Installing Electronic Cash Registers to Improve Transparency, Accountability and Health Equity in Haiti

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In Haiti, the vision to improve transparency, accountability, and health equity requires innovative solutions. The Ministry of Public Health and Population (MSPP) and local partners have embarked on a path of digital transformation by implementing electronic cash registers (ECRs). This initiative aims to streamline financial management, reduce fraud, and ensure equitable access to quality health services.

**Context**

Clients needed to have equitable access to quality services and the hospitals needed to have transparency and accountability in managing the flow of funds from fee collection strongly. By recognizing these system gaps and needs, MSPP sought support in establishing a cash flow management system that would track both hospital income and expenditures. In addition, to reduce fraud from the system, clients were encouraged to pay in cash and only authorized workers were allowed to manage the cash on site.

**Activity Description**

In line with the Vision for Health System Strengthening 2030, activities in this initiative advance health systems transparency, performance and resilience, equity, scale-up, sustainability, institutionalization of effective evidence, and local ownership. The Ministry of Public Health and Population (MSPP) and its partners worked closely to develop an electronic cash register system. This initiative was initially supported by USAID through the Health Leadership Project (HLP) and later expanded through the Ministry of Public Health and Population’s (MSPP) Budget and Administration Unit.

**Facilitators**

USAID, as the prime contractor of the Health Leadership Project (HLP), provided technical support to help the MSPP implement the electronic cash register initiative. USAID/Haiti funded the electronic cash register initiative to help public hospitals efficiently track and monitor health services revenue. This approach aims to strengthen health systems by improving transparency and accountability, enabling better management of financial resources, and ensuring equitable access to quality health services.

**Evidence**

A follow-up report in 2020 on the utilization of the electronic cash registers indicated that the increase in internal revenue allowed the hospitals to better control their financial management. This improvement was reflected in a reduction of stock-outs and better forecasting. Furthermore, with streamlined financial processes, hospitals were able to use their operational budget more effectively, enhancing their ability to meet the financial needs of the hospitals and the broader health sector.

**Lessons Learned**

The implementation of cash registers is a strong intervention for increasing transparency and accountability for health resource management. It increases Hospital autonomy and ability to optimize their available resources while also serving their clients in need. Given the significant impact of COVID-19 on vulnerable populations in need, who may not otherwise have access.

**Challenges**

Staff turnover impacted project implementation, as the capacity strengthening and training already provided needed to be repeated cyclically. To address this, USAID and the Ministry of Public Health and Population worked closely to ensure that the electronic cash register system was user-friendly and accessible to all staff members. With remote working tools like video conferencing and instant messaging applications, teams were able to provide support to teams to address budget delays and reduce resource loss due to mismanagement and diversion. Additionally, the project aimed to optimize the use of available resources, allowing hospitals to continue providing health services to more people in need.

**Activity Impact**

Activities in this initiative fall under various system strengthening building blocks: transparency and accountability, timely information, efficient budget utilization, and improved service delivery. The introduction of ECRs helped in the elimination of issues in the cash management system. Some institutions like the HU and HIC de Cayes saw a remarkable improvement while others had less. The average increase across all public hospitals was 40% over the course. (Graphs below come from MSF documents regarding HU project successes. The data is the grantees from MSPP, 2020. The increased revenue allowed the hospitals to cope with public financing delays (a problem that USAID and the DOH are addressing separately) to ensure standard of operations as well as to deal with emergencies such as the need for PPE in dealing with the COVID-19 pandemic.

Overall, this intervention enabled hospitals to mobilize financial resources, improve transparency, and build patient trust. With the timely and accurate tracking of revenue, opportunities for diversion were virtually eliminated. The reduction of fraud allowed the DOH to better trace the use of funds and deliver more operational services for the population. A robust internal cash flow system was critical, for example, in 2020 during the COVID-19 pandemic. The hospitals saw a remarkable improvement while others had less. The average increase across all public hospitals was 40% over the course. (Graphs below come from MSH documents regarding HU project successes. The data is the grantees from MSPP, 2020. The increased revenue allowed the hospitals to cope with public financing delays (a problem that USAID and the DOH are addressing separately) to ensure standard of operations as well as to deal with emergencies such as the need for PPE in dealing with the COVID-19 pandemic.

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**Facilitators**

USAID/Haiti provided technical and financial support to health facilities to prepare for the introduction of electronic registers. They also provided resources, trainings, and guidance to help the hospitals implement the system successfully.

**Evidence**

During site visits, USAID and its implementing partners (HLP, MSPP, and local sub-partners) observed the benefits of implementing ECRs. Hospitals were able to better manage their finances, reduce fraud, and improve transparency. For example, the Justinian University Hospital (HUJ) saw a significant increase in revenue, allowing them to invest in much-needed supplies and equipment. This improved patient care and helped to increase the hospital’s overall reputation.

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**Participants**

The first registers, funded by USAID in June 2018, already had a good reputation in Haiti. The former Minister of MSPP, Dr. Marie Gréta Roy Clément, reported in an address to Ministry staff in 2019 that “The governance and management of public hospitals have improved. Internal revenues of our hospitals have significantly increased with the introduction of electronic registers.” HLP provided technical and financial support to health facilities to prepare for the introduction of electronic registers. The implementation of ECRs resulted in increased use of service, which MSPP/Haiti is currently studying to better understand the client usage and satisfaction perspective.

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**Nested Analytics**

At the time of the site visit in April 2023, for example, the executive director of the Justinian University Hospital (HUJ) mentioned during a site visit that he was able to review the data extracted from the electronic cash registers too with the staff. Staff turnover impacted project implementation, as the capacity strengthening and training already provided needed to be repeated cyclically. To address this, USAID and the Ministry of Public Health and Population worked closely to ensure that the electronic cash register system was user-friendly and accessible to all staff members. With remote working tools like video conferencing and instant messaging applications, teams were able to provide support to teams to address budget delays and reduce resource loss due to mismanagement and diversion. Additionally, the project aimed to optimize the use of available resources, allowing hospitals to continue providing health services to more people in need.