

Digital Financial Services to Improve Health Outcomes and Health Systems



Preliminary Application

November 18, 2019

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CONTENTS

- Executive Summary 2
- Our Understanding of Your Requirements 4
- Consortium Team 5
 - Accenture Development Partnerships 5
 - Jhpiego 6
- Our Approach 7
 - Problem Statement 7
 - Objectives, Activities & Deliverables 8
 - Phase 1: Discover 9
 - Phase 2: Describe 10
 - Phase 3: Co-create 11
- High-Level Budget Summary 12
- Key Considerations 12
- Risk Mitigation 12
- Schedule 13
- Illustrative Project Team 14

EXECUTIVE SUMMARY

Accenture LLP, through Accenture Development Partnerships (“ADP”), and Jhpiego are pleased to submit this preliminary application to express our interest in exploring the extent to which digital financial services (“DFS”) in low-resource settings have contributed to increased financial protection, increased demand and use of health services, and ultimately improved health systems performance. The consortium, which combines Accenture’s global consulting expertise and innovation capabilities with Jhpiego’s intimate knowledge and expertise in the global health context, would bring a unique perspective to help Digital Square build on USAID’s encouraging early research which has deepened the global understanding around benefits, challenges, and impact of DFS in health. This concept note highlights the global expertise that Accenture and Jhpiego would bring to this engagement, including:

👉 Deep global health and health system strengthening experience

Accenture: Across the international development sector, Accenture has delivered more than 1,500 projects that have helped donors, foundations, corporates, and NGOs assess and expand initiatives in developing countries around the world. In global health, we have worked closely with clients such as Amref Health Africa, Living Goods, PharmAccess, Triggerise, Digital Square MicroEnsure, the Bill & Melinda Gates Foundation, GSK, Population Services International, Save the Children, Oxfam, World Bank Group, UNICEF, UNCDF, and IFC to co-create innovative health strategies and solutions that maximize their impact. We’ve supported these and other organizations in the global health space with strategic planning, partnership strategy, organizational and program strengthening, technology, and digital and innovation. For example, Accenture conducted a strategic assessment and subsequent design to transform PharmAccess’ Health Insurance Fund (HIF) from part of the Foundation to a standalone entity. Once the HIF was its own enterprise, Accenture worked to fully establish its mission and supported global partnering activities with key organizations to market and proliferate the new insurance product. Additionally, we collaborated with UNITAID to develop the strategy and operating model for the voluntary HIV/AIDS Medicines Patent Pool (MPP). Today the MPP covers 131 countries, 12.9 million patient-years, 120+ ongoing pharmaceutical development projects, and ~90% of people living with HIV in developing countries are covered by MPP adult licenses.

Jhpiego: Jhpiego motivates health care providers to record and use service delivery data as an integrated component of training to improve aspects of program implementation. Accurate recordkeeping is important not only to health system strengthening, but also to scaling up high-impact interventions for quality health services. Jhpiego has provided in-service training courses on the importance of recordkeeping, development of tools, and application of data for program and quality improvement. In countries such as Tanzania and Nigeria, Jhpiego has integrated Malaria in Pregnancy (MIP) control and treatment components with ANC and RH services, working with governments to provide technical assistance to strengthen M&E capacity to capture the progress and challenges of integrated health programming. In Lesotho, Malawi and Tanzania, Jhpiego developed the current data collection tools for VMMC that have been adopted by the MOH and integrated into the national HMIS system. The 2013 report, Strengthening Health Management Information Systems for Maternal and Child Health: Documenting MCHIP’s Contributions, summarizes how the Jhpiego-led MCHIP contributed to improving global and local data management, data quality assessments. Also highlighted is MCHIP’s work in seven countries to strengthen data flow and aggregation for both facility- and community-based programs and built the capacity of health care workers in these countries to use HMIS tools correctly and consistently. MCHIP facilitated the use of information products that enable quick

visualization of data such as service delivery trends posters and scorecards in 12 countries, leading to routine use of data for program monitoring and planning. These tools can lead to quicker action, increased accountability, and revitalization of commitments to improve health outcomes.

👉 Strong digital financial inclusion experience and applications in health and beyond

Accenture: Accenture works with several commercial and NGO financial service organizations to promote the economic inclusion of low-income populations, particularly those that cut across and beyond the health. We help our clients in emerging markets by offering strategy support to identify and capitalize on market trends, design and implement digital strategies, and develop effective and scalable programs. Further, we leverage our digital capabilities to help clients remain at the forefront of emerging technologies, increase their reach and scale through innovative digital and mobile solutions, and amplify their impact through data and analytics. For example, we worked with Mastercard to identify innovative applications of their digital payment solutions throughout healthcare value chains in underserved communities, while with the Grameen Foundation in India, we leveraged artificial intelligence to develop a multilingual virtual financial advisor to empower skilled field agents and drive financial inclusion in underserved regions.

Jhpiego: Under MAISHA project, Jhpiego collaborated with D-tree International in Tanzania on the mHealth for Safer Deliveries initiative, which incorporated a mobile decision-making application with a mobile money component for CHWs. Phones were equipped with an open source decision-support application and an EzyPesa (mobile banking) account. The tools included forms for registration of pregnant women, prior permission of decision-makers for transport, screening for danger signs at all phases, referral forms, and postnatal follow-up forms. In addition, the application allowed for registration of health facility contacts, transport provider contacts, and pre-negotiated transport rates. The registration and permission forms were filled out once for each woman. The screening form was completed during each contact with the woman, and later with the newborn to check for danger signs. When a referral is needed based on the answers to the questions prompted in the screening form, the application instructed the CHW which specific facility or level to refer the woman. The CHW then arranged transport through the community referral network which has been pre-established for their area and paid for it without handling any cash using Zantel's EzyPesa mobile banking. The CHWs were aided by the application to refer for certain risk factors in birth planning and danger signs (through each subsequent visit during pregnancy, childbirth, and the postnatal period). The primary benefits of using these technologies were: 1) capacity for immediate feedback given to the CHW and client, and 2) the ability to store the information that is collected and retrieve it in the future to inform and improve the quality care.

👉 Digital and health landscaping experience in LMICs

Accenture: Accenture has carried out numerous technology and digital landscape assessments for development sector clients to inform information systems & digital strategies. For instance, we worked with Amref Health Africa on an mHealth innovation market landscape and developed the strategy, design and implementation of their mobile Community Health Worker training platform that has allowed for the training of over 35,000 community health workers. We also delivered an mHealth technology strategy for Living Goods (LG), where we developed a global mHealth technology landscape assessment for Sub Saharan Africa, Asia, and Latin America, and provided recommendations for partnership based on LG's level of technology maturity and potential partner capabilities. More, Accenture helped Philips to assess the economic and social potential for a new infant resuscitation technology across Africa, first through a wide

secondary research effort, followed by deep-dive assessments in two markets. And finally, we supported Path's Digital Square efforts in South Africa to conduct a detailed landscape assessments of national partner management and community focused information systems.

Jhpiego: Over the decades, Jhpiego has integrated cutting edge digital health tools into our work, recognizing the power and benefit of technology to improve quality of care, affect health outcomes, and empower health workers to make complex decisions. From as early as 1987, when Jhpiego introduced computer-assisted instruction to simulate clinical situations in several of its US-based courses, to the internet boom in 1995 when Jhpiego launched ReproLine, an online source for reproductive health information, to the mobile revolution with point-of-care and decision support tools for health workers on personal digital assistants, smartphones and tablets, digital health has been an integral part of Jhpiego's approach to development. Jhpiego seeks to achieve positive health outcomes in the most effective and efficient manner possible, putting the patient at the center of each intervention. Jhpiego leads with the health objective, not the technology. We seek to first understand and identify the health problem to be solved and the assets that can be leveraged, the context and environment as well as constraints and enabling factors, and then determine the contribution digital health can make and the most appropriate digital health solution.

OUR UNDERSTANDING OF YOUR REQUIREMENTS

Accenture and Jhpiego look forward to working with Digital Square, USAID, and our partners to capture insights that improve existing and future DFS interventions, enhancing design elements and enabling infrastructure to contribute to the achievement of USAID's four strategic outcomes:

- **Financial Protection** for vulnerable individuals and households
- **Access to Essential Services** to facilitate payments and extend the reach of health services
- **Population Coverage** by leveraging new channels, products, and services
- **Health Service Responsiveness** which reinforces relevance and trust

DFS in health have the power to address longstanding issues around access to care, care seeking behavior, and the multifaceted bottlenecks of cashflow across the healthcare value chain. Improved applications of DFS have the potential to "provide sustained, equitable access to essential, high-quality health services responsive to people's needs without financial hardship, thereby protecting poor and underserved people from illness, death, and extreme poverty."¹ In markets around the world, DFS for health have shown promising early results for individuals in accessing healthcare services. Those that stand to gain from a greater proliferation of DFS applications also include the vast web of stakeholders involved in health value chains, including insurers, pharmacies, public- and private-sector providers, donors, medical device and pharmaceutical manufacturers and financial service providers. However, the potential of DFS for health has yet to be fully realized due to technology bottlenecks, opacity around the potential benefits and ideal applications of DFS, a dearth of evaluation and proper data collection, resource and infrastructure constraints, and an imbalance between institutional human resource demand and qualified supply.² By understanding the applications from global landscape and lessons from a local context, Digital Square has

¹ [USAID's Vision for Health Systems Strengthening](#)

² [mHealth Challenges and Opportunities in Emerging Markets](#). Accenture.

the potential to coordinate their strategy and better allocate resources to solutions that would drive meaningful impact across both goals.

CONSORTIUM TEAM

Accenture Development Partnerships

Accenture is a leading global professional services company, providing an extensive range of services and solutions in strategy, consulting, digital, technology and operations, with more than 460,000 employees in more than 200 cities working in 120 countries. As a business unit within Accenture, ADP collaborates with international development organizations to deliver innovative solutions that truly change the way people work and live around the world. Accenture leverages a unique award-winning cost-sharing model which allows us to apply the full breadth of our global assets, capabilities, and resources to the international development sector and provide our clients with leading insights and winning strategies.

Accenture is well-positioned to support the proposed landscape report based on our experience in the DFS space, our digital health expertise, and partnerships we've made in global health. Across the international development sector, Accenture has delivered more than 1,500 projects that have helped donors, foundations, corporates, and INGOs assess and expand initiatives in developing countries around the world. In consideration of the current scope, Accenture has carried out numerous technology and digital landscape assessments for development sector clients to inform and implement digital strategies. In the financial inclusion arena, we worked with FSD Africa on a refresh of their digital finance strategy to position the organization to deepen their impact across Africa's changing financial sector. We have also been engaging closely with the Better than Cash Alliance to provide landscape research and define action-oriented recommendations on scaling payment digitization and adoption of digital financial services for small merchants in the supply chain of fast-moving consumer goods companies in Mexico. In health, we worked with Amref Health Africa on an mHealth innovation market landscape and developed the strategy, design and implementation of their mHealth training platform that has allowed for the training of over 35,000 Community Health Workers. We delivered an mHealth technology strategy for Living Goods, where we developed a global mHealth technology landscape assessment for Sub Saharan Africa, Asia, and Latin America, and provided recommendations for partnership based on their level of technology maturity and potential partner capabilities. Lastly, we have helped Philips to assess the economic and social potential for a new infant resuscitation technology across Africa, first through a wide secondary research effort, followed by deep-dive assessments in two priority markets.

To deliver on the scope of work, Accenture would leverage relationships with subject matter advisors from across Accenture, bringing a wealth of experience across financial services, global health, international development, communications, and technology. Our financial services practice engages with 90 percent of the insurance companies in the Fortune Global 500, while our digital health practice engages with 21 of the top 25 firms in life sciences, the top 10 in med tech, and the top 5 in medical diagnostics. As Accenture is ranked the No. 1 largest healthcare management consulting firm, our ADP practice has drawn heavily upon this relationship to deliver 300+ global health initiatives with leading INGOs, donors, foundations, corporates, multilaterals and governments to create sustainable impact.

Jhpiego

Jhpiego is an international NGO affiliated with Johns Hopkins University (JHU). Since 1973, Jhpiego has put evidence-based health innovations into everyday practice to overcome barriers to high-quality health care. Jhpiego currently implements 108 awards from various donors including USAID, CDC, bi-lateral institutions, national governments, multi-lateral institutions, corporations and foundations, among others, and had an FY2019 budget of \$350 million. Jhpiego empowers health workers and beneficiaries by designing and implementing effective, low-cost, hands-on solutions that strengthen the delivery of health care services, following the household-to-hospital continuum of care. We partner with organizations from the community to the national levels, building sustainable, local capacity through advocacy, policy development, human resources for health and quality and performance improvement approaches. Jhpiego has worked with more than 150 countries throughout Africa, Asia, the Caribbean, Europe, Latin America and the Middle East. The majority of Jhpiego's projects relate to maternal, newborn and child health, family planning, reproductive health, HIV/AIDS and infection prevention and control. Jhpiego's Digital Health unit seeks to implement innovative and evidence-based technology tools into everyday practice to break down barriers to high-quality health care for the world's most vulnerable populations.

Jhpiego has a physical presence in 36 countries and has led USAID's flagship MNCH/FP/RH projects, including MCSP, demonstrating the expertise and experience required to seamlessly manage small and large programs with multiple core and field investments in 32 countries. Jhpiego is a proven and trusted implementing partner with a strong record of delivering results, in addition to having strong implementation science and research capabilities and systems. At any one time, Jhpiego is implementing 70+ human research studies globally. In 2017 alone, Jhpiego had 82 IRB approved studies in process. These studies address questions around integration, quality improvement, scale-up (acceptability and sustainability), and intervention effectiveness. Jhpiego frequently collaborates with Johns Hopkins University expert faculty and researchers and taps into their extensive network of educational and research institutions. By building strong M&E systems and conducting targeted implementation research (IR) and effectiveness impact measurement, Jhpiego ensures that programs continuously implement proven interventions. The organization seeks to improve project quality and impact through collection and use of targeted data and ongoing program learning. Jhpiego also assures integration of internal review board (IRB) processes into its research so that client safety and confidentiality are ensured and key findings essential to building program knowledge in the field can be published and widely disseminated. At any one time, Jhpiego is implementing between 70 -80 human research studies globally. Jhpiego also recognizes that an essential part of strategic learning is the dissemination of results and lessons learned to the wider public health community. Thus, through the establishment of the Publications Initiative, Jhpiego is sharing findings and results through peer-reviewed publications at increasing rates.

Over the decades, Jhpiego has integrated cutting edge digital health tools into our work, recognizing the power and benefit of technology to improve quality of care, affect health outcomes, and empower health workers to make complex decisions. From as early as 1987, when Jhpiego introduced computer-assisted instruction to simulate clinical situations in several of its US-based courses, to the internet boom in 1995 when Jhpiego launched ReproLine, an online source for reproductive health information, to the mobile revolution with point-of-care and decision support tools for health workers on personal digital assistants, smartphones and tablets, digital health has been an integral part of Jhpiego's approach to development. Jhpiego seeks to achieve positive health outcomes in the most effective and efficient manner possible,

putting the patient at the center of each intervention. Jhpiego leads with the health objective, not the technology. We seek to first understand and identify the health problem to be solved and the assets that can be leveraged, the context and environment as well as constraints and enabling factors, and then determine the contribution digital health can make and the most appropriate digital health solution. Jhpiego uses digital health in a variety of technical areas, including: health workforce; service delivery and point of care support; health communications; data collection for monitoring, evaluation, and research; information systems for health systems management; financial transactions.

The next section highlights the approach that Accenture and Jhpiego would take, comprising a single project team working together to deliver on this engagement.

OUR APPROACH

Problem Statement

The burden of sudden and unexpected healthcare expenses, most often still explicitly paid out-of-pocket, can have a catastrophic impact on households in low-resource settings. Roughly 100 million people are pushed into extreme poverty by healthcare expenditures and therefore still experience this lack of financial protection. DFS have the potential to dramatically improve outcomes across several dimensions: (1) Increasing financial protection, especially among the most vulnerable health clients; (2) Increasing demand for and usage of health services; (3) Improving the performance of health systems overall, defined by both quality and responsiveness. By understanding the applications from a global landscape and lessons from a local context, Digital Square has the potential to coordinate their strategy and better allocate resources to solutions that would drive meaningful impact across both goals. We agree that strategic implementation on a global scale could advance the dual goals of strengthening financial protection for households and individuals living on or beyond the economic margins, while supporting health sector strengthening and performance.

Accenture and Jhpiego recognize the potential that DFS and digital health solutions can have in transforming the global health sectors in last-mile and low-resource communities, while also understanding that, like any intervention, it is no panacea. As outlined in Accenture's [recent report on Digital Health](#), several independent building blocks must be considered and appropriately shaped in order to ensure the right enabling environment to realize impact.³

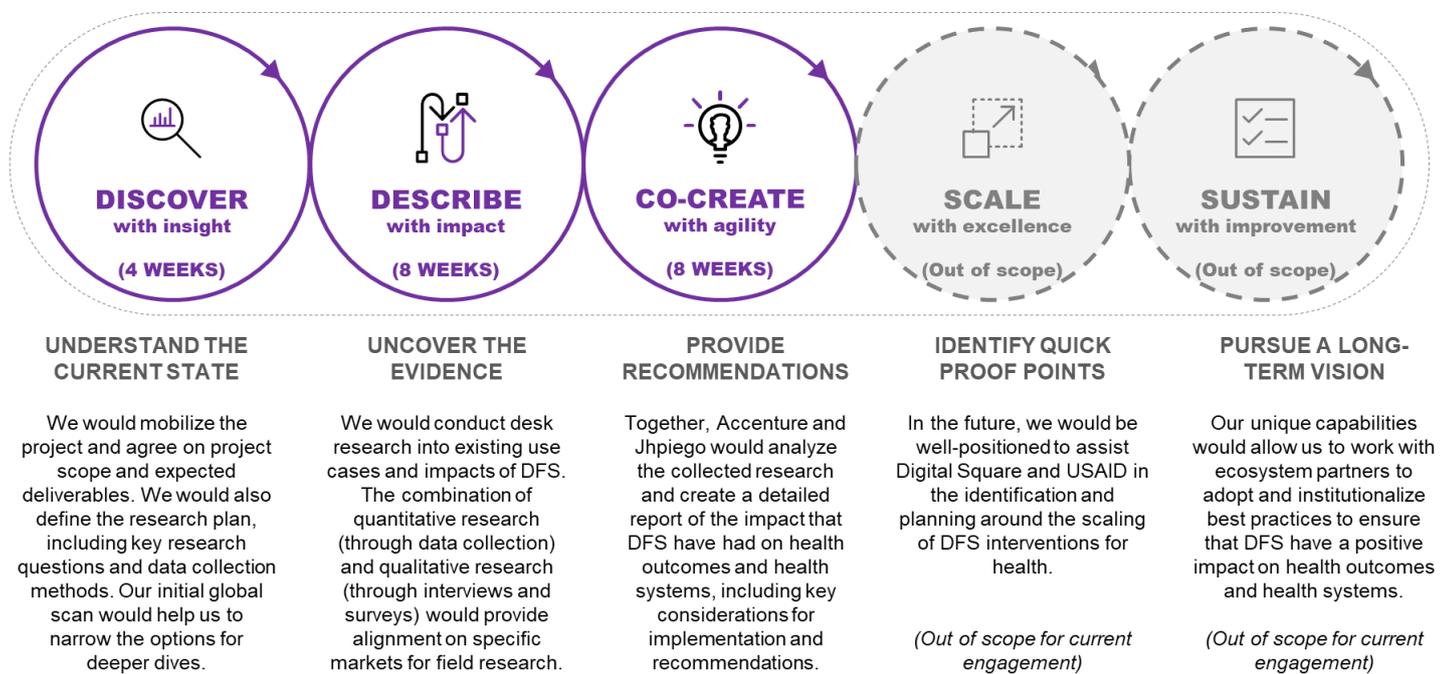
Through this engagement with Digital Square, we would look to conduct a robust landscape assessment of the strategies, applications, models, and impact of digital financial services in healthcare in the context of advancing financial protection and supporting improved health system performance.

³ [Broadband Commission Working Group on Digital Health](#)

Objectives, Activities & Deliverables

Accenture and Jhpiego would work together seamlessly, aligned by a proven methodology. This methodology would seek to iterate within project teams to drive more innovative outcomes. Our methodology puts the user experience at the heart, all while taking a human-centered research and design approach. With a keen focus on value creation and insights driven by data, the process would mix quantitative and qualitative data to create thought-provoking frameworks and insights.

The Accenture-Jhpiego project team would conduct research for this engagement over the course of 20 weeks, distributed across the 3 phases detailed below. The research engagement would be punctuated with regular touchpoints to align on progress, and with 3 design thinking workshops that would shape the research and ideate on actionable next steps.



The following provides a more detailed illustration of the objectives, activities, and deliverables for each of the 3 phases.

Phase 1: Discover



Objective: Over 4 weeks, the project team would mobilize the project while defining the research plan. This would include identifying early hypotheses on DFS implementations to be considered. A key element of this process would be to conduct a design thinking workshop (see workshop #1 below) to better assess how financial protection may or may not be achieved by existing implementations.

Key Activities:

- Establish kick-off meeting to align on research methodology and key objectives for the engagement, as well as finalize scope, project plan, and deliverables
- Define research plan including key research questions and data collection methods
- Develop research framework for cataloguing identified and reviewed DFS systems
- Collaborate and align on stakeholder interviews for data gathering
- Finalize list of DFS interventions for research and subsequently interviewees for outreach
- Plan for Workshop #1 (see details below) to better understand the needs of end users we are looking to serve

Workshop #1: How do vulnerable populations seek out health services?

Towards the conclusion of the 'Discover' phase, the project team would conduct a half-day remote workshop to better understand the existing clients of health systems for identified interventions. This process would be iterative and collaborative, including key Digital Square, USAID, or external stakeholders as appropriate.

Below is an *illustrative* look at a few of the design-thinking elements we would bring into this session in order to arrive at our intended outcome:

- **Affinity Clustering** is a rapid, visual way for making sense out of data and drawing conclusions from information that has been gathered through research. Data are collected individually and organized into clusters that have internal meaning and relationships to one another, allowing us to arrive at common themes around financial protection for underserved communities receiving health services.
- **Personas** are aggregated descriptions of users that help us understand a type of user. Personas are personified archetypes - they are given typical life stories to help us understand a user. Personas help us understand facts and patterns that may be present in the data, which would drive our nuanced understanding of underlying behaviours and motivations. We use an **Empathy Map** to develop this deeper understanding of users in distinct segments.
- **Journey Mapping** follows and documents the journey of a person or people consuming an experience over time, such as health services. Each step is an action of the person and illustrates a touch point of the experience. Along the way, high and low user experience points of the journey are identified.

Key Deliverables:

- Inception Report (to be delivered at the end of the 2nd week): The inception report would highlight literature reviewed to date, research methodology for the study, any initial preliminary findings from the data analysis, outputs from the workshop such as personas and journey mapping, and an agreed upon structure for the landscape report.

Phase 2: Describe



Objective: Over 8 weeks, the project team would conduct detailed quantitative and qualitative research to further investigate the impact that selected interventions have had on financial protection, the demand and use of health services, and health systems performance. After the team has gathered substantial evidence, the project team would conduct another workshop (see workshop #2 below) to better understand the barriers and challenges that were faced with the implementation of DFS.

Key Activities:

- Identify, collect, and review relevant documents on existing research on the current uses and impact of DFS
- Create interview schedule and guides
- Conduct rigorous data collection through desk research and virtual interviews with subject matter experts (including Accenture and Jhpiego resources), USAID, PATH, key global health stakeholders
- Travel to 2-3 markets to conduct deep-dive primary research with DFS implementing institutions, beneficiaries, policy makers, and funders
- Deploy a survey to document impact to beneficiaries and health sector
- Plan for Workshop #2 (see details below) to better understand barriers and challenges

Workshop #2: What barriers stand in the way of vulnerable populations demanding and using health services?

Towards the conclusion of the 'Describe' phase, the Accenture project team would conduct a half-day remote workshop to bring together data-driven insights from the 'Discover' with anecdotes from interviews during this phase. Inputs from key project stakeholders during this process would be of utmost importance.

Below is an *illustrative* look at a few of the design-thinking elements we would bring into this session in order to arrive at our intended outcome:

- **Stakeholder Mapping** is a way to identify, understand and visualize the various groups of people who would impact or participate in the delivery or consumption of a product or service. Visualizing the system would help us to put vulnerable populations at the center of the analysis and idea-generating process as well as uncovering new unforeseen challenges.
- A **Value Flow** captures the relationships between stakeholders in the ecosystem, including who is doing what, how value is being delivered and how needs are met. After the Stakeholder Mapping, we use this to discover the context in which vulnerable populations are demanding and using health services and how the ecosystem could function better.
- **SET (social, economic, and technical) Factors** are the external forces that may have an impact on the product or service you are designing. The team would use this exercise to arrive at a shared understanding of the top factors and implications for the products and services being offered.

Key Deliverables:

- Draft Landscape Report (to be delivered at the end of the 12th week): The Draft Landscape Report would present a high-level summary of key findings to date as well as outputs of workshop, inviting the appropriate Digital Square and USAID stakeholders to provide strategic direction.

Phase 3: Co-create



Objective: Over 8 weeks, the project team would synthesize the findings to date and plan for the delivery of the final landscape report. This would involve planning for the final workshop (see workshop #3 below) which would investigate ways to overcome barriers, based on the learnings from existing interventions.

Key Activities:

- Conduct detailed analysis of the collected research to synthesize impact of digitization in low-resource settings on financial protection, demand and supply of health services, and quality of health services (would focus on key implementation considerations of DFS interventions – i.e. strengths, weaknesses, challenges, enabling environments, interoperability, ease of implementation, suitability for USAID, total costs of ownership, sustainability, and expected or realized impact)
- Validate and refine hypothesis
- Develop evaluation framework for donors, ministries, and implementing partners to assess DFS solutions according to key dimensions
- Share assessment draft with Digital Square and USAID and incorporate feedback
- Incorporate feedback to prepare and submit final draft of landscape assessment report
- Support follow-up as needed
- Plan for Workshop #3 (see details below) to better evaluate recommendations to overcome barriers

Workshop #3: How might we overcome barriers standing in the way of greater financial protection and improved health system performance?

Towards the conclusion of the 'Co-create' phase and the project overall, the Accenture project team would conduct a full-day in-person workshop with Digital Square and USAID stakeholders to arrive at implications and strategic recommendations for implementation based on the analysis of existing interventions. The project team would then synthesize the outcomes of this workshop in its final report.

Below is an *illustrative* look at a few of the design-thinking elements we would bring into this session in order to arrive at our intended outcome:

- **'How Might We' (HMW) statements** are a technique to reframe a challenge statement to invite broad exploration. We start statements with 'How Might We...' to help turn challenges into opportunities. This helps us to avoid using language that prematurely suggests a solution before we have understood the challenge.
- A **Creative Matrix** is a structured brainstorming technique that uses a matrix of different categories to stimulate new ideas. This approach helps when facing a broad problem, while also inspiring a wide variety of new (and often unusual) ideas in a short amount of time.
- A **Value / Difficulty Matrix** enables us to quickly explore, understand, and visualize ideas and concepts in terms of value to those served and difficulty to realize. A Value / Difficulty matrix (with two axes and four quadrants) helps us determine what to focus on and move forward with. By visualizing the prioritization, it drives the conversation and supports the decision, and ultimately recommendation, process.

Key Deliverables:

- Final Landscape Report (to be delivered at the end of the 20th week): The Final Landscape Report would synthesize key findings from the research, outputs from the three workshops, and feedback from relevant stakeholders.

High-Level Budget Summary

We would offer to deliver on the activities and deliverables for this engagement for a **total fee of USD 192,000**. This budget would include time for full-time project personnel, part-time subject matter advisors, and travel expense associated with in-market research. A detailed budget and budget narrative, with attributions for both Accenture and Jhpiego, will be presented in the final application.

Key Considerations

Key elements to the final, detailed landscape report would capture several components to consider for future implementation or support, including:

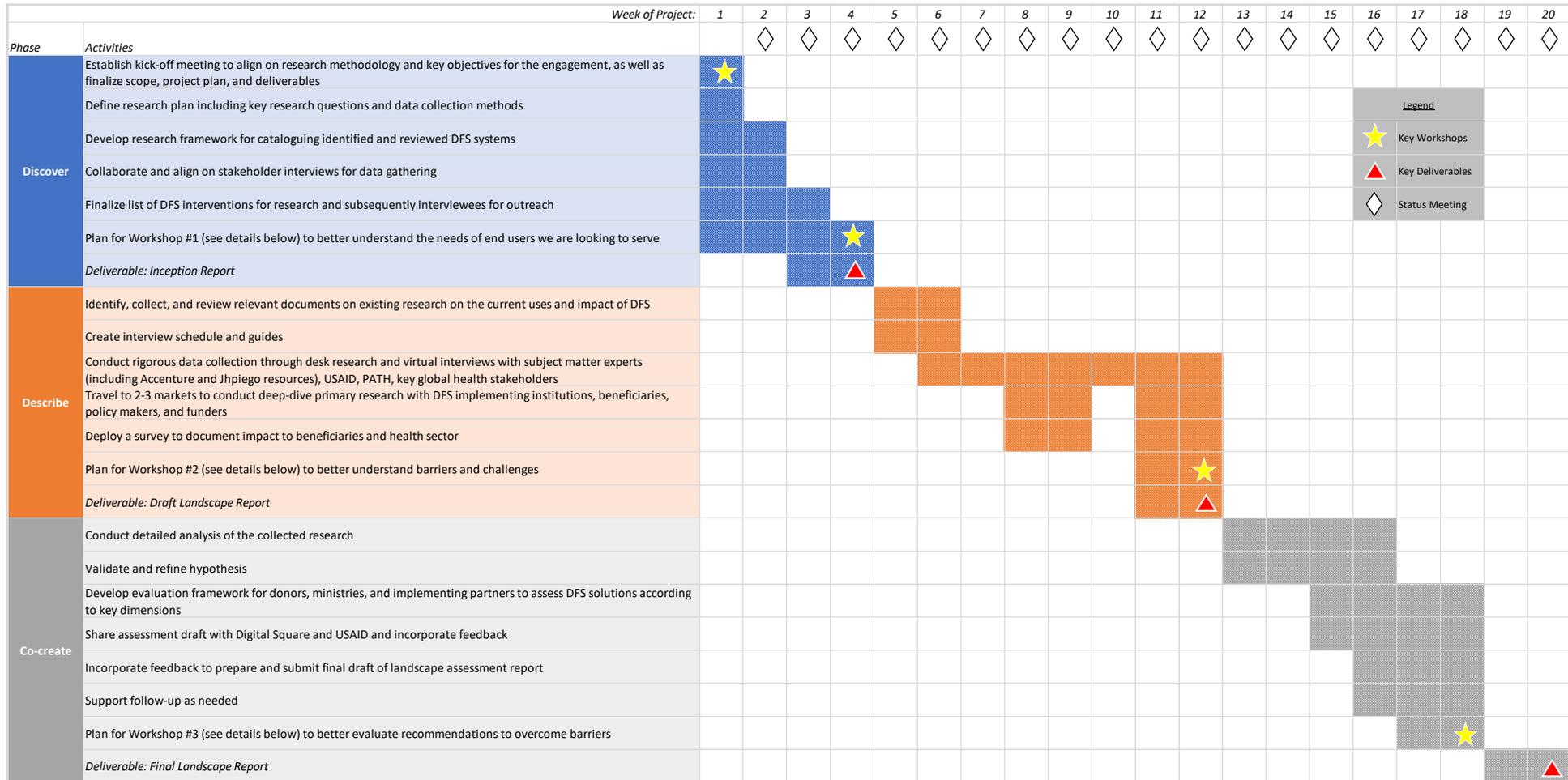
- DFS case studies detailing where DFS has increased financial protection, increased demand, and improved health system performance
- Barriers and/or challenges during implementation of DFS and how these were overcome
- Critical implementation environmental considerations, including political, technological, economic, cultural, and regulatory elements
- Success factors and enablers (e.g. change management, revenue models) that contributed to appropriate levels of adoption and desired outcomes of digital enablement
- Risks and mitigations, including trade-off and opportunity considerations between the dual-pronged goals

Risk Mitigation

We do not anticipate any significant roadblocks in the delivery of the final landscape assessment report but would stand up a detailed data-driven risk management framework comprised of four overarching categories: Strategic Risk (market, political, and competitive factors), Operational Risk (systemic or people-related factors), Financial Risk (revenue, cost, and liability factors), and Compliance Risk (regulatory, procedural, and contractual factors). These risks and underlying factors would be carefully tracked and managed during our weekly stakeholder meetings.

Schedule

We propose the preceding phases and key activities over a 20-week duration to meet the desired outcomes:



Illustrative Project Team

Accenture and Jhpiego would propose a 3-person full-time team to drive this engagement, with extensive support from a Project Lead and subject Oversight, as well as executive contribution from a broad team of Subject Matter Advisors.

Accenture and Jhpiego are well-positioned to support the proposed landscape assessment based on our partnerships in the global health space, digital health expertise, and experience led related research. Below are a few illustrative profiles of the types of team members who would deliver on this engagement, comprising both our full-time project delivery team as well as part-time subject matter advisors.

Accenture:

Natasha Sunderji, ADP Global Health Lead

Natasha is the Global Health Lead for Accenture Development Partnerships. She helps global health organizations to shape and bring innovative ideas to market to increase their business and social impact. Natasha has 15 years of healthcare consulting experience in growth strategy, business model design, new business & foundation start-ups, digital health, and cross sector partnerships with public, private, and international development clients in Africa, Asia, Latin America, Europe, and North America. She has written numerous articles and reports on the promise of digital health and the challenges in scaling leading solutions (e.g. Devex, Broadband Commission for Sustainable Development). She holds a bachelor's in biomedical engineering from University of Toronto, and a Master's in Public Policy from Harvard Kennedy School.

Kris Ansin, Digital Health

Kris is a Manager with Accenture Development Partnerships, concentrating on health and ADP's East Africa portfolio. His current work includes growth strategy, project management, innovative financing, new innovations, and organizational model design. Kris's work has concentrated on global health, financial inclusion, agriculture and new technologies concentrating on East Africa. Prior to Accenture, Kris ran a maternal and child health NGO in West Africa. He has earned an MBA from Yale and a Master of Public health from Tulane University.

Sebastian Rodriguez, Digital Financial Services

Sebastian is a DC-based Manager on the Accenture Development Partnerships team. He brings extensive expertise in Financial Services, Impact Investing, Commercial Strategy, Operating Model Design, and International Development strategy. Sebastian has experience working on international assignments with clients in North America, Latin America, and Africa. He received his MBA, with honors, from the University of Pennsylvania's Wharton School with a major in Developmental Finance and studied Economics and German at Northwestern University. He is fluent in English and Spanish and conversational in Portuguese and German.

Mark Degenhart, Financial Inclusion

Mark is a New York-based Senior Consultant with Accenture Development Partnerships. His work has focused on financial inclusion, global health, and agriculture. He has worked with large NGOs on financial inclusion strategies as well as with a large payment company on driving thought leadership to identify new pathways that leverage digital payments for underserved segments. Prior to Accenture, Mark spent time working in the capital markets focused on investment strategies for individual and institutional clients. Mark earned a B.S. in Finance & Economics with a minor in International Relations from Lehigh University.

Ntefeleng Nene, Public Health

Ntefeleng is a Public Health Specialist and has worked in the public health/donor funding sector for over 10 years. She has experience working for different multi-million USD projects funded by President's Emergency Plan for AIDS Relief (PEPFAR) through USAID and other international donors like Centre for Disease Control (CDC) and Global Fund. Her areas of expertise include health systems strengthening, landscape assessments; stakeholder management; institutional capacity strengthening; program management and organizational evaluation.

Jhpiego:

Darlene Irby, Digital Health Team Lead

Darlene Irby has over 25 years implementing health information systems for domestic and international and international organizations, with deep expertise in the creation, design and implementation of international and national health information technology. She has effectively deployed digital and mobile systems throughout Africa and the Caribbean and has facilitated the establishment of health information programs to include the effective design of scalable and interoperable technologies. She has in depth expertise in the implementation of complex information systems and using innovative approaches and data analytics to drive impact and integrate programs. With a background in financial and operational management and health informatics, she leads a core agile team of six digital health and data science experts and serves as an organizational lead for digital health for a vast network of digital health, measurement and learning experts.

Barbara Rawlins, Research and Evaluation

Ms. Barbara Rawlins, MPH, is a public health and monitoring and evaluation professional with over 20 years of experience in international development focusing on monitoring and evaluation of maternal and newborn, family planning and reproductive health programs. In her current position, she serves as Jhpiego's M&E Team Leader for MCHIP, where she provides portfolio-wide direction for monitoring, evaluation and research, including M&E technical assistance, workplan development and global leadership. Ms. Rawlins successfully leads a team of 10 M&E professionals who provide technical assistance to the MCHIP country programs to design and implement M&E plans, and conduct operations research and evaluation studies.

Scott Merritt, DHIS2

Scott has more than 15 years of cross-platform Information and Communication Technology for Development (ICT4D) experience, with a specialization in the application of Health-related Management Information Systems. His current work involves systematic analysis of health information system needs, development/customization of those systems, using the data associated with these systems and the overarching systematic planning required to maximize effectiveness of the tools and supporting resources in a development environment. He has lived in several sub-Saharan African countries, where he has worked with roughly a 50/50 split between being on the USG side of development and implementing through the various partners. This gives him a wealth of field knowledge, but also an understanding of the processes required to make development efforts move forward.

Charles Waka, Digital Health

Charles Waka is a computer scientist with 8 years of experience managing and implementing public health projects, with a focus on monitoring, evaluation and research, and developing and strengthening public health data systems. As Jhpiego Kenya's monitoring, evaluation and research data and systems manager, he developed and deployed a Healthy Heart Africa data collection system and REDCap data visualization web app, and developed Jhpiego's data analytics engine. Previously, he served as a monitoring, evaluation and

research officer for USAID MCHIP in Kenya, where he co-led a research study assessing the effectiveness of iCCM training for community health workers. Mr. Waka has excellent analytical, communication, interpersonal and communication skills. He speaks English and Swahili and is based in Nairobi, Kenya.

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