gifts ... for their strengthening, encouragement, and comfort," I Corinthians 14:1,3b (NIV84). These three characteristics are crucial to providing effective ministries of hope and should be applied to every endeavor of the church, especially ministries for people living with HIV&AIDS and their friends, and families. Each of these characteristics is a study in compassionate community.

"Strengthening" means "to build (up)" and its root word also means "a house, a home." We can never underestimate the value of house and home for a person living with HIV&AIDS, for many lose housing as the result of economic hardship and some suffer the loss of home because they are physically, emotionally, and socially abandoned by family and friends. Ensuring a place to live and a family to love are gifts beyond measure for the person living with HIV&AIDS.

"Encouragement" means "to come alongside (to help)," and carries the connotation of "giving heart" to someone who has lost hope. People living with HIV&AIDS and their families and friends benefit greatly from constant support, friendship, and even mentoring at personal, small group, and community levels.

And "comfort," means just that, "to console." Given over the longer-term, it further means "to make strong." People living with HIV&AIDS encounter both momentary and marathon challenges, and our "just being there" in advocacy and pastoral care creates hope.

"Getting to Zero!" the number of those who lack hope is not easy, but it's doable! Make Paul's guidance part of your prayer: "Father. Help me to follow the way of love and eagerly dispense gifts of the Spirit ... for the strengthening, encouragement, and comfort of people in my life living with HIV&AIDS and their friends and families."

Take a few minutes now to ask:

- 1. Am I certain that all of the people I know who are living with HIV&AIDS have a roof over their heads and a family to love them? If not, what can I do about that?
- 2. Which person living with HIV&AIDS needs me to come alongside and offer hope today by a text, an email, a snail-mail card or letter, a phone call, or a visit?
- 3. Is there a person living with HIV&AIDS who needs consolation today or an encouragement to stay strong through a difficult period? In what way/s can I do that?

Those Who Experience Church as Dangerous

We want "Getting to Zero!" to mean that people living with HIV&AIDS and their families and friends NEVER encounter a church or Christians that are dangerous!

The Early Church was a wonderful and safe place for everyone who became a part of that compassionate community: They devoted themselves to the apostles' teaching and to the fellowship, to the breaking of bread and to prayer. Everyone was filled with awe, and many wonders and miraculous signs were done by the apostles. All the believers were together and had everything in common. Selling their possessions and goods, they gave to anyone as he had need. Every day they continued to meet together in the temple courts. They broke bread in their homes and ate together with glad and sincere hearts, praising God and enjoying the favor of all the people. And the Lord added to their number daily those who were being saved. Acts 2:42–47. Further, even the quickest overview of this text demonstrates that the Primitive Church set the standard for real solutions to challenging life problems by ensuring that all kinds of practical needs were met for those who became part of the family of faith.

Yet, there is an insight that may escape us if we do not think carefully of the church's welcome and work in this passage. Note that, Everyone was filled with awe at the many wonders and signs performed by the apostles, Acts 2:43. "Wonders and signs" is code for the fact that the church welcomed in those who were sick and needed healing. In fact, almost all of the miracles performed by Jesus and his disciples were on behalf of the sick. Secondly, it is God who is healing the sick by working through the performance of the apostles. The Early Church practically trusted God with their sick and acted in accordance with his will to pray for them.

The bottom line is this. Anyone who joined the Early Church is assured a place where real solutions to any need, including the needs of the sick, are addressed and met. The Church is the safest place in a dangerous world. Tragically, people living with HIV&AIDS and their families and friends often feel that culture is safer and the community of faith is more dangerous.

Let today's prayer be: "Jesus, Lord of the Church and Lord of my life. Let my church be a place where we welcome the well and the sick, and everyone without exception experiences the safety of a community completely devoted to the Gospel, grace, and your will and work. Let us praise God and enjoy the favor of all people. And Lord, add to our number daily those who are being saved. Amen."

Now, take a few moments to break down the text of Acts 2:42–47, listing:

- 1. Practical things people in the church did with each other;
- 2. Real solutions for needs in the church that people did for each other; and ...
- 3. The results of a Gospel that has real solutions for the needs of all.

Those Who Are Newly Infected

As mentioned in our introduction, "Getting to Zero!" is primarily being used to express a heart-felt goal that there are NO NEW HIV INFECTIONS, NO NEW HIV&AIDS-RELATED DEATHS and NO STIGMA and DISCRIMINATION against people living with HIV&AIDS by the year 2015.

For this goal, the Church offers a moral imperative: "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your bodies," I Corinthians 6:19–20 (NIV). In accordance with the imperative, the church encourages a real solution: abstinence.

Abstaining from all high-risk behaviors linked to the spread of HIV&AIDS practically accomplishes the goal of "**Getting to Zero!**" and it's all about **STOP**:

- S: Save Sex for Marriage. Abstinence before marriage, while a difficult ideal that goes against culture, IS a viable and proven method of stopping HIV transmission.
- T: Teach Men and Boys to Respect Women and Children. By teaching men and boys to view women and children as respected equals created in the image of God, the church is working to reduce gender violence, sexual abuse, and the spread of HIV.
- O: Offer Treatment through Churches. The church offers more than clean needles and condoms, it offers freedom from addiction and care for the addict.
- **P:** Partner with One Person for Life. When two HIV negative people partner together faithfully in marriage for life, the risk of sexual transmission of HIV is virtually non-existent.

There is hopeful future. "**Getting to Zero!**" is an achievable goal! Though there is neither vaccination= nor cure, we can encourage behavior that STOPs infections and a way of living with HIV&AIDS that effectively provides a "functional cure!"

At the end of this series, pray, "Father. Help me honor you with my body, treating it as a temple of the Holy Spirit and encouraging others, whether living with HIV&AIDS or not, to do the same. And help me further get involved to love and serve anyone living with HIV&AIDS and their families and friends as you guide. Amen."

Take a moment now to consider how you will be involved in reaching the "Getting to Zero!" goal:

- 1. Pray for people living with HIV&AIDS and their families and friends;
- 2. Learn more about HIV&AIDS at www.hivaidsinitiative.com and sites like it;
- 3. Connect and become friends with a person living with HIV&AIDS;
- 4. Start or join a ministry to people living with HIV&AIDS in your church; and ...
- 5. Let God speak to you about other ways to love and serve.

-HIV&AIDS-PRAYER GUIDE

"Devote yourselves to prayer with an alert mind and a thankful heart." Colossians 4:2 (NLT)

PERSONAL Needs

- Pray that God will move you from apathy to compassion so that you will be willing to care for individuals infected and affected by HIV&AIDS.
- Pray for God to show you any hidden or not so hidden, feelings of judgment, condemnation, or stigma that you harbor.
- If you do not know someone currently who is HIV positive —pray for the ways you can become a safe person for others to share their lives with.
- Pray for the individuals you know are HIV positive and pray that they will look to God for comfort, strength, and healing. Pray for the ways you can encourage them.

LOCAL Needs

- Pray for your church to move beyond apathy, fear, and stigma to become a place of hope, information, and care for people living with HIV&AIDS.
- Pray that your church will recognize the needs and choose to build bridges to your community.
- Pray that those in your community who are infected or affected by HIV&AIDS will come to know God's love through your church.
- Pray for the leadership of your church to support and launch an HIV&AIDS ministry.
- Pray for small groups who will come alongside those with HIV&AIDS in friendship, community, and practical service.

GLOBAL Needs

- Pray that compassion will be translated into action as churches connect with churches in other countries, sending volunteers who are willing to go to bring healing and wholeness in Jesus' name.
- Pray for churches around the world to move beyond apathy, fear, and stigma to become places of hope, information, and care.
- Pray for those who need the resources of prevention education, treatment, and care.
- Pray for strength and comfort for the caregivers of those with HIV&AIDS.
- Pray that the children orphaned by AIDS will be loved, cared for, and adopted by families in the church.
- Pray that churches will have wisdom as they develop effective, biblical strategies for prevention, treatment, and care.
- Pray for the day when AIDS will end.

Scriptural Resources for a World AIDS Day Service

These Scriptures may be "plugged into" any liturgical or order of service form:

Psalms:

• Psalm 41

Old Testament:

• Isaiah 53:4-5

Epistles/New Testament:

• Acts 2:42-47

Gospel:

- Luke 10:25–37, The Good Samaritan
- Luke 17:11–19, The Healing of the Leper
- Matthew 4:22-24, Jesus heals the sick ...
- Matthew 11:28, "Come unto me ..."
- Mark 1:40-42, Jesus Heals the Leper

CHRONIC CONDITIONS

METABOLIC SYNDROME MODULE



Chapter 1:

Introduction (Biblical View on Health)

Physical (body), mental (mind), and spiritual (spirit) health are interconnected.

Wellness comes from having a health body, healthy mind, and healthy spirit.

I'm to manage my body; it is a gift.

"I have the right to do anything," you say--but not everything is beneficial. "I have the right to do anything"--but I will not be mastered by anything.

1Cor 6:12

I'm to serve in this body.

Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; 1Cor 6:19

I'm to **worship** in this body.

Therefore, I urge you, brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice, holy and pleasing to God - this is your true and proper worship.

Rom 12:1

Metabolic Syndrome: What is it?

Conditions that increase your risk of heart disease, diabetes, and stroke. It can increase your risk of other diseases, however for this module, we will be focusing on the following conditions/disease states: high blood pressure, high cholesterol, Type 2 diabetes, ischemic heart disease, and stroke.

Within the next several chapters, we will have a brief overview of these conditions and their risk factors.

After our overview, we will identify areas that one can control or manage to reduce these conditions' risks, which lead to better health.

Chapter 2: High Blood Pressure (aka Hypertension)

Your heart pumps blood to your blood vessels (arteries) creating pressure in them.

Blood pressure (BP) measures 2 numbers:

- The top number is your highest blood pressure and
- The bottom is your lowest pressure in your blood vessels
- Normal BP is less than 120/80 (Top number of 120-129 is considered elevated)
- Hypertension is equal or greater than 130/80

High BP makes your heart pump harder. Over time, high BP damages your blood vessel and increases risk of stroke and other organ damages, which can lead to heart diseases, kidney disease, sight impairment.

Risk factors for high blood pressure:

- Age
- Family history
- Overweight
- Inactive / lack of exercise
- Using tobacco / smoking
- Too much salt
- Kidney disease
- Heavy alcohol use
- Etc

Activity:

Option 1:

- Pass out white paper & crayons (red, pink, yellow)
- Have trainer and participants draw 2 blood vessels.
 - ° Normal vessel: draw one end of the vessel larger than the other end (this drawing will be used for another activity)
 - ° High BP vessel: draw inside of the vessel wall, using pink crayon, irregular (not straight and smooth)



Option 2:

- Pass out pens/pencils, tape, red, pink & yellow 8" x 11" papers (if available, yellow postits can be used instead of yellow paper), +/- scissors
- Cut red paper in half, one is for normal blood vessel and the other half for high BP. (you can have this pre-cut)
- Form "normal" into a tube shape, <u>narrow on one end vs the other end</u>. Tape the structure. (This vessel will be used for another activity)
- Lay out the other half. This will represent high BP vessel. Use pen/pencil to start making marks on the paper. Represents pressure.
- Cut pink paper in 1 cm x 8" strips (you can have these pre-cut). Fold the strips multiple times. Tape them onto the red high BP vessel paper. This represents damaged vessel walls due to high BP.

Chapter 3: High Cholesterol (aka Hyperlipidemia or Hypercholesterolemia)

Cholesterol is made naturally in our bodies and by what we eat We need cholesterol in our bodies but when we have too much it increases the risk of plaque/blockage in our blood vessels, which can lead to heart attacks and strokes

Cholesterol:

- LDL = "bad cholesterol" (we often refer to high LDL as high cholesterol)
- HDL = "good cholesterol"; takes LDL in the blood and plaque back to the liver so higher the level the better
- Triglycerides = high level of this can also cause plaque/blockage
- Cholesterol target levels may depend on your age and other conditions; ask your doctor what your numbers should be

Risk factors for high cholesterol:

- Overweight
- High-fat diet
- Tobacco use / smoking
- Family history
- Inactivity / lack of exercise
- Etc

Activity:

Option 1:

- Have trainer and participants draw plaque buildup on the high BP vessel using yellow crayons.
- Keep adding yellow plaque until completely blocked. As participants draw the yellow plaque, make statements about the person who owns this blood vessel did not manage his blood pressure, kept eating unhealthy food, did not take his medication as instructed by his doctor...



Option 2:

- Pass out pens/pencils, tape, red, pink & yellow 8 x 11 papers (f available, yellow post-its can be used instead of yellow paper)
- Layout the high BP, vessel wall damaged paper.
- Tear off ~10 post-it or pieces of yellow paper to make ½ -1cm diameter balls (these represent plaques); tape them onto the high BP, vessel wall damaged paper.
- Roll up the high blood pressure, plaque vessel into a tube. Tape the paper to hold the tube shape.
- Have participants look through the tube. If they are able to see through add more plaque. No need to tape the additional plaque. As participants draw the yellow plaque, make statements about the person who owns this blood vessel did not manage his blood pressure, kept eating unhealthy food, did not take his medication as instructed by his doctor...

Chapter 4: Type 2 Diabetes (aka Adult Diabetes)

Insulin is a hormone that helps glucose / sugar in the blood get into the cells. The body is unable to use Insulin properly, therefore blood sugar is too high.

Often diagnosed measuring how much sugar is in your blood (fasting blood glucose (FBG)) or how much sugar is attached to the red blood cells (hemoglobin A1c (A1c)). A1c measures your blood sugar level for the past couple of months.

If you are taking diabetes medication / insulin, you should always be aware of signs & symptoms of low blood sugar. Low blood sugar can also be dangerous.

- Normal FBG < 100 mg/dL or A1c < 5.7
- Prediabetic FBG 100 mg/dL 125 mg/dL or A1c 5.7 6.5
- Diabetic FBG =/>126 mg/dL or A1c =/>6.5

Continuous high blood sugar leads to heart attack, strokes, kidney failure, blindness, amputation of the legs, feet, toes, and many other complications

Diabetes (chronic high blood glucose) leads to inflammation within blood vessel walls and with cholesterol causes plaque.

Uncontrolled diabetes can damage all our blood vessels, therefore it can cause damage to many of our bodies' systems and organs:

- Heart attacks
- Strokes
- Kidney failure
- Blindness
- Amputation of the legs, feet, toes
- Many other organs

Risk factors for type 2 diabetes:

- Overweight
- =/> 45 years old (although it is often considered "adult diabetes", you can get this at any age.

- Family history
- Inactivity / lack of exercise
- Gave birth to baby weighing more than 9 lbs
- Gestational diabetes (having diabetes during pregnancy)
- Etc

Activity:

Option 1:

• Continue coloring plaque build up

Option 2:

• Continue making and taping plaque build up

Chapter 5: Ischemic Heart Disease (aka Coronary Artery Disease)

Ischemic heart disease occurs when the blood vessels do not supply enough blood and oxygen to the heart muscle.

A common cause of reduction in blood supply is narrowing of the blood vessels due to plaque. Consequently, this can cause a heart attack.

Risk factors for ischemic heart disease

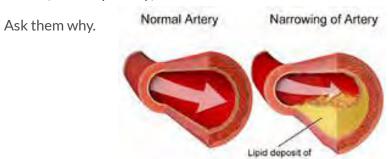
- Age
- Gender
- Family history
- Inactivity / lack of exercise
- Tobacco use / smoking
- High cholesterol
- High blood pressure
- Diabetes
- Alcohol consumption

Activity:

In reference to our previous activities, ask participants which blood vessel can we use to demonstrate a healthy blood vessel that supplies blood and oxygen to the heart.

Then ask,

Among the blood vessels that we have created, which one represents a heart blood vessel (coronary artery) that can cause a heart attack.



Chapter 6: Stroke

Strokes occur when the blood vessels do not supply enough blood and oxygen to the brain.

Blood vessels in the brain can either be blocked or ruptured

- Rupture = hemorrhagic stroke
- Blocked = ischemic stroke (more common)
 - ° Blood clot from a plaque within the brain artery
 - ° Blood clot from a plaque from another location. This clot loosens and travels to the brain blood vessel and blocks it. The blockage will reduce blood and oxygen supply to the brain. These stroke causing clots often originate from the heart and travels to the brain.

Risk factors for stroke:

- Age
- Gender
- Family history
- High blood pressure
- Tobacco use / smoking
- Diabetes
- Inactivity / lack of exercise
- Obesity
- High cholesterol
- Ischemic heart disease and other heart diseases
- Etc.

Activity:

Option 1:

• Use the "blood vessel with plaque" drawing and by using hand motion go from this drawing to the healthy blood vessel stating that this is a brain blood vessel. Explain the clot is traveling from one vessel to the brain blood vessel. Then ask the participants to color the entire inner circle of the healthy vessel yellow. This represents a stroke

Option 2:

• Ask participants to take one of the loose yellow post-it / yellow paper plaque and move it into the healthy vessel, wider diameter side. Let them know the normal vessel is now a brain blood vessel. The plaque should be lodged into this vessel, representing a stroke

Chapter 7: How Do We Control/ Manage These Conditions

Let's review risk factors in these conditions

Risk Factors we cannot control/manage:	Risk Factors we CAN control/manage:
Age	Blood pressure
Gender	Cholesterol level
Family History	Blood sugar level
	Physical activity
	Weight
	Food we eat
	Tobacco use / smoking
	Alcohol use

How do we control / manage these conditions / disease

I can do all things through Christ who strengthens me.

Philippians 4:13

And Let us not grow weary of doing good, for in due season we will reap, if we do not give up.

Galatians 6:9

- Blood pressure > Check your BP regularly; take your medications
- Cholesterol level > Test your blood cholesterol level; take your medications
- Blood sugar level > Check & test your blood sugar level; take your medications
- Physical activity > Regular exercise
- Food we eat > Heart-healthy food / eating habits
- Weight > Regular exercise and healthy eating habits will help
- Tobacco use / smoking > Stop smoking (2nd hand smoking is also a risk)
- Alcohol use > Stop or reduce alcohol consumption
- Appropriate medication use / medication adherence > Adherence is important for preventing and managing your conditions and levels

Always talk to your doctor or healthcare provider regarding your plan to get healthy!

Checking your Levels / Testing:

All who are prudent act with knowledge, but fools expose their folly. Proverbs 13:16

Knowing your numbers & knowing your goals

• Check Your Blood Pressure

Having normal blood pressure (=/< 120/80) reduces the risk of damage to your arteries, heart, and other organs. Keeping track of your BP at home helps you see that you are making progress. You can also give your measures to your doctor to see if your medications need to be adjusted. (Home monitoring, doctor's office)

• Check your Cholesterol Levels

When you control your cholesterol, you are giving your arteries their best chance to remain clear of plaque. Keep track of your cholesterol numbers: total cholesterol, "bad" cholesterol, "good" cholesterol and triglyceride. Even if some of your cholesterol numbers have always been good, you should still keep track. Ask your doctor what your target measures should be for all 4 measures. (*Blood test*)

• Check your Blood Sugar Levels

Most of the food we eat is turned into glucose / sugar so that our bodies can use it for energy. Check blood sugar levels often at home. This helps you manage your diabetes but also alerts you if your blood sugar drops too low. You can also give the measures to your doctor to see if your medications need to be adjusted. (Home monitoring, blood test)

Exercise:

Therefore I do not run like someone running aimlessly; I do not fight like a boxer beating the air. No, I strike a blow to my body and make it my slave so that after I have preached to others, I myself will not be disqualified for the prize.

1 Corinthians 9:26-27

Before you start your exercise plan...

Talk to your doctor or healthcare provider before you start your exercise plan. If you have diabetes you may need to be more cautious before starting a new exercise program.

Here are some important things to keep in mind:

- Always carry fast-acting sugar sources
- Stop exercising right away if you are dizzy, have shortness of breath, feeling sick to your stomach, or are in pain.
- Drink extra fluids before, during, and after exercise.
- Wear shoes and socks that t well.

Increasing your physical activity / exercise can help:

- Control your blood sugar
- Lower your blood pressure
- Lower your risk of heart disease
- Help you feel better and reduce stress

Depending upon your health and fitness level, other activity options include:

- Jogging
- Biking
- Swimming
- Low-impact or chair aerobics
- Dancing
- Step or elliptical machine

For most people with diabetes, walking is an ideal physical activity

Methods to keep one motivated:

And let us not grow weary of doing good, for in due season we will reap, if we do not give up.

Galatians 6:9

- Make your activity as regular as sleeping and eating. Mark it on your calendar like any other appointment.
- Connect with someone else to keep you motivated and to make it more enjoyable. (Small group, Support group, Family member)
- When you reach your goal, give yourself a reward. Treat yourself to movie tickets, a book, a magazine, a song or album.
- If you get bored doing one activity over and over, try a different activity. Or do different types of activities on different days of the week.
- When it is raining or too cold outside, try doing aerobics or stretching exercises inside where it's warm instead of not doing any activity. You can try walking in an indoor mall, using an exercise video or dancing.

FYI for the trainers:

Mayo Clinic: 7 Benefits of Regular Physical Activity

Exercise can make you feel better, have more energy and even add years to your life. The health benefits of regular exercise and physical activity are hard to ignore. Everyone benefits from exercise, regardless of age, sex or physical ability.

Benefits:

1. Exercise controls weight

Exercise can help prevent excess weight gain or help maintain weight loss. When you engage in physical activity, you burn calories. The more intense the activity, the more calories you burn.

Regular trips to the gym are great, but don't worry if you can't find a large chunk of time to exercise every day. Any amount of activity is better than none at all. To reap the benefits of exercise, just get more active throughout your day — take the stairs instead of the elevator or rev up your household chores. Consistency is key.

2. Exercise combats health conditions and diseases

Worried about heart disease? Hoping to prevent high blood pressure? No matter what your current weight, being active boosts high-density lipoprotein (HDL), or "good," cholesterol and decreases unhealthy triglycerides. This one-two punch keeps your blood flowing smoothly, which decreases your risk of cardiovascular diseases.

Regular exercise helps prevent or manage a wide range of health problems and concerns, including stroke, metabolic syndrome, high blood pressure, type 2 diabetes, depression, anxiety, many types of cancer, arthritis and falls. It can also help improve cognitive function and helps lower the risk of death from all causes.

3. Exercise improves mood

Need an emotional lift? Or need to blow off some steam after a stressful day? A gym session or brisk walk can help. Physical activity stimulates various brain chemicals that may leave you feeling happier, more relaxed and less anxious.

You may also feel better about your appearance and yourself when you exercise regularly, which can boost your confidence and improve your self-esteem.

4. Exercise boosts energy

Winded by grocery shopping or household chores? Regular physical activity can improve your muscle strength and boost your endurance.

Exercise delivers oxygen and nutrients to your tissues and helps your cardiovascular system work more efficiently. And when your heart and lung health improve, you have more energy to tackle daily chores.

5. Exercise promotes better sleep

Struggling to snooze? Regular physical activity can help you fall asleep faster, get better sleep and deepen your sleep. Just don't exercise too close to bedtime, or you may be too energized to go to sleep.

6. Exercise puts the spark back into your sex life

Do you feel too tired or too out of shape to enjoy physical intimacy? Regular physical activity can improve energy levels and physical appearance, which may boost your sex life.

But there's even more to it than that. Regular physical activity may enhance arousal for women. And men who exercise regularly are less likely to have problems with erectile dysfunction than are men who don't exercise.

7. Exercise can be fun ... and social!

Exercise and physical activity can be enjoyable. It gives you a chance to unwind, enjoy the outdoors or simply engage in activities that make you happy. Physical activity can also help you connect with family or friends in a fun social setting.

So, take a dance class, hit the hiking trails or join a soccer team. Find a physical activityyou enjoy, and just do it. Bored? Try something new, or do something with friends.

The bottom line on exercise

Exercise and physical activity are a great way to feel better, boost your health and have fun. For most healthy adults, the Department of Health and Human Services recommends at least 150 minutes a week of moderate aerobic activity or 75 minutes a week of vigorous aerobic activity a week, or a combination of moderate and vigorous activity. Examples include running, walking or swimming. Fit in strength training for all the major muscle groups at least twice a week by lifting free weights, using weight machines or doing body-weight exercises.

Space out your activities throughout the week. If you want to lose weight, meet specific fitness goals or have even more benefits, you may need to increase your physical activity time.

Remember to check with your doctor before starting a new exercise program, especially if you haven't exercised for a long time, have chronic health problems, such as heart disease, diabetes or arthritis, or you have any concerns.

Activity:

Chair exercise or walking activity

Take the next 3 minutes to show what a chair exercise looks like.

If all participants can walk, then can walk around the room or outside for a minute.

Daniel Plan:

If the church is planning to have a Daniel Plan ministry then do a quick introduction and explain the purpose of the ministry. You, as the "Care for the Sick" leader/trainer, can provide appropriate connection to increase the potential for healthy body, mind, and spirit.

Eating Healthy

So whether you eat or drink or whatever you do, do it all for the glory of God.

1 Corinthians 10:31

My healthy plate:

Please talk to your doctor or healthcare provider before you start your eating plan.

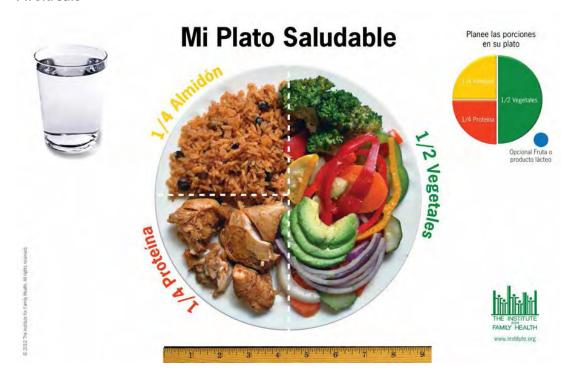
Dish: 9 inches (for children recommend 7")

- ½: Vegetables (non-starchy)
- 1/4: Whole grain & starchy food. Whole grain is better than starchy food.
- 1/4: Lean protein (e.g. chicken, fish)

Drink: water recommended; if drinking milk, reduce the starchy food section

Avoid trans-fat food and saturated fat food

Avoid salt



Why whole grains instead of refined grains?

• High nutrient food

• High fiber: lower risk of obesity (makes you more full)

Why lean protein like fish, chicken or beans?

- They have less saturated fat than red meat. Fish also contains omega-3 fatty acid which is considered good fat.
 - ° Avoid frying because this will add saturated or trans fat to your lean protein
 - ° If you are eating red meat, trim the fat

Why non-starchy vegetables?

- High nutrient food (vitamins & minerals)
- Low calories
- Less likely to spike up your blood sugar level; starchy food can make your blood sugar spike up

Avoid Trans Fats (aka partially hydrogenated oils):

Trans fat: Increases your risk of diabetes, heart disease and stroke

Increases your "bad" cholesterol

Decreases your "good" cholesterol

Trans fats are usually in these types of food:

Fried food

Pastries

Chips/crackers

Margarine

Refrigerator dough (e.g. frozen pizza)

Whenever possible read food labels and avoid food with trans fats

Avoid Sodium (aka table salt):

We have more than enough salt from what we normally eat, including our hearthealthy dish.

Too much salt causes:

High blood pressure

Increases risk of stroke, heart & kidney diseases, and many other diseases

Activity:

Activity objective is for participants to connect their cultural food with healthy eating

Option 1:

Pass out white 9" paper plates to participants

Pass out pens/pencils, green, red & yellow markers

- Use pens/pencils to delineate ½ & two ¼ sections on their paper plate
- Within the ½ section, use a green marker to draw out vegetables the participants would consider part of healthy eating
- Within the one of the ¼ section, use a yellow marker to draw out grains/starchy food they would consider part of healthy eating
- Within the other ¼ section, use a red marker to draw out protein food they would consider part of healthy eating

Option 2:

Pre-cut or have participant draw 9" circle on white paper

Pass out pens/pencils, green, red & yellow paper, scissors, tape

- Use pens/pencils to delineate ½ & two ¼ sections on their 9" white circle
- Draw & cut out green paper vegetables, yellow paper grains, and red paper proteins that participants consider part of healthy eating.

Daniel Plan:

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If the church is planning to have a Daniel Plan ministry then do a quick introduction and explain the purpose of the ministry. You, as the "Care for the Sick" leader/trainer, can provide appropriate connection to increase the potential for healthy body, mind, and spirit.

Smoking Cessation:

Because He Himself has suffered when He was tempted, He is able to help those who are being tempted.

Hebrews 2:18

Pre-Assessment

Assess if church, community / healthcare providers have smoking cessation programs. If not, are they willing to start a program? Can we help connect Celebrate Recovery with the church?

Assess what medications are available in the area. (nicotine replacement therapy or other medications)

If no smoking cessation programs available, provide nicotine impact on our health. Knowledge helps with prevention for non-smokers and awareness to smokers. However, nicotine is very addictive and difficult to quit, especially without additional support.

When referring to nicotine smoking, assume this includes 2nd hand smoking. Second-hand smoking also results in the same negative health risks.

Nicotine is highly addictive therefore we must encourage grace. Many smokers want to quit but think they can't.

FYI for trainers:

Conversation tactics healthcare providers use:

The 5 A's

ASK about tobacco and e-cigarette use. Know the status (current or past) for every patient at every office visit.

ADVISE all tobacco and e-cigarette users to quit. Use a strong, clear and personalized manner to urge every tobacco or e-cigarette user to quit.

ASSESS willingness to make a quit attempt. If the patient is willing to make a quit attempt, provide assistance.

ASSIST For the patient willing to make a quit attempt, assist tobacco or e-cigarette user with setting a quit date. Give advice on successful quitting, offer medication and provide or refer for counseling or additional treatment to help the patient quit. Provide resources and information on quit lines. If the patient is unwilling to make a quit attempt within 30 days, provide a brief intervention that will motivate a future quit attempt. Identify reasons to quit in a supportive manner.

ARRANGE for follow up contacts beginning within the first week after quit date to prevent relapse. A second follow up call is recommended within the first month

Unwilling to Quit -Use the 5Rs

RELEVANCE – encourage the patient to indicate why quitting is personally relevant. Be as specific as possible. Motivational interviewing has the greatest impact if it is relevant to the patient's condition, family, past quit attempts.

RISKS - Ask the patient to identify potential negative consequences of tobacco or ecigarette use.

Acute (short-term) pregnancy risks, shortness of breath) or Chronic (longterm risks- heart attack, stroke, COPD, cancer).

REWARDS – Ask patient to identify potential benefits of quitting tobacco or e-cigarette use. Suggest improved health benefits, reduced risks to family (secondhand smoke), and potential money saved.

ROADBLOCKS- Ask the patient to identify barriers to quitting and discuss treatment options. Discuss medications, stress management techniques, and behavior changes that could help manage the barriers.

REPETITION – Motivational interviewing should be repeated every time an unmotivated patient visits the clinic setting. Provide Tobacco resources and information.

Harms every major system in the body and one of the leading causes of preventable deaths

Smoking increases the risk of:

- Heart disease
- Hypertension
- Stroke
- Diabetes
- Pulmonary disease (e.g. COPD, asthma, pneumonia)
- Blindness
- Osteoporosis
- Rheumatoid arthritis
- Lung cancer and many other cancers
- Reproductive problems in both men & women
- Periodontitis / oral cavity health issues

• Increase risk of health problems for people breathing in second-hand smoke

Cigarettes have nicotine and other poisonous/toxic chemicals:

- Ammonia
- Hydrogen cyanide
- Formaldehyde
- Benzene
- Contains 40 cancer-causing agents

Ask the question: Q: So why don't we quit smoking?

A: Nicotine can be very addictive.

Why bother trying to quit....

No matter how long you have been smoking, you can benefit from quitting.

- Within 20 min of quitting > heart rate & BP back to normal rate
- 2 weeks 3 months > reduction in heart attack risk, lung function better
- 1-9 months > breath better and cough less
- Overtime reduces risk of stroke, heart disease, cancers, nearly the same as someone who did not smoke
- Skin looks better
- Money saved (USA: 1 pack per day = \$4; \$4 x 365 days = \$1400); **Need to** convert to the country's currency
 - ° What can we do with \$1400?

Many have been successful!!!

Celebrate Recovery: Nicotine Addiction

If the church is planning to have a CR ministry then do a quick introduction and explain the purpose of the ministry. You, as the "Care for the Sick" leader/trainer, can provide appropriate connection to increase the potential for healthy body, mind, and spirit.

Reduction / Elimination of Alcohol Consumption:

Do not get drunk on wine, which leads to debauchery. Instead, be filled with the Spirit,

Ephesians 5:19

Pre-Assessment:

If alcohol addiction is prevalence, does the church, community have programs to support this area? If not, are they willing to have a CR program focusing on addiction?

Please talk to your doctor or healthcare provider regarding if and how much alcohol you can drink.

Generally, you should avoid alcohol if you have

- Heart disease (e.g. heart failure, cardiomyopathy)
- Diabetes
- Stroke
- High BP
- High triglycerides (one of your cholesterol numbers)
- Pregnancy
- History of alcoholism
- Certain medications that should not be mixed with alcohol

Celebrate Recovery: Substance Abuse

If the church is planning to have a Celebrate Recovery ministry then do a quick introduction and explain the purpose of the ministry. You, as the "Care for the Sick" leader/trainer, can provide appropriate connection to increase the potential for healthy body, mind, and spirit.

Medication Adherence:

Is there no medicine in Gilead? Is there no physician there? Why is there no healing for the wounds of my people?

Jeremiah 8:22

FYI for trainers:

American Medical Association

Data show about one-quarter of new prescriptions are never filled, and patients do not take their medications about 50 percent of the time. Most non-adherence is intentional—patients make a rational decision not to take their medicine based on their knowledge, experience and beliefs. The top eight reasons for intentional non-adherence are:

- Fear. Patients may be frightened of potential side effects. They may have witnessed side effects experienced by someone else who was taking the same or a similar medication and believe the medication caused the problems.
- Cost. Patients may not fill medications in the first place or ration what they do fill to extend their supply.
- Misunderstanding. Patients may not understand the need for the medicine, the nature of the side effects or the time it will take to see results. This is particularly true for patients with chronic illness, because taking a medication every day to reduce the risk of something bad happening can be confusing. Failure to see immediate improvement may lead to premature discontinuation.
- **Too many medications.** The greater the number of different medicines prescribed and the higher the dosing frequency, the more likely a patient is to be non-adherent.
- Lack of symptoms. Patients who don't feel any differently when they start or stop their medicine might see no reason to take it.
- Worry. Concerns about becoming dependent on a medicine also lead to non-adherence.
- **Depression.** Patients who are depressed are less likely to take their medications as prescribed.
- **Mistrust.** Patients may be suspicious of their doctor's motives for prescribing certain medications because of recent news coverage of marketing efforts by pharmaceutical companies influencing physician prescribing patterns.

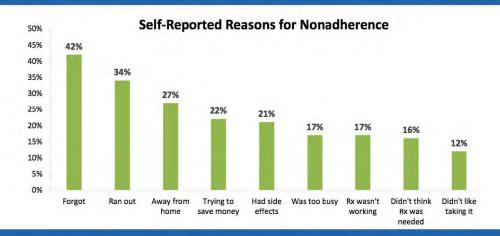
Potential Causes of Non-adherence:

- Multiple conditions > Multiple medication
- Complex regimen
- Changes to regimen
- Side effects
- Understanding of disease, its course and possible complications
- Expectations of improvement on medications
- Perception of symptoms, either improving or worsening

Ferdinand KC, Senatore FF, Clayton-Jeter H, et al. Improving Medication Adherence in Cardiometabolic Disease: Practical and Regulatory Implications. J Am Coll Cardiol. 2017 Jan 31;69(4):437-451.

Provide the reasons for the participants (please note this is a survey from the US)

Intentional and Unintentional Reasons for Nonadherence



Medication Adherence in America: A National Report 2013. ncpanet.org/pdf/reportcard/AdherenceReportCard_Abridged.pdf

Why is medication adherence important?

When used properly, they help you

- Prevent diseases
- Prevent worsening of your conditions
- Slows down the worsening of your conditions
- Resolve bad symptoms
- Counter or minimize side effects from other critical medication

- Cure disease
- Synergistic with other medications

Let's recall the Risk Factors we CAN control/manage...

Risk Factors we cannot control/manage:	Risk Factors we CAN control/manage:
Age	Blood pressure
Gender	Cholesterol level
Family History	Blood sugar level
	Physical activity
	Weight
	Food we eat
	Tobacco use / smoking
	Alcohol use

If we can control **BP**, **cholesterol** & **sugar levels** with only lifestyle changes... Great! However, getting these levels back to normal is very important in reducing your risk of heart attacks, strokes, and other major health conditions. Medication adherence is very important to your health.

Talking to your doctor about your medication:

Before you see your doctor, write out your list of medications and how you are taking them.

Q: Is it important that your doctor knows how you are taking them? (Not how he/she told you to take them but what you are actually talking)

A: Yes! Remember, your doctor often adjusts your medication based on your levels or how well the drug is working for you and if they are giving you any problems. Without knowing what you are currently taking he/she will not adjust the drug appropriately.

If you are able to measure your levels at home, write them down. Show them to your doctor. Showing your doctor your home levels provide more information. For example, stress can often increase our BP, therefore we may see much higher BP at the doctor's office than we do at home.

Here are ways to help you remember:

- Set a timer on your smartphone
- Use a pillbox
- Take medications after breakfast or dinner if appropriate with the instructions

- Ask a family member or church member remind you
- How can you help others with medication adherence

Activity: helping others with medication adherence

Taking your medications appropriately is part of taking charge of your health When taking a new medication or even ones that you have been currently taking, it's always good to ask these 7 questions when you don't know the answers or you can't recall. (Write them down on a board or have the participants write them down)

- What is the name of the medication?
- What is it suppose to do? "Purpose driven" medication.
- How do I know if it is working? (Remember, sometimes you cannot "feel" if the medication is working. Your lab results may tell you.)
- How and when do I take it and for how long? (some can be life-long therefore you need refills)
- What do I do if I forget to take it?
- Are there any side effects, and what do I do if they occur?
- Written information available?

Have participants pair up. One will pretend to be a church member in the Care for the Sick ministry and the other can pretend to be a church member taking several medications but having difficulties managing their diseases/levels. Use the above 7 questions to prompt the conversation.

How would you help the other members? Give participants 5 minutes to role play.

Ask for volunteers on what was discuss and if they identified any problems. How did they resolve those problems?

Objective is to identify if medication adherence is potentially a cause of not managing their diseases. If yes, then what may be the causes and if any solutions can help the other person.

Depression

But you, O Lord, are a shield about me, my glory, and the lifter of my head. Psalm 3:3 Depression is common among people with chronic conditions.

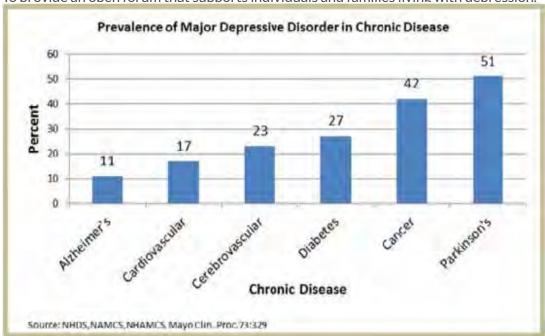
Many of our other physical conditions can worsen if mental/emotional conditions are not addressed

One can find comfort and support from a support group.

Example: Saddleback Church Depression & Anxiety Support Group

Purpose Statement

To provide an open forum that supports individuals and families living with depression.



This group is designed to be a source of information, support and open dialogue for people struggling with depression and for those who support them. We give participants a chance to share their concerns, frustrations, ask questions and share breakthroughs to benefit others in the group. However, we are not a therapy group, nor is the group designed to replace therapy or interfere with any medical treatment being received by participants. But hope can be found among others who are in different stages on the journey.

Mental Health Ministry

If the church is planning to have a Mental Health ministry, then do a quick introduction and explain the purpose of the ministry. You, as the "Care for the Sick" leader/trainer, can provide appropriate connection to increase the potential for healthy body, mind, and spirit.