

# VSO Health Goal Strategy 2009 – 2014

## Introduction

As global concern about the lack of progress towards reaching the 3 health related Millennium Development Goals<sup>1</sup> by 2015 increases, so have the debates about how best to overcome global health challenges and ensure significantly improved health outcomes for the world's poorest and most vulnerable people.

The increased interest in global health presents an opportunity for a serious development organisation like VSO to examine how best to scale-up its response to what is a daunting challenge.

VSO acknowledges the critical linkage between poverty, poor health and development. Through promoting VSO's unique approach to development – “sharing skills and changing lives” – this health strategy seeks to provide a road map to guide the direction of VSO's health goal for the next 5 years.

VSO has now decided to reprioritise health development work. The proposed strategy – completed after a process of internal and external research and consultation with key stakeholders from both inside and outside the organisation – outlines where VSO believes it is best placed to have a real impact in terms of global health development. The strategy not only lays down a clear aim and objectives to guide VSO's health goal, but also proposes a number of ways in which VSO can both consolidate its existing work in health whilst also seeking to significantly increase its impact.

## 1. Background to the strategy

### *The Global Health Context*

#### Health in Developing Countries:

Poverty and inequity are fundamental causes of ill health. Although global poverty has reduced in the last decade, it has increased by 25% in regions like Sub Saharan Africa. The burden of disease in developing countries is mainly due to preventable illnesses such as HIV & AIDS, TB and malaria.

One child every 3 seconds dies from diseases like pneumonia, diarrhoea and malaria. By ensuring access to simple cost effective interventions it would be possible to prevent 6 million of these children dying each year.

Over half a million women still die annually as a result of complications in pregnancy. The odds that a woman will die from these causes in the course of her lifetime are 1 in 22 in sub-Saharan Africa, compared to 1 in 7,300 in the developed world<sup>2</sup>. Many deaths could be prevented if women had access to emergency obstetric services, antenatal care and skilled attendants at their delivery. To improve maternal health there also needs to be a significant scaling up of sexual and reproductive health services.

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<sup>1</sup> These are MDG 4: Reduce child mortality, MDG 5: Improve maternal health, MDG 6: Combat HIV & AIDS, malaria and other diseases. Specific targets within other MDGs (e.g. around halving the number of people suffering from hunger, access to safe drinking water and improved sanitation) are also relevant to achieving improve global health.

<sup>2</sup> UN 2007 MDG update

Ill health is perpetuated by social determinants such as poverty, gender inequity, disability, poor education and lack of access to food, water and sanitation. Environmental factors such as deforestation, and climate changes (e.g. changes in rainfall patterns and temperature extremes) not only lead to more floods, droughts and famines but also to ill health and death. Global climate change will disproportionately affect the health of the world's poorest and most vulnerable people.

#### The International response:

A strong, effective, accessible and robust health system is essential in order to tackle ill health and enable individuals to achieve their social and economic potential, but for over 3 decades International Health Systems were under-resourced due to harsh economic policies and lack of political will. International and national governments failed to invest adequate resources into health. The impact of this under funding was worsened by natural disasters, poverty, conflict, rapid urbanisation, population growth and the impact of the global HIV & AIDS pandemic.

In the last 8 years, International Health has enjoyed enormous attention and with this has come an increase in resources targeted at improving global health. A large number of International Health Targets have been set.<sup>3</sup> These targets, together with the many resulting initiatives – whilst welcome as an indication of the growing importance placed on global health – are partly responsible for making the issue of achieving 'Health For All' even more difficult to address. Critical challenges will not be overcome unless there is a significant scale up in funding and – importantly – more consistent coordinated activity.

#### **VSO's response to date**

VSO's strategic plan, **Focus for Change**, works to achieve *"a world without poverty in which people work together to fulfil their potential"*. To achieve this VSO *"promotes volunteering to fight global poverty and disadvantage"* in 6 goal areas: Health, HIV & AIDS, Education, Disability, Secure Livelihoods and Participation and Governance. Under the health goal, VSO envisages *"a world in which people are able to achieve their right to health and health care and are thereby empowered to fulfil their potential"*.

VSO supports a rights based approach. It promotes a continuum of care working at all levels of the health system from the household through to national ministries of health. VSO seeks to balance direct service delivery with policy, advocacy and skills building work with our partner organisations. The health goal aims to *"support disadvantaged people in fulfilling their rights to physical, mental and social well being and to good quality essential services"*. It focuses on 3 areas: Improving the quality and availability of health and social services, tackling the underlying causes of social exclusion and ill health and securing rights through promoting the voice of the disadvantaged users<sup>4</sup>.

**VSO views health in a holistic sense using the WHO definition:**

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<sup>3</sup> E.g. Millennium Development Goals 4,5 and 6, the UNGASS Declaration on Universal Access to HIV & AIDS prevention, treatment and care, UN Human Resources for Health target for 1 million more health workers, DFID target on abolition of user fees in 12 countries, the 2001 Abuja declaration of African Governments to spend 15% of GDP on health etc.

<sup>4</sup> Disadvantaged users are defined by context specific exclusion analysis. However VSO recognises that gender and disability are universal factors of exclusion.

*“the state of complete physical, mental and social well being and not merely the absence of disease or infirmity”*

How has VSO been delivering its health goal so far?

VSO currently has **8 dedicated health programmes**<sup>5</sup>. Programmes work in partnership at different levels within national health structures but also with civil society partners. All VSO's health programmes are engaged in some form of health systems strengthening, including building the human resource capacity of the health sector. Many programmes feed into health planning and policy and regularly attend national health coordination, planning and review meetings. Others are involved in health education and health promotion. Several focus on maternal and child health and sexual and reproductive health.

**Health forms a component of as many as 36 other programmes.** 11 HIV & AIDS programmes are strengthening health systems to achieve their HIV & AIDS objectives and 15 education programmes are teaching HIV & AIDS and/or sexual and reproductive health in schools. 6 VSO livelihoods programmes are engaged in a range of relevant work ranging from health promotion, water and sanitation, food security and nutrition and 4 disability programmes are also strengthening health and human resource systems.

**VSO health volunteers** are engaged in a wide range of work – training nurses, doctors and midwives or developing improved curricula in training schools, giving technical support to health service development at community and district health level, improving health management through the development of financial, health information and human resource management systems. Volunteers are also placed centrally, within national ministries of health.

VSO Federation Members in the UK, Canada, The Netherlands, Kenya, The Philippines, and recruitment bases in India, Ireland and Australia support the recruitment of health volunteers and – in order to meet growing demand – are looking at ways to **develop partnerships** with relevant health organisations and institutions to increase the supply of skilled individuals who are willing to volunteer with VSO.

Some VSO health programmes are already promoting the use of **national volunteering** in health, especially in the areas of health promotion work and in building stronger linkages between communities and health services. The use of **LINKS** supported study tours by health programmes has also been broadly successful. Sharing experiences and viewing other countries health work provides valuable learning opportunities to VSO's development partners

***How does VSO propose to increase the impact of its health work?***

VSO has made increasing its impact in health a corporate priority. The identification of the 5-year health strategy outlines a 'road map' for growth as it sets a clear aim and objectives for VSO's health goal and outlines implementation strategies to ensure its delivery.

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<sup>5</sup> Cambodia, Indonesia, Malawi, Mongolia, Sierra Leone, Sri Lanka, Tajikistan and Uganda. VSO is already committed to increasing the number of dedicated health programmes when opportunities arise to do so.

VSO has identified 3 possible ways to resource an increase in the impact of its work in health. Depending on the external economic environment, VSO will be prepared to consider following a mix of these approaches in order to implement its health strategy between 2009 and 2014.

Option # 1: - Health goal growth achieved with minimum (or no) extra resources

Scale up the impact of VSO's health work through investing more from within existing VSO resources. Examples of ways to do this could include:

- *Commencing new health programmes in those countries that have undergone a new round of strategic planning and that decide to move into health development, away from programming in another VSO development goal area e.g. shift from HIV & AIDS work to broader health systems strengthening, move from community based disability programming to broader community focused inclusive health systems strengthening. A clear rationale based on sound development thinking will need to be demonstrated for this to be approved.*
- *Commencing joint programmes that see existing programmes expanding into the area of health development. Examples could include HIV & AIDS programmes could choose to become 'HIV & AIDS and health' programmes to enable them to begin to engage in broader health systems strengthening, education programmes could become 'education and health' programmes to enable them to begin support to community health education etc.<sup>6</sup>*
- *Prioritising health programmes above all others for external fundraising efforts*
- *Prioritising the development of national volunteering in health above all other national volunteering development work*
- *Prioritising marketing and recruitment efforts to ensure maximum number of volunteers for health programmes above all other programmes.*
- *Beginning health advocacy and prioritising this above HIV & AIDS and education advocacy*

The disadvantage to following this approach would be that VSO will increase its impact in health but at the expense of other VSO development priorities, most notably its work in HIV & AIDS.

Option # 2: - Health goal growth achieved with moderate extra resources

Commit to the expansion of VSO's health work and the delivery of the corporate health strategic plan, but recognise that to achieve this most VSO health programmes will require extra financial and human resources to be secured before any notable increase in impact can be achieved.

Examples of ways to do this could include:

- *Fundraising teams and IFT will be expected to prioritise fundraising for health expenditure to ensure the expansion of health programmes in support of health strategy delivery*
- *All proposed new health programmes would be expected to have identified and negotiated potential external (restricted) funding with assistance from fundraising teams in order to support their implementation*
- *All existing programmes planning scale up to have to seek and secure increased external (restricted) funding to support their plans.*

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<sup>6</sup> Livelihoods, Participation and Governance and Disability programmes could also explore ways to expand their existing work into areas of health development.

- *A significant increase in advocacy work will require some external (restricted) funding although VSO recognises that increased staff and volunteer commitment to, and involvement in, advocacy activity can also ensure successful work is carried out.*

**Option #3: - Health goal growth achieved with significant extra resources**

Develop plans *in advance* that anticipate securing *significant extra funding from a major donor (or donors) in order to support a significant percentage of VSO's total health work*. These plans will clearly identify how VSO can strategically scale-up existing health programmes and develop new health programmes.

Issues to address include:

- *Clearly articulate how health programmes will be expected to increase their impact in line with the corporate health strategy, and support them to do so, once significant funds are secured. Use learning from existing VSO models of best health programming practice. Examples could include:*
  - a) Replicate levels of VSO involvement in the delivery of National Health Sector Wide Approaches (SWAs) in other countries as per VSO's programme in Malawi,
  - b) Engage in high level research and advocacy to influence government policy as per VSO's programme in Cambodia,
  - c) Promote and support the scaling up of National Volunteering in Health as per VSO's programme in Mongolia
- *Identify how to scale up VSO's impact in health whilst reducing dependence on the recruitment of health professionals as volunteers, in order to deliver improved health outcomes. This could be achieved by:*
  - a) Continuing to diversify the kinds of support that can be provided by VSO health systems strengthening programmes to partners. Making greater use of the skills offered by volunteers who are not necessarily medically trained doctors, nurses or midwives e.g. management advisers, advocacy advisers, IT and educational materials development advisers, community mobilisers etc.
  - b) Promoting and increasing the use of other recognised VSO interventions such as health advocacy, NV, LINKS, Small Grants etc.
- *Identify a realistic – yet cost effective – level of additional human and financial support needed to deliver VSO's scaled up health work - to ensure adequate resources are available to support increased activity.*

***Potential constraints on the growth of VSO's health work:***

- *Volunteer supply*

**Key potential constraint:** VSO unable to recruit sufficient numbers of health professionals to meet increased demand as a result of scaling up existing and/or opening new health programmes.

**Possible solutions:**

- Scale up recruitment efforts: Increase the number of health resource partnerships leading to greater number of potential volunteers, identify and target new markets (e.g. CUSO/VSO consider targeting USA?), re-think existing health marketing strategy to yield better results (e.g. target senior health officials for influencing purposes to gain access to their networks)
- Promote and increase the use of non-health professionals to support health programmes e.g. management volunteers to support systems development/strengthening and management capacity building, advocacy volunteers, community mobilisation volunteers, IT

volunteers, materials development volunteers etc. Make greater use of short-term volunteers.

- Consider how to scale up other VSO development activities that can produce significant results in the health field e.g. advocacy and national volunteering

- *Funding/finances*

Key potential constraint: VSO unable to raise sufficient funds to support scaling up of existing and/or opening of new health programmes.

Possible solutions:

- Continue to raise VSO's external profile and reputation in health development to attract potential sources of funding (in recognition of increased global prioritisation of health as a key development issue, despite the global economic crisis)
- Develop an organisational fundraising strategy for health that focuses on identifying and targeting potential key health development donors, potential corporate donors etc.
- Commit extra human resources to raise money for VSO's work in health (speculate to accumulate...)

## **2. Health Goal Aim and Objectives: Summary**

### **Health Strategy 2009 – 2014**

#### **Aim**

**“Stronger, more inclusive and accessible health systems so that the poorest and most vulnerable populations in x countries can realise their right to health.”**

### **Draft Health Strategy Objectives**

**Objective 1: Increase the number of skilled, supported and motivated health workers and so improve standards of health care delivery to the most vulnerable in x countries**

**Objective 2: Strengthen management capacity at all levels of the health system so that the most disadvantaged receive appropriate, accessible and quality health care in x countries**

**Objective 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 in x countries**

**Objective 4: Strengthen local and national health research through increasing involvement of vulnerable communities, resulting in pro-poor health policy change in x countries and at international level**

## **3. Health Strategy Aim:**

**“Stronger, more inclusive and accessible health systems so that the poorest and most vulnerable populations in x countries can realise their right to health”**

**Rationale:**

Without a strong and effective health system in place, development challenges cannot be overcome.

VSO believes that urgent action is required now to strengthen the health systems of the world’s poorest countries. Without this, there is no chance of the health related Millennium Development Goals being reached.

The need to focus on health systems strengthening is paramount if maternal and child health is to improve and the devastating impact of illnesses such as HIV & AIDS, TB and malaria is to be reduced.

Nearly everyone has had some contact with a health system and yet very few people in developed countries understand the impact of living in the poorest countries in the world without a functioning or accessible health service. The box below outlines what VSO believes is needed to ensure a strong and effective health system.

**VSO’s holistic, multi-sectoral approach to health systems strengthening**

**What makes a strong health system?**

VSO believes that the following minimum standards need to be in place:

- An adequate supply of well trained, effectively managed and supported health workers.
- Strong health management and communication systems
- Appropriate, robust, transparent and accountable financial systems
- Efficient and effective logistics and procurement systems
- Responsive and efficient transport and referral systems
- Effective systems for gathering health data that enables lessons learned to be used in future planning and to predict future health challenges
- Provision of accurate, high-quality health education and information
- Removal of user-fees for government health services to increase access to health care for the poorest and most vulnerable.
- Removal of attitudinal barriers in health professionals that prevents women, disabled people and other excluded groups from accessing health care.
- Policies in place that support the right of women, disabled people and other excluded groups to access health care facilities and receive appropriate treatment.
- Established mechanisms to ensure that the voices of all stakeholders are heard in health systems planning, delivery, management, monitoring and evaluation
- An active civil society holding governments to account

***VSO’s health work will prioritise the following interventions:***

- *Support to health systems strengthening* in those countries where it is possible for VSO to work effectively.
- *Increase support to health systems management* in target countries. VSO will seek to support improvements in human resource training, staff development and retention strategies, health information systems development, health financing, improving the quality of care and the logistics systems involved in providing health services.

- *Encourage and support the increased involvement of sufficiently trained, motivated and supported national community health workers and volunteers within health systems structures, leading to improvements in community involvement in the planning, delivery, management and evaluation of health systems*
- *Support national advocacy efforts that increases access to health for all, ensures that all health workers are properly valued and that guarantees the voices of the poor are heard in national health policy determination. VSO will ensure that all advocacy work is grounded in effective, participatory and appropriately conducted research that seeks to influence pro-poor health policy development.*
- *Support improvements in local and national health research that provides increased evidence and appropriately influences national governments and donors*

## 4. Health Strategy Objectives

### Objective 1

**“Increase the number of skilled, supported and motivated health workers and so improve standards of health care delivery to the most vulnerable in x countries”**

#### Expected results:

- 1.1 Partners deliver essential health services as a result of recruiting, training and retaining sufficient numbers of health workers
- 1.2 Reduced morbidity and mortality rates especially amongst women, children under 5 and other vulnerable groups<sup>7</sup>

#### **Rationale:**

An effective health system is one that has sufficient numbers of well skilled, supported and motivated health workers to meet the needs of the population, but WHO statistics report that in at least 57 countries there are chronic shortages of health workers with the necessary skills.

Over the last 2 decades, health workers have chosen to migrate in increasing numbers from those developing countries where their skills are most needed in order to improve their living standards. This is due to the fact that many health workers in the world's poorest countries are not paid regularly, their salaries are low, they are

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<sup>7</sup> VSO will focus primarily on improving the health outcomes of those groups disproportionately affected by health issues that fall under the health MDGs (MDG 4 – child health, MDG 5 – maternal and sexual and reproductive health and MDG 6 – HIV/AIDS, TB and malaria). However local health contexts will also be taken into account in those countries where health issues falling outside the health MDGs are also predominant such as mental health.

not supported or supervised effectively, they do not have the resources they need to do their work and they are physically exhausted by heavy workloads.

Although Sub-Saharan Africa bears 25% of the world's burden of disease, it has less than 3% of the global health workforce. 4 million more health workers are required globally. This chronic shortage of skilled health workers is a key bottleneck to increasing the utilisation of essential health services and to achieving the health MDGs.

In 2006 the World Health Organisation focused on human resources for health in its report 'Working Together for Health'. The report demonstrated that child mortality is reduced when there is a minimum of 2.5 skilled health workers per 1,000 population. This resulted in increased global commitment to investing in health workers. Following the launch of the report health stakeholders came together to establish the Global Health Workforce Alliance to highlight the urgent need to train and retain health workers.

In order to increase the number of skilled, supported and motivated health workers and so improve standards of health care delivery to the most vulnerable in society

**VSO will prioritise the following interventions:**

- *Increase and retain the number of skilled and competent health workers* through improving the quality of pre-service training in VSO's target countries
- *Support the development of standardised training curricula* to ensure core level competencies are met and attitudinal barriers and discriminatory practices are removed.
- *Provide VSO volunteers to act as clinical mentors* so that health workers in target countries receive essential on the job training and support after they have qualified.
- *Support advocacy initiatives* around valuing health workers and increase VSO's involvement in movements such as the Global Health Workforce Alliance

**Objective 2**

**“Strengthen management capacity at all levels of the health system so that the most disadvantaged receive appropriate, accessible and quality health care in x countries ”**

**Expected results:**

- 2.1 Partners deliver effective health services as a result of improved planning, management, accountability and monitoring and evaluation.
- 2.2 Reduced morbidity and mortality rates especially amongst women, children under 5 and other vulnerable groups<sup>8</sup>

**Rationale:**

Strengthening health management is essential for any health system to be able to operate effectively. Weak health service management and the absence of robust management systems contributes to poor health service delivery, increases the incidence of corruption and explains why health systems in many developing countries are in crisis or facing near collapse.

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<sup>8</sup> See footnote 7 above

Health staff at all levels require standardised training, clearly defined and appropriate job descriptions, adequate support and supervision, learning and development opportunities and monitoring tools to ensure quality is maintained.

Accurate and robust health management information systems need to be developed that ensure both health workers and the communities they serve are involved in planning, managing, monitoring and evaluating the appropriateness and effectiveness of health services. National and district health systems require support in the use of IT, spread sheets, data management and how to analyse information gathered and then present it through improving the quality of reports.

Health financing is a key area where increased transparency and more effective use of resources through the development, introduction and implementation of more effective financial management systems will improve the efficiency of the system and reduce levels of corruption. The need to pay for essential health care is a barrier to the poorest people utilising health services in many developing countries. Therefore, focusing on health financing also needs to include supporting the development of new approaches to ensure that health care is made free at the point of access, especially for the poorest and most disadvantaged.

Ensuring operational logistics and procurement systems are in place is also essential. Health managers need to be supported to develop and operate systems that ensure e.g. essential supplies of drugs and medical equipment, availability of transport to enable proper patient referral and effective maintenance of hospital infrastructure.

To strengthen health management at national and district level and improve access to quality health care for the most disadvantaged, **VSO will prioritise the following interventions:**

- *Increase the use of VSO health management advisers<sup>9</sup>. VSO partner organisations will be supported to improve the human resource, health service, health financing, health information and logistics management capacity of relevant personnel and to develop sustainable health management systems.*
- *Increase support to advocacy initiatives at national level that campaign for removal of user fees and attitudinal barriers and so increase access to health for all.*

**Objective 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 in x countries”**

**Expected results:**

3.1 Partners provide more accessible and inclusive health services

3.2 Reduced morbidity and mortality rates especially amongst women, children under 5 and other vulnerable groups<sup>10</sup>

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<sup>9</sup> A combination of VSO technical/medical, management and information/communication volunteer teams to be placed at community, district and/or national level. Special attention will be given to building the capacity of community based health initiatives that rely heavily on community nurses and local health volunteers to ensure that they are appropriately managed, resourced and integrated into district and national health systems.

<sup>10</sup> See footnote 7 above but VSO will also work to target marginalized groups excluded from accessing health care for reasons that go beyond health conditions e.g. women and girls, youth, people with disabilities, Dalits, ethnic minorities, males who have sex with males, transgender people etc.

**Rationale:**

A strong and effective health system is one that is truly responsive to the needs of the communities it serves. Ensuring that the voice of communities is properly represented within the health system at district and national level is one way of increasing trust between health providers and the recipients of health services.

Involving communities and the community health workers that work amongst them (and who often come from the poorest and most marginalized in society) in planning, budgeting, management and monitoring of health services is an effective way to ensure that the community has a voice in making decisions about health service provision.

Village health development or village health committees exist in some form in many countries but these structures are often weak and ineffective. Building their capacity means they can be strengthened to carry out more effective community health action planning and ensure that such plans are better presented at district management level and become integrated into district health planning.

Community health workers should be linked to the wider health system. They are employed as health promoters and health educators, but can also be effective community health mobilisers. They are ideally placed to identify what barriers exist that prevent the poorest populations accessing effective health care whilst also providing essential 'first level' health care advice and prevention information. With proper training, management and support, they can play a critical role in improving the health of the most disadvantaged, whilst ensuring that the voices of the communities they serve are represented at policy and planning level.

In order to increase community involvement and ensure that the most vulnerable communities have greater influence in the planning and provision of health services at all levels, **VSO will prioritise the following interventions:**

- *Increase health promotion and community action planning* through building the capacity of community health workers to engage more effectively with the communities they serve.
- *Increase training for community health workers* on community mobilisation and working with communities. Also increase their technical knowledge of e.g. integrated management of neonatal and childhood illness, referral between traditional midwives and maternal health services, better postnatal practices, improved family planning, sexual and reproductive health, nutrition, hygiene and clean water, mental health, prevention and treatment of HIV & AIDS, TB and malaria, disability awareness and disability prevention etc.
- *Support the development of inclusive and participatory health service delivery consultation processes* that leads to communities routinely inputting into the planning, management and evaluation of health systems at district and national level.

**Objective 4:**

**“Strengthen local and national health research through increasing involvement of vulnerable communities, resulting in pro-poor health policy change in x countries and at international level ”**

**Expected results:**

4.1 Partners provide evidence for new pro-poor health policy at local, national and international level based on relevant health research

## 4.2 Reduced morbidity and mortality rates especially amongst women, children under 5 and other vulnerable groups<sup>11</sup>

### **Rationale:**

Although 90% of the world's burden of disease occurs in developing countries, only 10% of health research is carried out there. Of that 10%, less than 3% is spent carrying out health systems research. In 2004 a global meeting was held in Mexico and a follow up meeting in Mali in November 2008, to look at the gaps in health research and encourage countries to spend 3% on health research from national health budgets. Few countries have implemented this call to date.

Increased health system operational research is urgently needed to influence and inform national governments and donors. Health workers are ideally placed to carry out the necessary technical and community based research. They work in close proximity to those most affected by the health care they receive and are able to see the effects of a dysfunctional health system on the poorest and most vulnerable in society. Engaging in participatory, community-based health research empowers health workers and the communities they serve by enabling them to highlight the reasons behind why health systems are failing them and advocate for change.

Carrying out appropriate health research and publicising research findings in national and international publications will ensure that the voice of health workers and communities can influence policy makers to bring about improvements in health service delivery, health systems management and health financing.

In order to ensure that those communities most vulnerable to poor health are able to influence health policy change as a result of effective health research, **VSO will prioritise the following interventions:**

- *Increase support to partner led health research initiatives.* VSO will build the capacity of community health workers and volunteers, to increase health information gathering on e.g. population, death and sickness trends, health seeking behaviours and demand side health service barriers whilst also delivering essential community health services.
- *Increase VSO health volunteers' involvement with partners in participatory health research* as a standard part of their placement. Volunteers will be supported to write up their findings in relevant reports and national/international journals, and publicise their work through presentations at conferences and workshops.<sup>12</sup>
- *Influence a wider range of key health development decision makers* through increased health advocacy that is based on participatory community-based research carried out by VSO's health programmes, partners and volunteers.

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<sup>11</sup> See footnote 10 above

<sup>12</sup> Most VSO health volunteers possess the necessary skills and experience in health research as a result of pre-service training or professional development. Engaging in community based research will result in an increase in sharing learning from the field but will also provide health volunteers with an opportunity to build the research capacity of partner organisations. VSO health programmes will also be better able to influence Ministry of Health partners.