Global Message

Dear MAHP Partners and Friends,

As we begin the final year of the four-year MAHP initiative we are happy to share news of the growth of MAHP packages across all of our partners (see adjacent article). Leaders and MAHP staff from Bandhan, CARD, CRECER, PADME, and RCPB convened in October with FFH colleagues, researchers, and health experts to share nearly three years of experience with providing health protection services to MFI clients. Together we discovered many lessons learned, common challenges, and a shared commitment to continue to expand the MAHP innovations to a greater number of MFI clients. Over the next months Freedom from Hunger and the MAHP partners will continue to evaluate and document the impact of these innovations on MFI client health and financial security, and on MFI financial performance and competitive position. The growing numbers of MFI clients who are receiving MAHP services, the continued growth of the MFIs themselves, and the high levels of MFI consumer satisfaction that we are observing are exciting and hopeful indicators of the power of microfinance institutions in the global fight against poverty and food insecurity.

We hope you enjoy reading about recent work at each of our MAHP partners in this edition, and that you will share it widely with others. We look forward to continuing to share similar updates as well as additional early findings from our research and evaluation efforts over the coming year.

Cordially,

The Freedom from Hunger MAHP team

Global (MAHP) News

Microfinance and Health Protection Services Reach 150,000

Approximately 153,000 MFI clients from the five MAHP partner MFIs around the world were using Microfinance and Health Protection services by the end of 2008. These services, which include health education, health loans, health savings, health microinsurance, health products, and direct links to health care providers, also provide direct and indirect benefits to an additional 600,000–700,000 family and community members. This extraordinary growth is an outcome of the hard work and commitment exhibited by these MFIs since these products and services were first introduced in 2007. Please refer to the chart and graph for details about MAHP products and services.

Access to MAHP Services as of November/December 2008 for all five MAHP Partners. (Note that clients receiving more than one service are double-counted and that all participate in health education.)

- Health Products: 19,250
- Health Savings: 17,688
- Health Microinsurance: 60,321
- Health Provider Linkages: 51,480
- Individual Health Loans: 40,203
- Health Products: 19,250

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<tr>
<th>Service</th>
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<td>Total</td>
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[Chart and graph showing the breakdown of MAHP services accessed by clients as of November/December 2008.]
MAHP research studies and other evaluation activities represent a major focus for MAHP staff and researchers during the remainder of 2009. Although the research will continue throughout the year, early results are yielding interesting findings and outcomes. Below is a small sample of what we are learning:

**Bandhan**
- Members use the health loans to supplement other means of paying health care expenses, such as savings, borrowing from relatives, and other sources.
- Some members use health loans to help them pay private doctors’ fees as an alternative to seeking services at a government care center.
- Women were able to share examples of what they remembered from the health education sessions as well as how they have used this information to make changes in health habits.
- Women spread knowledge gained in health forums by talking about health forum issues with friends in informal conversations.

**CARD**
- CARD members are satisfied with their enrollment in PhilHealth and disenrollment is very low.
- 94% of respondents said they would recommend CARD’s PhilHealth insurance program to family and friends (97% of respondents said having PhilHealth insurance ‘makes me feel protected in case there was a medical emergency in my family’).
- Members in the Preferred Provider Program (PPP) area report higher use of public health centers for care than before.
- Distance and the total cost of doctor and pharmacy services continue to be barriers to care.
- Private doctors report positive impact on their practices and would highly recommend participation to other providers.

**CRECER**
- Less than 10% of the clients reported seeking preventive care, and 18.8% said they had a chronic disease.
12% reported that they had an illness or injury in the last year that prevented them from participating in normal activities.

56% reported having some personal savings they keep for an emergency.

27% reported having some type of health coverage for some or all family members (e.g., spouse’s employment benefits, public health coverage for pregnant women and young children, or social security).

**PADME**

- Only 31% of the respondents had used oral rehydration solution when their child had diarrhea.

- Many clients knew how malaria is transmitted and that fever is a key sign. However, many also reported not sleeping under an insecticide-treated net (ITN) the night before, and indicated that nets are too expensive and/or unavailable.

- 90% of the clients had heard of HIV/AIDS, 70% knew that having one faithful partner can reduce the risk of contracting HIV, and 30% had talked to their partner in the last year about how to prevent HIV.

**RCPB**

- RCPB clients view health savings and health loans as complementary products that help protect them from the effects of accidents and illnesses.

- Clients would realize greater benefit from the program if providers could be paid directly from client savings or loan disbursements (eliminating the step of clients needing to visit the branch office to secure funds from their savings).

In an effort to teach others about the MAHP initiative, Freedom from Hunger created the film, **Healthy Microfinance: Innovations in Microfinance and Health Services**

The film introduces each MAHP partner and corresponding MAHP package and offers a detailed look at the services provided by Bandhan in India. To view, please visit: [http://video.google.com/videoplay?docid=2803699369026094828&hl=en](http://video.google.com/videoplay?docid=2803699369026094828&hl=en)

**MAHP Partner Updates**

**Bandhan | INDIA**

Bandhan’s Health Community Organizers (HCOs) received additional training during the last half of 2008 to facilitate and support new health forums about diarrhea, childhood illness and danger signs, family planning and provider referrals. The health forums are open to both members and nonmembers, extending the benefits of health education to the entire community.

Bandhan is also enjoying success with outreach to the local public health community. HCOs and SS (Bandhan’s community health entrepreneurs who are also called Sastho Sebika, or “SS”) make regular visits to the health centers, creating important linkages that help Bandhan clients get appropriate medical care when needed, and to cooperate with the public providers on local health improvement efforts. The government centers have recognized the importance of the SS role and now include them in the oral polio vaccine distribution process.
Health loans, which are now available in 191 branches, continue to grow in number and popularity. At the end of January 2009, Bandhan had 1,258 health loan borrowers and had disbursed a total of about US$116,000 in health loans with a 100% repayment rate.

During recent focus group discussions, women talked about the value they place on the benefits of Bandhan membership, including the health education and health loans. One Bandhan client stated that she remains with Bandhan because she values being part of a group she can talk with about health and other concerns and that, for her, Bandhan really is “Bandhan,” which in Bengali means “bonding.”

**CARD | PHILIPPINES**

CARD is successfully expanding MFI-member access to health microinsurance through PhilHealth and to discounted health services from private doctors, dentists, optometrists, hospitals and labs through its PPP, or Preferred Provider Program.

Enrollment in the PhilHealth insurance program continues to grow and reached 8,549 members as of January 2009, providing coverage to nearly 43,000 CARD clients and family members in 19 branches. CARD members enrolled in the insurance program are satisfied with their ability to access covered benefits and to pay premiums through low weekly payments to CARD. A very low disenrollment rate at the end of the first year (below 5%) is further evidence of member satisfaction.

The number of health service providers in CARD’s PPP has grown from seven during the pilot phase to a total of 65 by the end of 2008. As part of the commitment to achieve rapid scale of this program, CARD has hired and trained new staff who will recruit service providers and help extend the program to an additional 150,000 clients during 2009. Providers are enthusiastic about the program and the mutual benefits it provides for CARD, clients and the health providers.

Improving access to affordable and quality medicines has been an important yet challenging goal of CARD’s MAHP initiative. CARD has worked hard to develop a set of innovative ideas about how members can access and afford needed medicines. CARD is currently partnering with the Zuellig Foundation to study the feasibility of a national distribution strategy for generic drugs that would include local pharmacies and clinics as well as providers in CARD’s PPP Network. The study will be completed in May 2009.

**Partner Package**

- Health education
- Links to health care
- Health insurance

Annacleta Doti, Jennifer Setu, and Ida Santos have been enrolled in CARD’s PhilHealth insurance program for two years. They shared their stories about how the insurance has reduced the financial burden of health care for family members.
**CRECER | BOLIVIA**

CRECER has undergone a number of changes in the last few months, including the government-mandated transition to become a regulated financial institution; the division of the La Paz region, where the MAHP package is currently being offered; and some shifting of MAHP personnel. However, CRECER remains dedicated to MAHP and has made strides to scale up and integrate MAHP products.

Health loans continue to be one of CRECER’s most popular MAHP products, and demand is high among clients. Since the health loan was introduced and made available over one year ago, 277 CRECER clients have utilized it to improve their health status, using the loan to pay for services ranging from major surgeries to dental work. CRECER has encountered challenges such as an unstable health loan PAR, and is working to address these. CRECER plans to hire one Individual/Health Loan Advisor for each CRECER office to increase access for clients and ensure quality control. CRECER has continued to offer Health Days to its clients and families, and has had recent success working with public providers in rural areas despite inherent challenges to partnering with the country’s Ministry of Health. Continuing efforts to create linkages with health care providers has afforded CRECER the ability to expand and improve Health Days and health loans, and they continue to work to systematize these processes.

**PADME | BÉNIN**

PADME’s growing Credit with Education program, which now exists in 138 villages, has expanded from 3,329 members in June 2008, to 8,272 as of December 2008. The Credit with Education portfolio has grown to US$891,159. PADME reports that its Credit with Education members, 94% of whom are women, have an impressive repayment rate of 100%.

PADME field agents have provided education on malaria, childhood illnesses and HIV/AIDS, and will soon begin a new module on self-esteem.

PADME has so far distributed 956 insecticide-treated nets (ITNs) to members. This opportunity was made possible through a partnership between Freedom from Hunger and Population Services International (PSI), and a generous gift from a Freedom from Hunger donor. As a result, PADME’s Credit with Education members who learn about malaria prevention have the opportunity to purchase ITNs at the affordable and discounted price of $2 per net, enabling them to use what they have learned in the education sessions to prevent malaria. PADME is exploring alternatives for making the bednet distribution financially self-sustaining, and also for distributing other essential health products to the Credit with Education members.

*After reviewing the guidelines and repayment instructions, a CRECER client takes out a $182 health loan for a dental procedure, while her guarantor, a member of her community bank, looks on.*

*A PADME agent explains the malaria cycle and symptoms to PADME members during a session on malaria.*
RCPB | BURKINA FASO

RCPB continues to refine and scale its MAHP products, which at the end of November were reaching 17,688 members. There are now 875 active health savings accounts, and the product has proven to be popular among members. At this time, only 41.5% of health savings-account holders are women, and 10.6% of all accounts have been established by Credit with Education group members. The general consensus among the 1,600 women who participated in the Plan for Better Health Technical Learning Conversation (TLC) was that the topic encouraged and helped them to better budget their health expenses. Within the next few months, RCPB will train field agents to implement Plan for Better Health in other geographic areas, and begin training for the Using Health Care Services TLC.

As of November, RCPB had disbursed 27 health loans. To date, members have used the loans for health services and other needs, including medical exams, prescriptions, surgeries, corrective lenses, dental care and hospitalization. The average health loan amount per beneficiary is US$154 and RCPB reports that repayments have been on schedule. RCPB is working to develop linkages with local public health clinics, including “cash-less” payment methods that should significantly improve the usefulness of both health savings and health loans to members in the credit groups. As this occurs, RCPB expects to see an increase both in the total number of clients who use these services and in the percentage of these clients who are women.

Following the successes of the solidarity fund, which in early 2008 funded a water pump in the town of Ouahigouya and contributed funds to the local health center for malnourished children (both of which were recognized and well-received by the public), RCPB has decided to continually devote one-third of collective branch profits in the area toward the solidarity fund. This will enable other public projects to improve the health of the local population in the future.

2nd Global MAHP Meeting – San Francisco, October 2008

Leaders and staff from the five MFI partners in Freedom from Hunger’s MAHP initiative met with Freedom from Hunger staff, researchers and other health and insurance experts in San Francisco to share experiences and lessons learned from nearly three years of planning, developing and implementing integrated health services. The full report of this meeting can be accessed in English, French and Spanish and is available upon request from chandler@freedomfromhunger.org.
Freedom from Hunger launched the Microfinance and Health Protection initiative (known as “MAHP”) in January 2006 with funding from the Bill & Melinda Gates Foundation. Through MAHP, Freedom from Hunger is collaborating with a select group of microfinance institutions to develop and test sustainable innovations in health protection services that will improve the lives of poor people while also contributing positively to the financial performance of the institutions themselves. The initiative will continue through 2009, at which point the successful innovations will be widely disseminated around the world.

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