

BEST PRACTICES IN HEALTH MINISTRY: AT RISK CHILDREN

THE CONTEXT AND
OPPORTUNITY FOR MINISTRY

A decorative graphic consisting of several horizontal lines of varying lengths and colors (teal, white, and light blue) extending from the right side of the slide towards the center.

DEFINITIONS

- The term “at risk children” is usually used to refer to persons under the age of 18 years old with increased vulnerability to abuse, neglect or exploitation.
- The term “at risk children” is also used in a developmental context to indicate children who are being denied full developmental opportunities and are below developmental markers for health, education, exercise of rights etc. as recognised by the existing social developmental/protection model in the country .

DEFINITIONS (CONT'D)

- In a spiritual context, it is usually the case that children identified as “at risk” due to their physical circumstances do not experience at home the spiritual nurturing and transmittal of righteous example and values from one generation to the next envisioned by Deuteronomy 4 and Deuteronomy 6.
- These are often the children most in need of the hope and deliverance that the Word of God lived out by the Christian Church can provide.

PRINCIPLES GUIDING EFFECTIVE INTERVENTION FOR AT RISK POPULATIONS

- Do no harm
- Dignity
- Address the whole person
- Serve the most vulnerable
- Maximize client participation
- Build Resilience and Empowerment
- Understand that change is a process that requires planning and time

MISSION WORK TO AT RISK CHILDREN

- Focus must be three-fold:
 - Reduce vulnerability or eliminate risks factors for trafficking
 - Provide hope and rehabilitation for those victimized
 - Educate and empower local churches to advocate for victims

REDUCING VULNERABILITY/RISKS

- The main vulnerability factors for being “at risk” are :
 - Extreme poverty
 - Lack of appropriate parental support or supervision
 - Exposure to violence in the home or community
 - Limited access to education, medical care, access to food and appropriate living conditions
 - Cultural tolerance of early sexual involvement

BEST PRACTICE:

Principles

ASSESS THE SITUATION

“For which of you, wishing to build a farm building does not first sit down and calculate the cost [to see] whether he has sufficient means to finish it?”

Luke 14:28 (AMP)

ASSESS THE SITUATION

- Target health intervention to actual health needs of the local community – this may require baseline surveys or review of WHO or other reports setting out health conditions.
- A proper assessment of medical needs in the community to be served will help to identify the resources that will be needed for the outreach, the persons who will be needed to participate in the outreach, the local ministry partners and health workers that will be needed to follow and continue work done by the outreach team.
- Helps to identify potential stumbling blocks and hindrances and points for prayer for the outreach team as well as for people in the area where the outreach will take place.

PRAY - THE SPIRITUAL NATURE OF THE TASK REQUIRES IT :

“For we do not wrestle against flesh and blood, but against the rulers, against the authorities, against the cosmic powers over this present darkness, against the spiritual forces of evil in the heavenly places”.

Ephesians 6:12 (ESV)

PRAY

- Understand that needs identified are areas of spiritual warfare, areas where people and communities are not experiencing the abundance and goodness of God. Health ministry that helps to provide primary health care to victims empowers families to meet developmental goals , this reduces vulnerability and fights against the areas of strongholds.
- The practical work of providing medication, health education, nutrition support etc when done from God's perspective and with God's anointing establishes the kingdom of God on earth.

PRAY

- Have local prayer network praying for those who will be treated, that they will come to know the love of Christ as a result of getting medical help.
- Pray as well for the mission team they will have a better understanding of their purpose, will be challenged and encouraged to go deeper in the things of God.
- Prayer is important, the medical outreach by itself will not get people saved, prayer prepares people to receive the message of the gospel.

PLAN THE OUTREACH

“Make plans by seeking advice; if you wage war, obtain guidance.”

Proverbs 20:18 (NIV)

“But the noble man makes noble plans and by noble deed he stands.”

Isaiah 32: 8 (NIV)

PLAN THE OUTREACH

- Planning will require consideration of the actual priorities to be addressed on the outreach. You will not be able to meet every need but out of your assessment and prayer time, God will impress specific priorities of need to be met by the team.
- This will determine the skill set of people that should be on the team.
- Plan the recruitment strategy to for these people. Prayer about each aspect of the plan

PLAN THE OUTREACH

- Where possible develop a plan for long term intervention. Best intervention is one that is repeated yearly or semi-annually in the same community.
- Where medical outreach is planned, the medical team must plan for what specialties will be addressed and what medication is likely to be needed and its availability. Where team not certain that medication is available, make referrals.

RECRUIT THE RIGHT PEOPLE

“Brothers, choose seven men from among you who are known to be full of the Spirit and wisdom.”

Acts 6: 3(a) (NIV)

RECRUIT THE RIGHT PEOPLE

- Ensure that the doctors and nurses providing intervention are orientation on respective cultural and ethnic differences and are willing to provide intervention in a non-judgmental manner.
- Properly recruit volunteers in local communities who will register people for the health outreach and who will help patients fulfill referrals that may be made by doctors at the outreach

Train Volunteers

“And what you have heard from me in the presence of many witnesses entrust to faithful men who will be able to teach others also.”

2 Timothy 2:2 (ESV)

TRAIN VOLUNTEERS

- Doctors, nurses and other volunteers who provide medical services to the at risk children must be prepared to make reports of suspected abuse where the medical examination indicates that has happened.
- Where at risk population is targeted for medical outreach, volunteers must be trained in the reporting mechanism or work alongside local practitioner's with that knowledge.

TRAIN VOLUNTEERS

- Working with at risk populations, team need to be briefed and provided with orientation to prepare for the difficult circumstances they will meet and also to receive post outreach counseling.
- Doctors, nurses and other volunteers who provide medical services to the at risk children must be prepared to make reports of suspected abuse where the medical examination indicates that has happened.
- Where at risk population is targeted for medical outreach, volunteers must be trained in the reporting mechanism or work alongside local practitioner's with that knowledge.

BUILD LOCAL MINISTRY PARTNERS

“For we are all fellow workmen with
and for God; you are God’s garden
and vineyard and field under
cultivation, [you are] God’s building.”

1 Corinthians 3: 9 (NIV)

BUILD LOCAL MINISTRY PARTNERS

- Physical health intervention requires partnerships:
 - Coordinate intervention with a local health care facility that can provide follow up
 - Provide health education on diagnosis, implications, non-medical intervention and information on reporting
 - Build capacity in local community based health centers or clinics

HEALTH MINISTRY - BEST PRACTICES

- If medication is being administered during the health outreach, ensure patient history reveals at risk markers related to nutrition, ability to read directions etc that may interfere with the effectiveness of medication administered.
- It may be necessary to locate nutrition support programs through the local partner church or health authority or local authority where nutrition presents a major at risk factor identified by outreach team

HEALTH MINISTRY - BEST PRACTICES

- At risk children may not have proper support systems at home to ensure continuity in medical regimens established so it will often be necessary to create support networks with local churches or local clinics or hospitals that can supervise the regimen when the team leaves.
- Language barriers must also be anticipated and provided for, assessment of the local community in which services will be provided will provide the primary language. Education should be provided in the primary education.

HEALTH MINISTRY -BEST PRACTICES

- Spiritual Aspect of Health Outreach Requires Partnership:
 - Ensure that there is collaboration with a local church in the community that is willing to work alongside medical team volunteers in presenting the gospel to patients so that follow up and discipleship can happen.

COMPLY WITH GOVERNMENT REQUIREMENTS

“Let every person be loyally subject to the governing (civil) authorities for there is no authority except from God [by His permission, His sanction] and those that exist do so by God’s appointment.”

Romans 13: 1 (AMP)

COMPLY WITH GOVERNMENT REGULATIONS

- Ensure doctors and nurses providing medical intervention get the appropriate licenses and permits.
- Work with local medical authority either central authority or community based health center or clinic to maintain patient records that can be update where patient seek additional medical attention from other sources.

SHARE THE GOSPEL

“And He said to them, Go into all the world and preach and publish openly the good news (of the Gospel) to every creature [of the whole human race]”

Mark 16:15 (AMP)

SHARE THE GOSPEL

- Health outreach will attract people that may not show up in formal church services, people who would not go to church will be there. It is a great mission field. People are open, they are sitting waiting to be tended to.
- You are providing them information, present the gospel to them. Use drama, tracts, short testimonies, music, craft – use a variety of method but present the good news of the gospel. Present Jesus, the one who truly heals.

CELEBRATE WHAT GOD DOES

“Not to us, O LORD, not to us
but to your name be the glory,
because of your love and faithfulness.”

Psalm 115:1

CELEBRATE WHAT GOD DOES

- Any intervention that God has allowed us to provide, He gets the glory for it.
- He is the one who must continue to work in the hearts of the people long after your team is gone, what you have done for the most part is plant a seed of the good news either by word or by deed through the medication and care you have provided. You have been His hands and feet and He is to be glorified.