

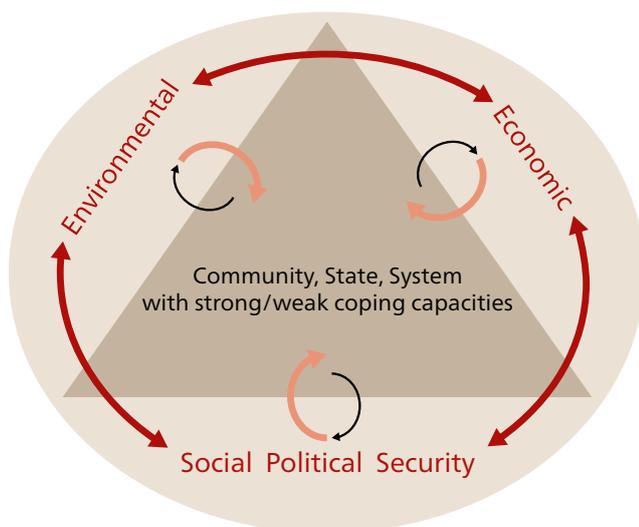
# Health in Fragile Contexts

In a growing number of countries, the implementation of health programmes is challenged by a fragile context. At the same time, State fragility is considered one of the main causes of malfunctioning health services. Emergencies aggravate such situations and bring to light systemic weaknesses. They raise questions relating not only to how to adapt to a precarious working environment and programme sustainability, but also to whether health programmes can help reduce fragility. In order to better understand the complex dynamics of fragility and its interactions with the programmes, Swiss Red Cross conducted a case study on its health programmes in South Sudan and Haiti.

## Fragility

Fragility is a dynamic process for which there are no simple cause-and-effect explanations. It is grounded in a complex and explosive mix of factors that are mutually reinforcing and replicate each other. In terms of health, fragile States have to cope with poorly functioning health systems and the resulting burden, in particular high maternal and child mortality. Likewise, exclusion from health care and education gives rise to feelings of frustration and marginalization.

The OECD<sup>1</sup> defines fragility as the accumulation and combination of risks combined with insufficient capacity by the state, system and/or communities to manage, absorb or mitigate its consequences. Risks and coping mechanisms are measured in five dimensions: Societal, political, economic, environmental, and security. The exposure to risk can lead to negative outcomes, such as violence, conflict, protracted crisis, and chronic underdevelopment.



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<sup>1</sup>OECD (2016, p. 137). **States of Fragility 2016: Understanding Violence.** Retrieved from <http://dx.doi.org/10.1787/9789264267213-en>



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## The impact of fragility on health programmes

In order to better understand how fragility impacts its work and how its work can influence fragility, the SRC has carried out two **case studies** on health projects. They provide insight into the learnings made from the implementation of long-term health programmes affected by different aspects of fragility. The SRC Issue Paper on Health Series No 6 'Think differently and stay engaged' presents the findings and conclusions of the studies.

The community-based health care project in Unity State was implemented from 2008-2013 in the post-conflict situation in southern Sudan and – after its independence - in **South Sudan**, with the newly established health authorities and the South Sudan Red Cross.

In the aftermath of the 2010 earthquake in **Haiti**, the SRC carried out a WASH project as part of its reconstruction programme in Léogâne district. After it shifted to long-term development cooperation in 2014, the SRC started a second WASH project in neighbouring communities. The main partner was the Haiti Red Cross Society.

## The findings: Key fragility issues and dynamics impacting on health programmes

At the **government level**, fragility includes weak governance structure and the inability to provide security and a positive political and legal environment for development. A lack of effective mechanisms for ensuring inclusive participation and equitable service delivery as well as high dependency as a result of long-term humanitarian relief assistance and externally imposed programmes, negatively affect community-based health programmes.

At **community level**, fragility issues and dynamics entail the erosion of social cohesion, weakened and outdated (traditional) conflict-resolution mechanisms and a heavily armed society (high insecurity). Additionally, the disintegration of family structures due to displacement combined with unaddressed traumas resulted in mistrust and loss of the positive drive to live. Women and children usually are the most affected by fragility issues and dynamics.

**International stakeholders** drive fragility due to failures to harmonize operations, to adopt common standards and approaches and to adequately involve local stakeholders. Other obstacles triggered by international stakeholders include short-term vision and commitments as well as the pressure of donors to deliver quick results. A "wait-and-see" attitude among the population and government is fostered by a high dependency on international aid and top down approaches.

### Good Practice for Community-Based Health Programmes in fragile Contexts

- Promote equity (access for all, leave no one behind)
- Strengthen social cohesion and self-reliance/ resilience
- Promote ownership and change processes at local level, focus on community-led processes
- Strengthen/build the capacity of local organisations and health systems
- Link local and national levels and processes, strengthen capacity building and leadership at all levels
- Take account of the psychosocial dimension (to factor in conflict-sensitive project management) and of the specific needs of women and children

## Conclusions

**Fundamental change processes take place at local level but need to be linked to national processes.** The local community has to be considered as part of the health system and the impact of fragility or conflicts on the community needs to be understood. Positive change processes need to be scaled up, take place at all levels and respond to complex dynamics. At the political level, however, political approaches are needed that go beyond technical solutions and the scope of health programmes.

**Quality matters.** From the user's perspective, it is the quality of health services that matters, not the provider. Negative experiences have a far greater impact on how people perceive services or their providers than positive ones. The experiences underline the importance of the "do no harm" principle.

As seen in the cases, in fragile settings quality health services are usually provided by international organizations or by the private sector, and prove to be better than those provided by the State. This raises questions concerning the role of the State and whether service delivery by NGOs undermines State legitimacy. The SRC, as an external agent, can help plug the gaps in a poorly functioning health system and enhance the system's quality. This can be achieved by promoting capacity building of staff and integrating projects into national health policy.

**In fluid contexts roles become equally fluid.** In fragile contexts, the variety of health-related stakeholders is usually larger than expected and it can be difficult to determine who plays what role in pursuit of which agenda. Positions, complementarities and synergies are influenced by political considerations and personal interests. The fluid definition of "State" and the proliferation of players at different levels also challenge coordination and alignment.

Careful mapping and assessment of all involved is essential in such settings. Blueprint solutions have to be avoided since they can be detrimental to social cohesion. Community-based organisations and the building of their capacities at all levels are a key component of successful work in fragile contexts.

**Think differently and stay engaged.** In fragile settings and protracted crises, it is not enough "to rush in, act and rush out". Here even more than elsewhere, uncoordinated or culturally insensitive operations do harm by undermining local systems and capacities and creating dependency. International cooperation has to be rethought in terms of new models that combine the best elements of both humanitarian aid and development cooperation. Moreover, fragile settings call for a flexible, long-term commitment including a preparedness to react to changing situations and accept setbacks. The complex vulnerabilities of people and systems cannot be overcome in the short term, and positive change processes take place very slowly.

### Key Principles for work in fragile contexts

- Long-term, development-oriented commitment with a programme approach encompassing the flexibility to react quickly to changing needs.
- Conflict-sensitive project management
- Strengthening of local partners and transparent dialogue
- Effective coordination with other players and understanding that we are part of a system
- Investment in the capacities of programme staff working in fragile contexts to better link approaches to health, disasters and conflict
- Establish security mechanism encompassing all levels of the project.

### The entire publication is available at SRC:

Issue paper on Health series No 6:  
Think differently – stay engaged –  
Health Programming in Fragile Contexts.  
<http://www.redcross.ch/de/file/24886/>

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