

PROJECT STATUS REPORT

JANUARY 2015 - JUNE 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

Purpose: Develop and expand sustainable business models providing health services through MFIs to low-income women in Nicaragua, Honduras, Ecuador and Haiti.

Country Admin

UNITED STATES

Country Beneficiary

ECUADOR, HAITI, HONDURAS,
NICARAGUA

Executing Agency:

Global Partnerships

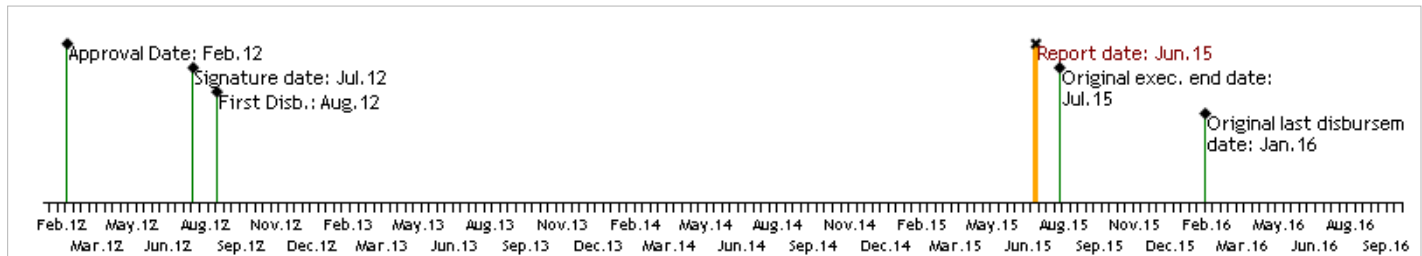
Design Team Leader:

DAVID BLOOMGARDEN

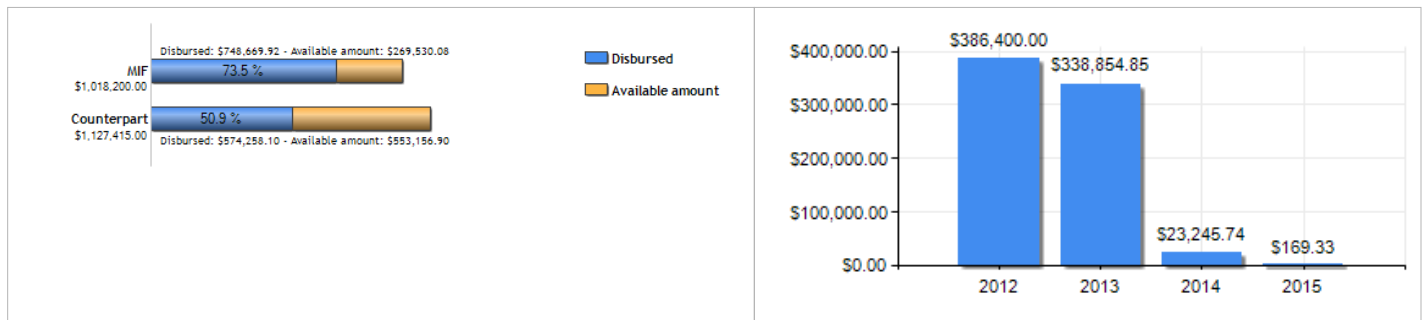
Supervision Team Leader:

ISABEL AUGÉ

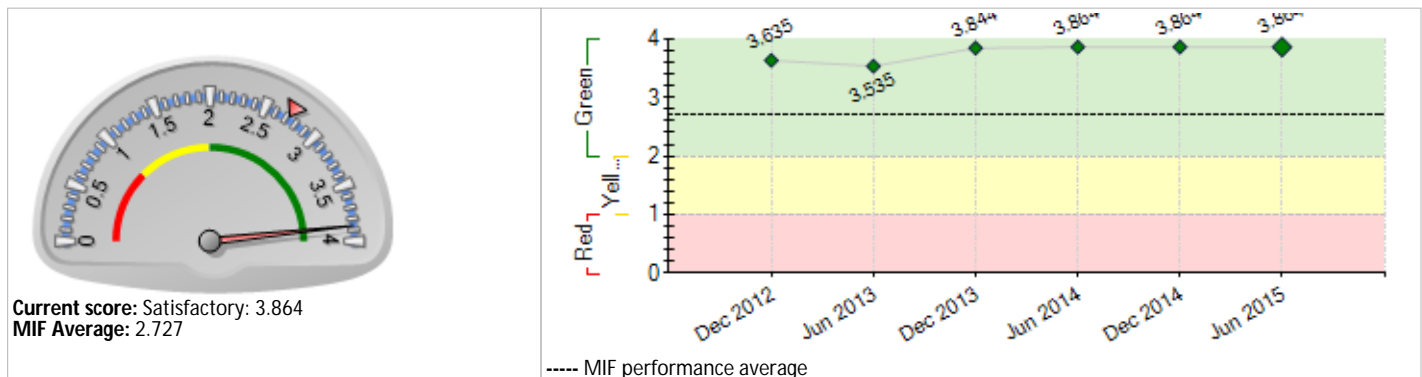
PROJECT CYCLE



FUNDS



PERFORMANCE SCORE



EXTERNAL RISKS

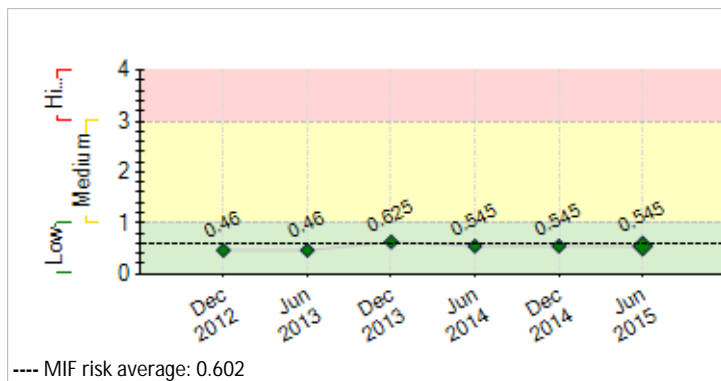
INSTITUTIONAL CAPACITY

Risk

Financial Management: Low

Procurement: Low

Technical Capacity: Low



SECTION 2: PERFORMANCE

Summary of project performance since inception

Global Partnerships is making good progress toward achieving the overall goals of the Project and is on track to successfully close out the grant on schedule. FUDEIMFA, Fundación ESPOIR, and Pro Mujer in Nicaragua have all reported reaching sustainability for their health services business models. As the Project's newest partner, Friendship Bridge will not reach overall sustainability during the life of the Project, but has developed a very strong business model and timeline for building their health program and bringing it to sustainability over time.

Comments from the Supervision Team Leader

Agree with the Executing Agency comments

GP has not only provided great support to the local partners but also crucial guidance. These thus strengthened those partners not only financially but also their morale, their institutional capacity, and now these local institutions are already sustainable in the proposed model. The participating partners in Ecuador, Honduras, Nicaragua, and now Guatemala in that direction, do not need external funding to reach sustainability, already reached, maybe only to expand (to be seen in the future).

Summary of project performance in the last six months

Friendship Bridge was officially added to the Project in July, retroactive to GP's request for their addition in Nov. 2014. Baseline surveys were conducted with clients from the pilot region, which will assist in the development of the health pilot as it progresses. The pilot has launched in the Sololá branch, with the first 2 education modules delivered as of June 2015.

Pro Mujer in Nicaragua reports that the full health program is sustainable as of March. GP has not been able to verify their financials after Dec. 2014. They continue to expand their network of third-party providers, which continues to add value for their clients. PMN plans to introduce the optional health package in the Matagalpa & Esteli branches this fall.

Fundación ESPOIR signed an MOU with GP in May, covering the remainder of activities for the duration of the Project. Two community medical campaigns have been conducted, delivering preventive screenings to 400+ individuals. The supplies from the Cuenca clinic have been relocated to a new clinic scheduled to open in Manta in August, with an anticipated start-up phase of 3 months. A customer satisfaction survey is being conducted with 17,500 clients; the results will be presented later this year.

FUDEIMFA's community pharmacies program achieved overall sustainability for the first time in the first 5 months of 2015.

GP staff (Marleen Engbers, Agnes Cho, Peter Bladin) made 2 visits to PMN, 2 to ESPOIR, & 1 each to FUDEIMFA & FB during the reporting period.

Comments from the Supervision Team Leader

Agree with the Executing Agency comments

SECTION 3: INDICATORS AND MILESTONES

Indicators		Baseline	Intermediate 1	Intermediate 2	Intermediate 3	Planned	Achieved	Status
Purpose: Develop and expand sustainable business models providing health services through MFIs to low-income women in Nicaragua, Honduras, Ecuador and Haiti.	R.1 Microfinance partners in 4 countries are delivering a package that includes some combination of preventive health education, early diagnostics exams, services and/or products to most or all of their low-income clients.	0	1 Oct 2013	2 Aug 2015		4 Oct 2015	3 Dec 2014	
	R.2 Percentage of low income women accessing improved health package services rate these services as satisfactory or better.	0				70 Oct 2015	1 Jun 2013	
	R.3 Low-income women have improved access to health services	0				75000 Oct 2015	88408 Dec 2013	
	R.4 Health Services models implemented by microfinance partners have achieved financial sustainability beyond their pilot zones	0				2 Oct 2015	2 Mar 2015	

Component 1: Develop Sustainable Business Models Weight: 15% Classification:	C1.11	Approval by MIF of standard partnership operational guidelines and performance indicators.						Yes	Finished
	C1.12	Partners have clearly articulated health services packages that are ready to pilot in 1-2 branches.	0	3			Jan 2014	Jul 2012	Finished
				Jul 2013			Oct 2015	Feb 2015	
Component 2: Pilot, Prove and Scale Sustainable Health Services Models Weight: 75% Classification:	C2.11	Partners successfully finalized pilot implementation and is ready to scale the Health Services package to other zones beyond the defined pilot area.	0	1	2		4	3	On Course
				Jul 2013	Jul 2014		Jun 2016	Jun 2014	
	C2.12	Partners started pilot implementation of Health Services packages.	0	1			3	4	Finished
				Jul 2013			Jul 2015	Dec 2013	
	C2.13	MFI partners are delivering their Health Services package to 50% or more of their clients.	0	1			3	3	Finished
Component 3: Communication, Learning and Catalyzing Weight: 10% Classification:				Jul 2014			Jul 2015	Dec 2014	
	C2.14	MFI partners have proven sustainable business models that can deliver essential health services with financial sustainability in their pilot zones.	0				4	3	Delayed
							Jul 2014	May 2015	
	C3.11	Documented and disseminated learning around what are the key success criteria of integrated business models that effectively deliver essential health services to low-income women across 4 different country contexts.	0				1	1	Finished
							Jul 2015	Jun 2015	
	C3.12	Pipeline of additional MFI partners developed who are interested in potentially adapting and implementing sustainable health services delivery models	0				1	3	Finished
							Jul 2015	Dec 2014	

Milestones	Planned	Due Date	Achieved	Date of achievement	Status
M0 Conditions Prior	1	Jan 2013	1	Jul 2012	Achieved
M1 Partner health services package assessments conducted by GP	2	Jul 2013	3	Oct 2012	Achieved
M2 [*] Low income women enrolled in health services packages	10000	Jan 2014	57146	Jun 2013	Achieved
M3 [*] MFI partners have successfully finalized pilot implementation and have initiated expansion of their Health Services package to other zones.	1	Jul 2014	1	Mar 2014	Achieved
M4 At least 30,000 low income women are enrolled in health services packages	30000	Jan 2015	57146	Jun 2013	Achieved

[*] Indicate that the milestone has been reformulated

CRITICAL ISSUES THAT HAVE AFFECTED PERFORMANCE*[None reported in this period]***SECTION 4: RISKS****MOST IMPORTANT RISKS AFFECTING FUTURE PERFORMANCE**

	Level	Mitigation action	Responsible
1. 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.	Medium	Incorporate into program due diligence process a stronger evaluation component of the strength and competitiveness of the financial services business prior to designing any health services program.	Project Coordinator
2. 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.	Medium	GP will spend more time analyzing market conditions in which a linkages strategy seems to have potential in order to strengthen the ability to anticipate program design options earlier on.	Project Coordinator
3. 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.	Low	To offset this risk, project staff will seek to engage health officials through consultations and seminars associated with this program to demonstrate results and maintain support for this initiative.	Project Guest
4. Regional conferences targeting MFI and/or Cooperative audiences may not prioritize MF and Health business models as part of their broader agenda.	Low	To mitigate this risk, GP has budgeted for one regional workshop in its project, and plans to co-convene and organize the referenced workshop together with MIF in forums such as FOROMIC to improve chances of success. GP will of course be open to participating in additional conferences and workshops that include the topic of sustainable business models that successfully deliver health services as they occur.	Project Guest
5. Much of the knowledge transfer and catalyzing activities depend on partner MFIs and Cooperatives remaining open to broad dissemination of their respective health models with other institutions in the public and private sectors.	Low	In order to mitigate this risk, Global Partnerships will continue to include "open sourcing" clauses in its partner agreements, and will continue to communicate clearly from the outset with each partner regarding the expectation that all aspects of the business model be available for sharing with other interested institutions and stakeholders.	Project Guest
PROJECT RISK LEVEL: Low TOTAL NUMBER OF RISKS: 8 IN EFFECT RISKS: 8 NOT IN EFFECT RISKS: 0 MITIGATED RISKS: 0			

SECTION 5: SUSTAINABILITY

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

CRITICAL ISSUES THAT MAY AFFECT PROJECT SUSTAINABILITY

[None reported in this period]

Actions related to sustainability which have been taken in the reporting period:

FUDEIMFA's results in terms of sustainability during the first part of 2015 (overall sustainability reported for the first five months of the year) are encouraging in terms of the community pharmacies program's long-term stability.

SECTION 6: PRACTICAL LESSONS

1. New Project partner Friendship Bridge has benefited from many of the lessons learned earlier in the Project, and this is reflected in the success of their business model development/design phase. Friendship Bridge took a careful, considered approach to building their health services program, spending a full year on business development and business model design. With broad buy-in and support from board, staff and clients, a full-time staff member dedicated to the health services program, and a strong partnership with health services provider Maya Health Alliance, Friendship Bridge's pilot program is in an excellent position to succeed in the pilot region and beyond.	Relative to Design	Author Pinneo, Jessalyn
---	------------------------------	-----------------------------------