Creating Digital Access for Health for Migrants

Executive Summary:

Migration from one country to another has been in the world for years. People from poor and emerging countries travel to other developed countries in search of better jobs and earning. Not only the opportunity seekers but there are also many population around the world who are forced to cross borders due to war, calamities and other problems and issues. Whatever the reason is they are all immigrants to the new country.

These migrant people living in different countries often struggle with getting their human rights covered including the basic health access. In our case we have focused the migrants of South East Asia primarily with Malaysia one of the golden destination for people from surrounding Asian countries such as Bangladesh, Nepal, Indonesia, Myanmar, Philippines etc.

In our proposed project we have considered the Bangladeshi Migrant workers living in Malaysia. We made several surveys and studied the research documents available related to Migrants health access in Malaysia and other south East Asian countries.

There are 6.7 Million Migrant Workers living in Malaysia and out of these 4.5 Millions are undocumented. It means undocumented numbers are quite higher than the documented one. Thus there is a big challenge for these people to get health services in Hospitals, Clinics or in any Doctor’s chamber. We have tried to find out how they access the health services, what are the challenges they face and what they want in terms of getting the access.

The research and data analysis reveals three major challenges with migrants in Malaysia, these are 1. Language 2. cost of Health Services 3. Undocumented migrants have no access or limited access.

Our project ClicknCare (www.clickncare.net) has developed an innovative solution to address these problems by creating a digital platform. Through this platform any migrant is able to connect to his/her own country doctor who understands the language. As these migrants are mostly illiterate we have a support agent in the platform who notes their problem and forward to the relevant Doctor. The platform also contain different health tips which they are able to read in their own language.

The project aimed to create awareness amongst the migrants irrespective of their status of legal and illegal and ensure minimum basic health services through the doctors who understand their language.

Consortium Team

Sultanur Reza:

The founder Director Sultanur Reza has an extensive experience with ICT4D projects in emerging countries such as Bangladesh and Myanmar. He has worked with Telenor for more than 12 years where he implemented several Tele-health projects both in Bangladesh and Myanmar.

Mahmudul Hasan:

Our Chief Marketing Officer, Mr. Mahmudul Hasan Akbar has extensive experience in marketing of Voice calling and VAS products in Malaysia for last 12 years. He created a network of distribution using the local Bangladeshi shops in different parts of the country.

Mohammad Pasha

Our Platform Developer who has joined us as partner in helping us creating the digital platform has extensive experience with Open Source Software and other programming. He is doing an excellent job and we hope to create a fantastic platform for our Migrants around the globe.
The above are our main team leaders however we have more people in the consortium to make it a success. This includes people in Partnerships and Engagements, Sales & Marketing, Technology Innovations and Support, Customer Experience.

**Project Description**

ClicknCare - the Tele-health platform is a project to create an easy and simple digital health access for the migrants living around the globe. There are millions of migrants living around the world in different countries. But as they are foreigners sometimes it is not easy to get easy access to the health facilities of those countries which their own citizens can.

In our project we have identified three major challenges and tried to devise a solution to the problem.

**The Three major findings** from our survey and other secondary research (which we compiled from internet) were as follow:

1. **Language barrier** - each of the respondent said that they are unable to explain their problems in Local Language or English as they do not know the health-related terms in these languages.
2. **Cost of registration to Hospitals/Clinics**: All of them said that the increase in registration fees have made it difficult for them to access the healthcare services. One simple consultation costs them from RM 80 to RM 200.
3. **No access for undocumented**: We came across some undocumented workers also and asked them how they access the health service. It is very difficult for this segment as they do not have any identification documents with them. They cannot go to any clinic or hospitals. They rely on Shops and Friends and family or coworkers. The advice of others can be fatal.

The project then analyzed their ICT usage behavior and willingness to pay - which was really impressive. Around 95% of these migrant workers use phone and 60 to 70% has a smart phone. So we have used the digital behavior in our design to implement the project.

The ClicknCare platform contains the basic modules as shown below.

**Customer Journey Map:**

These migrants worker are mostly busy during their working hours form 8 Am in the morning to 5PM in the afternoon. So they are usually accessible after the work hours. After the working hours they usually visit the grocery shops where they buy their daily needs, top-up their mobile phones, send money home and meet other country mates. In our project we have selected these shops and some individuals as our agents.

Let us see how the whole value chain works.

1. The sale agents meet the Migrant workers and register them through Web or App (which is being developed) for the service.
2. Sale agents show how to use the platform/App when they want to see a doctor of their home country.
3. To enable the service a patient/migrant worker has to buy a scratch card or top-up his account from agent. The balance is then transferred to his/her e-wallet. Agents buy big amount from Simple Motion paying into bank. These amounts are then electronically transferred to their e-wallet account.
4. When the Patient clicks or press Call A doctor the call goes to an agent sitting in their home country. The Call Agent then takes their history in the panel and choose the doctor from the panels. This is done as most of the patients are illiterate and do not know whom to select or even write the health problem.
5. Once the Call Agent submits the request to respective Doctor— he/she gets a notification about the appointment. Doctor then call the patient using our Video platform. In our project we have used VSee as our Video conferencing tool.
6. After the consultation the Doctor writes the prescription in generic names and submit. The prescription is then available on the smart phone
of the migrant.

7. The migrant worker then goes to nearest pharmacy or clinic to buy the medicine or do the tests if advised by the doctor.

To improve the quality of services and customer experience, Simple Motion is partnering with local clinics, labs and pharmacies even it plans to send medicine to remote patients who are unable to come to town to get medicines.

The Challenges in implementing:

1. Target segments are not educated and unaware of the digital health access. They need more capacity building. We need to create some audiovisual presentation to demonstrate the use and benefit they can get through our service.

2. Creating different easy and simple option in the App such as Text to Speech and Speech to Text in their own language.

3. Network connectivity in many areas is a challenge- we do not get good bandwidth to run the conference call. So may be if we can use Video compression technology in future this will improve the scenario.

This is an unique concept in the field of Tele-health for the migrants which we believe can be replicated around the globe.

Supporting Documents:  
Research and Survey- Migrants Health Malaysia  
Presentation- Tele-health for Migrants

Commenting is closed.