
STRENGTHENING COMMUNITY-LEVEL PRIMARY HEALTH CARE IN VANUATU: A TRIAL OF OUTPUT-BASED INCENTIVES FOR VILLAGE HEALTH WORKERS

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INTRODUCTION

- The *Health Sector Strategy: 2021-2030* reaffirms MOH's commitment to strengthening Primary Health Care, through evidence-informed, strategic allocation of resources.
- In 2019, the Village Health Worker Program (VHWP) commenced a trial to use annual incentive payments as a means to strengthen Primary Health Care at the community-level, through VHW-led community engagement and health promotion activities.
 - To increase the number of community-engagement activities led by VHWs, including community participatory clean-up activities (improved community hygiene/sanitation; reduced vector habitats).
 - To increase community health awareness activities conducted by VHWs (with an emphasis on WASH-related messages such as safe sanitation, hand washing and clean water management).



INTRODUCTION

- The incentive payments were designed for the MOH to:
 - recognise improved performance amongst VHWs who demonstrate adherence to their Scope of Practice,
 - establish and promote a culture amongst VHWs to strengthen delivery of essential Primary Health Care services.
- Trial sought to use available, hard evidence (through the HIS) to assess whether moderate investment in community-level Primary Health Care can result in improved community engagement and health promotion.
- Trial also sought to strengthen monthly HIS reporting from Aid Posts.



METHODS

- National HIS collects monthly activity reports from Aid Posts, which collate clinical consultations, community engagement and health promotion/disease prevention activities led by VHWs.
- Analysis of annual HIS data from all Aid Posts (n=204) over four years (2018-2021) sought to explore changes in output against key eligibility criteria for the incentive payments, namely:
 - Submission rates for Monthly Aid Post Reporting Forms.
 - Community-engagement activities led by VHWs, including community participatory clean-ups.
 - Community health awareness activities conducted by VHWs (for improved sanitation and hygiene, family planning, promotion of healthy lifestyles).
 - Support to visiting outreach activities from maternal and child health, vector control or immunisation teams.



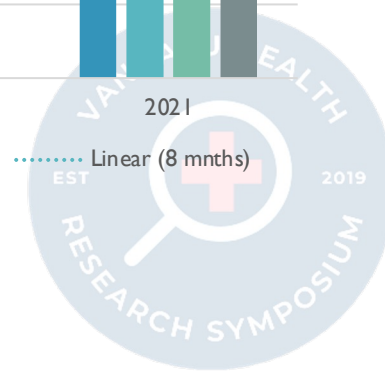
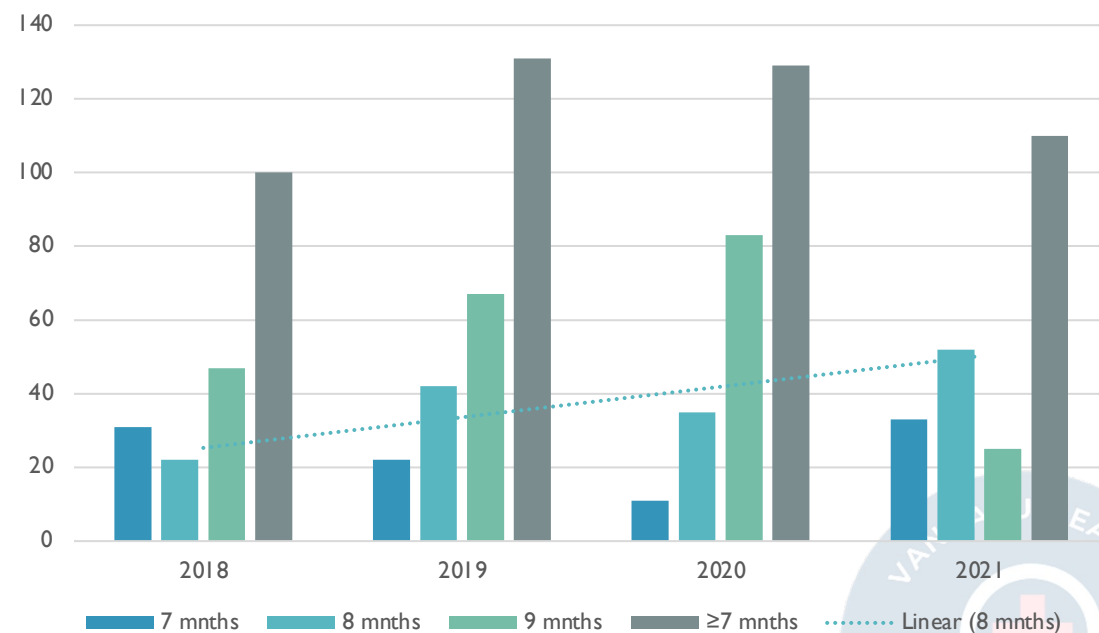
METHODS

Incentive Payment Eligibility Criteria	Monthly Aid Post Reporting Form data fields
Submit all Monthly Aid Post Reporting Forms for January - September	Also referred to as the monthly HIS 'Return rate'. This is determined through the number of monthly forms received from each Aid Post.
Make sure the Aid Post is open and operating from January - September	Activity reported on a monthly basis taken as a proxy indicator of Aid Posts remaining open.
Place three orders for medical supplies to the provincial pharmacy from January - September.	Confirmed through provincial pharmacy logs (not specifically assessed as part of this review)
Deliver at least four community health awareness activities (covering health promotion and disease prevention issues outlined within the Aid Post Manual)	<p>Helt Edukesen (Health Education session).</p> <p>Famili Awareness Toktok (community awareness about family health, specifically family planning).</p> <p>Narafala Helt aktiviti (some other community-participatory health improvement activity).</p> <p>Helpem MCH Team (assistance to visiting provincial MCH-teams).</p> <p>Help lo ol nara Helt aktiviti (assistance to some other visiting provincial health teams - other than MCH - such as Malaria or Health Promotion teams).</p> <p>Helt Komiti Miting (Heath/Aid Post Committee meeting)</p>
Coordinate and lead at least one community clean-up activity	Vilij / Aid-Post Klinap (community-participatory village and/or Aid Post clean-up)

RESULTS: Monthly Aid Post Form Return Rates

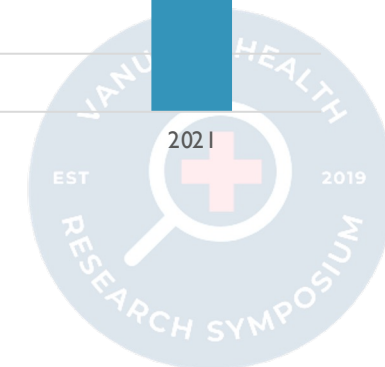
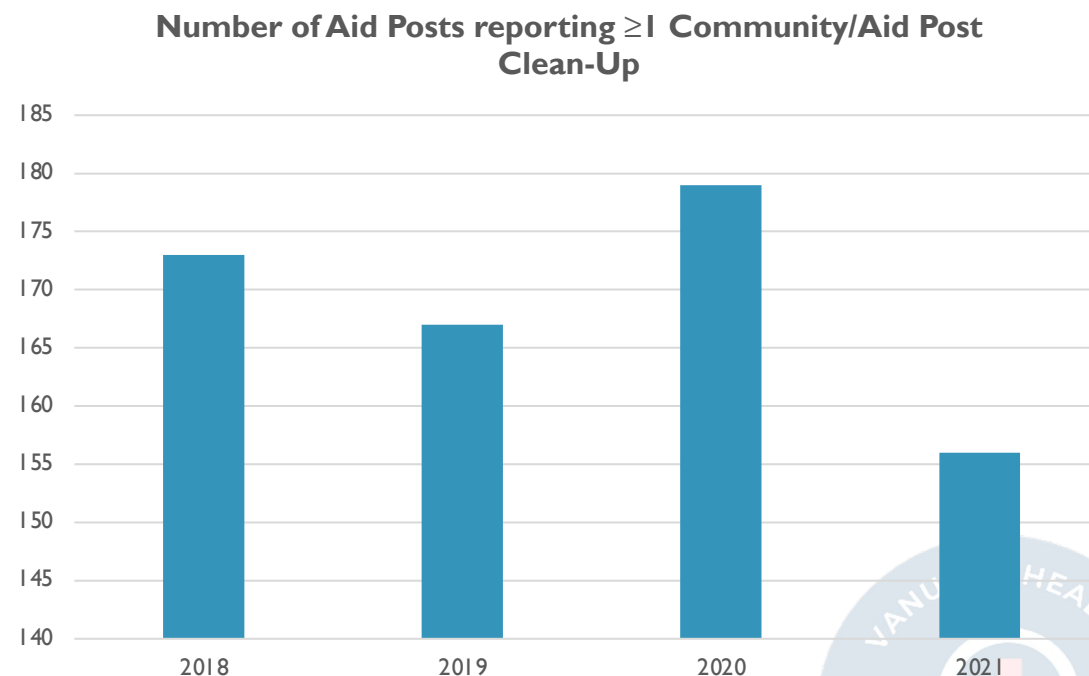
- Increase in Aid Posts reporting at least seven (≥ 7) out of nine months in 2019 and 2020; a significant increase in Aid Posts submitting 100% (9/9) reporting forms.
- Reduced reporting in 2021; most likely due to COVID-19 demands on provincial health teams; limits on intra-provincial travel.
- **Result:** Incentive payments had positive effect on monthly Aid Post reporting rates.
- Further monitoring to confirm whether 2021 reduced reporting was due to COVID-19.

Proportion of Aid Posts returning 7, 8, 9 reports (out of 9 months); & ≥ 7 months



RESULTS: Community and Aid Post Clean-Up Activities

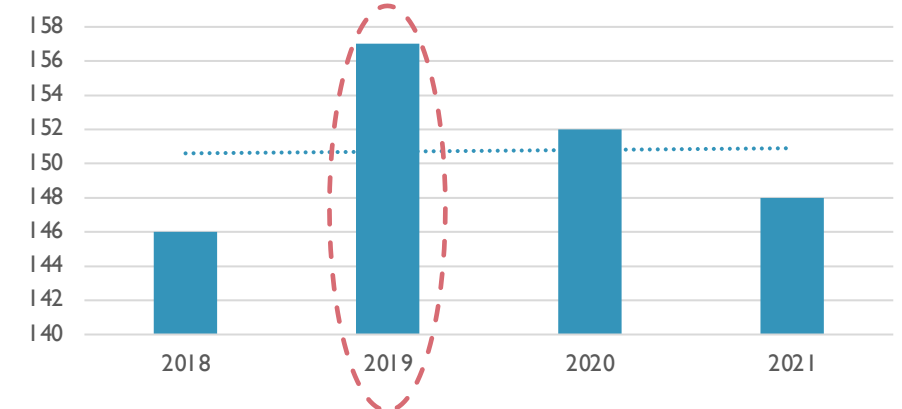
- Strong, upward trend in 2019 and 2020.
- 2021 slide likely a result of COVID-19 situation.
- HIS data ambiguous; cannot indicate number of community clean-up activities. Data presented is Aid Posts delivering at least one.
- **Result:** Steady (overall net-) increase in number of Aid Posts reporting at least one community clean-up activity in the first two years of the trial.
- Further monitoring to confirm whether 2021 reduced activity was due to COVID-19.



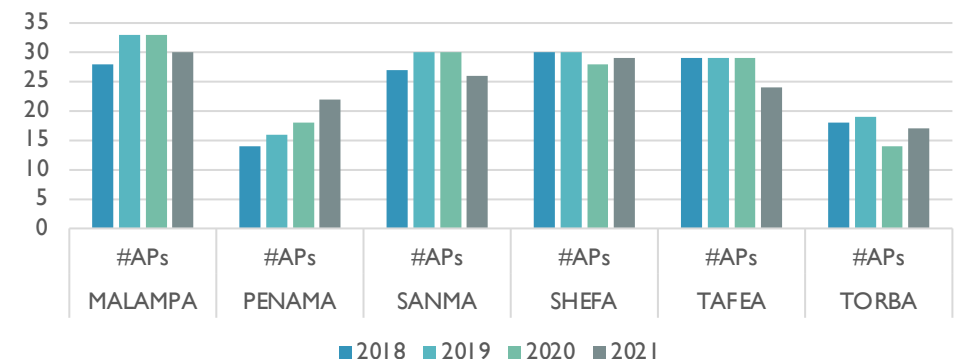
RESULTS: Health Education Activities

- Huge increase in 1st year.
- Most provinces steady/increase in 1st 2 years.
- HIS data ambiguous; cannot indicate number of health education activities. Data presented is Aid Posts delivering at least one.
- **Result:** Steady (overall net-) increase in number of Aid Posts reporting at least one health education activity in the first two years of the trial.
- Further monitoring to confirm whether 2021 reduced activity was due to COVID-19.

Number of Aid Posts reporting ≥ 1 Health Education sessions



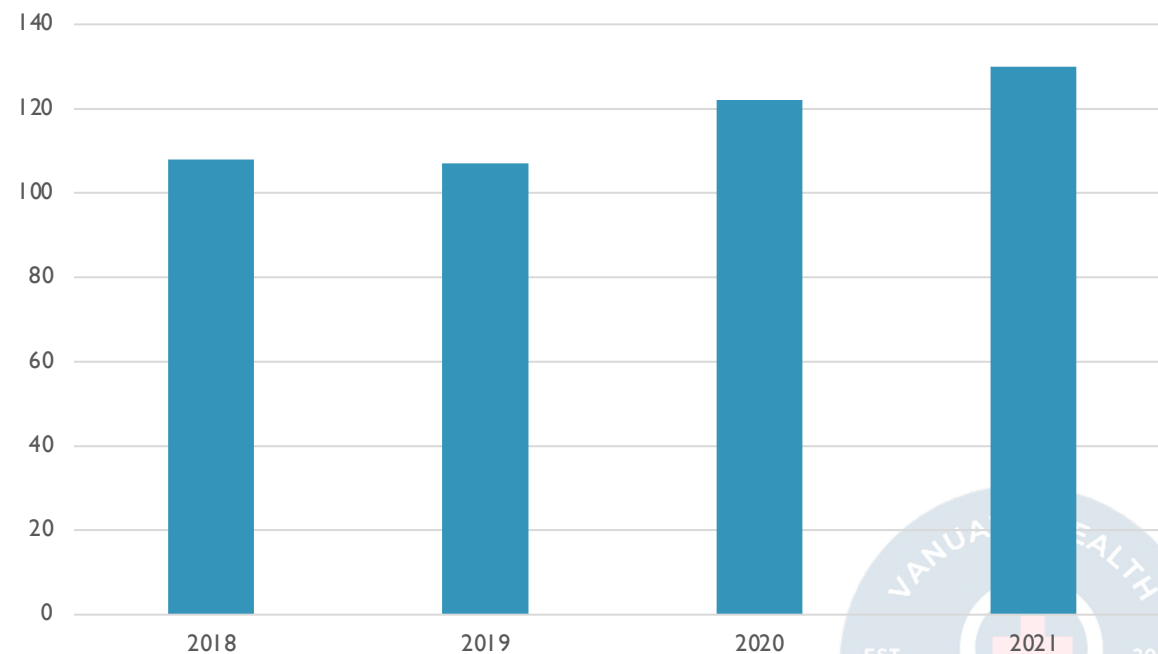
Number of Aid Posts reporting ≥ 1 Health Education sessions (by Province)



RESULTS: Family Health Awareness

- **Result:** Significant increase in Family Health Awareness activities each year throughout the trial.
- Interestingly, no reduced activity noted in 2021.

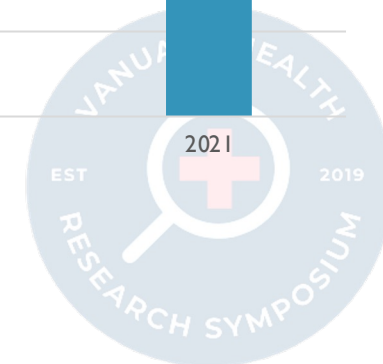
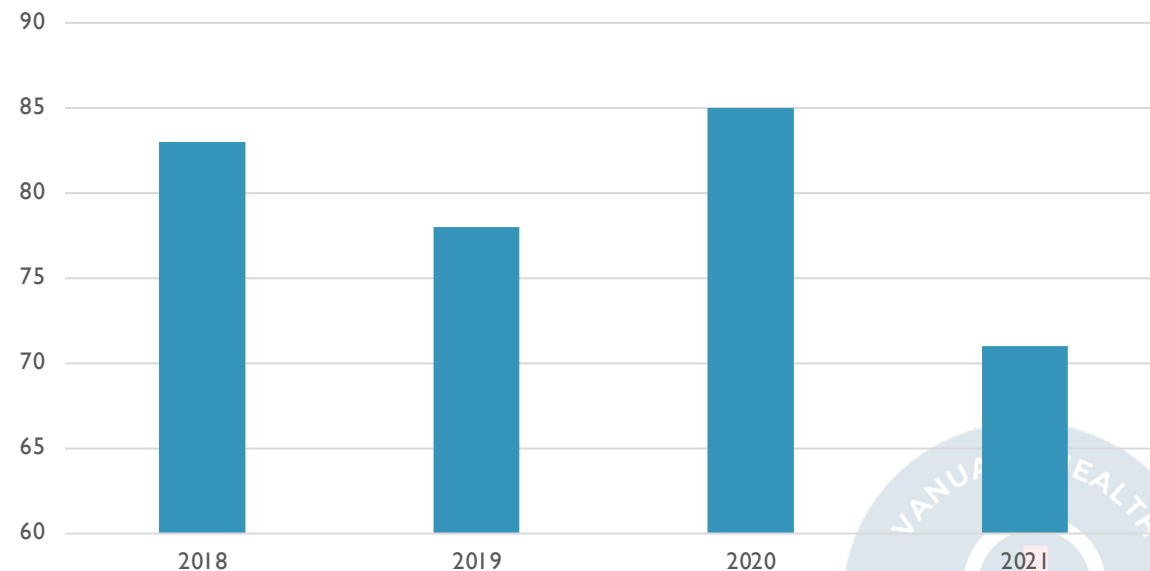
Number of Aid Posts reporting ≥ 1 Family Awareness Activity



RESULTS: Assistance to MCH Teams

- **Result:** Steady (and overall net-) increase in number of Aid Posts assisting at least one MCH visit in the first two years of the trial.
- Activity relies on initiation by provincial health teams.
- Likely drop in 2021 when COVID-19 priority over community MCH visits.

Number of Aid Posts reporting ≥ 1 Assistance to MCH Activity



DISCUSSION

The relatively small investment in recognising VHWs' performance makes a significant contribution to delivery of Primary Health Care services at the community-level

- incentive payments had a measurable, positive influence on VHW performance, both in terms of reporting and output, in 2019 and 2020.



DISCUSSION

Improved VHW performance:

- Results indicate overall, net-increase in community engagement and health promotion outputs from VHWs in the first two years of the trial.
- This based on actual HIS data; which became more credible during the period through increased coverage.
- By some measures (Community/Aid Post Clean-Ups and Assistance to MCH Teams), drop in output from the baseline year to the first year of the trial - not evident across all provinces.
 - Following intro of trial in 2019, it took time for provincial health teams to understand and communicate the message to VHWs about the new approach, and the eligibility criteria; a 'delayed start' for some VHWs, who missed some of their monthly reporting obligations and had only limited time to catch-up on their output.
- By contrast, VHW outputs improved dramatically in 2020 across most criteria, indicating that by the second year of the trial, all VHWs had come to understand what was required of them.



DISCUSSION

Communication is pivotal:

- Success of investment relies upon contact and communication with VHWs. In 2019, VHWP invested in:
 - Supervision and support / communication with VHWs to promote their role within Primary Health Care system.
 - Provincial VHWP Officers appointed.
 - Supervisory visits supported: > 1/year.
 - Quarterly newsletter and Facebook page established/maintained.
- Re-confirmed messaging on the incentive payment criteria and processes – led to improved VHW performance and output.
- With COVID-19, as supervisory visits, training and newsletters ceased, and when the Facebook page fell into disuse, output and reporting from VHWs decreased.
- Investment in all aspects of VHWP strengthening is as important to the success of the incentive payments scheme as the payments themselves.
- Provincial health officers (incl Health Promotion and VHWP Officers) play critical role in maintaining regular communication with VHWs, and reminding and supporting them to submit their monthly reporting forms.



RECOMMENDATIONS / IMPLICATIONS

- VHW output and performance improved substantially in 2019 and 2020; thanks largely to the Incentives Payment scheme.
- Incentive Payments were effective in:
 - Improving VHWs' community engagement and health promotion activities,
 - Proving that with appropriate incentives, VHWs will engage with communities to improve health and well being.
 - Improving the frequency and quality of Aid Post reporting.
 - Using existing reporting systems (the HIS) to demonstrate output and performance.
- This has implications for all public health programs seeking to mobilise and engage communities in health promotion activities, and to have a way of monitoring these.



RECOMMENDATIONS / IMPLICATIONS

- The VHW incentive payment scheme to continue for 2022 and 2023, with no alteration to the current eligibility criteria.
- Annual data reviews to continue: to confirm that reduced output in 2021 is an anomaly influenced by COVID-19.

To strengthen outcomes:

- Provincial health officers to engage regularly with VHWs (supervisory visits, digital communication); promote awareness and understanding of the incentive payment eligibility criteria and program developments.
- HPOs and VHWP Officers, Zone Nurses and Health Information Officers to support VHWs to submit quality Monthly Aid Post Reporting Forms.
- VHWP to develop/distribute 2-3 VHWP newsletters each year and VHW Facebook page to promote the incentive payment eligibility criteria and program developments.
- A detailed analysis to be conducted at the end of 2023 to review the incentive payment scheme, including the payment amounts and the potential to introduce new output criteria with a focus on new and emerging health sector priorities.



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