



**Presentation Monique Lagro, Sector Manager  
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Kigali Kick-off PBF EU programme, 23-02-10**

## **Topics of this presentation**

- Present situation Cordaid general
- Challenges Cordaid is facing and its implications
- New directions we are taking as Cordaid for 2011-2015
- Overall aim of Cordaid's programme Health and Well-being for 2011- 2015
- Our assumptions with regard contribution of PBF to overall aim of Cordaid's programme H&W.

## **Present situation Cordaid**

- Cordaid is an Dutch multi-sectoral faith-based NGO
- It has 4 sectors dealing with 10 programmes
- The sectors are: (1) Emergency and Reconstruction, (2) Health and well-being , (3) Entrepreneurship and (4) participation.
- Budget of appr. 150 million euro yearly
- 60 to 70% dependent for Dutch governmental funds
- More than 1000 partner organizations in 36 countries (50% in Africa)

## **Sector Health and Well-Being(H&W) present**

- Sector H&W has 3 programmes;(1) access to equitable health, (2) care for vulnerable groups and (3) Hiv/Aids;
- 21 countries: 2/3 in Africa, 5 in Asia and 2 in Latin America;
- Year budget of 33 million euros; 300 partners of which 50% faith-based;
- We work in certain (semi) fragile states together with the Cordaid Emergency and Reconstruction sector: this is the case for Burundi, RCA, RDC and Sierra Leone;
- Cordaid sector Emergency and Reconstruction support health programmes in Afghanistan, Sudan and Haiti where Cordaid sector H&W is not present.

## **Challenges Cordaid encounters**

- Income from Dutch government is insecure at this moment;
- The total Aid budget is less due to the economic crisis and because more newcomers are getting into the development field;
- Dutch government has decided not to support individual NGOs any more from 2011 onwards but only 30 coalitions; Dutch government wants harmonization of Dutch Int. NGO's: they demand the Dutch NGO's to work together;
- The Dutch international aid sector opened up to young and innovative newcomers, to form and be part of coalitions and seek their chance;
- The Dutch Government demands synergy at country level. The strategic plans should be contextualized.

## **Implications challenges for Cordaid**

- Implications for Cordaid: submit new strategic coalition plan 2011-2015 on the first of July 2010 with others;
- We found 6 other Dutch organizations to work together as a community for change: the Red Cross (hiv/aids programme); Wemos (Dutch lobby health organization); IKV Pax Christi; Impunity Watch, People with a Mission (CMC) and Both Ends;
- Furthermore the Cordaid H&W sector got involved in a Dutch ICT coalition called Connect for Change (IICD and Text to change);
- We will not be able to have separate sector programmes in a country without a common contextual analysis and a common theory of change.....

## **New directions Cordaid for 2011-2015**

- **More focus** : 5 programmes instead of 10.
  - Programme Conflict and Transformation (=multi-sectoral programme)
  - Programme Disaster Risk Reduction
  - Programme Health and Well-being
  - Programme Entrepreneurship
  - Programme Slumdwellers
- More regional focus: 27 countries instead of 36;
- Sector H&W moves out of Latin America as a whole (Peru and Bolivia) and phase out in two Asian countries (Vietnam and Papua New Guinea);



## **New directions Cordaid for 2011-2015**

- **More synergy**
- By creating a multi sectoral programme Conflict and transformation for fragile areas/states. Binding guiding principle will be conflict transformation.
- This implies that Current health and well-being programmes in Burundi, CAR, RDC will have to be supportive to- in one way or another - to conflict transformation;
- In more stable countries such as Zambia, Cameroon, Tanzania synergy at country level will have to be looked for between the different Cordaid sectors and the different organizations involved in the Cordaid coalition. Synergy could be found in terms of common geographical focus, common focus on certain target groups, or common focus on certain topics.
- The implications of this is not clear at this moment of time...



## **New directions Cordaid for 2011-2015**

- Our role as fund provider will remain but bundling forces and working with different stakeholders as a facilitator and a broker towards a common agenda will become more important (communities of change concept);
- The necessity to get partner organizations in the driving seat; Cordaid has no intention to decentralize its operations and get Cordaid field presence everywhere;
- More support to partner organizations so that they can assess directly international funds and get a good track record; new unit is set up for this.
- Much more focus on gender and women right issues in all the programmes.

## **Aim and objectives of H&W progr. 2011-2015**

- To improve the health and socio- economic security status of poor, vulnerable and marginalised people in particular in selected countries
- **Supply side:** to improve the functioning of the health systems and the social protection systems with a strong notion on addressing quality and equity in access to services and making the systems inclusive.
- It means:
  - Improve the quality of the services
  - Improve the equity in the access to services
  - Ensure the most vulnerable groups are being served
  - Ensure girls and women with regard to SRHR issues are being served

## **Aim and objectives of H&W progr. 2011-2015**

- **Demand side:** to empower and strengthen resilience of vulnerable people, notably women and communities in society in order to increase their health and well-being, as well as to strengthen their capacity to demand access to quality health and social protection services. Empowering the clients/users of health and care, giving them voice and ensuring they get strong and organized.
- It means:
  - improve the bargaining power of the users/clients of services
  - address issues as exclusion, stigmatizations
  - build capacities of people (skills and political power) to organize themselves: formation of community based organizations, self help groups, patient associations, professional associations (....).

## Focus in health system strengthening

- **Support (document) innovative interventions around Health financing**
  - Performance based financing/contracting (include SRH indicators)
  - Health insurances/mutuality's: ensuring access for women
  - Equity funds: ensuring access for most vulnerable groups elderly, handicapped, discriminated ethnic groups.
  - Empower the users/clients of health in claiming health rights
- **Support (document) innovative interventions around Human Resource for Health**
  - Retention of staff
  - Getting more health staff: training of health workers, nurses, midwives
  - Use of ICT
- **Support church health associations** to take up **firmly** their role of representation, assistance and guidance of health facilities and liaise with and be a partner of the MOH.

## **Our assumptions around contribution of BPF to improve the health and care systems**

### ***1. PBF leads to more governance, accountability and because of that to more access to international funds:***

- PBF lead to better accountability, governance and more efficient use of scarce resources because of contracting, separation of functions and verification;
- A good track record with working with principle of PBF increases access to international funds such as the EU, USAID and world Bank.

### ***2. PBF leads to higher staff motivation and satisfaction:***

- Principle of PBF empowers the staff of any organization to decide how to manage the receiving funds in order to perform better;
- Principle of PBF leads to better staff performance and higher job satisfaction of staff because staff benefit from better performance.

## **Our assumptions around contribution of BPF to improve the health and care systems**

### **3. PBF leads to more quality and equity in access of the services:**

- PBF improves the quality of the services continuously and enables timely interventions because there is an increased focus on results;
- Working with principle of PBF makes any organization more transparent with regard to productivity, effectiveness of allocation of resources and achieved results;
- PBF is an excellent tool to improve the access to services of vulnerable groups through PBF subsidies and monitor this closely.

### **4. PBF leads to more empowerment of the actors involved in healthcare:**

- PBF empower the users of the system as their judgment on the provided services are being taken into account;
- PBF is a system that brings service providers, regulators, policy makers and users of the services on more equal footing together.



End

**Thank you!**  
**Good Luck!**