Health Goal Report 2008-2009

1. Background context to goal

External context

Global health continues to enjoy enormous attention as a result of the large number of International Health Targets that have been set[1]. Despite this, one child still dies every 3 seconds from diseases like pneumonia, diarrhoea and malaria; each year over half a million women die as a result of complications in pregnancy. Developing countries continue to bear the brunt of a range of preventable diseases such as HIV & AIDS, TB and malaria. Under-investment in health systems continues and there is still a chronic shortage of skilled health workers - 4 million more are required if the health MDGS are to stand any chance of being met.

Internal context

- Increasing the impact of VSO's work in health has remained an organisational priority.
- The number of dedicated health programmes increased from 7 to 9[2]
- Comprehensive health research and a new 5-year corporate health strategy completed.
- Health became the third goal area in which VSO will undertake international advocacy[3].
- The development of national volunteering in health work received additional focus[4]
- Recruitment of sufficient numbers of health volunteers to meet programme/partner demand continued to be a key challenge.

2. Progress towards Corporate Programme Objectives (CPOs)

CPO 1: Increased capacity of health professionals to provide effective health services to poor and marginalized groups, especially women.

There has been good progress against this objective. 8 programmes work with 82 partners.

VSO programmes are working 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 into classrooms. As a result there has been an increase in the number of students enrolled, trained and graduating.

VSO volunteers support continuous professional development of health workers through the provision of on-the-job training in a range of health institutions. This includes practical demonstration on wards, the introduction of classroom-based training within health care settings, development of practical

[1] Eg. Millennium Development Goals 4,5 and 6; UNGASS declaration on Universal Access to HIV & AIDS prevention, treatment and care; UN Human Resources for Health target for 1 million more health workers by 2012; 2001 Abuja declaration of African governments to spend 15% of GDP on health etc.

[2] Cambodia, Ethiopia, Indonesia, Malawi, Mongolia, Sierra Leone, Sri Lanka, Tajikistan and Uganda.

[3] Agreed advocacy focus will be Human Resources for Health

[4] Best practice guide to developing national volunteering in health programmes completed and over £30,000 provided to support existing NV health work or research into the potential to work in NV in health (Mongolia, Zambia, Sierra Leone and Malawi)

rooms and resource libraries to support continuous learning. As a result there have been improvements in the quality of patient care. In VSO supported hospitals in Malawi, for example, 645 students/interns are being mentored/ supervised by VSO volunteers and 56 clinicians mentored.

VSO volunteers have brought about attitudinal change amongst their colleagues in terms of how they interact with and treat their patients. Outcomes include greater patient satisfaction with the services they receive and increased attendance at health care facilities. In Sri Lanka, for example, at the mental health unit of the Provincial General Hospital in Badulla, 17 out of 20 front-line staff have reported improvements in the way they interact with patients and their families as a result of working with a VSO volunteer.

CPO 2: To improve the management and delivery of essential services.
There has been good progress against this objective. 8 programmes work with 74 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, improved standard operating procedures, more efficient laboratory services. At Makeni District Hospital in Sierra Leone, for example, 2 long-term volunteers have introduced improvements to ward-management, drugs supply systems, patient data collection and the human resource management of junior nursing assistants on wards.

CPO 3: Increase health promotion activities and support for improved public health.
There has been limited progress against this objective. 8 programmes work with 38 partners.

VSO health programmes are working to ensure that improved community based health care initiatives are properly linked to the wider national primary health care system. VSO programmes work with partner organisations to improve the recruitment, training, support, supervision and motivation of community health volunteers. This has resulted in the increased capacity of national health volunteers to deliver improved public health campaigns but also greater community involvement in health promotion activities and the planning of local health service provision.

In Mongolia, for example, the health programme has expanded its work to build the capacity of community health volunteers (HNVs) to support the work of government community health centres. VSO volunteers have increased the skills and motivation of HNVs. There has been an increase in immunisation rates amongst the communities served and greater community attendance at disease prevention activities run by the Family Group Practice Clinics as a result.

CPO 4: Increased advocacy for poor and marginalized groups, especially women, to realise their rights to health, and to good quality health services.
There has been limited progress against this objective. 8 programmes work with 27 partners.

Programmes are addressing how to make health services more inclusive and accessible, focusing on eg. vulnerable women and children, people with disabilities and people living with HIV & AIDS. VSO volunteers have engaged in a range of activities including improving the capacity of partner organisations to involve vulnerable groups in health research so that recommendations for policy change at national level are more representative of all, supporting partners to implement more inclusive national health policies and working to improve access to health care facilities for the most marginalised groups.

In Cambodia, for example, a VSO volunteer worked with partner organisation TPO to produce participatory research into maternal mental health with a focus on the effects of poor maternal mental health on child survival. The research findings were subsequently shared with a range of stakeholders within the Ministry of Health and are likely to influence future national maternal health policy development in Cambodia.

CPO 5: VSO will increase the number of health PAPs and/or expand current health PAPs to support health care development
There has been good progress against this objective. The 7 most established VSO health programmes are now clearly aligned to national health priorities and 'adding value' in terms of the development of improved national health systems. In the 2 new programmes in Tajikistan and Ethiopia, work is ongoing to fully identify VSO's niche. Both programmes have recognised the need to link the work of the VSO's work in health to national health plans.

Beginning the 2 new health programmes in Tajikistan and Ethiopia increases the number of dedicated VSO health programmes from 7 to 9. In Malawi and Sri Lanka the health programmes have secured significant funding thus enabling them to scale up the impact of their work. Several other health programmes eg. Sierra Leone, Mongolia and Tajikistan plan to increase the number of partners they work with over the next 12 months.

3. Other significant work in the goal

- It has been established that health forms a component of as many as 36 other VSO programmes.[5]
- VSO has been approached to work in a variety of ways with a range of key external institutions as the following examples demonstrate:
  - VSO is a member of the UK SRHR network. A VSO partner organisation from Bangladesh (YPSA) spoke about the need to link SRH and HIV services at a network sponsored satellite session at the Mexico AIDS conference in August 2008.

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[5] This includes health systems strengthening components in 11 HIV & AIDS programmes, community based rehabilitation in 4 disability programmes, health education programmes in schools in 15 education programmes, 6 VSO livelihood programmes engaged in eg. health promotion, water and sanitation, food security and nutrition.

- VSO was asked to contribute towards the development of the new DFID reproductive and maternal health strategy (January 2009).
- In January 2009, the WHO approached VSO to request support be given to the Making Pregnancy Safer Programme[6]. A partnership is currently being developed.
- VSO has been involved in Lord Crisp's initiative – the Zambia Health Workforce Alliance

4. Recruitment

We were able to fill 95 LTV placements (from which 86 were standard arrivals, 2 YfD arrivals, 5 ICTs and 2 extenders) out of 86 firm documented placements and out of 81 planned arrivals target. This is out of a revised target of 113, made in September. Based on their planned arrivals Cambodia, Indonesia, Sierra Leone and Mongolia were able to hit or exceed their targets this year.

There were fewer arrivals at the beginning of the year but this improved for T2 and T3. What helped were: PO staff responsiveness and willingness to discuss; flexibility on placement length and volunteer acceptance as long as it kept within the programmes broad objectives; substantially good and timely documentation; high profile of a programme making it a popular choice for volunteers; POs consulting partners and serving volunteers during the number planning process. Challenges included: lack of or late or non substantive documentation; difficulty in recruiting certain health professionals especially doctors, health managers and midwives; last minute volunteer withdrawls; lengthy response times from employers; employer or PO rejections; little flexibility; too specific or very strict requirements; POs trying to find a perfect fit; changes in visa or document submission requirements resulting in shorter time to match candidates; non acceptance of out-of-cycle arrivals.

Health marketing was increased through more print and on-line advertising (including face book campaigns), target mailings, health events, prioritising specific health activities and partnerships. We also had volunteer arrivals from AVI and iVO.

Despite the global health workforce crisis, the health goal team worked well together in recruiting more health volunteers and filling health placements, including working closely with the HIV & AIDS team and international marketing.

5. Funding

VSO continued to receive funding support for its work in health from the partnership with Astra Zeneca that has provided essential additional money to VSO health programmes in Cambodia, Tajikistan, Sri Lanka and Uganda in the last 12 months. In the last 12 months the health programmes in Malawi and Sri Lanka have secured significant funding from DFID and the EU respectively. However, the overall external/restricted funding position of VSO's health programmes remains poor and this is an area of concern.

6. Learning for future direction

[6] Initially support has been requested for the MPS programmes in Sierra Leone and Namibia but there may be potential to extend the level of VSO support to other countries.

- *Recruitment:* To be able to deliver the new corporate health strategy VSO needs to overcome the challenge of recruiting sufficient numbers of health professionals as VSO volunteers. The following approaches are recommended:
  - FMs continue to prioritise the recruitment of doctors, nurses, midwives, health managers.
  - FMs continue efforts to develop volunteer resource partnerships
  - Health programmes continue to diversify the kinds of volunteers needed to support programme delivery
  - Health programmes consider increasing the use of short-term volunteer health professionals to compliment the work of long-term volunteers
- *Fundraising:* Existing and new health programmes should be prioritised for support to secure additional programme funding. Evidence shows 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.
- *Planning and review:* Several programmes have identified the need to improve their M&E processes further to begin to capture the impact of health programmes at beneficiary level. Learning from VSO's impact assessment work linked to DFID PPA requirements should be shared this year with health programmes. It will also be essential for VSO to establish how to routinely capture the contribution made by other 'non-health' programmes towards meeting VSO's corporate health programme objectives.

7. Future direction for the health goal – the next 12 months

- Sign off the proposed new health strategy and begin implementation, ensuing that the strategy also feeds into the broader organisational review, taking place in 2009.
- All programmes to report to new corporate programme objectives outlined in the strategy
- IFU to develop a health goal fundraising strategy and begin implementation as a priority.
- Complete negotiations with Astra Zeneca re: new resource partnership by September 2009
- Continue involvement with Lord Crisp's initiative and support his aspirations to develop a similar model to the Zambia Health Workforce Alliance in 1 other country.
- Continue to pursue possible partnership with WHO Making Pregnancy Safer Programme
- FMs to continue to develop volunteer resource partnerships and identify new ways to ensure sufficient numbers of health volunteers are recruited to meet demand.
- New health goal reporting group to be created by March 2010
- Begin health advocacy research around Human Resources for Health in 3 countries
- Support the development of new VSO health programmes where the opportunity arises

- Further develop new health CPO indicators and support existing programmes to make further improvements to their own M&E systems

8. Key Statistical Information 2008-09

	No of Programmes	Vols (%)[7]	Partners[8]	Total Expenditure (£m)	Unrestricted Expenditure (£m)	Restricted Expenditure (£m)
Education	18	29.5	320	12.2	8.9	3.3
HIV and AIDS	18	16.3	178	8.7	5.7	3.1
Disability	13	10.1	178	4.8	3.2	1.6
Health	9	7.7	110	3.9	2.6	1.3
Secure Livelihoods	18	20.5	221	7.3	4.8	2.4
Participation & Governance	15	15.9	213	7	4.9	2.1

[7] 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 e.g. volunteers working in HIV who also support Health work.

[8] This is an estimate to reflect the number of work during the course of the year