SHOPS PLUS

HANSHEP Health Enterprise Fund Research Study: Year 3 Findings

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Recommended Citation: Fay, Colm. 2019. *HANSHEP Health Enterprise Fund Core Research Study: Year 3 Findings*. Rockville, MD: Sustaining Health Outcomes through the Private Sector Plus Project, Abt Associates Inc.

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Cooperative Agreement: AID-OAA-A-15-00067

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About SHOPS Plus: Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is USAID's flagship initiative in private sector health. The project seeks to harness the full potential of the private sector and catalyze public-private engagement to improve health outcomes in family planning, HIV/AIDS, maternal and child health, and other health areas. SHOPS Plus supports the achievement of US government health priorities and improves the equity and quality of the total health system.

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Acronyms

ARA	Afya Research Africa
AOR	Agreement officer representative
B2B	Business-to-business
BoP	Base of the pyramid
DFID	Department for International Development
HANSHEP	Harnessing Non-State Actors for Better Health for the Poor
HHEF	HANSHEP Health Enterprise Fund
HMIS	Health management information system
LARC	Long-acting reversible contraceptive
IUD	Intrauterine device
SHOPS	Strengthening Health Outcomes through the Private Sector
USAID	United States Agency for International Development

Executive Summary

This report details the findings from Year Three of the HANSHEP Health Enterprise Fund (HHEF) Research Study. This is a longitudinal study collecting data annually from a cohort of the original HHEF grantees—Jacaranda (a low-cost maternity center), Afya Research Africa (health kiosks located in urban slums), and Telemed (call center). The study examines how each component of the HHEF intervention influenced the grantees' efforts to increase access to family planning (FP) products and services and identifies other sources and types of support that have influenced the grantees' efforts, gaps that remain, and implications for interventions that seek to support the scaling of health enterprises. The study started in Year 2 of SHOPS Plus and will continue through the end of project with check-ins annually.

In the first year of this study, the research team from the William Davidson Institute at the University of Michigan identified a set of capacities that enterprises considered important in achieving increases in access to FP. In the second year of the study, researchers traveled to Kenya and Ethiopia to conduct qualitative interviews with enterprise leaders. These discussions focused on better understanding how these enterprises integrate FP into their business models and the contributions that FP makes to the enterprises' strategy and performance. The research also sought to characterize the contribution that the HHEF made to participating enterprises' development relative to other types and sources of support and identify implications for the design of similar interventions in the future.

In Year 3 of the study, we focus on identifying how these enterprises approach the implementation of quality assurance and improvement standards within the enterprise. These standards include mandatory standards that are required for the accreditation of facilities, as well as voluntary standards that aim to protect and improve these enterprises' brands, reputation, and value propositions.

We also explore how HHEF investments have contributed to increases in the availability of quality services within these enterprises, the development of new systems and processes for quality assurance and quality improvement, and the replication of these best practices within the wider health system through business-to-business (B2B) offerings that these enterprises have developed in recent years.

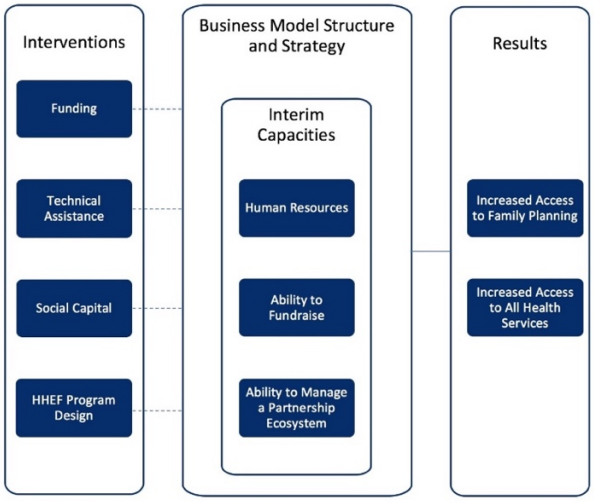
Introduction

The HANSHEP Health Enterprise Fund (HHEF) was implemented as part of the Strengthening Health Outcomes through the Private Sector (SHOPS) project from January 2013–June 2015. The HHEF selected enterprises through a competitive, challenge fund style process and provided them with grant funding, technical assistance, and facilitated connections to onward investors and other partners. The aim of these interventions was to increase the financial, knowledge, human, and social capital of the grantees, as a means of facilitating their transition to scale.

This study focuses specifically on how HHEF grantees have increased access to family planning (FP) products and services since the end of the project. With a better understanding of the enterprise capacities and strategies required to achieve this outcome and how they are developed, future interventions such as the HHEF will be better equipped to support enterprises in their efforts to achieve sustainability at scale and measure their progress towards this goal.

This study compiles qualitative and quantitative data from three enterprises, a subset of the original 16 grantee enterprises. In the first year of this study, the research identified a set of capacities that participating enterprises considered important in achieving increases in access to FP and the elements of the HHEF that were important in developing these capacities as shown in Figure 1 below.[1] Data will continue to be collected on an annual basis for the duration of the SHOPS Plus project to provide a longitudinal view of how these enterprises have increased access to FP products and services based on the number of people served, the capacities that are important in achieving these results, and the evolving role of the support received as part of the HHEF in developing these capacities.

Figure 1. Conceptual model developed during first year of this study



With a better understanding of the ways in which the HHEF helped to support these enterprises, the second year of the study identified the relative influence the HHEF may have had vis-a-vis

[1] Fay, Colm. 2017. *HANSHEP Health Enterprise Fund Core Research Study: Year 1 Findings*. Ann Arbor, MI: The William Davidson Institute at the University of Michigan.

other support the enterprises received before, during, and after the program.[2] As part of this analysis, we explored how FP services have been integrated into these enterprises' overall business models and any specific barriers or challenges the enterprises have faced in providing these services sustainably. We also explored how the HHEF support model could have been enhanced, and what gaps remained.

In the third year of the study, we focused on the three enterprises' approach to integrating quality assurance and quality improvement (QA/QI) into their business, what motivates these efforts, and how their customers view quality as part of the enterprises' value propositions.

Methodology

This study is based on data collected from three enterprises selected during Year 1—Jacaranda Maternity, a maternity clinic based in Kenya; Afya Research Africa, a network of kiosk clinics based in Kenya; and Telemed, a phone-based health counseling and information service based in Ethiopia. The enterprises are profiled in Annex A. Further information on the selection criteria is provided in the findings report from Year 1.[3]

Telemed Status

During the second year of this study (2017–2018) Telemed (see Annex A for a more complete description of Telemed), revised its strategy. Telemed originally offered Hello Doctor, a phone-based health counseling and information service that connected callers to medical professionals. As of 2019 Telemed has suspended marketing for Hello Doctor due to low revenues. The decision to stop directly marketing the Hello Doctor service to the public resulted in an immediate reduction in calls during the Year 2 analysis period (July 2017–June 2018), and no service delivery activity was recorded for the Year 3 analysis period (July 2018–June 2019). In addition to minimal operations of Hello Doctor, Telemed also supports one pilot site that implements a TB tracking system that Telemed developed with HHEF funding.

It is not expected that any significant number of services will be delivered through the Hello Doctor model going forward, nor is it expected that any significant revenues will be generated, and the founder has sought full-time employment elsewhere.

Data collection

Primary data collection—quantitative

This phase collected additional primary quantitative data in the form of service statistics on both the type and volume of products and services provided, covering the period from July 2018 (T3 in Figure 1) to June 2019 (T4 in Figure 1). These data were collected via a survey distributed to participating grantees for completion prior to qualitative interviews. Data for prior periods (T0–T3) was captured and reported on during prior years of this study.

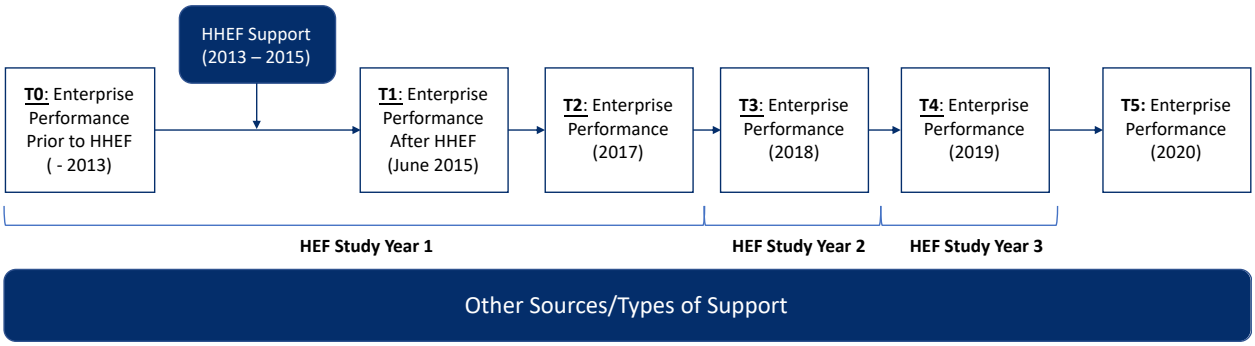
No quantitative data was collected for Telemed during this study period.

[2] Fay, Colm. 2018. *HANSHEP Health Enterprise Fund Core Research Study: Year 2 Findings*. Ann Arbor, MI: The William Davidson Institute at the University of Michigan.

[3] Fay, Colm. 2017. *HANSHEP Health Enterprise Fund Core Research Study: Year 1 Findings*. Ann Arbor, MI: The William Davidson Institute at the University of Michigan.

This research study will continue to track these service statistics for future time periods, for the duration of the SHOPS Plus project.

Figure 2. Study timeline



Primary data collection—qualitative

Additional data was collected through remote, semi-structured qualitative interviews with enterprise leaders and staff. The interview guide used by WDI researchers during these discussions sought to explore which quality assurance standards for FP are implemented by these enterprises and why, how clients perceive and value quality in their decisions to avail of FP services, and the processes and structures the enterprises employ to improve quality over time.

Telemed provided a minimal status update during the study period, but did not participate in any interviews.

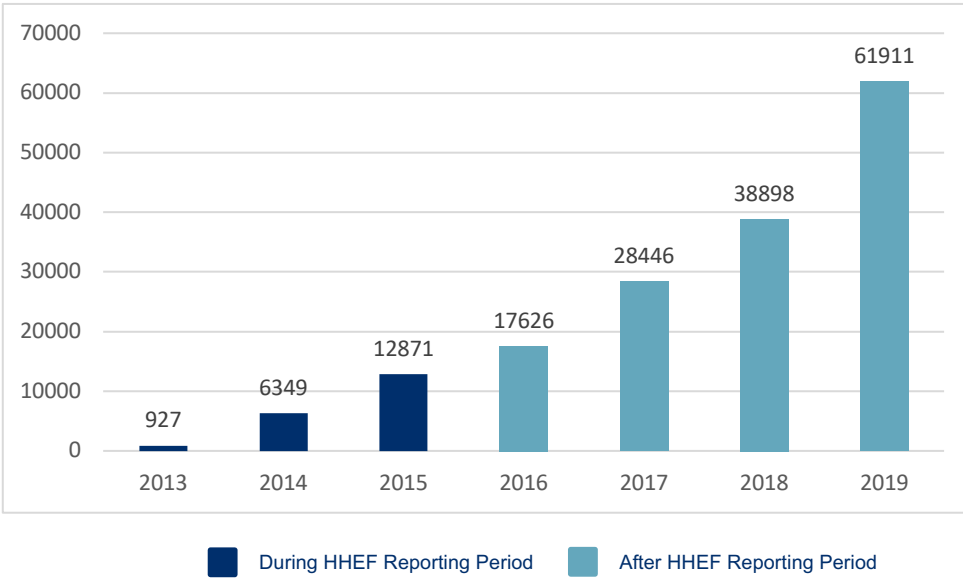
This research study will continue to conduct qualitative interviews with key informants from each of these enterprises, for the duration of the SHOPS Plus project.

Findings

Continued growth in service statistics

Afya Research Africa (ARA) and Jacaranda provide a range of services that include reproductive health, maternal and child health, HIV/AIDS, or services related to chronic conditions or general wellness. In 2013, the two enterprises provided services to a combined total of 927 clients. For the year ending June 2019, this had increased to 61,911 people (see Figure 3), more than a 66-fold increase.

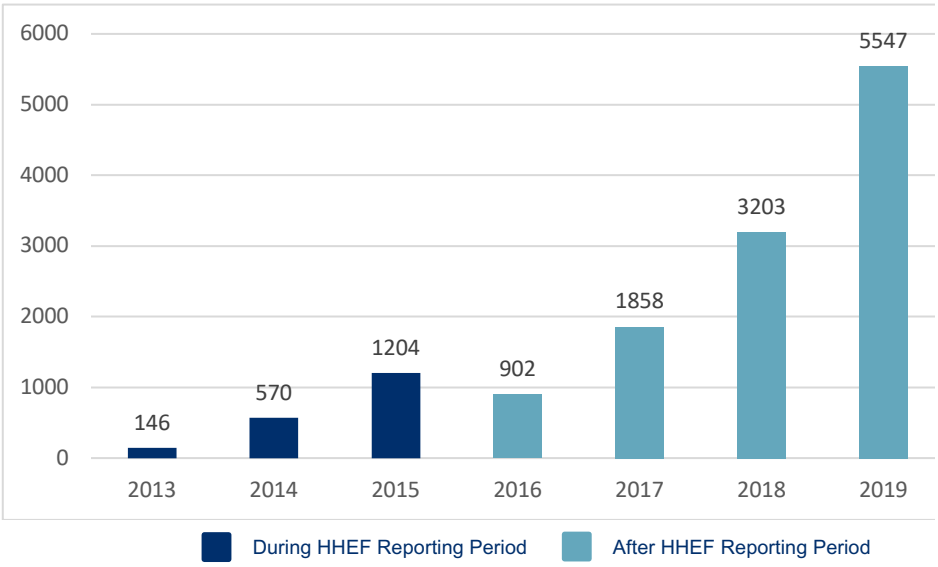
Figure 3. Service statistics (all services across ARA and Jacaranda Maternity)



Similarly, the number of people accessing FP products and services also increased over the course of the HHEF, and this increase has continued in the years since at a slightly higher rate than growth of the overall businesses. There were just 146 FP clients in 2013, and now there are over 5,500—almost a 38-fold increase (see Figure 4).

Note: ARA data was unavailable for the period July 2015–December 2015, resulting in underreporting of service statistics for 2016 in the graph above.

Figure 4. Service statistics (FP for ARA and Jacaranda Maternity)



Note: ARA data was unavailable for the period July 2015–December 2015, resulting in underreporting of service statistics for 2016 in the graph above.

Qualitative findings

Types of quality standards applied

ARA and Jacaranda Maternity both implement quality standards that are required by Kenya's national and county governments for the registration and operation of health facilities and the provision of FP services. Both enterprises are inspected by county government inspectors, and facilities must be in good standing with respect to these minimum requirements in order to maintain their accreditation and ability to operate.

The frequency and scheduling of these inspections vary by county government. Inspections of Jacaranda Maternity's facility by the county government department of health don't follow a specific schedule or routine. ARA's facilities are inspected under the Joint Health Inspections Checklist (JHIC), which is a process of quality inspections conducted by county governments and incorporates aspects of quality improvement informed by the Kenya Quality Model for Health (KQMH).[4] The KQMH is a continuous improvement framework for health facilities in Kenya. The JHIC aims to streamline the process of assessing health facilities, provide clear and transparent criteria for assessment, and aid communication between regulatory authorities and health facilities. The JHIC ensures that minimum standards are in place as the first step in the journey towards high quality.

If a facility receives a score of over 75 percent on the JHIC during one of these audits by county government department of health inspectors, then no further audits are required for two years. Lower scores will trigger re-inspections in as little as three months or may result in departments or entire facilities being shut down if the minimum standards are not attained. Issues that are identified during these audits result in a Quality Improvement Plan that is checked on the next audit visit.

While both enterprises are required to comply with minimum quality standards mandated by the government, additional complementary standards have been put in place voluntarily by both enterprises. In a number of cases, these additional standards are adaptations of existing World Health Organization (WHO) standards, such as the Maternal Death Surveillance and Response approach[5] that ARA has adapted to better reflect the conditions at its small footprint kiosk clinics, or the WHO Standards for improving quality of maternal and newborn care in health facilities[6] and WHO Family Planning counseling guidelines[7] adapted by Jacaranda Maternity. While these quality standards may be specific to a particular set of healthcare services, ARA aims to have any generalizable components of these standards apply across all services. Jacaranda Maternity engages with a number of county governments and insurance schemes, all of which have their own standards. To manage this the complexity of so many different standards, Jacaranda Maternity has implemented a single approach to quality assurance that encompasses these differing requirements.

Motivations for adhering to quality standards

Rather than viewing the adherence to mandatory or voluntary quality standards as a burden or additional cost, the provision of quality services is fundamental to both ARA and Jacaranda's

[4] http://publications.universalhealth2030.org/uploads/implementation_guidelines_for_the_kenya_quality_model_for_health.pdf
[5] https://www.who.int/maternal_child_adolescent/documents/maternal_death_surveillance/en/
[6] https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/
[7] https://www.who.int/reproductivehealth/publications/fp-global-handbook/en/

value propositions. Because of their positioning in their respective markets, maintaining high levels of quality is essential to both enterprises' business performance.

Both ARA and Jacaranda Maternity view the implementation of quality standards as a key contributor to achieving good health outcomes, and view it as part of their missions to ensure their clients have access to high-quality services despite financial and geographic barriers they may face. In the case of Jacaranda Maternity, providing high-quality FP services is considered an important contributor to reducing adverse delivery outcomes. By reducing unwanted pregnancies, and enabling appropriate birth spacing, women who are provided with high-quality FP services experience fewer complications and better outcomes when they do decide to have a child.

ARA and Jacaranda Maternity both rely heavily on word-of-mouth promotion to gain new clients. As a result, provision of high-quality services is important in increasing the likelihood that a client will recommend the brand to their peers. Quality is a key part of the Jacaranda Maternity brand messaging, and is highlighted on their website when describing their services and through consistent use of the #qualityhealthcare hashtag on social media. Jacaranda also highlights awards it receives for quality, such as its 2019 Quality Healthcare Kenya Award for Advancing Maternal and Child Health, in its social media promotion targeting clients.

ARA have not explicitly advertised or promoted their services on the basis of quality. However, interviewees consider it to be an implicit part of the ARA brand in the eyes of its clients. ARA highlighted an additional benefit of implementing high-quality standards. Adherence to checklists and protocols put in place to improve health outcomes also enables greater standardization and predictability, both of which improve efficiency and help manage costs within the business. For example, while audits of ARA's kiosk clinics help to ensure quality of care, they also help to efficiently allocate support and resources to those sites that are in most need.

Client perception of quality

Client perceptions of quality typically focus on whether the experience meets expectations in terms of friendliness, cleanliness, efficiency, and confidentiality, and in terms of whether the received contraceptive method performs as expected. While these aspects align with the enterprises' objectives to deliver a quality service, it is not unusual for there to be some differences when it comes to method choice. Women often attend FP counseling sessions having already formed an opinion in advance about the FP method they wish to receive. Some clients, for example, feel that they've received the correct service only if they receive a 3-month injectable contraceptive. Jacaranda Maternity and ARA's adherence to FP counseling standards mean the clinician may recommend alternative methods if the 3-month injectable is not appropriate for that client. In this instance, the provider's application of high-quality standards may actually be interpreted by the client as poor quality since they didn't receive the method they requested. However, both enterprises seek to address these gaps in perception by educating the client during the FP counseling process.

Quality is an important factor for clients deciding where to seek services. In ARA's experience, clients prefer them over the public sector. Word of mouth is an important source of promotion of both enterprises' services. This may occur informally through peer relationships, or more formally through feedback channels with referring facilities. In both cases the client's perception of the quality of experience and service received is an important part of these word-of-mouth recommendations.

Quality improvement tools and supporting systems

Both ARA and Jacaranda Maternity have additional quality improvement tools and information systems in place in addition to these inspections to control quality and to introduce improvements over time, explained below.

Quality improvement tools

Jacaranda Maternity gathers data directly from clients for every outpatient service via written forms that are completed before the client leaves the facility. This data is immediately entered into a health management information system (HMIS), aggregated and reported out via a quality dashboard at monthly quality meetings attended by the heads of each department. Select clinical quality issues that arise may be the subject of a case review and presentation at monthly meetings with the nursing and clinical staff. These case reviews identify areas where changes or improvements are required in clinical protocols or other standards of care and these are escalated to a protocol review committee. The protocol review committee is responsible for compiling new protocols and guidelines, ensuring these go through an appropriate review process, and introducing changes to the nursing and clinical staff. This process typically takes 2–3 months from start to finish.

ARA implements a system of supervisory checks on its kiosk facilities conducted by "coordinators" every six weeks to ensure compliance with regulatory standards, as well as its own internal expectations. This includes clinical quality, as well as management of the facility, drugs and equipment, physical infrastructure, marketing and engagement with the local community, and standards related to complementary enterprises that support the business model (e.g., financial services, transportation). As part of these quality control visits, coordinators contact at minimum five clients that have received service at the facility and receive direct feedback. These checks are supported by a questionnaire that is completed by the visiting coordinator, and data is transmitted to ARA's head office remotely to provide transparency of the results. This data is reviewed, and the kiosk clinic is provided with a report on the issues that need to be addressed. In addition, every week a report is produced that identifies issues that have been identified across the Ubuntu network. Any issues that might warrant a change in processes or standards across the network are raised at planning meetings that occur every two months and include ARA's clinical protocol development team, digital development team, and clinic coordinators.

Information systems

Both ARA and Jacaranda Maternity highlighted the importance of robust HMIS in ensuring quality FP services are provided. In both cases, access to electronic medical records is an important component of the FP counseling process as it provides information on clients' medical history with respect to family planning as well as underlying health conditions that may influence the selection of the most appropriate contraceptive method.

Jacaranda's HMIS maintains clients' medical record so that during FP consultations clinicians have access to a Family Planning Outpatient Document. This document provides information on the timing of prior pregnancies and underlying health status to help with effective counseling on the appropriate FP method, for example, providing information on whether clients are eligible for hormonal FP methods.

ARA has developed its own internal protocols within its in-house developed Stone HMIS that factor the existence of non-communicable diseases such as epilepsy and hypertension into the

counseling process. ARA's Stone HMIS provides clinicians with data on these and other underlying health conditions that help to provide additional context during the counseling process. In addition, the client tracking ability of Stone HMIS also enables ARA to maintain high-quality client relationships and proactively reach out to individual patients when they are due for a follow up.

ARA links its remote sites to its head office using these systems, which allow for ongoing monitoring to ensure standards are being met. In addition to digitized clinical protocols the platform connects with public drug databases to validate the authenticity of drugs it has in inventory, further ensuring that quality standards are met.

Organizational structures supporting quality

Both ARA and Jacaranda Maternity have quality incorporated into multiple roles and internal structures, rather than having a single role or department focused solely on quality. Both ARA and Jacaranda Maternity use clinical protocols that have been developed by internal protocol teams, which may be developed from scratch or based on existing global or national standards. These teams are also responsible for updating protocols if deemed necessary after an issue has been raised. Jacaranda Maternity's process engages the protocol team once an issue is raised and from here, it might take 2–3 months for a revised protocol to go through the necessary internal reviews prior to implementation.

Extending quality improvement beyond the enterprise

Both ARA and Jacaranda Maternity have developed systems and processes for quality assurance and improvement that are now being adopted and implemented by other healthcare delivery organizations, through outside partnerships.

Stone HMIS

ARA developed the Stone HMIS platform for use in its clinics to support good clinic management, best practices and quality in the delivery of clinical services, and to contribute to improved data collection and reporting to public health institutions. Recently, ARA has begun to provide access to and support of its Stone HMIS platform to non-ARA health facilities through a spin-off enterprise that provides private health facilities access through a licensing business model. The Stone HMIS platform helps to raise quality standards at the facilities where it is deployed through improved client tracking and medical records, digitized protocols for high-quality clinical care, and linkages to public drug databases to validate the authenticity of pharmaceuticals.

Jacaranda Health

Jacaranda Health is a nonprofit organization affiliated with Jacaranda Maternity that focuses on improving the quality of maternity care in Kenya by increasing the capacity of public health facilities through training and mentorship programs. Jacaranda Health works across five counties in Kenya with over 40 public sector hospital partners that deliver a total of 100,000 babies per year. It helps these facilities to implement a mentorship program that places mentors

to work alongside nurses in public sector facilities to build a culture of quality using on-site education, quality improvement workshops, and simulation drills.[8]

Jacaranda Health's mentorship and training content has been developed as a direct result of learnings at Jacaranda Maternity, and every Jacaranda Health mentor does a rotation through Jacaranda Maternity's facility as part of their onboarding to ensure that they are familiar with how 'gold standard' care is provided. Mentors work with experienced midwives for six months to augment their existing technical training as well as quality processes within the facility. This program prepares the selected midwives to subsequently serve as mentors and trainers for their colleagues. The mentors also meet monthly as a group to address issues and share learnings from across the mentorship program. An important feature of Jacaranda Maternity's approach to building a culture of quality is to prioritize continuous professional development and continuing medical education among its staff via a clinical education lead. Since public sector facilities typically don't have dedicated staff to do this, the mentorship model aims to build this capacity among experienced midwives instead.

Jacaranda Health has agreements with county governments to provide training and mentorship support on a cost-sharing basis to facilities in those counties. During this process, data is collected including through real time observation and provided to Jacaranda Health to analyze and report high level data on the outcomes to county governments on a quarterly basis. This reporting includes analysis of statistics such as improvements in newborn resuscitation rates, or improvements in partograph documentation.[9]

In addition to its mentorship program, Jacaranda Health conducts research and experimentation with new innovations designed to encourage behavior change that contributes to improved outcomes. One such innovation is the use of SMS messages to provide expectant mothers with nudges to increase attendance at antenatal visits and improve postpartum FP uptake. While these innovations require clients to take action, they contribute to improved outcomes and fewer complications. A randomized controlled trial found that this platform resulted in 22 percent of mothers being more likely to recognize danger signs and seek help during pregnancy, 20 percent more women completing four antenatal visits, and women being 1.6 times more likely to take up postpartum FP.[10]

Conclusion and Next Steps

Health enterprises do apply robust quality assurance standards and quality improvement processes

The private sector has a mixed reputation when it comes to the provision of quality healthcare services in LMICs. While private facilities may provide better service quality than the public sector, technical quality is often considered to be lower than that of the public sector.[11] However, the enterprises included in this study can both be considered as outliers when it comes to their

[8] https://static1.squarespace.com/static/5c48236f5cfd795cc948de23/t/5d5d30e85f7acf00014681e9/1566388470491/Jacaranda+Health+2018-19+Impact+Report.pdf
[9] https://static1.squarespace.com/static/5c48236f5cfd795cc948de23/t/5d5d30e85f7acf00014681e9/1566388470491/Jacaranda+Health+2018-19+Impact+Report.pdf
[10] https://www.jacarandahealth.org/sms-program
[11] https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)00343-3.pdf

level of service and technical quality. Jacaranda Maternity, for example, was one of the first facilities in Africa to achieve Level 5 SafeCare certification.[12]

ARA and Jacaranda Maternity both adhere to a variety of quality standards and accreditation requirements imposed by government and by insurance providers that are essential for these enterprises to continue to operate. In fact, both enterprises maintain close links with regulatory bodies such as county governments—in the case of ARA they have a memorandum of understanding to facilitate improved access to FP commodities and sharing of related data, and Jacaranda Health is engaged with a number of county governments as partners in its mentorship and training programs. Maintaining good standing with respect to these mandatory regulations and standards is inseparable from their business strategy and goals to act as a trusted partner to the public sector.

Beyond compliance, motivation to provide high quality is focused on competitive differentiation

In order to provide services to their clients that set them apart from their competitors, and to align with their missions to increase access to quality healthcare for populations facing geographic or financial barriers, both organizations implement their own quality assurance standards and quality improvement processes on top of those mandated by the public sector and by insurance providers. Service and technical quality are key contributors to client satisfaction, which generates repeat business. They also motivate word-of-mouth referrals, an important source of new business. Both of these outcomes reduce the overall cost of customer acquisition for these enterprises, which is essential for financial viability in low-income contexts.

Both enterprises are highly visible among national and county governments, international donors and other supporting organizations. However, this was not highlighted by interviewees as a motivator to provide high-quality services per se. Indeed, it is likely that these enterprises' strong reputation and visibility among these stakeholders is a consequence of providing high-quality services rather than a cause.

Implementing high quality has associated costs and challenges, some more visible than others

Both ARA and Jacaranda Maternity have experienced challenges on the journey to providing high-quality services. Some of these challenges, such as harmonizing multiple quality standards, or the overhead of maintaining a quality improvement process, are integral to the enterprises' operations and are treated like any other operational area rather than being viewed as an additional cost or burden.

However, some of the challenges that these enterprises have encountered are more discrete and provide lessons for other health enterprises. Both ARA and Jacaranda have had to adapt existing protocols to ensure they are a good fit for their facilities, such as ARA's small footprint kiosk clinics. As more health enterprises enter the market with disruptive business models and new healthcare facility formats, adapting existing quality standards to accommodate innovations not already considered by global or national standards may continue to be a necessary additional cost.

Both enterprises have also developed supporting systems that help to increase quality. ARA has digitized its clinical protocols as part of Stone HMIS, and Jacaranda Health has developed

[12] https://www.pharmaccess.org/wp-content/uploads/2018/08/PharmAccess-Group-Progress-Report-2017.pdf

platforms for engaging with clients through SMS and artificial intelligence to prompt behavior change that contributes to improved health outcomes. These investments have been justified either because there were no other providers of these types of services to meet these enterprises' needs, or options that were available were too expensive. Other health enterprises that enter the market now have the opportunity to leverage these innovations through B2B partnerships for their own purposes at a lower cost than developing similar systems in-house.

Annex A. Selected Enterprises

The participating enterprises selected during Year 1 of the study were:

Table 1. Selected enterprises

	Vision	Innovation Type	Health Focus	Target Population	Country
Afya Research Africa[13]	Improve access to quality healthcare and create wealth for low-income communities	Accessible and affordable health kiosks co-owned by the community	FP and reproductive health, maternal and child health, non-communicable diseases	Low-income populations in hard-to-reach areas	Kenya
Jacaranda Maternity[14]	Create a sustainable model that transforms maternal and newborn health outcomes in East Africa	Sustainable model that transforms maternal and newborn health outcomes in East Africa	Low-cost, high-quality emergency obstetric care and caesarian sections	Mothers and children	Kenya
Telemed[15]	3 million users provided with timely medical advice and information	m-Enabled healthcare delivery that decreases barriers and improves quality of care	Maternal and child health, FP and reproductive health, HIV and AIDS, tuberculosis	Rural residents	Ethiopia

Afya Research Africa

Rural populations in Kenya lack convenient access to health facilities, and the cost of seeking care is a substantial barrier for these communities. ARA applied to the HHEF[16] with the aim to launch a network of 12 kiosk clinics ('M-Afya' clinics, since rebranded to Ubuntu Afya) in rural

[13] Abt Associates. 2015. Afya Research Africa: Accessible and Affordable Health Kiosks
[14] Abt Associates. 2015. Jacaranda Health: Available and Affordable Emergency Obstetric Care
[15] Abt Associates. 2015. Telemed Medical Services: m-Enabled Health Care Delivery
[16] The M-Afya Kiosk Project: Devolving Basic Reproductive Health and Maternal and Child Health Services through Community Health Kiosks. Application to the HANSHEP Health Enterprise Fund in Response to RFA No. HEF-EK1-2013. May 3rd, 2013.

areas in three counties in Kenya.[17] Ubuntu Afya[18] is a social enterprise which aims to provide affordable care to communities that are outside the catchment area of existing health facilities, and offer a range of health services including FP, reproductive health, and maternal and child health services, including antenatal and well-baby assessments.[19] Twelve of 27 clinics provide delivery services. The clinics also provide care for non-communicable diseases, and sell medicines and other health products.

Ubuntu Afya clinics are a collaboration with the local community, and the community itself invests both labor and capital to help develop the physical infrastructure. ARA invests capital for additional startup costs for the necessary equipment and supplies, and ARA's own proprietary technology infrastructure for HMIS and Telemedicine. The clinic is staffed by a full-time clinician, and some clinics also have a trained community health worker or nurse. To offer these priority health services sustainably, each clinic also engages in additional revenue generation activities chosen by the community, such as provision of transportation or financial services. These activities contribute to the sustainability of the facility, as well as providing crucial services to the community.

Ubuntu Afya clinics aim for full cost recovery, with excess revenue being redistributed to the community as a dividend. Sixty percent of Ubuntu clinics break even within the first 12 months serving a catchment area of approximately 30,000 people.

Jacaranda Maternity

Despite the Kenyan government's commitment to provide delivery services free of charge to every expectant mother in public sector facilities, Kenya's maternal mortality remains high at 488 deaths per 100,000 live births. In the private sector, the cost of delivery, especially in cases requiring emergency c-sections, can be very high.[20]

Jacaranda Maternity is a social enterprise that addresses this need through a low-cost, full-service maternity clinic that can provide for the full continuum of care, including care for obstetric emergencies, and provision of FP services, including postpartum FP. Sixty-two percent of Jacaranda Maternity's FP clients choose LARCs.[21] Jacaranda Maternity aims to provide higher quality at lower cost through process innovations, more efficient use of resources including human capital, and through a variety of behavior change and consumer financing innovations that increase the number of touchpoints with their clients and increasing uptake of services such as FP and antenatal care.

Jacaranda Maternity broke even in 2018 based on approximately $700,000 in revenue and 30,000 client visits.

[17] By the end of the HHEF 9 clinics had been established.
[18] http://www.afyaresearch.org/index.php?page=Projects&sph=121
[19] https://www.shopsplusproject.org/sites/default/files/resources/Afya%20Research%20Africa%20-%20Accessible%20and%20Affordable%20Health%20Kiosks_0.pdf
[20] https://www.shopsplusproject.org/sites/default/files/resources/Jacaranda%20Health%20-%20Available%20and%20Affordable%20Emergency%20Obstetric%20Care.pdf
[21] Jacaranda Health. 2017. Impact Report.

Telemed ("Hello Doctor")

Ethiopia's health workforce is significantly constrained, with just three doctors, nurses and midwives per 10,000 people.[22] Health infrastructure is similarly constrained, which makes it expensive to access healthcare, particularly for the 80 percent of the country's population who live in rural areas. This also results in limited awareness of the availability of health services.

Telemed implements the "Hello Doctor" health care platform, which makes information and medical advice from health professionals available to users over the phone, 24 hours per day, seven days per week. The service also provides information on the location of the closest provider of health products and services, and has referral links to ambulance and home visit services. Users pay a per-minute fee through credit loaded on their phone.

In addition to providing a low-cost option for accessing health expertise, the Hello Doctor platform also enables privacy, of concern for health areas that may have associated stigmas such as HIV/AIDS, or populations that experience discrimination such as young people. Indeed, a large portion of Hello Doctor's users are adolescents and young adults, who appreciate the privacy provided by the service.

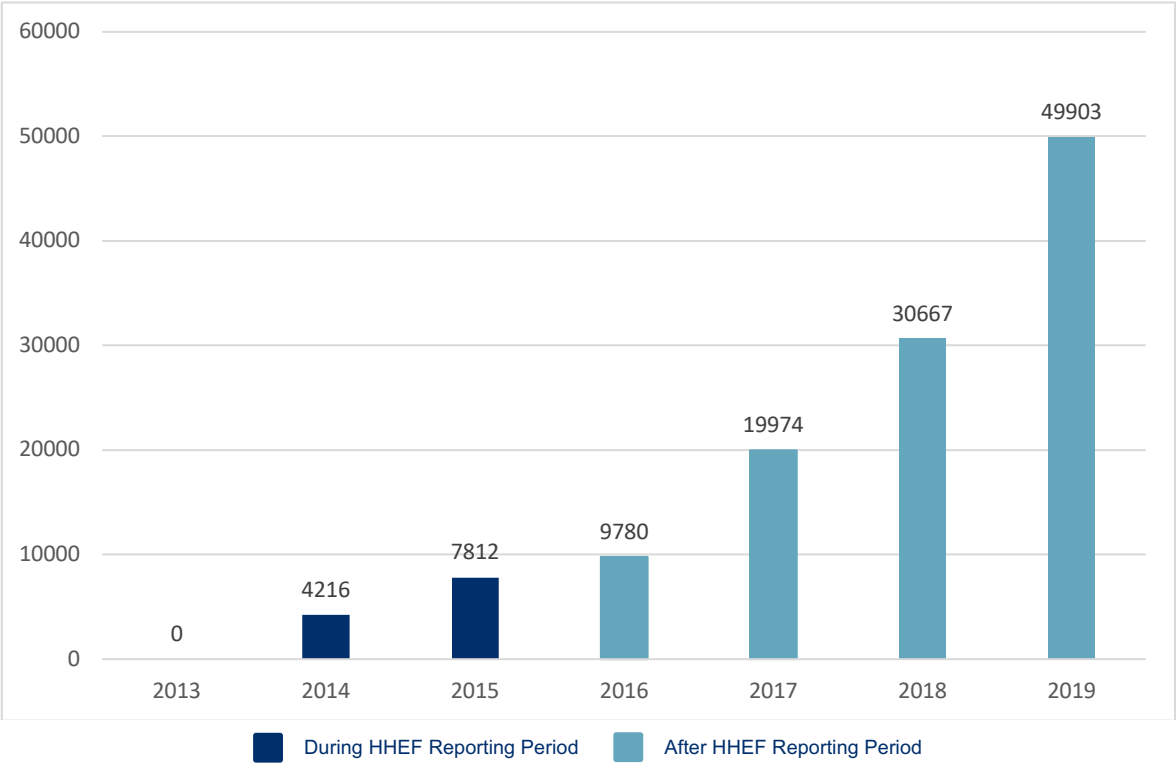
As of 2019 Telemed has been unable to develop a profitable business model for the Hello Doctor service and has therefore ended direct marketing to the public. Telemed continues to seek B2B partnerships. These partnerships include bundling Hello Doctor with health insurance products and corporate employee wellness engagements. Telemed is also seeking to provide its patient tracking and management platform as an intermediary service to health facilities and this model is currently being piloted with 150 patients at one facility.

[22] https://www.shopsplusproject.org/sites/default/files/resources/Telemed%20Medical%20Services%20-%20m-Enabled%20Health%20Care%20Delivery_0.pdf

Annex B. Enterprise Results

Afya Research Africa service statistics

Figure 6. Afya Research Africa service statistics (all services)



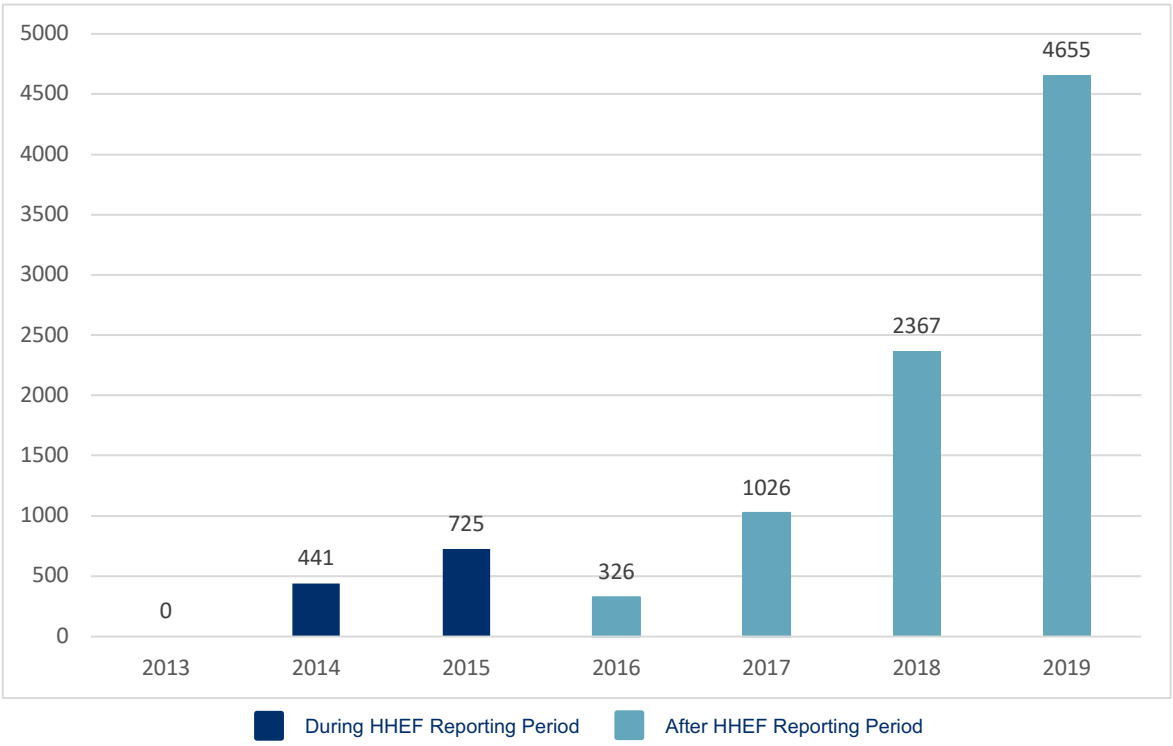
Note: Data was unavailable for the period July 2015–December 2015 resulting in underreporting of service statistics for 2016 in the graph above.

FP services

Ubuntu clinics provide FP counseling and provide condoms, oral contraceptives, injectables, IUDs, and implants to clients on site.

Ubuntu clinics have also developed protocols to provide FP products and services to groups that require more tailored care, such as those with epilepsy or hypertension, to ease access for these often-underserved groups.

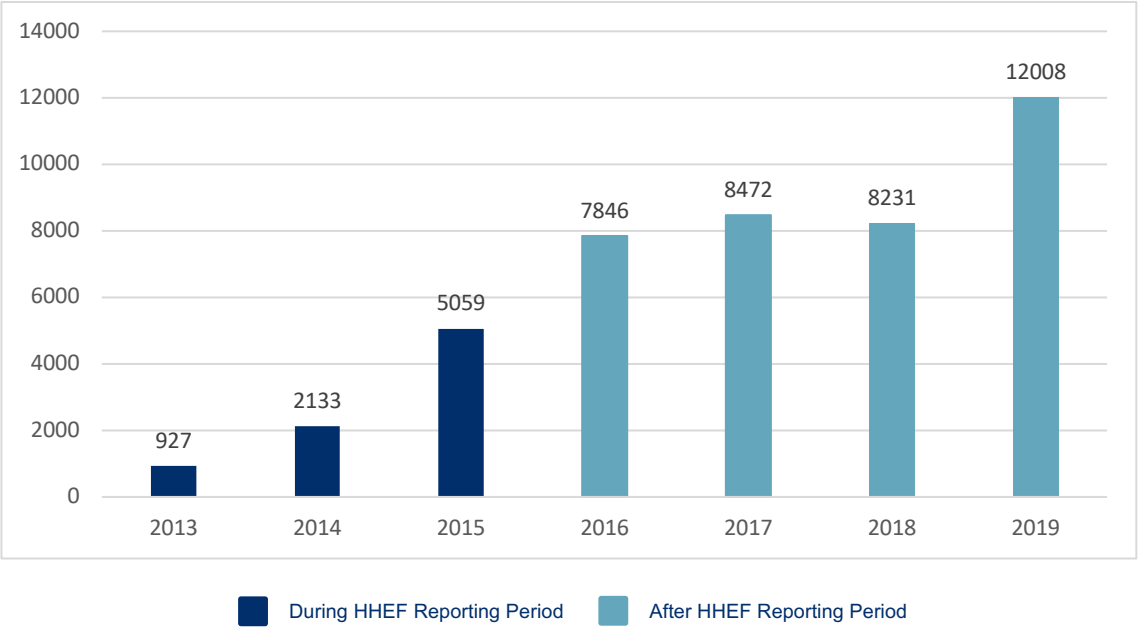
Figure 7. Afya Research Africa service statistics (FP)



Note: Data was unavailable for the period July 2015–December 2015 resulting in underreporting of service statistics for 2016 in the graph above.

Jacaranda Maternity service statistics

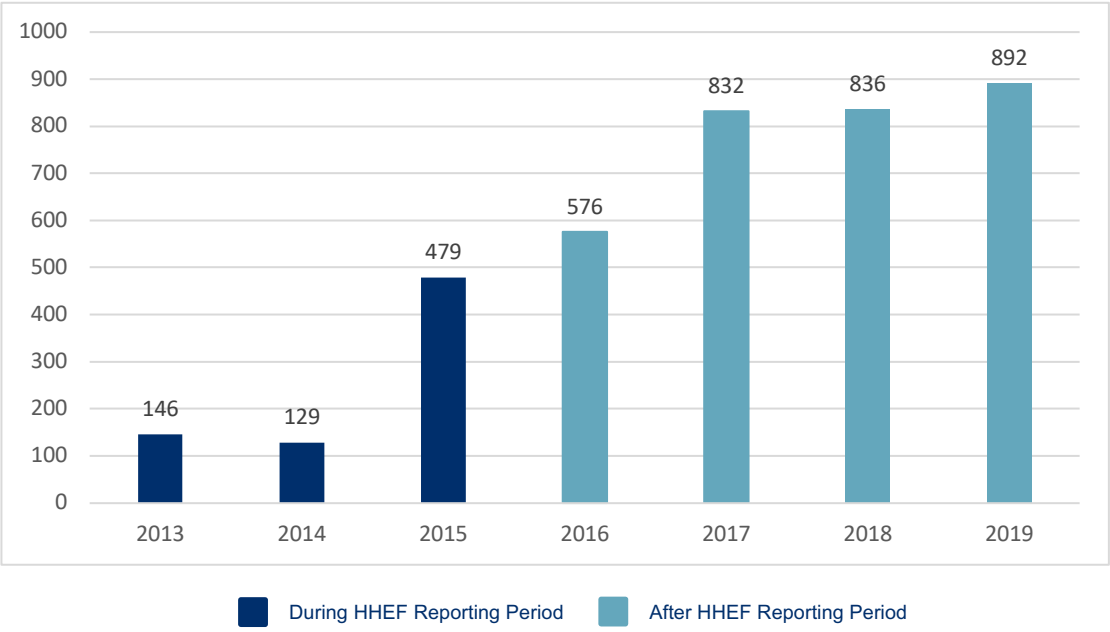
Figure 8. Jacaranda Maternity service statistics (all services)



FP services

Jacaranda Maternity provides a full range of short- and long-term contraceptive methods, with a specialty in postpartum FP, which has a strong emphasis on long-term methods. Jacaranda Maternity facilities also provide standalone FP services; however, this is low volume compared to postpartum FP services.

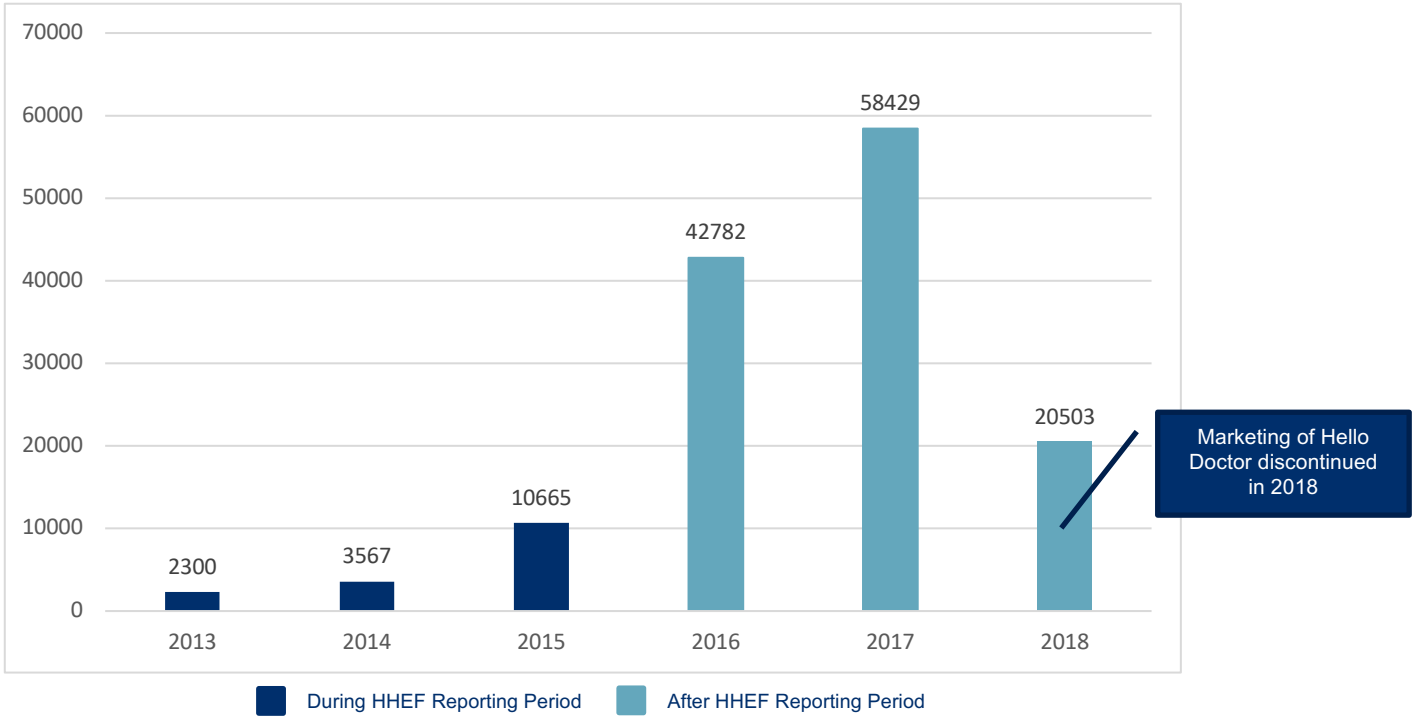
Figure 9. Jacaranda Maternity service statistics (FP)



Note: Data collection during the most recent period identified an error in FP statistics reported during Year 1 of this study. Jacaranda Maternity provided FP services to 832 clients in the year ending June 30, 2017, not 424 clients as was included in the Year 1 report.

Telemed service statistics

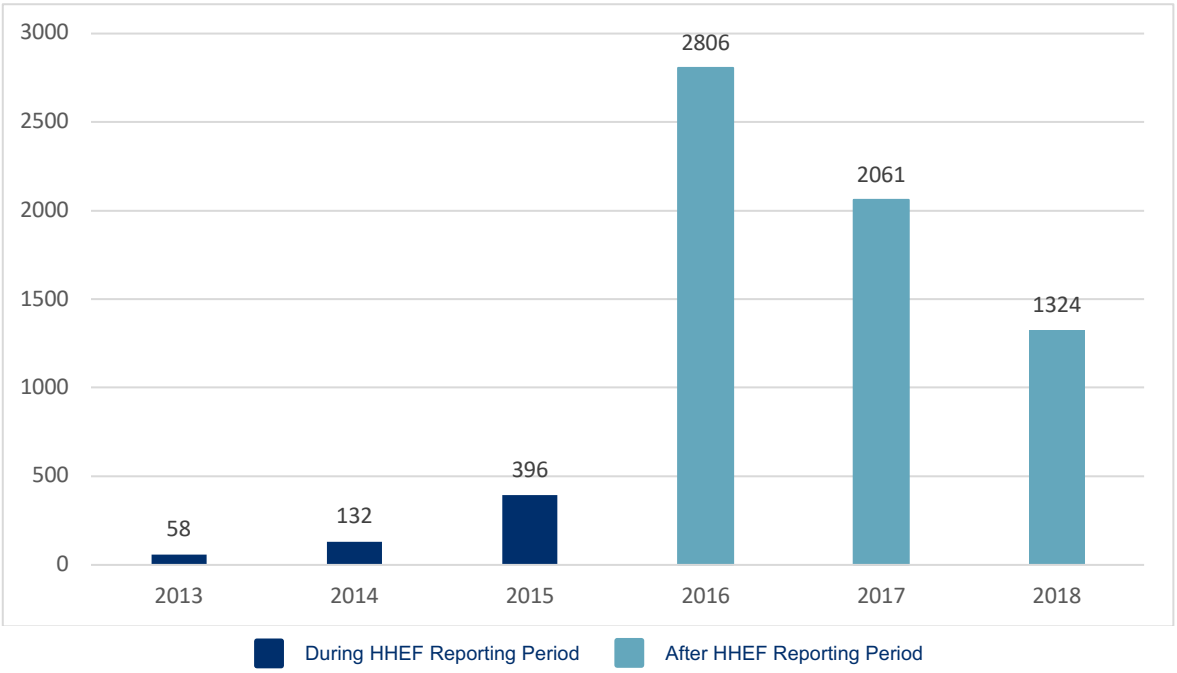
Figure 10. Telemed service statistics (all services)



FP services

Telemed provides FP counseling to clients, answering questions about FP methods, and recommending the most suitable methods for individual users. The service can also provide users with information on where to access contraceptive products and services. They have users that ask directly about FP, and provide information and education in the context of discussions about reproductive health, STDs, emergency contraception and pregnancy testing.

Figure 11. Telemed service statistics (FP)



Note: FP numbers for 2018 are estimates based on detailed analysis of one month of calls to determine the health area focus.