This report represents MEDICAL AMBASSADORS INTERNATIONAL’s responses to Charting Impact, a joint project of BBB Wise Giving Alliance, GuideStar USA Inc, and Independent Sector. Charting Impact uses five simple yet powerful questions to encourage strategic thinking and help organizations share concise information about their plans and progress toward impact.

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Mission:
Medical Ambassadors International promotes community-owned development through equipping that transforms both physically and spiritually.
1. What are we aiming to accomplish?

Medical Ambassadors International (MAI) uses a specific strategy to bring people in many parts of the world out of cycles of poverty, disease, and hopelessness. The work of Medical Ambassadors International is that of teaching individuals in villages and urban slums; neighbors going from home to home educating their neighbors how to be responsible for their own preventive health care and community development. Local trainers integrate into their lessons a profound understanding of healing the world Christ's way, using scriptural truths and inviting the learners to know Jesus personally and grow in Him. This neighbor-to-neighbor teaching is called Community Health Evangelism (CHE) and is a strategy that has become known around the world. MAI is the incubator of the growth of a movement of CHE among many missions. Our goal is to see increasing numbers of communities and individuals transformed through God's use of this simple but powerful strategy. Using this strategy, these are outcomes we consistently see in mature CHE programs around the world:

• Learning, Skill, and Resources: People are equipped to identify needs and assets, put together a plan, and mobilize volunteers to accomplish their vision. People also are taught to continually reflect on what is happening in order to learn how to be more effective.
• Hope and Vision: The community sees a better future and has hope that it can be achieved.
• Leadership: Godly Christian leaders are positioned and equipped to lead the community toward the accomplishment of its vision for change.
• Ownership: People take responsibility for their own health and well being.
• Cooperation: People become united and work together for the common good.
• Volunteers: Significant numbers of people take initiative and act sacrificially to meet the legitimate needs of others. Those who learn new things (both physical and spiritual new truths) share what they've learned with their neighbors.
• Christian Community and Witness: The church is recognized as an agent of positive change. Believers meet together for fellowship, prayer, Bible study and worship, and share Christ with their neighbors.

2. What are our strategies for making this happen?

1. A basic part of the CHE strategy is found in its statement of core values:
   • Commitment to the Poor and Marginalized: Jesus came to preach good news to the poor. As His ambassadors we are committed to the poor and marginalized.
   • Long-Term Solutions: We concentrate our efforts on long-term solutions that break the cycle of poverty and disease. We focus on development rather than relief, and disease prevention rather than cure.
   • Integration and Holism: We are personally committed to complete obedience to all that Jesus commanded, including compassion for the physical needs of people as well as evangelism and discipleship.
   • Recognition of God's Power to Transform: Prayer and the blessing of God are necessary for anything of lasting value to happen.
2. Teaching Methodology: We believe people must be active participants in their own development. Therefore, we use teaching methods that are learner-centered, highly participatory, and that empower the adult learner to take action.
3. Curriculum: MAI has developed a very extensive library of lessons in this participatory style, written at the level of an uneducated village learner. It is a collection of best practices condensed into simple lesson plans. At present there are more than 10,000 documents.
4. Nationals in Leadership: MAI has a preference for using nationals, rather than Westerners, in leadership wherever possible. This is true from continent-wide regional CHE leaders to volunteer committees and home visitors in local villages and urban slums.
5. Local ownership in CHE programs allows true empowerment to occur and allows changes to be sustained beyond the time of MAI's involvement. This is achieved by several steps.
   1. Casting a vision: Equipping CHE trainers.
   2. Community awareness: Training and mobilizing volunteers.
   3. Capacity Building and Church Planting.
6. Commitment to train other organizations that want to use CHE: Medical Ambassadors does not seek to hold this strategy for itself, but has very intentionally sought to make this knowledge available to other missions and groups that want to use CHE in their areas of ministry. MAI personnel are available to train and follow up training teams from other groups. And training curriculum is shared freely with other missions and groups that are using the CHE strategy.
7. Near-Term Activities that Strengthen Long-Term Strategy: In many areas of the world, MAI field people are in flooded with requests to come and teach the strategy of Community Health Evangelism. It could be another mission or non-governmental organization, a local pastor, or a community that is looking at a neighboring community's success with CHE. 8. Specialty topics. Seminars for women include topics on women, men's seminars, and marriage. There are seminars on disability issues, micro-enterprise / savings clubs, and children's CHE clubs.
3. What are our organization's capabilities for doing this?

The genius of Community Health Evangelism is its insistence that the poor must lead change in their own communities, rather than have an outsider come along and do something FOR them. Thus our CHE Core Values statement (Strategies section #1) constitutes a large resource to guide our work. *Volunteer CHE workers (both committee members and home visitors) in thousands of villages and urban slums around the world do the daily hard work of implementing CHE programs in their own places. The volunteers bring an enormous capacity; in fact, they provide the vast majority of MAI's actual work force. But they are not counted in our annual budgets and spreadsheets. These volunteers are invisible when we look at overhead versus field program costs. But the success of CHE programs depends directly on them. *MAI has a framework of excellent leadership to train and supervise CHE work. Our senior Regional Coordinators supervise and coach the CHE workers in parts of the world that are often continent-wide. Under them there are Area Coordinators, working in areas that consist of multiple countries. They supervise CHE leaders for single countries or those who work with many programs in one part of a country. These leaders are funded by either raising their own support or by salaries raised by MAI, depending on the opportunities for fund raising in their own contexts. Their expertise is deep and they are gifted, strong leaders. *On the level of local CHE teams, Christian nationals called master trainers are paid, full-time staff working with either MAI or with another organization. These well-trained and experienced master trainers oversee multiple local teams of volunteer CHE trainers within a country. The great resource they bring is their understanding of the culture, their ability to speak the local language, and their ability to immediately identify with the local people. *MAI has a small home office staff of dedicated and effective people. Home office volunteers share the work load. *The annual budget for MAI is approximately 2.5 million dollars. About half of that figure is raised by key full-time CHE workers who are able to do so, for their own salary and work funds. The other half is raised by the mission. It covers the salary and work costs of those other key CHE workers who come from places that are too poor to support them. It also covers the overhead costs of the home office. Our greatest resource, in terms of finances, is the faithfulness of God as He nudges His people to join us in His cause of CHE. *MAI works partners with other organizations. We initiated and are members of the Global CHE Network, Christian ministries that are using the CHE strategy. Many of these are missions we trained and mentored. Thus, our influence in the CHE movement has been deep, and continues to be great in terms of our staff's availability to train and consult with many other groups.

4. How will we know if we're making progress?

Medical Ambassadors has been using the CHE strategy for more than twenty years. We have done major evaluations by outside evaluators to assess our quantitative results. In both Democratic Republic of Congo and the Philippines, we found that physical and spiritual changes were measurable. Child mortality and malnutrition was reduced by almost 50% and churches multiplied. In Congo, over a ten year period, churches increased from 2 to 48 in one district. These churches were not only viable, but filled with vibrant believers whose lives were deeply changed at the level of behavior and relationships. At present, in late 2013, MAI is conducting a similar evaluation of CHE programs in Ethiopia that have matured to the point of becoming independent. In 2004 MAI set a key milestone of establishing CHE in all 119 developing countries of the world by the year 2015. Establishing CHE was defined as either having someone from that country who had received training in CHE and was equipped to implement it, or as a CHE program being actively implemented in that country. The agent of CHE could be either MAI itself or another organization that had received CHE training, perhaps from us. In 2013, by this definition, there is CHE work in 105 countries worldwide. These include communist, Muslim, and Hindu parts of the world. In our quarterly reports from training teams, we ask for descriptions of the most significant change they have seen, both physical changes and spiritual changes. We also ask for their objectives for the next quarter and whether they have reached their objectives for the past quarter. Finally, in seeking to measure spiritual change, we ask how many small group Bible studies are their workers leading, and whether that number has increased from last quarter. Because it is hard to measure accurately the number of those who have come to a true commitment to Jesus Christ, we feel that exposure to scripture with regular application to one's own life could better measure actual spiritual change than whether a person had raised their hand in a meeting or attended church on Sunday. In term of qualitative change, it is obvious whenever you walk into a CHE village or urban slum group that it is not a typical place of despair and helplessness. So site visits by CHE trainers are a key tool in measuring results. People are proud of the changes and want to show you. They have learned to work together and can be
seen making plans for addressing the next need in their place. CHE home visitors are learning many new things from the training team and are faithfully teaching their neighbors what they've learned. Economies are strengthened. There is less disease. There are new believers who are growing in their faith. Churches are being planted or strengthened because of the discipleship activities being carried out. Transformation happens and God is glorified.

5. What have and haven't we accomplished so far?

MAI was instrumental in incubation of the CHE strategy in the early 1990s. The strategy has become a movement as many have seen their need for a holistic thrust. The Global CHE Network was formed in 2009 to be an independent collaboration of many organizations, but MAI continues to provide influence through key staff who are available to train and coach others. Changed individuals and communities around the world attest to the accomplishments of MAI, either directly or indirectly. Thus the impact of MAI is many times what might be expected based on the size of its budget. Training and coaching people to implement CHE programs around the world is the output for which MAI is well known. The outcomes of sustainable solutions to local problems, healthy families, strengthened community economies, people becoming strong disciples of Christ's, and family relationships restored are demonstrable around the world and are truly thrilling. Our long-term goal is to increase the number of local villages and urban slums around the world. Also, to continue to be models and proponents of the CHE Core Values, so that the quality of CHE programs continues to improve and produce these stellar results. If "doing things FOR people" begins to erode their willingness to do things for themselves, we are in danger of doing harm rather than good. Medical Ambassadors has not accomplished so far: 1) Although short term mission (STM) teams from American churches have worked well in a few places, finding a consistently successful way to use them is a work in progress. Because the goal is to teach the poor how to do things for themselves, the presence of outsiders is often a set-back for the local people in terms of increasing their dependence. We are making progress in figuring out this dilemma—offering seminars with CHE principles to STM groups and recognizing that timing of visits is a factor. 2) In many communities, CHE programs thrive as long as funded trainers are regularly available to visit and encourage them. When the communities "graduate" from such regular visits, their persistence in maintaining their new gains in development can vary. Some continue to grow and reach out. Others reach out less. We find outreach continues vigorously when there is a balance between physical and spiritual development. Leadership is hard to guarantee among volunteer trainers. We are working to improve the chances that this balance will develop in ways appropriate to local needs. 3. Most of the funding for paid CHE leaders has come from outside the country served. This is not the best plan for multiplication of CHE programs. (Exceptions to this are a few hundred CHE programs in Ethiopia where local church denominations are progressively taking on the funding of their master CHE trainers.)