



# NEW BRITAIN NEW IRELAND MISSION

## Adventist Health



### Health Education & Promotion Services

Local Church: \_\_\_\_\_ Quarter Ending \_\_\_\_\_ Year: \_\_\_\_\_

No	Type of Health Education & Promotion Activities	No of Programs Conducted	Who Conducted the Program	Total Attendance	Target Audience eg. Church, Public	Venue – where the program was conducted
1	Health evangelism/campaign meetings					
2	Adventist Health Week Program					
3	Health Assessments or check-ups					
4	Complete Health Improvement Program (CHIP)					
5	Health Training for Local Church Members					
6	Awareness of drug and alcohol issues					
7	Landscaping and beautification program					
8	Water Projects					
9	Sanitation Projects					

**Remarks:**

**Recommendation:**

No	Information Criteria	Figures/Numbers
1	Overall Membership	
2	Total number of Adventist Home within church catchment area	
	Total number of non-Adventist homes within church catchment area	
3	Number of toilets for each houses/homes	
4	Number of health awareness programs conducted within local church this quarter	
	a)	
	b)	
	c)	
	d)	
5	How man health awareness programs conducted in the communities this quarter? List topics below	
	a)	
	b)	
	c)	
	d)	
6	Does the church has a First Aider and First Aid Kit available?	
7	Does the church have a proper toilet and shower facility?	
8	Does the church have water tank for church members to use?	
9	How many community health projects conducted this quarter? Eg. Clearing water well and building a kitchen for a needy family	
10	Does your church have any members who are certified to conduct awareness and advocacy programs on cross cutting issues?	
	Example – HIV & AIDS, Gender, Domestic Violence	
	If yes, how many males and females?	

This report should be submitted to the Local Mission Health Department on a quarterly basis

Date completed and submitted: \_\_\_\_\_

**Health & Temperance Leader**

**Health Secretary**

**Senior Elder**

.....

.....

.....