

# DIGITAL PAYMENTS PROJECT FOR CAMPAIGN HEALTH WORKERS IN SUB-SAHARAN AFRICA

What do you know and what do we need to know?

## WEBINAR REPORT JUNE 2022

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DATE: 29<sup>th</sup> June 2022

TIME: 5:00-6:30pm

ONLINE: ZOOM & TWITTER

### MODERATOR

Dr. Suzanne Kiwanuka- DHPI-R Technical Advisor

### PRESENTERS

- Prof. Peter Waiswa DHPI-R- Project Director
- Dr. Moses Makuru- DHPI-R-Co PI (Landscape)
- Mansha Mahajan- Harvard TH CHAN, School of Public Health
- Dr. Alfred Driwale - EPI Manager-Ministry of Health
- Dr. Oyik Bruno - DHO Buhweju District
- Dr. Henry Katamba - Global Fund Ministry of Health Uganda



## Table of Contents

<b>Introduction.....</b>	<b>2</b>
Webinar Objectives .....	2
Dr. Moses Mukuru presented the State of Evidence of Digital Payments in sub-Saharan Africa: A landscape analysis .....	4
Ms. Mansha Mahajan a research assistant at Harvard T.H. School of Public health represented Dr. Margaret McConnell from Harvard and presented additional research work done on <b><i>Digitalizing Payments to Health Workers in Low and Middle-Income Countries</i></b> .....	6
Regarding the Utility of Digital Payment in the Essential Program in immunization (EPI) Program-Dr. Alfred Driwale opined that; .....	7
Dr. Henry Katamba from MOH -Global Fund highlighted the program perspective on what is required for a successful transition to digital payments for a campaign .....	9
<b>Closing Remarks .....</b>	<b>10</b>
<b>Dr. Elizabeth Ekirapa appreciated the panelists, presenters, participants, and the BMGF. ....</b>	<b>10</b>
<b>APPENDICES .....</b>	<b>11</b>
Appendix 1: Agenda.....	11
Appendix 2 -Group Photo.....	12
Appendix 3: Attendance List .....	13



# Introduction

In line with our goal to foster shared learning regarding the utility and best practices for digital payments for health workers, the Digital Health Payment Initiatives and Research in Africa (DHPI-R) domiciled at Makerere University School of Public Health held an online webinar on 29<sup>th</sup> June 2022, 5:00-6:30 pm EAT.

Webinar Theme: ***“Digital payments project for campaign health workers sub-Saharan Africa. What do you know and what do we need to know?”***

## Webinar Objectives

1. To share review findings on digital payments in sub-Saharan Africa.
2. To highlight economic cost considerations and the pros, and cons of using digital payments.
3. To discuss the experiences of health managers, Health workers, and funders around the use of digital payments.
4. To discuss challenges and share innovative solutions to digital payments for health workers.

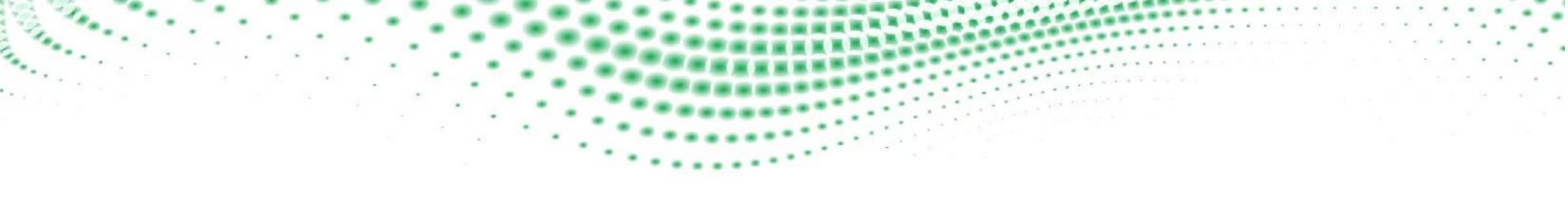
## Opening Remarks

Prof. Peter Waiswa, the Project Director DHPI-R gave opening remarks for the webinar, he welcomed the Speakers and participants who joined in for the webinar and gave an overview of the project highlighting the importance of digital payments and the challenges that make it critical to generate evidence for more efficient and effective digital payments and introduced the DHPI-R project as summarized below.

Health programs have persistently identified payment delays as the leading causes of failures in healthcare campaigns mainly due to reliance on cash-based modes of payment which are fraught with security risks, procedural delays, fraud and lack of accountability.

Digital financial services (DFS) delivered via mobile phones, the internet, or cards have the potential to lower costs, promote more efficient, secure, and transparent transactions, and improve access to formal financial services.

The adoption of DFS has the potential to result in broad positive outcomes which may include but are not limited to improving financial inclusion for the unbanked,



facilitating changes in financial behaviors that boost economic well-being, and reducing poverty.

Moreover, for accountability Digital financial payment mechanisms can increase the transparency of financial flows and reduce leakage of public resources

Despite this, there has been limited and sporadic; adoption and application of digital payment services in the health sector particularly in sub-Saharan Africa. There is also paucity of research evidence to inform policy and practice around digital payments and to demonstrate its potential to mitigate payment challenges for health workers.

MAKSPH with support from BMGF established the Digital Health Payments Initiatives and Research in Africa (DHPI-R) <https://dhpri.mak.ac.ug/> which seeks to generate evidence and foster joint learning for enhanced DFS in Africa. The DHPI-R project is implemented in;

- Anglophone countries – Makerere University School of Public Health in Uganda
- Francophone countries - University of Dakar Senegal (UCAD)



# Webinar Highlights

Dr Moses Mukuru presented the State of Evidence of Digital Payments in sub-Saharan Africa: A landscape analysis

Fore note, was the diversity of digital payments including ATM transactions, transfers through telephone, point of sale transfers, internet, and card payments, direct deposits, etc (Sivathanu, 2018).

The transition from cash-based to digital payment systems is gaining traction in Sub-Saharan Africa (SSA). Digital payments have been rolled out by governments in different programs; social assistance, immunization, emergencies, etc. This comes with benefits such as; managing timeliness, cost reduction/saving, reduced risk, and also some challenges like technology.

Some of the challenges identified included the lack of a unified regulatory framework, limited capacity for smart technology, liquidity concerns, fiduciary concerns (cybercrime, delays, trust, corruption re-engineered), information verification/mismatch and data protection challenge, and persistent disparities in access and use of digital payments.

Fortunately, payment systems are in place within the government and private sector, and programs continue to implement digital payments, transactions are growing in volume and amounts across Africa and Efficiency gains have been reported.

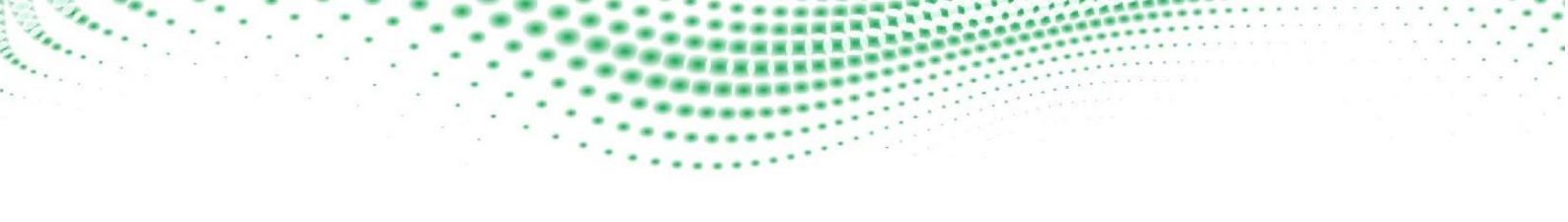
There is a need for a holistic understanding of the digital payments landscape about who is involved, which technology is needed, the legal framework as well as the payment structure.

There is a need to examine the payer practices following digitization and how they influence health workers' perceptions of trust, security, 'instant' nature of payment, payment preferences, and morale to engage in programs paying digitally? Experiences of payees and payers.

- Dr. Mukuru highlighted the different actors who need to be engaged and their different roles for the success of DPS.



<b>Stakeholder</b>	<b>role</b>
Ministry of Finance, Telecom regulators, Central banks, and MDAs	Regulation, Payment, funding programs, directly pay clients
Non-Government Organizations	Procure services of aggregators to pay frontline workers
Financial institutions (banks, Micro Finance Institutions/Micro Development Institutions, etc.)	Account management, float replenishment for service providers Directly pay clients, set internal policies
Merchants and retailers	Accepting digital money for services, customer policies
Smart tech	Equipment, software, infrastructure, maintenance
Mobile Money agents	Account opening, deposit, and payment
Mobile Network Operators	Infrastructure roll-out, cyber security, complaints management, host MM accounts, and control payments, set operating policies
Development partners	Fund programs, directly pay clients



Ms Mansha Mahajan a research assistant at Harvard T.H. School of Public health represented Dr. Margaret McConnell from Harvard presented additional research work done on ***Digitalizing Payments to Health Workers in Low and Middle-Income Countries to understand.***

The scope and type of Digital Financial Services (DFS) which have been utilized in the health sector in LMICs, the challenges that have impeded broader use of DFS in the health sector as well as research and operational priorities for understanding applications of DFS to health in developing settings.

From a total of public sector PHC workers surveyed, 40% of these workers reported that they had experienced delays in receiving a salary. And there found a large variation in the proportion of workers reporting payment delays across countries, ranging from 6%, in Togo in 2013 to 83% in Uganda in 2013.

The survey among vaccinators revealed that the majority of vaccinators reported a positive payment experience with mobile money and prefer being paid by mobile money. However, there is a prevalence of a lack of payment amount knowledge and some reports of later than expected payments.

There is some evidence that payment experiences and payment expectations are correlated with lower coverage (in round 1). Overall, they noted the limited relationship between coverage and payment performance but reported significant associations between non-payment at the expected time and workers' motivation and salary satisfaction even in the context of the digital payment. They opined that data from cash-based settings is essential for building causal evidence around the implications of digitization on health worker outcomes.

## **Ms Mahajan highlighted several gaps in current evidence on DPS as summarized below:**

The need for evidence is needed on the nature, drivers and scope of payment delays/ underpayment in the health sector and the implications thereof.

The need for evidence on operational challenges in line with the complex processes and layers of approvals before payments can be affected.

The need for systematic cross-country data on payments, delays, and incomplete payments, their drivers and the magnitude of these challenges across settings.

And the need for evidence on the comparative effect of digital payments versus cash payments on the health system and worker

## **Panelists**

The panel discussion moderated by Dr Peter Waiswa included

Dr. Alfred Driwale, Program Manager for Immunization in Uganda, Dr. Oyik Bruno, DHO of Buhweju District, and Dr. Henry Katamba- Global Fund Lead at MOH.

Panelists shared their experiences of using digital payment as the solution to paying health workers.

## **Regarding the Utility of Digital Payment in the Essential Program in immunization (EPI) Program-Dr. Alfred Driwale opined that;**

Government of Uganda and the Ministry of Health have embraced digital payments.

Currently payments from the Ministry of Finance to the Ministry of Health, Payments within MOH, transfers from MOH to local governments, and the internal transactions within the local governments are all digitized.

-However, payment for an end-user who is not on the government payment system is not digitized unlike a regular staff of government, therefore payment of Community Health Workers is the issue at hand. From MOH's perspective, payment to CHWs wastes a lot of time. There is also a dilemma as to how to pay CHWs because not all districts are on the digital mobile money payment platform. Therefore, the action to pay digitally is not country-wide now.

- In addition, where a digital payment system exists, payments do not cover everybody because of transaction ceilings where districts can only pay out 40 million per month.



- Dr Driwale opined that even if digital payment systems are introduced, there are some manual interfaces that the digital payment system downstream cannot address. For example, systems delay like transferring money from the MOH to the local governments which takes approximately 2-3 weeks
- However, he noted that digitizing downstream will go a long way to ensure that expenses have a trail that can be audited.
- He emphasized that the digital payment system should be a live system, which is not technology-heavy at the interface and that it should not limit its operations. Because of the context, it should also should be a system that is not hampered by the internet and battery.

**Dr. Oyik Bruno the District Health Officer, Buhweju District) highlighted the challenges, outcomes, and the district experiences paying digitally. He observed that;**

several activities have been implemented using a digital payment system. For example, routine immunization under GAVI health systems strengthening, Integrated Child Health Days under GAVI, polio mass campaign, and the accelerated COVID-19 vaccination.

However, at the moment it is not easy for districts to move in the e-cash direction due to the lack of clear activity guidelines which stipulate specific amounts that health workers are to receive per activity

- There is need to update the district health worker database to include payment details of all stakeholders (politicians, VHTs, CHWs) who support the implementation of health activities.
- He emphasized that additional and hidden costs incurred whilst making digital payments need to be documented and quantified. Among these include transport costs for the accounting officer, deposit charges, and withdrawal charges which are incurred by the end-user. Costs need to be planned to ensure that digital payments are well streamlined and the end-user receives the exact amount planned for.
- Although early payment can motivate, vigilance in the supervision of health workers is necessary.

- Challenges related to digital payment include; non-registered beneficiaries, variations in beneficiary particulars, irregularities in notification and Feedback from service providers, charges incurred (Cost and variations), and accessibility.
- He emphasized that digital payment is the best way to transact, because it is reliable, time-saving, and an easy way to keep and extract records. It also makes transactions faster and accountability easy.

### Dr. Henry Katamba from MOH -Global Fund highlighted the program perspective on what is required for a successful transition to digital payments for a campaign

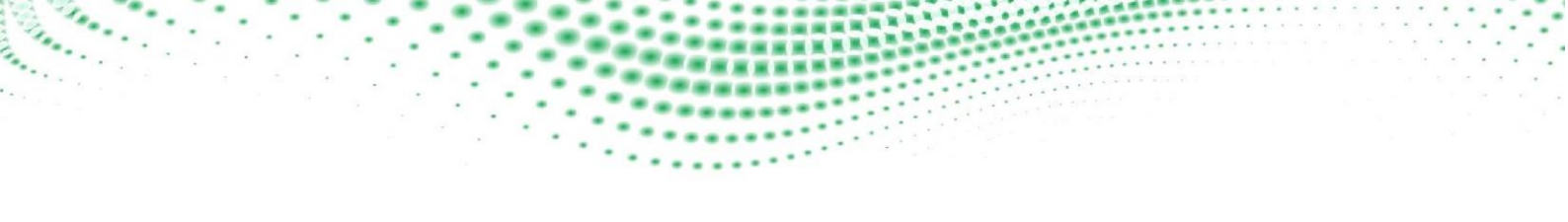
He noted that the Global fund has investment areas that target payment of service providers/beneficiaries at multiple levels. Investment areas include; Integrated Community Case Management and the distribution of long-lasting insecticide-treated bed nets which both require community-level transactions/payments

Two platforms for digital payment exist, the Governments IFMIS system and the local government mobile money payment system, which is used to pay VHTs, CHWs who are not registered under the IFMIS system

Transaction costs are catered for by the Global Fund.

In response to the question about the roles played by the government, Dr. Katamba responded that the government through MOH primarily identifies challenges at the community level and has all its efforts targeted towards the reduction of disease burden He also mentioned the that government in collaboration with development partners, mobilizes several resources including, bed nets, funds to cater to allowances for set-up, implementation, operations and transportation of products to the community and supports households to use the nets correctly and consistently

Concerning the issue of inconsistencies on beneficiaries and payee lists, Dr. Katamba highlighted that several things contribute to issues of inconsistencies for example names being different from the tool that is being used to pay or falsifying details. To curb this issue, a partnership between the district local government and the paying agencies is needed, to carry out verification of payees/beneficiaries on the ground. Ultimately, the solution to such a challenge when encountered at a large scale is to have a decentralized system



Shaminah, one of the webinar attendees from Ministry of Health Uganda requested that the findings and recommendations of studies done under this project are shared. She also suggested that every payment made through the disbursing bank should be classified and clearly labeled according to the activity for which they are being made. This will help mitigate conflicts arising from misclassification.

Dr. Kiwanuka invited the participants to join the project's Community of practice. She also mentioned that the project will be putting out calls for Research Grants and called for applications from webinar participants. She encouraged participants from the francophone countries to visit the project's Website

Prof Waiswa called upon the Francophone participants led by Prof Adama to organize and plan for the next webinar.

## Closing Remarks

Dr. Elizabeth Ekirapa appreciated the panelists, presenters, participants, and the BMGF. and called upon researchers to conduct more rigorous studies that can show the effectiveness of using digital payment and show the benefits such that we can make policies based on evidence. She also stressed the need for evidence generation around the conditions that will be conducive to the scale-up of digital payment systems in Africa

She also called upon the Government to heed the plea for policies and guidelines to support and streamline DPS.

In general, this was a successful and well-attended webinar. Summarize here the numbers who attended.

### **Key lessons are highlighted below.**

To share review findings on digital payments in sub-Saharan Africa.

#### ***Key highlights of Mashan.***

To highlight economic cost considerations and the pros, and cons of using digital payments.

#### ***Key highlights of Mukuru and Mashan***

To discuss the experiences of health managers, Health workers, and funders around the use of digital payments.

**Key highlights of Dr. Oyik and Dr. Katamba Henry and Dr. Driwale**

1. To discuss challenges and share innovative solutions to digital payments for health workers.

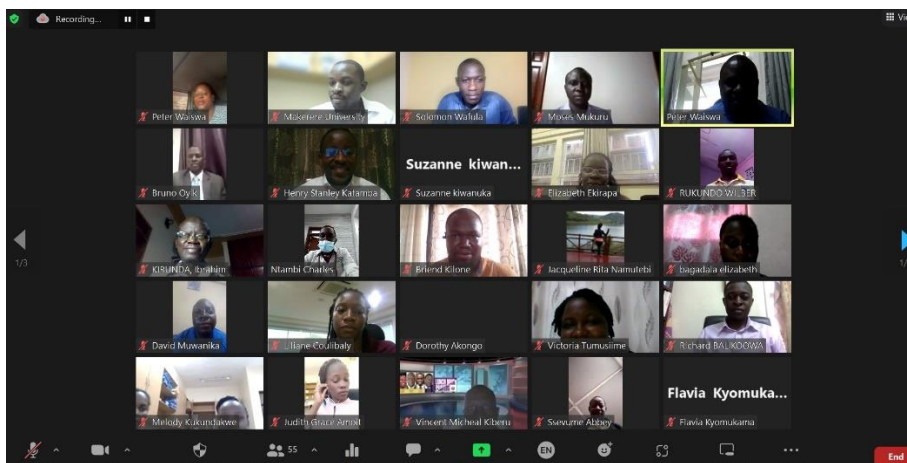
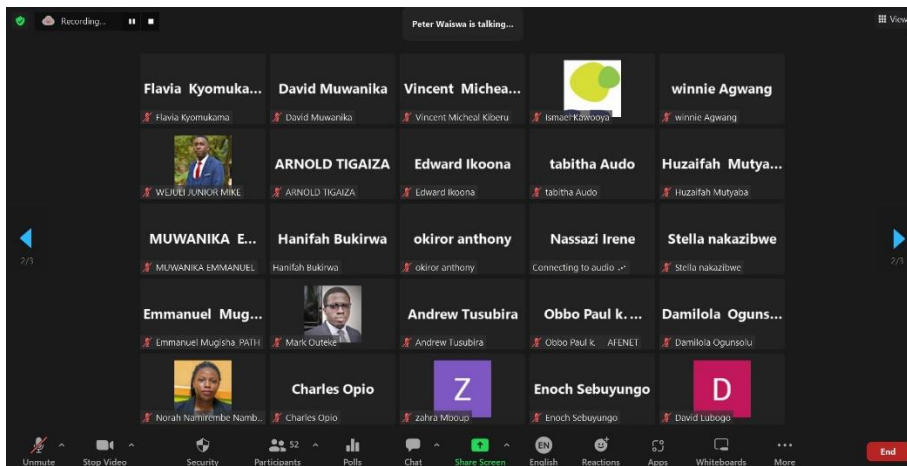
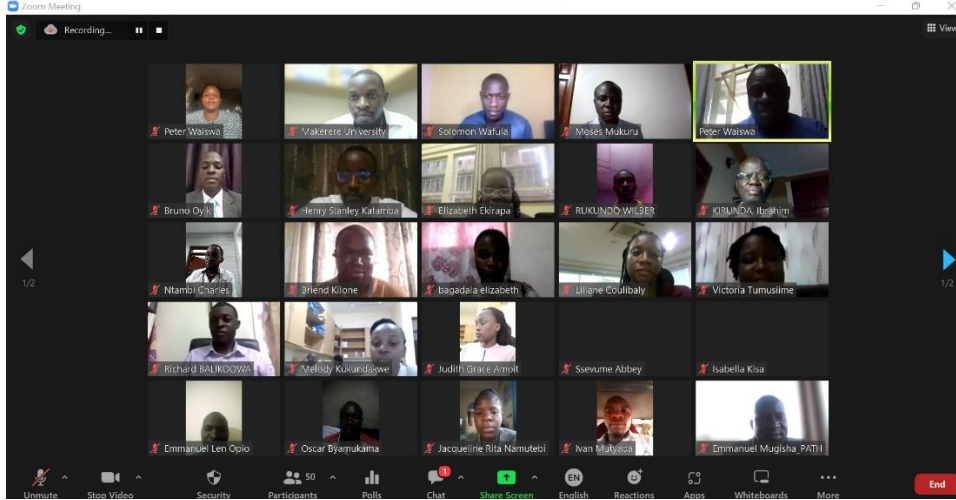
Summary Challenges from all

## APPENDICES

### Appendix 1: Agenda

TIME	ACTIVITY	PERSON RESPONSIBLE
05:00 – 05:10PM	Opening Remarks  Presentation of meeting objectives and practical information about the project and intended outcomes	Prof Peter waiswa
05:10 - 05:30 PM	<b>Session 1: Landscape analysis</b> State of Evidence of digital payments in sub-Saharan Africa. / Findings from the landscape analysis.	Dr. Moses Mukuru
05:30 PM -05:45 PM	<b>Session 2:</b> Emerging economic considerations and questions around digital payments for campaign health workers.	Prof. Margaret Anne McConnell Mahajan Mansha (Harvard University)
<b>PANELISTS</b>		
05:45 PM - 05:55 PM	Utility of digital payments in the EPI immunization programs.	Dr. Alfred Driwale UNEPI Manager, MoH
05:55 PM – 06:05 PM	From the Buhweju experience with digital payments, what are the challenges and outcomes of paying digitally? And what are the key takeaways?	Dr. Oyik Bruno District Health Officer Buhweju district.
06:05PM – 6:15 PM	“From the program perspective what is required for a successful transition to digital payments for a campaign? “	Dr. Henry Katamba Global Fund, Ministry of Health
06:15 PM – 06:20 PM	Community of practice and summary	Dr. Suzanne Kiwanuka
06:20 PM – 06:30 PM	Closing Remarks	Dr. Elizabeth Ekiyapa

# Appendix 2 -Group Photo



## Appendix 3: Attendance List

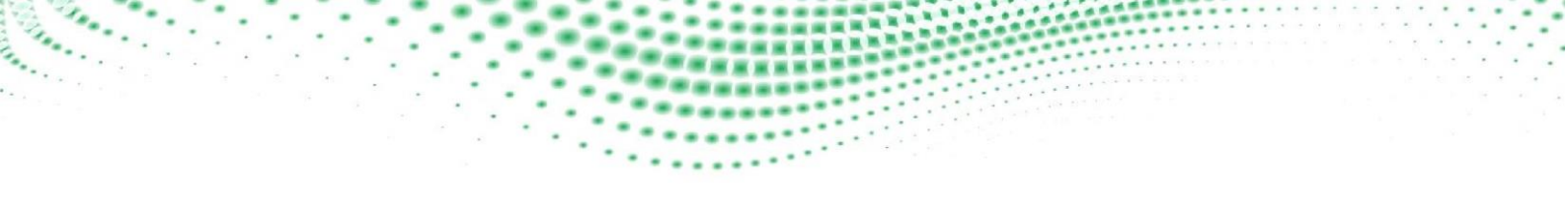
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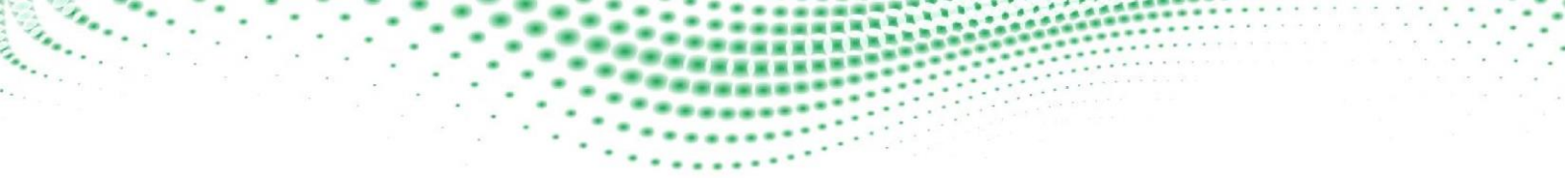


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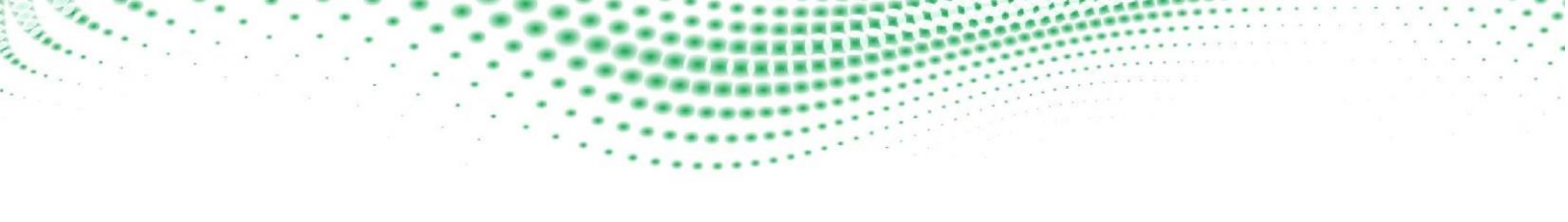
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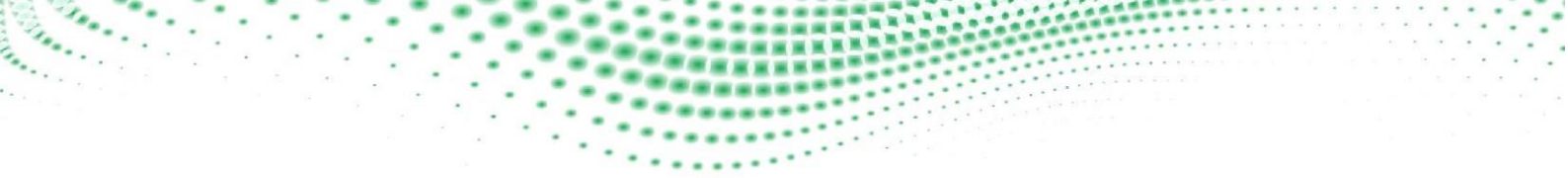
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