



GRANT PROJECT LESSONS AND OUTCOMES

# Naya Jeevan's Mohinja Sohna Thar Project

GRANT PROJECT DATES

June 2019 to September 2021

**Naya Jeevan, meaning “new life” in Urdu and Hindi, is a fintech dedicated to supporting the resilience and financial inclusion of low-income families in Pakistan with inclusive access to health, life, disability and livestock insurance.**

Naya Jeevan received a grant from the GSMA Mobile for Humanitarian Innovation Fund to implement the Muhnjo Sohna Thar (MST) project in the Tharparkar district of Sindh, Pakistan, in partnership with the Sukaar Foundation (a community-based organisation), doctHERs (a gender-inclusive health-tech venture) and Telenor Microfinance Bank (a microfinance and mobile money provider).

The MST project was designed to use mobile technology to increase access to, and improve the quality of, basic services for community members, which would help them become more resilient to economic shocks and the impacts of climate change. The project had three main aims:

- 1 To provide veterinary health services through remote telehealth/televeterinary consultations facilitated by women recruited from the local community;
- 2 To protect income-generating assets with livestock insurance and encourage the use of mobile money for payment to provide an entry point to financial inclusion; and
- 3 To increase, through telehealth services, women's access to female healthcare providers.

Following the outbreak of the COVID-19 pandemic, and based on community feedback, Naya Jeevan received additional funding from GSMA in November 2020, to expand the project to include a focus on mental health. This allowed Naya Jeevan to offer members of the community mental health screening sessions and provide remote psychosocial support to those in need, connecting them to trained psychologists and psychiatrists through mobile-enabled telemedicine.



#### KEY STATS



**832**

LIVESTOCK INSURED



**3,433**

TELE-HEALTH CONSULTATIONS



**142**

SMALLHOLDER FARMERS



**115 women**

RECEIVED A SERIES OF

ONLINE THERAPY SESSIONS



**12 women recruited**

AS FRONTLINE HEALTH AND LIVESTOCK WORKERS



**19% increase**

IN THE ACCEPTANCE, AS A FRIEND, OF SOMEONE WITH A MENTAL HEALTH PROBLEM\*

\* Comparing the treatment group to the control group

**99%**

OF FEMALE RESIDENTS WHO WERE OFFERED MENTAL HEALTH INTERVENTION SERVICES REPORTED THEY WERE VERY SATISFIED WITH THE SERVICES RECEIVED



#### DATA SOURCES

Final Process Evaluation Report, Gallup Pakistan (September 2021); Final Grantee Report: COVID-19 Adaptation Project (July 2021); Final Grantee Report (November 2020)



## Talal\*

Talal is a smallholder farmer who insured his livestock using mobile money as part of the MST project. When representatives of the Sukaar Foundation told him about the project, he quickly understood the concept, but some of his neighbours did not. As a group, they initially declined to take part, but when they heard that someone in their village had received compensation via mobile money following the death of one of their animals, they decided to enrol their livestock in the project. Talal enrolled 10 animals (eight of which he paid for and the other two covered for free by the project). Although none of his animals died, Talal knows of other farmers who received 10,000 rupees for the death of each of their animals.

Talal feels that the MST project has helped him a lot given that his village is far from the city. It allowed him to easily access a vet remotely when he needed one and receive

vaccination and medication for his animals at no additional cost. These services saved Talal time and money since he no longer had to travel long distances for veterinary services. The quality of animal care also improved. Before the MST project, many farmers used traditional methods to treat their animals, which were often not effective. With the MST project, smallholder farmers could request an in-person visit for more serious animal health issues, with vets usually arriving within 90 minutes. Like other smallholder farmers in the community, Talal was trained how to properly care for his livestock. As a result, the percentage of animals dying from preventable diseases declined significantly.

Before the MST project, Talal's family only used their mobile phone to make calls. However, once they became part of the project, they opened an EasyPaisa mobile money account that they now use to conveniently send or receive money, including between friends and family living outside their community.



## Rahmiya\*

Rahmiya received telehealth services as part of the MST project. Field workers showed her how to attend a session with a remote doctor to alleviate the pain that she had been experiencing.

Some male members of her household were initially suspicious of Rahmiya contacting a doctor remotely via a mobile device. They were concerned that the telehealth team might record the session or take photos of her and send them to strangers. However, the female health workers spent time reassuring Rahmiya and her family that she

could consult the female doctor completely confidentially and without any violation of her privacy.

Through the telehealth service, Rahmiya's pain problem was resolved. She found the service beneficial and recommended it to other family members and friends. She was very satisfied with the opportunity to consult with a qualified female doctor and felt the virtual meeting was better than meeting a doctor in person, as she had felt intimidated visiting male doctors in the past. Rahmiya also attended interactive group sessions on menstrual hygiene and family planning, which she found very useful and convenient since they were held in her own village.

# Project Outcomes & Lessons

## OUTCOME

### The insurance, tele-veterinary services and awareness raising activity had a combined effect on farmer financial wellbeing and satisfaction

**Farmers reported being very satisfied with the livestock insurance, veterinary healthcare and telelivestock consultancy services. They noted that, before the MST project, they relied on veterinary doctors in the main district town.**

However, travel costs had made farmers reluctant to bring their animals for check-ups and treatment. Farmers who enrolled their animals in the livestock insurance programme were connected with a veterinary doctor who they could contact

via mobile phone and who would conduct in-person physical examinations in case of emergency. This reduced the overall livestock mortality rate.

Routine vaccinations for animals also increased overall user satisfaction as farmers could avoid high costs and their animals remained healthier over the course of the year. Recipients also reported satisfaction with the capacity building and awareness sessions offered, as they helped them to become better informed and take better care of their livestock.

## OUTCOME

## Tele-mental health services had a positive impact on women's mental health

Recipients of the mental health component of the MST project expressed satisfaction with the services they received. While poverty and domestic violence were the primary sources of stress and mood disorders among women in the villages, these were exacerbated by the COVID-19 outbreak and lack of awareness and communication resulted in feelings of isolation. Attending peer group awareness-raising sessions helped women to overcome these feelings and encouraged community support. The sessions equipped users with simple coping mechanisms that helped improve their household environment.

Crucially, public-private partnerships need to be sought to scale this intervention for it

to be sustainable and have a greater impact. Including male members of the community within the scope of the mental health and well-being programme will help them to better understand therapy and will also help to tackle the predominant cause of mood disorders among female recipients: intimate partner violence. Since mental health in the region has historically been viewed as a taboo subject, and while awareness sessions have been helpful, additional sessions are needed to create a better understanding of mental health in the community.

The project evaluation showed that telehealth sessions for physical health had mixed results. While they enabled end users to receive advice and consult health professionals for mild to moderate health issues without having to travel, they also expressed a desire for in-person examinations for more serious conditions.

## LESSON

## Mobile solutions can improve access to key services for remote communities, but several enabling factors need to be in place for them to be effective.

Those who live in communities with limited access to services value mobile-enabled solutions that can provide remote access. This has been demonstrated for services such as livestock insurance and televeterinary care, which can be critical for building resilience and better livelihoods.

However, factors such as infrastructure (including mobile network coverage and strength), phone ownership, digital literacy and the willingness of communities to engage, are prerequisites for success. If these requirements are not met for a large

proportion of the intended target group, mobile solutions will not be the most efficient or effective option. For instance, during the MST project, a large proportion of users found it technically challenging to make mobile money transfers, preferring to make insurance instalment payments with cash instead.

Human interaction and empathy are also vital to support, facilitate and ensure sustained engagement with the service. Due to the COVID-19 lockdown rules in place at the time, health workers could not engage with users in person as much as they wanted, and this had an adverse impact on community trust and use of the service. As with most digital services, the effective use of in-person activities, such as awareness raising and digital skills training, can be important to improving uptake and outcomes.

LESSON

**It takes time and effort to introduce new concepts, practices and technologies effectively**

An independent project evaluation by Gallup revealed that low-income communities with low levels of education and that rely on livestock as a primary source of income are risk averse, making them reluctant to accept and implement new practices like livestock insurance or televeterinary health consultations. Despite this initial hesitance, once the results of early adopters were observed, community members became more confident in using them.

However, individuals who enrolled in the project later due to risk aversion or reticence experienced fewer benefits, and these were compounded by the relatively short duration of the project. Future projects should focus more heavily on mobile solutions that are complemented with strong advocacy and capacity building components. Projects that introduce novel concepts, such as livestock insurance, in communities where there has been no previous exposure should ensure that the project lasts long enough to gain the trust of the community and reach its full potential.



**Naya Jeevan:  
The Future**

- Naya Jeevan has continued to engage with the Sindh provincial government to extend and scale field-based activities, including the provision of telemedicine and televeterinary care across Tharparkar.
- Naya Jeevan will adopt the key insights and lessons from an independent evaluation by Gallup to attract additional support from organisations focused on agritech and climate resilience.