

Pro Mujer in Bolivia

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Center for
Health Market Innovations

freedom
from Hunger

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Overview of CHMI and Case Studies

The [Center for Health Market Innovations](#) (CHMI) is a global network of partners that seeks to improve the functioning of health markets in developing countries to deliver better results for the poor. CHMI works to accelerate the diffusion of Health Market Innovations, programs and policies—implemented by governments, non-governmental organizations (NGOs), social entrepreneurs or private companies—that have the potential to improve the way health markets operate. These programs and policies enable the transactions between consumers and private healthcare providers to lead to better health and financial protection, especially for the poorest and most vulnerable.

To bridge the existing information gaps about Health Market Innovations and help diffuse promising programs, CHMI engages in three core activities -- Information, Analysis, and Linkages -- linked and integrated through the CHMI website. Users and contributors include program implementers and social entrepreneurs in the for-profit and non-profit private sectors, donors and investors, government policymakers and practitioners, and researchers from academic institutions.

CHMI categorizes programs according to five distinct program types – organizing delivery, financing care, regulating performance, changing behaviors, and enhancing processes. One level of program documentation consists of a standardized web-based template that captures key data points about each program (such as geographic coverage, target population, health focus, numbers served, etc.). In addition to mapping the Health Market Innovations globally, CHMI is conducting in-depth case studies designed to provide a deeper look at the structures, activities, and impact of innovative programs.

In the Andean region, CHMI works with Freedom from Hunger to identify and provide information and analyses of health market innovators in Bolivia, Ecuador, and Peru. The case study of Pro Mujer in Bolivia's innovative health program that is integrated with microfinance was chosen as an example of interest for those who want to learn more about health market innovators working the areas of organizing and financing care.

Executive Summary

Pro Mujer in Bolivia is a women's development organization that provides its clients with access to microfinance, business and empowerment training, preventive health education and high-quality, low-cost primary health care. This combination of health, human development, and financial services, differentiates Pro Mujer from other health organization and microfinance institutions (MFIs). The health program offered by Pro Mujer provides primary health services and education regarding basic health issues in order to improve the quality of life and well-being of its clients and their families. The combination of health with microloans and savings, attempts to interrupt the connection between poverty and poor health. Women have access to loans and savings to start and grow microenterprises and to high quality health services to protect their assets and improve their ability to successfully participate in the economic and social development of their communities and country.

Pro Mujer in Bolivia has 75 neighborhood centers where it delivers its services and 94,381 clients. Most of the organization's centers include health personnel such as doctors and/or nurses, while others utilize mobile health teams to reach more rural areas. Where in-center health services are available, Pro Mujer in Bolivia has at least one full-time nurse, and depending on the location and number of clients, a physician is present between 1-4 days per week. Clients and their families can access primary health services at no cost, including: basic check-ups, gynecological and obstetric health, and pediatric care, among others. In response to changing health needs, Pro Mujer at an international level is also working on improving its chronic disease and obesity management programs. Additionally, clients have access to low-cost medications. Clients have access to facilitated referral services when specialty services are required. In addition to the provision of direct health services, preventive health education is integrated into its financial programming; every 1-2 months a nurse presents health education modules at loan repayment meetings. Health staff also offer support groups for pregnant women and clients with chronic diseases, such as diabetes.

In 2010, 68% of Pro Mujer's financial services clients in Bolivia had used the health center at least once; the most common services were annual check-ups, family planning consults, prenatal care, PAP exams, and diabetes care.

The health program is almost completely financially self-sustaining. All clients are charged an initial health fee and a portion of the monthly loan interest payment goes toward the health program. The organization has also received outside financial support, and in some cases receives assistance from local government.

Background and History

For over 20 years, Pro Mujer has been helping women improve their lives through financial, social development and health programs. Founded in 1989 in Bolivia by two educators, Carmen Velasco and Lynne Patterson, Pro Mujer began by providing health and empowerment training to small groups of women. In 1992, the organization started its unique program of combining microcredit with business and empowerment training and health care.

In 1994, Pro Mujer conducted a client needs assessment and found that health problems were a primary reason for inability to make loan repayments, despite improved health knowledge achieved through the organization's health education programs. At the time, the public health system in Bolivia was unable to adequately provide health services in an organized, accessible fashion, and clients lacked access to preventative and basic healthcare services. Pro Mujer first attempted to improve clients' access to health services by working with private medical providers, but found these alliances to be inadequate. Still wanting to provide health services, Pro Mujer experimented with the idea of directly supplying access to medical care.

In 1998, Pro Mujer opened its first in-house primary health clinic in a focal center, while keeping its links to private providers for more advanced secondary or tertiary health needs. Initially, health posts were staffed only with nurses and equipped to mainly perform well-baby-clinics and prenatal check-ups.

In 2003, Pro Mujer began employing medical doctors, in most locations available only on certain days per week. With the current model, physician's schedules are determined by the number of clients who access the center, as well as the location (large urban, small urban or mobile rural). Today, Pro Mujer in Bolivia operates in all of the country's 9 provinces, primarily in large and small urban centers. There are 75 of centers, with a total of 94,381 clients.

The Bolivian model proved so successful that over the past two decades, Pro Mujer has created implemented this methodology in Nicaragua, Peru, Argentina, and Mexico. Pro Mujer's Bolivia operations continue to be the largest in-country operation.

Though Pro Mujer was the first microfinance organization in Bolivia to offer health services, there are now several competitors who offer similar products. CRECER and Bancosol, both microfinance institutions, also offer health services, though not identical to Pro Mujer's program; CRECER provides health education, health loans and coordinates mobile health services and health campaigns, and Bancosol offers a subsidized insurance program.

Model for Integrating Health and Microfinance

Pro Mujer's microfinance model is based on the community-banking model, in which clients self-organize into communal banks, which typically consist of 20-30 women, and guarantee one another's loans. These groups are further broken down into smaller solidarity groups of approximately five borrowers. In Bolivia, there are currently 8,083 community banks operating. Each group elects a President, Secretary and Treasurer to run its meetings and/or approve loans. Groups meet biweekly or monthly in neighborhood centers ("focal centers"), safe and supportive environments where they process repayments and disbursements, participate in trainings on business, health, and gender empowerment topics, among others. All clients are required to deposit, at a minimum, 20% of their loans into a group savings account. This minimum amount is meant to be used in case of emergency, but clients are able to save more if they wish for other purposes. Individual loans range from \$20-\$2000, with loan cycles running 4-6 months. In Bolivia, the average loan is \$361.

Since its inception, health has been a cornerstone of the organization, and it is fully integrated with the financial services. Pro Mujer provides both education and health care, always with the intention to lower opportunity costs for using health services.

Health Education

Health education was one of Pro Mujer's core activities since its beginning. In the current model, health promotion primarily takes place during loan repayment meetings at focal centers, where every 1-2 months a nurse holds a 20-30 minute health training session with each communal bank group. The sessions, which are packaged with activities, scripts, and key messages, are all designed to be interactive and incorporate a variety of learning styles. Topics discussed include: cervical cancer, influenza, obesity, menopause, child nutrition, hygiene, and others.

Other health education activities include public health campaigns, for example at fairs, door-to-door campaigns, and through print and audiovisual behavior change communication messages. Pro Mujer health staff facilitates support groups for pregnant women or women living with chronic diseases. In addition, each communal bank has one member designated as a health educator. In 2011, Pro Mujer plans to train 5,000 more women as health educators through two training sessions run by the local health staff. Educators work on a voluntary basis, but receive refreshments during the training sessions as well as a non-monetary incentive, and are responsible for referring their peers to services, such as preventive check-ups, health services, and domestic violence services.

Provision of Health Services

The second health component consists of on-site, primary and preventative healthcare services that clients, children, and their spouses can use free of charge. Rural financial centers with more than 600 clients, and urban centers with 800 clients, each have an attached health post where clients and their families can consult with nurses and physicians. Currently there are 61 such health posts. Services available at the posts include general medical consultations, physical examinations, vaccinations, contraception, pregnancy tests and antenatal care, and diabetes control. Another seven financial centers offer mobile teams in place of an on-site health post. These teams visit the communities on loan payment days, and provide care in a private setting, usually a client's home or other meeting place. The types of services offered depend on the setting and available equipment, but are generally limited to non-invasive physical exams. At a minimum, mobile teams bring equipment, such as a blood pressure cuff, basic medicines, stethoscope, etc. in a backpack, and in some cases are able to bring a car with a full set of equipment. Currently four financial centers do not offer either the on-site or mobile health services, due to an insufficient number of clients because they are newly opened.

Pro Mujer focuses heavily on preventative care by offering systematic screening for cervical cancer, hypertension, diabetes, depression and obesity. Most of these services are provided at no extra cost, except for some sales of medicines and contraceptives, which are sold at a reduced price. Additionally, each new client has the opportunity to have a one-on-one health consultation with a nurse to assess health needs, and credit agents invite existing clients to participate in annual health check-ups. These preventative health check-ups are the most common service provided, and include tests such as body mass index (BMI), pap smears, and blood pressure, with blood sugar or other tests available for an extra charge. Pro Mujer physicians use medical protocols to effectively treat common illnesses. Some of these were developed by the ministry of health, while others, such as those for diabetes and hypertension, were developed by Pro Mujer. If clients have a health problem that is beyond the capacity of the health post, they are referred to allied provider with whom Pro Mujer has negotiated reduced rates and a streamlined referral service.

Since clients are required to meet at the focal center on a regular basis, the on-site nature of the health post creates a convenient and comfortable way for women to access health services. This ease of access diminishes some typical barriers to accessing care, such as distance, transportation, and time constraints. Since they serve a smaller number of clients, Pro Mujer's health posts are also free of some of the long waits that common at other health centers.

Target Population

Pro Mujer focuses primarily on adult women, with the belief that by investing in women, not only will they invest in themselves but also improve outcomes for their children and entire families. Ninety-three percent of Pro Mujer's financial services clients are women and the average client is 38 years old, married, and has three children. One survey of clients found that 46% percent of clients live on less than USD \$ 2/day, and the majority has no health insurance. While 5% of clients report no education, 29% have studied past secondary school.

Pro Mujer's clientele face serious health problems. Surveys conducted with random samples of clients found that 79% of clients are overweight or obese. Family violence is another major problem, with 44% of surveyed participants reporting that they have been hit at least once, and 34% responding that there are at least two or more justifications for a man to hit his partner.

Since Pro Mujer's health services are combined with financial products, the target population for the health program, including both primary care and health education, is the same as that for the microcredit program. In addition, primary care services are available to client's spouses and children under age 18. Financial services clients themselves are the primary users of healthcare services, followed by their children under age 10. For most of its history, Pro Mujer has focused only on urban or peri-urban areas, including capital cities and smaller towns. Recently they have expanded to rural programs. Currently 80% of its clients are urban and 20% live in rural areas.

Human Resources

Nationally, ProMujer's health program is led by a team of five professional staff: one team leader and one health promotion leader who operate on a national basis, and three public health physicians who are based in local communities. Management is then split into nine regional offices, each with a regional director, administrator, accountant, and administrative support staff. As well, each financial center has a director who oversees both the financial and health operations. Pro Mujer currently employs 53 nurses and 42 physicians. On average, each post has one full-time (five days per week) nurse and a physician present between 1-4 days, depending on the location and number of clients. In addition to performing nursing duties and providing health education, the nurse acts in a managerial role, ensuring proper safety standards and maintaining the physical location. Physicians serve a medical role, attending to patients and performing complicated tasks such as IUD insertions as well as participate in health promotion and education activities. In addition, for every four health posts or mobile teams, one of the local level physicians and one nurse have supervisory role over their peers.

Pro Mujer strives to attract staff by offering competitive pay, comparable to salaries offered by the Ministry of Health, and employee-friendly work hours, as well as fulfilling all legally required social benefits, which is uncommon in Bolivia. All health staff receive ongoing professional development through monthly, two-hour training sessions. Hiring evaluations are extensive and include interviews, and technical and psychological exams. All staff are evaluated annually, and health posts are evaluated four times per year using a standardized checklist.

However, the organization has encountered some challenges in regards to human resources. Many of the staff physicians are young and tend to see this position as a career step, leading to frequent turnover. It has also been difficult at times to place physicians in the smaller, more remote urban areas. Additionally, the skill sets of recently graduated physicians have been deteriorating in recent years, with some new physicians lacking technical competency in basic reproductive health skills, such as performing pap smears, inserting IUDs, or engaging in contraceptive counseling. Most general doctors additionally lack skills in chronic disease management. As a result, nurses have often taken on additional tasks, such as pap smears and patient communication and counseling.

Pro Mujer enjoys partnerships with several institutions in support of its health programs. Marie Stopes International and the Centro de Investigación, Educación y Servicios (CIES), an international Planned Parenthood affiliate, provide additional health services to clients at reduced costs. Some health posts also partner with local governments to offer subsidized lab services, medicines, or medical care, though this varies by location.

Impact

Pro Mujer in Bolivia tracks monthly achievements of health services and health promotion activities at the local and departmental level, and performs quarterly analyses on the national level. Important indicators include the number of clients who have access to the health service and what services are utilized. Approximately three quarter of microfinance clients have access to a clinic with a physician present two or more days per week, with another quarter of clients with access through sporadic mobile clinics or health campaigns. Only 2% of clients have not yet health services through Pro Mujer.

In 2010, Pro Mujer in Bolivia provided 119,427 medical consults, for an average of 1.9 visits per client, though these visits include those made by children or spouses. 38% of clients had family planning consults, 14% received prenatal exams, and 12% received their first pap exam. Another 10% of clients were screened for diabetes for the first time. A client satisfaction survey conducted the same year found that 68% of clients had visited the health center at least once.

In 2010, there were 184,458 participants in 20,623 health education and training sessions, with each client participating in approximately 2 health sessions per year.

A 2009 survey of clients found that 64% of participants were pleased with the sessions and had no suggestions for improvement. Additionally, 10% of clients participated in learning groups for pregnant women; 96% of whom thought it was a “good” or “very good” experience.

Pro Mujer also conducts evaluations of clients’ knowledge, attitudes, and behaviors in the area of health. Though the data cannot demonstrate a direct causal effect of Pro Mujer’s projects, the study does shed light on areas where Pro Mujer has had an impact. For example, from 2005 to 2008, the percentage of clients receiving a pap exam rose from 14% to 41%, and the percent that had this exam performed at Pro Mujer rose from 44% to 76%.

Program Financing

In 2011, Pro Mujer’s budget for its health program was USD \$1,282,000. This amount pays for health staff salaries, equipment and any needed repairs, medical supplies, educational materials, transportation costs, and communications. Eighty-nine percent of the budget went toward direct operating costs, and 11% to long-term investments (classified as any item over \$200, such as computers and software, medical equipment, and furniture). This amount does not include property or administrative costs, such as utilities or administrative and management staff, as these are covered by the financial services portion of the organization. Start-up costs for each new health post is approximately \$7,500, for furniture and equipment.

Pro Mujer’s health programs are almost completely self-sustaining. Pro Mujer finances its health systems through a combination of fees, loan interest payments, medical sales, and donations. Clients are charged a monthly interest payment that goes toward health programs, determined by loan amount and frequency of repayment. Interest rates, which range from 0.18% to 1%, are calculated inversely to the loan amount; clients with larger loans have a smaller interest rate. In addition, rural clients are charged an initial commission totaling 1% of their loan; this extra fee is levied because the health program costs more to run in the rural areas. Additional funds are earned through sales of some medications or medical services, such as Depo-Provera shots, which are sold for a reduced fee.

In recent years, client interest and fees provide 95% of revenues, medical sales account for 2%, and donations supply the remaining 3%. Donors have included the Bill and Melinda Gates Foundation, the Inter-American Development Bank, Save the Children, FONDESIF, and PROCOSI.

Pro Mujer's financial model has changed over time in response to client desires and regulatory statutes. Originally, Pro Mujer charged clients \$0.50 per month for the health services, but found that clients disliked paying this additional fee and that it diminished the market competitiveness of the financial services. Additionally, the national supervisory authority for the financial system (ASFI) ruled that loan providers could no longer charge additional fees, including for health programs. Pro Mujer responded by using the monthly interest payment to finance the health component, an arrangement that clients seem to prefer.

More changes are likely to come as ASFI continues to update its regulations. Pro Mujer plans to address these challenges by reorganizing into two corporate entities. This will have an international NGO, Pro Mujer, managing the health and education activities, and a national organization, Fundación Pro Mujer, administering the financial services. The two organizations will then share financial, human, and other resources in accordance with national laws for financial institutions.

Challenges

Currently, Pro Mujer's biggest challenge has been expanding into rural areas and more remote villages, where it is more difficult to place medical staff and provide sustainable service. Transportation, staffing, and communication are all more expensive in these areas, and these constraints sometimes make it impossible to provide certain services. For example, some mobile clinic work takes place in public areas, precluding gynecological services or screenings.

Other challenges include determining the type of health services to offer clients. In the past, Pro Mujer focused heavily on behavior change and preventative health care, particularly dealing with maternal-child and reproductive health. As clients' health needs are changing, Pro Mujer will need to adapt and offer additional services, particularly for chronic diseases.

Pro Mujer is also continually working to establish their health services as useful and accessible. Bolivia's fragmented health system means that clients often seek care from multiple providers, and make frequent decisions about which health problems merit seeking attention. In order to be useful to existing clients and attract new ones, Pro Mujer must create a package of services which clients value and want to use.

Creating and maintaining partnerships with local and national health authorities has been another challenge for the organization. There is a separate agreement for every health post, with differing regulations and privileges. For example, at some locations clients are able to

obtain government-subsidized medicines for free directly at the Pro Mujer site, at others they can purchase subsidized medicines at off-site pharmacies, and at others, there is no access to subsidized medicines. Standardizing this relationship so that it best benefits clients is an ongoing challenge.

Growth Plans and Replication

Pro Mujer's health services, like its financial services, continue to grow every year. As the microfinance business expands, so too does the health Program. Recent growth shows an average of four to five new focal centers each year, with approximately 9,000 new clients annually. Most of the growth is currently geared at more remote and rural areas, making expansion more challenging than earlier years. Pro Mujer gains new clients primarily through marketing of the financial products, though the health services also act as a marketing tool and entry point for the microfinance services. The organization leverages both traditional publicity measures as well as door-to-door advertising, marking both the financial and health services.

Pro Mujer's growth strategy for health services focuses on expanding coverage to existing and new clients, as well as adding additional healthcare services. In the next three years, the organization is looking on increasing their chronic disease services through obesity counseling, as well as diabetes and hypertension management. They also plan to improve its child health program by training nurses to perform child development check-ups and counseling and improve its mental health offerings through testing and counseling. . In addition they are looking to change their method of uterine and cervical cancer screening from pap smears to the more immediate visual inspection and cauterization treatment, an emerging technology that has shown to be highly effective in low-resource settings.

The organization would also like to create a computerized information system for their health records, as well as add equipment for new health posts and continue growing their health communications Program with new print, audio, and visual materials. Implementing these growth plans will likely require external assistance.

Pro Mujer's innovative health, education, and microfinance model has considerable potential for replication. Several components of its Program have been identified as particularly important to its success.¹

¹ Junkin, R., Berry, J., Pérez, M.E. *Healthy Women, Healthy Business: A Comparative Study of Pro Mujer's Integration of Microfinance and Health Services*. New York: Pro Mujer; 2006.

Several considerations exist in regard to appropriate target populations. Bolivia's spotty healthcare coverage and low levels of health education created a need for an institution such as Pro Mujer. The organization's focus on combining health, finance, and education services was a good match for the needs of the population. Another important factor is dedicated, capable management. Managing the health services from a country-wide perspective, instead of at each individual health center, has enabled financing through cross-subsidization and economies of scale. As well, centralized management has been essential to emphasizing the importance of the health programs and leading each of the centers and community banks to embrace the health component. As management is such a crucial part of the organization's success, it has been necessary to find employees who possess skills in both the financial and health arenas.

Pro Mujer's strategy of long-term relationships and frequent contact with clients are both key factors for implementing the health program. Monthly loan repayment meetings facilitate health education, and provide ease of access to the on-site or mobile health clinic. Additional considerations for replication include the existence of a regulatory environment which would allow for the combination of financial and health services and a sufficient quantity of trained medical professionals.