CRS
CATHOLIC RELIEF SERVICES

Innovations in Health Care

Improving cost recovery in the treatment of malaria at the community level in Benin

The problem

For children under five in Benin, malaria is a constant threat that can quickly lead to death if left untreated. Despite the prevalence of the illness, only 40% of the population uses government health centers because they are located too far away from their homes. A community-based care delivery system enacted by CRS and its partners has contributed to a solution, providing treatment to children within 24 hours of the onset of fever. However, with thousands of transactions and a multitude of community-level players involved, transparent and effective cost recovery can be difficult. Challenges include illiteracy, poverty, complex financial systems, and the multiple levels at which data and funds must be aggregated and reported. The project demands a cost recovery system that balances the complex, multi-player nature of the project with the need for a simple, streamlined reporting system accessible at the local level.

The CRS approach

Project overview and objectives

Since July 2008, CRS' *Palu Alafia* project—meaning "relief from malaria" in the local language—has been funded by a Round Seven grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The project, now in its second phase, identifies successful Community-Based Organizations (CBOs) and enables them to treat malaria at the local level. In each of six regions, a project facilitator works in collaboration with government health agents to train and support a team of three individuals from each CBO. The group members are then provided with the resources to perform home visits and dispense medication to children, at minimal cost to the caretakers. By

Anti-malarial medicine. Morgan Cole for CRS

Communication tools for those who are illiterate.
Morgan Cole for CRS

cutting cost to parents and emphasizing the need for immediate treatment, malaria prevalence should drop. The project aims to reduce by 30% the mortality and morbidity of children under five resulting from malaria, by providing appropriate treatment to 80% of cases of fever within 24 hours of symptoms. Additionally, the project will ultimately put 100% of involved CBOs under contract with CRS and the Ministry of Health, and strengthen the capacity of local health systems.

Triangulation of cost recovery

With nearly three-quarters of a million children treated by the program since 2009, the functionality of the cost-recovery system is vital. In order to ensure that all transactions are completed correctly with little room for error, the project uses a basic yet effective triangulation system. At the community level, each CBO team records the following three pieces of information following every treatment:

- Amount of medication given
- The age of the child treated
- Amount of money received

Because dosage depends upon age, the age of each child is also noted. To accommodate those who are not literate, the reporting tools use pictograms, and each CBO team generally includes a secretary who is able

During a training seminar. MorganCole for CRS

to read and write. The data for each of the three categories are aggregated monthly at the CBO, facilitator, Sub-Recipient (SR), and ultimately Principal Recipient (PR) level. Facilitators enter data into a computer program, which is able to automatically aggregate and cross-check all figures, thus simplifying the process and decreasing the likelihood of human error. The system of triangulation, with clear documentation at each level, precludes the alteration of any transactions and easily identifies any discrepancies. For example, if the money reported does not align with the amount of medication dispensed, this will be clearly evident. It is also possible to determine at what level any discrepancy occurred and address it accordingly. Responsibility for cost recovery falls upon the SRs, with any shortfalls deducted from their following period's funds. This motivates them to ensure strict adherence to the reporting tools through adequate training and support.

Results

As of March 2011, more than 1,800 CBOs had been trained and were carrying out malaria treatment for children in their communities. In total, the project has performed over 974,000 home visits and effectively provided treatment to more than 705,000 children, while referring another 6,000 for treatment at their community health centers. In addition, sensitization efforts by additional CBO members have been successful in providing mothers and caretakers with valuable information regarding malaria prevention and management. In total, these sessions have reached nearly 4.5 million individuals.

Over the past two years, there have been no cost recovery issues at the PR level, demonstrating the effectiveness of the triangulation system.

Lessons Learned

Though the reporting tools and data triangulation ensure accountability and transparency, challenges arose during the initial GFATM audit in locating and accessing records in a timely manner, due to the volume of paperwork. In response, the project established a clear organizational system for physical documents that has since streamlined the audit process as well as general record-keeping.

The comprehensive reporting requirements for cost-recovery initially seemed cumbersome to some, particularly at the community level. However, as one CBO member stated, "The reporting tools were difficult to use at first, but now we are accustomed to them." With adequate training and support provided by the project, CBO members have been able to successfully fulfill reporting requirements and ensure that their efforts are properly documented.

Looking ahead

The project continues to adapt and expand its approach, including the cost recovery system, in order to improve the effectiveness of Palu Alafia. In the Northern regions of Benin in particular, many CBO members are literate in their local language, though not in French. To better accommodate these individuals, CRS is considering the possibility of producing reporting tools in local languages in addition to the current combination of French and pictograms.

Round Seven funding for the project will come to an end in June 2013. To ensure the sustainability of gains made over the course of the project's 5-year span, CRS and its partners are exploring solutions for transferring the project to the Ministry of Health following completion of funding. To this end, the project will gradually reduce the number of facilitators, and begin to support the increased involvement of the local health agents.