

Adoptability of Digital Payment for Community Health Workers in Wakiso District, Uganda

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Abstract : Background: Digital payments have been branded as key in solving health payment challenges, evidence on their adoptability is still limited especially among Community Health Workers (CHWs), yet vital for ensuring sustainability. We therefore assessed the adoptability of digital payments for CHWs in Wakiso district, Uganda. Methods: In December 2022, we conducted a convergent parallel mixed-methods study among 150 randomly selected CHWs in Wakiso district. Supplementary qualitative data were collected from the Digital payment coordinators as Key Informants (KIs). We adopted the Technology Acceptance Model (TAM) framework to assess the adoptability of digital payments among CHWS. Factor analysis was performed to extract composite variables from the original constituting variables. Kaiser-Meyer-Olkin statistics were assessed for each construct to determine appropriateness for data reduction. Using logistic regression for multivariate analysis, we assessed the association between adoptability constructs and the CHW intention to use digital payments. Quantitative data was analyzed using STATA, while qualitative data was transcribed verbatim and analyzed using ATLAS.ti software. Results: Overall, 150 respondents were interviewed and nearly all participants (98.0%) had previously received payments through mobile money, a digital-payment method. The majority (52%) of CHWs said they intend to use digital payment modalities. Perceived risk had an 83% negative influence on the adoptability of digital payment modalities (OR= 0.167, $p < 0.01$), perceived trust had an almost three times positive influence on the adoptability of digital payment modalities (OR= 2.823, $p < 0.01$). Qualitative interviews showed that most CHWs reported good experiences in their use of digital health payment modalities except for delays associated with mobile money payments. Mobile money was reported to be easy to use, in addition to fostering financial responsibility compared to cash. Conclusion: CHWs in Wakiso district intend to use digital payment modalities, particularly mobile money/e-cash, and the perceived risk of the payment method and trust are key determinants of its adoptability. Synergized efforts by both payment providers and service operators to manage payment delays and identified risks among mobile money operators could attenuate perceived risk and build trust in digital payment modalities.

Keywords : digital health payments, community health workers, adoptability, technology acceptance model

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