CHAPTER 6

A COMMUNITY FINANCING (CF) SCHEME MODEL

6.1 Introduction

This scheme can only be designed for communities that are confirmed to be able and willing. The type of scheme to be designed should be based on the choice of the community as elucidated from household heads and community leaders during the semi-quantitative study. However, for this particular model design, it is assumed that majority of the household heads and community leaders choice was for a compulsory pre-payment scheme to be established.

The model can be expressed as:

$$CF = F(ATF, WTF) \qquad (6.1)$$

Therefore changes in the variables causing ATF and WTF can change the status of C.F.

After it has been determined that a community has the ability and willingness to finance onchocerciasis control with ivermectin, the next stage will be designing, planning and implementing an appropriate community financing scheme for that community.

These activities especially the designing and planning must be carried out at the grassroots or community level, so that a scheme that is acceptable to the community will be developed. Otherwise, it can not be sustainable if the community objects to it.

6.2 Community level planning

This would be done in stages.

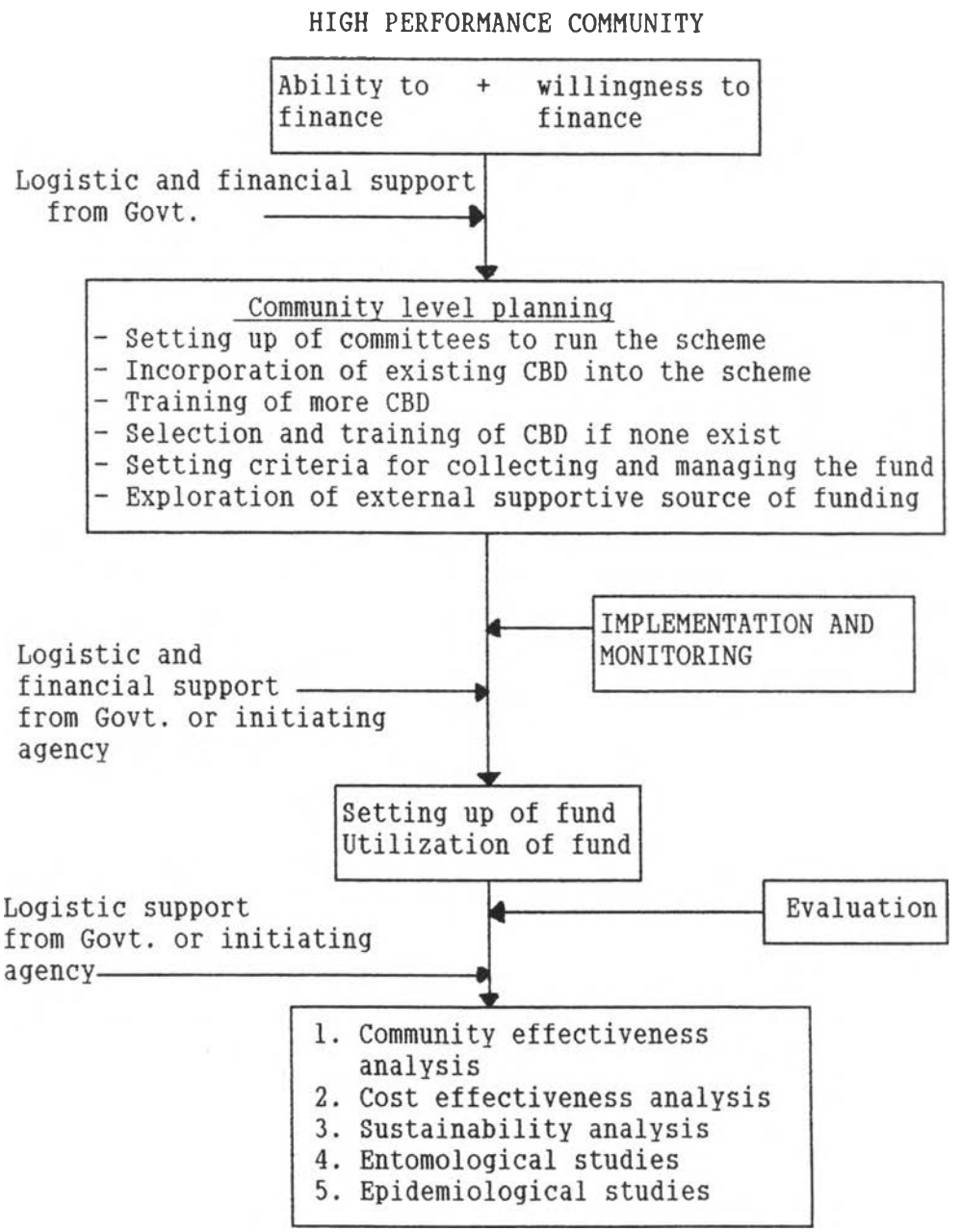
6.2.1 Stage 1: Setting up of committees to run the scheme

The first priority of the funding/initiating agency would be to set up the committees that will run the scheme. As illustrated by Jancloes (1985), before starting any scheme, it is necessary to form a health committee with maximum visibility and with the approval of all interested parties, whether community, administrative, technical or religious.

These committees should be set up in conjunction with key community leaders like religious and traditional leaders and rulers, local government officials etc. The committees should be fully representative of all the socio-economic, religious, ethnic/tribal and demographic characteristics of the community. Attempt should be made to include as many altruistic rich people as possible in the committees. This is so that they can always help the scheme financially by the way of donations in times of need.

The members could either be selected or elected depending on the consensus opinion of the initiating agency and key community leaders. The community leaders would be expected to seek the views of the people they represent before presenting their opinion, and they must show evidence that they consulted fully with their people.

FIGURE 6.1 **A diagrammatic representation of a community financing (C.F) scheme**



CBD = COMMUNITY-BASED DISTRIBUTORS

It is advised that only a Central Steering Committee (CSC) to

oversee the overall functioning of the scheme is set up. The committee must have a representative from all the wards and the major social groupings in the community. It should also have representatives from the initiating agency and local government who would act as logistic and technical advisers to the CSC. They would also act to streamline the activities of the CSC with the objectives and policies of the initiating agency and the government. They should however be non-voting members.

The members of the CSC should in-turn elect their chairman and other officers. Also, sub-committees to handle various aspects of the scheme should be set-up, and the members must be from the CSC. This would allow for streamlining of the activities, since they would all be under the control of the CSC which is the representative umbrella of all groups in the community.

The sub-committees to be formed and their functions are:-

1. FINANCE COMMITTEE

    1. Collection and management of the fund.
    2. Mobilization of other additional source of funding.

2. IVERMECTIN DISTRIBUTION COMMITTEE

    1. Procurement of ivermectin.
    2. Distribution of ivermectin.

3. COMMUNITY MOBILIZATION COMMITTEE

    1. Community mobilization
    2. Information, Education, and Communication (IEC).
    3. Supervising the CBDs.

All sub-committees would be directly answerable to the CSC. The CSC should set the terms of reference for all the sub-committees. Any initiative from the sub-committees must be ratified by the CSC before implementation.

Role of government or initiating agency at the planning stage

They should give both financial and logistic support to the community.

1. FINANCIAL SUPPORT

The financial support expected would be in the form of funds for conducting the ability and willingness to finance studies. This is both at the macro and micro level. This would enable the policy makers to know the type of scheme that the community wants.

Financial support should also go to the technical team that will help the community in planning.

It has been said that the cost of setting up of a community financing scheme often exceeds the benefits. One however feels that this is due to TOP-BOTTOM planning where policy makers try to force on to communities, schemes that they have designed in their cozy offices. Of course, enormous resources would be needed to educate the community about the scheme, and also to start off the scheme. This because the community may be lacking not only in ability but more importantly in willingness to support such a strange scheme. They may also feel slighted that they were not consulted before such a scheme was designed.

2. LOGISTIC SUPPORT

This in terms of technical assistance. Technical staff should guide the community in designing a scheme, and to help them resolve all technical and logistic problems that may arise. These problems include setting up of committees, collection and management of funds, exemption policies, attracting external support, opening of bank accounts, procurement of ivermectin, recruitment and training of CBDs, etc.

6.2.2 Stage 2: Setting up of Community-Based Distribution (CBD) Scheme

This would be done by the CSC.

The COMMUNITY-BASED DISTRIBUTORS (CBDs) to be used in the scheme should be from the community, and would be trained on how to administer ivermectin and monitor and manage adverse events. CBDs have been used successfully by Africare in distributing ivermectin in Nigeria (Africare annual report, 1993). Ransome-Kuti (1993) reported the successful use of CBDs in distributing oral contraceptives in Nigeria.

However, if there already exists any form of CBDs or Village health workers in the community, they would be integrated into the scheme. Then, additional people to make up the number required would be recruited.

Specific functions of CBDs

1. Registration of the community members
2. IEC
3. Community mobilization
4. Dosing with Ivermectin
5. Monitoring/Management of adverse events
6. Feedback to the CSC on how to improve the programme

Mode of selecting the CBDs

The CBDs are recognized as the key to the ultimate success of the scheme. This is because they would be working at the lowest levels of the community and its from their performance, that the scheme would be viewed by the community. It is therefore obvious that if they fail or are not acceptable to the community, then the scheme fails. Therefore, utmost care must be taken in selecting them.

Inclusion criteria

It is a known fact that most people in the communities work in the daytime and are only available in the evenings and on weekends. The CBDs therefore should know the people they will serve very well, and when and where to meet them to carry out their duties. Therefore, CBDs to be selected must be resident in, and should be fully knowledgeable about the community.

Also, the CBDs that are acceptable to the people must be chosen. Its a fact that most households would not accept drugs from CBDs they do not trust out of fear of poisoning or witchcraft. Even if they accept the drugs, they may not take them. This is one of the most crucial issues that must be addressed before the CBDs are selected. Thus, they must be trustworthy indigenes of the community.

Therefore it is suggested that 2 CBDs must be selected from delineable units of the community. A unit as defined by the CSC could be the ward, village, hamlet, or extended family level. The CBD so selected would be very well known to his/her people as an honorable and trustworthy person. They can therefore be used as effective vehicles for community mobilization and compliance, and thus community effectiveness. The cost to the scheme would also be less since the CBD would invariably reside amongst the people he/she will serve.

The CBDs should also have at least basic education, and they must have all completed primary school for old people and secondary school for young people. This disparity is due to the fact that the standard of education was higher in the old times.

Incentives for CSC and CBD members

1. INCENTIVES FOR CSC MEMBERS

1. Monthly stipend.
2. Certificates.

2. INCENTIVES FOR CBDS

1. Scholarship schemes for two best CBDs yearly.
2. Monthly stipend for the duration of mobilization/dosing. This should not occur for more than 2 months annually. 1 month should be for

mobilization and another month for dosing.
3. Prizes and certificates to all CBDs annually.

6.2.3 Stage 3: Criteria for collection and management of fund

The CSC should set fees for the fund. It should also stipulate exemption rules, and modality for collecting and managing the funds.

The CSC should use the mean Aw in the community as the amount each household must pay per eligible person in any particular household.

The contributions should be collected during the harvesting season to ensure that everyone has some cash income to contribute. In the case that someone does not have enough cash to pay, the CSC should accept trade by barter, by accepting non-cash payment like foodstuff which would later be auctioned. Though in this case, goods that worth 2 times the stipulated fee should be collected. The extra charge is to take care of overhead costs that would be incurred in disposing of the goods.

All CBDs should submit list of those to be exempted from their areas of work. This must be cross-signed by community leaders from that area, and finally cross-checked by the CSC and either confirmed or rejected. The maximum number of people that could possibly be exempted from each area should not be more than five.

The scheme must be compulsory, and penalties such as ostracizing, fines etc. must be administered on those who fail to contribute, when the general opinion is to go ahead with the scheme. This is especially because the disease has externalities and these people could remain foci of infection in the community. Conversely, because of the social benefit from ivermectin administration, these people would be indirectly enjoying the benefit in terms of protection offered by something that they refused to pay for.

The finance sub-committee would be in charge of disbursement of funds. It should be distributed to all the sub-committees according to their needs. Contributions are to be expected yearly from the community members. This would be supplemented from funds raised from elsewhere.

However, the amount stipulated in this study as been adequate is to be collected in the first year. Subsequently, the CSC should determine what the amount should be.

6.3 Method of operating the account of the scheme

Two separate accounts for the scheme should be opened with 2 local banks. Preferably, one should be a community bank and the other a commercial bank. A dual account would ensure that the CSC always has

money for its activities, and cannot be paralysed by for example, the closure of any of the banks due to industrial action or to fraud.

The signatories to the account should be the chairman of the CSC, together with the chairmen of the sub-committees. A representative from the initiating agency should also be a signatory. This would guard against fraud, since by implication, all committee members since they are answerable to their community would be aware of the movement of funds at all times.

Auditing and Supervision

The local government should audit the account of the scheme annually, and present the report to the council of community leaders, initiating agency, CSC, CBDs, and to the local government chairman. The CBDs should in-turn tell their people about the report. This will not only safeguard against fraud but would also make the households to have more confident in the scheme.

6.4 Other possible sources for funding

It should be made clear that funds to be generated from contributions by community members is for direct administration of ivermectin. Administrative and other unforseen costs may be incurred too in the course of implementing the scheme. Therefore, other sources for funding must be sought.

Sources of extra-funds

6.4.1 Community level

Additional funds could be mobilized from the community through the following means:

1. Special fund-raising ceremonies and donations from the rich people from the community.
2. Declaration of a special disease control day with cultural displays, and this should be done under corporate sponsorship.
3. Special displays by masquerade and dance troupes to raise funds.
4. Drama production --- like the ONCHO DRAMA of the Enugu Onchocerciasis Group, Nigeria ---- to raise funds.
5. Special offering in churches/mosques for disease control.

6.4.2 External support

1. Grants from government.
2. Grants from NOCP
3. Grant from donor agency
4. Grants from local NGOs/social clubs

5. Grants from international NGOs
6. Donations by wealthy individuals.

6.5 Implementation and monitoring

After the scheme has been designed, the next stage would be to implement, monitor, and thereafter evaluate the programme.

6.5.1 Implementation:

The activities and time needed for them are itemized below. The activities should be carried out progressively from activity A downwards.

FIGURE 6.2 Showing detail of activities and time schedule for planning and implementing a community financing scheme

ACTIVITIES	TIME NEEDED
1. CONSULTATIONS ARE TO BE HELD WITH THE FOLLOWING PEOPLE AND ORGANIZATIONS	4 weeks
1. State Ministry of health officials, especially with the Director of Primary health care.	
2. Local government chairman and local government health unit officers.	
3. Traditional and religious leaders.	
4. Community union associations.	
5. Selected community leaders.	
2. FORMATION AND TRAINING OF COMMITTEES. ALSO IDENTIFICATION OF COSTS TO BE BORNE BY COMMUNITY AND INITIATING AGENCY	2 WEEKS
3. RECRUITMENT AND TRAINING OF COMMUNITY-BASED DISTRIBUTORS	2 WEEKS
4. COMMUNITY MOBILIZATION	4 WEEKS
1. Mass health education	
2. Registration	
3. Collection of baseline data.	
5. FUND RAISING/PROCUREMENT OF IVERMECTIN	4 WEEKS
1. Contributions from households	
2. External support	
3. Procurement of ivermectin	
6. DOSING WITH IVERMECTIN	2 WEEKS
7. APPRAISAL AND MODIFICATION FOR THE NEXT YEAR IF NECESSARY	2 WEEKS
H. FUND RAISING FROM THE IDENTIFIED SOURCES OF EXTRA-FUNDS FOR THE NEXT YEAR	4 WEEKS

Though the activities have been demarcated into different time limits, it does not necessarily mean that each activity will end once its allocated time expires. Once an activity is initiated, it should be an on-going process that should continue throughout the duration of the scheme. The time allocated (time needed) is for adequately initiating each activity. For example, the training of CSC members or CBDs should be a continuous process and should not last for two weeks in either case. Also community mobilization should continue once the scheme is still viable and the disease still present in the community. e.t.c.

6.5.2 Monitoring

It should be conducted at different levels.

1. **Community financing scheme activities.** The illustrations are self-explanatory.

1. COMMUNITY-ON-COMMUNITY

CSC---------SUB-COMMITTEES------CBDs

2. GOVERNMENT OR INITIATING AGENCY-ON-COMMUNITY

GOVT. OR AGENCY--------CSC

2. **Entomological and epidemiological**

The state Ministry of health should provide these activities annually, and must present their findings to the CSC for distribution through the CBDs to all the households.

6.6 Evaluation

Community effectiveness analysis would be conducted by the initiating agency in conjunction with the CSC, in order to determine whether the objectives of the scheme were met.

Evaluation will also give them an in-sight on how to improve the scheme, so that it can be sustained.

Cost-effectiveness analysis and identification of unit costs should be done, in order to determine how efficient the scheme was.

If the design is at the community level and is of the BOTTOM-TOP variety,the cost of starting a community financing scheme should be minimal. This is because the scheme would easily be embraced by the community without lobbying because it is their choice.

Also, when the ability and willingness of a community is not

proven, and it turns out that it lacks either one or both attributes, then one has to inject a lot of resources to make the scheme temporarily viable.

FIGURE 6.3 Itemized cost classifications accruing to different bodies involved in the community financing scheme.

THE COMMUNITY

1. PROCUREMENT OF THE DRUG
2. PROCUREMENT OF WEIGHING SCALES
3. PROCUREMENT OF ANTI-ADVERSE EVENT DRUGS
4. STIPEND TO CBDs
5. STIPEND TO CSC MEMBERS
6. STATIONARY

THE INITIATING AGENCY

1. CONSULTATIONS WITH DIFFERENT PEOPLE IN THE FIRST 4 WEEKS
2. RECRUITMENT AND TRAINING OF CSC MEMBERS AND CBDs
3. MATERIALS FOR HEALTH EDUCATION
4. LOGISTIC/TECHNICAL SUPPORT
5. TRANSPORTING IVERMECTIN FROM NATIONAL TO LOCAL GOVTHEADQUARTERS
6. RESEARCH

THE STATE/LOCAL GOVERNMENT

1. STIPEND TO PHC STAFF AND LOCAL HEALTH OFFICERS INVOLVED
2. SUPERVISION
3. EPIDEMIOLOGICAL AND ENTOMOLOGICAL SURVEYS
4. FINANCIAL GRANTS TO COMMUNITIES IN ORDER TO COVER THE COST FOR BOTH THOSE EXEMPTED FROM CONTRIBUTING AND TO SPECIFICALLY SUPPORT THE SCHEME.

In conclusion, this community financing scheme model so described may not be strictly applicable to all communities. It should therefore be modified accordingly depending on the situation.

A general scheme has been described based on a pre-payment mechanism by all the households in the community, under the assumption that they are risk averse. However, some other possible community financing schemes exist, and would be briefly mentioned.

6.7 Other possible community financing schemes.

1. It could independently operate like a drug revolving fund and individuals pay per service.

2. It could be incorporated into any existing fund and individuals pay per service, e.g. Multi-purpose P.H.C. fund model.

3. It could be operated as a separate community fund and all registered community members that contributed (can contribute instalmentally) would have free service while others pay. Therefore, there would be annual contributions.

4. It could be operated as a separate community fund and all registered community members that contributed would only pay a token fee for service, while others pay fully. There would also be annual contributions here but smaller than in (#3) above.