VILLAGE HEALTH WORKS

Where there is health, there is hope.

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Overview of presentation

About Village Healthworks

Challenges

Our vision as leaders
Context and Founding of VHW

- In 2006 Burundi was world’s poorest country, Kigutu one of its poorest communities
- 1994 genocide then 12 years of war left country torn physically, mentally, economically
- Broken public health system

- Founder Deogratis Niyizonkiza native of Kigutu
- Community donated land and labor to found VHW
Vision of Village Health Works
What makes VHW unique

Comprehensive

- Total health
- All clinical care

Very specific

- Disease & intervention specific
- Disease, model, intervention specific
What VHW does

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Overall well-being</th>
<th>Community involvement</th>
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<tbody>
<tr>
<td>Primary care</td>
<td>Agricultural education</td>
<td>Community health workers</td>
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<td>Nutrition program</td>
<td>Provide clean water</td>
<td>Women’s committee</td>
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<td>Maternal health</td>
<td>Help with school uniforms, fees</td>
<td>General works committee</td>
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<tr>
<td>HIV/AIDS and TB Program</td>
<td>Provide employment for locals</td>
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Financing

- Being fully self-sustaining is not part of the agenda
  - Primary goal is to serve the poorest of the poor
  - Eventually would like some income

“Our goal is to reach the poorest of the poor, and so we don’t plan to charge for our services.”

—Sarah Broom, CEO, via phone
## Challenges and solutions

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Proposed solution</th>
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<tbody>
<tr>
<td>Financial dependence on donors</td>
<td>Negotiate for long term funding guarantees from governments and foundations</td>
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<tr>
<td>Comprehensive health focus: strain on resources</td>
<td>Strengthen partnership with government, NGOs and other public service organizations</td>
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<td>Transition point for organization during major growth period</td>
<td>Develop concrete metrics to track data and progress</td>
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Objective 1: more stable funding sources

☐ Rationale: private donations, which account for 85% of revenue, are not infinitely dependable, and require a lot of resources for fundraising

☐ Use relationships with government to negotiate for support

☐ When applying for foundation funding, negotiate for longer term contracts

☐ Need good data tracking and performance measures in order to succeed with applications (ties in with objective 3)
Objective 2: strengthen partnerships

- **Rationale:** VHW has a big goal, but is only one organization with limited expertise and resources.

- **Plan:**
  - Partner with other NGOs, especially for non-health programs (e.g. agriculture/economic development, microfinancing, renewable energy)
  - Strengthen relationships with government
Objective 3: develop metrics to track data and progress—balanced scorecard method
Balanced scorecard strategy map for VHW

**Improve Quality of Life**
- Accessibility of service
- Increase Consumer Satisfaction
- Enabling people to be self-sufficient in producing foods
- Healthcare development (food, water, shelter, clinical treatment)
- Primary health care

**Partnership and integration**
- Maximizing the integration and partnership with healthcare institutes
- Improving partnership with NGOs, public service organizations
- Sustaining relationship with government/contributing to economic development

**Operational Excellence**
- Maximize Technology productivity
- Develop performance measurement system

**New Services**
- Identify new services for basic health care/expand current services
- Other services for improving food accessibility, shelter, clean water and etc

**Staff/employees**
- Empowering employees, educate and train employees
- Providing growth opportunity for employees/motivation

**Technology**
- Information system development
- Develop infrastructure/technology (Facilities, electricity, etc.)

**Culture**
- Promote and train Organizational values
- Encouraging and improving alignment with communities

**Customer & financial**

**Internal**

**Learning and growth**
Balanced scorecard metrics

**Patient/customer**
- Percent of people satisfied with supports
- Percent of people who can receive or be linked to the services they want
- Average time to resolve a customer issue
- Percent of people suffering from lack of food
- Percent of people receiving clean water

**Learning and Growth**
- Percent of staff meeting minimum competency requirements
- Number of personal growth programs offered
- Average length of employment
- Facilities efficiency
- Information system efficiency

**Internal processes**
- Number of medication errors reported
- Average days on waiting list
- Cycle time from intake to admission
- Percent of people who are able to access appropriate staff in a timely fashion
- Number of partnerships with community agencies

**Finance**
- Defensive Interval (DI)
- Debt Ratio (DR)
- The contributions and grants ratio
- Government Grants Ratio
- Fundraising efficiency
- Cost allocations ratios (All types)
Sources

- www.villagehealthworks.org
- UNData- World Statistical Pocketbook
- Interview with Sarah Broom, Village Health Works, CEO