

Our Experience with Health Savings and Maternal e-vouchers for safe deliveries in Kenya

May, 2015



Changamka

- Changamka Microhealth

- Incorporated in 2008

Mission: “*innovative technology to deliver accessible, affordable, quality healthcare*”

- Changamka MicroInsurance

- Incorporated in 2012 for exclusive development of Insurance products
 - Licensed by IRA as a Medical Insurance Provider



















MTN

UTL

Mango

300/-

350/-

350/-

NOKIA

16:30

1 message
received

Show

Exit





In the beginning....Only Two



Over 7 Billion in 2014



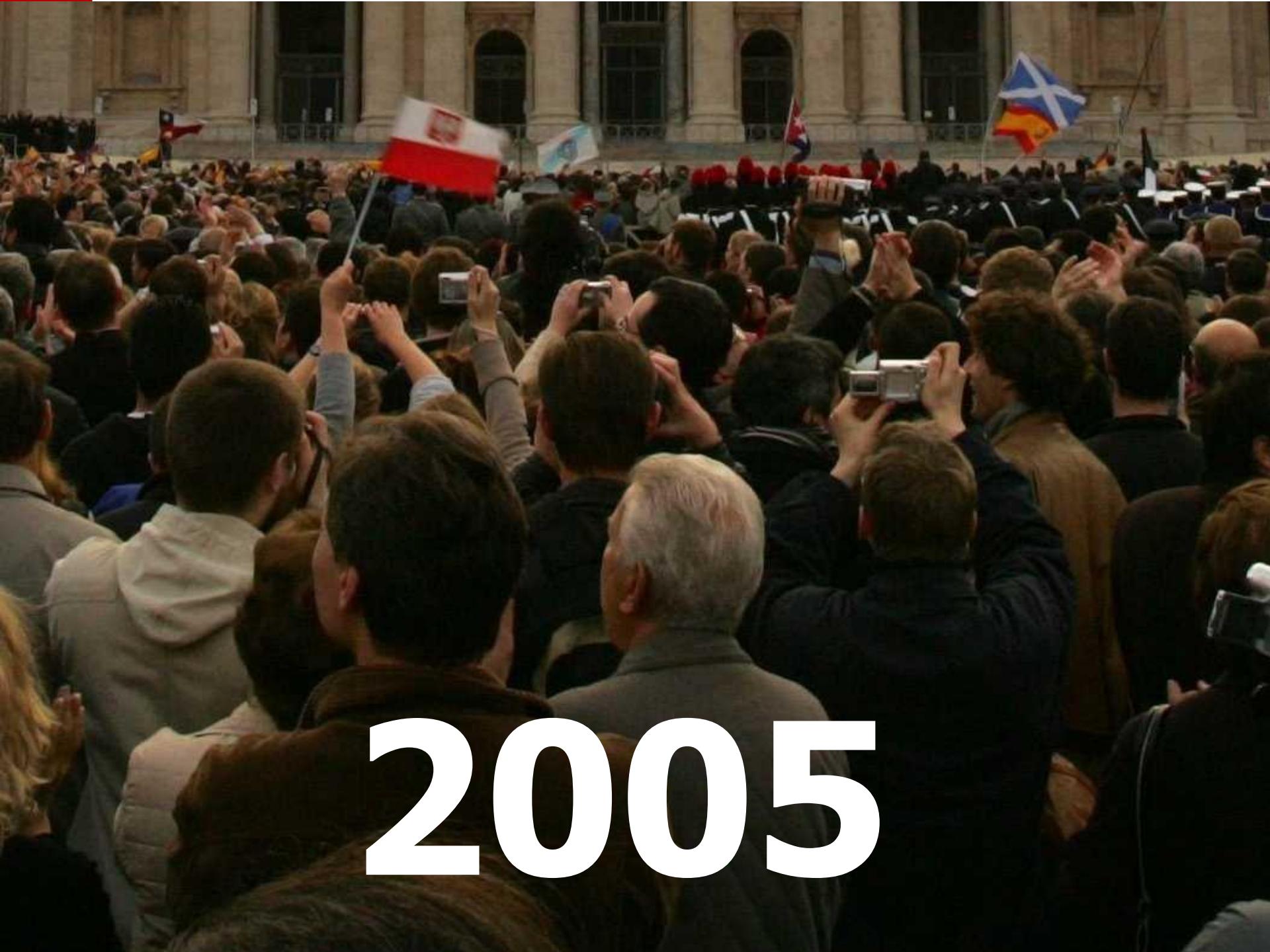
7 Billion

The Early Mobile Phone



7 Billion Subscriptions



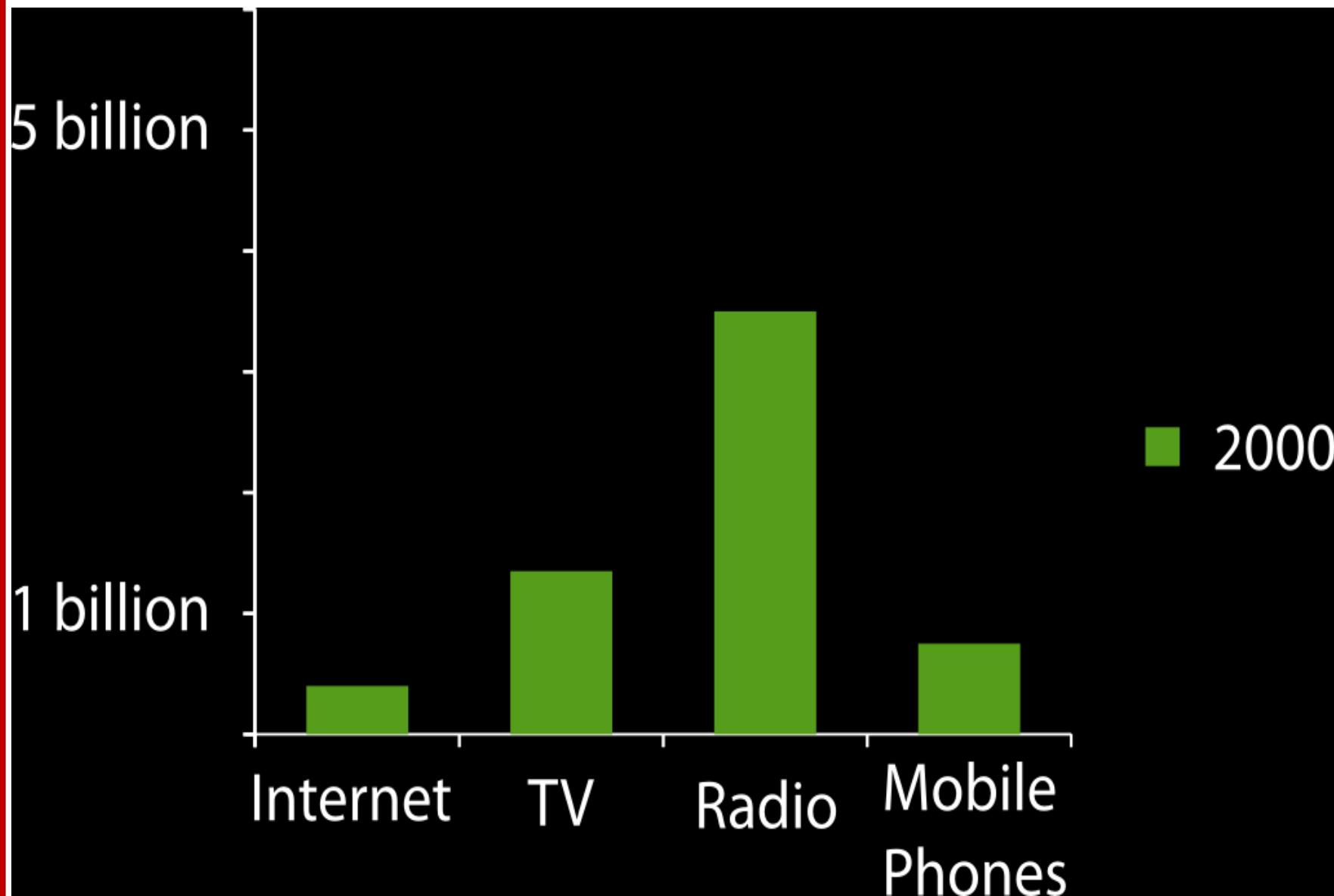
A large crowd of people gathered outdoors at night, many holding up cameras and flags, including the Polish flag.

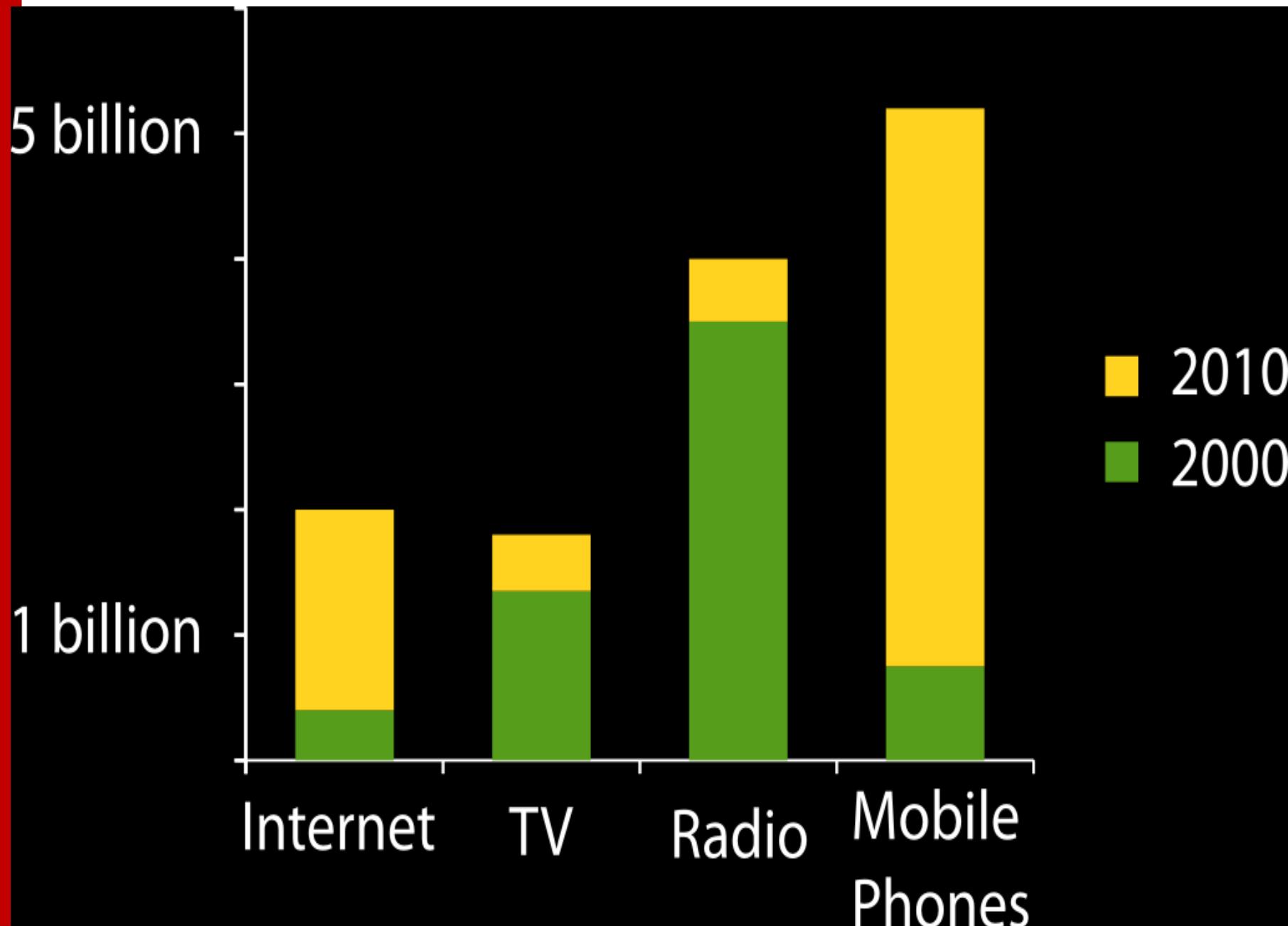
2005

2013



Media use in 2000





More Subs per minute than babies



71



406

In 2014, the number of mobile-cellular subscriptions reaches 7 billion, corresponding to a global penetration of 96%

The Changamka perspective

- The mobile is a tool for:
 - Health messaging
 - Registration and data capture
 - Health savings
 - Health insurance

The Problem

- Access to financing and care remains a major challenge
- Private out-of-pocket expenditures continue to represent a major portion of healthcare spend

Commitment Medical Savings Accounts

- There is great potential for instruments that can be used to finance health and maternity care
- There is need for Innovative mechanisms to help low-income households save for health
- There is evidence that many individuals want to save for anticipated expenses such as health but they need the assistance of a commitment device to do so successfully

Our Products



Medisave: Dedicated Savings for Health

Smart card based outpatient and maternity savings plan

- We developed an easily accessible, MPESA enabled platform for individual and third party contribution to health saving plans
- Piloted with 3,000 pregnant women at Pumwani Maternity
- 12,500 smartcards issued to low-income customers across Kenya

Results of Evaluation of Maternity Savings Card Program

- Most urban women understand the need for facility based deliveries and the need for savings to meet the costs involved
- Many bought the card for convenience and safety of funds not savings
- The issue of transportation to facilities was cited as a major barrier to facility based deliveries

Key Opportunities and Lessons

- Heavy investment required in marketing and outreach
- Target women before their 1st ANC to encourage them to access ANC earlier and save more
- Provide active reminders
- Expand provider network for wide choice
- Establish partnerships with known local MFIs and financial intermediaries

E-Voucher



Cost effective health subsidy e-voucher system

- Development of a transparent avenue for donor fund dispersal to individual recipients
- Transformation of the fraud prone voucher system through real time transaction transmission and e-monitoring capability

Our e-voucher program in Vihiga County (2011-2014)

- **Methodology:**

- A Randomized Control Trial was applied to establish which of the following combination of factors had the greatest impact in increasing facility based care:
 - Affordability of maternal health (ANC, Delivery and PNC e-vouchers)
 - Role of conditional and unconditional transport subsidies and
 - Role of reminder and health-related SMS messages

Results

- Voucher Outcomes:
 - In Facility deliveries: The results showed that
 - Having a transport vouchers increased in facility deliveries by approximately 34%,
 - Having a maternity voucher increased in facility deliveries by between 41% -46% (depending on the type of voucher), and
 - Having a combination of conditional transport and full maternity vouchers increased deliveries by over 50%.
 - ANC visits: The results showed that
 - Transport vouchers were a significant motivation for ANC attendance
 - The program was very effective in getting women to attend 4 ANC visits (we had instances of > 4 visits)



Voucher Program: Conclusion and Recommendations

Conclusion:

Our successful seed grant funded program which included a creative mix of financial and informational incentives for women, demonstrated positive outcomes and is scalable.

Recommendation:

The output based financing mechanism through e-vouchers has the potential of building on government financing mechanisms to expand coverage and ensure long-term sustainability. The approach can be scaled up to reach all pregnant women in resource poor setting.

Increasing Access through Telemedicine

Product	Function
eSteth-Digital Stethoscope	Used by health professionals or patients who need to monitor heart, lung, pulse and oxygen levels at the same time.
ENT Camera	Used for Ear, Nose and Throat examination
Digital Microscope	Uses optics and a charge-coupled device (CCD) camera to output a digital image to a monitor.
Headphones	Used for sound provision during the e-consultations

Savings for insurance: mobile phone based MicroInsurance

