OPPORTUNITY International

KNOWLEDGE MANAGEMENT

SPOTLIGHT

Community Health Care

October 2022 (Pre-Read)


Suman - Health Leader - India

SUMMARY

Challenge: Providing the underserved with access to primary health services.

Featured Solution: Microfinance organizations leverage their ability to mobilize communities at scale to integrate health education and facilitate linkages to health services, products, and financing solutions to women living in poverty.

SUCCESS has been seen in the development of people who would create/implement such an ecosystem.

- Health Leaders
- Health Entrepreneurs

LOOKING FORWARD: We expect to see the following developments.

- Launch Health Finance program
- Expanding to new microfinance partners in India, Indonesia, and Bangladesh
- Expanding to microfinance partners in Nepal
- Develop evidence base around leveraging microfinance networks for community health programs

INTEGRATING MICROFINANCE & HEALTH SERVICES

Health Systems Strengthening

THE CHALLENGE: HEALTH & FINANCING BARRIERS

For millions living in poverty, healthcare is unaffordable and inaccessible, with further inequalities for those in rural and remote areas. Nearly 996 million people spend more than 10% of their income on health care out-of-pocket and 90 million are still being pushed into extreme poverty due to health care costs.[1] Greater access to primary healthcare could save 60 million lives with 3.7 years added to average life expectancy. There is a health worker shortfall of 18 million expected in low income countries by 2030 which will deepen inequalities in access to healthcare.

Over 3,500 microfinance institutions (MFIs) provide microcredit and financial services to more than 155 million households worldwide. Conservative estimates indicate that at least 34 million of these households are very poor, representing around 170 million people, many in remote areas beyond the reach of health agencies, both private and governmental. A small but increasing number of MFIs offer health-related services, such as education, clinical care, community health workers, health-financing, and linkages to public and private health providers.

A small but growing number of studies have attempted to show that MFIs are capable of contributing to health improvement. The interventions primarily enrich knowledge that leads to positive behavioral change. Some studies also show enhanced access to health services through addressing financial, geographic, and other barriers.[2]

OPPORTUNITY'S INNOVATION: HEALTH LEADERS & ENTREPRENEURS

Opportunity International Australia (Opportunity) started its Health program in 2012 in India in partnership with Cashpor, a microfinance organization serving Bihar and Uttar Pradesh. Now the program works alongside over a dozen MFIs in 4 countries – India, Indonesia, Bangladesh, and Nepal – which have a combined reach of over 11 million clients. These achievements have occurred due to the three flagship initiatives: Health Leaders, Health Entrepreneurs, and Health Finance. These three initiatives work in tandem to improve access to last mile primary healthcare. They support the communities we serve to seek, reach, pay for health care, and to engage actively in their health and wellbeing.


Sri, Health Leader, Indonesia

Health Leaders: Opportunity's Health Leaders program empowers women in their communities to deliver basic health education, with a focus on illness prevention and health promotion. In Bangladesh, improvements in knowledge, attitudes, and practices were greatest in Menstrual and Reproductive Health (50%) and Maternal Health (38%) topics.

Health Entrepreneurs: Opportunity's Health Entrepreneurs program supports Health Leaders to develop sustainable businesses by delivering essential health products and services to communities in India and Bangladesh.

Health Finance: The Health Finance program helps financial institutions to develop health-related digital financial services and products specifically for people living in poverty. These include health mutuals, insurance, loans, or savings. Health finance gives those usually excluded access to finance and support to better manage health care costs. This service is currently being developed in India.

Outreach in 2021:

- **Bangladesh:** 550 new Health Leaders trained to support their communities
- **India:** 1,200 existing Health Leaders deployed to support COVID Response in rural villages
- **Indonesia:** 134 new Health Leaders trained to support their communities

Opportunity focused their 2021 initiatives towards supporting communities to prevent, treat, and vaccinate against COVID-19. Lower income communities in these countries were assisted through leveraging Opportunity's network of MFI partners.

SUSTAINABILITY and SCALE: PARTNERS TAKE OVER HEALTH PROGRAMS

- Microfinance partners are selected on the basis of alignment of social focus on community development and "microfinance plus" as well as scale and coverage in high-need or underserved communities, with strong overlap with Edufinance partners in India and Indonesia.
- Opportunity provides technical assistance and catalytic funds in the pilot and scale-up phase, with the shared objective of mainstreaming all Health programs through the microfinance organization independent of external funding in 4-8 years.
- There is a high degree of innovation occurring in "microfinance plus" programs in South Asia. We believe innovations can be eventually scaled to other regions.

NEXT STEPS: EXPANSION

Opportunity plans to continue expanding the number of communities educated and served by their Health Leaders and Health Entrepreneurs programs – providing last mile health services to low-income, rural families. Health Finance, as a program, is at the innovation stage with plans for expansion after a series of pilot programs. Additionally, Opportunity hopes to be a learning partner to assist in building out the evidence base in programming with Australian research institutes who may be able to apply for research grants. This collaboration may help ascertain whether the immediate improvement in knowledge and awareness is sustained in the long-term.

ONGOING QUESTIONS:

1. **How do we ensure that we leverage evidence-based best practice alongside localizing the program based on language, culture, customs, and country context?**
2. **How can we continue to improve incentive design, ongoing professional development, and program monitoring for community health workers?**
3. **Where can we incorporate Climate Smart practices and Gender Equality, Disability and Social Inclusion (GEDSI) and digital-enablement as cross-cutting program focuses?**

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[1] "Financial Protection." World Health Organization https://www.who.int/health-topics/financial-protection.

[2] Sheila Leatherman, Marcia Metcalfe, Kimberley Geissler, Christopher Dunford, "Integrating microfinance and health strategies: examining the evidence to inform policy and practice," *Health Policy and Planning*, Volume 27, Issue 2, March 2012, Pages 85–101, https://doi.org/10.1093/heapol/czr014; Lorenzetti, Lara, Sheila Leatherman, Valeria Fox, "Evaluating the effect of integrated microfinance and health interventions: an updated review of the evidence," *Health Policy and Planning,* Volume 32, Issue 5, June 2017, Paged 732-756, https://academic.oup.com/heapol/article/32/5/732/2957092.