



# Digital Engagement Playbook



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# EXECUTIVE SUMMARY

Access Afya seeks to bridge the healthcare gap for the impoverished in Kenya by delivering affordable medicine through “sustainable care models.” The organization is in the midst of scaling their mDaktari app, a telehealth service that is particularly attractive to patients in the wake of the COVID-19 pandemic. Telehealth services have garnered an overwhelmingly positive reception worldwide due to their convenience and efficiency in the provision of care. However, a difficulty remains: this technology currently remains unfamiliar to most of Access Afya’s target market and the app registration and consultation conversion rates remain low. Our research investigated the obstacles to mDaktari’s growth.

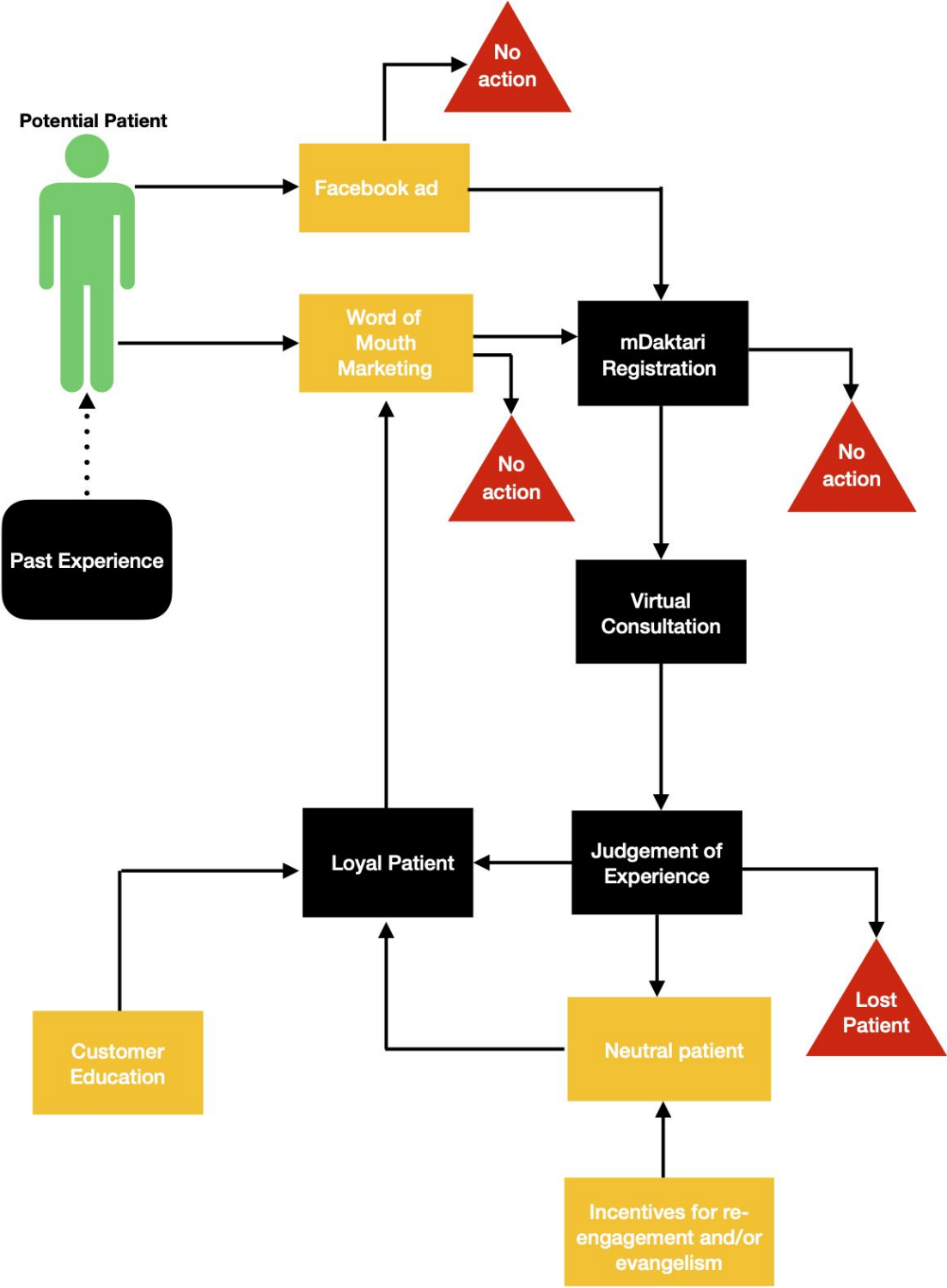
To better understand patient experiences, beliefs and motivations, we conducted several (n=22) qualitative interviews with a variety of patients from different backgrounds, allowing each patient to speak broadly of their past experiences with medical institutions and their current outlook on the care they receive at Access Afya. Furthermore, working closely with Access Afya’s patient engagement team, we compared multiple surveys between different patient segments, analyzing past customer behaviors to identify key customer perceptions and values. We identified two key obstacles to patient conversion: a lack of focus in digital marketing efforts, and an underutilization of other forms of marketing and outreach, especially word-of-mouth in already-established patient networks.

Drawing from this analysis, we provide recommendations to optimize Access Afya’s ability to attract and retain loyal patients. We propose that Access Afya should take greater advantage of word-of-mouth marketing to scale mDaktari by 1) ensuring patients understand the value of the goods and services they receive and 2) incentivizing current patients to recruit potential patients. We also suggest a few considerations for tailored marketing strategies as well as analysis of customer data and feedback. These recommendations will provide Access Afya with the insights and frameworks necessary for the enterprise to identify and attract customers in need, markedly improving their ability to fulfill their mission of “access for all.”

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# PATIENT JOURNEY MAP



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# RECOMMENDATIONS SUMMARY

Insights	Steps Towards Implementation
Word of mouth (WOM) is an extremely effective mode of marketing.	Access Afya should consider shifting more resources to WOM marketing from existing Facebook marketing initiatives. Consider how a personalized registration link for each mDaktari subscriber could earn them a discount each time a friend or family member uses it to sign up.
Understanding patients' values will allow for tailored marketing strategies.	Facebook advertisements should be reworked to better reflect Access Afya's five strengths: compassion, convenience, speed, effectiveness in care, and affordability.
Refined customer segmentation is crucial for assessing whether or not the company is successfully fulfilling its mission to its target market.	Patient data collected by Access Afya should be segmented by income, employment status, and patient type so that trends can be identified among patient groups that can guide marketing strategies and clinical action. This can be done through more rigorous statistical analysis, better usage of comparative surveys, and the creation of customer profiles.
Educating patients about benefits associated with products and services will enable customer evangelism and more efficient word of mouth marketing.	Thoroughly educating current patients about programs, discounts, and other factors that contribute to the value that Access Afya creates for its target market may result in greater frequency and effectiveness of WOM marketing.

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# MARKETING

## Word of Mouth

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Marketing in the Global South requires more tailored approaches to effectively communicate to the desired target market relative to efforts in the Global North. Mobile technology advertising, such as on Facebook, is appealing because it holds out the promise of reaching more people. However, it is important to distinguish between reach and engagement in the context of digital marketing with a mobile app. Table 1 conveys how reach, while it creates exposure, does not necessarily lead to customer purchasing behaviors.

Table 1. Access Afya Advertising Conversion Rates

Advertisement number	Reach: How many potential customers saw the ad	Engagement: % of customers who actually visited the website from the ad
1	61,809	1.36%
2	1027	1.27%
3	34712	1.74%
4	5193	0.19%
5	11868	1.27%
6	7572	0.77%
7	1437	0.35%

According to a 2021 Unbounce report, the median conversion rate for healthcare practices in the Global North is 3.6% (Park, 2021). Despite varying costs, duration of run time, and message/appeal of the advertisement, Access Afya's average conversion rate remains quite low relative to Global North markets. Thus, even though the potential to reach customers through Facebook is enormous, Access Afya should critically evaluate its use Facebook as its main method of marketing, as it may not be the most effective strategy to achieve the organization's goals.

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# Word of Mouth

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What marketing tool might be more cost effective? In our qualitative interviews, we found that community engagement events and direct marketing (Access Afya employees directly reaching out to community members) were cited as being among the main modes of discovery for Access Afya patients. These are proven to be effective marketing strategies that should be continuously invested in. However, these strategies are undoubtedly time consuming and costly. Furthermore, although patient engagement is high, the potential customer reach is much smaller when compared to the use of social media as a marketing platform.

There is a simple solution: word-of-mouth marketing incentivized with small rewards. According to Hystra, a global consulting firm with interests in social enterprises, word-of-mouth marketing is noted to be far more effective in bringing new customers from the base of the pyramid, when compared to “top-of-the-line” marketing strategies like radio, television, or billboards (Hystra, 2013).

Our own market research confirms the value of this approach. When looking at past customer behavior, a greater percentage of people bought products and subscribed to services that were recommended to them by friends and family in the past year whereas more than 60% of patients at Access Afya have never bought products recommended on Facebook (Figure 1). Furthermore, a greater number of people download apps based on recommendations from WhatsApp when compared to advertisements on Facebook (Figure 1). These findings suggest that interpersonal connection is essential to selling products. Kenya has a strong, community-oriented culture and trust plays an important role in what people are willing to spend their money on. This offers Access Afya an opportunity it has yet to fully realize, because many patients were inclined to schedule their first appointment with Access Afya based on recommendations by friends and family or physical integration of Access Afya clinics in the community.

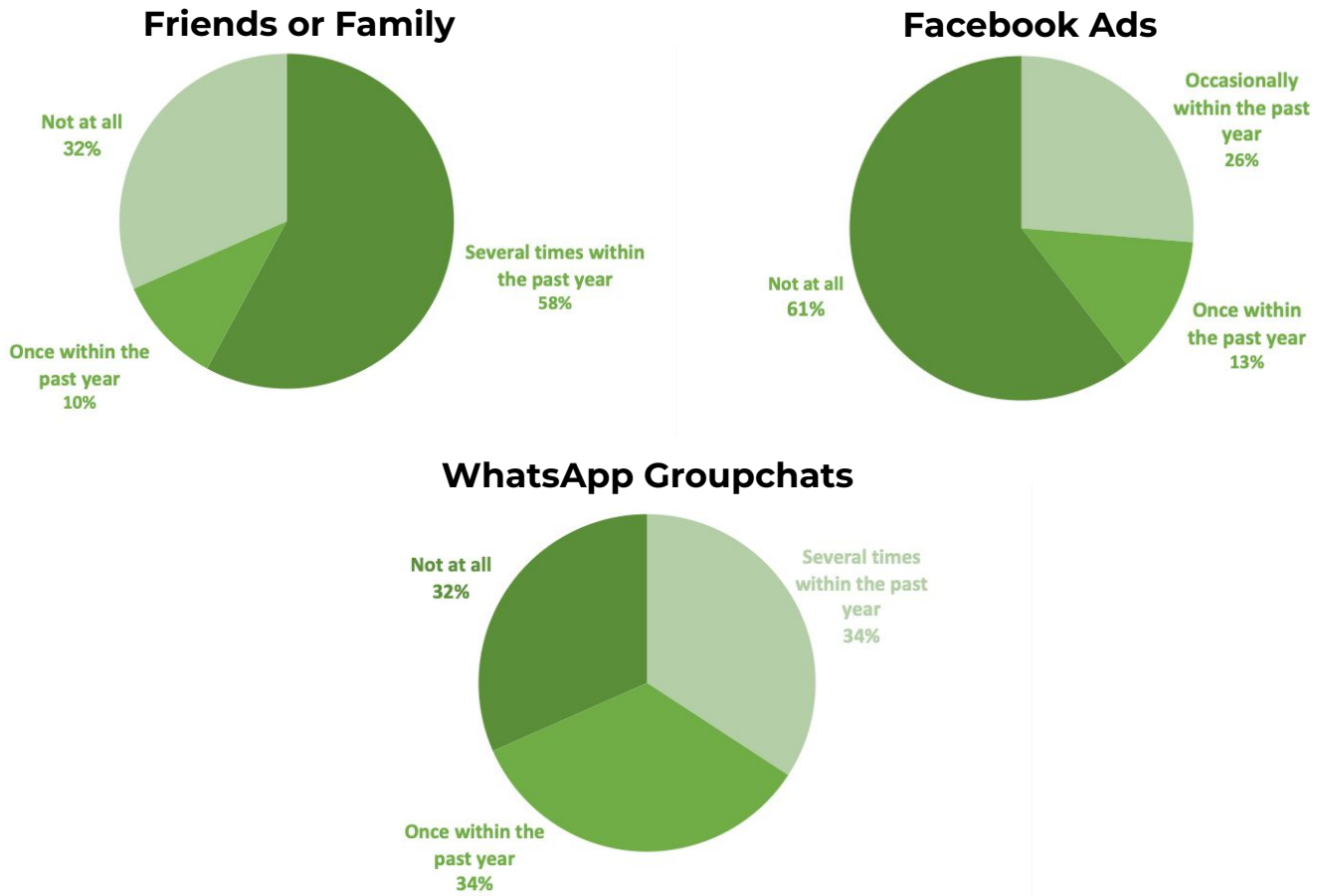
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# Word of Mouth

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Figure 1. Have you ever purchased a product or service that was recommended to you by...



**Next Steps:** Access Afya can use this to their advantage and encourage increased word-of-mouth marketing of mDaktari through incentives. We recommend that Access Afya adopt a referral system, where patients are encouraged to tell their friends and family (in-person, on social media, or through Whatsapp) about mDaktari and its benefits. In exchange for successful new customer introduction, they are eligible to receive rewards. These rewards can take several forms including a slight discount on medication and consultation services, Access Afya branded merchandise, or the distribution of necessary goods like rice and beans. In each of these cases, the customer is encouraged to reach out to their social network and actively market the organization.

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# Utilizing Facebook

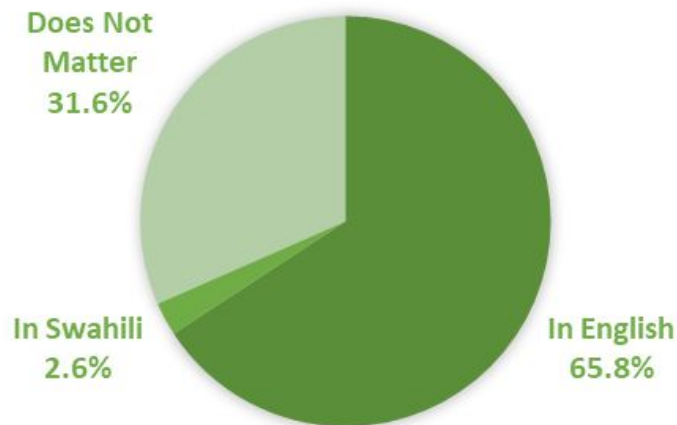
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Facebook should not be completely discounted as a marketing tool. With its ability to reach tens of thousands of potential clients at an affordable cost, even a 5% conversion rate could introduce a plethora of new customers. In the following section, we will list a few considerations that could help increase this conversion rate:

## Language is Vital to Understanding

Kenya is a country filled with various languages and dialects. The national government recognizes English and Swahili as the two official languages of the country. Currently, all current Access Afya advertisements are published in English. Our survey data affirms this decision, indicating that the majority of respondents are more likely to trust a service if the advertisements are in English as opposed to Swahili (Figure 2). However, something to take into consideration, is that despite English being widely taught in schools and used in “big business,” for many Kenyans, Swahili is still the preferred language for most non-official interactions and small scale settings (UPenn, n.d).

Figure 2. Language Preferences for Advertisements



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# Utilizing Facebook

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While an advertisement in English might be more visually and culturally persuasive than an advertisement in Swahili, if a significant number of people viewing the advertisement are not fluent in English, then they may be unable to fully grasp the advertisers intended message, given the nuances and subtleties embedded in language. This could potentially have a negative effect, leading to misunderstanding. The advertisement becomes less effective, potentially leading to customers not providing their business. Another idea to consider is that the target market that Access Afya hopes to provide medical care to, the urban poor, may also display significantly lower rates of English proficiency than the reported average person in Kenya, given the reported link between socioeconomic status and education (Banerjee, 2012). During our qualitative interviews with lower income Access Afya patients, we observed that many of our interviewees were unable to understand our questions unless a Swahili translator was present. Thus, language might be an important factor to increasing conversion rates.

**Next Steps:** We recommend conducting a study comparing the conversion rates of the exact same advertisement only differing in the language it is presented in: Swahili or English. Access Afya may want to consider potentially adding a third advertisement to the study that includes both languages, with the large tagline in English, and the more detailed information/instructions in Swahili. The data and results should be very clear on which language is more impactful on conversion rates or if language has no effect on conversion at all.

## What do Patients Value?

Successful advertisements correctly identify customers' needs. In the context of healthcare, it is important to know where Kenyan patients see value and how they hope to meet their needs. In our qualitative interviews, we found that overall, loyal Access Afya patients valued five major qualities in Access Afya's service model: effectiveness of care, affordability, compassion, convenience, and short waiting times (Table 2). Often, we found that current Access Afya patients have had negative experiences with prior health care organizations, citing a lack of patient respect from providers, long wait times, and expensive, ineffective medicine as primary drivers away from other hospitals. Furthermore, in supporting surveys conducted by the enterprise, high wait times and high consultations fees were among the top reasons listed for discontinuation of the mDaktari service. Thus, advertisements aimed at attracting new patients should focus on highlighting Access Afya's ability to uphold these five attributes of good health care as summarized in Table 2.

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# Utilizing Facebook

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Table 2. Considerations for Patient Values

<b>What Do Patients Value in a Telehealth Service?</b>	<b>What Does This Look Like?</b>
Speed of Care	Low wait times or queue Ability to connect to a doctor fast
Effectiveness	Treatment that works, prescribed medication that improves quality of life
Convenience	Able to see a doctor without walking to a clinic Able to easily connect without delay or internet issues Easy and sensible app design requiring minimal training
Affordability	Reasonably priced medicine and treatment Discounts and deals based on situation
Compassionate Care	Kind providers Lack of rudeness and hostility

Furthermore, successful advertising also incorporates contextual knowledge of the target market. The ideal Access Afya patient should be able to see the product or service work in their world.

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# Utilizing Facebook

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## **The Importance of Customer Segmentation**

While nearly everyone surveyed recognizes these five attributes as being desirable, certain subgroups will place *value* unequally on each attribute. In other words, some customer segments value some of these attributes more than others. For example, in our research, we found that 33.3% of ANC patients skipped an appointment primarily due to an inability to get time off of work. In contrast, 66.6% of NCD patients skipped an appointment primarily due to an inability to afford the fee for service. Furthermore, NCD patients are more likely to consider financial difficulties as being the most difficult part of their condition whereas ANC patients cite the inability to carry out routine or lifestyle changes as their most difficult part of their condition. These facts display that each patient group values different things, has different priorities, or has different situations.

This example highlights the importance of customer segmentation. Marketing should not only appeal broadly, but should also target specific demographics and groups, considering they have different values, preferences, and reactions. This is important for a number of reasons. Proper customer segmentation allows for the identification of new market opportunities and it reveals tailored approaches to help the organization better reach essential subsections of the target market. Unfortunately, our research was limited due to timing and sample size constraints. Thus, we are unable to make any validated claims on any particular aspects of Access Afya's current customer segments. However, the following table will give a few tricks and tips to ensure that customer segmentation data can be segmented properly (Table 3).

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# Utilizing Facebook

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Table 3. Practical Recommendations to Successfully Segment Customers

Segmentation Strategy	Explanation
<p><b>Utilization of Customer Profiles</b></p>	<p>Access Afya should create broad descriptions of their <i>ideal</i> customers. This representative persona obviously does not apply to each and every specific customer case, but it is useful to conceptualize the main target groups that this enterprise hopes to reach. Things that should be included in a customer profile are their attitudes, interests, socioeconomic status, and their values. (see appendix 3)</p>
<p><b>Customer-Segment Specific Data Collection</b></p>	<p><b>Always</b> collect relevant demographic data at the very beginning of each survey.  <b>Example:</b> If you hope to determine whether customer behavior is affected by socioeconomic status, be sure to include at the beginning or end of the survey a few questions collecting education background, monthly income, and employment status.  <b>One thing</b> to keep in mind is that not all questions can be applied broadly. Although some questions between surveys will be similar, some questions will necessarily have to be different between groups. This adds nuance to the characterization of customer groups.  <b>Example:</b> The ANC and NCD surveys we created share similar demographic questions. However, we asked prenatal specific questions for ANC patients and chronic-burden specific questions for NCD. (see Appendix 2).</p>
<p><b>Data Analysis Methods: Statistical Tests of Significance - T-tests and Chi Square Tests</b></p>	<p>Looking at the data that were given by AA, we observed that Access Afya could benefit from regularly conducting more rigorous statistical analysis, as opposed to only recording percentages. We suggest using these simple statistical tests which are useful for comparing two or more groups of people to see in which ways they differ (appendix 4).</p>

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# MDAKTARI REGISTRATION AND USE

## Access Barrier

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There are potential barriers to registration which serve as pain points for potential customers. In our qualitative interviews, smartphone ownership wasn't as common as expected. It is true that smartphone usage is increasing rapidly in Kenya, with a mobile penetration rate of 109% (more smartphones in use than people) (Kemp, 2021). However, this does not account for the fact that multiple people have several sim cards. The population that Access Afya serves is the historically underserved urban poor. Several of the people we interviewed did not own smartphones, relying on others for usage or going to the pharmacies to conduct their virtual consultations.

**Next Steps:** This is not a problem that can be easily solved by the enterprise. Overtime, if mobile penetration continues to increase, a larger number of new consumers from all socioeconomic stratas will begin to incorporate smartphones into their daily lives. Until then, we recommend that Access Afya continue to pursue telemedicine, with the recognition that many of their key consumers, the urban poor, may not have access to this medium of care. Thus, Access Afya might consider ensuring that the pharmacies embedded within urban communities, continue to be fully equipped with mDaktari, so that this issue of accessibility is mitigated.

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# Knowledge Barrier

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On another issue, based on surveys administered by AA, potential customers who have access to smartphones are not necessarily knowledgeable on how to use the app effectively. The app, while it is seemingly simple and straightforward, to a middle-aged patient just beginning to adjust to the rapid integration of technology in everyday life, the app may seem intimidating and hard to comprehend. There is also a very real language barrier that exists. In our interviews, many patients, especially those of a lower socioeconomic status, were uncomfortable with speaking and reading English, even with formal education. This is a barrier to AA's primary target market.

**Next Steps:** To address these issues, we recommend that Access Afya implement two features within their software. First, to address the knowledge barrier, we think that potential patients would benefit from a short tutorial or intro video embedded within the app, that walks patients on how to schedule a consultation. Based on patient feedback, we recognize that Access Afya has done an excellent job in educating their patients on how to use the app. However, AA is limited in this regard, because the process of physically walking a patient through the app is time-consuming and costly. A simple tutorial or video is far more efficient, reducing the labor cost necessary to educate every patient. Second, we believe that a language option (Swahili and English) should be offered before the patient even enters the homepage of the app. This addresses the language barrier and creates greater accessibility to patients who cannot read English.

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# Role of Clinics and Pharmacies

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The pharmacies and clinics are a great way to introduce patients to mDaktari. Maximizing utilization of Access Afya's existing customer base at the clinics and pharmacies may prove to be a more effective and cost-friendly way to increase mDaktari users rather than trying to recruit entirely new customers through ads. Several Access Afya pharmacies have computer stations set up that allow patients to utilize mDaktari services. This provides a solution to the issues of accessibility and know-how by providing the technology and the guidance (via the pharmacy technician on duty) needed by the urban poor to utilize mDaktari. However, overreliance on the pharmacy to provide these services may prove to be inefficient and divergent from the app's intended use in the long run. If the app is intended to grow and continues to draw in more subscribers via the pharmacies, it will put a strain on the man-power at the pharmacies. Also, if there is a lot of traffic for mDaktari at the pharmacies, this would defeat the purpose of the app providing a COVID-friendly alternative to healthcare. The clinics also serve as a potential barrier to the app's growth. Several interviewees stated that they saw no need to use mDaktari since they live so close to the clinic and can easily walk in for a consultation.

**Next Steps:** Access Afya should strategize the role that the pharmacies play in acquiring mDaktari users. The pharmacies should be used as an introduction to the app, with the pharmacy technician helping the patient get set up at the computer. But there should be an initiative to equip patients to continue to use the app by themselves after their first consultation at the pharmacy if they have the technological means at home to do so. Additionally, Access Afya should consider expanding their target market to include people living in rural areas. Where the urban poor might see mDaktari as a convenient tool, the rural poor would see it as an essential need, as they do not have they do not have the luxury of living within walking distance of a clinic. Marketing the app to rural areas allow mDaktari to more strongly align with Access Afya's mission and would likely result in a larger, more loyal customer base.

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# Judgement of Experience

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Given our research and observations, Access Afya has done an impressive job in providing the optimal patient experience, excelling in five key areas (see Table 2 above). Furthermore, patients have stated that not only was their patient experience positive, but the continuing follow-up from the AA administration and the community aspect provided by the WhatsApp group chats, set AA apart from other healthcare providers in the area. These actions are extremely important. Patient judgement of an experience not only affects their outlook on the organization and the likelihood that they will return as loyal customers, but it also affects how they talk about Access Afya with their friends, colleagues, and family, and whether or not they will actively refer new customers. This idea will be explored in the next section. In conclusion, creating positive patient experiences is essential to the success of the organization.

**Next Steps:** It is important for AA to consistently track a patient's perception of their experience. AA is a data-driven organization, having a robust electronic medical record, collecting net provider scores, and conducting occasional surveys. However, we recommend implementing a "mandatory" six-question survey that each patient has to take after each telemedicine visit (Appendix 1). This standardized six-question survey asks questions which specifically hone in on the things that Access Afya has done well and things they can improve on. The goal of the survey is to isolate any issues that may threaten or negatively skew a patient's perception of the organization, and see that these issues are adequately addressed.

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# CREATING LOYAL PATIENTS

Word of mouth (WOM) marketing is usually the most effective strategy for a market like that served by Access Afya (Hystra, 2013). The best way to capitalize on WOM marketing is to create loyal customers who will act as brand advocates because of their genuine love of a company's product or service. This is known as customer evangelism-- when customers promote your brand on your behalf. Evangelism marketing typically has a high return on investment since little is spent on promotion, and money generated from current customers recruiting other potential customers is all profit. The following factors should be taken into consideration when trying to utilize evangelism marketing among the customer base.

## Customer Satisfaction

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For a customer to feel motivated to recommend mDaktari to others, they must be highly satisfied with their own experience. Customer satisfaction ratings at Access Afya are high and increasing, with an average NPS score of 9. Two common praises for Access Afya's services are the way they treat their patients and the effectiveness of their treatments (Table 2). Patients, especially low income ones, appreciate how Access Afya employees treat them with dignity and respect. They are also satisfied with treatment and recommendations that they are given by doctors and nurses at Access Afya and note improved health outcomes. This is no surprise, as Access Afya prioritizes the health and well-being of their patients as a core value of the company.

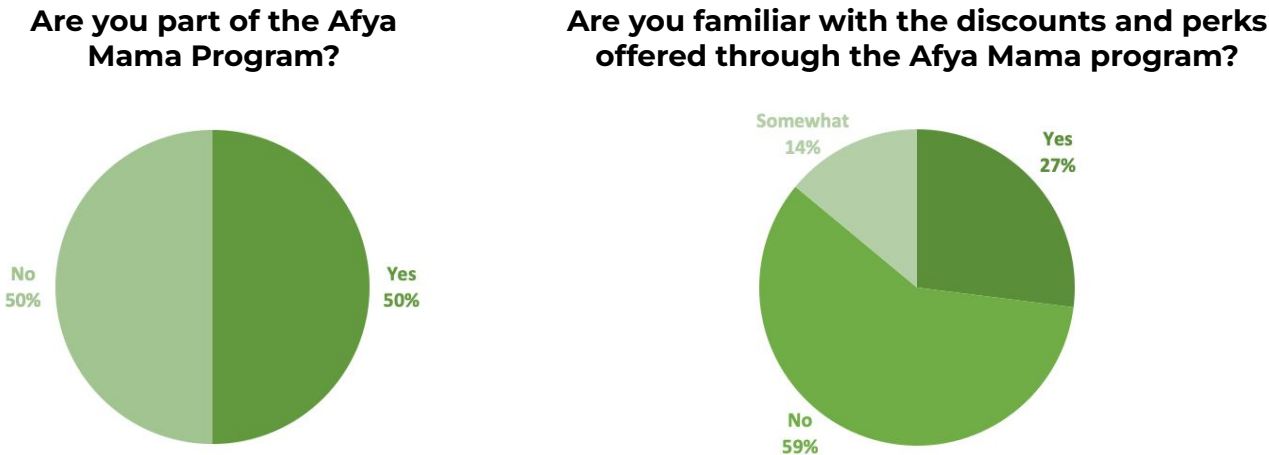
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# Value Recognition

Both the current customer and the potential customer must recognize the specific value that mDaktari offers in order to use the service and remain loyal to it. The current customer must be convinced of mDaktari's value so much so that they feel compelled to tell others about it. This means that the current customer must have a clear, complete understanding of what makes mDaktari a valuable service. Telemedicine has already been proven to be a game-changing asset in delivering quality, affordable healthcare, especially to people in the developing world where funds and resources are scarce. An added benefit of using a telemedicine service through Access Afya specifically are all of the benefits and discounts they offer as a social enterprise in service of the urban poor. However, through our interviews and surveys, we recognized a gap in the knowledge of patients about these benefits. Patients are not aware of all of the benefits they are receiving through Access Afya, most notable with the Afya Mama program. All pregnant women who receive ANC care at Access Afya are automatically enrolled in their Afya Mama program, which provides them with discounts on prenatal and postnatal check-ups. However, only 50% of ANC patients we surveyed know they are in the Afya Mama program, and only 27% actually know what benefits are received through the program (Figure 3). So, a crucial component to evangelist marketing that Access Afya must work to improve is educating their patients on what they are offering them that makes their service so valuable. Without informing their patients, they will not be able to recognize the value in Access Afya products and services, and therefore, current customers will not be able to effectively market the company to others through word of mouth.

Figure 3. ANC Patient Responses to Afya Mama Program Questions



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## Available Networks

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In order for customers to spread the word about Access Afya, they must have a network of family and friends whom they can influence. Evangelist marketing works best when there is trust established between a current customer and a prospective customer. Members of the urban poor community have vast networks comprised of friends and family, which is why word-of-mouth marketing is so vital to consumerism at the bottom of the pyramid. Access Afya should utilize these networks, and infiltrate the specific channels by which these networks communicate to implement marketing strategies. On top of this, Access Afya should consider identifying people with high social influence (ie. religious and community leaders) and ask them to try mDaktari.

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# END OF MDAKTARI CARE SURVEY: APPENDIX 1

**Description:** A very short ending survey that can be implemented very easily on the app.

**When to Implement:** After every virtual consultation

**Question 1:** What did you like about your appointment (check all that apply)

- A. It was convenient to do from home
- B. Short wait time
- C. The app was easy to use
- D. I felt cared for and listened to
- E. I understand my health more
- F. I was given an effective plan/medicine to treat my condition
- G. Other

**Question 2:** Did you have any issues accessing this appointment?

- A. Could not connect
- B. Long wait time
- C. Could not hear/see/understand the physician
- D. It was difficult to use the app
- E. No Issues
- F. Other

**Question 3:** Were there any issues during the appointment?

- A. I felt disrespected by the health care provider
- B. I still do not understand what is wrong with my health
- C. The consultation fee was difficult to pay
- D. No issues
- E. Other

**Question 4:** Will you use telehealth again?

- A. Yes
- B. Yes, but I prefer in-person consultation
- C. No

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# END OF MDAKTARI CARE SURVEY: APPENDIX 1

**Question 5:** All things considered, how would you rate your consultation.

- A. Excellent
- B. Good
- C. Average
- D. Poor

**Question 6:** Considering your complete experience with our company, how likely would you be to recommend us to your friend or colleague?

- A. Very Likely
- B. Somewhat Likely
- C. Somewhat Unlikely
- D. Not Likely

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# PROPOSALS FOR SURVEY OPTIMIZATION: APPENDIX 2

In the following section, we will highlight the similarities and differences in implementing similar surveys between two different groups. As an example, we will compare two surveys we recently implemented, which target ANC and NCD groups respectively.

## General Information

- There are three main sections of your survey: demographic questions, convergent questions, and divergent questions.
- Be mindful of survey length. Longer surveys tend to go unanswered if they are optional or provoke “unreliable” data if they are mandatory. Keep surveys below ten questions, especially if your data-driven organization requires multiple surveys to be sent out periodically.
- Ensure that surveys are “forced choice” questions. Open-choice questions can potentially yield more information, but often, patients will not elaborate on their answers. Forced choice, whether that be through ranking or selecting from a number of preset answers, allows for easier data analysis.
- Surveys should be anonymized so names and phone numbers are not necessary points of data to collect. We are simply looking at general population trends, as opposed to individual answers. An exception to this rule is if your organization wants to follow-up with specific customers.

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# Demographic Questions

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Regardless of group, we will want to get a general understanding of who our patients are. Common demographics include: age, gender, orientation, ethnicity, language spoken, address, socioeconomic status, religion, persons per household, education etc. Not all demographics need to be taken for each survey: only relevant information that is being actively looked at. Demographic information questions should be the same between surveys. This will allow subgroups to be compared during later data analysis (see Appendix IV).

## Example Questions Shared by Both Administered ANC and NCD surveys

1. Which of the following describes your employment status?
  - a. Unemployed (Hauna kazi)
  - b. Student (Mwanafunzi)
  - c. Self-Employed (umejajiri)
  - d. Contract work
  - e. Employed (salary)(Umeajiriwa)

Note: This question is one way to quantify socioeconomic status.

2. Uko more likely kutumia a service kama iko advertised in English ama Kiswahili? (Would you be more or less likely to use a service if the advertisement is:)
  - a. In English
  - b. In Swahili
  - c. Does not matter

Note: This question is one way to understand a patient's perception of language. It doesn't tell us whether they speak it or not, but whether they find it trustworthy.

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# Convergent Questions

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When comparing two specific customer segments, certain questions will need to be held the same for comparison purposes. These aren't "demographics" but more specific questions that attempt to find the root of the issue. They should attempt to quantify the customer's past behaviors and use that to determine patients values and perceptions. In the following example, we attempted to determine whether or not Facebook was an ideal method of advertising, by looking at past customer behaviors of buying and their current usage of smartphones. Furthermore, we wanted to see if there were any differences between groups. Perhaps, a greater number of ANC patients use Facebook more than NCD patients. This information is valuable, because it can be used to create marketing strategies which specifically target specific groups, based on the findings from the data.

## Example Questions Shared by Both Administered ANC and NCD surveys

3. Umewai kununua product ama kuanza kutumia a service after kuiona iko advertised on Facebook?(Have you ever purchased a product or subscribed to a service after seeing an advertisement on Facebook?)

- a. Not at all
- b. Once, within the past year
- c. Occasionally yes, once within the past year

4. Umewai kununua product ama kuanza kutumia a service after kuiona iko advertised kwa poster ama flyer?(Have you ever purchased a product or subscribed to a service after seeing an advertisement on a physical poster, flyer or handout?)

- a. Not at all
- b. Once, within the past year
- c. Yes, several times within the past year

5. Umewai kununua product ama ku-subscribe kutumia a service juu imekuwa recommended na a family member ama friend?(Have you ever purchased a product or subscribed to a service recommended by a family or friend?)

- a. Not at all
- b. Once, within the past year
- c. Several times in the past year

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# Convergent Questions

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6. Umewai kununua product ama ku-subscribe kutumia a service juu imekuwa recommended kwa group yoyote WhatsApp?(Have you ever purchased a product or subscribed to a service that was recommended to you by a group chat on WhatsApp?)

- a. Not at all
- b. Once, within the past year
- c. Several times in the past year

7. Ni mobile apps gani huwa unatumia kila mara?(What type of apps do you use the most?)

- a. Social media
- b. Banking (MPESA)
- c. SMS
- d. Games
- e. Web browser

8. Huwa unapata apps ama ku-discover apps ungependa ku-download aje?(How do you usually learn about (discover) new apps that you want to download?)

- a. Browsing the app store
- b. Facebook ads
- c. Whatsapp group chats
- d. Friend or family recommendation
- e. TV or other internet ads
- f. I do not own a smartphone

9. Have you ever skipped a clinic appointment?

- a. Yes
- b. No

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# Convergent Questions

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10. If you answered yes to the previous question, why?
- Unable to afford the fee for service or price of treatment (Hukuweza ku-afford cost ya dawa ama treatment)
  - Unable to get the time off from work (Hukuweza kupata time kutoka job uje kwa clinic)
  - Did not feel comfortable going to the clinic or pharmacy
  - Had to take care of family members in the household(Ulikuwa una shughulikia familia)
  - Clinic was too far (Clinic iko mbali)
11. Have you ever skipped medication refill?
- Yes
  - No
12. If you answered yes to the previous question, why?
- Inability to afford the fee for service or price of medication (Hukuweza ku-afford dawa)
  - Was unable to get the time off from work (Hukuweza kupata time kutoka job uje kwa clinic)
  - Did not feel comfortable going to the clinic or pharmacy
  - Had to watch over or care for other members in the household (ulikuwa una shughulikia familia)
  - Distance was too far (Clinic iko mbali)

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# Divergent Questions

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These questions are not meant to compare the two subsets of people. Rather, they preemptively recognize the differences in context and condition inherent to the two groups of people and attempt to use that information to discern what each segment finds valuable.

## NCD Specific Questions

Ni nini ngumu zaidi kwako about kuishi na hypertension ama diabetes? (What is the hardest part about living with a chronic disease (hypertension or diabetes)?

- a. Financial burden of medical treatment (Kukosa pesa za matibabu)
- b. Physical pain (Uchungu mwilini)
- c. Lifestyle Changes (diet, exercise, stress management etc)
- d. Loss of ability to do or participate in normal activities

## ANC Specific Questions

What is the most difficult part of pregnancy?

- a. Cost of doctor's visits and medication
- b. Lifestyle Changes
- c. Inability to carry out normal routine (work, family care, etc.)
- d. Physical pain
- e. Emotional changes
- f. Lack of antenatal education or experience

After delivery, ni part gani ya your life iko most difficult? (What is the most difficult aspect of life following the delivery of your child?)

- a. Cost of doctor visits and medications
- b. Lifestyle Changes
- c. Inability to carry out normal routine (work, family care, etc.)
- d. Physical pain
- e. Emotional changes
- f. Providing for the well-being of your child
- g. Lack of antenatal education or experience

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# Divergent Questions

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Are you part of the Afya Mama program?

- a. Yes
- b. No

Uko familiar na discounts ama benefits unapata kutokana na hii program ya Afya Mama? (Are you familiar with the discounts and perks offered through the Afya Mama program?)

- a. Yes
- b. Somewhat/Kiasi
- c. No

**Conclusion:** This is a simple and easy way to organize the creation of surveys which intend to compare two customer segments. Comparisons can be made between any number of factors which influence patient outcomes. It is important to properly conduct these surveys, because it helps to ascertain what particular patients value, based on the groups, identities, and cultures they place or find themselves in.

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# EXAMPLE CUSTOMER PROFILE TEMPLATE: APPENDIX 3

Customer profile templates are visual tools that are used to identify what segments of an organization's target market “looks” like: their demographics, attitudes, values, and concerns. The “customer profile” is a caricature of the *ideal customer* based on a mix of qualitative and quantitative data collected from interviews and surveys. Listed below are a few examples of customer profiles that we constructed based on our research. We recommend that Access Afya critically analyzes these profiles and uses them to target their advertisements and marketing strategies. Furthermore, these are templates so that Access Afya can follow this model if they hope to segment between further customer groups. This will allow Access Afya to create their own customer profiles. Some groups to consider differentiating values and attitudes include upper vs lower socioeconomic status patients, female and male patients, patients with and without social media, and patients from different residential areas.

## **Customer 1: The Hardworking NCD Patient**

**Name:** John Mwangi

**Gender:** Male

**Age:** 35

**Income:** 4000 Kenyan Shillings monthly

**Occupation:** Taxi driver with occasional odd contract labor

**Medical History:** Hypertension for ten years and type II diabetes.

**Aspirations:** Hopes to financially provide for his family (wife and children). Wants to improve and maintain his health so that he has the capability to continue working. Hopes for longevity: that he might see his children grow to be independent.

**Values in a healthcare service:** Efficiency in treatment, speed of care, and convenience

**Frustrations:** His health is limiting his ability to conveniently perform tasks of daily living. He has sought help before, but previous hospitals have prescribed unhelpful treatment/medication, have had long wait times, or have been too far out of the way, which conflicts with work.

**Other Information:** Owns a smartphone and regularly is involved with WhatsApp group chats. Is interested in community events, but is not the most trusting of ideas and people he doesn't.



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# EXAMPLE CUSTOMER PROFILE TEMPLATE: APPENDIX 3

## Customer 2: The Concerned ANC Future Mother

**Name:** Mary Onyangi

**Gender:** Female

**Age:** 25

**Household income:** <2000 Kenyan Shillings monthly

**Occupation:** Unemployed

**Medical History:** None. This is Mary's first pregnancy.

**Aspirations:** Hopes to have a smooth, easy pregnancy and delivery. Wants to maintain her health through diet, exercise, supplements, and regular check ups to ensure the health of her child. That is what is most important to her. Wants a provider she can trust for future pregnancies as well.

**Values in a healthcare service:** Compassionate care and affordable medicine.

Hopes to be informed of her options and educated on what she needs to know.

**Frustrations:** Since this is Mary's first pregnancy, she is inexperienced and does not know what to expect. She would like guidance in her pregnancy so that it will go as smoothly as possible. Furthermore, she is worried about what follows pregnancy. Finally, she has had negative experiences with hospitals before. Doctor's have talked down to her in the past, which has made her feel unsafe and saddened.

**Other Information:** Owns a smartphone and regularly is involved with Facebook (to chat with friends and family). Trusts the advice of doctors, provided that she is given the right information. Needs to be encouraged to ask questions.



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# STATISTICAL TESTS FOR PATIENT GROUP COMPARISONS: APPENDIX 4

	<b>T- Test</b>	<b>Chi Square Test</b>
<b>Description</b>	Determine if there are any significant differences between the averages of two groups.	Determine if there is a significant relationship between two categories (variables).
<b>Type of Data Required</b>	<p><b>Quantitative Data:</b> Measurement data (income, blood pressure, weight, etc.)</p> <p><b>Identifier:</b> If it can be measured and designated by a number</p>	<p><b>Categorical Data:</b> Data regarding how people are “labeled” (gender, employment status, smoker vs non-smoker)</p> <p><b>Identifier:</b> If it can be answered with a Yes/No Question</p>
<b>Example Questions These Tests Could Answer:</b>	<p>Do lower income patients have lower blood pressure on average than higher income patients?</p> <p>Do male patients have lower glucose levels on average when compared to female patients?</p>	<p>Is there a significant relationship between socioeconomic status and smoking?</p> <p>Is there a relationship between patient type (ANC vs NCD) and willingness to spend money online?</p>
<b>Resources*</b>	Use SPSS Software	Use SPSS Software

\*SPSS is a computer software that simplifies the statistical analysis of macro data. It is very convenient to input data directly from excel/google sheets and analyze it from a variety of angles and options including t-tests and chi-square tests. Furthermore, this software is relatively easy to learn and any difficulties can be addressed through embedded tutorials and technical support. Although there is a licensing fee available, this is an excellent software to use for continuous data analysis.

*Note:* In order for these results to be reliable, these tests require large sample sizes ( $n > 30$  per group).

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