



International Outreach

GETTING STARTED GUIDE





QUEEN ELIZABETH ISLANDS

Greenland (DENMARK)

Greenland Sea

Norwegian Sea

NORTH ATLANTIC OCEAN

SOUTH ATLANTIC OCEAN

BRAZIL

St. Helena (U.K.)

TRISTAN DA CUNHA (St. Helena)

Gough Island (St. Helena)

Falkland Islands

Introduction

Inspired by the Gospel’s lesson of “love thy neighbor as thyself,” the Catholic health ministry has served people of all ages, races and backgrounds for centuries in missions, clinics and hospitals worldwide. CHA’s international outreach supports its members, its partnering organizations, and the church in a global mission of healing through research, education, consultation and collaboration.

CHA’s goal in international outreach is to foster the development of best practices and the expansion of international initiatives that create effective, sustainable programs which reduce human suffering and improve health outcomes. In order to do this, we commit to:

- ✦ **Serve as a forum for CHA members and partnering organizations** to share information, knowledge and best practices.
- ✦ **Provide resources and education** about needs and opportunities in global health.
- ✦ **Offer opportunities** for CHA members to work collaboratively and engage in dialogue.
- ✦ **Serve as a clearinghouse** of resources and information.
- ✦ **Research ways to optimize medical supply and recovery activities** to best serve the needs of recipients, enhance stewardship of resources and promote environmental responsibility.

- ✦ **Establish relationships** with partner organizations.
- ✦ **Advocate for the ministry’s international outreach** with government, industry, foundations and other external groups.
- ✦ **Collaborate with the church, Catholic Relief Services and other groups** to advance the church’s mission of healing.
- ✦ **Alleviate suffering and strengthen health systems** in developing countries.

Please consider this guide a work in progress. The goal is to keep updating it with examples from CHA members and others, and to add any additional topics as dictated by the ever-changing environment in which we do our work. In that spirit, this book represents *only a portion* of the information we have compiled. Please go to the international outreach pages on CHA’s website at www.chausa.org/startoutreach for more information on all topics included in this book.

If you have resources to share or need assistance, please contact CHA’s senior director of international outreach, Bruce Compton, at bcompton@chausa.org or phone at (314) 253-3476.

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This booklet contains only a portion of the resources related to getting started in international outreach. We hope you will review the documents listed below as well as many others which are all posted on CHA's website at www.chausa.org/startoutreach.

- ✦ *Executive Brief of CHA MSRO Study*
- ✦ *Terms and Acronyms You Should Know*
- ✦ *What Does Canon Law Say About the Quality of Sponsored Works?*
- ✦ *Annotated Bibliography*
- ✦ *Sample Reflection Journal for Medical Mission Participants*

“How can it be that even today there are still people dying of hunger? Condemned to illiteracy? Lacking the most basic medical care? Without a roof over their heads?”

Pope John Paul II

Novo Millennio Ineunte, 50

The Case for International Outreach

The Call for Solidarity

Pope Benedict XVI has offered inspiration to Catholic health organizations planning or already conducting international outreach activities.

In his social encyclical, *Caritas in Veritate* (*Charity in Truth* – 2009), Pope Benedict stresses the need for “integral human development in charity and truth” – to look at human beings and their development in a holistic way from the perspective of charity and truth.



Photo Courtesy of CRS

“The development of peoples depends, above all, on a recognition that the human race is a single family working together in true communion, not simply a group of subjects who happen to live side by side” (No. 53).

The notion of being a “single family” has been tested in recent years by many natural disasters requiring global response. The 2010 earthquake in Haiti called Catholic health care leaders to act in accord with the roots of the ministry. Just as our founders and foundresses left their homes and traveled to America and elsewhere to respond to the needs of the time, our ministry responded to the immediate needs of Haitians and now are developing long-term strategies to build a system of care that will open up access to health services across Haiti.

The response in Haiti and the continued response to needs across the developing world are expressions of our core commitments to promote and defend human dignity, care for poor and vulnerable persons and promote the common good.

In his first encyclical, *Deus Caritas Est* (*On Christian Love – God is Love*), Pope Benedict reminded all who work in charitable organizations that human beings always “need something more than technically proper care. They need humanity.

They need heartfelt concern. Those who work for the church's charitable organizations must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity." (*No. 31a*)

Thus, not only our sharing of resources with the developing world, but the spirit in which we conduct this work, forms a two-fold expression of our commitment to participate in the human family and provide health and hope to all.

What follows are statistics that we hope will inspire you to serve your neighbors. Please remember that each number represents a person – a child of God who deserves the same love and care as members of your own family. This data tells a story we must not ignore. We, with all of our abundance, must endeavor to competently and compassionately work to alleviate suffering.

**PLEASE CONSIDER THE FOLLOWING
FOOD FOR THOUGHT:**

29,000 children under the age of five – 21 each minute – die every day, mainly from

preventable causes. More than 70 percent of almost 11 million child deaths every year are attributable to six causes: diarrhea, malaria, neonatal infection, pneumonia, preterm delivery, or lack of oxygen at birth. These deaths occur mainly in the developing world.

(Source: UNICEF, Millennium Development Goals)

2.6 billion people lack basic sanitation.

(Source: www.globalissues.org/article/26/poverty-facts-and-stats#src4)

925 million people do not have enough to eat and 98 percent of them

live in developing countries.

(Source: FAO news release, 2010)

Almost one fifth of the world's population (about 1.2 billion people) lives in areas where water is scarce.

One quarter of the global population also lives in developing countries that face water shortages due to a lack of infrastructure to fetch water from rivers and aquifers. (Source: World Health Organization, 10 Facts About Water Scarcity, 2009)

Approximately 1.6 billion people – a quarter of humanity – live without electricity.

(Source: www.globalissues.org/article/26/poverty-facts-and-stats#src4)

72 million children of primary school age in the developing world were not in school in 2005;

57 percent of them were girls. (Source: www.globalissues.org/article/26/poverty-facts-and-stats#src4)

Nearly 1 million children under the age of five died of malaria

in 2008. Up to 90 percent of malaria cases are attributed to environmental factors. (Source: World Health Organization Global Plan of Action for Children's Environmental Health: 2010-2015)

RESOURCES

Want to find sources of information such as those items listed as well as sources for Catholic social teaching? Here are several sites that should prove useful:

- + **United States Conference of Catholic Bishops, Catholics Confront Global Poverty website:**
http://old.usccb.org/sdwp/globalpoverty/ccgp_churchteaching.shtml
- + **Catholic Relief Services World Reports:**
<http://newswire.crs.org/category/world-report/>
- + **World Health Organization Global Health Observatory:** www.who.int/gho/en/
- + **UNICEF Child Outlook Study (July 2011):**
www.unicef.org/socialpolicy/index_59448.html
- + **World Food Program Hunger Stats:**
www.wfp.org/hunger/stats
- + **United Nations Information Center:**
<http://unic.un.org/>
- + **U.S. Census Bureau International Data:**
www.census.gov/population/international/data/
- + **USAID listing of resources:**
www.usaid.gov/our_work/global_health/hs/resources/index.html
- + **Henry J. Kaiser Family Foundation online gateway for data on U.S. role in global health:**
www.globalhealthfacts.org/

The Call for Operational Competence

Fr. Francis G. Morrissey, OMI, Ph.D., JCD, in a 2007 article highlighting Canon Law in relation to the quality of sponsored works, notes the six conditions that must be met for a work to be carried out in the name of the church: spiritual purpose, answer to a need, sufficient means, a certain perpetuity, stewardship and quality. *Go to www.chausa.org/startoutreach to access the entire article.*

In the column, he surmises that if the name of the church is to be attached to a specific undertaking, the work must be of high quality.

“This mission is not just personal activity. Rather, it is part of a much larger plan, one that will eventually lead those sharing in it to the fullness of life in faith and joy,” Fr. Morrissey writes.

So how does that apply to the activities Catholic health systems and hospitals undertake in the developing world?

It calls us to recognize the larger picture – one that includes a requirement to ensure that while stemming from our mission, our activities are useful, competently carried out and effective in providing help and hope, rather than a burden to those in need.

Unite for Sight, a global health delivery organization comprised of public health experts and social entrepreneurs who produce innovative programs and deliver health care strategies that eliminate patient barriers to care, has much to offer Catholic health ministry in relation to best practices.

Module 1 of its Global Health Course states, “Applying best practice principles in global health helps to ensure the maximum beneficial impact of any global health endeavor.” *(This course is freely and publicly available. It is also part of the Certificate in Global Health. Enroll in the Global Health Certificate Program through Global Health University.)*

Access this information online at: www.uniteforsight.org/global-health-course/module1.

The next page is an excerpt from Unite for Sight that provides very important international outreach principles all Catholic health care organizations should adopt.

GLOBAL HEALTH ORGANIZATIONS MUST:**ELIMINATE BARRIERS TO CARE:**

The ultimate goal of any global health endeavor is to restore health to people. The neediest of these people will not have transportation to a nearby clinic, so the health care must be brought to them. Nor will they have financial resources, so the care must be provided free of charge, or at minimal cost. Basic healthcare is a human right, and we must strive to provide universal access to that care.

PARTNER WITH LOCALS:

It is essential to work with local clinics, local organizations, and local community members for several reasons. First, it legitimizes the local caregivers in the eyes of the patients, thus improving the sustainability of a global health program. Global health organizations must also educate local health workers so they can provide year-round care. Additionally, local community members facilitate communication with patients, as they generally do not face language or cultural barriers. Working directly with community members characterizes the “bottom-up” grassroots approach to global health, which is documented to be more effective than a “top-down” approach beginning with governmental agencies.

PROVIDE COMPREHENSIVE CARE:

The goal is to treat patients, not simply to provide temporary relief from their symptoms. Patients should not only receive exams, diagnoses and relevant treatments, but should also have year-round access to preventive care (including proper nutrition) and educational resources about their conditions.

CONTROL FOR QUALITY OF CARE:

Medical providers must be highly competent and licensed to carry out relevant procedures. Other caregivers and organizers must be thoroughly trained to ensure patients are receiving high quality care. Results must be measureable so that progress can be assessed.

BE ACCOUNTABLE:

Global health organizations must be committed to low overhead costs and continual improvement. They must therefore be open to internal and external evaluations.

INSPIRE AND MOBILIZE OTHERS:

Successful global health is contagious. Global health leaders continually inspire, train, and mobilize new volunteers to join the cause.

Excerpted from www.uniteforsight.org/global-health-course/module1, Jan. 2012.

Taken together, best practice “gold standard” principles for operational competence form a guide to ensuring the maximum impact of global health endeavors. These principles maximize efficiency, effectiveness, access to care, quality of care and sustainability. CHA hopes they inspire your work.

If you have any policies or procedures that guide your work, and you would consider sharing them on CHA’s website, please contact Bruce Compton at bcompton@chausa.org.

The Call for Cultural Competence

Regardless of where a person is served – in the United States or in their homeland – all persons and their families should be treated holistically, with respect and with attention to their body, mind and spirit. This is part of Catholic health care's identity and tradition.

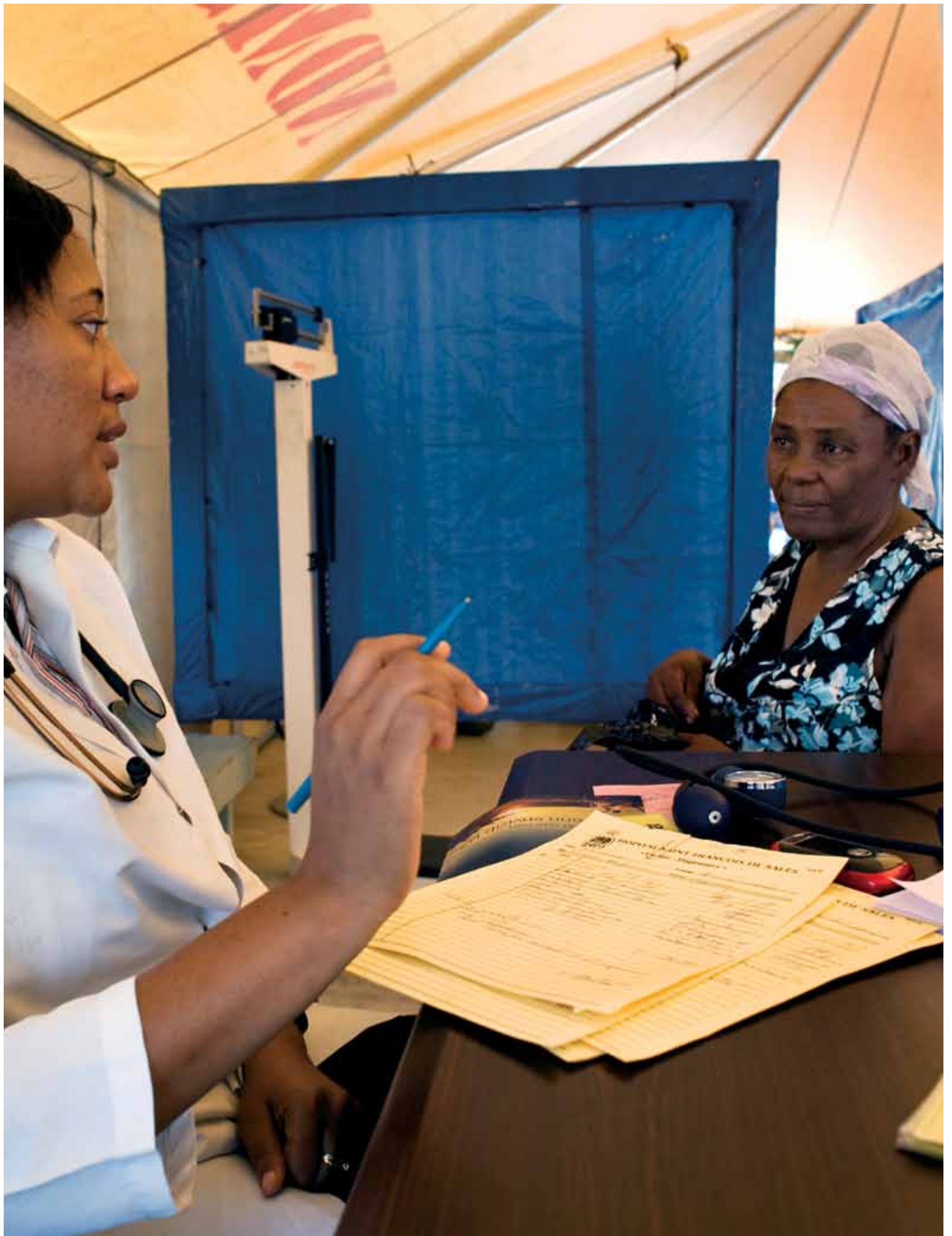
Please consider how those living and working in the developing world see persons participating in international outreach activities.

- ★ *What might they think based on our dress or manner of speech?*
- ★ *Have participants in the activity learned key phrases to show gratitude and elicit feedback on a project from the local community?*
- ★ *Do matching shirts or other items that identify persons as part of a mission group create a point of separation or come off as an extravagance?*
- ★ *What kind of refuse are we leaving behind? In our attempt to ensure our own health, do we waste or throw away more water, food or other necessities than some people have access to in a month?*

RESOURCES

Here are some sites with some information that may be of assistance to your associates as they serve patients and families in the developing world. Please feel free to send CHA any additional sites your organization utilizes to assist in making this a positive and respectful experience for all involved.

- ★ **Culture Crossing:** a site where you can search by country for local customs and manners: www.culturecrossing.net/index.php
- ★ **Standard of Living in the Developing World:** a website with good summary data and explanations of the data for anyone taking part in an international outreach activity: <http://givewell.org/international/technical/additional/Standard-of-Living>
- ★ **Nursing in a Third World Country:** www.culturediversity.org/thirdwrld.htm
- ★ **Georgetown University National Center for Cultural Competence:** www.georgetown.edu/research/gucchd/nccc/information/organizations.html



“The Church understands poverty in light of the vision of *integral human development*. Integral human development encompasses all that is needed for a truly dignified human life, including material, social, and spiritual resources.”

From “The Faces of Global Poverty,” a report from the CRS initiative,
Catholics Confront Global Poverty

Steps to a Successful International Mission Program

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- 2. Dialogue with Leaders Across the Organization**
- 3. Form a Core Team**
- 4. Research Potential Partners**
- 5. Develop a Case/Rationale**
- 6. Secure Leadership Support for the Case**
- 7. Develop a Strategic Initiative – Integrated into the Organization’s Strategic Plan**
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- 12. Celebrate Achievements**



Photo Courtesy of CRS

International mission programs have been part of Catholic health care in the United States since its founding. Congregations of women and men religious dispatched their members across the U.S. to tend to the needs of the poor and sick, and to educate the parishioners.

This rich tradition coupled with more recent experiences provide a wealth of information to build upon, as practical tips. What follows are some steps recommended for starting or increasing international outreach activities. While not prescriptive in nature, they are offered as a means of helping ensure that all stakeholders are part of decisions, and that this work is communicated throughout an organization. Please note that while we have numbered the steps, there is no *correct* order. Each person interested in this work and each organization is different, so please accept these as advice only.

1. Secure Leadership Support for Exploration of the Subject

Securing the support of leaders to undertake international outreach activities is essential. Looking to the mission and areas of interest of the founding congregations is a good place to start, as is gauging the interest of board members and executive leadership.

2. Dialogue with Leaders and Co-Workers in Your Organization

Conversations, both formal and informal in nature, are great jumping off points. As you discern activities, here are some questions that might be relevant with any of the stakeholder groups:

- a. **How should associates collaborate in this work?** Clinicians have talents to offer as do all associates. Selecting program activities that build on the work of materials management, such as medical surplus recovery, or sending medical teams to places needing health care services are two expressions. Participating in a building project or other needed service also calls upon the talents of additional associates in the organization.
- b. **Is there an issue that is of particular interest?** What area of international activity sparks the interest of associates in various parts of the organization?



- c. **Where should efforts be concentrated?** Consider if they should be regional or global.
- d. **Are there specific competencies which would be beneficial?** Make sure to note the competencies of any Medical Surplus Recovery Organization (MSRO) as well as competencies of any individuals who would like to participate in an international activity.
- e. **Is there someone in your organization who can champion activities and ensure that they are appropriate and effective?** Who in executive leadership, materials management, nursing, housekeeping, or other areas has an interest in international outreach?

3. Form a Core Team

You should engage as many leaders as possible to either be a part of the core team or to identify persons in the organization who would make good members of the core team. Make sure to have champions from each line of service/department. This team will develop the business case, research potential partners and be the champions for this activity, so make sure they are regarded by their colleagues as collaborators, innovators and mission-driven.



Photo Courtesy of CRS

4. Research Potential Partners

Catholic health care organizations – especially those who are in the same markets/regions/diocese – can have a great impact by collaborating. Is there interest in such a partnership? Are there other natural partners in your community or even among hospitals within your organization/system?

A useful tool in this research is Catholic Relief Services' (CRS) Holistic Organizational Capacity Assessment Instrument (HOCAI), which is designed to assist organizations to conduct a self-analysis of their strengths and challenges, develop an action plan and improve organizational functions through capacity strengthening. With HOCAI, CRS provides a standardized framework to help organizations engage in a process of continuous assessment and improvement that will sustain organizational capacities.

You can access HOCAI at: www.crsprogramquality.org/storage/pubs/partnership/Chapter%202%20Holistic%20Organizational%20Capacity%20Assessment%20HOCAI.pdf.

www.crsprogramquality.org/storage/pubs/partnership/Chapter%202%20Holistic%20Organizational%20Capacity%20Assessment%20HOCAI.pdf.

In your research, please consider what might already be happening within your organization:

- ✦ ***Do any of the units save unused supplies for donation?***
- ✦ ***Is anyone already participating in international activities via their churches or other civic groups who might have connections that can assist you?***
- ✦ ***Do any of the founding congregations have ministries in the developing world?***
- ✦ ***How can Catholic Relief Services help make connections?***

MINISTRY PARTNERSHIP EXAMPLES

At CHA's 2011 Global Summit in Atlanta, several ministry leaders shared their experiences of collaboration. Here is a portion of an article, written by Judith VandeWater, editor of *Catholic Health World*, which details the session:

In a panel discussion on global health systems, three senior officials from the Centers for Disease Control and Prevention stressed the advantage of partnering with ministries of health in host nations to help countries build their own essential public health services along with the local expertise to combat disease.

That is part of the strategy being developed by St. Louis-based Ascension Health and San Francisco-based Catholic Healthcare West in their collaborative effort to improve water, sanitation and health in Guatemala. The initiative is in the ideation stage. Susan Nestor Levy from Ascension Health and Pamela Hearn from Catholic Healthcare West have met with representatives of 40 organizations in the Latin American nation already at work on clean water initiatives. Though they work on the same issues, many of those people had never met each other, Levy said.

There may be an opportunity for Ascension Health and Catholic Healthcare West to act as a catalyst or convener of resources in Guatemala – to create some infrastructure to bring together people working to eliminate waterborne disease, Levy said.

Levy is Ascension Health's chief advocacy officer and executive director of its Seton Institute, a philanthropy that supports the international ministry work of the system's sponsoring congregations. She said Guatemala was selected as a test site for a large project because there are 180 Daughters of Charity working with the poor there.

Hearn is executive director of the Catholic Healthcare West Foundation for International Health. She said the foundation "jumped at the opportunity" to get involved with Ascension Health in Guatemala. "Collaboration is one of the core values of Catholic Healthcare West, and one of our sponsors' mandates with respect to global health is to not duplicate programs," Hearn said.

Another ministry collaborative, this one created in 2007 and led by Bon Secours Health System of Marriottsville, Md.; CHRISTUS Health of Irving, Texas; and the Catholic Medical Mission Board, is at work to reduce maternal and early childhood death and disease in three Peruvian communities.

Rich Statuto, Bon Secours president and chief executive, said that additional partners are needed to expand the program. "My primary purpose for the presentation is to ask some of you to join" the collaboration, he told the summit audience.

Statuto said he first visited Peru at the invitation of Sr. Patricia Eck, CBS, who chairs Bon Secours Ministries, the sponsor of the Bon Secours system. Quoting Sr. Eck, Statuto said, "The struggle for a more humane world is not an option, but an integral part of our mission."

The full article in the July 1, 2011, edition can be accessed at: www.chausa.org/CHA_convenes_ministries_first_global_health_care_summit.aspx.

Collaborative efforts are happening, but more are needed. Contact Bruce Compton at bcompton@chausa.org or go to www.chausa.org/internationaloutreach to learn about potential, current and planned partnerships.

Learn about a CHA, CRS and University of Notre Dame initiative, strengthening Faith-Based Health Systems, at www.chausa.org/CRS_CHA_to_bolster_health_care_in_emerging_economics.aspx.

5. Develop a Case/Rationale

A business case captures the reasoning for initiating a project or task, and so too should any rationale for starting or increasing international activities.

Although alleviating suffering is the goal of international outreach, the rationale today also takes into account the call for solidarity and theological foundations of this work, the history of involvement in the developing world – what the founders and foundresses have done and are doing, financial aspects of this activity, baseline data as well as the impact on the environment.

6. Secure Leadership Support for the Case

Before any activities can be determined, leaders must buy into the business case and fully support further activities of the core team. Plan to share the case.

7. Develop a Strategic Initiative – Integrated into the Organization’s Overall Strategic Plan

Determine what your organization will do, with whom you will partner and how your organization, employees, executive leadership, trustees and/or sponsors and physicians will be involved. This should be part of the overall strategic plan of the organization.

The plan should keep in mind:

- + **Accountability and transparency**
- + **Insights of partners**
- + **Cultural norms in countries where the work will take place**
- + **Potential impact of long-term and short-term activities**

8. Develop a Mission and a Vision

The mission of the organization can be the foundation for this work, as can the mission of the religious community(s) that founded the organization.

Catholic Health East's Global Health Ministry has a rich website where you can view their mission and see some of their work. You can access it at: www.globalhealthministry.org/.



9. Develop an Action Plan and a Budget

Be sure when budgeting and planning to consider if participants are on or off of the clock, the cost of marketing internally and externally, education for staff and metrics for evaluating the impact of any activity. Finding resources in an ever-tightening financial environment can be a challenge. Suggestions include:

- ✦ **Annual System/Hospital Donation** – a health system or hospital may decide to make an annual donation to international outreach each year as part of its annual budget and community benefit program.
- ✦ **System/Hospital Foundations** – a foundation can help support this work by holding fund-raisers and raising awareness of projects and initiatives.
- ✦ **501c3 Company** – Setting up a separate tax-exempt, not-for-profit company to attract donations, grants and alternative investment loans can fund this activity.

- ✦ **Alternative Investment/Direct Community Loans** – Securing low-interest or no-interest loans and investing these loans in the system/hospital portfolio and using only the interest as cash for international mission activities is another option.
- ✦ **Website** – an organization may create a website that allows direct donations for international mission activities or provides mailing information for where to send a donation. Access an example from Global Health Ministry, part of Catholic Health East: www.globalhealthministry.org/donate.php.
- ✦ **Employee Direct Deposit** – setting up a process that allows employees to make direct deposits from their pay to support international ministry activities is another option.

HELPFUL DIFFERENTIATORS BETWEEN A VISION STATEMENT AND A MISSION STATEMENT:

	MISSION STATEMENT	VISION STATEMENT
TIME	A mission statement talks about the organization’s present.	A vision statement talks about the organization’s future.
FUNCTION	It lists the broad goals for which the organization is formed. Its prime function is internal; to define the key measure or measures of the organization’s success and its prime audience is the leadership team and stockholders.	It lists where the organization sees itself some years from now. For employees, it gives direction about how they are expected to behave and inspires them to give their best. It shapes customers’ understanding of why they should work with the organization.
ABOUT	A mission statement talks about HOW the organization will get to where it wants to be. Defines the organization’s purpose and primary objectives.	A vision statement outlines WHERE an organization wants to be. Communicates both the purpose and values of the organization.

(Source: http://www.diffen.com/difference/Missions_Statement_vs_Vision_Statement)

10. Hold a Kick-Off Event and Communicate

Every international activity, be it collection and donation of medical surplus equipment and supplies or medical teams taking their talents to a community in the developing world, needs to be celebrated. Some ideas include:

- ✦ Flyers that share information about the activity and identify the champion(s) of the activity can be posted in break rooms and the cafeteria for staff that do not have access to computers in their daily work.

- ✦ Holding weekly “huddles” where the members of a unit/department quickly gather to discuss any given topic. Create a “huddle” topic and relevant questions for groups to consider – this will not only spread the word about the activity, but will also elicit suggestions and questions.

Be sure your communications and marketing teams are involved. They can contact local media to cover the departure or return of any international outreach activity participants and then communicate that to the greater community so that all persons know the work being done.

These are just a few ideas. If you would like to share what you have done or are doing in the form of posters, event details, prayer services before and after departure of staff, etc., please send them to Bruce Compton at bcompton@chausa.org.

11. Assess and Evaluate

We all know that the one thing we can count on is change. This is true of our work in the U.S. as well as the needs abroad. Be sure to annually evaluate any international outreach activity, and share those results with leadership. CRS and CHA are good sources of information for current needs. Both can also be resources in evaluation and assessment.

A good source of information for assessment is The Sphere Project Handbook Core Standards, which is an electronic appendix. Access it at: www.chausa.org/startoutreach.



12. Celebrate Achievements

Although the participant in an international activity will most likely agree that she or he got much more from the activity than did the recipient of the service, participating in international outreach projects should be celebrated. Make sure to highlight trips and participants' experiences with the board, as well as with all staff, to show that this is an important part of the organization's mission, and a part of the larger work of the church.



“We who serve Catholic health care believe that our mission flows from the ministry of Jesus. We agree that anything less than the highest quality is a betrayal of that mission.”

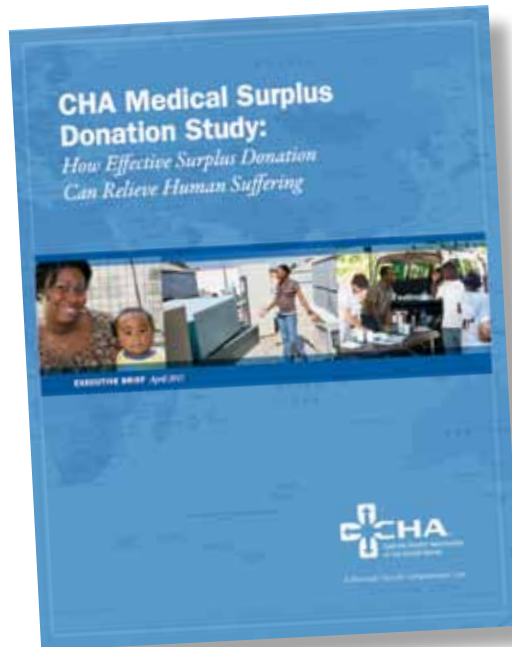
Sr. Doris Gottemoeller, RSM, Ph.D.
Senior Vice President, Mission/Values Integration
Catholic Health Partners

Medical Surplus Recovery

While “Medical Surplus Recovery” is a fairly new term in Catholic health care ministry, there is no doubt that it is a practice used since the founding of Catholic health care. Sisters and brothers made due with the limited resources provided by their religious orders/communities, industries and physicians, etc., to serve the sick and poor. Today, there is a major change in providing unused or surplus items to those in the developing world: the intermediary organizations that collect and disperse surplus materials are called Medical Surplus Recovery Organizations or MSROs. Sometimes they are a part of the health system, and other times they are not-for-profit partners of our hospitals and systems, but regardless, we must make sure that our mission is being actualized by the operations of the MSRO.

Overview of CHA Study

In 2010, CHA initiated a research project to learn how our member organizations could best alleviate suffering in the developing world through a responsible medical surplus donation program using efficient, environment-conscious processes.



The study examined both CHA-member hospitals (responses from 432 of approximately 600) that collect and distribute medical surplus from hospital donors, and the beneficiary organizations that deliver health care to the poor in the developing world.

As part of the project, site visits to 10 organizations that collect and distribute medical surplus were made, and 26 individuals from a group of 15 organizations that provide services to those in the most need, including five groups in Haiti, were interviewed. The Gerard Health Foundation, a private charity foundation based in Massachusetts, provided a grant for the research.



There is no way to measure the amount of medical surplus all U.S. hospitals donate annually, but CHA data indicates that approximately 600,000 tons of medical surplus donations flow from Catholic health care organizations every year to distributing organizations.

MSROs are hampered in their work by several factors including sorting, lack of funds and staffing challenges.

After evaluating these limitations, CHA concluded:

- ✦ **There's a failure of many donations** to accomplish their lifesaving objectives.
- ✦ **Environmental liabilities are substantial.** Surplus materials often wind up in landfills or are donated without assurances that they can be used in an environmentally sound manner.
- ✦ **There is substantial wasted effort.** Sixty percent of member hospitals say they have donated broken equipment. Nine out of 10 member hospitals report donating supplies soon due to expire, and recipients of donations repeatedly report that they receive expired supplies. Yet according to the World Health Organization (WHO) guidelines for health care equipment donations, "There should be no double standard in quality. If the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation." In almost all countries, importing expired medical supplies is prohibited by law.

One can't overstate the need for all Catholic health care organizations to work with a medical surplus recovery organization – and to learn to select the right one – to handle donating unused medical items to the developing world.

Access the *Executive Brief of the MSRO study* at: www.chausa.org/startoutreach.



WHO Considerations for the Solicitation of Medical Devices

In 2011, the World Health Organization (WHO) issued, “Medical Device Donations: Considerations for Solicitation and Provision,” a report to support its strategic objectives to “ensure improved access, quality and use of medical products and technologies.”

The document provides an overview of the issues and challenges surrounding medical device donations, and offers considerations and best practices that may be useful for making and soliciting donations. The document highlights the importance of an active participatory role for the intended recipients of medical equipment donations and emphasizes the importance of treating donations with the same rigor typically applied when purchasing medical equipment.

CHA hopes you will review the WHO report in its entirety, paying special attention to the section on best practices for donors and donation solicitors (which CHA terms MSROs). Topics include:

- ✦ Active engagement by best practice
- ✦ Recipient engagement
- ✦ End-users and patients needs
- ✦ Regulatory and policy considerations
- ✦ Considerations for existing local markets of medical equipment
- ✦ Considerations for established procurement systems
- ✦ Considerations for public health needs
- ✦ Inclusion of health facility input when donations are coordinated at a national level
- ✦ Considerations for support for installation, service and supplies
- ✦ Consideration of special environmental and human resources to support equipment
- ✦ Communication
- ✦ Considerations for special situations

The entire WHO report is free and available at:

http://whqlibdoc.who.int/publications/2011/9789241501408_eng.pdf.

Assessing an MSRO

Catholic health care ministry has an opportunity to be a catalyst in the development of MSRO industry standards that can significantly improve the impact of surplus donations made to the developing world. The key is to donate usable and appropriately sorted supplies and equipment to an organization that matches donations to needs identified by in-country solicitors.

The 2010 study of MSROs by CHA highlighted nine drivers – or nine key impact areas – that will allow MSROs to effectively serve more CHA members and create greater impact for the developing world.

The nine drivers come not only from the 2010 MSRO study, but also, are based on feedback from ministry and industry leaders as well as expertise from the CRS, WHO and the Partnership for Quality Medical Donations (PQMD). They represent the “best practices” of leading MSROs as assessed by CHA during the 2010 study.

ORGANIZATION

RELATIONSHIPS

OPERATIONS



A SUMMARY OF THE NINE KEY DRIVERS FOR RESPONSIBLE COLLECTION AND REDISTRIBUTION OF MEDICAL SUPPLIES AND EQUIPMENT INCLUDES:

ORGANIZATION

- ✦ **Leadership** – An MSRO needs dedicated, full-time staffing.
- ✦ **Container Price/Value** – An MSRO must find multiple funding streams and understand the realities of the end beneficiaries through relationships with those who solicit surplus on their behalf.
- ✦ **Staffing** – An MSRO needs adequate staffing and effective volunteer recruitment and training.

STAKEHOLDER RELATIONSHIPS

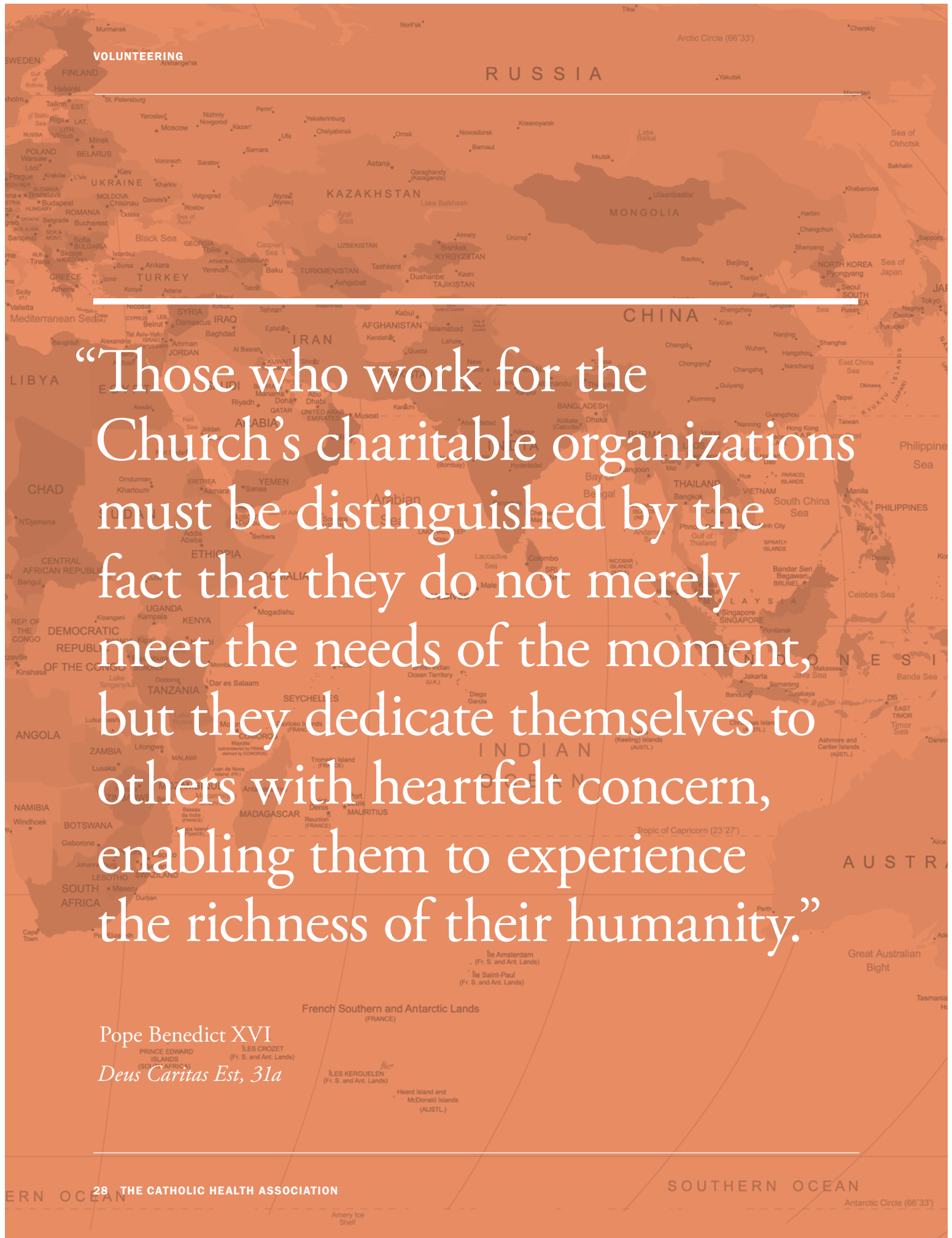
- ✦ **Hospitals** – An MSRO must tap into hospital resources while leading them to make donations that would be effective in the developing world.
- ✦ **Beneficiaries** – An MSRO must focus all of its efforts on the children, women and men in the developing world who benefit from the donated goods and services. An MSRO must also have an online, current database of surplus available. Solicitors can access the database, order surplus goods and following receipt of these goods, evaluate shipment content and process.
- ✦ **Business/Financial Partners** – An MSRO needs to utilize technical and strategic strengths of health care organizations.



OPERATIONS

- ✦ **Sorting/Quality Management** – An MSRO has to have the capacity and staffing to sort down to the individual item level and move short-dated items quickly.
- ✦ **Shipping/Distribution** – An MSRO must take ownership of the entire process of shipping, from knowing and complying with customs regulations and laws to ensuring that shipments are received and that contents are correctly distributed.
- ✦ **Inventory Management** – An MSRO must provide an online database so that solicitors can see available inventory. It should have less than a one-month backlog of items to sort and should have effective processes for intake.

Learn about CHA's MSRO assessment toolkit at:
www.chausa.org/internationaloutreach.



“Those who work for the Church’s charitable organizations must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity.”

Pope Benedict XVI
Deus Caritas Est, 31a

Volunteering



Long-Term Volunteer Opportunities

Those working in Catholic health care, as well as other persons, can participate in long-term volunteer experiences. Typically, persons interested in this type of program utilize several of the already-developed national and international programs for volunteers. If you or someone in your organization is interested in more than a year-long volunteer experience, some available resources include:

- ✦ **Catholic Volunteer Network:**
www.catholicvolunteernetwork.org/.
- ✦ **Catholic Medical Mission Board:**
www.cmmb.org/medical-volunteer-program.

Medical Teams

A medical team is a group of medical personnel organized for specific purposes related to care. These groups are typically short-term providers in a given community in the developing world. Specific types of services include:

- ✦ **Primary Care** – A group of medical personnel organized for the specific purpose of assisting a clinic or community to provide care to patients seeking to maintain optimal health. Patients can suffer from all manner of acute and chronic physical, mental and social health issues.
- ✦ **Surgical** – A group of medical personnel organized for the specific purpose of providing general surgery at a hospital or clinic.
- ✦ **Dental** – A group of medical personnel organized for the specific purpose of assisting a clinic or community to provide dental services to patients.
- ✦ **Optometry** – A group of medical personnel organized for the specific purpose of assisting a clinic or community to provide optical services to patients.
- ✦ **Women Services** – A group of medical personnel organized for the specific purpose of assisting a clinic or community to provide OB/GYN or other services to patients.

- † **Children Services** – A group of medical personnel organized for the specific purpose of assisting a clinic or community provide services to children.
- † **HIV/AIDS** – A group of medical personnel organized for the specific purpose of assisting a clinic or community provide services to persons living with or potentially infected with HIV/AIDS.

Immersion Trips

International immersion trips help break down some of the misconceptions and barriers that can evolve between people of different cultures, economic status and/or faith traditions. They also provide physicians, nurses and other clinical staff with an opportunity to reflect on their call to be in health care and to tap into the roots of why they entered their professions.

UNDERSTANDING THE PURPOSE

Immersion trips take many shapes in Catholic health ministry. Typically, they last one to two weeks, and immerse participants in the culture and history of the people. Opportunities can include introducing participants to families and community-based groups in settings that promote meaningful dialogue, sharing in life and celebrations of the community – especially those that express the meaning and faith that binds the community together, as well as offering service project opportunities for participants such as building repair or maintenance and/or providing needed health services.

A primary purpose for an immersion trip is to provide health care leaders and staff with a service-based learning opportunity to deepen their understanding of Jesus' special concern for persons who are poor and a meaningful context for understanding Catholic social teaching. Putting a face on the poverty of the developing world provides critical context for social thinking.

When sponsoring an immersion experience, acknowledge formation as the primary purpose, while also being sure to celebrate positive outcomes of service projects.

PLANNING & PREPARING THE TEAM

Planning an immersion trip is complex. Comprehensive education for participants must be scheduled before the trip and opportunities for reflection should be scheduled after the experience. Relationships must be established and maintained with contacts in the country, allowing for honest discussion about the expectations of both parties – this is a two-way street and we should be open to eliciting needs as well as offering a plan.

Here are some tips:

- † **Partner with an organization that is known and trusted by the receiving community.** Ideally this could be with representatives of a religious community and/or neighbor health care organizations. If needed, contact CHA, CRS, Catholic Medical Mission Board or an international mission community such as Maryknoll about their ability to work with you or to suggest partners.

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- ✦ **Be selective when organizing a delegation.**
Learn the motives of prospective participants. Can they adapt to the culture and climate of the hosts?
 - ✦ **Maintain a limit on the size of the delegation.**
Six to 12 people seems to make the most efficient delegation. As always, strive for diversity.
 - ✦ **Develop an education plan.** Provide pre-trip reading materials and discuss these materials and other important cultural customs and manners prior to the immersion experience.
 - ✦ **Plan an orientation day.** This can include ice breakers, team building exercises and educational sessions about the location, the culture and the goals of the experience, including any service to be completed. You might also arrange a Skype video discussion or conference call with the local partner/host. Also, CRS has a pool of speakers you can invite to talk about their experiences in the country you are to visit. Learn more here: <http://globalfellows.crs.org/>.
 - ✦ **Promote open dialogue within the group.**
All groups have different dynamics, so be sure to have team members spend enough time together so they are comfortable with each other and are able to participate honestly and respectfully in group discussions.
 - ✦ **Work with your host to anticipate how gifts of money and/or materials will be handled.**
Predetermining who will offer gifts on behalf of the delegation is critical to community relations. Passing out gifts – even to small children – can result in hurt feelings and divisiveness within the rest of the community.
 - ✦ **Make sure you have enough people who can speak the language proficiently.** Ideally there will be one very skilled translator for every two or three participants. This ratio is especially important when doing any community visits or meeting people in their homes. If necessary, hire local translators.
 - ✦ **Develop a process of prayer and reflection leading up to, during and after the experience.**
Provide participants with journals and encourage their use during the trip in addition to group prayer and reflection. Dignity Health (formerly Catholic Healthcare West) developed a reflection guide for trips to Guatemala. Access it at www.chausa.org/startoutreach.
 - ✦ **Designate “reporters” for the group.** So that local families and community workers are not overwhelmed by too many members of the delegation taking photographs and videos, designate only one or two individuals to chronicle the experience. Share the videos and still photographs with all members of the delegation, the organization, local hosts and members of the media or others with interest in the experience.
- Access additional resources for volunteering at www.chausa.org/startoutreach.

CRS has a webpage dedicated to resources for immersion experiences. Access it at:
<http://education.crs.org/immersion-resources/>.

“The aid world is strewn with failures that were imposed from the top down. Success takes the opposite direction. It is developed on the ground in Burkina Faso or Bangladesh, in Malawi or Mindanao.”

Dr. Carolyn Woo

President and CEO of Catholic Relief Services

Feb. 20, 2012, plenary address at the Catholic Social Ministry Gathering

Partnering to Strengthen Health Systems

In much of the developing world, people have little access to health care – no clinics, no hospitals, no doctors, no medicine. Catholic health care organizations can most effectively strengthen what, if any, systems exist by working collaboratively with an organization dedicated full-time to development and capacity building. CHA recommends working with Catholic Relief Services to learn if there are any potential points of collaboration in any host country. Or, alternatively, working with any existing ministries (health, education) operated by communities of women and men religious. There are local parishes, Catholic Medical Mission Board and many others already doing activities with whom you can partner to strengthen a health system.

Education & Training

One of the goals of any international mission program is to build capacity in a host country enabling the community served to ultimately become self-supporting. Training new, local community health workers and assisting in the continuing education of local health professionals is also very important work. Because training needs and cultural sensitivities differ markedly from country to country and community to community, training should be customized and thus requires a significant commitment of time and resources.

Technical Assistance/Consultation

Providing hospital/clinic management consulting services to a partner in a host country can result in significant and lasting change. Short-term consulting engagements such as feasibility studies or hospital operations assessments, overseeing a strategic planning process, or providing board development assistance are also international outreach activities. Due to the complex infrastructures that are often required for training or consulting, it is recommended that individual hospitals or health systems offer the services of individual volunteers to organizations with full-time people in country rather than attempting to develop or implement their own programs.

RESOURCES

- ✦ **“Everybody’s Business” by the World Health Organizations:** www.who.int/healthsystems/strategy/everybodys_business.pdf.
- ✦ **CDC Global HIV/AIDS information:** www.cdc.gov/globalaids/Strengthen-Health-Systems/default.html.
- ✦ **CRS and CHA Collaborative Initiative:** www.chausa.org/CRS_CHA_to_bolster_health_care_in_emerging_economies.aspx.
- ✦ **Additional resources:** www.chausa.org/startoutreach.

“Today, we are made aware of the millions of people suffering and in great need in our global village... Our time in history calls us to act with justice and in compassion, to heal and care for a broken world.”

We are God’s presence walking the earth. What are you called to do?”

Sr. Rita Thomas, CBS

2012 Sisters of Bon Secours Prayer Book

Disaster Relief

First – Do No Harm. This principle has guided Catholic health care providers since the founding of this ministry and it must also guide our international outreach activities.

Catholic social teaching provides us much guidance on how we should enliven this ministry in the developing world. Please see the Call to Solidarity on Page 7.

Because of its strong background in emergency preparedness and response, Catholic Relief Services (CRS) is a natural partner for Catholic health care organizations to work with when disaster strikes. CRS adheres to international standards to ensure that disaster-affected populations are able to meet their basic right to live a life with dignity.

CRS works directly with affected communities and local partners to help restore and strengthen their pre-disaster capacities. It also works with a wide variety of partners in disaster situations. Partners can include local communities, local churches, local and international non-governmental organizations, local governments and United Nations agencies. As a member of the Caritas Internationalis (CI) Federation, CRS also coordinates with other CI members during emergency responses.

Learn more about CRS' disaster response at:
<http://crs.org/emergency/>.

Humanitarian Response

The Sphere Project is another resource for Catholic ministry. It is a voluntary initiative that brings a wide range of humanitarian agencies together around a common aim – to improve the quality of humanitarian assistance and increase accountability of humanitarian actors to their constituents, donors and affected populations. The Sphere Handbook, *Humanitarian Charter and Minimum Standards in Humanitarian Response*, is one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response. Established in 1997, the Sphere Project is not a membership organization. Governed by a board composed of representatives of global networks of humanitarian agencies, the Sphere Project today is a vibrant community of humanitarian response practitioners.

Taken from the Sphere Project's *Humanitarian Charter and Minimum Standards in Humanitarian Response* handbook, the protection principles include:

✦ **PROTECTION PRINCIPLE 1: Avoid exposing people to further harm as a result of your actions.**

Those involved in humanitarian response take steps to avoid or minimize any adverse effects of their intervention, in particular the risk of exposing people to increased danger or abuse of their rights.

(CHA Note: For Catholic health care this is important when we make medical surplus donations – some machinery is broken or cannot be operated in the country where it is sent and end up being disposed of with negative impact on the environment.)

✦ **PROTECTION PRINCIPLE 2: Ensure people's access to impartial assistance – in proportion to need and without discrimination.**

People can access humanitarian assistance according to need and without adverse discrimination. Assistance is not withheld from people in need, and access for humanitarian agencies is provided as necessary to meet the Sphere standards.

✦ **PROTECTION PRINCIPLE 3: Protect people from physical and psychological harm arising from violence and coercion.**

People are protected from violence, from being forced or induced to act against their will and from fear of such abuse.



✦ **PROTECTION PRINCIPLE 4: Assist people to claim their rights, access available remedies and recover from the effects of abuse.**

The affected population is helped to claim their rights through information, documentation and assistance in seeking remedies. People are supported appropriately in recovering from the physical, psychological and social effects of violence and other abuses.

(CHA Note: We must understand that those in the developing world are solicitors of needed services and relationships must be built that allow for recipients and donors alike to set expectations.)

These principles are Copyright © The Sphere Project/www.SphereProject.org.

The Sphere Project – Humanitarian Charter and Minimum Standards in Humanitarian Response. Learn more and access the 2011 edition of the handbook at: www.sphereproject.org/handbook/.

The 2010 earthquake in Haiti has changed the way we as a ministry need to proceed with providing disaster relief and humanitarian aid. Collaboration is essential. At CHA's 2011 Global Summit a session provided information about disaster response:

Experts in disaster response told the audience that the heat of a national or international disaster is not the time to start mapping out a complex response, nor is it the time to begin building relationships with other community health care providers. For the good of the community, that groundwork should be laid in advance, they said.

"You invest in preparedness, and you prepare for the worst," said panel presenter Rear Admiral Clare Helminiak. She is deputy director for medical surge in the U.S. Department of Health and Human Services Office of Preparedness and Emergency operations and an assistant surgeon general.

"We know that preparedness and response is a public-private responsibility," she said. "The private sector can do a lot of things more quickly in a more flexible manner than the federal government can. The federal government has heavy lift capability, but we don't have that flexibility because of the federal system."

Dr. Christopher Howard is lead technical advisor for public health for the U.S. Agency for International Development's Office of U.S. Foreign Disaster Assistance. He called nongovernmental organizations such as CRS the "lifeblood" of global disaster response. "We know CRS, they are lean and mean, we know they can get in quickly and deliver services that will be appropriate to the local context. That is really key."



Howard said the international development agency pairs organizations that are inexperienced in disaster response, but eager to help in a crisis, with agencies that are in the field and know what resources are needed. He said it's best to support disaster relief with cash, but if companies want to send supplies and equipment, it is important to send only materials that are needed. "Transportation is very expensive in a disaster, and items you need to get in are getting displaced by items you don't need," such as broken ultrasounds and expired medicines.

William Canny, director of emergency operations for CRS, said his organization stores supplies and equipment at "hot spots" around the world, places where there is an increased likelihood of earthquakes, tsunamis, hurricanes or other natural disasters. For example, CRS had prepositioned supplies in Haiti and began distributing relief products almost immediately after the 2010 earthquake.

You can access the entire article about the Global Summit at: www.chausa.org/CHA_convenes_ministrys_first_global_health_care_summit.aspx.

“Only if I serve my neighbor
can my eyes be opened to what
God does for me and how much
he loves me. ... Love of God
and love of neighbor are thus
inseparable, they form a single
commandment. But both live
from the love of God who has
loved us first.”

Pope Benedict XVI
Deus Caritas Est, 18

Electronic Appendices Links

This *Getting Started Guide* consolidates some of the leading practices and resources related to international outreach activities. So that it can continually be updated, its contents are live on CHA's website.

Please go to www.chausa.org/internationaloutreach and go to each of the sections that are mirrored in this guide, including:

- ✦ **THE CASE FOR INTERNATIONAL OUTREACH**
- ✦ **STEPS FOR STARTING A SUCCESSFUL INTERNATIONAL OUTREACH PROGRAM**
- ✦ **MEDICAL SURPLUS RECOVERY**
- ✦ **VOLUNTEERING**
- ✦ **PARTNERING TO STRENGTHEN HEALTH SYSTEMS**
- ✦ **DISASTER RELIEF**

There is a page containing specific articles and resources highlighted in this book including:

- ✦ **A Theological Reflection on International Mission**
- ✦ **The Humanitarian Charter (from the 2011 edition of The Sphere Project)**
- ✦ **Terms and Acronyms You Should Know**
- ✦ **What Does Canon Law Say About the Quality of Sponsored Works?**
- ✦ **An Annotated Bibliography**
- ✦ **Sample Reflection Journal for Medical Mission Participants**

You can access them at www.chausa.org/startoutreach. Please be sure to share the resources you use in your organization's international outreach activities so that we as a Catholic health care ministry can collectively bring help and hope to our global brothers and sisters. Send them to Bruce Compton, CHA senior director of international outreach, at bcompton@chausa.org.

NOTES





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www.chausa.org/International_Outreach

**THE SHARED STATEMENT OF IDENTITY
FOR THE CATHOLIC HEALTH MINISTRY**

We are the people of Catholic health care, a ministry of the church, continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved and most vulnerable. By our service, we strive to transform hurt into hope.

**AS THE CHURCH'S MINISTRY OF HEALTH CARE
WE COMMIT TO:**

- ✦ **Promote and Defend Human Dignity**
- ✦ **Attend to the Whole Person**
- ✦ **Care for Poor and Vulnerable Persons**
- ✦ **Promote the Common Good**
- ✦ **Act on Behalf of Justice**
- ✦ **Steward Resources**
- ✦ **Act in Communion with the Church**