

# DATA BRIEF

## SUMMARY REPORT FROM 16 AFRICA CHRISTIAN HEALTH ASSOCIATION PLATFORM MEMBERS

*ASSEMBLED BY THE  
CHRISTIAN HEALTH ASSET  
MAPPING CONSORTIUM*

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# INTRODUCTION

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Christian (and other faith-based) health services are a substantial and vital part of health services in many Low- and Middle-Income countries often serving population that might not otherwise be able to access health care. Sometimes government health services are delivered by faith 'owned' facilities; sometimes, these operate alongside each other or in adjacent catchments. There are few or no current, reliable data on the quantity and nature of faith-affiliated facilities. Poor information means this vital sector of services is overlooked in planning, resource allocation, special programs, and universal health care. The new Christian Health Asset Mapping Consortium (CHAMC) was created to help address gaps in information like this - by improving the quality of data and sharing analyses to help describe this vital sector.

This analysis draws from the Africa Christian Health Association Platform (ACHAP), an association of over 40 networks in 32 countries in Sub-Saharan Africa that operate hospitals, health centers, clinics/health outposts, and training and academic institutions. An earlier analysis of 18 ACHAP members conducted by the World Council of Churches (WCC) found these networks are largely ecumenical - most include facilities from over five denominations. One is strictly Catholic; two include both Catholic and Protestant, and the remainder are Protestant; with just under half including Orthodox, Adventist, and/or Pentecostal facilities. The networks share the mandate to coordinate, support, and advocate for church-owned health institutions. As a network, they can better liaise with the government, build capacity of members, mobilize resources. About two-thirds of the networks directly provide essential medicines, medical equipment, and supplies and training.

The question now is how many facilities operate under the umbrellas of these networks?

# METHODS

This analysis includes recent data from 16 ACHAP-member Christian Health Associations (CHAs) working in 15 countries. The exact number of health assets in these networks may change slightly from one year to the next, so this is only a “snapshot” that will need to be periodically updated. Data were collected through two efforts. First, [IMA World Health](#) partnered with ACHAP to engage 11 CHAs in a COVID response effort from March 2020-September 2021. ACHAP reached out directly to the 11 CHAs in two rounds of data collection, as shown in Table 1. Christian Connections for International Health (CCIH) supported the second effort by reaching out directly to 2 CHAs and accessing information through websites of 2 additional CHAs in March 2022. Together, ACHAP, CCIH, IMA, and WCC, reviewed the combined results.

**Table 1: CHA Data Collection Source and Dates**

Country	Christian Health Association	Acronym	Source	Date
Burkina Faso	Assemblée de Dieu De Burkina Faso + Union Chrétienne Médicale et Paramédicale de Burkina	ASAD +UCMP	IMA/ACHAP Direct Outreach	Oct 2020-Sept 2021
Cameroon	Christian Health Association of Cameroon*	CHAC	IMA/ACHAP Direct Outreach	Mar-Jun 2020
Chad	Koyom Hospital/ Bureau d'Appui Conseil	AEST	IMA/ACHAP Direct Outreach	Oct 2020-Sept 2021
DRC	Multiple DRC agencies*	DRC	IMA/ACHAP Direct Outreach	Mar-Jun 2020
Ghana	Christian Health Association of Ghana	CHAG	IMA/ACHAP Direct Outreach	Mar-Jun 2020
Kenya	Christian Health Association of Kenya	CHAK	IMA/ACHAP Direct Outreach	Mar-Jun 2020
Liberia	Christian Health Association of Liberia	CHAL	CCIH Direct Outreach	Mar 2022
Malawi	Christian Health Association of Malawi	CHAM	IMA/ACHAP Direct Outreach	Oct 2020-Sept 2021
Nigeria	Christian Health Association of Nigeria	CHAN	IMA/ACHAP Direct Outreach	Mar-Jun 2020
Rwanda	Bureau des Formations Médicales Agréées de Rwanda	BUFMAR	IMA/ACHAP Direct Outreach	Mar-Jun 2020
Sierra Leone	Christain Health Association of Sierra Leone	CHASL	CCIH Direct Outreach	Mar 2022
Tanzania	Christian Social Services Commission	CSSC	CSSC Website	Mar 2022
Uganda	Uganda Protestant Medical Bureau (UPMB)	UPMB	IMA/ACHAP Direct Outreach	Mar-Jun 2020
Zambia	Churches Health Association of Zambia	CHAZ	CHAZ website	Mar 2022
Zimbabwe	Zimbabwe Association of Church Related Hospitals	ZACH	IMA/ACHAP Direct Outreach	Oct 2020-Sept 2021

\*Includes more than one health network

# RESULTS

There are 8,331 health assets in this sample of 16 CHAs (out of 40 CHAs in the ACHAP network) as shown in Table 2. Of those 8,331, 5% are national-level hospitals, 9% are district-level hospitals, the largest proportion (45%) are health centers, 33% are dispensaries/clinics, 3% are community programs, 4% are training institutions, and 1% are drug supply organizations. These networks range from over 3,000 health facilities in the Democratic Republic of the Congo to over 42 in the Christian Health Association of Sierra Leone. Many CHAs provide a substantial proportion of healthcare in their respective country through their array of health assets.

**Table 2: 16 Christian Health Association Health Assets by Type in 15 Countries**

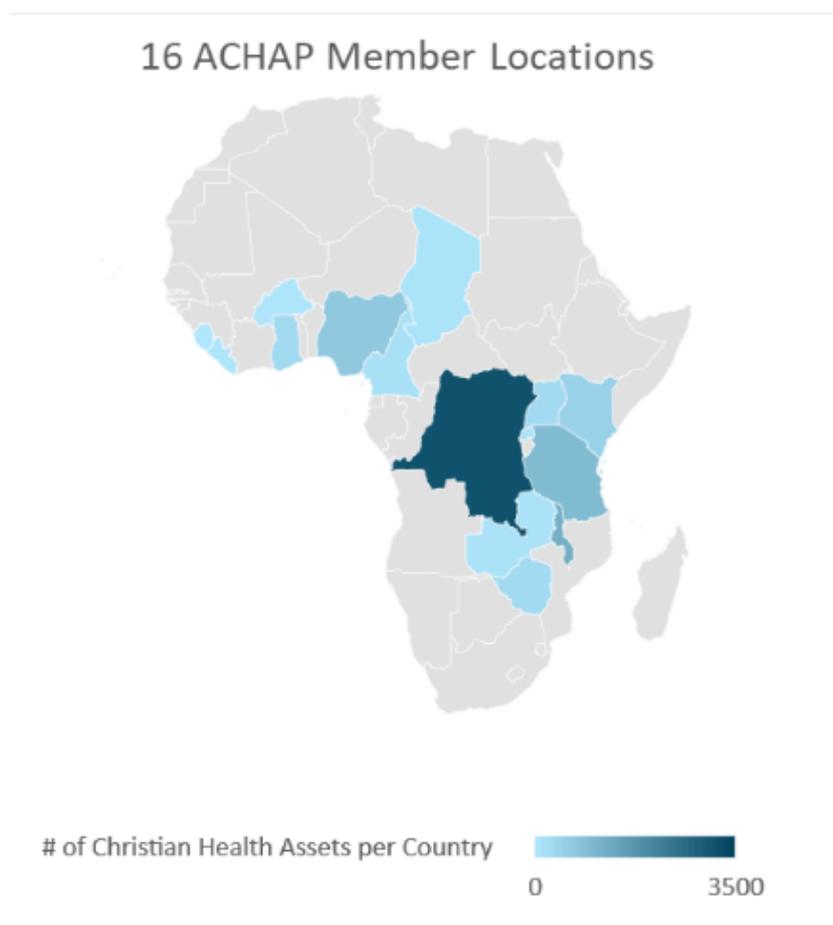
Country	CHA	Total Health Assets	Level V & VI National Hospitals	Level IV District Hospitals	Level III Health Centers	Level II Dispensaries, Clinics, & Health Posts	Level I Community Based Health Programs	Health Training Institutions	Drug Supply Orgs
Burkina Faso	ASAD +UCMP	82	5	20	31	19	7	0	0
Cameroon	CHAC	195	0	7	89	52	35	11	1
Chad	AEST	132	0	7	124	0	0	1	0
DRC	DRC	3187	258	201	2103	454	0	137	34
Ghana	CHAG	326	13	80	44	168	2	19	0
Kenya	CHAK	501	13	26	57	367	27	10	1
Liberia	CHAL	85	7	7	11	55	2	2	1
Malawi	CHAM	1221	4	64	528	451	159	15	0
Nigeria	CHAN	687	16	195	204	222	4	45	1
Rwanda	BUFMAR	153	0	17	136	0	0	0	0
Sierra Leone	CHASL	42	0	14	25	3	0	0	0
Tanzania	CSSC	968	12	91	102	696	0	67	0
Uganda	UPMB	305	18	10	59	207		10	1
Zambia	CHAZ	142	9	25	77	0	31	0	
Zimbabwe	ZACH	305	12	24	135	78	20	24	0
<b>Total</b>	<b>16</b>	<b>8331</b>	<b>379</b>	<b>788</b>	<b>3725</b>	<b>2772</b>	<b>287</b>	<b>341</b>	<b>39</b>

Note: Level V and VI national hospitals include national, provincial, or state teaching and referral hospitals.

# RESULTS CONT.

This ACHAP membership sample is geographically representative, including 3 CHAs in Central Africa, 4 CHAs in East Africa, 3 CHAs in South Africa, and 6 CHAs in West Africa, as shown in Figure 1 below. The heat map shows the number of health assets per country but is not adjusted for the size of the population. It is clear that additional systematic efforts are needed in order to measure the size and scale of Christian health assets of ACHAP members across the continent.

Figure 1: Heat Map of 16 Christian Health Associations



# DISCUSSION

Reporting by 16 Christian Health Associations in 15 countries indicates there 1,167 hospitals; 6,497 health centers or clinics, and 287 community programs. To equip health workers, these associations also operate 341 health training institutions; and to support the clinics, they operate 39 drug supply organizations. The volume, concentration, and organization of these assets underscore the tremendous benefit of engaging with these or similar networks for program development and partnerships. They should be included in any programs that expand access to services or improve the quality of care contributing to better local or national health outcomes. Policymakers should ensure that health authorities consider these institutions, remove regulatory obstacles and seek effective partnerships with the owners of these services.

This report is quite limited in scope, as an overview of the health assets associated with ACHAP networks in 15 countries in sub-Saharan Africa; undoubtedly, even in these countries, there are Christian health assets beyond those reported here. As our efforts continue, future iterations of this report will include other countries and continents. Additionally, there should be refined, standard definitions of levels of care characterizing facilities and more extensive research on samples of institutions to describe their service portfolios. There are multiple avenues for qualitative research: what value does faith ownership add to the local health system? How can health partnerships benefit from a linkage with trusted local churches and church leaders?

There is a need to improve the scope and quality of data on faith-based health systems flowing into global databases. The Christian Health Asset Mapping Consortium will take on some of these challenges, by augmenting these data and working to reconcile them with World Health Organization data.

The entire Christian Health Asset landscape needs more extensive documentation, including health facilities and community programs, training institutions, drug supply organizations, and local and global partnerships. A complete picture of the nature and scale of Christian health assets will help drive integration and partnerships.

The [Christian Health Asset Mapping Consortium](#) was established by the [Africa Christian Health Associations Platform](#), [Catholic Health Association USA](#), [Christian Connections for International Health](#), [Dalton Foundation](#), [International Christian Medical and Dental Association](#), and the [World Council of Churches](#). It aims to fill gaps in information about the scope and scale of faith based, especially Christian, health services. CCIH is the secretariat for this Consortium. CCIH is a global network based in the Washington DC area with global members working in over 90 countries. For more information, email [mapping.consortium@ccih.org](mailto:mapping.consortium@ccih.org).