Developing Linkages with Health Providers

A Guide for Field Staff
Acknowledgments

Many people were involved in the design, field-testing and finalization of the *Developing Linkages with Health Providers: A Guide for Field Staff*. In particular, we would like to acknowledge the primary author of these guides, Cassie Chandler. We would also like to extend a special thank you to Marcia Metcalfe for her valuable feedback and contributions.

We would like to acknowledge staff members from APHEDD and FADeC NGOs in Bénin for helping test the guide and for providing feedback, which contributed to its improvement. Finally, we would like to thank Freedom from Hunger partner organizations, including the Center for Agriculture and Rural Development (CARD), Philippines; Crédito con Educación Rural (CRECER), Bolivia; Bandhan, India; Adventist and Development Relief Agency (ADRA), Peru; and FINCA, Peru with whom we have learned alongside as we explored the best ways to develop and maintain linkages with health providers.
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Section 1. Introduction

Background and Objectives

Background

The chronically hungry poor have limited resources to meet their daily and long-term needs. Poor health is a particular challenge for poor, rural populations because they often lack access to effective ways to prevent, treat and pay for illnesses. Even when health providers—including health centers, clinics or hospitals—exist within or nearby a village or community, people often only visit a health provider once the illness is serious. Reasons for this may include feeling uncomfortable due to an “unfriendly welcome,” fear of learning they have a serious illness, fear of additional costs for medicines or referrals, or feeling disrespected or reprimanded by the health provider. However, health providers often struggle with challenges of their own, including a lack of resources and materials, few staff for too many patients, challenges due to lack of water and electricity, perhaps working in a village far from their home and wanting to help people who have no money, yet needing to cover their own costs.

Ill health contributes to poverty by reducing the productivity of sick people and their caretakers. Households spend a great deal of money to prevent and treat common illnesses. One of the primary objectives of linking Savings Group members with health providers is to make families more confident and comfortable to use local health services, and therefore more resilient in the face of illness. The integration of health into a financial services program, in this case Savings Groups, is a strategy that can practically, realistically and sustainably be offered by financial service providers.

The guide provides information about how to develop linkages with public and private health providers and is based primarily on experiences of various non-governmental organizations (NGOs) and microfinance institutions (MFIs) that have partnered with Freedom from Hunger to integrate health and financial services, specifically linking with health providers in an effort to improve the health of their members. Savings Groups, the financial service platform highlighted in this guide, are made up of 15 to 25 women who gather weekly to combine individual savings to make internal loans, keep money safe and encourage each other to save and plan ahead.

This guide encourages communication and partnership between the financial services and health sectors that work in many of the same communities. This partnership can have a positive impact on the health of community members and offers numerous benefits to the health and financial service providers.
Objectives

The objectives of the Developing Linkages with Health Providers: A Guide for Field Staff are to

- introduce to field staff working for financial service providers or NGOs, the rationale and various benefits of linking with health providers and
- provide practical guidance on how to develop, monitor and maintain a linkage with a health provider.

This guide is designed to provide field staff—NGO and MFI personnel who work directly with community members and clients—with the basic knowledge and skills to approach, communicate, gauge and engage in partnerships with local health providers. Sections 1 and 2 present reasons and ways linkages with health providers are beneficial to all involved, provide a definition of the term “linkage” and describe potential characteristics of a linkage. Sections 3, 4 and 5 describe the steps to follow when designing a linkage, including assessing health needs and challenges of the target population, communicating with health providers, forming a partnership, and promoting and nurturing the partnership. Section 6 showcases 13 tools to consider and/or adapt when designing linkages with health providers.

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Why Develop Linkages Between Savings Groups and Health Providers?

There are many reasons partnerships between financial service institutions or NGOs and health providers are positive. It is a partnership where all participants benefit in the following ways:

Benefits to Savings Group Members

- 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 healthcare services and products
- Increased confidence in the capacity to navigate the local health system and to secure appropriate services for themselves and their families

Benefits to NGOs or Financial Service Providers

- Helps NGOs achieve their mission by effectively integrating community-development interventions that address both the financial and health needs of poor families
- Attracts more members to participate in the Savings Group program and increases member retention and satisfaction
- Provides an opportunity for NGOs to forge new types of partnerships and develop new capacities

Benefits to Health Providers

- **Increased Access to Patients.** Linking with an NGO exposes a health provider to potentially new patients and/or assists them in reaching difficult to access segments of the population.
  - Public Health Providers often have targets related to outreach. The additional encouragement from NGOs or financial service providers to community members to access preventive services and treatment will support the public health center in meeting the Ministry of Health’s expectations.
  - Private Health Providers are operating a business and have a keen interest in promoting their practices to reach new patients 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 NGO encourages its members to utilize the linkages with health providers, more members of the community will access services for prevention and treatment of health issues.

- **Community Influence.** Collaborating with an important and respected member of the community, such as an NGO, has the potential of increasing 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.** Savings Group members 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. With a more regular flow of Savings Group members and their family members as patients, health providers can develop more stable businesses, sustaining and even improving local health-care resources and systems.

Cultivating partnerships is an effective community development strategy, particularly when players from different sectors—in this case financial services and health—come together and collaborate. The potential benefits of linkages are limitless and varied depending on the type. Given that linkages with health providers can be relatively easy to administer, are cost-effective and high-impact, it is a very attractive health-protection option for Savings Group members, NGOs and health providers.
Section 2. What is a Linkage?

A linkage is defined as an association between two or more entities; it is a relationship that connects one partner to another. When this guide refers to a “linkage,” it is referring to the linkage between a financial service institution or NGO and a health provider. The idea is that partners can achieve more together than they can alone, and that the linkage is positive for all, including the population they are serving.

Types of Linkages

Types of linkages can vary between NGOs and health providers. Linkages will be—and should be—slightly different depending on the health providers available and the health needs of the Savings Group members. Field staff are encouraged to be creative when developing a linkage. Staff should approach and consider any and all types of health providers. Potential health partners to consider:

- **Public health providers.** This includes all health providers who work under the Ministry of Health—local health centers, regional and district hospitals.

- **Private health providers.** There is a wide range of private health providers. This group may range from an expensive clinic in the city to a nurse offering health services from her home in a village. Any option is possible as long as it fits Savings Group member needs (i.e., affordable, accessible, good quality, etc.).

- **Health NGOs.** There are often health NGOs—national and international—that offer clinical services and/or other health-related programs such as education campaigns.

- **Traditional healers.** If members of the community trust traditional healers they can be a good first contact. However understanding their services (these should be simple and natural) and referral system (they should immediately refer a patient to health provider if they cannot easily treat a simple illness) are essential before they are accepted as a partner.

Potential Linkage Characteristics

Once the health provider partner(s) has been selected and agrees to create a linkage, it is important to remember that the characteristics of each linkage are going to differ. Think of a friendship, each friendship is slightly different and the characteristics of a friendship between two people are always unique from any other friendship. Some linkages are going to be very different from others, and some are going to be quite similar. But all are going to be slightly different because much will depend on a number of variables, including key stakeholder personalities.
Some characteristics to consider in a linkage are listed below:

| Extended Hours | Health providers with busy schedules or clinics may be amenable to extending clinic hours or creating a special day and hours for Savings Group members to visit. Visits could be for general or specific services—gynecological exams, for example. Of course, members would need to commit to the visit for it to be worth the health provider's time. |
| Discounts | Negotiate discounted fees (typically range from 10% to 60%) from a provider's usual fee schedule for all or some health services and/or products. |
| Health Campaigns | Health providers often organize health campaigns in the community—these may include provision of medical services, education or perhaps both. Part of the relationship with the health provider can be to coordinate upcoming community health campaigns or events; field staff can then promote the events to their groups. |
| Special Group Visits | Field staff and health providers may coordinate special group visits to the health provider. Savings Group members sometimes feel more comfortable approaching the health center as a group. The particular health service offered to the group should be agreed upon ahead of time by the health provider and group/field staff—for example a prevention or wellness check-up (blood pressure, weight, etc) for each member, perhaps even for a discounted fee. Or, if the group is receiving health education about hygiene and if diarrhea is common, women can bring their children or grandchildren to be checked. |
| Home Visits | Some health providers might be available to visit ill patients or conduct follow-up visits to members' homes. |
| Health Education | The health provider may be open to visiting the Savings Group during a meeting to talk about the services offered and/or a specific and relevant health education topic that is of interest to the group. |
| Pre-payments | To ensure that Savings Groups members can access health services, NGOs may explore opportunities to develop pre-paid service packages that enable members to pay in advance or installments for a particular service or package to be provided by the health provider within a specified period. |
Developing Linkages With Health Providers: A Guide for Field Staff

Promotion of Health Provider and Services

Health providers are often open and eager to partner with Savings Groups/NGOs because it provides them with the opportunity to improve the health of the community. However, whether the health providers must report coverage numbers to the government for funding, or they are trying to improve their business by having more patients to make more money, it is in their interest to partner with NGOs to access more potential patients. In addition, these patients (Savings Group members) often have access to savings and loans to pay for services. Field staff are essential to communicating the partnership, which means sharing details about the health provider and describing the services offered, including benefits, to Savings Group members.

Group Contribution to Health Provider

Oftentimes Savings Groups commit to doing one social activity each cycle (~8 months) that contributes to their community. The group may decide or be nudged to do something to help the health-provider partner, be it clearing brush away from the facility, helping with cleaning, etc.

Memorandum of Understanding

Partners may create a formal or informal Memorandum of Understanding or contract in which the partnership and agreed-upon benefits are outlined.

Developing a Linkage that Works

The objective of a linkage is to connect members of NGOs or financial service providers to local health services to improve the health of the Savings Group member and her family; how this is done will vary. As mentioned, each linkage is somewhat unique. Factors that will and should influence the design of the linkage include country or regional contexts; personnel skills, expertise and personality; needs and demands of Savings Group members; supply and access to reliable and reputable health providers; and availability of other resources. There are many potential variations, and a creative approach to addressing member health needs with the services available is key. The remainder of this document provides guidance on ways to develop, promote, monitor and maintain linkages with health providers.
Section 3. How to Develop Linkages with Health Providers

The purpose of this section is to introduce and describe three steps to developing linkages with health providers. These steps will assist the NGO field staff with designing a linkage according to Savings Group member needs and NGO capacity.

Steps for Developing Linkages with Health Providers

- **Step 1.** Conduct Needs Assessment
- **Step 2.** Identify and Approach Local Health Providers
- **Step 3.** Create a Partnership

**Step 1. Conduct Needs Assessment**

The first step to developing linkages with health providers is to conduct a needs assessment. The purpose of a needs assessment is to help the NGO identify and understand the following:

- Gaps between health-related needs of Savings Group members and available and accessible health services
- Health providers with which the NGO can link

A needs assessment furthers understanding of the environment in which an NGO or other institution is working as well as identifies the needs of current and future Savings Group members. Information collected from the needs assessment will allow the NGO or other financial service institutions to make decisions regarding the most important and appropriate types of linkages.

When conducting a needs assessment, it is important to first think about the different stakeholders, or people who will be involved in or impacted by the program. In this case, the stakeholders include Savings Group members, health providers and NGO staff. It is necessary to talk to those involved to better understand their opinions, hopes, expectations, worries and questions before developing linkages. One effective needs assessment strategy, or tool, is to conduct focus-group discussions (FGDs). This is probably most appropriate with Savings Group members. FGDs are conducted with a group of five to eight people; and although an interview tool is used, it should feel more like a conversation with the participants so that they can comfortably express their opinions and experiences.

*See Tool 1: Needs Assessment.*

Secondary research data is information available through existing sources—from the ministry of health or other local or national sources that keep records of types of health providers and other health-related information. It is called a “secondary” because the information was gathered by another institution or person. This information is therefore often more general, but can still provide you with an idea of the health challenges within a region or country. Conducting research inquiries through the
internet, searching and reading through respected sources can also confirm or introduce other thinking or research that has already been conducted. (See Tool 2 for some reputable source examples.)

See Tool 2: Secondary Research.

Step 2. Identify and Approach Local Health Providers

Understanding Savings Group member health needs as well as which health providers are working in the program area of interest are key steps to take when identifying health providers to approach.

Locating health providers who are acceptable to Savings Group members and who also meet the NGO’s requirements for availability, accessibility, training and licensure, can be a process. Often the best way to proceed is to ask Savings Group members directly. Savings Group members often will be happy to share their ideas about who provides reliable health services that are of high or acceptable quality.

Another source of information can be the health 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.

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, nurse or manager at a public health center. 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.

Health Providers to Approach: Recommendations

- **Accessibility.** There should be affordable and semi-frequent transportation options for both Savings Group members and NGO staff to visit the health providers. Savings Group members need an opportunity to utilize the providers and NGO staff need to identify challenges and quickly solve problems, particularly when the program is just beginning.

- **Types of Health Providers.** It is ideal to have access to both public and private providers. This will enable the NGO to explore the differences in relationships, costs, quality of health services, Savings Group member feedback and perceptions, unique challenges, comfort and so on. If possible, multiple providers should be selected to give Savings Group members an array of options; however, selecting too many at once will make promotion and monitoring difficult. Note that it is to be expected that there will be more health-provider options in urban locations than in rural areas.

What to Bring

It is important to be prepared before visiting a potential health-provider partner for the first time.
What to Bring When Approaching a Health Provider

<table>
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<tr>
<th>Personal Identification</th>
<th>Identification or proof that you work for your NGO. If you have a uniform or shirt with the NGO logo, wear it.</th>
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<tbody>
<tr>
<td>NGO Description</td>
<td>Information about your NGO and the people it serves—perhaps a handout or pamphlet that describes the mission and vision, primary activities, number of people reached and contact information.</td>
</tr>
<tr>
<td>Health Program Information</td>
<td>Information about the program you are proposing and its benefits to the health provider and community. Leave this handout with the health provider so it can be considered after you leave.</td>
</tr>
<tr>
<td>Contact Information</td>
<td>Your business card or a piece of paper with your name and telephone number so that the health provider can contact you with questions or additional follow-up.</td>
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See Tool 3: Benefits of Partnership Handout for Health Providers.

In addition, it is recommended that talking points be created for the first meeting. Think about
- what is it that you want and need to communicate?
- what would you like to learn from the health provider?

Be prepared to introduce your organization, program and purpose of your visit. Bring a list of questions and take notes from the conversation so that you can easily remember what you discussed—this will help as you build the relationship.

See Tool 4: Interviewing Health Providers.

Assess the Quality of Health Services

When an NGO encourages its members to visit a specific health provider, the service the health provider gives to a Savings Group member is in some ways a reflection of the NGO. It is important that the NGO remain a trusted source of information for its Savings Group members. This can be a challenge as the health system and many health providers are poorly funded and often lack essential resources, which can compromise quality. In addition, a lack of available health providers in rural areas limit options and it is possible that public health providers will be the only available partners. It is therefore important that the NGO understand the strengths and weaknesses of the local providers and also define expectations for quality services. These can be communicated to both the Savings Groups as well as the providers and subsequently be built into the partnerships.
Certain tools can help identify the services offered and evaluate quality. Follow-up and monitoring will be important, but it is also important to assess the services when initiating conversations with the health provider. The assessment offers insight to the services available and quality, while also showing the health provider that the NGO has expectations and if a certain quality or standard of care is not met the partnership may not last.

Finally, it is advisable for NGOs to check—in particular, private health providers—and ask to see the health provider’s license or certification, or even obtain a copy of it. Public health providers who work for the Ministry of Health are generally well-regulated, but other health providers who work for private clinics or NGOs should be checked.

See Tool 5: Survey of Services Offered by Health Providers.

See Tool 6: Quality of Health-Services Assessment.

Create a Health Provider Partner Profile

After the first visit to a health provider who expressed interest in a partnership or who you think might be a good partner for the NGO, create a “profile” for that partner. Note the health provider name, location, contact information and points that were discussed during the conversation, such as:

- What benefits were discussed?
- What are the next steps?

As conversations continue, the profile will need to be updated, but it will serve as a key historical document outlining discussions and decisions made between the NGO and health provider. Field staff can bring this document with them whenever meeting with the health provider, enabling them to remember past conversations and update the profile as needed per ongoing discussions.

See Tool 7: Health-Provider Partner Profile and Example.

Determine Savings Group Member Eligibility

Savings Group member eligibility is an issue when a health provider has offered special discounted rates or any other financing component such as a pre-paid health service or package. The NGO may decide to make identification cards that Savings Group members present when visiting a health-provider partner. Consider the following:

- Will only Savings Group members receive the discount or special service?
- Will family members be able to enjoy the discount or special service as well? If so, which family members?

All of these questions and answers must be discussed with the health provider during initial conversations about benefits.
Follow Up With Potential Health-Provider Partners

Health providers are going to likely need to be approached more than once to establish a good working linkage or partnership. Follow-up visits or phone calls will be required to work out the details of the partnerships and perhaps allow others—NGO leadership and/or health center management—to get involved as well. Some health-provider partners may only need one follow-up visit or phone call to confirm the details, while others may require a number of visits and phone calls. Finally, not all health providers are going to be worth following up with. If someone was unfriendly, rude or unwilling to work with you, it is best to find another health provider instead.

Step 3. Create a Partnership

After a health provider has been identified and approached, and through conversations, has agreed to partner with the NGO, the next step is to formalize the linkage. There is no right or wrong way to formalize the partnership; this will depend on the preferences of the health provider and NGO. Some will want formal contracts or Memorandums of Understanding (MOU) signed by senior management; others will prefer only a verbal agreement, while others might create an informal partnership contract between the local health provider and NGO field staff person.

Sign Contracts/Agreements

The NGO may decide to send the health provider an invitation letter if they so choose. This letter can serve as an official invitation to link with the NGO and explain or initiate next steps regarding the partnership. If partners elect to sign a contract or MOU, they may do so, keeping in mind a time period for testing the partnership. After a period of monitoring (see Section 5), the NGO should evaluate satisfaction with the terms of the agreement and make changes, as appropriate.

See Tool 8: Health Provider Invitation Letter.

See Tool 9: Memorandum of Understanding (MOU) Template.

Political and Other Considerations

As the NGO creates linkages with others in the community, it is important for leadership to consider potential political consequences or other community relations issues. NGOs must be aware of the local political environment and the message alliances among certain community actors might send. For a variety of reasons, it is likely that the NGO will not create linkages with all health providers in the community. Some providers, including traditional healers, may see the NGO as disrupting previous and long-established behaviors and healthcare patterns. Therefore, it is important to consider the response of the Savings Group members and other local providers as these linkages are established and promoted.
Section 4. How to Promote the New Linkages

After finalizing partnerships with health providers, it is important to promote and educate Savings Group members about the new linkages. To promote—or to share, explain or convince your audience of something—is key to success. If the new linkages are not discussed with those involved, they will not be used or understood. When promoting linkages, NGOs must determine to whom and how to promote their linkages.

**NGO Staff**

**Who**
Promote linkages to NGO staff! There should be an understanding of the linkage and its benefits to Savings Group members among all levels of NGO staff—Field Agents/Animators, Supervisors and Management. Field staff should be involved in the conversations with the health-provider partners, but management should also play a role and be updated for buy-in, support, and promotion of the program.

**How**
Trainings, workshops, health-provider profiles! Use existing communication channels, including trainings, workshops, written memos and regular management and staff meetings, to communicate about the linkages. NGO field staff who work directly with Savings Group members must be trained as to how to communicate partner information to their groups. Field staff can share and learn from each other about how best to communicate and work with different health providers. NGO Supervisors may want to consider small incentives, a friendly competition among staff or other recognition for working with health providers to encourage good relationships, follow-up and utilization of the health services.

**Savings Group Members**

**Who**
Promote linkages to Savings Group members! Savings Group members are the primary beneficiaries of this program, so it is essential that Savings Group members know about the partnership with the health provider(s), how to utilize it, and understand the benefits to them and their families. After a thorough explanation of the program and benefits, a simple one-minute reminder—stating health-provider location and benefits—at the end of every meeting is a good strategy. The linkage should be presented as a reliable, affordable and trustworthy option for Savings Group members to use to access health services.

*See Tool 10: Health-Provider Partner Communication for Savings Groups and Example.*

**How**
Health education! Health education builds the knowledge and skills of Savings Group members to improve health-seeking behaviors. Linkages to health services provide the
means to act on this knowledge. Health education is a proven approach that will help ensure that Savings Group members understand and fully benefit from linkages with health providers. For example, if members are given information about common health issues and are then able to access—via a linkage—preventive and curative health services that address these issues, the combination of the education and linkage is more powerful than each alone.

(Freedom from Hunger created the Pictorial Learning Conversation education module: 5 Steps to a Healthier Family, which was designed to incorporate information about health-provider linkages and encourage timely utilization of local health services. If interested in accessing this education module, contact Freedom from Hunger at education@freedomfromhunger.org.)

How

Other financial products! It would be appropriate to mention available linkages with health providers who offer discounts to Savings Group members when discussing budgeting, savings, etc., with Savings Group members. Financial products such as health savings and health loans can help Savings Group members access health services; if these are available, it is important to incorporate information about the health-provider linkage. This connects the different components of the program—health education, linkages with health providers and health financing—and thus makes it stronger!

Health Providers

Who Promote linkages to health providers! Providers who understand and support this partnership can be key links to other providers, or potential partners. Additionally, the health providers’ other patients might be interested in the NGO Savings Groups and the health benefits. This partnership may also be something that the health provider wants to promote to gain new patients or status in the community.

How Meetings! 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 (Remember Tool 3: Benefits of Partnership Handout for Health Providers.) Regular meetings with providers will allow opportunities for further communication and sharing of ideas for promoting the linkages more broadly.
Community

Who

Promote linkages to the community! Linkages with health providers can also be a tool to promote the NGO, its services and mission, within the community or region. This is a program that the NGO provides to improve health and well-being among Savings Group members and their families. Broadcasting this message to the community gives potential Savings Group members another reason to join.

How

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.

CRECER microfinance members and their families attend this health fair in a community in Bolivia.
Section 5. How to Monitor and Maintain a Linkage

It is important to monitor linkages created with health providers for two reasons:

1. If Savings Group members spend their limited time and money on accessing and using healthcare services, they will expect a certain level of quality and service. Savings Group members will view these as NGO-approved and -recommended services and benefits; therefore, it is important for the NGO to ensure the process of accessing the health services is smooth, Savings Group members are treated well by the health provider and they receive services that respond to their needs.

2. Careful monitoring of a linkage will enable the NGO to improve the linkage so that it functions as effectively as possible. A satisfactory linkage can be transformed into an excellent linkage if weaknesses and gaps are identified and corrected.

Part of monitoring linkages is to understand if and how members use the health provider:

- How many members per month visit the health provider?
- What are the most common services utilized during the visit?

Information gained through these questions is helps the health provider and the NGO better understand how this partnership is being utilized or perhaps see which services need to be better promoted. This can also inform programming by providing further insight to needs. Together, the NGO and health provider can create a Log Book or other similar document to capture useful information for both the NGO and health provider. Perhaps this information can be collected or shared quarterly. This is a valuable tool to help evaluate the partnership for all as well as set goals for improved access and utilization of health services.

See Tool 11: Log Book.

When and How to Monitor a Linkage

The level of effort needed to effectively monitor a linkage will depend on the type of linkage as well as the NGO’s relationship with the health provider. Some linkages may necessitate only a check-in with the health provider once every six months to ensure the information about services, prices, contact details, etc., have not changed. Other linkages may require more extensive monitoring, at least during the first year—particularly if characteristics are more complex, such as pre-paid health services component. The purpose of monitoring a linkage is to ensure that everyone—Savings Group members, the health provider and the NGO—is satisfied with the partnership. This is the opportunity to improve services or address any misalignment of expectations. The need for monitoring will be higher during the development and implementation of new linkages, and then less frequent once the process and communication have been systematized.
Tools Available to Monitor Linkages with Health Providers

**Quality of Health Services Assessment**

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.

*See Tool 6: Quality of Health Services Assessment.*

**Health-Provider Satisfaction Survey**

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

*See Tool 12: Health-Provider Satisfaction Survey.*

**Savings Group-Member Satisfaction Survey**

The purpose of this survey is to collect feedback from Savings Group members regarding their experiences with specific health providers. Overall impressions, identification of areas needing improvement, recommendations, and praise may be captured by this tool.

*See Tool 13: Savings Group-Member Satisfaction Survey.*

**Maintaining the Linkage**

Once a sustainable monitoring system is in place, both the NGO and health provider will be responsible for maintaining and nurturing the linkage. There should be a general plan regarding the timing of communication so both partners agree on expectations. Monitoring and feedback should take place regularly enough to confront problems and create solutions; however, this should not require a significant amount of time from either the NGO staff or the health provider. Maintenance of a linkage or relationship can also take other forms. Inviting partners to events or celebrations at the NGO, 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 NGO may also invite the health provider to collaborate on a plan to develop other interventions to improve Savings Group-member 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.

One of CRECER’s (financial services provider) health provider partners in Bolivia takes a member’s blood pressure.
Section 6. Tools

The following tools are meant to guide financial service providers and/or health providers as they explore a mutually beneficial partnership. The tools will need to be adapted depending on context, program objectives and types of community linkages.

**Tool 1:** Needs Assessment

**Tool 2:** Secondary Research

**Tool 3:** Benefits of Partnership Handout for Health Providers

**Tool 4:** Interviewing Health Providers

**Tool 5:** Survey of Services Offered by Health Providers

**Tool 6:** Quality of Health Services Assessment

**Tool 7:** Health-Provider Partner Profile *and Example*

**Tool 8:** Health Provider Invitation Letter

**Tool 9:** Memorandum of Understanding (MOU) Template

**Tool 10:** Health-Provider Partner Communication for Savings Groups *and Example*

**Tool 11:** Log Book

**Tool 12:** Health-Provider Satisfaction Survey

**Tool 13:** Savings Group-Member Satisfaction Survey
Tool 1: Needs Assessment
*For more information, refer to page 8 of this guide.*

**Health Linkages Needs Assessment**
**Savings Group Member Focus-Group Discussion**

Greetings!

My name is ________________. I work with the [Name Program] offered by [Name NGO].

- We are here to ask you some questions about the health issues you and your family face and the health services that are available to you. We are here to learn from you! We are going use the information—your answers to our questions—to help us think about what we may be able to do to improve the health of your family and village.

- We hope that you will feel free to express your opinions. There are no correct or wrong answers. We do not need to note your name and your answers are private and confidential and will not be shared with anyone else.

- This discussion will take approximately 1 hour.

Thank you for participating.

<table>
<thead>
<tr>
<th>Name of Moderator: ______________</th>
<th>Name of Note-taker: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Interview: ____________</td>
<td></td>
</tr>
<tr>
<td>Total number of participants: ____ women, ____ men = ____ total*</td>
<td></td>
</tr>
<tr>
<td>Name of Savings Group(s): ____________________________</td>
<td></td>
</tr>
<tr>
<td>Formal or Replicated: _______________________________</td>
<td></td>
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<tr>
<td>Savings Group member for how long: _____________________</td>
<td></td>
</tr>
<tr>
<td>Name of City/Town/Village: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Type of toilet: ___________________________ Mobile Phone (Y/N): __________________</td>
<td></td>
</tr>
<tr>
<td>Location of drinking water: ___________________________ Treat Drinking Water (Y/N): ____</td>
<td></td>
</tr>
</tbody>
</table>

*Note to moderator: Focus groups should consist of 5 to 8 Savings Group members*
### Questions for Savings Group Members

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common Illnesses, Health Services, Costs</strong></td>
<td></td>
</tr>
<tr>
<td>1. What are the most common health problems you and your family face?</td>
<td></td>
</tr>
<tr>
<td>2. What do you do when you or someone in your family gets sick? <strong>Where do you prefer go for treatment?</strong> <em>(Traditional healer, health lady in village, pharmacy, health center, etc. — Note contact information if available!)</em></td>
<td></td>
</tr>
<tr>
<td>3. What do you like about going there for treatment? <strong>Why do you like this more than other treatment options you have?</strong></td>
<td></td>
</tr>
<tr>
<td>4. What do you dislike about going there for treatment?</td>
<td></td>
</tr>
<tr>
<td>5. <strong>How far away is it?</strong> <em>(km or minutes)</em> <strong>How do you get there?</strong> <em>(If use bus or taxi, how much is a roundtrip bus ticket/fee?)</em></td>
<td></td>
</tr>
<tr>
<td>Questions for Savings Group Members</td>
<td></td>
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<tr>
<td>-------------------------------------</td>
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</tr>
<tr>
<td><strong>Questions</strong></td>
<td><strong>Answers</strong></td>
</tr>
<tr>
<td><strong>Common Illnesses, Health Services, Costs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6.</strong> What services or medicines do you get?</td>
<td></td>
</tr>
<tr>
<td>What are the costs?</td>
<td></td>
</tr>
<tr>
<td><strong>7.</strong> Where do you get the money to pay these costs?</td>
<td></td>
</tr>
<tr>
<td><em>(If husband, where does he get the money?)</em></td>
<td></td>
</tr>
<tr>
<td><strong>8.</strong> What other places do people in your village go to when they get sick? Why?</td>
<td></td>
</tr>
<tr>
<td><strong>9.</strong> Raise your hand if you have visited a health provider in the past month.</td>
<td></td>
</tr>
<tr>
<td>Raise your hand if you have visited a health provider in the last six months.</td>
<td></td>
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<tr>
<td>Where did you go?</td>
<td></td>
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<tr>
<td>Why did you go?</td>
<td></td>
</tr>
<tr>
<td>How much did it cost?</td>
<td></td>
</tr>
<tr>
<td>What did you like about this experience?</td>
<td></td>
</tr>
<tr>
<td>What did you not like about this experience?</td>
<td></td>
</tr>
</tbody>
</table>
## Questions for Savings Group Members

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Needs and Suggestions</strong></td>
<td></td>
</tr>
<tr>
<td>10. <strong>What are some ways you think [name NGO] can help protect you from illness?</strong></td>
<td></td>
</tr>
<tr>
<td>What can [name NGO] do to make you feel more comfortable to visit health providers?</td>
<td></td>
</tr>
<tr>
<td>11. <strong>What can health providers do so that you have a better experience when you visit them?</strong></td>
<td></td>
</tr>
<tr>
<td>The next time you visit a health provider, what would you like them to say?</td>
<td></td>
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<tr>
<td>What would you like them to do?</td>
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</tr>
<tr>
<td>12. <strong>Some NGOs help their Savings Groups develop a relationship with the local health providers so they can more easily get access to health services and products such as bednets and medicine to treat malaria.</strong></td>
<td></td>
</tr>
<tr>
<td>What do you think of this idea?</td>
<td></td>
</tr>
<tr>
<td>What can the NGO do to help you protect against and treat malaria?</td>
<td></td>
</tr>
<tr>
<td>What can the health providers do to help you protect against and treat malaria?</td>
<td></td>
</tr>
<tr>
<td>Questions for Savings Group Members</td>
<td></td>
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<tr>
<td>-------------------------------------</td>
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</tr>
<tr>
<td><strong>Questions</strong></td>
<td><strong>Answers</strong></td>
</tr>
<tr>
<td><strong>Health Needs and Suggestions</strong></td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong> Thank you for sharing your ideas and knowledge with me. What else would you like to share with me?</td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong> Would you be willing to use your own or someone else's mobile phone to call a local health provider for help if you thought someone in your family had malaria? Why? What would you expect the health provider to do if you called her?</td>
<td></td>
</tr>
<tr>
<td><strong>15.</strong> What additional questions do other visitors (Freedom from Hunger, NGO staff) have?</td>
<td></td>
</tr>
<tr>
<td><strong>16.</strong> What else would you like to share with me that we have not discussed?</td>
<td></td>
</tr>
</tbody>
</table>

Thank you. We appreciate your participation and answers to these questions!
Tool 2: Secondary Research

For more information, refer to pages 8–9 of this guide.

Secondary research data is information available through existing sources—through the internet, journals, books or other publications. It is called “secondary” needs assessment because the information was gathered by another institution or person. This information is therefore often more general, but can still provide an idea of the health challenges within a region or country. For example, by talking to your group members you might learn that malaria is a problem and that insecticide-treated nets (ITNs) are in short supply. However this information may be confirmed from another source, perhaps through the World Health Organization website, which shows the prevalence of malaria in your country (and perhaps which regions have more problems with malaria) and the obstacles people face regarding prevention of malaria.

Secondary research data is primarily gathered by government agencies at the local, regional and national levels and by international multilateral organizations. However, data from local organizations can be especially important because they may have more specific information about common diseases and their impact on communities where Savings Group members live.

Local and National Resources
- Local or regional Ministry of Health offices
- Local and national health NGOs
- National Census Information

International Organizations and Resources
- World Health Organization: www.who.int
- Demographic and Health Surveys: www.measuredhs.com
- UNICEF: www.unicef.org
- World Bank: www.worldbank.org

Additional sources can be identified for specific countries or even regions, with simple searches on the internet using key search terms such as: health status + [name of country and region]; [name of disease] + [name of country and region]; or health system + [name of country and region].
Tool 3: Benefits of Partnership Handout for Health Providers

For more information, refer to pages 9–10 of this guide.

Linking Financial Services with Health Providers

Benefits to Savings Group Members

- 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 healthcare services and products
- Increased confidence in the capacity to navigate the local health system and to secure appropriate services for themselves and their families

Benefits to Non-Governmental Organizations (NGOs)

- Helps NGOs achieve their mission by effectively integrating community-development interventions that address both the financial and health needs of poor families.
- Attracts more members to participate in the Savings Group program and increases member retention and satisfaction
- Provides an opportunity for NGOs to forge new types of partnerships and develop new capacities

Benefits to Health Providers

- **Increased Access to Patients.** Linking with an NGO 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 NGOs 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 patients 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 NGO encourages its members to utilize the linkages with health providers, more members of the community will access services for prevention and treatment of health issues.

- **Community Influence.** Collaborating with an important and respected member of the community, such as an NGO, 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.** Savings Group members 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. With a more regular flow of Savings Group members and their family members as patients, health providers can develop more stable businesses, sustaining and even improving local healthcare resources and systems.

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, it is a very attractive health-protection option for Savings Group members, NGOs and health providers.
Tool 4: Interviewing Health Providers
For more information, refer to page 10 of this guide.

Health Provider Survey

Greetings!

My name is ___________________. I work for ___________________, an NGO based in ____________. This program facilitates and supports Savings Groups or groups of women who come together on a regular basis to meet, save and offer loans within their group. We are working to deliver health education to these groups of women and help them to better access local health services.

We are here to ask you some questions about the health products and services you offer. We are going to use the information—your answers to our questions—to help us think about what we may be able to improve the health of Savings Group members who live in this area.

In addition, as part of this program, we would like to link or form a partnership with health providers in the area who are interested in doing so. We will discuss this idea further during the interview.

We hope you will feel free to express your opinions. The information you provide is private and confidential and will not be shared with anyone else. You can choose to stop participating at any moment or if you do not feel comfortable responding to a specific question, you are welcome to refrain from answering, although we appreciate your participation in this interview. The interview will take approximately 60 minutes.

Thank you for participating.

Name of Interviewer:_____________________
Date of Interview:_____________________
Health Provider Name:__________________________________________________________
Title/Position:_____________________
Public/Private:_____________________
Type of Health Institution:_______________________________________________________
Name of City/Town/Village:_______________________________________________________
Rural, Peri-Urban or Urban:___________
Number of Kilometers or Minutes to Nearest Savings Group Village:____________________
<table>
<thead>
<tr>
<th>Questions for Health Providers</th>
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<tbody>
<tr>
<td><strong>Questions</strong></td>
<td><strong>Answers</strong></td>
</tr>
<tr>
<td><strong>Access to Health Products/ Services</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. | How many staff work at this health center?  
      What types of staff work at this health center? (doctors, nurses, midwives, others) |  |
| 2. | How many patients does the center typically care for during a day or week? |  |
| 3. | What days and hours is the health center open to people seeking care? |  |
| 4. | How far do people travel (km and minutes) to come to this health center?  
If they come by bus, how much does a roundtrip bus ticket cost? |  |
<p>| 5. | What services and medicines does health center provide? (routine, preventative, curative and emergency care) |  |
| 6. | What are the waiting times for the different services and medicines? |  |
| 7. | What are the main challenges to providing quality and timely care to patients that this health center has? |  |</p>
<table>
<thead>
<tr>
<th>Questions for Health Providers</th>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Health Products/ Services</strong></td>
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</tr>
<tr>
<td>8.</td>
<td>What are the biggest challenges that you as a health provider face?</td>
<td></td>
</tr>
<tr>
<td><strong>Health Costs and Financing</strong></td>
<td></td>
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<tr>
<td>9.</td>
<td>What are the most common services people get at this health center?</td>
<td></td>
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<tr>
<td></td>
<td>What are the most common medicines people get at this health center?</td>
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<tr>
<td>10.</td>
<td>How much does each common service cost?</td>
<td></td>
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<tr>
<td></td>
<td>How much does each medicine cost?</td>
<td></td>
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<tr>
<td>11.</td>
<td>How do people pay for these services and medicines?</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>What do you do when a patient cannot pay?</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Do you offer subsidies or loans for health services?</td>
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<tr>
<td></td>
<td>If yes, how do they work?</td>
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<tr>
<td>14.</td>
<td>Do you accept insurance?</td>
<td></td>
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<td></td>
<td>If yes, how does it work?</td>
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</tbody>
</table>
## Questions for Health Providers

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Costs and Financing</strong></td>
<td></td>
</tr>
<tr>
<td>15. Do you work with mutuelles (form of health insurance)?</td>
<td></td>
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<tr>
<td>If yes, how does it work?</td>
<td></td>
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<tr>
<td>If no, why not?</td>
<td></td>
</tr>
<tr>
<td><strong>Community Partnerships</strong></td>
<td></td>
</tr>
<tr>
<td>16. What are some ways in which NGOs can help protect the health of members and their families?</td>
<td></td>
</tr>
<tr>
<td>17. How would you feel about working with an NGO to improve the health of members of the area?</td>
<td></td>
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<tr>
<td>What suggestions do you have about how this partnership could work?</td>
<td></td>
</tr>
<tr>
<td>18. What challenges do you foresee from working with an NGO?</td>
<td></td>
</tr>
<tr>
<td><strong>We think that a partnership between a Savings Group NGO and Health Provider is positive for all involved. In addition to improving access to health services for people, we see it as helping health providers increase coverage and possibly bring more business.</strong></td>
<td></td>
</tr>
<tr>
<td>Would you be interested in participating in such a partnership? Why?</td>
<td></td>
</tr>
<tr>
<td>Questions for Health Providers</td>
<td>Community Partnerships</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Questions</td>
<td>Answers</td>
</tr>
<tr>
<td><strong>Community Partnerships</strong></td>
<td></td>
</tr>
<tr>
<td>20. What other providers do you recommend we talk with? <em>(health experts, health providers, health NGOs, etc.)</em></td>
<td></td>
</tr>
</tbody>
</table>
| 21. What else would you like to share?  
What questions do you have? |                        |

Thank you. We appreciate your participation and honest answers to these questions. *(Indicate communication follow-up and next steps as appropriate!)*
Tool 5: Survey of Services Offered by Health Providers
For more information, refer to pages 10–11 of this guide.

Information About Health Providers

<table>
<thead>
<tr>
<th>1) Type of Health Center or Clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2) Title and Name of Health Provider</td>
</tr>
<tr>
<td>3) Accreditation and Licensure</td>
</tr>
<tr>
<td>4) Training and Degrees</td>
</tr>
<tr>
<td>5) Vision and Mission of the Health Provider (attach additional information)</td>
</tr>
<tr>
<td>6) Type of Health Establishment (public, private, etc.)</td>
</tr>
<tr>
<td>7) Number of Years in Operation</td>
</tr>
<tr>
<td>8) Target Population and Region of Influence</td>
</tr>
<tr>
<td>9) Services and Hours of Operation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Services Available</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Clinic or Hospital Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
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<tr>
<td>Emergency Services</td>
<td></td>
<td></td>
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<tr>
<td>Pediatrics</td>
<td></td>
<td></td>
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<tr>
<td>Obstetrics and Gynecology</td>
<td></td>
<td></td>
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<tr>
<td>b. Health Promotion</td>
<td></td>
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<tr>
<td>Community Outreach Projects and Campaigns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Ambulance Services (available to travel to rural, isolated areas)</td>
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<td></td>
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<tr>
<td>d. Laboratory Services</td>
<td></td>
<td></td>
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<tr>
<td>e. Basic Diagnostic Services (Minimum available: X-rays, Ultrasound, EKG)</td>
<td></td>
<td></td>
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<tr>
<td>f. Pharmacy</td>
<td></td>
<td></td>
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<tr>
<td>Essential Medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic Medications</td>
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</tbody>
</table>
9) Services and Hours of Operation

<table>
<thead>
<tr>
<th>Services Available</th>
<th>Hours of Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Other Services</td>
<td></td>
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</table>

10) Health Personnel

<table>
<thead>
<tr>
<th>Health Personnel</th>
<th>Number of Providers</th>
</tr>
</thead>
</table>
a. Specialists    |                    |
b. General Practitioners |                |
c. Surgeons       |                    |
d. Anesthesiologists |                  |
e. Obstetricians/GYNs |                 |
f. Pediatricians  |                    |
g. Licensed Nurses|                    |
h. Auxiliary Nurses|                    |
i. Laboratory Technicians |          |
j. Pharmacists    |                    |
k. Others:        |                    |

11) Cost of Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Price</th>
<th>Type of Discount or Price</th>
</tr>
</thead>
</table>
a. Consult with General Practitioner |       |                          |
b. Consult with Specialist           |       |                          |
c. Community Outreach/Projects       |       |                          |
   (health campaigns, including health education and/or medical attention in the community) | | |
d. Surgery                             |       |                          |
e. One day of hospitalization         |       |                          |
   (includes room, meals, medical treatment, diagnostics, medications, etc.) | | |
f. X-rays                              |       |                          |
g. Ultrasound                          |       |                          |
h. Tomography                          |       |                          |
i. Laboratory                          |       |                          |
## Tool 6: Quality of Health Services Assessment

For more information, refer to pages 10–11 and 17 of this guide.

### Quality of Health Services Assessment

1. Name of Provider/NGO: 
2. Name of Provider/Facility: 
3. Name and Title of Person Interviewed: 
4. Location: 
5. Date: 

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Facilitites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Comfortable and clean waiting rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Auditory and visual privacy for patients</td>
<td></td>
<td></td>
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<tr>
<td>• Reliable electricity</td>
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<td></td>
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<tr>
<td>• Running water and place where soap and hand-washing available</td>
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</tr>
<tr>
<td>• Functioning Savings Group member restroom/s</td>
<td></td>
<td></td>
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<tr>
<td>2. Intake Processes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Friendly receptionist/desk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clear steps to follow for requesting and receiving services</td>
<td></td>
<td></td>
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<tr>
<td>• Average time a patient needs to spend in service to be examined by a doctor is minimal</td>
<td></td>
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<tr>
<td>• Is there a referral system for complicated cases?</td>
<td></td>
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<tr>
<td>3. Standards and Legal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Clean, good hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Health provider license</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Accreditation by MOH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Adequately stocked pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outputs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average outpatient service utilization rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Average bed occupation rate</td>
<td></td>
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</tbody>
</table>
## Observations Made During Visit

<table>
<thead>
<tr>
<th>Evaluator's Impressions</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overall, a good, reliable health clinic</td>
<td></td>
</tr>
<tr>
<td>2. Location provides easy access for Savings Group members</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</td>
<td></td>
</tr>
<tr>
<td>6. Patients seem satisfied with services received</td>
<td></td>
</tr>
<tr>
<td>7. Medical staff seems competent and caring</td>
<td></td>
</tr>
<tr>
<td>8. Needed healthcare services are available</td>
<td></td>
</tr>
<tr>
<td>9. There is a functioning referral system</td>
<td></td>
</tr>
<tr>
<td>10. Basic medications are available at reasonable prices</td>
<td></td>
</tr>
<tr>
<td>11. Equipment is in good shape and functioning</td>
<td></td>
</tr>
<tr>
<td>12. Price of services seem reasonable or can be negotiated</td>
<td></td>
</tr>
<tr>
<td>13. Managers/ health providers are interested in serving our Savings Group members</td>
<td></td>
</tr>
<tr>
<td><strong>Total points</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Ranking scale:** 0 to 5 0 = deficient  5 = excellent

*Add total points and divide by 13 for total average score.*
Tool 7: Health-Provider Partner Profile

For more information, refer to page 11 of this guide.

[Name of Health Center/ Clinic]

Contact Name:

Contact Phone Number:

Savings Group Village Served:

Description of Health Center/Clinic and Services:

Primary Challenges Faced by Health Center/ Clinic:

Partnership Potential:

Cost Comparison (compared to other services in area)

Potential Linkage Characteristics

Next Steps and Recommendations:

Photos: (Optional)
Health-Provider Partner Profile: Private and Public Provider—Examples

Centre Medico Social Le Jourdain de Tandhota

Contact: Madame Isabel Badou*, Midwife, Owner of Clinic
Phone Number: 94426531*

APHEDD SG Village Served: Azohoue-Aliho

Description: Private health clinic run out of a home in Tandahota, a rural area 1 to 2 hours from Cotonou. The health center offers medical consultations for men, women and children; gynecology/maternal/delivery services; family planning; and vaccinations. Owner makes follow-up home visits as well. The clinic is open 24 hours/day, 7 days/week. Health clinic staff includes only one person—midwife and business owner, though she hopes to expand. She wants to hire additional staff so that she can “be mobile.” The clinic treats between 0 to 4 patients/day. Serious and complex cases are referred to larger clinics and hospitals in the area. This health provider option is located approximately 2 Km from APHEDD Saving for Change Savings Groups. Most common services utilized by patients include small surgeries, general consults, vaccinations and deliveries.

Primary Challenges Faced by Health Clinic: She is still getting her business running. She took a loan to start it and is slowly repaying. Challenges include having enough funds for medicines and materials needed to treat patients; treating people who then cannot pay; and promoting her business to new people. (Word of mouth now and she said she has loyal customers.)

Partnership Potential:

Cost Comparison
- She cannot compete with the public health centers regarding costs as public health centers distribute many medicines for free. However, her prices are very reasonable as she buys them in bulk from Cotonou; 3 pills of “Sp” are 150 CFA. However, she gives free HIV tests. She does not have blood tests for malaria—she just diagnoses according to symptoms and gives treatment. Injections are often 1,000 CFA, profusions are 4,000 CFA, deliveries range from 1,500–12,000 CFA, depending on complexity and medicines needed, and general consults are 400 CFA total. She will add vitamins for free if needed. If a patient does not have money to pay, she will provide care anyway, because that is her purpose. “I forget about the money and just treat them. They say they will return and pay me back, but they never do. I will never turn anyone away just because they do not have money.”

Intervention Possibilities
- Savings Group members can show their APHEDD card and they—as well as their family members including parents—could receive a 30 percent discount on all of her services. She was willing to sign a contract and set up a monitoring and evaluation agreement to ensure that clients are happy with her services and to better understand the successes and challenges of the partnership.
- It seems that people go to her and not public health center because she “welcomes them well,” “feeds them” and “talks with them.” When she is not busy she will call or travel to patients to check on them.
- She suggested that the NGO work along with her to promote good healthy behaviors. She said that she sometimes delivers health education door to door and that APHEDD could help gather women so that she could speak to the group. She also said that APHEDD can help her promote her business and then she will provide quality, discounted services to their clients.

Next Steps and Recommendations:
- Ask for copy of license (can pick up during subsequent visit)
- Discuss and outline primary points that should be included in contract
- Negotiated discount (30%)
Developing Linkages With Health Providers: A Guide for Field Staff

- For whom: APHEDD clients as well as their family members (children, husbands, parents)
- Which services: All services (outline more specifically)
- Proof of affiliation: APHEDD SG member card

- Monitoring
  - Regular communication/check-ins between local Animator and Health provider (Quarterly)
  - Log book to track number of clients and services utilized (APHEDD to provide notebook with Name, Date, Service Utilized and Cost columns.

- Collaboration
  - Health education. APHEDD and Madame Isabel will work together to promote healthy behaviors and share health information with SG members.
  - Promotion of linkage. APHEDD will promote partnership and information to SGs in the area.

*Names and contact information have been changed.*
Centre de Sante Azohoue-Aliho

Location: Azohoue-Aliho, Allada, Atlantique

Contact: Madame Toutinou*, Head nurse and in charge of the health center
Phone Number: 91479951*

APHEDD SG Village Served: Azohoue-Aliho

Description: Public health center in Azohoue Aliho, a rural area 1 to 2 hours from Cotonou. The health center offers primary care, has a maternity ward for deliveries and also a dispensary for medicines. The center is open 24 hours/day, 7 days/week. Health center staff includes 2 nurses, 2 nurse assistants and 1 medicine distributor. The center sees approximately 269 patients each month, or 9 per day, with more during the rainy season. Serious and complex cases are referred to the Ouidah Regional Hospital, approximately 35 km away. This health center serves a population of 3,225 and is located within 1 km of the nearest APHEDD Saving for Change Savings Group. According to the health center nurse, the most common services that people receive include family planning, deliveries and vaccinations.

Primary Challenges Faced by Health Center: The nurse said people often delay accessing care from the health center when sick. So when they do come, they are very sick and sometimes need to be referred to the Regional Hospital, which is far and more expensive. Nurse mentioned that it is not that people do not know or have access, but they do not change their behavior. For example, everyone has a bed-net but do not sleep under it because it is too hot or feels as though one were sleeping in a grave. She said that it is important to organize a communication campaign to change behaviors. Lack of materials was also a primary challenge—sometimes there are not enough beds available or medicines in stock. The nurse said that “patients are not comfortable here.”

Partnership Potential:

Intervention Possibilities:
- Nurse said Savings group can visit the health center together and receive more information on any topic of interest; “educate the women.” This can be programmed ahead of time. Perhaps this can take place once/month.
- Nurse mentioned that it would be good to know who Savings Group members and their families are and they can “take care of them.” The nurse said she would like this partnership because “it would be good to better know the women.” She said getting to know each other would be good because then the women can better understand the challenges that the health center faces.
- Savings Group members could help keep the health center clean (social goal). She would love for the women to “see the health center as their own.”
- Nurse said that the NGO could help her with prevention messages.
- Nurse mentioned that the NGO could also help with nutrition and cooking sessions, help the health center with health product/medicine stock. For example, buy medicines and then leave in stock at the health center so they are there when SG members need them.
- Nurse said that she would be willing to call a cell phone number to check on a patient.
- Nurse said that health center staff go to each village twice per month (15th and 30th) to discuss health topics, but “people are always working and do not want to stop and lose time.” There could be further communication and coordination with Savings Groups.

Next Steps and Recommendations: The nurse recommended that we put together a proposal so that we can work together. Proposal may include:
- Group visits to the health center. The nurse can give health information (education) about topics of choice. Perhaps this can occur once per month or once every 2 months. Along this same idea, APHEDD (and Freedom from Hunger) can help the health center nurse with prevention messages and certain education materials (reinforcement of primary health messages) can be shared.
- Perhaps visits as a group to the health center for orientation/sensitization and/or certain diagnostic tests (blood pressure!)
- Provide identification cards to APHEDD Savings Group members. Members can then show these to the nurse who said that it would be nice to know Savings Group members when they come to the health center so that she can ensure good care. This also enables the SG members and nurse to better get to know and understand one another.

- Savings Group members can help keep the health center clean as their group social goal. This enables them to provide a service to the health center and feel more ownership of their community health center.

- There should be regular communication between the health center nurse and an elected Savings Group member (President? Special “Health Representative”) to organize possible group visits to the health center and/or know the nurse’s community visit schedule since it sounds as though she travels to villages twice a month. During these visits she can give health information, answer questions, etc. Figure out how to best utilize nurse visits to the community.

Notes:
- Nurse wanted to join or start a Savings Group

*Names and contact information have been changed.*
Tool 8: Health Provider Invitation Letter

For more information, refer to page 12 of this guide.

[Date]

Dear Dr. /Mr. /Ms. __________________:

As you know, [Name NGO] is initiating a linkage or partnership program with health providers in this region. The goal is to improve the health of our clients, their family members and the community. [Name NGO] has enjoyed speaking with you and learning about the health services you provide. We believe that your commitment to quality services and your promise to welcome and treat our clients with respect is worthy of our promotion and support of your health services and practice. In exchange, we hope you will be able to provide our clients with the special benefits [Name Benefits] that you offered during our discussion. We hope that because of these benefits our members will be encouraged to visit your health services earlier when sick and also for prevention checkups when healthy.

We are implementing this program in the [Name Geographical Area] where [Name NGO] currently has [Number of Members in Geographical Area]. These women and their families account for about [Number of Members in Geographical Area multiplied by 5], of the local area population. Together, we have the opportunity to improve the health of many by promoting the utilization of your health services and ensuring quality care for our clients.

We would like to collaborate with you as one of our health-provider partners and via this letter, formally invite you to begin a partnership with us. We hope you will agree to this opportunity and we look forward to your response, including any questions you may have.

We thank you for your valuable contributions to the community.

Sincerely yours,

[Signature of NGO representative]

Optional

Attachments:

1. MOU
2. Program Description
Tool 9: Memorandum of Understanding (MOU) Template

For more information, refer to page 12 of this guide.

**MEMORANDUM OF UNDERSTANDING (MOU)**

Between

_________________________________________ [Name of NGO]

and

_________________________________________ [Name of Health Provider]

I. Purpose & Scope

   The purpose of this MOU is to clearly identify the roles and responsibilities of each partner.

   [List agreed-upon activities here.]

   • Describe purpose of partnership

   • Describe primary responsibilities of each partner, including communication and monitoring strategy

II. Background

   [Brief description of each partner involved in the MOU.]

III. [Name NGO] Responsibilities Under This MOU

   [Name NGO] shall undertake the following activities:

   • For example, promotion of health provider services, etc.

IV. [Name Health Provider] Responsibilities Under This MOU

   [Name Health Provider] shall undertake the following activities:

   • For example, offer friendly services, discounts to Savings Group members, etc.

V. It Is Mutually Understood and Agreed by and Between The Parties That:

1. Either of the partners in this agreement may approach the other with suggestions to modify the agreement or partnership.

2. If not satisfied, either of the partners may approach the other and request to terminate the partnership.

VI. Effective Date and Signature

   This MOU shall be in effect upon the signature of [Name NGO] and [Name Health Provider] authorized officials. It shall be in force from _____ to _____ [Dates].
Parties A and B indicate agreement with this MOU by their signatures.

*Signatures and dates*

<table>
<thead>
<tr>
<th>[NGO]</th>
<th>Date</th>
<th>[Health Provider]</th>
<th>Date</th>
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</table>
Tool 10: Health-Provider Partner Communication for Savings Groups
For more information, refer to page 13 of this guide.

Village Name:

Savings Group Name:

Health Provider Partner Information

WHO (Name of health provider clinic/center):

WHERE (Location of health provider):

WHEN (Days, hours of operation):

WHAT (Benefits to Savings Group members):
Health Provider Partner Communication for Savings Groups—Example

Klela Village

Business Women United

Nurse Fatima Badou, Klela Public Health Center

Klela Village, near the community well and mango tree grove

24 hours day/7 days per week

Nurse will visit the group quarterly and share health-education messages as well as community-health campaign information. Members will receive a friendly welcome when they visit the health center. In exchange, the group will clear brush from the health center once per 8-month savings cycle.
Tool 11: Log Book
For more information, refer to page 16 of this guide.

Name of Health Provider or Clinic:

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Name of Savings Group Member</th>
<th>Name of Savings Group</th>
<th>Treatment sought by (relation to Savings Group member if not member herself seeking treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 May 2014</td>
<td>Fatmata Keita</td>
<td>Happy Savers</td>
<td>Daughter</td>
</tr>
</tbody>
</table>
**Tool 12: Health-Provider Satisfaction Survey**

*For more information, refer to page 17 of this guide.*

**Satisfaction Survey for Health Providers**

**Date:** 

**Name of clinic:**

**Hours of operation:**

**Location:**

**Name/Title of the participating provider:**

**Telephone number of participating provider:**

**Date began partnership with NGO:**

**Percentage discount offered for services:**

**Total number of medical doctors:**

**Total number of nurses:**

**Total number of midwives:**

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

2. For which services do Savings Group members generally come to seek treatment in your hospital/clinic/health center?

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

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

5. Do you have any techniques you use to encourage these patients to seek treatment early?

6. How often do [Name NGO] members come in for preventive healthcare services? Can you approximate the percentage of these Savings Group members that come for preventive care?
7. Do [Name NGO] members have trouble paying for the services even after the discount?

8. How do [Name NGO] members differ from your other patients?

9. What do you see as the advantages of partnering with [Name NGO]?

10. What are the disadvantages?

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

12. Are there any health services you see that [Name NGO] members need but you do not provide? What are they? Where might Savings Group members go to receive these services?

13. Are you interested in working with [Name NGO] for other programs in the future? Why?

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

15. Would you recommend any health providers you know to participate in this program? Who? Why?
Tool 13: Savings Group-Member Satisfaction Survey

For more information refer to pages 17-18 of this guide

Satisfaction Survey for Savings Group Members

Date: ________________________________________________________________

Name of Savings Group: ______________________________________________

Village: ______________________________________________________________

Name/Title of the participating health-provider partner(s):____________________

Date began partnership with health provider:______________________________

Agreed-upon health services offered to Savings Group members:______________

____________________________________________________________________

1. Who is the health-provider partner for this Savings Group and community?

2. What benefits do they offer you as a Savings Group member of [Name NGO]?

3. In one month, on average, how many times do you visit this health-provider partner(s)?

4. Why do you choose to use their health services?

5. What was the reason you visited the health-provider partner? (optional; only if people feel comfortable responding)

6. Please describe your experience.
• What did you like about it?

• What did you dislike about it?

7. Would you return to the health provider partner in the future? Why? For what?

8. If you have not visited the health provider partner, why not?

9. What health provider do you prefer to visit? Why?

10. What recommendations do you have for the health-provider partner so that your experience is better in the future?

11. Is there another health provider that you think [Name NGO] should partner with? Why?