

PROJECT STATUS REPORT (FINAL)

JULY 2015 - DECEMBER 2015

SECTION 1: PROJECT SUMMARY

PROJECT NAME: Micro finance Integrated Business Model for Health Services

Project Number: RG-M1207 - Project Num.: ATN/ME-13183-RG

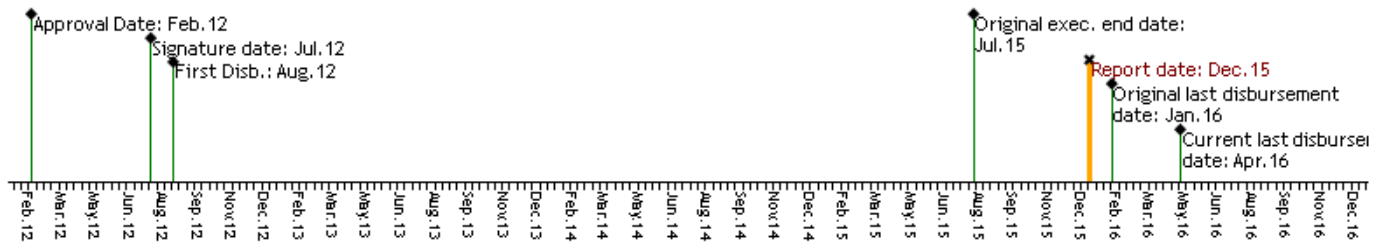
Country Admin
UNITED STATES

Country Beneficiary
ECUADOR, HAITI, HONDURAS,
NICARAGUA

Executing Agency: Global Partnerships

Design Team Leader: DAVID BLOOMGARDEN
Supervision Team Leader: ISABEL AUGÉ

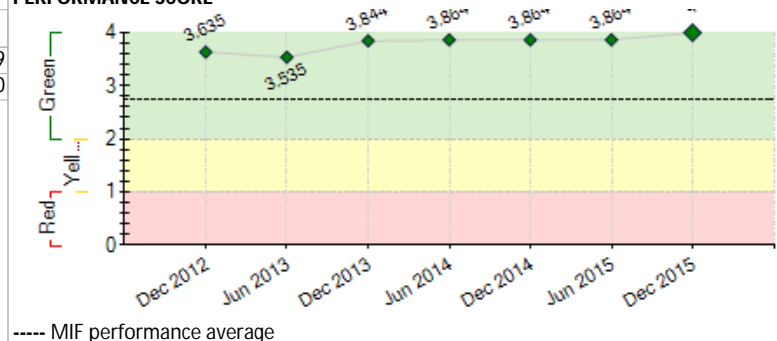
PROJECT CYCLE



FUNDS

	Approved	Cancelled	Disbursed
FOMIN	\$1,099,110.00	\$253,861.71	\$845,248.29
Counterpart	\$1,127,415.00	\$0.00	\$574,258.10

PERFORMANCE SCORE



SECTION 2: RESULTS AND ACHIEVEMENTS

Performance once project is completed

Friendship Bridge: All loan groups in the Solola branch (the pilot zone) have received all four health education modules, with 2,878 clients reached. Mobile health clinics were launched in July, with 1,072 clients having had an opportunity for consults so far.

PMN: Completed a customer satisfaction survey of clients who had purchased the optional health package in Masaya or Chinandega. 54% of respondents were currently covered by the package. 79% of package users report being satisfied (72%) or very satisfied (9%) with the package.

ESPOIR: Opened their Manta clinic in August using the relocated materials from the Cuenca clinic. All loan officers received specialized training from Freedom from Hunger. They have started designing the health educational materials that they will print and distribute to all village bank clients.

FUDEIMFA: FUDEIMFA is in the midst of upgrading their inventory system from paper-based to digital. They've hired an IT employee who has developed an app that allows promoters to input the inventory information via smartphone or tablet, which then communicates the information to FUDEIMFA's centralized inventory system the next time they connect to Wi-Fi. FUDEIMFA is still working out the details of the roll-out with promoters, but so far they're very receptive to this new system, which will exponentially increase efficiency.

Client satisfaction survey results for FB, ESPOIR and FUDEIMFA can be found in the Project Execution section.

During this reporting period, Agnes Cho made 1 visit each to PMN and Friendship Bridge, and 2 visits to ESPOIR. She, along with Ricardo Visbal (VP, Lending & Portfolio Management - LAC), attended the Foro Latinoamericano de Banco Comunal in La Paz in August, where GP served as moderator on a panel featuring our three MFI-channel health partners. We presented the Project's case studies, and each of the partners spoke to their experience with integrating health services delivery into their existing business models. Peter Bladin and Tara Murphy Forde (Director of Impact & Strategic Initiatives), also presented the full case study at the ANDE Annual Conference in New York in October.

The Project case studies have been published and shared with major stakeholders. Their temporary home on GP's website is at <http://www.globalpartnerships.org/learn-more/case-studies/>, and a more comprehensive website is being built out, with completion expected mid-December.

Comments from the Supervision Team Leader

GP has worked in a very harmonized way, reaching the objectives set for the project. Develop and expand sustainable business models providing health services through MFIs to low-income women in the involved countries. Early during the implementation of the project Haiti declined continuing participating, and later in 2014 GP requested the incorporation of a new partner in turn, Guatemala, thus completing the 4 countries they had committed to include for the business model.

During the implementation of the project, the most important activities were the awareness raising the training to the final beneficiaries in terms of health related matters, leading to an improved quality of life of the affected populations, most of them in rural areas, women and their families.

The most relevant risk identified were those related to local legislation regarding MFIs providing health related services. In Ecuador this risk became close to be real when the legislation limited the areas of health in which MFIs could act, driving to adjustments within the local partner to accommodate the new legislation to the project they committed to, finally achieving full sustainability. In the other involved countries this risk remains in effect, but to the moment of finalizing this project was not a reality.

The executing agency, Global Partnerships, has decided to focus their work in other continents rather than LAC, although they will continue working in this area only that through different financial models instead of grants. Nonetheless, the sustainability of the project and mostly the model is ensured through the local implementing partners, fully committed to it. Each and all local partners are basically MFIs but with a very strong social commitment in their core, ensuring their continuity with the work at hands. Additionally, all of them adopted this specific health provision model as their own, visible throughout the implementation, an additional ingredient to ensure sustainability.

Final evaluation

Comments from the Supervision Team Leader

[Final evaluation](#)

SECTION 3: INDICATORS

		Indicators	Baseline	Planned	Achieved	Percentage	
Purpose:							
Classification:							
		Milestones	Planned	Due Date	Achieved	Date of achievement	Status

CRITICAL ISSUES THAT HAVE AFFECTED PERFORMANCE

[None reported in this period]

SECTION 4: RISKS

CRITICAL RISKS MANAGED DURING IMPLEMENTATION

1. A sufficient number of MFIs and/or Cooperatives may not be able to maintain the high level of strategic commitment to offer sustainable integral services, at scale, that is needed to fully achieve project objectives.

Level: Low

Responsible: Project Guest

Status: In effect

Comments: In effect

2. The macro and political environment in the four countries of operation: Nicaragua, Haiti, Honduras, and Ecuador, as well as the broader region, may not remain

supportive of the private micro-finance sector broadly speaking, which may affect the financial viability of the MFIs and Cooperatives to remain viable.

Level: Low

Responsible: Project Guest

Status: In effect

Comments: In effect

3. Global Partnerships and MFI implementation capacity may not maintain the anticipated pace.

Level: Low

Responsible: Project Guest

Status: In effect

Comments: In effect

4. Turnover of key health services staff due to "normal" (outside of MFI control) circumstances may delay implementation towards project targets.

Level: Low

Responsible: Project Guest

Status: In effect

Comments: In effect

5. The (lack of) sustainability and scale of the financial services side of the business may directly impact the options available to MFIs in terms of a financially sustainable health services business serving the same clients.

Level: Low

Responsible: Project Coordinator

Status: In effect

Comments: In effect

6. The lack of private sector health care providers with aligned motivations and economic incentives to serve a low income population may jeopardize the ability to negotiate access to screening and primary care services via linkages.

Level: Low

Responsible: Project Coordinator

Status: In effect

Comments: In effect

PROJECT RISK LEVEL: Low **TOTAL NUMBER OF RISKS:** 8 **IN EFFECT RISKS:** 6 **NOT IN EFFECT RISKS:** 0 **MITIGATED RISKS:** 2

SECTION 5: SUSTAINABILITY

Likelihood of project sustainability after project completion: HP - Highly Probable

Las MFI participantes han demostrado su profundo compromiso con el modelo a través de constante búsqueda de soluciones a los problemas que han ido enfrentando, y han desarrollado y mejorado sus modelos de negocio para continuar con el modelo del proyecto por sí solos. Las entidades participantes fueron seleccionadas, entre otros criterios, en base a su compromiso social, factor que ha demostrado ser crucial par el éxito de este proyecto.

CRITICAL ISSUES THAT MAY AFFECT PROJECT SUSTAINABILITY

Issue

[X] Lack of **commitment** from the executing agency to continue or expand the project's services and/or activities

Comments

El ejecutor, Global Partnerships, ha decidido completar los proyectos de este tipo en Latinoamérica, pero concentrar su atención a África y Asia para futuros proyectos, y mantener su enfoque en inversiones más que en instrumentos no reembolsables.

Actions related to sustainability which have been implemented:

FUDEIMFA continues to closely monitor the overall sustainability of the rural pharmacies and is currently planning to close approximately 20 of the lowest-performing pharmacies. FUDEIMFA has also revised its marketing strategy to strengthen its higher-performing pharmacies and to increase sales in high-potential pharmacies.

Based on the results of the pilot program to date, Friendship Bridge projects full operational sustainability for the whole health program by the end of 2016.

[Sustainability Plan](#)

SECTION 6: KNOWLEDGE

Lessons learned

1. The ongoing success of Friendship Bridge's implementation period continues to prove out the importance of a careful, considered approach to the design phase. FB will continue working in the pilot zone through the remainder of 2015, and will expand to include a second branch/region in mid-2016, adding one branch each subsequent year. With the model expected to achieve sustainability by the end of 2016, this steady pace will allow the program to remain sustainable as it expands to additional branches.

2. Friendship Bridge's mobile clinics diagnosed several abnormal PAP exams, 9 clients with diabetes and 4 with hypertension. Of the diabetes and hypertension clients, half already knew their diagnosis prior to participating in the mobile clinics. FB and Maya Health Alliance continue to follow up with all diagnosed clients to discuss their treatment options, encourage them to seek treatment, and help them do so. Among these clients, 57% are currently seeking further treatment, which is very good, but demonstrates the challenge and the necessity of educating clients on seeking preventive treatment before diagnosed diseases become more complicated.

3. ESPOIR's satisfaction survey revealed that 33% of surveyed clients have used the insurance. Of this, 54% of clients used it to address their own health needs, 32% for their children and 11% for their husband. 67% of those surveyed have no other insurance, which makes the ESPOIR coverage their only form of accessible primary health care outside of the public system. Of those who did not use the insurance, 43% attributed it to their lack of need. But 15% did not utilize it because they ran into trouble with the call center and 12% did not know how to use it. ESPOIR will use this information to improve their explanation of the insurance to clients and work with their insurance broker on ways to improve the quality of the call center.

Relative to
Design

Author

Pinneo, Jessalyn

Implementation

Pinneo, Jessalyn

Sustainability

Pinneo, Jessalyn

Indicate which are the main products of the project, where they can be found, and how they could be "shared" with other entities or similar projects.

Case Study.

Main products of the project

[Jul 2015] Market-Based Health Solutions for the Poor in Latin America (Other)

Author: Global Partnerships

[Jul 2015] Market-Based Health Solutions for the Poor in Latin America (Other)

Author: Global Partnerships

SECTION 7: DOCUMENTS

13/DEC/2011	Donors Memorandum	[http://www.fomin.org/file.aspx?DOCNUM=36581173]
13/DEC/2011	Donors Memorandum	[http://www.fomin.org/file.aspx?DOCNUM=36581181]
08/FEB/2012	Donors Memorandum	[http://www.fomin.org/file.aspx?DOCNUM=36674347]
28/MAR/2012	Donors Memorandum	[http://www.fomin.org/file.aspx?DOCNUM=36758636]
06/JUL/2014	Donors Memorandum	[http://www.fomin.org/file.aspx?DOCNUM=38905862]
06/JUN/2014	Intermediate Evaluation Report	[http://www.fomin.org/file.aspx?DOCNUM=38845362]
25/JAN/2016	Final Evaluation Report	[http://www.fomin.org/file.aspx?DOCNUM=40085685]
08/FEB/2016	Sustainability Plan	[http://www.fomin.org/file.aspx?DOCNUM=40109039]
Project profile		http://apps.fomin.org/public/psr/projectprofile.aspx?proj=RG-M1207&lg=EN