

Conclusion

Female community health workers who were trained to become a 'healthy entrepreneur' showed an increased and sustained performance in the medium-term. This study provides the first evidence that community health entrepreneurship may be a sustainable and lasting model through which to organise sexual and reproductive healthcare.

Community health entrepreneurship is an innovative way of providing rural communities access to primary healthcare by harnessing the entrepreneurial skills of community health workers. Previous research shows that community health entrepreneurs have a highly beneficial impact on communities' knowledge of HIV prevention. However, it remains unclear how the performances of these entrepreneurs evolve over time. Hence, this study aimed to longitudinally compare the performances of community health workers and community health entrepreneurs. The findings of this study aim to contribute to the construction of a sustainable primary sexual and reproductive healthcare model.

Methods

We administered a quasi-experimental performance survey in two rural Ugandan districts. The random sample entailed 150 community health workers, of whom a third would be trained as entrepreneur directly and the others six months later. Using mixed models we compared the groups' income, self-esteem, and availability of essential medicines and equipment.

Results

After six months, the entrepreneurs (n=56) showed sustained performance over the lay health workers (n=77). The community health entrepreneurs proved to be more active in addressing rural populations' sexual and reproductive healthcare needs.



Community health entrepreneurs had a higher availability of essential medicines^a (OR:3.30, 95%-CI: 2.03;5.65) and key equipment^a (OR: 1.87, 95%-CI: 1.03;3.37).



Becoming an entrepreneur increased the Rosenberg self-esteem score of community health workers with 1.24 points (95%-CI: 0.09;2.39) and raised their weekly income by \$8.96 (95%-CI: \$3.59;\$14.32)



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