



IRC Health Strategy

| FY2023-2027

Photo: Dr. Mohammed Isa Goni at the Mashamari Stabilization center in Nigeria with Hafsat Muhammad and her 10-month-old baby, Muhammad Ali, who was discharged after recovering from severe acute malnutrition.

Sector Analysis and problem statement

A new axis of inequality is emerging in global health. The disparities between East and West, North and South, even higher and lower income countries, are becoming less pronounced. At the same time, gaping inequalities have emerged between stable settings and those affected by crisis, including the climate crisis, and conflict.

Dramatic improvements in global health indicators have been driven by progress in stable settings. But people affected by crisis and conflict are being left behind. Scaling up solutions including immunization, contraception, oral rehydration salts and skilled birth attendants has resulted in a 60% reduction in child mortality and a 47% reduction in maternal mortality over the last two decades. In stable settings, these gains have been achieved largely by working through health facilities and through government-led health programs and systems. In fragile settings, even the most basic facilities may be inaccessible to clients or unable to sustain service delivery in the face of conflict and crisis. Likewise, government programs are frequently unable or unwilling to reach humanitarian populations.

As a result, in places where the IRC works, maternal and child mortality remain up to five times higher than global averages. Likewise, the 20 countries where IRC provides family planning represent just 14% of the global population but 30% of the global unmet need for contraception. People living in fragile contexts are twice as likely to lack access to safely managed water and sanitation services. Inequalities are exacerbated for women and girls who face both crisis and harmful gender norms.

The core challenge facing global health today is ensuring that the solutions and delivery systems that have improved health around the world reach people in fragile settings.

Meeting this challenge is squarely aligned with IRCs mission: helping people whose lives are shattered by crisis and conflict, including the climate crisis, to survive, recover and gain control of their future.

The IRC's Role in the Sector

Within the scope of humanitarian health organizations, IRC is a mid-sized implementer with a track record of working in some of the most challenging and most fragile settings. IRC's health work, delivered directly and in partnership, is significant in scale. In 2022, IRC supported 3,137 health facilities making essential health services available to 29.2 million people, a wide potential reach but also only 10% of the total humanitarian need (274 million people).

Despite our mid-sized direct impact, IRC is known in the humanitarian health sector for exerting outsized influence through the strength of our voice and the power of our ideas. This is particularly true in areas like nutrition and sexual and reproductive health and rights (SRHR) where our combined efforts in delivery and influence have been most focused to date.

In these areas we have the potential to deliver impacts for many more clients than we can serve directly by strengthening systems, reforming policies, and influencing the flow of resources at national and global levels.

Our greatest contributions to the humanitarian health ecosystem lie at the nexus of our programming and our influence. This is well aligned with IRC's vision statement which aims to achieve reach through the combined impact of our programs and the power of our influence. Finally, Strategy100 highlights that IRC aims to achieve the mission and vision through investment in five strategic goals - Impact, Scale, People, Influence and Funding.

Priority Interventions

Based on the IRC's mission, vision and sector positioning, this strategy prioritizes efforts and resources not only where we can combine delivery and influence, but where we can bring the full range of IRC's strategic investments—**in Impact, Scale, People, Influence and Funding**—to bear. For the next five years these priorities will include **Nutrition, Immunization, Contraception, Infectious Disease Prevention and Control, Last Mile Delivery of Primary Health Care and Clean Water.**

In our Outcomes and Evidence Framework (OEF), IRC defines five health outcomes:

- 1** Children survive and are healthy
- 2** Children are well nourished and protected from all forms of undernutrition
- 3** Women and girls achieve their sexual and reproductive health and rights
- 4** Adolescents and adults are physically and mentally healthy
- 5** People access water, sanitation, and hygiene services and live in an enhanced environment

As we advance the health outcomes through the OEF in the next 5 years, **we will prioritize interventions where we have:**



A track record of programmatic **impact** including innovative approaches to improving quality and client-responsiveness



The potential for **scale**, reaching more people across more contexts with evidence-based solutions and strategic partnerships



People on our teams with world-class expertise, drive, and support to meet ambitious goals



The **influence** – rooted in the example of our programs and the power of ideas to drive systems change that amplifies our impacts beyond the scope of direct service delivery



A competitive edge for large-scale, sustained **funding** needed to fuel each of the above



The opportunity to meet **unmet needs**, in keeping with IRC's exit/entry criteria



Priority interventions:

Photo: Dr. Sila Monthe, an IRC health manager for the IRC in Kenya, checking 1-year-old Vanessa for malnutrition in the Kakuma refugee camp who was showing signs of malnutrition and has been receiving treatment ever since.

Reviewing our current portfolio, our opportunities, and the feedback from extensive consultation across the organization against these criteria we have identified **six priority interventions**.

1. Nutrition

The IRC reaches 2.9M clients across 21 country programs to prevent, detect and treat multiple forms of undernutrition. Scaling delivery of wasting treatment specifically is a programmatic, research and policy priority. In FY23-27 we will focus on:

scaling delivery of wasting treatment through programs, impact and **influence**;

developing effective programming and building the evidence base around prevention of wasting, micronutrient deficiencies, multisectoral approaches linking health, environmental health, economic recovery, livelihoods, food systems, and early childhood development interventions, innovative supply chain solutions, and the intersection of climate change and malnutrition in fragile contexts.

2. Immunization

The IRC successfully lobbied Gavi to engage NGOs as delivery partners to extend the reach of government systems for vaccine delivery. We received \$50M in funding to reach zero-dose children in crisis and conflict settings in the Horn of Africa. Sixteen IRC country programs are currently implementing immunization services, including integrated services with primary health care. In FY23-27 we will focus on:

scaling delivery of childhood immunizations to zero-dose children and missed communities; **exploring, developing and building the evidence base** for integration of

vaccination with primary health care, cross-border delivery, local partnerships, innovative approaches to demand creation and harnessing data to drive coverage and equity.

3. Contraception

Sexual and reproductive health and rights is a priority for 20 IRC country programs, with the prevention of unintended pregnancies through contraception as a core strategy. IRC currently supports the provision of 400,000 couple years of protection annually. In FY23-27 we will focus on:

scaling reliable access to contraception with a focus on long-acting reversible methods; extending reach and resilience (including climate resilience) of contraception services through community-based and self-care programming;

exploring developing and building the evidence base to maximize couple-years of protection from pregnancy among those most in need by reaching youth and adolescents; integrating contraception within primary health care, particularly maternal and newborn health, as well as women's protection and empowerment; shifting power to local, women-led organizations and transforming harmful gender norms and changing policies that inhibit sexual and reproductive health and rights.



Photo: IRC community health worker, Ma Hla Hla May, gives Health Education sessions to her neighbors in Da Paing IDP camp in the outskirts of Sittwe, Myanmar.

4. Infectious Disease Prevention and Control

The IRC has developed a system for strengthening and monitoring Infection Prevention and Control (IPC) at health facility level in fragile settings currently in use in 25 countries. These are complemented by community level WASH activities that prevent and control infections by promoting access to clean water and proper sanitation and hygiene practices. In FY23-27 we will focus on:

scaling facility-based IPC AND community-based WASH solutions including building handwashing stations in health facilities, schools and households, promoting safe hygiene and sanitation practices, and regular IPC monitoring;

exploring, developing and building the evidence base on achieving and sustaining adherence to facility level IPC standards in fragile settings through a systems strengthening approach; leveraging human centered design and behavioral science to improve hygiene and sanitation practices.

5. Last-mile delivery of Primary Health Care

The IRC innovates to scale efficient last mile delivery of essential health services. Last mile delivery contributes to equitable access to quality health services and enables multiple health outcomes. In FY23-27 we will focus on:

scaling delivery of essential health services and interventions through integrated, community level models such as iCCM, CBMNC, self-care and community-based chronic care by supporting and influencing community health worker (CHW) systems;

exploring, developing, and building the evidence base

for sustaining health services during shocks, supporting and influencing CHW systems, self-care models and emergency preparedness as well as multisectoral approaches that integrate health programming with that of other IRC programming areas including economic wellbeing, protection, and early childhood development.

6. Clean Water

Access to clean water is critical for health, economic opportunity, and safety. Inadequate and unreliable access to clean water is further threatened by climate change. The IRC is building on and adapting our longstanding work on WASH to expand reliable access to clean water in fragile settings bearing the brunt of climate change. Seventeen country programs have prioritized WASH. In FY23-27 we will focus on:

scaling the delivery of safe water for multiple outcomes, including through emerging innovations and climate adaptation to improve the reliability, carbon footprint and long-run costs of water systems¹,

exploring, developing and building the evidence base on how to design systems for increasingly frequent climate events from the outset, integrated programming that links water access, health, economic support and protection, and leveraging technology including GPS, mobile phones and remote sensing to collect and manage data on water systems.

These six priority areas do not encompass ALL of the IRC's work on health. We will continue to be context specific and respond to client needs. For example, this is likely to include continued work on non-communicable diseases (NCDs) and mental health and psychosocial support (MHPSS) where relevant. These priorities are, however, areas where we envision focusing central resources across relevant contexts to achieve maximum impact.

¹ This could include technology that captures water where it falls to prevent flooding and maximize safe water during droughts, remote monitoring of boreholes, optimized siting to accommodate both human and livestock water need.

How will we know if we're succeeding: Goals and Targets

The goals and targets reflect IRC's dual ambitions on health. First, scaling delivery of both well-known and emerging solutions and, second, driving systems change that takes those solutions to sector-wide scale, far beyond IRC's direct reach.

Priority Intervention Area	Total Estimated Need	IRC's Current Annual Reach (2021)	Target Annual Reach by 2027	Total Annual INDIRECT Reach through influence & systems change by 2027
 Nutrition (wasting treatment)	18M children in fragile settings	400,000 children	930,000 children (aggregate SAP target from CPs)	Flip the 80% wasting treatment gap to 80% coverage by 2030
 Immunization (ZDC or under- vaccinated children)	25 million (globally)	240,300 children received DPT3 Vaccine	5 million children received DPT3 vaccine	Increased allocation of Gavi's funding to local and frontline implementing agencies (~25%)
 Contraception	53 million women with unmet need	392,838 (clients starting modern contraceptive methods) 110,239 (unintended pregnancies averted)	3.2M Couple Years of Protection (CYP) 921,000 unintended pregnancies prevented	-MISP is implemented in every emergency response
 Infectious Disease Prevention and Control <ul style="list-style-type: none"> - health facility WASH systems (IPC) - community level WASH systems 	50% of health facilities lack access to basic water and 63% of health facilities lack basic sanitation services in LDCs	27% of IRC supported Health facilities met 80% on IPC score (2021)	80% of IRC supported health facilities achieve 80% on IPC evaluation tool 3.3 million clients receiving direct hygiene promotion (aggregate SAP target from CPs)	This is a new influence area. Influence goal is being developed.
 Last Mile Delivery of PHC	A projected shortfall of 10 million health workers by 2030	15,328 CHWs deployed (trained, resourced, supported) 806,413 Clients reached by CHWs/ community-based services	30,000 CHWs deployed (trained, resourced, supported) 5 million Clients reached by CHWs/ community-based services	This is a new influence area. Influence goal is being developed.
 Clean Water	771 million people lack access to basic drinking water services	3.49M clients provided with access to clean water in FY 22	5.5 million reached WASH infrastructure (aggregate SAP target from CPs)	This is a new influence area. Influence goal is being developed.