

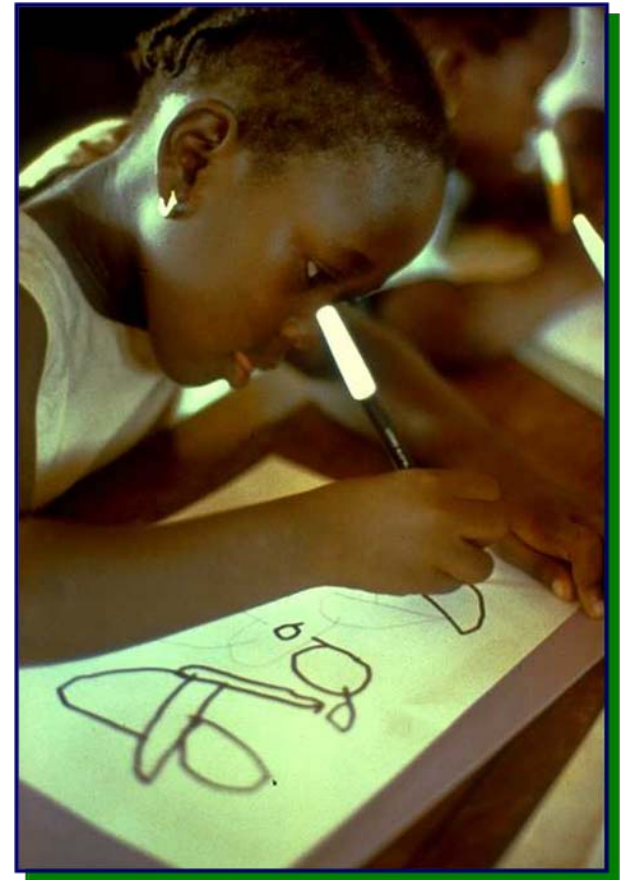


*Microcredit and Health
Innovations for the Poor:
Using Research to
Improve Health*

Kirk Dearden, Brigham Young University

WHO should we target?

- Poorest of the poor, females, young children
- 60 priority countries: 50,000 deaths or U5MR 90+/1000
 - Sub-Saharan Africa/S Asia





WHAT health priorities should we focus on?

- Neonatal disorders (36%)
- Pneumonia (20%)
- Diarrhea (17%)
- Malaria (9%)
- Malnutrition: 55% of all deaths
- Reproductive Health
- Priorities depend on regional disease patterns





WHAT health interventions?

Prevention

- Immunizations (17%)
- Breastfeeding (10%)
- ITMs (6%)
 - No country on track for MDGs by 2005
- Complementary feeding (6%)

WHAT health interventions?

Treatment

- ORT (11+%)
- Antibiotics (10%)
- Emergency neonatal care (5%)
- Anti-malarials (5%)





BEST approaches for poverty and health?

\$64,000 question

A variety of approaches to reducing poverty and/or improving health:

- Credit with education (Freedom from Hunger)
- Positive deviance (Save the Children)
- Integrated services (ProMujer), etc.

Desperately needed: documentation regarding *which* microcredit/health programs make a difference



EVIDENCE of impact mixed

Generally positive:

- For MFIs but not group-based BCC in health
- However, program strategies and research methods vary considerably

Positive

- Chowdhury: BRAC reduced poverty/malnutrition; increased survival of boys *and* girls
 - Similar findings for ASA (Bangladesh), SHARE (India) and others
- Quinn: Multiple interventions effective in improving IYCF
 - Is microcredit enough?
- Crookston/Dearden: Group-based education improved BF practices in Cambodia



EVIDENCE of impact mixed

Mixed

- MKNelly: FFH in Bolivia and Ghana
 - Bolivia: Credit with Education had an impact on health knowledge and behaviors, not nutritional status
- Dearden: MTMSG in Guatemala
- AIMS studies
 - Focus; *not health* impact but spending food/education
 - No true baseline in Zimbabwe, Peru, India
 - (Repeat) borrowers more likely to spend \$ on food/education, less likely to be impoverished
- Marsh: PD in Viet Nam

ALL types of interventions need evidence of:

- Effectiveness
- Feasibility
- Affordability
- Availability
- Coverage





Challenges:

- Universities attempt development work
- PVOs conduct large-scale research
- Difficult to pinpoint impact
 - the greater the rigor, the less likely the impact
- Long-term funding
- Research: lower priority for PVOs
- Design of interventions not conducive to research and vice versa

Solutions:

- Brainstorming





Solutions:

- Use a variety of research designs (simple to complex)
- Establish partnerships
 - AIMS studies (PVOs/Banks/Universities)
 - UC Davis and FFH (Ghana and Bolivia)
 - BYU and FFH partnering on malaria and MAHP
 - BYU collaborating with SCF on PD in Viet Nam
 - BRAC/ICDDR,B and others
- Cross-training
 - Research skills for PVO staff
 - Hands-on program experience for researchers

Solutions (cont):

- Focus: not just impact but intermediate effects
- Long-term funding
 - Allows sufficient time to see impact

