SEHAT KAHANI:
improving women's healthcare experience in Pakistan

Contents

Ecosystem Accelerator

The Ecosystem Accelerator programme focuses on bridging the gap between mobile operators and start-ups, enabling strong partnerships that foster the growth of innovative mobile products and services. These partnerships bring impactful mobile solutions to the people and places that need them most, generating the greatest socio-economic impact. In particular, the programme operates an Innovation Fund which supports African and Asian start-ups with direct funding, technical assistance and connections with mobile operators. The programme is supported by the GSMA, its members, the UK Department for International Development (DFID) and Australia's Department of Foreign Affairs & Trade (DFAT).

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The GSMA represents the interests of mobile operators worldwide, uniting more than 750 operators with almost 400 companies in the broader mobile ecosystem, including handset and device makers, software companies, equipment providers and internet companies, as well as organisations in adjacent industry sectors. The GSMA also produces the industry-leading MWC events held annually in Barcelona, Los Angeles and Shanghai, as well as the Mobile 360 Series of regional conferences.

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Story Tellers is a market research consultancy, founded by clinical psychologist and UX research expert Batool Ahmed in 2017. Since then Story Tellers has been involved with multinational companies, leading accelerators and start-ups in Pakistan.

Storytellers provided qualitative research and thematic analysis that contributed to this report.

Introducing Sehat Kahani

Sehat Kahani ("Story of Health") is a digital health start-up in Pakistan that is democratising healthcare by connecting home-based female doctors with communities where access to quality healthcare is limited. Sehat Kahani works with a network of intermediaries, such as nurses, community health workers and midwives who provide services to community members and encourage good health practices. Its mobile app allows users to access home-based female doctors on demand.[1]

E-Health Clinics

Sehat Kahani's flagship E-Health Clinics are staffed with a female nurse who meets with patients in person, while a network of registered female doctors consult with patients using Sehat Kahani's online platform. This team includes specialists in gynaecology, psychology and paediatrics who have been trained to deliver primary healthcare through a digital channel. E-Health Clinics also offer laboratory services for blood tests, as well as ultrasound and pharmacy services. An outpatient appointment at the clinics costs PKR 100 (USD 0.64).

Mobilisers and outreach programmes

Sehat Kahani employs female mobilisers to promote and provide outreach in the communities where it operates. Mobilisers visit patients at home and support health drive camps and quarterly gatherings that cover topics from hand washing and sanitation to child psychology and pregnancy.

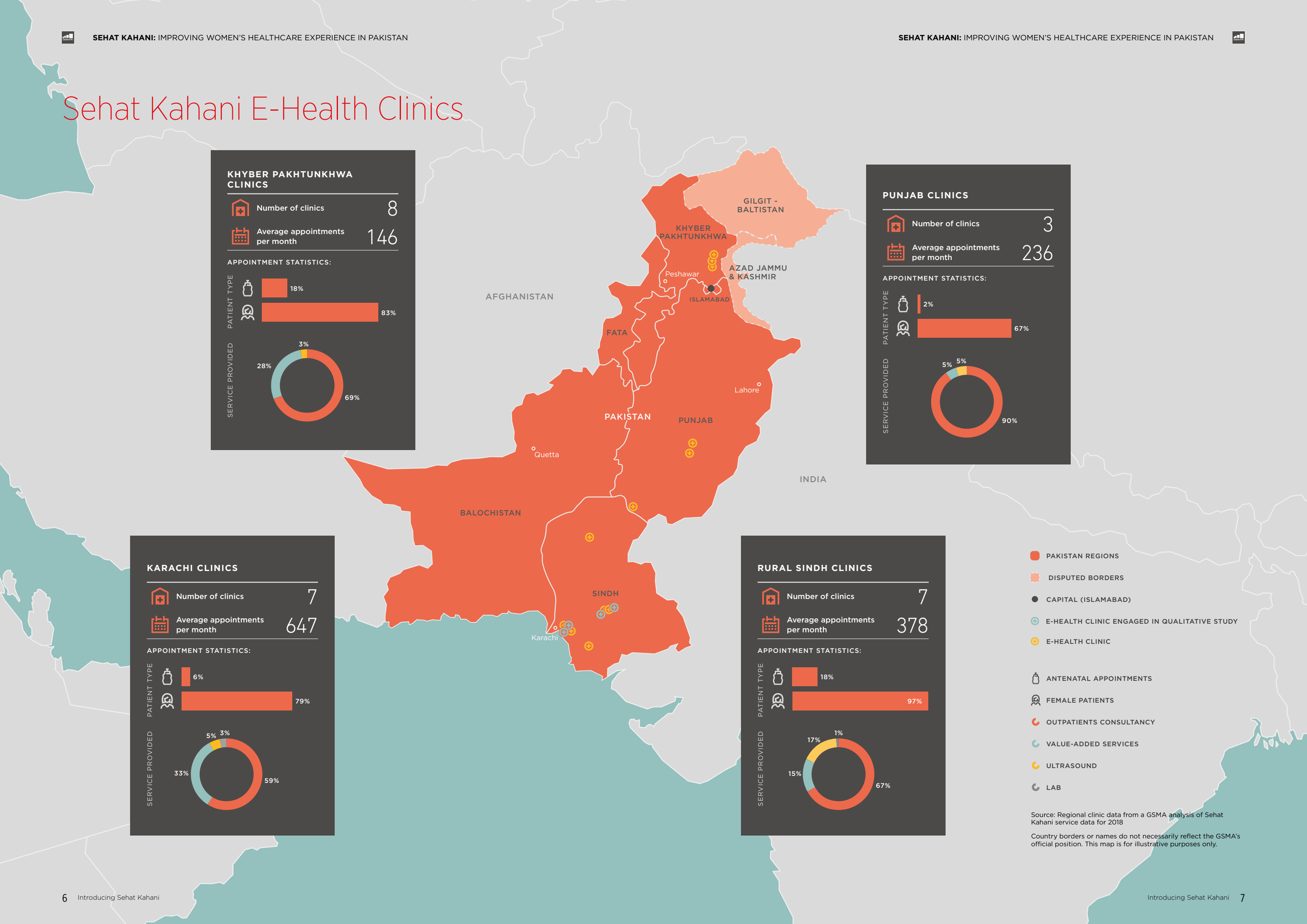
E-Health App

The E-Health app allows users to consult with a female doctor in their preferred specialty and at a time that is convenient. Aimed at urban smartphone users with busy schedules, the app provides a strong revenue stream to support Sehat Kahani's other services (PKR 250 or USD 1.60 per consultation). Users can also use the text chat function to consult with a doctor free of charge.

1. For more information, see Sehat Kahani's website and the GSMA case study (May 2019) and video (March 2019) on Sehat Kehani.

SEHAT KAHANI: IMPROVING WOMEN'S HEALTHCARE EXPERIENCE IN PAKISTAN

Sehat Kahani E-Health Clinics



Source: Regional clinic data from a GSMA analysis of Sehat Kahani service data for 2018

Country borders or names do not necessarily reflect the GSMA's official position. This map is for illustrative purposes only.

Challenges facing Pakistan's healthcare system

Like other countries in South Asia, Pakistan has experienced major changes in human development over the past three decades, with its Human Development Index (HDI) increasing from 0.404 in 1990 to 0.560 in 2018.[2] However, Pakistan faces challenges in its healthcare sector, both on the supply side (availability of appropriate healthcare resources) and the demand side (perception and use of available healthcare resources). The country ranks 154th out of 195 countries in terms of quality and accessibility of healthcare, lagging behind Bangladesh, India and Sri Lanka.[3]

Supply-side challenges for healthcare users

A shortage of practicing doctors is one reason healthcare in Pakistan is inaccessible. In 2014, the Pakistan Medical and Dental Council (PMDC) revealed that Pakistan had only 10 per cent of the active medical workforce it requires. The Council attributed this shortage to "brain drain" — doctors leaving in large numbers for markets like the US — and, strikingly, low uptake of medical jobs among registered female doctors.

A shortage of practicing female doctors, combined with socio-cultural barriers, further explain the inaccessibility of healthcare. While Pakistan educates 14,000 doctors every year and 63 per cent of medical students are women, only 50 per cent of female doctors are working.[4] PMDC data suggests that women make up 49 per cent of Pakistan's registered general practitioners (GPs) (slightly higher in Sindh at 53 per cent and lowest in Khyber Pakhtunkhwa (KPK) at 36 per cent), but only 33 per cent of registered specialist doctors.

Qualitative research by the GSMA suggests that female doctors remain in short supply, especially in rural Sindh. In Tando Allahyar, the Sehat Kahani clinic was the only place a patient could consult a qualified female doctor, and in Giddu Chowk it was one of two. However, women who were interviewed reported being reluctant to visit male doctors. They cited several reasons, including:

- **Women's health issues:** For gynaecological or pregnancy-related issues, and for problems that might be considered embarrassing, many women preferred seeing a female doctor.
- **Taboo topics:** Women also like to visit female doctors because they can discuss personal problems more freely, such as depression, domestic abuse, sexual problems and family planning. However, discussing these topics with someone in a position of power was also cited as a reason why women visiting the doctor must be accompanied by a chaperone.
- **Chaperones:** Women often rely on a male or older female chaperone to take them to the doctor or get medicines for them (they explain the woman's problem to a doctor without her being present). Visiting a doctor is a sign of female autonomy, and women interviewed mentioned that their in-laws do not appreciate them visiting doctors frequently, permitting it only when treatment is absolutely necessary. Some women reported suffering from conditions that had become excruciating because their husbands were not available to accompany them to the doctor. Of the 66.5 per cent of women in rural Sindh who reported having serious problems accessing healthcare when they were sick, over half cited 'Not wanting to go alone' as a major reason,[5] suggesting that women prefer to be accompanied, in line with social norms.

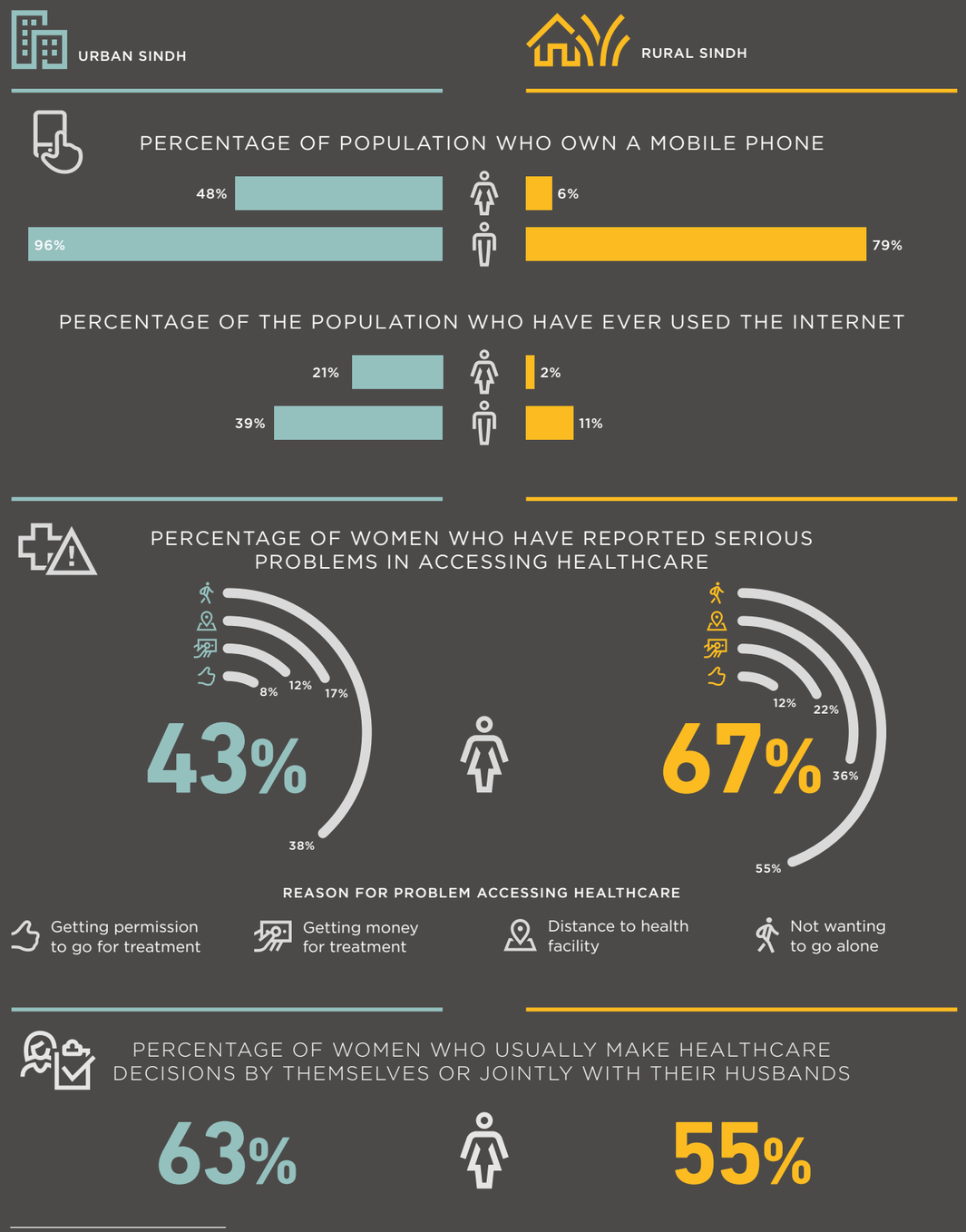
However, some women reported a preference for male doctors in certain cases:

- **Ethnicity:** In Tando Allahyar (which had the worst provision of general healthcare of all the locations surveyed) ethnic differences and language presented greater challenges than gender. Hindu women preferred to see a male doctor of the same ethnicity. Sehat Kahani staff in Tando Allahyar reported that females would prefer an ultrasound to be conducted by a male doctor of the same ethnic background than a female doctor of a different ethnic group.
- **Gender bias:** There is a persistent view that female doctors only have expertise in women's health issues or pregnancy. Some women reported that they prefer male doctors, particularly for their children, as they are generally considered 'more experienced' than females.

Many women surveyed claimed that basic tests (such as blood, urine, diabetes, x-ray) and paediatric medicine were not available in their area. Treatment for emergencies, treatment during pregnancy and family planning were also identified as needs. Children were given highest priority for healthcare, in part because their well-being has such a big impact on other family members. In Tando Allahyar, people reported taking their children to Hyderabad Civic Hospital (a 50-minute drive or 7.5-hour walk) because there is no healthcare facility in the area that caters to their needs.

2. UNDP, "Inequalities in Human Development in the 21st Century; Briefing note for countries on the 2019 Human Development Report, Pakistan", 2019, http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PAK.pdf
3. The Lancet, 2 June 2018, "Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016", Vol. 391, Issue 10136, https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30994-2/fulltext
4. "50pc of female doctors never work after graduation", Ikram Junaidi, Dawn, updated October 22, 2014
5. National Institute of Population Studies, Pakistan, *Pakistan Demographic and Health Survey 2017–18*, p. 182. 'Women' and 'men' refer to the proportion of ever-married women and men aged 15–49, as sampled for the DHS.

MOBILE AND HEALTHCARE IN SINDH PROVINCE, PAKISTAN[6]



6. National Institute of Population Studies, Pakistan, *Pakistan Demographic and Health Survey 2017–18*. 'Women' and 'men' refer to the proportion of ever-married women and men aged 15–49, as sampled for the DHS.

Demand-side challenges for healthcare users

A variety of practical and cultural issues prevent women from accessing healthcare:

Healthcare is expensive. Poverty in Pakistan has reduced dramatically against the international poverty line: in 1990, 28.6 per cent of the population was living in poverty compared to 3.9 per cent in 2015.[7] Nevertheless, lack of funds remains the greatest barrier to accessing healthcare across the four locations surveyed. Lack of funds prevents patients from buying medicines for minor ailments, which sometimes leads to more serious, and ultimately more expensive, medical complications. Some of the urban women interviewed were an exception, as they had access to private healthcare through their husband's jobs. However, most women reported that they struggled to meet medical costs.

Proximity is also a major factor in the cost of healthcare. In Tando Allahyar, the Sehat Kahani clinic is the only one in the area with qualified doctors. Before the E-Health Clinic opened, people had to travel longer distances to access quality healthcare, incurring additional transportation costs and wasting time.

The medical profession is seen as a money-making endeavour. The women interviewed shared many of their experiences with doctors, and reported that being advised to return for additional treatment leads to mounting costs.

Women's healthcare is seen as a lower priority. For women, accessing healthcare is considered a last resort when they are in dire need, and traditional remedies are the first stop for treatment. Many women interviewed felt that the seriousness of their ailment was assessed by the family based on their ability to continue to perform household chores.

With pregnancy in particular, the discretion and consent of in-laws is an important consideration. Pregnant women must rely on the opinions and decisions of their mother-in-law and husband. The opinion of elder women can be contrary to medical advice — for example, it is popularly believed that ultrasound is bad for the unborn child and should be avoided as much as possible. Pregnancy is considered a normal phenomenon rather than a medical condition, and mothers-in-law are seen as having more expertise than doctors in this area. Traditional midwife services are popular, especially with older women, because they are familiar and provided for free. These issues can multiply and, in the worst-case scenario, lead to severe problems in late pregnancy.

> *The doctors in the community ask their patients to revisit the next day and then the patient has to pay for the next visit also, whereas at Sehat Kahani the doctor gave us time, heard our problem and then prescribed us the medicine so that we don't have to pay for the next visit.*
>
> **Sehat Kahani user, Giddu Chowk**

7. Living on less than $1.90 a day at 2011 PPP (Purchasing Power Parity). World Bank (2019), *Poverty & Equity Data Portal, Pakistan*.

SEHAT KAHANI: IMPROVING WOMEN'S HEALTHCARE EXPERIENCE IN PAKISTAN

User and non-user journeys

Women using Sehat Kahani expressed some major differences in their healthcare experiences thanks to Sehat Kahani clinics. Access issues are still prevalent, but by providing a better user experience, Sehat Kahani is beginning to change patients' minds.

A WOMAN WITH A HEALTH COMPLICATION IN SINDH PROVINCE MIGHT EXPERIENCE THE FOLLOWING:[8]

WITHOUT A LOCAL SEHAT KAHANI CLINIC

TRY A HOME REMEDY FIRST

> *We purchase medicines from a medical store for minor ailments instead of visiting doctors.*
>
> **Non-user, Bilawal Goth**

DISCUSS WITH FAMILY DECISION MAKERS

> *Visiting a doctor for minor things is not affordable for me.*
>
> **Non-user, Bilawal Goth**

ARRIVE AT LOCAL CLINIC/HOSPITAL

> *We usually walk ... but if we have to go to a renowned doctor, we have to hire a rickshaw or go on taxi which is out of our reach."*
>
> **Sehat Kahani user**

WAIT TO BE SEEN

Patients reported that doctors at government hospitals were busy and didn't always talk to them respectfully. After a long wait to see the doctor, there were sometimes no doctors when their turn came.

RECEIVE QUESTIONABLE DIAGNOSIS

Many patients interviewed said they have been treated like medical "guinea pigs" in the past. Instead of being diagnosed correctly and being prescribed the right medicine, they were asked to return day after day, leading to unaffordable bills.

WITH A LOCAL SEHAT KAHANI CLINIC

GET ESCORTED TO THE DOCTORS WITH A CHAPERONE

> *In this area many females are not allowed to go to lady doctors even. Their husband only takes them when their condition is bad or when she can't participate in household chores.*
>
> **Sehat Kahani user, Korangi**

> *My husband was not in town and I could not go to the doctor as I didn't have any chaperone, after tolerating pain for 3 days and when [it] got worst I asked my neighbour to take me to the doctor as it was unbearable.*
>
> **Sehat Kahani user, Korangi**

ARRIVE AT LOCAL SEHAT KAHANI E-HEALTH CLINIC

Patients appreciate the cleanliness, reasonable waiting times and aesthetics of the E-Health clinics.

SEE A FEMALE DOCTOR VIA THE ONLINE PLATFORM

Women reported short waiting times and associated the online platform with a modern approach.

> *Patients are comfortable and are loving the idea of it. Also, when you say the doctor on the other end is a surgeon and is a renowned doctor, they feel more comfortable and think they will be treated better.*
>
> **Sehat Kahani enabler, Giddu Chowk**

RECEIVE HIGH-QUALITY DIAGNOSIS

> *Because of Sehat Kahani we have access to experienced doctors, who listen to us properly and give correct medicine in the first visit so that I don't have to visit the doctor next day again and get another prescription for the same issue.*
>
> **Sehat Kahani user, Korangi**

Sehat Kahani patients were impressed by the doctors' ability to diagnose them and prescribe the right medicine during one visit. This was the main reason users claimed better health outcomes, compared to non-users who still complained of poor diagnostics.

CONSIDERATIONS

Users and non-users of Sehat Kahani reported visiting the doctor only when home remedies had been tried and exhausted.

Most of the women interviewed discussed their health complications with family before making decisions.

Over half of women who said they had serious problems accessing healthcare when they were sick cited 'Not wanting to go alone' as their main reason.[9]

In urban areas, the local hospital may be close (within a 30-minute walk), but in Tando Allayhar, the closest hospital is a 50-minute drive away.

In Tando Allayhar, Sehat Kahani was the only clinic offering MBBS-qualified doctors. In Bilawal Goth, closer to Karachi, the E-Health clinic was one of only two offering this qualification among 11 local clinics.

8. Data for the user journeys are aggregated from qualitative interviews with many women, resulting in a fictionalised 'persona' journey, rather than representing a story from a single user.
9. National Institute of Population Studies, Pakistan, *'Pakistan Demographic and Health Survey 2017-18'* https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf

Conclusions

Sehat Kahani is tackling endemic issues that will only be solved over time. The healthcare experiences of women in the areas we visited were heavily defined by previous encounters with the healthcare system. Sehat Kahani clinics are doing a great deal to counter negative experiences, and patients' perceptions of healthcare are beginning to change.

In the two years since Sehat Kahani began offering services, patients have come to trust Sehat Kahani nurses and doctors. Doctors' attitudes towards patients and reasonable costs are the primary factors leading patients to return. Sehat Kahani users reported better healthcare experiences since they had become Sehat Kahani patients. High-quality medical assistance and trust in proper diagnosis are making Sehat Kahani a successful service. Overall, most patients are more than satisfied with the Sehat Kahani experience. GSMA research highlighted the following areas where Sehat Kahani E-Health Clinics are particularly effective in addressing issues.

Sehat Kahani is addressing supply-side access issues by:

- Providing access to an untapped and underused network of qualified, female doctors; and
- Providing access to medical screening (both laboratory and blood diagnostics, as well as ultrasound).

Sehat Kahani is improving demand for healthcare by:

- Offering high-quality, trustworthy services that challenge common conceptions about healthcare.
- Publicising the need for qualified healthcare and increasing demand through a network of mobilisers and community health drives. Health drives cover information and screening for much-needed topics including diabetes and cardiovascular disease, sanitation, adult and child psychology, pregnancy and antenatal care.
- Offering subsidised services to those who cannot afford them. This approach challenges common perceptions of medicine as a money-making profession and establishes Sehat Kahani as a "healthcare first" organisation.
- Offering women the opportunity to speak to a female mobiliser at no charge and without a chaperone.

> "Sehat Kahani doctors can only give medicines, we can't treat them properly until they adopt a healthy lifestyle. The patients are given healthcare information and knowledge about how to keep their environment clean, benefits of drinking boiled water and eating healthy food."
>
> **Sehat Kahani enabler, Giddu Chowk**

Sehat Kahani improves users' experience of healthcare by:

- Providing efficient diagnosis, which prevents return visits and saves users money;
- Treating their patients with empathy and respect;
- Treating patients within a reasonable timeframe, saving them hours in some cases;
- Providing a clean and hygienic treatment environment; and
- Harnessing modern technology to bring healthcare to patients.

Lessons learned

Clinics need to communicate their strong data privacy practices. While special consideration is given to ensure data is kept confidential, some non-users expressed a concern that they might get photographed by the laptop camera during a telemedicine consultation, and users expressed similar concerns.

> "Our husbands ask us to be careful in case I am videotaped."
>
> **Sehat Kahani user, Bilal Chowk**

Ensuring the privacy statement is available and understandable to all patients may mitigate these concerns.

In some situations, a language barrier between a doctor and a patient can raise concerns. In Tando Allahyar, five languages were spoken, not including Urdu. Where a nurse was fluent in the local language but the doctor was not, some patients expressed concern that their symptoms might not be properly translated. Both the doctor and the nurse must be very skilled for this new approach to healthcare to work well. Sehat Kahani provides both parties with training to ensure they are prepared for all eventualities.

Building trust between Sehat Kahani health workers and patients is essential. Sehat Kahani users have developed this trust through excellent service offered at the E-Health Clinics. Given that Sehat Kahani has engaged mobilisers, doorstep delivery of end-to-end services could help to strengthen this trust even more. For example, mobilisers could schedule more follow-up visits at home with patients who received a prescription to ensure their condition was improving.

Data sources

This report has drawn on a variety of data sources:

- **Service data 2018:** Data generated by Sehat Kahani services in 2018 was analysed by the GSMA in April 2019.
- **Final report to GSMA:** Sehat Kahani was a grantee of the GSMA Ecosystem Accelerator programme (March 2018 to March 2019). Data and reporting submitted during that period have contributed to this report.
- **Qualitative research, May 2019:** Story Tellers spoke with 45 users and 21 local non-users of Sehat Kahani services in four areas of Sindh province to understand if and how Sehat Kahani clinics were providing benefits. They also interviewed 16 Sehat Kahani enablers, including local staff, doctors, local champions and other medical practitioners. Their questions focused on user access and experiences with Sehat Kahani E-Health Clinics. Finally, they mapped the provision of healthcare and services available from other local clinics in the four areas visited.

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