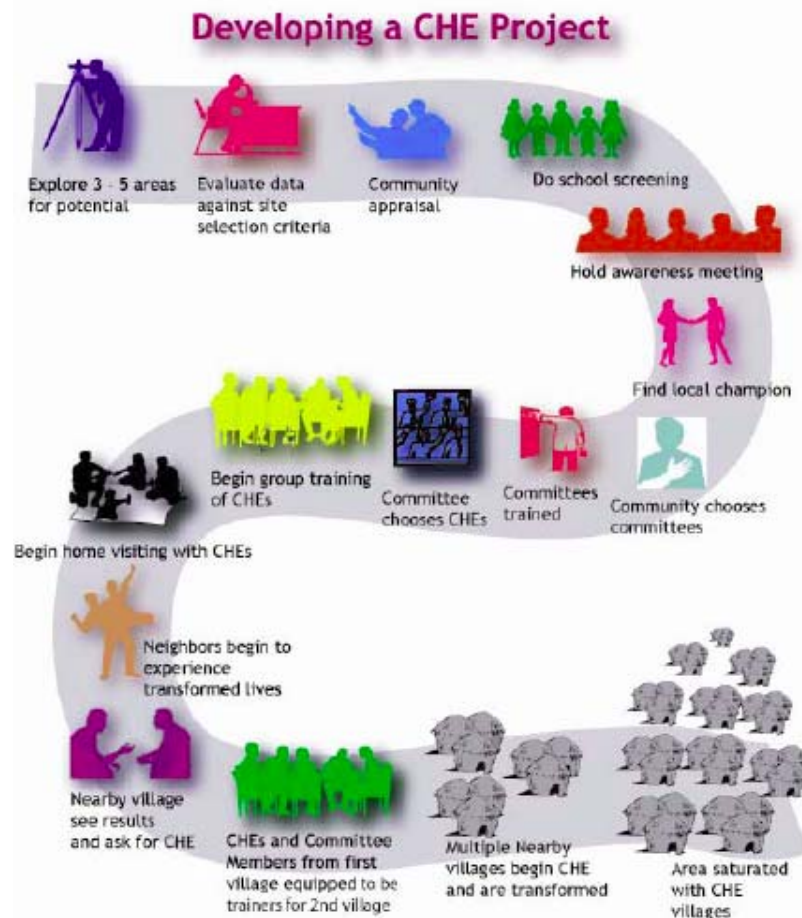


Micro-Enterprise Development (MED) at HBA

It is important to utilize the Community Health Evangelism Pathway or Road Map (Figure 1). This is central to everything we do at HBA. Further, it is extremely important to indicate that MED begins at the end of this Pathway/Road Map/Journey (Figure 1 below). Once a village/group has reached this point in the journey, they may be ready for Micro-Enterprise Development and will need specialized training. MED training (MED TOT) is one of many tools available in the CHE transformation toolbox. It is not the toolbox. MED can become a key element of CHE to help move along/energize the physical community transformation (financially) but is limited in its success by the depth of the spiritual transformation that must occur first in each budding micro-entrepreneur/new business owner. A micro business/enterprise (ME) is one that can be started on US \$50 to \$300 in the developing world.

Figure 1 – CHE Pathway to Transformation



MED, within the framework of HBA, is a target specific directed training program for groups involved in CHE. It has main two points of focus: 1) training CHE leadership to assess, plan and launch a microenterprise program to help the very financially poor assess and begin a micro family business, 2) training CHE field trainers how to identify and develop small (micro) business entrepreneurs in their CHE community.

Synopsis of CHE based Microenterprise (excerpted from the CHE ME Leadership TOT Manual):

Microenterprise

The purpose of microenterprise is to educate and train individuals and finance new, very small enterprises to improve the participants' and their families' economic stability and well-being. The increased employment and family income improves the diet, health, and overall well-being of a given family. These participants do not normally have access to such services.

Micro-Enterprise Development (MED) at HBA

The Opportunity!

Many of the very financially poor desire to begin very small micro-businesses (microenterprises) to help provide the very basic needs of their families. Many have some skills or a business idea, but lack the encouragement, business training and startup funding necessary to get a start and succeed. Attempts of the financially poor to secure \$50 (or \$100) loans to begin a microenterprise (ME) are often refused by their local banks. This formal financial sector has traditionally considered them a very financially poor risk. They mistakenly believe the financially poor are unable to save and repay their loans. Banks also consider their small loans to be too expensive to manage and therefore unprofitable. As a result, many of the financially poor find no way out of their economic plight. They find themselves going from one financial crisis to another. In desperation many turn to moneylenders who charge very high interest (some 10 percent per day!). In paying these exorbitant rates, the financially poor remain financially poor, passing this burden on to future generations. ME examples are shown in Figure 2 – 9. Training programs are shown in Figure 10 – 13.



Figure 2 - Micro-business in Trujillo, Peru (Street Vendor)



Figure 3 - Micro-business in Trujillo, Peru

Micro-Enterprise Development (MED) at HBA



Figure 4 – A “Picker” Micro-business in Trujillo, Peru bario



Figure 5 – Micro-business in Accra Ghana (street vendor)

Micro-Enterprise Development (MED) at HBA



Figure 6 – Micro-business in Ghana (“Food Hawkers”)



Figure 7 – Micro-business in rural Ghana

Micro-Enterprise Development (MED) at HBA



Figure 8 – Roadside bread seller ME in Ghana



Figure 9 – Roadside textile seller ME in Accra Ghana

Micro-Enterprise Development (MED) at HBA



Figure 10 – CHE Training of Trainers in Ghana



Figure 11 – CHE MED Training of Trainers in Trujillo Peru

Micro-Enterprise Development (MED) at HBA



Figure 12 – CHE MED Training of Trainers in Sierra Leone



Figure 13 – CHE MED Training of Trainers in Liberia

Micro-Enterprise Development (MED) at HBA

Choosing a CHE ME Strategy: Provider or Promoter?

There are two basic approaches for establishing MicroEnterprise (ME) programs to help for the very financially poor. The first is the **ME Provider** who provides financial services (loans) to the financially poor. This occurs when an outside organization establishes and operates a microfinance program for the community. This is currently a popular model for large ME programs involving 1,000+ participants. World Relief and Opportunity International are examples of ME Providers. The second approach is the **ME Promoter**. The ME Promoter helps the financially poor set up a self-managed and locally owned ME program. These are often smaller programs involving less than 200 (with some as small as 15) participants. Also, ME Promoters often encourage and train in basic business concepts. They also encourage the financially poor to form their own sources of business startup funding through self-funded savings Groups. These savings groups and associations then help fund their member's microenterprises. In some cases the ME Promoter may help link the local ME program to established ME Providers for funding. As CHE is a developmental training program (not a funding program) CHE ME programs generally functions as a ME Promoter. The MED focus at HBA is to encourage, support and equip **ME Promoters**. Please join us! Visit www.heartbeatforafrica.org to find out how.

HBA/CHE Core Values – (Foundational Basis for Introduction of MED)

Integration and Wholism: 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. We recognize an integral relationship between the physical, mental, social, and spiritual. Our programs seek the total development of the whole person and community.

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. We affirm their worth, call them to be children of God through faith in Christ, and seek to release them from brokenness and despair.

Long-Term Solutions: We concentrate our efforts on long-term solutions that break the cycle of poverty and disease. We train, equip, and empower people to do for themselves. We focus on development rather than relief, and disease prevention rather than cure.

Local Ownership and Initiative: Sustainable programs are owned by the people and built on local initiative. Ownership and initiative is demonstrated through volunteerism and strengthened through capacity building. We take time in communities to participate with the people in assessing their needs, identifying resources, and assisting them in organizing for action through training and consultation.

Participatory Learning: We believe people must be active participants in their own development. Therefore, we use methods for adult learning that engage participants in a process of reflection and action. We also believe people learn by doing, and that modeling is essential.

Multiplication and Movements: Our aim is not merely projects, but movements. This is facilitated by training people to train others using concepts that are transferable. We emphasize the use of local resources and appropriate technologies so that solutions can be passed along neighbor to neighbor. We build cooperation and vision at a community level. We work collaboratively with faith- and community-based organizations, local and international relief and development agencies, churches and missions, as well as governments to facilitate the transformation of communities and nations.

Christian Servant Leadership: Jesus is our model. We seek to imitate him in humility and love. Jesus taught that the greatest in the kingdom is the servant of all. Every leader in our organization is Christian, and each one a servant. We seek to model servant leadership in our organization and programs, and raise up leaders in every community who give sacrificially to serve the needs of the people.

Contextualization: Our programs will be adapted to local needs and requirements as identified by the local community.