

# THE POWER OF COMMUNITIES

## CREATING CHANGE IN HEALTH CARE THROUGH HUMAN-CENTRED DESIGN

### The power to make decisions

Good health is determined by the first point of access to the health care system, making primary health care more impactful than specialised care. Access to health information and the power to make decisions on one's own sexual and reproductive health, for instance, are all influenced by communities, poverty and insecurity. This is especially true in conflict-affected or disaster-affected settings, where Cordaid mainly works.

### Strengthening the 'supply and demand' side of health systems

Cordaid works on empowering local communities by strengthening the health system both on the 'supply side' (optimising the provision of healthcare services) and the 'demand side', especially in remote areas. On the demand side, Cordaid empowers people to make choices for better health or to enable access to healthy options. This is characterised by community-wide support and strengthening community-based organisations of women and youth, Sexual Reproductive Health and Rights (SRHR) and HIV prevention with the support of local religious leaders, health education, access to social and physical determinants of health, equipping community health workers with more tools for self-diagnosis, self-care and community-distribution mechanisms. Effective community-led interventions are most successful using human-centred design (HCD) to respond to people's needs.

*"17.2 million people reached through our health care interventions."*

A second approach Cordaid used is Results Based Financing (RBF). At the confluence of the demand and supply side of the health system, Cordaid uses RBF to localise health system strengthening by supporting actors on both sides of the spectrum and stimulating their collaboration (i.e., health facilities and communities). RBF and localisation is a symbiotic relationship that empowers communities to provide input in their local health facilities'



Photo: Jurjen Donker, Cordaid

governance, planning and implementation. Communities are represented in facility management teams, whereby they are jointly responsible for decisions on the use of funds earned through RBF. Through community-based organisations, communities are also asked about the satisfaction of services, part of a strict periodic verification of service provision. These feedback mechanisms empower communities to participate in the decision-making of facilities and enable them to hold facilities accountable.



#### Zoom in case

Uganda: Peer-to-Peer COVID-19 Response

Cordaid Uganda applied a peer-to-peer approach, as exemplified in the Youth-Led COVID-19 Response project. Forty young people between the ages of 18-24 were selected and trained to become COVID-19 response ambassadors (CORAs). The empowered community-based youth CORAs championed the process of creating awareness for fellow youth and the community at large on the importance of COVID-19 vaccination as well as myth clarification. The COVID-19 information was integrated with SRHR, SGBV and HIV prevention information using friendly online and offline platforms. As a result, 1.2 million people in both refugee and host communities of the West Nile sub-region were reached with correct information to

make informed choices regarding COVID-19 vaccination, SRHR, SGBV and HIV prevention. (Funding from BMZ Germany 2021-2022).

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## Track record of community-led actions

Cordaid has supported the national community health systems approach, known as the Boma Health Initiative, with over 840 Boma Health Workers (BHWs) supported and trained (monthly incentives provided). The BHI is designed to standardize the package of community health services, strengthen linkages between communities and primary health facilities, and improve community ownership and governance of health services. Apart from this, BHWs provide community-based treatment for malaria, pneumonia and diarrhea for children aged five years and below. 1,237,000 children under 5 were reached and treated in 9 counties across South Sudan.

## Human-Centered Design approach for youth empowerment

The human-centred design (HCD) approach was used in DR Congo, Burundi, Central-African Republic, Cameroon, Benin and Rwanda to create culturally sensitive and attractive SRHR education materials for youth: 'Like Sarah, Miriam and Joe' for youth 10-14 years on gender, menstruation hygiene, and peer support; 'Like Pamela' for teenage mothers 12-18 years; 'Like Joe' for young men 12-18 years on masculinities, gender, SRHR and life planning. HCD approach was also used in creating youth-friendly rooms at health services and campaigning for youth rights (2014 – till now with a variety of funds).



Photo: Cordaid

## Key figures

Our key results for 2021 included:

- 4.7 million outpatient consultations.
- 143,000 fully immunised children.
- 172,000 women who have at least four antenatal care visits.
- 3.6 million people tested for HIV.
- 407 health facilities with improved (technical) quality (score).

## Our partners

World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation, the European Commission, the German development bank KfW, the UN, the Dutch Ministry of Foreign Affairs and various Dutch embassies.

## ABOUT CORDAID

Cordaid is an internationally operating value-based development and emergency relief organisation working in and on fragility. We support local communities in their efforts to improve justice, health care, food security, education, and economic opportunities. Our mission is to work towards a world without poverty and equal opportunity. We offer international expertise through a locally-led approach, having decades of in-country experience in the countries we operate in. Cordaid is a founding member of Caritas Internationalis and CIDSE and a member of the ACT Alliance.

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