

Integrated Village Health Volunteers

Presentation to Lao PDR Country Coordination Mechanism

30th September 2022

Background

Laos MoH has established **integrated primary health care** as pathway to UHC, inclusive of enhanced role for VHVs

Roles and responsibilities of integrated VHVs (working across multiple program areas) defined at policy level but unclear how to:

- **finance and operationalize** at lower levels and in different local contexts
- **recruit, resource and retain** VHVs, including in context of donor transition

DHHP and DCDC have co-designed with CHAI a scope of work to **implement and evaluate** the **feasibility, scalability and sustainability** of an **integrated VHV approach at the district level.**

- Aligned to existing Lao policy frameworks and normative guidance

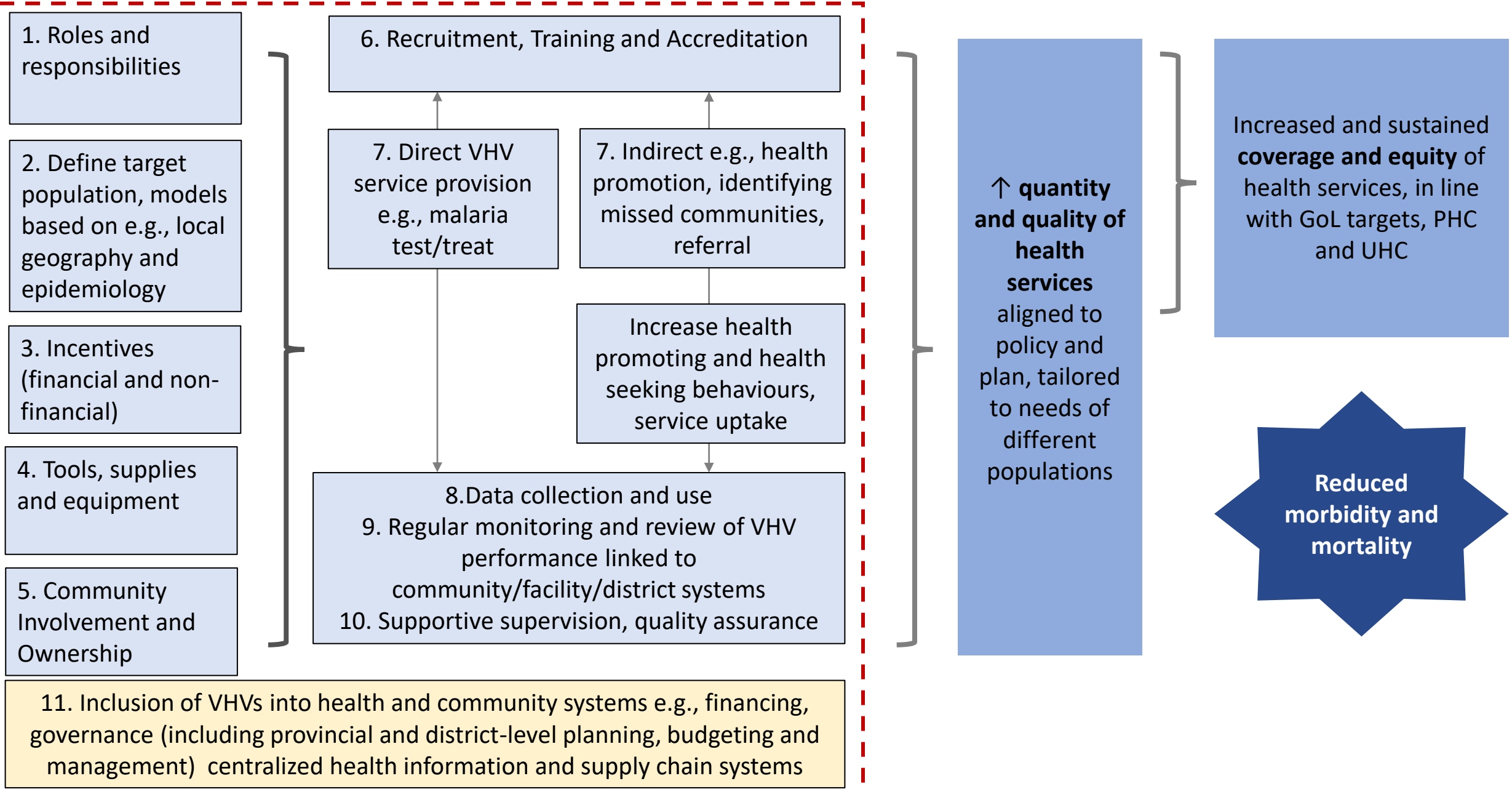
**Village Health
Volunteers (VHVs)**



Model Healthy Village
**Multi-sectoral
collaboration** through
Village Health
Committee

**Community-Based
Integrated Health
Services**
**Integrated outreach
services**, involving
VHVs, Village Health
Committee and villagers

Designed to complement other measures to ensure VHVs are effective and sustainable (Annex A for full list)



Proposed Approach and Plan

Over 18-month period:

1 Select (with DHHP and DCDC) **two focal districts** based on e.g., **malaria endemicity (1 endemic and 1 non-endemic)**, poverty rates, geographic accessibility, ethnicity and service coverage

2 Within each district, work with DHO and relevant authorities to implement approach in **all villages** i.e.

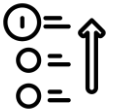
(a) Evidence gathering, including **community-led identification of needs, priorities and resources**

(b) Co-design with DHOs local integrated VHV model including:

- the **optimal number and type of VHVs** and what **specific function(s)** they should perform
- appropriate **incentives** (to be mobilized from existing resources); and
- system support e.g., **supervision, referral pathway**

(c) Work with village committees, HFs and DHO to **recruit and deploy** integrated VHVs (link to CONNECT initiative)

(d) Support DHO to conduct **regular meetings** with HFs, VHVs and village authorities to review health system performance, address bottlenecks and build **joint accountability** for outcomes



Expected Outputs and Outcomes

1

Tailored **tools, analysis and processes** to support development and testing of locally feasible and effective integrated VHV models



2

Case study documenting:

- **Process**, enabling factors and barriers;
- VHV, community level and service delivery **outcomes**;
- Factors to consider in **scalability** e.g., cost, health system requirements



3

Support MoH and partners to **scale and sustain** effective components and approaches for integrated VHVs, considering cost, supply and demand side constraints, equity and quality etc.

- Aligned to both GoL vision and GF strategic priorities including emphasis on **integrated, people centred care and strengthening community health systems.**



THANK YOU



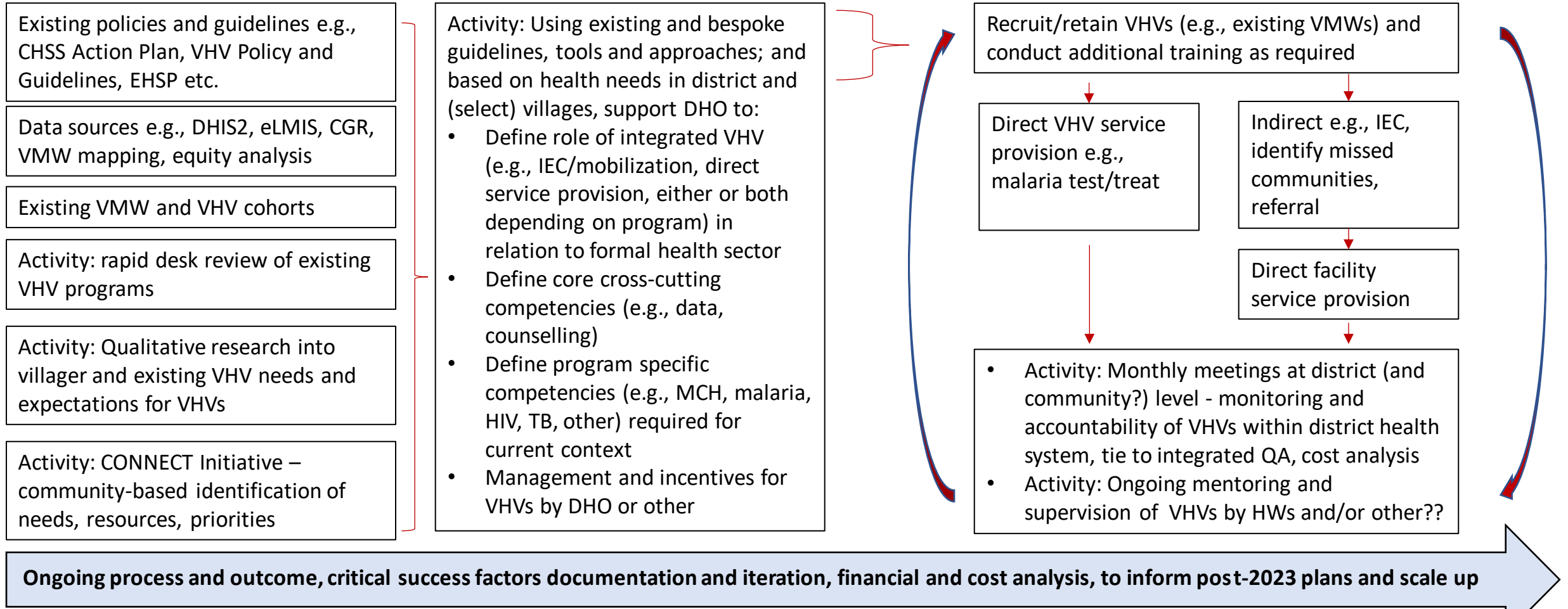
What is already happening?

#	Component	Existing and planned initiatives
1	Roles and responsibilities	<i>Existing:</i> Defined in at national level in Ministerial Agreement on VHVs, PHC Policy, Essential Health Services Package <i>Planned:</i> PHC Law
2	Define target population, tailored models	<i>Planned:</i> Testing district level approach to governance and financing of integrated village health workers in Lao PDR (CHAI)
3	Incentives (financial and non-financial)	<i>Existing:</i> Available via GoL and donors (e.g., GF, WB HANSA, INGOs) but varies across e.g., program type and locality, not standardized
4	Tools, supplies and equipment	<i>Existing:</i> National standardized guidelines and tools for RMNCAH service delivery, including the VHV training curricula, , job aids, supervision, monitoring and reporting tools (UN Joint Programme – WHO/UNICEF/UNFPA) <i>Existing:</i> Supply chain to health facility level for all commodities
5	Community Involvement and Ownership	<i>Existing:</i> CONNECT initiative – community-based identification of needs, resources and priorities (WHO)
6	Recruitment, Training and Accreditation	<i>Existing:</i> 20,000+ VHVs (2 per village) recruited, better representation of women, ethnic minorities, younger age groups (MoH supported by multiple DPs) <i>Planned:</i> Training of VHVs on integrated package (UNICEF)

What is already happening?

#	Component	Existing and planned initiatives
7	Direct and indirect service provision	<i>Existing:</i> Various integrated and program specific approaches funded through GoL and donors (multiple DPs)
8	Data collection and use	<i>Existing:</i> Bokeo VHV Mapping (UNICEF) <i>Planned:</i> Scale up of VHV mapping (UNICEF and WHO) <i>Planned:</i> Community health information system (RMNCAH Strategy Action 6.2.2.2)
9	Regular VHV monitoring and review	<i>Existing:</i> CHSS Action Plan (Province, District, Community with support from multiple DPs) <i>Planned:</i> Testing district level approach to governance and financing of integrated village health workers in Lao PDR (CHAI) (aligned to CHSS)
10	Supportive supervision, QA	<i>Existing:</i> varied supportive supervision models and providers (GoL and NGO) across varied program types and localities (multiple DPs) <i>Existing:</i> HANSA QPS Scorecard in select provinces (WB) <i>Existing:</i> Integrated RMNCAH Quality Assessments – Facility Level (WHO)
11	Inclusion of VHV into health and community systems	<i>Existing:</i> Support for PHC financing, governance and reform under HSR, HSDP (WHO, multiple DPs) <i>Existing:</i> PHC Policy, CHSS Action Plan, RMNCAH Strategy, HSR, HSDP, Agreement on VHV etc. <i>Planned:</i> PHC Resource Mapping (CHAI)

Hypothesis: to be sustainable and effective, the governance and financing of (integrated) VHVs must be clarified and embedded within the health system, particularly at district and community level



Assumptions:

- VHVs are non-salaried positions
- Sufficient technical policies, guidelines, training packages etc. but require further operational testing and validation
- Focus on 1 district and X villages within district – before and after analysis or comparison group? 1 CHAI PO based at DHO

Risks

- Gaps in rest of health system undermine performance of VHVs – choose well performing district to try to illustrate preconditions important for success?
- Other partner and/or central initiatives distort priorities, time and efforts rather than being complementary