Health programmes in fragile contexts:

Experiences and analysis of the Swiss Red Cross

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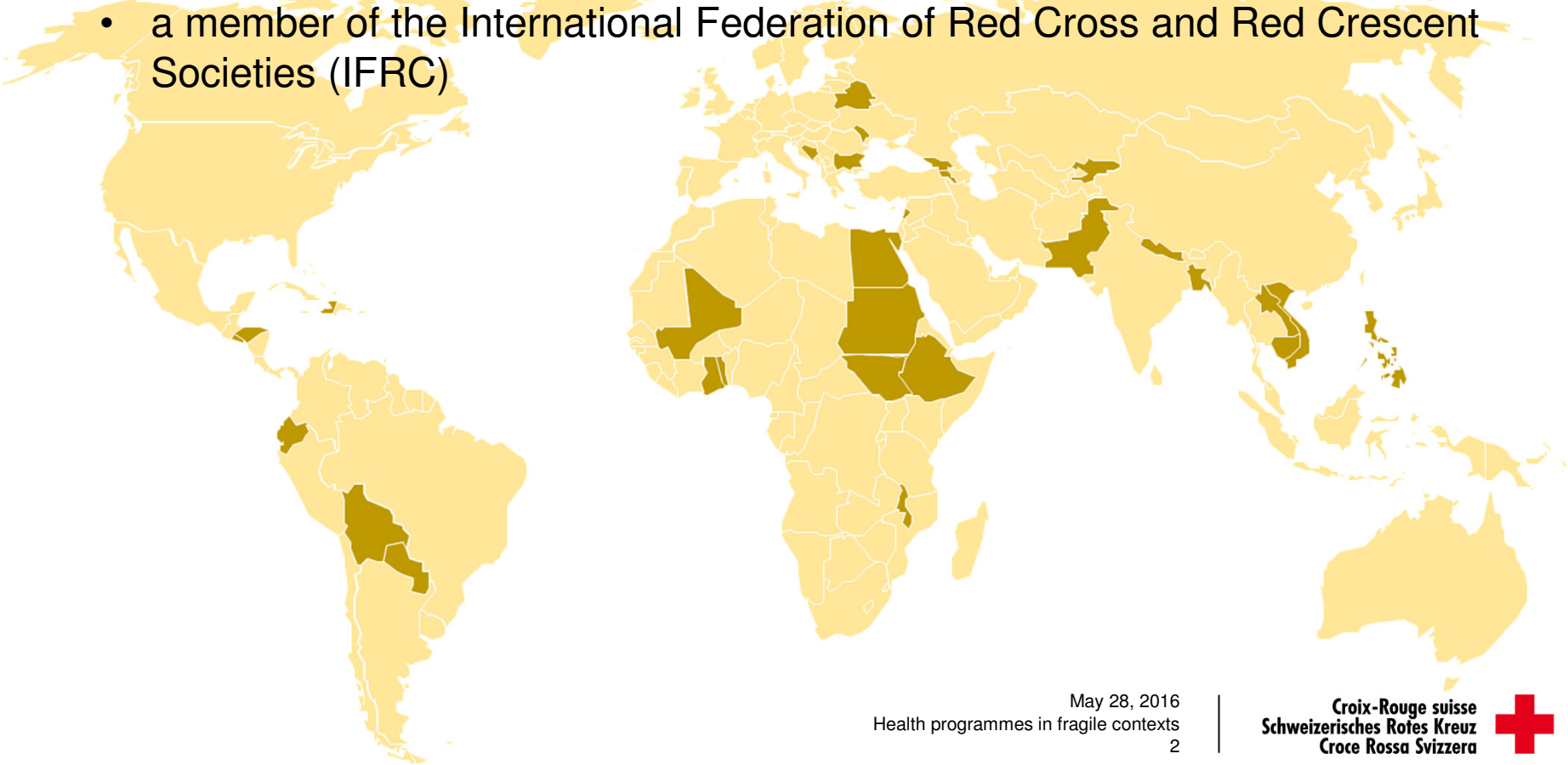
Introduction: SRC programme and learning process (1)

Swiss Red Cross is

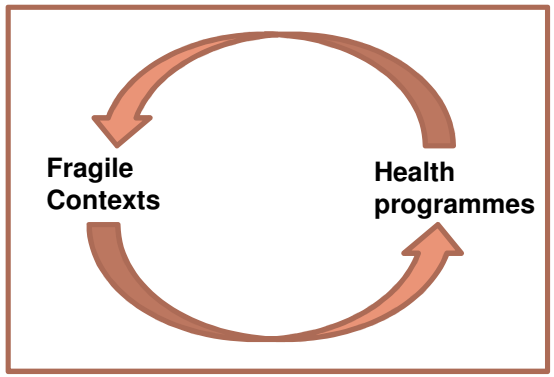
- engaged in 26 programme country with long term development programmes (health, DRM, capacity building, institutional preparedness), and
- in humanitarian aid (emergency relief, rehabilitation and reconstruction) in the context of natural disasters and with refugees / displaced persons
- a member of the International Federation of Red Cross and Red Crescent Societies (IFRC)



Introduction: SRC programme and learning process (2)

Swiss Red Cross

- is increasingly confronted with fragile contexts and protracted crisis
- initiated a learning process on “health in fragile contexts”:
  - ↳ Case studies in South Sudan and Haiti
  - ↳ Focus on the interaction between programme and fragile context



Questions:

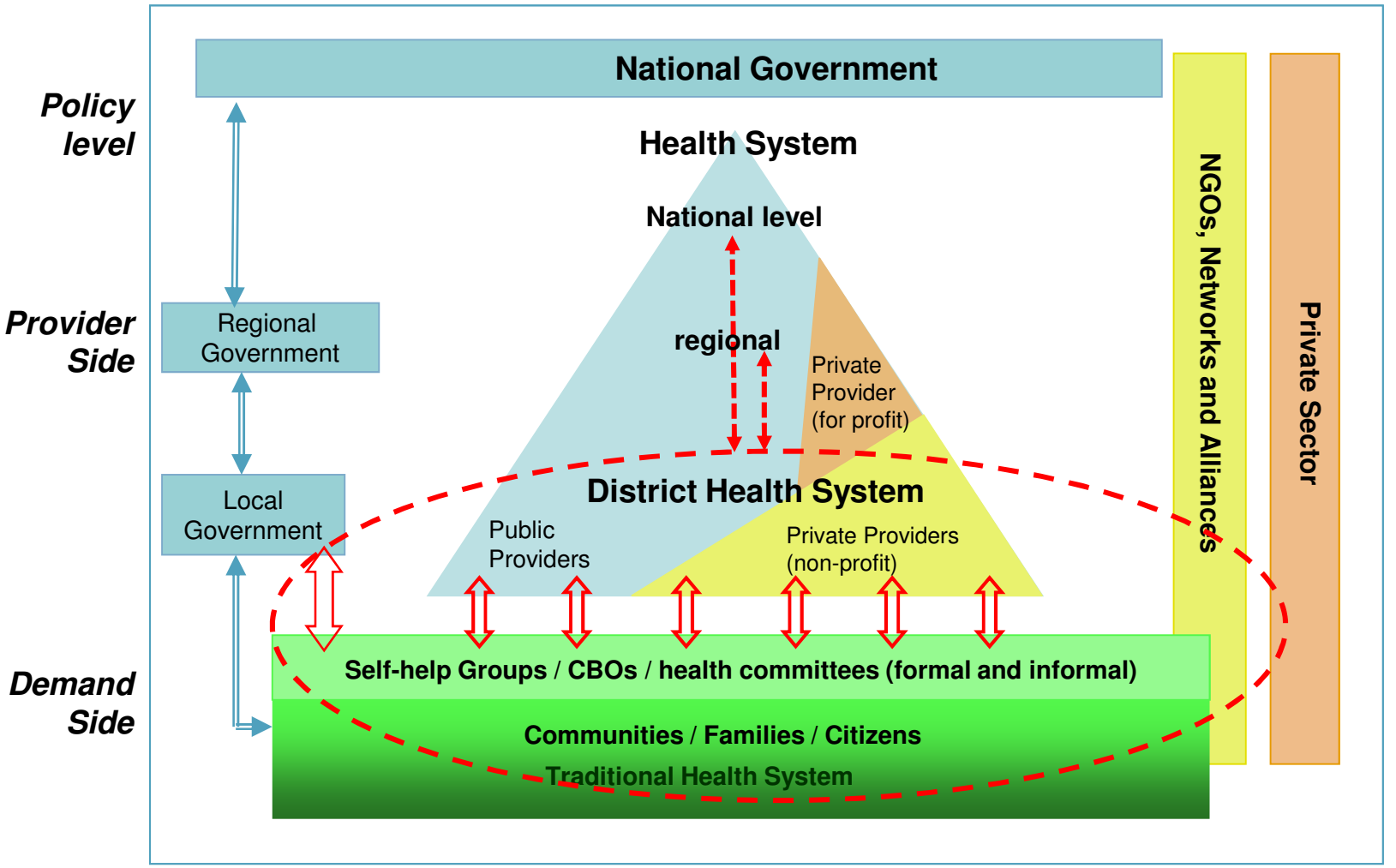
- Effects of the fragile context on the SRC programme
- Effect of SRC interventions on fragility
- SRC Strategy of “staying engaged” in fragile contexts

Approaches of SRC health policy adapted to fragile context?

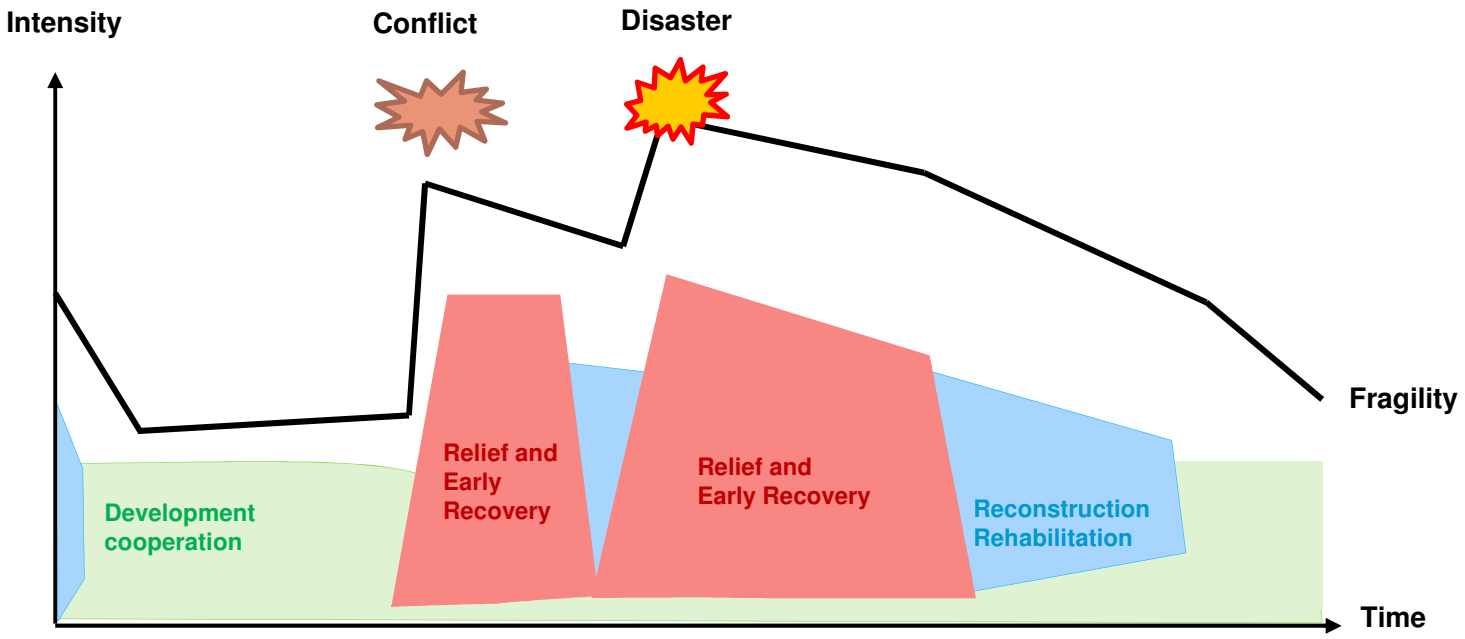
Introduction: SRC approaches for health programmes (1)

- Reinforcing community health capacities
- Strengthening health care systems and enabling access for all
- Promoting healthy living and acting on the determinants of health
- Engaging in advocacy for health

Introduction: SRC approaches for health programmes (2)



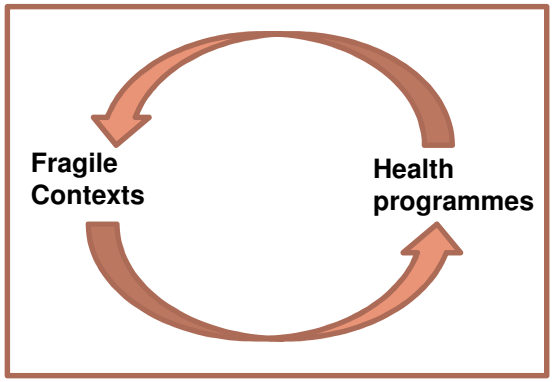
Introduction: Staying engaged or LRRD



Case study: South Sudan
Community based Health Care in Mayendit County – Unity State

- Improve access to quality basic health care services (focus on women and children <5)
  - Construction/equipment of 6 health facilities and provision of community based health service (95% coverage), integrated in reference system
  - Capacity building staff of health services and Red Cross branch
  - Red Cross volunteers training
  - Boma health committee training
  - Decentralised bottom-up approach with handing-over strategy
  - Implementing partners: Sudanese/South Sudanese RC and Ministry of Health
  - 2008 - 2013

Fragility framework



Questions:

- Effects of the fragile context on the SRC programme
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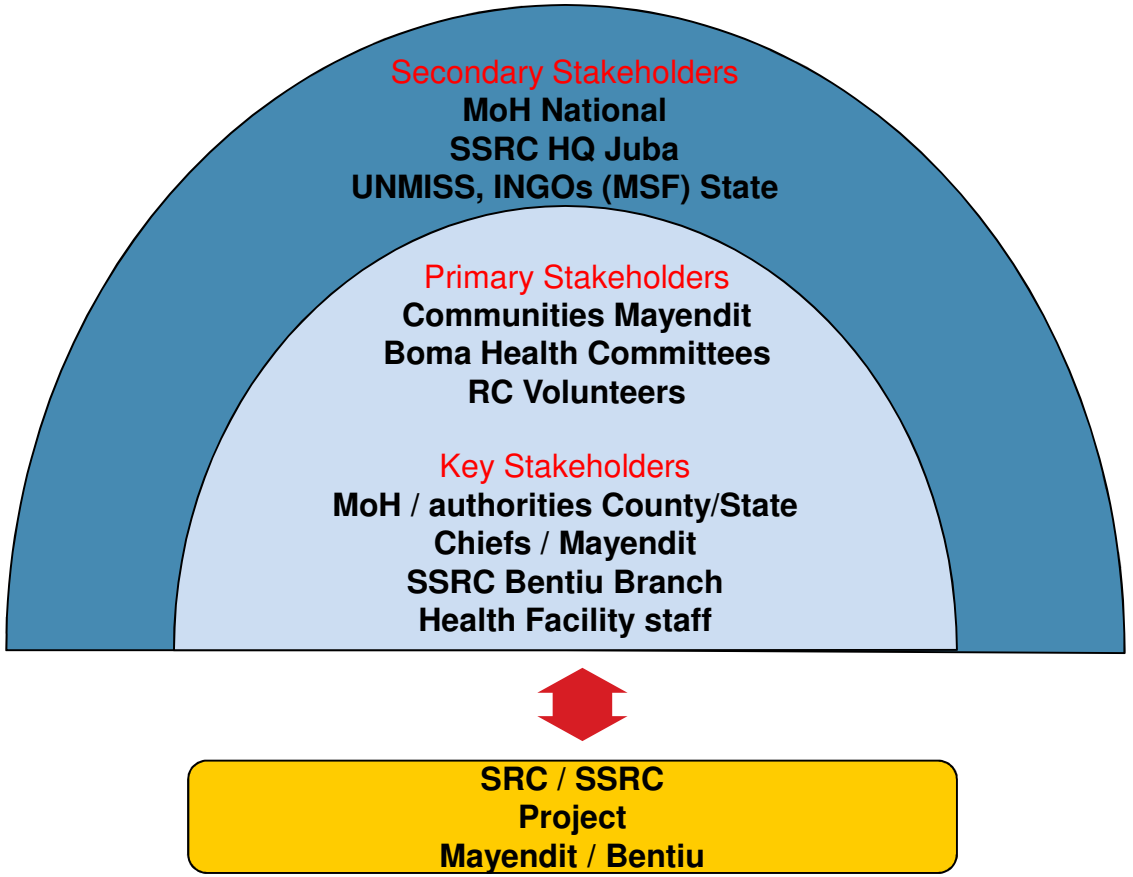
Context as starting point ⇨ **Fragility context analysis** (fragility framework)

- Key actors within the fragility context
- Key issues that drive fragility
- Key dynamics within the fragility context
- Connectors and dividers

Case study: South Sudan - Stakeholders



Case study: South Sudan
Key issues and dynamics driving fragility in the programme region

- Lack of effective mechanisms to ensure **inclusive participation** and **equitable distribution** / service delivery
- Weak governance structure
- Erosion of **social cohesion**
- Discrepancy between post CPA expectations and State delivery (promises and realities)
- Weakened (traditional) **conflict resolution mechanism** - inadequate to deal with the current realities and dynamics
- Heavily armed society – high insecurity
- Disruption of family structure due to displacement, migration etc.
- Unaddressed traumas – mistrust and loss of positive drive to life (cause ⇔ symptoms)
- Increased **dependency** as a result of long term humanitarian relief assistance. Weak community engagement

Case study South Sudan
Interaction between programme and fragile context (1)

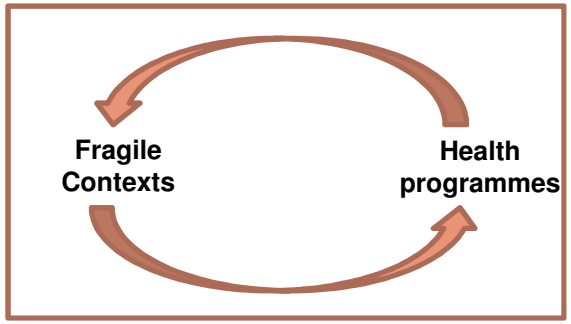
Key drivers

- Lack of effective mechanisms to ensure inclusive participation
- Erosion of social cohesion
- Weakened traditional conflict resolution mechanism
- Unaddressed traumas

Programme response

- Balanced intervention, all ethnic groups, special focus on most vulnerables
- Participatory bottom-up approach: involvement of all concerned stakeholder in needs assessment, planning, decision making, monitoring
- Covering local needs and demands
- Strengthen and work through local structures (community, partner and authorities)
- RC volunteers: link between community and health facilities

Interaction between programme and fragile context (2)



Mitigation effects on drivers of fragility

- Local stakeholder gradually take over responsibilities and ownership
- Stronger sense of citizenship
- Civil society voices concerns
- Improved interaction between communities and ethnic groups
- Women feel more secure (attending HF)

Effects on the programme

- Slow process of trust building (nepotism, hidden power relations, ethnicity)
- Slow non linear process with need for high flexibility and perseverance
- Intensive capacity building and coaching

Missed opportunities

- Comprehensive fragility assessment; concept on “fragility”
- Address traumas: psychosocial support (population but also volunteers and staff)

Case study South Sudan
Interaction between programme and fragile context (3)

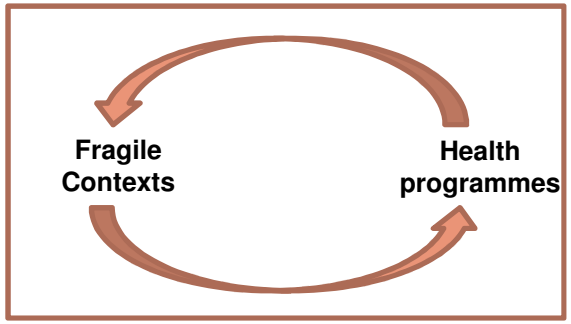
Key drivers

- Lack of effective mechanisms to ensure equitable distribution
- Weak governance of health services
- Weak governance structures
- High unfulfilled post CPA expectations; weakening legitimacy
- Dependency on humanitarian aid

Programme response

- Selection of project areas: remote area with low service coverage
- Equitable access to quality health services, covering local needs and demands, closer to people
- Adhere to national health policy and strategies
- Workforce development
- Involve local authorities in decision-making
- Strengthen and work through local structures
- Hand-over strategy to government responsibility (avoid to take over government responsibilities)

Interaction between programme and fragile context (4)



Mitigation effects on drivers of fragility

- Authorities and health staff gradually take over responsibilities and ownership
- Control over and accountability of authorities increased
- Nepotism of local authorities absorbed
- Dynamics of trust-building
- Civil society voices concern
- Growing legitimacy of health authorities; perception of population
- Increased community commitment and self-reliance

Effects on the programme

- Slow process of trust building (nepotism, hidden power relations)
- Intensive (policy) dialogue with / sensitisation of (health) authorities re governance issues
- Intensive capacity building and coaching
- Slow non linear process with need for high flexibility

Missed opportunities

- Link to national processes, e.g. New Deal
- Scaling-up
- Link to other organisations / processes (multi-sectorial approach)

Preliminary conclusions or considerations
Mitigate fragility

Fundamental change processes take place at local level, therefore

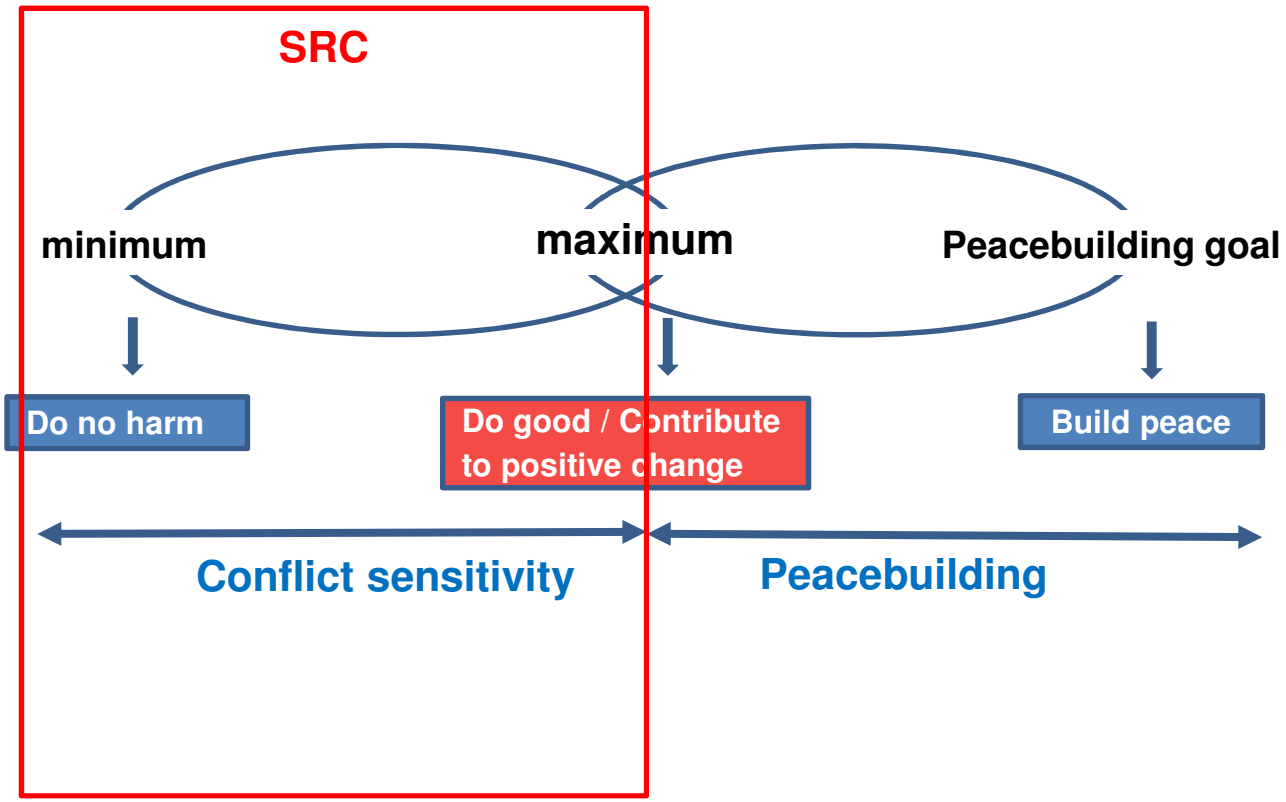
Community based health programmes can **contribute** to mitigate key drivers of fragility (*do good*) with regard to:

- Equity (access to quality health services)
- Promotion of social cohesion and self reliance/resilience
- Weaken dividers – strengthen connectors
- Strengthening of ownership and processes at local level
- Strengthening of local organisations (policy dialogue / advocacy)
- Linking national processes to local level
- Foster accountability and legitimacy of (health) authorities at local level

However, such processes

- are not sustainable if remain at community level: need for scaling-up and dialogue between the stakeholders at different levels, at larger scale
- are not sufficient for state- or peacebuilding
  ⇨ change processes at political level
  ⇨ beyond health programmes
  ⇨ realistic expectations - recognise limitations

Preliminary conclusions or considerations
Mitigate fragility – Rethinking SRC approach



Preliminary conclusions or considerations
Operating in in fragile contexts and complex settings

Key elements for successful programmes and 'do good'

- Long-term commitment and vision with high flexibility (incl. budgets!)
- Link community and system strengthening approaches
- Locally anchored partner organisations
  - respect ownership / driver seat ⇨ transparent dialogue; trust relation
  - don't overburden ⇨ capacity building / coaching
  - strengthen at all level (national to community)
  - Volunteers close to people and to programme
- Alignment, effective coordination mechanisms
- Fragility-sensitive approach
  - context as starting point; regular fragility analysis, scenarios
  - comprehensive risk mapping, security dispositive and contingency plan
  - common understanding of concepts, tools, approaches and staff training
- Rethink term of 'sustainability'

Staying engaged

Violent conflict (Dec. 2013) :

- no access to project area ⇨ project suspended
- population moved to IDP camps, including the volunteers

Long-term presence and partnership, and established LRRD approach allowed

- rapid and adequate change to humanitarian aid; support to SSRC and IFRC, ICRC: IDP camps and host communities with subsequent transition to development approaches
- Formerly trained volunteers rapidly reactivated in the IDP camps

Missed opportunity during programme implementation

- Not prepared to sudden and violent change;
  ↳ analysis and scenarios too generic
  ↳ Little attention to institutional preparedness, contingency plan at local level (e.g. involving volunteers, health staff / RC branch) and within the movement (ICRC)

Preliminary conclusions or considerations
Key elements for staying engaged

- Long-term commitment and vision with high flexibility (incl. budgets!) to adapt rapidly to changing context (LRRD approach)
- Locally anchored partner organisations, long-term collaboration, capacity building and relation of trust
- Alignment, effective coordination mechanisms and defined roles (advantage of Red Cross movement)
- React fast without undermining development processes
- Comprehensive risk mapping, security dispositive and contingency plan (including all levels)
- If possible stay present in the project area during conflict (through local partner), or reconnect as soon as possible after conflicts
- Realistic expectations and not overburden partner

SAVE THE DATE

Health in Fragile Contexts

Wednesday, 24 August 2016

9.00 – 16.30

SDC, Freiburgstrasse 130, 3003 Bern

A conference organized by MMS, SDC and the Swiss Red Cross

(Photo: Remo Nägeli © SRK)

Draft programme

Setting the scene: Fragility and systems for health, by SDC and SRC

Challenges and priorities of emergency health programmes in fragile contexts (Ebola), by MSF

Can health programmes contribute to reduce fragility? (Community based health care in South Sudan), by SRC

Roles and complementarities of the actors in fragile contexts (lessons learnt from Somalia and DRC), by SDC

Parallel working groups on key questions

Panel: Ensure good health in fragile contexts and do good?