

# mHealth for Safer Deliveries: The role of mobile money in increasing facility deliveries in Zanzibar



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# What D-tree does



- Provide decision support tools for use by frontline health workers **to improve quality of care**
  - Develop clinical/community protocols
  - Design, test and deploy applications
  - Partner with MOH and other health NGOs
- Focus areas:
  - Maternal and Child Health
  - Chronic Disease
  - Facility and community health workers



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# Types of mHealth interventions



## Source:

mHealth innovations as health system strengthening tools: 12 common applications and a visual framework

Alain B Labrique, Lavanya Vasudevan, Erica Kochi, Robert Fabricant, Garrett Mehl. Glob Health Sci Pract August 1, 2013 vol.

1 no. 2 p. 160-171

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# Safer Deliveries in Zanzibar



**Overarching goal:** To reduce maternal and neonatal morbidity and mortality

**Aim (Primary):** To increase facility delivery and skilled attendance at birth

**Secondary:** Increase postnatal care



**A busy home visit during pregnancy**

Photo credit: Mark Leong/WHO

Addressing the 'three delays' to facility delivery:

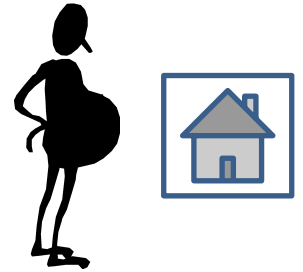
- The decision to seek care
- The transfer to a facility
- Treatment at the facility

# All on one device



## Using a mobile phone, CHWs:

- **Register pregnant women and permissions** from decision makers at home
- Agree on an **birth plans** based on established risk factors
- **Counsel mothers and families** on healthy behaviors and danger signs
- **Screen pregnant mothers** to identify danger signs and refer as needed
- **Coordinate** transport, call facility staff, escort mother
- **Pay for transport** to health facilities using mobile banking for labor and complications
- **Monitor mother and baby** up to 10 days after delivery to ensure a continuum of care



# How we use mobile money



- Transfer funds from D-tree to Community Health Worker (CHW) accounts
- CHW organizes transportation and pays drivers from account using mobile money
- CHW withdraws their incentive at end of month
- Audit transactions using application records, mobile money accounts and sign-in books at health facilities



# Additional Systems

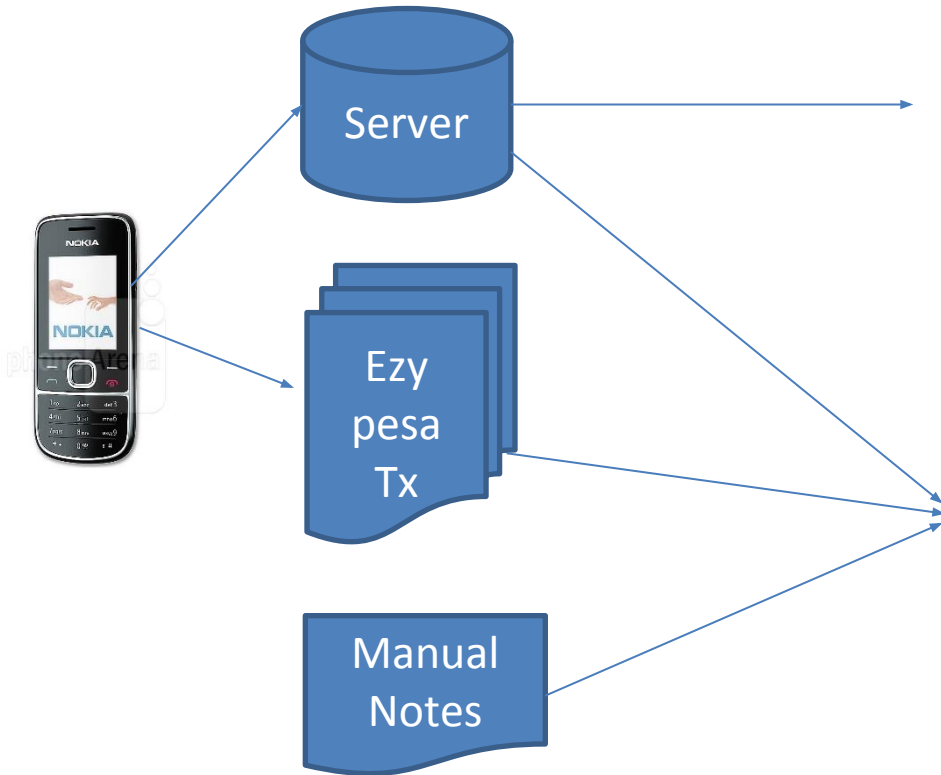


## Zenji Dashboard



## Financial Tracking

Consolidated Transactions Referrals EzyPesa Manual Routes TBAs Post Platform Incentives Costs											
USERNAME	DISTRICT	PHONE	FUNDER	REF#	CREDITS	DATE	TX TYPE	AMOUNT	BALANCE	BURN	
► abdalla abdalla	Mkoani		chw	15	5				32,000	70,000	
► afua ussi	Mkoani		tba	139	27				197,000	583,000	
► ahmed omar	Central		chw	10	5				101,000	111,000	
► ali haji	Central		chw	20	7				136,000	63,000	
► ali nassor	Central		chw	8	6				113,000	37,000	
► ali sharif	Micheweni		chw	8	1				121,000	21,000	
► alkhamsi ame	Central		chw	9	3				120,000	153,000	
► ambae juma	Micheweni		tba	1	1				124,000	7,000	
► amna alawi	Wete		tba	15	3				63,000	176,000	
► amna bakar	NorthA		tba	48	8				45,000	225,000	
► amna hashim	Mkoani		tba	68	14				102,000	358,000	



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# Tracking: Referrals



Action needed

Apr 2014											Export to CSV	
DISTRICT	USERNAME	TYPE	TRANSPORT	DATE	ROUTE1_CODE	ROUTE1 PRICE	ROUTE2 PRICE	MOTHER_FIRSTNAME	MOTHER_FAMILYNAME	ALERT	DELETE	
Micheweni	hamida.suleiman	pregnancy	taxi	27 Apr 2014	TUM-CHA	45,000	0				Delete	
Chake	asha.abdala	pregnancy	taxi	14 Apr 2014	CHG-CHA	25,000	0				Delete	
Central	asha.khamis	pregnancy	taxi	14 Apr 2014	GHA-MWE	34,000	0				Delete	
Central	asma.yussuf	L/D	taxi	14 Apr 2014	KAB-MNA	43,000	0				Delete	
Micheweni	awena.kombo	L/D	taxi	14 Apr 2014	MAZ-MAZ	7,000	0				Delete	
Micheweni	awena.kombo	pregnancy	taxi	14 Apr 2014	MAZ-MAZ	7,000	0			REF_COUNT	Delete	
Micheweni	awena.kombo	pregnancy	taxi	14 Apr 2014	MAZ-MAZ	7,000	0				Delete	
Micheweni	awena.kombo	pregnancy	taxi	14 Apr 2014	MAZ-MAZ	7,000	0				Delete	
Wete	biyumbe.othman	L/D	other	14 Apr 2014		0	0				Delete	

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# Results



- Worked with 223 CHWs, 51 supervisors and 200 community drivers
- Coverage area: 45% of rural population of Zanzibar
- **75% facility delivery rate** for 13,323 women who delivered compared to 35% baseline
- Increased use of primary facilities, from 4% (HMIS) to 44% of deliveries
- Post-partum follow up rates from 36% to 88%
- More than 40,000 mobile money transactions

# Mobile Money Challenges



- Forecasting transport costs
  - *Use Burn rate vs EDD*
- Tracking funds
  - *Develop tracking system*
- Limited financial reports from MNO
  - *Continued dialogue with Zantel*
- Limited penetration of pay points in rural areas

# Next steps

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- Scale up program to all of Zanzibar and pilot in mainland Tanzania
- Continue efforts to mainstream into MOH
- API connectivity/centralized payments
- Design systems for automatic verification of referrals (NFC tokens, barcodes, biometrics)
- Explore various financial models
  - District funding
  - Mobile maternity wallets
  - Digital community savings groups

# Thank you!



For more information:

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