# DOCUMENTATION OF COMMUNITY HEALTH WORKER'S (CHW) TRANSITION FROM CASH TO MFS IN BRAC HNPP PROGRAMME

## INTRODUCING MOBILE FINANCIAL SERVICES

Based on global evidence and the increasing shift towards the use of Mobile Financial Services (MFS) in delivering healthcare services to the poor, BRAC, the largest NGO of the world, introduced MFS in its Community Health Worker (CHW) model under its Health, Nutrition and Population Programme (HNPP) in 2018.

## HEALTH, NUTRITION AND POPULATION PROGRAMME (HNPP)

BRAC HNPP consists of five main divisions - Essential Healthcare; Maternal, Neonatal and Child Health; Nutrition; Control of Non-communicable Diseases; and Eye Care. CHWs provide services and disseminate knowledge regarding healthcare across all five divisions of HNPP.

## WHO ARE THE COMMUNITY HEALTH WORKERS (CHWS)?

In Bangladesh, the largest cohort of NGO-supported CHW belongs to BRAC, which started its journey in the 1970s with a focus on providing access to family planning and a broader range of basic preventive care.

From its field level experience, BRAC learnt that facility-based services had limited outreach and at times, were expensive for the rural poor households. As a result, BRAC moved out into the community, initially employing paramedic workers, and later community members themselves.

Following the footsteps of China's barefoot doctors and its effectiveness, BRAC first recruited local men to be trained as paramedics. It was soon realized that male health workers were less likely to deal with health

problems of women and children, and women were less likely to open to men. This eventually led to the exclusive recruitment of women as community healthcare providers.

In 1976, through the formation of the Lady Family Planning Organizers (LFPO) team, the concept of CHW came to the forefront. Currently, the CHW model consists of two team: Shastho Shebika (SS) – voluntary healthcare worker and Shastho Kormi (SK) – salaried healthcare worker. While SS often focuses on generating demand for care, SK, launched in 2005, delivers that care. These CHWs are mostly village women with a minimum 10-years of schooling who receive 3-4 weeks of medical training. They are usually selected from BRAC's village-level microfinance groups.

The cadre SK, which now numbers 4435 in total, provides maternal health services (ANC/PNC), assists with deliveries, provides special care to low birthweight babies, manages cases of diarrhea, adolescent health, acute respiratory infections, and other illnesses in children under five, and facilitates health promotion. SKs earn approximately $50 a month from BRAC, in addition to performance-based incentives for their full-time work.

## OBJECTIVE OF THE STUDY
## THE STUDY FOCUSED ON THREE MAIN OBJECTIVES

To document the transition of the CHW program's transaction system from manual to digital (MFS)

To explore the journey of introducing MFS in CHW program from piloting to scale-up

To understand the feedback and reporting mechanism of HNPP's MFS component within the CHW program

# THE DEMAND FOR DIGITIZATION TRANSITION FROM MANUAL TO DIGITAL

Before 2018, the SK's visited houses and provided health services all week long charging a small fee (decided by BRAC) in exchange. Twice a week, they went to the nearest BRAC branch office and submitted said fees which was manually recorded in a register book.

In addition to this process being time consuming and tainted with human errors, it was observed that SKs would often fail to submit the fees on time and would instead use it as a cash buffer till the end of the month.

The demand for including MFS in the operation arose because the manual system was cumbersome, along with high logistical time and cost not to mention health workers' inability to submit fees on time.
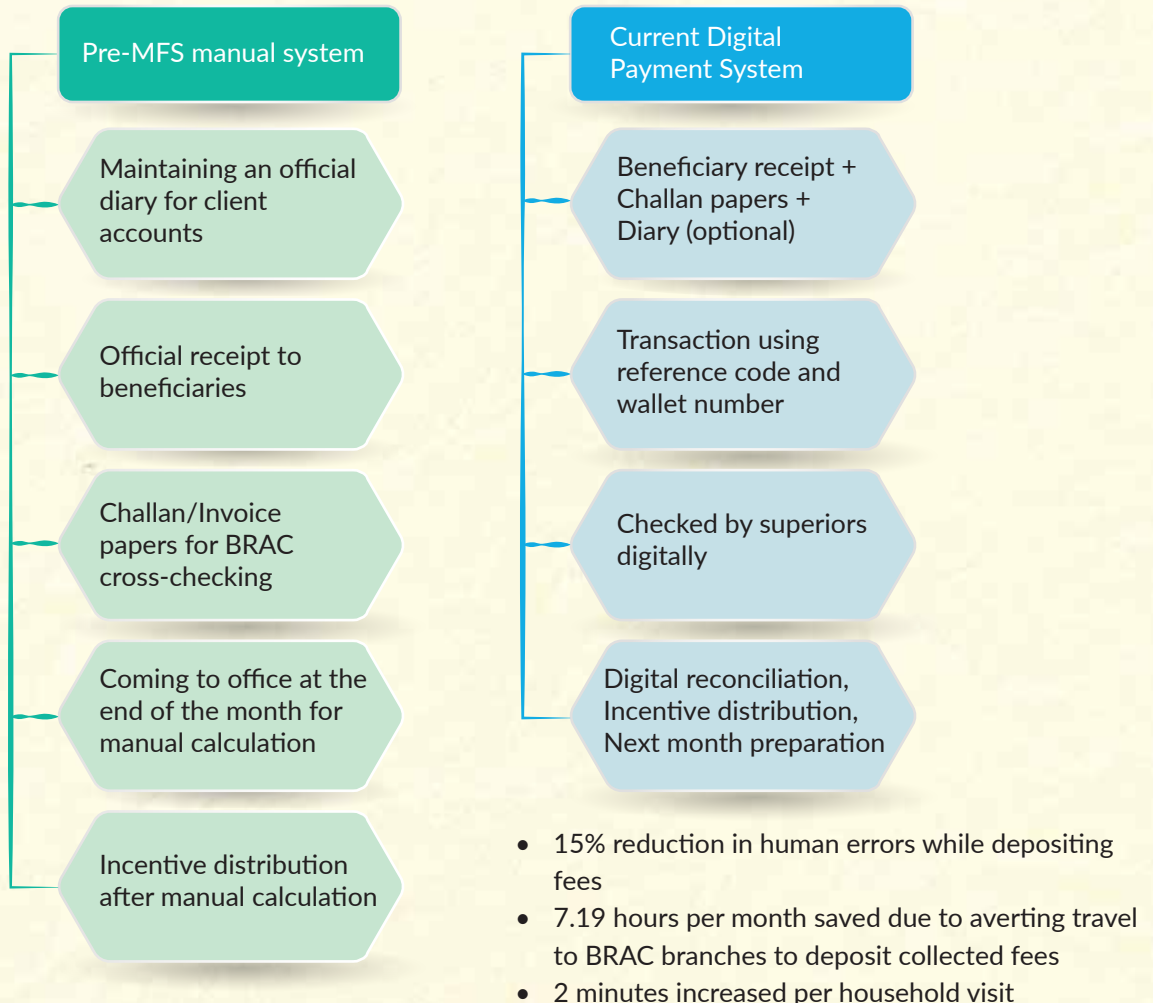
To accumulate the collected fees in a timely manner and to keep track of the progress of service delivery throughout the month, HNPP decided to digitize the fee collection process using an MFS named bKash[1]. So, in 2018 MFS was partially introduced to the SKs.

The digital transformation reduced human errors during accounting, saved time for depositing fees, and increased time spent with beneficiaries during household visits by SKs

[1] bKash is a mobile financial service in Bangladesh operating under the authority of Bangladesh Bank as a subsidiary of BRAC Bank Limited.

# PRE AND POST OPERATIONAL STEPS FOR CHWS

Only one component of the CHW program, submitting collected fees for service delivery by the SKs. Previously, SKs kept manual records of the services and commodities they provided. Then, they visited BRAC area offices to submit their records, and manually reconcile any errors and manually calculate their incentives. The digitization process changed these aspects.

| Pre-MFS manual system | Current Digital Payment System |
|---|---|
| Maintaining an official diary for client accounts | Beneficiary receipt + Challan papers + Diary (optional) |
| Official receipt to beneficiaries | Transaction using reference code and wallet number |
| Challan/Invoice papers for BRAC cross-checking | Checked by superiors digitally |
| Coming to office at the end of the month for manual calculation | Digital reconciliation, Incentive distribution, Next month preparation |
| Incentive distribution after manual calculation | |

- 15% reduction in human errors while depositing fees
- 7.19 hours per month saved due to averting travel to BRAC branches to deposit collected fees
- 2 minutes increased per household visit

# SCALING-UP OF MFS FOR SKS IN FIELD LEVEL

## Piloting

The first pilot took place in 2018. Initially, it was implemented in four upazilas of Narsinghdi for three months. Data was checked for mistakes and the SKs were provided feedback daily. By the end of the pilot, it was found that SKs could deposit the service charges effectively. An internal study revealed the percentage of error to be less than 1%. Eventually, the senior management decided to scale up the program to 61 districts of Bangladesh, and all SKs were included and trained to use MFS.

## Server and software from biTS (BRAC IT Services Ltd)

During piloting in four Upazilas, HNPP used Microsoft Excel to store data due to its small volume and addressed mistakes manually. Later, biTS developed a task specific software for scaling up to 4300 SKs across 450 Upazilas of 61 districts. They previously supported BRAC's Integrated Development Programme, Education Programme, and Microfinance Programme with their digital platform. BRAC University's IT department also assisted in the process..



Opening MFS accounts

Update SK account information in the DFS servers

Providing training to area Managers to operate DFS server

Providing basic training to SK by BRAC personnel and bKash

Operation initiation in all area offices

Refresher sessions for SK

Formation of Officer Technical Support (OTS) to support field and refresher sessions

bKash app replacing traditional method and/or USSD

## Training of Area Managers and SKs

Around 250 Area Managers and 4300 SKs were trained. Initially, all Area Managers were trained in person at BLC, and later sessions were conducted online. They learned how to operate the DFS server using the server created by biTS. SKs were called at the Upazila offices, along with the respective Area Managers. Field personnel of two-three upazilas were trained at a time. During scale-up, SKs were given a deadline for opening their bKash account and for submitting the number to the respective Area Managers who would then update the server. The newly enrolled SKs were trained during the monthly refresher sessions.

# POST SCALE UP DIFFICULTIES

### Getting Used to a New Operating System
Setbacks from the SKs' side included issues like–
- money not being deposited properly
- failing to check notification of money being deposited properly
- using the wrong number
- sending partial amount/service fees

These problems were solved on a case-by-case basis. Refresher sessions further helped in solving newly generated problems.

### New challenge at the field-level
The decision to scale-up brought in new challenges in field operation. These were mostly concerned with acceptability and adoptability by SKs. Keeping these in mind, several training sessions took place. The area managers needed   to be involved in this process as well for checking data input and service delivery on the dashboard (they were provided one tablet) regularly.

An area Manager provided the following instruction to an SK:

> *Even if the Program Director calls you and tells you to pay money or your account will be closed, you should tell the caller that you do not care about your job. Then, cut the phone call and immediately report to me with the number that you got the call from."*
> *– Area Manager, Sirajdikhan, Munshiganj*

A Shashtho Kormi (SK) had stated the following about fraudulent calls:

> *Something had happened to my sister. What happened was, on her bKash number, someone had called her and said that "Send 25000 taka in this number". He said that if she sent 25000 takas in that number, then she would get few lakhs taka in her account. He said it would take place within half an hour. He said, "During this time, you won't go to any place and tell anyone about this." Moreover, he said, "you will go straight to the store and send the money in this number." He tried to make her greedy by talking about a huge amount of money.*
> *– Shastho Kormi, Khulna*

> *At first, I felt that I am dialing elsewhere. There was always a tension working when I am dialing the bKash numbers.*
> *– Shastho Kormi, Munshiganj*

## Fraudulent calls and slower adoption of digital app by CHWs

The SKs would receive calls asking to share their PIN for technical purposes. The SKs were sometimes targeted specifically, where the caller pretended to be from the BRAC head office and asked them for their PIN or to send a certain amount of money to a specific number. For all fraudulent calls, the SKs were asked to contact their respective Area Managers immediately. The Area Managers provided clear instructions to SKs to handle such calls.

Earlier, payment was made through a USSD phone number. The current payment system, released in January 2020, is relatively user-friendly and allows for payments to be made through selecting options. This has decreased the chances of errors. However, SKs who use feature phones or button phones are still using the USSD number.

# OPERATIONAL SUPPORT FOR STRENGTHENING THE PROCESS

| Established an iterative feedback mechanism | Assistance from Officer Technical Support | Monthly refreshers training | Feedback meeting with higher authority | Involvement of sector specialists |
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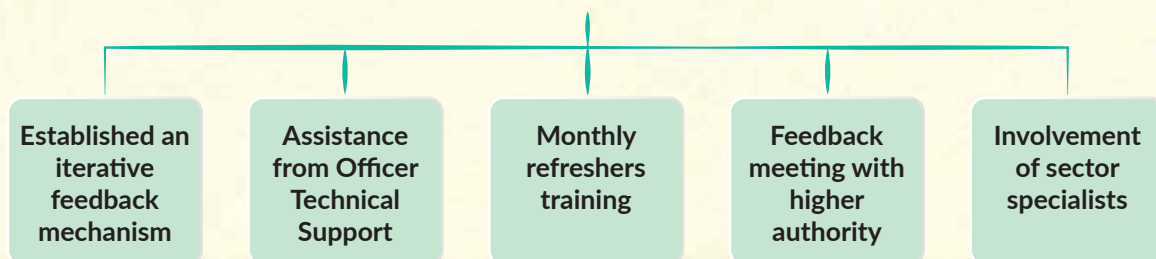
## Feedback mechanism

BRAC maintains both an independent control group responsible for managing the supply chain and an internal monitoring department. The department analyzes performance data to identify and address challenges and measure inputs and outputs, and quarterly performance.

## Monthly refresher and initial training

SKs have refreshers every month. The Area Manager organizes the whole activity. The Divisional Manager also conducts meetings with all the Area Managers in his/her area.

## Assistance from OTS (Officer Technical Support) at the field level

Depending on the field situation, one OTS conducts two or three refresher sessions each month. They communicate with the area managers and discuss new issues with the SKs.

## Feedback meeting of the higher authority

There are meetings taking place every two months with all the CHW at the field level, starting from the Area Manager to the Divisional Manager, and others who are in different positions in the field-level along with the Program head.

## Involvement of Sector Specialist

If any opinion from CHW is needed, sector specialists will reach out to them. For example, while developing a training module with the help of doctors, sector specialists might go to the field to get the CHWs' opinion before determining whether it would be feasible.
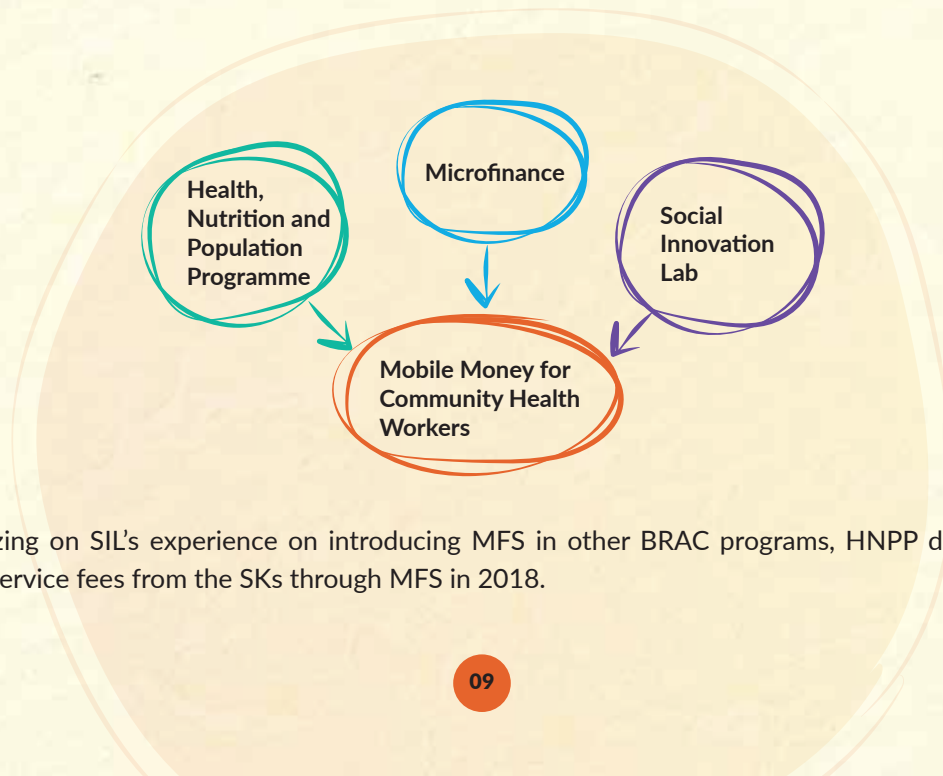
# KEY PLAYERS

### Social Innovation Lab (SIL)

BRAC's Social Innovation Lab (SIL) aims to create strategic innovations and space among all existing BRAC programs. SIL played a significant role in introducing MFS in CHW operations.
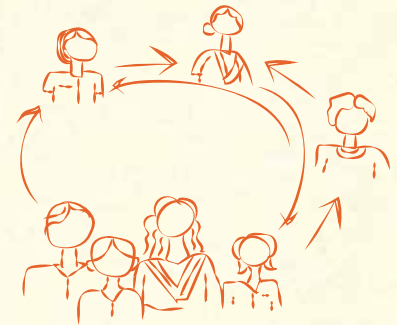
The idea of MFS began within SIL because of the Innovation Fund Challenge in 2014 funded by the Bill and Melinda Gates Foundation. The challenge called for ideas from BRAC program staff, that would allow different programs to incorporate an MFS component in their system. In two years, 14 ideas were shortlisted and materialized including the Education, Microfinance, and Integrated Development Program. SIL provided support to these programs at the operational level for incorporating MFS. The two strands that they worked on were – the financial inclusion of clients (especially women) which allowed them to control their finances better, improving organizational efficiency, and the transactions that took place within the organization.

Health, Nutrition and Population Programme

Microfinance

Social Innovation Lab

Mobile Money for Community Health Workers

Capitalizing on SIL's experience on introducing MFS in other BRAC programs, HNPP decided to collect service fees from the SKs through MFS in 2018.

### Microfinance

The BRAC Microfinance program was the first program to include a mobile money component through bKash's1 platform. By using bKash, a subsidiary of BRAC Bank, repaying loans and saving became more flexible and proved to be more convenient for the clients to operate remotely. When HNPP first decided to digitize their program, they communicated with the Microfinance team. At that time, Microfinance was working on cash grants, savings, refunds, and incentives as well as its digital cluster was working with all other programs such as Education and IDP. This continuous collaboration with Microfinance program enabled HNPP to learn about the feasibility and intricacies of adopting MFS in their program from Microfinance Program's experience.
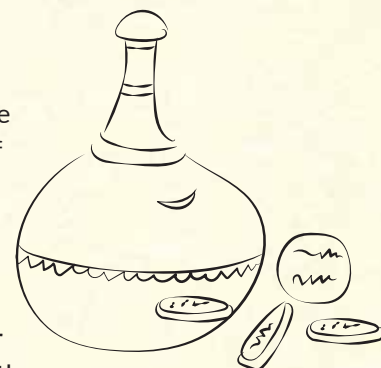
## SITUATION DURING COVID

During the first year of the COVID-19 pandemic, BRAC HNPP reached out to approximately 43000 CHWs (salaried ad voluntary) and provided them financial support packages. Since the SKs were already using MFS, the financial support package could be transferred to them instantaneously.

## CONCLUDING REMARKS

CHWs contribute significantly to the BRAC HNPP and the inclusion of MFS within the program can improve CHW efficiency and their well-being while ensuring community-level healthcare delivery in Bangladesh. HNPP intends to pay salaries and other benefits through MFS at the moment. Inclusion of MFS in HNPP's CHW program was a watershed moment in ensuring effective service delivery, eve during health emergencies. Introducing MFS in HNPP's CHW program is an exemplary process for others to profoundly follow in digitizing health service delivery systems, from the field to the headquarters, and from piloting to scale-up.