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# An Exploratory study of creating shared value in Kenya: a case study of M-Tiba

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**AN EXPLORATORY STUDY OF CREATING SHARED VALUE IN  
KENYA: A CASE STUDY OF M-TIBA**

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MBA/93093/16

DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF  
REQUIREMENTS FOR THE DEGREE OF MASTERS IN BUSINESS  
ADMINISTRATION AT STRATHMORE UNIVERSITY BUSINESS SCHOOL

STRATHMORE UNIVERSITY BUSINESS SCHOOL

STRATHMORE UNIVERSITY

NAIROBI KENYA

## **DECLARATION**

I declare that this work has not been previously submitted and approved for the award of a degree by this or any other University. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made in the thesis itself.

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Samuel Mburu Mwangi

## **APPROVAL**

The research thesis of Samuel Mburu Mwangi was reviewed and approved by the following:

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## **ABSTRACT**

The research was carried out to explore the practice of creating shared value (CSV) as a business strategy in the Kenyan context. In particular, it sought to understand how a purposefully selected company in Kenya practiced CSV and the effects on their business. Using a case study approach, the research focused on M-Tiba, a mobile service from Safaricom Limited, PharmAccess and CarePay that allows anyone to send, save and spend funds specifically for medical treatment. M-Tiba was recently awarded in the 2017 Loeries Awards in Durban, South Africa where it received a gold medal in the Shared Value category. Data was collected through in-depth interviews, questionnaires and document reviews. The researcher found that M-Tiba provided both social and economic value, facilitated by a transformative cross-sector partnership between a for-profit and a not-for-profit organization. The researcher concluded that for-profit and not-for-profit organizations can utilize complimentary competencies and resources to address some of the persistent social issues. Recommendations comprised of; including CSV as a core mission for organizations, setting up forums for for-profit and not-for-profit organizations to understand the social problems and possible solutions, assessing economic value using various metrics and investing strategically with a long-term view and transformational cross-sector partnerships. The main limitation of the study was the response rate of M-Tiba subscribers engaged via SMS.

Key words: Shared Value, M-Tiba, cross-sector partnership and CarePay

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## **LIST OF ABBREVIATIONS**

AIDS - Acquired Immune Deficiency Syndrome

CSR – Corporate Social Responsibility

CSV - Creating Shared Value

SME - Small Medium Enterprise

CEO - Chief Executive Officer

IRB - Institutional Review Board

MBA - Masters in Business Administration

SMS - Short Message Service

IERC - Institutional Ethics Review Committee

NACOSTI - National Commission for Science, Technology and Innovation

IFHA - Investment Funds for Health in Africa



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## CHAPTER 1: INTRODUCTION

### 1.1. Background

According to Porter and Kramer (2011), a better approach to CSR in solving social problems is creating shared value, where organizations recognize the interdependence of addressing societal needs whilst achieving profitability and economic value. In the past, companies seldom discerned themselves as the mediums of social change but the link between social progress and business performance has since become compelling (Kramer & Pftizer, 2016). The concept of Creating Shared Value (CSV) involves creating economic value in a way that also creates value for society by addressing its needs and challenges (Porter & Kramer, 2011). Measurement approaches that link social and business results are vital to unlocking shared value for companies and scalable solutions to social problems (Porter, Hills, Pftizer, Patscheke, & Hawkins, 2011).

As resources become more difficult to obtain from government and public sources, nonprofits have begun to rely more heavily on partnerships with corporates, who are ideologically different and financially, rather than socially focused (Lefroy & Tsarenko, 2013). A cross-sector partnership addresses issues that extend beyond organizational boundaries and traditional goals (Seitanidi, 2007). Community development can become more sustainable with further cross-sector partnerships being formed and implemented based on the mutual benefit of partners (Labib Eid & Robert Sabella, 2014). Business search for value has extended to the production of benefits with and for all stakeholders, in effect accepting the link between the interests of business and society (Austin & Seitanidi, 2012).

Kenya is facing serious challenges in its social and economic development ranging from prevalent poverty; heavy disease burden; high levels of unemployment; and negative civic engagement among other challenges (Joseph, 2014). According to the 2015 IMF Working Paper, poverty rates were approximated that one out of every two Africans is living under the poverty line, indicating the slow pace of poverty eradication. A national survey conducted by the World Bank in Kenya in 2015 indicated that most respondents believed the biggest contributors to poverty reduction were:

agriculture development at 42% of respondents, economic growth at 31%, job creation at 29%, and education at 27% (World Bank, 2015).

The Loeries, a non-profit company administering awards for the brand communications industry, in Africa and the Middle East since 1978, introduced categories to include not only traditional advertising. One such new category is the shared value category which recognizes brands that profitably deliver value to shareholders, while positively impacting society through their business models and practices. M-Tiba emerged winner at the 2017 Loeries Awards in Durban, South Africa where it received a gold medal in the Shared Value category (Wanja, 2017). The product was developed by three partners namely Safaricom, CarePay and PharmAccess. Money stored in M-Tiba can only be used to pay for treatment and medication at selected and approved partner clinics and hospitals. Based on this recognition, it is arguable that the three partners are practicing shared value in Kenya by enhancing sustainable financial performance and growth while providing access to affordable healthcare.

In this study, the researcher explored how M-Tiba had created shared value by focusing on its social impact on beneficiaries; its contribution to financial performance for the companies involved and evaluated the cross-sector partnerships therein. The study provided a timely opportunity to explore how companies can address social problems profitably in a country that has prevalent societal challenges.

## **1.2. About the Organizations**

### **1.2.1. Safaricom PLC**

Based on the company website, Safaricom PLC is a listed Kenyan mobile network operator headquartered at Safaricom House in Nairobi, Kenya. It is the largest telecommunications provider in Kenya, and one of the most profitable companies in the East and Central African region. The company offers mobile telephony, mobile money transfer, consumer electronics, e-commerce, cloud computing, data, music streaming, and fibre optic services. It is most renowned as the home of MPESA, a mobile banking SMS-based service. Safaricom publishes a Sustainable Business

report annually to disclose the progress they have made towards the goal of building a more sustainable future.

### **1.2.2. Pharm Access**

PharmAccess is an international non-profit organization with a digital agenda dedicated to connecting more people in sub-Saharan Africa to better healthcare. By making use of public-private partnerships, they leverage donor contributions, which they believe will pave the way for private investments hereby contributing to healthier populations and social and economic development. Currently PharmAccess employs a multidisciplinary team of professionals in Tanzania, Kenya, Nigeria, Ghana and the Netherlands.

PharmAccess was founded in 2001 by HIV/AIDS researcher Prof. Joep Lange. He took an important first step for the organization by distributing life-saving medicines for HIV/AIDS patients in Africa in cooperation with multinationals. PharmAccess mobilizes public and private resources to increase access to care through health insurance and new, digital forms of health financing. The organization developed the international SafeCare standards, which stimulate quality improvement, enable benchmarking and lower risks.

### **1.2.3. Carepay**

CarePay is a Kenyan company that administers conditional healthcare payments between funders, patients and healthcare providers. Through the M-Tiba platform, CarePay directs funds from public and private funders directly to patients into a “health wallet” on their mobile phone. Key investors at CarePay include; Investment Funds for Health in Africa (IFHA), which are private equity funds dedicated to small to medium size investments in private healthcare companies in Africa, and the MPESA foundation, a charitable trust founded by the MPESA Holding Company Limited which supports projects in education, health and environment sectors in Kenya. The IFHA team originated from PharmAccess Foundation, with a diverse range of experience in senior management, healthcare and health insurance.

### 1.3. About M-Tiba

In September 2016, a health financing service, M-Tiba, was launched. According to the m-tiba.co.ke website, M-Tiba is a mobile service that allows anyone to send, save and spend funds specifically for medical treatment. Money stored in M-Tiba can only be used to pay for treatment and medication at M-Tiba validated clinics and hospitals. M-Tiba uses the internationally recognized 'SafeCare' standards to monitor the quality of care available at selected facilities. M-Tiba is administered by Carepay, a joint venture by a for-profit and a not-for-profit organization, Safaricom and PharmAccess. Anyone who is a Safaricom customer above the age of 18 years is eligible to register for M-Tiba. The customer must have a duly registered Safaricom SIM card and be a holder of a valid national identity card or passport. Unlike insurance you can use your funds to pay for anyone at any M-Tiba facility. There is no minimum or maximum limit to deposit and you only pay for the services received from the healthcare provider.

M-Tiba only pays the medical bill to the extent of the amount available in your mobile health wallet. M-Tiba funds can be used to pay for outpatient healthcare services and medication. The indicative cost of consultation at healthcare providers participating in M-TIBA in Nairobi is between 200 Ksh and 400 Ksh per person per visit. The range of outpatient services you can pay for depends on the services your chosen M-Tiba facility can provide and on the amount of funds stored in your M-Tiba. You can pay for anyone using your M-Tiba if you add them as a dependent. Dial \*253#, Log in, select Settings then Add Dependent.

There are multiple ways to register for M-TIBA:

- Simply dial \*253# and complete the steps in the menu to register
- An M-TIBA agent can visit you to help you register
- You can register from any of the facilities that carry the M-TIBA logo
- You can register by calling the M-TIBA Toll Free line 0800 721253

Steps of registering for M-Tiba using \*253#:

1. Dial \*253# and choose Register to register to M-TIBA

2. Set funds aside in M-PESA by sending funds to M-PESA PayBill 300066, MTIBA as the Account No.
3. Dial \*253# and choose Find Clinic to locate a M-TIBA provider to get treated

#### **1.4. Problem Statement**

Despite a myriad of societal problems in Kenya, companies appear not to understand the relationship between societal challenges and business opportunities. This means that they continue to overlook important opportunities to gain financial growth while achieving necessary social impact. According to Porter and Kramer (2011), social needs constitute the largest proportion of existing underserved needs and therefore make up potential markets. The authors argue that addressing social challenges does not necessarily increase costs to the company but rather can be a source of both competitive advantage and social development. There was need to conduct research to explore the strategies by which Kenyan companies can adopt and practice the CSV concept.

M-Tiba provided a suitable case where the practice of CSV was examined in order to determine its effect on addressing a health problem while contributing to the financial bottom-line of participating companies. Interventions such as M-Tiba, have accelerated the universal health care coverage by use of mobile technology which has a high penetration in Kenya. The digital health interventions are organized into the following overarching groupings based on the targeted primary user as; interventions for clients, interventions for healthcare providers, interventions for health system or resource managers and interventions for data services (WHO, 2018).

In the case of M-Tiba, Safaricom has collaborated with PharmAccess, a non-profit, and CarePay, an IT company, to co-create social and business value. NGOs, governments, and foundations recognize that companies integrating social outcomes in their business models represent powerful allies in meeting their own aspirations for social change (Porter et al. 2011). It is therefore important to assess cross-sector partnerships in their quest to create social value.



The main objective of the study was to explore how M-Tiba is contributing to affordable and accessible health care while achieving sustainable financial performance. It also explored the factors of successful cross-sector partnership between Safaricom, CarePay and PharmAccess.

### **1.5. Main Research Objective**

The main objective of the study is to explore how M-Tiba achieved CSV and evaluate the cross-sector partnership.

### **1.6. Specific Research Objectives**

The specific objectives of this research were:

- i. To examine how M-Tiba has created social value by addressing health care needs of the M-Tiba subscribers.
- ii. To examine how M-Tiba has created economic value by contributing to financial performance of the partnering firms.
- iii. To evaluate the cross-sector partnership between non-profit and for-profit organizations in creating shared value.

### **1.7. Research Questions**

The research questions for the study were:

- i. How has M-Tiba created social value by addressing health care needs M-Tiba subscribers?
- ii. How has M-Tiba created economic value by contributing to financial performance for the partnering firms?
- iii. How has the cross-sector partnership between non-profit and for-profit organizations partner fared in creating shared value?

### **1.8. Scope of the Study**

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The study was focused on interviewing business executives from Safaricom, PharmAccess and Carepay while a structured questionnaire was directed to the M-Tiba subscribers. Although M-Tiba has over 1.2 Million subscribers, the study was limited to four hundred respondents selected randomly as a representation of the entire population of the subscribers. Given that the subscribers had mobile devices, the questionnaire was disseminated via SMS through which they were able to share their feedback.

The main limitation of the study was that some M-Tiba subscribers did not respond to the SMS and thus the response rate was low despite several reminders.

### **1.9. Significance of the Study**

The study will provide valuable insights to policy-makers, financing companies, non-profit organizations and academicians on how the CSV approach can be applied to address social challenges in Kenya. The importance of the study in Kenya is based on the prevalence of social needs. The study will provide companies with a better understanding of CSV and how it can be embedded into the company's core business strategy to improve performance while addressing social needs. Further, it adds to the existing literature on creating shared value.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1. Introduction**

The chapter highlights the various theories used to explain shared value. In this chapter, empirical literature related to the concept of creating shared value is also presented. A research gap has been identified in the chapter based on the existing literature. Lastly, the chapter presents the conceptual framework developed for the study.

### **2.2. Theoretical Review**

#### **2.2.1. Creating Shared Value**

Recent studies by Michael Porter and Mark Kramer have defined the concept of CSV as generation of economic value for an organization in such a way that it also creates value for society by addressing key needs or challenges (M. Porter & Kramer, 2011). Achieving financial gain in a process that simultaneously solves societal problems has become important to businesses because their legitimacy has been criticized for prospering at the expense of the community at large (Kramer & Pfitzer, 2016). Unresolved steady social problems and the urgency of global challenges such as climate change, the consequences of which appear to be every day closer, have led to an increasingly large number of individuals paying greater attention to these issues (Sagar, 2017).

Companies can accelerate social progress within their environs leading reduction of poverty, pollution and disease while increasing their profits (Kramer & Pfitzer, 2016). Due to the strong focus on integrating responsibility into daily business, sustainability management and stakeholder theory oppose the concept of (residual or add-on) CSR (corporate social responsibility) (Hörisch, Freeman, & Schaltegger, 2014). There are three key levels that companies can create shared value opportunities; reconceiving products and markets, redefining productivity in the value chain and enabling local cluster development (M. E. Porter, Hills, Pfitzer, Patscheke, & Hawkins, 2014).

Table 2. 1: Illustrative Business and Social Results by Level of Shared Value

Level	Business Results	Social Results
<b>Reconceiving product and markets:</b> How targeting unmet needs drives incremental revenue and profits	<ul style="list-style-type: none"> <li>• Increased revenue</li> <li>• Increased market share</li> <li>• Increased market growth</li> <li>• Improved profitability</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient care</li> <li>• Reduced carbon footprint</li> <li>• Improved nutrition</li> <li>• Improved education</li> </ul>
<b>Redefining productivity in the value chain:</b> How better management of internal operations increases productivity and reduces risks	<ul style="list-style-type: none"> <li>• Improved productivity</li> <li>• Reduced logistical and operating costs</li> <li>• Secured supply</li> <li>• Improved quality</li> <li>• Improved profitability</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced energy use</li> <li>• Reduced water use</li> <li>• Reduced raw materials</li> <li>• Improved job skills</li> <li>• Improved employee incomes</li> </ul>
<b>Enabling cluster development:</b> How changing societal conditions outside the company unleashes new growth and productivity gains	<ul style="list-style-type: none"> <li>• Reduced costs</li> <li>• Secured supply</li> <li>• Improved distribution infrastructure</li> <li>• Improved workforce access</li> <li>• Improved profitability</li> </ul>	<ul style="list-style-type: none"> <li>• Improved education</li> <li>• Increased job creation</li> <li>• Improved health</li> <li>• Improved incomes</li> </ul>

Source: (M. E. Porter et al., 2014, p. 3)

Shared value measurement requires an iterative process that is integrated with business strategy, not a one-time or periodic effort separate from measuring business performance. An integrated shared value strategy and measurement process includes four steps: identify the social issues to target, make the business case, track progress and measure results and use insights to unlock new value (M. E. Porter et al., 2014). In adopting CSV, companies face many barriers that are beyond their control since they exist in an ecosystem that may inhibit markets and restrict productivity of suppliers and distributors (Kramer & Pfitzer, 2016). In practice, CSV involves policies and

operating practices that improve a company's competitive advantage while solving societal necessities (M. Porter & Kramer, 2011).

The search by nonprofits and businesses for greater value creation is fundamentally what has given rise to the proliferation of ever more robust cross-sector partnerships (Austin & Seitanidi, 2012). Shared value creation involves intensified forms of collaboration, with benefits from insights, skills, and resources that cut across profit/nonprofit and private/public boundaries (M. Porter & Kramer, 2011). Companies that implement this concept recognize the relationship between the needs or challenges in society and their profitability (M. Porter & Kramer, 2011). Instead of viewing business and society as antagonistic, they acknowledge the inherent capacity of business to contribute to social progress while understanding that companies rely on healthy and thriving societies to flourish (Bockstette & Stamp, 2011).

CSV challenges the conventional CSR approach and proposes an environmentally and socially inclusive business strategies as opposed to impromptu initiatives (M. Porter & Kramer, 2011). Those that were previously involved in CSR have opted to implement new business models that incorporate social inclusion with an aim to execute the shared value principle (Michelini & Fiorentino, 2012). To improve their reputation, companies donate funds identified as expenses on charity basis despite lack of economic value or profits (Moon, Parc, Yim, & Park, 2011). Presently, major organizations are moving towards sustainability frameworks such as CSV as a business strategy (Orr & Sarni, 2015). They progressively observe that alignment of their core competencies allows them to contribute to society more effectively (Bockstette & Stamp, 2011).

Although the concept of CSV is inventive and the strategic principles mentioned above are of use, Porter and Kramer have faced criticism (Moon et al., 2011). Some scholars have faulted the CSV principle as unoriginal, that it disregards the tensions between social and economic objectives, it is naïve about the challenges of business compliance, and it is based on a superficial conception of the role of the companies in society (Crane et al., 2014). The CSV concept also lacks to deal comprehensively with opportunity costs in economic and social value creation (Crane, Palazzo, Spence, & Matten, 2014). Some scholars have criticized the CSV principle arguing that the principle is unoriginal, it ignores the tensions between social and economic goals, it is naïve about

the challenges of business compliance, and it is based on a shallow conception of the role of the corporation in society (Crane, Palazzo, Spence, & Matten, 2014).

Depending on the perception of CSV being a balance of social and financial value creation, it appears that attempts to achieve this balance have experienced many challenges (Pirson, 2012). The business strategy of a company should be in tandem with the reality of business experience, natural resources and risk issues (Orr & Sarni, 2015). Case studies conducted by Pirson (2012) showed that no organization was able to balance financial and social value creation over time, but one objective – the financial or the social value creation- took priority (Pirson, 2012). Even though there are useful aspects of CSV, some scholars view it as a reactionary more than transformational response to the crisis of capitalism (Crane et al., 2014). Companies must sometimes team up with governments, NGOs, and even rivals to capture the economic benefits of social progress (Kramer & Pfitzer, 2016). Economic value is created by people who voluntarily come together and cooperate to improve everyone's circumstance (Freeman, Wicks, & Parmar, 2004).

Table 2. 2: The Strengths and Weakness of the Shared Value Concept

Strengths	Weakness
CSV successfully appeals to practitioners and scholars	CSV is unoriginal
CSV elevates social goals to a strategic level	CSV ignores the tensions between social and economic goals
CSV articulates a clear role for governments in responsible behavior	CSV is naïve about the challenges of business compliance
CSV adds rigor to ideas of “conscious capitalism” and provides an umbrella construct for loosely connected concepts	CSV is based on a shallow conception of the corporation’s role in society

Source: (Crane et al., 2014, p. 132)

In conclusion, despite scholars differentiating CSV from CSR and criticizing the shortcomings of CSV, the end result is the same. A community with societal problems cannot sustain prosperous

businesses. It is the obligation of businesses to support the communities around them in solving these problems and in turn generate sustainable financial performance for the businesses. A healthy, educated, secure and employed community provides potential customers for all businesses.

### **2.2.2. Cross-Sector Partnership**

For both for-profit and not-for-profit managers and executives, managing a social partnership is daunting. One reason is that the executive's achievement focus shifts from firm profit or mission accomplishment to balancing that specific goal with the successful tackling of a social problem. Another reason is that the stakeholder relationships for the collaborative initiative are complex, involving multiple stakeholders with varying interests and goals (Savage et al., 2010). Cross-sector partnerships require a higher degree of trust among partners and lack of trust can threaten the organization. (Ameli & Kayes, 2011).

The collaboration continuum, has four relationship stages: philanthropic (charitable corporate donor and NPO recipient, largely a unilateral transfer of resources), transactional (the partners have reciprocal exchange of more valuable resources through specific activities, sponsorships, cause-related marketing and personnel engagements), integrative (where missions, strategies, values, personnel, and activities experience organizational integration and co-creation of value) and transformational (there is shared learning about social needs and partners' roles in meeting those needs) (Austin & Seitanidi, 2012).



	<u>Stage I</u>	<u>Stage II</u>	<u>Stage III</u>	<u>Stage IV</u>
<b>NATURE OF RELATIONSHIP</b>	<i>Philanthropic&gt;Transactional&gt;Integrative&gt;Transformational</i>			
• Level of Engagement	<i>Low←-----→High</i>			
• Importance to Mission	<i>Peripheral ←-----→Central</i>			
• Magnitude of Resources	<i>Small←-----→Big</i>			
• Type of resources	<i>Money←-----→Core Competencies</i>			
• Scope of Activities	<i>Narrow←-----→Broad</i>			
• Interaction Level	<i>Infrequent←-----→Intensive</i>			
• Trust	<i>Modest←-----→Deep</i>			
• Internal change	<i>Minimal←-----→Great</i>			
• Managerial Complexity	<i>Simple←-----→Complex</i>			
• Strategic Value	<i>Minor←-----→Major</i>			
• Co-creation of value	<i>Sole-----→Conjoined</i>			
• Synergistic value	<i>Occasional←-----→Predominant</i>			
• Innovation	<i>Seldom←-----→Frequent</i>			
• External system change	<i>Rare←-----→Common</i>			

Figure 2 2: The Collaboration Continuum

Source: (Austin & Seitanidi, 2012)

### 2.3. Empirical Review

Examples of companies embracing CSV include food companies such as Nestlé, Unilever, and Danone that have been pinpointed to be repositioning themselves as nutrition and health companies while car manufacturers such as Nissan and Toyota are said to be redefining their purpose as providing low-emissions mobility and technology firms such as IBM, Intel, and Verizon are enhancing education and health care while making cities habitable as their central missions (Pfitzer, Bockstette, & Stamp, 2013). As an illustrative example, consider how the advent of “green” and environmentally friendly products involves the collaboration of organizations across public and private sectors to develop new technologies for the benefit of society (Savage et al., 2010).

In CSV, successful collaborations would be data driven, clearly linked to defined outcomes, well connected to the goals of all stakeholders, and tracked with clear metrics (M. Porter & Kramer,

2011). Rethinking value chains and cluster formation not just with a view to economic benefit but also with due regard to creating social value is a valuable change of focus (Meyer, 2018). Companies that are most advanced in pursuing shared value today do not have the data they need to optimize its results (M. E. Porter et al., 2011). Impact assessments are conducted by companies to demonstrate to stakeholders that their operations or philanthropic investments have created positive benefits for communities (M. E. Porter et al., 2011). Stakeholders, especially those without power, rely on the trustworthiness of organizations to satisfy fairness obligations that are due them (Greenwood & Van Buren, 2010).

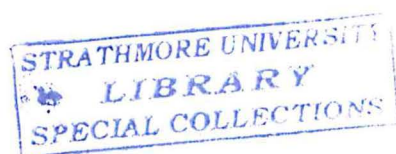
The accelerated proliferation of nonprofit organizations in the past two decades increased the competition for resources and the concomitant need to develop new value propositions (Austin & Seitanidi, 2012). Partnerships that span multiple market sectors are often founded on cooperation as opposed to competition and this fundamental distinction impacts organizational strategy and, more specifically, the manner in which strategic decisions are made (Pittz & Adler, 2016). There is a business case for supporting nonprofits to access a much larger pool of corporate resources for social causes than just the philanthropy budget (Austin & Seitanidi, 2012).

Two issues appear central in learning from cross-sector partnerships: the acceptance of co-creation between the two partners and a proactive attitude of the firms towards learning, such that the organizations actively promote learning strategies and learning culture within the organizational structure, procedures, and practices (Ameli & Kayes, 2011). The development of open strategy has paralleled the wider recognition and adoption of open innovation approaches that have yielded promising new entrepreneurial opportunities for the innovation process by diffusing knowledge and inventions across sectors and industries. (Pittz & Adler, 2016).

#### **2.4. Research Gap**

The key observations from the literature above indicate that CSV as a business strategy allows companies to accelerate social progress within their environs while achieving financial performance in a sustainable way. Kenya is not an exception and thus the need to collect data on

companies already identified to be practicing CSV. Most literature does not include Kenyan companies that practice CSV and the methods applied in deploying it. This study sought to explore how Safaricom Limited, PharmAccess and CarePay partnered to address challenges in health care in a financially sustainable way through M-Tiba in Kenya.



## **CHAPTER 3: RESEARCH METHODOLOGY**

### **3.1. Introduction**

This chapter describes the various methodologies that were utilized in collecting data, approaches adopted in carrying out the research, the techniques used in analysis and presentation of data collected. In particular, it indicates the research design, and methods of data analysis used.

### **3.2. The Research Design**

In this study, the researcher had no control of the behavioral events and focused on contemporary phenomenon. The case study method is preferred in examining contemporary phenomenon when the pertinent behaviors cannot be controlled (Yin, 2009). The method also has considerable means to find answers to the question ‘why?’ , ‘what?’ and ‘how?’ thus is most often used in explanatory and exploratory research (Saunders et al., 2009). For the M-Tiba case study, the researcher explored how the cross-sector partners practiced CSV.

### **3.3. Population and Sampling**

Purposive sampling techniques are primarily used in qualitative studies and may be defined as selecting units (e.g., individuals, groups of individuals, institutions) based on specific purposes associated with answering a research study’s questions (Teddlie & Yu, 2007). The purposive sampling technique is the deliberate choice of a participant due to the qualities the participant possesses (Etikan, 2016). Choosing the purposive sample is fundamental to the quality of data gathered; thus, reliability and competence of the informant must be ensured (Tongco, 2007).

In this study, business executives involved in the development and management of M-Tiba were purposefully selected for in-depth interviews. The cross-sector partners being Safaricom, PharmAccess and Carepay were involved in the study. Two participants were selected from Safaricom, one from PharmAccess and one from Carepay.

For the questionnaires, 600 M-Tiba subscribers were randomly selected and engaged via SMS. Given the large population of M-Tiba subscribers, of over 1.2 Million, Cochran's formula was considered:

$$n_0 = \frac{Z^2 pq}{e^2}$$

Where:

$e$  is the desired level of precision (i.e. the margin of error),

$p$  is the (estimated) proportion of the population which has the attribute in question,

$q$  is  $1 - p$

Assuming that half of the M-Tiba subscribers use the service, then this gave us maximum variability and so  $p$  was 0.1. We wanted a 99 percent confidence level, and at least 1 percent—plus or minus—precision. A 95 percent confidence level gives us Z values of 2.58, per the normal tables, so we got:

$$\{(2.58)^2 * 0.1 * 0.1\} / (0.01)^2 = 665$$

Thus a random sample of 600 M-Tiba subscribers in our target population was enough to give us the confidence levels we needed.

### 3.4. Data Collection Methods

Qualitative research involves the use of interviews, documents and observation, to understand and explain social phenomena (Samkin & Schneider, 2008). For the case study research design, different data collection methods such as interviews, documents and observation will be required to triangulate multiple sources of data (Saunders et al., 2009). The researcher carried out detailed interviews with the business executives involved in the development of M-Tiba, questionnaires for M-Tiba subscribers and reviewed documentation from the companies and public sources.

### **3.4.1. In-Depth Interviews**

The researcher conducted unstructured in-depth interviews with business executives involved in the development and/or deployment of M-Tiba. The aim was to explore their motivation and driving factors identifying social problems in health, how they built a business case, how they track progress and continue to unlock new potential.

### **3.4.2. Questionnaires**

The researcher engaged the M-Tiba subscribers through questionnaires via SMS to understand how the mobile service has helped access healthcare. These questionnaires were also used to cross check information gathered through in-depth interviews with business executives and documents review.

### **3.4.3. Documents review**

For case studies, documents review is essential in validating evidence gathered from other sources (Yin, 2009). Documents for review may include notices, speeches, correspondence, minutes, financial and sustainability reports to shareholders, diaries administrative and public records (Saunders et al., 2009). Documents and secondary data on the products and programs were reviewed. The documents included; financial reports, product brochures, print media advertisements and websites.

## **3.5. Data Analysis Plan**

The data was analyzed using thematic content analysis of the in-depth interviews. Coding involved important theoretical decisions relating to the research question or problem. Qualitative research generated large amounts of data and that needed to be organized in ways that aided the researcher to make findings. This involved bringing all the data together (storing), identifying themes or categories in the data (coding) and looking for links or concordances between pieces of data

(retrieving) (Maclaran & Catterall, 2002). Data from the questionnaires was analyzed through simple descriptive statistics.

### **3.6. Research Quality**

The internal validity and reliability are determined by the design of the questions, the construct of the questionnaire, and the pilot testing (Saunders et al., 2009) . In the study, these were ensured by carrying out a pilot of the interview guide and the questionnaire. Triangulation or the, use of two or more independent sources of data, was used to ensure reliability by use of data collected from the in depth interviews, questionnaires and documentation. In the in depth interviews, a summary of the interview transcript was shared with the business executives to confirm that his sentiments were captured.

### **3.7. Addressing Ethical Issues in Research**

The researcher sought the acceptance from providers to seek any secondary data and obtained consent of the participants before the interviews. Similar informed consent was sought from the respondents of the survey. The aim of the research was stated on the letter of request or consent form and the researcher respected the right of the respondent to withdraw or proceed with it. The researcher obtained ethics clearance with the IERC and NACOSTI.

## CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS

### 4.1. Introduction

This chapter comprises the research findings, data analysis and interpretation. As indicated in the research methodology, the data was collected using in-depth interviews, questionnaires and documents review. Results are presented in tables, charts, diagrams and quotations. As indicated in 3.5 above, a thematic approach was implemented in analyzing the qualitative data. The data was analyzed and arranged under themes that reflected the research objectives; examine how M-Tiba has created social value, examine how M-Tiba has created economic value and evaluate cross-sector partnership between non-profit and for-profit organizations. The data results were presented in tables with a number of codes combined to facilitate quotations extraction.

Data was analyzed based on the research questions:

- i. How has M-Tiba created social value by addressing health care needs M-Tiba subscribers?
- ii. How has M-Tiba created economic value by contributing to financial performance for the partnering firms?
- iii. How has the cross-sector partnership between non-profit and for-profit organizations partner fared in creating shared value?

### 4.2. Social Value of M-Tiba

At the time of research in January 2019, there were approximately 1.2 Million M-Tiba subscribers and over 1,000 facilities. To examine the social value of M-Tiba, the researcher administered a questionnaire to 600 M-Tiba subscribers via SMS to examine the social value of M-Tiba. The sample was randomly selected and requested to opt into the survey via SMS and respond to the questionnaire. Some subscribers did not respond to some of the questions thus the responses were classified as unknown. The following results were obtained from 286 respondents:



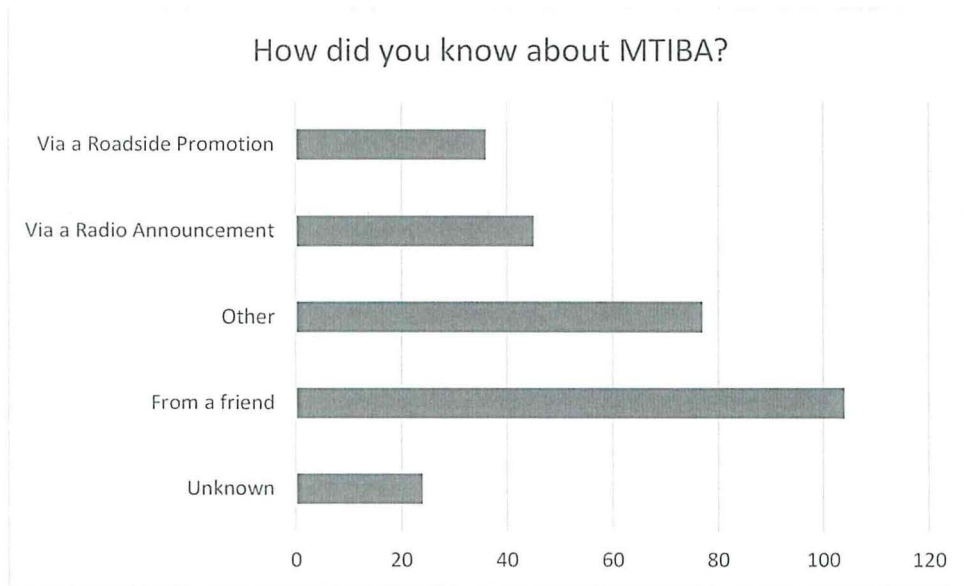


Figure 4. 1: M-Tiba Mode of Awareness

The respondents of indicated that they knew about M-Tiba through their friends, approximately 36% in comparison to via roadside promotion at 13%, radio announcement at 16% or any other means at 27%. The referral by a friend is an indicator of satisfaction of M-Tiba fulfilling the friend's needs. The results are as shown in Figure 4.1 above.

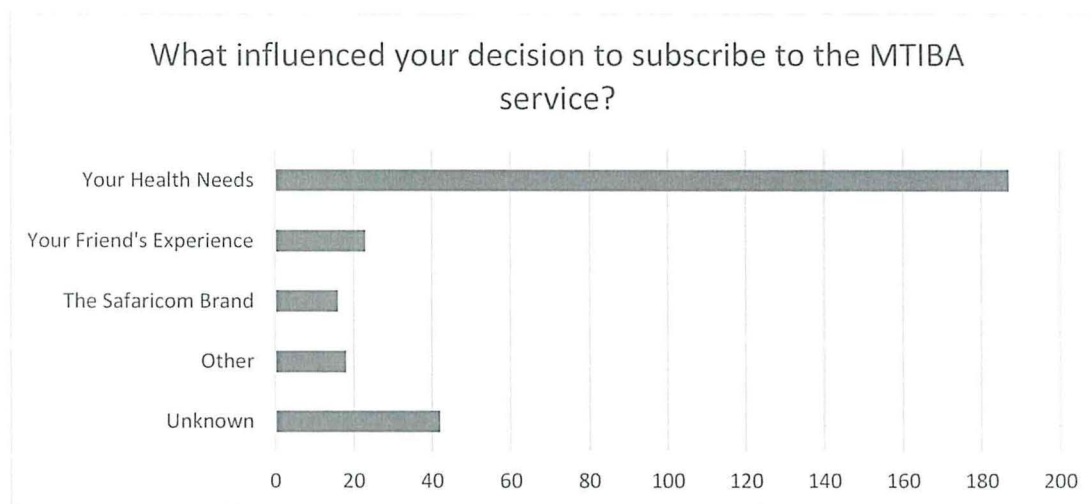


Figure 4. 2: M-Tiba's Revelance to the Needs of the Beneficiaries.

Majority of sampled respondents, at 65%, made a decision to subscribe for M-Tiba for their health needs. This exhibited the precision of the societal problem that M-Tiba dealt with and the clarity of the intended service to the beneficiaries. The results are as shown in Figure 4.2 above.

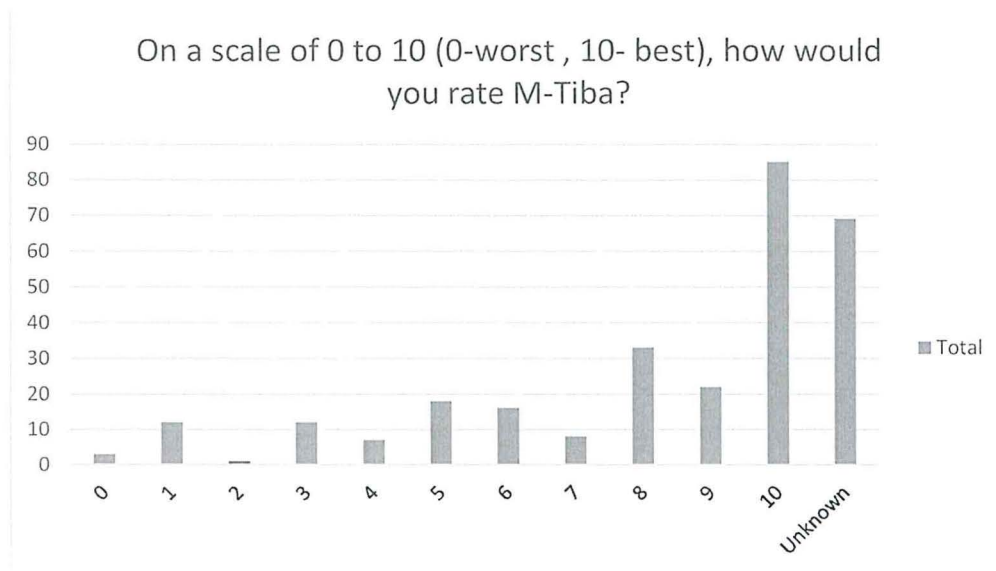


Figure 4. 3: M-Tiba’s Performance According to Beneficiaries

Based on likert scale of 0 to 10, with 10 being best and 0 being worst, 50% sampled respondents rated M-Tiba at greater than 8 out of 10. This rating showed the approval of M-Tiba product and related services amongst the subscribers. The results as are shown in Figure 4.3 above.

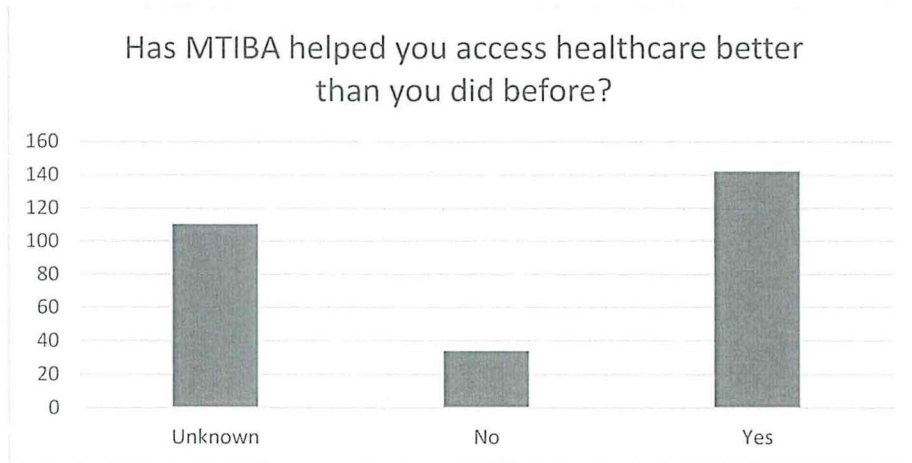


Figure 4. 4: M-Tiba’s Level of Addressing the Societal Problem

M-Tiba had helped 50% of the sampled respondents to access healthcare than they did before. Given the challenges of healthcare access highlighted in the Chapter 1.1, this was an illustration of social value delivered by M-Tiba. The results as are shown in Figure 4.4 above.

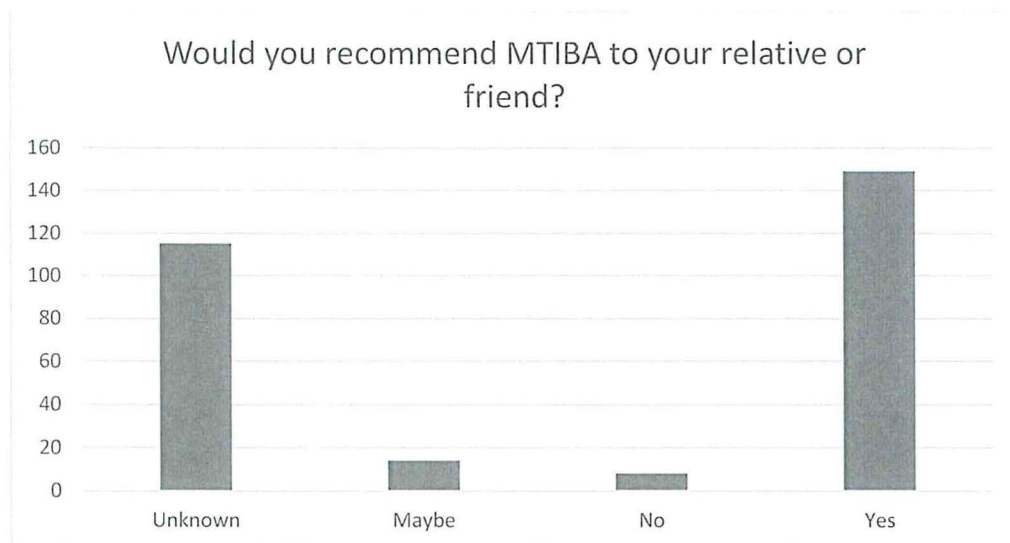


Figure 4. 5: Potential Growth of M-Tiba

When asked if they would recommend M-Tiba to relatives or friends, 52% of the sampled respondents indicated that they would. This showed the subscribers' confidence in the M-Tiba services and the benefits it brings to society. The results as are shown in Figure 4.5 above.

The researcher had in-depth interviews with business executives managing M-Tiba from the partnering organizations; Safaricom, PharmAccess and CarePay. The output data of the interviews was analyzed and arranged under themes that addressed the research objectives; examine how M-Tiba has created social value. The data from the interviews was categorized into codes that showed social value; ensuring quality of healthcare, improving access through affordability and use of convenient technology. These codes will be discussed further below:

### **Ensuring Quality of Healthcare**

The researcher found that quality healthcare was one of the key deliverables of M-Tiba. Healthcare facilities on boarded on the M-Tiba platform were required to adhere to set quality standards and regularly monitored by SafeCare, an affiliate of PharmAccess. It emerged from the participants that low income earners often accessed low quality healthcare that would seldom lead to disastrous outcomes. This initiative was therefore designed to address issues of quality in healthcare for low-income earners.

This is illustrated by the following quotes:

“The expected outcome is that healthcare should not be a privilege. When you think about it, it should be something that's pretty much a basic human need and for that, everybody should be able to access it.” **(Participant 1)**

“One of the saddest things about healthcare is that if you are a low income person you tend to have low quality service. But what Safecare has done is to raise the quality of service in clinics in low income areas and tie it to M-Tiba.” **(Participant 2)**

“...when you look at social impact, the question you ask is things like, what if I don't save a life? So I save a life, one vs zero, you always go for a one. It becomes less of a risk when you have some level of social impact.” **(Participant 3)**

“You don't have to look for long or Google for long to find out that this is a big issue, healthcare in particular, the financial accessibility of it and then the quality of care...” **(Participant 4)**

“From the social impact side of the value proposition, we are almost doing two things which is looking at how does it improve quality of care on the supply side, health provider side, and we are looking at does it give more participants out there access to healthcare, especially those groups that are vulnerable.” **(Participant 4)**

It was clear that the participants recognized that quality healthcare was important and that it was a major issue in the community.

### **Improving Access Through Affordability**

The participants indicated that M-Tiba offered a mechanism to save as little as you can through the MPESA e-wallet, for the purpose of healthcare only. This was compared to the available health insurance schemes which were out of reach for the majority. It was highlighted that high healthcare costs lead to poverty to the affected families.

The following quotes illustrate this:

“The only way for them to access it is to make or to reduce the barriers to accessing that service by making it more affordable.” **(Participant 1)**

“...given the wallet at the end of the day, if you work in a mjengo and you have 200 bob you only put aside 10 bob. You can't do the same for an insurance a premium, if you don't pay it lapses, that wasn't gonna work.” **(Participant 2)**

“Our focal point is the huge problem about, according to the World Bank survey, about 1 Million Kenyans every year fall back into poverty because of health related expenses. It's a lot. That's like 2% of the Kenyan population on a yearly basis.” **(Participant 3)**

The quotes indicated that the participants were keen to provide an affordable way of paying for healthcare expenses.

### **Use of Convenient Technology**

The research showed how technology can be utilized for social impact. The M-Tiba service was provided through convenient mobile telephony technology to facilitate saving and the search of nearby accredited health facilities. The accredited facilities are listed in the \*253# M-Tiba service and the subscriber can chose the closest of most convenient facility. Moreover, future sophisticated applications of M-Tiba platform included data analytics, protocol monitoring and disaster alerts. Technology also brings efficiency and cost savings, this benefits can be passed on to the M-Tiba subscribers or health agents.

The following quotes illustrated this:

“...being a telco, of course provides varied telco services the likes of messaging, the likes of MPESA and so on and so forth and the thinking was how can we use what we already have... so that as we are impacting the society there is also some bit of return or revenue to the business.” **(Participant 1)**

“I think in all M-Tiba clinics it’s actually working pretty well. People are able to link things. Eventually where we wanna go is for example if on any day you see 10 cholera cases, it should give you are red alert that cholera is in the area...” **(Participant 2)**

“...so we made an investment very early because we do believe that it’s a platform that can possibly change lives in many ways.” **(Participant 2)**

“ There is a lot to be gained by using data much more efficiently towards the hospitals, doctors, insurance companies ....For medical suppliers, there is a lot of unknowns and that’s why they don’t dare go to emerging markets like Kenya. But if they know more, if they understand the market better by knowing what’s happening on the ground they could also give better medicine at a lower price, as long as the know what the market is worth.” **(Participant 3)**

The participants mentioned the convenience of using technology and the ease of use by the M-Tiba subscribers.

#### **4.3. Economic Value of M-Tiba**

The researcher examined 400 M-Tiba subscribers’ data to understand the economic value they provided to the partnering organizations. This was done by computing their Average Revenue per User (ARPU) before and after subscribing to the service. The customer loyalty of the M-Tiba subscribers was also computed for the period between January 2015 and October 2018. On average, the ARPU was Kshs. 99.96 before the subscription and Kshs. 108.98 after subscription, representing a 9 percent growth. In terms of customer loyalty, only 8 per cent of the 400 in the sample had churned in comparison to the company average of 22 percent.

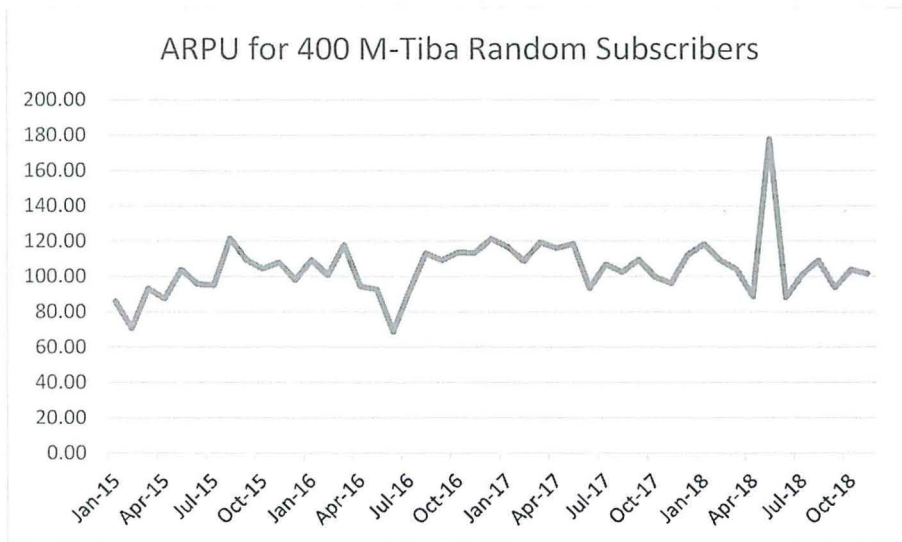


Figure 4. 6: M-Tiba Subscribers ARPU

The data from the in-depth interviews was also categorized into codes that showed economic value; establishing new revenue streams, long-term investment strategy and economies of scale. These codes will be discussed further below:

### Establishing New Revenue Streams

The researcher found that M-Tiba had brought a new revenue stream from existing resources and competencies while introducing strategic gains such as data capabilities, customer loyalty, brand recognition and good public relations. The service provides sustainable revenue streams from different stakeholders in the value chain from the subscribers, facilities, medical suppliers and donors.

This is illustrated by the following quotes:

“... so that as we are impacting the society there is also some bit of return or revenue to the business.” (Participant 1)



“First, obviously because it runs off of MPESA, there is some direct benefit there but I think for us any time you can be [able] to add value to a customer you are able to reduce churn, build brand love and you can always upsell on other products and services.” **(Participant 2)**

“Asymmetries of information always pushes up costs for all the stakeholders. And what we think our? platform does, and we know now because we have a lot of case studies, is by making this flow of information, medical information, information about someone’s insurance status, or payment information, whatever it is that you need to know that are managed very seamless and in a digital way which is faster and cheaper.” **(Participant 3)**

From the quotes, it was clear that M-Tiba was providing new revenue streams or saving costs that would otherwise be incurred.

### **Long-Term Investment Strategy**

Telecommunications companies have similar product offerings to their customers being voice, messaging and mobile money. Safaricom invested in a differentiated product with a long-term strategy of gaining returns. With M-Tiba the company ventured into the health sector, no other telecommunications company was in this sector, using the existing customer base and technology. Similarly, PharmAccess provided chargeable service as an alternative to provide free service as a not-for-profit organization.

This is illustrated by the following quotes:

“I think that’s where shifting the narrative from when is the revenue coming as opposed to what is the impact of this and the revenue will come has really helped.... The good thing is that we have MPESA as a precedent, where you invest into a heavy platform and returns don’t come right away.” **(Participant 2)**

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“...investors in the company because they understand the dynamics of having to invest and may be reap the rewards later but also they see the impact we are having on the ground and they read the newspapers. We have been quite successful especially in connecting very large health schemes to our platform that is at least giving a prospect of the future income.” **(Participant 3)**

The participants indicated a shift in thinking within their organizations from short-term investments to long-term investments.

### **Economies of Scale**

As of March 2018, there were over 1 Million M-Tiba subscribers that transacted on the platform. This was a significant number that provided a sufficient scale for revenue streams and data analytics. This provided economies of scale and efficiency thus making the service cost effective for the providers. From inception, the M-Tiba platform had the capacity to grow from thousands of subscribers to millions as the demand increased.

This is illustrated by the following quotes:

“The push for now is to get one adult a household registered but we are at about 1.5 Million people on the platform, mostly Kenya...” **(Participant 3)**

“The total cost of managing the scheme for a larger group of people was 30 percent lower in year 3 than they were doing before, and mostly because of these inefficiencies...”**(Participant 3)**

“On the one side it’s looking at the volume and the traffic of people, starting with a pilot of 10,000 people to I believe 1.1 or 1.2 Million in the savings wallet which is a huge hockey curve and we see quite a number actually saving more compared to normal people savings.” **(Participant 4)**

The quotes showed the large numbers achieved by M-Tiba and the consequent savings made in running the platform.

#### **4.4. Cross-Sector Partnership in M-Tiba**

The data from the in-depth interviews was also categorized into codes that showed cross-sector partnership; high level of engagement, importance of the mission, magnitude of investment and synergy of complimentary resources. These codes will be discussed further below:

##### **High Level of Engagement**

The vision was led by the CEOs of both organizations who had a common understanding of the objectives of the partnership, with the support from the board. There was high level engagement from both organizations after which the idea was cascaded to the relevant teams who steered the implantation of the vision.

This is illustrated by the following quotes:

“...the engagement was on a top level and the idea was to make sure that the vision is clear from all the involved parties. Then, after that it was assigned to the different teams who were supposed to steer it within the different organizations.” **(Participant 1)**

“... it is very hard to form partnerships. It’s very easy to think about it as a logical thing but to put it in practice is very hard.....meeting a lot of people, telling them about the idea over and over

again. This is because you don't only have to convince the CEO but everyone all the way down to the people on the ground." **(Participant 3)**

"Probably a year before, the first connection was made between the CEOs..." **(Participant 3)**

"This is where they met together but I also think this is a meeting of like minds, at board level. "  
**(Participant 4)**

From the quotes, it was clear that there was high level of engagement of the business leaders, to the board level.

### **Importance of the Mission**

The organizations had a collaborative approach to address a societal problem that was important to both. The mission was core to the on both sides of the partnership from the beginning, they overcame the various challenges to accomplish a common goal.

This is illustrated by the following quotes:

"...from the initial engagements they had a vision of making sure that healthcare is accessible by all and is affordable." **(Participant 1)**

"This is one of the key lessons of this kinds of partnerships. It's not gonna be easy, you are doing a different kind of business, so patience, language, understanding and all those things. But it works out most of the times." **(Participant 2)**

“Even though there wasn’t a blue print and we started with a very small pilot, the minds working together...they never just do the pilot but they have a vision. But how exactly it got cemented am not sure but I believe it was not on having a blue print but having the same dot in the horizon of what we want to do... I think it’s a shared vision that you adhere to but you are also willing to clash with each other, that you are completely honest when things work and when things are not working.” **(Participant 4)**

The participants spoke of the importance of the vision and mission to provide healthcare and the efforts they put in to make it a success.

### **Magnitude of Investment**

There were significant resources required for the cross-sector partnership. Safaricom and PharmAccess made monetary investments to establish a joint venture. Additionally, in some instances, teams were set aside to focus on M-Tiba during its inception stage.

This is illustrated by the following quotes:

“From a Foundation angle, we made a sizeable investment. But I think, when you look at social impact, the question you ask is things like, what if I don’t save a life? ...made equity investment for the long term because the idea was very compelling. .. so we made an investment very early because we do believe that it’s a platform that can possibly change lives in many ways.” **(Participant 2)**

“...capacity and resources that was dedicated to some degree in making this work. It was also ring-fenced to protect the rest of the company.” **(Participant 4)**

Based on the quotes, it is apparent that significant resources had to invested in the partnership.

## **Synergy of Complimentary Resources**

Both organizations had complimentary competencies that were harnessed to initiate M-Tiba. Safaricom had a reputable brand and an established mobile money platform with a majority market share. On the other hand, PharmAccess had extensive technical knowledge in the health sector and partnerships with stakeholders in healthcare.

This is illustrated by the following quotes:

“...the health wallet is not a new concept because we have MPESA obviously but I think the enhancements and building up the new health ecosystem.” **(Participant 2)**

“From the business, we just repurposed out resources. I mean, I had a colleague who was in charge of the health portfolio, she started working on it.” **(Participant 2)**

“When these two forces met there was a clear synergy that Safaricom wanted to do more but were looking for people with experience to scale, while PharmAccess without all these technical expertise but with good partnerships with local private insurance firms.” **(Participant 3)**

The quotes indicate the complimentary resources provided by both partners resulting in a synergistic implementation of the joint strategy.

#### 4.5. Secondary Data Analysis

The researcher reviewed the news articles, websites, marketing collateral and sustainability reports done on or for M-Tiba. An article written by KBC blog on 24<sup>th</sup> August, 2017 indicated that M-Tiba had emerged winner at the 2017 Loeries Awards in Durban, South Africa where it received a gold medal in the Shared Value category. In June the same year, M-Tiba received the FT/IFC Transformational Business Award in the category Achievement in Sustainable Development, with a focus on Health, Wellness and Disease Prevention. According to the CNBC article of 21<sup>st</sup> June, 2018, three African businesses made the year's World Economic Forum annual list of Technology Pioneers. Among them was CarePay which has developed an inclusive platform for health financing and delivery in Africa. The articles and awards illustrate the recognition by the market of M-Tiba's contribution in the health sector and sustainable solutions to societal problems.

Indicated in the M-Tiba brochure is that donors and insurers can offer healthcare financing products, such as vouchers, managed funds and low cost health insurance, to specific segments of the Kenyan population. Through intelligent segmentation of the Safaricom database, M-Tiba allows for direct targeting of specific groups, such as nomadic communities, slum dwellers and small holder farmers. The indicative cost of consultation at healthcare providers participating in M-TIBA in Nairobi is between 200 Ksh and 400 Ksh per person per visit. This excludes the costs of drugs and/or tests that may be prescribed by your doctor. M-Tiba has the potential to diversify mobile health products using convenient technology. To accelerate social impact, donors can use the M-Tiba platform to identify course that would be most effective through data analytics, such as most prone areas of the country, the most affected segment of the population, the most prevalent disease and so on. For those who cannot afford healthcare in vulnerable, the donors and subsidize part of the cost.

Based on the Safaricom Sustainable Business report of 2018, M-TIBA and Digifarm, have successfully leveraged on the power of mobile technology to drive sustainable growth of the company while addressing local challenges in healthcare and agriculture. Over 916,000 low-income earners are able to save towards their healthcare expenses using M-Tiba. M-Tiba has

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continued to grow at a rapid rate and now has just under one million active users, who are able to receive treatment at over 400 accredited medical facilities in the Nairobi, Mt Kenya, Western and Nyanza regions, and who have redeemed more than KES 200 million on healthcare as of March 2018. M-Tiba has been identified as a strategic product that drives the sustainable growth of the company providing financial growth while achieving social impact.



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## **CHAPTER 5: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS**

### **5.1. Introduction**

This chapter consists of discussions of the research findings, conclusions, recommendations and suggested areas of further research. There are discussions on the social and economic value of M-Tiba, and the cross-sector partnership between Safaricom, PharmAccess and CarePay. These are followed by key conclusions, then recommendations. The chapter is closed by suggested areas of further study.

### **5.2. Discussions**

#### **5.2.1. Social Value of M-Tiba**

According to Porter (2014), there are three key levels that companies can create shared value opportunities; reconceiving products and markets, redefining productivity in the value chain and enabling local cluster development. The research found that Safaricom reconceived the MPESA product by way of M-Tiba and entered new markets by targeting unmet needs in the health sector. As indicated in Table 1, reconceiving products and markets identifies how targeting unmet needs drives incremental revenue and profits. The social results are improved patient care, reduced carbon footprint, improved nutrition and improved education (Porter et al., 2014). At the time of this research, M-Tiba had approximately 1.2 Million subscribers, majority of whom were low-income earners. Accredited facilities allowed the low-income earners to access quality healthcare that would otherwise be inaccessible to them.

Instead of viewing business and society as opposing, organizations that practice CSV acknowledge the inherent capacity of business to contribute to social progress while understanding that companies rely on healthy and thriving societies to flourish (Bockstette & Stamp, 2011). Healthcare was made more affordable through M-Tiba, by offering people who cannot afford insurance premiums an opportunity to save as little as they can specifically for health. SafeCare, a subsidiary of PharmAccess, ensured that clinics adhere to a predefined protocol before being accredited to guarantee quality healthcare to M-Tiba subscribers. Without quality healthcare, low-

income earners are likely to end up in disastrous health outcomes due to wrong diagnosis, untimely treatment and so on.

The research findings indicate that M-Tiba provided social value to its subscribers in ways that are most important to them. Safaricom and PharmAccess identified an unmet need and considered their products and services to meet it. Unlike health insurance products available in the market at the time, the two organizations targeted low-income earners by allowing them to save as little as possible for healthcare. The survey of M-Tiba subscribers showed the high level of satisfaction of the services they accessed and the extent to which it met the health needs.

### **5.2.2. Economic Value of M-Tiba**

As indicated in Table 1, the business results of reconceiving product and markets are increased revenue, increased market share, increased market growth and improved profitability. With over 1 Million subscribers and over 400 facilities, M-Tiba has achieved unprecedented scale that brings revenue from transaction charges during disbursement, though there no charges for subscribers to save, and increasing the amount of funds in the M-PESA ecosystem. According to the Safaricom financial report of 2018, Safaricom has continued with efforts to diversify the business to support revenue generated by voice and SMS. M-Tiba brings potential for returns as time goes by through onboarding of tactical channels of revenue streams such as data analytics.

For-profit organizations can accelerate social progress within their environs leading reduction of poverty, pollution and disease while increasing their profits (Kramer & Pfitzer, 2016). The research findings show that there was a marginal growth of ARPU by 9 percent after a user subscribed to M-Tiba. Additionally, there was a lower churn rate of 8 percent in comparison to the company average of 22 percent. Customer retention is one of the main challenges of the telco industry, Safaricom was able to achieve an above average retention rates with M-Tiba subscribers. M-Tiba allows Safaricom to differentiate itself from other players in the market by offering value added services to its customers that are not available with their competitors.

### 5.2.3. Cross-Sector Partnership among Safaricom, PharmAccess and CarePay

There are four relationship stages of cross-sector partnership collaboration continuum being philanthropic, transactional, integrative and transformational (Austin & Seitanidi, 2012). The collaboration among Safaricom, PharmAccess and CarePay is depicted as transformational. For a transformational relationship, as shown in Figure 2, there is high level of engagement, the importance of the mission is central, magnitude of resources is big and the type of resources are core competencies. The research findings show the characteristics of a transformational collaboration

The research found that there was high level engagement between a for-profit organization, Safaricom, and a not-for-profit organization, PharmAccess, consequent to the CEOs of the two organizations meeting at a conference and sharing ideas. As resources from government and public sources are depleted, not-for-profit organizations are more reliant on partnerships with for-profit organizations who are financially rather than socially focused (Lefroy & Tsarenko, 2013). The leaders were like-minded and appreciated the opportunity to impact healthcare jointly. The missions of the two organizations are comparable in nature and are focused on the impact on society, 'Transforming Lives' for Safaricom and PharmAccess 'believes in doing healthcare better'. Indicated in the M-Tiba brochure was that the objective of 'healthcare inclusion' in M-Tiba is in line with Safaricom's mission of 'Transforming lives'.

CSV challenges the conventional CSR approach and proposes an environmentally and socially inclusive business strategies as opposed to impromptu initiatives (M. Porter & Kramer, 2011). Both organizations employed their Foundations in a different way by investing significant resources to start a joint venture, CarePay. Further, they possessed complimentary competencies that were utilized for M-Tiba. Safaricom used technological capabilities in mobile money while PharmAccess used in medical expertise and vast experience working with local clinics. According the M-Tiba brochure, through intelligent segmentation of the Safaricom's database, M-Tiba allows for direct targeting of specific groups.

### 5.3. Conclusions

The purpose of the study was to explore whether CSV as a business strategy allows companies to accelerate social progress within their environs while achieving financial performance in a sustainable way. Additionally, the study evaluated the cross-sector partnership between non-profit and for-profit organizations in creating shared value. The research findings show that M-Tiba was able to achieve shared value, social and economic value, through cross-sector partnership. M-Tiba subscribers gained improved and affordable health care while Safaricom achieved customer loyalty depicted by better ARPU and lower churn rate.

The M-Tiba case study shows that there are non-profit organizations, such as PharmAccess, with experience and expertise to solve social problems. However, they require resources and technology to scale and ensure sustainability as well as marketing and delivery channels. For-profit organizations have channels to engage customers, processes to onboard and mechanisms to commercialize ideas. In this case, Safaricom harnessed existing MPESA and mobile telephony infrastructure, customer base and brand recognition to ease the onboarding of customers and deliver the required services seamlessly. The partnering organizations identified a common mission that was central to both and an investment instrument used to achieve their objectives.

The results of this study imply that non-profit should endeavor to engage for-profit organizations that can accelerate and scale deployment of the solutions they have to social problems. For-profit organizations ought to view social problems as an opportunity for financial gain. Rather than using Foundations for CSR, companies can use them as investment vehicles to long-term CSV initiatives. CSV needs to be at the core of the business strategy, the Safaricom Sustainability report 2018 showed how the company invested in making Kenya a thriving society for sustainable growth.

The study was limited in scope of the number of case studies. There are other organizations that have been recognized for practicing CSV in Kenya; for instance, Equity Bank and M-Kopa. These organizations were not included in the study and may have provided other insights related to the research gap.

#### **5.4. Recommendations**

Given the results of the case study, the researcher recommends that organizations should adopt the practice of creating shared value by reconceiving their product and services. To achieve this, they should consider;

Firstly, including creating social value as a core mission of the organization for sustainable growth in the market. This will embed a business strategy that aims at solving prevalent social problems, in this case, we observe the annual Safaricom Sustainability report that forms part of the monitoring of socially impactful products and service.

Secondly, setting up forums for for-profit and not-for-profit organizations to understand the social problems and possible solutions and the likely scale of impact. Social value can be achieved through innovative solutions that are impactful and scalable. Some of these solutions already exist in different sectors but require collaboration for them to be effective. In the M-Tiba case, the cross-sector partners harnessed their core competencies and expertise to complement the partners' capabilities in solving the social problems.

Thirdly, assessing economic value using various metrics and investing strategically with a long-term view. For M-Tiba, other than revenue growth, there was reduced churn rate which provided above average retention in among M-Tiba subscribers. The business executives focused on the long-term sources of revenue, such as data analytics, as the subscriber base grew.

Fourthly, cross-sector partnerships should be transformational. This involves high levels of engagement, significant investments and utilization of complementary competencies. For M-Tiba, PharmAccess had competencies in the health sector while Safaricom had a mobile money platform and a significant customer base.

### **5.5. Areas of Further Research**

This study was exploring creating shared value as a case study of M-Tiba. Other organizations and products that were awarded for creating shared value such as M-Kopa and Equity Bank were not studied. Apart from established large enterprises, further research could study whether the small and medium enterprises practice CSV.

For the M-Tiba case study, there is an opportunity for further study using different research designs. For instance, interviews of the beneficiaries can be conducted at various M-Tiba accredited clinics throughout the country to establish the extent to whether their health needs have been addressed.

### **5.6. Limitations of the Study**

Another limitation was the unresponsiveness by some of the M-Tiba subscribers to the questionnaire administered via an SMS survey. There was limited time that did not allow the researcher to carry out face-to-face interviews with the subscribers, spread throughout the country where M-Tiba facilities are located.

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## **APPENDIX 1: CASE STUDY PROTOCOL**

A case study protocol contains procedures and general rules to be followed and is essential when conducting a case study. It is a major way of increasing reliability and is intended to guide the investigator in carrying out the data collection (Yin, 2009).

### **A: Introduction to the Case Study and Purpose of Protocol**

- 1) Case study questions, hypotheses and propositions
- 2) Theoretical framework for the case study
- 3) Role of protocol in guiding the case study investigator

### **B: Data Collection Procedures**

- 1) Names of sites to be visited, including contact persons
- 2) Data collection plans i.e type of evidence expected, roles of people to be interviewed, events to be observed, and any other documents to be reviewed.
- 3) Expected preparation prior to site visits i.e specific information to be reviewed and issues to be covered, prior to going to site

### **C: Outline of Case Study Report**

- 1) Motivation of Safaricom Limited to practice CSV.
- 2) Societal problems addressed and the benefits of M-Tiba.
- 3) Economic value of the M-Tiba to the Safaricom Limited.

### **D: Case Study Questions (in the data collection tools).**

## APPENDIX 2: DATA COLLECTION TOOLS

### Interview Schedule for the Business Executives at Safaricom

#### AN EXPLORATORY STUDY OF CREATING SHARED VALUE IN KENYA: A CASE STUDY OF M-TIBA

##### I. Opening

A. **(Establish Rapport)** [shake hands] My name is Samuel Mwangi, an MBA student at Strathmore Business School. As indicated in the letter of request, one of Safaricom's mobile services, M-Tiba, emerged winner at the 2017 Loeries Awards in Durban, South Africa where it received a gold medal in the Shared Value category. In a bid to understand how your company achieved this great accomplishment, I decided to carry out a research which includes this interview.

B. **(Purpose)** I would like to ask you some questions about M-Tiba, how it was developed, the problems it addresses in society, and the economic value to Safaricom.

C. **(Confidentiality)** Information gathered during interview will only be used for the purpose of this research and names will be kept confidential.

D. **(Motivation)** I hope to use this information to help the other companies in Kenya become more innovative in solving societal problems in a profitable way through their companies.

E. **(Time Line)** The interview should take about 30 minutes.

*(Transition: Let me begin by asking you some questions about how the idea of M-Tiba was mooted)*

##### II. Body

###### i. Economic Value

Q1. What was the business opportunity that Safaricom was looking at when launching M-Tiba?

- a. What were the unmet needs identified?
- b. Was there a market assessment? What was the outcome?
- c. Was there a risk assessment? What was the outcome?

Q2. M-Tiba was launched in December 2016, has the business opportunity been captured?

- a. Has there been an increase in the MPESA revenues generated from transactions by the M-Tiba service?
- b. Has the average revenue per user (ARPU) on mobile money and other services by the M-Tiba subscribers grown?
- c. Has there been an increase in use of mobile money by health providers in the M-Tiba ecosystem?
- d. Has M-Tiba created a new market and/or contributed to growth in market share?

Q3. What were the financial implications of the M-Tiba mobile service?

- a. How did the project costs compare to the forecast benefits?
- b. Was there value for money identified through return on investment analysis?
- c. Was the project affordable to Safaricom or did it call for financial strain?

*(Transition to the next topic)*

## **ii. Social Value**

Q4. What was the main source of information about the prevalence of the health care access problem?

- a. Was it Government sources such as Ministry of Health, Kenya National Bureau of Statistics etc.?
- b. Was it non-governmental organizations working in the health sector?
- c. Was it United Nations and World Health Organization?
- d. Was it the community, your customers who conveyed their challenges in society?

Q5. What were the estimates of population affected by the problem?

- a. Population of people not able to access health care insurance?
- b. Number of accessible hospitals available for the population?
- c. To what extent is the problem witnessed in different parts of Kenya?

Q6. How M-Tiba tracking?

- a. What is the number of beneficiaries?
- b. What is the number of hospitals involved?
- c. How much has been saved by the beneficiaries?
- d. How much has been transacted?
- e. What is the number of insurance firms involved?

Q7. Has M-Tiba mobile service resulted in meeting its intended objectives of solving the health care access problem?

- a. Has health access improved in the identified areas?
- b. Do identified populations have better access to health care?

*(Transition to the next topic)*

### **iii. Cross-Sector Partnerships**

Q8. How did you identify the partners to work with?

- a. Was it through engagement at a high level?
- b. Was it based on synergy of strategies of both organizations?
- c. Was it Safaricom's vital mission to improve health care access?

Q9. What the magnitude of resources required the M-Tiba mobile service?

- a. How did the scale of project costs in comparison to the non-monetary resources?
- b. Was Safaricom's main contribution its core competencies?
- c. Did M-Tiba require specialized technical expertise from Safaricom?

Q10. What next for M-Tiba mobile service?

- a. Based on insights gathered so far, have you found ways of improving M-Tiba?
- b. Are there additional services that you can now provide via M-Tiba?

c. Has M-Tiba led to introduction of new products or services that solve societal problems?

*(Transition: Well, it has been a pleasure finding out more about M-Tiba. I will share a brief summary the information that I have recorded during our interview for your validation.)*

## Interview Schedule for the Business Executives at Carepay

### AN EXPLORATORY STUDY OF CREATING SHARED VALUE IN KENYA: A CASE STUDY OF M-TIBA

#### I. Opening

A. **(Establish Rapport)** [shake hands] My name is Samuel Mwangi, an MBA student at Strathmore Business School. As indicated in the letter of request, one of Carepay's solution, M-Tiba, emerged winner at the 2017 Loeries Awards in Durban, South Africa where it received a gold medal in the Shared Value category. In a bid to understand how your company achieved this great accomplishment, I decided to carry out a research which includes this interview.

B. **(Purpose)** I would like to ask you some questions about M-Tiba, how it was developed, the problems it addresses in society, and the economic value to CarePay.

C. **(Confidentiality)** Information gathered during interview will only be used for the purpose of this research and names will be kept confidential.

D. **(Motivation)** I hope to use this information to help the other companies in Kenya become more innovative in solving societal problems in a profitable way through their companies.

E. **(Time Line)** The interview should take about 30 minutes.

*(Transition: Let me begin by asking you some questions about how the idea of M-Tiba was mooted)*

#### II. Body

##### i. Economic Value

Q1. What was the business opportunity that Carepay was looking at when launching M-Tiba?

- a. What were the unmet needs identified?
- b. Was there a market assessment? What was the outcome?
- c. Was there a risk assessment? What was the outcome?



Q2. M-Tiba was launched in December 2016, has the business opportunity been captured?

- a. Has there been an increase in revenues to Carepay from transactions by the M-Tiba service?
- b. Has M-Tiba created a new market and/or contributed to growth in market share for Carepay?

Q3. What were the financial implications of the M-Tiba mobile service?

- a. How did the project costs compare to the forecast benefits?
- b. Was there value for money identified through return on investment analysis?
- c. Was the project affordable to Carepay or did it call for financial strain?

*(Transition to the next topic)*

**ii. Social Value**

Q4. What was the main source of information about the prevalence of the health care access problem?

- a. Was it Government sources such as Ministry of Health, Kenya National Bureau of Statistics etc.?
- b. Was it non-governmental organizations working in the health sector?
- c. Was it United Nations and World Health Organization?
- d. Was it the community, your customers who conveyed their challenges in society?

Q5. What were the estimates of population affected by the problem?

- a. Population of people not able to access health care insurance?
- b. Number of accessible hospitals available for the population?
- c. To what extent is the problem witnessed in different parts of Kenya?

Q6. How M-Tiba tracking?

- a. What is the number of beneficiaries?
- b. What is the number of hospitals involved?

- c. How much has been saved by the beneficiaries?
- d. How much has been transacted?
- e. What is the number of insurance firms involved?

Q7. Has M-Tiba mobile service resulted in meeting its intended objectives of solving the health care access problem?

- a. Has health access improved in the identified areas?
- b. Do identified populations have better access to health care?

*(Transition to the next topic)*

### **iii. Cross-Sector Partnerships**

Q8. How did you identify the partners to work with?

- a. Was it through engagement at a high level?
- b. Was it based on synergy of strategies of both organizations?
- c. Was it Carepay's vital mission to improve health care access?

Q9. What the magnitude of resources required the M-Tiba mobile service?

- a. How did the scale of project costs in comparison to the non-monetary resources?
- b. Was Carepay's main contribution its core competencies?
- c. Did M-Tiba require specialized technical expertise from Carepay?

Q10. What next for M-Tiba mobile service?

- a. Based on insights gathered so far, have you found ways of improving M-Tiba?
- b. Are there additional services that you can now provide via M-Tiba?
- c. Has M-Tiba led to introduction of new products or services that solve societal problems?

*(Transition: Well, it has been a pleasure finding out more about M-Tiba. I will share a brief summary the information that I have recorded during our interview for your validation.)*

### III. Closing

- A. **(Summarize)** Carepay is has contributed significantly towards solving societal problems through your products and services. I hope you plan to continue to participate with partners as agents of social change through your company.
  
- B. **(Maintain Rapport)** I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know?
  
- C. **(Action to be taken)** I should have all the information I need. Would it be alright if I inform your personal assistant once the research findings have been published? I look forward to a successful research and continued partnership.

## Interview Schedule for the Business Executives at Pharmaccess

### AN EXPLORATORY STUDY OF CREATING SHARED VALUE IN KENYA: A CASE STUDY OF M-TIBA

#### I. Opening

A. **(Establish Rapport)** [shake hands] My name is Samuel Mwangi, an MBA student at Strathmore Business School. As indicated in the letter of request, one of PharmAccess's, M-Tiba, emerged winner at the 2017 Loeries Awards in Durban, South Africa where it received a gold medal in the Shared Value category. In a bid to understand how your company achieved this great accomplishment, I decided to carry out a research that includes this interview.

B. **(Purpose)** I would like to ask you some questions about M-Tiba, how it was developed, the problems it addresses in society, and the economic value to PharmAccess.

C. **(Confidentiality)** Information gathered during interview will only be used for the purpose of this research and names will be kept confidential.

D. **(Motivation)** I hope to use this information to help the other companies in Kenya become more innovative in solving societal problems in a profitable way through their companies.

E. **(Time Line)** The interview should take about 30 minutes.

*(Transition: Let me begin by asking you some questions about how the idea of M-Tiba was mooted)*

#### II. Body

##### i. Social Value

Q1. What was the main source of information about the prevalence of the health care access problem?

a. Was it Government sources such as Ministry of Health, Kenya National Bureau of Statistics etc.?

b. Was it non-governmental organizations working in the health sector?

- c. Was it United Nations and World Health Organization?
- d. Was it the community, your customers who conveyed their challenges in society?

Q2. What were the estimates of population affected by the problem?

- a. Population of people not able to access health care insurance?
- b. Number of accessible hospitals available for the population?
- c. To what extent is the problem witnessed in different parts of Kenya?

Q3. How M-Tiba tracking?

- a. What is the number of beneficiaries?
- b. What is the number of hospitals involved?
- c. How much has been saved by the beneficiaries?
- d. How much has been transacted?
- e. What is the number of insurance firms involved?

Q4. Has M-Tiba mobile service resulted in meeting its intended objectives of solving the health care access problem?

- a. Has health access improved in the identified areas?
- b. Do identified populations have better access to health care?

*(Transition to the next topic)*

## **ii. Cross-Sector Partnerships**

Q5. How did you identify the partners to work with?

- a. Was it through engagement at a high level?
- b. Was it based on synergy of strategies of both organizations?
- c. Was it Carepay's vital mission to improve health care access?

Q6. What the magnitude of resources required the M-Tiba mobile service?

- a. How did the scale of project costs in comparison to the non-monetary resources?
- b. Was Carepay's main contribution its core competencies?
- c. Did M-Tiba require specialized technical expertise from Carepay?

Q7. What next for M-Tiba mobile service?

- a. Based on insights gathered so far, have you found ways of improving M-Tiba?
- b. Are there additional services that you can now provide via M-Tiba?
- c. Has M-Tiba led to introduction of new products or services that solve societal problems?

*(Transition: Well, it has been a pleasure finding out more about M-Tiba. I will share a brief summary the information that I have recorded during our interview for your validation.)*

### **III. Closing**

- D. **(Summarize)** PharmAccess is has contributed significantly towards solving societal problems through your products and services. I hope you plan to continue to participate with partners as agents of social change through your organization.
- E. **(Maintain Rapport)** I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know?
- F. **(Action to be taken)** I should have all the information I need. Would it be alright if I inform your personal assistant once the research findings have been published? I look forward to a successful research and continued partnership.

## **Questionnaires for M-Tiba Subscribers**

### **AN EXPLORATORY STUDY OF CREATING SHARED VALUE IN KENYA: A CASE STUDY OF M-TIBA**

#### **I. Welcome**

Hello. M-Tiba is carrying out a research to understand if and how M-Tiba has helped you save and access healthcare. It is free to participate. Continue?

1 Yes

2 No

#### **II. Body**

##### **i. Opening Question**

Q1. How did you know about M-Tiba?

1 From a friend

2 Via a radio announcement

3 Via a roadside promotion

4 Other

##### **ii. Introductory Question**

Q2. What influenced your decision to subscribe to the M-Tiba mobile service?

1 Your Friend's experience

2 The Safaricom Brand

3 Your Health Needs

4 Other

##### **iii. Value Questions**

Q3. On a scale of 10 being best and 1 being worst, how would you rate M-Tiba?

Q4. Has M-Tiba helped you access healthcare better than you did before?

1 Yes

2 No

**iv. Ending Question**

Q5. Would you recommend M-Tiba to your relative or friend?

1 Yes

2 No

**III. Closing**

Thank you for your participation.



## Sample Letter of Request

Strathmore Business School,  
P.O. Box 59857- 00200,  
Nairobi.

The Chief Executive Officer,  
Safaricom Limited,  
P.O. Box 66827 – 00800,  
Nairobi.

23<sup>rd</sup> March, 2018

Dear Sir,

### **RE: REQUEST FOR AN INTERVIEW**

I am a student from Strathmore Business School currently pursuing my Master of Business Administration.

In partial fulfillment of my academic program, I am carrying out a research on creating shared value. M-Tiba was recently awarded in the 2017 Loeries Awards in Durban, South Africa where it received a gold medal in the Shared Value category. My study attempts to understand how Safaricom achieved this great accomplishment and provide valuable insights on the benefits of creating shared value to businesses in Kenya.

I therefore request your permission to conduct an interview with you. I have attached a sample of the interview guide for your review.

I look forward to a positive response from you.

Yours Faithfully,

Samuel Mburu Mwangi

### Distribution of M-Tiba Facilities in Kenya

County	Number of M-Tiba Facilities
Nairobi	127
Bungoma	1
Embu	22
Garissa	2
Homabay	2
Kajiado	4
Kakamega	17
Kiambu	23
Kirinyaga	24
Kisii	16
Kisumu	31
Laikipia	8
Meru	16
Migori	5
Mombasa	1
Muranga	12
Nakuru	1
Nandi	3
Nyamira	5
Nyandarua	14
Nyeri	17
Siaya	3
Tharaka Nithi	6
Uasin Gishu	1
Vihiga	4

## **SafeCare Standards in Brief**

The standards presented here are designed to help bridge the gap between today and a better tomorrow bringing patient care quality and patient safety to new levels. Implementing standards can be an evolutionary process taking time to do things right and better. While the ultimate goal is to have an outside evaluation team come into your organization and evaluate how well the standards are met (often called Accreditation), it is important to recognize an organization's achievements along the way. Thus, progress in meeting these standards will bring recognition for incremental achievements. This recognition with certify to others that your quality journey has started and your organization is making progress.

The standards are divided into 13 different sections (elements):

### **A. HEALTH CARE ORGANISATION MANAGEMENT**

1. Governance and Management
2. Human Resource Management
3. Patient and Family Rights and Access to Care
4. Management of Information
5. Risk Management

### **B. CARE OF PATIENTS**

6. Primary Healthcare (Outpatient) Services
7. In-patient Care

### **C. SPECIALISED SERVICES**

8. Surgery and Anesthesia Services
9. Laboratory Services
10. Diagnostic Imaging Services
11. Medication Management

### **D. ANCILLARY SERVICES**

12. Facility Management Services

13. Support Services

# M-Tiba Brochure

For more information please contact us  
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 Fax: 011 204 12000 (fax) or 011 204 12001 (fax)  
 Web: www.m-tiba.co.za



**Introduction and benefits**  
 M-Tiba is a mobile health wallet that provides a secure and convenient way for patients to access their health records and pay for services. It is designed to be used by patients and healthcare providers in low-income settings. The wallet is a mobile application that runs on a basic mobile phone. It allows patients to store their health records, including medical history, test results, and prescriptions. It also allows patients to pay for services, such as consultations, laboratory tests, and medicines. The wallet is designed to be user-friendly and easy to use, even for people with low literacy skills. It is also designed to be secure and protect patients' personal information.

PharmAccess Foundation is a leading provider of mobile health solutions in Africa. We have a proven track record of delivering high-quality mobile health services to patients and healthcare providers. Our mobile health solutions are designed to be scalable and sustainable, and we have a strong network of partners and stakeholders. We are committed to improving the health of people in low-income settings and we believe that mobile health is a key to achieving this goal. M-Tiba is our latest innovation and we are excited to see it make a difference in the lives of patients and healthcare providers.

Patients do not need to be literate to use the wallet. The wallet is designed to be user-friendly and easy to use, even for people with low literacy skills. It is also designed to be secure and protect patients' personal information. The wallet is a mobile application that runs on a basic mobile phone. It allows patients to store their health records, including medical history, test results, and prescriptions. It also allows patients to pay for services, such as consultations, laboratory tests, and medicines. The wallet is designed to be user-friendly and easy to use, even for people with low literacy skills. It is also designed to be secure and protect patients' personal information.

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Showing the benefits for patients and providers. M-Tiba is a mobile health wallet that provides a secure and convenient way for patients to access their health records and pay for services. It is designed to be used by patients and healthcare providers in low-income settings. The wallet is a mobile application that runs on a basic mobile phone. It allows patients to store their health records, including medical history, test results, and prescriptions. It also allows patients to pay for services, such as consultations, laboratory tests, and medicines. The wallet is designed to be user-friendly and easy to use, even for people with low literacy skills. It is also designed to be secure and protect patients' personal information.

