

clinicPesa First Quarter Report



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Content

1. Executive Summary.....	3
2. Introduction and Background	3
3. Objectives of the Project.....	4
4. Report of the Project Activities.....	5
5. Describe the Communication interventions	16
6. Describe the M & E intervention implemented	19
7. Achievements registered during the project implementation period....	21
8. Describe the Lesson Learnt during the Implementation of the Project	24
9. What are some of the Challenges encountered during the Project Implementation	24
10. What are some of the Recommendations from the Project?	25
11. Next Quarter Work Plan and Budget as per the agreed.....	26
12. Conclusion and Way Forward.....	27



1. Executive Summary

This report summarizes the detailed description of clinicPesa capturing the objective of the project, achievements, challenges, project activities so far done, lessons learnt during the project implementation and recommendations to be taken.

2. Introduction and Background

According to an NCBI and Ministry of Health publication 2016, about 1% of the 41,652,938 people in Uganda have access to health insurance due to expensive health insurance premiums, insurance underserve and a great bias towards insurance. The situation hardly changes when one goes to Kenya where only 20% of the 48,466,928 citizens have access to health insurance. This increases the out of pocket expenditure towards medical bills for more than 80 million citizens of EAC while putting their lives at stake as there is no individual healthcare plan in case of illness, need for antenatal care or an emergency. This has in-turn led to increased poverty, frustration to government health programs and unnecessary dependence on government and donor aid as the number of uninsured citizens is innumerable.

The East African Community(EAC) Common Market Protocol of free movement of citizens, labor, goods, capital and the rights of establishment and residence of citizens in East Africa further widens the challenge as EAC citizens freely cross borders without a healthcare plan. Yet if they did fall sick, they would become stranded.

clinicPesa is a digitized healthcare micro-savings and loan platform that leverages existing mobile money and banking infrastructure to extend strictly healthcare micro-saving discipline and credit line to innumerable uninsured people who are low income earners, insurance underserved, as well as SME to plan for their healthcare and that of their beloved ones. Users set aside funds in a cumulative manner in-order to offset their medical bills and buy drugs in time of need at any registered clinic, hospital or pharmacy within Uganda and Kenya.

This targets their daily/weekly and monthly wages as they can even set a standing order. Every time the user sets aside funds, that particular transaction record is used to build a healthcare credit score for the user's credit line. clinicPesa users can then get short-term smaller extensions (inform of loans) on top of their savings and annual bonuses to offset their

medical bills and purchase of medicine. In turn facilities can receive their money in real time for liquidation so as to re-invest back to their business operations.

3. Objectives of the Project

- To create a health saving and credit platform for uninsured citizens of Uganda and Kenya.
- To provide easy and simplified access to health care services through a saving scheme for citizens of Uganda and Kenya.
- To generate expansion capital of the project through soliciting more grants and future investments.



4. Report of the Project Activities

a) Activity 1: Data collection

Collection of data and reviews from the prospective users is a continuous process and has so far been ongoing since the project inception. This has enabled us to refine the product and fine-tune the solution to a user accepted service and putting into account human centred design.

Objective	To learn user feedback and incorporate human centred design in the service.
Start Date	3 rd June 2016
End Date	Still on going process to-date.
Venue	Every where you go, Anytime and Anywhere.

Output

- User centred software specifications that are being converted to a working service.

Outcomes

We learnt that:

- Target users do a lot of borrowing from friends, Saccos, relatives, family, neighbours for healthcare. We also learnt that incorporating this in the clinicPesa healthcare savings will mimic the behaviours of the user.
- clinicPesa would be best presented to the target users from the healthcare facilities for signup.









b) Activity 2: Architectural implementation

clinicPesa's System Architecture was designed and tested out on various aspects by Eng. Onyancha Chrispinus. This plan has been refined several times to incorporate system security, efficiency, avoidance of failure among others.

Objective	To put in-place a scalable, secure, efficient and faster system infrastructure.
Start Date	13 th February 2017
End Date	4 th May 2017 (awaiting the incorporation of the telecoms to complete the circuit)
Venue	4 th Floor Soliz House Lumumba Avenue. (Office)
Number of participants	1

Output

- clinicPesa has now 60% of the system architecture implemented and waiting to be integrated with the telecoms upon signing of the contracts.

Outcomes

We learnt that:

- Concentrating on the main channels (USSD) that deliver the actual value to the target users was very important.
- Security was a key input while implementing the software design.
- Using latest technologies with proven speeds and uptime would enhance our reliability and speed while reducing the failure rates.
- Each user transaction process should be tracked in only one session which is done at the backend.



c) Activity 3: Software development

clinicPesa's System software development process has been executed to some extent with 40% of the works done to completion.

Objective	To put in-place a user friendly system that is in line with the system architecture.
Start Date	3 rd April 2017
End Date	On going process even after launch.
Venue	4 th Floor Soliz House Lumumba Avenue. (Office)
Number of participants	3 members and 3 advising filed experts

Output

- clinicPesa has now 40% of the system implemented and waiting to be integrated with the telecoms in the backend system and USSD menus upon signing of the contracts.

Outcomes

We learnt that:

- Concentrating on the main channels that deliver the actual value to the targeted users instead of building a feature based application was very important. This main channel is through the popularized and existing mobile money USSD menus.
- The process of tracking software and collaborative development is very important in achieving quality software deliverables.
- To complete this process, we shall need the integration to the telecoms which is dependant on the contracts yet to be signed.



Figure 2: Software development work space.



d) Activity 4: Contract with APIs and Stakeholder.

clinicPesa team spearheaded by Eng. Onyancha Chrispinus has conducted a number of meetings, follow ups with the different Organisations and with a great progress success in most of them.

Objective	To create partnerships that will lobby the clinicPesa pricing to the end user.
Start Date	23 rd May 2017
End Date	30 th Oct, 2017
Venue	Kisii district, Airtel Uganda, MTN Uganda, Stanbic Bank, CBA Bank office premises.
Number of participants	19 members combined

Output

- Ongoing discussion with a positive interest towards the services.

Outcomes

We learnt that:

- GIZ Kenya promised to work with clinicPesa to achieve micro collection for NHIF Kenya for the informal sector which is cutting cross the 80% of the employment sector in Kenya.
- Some telecoms like Airtel would not wipe out their collections charges which will be a bit discouraging for citizens to save.
- Safaricom is very willing to take part in this initiative after signing an NDA with clinicPesa.
- MTN is also very willing to take part in the initiative after getting the bank offers.
- CBA Bank is very open to working with clinicPesa and we await to hear from them on next step to take.
- Microsoft is also supporting the implementation of clinicPesa under the Insiders4Good

- UAP Insurance on attending one of our public pitches, wanted to work with us instead of the bank but we are still exploring what they have to offer in their packaging with clinicPesa in regards to savings, interest and micro loans.
- Stanbic Bank saw it as an opportunity but were not open to working with us. Though later on they changed their interest to working with clinicPesa



Figure 3: Meeting with Partners in Kampala



Figure 4: Microsoft Award for clinicPesa in Nairobi Kenya



Figure 5: clinicPesa in Burundi showcase



5. Describe the Communication interventions

We have designed communication materials, built communication channels, attended and showcased in different conferences, done publications and have had a number of media interviews of both TV and radio so far while others are still in the pipeline. With this in place, a lot of positive adaption has been seen in few months of clinicPesa implementation.

Output

- Awareness creation about the EAC integration process with tangible value brought through healthcare financing initiatives.
- Talks with potential investors and EAC prospective customers yearning to use the service when ready to solve their problems.
- Started a manual pilot with a prospective healthcare facility.

Outcomes

We:

- Have put up a website for the service, Facebook, Twitter, LinkedIn, YouTube, Medium accounts just for promoting, selling and creating awareness out to the general public about service as a benefit of the integration.
- Have done the first video with a talk about clinicPesa, and the finalising the videos showcasing clinicPesa Awareness with respect to integration.
- Have printed out some banners, brochures, fliers and tear drops for showcasing the different clinicPesa and IIDEA works at large.
- Have attended conferences in Kenya, Uganda, Burundi, and Rwanda to showcase the works of clinicPesa and IIDEA promotion.
- Have attracted media house interviews, to push out the integration benefits through clinicPesa as a service to the people of EAC. This is still an on going process.

Results



- The public can now find more about clinicPesa initiative in the different channels on social media, official website and YouTube.
- We have an in house video content talking about the problem being undertaken by clinicPesa.

Website: <https://clinicpesa.com>

Facebook: <https://www.facebook.com/clinicPesa>

Twitter: <https://twitter.com/ClinicPesa>

YouTube: <https://www.youtube.com/watch?v=X7MOX125pkI>

Insider4Good:

<https://windowsinsiders.azurewebsites.net/Fellowship/FellowByName/Onyancha/Chrispinus?country=eastafrica>

Media coverage

The Ugandan tech:

<http://www.theugandatoday.com/news/2017/06/4-ugandan-tech-entrepreneurs-awarded-windows-insiders4good-fellowships/>



Figure 6: clinicPesa at Kigali shocase





6. Describe the M & E intervention implemented.

Goal	User friendly, easy, secure, health saving scheme for citizens of Uganda and Kenya						
Objective 1	To create a health saving platform for citizens of Uganda and Kenya						
Outcome 1	Target/ output	Inputs	Activities	Indicators	Time	Responsible	Status
Ability of citizens in Kenya and Uganda to utilize the platform	<ol style="list-style-type: none"> The web system, mobile application developed. Working Agreement for server space and server instance spaces 	<ol style="list-style-type: none"> Staff time Computer Internet Funding Banking Services 	<ol style="list-style-type: none"> Data collection Architectural implementation Software development Contract with API stakeholders. Software Testing Acquiring Cloud Server Space 	<ol style="list-style-type: none"> Functional online system with USSD and mobile applications. Report on data collection. Mobile money and Bank integration Installed cloud server instances 	January to June	Managing Director and Chief Technical Officer	In progress
Objective 2	To provide easy and simplified access to health care services through a saving scheme for citizens of Uganda and Kenya.						
Outcome 2	Target/ output	Inputs	Activities	Indicators	Time	Responsible	Status
1. Ability for health care providers to process payment and access faster.	<ol style="list-style-type: none"> Availability of money for health care services for citizens Quick payment to health care providers. 	<ol style="list-style-type: none"> Staff time Computer Internet Funding Banking Services Citizens 	<ol style="list-style-type: none"> Contract with health providers and relevant partners Project Launch Develop and disseminate promotional and 	<ol style="list-style-type: none"> Number of citizens saving and accessing health care services easily 	July to December	Managing Director and Chief Marketing Officer	In progress



			<p>communication materials.</p> <p>4. Raising Finances for expansion.</p> <p>5. Registration of users</p>				
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7. Achievements registered during the project implementation period

- a) Showcased at the Health pillar conference in Kisii with 13 counties attending and getting the GIZ Kenya team to show interest in using the service to extend NHIF coverage in Kenya to the informal sector which employees 80% of Kenyans.
- b) Showcased at a meeting of the National Consultative Meeting on Portability of Social Health Protection that opened doors to clinicPesa working with community based insurance firms as well.
- c) Initiated negotiations with potential partners conducting mobile money operators who are telecommunication companies like Airtel (U), Safaricom and MTN Uganda. This is because the clinicPesa platform intends to leverage on existing mobile money infrastructure. Negotiations are still actively underway to enable these service providers integrate us into their system.
- d) clinicPesa now incorporated as an independent entity under the laws of the Republic of Uganda as well as acquiring office space at 4th floor, Outbox, Soliz House, Lumumba Avenue, Kampala, Uganda.
- e) We have actively involved financial institutions who are also potential prospective partner banks as clinicPesa is, by law, not a financial institution. Talks have been initiated with relevant banks that have cross border advantages like Stanbic Bank, Commercial Bank of Africa. We have also managed to attract Insurance firms to give offers on the same specifically UAP Insurance.
- f) clinicPesa has actively involved companies responsible for providing USSD codes, collectively known as aggregators like Lipa Mobile, Rewire and Africa is Talking. Subscription fees for each company's USSD sessions was noted and reviewed, as the best is put for consideration.



- g) In order to minimize total costs incurred by the end user, clinicPesa initiated talks with the Ministry of Information and Communication Technology, Uganda to establish whether a free USSD code that could be availed as the end product is meant for East African Citizens, and its affordability is key. Availing a free USSD code by the Ministry, it could save the initiative a sum of \$12,000 which could be diverted to a new expense.
- h) Application for a letter of no objection from the Ministry of Health Uganda, allowing clinicPesa to freely register a network of healthcare facilities onto the platform all over the country commenced. Follow up is actively going on.
- i) A showcase in Bujumbura at the launch that led to a creation of networks for the service.
- j) Documentary equipment's, which is very critical to clinicPesa work was purchased from a reputable vendor in Kampala to aid its media production work and reduce hiring costs.
- k) Pitch in Nairobi Kenya that made clinicPesa win the East Africa Microsoft Insider4Good mentorship support, access to media coverage, leads to investors and links to more grants recommendations worldwide.
- l) Pitch in Kampala that opened clinicPesa to an investor firm interested, UAP willing to do a partnership and it being selected for a potential investor showcase at the StartUpBootCamp in Cape town. Terms are yet to be agreed upon.

Description of activities planned for the reporting period	Output targets		Level of achievement in per cent		Explanation (s) / Performance / Remarks
	Planned	Achieved	Planned	Achieved	
Data collection	✓	✓	90%	70%	Going on well as we adapted the human centred design approach.
Architectural implementation	✓	✓	100%	80%	Awaiting for the contract with the telecoms (Integrations)
Software development	✓	✓	100%	40%	Old team dropped and new team takes over the process. Awaiting for the contract with the telecoms (Integrations)
Contract with API stakeholders	✓	✗	80%	30%	On going negotiations
Software Testing	✓	✗	65%	15%	Depends on the software development process
Acquiring Cloud Server Space	✓	✗	100%	20%	Acquired only testing servers, development servers depends on software development process.
Contract with health providers and relevant partners	✓	✗	50%	10%	On going negotiations and meeting with MOH and a few facilities.
Raising Finances for expansion	✓	✗	80%	25%	On going grant application and public pitches world wide.
Project Launch	✓	✗	40%	2%	Dependant on all the above tasks
Develop and disseminate promotional and communication materials.	✓	✓	90%	45%	So far waiting to do printing for the project launch and the T-shirts
Registration of users	✓	✗	85%	1%	Await for the platform to be launched.



8. Describe the Lesson Learnt during the Implementation of the Project

- a) We learnt the need to Involve the users and facilities in every step of the implementation so that they help strengthen the project output.
- b) We need to do a lot of local sensitisation of both the project and integration at large.
- c) We need to build a strong team of partners, internal team, and government contact relation officers for the project to move faster and succeed.
- d) Need to prepare early in time for the next few months to come to enable project expansion and financing through investors and donor lobbying.

9. What are some of the Challenges encountered during the Project Implementation?

Describe problems / obstacles that were encountered during the reporting period and what was done to overcome them.

1. During data collection:

We had very limited resources in regards to field manpower to get enough coverage in the field and collect this data. As a result, we used a mechanism of “whatever activity you are doing that interact with people, conduct a review, educate the user about the service and get his/her feedback immediately”. This helped us to reach all perspectives of people and of different levels of income.

2. Architectural implementation faced a challenge of:

Successful completion of this process was dependant on the partnerships to be closed between clinicPesa and the telecommunications companies and the bank. This process tended to slow down but we put much focus on the tasks that could be done without this dependant as we also push for the closure of the partnerships.

3. In the Software implementation process:

The initial team composition’s productivity drastically declined and this led to a great work load on the team leader. We had to drop the team after a series of meeting with request for improvement. A new team and extra performance tools are being put in place by the team leader to enhance productivity.

The team leader also solicited a series of tracking tools that were introduced by Microsoft team of mentors under the Insider4Good fellowship and the slicing Pie model by an author Mike Moyer which in turn has introduced much more efficiency in tracking individual team members’ delivery,

performance, quality of output and determinations. With this in place we expect, much more deliverables with the new team members in the next quarter.

4. During the attaining of contracts with APIs Stakeholder:

Some telecoms were not willing to let go of some transaction charges during saving process. They requested for proof of the concept with traction in the market before they could do revenue share with the service. We are still in talks to lobby them into letting them go of that collection price. We hope to see much more positive result this next quarter.

5. Contract with healthcare providers and Ministry of health:

We found a major challenge in speeding up of the feedback loop from the Ministry of Health most especially in Uganda. We are just getting our first meeting in next coming month after pushing from March this year. We have created a value add for the healthcare facilities that we will use to on board a network of facilities as we await our first meeting with the Ministry of Health.

10. What are some of the Recommendations from the Project?

The following were the recommendations from the implementation and consideration for the project;

1. The EAC partner states should walk the talk of integration. Active implementation of the integration by the respective partner states is the way to go. This should not only be in the policy making but also implementing these policies.
2. The EAC secretariat should keep up the great work of supporting the innovation under the IIDEA umbrella.
3. IIDEA should keep up the continuous support of the tangible projects to realise integration.
4. IIDEA should encourage flexibility with approval in budget change of the project. Flexibility will enable incubates to discover savings that could be channelled to new demands that need funding and were not budgeted for earlier. This incubate can then ask for an approval in the changes to the new budget items from the incubator hence more work is covered but within the same approved budget funding.



11. Next Quarter Work Plan and Budget as per the agreement

Planned Activities	Objectives	Output	Budget Line (extract from the agreed budget)	Responsible
Software development	<i>Conduct the first transaction on Mobile Money</i>	<i>A working prototype</i>	<i>\$10,500 (clinicPesa contribution)</i>	<i>Project Manager</i>
Contract with API stakeholders	<i>Use the telecoms' infrastructure to push out the service</i>	<i>clinicPesa accessible on the MNO's USSD Menus</i>	<i>\$23,000(GIZ)</i>	<i>Project Manager</i>
Software Testing and installation	<i>Test the prototype</i>	<i>A tested working prototype</i>	<i>\$2,450(GIZ)</i>	<i>Project Manager</i>
Acquiring Cloud Server Space	<i>Have a production servers in use</i>	<i>Production servers with first deployment</i>	<i>\$5,550 (GIZ)</i>	<i>Project Manager</i>
Contract with health providers and relevant partners	<i>Create the first network of facilities</i>	<i>A net work of piloting facilities.</i>	<i>\$2,000 (clinicPesa contribution)</i>	<i>Project Manager</i>
Raising Finances for expansion	<i>Create the next financing for clinicPesa</i>	<i>Expansion financing</i>	<i>\$5,000 (clinicPesa contribution)</i>	<i>Project Manager</i>



12. Conclusion and Way Forward

This has been a great initiative and clinicPesa will keep the same spirit of hard work and continue pushing for implementation success of the Integration with tangible benefits.

clinicPesa also greatly Thanks GIZ for its ground work done through financing, exposure of the innovation, investor lobbying as well as Mentorship advise support. This is what gives us the strength to grow the innovation even when encountered by obstacles.