BRAC's COMMUNITY HEALTH PROMOTERS

BRAC and Cape Breton University are partnering to understand how social enterprise models and incentives affect the performance of BRAC’s 4,075 community health promoters (CHPs) in Uganda. Uganda’s maternal mortality (438 deaths per 100,000 live births) and under-five mortality rate (90 deaths per 1,000 live births) remain high. This research is important to understand how CHPs can be best supported and incentivized to improve maternal, newborn and child health in Africa.

**CHPs: WHO ARE THEY?**

- **Women** from the same community they serve
- **Volunteers** who can earn some income from sales of medicines and healthy products
- Provided with three weeks of **training** and monthly refresher sessions on essential primary health care emphasizing maternal, neonatal, and child health

**Requirements for being a CHP** include:
- Literacy
- Willingness to serve her community
- No child under one year old
- Accepted by the community
- Cooperative husband

**WHAT MOTIVATES CHPs**

- 78%: Contributing to family income
- 49%: To serve community
- 28%: To learn health issues
- 13%: To have additional income

On average a BRAC CHP is 38 years old, has completed 9 years of school and lives in a household with six other family members. 36% are the main income earners in their families.

**CHPs: WHAT DO THEY DO?**

**MODE OF SERVICE PROVIDED:**

- 63%: Someone came to me for service or medicines
- 37%: I provided services during a household visit

**TYPE OF SERVICE PROVIDED:**

- 51%: Sold health products
- 25%: Provided advice and sold health products
- 24%: Provided health advice
- 37%: Provided services during a household visit

**TOP 5 PRODUCTS SOLD BY CHPs**

- Antimalarial tablets: 32%
- Diapers: 11%
- Paracetamol (analgesic): 6%
- Milk powder: 6%
- Sanitary pads: 6%

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**WHAT DO THEY DO?**

- Assess and treat children for malaria, pneumonia and diarrhea dehydration.
- Antenatal and postnatal pregnancy care and promoting safe delivery at health centres.
- Promote healthy behaviours through education on immunization, nutrition, family planning, safe water, sanitation, TB and HIV/AIDS.
- Refer severe and complicated cases to health facilities.
- Follow up on treatments and referrals.

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**CHPs: HOW DO THEY EARN A LIVING?**

Most CHPs rely on agriculture and business as their main source of income.

**IN UGANDA, 4,075 BRAC CHPs WORK IN 70 DISTRICTS OF THE COUNTRY. EACH CHP SERVES ABOUT 100 HOUSEHOLDS. ON AN AVERAGE, A CHP WILL SPEND 2-3 HOURS VISITING HOUSEHOLDS AND AT LEAST FIVE COMMUNITY MEMBERS WILL ALSO VISIT HER HOME.**

**WHEN ASKED ‘WHICH OF YOUR SERVICES DO YOU THINK COMMUNITY MEMBERS VALUE MOST?’ CHPs SAID:**

- 36%: Knowledge on health/disease
- 33%: Selling quality health products at low cost
- 17%: Household visits and follow-up care
- 13%: Other