



## Year Two Annual Report *July 1, 2010 – June 30, 2011*

Marguerite Farrell, AOTR  
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## Acronyms

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AfHEA	African Health Economic Association
AGPMPN	Association of General and Private Medical Practitioners of Nigeria
AGPNP	Association of General Private Nurse Practitioners
AIDS	Acquired Immune Deficiency Syndrome
AMfB	Accion Microfinance Bank Limited
AOTR	Agreement Officer's Technical Representative
APHA	American Public Health Association
ART	Anti-Retroviral Therapy
ARV	Anti-Retrovirals
BCC	Behavior Change Communication
BSP	Bayer Schering Pharma
CCA	Corporate Council for Africa
CCM	Country Coordinating Mechanism
CCMS	Client-Centered Market Segmentation
CDC	U.S. Centers for Disease Control and Prevention
CEPEP	Paraguayan Center for Population Studies
CHART	Caribbean HIV/AIDS Training Network
CHE	Community Health Educator
CIES	Council for International Exchange of Scholars
CMS	Commercial Marketing Strategies Project
CSL	Contraceptive Security and Logistics
CTU	Contraceptive Technology Update
CYP	Couple Years of Protection
DAIA	Comité Disponibilidad Asegurada de Insumos Anticonceptivos (Contraceptive Security Committee)
DANIDA	Danish International Development Agency
DCA	Development Credit Authority
EBM	Evidence-based Medicine
E&E	Europe and Eurasia
ESMPIN	Expanded Social Marketing Project in Nigeria
FP	Family Planning
FW	Family Wellness
GAIN	Global Alliance for Improved Nutrition
GDA	Global Development Alliance
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GHC	Global Health Conference
GIS	Geographic Information System
GIZ	Gesellschaft für Internationale Zusammenarbeit (German Government Development Agency)
GOB	Government of Bangladesh
HANSHEP	Harnessing Non-State Actors for Better Health for the Poor
HiA	Health in Africa
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health

HRSA	Health Research and Services Agency
HS 20/20	Health Systems 20/20
HSA	Health Savings Account
HSS	Health Systems Strengthening
IEC	Information, Education, and Communication
IFC	International Finance Corporation
IHEA	International Health Economists Association
IPPF	International Planned Parenthood Federation
INPPARES	Instituto Peruano de Paternidad Responsable Paraguayan Social Security Institute
IT	Information Technology
IUD	Intrauterine Device
IVR	Interactive Voice Response
KAP	Knowledge, Attitudes and Practice survey
KHPF	Kenyan Health Policy Framework
LAPM	Long-Acting and Permanent Methods
LCS	Licensed Chemical Sellers
M4H	Mobiles4Health
m4QI	Mobiles for Quality Improvement
MAMA	Mobile Action for Maternal Alliance
MARP	Most At-Risk Population
M&E	Monitoring and Evaluation
MC	Male Circumcision
MCFW	Managed Care and Family Wellness
MCH	Maternal and child health
MCHIP	Maternal Child Health Integration Project
MDAWG	Market Development Approaches Working Group
MDCN	Medical and Dental Council of Nigeria
MFI	Microfinance Institution
MHB	Managing a Healthy Business
mhealth	Mobile technologies for health
MOH	Ministry of Health
MoHCW	Ministry of Health and Child Welfare (Zimbabwe)
MoHSS	Ministry of Health and Special Services (Namibia)
MoHSW	Ministry of Health and Social Welfare (Tanzania)
MOMS	Ministry of Medical Services (Kenya)
MOPHS	Ministry of Public Health and Sanitation
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MSI	Marie Stopes International
MSM	Marie Stopes Madagascar
MSU	Marie Stopes Uganda
N4A	Network for Africa
NABCOA	Namibian Business Coalition on HIV/AIDS
NAMAF	Namibian Association of Medical Aid Funds
NAMPORT	Namibian Port Authority
NANASO	Namibia Network of AIDS Service Organizations
NANGOF	Namibia Non-Governmental Organization's Forum

NGO	Nongovernmental organization
OB-GYN	Obstetrician-Gynecologist
OC	Oral contraceptive
OECS	Organization of Eastern Caribbean States
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV/AIDS
OPIC	Overseas Private Investment Corporation
ORS	oral rehydration salts
ORT	Oral rehydration therapy
PAHO	Pan American Health Organization
PANCAP	Pan Caribbean Partnership Against HIV and AIDS
PBF	Performance-based financing
PE	Private equity
PEPFAR	President's Emergency Fund for AIDS Relief
PLHIV	People living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTI	Private medical training institutions
POUZN	Point-of-Use Water Disinfection and Zinc Treatment
PPAG	Planned Parenthood Association of Ghana
PPD	Public-Private Dialogue
PPP	Public-private partnerships
PPP-HK	PPP Health - KENYA
PSA	Private sector assessment
PSI	Population Services International
PSP- <i>One</i>	Private Sector Partnerships- <i>One</i>
PSWG	Private Sector Working Group
PSZ	Population Services Zimbabwe
R4D	Results for Development
RFP	Request for Proposals
RH	Reproductive health
RHSC	Reproductive Health Supplies Coalition
RTCHS	Right to Care Health Services
SBM-R	Standards-Based Management and Recognition
SHOPS	Strengthening Health Outcomes through the Private Sector
SIFPO	Support for Family Planning Organizations
SMS	Short Message Service
SOTA	State-of-the-art
SOW	Statement of Work
SPARHCS	Strategic Pathway to Achieving Reproductive Health Contraceptive Security
SRH	Sexual and Reproductive Health
TDY	Temporary Duty Assignment
TMI	Total Market Initiative
TOR	Terms of Reference
TOT	Training of Trainers
TWG	Technical Working Group
UBA	United Bank of Africa
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund

USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
WMA	Whole market approach
ZITF	Zimbabwe International Trade Fair
ZFPC	Zimbabwe National Family Planning Council

## I. Introduction

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### Overview of the SHOPS project

The Strengthening Health Outcomes through the Private Sector (SHOPS) Project is a five-year (2009-2014) Leader with Associates Cooperative Agreement, funded by the United States Agency for International Development (USAID), with a mandate to increase the role of the private sector in the sustainable provision and use of quality family planning/reproductive health (FP/RH), human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS), maternal and child health (MCH) and other health information, products, and services.

SHOPS builds upon decades of USAID support and leadership in private health sector programming, with an emphasis on exploring and advancing private sector innovations. The project serves as USAID's primary vehicle to support core funded FP/RH activities in the private sector. It also serves as a mechanism to program field support for USAID Missions that do not issue their own Associate Awards under the SHOPS Leader.

The SHOPS Results Framework provides overarching guidance for both core and field funds and sets the ultimate objectives for all project activities in this work plan.

### SHOPS Results Framework

**Project Objective:** Increase the role of the private sector in the sustainable provision and use of quality FP, RH, HIV/AIDS, and other health information, products, and services

**Result 1:** Strengthened global support for state-of-the-art (SOTA) private sector FP/RH and other health models, approaches, and tools

**Result 2:** Knowledge about and understanding of private sector provision of FP/RH and other health information, products, and services advanced

**Result 3:** Key private health sector systems strengthened and innovative, effective, and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled-up

During Year Two SHOPS received core funding from the Office of Population, Office of HIV/AIDS (OHA) and the Office of Health, Infectious Disease and Nutrition (HIDN) focused on child health. In addition SHOPS received field support from eight missions/regional bureaus including the Caribbean, Kenya, Madagascar, Namibia, Nigeria, Paraguay, Zambia, Zimbabwe and the Africa Bureau. The annual report is organized around funding streams, beginning with core funding. After two years of activity, the project is showing results in both core-supported and field funded initiatives. While activities in both core and field have been focused on one health area rather than integrated services, the institution of quarterly management reviews where the full portfolio of activities are presented will increase the identification of synergies and lead to more integrated planning.

Some highlights from Year Two results include:

- SHOPS conducted nine private sector assessments (PSAs) including Bangladesh, Kenya, Malawi, as well as six Organization of Eastern Caribbean States (OECS) countries: Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent, and Grenadines.
- Contributed over 77,000 FP couple years of protection (CYP) from private sector interventions promoting a wide range of FP options.
- Secured \$1,939,572 dollars in cost share contributions towards Year Two SHOPS activities
- Conducted two e-conferences focused on the private sector (one on Access to Finance and one on Zinc) bringing together over 570 participants from 60 countries.
- Facilitated establishment of a coalition in Bangladesh to deliver behavior change and communication messages to pregnant women and new mothers using mobile phone technology. Under SHOPS guidance, software platform was designed and tested, 186 audio and text messages were produced, including evidence-based MCH and FP content and several corporate sponsorships were negotiated. This initiative is the first national scale mobile health information service launched through the global partnership called Mobile Action for Maternal Alliance (MAMA).
- Published four articles on the role of the private sector in peer reviewed journals:
  - Pamela Rao, MA, PGDBA, MPH, MIME, Tesfai Gabre-Kidan, MD, Deus Bazira Mubangizi, MPH, MBA, BPharm, PGDPM, and Sara Sulzbach, MPH. *Leveraging the Private Health Sector to Enhance HIV Service Delivery in Lower-Income Countries*. J Acquir Immune Defic Syndr 2011;57:S116–S119.
  - Sulzbach, S, De S, and Wang W. The private sector role in HIV/AIDS in the context of an expanded global response: expenditure trends in five sub-Saharan African countries. *Health Policy and Planning* 2011;1–13.
  - Wang W, Sulzbach, S and De S. Utilization of HIV-related services from the private health sector: A multi-country Analysis. *Social Science & Medicine* 72 (2011) 216e223.
  - W. Wang, V. MacDonald, M. Paudel, K.K. Banke. National scale-up of zinc promotion in Nepal: Results from a post-project population-based survey. *Journal of Health, Population and Nutrition*, 2011;29(3):207-217

## II. Population Core

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### Overview

Over the life of the project, SHOPS will promote a stronger and expanded role for the private sector in delivering FP/RH products and services by establishing partnering relationships with key global agencies and organizations, building on the global body of evidence established by predecessor USAID private sector projects, advancing knowledge through innovative uses of research, and focusing on identifying, adapting and scaling up new and innovative models and technologies to engage with the private sector.

To promote greater private sector involvement in improving FP/RH and other health products and services, SHOPS will focus on:

- Conducting PSAs
- Facilitating public-private partnerships (PPP)
- Brokering pharmaceutical partnerships and implementing social marketing programs
- Developing and strengthening private provider networks and franchises
- Improving the quality of health care in the private sector
- Fostering behavior change among providers and consumers
- Strengthening the sustainability of nongovernmental organizations (NGO)
- Improving provider access to finance
- Promoting policy and regulatory change
- Conducting research and evaluation
- Improving access to services among the poor through a variety of financing options



## **Result 1: Strengthened Global Support for SOTA Private Sector FP/RH Approaches, Products, and Services**

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### **Overview**

The panorama of international agencies working with the private health sector has changed considerably in the five years since USAID launched the Private Sector Partnerships-*One* (PSP-*One*) project. Increasingly, other donors—both foundations and European governments—have entered into the field of private sector health. SHOPS has adapted to the evolving donor landscape and will continue to build global support for private sector approaches among these key stakeholders.

During Year Two, the SHOPS team solidified its strategic alliances with other agencies working with the private health sector—in particular the World Bank, International Finance Corporation (IFC) and Rockefeller Foundation through its partner Results for Development (R4D). Working with these partners, SHOPS has implemented several high-level events throughout the world. SHOPS also successfully re-launched the Private Sector Working Group (PSWG) and increased its membership to include more donors and a wider array of United States Government (USG) representatives. The Network for Africa (N4A) is now fully functional in English and French, increasing its West African membership. In partnership with the World Bank/IFC, SHOPS carried out two successful regional technical exchanges that have fostered greater communication between African governments and the private sector, exchanges of private sector oriented policy reforms, and prompted new government initiatives with the private health sector.

### **Sub Result 1.1 Global partnerships established**

#### **Objectives**

SHOPS will maintain and establish new partnerships through strategic alliances and strengthening the PSWG to advance the global health community's understanding on how to engage the private health sector.

#### **Summary of key activities and outputs for Sub Result 1.1**

##### **Activity 1.1.1 High-level global private sector events**

SHOPS will maintain and establish new partnerships through strategic alliances and strengthening the PSWG to advance the global health community's understanding on how to engage the private health sector.

##### ***Anticipated Year Two outputs:***

- Three to four high level mainstreaming events conducted to raise awareness of the private sector's contribution in health.

##### ***Accomplishments during this reporting period***

SHOPS successfully carried out three high-level private sector events:

1. In October, SHOPS was an active partner with Corporate Council for Africa (CCA) in the 2010 US-Africa Biannual Private Sector Health Conference. SHOPS worked

with CCA to develop the three day agenda, moderated a panel discussion on investing in the health sector in Africa, and participated in the “Vault,” a forum that enabled conference participants to interact with public and private financial institutions that fund projects in Africa. At this Conference, SHOPS Kenyan counterparts - the Ministry of Health (MOH) and private sector leaders from the PPP-Health Kenya (PPP-HK) group - showcased how the public and private sector can work together to implement policy reforms supporting the private sector.

2. At the Montreux Global Symposium on Health Systems Research on Achieving Universal Coverage, SHOPS hosted a symposium focused on how the private sector contributes to health system strengthening. In addition, SHOPS staff participated in a fishbowl session titled “The Scale and Scope of Private Sector Contributions to Health Systems” and led a session on examples of private sector contribution to health systems strengthening (HSS) using HIV/AIDS examples (see HIV section for details).

Together with the organizers of the Montreux Global Symposium SHOPS is also helping to organize the International Health Economists Association (IHEA) private sector one-day event to be held in Toronto, Canada July 2011. As part of the organizing committee, SHOPS has helped shape the meeting agenda, reviewed abstracts and will provide financial support for the event. Two world renowned health experts – Dr. Julio Frenk (Dean of the Harvard School of Public Health and ex-Minister of Health, Mexico) and Peter Evans (Assistant Director-General - Information, Evidence and Research for Policy, World Health Organization (WHO)) – will be the key note speakers. SHOPS staff will also deliver three presentations at this event. Already the second private sector pre-Conference event has exceeded the first one held in Beijing: i) the organizing committee has received more than double (73 compared to 35) the number abstracts; ii) the technical quality of the abstracts improved, and iii) 30% more participants registered to attend the event. All these factors demonstrate a growing interest among this important group on the role of the private sector in achieving public health goals.

3. Finally, SHOPS conducted an expert panel event during the 2011 Global Health Conference (GHC) that was held on June 13, 2011, highlighting approaches that health practitioners and microfinance institutions (MFIs) have developed to cost-effectively deliver financial services and health messages, products, and services to underserved populations and improve health outcomes in communities worldwide. Over 200 people, along with 36 online participants, gathered to learn and converse with practitioners from Freedom from Hunger, Pro Mujer, and Health Care International. Freedom from Hunger presented results from the microfinance and health promotion project, which worked with six MFIs in Latin America, Africa, and Asia to advance health messages, products, and financing. Pro Mujer discussed its credit operations, which tests borrowers and provides direct medical services to them, refers them to secondary care centers, and finances the cost of the referred services. Health Care International, a private Health Maintenance Organization (HMO), presented on its collaboration with the second largest MFI in Nigeria to design and launch an affordable in- and outpatient insurance product, after becoming aware of the size and potential of the informal sector market for health insurance. The event

opened up an important dialogue between implementers, donors, and academics about how microfinance can be leveraged to advance health outcomes for low-income families.

### **Activity 1.1.2 Expand the role and function of the PSWG**

The PSWG will play a growing and important role under SHOPS. The PSWG will grow its membership to include other global partners and formalize its role as a mechanism to foster dialogue on and exchange best practices in working with the private sector. During Year One, SHOPS conducted a stakeholder analysis of the new donor entrants into the field of private health sector engagement. The analysis helped define the expanded mandate for the PSWG and identify potential new members – particularly among the European and multi-lateral organizations. SHOPS also drafted a concept note that has been used to engage possible new members to invite them to join the PSWG.

In Year Two, SHOPS will expand the PSWG to include other global partners and to formalize its role as a mechanism to exchange best practices in working with the private sector. SHOPS will continue to serve as the PSWG secretariat during Year Two convening up to four PSWG meetings.

#### ***Anticipated Year Two outputs:***

- PSWG membership expanded to include at least two new partners;
- Up to four meetings held;
- New scope and membership of PSWG formalized; and
- Creation of PSWG virtual meeting place on SHOPS website.

#### ***Accomplishments during this reporting period***

SHOPS successfully re-launched the PSWG in October, 2010 and held subsequent meetings in February and June. Participation at PSWG meetings has expanded to reflect the growing interest in the private health sector. The current membership includes a wider range of USAID and other government staff, international donors, and implementing partners. In December 2010, SHOPS conducted an on-line survey of current and potential PSWG members to refine how to make the PSWG useful and relevant to its membership. At the second PSWG meeting hosted by SHOPS on February 3, 2011, SHOPS presented the PSWG survey results and the members agreed on the PSWG's purpose and activities. Based on the survey findings and feedback from PSWG members: (i) quarterly in-person meetings will remain the primary mode of networking and will also include technical presentations, (ii) PSWG will host a one-day meeting each year to discuss strategic directions in the field of private sector health, and (iii) the SHOPS website will host a page for the PSWG's members.

The PSWG held its first all-day meeting on June 17, 2011 during GHC. The one-day event was a group effort between several of the PSWG members – SHOPS, R4D, Population Services International (PSI), Jhpiego and the World Bank. Over 65 individuals attended, representing 30 private sector health implementing partners and both the U.S. based and international donor community, including the Bill & Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Harnessing Non-State Actors for Better Health for the Poor (HANSHEP), USAID, and the World Bank Group. Organizations based in Bangladesh, Cambodia, Ethiopia, Kenya,

Nigeria, Switzerland, Uganda, and Zimbabwe also attended the meeting. The meeting was structured around small group discussions on five key technical areas. In addition, Connor Spreng gave a lunch presentation that served as the Washington, D.C. launch of the IFC-World Bank Report, *Healthy Partnerships – How Governments Can Engage the Private Sector to Improve Health in Africa*. The meeting also featured highlights and announcements from the GFATM and the Gates Foundation. Market Innovations sponsored a reception that provided participants the opportunity to network and to browse at the *Market Place of Ideas*, featuring information on six organizations involved in private sector health programs.

Based on the desire for an electronic “meeting space” expressed in the survey, SHOPS began the development of a space on the SHOPS website. This “community of practice” is expected launch in October 2011.

### **Activity 1.1.3 Partner with international financing organizations**

SHOPS will continue efforts initiated in Year One to increase funding to private health sectors by forging new partnerships, including a Global Development Alliance (GDA) if appropriate, with groups such as the IFC, the Overseas Private Investment Corporation (OPIC) guaranteed Africa Healthcare Fund, the Acumen Fund, and Kiva, a social giving platform.

#### ***Anticipated Year Two outputs:***

- Partner with at least one international financing organization to increase access to financing for private FP/RH providers.

#### ***Accomplishments during this reporting period***

During Year Two, SHOPS held partnering discussions with a wide variety of international financial institutions, including the IFC, the African Development Bank, the Acumen Fund, and two pan African commercial banks, the United Bank of Africa (UBA) and Ecobank. Following these discussions, a potential partnership was developed with UBA to develop and roll-out a health sector loan product through their pan African network of banks. UBA is currently operating in 16 countries in Africa. Towards the end of the year, SHOPS travelled to Nigeria to meet with UBA to conduct preliminary due diligence and further develop a potential partnership. Based on this initial assessment, SHOPS is recommending to work with UBA in Year Three to develop a pan-African strategy for health sector lending and to modify its existing health sector loan product. SHOPS proposes to identify certain milestones for UBA to reach and consider providing technical assistance in one to two countries to support the roll-out of the health product.

SHOPS also developed a concept paper with Ecobank, another pan-African bank, to explore a similar concept working through Ecobank’s network of banks in 30 countries. SHOPS will continue discussions with Ecobank in Year Three. During the period, SHOPS also submitted a concept paper to the Acumen Fund to explore replicating the Summa Foundation’s successful experience on lending to small-scale private health providers through a MFI or commercial bank in Kenya. Acumen Fund agreed to move forward but USAID/Kenya did not grant concurrence so SHOPS is exploring other country opportunities in East Africa. One of the lessons learned from Year Two, is that developing partnerships with international financial institutions involves multiple

stakeholders and can take time. In addition during the year, SHOPS reached an agreement with the IFC/World Bank to co-host an e-Conference on Access to Finance for the health sector. This is discussed in Result 2.

## **Sub Result 1.2 Policy dialogue enhanced between public and private sectors**

### **Objectives**

Fostering a supportive policy environment through active dialogue and partnerships with the public sector is critical to strengthening support for working with the private sector. Through the N4A, SHOPS will build the public sector's capacity to dialogue and engage the private health sector over the life of project.

#### **Activity 1.2.1 Network for Africa**

The N4A team has focused on expanding the network to include Francophone African countries. To reach countries in West and Central Africa, the N4A team developed a promotional strategy, identified target countries, and translated the website content. As a result, N4A has grown from 265 members to 282 members. Moreover, there are now 18 member countries—of which 12 are African, including the two new Francophone countries of Mali and Sierra Leone. A second priority has been upgrading the N4A technical platform to permit SHOPS to engage network members through multiple media—video meetings, online chats, blogs, webinars and e-conferences. Building on the upgraded web-based platform and expanded membership, SHOPS will focus on growing the N4A into a vibrant community of practice in Year Two.

#### ***Anticipated Year Two outputs:***

- Conduct three to six on-line chats and two webinars;
- Hold two regional workshops; and
- Create a N4A meeting place on the SHOPS website and migration of the temporary N4H site.

#### ***Accomplishments during this reporting period***

N4A continues to sponsor its regular on-line events to share information and engage its members on technical topics of interest. N4A sponsored three on-line chats – two in English and one in French – on a wide range of topics including micro-insurance, legal/regulatory issues, and performance-based financing (PBF). The chats averaged around 20 to 35 participants. The first French on-line chat on (PBF) drew 21 participants. Promoting the French on-line events will continue to be a priority in order to grow its West African membership. N4A also produced and pushed out four email newsletters, bringing more new members to the site. The USAID's Repositioning Newsletter featuring the N4A last September, 2010 also helped draw new members.

In collaboration with the World Bank Health Systems Outcome Group in West African and the IFC Health in Africa (HiA) initiative, the SHOPS' N4A organized and led a regional workshop in West Africa on the role of the private health sector in achieving public health goals such as FP/RH and maternal health. Seven country teams (Benin, Burkina Faso, Cameroon, Congo-Brazzaville, Côte d'Ivoire, Mali, and Senegal) comprised of public and private sector individuals and representatives from the West

Africa Health Organization participated in the workshop. The workshop stimulated action in building partnerships with the private sector (see below).

N4A staff attended the Africa Health Economic Association (AfHEA) second conference to create interest in N4A and increase the number of French speaking members. Through discussions with conference participants and participation in technical panels, SHOPS staff concluded that:

- More governments are aware of the need to work with the private health sector;
- There still remains a significant gap in research and data on the private health sector; and
- There is growing interest among health economists and policy officials in learning different analytical approaches and methodologies to better understand private sector contribution to the health sector.

During this reporting period SHOPS contracted with a firm to build a community space on the SHOPS website. The initial designs for the community space were approved in June and the space is currently under construction. Members will be able to upload documents and photos, update their profiles, post comments on a discussion board, and access the calendar to see events relevant to the community. It is anticipated that user acceptability testing will be completed in September and the launch will take place in October.

### **Sub Result 1.3 Supportive policy environment promoted**

#### **Objectives**

The private sector—who it is, what it does, what motivates it—is often not well understood at the country level. During Year Two, SHOPS will mainstream the concept of private health sector engagement among different stakeholders at the country level.

#### **Activity 1.3.1 Foster policy dialogue**

During Year One, SHOPS developed a country action plan that identified the priority private health sector themes and matched them with USAID country strategies. In Year Two, SHOPS will use core funds to foster Mission interest in two countries by designing a policy-related activity that will foster support for private sector engagement. Possible activities include legal/regulatory reviews, stakeholder analyses, and/or policy dialogue. The expectation is that the Mission will use its own funds to carry out and complete the private sector policy activities.

#### ***Anticipated Year Two outputs:***

- Design policy activity in two countries.

#### ***Accomplishments during this reporting period***

Seizing the momentum created by the IFC HiA Initiative PSA and public-private dialogue (PPD) in Ghana, SHOPS staff drafted a policy scope of work that would complement the policy agenda drafted at the PPD workshop. In consultation with Ghanaian counterparts active in the PSA and PPD activities, the SHOPS policy scope of work focuses on: SHOPS propose to use its PPD model to: i) initiate and establish

dialogue between the Pharmacy Council, Licensed Chemical Sellers (LCS) and any other relevant stakeholders to discuss and identify the regulatory challenges associated with the practice of LCS in Ghana, ii) develop strategies to effectively address the challenges identified, and iii) establish a PPP between the Pharmacy Council and the LCS, with assigned roles and responsibilities, to expand access to a basic package of quality health product at affordable prices. SHOPS is waiting for an opportunity to present this to the Ghana mission.

SHOPS strategically used its core funds to add a policy expert to the PSA team travelling to Malawi. During the PSA trip in June, SHOPS staff identified the following policy activities: i) strengthen the policy and regulatory framework by assisting the MOH to develop a PPP Framework and rationalizing the regulatory framework, ii) build MOH capacity and systems including strengthening the PPP Technical Working Group (TWG) to carry out its mandate of promoting and overseeing PPP's in health and assisting the MOH to operationalize its newly created PPP Unit, and iii) build private sector capacity to partner with the MOH by strengthening existing professional associations to organize and represent the private for-profit subsector's perspective. SHOPS anticipates that field support funding will be forthcoming to implement this initiative.



## **Result 2: Knowledge About and Understanding of Private Sector Provision of FP/RH and Other Health Information, Products and Services Advanced**

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### **Overview**

A strong evidence base is critical for successfully advocating an increased private sector role in health as well as for designing effective programs. Activities under this result will generate, analyze, and disseminate essential information related to strengthening commitment to programming for the private health sector and support for this programming.

During Year Two, SHOPS launched the website with traffic to the site ranging from 2,300 to 2,500 monthly visits. In addition to featuring news about project activities, the website highlights various aspects of SHOPS work and success stories from the field. To maintain global leadership as a technical resource, SHOPS held an e-Conference on Access to Finance in partnership with the World Bank and IFC to disseminate lessons learned and successful approaches to expanding access to finance to improve FP and other health outcomes. In addition, SHOPS established five research questions related to FP/RH issues that the project will seek to address during the life of the project. These research questions focus on evaluating innovative and promising models in the private health sector as well as address longstanding challenges for those working through the private sector in FP and other health areas.

### **Sub Result 2.1 Programmatic and operations research conducted and the findings widely disseminated**

#### **Objectives**

SHOPS will continue to identify similar opportunities to add to the body of knowledge on the benefits of mobile technologies for health (mhealth) for FP/RH.

#### **Summary of key activities and outputs for Sub Result 2.1**

##### **Activity 2.1.1 Mobiles4Health (M4H)**

Inspired by the success of the U.S. text4baby program, USAID initiated the Mobiles for Health (M4H) initiative in 2010 under the President's Global Health Initiative. M4H is a global partnership to deliver behavior change and communication messages to pregnant women and new mothers using mobile phone technology. The goal of the initiative is to substantively contribute to a reduction in maternal and neonatal mortality by improving health-seeking and preventative behaviors of pregnant women, new mothers and their families. SHOPS was selected as a coordinating vehicle to assist in identifying appropriate countries for deployment, developing local partnerships, designing program elements, and supporting sustainable business models. Guiding principles for the M4H initiative include local ownership, use of open source technology, vetted evidence-based content, and robust monitoring and evaluation (M&E).

##### ***Anticipated Year Two outputs:***

- Visit target countries to further assess their potential as a field-test site for the program;
- To inform project design parameters and limitations, conduct outreach to stakeholders from relevant sectors, including health institutions/MCH experts, NGOs serving

- vulnerable and disenfranchised populations, mobile telephone companies, software developers, marketing organizations, and research universities;
- Convene forums with potential partners to shape program elements;
- Develop and propose options for M4H platform design customized for each country context, including coordinating mechanism, resource mobilization, and roll-out plan; and
- Sign a Memorandum of Understanding (MOU) with one Short Message Service (SMS) provider.

***Accomplishments during this reporting period***

Early in Year Two SHOPS accompanied USAID/Washington on an assessment trip to Bangladesh. Given strong interest by Government of Bangladesh, extensive mobile phone coverage, an active mhealth landscape, and long-standing USAID/Government of Bangladesh (GOB) programs in MCH/FP, the decision was made to focus SHOPS Year Two M4H resources on launching national service in Bangladesh.

Over the past 12 months, SHOPS provided extensive technical assistance to USAID/Washington, USAID/Bangladesh, and U.S. State Department to identify and mobilize key stakeholders in the initiative. Five SHOPS sub-awards were made to implementing partners responsible for program coordination, media strategy, software platform development, content development, and global technical strategy. Key partnerships were also established with outreach organizations (large NGOs with extensive network of health workers to facilitate M4H enrollment) and mobile phone operators Grameenphone, Banglalink, and Robi.

Under SHOPS guidance, these partners accomplished significant milestones during this coalition-building period:

- Service design requirements were established, focused on recorded audio content to reach low literacy users unable to read text messages;
- Software platform including both interactive voice response (IVR) and SMS was completed and tested;
- 186 audio and text messages were produced, including evidence-based MCH and FP content about such topics as antenatal care, skilled attendants at delivery, immunizations, exclusive breast-feeding, and health spacing of births;
- GOB Secretary of Health agreed to serve as Chairman of Health Advisory Board and facilitated content approval;
- Bangla name (Aponjon meaning “dear one”) and brand features were developed and vetted with end users;
- Business models were developed to ensure financial sustainability including in-kind partner donations, user fees, and advertising revenue; and
- More than half dozen corporate sponsorships are in development, including active interest in Founding Partner status (\$250,000).

A Design/Test phase pilot with 2000 women in nine districts is scheduled to launch in August 2011 and extend for six-nine months. National launch is scheduled for early 2012 with a goal of reaching 500,000 subscribers in three years.

In May 2011, USAID and Johnson & Johnson announced a new global initiative called MAMA which will integrate the Bangladesh M4H activities as well as explore implementation in two additional focus countries: India and South Africa. The Bangladesh MAMA activities will be supported \$1.5 million pass-through grant to D.Net (coordinating NGO) from USAID/Bangladesh under the Maternal Child health Integration Project (MCHIP) project, with an impact evaluation to be conducted through the USAID TRACTION project. SHOPS has received \$50K in field support for Year Three to provide transitional technical assistance to D.Net, the local implementing partner, in the areas of business planning and national technical platform scale-up. In addition, SHOPS will document the coalition-building activities of the past year in a case study highlighting key success factors in attracting private sector partners to support public health outcomes in MCH and FP.

## **Sub Result 2.2 Key topics related to the private health sector identified and global data compiled, analyzed and disseminated**

### **Objectives**

SHOPS will collaborate with a broad set of global and local stakeholders to develop a global research agenda and identify opportunities to collaborate. SHOPS will give priority to evaluating promising new or innovative models, to determine their health impact and what, if any, changes need to be made to strengthen them. During Year Two, SHOPS will also maintain the project's high visibility within the public health community and the commercial sector by continuing to participate in global events.

## **Summary of key activities and outputs for Sub Result 2.2**

### **Activity 2.2.1 PPP Brief**

The purpose of this brief is to put forward a new definition of PPPs in health, to distinguish between different types of public private engagement, to show how different PPP models are designed to address health systems gaps and to propose an algorithm for deciding when PPP's are an appropriate strategy.

#### ***Anticipated Year Two outputs:***

- Publish and disseminate brief.

#### ***Accomplishments during this reporting period***

SHOPS staff conducted a literature review around PPPs in health, differing definitions, risks of PPP's and how the PPP concept is applied in the non-health sector. Drafts of the paper went through several internal reviews, The paper was completed in late June and disseminated through the SHOPS website, newsletter, and facebook and twitter in July. The brief was also presented in July at the Society for International Development annual meeting and at the Service Delivery Division Contracting Agency's meeting, To date 144 copies have been downloaded from the SHOPS website.

### **Activity 2.2.2 Develop global research agenda**

SHOPS will engage the international health community (collaborating partners, researchers, and program managers from leading donors, multi-lateral organizations, and academic institutions) to identify priority SHOPS research areas vetted through the PSWG.

#### ***Anticipated Year Two outputs:***

- Global research agenda established

#### ***Accomplishments during this reporting period***

During the period SHOPS project staff members developed a set of five research questions related to FP/RH issues that the project will seek to address during the life of the project. These research questions focus on evaluating innovative and promising models in the private health sector. Project staff identified these topics as long-standing challenges for those working through the private sector in both FP and other health areas. SHOPS will present these topics to the PSWG and obtain feedback to modify these questions as necessary. The project team plans to work to answer these questions by systematically evaluating our core- and field-funded initiatives. The five research questions are as follows:

- What are effective strategies for increasing support for the role of the private sector among donors and governments?
- Can mobile phone applications influence client health behaviors?
- What features allow commercial models to address the needs of the poor in priority health areas including FP/RH and remain financially viable?
- What are effective financing approaches for improving access to private FP/RH and in particular Long-Acting and Permanent Methods (LAPM) services among the poor?
- What are effective strategies to expand the quality and availability of priority health services through stand-alone private providers?

### **Activity 2.2.3 SHOPS global research study**

SHOPS will implement the global research study identified as a priority during the development of the global research agenda. The topic of the study, as well as methodology needed, will determine whether primary or secondary data can be used.

#### ***Anticipated Year Two outputs:***

- If primary data collection is needed, conduct baseline; and
- If secondary data can be used, draft research study.

#### ***Accomplishments during this reporting period***

SHOPS project management, together with the Research, M&E Director, focused resources on evaluating existing innovative programs rather than conducting a separate stand-alone study.

During Year Two, over this period, SHOPS has been exploring opportunities to conduct performance or impact evaluations to contribute to the SHOPS research agenda, either with core, field support, or Associate Award funds. SHOPS is planning to conduct an impact evaluation on access to finance in Nigeria and has identified an opportunity to

conduct an impact evaluation of the Evidence-Based Medicine (EBM) methodology in Jordan.

#### **Activity 2.2.4 e-Conference on Access to Finance to strengthen FP/RH services**

During Year One, SHOPS held an e-Conference on Mobile Technologies for Health. Thirty separate projects presented detailed strategies, results, obstacles and solutions in this rapidly evolving field. During Year Two, SHOPS will hold its annual e-Conference on “Improving Access to FP/RH Services through Access to Finance.”

##### ***Anticipated Year Two outputs:***

- Hold e-Conference on Access to Finance.

##### ***Accomplishments during this reporting period***

SHOPS partnered with the World Bank and IFC to host an e-Conference on Access to Finance to disseminate lessons learned and successful approaches to expanding access to finance to improve FP and other health outcomes. This conference was truly multi-sectoral, drawing participants from the health, water and sanitation, financial services, and enterprise development sectors. SHOPS also provided a forum for commercial banks, such as Deutsche Bank and EcoBank, equity investment funds, such as Camden Partners, and social investors, such as Acumen and Unitus, to interact with development practitioners and donors, such as the Gates Foundation, Rockefeller Foundation, World Bank, and USAID, and representatives of MOHs. Almost 370 participants from 58 countries participated in the two day conference that was capped off by a live investors panel that enabled conference participants to ask investors about opportunities and constraints to investing in the health sector.

#### **Activity 2.2.5 Disseminate information through participation in global events**

SHOPS will participate in select conferences, events, and consultative forums to promote the role of the private sector in health. At these events, as appropriate, we will sponsor booths, disseminate materials, support staff presenters on key topics, and promote SHOPS objectives and the resources available to the communities.

##### ***Anticipated Year Two outputs:***

- Present at global conferences, meetings and workshops; and
- Disseminate key resources and project materials.

##### ***Accomplishments during this reporting period***

During the period SHOPS staff presented at or participated in over 30 meetings. Examples include:

- “Client-centered Family Planning Market Segmentation in Azerbaijan”, Global Health Conference; Washington, DC
- “Private Sector Approaches to Health”, DLI training; Washington DC
- “Experience in Conducting Private Health Sector Assessments to Inform Policy Reform,” IHEA Conference; Toronto, Canada
- “Social Franchising as a Service Delivery Option,” USAID/GW Mini-University; Washington, DC
- “Role of Private Sector in National Health Insurance,” AfHEA Conference; Dakar

- “Total Market Approaches”, Depo Sub-Q Working Group; Seattle, Washington
- “Increased Use of Hormonal Contraception to Protect RH Potential of Women in Russia”, USAID; Washington DC

#### **Activity 2.2.6 SHOPS website**

SHOPS will launch and maintain a robust, interactive public website to serve as the hub for communications and knowledge management. The website includes, but is not limited to, reports, primers, briefs, tools, presentations, and other resources from SHOPS and the broader private sector health community. The site has an online networking space with tools that foster dynamic online community and forge collaborative relationships among SHOPS partners and other stakeholders. The website content is formatted for widespread dissemination and easy use. SHOPS tracks and analyzes website statistics and include them in reports to USAID.

##### ***Anticipated Year Two outputs:***

- Launch and development of SHOPS website; and
- Launch and development SHOPS social media presence on Facebook and Twitter.

##### ***Accomplishments during this reporting period***

SHOPS launched the website in February 2011. Traffic to the site ranges from 2,300 to 2,500 monthly visits. In addition to featuring news about project activities, the website highlights various aspects of SHOPS work and success stories from the field. It also has summaries of SHOPS events, video clips of technical leads, and podcasts. The resource center contains over 1,300 private sector health resources. The communications team started work on phase two of the website: community spaces for diarrhea management, N4A, and the PSWG. SHOPS has approved the design compositions and functionality requirements of the new spaces. The launch of the community spaces is scheduled for October 2011, upon the completion of user acceptability testing. The communications team augmented the SHOPS online presence with two popular social media channels: Facebook and Twitter. The social media efforts are intended to support website engagement, boost attendance at SHOPS events, and increase visibility of the project. To date, the SHOPS Facebook page has 800 fans and SHOPS has published more than 100 tweets on Twitter.

#### **Activity 2.2.7 SHOPS e-newsletter**

SHOPS will publish regular email updates that provide timely information on activities, news, upcoming and recent events, publications, and online resources. SHOPS will focus its e-newsletter on project-related activities.

##### ***Year Two outputs:***

- Developed template;
- Collect timely and relevant information from the broader private sector health community; and
- Disseminate four e-newsletters.

***Accomplishments during this reporting period***

SHOPS published three newsletters in December 2010, March 2011 and June 2011. From the first issue subscriptions have grown from 2,000 subscribers to 3,165. To date, the most read stories were summaries about SHOPS-sponsored events: The e-conference on integrating zinc into diarrhea management, the Global Health Council satellite event for leveraging microfinance for health, and the IHEA symposium aimed to spur research on private sector health.

**Activity 2.2.8 Regional workshop on access to finance**

To assist USAID's Repositioning FP in sub-Saharan Africa agenda, SHOPS will organize a regional workshop on increasing access to finance for the private health sector to improve FP/RH outcomes. Participants will include commercial banks from the region, association leaders and other key private sector actors such as fund and donor representatives. The workshop will include a training or strategy session for commercial bankers on lending to the private health sector.

***Anticipated Year Two outputs:***

- Conduct regional workshop in Africa on "Increasing Access to Finance for the Private Health Care Sector to Improve FP/RH Health Outcomes."

***Accomplishments during this reporting period***

SHOPS held initial discussions with the World Bank/IFC on planning a regional workshop and decided to postpone the workshop until Year Three, if funding is available, due to the fact that the project implemented several regional workshops in sub-Saharan Africa in Year Two and was concerned that attendance, particularly among USAID and partner staff, would be compromised given competing priorities.

**Activity 2.2.9 Strategic Pathway to Achieving Reproductive Health Contraceptive Security (SPARHCS) Private Sector Module**

SHOPS will participate in USAID's Contraceptive Security Working Group meetings, as well as provide private sector inputs to the revision of the SPARHCS framework.

***Anticipated Year Two outputs:***

- Develop private sector module to SPARHCS.

***Accomplishments during this reporting period***

SHOPS held initial discussions with the Contraceptive Security and Logistics (CSL) Division to determine priorities. A decision was made to postpone the development of the private sector module until Year Three as the CSL Division was making a final decision on how to move forward.

### Activity 2.2.10 e-Course for Global Health e-Learning platform

#### *Feedback from Global Health E-Learning Participants on the Healthy Businesses Course*

*I will use the knowledge to build the capacity of the project staff that I supervise- Learner from Uganda*

*I will apply it in my role in my organization to ensure that while we provide health care, we remain viable, sustainable and profitable, using best practices- Learner from Nigeria*

*I intend to plan a match making seminar in my country which will bring stakeholders to the table to discuss health financing to support private, for profit health care providers*

*- Learner from Bangladesh*

During Year One, SHOPS initiated the development of a module on technical approaches to supporting the private health sector by increasing access to finance and business development support. During Year Two, SHOPS will finalize and upload the modules on the eLearning platform.

#### **Anticipated Year Two outputs:**

- Finalize and upload “Healthy Business: Strategies to Strengthen and Grow Private For-Profit Health Care Businesses.”

#### **Accomplishments during this reporting period**

During the period, SHOPS finalized and launched the *Healthy Businesses* course on USAID’s Global Health eLearning Center,

<http://www.globalhealthlearning.org/login.cfm>.

This course is designed for donors and implementers to learn about strategies and activities for programming to ensure that commercial, for-profit health care providers have the business, operational and financial capacity to

sustainably offer essential health services, including FP. Since the launch in December, approximately 1,186 people have visited the course (approximately 169 per month) and a total of 208 certificates have been earned (approximately 30 per month).

### **Sub Result 2.3 Effective M&E conducted to support accomplishment of project goals**

#### **Objectives**

SHOPS will conduct M&E of the project’s own work to ensure that results outlined in the Performance Monitoring Plan (PMP) are achieved.

### **Summary of key activities and outputs for Sub Result 2.3**

#### **Activity 2.3.1 M&E of core funded activities**

An M&E database will be updated to track the project’s activities and impact. SHOPS’s M&E team will synthesize data and use it for reporting on the project’s work.

#### **Anticipated Year One outputs:**

- Develop M&E plans for all new core activities; and
- Regularly update the M&E database with monitoring data.

***Accomplishments during this reporting period***

SHOPS senior management together with USAID agreed that maintaining a data base and reporting M&E results through a stand-alone monitoring report was not needed. Therefore each project team will independently monitor its respective initiatives, and SHOPS will report those results in the Year Two annual report and in subsequent semi-annual and annual reports.

Over this period, SHOPS has developed and submitted a revised PMP. The PMP includes selected indicators that will guide overall project performance. The indicators documented in the PMP were developed in consultation with the SHOPS project technical leads. These indicators can be easily tracked and reported at least twice a year through the semi-annual and annual reports.

To complement the project PMP, all major SHOPS activities have robust activity-level M&E plans that will include a wider range of indicators and plans for performance or impact evaluations. These plans also will discuss the activity's M&E work in greater detail. Over this period, SHOPS has developed ten activity-level M&E plans that are currently under review by the Research Director.



## **Result 3: Key Private Health Sector Systems Strengthened and Innovative Private Sector FP/RH and Other Health Programs Implemented and Scaled Up**

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### **Overview**

SHOPS builds on the knowledge base through implementation of strategies in the field. SHOPS seeks to identify private sector opportunities that address long-standing challenges, promote promising approaches, and advance the next generation of innovations. In addition, SHOPS looks for opportunities to leverage private sector suppliers and service delivery providers to help develop more equitable and cost effective and vibrant FP/RH marketplaces where multiple actors and investors are commonplace.

During Year Two, SHOPS received approval to move forward with the design and launch of the Health Innovations Challenge Fund for Africa in collaboration with USAID, Department for International Development (Dfid) and Rockefeller Foundation. SHOPS designed, launched, and completed the Mobiles for Quality Improvement (m4QI) pilot, which sought to reinforce private provider training and adherence to protocols. In addition, SHOPS continued to assist LiveWell with the marketing launch of its clinic network in the Kayole area, including the opening of a new satellite clinic – a key component of the SHOPS designed marketing strategy.

### **Sub Result 3.1 Effective private health sector service delivery and distribution models strengthened, demonstrated and/or scaled up**

#### **Objectives**

SHOPS will continue to identify, adapt and scale up new and innovative models and technologies to engage with the private sector. During Year One, many of these activities were initiated, and solid platforms were established from which to move forward in Year Two.

#### **Summary of key activities and outputs for Sub Result 3.1**

##### **Activity 3.1.1 Health innovations challenge fund**

In Year One SHOPS began an investigation into the potential of developing a “Challenge Fund” focused on surfacing and promoting innovative private sector approaches to health issues in sub-Saharan Africa. During Year Two SHOPS will engage potential partners identified, assess the feasibility of the proposed design options and select the prioritized approach to pursue. SHOPS will also identify sources of additional capital for funding grants, and then develop a comprehensive fund design and facilitate fund implementation in collaboration with these partners.

##### ***Anticipated Year Two outputs:***

- Engage potential partners;
- Select prioritized approach from among options identified in Year One;
- Develop comprehensive design for new fund or SHOPS’s contribution to existing fund (dependent upon option pursued);
- If partnering with existing funds, draft MOUs and present them to potential partners;

- If starting new fund, develop Terms of Reference (TOR) for new procurement to present to potential fund managers;
- Identify and facilitate engagement of additional sources of capital
- Release call for applications; and
- Award challenge fund recipients.

***Accomplishments during this reporting period***

During this reporting period, SHOPS engaged a range of potential partners and other experts to test interest in partnership as well as to test the feasibility of fund designs and approaches identified during Year One. One important requirement identified was the need to identify additional capital to maximize effectiveness and reach of the fund. SHOPS identified the HANSHEP consortium as a primary candidate for fund co-sponsorship as it is made up of many donors interested and funding the private sector (USAID, Rockefeller, Dfid, Gates among others) SHOPS prepared a proposal of the challenge fund concept to be presented by the USAID representative, Wendy Taylor, at a HANSHEP gathering in February 2011(Q1 2011). A number of donors expressed interest in the concept and a series of conference calls were set up to provide more details and information on the SHOPS concept with Dfid, Rockefeller, the World Bank as well as the HANSHEP secretariat Crown Agents Legal. As a result, a strawman for the Challenge Fund was developed on which Dfid has expressed interest in committing up to \$10 million and Rockefeller provided \$200,000 to finalize design. SHOPS conducted a working meeting with interested donors to finalize specific details on governance, technical assistance, knowledge management, and evaluation during the HANSEP consortium meeting held in Washington in September. Next steps include additional fundraising, finalization of design and fund launch.

**Activity 3.1.2 Increasing access to finance and strengthening market linkages**

In Year Two, SHOPS will continue work initiated in Year One and develop new activities to increase access to finance for private providers by activities designed to engage and leverage new sources of financing for the private health sector in order to expand and improve FP/RH outcomes. SHOPS will identify challenges and opportunities to increase access to finance and strengthen the viability of private providers and provide USAID missions with programming recommendations to support the private health sector in at least one country. SHOPS will also explore new Development Credit Authority (DCA) guarantee opportunities for the health sector, and where appropriate, recommend and structure new DCA guarantees. SHOPS will seek to support existing health sector DCA guarantees with technical assistance to ensure that loans are disbursed to priority qualified borrowers. Potential countries where this type of technical assistance could be offered include Malawi, Rwanda, and Tanzania.

***Anticipated Year Two outputs:***

- Initiate programming in at least one country;
- Determine finance and business development needs of private providers in at least two new countries, and make programming recommendations;
- Support at least one DCA guarantee for the health sector;
- Develop one new training course to strengthen the viability of private providers, by adapting Banking on Health or SHOPS training materials; and

- Develop at least one tool or training program for financial institutions to promote the increase of financing to the private health sector.

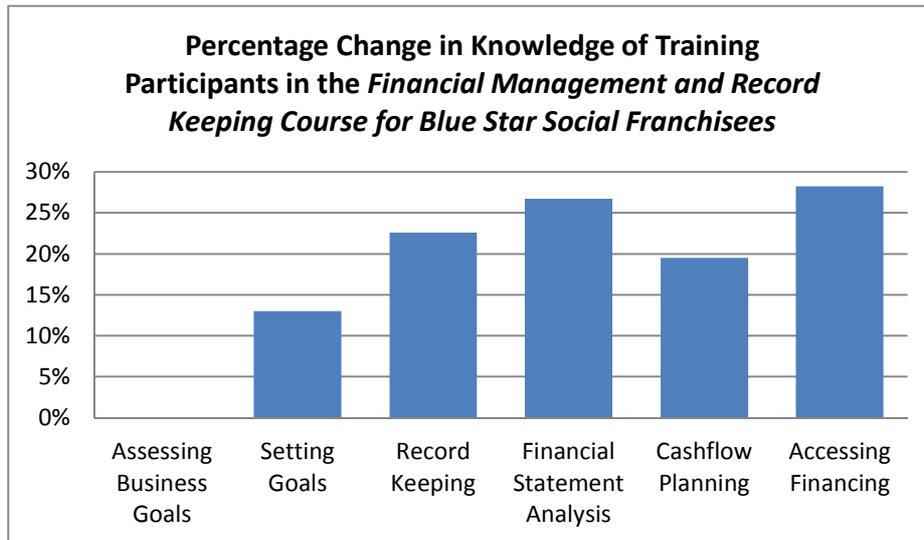
***Accomplishments during this reporting period***

SHOPS conducted an assessment of the finance and business development needs of private providers in two countries, Malawi and Bangladesh, as part of broader PSAs, making recommendations to USAID Malawi and Bangladesh about programming to expand access to finance, structure health DCA guarantees, strengthen private health care businesses and improve market linkages to expand and improve FP service delivery through the private sector.

During Year Two, SHOPS also initiated programming in Malawi. Following a training needs assessment of Marie Stopes International's (MSI's) BlueStar Social franchise in Year One, SHOPS developed the *Financial Management and Record Keeping Guide for BlueStar Franchises* and pilot tested the training in Malawi with 14 of MSI/Malawi's BlueStar social franchisees, five MSI/Malawi field staff, and four MSI/Malawi head office staff. SHOPS conducted a pre and post-test and found a 19 percent improvement in knowledge about business and financial management following the course (see Figure 1). The largest increases in knowledge were in how to access financing, followed by financial statement analysis and record keeping. Seventy percent of the training participants indicated that they are more likely to apply for a bank loan because of the skills they learned in the course. MSI reported that a month after the training, approximately 64 percent had begun to implement changes to their businesses, including improved record keeping, stock management and financial statement development. The training will be presented at MSI's annual meeting. Moreover MSI has received approval to roll out the training in Ethiopia and Sierra Leone through the Support for International Family Planning Organization (SIFPO) Project with the assistance of SHOPS' subcontractor, Banyan Global.

In lieu of a tool for a financial institution, SHOPS worked with the MSI/Malawi BlueStar franchise to develop a credit assessment tool to assist it to expand the sale of contraceptives to franchisees on credit. After this tool is piloted, it has the potential to be rolled out to other franchises, networks and potentially to commercial suppliers.

**Figure 1.**



**Activity 3.1.3 mhealth pilot Uganda**

Marie Stopes Uganda (MSU) provides FP and general health services through 14 centers located in towns throughout the country, and LAPMs through 16 outreach teams in remote public health clinics unable to provide these services. MSU centers and outreach teams have multiple levels of healthcare workers, including clinical officers, nurses, lab technicians, counselors, and service providers. All have received training in MSI methods and protocols for clinical treatment, but this training may be dated, with little opportunity to supplement, refresh or expand clinical skills. The pilot will use phone-based tools and content, decision-support guides, databases, reminder messages, interactive quizzes, or other mLearning interventions, designing platforms to expand access to clinical education for MSU center and outreach staff. Currently their education relies on paper-based materials. Objectives include improvements in both provider assessments and service quality.

***Anticipated Year Two outputs:***

- Develop statement of work (SOW) for mhealth application;
- Develop detailed Requirements Analysis for selection of mobile technology vendors;
- Develop M&E plan; and
- Launch pilot.

***Accomplishments during this reporting period***

SHOPS designed, launched, and completed the m4QI pilot and is currently drafting the final report. Using an open source platform called FrontlineSMS, SHOPS developed a text message application to reinforce training. The application includes:

- A quiz functionality with automated responses and remediation; and
- Reporting to identify knowledge gaps based on assessment responses for targeted follow-up and support.

The resulting module, called FrontlineSMS: Learn, was developed by a Uganda information technology (IT) developer selected through a Request for Proposals (RFP) process. Text messages were sent to 30 FP service providers at 6 locations on topics related to infection prevention and client care for a period of 10 weeks ending July 15, 2011. Messages content was developed in collaboration with medical team at MSU.

A qualitative process evaluation was conducted using a local consulting company to conduct semi-structured interviews with project management and pilot participants. Some key outcomes included:

- During pilot period, a total of 3449 messages were sent to project participants with a 20% response rate on questions delivered;
- Self-reported changes in awareness of clinical protocols and increased adherence to recommended behaviors related to the four indicators: hand-washing, sharps disposal, instrument decontamination, and pain management techniques;
- Significant technical problems highlighting need for longer preparation and testing period; and
- Need for increased orientation to the program purpose and expectations of participants.

#### **Activity 3.1.4 SMS to strengthen follow-up on injectables**

Discontinuation rates of injectables are a challenge in many countries. Some of the reasons could be addressed by mobile phone-based messages to patients: lack of knowledge/counseling, lack of support regarding side effects, problems remembering appointments, and lack of transportation. During Year Two, SHOPS will assess, design and launch a pilot text message service to improve awareness and promote consistent use of injectables.

##### ***Anticipated Year Two outputs:***

- Design and launch injectables text message pilot.

##### ***Accomplishments during this reporting period***

After selecting Madagascar as a target country to launch the mobile phone intervention, SHOPS staff conducted an assessment trip to inform design of the intervention. Focus groups and informant interviews indicated that there are misconceptions about injectables as a method and given high mobile phone penetration in urban areas, a mobile intervention through targeted MSI clinics would be technically feasible and could improve adherence to the method. However, the Madagascar Mission did not provide concurrence with the activity given its current focus on rural interventions. Instead, the Mission has provided SHOPS with field support funds to conduct a qualitative research activity on injectable discontinuation in rural areas of the country.

#### **Activity 3.1.5 Partnership with Bayer Schering in the Europe and Eurasia (E&E) region**

There are concerns that contraceptive security in Russia, Central Asia, Ukraine and the Caucasus may be deteriorating as a result of price hikes by contraceptive manufacturers. The region has almost no free distribution program and very few NGOs capable of serving the needs of low-income users. During Year One, SHOPS developed a concept

paper and held discussions with Bayer Schering Pharma (BSP) about introducing a mid-priced oral contraceptive (OC) in the region. During Year Two, SHOPS will pursue opportunities with BSP regional representatives as well as other potential manufacturers (i.e. Gideon Richter).

***Anticipated Year Two outputs:***

- Reach agreement with OC manufacturer(s) in region to promote hormonal contraception, with an emphasis on oral contraception; and
- Initiate programming in one E&E country.

***Accomplishments during this reporting period***

During the first half of Year Two, the SHOPS team developed and signed a letter of intent with BSP committing to a joint RH market assessment in Russia that will serve as a basis for designing a partnership to increase use of hormonal contraceptives, with an emphasis on OCs, among lower-income users. The SHOPS team travelled to Russia for two weeks in December 2010. In close collaboration with BSP/Russia colleagues, the team gathered information from providers, consumers, pharmacies and key public and private sector stakeholders. An assessment report was completed and three different partnership/funding scenarios were presented to USAID/Washington.

Due to fiscal uncertainties at the congressional level earlier in the year, USAID suspended next steps on this activity until almost the end of Year Two, at which time USAID confirmed the unavailability of core resources to support the Russia activity. Recently, new USAID/Washington guidance came from the E&E Bureau to develop a regional activity attracting private sector participation. The SHOPS team has developed a new concept note and budget for a regional conference that will summarize FP/RH progress to-date and chart a way forward in the future once USAID's assistance is phased out of the region. The E&E Bureau commented on the note and SHOPS is currently revising the proposal. Meanwhile, the E&E Bureau is seeking buy-in and collaboration opportunities from the missions in the region.

**Activity 3.1.6 Non-traditional distribution networks for health products**

Typical Private Equity (PE) funds often have many investments, some of which have distribution networks for a range of products and services. PE funds that own controlling stakes in these entities can influence their investees, and if initiatives cover multiple investee firms, the result can be economies of scale in procurement, marketing, etc. This initiative would thus work with several investor entities (i.e., PE funds) that currently have investments in Africa, both in and out of the health sector, helping them develop a set of health care product/service distribution pilots that leverage existing investees' distribution networks. In Year One SHOPS began testing the feasibility of this approach through secondary and primary research, and several potential partners were identified. In Year Two SHOPS will continue engaging these parties and, if they are found to be interested in the approach, SHOPS will begin to develop and analyze potential pilot programs.

***Anticipated Year Two outputs:***

- If potential partners are identified, conduct deep-dive analysis of partners' portfolios to assess distribution network capabilities;

- Assess economics and business case of potential pilots, including potential products/services distributed, segments reached (rural vs. urban), and target companies within partners' portfolios; and
- Design pilot program.

#### ***Accomplishments during this reporting period***

SHOPS partner Monitor reached out to a range of appropriate PE players to test their interest in further exploring such an approach and, coming out of these conversations, Actis emerged as the prioritized potential partner (due both to their interest level and strategic fit). The team developed a concept note that addressed three key points:

- The value proposition of this approach to SHOPS, Actis and its portfolio of companies, and for the product manufactures/distributors;
- The potential structure of a pilot program, including considerations such as potential contributions and responsibilities of the various parties;; potential range of products to be distributed; countries/regions of particular interest; types of companies with which Actis could be partnered (e.g., health product manufacturers); and
- Illustrative examples of such a pilot program, drawing from past work in the field, and also Monitor and/or SHOPS/PSP-*One* have done in this area.

The team then tested the program with Actis over a series of discussions, including a main meeting in London, but Actis was reluctant to proceed for two main reasons:

- Dilution of focus due to taking on a non-core growth program and concerns about what would happen to the program when Actis exited its involvement; and
- The initiative would consume working capital to run the products through the channel, do the trade promotion, etc., and Actis' financing is for working capital focused on its core business, not additional areas.

As a result it was decided not to proceed with the program given the non-alignment of incentives and willingness to proceed from all partners.

#### **Activity 3.1.7 Standards-Based Management and Recognition (SBM-R) in the private sector**

SHOPS is implementing a study to identify effective and sustainable mechanisms for implementing recognition initiatives in the private sector among networked and non-networked providers. The study is being implemented in three regions of Peru and consists of two parts: qualitative data via focus group discussions and a larger quantitative survey of private providers from pre-identified cadres - franchisees of the RedPlan Salud network, independent obstetricians-gynecologists (OB-GYNs) and general practitioners, and independent midwives.

Learning from field implementation will be analyzed along with data from PSP-*One*'s experience with self-assessment tools.

#### ***Anticipated Year Two outputs:***

- Conduct private sector application of SBM-R;
- Make recommendations for strengthening recognition aspects of SBM-R in Peru; and

- Review SBM-R and PSP-*One*'s self-assessment tool applications.

***Accomplishments during this reporting period***

SHOPS developed the protocol, focus group discussion guide, survey instruments, and sampling plan for the study in Year Two. EVALUA was selected to carry out the qualitative phase of the study. Data collection and analysis was completed by mid April 2011. Based on the qualitative findings, SHOPS synthesized relevant results into the survey questionnaire to be used in the quantitative portion of the study. In June 2011, SHOPS contracted Ipsos APOYO and began to orient them to the study objectives and survey instrument. The quantitative data collection will begin in August 2011 with results to be available at the end of September 2011. Subsequently, results from both the qualitative and quantitative studies will be synthesized into a set of conclusions and recommendations for strengthening recognition aspects of SBM-R within the context of the private sector. It is anticipated that this document will be finalized by the end of October 2011

**Activity 3.1.8 Technical assistance to the International Planned Parenthood Federation (IPPF) to move towards results-based financing**

SHOPS will provide technical assistance to IPPF as it moves from its current input-driven approach to financing its members to a results-based financing model. The main objective of this exercise is to increase the effectiveness and efficiency of the organization in meeting its objectives.

***Anticipated Year Two outputs:***

- Meet with IPPF management to agree on SOW;
- Make recommendations on results-based model; and
- Develop results-based model.

***Accomplishments during this reporting period***

In September 2010, the SHOPS team was introduced to the Redstone Strategy Group, a Denver-based consulting firm commissioned by the Hewlett Foundation to assist IPPF in designing an initial PBF structure and set of indicators, as well as developing an implementation plan for performance-based funding. The Redstone team conducted site visits to Bolivia and Uganda affiliates and adjusted the implementation plan based on learning from the field. The SHOPS team participated in several conference calls between October and December with IPPF and Redstone to provide feedback on the overall PBF design and indicators, as well as the draft implementation plan.

Additionally, SHOPS travelled to Ghana in January, 2011 to test the PBF structure and indicators with the local affiliate, the Planned Parenthood Association of Ghana (PPAG), and the Africa Regional Office (ARO), as well as to conduct a preliminary assessment of PPAG's data collection systems for clinical and financial data. Based on the interaction during this visit, it became clear that IPPF still needed to create internal consensus regarding the PBF at the regional level and amongst country affiliates. SHOPS provided IPPF with a report on the visit and overall feedback on the PBF design and list of indicators.

During a March phone conference with IPPF Senior Management in London, it was agreed that once IPPF confirms internal consensus and readiness for PBF implementation, SHOPS could provide technical support to IPPF in Year Three, contingent upon funding. Technical assistance to be provided during Year Three of SHOPS includes: recommending a few design options for third-party verification systems for successful PBF implementation; providing support to a limited number of affiliates in the pilot rollout of PBF on issues surrounding data quality and data collection systems (strengthening health and financial management information systems) and providing thorough feedback on the final PBF design and its corresponding performance indicators.

### **3.1.9 NGO Sustainability Index application**

During Year One, SHOPS initiated the development of the NGO Sustainability Index to measure the effectiveness and long-term viability of organizations based on their institutional strengths. During Year Two, SHOPS will finalize the index and identify opportunities to apply the index with NGOs in two countries.

#### ***Anticipated Year Two outputs:***

- Field-test and validate index.

#### ***Accomplishments during this reporting period***

SHOPS finalized the design and scoring system of the NGO Sustainability Index, called ProCap Index – Health Clinics. The index includes 24 indicators across the three pillars of financial strength, organizational development and programmatic performance. The tool includes the following components: Microsoft Excel-based scoring guide and data entry tool, Institutional Assessment Questionnaire, Employee Survey Questionnaire, Client Survey Questionnaire, Report Template, Results Dashboard, and draft implementation manual. The tool underwent an internal peer review in April 2011, where a five Abt staff who are experienced in international public health and sustainable enterprise provided input into the tool and implementation manual. The ProCap Index was also field tested at the Manna Mission Hospital, which is part of the Christian Health Association of Ghana, and with Instituto Peruano de Paternidad Responsable (INPPARES), the IPPF affiliate in Peru, in June 2011. Adjustments were made to the scoring criteria based on the internal peer review, and more importantly, the field testing where results indicated that the scoring was too stringent.

During SHOPS Year Three, the implementation manual will be finalized, the tool will undergo an external peer review, be field-tested in another two organizations and a web-based dashboard will be developed to aggregate and disseminate findings,

### **3.1.10 LiveWell Kenya**

SHOPS identified the opportunity to assist LiveWell Kenya, a commercial health clinic network targeting low-income peri-urban Kenyans, with fine-tuning its economic model to ensure long-term sustainability. SHOPS will continue these efforts in Year Two by developing optimal pricing and payment options, and provide technical assistance in the application of the selected option.

#### ***Anticipated Year Two outputs:***

- Develop payment and pricing options, and implement selected options.

***Accomplishments during this reporting period***

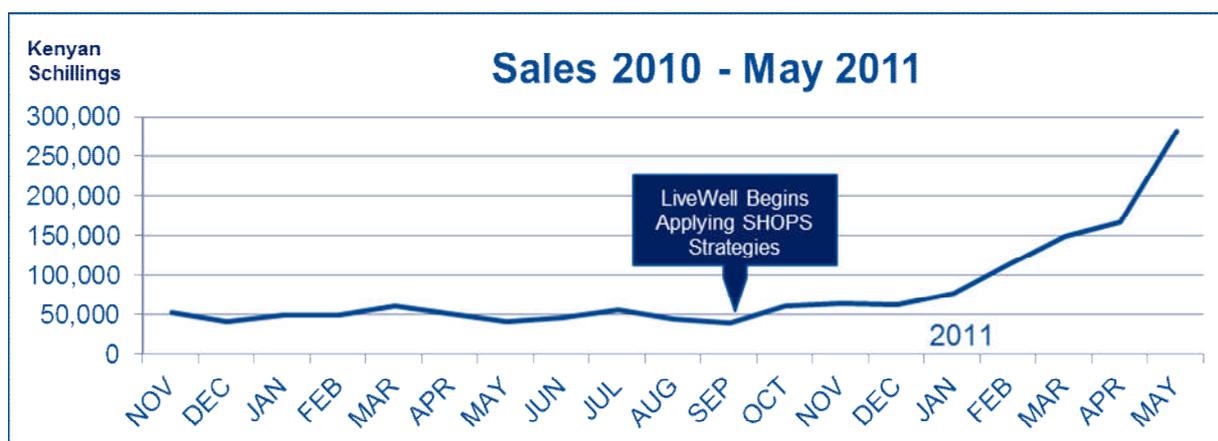
Working with Monitor Group, SHOPS created profitability models focused on LiveWell’s three primary revenue streams – clinical consultations, laboratory and pharmacy. Working closely with LiveWell leadership, the best models were finalized into a strategy that is now the overall pricing and service packaging being applied by the organization.

In addition, SHOPS has designed a marketing and outreach strategy to organize the expansion of LiveWell satellite locations and the launch and marketing of the service packages. This marketing strategy is designed to create a broad referral network through extensive community partnerships with employers, community groups and civic networks and associations. The strategy also includes developing cross-marketing partnerships with select MFI in the LiveWell Kayole catchment area to connect clients to consumer financing and increase their access to service packages at LiveWell health clinics.

In April 2011, SHOPS assisted LiveWell with the marketing launch of its clinic network in the Kayole area, including the opening of a new satellite clinic – a key component of the SHOPS designed marketing strategy. Overall, the SHOPS designed strategies and assistance have helped LiveWell progress more quickly than expected toward financial viability.

**Figure 2**





SHOPS has also designed a M&E strategy to help LiveWell answer a key research question:

- Can LiveWell become commercially viable by pricing and delivering services that are accessible to the poor?

Additionally the M&E strategy is answering

- Do SHOPS designed strategies increase the use of LiveWell health services?
- Does LiveWell increase the availability of quality health services, including FP in Kayole?

SHOPS continues to provide support to programming and installing processes and a system for M&E the effectiveness of the LiveWell model and the SHOPS assistance by integrating a robust set of indicators into LiveWell's innovative clinic and financial management software. In Year Three, SHOPS will be creating quarterly analytic dashboards to provide ongoing strategic guidance for LiveWell leadership and will implement a process evaluation to capture all possible lessons from the model and activities, and a client exit and household survey to continue answering the research questions above.

### 3.1.11 Strengthen voucher program to increase equity in targeting of services

SHOPS will assess existing FP/RH voucher scheme programs in one or two countries served by MSI for success in reaching poor, underserved populations. SHOPS will develop an improved model, based on the outcomes of the assessment, and test the model in a selected country.

#### *Anticipated Year Two outputs:*

- Assess MSI voucher programs in 1-2 countries; and
- Develop improved voucher targeting model.

#### ***Accomplishments during this reporting period***

SHOPS worked with MSI to identify a country platform that would fit the objectives of the activity, i.e., to assess FP voucher programs with regards to equity. A list of all potential voucher programs was developed and opportunities to evaluate several programs were explored with MSI country offices. Unfortunately the team was unable to identify a suitable country for this study. Therefore the funds were reprogrammed to focus on documenting lessons learned, from the RH NGO perspective, of being contracted to supply RH services. The paper is being written by MSI based on MSI experience and will be a companion to the Primer for Policymakers on contracting for RH that was written under PSP-*One* and will be updated by SHOPS. The two contracting primers are both in draft stages and will be completed in the Fall of 2011.

#### **3.1.12 Health financing of FP/RH products and services**

SHOPS will explore opportunities to improve access to essential health care services through third-party financing mechanisms including health insurance, contracting, and vouchers.

#### ***Anticipated Year Two outputs:***

- Identify and test at least one new opportunity in the field; and
- Provide technical oversight of health financing activities implemented by SHOPS.

#### ***Accomplishments during this reporting period***

While no specific field support programs were funded, the Health Financing team significantly increased the profile of this technical area both within and outside the SHOPS Project.

On June 13, 2011, the SHOPS project hosted a panel to highlight approaches which health practitioners and MFIs have developed to make health messages, products, services, and financing available to low-income populations. Over 200 people, along with 36 people participating online, gathered to learn and converse with practitioners from Freedom from Hunger, Pro Mujer, and Health Care International. All presentations as well as pod casts of the panel session are available on the SHOPS project website.

Other accomplishments include:

- Developed a conceptual framework for health finance under the project, and identified areas of focus for implementation and research;
- Provided support to LiveWell clinics in Kenya on lowering financial barriers to care for poor residents of Kayole;
- Developed or supported development of concept notes for a range of potential country programs including Mali, Kenya and Bolivia; and

#### **3.1.13 Private sector assessments**

SHOPS will explore country opportunities to engage the private health sector. A crucial first step is to conduct a PSA. SHOPS will initiate PSA or supplement PSAs initiated in other health areas (e.g. Child Health, HIV) to ensure the FP/RH component is integrated.

***Anticipated Year Two outputs:***

- PSA conducted.

***Accomplishments during this reporting period***

SHOPS designed and completed a PSA of commercial and NGO delivered long acting and permanent (LAPMs) and injectable FP methods in Bangladesh. The USAID mission in Bangladesh is supporting the government in expanding the utilization of LAPMs and injectable contraceptive methods, especially through increased reach and effectiveness of NGO services and increased involvement of commercial providers.

The assessment was designed with four primary objectives:

1. Determine which private-sector organizations are well positioned to become or expand quality LAPM services.
2. Identify and define potential barriers, gaps and needs providers may have to becoming effective providers of quality LAPM services.
3. Assess the potential demand for LAPMs through private sector providers (real/potential demand or perceived) and determine the needs for quantifying and segmenting the market to target it effectively.
4. Develop and prioritize recommendations to fulfill provider and demand generation needs and gaps.

The assessment team found a variety of significant barriers to the development of a private sector market and extensive opportunities to improve reach and effectiveness of NGO services and involvement of commercial providers. Some of these include:

- A significant negative perception of IUDs and sterilizations among consumers and providers has prevented the increased utilization of these methods.
- A nearly complete lack of LAPM commodities, including implants and injectables, available to the commercial sector has prevented the investment of these providers in these services.
- A lack of providers qualified to provide LAPMs in the private sector, coupled with a lack of training opportunities and a government approved training protocol that requires several days' time and is not conducive to commercial provider inclusion.
- There has been a recent surge in the use of injectables and especially implants delivered through the public sector and a limited social marketing network of private pharmacies represents an opportunity for expansion. This is buffered by the high per unit cost for implants.
- There are extensive opportunities to reach target populations through PPPs with large employers and associations like the Bangladesh Garment Manufacturers and Exporters Association, the members of which employ approximately 2.8 million women of RH age.

A draft report was submitted to the mission and is currently being finalized. It includes extensive recommendations related to marketing and demand generation, policy and regulation, capacity of health workforce and supply of products and supplies. These

recommendations were created with consideration of USAID Bangladesh's GHI strategy and prioritized as things achievable through short-term and long-term investments.

### **Sub Result 3.2 Targeted private sector behavior change, communications and marketing strategies to increase access to and use of FP/RH**

#### **Objectives**

SHOPS will implement evidence-based Behavior Change Communication (BCC) activities grounded in social science theory that reflect the many complexities of human behavior, risk perception and health decision-making.

#### **Summary of key activities and outputs for Sub Result 3.2**

##### **Activity 3.2.1 Client-Centered Market Segmentation (CCMS)**

SHOPS will streamline the CCMS methodology to make it more easily applied. SHOPS will identify an opportunity to use the revised CCMS tool in a country where the mission has indicated strong interest in using the findings to improve communication strategies.

##### *Anticipated Year Two outputs:*

- Streamline CCMS tool;
- Identify opportunity to apply CCMS methodology; and
- Collect primary data.

##### *Accomplishments during this reporting period*

Prior to focusing on streamlining the tool SHOPS explored opportunities to utilize the tool in a country setting. Priority was given to countries that would actively apply the findings in a country program and who would co-fund its implementation with field funding. Both Jordan and Bangladesh were approached as possible countries for implementation of CCMS, however neither country agreed to the activity SHOPS refocused to consider approaching countries where the research had already been conducted but not applied. The goal being that SHOPS would work with the mission and groups already working on BCC to utilize the data already gathered and test the validity of the results. The best candidate for this approach appeared to be the Philippines where a market segmentation study was conducted by PSP-*One* in September 2009. The mission has been approach and is considering the idea although no firm commitment has been provided.

### **Sub Result 3.3 Strategies to improve market segmentation, viability and sustainability**

#### **Objectives**

SHOPS will continue to use market segmentation analysis as a tool to facilitate stakeholder consensus building, better targeting of subsidies, and overall increases in demand for FP/RH products. In addition, we will build local capacity to implement and sustain segmentation and targeting efforts within the public sector so that Whole Market Approaches (WMA) may become an integral part of the national FP/RH strategy.

## **Summary of key activities and outputs for Sub Result 3.3**

### **Activity 3.3.1 Reproductive Health Supplies Coalition (RHSC) Market Development Approaches Working Group (MDA WG) membership**

SHOPS will continue to be an integral member of the RHSC MDA WG. SHOPS will continue participation in MDA WG meetings and will commit to participation in at least one activity that is collaboratively identified by the working group.

#### ***Anticipated Year Two outputs:***

- Participate in MDA WG meetings; and
- Conduct one collaborative activity.

#### ***Accomplishments during this reporting period***

SHOPS continues to be a central member to the MDA working group and has consistently participated in the monthly calls. Additionally, two Abt staff participated in the annual MDAWG meeting in November 2010 and committed to leading the development of a “How-To Guide” for implementing a Total Market Initiative (TMI). The TMI guide was drafted during SHOPS’ Year Two and is currently under review by other MDAWG members. The document will be finalized and distributed during SHOPS Year Three.

SHOPS also participated in the Istanbul+ 10 Conceptual Task Force and was an integral part in designing the agenda for the international call for action, “Access for All,” held in Ethiopia in June 2011.

### **Activity 3.3.2 Depo Sub-Q Consortium**

In collaboration with Pfizer and other members of the Depo Sub-Q in Uninject Working Group, SHOPS will explore potential partnership activities to launch Depo Sub-Q in Uninject commercially in one or more countries.

#### ***Anticipated Year Two outputs:***

- Conduct country level market analyses in at least 3 countries;
- Sign MOU between SHOPS and Pfizer;
- Develop advocacy tool developed; and
- Initiate formative research in at least one country.

#### ***Accomplishments during this reporting period***

During this period, the SHOPS team continued discussions with Pfizer about appropriate market(s) for commercial introduction of Depo Sub-Q in Uninject. SHOPS conducted a rapid desktop analysis of 10 countries to compare public and private sector contraceptive markets by method and to identify consumer attitudes toward modern methods such as injectable contraception. Jordan was identified as one potential country where a commercial launch of Depo Sub-Q in Uninject might be feasible.

USAID/Jordan is very interested in bringing new contraceptive products to the market. Modern method use overall in the last decade has been growing very slowly, from 41% in

2002 to 44% in 2009. Considering that the SHOPS Associate Award project in Jordan has the mandate to strengthen FP, and the project is already working with a private network of FP clinics there, SHOPS and Pfizer convened a conference call with their respective Jordanian counterparts to explore this idea further.

After the initial discussions and research described above were completed, Pfizer put on hold the remainder of the planned activities due to internal corporate considerations and potential complications with product registration in Jordan.

Recently, the SHOPS team initiated discussions with Pfizer representatives in Ethiopia and Kenya. The Kenya office covers Uganda and Tanzania in addition to Ethiopia and Kenya. SHOPS and Pfizer agreed to begin assessing market potential for either a country launch and/or a regional effort to promote Depo Sub-Q. Next steps include: i) follow up with Pfizer/NY regarding regulatory approvals and the timing of country registration; ii) share various social marketing models and resources with Pfizer; iii) investigate potential partnership opportunities with existing social marketing organizations like MSI; and iv) begin preliminary market analysis for the four countries.

### III. HIV/AIDS: Core

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#### Overview

As compared to FP/RH, much less is known about the role of the private commercial sector in HIV/AIDS services. This knowledge gap is largely due to the emergency response the epidemic dictated, whereby donors concentrated on provision of essential HIV services through the public and NGO sectors. As the global response evolves toward ensuring sustainable country programs, and in light of the increased focus on sustainability put forth in the President's Emergency Fund for AIDS Relief (PEPFAR) reauthorization, gaining a better understanding of the private sector's capacity to contribute to the response is warranted. PSP-*One* began to address some of the gaps in knowledge about the private sector's role in addressing HIV/AIDS needs, but questions still remain regarding private sector capacity, quality of care, promising financing mechanisms, and the effect of public-private partnerships on equity and access to care, to name a few. In Year One, SHOPS HIV/AIDS activities continued to build the knowledge base about the role of the private for-profit sector in providing HIV/AIDS services while launching new activities to better integrate the private sector within the overall health system and implementing pragmatic PSAs that make programmatic recommendations for field implementation. In Year Two, SHOPS will continue to empirically document leveraging and cost-saving opportunities of including the private for-profit sector in a national HIV response, while launching a new activity to assess and provide technical assistance in building the capacity of private medical training institutions (PMTI) to expand the health workforce – considered key to achieving the PEPFAR goal of 140,000 new health care workers. SHOPS will continue to integrate the private sector into the overall health system by conducting diagnostic assessments in countries with high HIV prevalence to inform national governments on how to integrate for-profit elements of the health system into country-led HIV responses, with the ultimate goal of sustaining their HIV programs.



## **Result 1: Strengthened Global Support for SOTA Private Sector HIV/AIDS Approaches, Products and Services**

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### **Overview**

SHOPS focuses on three strategies to build support for collaborating with the private health sector: forming new alliances with other key HIV/AIDS stakeholders, building public sector capacity to interact with and engage the private health sector, and implementing mainstreaming efforts at the country level through policy dialogue and partnerships. In Year Two, HIV/AIDS activities have continued to focus on building relationships with global HIV stakeholders and implementers, as well as engaging country governments to increase awareness and understanding of the role of the private sector in addressing HIV/AIDS needs. In addition, SHOPS is facilitating follow-on for teams that participated in the Year One Technical Exchange, held in Mombasa in collaboration with the USAID-funded Health Systems 20/20 (HS 20/20) Project and IFC's Health in Africa initiative.

### **Summary of key activities and outputs for Result 1**

#### **Activity 1.1 Establishing Strategic Alliances with Global HIV/AIDS Stakeholders**

In Year One, SHOPS reached out to other global HIV/AIDS initiatives, including the Global Fund and the Joint United Nations Programme on HIV/AIDS (UNAIDS). GFTAM expressed keen interest in collaborating with the SHOPS project and in Year Two the two organizations outlined three activities. Also, SHOPS started discussions with PharmAccess. The two groups are in the process of defining possible areas of collaboration.

#### ***Anticipated Year Two outputs***

- Identify one activity and secure resources to carry out the joint collaboration.

#### ***Accomplishments during this reporting period***

SHOPS staff met with private sector staff at GFATM to explore interest in collaboration. GFATM staff stated they are interested in moving beyond corporate social responsibility and philanthropy to include country-level private health sector. One of the first areas of collaboration has been participating in each other's events on the private sector. GFATM's private sector staff travelled to Washington D.C. to present at the Global Health Council and participate in the SHOPS PSWG. SHOPS staff participated as a panelist on the GFTAM's event at GHC.

SHOPS and USAID/OHA met with GFATM during the GHC meeting in June and identified the following areas of possible collaboration: i) developing guidelines that countries can use in drafting private sector proposals in Round 12; ii) developing tools to expand private sector participation in Country Coordinating Mechanisms (CCMs); iii) funding permitting, provide technical assistance in a limited number of countries to help them draft a private sector oriented proposal and/or integrate private sector participation in CCMs (India and Nigeria are possible countries of mutual interest); and iv) develop a roster of individuals with private sector expertise who could participate in the proposal review process to better evaluate private sector oriented proposals. Further discussion

with USAID/OHA is planned for mid-August, and it is anticipated that agreement between SHOPS, USAID and GFATM on a specific activity will be reached by the end of the fiscal year.

The SHOPS project is also exploring collaboration opportunities German Government Development Agency (GIZ).

### **Activity 1.2 Strengthen Stewardship Capacity of the Public Sector vis-à-vis the Private Health Sector**

In Year One, SHOPS and HS20/20 convened a Technical Exchange in Mombasa, Kenya in collaboration with the IFC Health in Africa (HiA) initiative. Representatives from both the public and private sectors of seven African countries participated: Kenya, Tanzania, Uganda, Zambia, Ghana, Namibia and South Sudan. Through this exchange several nascent and promising partnerships between the public and private sectors emerged, suggesting the need for technical assistance to nurture these efforts. During Year Two, SHOPS followed-up with all of the country teams that attended the Mombasa Technical Exchange.

#### ***Anticipated Year Two outputs:***

- Document innovative PPPs in HIV/AIDS (Tanzania as possible country); and
- 1-2 countries apply lessons learned at the Mombasa Technical Exchange about PPPs.

#### ***Accomplishments during this reporting period***

The Mombasa workshop generated continued interest and activities in the private health sector among participants, with a particular focus on engaging the private sector to sustain national HIV responses. One of the key messages of the workshop was the importance of understanding current contributions of the private health sector to health and HIV/AIDS services. Picking up on this message, the PPP Advisor from Tanzania – Mary Kitambi – submitted a formal request to IFC Health in Africa to conduct a PSA in that country soon after the Mombasa workshop. Demonstrating its commitment to this activity, the Tanzanian government augmented this request by securing Ministry of Health and Social Welfare (MoHSW) funds (US\$50,000) to support the assessment. USAID/Tanzania has signaled interest in SHOPS playing a leadership role in the planned assessment, together with HiA. This is an optimal opportunity to leverage and build local capacity on the part of the private facility association (Association of Private Health Facilities in Tanzania) and the MoHSW PPP Advisor.

In addition, another participant representing USAID/Zambia also came away from the meeting with the intent to mobilize a PSA in that country, and a formal request from that Mission is imminent.

Furthermore, SHOPS has implemented several mechanisms to maintain contact with and engage the Mombasa workshop participants. First, SHOPS developed and launched a temporary site for N4A while the SHOPS project was finalizing its own website. Over half of the workshop participants have signed up and are beginning to share updates on their activities and progress since the workshop. Participants from Uganda and Tanzania have been the most active on the site to date.

As SHOPS and HS 20/20 staff travel to the region, they have arranged follow-up meetings with the country teams. Meetings that have taken place thus far include Ghana (January); Namibia, Uganda, Kenya and Tanzania (February). Progress reports from these in-country meetings will be posted on the N4A virtual bulletin board to continue to share experiences and support each country's efforts.



## **Result 2: Knowledge about and Understanding of Private Sector Provision of HIV/AIDS Health Information, Products and Services Advanced**

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### **Overview**

A strong evidence base is critical for successfully advocating an increased private sector role in health as well as for designing effective programs. Activities under this result will generate, analyze and disseminate essential information related to strengthening the commitment to and support and programming for the private health sector. SHOPS will also increase USAID's visibility within the HIV/AIDS community on the topic of private sector role through strategic participation in global events.

During Year Two, SHOPS continued to build on the strong knowledge and dissemination base established under the first year of the SHOPS project, with the objective of expanding evidence-based knowledge about the current role and future potential of the private sector in strengthening health systems and sustaining the HIV response.

### **Summary of key activities and outputs for Result 2**

#### **Activity 2.1 Building the Evidence Base on Contracting-out with Private Providers for HIV/AIDS-Related Services**

Contracting-out is a promising financing instrument for partnering with private providers. Service delivery contracts are both a key constituent element of many strategies (such as vouchers and insurance) and a strategic approach to expand quality and access to key health services. Currently, substantial evidence already points to the general effectiveness of contracting-out to non-profit private providers in low income countries. Additionally, there has been significant research and experience in contracting-out general primary health care and nutrition services. However, far less is known about contracting-out in the HIV/AIDS sector specifically. Because of the complexity of the HIV/AIDS prevention and treatment, detailed studies on contracting-out within the sector are relevant and necessary. In particular, little is known about the following: (a) the effectiveness of contracting-out with private providers to expand access to and quality of HIV/AIDS-related services among the poor; (b) contract design, incentives and monitoring features that increase likelihood of success with contracts for HIV/AIDS-related services; (c) costs and cost-effectiveness; and (d) oversight and capacity implications of contracting-out for the MOH as stewards of the health system

The overall objective of this activity is to document and analyze contracting-out models for the delivery of HIV/AIDS services and articulate best practices for establishing and managing contractual arrangements. The activity focuses on three models of contracting-out that are currently operational in South Africa: a model for down-referral to private sector general practitioners managed by BroadReach Health Care the Thusong Initiative focused on indigent communities managed by Right to Care Health Services (RTCHS), and a General Practitioners referral model managed by the Aurum Institute. All three managing bodies are non-governmental organizations that receive funds from PEPFAR.

In Year One, SHOPS undertook and completed an assessment of the BroadReach contracting-out model for down-referral in Matlosana sub-district of South Africa's Northwest Province. In Year Two, SHOPS is documenting and analyzing the RTCHS and Aurum models for contracting-out. These assessments will utilize a combination of primary and secondary data collection methods to focus on model costs, health outcomes, and prospects for scale-up and sustainability. The final product will compare findings from the RTCHS, Aurum and BroadReach models to identify the key benefits and challenges associated with establishing, managing, and creating sustainable mechanisms for public-private contractual relationships.

***Anticipated Year Two output:***

- Develop two case studies on contracting-out models; and
- Write a comparative report of three models, identifying best practices and implications for scale-up.

***Accomplishments during this reporting period***

SHOPS has completed the first case study and the lead investigator traveled to South Africa in May to meet with both Right to Care and Aurum to introduce the proposed activity. A meeting with USAID/South Africa was not possible during this trip, so SHOPS staff followed up via phone with the Mission as well as the U.S. Centers for Disease Control and Prevention (CDC) (who oversee the Aurum project) to fully discuss the proposed initiative. SHOPS secured agreement from both RTCHS and Aurum to collaborate as additional case studies. An MOU was signed with RTCHS, which outlines the respective roles and responsibilities for each party and will serve as a guide to the partnership. A TDY had been planned for August to begin data collection with RTCHS, but an unexpected change in staffing will postpone this trip to October. A temporary duty assignment (TDY) for the newly appointed principle investigator is now tentatively planned for September.

**Activity 2.2 Conduct a Multi-Country Scan of Private Health Insurance**

Health care is often prohibitively expensive for many people, particularly those living in poverty. In many countries, households are forced to pay for health care out-of-pocket as few other financial protection mechanisms or subsidized health care options exist. High out-of-pocket health care expenses often contribute to indebtedness in low income households, further pushing people into poverty. The situation for people living with HIV/AIDS (PLHIV) is even worse. In some countries, PLHIV spend three to five times more out-of-pocket than the general population. HIV services are often excluded from health insurance schemes (both public and private) as they are deemed too costly. In the absence of any health insurance, PLHIV face immense problems in getting treatment for various types of opportunistic infections they contract in the course of their lives.

In Year Two, SHOPS is pursuing work related to private health insurance by conducting a scan of African countries to identify the extent to which private health insurance is available and the extent to which these schemes include coverage for HIV/AIDS services including treatment.

***Anticipated Year Two outputs:***

- Develop written summary of identified private health insurance schemes and their coverage of HIV/AIDS services. Report may inform a subsequent field-based activity with the ultimate goal of increasing insurance coverage of HIV/AIDS services through the private sector.

***Accomplishments during this reporting period***

The written summary is currently underway with a focus on Uganda, Nigeria and Kenya. These countries were selected based on the well-developed private health insurance market relative to other African countries and lack of published literature on these countries. The summary is identifying the largest private health insurance providers and is documenting the latest information on how these firms are working with National Health Insurance Schemes (in Kenya and Nigeria). The report should be completed by fall 2011.

**Activity 2.4 Quantifying (Modeling) Contributions of the Private Health Sector in Achieving National Testing and Treatment Goals: Multi-Country Analysis**

Developing countries with HIV prevalence are often faced with infrastructure limitations and human resource shortages inherent in the public health system, which result in service delivery bottlenecks. This is true for HIV/AIDS services, despite the dramatically increased donor funding for this disease. While some countries are beginning to explore the potential role of the private sector in loosening the bottlenecks, they often lack a clear understanding of the scale or scope of private health providers, which might help them quantify with some specificity the impact of engaging the private health sector in HIV testing and treatment. Understanding potential private sector contributions to testing and treatment becomes even more critical as countries begin to put into practice new WHO guidelines which recommend starting anti-retroviral therapy (ART) at a CD4 threshold of 350 cells/mm<sup>3</sup>, as opposed to the prevailing 200 cells/mm<sup>3</sup>. For example, in Namibia, adopting WHO recommendations will likely double the number of HIV-positive individuals eligible for treatment.

To address this gap and provide critical missing information to developing country governments and USAID field staff, SHOPS will conduct a multi-country study to quantify or “map” private health providers and analyze their potential contribution to HIV testing and treatment using a standard set of assumptions/modeling technique. This activity is based on the analysis done by Abt’s Private Sector Program in Ethiopia, which calculated that by adding qualified private sector facilities, the national response could be scaled-up to provide ART to all eligible patients within 4 years, as opposed to 13 years if treatment were only available at public facilities.

SHOPS proposed to conduct similar analyses in up to 3 countries with high burden of disease.

***Anticipated Year Two outputs:***

- Identify focus countries;
- Review laws and policies pertaining to private provision of testing and treatment;
- Ascertain the number of currently eligible HIV-positive individuals, and project the number eligible under new WHO guidelines;

- Review the assumptions utilized in the Ethiopia analysis and modify, as necessary, for SHOPS purposes; and
- Write up findings in a comparative report, including policy implications and recommendations.

#### ***Accomplishments during this reporting period***

This activity was on-hold until April 2011 given a delay in receiving the full PEPFAR allocation. Once funding was received, SHOPS began to mobilize staff to implement the study. SHOPS staff identified key criteria to aid the selection of the countries, and has initiated a desk review to populate key indicators for countries of interest. USAID/OHA provided key inputs on selection of countries based on size of their PEPFAR allocations, and this information is being incorporated into other criteria to inform final country selection. The development of a concept paper is underway, and is expected to be completed in the fall of 2011.

#### **Activity 2.5 Knowledge Advancement**

The SHOPS team continues to pursue opportunities to advance global knowledge and address misconceptions about the role of the private sector in HIV/AIDS service delivery. During Year Two, SHOPS published three articles in peer-reviewed journals and presented findings on the role of the private sector in HIV/AIDS and HSS at high-level global conferences and venues. SHOPS also presented to the Office of the U.S. Global AIDS Coordinator (OGAC) strategies for engaging the private health sector to help achieve PEPFAR goals. SHOPS is making headway with the HIV/AIDS community, increasing their interest in working with the private sector as one of many strategies to sustain the HIV response.

#### ***Anticipated Year Two outputs:***

- Disseminate private sector HIV/AIDS findings, results, and research at high-level conferences and meetings and in peer reviewed publications; and
- Develop and deliver private sector presentation for OGAC.

#### ***Accomplishments during this reporting period***

SHOPS had a strong year with respect to peer-reviewed publications. Project staff co-authored the following journal publications in FY11:

- Pamela Rao, MA, PGDBA, MPH, MIME, Tesfai Gabre-Kidan, MD, Deus Bazira Mubangizi, MPH, MBA, BPharm, PGDPM, and Sara Sulzbach, MPH. *Leveraging the Private Health Sector to Enhance HIV Service Delivery in Lower-Income Countries*. *J Acquir Immune Defic Syndr* 2011;57:S116–S119.
- Sulzbach, S, De S, and Wang W. The private sector role in HIV/AIDS in the context of an expanded global response: expenditure trends in five sub-Saharan African countries. *Health Policy and Planning* 2011;1–13.
- Wang W, Sulzbach, S and De S. Utilization of HIV-related services from the private health sector: A multi-country Analysis. *Social Science & Medicine* 72 (2011) 216e223.

In addition, SHOPS staff presented at key global health conferences, including the First Symposium on Health Systems Research in Montreux, Switzerland and the IHEA private sector event in Toronto, Canada. In Montreux, the SHOPS team hosted a workshop entitled “Harnessing the Potential of the Private Sector to Strengthen Health Systems: Practical Tools and Experiences from the Field.” At the workshop, Sara Sulzbach addressed the role of the private sector in increasing the use and financing of HIV/AIDS services. Dr. Nelson Gitonga, presented several examples of PPPs in HIV/AIDS and Barbara O’Hanlon focused on PPP units in Africa and how they strengthen health systems.

Using POP Core funding, SHOPS helped organize, in collaboration with University of California, San Francisco’s Global Health Group, R4D, the London School of Tropical Medicine and Hygiene, and the Karolinska Institute, the IHEA private sector pre-conference. Using HIV Core funds, SHOPS presented the results of a study on quality of counseling and testing across public and private health providers in Zambia.

In addition, SHOPS fulfilled its objective of increasing the project’s profile with OGAC, and more importantly, advancing knowledge and awareness on the part of OGAC and its country affiliates on the potential of the private health sector to strengthen and sustain the HIV response. The SHOPS HIV/AIDS advisor was invited to the first PEPFAR meeting on PPPs held in Tanzania. SHOPS was one of only two implementers at a primarily USG meeting. The HIV/AIDS advisor made two presentations during the three-day meeting: “*Identifying Opportunities to Engage the Private Health Sector through Private Sector Assessments*” and “*Partnerships to Increase Access to HIV/AIDS Services: Examples from the Continent*”. Through these presentations and interaction with PEPFAR Coordinators and USAID and CDC staff from numerous countries, it was possible to raise the profile of SHOPS as well as broaden participants’ perspectives on public private engagement to achieve HIV/AIDS goals.

A similar objective was achieved as a result of a presentation to OGAC headquarters, entitled “*Extending our Reach: Partnering with the Private Health Sector to Achieve PEPFAR Goals*”, which was attended by approximately 15 OGAC staff including one of Ambassador Goosby’s Principal Deputies.



## **Result 3: Key Private Health Sector Systems Strengthened and Innovative Private Sector HIV Programs Implemented and Scaled Up**

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### **Overview**

As a leader in Health Systems Strengthening and private sector strategies, Abt understands that the private sector is embedded in a larger health system and has successfully built critical linkages between the private and public sectors accordingly. Throughout the life of project, the SHOPS team will ground private sector strategies in a solid understanding of a country's health system and help identify private sector opportunities that address long-standing challenges, promote promising approaches, and advance the next generation of innovations. During Year Two, SHOPS will identify and take to scale promising field-based interventions that improve the role of the private sector in HIV/AIDS service delivery and take steps to ensure that innovative private sector strategies are embedded within country-led health system strengthening efforts. Proposed activities include country assessments, as well as adding an HIV/AIDS focus to already planned field activities.

### **Summary and key activities and outputs for Result 3**

#### **Activity 3.1 Increasing Access to Finance by Supporting the Structuring and Implementation of Health Sector DCA Guarantees**

Lack of access to finance can be a major barrier to private health care providers seeking to expand and/or improve service delivery quality. One reason private health care providers lack financing is that banks in developing and transitional economies do not lend to the health sector in a significant way. This is due to their perception of the sector as risky, poor quality, having low numbers of loan applications, and having a lack of sufficient collateral.

SHOPS will work to address this issue by conducting at least one assessment of financing needs for private providers, including an assessment of the feasibility and appropriateness of a health sector DCA loan portfolio guarantee. SHOPS will assess financial institutions and recommend appropriate financial institution partners, DCA amount and structure, and a definition of a qualifying borrower that will meet the development goals of a particular USAID Mission. SHOPS will work closely with the Office of Development Credit and provide technical support to a USAID Mission on moving forward with structuring a health sector DCA, including planning for technical assistance to ensure utilization and monitoring of the results of the DCA. It is possible that, if combined core FP/RH funding, more than one assessment may be conducted under this activity.

#### ***Anticipated Year Two outputs:***

- At least one assessment trip report with recommendations for a health sector DCA, including recommended financial institution(s), amounts and definitions of qualifying borrowers;
- If appropriate, provide technical support to at least one USAID Mission interested in structuring a health sector DCA with assistance writing an Action Package and brokering a partnership with a local financial institution;
- If appropriate, initiate technical assistance in support of a health sector DCA; and

- Provide a small amount of technical assistance, as required, to initiate selected banks on health sector lending strategies. Potential countries where this work could be implemented include Uganda, Kenya, Tanzania, Malawi and Rwanda.

***Accomplishments during this reporting period***

During this period, SHOPS liaised with the HS 20/20 project in Ethiopia to review progress in obtaining approval for a DCA using PEPFAR funds, and the steps required to do so. At the end of the reporting period, the DCA in Ethiopia was finally approved. This will hopefully increase interest from other missions in structuring a DCA with PEPFAR funds to expand access to finance to support HIV/AIDS prevention, treatment and workforce development in the private sector.

SHOPS also conducted a desktop review of four countries, including Rwanda, Botswana, Mozambique and the Democratic Republic of Congo, examining the level of development of the private health and financial sectors to identify appropriate countries for field assessments. Based on the findings of this review, SHOPS is recommending moving forward with an assessment in Botswana in Year Two, pending confirmation of interest by USAID. SHOPS is also planning to examine access to finance and business development issues as part of a broader PSA in Tanzania that is tentatively planned for October 2011.

**Activity 3.2 Expand the Health Workforce through PMTIs**

Sub-Saharan Africa's severe shortage of health care workers is a major constraint to sustaining and expanding the provision of quality HIV/AIDS services. The Reauthorization of PEPFAR emphasizes both the retention of existing health workers in all cadres, as well as substantially increasing the number of health care workers and health worker trainees and graduates. While many countries throughout sub-Saharan Africa are in danger of not meeting new health worker goals, the demand and need for medical training far outpaces supply.

However, PMTIs—including private for-profit, faith-based and not-for-profit entities—have expanded in many countries with critical human resources for health (HRH) shortages and do serve as a necessary complement to increasing the number of trained health care workers through public training institutions. Many PMTI operate outside government supervision and oversight, and a number of barriers—regulatory, policy, financial, and accreditation—can hinder the successful utilization and leveraging of PMTI as an important source for the expansion of the health workforce.

During Year Two, SHOPS will utilize a multi-dimensional approach to assess the capacity of PMTI to expand the health workforce in one sub-Saharan African country, and offer targeted technical assistance to donors, government and private sector stakeholders based on assessment findings.

SHOPS will conduct a desk review of grey and published literature regarding HRH variables and PMTI characteristics and environments in 3 countries (Kenya, Tanzania and Nigeria). However, we will explore PPPs around PMI across sub-Saharan Africa in depth in collaboration with the Health in Africa initiative around tertiary education in

sub-Saharan Africa. The desk review findings and country interest will determine the final country selection.

The assessment team will be comprised of experts covering general HRH concepts (retention, motivation, performance, and rural coverage); private sector policy barriers; accreditation and curricula standards for medical training; and financial lending to the health sector and medical students. During the assessment, SHOPS will conduct analysis of the broader HRH situation, as well as focusing on factors affecting the retention and production of health care workers through PMTI in one sub-Saharan African country. During this assessment, SHOPS will also determine the feasibility of financial institutions expanding lending to the PMTI sector and candidates, while determining financing and operational needs for the PMTI themselves. Targeted technical assistance around priority assessment findings will be implemented towards the end of Year Two.

SHOPS has closely collaborated with key stakeholders including the USAID-funded CapacityPlus project and the Health in Africa initiative in developing this concept, and will continue to do so over the life of the activity.

***Anticipated Year Two outputs:***

- Conduct desk review of key PMTI variables for three priority countries- Kenya, Tanzania and Nigeria;
- Desk review chapter focusing on PPPs in tertiary education in sub-Saharan Africa, written in collaboration with Health in Africa;
- Develop multi-dimensional assessment report covering and prioritizing the financing, policy, accreditation, and service delivery variables needed to build the capacity of PMTI to expand the health workforce; and
- Provide initial, targeted technical assistance around the main priority recommendations suggested in the assessment report.

***Accomplishments during this reporting period***

During the last year, SHOPS convened a stakeholder working group meeting comprised of donors and practitioners working in private sector HRH issues (USAID, World Bank, IFC, and CapacityPlus) to vet the SHOPS concept for an assessment and accompanying technical assistance to build the capacity of PMTI. Through this meeting, SHOPS identified a short-list of appropriate assessment countries--- Kenya, Nigeria, and Tanzania.

During this reporting period, SHOPS has conducted and completed a desk review of published grey literature about the general HRH conditions in these three countries as well as the environment particular to PMTI including accreditation and curricula standards; financing of the institutions themselves as well as financial product availability for the students wishing to attend these institutions; supportive and inhibiting policy structures for these PMTI (MOH support, contracting arrangements, etc.), and PPPs in pre-service medical education. Drafts of the desk reviews were shared with USAID in July and August 2011.

In addition, SHOPS produced a separate synthesis of global PPPs in medical education for the World Bank/IFC Health in Africa Initiative and this chapter will be published as

part of a World Bank book on the education of health workers. The chapter was submitted to the Health in Africa Initiative and to USAID in July 2011.

The first choice for an assessment country from our short-list is Tanzania given strong government interest in strengthening the private sector and the presence of substantial promising PPPs and strong PMTIs in Tanzania. The desk review for Tanzania suggests limited financial mechanisms to promote higher enrollment in PMTI and the presence of numerous financial barriers hindering the ability of PMTI to expand pre-service education. SHOPS approached USAID/Tanzania numerous times about utilizing core funds to conduct a rapid assessment and technical assistance work around PMTI in Tanzania; we have been advised by USAID/Tanzania to delay a request approval in September 2011 once USAID/Tanzania priorities and staff changes have been instituted. At this point, we plan to ensure that HRH and PMTI conditions are thoroughly covered during an upcoming Private Sector Assessment in Tanzania and to continue to communicate with USAID/Tanzania about implementing SHOPS technical assistance to PMTI after September 2011.

### **Activity 3.3 Standardize Tools and Procedures for Private Sector Country Assessments**

During the past five years PSP-*One* conducted several country assessments, drawing from existing tools such as the Commercial Marketing Strategies (CMS) Project's "Handbook for Conducting Private Sector Assessments." However, these adaptations were never consolidated into a single tool. SHOPS will develop an adapted assessment tool, incorporating modifications to the CMS manual that were field-tested under PSP-*One*, and aligning with the emphasis on health systems put forth in the PEPFAR reauthorization. This activity will build off related SHOPS Year One activities (PSAs and modification to the Health Systems Assessment) which will minimize costs.

#### ***Anticipated Year Two outputs:***

- Develop assessment tool (electronic format);
- Disseminate tool on SHOPS website and other relevant websites; and
- Present tool at USAID and/or OGAC.

#### ***Accomplishments during this reporting period***

In Year Two, SHOPS developed a first draft of the tool (tentatively titled "Assessment to Action") on how to conduct a PSA and facilitate the ensuing policy dialogue process. SHOPS staff have applied many components of the handbook – template for the TORs, interview guides, stakeholder analysis - in conducting assessments in Malawi, Bangladesh and multiple Caribbean countries. SHOPS staff also plan to transfer the approaches outlined in the handbook to the Tanzanian counterparts as part of the planned PSA in the fall of 2011. Based on the field applications, SHOPS staff have updated the guide. During the revision process, SHOPS management decided to re-orient the handbook to incorporate a broader health perspective (e.g. FP, MCH) as opposed to the initial focus on HIV/AIDS. The expanded scope and the broader focus will expand the application of and audience for the tool. It is anticipated that the product will be finalized late fall of 2011.

### **Activity 3.4 Private Sector Situational Analyses**

Building on PSAs conducted under PSP-*One* and the Namibia PSA conducted by SHOPS in Year One, SHOPS will pursue two to three ‘diagnostic’ assessments in countries with high HIV prevalence during Year Two. These diagnostic or situational analyses will inform national governments on how to integrate for-profit elements of the health system into their HIV response. In addition, each assessment will be followed by public-private policy engagement to digest the findings and facilitate a collaborative process to develop action plans for greater public-private collaboration to strengthen the overall health system and achieve national HIV/AIDS goals. SHOPS will explore potential collaboration opportunities with the IFC/Health in Africa initiative, as well as with the GFATM. Potential countries include Tanzania, Zambia and India.

These assessments have an overall goal of gaining a better understanding of private sector contributions to the national HIV response and identifying opportunities to maximize the role of the private sector, ideally in partnership with government efforts. Specific areas to explore may include service provision, regulatory constraints, financing mechanisms, PPPs, drug procurement, supply chain and distribution, and multinational and small, medium enterprise engagement.

#### ***Anticipated Year Two outputs:***

- Develop two to three comprehensive situational assessment reports; and
- Conduct two to three policy engagement activities (post-assessment) to strengthen public-private collaboration based on assessment findings.

#### ***Accomplishments during this reporting period***

This activity was fully funded in April 2011. During the current reporting period, SHOPS has been in communication with three countries regarding a PSA: Tanzania, Zambia and Ethiopia.

SHOPS initially received approval to lead a collaborative assessment in Tanzania, presumed to involve members of the local PPP Technical Working Group, as well as IFC’s HiA initiative. SHOPS began discussions with USAID/Tanzania and HiA regarding the proposed process and respective roles and responsibilities. SHOPS also provided guidance on how to utilize MoHSW appropriated funds to support the PSA, leading to securing in-country consultants to conduct a private provider survey and conduct a literature review to serve as a foundation for the assessment. Due to some developments related to the MoHSW inspecting and abruptly closing some private health facilities in Tanzania, SHOPS involvement was put on hold at the request of the Mission. As of August 2011, it appears that some progress has been made in discussions between the MoHSW and private facilities, and SHOPS is tentatively planning to attend a PPP TWG meeting later in August to participate in planning for next steps. The USAID/Zambia Mission has been laying the ground work for a comprehensive PSA in that country, and has shared a draft SOW with the MOH to solicit input on the assessment. SHOPS is expecting a formal request to lead a PSA in Zambia by September 2011. With regards to Ethiopia, SHOPS is working in tandem with HS 20/20 to implement a joint Health Systems and PSA. SHOPS is guiding the planning and implementation of this joint assessment, drawing from the recent joint assessments in the Caribbean. SHOPS will also mobilize a PSA to join the health systems team in-country,

and to facilitate inclusion of private sector elements into each of the HSS building blocks (e.g. health financing, service delivery, governance, etc.). The joint assessment is planned for October 2011.

## IV. Child Health: Core

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### Overview

The SHOPS work in child health is currently focusing on diarrhea management. Specifically, on significantly increasing the number of children under five receiving oral rehydration therapy/oral rehydration salts (ORT/ORS) and zinc for the treatment of diarrhea through private sector channels in order to reduce diarrhea-related morbidity and mortality. A major objective of the diarrhea management program is to build upon lessons learned from previous private sector programs in order to increase the reach and scale of diarrhea treatment with zinc and ORT/ORS within existing countries (and expand to new countries), increase uptake, and ensure the sustainability of the program beyond the period of direct USAID/Washington support. By the end of the SHOPS agreement, the child health program will have documented proven, cost-effective models of improving diarrhea case management in specific types of countries; supported national program scale-up in an agreed upon number of high burden countries; and mainstreamed the intervention such that ORT/ORS with zinc becomes the standard of care for treating childhood diarrhea. As such, the primary activities for the project include:

- Providing technical assistance to USAID Missions to assess and guide the development of private sector-focused diarrhea management programs;
- Providing leadership in areas of global collaboration, information sharing and research/evaluation of private sector diarrhea management programs;
- Assuring the establishment of appropriate guidelines and policies by the host government that will set forth new diarrhea management protocols for public sector staff as well as allow for the over-the-counter sale of zinc and ORS products through private sector outlets;
- Developing partnerships with manufacturers and encouraging local manufacturing capacity;
- Verification of product quality and product registration;
- Market and formative research to better understand motivators and barriers to behavior change;
- Development of communication strategies targeted at both consumers and providers that will include both mass media and interpersonal communications;
- Training/Sensitization of health care providers (including private clinic staff, pharmacists, informal sector drug sellers, and community-based distributors);
- Product distribution through formal, informal and community-based channels; and
- M&E of program progress and results.



## **Result 1: Strengthened Global Support for SOTA Private Sector Child Health Approaches, Products, and Services**

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### **Overview**

The SHOPS child health team may be called upon to conduct advocacy with the public sector to change diarrhea management policies, treatment guidelines, health worker training materials, and essential medicine lists to include treatment of diarrhea with low-osmolarity ORS and zinc.

These efforts will be in collaboration with USAID Mission bi-lateral projects, centrally funded projects such as the Maternal and Child Health Integrated Program (MCHIP), and key partners such as UNICEF and the WHO.

### **Summary of key activities and outputs for Result 1**

#### **Activity 1.1 Address Global and Country Policy Barriers to the Introduction of Zinc in the Private Sector**

##### *Anticipated Year Two Outputs*

- The SHOPS child health team will address policy barriers on an as needed basis.

##### *Accomplishments during this reporting period*

No activities in this area were implemented during the reporting period.



## **Result 2: Knowledge about and Understanding of Private Sector Provision of Child Health Information, Products and Services Advanced**

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### **Overview**

To promote knowledge and understanding of child health in the private sector, the SHOPS team participates and actively contributes to meetings convened by USAID and its partners involving joint planning and coordination of global and country specific activities, developing strategies to address challenges, sharing lessons learned, and coordinating joint activities to accelerate the global scale up of ORT/ORS with zinc for the treatment for childhood diarrhea. The SHOPS team systematically documents and disseminates lessons learned through case studies, reports, presentations at international meetings, newsletters, etc. Specific activities include:

- Fostering the collaboration of parties working on diarrhea management with zinc through the development of an international forum for discussion and for sharing information, results, and best practices;
- Increasing the visibility of private sector-focused diarrhea management programs with zinc and ORT/ORS; and
- Sharing lessons learned in the implementation of zinc field programs at appropriate US and international forums.

### **Activity 2.1 Develop a PMP and Implement M&E of On-going Zinc Programs**

SHOPS has developed annual benchmarks and a PMP for the introduction and expansion of zinc with ORT/ORS. Indicators include the percent of children under five receiving zinc with ORT/ORS to treat diarrhea, the availability of zinc treatment in the private and public sectors, and awareness of the benefits of using zinc with ORT/ORS among providers and caregivers.

#### ***Anticipated Year Two outputs***

- Prepare and submit PMP; and
- Report monitoring and research results from private sector zinc programs.

#### ***Accomplishments during this reporting period***

In consultation with the USAID Technical Advisory team, SHOPS prepared and submitted to USAID a PMP for the diarrhea management program.

Research activities are underway in partnership with diarrhea management programs in Benin and Uganda. With concurrence from the respective USAID Missions, SHOPS is collaborating with PSI in Benin and the Uganda Health Marketing Group in Uganda to gather information about the diarrhea treatment knowledge and practices of caregivers of children under five as well as provider behaviors such as prescription practices and motivations for recommending specific diarrhea treatments or medicines. Results from this field research will greatly contribute to the global knowledge base on caregiver and provider knowledge, attitudes and practices (KAP) around treatment with ORS/ORT and zinc. Data collection instruments were designed, pretested and finalized by the SHOPS team and RFPs prepared and issued locally. Field research has begun in Benin, while in Uganda proposals from research firms are being evaluated with field research projected

for November, the next diarrhea season. Field research and results reporting will be concluded during the beginning of Year Three.

### **Activity 2.2 Increase the Visibility of Zinc Interventions among International Audiences**

A key activity in this area will be to increase familiarity of USAID field staff, the international child health community, and other collaborating partners with the results of zinc field programs and activities. The SHOPS team will serve as a focal point for global leadership and coordination, which includes identifying or establishing a repository for zinc program-related documentation, participating in quarterly teleconferences, and documenting and disseminating results and best practices from country programs.

The SHOPS project staff have extensive expertise in the development and implementation of health-related e-conferencing. SHOPS is in the process of developing an e-conference highlighting the lessons learned and research results of zinc treatment programs over the past five years.

The SHOPS website, including its on-line resource library, serves the broader community of those interested in the role of the private sector in achieving health impact. SHOPS is building on the existing web site to establish a cost-effective mechanism for sharing information with the development community on diarrheal disease prevention and treatment through the private sector. The SHOPS team is also assuring that documents are disseminated through other appropriate channels, such as the rehydrate.org and izinc.org websites.

#### ***Anticipated Year Two outputs:***

- Bring the broader community together through the creation of an international forum for discussion and for sharing information, results, and best practices; and
- Attend and present at international conferences such as the Global Health Council annual conference Washington, D.C. and the American Public Health Association annual meetings.

#### ***Accomplishments during this reporting period***

The SHOPS team continues to serve as a focal point for global leadership and coordination.

On June 1-2, 2011, more than 200 people from 42 countries participated in a SHOPS-sponsored e-conference to discuss the integration of zinc into diarrhea management programs. The virtual conference brought together experts from the field of diarrhea management to present on topics including country-specific experiences with the introduction of zinc as a diarrhea treatment through both public and private sector channels, results of program-based research, and lessons learned in the implementation of zinc programs in Africa and Asia. Daily live chats on specific topics of interest (for example, Gael O'Sullivan from Abt Associates led a chat on BCC and Dr. Christa Fischer-Walker from Johns Hopkins University led a chat on zinc advocacy) generated lively discussion among participants on effective mechanisms to increase the use of zinc along with ORT/ORS for effective diarrhea management.

Three abstracts on zinc program implementation and research results were accepted by the GHC and the American Public Health Association (APHA) for presentation during their respective annual conferences. Dr. Kathryn Banke presented “Inappropriate pediatric diarrhea treatment: challenges in Nepal, Benin and Madagascar” at the GHC conference in June. As a result, SHOPS was invited to make a presentation on the use of zinc in diarrhea management at the Global Health Seminar of the Children’s Hospital of Philadelphia in September. In addition, two abstracts have been accepted for presentation at the APHA annual conference: Vicki MacDonald will make an oral presentation entitled “Working through Community-based Channels to Introduce Zinc for Treatment of Pediatric Diarrheas” and Dr. Kathryn Banke will present a poster on “Building Partnerships with the Commercial Private Sector to Introduce Zinc for Treatment of Pediatric Diarrheas.”

The child health team continues to actively participate as a member of the Zinc Task Force and has been instrumental in establishing online repositories of tools and resources for zinc treatment program implementers, co-creating the new Zinc Task Force website ([zinctaskforce.org](http://zinctaskforce.org)) as well as providing input and content for a diarrhea management community portal through the SHOPS website, which will serve as a cost-effective mechanism for sharing information with the development community on diarrheal disease prevention and treatment through the private sector. The SHOPS team is also assuring that documents are disseminated through other appropriate channels, such as the [rehydrate.org](http://rehydrate.org) and [izinc.org](http://izinc.org) websites.



## **Result 3: Key Private Health Sector Systems Strengthened and Innovative Private Sector Child Health Programs Implemented and Scaled Up**

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### **Overview**

In this first year of child health funding, the SHOPS team has focused on stirring USAID field mission interest in diarrhea management programming by offering core funds to leverage and encourage field buy-in and implementation. Core funds are available to USAID Missions to i) scale-up existing diarrhea management programs that include zinc and ORT/ORS, ii) encourage field missions to obligate funds to implement zinc treatment programs through private sector channels, iii) conduct assessments for the introduction of new private sector diarrhea management programs and iv) provide global leadership in technical assistance and program research.

#### **Activity 3.1 Country assessments and work plan development**

This activity encompasses work plan development for child health funding, the identification of country programs suitable for zinc interventions, conducting assessments of the potential for undertaking private sector zinc programs, and developing country-specific work plans for SHOPS implementation of field activities.

The SHOPS team is also discussing with USAID the possibility of conducting follow-up research in former Point-Of-Use Water Disinfection and Zinc Treatment (POUZN) diarrhea management program countries focusing on provider/pharmacist and caregiver behaviors to help guide future field implementation.

#### ***Anticipated Year Two outputs***

- Identify a list of priority countries for diarrhea management field implementation;
- Conduct private sector zinc assessments; and
- Complete work plans for selected countries.

#### ***Accomplishments during this reporting period***

In April/May, Vicki MacDonald, SHOPS Child Health Advisor, and Joseph Addo-Yobo, SHOPS Private Sector Partnerships Advisor, along with Malia Boggs, USAID Senior Child Health and Nutrition Advisor, were invited to Kenya to conduct an assessment of the potential for promoting the use of zinc and ORT/ORS through private sector channels. The assessment team found a vibrant private sector that is poised for scaling up but in need of demand creation efforts among both consumers and providers. The Mission, however, decided not to fund SHOPS and instead to focus funding on improving diarrhea management through the public sector.

Based on an analysis of diarrhea treatment seeking patterns in a number of USAID priority MCH-focus countries, the SHOPS team has approached several USAID Missions about the potential for a PSA. Most recently, the USAID Mission to Ghana has shown interest and a concept note has been drafted to further the dialog. Many Missions, however, have chosen to include zinc and ORS promotion within the scope of work of their current social marketing contractors rather than to fund a commercial approach

through SHOPS. The SHOPS child health team and its USAID/W Child Health Advisor continue to interface with USAID Missions on this topic.

### **Activity 3.2 Field Implementation**

The top priorities for field implementation have been to lay the groundwork for Year Three zinc program launches by enhancing collaboration and partnership through a WMA among the public, non-profit, and private health sectors to improve child health.

Overall the program focuses on the following:

- Improving access to good quality zinc and low-osmolarity ORS by partnering with local pharmaceutical companies to develop, promote and/or distribute products or, alternatively, supporting importation of good quality products that meet country and/or international good manufacturing practice;
- Scaling up effective WMAs for increasing the availability of zinc with ORT/ORS in pharmacies, shops, markets, and public health facilities (in collaboration with mission bi-lateral projects, centrally funded projects such as MCHIP, and key partners such as governments, the United Nations Children's Fund (UNICEF) and WHO);
- Providing technical assistance to strengthen private and public sector health providers' skills in counseling caregivers to use ORT/ORS and zinc correctly;
- Increasing use of zinc with ORT/ORS by building demand among private and public health providers and caregivers through commercial marketing or communications strategies developed through formative research, including mass media campaigns and interpersonal communications efforts; and
- Monitoring and evaluating country programs to assure that targets are being met and results are being achieved.

#### ***Anticipated Year Two outputs***

- Initiate the scale up existing diarrhea management program or prepare for the launch of new diarrhea management programs through a combination of core and field support funds; and
- Provide strategic technical assistance to USAID Missions interested in improving diarrhea case management through a WMA.

#### ***Accomplishments during this reporting period***

In January, the SHOPS team was approached by the USAID Mission to Tanzania and asked to participate in an assessment of the role of local private sector providers (Accredited Drug Dispensing Outlets) and public sector dispensaries in providing quality advice and treatment for childhood illnesses (diarrhea, malaria and pneumonia) at the community level. The SHOPS Child Health Advisor, Vicki MacDonald, worked closely with the USAID Mission to Tanzania and the USAID global MCHIP, which focuses on strengthening public sector MCH programs, in May and June to interview a wide set of stakeholders in Tanzania and develop and finalize a set of research instruments and an RFP to obtain the services of a local research firm to carry out this research. The RFP is currently under review by the MOH and should be issued shortly.

## V. Field Support

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### Overview

The SHOPS Project is implementing programs with field support in seven countries in addition to the Africa Region using Africa Regional Funds. SHOPS also received funding from the missions in Bolivia and Malawi. Bolivia activities are under discussion with the mission. Malawi funding is being used to conduct a country assessment which took place in July 2011. Programs updates for the Caribbean, Kenya, Madagascar, Namibia, Paraguay, Zambia, Zimbabwe and Africa Regional funds follow.



## **Caribbean**

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### **Overview**

SHOPS, in collaboration with the HS 20/20 project has been tasked with conducting joint health systems and PSAs in the Eastern Caribbean region. The assessments will form the foundation for interventions and activities that will strengthen health systems (with a special emphasis on financing) and facilitate stronger public-private collaborations for improved overall HIV/AIDS program sustainability.

### **Summary of key activities and outputs**

#### **Activity 1 Conduct regional literature review**

SHOPS and HS20/20 conducted a literature review on health systems and the role of the private sector in all 12 PEPFAR Caribbean Regional HIV/AIDS Partnership Framework countries. The purpose of the review was to document and synthesize available information on health systems functioning and to map out and summarize recent assessment efforts, so as to minimize the potential for duplicating efforts during in-country data gathering. The literature review draft was vetted at a regional stakeholder consultation December 8-9 in Barbados. During the reporting period, the literature review was revised and finalized, incorporating feedback received during the consultation meeting.

#### **Activity 2 Conduct joint Health System and PSA with HS 20/20 in six OECS countries**

Six Organization of Eastern Caribbean States (OECS) countries are signatories to the Caribbean Regional Partnership Framework: Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines. Given their expressed interest in technical assistance to strengthen their health systems and maximize the contributions of the private sector, and the fact that they have not received focused assistance in these areas, SHOPS and HS 20/20 focused on these countries for joint health savings accounts (HSAs) and PSAs.

During the reporting period, SHOPS and HS 20/20 facilitated stakeholder consultations in all 6 OECS countries. The consultations introduced the proposed methodology to key local stakeholders in both the public and private sectors, secured country commitment, and solicited input to tailor the assessments to ensure responsiveness to the country context and priorities.

Building on the momentum and feedback from the stakeholder consultation meetings, SHOPS and HS20/20 compiled health systems and private sector experts to conduct the field assessments in the OECS countries. HRH experts from I-TECH and the Caribbean HIV/AIDS Training Network (CHART) (with funding from Health Research and Services Agency (HRSA)) a local representative from the Pan American Health Organization (PAHO) and a local logistics consultant also supported each assessment. Assessments were conducted between May and August of 2011, with SHOPS leading the assessments in Antigua and Barbuda and Dominica.

The week-long assessments began with a briefing meeting with key government officials. At a minimum, the meetings were attended by the Permanent Secretary, Chief Medical Officer and a representative from the HIV/AIDS Unit. Assessment team members then conducted a series of in-depth interviews with key stakeholders from both the public and private sectors to discuss the health system and the potential role of the private sector in the region's response to HIV/AIDS. Preliminary findings and recommendations were presented to key stakeholders at debriefing meetings held the last day of each assessment week. Thoughts on potential short-term and long-term technical assistance under each health system building block were also provided.

The assessment in Dominica in June ended in an impromptu meeting with the Prime Minister, who had learned of the assessment from the Minister of Health and wanted to personally meet with the SHOPS Team Leader to discuss his concerns about the health system, and to express his support to implement forthcoming recommendations.

### **Activity 3 Ongoing collaboration with other implementers in the region**

In planning for the joint HSAs and PSAs, the SHOPS and HS20/20 team began coordinating efforts with other regional partners such as CHART, ITECH, HRSA, PAHO, CDC, the MEASURE Evaluation project, and the World Bank.

As a result of ongoing discussions with PAHO, it was agreed that SHOPS and HS20/20 would support a planned health systems assessment, with a focus on HIV/AIDS, in Jamaica. SHOPS fielded a private sector expert to join the large PAHO team in April 2011, and the streamlined assessment of the private sector, presented according to the WHO HSS building blocks, was well-received by USAID.

SHOPS and HS20/20 also participated in a USAID/Barbados-Eastern Caribbean Partner Meeting held June 7-9, 2011 in Washington DC. The purpose of the meeting was to: increase understanding of current USAID/Washington initiatives and USAID/Barbados – Eastern Caribbean project activities; identify opportunities for integrating cross-cutting issues into current and future project activities; and operationalize action steps for improved partner collaboration. In addition to USAID and Abt Associates, the meeting was attended by representatives from Futures Group, Caribbean HIV and AIDS Alliance, Measure Evaluation, Pan Caribbean Partnership against HIV and AIDS (PANCAP), OGAC, CDC, Peace Corps, and HRSA. SHOPS presented on the role of the private sector in addressing HIV/AIDS needs in the region.

### **Activity 4 Health insurance technical assistance**

SHOPS continues to seek out opportunities to provide technical assistance in the area of health insurance, particularly as it relates to coverage of HIV/AIDS. To this end, SHOPS is co-sponsoring a one-day Insurance and Health Forum health insurance summit in collaboration with PANCAP in August 2011. Held in Trinidad, the meeting will build PPPs across the Caribbean region between the insurance and health sectors to enhance access to treatment by persons living with HIV and reduce the stigma and discrimination associated with the disease. Dr. Laurel Hatt will represent SHOPS and HS2020 at the event. SHOPS will also provide financial support for Peter Doyle, President of the South African Insurance Association, to share the South African experience of providing insurance products to persons living with HIV.

**Additional activities in Trinidad & Tobago, Bahamas and Barbados**

Both Trinidad & Tobago and the Barbados expressed interest in technical assistance to maximize the contributions of the private sector to strengthen their health systems and help sustain the national HIV response. Upon submission of a revised work plan, SHOPS received additional funding to support a PSA in Trinidad & Tobago as well as a joint health systems and PSA in Barbados. Funding was also provided to support work in the Bahamas aimed at strengthening NGOs providing HIV prevention services to Most At-Risk Populations (MARPs). The team is now in the early stages of planning an introduction to the proposed methodology to key local stakeholders, securing country commitment, and soliciting input to tailor interventions to ensure responsiveness to the country context and priorities. Experts corresponding to the identified priorities will then be mobilized to form assessment teams. Given the close collaboration between SHOPS/HS2020 and I-TECH/CHART leading up to the OECS assessments, SHOPS will invite I-TECH/CHART to participate in the assessments with a focus on HRH aspects.



## **Kenya (Forward funded with Population Core)**

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### **Overview**

The *Naivasha Workshop* (April 2009) under PSP-*One* launched a ground-breaking collaboration between the Kenyan public and private sectors in health. During the two and half day workshop, the participants achieved many significant results that laid the groundwork for a productive dialogue and inclusive participation in future collaborations between the public and private sectors in the policy and planning process. The PSP-*One* project continued to support the policy dialogue process launched at Naivasha and achieved the following results:

- Worked with (Ministry of Medical Services (MOMS)/Ministry of Public Health and Sanitation (MOPHS) to develop a consultative review process to integrate the private sector in coordination and planning;
- Assisted the MOMS/MOPHS staff to design the PPP Unit within the Ministries of health, including a concept note that outlined the PPP Unit's purpose, core functions, staffing needs and proposed necessary policies and systems to operationalize the unit; and
- Established and supported the PPP dialogue mechanism called PPP Health-KENYA (PPP-HK). The newly formed PPP-HK received widespread support from high-level officials and leaders from all three sectors. With PSP-*One*'s assistance, the group successfully developed TORs, identified key policy areas to address together, and proposed possible health PPPs.

The momentum has continued under SHOPS to: i) support the dialogue process to reform Kenya Health Policy Framework (KHPF) and Health Acts, ensuring the private sector has a seat at the policy table; ii) assist PPP-HK to consolidate its base as a mechanism to ensure a balanced and shared dialogue promoting PPPs; and iii) help establish and operationalize the newly created PPP Unit.

### **Summary of key activities and outputs**

#### **Activity 1 Launch Consultative Process to Reform the Kenyan Health Policy Framework (KHPF) and Update the Health Acts**

At the beginning of this funding period, the policy reform process had slowed to a halt due to internal dissention between the two ministries on how to lead this effort. To maintain momentum, WHO supported MOMS and MOPHS to conduct background analysis that has framed the discussion for both policy review streams. Additionally, SHOPS joined a working group comprised of WHO, the Danish International Development Agency (DANIDA) and IFC, to pool donor support once MOMS/MOPHS reached agreement on how to proceed. Finally, in December, MOMS and MOPHS created a committee through gazettelement called the Legal Reforms and PPP Committee. The committee is intended to facilitate the realization of the PPP regulatory reform priorities identified at the Naivasha Workshop. Once the Committee had been constituted and staffed, activities finally began moving forward.

Subsequently, MOMS approached SHOPS for technical assistance to support their role in the newly created Committee. SHOPS hired five Kenyan experts to: i) interpret the new constitution and its implications for the KHPF and Health Acts, and ii) facilitate internal

meetings to develop draft proposals for the KHPF. SHOPS has agreed to fund and assist MOMS to carry out regional consultative meetings. SHOPS has procured stationary, meeting supplies, funded meeting venue and food costs, and hired a rapporteur to assist in meeting documentation. An all day meeting was held on Friday, April 1st at the The Norfolk Fairmont Hotel in Nairobi for 25 private sector PPP-HK members to discuss the new Constitution and the implications for their role.

The first major Policy Review Meeting on the Kenya Health Acts took place on Friday, June 24, 2011 at the Crowne Plaza Hotel in Nairobi. This meeting was co-financed by the International Finance Corporation, The World Bank Group, SHOPS, and MOMS and MOPHS. Over 59 representatives attended from policy-setting institutions as well as public, non-profit, and commercial health care sectors. The purpose of the meeting was to draft a road-map for policy reform addressing key policy instruments of the health sector. The objectives were to: i) allow the Ministries to articulate key implications of the new Constitution and Bill of Rights on Health; ii) gather perspectives of stakeholders on broad areas of policy to inform health policy reform; and iii) to initiate the reform process through a central level policy dialogue. A Report of the Consultative Meeting on the Review of Kenya's Health Sector Legal Instruments was prepared by the SHOPS Rapporteur and reviewed by SHOPS staff as well as IFC staff and other committee members – including a full list of meeting participants. Regional consultative meetings are being planned for August, which SHOPS may be involved in supporting.

The meeting report from the June 24th meeting was shared at an internal executive committee meeting at the MOH and presented to 16 members of the MOH committee responsible for review of the health acts and alignment of the acts with the new constitution. A road-map for review of the health acts was also developed and has been submitted to the MOH, which will inform the review activities and the consultative process moving forward. SHOPS will support the private sector to fully participate in the agreed road-map and facilitate the MOH committee to engage stakeholders. Also, SHOPS may bring in an international expert to Kenya in the fall of 2011 to help the Committee integrate international best practices in policy reforms to support the private health sector.

### **Activity 2 Help the MOH establish and launch a PPP Unit**

During the first five months of this reporting period, the PPP Unit remained a concept. Although MOMS and MOPH assigned staff to the PPP Unit, these staff members had other competing work priorities – including the two policy review processes and active participation in PPP-HK – and were not able to dedicate the time to operationalize the PPP Unit. Moreover, the MOH did not formalize the PPP Unit through gazettelement necessary to convey the authority of this Unit to assume the functions outlined in the concept paper. The PPP Unit finally received official approval in the same gazettelement that created the Legal and PPP Committee, which included an assignment of a full-time staff person dedicated to establish and operationalize the Unit. SHOPS has completed a scope for the PPP Unit. In addition, four PPP Unit members attended a PPP and Commercial Joint-Ventures Course in Nairobi from May 2 – 6th.

### **Activity 3 Consolidate the newly formed PPP Health-KENYA policy dialogue mechanism**

The launch of PPP-HK was scheduled for 2010. Nine of the ten institutions have signed the Charter and support PPP-HK in a variety of ways (active staff participation, lending of office space and supplies, etc). The sole partner holding-out is the MOH, who has not signed the Charter because the PPP-HK's key supporters within the Ministries – MOMS Minister of Health and Permanent Secretary – were both transferred to other ministries.

Nonetheless, PPP-HK activities have progressed despite the unsigned Charter. In preparation for the official launch, SHOPS helped PPP-HK leadership develop branding and promotional items including a logo, brochure, debriefing packet, roll-up banner, poster, and website. SHOPS has printed brochures, procured stationary, and printed banners and posters. The website design was approved by the PPP-HK and it is under construction; its progress may be followed at the following web-address: [www.ppp-hk.org](http://www.ppp-hk.org). SHOPS has also assisted in the development of a Letter of Intent for PPP-HK, which has been revised to incorporate changes suggested by the Ministry and is awaiting signing by all stakeholders. A launch is expected to follow the final signing.

PPP-HK is fully functional and meets regularly to carry out its year-one workplan. PPP-HK's main priority has been to influence the policy review process to ensure private sector perspective in the proposed reforms. PPP-HK members have met together, as a group and with each of their constituencies, to review the initial background analysis (see above) and provide input. PPP-HK has also written and presented a position paper to the Legal Committee that outlines how to acknowledge private sector contribution to the overall Kenyan health sector and how to align the private sector to public health objectives.



## Madagascar

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### Overview

SHOPS is partnering with Marie Stopes Madagascar (MSM), one of the largest non-state providers of sexual and reproductive health (SRH) and FP in the country, to expand access to comprehensive FP. In order to achieve this objective, SHOPS is carrying out activities in line with the below specific objectives:

- Providing expanded access to comprehensive FP services through provision of LAPM of contraception via six mobile outreach team working in underserved regions; and
- Increasing the demand for SRH services through targeted information, education, and communication (IEC) activities, strengthening the private sector supply and using vouchers to breakdown financial barriers to access.

### Summary of key activities and outputs

#### **Activity 1 Provide expanded access to comprehensive FP services through provision of LAPM of contraception via six mobile outreach team working in underserved regions**

Preparatory activities occurred from October to January, with outreach services starting in January 2011. Preparatory activities included procurement of equipment, recruitment and competency-based training of 6 outreach teams, geographic information system (GIS) mapping of outreach sites, establishment of agreements with local stakeholders at the district level, and establishment of a regional office in Ambovombe.

Due to USG restrictions on working with the government, MSM had not been able to use USAID funding to support outreach activities conducted from government health facilities. Outreach programs were only taking place in tents, houses and other structures more than 5kms away from government facilities. Starting in June, SHOPS received agreement from USAID/Madagascar to use the “mixed-model” which allowed MSM to use non-USAID funding to implement outreaches from health facilities.

The number of districts reached in May declined due to the start of mapping for “mixed-model”. However, service numbers continued to increase as the return to some districts first visited in January-February resulted in greater awareness and higher acceptance. Results for June 2011 (See Figure 3) are below projections resulting from the impact of training events (training days and associated travel) that reduced activities by one week.

**Figure 3**

Month		January	February	March	April	May	June	Total
6 outreach teams	Sites (Fokontany)	46	46	74	90	67	51	374
	Implant	249	376	680	612	729	661	2,627
	IUD	172	245	261	220	362	257	1,256
	Tubal ligations	151	186	101	173	202	151	863
	Vasectomies	0	0	0	2	21	3	26
	<b>CYP</b>	3 705	4 989	4 453	5524	7330	5,676	18,530
	<i>Services</i>	572	807	992	1007	1314	1,084	4,784

**Activity 2 Increase the demand for SRH services through targeted IEC activities, strengthening the private sector supply and using vouchers to breakdown financial barriers to access**

To increase the demand for SRH services, MSM began to sell vouchers through community health educators (CHE) to be redeemed through the MSM BlueStar franchises. An expected 10,000 vouchers will be sold at a token price in year 1 resulting in over 8,000 poor WRA, men and WRA at risk of unplanned pregnancy accessing high quality SRH counseling and FP services, including LAPM, via the private sector. Seventy-two (exceeding the target of 50) new private sector providers in four regions have been accredited by MSM to offer high quality SRH services, LAPM and short term methods for voucher clients within the BlueStar network (See Figure 4).

**Figure 4. Providers and CHE**

Regions	BlueStar providers	BlueStar Providers accredited to accept Vouchers	CHE
Bongolava	25	17	10
Itasy	17	16	7
Analamanga	48	34	11
Alaoatra Mangoro	5	5	5
<b>Total</b>	<b>95</b>	<b>72</b>	<b>33</b>

**Distribution, sales and redemption:**

The proportion of sales to vouchers distributed to CHE is on-track with approximately 1-2 months lag. The proportion of sales to reimbursement has a longer lag, currently 2-3 months. This is being monitored over Quarter 4 and reasons for the lag will be studied as part of the Voucher Tracing study.

**Figure 5**

	January	February	Mars	April	May	June	Total
Vouchers distributed to CHE	X	500	530	470	1630	570	3700
Vouchers sold to the clients	X	X	500	840	460	772	2572
Vouchers used by the clients	X	X	133	258	378	367	1136
Voucher redeemed to the provider	X	X	133	258	378	367	1136

The SMS-based reporting system for BlueStar members was updated to incorporate voucher service reporting. During the second quarter, the voucher claims process was evaluated – the project has gained significant learning on how to implement claim-

processing using mobile-banking technology. The original concept made use of the TELMA Mvola system. However, with many BlueStar members using other mobile networks, an unanticipated restriction has been a seven-day window from when the reimbursement is sent, to the claimant needing to attend an Mvola kiosk before the transfer expired. This had the consequence of forcing BlueStar members to hoard their voucher claims until a convenient time to attend the Mvola kiosk. The MSM voucher monitoring and IT Manager has worked with other mobile network providers to enable BlueStar members to establish official accounts at any mobile-banking center; these accounts provide access to the transferred funds without any term limits and should address the problem of hoarding. Improved voucher monitoring has enabled daily updates of the voucher database, monthly reporting by the voucher manager and regular supervisions.

Analysis of the poverty grading forms that were completed for more than 2,000 voucher beneficiaries who received services during quarter two and three has been completed. Results demonstrate >90% poverty rates amongst voucher beneficiaries using validated multi-dimensional indices of poverty.

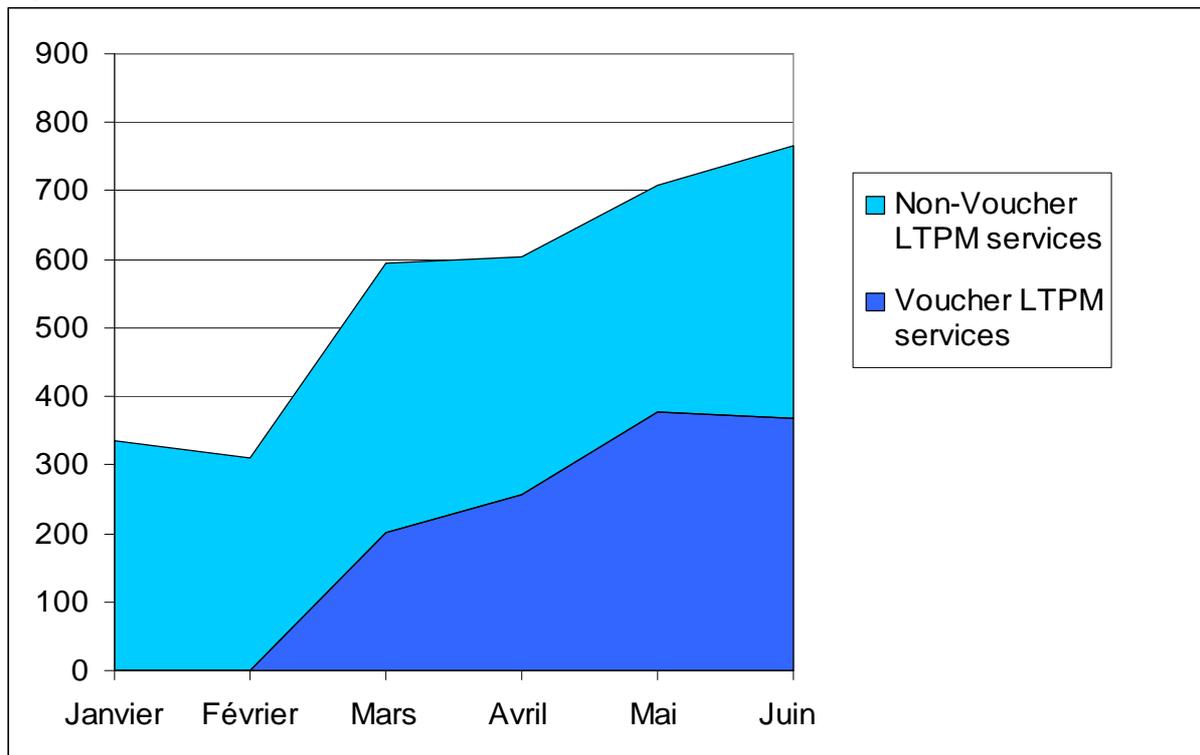
#### **Evolution of BlueStar LAPM services provided**

The number of LAPM methods delivered via the BlueStar network has grown 128% between January and June 2011. Vouchers are the principle driver of this growth, with non-voucher services remaining stable throughout Quarter 2 and Quarter 3. Trends over Quarter 4 will be monitored to ensure that information, education and BCC activities also contribute to increasing demand from clients who do not meet the criteria for voucher distribution. See Figures 6 & 7 below.

**Figure 6. Services provided**

	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>
Condoms	286	269	333	511	310	466	2,175
Emergency Contraception	108	68	70	74	61	77	458
OCs	830	848	877	736	773	881	4,945
Injectables	3,183	3,158	3,159	3,161	3,076	3,260	18,997
Implants	285	282	550	542	630	637	2,926
IUDs	50	27	45	62	77	129	390
<b>Total client services (LAPM)</b>	<b>335</b>	<b>309</b>	<b>595</b>	<b>604</b>	<b>707</b>	<b>766</b>	<b>3,316</b>
Voucher IUDs/Implants	X	X	133	256	377	361	1,127
Voucher Permanent Methods	X	X	0	1	0	8	9
<b>Total voucher services (LAPM)</b>	<b>0</b>	<b>0</b>	<b>202</b>	<b>257</b>	<b>377</b>	<b>368</b>	<b>1,136</b>

**Figure 7**



## Namibia

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### Overview

Building on a comprehensive PSA conducted by SHOPS in 2010, the field project in Namibia aims to facilitate the sustainable involvement of the private sector in the national HIV response – both in terms of financing and service delivery. The key aim of SHOPS/Namibia is to leverage private investment to increase efficiencies and prospects for sustainability, improve access to care for underserved population groups, and achieve national health goals, including goals for combating the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). By doing so, SHOPS/Namibia will strengthen greater domestic investment in the national response which is critical as USG support is expected to decrease over the coming years.

SHOPS/Namibia will engage local partner PharmAccess Namibia and global affiliate partner Boston University School of Public Health, building on the previous work and accomplishments of both organizations in Namibia. In addition, SHOPS/Namibia will work in partnership with USAID partner Management Sciences for Health (MSH) and local organizations – both public and private – to strengthen their ability to nurture a sustained private sector response. To the extent possible, the efforts of SHOPS/Namibia will be coordinated with those of other donors to increase overall impact and promote efficiencies.

### Summary of key activities and outputs

#### Activity 1 Expanding Access to Low-Cost Health Insurance

Namibia, like South Africa, has a substantial health insurance industry (covering about 18% of the population) as well as a major HIV epidemic. Since 2006, employers have been able to purchase a HIV-only insurance product (Vitality) that guarantees a comprehensive package of HIV/AIDS treatment benefits to previously uninsured workers for approximately N\$ 40 per month. The product is based on private sector provision of care, with all services (including ART) being paid at Namibian Association of Medical Aids Funds (NAMAF) rates. However, the market has grown slowly, with only about 10,000 Namibian workers currently covered by low-cost insurance plans covering ART.

SHOPS/Namibia aims to expand access to low-cost health insurance in the formal workforce through the following activities: i) Explore and facilitate the introduction of a mandatory basic low-cost health care package for formally employed workers and ii) Reduce the cost of mandatory low-cost health insurance.

To date, SHOPS/Namibia has worked with Namibian government ministries as well as private for-profit and not-for-profit entities to complete steps towards expanding access to low-cost health insurance.

The Ministry of Health and Social Services (MoHSS) provided approval for the research on the impact of anti-retrovirals (ARVs) at government/donor cost on health insurance premiums that SHOPS/Namibia will conduct. Additionally, meetings with the Deputy Director of Pharmaceuticals at MoHSS have taken place to initiate discussions on government provision of ARVs.

The Ministry of Finance approved SHOPS/Namibia to analyze data from PSEMAS (union of Government of Namibia employees) for research on the impact of ART at government/donor cost. SHOPS/Namibia has received the data from PSEMAS and has completed the analysis.

NAMAF, through a formal letter from the CEO, appealed to their members to provide data on ARV costs as soon as possible to SHOPS/Namibia. SHOPS/Namibia hired a qualified health actuary (Deloitte) to review the upcoming analysis on the impact of ARVs at government/donor costs on health insurance premiums. For quality assurance and review of the costing methodology used by SHOPS/Namibia, TOR for a Technical Advisory Group are in place, and key individuals have already been identified.

SHOPS/Namibia has launched a tender process to involve bids from local survey companies to assist in research on the willingness to pay for low cost health insurance among employer and employees. Bids have been received and SHOPS/Namibia will select a qualified research firm by mid-August 2011.

Two key challenges have emerged during this activity. Firstly, the medical aid funds have been reluctant to provide insight into their data. SHOPS/Namibia is addressing this through providing assurances regarding the data usage (anonymity, recognition to the funds, etc), through cooperating closely with NAMAF and their actuaries, and through individual meetings with the medical aid funds. Secondly, SHOPS/Namibia experienced a delay in receiving approval from the Ministry of Finance for the usage of PSEMAS data. However, this approval has now been received and the data has been supplied.

### **Activity 2 Strengthen the role of private health providers to provide male circumcision (MC)**

The MoHSS has set a target to circumcise 80% of all males by 2015. This target is an enormous challenge, as it requires almost 190,000 MCs in the peak year (2012). The private sector could play an important role in achieving national MC targets as it holds almost double the number of health facilities compared to the public sector. SHOPS/Namibia will set the stage for expanding the private sector role by exploring the feasibility of private provision of MC. Based on feasibility study results, SHOPS/Namibia will work towards defining MC as an explicit medical scheme benefit, by mapping the costs and benefits for medical aid schemes. Simultaneously, SHOPS/Namibia will work with the MC Task Force to adapt training materials for private providers.

To date, SHOPS/Namibia has registered significant accomplishments towards strengthening the role of private health providers to provide MC in Namibia.

An online survey to gauge the interest of the private physicians to become further involved in providing MC has been distributed to members of the Medical Association of Namibia. The survey was sent to approximately 230 members, and 40 responses were received. Results show encouraging signs for involving private physicians in MC in Namibia.

Through the MoHSS MC Task Force, SHOPS/Namibia has developed a proposal to provide awareness training to staff from three private sector HIV programmes: Bophelo! (a mobile wellness testing project), Mister Sister (mobile primary health care) and the Namibian Business Coalition on HIV/AIDS' (NABCOA) workplace projects. It was also agreed that information materials on MC would be distributed through these projects.

A qualified health actuary (Deloitte) has been engaged to assist in the development of the MC tariff, which was submitted to NAMAFA on the 22nd of July 2011.

SHOPS/Namibia undertook efforts to address the low level of knowledge about the benefits of MC on HIV prevention. A proposal was sent to the Chamber of Mines to organize MC days at specific sites; an initial discussion has taken place with the Namibian Port Authority (NAMPORT) to increase awareness of MC amongst staff and create opportunities for MC at their company clinic; and initial discussions with I-Tech have taken place to develop training on MC for private practitioners.

Overall, this activity has moved forward swiftly, with interest from key parties such as NAMAFA. The key challenge that remains is a low level of knowledge about the benefits of MC for HIV prevention among the private medical sector. SHOPS/Namibia aims to improve the knowledge on this topic through various activities, such as presentations to the medical aid schemes and participation in conferences organized by the Namibian medical associations and NAMAFA.

### **Activity 3 Strengthen the role of private health providers to deliver quality HIV/AIDS services and treatment**

SHOPS/Namibia will work to build the capacity of private providers in delivering high-quality HIV/AIDS services and address long-standing challenges facing the private sector including: (i) lack of skills and training in new treatment guidelines; (ii) limited access to subsidized products to ensure affordable treatment; and (iii) minimal/no supervision to ensure compliance. SHOPS/Namibia will pursue activities to help address these barriers and will work with other partners including I-Tech and the HIV/AIDS Clinicians Society to implement them.

Important steps were taken to kick-start this activity including:

- Existing information on the quality of ART provision has been reviewed;
- Initial discussions with I-Tech have taken place;
- Relationships have been built with the medical associations; and
- A tender process is ongoing to involve bids from local survey companies to assist in research on the training needs for private providers. Bids have been received and a research firm will be contracted to begin research work in mid-August 2011.

### **Activity 4 Build the capacity of NGOs to improve financial sustainability**

SHOPS/Namibia will build the capacity of local NGOs to effectively engage with other sectors for a more efficient and sustainable HIV response. SHOPS/Namibia will focus on strengthening the ability of NGOs to develop and market their competencies to workplace HIV/AIDS programs as a strategy to improve financial sustainability. Modules for NGOs will be developed to complement existing workplace HIV/AIDS programs and should be useful, attractive to employees, and priced competitively. By marketing and

implementing these modules, NGOs can improve their financial sustainability while providing a beneficial service to a larger target group of employees.

During the reporting period, this activity was started by consultations with a variety of NGOs about their issues with regards to financial sustainability and their strategies to address these issues. The consulted NGOs are: Namibia Network of AIDS Service Organisations (NANASO), Namibia Non-Governmental Organisation's Forum Trust (NANGOF Trust), NABCOA, Positive Vibes, Catholic Aids Action, and PACT.

SHOPS/Namibia commenced a mapping exercise of all NGOs involved in HIV/AIDS service provision, including an overview of their activities and income source. At the same time, a tender process is ongoing to involve bids from local survey companies to assist in research on the interest of companies to procure health services/products provided by NGOs that could facilitate a HIV/AIDS workplace policy. The final research firm will be selected and contracted by mid-August 2011.

## Nigeria

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### Overview

From September 1, 2009 – September 31, 2011, USAID/Nigeria allocated a total of \$1,400,000 to SHOPS/Nigeria to increase the capacity of private providers in the sustainable provision and use of quality RH/FP services in Nigeria. The main objective of this funding was to build on the years of work implemented in the private for-profit sector under the PSP-*One* project in Nigeria (2006 – 2009).

In Nigeria, the private sector (primarily private hospitals and clinics, pharmacies, and chemists) is a major source of FP services and methods. Building the capacity of the private sector and stimulating greater private sector provision of quality RH/FP services is SHOPS/Nigeria's key strategy for addressing the existing RH/FP needs in the country. Keeping in mind that one of the main obstacles for private providers in providing quality services is the lack of access to credit for funding a private practice or clinic, SHOPS/Nigeria, with a combination of core SHOPS and field support funds, helped structure the first USAID DCA health sector loan portfolio guarantees in Nigeria with two banks. This guarantee will support up to \$8.7 million in new loans to private practice providers that offer RH/FP and MCH services.

### Summary of key activities and outputs

#### Activity 1 Capacity Building of Health Service Providers

In collaboration with the Association of General Private Nurse Practitioners (AGPNP) executives, SHOPS/Nigeria has adapted a two-day Managed Care and Family Wellness (MCFW) training module to develop a two-day Family Wellness (FW) curriculum with greater emphasis on FP counseling skills and the provision of FP methods in private clinics. This activity increases the quality of FP service provision in the private sector as most clients at the community level patronize private nurses and midwives.

The FW module was pretested during a 3-day training of trainers (TOT) organized for 5 executive members of the AGPNP in Lagos State. The module was updated after the TOT and was used to train 24 private nurses and midwives from 20 private facilities in Lagos State. During the training, quality time was spent on developing the counseling skills of the participants through role plays and return demonstration. The participants were also trained on the proper use of BCC materials and were encouraged to provide FP services routinely rather than waiting for the clients to ask for it.

To date in this fiscal year, 24 private providers have been trained in the full two-day FW training curriculum; 128 private providers have been trained during one-day on-site trainings in FW; and 37 private clinics have received shipments of and training in utilization of FP/RH communications materials.

In the remainder of the fiscal year, 65 private community pharmacists will be trained in FW and 100 private providers will receive Contraceptive Technology Updates (CTU) from SHOPS/Nigeria.

### *Managing Healthy Businesses Training*

SHOPS/Nigeria continued to provide business management training for the private health sector providers, including developing capabilities of local trainers to deliver effective trainings, engaging provider associations in the organization of the trainings and reviewing the training needs of providers for future courses.

### *ToT and certification of trainers*

As part of strategy to develop sustainable capacity to deliver the trainings in the future, SHOPS/Nigeria worked with local trainers to strengthen their capabilities through TOT and certification process.

During the year, 9 prospective trainers and business development service providers participated in the Managing a Healthy Business (MHB) TOT program. Upon successful completion of the program, they are gradually being certified as trainers and introduced to the health providers associations as trainers and Business Development Services (BDS) providers. In addition to participating in the TOT training, each trainer is required to teach at least one course under the supervision of the master trainer and pass a qualification exam. So far, two trainers have been certified through this process.

### *Trainings conducted and providers trained*

During the year, SHOPS/Nigeria promoted the training opportunities among the providers through associations with short information sessions, presentations of the training at the associations meetings and through other methods.

SHOPS/Nigeria delivered two full trainings for the total number of 39 private providers in Lagos State in cooperation with the Association of General and Private Medical Practitioners of Nigeria (AGPMPN). The first training for 20 private providers took place from May 31-June 1, and the second training for 19 people was organized in early July. Both trainings were based on the MHB course.

The training was very interactive and participatory and weak areas in the providers' business practices were identified and discussed. The participants expressed concern over different financial and business errors they had made in the past prior to completing this training course. At the conclusion of the training, they all expressed their determination to take actions that will assist their facilities in correcting their errors and moving forward with sound business practices.

Finally, SHOPS/Nigeria continues to organize MHB training with the plan to deliver three more trainings by the end of September. It is expected that at least 36 private providers will benefit from these trainings.

### **Activity 2 Partnerships with Provider Associations and other Industry Stakeholders**

SHOPS/Nigeria is working closely with the AGPMPN to scale-up the training program for the MCFW and MHB modules. AGPMPN received accreditation for these two modules under the Medical and Dental Council of Nigeria (MDCN) Continuing Providers' Development program.

AGPNP executives are committed to the course of scaling-up FW training beyond Lagos State to include other state chapters in the country. As part of their effort to involve the national body, the AGPNP National Secretary was invited to the providers' training that took place in June. Since the AGPNP National office is located in Edo State, it is hoped that the National Secretariat will be actively involved in FW services and training opportunities when SHOPS/Nigeria eventually scales-up project activities to Edo State. AGPNP trainers are working towards perfecting their skills in the delivery of FW module which is a promising sign towards sustainability and training scale-up.

During this fiscal year, SHOPS/Nigeria initiated discussion with the ACPN on the capacity of their members to offer FP counseling and refer clients as appropriate to private facilities close to the pharmacy and the homes of clients. The training module to be used for this training was put together in response to the request of ACPN executives on the need for their members to be able to offer FP counseling to their numerous clients at the community level since their shops are often the first entry point of medical services for the community. The current health policy that limits community pharmacists to only refill OCs and prevents them from any injectable was upheld in the development of the simple FP counseling module that SHOPS/Nigeria intends to use for the training. In the remainder of the fiscal year, 65 community pharmacists will be trained in this adapted FP counseling module by SHOPS/Nigeria.

SHOPS/Nigeria during this quarter initiated preliminary correspondence with the Chief of Party of the Expanded Social Marketing Project in Nigeria (ESMPIN), the new USAID/Nigeria-funded social marketing project to explore opportunities of possible collaboration as both projects have the mandate of improving FP/RH services amongst the private providers in Nigeria. Further in-person meetings are planned for the next quarter to build collaboration and shared plans for implementation.

SHOPS/Nigeria is collaborating with various stakeholders, including with the majority of professional associations, to ensure high awareness and utilization of the DCA guarantee facility. SHOPS held working meetings with the associations and provided technical assistance to association staff on issues related to the organization and management of business trainings.

SHOPS/Nigeria was also successful in placing the MHB training on the list of required courses for doctors seeking to renew their license, which created a much larger interest in and demand for this type of training.

### **Activity 3 Technical Support to Financial Institutions**

SHOPS/Nigeria is working closely with Diamond Bank and Accion Microfinance Bank Limited (AMfB) to establish systems to effectively target loans to qualified borrowers and monitoring against agreed financial and development indicators.

SHOPS/Nigeria has assessed the need for training at the management and/or branch level to orient managers and lending officers to the needs of health care borrowers, benchmark health care businesses, and conduct credit analysis.

Based on need, SHOPS/Nigeria provided workshops at partner bank branches and trained 51 loan officers and branch managers in effective lending techniques and practices.

SHOPS/Nigeria supported Diamond Bank and AMfB in developing a strategy for lending to the health sector and systems to commence lending under the DCA. Additionally, SHOPS/Nigeria facilitated half-day strategy workshops with the senior management of both. The sessions included an overview of the health sector and market research findings, strategies for targeting different segments of providers, product adaptation and branding, M&E of health sector loans, and a discussion of the various areas of technical support that SHOPS/Nigeria would offer the banks.

**Figure 7.**



During the year both banks started to adapt products for the health sector and initiated lending under the DCA guarantee. Diamond Bank launched their “Medi Loan” product in March 2011, supported by a 3-week mass media campaign. AMfB started to lend to the health sector in November 2010 but so far is experiencing a longer delay in the development of a specific health loan product due to staffing issues on the development team; they intend to launch a health sector product by the end of 2011.

The lending under the DCA guarantee exceeded the initial projections. In total, the two banks made 159 loans for the total amount of 186,767,000 Naira (\$1,245,000). Accion Bank made 123 loans for the total amount of 22,495,000 Naira (\$150,000) with an average loan around \$1,200. Diamond Bank on the other hand made 36 loans for the amount of \$1,095,000 and average loan of \$30,400. Both banks serve different market segments: Accion provides loans to smaller providers, such as patent medical vendors, while Diamond Bank works with larger providers and facilities.

While the results of the partner financial institutions are highly satisfactory, both banks acknowledged that the roll-out of the new product was not as smooth and fast as they originally had expected. SHOPS/Nigeria continues to work with both banks on improving the loan product and outreach to the target clients.

## Paraguay

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### Overview

Based on the findings of the SHOPS PSA conducted in Year One of the project, the SHOPS/Paraguay program established the following three goals as a basis for its technical assistance program to be implemented in Year Two and Three of the project:

- Improve the positioning of the Paraguayan Center for Population Studies (CEPEP, in Spanish), the local IPPF Federation affiliate, and help it become more self-sufficient;
- Strengthen the FP program of the Paraguayan Social Security Institute (IPS); and
- Strengthen and re-orient the Paraguayan contraceptive security committee toward a whole-market approach.

### Summary of key activities and outputs

#### **Activity 1 Improve the positioning of CEPEP in the marketplace and help it become more self-sufficient**

In November 2010, SHOPS executed a sub-grant with CEPEP in order to launch its technical assistance program to be implemented through March 31, 2012. The sub-grant provides budget support to CEPEP for its staff and includes a new position for the organization for a marketing manager.

In addition to the sub-grant, SHOPS developed and presented a proposed workplan for direct technical assistance for CEPEP to its Senior Management Team and Board of Directors in order to gain leadership support for the project's goals and objectives. As a result and with the approval of CEPEP authorities, SHOPS began implementation of the project's first phase of technical assistance, the diagnostic phase, in December 2010. The diagnostic phase consists of the following activities:

- Market study in clinical health services;
- Market study in laboratory and diagnostic services;
- Market study on RH training and technical assistance services;
- Market study on survey and research services;
- Productivity study (CEPEP led);
- Costing analysis (CEPEP led with technical assistance from Council for International Exchange of Scholars (CIES)); and
- Analysis of programmatic and financial data.

During the second half of Year Two, SHOPS completed the four market studies listed above. The first two studies for CEPEP's market-based services, clinical health services and laboratory services, included focus groups with current and potential clients, surveys with current and potential clients, in-depth interviews with current clients, and mystery shoppers with competitors. In total, the local market research firm contracted by SHOPS, conducted the following:

**Figure 8.**

Data Source	Clinical Services	Lab Services
Focus Groups	11	5
Surveys	400	400
In-depth Interviews	6	6
Mystery Shoppers	40	40

The studies for clinical services and labs began in January 2011 and were completed in May 2011. The studies identified extensive information which validated much of what CEPEP had been discussing over recent months, as well as bringing to light other factors/issues which were new to CEPEP. Some of the most important findings were:

- CEPEP is perceived as providing high quality services by current clients (82% to 94% describe its services as good to very good);
- CEPEP is not well-known (only 2% of potential clients in Asunción named CEPEP or *Clínica de la Familia* as a medical center in the third mention– which was the best result of the four cities);
- CEPEP’s prices are markedly below other clinics (both for-profit and not-for-profit), including the fee schedule as established by the national OB/GYN society and in one city below the costs charged in the public sector at the municipal level; and
- CEPEP is losing a large amount of potential income due to a limited offering of medicines in their clinics (CEPEP clients spent approximately \$200,000 in 2010 at commercial pharmacies filling prescriptions given to them at CEPEP).

For the third and fourth market studies for survey and research services and training and technical assistance, both of which are dependent on institutional clients, SHOPS contracted individual consultants to lead data collection and analysis. The studies included a competitive analysis, interviews with past, current and potential clients and an analysis of overall market trends in these two business lines. The studies began in May and were completed in June 2011.

In Year Three, SHOPS will synthesize the findings from the diagnostic activities, design market positioning strategies, build consensus around the future direction of CEPEP and support the initial implementation of the market positioning strategies. The strategies will be developed based on CEPEP’s competitive advantages and strengths.

### **Activity 2 Strengthen IPS FP program**

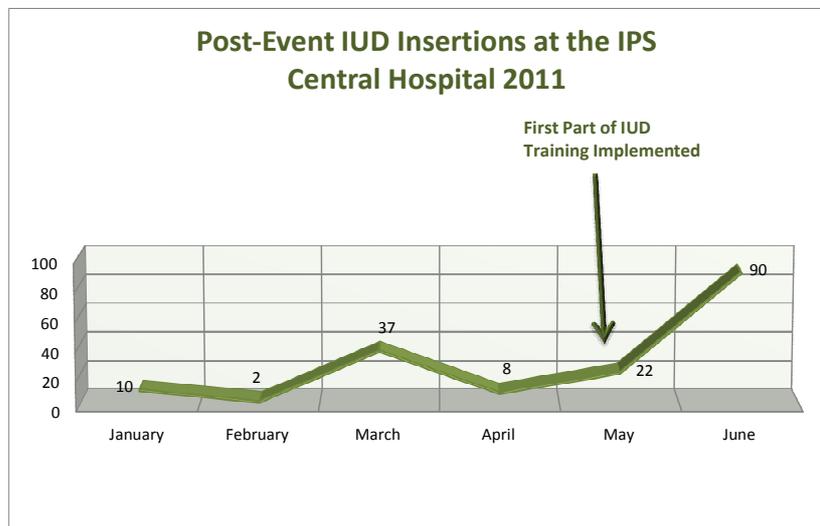
Early in Year Two, SHOPS organized a successful launch meeting with IPS counterparts in order to introduce them to the project’s workplan and staff. As a result of this meeting, it was decided that SHOPS and IPS would sign an MOU stating the goals and objectives of the SHOPS /Paraguay workplan for supporting IPS, as well as designate roles and responsibilities between the two parties. In May 2011, SHOPS/USAID and IPS executed the aforementioned MOU at a formal ceremony in Asunción with distinguished guests, including the US Ambassador to Paraguay, who served as an honorary witness to the document’s signing, the Minister of Health and the President of IPS.

As part of the overall technical assistance from SHOPS to IPS, the first part of a two-part TOT in post-partum and interval intrauterine device (IUD) insertion was completed in

June 2011. Twelve IPS providers are being trained as trainers in a new post-partum technique which has been demonstrated to reduce spontaneous expulsion rates. The trainers completed their clinical standardization course in June and will complete their training methodology course in July. During SHOPS' Year Three the 12 trainers will conduct cascade trainings to up to 100 additional IPS providers, including doctors and licensed OBs.

Since the clinical standardization course took place, IPS has already noted an increase in the number of post-partum IUD insertions at the Central Hospital. Figure 9 shows the increase in insertions after the 12 trainers completed their clinical course. The monthly average for the first five months of the year was 16 post-event IUD insertions per month against an average of 472 deliveries per month. However, in the month of June there were 90 post-event IUD insertions against 460 deliveries.

**Figure 9**



In conjunction with training providers, the project is also set to donate relevant IUD equipment to IPS in the fall of 2011 in order to address equipment needs for such services.

In addition to training and equipment, SHOPS initiated a qualitative study aimed at understanding the reasons IPS members and beneficiaries decide to go to IPS for their FP products and services or to source elsewhere. In June 2011, SHOPS contracted a local research firm to conduct the study; data collection will begin in July 2011. Conclusions and recommendations from the qualitative data will be used to design a client capture strategy for the IPS FP program.

**Activity 3 Strengthen and re-orient the Paraguayan contraceptive security committee toward a whole-market approach**

In March 2011, SHOPS began work on developing an expanded Comité Disponibilidad Asegurada de Insumos Anticonceptivos (DAIA) membership base and a sustainable structure for the committee going forward. A SHOPS' consultant conducted stakeholder interviews with close to 20 current and potential DAIA members. Results from these

interviews were subsequently presented at a SHOPS-led workshop with current DAIA members and as a result the committee concluded the following and committed to next steps:

- In order to be sustainable, the committee should come under the structure of the soon-to-be reactivated National Health Council of the MOH. USAID/Paraguay agreed to assist in the transition.
- The committee will establish operational regulations to guide its activities. At the next meeting members will review proposed regulations based on examples from other countries and establish a commission to develop the guidelines.
- The committee will pursue the recruitment of two types of new members: permanent and strategic (issue-specific) members. The strategic members will form a collaborative network representing various sectors to serve as a resource for the committee on topics of interest to the respective organizations.

Since the March workshop, the special commission was established for drafting the DAIA operational guidelines, including SHOPS and DELIVER on the commission. In June 2011, the commission distributed the draft guidelines for full committee membership review and received comments.

In SHOPS' Year Three, the operational guidelines will complete a committee approval process, and using the guidelines as a framework – SHOPS will begin the membership expansion process.

## Zambia

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### Overview

SHOPS is building on work conducted in Zambia through the USAID funded Banking on Health project to expand access to financing for the private health sector. In Year One, SHOPS/Zambia added an advanced business skills training course entitled “Business Planning for Health Practitioners.” The program also expanded technical support to the two financial institutions that have health sector DCA loan portfolio guarantees in order to ensure that loans are disbursed to health care businesses which serve the health objectives of USAID/Zambia. SHOPS continued to build the sustainability of the access to finance activities by training six trainers from medical associations who are now certified to deliver SHOPS business management trainings. In addition, the Pharmaceutical Society of Zambia now requires pharmacy interns to take the SHOPS business management training and approved the SHOPS trainings for continuing medical education for practicing pharmacists.

The overall goal of SHOPS/Zambia in Year Two was to promote the growth of the private health sector, particularly the growth of those private providers offering FP, RH, and MCH health services. Specific objectives included:

- Improve private providers’ financial management skills—especially in business planning and applying for financing;
- Strengthen financial institutions’ knowledge and capability to lend to the private health sector; and
- Expand access to finance for private health care providers, particularly through loans guaranteed under the USAID DCA.

### Summary of key activities and outputs

#### **Activity 1 Offer the SHOPS/Zambia business management trainings for private providers in the Copperbelt and Livingstone area of Zambia.**

During the first three quarters of Year Two, SHOPS trained 68 providers in two courses, “Improving the Health of a Private Practice” and “Business Planning and Access to Finance”. A total of 217 providers have been trained since project start. Pre and post tests administered with the training revealed that on average there was a 26 percent increase of knowledge for private providers who attended “Improving the Health of a Private Health Practice” and a 19 percent increase in knowledge for private providers who attended “Business Planning and Access to Finance.”

SHOPS conducts a survey of private providers who attended SHOPS’ training six months after the training to measure the percentage of private providers who obtain financing. Since the start of the SHOPS project, 13% of trained providers obtained financing within six months of receiving training. While this represents an increase from 10% at the end of 2010, it is down from the baseline of 20% in 2009. This drop is the result of the downturn in lending as a result of the financial crisis as well as decreased revenue/less demand for loans on the part of the private health care businesses. While the economy in

Zambia improved in 2011, real interest rates are higher, which could be curbing providers' appetite for financing.

**Activity 2 Continue to develop market linkages through business development service (BDS) firms; agreements between financial institutions and provider associations; and linking financial institutions with medical suppliers.**

During the period, SHOPS worked to link private health providers to business development firms that could provide additional consulting in business and financial management and access to finance. A total of 8 contracts were made by private health care businesses with local business development providers in Year One of SHOPS and 7 contracts were made in the first three quarters of Year Two.

In addition, Banc ABC and ZANACO Bank, the two banks with health sector DCAs, made presentations in June at the annual conference of the Pharmaceutical Society of Zambia.

**Activity 3 Continue to disseminate market research and conduct loan product development and health sector lending technical assistance with a focus on Bank ABC and ZANACO Bank, in support of their health sector DCA loan portfolio guarantees.**

In Year Two SHOPS/Zambia intensified its focus on technical assistance to Bank ABC and ZANACO, the two commercial banks with health sector DCAs, to help ensure that the USAID guarantees benefit health care providers that are seeking to expand or offer new services. In general, banks still do not market their financial services products as effectively as they could to health sector businesses and also have weak credit underwriting skills. To address these weaknesses, SHOPS/Zambia began working one-on-one with lending officers from both ZANACO and Bank ABC throughout the loan underwriting process and developing monthly marketing plans for lending to the health sector. This means that SHOPS/Zambia identifies potential borrowers from the delivery of its financial management trainings, organizes borrower meetings with bank lending officers and assists the bank in the follow-up meetings with the borrowers as well as assists the borrowers with specific lending requirements of the banks.

As a result of SHOPS' efforts to expand access to finance, a total of approximately \$592,487 has been lent from the project start. However by end June 2011 only \$7,900 has been lent under the DCA guarantee. In addition to the economic issues in Zambia, several issues arose with the two DCA banks that are constraining lending. In late 2010 ZANACO's DCA guarantee which is a joint guarantee between USAID and the African Development Bank was suspended due to the African Development Bank's concern regarding some aspects of ZANACO's loan underwriting. The Office of Development Credit worked with ZANACO to resolve the concerns of the African Development Bank and the guarantee was reinstated in March 2011. In addition, both ZANACO and Bank ABC continue to experience turnover of the lending officers that SHOPS/Zambia works with, hindering the process of transferring technical lending skills. Despite these difficulties, however, ZANACO has booked one health sector loan under its DCA guarantee and Bank ABC has a few borrowers who are strong candidates for securing health sector loans under the guarantee. The Office of Development Credit has indicated that despite its efforts and that of SHOPS, Banc ABC is not making enough effort to book loans under its SME guarantee (which includes the health sector as well). As a

result, it is possible that the guarantee will be cancelled in 2012. SHOPS will continue to focus on working closely with ZANACO while maintaining a less formal relationship with Banc ABC.

**Activity 4 Monitor and evaluate activities of SHOPS/Zambia**

SHOPS/Zambia has developed a PMP with eight indicators measured on a monthly, quarterly or annual basis to monitor project activities. SHOPS/Zambia is on target for meeting its indicators for Year Two with the exception of two indicators related to health sector loans: the Year Two target indicator for providers who obtain a loan after SHOPS training is 20% but after the first three quarters of Year Two, 13% of trained providers obtained loans. Secondly, total health sector loans for Year Two are targeted for twenty while the number reported after the first three quarters of Year Two is five. The percentage of private providers who demonstrated increased FP/RH provision after attending SHOPS training increased by 29% in Year One of SHOPS. This indicator will be measured again by the end of Year Two.



## Zimbabwe

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### Overview

The overall goal of SHOPS in Zimbabwe is to improve RH outcomes in Zimbabwe, with a specific objective to expand access to comprehensive FP information and services for poor and underserved women and couples in hard to reach areas of Zimbabwe. The program has two specific goals:

1. Increase awareness of comprehensive FP methods among men and women aged between 15 - 49 years by 2015.
2. Providing comprehensive FP services to women and men from poor and underserved communities in 7 provinces (Matabeleland North and South, Masvingo, Mashonaland West, Mashonaland East, Mashonaland Central and Harare) by 2015.

### Summary of key activities and outputs

#### **Activity 1 Increase awareness of comprehensive FP methods among men and women aged between 15 -49 years by 2015.**

A baseline survey of FP KAP was completed in June 2011, and preliminary results have been shared with USAID. In general, the survey showed high knowledge of FP with short-term methods as the most common form of FP used.

To date ORTs have distributed 14,830 out of 60,000 of the English language FP Methods brochure. To ensure compliance to good practice, a wider coverage and increased understanding of FP methods by clients, the project has also translated the English FP Methods brochure into three local languages namely Shona, Ndebele and Tonga. These have been dispatched to the ORTs teams, with each getting an appropriate mix of the various languages depending on the main languages used in the operational areas. An additional estimated 2,000 brochures were distributed at the PSZ stand at Zimbabwe International Trade Fair (ZITF).

PSZ SHOPS is running two radio stations namely Radio Zimbabwe (Shona on the program '*Nguva yevanhukadzi*' and the Ndebele version on the program '*Isikhathi sabisifazane*' which both mean Time for Women) and Spot FM. The radio spots have generated a lot of interest in the work of both PSZ SHOPS and PSZ in general. PSZ personnel are receiving positive feedback from the communities they work with in response to the radio spots. ORT Leaders have been brought on board to broadcast on areas they cover including dates of outreach visits. In April the program focused on promoting the Matabeleland based ORTs. For example on the 25<sup>th</sup> April, the ORT Leader for Nkulumane reported receiving eight enquiries within twenty minutes after her radio talk show on Radio Zimbabwe. At Support Office (Harare) personnel manning the main reception have reported an average of ten calls within thirty minutes of any radio show done. One other outcome of the radio spots is that PSZ SHOPS was invited (free of charge) to do a TV show on ZBC TV immediately after PSZ broadcast on Radio Zimbabwe on 16 April 2011. ZBC Radio Zimbabwe also visited selected communities in Mashonaland Central Province and Matabeleland Province to capture 'community voice

and perceptions' on FP and SRH. These are being packaged into radio spots for Q3 and will be supported by technical discussions on specific issues raised by the communities.

**Activity 2 Providing comprehensive FP services to women and men from poor and underserved communities in 7 provinces (Matabeleland North and South, Masvingo, Mashonaland West, Mashonaland East, Mashonaland Central and Harare) by 2015.**

SHOPS, through its implementing partner, Population Services Zimbabwe (PSZ), is providing FP mobile outreach services to 70% of Zimbabwe. Using six outreach teams, PSZ works in seven provinces (Matabeleland North, Matabeleland South, Mashonaland East and Mashonaland West, Mashonaland Central, Harare Metropolitan and Masvingo which include a total of 49 districts. MOUs have been signed with six of seven provincial level MoHCW.

Refresher training of outreach staff, USG FP compliance training, procurement of equipment, IEC materials, vehicles and recruitment of staff have now been completed.

A mapping of outreach sites with GIS is scheduled to start in August 2011. Competitive bids have been received and evaluated. This will enable PSZ to become more efficient in the delivery of outreach services.

There has been significant CYP growth in Q3 compared to Q1 and Q2 where the combined CYPs were 41,360. Overall, there is a significant increase in the use of Jadelle implants.

A major challenge for the program is the shortage of trained medical doctors in Zimbabwe, and PSZ has had trouble retaining doctors. PSZ has now begun to employ clinical officers who are allowed to provide permanent methods of FP.

A complete review of PSZ's monitoring tools was completed. PSZ reviewed ORTs reporting procedures and tools. The review has facilitated the easy sharing of information on services provided at each site directly with MoH. Previously ORTs used to collect statistics of services provided without leaving documentation at government sites.

Training of Nurse Aides in the new reporting tools (Client register and Daily Analysis Report) was completed. A draft M&E guideline for PSZ as a whole has been developed and is being reviewed internally.

Figure 10.

	Type of service	Q1	Q2	Q3	Cummulative to 30 June 2011 (Q1-Q3)
#	<b>Summary of CYP Generating Services</b>				
a	Tubal Ligation (TL)	7	3	14	24
b	Male Surgical Vasectomy (MSV)	-	-	-	-
c	IUD insertion	117	130	184	431
d	Injectibles- 3 months (DEPO)	1,093	1,041	927	3,061
e	5 year implant insertion (Jadelle)	4,461	5,980	7,908	18,349
f	Pills - free supplies (Cycles)	9,828	72,310	61,234	143,372
g	Male Condoms - free supplies	242,500	250,100	174,200	666,800
h	Female Condoms - free supplies	30,700	33,336	50,000	114,036
i	Emergency Contraception - free supplies	-	379	-	379
g	<b>CYPs</b>	<b>17,550.29</b>	<b>23,810.34</b>	<b>30,324.07</b>	<b>71,684.70</b>
	<b>Summary of other services (non CYP generating)</b>				
k	Other FP (FP Exam)	1,270		6,179	7,449
l	STI and HIV Services	95	48	52	195
m	Other SRH (FP Counseling)	17,360	11,836	12,560	41,756
n	Other Health Services (General health)	5,679	760	485	6,924
o	Pregnancy tests	111	-	327	438
p	Clients # (all people who attended group counseling)	26,831	17,658	15,286	59,775



## **Africa Regional Funds**

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### **Overview**

The health insurance conference aims to increase the ability of participating corporations and insurers to negotiate successfully for the expansion of insurance coverage and the inclusion of priority services in the benefits packages of low-skilled workers in represented countries. The activity seeks to achieve the following:

- Facilitate dialogue between insurers and corporations on formal private sector coverage of employees and establish key steps for moving forward.
- Open a forum for participants to better understand the needs, demand, and opportunities for i) expanding insurance coverage to currently uninsured formal sector employees and ii) expanding the benefits package of already insured formal sector employees, with a focus on priority services such as HIV/AIDS, TB, malaria, and LAPM.

### **Summary of key activities and outputs**

#### **Activity 1 Conduct a health insurance workshop in conjunction with private insurers and Multi-National Corporations**

In collaboration with the Levi Strauss, the Global Fund, UNAIDS, USAID formed a steering committee to organize an event to bring together large national and multinational corporations and insurers active in a small number of selected countries to examine together the features of (un)successful negotiations to expand insurance coverage and include priority services in low-skilled workers' benefits packages. Participants will have the opportunity to better understand the needs, demand, and opportunities for i) expanding insurance coverage to currently uninsured formal sector employees and ii) expanding the benefits package of already insured formal sector employees, with a focus on priority services such as HIV/AIDS, TB, malaria, and LAPM. SHOPS is currently in talks with potential corporate participants, and will then approach insurance and country representatives.