2016-2021
CCIH STRATEGIC PLAN

Approved by the CCIH Board of Directors
on September 12, 2016

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Introduction

In 2015, following the appointment of the new Executive Director, the CCIH Board of Directors launched an initiative to review and update CCIH's Strategic Plan. The previous Strategic Plan under which CCIH had been operating had four goals: the first pertaining to strengthening CCIH's infrastructure to provide for growth and furtherance of the ministry; and the remaining three focused on key elements of CCIH's mission regarding: network, forum for dialogue, and advocacy.

Objectives for the current review included: (1) improving understanding of our membership and their needs; (2) targeting those parts of the health landscape that CCIH should seek to influence; and (3) developing strategies to improve service to CCIH members, engage stakeholders effectively, and sustain the work of CCIH. The Board of Directors was particularly interested to make certain that CCIH activities and initiatives align with member interests and needs. Doing so is critically important to ensure that members are provided the information and services they deserve and expect, which in turn will strengthen CCIH's relationship with its membership and provide for avenues for growth.

A working group of Board and staff members guided the effort that included the following activities: (1) analysis of CCIH member data; (2) survey of all members; (3) interviews with several members and non-members; (4) SWOT analysis; (5) presentation at the 2016 Annual Conference business meeting with feedback recorded; (6) online circulation of plan after the 2016 conference to full membership where more helpful comments shaped the final plan. Results of key membership data and survey analysis are included as an appendix.

Initial conclusions were discussed by Board and staff in January 2016, and refined over the subsequent months, resulting in the current plan. Principles that guided the recommended strategies and language included:

➢ Honoring the successful history and affirming distinctive attributes of CCIH.
➢ Advancing the CCIH brand by adding areas of focus and specialization.
➢ Encouraging broader engagement of organizational and individual members.
➢ Simplifying, without compromising, CCIH identity language.

Elements of the resulting plan include:

✓ Updated Mission and Vision, introduction of core Values, and an aspirational Goals statement. Comparison of the original and revised language is in the Annex.
✓ 4 focus areas CCIH commits itself to, anchored by a "rally cry" for each.
✓ A 4/6/4 Operating Plan to help CCIH staff prioritize and report on progress – including the anticipated results from executing the four focus areas; six essential disciplines (day-to-day CCIH work) that should always be a subject for continuous improvement; and four specific near-term (1-year) projects to strengthen internal capacity and accelerate the progress of CCIH.

Updated Identity Statements

OUR VALUES

Collaborative Fellowship | Holistic Health | Technical Excellence
Christian Compassion | Faithful Stewardship

OUR VISION

Motivated by our Christian faith and our values, CCIH envisions a world where all have access to quality healthcare and prevention services.

OUR MISSION

CCIH seeks to mobilize and empower our network to promote global health and wholeness from a Christian perspective.

OUR GOALS

To share information and provide a forum for dialogue, networking, advocacy, and fellowship to the ever-increasing spectrum of organizations and individuals interested in how transformational Christian faith has a positive impact on international health.

Four Focus Areas

Focus Area 1: Integration of Faith and Health

For you created my inmost being; you knit me together in my mother's womb. Psalm 139:13
Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? 1 Corinthians 6:19a

Recognizing health is temporary and temporal and God is sovereign and eternal, CCIH promotes health and wholeness from a distinctively Christian perspective, and strengthens the capacity of members to do the same.

Virtually all CCIH members do their work as part of The Great Commission. "Motivated by faith…" (World Vision) they promote health, heal and care for the sick "to follow the example of Christ" (Samaritan's Purse) and "demonstrate the love of Christ" (Medical Teams International)*. The conviction of our members is clear: faith and health are interwoven in our Gospel.

CCIH was created specifically because of this. Thirty years ago there was no umbrella organization for the many mission agencies, healthcare organizations, nonprofits, churches and others that focused on the integration of faith and health. Today, integration of faith and health remains among the highest areas of interest for members.

Yet, members hunger to hear <u>more</u> about the integration of faith and health. CCIH has done a good job "promoting global health and wholeness," but facilitating discussion and learning from each other will assure we get better at doing so "from a Christian perspective." We need to be more intentional about faith and its role in health. And we need to be attuned to the needs of our members.

CCIH recommits that faith undergirds our mission to promote health. We aspire to inform and support those working at this intersection with relevant insight and experience, grounded in God's Word and good health practice, about how integration of faith and health strengthens our collective work with vulnerable populations. CCIH should frame and help find answers for the following questions:

● What tools and strategies will enhance CCIH members' efforts to impact health and Christian faith together?
● What relevant principles and applications of integrating faith and health both enhance health and advance Christian ministry in word and deed?
● How could CCIH share materials, best practices and lessons learned on the integration of faith and health with those who work for FBOs and those who seek to understand their unique value?
● How can we nurture and encourage the next generation of faith-inspired global health leaders?

*More examples of Mission & Vision statement language from CCIH members about the integration of faith and work: "Glorifies Christ" (IA); "demonstrates God's love and compassion" (ADRA); "compelled to respond with the love of Jesus" (SIM); "preach the gospel of Jesus Christ and to meet human needs in His name" (SAWSO).

Focus Area 2: Health Systems Strengthening

Is there no balm in Gilead? Is there no physician there? Why then has the health of the daughter of my people not been restored? Jeremiah 8:22

CCIH seeks to strengthen the role of members to improve fragile local and national health systems.

Strengthening health systems* of under-resourced countries is a high priority for CCIH members, and has become a critical issue for the rest of world. This is fresh on our minds in the wake of the Ebola and Zika viruses, and others yet to be identified.

Ministries of Health and public institutions have been the focus of strengthening health systems, yet faith-based organizations play a critical role in this area, too. Christian organizations are already an indispensable part of many health systems supplying a significant amount of healthcare globally. Given that "CCIH envisions a world where all have access to quality healthcare and prevention services," advocating for Christian organizations as an integral part of strengthening health systems is a critical role of CCIH, and shared learning will enhance our members' individual and collective impact.

Disease outbreaks, localized conflicts, or natural disasters can reverse gains made in sustainability, quickly overwhelm local capacity, destroy progress made on unrelated health successes, and devastate weak national health systems. The evolution of disease burden to include non-communicable disease, neglected tropical disease and prevalent mental health issues also underscore the need for renewed focus on integrated health systems. This is a constant reality for CCIH members and therefore of overriding interest.

CCIH is well placed to explore how faith-based institutions relate to, and can have a positive impact on, health systems. CCIH should be framing and finding answers for the following questions:

- How can faith-based organizations strengthen health systems?
- What lessons can faith-based institutions teach public institutions, and vice versa?
- How can public institutions and faith-based institutions work together more effectively to strengthen health systems?
- How can CCIH facilitate sharing information among CCIH members in the health systems strengthening space?
- What is CCIH's role in ensuring members have access to and utilize the best available evidence – from faith and secular sources – on how faith-based organizations can address social and health challenges?
- How can CCIH involve a variety of faith entities (including pastors and church-based groups) in health outreach and programming?

*Defined by WHO's Health Systems Framework or "building blocks": http://www.wpro.who.int/health_services/health_systems_framework/en/

Focus Area 3: Community-Based Prevention and Care

The Lord will guide you continually, watering your life when you are dry and keeping you healthy, too. You will be like a well-watered garden, like an ever-flowing spring. Isaiah 58:11

CCIH will enable members' community-based prevention and care efforts to promote local empowerment and ownership for holistic health, with the compassion of Christ impacting greater numbers of people in need.

CCIH members largely operate in the community-based prevention and care space, or have a compelling interest in it. Working side-by-side with the most vulnerable in their homes and churches, in rural communities and city slums, is to obey Christ's commandments and it is where we live out the Great Commission.

Over the 30 years CCIH has existed, millions of lives have been saved due to better community-based prevention and care. CCIH members play an indispensable role through churches, NGOs (Christian and secular, local and international), and civil society organizations delivering sustainable health interventions.

CCIH members are committed to improving equity and the quality of these interventions, and are particularly interested to learn more through CCIH about sustainable community-based prevention and care. CCIH should be framing and finding answers for the following questions:

- What common values, strategies, and structures do our members find most useful for having the most impact in health?
- How can faith-based organizations do a better job strengthening community-based prevention and care and implementing evidence-based solutions?
- How can we ensure community-based prevention and care is reaching the most vulnerable?
- How can public institutions and faith-based institutions work together more effectively to improve community-based prevention and care?

Focus Area 4: Health of Women and Children

Father of the fatherless and protector of widows is God in his holy habitation.
Psalm 68:5

Vulnerable women and children are a priority for God. Just as CCIH is a leading Christian voice on healthy timing and spacing of pregnancies, we seek improved health and wholeness for women and children.
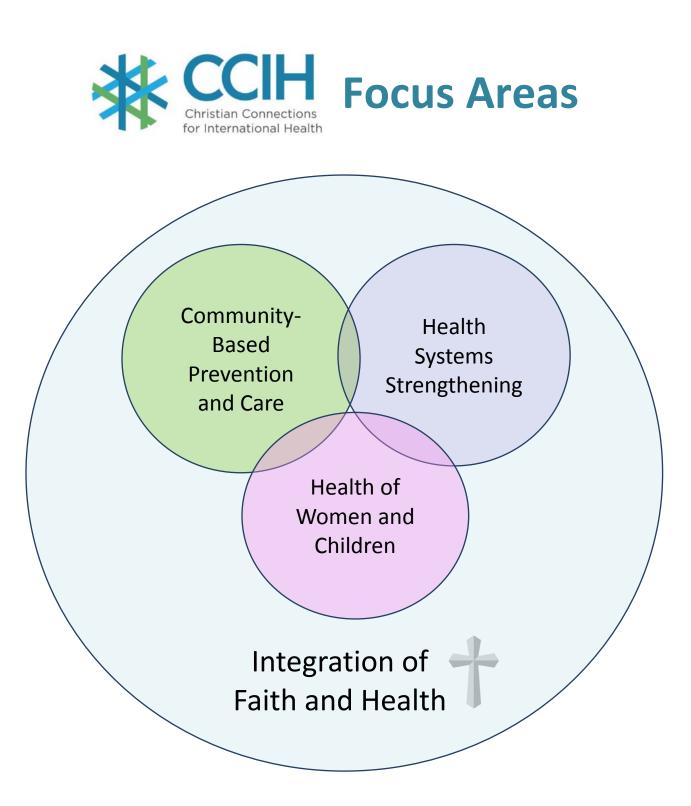
Mothers and children are where the vast majority of CCIH members' time and resources are spent. Too many mothers die during childbirth and too many children suffer or die early in life. They are a high priority Biblically and organizationally for CCIH and our members.

Our members promote virtually all aspects of health for everyone, but whether it is nutrition, disaster relief, sanitation, primary health care, surgery, or family planning, beneficiaries are often children and women/mothers. Since its founding, maternal, newborn and child health (MNCH) has been a CCIH priority. Over the years CCIH has changed its focused depending on health threats and global trends. In the early 2000s, we emphasized HIV. Today, CCIH is a leading Christian voice on family planning or healthy timing and spacing of pregnancies.

We have not been timid about addressing difficult subjects like family planning. CCIH is not afraid to raise tough issues with policymakers or educate the larger faith community on the importance of a given health challenge and how to view it from a Biblical perspective.

CCIH should find ways to speak into a broader array of MNCH issues. While continuing our leadership role on challenging issues, such as family planning, we also must reflect and promote member MNCH interests and concerns. Staff and budget constraints limit CCIH from addressing every MNCH issue, so the key is collaboration.

- How can CCIH members reduce maternal, newborn and child mortality and increase child survival?
- How do Christian organizations help families thrive?
- How can CCIH members effectively address gender-based violence and child marriage, which are key contributors to poor health of women and girls?
- How can CCIH and its members collaborate to find consensus and advance the discussion of, and ultimately find evidenced-based solutions to, maternal, newborn and child health challenges?
- How do Christian organizations empower men and women to impact positively their own health and that of their families?

CCIH Focus Areas

Community-Based Prevention and Care

Health Systems Strengthening

Health of Women and Children

Integration of Faith and Health

4/6/4 Annual Operating Plan

Over time, CCIH should help achieve positive outcomes such as increased collaboration between members and more funding for, and partnerships among, FBOs. Following are 4 focus area execution priorities, 6 essential disciplines and 4 near term projects to help CCIH achieve these outcomes.

Focus Area Execution
Executing the four focus areas will result in defined results.

Focus Area	Results
1) Integration of Faith and Health 2) Health Systems Strengthening 3) Community-Based Prevention and Care 4) Health of Women and Children	For EACH focus area, produce each year: 1 conference session, 1 webinar/briefing and 1 published paper. Pursue grants to collect, analyze, and use information in these areas.

Six Essential Disciplines
These are routine activities that should always be subject to continuous improvement.

Discipline	Results
1) Networking/Dialogue	Increased partnerships among members, positive connections with government agencies working in global health, and enhanced career opportunities for members, with an emphasis on students.
2) Conference	Ensuring conference sessions align to new focus areas, growing attendance, more sponsors, better integration of faith & health, always improving content
3) Membership Services	Meetings with U.S. policymakers for members, technical briefings for members, positive exposure for members in the global health field, funding and career opportunities.
4) Fundraising	Donor & foundation relationships
5) Communications	More involvement of members in *Connector*, increased participation in email discussion groups, technical briefs-papers & briefings
6) Advocacy	Hill visits, support letters, student participation

Near Term Projects
The following four projects will increase capacity and accelerate progress for CCIH.

Project	Results
Upgrade CRM (customer relationship management) database and Website to enhance member services, communications and to share information for better advocacy	Updated website, improved member database, automated membership and financial processing, subject to funding
Initiate Corporate Sponsors Program to bolster fundraising efforts	New contacts and face-to-face meetings Proposals submitted and funded
Create policy documents for good governance and to comply with expectations of funders and partners	Document retention, whistle blower, and conflict of interest policies
Explore partnership with university member to offer continuing education credits for CCIH's conference to strengthen it and enhance members services	CEU credits for at least one professional audience