

# MOMENTUM

Integrated Health Resilience



## ■ Program Brief

# BUILDING RESILIENCE IN HEALTH

## The MOMENTUM Integrated Health Resilience Approach

**RESILIENCE IS A POSITIVE ADAPTATION TO ADVERSITY.** USAID defines health resilience as the “ability of people, households, communities, systems, & countries to mitigate, adapt to, & recover from shocks & stresses, in a manner that reduces acute and chronic vulnerabilities, and facilitates equitable health outcomes.” Resilient individuals and communities are better able to absorb, adapt, and transform in the face of recurrent shocks and stresses, and to recover more quickly to their prior state or better. This is especially important for mothers, newborns, and children. This brief reviews how MOMENTUM Integrated Health Resilience will approach, build, and strengthen health resilience to improve health outcomes for families, communities, and nation-states, particularly in fragile settings.

## STRENGTHENING HEALTH RESILIENCE

Strengthening health resilience capacities is a hallmark of MOMENTUM. Resilience work is about strengthening capacities to improve health and wellbeing outcomes. In the context of health resilience, strengthening capacities covers the different but corresponding strengths, attributes, and resources available to manage and reduce health-related risks, including individual and collective agency, behaviors, skills, knowledge, and resources.

Health resilience is not just about recovering faster; it includes the active and deliberate management of risks to protect and promote continual health development gains. Although shocks and intense stresses can severely disrupt health provision and lives, MOMENTUM Integrated Health Resilience is expecting to significantly reduce the disruptions in access to and use of quality health care through the three main actions listed below, despite any prevailing crises. These actions are used, simultaneously or consecutively, in a complementary manner to ensure the continuity of demand and use of health services, as well as responsiveness to new health emergencies. These actions correspond to

- **Mitigate**, in the context of health resilience, refers to actions taken to lessen or limit the adverse impacts of known shocks and stresses on health outcomes for women, their newborns and other children, families, and communities. (This aligns with absorptive capacity, noted just below.)
- **Adapt to**, in health resilience, refers to small, informed, and permanent adjustments and changes in processes and social behaviors in response to changing external conditions (such as the increased frequency of chronic shocks). (Aligns with adaptive capacity below)
- **Recover** means restoring and improving health services and health outcomes in line with the principles of sustainable development and “build back better and forward,” to avoid as possible and reduce the impact of future shocks and stresses. (Aligns with transformative capacity below.)

## STRENGTHENING RESILIENCE CAPACITIES

Strengthening the capacity for resilience can take many forms. These resilience capacities can be classified into three areas:

**Absorptive capacity** indicates prevention and coping measures to be taken to avoid permanent, negative impacts from shocks and stresses and to maintain health system stability.

**Adaptive capacity** is the ability to make changes in response to longer-term change, and the capacity of the health system to implement adjustments while improving overall system performance.

**Transformative capacity** is the enabling environment for systemic change. It describes the ability to make fundamental change that addresses the underlying vulnerabilities and contextual dynamics that affect system performance and progress towards health outcomes (USAID 2021).

### MOMENTUM Integrated Health Resilience

works to improve access to and availability of high-quality, respectful, and person-centered maternal, newborn, and child health, voluntary family planning, and reproductive health care in fragile and conflict-affected settings. The project enhances coordination between development and humanitarian organizations and strengthens the resilience of individuals, families, and communities.



## ADDRESSING HEALTH RESILIENCE IN FRAGILE SETTINGS

**MOMENTUM Integrated Health Resilience** will help develop health resilience capacities at individual to national levels to prevent and mitigate vulnerability to shocks and stresses that can affect health and/or health systems, especially in fragile settings.

Addressing health resilience in fragile settings is a complicated process involving many steps and layers. By using differentiated and targeted approaches, individuals, households, communities, health system organizations, and health service delivery systems can prepare for, mitigate, adapt to, and transform their responses to shocks and stresses as needed. Gains in health outcomes will not only be retained, but will also be improved to build forward and better. A feedback loop then provides continual learning to inform interventions and future strategies.

## HOW MOMENTUM HELPS TO STRENGTHEN HEALTH RESILIENCE

MOMENTUM Integrated Health Resilience is developing and carrying out interventions in partner countries to address maternal, newborn, and child health (MNCH), voluntary family planning (FP), reproductive health (RH), and other health needs. Examples:

**Mali.** MOMENTUM Integrated Health Resilience is supporting citizen participation in community health resilience planning through participatory risk and health resilience assessments at the community level. This supports improved health resilience preparedness by community health centers. The project has developed a special measurement tool combining rapid assessment for fragility analytics, crisis sensitivity, and complexity monitoring for health programming (the Fragility, Crisis, and Complexity [F2C] Analysis tool). This measurement tool will be used in other countries as well, such as South Sudan and the Democratic Republic of the Congo.



**South Sudan.** The project is reviewing and synthesizing secondary data and information from vulnerability risk analysis and mapping (VRAM), the Strategic Tool for Assessing Risks (STAR), early warning and response systems (EWARS), and resilience surveys (WHO and USAID) to improve and build up EWARS for most critical risk scenarios, which in turn helps guide actions to ensure minimal health service disruptions for mothers and children, other family members, and communities.

**Democratic Republic of the Congo (DRC).** The project will implement the rapid assessment (noted above under Mali) for health programming. The identified markers from the assessment will form a basis for MOMENTUM Integrated Health Resilience

to initiate evidence-based, crisis-sensitive interventions that build health resilience in these unique contexts and ensure a “do no harm” approach.

The table below maps individual, household, community, and health systems levels with the development of resilience capacities, and highlights some of the approaches and interventions adapted by MOMENTUM Integrated Health Resilience.

### HEALTH RESILIENCE CAPACITIES AND APPROACHES ACROSS INTERVENTION LEVELS

Shocks and Stresses	Intervention Levels	Strengthening Health Resilience Capacities	MOMENTUM Approaches and Interventions
<p><b>Shocks:</b></p> <p>Biological (e.g., diseases, insect outbreaks)</p> <p>Human-Induced (e.g., negative migration, market failures, conflict)</p> <p>Geophysical (e.g., drought, flooding)</p> <p>Technological (e.g., grid failure, toxic spills)</p> <p><b>Stresses:</b></p> <p>Long-term disturbances resulting in ongoing vulnerability</p>	<p><b>Individual and/or household</b></p>	<p><b>Absorptive:</b> Promote self-care; improve infant feeding practices of mothers and care givers.</p> <p><b>Adaptive:</b> Strengthen household financial alternative mechanisms; provide diverse sources of MNCH/FP/RH information, services, and commodities.</p> <p><b>Transformative:</b> Household has solid health financing mechanism for using health services; household has capacity to produce and transfer healthy practices (e.g., infant feeding, care for sick children, safe pregnancy and childbirth).</p>	<p>Enhance integrated MNCH/FP/RH and nutrition counseling, such as management of at-risk mothers and infants (MAMI); build parenting skills; address self-care for family planning (e.g., self-administered contraceptives).</p>
	<p><b>Community</b></p>	<p><b>Absorptive:</b> Community has emergency preparedness plan: community is aware of this and has mapped out how to tackle emergencies.</p> <p><b>Adaptive:</b> Community emergency preparedness plan is budgeted; community has diverse financial mechanisms.</p> <p><b>Transformative:</b> Community has integrated health and social well-being system, and a solid financing mechanism with alternative funding sources.</p>	<p>Implement ARC-D Health (next section); increase community awareness of shocks and stresses; use Community Early Warning and Response System (EWRS) to detect issues; strengthen social accountability (communities voice their health needs to providers and local authorities); promote social and behavior change (SBC).</p>
	<p><b>Health Systems (facility, district, national/sub-national)</b></p>	<p><b>Absorptive:</b> Providers have problem-solving skills; District develops budgeted emergency preparedness plan; National microplanning and emergency response is coordinated.</p> <p><b>Adaptive:</b> Human resources for health is available; District has budgeted preparedness plan; National health emergency preparedness and response plan is rolled out.</p> <p><b>Transformative:</b> Emergency structure is adapted within organizations; District has fully staffed and permanent emergency department; National health emergency preparedness structure and systems are established.</p>	<p>Facility: On the job capacity strengthening for staff/volunteers, focused on on-site clinical mentoring and team problem solving; District: Training workshops for district health managers; National/sub-national: Reach Every District/Reach Every Community (RED/REC) approach is adapted to fragile settings as part of integrated family health services.</p>

## MEASURING HEALTH RESILIENCE

A variety of tools are used to measure health resilience as part of the project’s overall monitoring, evaluation, research, and learning efforts. An important initial step in the process is conducting fragility analysis using the special Fragility, Crisis, and Complexity Analysis tool (F2C) developed by MOMENTUM Integrated Health Resilience and partners. This tool will generate data for a general overview of the risk scenarios that describe shocks and stresses.

Risk scenarios must first be defined. Then, to measure resilience at the **individual and household level**, MOMENTUM Integrated Health Resilience employs knowledge, attitudes, and practice (KAP) surveys adapted from the USAID REAL<sup>1</sup> household resilience measurement tools. In addition, formative qualitative assessments are conducted focusing on barriers to care, disruption of services and access, household financial capacity, gender norms, status of women and girls, and social capital (personal cooperative networks of individuals with shared norms and other bonds).

At the **community level**, the project deploys a qualitative, participatory resilience assessment methodology, Analysis of Resilience of Communities in Disaster (ARC-D) Health. MOMENTUM Integrated Health Resilience experiences will build on ARC-D, a tool developed by MOMENTUM Integrated Health Resilience consortium partner GOAL in 2015. (See the graphic on the follow page). ARC-D Health represents a “trigger” to launch action at the community level, establish an environment that facilitates community risk assessment, and create an effective action plan. ARC-D is currently implemented in 11 countries (Haiti, Honduras, Nicaragua, Ethiopia, Kenya, Malawi, Niger, South Sudan, Sudan, Uganda, and the Philippines) at the community level to measure health resilience.

**Health System Level:** When measuring the health resilience of a particular domain (e.g., FP/RH, MNCH, nutrition), MOMENTUM Integrated Health Resilience applies the six Determinant Factors of Systemic Resilience (Diversity, Redundancy, Governance, Learning, Participation, and Connectivity) developed by GOAL with USAID support as part of Resilience for Social Systems or “R4S” (GOAL 2019). To measure overall health system resilience, MOMENTUM Integrated Health Resilience uses the five characteristics (defined by Kruk et al. 2015) for a resilient health system: be aware, integrated, diverse, self-regulating, and adaptive. These require a foundation of strong local and national leadership, a committed health workforce, sufficient infrastructure, and global support.

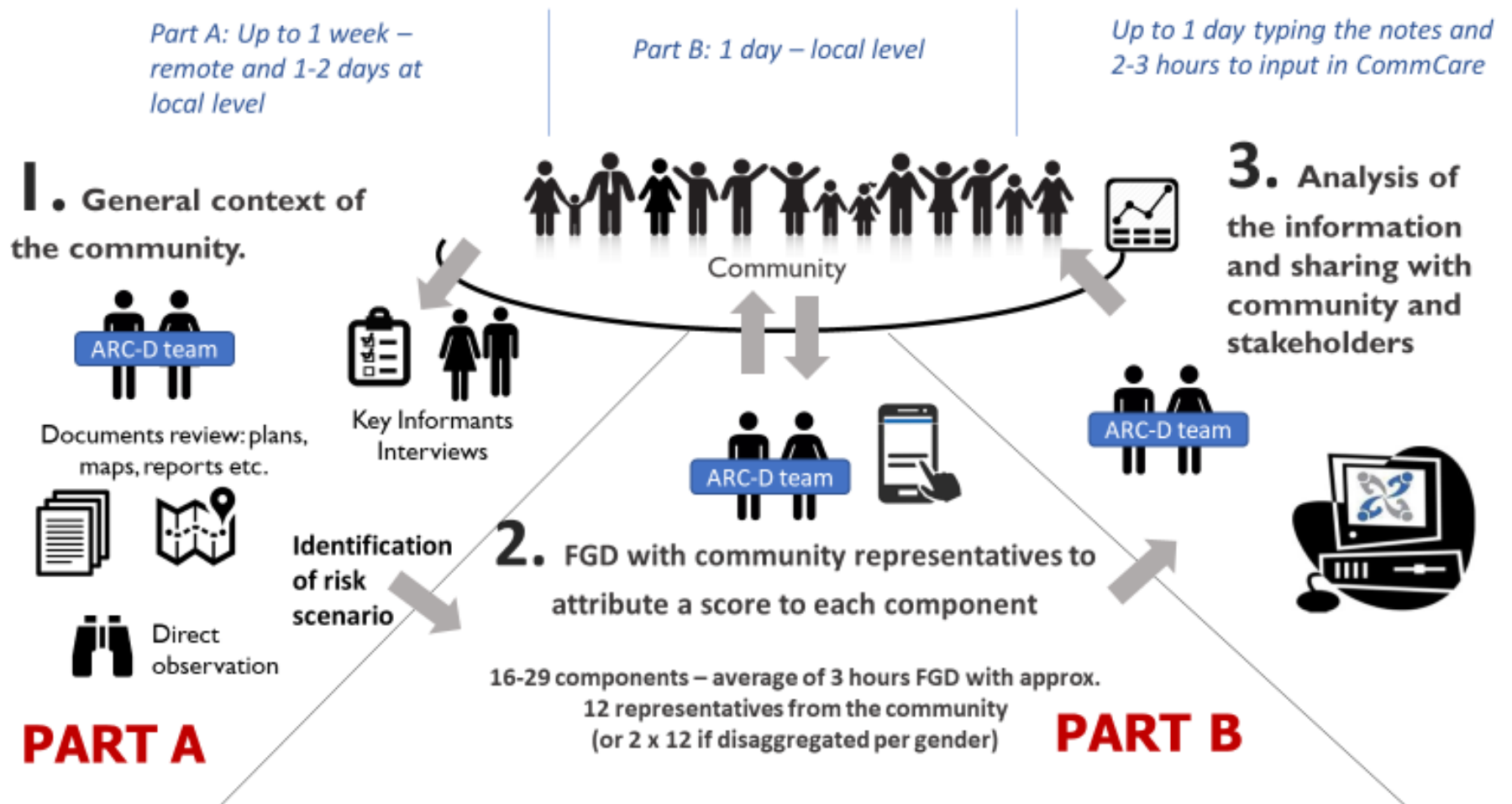


Within a resilient health system, health facilities are prepared to face crises and can continue to offer quality services closer to the community. Importantly, individuals and communities continue to trust the health system, which offers quality health care and continues operations during crises.

<sup>1</sup> Resilience Evaluation, Analysis and Learning (REAL) is a consortium-led effort funded by the USAID Center for Resilience to build rigorous yet practical monitoring, evaluation, strategic analysis, and capacity building support.

## USING ARC-D-HEALTH TO ANALYZE COMMUNITY RESILIENCE

MOMENTUM Integrated Health Resilience uses the ARC-D Health tool to gather information to improve health at the community level; this process triggers the community to be aware of and prepared to mitigate, adapt to, and recover from shocks and stresses affecting community health.



Source: GOAL (See <https://www.goalglobal.org/impact-learning/disaster-resilience/>)

## ANTICIPATED RESULTS

MOMENTUM uses the health resilience measures mentioned above to acquire baseline information on individuals, households, communities, and health systems for each of the three capacity types (absorptive, adaptive, transformative) to monitor progress, and to evaluate the capacities as they contribute to better preparedness, mitigation, and adaptation for improved health outcomes.

### References

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Overall, through a holistic understanding of resilience, MOMENTUM Integrated Health Resilience will help to prevent disruptions to healthy practices and services by enhancing self-care, inclusivity, and social capital in times of emergencies, shocks, and/or stresses. More broadly, the project expects to increase social accountability, build the capacity of individuals and household in self-care and infant feeding practices, support the capacity of providers to deliver quality health care services, and bolster the capacity of communities to manage shocks and stresses and ultimately emerge from them stronger and healthier. This can be achieved through local partnerships, strong governance, cross-sectoral collaboration, and improved health information systems.

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