



Individual Self Reflection 2020 on World Humanitarian Summit Commitments and Initiatives - Health Works



Stakeholder Information

Organisation Name

Health Works

Organisational Type

NGO - International

City and Country where Headquartered

Amsterdam, Netherlands

Focal Point Name

Hans Grootendorst

Region

Europe

Twitter ID

Nil



1D Develop solutions with and for people

Individual Commitments

Commitment	Commitment Type	Core Responsibility
Health Works commits to support the strengthening of primary health care services and access to health and mental health services in fragile settings through inclusive development of effective services that address the root cause of need for care, including exclusion due to the psychological and social consequences of war, repression, migration and poverty in its core humanitarian responses.	Operational	Political Leadership to Prevent and End Conflicts

1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

Health Works has developed a methodology based on community strengthening, through participation and active development of action plans tailored at community level. In 2017, Resources Mapping and Mobilization has been implemented in post conflict areas of Colombia and Burundi.

Funds and support have been mobilized in Burundi on agriculture and in Colombia on gender-based violence (GBV), responding to needs expressed through participatory research based process. The project in Burundi has targeted 343,000 families living in 674 communities (geographical identified as collines - hills) in three provinces of the country (Gitega, Kayanza and Karuzi).

In Colombia, 1,000 families have been targeted in 2 provinces of the country (Meta and Bolivar).

The performance based finance (PBF) for maternal neonatal health (MNH) project in Lesotho supports the existing national health system in service delivery improvement leading young girls, women increased access in rural, districts to urban regions in 6 provinces (Quthing, Leribe, Mokhotlonge, Thaba Tseka, Mafeteng, Mohale's hoek). PBF is a supply side, results based financing approach. Expertise to the Ministry of Health is of capacity building and implementation, data verification, community client satisfactory survey and is planned for extension to all 10 provinces by the end of 2018.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

- Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

In Colombia, Health Works assessed the change using the most important changes at individual level, through ongoing monitoring with focus group discussions. In Burundi, tablets have been distributed and are used to enter data at colline/hill level.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

- Data and analysis
 Field conditions, including insecurity and access
 Gender and/or vulnerable group inclusion

B. How are these challenges impacting achievement of this transformation?

These challenges are barriers to develop lessons learned and good practices to be replicated. In Colombia, the team has not been allowed to enter communities for security reason and had to close a project in Meta, because of serious threats against facilitators.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

In Colombia, transportation will be facilitated for families to attend activities in others geographical communities. Administration (municipalities, police) has been called to mind for prevention and attention on sexual and gender-based violence (SGBV). In Lesotho, the project expansion expertise is set out by consultancies on updates of risk based verification and client satisfaction



survey and is guided by the developed Project Implementation Plan country specific.

5. What steps or actions are needed to make collective progress to achieve this transformation?

Health Works is collaborating with La Liga Internacional de Mujeres por la Paz y la Libertad (LIMPAL) and both advocate for the implementation of United Nations Security Council Resolution 1325 and others policies related to Colombia peace building process. The development of business plan formalizes relations between the MNH indicator purchaser (United Nations Children's Fund (Unicef), the United Nations Population Fund (UNFPA) and the provider.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

Women's self help groups had made accessible information to find any type of support for survivors of (S)GBV, displaying information on the entrance wall of the district.

Keywords

Gender, Local action, People-centred approach



3D Empower and protect women and girls

Individual Commitments

Commitment	Commitment Type	Core Responsibility
Health Works commits to increase skills of survivors about how to cope with and increase their resilience to psychosocial problems and harmful effects of sexual and gender based violence (SGBV).	Operational	Leave No One Behind
Health Works commits to proactively address the harmful discriminative, ethnic, disability and gender based practices , empowering women and girls through capacity building, access to vocational training and claiming their sexual and reproductive health rights.	Capacity	Leave No One Behind
Health Works commits to support and establish a functional coordination and referral mechanism for sexual and gender based violence response and psychosocial support services.	Operational	Leave No One Behind

1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

Health Works worked in collaboration with the United Nations Population Fund (UNFPA) in Afghanistan provinces to support the empowerment of women and girls through access to women friendly spaces and family protection centres. Funded by European Union, Health Works has managed three training centres (Kabul, Mazar y and Herat) which trained more 350 psychosocial workers to respond to psychosocial challenges and increase the referral pathways on gender-based violence and sexual and gender-based violence (GBV and SGBV). These trainings welcomed women from provinces and ensured them a job back in their communities.

In South Sudan, Health Works is running Women and Girls Friendly Spaces (WGFS), a key strategy in protection and empowerment in South Sudan since 2013, when conflict re-erupted. Women and girls face serious challenges as lack of resources, pervasive GBV, early forced marriage, lack of access to health services and education. WGFS aim to create an empowering and inclusive environment where girls and women attending feel safe, connected and better informed about their rights and opportunities. WGFS has provided Sexual and Reproductive Health education and strengthened referral pathways to access family planning.

In Colombia, Women and teenage girls have been involved in self-help groups to be informed about their rights and how to access them.

In Burundi, women head of household and single mothers benefitted from financial inclusion programmes to support the development of income generating activities to decrease harmful practices and vulnerability to GBV and SGBV by financial empowerment.

Young girls and women in Lesotho gained access to antenatal care and delivery services.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

- Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
- By reporting to, or using reports prepared for, UN principal organs, UN governing boards, or other international bodies

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

- Adherence to standards and/or humanitarian principles
- Data and analysis
- Strengthening national/local systems



B. How are these challenges impacting achievement of this transformation?

- Women and girls are not allowed by families to attend activities or access rights.
- Team members are threatened to implement rights-based access activities.
- Gender balance within teams is difficult to reach in countries where women does not have the same access to work.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

Men's engagement in Colombia: 75 men and teenage boys will have access to trainings and reflections about de-constructing patriarchal images and construction of a new masculinity.

Project of research with UNFPA Colombia on impact of post conflict agreement on GBV.

Health Works will strengthen its programmes with early pregnancy and early marriage prevention but also supporting teenage mothers to be included into their communities.

5. What steps or actions are needed to make collective progress to achieve this transformation?

- Increase gender and age disaggregated data collection and analysis on GBV, SGBV and access to education.
- National and regional alliances between women's organizations strengthened through joint agendas for lobbying and advocacy related to United Nations Security Council Resolution (UNSCR) 1325.

6. List any good practice or examples of innovation undertaken individually or in cooperation with others to advance this transformation.

Self-help groups of women aware of their rights as IDPs and of human rights.

Keywords

Gender, Local action, Protection



3G Address other groups or minorities in crisis settings

Individual Commitments

Commitment	Commitment Type	Core Responsibility
Health Works endorses the Charter on Inclusion of Persons with Disabilities in Humanitarian Action and immediately commits towards its implementation.	Policy	Leave No One Behind
Health Works commits to partner and collaborate with local associations, Disabled Person Organisations and Women's organisations to access and claim their rights to legal protection and health services, including sexual and reproductive health rights.	Partnership	Leave No One Behind
Health Works commits to disaggregate its data collection by age, gender and disability from 2018.	Policy	Leave No One Behind

1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

- Health Works has been committed to increase the inclusive aspect of programs designed and implemented, and has targeted excluded women (widows, sex workers) and persons with psychosocial disabilities.
- Health Works has a program of 15 mobile clinics in 12 provinces in Afghanistan to reach out nomad population, mainly Kuchies (SRH services including immunization).

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

- Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
- By reporting to, or using reports prepared for, UN principal organs, UN governing boards, or other international bodies

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

Health Works is witnessing more interest and attention at local and global level to persons with disabilities, excluded and marginalized women and girls excluded by barriers as manifested through their inclusion on proposals for development as direct beneficiaries .

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

- Adherence to standards and/or humanitarian principles
- Data and analysis
- Institutional/Internal constraints

B. How are these challenges impacting achievement of this transformation?

Excluded and marginalized persons are facing barriers based on discriminative structures, attitudes and institutions. Identification of persons with psychosocial disabilities is extremely challenging as they are hidden and not able to represent themselves.

4. Highlight actions planned for 2018 to advance implementation of your commitments in order to achieve this transformation.

- Increase advocacy activities at global, national and community level.
- Develop evidence based researches.

5. What steps or actions are needed to make collective progress to achieve this transformation?



Continue the evidence gathering and capacity building to support participation of organisations of persons with disabilities in the humanitarian responses.

Keywords

Disability, Gender



4A Reinforce, do not replace, national and local systems

Individual Commitments

Commitment	Commitment Type	Core Responsibility
Health Works commits to strengthen and/or restore existing social, psychosocial and other health services in collaboration with local resources (community members, local health professionals/workers, (Primary) Health centres and Ministries of Public Health) rather than replacing them by external stakeholders and organisations.	Partnership	Change People's Lives: From Delivering Aid to Ending Need

1. Highlight the concrete actions taken between 1 January – 31 December 2017 to implement the commitments which contribute to achieving this transformation. Be as specific as possible and include any relevant data/figures.

Strengthening national/local leadership and systems

Public Private Partnership (PPP) with Private Health Service Providers is an innovative approach for the access of the community to ensure quality health services, in particular for immunization services in highly volatile and insecure areas through strengthening and use of private health sector.

Health Works' project involves capacity building, coordination with relevant stakeholders, mapping of Private Health Services providers, selection of 60 Private Health Service providers for providing EPI, Reproductive health services, and basic health services in remote and insecure areas. The Performance-Based Financing (PBF) project in Lesotho holds specialist support to the national system for regulation, planning and quality assurance provided by the national system (regulator) also defining output, equity targets using indicators.

2. A. How are you measuring progress toward achieving your commitments? Only the categories selected by the organisation will be seen below.

- Through existing, internal systems or frameworks for monitoring, reporting and/or evaluation.
- By reporting to, or using reports prepared for, UN principal organs, UN governing boards, or other international bodies

B. How are you assessing whether progress on your commitments is leading toward change in the direction of the transformation?

Health Works had used catchment area annual census to develop a base line and motor the implementation of the PPP.

3. A. Please select no more than 3 key challenges faced in implementing the commitments related to this transformation. Only the categories selected by the organisation will be seen below.

- Buy-in
- Data and analysis
- Strengthening national/local systems

Keywords

Local action, Private sector



Initiative Reports

Charter on Inclusion of Persons with Disabilities in Humanitarian Action :

What concrete actions have you taken in support of the initiative.

Health Works (HW) is supporting the development on IASC guidelines on inclusion of persons with disabilities. As an active member of the task team, HW has allocated human resources to support the project to strengthen the mental health and psychosocial support (MHPSS) part. HW is leading on IASC MHPSS Reference Group (RG), mental health and disability inclusion working group, together with the World Health Organization (WHO), the Office of the United Nations High Commissioner for Refugees

(UNHCR), Christian Blind Mission (CBM) and Mhpss.net's representatives to build resources and feed the process of the development of the guidelines.

In order to enhance the quality of data collection by humanitarian actors, HW is part of the Washington Group Steering Committee. Its role has been focused on the mental health part.

HW is strengthening its own internal inclusion policies, demonstrating links on prevention, response and resilience on disability with Sexual and Reproductive Health Rights and MHPSS. The organisation is part of the Dutch Coalition of Development and Disability, advocating at Dutch government level .