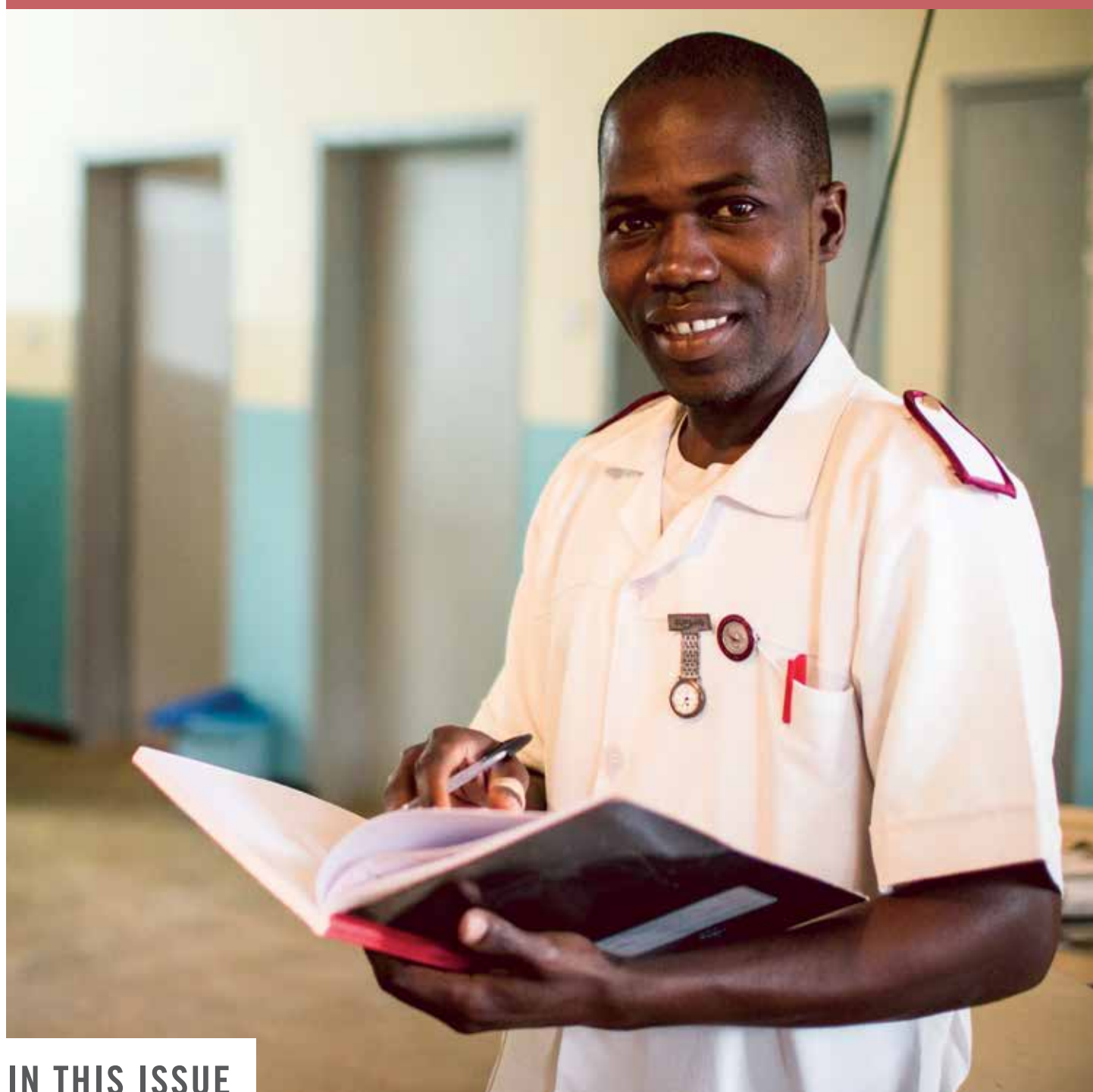


FOOTSTEPS

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HEALTH AND FAITH



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From the earliest years of the church, Christians have been involved in health care. In Roman times there were no public clinics or hospitals. The sick were sometimes even left to die in the streets. But the early Christians believed God wanted them to care for all who were suffering. When a terrible plague hit the Roman Empire, it was the Christians who took care of the sick and dying. They did this despite the risks to their own health and the persecution they faced under the Romans.

Today, God is still calling us to show his compassion and love by caring for the sick. The church can play a special role in offering spiritual and psychological support as well as practical health care. It is also an excellent platform for spreading accurate messages about how to stay healthy.

In this edition you can read about the way faith leaders helped to beat the Ebola outbreak in Sierra Leone (page 6). We tackle the question of how faith communities can help people with mental health problems (page 8). We also feature the Community Health Evangelism approach, where local Christian volunteers spread messages of health and hope (page 14). And we discuss ways you can use your church building to help people stay healthy (page 20).

I would like to say a big thank you to everyone who responded to my email asking for stories about faith and health care in your communities. Your responses were both fascinating and inspiring, and they helped me select the topic of the Bible study (page 5). I have included a selection of your letters on page 19.

Please do get in touch with more of your ideas and knotty problems! Our next edition will be about entrepreneurship and what makes a business successful.



Zoe

Zoe Murton – Editor

PS You may have noticed that my surname has changed. Several months ago I got married and moved to Kenya, where my husband works. I am excited to be living in the same country as so many *Footsteps* readers!

📷 Cover shows a health worker in Malawi, where Tearfund partner Livingstonia Synod AIDS Programme (LISAP) has organised groups of churches to work with people living with HIV. Photo: Chris Boyd/Tearfund



by Dr Ted Lankester

FAITH, THE CHURCH AND HEALTH CARE

I spent quite a few years in my earlier life trying to work out whether God exists. One day I thought to myself: 'If God does exist and if he is a God of love, as people tell me, then surely he will make himself known to me.'

Within one week and after years of searching, I felt changed, transformed and certain. I started to read the Bible more carefully and I came across what I now call 'The Nazareth Manifesto' (Luke 4:17–19). When Jesus first stood up to tell the world who he was and what he had come to do, his mission statement was so simple. It was to bring good news to the poor, recovery of sight to the blind and freedom for those who were oppressed.

What a great vision! Is that ours, too?

In Matthew's gospel (chapter 25:37–45) we are given a bit more detail. We are told that when God finally sets his approval (or not) on what we have done in life, he will ask whether we have fed the hungry and cared for the sick.

What higher priority than that does health and development work receive?

A HEALTHY PARTNERSHIP

A recent report by the World Health Organization estimates that between 30 and 70 per cent of health care in Africa is provided by faith-based organisations. That seems to show that many people are taking God at his word.

But there is more. A recent study has shown that more than four out of five

people worldwide have a religious faith. In many countries it is far higher.

I have been thinking a lot about these issues – how faith and health go together. It seems to me that health workers who are enriched by faith in God need to have two priorities. The first is sharing and demonstrating the wonder of knowing God to friends, neighbours and acquaintances. The second is to share our God-given knowledge of science and how to live healthy lives with our friends and communities (and of course to demonstrate it as well!).

A LOT WE CAN ALL DO

I lived with my family of five in a remote part of the Himalayas for many years. Most people there had no access to health care. So we worked with community members to find solutions. Together, we worked out ways to prevent and cure many illnesses by utilising local resources, training community health workers and using a few essential medicines. We found that up to four out of five illnesses could be prevented, cured or improved at community level.

Most of the ill health in that community was caused by infectious illness, poor nutrition and, increasingly, non-communicable diseases such as diabetes. But simple guidelines apply to all of us, urban or rural, rich or poor. If we eat healthy, nutritious food, remain at an ideal weight and take regular exercise (whether in our fields, streets or gyms), we can prolong our life. This is not just for our own benefit, but so we can support our families, our communities and our country.



📷 Eating healthy, nutritious food can help us live longer. Photo: Andrew Philip/Tearfund

Last year I visited the Anglican cathedral in Freetown, Sierra Leone. I was delighted to hear from the dean that they were getting involved in health care, despite all the problems the country has faced. On a recent Sunday, members of the congregation were encouraged to have their blood pressure taken by doctors after the evening service. High blood pressure is now the biggest cause of death worldwide. So blood pressure testing can be an excellent extra blessing that church leaders can bring to their congregation and community.

Wise advice and simple improvements can often give us further years of healthy life, so we can continue to enjoy and serve God's world. Surely something this valuable is worth talking about in our sermons, our schools and our Bible colleges?

IS IT ALWAYS A GOOD STORY?

The relationship between faith and health care is often good news – but not always. We do have to be aware of some difficult questions about negative aspects of faith and health. I will mention two important ones.

The first is this: some people believe that faith alone will cure their illness. So for example, if they are taking antiretroviral treatment for HIV, they throw away their medicines. Many people have died because of this dangerous and foolish advice based on wrong theology. Did not the God who created faith also create the world? Of course he did. The God who loves us also gives us science and medicine to show his care for us.

Many of us give thanks or say 'grace' before meals, asking God to bless the food for our bodies. In the same way, when I take my medicines each morning to control my blood pressure and lower my cholesterol, I say thank you to God for each of them. They help me to go on a 7km run most weekends and to keep serving my family, community and patients.

The second difficult issue is this: faith and health care sometimes seem to clash with each other. Health practices based on evidence and good practice may challenge certain beliefs held by

some sectors of the church (and some other faiths). One example is in certain areas of sexual and reproductive health. I am going to be a bit controversial for some readers by saying that I believe the use of contraceptives has prevented large numbers of unwanted children and saved the dignity, health and freedom of countless women. We can be thankful to God for this and use contraceptives in a way that honours God, not as an easy way into promiscuity.

AS TEACHERS, IS IT OK TO TALK ABOUT FAITH?

The Lancet is one of the world's leading journals on medicine and global health. In 2015, for the first time it devoted an entire edition to the role of faith in health care.

This was one of its conclusions: *'Faith-based organisations deliver a substantial volume of health care, and their common visions of stewardship, inclusiveness, dignity, and justice make many such organisations ideally suited as key partners for delivering the post-2015 Sustainable Development Goals'* (William Summerskill and Richard Horton).

Some of you reading this article will be teachers in schools, colleges and universities. You may be reluctant to bring the topic of faith into your health teaching, because it appears to be separate or unscientific. But is it? *The Lancet* has endorsed its value. We know that church-based hospitals, health centres and community health programmes are saving thousands of lives every day. So although we need to be

aware of regulations, we do indeed have 'permission' to speak about the role of faith in the secular world. And if we fail to speak up, we are not giving the full message about the vital role of faith-based organisations in the modern world.

OUR RESPONSE

- If you are a pastor or a church leader, please use the position of respect you hold to promote good health to your congregations and community.
- If you are a health and development worker, please enjoy the recent research that allows and encourages you to bring faith into your work and teaching.
- If you are working for a secular NGO, consider discussing faith issues respectfully with the people you are working with.

For all of us, let us thank God that he created our faith, he created our world and he created ways for us to prevent and cure illness. We can be very grateful for the wonderful gifts of faith, health and creativity he invites us to work with and enjoy.

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Ted Lankester is the Director of Health Services at InterHealth. He is also the co-founder and Director of Community Health Global Network (CHGN).

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Churches can help their communities access blood pressure testing and other health services.

God gives us the responsibility to seek medical treatment as well as to pray for healing.



BIBLE STUDY

SHOULD CHRISTIANS GO TO DOCTORS?

There are some Christians who believe that seeking medical help shows a lack of faith in God. Some Christians wrongly think they should throw away their medicines and only pray for healing.

When we think about how we behave in other areas of our lives, we see that this is not a logical view. If your bicycle breaks down, do you take it to a mechanic or wait for God to perform a miracle and heal it? If the roof of your house develops a leak, do you wait for God to mend it, or do you fix it yourself? God is just as capable of repairing a bicycle or mending a roof as he is of healing our bodies. The fact that God can and does perform miracles of healing does not mean we should always expect a miracle. We should seek help from those with the knowledge and skill to assist us.

WHAT DOES THE BIBLE SAY ABOUT DOCTORS?

Many verses in the Bible speak of using medical treatments that were common at the time. These include applying:

- bandages (Isaiah 1:6)
- oil (James 5:14)
- oil and wine (Luke 10:34)
- leaves (Ezekiel 47:12)
- balm (Jeremiah 8:22).

We know that Luke, the author of Acts and the gospel of Luke, was a doctor (Colossians 4:14). And Paul once gave

Timothy advice on medical treatment (1 Timothy 5:23).

Doctors are referred to about 12 times in the Bible. The only verse that could be wrongly used to teach that we should **not** consult doctors is 2 Chronicles 16:12: 'In the thirty-ninth year of his reign Asa was afflicted with a disease in his feet. Though his disease was severe, even in his illness he did not seek help from the Lord, but only from the physicians.'

The problem was not that Asa consulted physicians, but that 'he did not seek help from the Lord' as well. We should always seek help from God as well as going for appropriate medical treatment – not instead of doing so.

In Matthew 9, the Pharisees asked Jesus why he spent time with sinners. He replied, 'It is not the healthy who need a doctor, but the sick' (Matthew 9:12). Jesus recognised that sick people need doctors. He did not condemn using doctors and 'earthly' remedies. Yes, Jesus performed many healing miracles while he was on Earth. But these were partly to show people that he was the promised Messiah (Luke 4:18).

HOW SHOULD WE RESPOND?

So, should Christians go to doctors? Yes, absolutely. God created us as intelligent beings. He gave us the ability to create medicines and learn how to repair our

bodies. Doctors are one of the ways in which God brings healing and recovery.

Nevertheless, our experience is that in this fallen world not everyone is healed, and we do not understand why. We know that Paul struggled with a problem he called 'a thorn in [his] flesh' (2 Corinthians 12:7). Whatever this problem was, God did not remove it but instead gave Paul the strength to bear it. It is only at the end of time that God 'will wipe every tear from [our] eyes'. Then, 'there will be no more death or mourning or crying or pain' (Revelation 21:4). In the meantime, we know that God will strengthen and help us in whatever troubles we may experience.



DISCUSSION QUESTIONS

- Talk about a time you were sick. Did you get medical help? Did the church help? Did God give you strength?
- How can we encourage people to seek medical help when they need it as well as praying for healing?

This Bible study was adapted from an article on the 'Got questions?' website (www.gotquestions.org). Please note, opinions expressed in other articles on this site do not necessarily reflect the views of Tearfund.

INTERVIEW

HOW FAITH LEADERS HELPED BEAT EBOLA

Patricia Conteh was a Projects Officer for Tearfund in Sierra Leone when the Ebola virus hit the country in 2014. Here, she shares her memories of the way faith leaders changed the direction of Ebola.

What was it like when the Ebola outbreak hit Sierra Leone?

Sierra Leoneans are very friendly and warm, and we love visitors. People are always going in and out of each other's homes. But when Ebola came, that stopped.

Messages started coming out that Ebola is here and Ebola kills. Most people had never heard about Ebola, so they did not know how to respond. It caused a divide even in homes. Husbands were not sure if their wives had the disease, and wives were not sure of their husbands. It was as if Ebola attacked the very essence of our culture.

How did faith communities respond?

At first, ignorance caused a lot of problems. Many churches denied that Ebola was a medical problem. They said it was a judgement from God because we were sinful. A lot of church leaders laid hands on people and got infected, and spread the virus further.

People wanted to continue with traditional burial practices. The Muslims believed that dead bodies had to be washed and prayed over in a certain way. And Christians would cry over a dead person and touch them. These things increased the number of people infected.

How did the faith leaders change their response?

Faith leaders began to realise that Ebola was more than a spiritual issue. So the Council of Churches and the Inter-Religious Council of Sierra Leone had a meeting. That was when the game changed. They asked the government to train them about Ebola.

Christian and Muslim leaders were trained together and worked together. They looked at the Bible and Qur'an to find scriptures that supported the Ebola response. They held discussion groups and educated people together. That was very unusual in Sierra Leone.

In Sierra Leone, there is a huge amount of trust and respect for faith leaders, so people listened to them. Everybody did what the pastor said: do not touch others, wash your hands, wear protective clothing etc. Those things helped a lot.

How did faith groups spread health messages about Ebola?

Faith groups worked together with NGOs to spread health messages. Both Muslims and Christians used video and radio broadcasts. Tearfund, Unicef and other organisations sent posters to churches, which they put up around their communities. Scripture Union used dramas, songs and dances about how to respond to Ebola. Members of both the church and the mosque took part.

What other support did churches provide?

The church provided psychosocial and spiritual support. Tearfund trained pastors and gave them phones so they could call people with Ebola. The pastors spoke to them and prayed with them

over the phone. In this way they could offer support without risking infection. The pastors also provided spiritual support when somebody died.

Churches gave practical help to people in quarantine (that is, kept in isolation for a period to ensure they would not infect others). Church members provided food, water and toiletries.

A big part of Tearfund's response was tackling stigma. If people are stigmatised, they will hide themselves instead of going to hospital. Church leaders spoke in their services about not stigmatising people with Ebola. In some communities, people who recovered from Ebola were rejected when they came back from the treatment centres. The church held community meetings to help the local people to accept them again.



DISCUSSION QUESTIONS

- How can faith leaders be prepared for possible health emergencies?
- How can we reach out to isolated people in our communities? How can we tackle stigma?

Email: patricia.conteh@tearfund.org

📷 Muslim and Christian faith leaders worked together to fight Ebola. Photo: Layton Thompson/Tearfund





by Jaya Thapa

SAVING LIVES THROUGH CHURCHES IN NEPAL



Rescue Network Nepal trains church volunteers in first aid. Photo: Rescue Network Nepal

In March 2011, I was working in a hospital in the city of Lalitpur, Nepal. One day we received a phone call. A road traffic accident had taken place in Lalbandhi, a town many hours' drive away. The people at the scene did not know how to help the victims.

We could not think of a way to provide immediate help. Eventually, we contacted some friends in the area who took the victims to hospital. But this incident had made me think: there must have been a church near the accident site. This gave me a vision for training every church member in Nepal in first aid.

Many areas of Nepal are remote and hard to access, a long way from hospitals and clinics. But even in remote areas, there are churches. I realised that through local churches, we could form a network of first aiders across the country. So I decided to set up Rescue Network Nepal (RNN).

FIRST STEPS

First, we formed a team with some doctors and wrote a training manual on first aid. We then visited churches in different locations and talked with the pastors about first aid training. If the pastors were interested, we ran training courses for their church members. Soon, the news about our courses spread, and now we receive more requests for training than we can fulfil.

HOW DOES THE TRAINING WORK?

Each training session lasts for two full days. Ideally there should be between

15 and 25 participants. This ensures that each person will get enough individual attention. We always begin with devotion and prayer. After this, the majority of teaching is hands-on, practical learning. This helps participants to remember what they have learnt.

RNN trainers teach the group how to respond to major accidents – for example, how to dress wounds or perform resuscitation. They also train participants on how to treat more minor injuries, such as burns, broken bones, animal bites, snake bites, sprains and cuts.

Where possible, we focus on using local resources to treat injuries. For example, for splinting we use wooden sticks or any hard objects that are long and light, and for bandaging we use clean triangular bandages or scarves. We give each group a first aid kit and a stretcher, and provide training in how to use these.

THE RESCUE NETWORK ZONE

RNN has now trained 2,149 volunteers across Nepal. Rather than leave the trained communities to work individually, we help the community leaders share their contact details. We have created the Rescue Network Zone, a network running along the major roads across 29 districts. If a serious accident occurs and victims need to be transported to a distant hospital, the RNN members can receive help and additional medical supplies from the villages along the way. Similarly, if there is a natural disaster, these communities can now organise a response together.

SEEING THE IMPACT

We have heard many stories of church volunteers putting their training into practice. To give just one example, a mother named Sita was able to save the life of her young son when he choked on a biscuit. Sita said that without her RNN training, she would simply have panicked.

We have seen a great impact as a result of church volunteers offering first aid. As well as helping in emergencies, the volunteers also provide support at local gatherings such as sporting events. Community members know they can ask the volunteers whenever they need any help.



DISCUSSION QUESTION

- Could some of your church members get trained in first aid and offer this service to your community? Red Cross/ Red Crescent Societies and St John Ambulance offer training courses around the world.

Jaya Thapa is the Director of Rescue Network Nepal.

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by Dr Julian Eaton

FAITH COMMUNITIES AND MENTAL HEALTH

Religious or spiritual leaders are often the first people individuals turn to in times of personal crisis. They can bring wisdom, healing and reconciliation.

People often seek this kind of support if they have an illness, whether physical or mental. In both cases, people are looking for spiritual comfort. But they may also need to be directed to an appropriate medical expert.

WHAT ARE MENTAL HEALTH PROBLEMS?

Mental health problems affect people's emotions, mood, thinking or behaviour. They are very common. About one in four of us will have a mental health problem at some time in our lives. For most people, this will be a brief period of depression or anxiety. In this case, it is very helpful

to talk to friends and family, or spiritual or community leaders. This can help to resolve the problems causing the distress.

However, a smaller number of people may experience more severe mental illness. For example, their behaviour may be very strange, or their thinking and speech may be very confused. In this case, it is important for them to see a mental health expert.

In many cultures, people wrongly assume that severe mental illness is always caused by spiritual difficulties or even demon possession. This can result in long periods of 'treatment' in churches, mosques or temples, or by traditional healers. Sometimes this is done without the person's consent, and may stop people from seeking proper medical care. This can make the illness worse.



Simply listening and showing you care can often help people feel better.

People are much more likely to recover from mental illness if they are treated with compassion, have a choice about what treatment they receive, and benefit from seeing a mental health expert if necessary.

FINDING EXTRA HELP

If there are no mental health workers in your area, here are some ideas:

- Advocate with local authorities, NGOs or faith-based organisations to provide mental health care.
- Encourage local health and social care workers to get training in basic mental health skills.
- Identify the nearest mental health service and arrange for its workers to visit your community from time to time.

REMEMBER: PREVENTION IS BETTER THAN A CURE!

Good ways of protecting people's mental health include:

- maintaining good communication and loving relationships in communities
- finding ways of resolving conflict
- supporting people when they are struggling with practical challenges.

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Dr Julian Eaton is the senior mental health adviser for CBM, a Christian organisation working with people with disabilities.

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SIMPLE DOS AND DON'TS

Here are some suggestions of things to do, and what not to do, if someone comes to you with a mental health problem.

DO

- Listen carefully and try to understand what the person and their family are going through.
- Show that you care and are willing to help. This alone can make people feel much better.
- Ask the person what they would like help with.
- Encourage friends and family to provide care and support.
- If you think someone needs more support than you can offer, advise them to seek care from a mental health service.

DON'T

- Don't blame people for the situation they are in.
- Don't assume all unusual behaviour has a spiritual cause.
- Don't force people to speak about their problems if they don't want to. If a person trusts you with personal information, do not share it with others.
- Don't force a person to have any form of spiritual or herbal treatment against their will, or keep them locked up.
- Don't reject people. Instead, ensure they are welcomed into the social and spiritual life of the community.

SPEAKING OUT FOR BETTER HEALTH

The local church, Christian organisations and individuals can all advocate effectively for improved health services. Here are two examples...

MATERNAL HEALTH FOR MARGINALISED WOMEN

by Loida Carriel Espinoza

In rural Guatemala, traditional birth attendants (TBAs) play a very important role in their communities. Most indigenous women are assisted by a TBA when they give birth.



Members of the Council of Traditional Birth Attendants. Photo: Loida Carriel Espinoza/Tearfund

Today, TBAs in Guatemala are registered with the Ministry of Public Health. They receive training and work in partnership with health centres. But this was not always the case. Until just a few years ago, TBAs faced discrimination, insults and even physical attacks from health workers. And the indigenous women they served were receiving poor treatment at the health centres.

their rights and the laws in Guatemala, which were in favour of communities providing services locally.

The TBAs in Patzún municipality were determined to change this situation. Their first step was realising the need to unite. Supported by the Christian organisation Asociación Vida, the TBAs decided to form a committee. Asociación Vida helped them understand

The TBA committee used meetings, demonstrations and letters to ask the health centre to provide them with proper training. They faced opposition and even death threats from local health officials, but they kept going. And in the end, the health officials agreed.

Encouraged by their success, the TBAs began working with the local development councils. They even travelled to Guatemala City to meet the Minister of Health and ask for improvements in Patzún. Over several years, they successfully advocated for a new maternal care centre, medicine deliveries and better care for patients. They also influenced the health centre to employ a director who could speak the indigenous women's language.

'We want to serve our neighbour as God commands and do good work, quality work,' says María Francisca Boch, the head TBA in Patzún. 'Without God, we would not have been able to do this.'

Loida Carriel Espinoza is Tearfund's Regional Advocacy Officer for Latin America and the Caribbean.

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IMPROVING PATIENT CARE IN KENYA

Alice Mwangera runs the Morris Moses Foundation, which works to improve health care in Kenya and beyond. She set up the organisation when her husband and later her brother died tragically after receiving poor treatment in a hospital.

a group of motivated campaigners, mainly university students. We set up a movement called Silent No More to campaign for changes in the health sector. It received a lot of interest and the media got involved. When we started appearing on TV and radio, the government had to pay attention.

nurses and medical students to treat the human being and not just the disease.

As a Christian, when I started my work, the first group I reached out to was the church. I thought the church could speak up about the way patients are sometimes mistreated. But the churches really did not understand how to engage.

We managed to establish the first-ever Patient Rights Charter for Kenya. This clearly states patients' rights – for example, the right to receive emergency treatment in any health facility, whether or not you can pay. Another success was establishing the Africa Patient-Centred Care Model. We are training doctors,

I wish I could have the opportunity to train a few people in the church about advocacy. If churches are willing to engage with us, we can show them how to go about it.

Website: www.morrismosesfoundation.org
Email: info@morrismosesfoundation.org

Visit www.tearfund.org/ccmadvocacy for resources to train your church in advocacy.

After a lot of frustration, I stopped trying to engage the churches. I formed

FIRST AID – HOW TO DEAL WITH CHOKING

Choking happens when something gets stuck in a person's throat and they cannot breathe. Unless the blockage is removed, they may become unconscious and die.

WHAT TO DO IF A PERSON IS CHOKING

To help an adult (including elderly people) or a child more than one year old:

1 ENCOURAGE THE PERSON TO COUGH

If the person is able to speak, cough, cry and breathe, their airway is only partially blocked. They will usually be able to clear the blockage themselves.

- Encourage the person to keep coughing.

If coughing does not work, give the person back blows (Step 2).



2 SLAP THE OBJECT OUT

If the choking is severe, the person will not be able to speak, cry, cough or breathe.

- Bend the person forward at the waist.
- Use the heel of your hand to give the person five firm blows in the middle of the back, between the shoulder blades. (The heel of your hand is the part between your palm and wrist.)

If this does not work, move on to abdominal thrusts (Step 3).



3 SQUEEZE THE OBJECT OUT

If the person is still choking, perform abdominal thrusts:

- Stand behind the person, wrap your arms around their waist and bend them forward.
- Clench one fist and place it just above the person's belly button (navel), below the ribs.
- Place your other hand over your clenched fist. Pull sharply inwards and upwards.
- Do this up to five times, until the object is forced out or the person can cough and breathe again.

▶ **Please note:** Do not give abdominal thrusts to pregnant women or babies under one year old.



4 CALL FOR EMERGENCY HELP

If abdominal thrusts do not work, call for emergency help.

- Continue giving five back blows followed by five abdominal thrusts until help arrives.

WHAT TO DO IF A BABY IS CHOKING

For babies under one year old, follow this advice:

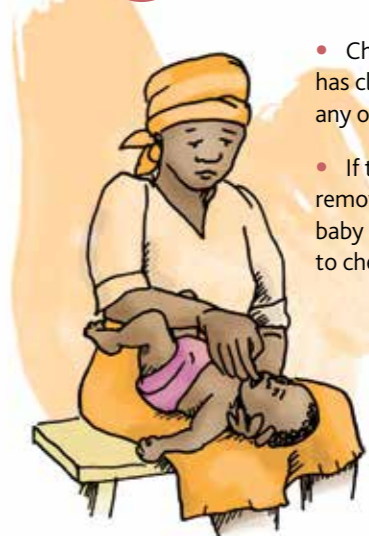
1 SLAP THE OBJECT OUT



If the baby is not able to cry, cough or breathe:

- Hold the baby face-down along your thigh with the head lower than the baby's bottom. Support the head from underneath.
- Give up to five firm slaps to the baby's back between the shoulder blades with the heel of your hand.

2 CHECK THE MOUTH



- Check to see if the blockage has cleared. Carefully pick out any objects you can clearly see.
- If the back blows have not removed the object and the baby is still choking, move on to chest thrusts (Step 3).

3 SQUEEZE THE OBJECT OUT



If the baby is still choking, perform chest thrusts:

- Lie the baby face-up along your arm, supporting the back of the head with your hand.
- Place two fingers in the middle of the baby's chest just below the nipples.
- Push sharply downwards up to five times.
- Check the mouth and carefully pick out any objects.

4 CALL FOR EMERGENCY HELP

If the blockage has not cleared, call for emergency help, taking the baby with you.

- Continue giving five back blows followed by five chest thrusts until help arrives.

FURTHER RESOURCES

App: Free first aid apps are now available for smartphone users. Use your phone to search for an app provided by the Red Cross/Red Crescent Society or St John Ambulance. Some countries' Red Cross/Red Crescent Societies have produced their own app.

Video: To watch a short video showing how to respond to choking, visit www.redcross.org.uk and click on 'What we do' followed by 'First aid', 'Everyday first aid' and 'Choking'.

Information taken from the *St John Ambulance website (www.sja.org.uk)* and the *UK's National Health Service website (www.nhs.uk)*.

by Ben Cohen

HEALTHY BODY, HEALTHY MIND

One of Tearfund's partner organisations in Jordan has been running exercise classes for refugee men from Iraq and Syria. The classes have been very popular and have brought some surprising benefits...

Walid, the coach, is affectionately known as 'the captain' by his class. He does not have expensive gym equipment, but he certainly has plenty of enthusiasm.

His classes are based on teamwork, friendship and encouragement. Participants range from a three-year-old boy to a man in his 70s. In the corner of the room a false leg is propped against the wall, as its owner joins in with the exercises on his knees. There is a joyful atmosphere. It is easy to forget that this is a room full of men damaged by their experiences of war and persecution.

Many refugees in Jordan struggle with depression. Few of them are able to find work. They are often dealing with trauma from the conflict they have fled. All this has an effect on their family life, and domestic violence is common among refugee families.

Ghassan is 52 and a refugee from Iraq. He attends with his three-year-old

grandson, Khalil. Back in Iraq he was mistaken for a terrorist suspect, arrested and tortured.

'These classes have given all of the participants self-confidence and hope in life,' he says. 'There are other organisations that support us with food. It is important, but for me food is not more important than my soul. I come here, I forget, and this helps me to be more at peace.'

Walid knows he is providing something much more than food. 'Each week we have a subject to talk about first,' he explains. 'It is mainly about values. We talk about honesty, commitment, self-discipline, and all the people accept that. After that, I will give them some exercises.'

Suleiman, a farmer from Syria, says the classes have had a big impact on him.

'These past two or three weeks, I have changed more than the whole three years I have been here in Jordan!' he says. 'My wife said to me, "If these classes were every day, I would like you to go every day!"'

Building strong relationships with the coach is a big part of the project's



Exercise classes are helping refugee men feel more healthy and hopeful. Photo: Stella Chetham/Tearfund

success. Ghassan says, 'The coach is seriously like my brother, and it helps me to get better.'

At the start of the project, the classes took place in community buildings. But now, the local church is getting involved. Churches are providing coaches and places for the groups to hold their classes. They see this as a way of supporting their changing communities, providing practical love and caring for the whole person.

A SAMPLE EXERCISE PLAN

On page 13 are some of the exercises used by the team in Jordan. You can do these at home or in a group. You can choose the exercises and number of repetitions you prefer.

Begin with some light stretching and warm-up exercises (eg jogging on the spot, touching toes, circling arms, rotating the ankles and stretching the neck from side to side).

Here is an example routine:

- 30 high knees → 10 crunches
- 30 jumping jacks → 10 crunches
- 10 burpees → 10 crunches
- 10 squats → 10 crunches
- 10 push-ups → 10 crunches
- 10 push-ups → 10 crunches
- 10 squats → 10 crunches
- 10 burpees → 1-minute plank
- 30 high knees → 10 crunches
- 30 jumping jacks

Repeat this workout three times, with a short rest after each cycle.



IDEAS FOR USING THIS ARTICLE

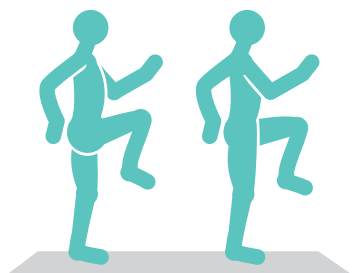
- Could your church or group run similar classes for men, women or young people in your community?

Ben Cohen is Tearfund's Web Editor. The information for this article was supplied by Stella Chetham, who was Tearfund's Middle East Communications Officer.

Email: publications@tearfund.org

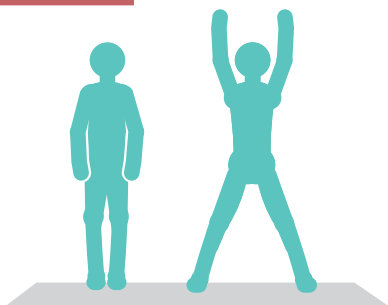
SEVEN EASY EXERCISES

HIGH KNEES



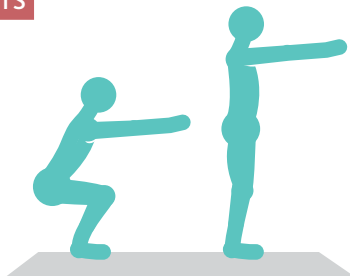
Stand with your legs slightly apart. Raise one knee to the level of your hips so that your thigh is parallel to the ground. Swing the alternate arm to the leg you are raising. Repeat with the other leg and continue, as if you are marching on the spot. You can go faster to make this exercise more intense.

JUMPING JACKS



Stand with your feet together and pointing forwards, and your arms at your sides. In one movement, bend your knees and jump so that you land with your feet more than shoulder-width apart. At the same time, raise your arms out to the sides so that your body forms an 'X' shape. Immediately jump back into the starting position.

SQUATS



Stand with your feet facing forward, slightly wider than shoulder-width apart. Slowly bend your knees and lower your body, as if you were sitting on a chair. Raise your arms out straight in front of you to help you balance. Pause and then slowly rise back up to the starting position. When you bend, make sure you keep your knees behind your toes. Do not let your hips sink lower than your knees.

PLANKS



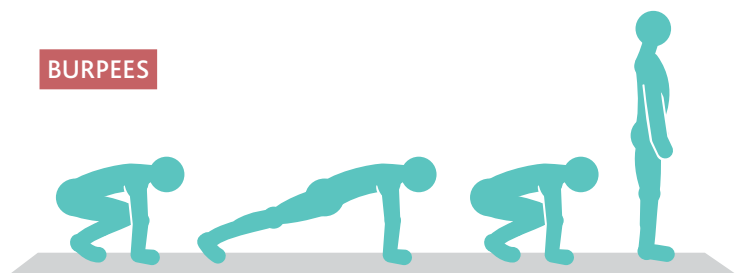
Place your forearms (the part between your wrist and elbow) on the ground. Raise your body so that it is supported only by your forearms and toes. Your body should form a straight line from your shoulders to your ankles. Hold this position and feel your muscles working!

CRUNCHES



You may need a mat to make this exercise more comfortable. Lie your back on the floor, with your knees bent and your legs roughly shoulder-width apart. Keep your feet flat on the floor. Place your fingertips lightly behind or at the side of your head. Take a deep breath and as you breathe out, use your stomach muscles to raise your chest and head an inch or two off the ground. (Make sure you are not pulling on your head.) As you breathe in, lower your chest and head back to the ground.

BURPEES



This exercise should be done as one flowing movement. Stand with your feet shoulder-width apart. Bend your knees and lower your body into a squat. Place your hands on the floor in front of you and transfer your weight onto them. Keeping your hands on the floor, jump your feet back together behind you, so that your body forms a straight line. Then immediately bring your feet back so that you return to the squatting position. Jump back up into the starting position.

PUSH-UPS



Place your hands on the floor slightly more than shoulder-width apart. Raise your body so that it is only supported by your hands and toes. Keep your body as straight as possible. Keeping your back straight, bend your elbows and lower your chest until it is about an inch from the ground. Then push your body back up into the starting position. *For an easier version of this exercise, support yourself on your hands and knees instead of your hands and feet.*

COMMUNITY HEALTH EVANGELISM



Community Health Evangelism volunteers share practical and spiritual messages with their communities. Photo: Global CHE Network

Community Health Evangelism (CHE) is a community health and development programme used by hundreds of churches and organisations across the world. CHE equips communities to identify the problems they are facing and mobilise their own resources to achieve positive, sustainable change.

Each village taking part in a CHE programme elects a development committee to oversee the process. The community decides which issue to focus on first – for example, clean water. They select people to be trained as CHE volunteers.

CHE staff train the volunteers to be community health workers. These volunteers visit homes in the village and show them how to tackle the problems identified by the community. For example, they may teach families about the importance of clean water and show them ways to make their water safe to drink.

The CHE team also teaches the volunteers how to share their Christian faith appropriately and disciple new believers. The idea that our beliefs affect

whether or not we have healthy practices is central to CHE's work.

HOW OUR BELIEFS CAN INFLUENCE OUR HEALTH

Terry Dalrymple, Coordinator of the Global CHE Network service team, says:

'Helping people change their behaviours very often means offering them the opportunity to change their beliefs.

'Some worldviews can lock people into their poverty in certain ways. For example, many people around the world are animistic – they believe the world is controlled by spirits. So their work becomes appeasing the spirits.

'In Thailand, one community stopped water pipes being laid because they said it would anger the spirits. In Papua New Guinea, for 30 years many people would not use latrines, because they believed that evil spirits lived inside small, dark spaces like latrine structures.

'But the Bible tells us that God is in control of the world, not evil spirits. We are made

in the image of God and are stewards of his resources. God made trees and fruit and vegetables, but he did not create restaurants or fruit salads. He placed people in his creation to do what he does – to create and develop. I believe the gospel frees people to be what God intended them to be.'

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The Global CHE Network is currently working in 125 countries around the world. Their staff run training courses for those wishing to get involved. They welcome enquiries, and can link Footsteps readers to CHE work taking place in their own countries.

*Website: www.chenetwork.org
Visit www.chenetwork.org/store.php to download training manuals and lesson plans about health care. Some materials are available in languages other than English.*

To contact the Global CHE Network by post, you can write to us at Footsteps and we will pass on your message. Our contact details are on page 19.



CASE STUDY: HEALTH AND HOPE IN HAITI

By a woman from Novion, Haiti

'I have been involved with Community Health Evangelism (CHE) for the past nine years. A friend was a CHE worker and invited me to perinatal classes [classes before and after the birth of a baby]. Now my baby is two-and-a-half years old and doing well.

My CHE-worker friend showed me many picture booklets. The one on hookworm explained why we should not walk barefoot, since the worms come through the soles of the feet. When I showed my friends the picture booklets, they saw their need to change, too.

I have learnt how to treat my drinking water and wash my hands to prevent diarrhoea. And I have learnt about using

oral rehydration solution to keep my children from dying from dehydration when they do get sick.

I have changed in other important ways as well. Before I learnt about CHE, I thought my life was not worth much. However, now I have learnt that God loved me enough to send his son, Jesus, to die for me. Now I serve Jesus by working as a CHE volunteer.'



WE ARE GOD'S SPECIAL DESIGN

God made each one of us individually. We are his very special design! If we ever feel ill or sad, we can tell God all about it and pray he will help us get better.

There are lots of stories in the Bible about Jesus making sick people better. Is there anyone who is feeling ill that you want to pray for? Write their names into the prayer on the right.

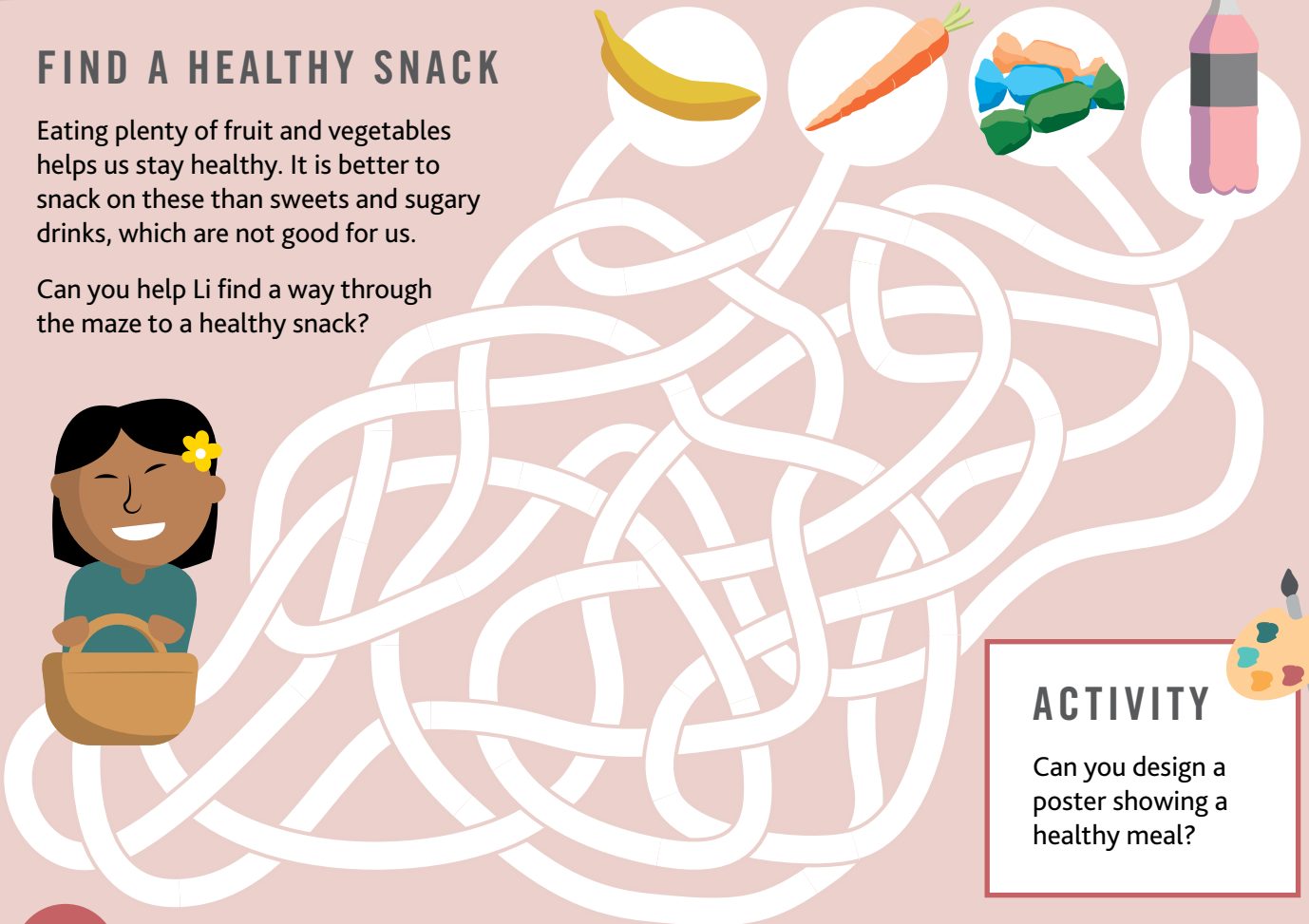
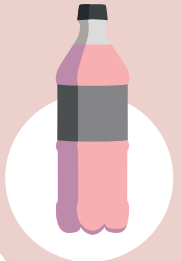
Dear Lord, I pray that these people will get better:

.....
.....
.....

FIND A HEALTHY SNACK

Eating plenty of fruit and vegetables helps us stay healthy. It is better to snack on these than sweets and sugary drinks, which are not good for us.

Can you help Li find a way through the maze to a healthy snack?



ACTIVITY

Can you design a poster showing a healthy meal?



BIBLE VERSE MEMORY CHALLENGE!

Jesus told his followers about how much God loved them. He said God even knew about tiny birds called sparrows – and he loves people so much more! Can you learn this Bible verse?

'Even the hairs of your head have all been counted. So do not be afraid; you are worth much more than many sparrows!' (Luke 12:7)

INTERVIEW

HOW MY FAITH INSPIRES MY WORK



Asas de Socorro ('Wings of Help') is a Tearfund partner working in some of the most remote areas of Brazil. The organisation focuses on health, education and sanitation, using aircraft to bring help to distant communities.

We asked two of Asas de Socorro's volunteers, Paulo Tsai and Cristiane Reynoso, to tell us about the relationship between their faith and their work.

Please tell us about the work you do.

Paulo: I graduated as a doctor 20 years ago and specialised in radiotherapy. I first heard of Asas de Socorro through a talk at a church. In the trips with Asas de Socorro, I carry out all types of medical care. I also train health workers and give educational workshops to people.

Cristiane: I am a dentist. I always liked helping people, and for me dentistry was more than a profession – it was my life's purpose. I started volunteering in health care while I was still a student. Some years later I learnt about Asas de Socorro. I agree with their aim of not just curing health problems but also helping people to prevent them.

How does your Christian faith impact your work?

Paulo: The work is challenging, because no matter how well you have planned, many unexpected things happen. In remote locations, there are no resources to help us diagnose illnesses. There are limitations in referring people on to more specialist care. There may be a shortage of medicine. These things show how limited we are, regardless of our educational background. But we have faith that God is in control of our work. We know he can provide the resources and inspiration to solve problems that are beyond our abilities.

Cristiane: My Christian faith affects my whole life and all my choices. Being a Christian means responding with all our hearts to what we learn from Jesus. This encouraged me to choose a profession in which I could help people, especially those who were unable to pay. By serving these people I can live out my faith in a practical way.

What are the most challenging and rewarding things about your work?

Paulo: Challenges include understanding the local culture and the environmental factors that make certain diseases common. Many health issues are related to social problems. We have to communicate with people in a way they can understand and work together to solve the problems.

It is very rewarding to find that for many problems there are simple solutions with excellent results. We provide health education and encourage behaviours that will have a positive influence on the health of future generations.

Cristiane: Helping people change their eating and tooth-brushing habits is a big challenge. This is especially true for adults. Children pick up new habits more

easily. It is rewarding to see the smiles of people who have had their front teeth restored. Sometimes we see people coming to know Christ, and that is very rewarding.

What advice would you give to Christians considering a career in health care?

Paulo: God gives us our gifts and skills to enable us to do his will. So do not be afraid of all the things that could go wrong. Instead, trust that God can do great things when we cannot. Caring for patients in a loving way and showing interest in them will often be more important than just making an excellent diagnosis.

Cristiane: If you have never taken part in a trip as a volunteer, try it at least once! I challenge professionals to go and feel what it is like to give what nobody wants to give, where nobody wants to go. You will not receive any payment, but you will be richly rewarded in other ways.

*Website: www.asasdesocorro.org.br
Email: contato@asasdesocorro.org.br*

Asas de Socorro provides medical help to the remote Amazon region. Photo: Asas de Socorro





by Elizabeth Wainwright

STRONGER TOGETHER



📍 Zambia's Cluster mobiliser, Mathews, leads a group discussion.
Photo: Elizabeth Wainwright

Community Health Global Network (CHGN) is a small organisation with a big vision. We believe that things are better when we work together.

CHGN brings together people who want to improve health and well-being in their area. We call these groups 'Clusters'. There are currently Clusters in Myanmar, India, Kenya, Tanzania, Zambia and Sierra Leone.

Clusters come in different shapes and sizes. Some are urban, some are rural; some are made up of NGO staff and faith leaders, others are made up of farmers and community health workers. But they all have these things in common:

- **Cluster members believe they are stronger when they work with others.** In Kenya, conflict between tribes has shown the destructive power of division. And so the Cluster in Kericho encourages different organisations and tribes to

share learning and skills together. They join together for advocacy, and unite to promote disability awareness and tackle substance abuse.

- **Every Cluster has unique strengths and gifts.** The Cluster in Kenya has talents in storytelling and creativity. In the Zambia Cluster, there are wonderful skills in hospitality and a naturally enterprising mindset.
- **Clusters can grow from small beginnings to have a big impact.** In Uttarakhand in India, the Cluster started with 13 organisations. Today, it includes more than 50 community-based organisations. The state government now sends some of its staff to be trained by the Cluster.
- **Clusters know there are many ways to improve health and well-being.** In Zambia, the Cluster in rural Gwembe

district is focusing on income generation, water and sanitation, maternal health and youth. In Myanmar, the Cluster in urban Yangon is focusing on building trust between faith-based organisations, and sharing information through joint training.

Finally, some news: CHGN is changing its name to Arukah Network. The Hebrew word 'Arukah' means complete physical, mental and spiritual healing and restoration. It perfectly captures what we think health is about. If you would like to be part of the Arukah Network, please get in touch.

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Elizabeth Wainwright is Managing Director of CHGN.

*Website: www.chgn.org
Email: elizabeth.wainwright@chgn.org*



CARING FOR PEOPLE WITH DISABILITIES IN INDIA

Lawrence Singh is a member of CHGN's Uttarakhand Cluster in India. He works for AKS Hope Project, which provides a wide range of health care services to people in need.

Many people want to share any joy or sadness in their lives with the church. This provides a great opportunity for the church to get involved in health care. This is not a new idea. I remember about 15 years ago when HIV was so common in India, the church came forward. Now there is a shift and the church is beginning to engage with disability. We need to consider how to include disabled people in our churches.

Recently, AKS Hope Project ran a retreat for people with disabilities and parents of disabled children. We did this with churches and other organisations. The church can be a family journeying with disabled children.

We also encourage churches to run 'Luke 14 dinners'. In Luke 14, nobody came to the rich man's feast. So he told his servants to invite everybody who was in the street – the blind, the lame, everyone. We held one of these dinners in a big hotel once, and the churches paid for it from their offerings.

It also helps to involve other faith groups. For example, if we are going to run a health camp, we ask the mosque, the temple and the church to announce it a few days before. This means that more people will hear about it.

Sometimes there is a big gap between Christian organisations and churches. If this gap is reduced, you will see amazing results in health care.

.....
*Website: www.akshopeprojectindia.org
Email: akshopeproject@gmail.com*



PREVIOUS FOOTSTEPS

- FOOTSTEPS 98: HIV
- FOOTSTEPS 97: Hygiene and sanitation
- FOOTSTEPS 91: Maternal health
- FOOTSTEPS 87: Non-communicable diseases
- FOOTSTEPS 74: Household health care
- FOOTSTEPS 73: Sanitation
- FOOTSTEPS 69: Sexual health
- FOOTSTEPS 49: Disability
- FOOTSTEPS 42: Focus on health care

Visit www.tearfund.org/footsteps to download a free copy, or contact us to order paper copies.



MEDICAL AID FILMS

Medical Aid Films produces educational films on topics such as nutrition, maternal health and children's health. Some are intended for health workers and some are for the whole community. You can download them at www.medicalaidfilms.org or buy them on DVD at low cost from Health Books International (see 'Useful websites').

SALE!

Get **50% off** all Tearfund publications in our sale!

Visit www.tearfund.org/ publications and use the code **FS50**. Offer ends 31 July 2017.



PILLARS: HEALTHY EATING PILLARS: ENCOURAGING GOOD HYGIENE AND SANITATION

PILLARS guides are designed to help local groups to discuss the issues they face. Both of these guides are available in English, French, Portuguese and Spanish. Visit www.tearfund.org/pillars to download them free of charge. Contact us to order a printed copy for £8.



WHERE THERE IS NO DOCTOR

By *David Werner, Carol Thuman and Jane Maxwell*

This is the most widely used manual for health workers around the world. It contains clear, simple information on preventing and treating health problems. The updated 2015 edition is available in English, Spanish, Portuguese, Kreyol and Urdu. Older versions are available in other languages. Visit www.hesperian.org to download a free copy or order a printed copy for \$26.95.

Hesperian publishes a range of other health guides, including: *Where women have no doctor* (available in English, Spanish, Kreyol, Lao, Nepali, Burmese, and Chinese) and *Where there is no dentist* (available in English, French and Spanish).



HAND IN HAND: BIBLE STUDIES TO TRANSFORM OUR RESPONSE TO HIV

A book of Bible studies produced by Tearfund to help the church to respond to HIV. Available in English and French online and in print. Visit the TILZ website (below) to download a free copy, or contact us to order a printed copy for £6.



USEFUL WEBSITES

These websites are in English unless otherwise stated.

www.eha-health.org
Emmanuel Hospital Association publishes guides on advocacy for people living in India. A range of English and Hindi guides are available.

www.interhealthworldwide.org
InterHealth is an international health charity supporting relief and development workers around the world. The website contains health advice and details of training courses.

www.talcuk.org
Health Books International's website contains free or low-cost books and resources about health care, available in a range of languages.

www.prime-international.org
PRIME is a network of Christian health educators around the world. It supports medical and nursing education in developing countries through short-term teaching visits.



CHURCHES REDUCING HIV STIGMA

In Malawi, there are still high levels of stigma and discrimination against people living with HIV. This makes people afraid to access HIV testing, treatment and support.

The Livingstonia Synod AIDS Programme (LISAP) brings together local churches to address HIV and AIDS in our communities. One of our key priorities is to reduce stigma and discrimination. We do this by sharing detailed information in churches and communities about HIV and AIDS, and the negative consequences

of stigma. We aim to create an environment where people can discuss 'taboo' subjects openly. We also set up peer support groups, run by HIV-positive people for others living with HIV. The church minister and elders support these groups. And we make sure people living with HIV are given positions in the church where they can teach, preach and lead, if they have these skills. They are part of the body of Christ and important to God.

LISAP, MALAWI



KNOTTY PROBLEM

Question: 'Many churches and NGOs have feeding programmes where they simply give out food. How can we empower communities to look after the health and nutritional needs of their own children? Can you give me any examples?' (Bing Roncesvalles, Philippines)

Answer: Poor health, malnutrition and poverty are closely linked. Food may be given out for many reasons. For example, there may be a food shortage in a district, or people may be too poor to buy enough food or the right kinds of food. So the first task is to understand the problem and its causes. Then you can find appropriate and sustainable solutions.

Food shortages in a farming area might be due to crop destruction. In this case, you might discuss with the community how to help farmers become more resilient to extreme weather conditions and how to improve crop yields. If urban poverty is the problem, you may need to focus on income generation and starting small businesses. If the problem affects only one group, such as poor growth in children under two years of age, then it will be important to identify reasons for the poor growth. These might include frequent illness due to an unhealthy environment, or poor breastfeeding and weaning practices.



In this case, you may need to focus on activities such as handwashing, or training families in infant feeding.

The type of 'empowerment' may also vary. For example, if a local farmer tries new methods and gets better results, his experience can be shared with others. Or if some families manage to raise well grown children despite their poverty, then learning about what they do might reveal practices that other poor families can use. However, when there is a disaster or famine, it is necessary to give out food, as well as teaching people how to prepare for (and avoid) future disasters. But a feeding programme should only be a temporary 'sticking plaster' as it does not solve the root problem.

Answer by Dr Ann Ashworth, Emeritus Professor of Community Nutrition at the London School of Hygiene and Tropical Medicine. Email: Ann.Hill@lshtm.ac.uk

Send us your knotty problems using the addresses below.

FOOTSTEPS

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Footsteps is a magazine linking health and development workers worldwide. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in their communities.

Footsteps is free of charge to grassroots development workers and church leaders. Those who are able to pay can buy a subscription by contacting the Editor. This enables us to continue providing free copies to those most in need.

Readers are invited to contribute views, articles, letters and photos.

Footsteps is also available in French as *Pas à Pas*, in Portuguese as *Passo a Passo* and in Spanish as *Paso a Paso*. It is also available in Hindi.

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USING YOUR CHURCH BUILDING FOR HEALTH CARE



📺 Could you use your church building to show films about health care?
Photo: Medical Aid Films

Our church buildings are a great resource for spreading health messages to our congregations and community. Here are some ideas...

SHOW EDUCATIONAL FILMS

You could use your church building to show films about health care to your community. Medical Aid Films produces films on topics such as nutrition, maternal health and children's health. See Resources page for more details.

Here are some tips for showing films in your church building:

- **Think about sound.** Will people be able to hear the film? People will usually cope if they cannot see the film well, but it is essential that they can hear it. Could you borrow some speakers or a PA system for the event? You may also want a microphone for the person introducing the film.
- **Find a screen** to project the film onto. If you do not have a projector screen, you can use a light-coloured wall, a plain white bed sheet or even sheets of paper.
- **Check your power source.** Make sure you have a reliable source of electricity, if possible. You will need it to power equipment such as laptops, DVD players, projectors, speakers etc. You could consider borrowing a generator from someone if needed.

- **Test the equipment** several days before the screening to make sure it works. If there is a problem, you can try to fix it or find replacement equipment. If possible, bring spare equipment on the day in case something goes wrong.

- **Block out the light.** If you are showing a film during the daytime, cover the windows to block out the light. This will make it easier for people to see the film.

DISPLAY HEALTH PROMOTION MESSAGES

Do you have noticeboards inside or outside your church? You could use these to display posters about health issues (eg the one in the centre of this magazine).

You could also paint health messages and pictures on the walls of your church. One church in Uganda helped children put paint hand-prints along the wall from the latrine to the tippy tap. This reminded them to wash their hands after using the latrine. (Please note: make sure the paint is non-toxic.)

RUN GROUPS AND COURSES

Could you use your church building to run support groups dealing with health issues – both physical and mental? Are there local health workers or counsellors who could help you run the group?

Here are some ideas for types of support groups:

- a group for mothers before, during and after their pregnancy
- a group for people living with HIV
- a group for people struggling with addictions
- a group for people dealing with depression
- a group for people who have been bereaved
- an exercise group to help people stay healthy (see page 12).

Could you invite an organisation to run a first aid training course in your church building? The Red Cross and Red Crescent Societies offer training courses in many countries around the world, as does St John Ambulance. Your church could then provide this valuable service to your community. You could arrange for the trained first aiders to attend community gatherings, sporting events etc.

HOST A CLINIC

Is there a local NGO that needs a place to run a health clinic? Perhaps you could offer them your church building. You could get involved in advertising the clinic and identifying people who might benefit.

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The tips on showing educational films are adapted from Community screenings for participatory video – a guide. To read this guide in full, visit www.insightshare.org and click on 'Resources' and 'Screening guide'.