

Business that participated in Cohort 3 of SPRING

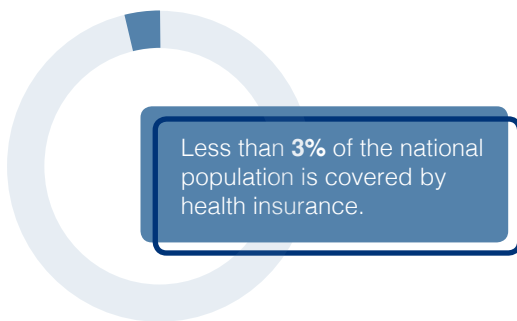
SPRING is a business accelerator programme funded by DFID, USAID and DFAT. It works with businesses to develop products that impact girls' lives in 9 countries.

Coffey is the independent evaluator of SPRING. Coffey's Business Performance Evaluation is part of the overall evaluation and examines the effects of SPRING on business performance. It also looks at how businesses are reaching adolescent girls.

In Tanzania, there is **low awareness and understanding of health insurance**, as well as a **low level of penetration** in this market. People hold low opinions on private and public health services. They are seen as expensive, remote, of poor quality and offering poor continuity of care.

Micro Health Initiative (MHI) is a non-profit health insurance provider targeting low and middle-income clients.

MHI hopes to increase general levels of confidence in insurance and specifically increase the number of girls making up its client portfolio by offering a unique gender-specific health insurance.



SPRING Prototype and Business Goals

The **Dada Card** is a health insurance product aimed specifically at girls. The **Dada Card**:

- Targets low and middle-income girls aged 10–24.
- Provides access to more friendly and affordable health services.
- Offers free access to MHI service providers.
- Gives additional benefits and discounts on sanitary pads, stationery, clothes, bookshops and hair salons.

SPRING Support



Business Focused Support

SPRING supported improvement of MHI's product design, communication and media strategy, digital experience, as well as community engagement and material development. SPRING influenced their engagement with clients and the design of other products within the company.



Girl Focused Support

Through researching and collecting feedback, MHI increased their understanding of girls' needs and aspirations. All of this fed into their product design.



Financial Support

The Prototype Development Fund was used mainly for sensitising potential clients on the benefits of health awareness.

Use of Human Centred Design

The introduction to Human Centred Design (HCD) was crucial. In applying HCD, MHI:

- Trained health-centre staff for the creation of more youth-friendly environments.
- Identified girl-friendly enrolment points.
- Refined product pricing policy.
- Created the **Dada Pack**, which provides girls with vouchers, additional benefits, and discounts.
- Used research and feedback to create an attractive product that is also customer-friendly.

Girl Insights and Emerging Signs of Impact

Although girls may also be covered through their parents' insurance, MHI felt there was a gap in the market for a girl-focused product.

MHI aims to build an insurance-aware culture amongst this group, and encourage behavioural change and ongoing insurance uptake for the new generations.

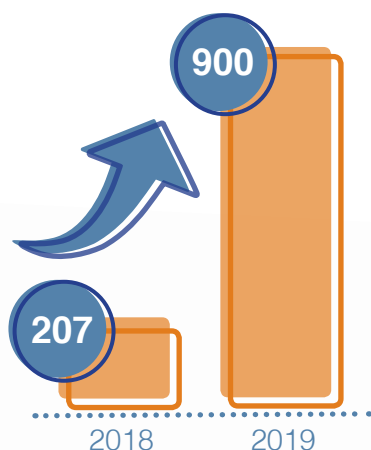
Most girls believed the value-added benefits were the main "advantages" of the Dada Card.

These add-ons and benefits were also the main way girls used the **Dada Pack**.

Older girls were more aware of health insurance benefits.

Girls aged 15–17 had more knowledge on the health insurance benefits of the **Dada Card** than girls aged 13–14.

Number of MHI Partnerships with Healthcare Providers



MHI is currently partnering with 207 healthcare providers spread over five regions. The business hopes to increase this to about 900 across Tanzania by the end of 2019.

Hopes for sustainability

MHI assumes that the product can become sustainable once 2,000 **Dada Cards** have been sold, which it aims to do by the end of 2019. This may be achieved only by increasing coverage throughout the country and increased uptake within communities.

Going Forward

Changing MHI's status from an NGO to a limited company will be a first step towards being able to attract more external private investors. MHI will increase its sales of the **Dada Card** through increasing company coverage and market penetration.

Some potential barriers include:

- The ongoing lack of awareness and trust in health insurance products.
- Insufficient spread of healthcare providers in the MHI network.
- Lack of MHI linked providers in more rural areas.

Further Reading

Coffey (2019). Case Study Report – MHI. SPRING Evaluation, BPE – Cohort 3