

CASE STUDY 8: CCBRT — TEXT TO TREATMENT

Background

Each year, over 3,000 women in Tanzania become incontinent through obstetric fistula, a condition that is caused by prolonged or obstructed labor. Today, an estimated 24,000 women in Tanzania live with obstetric fistula, which is an easily treatable medical condition that often isolates women from their families and communities when unaddressed.

Comprehensive Community-Based Rehabilitation in Tanzania (CCBRT) is seeking to address this problem. Their mission is to prevent disability and maternal and neonatal mortality and morbidity by providing equitable access to affordable, quality medical and rehabilitative services. Since its inception in 1994, it has grown to be the largest indigenous provider of disability and rehabilitative services and surgeries in the country.

The CCBRT Disability Hospital provides a range of surgical and outpatient services for ophthalmology, obstetric fistula, orthopaedics, and reconstructive surgery. Corrective surgery for obstetric fistula and cleft lip/palate patients are offered free of charge, while other services are offered at highly subsidized rates in order to reduce barriers to treatment for Tanzania's poor.

In 2007, CCBRT entered into a public-private partnership with the Government of Tanzania, in an effort to better address the maternal, newborn, and child health challenges facing the country. The partnership has two primary components: 1) increased capacity building of existing health facilities in the Dar es Salaam region to provide high quality maternal and newborn care; and 2) the creation of the CCBRT Maternity and Newborn Hospital, which will serve as a referral facility for the Eastern Zone of Tanzania and will be the largest dedicated maternal health facility in the country.

CCBRT is represented in the USA by its sister organization, Kupona Foundation. Established in 2009, Kupona Foundation unlocks access to the US market. Working side by side, with total transparency, Kupona Foundation and CCBRT facilitate the allocation of resources to the people, places, and programs with the greatest potential for impact.

Mobile Money

In 2009, CCBRT began the "Text to Treatment" program, with support from the United Nations Population Fund (UNFPA) Tanzania Country Office. Recognizing that most people living in rural communities are unable to afford transportation to hospitals, and that many of the local healthcare facilities in these areas do not have the capacity to offer specialized services to people with disabilities, the program aims to make specialist services both more available and affordable to underserved populations.

Type of mobile money program: Mobile cash transfer for transportation costs and incentive scheme for identification of fistula cases

Health focus: Maternal, Newborn, and Child Health – Fistula Repair

Date launched: December 2009

Stage: Scale-up

Size: 100 ambassadors mobilized across 25 regions

Countries: Tanzania

Key partners: CCBRT, Kupona Foundation

Mobile providers: M-PESA (Vodacom mobile money)

Funding: Vodafone Foundation, UNFPA



The program relies on a community of “ambassadors” – made up of health workers and other volunteers throughout the country – who are tasked with identifying women with fistula. Ambassadors, who have all been trained by CCBRT and mentored by experienced fellow ambassadors, are responsible for outreach activities, awareness creation, health education, screening, and organizing referral to CCBRT Disability Hospital, or to one of CCBRT’s satellite health facilities for treatment.

Once an ambassador has identified a woman with fistula, they call CCBRT to arrange a referral. CCBRT operates a hotline that receives on average 50 calls daily. Once they have confirmed the diagnosis, CCBRT sends funds via M-PESA (Vodacom mobile money) to the ambassador that referred the case. The ambassador claims the money from an M-PESA agent and uses the funds to purchase a bus ticket(s) for the woman’s transportation to the hospital. Travel costs can reach as much as USD \$70 for a single patient. By removing the financial barrier of transportation, women with fistula can receive dignity-restoring treatment at no cost to themselves or their families.

On arrival at the health facility, the patient submits her bus ticket as proof of referral and is admitted for treatment, free of charge. The ambassador that facilitated the transport then receives a USD \$6 incentive payment via M-PESA for referring the patient.

Results

Since the “Text to Treatment” program was launched in late 2009, over 2,000 women have been treated and the number of fistula surgeries has increased by 337 percent. There are now more than 600 CCBRT ambassadors using M-PESA to facilitate cash transfers for patient transportation from rural and peri-urban areas. Furthermore, in 2014, more than 80 percent of obstetric fistula patients treated at CCBRT and satellite health facilities were referred by ambassadors using M-PESA.

Lessons Learned

- *Ensure sufficient number of M-PESA agents* – When the text to treatment program initially began, the reach of M-PESA agents was still fairly limited in rural areas, as the service was relatively new. CCBRT found that in order for the program to be effective, there needed to be a sufficient number of M-PESA agents for ambassadors to access in order to cash out funds.
- *Expanding ambassador network* – CCBRT has sought to raise awareness of their text to treatment program through a variety of measures, including radio, bulk SMS messages, billboards, and videos. But what has proven to be most effective is their ambassador network. They are now seeking to partner with community health workers throughout the country, as an easy and efficient way to expand their ambassador network in order to reach more potential patients.

M-PESA Mobile Money Process

1. Ambassador refers woman suffering with fistula to CCBRT Disability Hospital or satellite health facility for treatment using his or her mobile phone
2. CCBRT confirms the diagnosis and sends funds via M-PESA to the ambassador to pay for the woman to travel to the hospital
3. On arrival at the health facility, the referred patient submits her bus ticket to staff and is admitted for treatment
4. The ambassador that referred the patient receives a USD \$6 incentive payment, transferred via M-PESA
5. The ambassador cashes out at a local M-PESA agent

Challenges

- *Lack of mobile phone access inhibits growth of ambassador network* – Former fistula patients are positioned to be effective ambassadors, but the majority do not have mobile phones, which prevents CCBRT from being able to leverage this potential resource.

Looking Forward

In 2012, the Vodafone Foundation took over funding of the “Text to Treatment” program through its “Mobile for Good” fund. They plan to expand the initiative to all regions of the country by 2017.

In addition to treating fistula via M-PESA, CCBRT expanded the scope of this referral system to include cleft lip/palate, in partnership with Smile Train, helping enable the treatment of 437 cleft lip/palate patients in 2014. The success of CCBRT’s ambassador network has also led to a new partnership with Pink Ribbon Red Ribbon, tapping into the existing network of trained and trusted field workers to aid in the identification of cervical cancer patients in rural areas.

Sources

- Inputs from Abbey Kocan, Executive Director at Kupona Foundation and Programme Development team, CCBRT
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