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30 **CCIH**
HEALTH
SYSTEMS
INITIATIVE

2022
STAKEHOLDER
COMMITMENTS

FOREWORD

Dear colleagues committed to better health systems,

We are pleased to release the updated set of commitments by faith-based organizations to strengthen health systems. This effort was well underway before the current pandemic struck, and underscores what we all know: stronger health systems are necessary to meet current needs and prepare for emerging threats.

We welcome your partnership in CCIH's new 30x30 Health Systems Initiative demonstrating the power of faith-based organizations to strengthen at least 30 health systems by 2030. This is our way of drawing global attention to faith-based health services, coming alongside them to help strengthen their systems, and then seeing the results: improved access and utilization of high quality health services. A first step—and one that we will revisit in coming years—is gathering commitments from CCIH members to the ways they will strengthen their local health systems. That is the purpose of this document.

What follows are the 33 commitments from 36 organizations to work in 35 countries. We know other organizations will join in to these commitments, so this document will be updated periodically. Some of these are quite general, others more specific. These commitments span the range of mastering the basics, for everybody, everywhere in their area, to working on more advanced issues, upgrading to state-of-the-art care processes, and developing innovations. This is the first step in our collection, and expect refinement in these commitments with time.

Please use this document to spread the word among key global health stakeholders about the work and health systems impact of FBOs. We hope that evidence generated from 30x30 helps FB health services to improve resource mobilization, programs, and policies. Our ultimate goal is to see stronger health systems around the world and highlight the contribution of FBOs in the process.

Please visit the [CCIH 30x30 section](#) of www.ccih.org on our resources page, or contact us at 30x30@ccih.org with any questions or suggestions to make these commitments a reality.

A handwritten signature in blue ink that reads "Doug".

Doug Fountain
Executive Director

INTRODUCTION

The 30x30 Health System Initiative is designed to strengthen 30 health systems in which faith-based health services operate, by 2030.

Faith-based health services provide a substantial share of healthcare in low- and middle- income countries and are critically important partners in local, national, and global health.

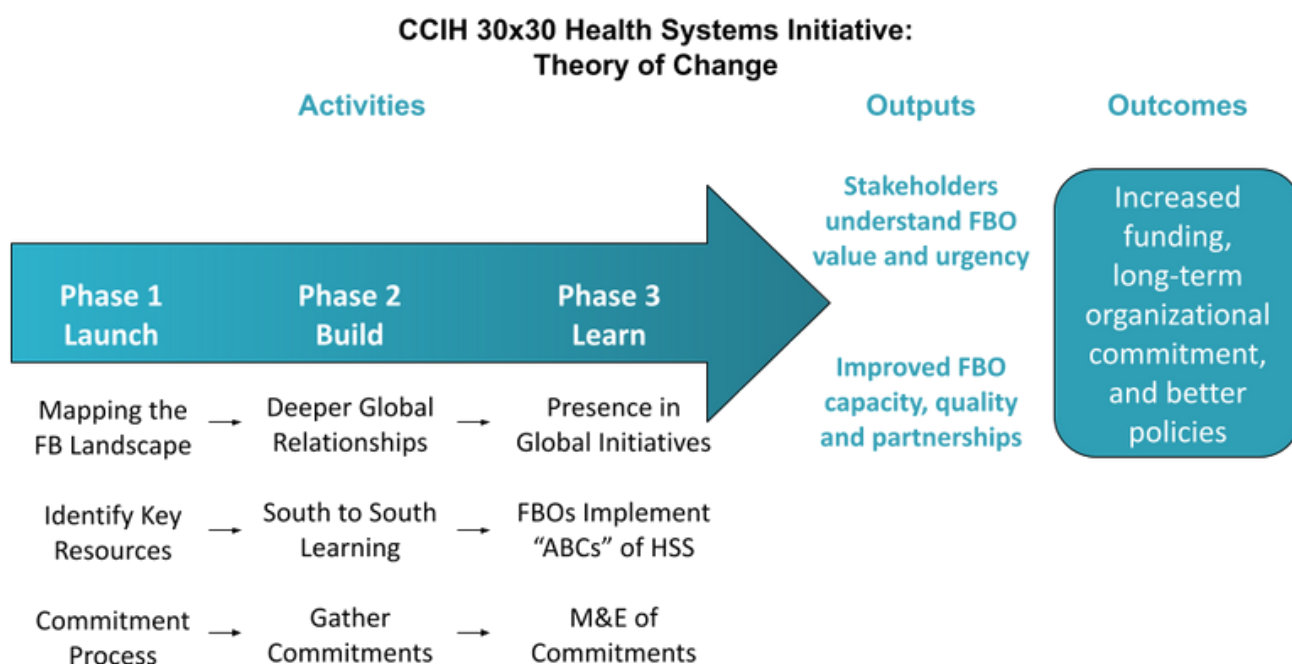
Faith-based health services operate in complex health systems: from community services to health facilities that include prevention and health promotion, community-based management of diseases, screening, referral, and treatment. They work with governments and other private health care providers and are often the only services available to underserved people living on the economic margins in rural and urban settings.

Like other areas of health services, faith-based health facilities and programs are in need of more support, improved staffing, better infrastructure, and modern systems. Faith-based health services are commonly regarded for their focus on dignity and compassion in the face of human suffering.

30x30 was announced in 2019, and several CCIH members and advisors contributed to the design and plan for the initiative, with activities that span three phases.

The foundation of 30x30 is the “health system commitment” in which members, affiliates, and other organizations commit to improve one or more health systems. CCIH invited organizations to submit commitments in late 2019, and this document summarizes the first, second, and third round of commitments.

CCIH 30x30 Health Systems Initiative



CCIH analyzed the commitments and grouped them into a set of Commitment Areas that are adapted from the World Health Organization's original Health System Strengthening building blocks:

- Access to Essential Medicines and Supplies, which includes equipment
- Financing, which includes increasing revenue and improving financial management
- Service Delivery, including facilities as well as clinical services
- Health Workforce, including both sufficient numbers of health workers and training
- Health Information Systems, including data as well as learning systems
- Leadership and Governance, including executive and board level issues

Additional areas added by CCIH are community services, including community mobilization and community health workers.

The following content is organized in two sections:

- Single country commitments by organizations focusing on specific, local systems; and
- Multiple country commitments by organizations that have tools or services that can benefit multiple countries.



ONE COUNTRY COMMITMENTS

Christian Health Association of Kenya (CHAK) NHCTS Workshop

Commitment Areas

Access to Essential Medicines and Supplies
Financing
Service Delivery
Health Workforce



Geographic Area

Kenya

Summary of Commitment

The Christian Health Association of Kenya (CHAK) will improve its Healthcare Technology and Institutional and Organizational Development (IOD) departments to help serve CHAK membership (540 facilities) by supporting their medical technology. CHAK will help the department realize its full capacity and capability by creating it as a legally registered business venture for sustainability. The department needs:

- Registration as a business unit of CHAK, with legal framework to have service contracts with facilities, and operate within the tax-exempt regulations.
- Representation with the Kenya Bureau of Standards and Kenyan Government standards committees.
- Licensing as a technical service provider by the Radiation Protection Board of Kenya to do radiology services.
- Well-trained service staff in installation, maintenance, calibration, safety assessment, and general biomedical engineering work.
- A range of test equipment and calibration and safety tools.
- Accreditation and certification to provide the biomedical, calibration, and safety services for membership and others.
- Obtain a means of transport for equipment distribution and routine preventive maintenance travels.
- Work with international partners for equipment donation and procurement logistics for CHAK member facilities.
- CHAK would like to partner with International Aid for mentorship, bench-marking, and collaboration in service, training, and mentorship until they can be self-sufficient.
- Construct a Radiation Dosimetry analysis lab to receive and launch the full utilization of quality assurance/quality control equipment being donated by Bread for the World, Germany. This lab will be identified or constructed and furnished to approved controlled standard operating conditions. This will allow CHAK to offer services to members at more affordable prices than on the open market.

Christian Health Association of Malawi (CHAM)

Commitment Areas

**Health Information Systems Health
Workforce
Leadership and Governance**

Geographic Area

Malawi



Summary of Commitment

CHAM commits to strengthen CHAM health facilities through improved health workforce, information systems, and governance in order to increase access to quality health service. CHAM will help:

- Strengthen staff recruitment and retention (focused on a few facilities at first).
- Strengthen recruitment and increase intake of students in CHAM training colleges especially cadres that are scarce on the market (focused on a few facilities at first).
- Strengthen data reporting systems in training colleges and in health facilities.
- Monitor how facilities enter data into the national Health Management Information System.
- Organize interface meetings with the leadership of various facilities in order to discuss pertinent issues affecting their facilities.
- Organize capacity building training for the leaders of various facilities to enhance their knowledge and skills.
- Continue to coordinate faith-based HIV initiatives targeting different congregations. The Executive Director of CHAM is the Chairperson of the Board of Director for Malawi Interfaith AIDS Alliance (MIAA).

Christian Health Association of Sierra Leone (CHASL) Healey International Relief Foundation (HealeyIRF) Helping Children Worldwide (HCW)

Commitment Areas

Health Information Systems
Health Workforce
Leadership & Governance
Service Delivery

Geographic Area
Sierra Leone



Christian Health Association Sierra
Leone



Summary of Commitment

Christian Health Association of Sierra Leone, Healey International Relief Fund, and Helping Children Worldwide jointly commit to:

- **Health Information Systems**
 - To support all 41 CHASL faith-based member facilities to collect service delivery data and to integrate this data into the government's District Health Information Software (DHIS2) efforts. This support will include ensuring access to DHIS2 registers at facilities and training on register use. In addition, they will work with facilities in understanding and analyzing data to improve service delivery.
- **Health Workforce**
 - To ensure that the almost 600 technical staff (Doctors, Midwives, Nurses, Community Health Officers and Maternal Child Health Aides) at CHASL facilities have the required knowledge and skill sets to address critical health issues in their catchment areas to improve health outcomes.
 - Initial training would focus on internationally approved courses such as the World Health Organization's Integrated Management of Childhood Diseases and Emergency Obstetric Care, in view of Sierra Leone's high maternal and under-5 mortality rates.
 - This will be supplemented with workshop training that includes guided self-learning resources and circulation of relevant health journal articles among facilities on a regular basis that could further professional development.
- **Leadership & Governance**
 - To build capacity of work with member facilities leadership and management by ensuring their own internal management systems and operational policies in place.
 - To strengthen capacity building for health facility leadership and management.
 - To produce publications and update the website regularly to highlight member facilities work.
 - To strengthen functionality of the CHASL Board, which has representatives from membership organizations, to steer the network better.
 - To develop and maintain an up-to-date inventory of all CHASL member health facilities and the services they offer. This will enable them to better advocate for members and identify resources required to support service delivery.
- **Service Delivery**
 - Conduct and analyze health facility needs assessments at all facilities to ensure they are implementing standards of good service delivery, with an emphasis on respectful care, as defined by the World Health Organization (WHO).
 - To continue efforts underway to improve Infection Prevention Control (IPC) capabilities at member facilities through the construction of incinerators.

Christian Medical Association of India (CMAI)

Commitment Areas

**Health Information Systems Health
Workforce
Leadership and Governance**



Geographic Area

India: 23 states divided into 13 regions where CMAI already has a regional coordination structure in place

Summary of Commitment

The Christian Medical Association of India (CMAI) is a membership organization of Christian healthcare institutions and Christian healthcare professionals. CMAI is the related agency for health of the National Council of Churches in India (NCCI). CMAI commits to:

- Provide mentorship for its members toward achieving quality accreditation of their services aligned with government policies and schemes to ensure government funding.
- Network with other FBOs and NGOs to ensure a united voice and strength for implementing signed public-private partnership contracts with government programs, especially in states where health indicators are poor.
- Implement a series of activities during the next three years, working closely with the NCCI and broadly coordinating with partners such as Emmanuel Hospitals Association, which runs 20 mission hospitals; The Centre for Bioethics, where all speak with a common voice on ethical issues; Evangelical Medical Fellowship of India, which nurtures the medical fraternity who run CMAI member hospitals; The Leprosy Mission Trust India, which has 14 hospitals; and the Christian Coalition for Health, which promotes advocacy with the Indian government policy-making circles. Key activities include:
 - Learning culture: Inculcate an ecosystem of learning within member institutions about the communities they serve through innovations and improvements in health information systems:
 - CMAI will build the capacity of its member institutions to adapt robust documentation processes using technology to ensure effective health information systems (will conduct market research on the best product for members and coordinate necessary training).

Christian Medical Association of India (CMAI) Cont.

- The government has also introduced the National Health Digital blueprint, which will be rolled out in the near future. CMAI hospitals will need to align to these rules, and CMAI will hold trainings as required. This training will include providing sufficient and clear field data (health intelligence) to provide service delivery at affordable costs (prioritize health interventions with local resources) and improve access to care.
- Use and share health intelligence for leaders to understand disruptive innovations locally and reach the unattended pockets in their respective regions. CMAI intends to inspire them and think about horizontal community-based interventions/outreach programs rather than vertical disease-based or population-based programs, which are at present working in silos in India.
- Health Workforce
 - Create strong networks with other FBOs and NGOs so that CMAI can provide an eco- system of support in the area of health workforce.
 - Nurture, motivate, and inspire young healthcare professional students to commit to serving in the mission.
- Leadership and Governance
 - The quality accreditation systems imposed by the government have a component on leadership and governance. CMAI commits to support this part of the capacity building by organizing more workshops and consultations with the hospital and church leadership toward achieving better governance. The NCCI will support CMAI in organizing the church leadership to participate and commit to improving governance. Mentoring of young healthcare professionals to become good leaders in their individual space is an activity for which CMAI is committed to using its network.

Community Fountain Organization (CFO)

Commitment Areas

**Health Workforce
Community Services**

Geographic Area

Rwanda (Kamonyi and Gatsibo Districts)



Summary of Commitment

Community Fountain Organization is making a commitment to health workforce and community services in Rwanda. CFO's work in Rwanda includes a water, sanitation, and hygiene (WASH) program that promotes hygiene in Gatsibo District (began in 2019) and an early child development (ECD) program (began in 2018) that includes a nursery school and parental education program in Kamonyi District. Church leaders sit on both WASH and ECD committees. The organization is working with community health workers, who are Ministry of Health volunteers, and "Friends of Families," who are Ministry of Gender and Family volunteers to support implementation of these programs. CFO commits to:

- **Health Workforce**
 - Train community health workers and teachers in hygiene promotion and menstrual hygiene management to support their WASH program activities, which include implementation of hygiene clubs in communities (92) as well as in schools (17).
 - Train community health workers to deliver parenting education to support their ECD program. Parenting education is focused on early child development, nutrition, hygiene, health promotion, and income-generating activities.
- **Community Services**
 - Implement a Community Early Child Development program in Catholic Churches in six villages in Kamonyi District, reaching 435 parents of children under six years old. Deliver hygiene promotion that emphasizes handwashing, sanitation, and safe drinking water in nursery schools.
 - Implement a WASH program focused on hygiene promotion and menstrual hygiene management in Gatsibo District targeting both faith-based schools and public schools.

The Dalton Foundation

Commitment Areas

Access to Essential Medicines and Supplies
Health Workforce
Leadership and Governance

Geographic Area

Haiti



Summary of Commitment

Understanding the entire landscape of healthcare in Haiti is extremely valuable. The data currently available identifies the areas of greatest need and what those needs are. This increases efficiency in funding and leads to the greatest impact. Dalton's commitment is to a large-scale, three-phase nationwide project designed to strengthen the Haitian Healthcare system:

- Step one has been ongoing since Fall 2017 with mapping the healthcare landscape of the country. The Dalton Foundation first aggregated facility information from the Ministry of Health and FBOs working in the country. (This is complete for all ten departments.) They then began systematically visiting each facility and collecting very detailed capacity data on the ability of each facility to deliver high-quality healthcare, including information on electricity, staffing, equipment, and medication access. Currently, three of the ten departments are finished, and Dalton commits to finishing nine of the ten by the end of 2020. Printed directories for these departments are being delivered to health care providers in these regions.
- The second step, which began in Spring 2018, was unification and collaboration. With other partners like The Cap Haitian Health Network and Ansanm pou Ayiti, Dalton helped form The Haiti Health Network to bring together healthcare professionals from around the nation to provide community, encourage leadership development, and share best practices. To date, they have held three conferences and have three more planned. A very active Facebook group continues communication between conferences and during this season of political unrest. They began holding weekly webinars for Haitian healthcare professionals on topics like COVID-19, emergency preparedness, mental health, and others.
- The third step is to use the information gathered in step one and the relationships developed and leaders identified in step two to design strategic projects that affect the health care system.

The Dalton Foundation Cont.

- Currently Dalton is implementing the Medical Equipment Modernization and Standardization Program in Northern Haiti. Working with the Department heads for the Ministry of Health in the Nord and Nord Est departments, they are not only providing much-needed basic diagnostic equipment like otoscopes, pulse ox units, and sphygmomanometers to the rural facilities, but are also working with larger facilities to standardize common equipment throughout the region. Dalton is setting up a training and maintenance hub in Northern Haiti that will house parts and spare units to minimize equipment downtime. They have assembled a clinical and technical training program that will employ and train three Haitian bio-med techs during the first two uses of the program. This training is set to begin June 2020.
- Through the backbone of steps one and two, Dalton is also working with partners on two other key projects with partners: emergency response and community health worker training.

The Dalton Foundation currently partners with The Cap Haitian Health Network, MDF Instruments, Blessings International (faith-based), Hope Smiles (faith-based), Innovating Health International, Hope for Haiti, Mission of Hope Haiti (faith-based), Haiti Mental Health Alliance, and Vitamin Angels. Dalton seeks larger organizations to join in the funding efforts in order to scale faster and increase the impact. They would love to work with USAID (have begun talking in Haiti), The Kellogg Foundation, The Gates Foundation, and any others who may be interested in a large-scale health system strengthening approach.

Église Méthodiste du Togo/PMDCT (Programme Méthodiste De Développement Communautaire Au Togo/Methodist Community Development Programme)

Commitment Areas

Financing
Health
Workforce
Leadership and Governance
Service
Delivery



Geographic Area

Togo, especially in the prefectures of Yoto, Lakes, Gulf, Sotouboua, and Kara

Summary of Commitment

Église Méthodiste du Togo/PMDCT's commitment is to improve access, utilization, and quality of services to the population we are privileged to serve, by:

- Improving utilization of curative and preventive services
 - Health promotion via radio, awareness, sensitization, and counseling activities to prevent diseases, identification and treatment of malnourished children, promoting vaccinations, etc.
 - Integrating the CHE (community health evangelism) model to train health workers and community health volunteers in a mobile clinic setting to be more equipped to share health knowledge in hard-to-reach communities alongside medical outreach.
- Improving Quality
 - Capacity building and continuous professional development of health personnel.
 - Updating the knowledge and skills of the nursing staff on topical themes (i.e. emergency response) so they have the same level of information and skills as health workers in government institutions.
 - Equipping key staff with certain medical skills/procedures needed in their regions as guided by staff requests/needs.
 - Train community health workers to help in disease surveillance and early presentation of cases to the health centers, especially pregnant women and vehicular accident victims.
- Resource mobilization to provide equipment and supplies to smaller health centers (i.e. mattresses, glucometers, medical dressing equipment (cotton, scissors, strips, Betadine, gloves, plasters, etc.), microscopes, medical beds, syringes (various sizes), sanitary pads, hand washing creams, etc.) and provision of sanitary facilities to communities (Ecosan).
 - Expand and improve on the range and quality of services we provide within five years.
 - Health education and promotional services for pregnant and lactating mothers to improve pre- and post-natal services.
 - Improved vaccination program.
 - Growth monitoring programs for children under 5 years old.
- Improving Access
 - Resource mobilization to open two additional health centers and a hospital by the end of 2025, for a total of six facilities.

Expanded Church Response

Commitment Areas

Health Workforce
Community Services

Geographic Area

Zambia: Two Provinces



Summary of Commitment

Expanded Church Response between 2022 and 2025 commits to i) Piloting scale up strategies for sustainable community health systems strengthening targeting volunteer community health workers we trained, and ii) Engage grassroots level local churches to national FBO entities who, while not viewed as a traditional health care agents when awakened and capacitated these exercise, have tremendous influence to positively affect health promotion, seeking early care, facilitate referrals, and much more by touching people's beliefs and affecting behavior. However, the means to incentivize the 8,000+ community volunteers we have trained and are giving life-saving attention at household level, and awakening the Church to realize its potential for health and wellbeing, is a gap. ECR aims to bridge this through its commitment to 30x30 in order to realize the game changing Health Systems Strengthening we have seen from this model.

ECR commits to strengthening two health systems areas between 2022-2025:

- **Health Workforce**
 - Pilot an increase in the number of caregiver/community savings and business groups by 20 more with 10+ Community Health Worker members.
- **Community Services**
 - Community health systems strengthening by sensitizing and getting 200+ church leaders / faith entities actively engaged in ECR's Church leadership module- Health, involved in community/household health, and participating in the pilot ECR online network with health information, education, tools and templates that will facilitate supporting the above mentioned efforts.

Hezekiah Health Foundation

Commitment Areas

Access to Essential Medicines and Supplies
Financing
Health Workforce
Service Delivery
Community Participation



HEZEKIAH HEALTH FOUNDATION

Geographic Area

North Central Nigeria (Emoriko and Okpudu Ogene, Kogi State, and Orokam, Benue State)

Summary of Commitment

Hezekiah Health Foundation (HHF) commits to provide community-based health services to rural areas and among the urban poor, with two key strategies:

- Solicit partnership with the National Health Insurance Scheme for health insurance, with a particular focus on maternal, newborn, and child health (MNCH) to ensure that urban poor, especially pregnant women and children under the age of 5, have access to services and do not depend on out-of-pocket payments.
- Establish a Community Health Adoption Project (CHAP)
 - HHF will select a community based on their health needs following a baseline assessment. Such communities will be in hard-to-reach rural areas and/or abandoned government facilities.
 - In each community, HHF will establish Community Mutual Health Associations.
 - Going forward, HHF will solicit for essential drugs and supplies from pharmaceutical industries, organizations, individuals, and online crowd funding to meet demand.
 - Equip primary health care centers with renovation of infrastructure.
 - Partner with neighboring institutions to train community-health extension workers and health facility staff in MNCH services to bridge gaps at grassroots levels.

Kunri Christian Hospital

Commitment Areas

Access to Essential Medicines and Supplies
Health Workforce

Geographic Area

Province of Sindh, Umerkot District, Pakistan

Summary of Commitment

Kunri Christian Hospital, rural healthcare project in the Diocese of Hyderabad, Church of Pakistan, commits to provide technical assistance to around 72 Christian hospitals, dispensaries, clinics etc. throughout the country. The technical assistance will be in terms of:

- **Access to Essential Medicines and Supplies**
 - Provide access to essential medicines for eye diseases and maternal and child health issues.
- **Health Workforce**
 - Educate and train staff in key skill areas to save the life of the mother and child at the time of pregnancy.



Le Bon Berger

Commitment Areas

Financing
Community Services



Geographic Area

**Democratic Republic of Congo (Kinshasa and
Bandundu provinces)**

Summary of Commitment

Le Bon Berger provides primary care, community education and prevention, and water, hygiene, and sanitation (WASH) programming, with a special focus on delivering care to underserved communities. Le Bon Berger commits between 2022 and 2027 in the Democratic Republic of the Congo (DRC) to:

- **Financing**
 - Improve the management and accountability of the financial system of the congregation, including 19 health facilities (hospitals, small care centers, and clinics) and a pharmacy depot through training of managers, monitoring and evaluation, and regular reporting.
- **Community Services**
 - Implement numerous training and awareness campaigns on health education, including basic principles of personal and community hygiene (hand washing, drinking water and maintenance of latrines) in order to prevent community outbreaks. Prevention and health promotion must be at the center of activities organized in the community, and activities will build a commitment to adopt responsible behaviors for personal health, that of others and of the community as a whole.

Muslim Family Counseling Services (MFCS)

Commitment Areas

Community Services

Geographic Area

Ghana



Summary of Commitment

The Muslim Family Counselling Services (MFCS) exists to provide information and services in sexual and reproductive health and rights, human rights, education and skills development using a multi-faith approach. MFCS engages communities with relevant health education aimed at demand generation for family planning services and promotion of public health through community mobilization. Established in 1990 MFCS is committed to ensuring healthy societies devoid of poverty, ill health and squalor.

MFCS commits to improving community services in MFCS target communities in Ghana:

- To intensify community mobilization and engagements for health education and promotions in our target communities in Ashanti, Upper East and Greater Accra Regions of Ghana.
- Encourage male involvement in child immunization to improve coverage and healthy children in Asokore Mampong Municipality of the Ashanti Region of Ghana.
- To build community trust and patronage of health facilities in target communities.
- Assist health facilities in target communities to reach out to communities with health information and pandemic management.
- Build friendly and healthy doctor patient relationships through community engagements.

National Medical Services Consortium

Commitment Areas

Access to Essential Medicines and Supplies

Geographic Area

India



Summary of Commitment

The National Medical Services Consortium is an independent organization under the Catholic Diocese of Northeast Diocesan Social Service Society, which provides purchasing services for health-care organizations. NMSC commits to:

- Provide group-purchasing services to about 90 mission hospitals across India that will facilitate reduced cost of medicines. This is crucial for small rural facilities particularly, who do not have sufficient purchasing power on their own.
- Source cancer medicines at a low cost for distribution to mission hospitals, through collaboration with Medical College Hospital, which has a large cancer center.
- Undertake contract manufacturing of generic medicines and distribute these to small mission hospitals at a low cost. They have engaged a manufacturer to produce low-cost branded versions of six medicines for NMSC.

Rural Health Services (RHS) of Sudan United Mission/ Nigeria Reformed Church

Commitment Areas

Health Workforce
Health Service Delivery

Geographic Area



Nigeria: primary target/starting point is Ebonyi State and then other states in Southeast and North Central Nigeria

Summary of Commitment

One of the major problems of healthcare delivery at the primary health care (PHC) level in Nigeria is inadequate human resources for health, particularly retention of health workers in the rural areas where those PHC centers exist. RHS has trained people through its community health department in Southeast and North Central zones of Nigeria. Thirty percent of people trained since 2016 are from those regions.

Our major commitments are:

- Training the health workforce: RHS will train mid- and low-level staff at the Sudan United Mission School of Health Technology's Community Health Department and the eight Sudan United Mission Hospitals in Ebonyi State.
 - The training results in a diploma in community health, or a certificate in community health. Workers with certificates spend 70 percent of their time working in the community and 30 percent in PHC centers, and vice versa for those with diplomas.
 - The training will reach workers where they are deployed to stop attrition rates and increase awareness and skills in villages.
 - Training will increase the number of available skilled birth attendants (SBA), which will in turn increase the number of deliveries attended by an SBA.
 - Community-health extension workers and health assistants are trained in:
 - Environmental and occupational health
 - Essential drugs
 - Health of the aged
 - Mental health
 - Treatment of common diseases and illness using their standing order
 - Reproductive, maternal, adolescent, child and neonatal health, and family planning
- Expand training in the following departments:
 - Medical laboratory
 - Health information/records
 - Environmental health
 - Pharmacy technician
- Continue health services delivery through our nine hospitals:
 - Maternal and child health
 - Treatment of tropical diseases
 - HIV/AIDS, tuberculosis, and leprosy
 - Medical and surgical emergencies
 - Health outreaches/medical missions

St. John's Medical College, Bangalore

Commitment Areas

Access to Essential Medicines and Supplies
Health Information Systems
Leadership and Governance
Service Delivery



ST. JOHN'S

Geographic Area

India

Summary of Commitment

St. John's will identify 10 mission hospitals in India from both CMAI (Christian Medical Association of India) and CHAI (Catholic Health Association of India) and place 10 post-graduate hospital administration students in the selected hospitals to work with the hospital administration team for one year. With the consent of the administrative heads of the selected hospitals, students (with the help of St. John's Faculty Team) will conduct scientific analysis of the hospital performance and will create strategies to address challenges for each of these hospitals and implement them. Depending on the hospital context, focus areas may include:

- **Cost reduction:** Primarily aimed at reducing the overall cost of running the hospital, key steps will be careful analysis of revenue cycle, optimizing staffing levels, proper scheduling of work, and exploring potential use of plant and land.
- **Effective human resources:** Sharpening the skills of the staff, giving them coaching on the job, exploring possibility of multi-tasking, and offering soft skills training.
- **Right choice of technology:** The priority will be to support the hospitals to maximize use of IT and use of software (at least free open software), introduce them, and stabilize their function. IT-enabled access with different higher facilities for consultation and case discussion will be facilitated. Staff will be given on-the-job training to use IT.
- **Efficient purchase of medicines, surgical commodities, and consumables:** Improve scientific inventory analysis, purchase from the right sources, and better negotiations will be the priority. Maximizing automation in possible areas like dietary, laundry, etc. to reduce staff time and improve the process. Once the hospital decides to purchase a machine, St. John's will assist in systematic planning and scheduling of its purchase, installation, and functioning.
- **Pro-poor services.**

Students who begin their career will also learn to work as part of a team and get to know the various challenges at different locations in the country.

Tanzania Initiative for Achievement

Commitment Areas

Leadership and Governance
Health Workforce
Community Services



Geographic Area

Tanzania (Two districts of Mbozi and Momba in Songwe region)

Summary of Commitment

Tanzania Initiative for Achievement (TAZIFA) commits to ensure equal access for justice for all by providing legal education and legal aid as a tool to end Sexual and Gender Based Violence (SGBV), promote gender equality, prevent and end violence against children and women in Momba and Mbozi Districts.

Leadership and Governance and Health Workforce

- TAZIFA is committed to provide training to Civil Society Organizations (CSOs) which prioritize women and children in Mbozi and Songwe Region in Tanzania. Christian religious leaders, traditional leaders, women and children CSO leaders and local leaders from their respective wards and districts will be part of the training. Training also includes good parenthood to community health providers, church leaders, CSO and local leaders and covers other cross-cutting issues such as prevention of corruption. Training will be provided to:
 - 3 CSOs in Mbozi district
 - 3 CSOs in Momba district
 - 10 wards in Mbozi district
 - 14 wards in Momba district

Community Services

- TAZIFA will provide prevention, treatment and care for HIV/AIDS (counseling and prevention), tuberculosis, and malaria, in addition to providing SGBV interventions, water, sanitation and hygiene (WASH) services, human rights advocacy, and gender and legal aid services.

World Hope International

Commitment Areas

Access to Essential Medicines and Supplies
 Financing
 Health Information Systems
 Health Workforce
 Leadership and Governance
 Service Delivery
 Community Services



Geographic Area

La Gonave Island, Haiti

Summary of Commitment

LaGonave Wesleyan Hospital is a private hospital with a direct catchment population of 79,000, making it the primary health facility for over half the island's estimated 100,000 – 130,000 population. This commitment is focused on activities under a grant agreement between World Hope International (WHI) and LaGonave Wesleyan Hospital, in effect from 2020 to 2025. WHI will provide an updated solar electrical system and back office financial support and develop a strategic plan. In addition, WHI is represented on the hospital board to provide technical assistance on financial and legal matters. LaGonave Wesleyan Hospital will operate the hospital by obtaining all licenses and permits, providing oversight and management of employees, and maintaining compliance with the Haiti Ministry of Public Health and Administration. Other collaborators include Build Health International, Ministry of Public Health Haiti, Haitian Global Health Alliance, and GivePower.

World Health International commits to:

- **Access to Essential Medicines and Supplies:** Provide significant upgrades to available water by piping potable water from GivePower's desalination center and to the electric power system by installing solar panels at the hospital.
- **Health Workforce:** Support RN and MD residents' transition from advanced beginner to competent professional through the social service residency program.
- **Health Information Systems:** Do a comprehensive systems evaluation, including 1) water, waste, electrical, and mechanical infrastructure assessment; 2) security and safety assessment; 3) clinical and operational service assessment; and 4) clinical referral and gap assessment and develop recommendation for short term and long-range strategies (growth trend) and capital projects.
- **Financing:** With recommendation from a comprehensive evaluation, implement the financial section of the five-year strategic plan, including providing cost-effective care and developing local partnerships, including schools, orphanages, and other NGO partners related to health.
- **Leadership and Governance:** Review and amend policies, strengthen hospital structure, and expand hospital partnerships in line with recommendations from the comprehensive evaluation.
- **Service Delivery:** Improve delivery of service, such as screening for pre-eclampsia, monitoring of high-risk pregnancy, pre-natal care, in line with recommendation from a comprehensive evaluation.
- **Community Services:** Improve/restructure community education program, in line with recommendation from a comprehensive evaluation.

Zimbabwe Association of Church-Related Hospitals

Commitment Areas

Access to Essential Medicines and Supplies
Financing
Health Information Systems
Health Workforce
Leadership and Governance
Service Delivery

Geographic Area

Zimbabwe



Summary of Commitment

The Zimbabwe Association of Church-Related Hospitals (ZACH) commits to:

- **Expand Diabetes Type 2 program** through purchase of medicines and equipment, IEC/community education and awareness materials and health promotion sessions, and training health personnel. This is currently in eight provinces, with the hope to expand to Mash East Province, which has nine districts.
- **Visual Inspection with Acetic Acid and Camera (VIAC):** Currently working to detect and prevent cervical cancer in women ages 30-50 years old in 11 districts. There is a phased expansion to scale-up the program in four more districts at a time to meet demand.
- **WASH Program:** Currently in six hospitals, with a need to expand nationally to upgrade incinerators, improve waste management systems, ensure availability of protective clothing and detergents, water tanks and treatment, and training in infection control and cross infection avoidance at hospitals.
- **Leadership and Governance:** All mission health facilities need leadership development. ZACH would like to have regional capacity exercises each year for mission health leadership to ensure governance structures and how they shape the role and expectations of the leadership; help prepare leaders to anticipate and lead change; and strengthen the role of leadership in shaping public policy and the implications amid new and emerging challenges of leaders across all sectors.
- **Resource mobilization:** Capacitate church health facilities in the ZACH network in budget allocation, HRH strategies, and proposal writing with international partners and the Ministry of Health and Child Care, to overall improve health service delivery and emergency preparedness.
- **Data for decision making:** Capacitate church health facilities to collect, clean, report, and analyze data accurately to inform decision making for meaningful interventions.



MULTIPLE COUNTRY COMMITMENTS

African Mission Healthcare

Commitment Areas

Financing
Health Workforce
Leadership and Governance
Service Delivery



Geographic Areas

Angola, Burundi, Cameroon, Gabon, Kenya, Liberia, Malawi, Niger, Nigeria, South Sudan, Tanzania, Togo, and Uganda

Summary of Commitment

African Mission Healthcare commits to strengthen mission hospital institutions. Key strategies are to:

- Improve hospital management (training and systems improvements in finance, HR, and inventory).
- Improve access and utilization of sponsored safe surgeries through WATSI and Surgical Access for Everyone (SAFE), an online platform that enables people to support surgeries for those who cannot afford them.
- Hospital infrastructure grants and sustainability consultations: housing (for African training residents and faculty); in-patient wards; out-patient clinics; operating theaters; solar power units to improve reliability and decrease costs of electricity; and diagnostics and treatment of HIV and TB (training in HIV and facilitate and purchase necessary equipment and reagents).
- Increase the numbers of health workers and train the future health workforce
 - Training and training scholarships in surgery and family medicine.
 - Strengthen mission hospitals to become teaching hospitals in order to improve quality of care through advanced physician training from medical schools, internships, and residency programs.
 - Specific training in HIV and maternal care.

American Leprosy Missions

Commitment Areas

Community Services

Geographic Areas

India, Nepal

Summary of Commitment

American Leprosy Missions commits to:



Ending neglected tropical diseases (NTDs) through women-led water, sanitation and hygiene (WASH) programs, and accelerating impact through women's self-help groups (SHGs) between June 2021-June 2024.

- SHGs in 130 villages will develop and implement evidence based advocacy plans to influence duty bearers in addressing identified priority WASH issues in their villages.
- SHGs in 130 villages will support people affected by leprosy and lymphatic filariasis to manage their disease condition and access social entitlements.
- Create learning documents and research publications to increase knowledge and awareness on WASH & NTDs.

Blessings International

Commitment Areas

Access to Essential Medicine and Supplies

Geographic Areas

Global



Summary of Commitment

Blessings International is committed to strengthening the supply chain and pharmacy and general leadership of faith-based health care organizations to improve access, quality, and opportunity for service to the vulnerable populations being served by these organizations. Blessings commits to:

- Track the human treatment value in 100 countries globally. The human treatment value is a measurement that quantifies the medication by the number of treatment days.
- Perform independent assays of pharmaceutical products, site visits of vendors, and strict regulatory adherence and oversight to improve quality of products.
- Provide long expiration dates to assure providers and patients alike have the ability to appropriately utilize pure, safe, and effective medicines, while remaining in compliance with various ministries of health.
- Ship safe, pure, and effective essential medicines, vitamins, and supplies directly to the country of use through coordination with key partners, organizations, and governments, thereby allowing improved delivery of service to vulnerable stakeholders.

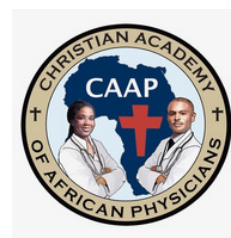
Christian Academy of African Physicians

Commitment Areas

Health Workforce

Geographic Areas

Nigeria, Democratic Republic of Congo, Liberia, Cameroon, Kenya, Burundi, Niger, Gabon, Ethiopia, Malawi, and beyond



Summary of Commitment

CAAP seeks to support the development of church hospital residency training programs for African Christian primary care physicians who need specialty medical training, with a strong emphasis on community-oriented primary care and population health.

Several family medicine and internal medicine residencies already exist in Nigeria, DRC, Liberia, Cameroon, and Kenya. CAAP supports these programs and helps establish new, mainly family medicine residency training programs, over the next 10 years alongside the 6 surgical training programs of Pan African Academy of Christian Surgeons (PAACS) in Burundi, Niger, Gabon, Ethiopia, and Malawi. Additional requests for assistance are expected during the next 10 years from church health systems among the 32 countries of the Africa Christian Health Associations Platform (ACHAP).

CAAP intends to support the development of accredited family medicine or internal medicine-pediatrics residency programs by 2030 in each of the 12 hospitals currently hosting PAACS general surgical training. The activities include:

- **Primary Care Curriculum Development and Repository:** Develop and implement residency curricula for family medicine, internal medicine, pediatrics, and emergency medicine. Encourage and collaborate with Christian Medical College Vellore and others to make available a two-year diploma course for medical officers/GPs.
- **Spiritual Curriculum Development and Repository:** Through collaboration with PAACS and others, write, source, review, and make available spiritual curriculum components.
- **Professional Development and Global Fellowship:** Collaborate with others to provide faculty development resources online and in face-to-face seminars. Prepare Africa-based global health education fellowship for expatriates and African faculty.
- **Recruit, Prepare, and Network Primary Care Faculty with Residency Programs:** Help Christian primary care clinicians and academics to find their place of educational service and prepare them for cross-cultural clinical mentoring and discipleship.
- **Facilitate Short-Term Teaching Trips:** Facilitate visiting consultants and groups to teach in African residency programs.
- **Promote Advanced Degrees in Public Health, Education, and Other Training:** Provide modular, online training in population health that may lead to an advanced degree.
- **Residency Consultation Support and Networking:** Provide consultations to support the creation, strengthening, and certifying of primary care training programs.

Christian Health Service Corps

Commitment Areas

Health Workforce
Service Delivery



Geographic Areas

Angola, Cambodia, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Honduras, Haiti, India, Kenya, Malawi, Mexico, Pakistan, Peru, Republic of Congo, Rwanda, Uganda, Ukraine, Zambia, and three undisclosed countries.

Summary of Commitment

CHSC has health professionals serving in 16 countries and facility partners in 6 more countries. CHSC supports U.S. and international healthcare professionals in underserved areas who provide clinical and community health services at minimal cost to recipients, increasing access, quality, and utilization. CHSC commits to the following by 2030:

- Increase the number of Christian U.S.-trained healthcare professionals serving full-time in clinical and community global health by at least 50.
- CHSC health professionals provide a wide range of inpatient, outpatient, and community level disease prevention and treatment services. It currently has 70 full-time healthcare professionals and support staff serving in 16 developing countries. CHSC presently partners with 30 hospitals and health programs.
- Increase the number of national healthcare professionals CHSC mentors and contribute to training 1,000 annually.
- CHSC's mission is to build community capacity to sustain, support, and improve Christ-centered compassionate health services. The primary method is training and mentoring health-care professionals.
- Currently, 40 percent of CHSC field staff are involved in formal training of healthcare personnel in facilities, 35 percent are involved in formal training of community healthcare personnel, and 65 percent are involved in informal training at both the clinical and community levels. This involvement in training and capacity building will exponentially increase the healthcare workforce and strengthen the health systems. CHSC encourages and supports all field staff to be involved in training and capacity building, and by 2030 hopes to increase the 65 percent involved in informal training to 80 percent.
- Equip at least 1,000 people through CHSC's Texas training center and facilitate at least 5 training programs in international locations before 2030.
- These training initiatives indirectly affect the quality of global health and patient safety in all regions of the world since those who attend courses work globally in both short and long-term capacities. CHSC offers live and online training programs on many areas of global health, including WHO guidelines, teaching healthcare in a global setting, tropical diseases, community health development, disaster response, and clinical skills for underserved areas.

Christian Health Service Corps Cont.

CHSC efforts are focused on supporting and building capacity within mission hospitals and community health programs. Most of these hospitals or community health initiatives are operated by national or regional church denominations. CHSC healthcare professionals serve alongside national staff and volunteers and form inter-professional, intercultural teams that encompass staff from a number of different organizations. CHSC works closely with PACCS, CAAP, the Global CHE Network, MedSend, and other organizations and has partnership agreements with approximately 30 healthcare facilities in 17 countries. CHSC healthcare professionals also have working relationships with national Ministries of Health and other governmental and non-governmental organizations in the areas, countries, and regions where they serve. CHSC training programs include U.S. and international-based participants from multiple organizations.

By 2030 CHSC seeks to expand its global footprint by adding at least eight additional countries where there are serving health professionals.

Catholic Medical Mission Board (CMMB)

Commitment Areas

Leadership and Governance
Service Delivery
Community Services



Geographic Areas

South Sudan, Zambia, Kenya, Haiti, and Peru

Summary of Commitment

Children And Mothers Partnerships (CHAMPS) is Catholic Medical Mission Board's (CMMB) long-term commitment to help address health inequities for vulnerable women and children and their communities by working on both the healthcare system and user sides, following its theory of change:

- On the health system side, CHAMPS seeks to improve access through fully empowered community health workers (CHWs) who work to complement and expand the reach of services, and through adequately functional primary and referral healthcare facilities that provide quality services. The program works to achieve quality through increased local capacity for mentorship, coaching, training, use of data, and accountability; and the work focuses on access and quality of services around ten critical areas within the MNCH scope.
- On the healthcare user side, CHAMPS seeks to enable service demand or "care seeking" and adoption of healthy practices through enhancement of skills – knowledge, attitude, practices – of mothers and caregivers of children under-five, and of the community at large; this is done through empowerment of CHWs, healthcare workers (HCWs), and community health leaders (CHLs) as resilience takes community capacity building for the long term.

CMMB commits from 2022-2030, working in 5 countries (South Sudan, Zambia, Kenya, Haiti, and Peru) to:

- Leadership and Governance
 - Improve health system leadership and governance capacity at community and facility by supporting community health committees and facility management committees.
- Service Delivery
 - Improve access to and quality of MNCH services in all five countries by serving the target population and training of nurses, midwives, lab techs, and pharmacists.
- Community Services
 - Strengthen community health systems by empowering at least 600 CHWs to conduct home visits for curative, preventive and promotive MNCH services in all five countries.

CURE/International Aid

Commitment Areas

Health Workforce
Service Delivery



Geographic Areas

Ethiopia, Kenya, Malawi, Niger, Philippines, Uganda, Zambia

Summary of Commitment

CURE International and International Aid shared a long-standing relationship built on a common interest ministry reaching some of the most economically challenged areas of the world. After a careful and deliberative process, the organizations formally joined in July 2019, with International Aid a distinct, but wholly owned subsidiary of CURE International. This natural partnership strengthens both ministries and demonstrates the power of unity and collaboration. From the standardization of equipment to the growth of its referral network, this organization will experience gains that will ultimately lead to more people served around the world.

The new CURE International / International Aid organization commits to:

- Surgical training to improve the lives of children with physical disabilities: CURE operates eight hospitals and six programs including five surgical trainings and one neuro program for hydrocephalus and spina bifida.
- A world-class medical equipment and supplies logistics function leveraging quality gift-in-kind and bulk procurement strategies to support CURE network hospitals, CURE partner/referral facilities, and other like-minded mission hospitals as appropriate.
- Community Support with local partners and MOH, including:
 - Access to surgical training and biomedical technician and medical equipment management training.
 - Advocacy and awareness of physical disabilities. CURE works alongside the MOH and local partners to raise awareness of treatable disabilities, acceptance by the community, and advocates for accessibility in public spaces, especially at schools and medical facilities.
 - Community support, such as mobile outreach to rural areas for assessment and referral to the hospital.

This includes collaborating with local partners (PAACS, COSECA, Smile Train, CBM, Build Health International) and Ministries of Health, ultimately increasing and strengthening access to quality healthcare.

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Ecumenical Pharmaceutical Network (EPN)

Commitment Areas

Access to Essential Medicines and Supplies
Health Workforce
Leadership and Governance
Service Delivery

Geographic Areas

Sub-Saharan Africa



Summary of Commitment

Ecumenical Pharmaceutical Network commits to:

- **Access to Essential Medicines and Supplies:**
 - Increase use of Standard Treatment Guidelines in at least 100 members' facilities (maternal, neonatal and child health, HIV/AIDS, non-communicable diseases, and antimicrobial resistance).
 - Reduce stock-out and wastage in at least 100 health facilities by 80 percent, focusing on bottom 25 percent facilities.
 - Increase availability of priority medicines for NCD, MNCH, IPC/AMR, HIV, NTD in at least 100 church health facilities and in 100 percent of EPN's 18-member drug supply organizations.
 - Increase the number of health facilities meeting EPN performance indicators on availability of medicines and appropriate pharmaceutical management.
 - Support and guide members to engage in Pooled Procurement initiatives.
- **Health Workforce**
 - Train pharmaceutical staff in the Essentials of Pharmaceutical practice on the EPN Learning Management Platform (training.epnetwork.org).
 - Deliver basic training in pharmaceutical practice for the bottom 25 percent of health facilities, (typically small and rural with no pharmaceutical staff) to improve their pharmaceutical services.
- **Leadership and Governance**
 - Improve the pharmaceutical services in about 50 hospitals through training of hospital management and church leaders on hospital boards on the importance of pharmaceutical services for the hospital.
 - Improve medicine quality and safety by promoting the MINILAB network as an entity that provides small-scale quality assessment services for drug supply organizations and formation of government collaborations.
- **Service Delivery**
 - Improve pharmaceutical services (counselling, dispensing, procurement) in bottom EPN member facilities through training.

Global Health Action

Commitment Areas

Access to Essential Medicines and Supplies
Service Delivery
Leadership and Governance
Community Services

Geographic Areas

Haiti, India, Kenya, Nigeria, Uganda



Summary of Commitment

Global Health Action (GHA) has been engaged in practical programming, training and capacity building for faith-based (local FBOs, including but not limited to health facilities), government, and community-based organizations since 1972. To date, GHA's trainings and practical programs have positively affected the lives of more than 69 million people in 97 countries. Our core areas include 1) maternal, child, and adolescent health, 2) wellbeing, and 3) overall leadership management and governance for community and health systems.

Global Health Action commits to:

- **Leadership and Governance**
 - To strengthen leadership and governance capacities through trainings and technical assistance that include, but are not limited to, leadership development, organizational development, community-clinical connections, community engagement, risk communication, board development, strategic planning, program planning, and sustainability.
 - Initial focus: Haiti, India, Kenya, Uganda
- **Access to Essential Medicines and Supplies**
 - To ensure equitable access to medicines in Haiti, specifically through the introduction of 7.1 percent chlorhexidine digluconate (CHX), which is an essential commodity for maternal and child health (MNCH), recently added to Haiti's Essential Medicine List with GHA's efforts.
 - To develop a national costed plan for the introduction and implementation of CHX through multi-stakeholder engagement at the national level (public, private, and faith-based sectors).
 - To map the existing pharmaceutical supply chain systems (public, private, and hybrid private/faith-based/NGO).
 - Focus country: Haiti
- **Service Delivery**
 - To strengthen the capacities of faith-based organizations and community-based organizations through training, technical assistance, and project implementation support for improved MNCH and wellbeing service delivery among vulnerable populations.
 - Initial focus: Haiti, India, Kenya, Uganda
- **Community Services**
 - To work with community-based and faith-based organizations to address the health and wellbeing challenges faced by the communities they serve, specifically MNCH and leadership development.
 - Initial focus countries: India, Kenya, Nigeria, Uganda

GHA believes in partnership and collaboration. We work with community organizations, national organizations, government agencies, faith-based organizations, and NGOs.

IMA World Health

Commitment Areas

Financing
Leadership and Governance

Geographic Areas

30+ African countries



IMA WORLD HEALTH

In concert with Corus International

Summary of Commitment

IMA World Health, a member of the Corus International family, commits to help prepare and position the Africa Christian Health Associations Platform (ACHAP) and member organizations to prime large awards. IMA is committing funding to collaborate with ACHAP to extend opportunities to CHAs to strengthen their institutional capacity in key areas that contribute to sustainability, such as leadership and planning, business development and communications, and monitoring and evaluation.

In the current donor environment, helping ACHAP members build their capacity to compete for and implement projects funded by institutional donors will allow them to strengthen investment in the scope, quality, and sustainability of health service delivery by their network facilities in their respective environments.

Working with ACHAP and member organizations, IMA will:

- Hold one or more training events designed to meet identified needs. The training(s) will be geographically disparate, open to ACHAP members we have partnered with previously and those we have not, and outcome focused. We will engage experienced CHAs to collaborate on content development, facilitation, and presentation. As a follow-up, we envision working more intensively with selected ACHAP members where some additional technical assistance is most likely to result in institutional readiness to manage major donor-funded projects.
 - The first of these workshops, on leadership and planning, was held in December 2019 in Tanzania with 15 ACHAP Executive Directors representing East, Southern, Central, and West Africa.
- Identify specific opportunities to partner with ACHAP and member CHAs, aiming to leverage their unique assets and increase their impact and visibility as vital actors in health promotion and service delivery.
- Provide technical assistance and/or funding to CHAs to engage in high-priority interventions that meet local needs and build institutional or technical capacity.

Kupenda for the Children

Commitment Areas

Community Services

Geographic Areas

Kilifi County, Kenya (innovation center) and work with partners in Kenya's other counties and in Burundi, Tanzania, Zambia, Sierra Leone, and Malawi

Summary of Commitment

Kupenda for the Children commits to:

- Train religious leaders (Christian and Muslim), traditional leaders, government leaders, families, teachers, and NGOs as health and justice advocates for children with disabilities.
- Advocate for support for children with disabilities via home visits, counseling, monitoring, and service referrals.
- Conduct disability justice sensitization activities in their communities.



LifeNet International

Commitment Areas

Access to Medicine and Supplies
Financing
Health Workforce
Service Delivery



Geographic Areas

Burundi, DRC, Ghana, Kenya, Malawi, and Uganda

Summary of Commitment

LifeNet International commits to the following between 2022 and 2025 in 6 countries (Burundi, DRC, Ghana, Kenya, Malawi, and Uganda):

The LifeNet program is focused on equipping and empowering existing healthcare providers and institutions in the faith-based healthcare sector in Africa. The intervention design takes an asset-based approach to development. Rather than build new clinics and bring in external healthcare providers, LifeNet builds and strengthens the capacity of local healthcare ministries, people, and resources, effectively empowering these ministries to care for their communities with respect, confidence, and evidence-based knowledge. LifeNet partner healthcare facilities receive a suite of high-impact interventions including: clinical training, management training, equipment supply, on-site mentoring, digital learning tools, and monitoring, evaluation, and learning processes.

Access to Medicine and Supplies

- LifeNet provides four modules of training in financial, human resources, and administrative best practices including pharmaceutical and stock management. Additionally, LifeNet seeks out opportunities to collaborate with third-party equipment donors to provide subsets of healthcare facilities with essential medical equipment and supplies.

Financing

- LifeNet provides four modules of training in financial, human resources, and administrative best practices that address leading causes of financial instability and insolvency.

LifeNet International

Health Workforce

- LifeNet provides five modules of interactive and hands-on training and mentoring in clinical best practices, equipping facilities to provide excellent curative care and addressing leading causes of preventable death and disease. The five modules of evidence-based training include: Infection prevention, neonatal care, maternal care, pediatric care, and burden-of-disease care. All training emphasizes compassionate and respectful care that recognizes the dignity and worth of every patient. LifeNet also provides partners with a comprehensive lesson on COVID-19 best practices for healthcare workers and all training is delivered with a sensitivity to the COVID-19 healthcare context.

Service Delivery

- Alongside training, LifeNet provides mentoring and coaching to staff in each partner health facility, offering supportive supervision to health workers to augment the training they receive. With data gathered through rigorous monitoring and evaluation processes, LifeNet trainers can provide follow-up training that is tailored to difficulties health workers are facing in each facility. This informed and hands-on supervision is an effective means of ensuring long-term behavior change among health workers and system change in health facilities. Supportive supervision includes follow-up training to reinforce what is learned through the training curricula as well as learning reinforcement tools including checklists and posters.

Medical Benevolence Foundation (MBF)

Commitment Areas

Health Workforce

Geographic Areas

DRC, Haiti, Kenya, and Malawi

Summary of Commitment



Medical Benevolence Foundation (MBF) commits to:

A well-trained health workforce with career opportunities and the opportunity for on-going training in their countries. Working toward these goals, MBF created the Center for Global Nursing Development (CGND) which exists to help promote nursing, nursing leadership, and improve access to nursing education. The Center offers mission nursing schools and hospitals tools for nursing education expansion, professional advancement of nurses, and clinical systems development. The nursing schools MBF helps to support graduated over 500 nurses in 2021 and have developed some of the first or only BSN and MSN programs in their countries.

MBF is also committed to training local doctors to improve access to surgical medical care. In 2021 MBF assisted the sponsorship of surgical residencies for two surgeons in Malawi. The residents came from MBF partner mission hospitals in Malawi and are being trained at another MBF partner mission hospital in that country. Malawi has less than 50 surgeons for a population of 19 million people. The residents will return to their home hospitals as trained surgeons and help improve access to surgical care.

Health Workforce

- We commit to providing Critical Care Training to at least 25 hospital nurses over the next 24 months in developing countries. This formal Critical Care Training is necessary to equip nurses who are expected to care for surgical patients and other more complex cases.
- We commit to implement a critical care training curriculum for undergraduate nursing students in 3- 5 mission nursing schools over the next 24 months. The training will include classroom and clinical lessons. The results will be measured by the number of students who successfully pass an exit exam at the end of the training.
- We commit to continue to support the surgical residency program in Malawi for the next 5 years. During this time a total of 2 new surgeons who are from Malawi will be ready to practice surgical care in Malawi. The results will be measured by the number of surgical residency students and graduates over the 5-year term.

World Council of Churches

Commitment Areas

Health Information Systems Service
Delivery
Health education



Geographic Areas

Global

Summary of Commitment

The World Council of Churches (WCC) commits to two activities by 2021:

- First, WCC is mapping global Christian health networks, in collaboration with Christian health associations. Phase I involves collecting an inventory of Christian health associations and networks worldwide (in process), while Phase II involves collecting facility-level service delivery data. This project will promote information sharing about service delivery and capacity needs or availability; support decision making and advocacy based on data; and support efforts to strengthen norms and standards for Christian health care (e.g. supporting management and leadership, pharmaceutical supplies, partnerships with Ministries of Health and others).
- Second, WCC will strengthen church congregation-based health promotion in collaboration with regional and national church councils, churches, and ecumenical partners. The four interventions are health education, practical action, advocacy, and public witness. The areas of behavioral modifications are physical activities/active lifestyles, food and nutrition, and smoking and tobacco use cessation.

World Renew

Commitment Areas

**Health Workforce
Service Delivery
Advocacy
Community**

Geographic Areas

**Bangladesh, Guatemala, Kenya, Malawi, Mozambique, Niger,
Nigeria, and Uganda**



Summary of Commitment

In 2013, World Renew established a 10-year Global Initiative for Maternal, Newborn, and Child Health Nutrition (MNCH-N) to promote learning and innovation in health. This initiative is dedicated to strengthening the organization's MNCH programs with a targeted focus on populations with high maternal, newborn, and child mortality and child stunting. Launched through a phased tiered approach in eight countries (Bangladesh, Guatemala, Kenya, Malawi, Mozambique, Niger, Nigeria, and Uganda), the program works with 239 communities and reached nearly 20,000 direct participants in 2019.

World Renew seeks to improve health service delivery, strengthen health workforces, and support community-based advocacy. World Renew local staff and technical experts work with local NGOs to provide capacity building in training of local community health groups to create demand and advocate for higher quality and equitable health services; linking communities with government and mission clinics; promoting active participation on local government health committees, and advocating for improved supply; training health workers (formal and informal health care professionals) to build capacity and leadership to advocate for health services; and carrying out robust qualitative/quantitative surveys and action research using a participatory learning approach. Improvements in health service delivery and in allied systems such as WASH are opportunities that World Renew leverages for rapid improvements in these countries.

30X30 COMMITMENT MAKERS AS OF MAY 2021

The following organizations committed to strengthen local health systems:

- African Mission Healthcare
- American Leprosy Missions
- Blessings International
- Catholic Medical Mission Board (CMMB)
- Christian Academy of African Physicians
- Christian Health Association of Kenya NHCTS workshop
- Christian Health Association of Malawi
- Christian Health Association of Sierra Leone (CHASL) / Healey/ Helping Children Worldwide
- Christian Health Service Corps
- Christian Medical Association of India
- Community Fountain Organization
- CURE / International Aid
- The Dalton Foundation
- Ecumenical Pharmaceutical Network (EPN)
- Église Methodiste du Togo/PMDCT
- Expanded Church Response
- Global Health Action
- Hezekiah Health Foundation
- IMA World Health
- International Relief Foundation (HealeyIRF)
- Kunri Christian Hospital

- **Kupenda for the Children**
- **Le Bon Berger**
- **LifeNet International**
- **Medical Benevolence Foundation**
- **Muslim Family Counselling Services**
- **National Medical Services Consortium**
- **Rural Health Services Sudan United Mission / Nigerian Reformed Church**
- **St. John's Medical College, Bangalore**
- **Tanzania Initiative for Achievement**
- **World Council of Churches**
- **World Hope International**
- **World Renew**
- **Zimbabwe Association of Church-Related Hospitals**

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