

DIGITAL HEALTH PAYMENT INITIATIVE AND RESEARCH IN AFRICA PROJECT

Digital health campaign worker payments: Implementation experiences of polio campaigns in Uganda and Malawi

WEBINAR REPORT FEBRUARY 2023

DATE: 10th February 2023

TIME: 6:00-7:30pm

ONLINE: ZOOM & TWITTER

MODERATOR

Dr. Juliet Aweko

PRESENTERS

- **Patsy Kiconco-World Health Organization.**
- **Dr. Alfred Drewali, UNEPI Program Manager Ministry of Health Uganda.**
- **Dr. Mike Nenani Chisema -Program Manager-Expanded Program on Immunization (EPI) Ministry of Health Malawi.**
- **Kondwani Mamba -Ph.D. Chief Preventive Health Officer, Mangochi District Council, Malawi.**
- **Ms. Hafsa Tembo- Senior Accountant Ministry of Finance, Planning and Economic Development (Uganda).**
- **Dr. Gilbert Mateka -District Health Officer Kabale District.**
- **Dr. Katie Maloney, Senior Program Officer on the Immunization, BMGF**





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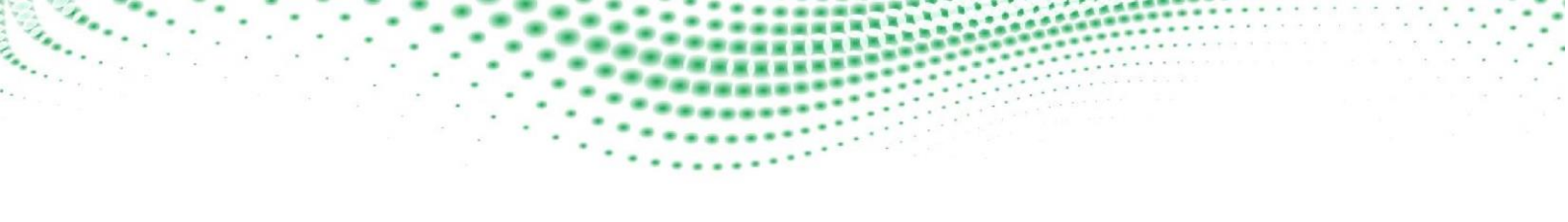


Background

Timely, reliable and transparent compensation of healthcare workers is crucial in improving quality and coverage of vaccination campaigns. One renowned way of enhancing timely payments for healthcare workers is digitalizing their payments. Through support from the Bill and Melinda Gates Foundation, the Digital Health Payment Initiative and Research in Africa project (DPHI-R) aims to generate evidence on the added value of digitalizing payments of health care workers. It's focused on understanding the circumstances surrounding digital payments and assessing its effect on motivation, satisfaction and performance of vaccination campaign workers as well as contribution towards quality and increased coverage of immunization campaigns. The DPHI-R project envisions identifying campaign health worker experiences and existing evidence on good practices which can be integrated into programs while mapping evidence gaps that can be funded for generation of more evidence. The research envisaged will include targeted mobile and field surveys to capture experiences and challenges as well as targeted field experiments in close collaboration with key global health and vaccine campaign partners.

The main purpose of the webinar was to stimulate discussions, generate and accelerate shared learning around digital payment utility and best practices, collate and generate evidence for digital payments during payment of health workers involved in the recently concluded Polio vaccination campaign in Uganda and Malawi. This report, therefore, highlights the digital payments experiences of healthcare workers from the recently concluded polio vaccination campaign in Uganda and Malawi.

Target audience and actors: The webinar brought together experts from various sectors, including; Ministries of Health, Ministries of Finance, telecommunication entities, health researchers, and healthcare workers, to discuss the challenges, opportunities, and experiences of implementing digital payments for campaign healthcare workers involved in the polio campaigns in Uganda and Malawi.



Webinar Speakers: These included; Health managers, Health workers, and policymakers involved in immunization campaigns and digital financing in the context of health in Malawi and Uganda.

The session was conducted via Zoom, moderated by Dr. Juliet Aweko, (the Senior Research Coordinator of the digital payments project) in English with French audio translation. The session lasted 90 minutes and was recorded. The link to the recording is attached as an appendix.

Participation/Attendance

A total of 207 participants registered for the webinar and over 60 managed to login and participate.

Opening Remarks

In her opening remarks, **Ms. Patsy Kinconco** the Digital Finance Officer at the World Health Organization based at the Africa Regional Office in Pretoria, South Africa, highlighted that the World Health Organization has so far supported 16 countries, including Cote de Ivoire, Congo Brazzaville, DRC, Gambia, Ghana, Liberia, Malawi, Mali, Kenya, Tanzania, Uganda, Nigeria, Sierra Leon, South Sudan, Cameroon, and Algeria and their approach involves working with local mobile money operators or banks based on the implementation plan of the countries. Reportedly over 200,000 beneficiaries have been paid using digital platforms and have customized their interventions depending on the situations on the ground.

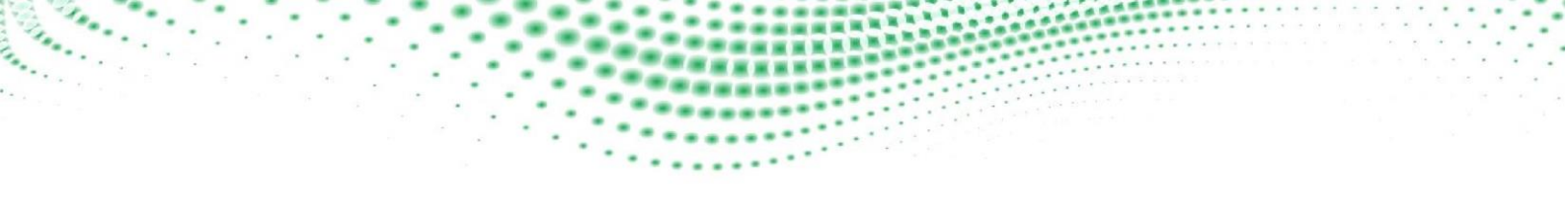
Presentations

Presentation highlights from Malawi

Presentation 1: Implementing Digital Payments for Public Health Programs in Malawi:

Lessons Learned and Future

By Dr. Mike Nenani Chisema, the Program Manager of the Expanded Program on Immunization at the Ministry of Health in Malawi acknowledged the importance of human resource incentives in different interventions, including digital payment implementations. The innovative ways of payment, such as bank accounts and mobile money, have the potential to reduce inefficiencies and motivate staff. He



mentioned that using digital payments ensures that payments go directly to beneficiaries, which can benefit end-users and reduce instances of mistrust. Digital payments in Malawi include payment of DSAs, lunch allowances, fuel, and services to companies.

Some advantages of using digital payments mentioned were; money goes directly to the beneficiary account; it is convenient and cheaper. The disadvantages included; payments were made to some people who did not work, digital payments require all beneficiaries to have either account number or phone number registered on mobile money service, requires account/mobile details before payments are issued. Fortunately, digital payment systems during the recently concluded polio campaign, enabled Malawi to pay 11,000 vaccinators and recorders during the three rounds of polio vaccination campaign in all 29 districts and of which the same system to pay during the oral cholera vaccination campaign in 8 districts pointed.

Initial payment yielded over 99% success rate with few returned due to mismatches or wrong account details that usually lead to delay in payment. He added that the system requires cooperation of everyone including mobile service operators and resistance from some quarters as they still prefer the old system (cash payment).

Presentation 2: Implementation experiences of digital payments at the district level in Malawi by Dr. Kondwani Mamba

Dr. Mamba, is a lecturer at Kamuzu University of Health Sciences (KUHES), Chief Preventive Health Officer at Mangochi District Council Malawi,

He provided an overview of the context of Mangochi district as one of the largest districts in Malawi with a population of 1,305,423, and 90% of the communities living in rural areas, the implementation experience of the polio campaign, the challenges faced, and the results.

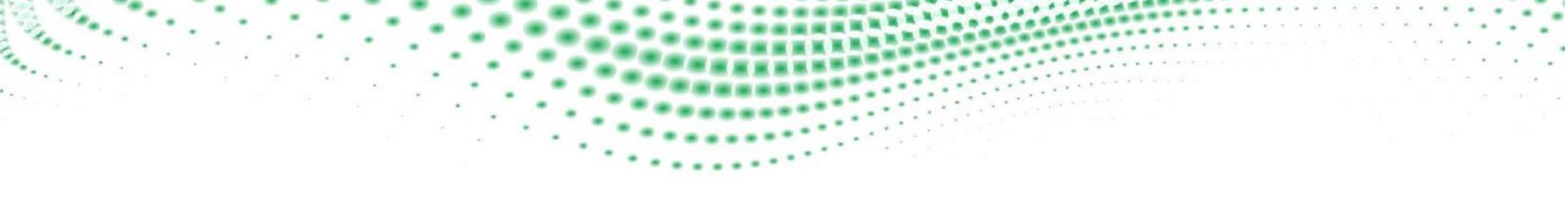
Dr. Mamba highlighted challenges associated with implementation of digital payments in Mangochi district. These included; mismatches in the actual numbers that appear on the mobile phone and the ones that were submitted to the service providers, delayed payments to staff, the system was considered rigid and challenging to replace staff who had not worked. Delayed staff payments reduced the workers' moral. Moreover being a hard-to-reach area, the staff were faced with difficulty in accessing their payments due long travel distances to mobile money points.

Additionally, it was reported that the system (Digital Payments) was not suitable for a large number of staff and volunteer staff particularly from hard-to-reach rural areas and it caused mistrust and conflicts among managers and staff and deterred the participation of some staff without digital payment numbers. Suggested recommendations included; improving the speed of payments, devising ways to hold payments for those who did not work, and finding ways to deal with areas with poor network leading to delayed messages and payment.

Presentation highlights from Uganda

Presentation 3: The nationwide strategy on digital payments for campaign healthcare workers and MOH's view by Dr. Alfred Driwale

Dr. Alfred Driwale, EPI Program Manager, Ministry of health Uganda, mentioned that the government of Uganda and the Ministry of Health have embraced digital payments and the Ministry of Finance sent a circular to all government agencies on the use of E-cash and were instructed to adhere to and update the guidelines for e-cash payments which had to be set on the integrated financial services management system, unfortunately, the system had its challenges.



He expressed that digital payments would enable the districts to make timely payments to health workers and other activities, as well as timely reporting and accountability. The major challenge however was lack of adherence to the stage of guidance.

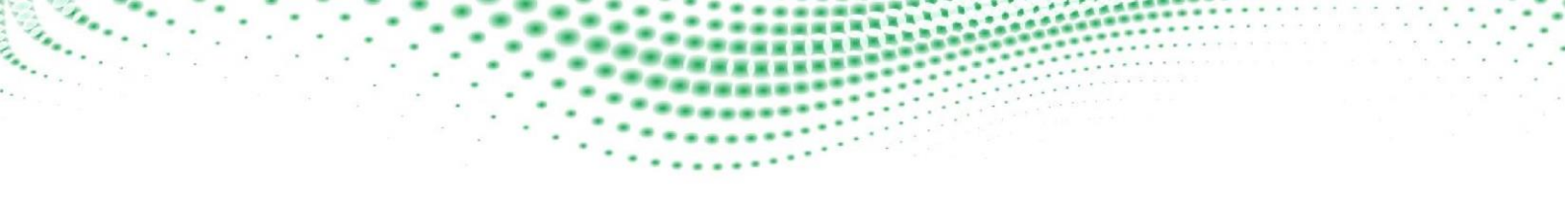
Reporting on the district campaign analysis, Dr. Driwale highlighted that they followed up with districts on issues of accountability. Of the 141 districts, only 45 districts had reportedly paid their staff fully from October, and 18 districts had partially paid. 78 districts were expected to pay digitally but it was said that there has been no pay after 3 months and the frustration is building. The number of districts that used E-cash were 64, those that used cash are 47, and those that used both e-cash and cash were 17. Dr. Driwale informed that E-cash system was tilting the balance, and almost 80 of the districts out of 145 districts have adopted this technology.

Presentation 4: The implementation of Electronic Cash (E-Cash) in Uganda: What is E-Cash, the experiences, challenges, and outcomes of using the E-Cash payment system (Ministry of Finance perspective) by Ms. Hafsa Tembo

Ms. Hafsa presented an overview of the E-Cash payment system which she defined as a public financial management reform that was introduced by the Government of Uganda in 2017 to complement the Integrated Financial Management Systems (IFMS). She mentioned that the purpose of the system was to facilitate cash payments. E-Cash was first rolled out to 13 pilot votes in March 2017 and is currently in use in 295 operating units, including ministries, agencies, hospitals, districts, municipalities, cities, plus projects, and over 1,948,635 pay-outs have been processed using E-Cash from inception to date, totaling approximately UGX 500 billion.

The E-Cash system is accessed through a secure web portal and guided by the National Payments Policy, its primary purpose is to eliminate cash transactions in government to achieve transparency and accountability in the management of public resources.

Several benefits have been registered using a digital payment system by the Ministry of Finance, and these included instant payments, convenience, timeliness of transactions, transparency of the pay-out process, mitigation of risks related to holding physical cash, removal of middlemen, fast and accurate reporting, and reduced administration costs



Despite the demonstrated benefits of the system, the several bottlenecks were identified while implementing the payments on the E-Cash system. The major bottle necks were; unstable network connectivity, attitude, and mindset change, computer illiteracy, occasional system glitches, and transaction costs. The Ministry believes that it's better to incur transaction costs of 1.035% than losing large sums of money.

Finally, Ms.Hafsa alluded that E-Cash effective and efficient utilization of public resources continues to be the key driver of PFM reforms in Uganda. The E-Cash system has played a major role in ensuring that Uganda moves a big step toward achieving the dream of a Cashless Economy.

Presentation 5: Implementation experiences of digital payments at the district level in Uganda (Kabale district) by Dr. Gilbert. A. Mateeka

In his presentation, Dr. Mateeka also outlined contextual challenges encountered while using cash payments that did not differ from the challenges highlighted from Malawi. Similarly, these included; delayed payment to beneficiaries, delayed submission of accountability of funds from different levels of supervisors to the District Health Team, and difficulties in ensuring transparency, non-registered beneficiaries, variations in beneficiary particulars, irregularities in notification and feedback from service providers, and charges incurred among others. To address these challenges, he said that the district adopted digital payments, which proved to be very beneficial. The found benefits of digital payments included transparency, a reduction in the risks associated with carrying physical cash, and ease of compilation of accountabilities, \reduced transaction costs.

Recommendations suggested were; the need for community/beneficiary sensitization, a good communication strategy to all stakeholders, and a broader IT infrastructure and access to gadgets like phones by the intended beneficiaries.

Q&A SESSION

The Question & Answer session was held during a webinar on digital payments in health programs. Dr. Juliet Aweko, the meeting moderator and DHPI-R senior project coordinator, invited participants to submit their questions and answers in the chat.

Dr. Simon Ndira, the Executive Director of Compelling Works in Malawi, requested further elaboration on the "over centralization of processes that creates more errors." The issue was not addressed in detail during the webinar.

Dr. Mamba from Malawi was asked about refunding payments to people who did not work, and how to mitigate this problem. There was no clear answer given to this question.

Dr. Gilbert Mateeka, from Kabale District in Uganda, recommended using E-cash or one-off payments instead of payroll to capture details for real-time beneficiaries for each activity. This would avoid situations where the same names appear on the payroll each month.

Davidson Ndyabahika, a participant from Uganda, expressed concerns about biases in the system, especially when people switch phone numbers. The ministry relies on supervisors and field leads to resolve such issues, and they are working on innovative ways to ensure beneficiaries receive payment notifications.

Bruno Batwagaine asked how health workers are paid if they have telephone numbers not registered in their names. Ms. Hafsa Tembo suggested that indemnity forms could be signed in such cases.

Brian MFSAFRICA asked whether integrating digital payments with accounting software could streamline financial operations, improve accuracy and efficiency, and enhance security and customer experience. This was not addressed in detail.

Dr. Alfred Driwale raised the question of timely payment and how delays in payment could impact motivation if payments are linked to activity. There was no clear answer given to this question.

Angelica Kiwummulo asked if governments could waive transaction charges or cover them. Dr. Gilbert Mateeka responded that the budget and guidelines for campaigns are set by the Ministry of Health, not the district, and charges must be considered at that level.



DHPI-R Community Engagement in a Webinar

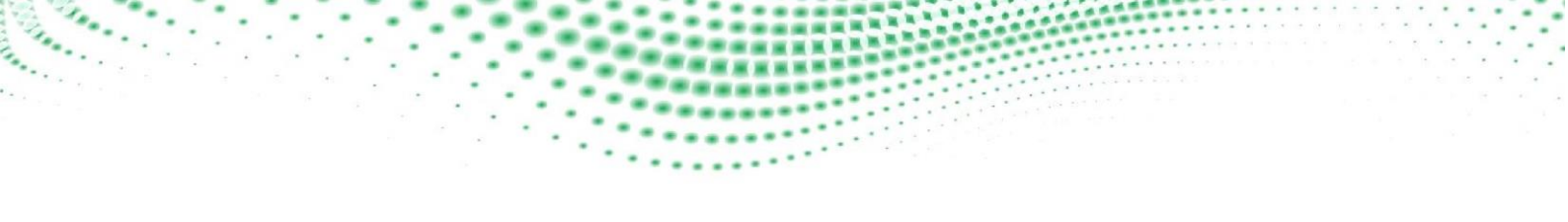
During the webinar, DHPI-R Community Engagement, two questions were raised by participants.

- ❖ Samantha Agasha from the DHPI-R community of practice inquired about who would cater for charges in cases where they were not provided. For example, during the recent polio campaign, there were no withdrawal charges included for districts that paid digitally. No clear answer was given during the webinar.
- ❖ Emmanuel Wanyama, a health worker from Wakiso, raised concerns about delayed payments, which demotivated health workers to participate in activities involving digital payments. He suggested that timely payment would improve the performance, satisfaction, and motivation of health workers in polio vaccination campaigns. There was no clear solution provided for this issue.

Overall, the DHPI-R Community Engagement webinar highlighted the importance of digital payments in health programs, but also raised concerns about delayed payments and charges for digital transactions. Further discussion and exploration of solutions for these issues may be necessary to ensure the success of digital payment systems in the future.

Closing Remarks

To close the webinar, **Dr. Katie Maloney, the Senior Program Officer on Immunization at BMGF**, expressed the importance of empowering health workers to



reach the currently unreached and vulnerable populations and the need to consider health workers quickly, fairly, and safely in their work, and stressed that the Gates Foundation remains committed to scaling lifesaving vaccines and ensuring campaigns are run effectively, safely, and smartly.

Conclusions and way forward

The webinar highlighted momentum and continued progress in digital payments in the countries represented through national level and districts efforts achieved from the previously concluded polio campaigns. It also highlighted remaining gaps that Ministry of Finance and Ministry of Health and other implementing partners continue to call on actors in the eco-system to progress.

Key areas for action include:

- Increased capacity building: The webinar series demonstrated successful actions and initiatives that are scalable but are lacking adequate skills (computer literacy) on how to operate the digital payment system. Solutions need to be holistic and multi-sectoral, calling for increased and sustainable skilling of the players in the digital ecosystem.
- Digitizing payments for health care workers is an efficient and cost-effective means of compensating vaccination campaign health workers. However, it presents challenges in both countries- mention some of the challenges e.g., lack of trust in the system,
- uncertainty about new interventions and network connectivity, attitude and mindset change, occasional system glitches, and transaction costs.
- Need for clear data bases in place: Ensuring that everyone has the right details in the data base remains a critical focus, as digital payment solutions are scaled. The beneficiaries must be at the forefront of all solutions to avoid variations in beneficiary particulars, irregularities in notification and feedback from service providers.

For details on the webinar presentations, please follow the link to each presentation here below:

- [Presentation 1](#): Dr. Mike Nenani Chisema -Program Manager-Expanded Program on Immunization (EPI) Ministry of Health Malawi.
- [Presentation 2](#): Kondwani Mamba -Ph.D. Chief Preventive Health Officer, Mangochi District Council, Malawi.
- [Presentation 3](#): Dr. Alfred Drewali, UNEPI Program Manager Ministry of Health Uganda.
- [Presentation 4](#): Ms. Hafsa Tembo- Senior Accountant Ministry of Finance, Planning and Economic Development (Uganda).
- [Presentation 5](#): Dr. Gilbert Mateka -District Health Officer Kabale District.

APPENDICES

Appendix 1: Agenda

Agenda		
DATE: 10 th / FEBRUARY /2022		
TIME: 6:00 PM-7:30 PM EAT		
Topic: Digital health campaign worker payments: Implementation experiences of polio campaigns in Uganda and Malawi		
Moderator: Dr. Juliet Aweko		
06:00 – 06:10 PM	Opening Remarks	Ms Passy Kiconco Digital Finance Officer, WHO
06:10 - 06:20 PM	Experiences of implementing digital payments What worked and what did not work? How prepared is the country for future campaigns?	Mike Nenani Chisema- PROGRAM MANAGER-Expanded Program on Immunization (EPI) Ministry of Health Malawi
06:20-06:30 PM	Implementation experience at the district level in Malawi	Kondwani Mamba PhD Chief Preventive Health Officer, Mangochi District Council, Malawi
06:30 - 06:40 PM	The nationwide strategy on digital payments for campaign healthcare workers, MOH's view on the recently concluded Polio campaign. What worked and what did not work? How prepared is the country for future campaigns?	Dr. Alfred Drewali, UNEPI program manager Ministry of Health Uganda
06:40 - 06:50 PM	What is E-Cash, and how is it implemented? What were your experiences as the finance ministry in preparing districts to transact digitally during the recently concluded campaign?	Hafsa TEMBO (CPA, Msc. PPM) Senior Accountant Ministry of Finance Planning & Economic Development

Appendix 2 Webinar link

https://us06web.zoom.us/rec/share/3A5M_E9b6P1EtEG1C1LgR_E-iY976yUyLLYhYwulctqkZoyir_4f-c_hw4rBTKUB.-yNchkMXjhGq1N6

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