

Strengthening the Role of Faith-Based Organizations in Human Resources for Health Initiatives

Craig Hafner, IMA World Health

Introduction

As the global community wrestles with human resources for health (HRH) issues, faith-based organizations (FBOs) are a vital source of health worker production and promising practices.

In many countries in Africa, FBOs provide between 30–70% of the health care services. Since FBOs often continue to be grouped with private or nongovernmental health care providers, they remain under-recognized for their immense contribution to the national health sector, accounting for between 30–80% of nonphysician health worker training in many African countries. These FBOs, which are not-for-profit, are more public than private in their operations and service provision.

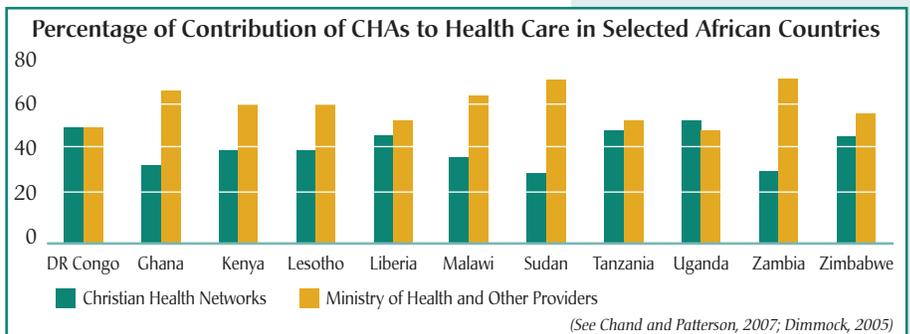
During the past five years the Capacity Project has worked to increase the number of countries in which FBOs are building national capacity in HRH. The African Christian Health Associations (CHAs)/ Technical Working Group (TWG) on HRH—formed at a meeting in Malawi in 2004 when national CHAs gathered for the first time to discuss shared interests and concerns—provided an entry point and structure for the Project’s technical assistance to FBOs. The CHAs encompass national networks of FBO health facilities, many originally established some 50 to 100 years ago or more by Christian missionaries. The support for these facilities came from user fees and, until recently, from US and European churches and donors. Most of the facilities are self-reliant, independent entities, with national staff and extensive in-country networks.

From the outset of its FBO-related activities, the Capacity Project partnered with Cordaid, a Dutch Catholic nongovernmental organization (NGO), in planning and facilitating key workshops. The Project also partnered in various ways with the Interchurch Organization for Development Cooperation, Medicus Mundi International, World Council of Churches, Misericordia, Samaritan’s Purse and Presbyterian Church USA. In addition to core funding from USAID/Washington, the Project received support from USAID missions in Kenya, Tanzania, Sudan and Uganda, a clear recognition that USAID health staff in the field see the importance and relevance of the work of FBOs and their contribution to national health programs.

Achievements

Increased National FBO Capacity in HRH

During the 2004 Malawi meeting of CHAs, 14 CHAs representing 12 countries committed to focus on HRH. Nearly five years later, at the CHA TWG on HRH meeting in Kampala, Uganda, in February 2009, the number of CHAs participating



had increased to 17, representing 15 countries. Participants shared lessons learned and promising practices and agreed to further focus on building HRH capacity through the Africa Christian Health Association (ACHA) Platform (Pearl, 2009). The Platform began in 2007 as a network and advisory organization of CHAs to promote and advocate FBO issues, practices and concerns internationally. The Platform secretariat is housed and staffed at CHA/Kenya (CHAK) in Nairobi.

The Capacity Project’s FBO partnerships strengthened HRH advocacy efforts as evidenced by a number of CHAs elevating the role of the HR manager to a senior position. The Capacity Project/Kenya hired an HR manager, seconded to CHAK and the Kenya Episcopal Conference (KEC), who produced HR manuals for both organizations that are now widely used and are being adapted by participating hospitals and health facilities in Kenya and by other CHAs. The Kenya HR manager gave the keynote address at the TWG meeting on HRH in Kampala, further underscoring the importance of strengthening HR management. Six other CHAs now have an HR manager on staff. In addition, the CHAs in Malawi, Zambia and Uganda have established positions to improve HR systems and policies.

Enhanced Knowledge-Sharing among FBOs

Beginning in 2006, the Capacity Project coordinated the secretariat for the CHA TWG

Reintegrating Physicians in Southern Sudan

In 2006, Samaritan's Purse Canada and the University of Calgary approached the Capacity Project, through IMA World Health, to team up in support of the repatriation of 15 Sudanese physicians from Canada. The Project provided key support:

- To transport the physicians from Canada to Kenya in the fall of 2006 (with funding from USAID/Sudan)
- For the Kenya-based training coordinator, who made arrangements with four Nairobi hospitals to provide in-service practical training in 2007
- To fund the housing and local transportation for the doctors during their in-service training.

A certification ceremony in Juba in May 2008 recognized 11 physicians for completing their medical training. As of July 2009, ten of them are working as physicians in Southern Sudan: two at the government teaching hospital in Juba; two with primary health care programs supported by the World Bank MultiDonor Trust Fund in Upper Nile and Jonglei; and the remaining with various government and FBO hospitals. This has increased the total number of doctors serving a population of ten million people in Southern Sudan by 25%.



Members of the CHA technical working group on human resources for health, Bagamoyo, Tanzania, January 2007.

on HRH. The Project supported HRH meetings in Nairobi in 2006, Bagamoyo in 2007 and Kampala in 2009 that facilitated sharing of lessons learned and best practices among CHAs. Over 30 *Hotline HRH* newsletters on HRH issues and best practices were sent out to FBO staff; more than 300 HRH reports and documents were collected and made available to members; and the Capacity Project helped facilitate sharing of information among FBO HR managers. These activities led to increased visibility and better understanding of the importance of HR and the mission of the CHAs. To ensure longer-term sustainability, the Capacity Project recently transferred the HRH TWG secretariat to the ACHA Platform.

Improved Data for Decision-Making

In Tanzania, the Capacity Project provided technical assistance to the Christian Social Services Commission (CSSC) beginning in 2006 in an effort to improve the data collection and analysis of all FBO health facilities, health care staff and programs. Using geographic information system (GIS) mapping and data on over 15,000 health care providers and 850 facilities, senior CSSC staff are able to more effectively advocate for additional resources with the Tanzania Ministry of Health and Social Welfare. In 2008, USAID/Tanzania agreed to support this effort with field support funds, in addition to the core funds provided by USAID/Washington.

Strengthened Global Advocacy on Behalf of FBOs

As the secretariat for the CHA TWG on HRH, the Capacity Project and IMA World Health spearheaded the CHAs' effort to increase their interaction and visibility with the Global Health

Workforce Alliance (GHWA). In 2008, the Project collaborated on a letter to the GHWA requesting that it alter the way it classified FBOs. GHWA subsequently agreed to distinguish FBOs separately, rather than part of the private sector, in its meetings and publications. In 2009, the GHWA provided \$25,000 to support the participation of various CHAs at the ACHA biannual meeting in Kampala, and sent a representative and presenters in recognition of the key role FBOs play in HRH.

The rise in donor interest in FBOs was apparent at a Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) workshop in Tanzania in 2008, which served as a platform for FBOs to assist and train potential recipients of funding. The workshop was cohosted by CHAK, CSSC and the ACHA Platform. Later, at the World Health Organization (WHO)'s invitation, the CHAs held a meeting with donors and interested parties in Geneva prior to the World Health Assembly in May 2009. The ACHA Platform is now an established, dues-paying membership network endorsed by WHO. The Capacity Project supported the Platform, facilitating discussions and providing technical assistance to the CHAs on HRH issues.

Conclusions

FBOs play a critical role in addressing HRH through their long-term commitments to country programs and the extent to which they train health workers and provide direct service delivery in many countries. Therefore, including FBOs in efforts to integrate promising HRH practices is essential. The Capacity Project has contributed to strengthening CHAs and their HR systems, and assisted greatly in the development of partnerships among CHAs, donors and international organizations,

which has resulted in greater recognition of FBO contributions to health care and drawn support for the ACHA Platform. The Platform is now well established and poised to become a powerful voice for the CHAs in Africa. Individual CHAs are also gaining strength, and their boards and directors are supporting HR champions within the CHAs.

Recommendations

The Capacity Project's support has contributed to significant achievements in the FBO sector over the last five years. In looking ahead, the following areas merit attention for further strengthening the role of FBOs in HRH.

- 1. Address donor misconceptions about the FBO networks and their capacity to contribute to HRH solutions.** CHAs have not been a major focus of many of the large international donors, and some donors continue to categorize FBOs as members of the private sector. The GFATM, GHWA and many bilaterals are now recognizing the distinction between indigenous FBO health networks and providers—which have well established, long-term organizations—and international religious NGOs such as Catholic Relief Services, World Vision or Adventist Relief Agency, which are essentially short-term contractors or cooperative partners. By further acknowledging, supporting and elevating the indigenous FBO health networks, USAID and other donors can help to dispel continuing misconceptions and ensure that FBOs are seen as an important source for HRH solutions.
- 2. Ensure FBOs are fully integrated into Ministry of Health policies and programs.** Despite a notable exception in Malawi, most CHAs are still not well integrated into national government policies and programs. There has been some recent progress in Kenya (CHAK and KEC) and Tanzania (CSSC) in developing and negotiating memoranda of understanding. In 2008, representatives of CHAK and the Kenya Ministry of Health visited five countries to learn how each of the respective CHAs worked with the government and what agreements had been reached. The lessons learned from these visits were incorporated into CHAK's agreements with the Ministry of Health. While the ACHA Platform will help to promote and share good examples of CHA and government integration among its members, much more work in this area is needed. USAID could assist in this effort by supporting south-to-south exchanges between fully integrated CHAs and CHAs seeking better integration and providing technical assistance.

- 3. Elevate HR positions in light of the emerging data on HRH promising practices and the key role HR plays.** Many of the smaller CHAs do not have the resources to hire an HR manager and/or do not realize the value of hiring one. Most countries in Africa lack well-established training and development programs for professional HR managers. As more FBOs obtain GFATM, Gates Foundation and President's Emergency Plan for AIDS Relief (PEPFAR) support, their HR needs are going to expand and become more complex. Future support will be needed to promote the role of the HR manager and document the cost and benefits this will have for these organizations.
- 4. Strengthen CHA documentation and reports.** Many FBOs do not routinely prepare and share documents highlighting their accomplishments, results and lessons learned. The initial work under the Capacity Project—to collect FBO gray literature, reports and studies and house them at the ACHA Platform in Kenya—provided a start, but much more work is needed. Going forward, support to the ACHA Platform documentation center to expand its capabilities and increase the dissemination of this information (e.g., through the HRH Global Resource Center website, as appropriate) can make an important contribution to global HRH knowledge.
- 5. Recognize the role and importance of FBOs, especially in under-served areas.** Though it is difficult to predict the precise effects, the present economic recession is likely to exacerbate the exodus of health workers from many African countries. With charity organizations and NGOs also seeing a reduction in giving, FBOs may find their income and budgets reduced, adding to the problem of retaining their health workers. Future donors' health system strengthening initiatives should include recognition of the role and importance of the contribution that FBOs are making, especially in under-served areas.



Friends Kaimosi Hospital, Kenya.

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The Capacity Project
 IntraHealth International, Inc.
 6340 Quadrangle Drive
 Suite 200
 Chapel Hill, NC 27517
 Tel. (919) 313-9100
 Fax (919) 313-9108
 info@capacityproject.org
 www.capacityproject.org

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The Capacity Project Partnership

