



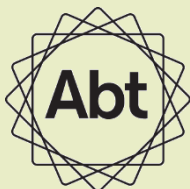
USAID
FROM THE AMERICAN PEOPLE



Strengthening Health Outcomes
through the Private Sector

Study of Changamka's Maternity Savings Card: Preliminary Evaluation Results

Private Sector Working Group
February 6, 2013



SHOPS is funded by the U.S. Agency for International Development.
Abt Associates leads the project in collaboration with
Banyan Global
Jhpiego
Marie Stopes International
Monitor Group
O'Hanlon Health Consulting

Agenda

- Background
- What is the Changamka maternity card?
- Data sources
- Findings
- Opportunities
- Next steps



Background: Maternal Health Issues in Kenya

- Only 43% of births occur in health facilities
- Vast majority of health services paid out-of-pocket
- Frequent non-payment for services is problematic for both facilities and for patients

Background: Financial Barriers to Use of Maternal Health Services

- Poorer Kenyans cannot afford bank accounts
- Recent studies show importance of commitment mechanisms for specific purposes, including health
- Maternity services appear to be ideal match for a savings mechanism

What is the Changamka Maternity Card?

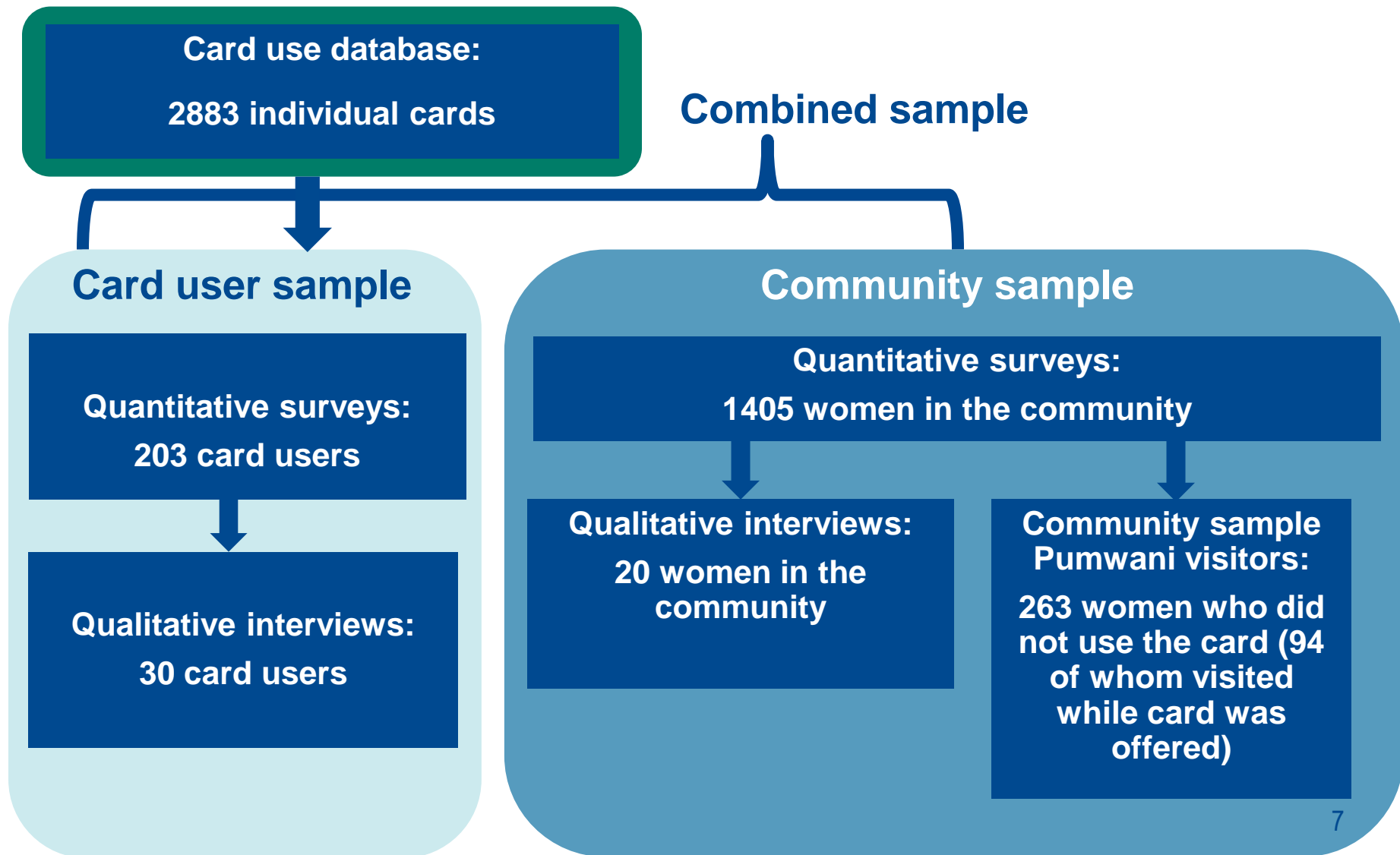
- Changamka established in 2008 in Nairobi
- Offers electronic healthcare savings cards, including the maternity care card
- Maternity card offered for free at kiosk inside Pumwani Hospital, between July 2010 and September 2011
- Top up at kiosk machines and with M-Pesa
- Fees (15% of service costs) borne by the hospital

Pumwani Maternity Hospital, Nairobi

- Owned by Nairobi City Council
- Largest maternity hospital in Sub-Saharan Africa—27,000 deliveries per year



Data Sources



Main Findings

- Concept well accepted—when well understood
- Massive uptake, large discontinuation
- Higher use among the less poor and the more educated
- Not sufficiently user-friendly, little product support
- Convenience and safety over savings
- Card use associated with higher number of ANC's
- Card use too short to affect date of first ANC or ability to save enough for maternity

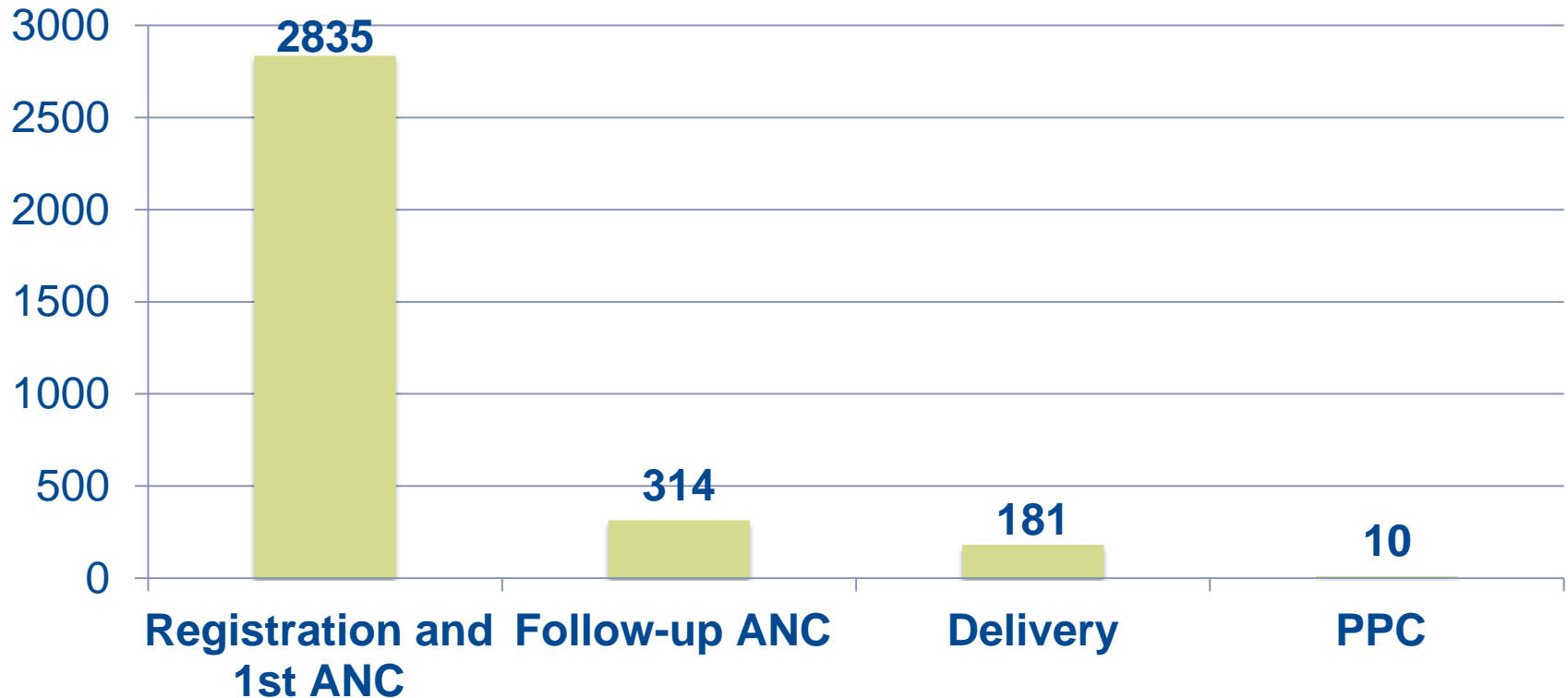
Concept well accepted—when well understood

Card user comment:

“With M-Pesa, you might be tempted to use the money for other things; if you crave meat on certain day, you can't resist using the money in the M-Pesa account. That is why my M-Pesa account is always at zero. It is very tempting. [I]f you have the [Changamka] card you will only use it for medical bills. There is no other way you can access that money.”

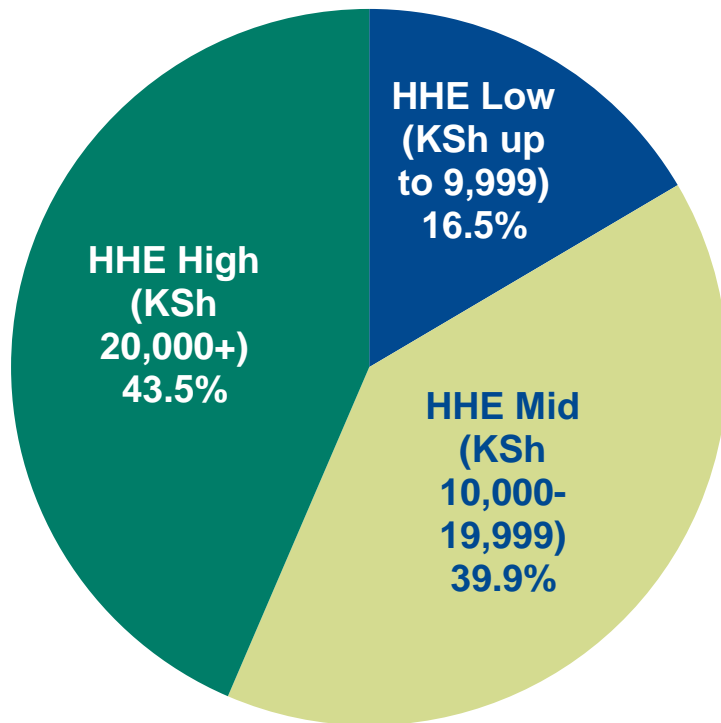
Massive uptake, large discontinuation

Services Purchased with Card July 2010 - October 2011

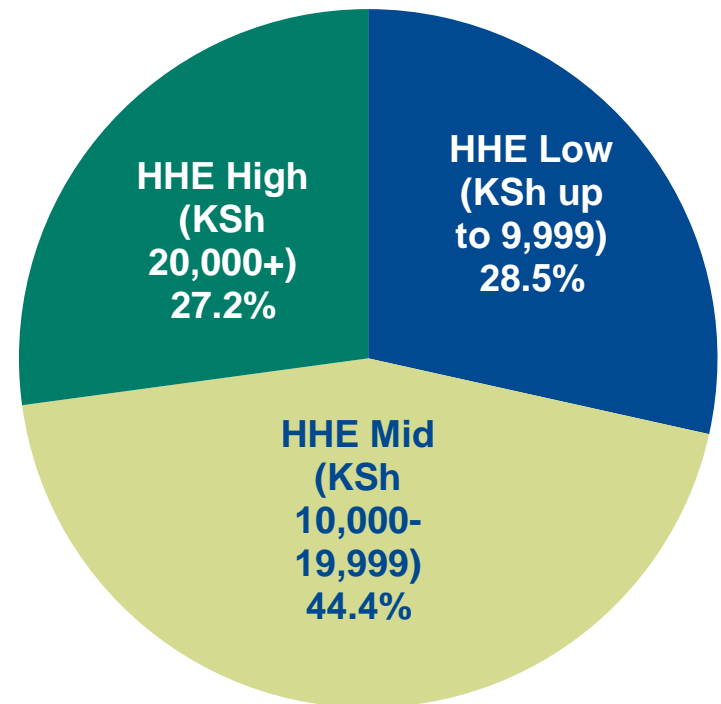


Higher use among the less poor...

Card Users (n=203)

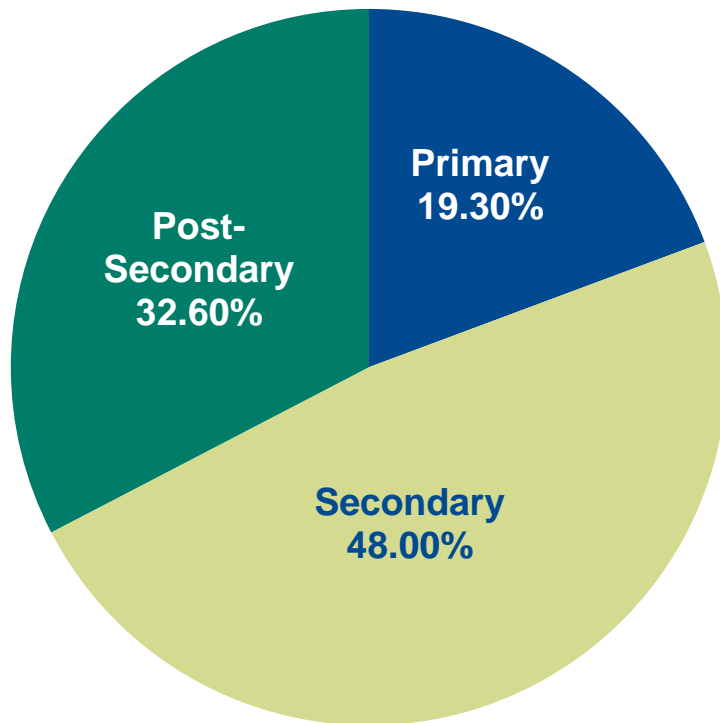


Community Sample Pumwani Visitors non-Card Users (n=94)

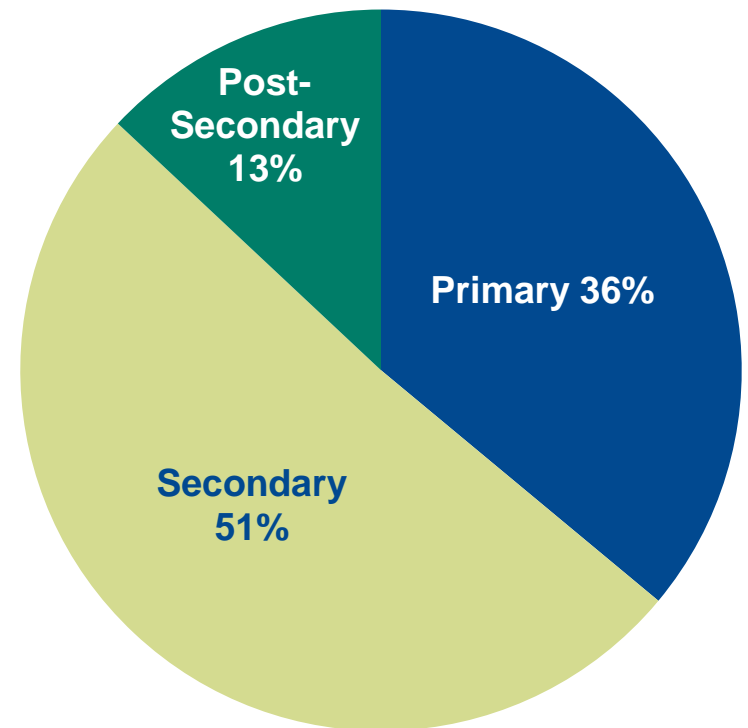


...and among the more educated

Card Users (n=203)

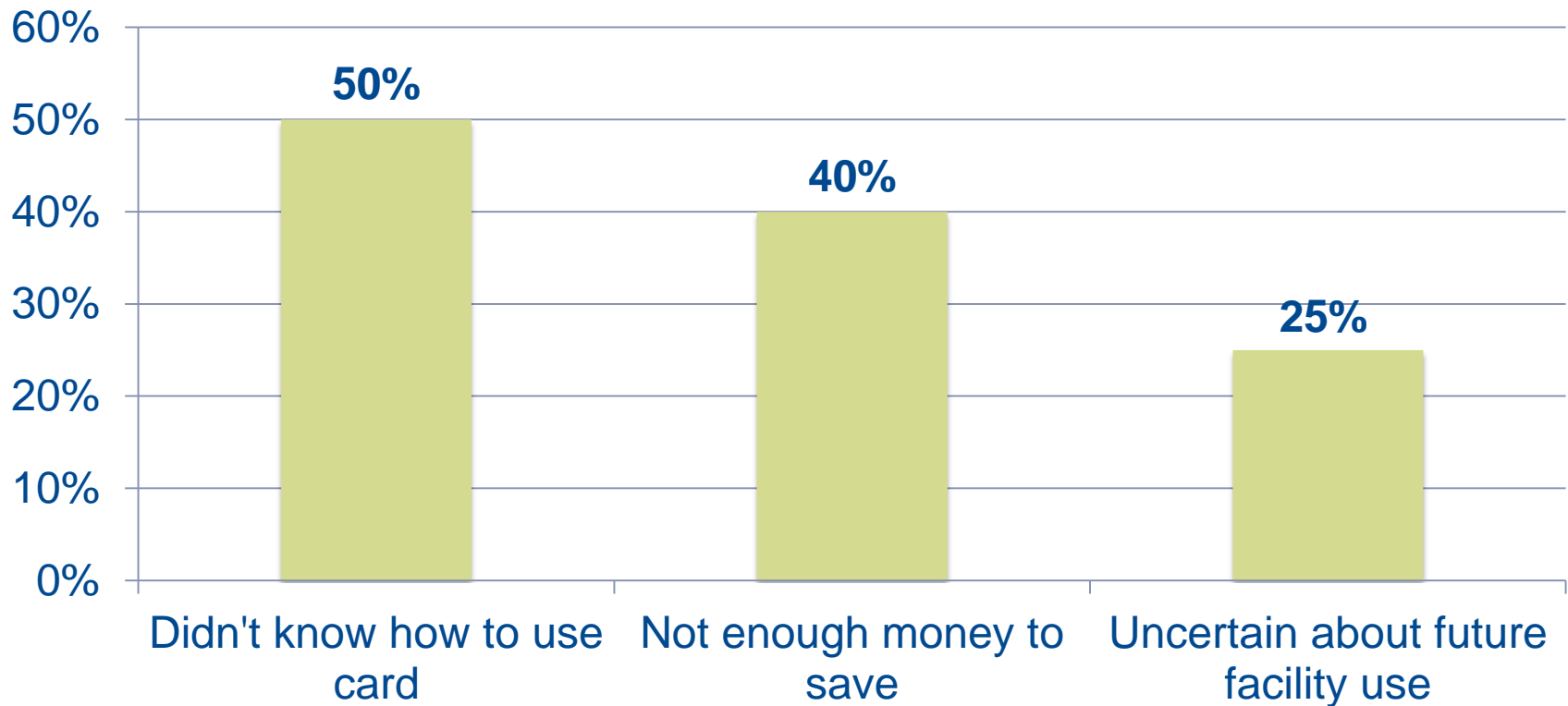


**Community Sample Pumwani
Visitors non-Card Users (n=94)**



Not sufficiently user-friendly, little product support

Most Common Reasons for Discontinuation or Not Saving among Card Users



Convenience and safety over savings

Card user comment:

“When it is time to deliver, all you need to do is give them the [Changamka] card and as you proceed to the labor ward, they can look up your file. You don’t have to line up like the rest who are paying in cash since they have to first pay, wait for a file to be allocated to them then proceed. It shortens the process very fast.”

Card use associated with higher number of ANC visits

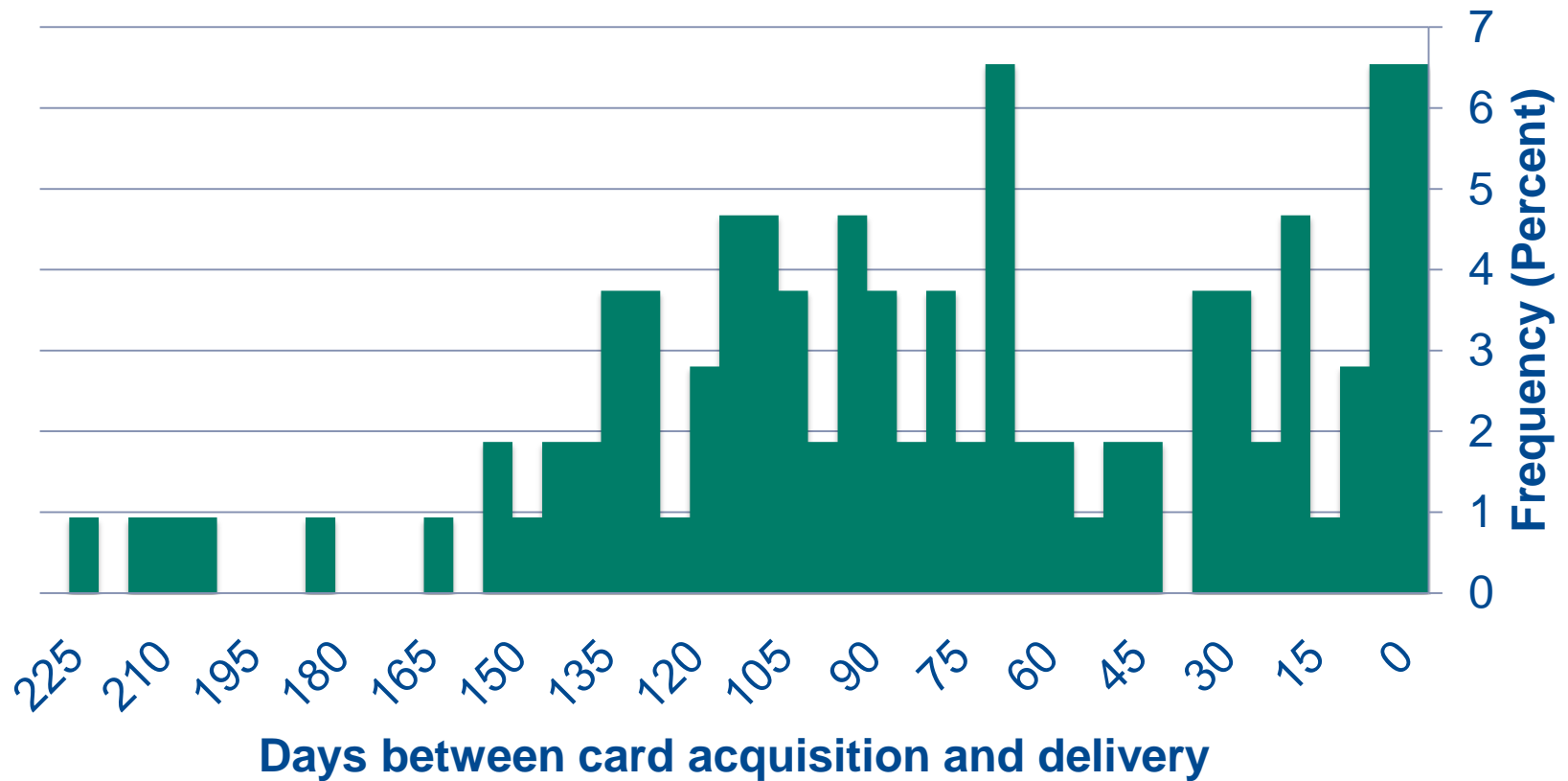
Average ANC visits by household expenditures, education, and insurance

| | | Card User Sample | Comparison Group |
|-------------------------------|-----------------------------|------------------|------------------|
| Overall | | 4.28*** | 3.75 |
| Household Expenditures | HHE Low (KSh 1,000-9,999) | 3.57 | 3.66 |
| | HHE Mid (KSh 10,000-19,999) | 4.29* | 3.84 |
| | HHE High (KSh 20,000 +) | 4.41*** | 3.67 |
| Education | Primary Education | 4.41** | 3.66 |
| | Secondary Education | 4.15 | 3.84 |
| | Post-Secondary Education | 4.43*** | 3.59 |
| Insurance | Uninsured | 4.12 | 3.81 |
| | Insured | 4.66*** | 3.52 |
| <i>n</i> | | 141 | 169 |

*= $P \leq 0.1$; **= $P \leq 0.05$; ***= $P \leq 0.01$

Card use too short to affect ANC or savings

Distribution of Timing of Card Acquisition



Opportunities

- Reach poorer and less educated consumers through active marketing and outreach
- Reach women—off-maternity—before first ANC to allow them to access ANCs earlier, and to save more
- Provide better instructions, support, SMS reminders, and engagement
- Expand provider network to provide facility choice, especially in private facilities

Next Steps

- Final report
- Presentation at USAID
- Use lessons from analysis for development of hybrid MSA/MHI product with private insurance company (under SHOPS Kenya)

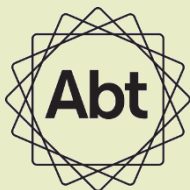


Thank You



Thierry_van_Bastelaer@abtassoc.com
Benjamin_Woodman@abtassoc.com
David_Long@abtassoc.com

www.shopsproject.org



SHOPS is funded by the U.S. Agency for International Development.
Abt Associates leads the project in collaboration with
Banyan Global
Jhpiego
Marie Stopes International
Monitor Group
O'Hanlon Health Consulting