



Tajikistan/ JStrickland

PUBLIC HEALTH

Sector Overview and Approach

JANUARY 2018

Overview

The leading causes of illness and death in resource poor countries are preventable and easily treatable conditions. The Millennium Development Goals (MDG) (from 2000 to 2015) challenged the world to eradicate extreme poverty and hunger, address maternal and child mortality and deaths from infectious diseases, reduce child malnutrition and, increase sustainable access to safe drinking water and basic sanitation. Under-five deaths decreased from 12.7 million per year in 1990 to 5.9 million in 2015; despite this significant progress *every day* 19,000 children under five die, nearly half of these in the first 28 days of life, and more than 800 women die from causes related to pregnancy and childbirth.^{1,2} Tuberculosis (TB) remains one of the top 10 causes of death globally with 10.4 million new cases in 2015 alone.³ The global MDG target for access to safe drinking water was met; however, one in ten (663,000 million) people still lack access to a safe drinking water source and one in three (2.4 billion) lack access to basic sanitation.^{4,5} The proportion of people living in extreme poverty was halved; however, globally among children under 5, one in four are stunted and 52 million suffer from acute malnutrition.⁶ The Sustainable Development Goals (SDGs) set an even more ambitious challenge - by 2030, to: end preventable maternal, newborn and child deaths; end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases; end hunger and all forms of malnutrition and; ensure availability and sustainable management of water and sanitation for all. It is widely recognized that scaling up evidence-based interventions has the potential to avert the vast majority of these unnecessary deaths – the key challenge is ensuring these interventions reach the most vulnerable.

Mercy Corps' Mission is to create secure, productive and just communities. Without *addressing* poor health and nutrition in the communities we serve and *supporting* the growth, development, and health of people, we cannot successfully achieve our Mission. Optimal health is not only critical at the individual and community levels; evidence shows that ensuring good health is essential for lifting nations out of poverty.



“ There’s a well-understood correlation that as the economy of a country improves, so the health of its citizens improves. What may be less obvious is that the opposite is also true – improving the health of a nation’s citizens can directly result in economic growth, because there will be more people able to conduct effective activities in the workforce. ”

— Francis S. Collins, Director of the National Institutes of Health

¹ WHO; Causes of Child Mortality 2015. http://www.who.int/gho/child_health/mortality/causes/en/

² WHO Maternal Mortality Fact Sheet 2016. <http://www.who.int/mediacentre/factsheets/fs348/en/>

³ WHO Global tuberculosis report 2016. http://www.who.int/tb/publications/global_report/en/

⁴ UNICEF; Water, Sanitation and Hygiene. <https://www.unicef.org/wash/>

⁵ Water.org; Facts About Water & Sanitation. <http://water.org/water-crisis/water-sanitation-facts/>

⁶ UNICEF; UNICEF Data: Monitoring the Situation of Children and Women. <https://data.unicef.org/topic/nutrition/malnutrition/#>

Public Health Sector Approach

Mercy Corps focuses on the major public health challenges faced by the most vulnerable and marginalized communities in countries experiencing humanitarian emergencies, complex crises and those in stable development contexts. We address the main public health challenges, and support the growth, development, and health trajectory of people by implementing innovative solutions in three areas:

- **health** [maternal, newborn and child health (MNCH) and control of Tuberculosis (TB) and other infectious diseases],
- **nutrition** and,
- **water, sanitation and hygiene** (WaSH)

We believe in:

- advocating for policies that benefit the needs of the most vulnerable;
- equipping communities to hold decision makers and service providers accountable;
- strengthening local systems to sustainably improve peoples' access to and use of quality health, nutrition and water and sanitation services and relevant products;
- mobilizing communities to promote and adopt evidence-based behaviors that improve their health and well-being

To ensure ownership and sustainability, we consistently partner with communities, service providers and government ministries and jointly design, implement and monitor programs. We prioritize capacity building of our local partner institutions, communities, and public and private sector service providers. We implement market-based interventions to improve access to health, nutrition and WaSH products. We carry out formative research to help us understand how to best influence people's practices through Social and Behavior Change (SBC) interventions and establish multiple SBC platforms. We work with communities, local partners and governments to improve governance structures that manage health, nutrition and WaSH services in the long term. We additionally underscore the importance of integrated programming to address important contributors to suboptimal health such as food insecurity, poor governance, and harmful sociocultural practices. Recognizing the important role gender norms play on health outcomes, we deliberately mainstream context-specific gender considerations into program activities.

Theory of Change

We believe that:

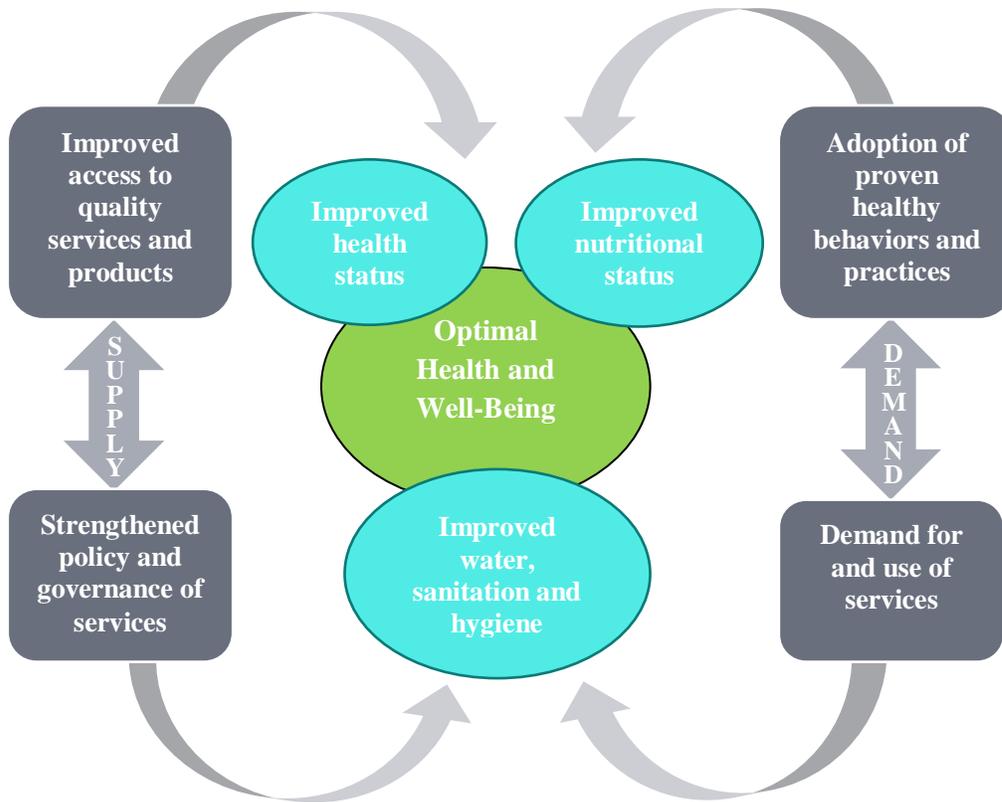
IF national and local health, nutrition and WaSH policies benefit the needs of the most vulnerable

AND IF decision makers and service providers are held accountable

AND IF communities demand, use and have access to quality and sustained health, nutrition and WaSH services and products

AND IF people practice proven healthy behaviors

THEN they will achieve optimal health and well-being.



Health sub-sector

Mercy Corps partners with communities, health service providers, and Ministries of Health to strengthen local systems that support improved health outcomes in the long term. Our primary strengths are in *empowering communities* to adopt proven healthy behaviors, seek care early for illness and demand quality services; bringing preventive and essential services closer to communities through *trained community health workers*; strengthening the *quality of healthcare* provided in the public and private sectors and; influencing key health *policy* and regulation decisions. We use technology to help us reach people living in remote areas with health information, such as through mobile phone text, voice messages and social media, and improve the ability of health officials to make informed and timely decisions by enabling community health workers to send quality data in real time.

Maternal, Newborn and Child Health

Our approach to maternal, newborn and child health (MNCH) is aligned with global efforts to *end preventable child and maternal deaths* by scaling up proven interventions in the hardest to reach populations. For mothers and newborns, we emphasize the importance of a skilled attendant at birth, early and exclusive breastfeeding, and seeking care early on for danger signs. For children, we focus on prevention and timely treatment of the leading causes of child deaths - pneumonia, diarrhea, malaria and undernutrition - using WHO protocols for the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) and Integrated Community Case Management (iCCM).

Recognizing the important role environmental health and nutrition play in the health and well-being of the communities we serve, we strategically integrate WaSH and nutrition interventions into MNCH programming. We partner with communities and key influencers to facilitate solutions to improve uptake of key preventive and care seeking behaviors and leverage last mile solutions to 'bring care closer to home' through Community Health Workers (CHWs) and Community Midwives (CMWs). We partner with Ministries of Health to improve the quality of services at the facility level and engage in advocacy efforts to improve government policy and allocation for maternal, newborn and child survival.

Tuberculosis (TB) Control

Our approach to tuberculosis control aligns with the *Stop TB Strategy* (2006-2015) and the new *End TB Strategy* (post 2015) which supports the health-related SDG 3 target "ending the TB epidemic".

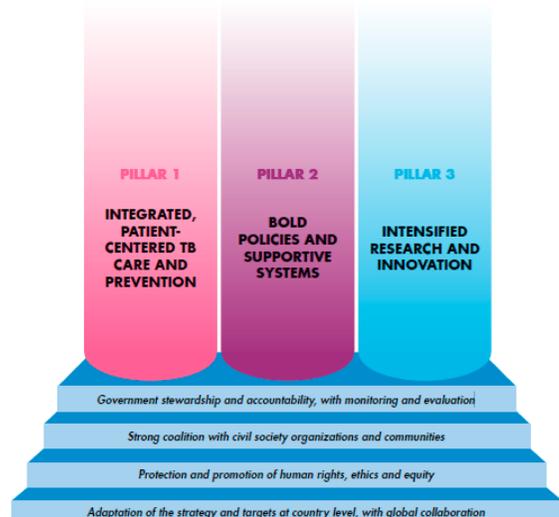
We support Ministries of Health (MoH) in developing National Strategic Plans and aim to guide policy decisions to ensure adequate resources are available. We support the MoH in capacity building and Quality Assurance (QA) of public and private laboratory technicians to ensure case detection through quality-assured bacteriology and facilitate training and on-site technical support and monitoring of health professionals to ensure standardized TB treatment. We support surveillance and disease monitoring. In many countries, a large proportion of the population seeks care from the private sector; therefore, Mercy Corps has

HIGH IMPACT MNCH INTERVENTIONS

- Early and exclusive breastfeeding
- Complementary feeding
- Water, Sanitation and Hygiene
- Insecticide treated bednet use
- Clean Delivery
- Immunization (Hib, measles, tetanus toxoid)
- Vitamin A supplementation
- Oral Rehydration Therapy
- Antibiotics for pneumonia, sepsis and dysentery
- Zinc for diarrhea
- Antimalarial treatment

2003 Lancet Series on Child Survival

THE END TB STRATEGY: PILLARS AND PRINCIPLES



focused attention to strengthening public private partnerships (PPP) through Public Private Mix (PPM) interventions. We work closely with communities and health care providers to ensure patients have a self-selected treatment supporter. To reduce the stigma that often deters care-seeking, we carry out Advocacy, Communication and Social Mobilization (ACSM) to raise awareness about TB through multiple outreach platforms such as forming NGO/CBO coalitions and conducting innovative multi-media awareness raising events (competitions, walks, sports events, dramas, community meetings) for community members, government line agency representatives, and other community leaders and decision-makers.

Other Infectious Diseases

Mercy Corp's global presence and long-standing relationships with communities, local partners and governments enables us to respond quickly to infectious disease outbreaks such as cholera and other diarrheal diseases, and hemorrhagic illnesses such as Ebola and yellow fever. Through our strengths in mobilizing and engaging communities for healthy practices, capacity building of health care providers at the facility and community levels and improving access to safe water and sanitation we have supported efforts to address cholera in multiple countries, Zika virus in Central America and the Carribean, and in Liberia during the 2014 West Africa Ebola epidemic, the largest the world has ever seen.

》 HALTING EBOLA TRANSMISSION

Community engagement through social mobilization all over the country is credited by the Liberian government and the donor community with finally turning the outbreak around in Liberia.

Established in 2014 at the height of the Ebola crisis, the Ebola Community Action Platform (ECAP) was developed by Mercy Corps together with Population Services International. It worked through a large sub-grantee network of 78 community-focused NGOs (93% of them are Liberian), who mobilized communities using radio networks, smart phones, social media and trusted local leaders to bring prevention and health promotion messages to their communities.



Liberia / Sean Sheridan

Nutrition sub-sector

Mercy Corps' approach to nutrition aligns with global efforts to end all forms of malnutrition and support healthy physical and cognitive growth and development during the most critical periods. Mercy Corps' nutrition-specific (addressing the immediate causes of undernutrition) and nutrition-sensitive (addressing the underlying causes of malnutrition) programming includes responses in both emergency and fragile contexts as well as stable development contexts. In all contexts, Mercy Corps implements programs that support optimal growth and development in the first 1,000 days, when growth and development is unparalleled and the effects of poor nutrition irreversible. Therefore; while we aim to improve optimal nutrition for all, our main beneficiaries include pregnant and lactating women and children under two. To break the intergenerational cycle of malnutrition, we also believe in ensuring optimal nutrition for adolescent girls, as future mothers.

In emergency and fragile contexts where rates of acute malnutrition are above the emergency threshold, Mercy Corps' life -saving nutrition interventions include the promotion of infant and young child feeding in emergencies (IYCF-E), and the community management of acute malnutrition (CMAM).

Mercy Corps implements integrated multi-sectoral programs with nutrition-specific and nutrition-sensitive interventions in more stable, typical development contexts where programs that support the first 1,000 days of an infant's life, are critical. We engage mothers, fathers, and other caregivers in the promotion of optimal infant and young child feeding and caring practices and other activities that support improved nutrition.

NUTRITION SENSITIVE PROGRAMMING

Mercy Corps is committed to addressing the key determinants and root causes of undernutrition, implementing effective nutrition-sensitive programs at scale, and identifying champions for nutrition within the agency and in the larger private sector. Mercy Corps developed a [Nutrition-Sensitive Approach for Market-Based Agricultural Projects toolkit](#) and is currently developing materials to support nutrition-sensitive approaches for other prominent sectors including Market Systems Development and WASH.

PARTNERING FOR IMPACT

Mercy Corps works closely with government ministries to support the implementation of national multi-sectoral nutrition plans and nutrition action plans.

Mercy Corps frequently partners with other agencies to bolster its impact for nutrition. Mercy Corps distinguished partners include Action Against Hunger (ACF), Catholic Relief Services (CRS), Global Alliance for Improved Nutrition (GAIN), Harvest Plus, Helen Keller International (HKI), Save the Children International, the World Food Programme

Water, Sanitation and Hygiene sub-sector

In times of crisis, access to safe water and sanitation is one of the most critical needs. Mercy Corps is an acknowledged expert in disaster response strategies that deliver immediate humanitarian needs while also preparing communities to build back stronger. We consistently work with government and community stakeholders to ensure first line emergency response (through water trucking and other means, emergency latrines, hygiene promotion), early recovery interventions which focus on rehabilitation of vital water and sanitation infrastructure (including wells, protected springs, tap stands, distribution networks, pumping stations, treatment systems, irrigation canals, and latrines and sewerage networks), and ensuring participatory management of these.

In development settings, we implement programs to increase access to improved water sources for previously unserved populations as well populations relying on inadequate water sources and services. The majority of unserved populations currently live in rural areas where standalone systems, such as bore wells fitted with electric or hand-pumps or gravity scheme, are the appropriate solution to increase water access. The other major population segment that lacks sustainable access to quality water and sanitation sources and services live in sub-urban fringes of large cities or in small towns, which are generally neglected by policy makers and donors. In urban areas, such as in the Democratic Republic of Congo (DRC), we partner with the government to rehabilitate and extend networks to provide clean water and improved sanitation facilities to previously unserved people living in urban and peri-urban areas. Under the rapidly urbanizing world, these populations are expected to explode over the coming 15 to 30 years. While we leverage donor resources to help rehabilitate and/or expand water and sanitation services and systems for these populations, we focus on building capacity of service providers and advocate for market-based solutions to ensure sustainable services and of communities and governments to improve governance structures that manage water access in the longer term. We believe that, in order to obtain an efficient improvement to sanitation coverage, generating sanitation demand and strengthening the supply of sanitation products and services is required. We aim to achieve this through applying innovative approaches such as Community Led Total Sanitation (CLTS) and sanitation marketing.

WASH IN EMERGENCIES

Mercy Corps has helped communities recover from dozens of emergencies around the globe. We are a recognized leader in providing safe drinking water and adequate sanitation facilities and preventing water-borne diseases under some of the world's most difficult conditions. As thought leaders, our emergency water experts support improvements in the speed, quality, and effectiveness of emergency water and sanitation responses and the capacity of the humanitarian community in saving lives by contributing to global platforms such as the UN Global WASH Cluster, the Emergency Capacity Building (ECB) project, Interagency Working Group (IWG), InterAction, and the Sphere Project.

URBAN WASH IN DRC

The DRC has one of the fastest urban growth rates in the world caused by rapid population growth and conflict. Municipal service providers are caught between trying to manage deliveries to existing residents using inadequate, aging and overloaded delivery networks while under increasing pressure to expand services to new parts of town. Mercy Corps rehabilitated and extended the Goma Water Network to provide clean water to previously unserved people in Goma and its neighborhoods, reaching approximately 150,000 additional residents. We are now expanding the reach of this work to 1.55 million urban residents in the cities of Goma, Bukavu and Bunia.



DRC/ CRobbins

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About Mercy Corps

Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.



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