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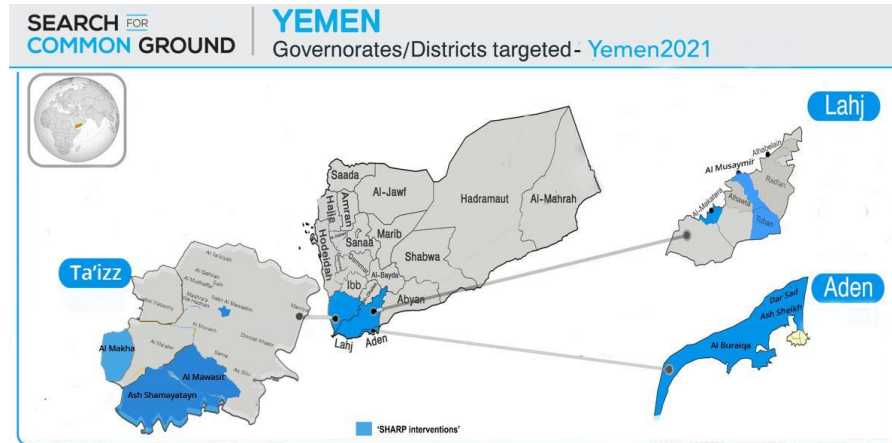
Participatory community dialogue for mitigating conflict through improving local governance of health care provision in Yemen

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Background

- The four-year USAID-funded Systems, Health, and Resiliency Project (SHARP) works in **14 districts of three Yemeni governorates**.
- SHARP works to **reduce maternal and infant mortality by focusing on reproductive, maternal, newborn, and child health, and nutrition**, coupled with support services to mitigate life-threatening challenges such as COVID-19, malnutrition, and diarrhea.



Background

Goals

- Improve maternal and child health outcomes
- Increase community engagement in the health sector
- Improve the **resiliency** of Yemen's health system.

Objectives

- **Create demand** for priority healthcare services
- Improve **access** to care through a referral system, subsidized care, and financing
- Build the **capacity** of health facility staff to deliver high-quality care
- Revitalize **community-level** services by engaging community midwives and volunteers
- Improve **local governance** of health care service provision
- Strengthen **health information** systems to support the management of health services

Background

- Health-related conflicts lead to:
 - disruption of health services
 - increased financial strain on families
 - decreased trust between communities and health providers
 - deterioration of community health
 - and death of children and women, in particular
- Localized violent conflict hinders access to health care services, especially in areas where resources are scarce.
- This paper documents lessons from the application of the **community dialogue approach to identify local conflicts and design solutions** to reduce their health system and services use consequences.

Overview

SHARP/SFCG's focus:

- Systemic and technical impediments to accessing health care.
- Institutionalizing the use of strategic plans to manage community-level health services and methods to identify and resolve challenges.

Multi-sectoral Approach

Targets community members, including influential youth leaders, community leaders, and women as key entry points.

Engages health sector actors at the sub-district and district levels (frontline health workers, nurses, doctors, health center staff, etc.).

Obtains support from health governance actors at the district and governorate levels.

Engages local informal and formal governance actors at the sub-district and district levels (local council members, district directors, village council members, tribal Sheikhs, etc.); relevant to preventive health practices and health promotion activities

Key Message

When communities and health service providers do not have the skills or opportunity to resolve problems through dialogue, conflicts break out, which lead to rising tension, instability, threats, and even death.

IF there are tools to identify and resolve health-related conflicts, THEN health systems will better serve people BECAUSE communities and health service providers will engage in collaborative action to resolve their problems instead of resorting to violence.

Methods: Community Dialogue Approach

Trained 88 Insider mediators (IMs)

- Local health leaders (34.1% females)
- Trained in mediation and dialogue to deal with health-related conflicts

IMs conducted health conflict scans

- Held 129 sessions with **2,279 people**: **1,740 community members** and **539 health workers**
- Identified **72 health conflict cases**

Validation meetings

- **280 people** (109 women) including community leaders, local authorities, midwives, doctors, and nurses attended
- Selected **33 of 72 conflict cases**

Community dialogue sessions

- **514 people** (202 women) including local authorities, health offices, and community members attended
- **33 health conflict cases** were discussed

Health Interventions

- **33 small grant health interventions** identified to contribute to the resolution of health conflicts

Established Conflict Resolution Committee (CRC)

- IMs and social figures/community gatekeepers
- Trained in the development of organizational policies, partnership agreements, and joint action plans.
- **This committee will institutionalize** the community dialogue approach CDA with the support of the **local council and** continue to identify and resolve conflicts when the project ends (**enhance resiliency**)

Results from the Community Dialogue Approach

- Health-related conflicts are rooted in:
 - weak support from local authorities and health offices due to a lack of and competition over resources
 - an over-stretched system
 - frustration over lack of access to services.
- There is a lack of trust between the community and the health facilities, a lack of understanding of communities' needs and constraints, and misaligned expectations.
- Health conflicts include threats of assault, physical assault, insulting and cursing, and stealing health facilities' property.
- Most conflicts involve health facilities versus pregnant women and their male family members.

Case Study: Al-Nabahina Health Unit

- **Where?** Al-Nabahina Health Unit, Qadas, Al Mawasit, Ta'izz.
- **Who?** Owners of the nearby water well vs the manager of the health unit and the village cooperative council.
- **Why?** The water well owners prevented the health unit from installing a barrier to block floods that run into its building. The owners feared that a barrier would damage their well.
- **What happened?** 1) The health unit stopped operating because floods prevented people from accessing care. 2) The well owner violently threatened the village cooperative council (of which the health unit manager is a member) to prevent it from building the barrier. 3) Tensions and the risk for community-wide conflict increased.
- **Proposed solutions:**
 - **Conduct a dialogue to improve the understanding of the needs of all parties.**
 - **Build two support walls (the first wall along the flood pathway to protect the health unit; the second to protect citizens' properties, such as the well and farms).**
 - **Provide medical supplies to the reproductive health department to enhance service provision.**

Needs

- The target community needed physically and financially accessible health facilities and treatments, with technically qualified staff, and adequate equipment.
- The interventions needed were:
 - minor rehabilitation of HFs
 - provision of medical equipment/devices
 - capacity building for health service providers.

Interventions

- Distributed 358 medical devices and equipment to 23 HFs in the project districts.
- Minor rehabilitation (construction) of five HFs to improve client privacy, ensure all-season functionality, prevent further damage, etc.
- Established **nine** CRCs to resolve disputes and improve access to health services.
- 33 local leaders (14 women) trained in good governance, leadership, and trust building to:
 - establish cohesive links between the health representatives and the local authority
 - develop/implement policies and oversee health care services.

Conclusions

- CRCs and well-equipped HFs will help resolve many health conflicts before they escalate.
- Teaching people about the method of community dialogue during the conflict will bring authorities and the community closer and enhance the community's role in solving problems.
- Health systems strengthening efforts in Yemen must take into account the current conflict, local levels of violence, and health stressors.



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