



## Impact of the Community Health Promoters Model in Uganda



### Intervention

Uganda has a high number of under-five mortalities (U5M) due to severe shortage of health workers which is why a growing number of governments and NGOs see community health promoters (health promoters) as a viable strategy for extending primary health care to underserved rural areas.

Based on a community approach, BRAC health projects are fundamentally designed on the activities of health promoters, creating a bridge between underserved communities and formal healthcare systems. BRAC Uganda kick started the *Health programme* in 2008. By the end of 2018, it reached 7,000 villages and 5,5 million people and it currently facilitates over 4,000 health workers. The three prolonged objectives were to (i) reduce morbidity and mortality of under-fives, (ii) improve access to a wide range of basic health products and (iii) improve the micronutrient intake of under-fives.

For the position of health promoters, local women 18 to 45 were selected and trained on the integrated community case management (ICCM) and maternal and child health issues. They visited households weekly within their catchment area to educate them on health-related issues, offer sensitisation services and products like ORS, zinc and condoms for a small profit margin. For each visit to a newborn, they received an additional \$0.65. They referred severe cases to the nearby health facilities, organised health campaigns within communities to raise awareness of common childhood diseases.



### Research

*Reducing Child Mortality in the Last Mile: Experimental Evidence on health promoters in Uganda* (Björkman Nyqvist et al., 2019, [AEJ](#), 2019, 11(3))

*The Role of Price and Convenience in the Use of ORS to Treat Child Diarrhea: A Cluster Randomised Trial in Uganda* (Wagner et al., 2019, [PLoS Med](#) 16 (1))



### Method

*The first experimental study* (2011-2013) assessed the impact of programme on U5M using data of 7,018 households and 11,563 under-fives.

*The second experimental study* (2016-2017) followed 7,938 households. It used a control (standard BRAC health programme) and three treatment groups: (i) free of cost with home delivery, (ii) free of cost without home delivery and (iii) selling at doorstep to test the effects of price and convenience in providing ORS and zinc.



▼ **27**

% U5M

▼ **28**

% neonatal mortality

▼ **33**

% infant deaths

▲ **73**

% children with malaria received follow-up visits by health promoters

▲ **13**

% children slept under a bed net

▲ **37**

% ORS coverage if delivered for free

▲ **19**

lives a month saved

In alignment with the existing literature, the two studies showed a significant impact of health promoters on health status, in particular, on the child's welfare. The *first study* found the U5M reduced by **27%**, infant deaths by **33%**, and neonatal mortality by **28%**, at an estimated average cost of \$68 per life-year saved. These results were strongly driven by the increased use of quality health products provided by health promoters. If children in treatment households fell sick with diarrhea, they were 16% more likely to receive ORS or zinc. If sick with malaria, they were 19% less likely to receive fake malaria therapy, relative to the control means.

Health promoters' visits to treatment households increased by about four times, relative to the control mean. If an under-five child fell sick with malaria or diarrhea, they were respectively **73%** and 62% more likely to receive a follow-up visit. This built-up health knowledge and preventive behavior of treatment households – they were 11% more likely to know that diarrhea is transmitted by untreated drinking water and 5% more likely to treat water before use. Their children were **13%** more likely to sleep under an insecticide-treated bed net as 38% more knew that mosquito bites are the only cause of malaria. They were 8% more likely to know of foods with added nutrients, compared to the control households.

The *second study* documents how the free distribution at doorsteps increased ORS coverage by **37%** compared to the control group and by 19% as opposed to selling-with-home-delivery group. A higher number of households preferred combining ORS and zinc for their under-five children with diarrhea. Such coverage in the free home distribution group increased by more than double relative to the control group.

Health promoters delivering free ORS and zinc were nearly twice as likely as health promoters selling at the doorstep to visit a household. Hence, the price is an important factor both to increase the uptake and the performance of health promoters. This was further attested by 39% diarrhea cases in the free home delivery group being treated on the same day of diarrhea onset, which was 18 percentage points (pp) higher than in the control group. Delivering free health products could seemingly lead to significant improvement in health services - for instance, if all health promoters in Uganda delivered ORS for free, **19** lives a month could be saved.

## ➤ Way Forward

The findings of the two studies uphold the BRAC health programme as an effective strategy in fighting child morbidity and mortality. Since referrals to facility-based health care are a crucial component of the intervention, future efforts should focus more on integrating the health promoters into the existing national and local strategies to amplify and sustain the impact. The second study strongly suggests that switching to free ORS and zinc distribution by health promoters would be easily scalable at low-cost and it would further improve the performance of health promoters.