

# Health System Support and Strengthening: Lessons for Christian Aid

## Introduction

Christian Aid's [Community Health Framework](#) sets out three pillars around which an enabling environment in which a robust and resilient health system can thrive.

Under the *Approaches to Health Services Development* pillar, we aim for our community health programmes to strengthen health systems at local and national levels, through our work with local partners, communities and health authorities. We promote health systems strengthening approaches aimed at improving longer term performance of key health systems functions and that hold governments to account for the services that they should be providing to their citizens.

The **purpose** of this document is to share learning that Christian Aid has acquired from its community health work, in particular, the circumstances in which Christian Aid would engage in direct support to the health system rather than strengthening health services.

Lessons we have learned:

### 1. It is key to undertake a sound and holistic context analysis to inform decisions

An in-depth understanding of the operating and geographic context is key in guiding any decision around the choice of interventions and nature of engagement with the health system, as different situations may call for different responses.

Most humanitarian, post-disaster, or post-conflict contexts such as in South Sudan, Myanmar and the recent Ebola outbreak in Sierra Leone, have weakened healthcare systems or cut off access to even the basic health services. Even in more stable contexts, we work in some of the most marginalised and hard-to-reach areas, where access to services is extremely limited. These areas are characterised by long distances to health facilities, lack of health personnel and emergency services leading to very

In South East Myanmar, Christian Aid works in a complex context, affected by conflict and ethnic divisions, creating parallel systems by government and ethnic health authorities. This has left the health system weak, poorly coordinated, lacking financial and human resources and high out of pocket expenditure. CA and partners carried out an analysis of “drivers” and “restrainers” of change within the health system and appropriately adapted their interventions to focus on: A) strengthening coordination between the parallel health systems using a convergence approach. B) Training formal and community health workers to provide quality health services. C) Coupling short term support to the supply chain and infrastructure with policy dialogue and strengthening of health planning capacity. D) Empowering communities through village health committees to hold health service providers to account for adequate and quality services.

poor health outcomes. While such situations make a justifiable case for health system support, focusing initial efforts on immediate solutions and inputs necessary for “saving lives”, Christian Aid’s fundamental purpose of exposing the scandal of poverty calls for programmatic decisions that demonstrate a balance between providing practical solutions and investing in interventions that are likely to have a lasting impact.

A systematic and holistic context analysis should therefore analyse the root causes of weak performance at the various interlinked levels of the health system: community, facility, district and national level including policy and resourcing. Where there is sound rationale for providing health system support, this should be accompanied by a strategy to address underlying issues to achieve longer term and sustained improvements in health services access.

### 2. Intervention must align to government priorities and be sustainable

We aim for our community health interventions to strengthen health systems at all levels by coordinating all efforts with existing health systems and strategies rather than creating parallel structures. Our health system support interventions should therefore reflect a sound understanding of and alignment with existing government policies for sustainability. In certain challenging contexts, it might be deemed necessary to establish services delivery systems where they do not exist, or where the government is unable or unwilling to meet the health needs of its citizens. Even in such situations, it's important to broker and manage relationships with government to progressively influence them to be supportive and create an environment for accountability and adequate resourcing.

In Nigeria, Christian Aid is supporting Integrated Community Case Management (ICCM) of childhood illnesses. In the initial phase, the project will provide drugs for malaria, diarrhoea and pneumonia combined with strong advocacy work for continued resourcing of ICCM commodities by the government, as this fits with the government's agenda of rolling out ICCM nationally. They are also seeking private sector partners who can collaborate with the government to provide the commodities as the programme maintains the focus on accountability and resourcing

### **3. Health system support must add legitimacy to advocacy efforts**

Where health system support has been appropriate, we have ensured that it has added legitimacy to our advocacy work at sub national and national level and negotiated a clear exit and sustainability plan from the start. For example, securing and tracking government commitments through Memoranda of Understanding (MoUs) on budget allocations, policy change, policy implementation and strengthening social accountability mechanisms.

In 2014/15, our Kenya programme invested in the construction and equipment of a maternity facility in Isiolo County, a remote rural area with one of the highest maternal mortality rates (600/100000) in the country. Working with our partners we used this support to add legitimacy to their advocacy and social accountability work, influencing commitments by the local government via MoUs to prioritise resources for the facility and maternal health issues in the region. The facility now has health workers paid by the government and providing 24 hour services, it now receives drugs and other medical supplies from the government systems and it's in the process of being officially upgraded to a higher level facility, which will enable it to be allocated more resources by the government to provide comprehensive maternal health and other services for the wider community.

### **4. It is important to assess the scalability of the intervention in advance**

We acknowledge that we cannot bring service delivery to scale in the way that governments can and should. In some cases, however, Christian Aid may pilot innovative service delivery interventions aimed at proof of concept and influencing scale up within the health system if proven to be successful. Where this is the case, critical questions to consider include: Is the cost of intervention too expensive to be delivered at scale? Does it rely on a particular set of skills to deliver and would that be a barrier to large scale delivery? It is equally important that the programme puts in place a robust mechanism to produce evidence and learning including on cost effectiveness of the intervention, in order to support advocacy for scale up within existing government strategies and resources.

Following the successful implementation and conclusion of an innovative community health model dubbed Rural Transport Network (RTN) in rural communities in Kenya, it has been handed over for continued management and scale up by the government to strengthen its own Community Health Strategy. The programme equips volunteer health workers with motorbikes to help them deliver essential supplies, provide education and emergency transportation to people in rural areas. It also includes an entrepreneurial component that enables health workers to use the bikes to support their own small businesses to generate income for maintaining the bikes and supporting their families. This has helped motivate and retain community health volunteers for the delivery of primary health care.

### **5. Empower citizens to demand their right to health**

Communities sit at the core of health systems strengthening. We should ensure that target communities are involved in identifying service delivery challenges, prioritising long-term solutions as well as their role in influencing this. Equally, advocacy work within health system support should strengthen community participation through building local capacity to engage in governance and accountability for effective and equitable service delivery. We have learned to strengthen community level structures that increase interface between community and government such as Community Development Committees, Village Health Committees and other types of community action groups. These groups should be empowered to hold the state to account on its responsibility.

Christian Aid Nigeria has incorporated community led advocacy and social accountability into their health systems support and strengthening programmes. This has included setting up and strengthening the capacity of Community Development Committees (CDCs) by increasing their awareness, and equipping them with skills for budget analysis and advocacy. The CDCs are empowered to identify and articulate their health needs and develop action for use as health advocacy tools to duty bearers.



*A community health agent shares health information with a mother in Nigeria*

## **6. Build strategic partnerships and collaboration**

Before deciding to support service delivery gaps, we should consider other partners to collaborate with and who will complement our efforts. For example, capitalize on investments from other actors or consider playing a role in brokering partnerships such as with the private sector for longer term health systems strengthening. While we and partners may not engage in direct service delivery, the private sector and faith based health care providers may support infrastructure, access to equipment, commodities and technology through partnerships with the government, while we focus our efforts on strengthening coordination, accountability and resourcing.

Christian Aid Nigeria uses a 'fruit bowl' approach to bring together different organisations in collaboration with government to provide a wide range of health services related to malaria, HIV, maternal and child health, nutrition, family planning, sanitation and hygiene. The programme includes a health governance component that empowers communities through the Community Development Committees (CDCs) on their rights and engagement with local authorities to demand quality health services.

## **7. The importance of having capacity and expertise**

It is important that programme staff have the necessary capabilities to ensure that interventions are embedded within a wider health system strengthening agenda. This could include skills and experience in influencing policies, brokerage and community engagement. Where necessary, the programme could consider support for training and professional development of staff and volunteers.