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SHOPS Strengthening Health Outcomes *through* the Private Sector

Zambia Program Profile

PROFILE

Summary: The SHOPS project implemented a four-year program funded by the United States Agency for International Development (October 2010 to December 2013) in Zambia that had two objectives: (1) strengthen the delivery of family planning and reproductive health, and maternal, newborn, and child health (MNCH) services through the private sector by addressing business constraints; and (2) increase the number of new health workers in Zambia to address the HIV and AIDS epidemic and other public health issues by strengthening private pre-service education. This profile presents the goals, components, results, and the following lessons learned from the SHOPS program in Zambia:

- Additional work is needed to promote lending to the health sector.
- Economic and financial factors affected lending to private providers.
- Business counseling is an important tool to reinforce training.
- Creating a sustainable market for business training and counseling services takes time.
- Strengthening the business operations of private medical training institutes can lead to an increase in student enrollment.
- Lack of student finance in Zambia is a constraint to the growth of private medical training institutes.
- Private providers need to advocate for their interests.
- Linkages between the private sector and public health initiatives in Zambia are needed.

Keywords: business and finance training, family planning, maternal and child health, provider access to finance, Zambia

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Cover photo: Jessica Scranton

Project Description: The Strengthening Health Outcomes through the Private Sector (SHOPS) project is USAID's flagship initiative in private sector health. SHOPS focuses on increasing availability, improving quality, and expanding coverage of essential health products and services in family planning and reproductive health, maternal and child health, HIV and AIDS, and other health areas through the private sector. Abt Associates leads the SHOPS team, which includes five partners: Banyan Global, Jhpiego, Marie Stopes International, Monitor Group, and O'Hanlon Health Consulting.

Disclaimer: The views expressed in this material do not necessarily reflect the views of USAID or the United States government.

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Zambia
Program Profile

Jessica Scranton

CONTEXT

Zambia is a resource-rich, landlocked country in southern Africa, with a total population of just over 14 million (World Health Organization, 2013a). Of the country's nine provinces, only the national capital, Lusaka, and Copperbelt are primarily urban. The rest of the country is largely rural (Zambia Ministry of Health, 2011). Zambia's economy revolves around mining activities tied to its substantial copper deposits, with smallholder agricultural production and non-agricultural microbusiness contributing to economic output (World Bank, 2013a).

Overall, Zambia has enjoyed relatively strong growth since its stabilization in the mid-2000s, following a transition from a state-controlled economy. However, gross domestic product dropped by almost 13 percent during the first year of the Strengthening Health Outcomes through the Private Sector (SHOPS) project in 2009, coinciding with a significant drop in the price of copper and the global financial crisis (World Bank, 2013b). Gross domestic product has since recovered and is expected to exceed 7 percent from 2013 to 2015, though the risk of declining copper prices worldwide threatens Zambia's ability to realize such growth. Zambia currently ranks 163 out of 187 countries on the Human Development Index (United Nations Development Programme, 2013). Zambians remain poor and vulnerable, despite the economy's recent growth and stabilization (World Bank, 2013a).

Financial Sector

Historically, Zambia lagged behind other sub-Saharan African countries in financing small and medium enterprises (SME), as demonstrated in Table 1. However, prior to the financial crisis and economic downturn, many financial institutions in Zambia were starting to recognize the potential value of the SME market and were expanding into this segment.[1] Unfortunately, the sudden economic downturn and global crisis had a paralyzing effect on credit markets during the first year of the SHOPS program, with numerous financial institutions retrenching from previous commitments to the SME segment. While financial institutions remain risk-averse, the improvement in the economy led to an improvement in SME lending, albeit with strict lending requirements.

[1] For example, BancABC was planning to launch a retail lending department, and Barclay's bank was beginning to open SME windows. BancABC later postponed its retail lending plans and Barclay's halted its SME expansion.

Table 1. Percentage of enterprises with bank financing in Zambia

	Zambia	Sub-Saharan Africa	All Countries
Small enterprises with a bank loan or line of credit	6.3%	16.9%	28.9%
Medium enterprises with a bank loan or line of credit	25.5%	30.9%	43.7%

Source: World Bank, 2007

Health

While the Zambian economy has been recovering, the country continues to face significant challenges in meeting the health needs of its citizens. The Zambian population suffers from a high prevalence of communicable diseases, including HIV and AIDS (adult prevalence was estimated at 12.7 percent in 2011); malaria (accounts for 50 percent of under-five hospital admissions and 20 percent of maternal deaths); and tuberculosis. (Joint United Nations Programme on HIV/AIDS, 2013; UNICEF, 2013). Maternal, infant, and under-five mortality rates are also among the highest in the world (Zambia Ministry of Health, 2011).

Aside from the high prevalence of communicable diseases, Zambia is also experiencing rapid population growth. By 2030, the country's population is expected to nearly double (World Bank, 2013a). Zambia's total fertility rate (the average number of children born to a woman) increased from 5.9 in 2002 to 6.3 in 2011 (Zambia Ministry of Health et al., 2009; World Health Organization, 2013b). In response, the government of Zambia recently launched an eight-year national family planning campaign, with the goal of increasing contraceptive prevalence from 33 percent for all modern methods to 59 percent by 2020. To achieve this goal, the government has pledged to increase its family planning budget by 100 percent and work with all stakeholders to increase access to family planning services.[2]

Human Resources for Health

A shortage of health care professionals impedes the country's ability to address its public health challenges effectively. In recent years, many health professionals have left the country due to low wages and poor working conditions (Banking on Health Project, 2009). With only 6.6 physicians per 1,000 people and 78 nurses and midwives per 1,000 people, Zambia has some of the poorest health worker statistics in the region (World Health Organization, 2010).

One strategy to address this shortage is to train additional health workers. There is insufficient capacity within public medical, nursing, and allied health professional schools, with demand from students outstripping placements. The government of Zambia officially sanctioned the opening of private, for-profit medical training institutes (PMTIs) to address this gap. There are currently 15 PMTIs operating in Zambia, with 1,115 students enrolled per year. PMTIs receive no funding from the government, and students attending PMTIs are not eligible for government tuition assistance. Over 40 percent of the total new health workforce in Zambia is trained at PMTIs.

[2] Announced by Dr. Joseph Katema, Zambian Minister of Community Development, Mother and Child Health, at the London Summit on Family Planning in 2012.

Private Health Sector

Another strategy to address the human resource crisis is to partner with the private health sector. The growing private sector offers health workers an alternative to leaving the country and reduces the burden on public sector facilities. Although private provision of health care has always been legal in Zambia, it is only since the deregulation of health care in 1992 that the sector began to grow. Today, the private health sector in Zambia is small, with 478 clinics and hospitals registered with the Health Professions Council of Zambia (Health Professions Council of Zambia, 2013). Clinical service provision is fragmented into a number of small clinics run by doctors, nurses, clinical officers, and other providers, in addition to a limited number of larger, general and specialized clinics and hospitals. Other actors in the private health sector include private pharmacies, pharmaceutical distributors and wholesalers, and medical equipment suppliers. According to the Zambia Medicines Authority, in 2013 there were 134 retail pharmacies and 85 wholesale pharmacies. When the SHOPS project started operating in Zambia in 2009, the private health sector had no forum for advocacy and dialogue with the government. While the for-profit health sector is relatively small, it is growing in response to the demonstrated success of private health care businesses and demand from the public. According to the Health Professions Council of Zambia, the number of registered clinical service providers has grown by approximately 11 percent since 2007, when 432 were registered.[3]

A 2009 market research study of the private health sector in Zambia found that private clinical service providers make important contributions to priority public health services, including family planning; maternal, newborn, and child health; HIV and AIDS; and malaria (Health Professions Council of Zambia, 2013). Seventy-three percent of surveyed providers claimed to offer some form of family planning counseling or services; 74 percent offered child health care and 52 percent offered prenatal and postnatal services. The majority of surveyed providers characterized their patients' socioeconomic status as poor (30 percent) or medium (61 percent). The survey covered 201 out of 432 private providers (47 percent) registered with the Medical Council of Zambia (now referred to as the Health Professions Council of Zambia).

Despite the private health sector's potential to contribute to public health initiatives, such as the National Family Planning Campaign, the 2009 survey also revealed that private providers faced substantial constraints. Almost two-thirds of respondents (68 percent) indicated that a major restriction on their profitability was a lack of finance. At the time, commercial banks were not lending to the private health sector to a significant degree due to concerns about risk, collateral, and the business and financial management capacity of private providers. Many private health care businesses in Zambia are owned and operated by clinicians who often do not have the financial and business background needed to viably run their practices. The survey revealed that providers identified a lack of accounting skills (20 percent) and marketing skills (19 percent) as constraints to profitability. Without access to finance, private providers are not able to make investments needed for growth and quality improvements and may not have the working capital to purchase drugs or pay bills and salaries on time, which can impact viability and the quality of care. Business and financial management skills are also necessary ingredients for growth and quality improvements. For example, without adequate business planning, a health provider may struggle to open a new location, or a lack of inventory management may lead to stockouts or the sale of expired drugs.

> A 2009 study of the private health sector in Zambia found that private providers make important contributions to priority public health services.

[3] In Zambia, many health providers are not registered, so this number does not capture overall growth in the sector.

GOALS

In October 2009, USAID/Zambia requested that the SHOPS project strengthen the private health sector to improve the health outcomes in Zambia. USAID was interested in working with private providers who offer family planning and reproductive health, and maternal, newborn, and child health services. The agency was also interested in working with PMTIs that could contribute to health workforce development. The SHOPS project designed a program in Zambia to address major business constraints faced by private health providers, including a lack of access to finance and weak business and financial management capacity. These constraints negatively impacted the quantity and quality of services provided by the private health sector.

The program had two main goals:

1. Strengthen the delivery of family planning and reproductive health, and maternal, newborn, and child health services through the private sector by addressing business constraints that impede viability, growth, and quality improvement.
2. Increase the production of health workers in Zambia to address the HIV and AIDS epidemic and other public health issues facing the country by strengthening PMTIs.

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COMPONENTS

The SHOPS approach focused on establishing and solidifying commercial relationships between various market participants by building the institutional capacity of stakeholders, including financial institutions, associations, and business development service providers; introducing and modifying economic incentives; facilitating market linkages; and strengthening the legal and regulatory framework. The larger objective was to foster growth and quality improvements in the private health sector, ultimately contributing to improved health outcomes. These activities contributed to expanded services and improved the quality of care in the private health sector. (See Section 4: Program Results on page 11.)

The approach was guided by the strategic focus of the program to strengthen the delivery of family planning; maternal, newborn, and child health (MNCH); and HIV and AIDS services. Sustainability was an important consideration in all program activities.

There were four components of the SHOPS program in Zambia:

- Working with financial institutions to expand access to finance
- Strengthening the business skills of private health providers
- Strengthening PMTIs
- Strengthening private sector advocacy

Working with Financial Institutions to Expand Access to Finance

A critical component of the SHOPS program in Zambia involved working with financial institutions to expand access to finance for the private health sector. SHOPS aimed to improve the capacity of two financial institutions to lend to the private health sector. These institutions had obtained Development Credit Authority (DCA) guarantees structured by USAID. The project also worked with eight financial institutions without DCA guarantees to expand health sector lending.

Timeline

October 2009: Launch program.

December 2009: Initiate financial management training to private providers in the Lusaka province. Begin working with provider associations to identify training participants and support trainings.

January 2010: Initiate training sessions for BancABC and Zanaco and begin referring borrowers to them.

May 2010: Initiate a business planning course.

September 2010: Certify the first group of trainers.

October 2011: Engage additional financial institutions.

January 2011: Expand business training to the Copperbelt province.

March 2011: Expand business counseling and borrower referrals to business development service providers.

January 2012: Transfer the majority of training costs to provider associations.

June 2012: Conduct an assessment of PMTIs and initiate technical assistance to these institutes.

June 2013: Register the Society of Private Health Sector Businesses.

September 2013: Pilot and finalize PMTI business training.

November 2013: Roll out PMTI training in the Copperbelt province.

The DCA loan guarantee program

In 2008, USAID extended credit guarantees under its DCA program to two commercial banks in Zambia: African Banking Corporation Zambia (BancABC) and Zambia National Commercial Bank (Zanaco). The guarantees, which were co-sponsored by the African Development Bank, encourage financial institutions to enter new markets, such as the health sector, by sharing risk with the financial institutions. The Zambian DCA guarantees cover up to a 50 percent loss of the loan principal.

The purpose of these two guarantees was to encourage BancABC and Zanaco to lend to small and medium enterprises operating directly or indirectly in the agricultural, health, microfinance, natural resources, small-scale mining, or tourism sectors. While the credit guarantee was broad in terms of the types of SMEs that it covered, participating banks agreed to use their best efforts to target 10 percent of the loans under guarantee to eligible borrowers in the health sector. USAID funded the SHOPS project to work with BancABC and Zanaco to help them meet this health sector target.

Non-DCA banks

During the life of the program, SHOPS expanded beyond the two banks with DCA guarantees to work with additional financial institutions to increase access to finance for the private health sector: FINCA, First National Bank, Indo Zambia Bank, Investrust, National Savings Bank, Standard Chartered Bank, Stanbic Bank, and United Bank of Africa.

Terms of the Development Credit Authority Credit Guarantees

- **Total guarantee amount:** $5 million per bank
- **Health sector target:** 10 percent of the guaranteed amount
- **Guarantee coverage:** 50 percent of a loss of the loan principal (40 percent by the African Development Bank and 10 percent by USAID)
- **Term:** 10 years
- **Maximum loan to a borrower:** $1 million
- **Eligible borrowers:** Small and medium enterprises established under Zambian law operating directly or indirectly in the agricultural, health, microfinance, natural resources, small-scale mining, or tourism sectors

Technical assistance

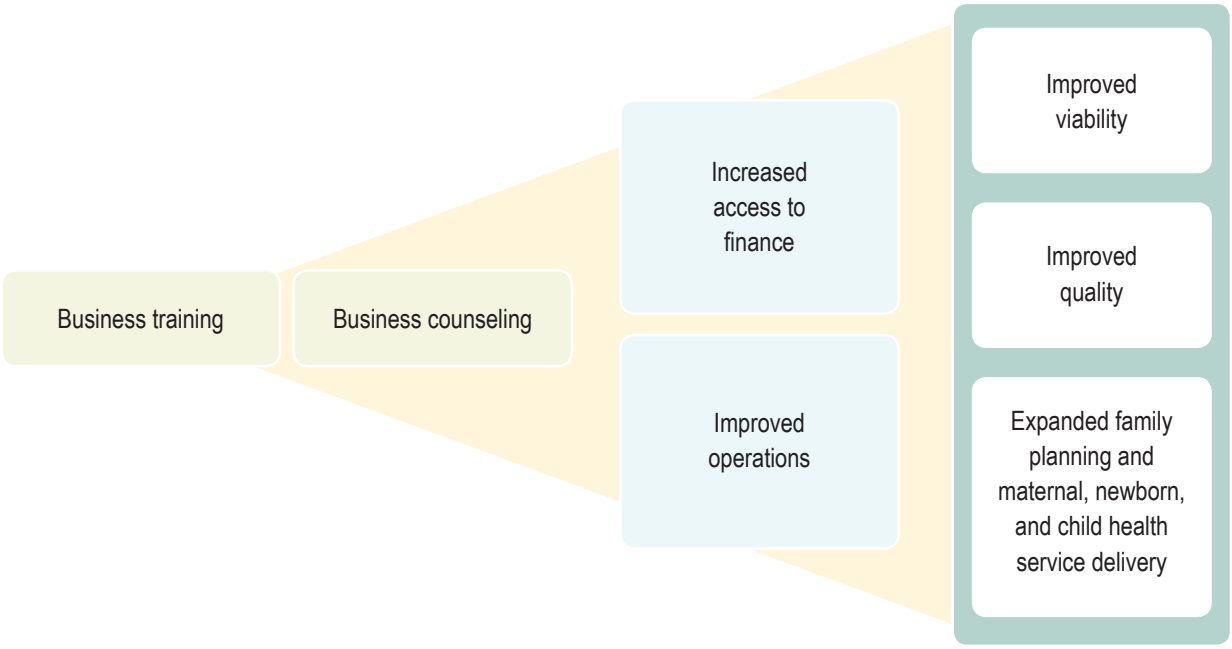
SHOPS provided technical assistance to the banks to help them enter the health care market. This assistance included training bank managers and loan officers in the types of health care businesses and their financing needs and repayment capacity. After the training, SHOPS gave the banks periodic updates on developments in the health sector. The project worked with select banks to design new financial products that would target the private health sector. SHOPS also referred eligible clients to the banks after the clients participated in the project's extensive pre-borrowing assistance program, consisting of business training and counseling. Additionally, SHOPS consulted with financial institutions on specific loan applications. In the last few years of the program, the project focused on helping potential borrowers complete loan applications and referring these individuals to financial institutions.

Strengthening the Business Skills of Private Health Providers

Aside from technical assistance to financial institutions, SHOPS supported business strengthening services to private providers, including business training and counseling. The business strengthening program sought to assist private providers in (1) accessing finance to make improvements in their operations and increase the overall viability of the practice; (2) making quality improvements; and (3) expanding service delivery, particularly in family planning and MNCH.

As shown in Figure 1, business strengthening activities lead to health impact. This theoretical linkage came out of practice. In successful cases, a facility was able to access finance and strengthen business and management capacity to expand health service delivery, including increased family planning, and maternal, newborn, and child health services.

Figure 1. Business strengthening activities and health impact



Rhapha Medical Center: A Success Story

Dr. Bernard Kapatamoyo owns Rhapha Medical Center, a primary care facility in Lusaka. He participated in a SHOPS business training that was offered through his provider association in 2010. As a skilled physician, Dr. Kapatamoyo was comfortable with the clinical side of his practice, but struggled with the business side. Prior to participating in the training, he did not keep accurate financial records and did not have a good understanding of the financial health of his business. The training was an eye-opener; he realized that he needed to improve his business and financial management. With the help of the SHOPS project, he contracted Mulenji Business Consultancy, a commercial business consulting firm, to assist him with installing a financial management system to help him improve recordkeeping and produce financial reports so that he could monitor the profitability of his business. As a result of the consultancy, he implemented a standard consultation rate that was affordable for his clients, but would enable him to make a profit.

After improving his financial management system, Dr. Kapatamoyo determined that he needed finance for the clinic. SHOPS brokered introductions to several financial institutions that it had provided technical assistance to. The banks requested to see his financial records and a detailed cash flow projection—something that was now possible due to the help he received from the consulting firm. Dr. Kapatamoyo secured a $15,326 loan from FINCA bank for the procurement of medical supplies, which has improved his ability to provide services.

The clinic provided 35 percent more family planning services, 20 percent more HIV testing, 10 percent more malaria care, and more than doubled the amount of family planning counseling it provided. Dr. Kapatamoyo added injectable contraceptives to the family planning options he offered. Recognizing the importance of business training to improve the private medical profession in Zambia, Dr. Kapatamoyo has become a certified trainer through the SHOPS project. He is now able to help colleagues make the kinds of improvements that changed his business.

Business training

Initially, SHOPS developed a basic financial management course entitled *Improving the Health of a Private Health Practice*. The course assisted providers in pricing their products and services, improving recordkeeping, developing and using financial statements, and accessing finance. Given the low level of business skills among providers and the difficulty in obtaining loans, SHOPS determined that private providers needed additional support. This led to the creation of a more advanced course, *Business Planning for Health Practitioners*, which assisted health care enterprises in developing a business plan to guide operations and growth. Participants also learned how to make realistic assumptions about their business, develop financial projections, understand business trends, and plan for growth.

Business counseling

Following the training, SHOPS offered business counseling services to interested providers, with three main objectives: (1) to reinforce the training, (2) to provide hands-on assistance in making changes to improve operations and financial management, and (3) to support providers in developing business plans and completing loan applications. In light of the difficulties in the financial sector and a restricted lending environment in Zambia, SHOPS played an important brokering role by referring providers seeking loans to financial institutions. SHOPS provided ongoing support to help providers meet bank requirements.

Sustainability

Sustainability and localization were components of the SHOPS approach to business strengthening in Zambia. During the program, SHOPS moved from direct implementation to working through local partners who had the ability to continue activities after the program ended.

SHOPS built the capacity of local trainers and private health provider associations to deliver business training to their members, working with local associations to identify potential trainers from among their membership. Potential trainers then participated in a structured certification program designed by SHOPS to build their capacity over the course of a year. The certification program included a training of trainers which covered adult learning and facilitation techniques as well as an in-depth review of the business training course content. Trainers then co-trained with a SHOPS master trainer and graduated to independent training under expert observation. At the end of the year, SHOPS certified trainers conducted the training on their own. After certification, SHOPS continued to provide trainers with updates, mentoring, and refresher sessions to ensure quality. In addition to building trainer capacity, SHOPS worked with associations on marketing the training to members, organizing the training, and pricing it to cover costs. Over the course of the program, SHOPS gradually transferred the cost of the trainings to associations to increase the likelihood that they would continue to offer the training after the program ended.

Another component of the sustainability strategy was to build a commercial market for business consulting services targeted at the private health sector. This strategy was designed with the goal that, over time, commercial business consulting firms and other business development service providers would replace the business counseling provided by the SHOPS project. The project actively created linkages between health providers and consulting and accounting firms that provided fee-based consulting in business and financial management, as well as access to finance.

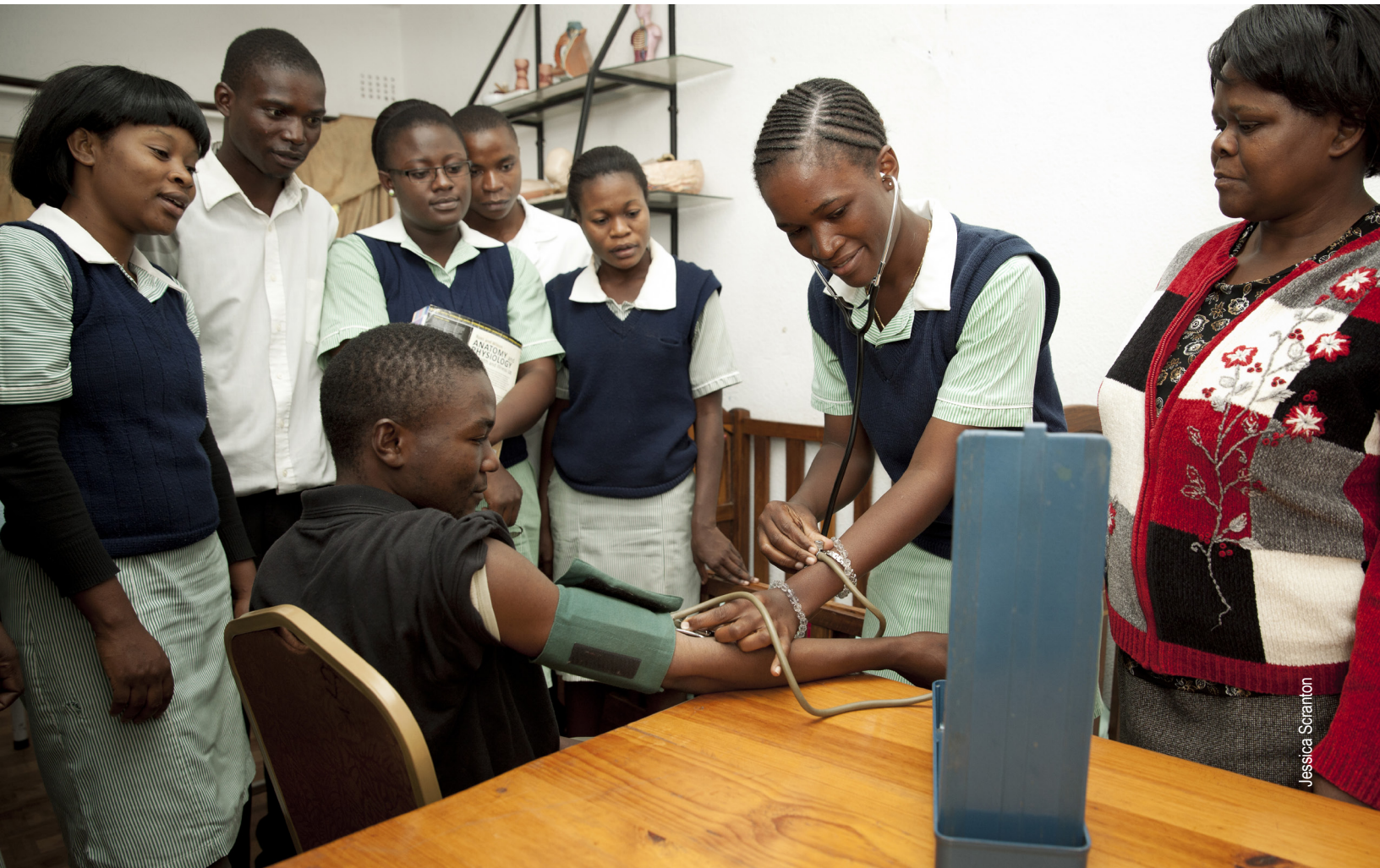
Staff at Rhapha Clinic monitor baby growth.

Strengthening Private Medical Training Institutes

The SHOPS project reached out to PMTIs, which have emerged in recent years in response to an unmet need for publicly funded pre-service education. SHOPS recognized that PMTIs could help address severe shortages of health care workers in the country, thereby contributing to the goals of the government of Zambia and the U.S. President's Emergency Plan for AIDS Relief program to train new medical personnel. At the time, very little was known about PMTIs in Zambia. SHOPS conducted an initial assessment, interviewing 13 of the 15 PMTIs in the country. The assessment began with an examination of the external environment and regulatory policies related to PMTIs, followed by a review of each PMTI's curriculum development, financial management, fundraising, governance, infrastructure and resources planning, marketing, public and community relations, and staffing. Additionally, SHOPS interviewed financial institutions to determine the level of interest in financing PMTI student tuition and giving capital loans to PMTIs. SHOPS interviewed 323 students attending PMTIs about how they fund their education and their attitudes toward various financing options.

The assessment categorized the 13 PMTIs into three groups: growth-oriented (three PMTIs fell into this category), operational and stable (eight), and struggling (two). The assessment also identified a number of weaknesses in critical areas, including: use of external finance (12), profitability (10), infrastructure and training resources (11), and staffing (three). Overall, SHOPS found that limited financial management capacity was affecting business operations for a number of PMTIs. SHOPS also found that funding was a major issue, as students were not eligible for public tuition assistance and commercial banks were not providing loans to students. Most PMTIs relied on a single source of revenue—student tuition self-financed by students and their families. This resulted in cash flow issues and bad debt management problems, while limiting the pool of potential students to those able to afford a private education. SHOPS also identified policy issues that were restricting the number of students who were able to attend PMTIs.

Under supervision, medical students practice their skills.



Based on findings from the assessment, SHOPS designed a program to strengthen PMTIs to expand the health workforce in Zambia through a three-pronged approach:

- **Business management capacity building**. As a first step in capacity building, SHOPS included PMTIs in its financial management training, *Improving the Health of a Private Health Practice*. Following the success of this training, SHOPS developed a comprehensive training program, *Business Management Training for Private Medical Training Institutes*, which focused on the unique business issues that PMTIs face. Designed for PMTI owners and staff, it covers topics such as academic quality, budgeting, facility and records management, financial management, human resources, marketing, stakeholder management, strategies for business success, and strengthening business management skills. As a follow-up to the training, SHOPS provided targeted technical assistance to select PMTIs. The technical assistance addressed specific weaknesses to improve financial viability, management, and operations.
- **Student access to financial assistance**. SHOPS conducted additional research on financial constraints and worked with financial institutions to develop student loan products.
- **Advocacy**. SHOPS worked to establish a dialogue between PMTIs and regulators to address policy constraints.

Strengthening Private Sector Advocacy

In addition to advocacy activities supporting PMTIs, SHOPS worked to strengthen advocacy more broadly for the private health sector. SHOPS found no health provider association in Zambia that represented the interests of the private health sector in general, although a number represented types of providers. Despite its growing importance in the health system, there was no formal mechanism that allowed the private sector to communicate with government, advocate for its interests, and provide input on policy changes. In 2012, SHOPS began working with representatives of various associations and other stakeholders to create the Society of Private Health Sector Businesses of Zambia. The SHOPS project's goal in working with the society was to help institutionalize it and build membership so that it would be a voice for the private health sector after the Zambia program ended.

Jessica Scranton

Brighton Chellah (left), owner of the private Lusaka Nursing College, talks to John Mthetwa, SHOPS private sector advisor in Zambia, about increasing enrollment at private nursing colleges.

Results

Jessica Scranton

RESULTS

Working with Financial Institutions to Expand Access to Finance

SHOPS began operating in Zambia at a very difficult time. The global financial crisis, the fluctuation in the price of copper, and the drop in gross domestic product caused already risk-averse financial institutions to reduce their previous commitments to SME lending. In 2009, banks had little desire to enter a new market such as the health sector. In spite of having basic business training provided by SHOPS, health care borrowers were often unable to meet the stringent loan requirements of banks. Borrowers failed to provide adequate financial statements, completed loan applications, or sufficient collateral.

While the DCA guarantee had been structured to address financial institutions' concerns about risk, it quickly became apparent that neither BancABC nor Zanaco was using this instrument as intended. SHOPS adapted to these challenges by developing a more advanced training program in business planning for private providers who had successfully completed the basic business training course, as well as follow-on business counseling for providers interested in applying for finance. SHOPS also began to take a more active role in borrower referrals, helping providers find a financial institution willing to lend to them. The project responded to the limitations of the DCA banks by working more closely with other financial institutions. As a result of these efforts, and with the improvement of the economy, lending to health providers increased significantly in 2012, and the trend continued in the first three quarters of 2013 (see Figure 2). While this increase was a positive development, there is still significant work to be done to address constraints and expand access to finance for private providers in Zambia.

Health sector lending

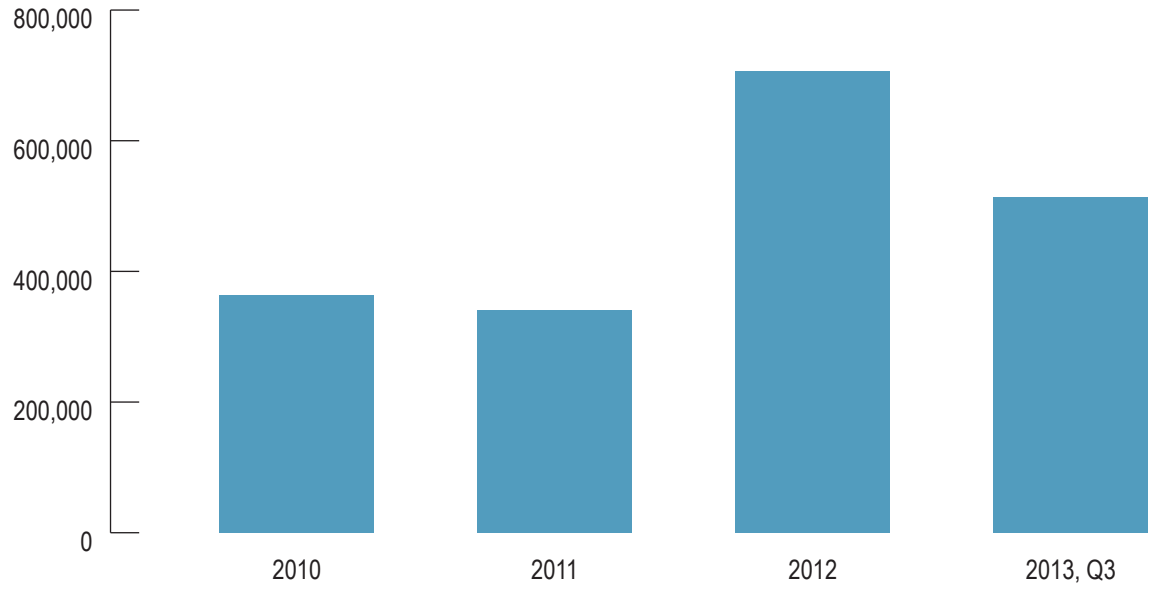
Throughout the program, SHOPS monitored health sector lending by conducting follow-up visits with training participants and banks. SHOPS visited 198 training participants, representing 47 percent of those who attended the trainings.

Financial institutions lent approximately $2 million to the private health sector during the four-year program.[4] In the first two years, lending was fairly low, at around $350,000 per year. By 2012, lending increased to about $700,000 and is expected to meet or exceed this level in 2013.[5]

[4] As such, it represents the lower bound of commercial lending to private health care businesses in Zambia. It is difficult to estimate total lending to the private health sector because not all providers were surveyed and providers use a variety of financial products, including short-term overdrafts, trade credit, and personal loans to finance their businesses.

[5] At the time this report was written, SHOPS had data for the first three quarters of the year.

Figure 2. Commercial lending to private providers increased after 2011



There are important differences in the types of borrowers that received loans. Over the life of the program, 45 percent of the loans obtained by surveyed providers (by total value) went to pharmacists, followed by medical equipment suppliers, nurses, doctors, and clinical officers (see Figure 3).

Figure 3. Distribution of loans (by value)

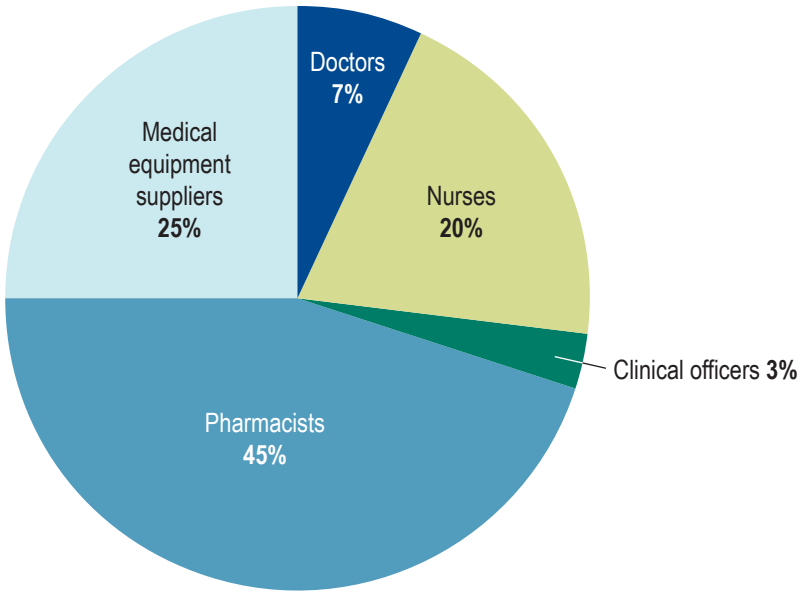
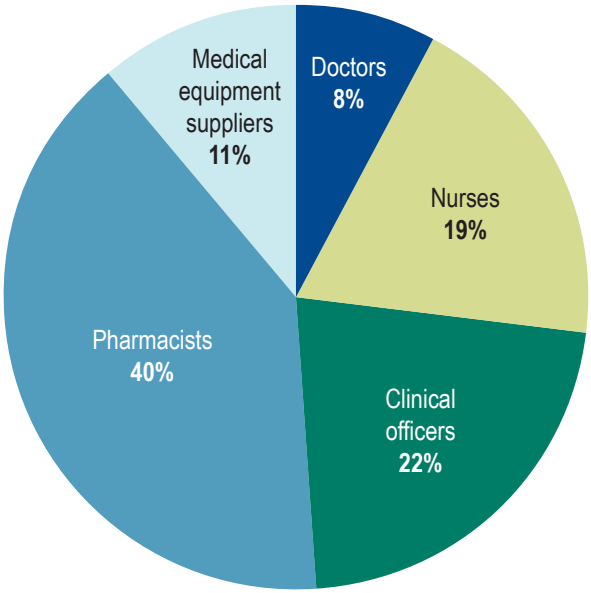


Figure 4. Distribution of loans (by number)



Analyzing the data by the number of loans rather than value gives a somewhat different picture. Forty percent of the loans went to pharmacists, followed by clinical officers, nurses, medical equipment suppliers, and doctors (see Figure 4).

Table 2 shows the percentage of health care businesses that received loans following a SHOPS training. Overall, 19 percent of providers who attended a SHOPS training received loans. Medical equipment suppliers and pharmacists were significantly more successful in obtaining loans than their clinical counterparts. Thirty-six percent of medical equipment suppliers received loans, followed by 28 percent of pharmacists.

In comparison, only 13 percent of nurses and 10 percent of doctors received finance. Lenders explained that, unlike other private health care businesses, both pharmacies and medical equipment suppliers can provide supplemental financial records demonstrating regular cash flow that can assist in their application. Banks are also more comfortable with the retail business model, particularly the payment capacity of these types of businesses. This finding illustrates an important gap in the Zambian health sector lending market that needs to be further addressed: clinical service providers, particularly smaller and newer practices, are still underserved.

Table 2. Equipment suppliers and pharmacists were most successful in obtaining loans

	Medical Equipment Suppliers	Pharmacists	Clinical Officers	Nurses	Doctors	Total
Loan Recipients (%)	36	28	15	13	10	19
Respondents	11	54	52	52	29	198

Average Loan Amount

The average loan amount varied by the type of borrower (see Figure 5). The average loan size in the pool of loans verified by SHOPS was $52,000. Doctors, nurses and pharmacists borrowed around the average amount, while loans to equipment suppliers were twice the average. Clinical officers received smaller loans, averaging around $6,000.

Figure 5. Loans to equipment suppliers were twice the average amount

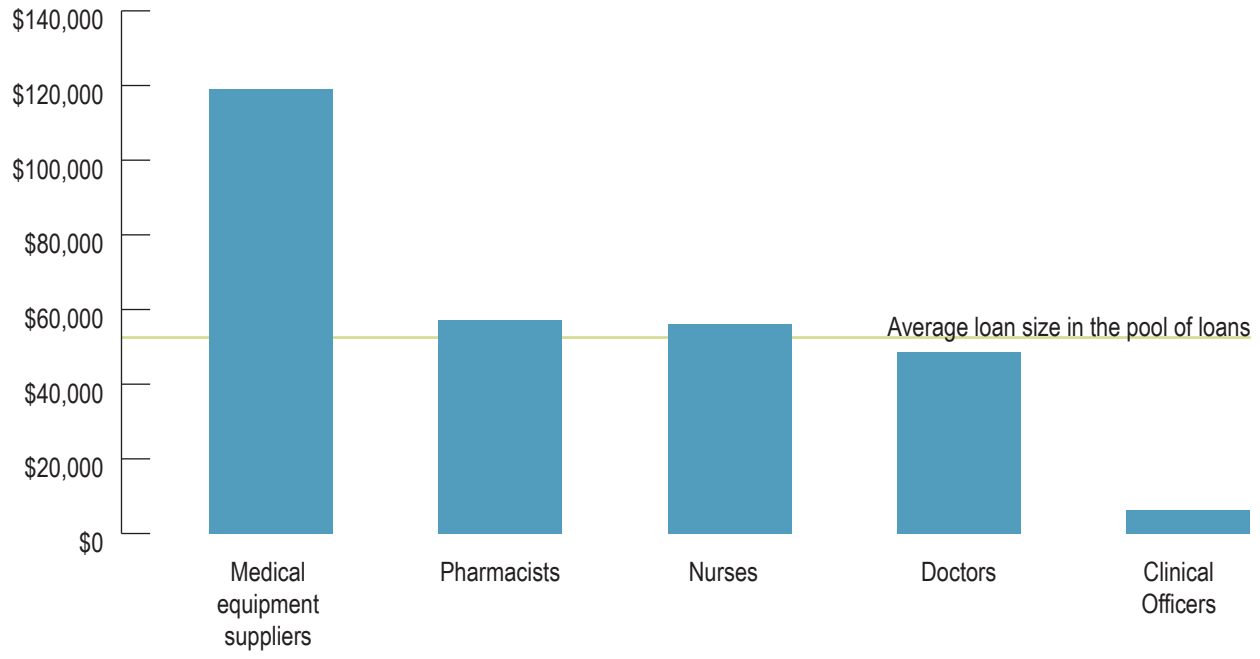


Table 3. Average loan amount remained consistent, except in 2011

Year	Average Loan Amount
2010	$60,630
2011	$33,992
2012	$64,231
2013	$51,418

The average loan amount over time remained fairly consistent. However, in 2011 the loan average dropped to $33,992—slightly more than half the level of the previous year (see Table 3).

Overall, loans tended to go to more established health enterprises. Recently launched health care businesses were less successful in securing bank funding, a consideration for future programming.

Credit guarantee program

Despite the increase in health sector lending during the last two years of the program, the USAID guarantees were underused within the health sector. Of the $1.9 million in loans generated during the program, only $18,209, or less than one percent, was booked under the DCA guarantee (see Table 4). This amount was a tiny fraction of the $1 million initially targeted. The factors behind these results are discussed in the following sections. In general, neither of the two banks were an ideal partner; several other financial institutions were more engaged in working with SHOPS and in health sector lending.

Table 4. The DCA guarantee was underused in the health sector

	2010	2011	2012	2013	Total
Non-DCA loans	$348,442	$339,922	$696,228	$513,676	$1,898,268
DCA loans	$7,900	0	$10,309	0	$18,209
Total	$356,342	$339,922	$706,537	$513,676	$1,916,477

Zanaco Bank: Zanaco booked one loan under the DCA in the amount of $7,090. A number of factors contributed to Zanaco's low use of the guarantee. During most of the program period, Zanaco was either unable or unwilling to lend under the guarantee. In late 2010, the DCA guarantee was suspended due to concerns raised by the African Development Bank about Zanaco's underwriting. The DCA was reinstated in March 2011, but in early 2012 the government of Zambia challenged the sale of Zanaco to Rabobank, a Dutch finance group. During the subsequent government investigation, lending activities largely came to a halt, and it was impossible for SHOPS to engage Zanaco management and loan officers.

These issues were exacerbated by Zanaco's lack of interest in lending to health care SMEs. Interviews with Zanaco management indicate that they found the health sector poorly organized. They also felt that health borrowers were unable to meet the bank's most basic requirements, such as detailed financial records, correctly completed loan applications, and collateral. While this may have been the case, SHOPS referred a number of potential borrowers that had been fully vetted by the project as meeting the bank's requirements, and Zanaco was not willing to lend to them. Health sector borrowers criticized Zanaco's lack of responsiveness, stringent lending requirements, and bureaucracy.

In 2013, the Zanaco DCA expired without any true attempt to move into the health care SME market. Instead, Zanaco has been financing companies involved in large government health procurements. Zanaco is also exploring leasing products for medical equipment, which may be used for financing the health sector in the future.

BancABC: When the credit guarantee was initially put in place, BancABC did not have a retail lending department, and plans to open one were postponed due to the financial crisis. As a result, during the first few years of the SHOPS program, BancABC had no internal infrastructure for lending to the health sector. BancABC created an SME department in 2011, though it was not fully staffed until July 2012. High staff turnover meant that SHOPS had to repeatedly familiarize new loan staff with the health sector. Additionally, some loan applications were lost. Despite the slow start, in 2012 BancABC began lending to some health care businesses, particularly pharmacies. Loans to pharmacies currently represent approximately 10 percent of the bank's SME portfolio. Despite an increased interest in lending to the health sector, BancABC has only placed $10,309 out of a health portfolio of $486,872 available under the guarantee. BancABC chose not to place loans that met its terms and collateral requirements under the guarantee, which is how the DCA is designed to operate and also an indicator that the technical assistance provided by SHOPS to these health providers was effective in preparing them for financing. BancABC was conservative about using the guarantee to assist it in lending to providers who did not fully meet its requirements.

Change in the lending market

Despite BancABC's slow response and Zanaco's lack of response, other financial institutions such as Investrust have been more active in lending to private health care businesses. When SHOPS began working in Zambia, few banks had lent to the health sector, and most expressed significant concerns about the viability of these types of businesses. Following the SHOPS intervention, eight banks lent to the health sector. By making referrals and establishing connections between prospective lenders and health providers, the SHOPS project created familiarity and understanding between stakeholders. While there was not a widespread improvement in lending terms, some financial institutions have been willing to lessen requirements on a case-by-case basis—such as substituting third party guarantees for hard collateral.

As a result of SHOPS technical assistance, two banks—First National Bank and Indo Zambia Bank—adapted loan products to enable students attending PMTIs to apply for finance. SHOPS worked with the United Bank of Africa to develop a pharmacy loan product that was based on a similar product developed by the SHOPS project in Nigeria. This loan has the potential to significantly improve private pharmacies' access to finance, which will have a direct impact on their ability to procure products, smoothing cash flow to prevent stockouts. This product is currently under review by the bank's management.

As a result of the SHOPS intervention, several segments of the market, such as pharmacies, are better served by financial institutions.

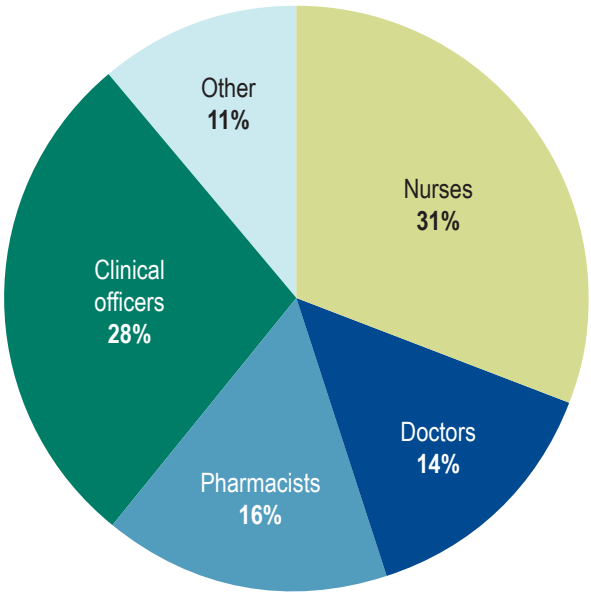
Strengthening the Business Skills of Private Health Providers

One of the most successful components of the SHOPS program in Zambia was its business strengthening activities. SHOPS assisted private providers in making significant changes to their health care practices, enabling them to access finance, improve operations, increase viability, and expand and improve service delivery. In addition, SHOPS built local capacity to offer business training and consulting services to the private health sector beyond the program.

Participants trained

SHOPS trained clinical officers, nurses, pharmacists, and physicians from 420 private health care businesses in financial management and business planning (see Figure 6).

Figure 6. More than half of the trainees were clinical officers and nurses



Change in knowledge

SHOPS administered tests before and after the training to measure changes in knowledge of critical topics. On average, there was a 26 percent improvement in knowledge following the financial management course, and an 18 percent change in knowledge following the business planning course. These results are in line with the program goal of a 20 percent knowledge improvement as a result of the training.

Changes in access to finance and business practices

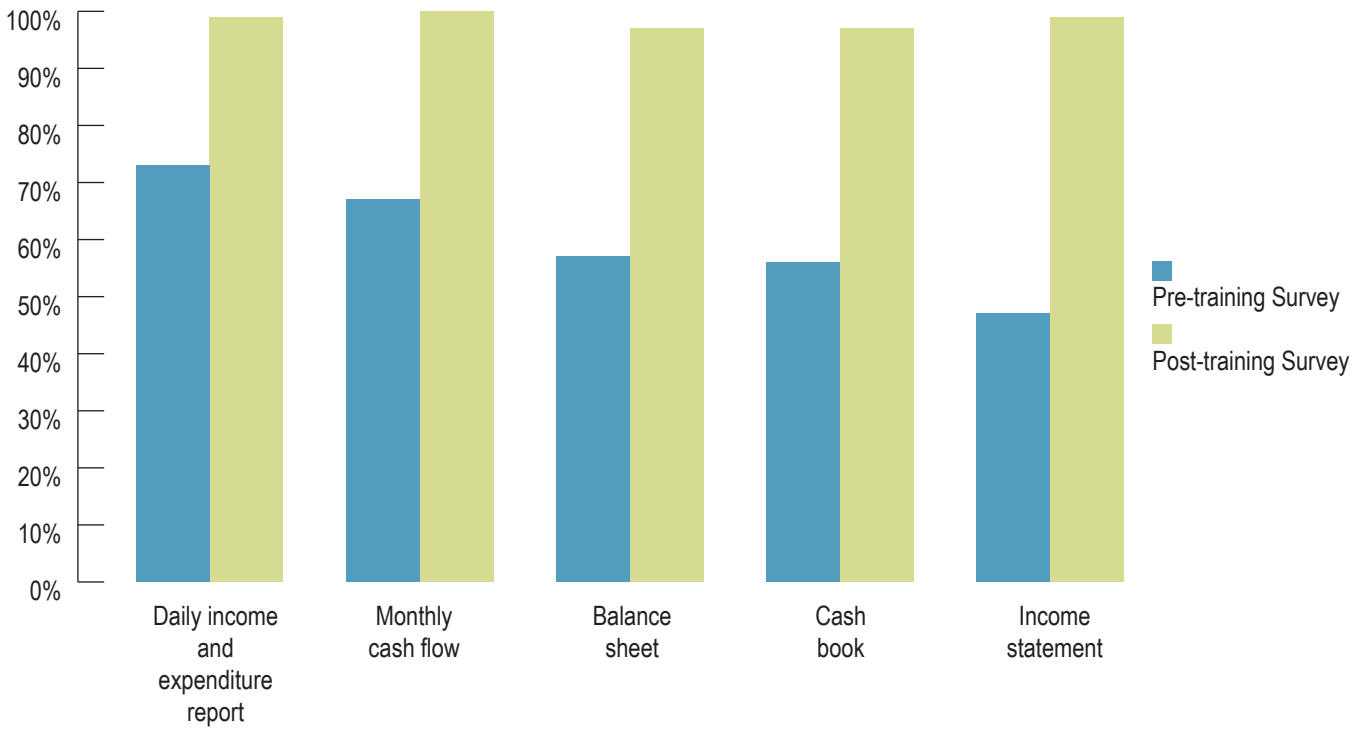
In addition to measuring changes in knowledge, the SHOPS project conducted a survey after the training to measure changes in business practices and the ability to access finance. The survey targeted participants in the business training who had indicated their interest in accessing bank finance. About 47 percent of all training graduates were contacted after the training.

On average, 19 percent of the surveyed providers obtained finance within six months of taking the financial management training. Finance was used for working capital, the purchase of equipment, and the construction and renovations of facilities.

The training programs provided opportunities to improve providers' business competencies and introduce more effective business practices into their operations. All providers reported preparing some type of financial statement after the training, an increase from 93 percent before the training. There was also a 10 percent increase in the direct involvement of clinic owners preparing financial statements, which shows the financial competence and confidence gained in this area. Following the training, 13 percent of facilities prepared financial statements, strengthening the management capacity of the clinics.

There was also a marked improvement in the types of financial statements that the providers used after the training. Before the training, the owners primarily used simple statements such as daily income and expenditures and monthly cash flows. After the training, nearly 100 percent of participants reported developing more sophisticated statements such as income statements and balance sheets.

Figure 7. Increased use of financial statements following the SHOPS training (%)



Sustainability

Significant strides were made to ensure the sustainability of business strengthening activities in Zambia. SHOPS built the capacity of four private health associations: the Association of Small Private Health Providers of Zambia, the Pharmaceutical Society of Zambia, the Zambia Medical Association, and the Zambia Union of Nurses Organization. By the end of the program, these associations were covering the majority of the training expenses, including trainer fees, venue costs, and participant expenses. This financial buy-in and sense of ownership was a major success and an important step toward sustainability. The project certified six trainers, who will be able to continue offering the training with the support of the provider associations.

SHOPS worked to build a commercial market for business consulting services by referring private health care businesses to consulting firms. By the end of the program, 57 contracts had been signed between health providers and consulting firms. Most of these contracts involved support in developing business plans, instituting financial systems, or implementing record systems. These services were entirely financed by the providers.

Florence Nyirenda Katola and Royna Munsaje Moono, owners of Juflona Clinic.

Kim McKeon

Juflona Clinic: Expanding Access

In 2010, Florence Nyirenda Katola and Royna Munsaje Moono attended a SHOPS business training sponsored by their association, the Zambia Union of Nurses Organization. The training encouraged them to open a private health practice. They worked with a SHOPS business counselor to develop a business plan and fulfill requirements for registering a private practice. This assistance allowed them to make a number of strategic decisions. They determined that Kafue, a town 30 miles from Lusaka, was an ideal place to open a clinic, as there is only one government clinic that specializes in handling tuberculosis patients. The nurses saw that the public facility was under great strain and there was unmet demand in the community for additional services. They used their personal savings to buy basic medical utensils and hospital beds for a new facility. They also partnered with a doctor, which facilitated registration of the clinic, brought additional investment in the form of medical equipment and personnel, and allowed them to offer an expanded range of services. That year, the partnership opened Juflona Clinic, which offers pediatric services, antenatal and postnatal care, family planning, and basic primary care, serving approximately 30 clients per day. Four years after opening, Juflona Clinic is making plans to expand. Soon, they hope to procure an ambulance to help transfer critical patients to higher level facilities in Lusaka. In addition, they have identified a plot of land on which they intend to build a clinic that offers maternity services. SHOPS provided technical assistance to help them access finance and brokered several meetings with financial institutions to assist with their expansion.

"The training has opened my eyes and now I feel I can realize my lifelong dream of opening a clinic to serve the community."
– Florence Nyirenda Katola, Juflona Clinic co-founder

Strengthening Private Medical Training Institutes

Business management capacity building

A total of 59 participants from six PMTIs attended the SHOPS financial management training, *Improving the Health of a Private Health Practice*. Attendees included 28 participants from the Copperbelt province and 31 from the Lusaka province. Following the training, SHOPS developed a comprehensive training program that addressed business issues faced by PMTIs. The program was pilot-tested in Lusaka in September 2013, and 114 participants attended, representing 10 PMTIs. Participants rated all eight of the training modules highly, and expressed their appreciation for the practical skills and job aids they received.

In addition to training, SHOPS provided targeted technical assistance to eight PMTIs. The project worked with the management of PMTIs to implement 22 business and financial management improvement strategies. Table 5 summarizes the primary strategies that PMTIs implemented following the SHOPS training and technical assistance.

Table 5. Business strategies implemented by PMTIs

Business Strategy	Number of PMTIs	Description
Student records	7	Improved student records to comply with regulatory requirements about documenting intakes, student dropouts, and examination results.
Costing of student training	5	Conducted a costing exercise to price tuition so that all costs of student training could be recovered.
Installation of recordkeeping and financial systems	3	Implemented new recordkeeping and financial systems, which included a complete overhaul of manual records and partial automation of new records.
Introduction of cost controls	3	Implemented cost controls in operations.
Diversification of revenue sources	2	Diversified revenue sources by establishing research and development units.
Business plan reviews	2	Held strategic planning meetings to review PMTI business plans and to better align them with their business operations. The meetings had the added benefit of familiarizing all staff with the business plan and goals for the PMTI.
Improvement of payment policy and bad debt management	1	Instituted a new payment policy to improve cash flow and reduce overdue payments. Also instituted a system for managing bad debt.

Student access to financial assistance

SHOPS worked with two financial institutions to adapt existing student loan products to meet the financing needs of students attending PMTIs. This initiative aimed to increase students' access to medical training, and related to a broader issue around financing education that the government of Zambia is exploring: Without some type of public-private partnership, broader access to private education will be limited by students' ability to pay most of the costs up front.

Advocacy

In addition to providing business and financial management support, SHOPS advocated for a policy change that increased the number of students that can enroll in nursing schools. The General Nursing Council, the statutory board that regulates the training of nurses and midwives, had stipulated that students must have secondary school credits in English, mathematics, biology, and two additional subjects to enter nursing or midwifery training. However, many students who did not have the biology credit had a credit in another science subject. Private nursing colleges had accepted students on the condition that they complete their biology credit during their professional training. The council decided that this practice was in violation of the entry requirements and demanded that all students without a biology credit discontinue their training. This regulation not only excluded those students from training courses, but it also greatly limited the number of students eligible to apply for nursing programs.

"We are now happy that the General Nursing Council has relaxed this requirement … enabling private colleges to enroll as many [students] as they can handle, given their capacities."

– Brighton Chellah, owner of Lusaka Nursing College

New Public-Private Cooperation

As a testament to the increased respect shown to private medical training institutes, the government of Zambia relied on them during a recent work stoppage at public hospitals. To supplement the shortage of public health workers, the government contacted PMTIs to fill the missing shifts with students. Private medical training institutes worked with students to balance clinical responsibilities and class schedules.

The SHOPS project organized a meeting between the General Nursing Council and the Association of Private Nursing Colleges in Zambia to discuss the eligibility requirements for students entering nursing and midwifery training. As a result of the meeting, the council agreed to consider changing the entry requirement policy if the private nursing colleges submitted a formal justification. SHOPS assisted the association in writing a justification, and on that basis the General Nursing Council agreed to expand the entry requirement from biology to any science subject. This policy change allowed nursing students to resume their studies and expanded the number who could apply to private sector institutions. By the end of the SHOPS intervention, student enrollment at PMTIs had increased by 55 percent.

Makeni College School of Nursing Improves Cash Flow

Makeni College School of Nursing in Lusaka was started in 2008 with savings from its owners. When it opened, it had 30 students, more than doubling to 70 the next year. The SHOPS project's PMTI assessment found Makeni to be "operational and stable." Attracting students has not been a problem—more than 450 students attend the college. To cope with the increasing interest in their institute, Makeni knew it needed to add additional programs and expand its infrastructure. Working with SHOPS, Makeni identified its largest barrier to growth: cash flow problems due to unpaid tuition.

SHOPS worked closely with Makeni to develop strategies to ensure that tuition would be paid in full. At the beginning of the 2013–2014 school year, Makeni instituted a new payment policy. For the first time in the school's history, overdue payments are expected to be eliminated. Due to the increased income and improved cash flow, Makeni has been able to offer more courses and plans to offer a degree in midwifery in the near future. Additionally, Makeni is in discussions with the government about the possibility of offering government-backed student loans, which would reduce the financial burden on students and increase enrollment.

SHOPS helped the Makeni College School of Nursing identify its largest barrier to growth: cash flow problems due to unpaid tuition.

Strengthening Private Sector Advocacy

An important legacy of the SHOPS program in Zambia is the creation of the Society of Private Health Sector Businesses, which began informally in 2012 with SHOPS support. The society brings various types of private providers under one umbrella, allowing the private sector to present a coordinated front to express concerns and participate in national health policy planning efforts. Until now, this had been exclusively focused on the public sector. In June 2013, the society formally registered with the government of Zambia. During 2013, SHOPS helped members develop a membership directory while supporting the organization's efforts to formalize its role as the recognized body for representing the interests of the private health sector. By November 2013, there were 90 new members in the society—exceeding the initial goal of 70 members—and membership continues to grow.

Expanding Family Planning and Maternal, Newborn, and Child Health Services

SHOPS activities in Zambia were designed to strengthen the private sector to better contribute to family planning and MNCH outcomes. The project conducted a survey of 207 providers[6] that participated in its business training to examine changes in service delivery. A baseline survey was conducted at the time of the training and a follow-on survey was conducted at least six months after the training.

The results of the survey showed a significant increase in the provision of family planning and MNCH services. Fifty-eight percent of providers reported increasing provision of family planning services and 73 percent reported increasing provision of MNCH services. On average, the number of clients receiving family planning services increased by 26 percent per provider, and the number of clients receiving MNCH services increased by 20 percent per provider. While there is no causality demonstrated between the training and the health service delivery, the observed positive changes could be attributed to better management practices and expanded access to finance. Better management practices and capital improvements enable providers to add and expand services, improve quality, and attract more clients.

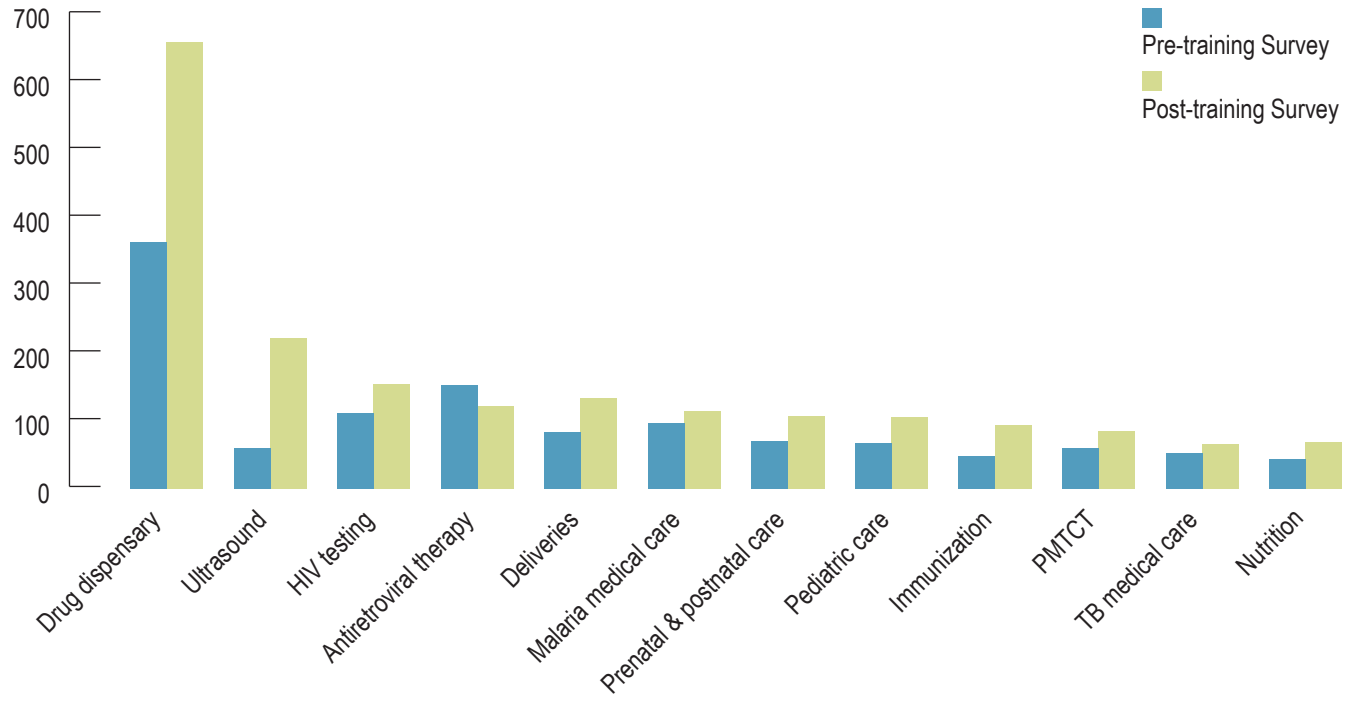
Some of the largest increases in MNCH client visits were for ultrasound services (271 percent), immunization (94 percent), drug dispensary (81 percent), and nutrition (60 percent). In addition, sizable increases were noted in pediatric care (56 percent), deliveries (58 percent), and prenatal and postnatal visits (53 percent). Figure 8 shows the increases in each service area.

> Providers reported an increased provision of family planning and maternal, newborn, and child health services.

There were increases in the provision of all methods, particularly for injectable contraceptives (44 percent) and long-acting methods such as IUDs (37 percent) and implants (86 percent). The number of monthly counseling and information visits increased by 58 percent (see Figure 9). An important rationale for working with clinical providers in the private sector is their ability to offer long-acting methods of contraception.

[6] Questions regarding MNCH were added in the third year of the program. As such, only 98 providers responded to them.

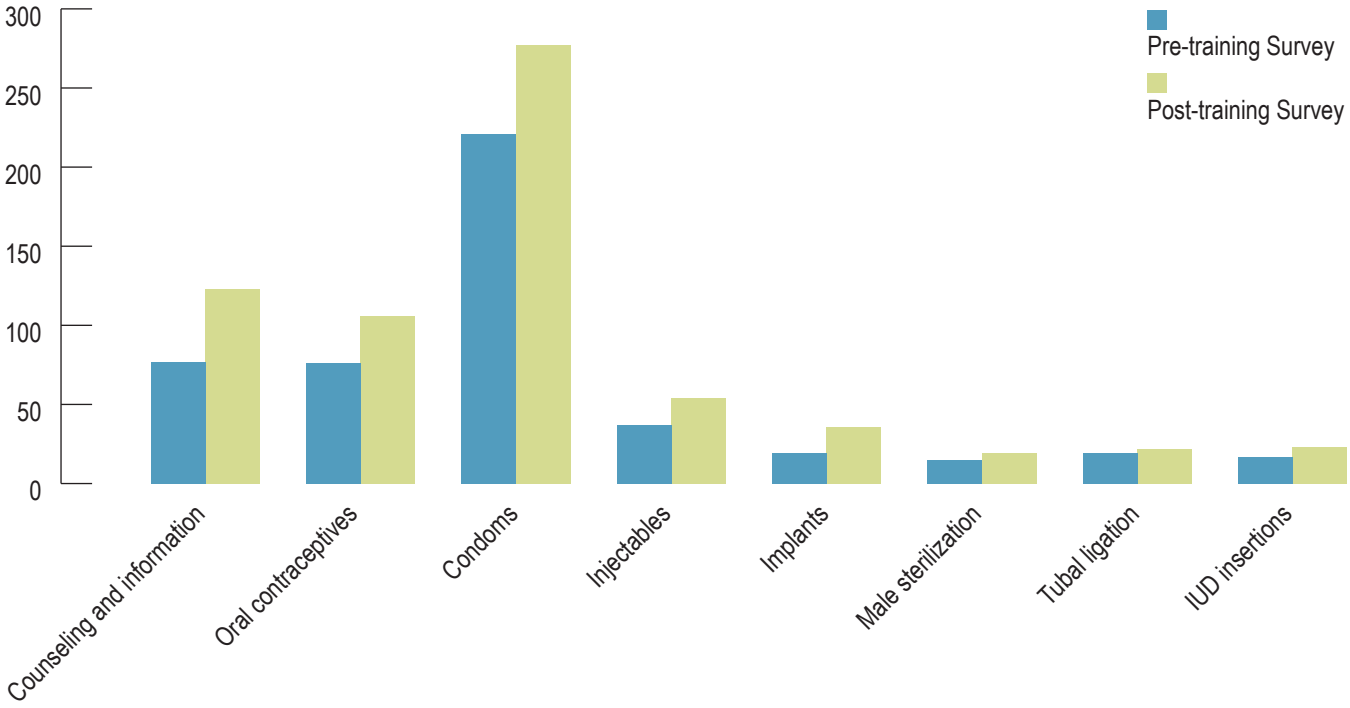
Figure 8. Survey showed increase in maternal, newborn, and child health visits



PMTCT = Prevention of mother-to-child transmission (of HIV)

TB = Tuberculosis

Figure 9. Survey showed increase in family planning visits



Alice Mainza, nurse-midwife and owner of First Fruits Clinic, benefited from a SHOPS training course in business management.

"The information I gained [at the SHOPS training] changed everything here. One of the big things was to see the expansion and profitability of the business, knowledge that was not there before. After the SHOPS training, I had to put my books in order. I organized myself and I became focused. I looked at what do I really want to achieve in business? The business must grow."

– Alice Mainza, nurse/midwife and First Fruits owner

First Fruits Clinic: Strengthening the Business of Family Planning and Maternal and Child Health Care

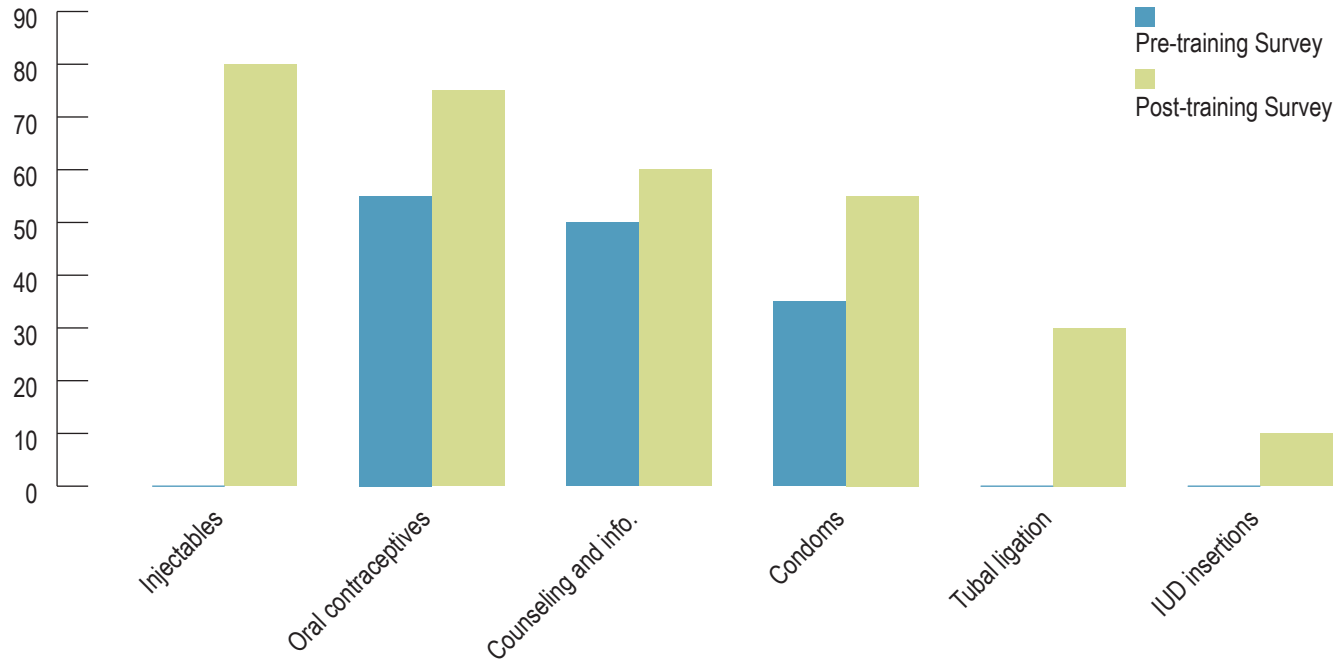
Alice Mainza is a nurse-midwife in Zambia. As a public sector worker, Mainza was becoming increasingly frustrated with low wages, understaffed hospitals, and a stressful work environment. At the urging of a patient, Mainza decided to enter private practice in 2008, converting her house into a clinic in Kamwala, a high-density, low-income neighborhood in Lusaka. The only private facility in this area, First Fruits Clinic offers family planning services, maternal, newborn, and child health services, and general primary care. Mainza opened several delivery rooms at the request of the Health Professions Council of Zambia, which had identified access to safe deliveries as a need in her community.

While the waiting room at First Fruits was always busy, Mainza saw an unmet demand for services in her area. In 2011, she attended a SHOPS business training program, where she set goals for her business, learned about financial recordkeeping and management, and received advice on how and when to invest in her practice. She also received follow-on business counseling.

With SHOPS support, Mainza improved her financial recordkeeping and re-evaluated the clinic's performance, yielding a pleasant finding: First Fruits was financially strong and ready for growth.

Using skills learned in the SHOPS training, she analyzed gaps in the market and planned her investment to fill those gaps, diversify revenue, increase profitability, and improve quality of care. The analysis led Mainza to purchase equipment to measure hemoglobin, enabling her to improve MNCH services and detect nutritional deficiencies. First Fruits is one of the only clinics in Lusaka—public or private—to offer this service, attracting an average of 160 new visits per month. This is a significant portion of her monthly client visits. The increased volume of women coming to the clinic for MNCH services has allowed Mainza to expand family planning service delivery. She saw a 45 percent increase in family planning visits following the SHOPS training (see Figure 10). She began offering injectables and long-acting and permanent methods, including tubal ligations and IUD insertions (midwives are allowed to provide these in Zambia).

Figure 10. Family planning visits to First Fruits Clinic increased following the SHOPS training



Note: Injectables, tubal ligations, and IUD insertions were not offered before the training.

Lessons Learned

Jessica Scranton

LESSONS LEARNED

A number of lessons were learned from the SHOPS program in Zambia that could inform future private sector development.

Additional work is needed to promote lending to the health sector. Despite SHOPS efforts and USAID credit guarantees, financial institutions did not lend enough to the private sector to satisfy demand. More efforts are required to demonstrate the true level of business risks inherent in the health sector, and more financial institutions should be engaged to diversify those risks. Other types of credit products or guarantee structures could help incentivize lending. If it is targeted toward new health care businesses, micro-equity would be useful for Zambia's emerging private sector, where availability of collateral is a constraint.

Economic and financial factors affected lending to private providers. Despite the DCA guarantee and technical assistance, factors in the economy and financial sector of Zambia constrained lending to private providers. When the DCA was first structured, credit markets were expanding into the SME sector and the time appeared to be right to encourage financial institutions to enter the health sector. The unexpected downturn in the economy negatively impacted the early years of SHOPS programming. However, SHOPS was able to make adjustments to help mitigate the environment.

Business counseling is an important tool to reinforce training. While business training gave providers important knowledge, they often needed follow-up assistance to implement significant changes in their practices. Business counseling

Students at Lusaka Nursing College enjoy a lesson.

helped maximize the impact of the training on operations. Business training combined with counseling assisted private providers with accessing finance; making operational changes; opening new practices; making quality improvements; and expanding family planning, MNCH, and other health services.

Creating a sustainable market for business training and counseling services takes time. Even though business services are highly appreciated by private providers, not all providers are able to pay a market price for business training and counseling. It is important to build a demand for these services over time. Professional associations and donors should be prepared to partially cover the costs of trainings until full cost recovery becomes possible.

Strengthening the business operations of private medical training institutes can lead to an increase in student enrollment. PMTIs are an emerging segment of the health sector infrastructure. These vocational training institutes have unique capacity building needs that technical assistance should address. Strengthening business and financial management capacity can assist PMTIs in increasing student enrollment.

Lack of student financing in Zambia is a constraint to the growth of private medical training institutes. Due to the unique risks inherent in lending to students, an increase in this financing will require some type of public-private partnership. The government of Zambia should consider PMTIs to be a partner in health sector workforce development and include them in student financing plans.

Private providers need to advocate for their interests. While the private sector is growing and is increasingly recognized by the government, the sector remains fragmented, unorganized, and weak in advocating for its interests. Private sector associations such as the one organized by SHOPS in Zambia could play this role and advocate to the government and other actors. Equitable treatment of the private sector by the government, compared to the public sector, remains a challenge. Advocacy is the most sustainable and often the most effective way to make governments aware of issues and gaps.

Linkages between the private sector and public health initiatives in Zambia are needed. A growing private health sector is important to achieve public health goals. Governments and donors should consider how to engage the private sector to achieve these goals. In Zambia, there are opportunities for the public and private health sectors to work together, but leadership is needed to bring these resources together.

The SHOPS program in Zambia shows that assistance to private health providers in business strengthening and access to finance can help expand and improve the delivery of family planning and maternal, newborn, and child health services. Additionally, improved operations and access to capital can enable providers to make quality improvements. All private market participants—private providers, financial institutions, business consulting firms, PMTIs, and private sector associations—benefited from SHOPS assistance, developing their internal capabilities to strengthen the overall performance of the health sector.

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For more information about the SHOPS project, visit: www.shopsproject.org

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