

JOURNEY TOWARDS MOBILE FINANCIAL SERVICE: THE BRAC COMMUNITY HEALTH WORKER EXPERIENCE

MAY 2022





BRAC Health, Nutrition, and Population Programme (HNPP) introduced mobile money for Community Health Workers (CHW) in 2018. Since then, all Shashtho Kormis (SK), 4300 in total, started submitting their service fees through a mobile financial service provider - bKash¹.

This fact-sheet presents a mixed-methods study findings on 710 SKs from 15 districts of Bangladesh. The survey took place immediately after BRAC HNPP provided financial incentives to the CHWs using MFS amidst the movement restrictions imposed by the Government of Bangladesh during the COVID-19 pandemic.

¹ bKash is the first mobile financial service provider in Bangladesh, a subsidiary of BRAC Bank since 2011

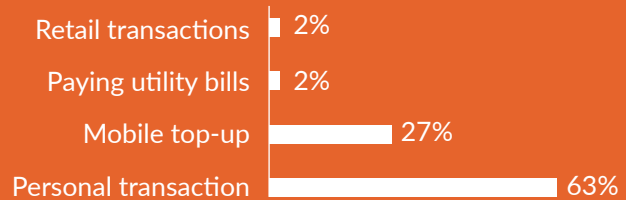
95% of SKs own personal MFS accounts

95% of SKs are able to operate their own accounts by themselves

Average duration of using MFS account - 3.23 years

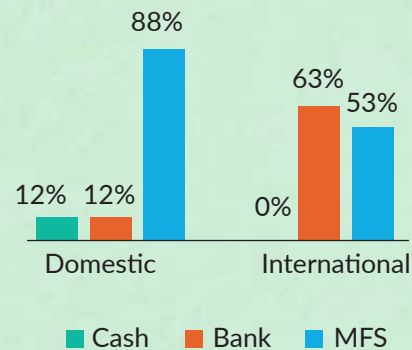
REASONS FOR USING MFS

Apart from work related activities, SKs use MFS for personal purposes. This includes personal transactions like sending or receiving money to/from relatives/others. They also use MFS to reload/top-up their mobile balance as per their convenience.



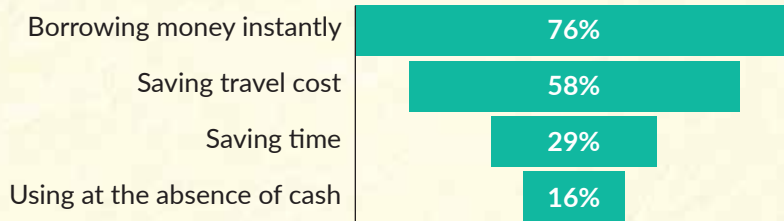
REMITTANCE THROUGH MFS

Around 2% SKs receive remittance through MFS. Among them, 88% receive domestic remittance, while 53% receive international remittance.



USING MFS DURING THE EMERGENCIES

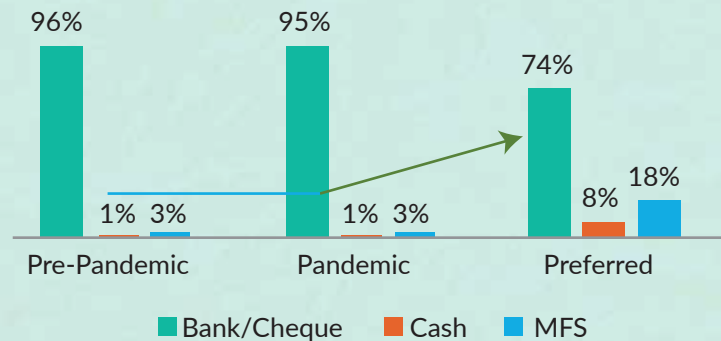
SKs used MFS in the event of shocks that included natural disasters (loss of assets, damaged household, etc.), health shock (Household members being ill or death of a member) and conflict (theft, robbery, divorce or any legal issues requiring money). 16% of those who experienced such emergencies, most of them used MFS for borrowing instantly and/or saving travel cost.



“ Once I had taken my niece to the hospital in Shyamali (Dhaka) as she had strained her hands and legs. They said that I needed to pay 5000 Taka. I did not have that amount of cash with me. So, they asked me if I could call someone and use bKash and directly pay them. So, I called my husband, got the money, and paid the entire fee through bKash.
 – a 36-years-old Shasthya Kormi, Munshiganj ”

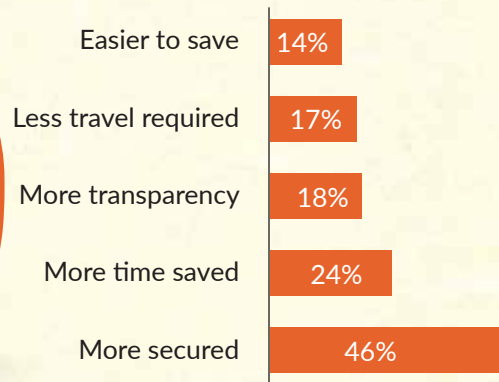
PREFERENCE FOR USING MFS

CHWs were asked about their preferred method of salary disbursement. Currently, SKs get their salaries through their bank accounts. Findings show, preference for MFS increased during the pandemic (based on recall data).



The community health workers were asked about the reasons for preferring MFS. Better security was the topmost reason for preferring MFS for transactions, followed by time efficiency, increased accessibility, transparency in the process, less movement, and saving friendliness, respectively.

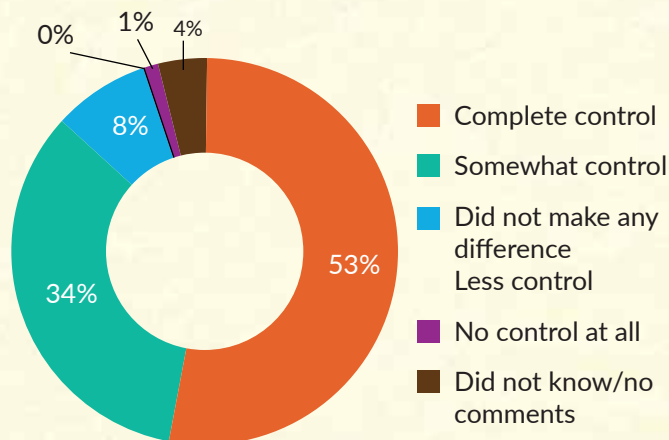
“ Our work is from 9am to 3pm, then we get three hours and in winter, two hours. This amount of time is very much crucial for us. Here, bKash saves a lot of time and movement. - 36-years-old Shasthya Kormi, Khulna ”



*multiple response

MFS FOR FINANCIAL EMPOWERMENT OF WOMEN

Under this study, we tried to explore whether there exist linkages between MFS and women’s empowerment. In attempt to do that, we investigated women’s control over finance and financial decision-making power in the household. Around 53% of SKs stated to have complete control, and 34% to have somewhat control over their accounts. Around 32% of SKs believed that MFS increased their access to local shops. Moreover, 71% of SKs reported to conduct financial transactions without their husband's or family members permission. In addition to that, 43% of SKs participated with their husbands in financial decision making in their households.



MFS FOR SOCIAL EMPOWERMENT OF WOMEN

SKs were asked whether using MFS had any positive impact on their communities and social network. Around 32% of SKs reported that using MFS contributed to their positive influence in the society and they could contribute more for the people apart from their regular tasks as a CHW. Around 11% of SKs started advising their clients on financial issues like how to open and operate an MFS account, and 25% started advising on social issues.



62%
SKs reported
community
members seeking
economic advice
from them



41%
SKs reported
increased
reliability on
them



29%
SKs reported
more respect
gained from the
community

“
I
deposit money in my bKash
account in different shops. As a
result, I have formed a nice relationship
with them. They respect me a lot. When I
visit, they greet me nicely and ask me to sit
down with them. If a relative or someone close
asks for money, and I can send it through
bKash. They think 'Apa now has bkash, she
can now send it to us if we need it'.

– a 42-years old Shasthya Kormi,
Munshiganj

”

MFS FOR INCREASING TIME-COST EFFICIENCY OF SK

MFS fosters time-cost efficiency of the SKs by reducing human-error while service fee deposits, record keeping. This also reduces the demand for time spent consolidating monthly transaction records of health services in the local BRAC offices each month. This results in more time allocated to visiting households.



15%
Reduction in the number of human errors
made while depositing fees by SKs



2.58 hours
Time saved due to automation in
accounting of collected fees



7.19 hours/month
Time loss averted from visiting BRAC
branches to deposit collected fees



2 minutes
Time increased for each household visit

The Community Health Worker (CHW) model is well-acknowledged in taking health services to the hard-to-reach populations and areas that are otherwise largely ignored by mainstream healthcare providers. There are plenty opportunities to further utilize MFS for improving better service delivery through CHWs at the grassroots level, areas that are out of reach of traditional health care facilities.

TAKEAWAYS



Operational efficiency improved as time and cost of recording and keeping track of financial transactions reduced



Reduced hassle in transactions, allows SKs to spend more time providing services, improving rapport with clients



Financial decision-making power among the SKs positively associated with program participation as it empowered them in the household and community



This study is expected to work as a steppingstone for introducing MFS for the BRAC CHWs



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