Incentives and Social Enterprise Income Generating Models for Community Health Workers

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Presentation

• Background characteristics

• Uganda Health Structure

• About the BRAC NGO doing the research

• The study itself
“Giving birth is a beautiful thing. It should not cause mothers to die.” Prof. Omaswa, June 2017

• Current pop. Uganda is 34.6 million, Female (51%) and Children below 18 Yrs (55%) – Uganda is a Young country! (NPHC, 2016)

• Maternal mortality ratio is at 336/100,000 live births compared to 438/100,000 in 2011.

• Deaths due to preventable causes - excessive bleeding, lack of skilled care during child birth

• Infant Mortality is 53/1,000 live births compared to 54/1,000 in 2011. UBOS/UDHS, 2016

• Fertility rate declined – 7.4% (1988-89) to 5.4% (2016)

• Teenage pregnancy – 25% (15-19 Years) begun child bearing

• Contraceptive Use – Unmet need (28%), Use (35%), Demand (67%)

• Percentage of mothers who delivered in a health facility has also increased to 75%
Health Structure in Uganda

Community Health Workers are recruited from the communities in which they live, receive training in basic primary health care, and go door to door checking on mothers and children, and providing referrals and health messages.
What is BRAC

• Largest and top development organisation in the world
• Dedicated to poverty alleviation, wellbeing and empowerment of poor
• Pioneer in recognizing and tackling different realities of poverty
• 44 years track record of success
• Reaching 135 million people worldwide
BRAC Comprehensive Approach

- Environmental Sustainability
- Agriculture & Food Security
- Health
- Poverty Reduction
- Community Empowerment
- Education
- Legal Aid
- Food Security
BRAC Africa

• BRAC has been in Uganda, South Sudan, Liberia, Sierra Leone and Tanzania for the last 10 years

• BRAC in 11 countries, reaching over 100M people

• BRAC has trained:
  – 4,075 CHWs in Uganda (72 districts)
  – 1,549 CHWs in South Sudan
  – 600 CHWs in Sierra Leone
  – 552 CHWs in Liberia

• 75% of BRAC’s global budget is funded by its own social enterprise activities, including microfinance
Research Question

What are the most impactful, cost-effective and financially sustainable income-generating social enterprise models and incentives for volunteer community health workers?
CHWs: More Can Be Done

Governments and non-governmental organizations spend many resources on health workers and the systems that support them, and such investments could produce greater benefits to society than they currently do.

- Rowe, Savigny, Lanata and Victoria (2005) in *The Lancet*

“We need good health at low cost” – Prof. Omaswa, Uganda MoH
Should Community Health Workers be Volunteers or Paid?

*(One of the most hotly debated issues with CHWs!)*
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Two sides to the argument:

**They should be volunteers:**

- CHWs should be socially motivated to help: payment undermines social motivation
- Paying a salary is not financially sustainable for governments and NGOs in low-resource settings

**They Should be Paid:**

- CHWs are already heavily burdened poor women
- Expecting them to perform with insufficient financial incentives leads to lower motivation, higher turnover and lower impact
What are Community Health Workers?
(also known as VHTs, community health promoters, home health promoters)

Community Health Workers
• Are from the communities that they serve
• The very front line of access to basic primary health care (information, medicines, referrals)
• Often female volunteers
• Go door to door visiting households, especially mothers, pregnant women and children
• Leverage local relationships, language and cultural knowledge to promote long-term family health
Why are Community Health Workers Important?

They often serve the poorest and most vulnerable
- Conflict and post-conflict contexts
- Low-income and rural areas without sufficient access to health services and products

They can reduce child mortality
- CHWs in Uganda reduced child mortality by 27% in a recent randomized controlled trial (Nykvist, Guariso, Svensson and Yanagizawa-Drott, 2014)
Why Incentives and Social Enterprise Income-Generating Models for CHWs?

- Where Community Health Workers are most needed are where there are the **fewest human and financial resources** for health.

- In these contexts, CHWs are usually volunteers.

- A way to transcend the debate between volunteer vs paid?

- This is where understanding which models of **income-generating social enterprise** activity and **incentives** can be useful.
Financial Incentives:
• Income from sales of drugs and products
• Lunch and transport money for refresher training
• Performance incentives (e.g. money for malaria treatments or antenatal

Non-financial Incentives:
• Social recognition and status
• Access to training opportunities
• Access to drugs at home
• Access to microfinance loans or other BRAC programs
Financial Incentives include Social Enterprise Income Generating Activities

• **Social Enterprise is**
  
  – Enterprise activity: some trade or exchange of goods or services which creates value for both provider and recipient
  
  – Income generation potential
  
  – With primarily a social objective: such as improved maternal and child health
  
  – BRAC’s model includes an income generating component
Research Methodology

• Qualitative
  – **Phase 1:** Literature review on incentives and scan of examples of income-generating social enterprise models for CHWs
  – **Phase 2:** Qualitative study of CHW systems, incentives and opportunities for social enterprise in Uganda

• Quantitative
  – **Phase 3:** Randomized controlled trial in Uganda (shifted from South Sudan) with BRAC’s Community Health Workers
  – Non-cash economy in South Sudan
RCT: Which model of income is most effective at reducing U5 mortality?

Medicines: e.g. panadol, amoxicilin, bendex, etc.
Products: e.g. contraceptives, mama kit, ORS, porridge, etc.
RCT: Which model of income is most effective at reducing U5 mortality?

From this study we want to learn:

• Which model is the most cost-effective for incentivizing community health workers to reduce U5 mortality
We welcome your input!

• Immediate Next Steps
  – Your input today
  – Plan to use a Gender Lens from the Synergy grant
  – Currently: RCT baseline data gathering for CHWs and community members
  – Funded: IDRC Canada
Research Team

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thank you