Balancing Standardization and Flexibility through a Systematic Approach:

A Qualitative Study on the Activities of Village Health Volunteers in Thailand and the Factors that Influence Their Work

Sarah Kowitt & Dane Emmerling
MPH students, University of North Carolina at Chapel Hill

Introduction

The Village Health Volunteer (VHV) program of Thailand is one of the oldest and most established community health worker programs in the world. Initiated against the backdrop of the Primary Health Care and Health For All Movements since 1978, peer support remains fundamental to this health policy and essential to its success. When operationalizing peer support from a systematic approach like a policy across different settings (e.g., urban and rural), it is critical to strike a balance between standardization and flexibility. Thailand’s experience with the VHV program can provide valuable insights on the dissemination and institutionalization of peer support at a system level.

As two Master’s students in the Health Behavior Department of the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill, we took on a Peers for Progress sponsored practicum in Thailand. With the mentorship of Dr. Edwin Fisher (Global Director of Peers for Progress) and Dr. Chanuantong Tanasugarn from Mahidol University in Bangkok, we designed a qualitative research study to explore how VHVs provided support and what factors influenced the manner in which VHVs provided support.

Background

There are now more than a million active VHVs throughout Thailand. Each volunteer receives around 15 days of training, and go on to serve 7 to 15 households, offering support to community members on a variety of different health outcomes ranging from infectious diseases, such as dengue fever, to chronic diseases, such as diabetes. Acting as friends, relatives, and peers to community members, they provide support based on their experience and knowledge of the community.

Through Dr. Tanasugarn and her team, we were able to engage with three different semi-urban communities in central Thailand: BangNamPung, SaoHai, and Phanatnikhom. Techniques employed included observational analysis, semi-structured interviews, and focus groups. We shadowed VHV home visits to community members, conversed with them about their activities, and also met with other stakeholders (e.g., public health officials and Thai faculty members) to understand the factors that influenced the VHV program.
Results & Discussion

Lesson 1: The compatibility of VHV activities with the Four Key Functions of peer support

The support that the VHV provided can be organized according to the Four Key Functions of peer support as put forth by Peers for Progress and its affiliates: assistance with daily management, social and emotional support, linkage to clinical care and community resources, as well as ongoing support.

The VHV provided emotional support by routinely visiting households and organizing groups that were important sources of emotional support for community members, such as a walking group for elderly members of BangNamPung. VHVs served as a linkage to clinical care. In conducting screenings, if they noticed anything abnormal about the patient’s health, they would help schedule an appointment with the doctor. The VHV would later follow up to determine whether the patient actually visited the doctor, and if not, the VHV would remind them, offer to provide transportation, or in one instance of a stubborn patient in SaoHai, bring the doctor directly to the patient. Since the VHVs live in the communities with the people they serve, they are able to provide continuous and ongoing support in a tailored and caring manner. As a result of the close collaboration between the VHVs and community members, their assistance with community members’ daily management was tailored to individual circumstances. When providing education to pre-diabetic villagers, the VHV would cook healthy food for them, educate them about diet and exercise, or organize and invite the villagers to participate in activities such as aerobic dance.

Lesson 2: Tensions between flexibility and accountability within the VHV program

In our conversations with VHVs, we asked not only about the services that they provided but also about the factors that determined how they went about their work. A factor that influenced the focus of their work was increased government oversight. In 2010, VHVs began to receive a 600 Baht monthly stipend, or about 20 U.S. dollars. We found mixed opinions on the stipend for fear that it would change the type of people that apply for the program and the spirit of the program. However, other VHVs appreciated the stipend for reimbursing them for travel and supplies that they used in the course of their work.

Increased government oversight also required VHVs to attend trainings in protocol and document their work with activity logs, both of which created tensions within the program. Public health officials endorsed use of the activity logs because it helped focus and provided structure for the efforts of the VHVs. Structure can also have unintended consequences such as hampering the flexibility and VHV’s knowledge of family circumstances. For example, in Sao Hai a VHV followed the protocol for child health by heavily emphasizing breast feeding to a child’s grandparents. This advice frustrated the grandparents because the child’s mother worked in a factory outside of the community and was therefore unavailable to breastfeed. This story illustrates the tensions that arise when prescriptive protocols are not informed by knowledge of a family’s circumstances. Activity logs were also time intensive and burdensome for older VHVs that struggle with computerized data entry and, in some cases, literacy.

It is clear that the characteristics of the support commonly provided by the VHVs coincide with the concept of “Standardization by Function, Not Content” identified by Peers for Progress and colleagues from around the world. While the populations served by VHVs can benefit greatly from their flexible approaches, a systematic approach to manage peer support, especially at a policy level, is capable of striking a balance between program flexibility and accountability. Learning about the factors that influenced the activities of the VHV was a fascinating exploration of the power of peer support in communities and a wonderful opportunity to develop our skills as researchers.

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