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30 **CCIH**
HEALTH
SYSTEMS
PLEDGE

Strengthening 30 faith-based health systems by 2030



Overview

- Through the 30x30 initiative, CCIH members commit to improving access to quality health services. The 30x30 initiative will bring global attention to the needs of faith-based health services that are vital parts of local health systems. This initiative seeks to increase access and utilization of quality health systems from trusted faith-based health services.
- It will do this by raising awareness and encouraging partnerships, which in turn drive more funding, smart policies, and long term organization commitment.
- The 30x30 initiative features a pledge by CCIH members and affiliates. Together we will draw upon these commitments to tell the story of how strong faith-based services improves lives.



There are two
things to do
right now.

1. Review the rest of this document and send comments to mona.bormet@ccih.org.
2. Start thinking about a pledge you or your organization will make for improving faith based health systems.



Why
is this
important?

CCIH
Members
often work in
parallel - can
we improve
partnership to
improve
health
systems?

Faith Based NGOs	<ul style="list-style-type: none">• Mobilize global resources• Build on local community assets• Support and evaluate local health services
Mission Agencies	<ul style="list-style-type: none">• Train and send short and long term workers• Own and operate facilities
Church Networks	<ul style="list-style-type: none">• Mobilize faith leaders and communities• Local, national and global advocacy voice
Christian Health Associations	<ul style="list-style-type: none">• Own and operate urban and rural health services• Procurement and supply chain• Build capacity of local health services
Service Providers	<ul style="list-style-type: none">• Procure, ship, and support additional resources• Mobilize advanced technologies and solutions

CCIH Sees the Need and Opportunity to Focus Our Efforts

1. Access to high-quality health services is an extension of Jesus' healing ministry - we should be the best in the world as a result.
2. Strong and resilient health systems are needed:
 - a. The global burden of disease is shifting (e.g., to Non-Communicable Diseases), requiring systems to adapt.
 - b. Sudden onset disasters, complex and protracted humanitarian emergencies and significant crises such as disease outbreaks can cause essential systems to fail.
3. CCIH members need to prepare for declining international aid and focus on increasing self reliance.
4. It takes multiple actors working together, so we need to know each other's priorities.
5. CCIH seeks stories and evidence that help us with advocacy and position faith-based sector for funding.



Trust =
responsibility
to provide
the best

1 Corinthians 3:9-15 (ESV)

9 For we are God's fellow workers. You are God's field, God's building. **10 According to the grace of God given to me, like a skilled master builder I laid a foundation, and someone else is building upon it. Let each one take care how he builds upon it.** **11** For no one can lay a foundation other than that which is laid, which is Jesus Christ.

Faith-based
health
services
provide a
major share
of health
care

- The share of health care provided by faith entities in developing nations is substantial, though it varies widely from country to country.
- Faith entities are critically important to the overall health system in many countries, without which millions of people would be deprived of services, particularly in hard-to-reach, underserved rural areas.

CCIH Strategic Plan includes Health System Strengthening with 6 guiding questions:

1. How can FBOs strengthen health systems?
2. What lessons can FBOs teach non-FBOs, and vice versa?
3. How can public institutions, secular NGOs, and faith-based institutions work together more effectively to strengthen health systems?
4. How can CCIH facilitate sharing information among CCIH members in the HSS space?
5. 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?
6. How can CCIH involve a variety of faith entities (including pastors and church-based groups) in health outreach and programming?



Health System Strengthening Working Group identified three areas for emphasis

1. Mapping and Communications
2. Transferring knowledge and capacity building
3. Thought Leadership – data and promising practices

Thanks to Jenelle Williams of Global Health Action and Barbara Campbell of the Dalton Foundation for leading the Health System Strengthening Working Group! If you are interested, contact Kathy.Erb@CCIH.org to ask to join that group.



What are we planning?

Improve 30 health systems by 2030...

- Health systems include all services ranging from health facilities to community services
- They may be national or subnational systems, or in some cases, span more than one country.
- Our intent is to feature systems that seek to improve access to and utilization of care by underserved populations.

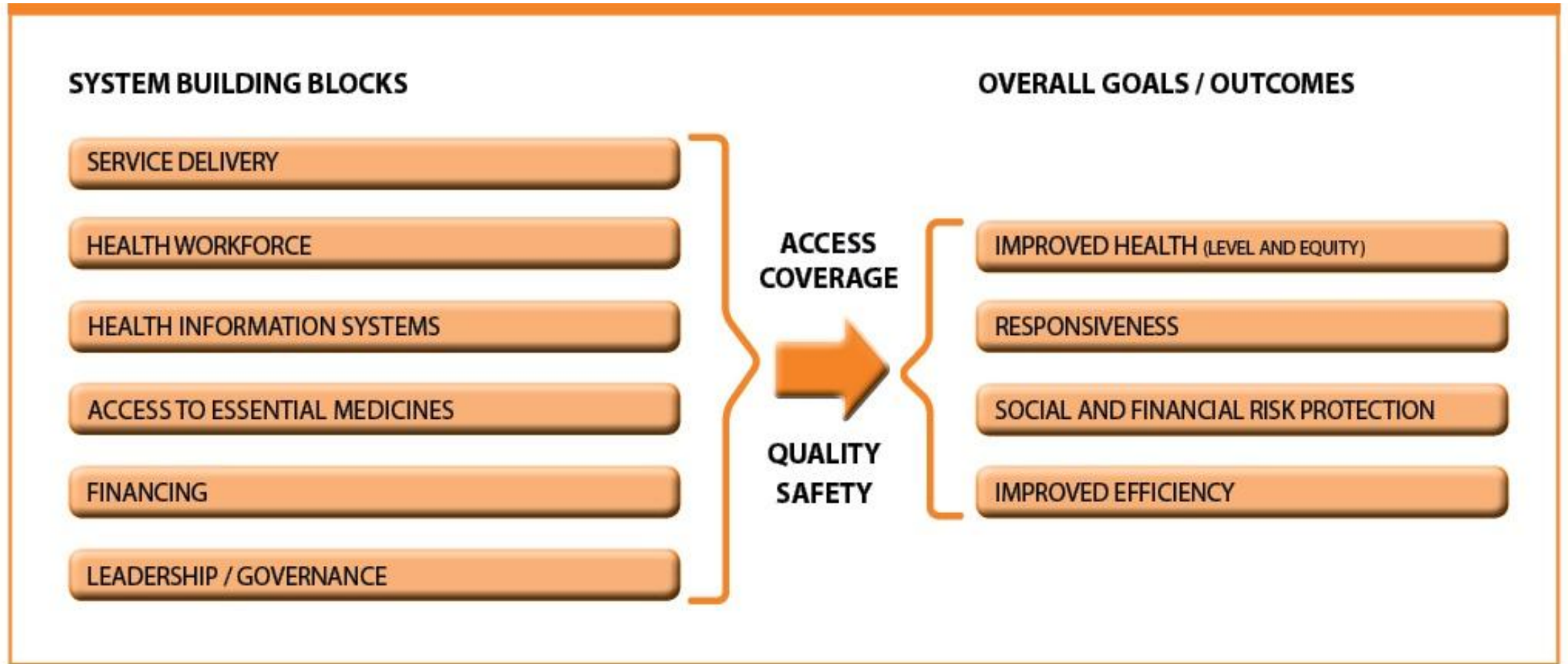
Overall Aim:
improve 30
faith-based
health systems
by 2030

Outcomes

- More funding, smart policies, and long-term organizational commitment to foster resilient FBO health services at the health facility and community levels.

Impact

- Improved health access, utilization, quality and outcomes from trusted faith-based health services



World Health Organization defined Health System Strengthening with building blocks and outcomes

Faith-based Organizations build on the WHO framework

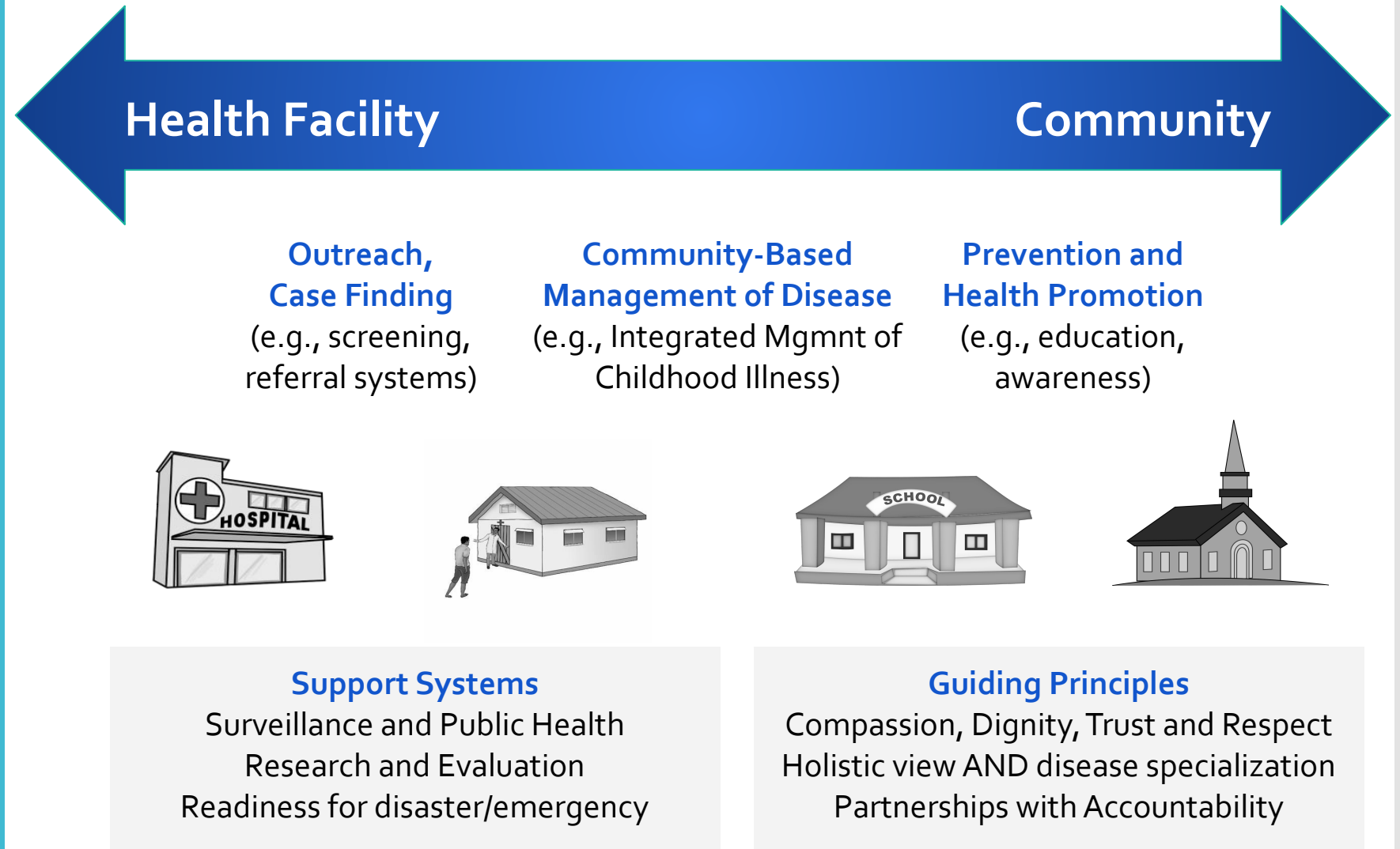
While the building blocks WHO identified can be at the center, they were created with a public sector (government) focus in mind.

HSS from a faith-based, private, not-for-profit sector framework includes all facilities and all communities.

Strengthening just the facility leaves out key components of healthy and whole communities. Building a strong health system includes the interconnectedness of communities and facilities.

It is crucial to not just have the trust of communities to provide respectful care, but to have earned that trust and keep that trust through continual coordination, preparedness, and thoughtful stewardship of financial and people resources.

“Systems”
approaches
work across
the continuum
of health
facility and
communities



We listened
to HSS
needs from
members
in 12
countries

Conducted Two In-person Focus Sessions in Malawi and Kenya, and interviewed FBOs in other countries.

Cameroon

Ghana

India

Kenya

Liberia

Malawi

Nigeria

Pakistan

Sierra Leone

Uganda

Zambia

Zimbabwe

The following slides summarize key issues raised by participating organizations. These can help guide or inform global partners in their HSS work.

What FBOs said about: Leadership and Governance

- Strengthen leadership at health facility level and at national level.
- Need leaders with a skill mix: management and governance skills; who can leverage resources and respond to issues at various times without it paralyzing them (i.e. Ebola, natural disasters, decentralization and government changes that affect their organizations, etc).
- Evidence-based analysis, prioritization, planning and monitoring.
- Institutional health policies and SOPs, strategies, sustainability plans and budgets.
- Need stronger governance of Board Members.
- Want staff to be more efficient, act with integrity, avoid waste, and increase resources.

Key concerns identified by FBOs about:

Health Workforce

- Training health personnel.
- Training centers of excellence.
- Staff retention/turnover and delays in replacement.
- Resolving about cost recovery in contexts where governments do not pay for health workers
- Do we have enough staff to meet the population needs at facilities?

Key concerns identified by FBOs about:

Financing

- Resource mobilization and allocation.
- Cost recovery in systems/countries where services are not provided by governments or donors.
- Train staff in financial control at national and decentralized levels (i.e. accounting, budgeting, monitoring, reporting, accountability, reduce waste in supply chain, billing, staff time, etc).
- Generating income for running facilities and programs and expansion of services.
- Sustainable financial support from government for secretariat staff and health care workers at facility level, and medicines (i.e. ARVs, malaria meds, oxytocin for pregnant mothers, etc).

Key concerns identified by FBOs about:

Health Information Systems

- Monitoring and Evaluation System:
 - Need better data collection, analysis for advocacy and planning
- Replacing financial systems: paper to electronic
 - Need to train secretariat and health facilities
 - Every facility needs computer and ability to upload data to MoH
 - Need staff at secretariat to help the community facilities/programs
- Map community programs and facilities:
 - Need to put survey/systems in place, and need help providing a tool, conducting mapping, analyzing data, and applying the results.
- Innovative systems:
 - Data systems, mobile applications, HMIS, financing, communications.
- Data helps us understand and make decisions:
 - Data hosted by external org may be expensive. Are there systems organizations can use or tailor without creating new systems?
 - How to finance such systems?

Key concerns identified by FBOs about:

Access to Essential Medicines and Supplies

- Medicines:
 - FBOs in some countries cannot get drugs from the Government so they buy their own from suppliers within and external to the country, which often requires cost recovery systems.
 - Concerns of substandard quality.
 - Need to strengthen FBO DSOs.
- Equipment access:
 - Not enough resources or knowledge to replace or fix equipment.
 - Often procured from outside the country.
 - Purchase in foreign currency and sometimes fluctuation of currency value makes costs more than what you budgeted.
 - Custom fees.
- If programs/government MOUs do not cover equipment and FBOs allowed to charge patient fees (according to some government MoU or program/donor mandates), how to recover costs for equipment, medicines, & staff salary?

Key concerns identified by FBOs about:

Service Delivery

- Energy sources (electricity, back-up generators, cold chain storage).
- Water source. Addresses infection control issues –wash hands, sterilize, etc.
- Equipment maintenance.
- Facilities have to generate own income to pay for water, electricity, fix buildings, ambulances, petrol, etc.
- Building upkeep and improvements.
- Upgrading facilities to a higher level in order to provide more services, requires more space, equipment, staff, and staff training.

CCIH convened FBOs in Malawi to identify top needs:

1. The importance of accountability and transparency and strong governance needs in their structures.
2. The need for execution: ensuring lead positions are filled with staff that can implement and track policies, conduct comprehensive landscape analysis, and execute based on findings.
3. Need for cross-collaboration. Participants reported this was the first gathering they had participated in that specifically brought together Christian organizations working in health together to specifically map successes and challenges. For many, they had never met before and were not aware of another Christian organization working in health in the same regions or districts.

Read full summary here:

<http://www.ccih.org/wp-content/uploads/2017/09/Malawi-FBO-HSS-Mapping-Workshop.pdf>

Participants: African Enterprise, Archdiocese of Lilongwe Catholic Health Commission, Christian Health Association of Malawi, Life Net - Malawi, Malawi Network of Religious Leaders Living with or Personally affected by HIV and AIDS, Partners in Hope, World Relief



CCIH convened FBOs in Kenya to identify top needs

1. Financial sustainability of the organizations is crucial to continue to get the work done. Other and creative ways of income are to be explored.
2. User-friendly ways of data collection and analyzing will benefit the decision making.
3. Communication and branding need to improve to help organizations position themselves well and diversify income streams.

Read full summary here:

<http://www.ccih.org/wp-content/uploads/2017/09/Kenya-FBO-HSS-Mapping-Workshop.pdf>

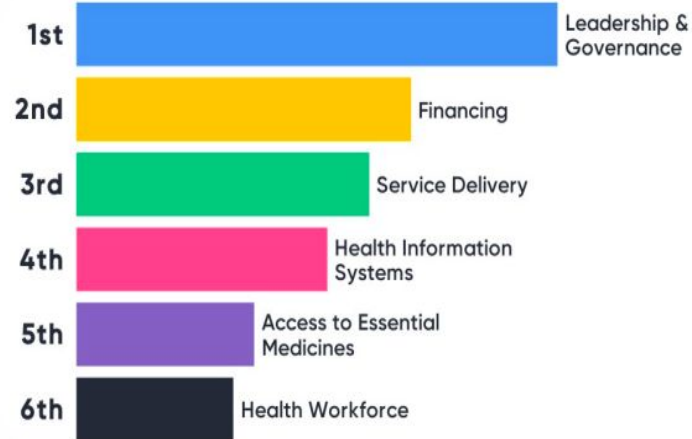
Participants: ADRA, Catholic Relief Services, Christian Health Association of Kenya, Coptic Hospital, CURE Kenya, EPN, Kabarak University, Kenya Assemblies of God, MEDS, Mennonite Central Committee, Samaritan's Purse, World Relief, & World Renew.



Participants ranked priorities - we realize context is crucial for HSS!

Malawi

How would you prioritize these HSS building blocks?



Kenya

How would you prioritize these HSS building blocks?





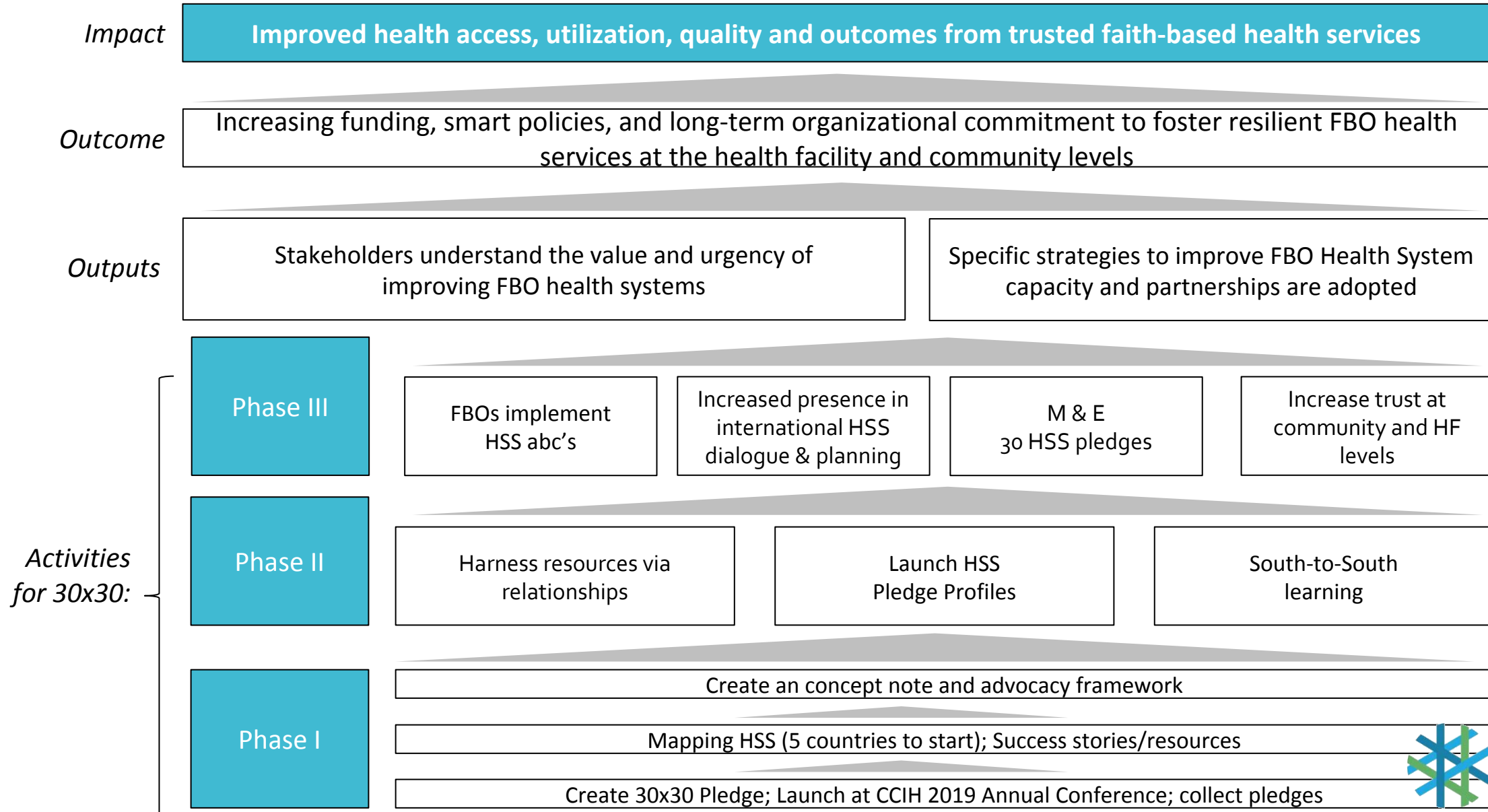
How will this work?



This is about
your work -
current or
envisioned for
the future

- We hope to find examples of multiple partners working in similar places - how can they complement each other?
- CCIH is a membership organization, not an NGO. Therefore we want to understand, feature and promote member and affiliate work.

30x30 Theory of Change - mapping activities to impact



Step #1: Feedback

Open for CCIH member comments until
July 12, 2019

Email sent to all CCIH members
June 14, 2019

Send any comments to
mona.bormet@ccih.org



Step #2: Prepare to Make a 30x30 Pledge

*We will ask you to
commit publicly to
working together
to strengthen
faith-based health
systems between
now and 2030.*

*A link will be shared
after the comment
period closes.*

30x30 Health System Pledge

- In the following countries or regions....
- We will work on the following areas of HSS....
- Related to the following populations or health issues....
- With these partners....
- We are already doing this... (or plan to start...)
- We need others to join in...

Step #3: Pledge “Book”

- CCIH will assemble a pledge “book”
– soft copy of all pledges
- We all can share with donors & possible partners --- asking them to come alongside FBOs to partner and meet HSS goals
- *This is FBO driven, not donor driven.*

CCIH will
commit to
support
members by:

1. Compiling and sharing critical resources on HSS and foster a set of “ABCs” that all partners and actors should embrace.
2. Being present and liaising with members to be present at strategic global forums that support HSS.
3. Gathering evidence and stories of things that are working, to foster further learning.

Thank you!

