

## **Report Listeners group**

The present report from the listeners group of The Learning Conference for Faith-Based Health Care institutions, 2017 (FBHC), is a summary of what the group members heard and learned over the course of the conference, with a special focus on institutional challenges and recommendations for future development. The conference was held in Dhulikhel, Nepal, on November 19-21, 2017. There were approximately 50 invited participants from 18 organizations, representing Nepal, Bangladesh, India, Argentina, England, USA and Norway, who were actively engaged in the conference. The themes and key focus areas were identity, innovation and leadership as related to the challenges of mental health.

### **What did we hear and learn?**

#### Theme of Identity

The participants represented church and mission based institutions with a very strong Christian faith dimension, and a generalized stated vision of “Jesus, show me one person for whom I can make a difference”. This faith based foundation was identified as consisting of three basic impulses:

- Faith in God who cares
- The need that challenges to act
- The conviction that action makes a difference

New concepts that were found useful by the participants, were introduced to aid in the reflection around institutional identity;

- The alternate model of always noticing the unnoticed based on a practical bible study of John chp 9.
- A more in-depth understanding and appreciation of the biblical concept of Diakonia
- And the importance of both intangible (e.g. faith in Jesus) and tangible assets in the organization

#### Theme of Innovation

A number of powerful, smaller and larger, innovation projects were presented, the range exemplified by the following projects:

- The Primary Mental Health Care model from UMN
- Transit homes and Action based advocacy from Koshish
- Blood donation before communion on Good Friday from Okhaldunga
- Lalu Pate Club/Zone – alcohol prevention and care groups from Okhaldunga
- A broad and integrated focus on health from the Adventists

The usefulness of the term “innovation” was questioned as it was understood as having a strong technological content. It was suggested to change the category to “an alternative model” or to just

soften the term to “social innovation”.

Regardless of term there was a unanimous understanding that, “We need to follow up on what action is taken at the church level to bring awareness to mental health”

### Theme of Leadership

There was a strong general agreement that leadership is very important, but that there is a scarcity of Christian manpower for leadership positions and a lack of structured training programs for those who want to go into leadership roles. The importance of “task shifting” was pointed out as a way to help persons getting relevant leadership practice. Innovative leadership needs to understand the components of compassion in all faith based health care services. The issue of mentoring was also pointed out as a need and possibility.

### **What are the remaining challenges and recommendations for future development?**

#### Theme of Identity

There appears to be a governmental pressure affecting the sustainability of Christian health care institutions. A challenge for the institutions is to not compromise their core values in this situation. There seems to be a need for a long range strategic plan, more than 5-years.

It was also identified as a need for Christian health care institutions to have a common approach to Nepalese health authorities and to have a joint presentation of their services and themes to policy makers. There is a need for cross collaboration of mental health professional (both Christian and non-Christian sectors)

There was unanimous support for strengthening the larger umbrella network; Nepal Christian Health care Association (NCHA) in spearheading these challenges

#### Theme of Innovation

Alternate models are needed to meet today’s forgotten groups of society whose need we as Christians have a special responsibility to see.

In terms of developing health care services, the main challenge is integrating mental health into the existing health care delivery system

There is also the challenge of funding new services in particular in the implementation stage, before they have been proven to be sustainable. Innovative funding structures should be assessed.

#### Theme of Leadership

There seems to be a human resource deficit in the Christian health care institutions. Several challenges were identified related to the leadership situation, development of leaders and, not the least, succession planning of leadership.

There are no structured methods or programs for training administrative leaders in Nepal. Here NCHA could play an important role as a mentoring organization: As senior leadership needs to

engage in mentoring junior leaders.<sup>[L]</sup><sub>[SEP]</sub> NCHA could also carry out need assessment of leadership development resources.

On a national level NCHA would have an important role in advocacy for common themes and policies on behalf of its members. Another important task for NCHA would be to help out in coordinating services and minimize institutional competition between church ministries.

**Listeners group:**

Morten Skjørshammer (chair)

Indra Napit

Jonathon Thorp

Heidi Westborg Steel