

## Summary of the Social Appraisal Summary

This social appraisal addresses the questions: a) does the programme reflect a robust understanding of poverty and the social context? and b) which groups of poor people will benefit and how?<sup>1</sup>

### *Understanding of poverty and social context:*

The HPS reflects an appropriate understanding of poverty and social context internationally through a focus on:

- The Millennium Development Goals (MDGs), with particular emphasis on contributions to MDGs 4, 5, and 6 relating to child mortality, maternal health and communicable diseases respectively.
- The principles of aid effectiveness established in the 2005 Paris Declaration on Aid Effectiveness and the 2008 Accra Agenda for Action.
- DFID priority countries, to ensure the scheme reaches populations that have a recognised social and economic need, and where results are most likely to be achieved.<sup>2</sup>
- Underserved poor communities with emphasis on improved primary health care in rural settings.<sup>3</sup>
- Longer-term volunteering to improve continuity of support, understanding of country context and relevance of links activities.

Review of the available literature on health links, poverty and social context points to some additional issues that need to be addressed in procurement of the management agent. These include mechanisms to: facilitate dialogue across a wide range of stakeholders at different structural levels in the UK and partner countries; undertake reliable social appraisals and risk assessments in multiple country settings; promote the principles of gender equity, inclusiveness and diversity; and ensure an appropriate balance between mutual benefit and the priorities of partner countries.

### *Which groups of poor people will benefit and how?*

Department of Health reports<sup>4</sup> suggest that contributions to improved capacity of healthcare workers in the UK and partner countries can lead to improved health services for the general public, especially when supported by other sector strengthening activities. The HPS emphasis on women and children, and poor underserved communities means that these population groups are likely to be particular beneficiaries. Notably, the 2008 evaluation of health links suggests that measurable evidence on the benefits of health links is rather weak. This underscores the need for the management agent to establish strong M&E systems to provide substantive data for 'managing for results'. Stakeholder analysis suggests that successful programme implementation could result in direct and indirect benefits for key stakeholders; however negative effects could arise from: unacceptable increases in management, administration, financial and/or M&E burdens; inadequate management and mitigation of risk; and failure to observe the principles of aid effectiveness.

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<sup>1</sup> DFID. 2005. *Essential Guide to Rules and Tools: The Blue Book*. Section B5:2. London:DFID

<sup>2</sup> <http://www.dfid.gov.uk/Media-Room/News-Stories/2010/Aid-budget-to-be-refocused-to-deliver-better-results/>

<sup>3</sup> Note this is not intended to preclude links activities for the urban poor, or other aspects of health sector strengthening if these are priorities for partner countries.

<sup>4</sup> See Department of Health. 2010. *Framework for NHS Involvement in International Development*.

<http://www.ihlc.org.uk/news/framework.htm>