Expert, relevant experience/main questions to ask them	Savings circle or indiv. account?	Deposit and withdrawal mechanisms?	Feasibility?	More contacts to make	General comments, other concerns
SURGEON VISITING CLASS FROM SCHOOL OF MEDICINE - Lived in Africa, did aid work in India	- Health account for entire family (individual, but disbursed to many?)	- NEED incentives for putting money in. Way to engage entrepreneurial spirit in women? (eg. Normal banks have 5% interest, if we can say that we will give them 10% then we would have advantage) – make people more likely to "bet" on it - MUST still be able to have access to that money, even if it is only supposed to be for health - Money locked into healthcare for anyone in the family? - KEY = incremental way that keeps actual money out of hands (round up, or put aside small amts of income) - Allow other family members to deposit to the account! (Grandparents/godparents, and because of M-Pesa there is connection to UK)	- Consider the 75%/25% breakdown of mothers who are less/more likely to have complications – need to be able to tell them how much it will cost, and how likely it will be that they will have these problems – if we can't tell them concrete numbers, then they will not save the money, just pray - There are a lot of other costs associated with birth, esp social – bringing in family from countryside, buying new clothes – and these may take priority. Can't ignore. - Main reason why savings gets raided: healthcare, burned/flooded houses, public safety problems (physical violence 2nd cause of mortality) - NEED more motivation - Must avoid having it seem like you are giving them something that would otherwise be given free in an emergency (emphasis on benefits, cap it with idea that there is another benefit at the end)		- He says people are always saving over very long periods of time (note: everyone else seems to disagree) - Often, when people get loans after tragic events, will be charged 25% interest and locked into debt for life - Preg women volunteers at clinics get paid into these accounts? Or if you get regular antenatal care (100% attendance) you get some benefit put into your account to reflect the money that you save by avoiding disaster. - REFRAME: Incentive of the child makes it different than spending for other healthcare – this is key, because normally people do not want to pay for something that they essentially think is disaster avoidance - Put in money first, and then nudge later - Very popular life insurance scheme in India: get more money back if you live longer than the length of the policy, so benefit either way (fam gets money if you die and you get money if you outlive – betting on positive outcome) - Nest egg to start account off? - KEY: appeal to entrepreneurial spirit! - Money that doesn't get used up should go into long term savings account (released when the child is 5 – incentive to help countries overcome under-5 mortality)
GRANT MILLER - How to convince people to save for their health	- Not much is known on how to build on existing structures like savings circles –	- Defaulting into saving money is really helpful - Consider different spending plans: test ones	- Need to consider: is birth in a hospital something that women actually should be saving for (India – low	- Erica Field – research in Zambia, visiting Stanford – women with birth	- Consider doing loans as well as savings: they are both just moving money around in time, and the most important part of our produce is the

- Design complexity: tools that are highly customized or flexible? - How to avoid having people feel like people are paying for services that outside orgs would otherwise provide in an emergency? - How to incentivize ppl to save? How to create entrepreneurial spirit for savings?	we would sort of be pioneering	that are for broad categories of savings (incl. social costs of baby) vs. really health-specific	uptake of vouchers to cover delivery cost because quality of hosp. services so bad and the same doctors would come to home delivery) - Value judgement is not ours to make: why is it necessarily bad for people to prioritize spending for social costs? - Need to partner with an NGO, this won't work if we're just trying to deal with the public sector (the way we should pitch it is that we are bringing in more clients, stimulating demand)	control that their husbands don't know about will have less kids - Ask Ted Miguel at Cal for help finding NGO's that we'd want to talk with - David Carriun: med school student, went to Kenya and started NGO	nudge, not necessarily the mechanism of payment - Do effectiveness studies – break up the pieces and see what works - Cost of having children in an institution is really low compared to having children as a whole – consider which cost we really want to address
SEEMA JAYCHANDRAN - Savings behavior of the very poor - Savings circle vs individual accounts - What does the moment of deposit look like? How are people saving cash? How best to intervene?	- Have to do more research into savings circles – clearly proven to be really powerful, but question of how they work on cell phones	- Small percentage from other transactions on M-Pesa is best – and it's really powerful to have percentage increase gradually (but of course people need to be able to opt out)	- Savings is a pressing need, and her research shows that people will save/their savings behavior can be changed.		-
NICK PEARSON - General info about women in clinics in Kenya: how are they already saving? - Actual costs of programs, and how much we could expect the average woman to save? - Which visits and services are most crucial? - Interest in having a program like this in his clinic? Is this a service that is feasible/would actually be helpful?	- Need to partner with church groups (that do savings), savings circles to set up - Merry-go-round not great for Kenya because they all need to withdraw at same time - Urban settings make it really difficult to get a group of women to trust eachother, he really does not think that this would work unless it is individual savings	- Either give them full ownership or give them some checks on taking money out (complicated phone menus, etc) – 'trusted friend' release mechanism is too complicated (OR: have prepayment to vendor – but question of whether people would trust this)	- Won't generate enough profit to pay with antenatal care – willingness to pay is low - As a clinic owner he wants to incentivize prepayment because he can't turn away people, but hard to get them to follow up and pay - A lot of women he talks to are saving in some way - Safaricom is really resistant to evolving services, not much flexibility - Banking laws in Kenya can be pretty problematic, people stuck stashing money away or using MPesa	- Partner with National Health Insurance Fund and voucher program? - Will put us in contact with savings circle people – microfinance scheme friend who researches savings behavior (Jonathan P.) - Friend has developed a new kind of microfinance group – more flexible withdrawals, more than one person can take money out at a time	- Important tests that all women should get: fungal height (length of body), fetal HR, gonorrhea and malaria testing - 4000 Ksh for delivery (challenging, but a lot of women can still afford it), 100 for antenatal care (underbilling) - Incentivize by having free services? Complication insurance? - Vast majority of women go to heavily subsidized govt clinics for basic antenatal care (really easy) and then deliver in private hospital - Very strong word of mouth culture around maternal care - Public facilites are cheaper, but you have to pay for gauze, basin, etc.

OTHER NOTES (from random conversations)	- Need a formal host for savings circles (clinics?) - Need a way to build trust between the women before they start throwing money in - Group meetings could enforce attendance, make sure that everyone takes malarial pills etc	- Delay in money release: some sort of inconvenience to discourage it - List of packages (three default in different price order, and can customize it and check off what you want on the sheet) - Funds locked in - family should be contributing - Escalating percentage of savings?	- Gender role dynamics – needs more research. Would women actually be able to deposit? - Birth in a hospital may is not a reasonable savings goal (says surgeon)	- Rachel at Poverty Action Lab – most likely to respond - Talk to Nathan Eagle - Grundfos Lifelink – small company that had successful partnership with Safaricom	- Platform for customized ads for baby formula, etc? - Most important appts. for women to have, in order of importance: chronic malaria (all women should take antimalarial regardless, many govts distribute this free – check in Kenya), anemia, hypertension, eclampsia