Dear MAHP Partners and Friends,

Although time remaining in the MAHP initiative seems to be quickly growing short, activities are abundant, learnings constant and the pace has only increased! As partners continue with their steady and exciting progress, research efforts are in full-swing and data collection for follow-up, cost benefit and institutional assessment analyses is underway. Technical guides highlighting MAHP products, lessons learned and outcomes are being created, and other products and papers are being discussed.

We hope you enjoy reading this edition, which highlights a specific experience, product or lesson learned from each of our MAHP partners. We look forward to continuing to share similar updates, findings and new products as a result of the Microfinance and Health Protection initiative.

Cordially,

The Freedom from Hunger MAHP team

Global (MAHP) News

MAHP Technical Guides to Highlight Innovations and Lessons Learned

The Microfinance and Health Protection initiative is developing a series of guides based on experiences from the pioneering MAHP partners and Freedom from Hunger. Lessons learned from the MAHP innovations have been collected and will be communicated through technical guides that are designed to enable other MFIs to successfully add and integrate health products and services. Guides in the MAHP technical series include Market Research for Microfinance and Health Protection, Linkages with Health Providers, Health Loans and Health Savings. The guides will be completed by December 2009 and will be available through Freedom from Hunger’s technical website.
Analyzing Costs and Benefits of Microfinance and Health Protection

The goal of the MAHP initiative has been to test the hypothesis that when MFIs invest time and resources to offer health-related services, the benefit extends beyond the social mission to enhance and strengthen the institution’s financial and competitive business position. Rigorous research on the social and financial impact of these services is the foundation for this analysis.

The purpose of conducting this cost-benefit analysis of MAHP products is to answer the following central question: What is the net financial benefit to a microfinance institution of offering health-related products and services to its clients? Since MAHP’s inception, Freedom from Hunger has carefully collected data on a variety of indicators. Over the next few months MAHP staff, with support from several experts and a graduate-level intern, will complete the data-collection process, analyze the information, and draw conclusions from the findings. More specifically, the process will include the following crucial steps:

- Develop and finalize analytical framework, model and specific data points to collect.
- Collect and analyze cost and benefit data from all five partners.
- Continue to collect and analyze data from MAHP indicator biannual report.
- Complete data analysis; develop conclusions and document for sharing with others.

The results of this study will demonstrate the net cost or benefit to the MFIs offering health protection services. This analysis is expected to provide important information to the microfinance sector and global health community about the feasibility, impact, and sustainability of integrated health and financial services, and to make a business case for adding health services to microfinance.

MAHP Partner Highlights

Insecticide-Treated Nets Complement Malaria Education in Bénin

In Bénin, malaria is the second leading cause of death (second to acute respiratory infections) and is responsible for 14% of all deaths in the country. PADME has been working to decrease the incidence of malaria among members by offering malaria education...
sessions that include information about signs and symptoms, treatment, and prevention of the disease. Sleeping under an insecticide-treated net (ITN) is a proven strategy for preventing malaria, and this is communicated in the education sessions. Although PADME members gain knowledge during the health education sessions, accessing a life-saving ITN is still a significant challenge to most residents living in Bénin’s malaria endemic areas.

Realizing that access is the most significant obstacle, PADME (with the help of a generous donation) began selling ITNs for a subsidized price that was affordable—1,000 FCFA (US$2)—to PADME members. The subsidized price represents a significant discount to members. ITNs are often sold for $8-$10 each, a price that makes this lifesaving tool a luxury. Members who have received the education session are eligible to purchase the subsidized ITN, and ITNs are limited to one per family. To date, PADME has sold over 950 nets to members in 29 villages. PADME hopes to continue offering subsidized ITNs and other essential health products to members in the future.

CARD Investigates Strategies for Improving Client Access to Affordable Medicines

In collaboration with the Zuellig Foundation, CARD is exploring alternative business models for the effective distribution of affordable, high-quality, generic drugs to members. High prescription drug costs are a significant obstacle for CARD members as drug prices in the Philippines are six to eight times higher than in other Asian countries. CARD members have repeatedly indicated that the high prices and lack of availability of quality drugs are major obstacles, placing them at greater risk of poor health and financial set-backs as a result of illness.

The findings from the study will help CARD identify and develop a plan for implementing a feasible drug distribution model. CARD collected information from key pharmacy experts. CARD members, local health providers, and pharmacies. CARD plans to develop several potential models to address the challenges of distribution, particularly in remote, rural areas where pharmacy alternatives are very limited.

CARD will likely focus on an approach that would be based on a preferred-provider pharmacy, with a close link to CARD’s delivery network of preferred health providers and other interested local entrepreneurs. Their role would be to stock low-priced, high-quality generics for sale to CARD members. This model would also link the pharmacies to lower cost distributors, reduce wholesale costs and provide more reliable access to safe, high quality drugs. Efforts will start small and be thoroughly tested before scale-up throughout the country. CARD is hopeful that the study will yield an important breakthrough to address one of the biggest health concerns of its MFI members.
RCPB Applies Lessons Learned to Expand and Grow Health Savings

RCPB has recently increased the number of credit unions offering health savings from 3 to 15. Scale-up is being achieved with extensive training of credit agents and the provision of guides and tools for product promotion in an effort to increase client uptake of the product. Staff training and an improved focus on marketing, along with the expansion of the program to new credit unions, have yielded impressive results with the number of health savers doubling in the first quarter of 2009. Uptake in the group-based credit and savings groups is also increasing, although the total number of participants in these groups remains low. RCPB continues to look at changes in the program for the credit groups to make it easier for members to establish accounts and access their savings as needed for eligible healthcare expenses.

Member reactions have been positive. One member commented on the security that the combined products offer, stating, “It’s almost like having health insurance.” Members also recognize the financial benefits; “We resolve health problems without turning to the money lenders,” and “now we can cover our health-care expenses.”

RCPB reports the following key lessons learned:

- Offering health savings in conjunction with health loans (clients must be health savers to access health loans), provides clients with the capacity and the security of knowing that they can manage the expense of both routine and more serious medical needs.

- The health savings product is quite different from RCPB’s other products and therefore must be supported with proper marketing, additional materials and consistent communication to both clients and staff.

- The initial minimum savings amount required was too high and after reducing this, client uptake increased.

Bandhan Cooperates with the Public Health Services to Improve Client Health

Bandhan offers clients access to health education, health loans and health products. Instead of creating additional, costly capacity to provide health services, Bandhan has chosen to refer clients to public health centers in the MAHP pilot area. This informal partnership has yielded positive results and improved local health services. Both Bandhan and the public system want to address the most important health needs of the community; by working together, they can coordinate services for improved client health and to increase the capacity and confidence in Bandhan’s SS (Swastha Sahayika) and HCOs (Health Community Organizers). The linkage also helps promote Bandhan and increase the MFI’s visibility within the community, among public health providers and with clients.

Bandhan’s SS and HCOs collaborate with public health system staff to improve health of clients and community.

- Public health staff (Health Workers) attend Bandhan’s health forums to observe, learn from, and support the MFI’s health messages and to understand the roles of the HCO and SS.

- HCOs and Health Workers conduct joint home visits in selected pilot villages.

- Government-trained local birth attendants assist and complement information presented at health forums (when topic is appropriate).

- SS and HCO refer Bandhan clients to government health centers and hospitals when necessary.
CRECER linked clients to health providers through the health loan, quality providers offering specialized services were primarily located in urban centers. Contracting with specialized providers based in urban centers to travel to isolated areas to host Jornadas, or “Health Days,” proved to be costly and time consuming.

CRECER often preferred to link with private providers because of the inherent problems with the public health system; clients complained of poor treatment, lack of respect and mediocre follow-up. However, given that the providers available to link with rural areas were primarily public health centers, CRECER had to seek innovative solutions and compromises.

To make clients feel more comfortable while visiting the public health center, and to ensure that they were treated well, clients attend as a community bank accompanied by their credit officer who can act as a facilitator, if necessary. CRECER clients who previously did not feel comfortable seeking public health services report feeling more confident when visiting the health center. Contracts or oral agreements are made with the health centers to provide a specific service—such as a diabetes test—and the health service, which often complements the health education, is decided upon by the group. In some rural areas CRECER has linked with the local government, which can mandate the health center be open at the time agreed upon, ensuring that the group will be received. Sometimes a public provider will visit the credit association during a meeting and initiate a discussion about available services and together they will agree on a service and time for the group to visit the health center. CRECER’s work with these public providers not only improves access for CRECER clients, but also contributes to a stronger, more responsive local healthcare system for all.

The SS and HCOs also support public health center campaigns and objectives and in return HCO and SS are included in skills-building workshops sponsored by the Ministry of Health.

- SS assist with the government-run polio immunization program by giving oral vaccine and conducting patient follow-up as necessary.
- HCOs and SS support the work of the local health area by encouraging prenatal care, visiting new mothers, and assuring that children are fully immunized.
- HCOs attend monthly health meetings and occasional trainings and workshops offered at the public health centers.

CRECER Overcomes Obstacles to Link with Health Providers in Rural Areas

When CRECER decided to create a product linking clients to health providers in an effort to increase client access to quality health services, they envisioned this product making a difference in the lives of clients living in rural, isolated areas. While this population would benefit the most from this product, providing such a service ended up proving to be a significant challenge. When
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 documented and distributed around the world.

**MAHP Contacts**

- **Myka Reinsch Sinclair**
  Vice President, Programs
  myka@freedomfromhunger.org

- **Marcia Metcalfe**
  Global MAHP Manager
  mmetcalfe@freedomfromhunger.org

- **Mahamadi Cissé**
  Regional MAHP Manager–West Africa
  mcisse@freedomfromhunger.org

- **Soumitra Dutta**
  Regional MAHP Manager–Asia
  sdutta@freedomfromhunger.org

- **Cleofe Montemayor**
  CARD MAHP Manager
  cardmahp@gmail.com

- **Bobbi Gray**
  Research and Evaluation Specialist
  bgray@freedomfromhunger.org

- **Megan Gash**
  Research and Evaluation Specialist
  mgash@freedomfromhunger.org

- **Teddy Ekoué-Kouvahey**
  MAHP Research Coordinator–Bénin
  tkouvahey@freedomfromhunger.org

- **Cassie Chandler**
  Program Associate
  cchandler@freedomfromhunger.org