

VILLAGE SAVING LOAN ASSOCIATION: AN INNOVATIVE TOOL FOR INCENTIVIZING COMMUNITY HEALTH WORKERS PROGRAMS IN WESTERN KENYA

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Background: The concept of community health volunteer (CHV) system has gained its popularity over the last decade most particularly in low and middle-income countries to overcome the increasing demand for health care services and the shortage of formal health care providers (Chung, M.H.L., et al., 2017). World Health Organization takes cognisance of the critical role CHVs can play in achieving health-related global development goals like sustainable development goals (SDGs), universal health coverage (UHC) and FP2020 (WHO., 2007; Jaskiewicz, W. and Tulenko, K., 2012; Singh, P. and Sachs, J.D., 2013). Hitherto, CHVs have become a prominent feature of much primary health care (PHC) programmes in LMIC countries, including Kenya (Takasugi, T. and Lee, A.C.K., 2012; Mwai, G.W., et al., 2013). However, the benefits thereof have not been optimized given the myriad of challenges of service delivery that exist at the level. These challenges include high attrition rates, motivation and sustainability-related issues (Saprii, L., et al., 2015; Takasugi, T. and Lee, A.C.K., 2012). Village Saving Loan Association (VSLA) is a microfinance tool that is a very useful livelihood tool most particularly amongst the unbanked communities (Brannen, C.F., 2010), but the intervention has never been tested as a sustainable financing tool for community health programming. Hence, Save the Children International in collaboration with the Ministry of Health is currently conducting a two-phased evaluation study on the effectiveness of VSLA as a community health incentivization mechanism, develop a scalable unit which for the sake of the study will be referred to as VSLA+. In this paper, we present the findings from a formative phase evaluation.

Objective: This study aims to achieve the following general goals: in the formative phase; explore the factors and processes that facilitate functionality and operation of VSLAs, and in the evaluative phase, to evaluate effect of VSLA+ on MNCH services uptake, feasibility, acceptability, scalability, and sustainability among community members, CHVs, sub-national and national health authorities and other stakeholders.

Methodology: This is a two-phased quasi-experimental designed study. In the formative phase, we conducted a cross-sectional survey employing qualitative data collection approaches to generate data that will be used to develop a scalable unit of VSLA (Fig 1).

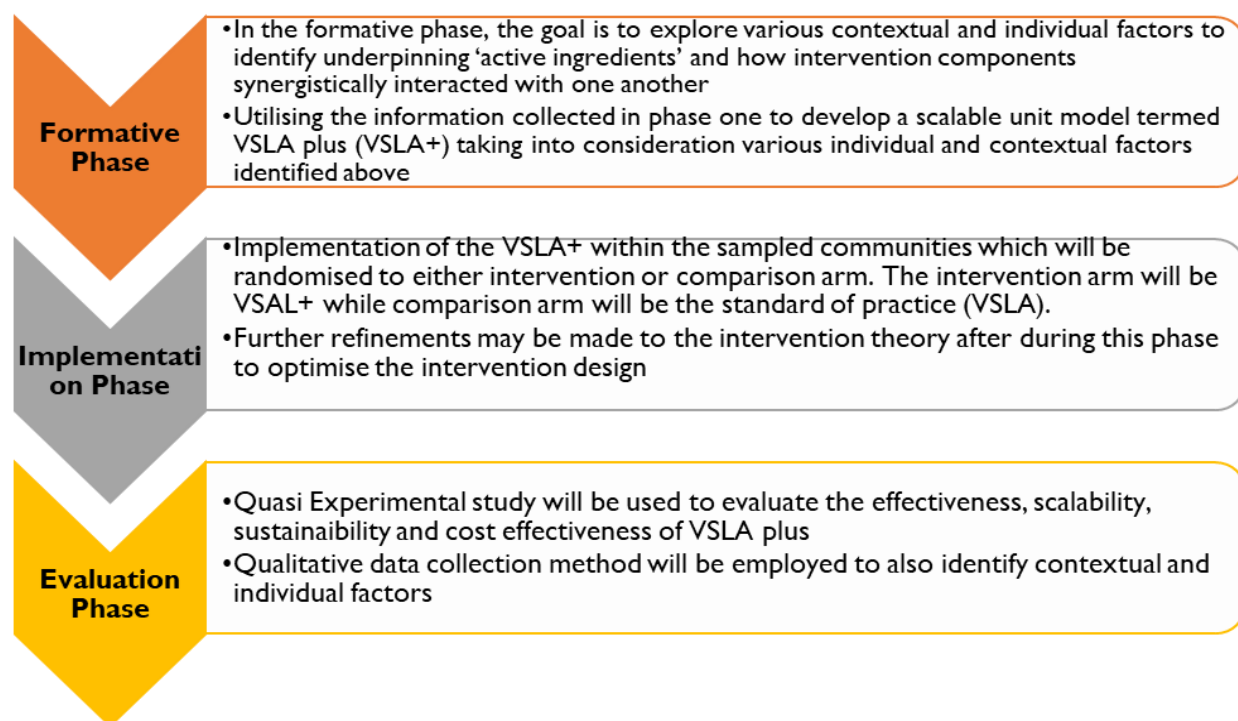


Fig 1: Study Design Overview

The qualitative data collection approaches included focus group discussions (FGDs) with VSLA Members and key informant interviews with Community Health Extension Workers (CHEWs), County and Sub County Health Management Teams. Purposive sampling was utilised to identify the study participants. Interviews were digitally recorded, transcribed verbatim, translated into English where necessary. The transcripts were then coded and then analysed utilizing framework analysis in NVivo Software version 12.

Results: Generally, CHVs found VSLA very helpful both at individual and group level, they were able to take advantage of the flexible credit facility and take loans which were used to respond to different social-economic responsibilities which include paying school fees for their children, buying food for the family and restocking of the small businesses (Table 1).

Benefits Individual Level	Benefits Group Level
<ul style="list-style-type: none"> • VSLA provides a social and economic support system 	<ul style="list-style-type: none"> • Improved group interaction and unity
<ul style="list-style-type: none"> • Meet the needs at the household level 	<ul style="list-style-type: none"> • Improved working relation between CHCs and CHVs due to regular interactions
<ul style="list-style-type: none"> • Cheaper and easy to access credit facility compared to other financial institution 	<ul style="list-style-type: none"> • Opportunity to share and exchange ideas to address work-related challenges more regularly
<ul style="list-style-type: none"> • Expanding personal projects and business 	<ul style="list-style-type: none"> • Receiving credit facility closer compared to the bank

<ul style="list-style-type: none"> Improved food security at the household level 	<ul style="list-style-type: none"> VSLA improved meeting attendance
<ul style="list-style-type: none"> Improved school attendance and education status- using VSLA credit facility to pay school fees 	<ul style="list-style-type: none"> Using VSLA knowledge to encourage Birth preparedness and Complication Readiness
<ul style="list-style-type: none"> Empowered the CHVs and CHCs and gained recognition in the community 	<ul style="list-style-type: none"> The welfare contribution facilitates members support during an emergency

Table I. Benefits of VSLA to the community Health Volunteers at individual and Group Level

Also, they leveraged on the VSLA meetings, which happened two or three times a month to discuss health service delivery issues at the community level. Most importantly, VSLA provided the CHVs with the opportunity to bond and get to know each other much better.

“Am well known because of VSLA .We always have community dialogue, and we are always with the Assistant chief, DODs and others. So VSLA has boosted my personality. I can talk before anybody, no fear. Am currently being called a teacher by men. I can be called to go to teach women about clinics and other issues. As am talking have been somewhere in a fundraising because they know me as a person with personality because of VSLA.”

[Male CHV, Bituyu CU]

According to Health Management Team, the VSLA platform they support supervision since they leveraged on the VSLA meetings to conduct some of their activities. Most importantly, both male and female CHVs felt empowered as a result of CHVs, most particularly, female CHVs felt that VSLA offered them an opportunity to respond to responsibilities that are primarily considered male responsibilities.

“Because whenever they [CHEW] had a meeting, the community units and the CHVs come together; which is a very rare thing for them to do. So when they come together, they discuss issues affecting the community unit, and also they do...they do...VSLA” [County Health Worker]

Conclusions: VSLA presents an opportunity to contribute to the sustainability of community health programs. There is an ongoing evaluation to determine how VSLA contributes towards CHVs motivation and performance objectively. However, most of the community units the VSLA intervention was delivered are mainly within a rural context; there is a need to determine how VSLA would operate within an urban setting. Most importantly, there is a need to identify and institute strategies that would help address probable attrition that is attributable to “self-actualisation.”

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