



**USAID**  
FROM THE AMERICAN PEOPLE



## The Banking on Health Project and Expanding Quality Family Planning in the Private Sector

The Banking on Health project expands access to financing for private health providers, thereby improving their capacity to deliver high-quality reproductive health (RH) and family planning (FP) services. Many providers cite access to financing as a key impediment to growing their businesses and improving the quality of their services. Clinicians who do not have basic business- and financial-management skills often run private health care enterprises. These providers struggle to operate their practices viably and access financing. To expand RH/FP in the private sector, it is important not just to consider clinical issues but also to address the business constraints that providers face.

To address these constraints, Banking on Health takes a two-pronged approach, working with

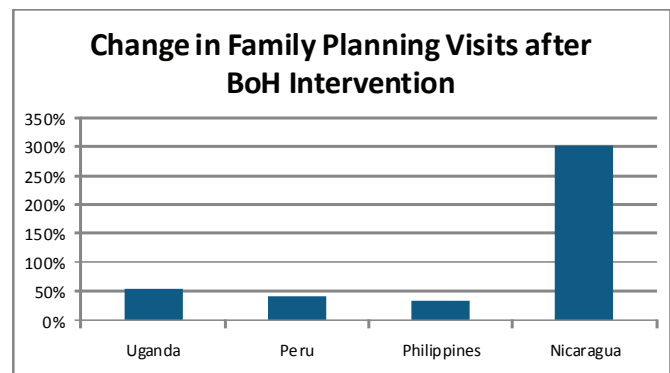
- financial institutions to increase their lending to the health sector
- health providers to strengthen their operations through business training and access to business-support services, and improving market linkages through trade fairs

By improving access to financing and strengthening the viability of their practices, providers are able to expand their service delivery, enter underserved markets, and make quality improvements by investing in facilities, capacity, and commodity supply.

### Increased Access to Financing Leads to Investments in Facility, Capacity, and Commodity Supply

Banking on Health’s monitoring data reveals that providers use financing to expand and improve their services. In Uganda surveyed providers who received financing after attending a Banking on Health trade fair used their loans to purchase medical supplies,

including drugs (96 percent); expand their clinics (20 percent); and buy equipment (15 percent). In Romania surveyed family doctors who received financing after participating in Banking on Health’s business training used loans to expand and renovate their clinics (30 percent), purchase equipment (20 percent), and buy products (17 percent). In Peru surveyed midwives and obstetrician/gynecologists who received financing after attending a business-skills training course used loans to acquire equipment (85 percent), improve their clinics (46 percent), and buy inventory (39 percent). All of these uses directly contribute to improvements in facility, capacity, and commodity supply.



### Expansion of Family Planning and Reproductive Health Services

By increasing access to financing and strengthening viability, private providers can expand their RH/FP services. Banking on Health administers baseline and follow-up surveys to providers that participate in business training and trade fairs. In all countries where Banking on Health has monitoring data there has been an expansion in RH/FP services following Banking on Health’s intervention. In five countries providers reported an increase in their provision of some or all FP methods and counseling, including Uganda (with an increase in four FP services and

methods), the Philippines (five services and methods), Romania (seven services and methods), Peru (five services and methods), and Nicaragua (five services and methods). There also were increases in the provision of long-term methods, primarily intrauterine devices, which increased by 25 percent in Peru and 12 percent in Nicaragua. Sterilization also increased by 4 percent in Nicaragua.

In the four countries for which data exists, there was a corresponding increase in the number of FP visits. Providers reported a 57 percent increase in FP visits in Uganda, a 42 percent increase in Peru, a 36 percent increase in the Philippines, and a threefold increase in Nicaragua. And in two countries there was a small increase in providers who offer FP services, Uganda (5 percent) and Peru (1.6 percent), reflecting Banking on Health's practice of targeting providers that already offer FP.

### **Extension of Private Services to Underserved and Hard-to-Reach Communities**

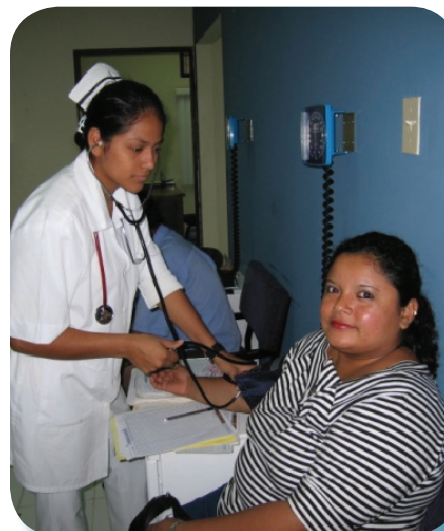
Banking on Health has also been successful in working to expand and improve private-sector services in underserved and hard-to-reach communities. In Uganda, Banking on Health rolled out trade fairs at the district level, targeting towns and villages within a 50 to 75 km radius of the district center. Eight out of nine trade fairs in Uganda occurred outside of Kampala, with 88 percent of providers coming from areas outside of the capital. In the Philippines four of the five trade fairs were held outside of Manila, including ones in Davao, Cebu, and Iloilo, with 48 percent of providers coming from areas outside of the capital. In Romania, Banking on Health targeted its program to family doctors trained in FP services, approximately 70 percent of whom operate in rural areas where 70 percent of Romania's poor live. Urban family doctors also target the underserved, including Roma and low-income clientele.

### **Expanding Family Planning and Reproductive Health Services in Nicaragua**

Banking on Health strengthened RH/FP health outcomes in Nicaragua through the Social Security Institute's (INSS) capitated health system, which provides a basic package of care to formal-sector

workers through contracted providers (EMPs). Banking on Health trained the INSS and EMPs about the costs and benefits of investing in RH/FP; developed clinical guidelines to promote and provide FP and trained EMPs and the INSS about the guidelines; conducted advocacy to increase the capitated rate to cover preventive services and provide FP to dependents of enrolled workers; trained EMPs in business planning and cost accounting; and supported the health-sector Development Credit Authority guarantee by training banks in lending to EMPs.

As a result of Banking on Health's work and with the encouragement of the INSS, EMPs extended coverage of FP services to the spouses of formal-sector workers, improving access for approximately 100,000 people. The INSS also increased the capitated rate to more fully cover preventive services. In a follow-up study of 25 private EMPs, FP service provision dramatically increased, including an important expansion of first-time users. In 2004 FP visits accounted for only 16 percent of RH visits; in 2006 this figure jumped to 49 percent. In terms of absolute numbers of FP visits, there were 17,617 visits to EMPs in 2004, which increased almost threefold to 53,933 in 2006. And during this period the number of insured Nicaraguans within the INSS system increased 30 percent. While this growth accounts for some of the increase in FP visits, it does



not explain the entire threefold jump—much of that increase was from new FP clients. At the baseline, new or first-time users accounted for 33 percent of FP visits, whereas at the follow-up 46 percent of FP visits were from first-time users (an increase of

18,726 new FP users at these EMPs). The number of providers that offered every method, except implants (which were no longer being offered), also increased.

For more information on Banking on Health, please contact:

Banyan Global • 1111 19th Street NW, Suite 650 • Washington DC, 20036 • [www.banyanglobal.com](http://www.banyanglobal.com)  
Abt Associates Inc. • 4550 Montgomery Avenue, Suite 800 North • Bethesda, MD 20814 • [www.abtassociates.com](http://www.abtassociates.com)