

## Integrating FBOs

### Background and Strategy

In many countries in Africa, FBOs provide between 30–70% of health care services. Since FBOs often continue to be grouped with private or NGO health care providers, they remain under-recognized for their immense contribution to the national health sector, accounting for between 30–80% of nonphysician health worker training in many African countries. FBOs are thus a key link in sustainability of accessible health care and represent huge potential in the effort to strengthen HRH.

The Capacity Project worked to increase the number of countries in which FBOs are building national capacity in HRH. The African Christian Health Associations (CHAs) Technical Working Group (TWG) on HRH provided an entry point and structure for the Project's technical assistance. During an initial regional meeting of CHAs in 2004, 14 CHAs representing 12 countries committed to focus on HRH. Nearly five years later, the number of CHAs participating had increased to 17, representing 15 countries. The Project's FBO partnerships strengthened HRH advocacy efforts as evidenced by seven of the CHAs elevating the role of HR manager to a senior position.

### Results

#### *Christian Health Association Technical Working Group on HRH*

Beginning in 2006, the Project coordinated the secretariat for the CHA TWG on HRH. In this role, the Project supported three regional HRH meetings that facilitated sharing of lessons learned and best practices among the CHAs. Over 30 *Hotline HRH* newsletters on HRH issues and best practices were sent out to FBO staff, and more than 300 HRH reports and documents made available to members through an Internet portal. In Year 5, the Project transferred the HRH TWG secretariat to the Africa Christian Health Association Platform, which formed in 2007 as a network and advisory organization of CHAs. As secretariat, the Project assisted the CHAs to increase interaction and visibility with GHWA, which subsequently agreed to distinguish FBOs separately, rather than as part of the private sector, in its meetings and publications. The Project worked with other donor partners to broaden the support for HR activities within CHAs and to ensure that HR issues will continue to be addressed through funding of the Africa CHA Platform, which is now an established, dues-paying membership network endorsed by WHO and coordinated by CHA/Kenya.

#### *HRH Mapping in Tanzania*

The Project provided technical assistance to the Christian Social Services Commission (CSSC) and its network of dioceses, hospitals, health centers and dispensaries beginning in 2006 in an effort to improve data collection and analysis of all FBO health facilities, health care staff and programs. Using geographic information system (GIS) mapping and data on over 15,000 health care providers and 850 facilities, senior CSSC staff are able to more effectively advocate for additional resources with the Tanzania MOHSW. Overall, this activity created compatible HRIS that can be integrated into, and used to assist with, national health assets planning and policy development.

Read *African Christian Health Associations: Joining Forces for Improving HRH* (available at [www.capacityproject.org](http://www.capacityproject.org)).

Read *HR-GIS Data Development and Systems Implementation for the CSSC of Tanzania* (available at [www.capacityproject.org](http://www.capacityproject.org)).

***FBO HRH Strengthening Model in Kenya***

The HRH strengthening progress in the FBO subsector in Kenya, supported by the Capacity Project, serves as an excellent regional model. First, the Project supported an HR assessment that collected pertinent data on HRM capacity at 64 FBO health facilities, profiled the key priority areas in the subsector and made action plans to address them. The Project hired a full-time HR manager to provide the required technical assistance to implement this action plan. The HR manager developed a generic HR policy manual and HIV/AIDS Workplace Policy for CHA/Kenya and Kenya Episcopal Conference health facilities that are compliant with both the newly enacted Kenyan labor laws and the national HRH strategic plan. The policy and manual have already significantly improved members' HRM systems. In addition, the Project trained approximately 100 FBO health facility staff on the new labor laws, the HRM and HRH strategic plans and the development of an HRM consultancy database for use by FBO health facilities to ensure sustainability and access to local professional HRM services. These staff also received technical assistance in the recruitment process and review of job descriptions for key positions in the FBO umbrella bodies. These activities are expected to support FBOs to promote the HRH agenda effectively.

**Lessons Learned**

- International donor misconceptions about FBO networks and their capacity to contribute to HRH solutions must continue to be addressed.
- FBOs should be fully integrated into MOH policy and programs.
- HR positions within FBOs should be elevated in light of the emerging data on HRH promising practices and the key role HR plays; they should also be included in building HRM reference groups with the public sector and NGOs.
- FBO documentation and reporting should be strengthened.
- The role and importance of FBOs, especially in under-served areas, is very important to addressing HRH shortages.
- FBOs are an important vehicle for longer-term sustainability of HRH-related efforts.
- FBOs can often leverage resources that strengthen HRH efforts (e.g., the Project-assisted training and deployment of 11 Sudanese diaspora doctors in Southern Sudan).

*Read Strengthening the Role of FBOs in HRH Initiatives (available at [www.capacityproject.org](http://www.capacityproject.org)).*