Community health: Christian Aid's approach

Christian Aid believes that people are kept in poverty because of unequal power relations and the unjust use of power. The goals in our corporate strategy, *Partnership for Change*, are all about changing power relations in favour of poor people. Good health is central to achieving these goals.

Poor and marginalised people are most vulnerable to the risk of ill-health, and least able to face its costs and impacts. Ill-health deprives people of their lives and livelihoods and affects the wellbeing of other household members. Good health is vital if individuals and societies are to thrive, because it enables people to participate actively in social, political and economic life.

The right to essential services

One of Christian Aid's strategic objectives is to 'increase access to [those] services essential to ensuring healthy lives, coping with emergencies and creating resilient livelihoods'. This framework is focused on the right to health services, which is at the heart of our existing programming.

The right to health services

Our work on HIV is well-established. We are building on this to integrate other health issues. Given our experience in increasing demand for and access to HIV-related services, we see opportunities to broaden the scope of our interventions – increasing access to services related to malaria, TB, maternal, newborn, child and adolescent health (MNCAH) and sexual and reproductive health (SRH).

In order to be resilient to the threat and impact of illness, communities need several things in place. They need to be able to prevent illness and also to improve and promote health; they need health systems that are well structured, funded and managed; and they need to exercise their right to effective, affordable, responsive and inclusive health services.

A community health framework

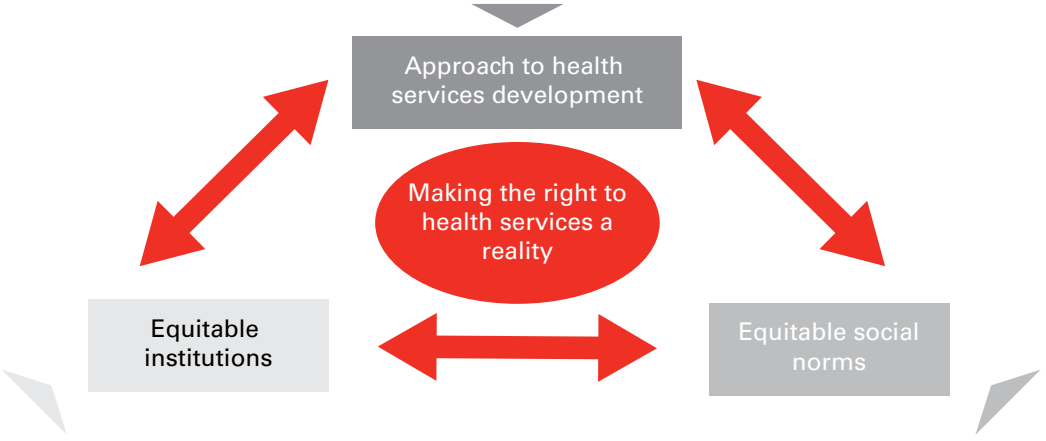
Christian Aid believes that it is the responsibility of government to guarantee quality health services for its population. Our role is to work with individuals and communities to create an environment in which every member of society can enjoy the right to health services, and hold governments and health systems to account. This community health framework sets out the pillars around which such an environment can be developed and strengthened, based on our programme experiences to date.

Ensuring that appropriate health services are available is just one element of improving access to them. To increase equitable access and uptake of services, it is essential to address underlying power dynamics as well. We have identified three areas that we believe need to be addressed in order to bring this about.

'We will help to increase access to services essential to ensuring healthy lives'

Partnership for Change: The Power to End Poverty, 2012

Dimensions of change



christian aid

'We see valuable opportunities to broaden the scope of our interventions – increasing access to services related to malaria, TB, maternal, newborn, child and adolescent health, and sexual and reproductive health'

These are:

- Robust approaches to the development and organisation of **health services**
- Promotion of **equitable social norms**
- Promotion of **equitable institutions.**

This framework (shown on page one) is deliberately simplistic in order to make the concept clear. In practice, the three elements are not separate but overlapping and often mutually reinforcing. It is often in the interplay between the elements (the arrows, rather than the boxes) that we can achieve most impact.

Approaches to health services development

Health programmes and interventions should be technically sound, accord with standards of good practice and meet the expressed needs and priorities of the people they are intended to serve.

Strengthening health systems at community level

Health systems, defined as 'all organisations, people and actions whose primary intent is to promote, restore or maintain health' are complex and work at many different levels. Our niche is working through our local partners, with communities and health authorities, to strengthen community level health systems. This is coupled with advocacy work to strengthen national health systems at all levels.

We believe strong health systems should 'deliver effective, safe, quality personal and public health interventions to those who need them, when and where needed, with minimum waste of resources'[1]; that health service provision should follow an integrated approach and that use of those services should not expose users to excessive costs, which may lead to or exacerbate poverty.

We aim for our community health programming to strengthen health systems at local and national levels. Based on our belief that provision of health services should be guaranteed by the government, we aim to coordinate all efforts with existing health systems rather than creating parallel structures. While we do not ourselves fund individual clinical care, we aim to strengthen the health system in order to improve the continuum of care from household to health facility level.

Integrated community health in Kenya

In Kenya, Christian Aid's partners are working with communities, the Ministry of Health and other actors at county level to strengthen community level health systems in line with the national community health strategy. Between 2011 and 2012, several community units (tier 1 care units of 5,000 people, served by 25 community health workers and centred around a local health facility) were established, community health workers were trained, community health committees were set up, and support groups for mothers were formed. This improved demand and coverage of health services at community level – including malaria, HIV, and mother and child health (MCH) services, and preventive, promotive and curative health services.

Integrated community health programming[2]

Integration of health issues (HIV, TB, malaria, and MNCAH etc), between preventive, curative and promotive services, and between demand-side and supply-side interventions, is at the centre of our community health work. We aim to see community health issues tackled holistically and from the communities' perspectives. For a fuller explanation of our approach to integration see the Christian Aid briefing paper *Integrated Community Health Programming.*

'Fruit bowl' approach in Nigeria

Christian Aid in Nigeria uses a 'fruit bowl' approach to integrate community health interventions. This seeks to bring together a wide range of services based on community priorities – for example, the priorities of women and girls – which may include family planning and sexual and reproductive health services, maternal and child health services, vaccination, HIV/AIDS, malaria, nutrition or others. Through regular meetings with health service providers, communities are able to highlight their health priorities, and health facilities are supported to offer these services at a particular place and time. There is also a significant emphasis on health education, so that families have adequate knowledge to make healthy choices and to know when and where to seek care.

Equitable social norms

Our community health programmes should expose and address hidden, visible and invisible power dynamics that lead to harmful social and cultural norms, reinforce inequalities and exclusion, cause and exacerbate poor health, and prevent certain groups such as women or minorities from accessing health services. Examples include tackling HIV-related stigma, denial and discrimination (using the SAVE approach), and inequitable household gender-relations and decision making.

Empowerment

Through the mobilisation and organisation of communities, interventions should build individual and collective power to promote and improve personal health, to exercise and claim rights to healthcare services, and to hold actors in health systems accountable. This might include working to change cultural practices such as early marriages, which greatly increase the risk of death during childbirth for young mothers. Another example is working to promote more equitable gender norms, so that men and women can participate equally in household decision-making around health. To achieve this, we will support common interest groups, such as people living with HIV and mother-to-mother support groups, to ensure that key voices are heard and inform health priorities, organisation and service delivery.

The role of faith leaders

Involving faith leaders, who can draw on scriptural, Quranic and other religious messages related to equitable social norms, has been an essential element in Christian Aid's work tackling stigma and discrimination around HIV. Working with interfaith networks and supporting religious leaders to come forward with their own HIV status has contributed significantly to reductions in HIV stigma, denial, discrimination, inaction and mis-action. We believe that faith leaders can have a huge impact on other health issues where social norms and values create barriers to the use of health services, such as family planning.

Faith networks and HIV in Burundi

'Who is better placed than the church to take on this work? We are trusted by the population and we are scattered everywhere, especially in the villages. If we use the network of churches, the message passes very quickly.'
Bishop Martin Blaise Nyaboho, the Diocese of Makamba, Burundi

In 2011, Christian Aid supported faith leaders in Burundi, living with or affected by HIV, to set up BUNERELA+ following the model of other INERELA+ faith-leader networks established with Christian Aid's support across Africa. BUNERELA+ has been influential in using the SAVE approach to encourage greater openness and promote good practices around HIV prevention, care and support. It is one of four partner organisations that work through the Humura consortium to strengthen health and HIV prevention and treatment.

Equitable institutions

Government and health providers should uphold the rights of people to health services and to a voice in the organisation and accountability of health systems. Our work on equitable institutions focuses on the presence, implementation and enforcement of laws, regulations, policies, procedures and resources that support the right to have access to quality health services, and on institutions that fund, design and deliver health services. Examples include advocating for non-discriminatory legislation and equitable budget allocations, and facilitating meaningful participation of all community groups in shaping and monitoring these institutions. These are crucial to enable communities to exercise their rights.

Health governance programmes should aim to promote capable, accountable and responsive health systems. Health services provided by governments, the private sector, faith-based organisations and other actors within the health system should be accountable to the communities they serve. African governments should be held to account on their commitment to allocate at least 15% of their annual government budgets to the health sector.

In addition, we should work to prevent or repeal laws and policies that reinforce identity-based exclusion, for example criminalisation of HIV or policies limiting the right of women to make decisions regarding their health and that of their

'Involving faith leaders, who can draw on scriptural messages related to equitable social norms, has been an essential element in Christian Aid's work tackling stigma and discrimination around HIV.'

'Pro-poor healthcare financing mechanisms are needed – for example, funding health services through general taxation or using pooled and pre-paid financing mechanisms where contributions to the pools is based on ability to pay.'

children. Health systems should allocate budgets and implement services that address the health needs of vulnerable population groups such as injecting drug users (IDUs), sex workers, or sexual, ethnic, racial and other minorities.

Access to health services by all should be based on need and not on ability to pay. Out-of-pocket payments are a key barrier stopping poor people from accessing health services. They also directly contribute to the deepening of poverty through catastrophic healthcare expenditure by poor and near-poor households. Pro-poor healthcare financing mechanisms are needed – for example, funding health services through general taxation or using pooled and pre-paid financing mechanisms where contributions to the pools is based on ability to pay.

Social budgeting, accountability and tax in Bolivia

A threefold rise in the value of the tax raised on Bolivia's gas exports between 2006 and 2013 has helped to fund enormous improvements in social welfare. Christian Aid's partner the Centre for Labour and Agricultural Development was one of the organisations that led the calls for this change. It supported huge popular protests, urging the government to re-nationalise its oil and gas industries and increase the taxes paid by hydrocarbon companies. The increased tax revenues mean that 2.4 million of Bolivia's most vulnerable people now receive direct financial support. These include pregnant women and new mothers, who receive cash payments when they attend pre- and post-natal services.

Since the cash transfer programme began in 2009, the number of babies born in Bolivia with the support of a skilled health worker has risen from 55% in 2009 to 76% today.

Integral components of a community health programme

The elements of the framework do not exist in isolation but reinforce each other.

- Even when the right health services development approaches and equitable, well-resourced health facilities are in place, retrogressive social and cultural norms (such as gender-based violence) can prevent certain community groups (such as women) from using these health services.
- Even when the right health services development approaches exist and social norms do not discriminate, health services can still be inaccessible to poor groups within the population because of out-of-pocket payment requirements. Equitable health-financing approaches are needed, that protect households from financial burden but ensure adequate health service provision.
- Even when the right social norms and institutions are present, if health services are disintegrated or inappropriate for the context, then a lack of holistic care or accurate information about health promotion and disease-prevention will result in the community's health status remaining poor.

Christian Aid's interventions need to address these overlaps and interconnections in order to achieve the greatest health benefits for the communities with which we work.

Some key partnerships

This framework provides scope for new internal and external partnerships. It is by working together with others that we can achieve an environment in which communities can exercise their right to health services.

Civil society organisations, including the **faith sector,** are key partners in promoting equitable social norms and institutions. In many developing countries, faith-based health facilities provide a significant proportion of health services. Christian Aid will fund such direct services only as a driver of innovation, in order to pilot initiatives that can then be taken to scale within the public health systems.

Government health authorities are key partners because they are the duty bearers, responsible for ensuring that everyone has access to health services. Christian Aid is not a technical agency, so our focus is on promoting equity, inclusion and participation, and supporting our civil society partners to bring innovation and inclusive practice into health service organisation and delivery – using the three dimensions of change in the framework, as necessary.

The **private sector** already delivers a range of functions within health systems – an obvious example being the provision of medicines at every level, from big transnational drug manufacturers to local pharmacies. Christian Aid's engagement with the private sector will often focus on promoting equitable, inclusive, and ethical practice, integration within national health systems, coordination and oversight, and effective regulatory frameworks.

The **media** is a key partner in assuring access to essential services and informing people of their right to health and health services. It can influence all the dimensions of change in the framework outlined above.

Media outreach in Burundi

BUNERELA+ reaches a wide audience through broadcasting TV and radio programmes that address issues of HIV prevention, HIV testing, advocacy for the rights of people living with HIV, and issues related to tackling stigma and discrimination. It also manages a hotline through Econet (a telephone service provider) to receive calls from community and church members who need to talk and want answers to their queries, questions and doubts.

Links with other strategic change objectives

Health is inevitably affected by factors beyond health services – such as peace, food security, education, income and climate change, among others. Community health programmes need to collaborate with programmes addressing these if we are to achieve better health outcomes for all and build communities that are resilient and thriving.

Health and peacebuilding in Myanmar

In Myanmar, Christian Aid is using health as an entry point to peacebuilding in a post-conflict setting. A project in the south-eastern border areas of Myanmar has been at the forefront of ensuring basic healthcare access, particularly for women and children, as part of the ongoing emergency needs of internally displaced people. The project also uses the issue of health to engage and support state and non-state actors to come to the table together with the common purpose of delivering health services to communities.

Health outcomes for communities have improved, including reduced maternal deaths, through strengthened referral systems and training of birth attendants in remote villages. Increased participation of women in planning and implementing health activities, such as family planning, at community level has amplified the voice of women around their needs.

Implementing this framework

This briefing does not provide hard and fast rules. Rather, it provides a framework built on our programme experience.

In any given context, many factors interact in complex ways to prevent individuals and communities from enjoying their right to health and to health services. So the first step in applying this framework is to analyse the specific situation that is faced. Christian Aid programme staff and partners should facilitate an inclusive dialogue among local stakeholders, so as to identify the social change needed, key partners, strategies and activities, according to the specific barriers and opportunities in that context, and the comparative advantages of different actors.

Our programming should always be shaped by communities' own vulnerabilities, priorities, capacities and needs. Participatory processes such as the Participatory Vulnerability and Capacity Assessment (PVCA) can be useful tools. Communities should be supported to identify and prioritise their needs, assess their capacities and resources, and identify and implement priority actions to ensure access to health services. The role of health service providers and other external actors in supporting their efforts should be clarified.

It is essential to build in issues of gender, power and exclusion from the beginning of the process – who is excluded from health services and/or more vulnerable to health risks, and why? How are we ensuring that these people can participate meaningfully and safely in the process of dialogue, analysis and action planning? How can we make sure that we keep prioritising and involving them throughout implementation, monitoring and accountability processes?

At this stage, the framework is intended as a reminder to consider the social and institutional context, as well as specific health services (or lack of them), and as a structure to help organise the analysis and action planning for community health interventions.

Based on the participatory context analysis, prioritisation and action planning, we will focus on different issues. Different situations will require different responses. Not all programmes will address all the elements of the framework – there may already be other actors working on these issues, or it may not be possible to address them because of the context or lack of partners able to tackle them. However, Christian Aid's programme experience suggests that a programme that neglects social and institutional barriers altogether is unlikely to achieve deep and lasting change. We should always seek opportunities to engage with these issues – for example, using community health interventions to raise questions about gender or exclusion – or to model more inclusive service approaches to government providers.

'It is essential to build in issues of gender, power and exclusion from the beginning of the process – who is excluded from health services and/or more vulnerable to health risks, and why?'

'It's important to promote dialogue and collaboration between partners in order to maximise our impact'

Similarly, different partners will have different roles – service delivery, health-system support and strengthening, community mobilisation, facilitating dialogue between different actors, advocacy etc. The framework emphasises the connections between the different elements of community health, and it's important to promote dialogue and collaboration between partners in order to maximise our impact. We also need to keep reviewing what's being achieved in terms of health service development, changes in social norms and institutions and their impact on health outcomes – and how these different activities and results are interconnected. Continual testing and refinement of our theory of change is needed in order to realise our objectives.

Continuous improvement

Underlying our approach is the commitment to continuous learning and improvement while building on past and present performance. This framework is based on our current programme experience and will be refined continuously through the lessons we learn while implementing it. Programmes therefore need to invest time, human resources and finances in monitoring, evaluation, reflection, learning and programme refinement.

Other Christian Aid programme policy

Other Community Health briefing papers that go into detail about some of the approaches discussed here include:

- *Integrated community health programming*
- *Programme practice guide to community health*

The framework in this briefing paper sits alongside other Christian Aid programme policies, especially the Thriving and Resilient Livelihoods framework*. In some contexts, it will be obvious that either health or livelihoods is the right entry point for Christian Aid, based on our partners' own niches and capacities – and so we can confidently use the relevant framework to guide our initial discussions and analysis. In other cases, communities will have a range of concerns that we and our partners may be able to address, and it may only become clear where we should focus attention through a participatory process of prioritisation and action planning. The relevant framework can then be used to guide implementation and help ensure we have considered all the relevant issues holistically. We don't believe that anything in one framework contradicts the other, and so we hope that each will help programme teams and partners increase their contribution to a world without poverty.

Endnotes

1 *Everybody's business: strengthening health systems to improve health outcomes*, WHO's framework for action, World Health Organization 2007.

2 Christian Aid's briefing paper: *Integrated community health programming.*

* *Thriving, Resilient Livelihoods: Christian Aid's approach,* Christian Aid briefing paper, October 2012. Available on request.

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Poverty is an outrage against humanity. It robs people of dignity, freedom and hope, of power over their own lives.

Christian Aid has a vision – an end to poverty – and we believe that vision can become a reality. We urge you to join us.

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