

## A Key Piece of the Puzzle: Faith-Based Health Services in Sub-Saharan Africa



**Founding members of Christian Health Association working group on human resources for health**

“Almost all our health facilities have for many years suffered from severe health worker deficits,” says Dr. Margaret Ogola, national executive secretary for health at the Catholic Church’s Kenya Episcopal Conference (KEC) in Nairobi. In Kenya, the faith-based organizations KEC and Christian Health Association of Kenya (CHAK) provide more than 40% of the country’s health services. Currently, scarce human resources are the biggest challenge facing these organizations in their efforts to serve the poorest citizens in the most remote locations.

Throughout sub-Saharan Africa, the severity of the health crisis makes maximizing all available resources a priority. Faith-based organizations

(FBOs) are a key link in the sustainability of accessible health services. In many African countries, they have been providing health care for over 60 years and in some—such as Kenya—for a century or more. Their contributions to national health services range from 30% to more than half, through hospitals, clinics and community- and home-based programs. Perhaps even more important, these institutions often have strong relationships with the local communities, and are often located in areas where other providers are not available.

The Capacity Project works closely with FBOs that are usually members of national faith-based health networks, representing Protestants and Catholics, Muslims and Hindus. “The main involvement I have had with the Capacity Project is with their health worker hiring program in Kenya,” comments Dr. Ogola, “through which they posted 60 health workers—mainly nurses—to our facilities supported by the Catholic Church. This has gone a long way in improving delivery of health services.” The Project is now supporting CHAK and KEC to conduct an assessment that will generate strategies to respond to the key human resources for health (HRH) challenges. The Project is also recruiting an HR manager who will work directly with these organizations in streamlining strategies, systems and practices.

“Our HR capacity both at the national secretariat and health-facility level is very limited,” Dr. Ogola explains. “We therefore see the new HR manager playing a crucial role in helping develop and disseminate an FBO sub-sector response to the national HRH strategic plan and ensure that it is properly aligned to the national HRH goals.”

In Malawi, the high level of integration between FBOs and the government is considered a strong model. Christian Health Association of Malawi (CHAM) “is about 40% of health services in the country,” says Potiphar Kumzinda, director of finance and administration at CHAM. “We’ve got about 169 health facilities,” he notes, 90% of which are located in rural areas. “The government is actually paying for everybody who works for CHAM, except for the CHAM Secretariat central office. We also



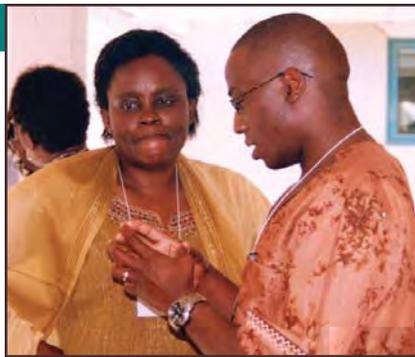
**Potiphar Kumzinda**

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continued

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*Margaret Ogola with the Capacity Project's Kimani Mungai*



*Patients waiting outside an FBO hospital in Kaloleni, Kenya*

have service-level agreements," he continues, "whereby Ministry of Health district offices sign agreements directly with member facilities, and pay for the services that our facilities provide to the communities for free. As a pilot, 54 CHAM facilities have signed service-level agreements to provide mainly maternal and neonatal services," he explains. "This has increased access to quality health care by the mothers who are now giving birth in the clinics assisted by qualified health personnel, as opposed to giving birth in their homes."

This collaboration extends to pre-service education. "We have a joint program of training for nurses, medical assistants and clinical officers," Kumzinda points out, "supported by government in terms of the fees for students. CHAM produces around 80% of the graduates from these colleges, and there's an arrangement whereby when the nurses graduate, 40% work in CHAM facilities, 60% in government." However, he adds, "some graduates do not report at the work stations to which they are deployed, especially in very remote areas, preferring to get employment with other private institutions and NGOs in the district towns or cities where they have access to better working conditions. Generally we have a problem with retaining health workers in hard-to-staff areas."

To help FBOs deal with health workforce challenges, in 2006 the Capacity Project co-sponsored a forum for Christian Health Association members. Participants documented the most serious challenges they faced, including recruitment, retention and motivation; differences in salary and working conditions compared with government health workers; the need for improved management; and limited funding for training. They also established a working group on HRH, which now includes representatives from 12 countries.

Since then, the regional exchange of ideas and approaches among FBOs in East, West and Southern Africa has increased substantially. The Capacity Project continues to provide support to the working group in addressing HRH issues. The Project's efforts "specifically targeting FBO health programs" have been very helpful, observes Dr. Ogola, "and we are grateful for this support."

The Capacity Project, funded by the United States Agency for International Development (USAID) and implemented by IntraHealth International and partners, helps developing countries strengthen human resources for health to better respond to the challenges of implementing and sustaining quality health programs.

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