

# COMPASSION LINK

Assemblies of God World Missions

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THEORY AND PRACTICE IN COMPASSION  
MINISTRIES



BEST PRACTICE IN  
COMPASSION MINISTRIES

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## PURPOSE

This publication is a service of the Assemblies of God World Missions (AGWM) Compassion Ministries Planning Committee with the purpose of providing relevant and current information on theory and practice of compassion ministries in AGWM circles and beyond.

The publication is intended as a resource link between AGWM regions and ministries, and to offer information to our Assemblies of God churches and constituents, as well.

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## EDITOR'S MESSAGE

I am delighted to send you this issue of the *Compassion Link Journal*. Our focus in this edition is “Best Practice in Compassion Ministries.” As you read the Journal theme, you may wonder just who says that what is contained in this volume is indeed best practice?

That is a very good question, which I hope will be answered by the first article on “Defining Best Practice.” This is a compilation of the work of many people, in particular the Focus Group that has spent years meeting together, reading, studying and dialoguing about subjects related to best practice in compassion ministries. We have also consulted with other groups and consultants, as well.

As always, we welcome your comments, critiques and any additional information you may wish to share. You can reach me at [jbutrin@ag.org](mailto:jbutrin@ag.org).

We all find ourselves on a journey of constant learning, adjusting and re-evaluating what we think we know. I am always hopeful that something we write will help someone move a little further down the road of discovery.

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## What is Best Practice?

**W**ith a bit of color coming into his cheeks, the man made one final statement after the group rejected his idea for taking care of street children. “Well,” he said, “who determines best practice, anyway? Who’s to say I’m wrong and you’re right?”

This is a good question when you consider the phrase *best practice*, which is used with increasing frequency and in many circles, including missions and ministry. And there are different schools of thought as to what constitutes best practice and who, in fact, should define just what that is.

Best practice, also referred to as “evidence-based practice” in some secular arenas, is sometimes defined as methods that through experience, research, and employment by a considerable number of people have been shown over time to be effective, efficient, and result in the desired outcome.

The people who generally decide what constitutes best practice are those who do the research or prove the methods by practice over a period of time. They usually communicate their results by means of research articles or some type of public communication; their report would include similar

findings by people considered to be doing credible work.

The result is a declaration by credible organizations that a

particular practice may be deemed “best,” as opposed to good or acceptable or, at the other extreme, negative or detrimental.

An example of this process is “exclusive breast-feeding” for infants born to HIV-positive mothers in the developing world. As HIV transmission from mother to child via breast milk was observed over a period of time, it was realized that there is an approximate 30 percent risk of HIV transmission during breast-feeding.

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**Best practice is sometimes defined as methods that have been shown over time to be effective, efficient and result in the desired outcome.**

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However, there is a great risk of death to a bottle-fed child if sanitary conditions and clean water cannot be assured. It was also found that by giving only breast milk and not mixing in other food or drink, the intestines remained healthier and able to stave off the HIV transmission.

Therefore, the rate of transmission dropped

to around 10 percent with exclusive breast-feeding. As more studies looked at this issue, credible organiza-

tions such as the World Health Organization and UNAIDS began to say that the best practice for HIV-positive women is to continue breast-feeding their newborns until they are one year of age (with exclusive breast-feeding for the first six months). Now exclusive breast-feeding is a common phrase in the HIV/AIDS vocabulary and is known by most as best practice.

Best practices do change over time as new information, new studies, and new routines become

available. Usually, however, it takes a number of people over a period of years doing the same or similar practices for something to be considered “best” by the broader community.

Best practice gives a certain drug to HIV-positive mothers during delivery. Yet it took a number of years until it was realized that it

affected the possibility of the mother going on long-term drug therapy.

For many years orphanages and large group

homes were the common methods of caring for orphans. But more and more evidence of the negative influence on kids (in most settings) began to be found, so research substantiated that changes were necessary, and larger organizations got involved.

Today many governments no longer allow or give permits to begin orphanages.

Questions asked when thinking about best practice are:

- What practices are most effective?

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**Best practices do change over time as new information, new studies, and new routines become available.**

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- For whom?
- Compared to what?
- How are the results measured? (Winton, 2006).

How, then, does this concept fit into missions and the church world? Actually, there are many methods used by the church and missions that very much fit into the definition given above, although the phrase best practice is not applied to them. Perhaps scientific research hasn't been carried out, but similar practice by a large number of people doing similar things over time has resulted in a group of people saying, "This is a preferred method."

The indigenous church principles practiced by many missions organizations have been widely accepted by many; these principles stress the importance of local bodies of believers taking responsibility for their own work, support, sustainability, and governance.

This methodology includes practices that do not build de-

pendency but establish strong local and national churches that do not need outside assistance for their survival and growth. There are various interpretations of what indigenous means, but the general principles of the indigenous church would be considered best practice in missions.

What becomes much more debatable and harder to sort out is when best practice is applied to compassion ministries. There are many schools of thought as to what constitutes best practice in this arena, and there has been little evidence-based research in terms of evaluation of effectiveness.

Many missions practitioners in this field do what seems best or what others have done, but without the rigors of study, research, or even an evaluatory process to measure outcomes or impact. Though there may be elements of research from the secular world that could be useful, they are not often integrated into the planning and de-

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**There has been little evidence-based research in terms of evaluation of effectiveness.**

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sign of whatever intervention is to be undertaken.

So on the one hand, there are compassion practitioners from outside a country and culture who come in and decide on interventions to help alleviate a need; because the need is met in some part for some people, this group would consider that they have followed biblical mandates of “taking care of the poor or the hungry” and would also feel they have done best practice.

On the other hand, the developmentalist comes in and says, “No, you have to involve the local people in solving their own issues. You have to find root causes; it takes time, it has to be sustainable, and you don’t want to cause dependency.” They would definitely feel their way of doing things is best practice and far better.

There are also those who don’t think that “outsiders” or missionaries should be involved in the compassionate or social aspects of human need; instead, they should

focus on spiritual needs, because those other aspects are temporal. Dealing with eternal issues is where time, effort, and finances should be spent.

Who, then, does decide what constitutes best practice when it comes to the meeting of the needs of humankind? Is there a set of guidelines from which to draw? Actually, I believe there are some

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**Sound principles can set the stage for the most excellent practice in compassionate outreach.**

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sound principles that can set the stage for the most excellent practice in compassionate outreach, and they come from the

teachings of Jesus himself.

Jesus makes it clear that His concern is for the whole person. His Word speaks of faith without action as being dead (James 2:17). In Luke 4:18–19, He declared that He had come to proclaim freedom for the prisoners, to release the oppressed, to give sight to the blind, and to declare the year of the Lord’s favor, indicating that debts would be forgiven and land returned to its original owners.

Obviously, Jesus was concerned

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about every aspect of a person's being: physical, emotional, social, and spiritual. "If anyone...sees a brother or sister in need but has no pity on them, how can the love of God be in that person?" (1 John 3:17, NIV). He asks us to love in word and deed. The principle that we should be concerned for the whole person is beyond debate if we read the word of God. But what about the best way to minister to whole-person needs?

The word "dignity" sheds light on God's view of us as His created ones. Jesus loves us so much that He died for us. He wants every part of our lives to be transformed by knowing Him. He wants us to become new, and He says, "I have come that they may have life, and have it to the full" (John 10:10). He doesn't force us, however, to accept Him or the new life He offers.

He gives everyone a choice. He shows himself in so many ways but allows each person the dignity to come to Him as they will. The

woman at the well, though confronted, didn't lose her dignity in the process. Jesus in all of His greatness still sees us as individuals and knows "the very hairs of your head."

This says to us that each person, each family, and each culture has value and has something to bring to the table—no matter how poor, how marginalized, or how disenfranchised. This gives a template,

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**Each person, each family,  
and each culture has value  
and has something to bring  
to the table.**

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I believe, for a method that is the best model for any practitioner and communicates value and dignity.

If people are valued, they are included. If people are shown dignity, they are participants in their own solutions. They are not recipients of someone's good intentions, but rather co-laborers working toward something they desire.

Therefore, ministry is not done to them or for them but with them. Outreach, intervention, or good will is not simply poured out; it is instead decided upon together and shared to the extent that each party is able to give. De-

pendency is avoided, and sustainability is built into whatever is going on.

Evaluation of efforts by all concerned is happening, and it is hoped that everyone has an authentic voice in whether good is being accomplished. Lupton (2007) says that doing for others what they could do for themselves is charity at its worst.

In addition to dignity and value, there are the elements of research and evaluation.

Somehow, those two terms seem unspiritual to some. But in order to establish what will work and what will contribute to the dignity and well-being of those on the receiving end of missions endeavors, we must do a better job of building research and evaluation into our efforts.

How do we know if our seminars on HIV/AIDS awareness at high school auditoriums are making any difference in students' knowledge and behavior? How do

we know whether our children's ministry training is turning out effective children's ministers? Are there any follow-up studies? Do we even care as long as we "deliver" what we are there to give?

Somehow, it seems a bit egotistical not to evaluate what we are doing. We must make sure our efforts are accomplishing the stated

outcomes of our objectives (if we wrote objectives) to see if there is a long-term impact.

The Internet can provide us with so much information

that we can read volumes about what others are doing before we even undertake what plan to implement. Find out what has worked and not worked before even getting started.

Best practice can't be best without prayer and reliance on the Spirit's guidance. Following biblical principles and mandates will give direction for all that is undertaken in the Christian's decisions, relationships, and practices.

However, there is more to be

*(continued on page 12)*

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## **Are our efforts accomplishing the stated outcomes of our objectives for a long-term impact?**

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## Defining Compassion Ministries

**B**efore looking at what is considered to be best practice in compassion ministries, it is necessary to define the terms *compassion ministries* and *best practice*. The next article will address best practice.

The word compassion implies action; its Latin root means, “*to suffer together with*.” It involves conscious awareness of the needs of others and motivation to alleviate those needs in some way.

Compassionate response must be anchored in biblical injunctions. Scripture mandates righting injustice and working against marginalization, inequity, and neglect (Colossians 3:17, James 2:15–17, 1 John 3:17). There is a particular biblical focus on the poor, the orphaned, and the widowed.

The following material is adapted from the article *The 12-Step Program: Building Blocks for Starting a Compassionate Ministry Cen-*

*ter*, published by the Church of the Nazarene<sup>1</sup>.

The reason a person engages in compassion ministry is very important. The love of humanity is not sufficient motivation. Coupled with that love should be grateful obedience to the will of God.

In his book *Compassion Evangelism: Meeting Human Needs*, Tom Nees proposes a working defini-

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**Compassionate ministry is truly biblical when it extends forgiveness and grace as it touches people in their need.**

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tion of balance in ministry. He states,

Compassionate ministries is an organized effort to fulfill Luke 6:36—“Be merciful, just as your Father is merciful,” extending God’s compassion in deeds of kindness and justice. It is also the bread of life for the hungry hearts. Compassionate ministry is truly biblical when it extends forgiveness and grace even as it touches people at the point of their physical and temporal needs. Likewise, evangelism as commonly understood is

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true to the gospel only when it is as sensitive to physical and temporal distress as to a hungry heart.”

- Compassionate ministry is rooted and grounded in God’s love for all persons.
- Compassionate ministry recognizes and supports the worth, dignity, and integrity of the individual.
- Compassionate ministry offers the kind of help a person needs and wants.
- Compassionate ministry shows concern for the whole person.
- Compassionate ministry is committed to quality service.
- Compassionate ministry is a primary function of the Church.

As Christians, we are called to be agents of divine care in the world. We initiate ministries of compassion because we have covenanted to be bearers of God’s care to the society of which we are a part. Theologically, then, compassionate ministry must reflect:

- The character or portrait of the God who has acted to bring the community into existence.
- The inspired Word of God, therefore assuring that divine values take precedence over social norms, customs, and mores.
- The meeting of “whole person” needs: spiritual, physical, social, and emotional.
- Proclamation of the good news as a necessary part.

## CONCLUSION

Though defining what is meant by compassion ministries is important, more essential are the methodologies or practices by

which these ministries are carried out. The following articles will assist in guiding compassion practitioners toward methods which are biblically sound and have been found to result in “fruit that remains.”

Mother Theresa wrote: “The ‘least of my brethren’ are the hungry and the lonely, not only for food, but for the Word of God; the thirsty and the ignorant not only for water, but also for knowledge,

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peace, truth, justice, and love; the naked and the unloved, not only for clothes but also for human dignity; the unwanted; the unborn child; the racially discriminated against; the homeless and abandoned, not only for a shelter made of bricks, but for a heart that understands, that covers, that loves; the sick, the dying destitutes, and the captives, not only in body, but also in mind and spirit; all those

who have lost all hope and faith in life; the alcoholics and dying addicts and all those who have lost God (for them God was but God is) and who have lost all hope in the power of the Spirit.”

<sup>1</sup> “*The 12 Step Program: Building Blocks for Starting a Compassionate Ministry Center.*” Church of the Nazarene. [ncmusacan.nazarene.org/Portals/4/Documents/12%20Steps%20to%20Starting%20a%20CMC.doc](http://ncmusacan.nazarene.org/Portals/4/Documents/12%20Steps%20to%20Starting%20a%20CMC.doc) (accessed October 11, 2012).

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## What Is Best Practice? (continued from page 9)

done than just prayer. Often people move forward with, “The Lord told me to do it,” feeling that with that heavenly mandate there is nothing more needed than simply to move forward and do whatever it is they are intent on doing.

I contend that best practice, and what the Lord would expect, should include both what God is speaking to one’s heart and following the best practice guidelines of dignity, research, and evaluation.

As compassion practitioners, documentation of successes and failures are critical. Publishing of research and experience will add

to our body of knowledge and assist others, and together we can become the credible groups who determine best practice.

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Winton, Pamela. 2006. “The Evidence-Based Practice Movement and Its Effect on Knowledge Utilization.” *In Evidence-Based Practice in the Early Childhood Field*, ed. V. Buysse and P. Wesley, 71–115. Washington, D.C.: Zero to Three.

## Guidelines for Best Practice in Compassion Ministries

### INTRODUCTION

**A**s missionaries and compassion practitioners, we all share a common goal: we want our ministry to have the greatest possible impact and bring glory to God. Have you ever wondered if others have learned a more fruitful way? Have you contemplated that perhaps you could be missing something, but you don't know what? How do we know if what we are doing is just unproductive ritual?

The term best practice has gained heightened attention and is embraced in health care, education, government, business, and even church planting. A best practice is a methodology or application that through evidenced-based research has proven to lead reliably to a desired result or impact.

Committing to learn from the experiences of others and use best practices in any field, including compassion ministries, is a commitment to use the proven knowledge and wisdom at one's disposal

to ensure the best outcome for those we serve.

### BIBLICAL FOUNDATION FOR MINISTRIES OF COMPASSION

The Assemblies of God World Missions has endeavored since its inception to respond to human need around the world. Sharing the Good News, training leaders, planting churches, and touching those in physical and emotional distress have been the pattern of our missions practices.

We do this because biblical evidence demonstrates that word (proclamation) and deed (action directed toward meeting need) exist in an intrinsic and inseparable relationship and together form the scriptural mandate of ministry for those who walk with Christ (Colossians 3:17, James 2:15–16, 1 John 3:17).

As the church fulfills Christ's command to make disciples of all nations, it must also minister to the needs of the people to whom God sends it. God's com-

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mand, given through the prophet Zechariah to the people of Israel, to “administer true justice; show mercy and compassion to one another” (Zechariah 7:9) finds varied expression throughout both the Old and New Testaments (Psalms 109:31, 146:6–9, Isaiah 61:1, Luke 4:14–18, 1 John 3:18)

as well as in the lives and ministry of Christ and the leaders of the early church (Lily, 2009). James

wrote: “Show me your faith without deeds, and I will show you my faith by my deeds” (James 2:18b).

Peter Kuzmic (2002) maintains, “If we ignore the world, we betray the Word because the Word sends us into the world. If we ignore the Word, we will have nothing to bring to the world.”

While ministering through the Spirit in Word and deed, it is our utmost desire to do so with excellence and with sincere regard for those with whom we share the good news.

It is therefore essential that we

consider the dignity of every person and that we understand, as Bryant Myers (1999) says, that everyone has something to contribute, no matter their station in life.

The purpose of the following guidelines of best practice is to assist missionaries and others to affirm the dignity of others, strive

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**“If we ignore the Word, we will have nothing to bring to the world.”**

**—Kuzmic**

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for the most effective methods, and plan for sustainable ministry so that fruit will remain and many will be

added to the kingdom of God as we labor together.

## **ASSUMPTIONS**

The following are assumptions of best practice:

- Principles of best practice in compassion ministries are relevant in any context and with any people group.
- Practitioners are mature Christian workers who have undertaken study and coursework in Pentecostal biblical missiology.
- Language acquisition occurs before undertaking any long-term practice.

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- Cultural mores, behaviors, values, beliefs, and worldview are studied and understood to the greatest extent possible.
- All interventions with a group of people (spiritual, social, technical, economic, or educational) carry a message that must be understood and interpreted from the host culture's worldview.
- Practitioners will have an understanding of effective disciple-making and church-planting methods in the local context.
- The planned ministry or project will fit within the larger goals of the national church and/or the team or group with which the missionary is associated.
- Whenever possible, ministry will be in, through, or with the local church.
- All endeavors will be bathed in prayer and led by the Holy Spirit.
- By understanding that each person is made in the image of God, all persons will be treated with dignity and respect.

## **GUIDELINES FOR BEST PRACTICE IN COMPASSION MINISTRIES**

Before undertaking any compassion outreach, practitioners are encouraged to receive as much training in community development as possible. The following issues to consider are from the article "Good Projects" (Tearfund):

- Is it achievable in the local context?
- Is it an appropriate response to the situation or need?
- Will it bring about lasting change?
- Will it strengthen the church's Christian witness in the local community or weaken it?
- Is it an authentic expression of the kingdom of God, or just a good idea?
- Is it based on a clear understanding of the most significant local needs?
- Has there been good communication with the local community and the proposed beneficiaries of the project?
- Have they been involved in shaping the ideas?
- Will it be possible to measure the impact of the project?

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- Have you thought through the possible unintended consequences of your proposed intervention? In addition to these, we could add the following questions to consider:

- Has a means of financial accountability been put into place?
- Is there integrity and truthfulness in the way that the ministry or project is promoted and reported on?
- Has care been taken to avoid exploitation of individuals or groups in promotional and reporting media?

Robert Lupton (2011, 10) provides his readers with an “Oath for Compassionate Service” in *Toxic Charity*:

- Never do for the poor what they have (or could have) the capacity to do for themselves.
- Limit one-way giving to emergency situations.
- Strive to empower the poor through employment, lending, and investing, using grants sparingly to reinforce achievements.
- Subordinate self-interests to the needs of those being served.
- Listen closely to those you seek

to help, especially to what is not being said—unspoken feelings may contain essential clues to effective service.

- Above all, do no harm.

To these principles, further guidelines for effective compassionate ministry could be added:

- It is best not to exert influence until you understand the state of affairs.
- Constantly evaluate the proposed ministry for cultural appropriateness, biblical correctness, and possible local perceptions of it.
- Be sure that the intended benefit is for those being served rather than to meet one’s own needs.
- Be careful that one’s skill sets are not the only factor that shapes program design.
- Avoid creating or perpetuating dependency on outside resources.
- Plan for sustainability and exit strategies for funds and personnel.
- Plan for the ways in which the ministry/project can have ongoing and periodic evaluation.

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- Engage in ongoing monitoring of what is considered best practice in the ministry or project.
- Raise up any new church plant with the DNA of holistic ministry to those around them.

## CONCLUSION

We do not want to unintentionally harm the people we serve, nor do we want to be ineffective. One's heartfelt response when confronted with need can be used by God to effectively

alleviate human suffering, right wrongs, and add to the kingdom

of God. As persons in need come into a relationship with Christ, they can become the hope for transformed communities and societies.

By striving to follow the guidelines presented in this paper, it is hoped that long-term impact in every aspect of life can be realized by those we serve.

The focus group that put this paper together spent a year reading, researching, and dialoguing about these issues. All the partici-

pants have been or presently are compassion ministries practitioners, most with many years of field experience.

Often a paper is written, reviewed, and given a nod of approval by the AGWM Executive Committee. The paper then goes into a collection of other documents or perhaps into a journal. It is felt by the focus group that there should be some plan for implementation as well. The following questions

are put forth for consideration.

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**We do not want to unintentionally harm the people we serve or be ineffective.**

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## QUESTIONS FOR THE EXECUTIVE COMMITTEE

- If it is felt that the above principles are standards that should guide practice, how can these be implemented in each region?
- If these are felt to be standards that should guide practice, what will be the mechanism to assess whether they are being carried out by missionaries in each area?
- If these principles are clearly not being followed, what will be the mechanism by which change will be required?

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## *Let us hear from you*

This is our sixth edition of *Compassion Link Journal*—we’re now into our second year of production. We’ve enjoyed and received great fulfillment in producing the journal, and welcome your feedback, suggestions, comments, and anything else you’d like to share with us. Here’s how to reach us:



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## Case Study—Best Practice in Zambia

I looked out over the eighty or more Community Health Evangelism (CHE) trainers and workers. They were attending an annual retreat for CHE workers. Tears welled up as I realized that in this case, the best practice principles that I have believed in and taught for years had really paid off. The case study below explains how this occurred.

I was the director of HealthCare Ministries at the time. We had sent two AGWM medical missionaries to Zambia, Africa, to assess the possibility of beginning a CHE program there.

As soon as they arrived in country, the missionaries began to meet with local church leaders, pastors, and community leaders. They discussed the major problems of the region and also began to note the strengths and assets of the groups they visited. They gathered local leaders together and began to teach and demonstrate how CHE worked.

They then let the groups react and respond; the responses were very encouraging. The local lead-

ers felt that CHE was something the church could use as an outreach to the community and a way of opening new areas for the gospel and church planting.

Little did I know that during that visit those two missionaries, Nancy Clark (McGlawn) and Paula Mickley (Ireland), would fall in love with Zambia and the Zambian people and both would ultimately feel called to return there as missionaries. When they returned, they began working with the church to train CHE trainers.

Champions and leaders began to emerge as the trainings went forward. As local trainers showed leadership potential, they began to take on more and more responsibility to train others. The missionaries were clear about what their financial involvement would be and how long it would continue.

During this time they were praying and planning that the national churches would value CHE and begin to own it, so that ultimately the lead trainers would be locally supported.

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It didn't happen overnight—in fact, the missionaries were heavily invested and involved in the training, planning of meetings, and expansion of the program throughout their first four-year term.

Gradually, however, they were handing day-to-day operations to the Zambian leadership team who began to travel, train, and equip community health workers across the nation. Furlough finally came for the missionaries, but CHE continued without them!

When they returned to the field, their involvement shifted more towards encouragement and showing interest, as well as helping the leaders acquire more training.

Now some thirteen years later, I sat before this group of community health evangelists at a CHE retreat. They had traveled from all over Zambia and three neighboring countries, because by this time the Zambian CHE program had spread to several provinces in Zambia and crossed borders into some neighboring countries as well.

Yes, there was another medical missionary involved who gave some one-time funds to help this

event be a reality, but it was asked for and planned by the Zambian CHE leaders and Zambian CHE committee.

There is no question that CHE Zambia is loved, owned, and operated by Zambians.

Best practice principles illustrated in this case study:

1. A general assessment of the local situation was a first step.
2. Local leaders were given a chance to see, know, and understand the CHE program, and it was at their invitation that CHE began.
3. Expectations were made clear by both sides—missionaries and nationals—and it was clear from the beginning that it was ultimately intended to be a ministry directed and supported by Zambians. Time lines showing when outside funding would begin to decline were prepared. (This has not happened as hoped, but it is still a goal.)
4. Champions (natural leaders who seemed to really love the concepts of CHE) were identified early on with the national church's approval, and mentor-

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ing and training were focused on these leaders. More and more responsibility was shifted to them as they evidenced readiness.

5. Assessments of newly targeted communities were done with those who would be affected.
6. Formal and informal evaluations were done on a somewhat regular basis.
7. Reports of the successes and failures were regularly reported to the national churches who were involved in supporting the

CHE efforts.

8. Training in microenterprise and applicable technologies was held for local CHE leaders, and as a result, these leaders began to make products that could be sold to support the CHE program. (Not all programs have embraced this concept, but several are doing it successfully.)
9. Many people have come into a relationship with Jesus as a result of these programs, which is a major focus of CHE.

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## Book Review

*When Charity Destroys Dignity: Overcoming Unhealthy Dependency in the Christian Movement*

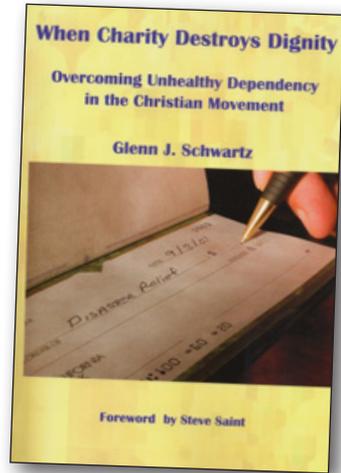
Glenn Schwartz (AuthorHouse, 412 pp., paperback and Kindle)

Glenn Schwartz's *When Charity Destroys Dignity* is a thought-provoking book about the dangers of well-intentioned charity that lead to what the author describes as the dependency syndrome.

The author not only raises the issue of unhealthy dependency but also details groups that have overcome this danger and gives practical ways to overcome it.

Each chapter has discussion questions as well as a list of books to read for further insight. One of his chapters is worth its weight in gold, entitled, "What Should Wealthy Churches Do With Their Money?"

Rather than giving to people that fosters ongoing dependency on a Western church, one of the suggestions by Schwartz is to "invest missionary funding in the proclamation of the gospel where it hasn't been preached."



The late Ralph Winter gave this ringing endorsement:

"One of the most powerful factors in the growth of Christianity is the use and misuse of financial resources both local and foreign. Here is a book loaded with down-to-earth practicalities written by an experienced and knowledgeable missiologist. Open to any page and you will be drawn into gripping, real-life anecdotes and situations. No one serious about the most pervasive unsolved problems in missions today can possibly do without it."

—Reviewed by Barry Lawrence

## Personal Library Suggestion

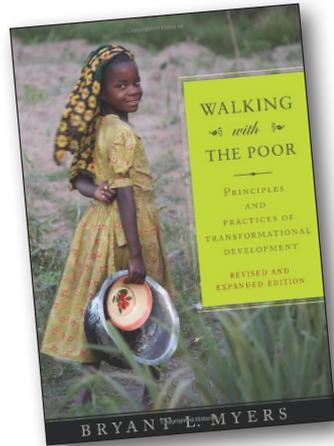
### *Walking with the Poor: Principles and Practices of Transformational Development*

Bryant Myers (Orbis Books, 300 pp., paperback and Kindle)

In this revised edition of a modern classic, Myers shows how Christian mission can contribute to dismantling poverty and social evil. Integrating the best practice of the international development community, the thinking and experience of Christian NGOs, and a theological framework for transformational development,

Myers demonstrates what is possible when we cease to treat the spiritual and physical domains of life as separate and unrelated.

The book explores Christian views of poverty, its causes, and how it is experienced differently in different cultures.. Especially designed for use in classes or in field



education, *Walking with the Poor* contains a unique series of charts that can be made into PowerPoint slides as well as a bibliography and a scriptural index.

—Review from Amazon.com

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**Do you have a favorite book related to compassion ministry? Please let us know—just email [nruda@ag.org](mailto:nruda@ag.org) with the title, author, and the ISBN (if available).**

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