Care now, pay later: Unlocking healthcare access without financial barriers

SCBF RG-05 Report Date: Aug 2026

Project Summary

Grantee	Zuri Health	**Targeted segment**	Low-income clients
Country of implementation	Kenya	**Targeted outreach**	12,000
Products	Multiple – Credit, Insurance, Pharmacy services	**Instrument type**	Repayable Grant
		Project duration	April 2025 – Jul 2026

1. Executive Summary

Low-income Kenyans routinely delay or forgo essential healthcare because they cannot pay for consultations, diagnostics or medicines at the point of care. Zuri Health, a Kenyan digital health company, addressed this gap with Care Now Pay Later (CNPL), an embedded "buy-now-pay-later" financing product that lets clients access virtual consultations, laboratory tests, medication, and health-insurance premiums on flexible, deferred repayment terms. With SCBF returnable-grant support, Zuri Health scaled CNPL across Kenya between April 2025 and July 2026, using community medical camps and a telemedicine platform (SMS/WhatsApp) to reach low-income, rural and female clients, including those living with chronic conditions. By project end, the programme had enrolled 16,233 beneficiaries, of whom 77.75% earned below KES 25,000/month, 66.3% were women, 70.7% lived in rural areas, and 56.06% were chronic-disease patients enrolled in Zuri Health's Continuous Care Programme (CCP) and reporting improved health outcomes.

2. Context

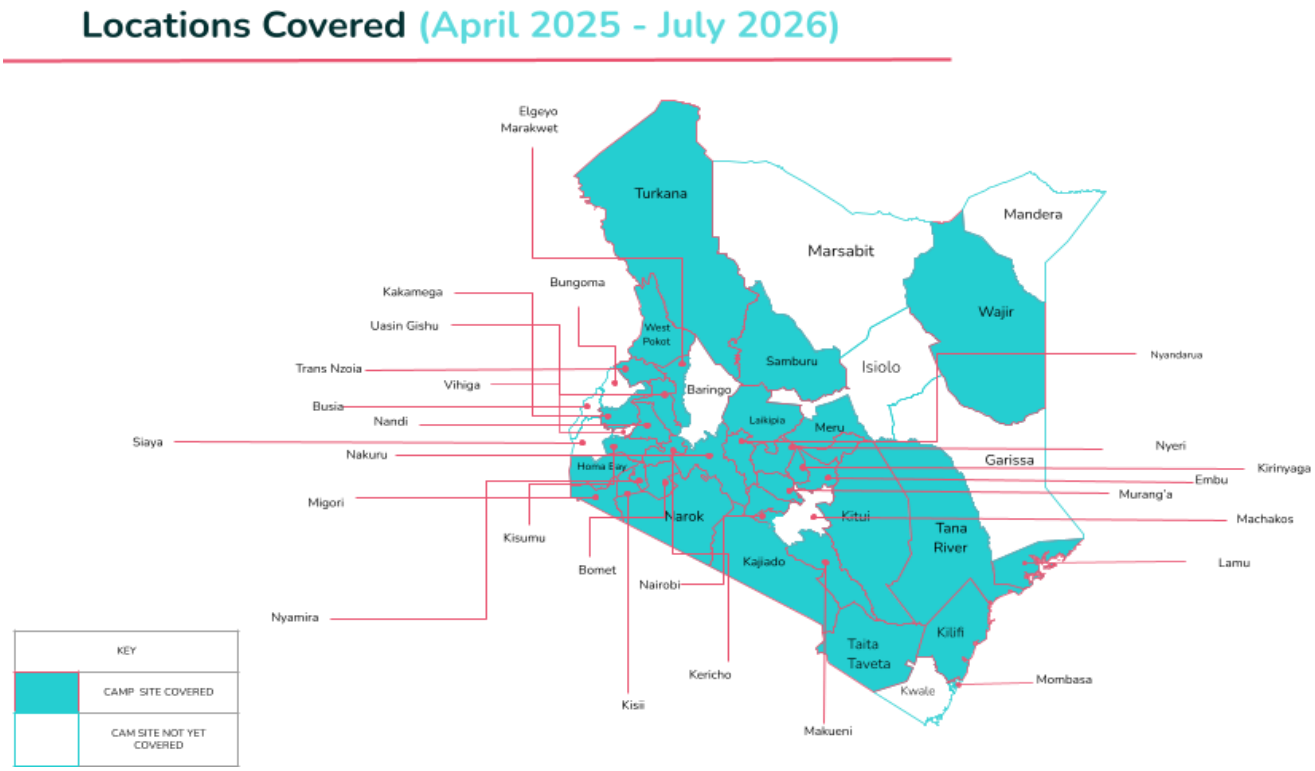
Out-of-pocket payments remain the single biggest barrier to healthcare access for Kenya's low-income and informal-sector population. Historically, out-of-pocket spending has accounted for roughly a quarter to a third of total health expenditure, and recent survey-based analysis found a large majority of Kenyan households experience catastrophic health expenditure once medical costs exceed 10% of their budget, with the burden falling hardest on the poorest and on rural households. Even where formal cover exists, unpaid co-payments, medication and diagnostics not covered by insurance, and transport costs continue to push families to delay treatment or resort to informal coping mechanisms such as borrowing from relatives or informal lenders, selling assets, or community harambees (fundraising).

Kenya's health-financing system is in the midst of major reform: the National Hospital Insurance Fund (NHIF) was replaced by the Social Health Authority (SHA) under the Social Health Insurance Act, which became fully operational in 2024-25 as part of the government's Universal Health Coverage (UHC) agenda. By mid-2026, SHA reported over 31 million registered Kenyans and KES 147 billion paid in claims, yet implementation challenges persist, including uneven registration in remote counties, workforce shortages and gaps in what is covered, meaning many low-income and informal-sector clients still face significant point-of-care costs. This created a clear opening for a complementary, embedded financing product like CNPL, aligned with government efforts to reduce the financial barrier to care while SHA scales up. Digital lending in Kenya operates under Central Bank of Kenya oversight (Digital Credit Providers Regulations, 2022), and Zuri Health worked with licensed insurance and finance partners to structure CNPL's financing rather than lending directly.

Formal financing for routine healthcare costs (as opposed to catastrophic-event insurance) remains a nascent market in Kenya, with very few providers offering point-of-care, small-ticket healthcare credit to individuals. Given the scale of unmet need, millions of low-income Kenyans facing recurring, unpredictable health costs, and the capital-intensive nature of piloting a new consumer-financing product (working capital to cover the float between service delivery and client repayment, plus the marketing and trust-building needed to introduce a new credit category), SCBF's returnable grant was critical. It allowed Zuri Health to test and de-risk the CNPL model, fund community outreach and digital infrastructure, and reach the scale needed to demonstrate viability to future capital partners.

3. Intervention approach

Zuri Health operates a digital health platform in Kenya offering teleconsultations, laboratory services, pharmacy delivery and health-insurance products via app, USSD, SMS and WhatsApp. CNPL is an embedded financing layer on top of this platform: instead of paying the full cost upfront, clients access the health service immediately and repay in flexible instalments.



Detailed Description of the Solution

Care Now Pay Later (CNPL) is a healthcare financing solution that enables eligible patients to access essential healthcare services immediately and pay for them over time. The solution addresses the upfront cost barrier faced by individuals who may need healthcare services but cannot make the full payment at the point of service. CNPL offers three financing options tailored to different healthcare needs: pharmacy and laboratory services, telemedicine credit advances, and health insurance premiums.

CNPL for Pharmacy and Laboratory Services: This product is available to employed individuals and finances laboratory services, medicines and pharmaceutical products. Customers benefit from a 30-day interest-free period, allowing them to repay the financed amount without interest when repayment is completed within this period. For outstanding balances after 30 days, a 10% interest rate applies. Customers can repay daily, weekly or monthly, providing flexibility to align repayments with their income and salary cycles. The product therefore enables patients to obtain essential medicines and diagnostic services when required without having to delay care because of an immediate cash-flow constraint.

CNPL Credit Advance for Telemedicine: The credit advance product is targeted particularly at individuals in rural and peri-urban areas who have limited access to hospitals and healthcare facilities. It provides airtime credit that enables customers to consult Zuri Health's in-house doctors through telemedicine without paying upfront for the airtime required for the consultation. The facility attracts a 10% charge on the borrowed airtime, with repayment recovered automatically from the customer's mobile money account. This mobile-first model reduces the financial and geographical barriers associated with travelling to healthcare facilities and provides a more affordable and convenient alternative to some hospital visits.

CNPL for Health Insurance: The insurance financing product enables individuals to obtain health insurance without having to make the full premium payment upfront. CNPL finances the customer's health insurance premium, with the funds paid directly to the insurance provider on behalf of the client. The product carries an interest rate of 20% per annum, with repayment available through daily, weekly, monthly or customised schedules based on the customer's circumstances. This structure enables customers to obtain immediate insurance coverage while spreading the cost over time, reducing the barrier created by a large lump-sum premium payment.

Overall, the CNPL pricing structure is designed around the nature and duration of each healthcare need. Short-term pharmacy and laboratory financing provides an interest-free period for rapid repayment, telemedicine credit is structured around small mobile-access costs, while insurance financing accommodates a larger premium through longer and more flexible repayment schedules. The model therefore gives customers access to healthcare when needed while allowing them to manage the associated cost according to their cash-flow circumstances.

The primary acquisition channel was community medical camps across Kenya (approximately 30 camps over the project), where medical practitioners screened patients, identified immediate healthcare needs, provided healthcare services, and we enrolled eligible clients into CNPL on the spot. This was complemented by ongoing digital engagement (SMS/WhatsApp) for follow-up consultations and repeat enrolment.

The key areas funded by SCBF were staff salaries for the CNPL team, community-education costs, operational and technology infrastructure (platform/telemedicine systems), and the medical-camp and outreach programme.

Key innovations:

- point-of-care embedded financing that removes the upfront-payment barrier at the exact moment a health need is identified;
- integration of telemedicine (SMS/WhatsApp) so clients keep receiving clinical follow-up, medication-adherence support and monitoring after a camp visit, without further travel
- the Continuous Care Programme, a dedicated pathway for chronic-disease patients combining CNPL financing with structured follow-up care.

On gender inclusion, medical camps and CNPL messaging were designed around the reality that women are the primary healthcare decision-makers for themselves and their families, which is reflected in the 66.3% female uptake achieved. Our women's health program (Petals), was integral to ensuring women's-group partnerships, female CHWs, maternal-health camp tie-ins, etc.

Finally, all 16,233 beneficiaries received education on how CNPL works (cost, repayment terms, and the difference between healthcare financing and conventional consumer credit) at the point of enrolment, delivered by CHWs during camps and reinforced through SMS/WhatsApp. Zuri Health staff and CHWs also received training to communicate the product accurately to first-time users. Building trust in this new category of credit was a recurring focus throughout the project

4. Results, outcomes and impact

Key KPIs	Achieved results (by 31st Aug 2026)
CNPL for Pharmacy and Lab Services	
Total number of clients have accessed CNPL including:	8,761
- Number of new women clients	5,768
- Number of new clients in rural areas	6,550
- Number of new clients below the age of 35 (youth)	1,827
'Credit Advance' for telemedicine	
Total number of clients have accessed 'credit advance' including:	4,508
- Number of new women clients	3,134

- Number of new clients in rural areas	2,630
- Number of new clients below the age of 35 (youth)	1,220
Total number of Telemedicine consultations conducted	5,712
Loan for Health Insurance	
Total number of clients have taken loans for purchasing 'Health Insurance' including:	2,964
- Number of new women clients	1,854
- Number of new clients in rural areas	2,301
- Number of new clients below the age of 35 (youth)	720
Financial Literacy & Training	
Number of staffs trained on SCBF-supported products	2,952
Number of clients trained in financial literacy and/or trained on SCBF-supported products	16,233
- Number of women clients trained	10,756
- Thereof, classroom (1:1) trainings	10,841
- Thereof, virtual trainings (via video and / or interactive training / regular SMS messages, etc.)	6,192

Beneficiaries Reached

Between April 2025 and July 2026, 16,233 clients were enrolled, exceeding the original target of 15,000 by 8%. The project successfully reached its intended target population: 77.75% of clients earned less than KES 25,000 per month, 66.3% were women, 70.7% lived in rural areas, and 25.2% were under 35 years old. By product line, 54.0% of clients used CNPL to finance laboratory and pharmacy services, 27.8% used credit advances to access consultations and telemedicine services, and 18.3% used insurance-premium financing.

Key Performance Indicators (KPIs)

The project met or exceeded all contracted milestone targets. By the mid-term, the project had enrolled 5,348 new clients against a target of at least 5,000. By project completion, a further 10,885 clients had been enrolled, bringing the cumulative total to 16,233 against the overall target of 15,000. The project also exceeded its target for low-income clients, with 76.8% of beneficiaries coming from low-income groups against a target of at least 75%. In addition, 56.06% of clients enrolled in the CCP reported an improvement in their health status, exceeding the target of 55%.

Impact Measurement

Impact was monitored primarily through client enrolment and demographic data collected at registration, including gender, location, income level, and age. For clients enrolled in the CCP, impact was additionally assessed through self-reported improvements in health status. These clients represented 56.06% of all beneficiaries. While longer-term health outcomes were not directly measured within the project period, the model is expected to contribute to improved medication adherence and continuity of care among chronic-disease patients, as well as reduced delays in seeking treatment across the broader client base by lowering the upfront financial barriers to healthcare.

Training Impact

A separate headcount for clients receiving training was not maintained. However, product and financial-health education was provided to all 16,233 enrolled clients as part of the enrolment process, ensuring that beneficiaries understood how to use the available financing solutions and manage their healthcare payments.

Comparison with Targets

The project exceeded its overall outreach target, reaching 16,233 clients against a target of 15,000 (+8%). It also exceeded its low-income inclusion target, with 76.8% of clients belonging to low-income groups against a target of at least 75%. Finally, the project met and exceeded its target for reported health improvements among CCP clients, achieving 56.06% against a target of at least 55%.

Client Feedback and Testimonials

Feedback from employer partners indicates that Care Now Pay Later (CNPL) has helped reduce the financial barriers that previously prevented employees from accessing healthcare. The solution has also encouraged more proactive healthcare-seeking behaviour by enabling employees to spread healthcare costs over manageable instalments rather than making the full payment upfront.

Sam – General Manager, PC

"Care Now Pay Later has taken the financial stress out of healthcare for our team. Staff no longer delay treatment because of cost. They walk in, get seen, and pay over-time. It's changed how our employees approach their health."

Sandra – HR Lead

"Since rolling out CNPL, we've seen a real shift in how our staff engage with wellness benefits. Employees who used to skip check-ups are now proactive about care, knowing they can comfortably pay in instalments."

Overall, feedback from clients and partners suggests that the value of CNPL extends beyond healthcare financing alone. By reducing the immediate financial barrier to care, the product has supported more timely healthcare-seeking behaviour and increased engagement with available health and wellness services.

Investment Mobilization

The project also contributed to the mobilisation of additional investment and external support for the organisation:

Investor	Type of Investor	Type of Support	Short Explanation
Morgan Stanley	Private	Equity	Admission to the Morgan Stanley Inclusive & Sustainable Ventures Lab 2025 Cohort.
DBSA Bank	Private	Equity	Participation as a lead investor in the funding round.
Boehringer Ingelheim	Private	Debt	Secured funding from Boehringer Ingelheim's Social Engagement Fund to support the deployment of two mobile clinics.
DRK Foundation	Private	Equity	Formal admission into the Draper Richards Kaplan (DRK) Foundation portfolio.
I3 Program	Private	Grant	Selection to join the Investing in Innovation (i3) Pharmacy Cohort.

Market Demonstration Effect

CNPL is among the first embedded, point-of-care "buy now, pay later" healthcare financing solutions operating at scale in Kenya. While no third-party replication has yet been documented, the model demonstrates the potential of combining community-based enrolment with digital follow-up and flexible healthcare financing. This approach could provide a useful template for other telehealth, insurtech, and healthcare-financing providers seeking to improve access to affordable healthcare in Kenya and the wider region.

Key Results

The team is particularly proud of reaching more than 16,000 beneficiaries and exceeding the overall outreach target while maintaining a strong focus on low-income clients, with more than 75% of beneficiaries falling within the targeted income group. The project also demonstrated the potential of the CCP pathway to improve access to affordable and continuous care for chronic-disease patients, including medication, laboratory services, and clinician follow-up through telemedicine.

5. Way ahead: Future scaling and sustainability plans

Zuri Health plans to expand CNPL into additional counties beyond the current footprint, deepen the insurance and finance partnerships established during the project, and grow uptake among under-35 clients (currently 25.2% of beneficiaries) through more youth-targeted digital marketing. The team also intends to explore complementarity with the national Social Health Authority (SHA) scheme, using CNPL to finance co-payments, medications and services not covered by SHA, as SHA continues its national roll-out.

As a returnable grant, the SCBF funding is structured to be repaid, and Zuri Health intends to continue funding CNPL's working-capital needs from its own operating revenue and client repayments, recycling capital as loans are repaid. Continued community outreach through medical camps, together with the telemedicine follow-up channel, will remain the core low-cost engagement model underpinning sustainability after SCBF support ends. Zuri Health will also continue to seek follow-on investment (debt or equity) from impact investors to fund further scale-up.

6. Lessons learnt and recommendations

What worked well

Medical camps proved to be an effective and trusted entry point for identifying patients with immediate healthcare needs and enrolling them in CNPL at the point of care. Integrating telemedicine through SMS and WhatsApp also helped sustain engagement and continuity of care after enrolment, particularly among rural clients and patients with chronic conditions.

What did not work as well as planned

Many first-time beneficiaries were initially unfamiliar with, and wary of, healthcare credit. As a result, more community education than anticipated was required to help clients understand how CNPL differs from conventional consumer debt. In addition, broader economic pressures on household budgets led some clients to delay healthcare decisions despite financing being available.

Key assumptions confirmed

The project confirmed the assumption that embedding financing directly at the point of care, rather than offering it as a stand-alone loan product, would drive strong uptake among low-income, rural and female clients. This was demonstrated by the project exceeding its outreach and inclusion targets.

The project also confirmed that combining financing with telemedicine follow-up can meaningfully improve continuity of care for patients with chronic conditions, as demonstrated by the 56.06% of CCP clients who reported improvements in their health.

Key constraints and how they were overcome

Three main constraints were identified during implementation:

1. **Low trust in healthcare credit:** This was addressed by increasing community education during medical camps, supported by dedicated Community Health Workers (CHWs), and by expanding partnerships with local organisations.
2. **Household cash-flow pressures:** These were addressed by maintaining flexible, income-sensitive repayment schedules that better reflected clients' ability to pay.
3. **Uneven digital literacy and connectivity:** This was particularly challenging among older and rural clients. The project therefore offered multiple communication channels, including SMS, WhatsApp and call-centre support, rather than relying on a single digital touchpoint.

What Zuri Health would do differently

Zuri Health would invest in community trust-building and CHW capacity earlier and more intensively from the start of the project, rather than scaling up these efforts in response to initial challenges with uptake.

Top 5 recommendations for similar future initiatives

1. **Use trusted, community-based touchpoints for enrolment.** Medical camps and similar community-based channels can build trust more quickly than purely digital acquisition and are particularly effective for financial products targeting low-income and rural populations.
2. **Pair financing with mechanisms that support continuity of care.** Integrating services such as telemedicine follow-up can extend the impact beyond the initial financial transaction, particularly for clients with chronic conditions.
3. **Invest in sustained client education from the outset.** When introducing a new form of credit, continuous education is essential to build understanding and trust and should be treated as a core project activity rather than a one-off launch initiative.
4. **Design flexible, income-sensitive repayment terms.** Repayment schedules should reflect the cash-flow realities of informal-sector and rural households to reduce the risk that financing remains inaccessible or leads to delayed healthcare decisions.
5. **Offer multiple communication and engagement channels.** Providing a combination of SMS, WhatsApp, call-centre and in-person support ensures that uptake and continued engagement are not constrained by clients' digital literacy or connectivity.