

STRENGTHENING HEALTH SYSTEMS TO ACHIEVE SRH OUTCOMES

Achieving Sexual and Reproductive Health (SRH) outcomes in fragile and conflict-affected settings requires a responsive healthcare system that delivers high quality care and empowers women, youth and men to make life-saving decisions.



Without a well-functioning health

system, access to quality Sexual and Reproductive Health (SRH) is limited or in some cases non-existent, which leads to many preventable deaths. In the context of fragile and conflict-affected settings, reproductive, maternal, child and adolescent health outcomes are critical indicators of the performance of a health system. Globally, 60% of maternal deaths, 53% of child deaths and 45% of newborn deaths occur in fragile states and humanitarian settings¹. Even though significant progress has been made in reducing maternal, child and adolescent mortality, the annual numbers of global casualties are still unacceptably high.

A RESPONSIVE HEALTH CARE SYSTEM

To lower maternal, child and adolescent mortality in fragile and conflict-affected settings, we need to invest in health systems. A responsive, well-functioning healthcare system ensures that all people obtain the health services they need, that these services are of good quality, and that paying for them does not cause people to suffer financial hardship.

STRENGTHENING HEALTH SYSTEMS

A Health System Strengthening (HSS) approach supports the development of such a responsive healthcare system. It leads to better health through improvement in access, coverage, quality and efficiency.

The health system is strengthened by working on the six building blocks identified by the World Health Organization (service delivery; health workforce; health information systems;

access to essential medicines; healthcare financing; leadership and governance) as well as the newly recognized seventh building block on the demand side. On the demand side, people make choices on SRH care seeking behavior, they self-medicate, they work as volunteers to support those in need. They enforce upward accountability, i.e. holding governments at national and local level accountable for making quality, vital health services available to people in need.

CORDAID'S APPROACH TO HSS

Above, we outline what needs to be done to ensure a responsive health system that addresses the SRH needs of the population. How does Cordaid do this? Cordaid has continuously demonstrated the importance and effectiveness of paying specific attention to SRH while working on health system strengthening, particularly in fragile and conflict-affected settings. Within its health system strengthening programs, Cordaid focuses on the basic and complementary package of healthcare as defined by the country aspiring to improve health outcomes of poor and vulnerable people and their communities.

PERFORMANCE BASED FINANCING

As a systemic approach, Cordaid utilizes the Performance Based Financing (PBF) methodology, as this has demonstrated to effectively address crucial aspects of all seven building blocks. In 2001, this approach was first implemented in Rwanda by Cordaid, and since then it has been successfully applied in more than 15 countries, most of them in Sub-Saharan Africa.

FACTS AND FIGURES

303,000
maternal deaths

2.6 MILLION
stillbirths

5.6 MILLION
deaths in children under the age of five (including newborns)

1.2 MILLION
adolescent deaths

Source: Survive, Thrive, Transform. Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). 2018 monitoring report: current status and strategic priorities. Geneva: WHO, 2018

¹ United Nations Population Fund (2015). State of the World Population Report. New York: UNFPA. Available from <http://www.unfpa.org/swop>

PERFORMANCE BASED FINANCING AND THE SEVEN BUILDING BLOCKS

Using the framework of the seven building blocks, PBF aims to contribute to strengthening all of them:

SERVICE DELIVERY:

PBF improves accessibility and quality care for women, children and young people, regardless of who they are and where they live. It does so by financially supporting health facilities' own investments in their infrastructure and equipment, this in turn motivates patients to access health services, since they will be of higher quality.

HEALTH WORKFORCE:

Through PBF, the health workforce becomes more motivated and committed, since they see their working conditions improve and because of individual salary top-ups they receive on a quarterly basis. Many health facilities include investments in additional trainings for the workforce, which is critical for better sexual and reproductive health services.

HEALTH INFORMATION SYSTEMS:

Under PBF, the health information system becomes more reliable since health facilities only receive their payments after their reported data have been independently verified. By improving data quality at the source, we get a better picture of actual service delivery, and we have better tools to identify and target the most vulnerable.

ACCESS TO ESSENTIAL MEDICINES:

is a challenge which cannot be tackled by PBF on its own, but positive effects are observed since facilities no longer passively await supplies by central medicine distributors but become more entrepreneurial and find creative ways to actively obtain essential medicines in case of stock outs. This is critical in ensuring a commodity supply of key sexual and reproductive health medicines and technology, and preventing stock-outs of essential items, especially in fragile and conflict-affected settings.

HEALTHCARE FINANCING:

Initially, health facilities receive an additional flow of funds, based on their performance. Over time, we aim to integrate these mechanisms into the health system at large. By enhancing transparency and accountability, PBF allows for the available funds to be used in the most cost-effective ways.

LEADERSHIP AND GOVERNANCE:

PBF strengthens the capacity of health authorities at all levels. It provides both the health center in-charges and the local authorities with effective management tools, leading to increased transparency and accountability and thus to a stronger governance structure.

COMMUNITY ENGAGEMENT AND EQUITY:

PBF engages and empowers communities to attend to their own health needs by defining indicators in such a way that they improve health services for the poorest and most vulnerable people, especially those in isolated, rural areas, always with a special consideration for the needs of adolescents and young people.

PERFORMANCE BASED FINANCING AND SRH

PBF is an adaptive HSS approach which enables actors to incentivize those services which are most needed in their particular context. In the fragile and conflict-affected settings in which Cordaid works, SRH needs generally remain high. Services such as family planning, skilled deliveries and antenatal and postnatal care are therefore an integral part of all our PBF programs. Thanks to the availability of strictly verified data from participating health facilities, we can clearly see the positive effects of PBF.

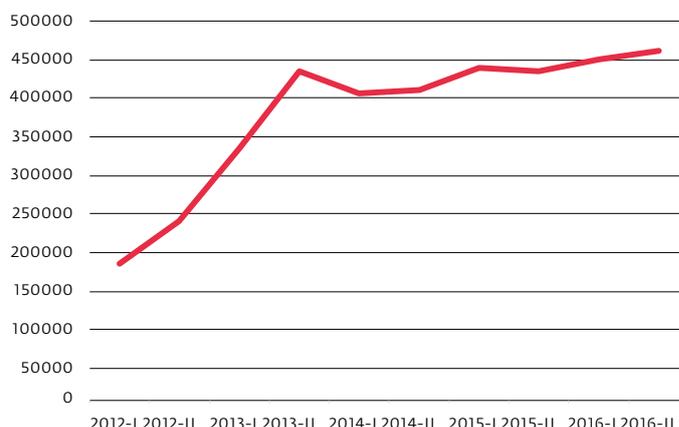
Family Planning

Through increasing access to family planning, countries with high birth rates have the potential to prevent 32% of all maternal deaths and close to 10% of childhood deaths. Evidence shows that when women and young girls are able to choose when and if they will become pregnant, they can advance their education, earn an income, and are more likely to have healthy children. This in turn contributes to gender equality and women's empowerment.

The Cordaid Zimbabwe PBF program, funded by the World Bank, has been implemented in 18 of the country's 62 districts from 2012 onwards. After five years, we saw a sharp increase in the uptake of family planning by short term methods, from less than 30,000 monthly users in early 2012 to roughly 75,000 monthly users in late 2016.

PBF AND FAMILY PLANNING IN ZIMBABWE

Women using Family Planning by short term methods

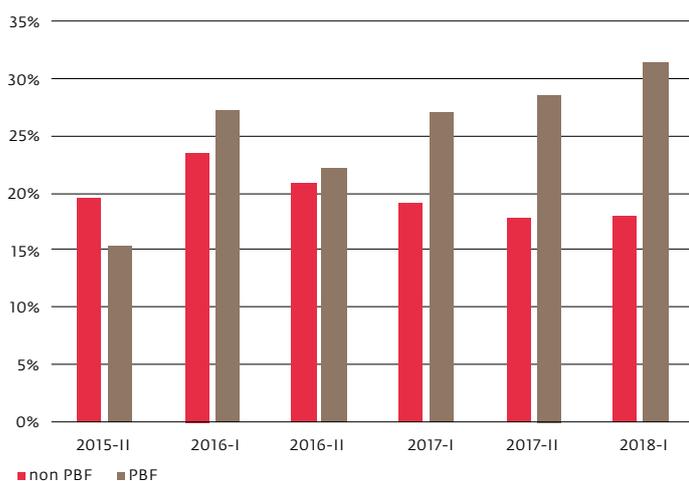


Antenatal Care

Antenatal care (ANC) is critical to ensure safe childbirth and to safeguard maternal health. It builds the relationship with the service providers, educates pregnant women on potential risks and helps them to have a safe and healthy pregnancy, leading to a reduction in maternal and child mortality.

PBF AND ANTENATAL CARE IN BORANA, ETHIOPIA

Actual ANC4 as a % of expected pregnant women, non-PBF vs PBF clinics



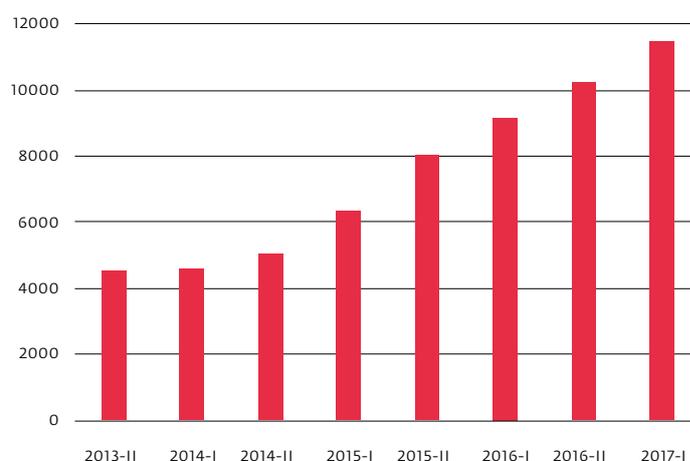
In Borana Zone in Ethiopia, Cordaid has been implementing a PBF project since mid-2015. After three years, clear differences can be observed between PBF and non-PBF facilities. Looking at the percentage of pregnant women making four antenatal care visits (ANC4), the PBF facilities started from a lower level, but have seen their performance more than double.

Skilled Deliveries and Postnatal care

Most complications during birth can be addressed if a woman is delivering with a skilled birth attendant at a health facility. However, in sub-Saharan Africa, the region with the highest maternal mortality rates in the world, only half of all live births were delivered with assistance in 2016. Postnatal care, during the 6 weeks after birth, is crucial for new-born survival and an opportunity to link the mother to family planning services.

PBF AND DELIVERIES / POSTNATAL CARE IN UGANDA

Institutional Deliveries



In Uganda, Cordaid funded a PBF project in 20 facilities in and around Kamuli District, which ran from mid-2013 to mid-2017. After four years, the number of skilled deliveries taking place within the health facilities had almost tripled (+185%) compared to the start. The number of mother making.

CORDAID KEY ASKS

Cordaid believes that to achieve SRH outcomes in fragile and conflict-affected settings, a systemic approach is required that not only increases the sustainability of the health system but that also continues to respond to the health needs of the most vulnerable populations. Unfortunately, there is still insufficient attention for health system strengthening in fragile and conflict-affected settings, in terms of resources and programming. Therefore, Cordaid calls upon the international community and other civil society organizations to:

International Community:

- Increase Official Development Assistance for health system strengthening in fragile and conflict-affected settings, with an emphasis on SRH.
- Harmonize Development Assistance for Health at country level in a country-led way to close the financing gap for reproductive, maternal, child and adolescent health by 2030.
- Support civil society organizations (CSOs) in implementing innovative financing mechanisms – such as PBF – to make it more responsive to the SRH needs of the most vulnerable populations.
- Recognize and support the critical role CSOs play in holding each other and governments accountable on the provision of quality health services, specifically SRH services
- Support CSOs to strengthen the communities' capabilities to participate meaningfully in ensuring a responsive healthcare system.

Civil Society Organizations:

- Strengthen local civil society partners and communities' capabilities to implement the most appropriate and affordable health system strengthening interventions and to participate meaningfully in ensuring a responsive healthcare system.
- Strengthen local civil society partners to hold national governments accountable for mobilizing domestic resources for health system strengthening and introducing innovative financing mechanisms
- Hold international donors accountable in ensuring a steady and reliable funding stream for health system strengthening, with an emphasis on SRH services.

A strong, responsive and sustainable healthcare system is Cordaid's universal call to end health-related preventable deaths in fragile and conflict-affected settings.

Now is the time to invest!

What is PBF?

- **Direct link between funding and performance:** contrary to a traditional input financing system, healthcare providers receive their payments only after their performance, in terms of patient numbers, quality of care and patient satisfaction, has been independently verified.
- **Autonomy in spending:** contrary to traditional healthcare financing, which is often centralized, facilities are individually contracted and directly receive the money in their own bank account. On a bi-annual basis, they autonomously develop business plans to identify priorities and spend the funds accordingly.
- **Health systems reform and strengthening strategy:** PBF not only motivates staff and promotes entrepreneurship, but also actively engages local health authorities and reinforces their supervisory role while at the same time introducing proper checks and balances.
- **Community engagement and equity:** PBF includes community involvement mechanisms. Cordaid specifically aims to define indicators in such a way that they improve health services for the poorest and most vulnerable people, especially those in isolated, rural areas, always with a special consideration for the needs of adolescents and young people.

ABOUT CORDAID

Driven by our mission to eradicate poverty and exclusion, Cordaid is active on the ground in the world's most vulnerable conflict regions, as well as in the Netherlands. We encourage local communities to rebuild trust, to restore resilience, and to strengthen their autonomy. Our professionals provide humanitarian aid, creating solutions that improve security and health and education provision and stimulate inclusive economic growth. Supported by 300,000 private donors in the Netherlands and a global network of partners, we have the chance and means to tackle problems and bring about a structural change in the most demanding of environments.

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