

# Health

## EXTERNAL BACKGROUND

Global health continues to enjoy enormous attention as a result of the large number of international health targets that have been set<sup>1</sup>. Despite this, one child still dies every three seconds from diseases like pneumonia, diarrhoea and malaria and each year, over half a million women die as a result of complications in pregnancy and childbirth.

Developing countries continue to bear the brunt of preventable diseases such as HIV and AIDS, tuberculosis (TB) and malaria. Under-investment in health systems continues and there is still a chronic shortage of skilled health workers – four million more are required to meet World Health Organisation (WHO) minimum requirements<sup>2</sup>.

## INTERNAL BACKGROUND

- VSO has continued to increase the impact of its work in health over the past 12 months – there has been an increase in the number of partner organisations that health programmes are working with and more VSO volunteers supporting work in health. As a result expenditure on VSO's work in health has increased by over £1 million.
- The number of dedicated health programmes remained at nine<sup>3</sup>, but three more VSO programmes – Burkina Faso, Tanzania and Zimbabwe – completed the process of health programme development. Therefore next year the number of dedicated health programmes planning to contribute towards meeting VSO's health corporate programme objectives will be 12.
- However, it's worth noting that VSO's health programme in Indonesia had to be suspended part way through the reporting period due to challenges securing a new Memorandum of Understanding (MoU) with the Government of Indonesia. This may mean that the actual number of health programmes contributing next year towards VSO's health corporate programme objectives will be 11.
- Health volunteers continue to be placed in other programmes, most notably HIV and AIDS and Disability.
- VSO's five-year health strategy (with new corporate programme objectives) was signed off.
- VSO's health advocacy strategy, *Valuing Health Workers*, was launched and research began in four countries.<sup>4</sup>
- Recruitment of sufficient numbers of health volunteers to meet programme/partner demand continued to be a key challenge.

## PROGRESS TOWARDS CORPORATE PROGRAMME OBJECTIVES

**1) Increase the number of skilled, supported and motivated health workers and so improve standards of health care delivery to the most vulnerable.**

There has been good progress against this objective. Nine programmes work with 99 partners.

<sup>1</sup> Eg Millennium Development Goals four, five and six; UNGASS declaration on Universal Access to HIV and AIDS prevention, treatment and care; UN Human Resources for Health target for one million more health workers by 2012; 2001 Abuja declaration of African governments to spend 15% of GDP on health, etc.

<sup>2</sup> WHO recommends a minimum threshold of 2.3 doctors, nurses and midwives per 1,000 people

<sup>3</sup> Cambodia, Ethiopia, Indonesia, Malawi, Mongolia, Sierra Leone, Sri Lanka, Tajikistan, Uganda

<sup>4</sup> Uganda, Sierra Leone, Cambodia and Malawi.



Several VSO programmes work with government health training institutions. Volunteers provide improved pre-service training to students and support national health training curricula development and the introduction of improved training methods. There has been an increase in the number of students enrolled, trained and graduating. For example, in Sierra Leone, three VSO volunteers at the School of Community Health Sciences in Bo are responsible for training 100 nurses, community health officers and community health assistants.

VSO volunteers support continuous professional development of health workers through the provision of on-the-job training. This includes practical demonstration on wards, the introduction of classroom-based training within health care settings, development of practical rooms and resource libraries to support continuous learning. In Sri Lanka, VSO volunteers from the mental health programme working with the National Institute of Mental Health have developed a team of 30 nurse trainers; and together they have delivered training in the prevention and management of violence and aggression to over 600 health workers.

VSO volunteers have brought about attitudinal change amongst their colleagues in terms of commitment to delivering safer health services to patients. Outcomes include the adoption of standard operating procedures and improved infection control by health staff. At Darkhan Hospital in Mongolia, the percentage of nurses demonstrating practical and theoretical knowledge about infection control has increased from 55% to 81% in less than a year as a direct result of training provided by a VSO volunteer.

## **2) Strengthen management capacity at all levels of the health system so that the most disadvantaged receive appropriate, accessible and quality health care.**

There has been good progress against this objective. Nine programmes work with 84 partners.

VSO volunteers have contributed to improvements in the management of government and non-government health facilities. This includes better strategic planning, support to income generation including fundraising, stronger health management information systems, better patient referral systems, the introduction of more multi-disciplinary working, development of standard operating procedures and more efficiently managed laboratory services.

In Malawi, a VSO volunteer placed with the Central Ministry of Health has developed a national Human Resources Management Information System that is now being introduced into district health offices and at central hospitals across the country. In Cambodia, quality improvement assessments conducted by the Ministry of Health have shown that three hospitals supported by VSO health management advisers have improved significantly in terms of their overall management and service delivery.<sup>5</sup>

## **3) Build the capacity of the most vulnerable communities to have greater influence in the planning and provision of community, district and national health services.**

There has been good progress against this objective. Nine programmes work with 57 partners.

VSO health programmes are working to ensure that improved community based health care initiatives are linked to the national primary health care system. VSO works with partner organisations to improve the recruitment, training, support, supervision and motivation of community health workers and volunteers. As a result, the capacity of community health workforces to deliver better public health campaigns has improved. VSO is also working to empower local communities themselves to be more involved in the planning, design, delivery, monitoring and evaluation of their own health services. In Indonesia, VSO volunteers have supported the development of 50 *Desa Siaga* (Alert Villages) in West Timor. Networks of community members responsible for coordinating how to respond to complicated pregnancies and emergency deliveries have been established in each village. These community groups also provide education on reproductive health, family planning and mother and child nutrition.

Health programmes also support the development and delivery of improved health information to vulnerable communities. In Tajikistan, a VSO volunteer has worked with the Association for Parents of Disabled Children to produce a documentary that was aired on national television to raise awareness about the rights of disabled people to health care. In Uganda, the VSO volunteer working in Miriyya sub-

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<sup>5</sup> The MoH assessment scores in 2008 for Mongkul Borei Regional Hospital, Preah Net Preah Regional Hospital, and Thmar Pouk Regional Hospital in terms of management performance and service delivery were 83%, 78% and 70% respectively. In 2009 they increased to 93%, 87.7% and 88% respectively.

district has continued to build the capacity of village health volunteer teams. There is evidence of a reduction in malaria rates as a result of health education work that increased the distribution and use of bed-nets. Village volunteers are now focusing their efforts on promoting the importance of childhood immunisation, clean drinking water and improved hygiene and sanitation.

#### **4) Strengthen local and national health research through increasing involvement of vulnerable communities, resulting in pro-poor health policy change at national and international level.**

There has been limited progress against this objective. Six programmes work with 14 partners.

Programmes are addressing how to make health services more inclusive and accessible, focusing on vulnerable women and children, people with disabilities and people living with HIV and AIDS. In Cambodia, a provincial health promotion unit and a VSO behaviour change communication volunteer carried out a research survey in 29 villages to gain first hand information on knowledge and practice in the local villages, covering a selected range of health-related issues<sup>6</sup>. A total of 580 people were involved in the survey. The results will help the provincial health department to plan appropriate and targeted health promotion and behaviour change interventions in the future.

VSO launched the *Valuing Health Workers* advocacy strategy in the past 12 months that aims to bring increased attention to the importance of the human resource crisis in developing countries. Volunteer researchers in four countries – Uganda, Sierra Leone, Cambodia and Malawi – began participatory research asking health workers themselves about the constraints they face, and the effect of health worker attitudes, behaviours and practices on service users access to quality health care. The evidence gathered will be used to inform national and international policy dialogue on health workers and access to health care.

#### **OTHER SIGNIFICANT WORK IN THE GOAL**

Health programmes have also taken advantage of other VSO interventions including:

- Scaling up the contribution national volunteers can make towards improving health outcomes amongst the poorest and most vulnerable communities, most notably in Mongolia, Malawi, Uganda and Indonesia.
- Disbursing small grants to enable partners and volunteers to carry out specific pieces of work. In Malawi, volunteers in training institutions across the country have facilitated the purchase of clinical and teaching equipment using the small grant funds.
- Working with VSO's LINKS<sup>7</sup> Programme resulting in the sharing of learning and knowledge across countries. For example, LINKS supported representatives from the Malawian Ministry of Health to visit the Philippines to learn more about approaches to delivering more effective community health care, and the Zimbabwean Minister of Health undertook a visit to Malawi to observe VSO's work supporting the implementation of the National Sector Wide Approach to Health (SWAp).
- Over the past 12 months, VSO has worked with a range of external health organisations: VSO co-sponsored a World Population Day event at the House of Lords with IPPF<sup>8</sup>.
- VSO attended two DFID/civil society consultation meetings about global health financing. UK-based staff attended the meeting for Northern NGOs in London, and the VSO senior health programme manager from Malawi participated in the equivalent meeting in South Africa for African NGOs.
- VSO has been involved in Lord Crisp's initiative – the Zambia Health Workforce Alliance – and entered into discussions about how to develop a similar initiative in Ethiopia.
- VSO has begun the process of developing a partnership with the WHO initiative, African Partnership for Patient Safety (APPS).
- As part of the new *Valuing Health Workers* advocacy, VSO has joined and became active in both UK based and international health networks. In the UK, VSO joined Action for Global Health, a network of European INGO's, that campaigns principally for European governments to realise their commitments on strengthening health systems.
- VSO co-hosted a policy meeting on health worker shortages with AMREF at the Royal College of Nursing in early April 2010. Around 100 participants attended the breakfast meeting, which was attended by VSO's

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<sup>6</sup> The issues included basic personal hygiene, source of water and treatment, malaria and dengue transmission, symptoms, what treatment they would seek, possible prevention, smoking, alcohol drinking, nutrition: for children age six-12months and age one-five years, immunizations: for children under one year, ante natal care and acute illness in the last month.

<sup>7</sup> LINKS stands for Learning through International Networking and Knowledge Sharing

<sup>8</sup> IPPF: International Planned Parenthood Federation.

Chief Executive Officer Marg Mayne and former CEO Mark Goldring, alongside participants from DFID, the Department of Health, the Royal College of Nursing and the Royal College of Midwives, returned and prospective volunteers and numerous health policy academics and NGOs.

- VSO contributed to a report entitled 'The IMF, the Global Crisis and Human Resources for Health' written with Stop AIDS Campaign and Action for Global Health, to show how the IMF is constraining the fiscal space for developing countries and impeding the recruitment of much needed new health workers.
- VSO UK carried out research into health worker migration, resulting in a report entitled 'Brain Gain', which was launched at the UK political party conferences.
- VSO joined the White Ribbon Alliance – a global network of organisations committed to campaigning for improved maternal health.
- VSO Mongolia's National Volunteering Programme Manager was invited to make a well received presentation about their work with community health workers at a meeting with the European Commission (EC) Directorate General for Development (which may have had an influence on the EC funding they later received) organised by Action for Global Health.

## RECRUITMENT

This year, the health goal delivered 154 volunteers – 116 long-term volunteers and 38 short-term volunteers. This was against a target of 162 volunteers – 132 long-term and 30 short-term.

The shortfall can be attributed to the following:

- Indonesia's MoU issue with the government resulting in a suspended health programme,
- some delays in submission of placement documents due to staff turnover or due to partners' delayed feedback,
- timing of high demand health volunteer skills (that came in only during the latter part of the year) against the limitation of processing time for volunteer work permits/visa requirements,
- other Programme Offices considered carrying over the arrivals to the next cycle (under the new fiscal year) due to the late matching/out-of-cycle arrival.

In terms of maximising short-term volunteers (as a recommendation from previous goal reports), this year showed an increase in short-term volunteers arrivals exceeding the set targets. Tajikistan and Uganda made a significant contribution to this increase, with an emphasis on skills such as occupational therapists and speech and language therapists. We have also seen a steady supply of paediatricians from the Royal College of Paediatrics and Child Health from the UK.

## FUNDING

Expenditure on VSO's health work has increased by over £1 million in the past 12 months, which demonstrates how VSO's work in health is being scaled up.

VSO continued to receive funding support throughout the reporting period from the partnership with Astra Zeneca. This has provided essential additional funds to VSO health programmes in Indonesia, Cambodia, Tajikistan, Sri Lanka and Uganda, and has supported the work of the health programme development adviser.

In the last 12 months, the health programme in Mongolia secured significant funding from the EC to support scaling up work in community health care development. The Cambodia health programme also raised additional funds for its work in maternal and reproductive health from a range of sources. In Ethiopia, the new health programme received its first external funding as well. Malawi and Sri Lanka health programmes continued to benefit from significant funding from DFID and the EC respectively. However, there is a real need to continue to scale up efforts to secure increased external/restricted funding across all of VSO's health programmes and this remains a priority area of work for the coming year.

## LEARNING

- **Fundraising:** Evidence continues to show that when health programmes receive external (restricted) funding, they are able to increase their impact through the development of more holistic programmes, new partnerships, recruitment of more volunteers and the introduction of new innovative ways of

working. Over the next year, it is recommended that VSO continue to identify and work towards securing sufficient funds to support existing programmes and the new programmes that have recently been developed.

- **Planning and review:** Health programmes have identified the need to improve their monitoring and evaluation processes further to begin to capture the impact of health programmes at beneficiary level. Evidence from a number of health programme area reviews suggests that several programmes are already considering how best to measure the impact of VSO's work and strong examples of impact assessment have been provided by Sri Lanka, Indonesia, Malawi and Cambodia. Learning from VSO's impact assessment work linked to both DFID and CIDA PPA requirements should be shared more widely this year with health programmes.

The latest volunteer survey showed that volunteers working in the health goal were less likely to recommend VSO than the average volunteer from any of our other goals. Further research followed by recommendations to address these issues will be required over the coming year.

## FUTURE DIRECTIONS

- Continue implementation of the VSO health strategy but with due awareness of any implications that emerge as a result of the wider organisational review taking place.
- All programmes should continue to report to new corporate programme objectives outlined in the strategy for the next 12 months, but to be aware of the potential for change after this.
- Continue efforts to raise external (restricted) funds for VSO's health programme work – especially from Gates Foundation, AstraZeneca, Tullow Oil and institutional donors.
- Federation Members should continue to develop volunteer resource partnerships and identify new ways to ensure sufficient numbers of health volunteers are recruited to meet demand.
- Continue the development of a partnership with WHO Africa Partnership for Patient Safety initiative.
- Whilst it is a significant achievement that some VSO funding and technical support has been secured to support VSO's *Valuing Health Workers* advocacy, the organisation should focus on making greater progress towards the fourth corporate health programme objective around strengthening local and national health research. Continue to look for funding for research and advocacy<sup>9</sup> around human resources for health in support of this campaign.
- Continue *Valuing Health Workers* advocacy research processes in the selected countries<sup>10</sup>, publish at least three national level reports, and work with national level partners to develop advocacy strategies.
- Continue *Valuing Health Workers* advocacy at the UK and international level with NGO partners such as AMREF, Merlin and GHWA<sup>11</sup>. Attend the 2<sup>nd</sup> international conference in Bangkok and present the initial findings.
- Support health programmes to make further improvements to their own measurement and evaluation systems with a special focus on impact assessment. Utilise the increased emphasis on research to provide evidence. Work towards standard data to identify the aggregated impact of VSO's work in the health sector.

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<sup>9</sup> A large funding proposal was submitted to the EC that was unfortunately rejected. However the proposal may still be useful to use as a basis for proposals to other donors. If funding can be found it would be used to support existing health advocacy work in Uganda, Sierra Leone and Cambodia and the development of new work in Tanzania and Bangladesh.

<sup>10</sup> Cambodia, Malawi, Sierra Leone and Uganda.

<sup>11</sup> GHWA: Global Health Workforce Alliance.

## KEY STATISTICAL INFORMATION 2009-10

Goal Area	No of Programmes	Volunteers (%) <sup>12</sup>	Partners <sup>13</sup>	Total Expenditure (€m)	Unrestricted Expenditure (€m)	Restricted Expenditure (€m)
Education	17	26.2	352	11.358	7.773	3.585
HIV and AIDS	17 <sup>14</sup>	16.3	198	8.420	5.035	3.385
Disability	12	9.6	120	4.084	2.662	1.422
<b>Health</b>	<b>9<sup>15</sup></b>	<b>13.1</b>	<b>142</b>	<b>5.136</b>	<b>3.649</b>	<b>1.487</b>
Secure Livelihoods	21 <sup>16</sup>	19.8	268	8.368	5.418	2.950
Participation & Governance	16 <sup>17</sup>	15	191	7.240	4.841	2.399

<sup>12</sup> In total about 1,520 volunteers were working with partner organisations on long-term or short-term placements at any point during the year. The percentage for each goal only measures volunteers assigned to a particular goal. It does not capture volunteers who support work in more than one goal eg volunteers working in HIV and AIDS who also support health work.

<sup>13</sup> This is an estimate to reflect the number of work during the course of the year

<sup>14</sup> Tanzania has now moved to a health PAP therefore it is anticipated that the number of HIV and AIDS programmes reporting next year will be 16.

<sup>15</sup> Burkina Faso and Tanzania completed the process of health programme development leading to signed off new health PAPs, Zimbabwe programme plans awaiting finalisation and sign off. It is anticipated that the number of health programmes reporting next year will be 12.

<sup>16</sup> Includes two regional programmes in LAC – Protecting Environments: Managing Natural Resources (PEMNR) and Social and Economic Inclusion of Youth – working in a total of six countries in the region in addition to Guyana.

<sup>17</sup> Not including Pakistan, which became National Volunteering only but still focused on Youth Participation, and Balkans NV-based Participation and Governance programmes.