



# GOAL CAPACITY IN RESILIENT HEALTH



**GOAL improves health resilience through strengthening Health, Nutrition and Water, Sanitation & Hygiene (WASH) systems, while ensuring that individuals and communities have the knowledge, skills and self-efficacy to overcome barriers to adopting and sustaining positive behaviours. Key to building health resilience is understanding risk so that individuals, communities and health systems can prepare for and respond to shocks and stresses, such as disease outbreaks. GOAL always seeks to facilitate change working with local permanent actors - government, civil society, community and private sector - knowing that they will remain in systems long after GOAL has departed.**

## ABOUT GOAL

Established in 1977, GOAL is an international humanitarian and development agency, committed to working with communities to achieve sustainable and innovative early response in crises, and lasting solutions to poverty and vulnerability. GOAL has worked in over 60 countries and has responded to almost every major humanitarian disaster. We are currently operational in 14 countries globally.



### GOAL's approach to health resilience

GOAL works on building resilient health systems that respond to the needs of the communities they serve, as well as addressing the underlying causes of poor health outcomes. GOAL uses a range of evidence-based systems strengthening and social behaviour change (SBC) approaches to facilitate positive change, and increased resilience to shocks that impact on health, nutrition, and WASH.

### GOAL's approach to strengthening crisis-affected health systems includes:

- 1. Systems diagnostic tools** to analyse how the system is functioning, the key actors, the social and gender norms, those excluded, behaviours and barriers underlying poor health and the shocks and stressors;
- 2. Partnering with the permanent actors** to enable them to address system level constraints and create change at scale; and
- 3. Adaptive management** for making decisions and adjustments in response to new information and changes in context regarding what is working and what is not.



A man in a white polo shirt with the GOAL logo is handing a small white packet to a woman. They are sitting at a blue plastic table outdoors under a large tree. The table is covered with various medical supplies, including boxes of Metronidazole, Emery, and other medicines. Several children are sitting around the table, and other people are visible in the background. The scene is set in a rural, arid environment.

# OUR RESILIENT HEALTH EXPERTISE

## HEALTH RESILIENCE ANALYSIS AND DESIGN

**GOAL's Health, Nutrition and WASH programming is designed according to the level of fragility in the context, and the needs/ gaps identified and prioritised during systems analysis, in order to build more inclusive and resilient local systems. In all contexts GOAL prioritises lifesaving assistance when people are facing crises, including stabilising health systems in crisis, supporting surge capacity for response to public health emergency and continuity in delivery of primary health care services.**

GOAL offers a package of tools to enable the analysis of health, nutrition and WASH systems in fragile and conflict-affected contexts and the design of interventions that strengthen system resilience to critical risk scenarios. GOAL's **Resilience for Social Systems (R4S)** analyses the resilience and inclusiveness of socio-economic systems. The **Analysis of the Resilience of Communities to Disasters (ARC-D)** tool assesses community-level resilience to shocks and stresses. These two tools offer a comprehensive approach to analysing health, nutrition and WASH systems including public health emergency preparedness and response systems. The wider package of tools includes the health resilience capacity planning tool, the Health Facility Emergency Preparedness and Response Planning tool, Community-based health resilience action planning, and guidance on strengthening Early Warning & Response Systems.

**MOMENTUM Integrated Health Resilience (MIHR)** is an innovative five-year USAID-funded consortium project (2020 – 2025) led by IMA World Health. GOAL is the lead partner for health resilience and support to emergency preparedness and response and early warning systems. Through MIHR, GOAL is presently supporting health resilience in South Sudan, Mali, Niger, DRC, Burkina Faso and Sudan. Although shocks and stresses can severely disrupt health provision and lives, the MIHR program works to offset the effects and significantly reduce the disruptions in access to, and use of, quality health care through mitigating the impacts, along with supporting adaption and recovery of health systems in a manner that facilitates equitable health outcomes.



# OUR RESILIENT HEALTH EXPERTISE

## DISEASE OUTBREAK PREVENTION, PREPAREDNESS AND RESPONSE



GOAL strengthens **emergency preparedness and response to disease outbreaks** and public health emergencies, aiming to prevent, prepare for and respond to disease outbreaks including water-borne diseases, respiratory viruses, haemorrhagic fevers and other communicable infections. Prevention focusses mainly on supporting positive health seeking and positive health, nutrition and WASH behaviours.

Preparation includes **disease surveillance** and **health information system** strengthening, **emergency preparedness planning** at district, health facility and community level, **anticipatory action** and strengthening **early warning systems**. GOAL's disease outbreak response capacity includes supporting **risk communication & community engagement (RCCE)**; strengthening national/district infection prevention & control (IPC) and WASH in health facilities; supporting national/district emergency coordination and response mechanisms, support for contact tracing & case finding, strengthening Ministry of Health (MOH) treatment and isolation capacity and provision of logistics/operations supports to MOH and emergency coordination mechanisms.

GOAL supports MOH with training staff on IPC standards to prevent healthcare associated infections. The healthcare workers are then linked to GOAL's **IPC mentoring approach** that supports sustained behaviour change.

A recent review of IPC mentoring in Niger found that IPC standards in target health facilities were maintained or improved further in the six months after the end of the mentoring. Drawing on lessons learnt from Sierra Leone during the Ebola (EVD) epidemic and COVID-19 pandemic, GOAL designed the **Social Mobilisation based on Research and Training (SMART)** which is a systems approach to RCCE, combining multi-channel and two-directional communication; social mobilisation of leaders, traditional, religious, women's groups etc, with **Community Led Action (CLA)** to create a responsive and empowering community-centred system that can operate on a national and district scale, capable of rapidly identifying and appropriately responding to the changing face of outbreaks and epidemics.

In Sierra Leone, CLA was adopted as the national RCCE approach during the COVID-19 pandemic and rolled out across the country. It was also used to engage communities around COVID-19 vaccination, helping to achieve **93% fully vaccinated coverage** compared to an average of 32% across other African countries. GOAL currently supports the Sierra Leone MOH to develop national policy guidance on community engagement using the SMART approach.



# TRANSITION OF HEALTH, WASH AND NUTRITION SYSTEMS TO MORE SUSTAINABLE MODELS OF SERVICE DELIVERY

GOAL works to **enable permanent local stakeholders** (mostly Ministries of Health and Water and sometimes the private sector) to take over management of services, including within fragile and conflict-affected contexts. This can involve analysis, planning, infrastructure improvements, mentoring/training of staff, addressing financial barriers to access (e.g. cash, vouchers) for inclusive services, and collaboration with local government, businesses and communities.

In Sudan GOAL implements Decentralised Health System for Protracted Displaced Populations or **HealthPro**, a health system strengthening project to shift from humanitarian programming to the more strategic long-term approaches to health service delivery. Funded by the European Union (EU) and implemented initially in North Darfur, HealthPro served approximately 600,000 people including displaced, returnee and host populations. The project strengthened the capacity of State Ministry of Health (SMoH), National Health Insurance Fund (NHIF), National Medical Supply Fund (NMSF), the Locality Health Departments (LHDs), and community structures within the catchment areas of supported health facilities. GOAL worked with the project stakeholders to jointly conduct capacity-building while gradually transitioning all health system functions of the targeted LHDs and facilities to the government/NHIF. HealthPro succeeded in ensuring that the target health facilities were providing the full package of primary health care services. Despite the outbreak of war in Sudan, the target health facilities continued to provide services and the HealthPro project has since been expanded to health facilities and communities in South Kordofan.

Service users, often referred to as target

communities, make up one of the largest permanent actor groups within the health system. To complement the provision of public and private health services, in various countries including Sudan, Niger, Zimbabwe and Uganda, GOAL works with the Ministry of Health to support a community-led social behaviour change approach called **Nutrition Impact through Positive Practices (NIPP)**. NIPP improves nutrition outcomes through a peer-led model that tackles a package of behavioural determinants spanning health, hygiene-sanitation, access to improved diets, as well as feeding and care practices. In both Sudan and Niger, the approach has been included into national guidance due to impressive outcomes (sustained over time) contributing to both the treatment and prevention of malnutrition.

In Sierra Leone GOAL works with the Freetown City Council (FCC) to facilitate a stronger and more resilient **faecal sludge management (FSM) system**. Freetown relies largely on un-registered, informal service providers and the illegal practices of manual emptying of pit latrines and burying or dumping liquid waste in the local environment. Following detailed analysis of the FSM system, GOAL together with local stakeholders, identified the key constraints and interventions to improve the quality and reliability of services. GOAL facilitated the construction of the country's first ever faecal sludge treatment plant, which currently receives up to 12 trucks daily, and is now working with the Environmental Protection Agency to develop appropriate guidelines and standards with which to monitor the treatment plant and ensure appropriate operation. GOAL also plans to work with the EPA to pilot new sanitation technologies that will enable those living in hard to reach locations (beyond the reach of vacuum trucks) to also access safely managed sanitation.





## GOAL'S IMPACT ON RESILIENT HEALTH

- **6.5 MILLION PEOPLE IN 14 COUNTRIES REACHED IN 2023**; **3 MILLION PEOPLE** had increased access to safe water and sanitation.
- **GOAL'S NIPP APPROACH** demonstrated an **89% CURE RATE** for children 6-59m with moderate acute malnutrition and 99.8% maintained nutritional gains 12 months later
- In Sierra Leone the percentage of female youth and adolescents aged 15-19 who use a modern method of contraception increased from **38% (2018) TO 58% (2022)** and from **26% TO 71% IN 2022** for those aged 20-24. The overall number of adolescents giving birth has halved in target communities.





## GOAL'S SYSTEMS APPROACH TO RURAL WATER OPERATION AND MAINTENANCE (O&M)

In Uganda GOAL has been developing systems approaches to rural water operation and maintenance since 2015, implementing a number of pilots aimed at ensuring long term access to safe water for rural communities. Key constraints are the inability of communities to collect and save water user fees in a safe and accountable manner. In partnership with Practica Foundation GOAL is adapting existing pre-payment technology from pressurised pipe systems for use on handpumps. Preliminary trials have shown promising results, and the next phase is to replicate and refine the model, which utilises an areas service provider approach (private sector) with the government taking on a regulatory role.

## STRENGTHENING ADOLESCENT REPRODUCTIVE HEALTH IN SIERRA LEONE

In Sierra Leone GOAL developed a package of Health Systems Strengthening and SBC Communication interventions, funded by Irish Aid, to address the interrelated challenges of high rates of adolescent pregnancy and preventable maternal deaths. This has had a significant impact on the uptake of contraception and reduction in adolescent pregnancy in target communities in a catchment area of 63 supported health facilities. The SBC element included Community Dialogues, complemented with engagement with key influencers, multimedia messaging and community/ health facility interface engagement. This systems

approach to adolescent reproductive health programming, working with permanent local stakeholders, allowed GOAL to facilitate sustainable change across the system which contributed to [strengthening the quality and responsiveness of sexual and reproductive health services for adolescents](#); reducing social inequality and vulnerability of girls and stigma related to contraceptive use; and increasing uptake of contraception amongst adolescents.







# GOAL'S INNOVATIVE TOOLS & FRAMEWORKS

**R4S (Resilience for Social Systems):** analyses the current resilience of critical socio-economic systems and how to build the resilience of these systems. The R4S guides a detailed system mapping process which enables visualisation of complex systems. GOAL uses the R4S to design health, nutrition and WASH programmes that strengthen the provision of quality and responsive services in collaboration with local actors. GOAL is a leader in locally-led SBC empowerment approaches such as **Community Led Action (CLA)**, and Nutrition **Impact & Positive Practices (NIPP)**, which have been endorsed and utilised by numerous Health Ministries, national and international partners. GOAL developed the **IPC Mentoring** approach to support sustained behaviour change of health care staff. GOAL has also developed or adapted a range of other innovative SBC approaches including **Community Dialogues** and the **Family Health Approach**. GOAL ensures that SBC is not just providing information (knowledge) but also increases the skills and confidence of individuals, families and communities to facilitate change of entrenched social and gender norms making it socially acceptable for people to adopt new behaviours that impact on health outcomes.

## GOAL LEADING INNOVATION IN INFANT NUTRITION

MAMI is the management of small and nutritionally at-risk infants under six months and their mothers. To date, infants under 6 months have been excluded from integrated nutrition-health management programmes. GOAL is working in partnership with the London School of Hygiene and Tropical Medicine, the Emergency Nutrition Network and Jimma University, implementing a five-year randomised control trial (2019-2024), is testing the MAMI care pathway within existing services, with the aim of informing national (Ethiopian) and international policy. To complement this work, GOAL developed a reversible mid-upper arm circumference (MUAC) tape designed to support easy community case identification for infants from birth up to 6 months. This catalysed work with UNICEF, WHO and ENN to design an improved model - the multi-MUAC that underwent [a multi-country trial](#) and will be used to inform an updated version for practical use with wider scaling.

## GLOBAL NETWORKS

GOAL is partner of the Global WASH Cluster (GWC), Nutrition Cluster (GNC) and Health Cluster (GHC). GOAL attends the GHC annual partner meetings and participates in working groups, including the Health Cluster Capacity Development Consultation Group, Health Cluster Cash TWG and the RCCE TWG. GOAL also participates in GNC Nutrition Determinants and Moderate Wasting Technical Working Groups. GOAL is a member of the WHO Global Task Force on Cholera Control (GTFCC) and related working group on Community Engagement. GOAL is a member of the Core Group and an associate member of the Inter Agency Working Group (IAWG) on Reproductive Health in Crisis and an active member of the Irish Global Health Network (IGHN), MAMI Global Network and Infant Feeding in Emergencies (IFE) Core Group

## FUTURE DIRECTION

- Influence health resilience concepts and approaches
- Provide thought leadership and evidence on practical implementation of resilience building in health, nutrition and WASH systems, including pre-payment approaches to rural water operations and maintenance and strengthening disease outbreak prevention, preparedness and response
- Drive learning on the management of small and nutritionally at-risk infants under 6 months and their mothers (MAMI) and the use of new design anthropometric equipment to identify all high-risk groups in community contexts (multi-MUAC)
- Pilot initiatives to tackle persistent iron deficiency anaemia in home-based settings through sustainable social entrepreneur schemes
- Scale high impact community-based SBC approaches

## FUNDING PARTNERS

Irish Aid, USAID, BHA, FCDO, EU, ECHO, OCHA, charity:water, UNICEF, WHO, GAVI, etc.



**Irish Aid**  
An Roinn Gnóthai Eachtracha  
Department of Foreign Affairs



**USAID**  
FROM THE AMERICAN PEOPLE



Foreign, Commonwealth  
& Development Office



Funded by  
the European Union



charity: water



Eleanor Crook  
Foundation

### CONTACT

Carnegie House  
Library Road  
Dun Laoghaire  
A96 C7W7  
Co. Dublin

+353 (0)1 2809779  
[info@goal.ie](mailto:info@goal.ie)



[WWW.GOALGLOBAL.ORG](http://WWW.GOALGLOBAL.ORG)