DATA BRIEF

CHAMC
CHRISTIAN HEALTH ASSET MAPPING CONSORTIUM

SUMMARY DATA REPORT FROM 22 CHRISTIAN HEALTH NETWORKS IN SUB-SAHARAN AFRICA

ASSEMBLED BY THE CHRISTIAN HEALTH ASSET MAPPING CONSORTIUM

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INTRODUCTION

In many Low- and Middle-Income Countries, Christian and other faith-based health services play a significant and essential role in providing healthcare to individuals who may otherwise have limited access to medical services. In some cases, some government health services are delivered through faith-owned facilities; in other cases, these public and faith-owned facilities operate in conjunction with each other or in nearby areas. However, there is a lack of reliable data on the number and type of faith-owned facilities. This deficiency of information results in neglect of this crucial sector of healthcare services in planning, resource allocation, special programs, and universal healthcare. To bridge this gap, the Christian Health Asset Mapping Consortium (CHAMC) was established to enhance data quality and share analyses about the scope, scale, and location of such faith-based health services.

This data brief describes the health assets included in 22 Christian health networks in 17 countries in Sub-Saharan Africa (SSA).

Africa Christian Health Associations Platform (ACHAP) is an association of over 40 networks in 32 countries in Sub-Saharan Africa comprising hospitals, health centers, clinics/health outposts, and training and academic institutions. The national Christian Health Association networks share the mandate to *coordinate, support, and advocate for church-owned health institutions, e.g., joint liaison with the government, capacity building, and resource mobilization*. Some countries include two or more Christian health networks, which are often owned or affiliated with a specific denomination or religious institution, but most reporting networks are ecumenical.[1] For example, Uganda and Kenya have separate Protestant and Catholic networks, while other countries, such as Tanzania and Ghana, unify them under a single association. CHAMC aims to advance our understanding of the complex and dynamic Christian health landscape through the routine sharing of new and improved summary data. CHAMC is currently developing a dynamic web hub to house these data.

[1] Sibylle Herzig van Wees, Emmanuel Betsi & Maturin Désiré Sop Sop (2021) A description and explanation of the complex landscape of faith-based organisations in Cameroon's health sector, Development in Practice, 31:3, 356-367, DOI: 10.1080/09614524.2020.1841737

METHODS

This analysis includes data collected between 2020 and 2023 from 22 Christian health networks in 17 countries. The number of health assets in these networks may change from one year to the next, so this is only a "snapshot" that is periodically updated. Data were collected through various efforts, including:

- Direct outreach to points of contact at the Christian health networks
- Website and resource review

CHAMC aggregated all of the data and analyzed it using Microsoft Excel. Challenges to data collection included non-functional or out-of-date websites that made some data difficult to verify, as noted in Table 1. The five networks that are new to this iteration of the data brief are so noted in Table 1.

Table 1: Christian Health Networks: Locations and Acronyms

Burkina Faso	Assemblé de Dieu De Burkina Faso*	ASAD
	Union Chrétienne Médicale et Paramédicale de Burkina*	UCMP
Cameroon	Cameroon Baptist Convention Health Services	CBCHS
	Organisation Catholique de la Santé du Cameroun*†	OCASC
Chad	Koyom Hospital/ Bureau d'Appui Conseil*	AEST
DRC	Église du Christ au Congo	ECC
	CARITAS Congo	CARITAS
Ghana	Christian Health Association of Ghana	CHAG
Guinea	Réseau Confessionnel Sanitaire Chrétien de Guinée†	RECOSAC-G
Kenya	Catholic Health Commission of Kenya†	CHCK
	Christian Health Association of Kenya	CHAK
Lesotho	Lesotho Christian Health Association of Lesotho†	CHALe
Liberia	Liberia Christian Health Association of Liberia	CHAL
Malawi	Malawi Christian Health Association of Malawi	CHAM
Nigeria	Nigeria Christian Health Association of Nigeria	CHAN
Rwanda	Rwanda Bureau des Formations Médicales Agréees de Rwanda*	BUFMAR
Sierra Leone	Sierra Leone Christain Health Association of Sierra Leone	CHASL
Tanzania	Tanzania Christian Social Services Commission	CSSC
Uganda	Uganda Uganda Catholic Medical Bureau†	UCMB
	Uganda Protestant Medical Bureau	UPMB
Zambia	Zambia Churches Health Association of Zambia	CHAZ
Zimbabwe	Zimbabwe Zimbabwe Association of Church Related Hospitals	ZACH

† New to this data brief *Unable to verify data

RESULTS

There are 8,355 reported health assets in this sample of 22 Christian health networks in 17 countries, as shown in Table 2. Of these, 95% are health service providers, and 5% are support institutions. Service providers include 376 (5%) national-level hospitals, 1212 (15%) district-level hospitals, 3655 (44%) health centers, 2535 (30%) dispensaries/clinics, and 156 (2%) community programs. Support institutions include 380 (5%) health worker training institutions and 41 (1%) medical supply organizations. The number of health facilities varies widely across the networks, from over 3000 in the Democratic Republic of the Congo to over 40 in the Christian Health Association of Sierra Leone. This sample is geographically representative, including 3 networks in Central Africa, 4 networks in East Africa, 4 networks in South Africa, and 7 networks in West Africa. Additional networks exist in other countries; additional organized efforts are needed to gather current information in those countries.

Table 2: 22 Christian Health Networks' Health Assets by Type in 17 Countries

Country	Network	Total Health Assets	Level V & VI National Hospitals	Level IV District Hospitals	Level III Health Centres	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	CBCHS	119	1	11	34	52	15	3	3
Cameroon	OCASC	274	0	266	0	0	0	8	0
Chad	AEST	132	0	7	124	0	0	1	0
DRC	ECC & CARITAS	3,187	258	201	2,103	454	0	137	34
Ghana	CHAG	374	13	94	83	161	2	21	0
Guinea	RECOSAC-G	47	0	3	8	20	16	0	0
Kenya	CHCK	497	0	69	117	251	46	14	0
Kenya	CHAK	501	13	26	57	367	27	10	1
Lesotho	CHALe	53	0	8	41	0	0	4	0
Liberia	CHALi	85	7	7	11	55	2	2	1
Malawi	CHAM	198	0	49	111	27	0	11	0
Nigeria	CHAN	690	15	194	206	225	4	45	1
Rwanda	BUFMAR	153	0	17	136	0	0	0	0
Sierra Leone	CHASL	53	0	12	34	1	6	0	0
Tanzania	CSSC	968	12	91	102	696	0	67	0
Uganda	UCMB	315	2	31	264	0	0	17	1
Uganda	UPMB	311	19	10	59	207	0	16	0
Zambia	CHAZ	142	16	18	77	0	31	0	0
Zimbabwe	ZACH	174	15	78	57	0	0	24	0
17	**22**	**8,355**	**376**	**1,212**	**3,655**	**2,535**	**156**	**380**	**41**

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

DISCUSSION

Generally, faith-based health assets constitute a substantial segment of national health systems. They should be included in programs seeking to expand access to services or improve the quality of care for 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. There are multiple opportunities 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?

These data can be used to quantify potential faith engagement in emerging primary healthcare partnerships and strategies. There are 2,691 lower-level health centers, outposts, and community programs reported under Christian health networks in 13 of these 17 countries. They should be identified and included in resource planning for primary care.

Faith-based organizations report operating 380 health worker training institutions in 12 of the 17 countries included in this review. Little is known about how these are supported and how many primary care and advanced health care workers are produced from these institutions. Additional studies of these would help identify their contribution to local workforces.

Additional Christian assets beyond those reported here exist in these and other countries, and the methods for obtaining data need expansion and refinement. Future iterations of this report will include other countries and continents.

Additionally, there should be standard definitions of levels of care characterizing facilities and more extensive research on samples of institutions to describe their service portfolios. It is necessary to verify how these data align with Ministry of Health reporting and data that they forward to the World Health Organization.

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.

About the Christian Health Asset Mapping Consortium (CHAMC):
CHAMC is a voluntary association of organizations that work to address urgent needs for information on and help improve the quality of data about the Christian health asset landscape. The mission of the CHAMC is to increase resources, learning, and partnerships in Christian health services by improving understanding of the nature, scope, and location of those services. Founding Members of the CHAMC include the Africa Christian Health Associations Platform (ACHAP), the Catholic Health Association (CHAUSA), Christian Connections for International Health (CCIH), the International Christian Medical and Dental Association (ICMDA), The Dalton Foundation, and the World Council of Churches (WCC). CCIH serves as the secretariat for the Consortium.
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