





Imagine a solution that is:

- ❖ self replicating/sells itself
- ❖ sticky/users get retained
- ❖ compelling to tell about
- ❖ easy to share
- ❖ low budget

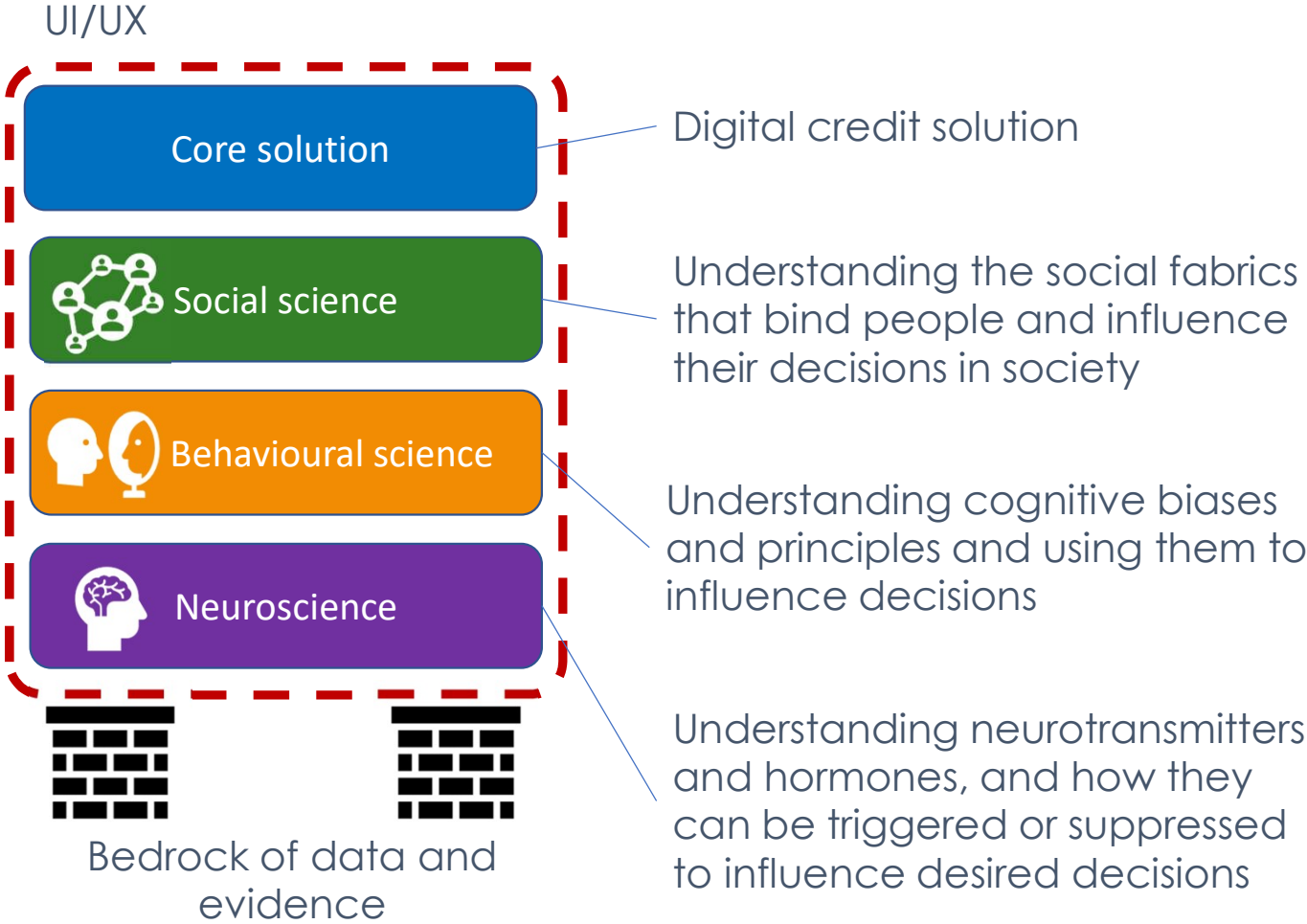
Examples:



Uber, WhatsApp, Pinterest,
Dropbox, LinkedIn

Persuasive and pervasive by design

Layers of UI/UX



Example of UI/UX



Remittances. Purposely targeting male users with the aim of helping them overcome the mental barriers that prevent them from asking for help from their social circles.

This interface consists of:

1. **A nudge:** to ask for help
2. **Social proof:** evidence of other people who asked and received help.
3. **Testimonials:** from real people.
4. **Call to action:** to go ahead and ask for the help; and to share with their social circle

Trigger cortisol and oxytocin

GROWTH

“By constantly validating hypotheses before investing in hard-development, the growth team is able to make the product team more assertive, consequently enabling them to invest their resources more wisely due to the certainty of expected results. We could either assume a better investment or a cost reduction, which will vary based on where the growth team is actually focused.”

Growth methodologies including “Product-Led Growth” which represent a shift from traditional ways of doing business, to more efficient, faster ways of design, development and scaling, literally on a shoestring

Pedro Clivati

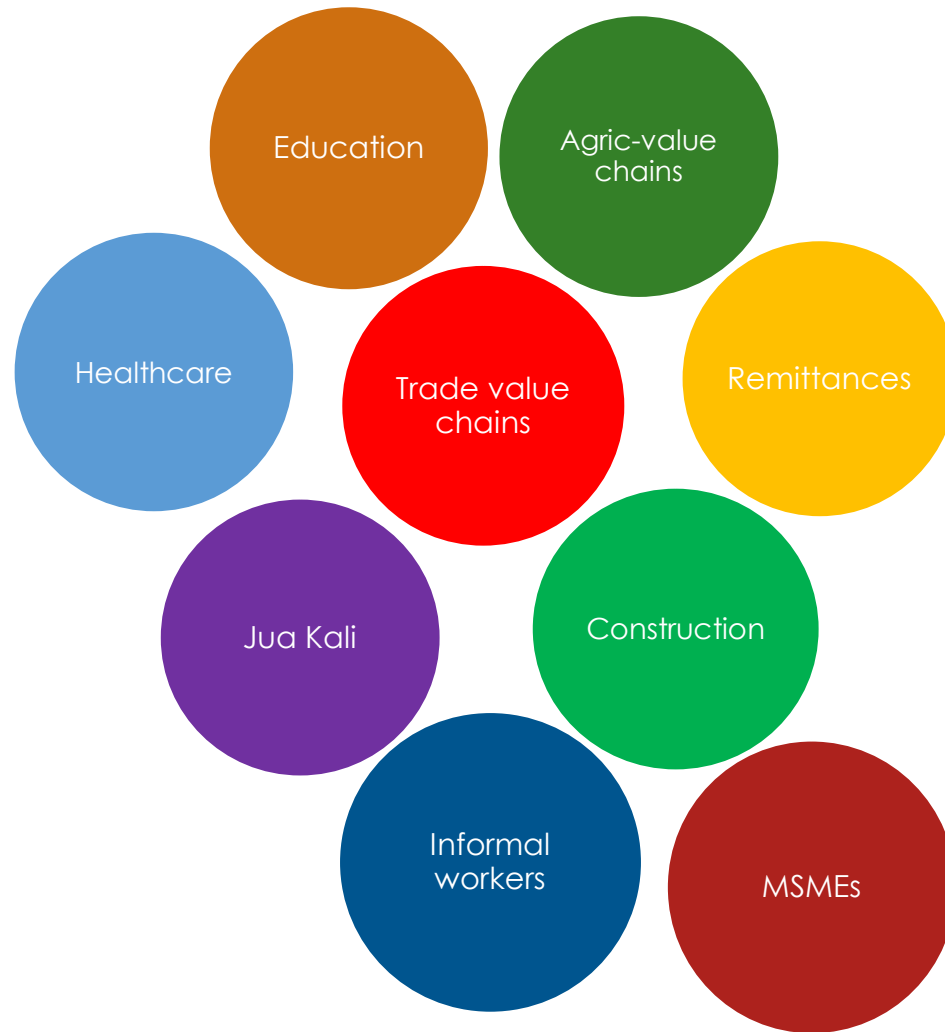


The journey would start with
data

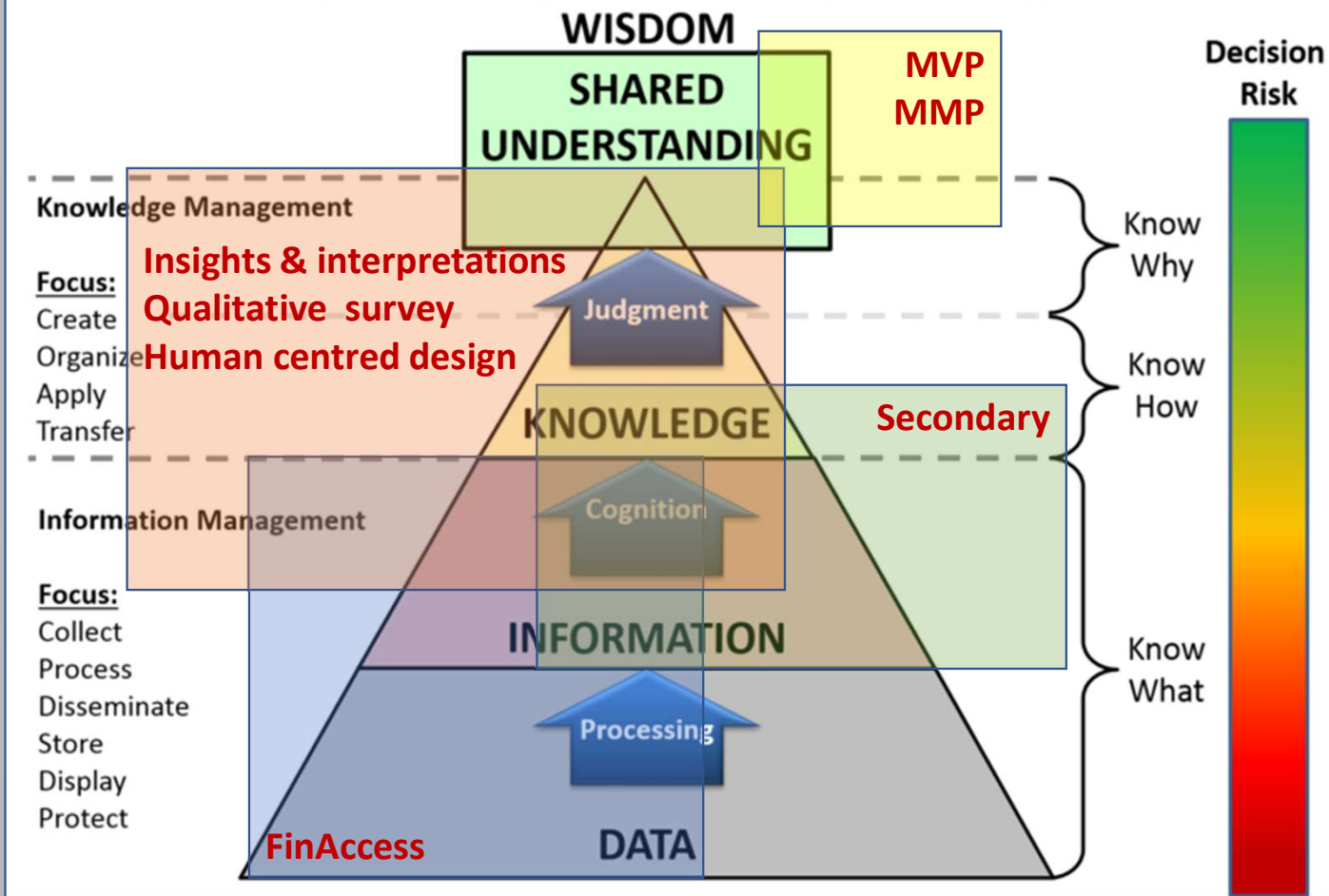


The biggest value that I derived from FinAccess is that it allows for deep segmentation and analysis of data, a critical factor in building knowledge

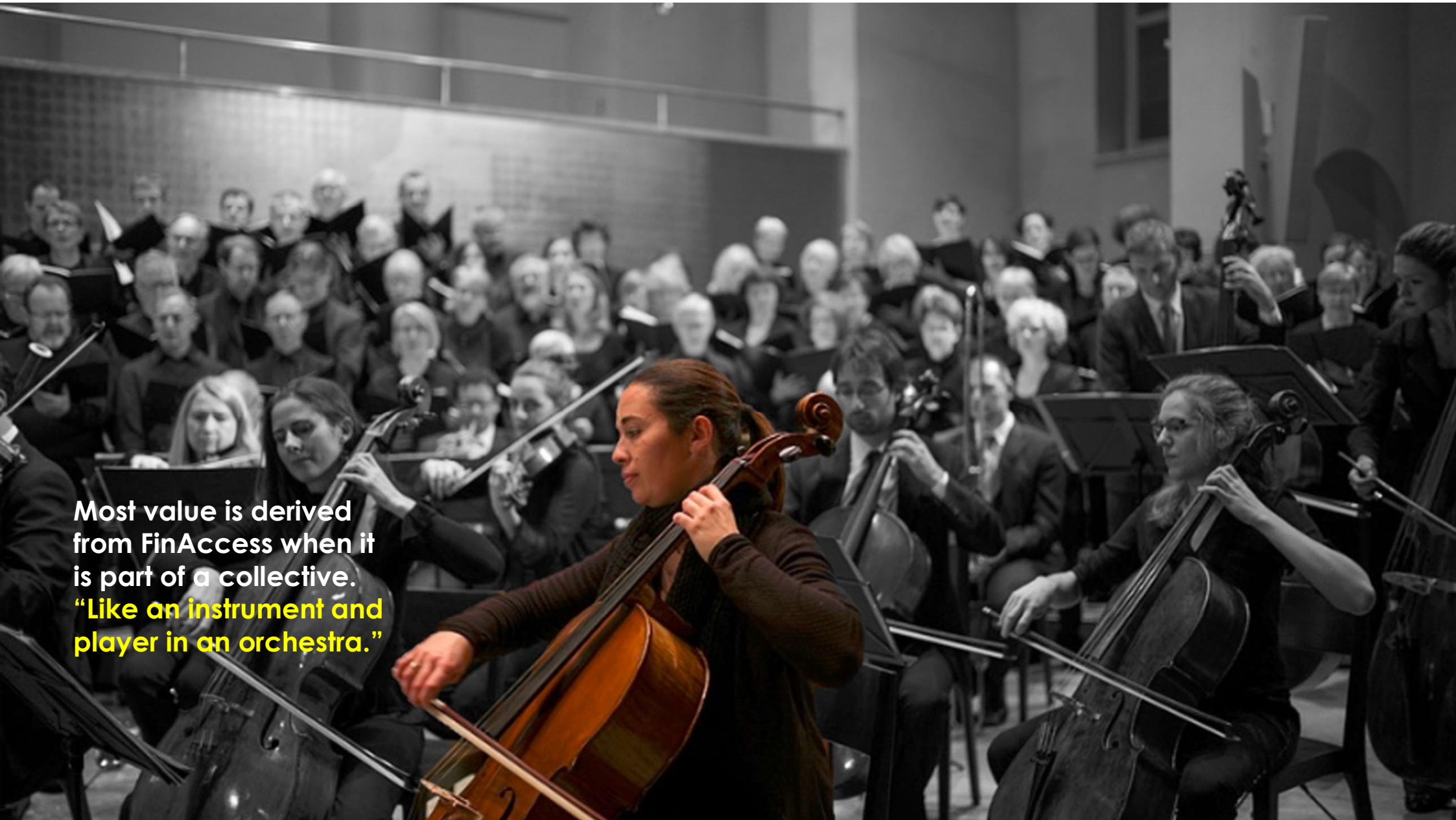
The deep dives can be applied in many sectors



Knowledge Management Cognitive Pyramid



MVP = Minimum Viable Product
MMP = Minimum Marketable Product



Most value is derived
from FinAccess when it
is part of a collective.
“Like an instrument and
player in an orchestra.”



The Problem

3 out of 10 Kenyans delay or forego care due to their inability to pay for medical services at time of need – even pre-COVID-19.

The Project Team – Phase 1

In addition to the PharmAccess project team, an independent Digital Financial Services Consultant in Kenya was hired to help better understand the Kenyan credit market, the project target segment (lower-middle income Kenyans), their financial barriers and potential opportunities to introduce a health credit product. FSD Kenya provided in-kind support to this project by allowing one of their data analysts to conduct quantitative analysis in their rich FinAccess dataset.

Digital Financial Services Consultant



Tim Mukata



PharmAccess Foundation



Sophie van der Wansem



Babette van der Kloet



Liesbeth Huisman



Alice Machichi

FSD Kenya



Lukania Geraldine Makunda



We identified 15 different segments within the Kenyan population

Each segment has varied challenges and needs

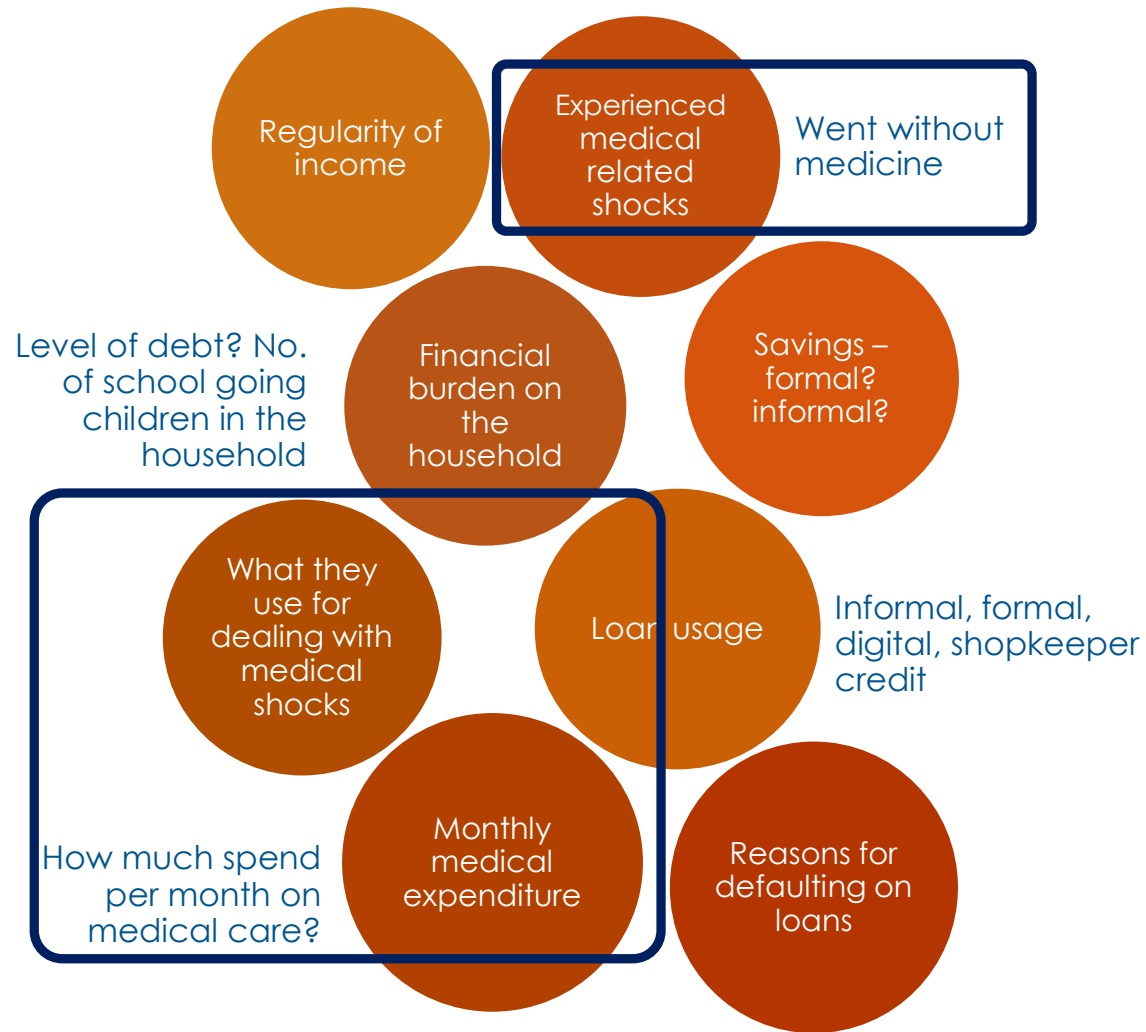
Segment	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
No. in population	431,243	980,357	319,383	173,480	283,557	150,549	173,847	257,396	388,732	134,553	467,993	1,394,713	2,442,014	967,911	2,024,621	
Sex	F	F	M	F	F	F	F	F	F	F	F	F	NSI	NSI	NSI	
Age group	24-39	24-39	24-39	24-39	24-39	40-54	24-39	24-39	24-39	24-39	24-39	16-24	40+	55+	55+	
Location	U	R	U	U	U	U	U	U	U	U	U	NSI	NSI	NSI	NSI	
Income level	Q2/Q3	Q2/Q3	Q2/Q3	Q2/Q3	Q2/Q3	Q2/Q3	Q2	Q3	Q4	Q2/Q3/Q4	Q2/Q3/Q4	Q2/Q3	Q2/Q3	Q2/Q3	Q2/Q3	
Source of income	NSI	NSI	NSI	NSI	NSI	NSI	NSI	NSI	NSI	Employed	Business/self-employed or farmer or casual	All but excluding 'employed'	All but excluding 'employed'	All but excluding 'employed'	All but excluding 'employed'	
Marital Status	Married	Married	Married	Single and/or widowed	NSI	Married	Married	Married	Married	Married	Married	NSI	NSI	NSI	NSI	
Dependents	With children	With children	With children	With children	NO children	With children	With children	With children	With children	With children	With children	With children	NO children	With children	With children	NSI

F = Female, M = male, U = Urban, R = Rural, NSI = Not significant indicator, Q = quintile

Main segment Indicates which characteristic differs from the main segment

Base: Population of Kenyans 16+ years = 27m

We analyzed all 15 segments on relevant financial and health variables




Personas created from FinAccess raw segmentation for further quantitative deep dives as well as in-depth qualitative research




Female, **urban**, 25-39, married/partner, children in household
431,243

Persona A



Female, **rural**, 25-39, married/partner, children in household
980,357

Persona B



Male, urban, 25-39, married/partner, children in household
319,383

Persona C



Female, urban, **18-24**, **single**, children in household
1,394,713

Persona L

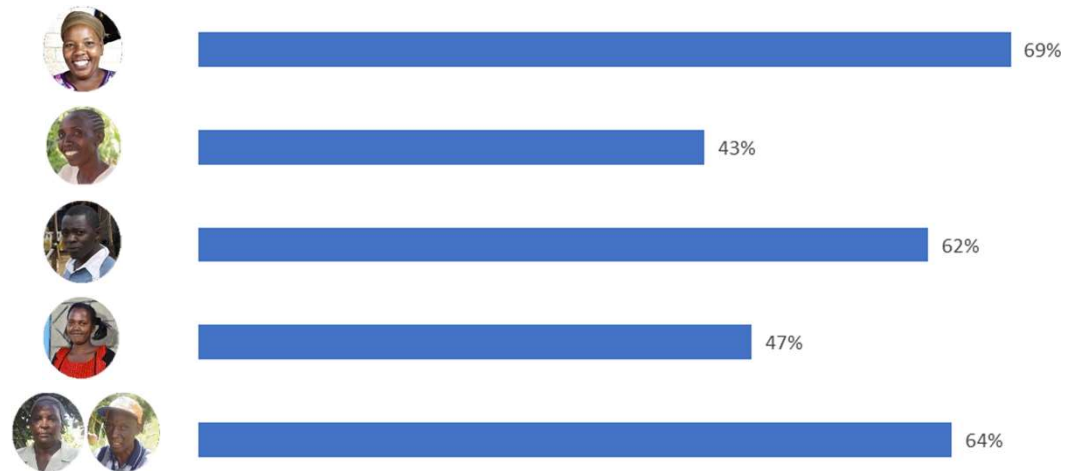


Persona M

Male/Female, rural/urban, 40+, **single**, children in household
2,442,014

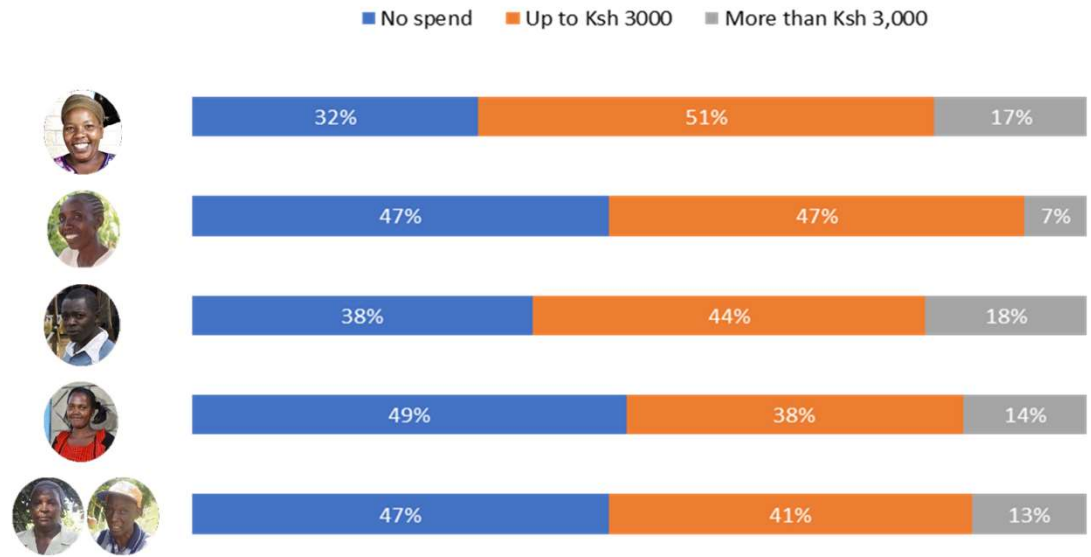
Some examples of information derived from FinAccess data for the 5 identified persona's

Experienced a health shock as the largest shock in the past 1 year
Source: FinAccess 2019 raw dataset



Some examples of information derived from FinAccess data for the 5 identified persona's

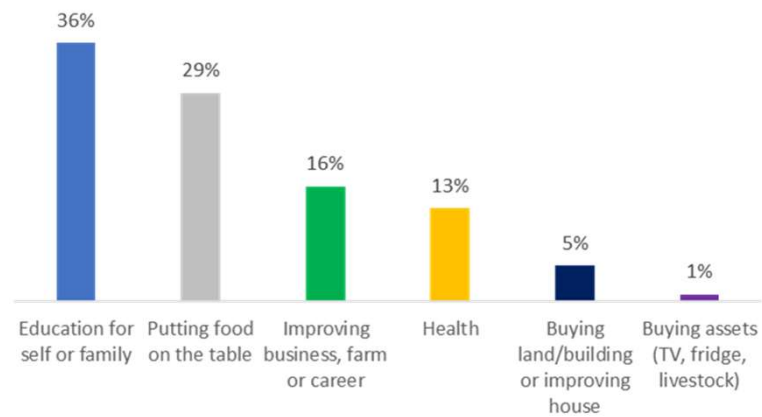
Monthly medical household expenditure (average amount per month)
Source: FinAccess 2019 raw dataset



Some examples of information derived from FinAccess data for the 5 identified persona's



Household budgeting priority: Nationwide
Source: FinAccess 2019 raw dataset



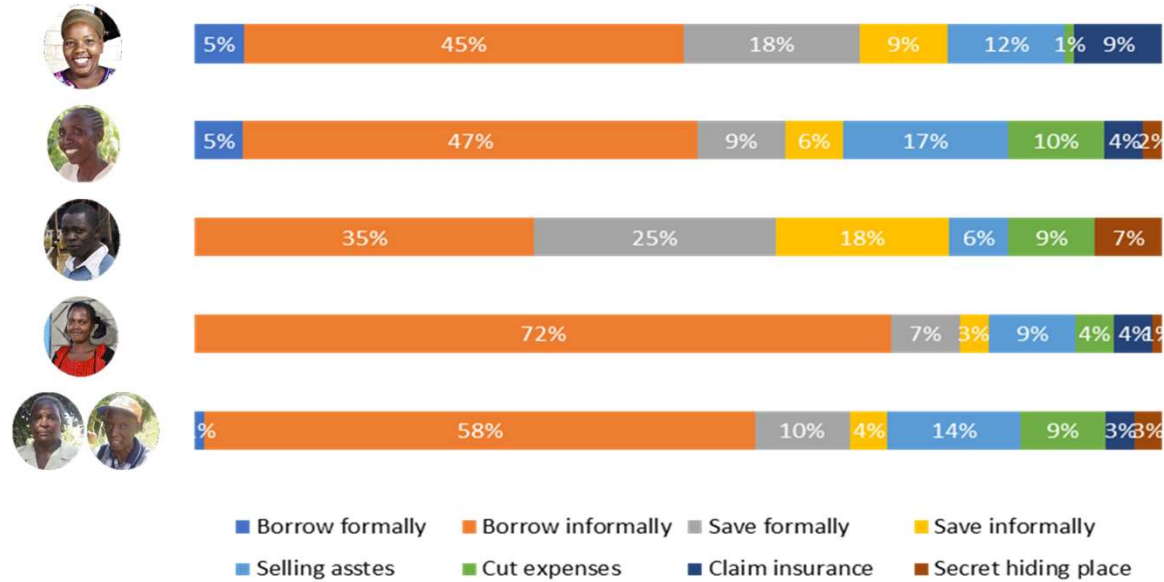
Some examples of information derived from FinAccess data for the 5 identified persona's

Went without treatment or necessary treatment in the past 12 months
Source: FinAccess 2019 raw dataset



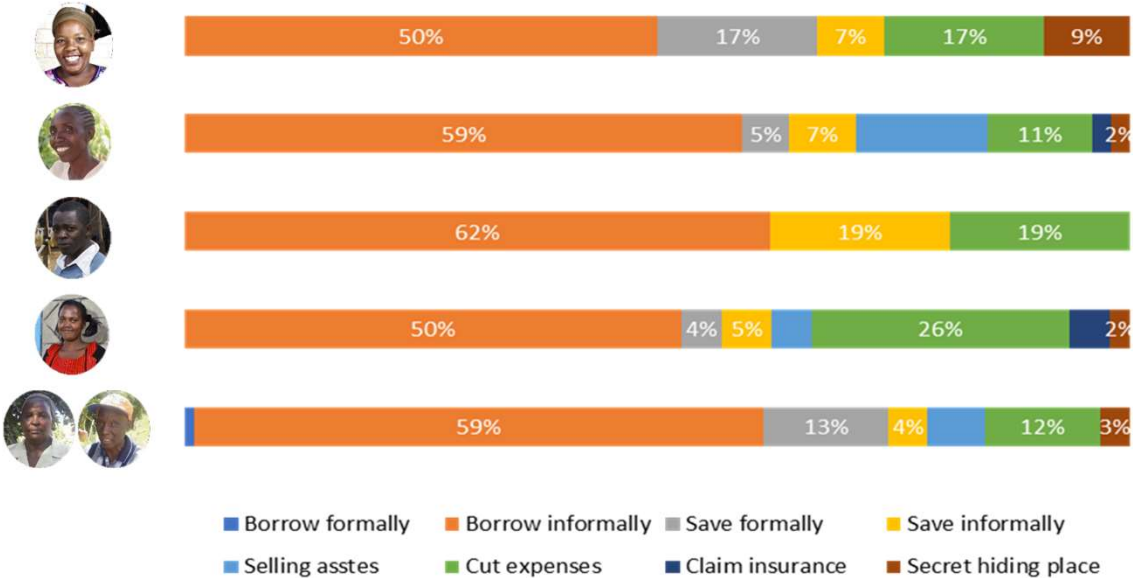
Some examples of information derived from FinAccess data for the 5 identified persona's

Financial tools used to manage minor health shocks in the past 12 months
Source: FinAccess 2019 raw dataset

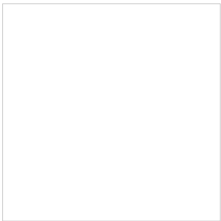


Some examples of information derived from FinAccess data for the 5 identified persona's

Financial tools used to manage major health shocks in the past 12 months
 Source: FinAccess 2019 raw dataset



Some examples of knowledge gained on the target persona's



Exploring the puzzle

Men's
reluctance to
tap into their
social
networks

"There's a way of borrowing from friends"

Interestingly, when a major health shock occurs, this reluctance is overridden by their need to get liquidity and like the women, men also largely fall back on their social networks.

Exploring the puzzle



Insurance is a
hard sell

“No [I don't save]. When you keep money aside [purposely for healthcare] that is when these misfortunes befall you”

Competing financial needs, the lack of proper understanding of insurance, product design and administrative challenges, and religious and superstitious influences are some of the factors affecting the non-uptake of insurance.

Exploring the puzzle



“...the doctor still felt that I should report back to him [after consultation]. I have not been able to because I must be here. The kids have to eat, and I keep postponing the appointment...”

Meagre financial resources within the family means that choices have to be made in deciding what to spend on, borrow for and put aside.

Exploring the puzzle



(On the issue of privacy) "With money, there is no secret."

Women are already well organised around chamas. Men do need some nudging.

Exploring the puzzle



“They [the church members] do give some financial assistance. ...and there are others who just come to pray for you”

The church not only provides spiritual nourishment but it is also a place for social mobilization and support.

Exploring the puzzle



“When I was sick, I borrowed KShs.8,000 from [a digital credit product], KShs.2,000 from my cousin and KShs.500 from my salary.”

Taking credit for treatment is embedded as a social norm, and is sometimes taken in the expectation that the social network will respond to clear the debt or supplement the financial help.

Connecting and using the gained knowledge for the next step in the product development cycle: prototyping with potential target users (currently ongoing).



Q & A