Merck/MSD for Mothers
Final Project Narrative Guidelines and Template

The purpose of this report is to provide *Merck for Mothers* with a written record of updates, results to date, and challenges faced throughout the project period. Please use this opportunity to:

a) provide a candid assessment of how the project progressed, including greatest successes as well as shortcomings and challenges encountered over the entire project period
b) explain any proposed revisions in the project's objectives or key milestones
c) update any contact or administrative information below

Please complete the following template within 30 days of project end and email it to Scott Higgins, Director of Operations (scott.higgins@merck.com). This report will help inform project close-out and serve as a starting point for a more in-depth reflection on your collaboration with *Merck for Mothers.*

Project Name	"Achieving Financial Sustainability of the Matrika Sky Network in Uttar Pradesh, India"		
Organization	World Health Partners		
Project Location(s)	Kanpur Nagar, Kanpur Dehat and Kannauj (Uttar Pradesh)		
Award Start Date	June 2016	**Award End Date**	May 2018
Agreement Amount	$ 752,600	**Award Duration**	24 Months
Report Period From	June 2016	**To**	May 2018
Report Due	September 30, 2018	**Report Submitted**	

Report prepared by	Navin Agarwal	**Date submitted**	
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Progress and Results

Please respond to the following questions in 5-6 pages.

1. In 1-2 sentences, describe how this project contributed to *MSD for Mothers*' goal of ending preventable maternal deaths?

The project contributed significantly in reducing the maternal mortality and morbidity by providing greater access to high-quality and affordable maternal child health and family planning services. Towards achieving this, Matrika conducted 13,814 ANCs, identified high risk clients and referred them to public / private sector hospitals. Follow up through field officers ensured that pregnant women are counselled appropriately. As a result, not a single emergency or maternal death casualty was reported – a clear contribution towards MSD for Mothers' goal of ending preventable maternal deaths.

2. Please describe progress made towards the project goal over the project period, focusing on key milestones and outcomes (in 1-2 pages). Please also describe up to 3 of the greatest challenges and lessons learned.

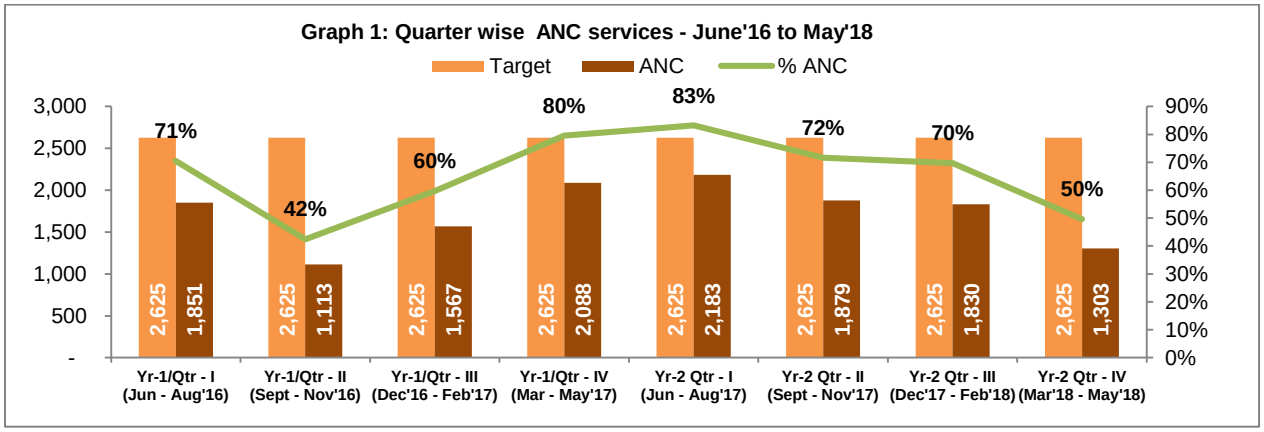
To achieve the set goals in the second phase, WHP made few changes compared to the first phase:

- ReMeDi was replaced with Althea (a more recent and updated teleconsultation platform) with additional features of more diagnostics required for any pregnant women.
- Underperforming providers were replaced with new ones & support was extended to mid performing and high performing providers to improve and continue good results.
- All subsidies towards services were withdrawn and clients charged for online consultations.
- Last Mile Outriders (LMOs) were eliminated from supply chain to reduce costs.

The analysis of Project Matrika's second phase objectives and the overall achievement are summarized below:

1. Creating a private market for paid-for ANC services by creating sustainable demand for paid-for quality ANC services and creating a sustainable business model for Sky Health providers.

WHP conducted 66% of projected ANC services resulting in the creation of a private market for paid-for ANC services. Online consultations increased in each quarter of first year, but from second quarter of Year 2 they started declining (as shown below in graph 1). Thus, demand generation in first phase had not been completely achieved, an assumption which was key to the success of this objective. Also, there was government pressure that restricted the work of personnel (ASHAs) and services rendered by the public facilities to clients. A lack of demand led to the network providers facing low-profit margins per ANC consultation.

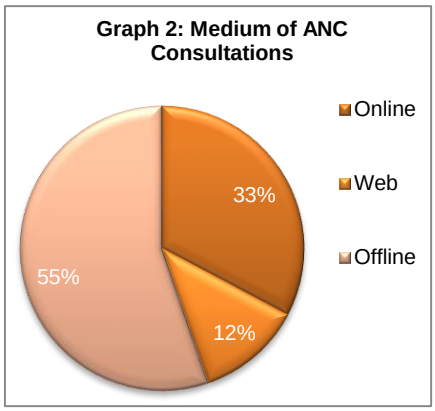


Graph 1: Quarter wise ANC services delivered

Network: WHP trained altogether 52 AYUSH/ANMs of which 39 providers were carried forward from the first phase. After elimination of 4 providers, the strength of the technology-linked SkyHealth centers (SHCs) in the project was 48. In addition, there were 310 ASHAs as referral providers, seven Franchisee clinics (FCs), and 1,779 pharmacy outlets for product sales. Capacity building material was developed based on JHPIEGO's toolkit for paramedical providers. Training was given to all providers between August 2016 and January 2017. They were trained on the revised strategy of the project and usage of the Althea kit on diagnostic tests, for example blood counts, blood sugar, use of foetal Doppler, and facilitation of consultation through Althea application. In addition, the trainees were sensitized on identifying women with high risk who are more likely to suffer eclampsia or pre-eclampsia, post-partum haemorrhage; how to prevent them from these problems; and when and where to refer these client.

Services:

ANCs – Cumulatively, 13,814 ANCs were conducted (66% of the projected) and last quarter reported 1,303 ANCs. As shown in the graph (below), 45% (6,176) of total ANCs were registered using online application through Althea and web (where pregnant women were examined by CMF based doctors using internet), while 55% (7,638) ANCs were offline (where women got consultation and physically examined by franchisee doctors present at their clinics).



Graph 2: Medium of ANC consultations

FP users – WHP serviced 16,966 families (71% of projected), including the number of families who availed services such as IUD insertion, injectable contraceptives (DMPA), or condoms and oral pills through chemist and providers. In the last quarter, project served 928 FP users (31% of the quarterly projection). The achievement number was low as procurement of FP products from government warehouses was delayed and most women preferred getting sterilized in the public health facilities as they received incentives from the government.

Supply Chain – Field officers were responsible for product sale and generating caseload for ANCs. Although, generating caseloads took a lot of effort and time of the FOs, they were able to generate 67% of total revenue generated from sale of SkyMeds products and the team was able to sell SkyMeds worth INR 6.8 M (91% of projected).

WHP concurs with Spring Impact learnings that WHP was able to increase the awareness of ANCs in its geography; however it highly depended on the networks ASHAs had created. The drop in paid ANC cases correlated with the government's restrictions on the ASHAs' involvement in the project. On the other hand, providers were generally reliant in WHP's Field Officers' role to generate demand for the centers. As mentioned before, ASHAs were primary responsible for it, but due to government's restrictions and the refusal of the public sector facilities to acknowledge tests conducted at the Sky centers added to the difficulties faced by providers, and as a result, the demand generated for paid-for ANC services.

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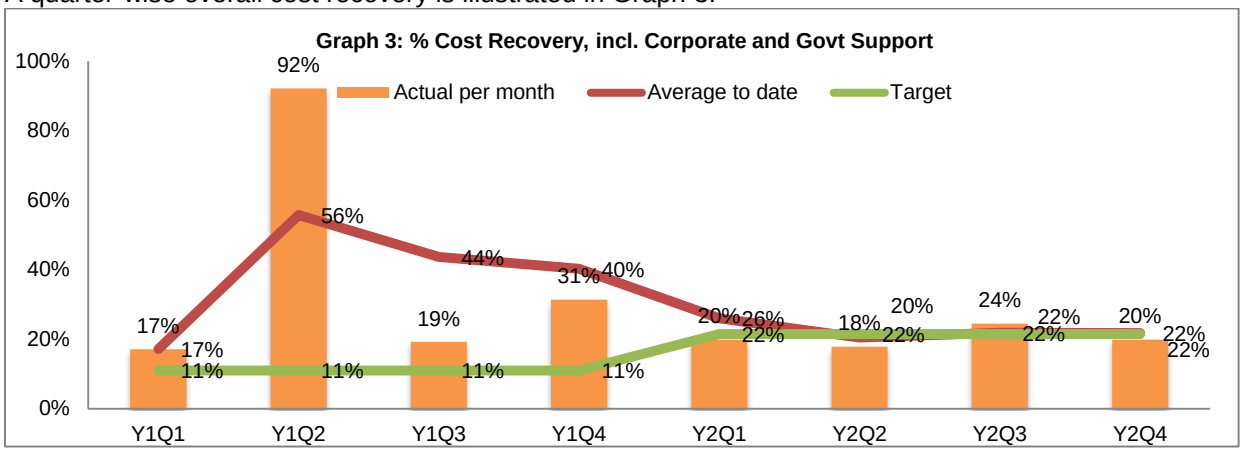
2. Increasing WHP's sustainability by achieving partial cost-recovery for WHP's operations through multiple income streams.

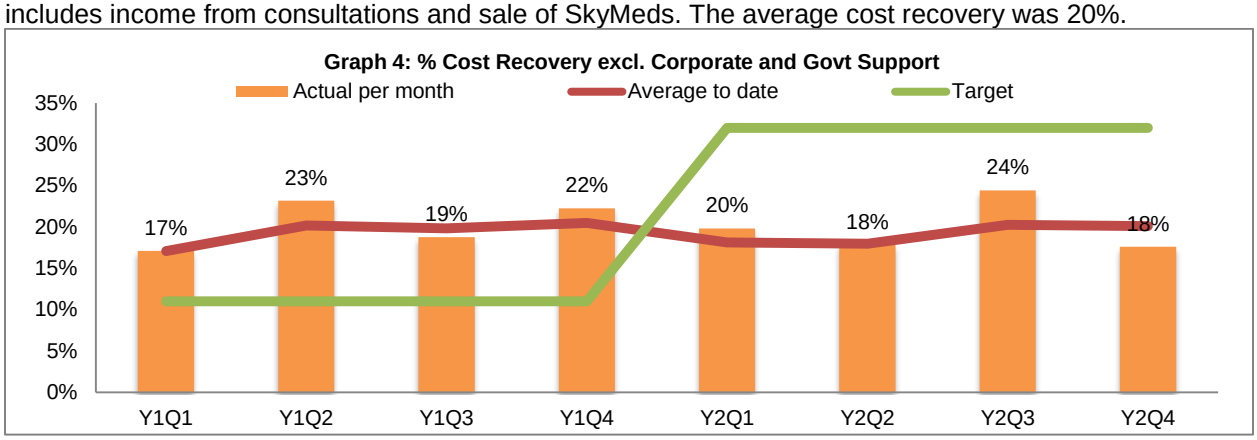
Project achieved 22% cost recovery (100% as projected) over the project period; and in the last quarter, WHP recovered 20% of its cost. The revenue stream from Sky Health providers was established and costs were significantly reduced resulting in this formidable achievement compared to the first phase. A deeper analysis shows that this was possible largely due to the sale of SkyMeds which made up over 67% of the revenue. Due to lower ANC service offtake, the profits recovered from the Sky providers suffered. Also, the demand generation activities resulted in higher costs inclusive of the support constantly being given to the providers.

A quarter-wise overall cost recovery is illustrated in Graph 3:



Graph 3: Cost recovery including corporate and Govt. support

Graph 4 (below) demonstrates cost recovery without any corporate and government support, and includes income from consultations and sale of SkyMeds. The average cost recovery was 20%.



Graph 4: Cost recovery excluding corporate and Govt. support

A deep-down analysis of income vs. expenditure and percentage of cost recovery (for CMF and franchisees separately, including expenses incurred on CMF and the field team and income from consultations and sales of SkyMeds) showed that in the last quarter CMF cost recovery was 9%, similar to CMF cost recovery of 9% for the entire project period (against the 46% projected). From franchisees it decreased to 18% in last quarter whereas over the project period it was 21% (against the target of 23%). In addition, sale of SkyMeds contributed to 67% of total cost recovery, while 29% of revenue was generated as in-kind support from corporates and 4% from consultations.

(Note: a spread sheet detailing work done for project is attached with this report as a sustainability template for all calculation of revenue vs. expenses on all the categories.)

Monitoring & Evaluation Activities:

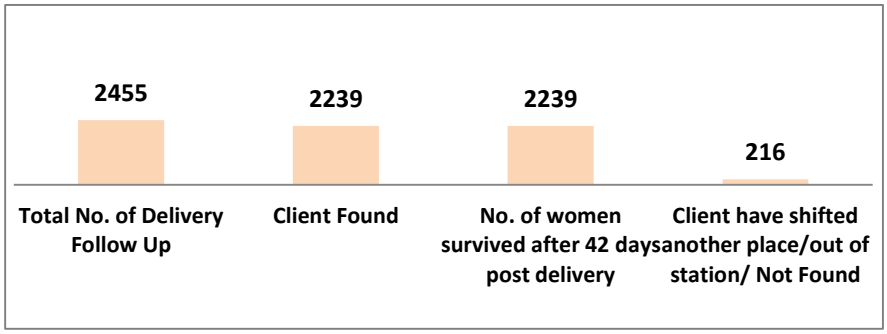
With inputs from the Spring Impact team, M&E plan was developed where few activities were one-time and others were ongoing throughout the project period. Below are the key highlights:

Market feasibility research was carried out to understand and calculate high, medium and low performing providers. 22% providers were found to be high, 40% mid and 38% low performers. WHP continued with high and medium performers (as SHCs) and eliminated few of the low performers who could not achieve the desired results even after multiple follow-ups.

Willingness to pay study – prior to making ANC a paid service, providers were enquired about the client's willingness to pay for them and what amount the clients can easily afford to pay per consultation with the additional diagnostics integrated with Althea. 45% reported payment between INR 75 and 100, whereas 26% reported payment of less than INR 75. Based on the results, we started charging INR 60 per consultation from the providers, while they could charge as deemed fit from clients to cover their expenses.

Client satisfaction survey was conducted through an external agency (Mindfield) post a process of pre-bids followed by agency presentations in July 2017. Survey tools were prepared by them in consultation with WHP and pre-test was conducted in Kanpur Nagar, following which the final data collection was initiated. Based on the work plan of the study, the data collection was completed by end of July. By mid of August, the interim analysis and report were received. The final report of the client satisfaction survey was delivered in the last week of August, followed by a presentation to the WHP team. The key results were summarised in the quarterly report of Year 2-Q1.

Delivery Follow up – After the initial set up and training of the providers, follow ups with the pregnant women were started from September 2016 (Year 1, Quarter 2). Altogether 2,455 deliveries were followed up over a span of two years (till May 2018). Of which 216 (9%) clients could not be located as they had moved to different locations or their address could not be located. Of 2,239 clients, 1,802 (80%) clients preferred government facilities to avail delivery services and 299 (13%) clients went to private facilities (overall 94% institutional delivery); while 138 (6%) clients delivered at their homes. It was found that 2,098 (94%) clients delivered through a normal method and 141 (6%) clients had to go for caesarian (C-section) method (due to complications at the time of delivery). As an outcome of our project objective and promotion of safe and healthy birth practice, we achieved 2,191 (98%) live births.



No maternal deaths were reported

Facility Assessment – WHP developed a set of quality assessment tools (from the JHPIEGO tool kit) to measure improvement in the facility infrastructure at SkyHealth Centers within the project districts. These tools helped evaluate basic infrastructure, equipment, supplies and medications. Facility assessment was conducted twice during the project period with the same tools after a gap of 6 months. We found considerable improvements in availability of essential commodities and drugs, technology support and record maintenance.

Communication Activities:

ASHA meetings – Learnings from the first phase of the project pointed that ASHAs were the main source of motivation to pregnant women for their health and required checkup during pregnancy. WHP conducted meetings at SHCs in all three intervention districts – Kannauj, Kanpur Nagar & Kanpur Dehat. All ASHAs of the catchment area of any SHC were invited to the center, or a neighbor center, and educated on the facilities available at the center and the importance of regular ANC check-up and family planning products and services. The meetings were also conducted for disbursement of incentives to ASHAs from providers. In total, 268 meetings were organized where 3,022 ASHAs attended (an average of 11 ASHAs per meeting). At the end of such meetings, ASHAs were provided with handouts highlighting the details of ANC services, duration and occurrences of visits of clients, how to identify high risk in pregnancy, and other relevant information.

Figure 1: ASHA meetings organized at SHCs

Health Camps – Health camps were organized at the SHCs (WHP provided test strips of the required diagnostic tests like Blood sugar, Hemoglobin, HIV, Malaria, Urine, Pregnancy, Syphilis, HBsAg tests, ANC during pregnancy and the provider arranged for lab tech and other reagents for tests). Providers charged for these tests from clients to cover their expenses, while clients consulted CMF doctors for any complications. In total, 152 health camps were conducted where more than 3,000 pregnant women registered (of which 42% got online consultation with a CMF doctor on the same day, whereas others were consulted the next day).

Figure 2: Health Camps

Center customization & Van Campaign – WHP customized and branded all the centers; van campaign was conducted for each provider (a minimum of 5 days); leaflets were distributed and posters were put up about available services at the SHC. While moving within the catchment areas - during the daytime the vans miked messages and distributed leaflets, and during the evenings organized film shows at the provider's village.

Figure 3: Still from a communication campaign and a customized SHC

Challenges & Lessons Learnt:

- The primary assumption that the optimal level of demand for ANC services was created in the first phase was challenging as WHP found out through its intervention – WHP anticipated that the first implementation phase had already created a sizable market for ANC services in private sector and it was expected that in the second phase a regular follow up with all the ASHAs for clients will not be required. However, WHP learnt that ASHAs were required to do regular follow ups to motivate pregnant women for referral to the SHCs.

- Due to the charges applied to clients and providers in Year 2 keeping in mind sustainability of the project, WHP faced strong opposition from the government and ASHAs were asked not to refer any client to any private providers (as maternal services are free of cost in the public sector including transportation).

- Moreover, doctors in the public sector were not recognizing any of the tests done at the SHCs and clients were asked to go for another round of tests which demotivated them to come to the center.

- Majority of families availed sterilization services from government facilities due to attractive compensation packages provided to beneficiaries. It was difficult motivating clients for payment of maternal health services when it is available for free in the public sector. Also, there was a delay in supply of family planning products from the government warehouse. These factors resulted in providers getting demotivated as number of paid ANCs was less than expected.

- Regular demand generation activities are required for better outcomes – involvement of local providers in the communication activity would have given better results. A key learning was that the more providers were involved in outreach activities, the more client load they generated in their centers. Also a key learning was that in order to get any kind of government support, the project needed to give free services to the community.

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Indicators	Proposed	Achieved during the project period							
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
No. of Facilities with WHP									
	Sky Health Center 50	42	42	47	45	47	48	48	48
	Franchisee Clinic 4	4	4	4	7	7	7	7	7
No. of Providers trained with WHP	55	10	10	51	52	54	55	55	55
	Sky Health Center	10	10	47	50	52	52	52	52
	Franchisee Clinic	0	0	4	7	7	7	7	7
Number of women register for ANC	21,000	1,851	1,113	1,567	2,088	2,183	1,879	1,830	1,303
	Tele medicine	229	240	580	1,076	1,082	648	505	183
	Web application	574	54	151	94	254	162	251	93
	Offline	1,048	819	836	918	847	1,069	1,074	1,027
Number of women registered trimester wise for ANC	Total	1,851	1,113	1,567	2,088	2,183	1,879	1,830	1,303
	1st Trimester	457	343	346	519	376	352	438	230
	2nd Trimester	624	486	660	916	854	644	624	519
	3rd Trimester	770	284	561	653	953	883	768	554
Number of women gone for Institution delivery who got ANC registration with WHP	Total	184	163	388	462	548	431	354	605
	Public facility	91	81	256	266	352	191	190	411
	Private facility	93	82	132	196	183	240	164	194
Number of women survived after 42 days post-delivery		100%	100%	100%	100%	100%	100%	100%	100%
Number of FP users served by WHP	24,000	1,923	2,296	3,488	3,342	2,934	1,685	370	928

3. Please complete the dashboard (Appendix A) at the end of this report on key milestones over the project period. Include explanation of any unmet milestones or changes to milestones over the project period.
4. Please share 1-2 stories (with photos if possible) that capture the project's greatest achievements or impact over the project period. Examples of stories could include descriptions of how the project influenced a particular client/beneficiary/provider, how the project influenced the opinions or actions of a particular stakeholder, a story from the community describing the challenges the project will address, etc

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Documentation

Case Study 1

Madhu (wife of Govind Kumar) aged 25 years living in Rasdhan of Kanpur Dehat district was pregnant for approximately 4 months. She was not ready to go for paid ANCs though she had registered in the public sector facility where no tests had been performed except for pregnancy. ASHA Pratibha Devi asked WHP's field personnel to help her in motivating Madhu to go for paid ANC checkup at the nearest SHC. Madhu was suffering from weakness and drowsiness. Post discussion with her family, she decided to visit the SHC, where after initial tests by the GNM (available at the center) all the parameters were recorded and Madhu was connected online with a Delhi-based doctor. Her hemoglobin level and weight were low, so she was counseled along with her family member to increase intake of healthy and quality food items including milk and take rest. She was also given multivitamins and calcium tablets from the SHC. Post the initial visit, Madhu and her family decided to visit twice more. She did an ultrasound which was seen by the CMF doctor who informed Madhu that her baby was normal. In addition, Madhu was given clean birth kit for delivery by the SHC. Madhu delivered a baby boy, who along with the mother is healthy.

Case Study - 2

Saroj Devi (wife of Vijay Kumar) from Rasdhan village in Rajpur block of Kanpur Dehat was pregnant for 5 months. She attended community meetings, post which our field personnel along with ASHA Prema Devi visited and counseled her to go for ANC checkups at the nearest SHC. During tests conducted at the center, she was diagnosed with low hemoglobin level. The CMF doctor prescribed iron tablets and multivitamins (including calcium tablets). She was advised to intake healthy foods, fruits, milk etc. In her second trimester, Saroj was asked by the doctor to go for an ultrasound which disclosed that she was about to deliver twins. The doctor counseled her to take extra care and go for delivery at the district hospital to avoid any difficulty. In her third trimester, she was again connected to a CMF doctor using Althea. By this time, her hemoglobin level had increased and she was advised to prepare for a surgical delivery if required. She delivered a healthy baby boy and girl in the district hospital.

5. Please share 1-2 stories (with photos if possible) that capture the project's greatest challenges, failures, or course corrections over the project period.

NA

6. Was the project featured in any local, national, and/or international media? If so, please describe the coverage and provide a link or copy to the feature.

NA

7. Please list any technical or communications materials produced, such as briefs, brochures, training manuals, job aids, posters, presentations, technical briefs, etc. and include copies as annexes to this report,

Phase I communication materials were used.

8. Please describe any communications plans for the dissemination of project results or deliverables.

NA

9. Please include any photos of the project.

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Included as per above.

Feedback

MSD for Mothers seeks to work collaboratively with each of our partners toward a common goal. We believe open and honest dialogue is essential for our joint success. As such, please try to answer the following question as candidly as possible.

10. How did *MSD for Mothers* and/or your program officer assist or hinder you in any of the following areas over the course of the project?

Technical assistance for implementation	NA
Technical assistance for monitoring & evaluation	NA
Linkages to other partners, experts or initiatives	The final report of Spring Impact (for this project) was already shared with MSD
Communications	NA
Other	NA

11. Do you have any recommendations for *MSD for Mothers* in managing future partnerships? Please include at least one area of improvement for *MSD for Mothers.*

NA

12. How did Merck/MSD expertise improve your program's effectiveness?

NA

13. Is there anything else you would like to add? Questions? Concerns?

NA

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Appendix A: Dashboard

Objectives & Milestones	Timeframe	Status	Description	Challenges or Course Corrections
For each objective, list the key milestones for the project period as per the approved work plan		**Achieved–green In progress-yellow Delayed–red**	**If achieved: What source of evidence do you have to support the result? If delayed: What was the cause?**	**What challenges did you encounter? Were they addressed? How? What course corrections or adjustments were made? Why?**
Objective 1: Phase out subsidy				
Market research with providers to check financial model assumptions e.g. potential price paid	**1st quarter**		Research said 45% providers were willing to charge from clients between INR 75 – 100 per consultation including incentives to ASHAs and their recurring charges.	Project faced opposition from government. Team tried to convince but nothing come out as according to Govt. policy services should be free for all maternal services. It resulted in a decline in ANCs as well as cost recovery.
Phase out subsidy for consultation	**Entire project period**		The providers were asked to pay INR 60 per consultation from August.	Number of paid ANCs has decreased in the last three quarters. Project team helped the providers in client generation through ASHA meetings and health camps.
Put in place governance structure e.g. monthly review meeting with (ICSF)	**Ongoing**		Monthly meetings were conducted to review the progress, outcomes and documentation.	
Objective 2: Service Provision				
Measure current performance and recruit high performing providers in pilot	**1st quarter**		Based on performance in first phase, 9 high performing providers were trained on Althea.	
Monitor performance and support underperformers	**Entire project period**		Conducted analysis of provider wise consultation and FOs visited low performers.	
Confirm feasibility of impact goal, outcomes framework and M&E review process	**Entire project period**		Work plan and M&E plan created.	Based on the feasibility, team worked throughout the project and outcome was reviewed on monthly basis (on proposed deliverables).
Remove under-performers and recruit new providers from all 3 districts	**3rd quarter**		Under performing providers were eliminated and new providers were recruited and trained in Althea. Total network strength at end of the project is 48.	
All Center have ANM attached	**3rd quarter**		28 centers have either private ANM or female Ayush provider.	No letter received from CMO for ANM support for the project. The project tried to attach private ANMs to centers wherever available.

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Franchise Clinic Doctor Refresher training (include monitoring referrals from SHCs)	**4th quarter**		**Since the project lags by one quarter and SHCs were created & strengthened in the 3rd quarter, training of franchisee doctors took place in Year 1, Quarter 4.**	
Objective 3: Sustainability				
Close Unihealth centers	**June'16**		**Closed both Unihealth centers in June 2016.**	
Remove LMO support	**June'16**		**Removed LMOs from the projects.**	
Remove support from SkyCare	**June'16**		**Removed incentives support to ASHAs from June 2016.**	
Shut down IVR services	**June'16**		**Shut down IVR services from July 2016.**	
Review financial model and cost recovery	**4th quarter**		**Financial model reviewed and analysed for every quarter, outcome was described in the report.**	**Project achieved overall average percentage of cost recovery whereas CMF & supply chain cost recovery was less against projected (as online consultation was less than projected due to variety of reasons described above).**
Carry out feasibility research on replicability of high performers	**2nd quarter**		**Feasibility study conducted on high performing providers.**	**The outcome shows increasing trend and with sustained efforts, the project will achieve the established goals.**
Develop an advocacy plan to reach out to external stakeholders for leveraging funding and resources.	**2nd quarter**		**The project team got some in-kind support from other organisations like Vitamin A & Albendazole tabs, Clean Birth kits, Solar Lanterns etc.**	**Since the project received in-kind support before the expected date, one quarter had sharp increase compared to rest of quarters.**
Client Satisfaction Survey	**4th quarter**		**Client satisfaction survey was completed in 5th quarter and report was shared with QPR.**	**As recruitment and expansion of services were delayed, hence the survey got delayed.**
Negotiate with Govt. for IFA, Calcium and diagnostics strips	**Entire project period**		**Project team tried to liaison with Govt. for support in terms of IFA and Calcium tablets, ANM for SHCs.**	**CMOs asked that clients should not be charged if we want any Govt. support or the centers will be shutdown.**
Downsizing field team	**5th quarter**		**No. of DQCs was reduced to 1 for all three districts. Field officers remained the same.**	**Looking at the requirement of follow-ups required for providers, number of field officers were not reduced.**

Definitions:

1) Objectives - specific and measurable statements that support the goal of the project
2) Milestone - important markers of progress that indicate if a project is on time or falling behind schedule
3) Status – colored coded indicator to quickly show the status of a key milestone
4) Description – short overview explaining whether if the milestone has been achieved or is delayed
5) Challenges or Course Corrections – explanation of challenges and/or corrective action plans to meet the objectives