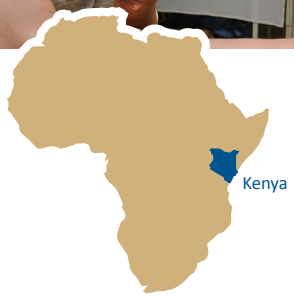
## LEARNING & ANALYSIS BRIEF

PharmAccess FOUNDATION


### MTIBA: A DONOR-FUNDED MOBILE HEALTH WALLET IN KENYA

# HOW MOBILE HEALTH TECHNOLOGY IS TRANSFORMING ACCESS TO AND UTILIZATION OF QUALITY HEALTHCARE IN KENYA




**This brief describes findings from the PharmAccess Mobile Health Research Lab in Nairobi, Kenya, where research is underway to see how a new mobile health wallet system, Mtiba, can be used to pay for healthcare.**

Since its launch in 2007, the mobile money system has catapulted the Kenyan economy from an informal, cash-driven economy to a modern, mobile money economy. Mobile money now reaches at least 74% of Kenyan adults directly and enables Kenyans from all walks of life to remit, transact, save, borrow, and share risks in a digital way. To capitalize on these positive effects, PharmAccess and its partners are developing and testing mobile-based models of financing healthcare that could increase demand for and improve the supply of quality healthcare in Kenya. An example is the mobile health wallet that aims to leverage mobile money to pay for healthcare. The objective is to reduce out-of-pocket expenses, increase transparency and trust among stakeholders, and attract increased investments in healthcare.

The Mtiba health wallet was launched in March 2015 in low-income areas of Githogoro, Kayole, Kibera, Mathare, and Komarock. The objective was to register up to 10,000 women with children under 5 years of age. Potential users were identified through text blasts sent out by the mobile network partner, Safaricom, and by field agents in collaboration with community health workers in the target areas. KES 1,000 (USD 10) was allocated to the mobile wallets of registered users. The funds could only be used at selected healthcare clinics that had been identified as providing quality care.

Between March 19 and July 31, 2015, data from 50 users, 51 non-users and 10 healthcare providers were collected and analyzed. The data included results from face-to-face surveys and in-depth interviews administered to both beneficiaries of the wallets and non-users, registration data, and data from the healthcare providers on the type and cost of services utilized at the clinics.

## Lessons learned

- **Most of the technical issues reported were due to beneficiaries forgetting how to access the wallet and issues with the mobile payment system rather than with the wallet itself. This suggests that the current design of the product is adequate.**
- **The results of the surveys, questionnaires, and data collected from the participating partners suggest that uptake of a mobile health wallet such as Mtiba among urban low-income earners could be increased if more efforts are directed towards creating awareness of the existence and benefits of the product within the target communities. The products should also be tailored to fit the users' demographics, e.g. beneficiaries reported that they would have preferred to have the service offered in the local language, Kiswahili.**
- **Training given to the beneficiaries in an easy-to-understand manner by someone they trust or feel connected to, such as community health workers or providers that already have a high visibility in the target area, is needed to increase utilization of mobile health wallets. Having stronger customer care service and a toll-free line for enquiries would address user concerns about not knowing who to report usage issues to or not wanting to call the help line because of the call charges involved.**

## KEY COUNTRY FACTS

**44.4 m**
population (75% is rural)

**45.9%**
of people live below the national poverty line

**43.4%**
of people live on less than USD 1.25 /day

**44.6%**
of people's spending on healthcare is out-of-pocket

**6%**
general government expenditures on health (compared to 15% Abuja norm)

– Based on 2012 and 2013 World Bank and World Health Organization data.

## PROGRAM FACTS

**4,678**
total number of wallets registered

### AREAS OF OPERATION

Githogoro
Kayole
Kibera
Matahare
Komarock

### PARTICIPATING PARTNERS

Safaricom
Kencall
Carepay
Dodore

– Based on May 2015 data.

**Main findings**

*Targeting*

- All the beneficiaries registered for the wallets were women: 52% were between 20-29 years and 37% were between 30-39 years old.
- 32% of the women had completed a secondary education and at least 14% had attained tertiary education.
- Living Standard Measures scores and average monthly income data confirmed that most of the beneficiaries were either poor or very poor, earning below KES 10,000 (USD 100) per month.

*Communication and uptake*

- Among the 4,678 Mtiba wallets registered, 91.3% were registered through the agent model (using providers, enrolment officers and community health workers) and 8.7% were registered through the SMS text blasts model.
- Using the SMS model, people were disqualified if they lived outside the target area, did not have children under 5 years, or were men.
- The majority of those who did not use the wallets after registration did so because they did not understand it.
- 53% of the beneficiaries felt that they received sufficient information about Mtiba while 47% did not.
- 64% of the beneficiaries reported not knowing where to report issues regarding the use of the wallets and only 9% of the beneficiaries were aware that there was a call center available for help.

*Utilization*

- By May 31, 2015, two months after the money had been distributed to the mobile wallets, only 33% of the wallets had been used at least once.
- Most of the used wallets were in Kayole and Kibera where enrolment was highest.
- The average cost per visit to one of the preferred providers was KES 715.10 (USD 7).
- The main conditions treated through the mobile health wallets at the clinics were respiratory diseases and infections including pneumonia, malaria, worms and other parasites, and gastrointestinal infections.

*User experiences*

- 98% of the women felt that using the wallets had positively influenced their lives and those of their dependents.
- Most feedback revolved around the financial benefits of using the wallet, e.g. the wallet helps when one has no money for treatment, the wallets allow users to save money that would otherwise have gone towards treatment, and use of the wallets makes it easier to budget family expenditures.
- 40% of the beneficiaries reported experiencing issues with the wallets. The main issues were: network problems, insufficient explanation by the providers/agents, complicated steps, not receiving a notification of registration or confirmation that the wallet was now open for use.
- 24% of the beneficiaries reported that the wallets made it easier to identify and access quality healthcare providers who were unknown to them.
- 14% reported that the wallets facilitated early health-seeking behavior that would otherwise have been impossible due to lack of sufficient funds.

*Non-user experiences*

The reasons cited by non-users for not utilizing the benefits of the wallet included:

- 44% had children who had not been sick.
- 16% forgot or did not receive their log-in information.
- 10 % did not understand the transaction process.
- 6% experienced delays at the facilities during visits.
- 4% did not trust the wallet system.
- 2% did not know which facilities to visit.

*Provider experiences*

- All the providers rated their experience with Mtiba as positive.
- The reasons cited were that Mtiba helps market the health facility to other clients and provides a secure and faster way of receiving payments and making claims.
- There was a 63% increase in the average number of patient visits to the providers during the Mtiba test.
- The increase in patient volume was attributed to active marketing of the product by providers.

## TAKE HOME MESSAGES

- Innovative mobile health technologies such as mobile health wallets are transforming the way healthcare is financed and delivered thus making healthcare more accessible to low-income people.
- Including various stakeholder groups in the design of mobile health technology products would foster high uptake and utilization among the target populations.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### MORE INFORMATION

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