Health Service Delivery in Fragile, Conflict, and Violence (FCV) Situations

Five key questions to be answered

SUMMARY

In FCV situations, successful service delivery depends on extensive situational analysis (for example, political economy, forms of violence, rent-seeking behavior/motivations), close monitoring and flexibility and rapid response mechanism against shocks/threats.

Q1 WHY does service delivery matter in FCV situations?

- Service delivery responds to meeting basic needs of populations, which is the priority in FCV contexts. It is strongly linked with political and social favors and can be a powerful tool to legitimize groups (for example, governments) in power.
- In FCV situations, providing basic health services can be challenging for the following reasons:
  - Limited/no service delivery functions in place
  - Impaired service delivery incentives
    - Lack of govt capacity / willingness
    - Broken social order
    - Security risk of service providers
  - Unsustainable service delivery system
    - Deteriorating infrastructure
    - Poor technical & managerial capacity
- Half of the world’s poor will be in FCV situations by 2030 and in risk of being excluded from basic services.
**Q2 WHAT are the characteristics of FCV situations for service delivery?**

- Situational context, where health service delivery takes place, can positively/negatively affect its delivery. Political settlement and service providers distribution are key characteristics used for different typologies, as suggested by international agencies, such as WHO, the World Bank and USAID.

<table>
<thead>
<tr>
<th>Political Settlement</th>
<th>Service providers distribution</th>
<th>Examples</th>
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</thead>
</table>
| (1) **Fragile**, but legitimate political establishment (i.e. central govt) | Centralized, with few non-state service providers on the ground | • Central African Republic  
• Guinea  
• Sierra Leone  
• South Sudan  
• Myanmar |
| (2) | Decentralized, with competing non-state providers on the ground | • Afghanistan  
• Democratic Republic of Congo  
• Lebanon |
| (3) **Conflicts** with competing power holders | Few providers with scarce resources | • Yemen  
• Libya  
• Parts of Afghanistan, Nigeria |

**Q3 WHAT should be considered for distinct types of situations?**

- Four key questions should be asked to determine how to structure a health service delivery system, whether it is for the short-term goal of responding to humanitarian needs or the long-term objective of developing a comprehensive health system.
  1. What services should be provided? *(Allocation)*
  2. Who provides services? *(Production)*
  3. Who receives services? *(Distribution)*
  4. Who pays for services? *(Financing)*

<table>
<thead>
<tr>
<th>Allocation</th>
<th>Production</th>
<th>Distribution</th>
<th>Financing</th>
</tr>
</thead>
</table>
| (1) Fragile, with few non-state providers  
- Primary care services  
- Hospital services  
- State providers  
- As wide a population as possible  
- State (e.g. subsidy)  
- User fees (e.g. copay)  
- Donors  
- Trust funds  
- Global partnership |
| (2) Fragile, with competing non-state providers  
- Primary care services  
- Hospital services  
- State providers  
- NGOs  
- Private providers  
- As wide a population as possible  
- State (e.g. subsidy)  
- User fees (e.g. copay)  
- Donors  
- Trust funds  
- Global partnership |
| (3) Conflict, with few providers  
- Emergency response  
- Epidemic control  
- Essential health services (e.g. MCH)  
- Int’l agencies  
- NGOs  
- Most vulnerable (e.g. mothers and children)  
- Int’l community (e.g. donors) |
### HOW should services be delivered in different FCV contexts?

<table>
<thead>
<tr>
<th>Type</th>
<th>Desirable Conditions</th>
<th>Service Delivery Model</th>
<th>Possible Assistance by Development Partners</th>
<th>Examples</th>
</tr>
</thead>
</table>
| (1) Fragile, with few non-state providers | • Appropriate, accountable non-state providers exist  
• (if contracted to for-profit providers)  
Mature market with quality services available  
• (if contracted to for-profit providers)  
Safety net provision to the poor and the vulnerable | State Provision | - Capacity building (infrastructure & human resources)  
- Policies, strategies and costed action plans formulation | Myanmar |
| | | Contracting | - Policies, strategies and costed action plans formulation  
- Capacity building for purchaser (e.g. state) in procurement, financial management, project management  
- Strengthening state oversight/regulations  
- Mapping out of non-state providers  
- Private sector development (laws, policies, regulations) | Afghanistan  
Liberia  
Lebanon  
South Sudan  
Columbia |
| (2) Fragile, with competing non-state providers | • Accountability & transparency in procurement/management  
• Results monitoring available | Performance-based Contracting | - Independent (third-party) monitoring for performance verification  
- Capacity building for purchaser (e.g. state) in procurement, financial management, project management  
- Strengthening state oversight/regulations | Burundi  
Central African Republic  
Democratic Republic of Congo  
Mali  
Rwanda  
Haiti  
Guatemala |
| (3) Conflict, with few providers | | Int’l Community Provision | - Capacity building (infrastructure & human resource)  
- Basic service provision assistance, while strengthening local system | Nepal  
Pakistan |

Q4
General lessons

- Every FCV situation is different (even within the situation (sub-national difference)). Thus, No “one-solution” fits all.
- Clear distinctions between “Fragility” and “Conflict, Violence” for health service delivery as political settlement and service delivery readiness differ in each context.
- “Know your situation” through formal/informal assessment and intensive dialogues with inter-/intra-sectoral experts from the World Bank, development partners and NGOs (citizens engagement). Some assessment instruments include:
  - Situational analysis surveys: health facility, patient utilization, satisfaction
  - Technology: satellite imagery, geospatial information system
- “Close monitoring” aims to obtain information on service utilization by beneficiaries, quality of service, effective use of resources and poor governance (i.e. corruption) and to alert any possible shocks to mitigate. Methods include, but are not limited to:
  - Citizens engagement (local NGOs) monitoring/evaluation
  - Client government monitoring/evaluation
  - Third-party, independent verifier (for example, international firms, UN agencies)
  - Technology (for example, geospatial monitoring)
- “Flexibility and rapid response mechanism” in operations to adjust/adapt potential shocks. Examples include:
  - Reverse supervisory/monitoring mission in a safe third place
  - Close monitoring (for example, monthly coordination with key stakeholders)
  - Contingency Emergency Response Component

- “Sustainability” should be always questioned when designing/implementing operations, such as:
  - Mid-, long-term health system development for appropriate service delivery model
  - Capacity building to service providers

Fragile situations

- Development of a basic, but high impact package of health services (including medical equipment/supplies) and investment in implementation monitoring in fragile situations can ensure continuation of health service provision against insecurity.

Conflict/Violence situations

- Softer service delivery methods (for example, outreach services to areas with high insurgent activities) could be safer as fixed facilities tend to be targeted by attacks.

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<table>
<thead>
<tr>
<th>Country</th>
<th>Project Description</th>
<th>Project size (million $)</th>
<th>Year of Approval</th>
<th>Closing Year</th>
<th>Task Team Leader</th>
<th>Project Development Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burundi</td>
<td>Health System Support Project KIRA</td>
<td>50</td>
<td>2017</td>
<td>2021</td>
<td>Alain-Desire Karibwami Laurence Elisabeth Marie-Paul Lannes</td>
<td>To increase the use of quality Reproductive, Maternal, Neonatal, Child and Adolescent Health Services, and in the event of an Eligible Crisis or Emergency to provide immediate and effective response to said Eligible Crisis or Emergency</td>
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<tr>
<td>Guinea-Bissau</td>
<td>Strengthening Maternal and Child Health Service Delivery</td>
<td>25</td>
<td>2018</td>
<td>2023</td>
<td>Edson Araujo</td>
<td>To improve coverage of essential maternal and child health services in the Recipient’s territory</td>
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<td>Lebanon</td>
<td>Health Resilience Project</td>
<td>95.8</td>
<td>2017</td>
<td>2023</td>
<td>Nadwa Rafeh</td>
<td>To increase access to quality healthcare services to poor Lebanese and displaced Syrians in Lebanon</td>
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<tr>
<td></td>
<td>Emergency Health and Nutrition Project</td>
<td>483</td>
<td>2017</td>
<td>2020</td>
<td>Moustafa Abdalla</td>
<td>To contribute to the provision of basic health, essential nutrition, water and sanitation services for the benefit of the population of the Republic of Yemen</td>
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<tr>
<td>Afghanistan</td>
<td>Sehatmandi Project</td>
<td>140</td>
<td>2018</td>
<td>2021</td>
<td>Ghulam Sayed Mickey Chopra Mohammad Tawab Hashemi</td>
<td>To increase the utilization and quality of health, nutrition and family planning services</td>
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