



Year Three, Annual Report
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Acronyms

AIDS	Acquired immune deficiency syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral drug
BCC	Behavior change communication
BCS	Balanced counseling strategy
CCMS	Client-centered market segmentation
CDC	U.S. Centers for Disease Control and Prevention
CEPEP	Paraguayan Center for Population Studies
CHAI	Clinton Health Access Initiative
CHAM	Christian Health Association of Malawi
CHE	Community health educator
CHMI	Center for Health Market Innovations
CoR	Continuum of response
CTU	Contraceptive technology update
CYP	Couple years of protection
DAIA	Contraceptive Security Committee (Paraguay)
DCA	Development Credit Authority
DHS	Demographic and Health Survey
DOH	Department of Health
E&E	Europe and Eurasia
FP	Family planning
FP/RH	Family planning/reproductive health
FW	Family wellness
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GIS	Geographic information system
GIZ	German Government Development Agency (Gesellschaft für Internationale Zusammenarbeit)
GPS	Geographic positioning system
HBVP	Healthy Baby Voucher Project
HIV	Human immunodeficiency virus
HS 20/20	Health Systems 20/20
HSA	Health Sector Assessment
HRH	Human resources for health
KHPF	Kenya Health Policy Framework
IFC	International Finance Corporation
IFC/HiA	International Finance Corporation's Health in Africa Initiative
IPAC	Infection prevention and control
IPS	Paraguayan Social Security Institute (Instituto de Previsión Social)
IRB	Institutional Review Board
IUD	Intrauterine device
JAFPP	Jordan Association of Family Planning and Protection
LA/PM	Long-acting and permanent method of contraception
LAM	Long-acting method
M&E	Monitoring and evaluation
MAMA	Mobile Alliance for Maternal Action

MBA	Master of Business Administration
MBCA	Malawi Business Coalition for AIDS
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MDA	Market Development Approaches
MSPHC	Mister Sister Mobile Primary Health Care
MNC	Multinational corporation
MOH	Ministry of Health
MoHSS	Ministry of Health and Social Services
MoHSW	Ministry of Health and Social Welfare
MOU	Memorandum of understanding
MSI	Marie Stopes International
MSM	Marie Stopes Madagascar
MSU	Marie Stopes Uganda
N4A	Network for Africa
NAMAF	Namibian Association of Medical Aid Funds
NGO	Nongovernmental organization
NHA	National Health Accounts
ODC	Office of Development Credit
OECS	Organization of Eastern Caribbean States
OGAC	Office of the U.S. Global AIDS Coordinator
OHA	Office of HIV/AIDS
ORT/ORS	Oral rehydration therapy/oral rehydration salts
PATH	Program for Appropriate Technology in Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTI	Private medical training institutions
PNC	Postnatal care
POPCOM	Commission on Population
PPFP	Postpartum family planning
PPP	Public-private partnerships
PPP-HK	PPP-Health Kenya (policy dialogue forum)
PPP-TWG	PPP Technical Working Group
PSA	Private sector assessment
PSEMAS	Public Service Employees Medical Aid Scheme
PSI	Population Services International
PSP- <i>One</i>	Private Sector Partnerships- <i>One</i> project
PSWG	Private Sector Working Group
PSZ	Population Services Zimbabwe
RTC-HS	Right to Care Health Services
SBCC	Strengthening Behavior Change Communications
SHOPS	Strengthening Health Outcomes through the Private Sector
SLA	Service-level agreement
SOTA	State-of-the-art
SPS FP/RH	Strengthening Private Sector Family Planning/Reproductive Health
SRH	Sexual and reproductive health services
TA	Technical assistance
TOT	Training of trainers program

UBA	United Bank for Africa
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency
USAID	U.S. Agency for International Development
USG	United States Government
VCBD	Voucher community-based distributors
WHO	World Health Organization

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I. Introduction

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/acquired immune deficiency syndrome (HIV/AIDS), maternal and child health (MCH), and other health information, products, and services.

The SHOPS project builds upon decades of USAID support and leadership in private health sector programming, with an emphasis on exploring and advancing private sector innovations. The SHOPS Leader serves as USAID's primary vehicle to support core-funded FP/RH health 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.

Over the life of the project, SHOPS will promote a stronger and expanded role for the private sector in delivering FP/RH, HIV/AIDS, and other health information, products and services by establishing partnering relationships with key global agencies and organizations, 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, HIV/AIDS and other health information, products and services, SHOPS will focus on:

- Conducting private sector assessments (PSA)
- Facilitating public-private partnerships (PPPs)
- 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 (NGOs)
- Improving provider access to finance
- Promoting improved policy and regulatory environments
- Conducting research and evaluation
- Improving access to services among the poor through a variety of financing options

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 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 Three SHOPS received core funding from the Office of Population; the Office of HIV/AIDS (OHA); and the Office of Health, Infectious Disease and Nutrition. In addition, the SHOPS project implemented programs using field support funding in sixteen countries. These included Bangladesh, six countries in the Caribbean, Kenya, Madagascar, Malawi, Namibia, Nigeria, Paraguay, Uganda, Zambia, and Zimbabwe. The SHOPS project is also carrying out activities in the Africa and Europe and Eurasia (E&E) regions with regional bureau funds and is implementing two Associate Awards (Nigeria and Jordan). Highlights of the July 1, 2011 to June 30, 2012 annual report period are described below, organized by results in the Results Framework. In addition four appendices support this annual report including Appendix A which provides sub-awards obligated, Appendix B which provides a list of travel made during the year, Appendix C which provides a report out on the Environmental Mitigation and Monitoring Plans and Appendix D which provides results for the year against the project level Performance Monitoring Plan (PMP).

Result 1: Strengthened global support for SOTA private sector FP/RH and other health models, approaches, and tools

Health insurance covers male circumcision—a global first

In January 2012, Namibia became the first country to allow male circumcision to be covered as an explicit HIV prevention benefit under health insurance. Moreover, Namibia is using the World Health Organization (WHO) recommended clinical procedure, which greatly reduces the cost of male circumcision. The SHOPS project team in Namibia defined and proposed the fee for male circumcision. In addition, the team presented the concept and advocated for endorsement with the Ministry of Health and Social Services (MoHSS) of Namibia Male Circumcision Task Force. SHOPS also liaised with the regulatory body for health insurance on the reimbursement rate. As a result the benefit was approved in October 2011. Namibia has set an ambitious goal of circumcising 80 percent of all adult males by 2015. Given that approximately 18,000 Namibians are both formally employed and have private health insurance, the potential to cover male circumcision through the private sector is significant. Using conservative estimates for workforce growth, growth in insurance coverage levels and coverage of dependents, the project estimates that over 102,000 Namibians could be circumcised in the private health sector by 2015, representing 26 percent of the total need in Namibia.

Through SHOPS assistance, the Contraceptive Security Committee in Paraguay becomes a formal and permanent structure within the National Health Council

SHOPS/Paraguay has created the policy and institutional framework for sustained dialogue and support of each actor playing its role in the family planning (FP) marketplace. In collaboration with the USAID | DELIVER project, SHOPS/Paraguay led the development and finalization of the operating guidelines for the Paraguay's Contraceptive Security Committee or DAIA (*Disponibilidad Asegurada de Insumos Anticonceptivos*), laying the foundation for decisionmaking and activity planning for contraceptive security and efficient market segmentation across the commercial, NGO, and public sectors. On December 2, 2011, Paraguay's Ministry of Health (MOH) passed Resolution #1392 approving the DAIA to become part of the National Health Council in the MOH. The resolution recognizes the DAIA as a multi-sector entity, conveys authority and influence of the organization, and provides a long-term platform for the DAIA to continue supporting contraceptive security in the country.

SHOPS advances knowledge of the role of the private health sector

Through a variety of channels, SHOPS has increased access to knowledge and information on the role of the private health sector. During the period, the SHOPS team made 30 presentations, published, and disseminated thirteen reports, briefs, and fact sheets and regularly updated content on the SHOPS website.

Funds leveraged to support SHOPS activities increase

SHOPS secured \$2,983,624 in cost share, a 54 percent increase over last year.

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

Study identifies private provider preferences for improving quality of care

In Peru, SHOPS conducted formative research to gain insight on types of recognition mechanisms that motivate private providers to improve quality. A survey was conducted among 240 private providers from three regions of Peru, representing three provider groups (networked midwives and doctors, non-networked doctors, and non-networked midwives) to better understand how providers value recognition mechanisms in a quality improvement program. The survey found a preference for professional development and training as recognition mechanisms. The data also showed provider willingness to pay to participate in such programs—an encouraging finding in terms of sustaining quality improvement within the private sector.

Pilot program in Uganda advances learning by using mhealth to reinforce provider training

Through a pilot in Uganda, SHOPS produced a replicable text message platform to improve provider performance and quality of care through text messages. Daily text messages were sent to 34 FP providers at Marie Stopes Uganda (MSU), providing training reinforcement tips, reminders, and assessment questions. In a qualitative process evaluation, providers reported changes in their knowledge, practice, and motivation related to the four behaviors targeted in the messages. In addition, participants noted that the messages led to positive increases in information-sharing on service standards and increased use of training reference manuals and clinical guidelines. As a result of the findings Marie Stopes International (MSI) intends to roll-out the training platform across all their programs globally.

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

Outreach family planning efforts in Jordan reach numerous women and providers

In Jordan, SHOPS reached 60,581 women with family planning and reproductive health counseling through community outreach activities. These activities are being scaled up and will be evaluated through a random control trial, which is set to commence in the coming months. SHOPS/Jordan also made detailing visits to reinforce family planning training and key technical knowledge among doctors and pharmacists. Two hundred forty five private providers received family planning training. The project has recently reached an agreement with the Jordan Pharmacy Association to institutionalize this type of professional outreach to its members.

Mobile outreach results in expansion of FP provision in Madagascar and Zimbabwe

Through its implementing partners, Marie Stopes Madagascar (MSM) and Population Services Zimbabwe (PSZ), SHOPS has been implementing a mobile family planning outreach program in rural and peri-urban communities. As a result, 116,196 couple years protection (CYPs) were generated during this reporting period.

SHOPS strengthens family planning at the Social Security Institute in Paraguay (IPS)

SHOPS implemented a robust technical assistance (TA) package within the IPS in order to strengthen the Institute's family planning program. TA from SHOPS included training 130 IPS providers in Jhpiego's SOTA clinical methodology in postpartum intrauterine device (IUD) insertion, interval IUD insertion, and informed choice counseling. SHOPS also donated postpartum and interval IUD insertion and removal equipment to 41 IPS service delivery points, revised the Institute's IUD insertion followup protocol, conducted a qualitative study on IPS beneficiary perceptions of the IPS FP service, and developed a strategy for the Institute to capture more FP clients based on the results of the study.

IPS is already seeing impressive increases in the number of IUD insertions since the onset of SHOPS TA, which began in June 2011. In the five months prior to the first round of training (January to May 2011), the IPS central hospital was inserting on average 42 postpartum and interval IUDs per month. From July 2011 to June 2012, the central hospital inserted 726 interval and postpartum IUDs.

SHOPS Nigeria helps Expand the Family Planning Offering of Private Health Providers

SHOPS/Nigeria worked to strengthen the private health sector by supporting private providers to improve technical and business management skills and by providing access to credit to help strengthen and grow these health practices. During the reporting period, the SHOPS team: trained 737 private providers on family wellness and family planning counseling skills specially adapted for private sector medical practitioners, nurses and community pharmacists; provided business management skills training. In addition, two loan guarantees structured with local banks last year have provided \$2.25 million through 308 loans to private providers.

In addition to the direct outcomes of the Development Credit Authority (DCA) guarantee in Nigeria, a noteworthy development is that some other banks have begun to show interest in health care finance since the launch of Diamond Bank's "Mediloan" product, including Fidelity Bank, who introduced a product for the health sector. United Bank for Africa (UBA) has also made efforts to redesign and re-launch its moribund health finance offering. This foray into the health sector market

indicates spill-over effects of the DCA mechanism and serves to further expand opportunities for access to finance in the private health sector without USAID support.

SHOPS increases scale of zinc in Ghana

Since SHOPS initiated its pharmaceutical partnership program for zinc in Ghana, monthly sales of ZinTab have risen dramatically—from 86,000 tablets sold in January 2012 to 678,000 in April 2012 (when the training program began), to more than 2.2 million tablets in July 2012, following the launch of the mass media campaign. As of August 1, 2012, 536,000 zinc treatments have been sold to retailers, representing 51 percent of seasonal demand.

II. Population Core

Overview

The goal of the SHOPS family planning program is to increase the role of the private sector in the provision of quality family planning products and services. This includes working with a diverse range of for-profit and nonprofit entities. The SHOPS approach is to examine the role of the private sector within the entire health system, mapping out the actors that influence family planning outcomes. By examining public and private sector roles and motivations, analyzing policies and regulations, and paying close attention to the economic, political and cultural context, the SHOPS team identifies where and how the private sector can best contribute. The SHOPS team implements a variety of strategies to expand and strengthen the role of the private sector in family planning. The aim is to strike a balance between the achievement of short-term impact and the need to build capacity that will sustain these gains beyond donor funding.

SHOPS builds on the foundation established by the predecessor project PSP-One in mainstreaming global support for private sector family planning initiatives. SHOPS continues to shape the global dialogue on private sector approaches while at the same time intensifying our mainstreaming approach at the local level among host country governments and other local stakeholders to build local private sector champions that will ensure stronger private sector integration into health sector planning and implementation.

SHOPS continues to add to the evidence base on what works in delivering family planning services with an emphasis on innovation and long standing challenges such as delivering long acting permanent methods through the private sector. SHOPS is also undertaking a number of activities to bring about the next generation of private health sector innovations. This includes establishing a Challenge Fund, testing mHealth solutions and establishing new partnerships for increasing access to finance for family planning private health providers.

Result 1: Strengthened global support for SOTA private sector FP/RH approaches, products, and services

Overview

In Year Two, SHOPS consolidated its technical leadership role within the global community through strategic partnerships with other donors working with the private health sector and through a successful relaunch of the Private Sector Working Group (PSWG). SHOPS also continued to build public sector capacity to interact and engage the private health sector through its Network for Africa (N4A) community. The N4A expanded its membership during Year Two to include over 300 members. In Year Three, SHOPS will seek further opportunities to showcase its technical leadership areas at high-level events, begin the transition of N4A to a local African institution, and continue to stimulate USAID and local stakeholders' interest in policy dialogue and partnerships with the private sector.

Sub-Result 1.1: Global partnerships established

Objectives

SHOPS will establish new and important partnerships through strategic alliances, and strengthen the PSWG to advance the global health community's understanding of how to engage the private health sector.

Summary of key activities and outputs for Sub-Result 1.1

Activity 1.1.1: Carry out high-level global private sector events with international partners

- In collaboration with other donors, SHOPS will carry out three high-level global events:
- The first World Social Franchising conference with the University of California, San Francisco Global Health Center
- Participation in the U.S. Africa Business Summit
- Sponsorship and participation in the German Government Development Agency (GIZ) Regional Conference on "Engaging the Private Sector in Health in Africa"

Anticipated Year Three outputs:

Three high-level mainstreaming events to raise awareness of private sector contributions in the health field held.

Accomplishments during this reporting period

SHOPS successfully carried out three global high-level events during this reporting period.

1. U.S.-Africa Business Summit (Washington, D.C.). In October, SHOPS presented at the Financing Mechanisms for Expanding Healthcare Services workshop at the eighth annual U.S.-Africa Business Summit sponsored by the Corporate Council on Africa. Panelists represented a variety of perspectives on health financing and discussed challenges and strategies to expand lending, equity, and other forms of capital to Africa's private health care sector. Panelists addressed a range of financing needs, including those of medical technology and equipment exporters and private health-service providers. The International Finance Corporation (IFC) and SHOPS highlighted the concerns of international and local investors and banks about the health care sector, such as uncertain rates of return and the

relatively small size of health sector deals. They also identified success stories and opportunities for investing in the health sector in Africa.



2. First Global Conference on Social Franchising (Mombasa, Kenya).

SHOPS co-sponsored the First Global Conference on Social Franchising, held in Mombasa, Kenya from November 9–11, 2011. The conference was organized by the Global Health Group at the University of California, San Francisco and sponsored by USAID through SHOPS, the Gates Foundation, the Rockefeller Foundation, WHO and others. This was the first time social franchise implementers from around the world had the opportunity to meet in person, along with key government, donor, NGO, and academic stakeholders. In attendance were representatives of 52 franchise programs from 35 countries. SHOPS provided financial support for the venue, served on the steering committee, and conducted two training sessions: one on business and financial management and a session on using mhealth technologies within franchise settings. The business training provided an overview of how limited business capacity and lack of financing can impact services delivered by franchisees. It gave participants practical skills and tools to begin addressing these constraints. The training provided an overview of the material covered in the SHOPS publication, *Financial Management and Record Keeping Guide for BlueStar Franchisees*, and reviewed lessons learned from the pilot. The mhealth training session showcased the SMSLearn platform that SHOPS developed with MSI in Uganda to improve adherence to clinical guidelines. Both sessions were well-received and well-attended by participants.

The Business Training for Franchises session was received very well by participants. The printed materials, presentations, and exercises were particularly useful. Overall, it was well prepared, practical, and presented innovative ideas.

–First Global Conference on Social Franchises Training Evaluation

3. Engaging with the Private Sector in Health in Africa regional conference, organized by GIZ (Dar es Salaam, Tanzania).

SHOPS played an instrumental role in shaping the GIZ conference entitled, [*Engaging with the Private Sector in Health in Africa*](#) on May 14 to 16, 2012. SHOPS worked with GIZ on the conference design and content and sponsored, organized, and participated in two panels. More than 250 participants attended a conference in Tanzania, attracting high-level delegates from the public and private sectors. SHOPS, through its N4A and in-country presence, helped GIZ identify appropriate public and private sector groups and individuals to attend the workshop and to serve as technical presenters, panelists, etc. Also, many plenary and technical sessions featured SHOPS staff members.

SHOPS staff led lively discussions on key private sector issues. SHOPS hosted the first plenary session with a panel on aligning private health sector activities with priorities of African governments using private sector assessments. Panelists from Malawi, Namibia, and Tanzania shared their views on assessments that had been conducted in their countries. SHOPS staff facilitated the second plenary session on MOH public-private advisors. The panel included presenters from Ghana, Tanzania, and Uganda. Finally, SHOPS staff hosted a discussion on contracting out essential health care services. Panelists represented BroadReach, the Christian Health Association of Malawi (CHAM), the IFC’s Health in Africa Initiative (IFC/HiA), and MSI. The collaboration leading up to and during the GIZ Regional Conference laid the foundation for continued collaboration between USAID and GIZ.

Activity 1.1.2: Expand the role and function of the Private Sector Working Group

The PSWG will play an important and growing role under SHOPS. The PSWG will continue to grow its membership and formalize its role as a mechanism to foster dialogue and the exchange of best practices in working with the private sector to achieve health outcomes. In 2010, SHOPS re-launched and expanded the PSWG membership. The group agreed on the importance of having a meeting place on the SHOPS website to allow for those located outside the Washington, D.C. area to communicate, coordinate, and collaborate. During Year Three, SHOPS will finalize and launch the web-based community of practice. Building on its role as a mechanism to exchange best practices in working with the private sector, SHOPS will also continue to perform the secretariat function, which includes (1) convening three quarterly meetings and one full-day meeting, (2) identifying technical speakers for the meetings; (3) updating the PSWG site with member information (e.g., events, news stories, technical resources), and (4) ensuring frequent and regular communication. This activity is co-funded with OHA core.

Anticipated Year Three outputs:

- Three quarterly meetings and one all-day meeting held.
- PSWG virtual meeting space launched on the SHOPS website.

Accomplishments during this reporting period

During this reporting period, PSWG carried out three quarterly meetings and the second annual one-day meeting. The table below summarizes the three quarterly meetings and the technical topics presented.

Meeting/Date	Technical Presentation	No. of Attendees
October 2011 Quarterly Meeting	Joanne Yoong from RAND Corporation presented her research on the firm-level perspective on public sector engagement with private providers.	33
January 2012 Quarter Meeting	Nicole Spieker, program director quality of PharmAccess Foundation, delivered a presentation on the SafeCare Initiative.	30
May 2012 Quarterly Meeting	Jeff Barnes, Principal Associate of Abt Associates, presented on the Market Based Partnerships for Health project in India and lessons learned on four PPP models.	17

PSWG also launched its community of practice on the SHOPS website. The community of practice contains several useful features for the members: announcements, news stories, and a members-only space with member information, shared documents, and postings. Several PSWG members have used the PSWG community of practice space to share information, including the newly formed private sector research group.

The RAND presentation in October 2011 generated considerable discussion on the status of research on private sector providers in developing countries. Several PSWG members met on two occasions to develop a list of private provider research, which is posted on the PSWG online community space.

In addition to the quarterly meetings, SHOPS hosted the second annual full-day PSWG meeting which attracted over 70 development practitioners who gathered to share their perspectives on the private health sector in developing countries. There were two keynote speakers offering two viewpoints on the private health sector. April Harding of the World Bank presented on donor experience in supporting private sector activities in health based on her upcoming book entitled, *Patients: Why Health Aid Fails to Reach So Many, and What We Can Do about It*. Dr. Naveen Rao, director of the \$500 million Merck for Mothers initiative, presented Merck's ecosystem model to improving maternal mortality in developing countries aimed at supporting local private providers.

Activity 1.1.3: Establish partnerships with international financing organizations

SHOPS will continue efforts initiated in Year Two to increase funding to the private health sector with an emphasis on health care providers offering FP/RH products and services by building on partnerships developed with international financial organizations. Potential partnerships include working with UBA and EcoBank to roll out a health sector loan product through their network of banks in sub-Saharan Africa and working with the Acumen Fund to support the success of a "Summa Foundation" style credit line to a local financial institution in an East African country to expand lending to the small-scale private health sector.

Anticipated Year Three outputs:

At least one partnership with an international financial organization implemented.

Accomplishments during this reporting period

During the Year Three, SHOPS held partnering discussions with a wide variety of international financial institutions, including IFC, United Bank of Africa (UBA), a Pan-African Bank operating out of Nigeria, and Kiva, an online peer-to-peer platform.

United Bank for Africa

At the end of Year Two and beginning of Year Three SHOPS traveled to Nigeria to meet with UBA to discuss the possibility of a partnership in more detail. Following this trip and with the approval of the USAID/Nigeria mission, a partnership structure has been drafted for UBA to develop and roll-out a health sector loan product through their pan-African network of banks (UBA is currently operating in 18 countries in Africa).

The detailed proposal to UBA laying the ground to establish the strategy and implementation milestones for UBA to reach in the health sector within their network was

presented to UBA management. The proposal contemplated SHOPS providing assistance to UBA to develop and launch the product with more intensive support in one to two countries. Unfortunately, soon after the proposal was presented to UBA's headquarters in Lagos, the bank embarked on a major management restructuring which made further discussions not productive. For the time being, SHOPS has decided not to continue the dialogue.

While UBA Nigeria may be experiencing problems, the UBA network in Africa remains a viable option for health sector lending, which could be pursued on a country-by-country basis. UBA Zambia already approached SHOPS for TA. In Ghana, UBA developed (independently from SHOPS) an innovative product—an electronic wallet for the credit union of pharmacists to facilitate electronic payments through ATMs and mobile phone platforms, allowing for wider access to finance for the pharmacists. This shows that the UBA can play an important role in the health sector market in the near future, once the internal reorganization has been completed.

Kiva

In Year Three, SHOPS developed a new concept and strategy to work with Kiva—an online microfinance peer-to-peer platform to help Kiva expand financing to private health providers. As part of the strategic partnership, Kiva will engage a number of their high-performing microfinance partners and offer them an opportunity to receive additional funding from Kiva for the health sector. SHOPS developed a memorandum of understanding (MOU) with Kiva that outlined the roles and responsibilities of the parties. After negotiations with Kiva, Kiva's CEO chose not to sign the MOU with SHOPS but rather pursue the relationship with SHOPS based on the common understanding of each party's contribution to the project. The MOU option will be revisited and the state of the relationship will be assessed in a few months when the program gains momentum.

The countries selected for this program include Tanzania, Kenya, Uganda, Benin, Mozambique, the Philippines, Cambodia, Indonesia, Peru, and Guatemala. The selection was made based on SHOPS/USAID priorities, Kiva partners' readiness to develop a new program, and the local situation of private health markets.

To facilitate the process of engaging microfinance institutions and help them enter the health sector market, SHOPS developed a draft toolkit for Kiva's partners on how to expand into the health sector and incorporate health sector lending into their operations. Once piloted through the field testing in at least one country, the toolkit will be revised and made widely available to all financial institutions as a guide for introducing health care lending.

SHOPS also initiated the country-level pilot with TA in Tanzania, with more countries to follow in Year Four. Specifically, SHOPS started working with a microfinance institution in Tanzania (Tujijenge) to assist in expanding its health sector lending. Tujijenge has some experience providing loans to the health sector and is eager to do more. SHOPS started reviewing the microfinance institution's loan products and conducted a limited demand study among the Population Services International (PSI) service providers to determine the finance needs among the franchisees. SHOPS will assist Tujijenge in developing a strategy for the health sector that will be followed up with a proposal to Kiva to establish a specific funding allocation for the health care businesses. SHOPS also started working on the

marketing aspect of the program, including the linkages with the Private Providers Association in Tanzania. While initially the Association's management was not keen on connecting with Tujijenge, they recently changed their stance under pressure from their members who are actively seeking access to finance for their private businesses.

In addition, SHOPS and Kiva initiated building relations with the U.S. medical professional associations to develop a new group of micro-lenders in the U.S. for the benefit of private health providers in the developing countries. SHOPS met with the representatives of the American College of Nurse-Midwives to discuss the possibility of engaging their membership in providing peer-to-peer financing. The Association expressed interest in the program. SHOPS will reach out to the Association as soon as the first country program has been organized.

International Finance Corporation

SHOPS also continued discussions with IFC and explored opportunities for cooperation in locations where IFC has credit and technical support facilities for small and medium enterprises, to which SHOPS can add value by including health sector lending as a new market segment for the IFC-supported banks.

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 engage and dialogue with the private health sector over the life of project.

Activity 1.2.1: Transfer N4A to an African institution

To assume stewardship of the private sector, developing country governments need to develop and acquire new skills. Using N4A, SHOPS will focus on developing a cadre of public sector staff who can provide strategic advice on the private sector, offer implementation support, and build capacity within their own governments to work with the private health sector. In Year Two, N4A grew its membership and consolidated its activities. Year Three will focus on smaller technical exchanges centered on private implementation issues and identifying an African institution to assume leadership and implementation of N4A community of practice. Activities are organized around three tasks:

- Building local capacity of selected institutions to lead N4A: During Year Two, SHOPS developed an N4A sustainability strategy and identified a range of African organizations to eventually manage N4A. In Year Three, SHOPS will conduct an assessment to develop a capacity transfer plan and initiate technical assistance.
- Sustaining the community of practice: Using web-based technology, SHOPS will carry out four online chats or webinars, update technical content on the N4A site, and facilitate discussions on the bulletin board.
- Transferring knowledge, experience, and skills: SHOPS will provide follow-up and monitor country action plans by adding one to two days to SHOPS staff travel to N4A countries for meetings with workshop country teams and N4A members. SHOPS anticipates using consultants for this activity. This activity is co-funded with OHA core.

Anticipated Year Three outputs:

- Scan of potential organizations to take on the N4A completed
- African institution identified and assessment conducted
- Capacity transfer plan developed for transition to identified institution
- N4A web-based activities (two to three online chats and updated content) implemented

Accomplishments during this reporting period

In Quarter 4, the SHOPS project undertook a methodical search for an African organization to become the voice of N4A. The search began with a desk scan, which identified 34 potential African institutions. Subsequently, SHOPS issued a request through multiple channels for a formal expression of interest. Fifteen organizations responded to the expression of interest. After a careful review based on pre-determined criteria, the SHOPS project identified eight organizations. SHOPS sent a request for applications to all eight organizations of which five responded in a timely fashion. Using quantitative and qualitative evaluations, the SHOPS project short-listed three strong finalists. These finalists were contacted with additional clarification questions and participated in telephone interviews. At the end of the process, the SHOPS project selected the Regional AIDS Training Network, a Kenyan organization, as the best-qualified to manage and ensure the sustainability of N4A. SHOPS plans to start the transition process in Year Four and is drafting a transition plan.

During this reporting period, and with co-funding from HIV core, the N4A team launched the new community of practice space on the SHOPS website at www.shopsproject.org/network4africa and normalized its online activities. The N4A community of practice space has several features, including announcements for events and new research, news stories and audio interviews featuring N4A members, and a resource library. Members are 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.

The N4A team revamped the e-letter format and increased the number of e-letters disseminated. In Year Two, the N4A team disseminated one e-letter each quarter compared to nine in Year Three. The N4A team appreciated the e-letter content, receiving regular emails from its readers commenting on the e-letters' rich and valuable content. Many N4A members report that the N4A e-letter is an important source of information on upcoming private sector events. For example, the N4A e-letter announcement for the GIZ African Regional Conference on Private Sector Engagement dramatically increased demand to participate in this event.

The N4A team analyzed over 1,000 technical resources in the SHOPS resource center to identify research, program documents, tools, and methodologies relevant for N4A members. As result, the N4A team tagged over 80 documents for N4A readers in the SHOPS resource center, four of which are in French.

Table 1: N4A online presence

Results	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
No. of subscribers of N4A e-letter	450	461	488	494	
No. of e-letters disseminated raising awareness of private sector contributions	2	3	3	1	9
No. of online chats	1	1	1	1	4
No. of visits to the N4A public page	201* 127**	997* 443**	862* 518*	304* 207**	2,364* 1,295**
No. of items downloaded from N4A resource center	255	289	407	460	1,411

*Page views

**Unique page views

Improvements in the N4A community of practice space and strengthened technical content have resulted in greater traffic to the N4A site and events. The number of N4A members steadily grew from 450 to almost 500—a 10 percent increase. N4A members are a diverse group ranging from African government officials and private health sector leaders to implementing partners working with the private health sector in Africa and academics. The number of downloads grew 1.5 times during the reporting period from 255 in Quarter 1 to 460 in Quarter 4. Visits to the N4A page also increased by the same rate: 201 in Quarter 1 to 304 in Quarter 4.

The true test, however, is whether members apply the information and resources offered by the N4A community of practice. A recent survey revealed that:

- Three MOHs (Kenya, Malawi, and Tanzania) used a SHOPS policy brief on PPP Units.
- Three MOHs (Kenya, Malawi, and Tanzania) used the SHOPS PPP Unit Capacity Plan to design their first-year work plan.
- Four MOHs (Kenya, Malawi, Namibia, and Tanzania) are using a draft framework developed by SHOPS for their health PPP strategy.
- One country (Botswana) requested SHOPS TA based on a N4A report. (See HIV/AIDS section on N4A for more results.)

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

Overview

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

In Year Two, SHOPS launched a new website to serve as the hub for communications and knowledge management. The website has the ability to host interactive features and member spaces for communities of practice like the PSWG and N4A. In Year Two, SHOPS communications efforts also included online events such as the e-conference on Access to Finance and the e-course on managing healthy businesses on the Global Health e-Learning platform, the distribution of three SHOPS e-newsletters, and the development of a primer on PPPs. In addition, SHOPS revised its project-level performance monitoring plan and finalized a research agenda for the project. In Year Three, SHOPS will continue to build on these activities, including the completion and dissemination of a range of technical papers initiated during Year Two.

Sub-Result 2.1: Programmatic and operations research conducted and the findings widely disseminated

Objectives

SHOPS will initiate high-quality research on the role of the private sector improving FP/RH and other health outcomes, and the effectiveness of various private sector interventions.

Summary of key activities and outputs for Sub-Result 2.1

Activity 2.1.1: Research studies

SHOPS is implementing, under IR 3 (3.1.8 and 3.1.9), two new innovative activities, one focused on piloting postpartum IUD services through the private sector, and the other focused on improving financial access to LA/PMs in the private sector. As part of these activities, SHOPS will design evaluations that will lead to global learning on these topics. In addition, the SHOPS research team will work with individual activity leads and field programs to ensure research is given an appropriate role and that there is a quality assurance review for all research activities.

Anticipated Year Three outputs:

- Two research studies designed
- Overall quality assurance system for research in place and applied
- At least one process evaluation designed

Accomplishments during this reporting period

In June 2012, SHOPS conducted a trip to Malawi to design a randomized control trial study related to improving financial access to long-acting reversible contraception methods. The team is currently preparing the research protocol and institutional review board (IRB) application. In addition, SHOPS staff members will be traveling to the Philippines in

September 2012 to design a study to identify the key barriers private providers face in the provision of LA/PM services. The formative study will be followed by the design and evaluation of an intervention that seeks to overcome these barriers. The study on postpartum LA/PMs is on hold pending start-up of the activity.

During the past year, the SHOPS research, monitoring, and evaluation team coordinated 28 studies from across the project. This coordination included ensuring that research leads initiated research protocols, created scopes of work for data collection, and developed survey instruments. During this time period, the research, monitoring and evaluation team also developed comprehensive processes for IRB submission and quality assurance review, including the assignment of quality assurance reviewers to each of the research activities.

SHOPS is completing a process evaluation of the social security institute (IPS) activity in Paraguay. During the reporting period the protocol and data collection tools were designed and submitted for both Abt and IPS IRB approval. Due to the impeachment of the Paraguayan president in June, IRB approval from IPS has been delayed as authorities at IPS have changed. We are expecting IPS IRB approval imminently.

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

Objectives

During Year Three, SHOPS will maintain the project's high visibility within the public health community and the commercial sector by continuing to participate in global events, implementing electronic dissemination activities including growing the website, completing and disseminating e-newsletters, and conducting an e-conference. In addition, the project will produce and disseminate technical reports of interest to the development community.

Summary of key activities and outputs for Sub-Result 2.2

Activity 2.2.1: e-Conference on LA/PMs and the private sector

SHOPS will hold its annual e-conference with a focus on delivering LA/PMs through the private sector.

Anticipated Year Three output:

E-Conference on LA/PMs and the role of the private sector held.

Accomplishments during this reporting period

The Long Acting and Permanent Methods (LA/PM) e-conference took place from May 8–10, 2012 with opening introductions and registration on May 1, 2012. More than 550 individuals from more than 60 countries participated in the conference, who had the opportunity to view 15 presentations and participate in three live chats (two in English and one in French) moderated by private health sector experts, including SHOPS staff. Opening and closing remarks were given by representatives of USAID, including Dr. James Shelton (a science advisor for the USAID Bureau of Global Health), Marguerite Farrell (Private Sector Team Leader, USAID Office of Population and Reproductive Health), and a conclusion and way forward by Patricia MacDonald (Senior Technical Advisor FP/RH, USAID Office of Population and Reproductive Health).

The conference panels were chosen based on an identified lack of published information on private sector LA/PM programs and research. The e-conference focused on presenting programming successes and challenges in promoting LA/PM use through the private sector. It succeeded in promoting discussion and generating ideas around the direction forward. In addition to five presentations by SHOPS staff, including SHOPS/Jordan, presentations were given by representatives from a range of organizations working with LA/PM in the private sector, including MSI, PSI, EngenderHealth, Jhpiego, and IntraHealth. For greater accessibility, all English language presentations were translated into French, and the French language panel was translated into English.

The panels included:

- Panel 1: Overcoming provider barriers to LA/PM provision in the private sector
- Panel 2: Key challenges and opportunities in family planning and LA/PM in Francophone Africa (presentations in French)
- Panel 3: Strategies to increase access to LA/PM services in the private sector
- Panel 4: Country program experiences in providing and expanding access to LA/PMs

The conference website also had space for questions and discussion to encourage participation, idea generation, and sharing of experiences across countries and regions. Participants posed interesting questions to the presenters, who checked in periodically over the three days to answer any questions about their presentation.

Activity 2.2.2: Information dissemination 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, the project will sponsor booths, disseminate appropriate materials, support staff presenters on key topics, and promote SHOPS objectives and the resources available to the communities.

Anticipated Year Three outputs:

- Presentations at global conferences, meetings, and workshops delivered.
- Key resources and project materials disseminated.

Accomplishments during this reporting period

Using Population Core resources, SHOPS staff made 22 presentations during the period to a variety of audiences. In addition, two family planning presentations were made by the Jordan Associate Award team. The presentations included the following:

Table 2: SHOPS presentations

International Conferences				
Location	Event	Date	Presenter	Title
Toronto, Canada	International Health Economics Association	July 9, 2011	Barbara O'Hanlon	The Role of Private Sector Assessments in Facilitating Policy Reforms
			Nagham Abu Shaqra	Improving Quality of Women's Health and Family Planning Services in Jordan's Private Health Sector
Washington, DC	8 th Biennial U.S.-Africa Business Summit	October 7, 2011	Meaghan Smith	Financing Mechanisms for Expanding Health Care Services

Kenya	First Global Conference on Social Franchising	November 9, 2011	Meaghan Smith	Financial Management for Franchisees
			Pamela Riley	mHealth Applications for Social Franchises
Washington, DC	Global Health Leadership Forum	November 15, 2011	Sara Sulzbach	Partnerships in Practice: SHOPS Examples from the Field
Senegal	International Conference on Family Planning	November 29, 2011	Pamela Riley	How Mobile Phones are Expanding the Role of the Private Sector in Family Planning: Case Studies from the SHOPS Project
			Susan Mitchell	The Ideal Segmentation—What Happens When Everyone Plays Their Part: Paraguay as a Model
Washington, DC	mHealth Summit,	December 5, 2011	Shalu Umapathy	Getting Ahead of the Curve: Leveraging Practitioners' Experience for Mobile Behavior Change Communication
Tanzania	GIZ Meeting on Engaging the Private Health Sector in Africa	May 15, 2012	Dr. Nelson Gitonga	Country Assessments of Private Sector Engagement in Health in Africa
			Barbara O'Hanlon	Building MOH Capacity to Engage the Private Sector: Growing Experience of PPP Capacity in Sub-Saharan Africa
			Caroline Quijada	Panel on Contracting Out Health Services (Moderator)
San Francisco	Population Association of America	May 5-6, 2012	Minki Chatterji	Male Participation in Reproductive Health (discussant) Attitudes and Demography (chair)
National				
Jordan	National Reproductive Health/Family Planning Symposium	September 19, 2011	Reed Ramlow	Public-Private Partnership in Family Planning
Bangladesh	America Week	February 1, 2012	A. A. Masud	Creating Markets for Long-Acting Methods of Family Planning in Bangladesh
Philippines	Family Planning Command Conference	May 10, 2012	Stephen Rahaim	From Young Rural Intenders to Ready-to-Limit Pragmatists: Segmenting the Family Planning Market
Bangladesh	Obstetrical and Gynecological Society of Bangladesh	May 26, 2012	Dr. A.S.A. Masud	Integrating LA/PMs for Family Planning Services in the Private Sector
Nigeria	Private Sector Health Summit	June 25, 2012	Daniel Bassey and Patricia Gates	Financing Nigeria's Private Health Sector

USAID/Washington Technical Brown Bag		
Date	Presenter(s)	Presentation Title
November 2011	Meaghan Smith Piotr Korynski	USAID's Experience: 20 Years of Financing the Private Health Sector
January 25, 2012	Pamela Riley	Working with Mobile Network Operators
February 14, 2012	Dawn Crosby	Total Market Success: The Paraguay Story
June 27, 2012	George Oommen	Tuberculosis Care and Support Initiative: An initiative to improve participation of private health care providers in the Revised National Tuberculosis Control Program in India
May 17, 2012	Maha Al Saheb	Improving the Quality of FP Services in the Jordanian Private Sector
June 7, 2012	Reed Ramlow	Ta'ziz Tanzim al Usra Project

During the reporting period, SHOPS produced eight publications, including briefs, primers, and a tool.

Table 3: SHOPS publications

Date	Type	Title
July 2011	primer	Designing Public-Private Partnerships in Health
November 2011	tool	Financial Management and Record Keeping Guide for BlueStar Franchisees
March 2012	brief	Mobiles for Quality Improvement Pilot In Uganda
March 2012	brief	Malawi Private Health Sector Assessment
April 2012	brief	Russia Reproductive Health Market Assessment
May 2012	primer	Protecting the Bottom Line: Five Corporate Models to Lower Costs and Increase Access to Health Care for Formal Sector Workers in Africa
May 2012	primer	Addressing the Need: Lessons for Service Delivery Organizations on Delivering Contracted-Out Family Planning and Reproductive Health Services
May 2012	primer	Filling the Gap: Lessons for Policymakers and Donors on Contracting Out Family Planning and Reproductive Health Services

SHOPS also updated its brochure and produced the following fact sheets:

- Creating Markets for Long-Acting Methods of Family Planning in Bangladesh
- Strengthening Diarrhea Management Outcomes through the Private Sector
- Network for Africa: Public Private Linkages for Health
- Strengthening Family Planning Outcomes through the Private Sector
- Private Sector Working Group: A Community of Practice

Activity 2.2.3: SHOPS website

In Year Two, SHOPS launched a robust, interactive public website and content management system to serve as the hub for communications and knowledge management for the life of the project. This website houses reports, primers, briefs, tools, presentations, and other resources from SHOPS and the broader private sector health community. The content is formatted for widespread dissemination and easy use.

During Year Three, SHOPS will develop and launch spaces for three communities of practice. These online networking spaces are intended to foster dynamic communities and forge collaborative relationships among SHOPS partners and other stakeholders. The SHOPS communications team will continue to update and maintain content on the technical area web pages, in the resource center, and in the community spaces. New content on the site will meet the accessibility standards in Section 508 of the Rehabilitation Act. In addition, SHOPS will track and analyze website statistics and include them in reports to USAID on a quarterly basis. SHOPS project anticipates using consultants for this activity. This activity is co-funded with OHA and MCH core funds.

Anticipated Year Three outputs:

- SHOPS website maintained.
- Communities of practice spaces developed and launched.

Accomplishments during this reporting period

The communications team enhanced the website with new content each week totaling 87 new web pages during the reporting period. Included in the new content were pages dedicated to the project's main health areas: family planning, child health, and HIV/AIDS. Also included were resources focusing on the private sector. In this reporting period, 75 resources were added, of which 21 were generated by the SHOPS project. The site features a newly created page on SHOPS project research, which describes the main types of research conducted and lists the studies underway. Traffic is steady at about 4,600 unique visitors each quarter, with most visitors coming from the United States and United Kingdom followed by Nigeria, India, and Kenya.

To help drive traffic to the website, the communications team used several social media tools (Facebook, Twitter, and LinkedIn). In the second quarter, Facebook referred more visitors to www.shopsproject.org than the newsletter. By the end of the reported period the SHOPS project had 1,156 likes on Facebook and 220 followers on Twitter.

The project launched three communities of practice: Network for Africa, the Private Sector Working Group, and Diarrhea Management. The communities are designed to facilitate knowledge sharing and lessons learned. Each community space features a director, discussion board, documents, and a calendar of events. Members create their own profiles and can send messages to one another via the site.

Activity 2.2.4: SHOPS e-newsletter

SHOPS will publish regular email updates that provide timely information on SHOPS activities, news, upcoming and recent events, publications, and online resources.

Anticipated Year Three outputs:

- “Development Practitioner at Work,” a modern day field journal section created.
- Video clips of technical experts produced and disseminated.
- Four e-newsletters disseminated.

Accomplishments during this reporting period

The communications team published the September, December, March, and June issues of the newsletter and disseminated it via email to more than 5,500 subscribers. The newsletters featured top stories on project activities and interviews with Ayodele Iroko (Nigeria), Dineo

Dawn Pereko (Namibia), Dr. Masud (Bangladesh), and James White (based in the United States with extensive experience in Lesotho), who shared their personal perspectives on development challenges.

Activity 2.2.5: Strategic pathway to achieving reproductive health contraceptive security private sector module

SHOPS will participate in USAID's Contraceptive Security Working Group meetings and provide private sector inputs to the revision of the strategic pathway to achieving reproductive health contraceptive security framework.

Anticipated Year Three outputs:

- Private sector module to the Strategic Pathway to Reproductive Health Commodity Security framework developed.

Accomplishments during this reporting period

SHOPS conducted data analysis of Demographic and Health Survey (DHS) data, provided technical inputs, and participated in the review of the private sector module to the Strategic Pathway to Reproductive Health Commodity Security framework. SHOPS coordinated with the global health tech consultant who led the development of the module and developed specific case studies on country examples that illustrate the main points in the document. The document has been reviewed by USAID. Remaining SHOPS funds will be used to print copies of the module using USAID's template.

Activity 2.2.6: Market-based study in Africa monographs

Monitor Group's multi-sponsor study on market-based solutions in Africa uncovered several important findings on what works and what does not in health for base of the pyramid markets. Although an overall project report was published in May 2011, there was insufficient room to go in-depth on health issues.

During Year Three, SHOPS will develop two monographs to be published under the USAID/SHOPS banner to improve knowledge of what works and what does not. One will be on mhealth models encountered, and a longer monograph will be on agent-based networks for distributing health goods.

Anticipated Year Three outputs:

- Two monographs developed.

Accomplishments during this reporting period

SHOPS developed two primers using data collected as part of the Market-based Solutions Study in Africa. The Direct Sales Agent Models in Health Primer contextualizes the current excitement about agent networks, provides a data-driven perspective on the conditions under which direct sales agent models are most likely to succeed, highlights how the model is applied in health and outlines actions donors and social enterprises can take to strengthen the viability of the model. The second primer—m-Enabled Business Models in Health—summarizes findings from the m-Enabled business models included in the study, highlights key practices that will assist m-enabled enterprises in reaching commercial viability in the new term, and assists funders with a perspective on business model principles in the mhealth space. Both primers are currently under review by USAID and should be finalized for publication by mid-September.

Activity 2.2.7: Contracting out for family planning primers

SHOPS drafted a primer for NGOs highlighting successes and key lessons learned based on MSI experiences in being contracted to deliver FP/RH services. The primer used secondary data and key stakeholder interviews in four of MSI's biggest contracting programs (South Africa, the United Kingdom, India, and Bangladesh) to inform the development of the document. In Year Three, SHOPS will finalize the paper and facilitate a consultative technical review meeting as a basis for review.

Anticipated Year Three outputs:

- Contracting out primer finalized
- Technical review meeting held.

Accomplishments during this reporting period

Two contracting primers were finalized and printed in Year Three. SHOPS partner MSI developed the primer from the service delivery perspective, *Addressing the Need: Lessons for Service Delivery Organizations on Delivering Contracted-Out Family Planning and Reproductive Health Services*. SHOPS decided to update and reprint the primer that was developed under the predecessor Private Sector Partnerships-*One* project (PSP-*One*) as a complement to the MSI piece. The primer, *Filling the Gap: Lessons for Policymakers and Donors on Contracting Out Family Planning and Reproductive Health Services*, incorporates insights from sources that have been released since the publication of the original PSP-*One* publication. SHOPS developed new tables and text boxes to highlight the successes of performance-based contracts, explain the differences between the various types of contracts, and emphasize the importance of United States Government (USG) guidelines when offering performance incentives. Additionally, SHOPS revised two of the original case studies (now PROFAMILIA in Colombia and the Urban Primary Health Care Project in Bangladesh) to reflect more concrete examples of how contracting with the private sector to deliver RH/FP services can increase access to services and efficiency of programs.

Both primers were launched at the German International Development Agency (GIZ) conference, [*Engaging with the Private Sector in Health in Africa*](#) on May 14-16, 2012. SHOPS facilitated and sponsored a session on contracting-out health services that included panelists from MSI, BroadReach, IFC, and the Christian Health Association of Malawi (CHAM).

Activity 2.2.8: Collaboration with Center for Health Market Innovations (CHMI)

SHOPS will actively collaborate with Results for Development in Year Three to increase private sector programming by linking its CHMI website to the SHOPS website, participating in its Technical Advisory Group meetings, and conducting other activities as needed.

Anticipated Year Three outputs:

- Active link to the CHMI site established.
- Attendance at Technical Advisory Group meetings.

Accomplishments during this reporting period

Representatives of SHOPS and CHMI met to discuss closer collaboration between the two projects. They agreed to mutual linking to their sites where appropriate. As discussed, the communications team promoted the CHMI Highlights 2011 report in November. The

SHOPS communications team promotes CHMI blog posts on Facebook and Twitter. The SHOPS website provides an ideal online space to increase CHMI visibility and outreach through the PSWG community space.

Activity 2.2.9: Private sector assessment manual

During Year Two, SHOPS used HIV/AIDS core funds to develop a draft private sector assessment tool to be used by policymakers and implementing partners to conduct private sector assessments. During Year Three, SHOPS will utilize population core funds to add an FP/RH component and complete and disseminate the full assessment manual.

Anticipated Year Three output:

Private sector assessment tool completed and disseminated.

Accomplishments during this reporting period

SHOPS worked with a communications and web design consultant to broaden the scope of the Private Sector Assessment tool to include other health areas and drafted sections so the content would be appropriate for a web-based interface. It is anticipated that the tool will be complete and ready for dissemination in December 2012.

Activity 2.2.10: Russia assessment brief

During Year Two, SHOPS and Bayer Healthcare Pharmaceuticals conducted an assessment in Russia to understand the barriers to increased use of hormonal contraceptives. During Year Three, SHOPS will synthesize the findings into a brief, which will be disseminated at a regional workshop to be held in Georgia with funding from the E&E Bureau.

Anticipated Year Three output:

Brief completed and disseminated.

Accomplishments during this reporting period

SHOPS produced and distributed the Russia Reproductive Health Market Assessment brief. All participants at the USAID-sponsored regional family planning workshop in Tbilisi, Georgia, *Capturing Legacy, Maximizing Sustainability*, received copies of this publication.

Activity 2.2.11: High Impact Practices brief

During Year Three SHOPS will collaborate with a number of different social marketing organizations (e.g. MSI, PSI, and Futures) on a brief summarizing best practices and global lessons learned in the field of social marketing.

Anticipated Year Three output:

Brief completed and disseminated.

Accomplishments during this reporting period

The High Impact Practices Social Marketing Brief was completed and has gone through several reviews and revisions. The final brief was presented to a small technical committee and USAID's new partner on this initiative, UNFPA, at the end of June. SHOPS is addressing a final set of comments and will complete the brief for submission to USAID by the end of August 2012.

Sub-Result 2.3: Effective monitoring and evaluation conducted to support accomplishment of project goals

Objectives

SHOPS will conduct monitoring and evaluation of the project's own work to ensure that results outlined in the performance monitoring plan are achieved.

Summary of key activities and outputs for Sub-Result 2.3

Activity 2.3.1: Implementation evaluation of core-funded activities

SHOPS will track progress against monitoring and evaluation plans for core- and field-funded programs. These results will be reported in the semi-annual and annual reports.

Anticipated Year Three output:

Monitoring of key programs conducted.

Accomplishments during this reporting period

The SHOPS research, monitoring and evaluation team worked with technical staff to complete 11 activity-level monitoring and evaluation (M&E) plans for core- and field-funded programs during the past year. This process facilitated discussion of the goals of each of these activities and plans for achieving these goals. While some of the indicators in these plans are specific to the activity, many indicators in the activity-level M&E plans map to the project performance monitoring plan indicators. Technical staff are tracking these indicators on a semiannual basis in order to track the progress of their activities and make mid-course corrections as needed.

Activity 2.3.2: Program reporting for core-funded activities

SHOPS will report progress against work plans for core- and field-funded programs in semi-annual and annual reports, quarterly reviews, results reporting, and management reviews.

Anticipated Year Three outputs:

- One management review, three quarterly reviews, and semi-annual and annual reports developed.
- Other reporting as needed.

Accomplishments during this reporting period

SHOPS held two full-day quarterly reviews in October and February to review the status of all core- and field-support activities with the full SHOPS team and USAID AOTR and technical advisors from the Offices of Population, HIV/AIDS, and MCH. Due to scheduling difficulties we were unable to hold a third quarterly review meeting. In addition, a management review meeting was held in May 2012. The SHOPS team also completed the Year Two annual and Year Three semi-annual reports.

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

Overview

During Year Two, SHOPS continued working on activities related to innovation and sustainability with an emphasis on sub-Saharan Africa. These included developing the Health Innovations Challenge Fund, expanding access to finance among private health providers, developing a marketing strategy for a commercial health network targeting the base of the pyramid in Kenya (LiveWell) and implementing an mhealth pilot to improve provider performance in delivering FP services. During Year Three, SHOPS will continue these four activities and implement activities in new areas such as health financing and scaling up LA/PMs through the private sector.

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 Two, many of these activities were initiated, and solid platforms were established from which to move forward in Year Three.

Summary of key activities and outputs for Sub-Result 3.1

Activity 3.1.1: Health Innovations Challenge Fund

Since Year One, SHOPS has been pursuing 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 made significant progress in identifying potential partners as sources of additional capital for funding grants and developing a comprehensive fund design.

SHOPS will finalize partnerships with funding partners, work on terms of reference for fund managers, and support the launch of the Challenge Fund in Year Three.

Anticipated Year Three outputs:

- Partners and funding commitments secured.
- Terms of reference for fund manager developed.
- Challenge Fund initiated and grantees awarded.

Accomplishments during this reporting period

At the beginning of Year Three, USAID had obligated \$1.5 million from the Office of Population and Reproductive Health and \$200,000 from the Office of Health, Infectious Disease and Nutrition (excess Grand Challenge Funds). In addition, the Rockefeller Foundation committed \$200,000 to assist with finalizing the design of the fund and for developing terms of reference to be used for contracting a fund manager. After significant partnering discussions, the U.K. Department for International Development chose to not move forward with committing funds to the Challenge Fund. This prompted the SHOPS team to suggest moving forward with a purely USAID-funded Challenge Fund, with

potential support from Office of Health, Infectious Disease and Nutrition and OHA. It was agreed that a minimum of \$5 million was needed to initiate a fund. At the end of Year Three, SHOPS secured \$1 million from USAID/Ethiopia and \$500,000 from USAID/Kenya, and a commitment of an additional \$500,000 from the Office of Population.

Based on the new structure with a single donor, SHOPS simplified the detailed design document that outlines a governance structure for the Fund, roles and responsibilities for key functions, and operating principles to guide the manager to launch the Fund and also reduced the geographic focus of the fund for the initial launch to focus on east Africa with a particular emphasis on Ethiopia and Kenya.

The request for proposal for the Fund manager was prepared and released in August 2012 with the assumption that the remaining needed funds will be provided by OHA. It is anticipated that the fund will launch in late 2012, with awards disbursed in early 2013.

Activity 3.1.2: Increasing access to finance and strengthening market linkages

In Year Three, SHOPS will continue work initiated in Year Two and develop new activities to increase access to finance for private providers by engaging and leveraging new sources of financing for the private health sector in order to expand and improve FP/RH outcomes. SHOPS will identify challenges to financing and opportunities to increase access to finance, and strengthen the viability of private providers. The project will provide USAID missions with programming recommendations to support the private health sector in at least two countries.

Anticipated Year Three outputs:

- Up to two new country assessments on access to finance conducted.
- Programming in at least one country to expand access to finance and improve the viability of private providers initiated. Programming may include activities such as structuring or supporting DCA guarantee and training for health providers in business and financial management and for banks on lending to the health sector.

Accomplishments during this reporting period

In Year Three, SHOPS conducted a desk review of challenges and barriers of access to finance in several countries including Senegal, Tanzania, Nepal, the Democratic Republic of Congo, Indonesia, and the Philippines, and conducted two country assessments in Nepal and Ghana.

Nepal

SHOPS received concurrence from USAID/Nepal and the country assessment of access to finance for the private health sector was conducted in March 2012 in conjunction with the Office of Development Credit (ODC) review of DCA opportunities in Nepal. The field visit identified a number of financial and business development constraints which led to a series of recommendations to the mission. One of the key recommendations was to develop a credit guarantee for the benefit of the private health provide in Nepal where the market is quite ripe for expansion. SHOPS identified two financial institutions (one commercial bank and one microfinance institution) as potential recipients of the USAID guarantee, which would be developed jointly with the agricultural lending facility. Unfortunately, the mission chose not to pursue the DCA option for the health component of the facility. One reason

for this seems to be the higher-than-expected subsidy cost for the credit guarantee because Nepal is ranked as a post-conflict country. The amount of funds planned by the mission would buy only a small amount under the facility, which would not merit the development of a larger technical assistance program. The other reason that weakened the likelihood of the program was the withdrawal of Swedish International Development Cooperation Agency's initial support for the health sector; the agency had offered to share the cost of the subsidy but later chose to focus on clean energy instead of health.

It is recommended that the situation in Nepal be assessed again in Year Four of the program and the USAID mission approached with a proposal to explore a health-only DCA or another financing option for the private sector in Nepal.

Ghana

SHOPS received a request from USAID Ghana to conduct an initial assessment of the constraints to National Health Insurance Authority accreditation for private providers, and in particular the extent to which access to finance can remove these constraints. Specifically, the USAID mission in Ghana was interested to learn how access to finance (A2F) can improve quality of care and support the National Health Insurance Authority accreditation efforts to bring more service providers to the underserved rural areas in Ghana.

The assessment was conducted in two parts. A SHOPS initial field assessment to understand the issues and formulate the scope of the market research took place in June 2012. It was followed by a limited-scope market research of small private providers in rural Ghana, which took place in July 2012 in three regions (Northern, Western, and Volta).

The initial assessment showed that lack of financing is a clear limiting factor in developing the quality and quantity of health services in the country. The single most pressing problem that came up in every discussion and meeting was substantial payment delays on claims submitted to the National Health Insurance Authority. Irregular and delayed reimbursements disrupt the normal operations of the private providers and discourage new providers, especially the smaller and weaker ones, from joining the national health system. Therefore, as an immediate matter, efforts should be made to develop a regular cash flow payment system for the providers. In the short run, this can be accomplished by introducing factoring (invoice discounting) services by banks through a pilot that could be supported by DCA. In addition, SHOPS provided a series of recommendations to the mission in relation to the access to finance barriers, developing business management skills, and increasing the number of private providers operating in the rural areas. More details will be available when the results of the market study are summarized and analyzed in September 2012.

Other Efforts to Expand Access to Finance

SHOPS made several proposals to USAID missions to conduct country assessments and provide assistance to expand access to finance. This included discussions with the mission in Senegal where SHOPS was proposing a broader review of access to finance issues to complement the rapid assessment completed by the PSP-*One* project in 2009. However, SHOPS did not receive concurrence to pursue the assessment further. SHOPS also proposed an assessment of the private sector financing in Benin. While this core-funded

proposal was not implemented, the USAID mission in Benin decided to conduct a full assessment of the private health sector of which access to finance will be one component.

In addition during the period, SHOPS made a visit to the USAID/WARP office in Ghana. SHOPS made a presentation about the importance of access to finance and discussed opportunities in francophone Africa. While the private sector is small in most of the countries, Togo and Burkina Faso were proposed by WARP for a potential assessment. At this stage the review of access to finance is on hold until other aspects of the private sector, such as service delivery, have been assessed.

Relationship with the Office of Development Credit

SHOPS also worked closely with the ODC to discuss the outstanding DCAs and to review opportunities for new programming. SHOPS holds regular meetings and consultations with ODC staff regarding potential countries and technical aspects of specific transactions. In November 2011, SHOPS made a presentation to ODC staff about USAID's experience in the health sector lending.

SHOPS continues to offer advice and help the ODC as needed to support their efforts to develop new DCAs. In November 2011, SHOPS helped prepare the ODC to conduct an assessment in Uganda on the potential for a health sector DCA. SHOPS briefed the ODC on health sector lending in Uganda, provided market information, and shared tools and approaches that it uses in conducting financial sector and health sector assessments. As a result of this trip, a new health sector DCA was structured with the Centenary Bank in 2012.

Activity 3.1.3: Expansion of Uganda mhealth pilot for provider quality improvement

In Year Two, SHOPS designed and piloted a mobile phone learning platform within MSU clinics to affect positive behavioral change in FP service delivery and identify performance competencies in need of strengthening. The pilot was conducted with 30 service providers receiving daily text messages and quizzes on behaviors related to infection prevention and client care. A process evaluation of the pilot is currently underway. The application was developed for users of low-end phones and those without access to the Internet to maximize the relevance of the application in low-resource settings.

In Year Three, SHOPS will finalize the study and explore opportunities to continue to improve learning on partnering with private mobile companies to improve family planning outcomes among consumers. In addition, SHOPS will work with FrontlineSMS to update the coding on the technology platform so that it can be shared globally with other partners.

Anticipated Year Three outputs:

- Uganda pilot study report completed and disseminated.
- Concept note for additional program completed.
- Program designed and launched.

Accomplishments during this reporting period

Final report was published in February 2012.

Key findings from the pilot:

- Messages were successfully sent and received (88 percent delivered) although technical problems resulted in intermittent periods of non-delivery.
- Participants were consistently responsive though not in large numbers (an average of 20 percent of participants responded per question) with wide variation among pilot sites.
- Participants reported changes in knowledge practice and motivation regarding the targeted behaviors, such as:
 - **Being motivated** by reminders to adhere to hand-washing rules
 - **Referring to training manuals** when receiving a quiz question about treatment protocols
 - **Re-learning steps** in instrument sterilization they had forgotten
 - **Using tips** about pain management to more closely attend to clients
- There was an increase in the use of reference manuals and written clinical protocols during the pilot, instilling a culture of inquisitiveness.

In the past six months, SHOPS has taken steps to further promote the use of the software platform developed for the Uganda pilot called FrontlineSMS:Learn. One of the objectives of the pilot was to create a scalable SMS tool that other health programs could use to reinforce provider training. FrontlineSMS is a volunteer-supported technology NGO and they were slow to make support inclusion of the open-source code developed by SHOPS in the FrontlineSMS suite of applications. SHOPS resources ensured successful integration of the tool in the FrontlineSMS website in April 2012, quality assurance by FrontlineSMS to provide final debugging, and promotion to the mhealth community.

To build evidence about the effectiveness of text messages on provider behavior, SHOPS had originally intended to replicate the Uganda process with family planning providers in another country to test the platform at scale. A SHOPS concept note to the India mission was not approved, but SHOPS received MCH funds for a program in Ghana to increase sales of zinc and ORS for uncomplicated diarrhea by independent medicine shops. Using the process from the Uganda pilot, SHOPS developed a text message campaign for Ghanaian druggists and a rigorous evaluation design to measure impact on prescribing behavior.

To complement this research on provider behavior change, SHOPS has shifted its focus to obtaining evidence on text message impact and consumer behavior change, specifically related to family planning knowledge and use. SHOPS is currently conferring with existing large-scale mobile health information services to identify possible candidates for evaluation.

Activity 3.1.4: Standards-based management and recognition in the private sector

SHOPS designed a formative research activity aimed at identifying effective and sustainable mechanisms for implementing recognition initiatives in the private sector among networked and non-networked providers. The study was designed to take place in three distinct locations in Peru and was split into two phases, qualitative data collection vis-à-vis focus groups and a larger quantitative survey of private providers from pre-identified cadres—franchisees of the RedPlan Salud network, independent obstetricians/gynecologists and

general practitioners, and independent midwives. Findings from the study will be analyzed along with data from PSP-*One's* experience with self-assessment tools to make recommendations for program managers interested in designing a quality improvement program with a recognition component in the private sector.

Anticipated Year Three outputs:

- Complete data collection.
- Develop a findings and recommendations report in conjunction with review of standards-based management and recognition and PSP-*One's* self-assessment tool applications.

Accomplishments during this reporting period

During Year Three quantitative data collection was completed with 240 private providers. Results were synthesized, analyzed, and subsequently fed the development of a set of high-level conclusions and recommendations for strengthening recognition aspects of standards-based management and recognition within the context of the private sector. The findings report was finalized at the end of Year Three and will be published during the first quarter of Year Four.

Notable results that emerged from the study include the following:

- Overall, private providers are interested in participating in a quality improvement program with a recognition component, such as standards-based management and recognition. The study reported that 97 percent of providers surveyed said they would be interested in participating.
- Eighty-one percent of providers who expressed interest in participating said they would be willing to pay to participate.
- Providers selected the following three recognition mechanisms as their preferred form of recognition: training or professional development opportunities, office equipment or supplies, and a diploma or certificate.
- Provider preferences for organizations to implement a quality improvement program with a recognition component are professional associations, international organizations, and universities.

Activity 3.1.5: Finalize NGO sustainability index (ProCap)

In Year Two, the ProCap Index design was finalized, an internal peer review was conducted, and the index was field-tested in Ghana and Peru. In Year Three, an external peer review will be conducted and final adjustments will be made to the index based on results from field testing and the external peer review. In addition, a web-enabled database of indexing results will be created.

Anticipated Year Three outputs:

- External peer review conducted.
- Second internal peer review conducted.
- Tool finalized and layout completed.
- Indexer's field guide completed.
- Web-enabled database developed.

Accomplishments during this reporting period

In the first half of Year Three, SHOPS reviewed data collected from field-testing (conducted in Year Two of SHOPS at three organizations in Ghana and Peru) and from the external

review process with Planned Parenthood Global to make adjustments to the tool. In December 2011, SHOPS conducted a second internal peer review of the revised tool and final adjustments were made during the beginning of calendar year 2012. *The Indexer's Field Guide* was completed and submitted to USAID in June.

Also in Year Three, the web interface for ProCap was launched, including a login for indexers to enter collected data online and an external-facing website displaying anonymous data from collected organizations, including visual graphics of industry averages of selected indicators.

The USAID Malawi mission has commissioned SHOPS to index 12 organizations, mostly member units of CHAM, but also one nonprofit hospital outside of CHAM and two for-profit hospitals. Four of these facilities have been indexed. Additionally, ProCap is being used in Peru under the USAID PolSalud project to index several NGOs contracted by EsSalud, the Peruvian Social Security Institute, to feed future contracting-out decisionmaking.

Activity 3.1.6: LiveWell Kenya

In Year Two, SHOPS assisted LiveWell Kenya, a commercial health clinic network targeting low-income peri-urban Kenyans, with fine tuning its economic model and marketing efforts to ensure long-term sustainability. SHOPS will continue to support LiveWell health clinics during Year Three with marketing and M&E. Specifically, SHOPS will do the following:

- Finalize and adjust, as needed, the M&E strategy developed in coordination with LiveWell leadership, which focuses on the two pillars of business viability and health outcomes.
- Support the development and collection of monitoring data through coordination with LiveWell and the clinic and financial management software they will roll out to all their locations in early 2011.
- Coordinate qualitative data collection—clinic exit interviews, focus groups, and key informant interviews—in support of the M&E of LiveWell performance and SHOPS technical assistance.
- Support the continued development of partnerships with microfinance institutions and other microinsurance providers, community organizations, employers, and others to actualize the community partnership referral network strategy.
- Advise LiveWell on the adaptation of pricing and service package and marketing strategies for expansion of LiveWell clinics to additional neighborhoods.

Anticipated Year Three outputs:

- Monitoring data from monthly reports consolidated and analyzed.
- Qualitative data collected and report developed.
- Network of partners in Kayole established.

Accomplishments during this reporting period

In Year Three, SHOPS assisted LiveWell Kenya, a commercial health clinic network targeting low-income peri-urban Kenyans, with tracking and analysis of business performance and data. SHOPS designed and began a comprehensive qualitative and quantitative process evaluation of LiveWell performance and SHOPS assistance to the organization.

SHOPS developed and refined a performance monitoring and analysis tool created in Year Two, through which LiveWell service, revenue, and cost data has been collected. With this monitoring and analysis tool SHOPS produced quarterly reports for the quarters ending September 2001, December 2011, and March 2012. SHOPS then worked with LiveWell to customize the tool and dashboard report for LiveWell to use in analyzing its performance data on a monthly and quarterly basis.

Data for the year reveal a very strong performance from LiveWell. LiveWell opened a third clinic location, completing plans for the Kayole network. This location quickly became a strong contributor to the overall LiveWell network and break-even targets. Across all locations LiveWell provided 31,613 client services in the project year, consistently increasing each quarter to 9,063 in the quarter ending June 30, 2012. Figure 1 shows that client traffic increased across all locations from June 2010 to June 2012. This increase has brought the LiveWell network to approximately 80 percent of breakeven. While the Kayole main clinic is now regularly profitable, the network continues to improve performance in all locations to achieve breakeven at all locations.

Figure 2 indicates average revenue for all LiveWell locations. While pharmacy services continue to provide LiveWell with the best revenue, consultations and lab services made increases as well. This is important to LiveWell's mission of encouraging health-seeking behavior at quality facilities rather than self-medication among low-income people.

Figure 1: LiveWell clients

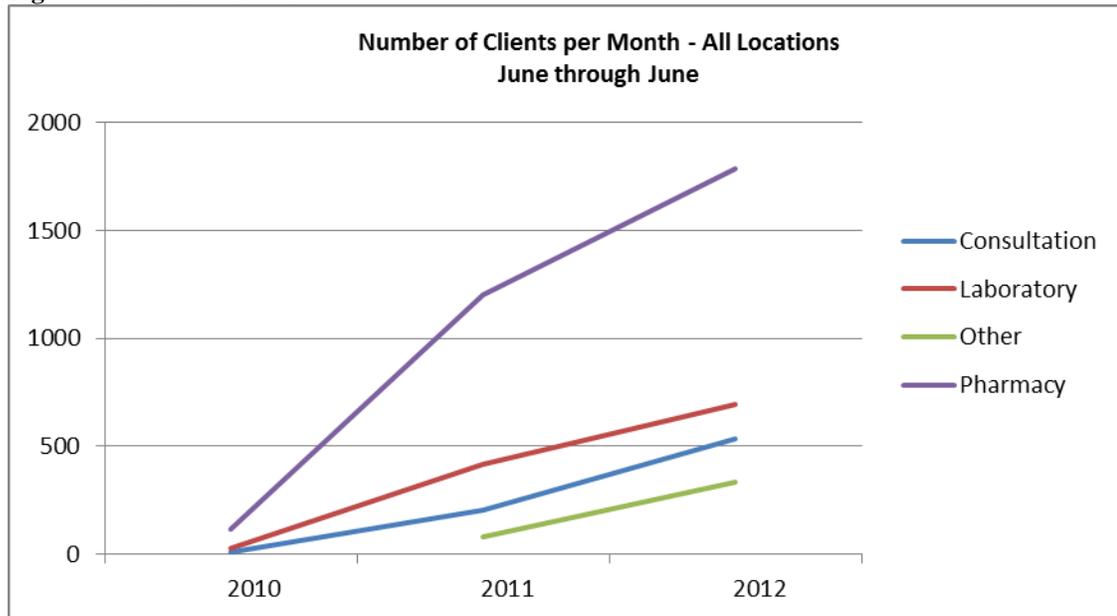
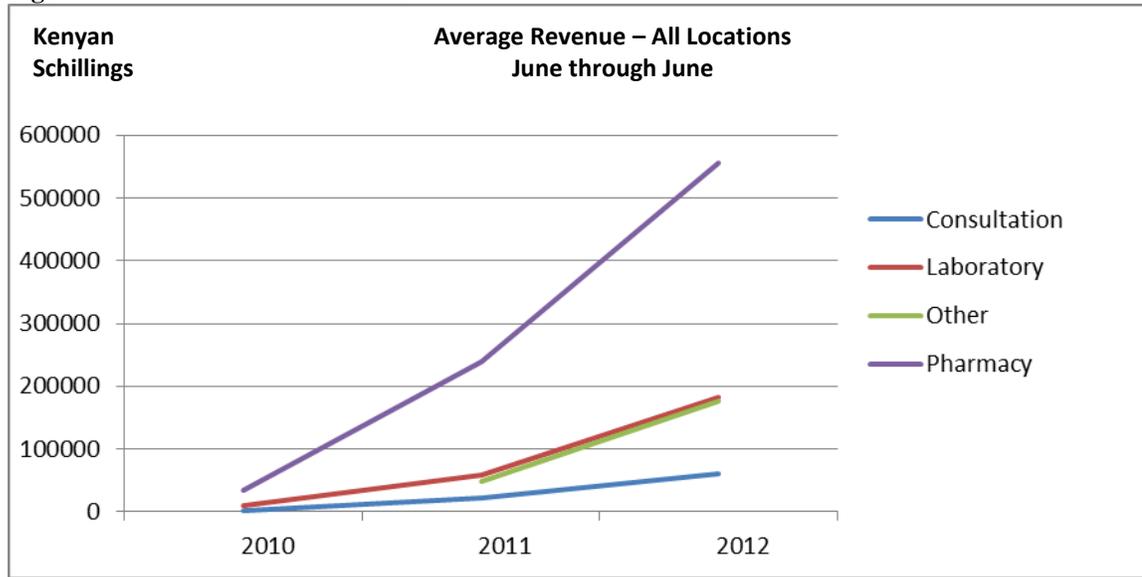


Figure 2: LiveWell revenue streams



There are other indicators that reveal the usefulness of SHOPS technical assistance to LiveWell. Acting on the SHOPS marketing strategy, LiveWell continued implementing a successful network of employee outreach agents and neighborhood champions. This strategy produced 252 outreach engagements within the year (146 in the fourth quarter), reaching local church and civil society groups, employers, microfinance institution partner clients, and orientations for microfinance institution loan officers. Related to this, LiveWell provided 249 cascade or group discounts to clients who have been engaged throughout the outreach strategy.

During the project year, LiveWell received permission from the MOH to obtain and distribute donated family planning commodities. Earlier in the project year all LiveWell locations began providing family planning counseling for all methods and services for oral and injectable contraceptives—both as standalone services and integrated into the safe motherhood package of services designed and priced with SHOPS assistance. Accurately tracking these services has been difficult as they are not yet specifically disaggregated in the LiveWell integrated management information system.

It is important to note that in the quarter ending June 2012, the LiveWell health clinic network was acquired by Viva Healthcare Ltd. While Viva Healthcare operates clinic networks in several countries, LiveWell is the first network focused on reaching the low-income market.

A comprehensive process evaluation will be completed in the first quarter of Year Four. The evaluation will focus on determining the strengths and weaknesses of the LiveWell model performance and the effectiveness of the SHOPS project’s strategic assistance.

Activity 3.1.7: Private sector assessments

SHOPS will explore country opportunities to engage the private health sector. A crucial first step is to conduct a private sector assessment. SHOPS will initiate the PSA or supplement

PSAs initiated in other health areas (e.g., child health, HIV) to ensure the FP/RH component is integrated.

Anticipated Year Three outputs:

One or two FP PSAs conducted.

Accomplishments during this reporting period

SHOPS completed and disseminated the Bangladesh PSA initiated in Year Two. In addition SHOPS population core funding was used to co-fund a country assessment in Tanzania which was conducted in May/June 2012.

Activity 3.1.8: Scaling up postpartum IUD services through the private sector

There is renewed global interest in postpartum IUDs as a result of renewed research showing that immediate postpartum insertions are safe and effective, which has led WHO to make important changes in medical eligibility criteria. There is a large unmet need for postpartum FP, and the IUD is the only long-acting reversible method that does not interfere with breastfeeding.

SHOPS will develop a model for introducing and scaling up postpartum IUD services through professional associations with a focus on obstetricians, gynecologists, nurses, and midwives in the private sector. The project would be implemented in up to two countries and ideally would be complemented with field support. Two countries under discussion are the SHOPS Associate Award programs, Jordan and Nigeria.

Anticipated Year Three outputs:

- Concept paper developed and submitted to potential country missions.
- M&E plan developed.
- Implementation in one to two countries initiated.

Accomplishments during this reporting period

Prior to approaching a country for possible implementation, a secondary analysis was conducted of 19 DHS data sets to determine the level of FP use, level of LA/PM use, and place of delivery. The countries selected for the analysis were population office priorities with partner presence and a high contraceptive prevalence rate. The rationale for conducting the analysis was that the best country to test the concept would be a country where prevalence, and in particular LA/PM prevalence, was already relatively high (10 percent or more) but dependent on the public sector. In other words, the concept would be best tested in a country where the private sector did not seem to be offering LA/PMs even though demand existed.

The analysis was aimed at identifying countries that had a relatively high utilization of private providers for deliveries, as this would indicate an opportunity to expand services beyond deliveries to postpartum LA/PMs. As the table below indicates, countries that met the criteria were India, Indonesia, Jordan, Pakistan, and the Philippines. The SHOPS team is working with USAID to determine which country should be approached. An initial meeting with the LA/PM team at USAID indicated a preference for Indonesia, but whether or not this non-population priority country can be approached is still being confirmed.

Table 4: LA/PM use by country

Country	LA/PM Use	IUD	Female sterilization	Male sterilization	Implants	Private delivery
India	40%	46%	84%	85%	0%	20%
Indonesia	11%	43%	68%	0%	51%	36%
Jordan	26%	37%	68%	0%	0%	35%
Pakistan	11%	52%	72%	0%	0%	23%
Philippines	8%	81%	73%	0%	0%	18%

Note: all method use is in the public sector.

After discussion with the USAID LA/PM champions on priority countries, their preference was for the Philippines. The concept was presented to the USAID Philippines mission, and they agreed to have SHOPS plan and implement the model. This approval was received late in Year Three. SHOPS has continued comprehensive planning and will launch the initial design assessment early in Year Four.

Activity 3.1.9: Improving financial access to LA/PMs in the private sector

One of the key challenges raised in introducing LA/PMs in the for-profit private sector has been the high out-of-pocket payment required from clients. SHOPS will pilot up to two initiatives to improve financing for LA/PMs in the private sector. Options that are being considered are vouchers, insurance, and savings groups.

For example, Jhpiego, under the USAID-funded Maternal and Child Health Integrated Program (MCHIP), worked with partners to create savings and loans clubs in which women of reproductive age and older engage in a group-lending approach for obstetric and newborn care. SHOPS will explore the feasibility of expanding savings for LA/PMs. Other possibilities include: (1) exploring the use of vouchers through existing MSI programs for LA/PMs, but at commercial prices, and (2) working with microfinance insurance schemes to include LA/PMs in benefit packages.

Anticipated Year Three outputs:

- Concept paper developed.
- Local partnerships established.
- M&E plan developed and baseline launched.
- At least one country program initiated.

Accomplishments during this reporting period

To assess the extent of the problem, SHOPS started a comprehensive quantitative study using DHS data from more than 15 countries (all of them considered priority countries for USAID objectives). Preliminary results demonstrate that wealth is positively correlated with the likelihood of a woman using either a long-acting and reversible contraceptive method (like implants or IUDs) or a permanent method (tubal ligation), as opposed to other modern family planning methods, like condoms or the pill. Further research is being conducted to assess the role of wealth on whether women access such long-acting methods through public or private facilities.

In parallel, SHOPS has developed a partnership with MSI Malawi to evaluate whether vouchers can overcome price barriers to LA/PM use in the private sector. MSI is currently a

partner with Banja La Mtsogolo, who manages more than 31 clinics all across the country. SHOPS staff has already visited the country along with an external consultant to finalize the study design, establish clinics for the study, interview research firms for data collection, clear the IRB procedures, outline some of the key points on the study design, and visit the USAID mission to keep them well-informed.

This price sensitivity study will focus only on implants, and will involve a voucher scheme oriented toward subsidizing the price a woman would pay for such a method. The ultimate objective will be to estimate the willingness to pay from middle-income and low-income women for implants in this country. The results of this study will benefit Banja La Mtsogolo and MSI by providing information for their business practices in addition to providing globally more information on the role of price in use of LA/PMs.

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 BCC activities grounded in social science theory that reflect the many complexities of human behavior, risk perception and health decisionmaking.

Summary of key activities and outputs for Sub-Result 3.2

Activity 3.2.1: Client-Centered Market Segmentation (CCMS)

Under PSP-*One*, a CCMS tool was developed and implemented in two countries. SHOPS will identify opportunities to assess the effectiveness of the tool in implementation by identifying a country that has implemented the tool, and by providing technical assistance to areas in which the mission has indicated strong interest in using the findings to improve communication strategies. Based on those findings, the tool will be adapted and/or streamlined.

Anticipated Year Three outputs:

Opportunity to apply CCMS methodology with USAID mission co-funding identified.

Accomplishments during this reporting period

In Year Three, SHOPS agreed with USAID Philippines to host a workshop that would present applied family planning research studies from recent years, including the Philippines Client Centered Market Segmentation study performed under the PSP-*One* project and a recent DELIVER project stock report. The intention was to add a one-day session to the annual meeting of the regional directors of the Commission on Population (POPCOM).

During planning for this workshop, the Secretary of Health decided to transform it into the first annual Family Planning Command Conference. Regional directors of the Department of Health and POPCOM would meet to discuss a new Department of Health (DOH) administrative order that gave POPCOM a more integrated role in the DOH and that promoted family planning services in all DOH regions in a more direct and transparent way. This provided USAID and SHOPS an exceptional opportunity to support an important national planning and leadership event. SHOPS supported USAID through the planning and development of the conference concept and agenda. SHOPS reviewed and commented on

the USAID-funded HealthPro and PRISM2 projects' presentations and the DOH and POPCOM presentations. In addition, SHOPS presented on market segmentation using the Philippines CCMS report to demonstrate practical applications to improve targeting and prioritization of audiences for programmers and donors.

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. Additionally, SHOPS will build local capacity to implement and sustain segmentation and targeting efforts within the public sector so that total market approaches 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 Market Development Approaches (MDA) Working Group membership

SHOPS will continue to be an integral member of the Reproductive Health Supplies Coalition MDA Working Group. SHOPS will continue participation in MDA Working Group meetings and will commit to participation in at least one activity that is collaboratively identified by the working group.

Anticipated Year Three outputs:

- Participate in MDA Working Group meetings.
- Total Market Initiative Primer finalized.

Accomplishments during this reporting period

SHOPS played a key role in the annual meeting held in Silicon Valley, which focused on creating a dialogue between organizations in FP/RH product development and members of the MDA Working Group. Forty-eight people attended the meeting, and SHOPS/India (previously the Market-Based Partnerships for Health project) presented *Commercial Approaches for Reaching the Unreached*. This presentation led to a lively discussion among the donor community (the David and Lucile Packard Foundation, the Hewlett Foundation, the Gates Foundation, and Bergstrom Foundations) and others on the importance of addressing consumer desires. New activities agreed upon for the upcoming year include mainstreaming analytical methodologies for demand forecasting and pricing, and advancing innovations in distribution and partnerships, both areas in which SHOPS is well-positioned to contribute. SHOPS is in the final stages of completing the Total Market Initiative primer.

Activity 3.3.2: Depo Sub-Q Consortium

Initiated in Year Two, this activity will continue in Year Three to help build a market for Depo-Provera Sub-Q in Uniject. SHOPS core resources will focus on the following:

- Collaboration with Pfizer and the technical advisory group coordinated by PATH
- Country assessment and selection (Ghana, Nigeria, or Senegal)
- Launching of Depo Sub-Q in one country

The expected impact is to increase contraceptive use by introducing a new contraceptive product and promoting task shifting so that additional health care providers such as community health workers can administer the product.

Anticipated Year Three outputs:

- MOU signed.
- At least one country assessment conducted.
- Total Market Initiative workshop held.
- Depo Sub-Q launched in one country.

Accomplishments during this reporting period

SHOPS participated in Technical Advisory Group meetings organized by the Program for Appropriate Technology in Health (PATH), liaised with Pfizer, continued discussions with SHOPS/Jordan about a potential pilot test, and met with USAID staff to discuss the status of Depo Sub-Q in Uniject.

In March 2012, SHOPS and MSI both attended a two-day consortium meeting during which time country selection was discussed and an initial list of potential countries was generated. SHOPS and MSI continued discussions about countries of mutual interest for this initial launch. As of June 2012, the market assessment and country launch activities were still on hold, since SHOPS cannot move forward with country-level activities until launch countries are identified and product supply and registration is confirmed.

A consortium of partners led by PATH came together with a funding commitment to purchase a portion of Pfizer's test batch and pilot the product in select countries. To this end, PATH submitted a proposal to the Gates Foundation in late June 2012 to support the introduction and evaluation of the product in three African countries using 225,000 units of test batch product from Pfizer that would be purchased by the consortium. The countries identified in the proposal remain illustrative and comments are anticipated on the proposal submission. Plans were being made by PATH for further consortium meetings. SHOPS continues to try and identify potential opportunities for Depo sub-Q in Jordan, as the SHOPS Jordan team continues to show interest in piloting this product in country.

III. HIV/AIDS Core

Overview

While considerable progress has been made in engaging the private health sector in family planning in recent decades, largely thanks to USAID support, much less is known about the role of this 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, particularly HIV treatment once it became available, 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 U.S. President's Emergency Plan for AIDS Relief (PEPFAR) reauthorization, gaining a better understanding of the private sector's capacity to contribute to the response is warranted. This is particularly critical for countries and regions slated for phase-out of PEPFAR funding.

In its first two years, SHOPS 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 health sector within the overall health system. SHOPS also launched 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 reauthorization goal of 140,000 new health care workers.

In light of recent research trials that demonstrated the efficacy of antiretroviral treatment in preventing transmission of HIV, the global HIV community is increasingly considering treatment as prevention as a means to both decrease spread of HIV while preserving life for HIV-positive individuals. In support of these findings, the USG, through PEPFAR, has increased its treatment goals from 4 million to 6 million individuals, as announced by President Obama on World AIDS Day. At the same time, the Administration is striving to achieve an “AIDS-Free Generation,” emphasizing HIV prevention, including preventing mother-to-child transmission, as well as increased access to treatment. Overlaid onto these shifting priorities is USAID's unique development lens, which aims to increase country ownership and ensure the long-term sustainability of national HIV responses.

SHOPS is well-positioned to respond to evolving USG priorities, as key Year Two activities addressed increasing access to HIV treatment through expanded engagement of the private health sector. These ongoing activities, as well as new activities initiated this year, continue to contribute to PEPFAR priorities while building the body of knowledge on private sector contributions to HIV/AIDS. Specific accomplishments for Year Three are described below by activity.

Result 1: Strengthened Global-level and National-level Support for SOTA Private Sector HIV/AIDS Approaches and Tools

Overview

SHOPS focuses on three strategies to build support for collaborating with the private health sector: strengthening engagement of global 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 Three, 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 tracked progress of country teams that participated in the Mombasa Technical Exchange, documenting the outcomes of that seminal meeting.

Summary of Key Activities and Outputs for Result 1

Activity 1.1: Strengthen strategic alliances with global HIV/AIDS stakeholders

In Year Two, SHOPS reached out to global HIV/AIDS initiatives, including the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) to develop relationships and discuss potential collaboration. The result was increased collaboration and participation of HIV organizations in private sector events, and preliminary agreement on next steps for USG (SHOPS) and GFATM cooperation to increase the role of the private sector in addressing HIV/AIDS needs. However, recent restructuring of GFATM may pose some challenges in moving the collaboration forward.

In Year Three, SHOPS will focus on building relations with other global HIV/AIDS initiatives, including the Clinton Health Access Initiative (CHAI), the Joint United Nations Program on HIV/AIDS (UNAIDS), and the International Labor Organization, to mainstream the concept of working with the private health sector to help sustain national HIV responses. SHOPS will continue to pursue options for collaboration with GFATM, and explore the potential to co-sponsor an event at the International AIDS Conference (see Knowledge Advancement) in July 2012. In addition, SHOPS will continue to recruit and ensure the participation of other global HIV/AIDS organizations in the PSWG.

Anticipated Year Three outputs:

- Expanded membership of the PSWG to include regular participation from global HIV/AIDS donors and stakeholders.
- At least one co-sponsored activity with GFATM or another global HIV/AIDS partner.

Accomplishments during this reporting period

During Year Two, SHOPS made significant headway in identifying potential areas of collaboration with the GFATM. However, the unforeseen GFATM re-organization and funding crisis ended any opportunity for collaboration. GFATM transferred the SHOPS counterpart out of the private sector division, resulting in a complete halt in GFATM interest in pursuing broader private sector engagement. As a result, SHOPS shifted the bulk of funding for this activity toward increasing membership of HIV/AIDS stakeholders in the PSWG and supporting the second annual PSWG meeting.

The second annual PSWG meeting coincided with the International AIDS Conference, as part of project efforts to expand membership to include HIV/AIDS implementers and stakeholders. The meeting attracted over 70 development practitioners who gathered to share their perspectives on the private health sector in developing countries. The SHOPS team successfully expanded PSWG membership to include several new HIV/AIDS stakeholders, including staff from the Office of the Global AIDS Coordinator; Gold Star Kenya; GBCHealth; and Becton, Dickinson and Company.

Meeting participants shared lessons learned and promising approaches. The working groups were organized around the health areas of family planning, HIV/AIDS, and maternal and child health. The family planning group has the longest history in working with the private sector and participants from other health areas agreed they could benefit from the FP experience. In selecting the top approaches to engaging the private sector, all health areas focused on the same areas: 1) Policy dialogue and reforms; 2) Social marketing of products and services; 3) Organizing private providers, informal and formal, through franchises, networks, or associations; and 4) Demand-side financing like vouchers and health savings plans. HIV/AIDS participants agreed to explore more private sector involvement as PEPFAR moves away from an emergency response to building systems for sustainable national responses. And, the maternal and child health area is beginning to work with the private health sector through social marketing campaigns and voucher programs.

Activity 1.2: Network for Africa—building public sector stewardship capacity to engage with the private sector

To strengthen their stewardship of the private sector, developing country governments need to develop and acquire new skills. Using the Network 4 Africa (N4A) platform, SHOPS continues to develop a cadre of public sector stakeholders who can provide strategic advice on the private sector, offer implementation support, and build capacity within their own governments to work with the private health sector. In Year Two, N4A grew its membership and consolidated its activities, and convened two regional technical exchanges in Africa to facilitate greater public private cooperation in health. Also, N4A formed two working groups; one is comprised of PPP advisers and PPP unit staff while the other contains representatives and leaders from umbrella organizations unifying private sector representation in policy dialogue and planning.

Year Three will focus on smaller technical exchanges centered on implementation issues, and on identifying an African institution to assume leadership and implementation of the N4A community of practice. HIV core funds will complement FP/RH core funding to support these efforts, and the development of case studies addressing challenges to private sector engagement in HIV/AIDS that can be used as teaching aids in the technical exchanges. GIZ is in discussion with USAID regarding co-sponsorship of a regional conference on Engaging with the Private Sector in Health in Africa, scheduled for May 2012 in Tanzania. SHOPS will use this opportunity to bring together its N4A members and proposes to conduct a meeting prior to the event with N4A members. Possible topics include: 1) the PPP Unit and its role in governing the private health sector; 2) strategies to organize and unify the private sector voice in policy and planning; 3) guidelines to contract private sector in key health services such as HIV/AIDS; and 4) increasing affordability and access to private sector HIV/AIDS services.

In addition to the GIZ technical exchange, SHOPS proposes supporting ongoing N4A activities such as:

- Sponsoring an online chat specific to private sector financing or delivery of HIV/AIDS services.
- Supporting the process of identifying an African-based entity to assume a leadership role in implementing N4A activities.
- SHOPS proposes to support travel costs for a representative of a private sector umbrella organization from Kenya, Tanzania, or Ghana to speak at an MOH-sponsored meeting with the private sector, to inform the process of creating a similar organization in Uganda.

Anticipated Year Three outputs:

- N4A web-based activities (two online chats or webinars) implemented.
- Increased HIV content in e-letters
- Documentation of one to two promising approaches on addressing barriers to private sector engagement in HIV/AIDS to serve as teaching aids.
- Technical exchange at the GIZ conference on topic(s) to be determined, but focused on private sector engagement on HIV/AIDS and health system strengthening.

Accomplishments during this reporting period

The N4A team revamped the e-letter format and increased the number of e-letters disseminated. In Year Two, the N4A team disseminated one e-letter each quarter compared to a total of nine in Year Three. The N4A community appreciated the e-letter content, sending regular emails to the N4A team commenting on the e-letters rich and valuable content. Many N4A members report that the N4A e-letter is an important source of information on upcoming private sector events. For example, the N4A e-letter announcement for the GIZ African Regional Conference on Private Sector Engagement dramatically increased demand to participate in this event.

A December e-letter focused exclusively on HIV/AIDS in celebration of World AIDS Day and all nine e-letters carried news stories on the private sector role in HIV/AIDS. Two of the four online chats were on HIV/AIDS-related topics. The first online chat featured the Kenya Gold Star Network’s experience in franchising private providers to deliver antiretroviral therapy to treat HIV. The second online chat highlighted initiatives of the Association of Private Health Facilities in Tanzania, with a focus on ART treatment, male circumcision, Tuberculosis treatment and preventing maternal-to-child transmission of HIV.

Table 5: N4A online presence

Results	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
# of subscribers of N4A e-letter	450	461	488	494	
# of e-letters disseminated raising awareness of private sector contribution	2	3	3	1	9
# of online chats	1	1	1	1	4
# of visits to the N4A public page	201* 127**	997* 443**	862* 518*	304* 207**	2,364* 1,295**
# of items downloaded from N4A resource center	255	289	407	460	1,411

*Page views

**Unique page views

Improvements in the N4A community of practice space and strengthened technical content have resulted in greater traffic to the N4A site and events. The number of N4A members steadily grew from 450 to almost 500.

As important as the online activities are in reaching a large number of health professionals interested in the private sector role in HIV/AIDS, in-person N4A technical exchanges and followup activities in Africa have been instrumental in creating a core group of health professionals who support public-private collaboration, and in fostering relationships and sharing lessons learned across the region. Since the Mombasa Technical Exchange in 2010, SHOPS staff have been in regular contact with five out of the seven country delegations that participated in that meeting: Ghana, Kenya, Namibia, Tanzania, and Uganda. In Year Three, SHOPS produced a report outlining actions taken as a result of that participatory meeting. Below are a few highlights:

- In Tanzania, the PPP advisor from the Ministry of Health and Social Welfare (MoHSW), Mary Kitambi, submitted a formal request to IFC/HiA and SHOPS to conduct a private sector assessment, committing government funds (U.S. \$50,000) to support the assessment, which commenced in May 2012.
- SHOPS provided technical input to the Uganda delegation's proposal to establish a PPP related to laboratories and diagnostics, resulting in securing USAID/Uganda funding for the project in the amount of U.S. \$250,000.
- The Kenya delegation accomplished many of the activities outlined in their action plan developed at the Mombasa meeting. Both ministries have worked together to update the Kenya Health Policy Framework (KHPF) to recognize private sector contributions. In addition, the Minister of Health approved and signed the terms of reference for the PPP Unit, assigned staff from both ministries, and allocated a budget to support the unit.

SHOPS sponsored a N4A technical exchange that coincided with the regional conference "Engaging the Private Sector in Health" in May 2012 in Dar es Salaam. Since many of the invited participants were N4A members, SHOPS took advantage of this opportunity to provide additional training and share experiences related to PPPs in health. Over 53 participants attended the all-day workshop, representing Ministry of Health officials, National HIV/AIDS Program Coordinators, representatives of private medical associations, nongovernmental organizations (NGOs), faith-based organizations, business coalitions, as well as private healthcare providers delivering HIV/AIDS and other critical health services. The participatory technical exchange emphasized:

- Sharing experiences in drafting PPP health policies and Ministry of Health frameworks for engaging the private sector.
- Strengthening both public and private sector capacity to partner together to deliver priority health services, including HIV/AIDS, using different mechanisms.
- Reviewing strategies and recent experiences in organizing non-state actors (private for-profit and private not-for-profit) to better engage and partner with the public sector.

In preparation for the Technical Exchange, SHOPS staff developed three presentations and teaching aides which have subsequently been used to support SHOPS technical assistance efforts in Kenya, Malawi, and Namibia. These included:

- A presentation on regional best practices on Health PPP policies; a companion concept paper presenting the components of a Health PPP policy and factors to consider in its design; and, a handout containing a draft outline with illustrative policy language.

- A presentation on the most common PPP mechanisms in health in Africa; a schema of contracting mechanisms organized by health PPPs; and an overview of the four most practical PPP mechanisms.
- A presentation on regional approaches to organizing the private health sector and short brief outlining best practices for private provider organizations and associations.

Mentoring a core group of champions through a combination of online activities, technical exchanges, and follow-up support increases the likelihood that N4A members will apply the information, skills, and tools/methodologies provided by SHOPS. Below is a summary of recent examples of how N4A has influenced and shaped health policy and PPPs.

Table 6: Examples of N4A’s influence on health policy and partnerships

Private sector activities ^[1] informed by collaboration with N4A	
Kenya	<ul style="list-style-type: none"> • Dar workshop shaped Kenya approach to PPP Health Strategy • Dar workshop/SHOPS TA assisted PPP Unit in drafting a private sector strategy for the National Health Strategic Plan III • PPP Unit delivered presentation based on Mombasa Workshop findings on private sector PPPs in HIV/AIDS, resulting in the National AIDS and STI Control Program request to draft an HIV/AIDS PPP
Malawi	<ul style="list-style-type: none"> • Dar workshop shaping Malawi approach to PPP Health Strategy
Namibia	<ul style="list-style-type: none"> • MoHSW staff used Dar workshop framework to guide MoHSW approach to draft a Health PPP Policy
Number of PPP units established	
Kenya	<ul style="list-style-type: none"> • TOR approved, based on SHOPS paper on PPP units distributed through N4A
Malawi	<ul style="list-style-type: none"> • Dar workshop provided guidance on best practices in PPP Unit design and function; drafting TOR based on Dar presentation
Tanzania	<ul style="list-style-type: none"> • Drafting TOR to modify PPP Unit based on guidance offered at Dar workshop

^[1] MOH sponsors a first-ever meeting with the private sector, public and private sector initiate a dialogue process, MOH actively consults private sector on policy initiatives, and planning; private sector organizes itself in an association/coalition, public and private sector explore PPP options.

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

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 for programming for the private health sector. Through strategic participation in global events, SHOPS will increase USAID's visibility within the HIV/AIDS community on the topic of the private health sector role in addressing HIV/AIDS needs.

During Year Three, SHOPS continued to build a strong knowledge and dissemination base established under Year One, 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: 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 health systems strengthening at high-level global conferences and venues. SHOPS also presented strategies for engaging the private health sector to help achieve PEPFAR goals to the Office of the U.S. Global AIDS Coordinator (OGAC). 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.

In July 2012, the International AIDS Society will convene the biennial International AIDS Conference in Washington, marking the first time in recent years that this landmark conference will be held in the United States. Given that numerous donors, stakeholders, and private sector representatives will convene in Washington, SHOPS proposes hosting and facilitating an auxiliary session at the International AIDS Conference to discuss opportunities to engage the private health sector in financing and sustaining national HIV/AIDS programs. SHOPS has proposed several ideas to USAID for input, and will finalize a proposal by the end of February 2012, pending approval from USAID. SHOPS will also submit individual abstracts to the International AIDS Conference. SHOPS will also consider submitting abstracts, and/or organizing a panel at the Second Health Systems Research Symposium, to be held in Beijing in October 2012.

Anticipated Year Three outputs:

- Dissemination of private sector HIV/AIDS policy papers and research at high-level conferences and meetings, including at the request of the Office of the Global AIDS Coordinator.
- Submission of at least one manuscript to a peer-reviewed journal.
- Development of HIV content featured prominently on SHOPS website.

- Preparation for and participation in international conferences, including AIDS 2012 and the regional conference in Tanzania.

Accomplishments during this reporting period

SHOPS sought to advance knowledge on the role of the private sector in HIV/AIDS through a combination of journal publications, high profile presentations, participation in international conferences, and increased HIV content on the SHOPS website.

During this reporting period, the JAIDS article—*Leveraging the Private Health Sector to Enhance HIV Service Delivery in Lower-Income Countries. J Acquire Immune Deficiency Syndrome 201; 57: S116–S119*—was distributed at two international events:

- July 2011: International AIDS Society meeting, Rome
- July 2011: Health systems strengthening training convened by Columbia University, the U.S. Centers for Disease Control and Prevention (CDC), and HS 20/20, South Africa

In October 2011, Birger Fosberg of the Karolinska Institute solicited abstracts from presenters from the July 2011 International Health Economics Association Private Sector Symposium for an upcoming special supplement of *Health Policy and Planning* on private sector health in the developing world. In November 2011, SHOPS submitted an abstract and manuscript outline based on the PSP-*One* study of HIV counseling and testing quality in the public, private, NGO, and faith-based sectors in Zambia. Based on positive feedback, SHOPS plans to submit the final manuscript by August 31, 2012 for consideration in the special *Health Policy and Planning* supplement that will be distributed at the International Health Economics Association Private Sector Symposium in July 2013.

SHOPS HIV/AIDS staff presented at five international meetings and other strategic forums:

Table 7: SHOPS HIV/AIDS presentations

Location	Event	Date	Staff	Title
Washington	Office of the Global AIDS Coordinator	August 2011	Sara Sulzbach	Extending our Reach: Partnering with the Private Health Sector to Achieve PEPFAR Goals
Washington	CDC Global Leadership Forum	November 2011	Sara Sulzbach	Partnerships in Practice: SHOPS Examples from the Field
Washington	USAID Technical Brown Bag	December 2011	Dineo Dawn Pereko and Ilana Ron Levey	Transitioning the HIV Response in Namibia: Building Country Ownership through Increased Private Sector Engagement
Washington	Office of HIV/AIDS at USAID	February 2012	Sara Sulzbach and Ilana Ron Levey	Partnering with the Private Health Sector to Achieve PEPFAR Goals; Partnering with the Private Health Sector to Promote Country Ownership

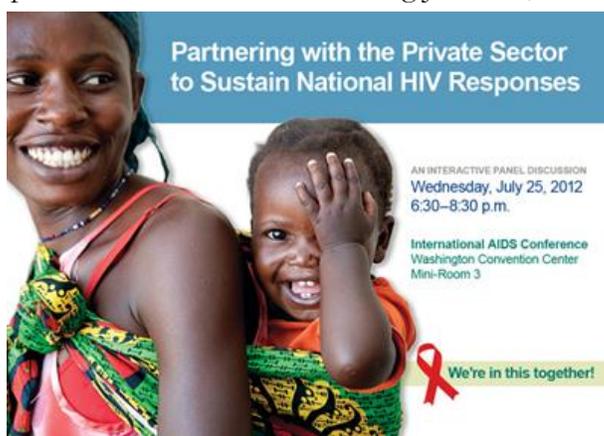
Washington	International AIDS Conference	July 2012	Sara Sulzbach for Doug Johnson	Quantifying the Role of Private Health Providers in HIV Testing: Analysis of Data from 18 Countries
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Through participation in key USG meetings and presentations highlighting SHOPS work, the project succeeded in raising its 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 national HIV responses. This started with participation in the first PEPFAR meeting on PPPs held in Tanzania in February 2011, where SHOPS was one of only two implementers at what was predominantly a USG meeting. Engagement with OGAC continued through a presentation at OGAC headquarters in August 2011, which was attended by approximately 15 OGAC staff members including one of Ambassador Eric Goosby’s principal deputies. These encounters presumably influenced OGAC’s request for SHOPS to participate in the CDC Global Health Leadership Forum in November 2011, on a PPP panel developed and moderated by OGAC.

SHOPS staff helped shape the agenda and program for the GIZ-sponsored *Engaging the Private Sector in Health in Africa* in Dar es Salaam held May 14-16 in Dar es Salaam. SHOPS HIV staff coordinated with 8 USAID Missions (Ethiopia, Uganda, Nigeria, Kenya, Tanzania, Malawi, Namibia, and Zambia) to mobilize over 65 participants to attend the GIZ Conference. The N4A workshop, held immediately following the GIZ meeting, is described elsewhere in this report.

SHOPS submitted several individual abstracts and two pre-formed panel submissions for the Second Health Systems Research Symposium to be held in Beijing in October 2012. Two HIV-related abstracts were selected for poster presentations—“Quantifying the Role of Private Health Providers in HIV Testing: Analysis of Data from 23 Countries,” and “Reducing the Cost of Private Sector ARVs in Namibia: A Means to Increase Access.”

Given the proximity of The International AIDS Conference (July 22-27, 2012), the SHOPS HIV team put forth a concerted effort to use this convening as an opportunity to increase awareness of the important role of the private health sector in supporting national HIV responses. Planning for the conference began in December 2011, as individual abstracts were due in February 2012 and required OHA approval prior to submission. SHOPS staff submitted six individual abstracts and three were accepted, including two posters and an oral presentation. On behalf of Doug Johnson, Sara Sulzbach presented the multi-country DHS



analysis of HIV testing in the private sector in a late-breaker panel. The presentation was well-attended and led to many questions about further research and more opportunities for private sector delivery of HIV services.

SHOPS also sponsored a satellite session on Wednesday, July 25 titled “We’re in it Together: Partnering with the Private Sector to Sustain National HIV Responses.” Over 50 people attended the

session, which was opened by Robert Clay of USAID, moderated by SHOPS Policy Advisor Nelson Gitonga, and featured public and private sector representatives from four African countries where SHOPS is currently active. Panelists discussed their experiences with establishing and implementing public- private partnerships in health and HIV/AIDS, and offered recommendations for how to strengthen collaboration for greater impact and sustainability.



Photo 1: Robert Clay (Deputy Assistant Administrator, USAID/Global Health Bureau) giving opening remarks at the SHOPS satellite session.

SHOPS sought to increase knowledge through expanding HIV/AIDS content on the project website, and time the launch of relevant HIV products, presentations, and events with World AIDS Day 2011. SHOPS has routinely uploaded new HIV products, including information sheets, primers, and presentations on using the private health sector to strengthen national HIV responses.



Activity 2.2: Building the evidence on contracting out for HIV/AIDS care and treatment in South Africa

There is growing interest in the use of contracting as a method to involve the private sector in expanding access to high-quality HIV/AIDS treatment and support in developing countries. Progress in scaling up access to ART has saturated centralized public treatment facilities, and more attention is being paid to the evolving costs of ART as national HIV responses shift from emergency care to chronic disease management. Documenting and describing methods of PPP-contracting in the South African context will provide useful perspectives on how private sector capacity can be leveraged for expanded HIV/AIDS treatment access and cost-sharing in the context of declining donor funding for HIV. While

South Africa is unique in many ways, it represents an evolving national HIV/AIDS response that includes PPP-contracting in the pursuit of universal coverage. Lessons learned may not be applicable to the whole of Africa, although they will be relevant and replicable in countries (e.g., Botswana and Namibia) that share similar prevalence rates, an established private sector, and have similar histories of equity and access disparity. In dissimilar contexts, examples of contracting could serve as a useful roadmap for increasing private sector capacity, quality, and involvement in HIV/AIDS responses.

SHOPS proposes a process and implementation evaluation of three PPP service delivery streams currently being offered by Right to Care Health Services (RTC-HS) South Africa.

These three arms of treatment include:

- Treatment funded by private employer benefit schemes.
- Thusong initiative for impoverished/uninsured patients funded by PEPFAR.
- A new PPP down-referral stream.

The activity will utilize both qualitative and quantitative data to shed light on the characteristics of various approaches to country owned PPP-contracting, and key factors for replicating and sustaining the model in other settings. The implementation evaluation would focus on the rationale, design, and specific details of the PPP-contracting arrangement and its implementation in practice. It will also assess the enabling factors that allowed the models to emerge (i.e., provincial and national political commitment, policies, support, involvement, and awareness). Qualitative data collection would focus on the government's perspectives on PPP-contracting as a methodology (including the challenges and opportunities in implementation), successes and challenges experienced by RTC-HS in implementing and managing the model (identifying patients, transferring records, leveraging providers, preventing disruptions in treatment), and private provider perspectives (interest, motivation, capacity, and quality).

The process evaluation would focus on patient experience and perceptions (quality, transfer/referral process, and experience relative to other providers). Quantitative data collection would identify the types of patients that use each stream of the RTC-HS contracting model and their outcomes (data would assess socio-economic characteristics, health seeking behavior, and treatment outcomes). Qualitative and quantitative data collection will highlight the inputs, mechanics, outputs, and outcomes of each PPP-contracting method utilized in the RTC-HS model, highlighting the ways in which national authorities and RTC have structured private sector involvement. Additionally, SHOPS will revise the BroadReach case study so that it can be published as a standalone product.

Anticipated Year Three outputs:

- Written report that describes the three contracting-out models currently offered by RTC-HS, with implications for scale-up and replication in other contexts.
- Finalize and publish BroadReach case study.

Accomplishments during this reporting period

Local developments late in the last reporting period—including an increased focus on contracting as part of the South Africa National Health Insurance debate and primary health care re-engineering strategy—resulted in SHOPS redesigning this activity to an implementation and process evaluation focusing on RTC-HS and their three contracting

treatment arms. In January 2012, the SHOPS lead investigator traveled to South Africa to discuss the RTC-HS/Gauteng Provincial Department of Health public-private partnership down referral model launched in November/December 2011. Throughout February and March SHOPS developed a full research protocol in-line with the amended scope and design of the activity based on input from RTC-HS.

In April and May, the SHOPS lead investigator secured Dr. Pumla Lupondwana as a senior South African-based investigator, and completed a subcontract with the Johannesburg-based research firm Health and Development Africa. The SHOPS team collaborated with the local research team throughout May and June to prepare all necessary documentation to submit to the Human Sciences Research Council in South Africa for ethics review. The submission was completed in mid-June. The research team has received approval from the Council, and has submitted the study for final Gauteng Provincial Department of Health approval to initiate the study. Data collection is planned for early October, and SHOPS anticipates submitting the report to USAID for review by January.

In Year Two, SHOPS developed a draft case study of the BroadReach down-referral model for treatment of HIV in South Africa's Northwest province. This was originally envisioned to become part of a comparative paper of different contracting out models for ART. However, new developments with another private ART provider, Right to Care, led SHOPS and USAID to decide to separate the BroadReach effort from the in-progress Right to Care study. As a result, in Year Three SHOPS is finalizing the BroadReach case study as a standalone document. SHOPS is editing the original draft, streamlining the text while also better articulating the down-referral model. Given that the original case study was based on results from a 2009 evaluation, the document is being updated to reflect current information on treatment coverage, as well as the evolving context of HIV treatment in South Africa. A final version will be submitted to USAID for review in October 2012.

Activity 2.3: Quantifying (modeling) contributions of the private health sector in achieving national testing and treatment goals: multi-country analysis

Despite substantial growth in donor funding for HIV treatment since 2003 and the rapid scale-up of ART to 3.9 million patients by the end of 2009, the majority of sub-Saharan Africa countries have yet to achieve universal coverage. With treatment need defined according to WHO criteria for initiation of ART, only 36% of patients in need were receiving ART by the end of 2009. As governments in sub-Saharan Africa with high HIV prevalence seek to expand ART coverage, infrastructure limitations and human resource shortages in public sector health systems constrain their capacity to meet the population's need for HIV services. Currently, policymakers in national governments and in donor organizations are looking for ways to sustain ART programs and continue scaling up ART coverage in an era when growth in aid budgets are flat or declining. Despite the private sectors' substantial role in health care delivery, little research to date has focused on assessing the potential role of the private sector in developing countries. Thus, policymakers lack a clear understanding of the geographic distribution, physical infrastructure, scope and quality of services, and potential capacity of private providers. This information is essential for (a) credibly estimating the fraction of unmet need for ART that could be met by engaging private providers in the delivery of ART and (b) designing effective policies to do so.

In Year Two, SHOPS assembled a team of experts to design and implement an assessment that explores how the private sector can contribute to the provision of ART services in a

selected group of countries in sub-Saharan Africa. An initial literature review was conducted which suggested that little existing documentation exists describing methods for modeling ART capacity and estimating private sector impact. Based on this preliminary research a concept note was drafted outlining the study design, rationale, and proposed deliverables. This concept note was sent to USAID for review and approval, with study implementation planned for quarter one of Year Three. In Year Three SHOPS will continue to explore how the private sector can contribute to the provision of ART services in a selected group of countries in sub-Saharan Africa: Uganda, Namibia, and Nigeria. The study will seek to quantitatively estimate maximum plausible impact of private sector engagement, measured in terms of number of additional patients enrolled and sustained on ART, based on factors for which quantitative estimates are available. Having estimated this potential impact under base case and alternative assumptions, the study will evaluate country-specific contextual factors (such as the strength of the relationship between private and public sector and current level of interaction between sectors) that may create opportunities or challenges that influence the likely resources or policy prescriptions required to achieve various levels of impact. This portion of the analysis will mix quantitative data and qualitative information gathered through in-country visits.

Anticipated Year Three outputs:

- Research protocol finalized
- Project report with description of the study methodology and findings
- Policy brief targeting policymakers and program implementers

Accomplishments during this reporting period

In Year Three, the research protocol, survey questionnaire, and key informant interview guides were finalized for Kenya and Nigeria. A data entry form in epi-info was also created and tested. Data collection started in April 2012 in Kenya is now complete. Data from surveys with 56 private providers in Kenya has been entered in epi-info and analyzed. Qualitative data from interviews with 18 key informants from both the public and private sectors in Kenya was also analyzed. Dr. Stephen Resch of Harvard University has created the model. The team is currently drafting the report presenting the model and key findings from Kenya. The survey of private providers in Kenya showed that, among both ART providers and non-providers of ART, lack of expertise/training was the barrier most cited to scaling up or initiating ART services. Laboratory capacity or linkages to laboratory services was the second most cited barrier by all survey respondents. If all barriers were overcome, and half of all for-profit providers added two ART outpatient visits per day, the model estimated that 90,000 additional ART patients could be served, representing nearly 30% of the current unmet ART need in Kenya. These initial estimates were calculated using 2007 data. In Year Four the team will update the model estimates with 2012 data which has been requested from the Kenyan National AIDS and STI Control Program. The draft protocol has been submitted to the Nigerian IRB for approval, which has been delayed due to an IRB strike. Upon IRB approval, SHOPS will commence with data collection in Nigeria. Pending the start of data collection, the final report is expected to be finalized in November 2012.

Activity 2.4: 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 initiated a scan of private health insurance with HIV/AIDS benefits in Africa. SHOPS will continue its efforts related to private health financing solutions by completing a scan of private contributory health financing in African countries, including the extent to which these schemes allow coverage for HIV/AIDS services, and specifically, treatment. Particular emphasis will be placed on the process of establishing norms for coverage of HIV/AIDS services, profiling examples from Uganda, Kenya, Zambia, and Namibia.

Anticipated Year Three output:

- Written report summarizing private health financing schemes and their contributions to the coverage of HIV/AIDS services, highlighting specific case studies.

Accomplishments during this reporting period

In Year Three, key informant interviews were conducted with insurance companies and providers in Kenya, Uganda, Nigeria, and Zambia. Eight out of eighteen insurance companies contacted in Kenya, four out of six in Uganda, and six out of six HMOs in Nigeria responded to requests for information. The Kenya Gold Star network and Lusaka Total Trust Hospital were specifically identified as case studies for the provider perspective because of their work with private sector providers in countries with a high HIV prevalence rate. The report summarizing the process by which private health insurers in sub-Saharan Africa decide to include or exclude coverage for HIV/AIDS treatment is currently under internal review and will be available for client review by October 2012.

Activity 2.5: Enhancing the HIV/AIDS prevention and treatment continuum of response (CoR) through a study of ‘pathways of care’ and methods to strengthen referrals between the public and private health sectors

There is increasing recognition that PLHIV in resource-poor regions access care from multiple providers in the public, private, and traditional health sectors—both simultaneously and/or at different times during their medical treatment. In such settings, continuity of care is constrained by poor communication, lack of coordination, and a perception of competitive rather than complementary services between these sectors. As such, health care seeking behaviors that involve multiple points of access can limit the efficacy of prevention efforts, lead to delayed ART initiation, complicate treatment regimens, and negatively impact health outcomes. Understanding how and when patients seek care at different places and times is a critical first step in promoting a continuum of comprehensive care that mitigates the negative impact of multiple care pathways through well-managed linkages that promote integrated care, strengthen referral continuity, and encourage the effective and efficient coexistence of private and public actors in a health system.

SHOPS proposes a two-fold activity (envisioned as a multi-year approach) in order to contribute to a clearer understanding of HIV treatment pathways in resource-poor settings and to promote stronger referral continuity and coordination between the public and private

sectors. The first stage of the activity involves a SHOPS-implemented patient mobility study (in a high-HIV burden country in sub-Saharan Africa such as Uganda, Namibia, or Zambia) in order to document the multiple pathways of care between the public, private, and traditional health sectors. The study would ask patients to detail their care-seeking behavior at different stages of treatment (i.e., newly diagnosed, initiating ART, and during adverse events), and utilize available personal and institutional medical records to document patient mobility between sectors in various geographic, income, and employment cohorts. The study would further seek to reveal referral and communication challenges that exist between the sectors by documenting the perspectives and experience of both public and private health providers.

Based on the recommendations emerging from the study, SHOPS would lay the groundwork for a pilot intervention to take place in Year Four focused on the improvement of referral continuity. It is envisioned that this could involve the expansion of ‘health passport’ approaches currently in use in some public sector systems in southern Africa and/or promotion of integrated public-private health information management systems (HIMS) in a smaller Caribbean pilot country. Ideally, planning for a pilot intervention targeted around the findings of the patient mobility study would be initiated toward the end of Year Three, with focused TA and/or a pilot implementation and evaluation of the intervention to take place in Year Four.

Anticipated Year Three outputs:

- Patient mobility study documenting concurrent and sequential pathways of HIV care in one sub-Saharan Africa focal country.
- Dissemination report covering the findings of the patient mobility study and outlining areas for possible targeted TA and proposing a pilot study to implement and evaluate such approaches to improve functional referral continuity for HIV care and support.

Accomplishments during this reporting period

The concept note for this activity was developed in late December 2011 and circulated to key stakeholders (USAID/OHA) in January 2012. Selection of the SHOPS research team and amendment of the concept and study design were carried out throughout March and April. Based on the study design selection criteria and mission interest, Uganda was selected as the focal country in April. Dialogue with the USAID/Uganda mission regarding the scope and design of the study continued through April and May—including the inclusion of the Uganda proposed ‘ARV rationalization strategy’ as a focal component of the study. A draft research protocol was developed through June and July, and a fact-finding and study design trip is scheduled for late August or early September 2012. Data collection is tentatively planned for December 2012/January 2013 with a final product envisioned for April/May 2013.

Activity 2.6: Advancing knowledge on the extent and variation of ‘dual practice’ in the health sector and its impact on health systems

Dual practice can be defined as health professionals who concurrently work in the public sector, while also maintaining a private practice. Combining public and private service delivery may compensate for unrealistically low salaries and/or inadequate working conditions in the public sector. Dual practice has the potential to jeopardize access and quality of care, but may also contribute to retention of trained health workers and improved collaboration between the health sectors. While the practice is common in many countries,

there is limited evidence on the scope of dual practice in developing countries and its impact (both positive and negative) on equity, quality, and efficiency in health care provision, as well as health worker retention.

SHOPS proposes a new activity that will seek to: quantify and conceptualize the scope of dual practice in multiple developing countries; provide a clearer understanding of variations in dual practice activities; and assess the effect of dual practice on the quality, efficiency, and equity of access to HIV/AIDS and other health services, as well as on retention of health workers. The activity would include a comprehensive literature review and scan of existing knowledge related to dual practice, distilling information and observations from PSAs carried out under SHOPS, and the inclusion of more focused dual practice assessment activities to be carried out in planned PSAs. By assessing existing information related to the implications of public sector compensation and systems management on dual practice, and drawing upon current and future PSA findings, the activity will focus on advancing knowledge in regards to best practice guidelines to optimize the effects of dual practice within health systems, while minimizing potential hazards. The report will conceptualize the scope of dual practice activities in HIV/AIDS and general health service delivery in multiple SHOPS focal countries, document the impact of dual practice on health systems, and inform best practice in establishing regulatory guidelines and/or organizing dual practice activities to minimize negative consequences and maximize potential benefits to health systems. It is envisioned that this paper could inform a pilot intervention (to test the introduction of guidelines) in Year Four.

Anticipated Year Three output:

- Report finalized and disseminated.

Accomplishments during this reporting period

Originally, SHOPS proposed to develop a primer to help policymakers, program managers, and private sector providers better understand the impact, both positive and negative, of dual practice on HIV/AIDS services. As a first step in developing this primer, a comprehensive literature review was conducted, with an annotated bibliography, of the extent and variation of dual practice in the health sector. This literature review informed a draft document that summarized generalized information on a range of dual practice modalities, contextual and environmental factors affecting dual practice, specific country examples, and recommendations for potential strategies to leverage opportunities and mitigate barriers to dual practice. After presenting this concept to USAID and based on client feedback, SHOPS was instructed to consider shifting from a multi-country secondary review to a more in-depth analysis of dual practice issues in a single country for potential replication. To this end, SHOPS changed course and sought to identify potential countries for exploration (entailing primary data collection) of dual practice, and how it affects health systems and HIV/AIDS outcomes. Countries considered for this newly evolving activity included Kenya, Vietnam, Mozambique, and Tanzania. Based on further assessment of key factors, including the policy environment and stakeholder interest, SHOPS has determined that Tanzania presents the best case for an in-depth study of dual practice.

A revised concept note has been drafted that outlines a strategy for assessing the impact of dual practice in strengthening and sustaining health outcomes in Tanzania. Given the new focus on primary data collection, SHOPS is ensuring review by a member of the research team to validate which indicators related to dual practice can be readily measured and

assessed. The revised concept note will be submitted to USAID in September 2012 for consideration.

Activity 2.7: Guide for conducting private sector country assessments

In Year Two SHOPS developed a draft guide entitled “Assessment to Action” presenting our approach for conducting private sector country assessments. Questionnaires were also developed and tailored for specific stakeholder groups. In Year Three, with additional funding from FP/RH core, SHOPS is adapting the draft guide into an online tool that will make assessments easier to implement. The new approach will provide a consistent framework as well as guidance on how to communicate and apply findings. The decision to create an electronic tool with on-demand printable components (rather than a printed guidebook) reflects the need to be comprehensive in scope while responding to specific user needs. The tool will provide practical tips, guidelines, templates, examples, and background information that will allow an assessment team to create their own version, tailoring the content to the particular context, sector, and programmatic objectives. A digital format also allows for easy updates, the ability to add additional modules (feedback, support, a community of practice), and the potential to import data from other sources, such as MeasureDHS, the World Bank, and WHO.

Anticipated Year Three output:

- Finalized guide (user-friendly electronic format) completed and disseminated

Accomplishments during this reporting period

In Year Two, SHOPS developed a first draft of the tool covering the three essential components of a PSA: Preparation, Assessment, and Action. The working title of the tool is “Assessment to Action,” positioning this approach as a means not only for collecting and consolidating information about the private health sector, but also for facilitating the uptake and utilization of the results for action. A critical element of the tool is a comprehensive set of questions, organized by key stakeholder and technical areas, which can readily be used to capture critical information. As part of the process, technical experts were asked to review draft questions according to their area of expertise and provide recommendations for improvement.

In Year Three, with the addition of core FP/RH funding, the content of the tool was expanded beyond HIV and edited for a web-friendly format. The editing process required considerable discussion and staff time to reach consensus, which slowed progress. Also in Year Three, the request for proposal for a web design firm was drafted and released. It is anticipated that the final interactive product will be launched in December 2012.

Activity 2.8: Project monitoring and evaluation

This activity seeks to support research and evaluation needs related to the HIV/AIDS portfolio. SHOPS research staff will identify which activities require a monitoring and evaluation (M&E) plan, or whether activities can be grouped with other similar activities under a project-wide M&E plan. The research team will also explore possible opportunities for a rigorous impact evaluation to measure the contributions of the private sector to HIV/AIDS in a specified country. In addition, given the complexity of HIV research activities (ART modeling in Kenya and Nigeria, contracting out HIV treatment in South Africa, and the HIV continuum of response in Uganda), which require specialized skills, this

activity will support the identification and management of content and methodological experts outside the SHOPS team to ensure the validity and quality of the research.

Anticipated Year Three outputs:

- M&E plans developed as appropriate.
- Concept for an impact evaluation developed and presented to USAID.

Accomplishments during this reporting period

The SHOPS research, monitoring and evaluation team developed 10 activity-level M&E plans together with technical staff members. These plans included HIV country programs, such as the Caribbean regional program and Namibia. In addition, other activity-level M&E plans covered cross-cutting topics that also include SHOPS HIV work, such as communication, access to finance, and N4A.

SHOPS finalized the staffing configuration on two of the three studies listed above (ART modeling and contracting out), and the team is in the final stages of identifying an external consultant for the CoR study. The research, monitoring and evaluation team also liaised with several external implementers and well-known researchers to develop ideas for rigorous impact evaluations. While none of these proposals were accepted, SHOPS increased its visibility among high-level implementers and researchers doing work in the area of HIV-related service delivery, laying the foundation for potential future collaborations.

Activity 2.9: Program management and reporting

The SHOPS HIV/AIDS team will continue to support client requests for information and provide regular updates on project activities.

Anticipated Year Three output:

- Progress reported against work plans in semi-annual reports, annual reports, quarterly reviews, results reporting, and management reviews.

Accomplishments during this reporting period

In order to implement the ambitious Year Three work plan, additional resources were necessary to track and manage HIV activities. SHOPS HIV staff regularly participated in quarterly reviews, presenting progress updates as well as noting any implementation challenges. HIV staff also provided written updates in the semi-annual and annual reports. In addition, relevant HIV staff participated in bi-weekly updates with our OHA clients to review ongoing activity implementation and expenditures, discuss plans for new activities, as well as strategize on countries to target for technical assistance. In addition, several staff members were involved in developing the HOP12 submission, which carried additional requirements as compared to previous years.

Activity 2.10: Communications to support HIV/AIDS activities

SHOPS will continue to support efforts to develop, publish, and disseminate HIV/AIDS specific content. This will include developing and updating content on various pages of the SHOPS website; updating and printing HIV-specific documents (fact sheets, policy briefs, etc.) for dissemination at meetings and conferences; and supporting the SHOPS communication team efforts to strengthen the visibility of HIV/AIDS-related programming via the website, newsletters, events, and presentations.

Anticipated Year Three outputs:

- Website updates
- Production of fact sheets and policy briefs
- HIV/AIDS communications materials

Accomplishments during this reporting period

The SHOPS website expanded to include dedicated pages to HIV activities with compelling images to represent our work. The team updated a fact sheet titled, “Engaging the Private Health Sector to Strengthen National HIV Responses” and a four-page fact sheet that described activities in Namibia following the private health sector assessment.

Activity 2.11: Expanded trend analysis on private sector utilization of HIV/AIDS services using DHS/AIDS Indicator Survey data

Background: PSP-*One* conducted analyses of DHS and National Health Accounts (NHA) datasets to better document the role of the private sector in financing and the provision of HIV/AIDS services. Given the availability of multiple new datasets, SHOPS will build on the previous analyses and gauge whether results and trends continue, or show changes, and will present implications of the expanded analyses. While the analysis can now cover a tremendous number of countries, most in Africa, the promise of expanding time-series analyses for both expenditure and utilization data is particularly compelling.

Anticipated Year Three output:

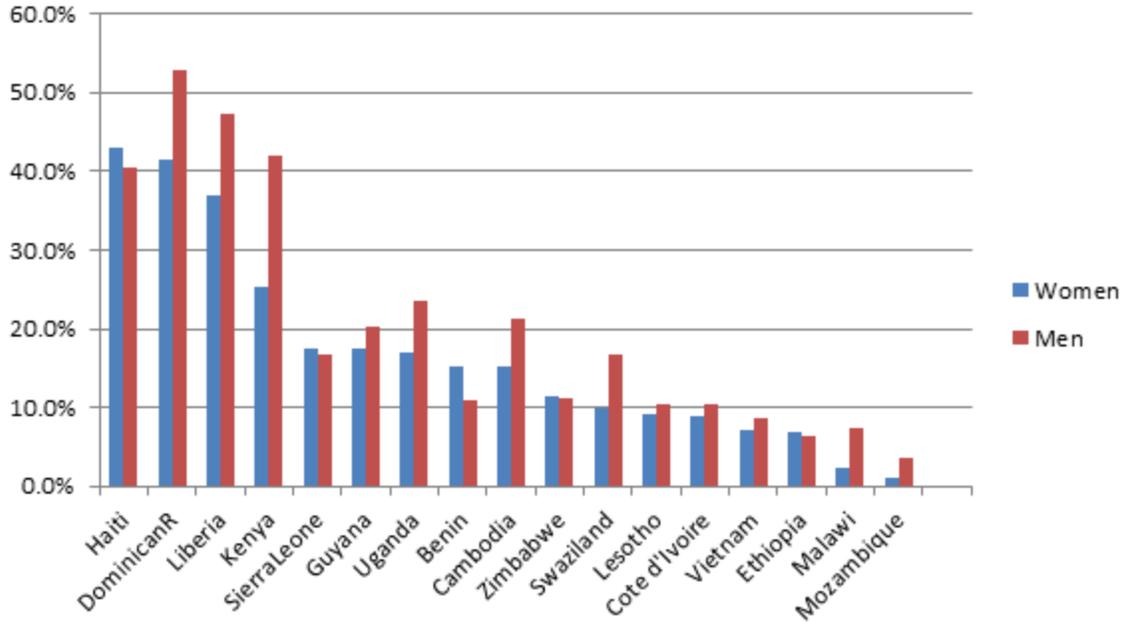
- Multi-country report of findings and trend analysis.

Accomplishments during this reporting period

A preliminary screening of available DHS and AIDS Indicator Survey datasets was performed to determine which datasets contained information on the source of someone’s most recent HIV test. Twenty datasets from 18 countries containing information on the sources of HIV testing were identified (for two countries, Guyana and Tanzania, more than one round of data was available). For each dataset, options for source of most recent HIV test were coded as either public, private commercial, or nonprofit based on consultation with in-house experts and field staff. Initial analysis of the data has been performed and findings from the analysis have been reviewed internally by a quantitative and qualitative expert. A final draft of the paper will be developed in September 2012.

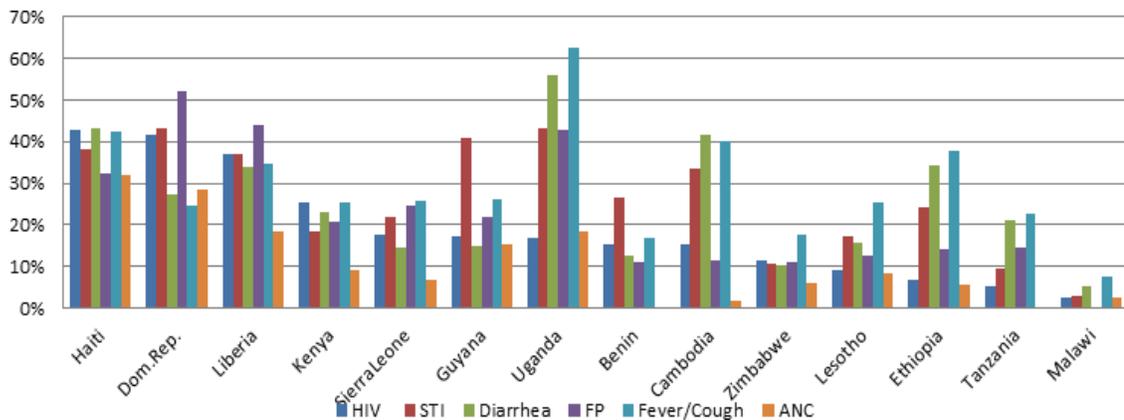
Initial findings reveal that use of the private sector varies widely across countries, ranging from less than 1% among women in Mozambique, to 53% of men in the Dominican Republic.

Figure 3: Proportion of those tested for HIV who received test from private provider



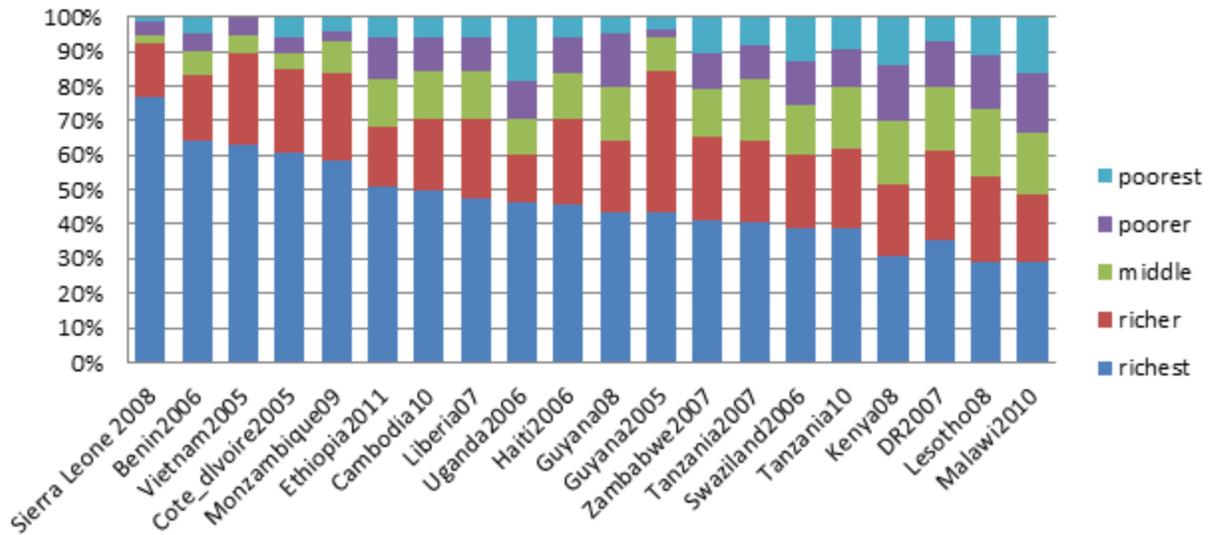
In many countries, women go to private providers for HIV testing about as often as they go to private providers for other medical services, though there are several notable exceptions to this trend. In countries such as Uganda, Cambodia, Lesotho, Tanzania, and Ethiopia, women are less likely to seek an HIV test from a private provider, as compared to FP and child health services.

Figure 4: Use of private sector for various medical services among women



At the household level, use of the private sector for HIV testing is highly correlated with wealth status. In several countries (Sierra Leone, Benin, Vietnam, Cote D'Ivoire, Mozambique, and Ethiopia), over half of those who received an HIV test from a private provider were from wealthiest quintile in their countries.

Figure 5: Share of women from each wealth quintile who reported having received an HIV test from the private sector



On the one measure of quality for which we have data, adherence to HIV testing protocol during antenatal care, private providers appear to perform at least as well as public providers. In most countries for which we have data, private providers offer an HIV test to women receiving antenatal care with greater regularity than public providers.

The analysis was accepted for oral presentation in a prominent session at the 2012 International AIDS Conference, held in Washington, July 22-27. Chaired by David Wilson (Director of the Global AIDS Program at the World Bank) and Debrework Zewdie (Deputy Executive Director of the Global Fund), the panel of late-breaking research generated considerable interest and attendance, and provided an excellent opportunity to raise awareness of SHOPS as well as the important role of the private health sector in delivering HIV/AIDS services. Results from the analysis will be submitted to a peer-reviewed journal in Year Four.

Result 3: Health Sector Systems Strengthened and Innovative Private Sector HIV/AIDS Programs Implemented and Scaled Up

Overview

As a leader in health systems strengthening and private sector strategies, SHOPS 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. These linkages enable the SHOPS team to 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 sought to use core funds to identify and initiate scale-up of promising field-based interventions that improve the role of the private sector in HIV/AIDS service delivery and ensure that innovative private sector strategies are embedded within country-led health system strengthening efforts. Efforts were somewhat hampered by delayed receipt of funding, slow responses from USAID Missions, and political issues outside of SHOPS' control. However, due to project perseverance, many field-based activities progressed well in Year Three.

Summary of key activities and outputs for Result 3

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, PMTI—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. Furthermore, many government scholarship programs for attendance at both PMTI and public pre-service education institutions are supported with donor funds and may not be sustainable once donor support diminishes. Growing the market for student loan options increases sustainable prospects for financing pre-service education.

Given the crowded landscape of donors and implementing partners working closely with African Ministries of Health to improve the HRH landscape in sub-Saharan Africa, SHOPS is working on the narrow, yet often ignored, HRH focus of improving the capacity of private for-profit medical training institutions to train a greater number of health workers. To date, we have assessed the landscape of PMTI in four African countries—Tanzania, Zambia, Rwanda, and Malawi. This rich experience in four countries shows that most of these institutions face acute financial and operational challenges, and that most prospective students lack adequate financing arrangements and options to finance their medical education. By utilizing a variety of techniques to improve financing prospects for students wishing to attend PMTI as well as improving revenue diversification, financial management, and business operations of these institutions, SHOPS will provide a proof of concept about how PMTI can be strengthened to expand the health workforce in sub-Saharan Africa.

In Year Three, SHOPS proposed a variety of activities to expand the health workforce and contribute to the PEPFAR goal of producing 140,000 new health care workers.

Activity 3.1: Building the capacity of PMTI in Tanzania to train health workers

Tanzania was chosen as the focal country given its severe HRH shortages, strong Government of Tanzania interest in strengthening the private sector, policy guidelines that articulate a prominent role for PMTI, and several nascent PPPs in medical education. An initial desk review suggested 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.

Anticipated Year Three outputs:

- Completion of a chapter in the Tanzania PSA report covering and prioritizing the financing, policy, and accreditation variables needed to build the capacity of PMTI to expand the health workforce in Tanzania.
- Initiation of technical assistance to implement recommendations.

Accomplishments during this reporting period

In April 2012, SHOPS implemented a rapid assessment of PMTI in Tanzania, in conjunction with two health sector experts in Tanzania. Assessment findings largely focused on market opportunities to finance medical education, opportunities to improve the operational performance of PMTI, the role of the Higher Education Student Loan Board in financing higher medical education, and possibilities for PPPs to expand high-quality medical education. PMTI assessment findings were written up as a chapter in the overall Tanzania PSA report. PMTI assessment findings were initially presented to a broad swath of Tanzanian health sector stakeholders from the PPP and HRH Technical Working Groups.

Technical assistance activities derived from the assessment commenced in May 2012 and will continue into Year Four. The two main categories of technical assistance activities include:

Introducing Banks to Market Opportunities to Finance Medical Education – This activity entails working closely with two banks (Akiba Bank and EXIM Bank) to develop and market a “parent loan” product to salaried parents of students attending PMTI. Through SHOPS support, market research focus groups will be conducted with at least two PMTI and other recruitment vehicles including employer associations to better understand views on private financing for medical education.

Technical Assistance to Improve the Operational Performance of PMTI – SHOPS will work closely with two PMTI (Massana College of Nursing and Herbert Kairuki Memorial University) to develop and implement revenue diversification strategies including hosting Continuing Medical Education workshops on clinical training topics, fundraising with a focus on alumni contributions, and developing additional linkages with international medical schools and professional medical associations. Other training topics to include in efforts to improve the operational performance of PMTI are decisionmaking in capital expansion, business planning, and corporate governance.

Activity 3.2: Improve financing for medical training and build the human resource response to HIV/AIDS in Rwanda

In many countries in Sub-Saharan Africa, HIV/AIDS prevalence is high and there is a shortage of trained medical professionals to respond to the pandemic. SHOPS will explore opportunities for public-private partnerships in support of HRH capacity, specifically focusing on how expanding financing both for students and private medical training institutes can support workforce development. Specifically, SHOPS will build on its initial work in Rwanda related to a student loan program and explore the possibility of creating a PPP to develop national student financing options for medical professionals.

Potential activities could include: assistance with developing a student financing strategy and implementation options, providing inputs into the creation of the PPP, structuring the financial products with banks and additional credit enhancements to mitigate financial risks, and working with financial institutions and schools on the marketing and promotion of the loan opportunities. This program envisages potentially using the DCA mechanism to mobilize long-term financing for the student loans and working with other sources of guarantees to ensure a proper funding base. While initial efforts will focus on Rwanda, where USAID/Rwanda expressed interest in developing a PPP, SHOPS will also explore both student financing and financing for PMTI in other countries.

Anticipated Year Three output:

- At least one partnership to expand financing for medical training initiated.

Accomplishments during this reporting period

In Year Three, SHOPS developed a student financing strategy and modeled implementation options to support the growth of both private financing options and a more sustainable government-backed student loan program. These findings were written up in an analytical technical report and accompanying presentation that could be used with stakeholders in Rwanda. Discussions with USAID/Rwanda in March 2012 indicated that the mission would be interested in SHOPS making a presentation to the Ministries of Health and Education to describe a sustainable approach to higher education financing for medical students based on the project's analytical findings. Since the team at USAID/Rwanda changed in June, the presentation will be made in September or October 2012. This activity will be preceded with a short update of the situation in Rwanda to take into account changes that may have taken place since the initial assessment in September 2011.

Activity 3.3: Build the capacity of PMTI in Zambia

Zambia suffers from an acute HRH shortage. Although Zambia has a population of approximately 13 million, its current doctor and nurse population ratios stand at an insufficient 1 to 15,000 and 1 to 1,500 respectively. Zambia's inability to increase its output of trained medical personnel either through increased intake at existing medical training institutions or through the development of new medical training institutions helps to account for its persistent HRH challenges.

Anticipated Year Three output:

- Written assessment report detailing constraints and opportunities facing PMTI in Zambia.

Accomplishments during this reporting period

In late June 2012, SHOPS initiated an assessment of PMTI in Zambia. This assessment sought to quantify the student graduation potential of PMTI, quantify the needs for private health student tuition financing, and identify existing financing options. In addition, SHOPS identified the business development needs of PMTI and proposed specific triage technical assistance activities.

Given that the assessment was finished in mid-July 2012, results are preliminary but it is clear that PMTI play a very important role in providing trained medical personnel for Zambia. In the case of nurses, approximately 25 percent of graduates in 2011 came from PMTI. Public students receive assistance from the Government of Zambia through scholarships, but private students do not have access to any public assistance. There are a few commercial banks that have developed student loans, but the access is largely limited to parents with salaried positions. There is potential to expand student loans but given that the Government of Zambia is considering the development of a public student loan program, SHOPS can play an important role in advocating for the ability of private medical students to access these student loans.

Assessment findings also reveal that PMTI lack knowledge about corporate governance and sound financial management practices. In addition, the institutions face limited qualified instructors, limited access to financing, and possess insufficient infrastructure and resources. Notable friction between regulatory Government of Zambia agencies, such as the General Nursing Council, and PMTI emerges as a key challenge.

Activity 3.4: Publish chapter on PPPs in medical education in collaboration with Health in Africa initiative

In Year Two, SHOPS drafted a chapter on the role of PPPs in medical education at both tertiary and secondary levels. The chapter will be included in an upcoming book published by the Health in Africa initiative on the role of the private sector in expanding access to quality medical education and contributing to building the health workforce. The Health in Africa initiative positively responded to the draft chapter and suggested opportunities to incorporate examples from other education partnerships (non-medical focused) for instructive purposes. In Year Three, SHOPS will finalize the PPP chapter and co-sponsor the book launch with the Health in Africa initiative.

Anticipated Year Three outputs:

- Develop final chapter on PPPs in tertiary education in sub-Saharan Africa, written in collaboration with Health in Africa Initiative.
- Book launch event about the role of the private sector in expanding access to medical education opportunities.

Accomplishments during this reporting period

In Year Three, SHOPS drafted a book chapter on the role of PPPs in medical education for the World Bank/IFC's Health in Africa initiative's upcoming book titled *Private Sector Role in Scaling Up Education of Health Workers: Gaining the Competitive Edge*. The chapter discusses a framework for understanding PPPs in medical education, from formal contractual arrangements to more informal public-private interactions that include philanthropy, twinning, and curricula development. Both developed and developing world examples are

used, and the chapter draws heavily on a wide variety of PPP examples in the education field, not just in health.

The chapter was submitted to the World Bank/IFC's Health in Africa initiative and to USAID in July 2011. After receiving comments from health experts at the World Bank, SHOPS submitted a second draft of the chapter to the Health in Africa initiative in January 2012 and made further revisions to the book chapter in March 2012. Although SHOPS had hoped that the book would be published and launched prior to July 2012, the editing and vetting process at the World Bank is taking longer than expected and we now expect that the book will be published and launched in Year Four.

Activity 3.5: Financing health workforce development in Malawi

SHOPS conducted a PSA in Malawi and identified both the importance of CHAM in producing new health workers and tremendous challenges in the sustainability of CHAM as the main faith-based, private sector actor in Malawi. While CHAM trains over 70 percent of nursing students in Malawi, there is a high degree of uncertainty about the Government of Malawi's long-term plan to continue financing pre-service education. In 2009, the Government of Malawi suspended its scholarship program, resulting in considerable student dropout rates and financial burdens on CHAM facilities. During this suspension, CHAM attempted to develop student payment plans, with minimal success in terms of student payment. Although scholarships were reinstated in 2010, confusion about the program and student loan schemes persist. Findings from the PSA indicate that approximately 90% of students received government scholarships. Further suspension of scholarships would seriously threaten enrollment and CHAM's capacity to operate. Efforts have been made to explore a government-sponsored student loan program through Malawi Savings Bank, but there is disagreement on whether and how (e.g., terms, coverage, repayment requirements) it would actually be implemented.

To this end, SHOPS will explore the possibility of an improved or alternative student loan product to help sustain CHAM facilities and the Government of Malawi's efforts to increase the health workforce. The activity will be carried out in three separate stages. The first stage is an in-depth assessment of the need for and feasibility of a student loan product for health workers attending CHAM facilities. The assessment will begin with a detailed desk review of student financing in Malawi, followed by an in-country assessment of the feasibility and structure of a student loan program and CHAM's management and administrative capabilities. The assessment will also include a market research survey that examines student's need and demand for financing and repayment capacity. The second stage of the activity will focus on data analysis, including market research data, and the development of a financial model to examine the affordability of a student loan product. Based on this analysis, recommendations will be made as to whether and how to proceed with structuring a student loan product.

The third stage, if feasibility is determined, is to begin developing the product. Potential methods include working with USAID to structure a DCA guarantee; working with the Government of Malawi, commercial banks and donors to develop a public-private partnership in support of student loans; and providing technical assistance to CHAM to strengthen financial management capacity. If the loan product is not feasible, SHOPS will provide recommendations on how student financing can be developed in the medium term.

This activity will be conducted in coordination with the field support-funded program in Malawi. Depending on the outcome of the assessment and the type of technical assistance required, additional core or field funding may be required in Year Four to continue with program implementation.

Anticipated Year Three outputs:

- Technical report based on student financing assessment trip and market research, and a presentation to USAID on the feasibility of student loans as an additional funding mechanism

Accomplishments during this reporting period

SHOPS conducted a field assessment of the student financing situation for PMTI in Malawi in August 2012 and is in the process of implementing a market research study about student perspectives on financing education which should be finalized in October 2012. The initial assessment shows that financing is a strong constraint for health care students to receive education, and that access to finance could in the short term allow better utilization of the existing training capacity at CHAM institutes and other training colleges. The assessment also shows that CHAM schools should change their business model to ensure sustainability. There is also a need for larger cost sharing between students and the government, and student loans could facilitate that process. Last but not least, there is a need for clarification of the student financing strategy for medical students in the years to come to ensure that student loans are well placed within the context of overall funding strategy. Loans have to be affordable for students to repay and feasible for financial institutions to provide and collect. USAID Malawi indicated its interest in incorporating these findings into the mission's overall HRH strategy for the next fiscal year.

Activity 3.6: Private sector assessments and targeted technical assistance

SHOPS will pursue two comprehensive assessments in countries with high HIV prevalence during Year Three, and will join efforts with HS 20/20 to emphasize private sector elements of a health systems assessment in Ethiopia. These assessments will inform national governments on how to integrate private sector elements of the health system into their HIV responses. In addition, each assessment will be followed by public-private policy engagement to validate 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 such entities as the IFC/HiA. SHOPS will also endeavor to build local capacity to conduct or support these assessments. While the intent is to comprehensively assess two countries, efforts will also be made to support requests for targeted technical assistance that may emerge. In either instance, specific areas to explore may include service provision, health financing, access to finance, regulatory constraints, PPPs, drug procurement, and workplace programs and policies.

Given the delays and difficulties in initiating PSAs during Year Two, SHOPS reprogrammed a portion of the funding received in Year Two to support other PEPFAR priorities, while reserving \$550,000 to support two country assessments in Year Three.

Countries that SHOPS identified for an assessment and/or targeted technical assistance include Ethiopia, Tanzania, Zambia, Mozambique, and Botswana.

Anticipated Year Three outputs:

- Private sector contributions to the Ethiopia Health Sector Assessment (HSA).
- Conduct up to two full country assessments and produce two reports.
- Two dissemination/stakeholder engagement meetings (post-assessment) to strengthen public-private collaboration and facilitate partnerships to address health systems and HIV/AIDS needs.
- Specific country TA as requested.

Accomplishments during this reporting period

Ethiopia – SHOPS was approached in the summer of 2011 to participate in a planned Health Systems Assessment in Ethiopia, jointly funded by HS 20/20 core and field funding. SHOPS agreed to support a private sector expert to join the assessment team in order to orient other team members on private sector aspects to include in each health systems strengthening module (e.g. service delivery, health financing, etc.), and to draft a synthesis chapter on private sector contributions to health.

After delaying the field work at the request of the MOH, the assessment was initiated in October 2011. SHOPS participated for the entire two-week period in the field, playing a key role as a member of the in-country debrief to MOH and mission staff. A comprehensive private sector chapter was produced in early February 2012, and after internal review a final product was submitted to HS 20/20 in June 2012.

One challenge SHOPS encountered was limited control over the broader health sector assessment team, which included faculty from Makerere University in an effort to build regional capacity to conduct HSAs. Given that the original draft report did not adequately integrate private sector elements within each building block, SHOPS staff sought to better incorporate private sector elements into the final report, which was submitted to USAID/Ethiopia in July 2012. The report is still under review by the mission, and once this review is complete, it will be submitted to the Federal Ministry of Health.

Tanzania – The Tanzania PSA was delayed due to local tension between the MoHSW and private providers. The situation improved in September 2011, prompting SHOPS to arrange for a staff member to participate in a PPP Technical Working Group (PPP-TWG) meeting, together with a representative of IFC/HiA, to discuss next steps.

In October, SHOPS developed a revised scope of work (referred to locally as an “inception report”) which was utilized to continue the PSA dialogue process with the PPP Technical Working Group, Government of Tanzania, and other key stakeholders. Through November and December 2011—following initial discussion of the inception report—the SHOPS team communicated regularly with the PPP-TWG and private sector stakeholders to clarify proposed roles and responsibilities, scope, and timeline for the assessment. In January 2012, local public and private stakeholders (and members of the PPP-TWG) provided their approval to carry-out the assessment in the spring of 2012. SHOPS also negotiated with IFC/HiA to co-fund the effort, securing \$50,000 to support the in-country data collection.

The joint SHOPS/IFC-HiA team traveled to Dar es Salaam to conduct the field work for the Tanzania PSA assessment from May 21 through June 1, 2012—meeting with over 160 individuals from approximately 90 different organizations including a wide range of representatives from the public and private health sector, Government of Tanzania, local

industry, and donor communities. The assessment was carried out in four regions of Tanzania: Dar es Salaam, Pwani, Arusha, and Kilimanjaro. The SHOPS team completed a first draft of the assessment report in July 2012 with an expected second draft ready for external review by the end of August 2012. It is proposed that a dissemination event be held in early October 2012 in order to validate findings and prioritize recommendations with key local stakeholders. USAID/Tanzania has recently signaled interest in committing field support to SHOPS to carry out assessment recommendations to strengthen private sector engagement in health.

Botswana – USAID/Washington reached out to the Botswana mission in August 2011 to gauge interest in a PSA, but did not initially receive a response. However, in June 2012, the new PPP Specialist for USAID/Botswana reached out to OHA colleagues as well as SHOPS directly, after learning about the SHOPS N4A workshop in Dar es Salaam. The Botswana mission expressed strong interest in receiving technical assistance from SHOPS, and after a discussion with USAID/Washington and SHOPS, has officially requested a PSA. A scope of work for the assessment is currently under development.

Mozambique – SHOPS spoke with several staff of USAID/Mozambique in May regarding their potential interest in a PSA. Areas of particular interest to the mission include the following:

- Building public sector capacity to effectively engage the private health sector.
- Organizing the private health sector (e.g., through associations, networks or franchises).
- mHealth strategies.
- Given uncertainty on available funding, as well as a planned review of their private sector portfolio, the Mission asked to table the discussion until August 2012. SHOPS has reserved POP funding to co-fund this effort, if the Mission requests an assessment.

Zambia – USAID/Zambia, who also participated in the Mombasa technical exchange in November 2010, had expressed interest in a PSA since early 2011. However, SHOPS has not received an official request for technical assistance, and with USAID approval has reallocated funding to support a PSA in Botswana.

Activity 3.7: Increasing access to finance

Access to finance is critical to expand and improve the role of the private sector in provision of HIV/AIDS services, and to contribute to overall health systems strengthening.

In Year Three, SHOPS will continue to explore opportunities identified in Year Two to increase access to finance for private providers by engaging and leveraging new sources of financing for the private health sector. Through private sector assessments or other means, SHOPS will identify challenges to financing and provide USAID missions with programming recommendations to support the private health sector in one to two countries. Potential countries in which this type of technical assistance could be offered include Botswana, Congo, and Mozambique. To the extent possible, access to finance efforts funded by PEPFAR will leverage FP/RH core funding.

SHOPS will also explore access to finance opportunities for nonprofit providers in countries that experience declining donor support and where nonprofits play a major role in service delivery. Access to funding can serve as a catalyst for sector consolidation and strengthening by providing financial incentives to the smaller nonprofits to merge and expand their service

capacity. Potential countries where this strategy may be applied include Namibia and Kenya. Other countries will be identified through research.

In addition, HIV/AIDS funding will supplement an FP/RH core-funded effort to increase funding to the private health sector by building on partnerships developed with international financial organizations. Potential partnerships include working with UBA and EcoBank to roll out a health sector loan product through their network of banks in sub-Saharan Africa, and engaging with international financial organizations such as Acumen Fund and other funders active in the private health space.

Anticipated Year Three outputs:

- Up to two new country assessments conducted, likely in conjunction with FP funding.
- Programming in at least one country to expand access to finance and improve the viability of private providers initiated.

Accomplishments during this reporting period

SHOPS reviewed potential opportunities related to access to finance in several countries in Africa, and based on this analysis proposed an assessment in DRC. However, USAID signaled a preference for funding an access to finance assessment in combination with a broader PSA. As a result, funding for this activity supported a rapid assessment of access to finance in Tanzania in conjunction with the private sector assessment in May 2012. SHOPS reviewed the access to finance constraints of private providers by interviewing the different types of providers and assessed the current supply of financing through local financial institutions. There is a need for financing to expand private practices and improve quality, and the supply of funds is short for the health sector. Several financial institutions are interested in getting more involved in the health sector, including Exim Bank and Akiba Commercial Bank, an affiliate of Acción International. The initial review shows a potential for developing a USAID-supported credit guarantee program for the private health sector. There may be the potential to include an access to finance scope for the planned Botswana PSA, or possibly a PSA in Mozambique, pending mission interest.

Activity 3.8: Ensuring affordable supply of antiretroviral drugs (ARVs) in the commercial private sector

A Technical Exchange held in 2010 highlighted the presence of a growing number of private sector partnerships that have been developed to deliver HIV/AIDS services and products. The primary constraint to an even larger private sector role is access to affordable HIV test kits and ARVs. While the Clinton Foundation, through CHAI, has successfully negotiated reduced rates for HIV supplies and drugs for the public sector, such discounts have not reached the private sector.

SHOPS will work to address challenges in accessing and procuring lower-cost HIV test kits, treatment, and supplies faced by the private health sector. Based on a positive initial discussion with CHAI, SHOPS will further explore the possibility of collaborating with the Foundation to extend CHAI-negotiated rates to the private sector to procure HIV supplies and drugs. One possible option would be for SHOPS to jointly develop guidelines that CHAI staff could use to assess private sector supply and access to ARVs, test kits, reagents, CD4 lab equipment as well as innovative strategies (e.g., facilitating access to donated ARVs/test kits, making available favorable pricing negotiated with generic pharmaceutical companies, and helping establish bulk purchasing among private providers) to reduce the

cost of these inputs to private providers. While a partnership with CHAI seems promising, SHOPS will also consider other options for increasing the affordability of HIV care in the private sector. This activity would initially focus on one country, and ultimately be extend to all countries facing a high burden of disease.

In addition, the SHOPS team will work with CHAI to integrate private sector laboratory services into their country program by developing an assessment tool and checklist of promising strategies with private labs. SHOPS will work with CHAI in one to two countries to apply these tools, using the N4A growing community of practice of private sector champions to identify possible country opportunities. The field application in these pilot countries will result in reduced prices of ARVs and test kits to the private sector and harnessing private sector lab capacity.

Anticipated Year Three outputs:

- A guide to assess private sector supply and access to ARVs, test kits, etc., and innovative strategies to reduce the cost of inputs to private providers developed.
- Initiate implementation of the guide in one country.

Accomplishments during this reporting period

SHOPS developed a comprehensive concept paper outlining the rationale and shape of this activity, short-listing six African countries for the pilot based on several key criteria. SHOPS has shared and discussed the concept paper with potential partners and other stakeholders, including CHAI and supply chain experts at OHA. CHAI expressed some interest in the concept, but acknowledged it does not have experience procuring ARVs for the private sector. Supply chain experts at USAID also found the concept compelling, but raised some potential concerns and factors for SHOPS to consider in implementing this activity. The USAID experts also weighed in on potential countries to target for this activity. Meanwhile, SHOPS staff has explored interest and feasibility for implementing the guide in Kenya with local stakeholders, and are also considering Tanzania and Uganda as potential contenders. SHOPS is currently revising the concept paper, and with USAID/Washington input will identify which of the countries to pursue in terms of piloting the guide.

IV. Maternal and Child Health Core

Overview

The primary goal of the SHOPS Child Health program is to significantly increase 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 and thus reduce diarrhea-related morbidity and mortality. Major objectives of the program are to build on lessons learned from implementing effective private sector approaches in previous private sector diarrhea management programs, increase the reach and scale of diarrhea treatment with zinc and ORS within existing countries and to expand to new ones, increase uptake, and ensure sustainability of the program beyond the period of direct USAID/Washington support. By the end of the SHOPS agreement, the program will have documented models of improving diarrhea case management in specific types of countries, supported national program scale-up in high-burden countries, and mainstreamed the intervention such that ORT/ORS with zinc becomes the standard of care for treating childhood diarrhea. Secondary goals of the SHOPS Child Health team are to expand the role of the private sector in the delivery of essential child health services and products/treatments and to document the impact of private sector delivery of services on maternal and child health outcomes.

Therefore, the primary activities for the project include:

- Providing technical assistance to 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 and child health 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.
- Conducting market and formative research to better understand motivators and barriers to behavior change.
- Developing communication strategies targeted at both consumers and providers.
- Training/sensitization of health care providers (including private clinic staff, pharmacists, licensed chemical sellers, informal sector drug sellers, and community-based distributors).
- Assuring product access by monitoring distribution through formal, informal and community-based channels.
- In addition, as funding permits, USAID has agreed that SHOPS will more broadly use its diarrhea management MCH funding to document the impact of family planning and reproductive health interventions on maternal and child health outcomes.
- Systematically monitoring and evaluating program progress and results.

In Year Three, SHOPS will focus on leveraging core funds for technical assistance and field implementation. This includes utilizing core funds to 1) strengthen global support for private sector child health, 2) provide global thought leadership on diarrhea management and other child health practices through private sector channels, 3) encourage field missions to obligate funds to implement zinc treatment and other child health programs through private sector channels, 4) conduct assessments for the introduction of new child health programs, particularly diarrhea management with zinc programs, 5) initiate or scale-up existing diarrhea management with zinc programs, and 6) pilot new private sector approaches to improving maternal and child health. In

addition, Year Three activities will include initial implementation steps required to initiate diarrhea management with zinc programs in two countries.

Result 1: Strengthened Global Support for SOTA Private Sector MCH Approaches, Products, and Services

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 low-osmolarity ORS and zinc (in collaboration with USAID mission bi-lateral projects, centrally funded projects such as MCHIP, and key partners such as the United Nations International Children's Emergency Fund [UNICEF] and 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 Three outputs:

- The SHOPS child health team will address policy barriers on an as-needed basis in any new program countries.
- As a member of the international Zinc Task Force, SHOPS will continue to play a lead role in advocating for the inclusion of zinc and low-osmolarity ORS into diarrhea management and providing technical assistance to countries considering changing policy and protocols to include zinc and low-osmolarity ORS in diarrhea management.

Accomplishments during this reporting period

The child health team continued to actively participate as a member of the Zinc Task Force and was instrumental in establishing online repositories of tools and resources for zinc treatment program implementers, co-creating the new Zinc Task Force website (zinctaskforce.org). In October, the child health advisor to the SHOPS project participated at the Zinc Task Force annual meeting in Ottawa, Canada. In October 2011, the SHOPS director and child health advisor traveled to Seattle, Washington at the invitation of the Gates Foundation to participate in the Expert Consultation on Scaling-Up Effective Diarrhea and Pneumonia Treatment in the Private Sector. The SHOPS child health advisor is also a member of the diarrhea task force for the UN Commission on Life-Saving Commodities for Women and Children. She participated in task force meetings in January 2012 and April 2012 in New York. The meetings reviewed and discussed the country plans for scaling up diarrhea management in the ten countries with the highest diarrhea prevalence.

Result 2: Knowledge about and Understanding of Private Sector Provision of MCH Information, Products and Services Advanced

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.

Summary of key activities and outputs for Result 2

Activity 2.1: Develop a performance monitoring plan and implement monitoring and evaluation of ongoing zinc programs

In SHOPS Year Two the SHOPS Child Health Team 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 among caregivers and providers of the benefits of using zinc with ORT/ORS. During Year Two the Child Health team began the process of conducting field research to better understand motivators and barriers to zinc use and the effectiveness of various interventions in encouraging greater zinc use. The SHOPS Child Health team has been working with private sector zinc programs in both Benin (established by predecessor Point-of-Use Water Disinfection and Zinc Treatment project and continued with direct USAID mission funding to PSI) and Uganda (established by the JHU-CCP AFFORD project and continued by the Uganda Health Marketing Group, a Uganda social marketing organization established under the AFFORD project) to conduct in-depth research on caregiver and provider behaviors relating to the use of zinc along with ORT/ORS in the treatment of diarrhea. The research in Benin will be completed in October 2011, and the research in Uganda will be completed in December 2011. In early 2012, the SHOPS Child Health team will prepare an analysis and comparison of results to be shared with the international community on these key issues of interest to that group.

Anticipated Year Three output:

- Prepare and disseminate analysis of research results on caregiver and provider behaviors from Benin and Uganda.

Accomplishments during this reporting period

With concurrence from the respective USAID Missions, SHOPS collaborated 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. Field research was completed in both Benin and Uganda by early 2012. SHOPS research staff prepared internal reports summarizing findings from each country, which were then shared with country partners and the USAID child health technical advisor. The research team is now in the process of preparing a brief for publication highlighting key findings and lessons learned from both countries. The results

from this field research will contribute to the global knowledge base on caregiver and provider knowledge, attitudes, and practices around treatment with ORT/ORS and zinc.

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 ORS/zinc field programs and activities. The SHOPS Child Health team serves as a focal point for global leadership and coordination, which includes both establishing SHOPS web-based resources focusing on diarrhea management as well as working with the International Zinc Task Force to develop an online repository for zinc program-related documentation, and documenting and disseminating results and best practices from country programs.

The SHOPS website, including its online resource library, serves the broader community of those interested in the role of the private sector in achieving health impact. SHOPS has built an effective mechanism for sharing information with the development of an online community of practice on diarrhea management that will facilitate greater knowledge sharing and exchange among the international zinc community. This platform, housed on the SHOPS website, is expected to be completed and rolled out in early November 2011. The SHOPS team is also assuring that documents are disseminated through other appropriate channels, such as the rehydrate.org website.

Anticipated Year Three outputs:

- Attend and make presentations at international conferences such as the Global Health Council annual conference in Washington, D.C. and the American Public Health Association annual meeting. One oral and one poster presentation on diarrhea management with zinc have been accepted for presentation at the 2011 American Public Health Association conference in Washington, DC.
- With stakeholder input, finalize the design of the Diarrhea Management Community of Practice via the SHOPS website and launch it.
- Continue to share and disseminate results and lessons learned through the SHOPS website and other electronic media.
- Participate in the development of the Zinc Task Force online repository of zinc-related resources.

Accomplishments during this reporting period

The SHOPS Child Health Team continues to serve as a focal point for global leadership and coordination and has created a web-based community of practice on diarrhea management through the SHOPS website. This discussion forum was launched in January 2012. To date, the community of practice has a total of 61 members representing a broad cross-section of stakeholders and organizations including USAID, Micronutrient Initiative, PSI, CHAI, WHO, UNICEF, and academic institutions.

Dr. Kathryn Banke made a presentation on the use of zinc in diarrhea management at the Global Health Seminar of the Children’s Hospital of Philadelphia in September 2011. Two abstracts on zinc program implementation and research results were accepted by the American Public Health Association for presentation. The SHOPS child health advisor, Vicki MacDonald, made an oral presentation entitled “Working through Community-based Channels to Introduce Zinc for Treatment of Pediatric Diarrheas” and presented a poster entitled, “Building Partnerships with the Commercial Private Sector to Introduce Zinc for

Treatment of Pediatric Diarrheas” on behalf of Dr. Banke who was on maternity leave. The SHOPS project director also gave a presentation on the promotion of zinc through commercial channels at the September 2011 USAID Mini-University.

Activity 2.3: Advance knowledge of the role of the private sector in maternal health

SHOPS has requested that the MCH Division approve the use of a portion of MCH core funds originally intended for zinc activities to be used for maternal health-related activities.

Anticipated Year Three outputs:

- Evaluation of Changamka health financing mechanism.
- Private sector assessment of essential maternal postpartum hemorrhage drugs.

Accomplishments during this reporting period

A SHOPS research team is currently evaluating the Changamka smartcard technology as a savings vehicle for improving access to maternal health programs in resource-poor environments. SHOPS researchers analyzed maternity savings card use data from 6,600 transactions recorded by Changamka’s computer system and conducted a quantitative survey of 1,600 women of reproductive age in east Nairobi. The team presented these findings at a brown bag discussion at USAID which led to the addition of an in-depth, qualitative study with women who chose to use the card, women who were offered the card and declined it, and women who delivered at other hospitals in the area. The surveys were completed in July 2012 and data analysis is currently taking place.

In January 2012, USAID requested that SHOPS undertake a rapid assessment of the private sector market for three key drugs to address postpartum hemorrhage (oxytocin, misoprostol, and magnesium sulfate). SHOPS staff undertook this assessment in Kenya, Ghana, South Africa, and Bangladesh and provided the results to the USAID working group on essential medicines for maternal health.

Result 3: Key Private Health Sector Systems Strengthened and Innovative Private Sector MCH Programs Implemented and Scaled Up

Overview

The top priorities for Year Three are: (1) to facilitate the commercial introduction of zinc in Ghana through technical assistance to local manufacturers and implementation of accompanying demand-creation activities; (2) to identify and obtain approval for a second private sector zinc country program; and (3) to provide technical assistance to USAID Missions and individual country programs, as required. SHOPS continues to focus on leveraging core funds to encourage field buy-in and implementation.

Overall, the program will focus on the following:

- Improving access to zinc and low-osmolality ORS by partnering with local pharmaceutical companies to develop, promote and/or distribute products.
- Scaling up effective whole market approaches for increasing the availability of zinc (with ORT/ORS) in pharmacies, shops, markets, and public health facilities (in collaboration with mission bilateral projects, centrally funded projects such as the MCHIP, and key partners such as governments, UNICEF, and WHO).
- Providing technical assistance to strengthen 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.
- Monitoring and evaluating country programs to assure that targets are met and results achieved.

Summary of key activities and outputs for Result 3

Activity 3.1: Country assessments, management 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 where SHOPS will implement field activities.

During SHOPS Year Three, the SHOPS child health team worked with the USAID mission to Ghana to identify a private sector opportunity for zinc promotion and distribution in that country. In addition, a larger SHOPS team conducted a private sector assessment in Malawi, during which a number of opportunities were identified to strengthen the delivery of general child health services, improve diarrhea management with zinc and ORT/ORS, and prevent diarrhea through improved hygiene and sanitation activities through private sector channels.

Anticipated Year Three outputs:

- Continue to identify priority countries for diarrhea management field implementation.
- Conduct private sector zinc assessments, as requested by USAID Missions.
- Complete work plans for the start-up of zinc promotion activities in Ghana and other selected countries.

Accomplishments during this reporting period

In September 2011, the SHOPS child health advisor and SHOPS regional marketing advisor worked with local stakeholders in Ghana to develop a work plan for implementing a private sector program in that country. Achievements and progress against that work plan are described in detail below.

In addition, the SHOPS child health team and USAID/Washington's child health technical advisor traveled to Malawi to participate in the design of a diarrhea prevention and treatment program as part of a larger USAID mission-supported effort to strengthen the private sector in Malawi. Their findings were integrated into the work plan for the field-supported effort.

In June 2012, the SHOPS child health team submitted a proposed work plan to USAID/Kenya outlining the development of a program to promote zinc and ORS through private sector channels as part of a broader SHOPS field-supported private sector program in Kenya.

The SHOPS child health team and its USAID/Washington child health technical advisor continue to interface with USAID Missions, UNICEF, Bill and Melinda Gates Foundation, and CHAI on SHOPS participation in the scaling up of diarrhea management interventions through the private sector.

Activity 3.2: Ghana private sector zinc program

In September 2011, the USAID mission to Ghana invited SHOPS to prepare a work plan for the introduction of zinc through private sector channels. The planning team found that the timing is excellent for the introduction of zinc through both public and private sector channels and for SHOPS to serve as a catalyst in that effort.

Anticipated Year Three outputs

- Zinc and ORT/ORS champions in public and private sectors identified and collaborative advocacy/promotional activities developed.
- MOUs signed with two local pharmaceutical firms to assure widespread distribution of product into rural areas and negotiated discounts for NGOs.
- Training plan developed and finalized to include:
 - MOUs signed with key professional associations, particularly the Pharmacy Council and Pharmaceutical Society of Ghana, to undertake zinc sensitization activities through continuing medical education programs.
 - Training curricula developed in partnership with professional associations and partner NGOs.
 - Detailing plan developed and educational materials prepared.
- If feasible and affordable, SMS/text message program initiated with subset of providers.
- Partnership grants awarded to pharmaceutical firms to support joint demand creation activities.
- Partnership grants awarded to community-based NGOs for the development of interpersonal communication activities.
- Mass media campaign developed in partnership with USAID bilateral Behavior Change Support project.
- Baseline household survey with caregivers of children under five completed.
- Randomized control trial focused on alternative methods of influencing provider behaviors related to prescription of zinc and ORT/ORS initiated.

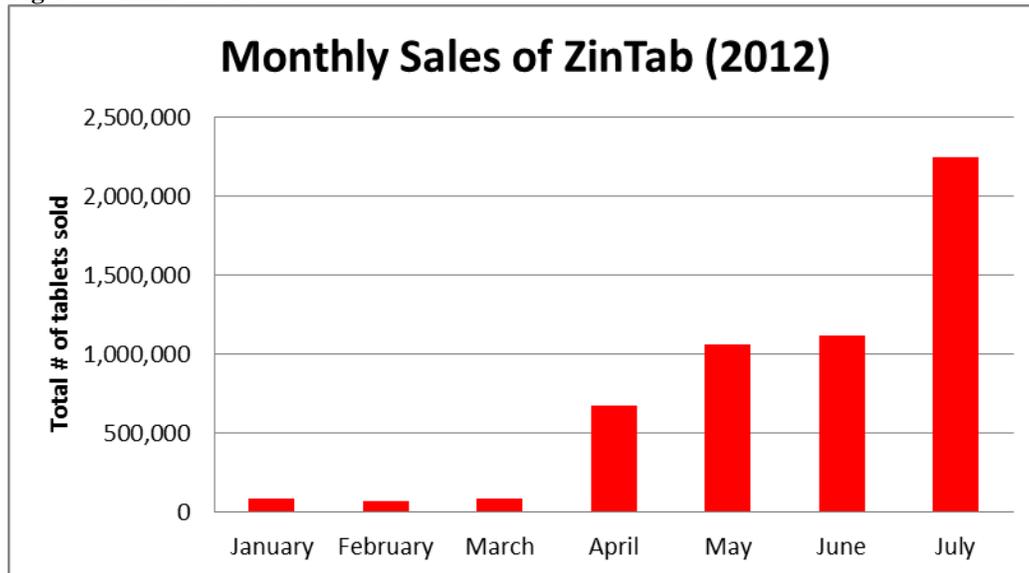
Accomplishments during this reporting period

During the reporting period, the SHOPS team identified a set of “zinc champions” within the public and private sector in Ghana as well as diarrhea management resources within the Ghana Health Service. The team developed advocacy, promotional, and training activities. And, the SHOPS Ghana team has formed a relationship with and continues to work with the Better Medicines for Children working group, which serves as a de facto Ghana Zinc Task Force, to prioritize zinc and promote its use through both public and private sector channels.

To increase the supply of quality zinc products through partnerships with the private pharmaceutical sector, MOUs have been signed with two local pharmaceutical firms, M&G Pharmaceuticals and LaGray Chemicals Ltd. On the basis of the MOU, a cost-shared grant was awarded to M&G to assure widespread distribution of their zinc products in rural areas and negotiated discounts for NGOs. M&G prepared a marketing plan and began rollout and promotion of its product (ZinTab) in January 2012. To date, LaGray has not launched its product, but the SHOPS team has held cost-share discussions with LaGray around brand promotion activities.

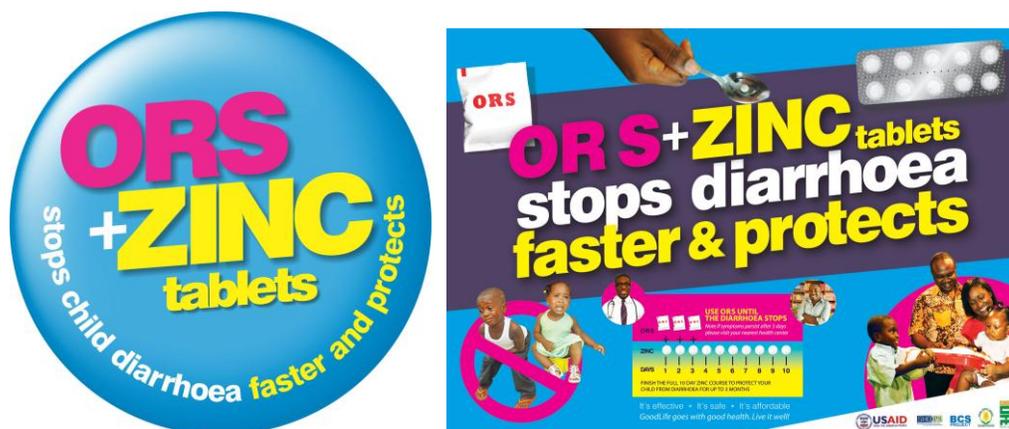
Since SHOPS initiated its training program with licensed chemical sellers, where representatives from M&G Pharmaceuticals were invited to sell product, monthly sales of ZinTab (available in 10 and 20 mg formulations) have risen dramatically—from 86,000 tablets sold in January 2012, to 678,000 in April (when the training program began), to over 2.2 million tablets in July, following the launch of the mass media campaign (see graph below). As of August 1, 536,000 zinc treatments have been sold to retailers, representing 51% of seasonal demand in place at retail shops.

Figure 6: ZinTab sales



To increase knowledge of diarrhea treatment using zinc with ORS among caregivers and providers, SHOPS has designed a nationwide mass media campaign for the promotion of zinc and ORS in partnership with the USAID bilateral, the Behavior Change Support

project. The campaign launched during the last week of June 2012. Below are some images from the campaign materials.



To increase the number of providers recommending zinc with ORS, SHOPS is targeting licensed chemical sellers with zinc sensitization. SHOPS signed an MOU with the Ghana Pharmacy Council to undertake zinc sensitization activities through continuing medical education programs for all licensed chemical sellers in Ghana. Zinc treatment training curricula were also developed for each cadre of health provider in partnership with professional associations, the Ghana Health Service, and the Pharmacy Council. SHOPS then conducted a training-of-trainers session for individuals from each of these groups. As of June 2012, 1,935 licensed chemical sellers and shop assistants from Greater Accra, Central, and Western Region had been trained under the partnership grant. In addition, by the end of June, the Pharmacy Council, using their own funds, had trained licensed chemical sellers and shop assistants in the Ashanti (1,486 total), Volta (588 total), and Eastern (1,023 total) regions of the country.

Aside from training licensed chemical sellers, the SHOPS team is also directly training all pharmacists, midwives, and private medical doctors in the three target regions. A total of 37 midwives have been trained in the Central Region, with a similar number scheduled to be trained in the Western and Greater Accra regions by the end of July.

In January 2012, SHOPS initiated a randomized controlled trial focused on alternative methods of influencing provider behaviors relating to prescription of zinc and ORT/ORS. A total of 1,935 licensed chemical sellers and shop assistants in the Greater Accra, Central, and Western regions were randomly selected to participate in the first phase of training run by the Pharmacy Council. Out of these, 477 providers were randomly selected to receive text message reminders over an eight-week period beginning in June 2012. Provider and mystery client surveys will be administered in August with data analysis to be completed in the fall of 2012 to determine the impact of this intervention.

To establish a baseline from which the zinc program in Ghana can be evaluated, a baseline household survey with 750 caregivers of children under five was completed. Analysis of the data is currently underway.

Activity 3.3: Technical assistance to zinc and child health program

The SHOPS Child Health team has been providing technical assistance to USAID missions and ministries of health for the past five years to improve the delivery of diarrhea management products and has a wealth of experience to share in the area of private sector-focused child health, including providing technical assistance in program development, implementation, and/or zinc-related research.

The SHOPS child health team is collaborating with the USAID public sector-focused Maternal and Child Health Integrated Project (MCHIP) to evaluate rural health service delivery channels in Tanzania. This assessment, requested by the USAID mission to Tanzania to guide their future investments in strengthening service delivery, looks at both Ministry dispensaries and accredited private sector drug dispensers and caregiver perceptions regarding these services.

The USAID mission to Ghana has also requested assistance from SHOPS in providing short-term technical assistance to the mission to analyze drug commodity supply systems and make recommendations for the optimal resupply of community-based agents through either public or private sector supply channels.

Anticipated Year Three outputs:

- Complete technical assistance and related report to the Ghana mission to analyze drug supply systems for nongovernmental partners.
- Complete assessment of rural health delivery services in Tanzania and provide a report in conjunction with MCHIP and PSI to the USAID mission.
- Provide technical assistance in private sector child health product promotion as requested.

Accomplishments during this reporting period

The SHOPS child health team is collaborating with USAID-funded MCHIP to evaluate rural health service delivery channels in Tanzania. The team, through partner organization PSI, contracted with the University of Dar es Salaam to collect data in three rural districts as part of this assessment. Data collection was completed in January 2012. Data and results have been analyzed and the report of findings was provided to USAID/Tanzania in June 2012.

In Ghana, the SHOPS regional technical advisor will conduct an analysis of drug supply systems for nongovernmental partners in late 2012.

Activity 3.4: Activities to be determined—identification and start-up of zinc program in additional country and other Child Health-focused activities

The child health team will work with USAID/Washington and field missions to identify and provide initial funding to promote zinc treatment through the private sector in at least one additional country. This may include support for commercial sector zinc activities in Malawi. The decision to fund activities in Malawi will be based on an assessment to be conducted in May 2012.

Anticipated Year Three output:

- Start-up funding provided to promote zinc in at least one country.

Accomplishments during this reporting period

Discussions continue with USAID Missions. Commercial sector activities in Malawi are being funded by the field support obligation.

V. Field Support

Overview

The SHOPS project is implementing programs with field support in sixteen countries. These include Bangladesh, six countries in the Caribbean, Kenya, Madagascar, Malawi, Namibia, Nigeria, Paraguay, Uganda, Zambia, and Zimbabwe.

SHOPS is also carrying out activities in the Africa and E&E regions with money from the Africa Regional Bureau and the E&E Regional Bureau.

Finally, SHOPS is implementing two separate country programs under Associate Awards in Jordan and Nigeria. The Nigeria Associate Award program is absorbing the activities begun under the Nigeria field support program.

A review of each of these regional activities and country programs is included in the following section.

Africa Regional Bureau

Overview

With Regional Bureau funds, SHOPS has been asked to examine ways that health insurance can be encouraged to cover key public health services. To do so, the project will be conducting a regional workshop with the aim of increasing 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 (1) expanding insurance coverage to currently uninsured formal sector employees and (2) expanding the benefits package of already insured formal sector employees, with a focus on priority services such as HIV/AIDS, Tuberculosis, malaria, and FP.

Summary of key activities and outputs

Activity 1: Conduct a health insurance workshop in conjunction with private insurers and multi-national corporations (MNCs)

SHOPS focused efforts on identifying potential participants from MNCs and developing an agenda for the proposed workshop. Working with partners from the Corporate Council on Africa, the Global Fund, Levi Strauss, UNAIDS, and USAID, SHOPS reached out to representatives from a variety of sectors and corporations. Conversations revealed that large MNCs are confident in their health care service delivery models, and that many of these corporations contract out low-income work to local companies. With this new insight, SHOPS realized that MNCs might not be the most appropriate audience for the proposed workshop. Taking this new information into consideration, SHOPS slightly amended the scope of work. After conversations with USAID/Africa Bureau and USAID/Namibia, SHOPS revised the deliverables to include a publication of the finding and two country-specific workshops targeted more toward locally-owned, small, and medium enterprises.

Although MNCs would no longer be the target audience for the conference, SHOPS realized that they could benefit from information-sharing. Building upon the information gathered from conversations, SHOPS produced a brief on five models of service delivery: corporate-owned hospitals, insurance, NGO partnerships, on-site clinics, and reimbursement. Ultimately, this publication aims to share information and encourage small-to-medium enterprises to start a dialogue on forming efficient methods to deliver care to employees, particularly low-income employees. SHOPS consolidated interview notes with MNCs and conducted additional literature research to write and publish the primer entitled “Protecting the Bottom Line: Five Corporate Models to Lower Costs and Increase Access to Health Care for Formal Sector Workers in Africa.” The primer discusses five corporate models that SHOPS collected during conversations with MNCs:

Table 8: Five corporate healthcare models

Model	Example
Corporate-owned hospitals	<ul style="list-style-type: none"> • Shell Petroleum Development Company in Nigeria owns the first two internationally certified hospitals in West Africa
On-site clinics/workplace programs	<ul style="list-style-type: none"> • Heineken International provides free comprehensive care on site • The Coca-Cola Company in Africa has implemented the most extensive workplace program in Africa • SABMiller has on-site clinics in every brewery, offering primary health services and voluntary counseling and testing; one clinic provides male circumcision
NGO partnerships	<ul style="list-style-type: none"> • Nile Breweries Limited partners with the USAID-funded project Health Initiatives in the Private Sector in Uganda • Heineken International partners with PharmAccess to purchase ARVs for employees • Coca-Cola extends its workplace program to bottling partners
Reimbursement	<ul style="list-style-type: none"> • SABMiller and Monsanto offer reimbursement to employees who pay out-of-pocket for services
Insurance	<ul style="list-style-type: none"> • Monsanto/Kenya pays a premium for employee insurance, including ART coverage (up to a limit) • Shell Petroleum in Nigeria partners with HMOs to increase uptake of malaria diagnosis and treatment

By describing the distinct advantages and disadvantages of each model, this publication aims to share information on how MNCs have redefined the notion of corporate social responsibility and identified an excellent entry point to reduce the costs of health care benefits for a growing segment of the African population. Additionally, it encourages small-to-medium enterprises to start a dialogue on forming efficient methods to deliver care to employees, particularly low-income employees. To help achieve this goal, the primer was distributed at the events in Kenya and Nigeria and will continue to be distributed at appropriate SHOPS events in the future.

With respect to the workshop, the scope changed from a regional event to two one-day, country-specific events. In each country, the one-day program commenced with a plenary where overall lessons learned about covering low-skilled formal sector employees were shared on the basis of local and regional experience. This was followed by separate workshops to draw attention to the issues and strategies surrounding health financing for unskilled and semi-skilled employees in the formal sector.

To identify host countries for the two events, SHOPS compared data from sub-Saharan Africa countries for the following categories: income categorization; size of the formal sector employment population; HIV prevalence; unmet need for FP; and out-of-pocket health expenditure. Based on this information and the location of SHOPS teams in Africa, Kenya and Nigeria were selected as the host countries.

On May 24 and 31, SHOPS hosted two events in Kenya and Nigeria for insurers and employers interested in expanding insurance coverage to low-income employees. Overall, 107 attendees from 17 insurance companies, 34 corporations, 5 professional associations, 6 NGOs, and the Kenyan, Nigerian, and U.S. governments participated in the USAID-supported events.

The days started with short presentations to set the framework and practical tone of the events. The first presentation featured a case study of developing a specialized insurance

product for low-income earners, based on a USAID/SHOPS activity in Namibia. Moving forward with the employer's perspective, representatives from Oserian Development Company (Kenya) and the Nigerian Employers' Consultative Association discussed the importance and challenges of making insurance available to low-income workers in their respective countries. To complement the employers' perspective, representatives from AAR Kenya and Healthcare International (Nigeria) mentioned that rising health premiums is a large obstacle, but insurers and employers must both take on the responsibility to support a healthy workforce. A fourth presentation was added to the Nigerian event to allow for a representative from the National Health Insurance Scheme to emphasize the importance and benefits of partnering with the private sector to better serve the health insurance needs of Nigerians.

Following the presentations, participants were organized in groups combining representatives from the different sets of stakeholders. Over the next two hours, groups worked to identify opportunities, obstacles, and approaches to low-cost health insurance. In the afternoon, group rapporteurs stated that the top challenge was the relatively low acceptability (by employees, employers, and insurers alike) of the insurance option in comparison with other models of healthcare finance. This lack of trust or acceptance most likely stems from communication difficulties: the technical language in the insurance industry is often difficult to interpret and concrete benefits about health insurance and wellness in general are not clearly communicated in the workforce. Other challenges include cost containment (especially in terms of rising costs for premiums and claims) and fraud. Despite these challenges, participants were optimistic and eager about opening up a dialogue between all stakeholders—employers, insurers, healthcare providers, employees, government/regulators, and development partners—to design benefits packages attractive to low-income workers.

Both events ended with a reception and marketplace, where participants could continue networking efforts started earlier in the day.

Participant feedback highlighted strengths of the event as well as suggestions for next steps and future events:

- “I treasure the opportunity to have participated especially in the group session as well as the experience gained from contributors. I am thinking differently now about our employees' wellbeing.” (Nigerian participant)
- “My company is already managing our employees' health under HMOs. The seminar of today will help in improve our relationship.” (Nigerian participant)
- “I would like to see the health providers (doctors and hospitals) participate more in the conference so that we can jointly address the issue of fraud and exaggerated medical bills that push medical premiums up.” (Kenyan participant)
- “Include sessions to expand on the roles played by the government, insurance, and trade unions in other countries where [insurance] is a success.” (Kenyan participant)

As is evident in the initial participant feedback, this type of forum proved useful to identify potential solutions and build relationships between employers and insurers, but all participants identified the events as only a first step. At the end of this reporting period, SHOPS began identifying opportunities to leverage current Abt activities in Kenya and

Nigeria as well as other mission funding sources to put the workshop recommendations into action.

Bangladesh

Overview

SHOPS has implemented two major activities in Bangladesh, one focused on supporting the provision of long-acting and permanent methods of contraception through the private sector and the other focused on supporting the Mobile Alliance for Maternal Action (MAMA).

In May 2011, USAID requested assistance from SHOPS in assessing the constraints and opportunities for increasing the provision of LA/PMs and injectable contraceptives through the private sector including both for-profit and NGO providers. The *Bangladesh Private Sector Assessment of Long Acting and Permanent Family Planning Methods and Injectables*, included findings on the capacity, access to training, and attitude toward LA/PMs among for-profit and NGO sector providers, and highlighted issues related to the supply of LA/PMs and injectable commodities available to private sector providers. The assessment provided a set of prioritized recommendations based on a variety of opportunities identified through the stakeholder meetings and literature reviews.

The SHOPS Bangladesh project is implemented as a joint venture between SHOPS, the Mayer Hashi project, and the Social Marketing Company. This partnership is intended to leverage the relative strengths of each organization and provide for knowledge and responsibility sharing to accomplish objectives important to USAID, the Government of Bangladesh, and the three partners of the initiative. The project has worked closely with the Obstetrician and Gynecologist Society of Bangladesh and the Directorate General of Family Planning within the MOH.

In Year Two, SHOPS also provided technical assistance through core-funding to the MAMA Bangladesh initiative, a national mobile information service for pregnant women and new mothers. SHOPS supported coalition formation, service design, media strategy, and platform and content development. In Year Three, major USAID funding for the initiative transitioned to MCHIP, but SHOPS technical assistance continued through field support in the three areas of technology platform evolution, financial management, and business models. These activities are intended to support the design/test phase of MAMA Bangladesh in collaboration with the NGO, D.Net, which is responsible for coordinating the implementation of MAMA Bangladesh. National launch is scheduled for April 1, 2012.

Summary of key activities and outputs

Activity 1: LA/PM related technical assistance to targeted private sector providers

In Year Three, SHOPS and its partners made significant progress toward the objectives of the LA/PM activity. SHOPS created a facility selection criteria as well as assessment tools and protocols in collaboration with Mayer Hashi and Social Marketing Company. The SHOPS team in Bangladesh engaged 30 private sector facilities and completed assessments and memoranda of understanding with 11 private sector facilities (approximately 7 more MOUs will be completed before the end of the first project year—September 30, 2012). SHOPS provided extensive input to training curricula for implants, IUDs, non-scalpel vasectomies, and tubal ligation, and the partnership initiated LA/PM training for nine providers from five different private sector facilities. SHOPS and Social Marketing Company drafted facility-based marking materials, including brochures, fliers, and indoor and outdoor signs. And, the SHOPS team drafted two Family Planning USAID Compliance Plans—one for private sector and another for the joint LA/PM initiative.

Activity 2: Provider knowledge, attitude, and practice study

During the reporting period, SHOPS completed the design and execution of all field work for a provider knowledge, attitude, and practice study. This included a stakeholder input workshop, key informant interviews, focus group discussions with family planning clients, and provider surveys. A report will be completed and disseminated in a national workshop before the end of the project year (September 30, 2012).

Activity 3: Technical assistance to MAMA Bangladesh

During the past year, MAMA Bangladesh successfully conducted a pilot with 2,000 subscribers and conducted formative research on service acceptability and willingness to pay. While keeping these pilot activities on track, D.Net was operating without funding for the first six months, and SHOPS provided guidance on expenditures to be deferred, strategies to secure short-term cash flow coverage, and assistance in mediating multiple donor expectations.

In collaboration with D.Net, SHOPS produced a comprehensive business plan that explained the risks and projected revenues for this novel and ambitious service. Through presentations at the mhealth working group, the mHealth Summit, and the USAID Global Broadband and Innovations program, SHOPS highlighted innovations in financing the service through personal philanthropy campaigns, message advertising, and service bundling.

A key cost driver of the Aponjon service is the software platform to deliver the voice messages which are preferred by Aponjon subscribers over lower-cost text messages. In a report analyzing the technology trends and tradeoffs among various interactive voice response system options, SHOPS provided a set of recommendations to facilitate long-term sustainability and flexibility in adapting the service over time. These included recommendations to invest in a web-based platform with global cost-share partners.

Eastern Caribbean

Overview

As a part of the Regional HIV and AIDS Partnership Framework, USAID/Eastern Caribbean asked SHOPS and HS 20/20 to conduct integrated health system and private sector assessments in Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines. The assessments documented existing strengths and weaknesses affecting health systems performance and identified opportunities for technical assistance to address these gaps. As part of its mandate, SHOPS focused on identifying opportunities to strengthen private sector contributions to health. SHOPS is now using the findings as a first step in providing technical assistance (TA) to advance knowledge about the current and potential role of the private sector in supporting health systems and national HIV responses as well as to identify potential opportunities to further engage the private sector in strengthening the health system and sustaining national HIV responses.

Summary of key activities and outputs

Activity 1: Joint health systems and private sector assessments in three Organization of Eastern Caribbean States (OECS) countries

Building on the momentum and feedback from country stakeholder consultation meetings held in March-May of 2011, SHOPS and HS 20/20 organized teams with expertise in each of the health systems building blocks, as well as private sector engagement, to collect data for joint health systems and private sector assessments in Grenada, Dominica, and St. Vincent and the Grenadines. These assessments were in addition to those already conducted during SHOPS' Year Two in Antigua and Barbuda, St. Kitts and Nevis, and St. Lucia as previously reported.

Assessment dates were as follows:

- Grenada: June 27-July 1, 2011
- Dominica: June 27-July 1, 2011
- St. Vincent and the Grenadines: August 1-5, 2011

Teams conducted in-depth interviews with between 60 and 100 public and private sector stakeholders in each country to discuss strengths and weaknesses in the health system, the current and potential role of the private sector in health, and issues surrounding the country's response to HIV/AIDS and other priority issues. Preliminary findings and recommendations were presented to key stakeholders and senior officials, including the Ministers of Health in Dominica and Grenada, at in-country debriefing meetings prior to departure. Potential technical assistance (with a focus on health financing and private sector engagement) was also discussed.

In terms of private sector findings across the six countries, teams learned that the private sector provides a considerable share of health services in the region, ranging from 23 percent in Dominica to over 40 percent in Antigua and Barbuda as a first source of care. Estimates of private health insurance coverage range from 7 percent in Grenada to 21 percent in Dominica. For HIV services, private providers are perceived to guarantee greater confidentiality, and for this reason clients are willing to pay for care, despite the fact that HIV treatment is provided free of cost on all the islands in the public sector. Although some

informal collaboration between the sectors is evident, lack of formal coordination and information sharing between public and private providers may jeopardize patient care.

Activity 2: Joint health systems and private sector assessment reports submitted for stakeholder review in six OECS countries

Draft reports were submitted to country stakeholders and USAID/Eastern Caribbean for each of the six OECS countries to ensure the validity of findings and recommendations. Comments received by stakeholders were incorporated into the final assessment reports.

Activity 3: Development of validation and prioritization workshop materials

The health systems and private sector assessments emphasize stakeholder participation and country ownership. As such, the Abt teams worked to develop locally-relevant agendas for dissemination and prioritization workshops. In support of USAID's promotion of country ownership, the format is designed to engage stakeholders to validate the findings and recommendations in the report, prioritize areas for technical assistance, and identify roles that they can play in implementing the country's priorities.

Activity 4: Validation and prioritization workshops in six OECS countries

Six validation and prioritization workshops were held between October 2011 and April 2012 to validate findings and recommendations outlined in the assessment reports and prioritize areas for technical assistance moving forward. Outcomes of each workshop are described below.

St. Lucia (October 11 – 12, 2011)

More than 50 participants attended and actively engaged in a dialogue regarding health systems concerns and findings from the report. The top priorities defined by the stakeholders were:

- Costing of health services in order to conduct more effective health planning.
- Developing standards of clinical quality for implementation across St. Lucia.
- Initiating effective human resources for health strategy development process.
- Implementing forums for ongoing dialogue between public and private stakeholders on health systems priorities.

Findings from the workshop were incorporated into the final version of the assessment report, which was published on the SHOPS and HS 20/20 websites in August 2012.

St. Kitts and Nevis (January 11 – 12, 2012)

The workshop was attended by 38 stakeholders representing the public and private sectors. After discussing and validating the findings of the assessment, stakeholders in St. Kitts and Nevis prioritized six key recommendations including:

- Developing a sustainable financing mechanism for the health system.
- Investing in systems to generate quality data for evidence-based policy, planning and advocacy.
- Prioritizing pending legislation for approval and implementation.
- Strengthening HRH planning and management.
- Formalizing and increasing engagement of the private sector.
- Re-engineering primary health care to address non-communicable diseases.

Comments from the validation workshop are being incorporated in the final report, which is scheduled for publication in quarter 1 of FY 2013.

Antigua and Barbuda (February 23 – 24, 2012)

Active participation by 36 participants representing both the public and private sectors identified the following priorities:

- Developing a regular strategic planning process.
- Securing technical assistance to address bottlenecks in finalizing legislation.
- Establishing an enforceable referral system for hospital services.
- Normalizing relations between public and private sectors.

Comments from the workshop were incorporated into a revised version of the Antigua and Barbuda assessment report.

St. Vincent and the Grenadines (February 29 – March 1, 2012)

Forty stakeholders representing public and private sectors attended and prioritized key areas for action including:

- Fast-tracking revisions of key legal and regulatory frameworks.
- Developing and implementing an HRH strategic plan.
- Creating clinical practice guidelines.
- Completing a National Health Accounts (NHA) analysis.
- Evaluating and promoting alternative governance models for Milton Cato Memorial Hospital.

Comments from the workshop were incorporated into a revised version of the St. Vincent and Grenadines assessment report.

Dominica (March 8 – 9, 2012)

More than 40 participants attended and actively engaged in a dialogue regarding health systems concerns and findings from the report. The top priorities defined by the stakeholders were:

- Reviewing, updating, and finalizing new and existing legislation.
- Instituting a more efficient management structure at Princess Margaret Hospital, possibly including a cost-benefit analysis to guide the process.
- Exploring partnerships with the private sector that maximize on-island resources for health, using a newly established public-private forum as a starting point.
- Developing a National HIS Strategic Plan, including a formal staffing plan to support the Health Information Unit over the long term.
- Conducting NHA estimation with an HIV subaccount to track funding flows for all health expenditures.
- Finalizing the Human Resources Development Plan and establish an HRH unit, including a health planner.
- Establishing a formal national quality management system.

Comments from the workshop were incorporated into a revised version of the Dominica health assessment report.

Grenada (April 18 – 19, 2012)

Fifty participants attended including the Minister of Health, the U.S. Embassy's Chargé de Affairs, the Caribbean PEPFAR coordinator, and other representatives from the Caribbean HIV/AIDS Alliance, UWI, OECS, MOH, the Ministry of Finance, the Pan American Health Organization, St. George's University, and private sector providers. After discussing and validating the findings of the assessment, stakeholders in Grenada prioritized five key recommendations including:

- Strengthening HRH planning capacity and establishing an HRH unit.
- Implementing an electronic health information system.
- Fast-tracking TA for the primary health care revitalization committee and launching a multi-sectoral wellness and prevention program.
- Updating legislation, regulations, and the strategic plan.
- Undertaking finance-related studies, particularly NHA, costing studies, and feasibility studies for national health insurance.

Findings from the workshop were incorporated into the health systems and private sector assessments, which is scheduled for publication in quarter 1 of FY 2013.

Activity 5: Participation in the 2011 Caribbean HIV Conference

The “Caribbean HIV Conference: Strengthening Evidence to Achieve Sustainable Action” took place November 18-21 in Nassau, The Bahamas. With over 2,500 participants, conference organizers convened a wide range of stakeholders to promote regional cooperation and collaboration in the HIV response. SHOPS co-sponsored a special session with GBCHealth entitled “Winning the Fight on HIV/AIDS in the Caribbean: How Partnering with Business Can Yield Significant Impact.” The session included an interactive discussion about the role of the private corporate sector and included panelists representing USAID/Eastern Caribbean, UNAIDS, Scotiabank, and the Pan-Caribbean Business Coalition on HIV/AIDS. A diverse group of stakeholders joined the discussion, including MOH officials, national HIV/AIDS program managers, businesses, civil society, and NGOs (e.g., Planned Parenthood and the Caribbean HIV/AIDS Alliance). Participants remarked that unlike other regions, there is not a strong culture of corporate social responsibility in the Caribbean. Another noted obstacle to increased private sector engagement is the lack of policy frameworks to guide PPPs. The discussion also centered on stigma and discrimination issues in the region, and the opportunity for private companies to play a leadership role in addressing stigma.

As a result of their participation in the session, Scotiabank—already a leader in the region in terms of inclusion of HIV benefits in employee health insurance and support for regional testing days in cooperation with Ministries of Health—is now considering focusing their efforts on reducing stigma surrounding HIV/AIDSs, starting with the workplace.

Activity 6: Technical assistance preparation for private provider mapping

One of the common findings from the joint health system and private sector assessments was the lack of comprehensive data systematically collected on the private health sector. In response to this finding, SHOPS proposed a mapping of the private health sector to identify private sector resources and inventory existing partnerships and collaborations. This priority was confirmed by stakeholders at several of the validation and prioritization workshops. In response, SHOPS developed a protocol and data collection instruments to inventory private healthcare providers and facilities, including physicians, nurses, midwives, dentists,

pharmacists and laboratory technicians who are in private practice either full- or part-time. A separate instrument has also been developed to collect data from nongovernmental organizations (NGOs) providing HIV and/or sexual and reproductive health (SRH) services. The information compiled will be used to create a Microsoft Access database of private practitioners and the services they offer, which will be made available to the MOH, medical and nursing associations, and private providers. Alongside the information gathered for the database, an additional tool has been developed to allow SHOPS to gather useful information from large companies on their health and wellness programs, insurance provision, and existing and potential contributions to the health sector.

Private provider mapping is scheduled to take place in four countries—Antigua and Barbuda, Dominica, St. Kitts and Nevis, and St. Vincent and the Grenadines—during the beginning of Year Four.

Activity 7: Technical assistance preparation in Dominica—mhealth pilot

In response to a request by the MOH in Dominica, SHOPS worked with the Health Information Unit on using mobile devices to strengthen the reporting of critical health information from both the public and private sectors. This involved several preliminary discussions with the MOH on the best way forward, including an HIS Illuminate session to better understand how all development partners were involved in HIS in Dominica. In the session, partners shared their plans for work in Dominica and it was decided that SHOPS could add value by providing technical assistance to the Health Information Unit in the design, deployment, and evaluation of a mobile data collection pilot for disease surveillance reporting, with a focus on private provider reporting. This pilot is scheduled to begin during the first half of Year Four.

Activity 8: Communication with GBCHealth to identify and map out areas of future collaboration

While some corporate programs in health exist in the Caribbean, particularly related to HIV/AIDS, most of these efforts have not been scaled-up or sustained. In an effort to strengthen corporate engagement in national HIV/AIDS responses, SHOPS has engaged in a series of dialogues with GBCHealth and Abt's Fourth Sector Health project to identify ways to engage key corporate partners with the overall goal of increasing sustained corporate investment and engagement in health in the Caribbean. A regional meeting is currently slated for December 2012 and will seek to review best practices and lessons learned, understand the main health challenges facing the region, discuss ideas for further action, and identify common objectives moving forward.

Activity 9: Abstract submission to the International AIDS Conference

In an effort to disseminate the findings of the joint health systems and private sector assessments in the OECS, SHOPS developed and submitted an abstract for the International AIDS Conference held July 22-27 in Washington. The abstract, entitled "Maximizing Private Sector Contributions to HIV/AIDS in Eastern Caribbean Countries," outlined the significance of greater private sector engagement in sustaining HIV/AIDS responses; it was presented as a poster on July 25, 2012.

Activity 10: Participation in the PEPFAR Portfolio Review

Representatives of the SHOPS project traveled to Barbados June 19-21, 2012 to participate in the PEPFAR Partnership Framework Caribbean Region Interagency Portfolio Review.

The review provided an overview of Caribbean Regional PEPFAR programs to feed internal USG discussions on the future direction of the portfolio. SHOPS presented a brief summary of its work in the region and learned about the countries' perspectives on PEPFAR activities and coordination. The SHOPS project's participation in the event ensured that private sector perspectives were included in this high-level meeting that reached a large cross-section of relevant stakeholders. It also provided the SHOPS team with an opportunity to connect with MOH participants from many of the OECS countries where the project is currently working to make specific plans for requested TA.

Europe and Eurasia Bureau

Overview

With E&E Regional Bureau funding, SHOPS is organizing a regional family planning conference that will take place May 16-18, 2012 in Tbilisi, Georgia. The conference will focus on capturing the legacy of USAID family planning (FP) programs in the region and maximizing the future sustainability of these programs. The impetus for the conference is the changing donor landscape and declining funding in the region. USAID country missions have identified delegations from their countries to attend the conference, consisting of representatives of USAID, local government, NGOs, other donor-funded projects, and the private sector. These diverse delegations will work together at the conference to begin planning the future direction of FP programs in their countries that involve all sectors of the health care market.

Summary of key activities and outputs

Activity 1: Organize regional family planning conference

During this reporting period, the SHOPS team organized the E&E Regional Family Planning Conference, held May 16-18, 2012 in Tbilisi, Georgia. The conference was attended by delegations from the six invited countries (Albania, Armenia, Azerbaijan, Georgia, Russia, and Ukraine). Total attendance was 54 participants, including 38 delegation members, three from USAID/Washington, eight outside presenters, and three SHOPS staff members to coordinate and implement the event. The three-day agenda covered many areas, beginning with an overview from USAID staff outlining priorities for ensuring future program sustainability and capturing USAID's FP/RH legacy in the region. Each delegation prepared and delivered presentations on the current state of FP in each country. Laurentiu Stan discussed the success of Romania's national FP/RH program, including the USAID programs and the successes and lessons learned from Romania's early graduation from USAID funding. Though the situation in Romania differed from the situations of the countries in attendance, this presentation was well-received by the participants and Mr. Stan was seen as a valuable resource when it came to lessons learned in FP programming.

To increase the presence of the private sector, SHOPS held a panel highlighting pharmaceutical company perspectives on FP in the E&E region. Panelists included representatives from Bayer HealthCare Pharmaceuticals, Merck, and Gideon Richter. Gael O'Sullivan, the SHOPS project's partnerships and marketing advisor, facilitated the panel.

There was also a practical session using a gap analysis spreadsheet tool to help delegates learn how to better project their future needs and the resources associated with those needs depending on different scenarios. This was intended to help participants continue with the country-level planning process after the conference.

Finally, participants were given the opportunity to work with their delegations to plan the next steps needed to help keep their FP programs moving in a sustainable direction, taking advantage of the USAID and other external resources available to them at the conference. Each country presented on their planned next steps, the resources they had, those they felt they needed to achieve their goals, and what USAID could do to help them achieve their goals. Following the culmination of the conference, a final report was drafted and submitted to USAID for distribution to the participants.

Jordan

Overview

The goal of this project is to work through the private sector to expand and institutionalize high-quality family planning and women's health services and information at national and sub-national levels, contributing to achieving USAID Intermediate Result 9.1: “Improved health status for all Jordanians” and its three sub-results. The project uses an integrated approach to increase demand for modern contraception and related women’s health services, increase availability of quality private sector health care services, increase early detection of breast cancer, and address domestic violence against women.

The project is now funded through two funding streams, an associate award, which began October 1, 2010 and field support, the work plan for which was approved in late June 2012. The project will be implemented seamlessly.

Summary of key activities and outputs

On October 1, 2011, the Jordan Associate Award began its Year Two. During the reporting period, the project had several accomplishments on all three components of the project: strengthened management and governance systems and increased financial sustainability at the Jordan Association of Family Planning and Protection (JAFPP); increased access to and improved quality of private sector FP services; and increased demand for FP products and services in the total market. In the quarter ending June 30, 2012, the project began working planning for its Year Three activities. The following are highlights of the many activities and tasks of the project, with a focus on accomplishments from the quarter ending June 30, 2012.

Activity 1: Strengthened management and governance systems and increased financial sustainability at JAFPP

There were significant achievements on this complex activity of the project. Over the past year the project designed and achieved JAFPP board approval and Ministry of Labor clearance for all new job descriptions and human resource practices for JAFPP. This was accompanied by the design and launch of an institution-wide formal change management process with an all-staff retreat for JAFPP. The project also designed and launched a client feedback system at the JAFPP clinic level. This system was originally based on paper feedback cards in each clinic, but in the quarter ending June 30, 2012, the project piloted a mobile phone based system.

The project initiated a variety of work directly related to JAFPP facility management. It established a maintenance and facilities management system. In two pilot clinics, the project implemented the standard process flow, time standards, and an appointment system. It implemented the clinic performance-bonus plan and announced four clinics that achieved the bonus targets. It also implemented an annual employee satisfaction survey, which revealed improved results in employee satisfaction.

Project partner Banyan Global concluded a thorough feasibility study for possible services to be offered at JAFPP clinics—laboratory services, pharmacy, expanded contraceptive product offerings, and mammogram services. All four services are considered feasible. With different timelines for return on investment, introducing new FP products in all clinics is the most

feasible, can be implemented immediately, and offers a good expected return on investment. Lab and outsourced pharmaceutical services are very feasible if established in Aqaba and Sport City—two of the largest clinics. Mammogram services are feasible but will require a very high initial financial outlay for equipment and qualified staff and a five-year break-even period.

In the project year, especially the last quarter, the project has provided extensive support to JAFPP to develop and implement an action plan and complete much of the required documentation and application for the prestigious Mark of Best Practice/King's Award for Excellence prize. Being invited to apply for this award is a significant achievement for the organization, which had well-known governance and management problems only a few years ago.

Activity 2: Increased access to and improved quality of private sector FP services

During this project year, the project continued implementing the JAFPP clinic purchase and renovation master plan. The renovation of Sport City and Irbid South has been completed, and renovation work is underway at Jerash, Zarqa, Karak, Irbid Central, and Amman-Hussein. Properties for new clinics in Amman-Hussein and Karak have been purchased, and the purchasing process has been started in Rsaifeh, Sehab, and Qwaismeh.



Photo 2: USAID mission director and Secretary General of MOSD cutting the ribbon at the JAFPP Sport City Clinic.

The project continued rollout and scale-up of FP service quality improvement and assurance through training, supervision, and building the capacity of local quality assurance/quality improvement medical staff.

The project updated existing training materials by incorporating the most recent evidence-based medicine findings and developing materials for four new topics:

- Implanon counseling, insertion and removal for doctors (bilingual)
- Management of contraception side effects
- IUD counseling and clinical care
- Injectable contraceptives

The project facilitated interactive classroom and practical training activities for JAFPP, United Nations Relief and Works Agency (UNRWA), networked doctors, and community health workers. In quarter three of Year Two, clinical training was conducted according to plan.

Progress on implementing and developing clinical skills and counseling trainings in the quarter include:

- Training on combined oral contraceptive pills and progestogen-only pills for JAFPP, UNRWA, and network doctors
- Practical Implanon training for 14 JAFPP doctors
- Implanon counseling training for JAFPP providers and community health workers
- Training needs assessment for 147 network doctors
- Developed five additional RH/FP training modules
- Jordan Medical Council, Jordan University Hospital, and a private certified trainer subcontracted for ongoing clinical training

A training needs questionnaire was administered to an additional 147 private doctors during academic detailing visits and three recognized training partners have been subcontracted to execute the planned RH/FP clinical training: Jordan Medical Council to issue continuing medical education certificates and host classroom training activities; Jordan University Hospital for practical IUD and pelvic ultrasound training, and the private training consultant, Dr. Nimer Alhkatib, for network doctors' Implanon training.

Supportive supervision continues to be a critical component of the quality assurance/quality improvement program at JAFPP. In the last quarter, the project continued its program of support to the quality assurance manager and other members of the team to conduct 80 supportive supervision visits and documentation for seven different JAFPP positions across the JAFPP clinic network: the JAFPP quality assurance team, medical director, finance manager, information technology team, social marketing manager, maintenance staff, and the chief executive officer.

The project continued the evidence-based medicine approach to improve quality, while addressing knowledge gaps and biases among network doctors. The Jordan Evidence-Based Medicine Reproductive Health group started development of Critically Appraised Topics on IUDs and combined oral contraceptive pill Critically Appraised Topics were disseminated for review and update. Four Depo-Provera round table discussions for physicians were held and academic detailing visits for 300 doctors were completed.

In collaboration with the Health Care Accreditation Council and the Jordan Health Accreditation Project, the project helped the JAFPP Sport City clinic become ready for the accreditation mock survey.

The project added 15 doctors to the project network of doctors for a total of 155 and provided job aids to ensure effective counseling. These doctors were provided with free family planning products from the MOH to support services provided through the project's voucher scheme. In the project year, a total of 7,631 vouchers were distributed and 3,364 were redeemed for a redemption rate of 44 percent.

The project has expanded its partnership with pharmacists across Jordan. In the past quarter the project completed 400 detailing visits to pharmacies and conducted evidence-based medicine seminars for 335 pharmacists in cooperation with the Jordan Pharmacists Association.

Activity 3: Increased demand for family planning products and services in the total market

The project had significant achievements in behavior change and demand generation activities throughout the project year. The first phase of the oral contraceptive pills campaign related to the combined oral contraceptive pill, positioned as “birth spacing pills,” and the second phase related to the progestogen-only pill, positioned as the “breastfeeding pills,” were completed. This included:

- 18 road-show events across the country—popular kiosks in malls and other high-traffic areas for women. An estimated 28,750 people were reached through these outlets, more than the target of 25,000.
- Placement of 23 newspaper ads, five magazines ads, 86 television spots, and 384 radio spots.
- Placement of television spots on indoor network screens in hospitals, clinics, pharmacies and hypermarkets.
- Distribution of 5,150 oral contraceptive pill brochures and leaflets among clinics and beauty centers.
- Merchandising items at 1,425 selected pharmacies in high-density population areas to ensure maximum impact. The estimated number of individuals who saw the merchandising materials is approximately 852,000.
- A very successful Facebook page achieved 1,528 likes; 14,924 unique users; 7,714 mentions; and a viral reach of 112,965—this is the number of people who saw the page or one of its posts as reposted by a friend.
- Ta’ziz network doctors provided ten lectures on oral contraceptive pills at highly populated UNRWA camps in the north, middle, and south of Jordan. The talks reached 1,296 women, more than the planned 1,000.
- Network doctors conducted 10 television and 14 radio interviews on leading television programs.
- Campaign progestogen-only pill materials, including posters, fliers, danglers, and acrylic stands, were placed at 140 network doctor clinics and 17 JAFPP clinics.



The Jordan market data on oral contraceptive pill wholesales released by IMS showed a significant increase in April (up 30 percent) and May 2012 (up 28 percent) compared to April and May 2011; whereas oral contraceptive pill wholesales annual increase was stagnating during several previous years at 7 to 9 percent. No other probable causes in the marketplace beyond the oral contraceptive pill campaign are known.

The project continued supporting demand generation through JAFPP activities. It completed marketing assessments for JAFPP Irbid Central, Irbid South, Jerash, and Zarqa clinics. After their renovations were complete, the project initiated marketing plans for Sport City and Irbid South clinics.

Building on the initial prompting of the Higher Population Council, the project developed and vetted a strategy for the introduction of contraceptives in public and private health insurance systems. The project conducted followup meetings with three insurance companies (Arab Eagle, NatHealth, and MedNet) to assess their interest in participating in a pilot for introducing contraceptives to their insurance packages. Arab Eagle showed enthusiasm to pilot such an initiative with the caveat that SHOPS project would share the cost of increased premiums. Discussions will continue.

The project continued outreach activities in partnership with the Circassian Charity Association and the General Union of Voluntary Services. Between the two partners, the following outreach targets have been reached:

Table 9: Outreach targets and achievements in Jordan

Work Scope	FY 2012 Planned Targets as of Oct. 2011–Sept. 2012	FY 2012 achievements as of June 30, 2012
New women reached by community health workers	181,383 new women 126,968 MWRA	136,760 new women 100,553 MWRA
Number of FP counseling visits	376,186 visits	283,350 visits
New acceptors of modern contraceptives	~15,236 12% of MWRA	13,479 women 13.4 % of MWRA

MWRA = married women of reproductive age

The project facilitated several training sessions to strengthen the technical capacity of all of the community outreach partners' staff. Training topics included reproductive health issues, family planning counseling, family planning modern methods, ante- and postnatal care, and early detection of cervical cancer. Special training emphasis was devoted to Implanon counseling to serve clients' needs and to promote the newly introduced Implanon services in the SHOPS project's network of private doctors.

With support from the SHOPS home office team, the project has completed research design and detailed planning for a random control trial of the outreach program. This study will evaluate the effectiveness of two different outreach approaches—women alone and women with their husbands—against a control group receiving no outreach from the project. The intervention and study will run for 18 months. Results are expected by 2014.

The project initiated and began implementation of some new partnerships. It worked with Johnson & Johnson to sponsor road shows and other activities for the oral contraceptive pill

campaign and other upcoming social marketing campaigns. It finalized an agreement with the Jordan Pharmacists Association to implement a contraceptive choice coupon with hundreds of private sector pharmacists across the country. To date, four private partners (J&J, Nuqul Group, Pharmacy One, and Jordan Volunteers) sponsored project marketing activities with in-kind contributions estimated at \$15,000. The project held three meetings with representatives from Bayer Schering Pharma, Grunenthal, and Janseen Cilag companies to involve them in the contraceptive choice coupon pilot and ensure cooperation and sharing of sales data.

Kenya

Overview

The Naivasha Workshop, April 2009, convened under the predecessor project—PSP-*One*—launched a groundbreaking collaboration between the Kenyan public and private sectors in health. During the two-and-half-day workshop, the participants 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 SHOPS project has continued the policy momentum by: (1) supporting the dialogue process to reform the KHPF and Health Acts, ensuring the private sector has a seat at the policy table; (2) assisting PPP-Health Kenya (PPP-HK) to consolidate its base as a mechanism for balanced and shared dialogue promoting PPPs; and (3) helping establish and operationalize the newly created PPP Unit. In addition, in February 2012, SHOPS received additional field support to increase the role of the commercial private sector in health and expand coverage of health insurance, particularly for the poor. To fulfill its mandate in Kenya, SHOPS activities will center around three technical components:

- (1) Strengthen the enabling environment for increased healthcare access in the private sector.
- (2) Identify, expand, and improve financing options for increasing private sector healthcare coverage.
- (3) Initiate, implement, and scale-up innovative, effective, and sustainable private sector health models for improved service delivery.

A special section on program start-up, and summaries of key activities organized by each of these component areas, are described below.

Summary of key activities and outputs

Program Start-Up

During this reporting period, SHOPS senior staff traveled to Kenya to conduct consultations with USAID and other key partners to identify core technical areas where SHOPS could support and strengthen the private health sector's role in Kenya. A draft work plan was developed in close collaboration with established and potential partners, including the Ministry of Health (MOH), the private sector (not-for-profit and for-profit), and private sector consortia. SHOPS also began recruiting for essential field staff positions: Chief of Party, Program Coordinator, Technical Specialist(s), and Finance Manager. Job descriptions were posted on external sites and the team interviewed candidates. In April 2012, SHOPS hired a Program Coordinator to support technical activities, organize events and conferences, manage logistics and travel, and potentially fulfill the role of PPP-HK Secretariat, as part of the SHOPS project's mandate to support its institutionalization. The team expects to conduct additional interviews and finalize candidates during the next quarter. At headquarters, SHOPS also hired an Africa Regional Manager and Program Analyst to support the SHOPS program in Kenya. Finally, SHOPS had been sharing an office with HS 20/20, and as HS 20/20 project closeout began during this reporting period, SHOPS identified new office space that would offer greater ability to fully establish a SHOPS/Kenya presence, and host consultations and meetings.

Component 1: Strengthen the enabling environment for increased healthcare access in the private sector

Active private sector involvement in the policy process is necessary for improving the quality, accessibility, and sustainability of health services in Kenya. SHOPS has continued to advocate for private sector representation in policy dialogue, formulation, and implementation. SHOPS is building on this policy momentum by working to increase private sector involvement and strengthen country ownership and multi-sectoral coordination. This overall policy process has engendered more interaction and sharing of different perspectives between the public and private sectors in Kenya, helping to build trust and open doors at the MOH. During this reporting period, the following activities were supported by SHOPS.

Activity 1: Technical assistance to the MOH to ensure private sector participation and inclusion in key health policy initiatives

During this reporting period, SHOPS played an integral role in ensuring private sector participation in all major government policy initiatives. In September 2011, SHOPS organized four consultative workshops with the private sector to inform the development of the KHPF, including facilitation and drafting of meeting reports with private sector inputs. The government has finalized a draft of the KHPF that acknowledges private sector contributions to health. Key breakthroughs addressing private sector concerns include:

- A broad and comprehensive definition of the National Health System that includes and specifies the wide range private sector entities and activities in the health sector.
- Proposals to consolidate all the health councils into one health council, all the regulatory boards into one regulatory board, and all the adherence and inspection functions into one inspectorate. Consolidating these functions will greatly streamline several key processes important to the private sector, including professional licensing and recertification, facility licensing, and inspection and quality compliance.
- Explicit statements indicating there are no barriers for national- and country-level governments to cooperate and collaborate with non-state health care providers to deliver services and receive “appropriate reimbursement from public funds.”
- Explicit statement allowing national- and country-level governments to enter into partnership agreements with private companies to provide specific new services or facilities under different mechanisms and contracts.

Subsequent to finalizing the KHPF, the MOH released a draft of the General Health Law (December 2011). SHOPS supported two workshops with private sector health leaders to resolve outstanding issues on future health regulations, licensing, and accreditation. SHOPS, in collaboration with IFC, will help the government complete a final draft of the General Health Law, which will include considerable language supporting the role of the private sector. In addition, SHOPS organized private sector representatives to participate in six working groups charged with the task of drafting the National Health Sector Strategic Plan III. SHOPS worked with key private sector partners to identify activities and opportunities for PPPs in the different strategic areas of the National Health Sector Strategic Plan III. SHOPS also assisted the newly created PPP Unit to draft its five-year PPP strategy. Lastly, SHOPS organized and participated in several consultative meetings with faith-based organizations and private for-profit health providers to understand new developments and emerging issues related to the National Hospital Insurance Fund program.

Activity 2: Assist Ministry of Medical Services and Ministry of Public Health and Sanitation to establish and build the PPP Unit’s capacity to lead and implement PPPs

There have been recent policy developments in PPPs prompting both the Ministry of Medical Services and now the Ministry of Public Health and Sanitation to establish PPP Units: the Government of Kenya finalized an overall PPP for all sectors and moved to introduce a PPP bill to Parliament. Its sponsor, the Ministry of Finance, has asked the MOH to operationalize its PPP Unit and draft a PPP Policy for Health. In February 2012 SHOPS drafted a sustainability plan to implement the newly created PPP Unit that outlines the PPP Unit’s main tasks, functions, and PPP Unit systems, and assesses PPP Unit staffing composition and skills. SHOPS coordinated with the Health Policy Project and other donors such as GIZ to assume different components of the sustainability plan, since SHOPS will no longer provide direct TA to the PPP Unit.

Activity 3: Provide TA to the PPP Unit to draft a PPP Health Policy and Guidelines for Implementation

As a first step to drafting a PPP Health Policy, SHOPS conducted research on best practices for PPP Health Policies and Strategies throughout the African region, and developed a draft policy paper to guide MOH and private sector stakeholder discussions on drafting Kenya’s PPP Health Strategy. By the end of next quarter, SHOPS will complete an update of the 2009 private sector assessment to inform the development of the PPP Health Policy. SHOPS put on hold an inventory of existing health PPPs in Kenya, due to GIZ’s and PPP-HK’s interest in expanding this scope of work.

Activity 4: Strengthen PPP Health-Kenya’s capacity to facilitate public- private dialogue and promote PPPs

To bolster PPP-HK’s capacity, SHOPS has: (1) drafted a sustainability plan, including a budget and staffing plan for the Secretariat; (2) designed and populated the PPP-HK website; and (3) developed a preliminary work plan of activities in the areas of policy, advocacy, and PPPs.

As a result, PPP-HK has played an increasingly influential role in policy discussions. With SHOPS support, PPP-HK members meet on a monthly basis to discuss current policy initiatives, prepare for upcoming policy events, mobilize private sector participation in the various policy forums, and document private sector policy positions. SHOPS also created regional opportunities for PPP-HK members to actively participate as presenters and panelists in regional policy initiatives and conferences, including the East Africa Health Federation conference (May 2012, Uganda), the GIZ Regional Conference on Private Sector Engagement (May 2012, Tanzania), and the N4A one-day workshop (May 2012, Tanzania).

Component 2: Identify, expand, and improve financing options for increasing private sector healthcare coverage

This component is divided into two core areas of work—demand-side and supply-side healthcare financing. On the demand side, SHOPS will help increase financial protection of Kenyans by creating partnerships that expand health insurance coverage, and identifying and scaling up innovative healthcare financing models. On the supply side, SHOPS will provide TA to improve lending opportunities for private providers, identify options for improving quality and availability of health commodities in the private sector, and work with private providers to reduce donor dependence and improve cost recovery.

During this reporting period, the SHOPS/Kenya team held a series of consultative meetings, including one workshop to identify and prioritize health financing activities for implementation. The following activities were identified and are currently in the program design and/or initiation phase:

- (1) Cost healthcare services to inform insurance coverage packages (in collaboration with GIZ and IFC).
- (2) Identify and scale up innovative health financing models.
- (3) Develop and pilot more efficient provider payment mechanisms (in collaboration with IFC and GIZ).
- (4) Expand insurance coverage through promotion of appropriate healthcare financing partnerships.
- (5) Explore options for pooled procurement to achieve economies of scale in the private sector.
- (6) Identify challenges and opportunities for increasing access to finance for the private health sector.
- (7) Review and identify lessons learned from the Gold Star Network to test methods for increased cost recovery and sustainability.

Activity 5: Health financing consultative workshop

In May 2012, SHOPS organized a consultative workshop in Nairobi to inform the Kenya work plan and prioritize activities. The objective of the meeting was to identify stakeholders' priorities for demand-side health financing reform and solicit feedback on the health financing activities SHOPS had proposed. Through working group sessions, SHOPS led discussions on the health financing landscape in Kenya and worked with participants to identify key areas for SHOPS support.

Approximately 30 stakeholders from the private, public, and donor sectors actively participated in the workshop through a robust discussion on health financing priorities. Participants offered useful recommendations and validated the proposed health financing work to be implemented through SHOPS. In addition, stakeholders suggested additional activities for implementation. A scale and matrix were developed to evaluate which activities (including the newly suggested ones) stakeholders viewed as highest priority and most feasible to implement.

Component 3: Initiate, implement, and scale up innovative, effective, and sustainable private sector health models for improved service delivery

During this reporting period, service delivery activities were in the work planning stages. SHOPS will initiate and/or scale up innovative healthcare delivery models in support of its mandate to increase the role of the private sector in health by building its capacity, efficiency, and sustainability. SHOPS will create linkages, foster relationships, and provide data that will support a whole market approach and help grow SOTA business models to expand high-quality services in the private sector. The following activities comprise Component 3 of the work plan and are currently in the program design phase:

- (1) Identify and operationalize at least two health PPPs (in support of PPP-HK).
- (2) Support and/or scale up innovative and promising commercial, market-based models through the SHOPS Challenge Fund.
- (3) Introduce zinc/oral rehydration salts (ORS) through private sector channels.

SHOPS initiated the PPP activity by identifying potential partners and developing a PPP plan (further described below).

Activity 6: Identify and operationalize PPPs

In February 2012, SHOPS held consultative meetings with potential private sector partners and confirmed that the Ministry of Medical Services and the Ministry of Public Health and Sanitation were both interested in designing a maternal health PPP. SHOPS identified a private sector partner, the Nairobi Women’s Hospital, and developed a preliminary PPP design. In addition, SHOPS headquarters staff met with the incoming IFC PPP advisers regarding the PPP Unit sustainability plan and proposed PPPs.

Madagascar

Overview

The overall goal of the SHOPS Madagascar project is to address the unmet needs for family planning by improving access to affordable FP/RH services via the private sector and to deliver comprehensive FP through an expanded method mix. SHOPS is partnering with Marie Stopes Madagascar (MSM), one of the largest non-state providers of FP/RH services in the country.

Objectives:

- Expand access to comprehensive voluntary FP through provision of LA/PMs via six mobile outreach teams working across underserved regions.
- Increase the demand for FP/RH services through targeted information, education and communication activities, strengthening private sector service supply, and the use of vouchers to break down financial barriers to access.

Summary of key activities and outputs

Activity 1: Mobile outreach

The SHOPS outreach program in Madagascar was designed to reach women of reproductive age and men in hard-to-reach community settings with key messages and information about family planning and direct services, with a focus on high-quality LA/PM to increase accessibility to a full range of contraceptive messages.

Under SHOPS in Year Two, six MSM outreach teams were trained to make a full range of contraceptive methods available in hard-to-reach areas outside of and beyond public health facilities. MSM implemented a mixed-model approach for outreach teams that included using non-USAID funds to provide outreach services based at government health facilities, while USAID funds were used to provide outreach services at least 5 km away from a government health facility. In June 2011, the mixed-model approach for service delivery for the MSM outreach program was piloted, and eight more teams were trained in July 2011. These teams enabled more services to reach communities where FP choices are less accessible. During the reporting period 5,675 services were delivered and 39,429 CYPs were generated through the outreach program.

Activity 2: BCC approach

In addition to meeting the unmet family planning needs of clients who lacked access to services, MSM also aimed to meet the needs of clients who lacked access to information to help them make an informed decision about family planning and to act on that decision if they chose to seek services. In order to ensure that people living in the areas served by outreach teams were aware of their options and knew where to access services, MSM undertook a number of demand generation activities that included a mass media campaign through 1,137 radio spots on 15 different radio stations and community events.

Complimenting mass media and community events, MSM also implemented a Community Health Educator Model. Based on a May 2011 evaluation, in Year Three MSM made significant changes to the outreach BCC approach to ensure a strong foundation in high-quality training, supervision, and integration with other existing approaches. The newly revised strategy incorporated improvements to the community health educator (CHE)

induction and training and the training of trainers (TOT) program, as well as a revision of BCC tools, which resulted in a newly designed BCC training program. During August and September 2011, 28 CHEs received improved outreach training on interpersonal communication, FP methods, USG FP compliance, informed choice, and MSM services. The MSM Integrated Marketing and BCC Department ensured the quality of the curriculum and training. Outreach service delivery using the mixed model is now scalable and strengthened with an improved management information system and BCC approach.

Activity 3: BlueStar vouchers

SHOPS social franchise and voucher program in Madagascar was designed to remove financial barriers to family planning services by the poorest and most at risk of unintended pregnancies. The voucher program leveraged MSM's existing social franchise network, the Blue Star network, which has been in operation since 2010. Private providers are selected through a mapping process that evaluates current service provision, client volume, training, equipment, and willingness to provide services to the poor. Providers who meet the selection criteria participate in competency-based training on family planning with an emphasis on client focus and infection prevention and are supplied with necessary equipment and consumables once being accredited as social franchisees.

BlueStar Franchisee voucher sales have grown substantially since initiation of distribution in February 2011. During Year Two, 2,592 vouchers were sold by CHEs to clients. In Year Three, this number doubled to 5,224 vouchers sold. Redemption rate for vouchers sold was slightly under 50%.

Table 10: Voucher distribution and use in 2011

Month	Jul	Aug	Sep	Total
Vouchers distributed to CHEs	2,500	4,260	1,300	8,060
Vouchers sold to the clients	919	2,563	1,742	5,224
Vouchers used by the clients and redeemed by the provider	612	773	975	2,360

Overall redemption rates were below initial expectations (45.1% against an 80% projection). The reasons for this were studied through a voucher tracing survey. Key survey findings included that many clients planned to use the voucher at a much later date, some vouchers were distributed too distant from the BlueStar provider, and some were distributed without adequate sensitization of the client. The voucher tracing survey conducted in Year Three also tracked a random sample of 2% of vouchers distributed between April and June 2011. A total of 67 vouchers were selected, including 39 that were redeemed for services and 28 that were distributed but not redeemed at the point of the survey. Results of this survey include:

- 100% of vouchers were distributed at the correct token price (200Ar) or lower. Of the vouchers used, there were two cases where the beneficiary reported that the provider asked for payment (200Ar and 3,000Ar), despite the service being for free.
- Among the 67 sampled, 65 received the voucher from an accredited CHE, but there were two cases where the beneficiary was given the voucher by a BlueStar provider.
- All vouchers were reimbursed for services that were actually provided; this means that the service indicated on the text message claim corresponded with the service the beneficiary received.

Malawi

Overview

In May 2011 USAID/Malawi commissioned the SHOPS project to conduct a PSA in Malawi to determine the business needs of private providers, assess the overall policy environment for private health care, and present a road map for greater public-private coordination.

While the public sector is the largest provider of health services in Malawi, approximately 40 percent of services are provided by private actors, including CHAM, commercial providers, and other not-for-profit actors. These private actors are crucial for expanding access to essential health services in rural areas of Malawi. However, the PSA found that there are enormous challenges facing the sustainability of CHAM as a network, and while there is a growing commercial health sector (constituting less than 3 percent of total health services in Malawi), it needs to be better organized, engaged, and financed. Moreover, there is limited, unorganized, and insufficient private sector representation in key policy decisionmaking bodies and high barriers to entry to starting a private practice. At the same time the PSA found tremendous opportunities for collaboration with the private sector and outlines a series of recommendations to promote CHAM sustainability, expand the commercial health sector, and build an enabling policy environment for private sector health care.

Activities carried out by SHOPS in Malawi support the findings of the PSA. These include strengthening the enabling environment for public-private partnership to ensure improved access to quality health care services, strengthening the capacity of not-for-profits to deliver priority services in a sustainable manner, increasing the role of the commercial private sector in the delivery of priority health services, and increasing the demand for diarrhea prevention and treatment products and services.

SHOPS activities in Malawi were initiated in January 2012 after approval of the work plan. Details are provided below:

Summary of key activities and outputs

Activity 1: Strengthen enabling environment for public-private partnership to ensure improved access to quality health care services

These activities focus on strengthening the government's capacity to engage and interact with the private sector, strengthening the policy and regulatory framework, creating and supporting a PPP Unit within the MOH and strengthening the development of high quality service-level agreements (SLAs).

Government capacity to interact with the private sector strengthened

Performance goals for strengthening government capacity to interact with the private sector include:

- Formation of a functioning public-private forum where the private sector participates during national reviews of health legislation and regulations.
- Private sector representation in a PPP technical working group.
- Professional association representation of private providers in the dialogue process.
- Development of a PPP policy for the health sector.
- Formation of a functioning PPP Unit within the MOH.

PPP policy advisor, Nelson Gitonga, provided technical assistance to SHOPS and the MOH in February 2012, initiating the process of identifying private sector champions, consulting with the MOH Planning Unit on the establishment of a PPP Unit within that division, and assessing the feasibility of reviving the dormant PPP-TWG to serve as the consultative forum for review of health legislation and regulations. Subsequently, seven individuals representing both the MOH and private sector professional associations identified during that trip participated in the GIZ-sponsored workshop on PPP in Tanzania in May. SHOPS supported the participants' travel and lodging costs. SHOPS also facilitated and funded a workshop to bring together key MOH staff to discuss and agree upon the general terms of reference for the PPP Unit. Discussions were based on an outline and examples of PPP Unit terms of reference from the region provided by Gitonga. Gitonga also visited a number of provider associations and identified various weaknesses in those organizations that need to be addressed in order for them to play a more prominent role in the public-private dialogue and forum meetings.

Gitonga's trip in August 2012 will focus on finalizing the terms of reference for the PPP Unit, reviewing the legal and institutional framework for that unit, and commencing discussions on developing a specific PPP for health that will flow from the national PPP law passed earlier this year that covers all sectors.

Regulatory framework for private sector strengthened

Performance goals for strengthening the regulatory framework include the development of regulatory standards that are equivalent for public and private sectors, and ensuring that the private sector has a voice in reviewing and approving those standards.

SHOPS held initial discussions with the Medical Council, Nursing Council, and Pharmaceutical and Poisons Control Board in May regarding their desire to revise their accreditation and inspection tools. In July 2012, SHOPS is sponsoring workshops for both the Medical Council and the Nursing Council to review their current tools and make appropriate revisions. The boards have invited representatives from the private sector who are expected to take an active part in reviewing and revising the tools. SHOPS will then co-fund, with GIZ, the training of inspectors on the new tools. These activities are being coordinated with the USAID-funded Support for Service Delivery Integrated Systems project and the USAID-funded Support for Service Delivery Excellence bilateral project, both of which are also working on accreditation and quality assurance issues.

Development of high quality SLAs

Performance goals for strengthening the development of high-quality SLAs are to train CHAM staff and MOH headquarters and district staff in contract management and costing methods.

CHAM and the MOH have been in the process of revising their MOU that covers SLAs and requested SHOPS' assistance developing costing methodologies for these contracting instruments. SHOPS provided CHAM with the services of Josef Tayag, who worked with the Secretariat staff to develop these tools. Once the tools were completed, SHOPS convened a meeting with CHAM and the MOH negotiating teams at the end of June to work together in a two-day workshop to finalize the process so that CHAM and the MOH could agree on costing of SLAs. SHOPS has also identified a consultant to continue to work

with the CHAM Secretariat on costing of services, developing the training modules, and delivering the training on costing of services funded under SLAs for both MOH and CHAM field staff.

Activity 2: Strengthen the capacity of not-for-profits to deliver priority services in a sustainable manner

These activities focus on improving the sustainability of NGOs and faith-based organizations (specifically CHAM). Performance goals for strengthening the capacity of nonprofits include:

- Indexing 8-10 facilities using the ProCap NGO Sustainability Indexing tool.
- Developing a set of intervention packages to address identified deficiencies.
- Training providers in business and financial management skills.

The SHOPS project's institutional strengthening advisor, with technical assistance from SHOPS headquarters staff, has initiated the indexing process and has completed the indexing of 3 CHAM facilities: Likuni Hospital in Lilongwe, St. Anne's Hospital in Nkhonkhotakota, and St. Martin's Hospital in Mangochi. The SHOPS team is in the process of using these initial results to develop a set of interventions to address institutional strengthening needs at those three facilities. An institutional strengthening plan for Likuni Hospital is nearing completion. Indexing of the remaining 6 facilities continues.

Training of CHAM facility staff in business and financial management skills is scheduled for September 2012.

Activity 3: Increase the role of the commercial private sector in the delivery of priority health services

These activities focus on enabling the commercial private sector to deliver higher quality priority health services, including: 1) completion of a private provider mapping exercise to identify both the location and types of private sector services available throughout Malawi and 2) strengthening the delivery of priority HIV/AIDS services. The results of the mapping will allow the SHOPS staff to provide an in-depth picture of the private health sector in Malawi, offer additional training in quality assurance and other high priority areas identified during the survey, and identify potential new association members.

Private provider mapping

SHOPS competitively selected and contracted with the University of Malawi Centre for Social Research to complete a mapping exercise of all private providers of health services (nonprofit and for-profit). This exercise commenced in June and will be completed by August.

Business and financial management training for commercial providers

The performance goal for conducting business and financial management training for commercial providers is to train up to 40 private clinic directors and management staff. The training of Banja La Mtsogolo's BlueStar-franchised clinics in business and financial management skills will take place in July.

Strengthening the delivery of priority HIV/AIDS services

Performance goals for strengthening the delivery of priority HIV/AIDS health services include:

- Strengthening the capacity of the Malawi Business Coalition for AIDS (MBCA) to assume a coordinating role for private providers of AIDS treatment services.
- Training and accrediting additional private sector providers to provide HIV/AIDS-related services.
- Strengthening the capacity of MBCA to participate in the larger policy dialogue process as a private sector representative.
- Identifying and mentoring new private providers of HIV/AIDS services who can qualify to participate in SLAs.

An assessment of MBCA and private sector HIV/AIDS-related needs was conducted in April by SHOPS HIV/AIDS specialist, James White, who met with a wide range of public and private sector HIV/AIDS stakeholders to clarify the process of national HIV/AIDS training, accreditation, and supervision within the national AIDS strategy. White's assessment elucidated barriers to expansion of private sector ART service delivery under the current MBCA and MOH collaboration and examined options for strengthening MBCA's role and capacity to serve as the national private sector coordinating body for AIDS-related organizations as well as to represent these organizations at the national PPP-TWG and in the policy dialogue process.

SHOPS requested MBCA to submit a grant proposal, which will enhance their ability to reach out and train new prospective private providers and monitor new private providers of ART services as well as enable MBCA to serve as a coordinating body for private providers. As the SHOPS-funded mapping exercise is completed, additional private providers will be identified for training and accreditation and for their potential to provide HIV/AIDS-related service delivery SLAs.

Increasing commercial sector membership in professional associations

The performance goal for increasing the commercial sector membership in professional associations is to increase the number of active private sector members in these associations. This will be addressed as additional potential members are identified in the mapping exercise and as the associations themselves are strengthened under Activity 1.

Activity 4: Increasing the demand for diarrhea prevention and treatment products and services

These activities focus on expanding the availability of essential diarrhea prevention and treatment products and services through private sector channels.

Performance goals and measurements focus on:

- Increasing access to and the use of household water treatment products and zinc and ORS for the treatment of diarrhea.
- Identifying all private providers who provide child health services who have not been trained on diarrhea management with zinc and ORS and offer them training.

The bilateral partner implementing the Strengthening Behavior Change Communications (SBCC) project, Johns Hopkins University Center for Communication Programs, will be implementing a household survey to collect baseline data on health practice indicators, including correct use of diarrhea prevention and treatment products. SBCC has included SHOPS' questions on household water and diarrhea treatment practices in this survey. The SHOPS team has also been liaising with SBCC on preparations for its mass media campaign,

which will include messaging on both water treatment and diarrhea treatment with ORS and zinc.

The SHOPS team has been tasked with assessing the most cost effective-methods of segmenting the water treatment market to ensure access to and use of water treatment products by those most in need (urban poor and rural at-risk populations). In January, SHOPS provided the service of Jennifer Peters, an expert in social marketing of water treatment products, to assess the situation in Malawi. The consultant outlined a number of pilot activities that could be implemented, monitored and evaluated (for reach/coverage, cost-effectiveness, impact and sustainability) and scaled up over the life of the project. Based on the findings of this assessment, SHOPS has developed a set of pilot activities to test different approaches to socially marketing water treatment products in selected high risk areas of 5 districts of Malawi, which will be implemented during the next diarrhea season (October 2012-April 2013).

In April, several districts in southern Malawi experienced a cholera outbreak. At the request of USAID, the SHOPS team moved quickly to acquire supplies of WaterGuard from PSI and to assure its rapid distribution to district health offices in affected districts.

In June, SHOPS regional marketing advisor, Joseph Addo-Yobo, conducted a rapid assessment of the environment for promotion of zinc and ORS through commercial channels and community-based distribution schemes. New activities to address these opportunities will be included in the FY 2013 work plan.

Private providers who have not received training on the new diarrhea treatment protocols using zinc and ORS will be identified as a result of the private provider mapping exercise. Training will be scheduled prior to the onset of the next diarrhea season.

Namibia

Overview

Namibia has a strong and vibrant private health sector, although according to Namibia's latest Health and HIV/AIDS Resource Tracking exercise the role of the private sector in financing total health expenditures is declining. Additionally, the private health sector employs the majority of doctors, pharmacists, and social workers in the country. Given this untapped potential, the SHOPS project seeks to identify ways to mobilize the private sector to be more involved in the national HIV/AIDS response.

In Namibia, the key aim of SHOPS 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 HIV/AIDS. By doing so, SHOPS will strengthen domestic investment in the national HIV response, which is critical given that USG support for health programs is expected to decrease in the coming years. In Namibia, SHOPS works closely with local partner PharmAccess Namibia to implement its private sector strengthening mandate and actively engages a wide array of SHOPS partners including the Monitor Group and Jhpiego to facilitate a more active role for the private sector in meeting national HIV/AIDS goals.

Activities carried out by SHOPS/Namibia support Namibia's PEPFAR-supported Partnership Framework themes of expanding male circumcision, improving ART coverage, and fostering an enabling policy and legal environment for the sustainable provision of HIV services through the public and private sectors.

Summary of key activities and outputs

Activity 1: Expanding access to low-cost health insurance

Namibia has a substantial health insurance industry (covering about 18 percent of the population) as well as a serious HIV epidemic. Since 2006, employers have been able to purchase low-cost insurance products that guarantee a comprehensive package of HIV/AIDS treatment benefits to previously uninsured workers. These products are based on private sector provision of care, with all services (including ART) being paid at the Namibian Association of Medical Aid 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.

Given Namibia's substantial health insurance market and the relatively high rate of formally employed adults, SHOPS is working to expand access to low-cost health insurance in the formal workforce. To date, SHOPS has worked with Namibian Government ministries as well as private for-profit and not-for-profit entities to complete various steps toward expanding access to low-cost health insurance. Expanding access to low-cost health insurance is a key mechanism to expanding financing of HIV/AIDS services through the private health sector while integrating HIV/AIDS care within primary health care.

Reducing the cost of ARVs to expand health insurance

After the MoHSS provided approval to conduct research on the impact of ARVs at government/donor cost on health insurance premiums in mid-2011, SHOPS/Namibia, working with Deloitte South Africa, analyzed ART data from the Public Service Employees

Medical Aid Scheme (PSEMAS), Namibia's largest private health insurance scheme. After the analysis, a report with findings showing potential annual savings of \$5 million was produced and shared with the MoHSS and the Ministry of Finance (which oversees PSEMAS and had approved the use of the data). These data provide a roadmap for the Government of Namibia to save millions of dollars per year by allowing public procurement of ARVs through the private sector.

To supplement the report on the impact of providing ARVs at government/donor cost, SHOPS compiled and shared with the MoHSS a case study of African countries that are currently providing publicly procured ARVs through the private sector. Four other African countries are currently providing publicly procured ARVs through the private sector and illustrative lessons learned were provided to the MoHSS as to how similar systems could emerge in Namibia.

Since these analytical exercises were completed by March 2012, SHOPS worked closely with PSEMAS to look at available operations to decrease the costs of ARVs in the private sector. SHOPS facilitated discussions between PSEMAS and leading wholesalers/suppliers on the reduction of ARV costs. One wholesaler—ErongoMed—showed concrete interest and submitted a proposal for reducing the cost of the ARVs to PSEMAS, and shaped their proposal around an analysis of the 2010 and 2011 volume of ARVs from PSEMAS. SHOPS will continue to support ErongoMed's attempt to lower its ARV costs and reduce the cost of PSEMAS health insurance.

Leveraging the Mister Sister platform

The SHOPS-supported Mister Sister PPP expands essential health services to rural communities. SHOPS is exploring options to leverage the Mister Sister platform to expand access to low-cost health insurance. The project met with two leading health insurance schemes—Renaissance and Namibia Health Plan—to discuss possibilities to contract for service provision through the Mister Sister platform and jointly utilize the Mister Sister offering as the basic low-income option for the majority of Namibian health insurance plans. Furthering this effort, SHOPS held an introductory meeting with the Namibia Financial Institutes Supervisory Authority to discuss the transfer of the currently weak Health is Vital Risk Equalization Fund to PharmAccess Foundation Namibia as a risk pooling fund for the SHOPS-supported Mister Sister PPP.

Over the next year, SHOPS will present the Namibia Financial Institutes Supervisory Authority with a draft Articles of Association for the re-activation of the Health is a Vital Risk Equalization Fund into a new Friendly Society Mister Sister fund. This re-activation and re-branding would position Mister Sister as a low-income pre-paid health insurance option which can be sold by all participating health insurance schemes.

Activity 2: Strengthen the role of the private health sector to finance and provide male circumcision

The MoHSS has set a target to circumcise 80 percent of all males by 2015. This target is an enormous challenge, as it requires almost 190,000 male circumcisions in the peak year (2012). The private sector could play an important role in achieving national male circumcision targets as it holds almost double the number of health facilities compared to the public sector. SHOPS set the stage for expanding the private sector role by exploring the feasibility of private provision of male circumcisions in early 2011. Based on feasibility study

results, SHOPS worked to define male circumcision as an explicit medical scheme benefit by mapping the costs and benefits for health insurance schemes.

To date, SHOPS has registered significant accomplishments toward strengthening the role of private health providers to provide male circumcision in Namibia.

Male circumcision tariff

Through the efforts of the SHOPS project, in collaboration with the MoHSS Male Circumcision Task Force, Namibia became the first country to develop a standard fee structure for male circumcision—the first step in efforts to make circumcision an explicit benefit in Namibian health insurance plans.

In January 2012, Namibia became the first country in the world to systematically cover male circumcision under health insurance through the SHOPS-supported standard fee structure submission to NAMAF. Given that approximately 18,000 Namibians are both formally employed and have private health insurance, the potential to cover male circumcision through the private sector is significant. Using conservative estimates for workforce growth and insurance coverage levels, but including 100 percent uptake where insured male circumcision is available, over 102,000 men in Namibia could be circumcised in the private health sector by 2015. This figure represents 25.6 percent of the total need in Namibia.

This rate inclusion is the first explicit and systematic coverage of HIV as a preventative HIV benefit under health insurance globally. The rate will allow a sizeable number of men to be circumcised through the private health sector and will reduce dependency on donor funding for circumcision. Likewise, through the participation of SHOPS in the Male Circumcision Task Force, Namibia is also the first country to outline an explicit role for the private sector in male circumcision service delivery in its national policy.

Since the acceptance of the standard fee structure for male circumcision, SHOPS has supported the MoHSS in approaching all nine Principal Officers of Namibia's largest health insurance schemes to request regular reporting of male circumcision data. Through the recommendation of the Principal Officers, SHOPS now works with NAMAF to receive data about private sector male circumcision service provision. Preliminary data received from NAMAF in June 2012 shows that 1,704 male circumcisions took place in the private sector, as reported by health insurance schemes. It is important to note that these figures will automatically exclude PSEMAS figures as PSEMAS is not a member of NAMAF. However, this information is useful as a rough baseline figure to establish male circumcision service provision in the private sector **prior** to the acceptance of the standard fee structure in 2012. In addition, NAMAF confirmed that, since the SHOPS submission of the standard fee structure, at least **seven out of ten** Namibian health insurance schemes are now covering male circumcision as an explicit preventative HIV benefit.

Private provider training

In March 2012, SHOPS partner Jhpiego assessed male circumcision training needs for private providers in Namibia, in conjunction with the MoHSS Male Circumcision Task Force. Jhpiego is now in the process of adapting the Namibian National Male Circumcision Training Curriculum to meet the training needs of private providers. This adapted curriculum will be pilot-tested with private providers in October 2012 and SHOPS will work

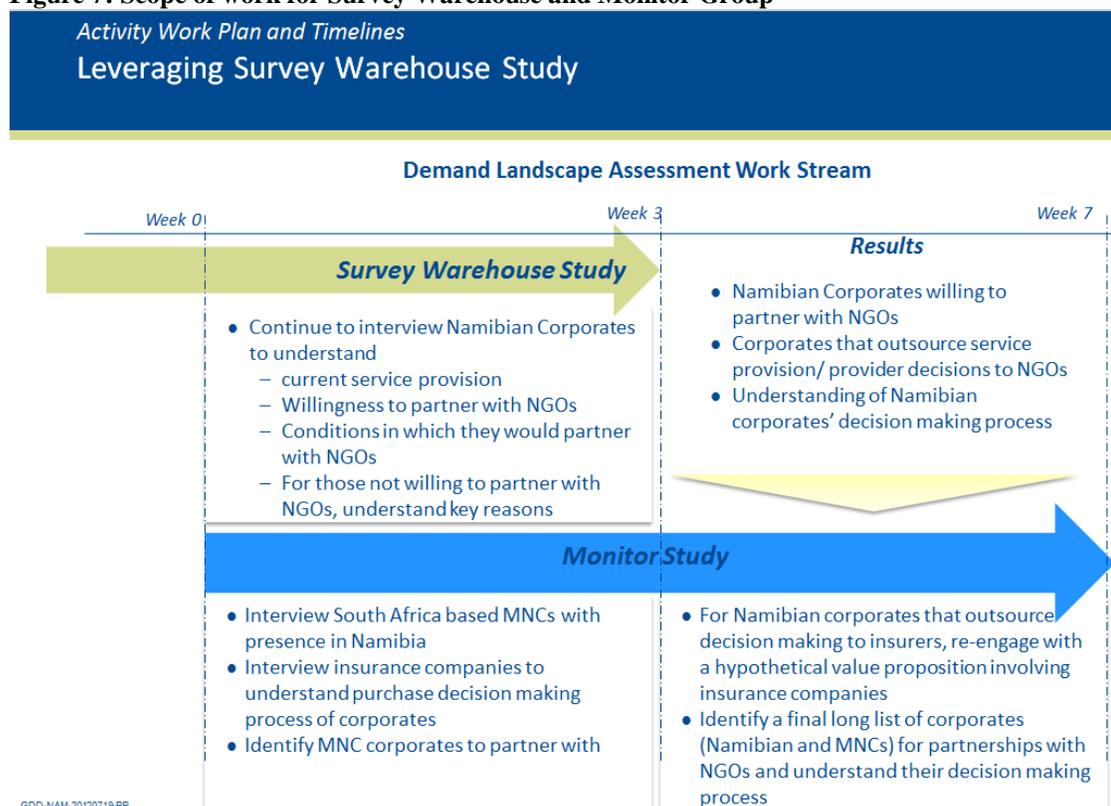
with local training partners to ensure that private providers are consistently offered training in male circumcision now that most health insurance schemes are offering the procedure as a preventative benefit.

Activity 3: Build the capacity of NGOs to improve financial sustainability

SHOPS focuses on strengthening the ability of NGOs to develop and market their competencies to workplace HIV/AIDS programs and products to private corporations as a strategy to improve financial sustainability.

During the reporting period, SHOPS identified and contracted a local firm (Survey Warehouse) to conduct research on the interest of companies to procure health services/products provided by NGOs that could facilitate an HIV/AIDS workplace policy. The activity and resulting report are expected to be completed in September 2012. However, to date, a rapid assessment of 87 sampled companies was conducted. In addition, SHOPS/Namibia engaged SHOPS partner Monitor Group (based in the Johannesburg, South Africa office) to develop a multi-faceted strategy to improve the commercialization prospects of donor-funded NGOs in Namibia. The figure below shows the scope of work for both Survey Warehouse and the Monitor Group.

Figure 7: Scope of work for Survey Warehouse and Monitor Group



Results from both engagements will allow SHOPS to implement an evidence-based approach to assist donor-funded NGOs to diversify their revenue from donor funding toward corporate sales. In addition, after consultation with USAID/Namibia, the project is also examining the attitudes of South Africa-based multinational companies (MNCs) in how they allow Namibian subsidiaries to make decisions about health and wellness policies for

employees. Initial results from Survey Warehouse indicate that many Namibian companies must defer to South African headquarters staff about employee health decisions regarding health insurance and utilization of NGOs for direct health service delivery.

Activity 4: Monitoring and facilitating PPPs

PPPs leverage private sector resources and expertise with a public sector mandate to expand HIV/AIDS services. Currently, there are a limited number of PPPs to expand HIV care and treatment in place in Namibia. SHOPS continues to look for opportunities to identify, facilitate, and strengthen new PPPs around HIV care and treatment, while monitoring and documenting ongoing PPPs.

During the reporting period, SHOPS received a request from the MoHSS to help with the rationale for a PPP unit as well as job descriptions and profiling for this unit. SHOPS successfully provided the required information to the Directorate: Policy Planning and Human Resources Development. SHOPS continues to work closely with the MoHSS to help move forward PPP work. At the request of the Deputy Director for Policy Planning, SHOPS developed a PPP concept presentation in May 2012 and has continued to revise the note based on MoHSS feedback. In addition, SHOPS supported three MoHSS officials (the former Permanent Secretary, the Director of Finance, and the Deputy Director for Policy Planning), as well as the Director of NAMAFA, to attend the regional PPP conference organized by GIZ and USAID in Tanzania. This experience helped to solidify MoHSS interest in strengthening their PPP capabilities and also helped to broker closer ties between the MoHSS and NAMAFA to better systematize private sector service delivery reporting to the MoHSS.

Activity 5: Expand Mister Sister Primary Health Clinic

Mister Sister is a unique PPP that provides regular mobile primary health care services to rural and remote populations. Namibian research shows that one of the greatest health challenges for rural communities is the large distances to access health care—on average 99 km one way just to see a doctor. The Mister Sister partnership aims to improve primary health care access by introducing three trucks converted to mobile clinics that will visit these communities on a monthly basis providing primary health care.

The Mister Sister Mobile Primary Health Care (MSPHC) clinics are managed by SHOPS partner PharmAccess Foundation Namibia. With the financial support of the private sector—Heineken Africa Foundation, through the Ohlthaver and List Group of Companies and Namibia Breweries Ltd, a mobile clinic was commissioned. The mobile clinic is supported through an innovative partnership structure comprised of public and private contributions and a unique operational partnership agreement between PharmAccess Foundation Namibia and the MoHSS.

SHOPS aims to provide technical assistance to this PPP to expand the services to the Khomas and Omaheke regions through a PPP agreement with the MoHSS, which may serve as a model for future partnerships in health. SHOPS will further investigate how this model could serve as a vehicle to provide ARVs to patients in rural and remote areas by specifically providing assistance in the areas of contracting, expansion planning, PPP dialogue, development of a demand creation strategy, development of an impact assessment, and the documentation of lessons learned.

Furthermore, SHOPS will provide a temporary operational subsidy for the expansion of the mobile clinics in the Omaheke and Khomas regions to support the PPP through the demand creation strategy to ensure services can be delivered until sufficient private sector employers have subscribed to sustain service provision without donor subsidies.

SHOPS support for MSPHC began over the last six months. Since Mister Sister is a partnership, co-funding through the Dutch Health Insurance Fund and other partners will continue in the provision of operating costs not covered by SHOPS. Given the wide variety of funding sources, Mister Sister's accomplishments cannot be easily attributed to one funder over another. For example, the expanded routes in the Khomas and Omaheke regions, which will be supported with technical assistance and funding from SHOPS/Namibia, uses two mobile clinics—one purchased by Heineken Africa Foundation and another donated by the Namibia Medical Care fund. The staff of these mobile clinics is paid by the Dutch Health Insurance Fund and the employers contracting for these services, while SHOPS funds routine monitoring and evaluation of the clinic routes, as well as demand creation services for the partnership. In future reporting cycles, the project will be able to report the full value of co-funding from all sources.

Since April 2012, SHOPS has progressed well with the expansion of MSPHC to the Omaheke and Khomas regions. The project supported a technical working group meeting between PharmAccess Foundation Namibia, SHOPS, and the representatives of three regional Ministries of Health to review progress on Mister Sister and agree on the expansion. SHOPS facilitated an introductory PPP meeting with the Regional Governor of the Omaheke region for the expansion of services in Omaheke. In addition, through SHOPS support, MSPHC concluded an agreement with the Namibia Medical Care fund for the donation of two mobile clinics and a three-year corporate contribution on a match-funding principle—\$0.61 per Namibia Medical Care fund member per month will be paid to Mister Sister from January 2013 to December 2015.

Nigeria

Overview

On August 22, 2011, Strengthening Private Sector Family Planning/Reproductive Health (SPS FP/RH) in Nigeria, a five-year Associate Award under the SHOPS mechanism, was awarded. The SPS FP/RH program builds on activities conducted under field support from USAID/Nigeria in 2010 and 2011, and ultimately seeks to improve the quality and sustainability of clinic-based FP/RH services in six focal states representing the six geographic zones of Nigeria—Lagos, Kano, Kaduna, Nassarawa, Edo, and Abia. From August 2011 through February 2012, both field support and Associate Award funds were utilized to finance activities designed to support training with private health providers, strengthen private provider associations, and support financial institutions to expand lending to the private health sector. Associate Award funds were exclusively used in this time period to support start-up activities including office establishment and hiring of new staff to fulfill expanded SPS FP/RH deliverables. From February to June 2012, the vast majority of the project has been funded with Associate Award funding with just a few remaining field support activities.

Since August 2011, SPS FP/RH has strengthened existing partnerships with provider associations to ensure a more robust platform for program implementation and lay a stronger foundation for program sustainability. The beginning of the year was focused on hiring new staff, moving to new offices and equipping the new offices with sufficient office equipment, telecommunication infrastructure, and hardware. These investments and start-up activities affected the ability of the team to engage in high levels of programming initially, but they have also set the stage for expanded activity and growth over the next five years. The second half of the year focused on beginning implementation of the FP and business trainings, updating training curricula, updating the skills of the trainers, and planning for the randomized control trial and mapping study that will begin in September 2012.

Summary of key activities and outputs

Activity 1: Improved quality of SPS FP/RH services

In line with the mandate to improve access to and quality of FP counseling and services, especially long acting methods, numerous trainings on family wellness (FW), family planning counseling (balanced counseling strategy, or BCS), contraceptive technology update (CTU), long-acting methods (LAM) and infection prevention and control (IPAC) were held in this reporting period. This wide array of training modules and approaches represents a strong expansion from SHOPS field support activities and offers private providers more targeted and tailored instruction in the full range of FP services.

Family Wellness (FW)

74 members of the Association of Community Pharmacists of Nigeria from the Lagos and Kaduna states were trained in the two-day FW course. The FW course is a broad-based health course with FP at its core, but also teaches providers how FP and other health information (malaria, nutrition, and infection control) can be incorporated into regular visits by clients. Though not able to provide most FP methods, community pharmacists are typically the first stop within communities for health information. These pharmacists are also trained on referral practices and connected with trained providers of FP in their

communities. The table below shows the training details by quarter and change in knowledge scores of private provider attendees.

Table 11: Family Wellness Training participants and test scores

Location	# of Trainings			Total Participants			Average Pre-test (%)	Average Post-test (%)	Average Difference (%)
	Q1	Q2	Q3	Q1	Q2	Q3			
Lagos	0	0	2	0	0	37	69.2	91.9	22.7
Kaduna	0	1	1	0	18	19	70.1	81.2	11.1
TOTAL	0	1	3	0	18	56			

Family Planning Counseling (Balanced Counseling Strategy, or BCS)

87 participants attended the two-day BCS training. This course is intended to give providers basic knowledge of all methods of FP and how to counsel women and men on the selection of an FP method. BCS is a very interactive and participatory course, and demonstrates the use of the BCS toolkit, which includes the counseling algorithm, counseling cards, and brochures. Participants who successfully complete this course are given a BCS toolkit for use in their clinic. The table below shows the training details by quarter and change in knowledge scores of private provider attendees.

Table 12: Family Planning Counseling Training participants and test scores

Location	# of Trainings			Total Participants			Average Pre-test (%)	Average Post-test (%)	Average Difference (%)
	Q1	Q2	Q3	Q1	Q2	Q3			
Lagos	0	1	2	0	18	48	41.3	87.8	46.5
Kaduna	0	0	1	0	0	21	47.8	85.3	37.5
TOTAL	0	1	3	0	18	69			

Contraceptive Technology Update (CTU)

236 providers attended one of eight four-day CTU trainings. The overall goal of the training is to provide participants with an update on the knowledge necessary to provide quality IUD and implant counseling and services. Participants are also given the opportunity to observe real procedures at local facilities. A training needs assessment is implemented to ensure that the training focuses on the specific needs of the participants. The table below shows the training details by quarter and change in knowledge scores of private provider attendees.



Table 13: Contraceptive Technology Update Training participants and test scores

Location	# of Trainings			Total Participants			Average Pre-test (%)	Average Post-test (%)	Average Difference (%)
	Q1	Q2	Q3	Q1	Q2	Q3			
Lagos	2	1	3	75	24	89	45.6	72.5	26.9
Kaduna	0	1	1	0	18	30	38.4	64.9	26.5
TOTAL	2	2	4	75	42	119			

Long-acting Methods Clinical Skills Training (LAM)

A four-day LAM clinical skills training is offered as a follow-on to the CTU training and 63 private providers attended eight sessions. This course builds the clinical skills of private providers in LAM services, specifically for the IUD and implant. In line with SPS FP/RH training guidelines, all of the participants had previously undergone CTU training. This previous experience enables the focus of the training to be on clinical skill improvement for IUD and implant insertion and removal. Though largely practical, participants are taken through a session on record keeping on day four of the training to introduce the importance of maintaining accurate service statistics—both for their own quality assurance and for submission of this data to state Ministries of Health and SPS FP/RH to help determine major areas of FP demand in the clinic and to avoid stock-outs. The table below shows the training details by quarter and change in knowledge scores of private provider attendees.

Table 14: Long-acting Methods Clinical Skills Training participants and test scores

Location	# of Trainings			Total Participants			Average Pre-test (%)	Average Post-test (%)	Average Difference (%)
	Q1	Q2	Q3	Q1	Q2	Q3			
Lagos	0	2	3	0	19	33	73.6*	83.0*	9.4
Kaduna	0	0	1	0	0	11	84.0	89.1	5.1
TOTAL	0	2	4	0	19	44			

* Pre- and post-test for LAM developed in late Q2, so not administered for all trainings

Infection Prevention and Control (IPAC)



539 private facility staff participated in 41 IPAC training sessions over the reporting period. IPAC training has the goal of increasing the quality of FP services in the private sector by improving hygiene and safety practices and procedures for all health facility staff members, from cleaners to doctors. All facilities completing the LAM training are encouraged to participate in the IPAC training. The key areas covered in this course include hand washing, use of gloves, waste disposal, appropriate disposal of sharps,

processing of instruments, general housekeeping, and use of personal protective equipment. The table below shows the training details by quarter and change in knowledge scores of private provider attendees.

Table 15: Infection Prevention and Control Training participants and test scores

Location	# of Trainings			Total Participants			Average Pre-test (%)	Average Post-test (%)	Average Difference (%)
	Q1	Q2	Q3	Q1	Q2	Q3			
Lagos	0	7	34	0	90	449	53.0	70.4	17.4

Commodity Supply

One barrier that private providers face in Nigeria is lack of access to affordable FP commodities. In light of this constraint, SPS FP/RH links trained providers with the Expanded Social Marketing Project in Nigeria as a source of commodities. Trained providers

are also given seed stock to get them started using their updated skills. The following table shows the seed stock distribution activity by the project:

Table 16: FP commodity seed stock distributed by SPS FP/RH

Commodity Type*	April	May	June	Total	Balance in Stock	State
Jadelle	100	475	50	625	10,065	Lagos
IUD	540	2,565	270	3,375	1,875	Lagos
Depo Provera	800	4,200	400	5,400	4,600	Lagos

*Oral contraceptives were not included because the project's supplier was stocked-out

Both training and distribution of starter stock were not implemented as broadly as planned in facilities in Kaduna state due to security threats and the continuous unrest in the state, while implementation in Kano state has been impossible due to security threats. A request to change states from Kano was submitted to USAID/Nigeria in June 2012 and a response is expected soon.

Reaching Workplace Providers

One new area of focus for SPS FP/RH is reaching scale in the private health sector by working with private health providers delivering on-site health services for employees in Nigerian workplaces. SPS FP/RH initiated program activity on the inclusion of workplace facilities in project implementation in May 2012. Many large Nigerian companies provide on-site health services to employees and to date, donor funding has largely focused on the provision of HIV/AIDS services to employees. Introducing FP/RH and MCH services at targeted workplaces is an important strategy to strengthen the private health sector in Nigeria and reach scale. In May 2012, initial meetings were held with the Nigeria Business Coalition Against AIDS, the National Employers Consultative Association, and the Live Well Initiative to discuss integrating FP/RH and MCH services at selected workplace-based health clinics. In Year Two of the project, SPS FP/RH will train workplace-based private providers in clinical skills and offer demand creation services.

Activity 2: Increased sustainability of SPS FP/RH services and private health providers

SPS FP/RH is beginning to adapt an assessment tool to assist the Association of General Private Medical Practitioners of Nigeria and two other private provider associations in conducting an organizational assessment early in Year Two. Based on the assessment results, each association will develop its own four-year strengthening plan, to be implemented by the association with some project support.

In addition, SPS FP/RH is targeting independent clinic-based private providers to assist them in improving, expanding, and sustaining their practices by improving access to loans and business training. In 2010, SHOPS structured a DCA loan guarantee focused on health care providers. The DCA loan performance, when compared to the set loan disbursement targets, has exceeded expectations by a wide margin, given that last year's target under Nigeria field support was the disbursement of 20 loans with a value of \$100,000. Furthermore, when viewed against the backdrop of the general performance of other health sector DCA programs over the past ten years in Africa, the disbursement of 308 micro and small loans valued at US\$2.25 million in one year is a significant success story.

Acción Microfinance Bank has disbursed 354 loans valued at approximately US\$460,094 between November 2010 and June 2012. Acción exceeded its disbursement limit of

US\$400,000 in approximately the middle of May 2012 and subsequent disbursements will not be covered under the DCA. Currently, there are 165 active loans valued at approximately US\$274,000. Most of Acción's loans are working capital facilities to micro-sized health businesses such as patent medicine vendors, community pharmacies, and nursing/midwifery homes.



Diamond Bank had disbursed 78 loans valued at US\$2,102,519 as of May 2012. This lending level represents about 25 percent of its US\$8.3 million guarantee limit. Diamond Bank's average loan duration is 4 years; thus, none of the facilities have been fully repaid as of June 2012. Diamond Bank loans are typically given to small- and medium-sized clinics and diagnostic centers.

Table 17: Nigeria Loan Disbursement

	Acción Microfinance Bank		Diamond Bank	
	Number of Loans	Amount (USD)	Number of Loans	Amount (USD)
2010 - 2011	134	99,170	26	1,092,075
2011 - 2012	220	360,924	54	1,010,444
	354	460,094	80	2,102,519

One noteworthy development in the market is that some other banks have begun to show interest in health care finance since the launch of Diamond Bank's Mediloan product, including Fidelity Bank. Fidelity Bank introduced a product for the health sector with interest rates reported to range between 12 and 14 percent (significantly lower than Diamond Bank's interest rate). UBA has also made efforts to redesign and re-launch its moribund health finance offering. This foray into the health sector market indicates externalities or spill-over effects of the DCA mechanism and serves to further expand opportunities for access to finance in the private health sector without USAID support.

Aside from loans, the sustainability of private providers is being addressed through business training courses. Over the past year, providers were given the opportunity to participate in courses on Managing a Healthy Business, Business Planning, and Financing a Healthy Business. In Managing a Healthy Business, participants learn about basic business issues which are essential for sustainability of all types of businesses, with a particular emphasis placed on private health practices. Topic areas include: individual business challenges facing private providers, issues applicable to different stages of business development and the degree of competence and skills required of business managers, the six key dimensions of business management, significance of customer service and appropriate staffing for the stage of business development, and practical aspects of financial management and interpersonal skills. Since July 2011, 258 private providers were trained in this course.

Business Planning exposes providers to the latest ideas on the usefulness and relevance of business planning for their healthcare practices, investment planning, and decisionmaking. The training involves identifying different types of financing, how developing a financing plan, and the need for market analysis to determine who competitors are and what their competitive edge is before investing in marketing strategies to attract consumers. Since July 2011, 81 private providers were trained in this course.

In Q4, a new course was introduced entitled Financing a Healthy Business. This 2-day course includes an introduction to financial management for a healthy business on day one, and then financing a healthy business on day two. In the inaugural session of this course, 13 private providers were trained. Upon successful completion of the course, one-on-one sessions of Business Counseling are being introduced. This is intended to give extra assistance to those providers who desire it. All 13 participants from the Financing a Healthy Business course indicated interest in Business Counseling.

Table 18: Pre- and post-test scores for business trainings

Course Title	Average pre-test score	Average post-test score
Managing a Healthy Business	37	63
Business Planning	37.5	59.5
Financing a Healthy Business	51	87

Activity 3: Increased use of private sector clinic-based FP/RH services through targeted communications and behavior change interventions

FP BCC materials were distributed to all the physicians and nurses that participated in CTU trainings this quarter. A total of 934 FP posters; 55,470 FP brochures; and 834 job aids were given to 203 facilities to promote high-quality FP counseling. SPS FP/RH will monitor performance of these participating facilities during supervisory monitoring visits to ensure proper display of FP posters and adequate stock and use of FP brochures.

Demand Creation

Community-based outreach activities have begun to spur demand by women for the new, higher-quality FP services available from the project’s trained providers. This outreach helps to ensure the sustainability of private practices, as well as ensure ample opportunity to utilize new FP skills and retain knowledge learned in trainings.

One highly successful example of this approach was a community outreach that was combined with LAM training in Zaria, Kaduna. Providers collaborated with a United Nations Development Program-sponsored project, the Millennium Villages Project, to conduct FP outreach in two adjacent villages, Millennium Villages One (MV1) and Millennium Villages Two (MV2), which are populated mostly by farmers. Mobilization was conducted in the village and created awareness for FP which led to a large turnout of women accompanied by their husbands requesting FP methods. Many husbands even left farm work to support their wives’ decisions. The



outreach in Zaria doubled as a practicum session for the participants in the concurrent LAM training held in Zaria under the close supervision of SPS FP/RH technical staff and training consultants. The participants inserted a total of 159 Jadelle implants and 4 IUDs with one Jadelle implant removal. Though there seems to be significant awareness of FP methods among women in Zaria, their poverty level hinders access. SPS FP/RH significantly improved the number of trained private providers in MV1 and MV2 and helped to expand access and contraceptive availability. The project plans to continue to identify ripe opportunities for collaboration with other donor-funded efforts to improve community outreach and FP access.

Activity 4: Increased private sector participation in policy dialogue, collaboration, and partnerships between the public and private health sectors

SPS FP/RH collaborated with the IFC to support the Federal Ministry of Health in conducting a one-day summit on “Unlocking the Market Potential of the Private Health Sector in Nigeria.” Over 150 participants selected from across the health care market value chain, including leading health care providers, pharmaceutical and retail companies, supply chain and drug distribution companies, and financial institutions operating in the country attended the summit in Lagos in June 2012.

The summit created a better understanding of the vision of the Federal Ministry of Health and established the foundation for a deliberate, systematic dialogue and collaboration between the Government of Nigeria and the private health sector. Leading stakeholders including the PharmAccess Foundation and the Health in Africa Initiative delivered key presentations discussing several financing opportunities and mechanisms that are available for private health providers to expand and improve health service delivery. SPS FP/RH also delivered a presentation on “Financing Nigeria’s Private Health Sector” which was well-received and concluded with recommendations on strengthening both the supply side (e.g., improved regulation, less expensive financing models) and the demand side (e.g., strengthen HMOs, incentivize employers). SPS FP/RH drew heavily on its rich experience in Nigeria in expanding access to credit for providers through unsubsidized commercial products.

At the end of the summit, consensus was reached on the need for the private health sector and the Government of Nigeria to work together to identify delivery mechanisms to achieve priority interventions and unlock the market potential of the health sector in Nigeria. SPS FP/RH will continue to collaborate with the Federal Ministry of Health to have an improved enabling environment for the growth of market opportunities in the health sector in Nigeria.

SPS FP/RH has also been in discussions with the Federal Ministry of Health on the possible inclusion of private providers in the Government of Nigeria’s distribution of free FP commodities, similar to the model for vaccine distribution. Senior project staff will have a final meeting with a representative of the Federal Ministry of Health and one from the State Ministry of Health to discuss a possible pilot test for the provision of free FP commodities to private providers in Lagos through the facilitated of SPS FP/RH.

Activity 5: Increased knowledge about the private sector’s contribution to FP/RH in Nigeria

SPS FP/RH is currently planning an inventory/mapping of all private providers in the project’s six focal states. SPS FP/RH will create a comprehensive list and database of private doctors, nurse-midwives, and community pharmacists, including the names of providers,

locations (including addresses and geographic positioning system [GPS] coordinates), size, and type of services offered. This exercise will shed light on the profile of the existing private providers in each state. By quantifying the number of clinic-based private providers in each state, as well as providing an overview of their key FP/RH service statistics, the project can better advocate for the inclusion of the private health sector in state and national health policy decisions.

SPS FP/RH is also planning a rigorous impact evaluation of its access to finance program using a randomized control trial study design. After thorough review of the different training, loan and provider variables associated with the randomized control trial, the project, in consultation with USAID/Nigeria and independent researchers, decided to conduct three separate but related impact evaluations with each of the three types of private facilities. The first will evaluate the impact of offering FP and business training on clinics and hospitals. The second will evaluate the impact of offering FP training on nursing homes. Finally, the third will evaluate the impact of receiving a loan on community pharmacies.

Paraguay

Overview

During Year One of the project, SHOPS conducted a private sector assessment of Paraguay's contraceptives market. The purpose of the assessment, requested by USAID/Paraguay, was to determine the current market segmentation and recent trends in sourcing patterns of family planning products and services. The assessment informed a strategy, implemented by SHOPS, to help Paraguay consolidate a balanced public-private mix which would maintain the successes achieved in reproductive health in preparation for graduation from USAID support in family planning. USAID is currently closing its health office in Paraguay as a result of significant positive progress made in improving health indicators over the past decade. Specifically in regard to reproductive health and family planning, data from the most recent reproductive health survey (Encuesta Nacional de Salud Sexual y Reproductiva, or ENDSSR) show an increase in the rate of contraceptive prevalence among women in union of reproductive age, from 73 percent in 2004 to 79 percent in 2008.

Based on results of the private sector assessment, the SHOPS/Paraguay program focused technical assistance on the following three goals:

- Improve the positioning of the Paraguayan Center for Population Studies (CEPEP), the local International Planned Parenthood Federation affiliate, to help it become more self-sufficient in preparation for graduation from USAID support.
- Strengthen the FP program at IPS, which has underutilized capacity in family planning services and is a critical player in sustaining Paraguay's balanced method mix.
- Strengthen and re-orient the Paraguayan contraceptive security committee (DAIA) toward a whole market approach, particularly to play a similar role that USAID has played after graduation.

Summary of key activities and outputs

Activity 1: Improve the market positioning of CEPEP to help it become more self-sufficient

At the beginning of Year Three, SHOPS analyzed and synthesized data from four market studies completed in Year Two, for the different lines of services provided by CEPEP. The market study analysis, along with costing and productivity analyses conducted by CEPEP, led to the design a strategy for CEPEP to improve its market positioning and sustainability.

As part of this process, SHOPS contracted a MBAs Without Borders volunteer through a pre-established partnership with CDC Development Solutions and began to integrate this volunteer into the SHOPS team and CEPEP activity in July 2011.

SHOPS developed the following four strategic priorities for CEPEP, which were subsequently approved by CEPEP senior management and the Board of Directors:

- Strengthen CEPEP's corporate image
- Increase client volume in clinics
- Increase revenue per client
- Reduce losses

SHOPS, along with CEPEP, began implementation of these strategies in September 2011.

Strategy #1 – Improve corporate image

SHOPS implemented a multimedia publicity campaign for CEPEP’s Clínica de la Familia including a refreshed CEPEP logo with the tag line, “Quality in Health.” The campaign included TV spots, radio spots, brochures, street signs, banners, and internal signage in the clinics. Following are a few of the images that appeared in the campaign.



The CEPEP campaign was rolled out in three phases, two of which were implemented during the second half of Year Three.

The first phase consisted of a two-week media blast in March 2012, followed by a second phase in April 2012 and a third and last phase at the beginning of SHOPS Year Four. In order to capture client perceptions of CEPEP's "new" Clinica de la Familia and the publicity campaign, SHOPS conducted a small-scale client exit survey after Phase 1 and again after Phase 2 to determine likes, dislikes, and overall perceptions of the campaign, as well as gauge what media sources are the most useful in reaching clients and potential clients. SHOPS made adjustments to media channels based on results from the client exit surveys, focusing the latter phases on TV and eliminating some channels, such as roadside LED screens.

In an effort to complement the publicity campaign and foster the same 'feel' for a client in the clinic as they experienced in viewing the advertisements, SHOPS designed and purchased new clinical uniforms, sheets, prescription tablets and other branded supplies. This included over 200 branded white coats, 200 branded sheets, and close to 400 branded client smocks.

Strategy #2 – Increase footfall in clinics

In addition to the multimedia publicity campaign, the SHOPS team developed a customer loyalty strategy with CEPEP's Marketing Manager (the staffing of which was based on an earlier recommendation from SHOPS). The strategy included programs such as "refer a friend" and "loyal customer" cards with discounts.

SHOPS also began working with CEPEP's management to develop discount terms for entering into MOUs with local organizations (such as banks and cooperatives) to send their clients and/or staff to CEPEP for health services. The terms for such arrangements were agreed upon by the Board of Directors and a template MOU was developed during SHOPS Year Three. The SHOPS team began discussions between CEPEP and two organizations, Banco Familiar and La Cooperativa Medalla Milagrosa, for pursuing such a relationship.

Strategy #3 – Increase revenue per client

SHOPS worked closely with CEPEP, leveraging both the results from the market studies and previous recommendations made to the organization by another group, to raise prices in all four clinics - as the previous price points were unnecessarily low. However, CEPEP did not use a methodological approach in implementing the price increases, as recommended by SHOPS. The price increase was implemented in the fall of 2011 and CEPEP is monitoring its affects.

SHOPS also worked with CEPEP to add higher-margin, express laboratory services where the client pays a premium but is guaranteed their results within two hours. This service was initiated in December 2011. CEPEP is tracking the uptake of the service in order to determine the extent to which it contributes to CEPEP's bottom line.

SHOPS also worked with CEPEP providers in familiarizing them with which medicines CEPEP carries in the clinics and produced laminated cards for each provider which list available pharmaceuticals by active ingredient, brand and price. This was done in response to data from the market study which revealed that many CEPEP customers leave the clinic to

purchase pharmaceuticals from another business because the provider did not prescribe the brand that CEPEP carries in-house.

In addition, SHOPS purchased a sonogram for the San Lorenzo clinic where clients are often referred outside of CEPEP for sonograms. The machine arrived in-country during the beginning of SHOPS Year Four.

Strategy # 4 – Reduce losses

SHOPS presented CEPEP with data to feed some tough, but strategic decisions that the organization needed to make—namely that their research services are no longer competitive in the marketplace and are financially burdening the organization.

SHOPS also worked with CEPEP to develop a revised pricing strategy for female sterilization services which permits some variance in price, making the service remain accessible to lower-income groups while minimizing CEPEP's losses on the service.

In an effort to prepare CEPEP for potential changes in clinical volume, SHOPS worked closely with CEPEP to hire a new director of health services and revise contracting terms for medical providers. Additionally, SHOPS trained clinic managers on a clinical planning tool designed by SHOPS during the fall of 2011. The tool helps clinic managers plan for human resources and financial resources and diagnose more quickly when their clinic is not meeting its targets. SHOPS hopes the tool will help create a culture of accountability between the clinic level managers and executive leadership. This was in response to concern about clinics' capacities to respond to increased client flow.

Technical assistance to CEPEP provided by SHOPS in Paraguay will continue through the end of the summer 2012.

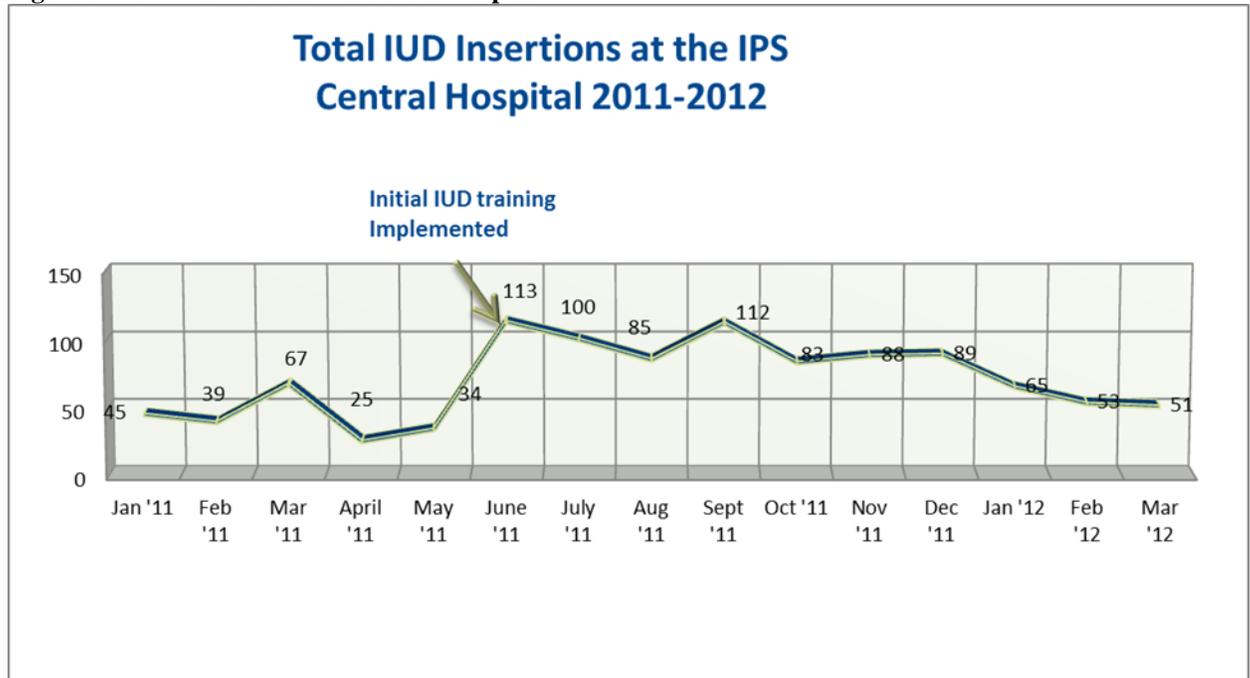
Activity 2: Strengthen IPS FP program

Toward the end of Year Two at a formal ceremony in Asunción, SHOPS/USAID and IPS executed an MOU. The MOU outlines the goals and objectives of technical assistance by SHOPS to IPS, as well as roles and responsibilities. SHOPS conducted the first part of a three-part TOT in postpartum and interval IUD insertion and removal.

At the beginning of Year Three, SHOPS conducted the second part of the TOT with the 12 master trainers that built on the first TOT using Jhpiego's SOTA clinical methodology in postpartum IUD insertion. The second installation of TOT trained the master trainers in how to train others on this same approach, including a practicum. Shortly thereafter, the third and final installation of TOT was conducted. It focused on interval IUD insertions. Following the TOT, the 12 master trainers began to conduct flow-down trainings for their colleagues across the country, ultimately training 130 IPS providers (62 doctors and 68 nurse midwives) by the end of the calendar year.

IUD insertions at the Central Hospital increased dramatically during the training period. Although the number of insertions per month did level out later on, the rates seem to be higher than before the training was conducted. Figure 8 shows the increases in the provision of IUD services at the Central Hospital during the course of the SHOPS trainings.

Figure 8: IUD insertions at IPS central hospital



To complement the institution’s revived human resource capacity to deliver quality postpartum and interval IUD insertion services, SHOPS coordinated a large-scale donation of IUD equipment for IPS in the fall of 2011. A formal ceremony was held at IPS in November 2011 to acknowledge this donation of 42 sterilization autoclaves, 40 postpartum IUD kits, and 78 interval IUD kits. The equipment was purchased, donated, and installed in 41 IPS facilities across the county during SHOPS Year Three.

In addition, SHOPS worked with the IPS Master Trainings to develop a revised IUD insertion followup protocol so that women who received insertions come back 10 days after insertion to check the placement of the device. As a complement to the protocol, IPS implemented a small mhealth activity for sending text message appointment reminders to women after receiving the IUD to come back for their followup visit.

In addition to clinical trainings and equipment procurement, SHOPS also finalized a qualitative study of IPS members and beneficiaries that are FP users which had begun at the end of Year Two. The study aimed to determine factors for use and non-use of the IPS FP program among members and beneficiaries in order to determine areas of strength and weakness in the eyes of the consumer. Based on the results of the qualitative study, the SHOPS team worked closely with IPS to develop a client recapture strategy which was presented to and accepted by IPS leadership. IPS began implementation of the strategy almost immediately by implementing a text messaging program called, “Family Planning Fridays.”

In response to one of the findings of the qualitative study and in support of the IPS client recapture strategy, SHOPS supported the development of a supportive supervision tool for IPS’ family planning program. In April 2012 SHOPS trained 23 staff members at IPS in the tool.

At the end of Year Three, SHOPS decided to conduct a process and implementation evaluation on the technical assistance program implemented with IPS in order to explore the effects of the assistance on IPS' FP program, both in terms of IPS capacity of providing FP services as well as perceptions on quality of care and demand for FP services offered by IPS. This evaluation seeks to identify and document the program's successes and challenges. It is the hope that this evaluation will also serve as a tool for others working with similar hybrid institutions, seeking to increase and reassert their role in the FP marketplace. During SHOPS Year Three, the evaluation protocol was completed in close coordination with IPS, and IRB approval was requested from Abt Associates IRB and IPS' newly formed IRB. Additionally, the data collection instruments were drafted. The evaluation should be completed by fall 2012.

Activity 3: Strengthen and re-orient the DAIA toward a whole market approach

Based on work conducted during Year Two, the DAIA proposed the following next steps to take during the duration of the SHOPS technical assistance program:

- 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 established operational regulations to guide its activities.
- The committee pursued the recruitment of two types of new members: permanent and strategic (issue-specific) members. The strategic members should form a collaborative network representing various sectors to serve as a resource for the committee on topics of interest to the respective organizations.

At the end of Year Two a special commission within the DAIA, including SHOPS and DELIVER, distributed to DAIA members a set of draft guidelines for operational regulations and received comments in early Year Three. Subsequent to the review and synthesis of comments, the DAIA finalized and agreed upon the committee's operational guidelines, setting into place a foundation for decisionmaking and activity planning.

On December 2, 2011, Paraguay's MOH passed Resolution #1392, which recognized the DAIA as a multi-sector entity that supports SRH activities in the country, formally incorporating the DAIA into the MOH structure and giving it a new, more elevated and permanent platform.

Another success was achieved in April 2012 when SHOPS convened a meeting of the DAIA to facilitate the formal incorporation of new committee members. The new members included representatives from a broad range of organizations from the public and private sectors and marked the achievement of reorientation of the DAIA toward a whole market approach to better serve the reproductive health needs of all Paraguayan families. The workshop included participation of Raquel Escobar, vice minister of health; Cynthia Prieto, executive director of CEPEP; Dr. Margarita Bazzano, director of programs for the MOH as well as:

- Three pharmaceutical manufacturers (LASCA, V&T Farma, and FAPASA)
- The national college of medicine
- The school of nursing and obstetrics
- A leading women's support organization, Kuña Aty
- The Secretary of Women's Affairs
- The Vice Ministry for Youth

- The Ministry of Education
- The Chamber of Paraguayan Pharmacies
- The Paraguayan Society of Obstetricians and Gynecologists

By the end of Year Three, three new private sector entities accepted to form part of the DAIA, as well as close to ten new public sector entities.

Activity 4: Support Kuña Aty in becoming more sustainable

At the beginning of Year 3, SHOPS was approached by a leading women's organization requesting technical assistance for their organization. SHOPS leveraged the presence of the MBAs Without Borders volunteer who subsequently dedicated 20% of his time to Kuña Aty. SHOPS performed financial analyses for the organization which were presented to the Board of Directors and brought to light a critical financial scenario which would only allow the organization of 20 years to continue operating for less than two years more. As a result, SHOPS conducting a simple willing-to-pay survey with Kuña Aty clients and used the results to perform further financial analysis to feed a revised pricing strategy for Kuña Aty's legal, social, clinical and child care services. Kuña Aty implemented the revised pricing strategy in January 2012.

SHOPS also facilitated an exchange with a similar women's organization in Uruguay, CEPRODIH, which has been successful in having women clients run micro-enterprises as a revenue-generating source for the organization.

Additionally, SHOPS supported Kuña Aty in successfully applying for a full-time Peace Corps volunteer with business expertise to continue SHOPS work, including pursuing some of the micro-enterprise ideas discussed with CEPRODIH and SHOPS.

Uganda

Overview

In Uganda, SHOPS supports the USAID-funded Healthy Baby Voucher Project (HBVP) as part of the USG's Saving Mothers, Giving Life initiative. This project extends the original Healthy Baby Voucher Program within the four selected Saving Mothers, Giving Life districts in Western Uganda (Kamwenge, Kyenjojo, Kabarole, and Kibaale). The HBVP builds on the lessons learned from the 2006 MSU voucher pilot program and the expanded Healthy Baby project (a joint project of the Uganda MOH, Kreditanstalt für Wiederaufbau [German reconstruction credit institute], and the Global Partnership on Output-Based Aid) to help women of reproductive age access comprehensive obstetric care. The HBVP has a one-year project period from March 2012 to April 2013, with \$1.49 million in funding from USAID/Uganda and a cost share of \$238,000 from MSU. The project's strategic objective is to increase access to high quality maternal and child health services, and the intermediate results are two-fold:

- (1) Increase access to comprehensive obstetric care for the poor in private health facilities.
- (2) Improve and maintain quality of obstetric care within the private sector.

Summary of key activities and outputs

Through the HBVP, 10,888 vouchers covering antenatal care (ANC), safe delivery, postnatal care (PNC), and related services such as immunization and postpartum family planning (PPFP) have been made available for purchase by eligible pregnant women. BCC staff members conduct outreach in the project area, providing information about healthy pregnancy and delivery as well as information about the voucher scheme to men and women in underserved communities. Information is also disseminated via media channels and poster campaigns. In addition, voucher community-based distributors (VCBDs) visit targeted areas and provide community outreach and go door-to-door providing information and counseling.

If pregnant women are interested in purchasing a voucher, BCC staff and VCBDs determine if they meet the eligibility criteria. In this catchment area, the vast majority of women have very limited means, and very few do not meet eligibility criteria. Women who are eligible can purchase the voucher for 3,000 Ugandan Shillings (about USD \$1.20), which provides access to 24 accredited private sector providers in the area without any additional payment. Coverage includes: (1) four ANC care visits; (2) safe delivery in a high-quality facility with skilled attendants and sufficient supplies; (3) referral costs (including ambulances and transportation) to a higher-level facility if needed; and (4) PNC, including assistance in accessing PPFP, nutrition advice, and immunizations. Participating facilities must be accredited by MSU's clinical quality team and submit to regular auditing. Providers are paid using an output-based approach in which they are reimbursed for claims after service delivery. Project activities are implemented in close collaboration with district health teams and the MOH, and seek to capitalize on linkages within the health system.

Initiated during this reporting period, the HBVP prepared to disseminate information, distribute vouchers, and provide services to clients through trained private providers through the following:

- Designed and printed vouchers.
- Trained 53 VCBDs (16 from the previous project and 37 from new facilities) in technical skills including community mobilization, sensitization skills, Healthy Baby voucher sales, and client followup, and distributed vouchers to VCBDs.

- Recruited new voucher service providers and conducted trainings on safe delivery, including skills in basic and comprehensive emergency obstetric care.
- Conducted refresher training in basic and comprehensive emergency obstetric care for existing voucher service providers.
- Designed and printed claims stationary; summary submission forms; voucher sales stationary; information education, and communication materials; and promotional items (including t-shirts, bags, caps, VCBD aprons, and Saving Mothers, Giving Life signage).
- Trained SHOPS (MSU) project staff on USAID compliance, project deliverables, and data management.
- Branded 24 service providers/facilities.
- With the involvement of local leaders, held 34 community BCC sensitization events, eight Safe Motherhood Days, three film shows, and two market promotions, reaching 3,617 people in 67 villages.
- Gave memoranda of understanding (MOUs) to the four project health districts to review and sign (signatures are expected by the next quarter).
- Finalized a monitoring and evaluation plan.
- Between March 1, 2012 and June 30, 2012, the HBVP made the following progress toward performance indicators in the SHOPS M&E plan:

Table 19: Voucher program statistics

Indicator		Target	Progress to Date	% of Target
Access to Care				
1	# of vouchers sold by VCBDs to beneficiaries	10,888	8,112	74.5%
2	# of ANC visits using a voucher	9,799	3,619	36.9%
3	# of babies delivered using a voucher	6,533	703	10.7%
4	# of PNC visits using the voucher	2,613	4	0.2%
5	# of women seeking and receiving PFP	120	0	0.0%
Quality to Care				
6	# of old facilities receiving refresher voucher training	6	6	100.0%
7	# of new facilities added	17	17	100.0%
8	# of providers trained in safe delivery	46	44	95.7%
9	# of accredited facilities undergoing clinical audit	n/a	n/a	n/a
10	# of facilities passing clinical audit with $\geq 80\%$ grade	n/a	n/a	n/a

The high performance related to the first two indicators is attributable to high demand for the voucher that made services accessible and affordable to many women. In addition, the BCC and VCBD activities have successfully intensified mobilization for ANC and safe delivery services. The program has been well-implemented and accepted by beneficiaries and stakeholders alike. The low numbers during this reporting period for PNC and PFP are due to the short implementation time. The deliveries that have taken place have been very recent, and not enough time has elapsed yet for women to come in for these services. SHOPS expects these indicators to be met by project end. In order to ensure that clients who purchase vouchers use them, BCC staff and VCBDs will scale up efforts to mobilize service uptake for ANC, safe delivery, PNC, and PFP.

The main challenge for the HBVP is the overwhelming demand for the vouchers and the services they provide. In roughly two months since voucher distribution began, more than 75 percent have been sold to clients, and yet, demand continues to grow. Once the program runs out of vouchers, it is likely that many interested and eligible women will be left without this product. A second challenge lies in ensuring continued high quality of services. The voucher service providers have

been well trained and some have made necessary changes in staffing in order to meet the high demand for services. However, the HBVP will need to be closely observed to ensure that high quality services are maintained as clients continue to redeem their vouchers. Clinical audits will be undertaken throughout the remainder of the project to carefully monitor this.

During the remainder of the project (through April 2013), SHOPS plans to conduct the following activities:

- Scale up BCC and VCBD activities to promote uptake of all voucher services.
- Continue service provision through the accredited private providers and referral facilities when needed.
- Use more promotional items to scale up the sensitization of and awareness about the importance of healthy pregnancy and delivery (including a billboard scheduled for August 2012).
- Conduct trainings for remaining voucher service providers.
- Carry out clinical audits and strengthen monitoring and follow-up to ensure quality services in the region.
- Plan meetings with implementing partners in the districts (scheduled for July and September 2012).

Zambia

Overview

SHOPS is continuing to build on work conducted in Zambia through the USAID-funded Banking on Health project to expand access to financing for the private health sector. In Years One through Three, the overall goal of the SHOPS project in Zambia has been to promote the growth of the private health sector, particularly the growth of those private providers offering FP/RH and MCH health services. To achieve this goal, technical assistance has focused on:

- Improving private providers' financial management skills—especially in business planning and applying for financing.
- Strengthening financial institutions' knowledge and capability to lend to the private health sector.
- Expanding access to finance for private health care providers, particularly through loans guaranteed under the USAID DCA.

In Year One, SHOPS added an advanced business skills training course entitled Business Planning for Health Practitioners. The program 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.

In Year Two, SHOPS continued to build the sustainability of the access to finance activities by training six private provider 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.

In Year Three, SHOPS emphasized supporting the certified SHOPS trainers who are delivering business management trainings and working with the private provider associations to organize the trainings. There was also continued emphasis on building market linkages and introducing new banks to the possibility of lending to the private health sector.

Summary of key activities and outputs

Activity 1: Support the trainers who are delivering business management trainings for private providers (physicians, clinical officers, nurses, midwives, and pharmacists) with the SHOPS banking consultant providing training assistance where needed and evaluation of the trainings

Most of the trainings in Year Three have been delivered by the six trainers certified in Year Two to deliver SHOPS business management training. The banking consultant has provided support when needed and evaluated the performance of the trainers. The trainings are being delivered in the Copperbelt area of Zambia as well as Lusaka. Private health providers in Livingstone will be receiving training in the final quarter of Year Three. Most of the training expenses have been covered by the participating private provider associations including the Zambia Medical Association, the Pharmaceutical Society of Zambia, the Alliance of Small Private Health Providers of Zambia, and the Zambian Nurses Association. A new development in Year Three is that the Zambian Medical Association is awarding continuing medical education credit for physicians who have taken the SHOPS financial management training.

As of the end of the third quarter, seven trainings have been delivered on Improving the Health of a Private Health Practice and Business Planning for Health Practitioners. During the first three quarters of Year Three, SHOPS trained 84 providers. A total of 336 providers have been trained since SHOPS initiated activity in Zambia. Pre- and post-tests administered with the training revealed that in Year Three, on average, there was a 26 percent increase in 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 for Health Practitioners.

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, 25 percent of trained providers have obtained financing within six months of receiving financial management training. This represents an increase from the baseline of 20 percent in 2009. Fewer providers are being trained but a higher percent are receiving loans. This recent increase in the percentage of providers receiving loans is the result of the improvement of the Zambian economy since the financial crisis of 2009 and is reflected in the increased demand for loans on the part of private health care businesses. The economy in Zambia continues to improve in 2012. However, although interest rates have dropped from 2011, lending rates remain high with base rates at 18 to 20 percent.

Activity 2: Continue to develop market linkages through business development service firms, agreements between financial institutions and provider associations, and linking financial institutions with medical suppliers

During Year Three, SHOPS continued to work 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, 11 contracts were made in Year Two, and 7 contracts were made in the first three quarters of Year Three. Most of these contracts involved the development of business plans by the business development firm and/or development of audited financial statements.

SHOPS also conducted several marketing meetings between Investrust Bank and a local medical equipment provider to develop leasing of medical equipment. Investrust is finalizing the leasing loan product that it is developing for the local medical equipment provider.

Activity 3: Continue to disseminate market research and conduct loan product development and health sector lending technical assistance

In Year Three SHOPS focused its technical assistance on ZANACO, one of the two commercial banks with health sector DCAs, to help ensure that the USAID guarantee benefits health care providers that are seeking to expand or offer new services. SHOPS continued to work with ZANACO lending officers one-on-one until early spring 2012. However, at that time the new government of Zambia challenged the sale of ZANACO to Rabobank and as a result lending activities largely came to a halt during the subsequent government investigation. The government of Zambia still has not issued a report on the investigation. ZANACO Bank's small and medium enterprise department indicated that it could not continue to work with SHOPS during the investigation. Subsequently, since March 2012 there has been little contact with ZANACO Bank and no other health sector loans have been documented.

SHOPS continues to engage other financial institutions to expand health sector lending. For instance, UBA, a new entrant to the Zambia market, plans to have a breakfast marketing session for health providers. Overall, 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 this problem, SHOPS/Zambia has continued to identify potential borrowers from the delivery of its financial management trainings, organize borrower meetings with bank lending officers, and assists the banks in the followup meetings with the borrowers, as well as assists the borrowers with specific lending requirements of the banks.

As a result of the SHOPS project's efforts to expand access to finance, a total of approximately \$646,500 equivalent has been lent from the project start. However, by end June 2012 only \$7,900 (one pharmacist loan by ZANACO) has been lent under the DCA guarantee. In addition to the aforementioned problem in regard to ZANACO, Banc ABC continues to experience turnover of the lending officers that SHOPS works with, and although SHOPS continues to relay loan possibilities to Banc ABC, technical lending assistance has not been a focus in Year Three.

Activity 4: Monitor and evaluate activities of SHOPS/Zambia

SHOPS has developed a PMP for Year Three with six indicators measured on a monthly, quarterly, or annual basis to monitor project activities. SHOPS is on target for meeting its indicators for Year Three with the exception of health sector loan amounts booked under the DCAs. The percentage of private providers who demonstrated increased FP/RH provision after attending SHOPS training will be measured by the end of September 2012.

Zimbabwe

Overview

The goal of the SHOPS Zimbabwe project is to implement a mobile family planning outreach program through implementing partner, Population Services Zimbabwe (PSZ), in order to extend comprehensive family planning services to the most underserved areas of Zimbabwe. Specifically, the program aims to:

- **Extend the geographic coverage** of PSZ, bringing free services to the most remote areas of Zimbabwe which had limited or no access to family planning, covering 49 of the 62 districts in Zimbabwe.
- **Increase awareness** of comprehensive FP methods by 20% among men and women aged between 15 - 49 years by 2015.
- **Expand the method mix** to increase the proportion of men and women using long-acting and permanent methods of family planning.

Mobile outreach teams are comprised of an outreach coordinator, a nurse, a nurse aide, and a driver. Two clinical officers and 1 doctor who provide permanent methods of family planning (tubal ligation and vasectomy) also accompany the outreach team when clients request a tubal ligation or vasectomy. While the ideal approach has been to have a doctor on each mobile outreach team, the lack of skilled human resources in Zimbabwe has prevented PSZ from implementing this model. PSZ obtains FP commodities through the Zimbabwe National Family Planning Commission. Each team is fully equipped with a vehicle and medical equipment to provide a comprehensive mix of family planning services.

Summary of key activities and outputs

Since October 2010, PSZ has been implementing a mobile family planning outreach program in the rural and peri-urban communities of Zimbabwe. The SHOPS-funded project is built upon previous PSZ programming supported by other key partners such as the U.K. Department for International Development, the European Commission, and MSI.

Activity 1: Outreach teams

A new outreach team is now operational to cover expanded program operations in Mashonaland West province. Service provision has now reached all eight districts in the province. A seventh outreach team, expanding service delivery to an eighth province (Midlands), was initially funded by Jersey Overseas Aid Commission and is now supported by USAID and SHOPS as of July 2011.

During the reporting period, 613 outreach points were established, where outreach teams provided family planning and SRH services. 76,767 CYPs were generated. There has been a significant increase in CYPs from Quarter 1 and 2, in part due to expansion into new operational areas. The program had a project CYP of 96,000 for the entire year, which was surpassed by an actual achievement of 220,000 CYPs.

Two clinical officers were recruited on a full-time basis, and one full-time doctor and one part-time doctor were recruited to provide LA/PMs. This allows outreach teams to provide the full comprehensive mix of family planning methods. The clinical officers and doctors have already started working with outreach teams in actual service provision. Twenty-four

tubal ligations were done during Quarter 3 by six outreach teams. After the recruitment of two clinical officers, one full-time doctor and one part-time doctor, as well as the new outreach team in Mashonaland West, seven outreach teams carried out 101 tubal ligations in Quarter 4. The number of five-year implants increased from 4,461 in Quarter 1 and 5,980 in Quarter 2, to 7,908 and 10,212 in Quarters 3 and 4, respectively. There may be a shift to LA/PMS from short-term methods, which, along with program expansion, may help account for this significant increase.

Activity 2: Geographic information system (GIS) mapping

PSZ initiated a GIS mapping of all outreach sites and health facilities in Zimbabwe, utilizing GPS coordinates provided by USAID/Zimbabwe. PSZ has procured the most appropriate GIS software and GPS hardware, and trained relevant staff in GIS. Relevant staff members have been trained on using the GPS equipment, and as a result of this training, seven out of the eight PSZ static clinics that support the outreach teams have been mapped and 150 outreach sites have been mapped out of the 1,300 public health facilities in the country. The results of the GIS mapping of outreach sites and other PSZ support services will be used as a basis for monitoring outreach team performance in terms of operational costs versus impact, and can be used by PSZ to identify gaps in service delivery.

Annex A: Sub-awards Obligated

The following is a list of sub-awards obligated during Year Two and Year Three of the project.

Sub-awardee	Year Two Obligated Amount (USD)
CEPEP	28,296.00
Boston University	131,008.00
Top of the Mind	8,400.00
TURU Publicidad	20,456.80
EVALUA	15,519.00
Bindels Advisory Services	15,217.00
ApAfrica	8,000.00
iCohere	19,858.00
Multi Media Content and Comm	67,486.00
Health Development Foundation	15,318.49
Unitrend	34,547.15
Add Value Consulting	19,390.00
CDC Development Solutions	25,970.00
Center for Excellence Ltd	15,300.00
Ipsos Apoyo	33,335.00
PharmAccess	105,950.00
Multi Media Content	71,686.00
Sub-awardee	Year Three Obligated Amount (USD)
D.Net	2,198,825.00
Delta Audit Services	11,539.00
CERORP	54,467.00
GBC Health	25,000.00
Survey WareHouse	69,013.00
EMAC Design	98,060.00
Pharmacy Council	40,000.00
iCohere	123,758.00
Mobile Content.com	13,000.00
Business Interactive Consulting	52,398.00
M&G Pharmaceuticals	20,000.00
Service for Generations	114,993.00
Center for Social Research	123,059.55
PharmAccess	552,508.00
RTM	34,258.77
HDA South Africa	51,558.00
REACH	24,500.00
CEPEP	98,623.00
TNS Global	40,473.00

Synovate Pan Africa - Ghana	60,551.18
Gioriz Imagen-Paraguay	115,000.00

Annex B: SHOPS Travel

The following is a list of SHOPS travel during Year Two and Year Three.

Start Date	End Date	Traveler Name	Country	Q	Purpose of trip
Year Two					
5-Jul-10	9-Jul-10	Jithamithra Thathachari Sheekher Saran Anamitra Deb	Kenya	1	Kick off project and gather relevant pricing data from LiveWell and other clinics
9-Jul-10	24-Jul-10	Pamela Riley	Bangladesh	1	Technical assistance to MAMA
10-Jul-10	20-Jul-10	Taara Chandani	Uganda	1	Continue work on the education loan facility for nursing students (Uganda) and to push discussion of revolving credit line concept with Acumen (Kenya)
16-Jul-12	25-Jul-10	Aneesa Arur	South Africa	1	Monitor data collection for HIV contracting activity and explore potential contracting cases
26-Jul-10	6-Aug-10	Kimberley M. McKeon	Zambia	1	Review progress of SHOPS program in Zambia
2-Aug-10	21-Aug-10	Bruno Benavides (Jhpiego)	Peru	1	Identifying recognition mechanisms for QI intervention
9-Aug-10	20-Aug-10	Barbara O'Hanlon	Kenya	1	Facilitate policy reform workshop, finalize PPP Unit terms of reference and Y1 work plan
21-Aug-10	1-Sep-10	Margaret Mensah	Nigeria	1	Attend Abt Development Foundation (ADF) Workshop for project F&A staff in Abuja; collect proposal input and assist with training
22-Aug-10	10-Sep-10	Pamela Riley	Bangladesh	1	Technical assistance to MAMA
16-Sep-12	19-Sep-12	Jithamithra Thathachari Sheekher Saran Anamitra Deb	Kenya	1	Phase 3 of LiveWell
15-Sep-12	22-Sep-12	Stephen Rahaim Thierry van Bastelaer	Kenya	1	Phase 3 of LiveWell
23-Sep-10	2-Oct-10	Jeff Barnes	Burkina Faso	2	Participate in the Francophone regional conference for N4A
23-Sep-12	11-Oct-10	Jessica Erbacher	Burkina Faso	2	Participate in the Francophone regional conference for N4A
5-Oct-10	6-Oct-10	Nelson Gitonga	Washington, DC	2	Attend Corporate Council for Africa Conference on Private Sector Health in Africa with Kenyan delegation, prepare for HSR Symposium and Mombasa Workshop
11-Oct-10	22-Oct-10	Taara Chandani	Nigeria	2	Work with two DCA banks to commence lending and meet with associations and other partners to institute market linkages
12-Oct-10	22-Oct-10	Barbara O'Hanlon	Namibia	2	Disseminate results of PSA,

					launch SHOPS field program
16-Oct-12	28-Oct-12	Rich Feeley	Namibia	2	Facilitate the dissemination events of the Namibia Private Sector Assessment report
25-Oct-10	29-Oct-10	Martha Merida	Paraguay	2	Introduction meetings with local stakeholders and counterparts
5-Nov-12	21-Nov-10	Erica James	Paraguay	2	Provide orientation to local F&A and office set up assistance
7-Nov-10	26-Nov-10	Kim McKeon	Zambia	2	Initiate Year 2 activities, including training of health providers, and work with DCA banks and health associations
6-Nov-10	13-Dec-10	Barbara O'Hanlon	Kenya	2	Facilitate joint SHOPS and HS2020 technical exchange, focus on health systems strengthening and HIV/AIDS
8-Nov-10	12-Nov-10	Nelson Gitonga	Kenya	2	Help facilitate the HS 20/20 and SHOPS Network for Africa technical exchange in Mombasa
8-Nov-10	12-Nov-10	Peter Van Wyk Gabriel Mbapaha Dr. Richard N. Kamwi KSM Kahuure Ingrid de Beer	Kenya	2	Help facilitate the HS 20/20 and SHOPS Network for Africa technical exchange in Mombasa
14-Nov-10	20-Nov-10	Barbara O'Hanlon	Switzerland	2	Represent SHOPS and present on PSP-One and SHOPS work
14-Nov-10	20-Nov-10	Sara Sulzbach	Switzerland	2	Represent SHOPS and present on PSP-One and SHOPS work
15-Nov-10	23-Nov-10	Taara Chandani	Uganda	2	Support the design of a student-loan lending facility in partnership with Acumen Fund and the public sector
15-Nov-10	24-Nov-10	Alvaro Monroy (consultant)	Paraguay	2	TA to CEPEP
15-Nov-10	3-Dec-10	Dawn Crosby	Paraguay	2	Work with chief of party to kick off various work plan activities, meet with stakeholders & counterparts, start TA with CEPEP, IPS, DAIA
15-Nov-10	17-Dec-10	Martha Merida	Paraguay	2	Meet with stakeholders and start TA with CEPEP, IPS, DAIA
28-Nov-10	18-Dec-10	Ilana Ron	Nigeria	2	Scope for Nigeria AA
5-Dec-10	18-Dec-10	Caroline Quijada	Kenya	2	Design trip for new SHOPS program
6-Dec-10	18-Dec-10	Gael O'Sullivan			Conduct health market assessment of FP pharmaceutical products
6-Dec-10	28-Dec-10	Lena Kolyada	Russia	2	
6-Dec-10	11-Dec-10	Jeffrey Barnes			SHOPS Caribbean Assessment Workshop - stakeholder meeting
6-Dec-10	12-Dec-10	Sara Sulzbach	Barbados	2	
1-Jan-11	8-Jan-11	Joseph Addo-Yobo	Ghana	3	Attend SHOPS Quarterly Review
3-Jan-11	3-Jan-11	Pamela Riley	New York	3	Meeting with M4H Coordinator D.Net

17-Jan-11	31-Jan-11	Martha Merida + Spouse	Paraguay	3	Establish residence as chief of party
15-Jan-11	26-Jan-11	Taara Chandani	Nigeria	3	Move DCA activities forward
16-Jan-11	3-Feb-11	Pamela Riley	Bangladesh	3	Continue partner negotiations for Mobiles for Health, and present funding scenarios for Mission
19-Jan-11	26-Jan-11	Rich Feeley	Kenya	3	Work with the PPP-Health Kenya members in the policy reform process
24-Jan-11 24-Jan-11	29-Jan-11 31-Jan-11	Dawn Crosby Shalu Umopathy	Ghana	3	Exploratory visit/stakeholder interviews for potential pilot
30-Jan-11	6-Feb-11	Sara Sulzbach	Antigua St. Kitts&Nevis Dominica	3	Pre-assessment meetings for planned HS/PSA assessments in the OECS countries
7-Feb-11	21-Feb-11	Jeff Barnes	Jamaica	3	Conduct PSA in cooperation with planned PAHO HSS assessment
12-Feb-11	18-Feb-11	Sara Sulzbach	Tanzania	3	Represent SHOPS at OGAC meeting on PPPs
12-Feb-11	18-Feb-11	Natasha Hsi	Zimbabwe	3	Oversee activity implementation
12-Feb-11	25-Feb-11	Rich Feeley	Namibia	3	Assist in fulfillment of the low cost health insurance component of the draft SHOPS/Namibia work plan
15-Feb-11	18-Feb-11	Gael O'Sullivan	Seattle, WA	3	Participate in a meeting with PATH and USAID on Uniject
21-Feb-11	26-Feb-11	Luke Boddam-Whetham	Zimbabwe	3	Follow up on Nov 2010 TA on systems and review of outreach operations
2-Mar-11	4-Mar-11	Nomi Fuchs-Montgomery	Zimbabwe	3	Provide support to the start-up of new activities, compliance assistance, and program visit
1-Mar-11	4-Mar-11	Sara Sulzbach	Antigua	3	Convene stakeholder meeting to present joint PSA/HSA
5-Mar-11	18-Mar-11	Heather Vincent	Nigeria	3	Provide assistance to HIV/AIDS stakeholder consultation
5-Mar-11	12-Mar-11	Barbara O'Hanlon	Kenya	3	Work with PPP Unit
12-Mar-11	18-Mar-11	Barbara O'Hanlon	Senegal	3	AfHEA Conference
12-Mar-11	23-Mar-11	Angel Saltos (consultant)	Paraguay	3	Provide TA to the DAIA in order to expand its membership and agenda, Alliance/partnership building for CEPEP
18-Mar-12	26-Mar-12	Meira Neggaz	Madagascar	3	Provide support to the start-up of new activities and visit program
27-Mar-11	4-Apr-11	Sara Sulzbach	St. Lucia Dominica	4	Convene stakeholder meeting to present joint PSA/HSA
4-Apr-12	8-Apr-12	Cynthia Eldridge	Madagascar	4	Advise on integration of vouchers with social franchising and expansion of franchise network
29-Mar-11	13-Apr-11	Vicki MacDonald	Kenya	4	Private Sector Assessment - Zinc
4-Apr-12	15-Apr-11	Stephen Rahaim	Kenya	4	Support to LiveWell business plan – launch of SHOPS designed

					marketing and M&E strategy
7-Apr-11	21-Apr-11	Jeff Barnes	Jamaica	4	Conduct PSA in cooperation with planned PAHO HSS assessment
9-Apr-11	23-Apr-11	Ilana Ron	Namibia	4	Management and technical oversight of SHOPS/Namibia program
11-Apr-11	23-Apr-11	Alexandra Dunberger	Madagascar	4	Assessment visit to explore DMPA discontinuation
15-Apr-11	17-Apr-11	Pamela Riley	New Haven, CT	4	Present poster on mhealth e-conference at Unite for Site
18-Apr-11	22-Apr-11	Nick Corby	Madagascar	4	Look at innovations/best practices with regards to voucher project, advise on text message based reporting systems for vouchers
16-Apr-11	23-Apr-11	Natasha Hsi	Madagascar	4	Build capacity of MSM staff in F&A, USAID compliance, visit outreach sites
26-Apr-11	12-May-11	Vicki MacDonald	Kenya	4	Private sector assessment for zinc program
26-Apr-11	11-May-11	Joseph Addo-Yobo	Kenya	4	Private sector assessment for zinc program
30-Apr-11	3-May-11	Nirmala Ravishankar	South Africa	4	Initial meetings with Aurm and Right to Care
8-May-11	21-May-11	Teresa Herrera	Paraguay	4	Conduct market study for CEPEP
14-May-11	21-May-11	Sara Sulzbach Rich Feeley Kylie Ingerson	Antigua and Barbuda	4	Conduct joint HS/PS assessment
14-May-11	25-May-11	Barbara O'Hanlon	St. Kitts& St. Vincent	4	Joint PSA/HSA data collection
14-May-11	27-May-11	Meaghan Smith and Stephen Rahaim	Bangladesh	4	Participate in private sector assessment
22-May-12	29-May-12	Kate Welch	South Africa	4	To conduct structured interviews and focus group discussions for contracting out paper
22-May-12	3-Jun-11	Dawn Crosby	Malawi	4	Malawi Private Sector Assessment
23-May-11	27-May-11	Joseph Addo-Yobo	Malawi	4	ProCap Pilot Test with CHAM
21-May-11	6-Jun-11	Ilana Ron	Malawi	4	Malawi Private Sector Assessment
23-May-11	1-Jun-11	Nelson Gitonga	Malawi	4	Malawi Private Sector Assessment
27-May-12	3-Jun-11	Meaghan Smith	Malawi	4	Malawi Private Sector Assessment
30-May-11	7-Jun-11	Luke Boddam-Whetham	Zimbabwe	4	Program Support manager will be visiting the Zimbabwe program to undertake strategic planning with the country program and oversee implementation of SHOPS activities
26-May-11	12-Jun-11	Vicki MacDonald	Tanzania	4	Prep for Assessment of ADDO program
29-May-11	4-Jun-11	Shalu Umapathy	Ghana	4	Calibration of ProCap tool with Manna Mission Hospital
3-Jun-11	10-Jun-11	Jeff Smith (Jhpiego)	Paraguay	4	Facilitate part 1 of 2 trainings for IPS - IUD Insertion

4-Jun-12	10-Jun-12	Mark Nunn	Bangladesh	4	Conduct structured interviews and focus group discussions for contracting out paper
6-Jun-11	10-Jun-11	Erica James	Peru	4	Orient local research firm to survey tool and supervise data collector training and pilot testing
12-Jun-12	18-Jun-12	Kate Welch	India	4	Conduct structured interviews and focus group discussions for contracting out paper
22-Jun-12	26-Jun-12	Angela Stene	Kenya	4	Rapporteur for new constitution briefing process
6-Jun-11	10-Jun-11	Barbara O'Hanlon	Kenya	4	Draft terms of reference for PPP Unit, assist PPP-HK to become fully functional
6-Jun-11	24-Jun-11	Oly Randrianatoandro	UK	4	For SHOPS program manager (monitoring and evaluation) to take part in leadership development training at MSI HQ
7-Jun-11	17-Jun-11	Rich Feeley	Namibia	4	Technical Assistance on the following elements of the work plan: low cost health insurance, male circumcision, MOU with MOHSS for a PPP on mobile health services
18-Jun-11	25-Jun-11	Dawn Crosby	Ethiopia	4	Participate in the RHSC annual meeting
19-Jun-11	25-Jun-11	Barbara O'Hanlon	St. Lucia	4	Trip to discuss joint health system/private sector assessment scope of work
11-Jun-11	16-Jun-11	Ayo Iroko	US	4	To work and meet with the SHOPS home office team.
12-Jun-11	14-Jun-11	Ayodeji Ajiboye	US	4	Present on the successes and challenges of Healthcare International, a Nigerian HMO. This presentation will be part of the SHOPS-sponsored GHC panel
13-Jun-11	20-Jun-11	Kristen Hopkins	Madagascar	4	Provide HMIS support to country team
13-Jun-11	16-Jun-11	Vicki MacDonald	Uganda	4	Preparations for future research
11-Jun-12	24-Jun-11	Alvaro Monroy	Peru	4	Field test ProCap tool on local IPPF affiliate, INPPARES
15-Jun-11	17-Jun-11	Kathy Banke	US	4	Present at the GHC Conference
19-Jun-11	24-Jun-11	Lalaina Razafinirinasoa	UK	4	For SHOPS program manager (social franchising, community health workers) to take part in leadership development training at MSI HQ
19-Jun-11	26-Jun-11	Rich Feeley	St. Lucia	4	Joint PSA/HSA data collection
19-Jun-11	26-Jun-11	Ilana Ron	Grenada	4	Joint PSA/HSA data collection
25-Jul-11	2-Jul-11	Sara Sulzbach Kylie Ingerson	Dominica	4	Conduct joint HS/PS assessment

25-Jun-11	2-Jul-11	Pamela Riley	Grenada	4	Health Systems and Private Sector Assessment, Governance and Private Sector Modules
26-Jun-11	2-Jul-11	Kim McKeon	Nigeria	4	Explore pan-African partnership with UBA (core funds) to develop and roll-out a health sector loan product in multiple countries
28-Jun-11	29-Jun-11	Nelson Gitonga	Tanzania	4	Meet with PPP-TWG
Year Three					
5-Jul-11	15-Jul-11	Minki Chatterji Piotr Korynski Cynthia Kinnan	Nigeria	1	Design impact evaluation for access to finance activity
8-Jul-11	11-Jul-11	Ilana Ron	Canada	1	IHEA for two private sector HIV presentations and participating in the private sector steering committee activities
8-Jul-11	10-Jul-11	Barbara O'Hanlon	Canada	1	Present at IHEA
8-Jul-11	10-Jul-11	Rich Feeley	Canada	1	Present at IHEA
6-Jul-11	6-Jul-11	Pamela Riley	New York	1	Meeting with M4H Coordinator D.Net
11-Jul-11	31-Jul-11	Erica James	Paraguay	1	Contribute to pre-analysis of market study data for CEPEP repositioning strategy
19-Jul-11	30-Jul-11	Gillian Eva	Zimbabwe	1	Provide technical assistance in monitoring to SHOPS project activities/M & E team, provide induction and training to new M&E officer
19-Jul-11	29-Jul-11	Alison Bishop	Benin	1	Prepare for research activities in Benin
19-Jul-11	23-Jul-11	Irene Pachawo	Nepal	1	SHOPS staff member to attend MSI clinical support manager meeting
20-Jul-11	23-Jul-11	Joseph Addo-Yobo	Benin	1	Provide TA to MOH on procurement of zinc and ORS to provide social safety net
20-Jul-11	5-Aug-11	Amelia Kaufman	Paraguay	1	Facilitate clinical training skills workshop
24-Jul-11	17-Aug-11	Dawn Crosby	Paraguay	1	Develop repositioning strategy for CEPEP along with site office and CEPEP staff and present strategy to CEPEP's board of directors
25-Jul-11	29-Jul-11	Mesfin Haile	Ethiopia	1	SHOPS staff member to attend USAID rules and regulations training from Inside NGO
25-Jul-11	29-Jul-11	Eva Burke	Madagascar	1	Program support team member to provide project management
25-Jul-11	8-Aug-11	Alison Froud	Madagascar	1	Quality technical assistance visit, provide a comprehensive assessment of clinical quality of outreach teams and social franchises

30-Jul-11	6-Aug-11	Elizabeth MacGregor-Skinner	St. Vincent and the Grenadines	1	Joint health system/private sector assessment
31-Jul-11	7-Aug-11	Caroline Quijada	Paraguay	1	Contribute to development and finalization of repositioning strategy for CEPEP and participate in formal presentation of strategy to CEPEP's board of directors
30-Jul-11	14-Aug-11	Margret Mensah	Nigeria	1	Represent SHOPS project at Annual Meeting of the Abt Development Foundation in Abuja. Provide oversight and general strategic planning to finance and administration needs for the expansion of the SHOPS/Nigeria project
3-Aug-11	5-Aug-11	Abdullah Adams	Zimbabwe	1	Provision of procurement and logistics support
8-Aug-11	11-Aug-11	Peter Doyle	Trinidad and Tobago	1	Participate in meeting on private health insurance and inclusion of HIV/AIDs benefits
3-Sep-11	17-Sep-11	Piotr Korynski	Rwanda	1	HRH Assessment
3-Sep-11	9-Sep-11	Mesfin Haile Marshall Mcshave	Kenya	1	SHOPS staff members to attend MSI's global financial management workshop
10-Sep-11	21-Sep-11	Vicky MacDonald	Ghana	1	Assessment of zinc and initial planning
12-Sep-11	24-Sep-11	Rich Feeley	Namibia	1	Fulfill activities regarding SHOPS work: low cost health insurance, male circumcision, mobile PHC clinics in collaboration with PharmAccess
12-Sep-11	22-Sep-11	Ilana Ron	Namibia	1	Monitoring and evaluation/documentation of PPPs/NGO sustainability work/private provider training work/assurance of transition plan and new staff onboarding
22-Sep-11 24-Sep-11	8-Oct-11 8-Oct-11	Vicky MacDonald Emily Sanders	Malawi	1	MCH work planning and start-up
26-Sep-11	30-Sep-11	Tendai Chikumba	Ghana	1	SHOPS staff member to attend USAID rules and regulations training given by Inside NGO
30-Sep-11	30-Sep-11	Nelson Gitonga	Tanzania	1	Meet with PPP-TWG to review PSA scope
1-Oct-11	14-Oct-11	Joan Gillman	Nigeria	2	Strategic review of BDS market and inputs for associate award work planning
1-Oct-11	14-Oct-11	Piotr Korynski	Nigeria	2	Health Financing Activities
2-Oct-11	6-Oct-11	Munyaradzi Muchenje Winnet Mawire	Ethiopia	2	MSI finance staff will be attending an MSI wide finance technical workshop to develop their skills

9-Oct-11	22-Oct-11	Abdullah Adams	Zimbabwe	2	MSI Procurement and Logistics manager based in South Africa to do follow up visit to support improvements
9-Oct-11 9-Oct-11 10-Oct-11	19-Oct-11 17-Oct-11 14-Oct-11	Ilana Ron Heather Vincent Nelson Gitonga	Malawi	2	Disseminate Malawi PSA Results in a Consultative Workshop and develop country program work plan
14-Oct-11	18-Oct-11	Piotr Korynski	Ghana	2	Ghana WARP Health
16-Oct-11	17-Oct-11	Vicki MacDonald	Canada	2	Meeting of the International Zinc Task Force
16-Oct-11	3-Nov-11	Nelson Gitonga	Ethiopia	2	Conduct joint HS/PSA
18-Oct-11	23-Oct-11	Amelia Kaufman	Paraguay	2	Facilitate additional Clinical Training Skills workshop - focused on interval IUDs
20-Oct-11	22-Oct-11	Vicki MacDonald and Susan Mitchell	Seattle, WA	2	Participate in the Gates Zinc Conference
28-Oct-11	4-Nov-11	Marianne El-Khourry	Uganda	2	Monitor field research, train survey teams
6-Nov-11	11-Nov-11	Mesfin Haile	Zimbabwe	2	MSI country director to take part in global social franchising conference
7-Nov-11	15-Nov-11	Caroline Quijada, Pamela Riley, Meagan Smith	Kenya	2	Participate in Social Franchising Conference
7-Nov-11	17-Nov-11	Stephen Rahaim	Bangladesh	2	Work planning and start up activities for private sector LAPM
17-Nov-11	18-Nov-11	Stephen Rahaim	Philippines	2	Meet with mission to discuss ideas surrounding market segmentation.
17-Nov-11	21-Nov-11	Sara Sulzbach	Bahamas	2	Participate/present at NIH meeting on HIV/AIDS
27-Nov-11	9-Dec-11	Kim McKeon	Zambia	2	Provide TA to banks and BDS
28-Nov-11	3-Dec-11	Susan Mitchell	Senegal	2	Presenting at FP Conference
28-Nov-11	3-Dec-11	Ayodele Iroko	Senegal	2	Attending FP Conference
28-Nov-11	3-Dec-11	Mofoluke Shobowale	Senegal	2	Attending FP Conference
28-Nov-11	3-Dec-11	Benjamin Ayodeji Oni	Senegal	2	Attending FP Conference
28-Nov-11	3-Dec-11	Dele Balogun	Senegal	2	Attending FP Conference
27-Nov-11	2-Dec-11	Pamela Riley	Senegal	2	Presentations at FP Conference
27-Nov-12 27-Nov-12	7-Dec-11 2-Dec-11	Emily Sanders Vicki MacDonald	Ghana	2	Finalize Ghana work plan and meet with partners
2-Dec-11	12-Dec-11	Vicki MacDonald	Malawi	2	Program start up and liaison with bilateral projects is the purpose
6-Dec-11	14-Dec-11	Thierry van Bastelaer	Kenya	2	Design and supervise Changamka study
6-Jan-12	29-Jan-12	James White	South Africa	3	CH Retail Scan and SHOPS Contracting Study
8-Jan-12	19-Jan-12	Jennifer Peters	Malawi	3	WASH Assessment
9-Jan-12	13-Jan-12	Barbara O'Hanlon	St Kitts	3	Disseminate PSA Findings
15-Jan-12	27-Jan-12	Stephen Rahaim	Bangladesh	3	Start-up activities for private sector LAPM and KAP study preparation
15-Jan-12	27-Jan-12	Jorge Ugaz	Bangladesh	3	Work planning and startup activities, KAP study preparation

15-Jan-12	27-Jan-12	Helen Li	Bangladesh	3	Work planning and start up activities for private sector LAPM
15-Jan-12	22-Jan-12	Minki Chatterji Willa Friedman	Ghana	3	Start-up of research activities
14-Jan-12	21-Jan-12	Chuan Natasha Hsi	Zimbabwe	3	Conduct a performance evaluation of program
14-Jan-12	20-Jan-12	David Long	Zimbabwe	3	Conduct a performance evaluation of program
25-Jan-12	4-Feb-12	Pamela Riley	Ghana	3	Design text message portion of provider research
30-Jan-12	6-Feb-12	Barbara O'Hanlon	Kenya	3	TA to PPP Unit
7-Feb-12	8-Feb-12	Barbara O'Hanlon	Tanzania	3	Finalize inception report
29-Jan-12	31-Jan-12	Vicki MacDonald	New York	3	UN Commission meeting to review country scale-up work plans for ten diarrhea high prevalence countries
12-Feb-12	25-Feb-12	Kim McKeon	Zambia	3	Stakeholder meeting and TA to DCA banks
19-Feb-12	2-Mar-12	Patricia Gates	Nigeria	3	Retreat, work planning and launch, workplace strategy
20-Feb-12	9-Mar-12	Nelson Gitonga	Malawi	3	Assessment of status of PPP Unit, TWG and Policy roadmap
21-Feb-12	25-Feb-12	Andrew Won and Lisa Tarantino	Antigua and Barbuda	3	Dissemination of joint assessment findings
25-Feb-12	9-Mar-12	Emily Sanders	Malawi	3	Program start-up
25-Feb-12	19-Mar-12	Margaret Mensah			
26-Feb-12	10-Mar-12	Vicki MacDonald	Tanzania	3	Review results of field research and provide recommendations to mission on future funding of private sector ADDO program as rural health delivery resource
27-Feb-12	2-Mar-12	Elizabeth McGregor-Skinner	St. Vincent	3	Consultative workshop
5-Mar-12	12-Mar-12	Sara Sulzbach	Dominica	3	Dissemination of joint assessment findings
5-Mar-12	10-Mar-12	Kylie Ingerson			
8-Mar-12	9-Mar-12	Gael O'Sullivan	New York	3	Meeting hosted by GBCHealth reviewing research findings that will impact pharma/medical device industries
7-Mar-12	16-Mar-12	Caroline Quijada	Kenya	3	Meet with service delivery stakeholders to design expanded private sector program
10-Mar-12	22-Mar-12	Jeffrey Barnes	Kenya	3	Meet with service delivery stakeholders to design expanded private sector program
19-Mar-12	23-Mar-12	Tigi Adamu (JHPIEGO)	Namibia	3	Meet with professional associations, University and VMMC task force
19-Mar-12	30-Mar-12	Kim McKeon	Nepal	3	Country assessment
27-Mar-12	13-Apr-12	Dawn Crosby	Paraguay	4	DAIA Workshop Presentation
7-Apr-12	13-Apr-12	Josef Tayag	Malawi	4	Contracting TA

12-Apr-12	26-Apr-12	Emily Sanders	Kenya	4	In country data collection for ART modeling study
13-Apr-12	28-Apr-12	Kim McKeon, Ilana Ron	Tanzania	4	HRH Assessment
14-Apr-12	19-Apr-12	Kinsen Taludaker	USA	4	Finance and administration training
14-Apr-12	22-Apr-12	Bella Agbenohevi	USA	4	Finance and administration training
14-Apr-12	29-Apr-12	James White	Malawi	4	ART Training
16-Apr-12	20-Apr-12	Pam Riley	Grenada	4	Dissemination of findings
18-Apr-12	29-Apr-12	Carmen Basurto	Paraguay	4	IPS Supportive Supervision Workshop
23-Apr-12	10-May-12	Heather Vincent	Malawi	4	ProCap Indexing
25-Apr-12	26-Apr-12	Patricia Gates	San Francisco	4	Develop MOU with Kiva and to identify countries for program implementation
29-Apr-12	10-May-12	Dawn Crosby	Malawi	4	ProCap Indexing
2-May-12	5-May-12	Minki Chatterji	San Francisco	4	Attend PAA conference
5-May-12	12-May-12	Stephen Rahaim	Philippines	4	CCMS Workshop
10-May-12	10-May-12	Vicki MacDonald	New York	4	UN Commission Meeting on Diarrhea
14-May-12	19-May-12	Caroline Quijada	Tanzania	4	Attend GIZ Workshop
6-May-12	25-May-12	Barbara O'Hanlon	Tanzania	4	Lead N4A Workshop, conduct PSA
12-May-12	1-Jun-12	Sean Callahan	Tanzania	4	Attend N4A Workshop, conduct PSA
13-May-12	21-May-12	Marianne El-Khoury	Ghana	4	Interviewer training for household survey
13-May-12	6-Jun-12	James White	Tanzania	4	Assist with N4A workshop and data collection
13-May-12	15-May-12	Ilana Ron	New York	4	Attend GBC conference on workplace programs to meet with companies we will be working with under Nigeria AA
13-May-12	15-May-12	Sara Sulzbach	New York	4	Attend GBCHealth Conference
13-May-12	18-May-12	Nelson Gitonga	Tanzania	4	Facilitate N4A Technical Exchange in Dar
14-May-12	20-May-12	Gael O'Sullivan			
9-May-12	20-May-12	Robin Keeley			
11-May-12	21-May-12	Montana Stevenson	Tbilisi, Georgia	4	Coordinate logistics, setup and attend FP workshop
15-May-12	25-May-12	Payal Hathi	Slavea		
16-May-12	23-Jun-12	Chankova	Kenya	4	Start process evaluation of LiveWell clinics
19-May-12	2-Jun-12	Grace Chee	Tanzania	4	Data collection
19-May-12	26-May-12	David Long	Kenya	4	Oversee local data collection and meet with key informants
20-May-12	2-Jun-12	Thierry Van Bastelaer Heather Vincent	Kenya	4	Health insurance and HF stakeholder meeting
21-May-12	2-Jun-12	Ilana Ron	Nigeria	4	Present at insurance workshop in Nigeria
22-May-12	25-May-12	Dineo Dawn Pereko	Kenya	4	Health insurance meeting
25-May-12	1-Jun-12	Jorge Ugaz	Bangladesh	4	Support research activities for KAP Study

3-Jun-10	5-Jun-10	Pamela Riley	San Francisco	4	RHSC Market Development Working Group meeting
					Participation in MDA working group west coast meeting to highlight sustainable FP distribution models for reaching bottom of the pyramid
3-Jun-12	5-Jun-12	Suma Pathy	San Francisco	4	
8-Jun-12	18-Jun-12	Jorge Ugaz, Rebecca Thornton	Malawi	4	Financing long-acting reversible contraceptives study
16-Jun-12	26-Jun-12	Stephen Rahaim	Jordan	4	Jordan management
					Review access to finance challenges for rural private providers
17-Jun-12	29-Jun-12	Piotr Korynski	Ghana	4	
					Startup activities and start-up TA along with USAID compliance support
17-Jun-12	23-Jun-12	Meira Neggaz	Uganda	4	
17-Jun-12	22-Jun-12	Sara Sulzbach, Dawn Crosby	Barbados	4	Attend PEPFAR portfolio review and USAID meeting
18-Jun-12	21-Jun-12	Joseph Edson	Barbados	4	Participate in PEPFAR Portfolio Review
18-Jun-12	28-Jun-12	Joseph Addo-Yobo	Malawi	4	Commercial zinc assessment
25-Jun-12	30-Jun-12	Kim McKeon	Tanzania	4	Work with PMI and financial institutions
30-Jun-12	15-Jul-12	Kim McKeon	Zambia	4	Work with PMI and financial institutions

Annex C: Environmental Mitigation Report

The following is a report out on the Environmental Mitigation and Monitoring Plans compiled by the SHOPS project during Year Two and Year Three. There were six country-level plans approved by the environmental officer at the Global Health Bureau in April 2012, including plans for activities initiated in: Kenya, Madagascar, Nigeria, Paraguay, Zambia, and Zimbabwe. This report includes the approved plans as well as the mitigation steps taken by the SHOPS project through June 30, 2012. For country-level programs that are new or expanding in Year Four, SHOPS will produce new or updated mitigation plans and report out on the status of those plans in the Year Four Annual Report.

Kenya - Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
<p>3. Other activities that are not covered by the above categories:</p> <p>Health Communications and Marketing</p> <p>Health Sector Reform/Policy/Strategic Information</p>	<p>No environmental impacts anticipated as a result of these activities. However, observe the guidelines shown in Section 4, Table 3 of the USAID/Kenya IEE.</p>	<p>Categorically Excluded as they fall under the following citations from Title 22 of the Code of Federal Regulations, Regulation 216 (22 CFR 216), subparagraph 2(c)(2): (i); (ii); (iii); (v); (viii); (xi); (xiv) except to the extent the activities directly affect the environment.</p> <p>**If it becomes necessary, education, technical assistance and training will be included about activities that inherently affect the environment includes discussion of prevention and mitigation of potential negative environmental effects.</p>	<p>SHOPS/Kenya</p>	<p>SHOPS activities fall under USAID/Kenya Threshold Determination as Categorical Exclusion.</p>	<p>Review of SHOPS/Kenya Activities and adjustment of EMMR in the event of new activities that are not Categorically Excluded.</p>	<p>Annual</p>

Kenya - Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
SHOPS/Kenya activities are Categorically Excluded			06/30/12: Kenya activities still fall under USAID/ Kenya Threshold Determination as Categorical Exclusion. No mitigation measures necessary.

Madagascar - Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc.	<p>Training in FP counseling techniques for short-term, long-term and permanent methods-including ligation, vasectomy, IUD insertion & removal and implant insertion and removal.</p> <p>** No environmental impacts anticipated as a result of these activities.</p>	<p>All the Outreach teams and BlueStar members will received a specific training provided on:</p> <p>Infection prevention & medical waste disposal (2 x 0.5 days, all team-members) including:</p> <ul style="list-style-type: none"> ○ Decontamination procedures ○ Medical waste management, including sharps disposal ○ Cleaning and hand washing ○ Use of sterile gloves and disposables <p>**Education, technical assistance and training activities that inherently affect the environment include discussion of prevention and mitigation of potential negative environmental effects.</p>	Country Director, MSI Madagascar	<p>1. Attendance of required staff at training courses.</p> <p>2. Discussion on environmental impact included in education, technical assistance, training and other materials.</p>	<p>1. Training attendance reports.</p> <p>2. Review of training and educational materials.</p>	<p>Annual</p> <p>Annual</p>

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
Blood testing, care, treatment generation of hazardous health waste.	<p>Related to delivery of FP and SRH services through MSI Madagascar mobile outreach programs.</p> <p>FP services include:</p> <ol style="list-style-type: none"> 1. Tubal ligation 2. Vasectomy 3. IUD insertion / removal 4. Sinoimplant & Implanon insertion /removal 5. STI screening 6. HIV/AIDS screening 	<p>All Outreach teams and BlueStar members will receive a standardized training program managed by MSI MDT on:</p> <p>Infection prevention & medical waste disposal (2 x 0.5 days, all team-members) including:</p> <ol style="list-style-type: none"> a. Decontamination procedures b. Medical waste management, including sharps disposal c. Cleaning and hand washing d. Use of sterile gloves and disposables <p>Implementation of the procedures will be controlled through regular monitoring.</p>	Country Director, MSI Madagascar	<ol style="list-style-type: none"> 1. Attendance of required staff at training courses. 2. Discussion on environmental impact included in training and other materials. 3. Results from StarScan Clinical Audit verifying franchisees are adhering to clinical and administrative guidelines. 4. QTA with standardized checklist that provides rapid assessment of clinical and infection prevention standards, client-care, stock management, etc. 	<ol style="list-style-type: none"> 1. Training attendance reports. 2. Review of training and educational materials. 3. StarScan Clinical Audit: <ul style="list-style-type: none"> o Facility assessments and interviews with facility staff o Observation of FP and other procedures o Discussion on skills gaps and training needs 4. Results from QTA. 	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Annual</p>

Madagascar - Environmental Mitigation and Monitoring Report

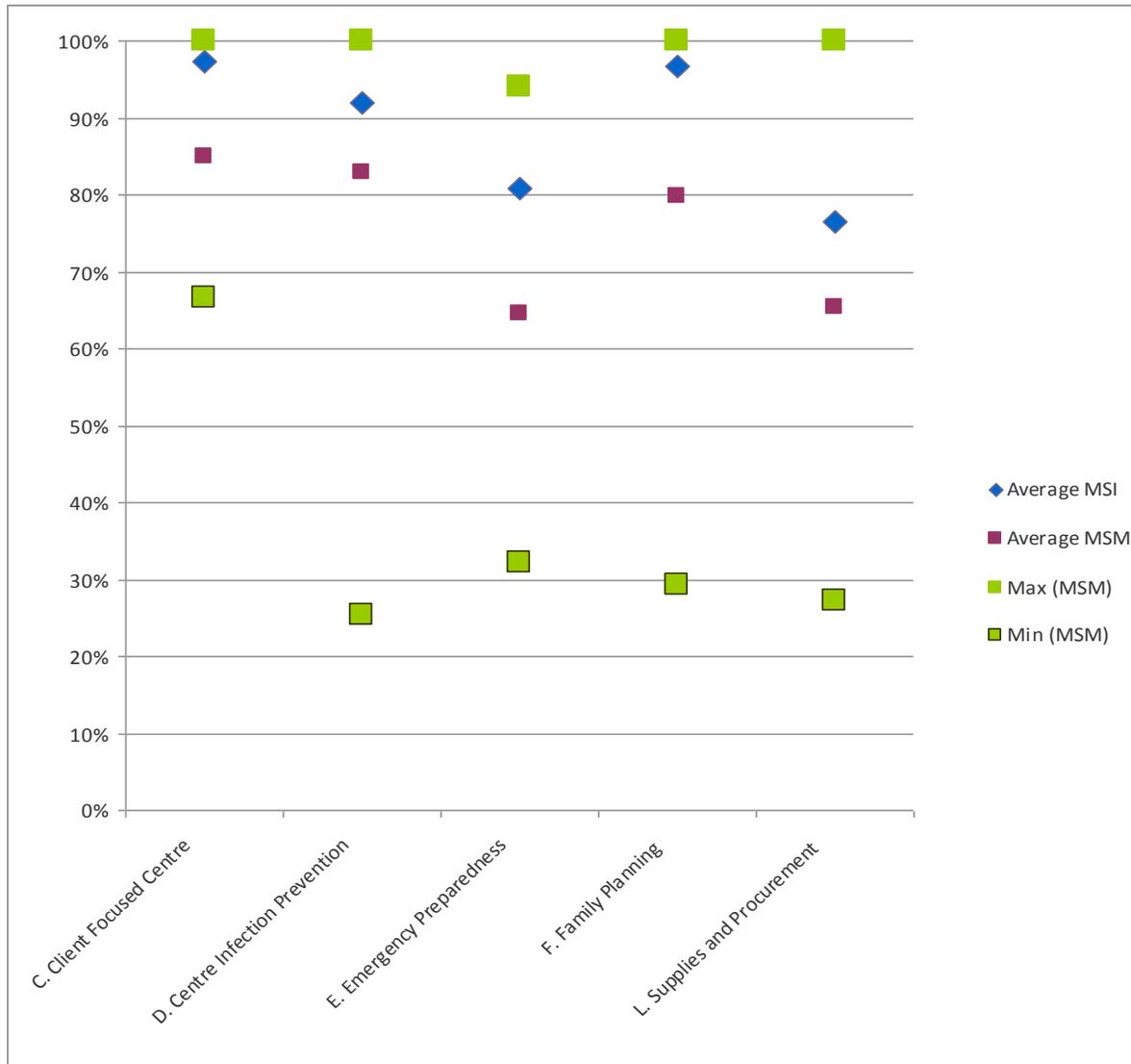
List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
<p>Training on infection prevention & medical waste disposal training for all Outreach team-members and BlueStar members.</p>	<p>Outreach Teams: Under the SHOPS program, six MSM Outreach teams were trained in February 2011 to re-orient services beyond the Centre Santé Base (the lowest cadre of public health facility). Training for the six outreach teams included a section on infection prevention which covered: decontamination procedures; medical waste management, including sharps disposal; cleaning and hand washing; and use of sterile gloves and disposables.</p> <p>BlueStar Providers: From Jan-May 2011, 77 BlueStar doctors received refresher training that included a review of infection prevention and waste management protocols. From July-September 2011, 39 new BlueStar members completed the initial training to join the network. The initial training includes a section on infection prevention that covers: decontamination procedures; medical waste management, including sharps disposal; cleaning and hand washing; and use of sterile gloves and disposables.</p>		
<p>Regular monitoring to check the compliance to the environmental procedures.</p>	<p>Outreach teams: All Outreach teams underwent at least one MSM Quality Technical Assurance audit during the period, with three also assessed by MSI London (two of which were SHOPS). For the SHOPS teams, overall results exceeded 90% for infection prevention, which included a set of indicators related to the cleanliness of the procedure room, sanitation facilities, sharps disposal, waste management and compliance with MSI global norms and standards (Table 1). The team in Atsimo Andrefana is not included in Table 1 but scored an 81% on its overall QTA audit.</p>		

	<p>BlueStar: MSM applies the QTA audit at the six-month point after joining the franchise and then annually. Each year, a sample of BlueStar members would be included in a QTA managed by MSI. BlueStar members must also complete a MSM QTA prior to being accredited for voucher clients. With SHOPS support, 52 BlueStar members accredited to accept vouchers had a QTA over the project period. Though there are ranges, average results were over 80% infection prevention (Figure 1). After each QTA an action plan is agreed between the assessor and BlueStar member. In September 2011, the MSI QTA took place and included six BlueStar members. The MSI average results are higher than MSM due to improvements as a consequence of the earlier QTAs. Overall, the sample of BlueStar providers assessed by MSI achieved an average score of 90%. This includes a review of infection prevention which has indicators related to the cleanliness of the procedure room, sanitation facilities, sharps disposal, waste management and compliance with MSI global norms and standards.</p>		
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Table 20: Quality technical assurance scores for SHOPS-funded outreach teams

		Date of Visit	Client Focus	Infection Prevention	EPREP	Family Planning	Total Score (MSM)	Total Score (MSI)
SHOPS	VatovavyFitovinany	16/06/2011	91%	100%	84%	90%	91%	
		27/07/2011	100%	95%	93%	91%	96%	96%
SHOPS	Amoron'I Mania	24/03/2011	95%	100%	86%	88%	92%	
SHOPS	Androy	21/06/2011	91%	100%	94%	86%	93%	
SHOPS	Vakinankaratra	23/03/2011	90%	100%	91%	86%	92%	
		27/07/2011	100%	93%	93%	100%	96%	96%
SHOPS	Diana/Sava	27/04/2011	80%	94%	90%	86%	88%	
		27/07/2011	100%	100%	91%	100%	98%	
	Average across all teams			98%			92%	

Figure 9: Quality technical assurance scores for BlueStar providers (see purple squares and D. Centre Infection Prevention)



Nigeria - Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
<p>Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc.</p>	<p>1. Training and technical assistance is provided to lenders:</p> <ul style="list-style-type: none"> • health sector lending • developing loan products for health sector clients <p>2. Business training and technical assistance to private sector health care providers interested in applying for loans</p> <p>3. Various trainings for private providers related to Family Planning services:</p> <p>(a) Family wellness training - FP counseling, SRH services</p> <p>(b) Balance counseling training - FP counseling</p> <p>(c) Contraceptive technology update</p> <p>(d) Long-acting methods (LAM) - clinical skills, specifically in IUDs, implants</p> <p>(e) Infection prevention and control</p> <p>** No direct environmental impacts anticipated as a result of these activities.</p>	<p>Training in the management of medical waste will be included in any training focused on health.</p>	<p>Project Country Director, SHOPS/Nigeria</p> <p>SHOPS/Nigeria consultant, Banyan Global</p>	<p>1. Inclusion of mention of environmental impact in education, technical assistance, training and other materials – and reference to appropriate resources / guidelines.</p>	<p>1. Review of training and educational materials.</p>	<p>Annual</p>

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
<p>Activities involving blood testing, care, treatment and have potential to generate hazardous health waste.</p>	<p>Potential for environmental impacts through clinical and community health service delivery, due to the potential for health and environmental impacts from the generation, management and disposal of medical waste.</p> <p>Health financing activities are encouraging lending to clients with a goal of increasing provision of MCH, FP and RH services and products. Environmental impacts would be an indirect result of lending.</p>	<p>Diamond Bank and Acción Microfinance are to ensure, to the extent possible, that the medical facilities and operations approved for loans have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps, and other medical waste, as well as pharmaceuticals.</p> <p>Banks supported through the DCA are required to notify SHOPS/Nigeria and USAID/Nigeria when loan recipients appear lacking in their capacity to meet the above requirements.</p>	<p>Diamond Bank & Acción Microfinance</p> <p>USAID/Nigeria's ODC</p>	<p>1. Diamond Bank and Acción Microfinance submit environmental policies to ODC for review as a condition for DCA guarantee approval.</p> <p>2. ODC reviews banks' requests for exceptions to standard environmental restrictions.</p>	<p>1. Bank environmental policies on file with and approved by ODC</p> <p>2. ODC reviews bank request for exceptions on an as needed basis.</p>	<p>1. Initial review prior to approval of DCA guarantee</p> <p>2. As Needed</p>

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
Other activities that are not covered by the above categories	Healthcare financing through SHOPS/Nigeria supported DCAs with Diamond Bank and Acción Microfinance, with the potential of loans that finance pharmaceuticals, pesticides, logging equipment, and programs affecting natural habitats due to agriculture, construction, water, or resettlement projects, among others.	<p>DCA supported loans must comply with USAID/Nigeria's IEE, meet local environmental standards and protocols, and meet the Standard Terms and Conditions of DCA Agreement.</p> <p>Prior to DCA guarantee approval, banks are required to submit their environmental policies for review by USAID/Nigeria's ODC.</p> <p>Loans are not to be used to finance activities that "significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas."</p> <p>Banks are required to seek prior USAID approval for any loans that require exceptions to standard environmental restrictions.</p>	<p>Diamond Bank & Acción Microfinance Bank</p> <p>USAID/Nigeria's ODC</p>	<p>1. Banks submit environmental policies to ODC for review as a condition for DCA guarantee approval.</p> <p>2. ODC reviews banks' requests for exceptions to standard environmental restrictions.</p>	<p>1. Bank environmental policies on file with and approved by ODC</p> <p>2. No further assessment is done by ODC unless a bank requests an exception to ODC environmental restrictions on an as needed basis.</p>	<p>1. Initial review prior to approval of DCA guarantee</p> <p>2. As Needed</p>

Nigeria - Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
<p>Mention of environmental impact included in education, technical assistance, training and other materials and information on appropriate resources / guidelines.</p>	<p>SHOPS offers three types of training:</p> <ol style="list-style-type: none"> 1. Family Wellness – this training includes an introduction to infection prevention including proper disposal of hazardous medical waste, including sharps. 2. Balanced Counseling – this course is mainly focused on family planning counseling as opposed to distribution of methods and does not require waste disposal or infection prevention. 3. Contraceptive technology update – this course provides information on contraceptive commodities but does not demonstrate any surgical procedures. Trainees are often provided with starter stock and a discussion of proper storage of this stock is included in the training. Trainees also receive posters on waste disposal and proper storage of commodities. 4. Long-acting methods (LAM) are generally offered to those 		

	<p>who have taken the contraceptive technology update course. The LAM course includes a section on waste disposal and the fundamentals of infection prevention. LAM trainees generally receive posters with guidelines for waste management and proper storage of health commodities.</p> <p>5. The infection prevention and control course includes an in-depth discussion of the proper disposal of hazardous health waste, including sharps, and proper storage of health commodities. Those who take the LAM course generally also take this course.</p>		
Diamond Bank and Acción Microfinance submit environmental policies to ODC for review as a condition for DCA guarantee approval.	Initial review prior to approval of DCA guarantee. Diamond Bank and Acción Microfinance's environmental policies have been reviewed and approved by the ODC and DCA guarantees have been approved.		
ODC reviews Diamond Bank and Acción Microfinance's requests for exceptions to standard environmental restrictions.	No exceptions submitted for review to date.		

Paraguay - Environmental Mitigation and Monitoring

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc.	Training of IPS providers in IUD insertion may create medical waste.	Information related to proper disposal of medical waste to be included in trainings IUD insertion trainings.				

Paraguay - Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
Information related to proper disposal of medical waste to be included in trainings IUD insertion trainings.	The trainings included a discussion of infection prevention and proper disposal of medical waste. Furthermore, IPS has a commission that is in charge of making sure its facilities have proper waste management systems in place.		

Zambia - Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method
<p>Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc.</p>	<p>1. Training and technical assistance is provided to lenders:</p> <ul style="list-style-type: none"> • health sector lending • developing loan products for health sector clients <p>2. Business development technical assistance to private sector health care providers interested in applying for loans</p> <p>3. Training courses for Continuing Medical Education credit for pharmacists:</p> <ul style="list-style-type: none"> • “Improving Financial Health of the Medical Practice” • “Business Planning” (for healthcare professionals) <p>** No direct environmental impacts anticipated as a result of these activities.</p>	<p>Training in the management of medical waste will be included in any training focused on health.</p>	<p>SHOPS/Zambia consultant, Banyan Global</p>	<p>1. Inclusion of mention of environmental impact in education, technical assistance, training and other materials – and reference to appropriate resources / guidelines.</p>	<p>1. Review of training and educational materials.</p>

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method
<p>Activities involving blood testing, care, treatment and have potential to generate hazardous health waste.</p>	<p>Potential for environmental impacts through clinical and community health service delivery, due to the potential for health and environmental impacts from the generation, management and disposal of medical waste.</p> <p>Health financing activities are encouraging lending to clients with a goal of increasing provision of MCH, FP and RH services and products. Environmental impacts would be an indirect result of lending.</p>	<p>ZANACO and ABC Bank are to ensure, to the extent possible, that the medical facilities and operations approved for loans have adequate procedures and capacities in place to properly handle, label, treat, store, transport and properly dispose of blood, sharps, and other medical waste, as well as pharmaceuticals.</p> <p>Banks supported through the DCA are required to notify SHOPS/Zambia and USAID/Zambia when loan recipients appear lacking in their capacity to meet the above requirements.</p>	<p>ZANACO & ABC Bank</p> <p>USAID/Zambia's ODC</p>	<p>1. ZANACO and ABC Bank submit environmental policies to ODC for review as a condition for DCA guarantee approval.</p> <p>2. ODC reviews ABC Bank and ZANACO's requests for exceptions to standard environmental restrictions.</p>	<p>1. Bank environmental policies on file with and approved by ODC</p> <p>2. ODC reviews bank request for exceptions on an as needed basis.</p>

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the PIEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method
Other activities that are not covered by the above categories.	Healthcare financing through SHOPS/Zambia supported DCAs with ZANACO and ABC Bank, with the potential of loans that finance pharmaceuticals, pesticides, logging equipment, and programs affecting natural habitats due to agriculture, construction, water, or resettlement projects, among others.	<p>DCA supported loans must comply with USAID/Zambia's IEE, meet local environmental standards and protocols, and meet the Standard Terms and Conditions of DCA Agreement.</p> <p>Prior to DCA guarantee approval, ZANACO and ABC Bank are required to submit their environmental policies for review by USAID/Zambia's ODC.</p> <p>Loans are not to be used to finance activities that "significantly degrade national parks or similar protected areas or introduce exotic plants or animals into such areas."</p> <p>Banks are required to seek prior USAID approval for any loans that require exceptions to standard environmental restrictions.</p>	<p>ZANACO & ABC Bank</p> <p>USAID/Zambia's ODC</p>	<p>1. ZANACO and ABC Bank submit environmental policies to ODC for review as a condition for DCA guarantee approval.</p> <p>2. ODC reviews ABC Bank and ZANACO's requests for exceptions to standard environmental restrictions.</p>	<p>1. Bank environmental policies on file with and approved by ODC</p> <p>2. No further assessment is done by ODC unless a bank requests an exception to ODC environmental restrictions on an as needed basis.</p>

Zambia - Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures	List any outstanding issues relating to required conditions	Remarks
Mention of environmental impact included in education, technical assistance, training and other materials and information on appropriate resources/guidelines.	Training and technical assistance related to business, finance and applying for loans is provided to health care providers. However, this training and technical assistance is not focused on service delivery and does not cover mention of environmental impacts.		
ZANACO and ABC Bank submit environmental policies to ODC for review as a condition for DCA guarantee approval.	Initial review prior to approval of DCA guarantee. ABC Bank and ZANACO Bank's environmental policies have been reviewed and approved by the ODC and DCA guarantees have been approved.		
ODC reviews ABC Bank and ZANACO's requests for exceptions to standard environmental restrictions.	No exceptions submitted for review to date.		

Zimbabwe - Environmental Mitigation and Monitoring Plan

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
1. Education, technical assistance, training for those activities that directly or indirectly generate hazardous medical waste, etc.						
	<p>Refresher Training (7days) for existing five outreach teams and Training (14 days) for one new team.</p> <p>1. Training in FP counseling techniques for short-term, long-acting and permanent methods.</p> <p>2. Hands-on technical training on IUD insertion & removal and implant insertion and removal.</p> <p>3. Medical training on tubal ligation procedure.</p> <p>4. HIV/AIDS education, counseling & referrals</p> <p>** No environmental impacts anticipated as a result of these activities.</p>	<p>Specific training provided on:</p> <ol style="list-style-type: none"> 2. Compliance training for U.S. FP legislation, quality assurance and informed choice (2 days) 3. Infection prevention & medical waste disposal (3 days, all outreach team-members) 4. Emergency preparedness and FP, including Basic Life Support (1 day, all outreach team-members) 5. Management of side-effects and post procedure after care (7 days, local authority and MOH staff at outreach sites) 6. Driver standards, emergency repair and maintenance procedures (2 days, outreach drivers and coordinators) <p>**Education, technical assistance and training activities that inherently affect the environment include discussion of prevention and mitigation of potential negative environmental effects.</p>	PSZ SHOPS Project Manager	<ol style="list-style-type: none"> 1. Attendance of required staff at training courses. 2. Discussion on environmental impact included in education, technical assistance, training and other materials. 	<ol style="list-style-type: none"> 1. Training attendance reports. 2. Review of training and educational materials. 	<p>Annual</p> <p>Annual</p>

Category of Activity from Section 4 of PIEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of PIEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
2. Procurement and management of public health commodities and education materials (other drugs, vaccines, antibiotics, laboratory reagents and supplies, condoms, insecticide treated bed nets). Blood testing, care, treatment generation of hazardous health waste.						
a.	<p>Delivery of FP and SRH services through PSZ mobile outreach teams.</p> <p>FP services include:</p> <ol style="list-style-type: none"> 7. Tubal ligation 8. Vasectomy 9. IUD insertion / removal 10. insertion /removal 11. STI screening 12. HIV/AIDS screening 13. Free condom distribution 14. Referrals for HIV / STI screening 	<p>PSZ is a member of MSI's Global Partnership, and is an accredited BlueStar member; as such MSI manages a standardized training program. Approximately 60 individual health workers will follow this program during the initial phase.</p> <ol style="list-style-type: none"> 2. Infection prevention & medical waste disposal (2 x 0.5 days, all team-members) <ol style="list-style-type: none"> a. Decontamination procedures b. Medical waste management, including sharps disposal c. Cleaning and hand washing d. Use of sterile gloves and disposables 3. Compliance training for U.S. FP legislation, quality assurance and informed choice (2 days) 4. General technical training on FP methods service delivery, including: <ol style="list-style-type: none"> a. Infection prevention b. Environmental health (medical waste & sharps disposal) 	PSZ SHOPS Project Manager	<ol style="list-style-type: none"> 1. Attendance of required staff at training courses. 2. Discussion on environmental impact included in training and other materials. 3. Results from Camp Scans - clinical audit verifying compliance with clinical and administrative standards. 4. QTA with standardized checklist that provides rapid assessment of clinical and infection prevention standards, client-care, stock management, etc. 	<ol style="list-style-type: none"> 1. Training attendance reports. 2. Review of training and educational materials. 3. Camp Scans by PSZ Team Managers: <ol style="list-style-type: none"> c. Facility assessments and interviews with facility staff d. Observation of FP and other procedures e. Discussion on skills gaps and training needs 4. Results from QTA conducted by MSI Medical Development Team. 	<p>Annual</p> <p>Annual</p> <p>Annual</p> <p>Annual</p>
b.	Vaccines for medical personnel: Hepatitis B Vaccine. Generates needles, syringes and ampules, gauze/cotton swabs and the wrapping papers	Storage is done at Harare Support Office and Field Operational Bases of ORTs at temperatures 2 to 8°C. Monthly stock counts are done by Support Office personnel who are independent of the storage sites.	Project Manager (PM) through Clinical Services Manager (CSM)	Vaccine Register at PSZ Support Office and Field Operational Bases of Outreach Teams (ORTs).Waste Disposal Register/Logbook supported by invoices from service provider	<ol style="list-style-type: none"> 1. The vaccine is a one-off treatment over 3 months for personnel not vaccinated before. 2. Reporting will be on monthly basis per case and reported on a quarterly basis to USAID. 	<p>Once</p> <p>Monthly</p>

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
c.	Antibiotics for treatment of STIs: These are for clients and are provided as part of the General Health services given by Outreach Teams.	These are given 3 years shelf life from date of manufacture. However, PSZ uses a standard 1 year shelf life from date of acquisition to avoid dispensing expired antibiotics. Monthly stock counts are done by Support Office personnel who are independent of the storage sites.	Project Manager (PM) through Clinical Services Manager (CSM)	Labeling of antibiotics expiry dates; First Expiry First Out System in place; Stock cards and reports generated for internal circulation of supplies to busy sites for immediate consumption.	<ol style="list-style-type: none"> 1. Daily detections of unsuitable antibiotics are handled at each Operational Base and drugs recalled to Support Office. 2. Monthly stock inventories complement the daily reports to feed into Monthly Stock Sheet. 3. Reporting to USAID will be done on monthly basis but each incident reported instantly within reasonable time. 	<p>Daily</p> <p>Monthly</p> <p>Monthly and as needed</p>
d.	Laboratory Reagents and Supplies: These includes slides, pipettes, test tubes, capillary tubes, lancets, gloves and cotton swabs	Mitigation is designed at two levels: (a) to protect the reagents and supplies from contamination which would otherwise result in false readings and (b) disposal after use to protect the environment. MSI clinical standards are applied in procurement, delivery, storage and use of reagents and supplies for laboratories. Quality Technical Assessments are carried out once a year to support the routine inspections and monitoring done under the supervision of the CSM and Outreach Coordinator.	Project Manager (PM) through Clinical Services Manager (CSM) through Outreach Team Leaders	Labeling of Reagents and Supplies expiry dates; First Expiry First Out System in place; Stock cards and reports. Local Authority and Medical Councils Inspections of premises and practice certify soundness of operations on annual basis.	<ol style="list-style-type: none"> 1. Daily reports will be used to detect incidents for immediate reporting. 2. Annual reports of inspections of buildings and practices. 	<p>Daily</p> <p>Annual</p>

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
3. Management and disposal of hazardous medical waste.						
	Sharps and syringes, gauze/cotton swabs, gloves and bio-degradable materials are used in FP and SRH service delivery (e.g. insertions, tubal ligations, male surgical vasectomy, and treatment of STIs).	<p>MSI Infection Prevention Precautions Standards are applied.</p> <p>Four categories of waste segregation are used and these are:</p> <ol style="list-style-type: none"> 1. Domestic waste 2. Medical waste 3. Liquid waste 4. Sharps <p>The annexed Medical Waste Checklist will be used in assessing each site.</p> <p>Teams are provided with waste collection boxes/buckets with clear coding system for use at outreach sites. Disposal of domestic waste is burnt onsite using the health facility open pits or incinerator. Bio-degradable material is disposed of in pits and or latrines onsite. The same applies for liquid waste (mainly detergents). Sharps are incinerated at district level health facilities where available or at major referral hospitals/private sector facilities.</p>	Outreach Team Leaders through the Project Manager	Each outreach site has had an initial environmental inspection report to ascertain waste management practices. This is the basis on which teams decide on how and where to dispose of the various waste generated. Waste Disposal Register/Logbook is used.	<ol style="list-style-type: none"> 1. Quarterly Reports for updates. 2. Incident Reports per case of potential or actual environmental threat. 	<p>As needed</p> <p>As needed</p>

Category of Activity from Section 4 of P IEE	Describe specific environmental threats of your organization's activities (based on analysis in Section 3 of the P IEE)	Description of Mitigation Measures for these activities as required in Section 5 of P IEE	Who is responsible for monitoring	Monitoring Indicator	Monitoring Method	Frequency of Monitoring
4. Small-scale rehabilitation of health or educational facilities.						
	<p>Renovation of the Bulawayo Centre. The property that is being renovated is owned by PSZ and is the Mpopoma Centre/Clinic, Block Number 76/2321. The renovations include uplifting the existing roof to achieve an even surface, building a temporary shed to store waste in segregated bins before collection, and internal renovations that include tiling, painting and other repairs.</p> <ol style="list-style-type: none"> 1. Bricks, river and pit sand required for renovations 2. Paint and thinners containers 3. Broken asbestos sheets 4. Old timber 5. People exposed to inhalation of asbestos dust. <p>** For detailed information on planned renovation see the Report on Impact Assessment Proposed for Renovations to Mpopoma Centre, Bulawayo in Zimbabwe by PSZ.</p>	<p>Mitigation measures for identified environmental threats include:</p> <ol style="list-style-type: none"> 1. The remodeling of the facilities will be done in accordance with local and national building codes designed to withstand severe weather events. 2. Bricks, river and pit sand required will be bought from established local suppliers; no on-site excavation. Rubble will be produced from leveling roof gables, repairing cracked walls. All disposals will be done at local authority sites. 3. PSZ will dispose of containers, etc. at the local authority disposal site. 4. 15 sheets of asbestos will be replaced, which are re-usable and the Centre has proposed using some to build the temporary shed for waste storage. According to the Ministry of Health and Child Welfare, chrysolite asbestos has low health risk. PSZ SHOPS will follow Bulawayo City Council Practice in disposal for unusable sheets. 5. Old timber will be used as wood fuel at the site. As with many parts of the country, power outages are frequent and back-up sources are required. 6. Personnel will be provided with masks and gloves during handling of asbestos and PSZ staff will be relocated during the renovation. 7. If lead paint exists then the lead paint will be mitigated in the manner most appropriate for the condition of the paint 8. Workers in areas with lead paint given appropriate facial, head, and hand gear. 	PSZ SHOPS Project Manager and Operations Director	<ol style="list-style-type: none"> 1. State Inspections by Bulawayo City Council Environmental Health and Building Inspectorate Departments. 2. Report on Commissioning of the works after completion of renovations and disposal of waste report. 	<ol style="list-style-type: none"> 1. Progress report during renovations. 2. Progress report once construction is commissioned. 	<p>As needed</p> <p>As needed</p>

¹ International Anti-Asbestos Campaign: Paper presented by Ministry of Health and Child Welfare, Zimbabwe.

Zimbabwe - Environmental Mitigation and Monitoring Report

List each Mitigation Measure from column 3 in the EMMP Mitigation Plan (EMMP Part 2 of 3)	Status of Mitigation Measures
1. Infection prevention & medical waste disposal training for all team-members	In March 2011, an orientation workshop was conducted as a way of ensuring that the six outreach team leaders were well informed on program management components (a previous workshop focused on USG FP compliance). In this workshop, an Environmental Management and Mitigation Plan was developed based on the assessments done at each operational outreach point. Between March and June 2011, outreach team members were trained in infection prevention, including prevention of disease transmission to client and community members through proper instrument processing and proper waste disposal. Outreach team members trained included 10 nurses, 7 nurse-aides, and 8 drivers/administrative assistants.
2. Compliance training for U.S. FP legislation, QA and informed choice	As of December 2010, all PSZ senior management team members, including those working for SHOPS Zimbabwe, successfully completed USAID Global Health Bureau's online FP compliance e-learning course and received their certificates. By the end of February 2011, new team members, including the Outreach Teams (ORTs), received an orientation workshop on USG compliance and completed the course. As of June 2011, seven nurse-aids were trained in USG FP compliance.
3. Technical training on FP methods service delivery, including infection protection and environmental health information	The project had two Clinical Officers. As of December 2011 one had received MSI training in tubal ligation which included infection prevention.
4. Monthly stock counts done by Support Office personnel who are independent of storage site for vaccine and antibiotic stock levels and storage conditions and for monitoring of medical waste (syringes, needles, etc.)	The Regional Procurement and Logistics Advisor also carried out a systems review of PSZ procurement and stock management over the period 3 - 5 August 2011.
5. Routine inspection and monitoring by CSM and Outreach Coordinator for storage of laboratory reagents and supplies and disposal after use. QTA are also carried out once a year to support routine monitoring.	Starting in January 2011, outreach teams began carrying out Initial Environmental Assessments at each outreach site visited. The issues coming out of the assessments were compiled into a matrix and later translated into the PSZ SHOPS Environmental Management and Mitigation Plan (EMMP). As of June 2011 there were no new issues that arose from the new sites. The MSI London Team carried out an annual Quality Technical Assessment (QTA) in June 2011. Two ORTs (Nkulumane and Hwange) were visited and assessed.

	<p>The two main findings for the ORTs were: the ORTs need to ensure that they have the emergency kits all the time and in good condition. Emergency kits have been procured for the ORTs and teams needed some refresher training on Infection Prevention. This was done immediately after the QTA.</p> <p>Mission representatives also visited the Outreach sites.</p>
6. MSI Infection Prevention Precautions Standards applied to management and disposal of hazardous medical waste.	See number 1.
7. PSZ follows Bulawayo City Council practice in disposal of asbestos. Personnel provided with masks and gloves during asbestos disposal and PSZ staff relocated during renovation.	The no-cost extension for the program resulted in some of the planned activities, such as renovations, not being carried out due to inadequate funds at the time when the approval to begin construction was received.

Annex D: Project Performance Monitoring Plan Report

The following section is the SHOPS Performance Monitoring Plan (PMP) for Year 3.

SHOPS Performance Monitoring Plan (PMP) for Year 3 (July 1, 2011-June 30, 2012)

Result 1 ENABLING ENVIRONMENT	
Strengthened Global Support for SOTA Private Sector FP/RH Approaches, Products and Services	
Indicator	Results for Year 3
Sub IR 1.1 Partnerships established with key global agencies/organizations to provide leadership in private sector programming for health	
1. Number of alliances/partnerships established with SHOPS assistance	10 partnerships established with <ul style="list-style-type: none"> • Clinton Health Access Initiative, Clinton Foundation • Corporate Council in Africa • GBC Health • Gesellschaft für Internationale Zusammenarbeit • International Financial Corporation • International Health Economics Association • Kiva • mHealth alliance on e-conference • University of California, San Francisco Global Health Center • World Bank

Result 1 ENABLING ENVIRONMENT

Strengthened Global Support for SOTA Private Sector FP/RH Approaches, Products and Services

Indicator	Results for Year 3
<p>2. Funds leveraged through partnerships</p>	<p>\$ 2,983,624 in total cost shares for Year 3</p> <ul style="list-style-type: none"> • Bill and Melinda Gates Foundation - \$ 62,000 (Cash) • CDC Development Solutions Inc. (CDC) - \$22,750 (In Kind) • Paraguayan Center for Population Studies - \$4,823 (Cash) • Department for International Development (UK) -\$42,674 (Cash), \$2,725 (In Kind) • GBC Health - \$16,145 (Cash) • International Finance Corporation - \$49,500 (Cash) • Paraguayan Social Security Institute - \$3,887 (In Kind) • Lusaka Trust Foundation - \$2,000,000 (Cash) • Marie Stopes International - \$50,310 (Cash), \$126,900 (In Kind) • Pharmacy Council Ghana - \$68,597 (Cash) • Rockefeller Foundation - \$200,000 (Cash) • World Bank (IFC) - \$337,200 (In Kind)
<p>Sub IR 1.2 Policy dialogue, collaboration, and partnerships between the public and private sectors enhanced</p>	
<p>3. Number of countries with health sector policies that specify the role of the private sector as a result of SHOPS assistance</p>	<p>4 countries with health sector policies with private sector roles</p> <ul style="list-style-type: none"> • Bangladesh – Supported the drafting of “Advancing Public Private Partnerships Section” of the National Strategy for Improving Uptake of LAPM in the Bangladesh FP program. • Kenya – General Health Law recognizes role of private health sector. • Namibia – Male circumcision national policy specifies role of private sector in national MC goals. • Paraguay – Helped pass Ministerial Resolution # 1392 which formally recognizes the DAIA as part of the National Health Council and mentions role of private sector.

Result 1 ENABLING ENVIRONMENT

Strengthened Global Support for SOTA Private Sector FP/RH Approaches, Products and Services

Indicator	Results for Year 3
<p>4. Number of policy workshops convened with SHOPS support to strengthen commitment to private sector approaches</p>	<p>25 policy workshops convened with SHOPS support</p> <ul style="list-style-type: none"> • Antigua and Barbuda Health Systems and Private Sector Assessment dissemination workshop • Dominica Health Systems and Private Sector Assessment dissemination workshop • Grenada Health Systems and Private Sector Assessment dissemination workshop • Kenya Health Insurance for the formal sector workshop • Kenya Health Policy Framework workshops (5 workshops) • Kenya National Hospital Insurance Fund Report workshops (2 workshops) • Kenya Legal Framework in Health workshops (4 workshops) • Kenya stakeholder workshop to identify health finance priorities • Kenya Financial Management and Record Keeping workshop • Malawi Private Sector Assessment dissemination workshop • Namibia Male Circumcision Technical Working Group workshop • Nigeria Health Insurance for the formal sector workshop • Nigeria Access to Finance workshop • Paraguay DAIA Expansion workshop • St. Kitts and Nevis Health Systems and Private Sector Assessment dissemination workshop • St. Lucia Health Systems and Private Sector Assessment dissemination workshop • St. Vincent and the Grenadines Health Systems and Private Sector Assessment dissemination workshop
<p>Sub IR 1.3 An environment supportive of the private health sector promoted</p>	
<p>5. Number of policy incentives created to increase private sector participation in products and service delivery</p>	

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

Indicator	Results for Year 3
6. Number of identified barriers to private sector participation in policy development/service delivery removed	4 identified and removed barriers to private sector participation in the following countries <ul style="list-style-type: none">• Kenya – Helped create PPP-Health Kenya to respond to lack of mechanism for health-focused public-private partnerships• Malawi – Created PPP forum to address lack of platform for private sector participation in health• Namibia – Created and implemented tariff rate to respond to lack of established male circumcision tariffs for reimbursement by private sector insurance schemes• Paraguay – Expanded DAIA membership to include more private sector participation in Contraceptive Security Committee

Result 2 KNOWLEDGE AND COMMUNICATION**Knowledge about and Understanding of Private Sector Provision of FP/RH and Other Health Information, Products and Services Advanced**

Indicator	Results for Year 3
Sub IR 2.1 Programmatic and operations research conducted to evaluate and/or validate promising private health sector models, approaches, and tools and the findings widely disseminated	
7. Number of SHOPS research reports completed and disseminated	2 research reports completed and disseminated <ul style="list-style-type: none"> • Mobiles for Quality Improvement Pilot in Uganda • Leveraging the Private Health Sector to Enhance HIV Service Delivery in Lower-Income Countries (published in <i>Journal of Acquired Immune Deficiency Syndromes</i>)
8. Number of times SHOPS research reports downloaded from SHOPS project website	<ul style="list-style-type: none"> • Research report <i>Mobiles for Quality Improvement Pilot in Uganda</i> downloaded 132 times, corresponding brief for report downloaded 145 times. • Research reports published as journal articles are located on the journal publications page of the SHOPS website.² This page has 70 unique page views and 90 page views total.
Sub IR 2.2 Key topics related to the private health sector identified and global data compiled, analyzed and disseminated	
9. Number of visits to SHOPS project website	<ul style="list-style-type: none"> • SHOPS Project Website- 18,442 unique visits total • Network for Africa page on the SHOPS website- 1,295 unique visitors total
10. Number and type of attendees at SHOPS knowledge sharing events	<ul style="list-style-type: none"> • 50 knowledge sharing events with approximately 3125 attendees representing Ministries of Health, NGOs, associations, donors, development partners, implementing partners, academic organizations and commercial sector (private providers, pharmaceutical companies, multinational corporations and insurance companies). • 335 people received certificates for taking the SHOPS Healthy Business e-Course

² Due to copyright issues, the SHOPS website links the journal articles to their respective publication websites and is unable to track the number of downloads from the SHOPS website.

Result 2 KNOWLEDGE AND COMMUNICATION**Knowledge about and Understanding of Private Sector Provision of FP/RH and Other Health Information, Products and Services Advanced**

Indicator	Results for Year 3
11. Number of SHOPS technical reports on private sector topics completed and disseminated	13 publications including country assessments, briefs, primers and a tool completed and disseminated <ul style="list-style-type: none">• Addressing the Need: Lessons for Service Delivery Organizations on Delivering Contracted-Out Family Planning and Reproductive Health Services• Antigua and Barbuda Health Systems and Private Sector Assessment 2011• Bangladesh Private Sector Assessment of Long Acting and Permanent Family Planning Methods and Injectable Contraceptives• Dominica Health Systems and Private Sector Assessment• Filling the Gap: Lessons for Policymakers and Donors on Contracting Out Family Planning and Reproductive Health Services• Financial Management and Record Keeping Guide for BlueStar Franchises• Malawi Private Sector Health Assessment• Mobiles for Quality Improvement Pilot in Uganda• Private Sector Engagement in HIV/AIDS and Health in the Eastern Caribbean• Protecting the Bottom Line: Five Corporate Models to Lower Costs and Increase Access to Health Care for Formal Sector Workers in Africa• Russia Reproductive Health Market Assessment• Saint Lucia Health Systems and Private Sector Health Assessment 2011• Saint Vincent and the Grenadines Health System and Private Sector Health Assessment 2011
12. Number of private sector country assessments conducted	4 private sector country assessments conducted <ul style="list-style-type: none">• Malawi Human Resources for Health Assessment• Nepal Access to Finance Private Sector Health Assessment• Saint Vincent and the Grenadines Health System and Private Sector Health Assessment• Tanzania Private Sector Health Assessment
Sub IR 2.3 Effective monitoring and evaluation conducted to support accomplishment of project goals	

Result 2 KNOWLEDGE AND COMMUNICATION**Knowledge about and Understanding of Private Sector Provision of FP/RH and Other Health Information, Products and Services Advanced**

Indicator	Results for Year 3
13. Number of activity level M&E plans developed	11 M&E Plans developed Global Activities <ul style="list-style-type: none">• Access to Finance• Communications• Network for Africa Country Activities <ul style="list-style-type: none">• Bangladesh• Caribbean• Ghana• Malawi• Namibia• Nigeria• Uganda• Zambia
14. Number of activity level M&E plans monitored and used to make programmatic changes	<ul style="list-style-type: none">• 11 M&E plans (Access to Finance, Communications, Network for Africa, Bangladesh, Caribbean, Ghana, Malawi, Namibia, Nigeria, Uganda, and Zambia) were used for monitoring activities.• Programmatic changes were made in 3 activities:<ul style="list-style-type: none">○ Communications – Continuous changes in communications strategy based on constant monitoring of data○ Nigeria – Increased demand creation activities based on Year 1 data that private providers were not receiving as many FP clients as anticipated.○ Zambia – Expanding work with banks outside of DCA banks based on lower results than anticipated.

Result 3 PRIVATE SECTOR SYSTEMS STRENGTHENED**Key private health sector systems strengthened and innovative, effective and sustainable private sector FP/RH and other health programs initiated, implemented, and scaled up**

Indicator	Results for Year 3
Sub IR 3.1 SUPPLY Effective private sector service delivery and distribution models to increase access to the use of FP/RH and other health products and services strengthened, demonstrated and scaled up	
15. Number of new products introduced with SHOPS support	1 new product introduced with SHOPS support <ul style="list-style-type: none">• Ghana –Introduced zinc product ZinTab (M&G Pharmaceuticals)
16. Number of products sold under social marketing programs	<ul style="list-style-type: none">• Ghana – 536,000 zinc treatments• Jordan – 537,077 OCP cycles; 31,255 IUDs; 18,868 DMPA; 167,913 Condoms
17. Number of pharmaceutical partnerships supported by SHOPS	6 pharmaceutical partnerships established with the support of SHOPS <ul style="list-style-type: none">• Global<ul style="list-style-type: none">○ Pfizer Inc.• Bangladesh<ul style="list-style-type: none">○ JMI Syringes & Medical Devices Limited• Ghana<ul style="list-style-type: none">○ M&G Pharmaceuticals○ LaGray Chemicals Ltd• Jordan<ul style="list-style-type: none">○ Johnson and Johnson○ Pharmacy One

<p>18. Number of SHOPS supported health services delivered</p>	<ul style="list-style-type: none"> • Jordan - 60,581 women received FP counseling through outreach • LiveWell Kenya - 31,613 client service visits • Madagascar - 8,768 LAPMs (5,463 implants, 2,544 IUDs, 729 tubal ligations, 32 vasectomies)³ • Paraguay - 1,080 IUD insertions⁴ • Zimbabwe - 20,218 LAPMs (19,639 implants, 368 IUDs, 209 tubal ligations, 2 vasectomies)
<p>19. Number of different private sector models that aim to increase the supply of products or services to target populations established, expanded or strengthened</p>	<p>7 different private sector models</p> <ul style="list-style-type: none"> • Jordan - Private provider network • LiveWell Kenya - Commercial health clinic network • Madagascar - Outreach program • Malawi - Social franchise • Tanzania - Private medical training institutes • Zambia - Private medical training institutes • Zimbabwe - Outreach program
<p>20. Number and amount of loans/financing to the health sector</p>	<ul style="list-style-type: none"> • Nigeria <ul style="list-style-type: none"> ○ 220 loans, \$360,924; Acción Microfinance Bank ○ 54 loans, \$1,010,444; Diamond Bank • Zambia - 9 loans, \$703,708

³ Number of LAPMs are a combination of products delivered through outreach campaigns and BlueStar voucher services (Year Three results are backed out from the Program brief and Quarterly Report April-June 2011).

⁴ Results from IPS Central Hospital, July 2011- July 2012.

Sub IR 3.2 DEMAND

Targeted private sector behavior change, communications and marketing strategies to increase access to and use of FP/RH and other health products and services implemented

21. Number of BCC campaigns implemented	8 BCC campaigns implemented <ul style="list-style-type: none">• Ghana• Jordan• LiveWell Kenya• Madagascar• Nigeria• Paraguay• Uganda• Zimbabwe
22. Number of BCC strategies created	8 BCC strategies created <ul style="list-style-type: none">• Ghana• Jordan• LiveWell Kenya• Madagascar• Paraguay<ul style="list-style-type: none">○ CEPEP○ IPS• Uganda• Zimbabwe

Sub IR 3.3 SUSTAINABILITY

Strategies to improve market segmentation, viability, and sustainability identified and employed

<p>23. Number of private providers with improved knowledge and skills in business and financial management after SHOPS training</p>	<p>453 private providers with improved knowledge and skills in business and financial management</p> <ul style="list-style-type: none">• Nigeria - 334 providers• Zambia - 119 providers
<p>24. Number of provider associations that receive technical assistance from SHOPS</p>	<p>14 provider associations</p> <ul style="list-style-type: none">• Bangladesh<ul style="list-style-type: none">○ Obstetrician and Gynecologist Society of Bangladesh• Ghana<ul style="list-style-type: none">○ Pharmacy Council○ Ghana Registered Nurses and Midwives Association• Jordan<ul style="list-style-type: none">○ The Jordanian Association of Family Planning and Protection○ Jordan Pharmacists Association• Malawi<ul style="list-style-type: none">○ Medical Council of Malawi• Nigeria<ul style="list-style-type: none">○ Association of General Private Medical Practitioners of Nigeria○ Association of Community Pharmacists of Nigeria○ Association of General Private Nurse Practitioners• Zambia<ul style="list-style-type: none">○ Zambia Medical Associations○ Pharmaceutical Society of Zambia○ Alliance of Small Private Health Providers of Zambia○ Zambian Nurses Association○ Private Health Sector Business Society of Zambia

25. Number of NGOs that receive technical assistance in capacity building from SHOPS

25 NGOs that receive technical assistance

- Bangladesh
 - Ob/Gyn Society of Bangladesh
- Bahamas
 - HIV NGO
- Ghana
 - Pharmacy Council
 - Ghana Registered Nurses and Midwives Association
- Jordan
 - The Jordanian Association of Family Planning and Protection
 - Jordan Pharmacists Association
- Kenya
 - LiveWell
- Malawi
 - Christian Health Association of Malawi (CHAM) Secretariat
 - Banja la Mtsogolo's Blue Star Social Franchise
 - Likuni Mission Hospital (CHAM)
 - St. Martin's Hospital (CHAM)
 - St. Anne's Hospital (CHAM)
 - St. John's Hospital (CHAM)
 - Medical Council of Malawi
- Namibia
 - PharmAccess Foundation Namibia
- Nigeria
 - Association of Private GPs of Nigeria
 - Association of Community Pharmacists of Nigeria
 - Association of General Private Nurses Practitioners
- Paraguay
 - CEPEP (IPPF affiliate)
 - Kuña Aty (women's organization)
- Zambia
 - Zambia Medical Associations
 - Pharmaceutical Society of Zambia
 - Alliance of Small Private Health Providers of Zambia
 - Zambian Nurses Association
 - Private Health Sector Business Alliance of Zambia

<p>26. Number of SHOPS activities that use market segmentation data to improve targeting</p>	<p>4 SHOPS activities that used market segmentation data</p> <ul style="list-style-type: none"> • Jordan-1 ; nationwide BCC campaign for OCP • Paraguay-3 activities <ul style="list-style-type: none"> ○ 1 ; CEPEP ○ 1 ; IPS' FP program ○ 1 ; DAIA
<p>27. Number of public/private partnerships established/brokered that lead to health systems strengthening</p>	<p>9 public/private partnerships established/brokered</p> <ul style="list-style-type: none"> • Ghana <ul style="list-style-type: none"> ○ M&G Pharmaceuticals ○ LaGray Chemicals Ltd ○ Ghana Health Service ○ Pharmacy Council • Jordan <ul style="list-style-type: none"> ○ Johnson and Johnson ○ Nuqul Group ○ Pharmacy One ○ Jordan Volunteers ○ Jordan Medical Council

IR 3.4 EQUITY/AFFORDABILITY

Financial mechanisms to increase access to private sector FP/RH and other health products and services expanded

28. Number of people covered through SHOPS supported health financing interventions	<ul style="list-style-type: none">• Jordan - 7,631 vouchers distributed and 3,364 redeemed for family planning services• Namibia - 1,704 male circumcisions as reported by health insurance schemes• Madagascar - 5,224 vouchers for LAPM• Uganda - 8,112 vouchers sold by community-based-distributors for healthy pregnancy and delivery services
29. Number of affordable health products introduced as a result of SHOPS assistance	1 affordable health product introduced <ul style="list-style-type: none">• Ghana-Zinc product ZinTab (through M&G Pharmaceuticals)
30. Number of health financing models introduced or expanded with SHOPS support	6 health financing models introduced or expanded <ul style="list-style-type: none">• Jordan - Voucher scheme for family planning services• LiveWell Kenya<ul style="list-style-type: none">○ Cascade discount○ Community group discounts○ Safe Motherhood package• Namibia - Standard fee structure (health insurance scheme)• Uganda - Voucher scheme for health pregnancy and delivery services

Sub IR 3.5 QUALITY

Quality of private sector service provision improved

31. Number of private providers with improved knowledge/skills in relevant technical area after SHOPS training	6,291 private providers with improved knowledge/skills <ul style="list-style-type: none">• Ghana - 37 midwives trained and 5,032 Licensed Chemical Sellers and Shop Assistants trained• Jordan - 245 providers; FP/RH training⁵• Paraguay -118 IPS doctors and nurses and 4 CEPEP providers; IUD training• Nigeria - 817 private providers; Family Wellness, Balanced Counseling Strategy, CTU, LAM, IPAC training⁶• Uganda - 38 providers; Safe delivery training
32. Number of targeted facilities implementing quality improvement interventions	5,279 targeted facilities implementing quality improvement interventions <ul style="list-style-type: none">• Ghana -5,032 Licensed Chemical Sellers and Shop Assistants trained⁷• Jordan<ul style="list-style-type: none">○ 17 JAFPP facilities○ 155 independent private providers• Paraguay – 41 IPS facilities, 4 CEPEP facilities• Uganda MSI – 24 facilities• Uganda mhealth - 6 facilities

⁵ Results are for July 2011- May 2012.

⁶ This number is the cumulative of providers who attended all courses. There are providers who have been counted in multiple courses. Doctors, nurses, midwives and Community Health Extension Workers/Auxiliary Nurses are included as providers for this result.

⁷ From the SHOPS impact evaluation with Ghana Licensed Chemical Sellers, the study shows that approximately 5% sent two representatives from one clinic. Therefore, 95% of the reported licensed chemical sellers and shops assistants each represented a unique clinic.