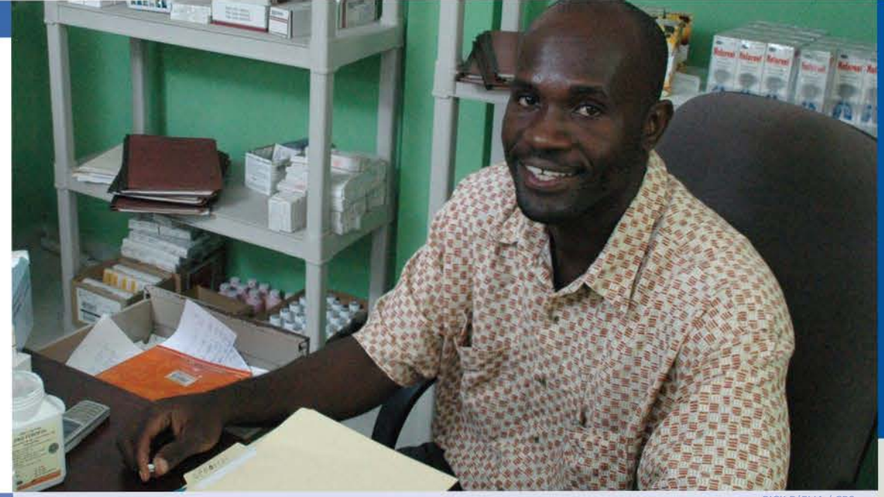
HMIS

In the DRC, Kenya, Honduras, the Philippines and Nicaragua, baseline monitoring and facility assessment is regularly conducted within the HSS program. Home visits for surveillance are used to gather additional information. In India, CRS is piloting mobile technology for health data collection.

GLOBAL PUBLIC HEALTH CHALLENGES

- An estimated 9.7 million children under the age of five died in 2006. Most of these deaths were from preventable conditions.
- The global deficit of doctors, nurses and midwives is at least 2.4 million.
- In 1960, 14% of deaths among children under 5 years of age worldwide occurred in Africa. That proportion had risen to nearly 50% by 2006.
- New diseases are emerging at an average rate of one per year.
- There are nearly a million deaths due to malaria each year.
- More than 1.6 million people died of TB in 2006.
- In 2007, around 2.1 million people died of AIDS-related illnesses.



RICK D'ELIA / CRS

Project Spotlight

MAGUINDANAO

In Maguindanao, the largest of the provinces that comprise the Autonomous Region in Muslim Mindanao, more than half the population lives below the poverty threshold and health problems abound. TB, specifically poses a major threat, with a high estimate incidence rate, and case detection and cure rates much lower than the national average. With funding from USAID, CRS is implementing a four year Maguindanao Tuberculosis Control Project (MTCP), in partnership with Integrated Provincial Health Office (IPHO)-Maguindanao.

PROJECT ACCOMPLISHMENTS:

Certification of 17 Rural Health Units (RHUs) as TB directly observed treatment short-course (DOTS) centers occurred in the first year of project implementation. The improvement of the remaining RHUs consisted of providing technical assistance and laboratory facilities upgrades to meet the standards of the certifying bodies.

Behavior Change Activities: Health education among patients was intensified through TB classes, household assemblies and counseling using the project's behavior change and communication (BCC) materials. Radio spots aired at local radio stations complement the organized meetings and printed materials.

Capacity Building: Various levels of health personnel were trained in TB control. Community volunteers were also trained in TB issues to enhance their participation in controlling TB. Trainings included specialized topics such as DOTS, revised Manual of Procedures, sputum collection and smearing for volunteers, quality assurance, BCC and Advocacy and Social Mobilization.

Advocacy and Social Mobilization: Health workers were trained to carry out advocacy and social mobilization to increase societal support for TB control. Advocacy activities with Local Government Units (LGUs) are done to lobby support for the TB program. As a result, one municipality hired a microscopist to assist the Medical Technologists to process sputum specimens to hasten the release of laboratory results, which aided early diagnosis of TB. Eleven Local Health Boards which serve as advisors of the Local Chief Executives in health matters were reactivated through the efforts of the RHUs to ensure that health issues were given prime attention by the LGUs. To further boost the participation of LGUs in the TB control campaign, MTCP provided a venue for 12 pilot LGUs to craft resolution ordinances supporting health and TB measures in their localities.

Engaging the Community: Twenty-one RHUs support active **Microscopy on Wheels (MOW)**. MOWs are support groups organized from among the transport (motorcycle) sector in the community. They provide voluntary assistance to RHUs by transporting sputum specimens or slides from Barangay Health Stations to the microscopy center. In some instances, MOW members provide referral of TB symptomatics to RHUs and provide TB flyers to community residents.

TB Clubs are actively participating in the TB campaign in 20 RHUs. Composed of treatment partners, cured patients, new patients and ongoing patients, TB clubs serve as peer-support groups for TB patients, ensuring that members comply with the DOTS regimen and complete the prescribed treatment procedure.

Private Practitioners. Orientation meetings with private practitioners have been conducted to forge greater collaboration through the referral system between public health facilities and private practitioners.

Muslim Religious Leaders are provided orientation on TB control and prevention. They provide TB information, including the availability of RHU services, to the Muslim community.

CATHOLIC RELIEF SERVICES

CRS was founded in 1943 by the U.S. Conference of Catholic Bishops to assist the poor and disadvantaged overseas. CRS programs assist persons on the basis of need, regardless of creed, ethnicity or nationality. CRS programming is holistic and prioritizes programs that respond to the integrated needs identified by the communities and individuals we serve.

CONTACT INFORMATION

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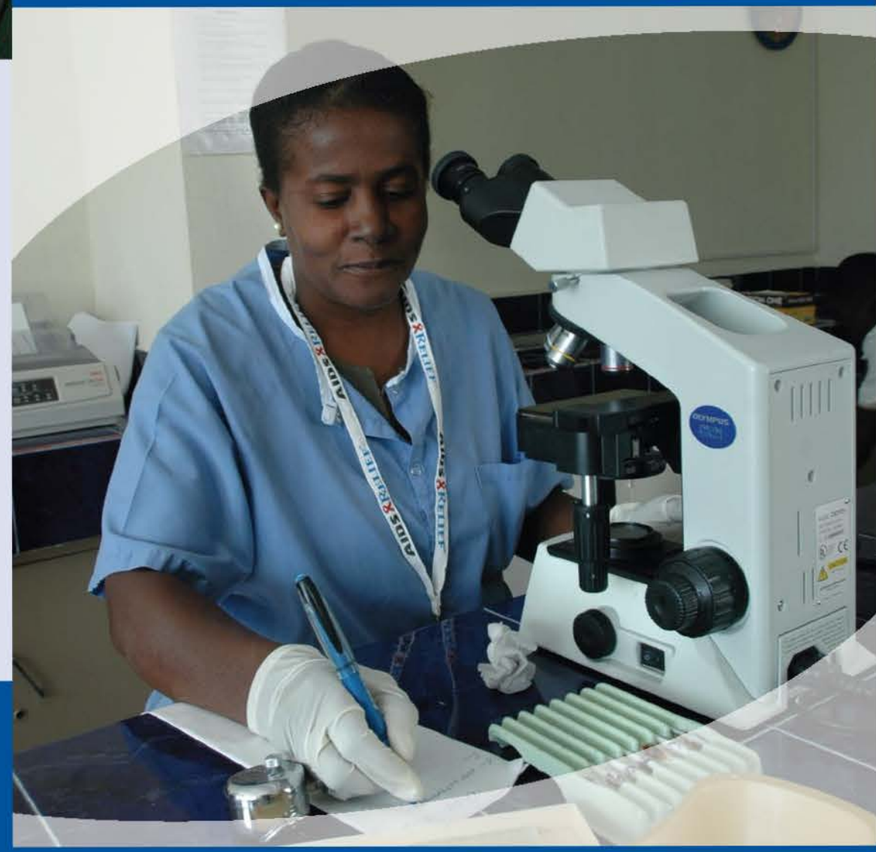
Health Systems Strengthening (HSS)

THE GLOBAL CHALLENGE



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CRS CATHOLIC RELIEF SERVICES

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THE GLOBAL CHALLENGE

At the dawn of the new millennium, the world was confronted with a stark reality in the face of unprecedented economic boom and innovative new technologies, poor health outcomes and deep inequities in health status persisted in many developing countries. Several global health initiatives to address these health issues emerged, bringing with them new resources, partners, technical capacity and political commitment. However, as interventions in many specific areas were scaled up, some of these initiatives have had the unintentional effect of eroding the capacity of already fragile health systems debilitated from chronic under investment, economic crisis, debt, economic structural adjustment and civil unrest of the previous two decades. Today, the world has a sophisticated array of preventive, diagnostic, and curative interventions that are evidence based and affordable. Yet in many resource poor settings the uptake of these technologies is very low and they lack the systems to deliver these interventions reliably, consistently, at reasonable cost and on the scale that is required to those most in need.

CRS realizes that as interventions are rapidly scaled up to address global health issues, health system constraints are a major impediment to increasing coverage. The current economic downturn negatively impacts health aid budgets. International expenditure on development needs to be translated into tangible improvements in outcome and achieve sustainable impact. Health System Strengthening (HSS) approaches and strategies that can be aligned with national priorities and harmonized into practice are essential to achieve national and international health goals, including the Millennium Development Goals # 4, 5, and 6. There is a pressing need for integration, cross-disease focus, and improved capacities to absorb the investments that are poured into these systems. CRS strives to contribute to strengthening of equitable and comprehensive health systems and build health system capacity to reach even the most marginalized communities to alleviate some of those factors that feed the health-poverty-disease-death nexus.

CRS VISION

Strengthened and well managed health systems with access to financial, material, technical and human resources to deliver high quality healthcare to reach even the most underserved and marginalized populations.

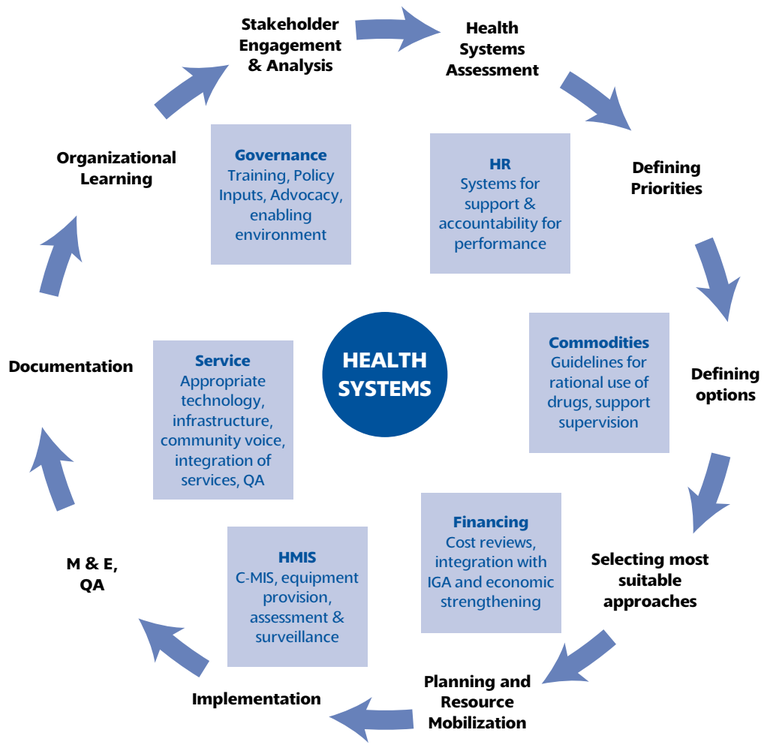
GUIDING PRINCIPLES FOR HSS PROGRAMMING

- CRS views HSS as a continuous process of capacity enhancement and improvement.
- HSS needs commitment from all stakeholders at all levels and must be harmonized with national priorities and frameworks in a culturally and contextually appropriate way.
- In its efforts to scale up public health initiatives in its core competency areas like maternal and child health, HIV, TB and Malaria, CRS' extensive network of faith-based and secular partners affords an opportunity to prepare the ground locally to strengthen the critical pillars of national health systems.
- CRS enters into partnerships with both local and international organizations to complement available expertise and ensure sustainable interventions.
- CRS adopts systemic evidence-based interventions enriched through consultative collaboration to achieve the greatest impact on health outcomes.
- CRS makes proactive and strategic efforts to maximize the positive synergies between selective and comprehensive approaches.
- With its focus on Integral Human Development, CRS strives to address the overall development of the poorest communities through integration with agriculture, Water and sanitation, education, civil society strengthening and economic development activities.
- Monitoring and evaluation for accountability and transparency are fundamental components of all CRS programming.

CRS HSS PROGRAMS AIM TO

- Improve access, coverage and utilization
- Provide quality assurance in healthcare
- Increase technical and financial efficiency
- Integrate services
- Ensure sustainability
- Remove barriers that hinder introduction of new, contextually appropriate technologies
- Complement national government efforts
- Improve health outcomes

CRS HEALTH SYSTEMS STRENGTHENING IMPLEMENTATION FRAMEWORK



EXAMPLES OF CRS HSS IN ACTION

Governance

In Honduras, the CRS program developed a policy on Emergency Obstetric Care, which created a sound option for resource-poor communities to access emergency care. In Kenya, partner facilities have developed, adopted and implemented human resource, finance and procurement policies, and strategic plans. In India, CRS has built the knowledge and capacity of village health committees on community and government roles and responsibilities for local level health planning and service delivery and has helped strengthen mechanisms for health system accountability.

Human Resources

In the Philippines, the CRS HSS program has supported the accreditation of private providers to screen and refer TB cases. The program has also provided regular inputs into technical training needs and curricula. In Kenya, C-IMCI modules developed jointly by CRS and MoH have been adopted as the national training modules for all health actors. In India, CRS is developing innovative systems for capacity building and supportive supervision for front-line health workers.

Commodities

In the Democratic Republic of Congo (DRC), a storage and cold chain management system was put into place to ensure commodities were appropriately handled, Site Management Committees at the village level record information on the transport and distribution of drugs; and the tracking and utilization of revenue generated through service delivery.

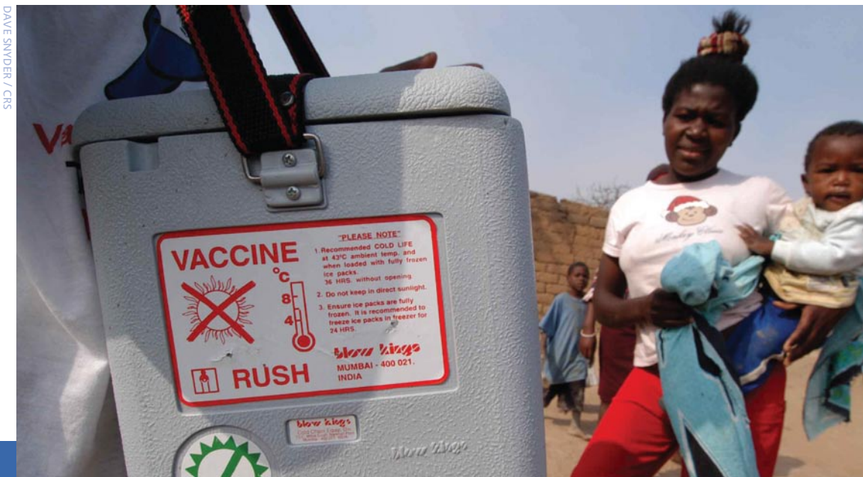
Service

In Kenya, CRS created an innovative counter-referral service that enables resource people identified by the community to follow up with clients in need of extended care. The program has also improved use of existing bed capacity through streamlining of admissions and discharge protocols in local partner treatment facilities.

Financing

Programs have created self-managed savings based financial services that provide micro-insurance and social protection, encouraging communities and local government in development issues such as health, water, disaster mitigation and education in community health programs in Kenya.

Successful piloting of Performance Based Funding in Eastern Cameroon which resulted in demonstrated improvement in partner capacities to manage the project independently.



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