



EMMS International

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Operational Framework

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FundRaising
Standards Board

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1. INTRODUCTION

EMMS International's Operational Framework is a public statement of EMMS International's vision, mission, values, approach, principles and ways of working. Its purpose is to help EMMS International staff, board, volunteers, partners, donors, supporters and the public have a shared, explicit understanding of these matters. First produced in 2013, it is a working document, reviewed annually, and updated as the organisation evolves.

2. ABOUT EMMS INTERNATIONAL

EMMS International is a Christian international healthcare charity founded in 1841. EMMS International works with partners in Edinburgh, India, Malawi, Nepal and Zambia to improve health and healthcare. EMMS International operates two programmes: Palliative Care, and Reducing the Impact of Disease. EMMS International invests £1.5 million a year in its work of developing essential healthcare. In 2019-20 this improved the health and wellbeing of 89,611 people, of whom 89,373 are poor and vulnerable.

3. VISION, MISSION AND VALUES

Vision

A just world in which all people have access to good quality and dignified healthcare.

Mission

Following the example of Jesus Christ, we work with partners in some of the poorest communities of the world to transform lives through compassionate, effective and sustainable healthcare.

Values

We are Faithful

Christian faith is at the heart of what we do: loving God and loving others. All we do is underpinned by respect, the value of all human life and the desire to bring love, compassion and hope to all people without exception.

We are Empowering

We help people reach their full potential, recognising and encouraging each other's strengths and gifts. Guided by one another's needs and shared aims, we provide mutual support to be successful, through advice, development opportunities, clear roles and regular feedback.

We are Encouraging

We build strong partnerships with all stakeholders, working together to overcome challenges and constraints. We encourage one another through prayer and positive support. We are open, honest and respectful.

We are Accountable

We are good stewards of resources entrusted to us. We take responsibility for our actions. We meet our commitments and responsibilities to stakeholders.

4. A MODERN CHRISTIAN HEALTHCARE CHARITY

“The identity of a Christian organisation is defined not so much by what organisations do to fulfil their mission/purpose, but more by the motivation behind what they do and the way things get done.”¹

Motivation

From our founding as part of the medical missionary movement of the early nineteenth century through to today, EMMS International has worked according to Matthew 10:7-8:

“Go and announce to them that the Kingdom of Heaven is near. Heal the sick, raise the dead, cure those with leprosy, and cast out demons. Give as freely as you have received!” (NLT)

EMMS International’s Christian healthcare

Since our founding, the world has changed significantly, but our motivation remains the same and we believe that we are called to serve God’s purposes in our own generation. We define our role in healthcare as follows:

1. Christian healthcare follows Jesus’s example and displays God’s love.

A new command I give you: Love one another. As I have loved you, so you must love one another. By this everyone will know that you are my disciples, if you love one another. John 13:34-35 (NIV)

Christian healthcare promotes Kingdom values such as social justice for all. It seeks to bring about holistic transformation (physical, emotional and spiritual) in a compassionate, ethical and competent manner. We follow Jesus’s example through prayer and seeking God’s wisdom.

2. Christian healthcare seeks to serve the poorest and most marginalised people.

No, this is the kind of fasting I want: Free those who are wrongly imprisoned; lighten the burden of those who work for you. Let the oppressed go free, and remove the chains that bind people. Isaiah 58:6

All policy decisions are aimed at improving the health of the most vulnerable and marginalised people, ensuring that responses provide them with access to the prevention, treatment, diagnosis and care that they need, and that treatment protocols concentrate on providing high quality care, available to everyone.

3. Christian healthcare seeks to bring glory to the name of God.

Do you have the gift of helping others? Do it with all the strength and energy that God supplies. Then everything you do will bring glory to God through Jesus Christ. All glory and power to him forever and ever! Amen. 1 Peter 4:11

We should always operate in ways that bring Glory to God, using our individual gifts for the benefit of others. In everything that we do we aim for the highest quality and professional standards, based on evidence, best practice and Christian ethics. We work together, as children of God, towards a shared vision of His Kingdom come.

Seek the Kingdom of God above all else, and live righteously, and he will give you everything you need. Matthew 6:33

¹ Christian Distinctives: <http://www.christiandistinctives.org/christian-identity.htm>

5. A RIGHTS-BASED APPROACH

Jesus replied: “Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment. And the second is like it: ‘Love your neighbour as yourself.’ All the law and the prophets hang on these two commandments.” Matthew 22: 37-40

EMMS International and a Rights-Based Approach

EMMS International exercises its Christian motivation and principles through a rights-based approach. All our work furthers the realisation of human rights, as described in the Universal Declaration of Human Rights and other international human rights conventions. We encourage people to exercise their responsibilities, claim their rights and stand up for the rights of others.

Universal Declaration of Human Rights, Article 25²

“1. Everyone has the right to a standard of living adequate for the health and well-being of [themselves] and of [their] family, including food, clothing, housing and **medical care** and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond [their] control.

“2. **Motherhood and childhood** are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”

Good practice in a human rights-based approach

A rights-based approach involves a focus on:

Root causes	Rights rather than needs	Accountability	Participation, including political
Government policy	Duties rather than charity	Good process	Beginning with oneself

EMMS applies and encourages the following good practice:

- Using **laws or potential laws** deriving from human rights declarations and conventions, to provide legitimacy and a standard against which to measure people’s exercise of rights;
- **Sustainable, inclusive, institutional and community-based** responses and interventions, focussing on the **most vulnerable**, and with participation of local stakeholders;
- A **long-term perspective**, analysing trends, opportunities and capacities, while also addressing urgent and immediate rights violations.
- A **variety of partners** (state, civic, community, private sector and individuals) and diverse forms of partnership (formal, coalitions, networks) to support the exercise of rights.
- **Capacity-building** of and **partnership with local stakeholders**;
- **Engaging with duty-bearers**³, whom we identify, support and hold accountable.
- Operating at **individual, household, community and national levels**, linking among them.
- Recognising **rights-holders as whole people with dignity and evolving capacities, empowered** to speak out, be heard, participating in their own development.
- Evidence-based **advocacy**, local, national and international.
- **Learning** through planning, monitoring, evaluation, feedback, listening and research.
- **Monitoring outcomes, processes, measurable impact** on marginalised rights-holders.

² http://www.ohchr.org/EN/UDHR/Documents/UDHR_Translations/eng.pdf

³ In RBA terminology, we are all rights-holders and duty-bearers. “States (and other ‘duty bearers’) are responsible to ensure that the rights of all people are equally respected, protected and fulfilled... Right holders are responsible to respect and not to violate the rights of others.” Joachim Theis, Save the Children Sweden, 2003, http://www.crin.org/docs/resources/publications/hrbap/brief_intro_RBA.doc

6. PRINCIPLES

Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable – if anything is excellent or praiseworthy – think about such things. Philippians 4: 8

EMMS International’s vision, mission, values and rights-based approach result in the following.

Helping the Most Vulnerable

EMMS International aims to increase access to healthcare and improved health for the most vulnerable and marginalised, whether marginalised through low income, social standing, disability, lack of access to resources, distance from good healthcare (hard-to-reach) or other distressing circumstances.

Adding Value

EMMS International adds value through:

- **Prayer, love and compassion**, adopting and encouraging a holistic approach in all work.
- **Using strengths of EMMS, partners, supporters and marginalised** to increase equality.
- **Mobilising a network of church and other partners**, giving us access to decision-makers.
- **Working with faith-based and secular partners and individuals**.
- **Providing technical inputs where needed**, in programmes, fundraising and management.
- **Promoting learning** in all projects and programmes, for all stakeholders.
- **Promoting a Rights-Based Approach** across its board, staff, volunteers and partners.
- **Strengthening the voice of marginalised people** to shape policy on issues affecting health.
- **Mobilising the public** for financial support, prayer and advocacy action.
- **Funding projects to improve the health and healthcare of the most vulnerable**.

Inclusion

Inclusion applies to staff, board, volunteers, partners, supporters and people we help. It is:

- Promotion of diversity, tolerance, freedom of identity and participation in society, and
- Protection from harassment, and absence of discrimination.

EMMS International promotes inclusion through:

- Our *Equal Opportunities Policy*, in our HR Manual and Staff Handbook, which sets out our approach to equal opportunities and the avoidance of discrimination at work.
- Our *Customer Care Policy*, committing us to the best customer service to our supporters and partners.
- *Needs assessments*, which may cover aspects of inclusion and discrimination, disaggregated by age, sex, disability, ethnicity, religion and/or other relevant factors.
- *Participatory Design, Monitoring & Evaluation*, in which *objectives* address discrimination, *indicators* measure inclusion, and *activities* engage and promote the marginalised.

Partnership

For EMMS International partnership includes:

- Joint working with others to promote mutual interests, sharing resources, and
- Supporting partners to implement projects and develop their capacity.

EMMS International conducts its partnerships through:

- Checking that partners’ values, objectives and principles are compatible with our own.
- Assessing if the partnership will effectively improve the health of the most vulnerable.
- Working with faith-based, secular, government and non-government partners.
- Maintaining a relationship with several organisations related to healthcare where we work.
- Formalising partnerships project by project.
- Aiming to make foreign funding for healthcare for the most vulnerable redundant.

Participation

For EMMS International, participation is:

- Both a right and a responsibility, and
- For the full spectrum of rights-holders and duty-bearers at all stages of all projects.

EMMS International promotes participation through:

- A leadership style to promote participation through involving all relevant stakeholders in setting policies, frequent meetings, helpful information and considering requests.
- Sometimes assisting political approaches to matters of health and healthcare.

Accountability

Accountability includes:

- Procedures, policies and activities being open to scrutiny, comment and influence,
- Responsible and ethical stewardship of resources, and good governance.

EMMS International is accountable to:

- God, our trustees, staff, volunteers, donors, partners and people we aim to help,
- Voluntary and regulatory frameworks which govern our work,
- Our own policies.

EMMS International implements this through:

- Annual statutory audit of EMMS International and review of partners' audited accounts,
- Regular review by our senior management of the ethics of funds invested,
- Annual review of all policies, annual staff training in key policies, declaration at every board meeting of conflicts of interest of all present, and requirement for staff, volunteers and partners' staff and board to declare and avoid conflicts of interest.

Sustainability

For EMMS International, sustainability includes:

- Enduring impact on the health and healthcare of those whom we aim to help,
- In-built renewal of financial, physical and natural resources,
- Respecting governments' healthcare policies and contributing to strengthening their health systems, with their desired mix of government and private provision.

How sustainability relates to EMMS International work:

- EMMS International provides less than 50% of any institution's annual income.
- All projects plan for foreign funding to become redundant.
- All projects strengthen government provision to serve the poorest and most marginalised.

Minimising Harm to the Most Vulnerable

Minimising any harm that we may inadvertently do to the most vulnerable includes:

- Minimising possible longer term harm from development or humanitarian interventions,
- Acknowledging that transfer of power to the marginalised involves others losing power,
- Programmes to promote "connectors"⁴ and reduce "dividers" between opposed groups,
- The EMMS International Child and Vulnerable Adult Protection Policy,
- A prohibition on purchase of sex, by any staff, trustee or volunteer travelling for EMMS.

⁴ Connectors are things which unite people and which they defend, for example common social, economic and cultural resources, and dividers divide people, for example historical disputes.

See http://www.cdainc.com/cdawww/project_profile.php?pid=DNH&pname=Do%20No%20Harm

7. CROSS-CUTTING PRINCIPLE - INCLUSION

There is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus. Galatians 3:28

In cross-cultural health work, the principle of inclusion merits expansion, and applies to all work.

Inclusion concerns protected characteristics in the Equalities Act 2010⁵: age, disability, sex, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, and religion or belief. All people have the same rights to access services, participate in mainstream society, develop their full potential, and be protected from harassment.

- **Gender** is the division of expected behaviour into female and male. Sex equality signifies a society in which women, men, girls and boys can live equally fulfilling lives and be treated according to the same principles.
- **Disability** includes physical, mental, intellectual or sensory impairment. Stigma and discrimination disable people with disabilities (PWD). 15% of the world's population has a disability⁶ The UN's 2006 Convention on the Rights of Persons with Disabilities requires countries to promote the rights of PWD.
- **HIV & AIDS** are both a cross-cutting issue and an inclusion and workplace issue.

For all work, the following questions must be considered:

1. Has an inclusion analysis been included in the needs assessment?
2. Were people from excluded groups involved in project design and will they be involved in implementation, monitoring and evaluation? Do indicators measure changing inclusion?
3. Is inclusion addressed, through advocacy, communications, staffing and choice of area?
4. Will all communications promote equality, for example showing members of excluded groups in positions of power?
5. Does all correspondence reflect inclusion, participation and respect for all stakeholders?
6. Will data disaggregated by sex, disability and other relevant factors be collected as part of monitoring and evaluation?
7. Have excluded groups been identified as potential participants?
8. Are measures proposed to remove barriers to participation and promote accessibility?
9. Does the activity, policy or project include appropriate training on inclusion for all staff?

For all work, the following question must be considered:

1. Does the policy or project address gender, including roles, control of resources, issues prioritised and ways in which new initiatives may affect females and males?

For all work, the following questions must be considered:

1. Will the activities take into account and reduce stigma that may be felt by People Living with HIV and AIDS (PLHA)?
2. Will the activities help to decrease, or at least not increase, vulnerability to HIV infection?

⁵ <http://www.legislation.gov.uk/ukpga/2010/15/section/4>

⁶ <https://www.worldbank.org/en/topic/disability>

8. CROSS-CUTTING PRINCIPLE - THE ENVIRONMENT

The earth is the Lord's and everything in it, the world and all who live in it. Psalm 24: 1

In international work, the principle of the environment merits expansion, and applies to all work.

- People depend on their **environment**, for livelihoods and survival. Many poor people particularly depend on it. Projects must not be delivered at the expense of the environment.
- **Climate change** is a huge threat to development. Most carbon in the atmosphere has come from rich countries with only a small proportion of the world's population.

EMMS International:

- Implements an *Environmental Policy*, to reduce our environmental impacts.
- Encourages partners to reduce their environmental impacts, and ensures all projects have minimal carbon footprint.
- Keeps up to date on the impact of climate changes in the places where we work.

For all work, the following questions must be considered:

1. Does the project proposal include ways to avoid negative environmental impacts?
2. Does the implementation include Environmental Impact Assessments where appropriate?
3. Does the work reinforce good habits (e.g. recycling, use of renewable energy and public transport)?
4. Does the work stipulate sustainably sourced supplies (e.g. second-hand, locally produced)?
5. Does the policy or project include adaptation to changing weather patterns?
6. Does the work comply fully with our *Environmental Policy*?

9. CROSS-CUTTING ISSUES - KEEPING HEALTHY

Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honour God with your bodies. 1 Corinthians 6:19-20

All health-related cross-cutting issues below apply to all EMMS International's work.

Nutrition

EMMS International promotes healthy diets. Where sufficient nutritional intake cannot be achieved through diet alone, we promote nutritional supplements as a medicinal treatment.

For all work, the following questions must be considered:

1. Did the needs assessment include analysis of the impact of nutrition on the health issue?
2. Is enough attention paid to optimising nutritional intake, at home, work and in healthcare?
3. Have value-for-money nutritional supplements been considered as part of the work?
4. Does the work promote healthy eating?
5. Does the work discourage excessive alcohol consumption?

Tobacco

Tobacco use is detrimental to the health of the user and of others in close, frequent contact with smoke. Tobacco companies are trying to convert people everywhere to smoking. We oppose this.

EMMS International:

- Treats smokers equally with everyone else, and requires its partners to do so.
- Does not accept funding from companies which include tobacco as part of their business.
- Does not hold direct or indirect investments in companies with tobacco in their business.⁷

For all work, the following additional questions must be considered:

1. Does the work seek to eliminate all tobacco advertising and smoking from its site?
2. Are workplaces, hospitals and clinics designated smoke-free zones?
3. Does the work seek to reduce smoking amongst stakeholders, for example informing about the harm of smoking or advocating anti-smoking measures, legislation and implementation?

Mental Health

Most people encounter poor mental health at some points in their lives, and we oppose its stigma. Mental health is poorly understood and not accorded appropriate attention in stretched healthcare.

For all work, the following questions must be considered:

1. Did the needs assessment consider mental health alongside physical health?
2. Does the work address mental health (of families and patients) as part of overall health?
3. Does the work consider known times of stress, e.g. childbirth, exams and physical ill health?

HIV & AIDS

HIV & AIDS is an inclusion and workplace issue, and a cross-cutting issue, affecting overall health and vulnerability to infections.

For all work, the following questions must be considered:

1. Did the needs assessment and work design take into account prevalence in the population?
2. Does the work help stakeholders know how HIV/AIDS is prevented, contracted and treated, and its symptoms?
3. Does the work help stakeholders put into practice this knowledge?
4. Have PLHAs' special needs been considered in anti-stigma measures, accessible services, diagnosis, treatment of ailments, and appropriate care at home, work and in healthcare?

⁷ EMMS International does not invest in companies with interests in tobacco, alcohol, weapons manufacture, pornography and gambling.

Prevention and Early Detection of Ill Health

Cost-effective prevention and early detection of disease are preferable to more expensive treatment.

For all work, the following questions must be considered:

1. Did the needs assessment and work design take into account cost to families of treatment rather than prevention or early detection?
2. Does the work promote access for all stakeholders to screening, vaccinations, health promotion and health education?
3. Does the work seek to promote health rather than simply treat ill health?

Education

Access to both school education and further education is vital for the health and wellbeing of populations and of individuals, particularly women and girls. Better educated girls and women contribute more to the economy and have better educated and healthier children.

For all work, the following questions must be considered:

1. Did the needs assessment and work design take into account the impact on girls' access to school education and on women's access to healthcare education and healthcare careers?
2. Does the work promote access for girls to school education and for women to healthcare education and to senior positions in healthcare?
3. Does the work include helping families to free up girls' and women's time to study and work outside the home?

Global Pandemic and COVID-19

Complying with national and local guidelines is critical in a global pandemic, and EMMS International staff and partners' staff must set examples of behaviour which balances minimising spread of COVID-19 or other global pandemic disease with carrying out essential healthcare work.

For all work, the following questions must be considered:

1. Did the needs assessment and work design take into account measures needed to minimise infection and promote treatment?
2. Does the work promote access for all stakeholders to testing, vaccinations, health promotion and health education concerning the global pandemic disease?
3. Does the work reward rather than stigmatise all who comply with national disease-reduction guidelines?

Quality of Life in the Face of Incurable Disease

Quality of life in the face of incurable disease is an essential part of healthcare provision. Palliative care is often given few resources in badly stretched healthcare services.

"Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment."⁸

For all work, the following questions must be considered:

1. Do all stakeholders and their families have access to appropriate palliative care?
2. Does the work offer effective pain relief for those in need?
3. Does the work offer spiritual, emotional and social care for the dying and their families?
4. Does the work involve the community, volunteers, health professionals and families?

⁸ 2011 Public Opinion Research on Palliative Care, Center to Advance Palliative Care, USA, 2011

5. Are all staff and volunteers trained to understand and play their part in good palliative care?

10. Models of sustainability to reach the marginalised

1. Participation:

Participation in decision-making helps ensure that vulnerable people have access to good services.

Example:

- Malawian government policy is to develop community health committees to work with and hold to account their local health facility.

2. Strengthening government:

Strengthening government services, our partners make their expertise available to many people.

Examples:

- In Malawi, Mulanje Mission Hospital worked in tandem with the local district hospital so that the two hospitals jointly provide an improved palliative care service to the population as a whole, and Palliative Care Support Trust mentors staff of Queen Elizabeth Central Hospital to achieve the highest standards of palliative care.

- In Nepal and Malawi, EMMS International supports National Palliative Care Task Forces chaired by the Ministry of Health, which meet 6-monthly to monitor implementation of their National Palliative Care Strategy (Nepal) or Policy (Malawi).

3. Advocacy for government policy:

Good government policy means government is committed to good services for all the population.

Example:

- The Malawian National Palliative Care Policy passed in 2014 has made palliative care part of the national Essential Healthcare Package and of the Ministry of Health's career structure.

- The Nepalese National Palliative Care Strategy passed in 2017 will make palliative care part of government policy, with EMMS International's and INF Nepal's support.

4. Community delivery:

Community members can provide timely, cost-effective care in their own communities.

Example:

- In Nepal, INF Nepal is training community members to ensure that those in their community who need palliative care receive it from community members and from family members.

5. Communications:

Good communications spread messages on preventative measures, healthy living and health rights.

Example:

- In Malawi, Palliative Care Association of Malawi, Mulanje Mission Hospital, Nkhoma Mission Hospital, David Gordon Memorial Hospital and Palliative Care Support Trust spread messages on staying safe from COVID-19.

6. Churches and other religious groups:

Religious organisations have a duty to work with the marginalised and are likely to outlast projects.

Example:

- In Malawi, Palliative Care Support Trust translated handbook "Inspiring Hope" into Chichewa and Tumbuka, and 5 partners used the book to train 300 churches to put faith into practice through training their congregations to care for the vulnerable.

7. Training:

People who are educated and trained can transform their communities and families in the long term.

Example:

- In India and Malawi, EMMS supports vulnerable young women to train for healthcare careers, enhancing their personal status, family wellbeing and contribution to society.

11. WAYS OF WORKING

Relations amongst people

Do to others as you would like them to do to you. Luke 6:31

EMMS International promotes good relations amongst people through:

- Promoting respect amongst staff, volunteers, trustees, partners, those we help and supporters.
- Regular staff meetings, praying, and rewarding good performance.
- Encouraging good recruitment, regardless of prior or family relationships.

Leadership

For even the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many.” Mark 10:45

EMMS International promotes good leadership through:

- Operating servant leadership, encouraging others to become the people God wants them to.
- Recruiting for, developing and appreciating leadership in all staff, trustees and volunteers.
- Expecting all staff to encourage others through good example, initiative and respect.
- Empowering the most marginalised to share control over resources that affect their health.

Strategic Approach

How wonderful and pleasant it is when brothers live together in harmony! (Psalm 133:1, NLT)

We are clear with our partners about our strategic aims and the reasons for them. We work with partners to take a strategic approach to the evolution of projects and programmes that we fund. This includes feasibility studies, needs assessments, well-designed projects, evaluations by consultants, and a portfolio of projects over programmes and countries.

Programmatic Approach

He makes the whole body fit together perfectly. As each part does its own special work, it helps the other parts grow, so that the whole body is healthy and growing and full of love. Eph 4:16

We conduct programmes through partners, including direct healthcare improvement, advocacy and awareness-raising. Our programmes consist of complementary projects, by different partners.

- Each programme is more than the sum of its projects. Projects complement each other.
- Some impact measurements are standardised across constituent projects in a programme.
- Projects aspire to help healthcare providers to implement international standards.

Value for Money

To those who use well what they are given, even more will be given, and they will have an abundance. But from those who do nothing, even what little they have will be taken away. Matthew 25:29

For EMMS International, value for money means:

- Achieving maximum health and healthcare impact for every pound that we spend.
- Integrating health impact measurement into all project stages, for good budget decisions.

Good Design, Monitoring and Evaluation

You are the salt of the earth. But what good is salt if it has lost its flavour? Can you make it salty again? It will be thrown out and trampled underfoot as worthless. You are the light of the world—like a city on a hilltop that cannot be hidden. No one lights a lamp and then puts it under a basket. Instead, a lamp is placed on a stand, where it gives light to everyone in the house. In the same way, let your good deeds shine out for all to see, so that everyone will praise your heavenly Father. Matthew 5:13-16

AND Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight. Proverbs 3:5-6

For EMMS International, good design, monitoring, and evaluation (DM&E) means:

- SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) objectives.
- Monitoring regularly activities, achievements and outcomes of all policies and projects.
- Evaluating all policies annually and projects regularly, sending reports to key stakeholders.

Learning

Let the wise listen to these proverbs and become even wiser. Let those with understanding receive guidance Proverbs 1:5

For EMMS International, learning means:

- Learning, and encouraging partners to learn, from participatory monitoring and evaluation.
- Taking time, and encouraging partners to take time to reflect, learn and adapt work.
- Disseminating learning internally and to key stakeholders, encouraging partners to do so.

Advocacy

Learn to do good. Seek justice. Help the oppressed. Defend the cause of orphans. Fight for the rights of widows. Isaiah 1:17

For EMMS International, advocacy means:

- Working with and for those affected by health injustice to address its causes.
- Empowering individuals, communities and organisations to bring about change.
- Advocating on issues which benefit the health of communities we serve.
- Bringing about change which can save lives and improve the quality of life for many.
- Maximising effective use of resources to achieve improved health for the vulnerable.
- Raising public understanding of issues.
- Building and using broader influence.

EMMS International uses an integrated approach:

Our programmes, communication and fundraising staff agree all stages of advocacy, including:

- Agreeing issues and approach
- Research and analysis
- Risk analysis (financial, operational, reputational)
- Lobbying
- Prayer
- Campaigning
- Networking
- Awareness raising
- Media
- Monitoring and evaluation.

Presence and Travel Overseas

Let us think of ways to motivate one another to acts of love and good works. ²⁵ And let us not neglect our meeting together, as some people do, but encourage one another, especially now that the day of his return is drawing near. Hebrews 10:24-25

- We operate through partners whom we evaluate and trust to work well, without need for EMMS International to have staff or offices near these partners.
- Where we give a large grant to a partner, we or a consultant meet the partner quarterly.
- Using our *Travel Risk and Assessment Form*, we aim to keep everyone travelling under our responsibility safe and insured in places with poor security or poor health or hygiene, and to ensure that they understand and minimise risks before and during travel and make informed choices about their travel.

12. EMMS International's Palliative Care Programme

“Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

“Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patient's illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.”

EMMS International adopts the above World Health Organisation (WHO) holistic definition of palliative care.⁹ We aim to help healthcare services to address their gaps in palliative care, whatever these gaps might be.

EMMS has worked in palliative care since 2009, helping health and social care providers in Malawi, India, Nepal, Scotland and Zambia to provide an improved service to their populations. We work through local health and social care providers, in a way that suits each country's national healthcare system, health problems, cultures and environments. We promote national and local government policies, and work to make national governments and international donors aware of the need for improved palliative care. Since 2012, our palliative care initiatives in Malawi, India, Nepal, Scotland and Zambia have included supporting local initiatives, such as: in rural India, starting services and publishing a handbook for church congregations written in Malawi; in Malawi, developing a centre of excellence and research, expanding healthcare staff education and continuing professional development for social, legal and spiritual leaders, and spreading this to hard-to-reach health facilities; in Edinburgh, providing grants for respite holidays for residents in need; in Zambia, paying for further education of and journal publications by a senior palliative care nurse; in Nepal, conducting a needs assessment, training a specialist palliative care nurse, researching post-disaster palliative care, translating key tools into Nepali, and building a palliative care unit in a hospital in west Nepal; and raising awareness amongst institutional and private donors in the UK and the UK public about palliative care's impact, e.g. on poverty and on girls' education. In this way, EMMS International brings a varied, needs-based, international approach to our partners' palliative care.

This work is increasingly needed, as more people suffer from non-communicable diseases (NCDs), and low-income countries face the double burden of tropical diseases plus higher incidence of NCDs. In 2014, the World Health Assembly adopted a Resolution¹⁰ which noted that 40 million people worldwide require palliative care. Through this Resolution, countries agreed to integrate good quality palliative care into their health policies. EMMS International is committed to helping

⁹ <http://www.who.int/cancer/palliative/definition/en/> 2015

¹⁰ http://apps.who.int/gb/ebwha/pdf_files/EB134/B134_R7-en.pdf 2014

countries to scale up palliative care, integrate services to government health policies, and approach our vision of high quality palliative care available to all in need of it.

Vision: High quality palliative care is available to all those with advanced chronic and life-limiting illnesses and disabilities and their families

Goal: Countrywide availability of palliative care in countries where EMMS works

EMMS International will contribute towards the ultimate aim of provision of top quality palliative care in the countries where it works, using levels reported in the Global Atlas of Palliative Care¹¹. This table shows the degree of integration to the health system and the level of provision in countries where EMMS works:

	Categorisation of palliative care development 2017
Malawi	4b Advanced Integration (highest level of integration)
UK	4b Advanced Integration (highest level of integration)
Zambia	3b Generalised Provision
India	3a Isolated Provision
Nepal	3a Isolated Provision

EMMS International will help countries where it works to climb levels through 7 objectives, each with activities. In India, EMMS International focuses its efforts on Duncan Hospital in Bihar.

EMMS International and local partners will jointly design these activities in detail, aiming to achieve national, continental and World Health Organisation (WHO) standards. EMMS International will seek funding for initiatives, liaise with donors, monitor and evaluate progress, bring international expertise, manage funds and projects, ensure good financial management, and network internationally. EMMS International will support partners to implement activities in their countries, with appropriate authorities and relevant local organisations, and networking internationally, to share learning and disseminate innovation.

Objective 1 – National and State Policies

1. Advocate for a National Policy and National Plan or Strategy; monitor and support their implementation.

Objective 2 - Centres of Excellence

1. Develop at least one service in each country to be and/or remain a Centre of Excellence.

Objective 3 – Subsidiary treatments and services

EMMS International will support the development of some treatments lacking, e.g.:

1. Supporting accessibility of pain relief and adequate nutrition.
2. Supporting development of rehabilitation and physiotherapy services after injury or to lessen the effects of disability after illness, where these conditions are life-limiting.
3. Supporting accessibility and relevance of services for particular groups of people, such as children, the elderly, the dying, the bereaved, those who risk destitution following bereavement, refugees and the homeless. This may include separate services, specific clinical interventions, spiritual care, inheritance planning and collaboration with agencies specialising in these groups. In this work, EMMS International promotes the holistic nature of palliative care.

Objective 4 - Trained Workforces

¹¹ Worldwide Hospice Palliative Care Alliance/World Health Organization. *Global Atlas of Palliative Care, 2nd Ed 2020*. S. Connor (Ed.) 2020. London UK. <http://www.thewhpc.org/resources/global-atlas-on-end-of-life-care>

1. Support healthcare staff training in palliative care, from Continuing Professional Development to postgraduate degrees.
2. Support training and integration of legal, spiritual and social workers in palliative care.
3. Where this fits the national system, build systems of community and family support for affected families, and/or train volunteers in home-based care.

Objective 5 - Evidence Base

1. Facilitate publication of research on palliative care, e.g. its effects, why it is needed, what happens when it is absent, and how best to implement palliative care in these locations.
2. Publish research on poverty reduction through palliative care, including its social effects of empowering families and communities to care for those needing palliative care, and challenging social structures such as class and gender, which keep people in poverty.
3. Encourage EMMS International staff learning on palliative care, including from our work.

Objective 6 - Engagement through faith

1. Enable service providers to develop appropriate spiritual care as part of palliative care, including working with different faith-based groups, promoting palliative care amongst them, and facilitating them to engage with palliative care in their communities.
2. Enable individuals and institutions of all faiths and in all locations to respond to their calling to help people in need, both through direct support to those in need in their areas and through donations. Engage with all faith-based groups in this common purpose, from EMMS International's position as a Christian and faith-based organisation. Our Christianity and basis in faith are advantages in work with services, staff and volunteers to whom faith is also important, and help us to engage with churches, which are important and long-lasting institutions in countries and communities.

Objective 7 – Cross-cutting issues

All activities will consider the following cross-cutting issues:

1. Inclusion – those protected in the UK's Equality Act 2010 need access to care and employment.
2. Environment - services must not be achieved at the expense of the environment or climate.
3. Good nutrition, discouragement of tobacco, promotion of mental health, HIV prevention and care, prevention and treatment of disease (including COVID-19, TB and malaria), prevention and early detection of ill health, and quality of life will be considered in the design and provision of services.
4. Sustainability – we only invest money where this reduces need for future foreign donations.

13. EMMS International's Reducing the Impact of Disease Programme

EMMS International works to reduce the impact of disease through community outreach health programmes and through supporting people to train to work in healthcare careers.

Our community outreach programmes can include:

- improving the infrastructure, accessibility and staffing of hard-to-reach health facilities,
- helping hospitals to develop a revolving drugs fund, so that they can always buy necessary drugs,
- implementing innovative solutions such as developing the market for portable solar lights to prevent snake bites and household fires,
- providing multiple benefits to poor people, such as dignity to women and girls who use sanitary products manufactured by vulnerable women who gain an income from this work.

Our support to people to train to work in health careers includes:

- considering the needs and challenges of healthcare systems with regard to staffing,
- supporting the vulnerable, particularly women and particularly vulnerable women, to train to enter healthcare careers, for their status, financial standing and ability to gain work near their homes, should they wish, and for the healthcare benefits that their training brings to the healthcare system in which they work.

Ultimately, therefore, our work to Reduce the Impact of Disease concerns inclusion, and involves making extra efforts (and hence spending extra money) to bring about inclusion, of employment in healthcare and of access to healthcare. EMMS International therefore made a decision to spend more money to reach fewer, harder-to-reach people, and has implemented this from 2019-20, thereby bringing health and healthcare to people who would otherwise not receive it, and making EMMS International a specialist in bringing healthcare to the hard-to-reach.