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SHOPS Strengthening Health Outcomes *through* the Private Sector

Strengthening Health Outcomes through the Private Sector Project

Final Report 2009—2016

January 2016

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Abstract: The Strengthening Health Outcomes through the Private Sector (SHOPS) project was USAID's flagship initiative in private sector health. From 2009 to 2016, the project worked in more than 30 countries to involve nongovernmental organizations and for-profit entities in addressing the many health needs of people in Africa, Asia, Latin America, and the Caribbean. SHOPS focused on increasing availability, improving quality, and increasing use of priority health information, products, and services in family planning and reproductive health, maternal and child health, and HIV and AIDS through the private sector. This report provides an overview, results, and lessons learned from the SHOPS project's six years of work in private sector health.

Keywords: AIDS, assessments, behavior change communication, contracting out, health financing, HIV, family planning and reproductive health, maternal and child health, mhealth, NGO sustainability, pharmaceutical partnerships, social marketing, policy, provider access to finance, provider networks, quality improvement

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

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Strengthening Health Outcomes through the Private Sector Project

Final Report 2009–2016

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Contents

Acknowledgements v

Acronyms vi

Project Overview 2

- Purpose of the SHOPS project 3
- Technical strategies 5

Advancing Knowledge 9

- Private health sector assessments 10
- Generating and applying evidence 12
- Tools of the trade 18
- HANSHEP Health Enterprise Fund: Pro-poor innovations 20
- Disseminating knowledge on the role of the private sector 22
  - Working groups 23
  - E-Conferences 24
  - Support to global meetings 25

Field Implementation: Country Case Studies 27

- Family planning 29
  - Bangladesh: Improved access to LARCs and PMs through the private sector 32
  - India: Commercial sector partnership models to increase family planning access among BOP populations 34
  - Jordan: Expanding access, quality, and continued use of family planning 38
  - Madagascar: Implementing mobile outreach strategies to expand access to comprehensive family planning 42
  - Malawi: Expanding the role of private providers in delivering family planning and other priority health services 44
  - Nigeria: Improving supply of family planning services through the private health sector 45
  - Paraguay: Using a total market approach to prepare for USAID graduation from family planning support 49
  - Zimbabwe: Expanding method mix and geographic coverage of family planning products and services 52
- HIV and AIDS 55
  - Caribbean: Strengthening HIV program sustainability through greater private sector engagement 58
  - Côte d'Ivoire: Extending HIV service provision to the private sector 60
  - Ethiopia: Increasing access to finance and supporting innovative private sector models 62
  - Kenya: Improving health care coverage and access to quality HIV services 64
  - Namibia: Expanding access to affordable and sustainable HIV services 66
  - South Africa and Botswana: Strengthening the sustainability of HIV-focused NGOs 69
  - Tanzania: Building public-private partnerships for HIV and health 70

Maternal and Child Health 73
Bangladesh: Mobile Alliance for Maternal Action 76
Ghana: Public-private partnership for diarrhea case management 79
India: A sustainable approach to last-mile supply 81
Kenya: Increasing access to MCH products and services 82
Malawi: Improving maternal, newborn, and child health care 84
Nigeria: Delivering diarrhea management products and services 86
Uganda: Increasing access to MCH products and services 88
Other Priority Health Areas 91
India
Supporting a public-private strategy in the national TB control program 93
Testing commercial partnership models to provide advanced cook stoves 95
Malawi
Providing safe drinking water in rural communities 97
Providing cost-effective sanitation in peri-urban communities 98
Lessons Learned 99
Enabling environment 101
Sustainability 101
Access to priority health services 102
Social behavior change communications 103
Human resources for health 104
Health financing 104
Access to finance 105
Annex: SHOPS Publications 106
References 109

List of Figures

Figure 1. SHOPS results framework 3

Figure 2. Field support from USAID missions 4

Figure 3. Elements of an assessment 10

Figure 4. LARC and permanent method services in private facilities 33

Figure 5. The e-Choupal rural health platform provides products directly to the village level 35

Figure 6. JAFPP cost recovery achievements, 2011–2014 39

Figure 7. Number of new family planning clients to JAFPP clinics, 2010–2014 39

Figure 8. Achievements of the community outreach program 41

Figure 9. Conceptual framework for expanding a private sector health facility 46

Figure 10. Sample of private health facilities identified in Lagos State census 47

Figure 11. Increase in lab revenue and exams 51

Figure 12. SHOPS approach to HIV field programs 56

Figure 13. Stages of the voluntary medical male circumcision procedure considered in Namibia costing analysis 67

Figure 14. Aponjon service description 77

Figure 15. Caregiver treatment of diarrhea, 2012–2014 79

Figure 16. Delivery by skilled attendant 89

List of Tables

Table 1. Six types of research studies conducted by SHOPS 12

Table 2. Total BlueStar services and voucher services (vouchers redeemed), February–September 2011 43

Table 3. Reasons for not offering family planning 47

Table 4. Opportunities for corporate-NGO partnerships 68

Table 5. Three ACS partnerships: marketing approach and financing scheme 95

List of Maps

Map of assessments 11

Map of family planning programs 31

Map of HIV programs 57

Map of maternal and child health programs 75

Map of programs in other priority health areas 92

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Acronyms

ACPCI	Association of Private Clinics of Côte d'Ivoire
ACS	Advanced cook stoves
AMAMI	Association of Malawian Midwives
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral (medication)
BCS	Behavior Change Support project
BOP	Base of the pyramid (population)
CEPEP	Paraguayan Center for Population Studies
CHAI	Clinton Health Access Initiative
CHAM	Christian Health Association of Malawi
CHW	Community health worker
CP	Commission Paritaire (Côte d'Ivoire)
CYP	Couple-years of (contraceptive) protection
DAIA	Contraceptive Security Committee (Paraguay)
DCA	Development Credit Authority
DFID	Department for International Development (U.K.)
DHS	Demographic and Health Survey
DMPA	Depot medroxyprogesterone acetate (injectable contraceptive)
DPWG	Diarrhea and Pneumonia Working Group (UN)
EBM	Evidence-based medicine
FP	Family planning
HBVP	Health Baby Voucher Program
HHEF	HANSHEP Health Enterprise Fund
IEC	Information, education, and communication
IPS	Social Security Institute (Paraguay)
IR	Intermediate result
ITC	Indian Tobacco Company
IUD	Intrauterine device
JAFPP	Jordan Association for Family Planning and Protection
LARC	Long-acting and reversible contraceptive (method)
M&E	Monitoring and evaluation
m4RH	Mobiles for Reproductive Health
MBPH	Market-Based Partnerships for Health (USAID)
MCC	Multimedia Content and Communications (Bangladesh)
MCH	Maternal and child health
MCPR	Modern contraceptive prevalence rate
MFI	Microfinance institution

MOH	Ministry of Health
MOHSS	Ministry of Health and Social Services
MOPHS	Ministry of Public Health and Sanitation (Kenya)
MSM	Marie Stopes Madagascar
NAPPAM	National Association of Private Paramedicals of Malawi
OCP	Oral contraceptive pill
OECS	Organization of Eastern Caribbean States
ORS	Oral rehydration salts
OTCMS	Over-the-counter medicine sellers
PACHA	Pediatric and Child Health Association (Malawi)
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	Persons living with HIV
PM	Permanent method (contraception)
PMTCT	Prevention of mother-to-child transmission
PPIA	Private provider interface agency
PPMV	Proprietary and patent medicine vendors
PPP	Public-private partnerships
PRINMAT	Private Nurse Midwives Association of Tanzania
PSWG	Private Sector Working Group
PSZ	Population Services Zimbabwe
QED	Quasi-experimental design
RCT	Randomized controlled trial
RNTCP	Revised National TB Control Program (India)
SHOPS	Strengthening Health Outcomes through the Private Sector
SLA	Service level agreement
SMC	Social Marketing Company
SMS	Short message service
TB	Tuberculosis
TFR	Total fertility rate
TMA	Total market approach
UNAIDS	Joint United Nations Program on HIV/AIDS
UNPFA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency
USAID	United States Agency of International Development
VHC	Village health champions
VMMC	Voluntary medical male circumcision
WASH	Water, sanitation, and hygiene
WHO	World Health Organization

PROJECT OVERVIEW

Engaging the private sector is a critical program component for meeting priority health goals in developing countries. Globally, the private sector is an integral part of national health systems, serving both urban and rural areas, the rich as well as the poor. Nearly 30 percent of modern contraception users in sub-Saharan Africa obtain their method from the private sector; among youth (19 to 24 years), this percentage increases to roughly 40 percent. Similarly, more than half of families seeking care for childhood illnesses in sub-Saharan Africa use the private sector. The numbers for Asia are equally striking: 45 percent of modern contraceptive users rely on the private sector as their primary source of services, as do more than 65 percent of families seeking care for childhood illnesses.

For more than 25 years, the United States Agency for International Development (USAID) has been a leader in engagement with the private sector to support family planning and other priority health goals. Through these initiatives, USAID has demonstrated that engaging the private sector improves consumer choice, expands access to quality products and services, and improves sustainability by mobilizing resources and expertise.

The Strengthening Health Outcomes through the Private Sector (SHOPS) project was developed by USAID to address this important component of support for health care.[1] Its overarching objective was to increase the role of the private sector in the sustainable provision and use of quality family planning and reproductive health, HIV and AIDS, and maternal and child health and other health information, products, and services.

Based on its strong background in health systems and private health sector experience, Abt Associates led the project with support from five partners: Banyan Global provided technical leadership in access to finance and business and financial management skills building; Jhpiego led the area of clinical skills building and quality; Marie Stopes International (MSI) provided family planning services, including expanding social franchising and outreach programs; O'Hanlon Health Consulting led efforts in policy reform and public-private sector dialogue; and the Monitor Group supported the development of base-of-the-pyramid (BOP) approaches. The project was issued and managed by USAID's Office of Population and Reproductive Health, Service Delivery Improvement Division, with a major contribution from field funding. Twenty-six USAID Missions, representing more than 30 countries, participated in this program.

[1] The SHOPS project began in October 2009 under a five-year "leader with associates" contract (GPO-A-00-09-00007-00) issued by USAID to Abt Associates Inc. USAID also approved an additional no-cost 16-month extension, allowing the project to continue through January 2016. The total funding ceiling for the leader award was $95 million, with a cost share of 20 percent. Abt Associates also received two SHOPS associate awards in Jordan and Nigeria, both of which are incorporated into this report.

Purpose of the SHOPS Project

The SHOPS project was designed to enhance the effectiveness of the private sector as a sustainable approach to providing quality health services, especially in the critical areas of family planning and reproductive health, MCH, and HIV and AIDS. Other areas of focus included infectious disease; water, sanitation, and hygiene (WASH); and environmental health. By engaging and supporting the growing private health sector in developing countries, as a complement to public sector health services, the project aimed to improve both the availability and the quality of critical health services. Demonstrated results include measurable increases in knowledge, supply, and use of family planning, MCH, and HIV and AIDS services; improved conditions for private sector involvement; and greater sustainability of health outcomes.

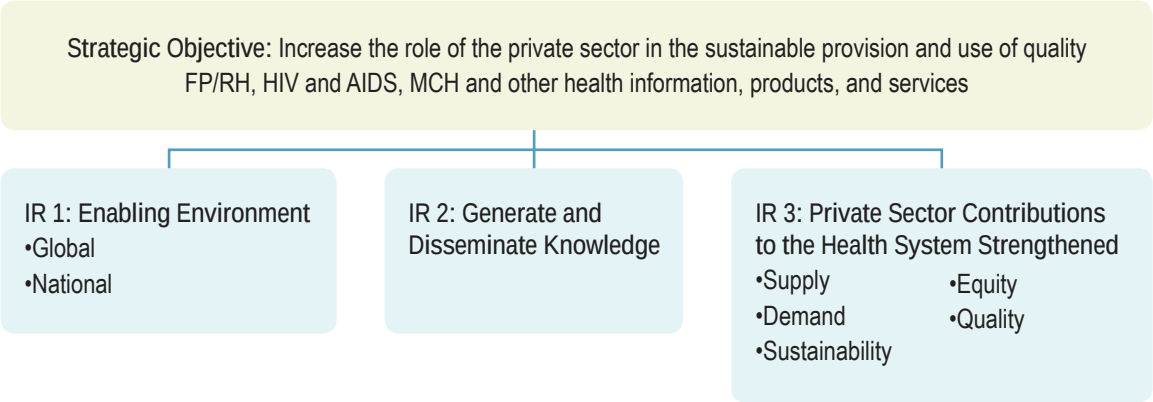
To accomplish its broad objectives, SHOPS targeted three intermediate results (IRs) (Figure 1):

IR1: Strengthen global support for state-of-the-art private sector family planning and reproductive health and other health models, approaches, and tools.

IR2: Advance knowledge about and understanding of private sector provision of family planning and reproductive health and other health information, products, and services.

IR3: Strengthen key private health sector systems; initiate, implement, and scale up innovative, effective, and sustainable private sector family planning and reproductive health and other health programs.

Figure 1. SHOPS results framework



IR1 built on USAID's robust evidence base to promote a strong and expanded role for the private health sector. To support IR1, SHOPS worked to establish partnering relationships with key global agencies and organizations; to raise awareness of new private health sector approaches and tools among USAID missions, governments, the donor community, and key stakeholders; and to advance an environment that is supportive of the private health sector.

The impetus for IR2 was the recognition that a strong evidence base is critical, both in advocating for an increased private sector role in health and in designing effective programs. Accordingly, SHOPS was tasked to generate, analyze, and disseminate essential information related to strengthening commitment and programming to support the private health sector. This entailed rigorous monitoring and evaluation (M&E) of the project's work, contributing to the global body of knowledge and research on the private health sector.

IR3 focused on increasing general awareness and use of private sector health information, products, and services. Activities within IR3 aimed to strengthen key private health sector systems, by developing or scaling up innovative, effective, and sustainable family planning and reproductive health and other priority health programs to target five key areas: *supply*, *demand*, *sustainability*, *equity*, and *quality*.

Technical focus areas for strengthening private health sector services (IR3)

Supply: Strengthen, demonstrate, and scale up effective private sector delivery and distribution models to increase access.

Demand: Implement targeted social and behavior change communication and marketing strategies to increase access and use.

Sustainability: Develop and implement strategies to improve market segmentation, viability, and sustainability.

Equity: Expand financial mechanisms to increase access to private health sector products and services.

Quality: Improve the quality of private sector service provision.

Project interventions emphasized a total market approach (TMA) that coordinated a range of partners—public, nongovernmental, and for-profit—to serve different segments of the population, reducing overlap of efforts and increasing efficiencies in resource utilization. USAID also tasked SHOPS to encourage the continuous identification, adaptation, and implementation of new and innovative technologies and pioneering approaches.

SHOPS Portfolio of Activities

Field-funded initiatives and programs. SHOPS received field support from 26 missions, including two regional missions, to develop private sector initiatives and programs in more than 30 countries (Figure 2). Nearly half of these field programs included multi-faceted programs that addressed multiple priority health areas. Smaller programs were generally more narrowly focused on one or two technical areas or on private sector health research in a single health area.

Regionally funded activities. The project received regional funds from the Africa Bureau and the Bureau for Europe and Eurasia. These funds were used primarily for regional private sector assessments and studies.

Core-funded initiatives. SHOPS implemented core-funded initiatives as part of its mandate to provide technical leadership, foster collaboration, and promote innovation.

Figure 2. Field support from USAID missions

Africa

- Benin
- Botswana
- Ethiopia
- Ghana
- Kenya
- Madagascar
- Malawi
- Namibia
- Nigeria
- Senegal
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe
- West Africa
  - Burkina Faso
  - Cameroon
  - Côte d'Ivoire
  - Mauritania
  - Niger
  - Togo

Asia

- Bangladesh
- Cambodia
- India
- Jordan
- Nepal

Latin America and the Caribbean

- Bolivia
- Guatemala
- Paraguay
- Peru
- Caribbean
  - Antigua and Barbuda
  - Dominica
  - Grenada
  - St. Kitts and Nevis
  - St. Lucia
  - St. Vincent and the Grenadines

Technical Strategies

SHOPS harnessed a wide range of technical strategies to design evidence-based, context-specific country programs implemented with funding from USAID missions. Core funding from USAID/Washington was made available to develop innovative pilot programs and to evaluate existing programs. SHOPS's technical strategy involved the following major areas of activity:

- Assessment: Analyze each country's private health sector landscape to better understand the role of the private sector and to identify areas for improvement.
- **Health financing:** Increase access to health services for the poor through a variety of financing options, including vouchers, contracting, and insurance.
- mHealth: Use mobile technology to improve health outcomes.
- NGO sustainability: Strengthen the capacity of organizations to be financially independent; build organizational and technical competencies.
- Pharmaceutical partnerships: Introduce new products; expand markets through social marketing and partnerships with manufacturers.
- Policy: Promote policy dialogue, reform, and regulatory change to enhance the climate for the private health sector.
- **Provider access to finance:** Work with financial institutions to increase lending to private providers while strengthening their business skills.
- Provider networks: Make private provider networks and franchises stronger and more effective.
- Quality improvement: Improve the quality of products and services in the private sector.
- Social behavior change communication: Promote healthy behaviors; overcome barriers to change affecting the general public and private health care providers.

SHOPS results were far reaching and reflect the breadth of work across priority health areas through both core and field resources, as illustrated by the infographic on the next page. This final project report covers the period October 2009 through January 2016. In view of the extensive scope of the SHOPS project, this report does not detail every project activity. Rather, it focuses on key interventions, results, and lessons learned.

PROJECT IMPACT

SHOPS worked in more than 30 countries over six years to significantly increase access to priority health information, products, and services through the private sector. Since 2009, SHOPS has generated over 827,000 couple years of protection to avert unintended pregnancy and treated more than 18.5 million cases of childhood diarrhea through the private health sector.

ENABLING ENVIRONMENT

SHOPS improved the enabling environment for private provision of priority health products and services by facilitating public-private dialogue, building the capacity of ministries of health to become effective stewards of the private sector, and ensuring laws and policies facilitate the effective participation of the private health sector.

25 Global partnerships established with donors and private sector champions to enhance support for private health sector programming.

22 Private health sector assessments conducted in 27 countries resulting in an improved understanding of the role of the private health sector and greater public-private collaboration.

96 Public and private stakeholder events convened in 21 countries to prioritize and discuss public-private collaboration.

TANZANIA: SHOPS established a scope of practice for public and private sector nurses and midwives, which allows greater task sharing and expands roles in delivering voluntary medical male circumcision, prevention of mother-to-child transmission Option B+, and prescribing antiretroviral therapy.

SUPPLY

SHOPS partnered with the private health sector to increase the distribution and delivery of priority health products and services.

19 Pharmaceutical partnerships brokered to introduce or expand access to priority health products.

Over 2,500 loans, valued at more than $20 million, made to support quality improvements and expansion of private health care facilities.

GHANA: SHOPS used a four-pronged approach to introduce and scale up zinc. Today, 70% of over-the-counter medicine sellers stock zinc and 90% stock ORS. Working with local manufacturers, the SHOPS program made available 5 million treatments in the private sector.

DEMAND

SHOPS used tested social behavior change communication methodologies, including broadcast media, marketing and branding and interpersonal communication (IPC) to reduce barriers to change and increase use of priority health products and services.

AN ESTIMATED
25 MILLION
consumers reached with health messages.

16 Social behavior change communication campaigns implemented in 11 countries.

JORDAN: Following a mass media campaign to dispel mistrust of oral contraceptive pills, 81% of married women of reproductive age exposed to the campaign knew the pills were safe to use versus 65% of those unexposed.

SUSTAINABILITY

SHOPS provided technical assistance to NGOs and private provider associations to ensure sustainable delivery of quality health information, products, and services.

50 Provider associations strengthened in 14 countries.

42 NGOs have improved financial, programmatic and/or organizational capacity.

PARAGUAY: SHOPS supported CEPEP, an NGO affiliate of the International Planned Parenthood Federation, which led to an increase of 16% in revenue.

EQUITY

Making health care financially accessible is fundamental to improving health outcomes, particularly for the poor. SHOPS put mechanisms in place, such as insurance and vouchers, to reduce financial barriers to accessing quality health products and services from the private sector.

MORE THAN **200,000 PEOPLE** have access to expanded HIV benefits as part of their insurance package.

MORE THAN **75,000 LOW-INCOME WOMEN** redeemed vouchers to access family planning and maternal and child health services through SHOPS-supported programs.

KENYA, ETHIOPIA, AND NIGERIA: SHOPS designed and launched a $6 million challenge fund to spur innovative private sector solutions for improving access to health for the poor. In 12 months, 16 enterprises introduced new products and services reaching more than 75,000 clients.

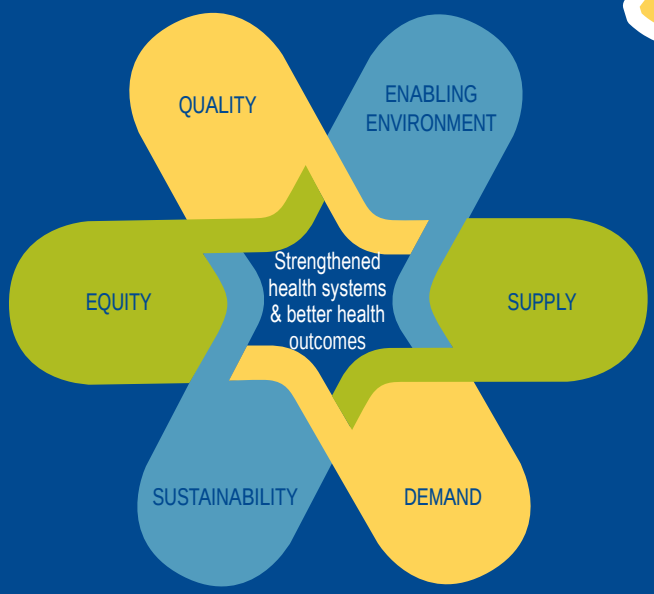
QUALITY

SHOPS improved private provider skills and strengthened the quality of health service offerings.

MORE THAN **77,000 PRIVATE PROVIDERS** have improved clinical knowledge and skills in key health areas.

MORE THAN **10,000 FRONTLINE DRUG SHOPS/PROVIDERS** received supportive supervision visits to strengthen diarrhea management practices.

INDIA: The SHOPS program used a telephone careline to support provider counseling and reduce discontinuation rates among users of DMPA, a 3-month injectable contraceptive. The service improved the first-year continuation rate from 23% among women who received no reminder calls, to 38% among women who received 3 reminder calls.



Advancing Knowledge

Strengthening global support and advancing knowledge and understanding of the private health sector was a key component of SHOPS. SHOPS achieved this through a variety of approaches, including conducting country level private health sector assessments, implementing research studies at the country and global level, and developing tools to be used by a wide range of stakeholders to better understand and engage with the private sector. The project also tested new innovative approaches, including the development and introduction of a challenge fund, the HANSHEP Health Enterprise Fund, to test whether a combination of grants and technical assistance could spur businesses to provide products and services to low-income consumers. SHOPS employed a variety of strategies to disseminate project learnings and raise the visibility of private sector approaches, including electronic media, establishing working groups, and sponsoring and participating in conferences.

Private Health Sector Assessments

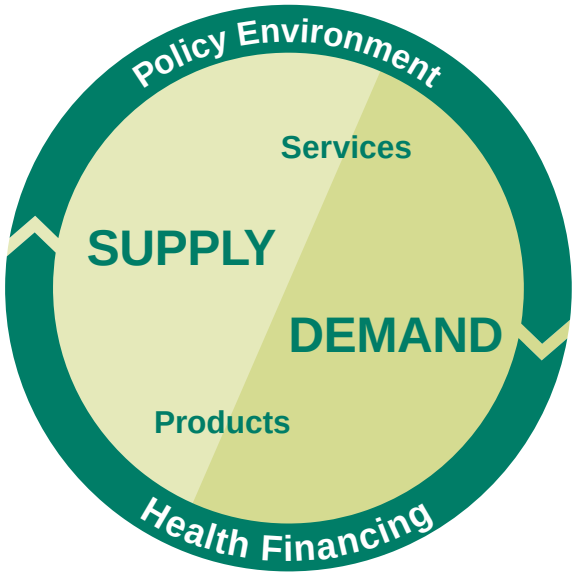
A big challenge to engaging the private health sector is getting a clear picture of the actors involved and their capabilities. Assessments can help governments, development partners, and other key stakeholders understand the role the private sector plays with an eye toward identifying areas where partnerships or initiatives can address needs and contribute to improving health outcomes. By providing key data on the size, scope, and activities of the private sector, this information helps local stakeholders and development partners devise strategies, make decisions, and design programs that will maximize private sector contributions.

Since 2009, SHOPS saw an increased demand for knowledge on the private sector. It conducted assessments in 28 countries, focusing on one or more health areas. While the assessments ranged in scope, each one looked at the policy environment, financing mechanisms, and the supply and demand of products and services (Figure 3). To share its approach with a broad audience, the project created an online tool, *Assessment to Action*, described in the section on tools.

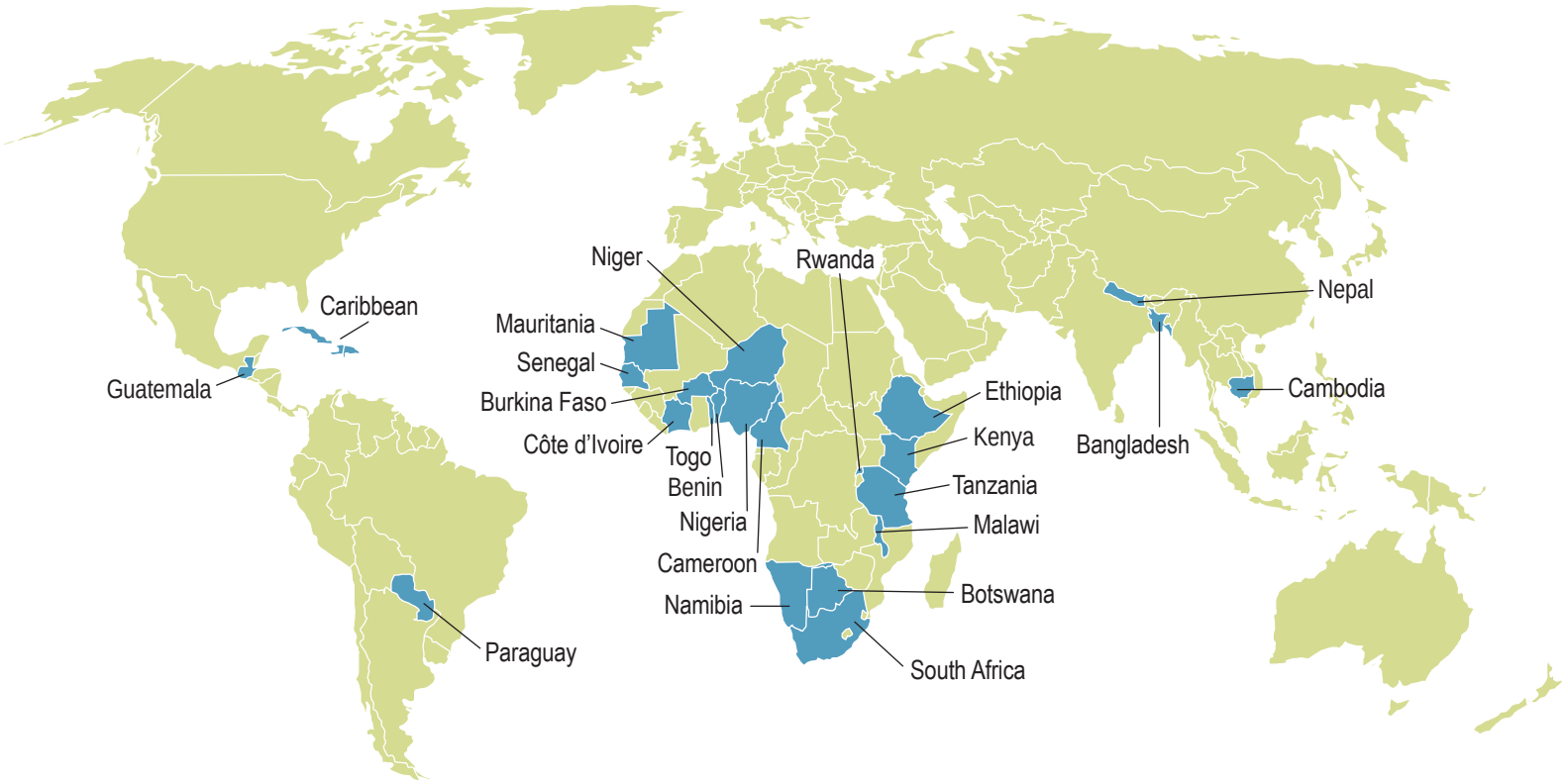
Regardless of geographic location, health focus, and scope, the project encountered important findings common to all the countries it studied.

1. The private health sector is larger than expected. Assessments together with private provider censuses often document for the first time the size and scope of private health care providers.
2. Public-private interaction in the health sector is limited. Typically, there was a lack of trust between the two sectors and little opportunity for dialogue or coordination. This is beginning to change, and assessments served as a catalyst for a shift in perceptions and an openness to dialogue.
3. In many countries, the policy environment is not conducive to a thriving private health sector. Laws and regulations pose barriers to entry and limit the provision of services in the private sector. In some cases, private providers are not recognized by the public sector. Private providers are willing to provide priority health services and need supportive policies and market conditions to do so.
4. The private health sector is innovating. The assessments depict private providers who are reaching remote areas, developing new products, launching new financing mechanisms, and using new technology.

Figure 3. Elements of an assessment



SHOPS conducted private health sector assessments in 28 countries



Caribbean
Antigua and Barbuda Dominica Grenada St. Kitts and Nevis St. Lucia St. Vincent and the Grenadines

Generating and Applying Evidence

A rigorous research portfolio spanning a wide range of technical areas was key to increasing the local and global understanding of effective private sector engagement strategies. SHOPS researchers conducted 55 research studies related to the private health sector, in the areas of family planning, HIV, and MCH. SHOPS research objectives included: synthesizing data across multiple countries; contributing to the general body of knowledge on global health issues; evaluating activities; informing and adjusting ongoing programming; and informing future programs.

Researchers determined the type of research to conduct based on the specific questions under investigation—a hallmark of the SHOPS approach. Table 1 shows the six types of research studies, with the basic questions they addressed. Each type is discussed below in greater detail, along with examples.

Table 1. Six types of research studies conducted by SHOPS

Research question	Type of study	Selected examples
Are there differences between countries or trends over time in use of family planning, HIV, and MCH products and services?	1. Global research	Trends in family planning uses in 36 countries
How many private health providers are working in region/country X, and where are they located?	2. Provider census	Nigeria provider census
What issues should be considered when designing an intervention?	3. Formative research	Uganda retention in care India: Ascertaining solutions to increased private provider compliance to standards of TB care
How was a program developed, how did it operate, and did it conform to its original design? How might implementation be modified in the future?	4. Process evaluation	Kenya Changamka maternal health micro-savings cards
Can change be attributed to the intervention?	5. Impact evaluation	Nigeria family planning and business training Madagascar pregnancy test kits Jordan family planning counseling Ghana SMS (drug sellers)
Why did the intervention work or not work?	6. Qualitative behavioral research	Ghana drug sellers: Knowledge-practice gap India: Understanding attitudes and experience of the Dimpa careline

1. Global research

SHOPS conducted four global research studies related to the private health care sector focusing on family planning and HIV service use across different countries. These studies identified differential patterns between countries and in some cases explored trends over time. For example, SHOPS analyzed data from Demographic and Health Surveys (DHS) and Reproductive Health Surveys from 36 countries to examine trends in the source of modern contraception (public or private sector), method choice (LARC or permanent vs. short-acting methods), and the relative contribution of each method category to increasing rates of contraceptive use over time (whether obtained through public or private providers). This study showed regional differences: a substantial proportion of married modern contraceptive users rely on the private sector in Asia (45 percent) and in Latin America and the Caribbean (44 percent); in sub-Saharan Africa, however, only 28 percent use the private sector. In all three regions, the private sector share of the contraceptive market has remained stable over time, as has the method mix. Overall, the use of LARCs and PMs from the private sector is relatively low in all three regions, particularly in sub-Saharan Africa. These findings help the global community better understand the relative importance of the private sector in family planning provision and help guide program managers in program design, considering both public and private sectors.

2. Private provider census

A major challenge in working with private health facilities in developing countries is that information on these facilities is often unavailable or inaccurate. Lack of current, reliable data makes it difficult to provide relevant training or set appropriate program targets. SHOPS conducted censuses of private providers and facilities covering facility location (some with GPS coordinates), services offered, service costs and facility revenues, and quality of care. Some focused on a specific health area, such as family planning, while others targeted multiple health areas. SHOPS conducted nationwide censuses of all private health care providers in seven countries (Antigua and Barbuda, Benin, Dominica, Malawi, Namibia, St. Kitts and Nevis, and St. Vincent and the Grenadines), as well as a sub-national census covering six states in Nigeria. The resulting up-to-date information on the size, scope, and composition of the private health sector helped stakeholders identify gaps in services and design well-targeted private sector programs.

Using Census Data to Inform the Family Planning Program in Nigeria

When SHOPS Nigeria planned to expand its family planning training, only limited data on private health facilities were available from government and professional associations. Much of the data were outdated. Accordingly, SHOPS conducted a comprehensive census of all formal private health facilities in the six states where it operated (Abia, Benue, Edo, Kaduna, Lagos, and Nasarawa) to determine the overall size of the private health sector, its infrastructure, and the volume of family planning services offered. The census identified 5,086 private providers in the six states, with a substantially higher ratio of private health facilities to total population in Lagos. Additional surveys in Lagos State included mystery client surveys to assess the quality of family planning services offered, as well as a proprietor survey, to examine business practices and recent borrowing activity. Findings showed need for improvement in the quality of family planning counseling and in prescribing practices related to malaria and pediatric diarrhea. A second, more intensive census was done in a few randomly selected areas of Lagos for quality control, to estimate the percentage (and types) of private health facilities missed by the SHOPS census.

The census results showed wide disparities: 32 percent of the private health facilities identified in the census were not on government lists, while 53 percent of private health facilities on government lists could not be located by SHOPS surveyors. Previously, SHOPS Nigeria had relied on private provider associations to mobilize participants for trainings. Based on the census, SHOPS Nigeria updated its provider directory to offer family planning trainings to all the identified private facilities.

3. Formative research

SHOPS conducted 13 formative research studies to inform decisionmaking about current and future private sector health activities, either before program design or during program implementation.

One formative research study in Uganda addressed the concern that multi-sectoral health systems may undercut coordinated HIV care. SHOPS conducted a retrospective survey of 1,470 antiretroviral therapy (ART) patients in 16 health facilities to understand their pathways through HIV care and treatment, and specifically whether persons living with HIV (PLHIV) switched between public, NGO, and commercial facilities in accessing HIV care services. The study found that patients are most likely to switch between health sectors earlier in the treatment pathway—when deciding where to receive HIV testing, initial HIV care, and ART initiation; after ART initiation, more than 95 percent of patients stayed within the same sector. However, 18 percent of respondents who needed treatment for opportunistic infection obtained it in a health sector different from the one where they were receiving ART. Based on these results, SHOPS highlighted the need to develop a system to improve coordination of referrals between facilities.

Another study, in India, researched the practices of private health care providers in treating tuberculosis (TB). Health standards call for conducting a sputum test to diagnose pulmonary TB and notifying TB cases to public health authorities, but practitioner practices vary. To identify the perceived barriers and potential solutions, SHOPS initially interviewed 56 qualified private health care providers, networked in the SHOPS private provider interface agency (PPIA). Identified solutions included:

- Evidence-based training for providers
- A streamlined system for lab tests and communication
- Project support for notification process
- Recognition among peers and in the community
- Waivers on notification of personal identifiers of TB cases
- Financial incentives

SHOPS then interviewed 170 networked, qualified providers to test the potential impact of these solutions. The results showed that, in combination, the first three solutions could increase use of sputum testing by 140 percent and notification of TB cases by 56 percent. The last two solutions had low incremental impact. In particular, financial incentives, though attractive to some, were rejected by the majority of private providers because of the perceived potential for spurring unethical practices. Based on these results, SHOPS designed its programming around the first three identified solutions.

4. Process evaluations

SHOPS conducted nine process evaluations to document how its programs were developed, how they operated, and whether they conformed to their original design. These evaluations help to improve program implementation as well as shape future program design.

In Kenya, less than half of all pregnant women receive the World Health Organization (WHO)-recommended minimum of four antenatal consultations, and only 43 percent of births occur in health facilities. Costs of maternity care pose a significant barrier. A Kenyan micro-savings company called Changamka developed a “smartcard” program to allow users to accumulate savings to pay for maternal health care at Nairobi’s Pumwani Hospital. SHOPS conducted a retrospective process evaluation to analyze the program’s benefits, challenges, and potential, focusing on card uptake, user profile, service usage, timing of card use, and users’ perceptions of the card. Results showed that despite high levels of card adoption, there were high rates of discontinuation (90 percent). The primary reasons for discontinuation were a lack of understanding of how to use the card (50 percent), lack of money (40 percent), and uncertainty about choice of facility in which to deliver (25 percent). Many users obtained the card too late in their pregnancy to allow for significant savings. Though many users had positive perceptions, the high discontinuation rate pointed to significant implementation challenges.

5. Impact evaluations

SHOPS conducted 19 impact evaluations using rigorous study designs to determine whether program interventions had direct, measurable impact on specified outcomes. SHOPS tailored the evaluation design to the research questions, conducting both randomized controlled trials (RCTs) and quasi-experimental design (QED) studies.

In Nigeria, SHOPS supported independent **for-profit providers with family planning and business trainings**, supportive supervision, and links to lending institutions. SHOPS then conducted an RCT to determine whether the combined interventions influenced family planning outcomes (number of contraceptive methods offered and quality of family planning counseling and services). The RCT included 965 private for-profit health facilities in Lagos State, randomly assigned to a treatment group or a control group. SHOPS researchers administered facility surveys about family planning practices and services and also conducted mystery client surveys to assess provider behavior and counseling quality. The study showed that offering trainings increased the average number of contraceptive methods offered by health facilities by 0.6 methods (an increase of 11 percent), due primarily to a greater provision of LARCs. The intervention also improved the overall quality of counseling services and the quality of family planning monitoring data. In planning additional implementation activities (under the associate award), SHOPS increased supportive supervision efforts to reinforce training on LARC methods and to update facility staff on current trends in family planning.

In Madagascar, family planning use remains low, and **community health workers** (CHWs) play an important role in providing family planning in rural and remote areas. CHWs are trained to use a pregnancy checklist before providing oral or injectable contraceptives; however, many CHWs instead deny these contraceptives to all non-menstruating women. In addition, the checklist itself tends to overstate the category "could be pregnant." SHOPS conducted an RCT with 622 CHWs in three regions of Madagascar. CHWs were randomly assigned to either a treatment group that was offered pregnancy test kits and training on their use, or a control group that received neither kits nor training. Results showed that the intervention increased the average number of new hormonal contraceptive clients supplied by CHWs each month by 26 percent. This was the first rigorous study to demonstrate the impact of providing pregnancy test kits through CHWs. As a result of these findings, the Ministry of Health announced that Madagascar would include pregnancy tests on its essential medicines list, making Madagascar the first country to do so. The Mikolo project, a five-year USAID-funded project, was tasked with scaling up the distribution of pregnancy tests among the CHWs it supported throughout Madagascar.

Globally, family planning programs often neglect to include men, and existing research on **male involvement in family planning counseling** is limited. In Jordan, SHOPS conducted an RCT to evaluate the impact on family planning outcomes of a home-based counseling program, including whether outcomes differ between counseling women alone and counseling couples. The sample consisted of 1,247 married, non-pregnant women of reproductive age, living with their husbands and not using any modern contraceptive method. Following a baseline survey, the sample was randomly divided into three groups: women counseled alone, women counseled with their husbands, and women who would receive no counseling. During five months, CHWs conducted monthly in-home counseling visits, discussing the woman's (or couple's) plans, counseling on modern methods, and offering a free voucher for family planning services. The women and their husbands were interviewed separately for an endline survey. The RCT found a strong positive impact of *any* counseling on uptake of modern family planning methods (a 48–59 percent increase), as well as positive impacts on knowledge, attitudes, and spousal communication. There was no detectable added impact from counseling couples (perhaps because of low participation rates of husbands in the couples' counseling).

Health interventions that use **mobile phones** are proliferating rapidly, but there is still little evidence of their impact. In Ghana, SHOPS conducted an RCT to evaluate a SMS-based intervention, in coordination with SHOPS diarrhea management trainings for over-the-counter medicine sellers and a SHOPS mass media campaign promoting oral rehydration salts (ORS) and zinc. To reinforce in-person training, SHOPS designed SMS follow-up support

including informational messages and interactive quizzes, offered to a randomly assigned group of medicine sellers who had attended SHOPS diarrhea management training. The RCT showed that the intervention increased provider knowledge but did not change behavior: almost half of the medicine sellers still incorrectly sold antimicrobials to mystery clients, possibly due to perceived customer preferences. As a result of these findings, SHOPS initiated a supportive supervision program to supplement its diarrhea management trainings, along with refresher sessions on diarrhea management during annual medicine seller trainings. The next section describes a follow-on qualitative research study designed to further explore the "know-do" gap between knowledge and practice.

6. Qualitative behavioral research

SHOPS implemented behavioral research to understand the behaviors, intentions, and motivations of private sector actors and their clients, and to explain how these behaviors can influence health outcomes. While prior quantitative research helped determine whether interventions were working or not, using qualitative methods allowed SHOPS to explore issues in depth and generate insights to shape future interventions and practice. In Ghana, SHOPS conducted a qualitative behavioral study of 132 medicine sellers and 74 customers to examine how customer-medicine seller interactions influence dispensing behavior, in the light of the knowledge-practice gap discussed above. SHOPS used specialized focus group discussions employing an indirect activity-based elicitation approach. The study revealed that though medicine sellers are frequently seen as frontline treatment providers, they lack the status of a clinician to influence clients who ask for a treatment other than oral rehydration solution and zinc. The seller-customer relationship similarly tends to favor customers' preferences. Additionally, despite knowing that ORS and zinc are the recommended treatment for acute pediatric diarrhea, medicine sellers often lack sufficient understanding to negotiate effectively with customers. The SHOPS Ghana program incorporated these findings to create revised training and job aids for medicine sellers.

In India, a prior evaluation found that only a few doctors contributed to the majority of referrals to the Dimpa careline. To better understand these findings, SHOPS conducted 31 in-depth interviews among doctors belonging to the Dimpa network to understand their perceptions of the careline, a telephone support service for DMPA adopters.[2] The study found that doctors who were more knowledgeable about the service were likely to consistently recommend the careline to their clients, and they attributed the careline to improved continuation. Doctors who understood the careline as primarily a reminder service saw less value, delegating to paramedics to recommend it to the clients. Doctors highlighted three areas of improvement: reduce the time between the patient registering for the service and receiving a call confirming registration, develop a system for doctors to provide feedback, and provide periodic updates regarding the careline's performance and impact.

[2] DMPA is the injectable contraceptive depot medroxyprogesterone acetate.

A Sample of SHOPS Research Findings

Global studies demonstrated the large proportion of women using the private sector to obtain short-acting family planning methods, particularly in Asia and Latin America.

Provider censuses documented the scope of the private sector in a region or country.

Formative research in India helped shape TB programs.

Process evaluations allowed SHOPS to better understand the potential limitations of new innovative interventions.

Impact evaluations demonstrated that interventions can improve outcomes even in challenging environments, such as in:

- Nigeria—Family planning and business training
- Madagascar—Providing CHWs with pregnancy test kits
- Jordan—Home-based counseling by CHWs

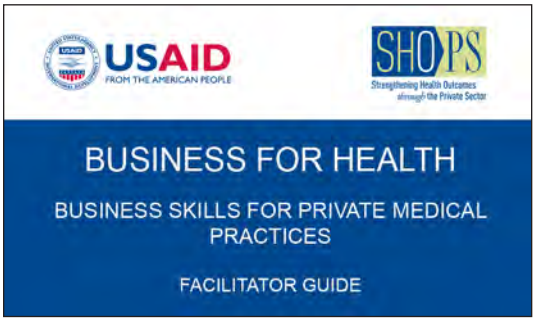
Qualitative research in Ghana pointed to the lack of negotiating power of drug sellers vis-à-vis their customers as a barrier to proper treatment of pediatric diarrhea.

Tools of the Trade

Throughout the project, technical teams codified their learning or approach in online platforms to share widely with global audiences. Four SHOPS platforms are described here.

Assessment to Action is an online tool for conducting private health sector assessments in developing countries, designed in response to the growing demand for private health sector assessments. Understanding the private health sector's actors and their capabilities is an essential preliminary step in engaging the sector to meet public health goals. A private sector assessment can assist key stakeholders in understanding the role the private sector plays in country and identifying areas for partnership and/or programming.

Building on the assessments conducted by Abt Associates and its partners in 25 countries over the past decade, the tool provides a step-by-step guide along with suggested resources for conducting a private health sector assessment. The tool is easy to use, flexible, and comprehensive, with helpful tips all along the way. It takes the user step by step through five phases: *plan*, *learn*, *analyze*, *share*, and *act*. It provides downloads of resources for use in the field, such as the list of questions the SHOPS team asks private providers. In a little over one year, users have accessed this site more than 800 times at assessment-action.net.



Business for Health is a competency-based training program in business administration and financial management, designed for trainers to train managers of private clinics and health facilities.

Many private medical practitioners are both clinicians and administrators managing their own enterprises; their medical training prepares them to treat their clients, but not to manage health businesses. Improvements in business administration can enable providers to expand their offerings of quality health services and become more financially sustainable, contributing to a vibrant private sector that can provide critical health services.

The curriculum covers the key areas of a health practice: *management*, *operations*, *health services quality*, *finance*, and *marketing*. The course is intended for the owners and managers of small, independent, private medical practices—clinics, social franchisees, small hospitals, maternity homes, and laboratories. The complete course comprises 22 day-long training modules, to be led by a skilled trainer. The tool is accessible at shopsproject.org/businessforhealth.

The Total Market Approach (TMA) online course is designed for development practitioners to maximize resources, increase access to priority health goods, and improve program sustainability. Using a pithy style and practical examples, the course discusses challenges, identifies key stakeholders, and outlines the process of using TMA and measuring its impact.

TMA is a lens or process for developing strategies to increase access to priority health products and services by considering the entire range of free, subsidized, and commercial delivery methods. TMA has been used with priority health products such as condoms, contraceptives, ORS, zinc, and insecticide-treated bed nets. Stakeholders have long used similar concepts to transition programs away from public and donor subsidies. Central to a TMA is robust engagement of stakeholders from both public and private (commercial and nonprofit) sectors, with government leading the process. Over 150 development practitioners have taken the course, accessed at globalhealthlearning.org/course/total-market-approach. SHOPS also provides related tools at shopsproject.org/tma.

Applying ProCapacity in Malawi

In 2012, the SHOPS team in Malawi applied ProCapacity Index™ to eight Christian Health Association of Malawi (CHAM) hospitals. SHOPS then designed an institutional strengthening program based on the results. The program included business assistance as well as targeted training for staff. USAID/Malawi observed that the ProCapacity Index™ results allowed the SHOPS project to go beyond anecdotes to design data-based interventions that target areas of strategic significance.

The ProCapacity Index™ is a metrics-driven tool for measuring the long-term capacity and sustainability of an NGO. Using indicators across three "pillars of sustainability," it assesses the NGO's capacity to grow and endure, benchmarking to other NGOs in the same industry.

As donor resources shift and priorities change, sustainability has become an important issue for the NGOs providing health care services and products to underserved populations. These organizations, as well as program implementers, need tools to identify and implement strategies for long-term viability.
The SHOPS project helped strengthen clinic-based health NGOs by assessing their sustainability using the ProCapacity Index™ specifically for health clinics. The tool assesses clinics according to 28 qualitative and quantitative indicators in three areas: financial strength, programmatic performance, and organizational development. It generates a composite score referencing five levels of capacity, from "fragile" to "model organization."

The results helped inform management decisions for the organization and programmatic decisions for supporting donors.

HANSHEP Health Enterprise Fund: Pro-Poor Innovations

With contributions from USAID and the U.K. Department for International Development, and the Rockefeller Foundation, SHOPS designed and managed the HANSHEP Health Enterprise Fund to expand care to BOP populations. The fund selected Kenya and Ethiopia for the initial implementation in January 2013 and added Nigeria in 2014.

SHOPS designed the fund to identify and support innovative and replicable solutions that addressed critical health challenges faced by BOP populations in sub-Saharan Africa: high rates of maternal and child mortality; unmet need for modern family planning methods; and lack of access to HIV and AIDS testing, care, and treatment services. The fund provided financing for early-stage health businesses and technical assistance to help enterprises develop their business models and attract mainstream investment or credit.

The 16 enterprises selected were diverse, with innovations ranging from new health products to low-cost service delivery models. The fund disbursed over $3 million in grant financing. SHOPS worked closely with grantees to determine priority needs for capacity building, addressed through a combination of group and individualized support. It also organized formal and informal networking opportunities and made connections with government stakeholders, investors, and potential partners.

The grantees introduced 16 new goods and services targeting low-income populations, including Ethiopia's first medical waste management service, an mhealth platform for medical consultations, and new service delivery and financing models. Within 12 months of receiving support, the grantees provided more than 75,000 people with health services directly promoted or launched through the fund. Many started from scratch, with new equipment, new research, and brand new companies. Six of the grantees have secured onward investment to scale up their innovations.

April Warren

Echelon

Innovation: Locally manufactured neonatal resuscitation devices

Impact: Sold 500 neonatal bag valve masks to hospitals for lifesaving newborn care

Jessica Scranton

Telemed Medical Services

Innovation: Phone-based medical consultation and patient tracking system

Impact: Provided 14,232 Ethiopians with advice on family planning and other medical issues

April Warren

Tebita Ambulance

Innovation: First private ambulance service provider in Ethiopia

Impact: Provided transport to 3,800 people during health emergencies

Patricia Griffin

Medical Biotech Laboratories

Innovation: Ethiopia's first medical waste management service

Impact: Constructed medical waste plant; agreement signed with Addis Ababa Private Hospital Association

Mamihasina Raminosoa, DDC International

ZanaAfrica

Innovation: Health comics that empower women and girls with critical health information

Impact: 14 health comics developed to dispel myths around menstrual hygiene, reproductive health, and sexually-transmitted diseases

Mamihasina Raminosoa, DDC International

Jacaranda Health

Innovation: Integration of low-cost emergency obstetric services into its maternity offerings

Impact: Provided 15,774 with health services; delivered 57 babies via cesarean section

Disseminating Knowledge on the Role of the Private Sector

SHOPS actively documented best practices in private sector programming through technical papers and research, disseminating that knowledge to key stakeholders and audiences worldwide, through the project website, publications and presentations, communities of practice, and social media.

The centerpiece of knowledge dissemination was the project's interactive website, with a searchable resource library of more than 1,000 resources including almost 60 audio and video files. Launched in 2011, the site evolved to include portals to communities of practice. In the final year of the project, the site averaged 3,600 unique visitors each quarter, with the most visits from the United States, Kenya, Nigeria, India, and the United Kingdom.

The project distilled technical and research findings and lessons learned into more than 80 publications. (A full list of publications with links is available in the annex.) SHOPS gave presentations at 230 knowledge-sharing events to 14,698 attendees, including representatives from USAID/Washington and missions. To serve a global audience, SHOPS hosted 5 e-conferences and 8 webinars on a range of topics including health finance, provider access to credit, and mhealth.

The SHOPS project helped bring the private health sector into the online global health conversation by posting and interacting with users on Facebook and Twitter, sharing content from the SHOPS website including impact stories, resources, photos, and infographics. SHOPS served as a voice for the private sector at global health meetings and conferences by tweeting live to share relevant resources. The project also hosted, co-hosted, or participated in numerous tweet chats. In September 2013, for example, SHOPS co-hosted a tweet chat on contraceptives that trended in the United States. Social media has become one of the top five referral channels to the SHOPS website. By the end of the project, SHOPS had more than 1,700 Twitter followers and more than 1,400 Facebook page likes (followers) from more than 45 countries.

Doug Trapp

Globally, SHOPS staff presented at more than 200 knowledge-sharing events.

A primary objective of the SHOPS project was to bring wider attention to the potential role of the private health sector in providing broader access to quality health information, products, and services, while advancing the global health community's understanding of how to engage the private health sector. SHOPS achieved this through three primary vehicles: *working groups* to help coordinate program implementation and to share lessons learned; *e-conferences* to share knowledge globally; and *global conferences* to raise the visibility of private sector research and programming.

Working Groups

SHOPS relaunched the Private Sector Working Group (PSWG), a working group first established in 2005 under the predecessor project to improve coordination among implementers and donors in private sector health programming. Under SHOPS leadership, the PSWG expanded beyond its original focus on family planning and reproductive health to include HIV and AIDS, MCH, and health systems strengthening. The PSWG met quarterly over the life of the project to discuss issues ranging from research to financing. Membership now exceeds 250 and includes implementers as well as donors such as USAID, the World Bank Group, Merck for Mothers, and the Bill and Melinda Gates Foundation.

In 2010, SHOPS joined the Diarrhea and Pneumonia Working Group (DPWG) within the United Nations Commission on Lifesaving MCH Commodities. Led by UNICEF, the Commission focuses on coordinating the efforts of implementing agencies in 10 countries that have the highest diarrhea- and pneumonia-related child mortality rates. SHOPS led the subgroup on demand generation and actively participated in the zinc, M&E, and advocacy working groups. This participation enhanced the project's relationships with several donors and implementers working to address diarrhea and pneumonia, ensuring productive networking and coordination of activities. As leader of the demand generation subgroup, SHOPS developed an extensive collection of evidence-based results (posted on the SHOPS website). The team also collaborated with other members of the DPWG, including UNICEF, USAID, the Clinton Health Access Initiative (CHAI), and McCann Global Health, to develop open source communication materials for both frontline health workers and consumers, freely available for worldwide use.

In 2014, SHOPS helped launch the TMA Working Group. The group gathered representatives from USAID, the United Nations Population Fund (UNFPA), the Reproductive Health Supplies Coalition, and implementing partners to help coordinate USAID and UNFPA efforts to mainstream and implement TMA activities across health areas, with a special focus on family planning and reproductive health. SHOPS served as the working group's first secretariat, organizing five quarterly meetings that provided a platform for knowledge sharing among members. The group discussed standardized definitions and metrics for measuring TMA activities, provided updates on ongoing TMA efforts at the global and country level, advised on the development of new tools, and developed a comprehensive compendium of existing TMA-related resources.

NETWORK FOR AFRICA

Public-Private Linkages for Health

SHOPS also continued its support of Network for Africa, a network of public and private health sector stakeholders in Africa which was formed under the predecessor project. Network for Africa promotes greater understanding among public sector staff of the contribution of the private health sector and its potential role in meeting public health objectives throughout the continent. Activities included monthly e-newsletters, online chats, and regional technical exchanges. To promote long-term sustainability, SHOPS transitioned leadership of the network to Africa Capacity Alliance, a pan-African organization based in Nairobi, with a formal transfer in 2014. At the time of transition, the network had more than 650 members from 30 African countries.

E-conferences

To reach its global audience, particularly those in the field, SHOPS hosted e-conferences on a wide range of topics. Virtual conferences featured technical presentations with interactive question-and-answer sessions, access to relevant resources, and networking opportunities. The e-conferences were an effective way to share knowledge and engage a wide group of stakeholders.

LAPM e-conference: Presenters shared best practices and lessons learned relating to the private sector provision of long-acting and reversible contraceptives (LARCs) and permanent methods (PMs) of family planning. Bringing together more than 550 participants from more than 80 countries, the event featured 15 presentations as well as opening and closing remarks from USAID representatives.

Diarrhea management e-conference: Presentations highlighted country-specific experiences in introducing zinc as a diarrhea treatment through both public and private sector channels. Presentations of zinc programs in Africa and Asia attracted more than 200 people from 42 countries.

Access to finance e-conference: Discussions focused on access to finance for health care providers, detailing the funding gaps in health systems and also opportunities for private provider associations. This e-conference included a panel of investors from the Acumen Fund, USAID's Office of Development Credit, Camden Partners, and the World Bank. The conference was held at IFC and broadcast live. Participants totaled 350 people from more than 50 counties.

mHealth e-conference: Hosted by SHOPS and the mHealth Alliance, this e-conference focused on the use of mobile phone technology to improve availability and use of quality reproductive health and maternal and newborn health services. It attracted 770 registrants from more than 60 countries.

SHOPS end-of-project e-conference: This e-conference highlighted project accomplishments and lessons learned from activities in family planning, HIV, and MCH. It included recorded presentations from the highly successful SHOPS end-of-project event and featured three live interactive sessions on provider access to finance, why mobile health technology (mhealth) matters for the private sector, and the role of the private sector in universal health coverage. Over 140 participants joined in from 10 countries, including seven in sub-Saharan Africa.

Robin Keeley

SHOPS played an active role in the International Conference on Family Planning in 2011, 2013, and 2016.

Support to Global Meetings

SHOPS supported a range of global conferences to increase understanding of the private sector's role in public health programming. SHOPS was active in conference steering committees, sponsored booths to showcase program publications, and supported panels and side sessions at several meetings, including the International Conference on Family Planning, Women Deliver, Global Social Franchising Meeting, Global Health Council Conference, the International Health Economics Association Meetings, and the International AIDS Conference.

Private Sector in Health Symposium ahead of iHEA World Congress

Researchers, implementers, donors, and policymakers gathered at the Private Sector in Health Symposium in Sydney, Australia, to discuss the performance of health markets in low- and middle- income countries and the interventions currently aimed at improving their performance. The meeting took place a day before the opening of the 9th World Congress of the International Health Economics Association (iHEA) in 2013.

SHOPS presentations at the symposium included research and lessons learned on:

- The motivations of private health providers in Malawi
- How evidence-based medicine affected private sector doctors in Jordan
- Mobile phone messages to change provider behavior in Ghana
- Conducting censuses of private health facilities in 10 countries
- Reducing the cost of ARVs in Namibia
- Improving health services to the urban poor in Kenya (a poster)

In the months leading up to the symposium, SHOPS held two webinars: (1) the potential of market-based models for reaching the base of the economic pyramid and (2) how the public and private sectors can work together to increase access to health insurance for low-income populations. The SHOPS project director and research director served on the symposium's scientific advisory committee.

Field Implementation: Country Case Studies

SHOPS implemented activities in more than 30 countries over the life of the project. This section presents country case studies organized by major health area: family planning, HIV and AIDS, and MCH. This section also summarizes achievements in other priority health areas, including TB and WASH. Each section provides the project's overall approach to achieving gains in the selected health area before presenting country case studies.

Family Planning

Jessica Scranton

Family Planning

Remarkable improvements in modern contraceptive use are being seen in the developing world. In 2014, use of modern contraceptives prevented an estimated 231 million unintended pregnancies, 38 million unsafe abortions, and 100,000 maternal deaths. There is also increasing political will and government commitment for family planning programs. Despite these improvements, more progress is needed. According to the United Nations Population Fund (UNFPA), 225 million women continue to have unmet need for contraception and modern contraceptive prevalence rates (MCPR) remain stagnant.

Engaging the private sector is critical to meeting global voluntary family planning goals. The SHOPS family planning program worked with a diverse range of for-profit and nonprofit stakeholders to increase the role of the private sector in the provision of quality family planning products and services.

SHOPS implemented a variety of country and context-specific strategies to strengthen the role of private sector providers in family planning services, including:

- Assessments of the role of the private health sector in family planning services and opportunities for increasing its utilization
- Partnerships with manufacturers and distributors to improve access to family planning products
- Training for private family planning providers in clinical, counseling, and business skills, coupled with access to financing
- Behavior change communication to increase informed demand for family planning services and products

SHOPS also worked at the systems level to expand opportunities and reduce barriers:

- Facilitating the organization of the private sector into networks and franchises
- Developing mobile technologies for data collection, provider training, and consumer outreach
- Removing financial barriers through vouchers, contracting, savings clubs, and insurance
- Strengthening the capacity of family planning organizations in financial sustainability as well as organizational and technical competencies
- Helping to eliminate regulatory barriers to private sector provision of family planning products and services

In total, SHOPS implemented USAID field-supported family planning interventions in eight countries: Bangladesh, India, Jordan, Madagascar, Malawi, Nigeria, Paraguay, and Zimbabwe. All interventions were tailored to the specific context and family planning program needs of the program country.

SHOPS implemented family planning interventions in eight countries

Bangladesh

Improved access to LARCs and PMs through the private sector

Bangladesh has made significant improvements over the past two decades in major health indicators: under-5 child mortality has decreased and the maternal mortality ratio is also decreasing, though it is still higher than the Millennium Development Goal of 143 deaths per 100,000 live births. Enabling women and couples to space or delay births, avoid unintended pregnancies and abortions, and choose their appropriate family size can prevent as many as one in three maternal deaths. Bangladesh and its partners have increased the MCPR dramatically, from 5 percent to 52 percent, between 1975 and 2011 (National Institute of Population Research and Training et al., 2013). However, LARCs and PMs have declined from 30 percent of all modern contraceptive use in 1991 to 13 percent in 2011, currently accounting for only 15 percent of overall modern method use; LARCs alone account for only 3 percent.

The goal of the SHOPS family planning program in Bangladesh was to improve access to LARCs and PMs through the private sector. SHOPS designed and implemented a pilot program to integrate family planning in large private hospitals where large numbers of deliveries were being performed.

Piloting an Integrated Family Planning and Maternal and Child Health Model

SHOPS's 2011 assessment of LARCs and permanent family planning methods and injectable contraceptives had identified four main barriers to their provision in the private sector: provider capacity, access to commodities, limited demand, and lack of awareness about policies and regulations.

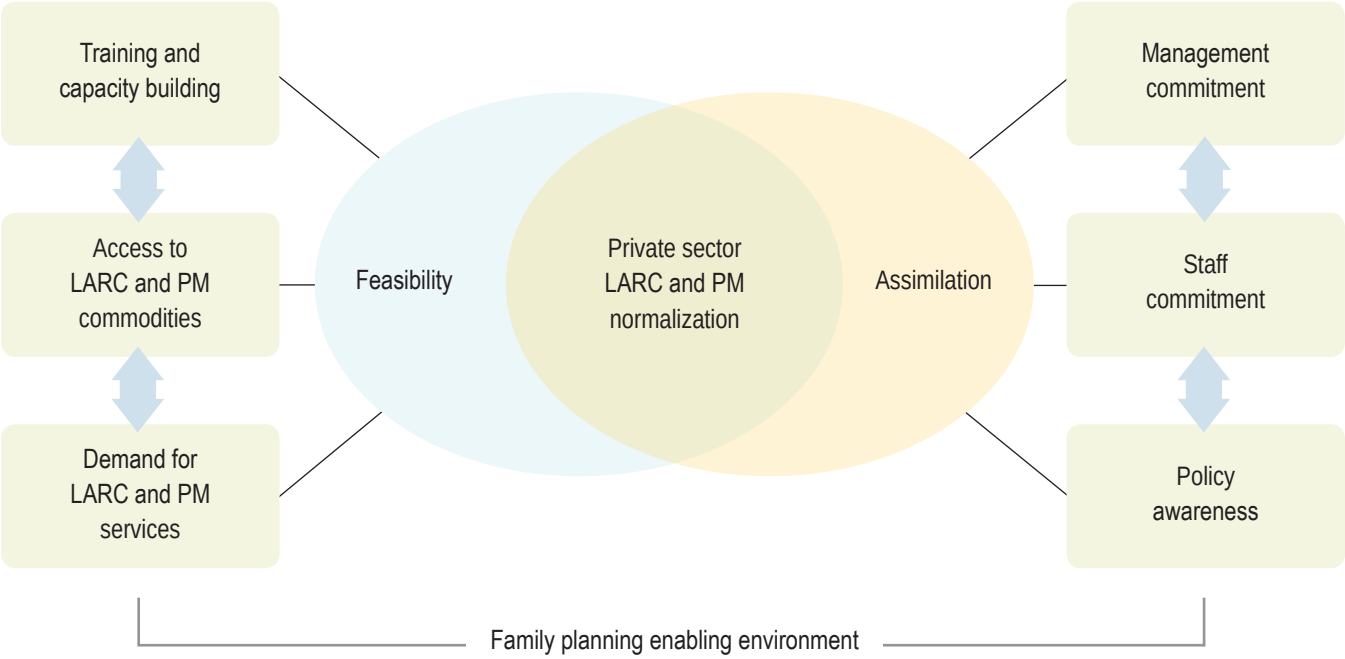
To address these barriers, SHOPS designed an integrated family planning and MCH service delivery and business model to test the viability of private hospitals in providing LARCs and PMs. In collaboration with three partner organizations (the Social Marketing Company (SMC), USAID-funded Mayer Hashi project, and AITAM Welfare Organization) and key public and private sector stakeholders, SHOPS worked with 47 large for-profit hospitals to test whether LARCs and PMs could be sustainably integrated into existing MCH services.

Figure 4 describes the factors influencing the normalization of LARC and PM services in the private sector. The boxes on the left represent factors that the SHOPS integrated services model influenced. The boxes on the right were not directly influenced by SHOPS work at the facility level.

Training and Capacity Building

SHOPS conducted a knowledge, attitudes, and practices study involving 385 private sector nurses, general practitioners, graduate doctors, and obstetrics and gynecology specialists. The study found that private providers had limited awareness of the benefits and methods associated with LARCs and PMs. In response, SHOPS implemented a series of trainings, adapting content from the national LARC and PM curriculum, to focus on relevant practical clinical skills. SHOPS helped facility management and providers understand national policies and regulations regarding provision of LARCs and PMs and commodities supply. In total, SHOPS trained providers from 47 facilities in at least one new method and trained 243 medical students and 153 intern doctors in medical college hospitals in LARCs and PMs. The facilities began providing all services in which they were trained and performed more tubectomies than public facilities.

Figure 4. LARC and permanent method services in private facilities



PM = permanent method

Ensuring Supply and Demand for Commodities

To ensure a regular supply of intrauterine devices (IUDs) and implants, SHOPS worked with SMC, the Directorate General of Family Planning, the drug administration, and USAID to obtain permission to distribute IUDs and implants and set a maximum retail price. By the end of the project, 38 of the 47 trained facilities were supplied with commodities. SHOPS also developed a demand generation strategy that featured facility marketing and community mobilization officers, printed materials promoting LARC and PM services as well as the facility, and family planning corners (private spaces for family planning counseling).

Strengthening the Policy and Regulatory Environment

SHOPS conducted business-enabling workshops to update participants on policy and regulatory requirements for integrating LARC and PM services into their facilities. The workshops helped participants develop a LARC and PM business plan that included setting appropriate service fees, contraceptive forecasting, and marketing and demand generation.

SHOPS ultimately helped reduce market entry barriers to LARC and PM services. The pilot revealed that large private hospitals were willing to incorporate LARC and PM services if given targeted assistance, including training adapted to their needs and time constraints. Certain improvements in the external environment are needed for sustainability, such as demand creation and linkage to affordable commodities.

India

Commercial sector partnership models to increase family planning access among BOP populations

India has made considerable progress in slowing population growth. From 1993 to 2006, the total fertility rate (TFR) among women of reproductive age decreased from 3.4 to 2.7, while the MCPR increased from 45 to 56 percent (International Institute for Population Sciences and ORC Macro, 2007). Nevertheless, 38 million couples still have unmet need for family planning (WHO, 2010). Use of modern contraceptive methods is limited by such factors as inconsistent public sector services, limited contraceptive choice, low availability of short-acting methods in rural areas, and high rates of discontinuation.

Users of short-acting methods in India prefer to access private sector sources. According to National Family Health Survey Round 3, only 10 percent of oral contraceptive pills (OCP) users and 8 percent of condom users obtained the method from the public sector. SHOPS family planning activities in India thus focused on short-acting methods to address two issues:

1. Expanding method choice by offering DMPA (a method not included in the national family planning basket) through a private provider network along with follow-on telephone counseling
2. Increasing access to condoms and OCPs in rural areas, through a commercial sector partnership

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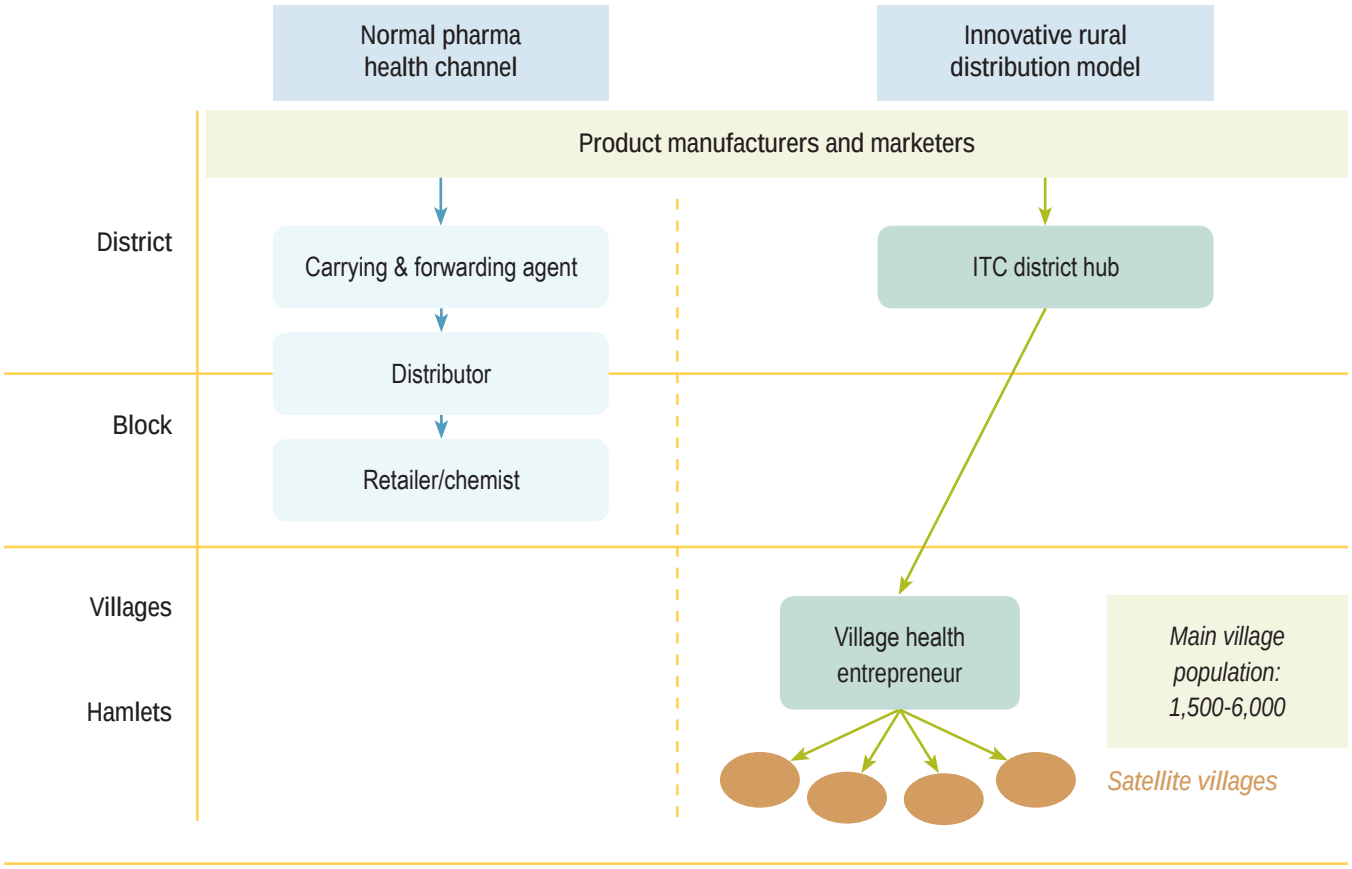
A telephone service that offered counseling and reminders improved the first-year continuation rate of DMPA to 38 percent.

Figure 5. The e-Choupal rural health platform provides products directly to the village level



Expanding Method Choice through a Private Provider Network

In 2003, the USAID-funded Commercial Market Strategies project piloted the Dimpa program in three cities of Uttar Pradesh to increase access to and demand for the three-month injectable contraceptive DMPA. The Dimpa program featured a network of private sector clinics that offered the full range of contraceptive options and created a credible platform to introduce DMPA. Based on the pilot's success, the network was expanded under USAID's Private Sector Partnerships-One (2004–2009) and Market-Based Partnerships for Health (MBPH) (2008–2012) projects. By the end of 2012, more than 75 percent of networked providers included DMPA in their range of family planning services. However, DMPA user satisfaction remained low, with high discontinuation rates. To address these challenges, MBPH pilot-tested the Dimpa careline, a telephone-based comprehensive counseling service that provides DMPA users with information on managing possible side effects as well as reminders for subsequent injections.

SHOPS refined the existing Dimpa careline, scaled up from 5 towns to 34 towns, and introduced an advanced web-based technology that enabled client self-registration (using a "missed-call" mechanism). SHOPS conducted in-clinic activities in all 34 towns to promote self-enrollment, using innovative outreach materials including a comic booklet to introduce the Dimpa careline service. SHOPS also designed a continuous learning plan for counselors, including classroom technical sessions, on-the-job modules, and skill-building through simulations; a counselor toolkit included call scripts, reference materials on technical concepts, and frequently asked questions. For paramedic staff, SHOPS provided training on effective family planning counseling, as well as strategies to encourage careline registration.

By the end of SHOPS, the Dimpa program had 12,300 voluntary registrants enrolled in the careline, accounting for 40 percent of the estimated DMPA users in the project area.

Annual sales of DMPA increased by 20 percent (from 528,000 to 634,000 vials), and continuation rates increased to 38 percent (compared to the national average of 23 percent). Based on these results, DMPA was included in the national family planning basket for public and private facilities. In June 2014, the Dimpa program was transitioned to the Dimpa Project (supported by the Bill and Melinda Gates and Packard foundations), with plans to expand the Dimpa network and careline to 105 towns in the states of Uttar Pradesh and Bihar.

Commercial Sector Partnership Models to Increase Access to Family Planning among Rural Populations

The MBPH project (implemented by Abt Associates) provided assistance to ITC—an agricultural procurement-distribution company—to develop a new rural health initiative for "last mile" services. Under their innovative e-Choupal distribution platform, villages transmit aggregated demand to a central district or town (the "hub"); supplies are then distributed from the hub to smaller villages (Figure 5). Village health champions (VHCs) were recruited to serve as last-mile delivery agents for health commodities and information, procuring products from ITC at wholesale prices and selling them to consumers at retail prices. The VHCs earn a margin-based income from the sale of these products.

SHOPS built on the MBPH program in three ways:

Developing and institutionalizing a comprehensive training program for VHCs. Most of the VHCs had little or no health or business experience. SHOPS designed a comprehensive training program of 26 day-long capacity-building modules, delivered over 12 months, to improve their communication and business management skills and to develop a referral process with the local health community. VHCs were trained on basic health issues including family planning, reproductive health, child health, menstrual hygiene, and general health and nutrition. The training programs also strengthened VHCs' capacity to educate communities on public health issues while selling products and developing a sustainable business.

Expanding the basket of products supplied through the model. Expanding the basket of products was critical to model sustainability and to the level of effort that VHCs would invest in promoting health products and issues in their community. SHOPS identified more than 20 additional health products based on the rural demand-supply gap, whether they could be sold over-the-counter, affordability, and synergy with e-Choupal core products (condoms, OCPs and ORS). SHOPS supported ITC in reaching potential partners for marketing these products, and assisted each manufacturer to develop a targeted business model for the e-Choupal platform. To assess profitability, each manufacturing partner was allowed to access one hub for two to three months without paying the access fee. The initial basket included 14 products, which were introduced slowly to each hub, allowing VHCs to add new products as they gained both experience and working capital. SHOPS helped develop product promotional schemes for the VHCs as well as specific outreach plans for each partner. By the end of the SHOPS project, 18 branded products were sold across the e-Choupal hubs.

Expanding the geographic scope. SHOPS assisted ITC in operationalizing five new e-Choupal rural health hubs in the state of Uttar Pradesh and another three hubs in Madhya Pradesh, increasing the total hubs from just two to ten. SHOPS helped ITC recruit and train eight channel health champions and 251 VHCs for the new hubs, while supporting ITC in forging partnerships with product manufacturers and facilitating a Management Information System to track performance in the new hubs.

Overall, VHCs reached 71,535 people through 4,769 group meetings as well as an additional 88,952 women through door-to-door visits. They also hosted 3,166 other activities, such as immunization days, village health and nutrition days, and local school events. Over the course of the project, the network of VHCs sold 35,297 liters of ORS, 12,350 condoms, and 2,410 OCP cycles. A consumer endline survey also found a significant increase in the self-reported use of OCPs and sanitary napkins. The model also proved effective in providing the VHCs a small profit. During SHOPS, the peak average VHC monthly earnings (in June) were INR 523 ($8.72). According to the ITC information management system, contraceptives accounted for 20 percent.

Leveraging its existing distribution infrastructure, ITC was able to supply the product basket to the VHCs and recover its direct costs. ITC included the model in its 2015–2017 strategic plan and has gradually taken over day-to-day management of the program, recruiting three of the 10 new channel health champions as well as half of the new VHCs. ITC's commitment to continue the initiative beyond the SHOPS project demonstrates that a large corporation can willingly manage a public health program that has demonstrated commercial potential.

Ashish Sinha

Village health champions were trained for 26 days over 12 months.

Jordan

Expanding access, quality, and continued use of family planning

Jordan's population has tripled over the past 25 years. Meanwhile, TFR declined from 7.4 to 3.5 births per woman, but has stayed relatively unchanged since 2002 (Jordan Department of Statistics and ORC Macro, 2003; Jordan Department of Statistics and ICF International, 2013). Among married women of reproductive age, MCPR is approximately 42 percent—only slightly increased since 2002. And nearly half (48 percent) of Jordanian women who adopt a modern method are likely to discontinue it within the first 12 months (JPFHS 2012). These trends are largely driven by cultural factors, such as preferences for large families and traditional methods, but clinical factors also play a part, including poor counseling services and limited method choice. Jordan's huge population growth and large refugee population place significant strains on the country's resources and on the ability of its public health sector to deliver services.

SHOPS Project

Emcees and a quiz participant at a JAFPP family fair promote the Zarqa clinic.

Figure 6. JAFPP cost recovery achievements, 2011–2014

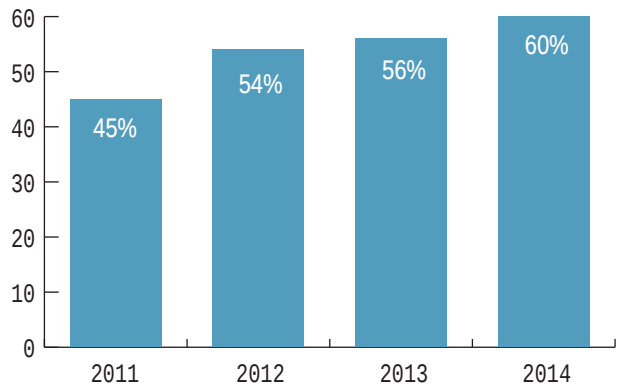
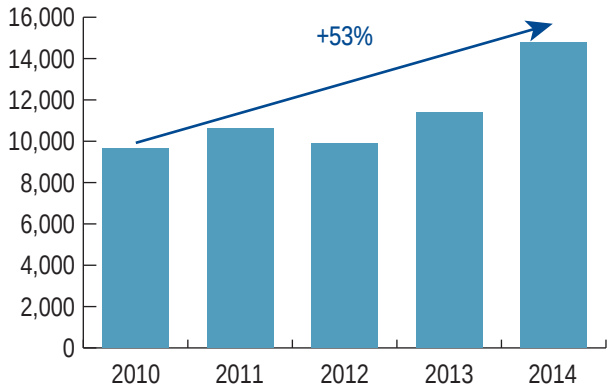


Figure 7. Number of new family planning clients to JAFPP clinics, 2010–2014



Jordan's private health sector is an essential partner to meet these challenges. In 2013, private sources accounted for 55 percent of users of family planning products and services (JPFHS 2012). The popularity of private providers is driven by the large number of pharmacies, shorter wait times, and perceived high quality of services, as well as by community-based outreach programs such as those of the Jordan Association for Family Planning and Protection (JAFPP). Additionally, temporary policy restrictions on public sector IUD provision (Jordan's most popular method) resulted in a greater role for private female health providers in family planning.

SHOPS launched a five-year family planning program in Jordan, which was organized around four main goals:

- Strengthen JAFPP
- Increase access to family planning products and services through the private sector
- Expand the quality and availability of family planning products and services
- Promote demand for private sector and NGO family planning products and services

Strengthening JAFPP

One of the largest sources of family planning services in Jordan, JAFPP operates a growing network of clinics providing medical and social services in 10 of Jordan's 12 governorates. SHOPS focused on improving JAFPP organizational effectiveness, service quality, and financial sustainability. At program initiation, JAFPP was fully dependent on donor funding, with a financial shortfall of nearly $500,000. SHOPS worked with JAFPP management and staff to rebuild organizational and managerial capacity aimed at modernizing JAFPP's governance framework, strengthening human resource management, and improving the organization's financial sustainability. SHOPS helped develop a new financial management system in line with international accounting standards and provided assistance at both central and clinic levels for developing business plans and identifying new business opportunities.

The tools and strategies developed by the project helped JAFPP increase their operating efficiency and thus the number of clients the clinics could serve. By the end of the program's third year, JAFPP's clinic system had served more than 70,000 clients and provided 158,000 couple-years of protection (CYPs), as clinics began recording increased compliance with performance and quality standards. By increasing prices for its services, JAFPP also increased its cost recovery rates, exceeding program targets (Figure 6). The number of new women who used JAFPP's family planning services increased by 53 percent in a four-year period (Figure 7). In 2011, JAFPP won the Mark of Best Practice award from the King Abdullah Center for Excellence.

Increasing Access to Family Planning Products and Services through the Private Sector

SHOPS worked with JAFPP clinics to address overcrowding and patient flow by purchasing, renovating, and/or equipping 23 clinics in Amman and other urban areas. JAFPP now contributes more than one-quarter of the country's CYPs, increasing family planning visits to its clinics by 37 percent in four years. SHOPS also implemented a competitive, performance-based grants program to strengthen four additional NGOs that provide family planning services, and provided clinical trainings and equipment to the United Nations Relief and Works Agency (UNRWA) to help ensure access to family planning services for refugees. The project facilitated the creation of the Coalition of Private Associations for Family Planning in 2014, partnering with the coalition to promote family planning.

In the private for-profit sector, SHOPS supported an informal network of doctors to increase their quality of counseling and services, help them become better advocates for family planning, improve their marketing, and update their clinical equipment, eventually expanding the network from 120 to 300 providers. The participating doctors are mostly female (78 percent), and over half (58 percent) work in Amman, though all 12 governorates are represented.

SHOPS collaborated with the Jordan Pharmacy Association to promote an expanded and more affordable range of methods in pharmacies, through a contraceptive choice coupon program. SHOPS also implemented a household community outreach program that offered counseling as well as vouchers for family planning service provision. In four years, SHOPS exceeded its targets for women reached, with a voucher redemption rate of 76 percent (to private sector, Ministry of Health, or UNRWA clinics), resulting in almost 90,000 acceptors of a modern family planning method.

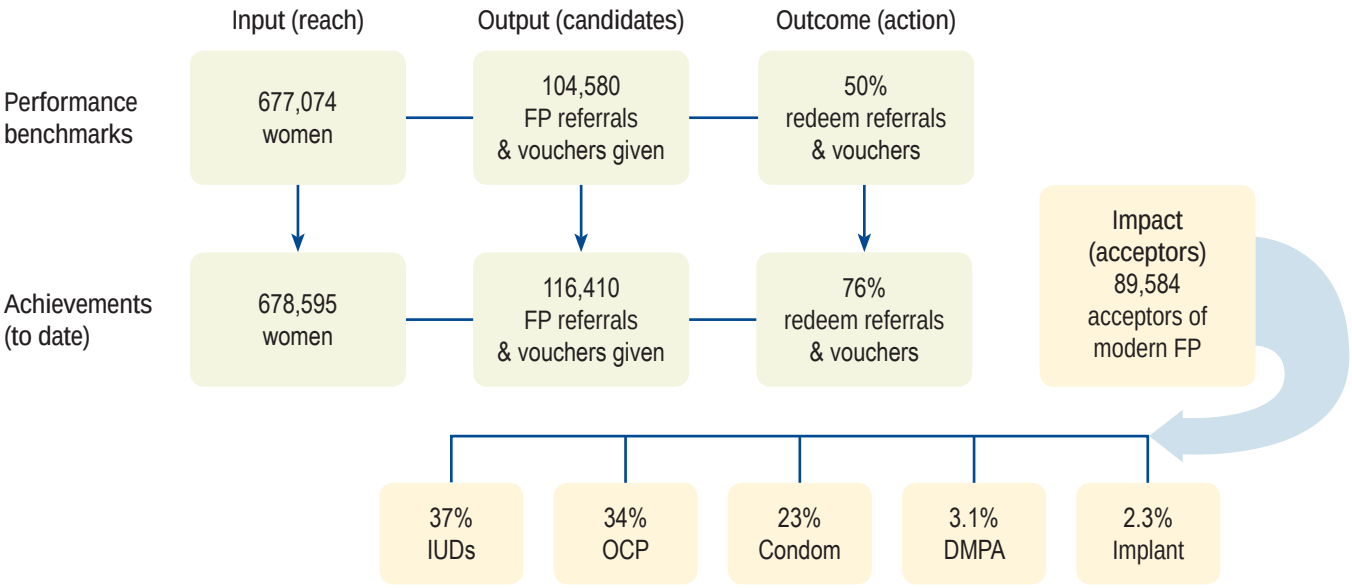
Expanding the Quality and Availability of Family Planning Products and Services

SHOPS developed a training program for private providers to obtain the latest knowledge and technology updates for family planning counseling and service delivery, based on the WHO and national guidelines for family planning services supplemented by evidence-based medicine (EBM). The courses improved the skills of network doctors, CHWs, JAFPP members, and other participating NGOs.

SHOPS Project

Attendees at a community meeting organized by Ta'ziz raise their hands to respond to quiz questions on oral contraceptive pills in Deir Alla town.

Figure 8. Achievements of the community outreach program



Note: FP = Family planning

The number of women who adopted a family planning method is higher than the percentage of women who redeemed a voucher or referral because some women received services upon a CHW counseling without using a voucher or referral.

SHOPS continued the EBM approach of the predecessor project, designed to increase provider knowledge and acceptance of family planning methods by sharing scientifically proven evidence to overcome biases and misconceptions. EBM encourages providers to seek scientific evidence rather than rely on opinions for counseling clients on family planning methods, side effects, and benefits. A total of 763 physicians participated in the EBM program. SHOPS also trained a group of selected (public or private) physicians and medical academics to create the Jordan Evidence-Based Medicine/ Reproductive Health Group, to develop information on modern family planning methods. By 2014, 14 of the 17 JAFPP clinics had exceeded the target of 85 percent compliance with JAFPP's clinical standards and policies.

Increasing Information on Modern Family Planning

SHOPS invested significant resources to increase knowledge of modern contraceptive products via mass media, community events, advocacy by medical professionals, and door-to-door outreach by CHWs. An initial campaign in 2012–13 focused on OCPs, and a second campaign in 2013–14 focused on IUDs. The mass media campaigns showed impact: spontaneous recall of campaign messages was high among women, and exposed respondents were more likely to agree with positive statements about the two methods and about family planning in general, and were more likely to be current users of family planning methods, as compared to unexposed respondents. Pharmacy sales of OCPs increased by 40 percent in July 2012 compared to January 2012 (the second wave of the OCP campaign aired February–May 2012). Similarly, year-on-year comparisons of monthly IUD insertions revealed a significant increase, coinciding with the two IUD campaigns. In addition to the media campaigns, CHWs reached 678,595 women with home-based family planning counseling and distributed more than 116,000 free family planning vouchers or referrals to free services (Figure 8). Home-based counseling, too, had a significant impact: among previous (female) non-users, at endline, 28 percent had adopted a modern contraceptive method after individual counseling, as compared to only 19 percent without counseling.

Madagascar

Implementing mobile outreach strategies to expand access to comprehensive family planning

The Republic of Madagascar contends with high levels of poverty, low education, and poor health. The maternal mortality ratio remains high, at 440 deaths per 1,000 live births (UNDP 2011). Despite an increasing MCPR, Madagascar is marked by great disparities in both access to family planning and demand for these services, with poor and rural women particularly disadvantaged (Institut National de la Statistique and ICF Macro, 2010). Almost 20 percent of women of reproductive age have unmet need for family planning, with rates highest among the poorest (Institut National de la Statistique and ICF Macro, 2010). Fewer than 10 percent of family planning users opt for LARCs or PMs, despite their effectiveness and affordability (MDHS 2008–2009).

SHOPS worked with Marie Stopes Madagascar (MSM) to implement a year-long program with two major goals:

- Expand access to comprehensive family planning, through provision of LARCs and permanent methods (as part of a full method mix) via six mobile outreach teams in underserved regions
- Increase the demand for family planning services through targeted information, education, and communication (IEC) activities, supported by increased private sector services coupled with free vouchers

Marie Stopes International. All rights reserved.

A combination of social franchising with vouchers provided the most significant growth in service delivery. BlueStar franchise members tripled LARC and PM provision during the SHOPS program.

Table 2. Total BlueStar services and voucher services (vouchers redeemed), February–September 2011

Service	Total Services	Services with Voucher
Condoms	2,997	—
Emergency Contraception	624	—
Oral Contraceptives	7,197	—
Contraceptive Injections	29,937	—
Total Short-Term Methods	40,755	3
Implants	5,458	3,001
IUDs	939	466
Total Long-Term Methods	6,397	3,467
Referrals for Permanent Methods	—	15
Total Services	47,152	3,485

Expanding Access to Family Planning through Mobile Outreach

SHOPS enhanced MSM's outreach to the most hard-to-reach populations. Outreach teams provided communities with limited access to family planning with free services and counseling to ensure informed choice. Outreach teams received training on meeting the family planning needs of hard-to-reach populations outside of public health facilities and quality assurance technical assistance. SHOPS supported mass media campaigns through 1,373 radio spots on 15 stations, four radio shows on two stations, and community events to raise awareness of these local services. By the program's end, MSM outreach teams had provided nearly 10,500 LARC and PM services in 662 *fokontany*, generating nearly 58,000 CYPs. Contraceptive implants were the most popular method, followed by IUDs. MSM services complemented public and community-based distribution of short-term methods, giving hard-to-reach areas comprehensive family planning options.

Generating Demand for Family Planning

SHOPS supported MSM's social franchise network, BlueStar network, to help remove barriers for the poorest women and those most at risk of unintended pregnancies to access services by distributing more than 7,800 vouchers in areas where women had little access to service and great unmet need. More than 47,000 services were ultimately provided to voucher and non-voucher clients, including nearly 6,400 for long-term methods (Table 2). Nearly half of all IUDs and more than half of all implants were for voucher clients; overall, 54 percent of long-term methods were provided through a voucher. The SHOPS-supported outreach teams successfully reached clients with unmet need for family planning services; 22 percent of all outreach clients were new family planning adopters.

Malawi

Expanding the role of private providers in delivering family planning and other priority health services

With two-thirds of its population living in poverty, Malawi faces significant obstacles in achieving its economic and social development goals. One area that has seen significant improvement in recent years is the use of modern contraceptives: between 2004 and 2012, the MCPR increased dramatically, from 28 to 46 percent across all geographic areas and income levels (National Statistical Office and ORC Macro, 2005; World Health Organization, 2015). However, rural and lower-income populations still lag significantly, reflecting a severe shortage of qualified human resources for health. In 2011, SHOPS conducted a PSA in Malawi to gauge the private sector's involvement in providing essential health services, identifying several opportunities for capacity and partnership-building activities to aid its expansion.

Financial and Business Management Training for Providers

The private health sector in Malawi, with more than 400 private clinics, is an important source of care. SHOPS initially provided financial and business management training to 256 family planning providers supported by the Population Sciences International (PSI) and MSI franchises, helping them to track costs, manage budgets, maintain inventories, and market their services. SHOPS later expanded the training program to include non-franchised private providers. Participating clinics have grown to meet demand for family planning services, reporting an increase in their ability to track finances and inventory; several directors reported using business planning skills to re-conceptualize demand and expand their businesses.

Fostering Partnerships for Sustainable Access to Family Planning

SHOPS fostered a public-private initiative that affirmed the role of MOH as steward of private sector services, while empowering private providers to deliver priority services and expanding access to modern family planning methods. Using the national curriculum for family planning service delivery, SHOPS conducted five-day trainings for private providers, eventually certifying 52 providers in family planning methods (including LARCs, involving government trainers). Working closely with the MOH, SHOPS then connected the private providers with their district health offices. These partnerships gave providers access to family planning products; in return, providers offered the corresponding services at a reduced price to their clients, only charging for consultation. SHOPS also trained 53 pharmacy and drugstore owners on family planning counseling, as important sources of condoms, OCPs, and emergency contraception. The training sessions included marketing messages as well as a list of side effects to assist customers in choosing an appropriate method.

By the end of the program, trained providers—including pharmacy and drug store owners—had delivered 1,936 LARC services and were able to regularly access family planning commodities at no cost from the MOH, passing the savings on to their clients.

Nigeria

Improving supply of family planning services through the private health sector

Nigeria has a high TFR at 5.5 births per woman, placing significant burdens on the country's economic resources. The high birth rate reflects a low MCPR of just 10 percent of currently married women, far below Nigeria's goal of increasing contraceptive prevalence to 36 percent of married women by 2018 (National Population Commission and ICF International, 2014, Family Planning 2020, 2015). Nigeria's growing private health sector is a key partner in this effort, involving the full range of providers from traditional practitioners to tertiary health facilities offering a wide range of priority public health services—especially in the southern region. These providers are the leading source of contraceptive supply, serving twice as many women as the public sector, mainly with short-acting methods, despite recent growth in some LARC methods. The private sector is also an important source of health financing, mainly through out-of-pocket payments and a relatively well-developed insurance industry that caters primarily to formally employed clients.

In 2010, SHOPS conducted a PSA that yielded four broad family planning recommendations:

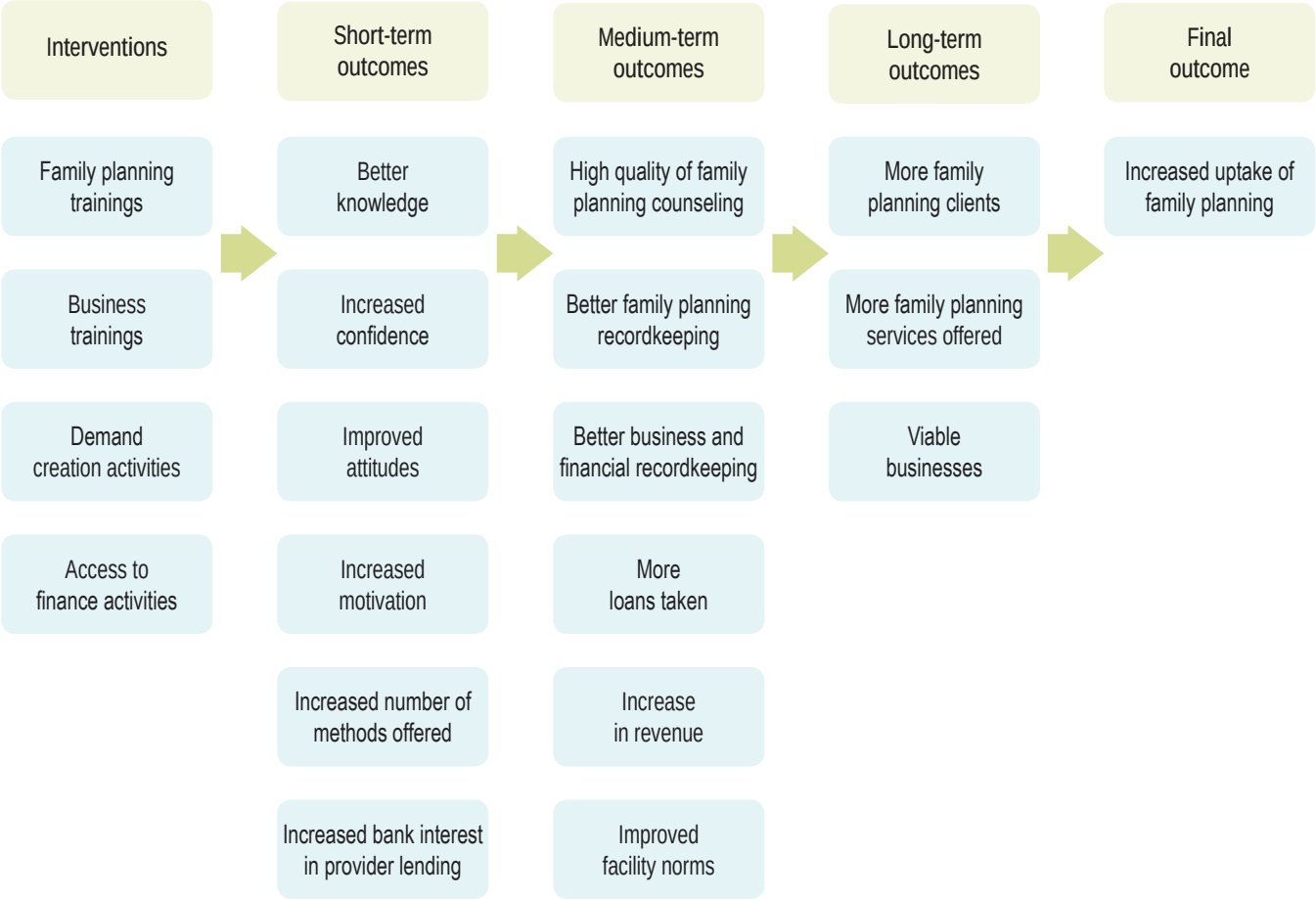
- Improve knowledge of the private sector through a rigorous research agenda
- Expand supply of high quality family planning services in the private sector through clinical and business training
- Increase demand for private sector family planning and reproductive health services
- Increase access to finance for private providers

SHOPS designed a program to address these issues through a strong research component, a broad menu of training offerings, community-level demand interventions, and policy work. The project implemented interventions in six diverse states: Abia, Benue, Edo, Kaduna, Lagos, and Nasawara. Figure 9 outlines how SHOPS used training in family planning and business skills, demand creation, and access to finance activities to achieve improved family outcomes.

Adebola Hassan

Providers trained by the SHOPS project delivered family planning methods that generated more than 164,000 couple-years of protection.

Figure 9. Conceptual framework for expanding a private sector health facility



Improving Knowledge of the Private Sector

SHOPS conducted a comprehensive census of private health facilities in the six project states to identify where and how private providers could contribute to national family planning and other health goals. The census identified more than 5,000 formal private health facilities (Figure 10 shows a sample); it collected information from a subset of the Lagos facilities on the services they provide, their business practices, and the quality of their family planning counseling services. Data provided valuable insights into why some private providers did not offer family planning services (Table 3). Reinforcing the potential value of the SHOPS approach, 42 percent of facilities in Lagos reported that they were planning to offer additional family planning methods in the coming year; more than half wanted to add implants, and almost 20 percent wanted to add IUDs to their method mix.

Expanding Quality Family Planning Services through Clinical and Business Training

The project delivered clinical trainings and follow-up support to a wide range of private providers, including doctors, nurses, midwives, community pharmacists, and patent medical vendors. Clinician trainings focused on improving family planning counseling and service provision, especially for LARC services. SHOPS later adapted the training to integrate MCH services. SHOPS targeted community pharmacists with a Family Wellness course that integrates family planning with other relevant health services including treatment of childhood diarrhea, prevention of malaria in pregnancy, and maternal and child nutrition. Those who completed the training were offered a starter pack of commodities to ensure they could immediately begin offering new services. SHOPS trained providers on stock management to property store commodities and reduce stockouts.

Figure 10. Sample of private health facilities identified in Lagos State census

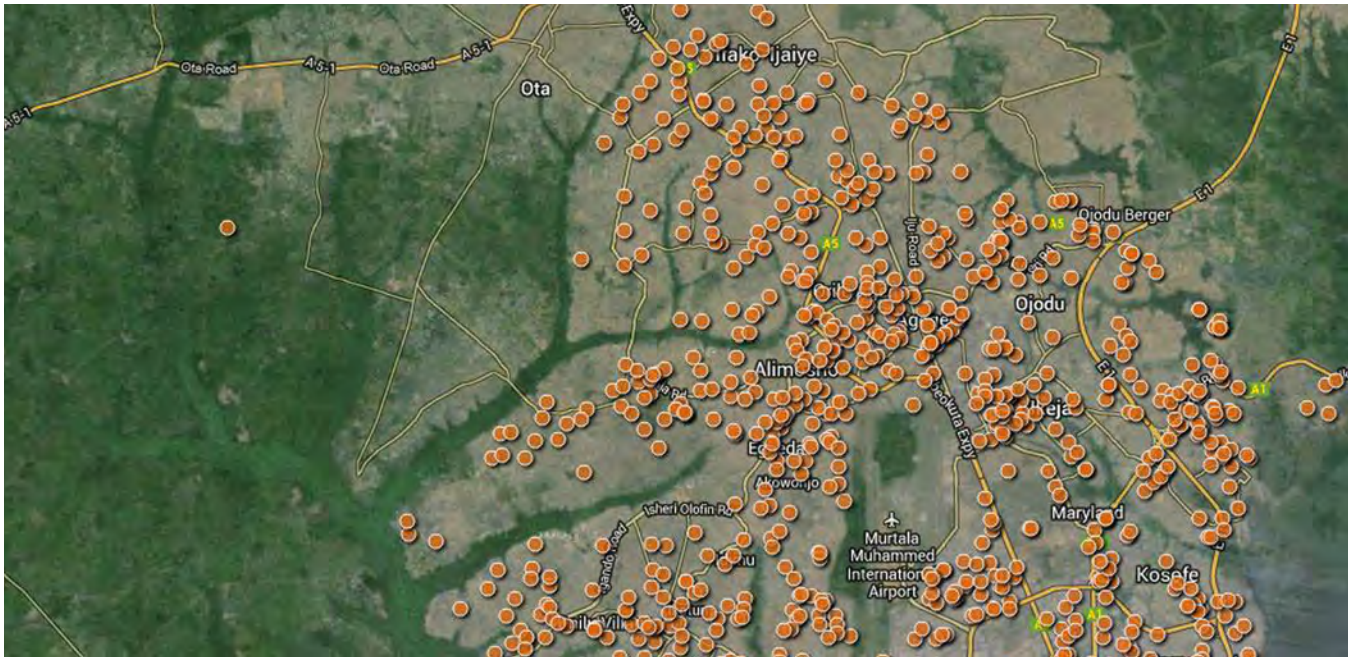


Table 3. Reasons for not offering family planning, private health facilities in Lagos State (%)

Facility type	No demand	Not **profitable**	Inadequate knowledge/ skills in family planning	Cannot obtain the money needed	Planning to offer, but not yet	Other
Clinic (n = 164)	29	2	21	0	20	29
Hospital/medical center (n = 114)	25	6	18	1	18	35
Nursing home (n = 92)	34	2	24	0	17	23
All facilities (n = 370)	25	2	25	1	16	33

To sustain these training programs, SHOPS worked with multiple institutions, including the Medical and Dental Council of Nigeria, the Association of Community Pharmacists of Nigeria, and other provider associations, building their capacity to facilitate the trainings. SHOPS offered facility-based trainings and supportive supervision visits, targeted to staff throughout the facility. These were supplemented by supervisory visits to review services and offer feedback, as well as a text message program delivering technical updates and information to all providers. On average, providers showed significant increases in knowledge after trainings. Trained facilities also saw an increase in infection prevention and control standards. The trained providers have delivered nearly 115,000 family planning methods generating 164,676 CYPs. An RCT in Lagos State showed improved quality of counseling and increased options of modern family planning methods available from trained providers.

SHOPS also worked to strengthen the business and financial management of private facilities. SHOPS offered two training courses on the basics of business management and the use of funds to maintain and grow a health practice. SHOPS trained more than 1,100 private providers, working with medical associations and regulatory bodies to institutionalize the courses. The project developed a seminar on group practice, covering the benefits of collaboration, such as shared overhead costs, larger purchasing power, shared staff, and greater borrowing power. An RCT conducted by SHOPS found that a large share of participating facilities showed improved practices to manage their funds, improved record keeping practices, and generally improved business management.

Increasing Demand for Private Sector Family Planning and Reproductive Health Services

SHOPS trained family planning community health promoters to educate people in their communities, make referrals to trained private providers, and organize community health days. SHOPS provided free services during these sessions, resulting in observable increases in demand. Community health promoters worked with 94 facilities to organize 206 community health days, resulting in 2,364 women receiving counseling and accepting a family planning method.

Increasing Access to Finance

SHOPS assisted USAID to structure a Development Credit Authority (DCA) guarantee with two financial institutions, Accion Microfinance Bank and Diamond Bank, a commercial bank. The DCA was structured to ensure that a range of health providers, including micro enterprises, such as patent medical vendors (drug shops) and nursing homes, as well as larger facilities that contracted with health maintenance organizations as part of Nigeria's national health insurance scheme, received financing. SHOPS provided technical assistance to both of these financial institutions, as well as Fidelity Bank, which entered the market in response to Diamond Bank's health product launch. Accion has disbursed 1,087 loans to health providers, of which 759 were funded after the program ended. Diamond Bank issued 92 loans valued at more than $2.3 million.

Overall, SHOPS helped to expand access to financing for the private health sector. As a tool, the DCA was successful in getting Accion and Diamond to enter the market. Importantly, it also catalyzed Fidelity Bank to enter the health care market, following Diamond Bank's lead. This type of demonstration affect—whereby a relatively small donor subsidy catalyzes a change in the market that increases private sector competition—is a sign of success for an access-to-finance program. Fidelity entered the market in December 2012 with an initial $1 million commitment and has subsequently disbursed 155 loans, totaling more than $4 million.

Doug Trapp

A provider at Agape Medical Center in Lagos counsels a couple on their family planning options.

Paraguay

Using a total market approach to prepare for USAID graduation from family planning support

Paraguay has seen significant improvements in reproductive health care in recent years. According to the most recent Reproductive Health Survey, contraceptive prevalence among currently married women increased from 73 percent in 2004 to 79 percent in 2008. This positive trend is primarily due to an increase in the use of modern family planning methods, which grew from 61 percent to 71 percent during the same period. Much of Paraguay's improvement results from dramatic increases in government support for family planning, aided by robust investments from USAID (through 2012) to strengthen the family planning program at the Ministry of Health. To ensure the long-term sustainability of the private health sector and to prepare for graduation from USAID assistance, USAID/Paraguay requested that SHOPS help improve the positioning of the Paraguayan Center for Population Studies, an affiliate of the International Planned Parenthood Federation. The mission also asked SHOPS to help increase the provision of family planning from the Paraguayan Social Security Institute, an underutilized source, and support Paraguay's Contraceptive Security Committee to assume a sustainable leadership role in overseeing the total market for family planning provision in Paraguay.

Martha Merida

A nurse with the Paraguayan Center for Population Studies counsels a client in her family planning options.

Strengthening the Position of the Paraguayan Center for Population Studies

With the phasing out of USAID support, it was important to strengthen the Paraguayan Center for Population Studies (Centro Paraguayo de Estudios de Población or CEPEP). CEPEP has been an important source of affordable family planning counseling, services, and general clinical medicine in Paraguay since 1966, but the impending graduation from USAID support would test its financial solvency. SHOPS analyzed the market in CEPEP's four lines of service and assessed its internal operating capacity. The analysis revealed that CEPEP was viewed as providing high quality services at a low cost, but was not well known and was not taking full advantage of existing revenue-generating opportunities. Accordingly, SHOPS designed and implemented a strategy to strengthen the corporate image, increase client volume, increase revenue per client, and reduce losses, allowing CEPEP to cover its costs and potentially increase clinical services.

With the support of a local publicity firm, SHOPS launched a multimedia campaign to help publicize CEPEP's Clínica de la Familia brand in four cities: Asunción, Ciudad del Este, Encarnación, and San Lorenzo. The campaign generated 220 television airings, 438 radio airings, 24 print runs, and a rented LED screen at a traffic circle in Ciudad del Este.

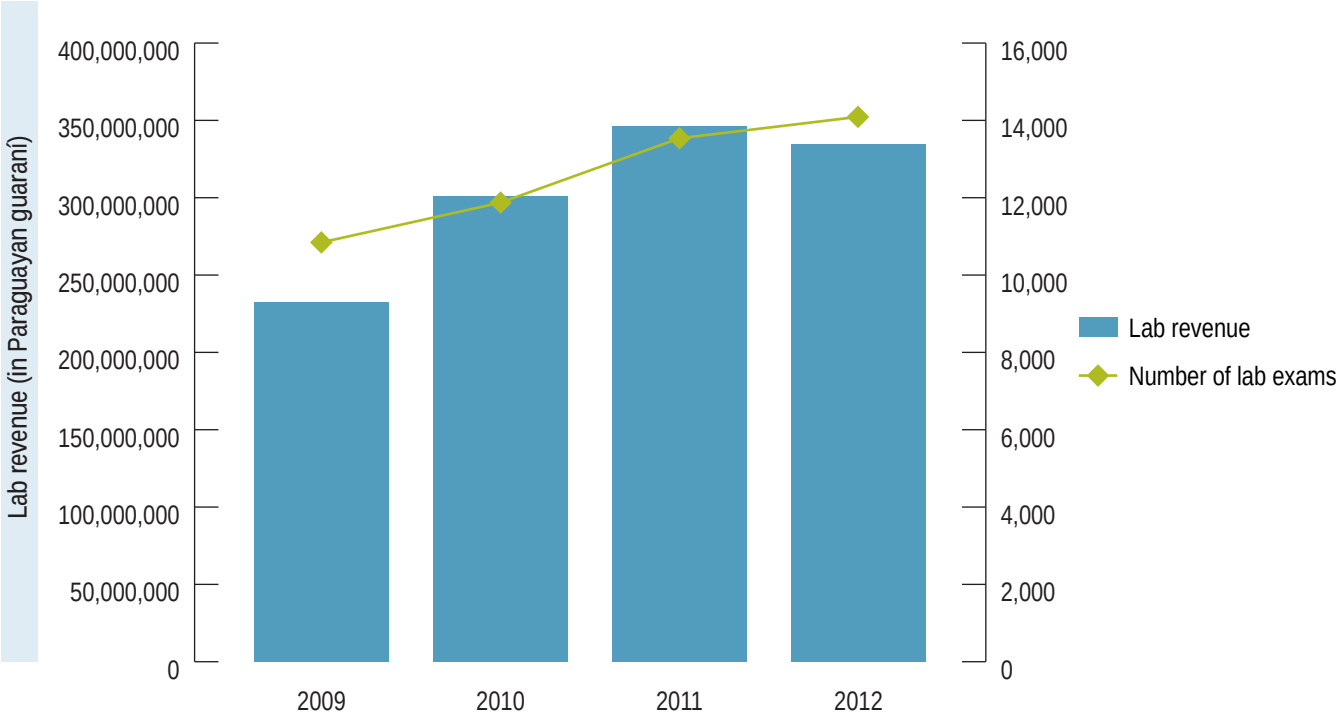
CEPEP opened an express laboratory where clients could pay a premium price for guaranteed two-hour lab results. Between 2010 and 2012, CEPEP experienced an 11 percent increase in laboratory revenue and a 19 percent increase in the annual number of tests performed (Figure 11). In addition, CEPEP instituted price increases for consultations in three of its four clinics, while maintaining affordability. These increases generated 16 percent more revenue, easily surpassing the amount of funding it had received from USAID in recent years and allowing it to maintain its overall budget without donor support.

Improving Family Planning Services through the Paraguayan Social Security Institute

SHOPS also worked with the Paraguayan Social Security Institute (Instituto de Previsión Social or IPS) to improve the supply of and demand for family planning services. In 2008, the IPS share of the family planning market was just 3 percent of total contraceptives, even though it covered 20 percent of the population. SHOPS assisted IPS with assessing client (beneficiary) needs in the area of family planning and strengthened institutional capacity to market and deliver quality family planning services. Specifically, the project trained IPS providers on insertion and removal of postpartum and interval IUDs, donated IUD equipment to 41 IPS facilities, and conducted a qualitative study of IPS beneficiaries who used family planning methods (whether from IPS facilities or elsewhere) to identify the main factors in use and non-use of the IPS family planning program. SHOPS used the results to inform the design of demand generation and communication strategies for the IPS family planning program.

Ultimately, SHOPS had trained 130 IPS providers in state-of-the-art clinical methodology to deliver postpartum IUD insertion (using Kelly forceps), as well as in informed-choice family planning counseling, interval IUD insertions, "no-touch" infection prevention technique, and IUD removals. SHOPS also supported revision of the IPS clinical protocol for follow-up visits after IUD insertions. Following the initiation of this 2011 training, the average number of IUD insertions (postpartum and interval) per month at IPS's Central Hospital in Asunción doubled, from an average of 42 IUD insertions per month to 97 per month in the six months following the training. The average was 78 per month in the 13-month period after training was completed. Based on this training and the donated equipment provided by SHOPS, IPS reported a 74 percent increase in its monthly CYPs.

Figure 11. Increase in lab revenue and exams



Strengthening and Reorienting the Contraceptive Security Committee toward a Total Market Approach

SHOPS assisted Contraceptive Security Committee (Disponibilidad Asegurada de Insumos Anticonceptivos, or DAIA) in assuming a sustainable leadership role in monitoring the public-private mix of family planning services and products. SHOPS expanded and diversified DAIA's membership to enable it to represent all sectors. SHOPS also helped design a legal framework and membership structure that would ensure the sustainability of its unbiased "whole market" orientation and shepherded a ministerial decree to recognize DAIA as a multisectoral committee under the National Health Council. As DAIA embraced a total market approach and moved to the newly reactivated National Health Council of the MOH, it established operational regulations (with SHOPS support) and recruited two types of new members—plenary and issue-specific.

SHOPS trained 130 providers in delivering postpartum IUD insertion.

Zimbabwe

Expanding method mix and geographic coverage of family planning products and services

Zimbabwe's health system faces the challenges of an increasing high maternal mortality rate, a significant number of unwanted pregnancies, and unavailable health services. While contraceptive prevalence in Zimbabwe has historically been high, political and economic turbulence—compounded by an urban-rural divide and socioeconomic discrepancies—have affected access to family planning services. Although overall knowledge of family planning is among the highest in the world, married women use primarily short-term methods: 41 percent use OCPs and 8.3 percent use injectables, reflecting limited access to long-acting methods such as implants and IUDs. Most rural populations travel long distances to the nearest health facility, where only short-term family planning methods are offered and supply shortages are common.

The goal of the SHOPS Zimbabwe project was to implement a mobile family planning outreach program to extend comprehensive family planning services to the most underserved areas of Zimbabwe. SHOPS built on the work of Population Services Zimbabwe (PSZ), an affiliate of Marie Stopes International, by focusing on three key interventions:

- Expanding access to family planning services in rural areas
- Expanding family planning method mix
- Promoting comprehensive awareness of family planning methods

Eithne Brennan

Expanding Access to Family Planning Services in Rural Areas

SHOPS expanded the geographic coverage of PSZ's mobile outreach teams that bring free services to the most remote areas of Zimbabwe, increasing from 70 percent of all districts to 83 percent. Under SHOPS, PSZ expanded from five to seven outreach teams and increased the number of sites visited by each team. Mobile outreach teams deliver all methods of family planning, including LARCs and permanent methods, which are not available through the public sector. By the end of the project, PSZ had served 613 of 1,300 outreach sites in Zimbabwe.

Expanding the Method Mix

LARCs were not widely available in rural health centers because of lack of training and commodities. SHOPS worked with PSZ to eliminate financial and geographic barriers by supporting a traveling Voluntary Surgical Contraception team that offered vasectomy and tubal ligation services. In most areas of the country, these services are not available due to severe human resources for health shortages. The SCV team was able to offer these services at all outreach sites, effectively expanding the method mix of family planning methods and increasing the proportion of CYPs achieved through LARCs and PMs.

Expanding Awareness of Family Planning Methods

SHOPS developed a marketing plan that used a combination of mass media (radio) and interpersonal communication to reinforce messages. PSZ also invested in the development and distribution of family planning pamphlets in Shona, Ndebele and Tonga to ensure that information would be available to a large audience. In addition to attending community sensitization meetings and meeting with local officials, PSZ also attended agricultural shows with large audiences. With these mass communication events, PSZ was able to raise awareness of outreach services in the areas served by the outreach teams.

During its one year of implementation, the program achieved 156,567 CYPs, greatly surpassing the projected outcome of 96,000 CYP. The success was achieved through expansion into new areas and an increase in the uptake of LARCs and PMs (instead of short term methods) as they became available in areas where access was previously limited.

HIV and AIDS

Jessica Scranton

HIV and AIDS

Many developing countries have struggled in the last 10 years, in the face of declining donor funds, to continue progress in HIV and AIDS prevention, care, and treatment. The private health sector is an often overlooked resource, though it plays an integral role in most national health systems and can support government efforts with important resources—human, financial, and infrastructure. SHOPS worked to increase country ownership and sustainability of the HIV response by applying evidence-based approaches to increase efficiency in private sector service delivery and use of local resources.

SHOPS began most HIV country programs with an assessment of the current and potential role of the private sector in achieving HIV goals. SHOPS implemented HIV and AIDS programs in 15 countries, including Botswana, six Caribbean countries under the regional USAID Barbados and the Eastern Caribbean Mission, Côte d'Ivoire, Ethiopia, Kenya, Namibia, South Africa, and Tanzania. Of these, 13 country programs began with a private sector assessment (PSA) to identify opportunities for leveraging its capabilities. Often, a critical next step was to foster dialogue between the public and private sectors to create a more enabling environment for sustained engagement. SHOPS then worked with stakeholders to facilitate partnerships and implement innovative, context-specific solutions based on prioritized needs. In some cases, SHOPS also evaluated private sector interventions to identify opportunities for improvement (Figure 12).

Figure 12. SHOPS approach to HIV field programs

SHOPS implemented HIV interventions in 15 countries

Caribbean

Antigua and Barbuda
Dominica
Grenada
St. Kitts and Nevis
St. Lucia
St. Vincent and the Grenadines

Caribbean

Strengthening HIV program sustainability through greater private sector engagement

The Caribbean has the second highest regional HIV prevalence behind sub-Saharan Africa. Countries across the region have made great strides in responding to the HIV epidemic; proximity, interdependence and migration have led to increased cooperation and collaboration across countries to meet HIV and AIDS needs. SHOPS supported USAID/Barbados and the Eastern Caribbean in identifying and facilitating strategies to strengthen the private health sector in sustaining the HIV response, at national and regional levels across the Organization of Eastern Caribbean States (OECS) (Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, and St. Vincent and the Grenadines). When the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) announced plans to redirect funding to high-disease-burden countries and populations in 2014, SHOPS restructured its program to focus on activities that would link OECS countries to alternative funding sources in advance of PEPFAR's withdrawal.

SHOPS supported multisectoral approaches to efficient and sustainable HIV service delivery. These approaches included increasing understanding of the private sector's role in addressing priority health needs; identifying opportunities to strengthen and facilitate private sector engagement to sustain national HIV responses; and strengthening collaboration among health providers at the local and regional levels to address priority health services, with an emphasis on HIV and AIDS. SHOPS worked with public and private sector stakeholders at the local, national, and regional levels to identify private sector resources and address barriers to greater private sector engagement in the HIV response.

The process began with a detailed health systems/private sector assessment, shared collaboratively with stakeholders to develop a three-phased approach:

1. Document the private health sector
2. Facilitate public-private collaboration at the regional and national levels
3. Engage the private sector in HIV program sustainability planning

Documenting the Private Health Sector

Stakeholders were generally unaware of the size and scope of the private health sector, at national and regional levels. SHOPS conducted private provider censuses of facilities in four countries, capturing location and hours of operation, staffing, and the availability of specific services, equipment and pharmaceuticals—identifying opportunities for collaboration. Data were gathered from 221 facilities (more than 80 percent of all identified facilities), representing 540 private health practitioners across the four countries. Findings helped link private providers to MOH-sponsored trainings on national HIV protocol; SHOPS connected providers across the region in a community of practice. To ensure accessibility, SHOPS launched a web-based platform that (1) shows data on private health practitioners and (2) with close collaboration of health information specialists in each country, allows each MOH to host its own census data as an extension of its existing website. Census data is now available on the St. Vincent and the Grenadines MOH website. The number of users regularly increased in the six months after rollout. A consistent 80/20 split between new and returning visitors suggests that the site continues to build momentum while providing valuable data for returning users.

Facilitating Public-Private Collaboration at Regional and National Levels

In Antigua and Barbuda, SHOPS strengthened coordination by designing and facilitating the Public and Private Health Sector Task Force, a forum for open dialogue and regular, constructive communication. SHOPS also helped create two multisectoral working groups based on stakeholder priorities: one focused on regulating private health facilities, and the other focused on health information systems and improved data collection and sharing.

In Antigua and Barbuda and Dominica, stakeholders identified private sector reporting of health data as critical for understanding HIV prevalence and linking clients to appropriate treatment. In response, SHOPS piloted a mobile platform to enable public and private providers to report critical health data. In Dominica, the mobile reporting pilot included bi-directional data sharing: providers shared relevant data, and the MOH shared national statistics. In Dominica, the MOH was able to continue program implementation without SHOPS support, following the low-cost, low-scale pilot.

To improve coordination across the region, SHOPS developed the virtual Caribbean Health Connection, an online community of practice for Caribbean health professionals connecting 175 providers from 22 countries to confer on issues of chronic diseases, including HIV.

Engaging the Private Sector in Program Sustainability Planning

Facing the decline of donor funding, SHOPS worked with local stakeholders to identify alternative funding sources or dedicate additional domestic resources for HIV. In Dominica and St. Vincent and the Grenadines, SHOPS collaborated with USAID's Health Finance and Governance project (also implemented by Abt Associates) to develop HIV investment case briefs, providing strategic information for funding future HIV programs. SHOPS co-facilitated meetings with public and private sector stakeholders to set investment priorities and discuss potential public and private resources. Based in part on its investment case data, the OECS was awarded $5.3 million by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in July 2015, to be distributed to the MOH in each country for collaborating with NGOs to increase access to HIV services for key populations.

Côte d'Ivoire

Extending HIV service provision to the private sector

Nearly 30 years have passed since the appearance of the first cases of AIDS in Côte d'Ivoire. With support from PEPFAR and the Global Fund, Côte d'Ivoire has significantly increased AIDS treatment, from 2,473 people on ART in 2003 to 140,710 in 2014. However, according to UNAIDS estimates, there were approximately 460,000 PLHIV in 2014—three times the number being treated; only 32 percent of adults and 16 percent of children living with HIV were accessing ART (UNAIDS 2014a).

Historically, Côte d'Ivoire's HIV control efforts focused on building government capacity. Private commercial entities were absent from government HIV initiatives and ART accreditation, due to concerns around the scope, volume, and consistency of HIV treatment. In 2012, SHOPS conducted a PSA that identified ways to leverage private health sector expertise, infrastructure, and resources for inclusion in the national HIV response. Based on PSA findings, SHOPS implemented a program to (1) expand ART access through a private provider network and (2) strengthen the government's capacity to engage the private sector.

Expanding Access through a Private Provider Network

While historically excluded from the national response, private providers are interested in providing HIV and AIDS services. Based on a provider survey and workshop to gauge ART readiness in the private sector, SHOPS and USAID identified the Association of Private Clinics of Côte d'Ivoire (ACPCI) as the best local organization to lead a private sector network offering HIV care and treatment. To guide the pilot network, SHOPS composed a steering committee of representatives from ACPCI, PEPFAR, PEPFAR-implementing partners, and government stakeholders. ACPCI and SHOPS jointly developed a package of services ACPCI could offer member clinics, including training in accordance with government standards, coaching, commodity provision and logistics, monitoring, and reporting. In 2014–2015, 15 private clinics (all ACPCI members) signed agreements with SHOPS and ACPCI to provide free ART to patients, in partnership with the MOH.

SHOPS conducted social and behavior change communication activities with the network clinics to generate demand for services. Activities included health fairs offering HIV counseling and testing services alongside other services (to help destigmatize testing) and promotional activities including flyer distribution and television and radio ads. SHOPS also helped develop a free hotline to provide anonymous HIV advice and counseling. To promote sustainability, SHOPS helped build the institutional capacity of ACPCI as well as the technical capacity of private providers. Responding to its initial institutional assessment, SHOPS supported specialized training for ACPCI's core consultants in business practices, financial management, standards and procedures, resource mobilization, and M&E. SHOPS also provided training and coaching for quality improvement, supervisory visits, and improved logistics for managing HIV commodities and related laboratory services.

The partnership between ACPCI and MOH allowed private clinics for the first time to legally offer free HIV testing and commodities while charging for these services. In one year, the network tested more than 11,000 people. Of the 819 who tested positive, 523 were eligible for ART, and 81 percent of the eligible patients were initiated and retained in treatment. The prevalence among those tested was strikingly high, at 7 percent—double the reported national prevalence of 3.5 percent, and higher even than that of Abidjan district, at 5.1 percent (UNAIDS, 2014a; Institut National de la Statistique et ICF International, 2012). SHOPS also trained network service providers to deliver quality HIV services: 264 private clinic representatives were trained to government standards on comprehensive HIV care and treatment, data management techniques, ARV logistics management, prevention, and M&E. The government also gained access for the first time to commercial private sector HIV and AIDS service delivery statistics.

Strengthening Government Capacity to Engage the Private Health Sector

To complement support for the new provider network, SHOPS strengthened the government's capacity to engage the private sector, at national and district levels. The PSA identified a (inactive) public-private national-level body, the Commission Paritaire (CP), established under the MOH to approve new private health facilities. SHOPS facilitated discussions to revise the ministerial decree governing the CP in order to reinvigorate the commission, working with stakeholders to define ways for the CP to engage with the public sector on issues such as private health sector regulation, quality of care, dual practice, and accreditation—with an emphasis on HIV. SHOPS supported a review to identify the legal and regulatory constraints that affect the private health sector, particularly in HIV service provision. SHOPS helped the CP establish a functional office and trained all regional and district level government health officers, based on a successful PPP identified during the PSA. Following the training, SHOPS launched dialogue platforms in the seven districts of Abidjan with HIV network clinics, providing coaching to develop customized roadmaps to guide future activities. By institutionalizing these dialogue platforms at national and district levels, SHOPS enhanced the participation and visibility of the private sector in strategic health decisions, as well as its integration into the overall health system.

James White

Centre Médico-Social Wale, a private medical lab in Yamoussoukro.

Ethiopia

Increasing access to finance and supporting innovative private sector models

Ethiopia is close to meeting MDG targets in HIV and AIDS, which remain one of the country's most important health challenges (World Bank, 2014). In 2014, Ethiopia's HIV prevalence among adults 15 to 49 years was estimated at 1.2 percent (UNAIDS, 2014b). An estimated 790,000 people were living with HIV, including 200,300 children. Among adults, prevalence was almost twice as high for women as for men, and seven times as high in urban areas as in rural areas (Ethiopia Central Statistical Agency and ICF International, 2011). While health care delivery in Ethiopia remains dominated by the public sector, there is increased investment in private clinics, hospitals, and laboratories.

The government of Ethiopia has been supportive of private health sector expansion and has proven to be a leader in sub-Saharan Africa in partnering with private providers. Qualified private facilities are now permitted to provide screening, counseling, and treatment for TB as well as HIV and AIDS. However, the private health sector has lacked access to finance. In 2011, USAID signed a ten-year, $13.4 million DCA guarantee—the first to be funded through PEPFAR—with two Ethiopian banks, Bank of Abyssinia and NIB International Bank, to support the private health sector, particularly in providing HIV and AIDS services. Through the health DCA guarantee, USAID agreed to cover 50 percent of the loss in case of loan default, during the 10-year program. Loans are capped by type of facility to ensure wide coverage of clinics. Eligible borrowers include private clinics, pharmacies, and laboratories.

The goal of the SHOPS program in Ethiopia was to support private health sector businesses in accessing the financing and technical skills required to provide HIV products and services. SHOPS accomplished this by working with banks to expand access to DCA lending for private health providers and supporting emerging private sector models via grants and technical assistance as part of the HANSHEP Health Enterprise Fund (HHEF).

Expanding Access to DCA Lending for Private Health Providers

As a key first step in accessing DCA lending, SHOPS strengthened the business skills and bankability of private health providers interested in applying for loans. SHOPS provided one-on-one coaching on a range of topics, including the loan eligibility criteria for each bank, application requirements, and how to prepare a feasibility study and marketing plan. SHOPS led workshops to facilitate loan applications, ensuring geographical diversity by reaching out to providers working in less accessible regions. SHOPS also implemented a monitoring system to measure how DCA loans contributed to improving the range and quality of HIV and TB-related services.

On the lending side, SHOPS offered training to senior managers and loan officers at DCA banks, to develop the knowledge, skills, and attitude needed for financing health care businesses.

Over the life of the project, the DCA leveraged $3.74 million of local financing. SHOPS trainings helped 241 private providers from 14 regions get DCA lending. Thirty-one bank branch managers were trained on the opportunities and risks of private health sector lending, and 40 loan officers were trained on how to lend to a private health care business. SHOPS demonstrated to lenders the significance of the private health sector, enabling loan officers to more effectively target this market. By June 2015, 109 loans had been submitted to the two DCA partner banks; of those, 47 were in process, 28 were approved, and 26 loans were disbursed, totaling $3.06 million. The loans helped HIV and TB-related service providers expand their facility, purchase new equipment, and increase their working capital. It is likely that without the DCA, neither bank would have lent to the health providers that have received financing.

SHOPS's efforts also increased access to HIV services, serving 11,048 individuals through DCA-funded facilities. Thirteen DCA loan facilities are providing voluntary HIV testing, helping to enroll 206 persons with advanced HIV infection on ART. Facilities with DCA loans show an increase of 31 percent in the number of HIV-affected patients served, and a 151-percent increase in the overall number of patients.

Supporting Emerging Private Sector Models through the HANSHEP Health Enterprise Fund

SHOPS also implemented the HANSHEP Health Enterprise Fund (HHEF), a challenge fund that aims to identify innovative business models, partnerships, or technologies that focus on priority health services including HIV and AIDS and MCH. More information on the HHEF can be found in the Advancing Knowledge section. The program launched in Ethiopia in January 2013. Of 28 applicants, seven grantees were selected. The selected enterprises were diverse, with innovations including manufacturing neonatal bag valve masks, developing a mobile clinic and ambulance vehicles, adding a telepathology lab to a hospital, and providing ambulance services and first aid training to hospitals.

The HHEF team delivered a wide range of technical assistance to grantees, individually and as a group. Each grantee took a mini-MBA course to strengthen business skills. SHOPS also provided intensive marketing strategy technical assistance, giving each grantee marketing and implementation strategies. Other areas of technical assistance included operations management, investor readiness, appropriate technology, performance monitoring and improvement, and legal guidance. Following these sessions, two grantees were able to secure private investment for their businesses, and others are in discussions with potential funders. Since receiving HHEF support, the Ethiopian grantees have provided health services to nearly 10,000 people, including approximately 600 receiving HIV-specific services.

Getting a Faster Diagnosis for AIDS Patients in Ethiopia

In Ethiopia, access to reliable and timely diagnoses is restricted by the limited number of skilled specialists. For a population of more than 94 million, there are approximately 30 pathologists. When a pathology test is needed to make a diagnosis, the patient typically transports their samples to referral centers that can be hours away, and then returns again in two to four weeks for the results. Dr. Fuad Temam of Kadisco Hospital sought to reduce the time and cost of accurate diagnoses, which are critical in the identification and treatment of cancers common in AIDS patients. With the fund's support, Kadisco established an automated pathology lab and Ethiopia's first telepathology service. These technologies directly address the short supply of pathologists by increasing efficiency and using digital slide imaging to provide remote diagnoses. Using telepathology, hospitals can send slides and receive diagnoses electronically, rather than making patients travel and wait. In the pilot phase, Kadisco has reduced turnaround time for diagnoses to three days.

Kenya

Improving health care coverage and access to quality HIV services

Despite Kenya's broad economic achievements over the past 15 years, significant health challenges persist, particularly related to HIV and AIDS. Adult HIV prevalence is 5.3 percent; over 1.4 million Kenyans are HIV-positive; and there were an estimated 56,000 new HIV infections in 2014 (UNAIDS, 2015). Significant investments are necessary to control this epidemic. Kenya's private health sector is increasingly being viewed as a critical partner, well-positioned to help with financing and delivering HIV services. Over half of all health facilities in Kenya are private, accounting for 37 percent of all health spending. The most recent available data report a total of 4,017 private facilities in Kenya (Government of Kenya, 2014), serving approximately 45 percent of Kenyans in the lowest wealth quintile and 61 percent in the highest quintile (International Finance Corporation, 2008). Use of private facilities for outpatient services is significantly higher in urban areas, at 56.8 percent compared to 34.7 percent in rural areas (Ministry of Health, Government of Kenya; 2014). However, as many Kenyans lack health insurance, the cost of private health care remains a barrier to access and introduces financial risk.

The SHOPS program in Kenya addressed barriers that limited access to HIV and other health services and had two main goals:

- Increase health care coverage through new and expanded private health care financing mechanisms
- Increase the availability and improve the sustainability of quality private health and HIV and AIDS services and related products, by identifying, supporting, and improving private sector models

SHOPS used a multi-pronged approach to achieve these goals, including creating a supportive enabling environment, strengthening data for decisionmaking, building provider capacity, and creating and expanding private health care financing mechanisms.

Creating a Supportive Enabling Environment

SHOPS engaged with public, private, and international stakeholders to build a supportive policy environment for the private health sector by supporting key institutions and providing a voice for the private sector in policy debates. SHOPS facilitated the creation of PPP-Health Kenya, a national forum to foster public-private dialogue across the health system. SHOPS also helped develop the terms of reference for the MOH's new Public-Private Partnership Unit, the focal point for the government's private sector activities across the health system. SHOPS provided additional guidance to the MOH as the government developed its new universal health coverage and private sector strategies. As a result of these interventions, public-private collaboration is increasingly normalized. PPP-Health Kenya has convened the private sector for a range of MOH-sponsored policy discussions, establishing a new norm for private sector representation in the health policy and planning process.

Strengthening Data for Decisionmaking

The Kenya team also informed decisionmaking with high quality data, including financing a pilot of a new electronic data interchange. The pilot brought together two insurers, two providers, and a local technology firm to test a system that automates payments to providers and generates data on service provision, including HIV services. A second intervention focused on estimating various general and service-specific costs at private facilities.

Building Private Provider Capacity

SHOPS also built the capacity of private providers to deliver high-quality, low-cost health services for PLHIV and other vulnerable groups. The project partnered with Equity Group Foundation to establish a new health franchise to deliver a wide range of clinical care, including HIV treatment. SHOPS guided development of the franchise model and supported the initial few months of operation.

Creating and Expanding Private Health Care Financing Mechanisms

A reliance on out-of-pocket payments limits access to health care at private facilities. While health insurance coverage is low (approximately 17 percent), recent economic growth translates into a 25-percent increase in the number of people able to afford a prepaid scheme (SHOPS, 2014). SHOPS implemented a suite of activities to increase insurance coverage, partnering with financial and insurance groups (including Equity Bank and Cooperative Insurance Co.) to open new sales channels for affordable, comprehensive plans. For example, Afya Bora provides comprehensive coverage, including for HIV, to a family of seven for roughly $190 a year; with SHOPS support, the number of Afya Bora beneficiaries increased by more than 10,000 in two years. These channels focused on informal sector workers with the ability to pay for coverage that had previously been overlooked by the industry. SHOPS partnered with the Association of Kenyan Insurers and the Insurance Regulatory Agency to implement a generic communications campaign to build awareness and demand for health insurance among these groups. In total, SHOPS helped to generate more than $1.5 million in private domestic resources and developed new distribution and sales channels for health insurance products to reach 18 million individuals.

Jessica Scranton

SHOPS partnered with the Association of Kenyan Insurers and the Insurance Regulatory Agency to build awareness and demand for health insurance.

Namibia

Expanding access to affordable and sustainable HIV services

In 2014, there were approximately 260,000 PLHIV in Namibia, with prevalence estimated at 16 percent. Contributions from PEPFAR and other international donors have led to tremendous achievements, bringing ART to approximately 50 percent of PLHIV. In recent years, the Namibian government has increasingly financed and led the country's HIV response; in 2014 the government financed more than 60 percent of the program, representing a significant step toward country ownership. However, achieving epidemic control requires scaling up high-quality core interventions, including ART, prevention of mother-to-child transmission (PMTCT), and voluntary medical male circumcision (VMMC) in targeted areas. The private health sector currently serves approximately 16 percent of the population, though it employs approximately 75 percent of all doctors. While the private sector is increasingly viewed as integral to the HIV response, public-private collaboration has historically been limited.

In 2010, SHOPS conducted a PSA to identify ways the private sector might expand access to HIV services to sustain gains made with PEPFAR support. The PSA revealed that the private sector was hindered by the absence of a framework to guide multi-sectoral coordination, untapped clinical capacity, and a general lack of awareness of the sector. In response, SHOPS embarked on a five-year program with three objectives:

- Create an enabling environment for PPPs
- Strengthen the role of private health providers to finance and provide VMMC
- Strengthen the commercialization of selected NGOs to promote financial sustainability

Creating an Enabling Environment for Public-Private Partnerships

In collaboration with the Ministry of Health and Social Services (MOHSS), SHOPS established a PPP Unit to serve as a focal point for private sector activities and to encourage more strategic engagement with the private sector. A cabinet-approved PPP framework was developed to outline roles and responsibilities of the unit, which was launched by the MOHSS Directorate of Policy, Planning, and Human Resources at Namibia's first PPP conference in 2014.

SHOPS also conducted a national private health provider and services mapping exercise to address the general lack of knowledge about the size and capacity of the private sector. The result was the first consolidated, comprehensive database on the country's 890 private health facilities, including geographic location, staffing, specialized equipment and services, and payment mechanisms and fees. This information supported stakeholders to maximize the contributions of the private health sector as the country takes increasing ownership for sustaining the national HIV response and exploring PPPs.

SHOPS facilitated a large PPP to provide critical services in rural areas. Namibia has one of the lowest population densities in the world, requiring significant financial resources to reach limited client bases in remote communities. The MOHSS and SHOPS identified private mobile clinics as a strategy for increasing access to primary health care and HIV services in rural areas, and SHOPS partnered with PharmAccess Foundation to support the expansion of Mister Sister mobile clinics. SHOPS assisted Mister Sister in accessing government-provided commodities, helped build demand for services, evaluated the program, and provided temporary funding for mobile clinic expansion. With SHOPS support, Mister Sister provided 12,276 health care visits and HIV testing and counseling for 1,808 people. In three years,

Mister Sister transformed from an organization largely dependent on donors to one funded by the MOHSS, corporations, and clients who had the ability and willingness to pay. In so doing, SHOPS helped demonstrate that innovative PPPs could expand the reach of primary health care services and support sustainability.

Strengthening the Role of Private Health Providers to Finance and Provide VMMC

SHOPS supported actuarial work to establish accurate cost and reimbursement rates for VMMC as an HIV prevention benefit under medical aid schemes, and presented a successful application to the Namibian Association of Medical Aid Funds that included the clinical justification and proposed tariff for the procedure (Figure 13). Namibia became the first country to systematically cover VMMC as an HIV preventive under a medical aid scheme. By 2012, 9 of 10 schemes in Namibia included the tariff in their package.

Following an initial provider needs assessment, SHOPS then implemented private sector VMMC training through the HIV Clinicians Society and later established a network of private sites providing VMMC services. For these sites, SHOPS provided technical assistance, quality assurance, and commodities.

Figure 13. Stages of the voluntary medical male circumcision procedure considered in Namibia costing analysis

Stage 1: Pre-operation	Stage 2: Surgical procedure and post-operative care	Step 3: Complications (some cases)
• HIV education, testing and counseling • Assessments for contraindications and conditions • Screening for sexually transmitted infection • Condom promotion and distribution	• Administration of anesthesia • Administration of anesthesia • Circumcision procedure, including immediate post-operative care	• Additional follow-up visit

After aggregating all costs associated with the three stages of the procedures, SHOPS included a 3 percent margin to account for any unforeseen costs or wasted medical materials. SHOPS completed a proposal with the tariff calculations, along with an explanation of the costing analysis to the NAMAF.

Strengthening the Commercialization of NGOs to Promote Financial Sustainability

A large proportion of PEPFAR funding to Namibia was historically allocated to local nonprofits. By 2011, Namibia had around 250 NGOs providing HIV and AIDS-related services—and they were heavily (up to 90 percent) reliant on PEPFAR for funding. SHOPS identified new strategies and opportunities to sustain PEPFAR partners with new funding sources, focusing on finding opportunities to market their services to corporate clients. Analysis revealed that the most significant opportunities were disease management, low-cost health clinics, and especially wellness services (Table 4). To test these opportunities, SHOPS facilitated a pilot partnering two NGOs with two private companies for provision of general wellness services. SHOPS provided the NGOs with support in pricing service offerings, building M&E systems, and marketing their services, while at the same time conducting extensive legal analysis of Namibia's common law and international best practices, to identify any legal implications of commercializing services while remaining an NGO.

The commercialization pilot strengthened the NGOs' financial sustainability through training in organizational management and long-term revenue and sustainability strategies. The commercial service agreements generated approximately 25 percent and 11 percent of average annual revenue for the two NGOs. Both commercial partners extended their service agreements beyond the pilot.

Table 4. Opportunities for corporate-NGO partnerships

	Disease management	Wellness services	Low cost health clinics
Buyer	Medical aid and insurance providers	Private companies	Individuals employed by companies that do not provide access to health care services; and those who are unemployed with buying power
Rationale for purchase	Improving patient behavior can potentially cut the cost of coverage for medical aid for chronic diseases	Wellness services are becoming increasingly popular, and there appear to be insufficient affordable and reliable service providers	There is a service provision gap between private providers and government provision, particularly for the employed but uninsured population
Potential solution	Provide disease management and counseling services to medical aid and insurance members	Provide wellness services to company employees	Provide primary health care services, through either fixed or mobile clinics
Potential benefit	Affordability, service quality, scope of offering, reliability, familiarity, up-to-date medical knowledge, monitoring systems	Affordability, service quality, scope of offering, experience, reliability, certification	Affordability, accessibility, service quality

South Africa and Botswana

Strengthening the Sustainability of HIV-focused NGOs

PEPFAR has made significant strides around the world in providing life-saving HIV prevention, care, and treatment. NGOs are a critical component of program success in many countries, especially in reaching key populations with services, monitoring the quality of services, and serving an advocacy role. Over the last decade, as the PEPFAR program has shifted from emergency response toward a more targeted, sustainable response led by partner countries, sustainability has become an emerging issue for NGOs that provide critical health services and products. In South Africa and Botswana, SHOPS assessed the market opportunities for NGOs to partner with the public and private sectors and provided minor technical assistance to NGOs on strategies to strengthen their long-term viability amid declining donor funding.

Since 2010, the government of South Africa has taken on greater responsibility for funding and delivering HIV care and treatment services. USAID/South Africa is investigating sustainability strategies for previously-funded local partners, including the many small, South African-owned NGOs at the forefront of the national AIDS response. SHOPS conducted a private health sector assessment to identify market opportunities for NGOs to partner with the public and private sectors, as well as other revenue-generation opportunities. Based on that assessment, SHOPS identified three general categories of opportunities:

- Grants and subsidies that leverage donations from external sources to support an organization's programs. Opportunities include domestic and international donors and government subsidies.
- Investment opportunities to help strengthen an organization while potentially earning a financial return. These opportunities include internal and external development trusts.
- Revenue-generation activities that increase income by selling goods or services. Possible opportunities include providing mid- to low-cost consumer health care services, commercializing "non-core" activities that could cross-subsidize core HIV services.

SHOPS organized a series of events that included targeted technical assistance as well as networking sessions with potential corporate partners, to build PEPFAR partners' marketing skills and relationships to capitalize on the opportunities identified in the assessment.

In Botswana, SHOPS conducted a PSA to identify private sector strategies for strengthening and sustaining the national HIV program as it prepares for a decline in donor funding. SHOPS coached two PEPFAR-partner NGOs on sustainability strategies. As in Namibia, SHOPS helped NGOs engage with corporations to provide HIV services such as counseling, testing, and support services. SHOPS also helped the NGOs identify market opportunities, develop communication plans, and prepare to approach potential corporate partners.

Tanzania

Building Public-Private Partnerships for HIV and Health

Tanzania's health challenges significantly restrict social and economic progress. Its generalized HIV epidemic disproportionately affects women and girls: prevalence rates among adult women are 6.2 percent, compared to 4.0 percent among men (Tanzania Commission for AIDS et al., 2013). Tanzania has roughly 1.5 million PLHIV and an estimated 62,000 new infections per year (UNAIDS, 2015). A severe shortage of human resources for health constrains Tanzania's ability to achieve public health objectives, especially in rural areas, with an estimated 54 percent gap between the number of public providers available and the number needed to deliver primary care at the district level (Sikika, 2010). Some limitations can be addressed by task-sharing among existing health professionals, and Tanzania's private health sector also has untapped capacity. The number of private health facilities has grown significantly since 1991, when the government removed restrictions on private practice; they now comprise a broad range of providers and stakeholders across all geographic zones. However, the government has not fully engaged the private stakeholders in health policy and planning.

James White

SHOPS partnered with the Tanzania Nursing and Midwifery Council to develop the first scope of practice for nurses and midwives, which facilitated expanded access to HIV services.

[3] Option B+, recommended in WHO 2015 PMTCT guidelines, offers all HIV-positive pregnant women lifelong antiretroviral therapy regardless of their clinical stage or CD4 count.

SHOPS's program in Tanzania focused on increasing the provision of quality HIV and AIDS services through the private sector, beginning with a PSA to identify areas for greater private sector engagement. SHOPS targeted three intervention areas:

- Fostering an enabling environment for greater private health sector engagement
- Collecting and sharing information on the private health sector's role in HIV service provision
- Building private sector capacity to deliver and scale up HIV and AIDS services

Fostering an Enabling Environment

SHOPS developed training material to educate and guide public and private stakeholders on identifying opportunities for PPPs, and to develop and implement PPP action plans. This material was piloted in three districts and then packaged into a toolkit for wider use. SHOPS also worked with stakeholders on specific health policy issues. Most notably, the PSA found that, although nurses and midwives provide a large proportion of total health services and are often the only health care professionals serving rural and hard-to-reach populations, national policies did not empower them to deliver the full range of health services. To address this policy gap, SHOPS partnered with the Tanzania Nursing and Midwifery Council and other local stakeholders to develop Tanzania's first-ever scope of practice for nurses and midwives which, when ratified, facilitated task-sharing and expanded access to essential health services. Consistent with the country's broader task-sharing efforts, the scope included expanded permissions for nurses and midwives, including in prescribing medicines and delivering advanced services in family planning, VMMC, PMTCT B+, and ART.[3] The scope also defined the roles and responsibilities for advanced nurse practitioners engaged in nursing policy development and complex service delivery.

Collecting and Sharing Knowledge on the Private Sector's Role in HIV Service Provision

SHOPS partnered with the Medical Laboratory Scientists Association of Tanzania as well as the Ministry of Health and Social Welfare's diagnostic services section to compile a comprehensive directory of medical laboratory and radiology services offered in Dar es Salaam region, covering medical tests in more than 10 priority health areas including HIV and AIDS. The paper-based directory was later converted to an online platform and expanded nationwide to become Tanzania's first online medical laboratory and diagnostic directory, with information from more than 75 facilities on more than 125 separate laboratory and radiology tests in nine priority disease areas. It allows health providers and the general public to search hundreds of medical tests and laboratory facilities available throughout the country and to identify partnership opportunities to leverage available resources and capacities.

Building Private Sector Capacity to Deliver and Scale Up HIV Services

SHOPS worked with three local partners to develop and implement private sector programs to expand HIV prevention, care, and treatment services in rural and underserved areas. SHOPS sponsored clinical trainings for Private Nurse Midwives Association of Tanzania (PRINMAT) members, a network of private maternity homes operating nationwide, on the Ministry's new PMTCT Option B+ protocols. SHOPS facilitated access for trainees to publicly-procured commodities and supported monitoring and reporting of service statistics.

Building on the new scope of practice, SHOPS also worked with the Christian Social Services Commission and the National AIDS Control Program to deliver the first-ever ART training specifically for nurses and midwives. SHOPS and its partners identified (1) nurse-led health facilities with unmet demand for ART and (2) existing treatment centers that were overcapacity in provision of ART. Following the six-day training, SHOPS linked the nurse trainees to physician mentors at nearby facilities, to ensure ongoing training, mentorship, and supportive supervision. In the program's first year, 18,713 people were tested for HIV, and 318 pregnant mothers were initiated on ART, as part of PRINMAT's new PMTCT B+ services. In the first nine months of implementation, 157 babies were born to HIV+ mothers and received Nevirapine at PRINMAT facilities. Eighty-nine percent of HIV-exposed newborns tested HIV-negative, demonstrating the impact of antenatal PMTCT interventions.

Maternal and Child Health

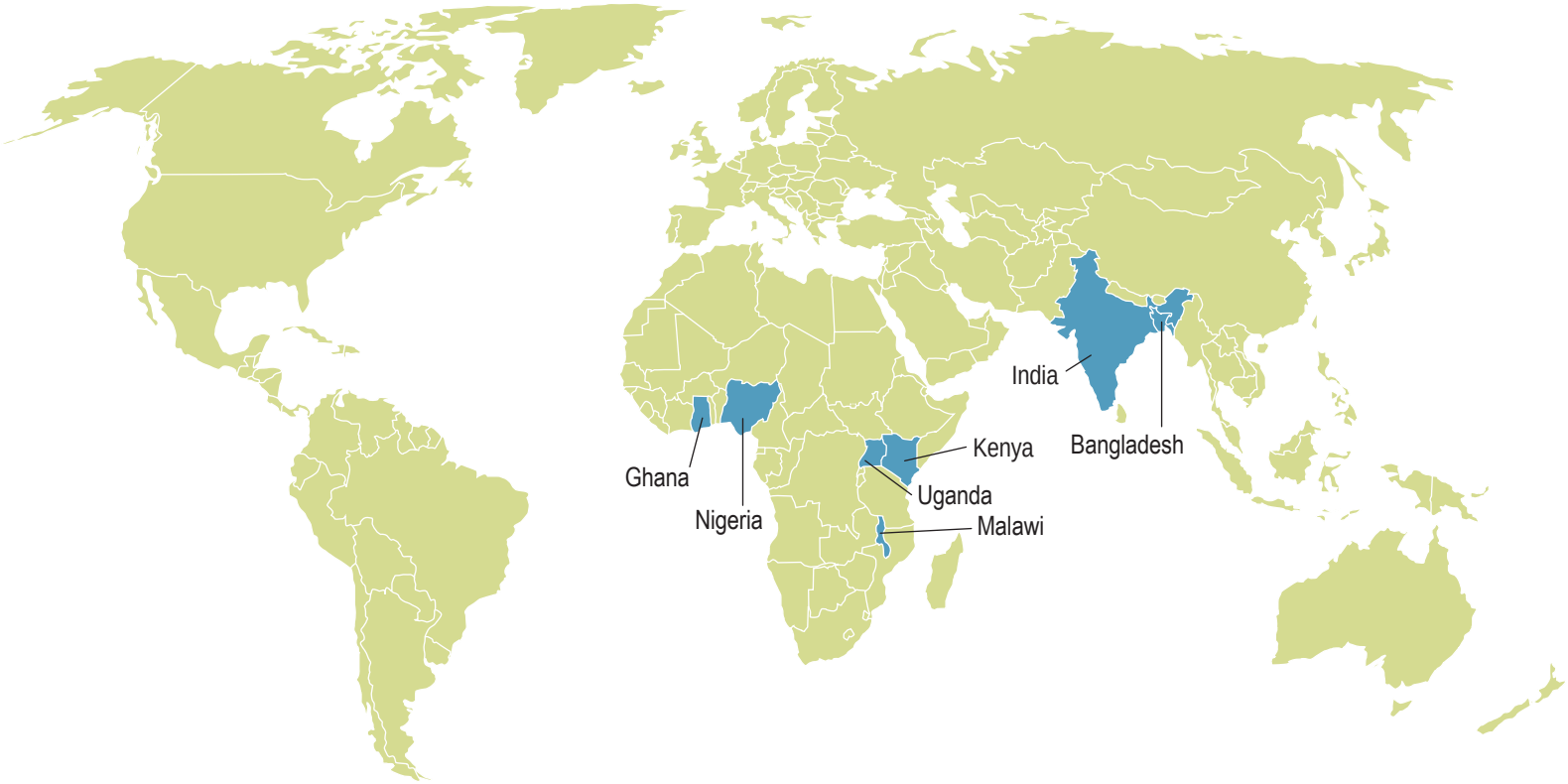
Jessica Scranton

Maternal and Child Health

In 2015, an estimated 5.9 million children died from easily preventable causes like diarrhea, pneumonia, measles, and malaria (World Bank 2015). The highest rates of child mortality are still in sub-Saharan Africa—where 1 in 12 children dies before age five, 12 times the average for industrialized countries. Many of these children would survive if they were treated with inexpensive and effective interventions such as ORS and zinc for diarrhea, antibiotics for respiratory infections, and antimalarial tablets. Every day around the world, more than 800 women die from pregnancy- or childbirth-related complications; this translates to roughly 303,000 women dying annually, during and following pregnancy and childbirth. Almost all of these deaths occur in low-resource settings, and most could have been prevented. The SHOPS MCH team played a leadership role in addressing these issues by implementing evidence-based private sector programs and by improving access to quality MCH services offered by private providers.

The SHOPS project's MCH program sought to (1) significantly increase the number of under-5 children receiving ORS and zinc for the treatment of diarrhea and (2) significantly increase the number of women accessing quality maternal health information and services through private sector channels. Secondary goals included expanding the role of the private sector in delivering essential MCH services and products while documenting the impact of private sector delivery of services on MCH outcomes. SHOPS implemented MCH programs in seven countries: Bangladesh, Ghana, India, Kenya, Malawi, Nigeria, and Uganda.

SHOPS implemented maternal and child health interventions in seven countries



Bangladesh

Mobile Alliance for Maternal Action

Bangladesh has made significant progress in improving MCH outcomes, as both under-5 and maternal mortality rates have declined over the past two decades. Facility-based births increased from 9 percent in 2001 to 23 percent in 2010 (National Institute of Population Research and Training et al., 2001; 2012). However, maternal mortality figures double for adolescent girls—and Bangladesh has one of the world's highest rates of adolescent motherhood. While as many as 44 percent of pregnant women received antenatal care from a medically trained provider, fewer than 32 percent delivered with a medically trained provider (National Institute of Population Research and Training et al., 2013).

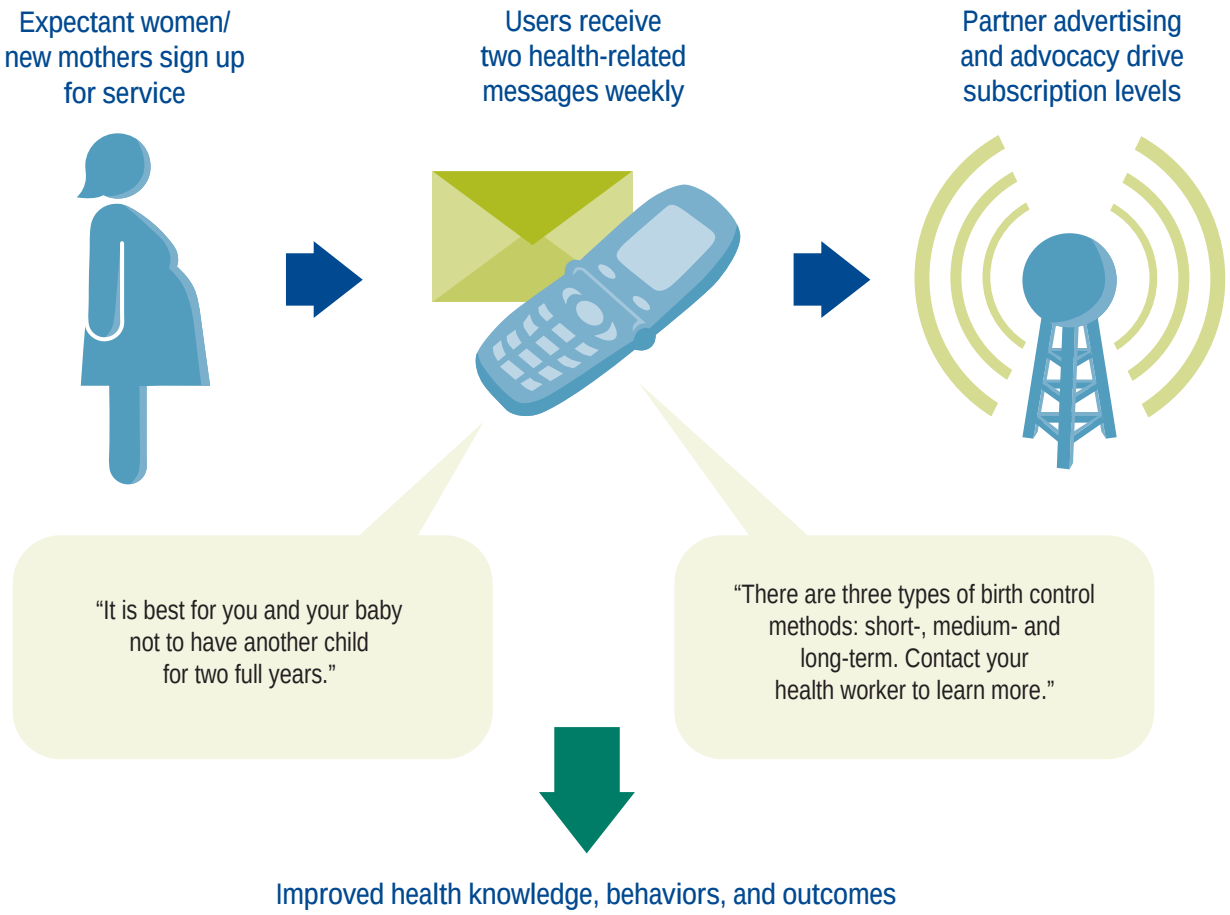
As part of its efforts to improve access to family planning and MCH information and services through the private sector, SHOPS helped design and support the introduction of Mobile Alliance for Maternal Action (MAMA) in Bangladesh (branded Aponjon) as part of the global MAMA alliance supported by USAID and Johnson & Johnson. The Aponjon service provides health information to pregnant women who are at risk of complications during pregnancy and childbirth. The mobile service provides the subscriber and her family with messages tailored to the month of pregnancy or her child's first year of life. Messages include twice-weekly evidence-based family planning and MCH content covering a wide array of topics (Figure 14). The Aponjon service was designed to be a self-sustaining enterprise, independent of long-term donor funding, while producing a measurable impact on health outcomes at national scale.

SHOPS played a critical role in five key areas: coalition building, government coordination, content development, marketing strategy, and technology development.

Building an Effective Coalition

MAMA Bangladesh was the first national-scale health information service to be launched in a developing country. It set ambitious targets: two million subscribers within three years of service launch and sustained improvements in health knowledge, behaviors, and outcomes. SHOPS assisted in creating a broad coalition of public and private partners to design, build, and sustain MAMA Bangladesh services within a government-led program. The innovative coalition included: the coordinating secretariat, Dnet; technology host, SSD-Tech; content provider, Multimedia Content and Communications (MCC); corporate resource partners, Multimode and Beximco; five mobile network operators; six outreach organizations; and the Ministry of Health and Family Welfare. Designed to balance partner contributions with partner benefits, this broad coalition brought together complementary skill sets and resources. Through ongoing support from USAID, Johnson & Johnson, BabyCenter, and the global MAMA Alliance, the MAMA Bangladesh coalition continues to thrive, serving as a partnership model for bringing mhealth services to scale.

Figure 14. Aponjon service description



Source: Aponjon marketing material

Strengthening Government Coordination

Public sector leadership was essential to forming and sustaining the MAMA model. Based on initial exploratory trips in 2010, SHOPS provided an assessment to USAID confirming that MAMA goals were consistent with government priorities. The Prime Minister's office was an early and visible ally in the development of the Aponjon service, which aligned with the government's recently launched Digital Bangladesh initiatives; active support from the government of Bangladesh Access to Information initiative aided in galvanizing public and private sector partners to support MAMA. SHOPS advised MAMA Bangladesh on the creation of a Health Advisory Board, which is chaired by the Minister of Health. In partnership with leading MCH experts from the WHO, UNICEF, UNFPA, BRAC, Save the Children, and USAID, the Health Advisory Board reviews and approves Aponjon message content. The Bangladesh Telecommunications Regulatory Commission helped to broker revenue-sharing agreements with mobile operations. The Ministry of Family Welfare committed to promoting the service through its health workforce, and the Ministry of Information provided marketing support through promotion on state-owned media.

Developing Evidence-Based Content

The Aponjon program was designed to increase the knowledge and influence the behavior of its subscribers by serving as a trusted cue to action. SHOPS contracted with MCC, a local social business and subsidiary of Dnet, to develop message content. MCC did formative research to test the mobile messages in varying formats, durations, and topic emphasis, and then produced audio messages, with professional actors performing one-minute dramatic stories to convey the scripted health content. Ninety percent of subscribers preferred this audio format over text messages. In total, 186 messages were developed, covering 84 weeks of pregnancy and newborn care. The messages were recorded in standard Bangla, with plans to add local dialects as the service matures. More than 1,400 subscribers received voice messages, which addressed the health information needs of low literacy populations.

Devising a Marketing Strategy

To create demand for the Aponjon service, SHOPS contracted with Unitrend, a Bangladesh advertising agency with extensive experience in social development campaigns. Based on formative research on media habits and health attitudes, SHOPS worked with Unitrend and Dnet to create a branding strategy and marketing campaign. The campaign focused on empowering women to make informed choices, recognizing the role of key influencers—such as husbands and mothers-in-law—in their health decisions. Advertising campaigns using both mass media and community-based marketing events were developed to build awareness of the service. Funding for the mass marketing campaigns was supplemented with contributions of billboards, product co-branding, and other donations from corporate sponsors, including Multimode and Beximco.

Developing Effective Technology

The software platform for Aponjon's service message delivery developed in stages. Following a competitive solicitation process, SHOPS contracted with a local software company to design, build, test, adapt, and maintain a platform to provide audio and text mobile phone messages to subscribers on a national scale. During the start-up phase, MAMA Bangladesh secured financial support from Grameenphone, the country's leading telecommunication operator, to serve as the design and test partner. The exclusive relationship with Grameenphone was adjusted to accommodate connectivity to all licensed mobile operators during the pilot phase, to address the wide variation in operator networks and policies. In a series of negotiations facilitated by the secretary of health, the Bangladesh Telecommunication Regulatory Commission, and the policy advisor in the Prime Minister's office, Dnet reached agreement with all operators on revenue-sharing terms, waivers for registration charges, unrestricted choice of networks for family members, and billing issues. The Aponjon service, accessible through five mobile operators, was a first-of-its-kind interactive voice platform designed to meet the needs of pregnant women, new mothers, and their family members. The platform can deliver messages customized for the subscriber's stage of gestation or newborn development, delivered at her preferred time of day with a choice of text or audio format. By ensuring availability through all licensed mobile operators, the Aponjon service achieves maximum geographic coverage.

A Fee-Based Mobile Service

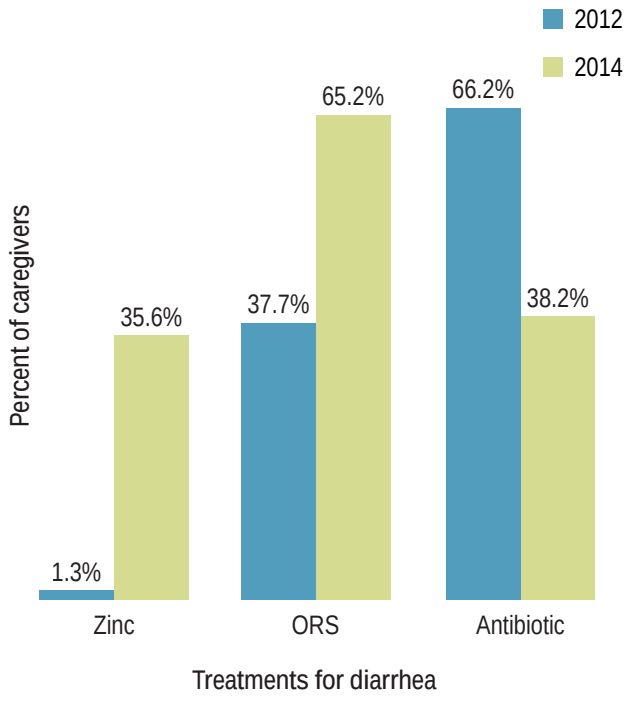
The Aponjon service was designed to be a self-sustaining enterprise, independent of long-term donor funding. As a social enterprise with a "double bottom-line," the service seeks to be both commercially sustainable and able to produce a measurable impact on health outcomes at national scale.

Ghana

Public-private partnership for diarrhea case management

While Ghana has made major strides towards reducing infant and child mortality, the number of deaths remains unacceptably high. According to the 2014 Ghana DHS, prevalence of diarrheal disease among children under 5 is 12 percent, accounting for an estimated 9 percent of child deaths. A SHOPS baseline survey of the Western, Central, and Greater Accra regions conducted in 2012 showed that 69 percent of children with diarrhea were taken to a professional health provider for treatment. Of these, roughly 50 percent sought care from a private sector provider, including clients from the poorest segments of the population.

Figure 15. Caregiver treatment of diarrhea, 2012–2014



In 2012, SHOPS began a diarrhea management program in three regions: Central, Greater Accra, and Western. The program's main objectives were to:

- Ensure a sustained supply of quality, affordable zinc through private sector channels
- Improve caregiver and private provider knowledge of correct use and effectiveness of zinc as a treatment for diarrhea
- Increase the use of ORS and zinc as the first-line treatment for acute pediatric diarrhea

Partnering with Local Manufacturers to Ensure Product Availability

SHOPS assisted M&G Pharmaceuticals, a local manufacturing partner, to introduce its zinc product, ZinTab, into Ghana's commercial market. SHOPS awarded M&G a cost-shared marketing grant, to catalyze brand promotion activities and extend the reach of its distribution systems into rural communities. SHOPS also linked the company to U.S. Phamacopeia, the U.S.-based drug standards organization, for technical assistance on drug quality. In 2014, SHOPS built on this successful partnership model by partnering with another local pharmaceutical firm, Phyto-Riker, to introduce its PR-Zinc branded dispersible zinc products in the commercial market. These partnerships increased the supply of quality, affordable ORS and zinc available through private sector channels, while greatly improving profitability, growth, and sustainability of the market for Zintab and PR-zinc products. Sales of M&G's zinc product rose dramatically once SHOPS initiated its training program in April 2012 and spiked again with the launch of the nationwide mass media campaign in July 2012. In 2015, nationwide retail audits reported that 90 percent of retail outlets carried ORS and 70 percent carried zinc. Data from supportive supervision visits across the three regions indicated that 95 percent of the outlets carried ORS while 74 percent carried zinc. In less than

three years of implementation, 66.36 million tablets—5 million treatments—entered the commercial market, confirming that appropriate pediatric diarrhea treatment is accessible and available to caregivers throughout the country.

Improving Knowledge and Use of Zinc as a Treatment for Childhood Diarrhea

SHOPS strengthened the quality of diarrhea-related diagnosis, treatment, dispensing, counseling, and referral practices by training more than 2,000 private healthcare providers, including nurses, midwives, pharmacists, medical and pharmacy technicians. Private drug shop owners, also known as over-the-counter medicine sellers (OTCMS), are a major source of care for childhood diarrhea, especially in rural areas. Recognizing their importance, SHOPS partnered with the Ghana Pharmacy Council, the regulatory agency responsible for accreditation and monitoring this cadre, to train 10,000 OTCMS. SHOPS implemented a multi-pronged approach to reinforce trainings and provide OTCMS with ongoing support. A supportive supervision system used mobile technology to provide regular interaction and on-the-job training for shop assistants unable to attend training; a regular text message dissemination program provided reminders on concepts presented during training; annual refresher trainings and networking opportunities were offered at association meetings; and OTCMS were connected with local pharmaceutical partners through detailing.

SHOPS also generated consumer demand for ORS and zinc through mass media and interpersonal communication. The project collaborated with the USAID-funded Ghana Behavior Change Support (BCS) project to develop a targeted mass media campaign to raise awareness among both caregivers and providers. The campaign integrated ORS plus zinc messages into the BCS Good Life umbrella campaign, which disseminates media messages on a variety of health topics. SHOPS also supported the development and dissemination of IEC materials to private drug shops, hospitals, and clinics. Additional grant support was provided to two NGO partners, Health Keepers and Precision Development Xperts, to deliver messaging about appropriate childhood diarrhea management through community outreach events and to develop a training module on diarrhea management for their community distribution agents. SHOPS also linked the organizations with M&G Pharmaceuticals, facilitating the negotiation of wholesale prices to enable community-based sales.

Collectively, SHOPS's interventions improved prescribing patterns among private providers while fostering greater awareness and improved treatment behaviors among caregivers. SHOPS mystery client surveys of OTCMS in 2012 and 2014 showed improved provider behaviors: the 2014 survey of 372 OTCMS showed that 92 percent asked customers for more details about their child's diarrhea. In both surveys, at least 60 percent of OTCMS recommended zinc to treat diarrhea. Results from supportive supervisory visits in 2014 (more than 1,400 visits) revealed that nearly 88 percent of providers knew the appropriate treatment for diarrhea, and 74 percent knew that an antibiotic should not be prescribed for acute diarrhea. In 2014, SHOPS conducted an endline household survey (N = 751) that showed that 36 percent of children under 5 were treated with zinc, compared to just 1 percent in 2012. The survey also showed that use of ORS nearly doubled from 38 percent to 65 percent, while incorrect antibiotic use decreased from 66 percent to 38 percent. The data indicated a strong positive correlation between recall of zinc messages and using zinc to treat diarrhea: caregivers who recalled the specific message that zinc should be used with ORS were significantly more likely to correctly administer the treatment.

India

A sustainable approach to last-mile supply

While India has made progress in reducing infant and child mortality rates, deaths of children under 5 due to diarrheal diseases still remain high, at 13 percent. Critical for childhood diarrhea management, ORS and zinc are distributed through the public sector and are also available at reasonable prices in the private sector. However, use of these products was low, mainly because both caregivers and rural medical practitioners (often the first point of contact) prefer treatment regimens that include antibiotics and anti-diarrheals. To strengthen the private sector's capacity to provide high quality MCH products and services, especially in rural areas, SHOPS designed and piloted two innovative distribution models to expand rural access to health products.[4]

Leveraging a Commercially Sustainable Rural Health Model

Working with the ITC Agribusiness e-Choupal network, SHOPS negotiated special sales arrangements with suppliers of 14 key health products, including ORS and zinc, to compose a product market basket for distribution by village health champions (VHCs) in rural areas. SHOPS created a training curriculum focused on business and communication skills of VHCs, enabling local NGO staff to conduct the training. SHOPS leveraged communication opportunities created by other public health programs, such as "immunization days," when public health functionaries mobilize caregivers to administer vaccines. SHOPS trained VHCs to develop discussion scripts and provided printed materials for these events.

Increasing Use of Zinc among Rural Informal Providers

SHOPS also partnered with PharmaSynth to increase the utilization of ORS and zinc through its rural network of private health care providers. SHOPS helped the company's medical representatives train providers on diarrhea management, and provided technical information and communication tools including brochures and posters. SHOPS also helped PharmaSynth introduce two pediatric zinc formulations—dispersible tablets and syrups—at prices nearly 40 percent lower than other available commercial brands and helped to develop a launch package for the brand.

Combined, these interventions increased rural access to essential MCH products. Through intensive marketing campaigns, the e-Choupal network sold 35,297 sachets of ORS. During its partnership with SHOPS, PharmaSynth expanded to 2,000 sales points covering 5,000 villages and sold an equivalent of 90,919 courses of ORS and 34,000 zinc treatments to rural providers. Total sales of the two products showed increases in the 22 districts ranging from 7 to 15 percent.

[4] For more information on this model, see: India: Commercial sector partnership models to increase family planning access among BOP populations in the Family Planning section.

Kenya

Increasing access to MCH products and services

Kenya's health system faces several concurrent health challenges, including high neonatal and maternal mortality rates and poor childhood nutrition. Newborn deaths comprise 60 percent of infant and 40 percent of overall under-5 mortality. At least 7,000 women die each year from pregnancy-related complications. Kenya has made incredible progress in reducing child deaths, with a 30 percent decline in under-5 mortality between 2003 and 2009 (Kenya National Bureau of Statistics and ICF Macro, 2010). Diarrheal diseases remain a significant challenge, contributing to 38,000 deaths every year (Black, et al., 2010).

The SHOPS MCH program in Kenya increased the availability and improved the sustainability of quality services and products by expanding access to care and supporting and expanding private provider capabilities. SHOPS increased access to zinc and ORS for childhood diarrhea and supported innovative commercial enterprises through the HANSHEP Health Enterprise Fund.

Increasing Access to Zinc and ORS

SHOPS partnered with CHAI to market and promote ORS and zinc products through the private sector. ORS and zinc entered the Kenyan market in 2013. SHOPS focused on leveraging private sector retail and pharmaceutical channels to scale sales through multiple channels. The project worked with manufacturer Cosmos Pharmaceuticals and distributor Phillips Pharmaceuticals to co-fund a marketing campaign and train health workers. In 2013 and 2014, SHOPS trained 4,562 health providers at 40 workshops on zinc and ORS.

Through a national technical working group, SHOPS financed and supported the development of IEC materials to support the promotion and stocking of DTS-Z—Cosmos's ORS and zinc co-pack—at private sector outlets, especially in rural areas. Radio ads (generic as well as branded) aired on five radio stations in both English and Kiswahili in diarrhea-endemic regions. SHOPS also facilitated two branded TV ads, supported targeted TV messages on diarrhea and healthy living, and worked closely with Cosmos Pharmaceuticals to produce a suite of marketing materials. With support from SHOPS's demand generation activities, Cosmos and Philips sold a combined 542,606 treatments of zinc between 2014 and 2015.

A 2013 CHAI audit showed that uptake of DTS-Z was very low in non-pharmacy outlets. SHOPS and CHAI helped energize the markets by increasing awareness and availability of the product among non-pharmacy outlets in slum areas of Mombasa, Nairobi, and Kisumu (diarrhea endemic regions). The campaign reached approximately 8,000 people and sold 2,821 co-packs. A 2015 audit conducted by CHAI showed significant improvements: at 74 percent of pharmacy outlets, 19 percent of *dukas* (convenience shops), and 17 percent of kiosks, sellers were aware that ORS and zinc are the recommended treatment for diarrhea; co-pack availability increased from 9 percent to 37 percent in pharmacies and retail outlets.

Supporting Innovative Commercial Enterprises

SHOPS invested in emerging private health organizations to help take pro-poor commercial approaches to scale through the HHEF. (More information on the HHEF is found in Advancing Knowledge.) The project worked with seven organizations, providing grants, technical assistance, and investor connections to selected organizations following a competitive selection process. In Kenya, 5 of 7 grantees operate innovative service delivery models. Three focus on convenient, high-quality primary care, with an emphasis on preventive services such as antenatal and well-baby visits. The remaining two grantees are maternity hospitals that used the fund's support to expand access to affordable emergency obstetric care through health financing, ambulance services, and provider training.

SHOPS conducted needs assessments for each grantee and developed individual TA plans based on the results. For each business, SHOPS led an intensive business skills training to build management capacity and improve operational efficiency, organized a marketing boot camp, hosted networking lunches to share best practices, and facilitated continual access to a local law firm. SHOPS also provided custom support and one-on-one coaching sessions to support the organizations' scope and mission. Support included hands-on clinical quality training to improve postpartum and newborn health, advisory services from health financing experts, and an assessment of enterprises' readiness for onward investment.

In the fund's first 15 months, grantees reached 23,621 individuals with priority family planning and MCH products and services. Through SHOPS's efforts to strengthen their business and management practices, the grantees have become more sustainable and gained access to additional sources of revenue. Grantees have also established 62 private-private or public-private partnerships.

Afya Research Africa: Reaching Underserviced Populations with Affordable MCH Options

Afya Research Africa (ARA) was founded to make health care easily available to people living in remote areas of the country, particularly women and children that lack access to essential preventive care. ARA proposed to create an innovative model of primary health care kiosks, which reach poor, rural communities sustainably by cross-subsidizing health care with revenue generated from other in-demand services. The HHEF supported ARA to start up its health care chain, which grew to 10 kiosks in 18 months. With a second round grant from the fund, ARA enhanced the capacity of existing kiosks by equipping them with solar power to support immunization and hiring more advanced staff with basic surgical skills.

ARA's 10 "Ubuntu-Afya Kiosks" are complete, and two more are in process. The side enterprises—businesses such as motorcycle taxis or M-Pesa transfers—that subsidize the clinics are proving successful, and are providing additional services to the low-income communities where the kiosks are located. Nearly all of the ten fully operational kiosks have broken-even, with an overall cost recovery rate of 91 percent. The kiosks have served more than 12,000 clients and provided more than 2,000 MCH services since the opening of the first kiosk.

Malawi

Improving maternal, newborn, and child health care

Since 1992, the percentage of chronically malnourished children under 5 in Malawi has remained unacceptably high at 47 percent. In 2010, diarrhea prevalence among children was 18 percent, and child mortality was 83 per 1,000 live births. Malawi also has one of the highest maternal mortality rates and the highest rate of preterm births in the world (World Health Organization, 2012). The Christian Health Association of Malawi (CHAM), an association of faith-based health facilities, delivers approximately 40 percent of health services in Malawi and is especially important in rural areas, where it implements many service level agreements (SLAs) with the MOH to provide free and subsidized services.

Based on PSA findings, SHOPS focused on three activities in Malawi:

- Strengthening CHAM
- Building private sector capacity to deliver high-quality neonatal and child health services in a sustainable manner
- Building the capacity of key MCH professional associations

Amos Gumulira

The Helping Babies Breathe curriculum teaches neonatal resuscitation skills to nurse midwives.

Strengthening the Christian Health Association of Malawi

SHOPS prioritized interventions that strengthened CHAM's role in delivering essential services, especially in reaching rural populations. Since 2002, CHAM has partnered with the government of Malawi to implement SLAs, with the MOH subsidizing user fees at CHAM facilities and contributing to CHAM staff costs. In return, CHAM providers deliver essential health services, including MCH services, in rural and underserved areas. With issues related to pricing and payments, the partnership was fraying by 2011. SHOPS hosted a series of joint workshops for public and private sector representatives to discuss key issues in SLA management and implementation, helped revise SLA guidelines, and developed costing data to verify prices for 95 covered services. Based on this cost data, CHAM and the MOH adopted an SLA price list for existing and new SLAs. The SLA guidelines introduced by SHOPS—clarifying eligibility criteria, reimbursement processes, and other conditions—are now used at 72 facilities.
SHOPS also worked with CHAM to build the capacity and financial sustainability of its member units at the management and provider levels. The project assisted the CHAM Secretariat in formulating its next five-year strategic plan, organized newborn and child health training opportunities for CHAM providers, and enabled both CHAM and MOH hospitals to audit cases of pediatric death. The support produced significant improvements at both the organizational and facility levels. After receiving training on income diversification strategies, one facility was able to access grant funding from donors. Additionally, SHOPS management training workshops helped identify areas for improvement that led to a reduction of up to 50 percent in outpatient waiting times and an improvement in patient satisfaction at CHAM facilities.

Building Private Health Sector Capacity

In 2014, SHOPS began working with a wider array of private providers to improve the quality of neonatal and child health services. Advances in care for term and preterm babies, first researched in the developed world, have dramatically increased the survival rate of newborns worldwide; care provided during the first 48 hours of a newborn's life is critical to survival. SHOPS partnered with the Association of Malawian Midwives (AMAMI) and USAID's Survive & Thrive Global Development Alliance, to introduce two training curricula to private midwives, along with integrated supportive supervision tools ("Helping Babies Breathe" and "Essential Care for Every Baby"). Working with the MOH, SHOPS also provided the first Emergency Triage and Treatment trainings for public and private providers in Malawi.

SHOPS trained 1,640 clinical providers, pharmacists, and drug store owners in clinical skills, including 844 providers on diarrhea management with zinc and ORS and personnel from 11 facilities on conducting pediatric death audits to understand and prevent child deaths. SHOPS partnered with the MOH to conduct supportive supervision visits to many of the trained private providers to help them incorporate learning into their daily practice.

Building the Capacity of Professional Associations

SHOPS held two workshops bringing together Malawian practitioners (members of AMAMI, the Pediatric and Child Health Association (PACHA), the Obstetrician and Gynecologist Association of Malawi, the National Association of Private Paramedicals of Malawi (NAPPAM), the Medical Association of Malawi, and the Nurse's Union) with representatives of U.S. professional associations, for knowledge sharing and capacity building. SHOPS engaged mentors from the American College of Nurse Midwives, the American Academy of Pediatrics, and the American Congress of Obstetricians and Gynecologists to provide training on association leadership and to present best practices. SHOPS efforts contributed to the sustainability of professional organizations: AMAMI received funding from UNICEF and the International Confederation of Nurses; PACHA received funding from UNICEF for trainings in neonatal care; and NAPPAM is in the process of hiring full time personnel to support its growing membership.

Nigeria

Delivering diarrhea management products and services

Nigeria has greatly reduced child mortality over the past decade, but approximately 600,000 children still die each year from preventable and easily treated illnesses, including diarrhea, which accounts for 11 percent of all child deaths in Nigeria (World Health Organization and UNICEF, 2012). SHOPS addressed diarrhea-related deaths through an evidence-based approach. The project focused on four key areas:

- Improving access to quality diarrhea treatment products
- Improving diarrhea-related diagnosis, treatment, dispensing, counseling, and referral practices among private sector providers
- Establishing systems of supportive supervision and follow-up
- Expanding awareness of new treatment protocols among caregivers of children under 5

SHOPS implemented its full diarrhea management program in three states: Abia, Nasarwawa, and Benue. The team partnered with the MOH, which had already committed to scaling up public sector treatment, overcoming several policy hurdles. SHOPS played an active role on the National Essential Medicines Coordinating Mechanism, which oversees the national diarrhea management program.

Forging Partnerships to Increase Access to Quality Diarrhea Treatment

SHOPS forged partnerships with two companies to ensure greater access to ORS and zinc: Olpharm Pharmaceuticals, an importer of ORS and zinc products, and CHI Pharmaceuticals, Ltd., a manufacturer. SHOPS awarded them cost-shared marketing grants to supply ORS and zinc to SHOPS target states. In 2014, implementing a market activation program, SHOPS teams visited each medicine provider in the target states: drug sellers (proprietary and patent medicine vendors, or PPMVs), pharmacies, primary health care facilities, and hospitals. SHOPS branded the outlets as ORS and zinc providers, provided IEC materials, and offered discounts to encourage purchases of ORS, zinc, and co-packs. SHOPS contracted with state-based distributors to promote and sell products to all PPMVs in their state.

Improving Diarrhea-Related Practices and Supportive Supervision of PPMVs

In Nigeria, PPMVs are the major source of care for childhood diarrhea, particularly in rural areas. SHOPS collaborated with the Pharmacy Council of Nigeria and other partners to develop a training curriculum covering diarrhea, pneumonia, and malaria management. SHOPS established a system of supportive supervision as well as a regular text message dissemination program, and encouraged pharmaceutical partners to initiate detailing with PPMVs.

Expanding Awareness among Caregivers

SHOPS developed and aired a radio spot (in English and four local languages) and contracted two radio magazine programs with national reach (Mama and Papa Bomboi program and Ogbonge Life). SHOPS also competitively selected a community-based organization in each state to conduct community mobilization, including: advocacy meetings with community leaders; training zinc champions; organizing radio listening groups; and conducting community mobilization activities, including dramas, road shows, and home visits.

Collectively, the child health program in Nigeria significantly increased access to quality zinc and ORS at PPMV outlets. In 2015, retail audits indicated that 58 percent of PPMVs and 91 percent of community pharmacies had at least one brand of zinc in stock. Total reported sales from SHOPS partners CHI and Olpharm indicated that more than 7.4 million treatments were sold over the two years, into the commercial market. SHOPS trained a total of 4,548 PPMVs—about 80 percent of PPMVs in the three states—who had not previously heard of zinc. Data collected during supportive supervision visits indicates: high knowledge retention of the correct diarrhea treatment among providers (90 percent); good knowledge of correct zinc dosage (70 percent); and knowing not to recommend an antibiotic (70 percent). Mystery client surveys revealed that across the three states, 40 to 50 percent of PPMVs recommended ORS, and 20 to 35 percent recommended zinc. A household survey by BBC Media Action (January 2015) found that 19 percent of caregivers had given ORS and zinc to their child during a recent bout of diarrhea.

Vicki MacDonald

A pharmaceutical detailer discusses zinc with a proprietary patent medicine vendor in Abia State.

Uganda

Increasing access to MCH products and services

Over the last decade, the government of Uganda has made investments to improve health. Life expectancy rose from 45 to 57 (2003–2012), and under-5 mortality declined from 152 to 90 deaths per 1,000 live births (2000–2011). However, more progress is required. Only 58 percent of births are attended by a skilled health professional. Despite the availability of affordable, life-saving treatments, diarrhea, pneumonia, and malaria are still major childhood killers.

The SHOPS MCH program in Uganda had two main objectives: (1) reducing the incidence of diarrhea-related deaths in children under 5, by promoting the use of ORS with zinc as the first-line treatment for uncomplicated pediatric diarrhea and (2) increasing access to high quality maternal health services through the private sector.

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Strengthening Childhood Diarrhea Management

Partnering with CHAI Uganda, SHOPS trained private providers and contributed to market activation while CHAI took the lead in ensuring supply and implementing demand-generation campaigns for caregivers. SHOPS developed a curriculum to train private providers in stocking and dispensing ORS and zinc and engaged the Pharmaceutical Society of Uganda to train pharmacists, pharmacy interns, and technicians. SHOPS also implemented a SMS campaign on ORS and zinc use and piloted smart-phone-based supportive supervision in Uganda's Northern region (a particularly poor performing region identified during monitoring). SHOPS trained a total of 11,944 drug shop operators, 396 pharmacists, 143 pharmacy interns, 660 pharmacy auxiliary staff/ pharmacy attendants, and 6,470 health workers from 620 faith-based, nonprofit health facilities. A mystery client survey revealed that 38 percent of providers dispensed a combination of ORS and zinc, compared to zero percent in 2011. In the Northern region, recommendation of zinc for diarrhea went from zero to 33 percent.

SHOPS and CHAI then collaborated on a national campaign at more than 150 wholesale pharmacies, educating drug retailers on the benefits of ORS and zinc when they visited the wholesalers for supplies. A second phase targeted more than 12,000 retail drug shops with information about ORS and zinc and also linked providers to less expensive sources of ORS and zinc. The third phase of the campaign involved medical detailing targeted at both drug retailers and regional pharmaceutical wholesale outlets. By 2015, the national average retail availability was 61 percent for zinc (up from 55 percent) and 75 percent for ORS (up from 67 percent). SHOPS also supported a retail pricing scheme, reducing prices from UGX 2,500 to 3,000 for zinc alone to a maximum retail price of UGX 1,500 for both products.

Increasing Access to High-Quality Maternal Health Services

SHOPS implemented the Health Baby Voucher Program (HBVP) as part of the Saving Mothers Giving Life initiative. The HBVP voucher provided low-cost maternal health services including up to four antenatal care (ANC) visits, safe delivery at a health facility, a transport subsidy for delivery, and a postnatal clinic visit. During all ANC visits, pregnant women were counseled and tested for HIV and, if positive, immediately put on ART for life, to protect their babies and to help them live long, healthy lives. To ensure high-quality services, providers received training in safe delivery and other health services such as HIV counseling and testing, ART administration, and postpartum family planning counseling. HBVP ran from 2012 to 2014, distributing 36,900 vouchers. Nearly 35,000 women received ANC services, 27,000 babies were delivered in facilities under skilled care, and 15,000 women received postpartum care services. SHOPS trained 49 facilities in ANC, PMTCT Option B+, delivery, and postnatal care.

Figure 16. Delivery by skilled attendant

74% Healthy Baby Voucher Program
55.8% Western Region (2011 DHS)
58% Uganda (2011 DHS)

Most women who purchased a voucher delivered at a facility with a skilled birth attendant—a critical step toward healthier mothers and babies.

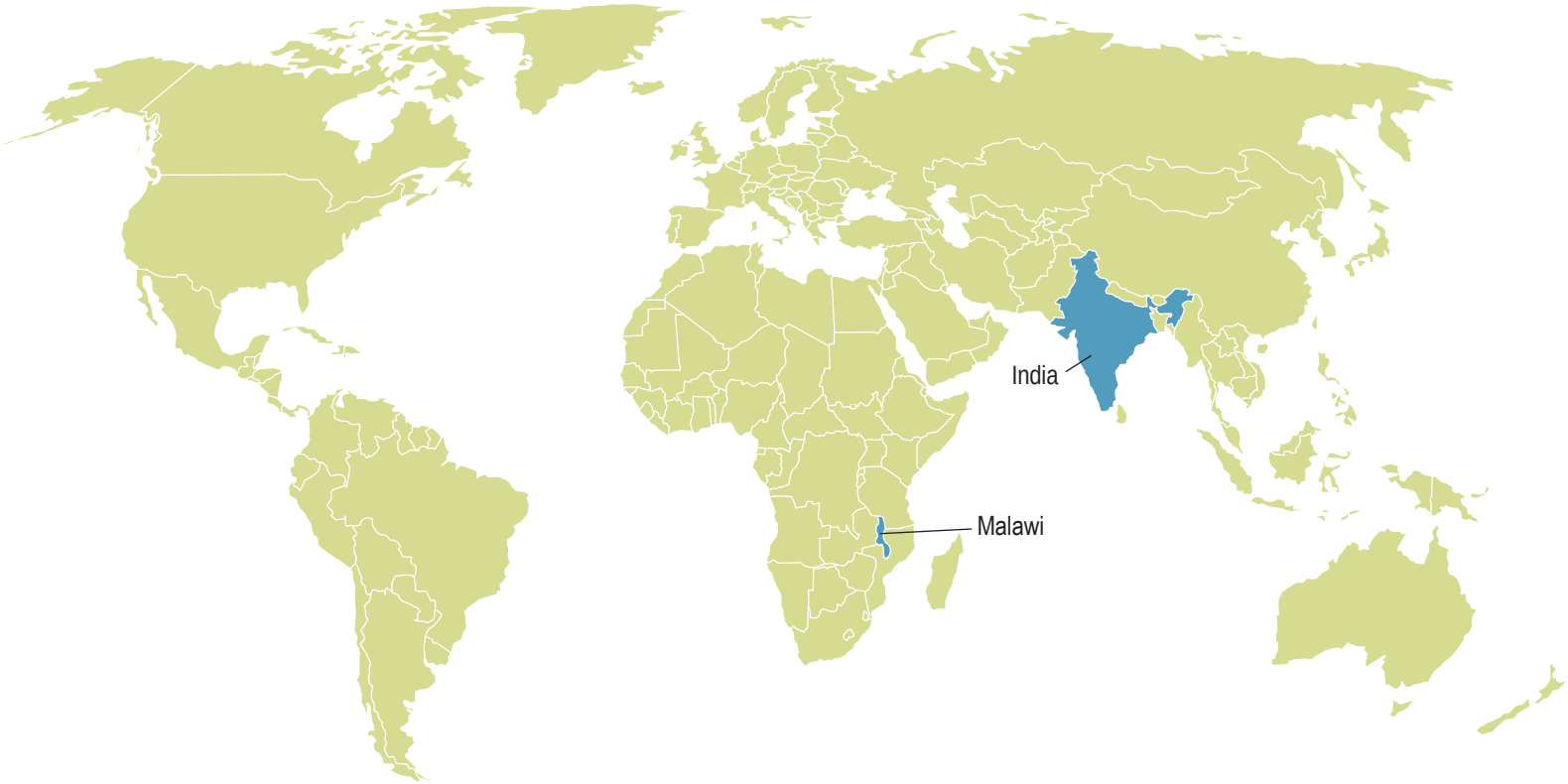
Other Priority Health Areas

Jessica Scranton

Other Priority Health Areas

Although most of SHOPS's in-country interventions focused on three major health areas (family planning, HIV and AIDS, and MCH), SHOPS also contributed in other priority health areas: strengthening the role of the private sector in India's national TB program; increasing access to and demand for advanced cook stoves, to address air pollution-related illnesses in India; and supporting a WASH program in Malawi.

SHOPS implemented TB, cook stoves, and WASH initiatives in two countries



India

Supporting a public-private strategy in the national tuberculosis control program

Globally, 25 percent of persons living with TB live in India: an estimated 2.1 million people develop TB, and 240,000 die of the disease each year (World Health Organization, 2014). However, the government's Revised National TB Control Program (RNTCP) reported notification of only 1.4 million TB patients in 2013 (Revised National Tuberculosis Control Program, 2014). The remaining 7 million sufferers, called "missing" patients, are thought to be managed by the private health sector.

A serious threat to effective TB control is the rapidly growing risk of drug-resistant forms of the disease. This risk can be mitigated by ensuring that all TB patients are detected early, receive correct treatment regimens, and complete their treatments as prescribed. The national strategic plan for TB calls for the engagement of a PPIA to promote adoption of national standards for TB care by private providers (Revised National Tuberculosis Control Program, 2011). Under the USAID-funded MBPH project, an interface mechanism was piloted for engagement of private providers in TB prevention and care that achieved an increase in TB notification of more than 40 percent for the targeted slum population in Karnataka (MBPH, 2011), influencing the public-private mix strategy of the current national strategic plan for TB.

SHOPS designed and implemented a series of interventions: building provider capacity; promoting health-seeking behavior in urban slums; and strengthening pre- and post- diagnoses support (integrating public and private sector diagnosis, notification, and treatment). In consultation with RNTCP in Karnataka, SHOPS targeted 663 urban slums in 42 small and mid-sized towns (1.1 million people, out of the 6.3 million population of Karnataka). SHOPS selected Karnataka Health Promotion Trust as the PPIA because it had established rapport with the communities, demonstrated success in working with Karnataka state health officials, and had prior experience in engaging with private health care providers.

Oommen George

Individuals at a community gathering screen a film about tuberculosis. The film was a fictional story with clear messages about TB prevention and treatment.

Helping Private Providers Meet National Standards of Care

To improve private providers' adherence to national standards of TB care, SHOPS trained private providers, facilitated and supported case notification, and brokered a partnership with RNTCP for access to public sector labs. SHOPS mapped private and public health facilities based on their proximity to intervention slums, consumer preference, and local referral systems. Qualified and informal private providers that met the prescribed criteria were trained on screening, referral for testing, and care and support of TB patients. Most trained providers were networked and received in-clinic visits by SHOPS outreach workers, field managers, and technical experts. To ensure sustainability, the training curriculum was accredited by the Karnataka Medical Council as a credit-earning course for continuing medical education of physicians, currently offered in five private medical colleges. SHOPS advocated with RNTCP to extend lab services to patients tested by private providers, establishing a sputum collection and transport system to facilitate access to RNTCP labs.

Promoting Health-Seeking Behavior among Urban Slum Populations

SHOPS supported PPIA outreach workers in the project's intervention slums to engage through personal communication, community meetings and events. Outreach focused on improving awareness about TB, especially its common symptoms and its management under modern medicine, with assurance that TB is curable. People received information on where to go for quality testing and treatment; those suffering from persistent cough (two weeks or more) were encouraged to ask for sputum microscopy.

Strengthening Pre- and Post-Diagnoses Support

To reduce delays in TB diagnosis and treatment, increase TB notification, and improve treatment outcomes, SHOPS implemented care and support activities for patients managed by private providers under RNTCP, especially to cover the pre- and post-diagnosis gaps. Pre-diagnosis services included (1) referral of TB symptomatics for appropriate testing and (2) facilitating access to sputum microscopy. SHOPS supported TB patients living in intervention slums on treatment initiation, home visits for patient and family support, and counseling. SHOPS also created support groups for TB patients and their care providers. To reach patients outside of intervention slums, SHOPS established an innovative telephone-based support system called DOTS Mitra or TB careline, promoted through qualified networked clinicians.[5] With provider recommendation, patients registered with the careline and received scheduled calls designed to promote and monitor treatment adherence to prevent the spread of TB.

Collectively, the interventions increased TB detection and notification rates. The PPIA effectively increased TB detection under RNTCP, identifying missing TB patients through private provider engagement. SHOPS initiated a total of 18,048 referrals and registered 7,841 diagnosed TB patients, from a population of 16.8 million people (in an area covered by 35 RNTCP TB Units). Of the total, 10,671 referrals and 2,098 TB patients were from the slum subpopulation of 1.1 million.

The SHOPS interventions significantly reduced delays in diagnosis and treatment initiation. Surveys conducted by SHOPS among TB patients in intervention slums who received treatment from RNTCP showed that the gap between onset of symptoms and initiation of treatment decreased by 76 percent, from a mean delay of 57 days at baseline (2011) to just 17 days at endline (2014).

Treatment compliance among TB patients supported by PPIA staff remained high throughout the intervention period, averaging 96 percent for all patients. Among a cohort of 829 patients benefiting from the SHOPS interventions that were eligible for ascertaining treatment completion, 679 (82 percent) were cured or successfully treated.

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[5] *Mitra* in many Indian languages means "friend." The careline is an innovative outbound telephone counseling service, free of cost to patients, that was piloted by Abt Associates initially to support use of the injectable contraceptive DMPA and was adapted to support patients on TB treatment.

Testing commercial partnership models to provide advanced cook stoves

In 2010, one million people died from illnesses related to indoor air pollution caused by emissions from traditional stoves (WHO, 2010). Advanced cook stoves (ACS) offer a cleaner and more fuel-efficient cooking experience to millions of women in rural India, while significantly reducing carbon emissions. With close to 80 percent of the rural population still relying on traditional cooking methods, India is a potentially huge market for clean cooking devices; the market for all efficient energy devices, including ACS, is estimated at $70 million annually (Bairiganjan et al., 2010). Commercial marketers of ACS have been unable to mobilize this large potential market, and sales of ACS remain low. SHOPS tested several new commercial partnership models to gauge their potential to promote health durables like ACS.

Suma Pathy

A loan officer with Margdarshak gives a demonstration to his group members on the advanced cook stoves.

Table 5. Three ACS partnerships: marketing approach and financing scheme

	Envirofit-S-MART-Sonata	Envirofit-MDPCL-Margdarshak	Envirofit-Samip-Pratinidhi
Marketing approach	ACS marketed along with other similar products	ACS-specific sales push	ACS-specific sales push
Financing scheme	No down payment + 20 *weekly* installments of 100 rupees ($1.67)	Down payment of 218 rupees ($3.63) + 10 *monthly* installments of 165 rupees ($2.75) + 1 final installment of 140 rupees ($2.33)	Lump payment of 1,899 rupees ($31.65) in cash *OR* Down payment of 500 rupees ($8.33) + 3 *monthly* installments of 500 rupees ($8.33)

Piloting Commercial Partnership Models

SHOPS facilitated three multisectoral partnerships of three members each: Envirofit (the ACS manufacturer), a rural distributor, and a microfinance institution (MFI). The partnerships allowed each actor to focus on its core competency, to produce, promote, finance, and deliver ACS. SHOPS tested this tripartite partnership model in a variety of conditions (fuel use, consumer profile) and with different partner types (large MFI, local MFI, and NGO), scaling up from four to 17 districts of Uttar Pradesh. The pilot tested various marketing approaches, loan duration, and size of monthly payment (Table 5).

SHOPS contributed training on messaging, including "teaser messages" to promote the demonstration, scripts for demos and product delivery, and responses to consumer questions. To reduce price dissonance for consumers, messaging made use of "anchoring" (Kahneman, 2003). SHOPS carried out a systematic analysis, including stakeholder interviews and a review of sales and financial data of the three partnership models from the perspective of value chain participants and potential consumers, supplemented by a qualitative study to understand factors and pathways that lead to or inhibit purchase and regular use of ACS.

In comparing the partnerships, both the marketing approach and financing scheme were found to influence ACS purchase rates. More aggressive sales techniques led to higher purchase rates. However, qualitative research indicated that consumers who bought the ACS from these partners had a lower utilization rate than consumers who bought an ACS in a low-pressure environment, where ACS was offered alongside other products. Financing schemes that allowed purchasers to spread out payments over a longer period of time, reducing each installment, also led to higher purchase rates. Qualitative research confirmed this finding, suggesting that the household's cash flow is a major constraint to the purchase of health durables.

A total of 787 ACS were sold in the intervention areas, at purchase rates ranging from 3 percent for Sonata to 12 percent for Margdarshak.[6] Notwithstanding the limited sales, the ACS business proved commercially viable for the partners, as it took advantage of their existing competencies, infrastructure, and staff, requiring little additional investment.

Anil Dubey

Financing schemes for cook stoves allowed purchasers to spread out payments and led to higher purchase rates.

[6] The purchase rate is the ratio of ACS purchase to number of people (women) contacted.

Malawi

Providing safe drinking water in rural communities

Amos Gumulira

Chlorine dispensers mounted near boreholes were well-accepted by the surrounding communities.

Many rural areas in Malawi struggle to maintain access to safe drinking water, where communities rely on boreholes, shallow hand-dug wells, and surface water, and are far from stores that sell water treatment products. To increase access and use of water treatment products, SHOPS tested four models for promoting chlorine-based water treatment products, including free distribution, water hygiene kits, commercial sales, and community-based sales. SHOPS found that the product WaterGuard, marketed by PSI since 2003, was most popular, well-regarded, and easiest to use. To promote household use, SHOPS aired WaterGuard promotional messages on two national radio advertisements that reminded consumers of the importance of treating drinking water.

SHOPS also supported Evidence Action in piloting the Dispensers for Safe Water (DSW) project, which installed communal chlorine dispensers that reduced chlorine costs through bulk purchasing and increasing use through social pressure. SHOPS assisted the DSW project with installing 50 dispensers in the district of Zomba, encouraging community members to use the dispensers, and monitoring the usage rate. To ensure the DSW project's sustainability in Malawi, SHOPS worked with Evidence Action to replicate a new carbon credit financing mechanism and pilot newly designed solid chlorine dispensers. Over the course of the program, the average total chlorine rates—indicating the use of chlorine—increased from 68 percent to 90 percent. The average free chlorine—indicating proper chlorine treatment—increased from 51 percent to 73 percent. These usage levels far exceed the baseline self-reported use of chlorine at 27 percent. The solid chlorine dispenser pilot demonstrated that switching to solid chlorine could reduce distribution costs by a factor of 10 and reduce refilling frequency from every two weeks to every six months.

Providing cost-effective sanitation in peri-urban communities

A major challenge to preventing the spread of disease in Malawi involves the separation of people from their waste. This is especially challenging in unplanned peri-urban areas, where the population density is high and sanitation infrastructure is absent. SHOPS conducted a sanitation assessment in Malawi that revealed that communities, with the support of NGOs, created a host of ingenious products and services to meet this basic need. However, many living in unplanned peri-urban areas had limited resources and the improved latrines promoted at that time were too expensive for the majority of peri-urban households. To address this, SHOPS worked with local masons and sanitation experts to redesign an improved latrine specifically for the needs of peri-urban households at a price they could afford. The design, named the "transitional" latrine, minimized the construction materials, reducing the cost. It consisted of basic and upgraded versions that allowed households to spread the cost over time.

SHOPS selected 34 qualified masons from each peri-urban area to train in building the new latrine. SHOPS also produced marketing materials for each trained mason to generate demand for the new latrine design. By September 2015, 338 people had gained access to improved sanitation. The SHOPS project distributed 8,650 posters and brochures to the trained masons and hosted more than 30 community events to enable them to scale up their marketing efforts.

Mike Dalious

The transitional latrine design is a low-cost option promoted by masons in peri-urban areas.

Lessons Learned

Engaging the private sector is critical to meeting priority health goals in developing countries. SHOPS worked in more than 30 countries and conducted technical and research evaluations on a wide range of topics relevant to private health sector programming. This section presents some of the key overarching lessons gleaned from these programs to help guide future interventions working to mobilizing the private health sector for greater health impact.

Lessons Learned

Enabling Environment

Creating a supportive enabling environment for private provision of health information, products, and services is an important precursor to effective engagement of the private sector within the health system. Successful field programs often improved understanding of the private sector, built partnerships and collaborative approaches, and ensured the regulatory environment was conducive to private sector growth.

Key SHOPS lessons learned in this area include:

Improving public sector understanding of the private health sector is an important first step to building effective public-private engagement. Governments in many sub-Saharan African countries are sometimes hesitant to work with the private health sector, either because they are unaware of potential opportunities or because they are opposed to such engagement on principle. The SHOPS experience demonstrated that such reluctance can be overcome and an enabling environment built through information sharing, the presence of a neutral broker, and targeted advocacy. By expanding access to data for decisionmaking, including private health sector assessments and private provider censuses, SHOPS contributed to local stakeholder understanding and appreciation of the potential role of the private health sector. Efforts to build a general consensus in developing reports and widely disseminating the findings also supported partnership building.

The regulatory environments in many countries still create barriers for private sector entry. Regulations and bureaucratic processes continue to create barriers to increased private sector participation in the health system. In Kenya, health enterprise fund grantees were more likely to be restricted by slow licensing and accreditation processes than other factors. In Ethiopia, grantees cited government regulations as their primary barriers to success. Regulations around foreign exchange, importation, and foreign investment hindered start-up, product sales, and foreign investment.

Sustainability

Sustainability was the backbone of most of the programs' interventions. Two key strategies integral to SHOPS's sustainability efforts involved integrating the private sector within the broader health system and diversifying financing models for NGOs facing a changing donor landscape.

Key SHOPS lessons learned in this area include:

Public-private partnerships enhance prospects for sustainability. The SHOPS program in Ghana was successful due to the robust public-private partnerships integrated into its initial design. Strategic partnerships with local manufacturers ensured a continuous sustainable supply of quality diarrhea treatment products for both public and private sectors. Integration of the program within the Ghanaian Ministry of Health and other regulatory agencies (Pharmacy Council, Food and Drug Authority) facilitated the sustainable provision of training, supervision of product providers, and speedy registration of new zinc products, laying a strong foundation for the long term viability of zinc in the marketplace.

In the face of declining donor funds, NGOs must reexamine their role in the marketplace and, in some cases, realign their business models. In Paraguay SHOPS worked with CEPEP, a family planning organization serving low-income women. With an expanded Ministry of Health and the effective public sector targeting of rural and underserved populations, CEPEP's traditional role was less clear. SHOPS helped CEPEP identify its new role as a market competitor in quality, affordable primary and reproductive health services and helped the organization realign its offering to maximize efficiencies and revenues. Likewise, NGOs are a critical component of PEPFAR program success in many countries. Many of these NGOs, historically reliant on PEPFAR to operate, are trying to identify alternative funding streams amidst declining donor funds. In some cases, NGOs must reexamine their role in the market and adjust their business model to stay competitive. In Namibia, SHOPS worked with

NGOs providing HIV services to diversify revenue and reduce donor dependency by facilitating partnerships between NGOs and private companies for the provision of general wellness services. SHOPS worked with the NGOs to price service offerings, build M&E systems, and market their services. While these corporate-NGO partnerships offer potential, they require a shift in the NGO's business model, and significant technical assistance to be successful.

Access to Priority Health Services

SHOPS used mobile outreach clinics, partnerships with the pharmaceutical sector, and a challenge fund to spur innovation in reaching underserved populations as means to increase access to affordable high quality products and services.

Key SHOPS lessons learned in this area include:

Mobile outreach clinics offer an important opportunity to expand access to priority health services in underserved areas. SHOPS successfully used this approach in Zimbabwe and Madagascar for family planning (improving access to long-acting and permanent methods) and to reach PLHIV living in remote areas in Namibia. Mobile outreach services are strategically positioned to provide efficient and low cost health services on behalf of both government and private sector partners. However, expanding access to services through mobile clinics requires effective targeting to reach vulnerable populations, close coordination with the public sector, and behavior change campaigns to encourage health-seeking decisions and build demand. For example, in Madagascar more than half of the referrals to the mobile outreach teams came from the public sector underscoring the value of a strong public-private partnership with this approach.

Local manufacturers can be motivated to serve low income and rural market segments when they see the sale potential. SHOPS successfully used this approach in Zimbabwe and Madagascar for family planning (improving access to LARC and PM services) and to reach PLHIV living in remote areas in Namibia. In India, SHOPS worked with PharmaSynth to identify and build a rural network of 1,000 private health care providers and to launch a new brand targeting this market. As a result, rural sales of ORS and zinc doubled from 7 to 15 percent, and Pharma Synth expanded this model from 22 to 45 districts.

Social enterprises offer market-based solutions for reaching underserved populations, but support is critical to ensuring success. There is an emerging group of for-profit social enterprises that have developed innovative, market-based strategies to provide health care to low-income and underserved populations. HHEF grantees are changing the way health care products are manufactured and services are financed and delivered, thereby addressing many challenges that underserved populations face in accessing affordable, high quality health care. However, these enterprises often need time, flexible capital, and technical assistance to refine their business models so that they can reach the underserved without sacrificing sustainability. The fund's financial and technical support proved critical in helping grantees grow and attract onward investment.

Social Behavior Change Communications

Overcoming misconceptions and entrenched behaviors is essential for improving health outcomes. SHOPS efforts focused on both consumers and providers. Particular attention was paid to the unique situation of private providers who serve as important consumer behavior change agents, but whose relationship with clients is unique and often complex.

Key SHOPS lessons learned in this area include:

Client preferences can influence provider behaviors. A SHOPS study in Ghana found that customer loyalty to antimicrobials was a barrier to increased provider provision of zinc and ORS for uncomplicated diarrhea. Providers experienced customers refusing ORS and zinc and instead requesting treatment with an antimicrobial. Despite knowing that ORS and zinc was the appropriate treatment, these providers lacked the knowledge and skill to negotiate effectively with customers. SHOPS worked to build those skills to help improve future health outcomes.

Private providers are motivated to change their own behavior if they believe the change will result in increased client satisfaction. Projects that seek to change the behavior of private providers need to demonstrate to providers how the change will increase client satisfaction. Private providers are beholden to their clients, who have a choice of providers, and they readily tailor their services to maximize client satisfaction and client flow. In India, by demonstrating the impact of the telephone careline and other client support activities for DMPA, SHOPS improved client acceptability and gained the confidence of private providers to support the method.

Provider knowledge and confidence is instrumental to behavior change. Gaining up-to-date information and accessing training is a constant challenge for private providers. Many face barriers to traditional training, such as inconvenient times, geographic distance, a heavy workload, and concern about losing income or entrusting the business to other staff. In Bangladesh, SHOPS successfully engaged private providers by offering trainings that emphasized the practicum and minimized the in-class didactic materials to shorten the training sessions, while still maintaining the quality. Additionally, on-site training was used in medical college hospitals; providers were able to take less time away from their patients while practicing skills in their regular work environment.

Mass media, combined with interpersonal communications, can improve awareness and acceptance of new products or services. Mass media is an excellent channel for raising awareness and encouraging use, but is most effective when combined with interpersonal communications to address longstanding misconceptions. In Jordan awareness-raising television and radio spots were complemented by one-on-one visits by outreach workers to women's homes and other interpersonal approaches to address questions or misperceptions about specific methods. The program found that combining these approaches created greater awareness and acceptance of family planning in general and addressed common questions or misperceptions about specific methods.

Human Resources for Health

Improving access to priority health services, particularly for typically underserved populations requires expansion to a wider range of cadres, including nurses and retail providers. SHOPS worked with nurses and midwives in family planning and HIV and AIDS and a range of retail providers for the provision of ORS and zinc.

Key SHOPS lessons learned in this area include:

National policies and guidelines that formalize task sharing can lead to increases in service coverage and improved patient outcomes. Formal policies maximize potential gains from task sharing while legally protecting providers offering services outside their regular scope. SHOPS's work in formalizing a scope of practice for Tanzania's nurses and midwives generated consensus of the cadres' responsibilities and helped to focus and scale up formal task-sharing activities. The new scope extended service coverage, broadened the reach of the health system to previously under-served areas, and reduced the burden on physicians and overwhelmed points of care.

Recognition and engagement with over-the-counter medicine sellers as frontline providers in the community is essential. Over-the-counter drug sellers play a significant role in the private health sector. They are often the first point of contact for caregivers seeking lifesaving medicines, particularly in rural areas. Despite their significant contribution, these providers are often overlooked. This cadre was identified as a key target for SHOPS, particularly for provision of child health information and products. Yet customers do not uniformly trust medicine sellers to provide them with health care advice, especially in contexts where the advice differs from what has been given by higher level health care providers in the past. Positioning these providers as credible, trained sources of treatment and advice is important to improving their provision of appropriate treatment and acceptance by their clients.

Health Financing

Making health care financially accessible is fundamental to improving health outcomes, particularly for the poor. High out-of-pocket costs limit access to quality services and put patients at financial risk. SHOPS put mechanisms such as vouchers and insurance in place to help mitigate this risk.

Key SHOPS lessons learned in this area include:

Reducing **financial barriers through vouchers** results in increased use of priority health services by low-income populations. SHOPS utilized vouchers for family planning and maternal health care in Jordan, Madagascar, and Uganda and found that well-targeted voucher programs can reduce financial barriers to care. Of the 116,410 women who received a voucher and referral for family planning services in Jordan, 76 percent redeemed it for a family planning product or services. Of the 36,000 women who purchased a voucher in Uganda, 94 percent redeemed it for antenatal care, 74 percent delivered with a skilled birth attendant, and over half of those who delivered with a voucher returned for postnatal care.

Affordable and comprehensive insurance products can improve access to care from private facilities, particularly for HIV and AIDS care and treatment. In Kenya, SHOPS demonstrated the ability of health insurance to facilitate access to critical health services. With SHOPS support, two micro-health insurance products expanded their membership from 6,051 to 20,361 in just over 18 months. Interviews with beneficiaries revealed that the product helped increase peace of mind, removed financial burdens at the point of care, and improved ability to access specialized care and treatment for HIV, chronic conditions, and medical emergencies.

Access to Finance

Leveraging private sector resources can help sustain health outcomes whether at the individual provider or programmatic level. To improve access to finance for the health sector, SHOPS worked with a wide range of actors including banks and other financial institutions, provider associations, and business training organizations to better serve the needs of the private health sector.

Key SHOPS lessons learned in this area include:

Expanded **access to finance for private providers** can lead to improved quality, sustainability and health outcomes. Through collaboration with the DCA, SHOPS partnered with banks and other financial lending institutions to increase provider access to finance. The financing was used to reduce stock-outs, introduce new products and services, expand capacity and modernize facilities, all of which contributes to improved health outcomes and more sustainable and viable businesses. With SHOPS support, 2,600 loans valued at more than $20 million were made supporting quality improvements and expansion of private health care facilities.

Microfinance institutions, supported by DCA credit guarantees, offer critical opportunities for smaller providers to access credit and expand their services. DCA guarantees do not typically involve microfinance institutions. However, the DCA credit guarantee with Nigeria demonstrated that these guarantees can facilitate impressive gains for small providers, especially community pharmacists who obtained loans from microfinance institutions. The Nigeria microfinance DCA quickly reached its lending ceiling and continued strong lending to the health sector even without the guarantee. Through this mechanism, SHOPS demonstrated the value in working with financial intermediaries to extend credit to small-scale providers, who are often not served (even by banks with a DCA guarantee) due to their more limited borrowing needs.

The private health sector presents additional opportunities to mobilize domestic resources for health programs. SHOPS leveraged financial contributions from the private health sector to strengthen the health system and increase access to health services. Banks, pharmaceutical manufacturers, and distributors (among others), contributed their own funding to expand access to life saving products and support demand creation. Private health insurance companies invested time, money, and human capital to improve their ability to sell and manage low-cost health insurance products. Private foundations financed the creation of new social health interventions to deliver priority health services to the poor. This willingness to invest in health presents many opportunities. As the government implements its universal health care roadmap, the private sector has shown itself willing to contribute additional resources that could raise domestic financing for health, shift some of the burden from public sector facilities, and create a more sustainable health system.

Annex:
SHOPS Publications

Below is a list of SHOPS publications. They can be downloaded at the website.

Country Assessment Briefs

- Bangladesh Family Planning Private Health Sector Assessment
- Benin Private Health Sector Assessment
- Botswana Private Health Sector Assessment
- Côte d'Ivoire Private Health Sector Assessment
- Malawi Private Health Sector Assessment
- Namibia Private Health Sector Assessment
- Nigeria Private Health Sector Assessment
- Paraguay Private Health Sector Assessment
- Private Sector Engagement in HIV/AIDS and Health in the Eastern Caribbean
- Russia Reproductive Health Market Assessment
- South Africa Private Health Sector Assessment
- Tanzania Private Health Sector Assessment
- West Africa Private Health Sector: Six Macro-Level Assessments

Country Program Profiles

- Bangladesh
- Eastern Caribbean
- Ghana
- HANSHEP Health Enterprise Fund
- India
- Jordan
- Kenya
- Madagascar
- Malawi
- Namibia
- Nigeria
- Paraguay
- Tanzania
- Zambia

Primers and Guides

- Addressing the Need: Lessons for Service Delivery Organizations on Delivering Contracted-Out Family Planning and Reproductive Health Services
- Designing Public-Private Partnerships in Health
- Direct Sales Agent Models in Health
- Facility Censuses: Revealing the Potential of the Private Health Sector
- Filling the Gap: Lessons for Policymakers and Donors on Contracting Out Family Planning and Reproductive Health Services
- Financing Voluntary Medical Male Circumcision through Private Medical Aid Schemes in Namibia
- Including the Private Sector in the SPARHCS Process: A Companion to The SPARHCS Process Guide
- m-Enabled Inclusive Business Models: Applications for Health
- Protecting the Bottom Line: Five Corporate Models to Lower Costs and Increase Access to Health Care for Formal Sector Workers in Africa
- Strategies for Changing the Behavior of Private Providers
- Total Market Initiatives for Reproductive Health*
- Using Total Market Approaches in Condom Programs

Research and Program Briefs

- Addressing Provider Bias through Evidence-Based Medicine
- Benin Caregivers Increase Use of Zinc and ORS for the Treatment of Childhood Diarrhea
- Can SMS Messages Improve Private Provider Treatment of Childhood Diarrhea? Evidence from a Randomized Controlled Trial in Ghana
- Census of Private Health Facilities in Nigeria
- Counseling Women and Couples in Family Planning: Evidence from Jordan
- Diarrhea Management and the Medicine Seller-Customer Transaction
- Encouraging Private Sector Provision of Long-acting Reversible Contraceptives and Permanent Methods in Urban Bangladesh
- Enhancing the Continuum of Response for HIV Care in Uganda
- Expanding Coverage of Voluntary Medical Male Circumcision through the Private Sector in Namibia
- Ghana Licensed Chemical Sellers Increase Provision of Zinc to Treat Childhood Diarrhea
- HIV Testing by Private Health Providers: Evidence from 18 Countries
- Impact of Offering Family Planning and Business Trainings to Private Facilities in Nigeria
- Lessons from South Africa in Contracting Out HIV Services
- mHealth Service in Kenya Increases Knowledge of Family Planning
- Mobiles for Quality Improvement Pilot In Uganda
- Pregnancy Tests Increase Contraceptive Clients among Health Workers in Madagascar*
- Private Provider Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Contraceptive Methods in Bangladesh

- Reaching the Urban Poor and Middle Class in Kenya with Quality Care
- Reaching Youth with Modern Contraception
- Saving Lives through a Maternity Micro-Savings Product in Kenya
- Strengthening Health Systems by Engaging the Private Health Sector: Promising HIV/AIDS Partnerships
- Task Sharing Tubal Ligation Services with Health Officers in Ethiopia
- Understanding the Association between Wealth, Long-Acting Contraception, and the Private Sector

Reports

- Availability of HIV Rapid Diagnostic Tests Over the Counter
- Commercial Prospects for Donor-Funded Namibian Nongovernmental Organizations
- Estimating the Untapped Capacity of the Private Sector to Deliver Antiretroviral Therapy in Kenya
- Estimating the Untapped Capacity of the Private Sector to Deliver Antiretroviral Therapy in Lagos State, Nigeria
- Performance Improvement Recognition: Private Providers of Reproductive Health Services in Peru
- Strengthening Health Outcomes through the Private Sector Project Final Report, 2009–2016

Technical Papers

- Achieving Universal Access to Family Planning Services through the Private Sector
- Blueprint for Action: A Decade of Saving Children's Lives
- Channeling Funds to Private Providers for HIV Services in Kenya
- Channeling Funds to Private Providers for HIV Services in Malawi
- Expanding Family Planning Options in India: Lessons from the Dimpa Program
- Expanding Private Health Insurance Coverage for HIV and AIDS in Sub-Saharan Africa
- Financing Medical Education through the Private Sector
- HANSHEP Health Enterprise Fund: Innovating Health Care for the Poor
- Increasing Domestic Resources for HIV Coverage through Private Health Insurance in Kenya
- Meeting Demand for Modern Contraception: Role of the Private Sector
- Private Midwife Provision of IUDs: Lessons from the Philippines
- Public-Private Partnership to Expand the Reach of Medical Laboratory Services
- The Private Sector's Role in Providing HIV Services in Ivory Coast
- The Private Sector's Role in Providing HIV Services in Namibia

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

Abt Associates Inc.
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814 USA
Telephone: 301.347.5000 • Fax: 301.913.6019
www.abtassociates.com