Developing Linkages with Health Providers

A Technical Guide for MFIs
ACKNOWLEDGEMENTS

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CARD—Center for Agriculture and Rural Development, Inc.
CRECER—Crédito con Educación Rural
FGD—Focus-Group Discussion
HCO—Health Community Organizer
MAHP—Microfinance and Health Protection
MFI—Microfinance Institution
PADME—Projet d’Appui au Développement des Micro-Entreprises
PPP—Preferred Provider Program
RCPB—Réseau des Caisses Populaires du Burkina
SS—Swastha Sohayika
Background

Freedom from Hunger, a recognized expert in integrated financial and nonfinancial services for the poor, launched the Microfinance and Health Protection (MAHP) initiative in January 2006 with funding from the Bill & Melinda Gates Foundation. In partnership with the five microfinance institutions (MFIs) listed below, MAHP developed and tested integrated health protection innovations for the very poor.

- Bandhan (India)
- CARD (Philippines)
- CRECER (Bolivia)
- PADME (Bénin)
- RCPB (Burkina Faso)

At the time of developing this guide, these MFIs were collectively reaching more than three million clients with microfinance services. With technical support from Freedom from Hunger, each MFI designed, developed and implemented a unique package of integrated health protection services on the basis of market research and institutional capacity. At the end of the demonstration phase of the initiative, the MFIs were extending the availability of these packages to new areas and clients and providing health protection products and services to over 200,000 MFI members.

The idea behind integrating health protection services is to implement services that contribute to improved client health but that can be practically, realistically and sustainably offered by MFIs without dramatic changes to their business models.

Lessons learned from these innovations are now available in a series of technical guides that are designed to enable other MFIs to successfully add and integrate health education, health financing mechanisms, health provider linkages, and/or other health services. This technical guide provides information about the design and implementation of formalized linkages with public and private health providers and is based primarily on experiences of the MFIs engaged in this initiative.

Objectives

The objectives of the Developing Linkages with Health Providers: A Technical Guide for MFIs are to:

- introduce to MFIs the rationale for and types of possible linkages with health providers
- provide practical guidance on how to develop, monitor and maintain a linkage.
Technical Guide Contents

**Section I: Introduction**
Section I summarizes the benefits to MFIs of combining microfinance and health protection and highlights health protection services that MFIs can consider. The concept and methodology behind linkages with health providers are introduced in this section as well.

**Section II: Types of Linkages with Health Providers**
Six types of linkages with health providers—categorized as either informal or formal linkages—are introduced and detailed in Section II. Included in the presentation of each type of linkage are the opportunities and challenges as well as studies featuring MFIs that have experience with the linkage described. The types of linkages presented in this guide include the following:
- Informal Linkages
  - Basic Informal Linkage
- Formal Linkages
  - Basic Formal Linkage
  - Mobile Health Service Linkage
  - Direct Payment Linkage
  - Prepaid Health Service Linkage
  - Health Microinsurance Linkage

**Section III: How to Develop Linkages with Health Providers**
The following recommended steps for developing linkages with health providers are explained in this section:
- Step 1: Conduct Market Research
- Step 2: Ensure Institutional Capacity of the MFI
- Step 3: Define Area and Conduct Pilot-Test
- Step 4: Implement Linkages
- Step 5: Promote Linkages

**Section IV: How to Monitor and Maintain Linkages with Health Providers**
Section IV provides suggestions for sustaining and improving linkages with health providers after they have been developed.

**Section V: Appendices**
The appendices in this guide include a variety of tools MFIs may use to develop and monitor linkages with health providers.

**Audience**
This technical guide is addressed to MFI staff members who are considering adding health services, specifically linkages with health providers, to their existing financial services. While this guide is designed for MFIs, other organizations that are considering offering linkages with health providers can benefit.

**Technical Guide Series**
Additional resources in the MAHP technical series include Market Research for Microfinance and Health Protection, Health Loans and Health Savings. Freedom from Hunger also created a workshop for MFI leaders and practitioners interested in learning more about offering integrated microfinance and health services. More information about Freedom from Hunger, the MAHP initiative and the associated products and guides is available at www.ffhtechnical.org.
Overview of Linkages with Health Providers

Why Create Linkages with Health Providers?

A linkage is a partnership with a health provider that can range from an informal, short-term, oral agreement to a formal, long-term, signed contract. Health providers can include doctors, nurses, dentists, hospitals, public health centers, private clinics and laboratories—basically any type of health provider or service available in a community. Distance, quality and affordability can be major barriers to timely health care for MFI clients—particularly in rural areas, where providers are sparse, transportation is difficult, and public services are often not well-funded. However, without having extensive expertise in health care, MFIs can leverage their local influence and business acumen to create reliable linkages with available health providers, negotiate rates, and advocate for better quality and accessibility of health care. As access to health services remains a great barrier for many, creating linkages with health providers can be a way for MFIs to encourage and facilitate access to health services for their clients.

What are the Benefits of Linkages with Health Providers?

In addition to the social and financial benefits of integrated health and financial services present earlier in the section, there are benefits specific to linkages with health providers.

**Benefits of Linkages with Health Providers for MFI Clients**

- Increased knowledge of health provider options in the community or region
- Increased accessibility to private and public health providers
- Access to lower-cost services
- Increased utilization of appropriate health services
- Increased number of options for health-care services and products
- Increased confidence in the capacity to navigate the local health system and to secure appropriate services for themselves and their families

As a result of these benefits, MFI clients and family members experience improved short- and long-term health and well-being. When the clients of MFIs are healthier, they are able to make their loan payments on time, are less likely to divert business loans for health-related expenditures, and more able to devote time

“Many of my neighbors became interested in becoming CARD members when I shared with them the benefits I gained from PPP [Preferred Provider Program]. I told them that Doctor Alan gave me 10 percent off the consultation fee when I went to her clinic to have my hand allergy checked.”

−CARD Client, Philippines
and resources to their income-generating activity. Additionally, linkages with health providers may serve as a promotional tool to attract more clients and increase client retention and satisfaction.

The potential benefits of linkages are limitless and vary depending on the type of linkage. Given that linkages with health providers can be relatively easy to administer, are cost-effective and high-impact, they are a very attractive health protection option for MFIs, clients and health providers.

**A Note About this Technical Guide:**

This technical guide introduces types of linkages with health providers and presents how to develop, monitor and maintain them. It does not, however, provide technical content about how to establish MFI-owned and -operated health services. It is recognized that in some cases there may not be providers of acceptable quality—for example, a disabled or failed public system and lack of geographic access to private, qualified providers—and organizations working to serve the poor may have to consider the direct provision of health services if they are going to work on health improvement. However, most MFIs do not have the experience or capacity to develop and manage health care; therefore, this guide provides an alternative approach.

While this guide was developed for partnerships between MFIs and health providers, other types of non-governmental organizations can utilize the information provided, particularly content in Sections III, IV and V, when creating linkages. The steps and tools can be utilized when other community organizations or institutions link with each other to increase impact, include or improve a service or product, or to achieve a particular objective.
SECTION II: TYPES OF LINKAGES WITH HEALTH PROVIDERS

The purpose of this section is to introduce and describe six different types of linkages. Divided into two categories, Informal Linkages and Formal Linkages, they generally range from lower cost, lower maintenance and less complex (located toward the top of the list), to higher cost, higher maintenance, and more complex (located toward the bottom of the list). Each linkage type has the potential to protect and improve client health.

Types of Linkages

Informal Linkages
- Basic Informal Linkage

Formal Linkages
- Basic Formal Linkage
- Mobile Health Service Linkage
- Direct Payment Linkage
- Prepaid Health Service Linkage
- Health Microinsurance Linkage

Informal Linkages Versus Formal Linkages

The primary and most notable difference between an informal linkage and a formal linkage is that an informal linkage does not require a formal agreement, or written contract, between the MFI and health provider, while a formal linkage does. It is recommended that linkages with health practitioners providing mobile health services, direct payments, prepaid health services and/or health microinsurance, create and sign a formal contract as this will facilitate communication and clarify expectations when implementing these more complex linkages.
Informal Linkages

Basic Informal Linkage

What is a Basic Informal Linkage?

A basic informal linkage is a non-contractual agreement between an MFI and health provider. This linkage requires only that each partner understand and agree to the primary objective of sharing current provider information with MFI clients. This type of linkage offers MFI clients information about health providers in the community, makes non-contractual referrals, and/or can even arrange services for clients. The MFI can make passive or active referrals depending on how the linkage is structured. An example of a passive referral is to solely provide a list of various health providers in the community to a client, whereas an active referral is when a specific health provider or service is recommended to a client by the MFI to address a particular need.

A basic informal linkage involves collecting and exchanging information and is a simple, non-committal way to begin a partnership with a health provider. It creates a foundation to build upon in the future, if desired. Health providers often conduct seasonal campaigns, host medical brigades, provide health education information and materials, and/or offer trainings, all of which could be potentially available to MFI clients if the relationship is nurtured.

“Overall, clients are satisfied with the existing government health services following establishment of the providers’ linkage and referral system. They are given better services now at sub-health centers when referred by the SS or HCO. Most of the health staff are aware of the existence of Bandhan clients, which gets reflected in the level of services—like giving some extra care and providing more information.”

−Dr. Soumitra Dutta, MAHP Manager, Asia (India)

<table>
<thead>
<tr>
<th>Basic Informal Linkage: Opportunities</th>
<th>Basic Informal Linkage: Challenges</th>
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<tbody>
<tr>
<td>• No contracts are required (normally oral agreement)</td>
<td>• No formal agreement means that providers have no contractual obligation to provide care to MFI clients or to support MFI health improvement objectives (e.g., increase access to quality and affordable care for clients)</td>
</tr>
<tr>
<td>• Low or no cost</td>
<td>• May be more vulnerable to changes in staff, budget and policy</td>
</tr>
<tr>
<td>• Low maintenance; occasional check-ins are necessary to ensure contact and services information are current</td>
<td>• MFI-client utilization may be lower than if the MFI created a formal linkage</td>
</tr>
<tr>
<td>• Builds relationships with community health providers, which benefits MFI clients and sensitizes providers to the health concerns and needs of the clients</td>
<td>• Ability to scale up the arrangement beyond the local level may be limited</td>
</tr>
<tr>
<td>• Increases MFI client knowledge and understanding of available health options within the community</td>
<td>• No contracts allow the MFI flexibility to utilize and work with various providers in the community</td>
</tr>
<tr>
<td>• Promotes the services of health providers, helping them to strengthen and possibly even sustain their health-care practices</td>
<td>• Can improve responsiveness and accountability of public providers/government services</td>
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Case Studies

Bandhan, India

Bandhan, an Indian MFI, initiated relationships with local public health providers because they operate in rural areas and are inexpensive. Bandhan trained health volunteers called Swastha Sohayika (SS) to make active referrals to local public health providers and to sell health products in order to help prevent and treat common illnesses. Not only do Bandhan’s health volunteers encourage women and their families to visit the providers for illness and preventive check-ups, but they have utilized the partnership in additional innovative ways. The public health providers work closely with Bandhan’s health volunteers on health education topics and public health campaigns. For example, Bandhan’s health volunteers participated in the national oral polio vaccination campaign; their participation had the dual purpose of supporting the public health centers to achieve their outreach goals as well as ensure that Bandhan clients vaccinated their children. Bandhan has also invited lay and trained midwives who work in public health centers to attend trainings on safe birth methods conducted by its own health staff. Sharing health information supports improvements in quality of care and increases technical knowledge for untrained providers towards the goal of improved overall prenatal and safe birth practices within the entire community.

“We can take suggestions from an SS anytime. Once she gives a medicine, she does follow-up on her own. She goes to the patient’s house to ask about the situation and, if necessary, to give another medicine until the patient gets well. If she feels it is critical, she advises the family to take the patient to the hospital.”

−Bandhan Client, India

EnComún de la Frontera, México

EnComún de la Frontera, a Mexican MFI, created a “local health resource guide” to link clients to health providers and address unmet health needs. The guide, located in the waiting area of the MFI office, lists health providers available in the community, types of services offered, prices, locations, telephone numbers, etc. Creating such a list necessitates preliminary research; however, it is low-maintenance because it only requires updates every 6–12 months. The list can also be used in conjunction with health education, and offered as a follow-up resource. This informal linkage enables EnComún to know about and encourage members to access a variety of services such as medical brigades, campaigns and free health supplies. In addition, EnComún’s informal relationship with a public health education and screening center has evolved and now nurses sometimes accompany credit officers to Credit Association meetings to give health education presentations.
A Note about Linkages with Public Providers

MFIs may find the government health system to be bureaucratic and difficult to navigate and thus could be dissuaded from creating a formal linkage with a public health provider. For example, in Bolivia, in order to create a formal linkage with a public health provider, the MFI must disclose all portfolio information and agree to support the public health service center financially. The potential for formal versus informal linkages with public health providers will depend on the local context, but MFIs, including CRECER in Bolivia and Bandhan in India, have found that it is important to find some way to work with public providers, who are often the only option for clients in rural areas. Both of these MFIs have found that flexible and creative approaches have enabled very successful partnerships with public providers through informal linkages.
Formal Linkages

Basic Formal Linkage

What is a Basic Formal Linkage?

A basic formal linkage is a contractual agreement between an MFI and health provider in which MFIs refer their clients to specific health providers in exchange for agreed-upon conditions of participation such as discounts or expectations regarding a level of compliance to standards. The MFI contracts with health providers in order to provide specified services to MFI clients.

Providers are screened by the MFI for quality, ability to provide services to clients, and willingness to participate and provide discounts or other value-added services. An agreed-upon fee, discount or other benefit for MFI clients may be part of the contract. MFI clients will expect reliable, trustworthy services that meet or exceed community standards for quality of care, and thus it is important that the MFI effectively screen prospective providers as well as monitor current providers in the network.

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<tr>
<th>Basic Formal Linkage: Opportunities</th>
<th>Basic Formal Linkage: Challenges</th>
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</thead>
<tbody>
<tr>
<td>• Contracts clearly define the responsibilities of health providers, MFI and clients for receipt and payment of services as well as availability and quality of services</td>
<td>• May require more time and resources to develop and maintain agreements</td>
</tr>
<tr>
<td>• Contracts provide assurance that services will be available for the period of the contract</td>
<td>• MFI will need to provide some method for clients to identify themselves and others (e.g., family of clients) who are included if a discount or reduced fee has been agreed upon</td>
</tr>
<tr>
<td>• Clients know what the cost of services will be prior to going to provider</td>
<td>• MFI will need method for assessing provider practices and capacity to provide appropriate level of access and quality to MFI clients</td>
</tr>
<tr>
<td>• Clients may have various health providers to choose from—including private providers—and can make informed choices</td>
<td>• In areas of provider shortages, providers may be initially reluctant to provide discounts</td>
</tr>
<tr>
<td>• Can increase competition among providers, thus resulting in increased quality of health services</td>
<td>• In rural areas, number of providers available may be very limited</td>
</tr>
<tr>
<td>• Reinforces quality and reliability of health services</td>
<td>• Public health providers are often unable to sign a contract due to policy restrictions</td>
</tr>
<tr>
<td>• Potential to increase business for private providers so that they have more reasons to continue practicing in isolated areas</td>
<td>• Clients may perceive that MFIs are responsible for the quality of care provided</td>
</tr>
<tr>
<td>• Formal referrals to private providers can help fill the gap between local need and the availability and accessibility of public services</td>
<td>• It is necessary to establish prices attractive to both the client and the provider for a long-lasting relationship</td>
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“We are partnering with CRECER to best reach the population that most needs our services. We have also recommended partnerships with CRECER to other health providers.”

—Nurses from Biolabs, El Alto, Bolivia
Case Studies

**CARD, Philippines**

CARD, an MFI in the Philippines, offers basic formal linkages to its clients through a Preferred Provider Program (PPP). The design of CARD’s PPP reflected the need for greater access to affordable primary care. By establishing linkages with primarily private health providers who offer discounts ranging from 10 to 50 percent to CARD clients through the PPP, CARD is providing clients with expanded primary-care options in their communities without involving the MFI in the direct provision of medical care. CARD provides each client with a health card that identifies the client and her covered family members to prove eligibility for the discounted services. Clients are also given a list of participating health providers along with discount information. At the time of service, CARD clients are responsible for presenting the health card and paying the provider the discounted fee. CARD began with one-year contractual agreements with various providers and evaluated each relationship by interviewing both CARD clients and providers.

**CRECER, Bolivia**

CRECER keeps an updated list of health provider partners that includes contact information, services offered and costs. This information, organized by area, is shared with the credit officers, or leaders of the Credit Associations. The credit officers share this information with their groups and the group decides—based on need, interest and cost—if they would like to set up a visit, as a group, with a particular provider. Either the credit officer or program leader at the regional level contacts the health provider and secures a contract to provide specific services to clients. Sometimes this provider will visit the Credit Association during a meeting to describe available services and/or conduct a simple screening service such as a blood pressure check; however, clients can also visit the provider, individually or as a group, for discounted services (pre-negotiated with CRECER). CRECER sees utilization of these linkages as important and instructs its credit officers to facilitate several interactions between clients and health providers during each loan cycle.

**A Note about Test Results and Follow-up**

In addition to facilitating and improving access to health services, one of the primary reasons for MFIs to link with health providers is to encourage appropriate quality of care. A common complaint identified during the market research was the lack of follow-up or receipt of test results. Clients reported that they would receive a test (blood, sputum, pap, etc.) but rarely received the results. An MFI can support and facilitate the follow-up process by communicating this expectation to the partner health provider and remind clients to ask about their test results.

“If members have health problems, they can attend to them better with the small discounts. Because they are CARD members, we give them priority.”

−Dr. Joel Arago, Holy Rosary Hospital, Lopez, Philippines
Mobile Health Service

What is a Mobile Health Service Linkage?

A linkage to a Mobile Health Service is a contractual agreement between an MFI and health provider to offer comfortable and convenient services to MFI clients in locations and facilities other than provider offices and clinics. Mobile health services vary with respect to the range and complexity of services provided and how these services reach clients. Some health providers might have a mobile unit such as a van, which houses various pieces of medical equipment and can travel out to clients to deliver services. On the other end of the spectrum, a less complex service such as drawing blood to test for diabetes can be done by a health provider simply joining a credit officer on his or her visit to the Credit Association meeting. Flexibility and creativity on the part of the MFI and the providers are important elements when creating mobile services that can meet client health needs within the constraints of limited resources. Health practitioners can range from a team of doctors to maybe just a nurse or technician. The mobile health services might be open to only one Credit Association, to all MFI clients and their family members in a district or region, or even to the entire community. Specific services are offered at pre-negotiated prices and can be financed with direct payment by clients, with small loans from the MFI for more expensive services, or with an internal loan within the Credit Association. Either public or private providers can be utilized and the MFI should be as clear as possible about expectations, such as providing a brief health education session to complement the clinical service.

“We are with CRECER because we can reach rural communities through them. CRECER’s clients are poorer than our typical patients and therefore we are appreciative of being able to access this population.”

−Dr. Sara, Marie Stopes International, Viacha, Bolivia
### Mobile Health Service: Opportunities

- Can be an effective strategy to provide services in areas in which other alternatives do not exist or are unsatisfactory, reducing the cost of travel for clients
- Opportunity to offer services from private health providers (generally viewed as higher quality) to clients in rural areas—where clients generally do not have access to private providers
- Allows for access to specialized services (i.e. dental) that would likely not be available in many remote or impoverished areas
- Location and facility can be one in which clients are comfortable
- Clients may feel more comfortable visiting health providers with other women in their Credit Association (though they are seen individually)
- Opportunity to deliver additional education; combine services with education to accomplish measureable access or health improvement goals (e.g. percent of women who receive pap tests; diabetes screening, etc.)
- MFI can establish and monitor service standards such as turnaround time for reporting results of diagnostic services, amount of wait-time to visit with health provider, hours of service availability, etc.
- Health provider may use the mobile service as a promotional tool—provide quality services and earn client trust—and client may utilize provider in the future (provider may choose to extend discounts to MFI clients on follow-up visits)

### Mobile Health Service: Challenges

- Providers may be reluctant to travel to more remote locations, especially with sensitive medical equipment
- MFI will need to find an appropriate site to meet requirements of providing specific services (i.e., privacy, hand-washing facilities, etc.)
- Transporting providers and equipment to remote locations may also be costly (meals, hotel, etc.) and, as a result, costs to MFI and clients may be higher
- MFI needs to invest time to develop and maintain systems for evaluating need, identifying willing providers, scheduling, promoting client sign-up, collection of fees, assuring quality of services and necessary follow-up
- If payment is based on the services rendered (dependent on numbers), MFIs may need to generate a minimum number of participants to secure provider participation
- Follow-up can be challenging when conditions are diagnosed that need additional (and sometimes expensive) treatment

## Case Studies

### CRECER, Bolivia

CRECER links with health providers to offer mobile health services to its clients. After conducting market research, CRECER found that clients lacked access to routine primary-care services such as general check-ups and diagnostic services. Of key importance was a need for trustworthy, high-quality services provided in a respectful, convenient, and culturally sensitive manner. CRECER contracted with private and public health providers to bring basic health services to clients via Health Days, or “Jornadas,” in rural and peri-urban communities. Each Health Day has a specific theme or focus, which has been agreed upon in advance by the MFI clients scheduled to attend. Fees are generally small, so loans are not needed. Examples of popular health services offered include diagnostic services such as Pap smears, gall bladder scans, screening for hypertension and diabetes, optometric exams, and referrals for follow-up care as needed. Before the visit with the medical provider, clients participate in an appropriately themed health education session, which complements the service offered, encourages participation, and supports prevention.
“Normal Health Days” are open to CRECER clients and family members and “Expansive Health Days” are open to the entire community, which promotes CRECER within the area as well as provides increased financial opportunity for the health provider.

**Pro Mujer, Peru**

Pro Mujer, a Peruvian MFI, has established linkages to and negotiated rates with health providers. The MFI takes advantage of the linkage to organize regular in-house health campaigns during which public or private health providers spend a day at its neighborhood centers and provide services such as vaccinations, Pap smears and dental care. These campaigns are intended to increase the accessibility of health services and the number of clients receiving them, as well as help clients feel more at home. In addition, Pro Mujer Peru’s health educators follow up with clients who have serious cases or diagnoses to ensure they receive proper follow-up and ongoing treatment.

**A Note about Addressing Prevalent Health Issues**

An MFI and its clients should be able to define the services they wish to receive from mobile health providers. This particular linkage is an opportunity to provide services that specifically test for, treat and/or prevent illnesses prevalent in the community as identified through market research or client feedback. For example, if diabetes and cervical cancer have high morbidity and/or mortality rates in a specific region or country, measuring glucose levels through blood tests and taking a Pap smear to test for cancer cells should be priorities.

**Direct Payment**

**What is a Direct Payment Linkage?**

A direct payment linkage is a contractual agreement between an MFI and health provider that enables an MFI to make direct payment for services provided to clients who have either health loans from or savings accounts with the MFI. Loan disbursements or amounts from client health savings accounts can be made either directly to the provider or a check can be issued in the provider’s name and given to the client for payment upon arrival. Depending on the care or treatment needed, clients are directed to specific providers trained and experienced with providing the care needed, and who have agreed on fees and charges (negotiated in advance by the MFI and health provider).

1 MFIs can learn more about establishing health loans and/or savings programs from Freedom from Hunger’s Health Loan and Health Savings Technical Guides.

Cristina, a CRECER client who utilized CRECER’s direct payment program, took out a health loan for a dental problem and was linked to a dentist in Achacachi, Bolivia.
### Direct Payment: Opportunities

- Eliminates the need for clients to obtain access to cash before going to a health provider
- MFI uses experience and research to negotiate a fair price for MFI clients
- Assures provider of payment
- Prevents price gouging or clients being taken advantage of when providers know they have access to cash to cover services
- Clients do not need to transport a large amount of cash when traveling to the provider

### Direct Payment: Challenges

- Requires the MFI to offer health loans or health savings accounts
- MFI needs to create and maintain systems for the following:
  - Client and family member identification, and to verify availability of funds (either in savings or through approved loan) to pay for services
  - Transfer of payments to provider
  - Tracking withdrawals from health or other savings or loan disbursement
  - Safeguarding against fraud
- There may be some lag time between provision of services and provider payment
- MFI is responsible for finding and researching appropriate, accessible and quality health providers
- Time and resources required to monitor and nurture relationships with health providers

### Case Studies

**CRECER, Bolivia**

CRECER created linkages with health providers and designed a direct payment system to pay providers with funds from clients’ approved health loans. Health loans were created to address the need for timely access to resources to pay for infrequent but more costly health-care services and for health emergencies. Once the client is approved for the health loan to cover a specific procedure or treatment, CRECER links the client with a partner provider, negotiates a fair price, and pays the health provider directly for the services provided. Providers understand that CRECER clients will be able to pay for treatment at the time of service, and are therefore more willing to provide services at lower rates. Examples of the health services utilized by CRECER clients have ranged from emergency brain surgery to providing new dentures, with an average loan size of US$350. Client surveys indicate that clients highly value the availability of health loans and appreciate the negotiation, direct payment for services and referral to the “CRECER approved” health provider. (For more information, please refer to the Health Loan technical guide, which is also part of the MAHP Technical Guide series.)

“When we took out a health loan for a surgical procedure, CRECER referred us to a doctor who discussed the procedure with us as well as offered us a lower price. CRECER can help many people because it is connected to so many facilities and has so much to offer; I hope that it continues.”

—CRECER Client, Bolivia

“My sister told me about CRECER’s health loan, which covers health costs and makes referrals to doctors. I’m very appreciative of CRECER, which is the only institution that cares about my health.”

—CRECER Client, Bolivia
A Note about Health Financing

This guide focuses on how MFIs can facilitate and increase client access to health services; however, the ability to finance health services is also fundamental to achieving good health. Basic informal linkages, basic formal linkages and mobile health services do not involve financing directly; however, direct payment, prepaid health service and health microinsurance linkages all will likely have financing mechanisms. The latter three linkages presented in this guide have options for financial payments to linked providers. Reading about these and the corresponding case studies as well as referring to Freedom from Hunger’s Health Loans and Health Savings technical guides will provide more detailed information about ways to finance health care.

Prepaid Health Service

What is a Prepaid Health Service Linkage?

A Prepaid Health Service linkage involves a contractual agreement between an MFI and health provider in which the health provider agrees to accept a fixed payment per MFI client or family, often called a “capitation” payment, to cover a defined set of services. The defined set of services is negotiated and agreed upon by the MFI and health provider, often with client input about willingness to pay for certain benefits. Participating clients make this set payment regularly (often monthly or quarterly) to cover services for themselves and family members. Covered MFI clients may then access specific covered health services and benefits at any point during the prepaid period. Since services are paid for in advance, providers take on all or a substantial amount of the risk of utilization being different than expected, but also keep any difference between the projected and actual costs of services provided during the coverage period.

<table>
<thead>
<tr>
<th>Prepaid Health Service: Opportunities</th>
<th>Prepaid Health Service: Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eliminates many of the financial barriers, including the need for cash and concerns about total costs, and smoothes health expenditures over time</td>
<td>• Services and providers will be limited to a specific provider for a specific set of covered health services</td>
</tr>
<tr>
<td>• Improves client access to preventive and curative provider services</td>
<td>• Client education will be needed to ensure appropriate utilization, as clients often do not understand how insurance works and the value of making regular premium payments</td>
</tr>
<tr>
<td>• Reduces some of the risk of getting sick, depending on what services are included, so that clients can use savings and business loans for other needs</td>
<td>• MFI will need to design payment systems to support continuity of program enrollment (e.g., timed for periods during which clients are more likely to have cash, financed with micro-loans, etc.)</td>
</tr>
<tr>
<td>• Gives providers a dependable and predictable source of regular revenue, helping health providers to sustain their practices</td>
<td>• MFI will need to build into program design features and guidelines to help mitigate the risk of over- or under-utilization</td>
</tr>
<tr>
<td>• Prevent price gouging or clients being exploited</td>
<td>• Providers may be reluctant to participate because they lack information on reasonable capitation levels and will fear that clients will over-utilize services</td>
</tr>
<tr>
<td>• Can improve client compliance with medical advice (no cost barriers for return visits)</td>
<td>• MFI will also need to develop processes and systems for the following:</td>
</tr>
<tr>
<td></td>
<td>▪ Verifying eligibility and identification of client and family members</td>
</tr>
<tr>
<td></td>
<td>▪ Maintaining productive partnership with providers</td>
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<tr>
<td></td>
<td>▪ Safeguarding against fraud</td>
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Case Studies

CEDES, Ecuador

CEDES (Cooperativa de Ahorro y Crédito Comunidad Empresarial para El Desarrollo Económico de Social) is an Ecuadorian cooperative providing microfinance services in Ecuador. CEDES has recently developed an agreement with a local medical group to enroll members in a prepaid program that covers outpatient consults as well as discounts for medicines, diagnostic tests and hospitalization. Payment is $30 per year, which includes coverage of member’s spouse and children.

Pro Mujer, Peru

Pro Mujer Peru links with a Peruvian health-care company (an International Planned Parenthood affiliate) to offer a pre-paid package of health services for clients and their families. For about $21, clients and their families receive services, including primary care, women’s health, family planning, lab tests and other related services over a period of eight months.

Health Microinsurance

What is a Health Microinsurance Linkage?

A linkage to Health Microinsurance is a contractual agreement between an MFI and health insurance carrier to enroll MFI clients into a health microinsurance scheme. Health microinsurance can be an important tool to help protect MFI clients and families from the financial shocks of serious illness and health events, and also help to smooth health spending for more frequent, but lower-risk health needs over a longer period of time. Although some MFIs have decided to develop their own health insurance products, most MFIs lack the expertise and capacity to support more complex processes required for the successful management of microfinance. These include provider-contracting and member-enrollment processes, claims management and payment systems, and the accurate pricing and management of the risk of health insurance coverage. For this reason, it often is more reasonable for MFIs to seek opportunities to partner with solid and reputable health insurance programs that may be public or private.

Health insurance carriers develop and maintain a network of credentialed and approved health providers that clients choose when in need of services. Costs and benefits will vary depending on the range of schemes and options available, but may include in-patient hospital, out-patient services, laboratory, X-ray and other diagnostic services and, in some cases, prescription drugs. Risk relationships can vary; however, most of the risk is usually the responsibility of the insurance provider.

The above CARD members have enrolled in PhilHealth through CARD and are enjoying the benefits of Health Microinsurance.
### Health Microinsurance: Opportunities
- Insurance carrier selects, recruits, checks credentials and contracts with health providers
- Clients have security of knowing that certain health benefits and a portion of the costs will be covered when services are obtained from a participating provider
- Barrier of needing cash before services can be accessed is reduced or eliminated
- Often increases client access to and choices of providers (private and public)
- Can enable an MFI to provide a benefit to a large portion of its clients in different geographical areas, depending on size and scope of network

### Health Microinsurance: Challenges
- Often not available in more rural areas
- Relationships with large microinsurance carriers, particularly those run by the government, may be complex and require significant time to explore and develop, and MFIs may lack internal expertise to evaluate insurance options and negotiate contracts
- Clients must be able to make regular premium payments to retain eligibility (this can be facilitated with small loans from the MFI—see CARD case study below)
- Documentation required to prove eligibility may be difficult to obtain for some clients (i.e., birth certificates, marriage licenses, proof of relationship of other covered dependents, etc.)
- Client education needed to ensure appropriate utilization—clients often do not understand how insurance works and the value of making regular premium payments
- Potential challenges in interface required for enrollment, determination of eligibility, premium remittances, etc., between MFI and insurance carrier

### Case Studies

**CARD, Philippines**

CARD clients expressed a desire for health microinsurance to provide protection from high-impact but infrequent events requiring hospitalization, such as an accident or other unanticipated serious health event. To meet this need without developing its own health insurance product, CARD partnered with the national social health insurance scheme, PhilHealth, to enroll clients in the KaSapi hospitalization insurance program available to organized groups, such as MFIs, that serve the informal employment sector. CARD facilitates enrollment of eligible clients in the PhilHealth hospital insurance program and provides loans to cover the annual cost of the premium. CARD promotes the program, provides client education about enrollment and how to access benefits, and makes quarterly premium payments directly to PhilHealth on behalf of clients. Clients enjoy the benefits of low weekly payments (less than $1/week), avoid lapses in coverage, and can contact CARD to help resolve any problems with obtaining covered services. Though CARD has encountered challenges with the enrollment process and the interface with the PhilHealth information systems, clients have been very pleased with the product and CARD clients in other areas are requesting access.
Aga Khan, Pakistan and Tanzania

Aga Khan opened the First Microinsurance Agency (FMiA) in Pakistan and later in Tanzania. In Pakistan, this hospitalization insurance product protects poor families in the northern rural area of the country from the risk of hospitalization from major health events such as accidents, complicated births and acute illness. Premiums are as little as $5 per year per family. The product is promoted along with other microinsurance products offered by the agency through seven MFIs. At the end of 2009, FMiA was reaching approximately 25,000 families in Pakistan with health insurance and planning to extend a similar product and approach to Tanzania by mid-year 2010.

Designing a linkage that works

The objective of a linkage is to connect MFI clients to an existing health provider or product in an effort to improve the health of the client and her family; how this is done will vary. As demonstrated in the various case studies, each linkage type is uniquely designed and can be implemented differently. Country or regional contexts, personnel skills and expertise, needs and demands of clients for health services, supply and access of clients to reliable and reputable providers and availability of other resources are all factors that will and should influence the design of a linkage. These highlighted case studies are examples, but there are many potential variations, and a creative approach to addressing specific needs is paramount. The remainder of this technical guide provides recommendations and examples about how to develop, monitor and maintain linkages with health providers.
SECTION III: HOW TO DEVELOP LINKAGES WITH HEALTH PROVIDERS

The purpose of this section is to introduce and describe five steps to developing linkages with health providers. These steps will assist the MFI in choosing and developing a linkage that fits client needs and institutional capacity.

Steps for Developing Linkages with Health Providers

- **Step 1:** Conduct Market Research
- **Step 2:** Ensure Institutional Capacity of the MFI
- **Step 3:** Define Area and Conduct Pilot-Test
- **Step 4:** Implement Linkages
- **Step 5:** Promote Linkages
Step 1: Conduct Market Research

The first step in developing linkages with health providers is to conduct market research. The purpose of market research is to help the MFI identify and understand the following:

- Gaps between health-related needs of clients and available and accessible health services
- Health providers with which the MFI can link

In the microfinance field, market research is defined as “an activity designed to understand the environment within which an institution is operating and to identify the needs of current clients as well as those of potential clients.”\(^2\) Information collected from market research will enable the MFI to make strategic decisions regarding the most important and appropriate types of linkages. The *Market Research for Microfinance and Health Protection: A Technical Guide for MFIs* in the MAHP technical series, provides MFIs with the process and tools for carrying out market research and developing a product concept for a package of health protection services.

MFIs that decline to conduct extensive market research because they have already concluded that linkages with health providers are needed by clients, should still consider conducting basic market research to inform the development of key features of the linkage. The following market research tools are available at the end of this technical guide in order to assist MFIs:

- Secondary Market Research Guide (*Appendix A*)
- Interview Guide for Health Providers (*Appendix B*)
- Focus-Group Discussion Guide for MFI Clients (*Appendix C*)
- Health Microinsurance Assessment (*Appendix D*)

These tools will help MFIs answer key questions such as:

- What illnesses are common among clients and their family members?
- Which illnesses have the greatest impact on clients?
- Where do clients go for care?
- What do clients want?
- What will clients pay for?
- What types of health providers are available in the community?
- What are the barriers to accessing health care?

Bandhan, CARD and CRECER created linkages with health providers to address the following client needs identified in focus-group discussions (FGDs) during the market research:

- More affordable health services and medications
- More easily accessible specialized health services such as gynecology or cardiology
- Better treatment by the health-care staff
- Better quality of health services

The Interview Guide for Health Providers (Appendix B) helps MFIs to better understand the health-care services available to clients. Location, geography, transportation, the state of the public health system, and the existence and accessibility of private health providers all affect the feasibility of linkages.

<table>
<thead>
<tr>
<th>Type of Health Provider</th>
<th>Opportunities</th>
<th>Challenges</th>
</tr>
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</table>
| Public Health Providers | • Services and medications are less expensive or free  
• Public health centers are usually significantly easier to access than private options, particularly in rural areas in which they may be the only option  
• Public hospitals, normally located in urban and peri-urban areas, may offer a variety of primary, secondary and tertiary services | • Specialty services are often not available in local public health centers  
• Quality of health services and/or medical technology and instruments may be below average due to poor funding and lack of resources  
• Hours of operation and availability of providers may be limited or unreliable, and follow-up (i.e., lab test results) may be poor  
• May have longer wait times due to a high volume of patients and infrequent availability of health providers |

"The partnership with CRECER helps us to improve coverage in the area and health in the community. It's easier to access the children who need to be vaccinated. With this partnership we can reduce the maternal/child mortality rate."

–Dr. Mary Aleluya Yugue, Hospital Publico, Achacachi, Bolivia
### How to Develop Linkages with Health Providers

<table>
<thead>
<tr>
<th>Type of Health Provider</th>
<th>Opportunities</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| Private Health Providers         | • Clients perceive that private health services provide better service and more effective medical modalities than public providers  
                                 | • Access to more specialized services—secondary and tertiary services, or specialist physician services that focus on a particular health issue (e.g., gynecology, cardiology)  
                                 | • Better customer service, treatment of patients and increased dependability (follow-up, hours of operation), in part due to competition among private providers for small number of patients who can afford to pay fees  
                                 | • Often higher technical quality of health services (e.g., level of provider training, supplies, equipment) | • Services and medications more expensive  
                                 | • Can be more difficult to access; private providers are often scarce in poor countries and tend to be concentrated in peri-urban and urban areas |
| Non-Governmental Organizations (NGOs)* | • Many NGOs provide low-cost, high-quality health care  
                                 | • Local and international NGOs operate in urban, peri-urban and rural areas  
                                 | • Some NGOs offer specialized services (i.e., target a specific disease or health problem) and may work in partnership with governments to bring health-care services to isolated populations | • NGOs are less regulated and services often range in quality |

*There are a variety of NGOs. They tend to range in quality and accountability.

### Step 2: Ensure Institutional Capacity of the MFI

Prior to developing a linkage, it is essential to assess the capacity of the MFI to plan, implement and manage the linkage. Based on the experience of Freedom from Hunger and its partners, an MFI should include the following considerations as it assesses its capacity and prepares for the development and implementation of this product.

#### Health Expertise

The need for specific expertise to effectively carry out a linkage will depend on the type of linkage and the local health-care environment. It may be easier to have certain linkages—particularly in the initial stages—that are facilitated by staff with a health background, but this is not a requirement. Some MFIs recommend hiring at least one staff person with a health background (doctor, nurse, public health professional) to guide
strategy, help establish overall goals and targets for the health services, to lead initial outreach efforts with local providers, and to advise and assist with creating measurement and monitoring systems and tools. Another option is for an MFI to work initially with a local or other outside health expert to help plan and develop the health services linkages. This outside resource may also be used to help build staff expertise, capacity and confidence for ongoing management and expansion of linkages within the MFI.

**Financial Resources**

The most significant cost of developing and maintaining linkages with health providers is staff time, especially during initial implementation. The amount of staff time needed to create, execute and monitor a linkage depends primarily on the type of linkage. A more complex linkage such as health microinsurance may require dedicated staff to manage the MFI’s role in the insurance offering, whereas a basic informal linkage may only require a few hours of staff time per month to facilitate the linkage. More staff time is often required during program start-up and during expansion to new regions. Costs will likely stabilize and decrease per client reached over time as linkages with health providers are established. In addition to staff time, some linkages may require other financial resources. Facilitating mobile health services may require the MFI to rent an outside facility and/or provide transport for health providers. MFIs may want to print and bind provider lists or guides that describe the health providers, their location and hours of operation. Other promotional activities may also have small costs, such as creating posters or flyers that inform clients about the linkages. In addition, expected costs should include the cost of telephone calls, faxes and other communications with health providers, and any travel costs to enable staff to visit providers and clients for feedback.

**Cost Coverage and Sustainability**

As presented in Section II: Types of Linkages, there are a number of potential variations for each linkage and there are creative and innovative ways to reduce costs. Since each type of linkage will have different costs for program start-up and maintenance, the MFI must also consider how the program will be maintained over the long term. Some costs may be covered from direct client fees, to attend health fairs for example, or from interest paid on loans provided by the MFI for health microinsurance. Solidarity loans, or loans borrowed from within the institution, can also provide a source of funding.

“Last year, I visited a doctor at the local health center and he diagnosed me with diabetes. I didn’t follow up due to my lack of trust and confidence in the public health system. At the local health center I not only had to wait a long time to see a doctor, but I was treated poorly as well. So, along with the other women in my community bank, we decided to request a “Health Day” [Mobile Health Service], with a focus on diabetes screening. After testing my creatin levels, it was obvious that my kidneys weren’t functioning well. The doctors explained it was due to diabetes. The doctors told me it is serious but I will be ok if I control the disease.”

—CRECER Client, Bolivia
Credit Association, can also be an efficient way to help cover costs of health services and administrative costs. Training existing staff, such as the credit officers, to help with coordination, promotion and repayment will reduce or eliminate the need to hire additional staff. Each planned linkage should specifically define costs and any revenue that will contribute to the direct and indirect costs of maintaining the linkage. It is important to note that some types of linkages will not be financially self-supporting on their own, and will need to be subsidized; however, many other benefits accrue to the MFI from the ability to link clients to needed health-care services such as increased market appeal, client retention, satisfaction and a commitment to a social mission.

Case Studies
The health expertise and financial resources required for creating and maintaining a linkage will vary depending on the type of linkage; each of the following MFIs developed linkages employing different levels of health expertise and also allocated financial resources uniquely.

**Bandhan**

**Health Expertise.** Technical expertise was provided by a local Microfinance and Health Protection (MAHP) manager who worked closely with the MFI program implementers during the development and initial piloting of the health protection products. The manager, who was a medical doctor with experience in the Indian health sector, was familiar with the local health system and the most common diseases and difficulties that the rural poor faced in accessing quality care. The MAHP manager worked closely with Bandhan staff, providing strategic and technical support and building local capacity for program management. A Health Program Coordinator, who had previous experience with health program management at BRAC, works at the regional level for Bandhan, offering logistical support, training and oversight of field staff that include Health Community Organizers (HCOs) who facilitate health education sessions, and community health volunteers called Swastha Sohayika (SS) who visit local families to sell health products and make referrals to public health providers. Neither the HCOs nor the SS have prior health expertise and therefore require initial and ongoing training and support from the Program Coordinator.

**Financial Resources.** The financial resources required for the development of the program at Bandhan included the costs of salaries and related expenses for the MAHP Manager, Program Coordinator and HCOs, transportation, supplies and other office costs. However, the amount of
time required of the MAHP Manager and Program Coordinator on linkages has gradually decreased as the program matured. During the beginning of the program, these staff members were spending approximately 30 percent of their time on the product; however, two years later, less than 10 percent of the Program Coordinator’s time was needed to monitor and maintain the linkages with health providers. As the program has matured, much of the responsibility for maintaining the partnerships with the public health facilities has been assumed by the HCOs, which are lower-cost positions.

**Cost Coverage and Sustainability.** Bandhan’s basic informal linkage is unique because it was connected to a broader program of local community health education, outreach and sales of health products, so ongoing costs related to the linkages alone are difficult to extract. However, since there is no direct revenue that supports the program directly, these costs are covered by Bandhan as part of its social development activities.

**CARD**

**Health Expertise.** The staff directly involved in implementation of the provider linkages at CARD, which included a Manager and Program Assistant, did not have health backgrounds. Initial technical assistance was provided by outside health experts for the development of the concept and to plan for implementation of the Preferred Provider Program (PPP). However as CARD decided to scale this program to new regions, nurse coordinators were hired and assigned to each region (serving approximately 20,000–50,000 clients). The objective is to provide greater expertise for recruiting, selecting and monitoring quality of services from the provider network and to further build CARD health-care capacity.

**Financial Resources.** During development of CARD’s Preferred Provider Program (PPP) network, or basic formal linkage, CARD’s Microfinance and Health Protection Manager and Program Assistant devoted approximately 65 percent of their time to recruiting providers, completing contracts and developing the approach for program promotion and member education. However, after one year of program implementation, CARD estimated that program maintenance required about 15 to 20 percent of the time of these managers. Other ongoing, direct costs of this service include the salaries of the nurse coordinators, local transportation, printing of member identification cards, signs and other promotional materials in centers, and costs of occasionally convening providers for feedback and program improvement. For CARD’s health microinsurance linkage with PhilHealth insurance, additional staff needed includes one full-time insurance plan coordinator who manages the interface with the insurer and coordinates all of CARD’s promotion and enrollment activities. This individual is supported part-time (about 20 percent) by CARD’s Microfinance and Health Protection Manager. Promotion and other enrollment activities are carried out by the branch office financial services staff and are fully integrated into their other responsibilities.
Cost Coverage and Sustainability. Since no revenues are received from clients who have access to and use the Preferred Provider Program (PPP), staff costs for maintaining the network and expanding it to new regions are considered part of CARD’s overall administration, promotion and development costs, and subsidized by other organizational revenue. CARD members value the increased access to the providers, and CARD considers this as one of the products and services that set them apart from other MFIs. For CARD’s microinsurance product, interest charged on the premium loans, and a 9.7 percent discount on the premium that CARD pays to PhilHealth, provides revenue that is expected to cover direct costs of the insurance linkage and to also contribute to overhead and fixed costs in the branches as the program achieves greater scale.

CRECER

Health Expertise. When CRECER began the MAHP program, a physician was employed to assist with and manage linkage products, including “Jornadas,” or mobile health services, and basic formal linkages. The doctor had a thorough understanding of the health problems and available services in Bolivia, which enabled him to start making plans and contacts early in the process. After 18 months, other staff (non-health professionals) were able to continue and build the linkages without ongoing support from the doctor. The program is now managed by the Education and Capacity Building Coordinators in each region, who also work closely with credit officers to create and maintain relationships with public and private providers. The Education and Capacity Building Coordinators manage the basic formal and mobile health service linkages and initiate the relationships with the health providers, but separate staff—individual loan officers—coordinate the approval, distribution and follow-up of the health loan.

Financial Resources. More financial resources were required during the beginning of the program when the health expert was involved and more time was needed to create the linkages. Costs decreased as the time spent creating, monitoring and maintaining the linkages was distributed to a greater number of people who were already employed by the MFI. When negotiating the mobile health service packages with providers, CRECER will often offer to pay for gas or transport if the destination is an isolated rural area. CRECER has also contributed medical supplies such as rubber gloves, gauze, etc., to the mobile health providers, which is little cost to CRECER but greatly appreciated by the providers. Although the direct payment linkage has required a greater investment of resources up-front, it is expected to become self-sustaining and create revenue for CRECER.

Cost Coverage and Sustainability. For CRECER’s basic formal, mobile health service and direct payment linkages, clients pay for the health services they receive at the health fairs or through referrals, and though costs are reduced through discounted rates, the goal is to make these services self-sustaining. For example, health providers are more amenable to covering their own transport and per-diem costs when the health forums are open to the community and provide the opportunity to offer services to more people and increase revenue. Use of existing staff—primarily credit officers—trained in the promotion and
implementation of the linkages enables CRECER to reduce total costs by taking advantage of integrated operational support. High initial costs to establish and maintain the credit approval process for the direct payment linkage (for health loans) have been reduced as CRECER has refined policies, streamlined the process and more closely integrated the health loan with other individual loan products.

MFIs that want to create a linkage with health providers must take into consideration their objectives, their capacity, and the feasibility of the linkage in order to identify the most appropriate fit for their institution and the local health environment. Conducting a pilot-test will assist the MFI in testing and shaping its program.

Step 3: Define Area and Conduct Pilot-Test

Once the type or types of linkages and feasibility have been determined, MFIs should pilot-test the linkage with a small group of clients to refine and improve the linkage before expanding it to all clients. When defining the pilot area and potential linkages, it is important to consider the following: geography/environment, accessibility, health provider options and proximity to the MFI. It is important to choose a locale that is mostly representative of the area where the program will be implemented. Since many MFIs often serve diverse areas, it will be important to understand the ways in which the pilot location varies from other areas where the services will eventually be offered. Other challenges that might not exist in the pilot area can then be addressed as the MFI extends the product to other areas. The recommendations below will help MFIs define the area for the pilot-test; however, it is important to remember that linkages are essentially a product of their local environments and “one size does not fit all.”

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**Defining an Area for the Pilot-Test: Recommendations**

**Geography/Environment:** It may be easier to conduct the pilot-test in a peri-urban location because there will be fewer health provider options to evaluate and choose from in a more urban location (i.e. capital city), yet there will be more available than in most rural areas.

**Accessibility:** During the pilot-test, accessibility should not be an insurmountable barrier. There should be affordable and semi-frequent transportation options for both clients and MFI staff to visit the health providers. Clients need an opportunity to utilize the providers in order to identify challenges and quickly solve problems during the pilot phase.

**Health Provider Options:** It is ideal to have access to both public and private providers in the pilot area. This will enable the MFI to explore the differences in relationships, quality of health services, client feedback and perceptions, unique challenges, cost, comfort, etc. Enough providers should be selected to give clients an array of options; however, selecting too many will make monitoring difficult.

**Proximity to MFI:** It is important to closely observe, monitor and evaluate the linkage/program so that challenges can be dealt with and successes realized in a timely fashion. In this phase, the program manager will be actively involved and is likely to be based at the MFI headquarters or regional office.
Step 4: Implement Linkages

After defining an area for the pilot-test, MFIs must identify, contact and finalize agreements with health providers. The following are considerations for MFIs as they embark on the process of forming the linkages.

Identify Appropriate Health Providers

Understanding client health needs as well as noting existing health providers in the area(s) of interest are important steps needed to target providers for linkages. This technical guide has presented the importance of market research, described some of the differences between types of providers (public, private, NGOs) and provided tools such as the Survey of Services Offered by Health Providers (Appendix E) to gather information about potential providers. Beyond the providers identified in market research, locating providers who are acceptable to clients and who also meet the MFI’s requirements for availability, accessibility, training and licensure, can be an iterative process. Often the best way to do this is to ask clients directly. Clients often will be happy to share their ideas about who provides reliable services that are of high or acceptable quality. Another source of information can be the providers themselves. Once you have identified one or two well-regarded and qualified providers, they may recommend other providers whom they view as providing quality services, including diagnostic tests, in-patient care, medicines and more.

When approaching private clinics and/or public health centers, it is important to make a contact at the appropriate level. This will vary according to context and could be a doctor or clinic manager at a private clinic, or it could be a local government official, doctor or manager at a public health center. Once again, it is important to ask the right questions for the consideration of those involved as well as to ensure that communication is taking place at a decision-making level.

Contact Potential Health Providers

Health providers may need to be approached more than once to establish a good working partnership. During the initial contact, the MFIs can collect information about the provider and the services available using the Survey of Services Offered by Health Providers (Appendix E), and also share background information about the MFI such as its mission, number of clients in the area and health-care needs of the clients. The main purpose of this contact is to introduce

“I’m very much grateful I can give CARD clients discounts and help them; they are very appreciative. My total number of patients has increased since partnering with CARD.”

–Dr. Reynolds, Hospital, Mulanay, Philippines

“I wanted to open up my dental service to the community to help needy people. I feel CARD members are of a different socio-economic level than other patients, so I wanted to lend a hand.”

–Dr. Shirly Rebleza, Dentist, Lucban, Philippines
the MFI to the provider, explain the vision and objectives of linking with the health service, as well as the potential benefits to the provider and MFI clients. It might be helpful to create “talking points” to highlight concepts that communicate potential benefits of the linkage to the health provider.

### Potential Benefits to Health Providers

- **Increased Access to Patients**: Linking with an MFI exposes a health provider to potentially many new patients.

- **Public Health Center**: Public health centers often have targets related to outreach and the additional encouragement from MFIs to community members to access preventive services and treatment will support the health center in meeting the Ministry of Health’s expectations.

- **Private Health Clinic**: Private providers are operating a business and have a keen interest in promoting their practices to reach new clients to increase revenues to sustain and grow their businesses.

- **Consistent with the Mission**: For most health providers—public and private—the overall goal is to improve the health of the community or population. If the MFI encourages its clients to utilize the linkages with health providers, more members of the community will access services for prevention and treatment of health issues.

- **Community Influence**: Teaming with an important and respected member of the community, such as an MFI, has the potential to increase the health provider’s influence and prestige within the community. When two influential institutions in a community combine forces, they can more effectively address community-wide issues that affect the health and well-being of the population.

- **Long-Term Stability**: MFI clients are likely to have some source of income-generating activity and represent a market segment that can help provide a more regular and predictable flow of revenue to providers. Some may also be receiving health education to encourage the appropriate use of local health services and may be considered more economically stable than others in the community, as they have an income and access to additional financial resources. With a more regular flow of MFI clients and their family members as patients, health providers can develop more stable businesses, sustaining and even improving local health-care resources and systems.

### Assess the Quality of Health Services

An MFI’s link with a health provider is essentially a recommendation or “stamp of approval” of that provider from the MFI; the MFI is encouraging clients to seek the services of the provider. Therefore, the experience a client has with the provider is a reflection on the MFI, and it is important that the MFI maintain its image as a trusted source of information for clients. This can be a challenge as the health system and many health providers in developing countries are poorly funded and often lack essential resources, which subsequently compromises quality. Shortages of health-care services in rural areas limit options and it is possible that public health providers will be the only available links. It is therefore important that the MFI understand
the strengths and weaknesses of the local-provider network and also define expectations for quality services so that these can be communicated to the providers and built into the partnerships.

MFIs can begin the assessment of service quality and availability by using the Survey of Services Offered by Health Providers (Appendix E) and the Quality of Health Services Assessment tool (Appendix F). In addition to collecting information about the services and technology available, the Survey of Services Offered by Health Providers (Appendix E) tool gathers important information about provider training, accreditation and licensure. This tool can be used to screen a potential partner at the time of an initial visit, and as a monitoring tool to periodically review standards of service quality that are appropriate for the local community. The Quality of Health Services Assessment tool (Appendix F) focuses on verifiable process indicators for quality of health care, and also permits evaluators to register their impressions of the facility, its services, products and staff. Use of this tool also serves as a means of educating and demonstrating to providers that standards of care are explicit and accountability for quality is expected.

Additionally, the Client Satisfaction Survey (Appendix G) is a tool that focuses on quality as defined by the consumer. This definition of quality is not fixed and is based primarily on clients’ understanding of their needs, expectations and experiences as health consumers. Regularly assessing the ongoing linkages using these client-centered dimensions of quality and appropriateness will provide feedback to the MFI and providers to identify strengths and areas for improvement.

None of the tools described above are designed to evaluate technical quality of the provider, such as appropriateness of diagnosis and treatment, or care outcomes, but rather look at the range of services, staffing, the facility, and the training and licensure of the provider. MFIs will have to depend on public regulatory bodies that license health providers, regulate safety and quality of medicines and other health-care products, as well as government health-care systems that operate services directly, to evaluate the technical quality of health-care services. Credentials and certifications are indications that others have reviewed the providers’ qualifications and capacity to provide safe and effective medical care and can be asked about during initial provider contacts and interview.

“We are able to reach those who normally don’t visit the health center. This partnership is a good way to capture the people who need our services. Partnering with CRECER helps us with our coverage in the region. CRECER’s clients are lower socio-economically than our other patients.”

—Dr. Ronaldo Ruiz, Centro de Salud, Achocalla, Bolivia

“This program has high credibility here in our branch. In fact, we have one medical technologist, three physicians, one dentist and one optometrist in the roll of our partner providers.”

—Marvin Alzaga, Account Officer, CARD, Philippines
How to Develop Linkages with Health Providers

**Determine Client Eligibility**
Defining and documenting client eligibility may be another important consideration, depending on the type of agreement. Client eligibility is an issue for which there is an expectation of special rates as with discounted networks; when health loans or savings are used to pay for provider services or insurance premiums; and when clients are enrolled, for prepaid or other insurance programs. These services will require the MFI to make certain eligibility determinations about when a client is eligible and the extent to which family members of MFI clients be eligible to receive this benefit.

**Case Studies**
CARD created criteria for who is eligible to enroll in its health microinsurance product as did CRECER for its direct payment program. In both cases, these criteria were established because they were connected to loans. Depending on the linkage, health providers may also have eligibility criteria.

**CARD’s Health Microinsurance Eligibility Criteria.** CARD’s eligibility requirements for enrollment in PhilHealth insurance program include: a) must have been a client of CARD for at least one year; b) must have completed two loan cycles; c) must have 100 percent loan repayment rate; and d) must have 100 percent attendance at Credit Association meetings. PhilHealth, which is a government-run program, determines the eligibility requirements for dependent coverage. Family members covered include children under the age of 21 years, spouse and parents of clients who are age 60 and older.

**CRECER’s Direct Payment Eligibility Criteria.** CRECER’s direct payment linkage was created as a health loan product. Clients benefit from the opportunity to take out a loan to cover costly health services. Because clients with health loans enjoy more flexible repayment periods and also use loans for medical procedures or illness that may limit their short-term participation in income-generating activities, CRECER has developed well-defined eligibility requirements for clients to qualify for these health loans. Eligibility criteria include length of time as a CRECER client, loan repayment history, and also require collateral and a guarantor.

**Sign Contracts/Agreements**
Once the MFI has decided to ask a health provider to participate in the partnership, a Health Provider Invitation Letter (*Appendix H*) may be sent as an official invite and to explain or initiate next steps in regards to the mechanics of the relationship. The need to create an agreement or contract with a health provider will again depend on the type of linkage and whether it is formal or informal. The MFI and health provider will
agree on the parameters of the contract. The appendices include an example of a contract (Memorandum of Understanding between MFI and Health Provider—Appendix I) used by CARD for its Preferred Provider Program. During the pilot-test and beyond, the MFI should monitor the process and collect feedback from both clients and the health providers to evaluate satisfaction with the terms of the agreement and to make changes, as appropriate.

**Political and Other Considerations**

As the MFI creates linkages with other institutions in the community, it is important for the MFI’s leadership to consider potential political consequences or other community relations issues. MFIs must be aware of the local political environment and what message alliances among certain community leaders or institutions might send. For a variety of reasons, it is likely that the MFI will not create linkages with all health providers in the community. Some providers, including traditional healers, shamans, and quacks may see the MFI as disrupting previous and long-established behaviors and “care” patterns, or even as competing with them for services. Therefore, it is important to consider the response of the clients and other local providers as these linkages are established and promoted.

**Step 5: Promote Linkages**

After finalizing agreements with health providers, MFIs must promote and educate clients about the new linkages. Promotion is a key to success, and is fundamental in assuring that health providers will be properly utilized. When promoting linkages, MFIs must determine to whom and how to promote their linkages.

**Promote Linkages to Whom?**

**MFI Staff.** MFI staff members are key to effectively promoting linkages and there should be an understanding of the linkage and its benefits to clients among all levels of MFI staff, particularly the credit officers or other staff who regularly interface with clients. Credit officers will likely be the staff tasked with describing and promoting the linkage directly to MFI clients, so their enthusiastic support and understanding of the product is essential. Credit officers might also be in charge of following up with clients about their experiences with a health provider, so it is important that they understand the nature of the provider relationship and expectations for both providers and clients.
MFI Clients. MFI clients are the primary beneficiaries of this product, so it is essential that clients know about the linkage, how to utilize the linkage, and understand the benefits to them and their families. The linkage should be presented as a reliable, affordable and trustworthy option for clients to use to access health services.

Health Providers. As the MFIs’ primary partners in creating effective linkages to improve access to health services, providers are also key stakeholders as the MFI plans and implements its communication and promotion efforts. Providers who understand and support this partnership can be key links to other providers, or potential partners. Additionally, the providers’ other patients might be interested in the MFI and the health protection benefits. Most importantly, when providers and MFIs share common goals related to sustaining local provider services and protecting and improving health, they can collaborate to make linkages work and to identify and realize other opportunities to improve the health of their communities.

Community. Linkages with health providers can also be a tool used to promote the MFI, its services and mission within the broader community. This is a product that the MFI provides to improve health and well-being among clients and their families. Broadcasting this message to the community gives potential clients another reason to join the MFI.

How to Promote Linkages

Target Group—MFI Staff

Training/Workshops. When beginning the roll-out phase of the linkages product, the first step should be to familiarize MFI staff with the product. Existing communication channels, including trainings, workshops, written memos, and regular management and staff meetings, should be utilized to communicate about the product as it is initially introduced and as it rolls out. MFI staff (most likely the credit officers) in charge of promoting the product to clients should be trained to correctly and effectively communicate the linkage options and corresponding benefits, expectations, rules, etc. Appropriate staff should also be encouraged and given directions on how to follow up with clients who have visited a health provider partner. Staff will also need to build in regular communication to remind clients of how to use the benefits of the linkage to their advantage as well as any changes, such as the addition of a new provider. The MFI might consider providing staff with small incentives or other recognition for working with health providers to encourage good relationships, follow-up and utilization of the health services.

“The [preferred provider] program is actively promoted within CARD. Members receive information about the program, how it works, and the names and locations of the Preferred Providers through flyers and center meetings.”

–CARD Client, Philippines

CRECER promotes its Mobile Health Service linkage during a Health Day.
How to Develop Linkages with Health Providers

Target Group—Clients

Health Education. Health education builds the knowledge and skills of clients to improve health-seeking behaviors, and linkages to health services provide the means to act on this knowledge. Health education is a proven approach that will help ensure that clients understand and fully benefit from linkages with health providers. Well-designed education sessions on common and critical health issues provide clients with the knowledge and skills to prevent and manage many prevalent and serious illnesses. For example, if clients are educated about common health issues and then are able to access—via a linkage—preventive and curative health services that address these issues, the combination of the education and linkage are more powerful than each alone.

Print Media. Pamphlets that include the most essential provider information can be created and distributed to MFI clients to promote the linkage. (Note that pamphlets may be more expensive and client literacy rates must be taken into account.) Posters serve a similar purpose and can be placed in meeting areas, MFI offices, and in the waiting areas of the health facilities.

Financial Products. The MFI should promote linkages through other related products. For example, it would be appropriate to mention available linkages with health providers who offer discounts to MFI clients when discussing budgeting, savings, etc., with clients. Cohesive and complementary services have a greater potential to impact client health than any single health protection product. Financial products such as health savings and health loans help offset costs of medical services and need to be connected with accessible and affordable providers to be of maximum benefit to members and to further improve health and financial protection.

Target Group—Health Providers

Meetings. As presented under “Contact Health Providers” in Step 4, it is very important to communicate the benefits of creating a linkage and promote the potential outcomes of the partnership early in the process of developing a linkage with a health provider. Regular meetings with providers will allow opportunities for further communication and sharing of ideas for promoting the linkages more broadly.

Promotional Events. Another option is to have a “kick-off” or celebratory event with the intention of congratulating a new partner (or partners) and rallying everyone together as the program begins.

Case Studies

Promotion of Linkages at CRECER. CRECER promotes their linkages with health providers primarily through other health protection products such as health education and health loans. For example,
CRECER will organize a mobile health service linkage, which focuses on screening for diabetes and high blood pressure, after health education sessions on these topics and other chronic diseases (see Appendix J for Health Education Technical Learning Conversations used by CRECER to promote and complement linkages). Sometimes, CRECER will open up a mobile health service to the entire community, which promotes the linkage as well as the MFI. Banners are displayed to advertise the service and pamphlets are handed out to clients and community members. CRECER also promotes linkages with providers through their health loan product, as clients are introduced to quality, trusted health providers through this health loan.

Promotion of Linkages at Bandhan. At Bandhan, linkages with health providers are primarily promoted through the HCOs and SS. A linkage or specific health provider may be promoted or recommended during an education session facilitated by HCOs, or through SS who make regular home visits to reinforce health messages, sell health products and refer clients to the appropriate health provider for certain illnesses and/or when symptoms or ill health persists.

Promotion of Linkages at CARD. CARD held a kick-off promotional event and invited all the new health providers who agreed to sign a one-year contract to become part of their new Preferred Provider Program. A lunch was served and each health provider participated in a ceremonial contract signing. The media was invited, which encouraged promotion of the program and event to CARD clients, other health providers and members of the community. Also, CARD providers—as per the health provider’s suggestion—display signs in and/or outside of their offices that identify them as a participant in CARD’s Preferred Provider Program. Another way CARD promotes this product to clients is by providing each client with a list of the preferred health providers and relevant contact information. As a reminder to CARD clients and field staff, CARD posts a list of the providers (appropriate to the location) in every meeting center.

Beyond the introduction and roll-out phases, promotion of linkages is an ongoing activity and requires the MFI continuously communicate linkage options to its target audiences through various channels. In addition, after experiencing success with linkages, MFIs can collect and use client testimonials to promote this benefit.
SECTION IV: HOW TO MONITOR AND MAINTAIN LINKAGES WITH HEALTH PROVIDERS
Why is Monitoring Important?

It is important to monitor linkages created with health providers for two reasons. First, because MFI clients who use the linkage will spend their limited time and money to access and use health-care services, they will understandably expect a certain level of quality and service. Clients will view these as MFI-approved and -recommended services and benefits; therefore, it is important for the MFI to ensure that the process of accessing care is smooth, that clients are treated well by the health provider, and that they receive services that respond to their health needs. Second, careful monitoring of a linkage will enable the MFI to improve the linkage so that it functions as efficiently and effectively as possible. A satisfactory linkage can be transformed into an exemplary linkage if weaknesses and gaps are identified and corrected.

When and How to Monitor a Linkage

The level of effort needed to effectively monitor a linkage will depend on the type of linkage. For example, basic informal linkages may necessitate a check-in with the health provider only once every six months to ensure that information about services, prices, contact details, etc., have not changed. Formal linkages, on the other hand, will require more extensive monitoring and perhaps more frequent visits or other contact with the provider, at least during the first year. Particularly for direct payment, prepaid health service and health microinsurance linkages will necessitate close monitoring to ensure that there is a common understanding between the MFI and health provider that clients are satisfied with the quality of attention, that the process is as efficient as possible, and that the health providers are content with the arrangement. In all cases, the need for monitoring will be higher during development and implementation of new linkages, and then less frequent once the processes and communication have been systematized.
How to Monitor and Maintain Linkages with Health Providers

Tools Available to Monitor Linkages with Health Providers

**Quality of Health Services Assessment (Appendix F)**

The purpose of this assessment (which can also be used when developing new linkages), is to ensure that the quality of the health services and products is maintained at a certain level.

**Client Satisfaction Survey (Appendix G)**

The purpose of this survey is to collect feedback from MFI clients regarding their experiences with specific health providers: Overall impressions, identification of areas needing improvement, recommendations, and praise.

**Health Provider Satisfaction Survey (Appendix K)**

The purpose of this survey is to collect feedback from health providers regarding their experiences with MFI clients and the MFI. Questions should elicit feedback, which will help the MFI build on and promote strengths as well as identify areas needing improvement or change.

Case Studies

**CARD’s Monitoring Strategy.** CARD’s monitoring strategies are different for the Preferred Provider Program (PPP) and the health microinsurance. For their health microinsurance linkage, CARD has a dedicated staff member in charge of relations with and monitoring of the linkage with PhilHealth (insurer). The strategy for their PPP is based on regular check-ins with PPP providers to exchange informal feedback. A staff member (the nurse in charge of the region) will visit the partner providers, clients and branches to gather information and feedback. A patient logbook is also located at the health provider’s clinic, from which CARD staff regularly collects data about utilization. After one year of operation, CARD invited all PPP providers to a meeting during which they shared information about program growth and objectives and also invited feedback from the providers regarding what could be done to expand and improve the program. CARD takes this mostly qualitative feedback and uses it accordingly to adjust program processes and to improve communication with providers and clients. CARD also plans to develop an exit survey to learn why providers leave the program.

**CRECER’s Monitoring Strategy.** CRECER includes questions about linkages provided through their mobile health services and health loans within their larger Client Satisfaction Survey, which gathers
information about clients’ likes and dislikes, needs and preferences. Questions about client satisfaction with health provider linkages are also included in FGDs, a tool used to collect qualitative feedback from clients.

**Bandhan’s Monitoring Strategy.** Bandhan monitors linkages with health providers by visiting the local public health centers to discuss relevant health issues and to review the numbers and types of cases being referred by the SS. While at the health center, the staff member responsible for monitoring the linkage will observe the facilities and the type of care patients are receiving. This same staff member is also the mediator between the HCO and SS and health providers, if issues arise. During the monthly meeting with HCO and SS, questions or concerns about health providers are voiced and followed up on, as necessary.

**Maintaining the Linkage**

Once a sustainable monitoring system is in place, both the MFI and health provider will be responsible for maintaining and nurturing the linkage. There should be some specificity regarding the timing and content of communication so both parties have shared expectations. Monitoring and feedback should take place regularly enough to confront problems and create solutions; however, this should not require a significant amount time from either MFI staff or the health provider. Maintenance of a linkage or relationship can also take other forms. Inviting partners to events or celebrations at the MFI, stopping by and greeting a health provider when in the area, or expressing gratitude by sending a card, certificate of service, or small gift, are all strategies that will maintain and even strengthen the linkage. The MFI may also invite the health provider to collaborate on a plan to develop other interventions to improve client health and well-being. The health provider should be seen as a partner or team member with the shared goal of improving health within the community.

“Our records show significant increase in the number of new CARD members as patients in the hospital so far. We haven’t encountered any trouble giving discounts and we hope that CARD members will maximize these benefits and be encouraged to take good care of their health…”

—Enrico Garduna, Administrative Officer, Holy Rosary Hospital, Philippines

*CARD members use their PPP green cards to access discounted services with health providers.*
Appendix A. Secondary Market Research

Purpose
To identify major health issues affecting the country and/or region that the MFI works in from the perspective of national and international health organizations.

Secondary Market Research Definition
Secondary research data is information available through existing sources, in print or online, which is examined to extract relevant facts that can answer key research questions. It is called “secondary” because the information is obtained “secondhand,” as opposed to direct questioning of potential customers used during the fieldwork.

Identify secondary research sources
Secondary research sources consist primarily of data generated by government agencies—at the local, regional and national level—and international multilateral organizations. Local organizations can be especially important because they may have more specific information about common diseases and their impact that would be more relevant to the MFI’s client population. Industry data about the competition is another form of secondary research. The secondary market research findings should enable the research team to build a general profile of the population health status and the national and regional health-care systems. Figure 3 lists the types of secondary research sources that might be available.3

FIGURE 3: SECONDARY MARKET RESEARCH SOURCES

<table>
<thead>
<tr>
<th>Sources</th>
<th>Type of information</th>
</tr>
</thead>
</table>
| **Country Health Ministry Reports**  
Local or Regional Health Ministry Offices  
National Census Information | • Morbidity and mortality rates  
• Patterns of care  
• Most common diseases or reasons for use of hospital or other health services  
• Health spending  
• Immunizations  
• Family income and expenditures  
• Demographic information (age, birth rates) |
| **International Organizations**  
World Bank: www.worldbank.org  
Demographic and Health Surveys: www.measuredhs.com  
World Health Organization: www.who.int  
UNICEF: www.unicef.org  
The Henry J. Kaiser Family Foundation/Global Health Facts: www.globalhealthfacts.org  
USAID/Global Health: www.usaid.gov/our_work/global_health | National statistics:  
• Socioeconomic and demographic data  
• Health status indicators  
• Population access and health improvement measures  
• Health-care spending, private vs. public funding of health  
• Health system descriptions (organization, funding, challenges)  
• Household patterns of care |

3 For examples of a comprehensive Health Economy Profile with secondary research sources, please see: http://www.ffhtechnical.org/resources/service-delivery-models/microfinance-and-health-protection
Additional sources can be identified for specific countries or even regions, with simple queries on internet search engines using key search terms such as: health status [plus name of target country and region], morbidity or mortality [plus name of target country and region], or health systems [plus name of target country and region].

**Review and Refine Objectives and Key Research Questions**

Using the key market research questions previously identified, and drawing from the information obtained from key secondary research sources presented above, Figure 4 uses data from the Philippines secondary market research to illustrate how secondary research data can help the research team understand some of the key issues that MFI clients may face and to refine questions so that more specific information can be obtained during the primary research activities.

**FIGURE 4: EXAMPLE OF SECONDARY MARKET RESEARCH FINDINGS FOR THE PHILIPPINES**

<table>
<thead>
<tr>
<th>Initial Key Research Questions</th>
<th>Secondary Research Findings</th>
<th>Possible New or Additional Research Questions</th>
</tr>
</thead>
</table>
| **Which illnesses have the greatest impact on the lives and productive activities of MFI clients?** | Diseases with highest incidence:  
• Pneumonia  
• Diarrhea  
• Bronchitis  
• Influenza  
• Hypertension  
• Tuberculosis  
Source: Philippine Department of Health | 1. Are the incidence rates of these diseases at the national level the same as those of the local population?  
2. What is the impact of these diseases on the health and financial well-being of MFI clients? |

| How and when do people treat illness and disease? | Information on behaviors is difficult to obtain. However, one data source indicates that children are not getting adequate health care, as only 55 percent of children under five years old with an acute respiratory infection are taken to a health provider.  
Source: UNICEF | 1. What are the barriers to children getting adequate health care?  
2. What differences are there between the health care that children and adults receive?  
3. How do adults treat their own illnesses and disease? |

| Which barriers exist for accessing health-care services? | Private hospitals decreased from about 1,200 in 2000 to 700 towards the end of 2005 because of the lack of doctors, nurses and midwives.  
Sources: Private Hospitals Association of the Philippines, World Health Organization | 1. What is the impact of this decrease for the MFI clients?  
2. What do clients think about the local sources of health care available to them?  
3. Can they get care that is effective and affordable? Why or why not?  
4. What challenges face clients in accessing adequate care? |
Appendices

<table>
<thead>
<tr>
<th>Initial Key Research Questions</th>
<th>Secondary Research Findings</th>
<th>Possible New or Additional Research Questions</th>
</tr>
</thead>
</table>
| How do people pay for these services? | The most dramatic change in how Filipinos access and pay for health is occurring with the growth of enrollment in PhilHealth, the national health insurance program. Source: Philippine Department of Health | 1. Do MFI clients have access to the national health insurance, PhilHealth?  
2. Are they enrolled, and if not, why?  
3. What health-care services are covered and not covered by PhilHealth?  
4. How do clients pay for the expenses not covered by PhilHealth?  
5. What would help clients have better access to PhilHealth and make the best use of the program? |

Secondary research data might also uncover concerns not initially identified that need to be explored in more depth during the fieldwork. For example, in the Philippines, secondary market research revealed that the country faces a severe shortage of trained health-care workers. As a result, the team may want to be sure to collect specific information about availability and types of health-care professionals in the study area.
Appendix B. Guide for Interviewing Health Providers

**Purpose**
To identify major health concerns affecting the community and clients of an MFI from the perspective of health providers that work in the region.

**Procedure**

**Preparations**
The interview should be conducted with key staff of a health service center who have knowledge about the patterns of client health needs and available health-care services.

**Steps**
1. Introduce yourself
2. Explain the market research objectives
3. Review logistics with person being interviewed
   - Interview will take 60–90 minutes.
   - All information received will be confidential.
4. Ask the following questions:

   **Common illnesses**
   - What are the most frequent illnesses or health problems served by this health-service center?
     - Who is affected the most by them?
     - Why are these people affected the most?
     - What might be some reasons for the frequency of those illnesses?

   **Health knowledge**
   - What do clients currently know about preventing chronic and infectious diseases?
   - What, if any, are some of the issues about which clients might be misinformed?
     - What might be some of the reasons for this misinformation?
   - What type of health-related information can clients get from this health center?

   **Health behaviors and patterns of health-care utilization**
   - How do clients treat illness and disease prior to coming to this health center?
   - How long do clients wait to seek treatment at the health center?
   - What typical behaviors do you observe among patients that are harmful to their health?
   - What positive behaviors and knowledge are most needed by patients?
Availability and accessibility to quality health-care and health products

- What types of preventive and curative services are available through this health center?
- What are the number of doctors and nurses per patient?
- What are the waiting times for routine and preventive care?
- What are the waiting times for curative and emergency care?
- What are the main challenges to providing quality and timely care to patients that this health-service provider has?

Costs of illness and treatment, and financing of health services

- How much do people pay for preventive care?
- How much do people pay for curative or emergency care?
- How do people pay for these services?
- Which illnesses have the highest treatment costs?
  - Why?
- What health-care financing services are available?

Other

- What are some ways in which MFIs can help improve the health status of clients?
- What else do you want to share with us that we have not already discussed?

5. Summarize the key points and ask for clarification on any points of confusion.

6. Conclude the discussion

- Ask interviewee for questions he/she might have about the research.
- Explain that the information will be utilized to develop a health protection service package.
- Thank interviewee for his/her participation.
Appendix C. Focus-Group Discussion Guide for MFI Clients

Purpose
To identify major health issues affecting the clients of an MFI from the perspective of the clients.

Procedure
Preparations
The exercise is best done in a closed area with the assistance of a small working group of 6–12 people who are familiar with the community’s disease patterns.

Steps
1. Introduce yourself and welcome participants.
2. Explain the market research objectives.
3. Review logistics with participants:
   • Group discussions will take 1–2 hours.
   • All information received will be confidential and will not be utilized to determine loan eligibility.
4. Ask the following questions:

   Common illnesses
   • What are the most frequent illnesses or health problems people face?
     ▪ Who is affected the most by them?
     ▪ Why are these people affected the most?
     ▪ What might be some reasons for the frequency of those illnesses?
   • What is the impact on your life when you or your family get sick?
     ▪ What is the impact on your finances?
   • Which health issues do you face that are the most serious?
     ▪ Why are these health issues the most serious?

   Health knowledge
   • What do you know about preventing chronic diseases? [provide specific examples of chronic diseases, such as high blood pressure and diabetes]
     ▪ What are the causes of these diseases?
   • What do you know about preventing infectious diseases? [provide specific examples of infectious diseases, such as malaria and HIV/AIDS]
     ▪ What are the causes of these diseases?
   • Where do you get information about the causes of these diseases?
   • What are ways to get treatment?
• Where do you get information about how to get treatment?

Health behaviors and patterns of health-care utilization
• What do you do to prevent illness?
  ▪ What challenges do you face in preventing disease?
• When you or your family members get sick, what do you do?
  ▪ Where do you go to receive treatment?
  ▪ Why?
• Which providers do you prefer?
  ▪ Why?
• Which providers do you avoid?
  ▪ Why?

Availability and accessibility to quality health care and health products
• Who are the main health providers in the area?
• What types of services do they provide?
  ▪ What aspects of these health providers do you like?
  ▪ Why?
  ▪ What don’t you like?
  ▪ Why?
• What are the challenges you face in accessing these services?

Costs of illness and treatment, and financing of health services
• What happens to your outstanding loans when you or a family member get sick?
• How much do you pay for preventive care? [provide specific examples, such as getting pre-natal care, annual checkups]
• How much do you pay for curative care? [provide examples, such as getting blood transfusions, being treated for malaria, etc.]
• How do you pay for these services?
• What are other costs that result from illness? [provide examples, such as transportation, productive time lost due to illness, seeking care, and taking care of sick family members]
• What health-care financing services are available?
• Which way would you prefer to access money to pay for health services? [ex. loan, savings, insurance]
  ▪ Why?
Other

- What are some ways in which MFIs can help you improve access to quality health care?
- What else do you want to share with us that we have not discussed already?

5. Summarize the key points and clarify any points of confusion.

6. Conclude the discussion

- Ask participants for questions they might have about the research.
- Explain that the information will be utilized to determine how the MFI might be able to develop a health protection service package.
- Thank participants for participating.
Appendix D. Health Microinsurance Assessment

Purpose:
To collect information about health microinsurers and assess whether their product meets the needs of the MFI’s clients before deciding whether to link with them.

Survey Questionnaire for Microinsurance Products/Services (CARD)

Name of Respondent: ________________________________  Branch: ________________________________

Name of Interviewer: ________________________________

A. Health issues and available resources

1. What are the most common illnesses encountered by your family? ______________________________________
                                                                 ______________________________________________________________________________________
                                                                 ______________________________________________________________________________________

2. Which family members most often get sick? ________________________________________________________
                                                                 ______________________________________________________________________________________
                                                                 ______________________________________________________________________________________

3. How many times did you or any family member get sick? _____________________________________________
                                                                 ______________________________________________________________________________________
                                                                 ______________________________________________________________________________________

4. How much did you pay for this care? (total costs to include travel, lost work time, fees, etc.) ________
                                                                 ______________________________________________________________________________________
                                                                 ______________________________________________________________________________________

5. How did you treat this illness? __________________________________________________________________
                                                                 ______________________________________________________________________________________

5a. Did you visit a health provider? __________________________________________________________________
                                                                 ______________________________________________________________________________________

5b. Who, Where? __________________________________________________________________________________
                                                                 ______________________________________________________________________________________

6. How did you feel about the quality of health services? Where you satisfied? _________________________
                                                                 ______________________________________________________________________________________
                                                                 ______________________________________________________________________________________

7. If you had the choice, where would you go to receive health care? _________________________________
                                                                 ______________________________________________________________________________________
                                                                 ______________________________________________________________________________________

8. What prevents you from seeking services in the facility of your choice? _____________________________
                                                                 ______________________________________________________________________________________
                                                                 ______________________________________________________________________________________
## Appendices

<table>
<thead>
<tr>
<th>Service</th>
<th>Health services available?</th>
<th>Health service provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Check-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ophthalmology</td>
<td></td>
<td></td>
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<tr>
<td>Dental</td>
<td></td>
<td></td>
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<tr>
<td>Breast Exam</td>
<td></td>
<td></td>
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<tr>
<td>Pap Smear</td>
<td></td>
<td></td>
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<tr>
<td>Pregnancy Control</td>
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<tr>
<td>Child Check-up</td>
<td></td>
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</tr>
</tbody>
</table>

### B. Physical access to health facilities

<table>
<thead>
<tr>
<th></th>
<th>Cost of travel</th>
<th>Travel time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the distance and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>travel time from where you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>live to your usual source of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. What is the distance and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>travel time from where you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>live to your ideal choice of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. What is the distance and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>travel time from where you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>live to a health facility that</td>
<td></td>
<td></td>
</tr>
<tr>
<td>is acceptable to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. What is the travel time to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>nearest health center, health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unit, provincial hospital,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>private hospital or public</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Health Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Rural Health Unit/Municipal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Provincial Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Private Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Public Hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Unmet needs and problems with the health provider

1. What problems do you encounter when trying to access health services? __________________________________________________________________________
   __________________________________________________________________________
2. What is the most difficult problem? ______________________________________________________________________________________________
   __________________________________________________________________________________________________________________________________
3. What are possible solutions? ______________________________________________________________________________________________
   __________________________________________________________________________________________________________________________________

D. Willingness and ability to pay for services

1. Are you willing to pay for health services?
   □ Yes (proceed to D3) □ No (proceed to D2)

2. If no, why? (Then proceed to E.) ______________________________________________________________________________________________
   __________________________________________________________________________________________________________________________________

3. If yes, are you willing to contribute to a health fund on a weekly basis?
   □ Yes (proceed to D4) □ No (proceed to E3)

4. How much are you willing to pay on a weekly basis?

5. What is the distance and travel time you consider to be too far? __________________________________________________________________________
   __________________________________________________________________________________________________________________________________

6. During times of sickness, which would you prefer?
   a. Use the Health Loan available through CARD
   b. Expect that the Health Fund pays for the treatment
   c. Other. Please specify ________________________________________________________________
6a. Why? __________________________________________________________________________

6b. What do you think is the minimum amount you could borrow for health? ______________________
   __________________________________________________________________________________

6c. How about for the maximum amount you could borrow for health? ______________________
   __________________________________________________________________________________
E. Important needs/priorities for care

1. What do you think is the health service you and your family will need? [check box]
   - [ ] a. Outpatient/ clinic services
   - [ ] b. Inpatient/ hospital services
   - [ ] c. Dental service
   - [ ] d. Eye service
   - [ ] e. Laboratory service
   - [ ] f. X-ray services
   - [ ] g. Pharmaceutical services (medicines)
   - [ ] h. Transportation services (ambulance)

2. Among the above, what would be the most frequent services you would use?

3. Among the above, what services would be the most important to you?

4. Among the above, what service would you need the least?

5. If only you could avail of one, which one will you choose?

6. Would you agree to pay P20 – 25 every week so you can get free health services?
   - [ ] Yes
   - [ ] No
   Why or Why Not? _______________________________________________________________________

7. Outpatient Benefit Package?

   Please check which services should be included in an outpatient benefit package and rank according to preference

   1st 2nd 3rd 4th 5th 6th 7th 8th
   - [ ] a. Health provider consultation
   - [ ] b. Treatment of minor injuries
   - [ ] c. First aid or initial treatment and referral to appropriate facilities
   - [ ] d. Maternal and child health services
   - [ ] e. Provision of drugs and medicines
   - [ ] f. Laboratory services
   - [ ] g. X-ray services
   - [ ] h. Patient conduction/transportation services

F. INPATIENT BENEFIT PACKAGE?

   Please check which services should be included in an inpatient benefit package?

   1st 2nd 3rd 4th 5th 6th 7th 8th
   - [ ] a. Hospital accommodation
   - [ ] b. Professional services in internal medicine, surgery, pediatrics and obstetrics
   - [ ] c. Laboratory
   - [ ] d. X-ray services
   - [ ] e. Provision of drugs and medicines
   - [ ] f. Dietary provision
   - [ ] g. Surgical service
Appendix E. Survey of Services Offered by Health Providers

**Purpose**
To identify the services and products offered by the health providers with which the MFI is interested in creating a linkage.

**Information about Health Providers (CRECER)**

1. Type of Health Provider: _________________________________________________________________
2. Level of Attention: _________________________________________________________________
3. Title and Name of Health Provider (Interviewee): ____________________________________________
4. Accreditation and Licensure: __________________________________________________________
5. Training and Degrees: ______________________________________________________________
6. Vision and Mission of the Health Provider (attach additional information): __________________
7. Type of Health Establishment (public, private, etc.): ______________________________________
8. Number of Years in Operation: __________________________________________________________
9. Target Population and Region of Influence: ______________________________________________

<table>
<thead>
<tr>
<th>Services and Hours of Operation:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services</strong></td>
</tr>
<tr>
<td>1. External Consult by Specialty</td>
</tr>
<tr>
<td>General Services:</td>
</tr>
<tr>
<td>Surgery:</td>
</tr>
<tr>
<td>Pediatrics:</td>
</tr>
<tr>
<td>Obstetrics and Gynecology:</td>
</tr>
<tr>
<td>2. Hospital Services</td>
</tr>
<tr>
<td>Obstetrics and Gynecology:</td>
</tr>
<tr>
<td>General Services:</td>
</tr>
<tr>
<td>Surgery:</td>
</tr>
<tr>
<td>Pediatrics:</td>
</tr>
</tbody>
</table>
3. Emergency Services

4. Community Outreach Projects and Campaigns

5. Ambulance Services
   (Available to travel to rural, isolated areas)

6. Laboratory Services

7. Basic Diagnostic Team
   (Minimum available: X-rays, Ultrasound, EKG)

8. Available in Pharmacy

   Essential Medications:

   Generic Medications:

9. Other Services

   Health Personnel:

<table>
<thead>
<tr>
<th>Health Personnel</th>
<th>Number of Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Specialists</td>
<td></td>
</tr>
<tr>
<td>2. General Practitioners</td>
<td></td>
</tr>
<tr>
<td>3. Surgeons</td>
<td></td>
</tr>
<tr>
<td>4. Anesthesiologists</td>
<td></td>
</tr>
<tr>
<td>5. Obstetricians/GYNs</td>
<td></td>
</tr>
<tr>
<td>6. Pediatricians</td>
<td></td>
</tr>
<tr>
<td>7. Licensed Nurses</td>
<td></td>
</tr>
<tr>
<td>8. Auxiliary Nurses</td>
<td></td>
</tr>
<tr>
<td>9. Laboratory Technicians</td>
<td></td>
</tr>
<tr>
<td>10. Pharmacists</td>
<td></td>
</tr>
<tr>
<td>11. Others:</td>
<td></td>
</tr>
</tbody>
</table>
## Cost of Services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Price</th>
<th>Type of Discount or Price for Preferred Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consult with General Practitioner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Consult with Specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Community Outreach/Projects</td>
<td></td>
<td>(medical attention in the community)</td>
</tr>
<tr>
<td>4. Health Campaigns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. One Day of Hospitalization</td>
<td></td>
<td>(includes room, meals, medical treatment,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>diagnostics, medications, etc.)</td>
</tr>
<tr>
<td>7. X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Ultrasound</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Tomography</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Laboratory</td>
<td></td>
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</tbody>
</table>
Appendix F. Quality of Health Services Assessment

Purpose
To collect information about health providers and assess the quality of health services available before deciding whether to link with them and/or to monitor the health provider over time.

*Table 1 focuses on verifiable process indicators for quality of health care.*

*Table 2 permits evaluators to register their impressions of the facility, its services and staff.*

**Quality of Health Services Assessment (CARD)**

<table>
<thead>
<tr>
<th>Table 1. Verifiable Indicators of Quality of Health Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verified</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td><strong>1. Facilities</strong></td>
</tr>
<tr>
<td>Comfortable and clean waiting rooms</td>
</tr>
<tr>
<td>Auditory and visual privacy for patients</td>
</tr>
<tr>
<td>Reliable electricity</td>
</tr>
<tr>
<td>Running water from improved source</td>
</tr>
<tr>
<td>Functioning client restroom/s</td>
</tr>
<tr>
<td><strong>2. Functioning Health-Care Record-Keeping System(s)</strong></td>
</tr>
<tr>
<td>Individual patient records</td>
</tr>
<tr>
<td>Surgical log with patient outcomes</td>
</tr>
<tr>
<td>Infectious disease registries</td>
</tr>
<tr>
<td>Causes of death investigated and documented</td>
</tr>
<tr>
<td><strong>3. Intake Processes</strong></td>
</tr>
<tr>
<td>Friendly reception desk</td>
</tr>
<tr>
<td>Clear steps to follow for requesting and receiving services</td>
</tr>
<tr>
<td>Average time a patient needs to spend in service to be examined by a doctor is minimal</td>
</tr>
<tr>
<td>Is there a referral system for complicated cases?</td>
</tr>
</tbody>
</table>
### 4. Standards and Protocols

<table>
<thead>
<tr>
<th>Standards and Protocols</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection control</td>
<td></td>
</tr>
<tr>
<td>Disease management</td>
<td></td>
</tr>
<tr>
<td>Supervision, monitoring and evaluation</td>
<td></td>
</tr>
<tr>
<td>Quality assurance measures</td>
<td></td>
</tr>
<tr>
<td>Level of accreditation by MOH</td>
<td></td>
</tr>
</tbody>
</table>

### 5. Pharmaceuticals

<table>
<thead>
<tr>
<th>Pharmaceuticals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequately stocked pharmacy</td>
<td></td>
</tr>
<tr>
<td>Adequate safety controls</td>
<td></td>
</tr>
<tr>
<td>Prescribing protocols</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Outputs

<table>
<thead>
<tr>
<th>Outputs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average outpatient service utilization rate</td>
<td></td>
</tr>
<tr>
<td>Average bed occupation rate</td>
<td></td>
</tr>
</tbody>
</table>

#### Table 2. Ranking of Observations Made During Visit to Health Facility

<table>
<thead>
<tr>
<th>Evaluator’s Impressions</th>
<th>Ranking*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall, a solid and reliable institution</td>
<td></td>
</tr>
<tr>
<td>2. Location facilitates access for the target population</td>
<td></td>
</tr>
<tr>
<td>3. Infrastructure is comfortable and clean</td>
<td></td>
</tr>
<tr>
<td>4. Patients receive prompt attention and guidance</td>
<td></td>
</tr>
<tr>
<td>5. Patients are treated with respect and courtesy</td>
<td></td>
</tr>
<tr>
<td>6. Patients seem satisfied with services received</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>7. Medical staff seems competent and caring</td>
<td></td>
</tr>
<tr>
<td>8. General staff shows service-oriented vocation</td>
<td></td>
</tr>
<tr>
<td>9. Needed health-care services are available</td>
<td></td>
</tr>
<tr>
<td>10. There is a functioning referral system</td>
<td></td>
</tr>
<tr>
<td>11. Basic medications are available at reasonable prices</td>
<td></td>
</tr>
<tr>
<td>12. Equipment is in good shape and functioning</td>
<td></td>
</tr>
<tr>
<td>13. Ongoing efforts for improving quality of health services</td>
<td></td>
</tr>
<tr>
<td>14. Price of services seem reasonable or can be negotiated</td>
<td></td>
</tr>
<tr>
<td>15. Managers/owners interested in serving our clients</td>
<td></td>
</tr>
</tbody>
</table>

**Total points**

**Ranking scale: 0–5 (0 = deficient, 5 = excellent)**

You might want to prioritize the items above in terms of which are most critical for your health protection package to facilitate decision-making.

Final comments and recommendations regarding this service provider:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Appendix G. Client Satisfaction Survey

Purpose
To understand the client’s level of satisfaction with the linkage/partnership; to assist the MFI in identifying gaps or problems in an effort to improve the linkage.

Below is a list of the types of questions that MFIs can use and adapt to understand their clients’ satisfaction with a linkage to health provider.

1. Have you participated in the MFI’s program with health providers?

   If your answer is no:
   1. Why haven’t you participated in the MFI’s program with health providers?

   2. What would make you more likely to participate in the program?

   3. What other comments or recommendations do you have about the program?

   If your answer is yes:
   1. Why have you participated in the MFI’s program with health providers?

   2. Which health provider(s) do you use?

   3. For what services do you go to the health providers?

   4. How often do you go to the health providers for these services?

   5. What are three things that you like most about the health providers and their services (e.g., treatment by staff, quality of services, wait time, distance from home, cost, etc.)?

   6. What are three things that you dislike most about the health providers and their services (e.g., treatment by staff, quality of services, wait time, distance from home, cost, etc.)?

   7. What do you recommend the health providers do differently to improve their services?

   8. What other comments or recommendations do you have?
Appendix H. Health Provider Invitation Letter

**Purpose**
To introduce to a health provider the possibility of linking with an MFI and invite them to meet with a representative from the MFI.

**Example Invitation Letter to Health Provider (CARD)**

[Date]

Dear Dr. ________:

The Center for Agriculture and Rural Development (CARD) Inc. is putting together a “Preferred Provider Program” in which a defined set of health providers agree to provide services to CARD members and their immediate dependents at a small discount from their regular fee. This approach will encourage members to see a doctor when needed and at the same time support local doctors who represent a vital resource for the health and quality of life of CARD’s members. This program was created to respond to the numerous requests from our members for a health protection package.

We are piloting the Preferred Provider Program in the Bondoc Peninsula where CARD currently has 11,000 women members. These women and their families account for about 55,000 residents, or 20 percent of the local area population.

We would like to engage you as one of the physician providers. In this light, may we request a meeting with you on July ____ at ___am/pm at your clinic? We will send Dr. Melchor R. Lucas Jr., our consultant, and one of our staff in the Microfinance Health Protection Program to present the mechanics of this program. We hope we will be able to interest you in this program.

We thank you in advance for your usual support to CARD.

Sincerely yours,

Dr. Alip

Attachments:
1. MOU
2. CARD Preferred Provider Program Description
Appendix I. Memorandum of Understanding between MFI and Health Provider

**Purpose**

To delineate the responsibilities and expectations of an MFI and health provider who are developing a linkage.

**Memorandum of Understanding (CARD)**

This agreement is made and entered by and between:

CENTER FOR AGRICULTURE AND RURAL DEVELOPMENT (CARD) Inc, an organization duly recognized and existing under and by virtue of the laws of the Philippines, with principal address at 20 M. L. Quezon St., City Subdivision, San Pablo City, Laguna herein represented by ___________________________, of legal age, Filipino, and a resident of _____________________________, herein referred to as FIRST PARTY;

-AND-

DR. AGUSTINA CABANGON, of legal age, Filipino and resident of _____________________________, hereinafter referred to as SECOND PARTY;

WHEREAS, the FIRST PARTY and the SECOND PARTY binds themselves on the following:

WHEREAS, the FIRST PARTY is committed to (1) build sustainable financial and capacity building institutions owned and led by socially and economically challenged families; (2) provide continued access to integrated microfinance and special development services such as Credit with Education, leadership with a heart and innovative community programs to an expanding membership base by organizing and empowering women and their families (3) continue upholding the highest standards of stewardship of financial, human and institutional resources;

WHEREAS, the FIRST PARTY, in support of the above, is establishing a “Preferred provider Arrangement” in Bondoc Peninsula, Quezon Province and shall work with the SECOND PARTY to help members and their families protect and improve their health and provide them with greater opportunity to avail themselves of high quality and affordable medical services;

NOW, THEREFORE, the FIRST PARTY and the SECOND PARTY hereby agree on the following terms and condition:

**PHYSICIAN’S RESPONSIBILITIES**

1. The PHYSICIAN will offer medical services (as specified in Attachment B) to CARD members and their immediate dependents (legal spouse, parents, parents-in-law and all children) at a charge that shall represent the PHYSICIAN’s standard fee for said service less 20%.

2. The PHYSICIAN is not bound by this agreement to accept patients after clinic hours nor to respond to emergencies.

3. The PHYSICIAN will collect the discounted fee from the CARD member at the time of visit, unless the
The PHYSICIAN and the CARD member make another mutual agreement for payment of the discounted fee.

4. The PHYSICIAN reserves the right to refuse treatment to any CARD member, spouse, parent or child in the event that the CARD member does not pay the discounted fee as agreed.

5. The PHYSICIAN agrees to change its fee schedule only on an annual basis and will inform CARD of its new charges two months before the beginning of each year.

6. The PHYSICIAN grants permission to CARD to include the PHYSICIAN’s name, medical office location and discounted fees in materials to be provided to CARD members.

CARD/MEMBER’S RESPONSIBILITIES

1. CARD members, seeking services from the PHYSICIAN under this agreement must present the CARD member’s ID card and “health card” (sample copy in Appendix C) to identify themselves as CARD members.

2. Member’s dependents (spouses, parents and children) must be accompanied by the member upon availability of discounted services who shall the “health card” issued by CARD identifying the patient as her immediate dependent.

3. At the start of every year, CARD will provide information to its members who reside in the Bondoc Peninsula area of this Agreement, the names of all participating PHYSICIANS, the address or location of the PHYSICIAN’s medical practice, the services available, the discounted fees for said services that the Member must pay, and the Member’s responsibility to provide the required identification of themselves and dependents in order to be eligible to receive the discounted services provided under this Agreement.

4. CARD will inform members of their responsibility to pay the discounted fee directly to the PHYSICIAN at the time of services are provided, or in accordance with PHYSICIAN’s policies for fee payment and collection.

5. CARD shall appoint a point person for the Preferred Provider Program who the participating physician can contact in case of program related concerns.

6. CARD Preferred Provider Program representatives will contact the PHYSICIAN to arrange for meetings to: review and evaluate the program; to further discuss any concerns or issues that either CARD or the PHYSICIAN may have related to this Agreement, and to identify further opportunities for program and local health improvement. Subsequent terms and responsibilities shall be by agreement of parties and will be subject to amendment of this agreement.

This Agreement shall be valid from the ___day of ____ and shall automatically be renewed annually unless either party cancels this agreement with 90 days written notice.

IN WITNESS WHEREOF, We have hereunto affixed our signatures this _________ day of _____ 20___.

CARD, Inc.
Mr. ___________________________ Dr. AGUSTINA CABANGON ___

FIRST PARTY SECOND PARTY

SIGNING IN THE PRESENCE OF:

______________________________________________

REPUBLIC OF THE PHILIPPINES) CITY OF SAN PABLO X X X S.S

BEFORE ME, a Notary Public for San Pablo City, with office address at C. Balverde Street, this City, this ______ day of __________ 2007, personally appeared the following persons with their identification as follows, to wit:

Who represented themselves to be the same persons who executed the foregoing instrument and that they acknowledged before me that the same are their own free act and voluntary will and deed.

WITNESS MY HAND AND SEAL on the date and the place above written.

Notary Public: _________________________________

Doc. No.: _____________________________________

Page No.: _____________________________________

Book No.: _____________________________________

For the purpose of this Agreement, defined terms are capitalized. The following definitions apply to this Agreement:

1. AGREEMENT/THIS AGREEMENT means this Memorandum of Agreement, and all exhibits, amendments or other attachments.

2. PHYSICIAN means the licensed physician provider who operates a medical office or otherwise provides medical services at the address listed above.

3. COVERED PERSON means the CARD member, her spouse, parents, parents-in-law and her dependent children.

4. STANDARD FEE means the Physician’s standard total charge for services, medicines, or supplies provided directly by the Physician to patients.

5. DISCOUNTED FEE means the standard fee less the discounted amount specified in this Agreement. This is the fee that the Provider agrees to charge Covered Persons.

6. COVERED DISCOUNTED SERVICES means those services that will be provided to Covered Persons by the Physician at the Discounted Fee rate. A list of these services is provided in Attachment B.
Appendix J. Health Education: Technical Learning Conversations

Purpose
To improve the health of MFI clients by delivering 30-minute participatory health education sessions.

Microfinance and Health Protection: Health Education Products

The following Technical Learning Conversations (TLCs) have been designed and tested for delivery by MFI staff at periodic credit meetings, with about seven 30-minute sessions per topic. These new topics, developed under the Microfinance and Health Protection (MAHP) initiative, add to the extensive curriculum available from Freedom from Hunger on health, business and financial management. To access these TLCs, please e-mail us at education@freedomfromhunger.org.

Plan for Better Health
Guides participants to consider their health-related financial risks, share their coping strategies and evaluate how various financial products (such as health savings or loans offered by the MFI) can address these needs. Participants develop a plan to save for common health problems that frequently affect their families, and to prepare in advance for the possibility of catastrophic health expenses.

Using Health Services
Empowers participants to improve their health-seeking behavior by increasing their knowledge and confidence about health care. The sessions clarify how and when to access local and regional health-care services, describe internationally accepted health-care standards that citizens can expect their providers to follow, and help participants practice negotiating for fair treatment.

Healthy Habits for Life
Focuses on preventing diseases that are caused in part by unhealthy diets and lack of exercise. Participants discuss chronic diseases (such as high blood pressure, diabetes and cancer) present in their communities, learn about behaviors that put their families at risk, and consider alternative practices that are both realistic and relevant to their context.
Appendix K. Health Provider Satisfaction Survey

Purpose
To understand health provider’s level of satisfaction with the linkage/partnership; to assist the MFI in identifying gaps or problems in an effort to improve the linkage.

Satisfaction Survey for Preferred Provider Program (CARD)

Date: ____________________________________________________________

Name of the place/institution: ____________________________________________________________

Name/Title of the participating provider: _________________________________________________________

Specialty/Area of service: _____________________________________________________________

Date began offering discounted services to CARD members: ________________________________________

Percentage discount offered for services: _______________________________________________________

Years of services of the institution/place: _______________________________________________________

Total number of medical doctors: ____________________________________________________________

Total number of nurses: _________________________________________________________________

Total number of midwives: _________________________________________________________________

Total number of community health workers: _________________________________________________

Hours of operation: ________________________________________________________________

1. In one month, on average, how many CARD members do you serve?

2. Why do you think that many come/do not come to avail your services?

3. For which services do CARD members generally come to seek treatment in your hospital/clinic/place?

4. Do these patients complete the course of treatment you prescribe?

5. Do they return for follow-up check-ups?

6. Do you have any techniques you use to encourage these patients to seek treatment early?
7. How often do CARD members come in for preventive health-care services? Can you approximate the percentage of these clients that come for preventive care?

8. Do CARD members have trouble paying for the services, even after the discount?

9. What do you see as the advantages of participating in this Preferred Provider Program?

10. What are the disadvantages?

11. Do you have any suggestions for improvements in the program?

12. Do you have recommendations for other doctors participating in this program? If so, what are they?

13. Are there any health services that you see that CARD members need but you do not provide? Do you suggest that CARD add any of these services to the PPP program?

14. Are you interested in working with CARD for other programs in the future? For how long?

15. What sort of long-term advantages do you see in continuing to participate in this or other programs? Do you see any disadvantages?

16. Would you recommend any doctors you know to participate in this program?
This guide is dedicated to the memory of Nelly Copari and her innovative work linking microfinance clients with health providers.