

HOPE IN FRAGILITY: Improving health outcomes for women and children



Photo World Vision

Within a generation, we could find ourselves realizing the ambitious Agenda 2030 goals to end preventable maternal, newborn, and child deaths, and end the epidemics of AIDS, tuberculosis, and malaria. Yet, reaching these goals and realizing the Global Strategy for Women's, Children's, and Adolescents' Health will not be possible without a significant focus on the world's most fragile and conflict-affected contexts.¹

Today, amidst crises and fragility, the world's poorest health outcomes are colliding with the highest rates of vulnerability, poverty, and human-rights violations. By 2030, two thirds of the world's extreme poor will be found in such contexts, the majority of them will be children.² Women, children, and adolescents are uniquely and disproportionately affected by conflict and fragility, whether by gender-based violence, lack of adequate nutrition, broken state-societal relations, or insurmountable barriers to basic quality health services.

Despite the scale of the problem, Official Development Assistance (ODA) for health is falling short of reaching women and children everywhere, particularly in these places of greatest

need. Between 2002 and 2011, the average annual per capita reproductive health ODA disbursed to the least-developed conflict-affected countries was \$1.93, 57 per cent lower than to the least-developed non-conflict-affected countries.³ This disconnect is partly due to the fact that women and children — especially those in fragile contexts — are rarely able to hold decision-makers accountable. Despite women and children making up 75 per cent of the 125 million in need of humanitarian assistance, they are still largely missing out on funds that would enable even the most basic health provisions.

Prioritising the most vulnerable, the majority of whom are found in fragile contexts, can allow faster progress toward key global targets and is also more cost-effective than focusing on easier to reach populations due to larger gains within interventions.⁴

Improved health outcomes can be positive drivers of local resilience and state building, thus directly addressing causes of fragility. Reliable access to quality, gender-responsive health services contributes to an increased sense of trust in service providers, enhancing governance and state-societal relationships.⁵

FRAGILE AND CONFLICT- AFFECTED CONTEXTS ARE HOME TO:

60%
of preventable
maternal deaths

53%
of deaths in newborns
and children younger
than 5 years of age

60%
of the world's
malnourished people

33%
of the global AIDS,
TB, and malaria
burden

64%
of unattended births

↑ Higher adolescent
birth rates and
unmet need for family
planning

CALL TO ACTION

A focus on building, strengthening, and supporting health systems in fragile and conflict-affected contexts is critical to providing long-term and sustainable results. We call on all stakeholders to bolster their support for Agenda 2030 and Every Woman Every Child Every Where by deliberately and substantially shifting global health resources to better reach those furthest behind — vulnerable women, children and adolescents living in fragile and conflict-affected contexts.

Drawing upon World Vision's decades-long experience as a global health and humanitarian leader, the following approaches will be foundational to the success of such a shift:

- 1 Engage communities as partners to strengthen health systems and governance.** Support community partnerships and voices — especially those of women,

children, and youth — to improve contextual analysis, monitoring, and evaluation; evidence-based decision-making; sustainability and accountability in emergency response; and primary healthcare service provision.

- 2 Think long-term, be responsive** Prioritise predictable and responsive longer-term women's and children's health funding and programme models, particularly in humanitarian response, as part of much-needed multi-year financing and strategies for fragile countries and regions.
- 3 Improve coordination within and beyond the health sector** Create and strengthen multi-sectoral platforms between health and relevant sectors that support rights-based approaches, ensuring comprehensive health-service delivery and uptake, especially for women and girls, without coercion, violence, or discrimination.

DESPITE WOMEN AND CHILDREN MAKING UP 75 PER CENT OF THE 125 MILLION IN NEED OF HUMANITARIAN ASSISTANCE, THEY ARE STILL LARGELY MISSING OUT ON FUNDS THAT WOULD ENABLE EVEN THE MOST BASIC HEALTH PROVISIONS.



Women benefitting from World Vision programmes in Somalia

CASE STUDY: SOMALIA

LONG-TERM PROGRAMMES DELIVERING BETTER COORDINATION, CROSS-SECTOR CONNECTIONS AND OUTCOMES

The Sustainable Development Goals have set the stage for greater, more-sustainable coordination and inter-sectoral action in the next decade as a key means to achieving sustained impact across development areas. Health-system delivery and information in fragile contexts can be siloed and dependent on short-term funding channels, creating inefficiencies and unreliability. Yet it is the same young woman that requires access to contraceptives, education, economic empowerment, nutritious food, and protection from gender-based violence. Improving coordination within and beyond the health sector requires a considerable investment of time and resources to conduct appropriate context analysis, negotiate partnerships, and build trust amongst stakeholders. Cross-sector action contributes significantly to health outcomes but it requires an evolving flexibility.

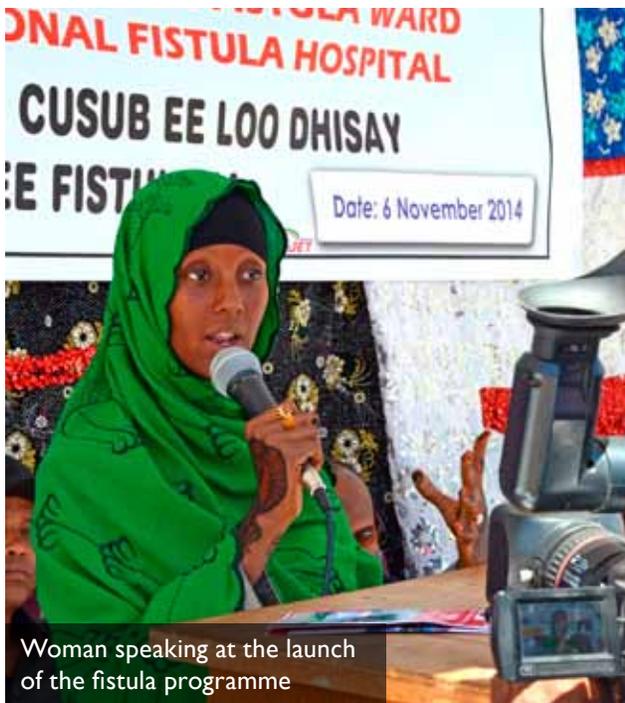
In Somalia, World Vision's flexible, decade-long implementation of a Global Fund-financed tuberculosis programme strengthened the health infrastructure and workforce by investing in the training of local, regional, and

national staff. World Vision and partners in the Health Sector Committee spent more than 18 months building trust with each of the three separate health authorities in order to successfully negotiate common objectives and incentives. This led to the creation of a national coalition, permitting the establishment of a national TB programme for all Somalis. World Vision, working with more than 30 international, national, and community-based partners, devoted significant effort to re-establishing trusted relationships between community members — especially women and youth, nascent local government, faith leaders, and health-service providers. As TB clinics and labs became more accessible, well-staffed and stocked, and community Directly Observed Therapy (DOTS) providers were mobilized, TB case-finding and treatment services increased. The long term, responsive effort to simultaneously strengthen service provision and community mobilisation had positive health outcomes, while also contributing to peaceful collaboration amongst opposing parties. Results include:

- 127,000 people treated for tuberculosis with a success rate consistently greater than 88 per cent
- The number of treatment facilities expanded from 7 to 73
- The percentage of TB patients tested for HIV reached 75 per cent, with 73 per cent of HIV-positive TB patients on anti-retroviral treatment.

Alongside the TB programme, a six-year World Vision programme took a multi-pronged approach to address the elimination of female genital mutilation/cutting (FGM/C), access to reproductive health services, child rights, and primary education. World Vision supported the Ministry of Health and the Ministry of Women and Human Rights Development in joint planning and programming. In communities, this meant the work of frontline health and protection workers was fully integrated. Beyond nutrition, health, and WASH activities, World Vision added training for health workers on family planning and psychosocial support for victims of gender-based violence. Health workers were supplied with contraceptives and post-exposure-prophylaxis kits. Reproductive-health education was also delivered through school teachers, child-protection case managers, and life-skills trainers. The programme contributed to:

- An increase in primary education for boys and girls
- A reduction in the Pharaonic form of FGM by 93 per cent
- An improved access to reproductive-healthcare for women and girls
- More than 200 cases of obstetric fistula assisted.⁶



Woman speaking at the launch of the fistula programme

CASE STUDY: AFGHANISTAN

ENGAGING COMMUNITIES AS PARTNERS TO LEVERAGE LOCAL SOLUTIONS

Amidst crisis and fragility, even where national health platforms exist, heightened instability and weak governance often leave the needs of vulnerable populations beyond the reach of government. As a result, the building blocks of the health system, such as the health workforce or the medical supply chain, fall apart. Yet, where long-term, risk-sensitive efforts are made to prioritise systems strengthening from the community level upwards, with a particular focus on vulnerable populations, significant health improvements can be seen.⁷ The Global Strategy's Everywhere stream aims to "put communities in the driver's seat by 2030."⁸

Sustainability and impact increase when local capacity is harnessed by simultaneously bolstering the health system through enhanced citizen engagement.

Just 15 years ago, Afghanistan was the worst place in the world to be a pregnant woman. Concerted focus from the Government of Afghanistan, with unprecedented donor support, to target underserved areas through the Basic Package of Health Services (BPHS) led to reduction in maternal mortality by more than half since 2000. World Vision has undertaken seven major multi-year maternal, newborn, and child health and nutrition programmes in Ghor, Badghis, and Herat since 2007, in coordination with BPHS. The three- to five-year programmes were part of World Vision's country-wide health strategy. World Vision leverages a responsive funding model whereby a percentage of private development funding can be made available for re-allocation to prevent, respond to, and

mitigate emerging situations. Across districts, positive outcomes were achieved, particularly for women and girls, through health worker capacity building, community mobilization (including male engagement), commodity provisioning, logistics support, and mobile health technology. These included:

- Improved contraceptive use by 322 per cent
- Increase in women accessing antenatal care by 36 per cent
- Increase in skilled birth attendance by 37 per cent
- Increase in exclusive breastfeeding by 47 per cent

World Vision programmes harnessed the capacity of shuras, local tribal councils. Leveraging local partnerships in line with cluster- and national-level policies was critical to project development, ongoing context assessments, and local ownership of activities and contingency plans. This approach enhanced community health systems, strengthening uptake of services, and contributed to long-term sustainability even during periods when insecurity affected humanitarian access. Significant resources were also devoted to developing solutions together with communities for problems related to human resources for health. These included deploying male-female health worker pairs, accommodations for health staff in remote areas, extra logistics resources for travel, and additional Ministry of Health trainings at all levels to accommodate for low human-resource capacity and retention.⁹

Sustainable health outcomes are enhanced when coordinated with local-level advocacy and social accountability.¹⁰ World Vision has adapted its Citizen Voice and Action social-accountability model to fragile contexts, including adaptations for camps of internally displaced persons. Through this approach, citizen's knowledge of health policies improves, their ability and willingness to advocate for their rights increases, and health-service delivery improves.¹¹ Where state health institutions are weaker, often creating significant data gaps for marginalized populations, community voice is critical to improve evidence-based decision making and relationships between communities and government.

COMMUNITY VOICE IS CRITICAL TO IMPROVE EVIDENCE-BASED DECISION MAKING AND RELATIONSHIPS BETWEEN COMMUNITIES AND GOVERNMENT.



Nasrat, 27, graduated from a midwifery programme supported by World Vision

RESPONDING TO CRISES

The displacement and suffering caused by Syria's conflict since 2011 is the largest humanitarian crisis of our time, and the trends in death, destruction, and displacement continue to worsen. World Vision humanitarian responders are on the front lines of this crisis working in Syria, Lebanon, Jordan, Turkey, and the Kurdistan region of Iraq to bring aid and hope to children, families, and communities.

Millions of children are confronted with challenges that no child should face — missing out on school, working as child labourers, and vulnerability to early marriage for girls. A generation of children is at risk of being lost to the impact of this conflict.

Since 2011, World Vision has helped more than 2.37 million refugees,

displaced people, and vulnerable host-community members. In 2015, 1.1 million people — among them 630,000 children — were supported. Food assistance, emergency supplies, water and sanitation, health, education, and child-protection interventions reached children and families in need.

Support to stabilize badly damaged healthcare systems is vital for the survival and health of displaced communities in Syria and the Kurdistan region of Iraq. In 2015, World Vision's health programmes reached 27,840 people, including 14,545 children, in these two countries. World Vision worked to fill gaps in coverage, equipment, and public-health messaging with a particular focus on the health of women and their children.

GENUINE PARTNERSHIPS, RESPONSIVE PROGRAMMING AND EMPOWERED COMMUNITIES LEAD TO IMPROVED HEALTH AMIDST FRAGILITY AND CONFLICT.



Syrian refugee Mahal with her 1 year old daughter

THE TIME IS NOW

Women, children, and adolescents in fragile and conflict-affected contexts have proven themselves to be extraordinarily resilient. Women and men in Afghanistan who have benefitted from health and nutrition education have themselves volunteered to ensure others receive this life-saving information. Families fleeing conflict in Syria have taken great pains to ensure their daughters can pursue an education and decide for themselves if and when to start having children — all of this while making difficult choices to ensure survival in the midst of instability and crisis. Without a deliberate and significant shift in resources to prioritise health in fragile and conflict-affected contexts, we will not only fail to meet Agenda 2030, we will fall short for these women, boys, and girls. Strengthening the systems around them while fragility and conflict persist is not only possible, it is the only chance we have of reaching the “furthest behind first.”

WORLD VISION’S COMMITMENT TO REACHING THE “FURTHEST BEHIND FIRST,” AS ANNOUNCED AT THE WORLD HUMANITARIAN SUMMIT IN MAY 2016:

- 1 Commit 24% of our \$3 billion commitment to the Global Strategy for Women’s, Children’s and Adolescents’ health (equivalent to \$500 million in health, nutrition, HIV & AIDS, and WASH) in humanitarian settings between 2016 and 2020
- 2 Review and harmonize our emergency health-and-nutrition strategy and delivery with the five-year operational framework for implementation of the Every Woman Every Child Global Strategy
- 3 Provide an essential package of health services to protect and promote the health and nutrition needs of the most vulnerable — women, children, and adolescents in humanitarian settings
- 4 Improve health outcomes through cross-sectoral action on food, nutrition, water, sanitation, and hygiene
- 5 Strengthen community health systems to build community resilience and response to health crises, particularly in the most vulnerable and forgotten contexts
- 6 Call for full respect and protection for health workers and facilities in line with the provisions of international humanitarian law

“Now is the moment for all those in health leadership positions to give their political, technical, and financial support to women, children, and adolescents in settings of humanitarian crisis.”¹²

The Lancet (2016)

ENDNOTES

1. Horton, Richard (2016) “The future for women’s and children’s health”, The Lancet.
2. Chanday et al. (2013) The Final Countdown: Prospects for Ending Extreme Poverty by 2030, Brookings Institution.
3. BJOG An International Journal of Obstetrics and Gynaecology (2016) Tracking official development assistance for reproductive health in conflict-affected countries
4. UNICEF (2010) Narrowing the Gaps to Meet the Goals.
5. CfBT Education Trust (2011) State-building, peace-building and service delivery in fragile and conflict-affected states: literature review – Final Report.
6. World Vision (2011) Final Report: Strengthening Efforts to FGM/C Abandonment Children’s Rights Promotion in Somaliland, World Vision.
7. Health and Fragile States Network (2009) “Health Systems Strengthening in Fragile Contexts: A Report on Good Practices and New Approaches”.
8. “Every Woman Every Child Every Adolescent Every Where” Financing sexual reproductive, maternal, newborn, child and adolescent health in every setting. Outcomes of Experts meeting held 22–23 June 2015, Washington, USA.
9. World Vision (2015) Finding Solutions for Women’s and Girls’ Health and Education in Afghanistan
10. Bjorkman, M and Svensson, J. (2009) “Power to the People: Evidence from a Randomised Field Experiment on Community Based Monitoring in Uganda”. Quarterly Journal of Economics.
11. World Vision (2015) Changing Lives Through Social Accountability.
12. The Lancet (2016) op cit.

World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice.