



## 2 People have Resilient Health

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### Why this Goal?

There are persistent global health inequalities and important regional variations that require continued attention, commitment and intervention to properly address SDG Goal 3 on Good Health and Well-being. For example, 52 million children aged under five still suffer from acute malnutrition, with 29 million of these severely wasted and therefore nine times more likely to die than well-nourished children. Every day nearly 1,000 children die due to preventable water and sanitation related diarrhoeal diseases. In terms of childbirth, the Maternal Mortality Ratio is 14 times higher in developing nations than in developed regions.

GOAL responds to health emergencies, which can often transition into longer-term chronic humanitarian health crises. These health programmes are underpinned by support to the development of health services in fragile contexts, improving access to responsive, resilient systems that can provide quality, accessible and efficient health, nutrition and WASH services, alongside an enhanced ability for people to care for their own well-being.

GOAL understands that any intervention in this area must be focussed on building resilient public and community systems that not only respond to the needs of communities they serve, but also address the underlying causes of poor health outcomes. GOAL prioritises working with communities to explore social, cultural and institutional barriers using its systems approach, with each programme underpinned by inclusion and social and behaviour change methodologies. These approaches challenge communities to work together to find solutions, and as a result, improve resilience.

## How will GOAL achieve this?

In our target areas, GOAL will strengthen the capacity of health, nutrition and WASH systems to deliver quality and accessible services. GOAL focuses on three 'R's: that people are *Responsible* for their own health; that health, nutrition and WASH systems are *Responsive* to people's needs; and that there are strong *Relationships* between service-providers and communities.

GOAL programmes aim to incorporate; i) Demand; where resilient communities, have positive care-seeking behaviours and are empowered to advocate for the appropriate services that meet their needs, ii) Supply; where the formal and informal services provided to vulnerable communities are appropriate, timely and effective, and iii) Accountability; where mutual trust between service-providers and the community is fostered so that the services provided respond effectively to community needs.



GOAL also uses three key processes to achieve the above through:

**Systems Strengthening** - GOAL supports government ministries where relevant, in the development of leadership, technical and management capacity, in the design of system interventions to improve delivery of integrated, accessible curative and preventative health and nutrition services, and in providing increased access to safe water and improved sanitation. GOAL also strengthens accountability and responsiveness among communities, businesses and governments for improved service management;

**Social and Behavioural Change (SBC)** - to address cultural, attitudinal and structural barriers that impede the ability of individuals, families and communities to care for their own well-being. GOAL uses SBC approaches such as Nutrition Impact and Positive Practice (NIPP), Community Led Total Sanitation (CLTS) Community Dialogues, Care Groups, and Community-led Action (CLA), to engage with communities and unleash their capacity to identify, understand and address the challenges they face; and

**Advocacy and Accountability** - to build strong relationships within systems to strengthen policy and governance mechanisms so that services respond effectively to community needs and that communities can initiate changes within their control, hold duty-bearers accountable for service quality and advocate for improvements in services at higher levels of government, all of which support the stimulation of increased demand.







## What will GOAL achieve by 2021?

**Strengthening Systems, in partnership with governments, the private sector and communities, to be resilient, responsive and to enable the provision of quality health, nutrition and WASH services.**

- Work with a range of stakeholders to analyse health systems and agree and implement roadmaps for strengthening service quality and responsiveness.
- Increase focus on 'last mile' health system strengthening and promote evidence-based approaches to improve service delivery.
- Provide technical, management and operational support to governments for improved service quality, increasingly focusing on the needs of adolescents (particularly girls) in addition to other vulnerable groups.
- Pilot, evaluate and scale models of water and sanitation service management which have a business case but are responsive to communities' needs and have strong government oversight.
- Use evidence-based advocacy to influence macro and global policy framework and global agendas on basic services.

**Increased capacity of individuals, families and communities to care for their own well-being**

- Design, implement, research and continuously improve a range of social and behavioural change methodologies tailored to the local context, which improve people's ability to care for their own well-being.
- Use research for advocacy on the adoption of Social Behavioural Change and where possible, use this to inform the development of government policy.

**Strengthened accountability, policy and governance mechanisms so that services respond effectively to community needs.**

- Integrate health accountability into all health interventions, to empower communities to demand quality health services and to enable health providers to secure the resources they need to deliver quality services.
- Work with a range of partners to research, disseminate and advocate on approaches to the treatment of acute malnutrition in infants.



