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# CMMB

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## **CMMB CONCEPT NOTE**

### **Strengthening Health Systems through Children and Mothers' Partnerships**

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# **STRENGTHENING HEALTH SYSTEMS THROUGH CHILDREN AND MOTHERS' PARTNERSHIPS (CHAMPS)**

## *A Concept Note*

### **Introduction**

Catholic Medical Mission Board (CMMB) seeks high-impact partners to collaborate on its signature Children and Mothers Partnerships (CHAMPS) initiative, of which a primary component is to strengthen local health systems. As part of this initiative, CMMB has made 15-year commitments to vulnerable communities to implement integrated, holistic programs targeting the leading causes of morbidity and mortality among their women and children, convening local and international partners in support of the work.

Each local CHAMPS program is linked to a referral hospital or other large health facility within the existing health system; through CHAMPS, CMMB aims to ensure that proper support is provided throughout the continuum of care that is linked to that anchor facility. Activities within each program will be complementary and mutually reinforcing, aligned with local and national health frameworks and with the United Nations' post-2015 Sustainable Development Goals, and based on partners' common agenda and shared measurements. Continuous communication among partners will ensure efficient, effective use of resources, meaningful connections and relationships, growing trust, and accountability, particularly through robust monitoring and evaluation (M&E) efforts that will demonstrate both accomplishments and areas for programmatic adjustments, as well as opportunities for further support and development. Within each program's catchment area, CMMB is convening multiple actors (so many of which CMMB has built strong relationships over the years) across multiple areas so as to yield collective impact, so that the whole becomes greater than the sum of its parts. Impact will be amplified as CHAMPS communities share lessons learned. CMMB will also advocate to influence policies and programs at local, national, and international level. The short-term goal is to have at least 20 local CHAMPS programs in Latin America, the Caribbean, and Africa by 2020.

### **CMMB Capacity Summary**

Beginning in 1912, CMMB is the oldest and largest U.S.-based Catholic nonprofit organization focused primarily on international healthcare. Its mission is to work collaboratively to provide quality healthcare programs, without discrimination, to people in need around the world. Its objective for over 100 years has been to develop sustainable local capacity to address major healthcare needs and build strong systems. CMMB's strategic focus is on women and children, with attention to HIV, health and nutrition, water and sanitation, and economic empowerment.

CMMB has been involved extensively in building sustainable health programs and strengthening health systems across the globe, placing volunteers, and delivering essential medicines in over 110 countries.

- To strengthen human resources for health, CMMB provides strategic technical assistance and training through its regional offices. In FY 2014, CMMB trained 2,641 health professionals, and facilitated the placement of 1,205 volunteers in 27 countries. These volunteers provided donated health services valued at over US \$5.56 million.
- CMMB receives donations of medical commodities from pharmaceutical and medical supplies industry partners, then places these commodities in hundreds of locations worldwide, through its extensive network of in-country partners. During the past five years, CMMB has provided more than \$1 billion worth of donated medicines and medical supplies to our local partners in 82 countries. In FY 2014, CMMB shipped over US \$332 million worth of donated medical commodities to 30 countries.
- CMMB does extensive preventive service outreach. For instance, in FY 2014, CMMB reached 293,863 individuals through its HIV programs, including 157,567 through small group prevention sessions.
- CMMB's Country Directors and key staff members collaborate closely with Ministries of Health in their respective countries, as well as participate in health technical advisory boards and working groups.

## **The Need to Strengthen Health Systems**

In all too many parts of the world, particularly in high poverty areas, health systems are weak,<sup>1</sup> with resources insufficient for quality preventive and recuperative health services for women and children. For families in resource-poor communities, information and options with respect to healthy behaviors and where to get quality care is often inadequate, leading to low demand for care services, delayed uptake, and poor treatment compliance. Additionally, high poverty levels in these communities limit families' ability to travel to access health care and other services—and to afford treatment upon arrival.

These community and structural issues usually have a direct and deleterious impact on the provision of health services. The consequences include delays or even failure in the diagnoses and treatment of potentially life-threatening illnesses that could otherwise be avoided through prevention. Delayed and otherwise poor quality responses to health emergencies; major gaps in knowledge and service among health personnel and facilities; and shortages or stockouts of critical medications are also significant causes of death.

The ultimate effects of these weaknesses in health care systems can be disastrous, particularly for women and children. For example, maternal and infant mortality rates remain distressingly high in the countries where CMMB has initiated local CHAMPS programs—Haiti, Kenya, Peru, South Sudan, and Zambia. On average across these countries, 72 children of every 1,000 do not survive to their fifth birthday, and 654 women die in childbirth for every 100,000 live births.

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<sup>1</sup> Kate J. Kerber, Joseph E. de Graft-Johnson, Zulfigar A. Bhutta, Pius Okong, Ann Stars, and Joy E. Lawn, "Continuum of Care for Maternal, Newborn, and Child Health: from Slogan to Service Delivery," *Lancet* 370 no. 9595 (2007):1358–69, doi:10.1016/S0140-6736(07)61578-5, Table 2. Initial assessments and analysis by CMMB and partners in CHAMPS sites (unpublished).

## How Will CHAMPS Make a Difference?

Evidence has shown that a comprehensive approach across the continuum of care is critical for achieving impact.<sup>2</sup> Therefore, the foundation of CMMB's CHAMPS initiative is to convene partners to work collaboratively to improve women's and children's health, with careful coordination and communication among all actors. A critical component of this initiative is to strengthen the health systems overall, by focusing on the expansion of the quantity and quality of the health workforce; providing support, increased efficiency and medical product for and into the supply chain management system and systems delivery by working in partnership with communities to improve medical facility infrastructure and better access to health services. To help ensure the success of these efforts, CMMB is building upon its decades of experience in building sustainable health programs, placing volunteers, and delivering essential medicines in over 110 countries, as mentioned earlier.

After conducting extensive assessments in target areas, CMMB tailors its support of health systems support to the specific needs of the respective communities, with a goal of gradual improvement over the next 15 years. The primary focus of these activities with respect to strengthening health systems will be to:

### 1. Improve women's and children's access to health care services, by:

- a. Providing better support to clinics in underserved communities: Based on gaps that are highlighted in the assessments, CMMB collaborates with partners to fund construction, equip and staff clinics, and create community awareness of local facilities.
- b. Improving responses to health emergencies: CMMB will map health facilities that provide services 24/7, as well as explore and plan for emergency evacuation options for each CHAMPS catchment area. A plan for high-risk pregnancies will be developed; 2,720 delivery packs will be provided annually to these women.
- c. Expanding integrated outreach services to communities: CMMB collaborates with partners to help ensure care is provided to the most vulnerable by providing outreach services following national guidelines and protocols, with appropriate reporting. CHAMPS will also provide the supervision required to ensure quality.
- d. Expanding enrollment in insurance systems (as applicable): National insurance schemes (where available) are designed to improve citizens' access to health care. CMMB will partner with national and private insurance agencies to promote community-appropriate schemes to improve uptake and will designate community leaders as champions to advocate for increased uptake.

### 2. Improve the quality of such services, particularly through:

- a. Improving skills and knowledge among through capacity building of local health personnel: Nurturing the skills and knowledge of health care workers at all levels is a key part of that and will be achieved, via trainings, retrainings, continuing

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<sup>2</sup> Examples: *United Nations Global Strategy for Women's and Children's Health* (New York: United Nations; 2010), <http://tinyurl.com/oh8ehm8>; Shyama Kuruvilla, Julian Schweitzer, David Bishai, et al., "Success Factors for Reducing Maternal and Child Mortality," *Bulletin of the World Health Organization* 92:533–544, doi: <http://dx.doi.org/10.2471/BLT.14.138131>; and Kate J. Kerber, Joseph E. de Graft-Johnson, Zulfiqar A. Bhutta, Pius Okong, Ann Starks, and Joy E. Lawn, "Continuum of Care for Maternal, Newborn, and Child Health: From Slogan to Service Delivery," *Lancet* 370 (2007): 1358–69, <http://www.who.int/pmnch/topics/20071003lancet.pdf>.

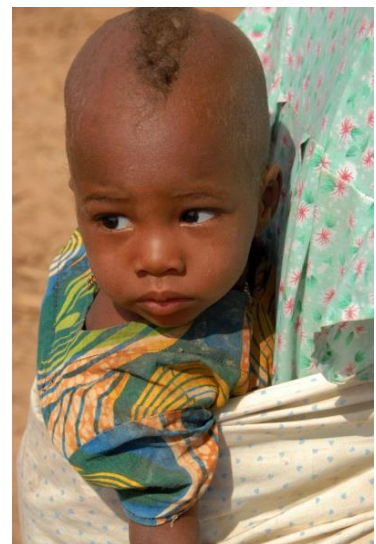
- medical education, mentoring, supportive supervision, and exchange visits, provided in collaboration with CHAMPS partners.
- b. Improving diagnostic and management capacity among community health facilities (especially for maternal, neonatal, and child health, as well as noncommunicable diseases such as cancer): CHAMPS partners supply needed equipment and help ensure that training and education is provided to ensure appropriate use and maintenance of equipment.
  - c. Increasing human resources for provision of health care services: CMMB advocates with county and national government for equitable placement of medical personnel and for improved working conditions. CMMB also continues to identify and place volunteer professionals.
  - d. Improving supply chain management: CMMB seeks to improve supply chain management by providing mentoring and training on commodity and inventory management and pharmacovigilance at all levels, and promote the use of standard operating procedures, as well as put in place and maintain the cold-chain system.
3. **Expand services through community health workers (CHWs)** with the objective of improving community empowerment over vital health issues. CMMB conducts workshops for CHWs on such issues, so that the CHWs can lead community workshops on those same topics, with focus on prevention.

## Specific Examples

CMMB has already begun to implement this approach by commissioning health system assessments at several sites around the world, as well as plan activities for those sites in response to the assessments. The following examples show the variety of health system strengthening-specific activities that CMMB is rolling out at each site, as well as how such interventions are tailored based on local conditions. Note that each intervention is designed to be holistic and comprehensive in nature, as part of an overarching approach to tackle the many root causes of poor health among women and children (which may include behavior change communication, nutrition, water, and sanitation projects, among others).

### Mwandi, Zambia

- **Challenges:**
  - Equipment and conditions at health care facilities in the District leave much to be desired. Mwandi Mission Hospital suffers frequent power outages, and does not have a functioning generator; nor does it have a telephone landline or a radio. Many of the primary health centers (PHCs) do not have basic equipment; for example, none of the PHCs surveyed had sterilizers. All health facilities in Mwandi District were significantly understaffed, with many unfunded and unfilled positions established by national guidelines.
  - These difficulties have had a negative impact on a number of health-related issues. For example, the vast majority of expectant mothers in Mwandi receive antenatal care only in the last



month of pregnancy, which greatly increases the possibility of major complications. Moreover, half of surveyed mothers who had children under five years of age confirmed upper respiratory infections in their child within the past two weeks, only a little over half of those children (53.09%) got advice or treatment from a health facility or a health care provider.

- **Solution:**

- Based on facility needs' assessments, CMMB's CHAMPS partners will supply needed equipment (such as vaccine refrigerators, antiseptics, resuscitation equipment, and hemocue machines) and ensure that training and education provided to HCWs prepares them to provide high-quality services to diagnose and manage noncommunicable diseases (NCDs) and to ensure the health of mothers and their children in Mwandi District. CMMB is also exploring the possibility of procuring motor bikes and an ambulance.
- CMMB will collect information with the help of local authorities on staffing levels at all health centers in the District, as well as identify gaps at these centers with respect to supplies of health commodities (such as necessary medicines). CMMB will advocate the recruitment of health staff to address manpower issues at health centers.
- CMMB will provide tools and training to improve supply chain management.
- Train 40 health professionals and 60 community health workers (CHWs) on these public health issues, and hold four meetings per year with traditional leaders to help them promote and encourage healthy behaviors.
- Map stakeholders to identify key community groups and structures, and conduct two conferences per year (with 30 expected attendees per conference) to re-orient and train such groups and structures, thereby improving community participation in ensuring effective delivery of health services to women and children in Mwandi. CMMB will also develop a stakeholder directory to share information on community networks, expedite proper service delivery, and advocate the development of more infrastructures to improve access to health care.

## Huancayo, Peru

- **Challenges:** Health care access and quality are of concern. Prenatal care includes basic clinical elements but the educational and counseling dimensions are lacking. The vast majority (86.3%) of pregnant women surveyed had not had any counseling around how to help ensure a healthy pregnancy and safe delivery. Health education and outreach is also lacking; for example, fewer than half of surveyed mothers (41.8%) could name three key occasions during the day when they should wash their hands (e.g., preparing food, serving food to their children, and breastfeeding their





children). Only 39.9% of surveyed pregnant women had received tetanus toxoid vaccination; and 95.1% of two-year-olds are not screened for height, weight, and other measurements to discern stunting or other growth problems; these preventive services should be part of well-child visits.

- **Solution:**

- Conduct workshops for Community Health Workers (CHWs) on topics vital to health promotion and preventing maternal and child morbidity and mortality. These sessions have a train-the-trainer aspect that empowers CHWs to lead community workshops focused on preventive health and identification of health issues. CMMB will conduct six training courses in the coming year, with four sessions per course, on topics central to maternal and child health, empowering 54 CHWs to lead community workshops focused on preventive health and identification of health issues. Each CHW works with 20 families.
- Train and support 30 facility-based health providers to offer education and counseling on danger signs, the most common gynecological complications, birth preparedness, and deliveries with cultural awareness, as well as refresher training on screening and counseling related to diabetes. Through an inter-institutional agreement with the Regional Health Directorate in Huancayo, CMMB also will train at least 60 health professionals in the “Helping Babies Breathe” method, a neonatal resuscitation curriculum for resource-limited circumstances, and provide four training mannequins for future trainings.
- Provide enhanced training and supervision for 54 community health agents so that they are able to convey key messages to woman regarding prevention and screening of cervical cancer. In addition, CMMB will develop suitable communications materials to raise awareness of these services, and help provide supplies to carry out screenings for diabetes and cervical cancer.

## Côtes-de-Fer, Haiti

- **Challenges:** Côtes-de-Fer currently has only three health facilities, most of which do not have the resources to deal with the problems in the region, which has a population of approximately 47,000 people. Furthermore, most people must travel great distances to reach the facilities.

- **Solution:** CMMB is building the Bishop Joseph M. Sullivan Center for Health, which will be a cost-effective facility providing primary healthcare, with a focus on maternal and child health. CMMB held an official groundbreaking ceremony on January 13, 2015, and Dematteis Construction Group (DCG), CMMB’s primary construction contractor, has begun laying the foundation for the Center. CMMB has also stepped up efforts to provide the necessary material and human resources to support the Center once it



has been built, including efforts to train local Sisters of Charity of St. Louis to help operate the Center, as well as plans to build a water collection and filtration system that will serve both the Center and the surrounding community.

## Mutomo, Kenya

- **Challenges:** According to a recently-completed CHAMPS assessment, 74% of respondents had never seen a doctor, while 71.4% had never seen a nurse or midwife; 96% had never seen a community health worker. 51.3% did not deliver their children at a health facility, thereby increasing the risk that complications and infection could cause morbidity and mortality to either the mother or the baby; the most common reason cited (43.5%) was that the relevant facility was too far away. 30% of children under five years of age had had a fever in the preceding two weeks, compared to the national average of 24%.
- **Solution:**
  - Improve the skills and knowledge of health care workers by:
    - Conducting a needs assessment that focuses on their skills and service delivery issues.
    - Providing training and re-training annually sessions to approximately 80 people based on the identified knowledge and skills gaps.
    - Conducting 12 monthly Continuing Medical Education classes, which CMMB anticipates will be attended by 100 people each.
    - Conducting exchange visits by Mutomo health care workers to other facilities in Kenya to learn about best practices (including health facility and supply chain management issues).
  - Improve the diagnostic and management capacity of the facilities for maternal, neonatal, and child health (MNCH) and non-communicable diseases (NCDs), by mapping service deliver points, outreach mechanisms, critical medication needs, and prioritizing equipment needs.
  - Increase human resources for the provision of health care services
    - Map human resource gaps Kitui south sub-County
    - Advocate with county and national government for equitable placement and improved working conditions for medical personnel
    - Advocate the secondment of medical personnel to selected health facilities based on identified needs
    - Identify volunteer opportunities to support the provision of medical services
    - Engage and motivate 60 CHWs and 40 TBAs to increase referrals of expectant mothers to proper health care facilities. CMMB plans to provide financial compensation to TBAs and CHWs for referring the mother/s to the health facilities.





## Nzara, South Sudan

- **Challenges:** Local residents face major challenges in accessing quality health care, especially with respect to maternal and child health care services. These problems include: long distances on poor roads that are sometimes impassable, and lack of transport to reach the few available health facilities; understaffed/ poorly staffed health facilities; and poor health facility infrastructure, equipment, and supplies. Many of these problems are due in part to decades of civil war, as well as raids by warlord Joseph Kony's Lord's Resistance Army, which have devastated the area's infrastructure.
- **Solution:** CMMB will support improvements to Nzara's health facility infrastructure, equipment, and skilled staff by:
  - Advocating among local, state, and national government authorities for (1) increased skilled staff levels at all health facilities, particularly those with midwifery skills, and referral skills; and (2) effective supply chain management, including creating and maintaining a forum focused on such issues.
  - Conducting a further assessment of staffing gaps and needs, focusing particularly on availability of staff/services and capacity.
  - Providing hospital management and support to guarantee basic services are provided at local institutions both within Nzara County and at key facilities in neighboring areas (such as Yambio State Hospital and Ezo PHCC).
  - Recruiting and placing volunteers and short-term technical experts in Nzara based on emerging needs, as appropriate.
  - Helping to design a community-based recruitment and staff development process for local health staffs as well as local staff retention strategy and relevant procedures, in coordination with government officials,
  - Conducting an assessment of national supply chain processes, including mapping of supply chains to PHCU levels.
  - Providing technical support for supply chain management as needed.
  - Complementing ongoing efforts by the International Medical Corps (IMC) to equip and upgrade health facilities with appropriate equipment, supplies, and trained staff to provide HIV counseling and treatment.
  - Working to improve emergency and referral services, including:
    - Assessing best practices on local emergency medical evacuation procedures.
    - Helping to develop standard operating procedures for ambulance services, in collaboration with government officials, including developing criteria for use of ambulance services, as well as communications procedures.
    - Supporting rollout of expanded emergency and referral services.
  - Working to expand and improve outreach services, including:
    - Performing a gap analysis of targeted outreach services, including identifying priority areas, prioritizing payams to receive support based on needs, and holding a stakeholders meeting to discuss the findings.



- Providing technical assistance to the State Ministry of Health (MOH) to coordinate outreach.

## **Call to Action**

Through the aforementioned CHAMPS activities, CMMB is making a long-term commitment to the world's most vulnerable communities that will improve the health of women and children for generations to come. More specifically, through comprehensive, holistic efforts to strengthen health systems, CMMB seeks to reduce sickness and death among women and children in targeted communities, by improving access to health care services and enhancing the quality of these services. Given the vital nature of this work, CMMB seeks additional partners to support this life-saving initiative, thereby giving women and children—and their respective communities—the opportunities to thrive that they deserve.

*For more information on health systems strengthening, please see: “CMMB Position Paper: Strengthening Health Systems, One Community Health Worker at a Time.” For more information on CHAMPS in action, see “CMMB South Sudan Profile: Children and Mothers’ Partnerships Initiative, Western Equatoria State.”*