





Strengthening Health Outcomes through the Private Sector

Saving Money, Saving Lives: An Evaluation of Changamka's Maternity Savings

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Maternal Health in Kenya

Maternal mortality rate:

Key Findings

Concept well accepted—when well understood

- 488/100,000 live births
- Only 43% of births occur in health facilities
- Financial barriers to access maternal care:
 - 80% of Kenyans uninsured
 - Maternal care paid out-of-pocket
- Frequent non-payment of services is problematic for facilities and patients



Benefits of Medical Savings

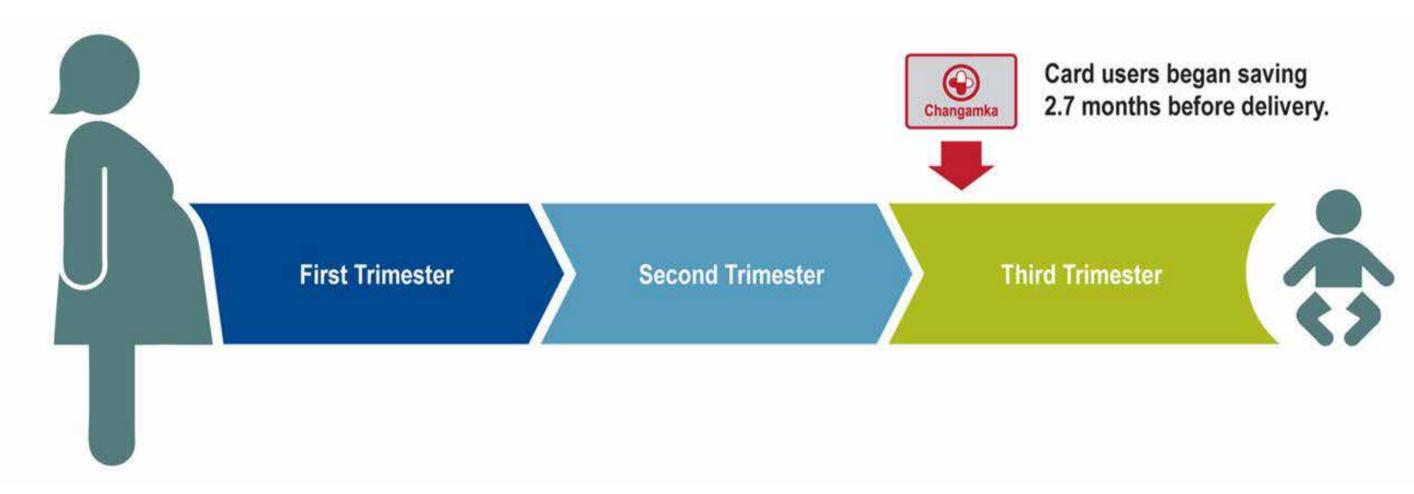
- Most low-income Kenyans cannot afford bank accounts
- Studies show importance of commitment saving mechanisms for specific purposes, including health
- Maternity services appear to be an ideal match for a savings mechanism

Changamka Maternity Card

Changamka offers electronic health care savings cards,

- Higher use among the less poor and more educated
- Massive uptake, large discontinuation
- Card not very user-friendly due to insufficient product support
- Convenience and safety valued over savings
- Card not used long enough to save adequately for maternal care

Users Obtained Card too Late to Allow for Significant Savings



Reasons Women Used the Card

Reason	% Response
Convenient to use and safer than carrying cash	78%
Helps pay for services and leave hospital more easily	60%
Helps prevent women from spending the money on other things	25%
Helps prevent their families from spending the money on other things	5%

including one for maternity care

- Card offered for free at kiosk inside Pumwani Hospital, July 2010-October 2011
- Users can top up at kiosk machines and with M-Pesa
- Hospital pays card fees (15% of service costs)
- Card can be used to pay for antenatal care, delivery, and postnatal care

Research Questions

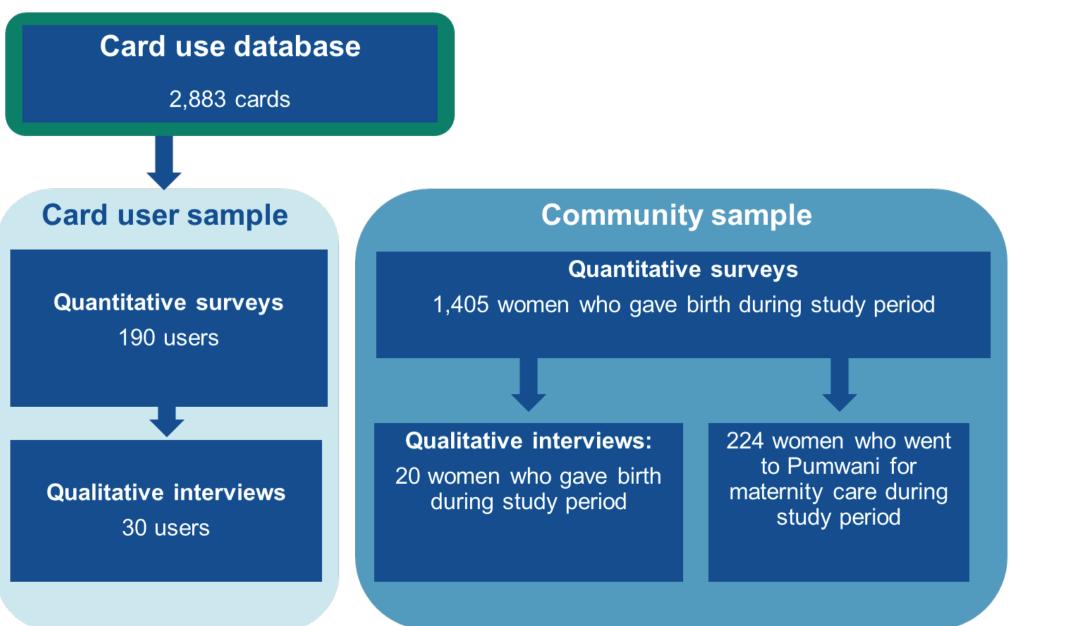
	Research Question	Data Source
1	What are the experiences and perceptions of women in the community in the catchment areas with regard to maternal health services and financing?	Community survey (1405 women) and in-depth interviews (50 women)
2	Were people willing to try the new card? How many?	Transaction database (2883 cards)
3	What type of people chose to accept the card? How did they differ from those who did not?	Card user survey (190 women) and community survey (224 women)
4	How did users use the card?	Transaction database (2883 cards)
5	What were card users' experiences and perceptions regarding the card?	Card user survey (190 women) and card user interviews (30 women)

Opportunities for the Card

- Reach poorer and less educated consumers through active marketing and outreach
- Reach women—outside of facilities—before first antenatal care visit to allow them to access this care earlier, and save more
- Provide better instructions, support, SMS reminders
- Use known and trusted financial intermediaries
- Expand provider network to provide facility choice, especially in private facilities

6	Did card ownership appear to facilitate	Card user survey (190 women) and
	obtaining maternal health services?	community survey (224 women)

Data Sources



Universal Health Coverage Implications

- Private financing mechanisms such as medical savings ease the pressure off public health programs
- Medical savings can be a beneficial financial tool to increase access to health care
- Suitable for outpatient care, preventive services, and to pay insurance premiums or co-payments
- Opportunity to design more affordable hybrid savings and insurance products
- Need to address other financial and non-financial barriers to accessing maternity services



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