

# Global Health Programme Strategy 2017 - 2020

## Introduction

Christian Aid's work on health over the last 5 years has transitioned towards integrated health programming, reflecting the needs of communities we work with and ensuring a right to essential health services.

This strategy brings together findings from the internal health programme [review](#) conducted in 2016, with the input of all health programmes and a number of other internal stakeholders across the organisation, the [health integration research](#), an externally led piece of research positioning CA health programmes within global health programmes and policy, and an analysis of the broader health policy, programme and donor environment.

## Purpose of this strategy

- To bring clarity and coherence to CA health programmes, and promote a consistent direction of travel for the future
- To enable CA health programmes to deliver high quality interventions based on shared priorities
- To ensure greater focus and coherence across the wider organisation, guided by our health priorities

The strategy is intended for use by health programme teams, colleagues, partners, supporters, and donors.

## Context

### Why health?

Christian Aid is committed to ending the scandal of poverty which robs people of their dignity and their right to essential services, such as health. Poor health destroys the power of people to cope with and prepare for shocks. Meanwhile, poverty, exclusion and the resultant powerlessness inhibit access to services essential to health, such as clean water, sanitation, health-education and medical care. We are committed to ending this vicious cycle of poverty and ill health. Christian Aid acknowledges the importance of the wider social determinants of health and multiple vulnerabilities in influencing the health of individuals. We therefore

ensure that our health programmes integrate with broader thematic issues of economic empowerment, gender equality, inclusion and governance for enhanced individual and community resilience. Vulnerable and excluded groups – particularly women and girls of all ages and abilities – must have the power to play a full role in decisions around individual and family health.

## Our overarching approach

Christian Aid's approach to health is enshrined in our [Community Health Framework](#). We believe that for a resilient health environment to exist, the following three strands need to be in place:

**'Health Development Approaches'** - citizens should be able to *access stronger, integrated community health services* which provide appropriate quality services that can be accessed equitably. Christian Aid's approach can predominantly be described as Health System Strengthening rather than Health System Support. Our Health System Strengthening [guidelines](#) support our decision making around when to engage in Health System Support, and outline the key factors we need to consider.



*Meh Moe (25) and The Mar (23) attend training for traditional birth attendants (TBAs) supported by Christian Aid partner Karen Baptist Convention (KBC) in Loikaw township, Kayah state.*

Through careful consideration of the responses to these guidelines, we ensure we maintain our commitment to long term, sustainable and strategic health programmes.

### Health System Strengthening

*Activities that permanently improve the overall functioning of a health system by improving 'access, coverage, quality or efficiency'<sup>1</sup> e.g. improving leadership and governance within the health system*

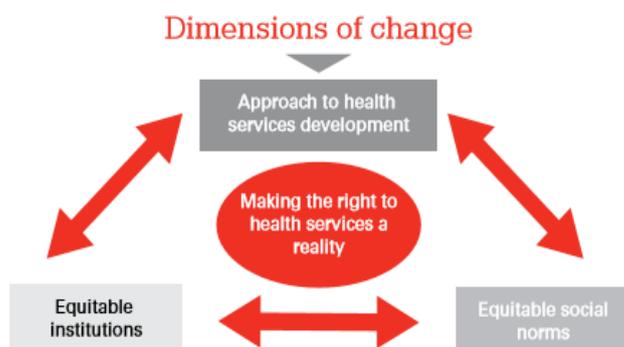
### Health System Support

*Activities that improve services by providing inputs and resources to fill service delivery gaps e.g. upgrading facilities or provision of equipment or medication*

**'Equitable social norms'** – in order for everyone, particularly the most vulnerable and marginalised groups, to achieve equitable access to health services, there needs to be *improved gender attitudes, inclusion and changed social norms*, challenging inequitable and inhibiting power dynamics.

**'Equitable Institutions'** – the structures behind the health system should be *inclusive, accountable to service users, and responsive to citizens' needs and demands*. Citizens should have the understanding and agency to hold service providers to account and achieve sustainable change. Our work supports the poorest and most marginalised communities in challenging governments to more adequately and effectively finance health services through both increasing available finances, and through prioritising health services within existing resource distribution.

## Community Health Framework



## Health in Emergencies

We acknowledge that although some of the principles of our Community Health Framework apply to our work in humanitarian settings, the Framework doesn't adequately account for the challenges and limitations posed within this work. We are therefore in the process of testing its viability

in fragile settings, to identify what works, what doesn't work and why. We will use this information in amending it to ensure that it considers the different timeframes, priorities and constraints faced when implementing health programmes in fragile and challenging contexts.

## Factors influencing the strategic direction of our health work 2017-2020

In deciding the strategic direction of Christian Aid's global health programme, we are influenced by several internal and external factors:

### Global health trends

Christian Aid's recently commissioned external Health Integration [research](#) highlighted the following key trends in global health:

- **Integration** – we can see a movement away from linear, single issue health programmes, and an increase in programmes that integrate not only health issues, but also between different levels of programming (community and national), and between service delivery and community engagement.
- **Wider social determinants of health** – understanding of how individual health issues are impacted upon by not only other health issues, but also the wider social determinants of health e.g. livelihoods, sanitation, peace.
- **SDGs** - the new global development priorities, present a more holistic view of global development. In relation to health they acknowledge the importance of wellbeing and the shift towards Non-Communicable Diseases (NCD's) representing the highest disease burden (everywhere except for Sub-Saharan Africa which is faced with a double-burden of Communicable Diseases (CDs) and NCDs).
- **Leave No One Behind** – there is a growing commitment to ensure that the most marginalised and vulnerable people are included in development and humanitarian programmes. Post World Humanitarian Summit, a lot of momentum has formed around aspects of meaningful access for all ages and abilities. There is also an increased understanding of the importance of adolescence as a period in which lifelong behaviours and habits are formed and thus a vital period in which to embed positive health seeking behaviour, particularly in light of the rapidly increasing young population in most developing countries.

### Donor trends

The aforementioned research also examined donor trends within health. Combined with a recent internal [study](#) on

current and future funding opportunities for health at Christian Aid, we can make the following assertions:

- CA's work is in line with a move from donors towards integrated health
- Donors are increasingly funding integrated programming and prioritising programmes that extend beyond vertical disease interventions, e.g. the Global Fund, which has typically focused on malaria, TB and HIV, is now broadening its strategy to include Health System Strengthening.
- Donors are responding to changing global threats and risks including NCD's, with an increasing focus on mental health.
- Christian Aid is recommended to increase its focus on programme M&E to capture evidence

### Christian Aid strengths

The health integration research and internal health programme review (see above) highlighted a number of key strengths that CA is currently exhibiting and should build upon:

- **Integrated programming** - CA sees integrated health programming as three-fold; on a conceptual level incorporating bottom-up, people centred and gender sensitive approaches into health programming; on a systems level bringing in both national and community level priorities and inputs; and on a health issue level, integrating a number of diseases and wider health issues into each programme.
- **Resilience** – we apply our resilience experience to our health programmes to ensure that they build capacity of communities to 'anticipate, organise for and adapt to change' within a health context, thus ensuring the sustainability and enduring impact of our health programmes.
- **Community driven approach** - we are well positioned within communities to be community centred and driven. In particular, we have a strong **faith inspired approach**, which links with faith actors at both community and national level, who are uniquely placed to lead in shifting health attitudes and behaviours, particularly around HIV, SRH and gender justice.
- Tackling **gender and power inequalities** that manifest themselves in inequitable **social norms and exclusion**.
- Thematically, CA has a strong focus on **HIV** programming as well as **maternal health, malaria** and increasingly **nutrition** and **SRH**.
- **Holistic approach** - the three strands of our Community Health framework enable us to implement a holistic approach encompassing

**governance** and **accountability, social norms** and **quality services**.

## Objective and outcomes

### Integration in practice

For example, a pregnant women's health is not only determined by her access to pregnancy related health services, but also her access to services and knowledge that prevent malaria in pregnancy, enable her to know and manage her HIV status during pregnancy, to understand and control her nutrition during pregnancy, and access safe water and sanitation, as well as wider issues such as her access to household finances, education and employment opportunities.

### Overall objective

Over the next three years, through the realisation of this health strategy, Christian Aid will seek to increase access to, utilisation of and accountability of quality health services that guarantee better health for communities. Communities will be more resilient and better able to anticipate, organise for and adapt to health risks and emergencies. CA will contribute to the achievement of Universal Health Coverage (UHC) which sees everyone being able to access appropriate, quality and inclusive health services without incurring catastrophic costs.

We want to see a world in which marginalisation and exclusion are eradicated and everyone has the power and opportunity to access high quality health services, provided free of charge by accountable governments.

### Key Focus areas

**Integration** - all CA health programmes will identify with at least one of the following definitions of integration – disease integration, integration with broader issues (social determinants of health), integration of the three CHH strands, integration of multiple levels of contribution and impact (community district, national, global)

### Next steps:

- Donor scoping exercise to identify donors who are funding integrated health programmes
- Use of key integrated health programmes as 'flagship' programmes to document and share learning with other programmes e.g. Kenya CASE-OVC, Nigeria fruit bowl approach
- Development of a bank of case studies of integrated programmes, key learning and challenges

- Support fundraising teams to understand and pursue this objective
- Development/ support of M&E systems that monitors the effectiveness of integration in achieving the change we want to see

**Resilience** – resilience is fully embedded within all health programmes and CA is a thought leader on the concept of ‘resilient health.’

**Next steps:**

- Consistent linking and lesson sharing between health programmes and other thematic areas to ensure we consider wider risks in our development and humanitarian health programming
- Build the capacity of partners to empower communities to better manage the health risks they face
- Standard use of PVCAs within health programme design and implementation
- Capture and utilise learning from projects such as Health Legacy and CASE-OVC for the benefit of integrating resilience into other health programmes
- Revise the CHH Framework to include our health work in fragile contexts and to reflect the nuanced context
- Build an evidence base of our health and resilience work within emergencies, and capture the ways in which this complements our development work



*The paediatric ward at the Lolgorian sub-district hospital, Narok county, Kenya.*

**Future proofing our health programmes** – CA will seek to scale up newer areas of focus such as nutrition, WASH and SRH, paying particular attention to the importance of embedding healthy behaviours within adolescence. CA will also understand and capitalise upon the possibilities for integrating NCDs into our health work.

**Next steps:**

- Utilise learning on the Nigeria fruit bowl approach to empower health programmes to expand their remit into newly identified areas
- Build networks to pave the way for consortium working
- Gather evidence on the impact of existing projects in new sectors so as to position ourselves well for future funding
- Build our portfolio and evidence of targeting adolescence within our health programmes
- Scope out opportunities for incorporating NCDs in three programmes and conduct at least one pilot with documented evidence of process and impact
- All health programmes incorporate reflection on NCDs as part of their strategy reviews

**Strengthen links between health programme and policy**, ensuring policy accurately reflects programme practice and draws upon real examples.

**Next steps:**

- Scoping of key health programmes involved in UHC health advocacy
- Development of project working on gathering evidence from these countries on appropriate health financing frameworks and targeting global level advocacy
- Engagement in UHC2030 campaign via the policy team
- Evidence collection on practical examples from CA programmes of good practice and challenges of ensuring Leave No One Behind, addressing the complexities of intersectionality and inclusion of people who are discriminated against because of their age, gender, sex and sexuality.

**Evidence** - health programmes are generating sufficient and robust evidence with which to validate our health approach, ensure consistent improvements in programme quality and secure future funding

**Next steps:**

- Increase links between global health programme and REL team
- Build health programme skills and capacity in research and evidence collection
- Test out new and innovative models of evidence collection e.g. outcome harvesting and strategy testing
- Improve dissemination of evidence through internal communications mechanisms and external networks and online fora

- Capitalise upon existing projects that utilise our faith-based approach to generate robust evidence on the benefits of faith-based and inspired approach



*Christine Parakuo plays with her son Kishoyian Samson with Elizabeth Ntunkosio. They live in Sitoka, a Maasai village in Narok County, Kenya. Thanks to the work of TRDP villagers here are now accessing healthcare through mobile clinics, a 4x4 ambulance and a new dispensary in the village centre.*

**Private sector** - Christian Aid will have a clear position of when and how we engage with the private sector within our health work, which will guide future engagement

#### Next steps:

- Reach an agreed position on what is agreeable to all relevant groups including policy, advocacy and private sector teams
- Develop a checklist to support health programmes to guide decisions on this
- Pilot the checklist in at least two countries
- Roll out the checklist to all health programmes
- Conduct research in two countries on potential opportunities for engaging with the private sector in health and implementation of the recommendations

**Innovation** - CA health programmes will develop new and innovative ways of implementing and harnessing technological developments to the benefit of our programmes – see below

#### Programme Quality criteria

- *Gender, diversity and inclusion* – we continue to be committed to ensuring that our programmes are inclusive of diverse groups and individuals of all ages and abilities, and tackle inequitable gender dynamics
- *Community driven approaches* – this underpins our health work. We are committed to continuing to

work through community actors and to evidence this approach, particularly around faith leaders.

- *Resilience* – our health programmes will strive to incorporate and utilise resilience approaches, to ensure that our impact is sustainable and builds community preparedness
- *Power* – our health programmes utilise power concepts in their design, implementation, and evaluation to ensure we are consistently targeting and monitoring shifts in inequitable power dynamics and fostering change. We aim to identify and address barriers that would prevent people of all diversities from participating in decision making and having meaningful access to appropriate services and support.

These cross cutting commitments are enshrined in a number of frameworks and support documents, namely – Health Inclusion [checklist](#), [Resilience Framework](#), [Community Health Framework](#), Power Programme Practice [paper](#).

## Innovation

In light of developments in digital and other technologies, and as part of our thriving to be efficient and effective in working for the most poor and marginalised, we want to implement not just ‘business as usual’ projects, but use new and innovative techniques which improve the quality of our health programmes. Equally, we are committed to generating more robust and relevant evidence throughout programme implementation, that informs future programme design. As such, the areas outlined below highlight where we feel we need to generate more evidence, and/ or develop an innovative technique to respond to:

- How can we make mhealth<sup>1</sup> work for the most marginalised and vulnerable – in data collection, awareness raising, behavioural change, accountability and service utilisation and adherence?
- How can we take our engagement with faith leaders to the next level and tap into belief systems which can support in reducing inequitable social norms?
- How can we use technology to most appropriately further our community health approach and implement holistic and integrated health programmes?
- How can we use innovative methods to find out who is being left behind, why, and whether we are targeting the right people?
- What is the most effective and appropriate way for us to incorporate NCDs into our health work?

<sup>1</sup> The use of mobile technology in health programmes e.g. mobile phones for information dissemination or health data collection

- What are the most effective tools with which to empower communities to be resilient to health shocks?
- How can we monitor the role of the private sector within health and maximise their contribution to the achievement of UHC while minimising negative impacts?
- How can we programme around persistent social issues such as Female Genital Mutilation (FGM) and early marriage that have a huge impact on health and wellbeing, but are deeply rooted in gender related social norms and may take time to shift?

## Critical success factors

The following factors will be necessary for achievement of the objectives in this strategy and improvements in health programme quality

- Organisational leadership and support for health programme growth
- Sustainable, diverse and reliable funding
- High capacity of health programmes and CA global support – health, M&E, fundraising, policy, programme quality
- Effective M&E mechanisms both in country and globally
- Embedded learning and improvement in project cycles
- Opportunities for capacity building and cross learning

## Strategic partnerships and collaborations

**Civil society partners in the global north and south.** We work with local and national partners in supporting communities to claim their rights, enabling them to hold their governments accountable for providing access to high-quality, equitable services, and stimulating demand and meaningful access to services. Where necessary, we identify networks, groups or individuals who represent people with specific needs such as disabled persons' organisations, or women's groups to ensure inclusive approaches to programming.

**Faith groups and actors** are a crucial target group and ally, as they can play both a supportive and an obstructive role in influencing health seeking behaviour. We seek to utilise their position as opinion leaders, and influencers of health-related attitudes and behaviours, ensuring they are well informed on health issues and, where possible, encouraging them to promote positive health seeking behaviour.

**Governments.** With our partners, we lobby governments to ensure that they are meeting the needs of their citizens in an equitable and accountable way. We ensure that our programmes complement their national strategy and share programme learning where possible.

**The private sector.** The private sector plays an increasingly important role in the provision of health services. However, we recognise that private business can sometimes be a detriment to domestic resource mobilisation, and sometimes operates outside of standard arenas of accountability and transparency. We believe that business interventions must be effectively regulated, held to account, and form part of an integrated national strategy in the provision of quality and equitable services.

**Academic and research partners.** We are forging relationships with academic and research partners to improve the rigour, consistency and usefulness of our evidence collection, and ensure that learning is ploughed back into programme design.

**Donors** – we develop strategic partnerships with donors in order to share our programme learning, and develop innovative programmatic approaches to further our health approach.



*Reverend Christiana Sutton-Koroma discusses the need to be vigilant against the Ebola virus.*

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