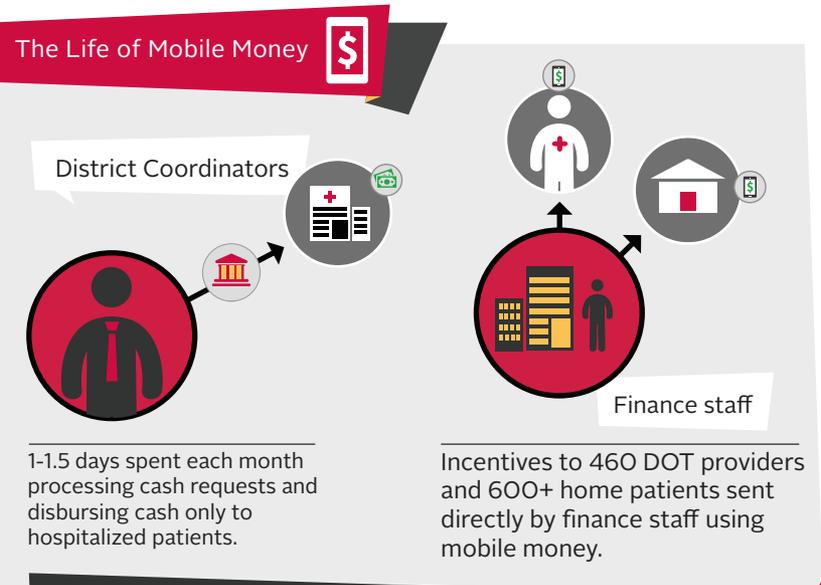
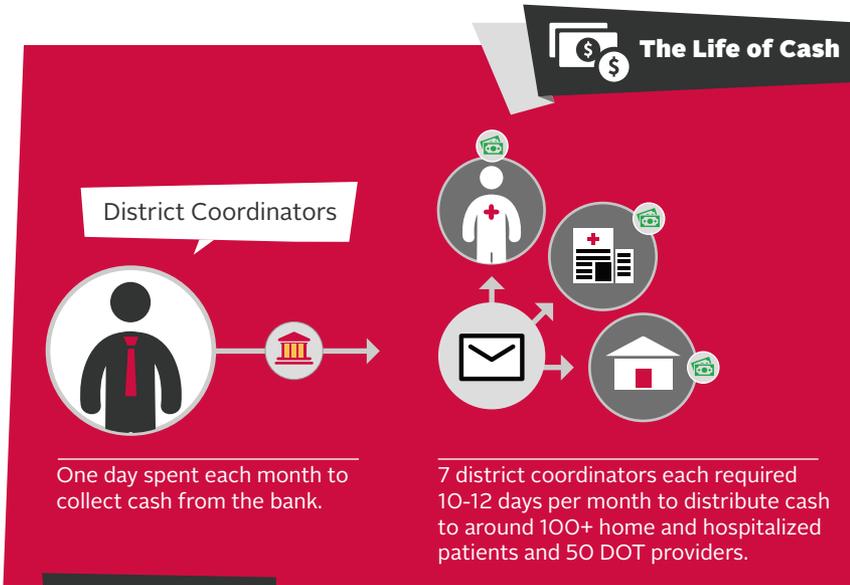


CASH vs. MOBILE PAYMENTS

One project, two very different stories

In November 2013, USAID's TB Care II program implemented by University Research Co., LLC, began paying monthly travel allowance to Directly Observed Therapy (DOT) providers and nutrition allowances Multi-Drug Resistant Tuberculosis (MDR-TB) patients using mobile money. In the first 15 months, the net direct and indirect cost savings from this switch was at least BDT 3,000,000 (around US\$ 39,500). That's great news in itself, but the benefits to the project go beyond simply saving money. Here's that story, as told to us by TB CARE II staff Md. Hayder Ali Miah (Finance and Administrative Manager) and Dr. Md. Manzur-ul-Alam (Program Specialist, MDR-TB).



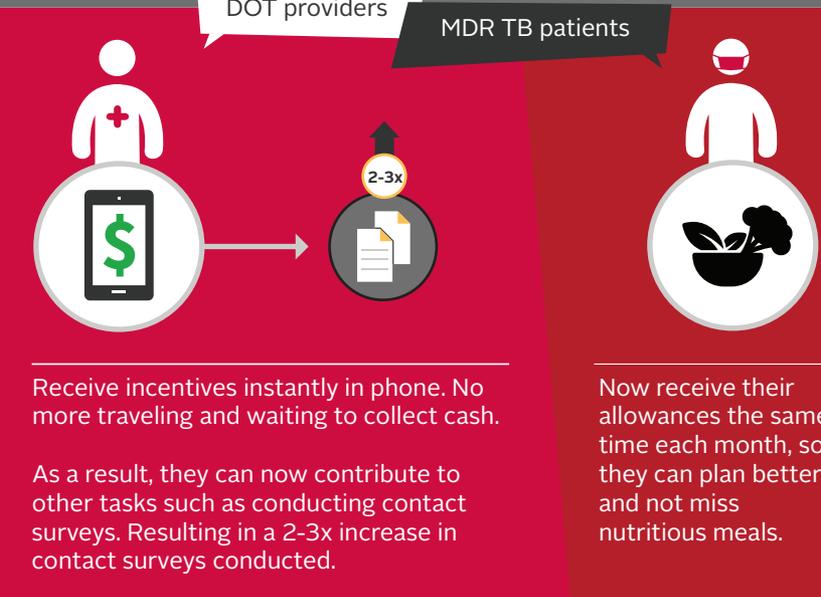
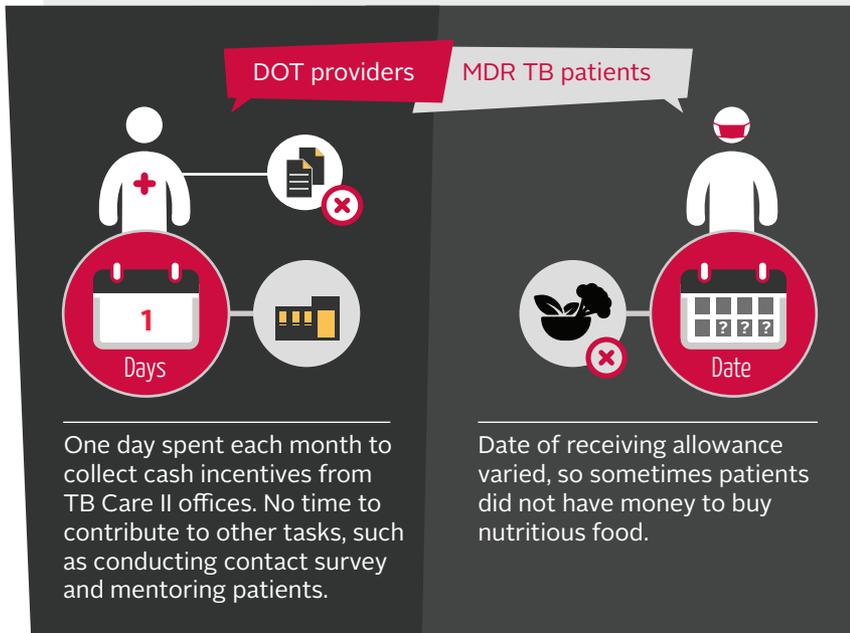
PRODUCTIVITY

10-12 Days	20 Days	80-85%	Marginal
Average time spent per month disbursing cash by each district officer	Average waiting time for laboratory examination of suspect cases	Percent of targeted patients visited each month	Percent of time spent supporting Government of Bangladesh TB efforts

PRODUCTIVITY

Since total volume of cash payments are much smaller than before, district officers can take cash from the office to disburse. That means no more bank visits, so there is more time for other tasks.

1-1.5 Days	5-6 Days	100%	25-35%
Average time spent per month disbursing cash by each district officer	Average waiting time for laboratory examination of suspect cases as a result of increased DOT provider engagement	Percent of targeted patients visited each month	Percent of time spent supporting Government of Bangladesh TB efforts



DISCLAIMER

This infographic was developed as part of the Mobile Solutions Technical Assistance and Research (mSTAR) project (Award #: AID-OAA-A-12-00073). The views expressed here do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government