Dear MAHP Partners and Friends,

Aparna Paul, a client of Bandhan in India, is one of Bandhan’s 488 community health volunteers. Aparna, also known as “Doctor Didi” in her village, always wanted to do something for her community. Her dream came true when she was selected as a Bandhan Swastha Sohayika (SS), or community health volunteer. After being trained by Bandhan to give referrals and sell health products to her community, Aparna now visits 200–250 households every month and listens to their health challenges. In addition to providing her neighbors access to health products, including birth control pills, anti-worm tablets and ORS, Aparna reinforces important messages presented in the monthly community health forums. Aparna finds the respect she receives from her community fulfilling and motivating; she says that women in the rural village used to conceal most of their health problems because of shyness, but now feel free to discuss their problems and seek solutions with Aparna.

Aparna Paul is one of over 660,000 MFI clients around the world who are benefiting from the work of five pioneering MFIs that were part of Freedom from Hunger’s Microfinance and Health Protection (MAHP) initiative. With this special edition of MAHP News we would like to update you on the health programs and outcomes of our four-year MAHP initiative “pilot” and also share with you Freedom from Hunger’s vision for supporting the adaptation and replication of the MAHP innovations with many more MFIs around the world. Freedom from Hunger and the MAHP-partner MFIs accomplished the following to demonstrate that the combination of health and microfinance can be a powerful and sustainable strategy to meet the needs of the poor:

- Extended integrated health and microfinance programs to more than 660,000 MFI clients (June 2010) across five MFIs, resulting in positive health and financial outcomes for approximately 3.3 million people (including clients’ family members) on three continents.
- Demonstrated that it is feasible for established MFIs in different contexts to offer at significant scale a variety of health protection products and services with positive impact on microfinance clients.
- Found that health protection services and products can be offered profitably or at low cost to the MFI (an average of US$1.59 in total annual net cost per client), and that the offer of health services has an important indirect benefit of increasing client satisfaction and retention.

These shared accomplishments have inspired the MAHP MFIs and Freedom from Hunger to further extend these innovations to new clients and new MFIs in order to reach millions more with life-saving health interventions. Together we seek to demonstrate, on a large scale, effective sector-crossing innovations and to build community and support for the combination of health and microfinance among MFIs and health providers around the world. In fact, we see MAHP
as offering the potential to create significant change in the next decade in the way the business of international development is done, particularly in the perception of what is possible and desirable in programs that support the self-help efforts of the world’s poor.

Through this newsletter, we would like to present some of these exciting accomplishments in more detail, share with you a few of the most inspiring results from the MFI partners and reveal our next steps in expanding and offering health protection products and services to more clients and their family members in the future.

Cordially,

The Freedom from Hunger MAHP Team

Replication work and where it is occurring

Original MAHP partners:
★ Benin: PADME
★ Burkina Faso: RCPB
★ Bolivia: CRECER
★ India: Bandhan
★ Philippines: CARD

New MAHP Partners
• India: Village Welfare Society, West Bengal; KAS Foundation, Orissa; and Gram Utthan, Orissa
• Cambodia: Vision Fund
• Vietnam: TYM
• Peru: FINCA Peru; ADRA (Summer 2011)
Research Results Summary

Over 50 studies were conducted across the five MFI partners: Bandhan (India), CARD (Philippines), CRECER (Bolivia), PADME (Benin) and RCPB (Burkina Faso) to identify and measure the health innovations with respect to dimensions of the following:

**Responsiveness.** The extent to which health programs focused on clients and addressed their needs.

**Change in Knowledge.** Client knowledge about how to plan and prepare for illness, how to access health services and how to prevent and manage common and chronic diseases.

**Change in Behavior.** Changes in health behavior that would be expected to affect the health status of clients and their households as well as influence utilization of health providers and health products (e.g., pharmaceuticals, mosquito nets).

**Improvements in Access and Use of Services and Products.** Impact on client ability to access needed health services—services more easily available and easier for clients to afford or manage financially.

Notable and promising outcomes include the following:

<table>
<thead>
<tr>
<th>CHANGES IN HEALTH KNOWLEDGE AND BEHAVIORS</th>
<th>BASELINE</th>
<th>FOLLOW-UP</th>
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<tbody>
<tr>
<td>Knew a child should be exclusively breastfed for 6 months (India)</td>
<td>75%</td>
<td>92%*</td>
</tr>
<tr>
<td>Knew causes of diabetes (Bolivia)</td>
<td>89%</td>
<td>98%</td>
</tr>
<tr>
<td>Knew causes of hypertension (Bolivia)</td>
<td>7%</td>
<td>19%</td>
</tr>
<tr>
<td>Treated children with diarrhea with ORS (India)</td>
<td>60%</td>
<td>88%*</td>
</tr>
<tr>
<td>Complementary feeding of children at 6 months or older (India)</td>
<td>39%</td>
<td>55%*</td>
</tr>
<tr>
<td>Put money aside to prepare for a future illness (Philippines)</td>
<td>79%</td>
<td>92%*</td>
</tr>
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<td>Reported exhibiting strong negotiation skills (for negotiating with healthcare providers) (Philippines)</td>
<td>55</td>
<td>69*</td>
</tr>
<tr>
<td>Clients sought preventive care for themselves and additional family members (2) (Bolivia)</td>
<td>1.5% (N=240)</td>
<td>9.8%* (N=247)</td>
</tr>
<tr>
<td>Used preventive services in last 30 days (Burkina Faso)</td>
<td>9% (Without Health Package)</td>
<td>24%* (With Health Package)</td>
</tr>
</tbody>
</table>

**OTHER OUTCOMES**

- 24% of Health Fair participants had never visited a medical provider before (Bolivia)
- 33% of clients who had used loans would have delayed treatment without the loan (India)
- Clients with health loans 12 percentage points less likely to use current loan for health expenses compared to their first loan (17.1% to 4.9%) (Bolivia)
- Clients with access to health benefits were more confident in their ability to pay and save for future healthcare expenses* (Burkina Faso)
- Within 48 hours of giving birth, 40% of Bandhan clients were visited by a Bandhan-trained SS (volunteer community health worker) (India)

* Statistically significant at P<.05 or less

MAHP Partner Updates

**Bandhan (India),** now reaching over 3 million women with financial services, is continuing to expand its health program to new branches, serving additional clients and their communities with health education, referrals to government and private healthcare providers, access to health products (from community health volunteers like Aparna) and access to health loans.
Realizing the barrier that illness can play for clients working their way out of poverty, Bandhan expanded its health program to new districts in West Bengal and in the underdeveloped state of Tripura. Bandhan has also continued to offer its health loan product—low-interest loans available for healthcare services only—to clients with good credit histories in branches that are more than two years old. Nearly 1,500 health loans have been provided since the product became available in 2007. Bandhan currently has 88 health staff and 488 community health volunteers and has continued working with clients in 40 branches serving 380 villages. Continuing its fast-paced growth, Bandhan’s goal is to offer its health products and services to 50 branches by March 2011.

CARD (Philippines) recently surpassed 1 million clients and has invested in scaling its health products and services to new regions. The Healthy Pinoy preferred provider program now has over 400 health provider partners who offer approximately 470,000 CARD clients (plus their family members) access to discounts to its health services. CARD is also piloting the provision of its own health services to clients and staff and has opened ten health clinics that operate out of CARD offices. Nurses staff the clinics during the weekdays and doctors are available for several hours each week. CARD has continued working closely with PhilHealth, the national health insurance scheme, to facilitate health insurance access for its clients and expects to further grow enrollment during 2011 with a new online enrollment process. CARD will test an online enrollment program in early 2011 to increase efficiency. Understanding that a major challenge facing clients is access to affordable medicines, CARD is piloting a program in the mostly rural Bondoc peninsula and working with two local pharmacies to provide discounts on more than 30 generic drugs to CARD clients. The local partnership is the first step towards establishing of a low-cost supply chain that is envisioned to eventually use CARD staff as “riders” to supply small shops (called sari-sari stores) run by CARD members so that members in remote locations have better access to over-the-counter medications and health products.

Looking beyond the Philippines, CARD is also partnering with Freedom from Hunger to replicate integrated health and microfinance with two of its Southeast Asia partners. With support from the Johnson & Johnson Foundation, TYM in Vietnam and Vision Fund Cambodia are receiving training and technical assistance from CARD and Freedom from Hunger to add health education and other health services. In addition, CARD is working closely with Freedom from Hunger to assess the extent to which other MFIs in the region are currently providing health services and products, with a view towards determining what would be helpful in the region to further support the field and community of microfinance and health integrators in the region.
CRECER (Bolivia) has continued to systematically roll out health education according to the needs of its clients. Topics explored in the past year include Reproductive and Sexual Health, Cervical Cancer Prevention, Domestic Violence and Oral Health, to name a few. These topics complement diagnostic health services offered through collaborating health providers during health fairs. Health fairs, or mobile health campaigns through which specific medical services are offered to CRECER clients in their own communities, have become streamlined and are more efficient. In 2010, an average of 25 clients attended each of 352 health days in the MAHP pilot area alone (an average of 16 clients attended each health day in 2009). Health loans are available to clients (after a thorough background check and proven ability to repay), who have a medical emergency or a high-cost health expense. While scaling these integrated health services, CRECER noticed the need for intercultural understanding about health and has worked with local health providers, anthropologists and clients to better understand how to address the needs of its clients. CRECER is making progress towards its goal of offering health protection products to clients throughout Bolivia. In addition to the more than 25,000 clients in the La Paz and El Alto regions with access to CRECER’s health protection program, many clients in six other new regions now have access to health education and health fairs.

“In the context of regulation and our highly competitive environment, we see health protection services as our competitive advantage.”
—José Auad, General Director, CRECER

PADME (Benin) No update available at this time.

RCPB (Burkina Faso) No update available at this time.

MAHP—A Quadruple Win for MFIs, Clients, Health Providers and Communities

| MFI | • Low cost or even marginal profits  
|     | • Competitive advantage  
|     | • Healthier, more financially stable clients  
|     | • Social mission achievement  
| MFI Clients and Families | • Improved healthcare knowledge and behaviors  
|                           | • More access to health providers and products  
|                           | • Greater financial protection and choice  
|                           | • Enhanced ability to use MFI loans and to save  
| Healthcare Providers | • Opportunity to reach larger segment of population  
|                         | • Increase market share  
|                         | • More dependable income flow  
|                         | • Social mission  
| Community | • Lower instance of and spending on illness  
|           | • Healthier, more productive communities  

Final MAHP Products and Papers Now Available

A series of papers, technical guides and educational materials were created to share the experiences of Freedom from Hunger and the MFI partners, and present detailed research results and analyze the costs and benefits of providing health protection products and services to microfinance clients. To download any of the following resources, please visit www.ffhtechnical.org/resources/microfinance-health.

- **Technical Guides** outline and discuss our experiences, processes, best practices and lessons learned from each product. Technical guide topics include Market Research, Developing Linkages with Health Providers, Health Loans and Health Savings.

- **Research Papers**, including the overarching paper, “Health and Microfinance: Leveraging the Strengths of Two Sectors to Alleviate Poverty,” are available for each partner and summarize the primary findings and outcomes of the many studies conducted.

- **Cost-Benefit Papers**, in addition to the overarching paper, “The Business Case for Adding Health Protection to Microfinance,” explore and analyze financial and non-financial costs and benefits on a partner/product level.

The following resources are available upon request; please e-mail education@freedomfromhunger.org.

- **Education modules**, “Plan for Better Health,” “Using Health Care Services” and “Healthy Habits” were created under MAHP.

- **The one-day workshop**, MAHP Promotion Workshop: Why Add Health Services to Microfinance? is a resource for MFI leaders interested in learning about and/or implementing MAHP.

Scaling MAHP

Following the end of the MAHP pilot in December 2009, the MAHP partner MFIs continued to expand their health programs to reach many more clients. Growth is expected to continue in coming years within the original five partners and as new MFIs adopt and replicate their innovations.

*Numbers of MFI clients from all five MFIs with access to health protection products.*
Changing the Way “Business” is Done

Households in poverty struggle to get an affordable mix of services that meets even their most basic needs. Service delivery is specialized along sector lines—health care, finance, education, agriculture, housing, others—to achieve efficiency and quality. But at the community level, needs are intertwined, not segregated by sector. No one sector can offer a sufficient package to overcome the common poverty traps.

Microfinance organizations have the potential to reach millions of poor clients with more than financial services, and Freedom from Hunger seeks to support new and ongoing health and microfinance integration around the world. Freedom from Hunger’s MAHP (Microfinance and Health Protection) initiative has demonstrated that microfinance and health can work together to address unmet needs of the poor.

Thanks to the support of partners and funders who share our view of the potential for this work, Freedom from Hunger is engaged in early work to assess the landscape of current practices in combining health and microfinance in the Andes Region of Latin America, SE Asia and India. Starting with an increased understanding of current programs and innovations, we plan to engage both MFI leaders and health innovators over the next year to define and develop a shared understanding of what is needed to advance the field of microfinance and health, and to support innovation, replication and the achievement of massive scale. We envision communities of practice at both the regional and global levels that will support the sharing of lessons learned, tools and resources, and that will provide a forum for research collaboration and new learning to build a robust evidence base to guide investment and policy.

We invite interested individuals and organizations to join us in changing the rules of international development. Together we must engage in the conversations, experimentation and partnerships required to shift integration between development sectors from the periphery to the center of attention in international development over the next decade. Our success will bring us closer to delivering the promise of development for the world’s most hungry and poor.

Funding Support

Thanks to the visionary support of the following funding institutions, Microfinance and Health Protection activities across the globe are flourishing. We thank:

- Bill & Melinda Gates Foundation
- Healthy World Foundation
- International Labour Organization - Microinsurance Innovation Facility
- Johnson & Johnson
- The Rockefeller Foundation
- The Shelley & Donald Rubin Foundation
- Skees Family Foundation

Recognition

The MAHP initiative recently received an Innovation Award from InterAction’s Best Practices and Innovations (BPI) initiative. In their words, “...the strength and accomplishment of this program merited recognition in the areas of access to financial services, gender integration/women’s participation and food security.” InterAction, with support from the International Fund for Agricultural Development (IFAD), launched the BPI initiative to promote information-sharing on effective program approaches, and to improve practice standards by boosting the efficiency and impacts of field programs.

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