



clinicPesa Concept Note

Title

clinicPesa/disruptive healthcare financing solution.

Executive Summary

clinicPesa in partnership with MTN has developed and now deploying a digitized platform that enables users to save funds dedicated for healthcare and also extends micro-loans incase savings are not enough to clear medical bills/purchase drugs at a clinicPesa registered Hospital or Clinic or Pharmacy or Drug Shop in Uganda as it's a first market with potential for scale in several markets. clinicPesa will use its implemented platform to assess the role in advancing financial protection by assessing its network of healthcare facilities, clientele and analyzing the clinicPesa usage, in regards to improved health system performance and also the impact of clinicPesa to the low-income uninsured citizens with regards to healthcare financing.

Our objectives are; (1) financial protection – whether Users are able to save enough to clear their medical bills or whether the micro loan top-ups are enabling Users receive full treatment and medication. The extent of our non-performing loans and any effect in the said usage. (2) demand for and use of health services among clients – to determine whether with clinicPesa in place Users are eliminating self- diagnosis and seeking medical consultations and to what extent. (3) quality and responsiveness of health service providers - Whether with real-time payments at healthcare facilities are able to improve their quality of service, build and strengthen patient-doctor relationship. (4) In Uganda, the government is in the process of enrolling the mandatory health insurance, we will also assess how clinicPesa enhances mandatory Health insurance in the communities and, explore opportunities for possible synergies to enhance the government health insurance. (5) clinicPesa will also want to determine how gender and other factors may influence its impact on health Systems assessment of key implementation considerations when incorporating digitization of financial services like clinicPesa into health systems strengthening (HSS) efforts.

The collected data in regards to the study will then be analyzed and used to prepare comprehensive reports of the findings.

Being that the study is in the field of clinicPesa's operational line, our team of experts and behavior scientist will come in handy in regards to utilizing the direct results and out comes from our clinicPesa platform to cover the learning from direct usage and feedback from the field.

Consortium Team

The prime organization will be clinicPesa Limited, a limited liability company registered with the Registrar of Companies of Uganda as well as regulated by the Uganda Micro Finance Regulatory Authority.

The project management core team at clinicPesa Ltd is currently comprised of the **Eng. Onyancha Chrispinus** the Chief Executive Officer (CEO), Chrispinus is a Software Engineer with over nine years of extensive experience in project management, developing technical systems, research and operations. He is the Founder and CEO of ClinicPesa Limited, **Ms. Anyango Sharon** the Chief Operations Officer (COO) Sharon is a Quantity Surveyor with over seven years' extensive experience in Operation Management. She is a co-Founder of ClinicPesa Ltd and currently working as the Chief Operations Officer. She previously worked with CreativeDNA Ltd as the Operation Manager. **Mr. Mworozzi Ivan** the Chief Technology Officer (CTO) with a combined experience of over 30 years in technology, financial systems, research and operations.

Dr. Ian Clarke is an Experienced Chairperson with a demonstrated history of working in the hospital and health care industry. Skilled in Nonprofit Organizations, Management, Healthcare Management, Healthcare, and Leadership. Strong business development professional graduated from the London School of Hygiene and Tropical Medicine, U. of London. He is the Founder and Board

member, Kiwoko Hospital which also includes a nursing school, and a lab technology training school. He is the Chairman, Uganda Healthcare Federation which represents the private health sector in Uganda. And he is a Board member of The East Africa Healthcare Federation (EAHF) which is an association of private sector health organizations that was formed in 2012 when the Kenya Healthcare Federation (KHF), Uganda Healthcare Federation (UHF), the Association of Private Health Facilities in Tanzania (APHFTA), and the Rwanda Healthcare Federation (RHF) private health sector joined to form an overarching umbrella body for the East African region.

Dr. Robert Karanja of Villgro Kenya who has diverse experience in the medical field and field of micro insurance products. With experience in research having worked as a Senior Research Officer at Kenya Medical Research Institute (KEMRI), Developed Global Health R&D proposals; implemented and managed projects in Centre for Biotechnology Research & Development, Organized national, regional and institutional Global Health events and forums, Provided managerial and capacity building support to KEMRI, Grantsmanship Office (Office of Sponsored Research)

Ms Jona Repishti, Manager at D-LAB MIT, Jona manages the MIT D-Lab Scale-Ups Fellowship Program and other social entrepreneurship initiatives at D-Lab. Prior to this role, she served as Global Network Manager for the USAID- funded International Development Innovation Network. Before joining D-Lab, Jona worked for the United Nations and other agencies, taking part in short projects in Haiti, Kenya, Kosovo, & China. One of her proudest achievements is founding the Mjaft! (Enough!) Foundation promoting youth civic engagement in her home country, Albania. In the fall of 2016, Jona also took over management of the D-LabScale-Ups Fellowship Program. Jona holds a BA in International Relations from Middlebury College and an MPA in Development Studies from Princeton University

Our implementing partner MTN is a subsidiary of MTN Group a multinational telecommunications group connecting approximately 232 million people in 22 countries across Africa and the Middle East with MTN Uganda having over 12 million subscribers. In 2009, MTN Uganda introduced its mobile telephone based banking product known as Mobile Money. We have partnered with MTN Uganda to leverage on the already existing mobile money infrastructure and large customer base to push clinicPesa to our target customers.

Project Description

According to NCBI report 2015 and even the recent Finscope 2018 survey, more than 38.4 million people just in Uganda have no access to health insurance with penetration under 1% in Uganda.

The major problem faced here is lack of access to health insurance as a result of;

- A great bias towards insurance due to loss of annual unused premiums. Locals look at the insurance as a loss after their unused premium expires, hence not re-subscribing for new premiums.
- Expensive health insurance premiums, currently ranging between USD 118 to USD 240 per individual annually with income levels of less than \$5 a day.
- Insurance under serve since Insurance companies focus on urban areas leaving out slums, rural and peri-urban areas.

This problem leads to increased out of pocket expenditure towards medical bills while putting the lives of citizens at stake as there is no individual healthcare plan in case of illness, expectant mothers skip antenatal visits or can't afford an emergency, poverty as people sell their only source of livelihoods to cater for bills, death/ long term complications due to delays in receiving treatment., self-medication/diagnosis which often leads to drug resistance.

clinicPesa currently has three objectives that has been set out in phases

Phase 1: Recruiting of Field Officers and training.

The clinicPesa platform has been deployed and in line with the objectives of Digital Square, our first phase will be to recruit a team of Field Officers who will collect the data in line with our Objectives as stated above. Training of these members to ensure accurate quality of Data collected and interaction with the Users of the platform for more human centered feedback from clinicPesa users, health centers and pharmacies.

Phase 2: Tracking and Analyzing of Data

From the Data collection phase, we will analyze both the system data and Field work data;

System Data - data recorded from interaction with the clinicPesa system using our already existing analytical tool powered by artificial intelligence.

Field Data – data recorded from the field Officers directly interacting with clinicPesa Users, pharmacies and Healthcare Facilities on boarded onto the platform to tally accurate feedback while comparing to system results to aid in report generation.

Phase 3: Reporting

We will then prepare a comprehensive report on the impact of clinicPesa as platform used to improve healthcare both to patients and healthcare Facilities, including our findings and recommendations.

Approach.

clinicPesa understands that the saving culture is low hence uses the mobile money past transaction records of a given user to generate healthcare credit worthiness for the low-income earner since they use mobile money for sending, receiving money, paying utility bills, purchase items as well as payment of school fees.

Currently Users save as low as USD 0.3/UGX.1000 either daily, weekly or monthly by setting a standing order to save on their behalf at their convenience and they receive loan top-ups incase the savings are not enough. We are exploring different behavioral science mechanisms to grow the low savings.

clinicPesa then leverages on the already popularized mobile money platform and uses past transaction records to provide Users with more healthcare protection through a credit score that enables them access healthcare unsecured loan top ups which is an added advantage to the users.

Through our real-time clinicPesa system, health care providers are able to get documented records and financial statements that can be used to acquire loan facility to either upgrade hospital systems and equipment, or expand to other areas.

clinicPesa's goal is to increase the number of patient-doctor visits and reduced number of self-diagnosis patients in the long term by at-least 70%, improve the quality of service through access to a loan facility for the healthcare providers and affordability of full medication by patients hence promoting good health. It will also enable users to plan for their healthcare in time. We also hope to arise a competitive market in healthcare financing space in the long term.

clinicPesa is taking on the Result-oriented method of Monitoring and evaluation which focuses on project objectives and subsequent interventions achieved. This enables clinicPesa to provide a clear and transparent accountability trail for the investment in the project, reporting to donors and investors among others. We use Log Frames to plan our monitoring and evaluation.

Our objective in the short term is to determine the degree to which executing our objectives is successful in stimulating unforeseen activities (output) and also want to know to what degree these activities/outputs have led to new initiatives (outcome). In the long term, we want to gain an insight into the degree to which the initiatives have contributed to a sustainable Service (impact) for the uninsured citizens.

Risk mitigation

Risks involved with this implementation include biased data collection, non-performing loans, poor saving culture, Acceptability on usage at the provider by user – Some areas where facilities are not yet registered onto the platform making it hard for users to access medical services using their funds on the clinicPesa platform.

Possible Mitigations to these risks; digital tracking system for the data collection process, Signature and contact of the participant for verification, starting with lower amounts and analyzing the payback patterns before we can increase the individual loan amount. Analyzing regular usage of the Sim-card for better scoring, utilize their daily transaction records to grow their credit score by motivating them to counter save to activate the next available level of credit, Recruitment of product ambassadors to register Healthcare Facilities onto the clinicPesa platform, Value addition services to health care facilities through loans for expansion or improvement of their services, computer and basic financial literacy, stock management.

Project Phase	PHASE 1	PHASE 2		PHASE 3
Objectives	Mobilization and Key Stakeholder Meetings	Deployment Design	Deployment of clinicPesa	Final Assessment report
Key Activities	<ul style="list-style-type: none"> -Prepare all documentation required for the project including consent forms, legal agreements, project scopes and activities, Monitoring & Evaluation plans. - Meeting with Consortium team and key stakeholders for each phase to strategise on the most efficient mode of operation 	<ul style="list-style-type: none"> -Define a deployment plan for clinicPesa to the selected healthcare Facilities and individual participants - Design the research questions and data collection methods for the participants -Plan for training of the participants on how to use the platform 	<ul style="list-style-type: none"> -clinicPesa Software is ready and will be deployed as designed. -Periodic interviews will be conducted every 4 weeks using the already designed interviews and guidelines. -Analyse collected data to enable refining and aligning of activities to research goals have been met 	<ul style="list-style-type: none"> -Assessment and analysis of all data collected from the use of the clinicPesa platform inline with PATH objectives - Detailed report incorporating all the feedback from the field research. - Sharing Draft report with PATH/USAID team for feedback - Incorporating of feedback for final report
Deliverables	- Fully designed workplan and project timeline for execution.	<ul style="list-style-type: none"> -Comprehensive deployment plan -Guidelines for execution of clinicPesa inline with PATH/USAID objectives 	<ul style="list-style-type: none"> -Deployed clinicPesa platform -Monthly reporting and workshops to discuss findings. -refined product and strategies to meet project objectives 	A comprehensive final report
Timelines	2 Weeks	2 Weeks	16 weeks	4 Weeks
Responsible Entity	Consortium Team	Consortium team	Consortium Team, Key decision makers at Healthcare Facilities and individual participants	Consortium team, PATH/USAID team

clinicPesa Project Timelines

