



Towards achieving quality health and wellbeing for all Adolescents and Youth

VSO's Global Health Strategy 2021-2024



Introduction

This document outlines VSO's new and expanded global health portfolio direction. It details the strategic and core principles that underpin VSO's work under the Volunteering for Development (VfD) methodology, the key target groups and its holistic, lifecycle approach, which is central to the intended goals and outcomes. It also describes the global health programme's Theory of Change (ToC), identifying the pathways or pillars of change necessary to reach the set impact and outcomes as well as the results framework that will help monitor how effectively it achieves them.



Background

VSO is an international development agency with over 60 years' experience of addressing poverty and marginalization through its unique approach in working with international, national and local community volunteers. With the vision of a fairer world for everyone, VSO strongly believes that by bringing together people with different perspectives and by working at all levels of society – from individuals to communities to government ministries – volunteers can build trust and support national development efforts in delivering lasting change. VSO's work covers three interlinked thematic areas: Health, Inclusive Education and Resilient Livelihoods.

The Volunteering for Development (VfD) methodology is based on the belief that poor and marginalised people in developing countries, especially in Africa and Asia, have the power, courage and desire to help themselves. What they need are equal opportunities and access to resources. VSO aims to support and enhance their aspirations.

The VfD methodology puts the most marginalised groups at the front and centre of VSO's programmes – in design, delivery and learning. VSO seeks to drive lasting systemic change by focusing on those who are traditionally excluded and marginalised in society – including women, youth, adolescents, LGBTQI+ people, refugees, prison populations, ethnic minorities and those living with disabilities. VSO's passionate, inspiring and adaptive volunteers, both from within these communities themselves and from the international community, play a crucial relational role in working with these marginalised groups to build their capacity, skills and knowledge. This way, communities may direct and take ownership of the changes that take place and, in doing so, take control of their own development and ownership of their own solutions.



Thus, VSO's new global health portfolio direction builds on its experience and demonstrated strengths to improve the quality of health and wellbeing of young people, their families and ultimately their whole community.

During the past five years, the VSO global health portfolio focused on two global programmes implemented separately across fourteen countries¹ in Africa and Asia: Adolescents and Youth Sexual and Reproductive Health and Rights (AYSRRH) and Maternal Newborn Child Health (MNCH).

The new global health portfolio emerged organically as Sexual Reproductive Maternal Newborn Child Adolescent Health (SRMNCAH). It was developed as more of a lifecycle approach, recognizing the different stages of human development in the continuum of care. Previously, the SRMNCAH global programme focused on three main pillars: health workforce capacity development (supply side), demand creation and community engagement (demand side) and linkage and referral (system strengthening).

¹ The countries include Sierra Leone, Tanzania, Ethiopia, Uganda, Rwanda, Mozambique, Zambia, Zimbabwe, Malawi, Lesotho, Eswatini, Nepal, Bangladesh and Pakistan.

New Global Health Portfolio

Target groups

Primary actor² Target Groups

VSO's primary actor groups consist of adolescents and youth aged 10 to 24 years, taking into consideration:

- the WHO definition of adolescents (10 to 19 years old) and youth (15 to 24 years old)
- contextual variations in the definition of 'youth', e.g. in Uganda, the youth age group goes up to 35 years old
- intersectionality in the vulnerability and marginalization of adolescents and youth

- the multidimensionality of factors that lead to poverty and poor health in the populations within which it seeks to have a positive influence.

Secondary actor target groups

VSO's secondary actors or enablers are the key stakeholders that influence the positive transformation of the primary actors. These include stakeholders such as teaching fraternities in schools, religious and traditional leaders in the community, community health workers and/or volunteers, parents, children and siblings in families, as well as social media influencers and journalists.



Diagram 1: Barriers faced by adolescents and youth in SRMNCAH

Underlying causes and presentation of the problem

Adolescents and youth are disproportionately at risk and affected by poor health, hindering their access to inclusive and quality services in SRMNCAH. Please see the diagram below that summarizes the problems faced by adolescents and youth in SRMNCAH.

As a response, the global health portfolio aims for **all adolescents and youth (aged 10 to 24 years), especially those who are marginalized and vulnerable, to achieve the right to quality health and wellbeing, through Volunteering for Development (VfD).**

This is key not only for the future health and prosperity of societies and the enabling of children and adolescents to reach their full potential through their right to quality health and wellbeing, but also to achieving global goals, including the overarching UN Sustainable Development Goals. Achieving these will require a greater focus on the adolescent phase of life. For example, further lowering rates of adolescent pregnancy will be central to reducing maternal mortality and improving child survival.

Holistic lifecycle approach

The VfD methodology is a primary actor-centric approach and seeks to build inclusion, resilience and social accountability across the different levels (individual, community and family, system and policy). The new and expanded SRMNCAHR global health programme – Sexual Reproductive Maternal Newborn Child Adolescent Health and Rights - aims to ensure the quality of health, wellbeing and rights of the adolescents and youth as defined primary actors with particular attention to issues concerning mental health, nutrition and gender identity.

By focusing on adolescents and youth as its primary actors, VSO will be able to use their dynamism and enthusiasm to bring about inclusion (for other marginalised groups) by fostering resilience and wellbeing for all. Adopting the *Continuum of Care and Lifecycle Approach*³ will support the work of designing and implementing a comprehensive approach to health programming that integrates inclusive education and resilient livelihoods and the transforming fragilities lens in its fragile and humanitarian contexts. Please note that the SRMNCAHR global programme fully integrates aspects of nutrition for young mothers and their infants, mental health for all, and sexual identity, among others.

Social accountability promotion initiatives at the community, individual and system levels will support in holding duty bearers⁴ to account for protecting health rights and promoting inclusive health services for adolescents and youth. In addition, interventions on the transformation of harmful social norms and changing the mindset of service providers will also strengthen the access to quality health services for adolescents and youth. Advocacy and policy reform strategies will contribute to the process of creating a conducive policy and legal environment. This includes consideration of social accountability, providing for gender transformative approaches that may drive towards health equality and equity, choice and empowered decision making critical in ensuring Universal Health Coverage (UHC).

² Primary actors are the people and communities that VSO works with. VSO uses the term 'primary' because they are principal contributors to its work, who lead the design and delivery of programmes. VSO uses the term 'actors' because they are active agents. VSO doesn't do development to communities; it works with them.

³ The continuum of care for reproductive, maternal, newborn and child health, as defined by Kerber et al, indicates that individuals should have access to key services throughout the lifecycle including adolescence, pregnancy, childbirth, the postnatal period and childhood.

⁴ Duty-bearers are those actors who have a particular obligation or responsibility to respect, promote and realize human rights and to abstain from human rights violations. The term is most commonly used to refer to State actors, but non-State actors can also be considered duty-bearers, especially if they provide public services such as health care.

The SRMNCAHR global programme is anchored around the WHO framework that describes health systems in terms of six core building blocks namely:

1. service delivery
2. health workforce
3. health information systems
4. access to essential medicines
5. health financing
6. leadership & governance

VSO's global programme endeavours to contribute more directly to the Sustainable Development Goals (SDGs) and specifically SDG 3, that of "ensuring healthy lives and promoting wellbeing for all and at all ages", with particular focus on six of the related targets: 3.1, 3.2, 3.3, 3.4, 3.7 and 3.8, while also contributing to other SDGs.



Landscape analysis

CONTINUUM OF CARE/SRMNCAH

Sexual and reproductive health

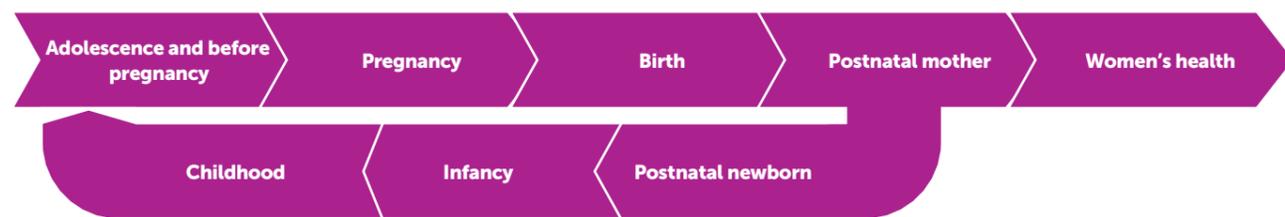


Diagram 2:
Continuum of Care and Life cycle approach



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Mugirente Judith (left), a community health worker, taking part at the front of a sexual reproductive health lesson with Niyonsaba Brown (right), a VSO national volunteer at Umutara School for Deaf children.

Theory of Change (ToC) statement

The ToC presupposes that when both whole communities and the family structures of adolescents and youth come together to address harmful community practices and social norms and when adolescents themselves assert their own agency in addressing issues that act as barriers, adolescents and youth are given the validation and empowerment they need to demand and exercise their health rights (Demand side). Within this, accountability and commitment from all duty-bearers are essential, so then improved access to quality and inclusive health services for adolescents and youth can be achieved (Supply side), within a conducive legal and policy environment.

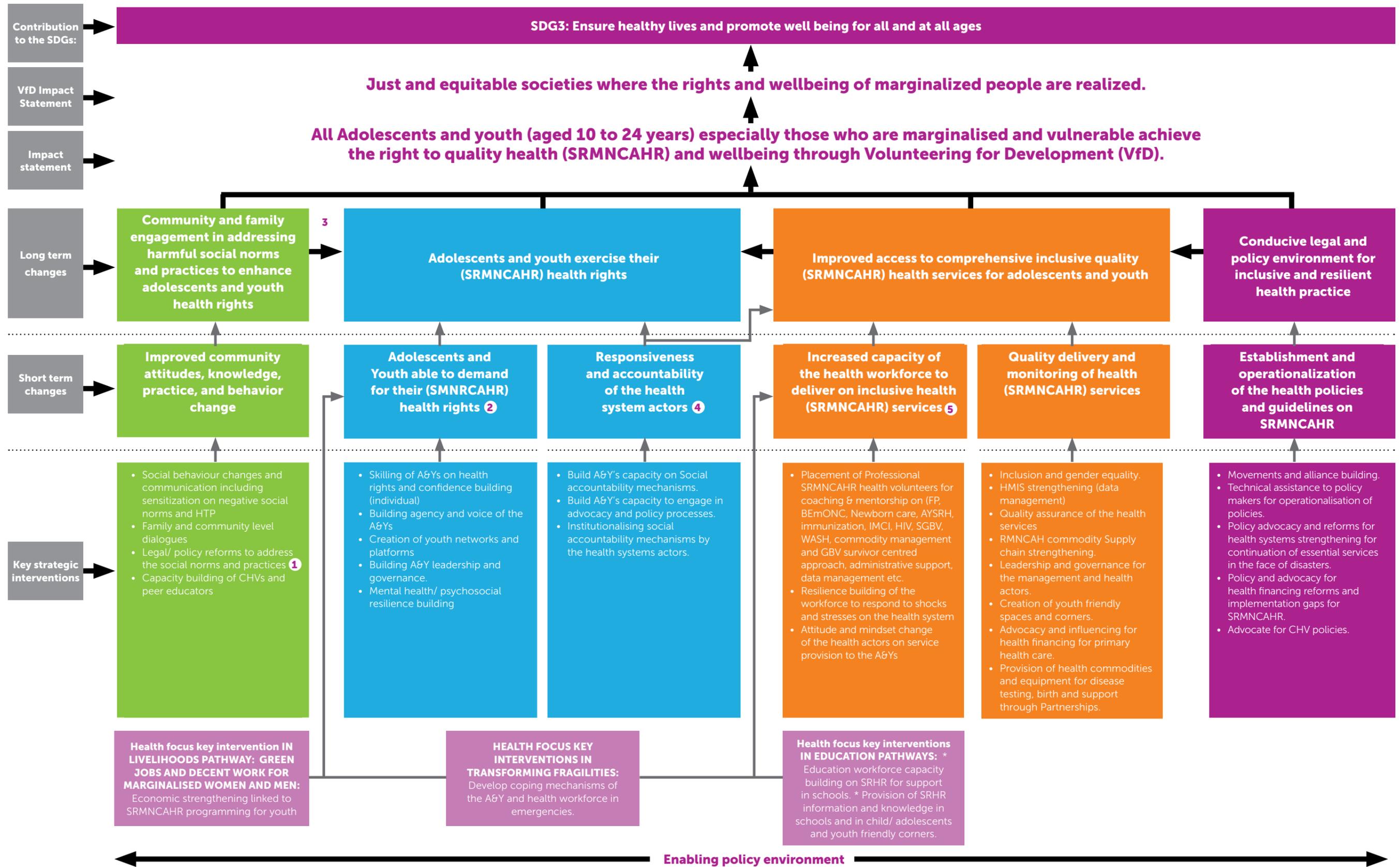
Empowered adolescents and youth working within and as part of the community can significantly contribute to change in social norms, values and practices. Similarly, empowered adolescents and youth can engage and mobilize with policy makers, decision makers and other influencers so that their participation in the community translates to positive change in policies and practices leading to a conducive legal and policy environment for them to claim and exercise their health rights.

VSO's Global Health Portfolio Theory of Change (ToC)

The ToC outlines the impact, long and short-term changes and strategic interventions that will bring changes at four distinct levels, namely community and family, individual, system and policy levels, in line with the VfD framework.

To achieve results, interventions will be designed based on the contextual requirements of the different geographies where the projects will be implemented. Below is a diagrammatic representation of the pathways of the expected change:

Diagram 3: Global Health Programme's Theory of Change



KEY ASSUMPTIONS: 1. Legal and policy reforms in health service provision can influence positive changes in health systems, including combating negative social norms, increasing access to health care among youths, and improvement in health service provision. 2. When A&Ys are empowered to be able to demand their health rights, it will lead to them exercising their SRMNCAHR health rights. 3. Addressing negative social norms and harmful practices at community & family level, will have a positive influence on the A&Ys' individual SRMNCAHR health behaviour. 4. Strengthening the governance and accountability of the health stakeholders supports a more responsive and inclusive health system. 5. When the capacity of the health workforce is improved, it contributes to access to quality health services.

Global core underlying issues in SRMNCAHR affecting A&Ys:

- * Poor general health
- * Menstrual unmet needs
- * Unmet SRH needs
- * Teenage pregnancy
- * Maternal and child mortality & morbidity
- * Child/ Adolescents/ Youth early and Forced Marriage
- * FGM
- * SGBV
- * Child/ Adolescents/ Youth Health Rights
- * Gender discrimination and stigma in access to health services
- * Persistent disruption of essential health services
- * Financial barriers to accessing health services
- * Global health emergencies and pandemics
- * mental and emotional health
- * Poor policy and legal environment
- * Poor health financing
- * harmful social norms and practices
- * hostile, inadequate non-responsive health services

Pathways of change

Community and family-level aspirational change

To bring changes at the community level, the programme aims to improve the knowledge, practice and behaviour of communities. This will lead to changes in attitudes and norms that have been barriers to adolescents and youth enjoying their health rights. Further, understanding the retrogressive norms and addressing them will lead to communities and families prioritising the health needs of the adolescents and youth. These communities will create enabling environments within the families and societies of adolescents and youth, enabling them to access inclusive quality health services.

The new global health portfolio is intended to strengthen the capacity of community health volunteers and peer educators in championing against the harmful traditional practices and social norms in communities. Social behaviour change communication strategies will be implemented to create awareness of SRH information and services at community level. The programme will strengthen the capacity of the community members and their leaders to advocate for policy changes and enforcement at community level. The programme will integrate resilient livelihoods promotion interventions, that will attempt to increase income levels among individuals, families and communities to afford and access quality SRMNAHR services.

Individual changes of agency and voice

Interventions will be designed with youth and adolescents at the centre and with the focus on strengthening their leadership, engagement and networking skills to enable them to raise their voices and concerns. Meaningful youth engagement in social accountability procedures and mechanisms will also contribute to the promotion of citizens' monitoring for the improvement of inclusive and quality health services. Youth alliances, movements and networks will be strengthened and these will enable youth and adolescents to demand their health rights. It is essential that their technical knowledge of the health agenda is enhanced to

strengthen their understanding and contribution and to disseminate accurate information at various levels. Additionally, there will also be a focus on increasing the skills of youth and adolescents to prioritize their income for empowering their decision making and ability to access quality health services. Youth will be encouraged to exercise their rights so that they are better included in leadership and governance and imbued with an increased understanding of their health rights.

Health systems-level aspirations

To improve access to quality comprehensive and inclusive health services, there is a need to increase the accountability of duty-bearers and this calls for interventions in strengthening the capacity of stakeholders on health information and data management systems, quality assurance and the promotion of inclusiveness and resilience. These strategic interventions will promote leadership and governance mechanisms within the health system that will contribute to increasing access to health services for all including contexts of fragility and natural or other disasters. Planned interventions in strengthening the capacity of health workers will advocate for and influence health financing for primary health care and health policy reforms. There are also interventions on Comprehensive Sexuality Education (CSE) for strengthening the capacity of the education workforce, specifically in the field of adolescent sexual and reproductive health and the promotion of dedicated information/youth-friendly corners for improving knowledge of SRMNAHR amongst youth and adolescents in schools and out of schools.

Endorsement and operationalization of policies

It is essential for VSO to provide technical support to relevant government agencies in developing and implementing the policies and legal reforms required for promoting youth and adolescent health rights. These interventions can be aligned with accountability promotion interventions where there will be the adoption of citizen-led monitoring for the measurement of progress on implementation of policies and guidelines.

Key health strategic interventions

The key strategic interventions engaged through the programme will be looking at the level at which intervention is implemented – individual, community, system or policy. These have been designed in line with VSO's VfD pathways. It is key to consider that SRMNAHR related interventions will be integrated with other practice areas such as education and livelihoods for greater impact, effectiveness and efficiency. Digital technology will be considered vital at all levels of engagement, especially taking into consideration the primary actor target group of adolescents and youth. A full understanding of the operating context of media/digital access and literacy of the target group will be of critical importance.



Key assumptions of the Theory of Change:

Key assumptions are the necessary conditions for overall change to happen. The assumptions of the ToC are based on the causal linkages between the longterm and short-term changes, impacting the different domains of change levels. The global health programme will rest on five key assumptions in line with the pathways of change that will be tested through implementation:

1. Legal and policy reforms in health service provision can influence positive changes in health systems, including combating negative social norms, increasing access to health care among youths and improvement in health service provision.
2. When adolescents and youth are empowered to demand their health rights, this will lead to them fully exercising all of their rights.
3. Addressing negative social norms and harmful practices at community and family level will have a positive influence on individual adolescent and youth behaviours.
4. Strengthening the governance and accountability of health actor supports will help to contribute to a more responsive and inclusive health system.
5. When the capacity of the health workforce is improved, this contributes to improving access to quality health services.



VSO Volunteer and NHS midwife Sarika trains midwives after resuscitation at Mulu Asefa Primary Hospital, Ethiopia.

Key diagnostics and models to be undertaken in the delivery of the global programme

The key diagnostics and models are intrinsic to the SRMNCAHR global programme and will be used in the delivery of the global programme. Please see the table below for a summary of the key diagnostics

Diagnostics	
Social Exclusion and Gender Analysis (SEGA)	VSO health projects will undertake a SEGA analysis at the country level (MEGA analysis) to help inform projects undertaken in the country on the various complex and multidimensional factors and processes by which the most vulnerable are systematically denied rights, resources, services, opportunities and dignity, and the ability to participate fully in social, economic, cultural, and political life: The SEGA will help ensure that VSO health projects linking to the global programme are based on robust evidence and analysis around these factors.
Political Economy Analysis (PEA)	VSO health projects will undertake a PEA at country level to better understand the political, economic, and social barriers to transformative change in the health sector. The PEA will help in understanding how power and resources are distributed and the incentives around policy processes and decisions.
Conflict sensitive analysis	The conflict sensitivity analysis will be undertaken to explore the peace and conflict dynamics in adapting health (SRMNCAHR) into humanitarian and emergency contexts. The analysis will help VSO in understanding the nexus between development and conflict dynamics in designing and delivering its health projects in a manner that transforms fragilities through mitigating anticipated conflict and facilitating peace in fragile contexts.
Health system risk assessment	The health systems risk assessment will be undertaken to analyse risks and hazards impacting the health system and health of the primary actors. This will be critical in designing projects that take into consideration mitigation measures to address the impacts of the hazards and enable the primary actors in coping with any stress or shocks that may arise from the identified risks and hazards.
Vulnerability assessment	Vulnerability assessments will be undertaken to analyse the capacity of the primary actors to withstand the effects and impact of health hazards. Understanding the primary actors risks and assessing their vulnerability to these risks will help in designing project interventions that help reduce the risks and strengthen the coping mechanisms.
Safeguarding assessment	Safeguarding assessments will be undertaken for each project designed in order to understand the likelihood and consequences of abuse in communities that VSO works in. This is key in determining measures to ensure that the potential harm does not happen and designing interventions that facilitate safety and protection from harm for all.
Health workforce capacity assessment	The health workforce capacity assessment will help in understanding the gaps and needs of the health workforce and subsequently facilitate the effective support to the workforce in delivering quality health services.
SRMNCAHR Policy review	The SRMNCAHR policy reviews at country level will be key in determining the relevance of a policy in a changing and dynamic context in delivering what the policy was meant to deliver or determine if there are gaps or changes required to ensure the effectiveness of the policy. This will form the basis for VSO's health policy advocacy work.

VSO's global health portfolio will continuously embed in its programmatic cycle key models that have been piloted over the past years. These will include Peer to Peer, interactive fora (e.g. theatre, dramas, radios), Sport for SRMNCAHR, Comprehensive Sexuality Education (CSE), and Male engagement.

VfD Global Health and Monitoring for Impact

It is critical that interventions are evidence-driven and impactful. VSO will use a systematic process of designing, setting up and practising participatory planning monitoring, evaluation and learning under its Measuring Impact for Learning and Empowerment (MILE) approach. The MILE approach will drive an operational research agenda throughout the portfolio to ask the time-sensitive questions that will enable programmes to adapt and improve. It will also enable resources to be focused on the most impactful interventions.

Global Health Programme Indicators

VSO's Global Health Programme level indicators have been designed to measure the impact of VSO's work with primary actors at individual, community and family, systems and policy level. The global health indicators and related outcomes based on the strategic pathways for health as envisioned in VSO's Global Health Programme are:

Strategic Health Pathway	Global Health Results Outcomes	Global Health Indicators
VfD Outcome level: Community and Family Level		
Community and family engagement in addressing harmful social norms and practices to enhance adolescents and youth health rights.	Outcome 1: Increased community engagement in addressing HTPs and social norms practices to enhance A&Y SRMNCAH rights.	Indicators: 1. Evidence of initiatives from communities and families to address social norms and harmful practices towards adolescents and youth.
VfD Outcome Level: Individual Level		
Adolescents and youth exercise their (SRMNCAH) health and rights.	Outcome 2: Increased engagement and agency of A&Y in exercising their SRMNCAH rights.	Indicators: 1. Proportion of adolescents and youth who demonstrate evidence of exercising their SRMNCAH rights. 2. The level of satisfaction of the adolescents and youth with engagement in exercising their SRMNCAH rights. 3. Number of initiatives by adolescents and youth to exercise their SRMNCAH rights.
VfD Outcome Level: Systems Level		
Improved access to comprehensive inclusive quality (SRMNCAHR) health services for adolescents and youth.	Outcome 3: Improved access to comprehensive inclusive quality (SRMNCAHR) health services for adolescents and youth.	Indicators: 1. Proportion of adolescents and youth reporting access to comprehensive, and inclusive SRMNCAHR services. 2. Number of reported SRMNCAHR health services that have been accessed by the adolescents and youth.
VfD Outcomes Level: Policy Level		
Conducive legal and policy environment for inclusive and resilient health practice.	Outcome 4: Improved legal and policy environment for inclusive and resilience health practice.	Indicators: The extent to which the policy and guidelines address the SRMNCAHR issues faced by adolescents and youth.



Petronella Mwelwa, right is a community-based distributor of contraceptives on the island of Mbabala, Zambia.

These global health portfolio indicators summarise how VSO will address the challenges faced by primary actors in SRMNCAHR, tackling the structural and systemic issues that hinder the achievement of universal health care for all, including adolescents and other marginalised people.

High risks affecting the health programming

Given the current global health landscape, there are existing and emerging risks that could impact this health programme, including conflict and political instability, natural disasters and pandemics (e.g. COVID-19), as well as the unavailability of necessary technical skills and systems and unsustainable and inadequate resources. VSO remains aware of these risks and are working to mitigate them, adapting where possible.

Strategic partners and key donors

To deliver on this programme, through a multisectoral approach, VSO plans to work in collaboration with governments, partners and other key stakeholders to strengthen the health system building blocks to enhance the provision of inclusive quality health services for individuals, families and communities.

VSO recognizes that partnerships will be key to delivering this programme, especially through its VfD method as a comparative approach.

To ensure that VSO can work to build and strengthen the partnerships it needs, it plans to:

- Refine and build out its portfolio for example, its regional and global advocacy partners
- Leverage key partnerships within VSO – for example, youth engagement partners and youth platforms
- Revisit past academic partners to support the evidence base for VSO's impact
- Explore potential partners to complement VSO's intervention areas and accelerate its contribution as part of the global portfolio – for example, youth-focused organizations and peer agencies with strong credibility in the youth health space
- Identify funding partners that are primes/subs of those target donors that align well with VSO's new focus.

Geographic focus

VSO recognizes the need to be more focused in its global health interventions in line with the new ambition to scale up VfD in health. It became apparent throughout the global portfolio design process that VSO's resources (finance, systems and processes, human resources etc) should be effectively and efficiently invested in countries where there is certainly a strong need of SRMNCAHR for adolescents and youth. The global and in country context analysis in few countries corroborated the need to prioritize the following countries: Ethiopia, Kenya, Mozambique, Myanmar, Nepal, Rwanda, Uganda, Zambia and Zimbabwe. This prioritization takes into consideration not only the current

SRMNCAHR situation in these countries but also their previous track record in health and present opportunity to scale its VfD. Please note that whilst VSO'S global health portfolio prioritises these countries, the learnings will be extended to other countries by taking into consideration their local context.

Competencies and capabilities

To deliver the new global health direction, key competencies and capabilities are required within the VSO workforce, which includes:

1. Permanent core team roles
2. An highly committed adaptive workforce (e.g. FT employees on full term contract, Volunteers)
3. VSO Adaptive talent (e.g. short term, remote volunteers, Returned Volunteers)
4. External unmanaged talent (e.g. national youth networks, partner organisations)
5. Externally managed talent (including consultants and partners).

Core capabilities were identified during the global portfolio design process including Advocacy Advisor, Youth Engagement Specialist, SRMNCAHR researcher, M-health specialist, etc, at global level. Sexual Reproductive Health and Rights or Mental Psychosocial Support Specialist are also deemed to be suited to a clinical setting, Youth Peer educators or community health specialist within the community. A careful analysis of the skill sets needed will be undertaken and can be monitored and adapted throughout the programme cycle.

Conclusion

Over the past year, the COVID-19 pandemic has significantly changed our lives. We have all become accustomed to different ways of working and the pandemic has both jeopardised ongoing projects and set back gains already made, particularly in young women's access to health services, the fight against domestic violence and livelihoods for marginalised and vulnerable people. Likewise, COVID-19 has also highlighted a weak health system unable to ensure universal health coverage for all through inclusive access to quality services for adolescents and youth. However, through VSO's VfD methodology, VSO – has been able to help mobilise community volunteers alongside international volunteers to respond to the pandemic and ensure the continuation of essential services for the most marginalised and vulnerable people.

VSO's new global health strategy aims to ensure that all adolescents and youth, no matter the marginalisation or vulnerability they are facing, fully exercise their rights to quality SRMNCAHR and well-being in line with the SDGs and Universal Health Coverage. VSO's VfD – with volunteers embedded within the community and from the community – will continue to collaborate in providing VSO's critical supporting role with greater efficiency and renewed vigour and central to achieving the set goal in a sustainable and impactful way. This will certainly ensure that VSO contributes to unleashing the potential of adolescents and youth so that they can play a more active role in socio-economic transformation of their societies.



Peer educators Precious (purple t-shirt) and Douglas (green shirt) conducting a community Radio Listening Club with the youth and adolescents in Samfya, Zambia.



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