

Microfinance Against Malaria

Freedom from Hunger
in partnership with
GlaxoSmithKline

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Freedom from Hunger

www.freefromhunger.org



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Microfinance Initiative on Malaria

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The Project Purposes

To develop and disseminate a malaria curriculum reaching 500,000 community members in the first 3 years to:

- Improve prevention, early detection and appropriate treatment of malaria.
- Stimulate customer demand for better malaria prevention and treatment services from private and public providers.



The West Africa Partnership

- Joint effort

5 Credit Union Federations and 10 Rural Banks

- RCPB – Burkina Faso
- FECECAM – Benin
- FUCEC – Togo
- Kondo Jigima – Mali
- Nyesigiso – Mali
- Rural Banks – Ghana
- Pamecas – Senegal

- Funding

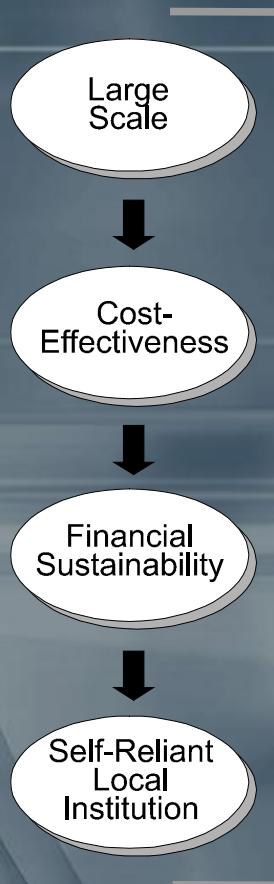
- GlaxoSmithKline (African Malaria Partnership Program)
- Local implementing organizations

- Technical Support

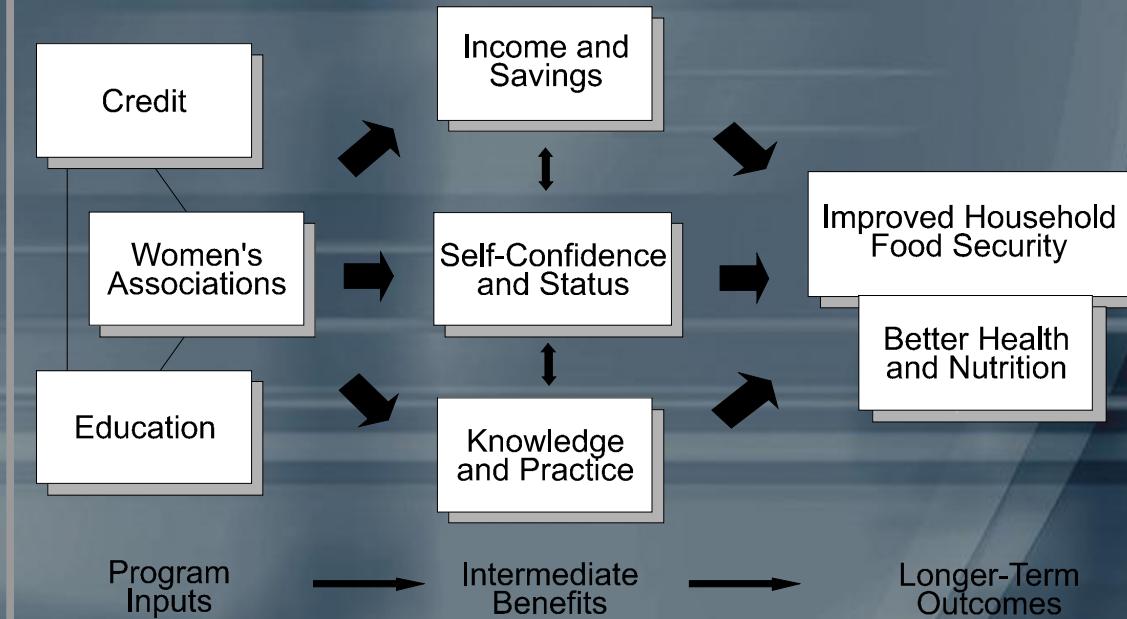
- Freedom from Hunger in coordination with
- GSK, MOH NMCP, Netmark, PSI, Vestergaard Frandsen and others

Freedom from Hunger *Credit with Education Strategy*

High-Performance Program (HPP) Characteristics

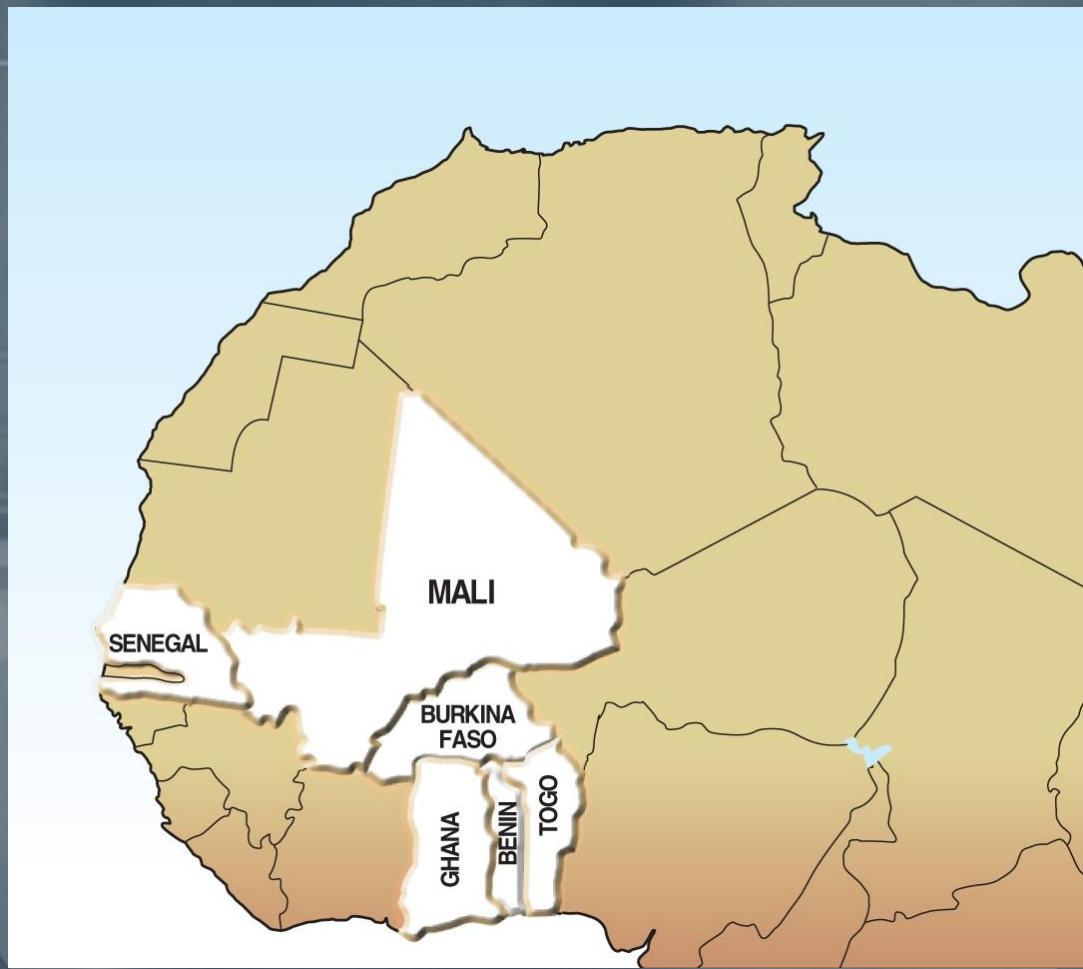


Benefit Process

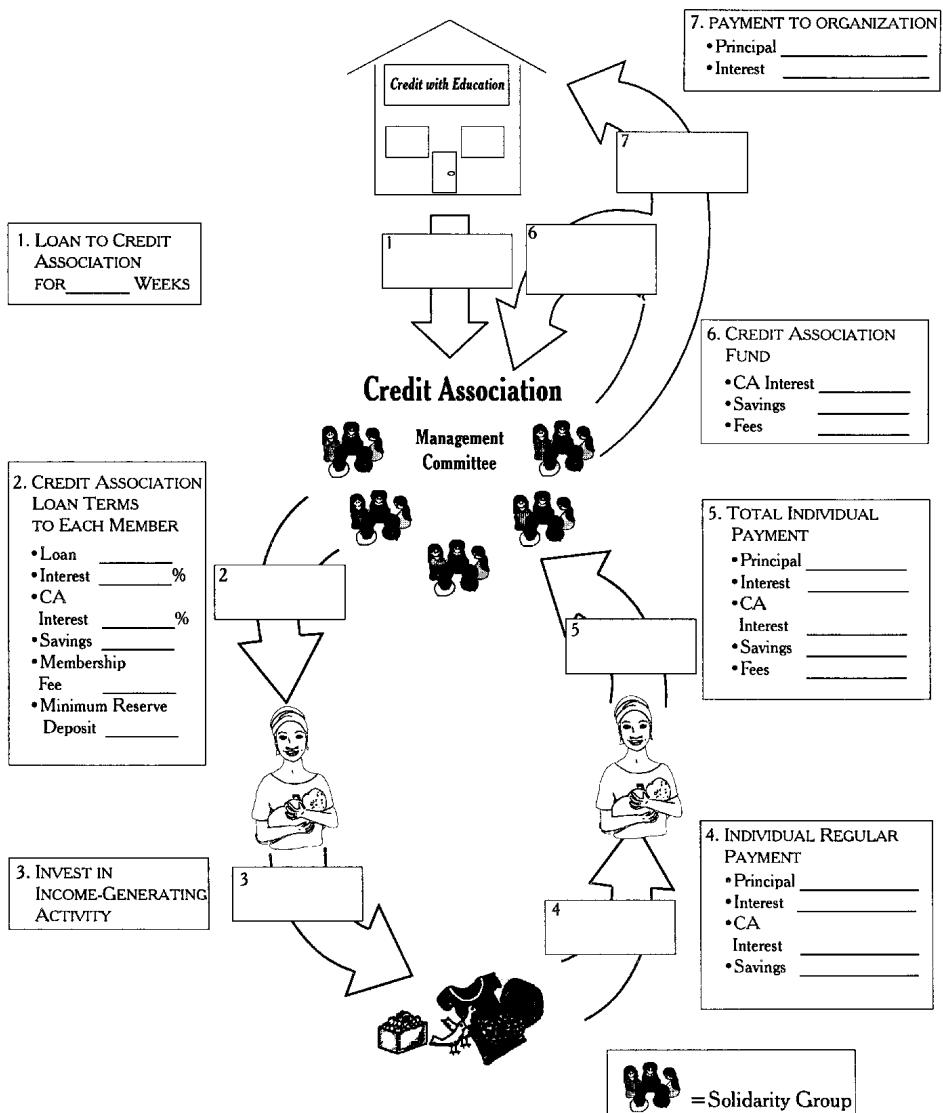


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Map of West African Partners



How Do the Credit and Savings Services Work?



*Adapted from "Village Bank Manual for Community Leaders and Promoters" by J. and M.S. Hatch



Why Do MFIs Participate in CwE?

Benefits to MFI

Healthier clients will:

- Have higher capacities to earn greater incomes
- Have lower default rate
- Maintain repayment rates on loans (99%)
- Have greater ability to take out larger loans

Benefits to Clients

- Build self-confidence
- Opportunity to escape poverty
- Experience fewer sick days
- Fewer costs for treatment
- Increased ability to earn income and improve their lives



Microfinance as a Vehicle for Public Health Promotion



Potential Impacts include:

- **Financial:** clients have more income & assets, consumption-smoothing and shock-coping.
- **Educational:** knowledge and skills development to address health and business needs.
- **Combined Services:** increased women's empowerment; enhanced health outcomes; client satisfaction and service demand.
- **Integration:** Opportunity for full cost recovery for both microfinance and health education services.

Malaria Project Objectives

- Develop a basic malaria education curriculum.
- Prepare 6 credit union networks and 10+ rural banks to deliver the malaria education to their clients.
- Create linkages between the financial institutions & their clients and NMCPs & private-sector suppliers of ITNs and malaria treatment.



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Malaria Curriculum Seeks to Improve:

- Awareness of cause of malaria
- Early detection and appropriate treatment, especially among vulnerable populations
- Prevention using ITNs, especially for children under 5 and pregnant women
- Improve IPT during antenatal clinics
- Stimulate demand for and access to better malaria prevention and treatment supplies and services



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Design Assumptions for Education in the Integrated Approach

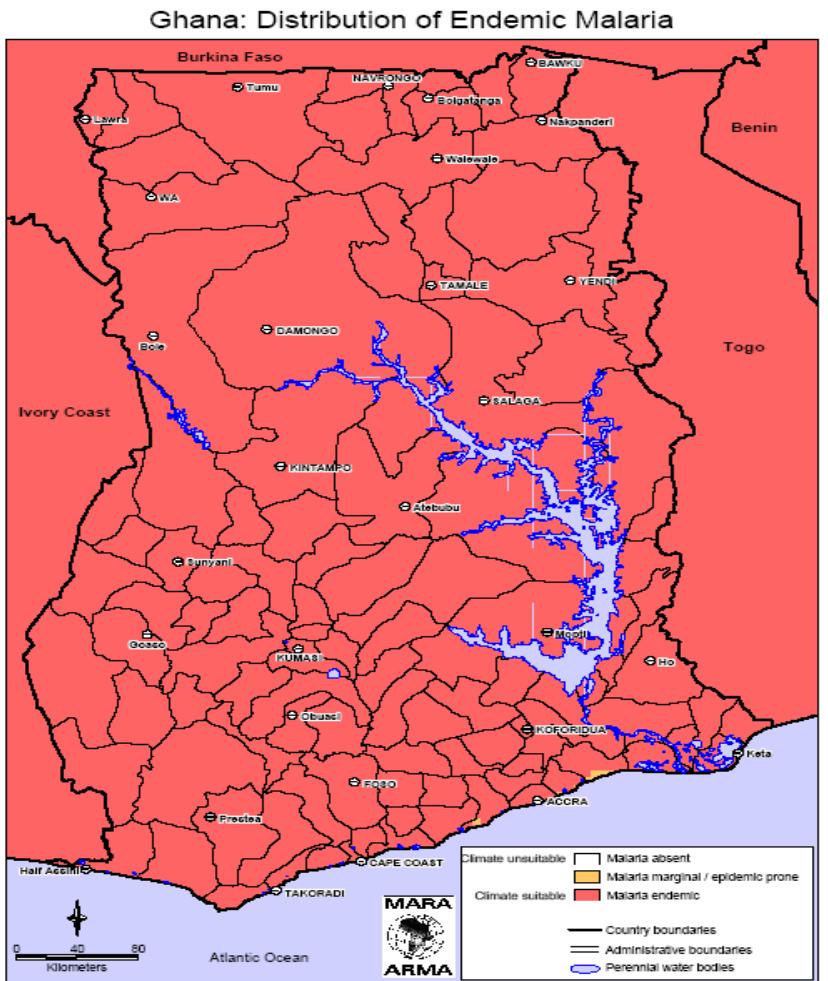
- Learners are coming together in frequent, regular meetings for microfinance transactions
- Learning sessions take place at the same meetings and are short (20-30 minutes)
- Does not require elaborate materials or even walls
- Does not require learners to read or write
- Does not require the “teacher” to be expert in any particular education topic
- Field staff master good learner-centered education techniques

Characteristics of Freedom from Hunger's Education Approach

- **Group-based**—draws on the strength of the group that meets weekly (bi-weekly)
- **Dialogue-creating**—participants called upon to interact with the material
- **Problem-solving**—asks participants to compare recommendations to what is “done here” and seek ways to try new practices and promote change
- **Rapid**—30 minutes in most cases
- **In-depth**—topics discussed over a 7- to 12-week period with review



Malaria in Ghana



- Ghana suffers from malaria endemically.
- Malaria accounts for 44% of reported outpatient visits.
--Rollback Malaria - WHO
- In 2003, 3.5 million cases of malaria were reported as well as 3,245 malaria deaths.
--Rollback Malaria - WHO
- 1 in 9 children in Ghana dies before his/her fifth birthday. Malaria is the leading cause of death of children under 5.

--The Second Child Survival Revolution: Summary of The Lancet Child Survival Series. BASICS II, 2003

This map is a product of the MARA/ARMA collaboration (<http://www.mara.org.za>), July 2001, Medical Research Council, PO Box 17120, Congella, 4013, Durban, South Africa

CORE FUNDERS of MARA/ARMA: International Development Research Centre, Canada (IDRC); The Wellcome Trust UK; South African Medical Research Council (MRC);

Swiss Tropical Institute, Multilateral Initiative on Malaria (MIM) / Special Programme for Research & Training in Tropical Diseases (TDR), Roll Back Malaria (RB).

Malaria distribution model: Craig, M.H. et al. 1999. Parasitology Today 15: 105-111.

Topographical data: African Data Sampler, WRI. http://www.lgc.org/wri/sdsmaps/ads_idx.htm.

Costs of Malaria in Ghana

- Malaria is the leading cause of workdays lost due to illness (3.7 days of male output, 4.7 days of female output per malarial episode)
- Average cost of treating an episode of malaria is \$8.97 (both direct and indirect costs)
- Study in Northern Ghana found cost of malaria care was
 - ❖ 1% of incomes of more wealthy households
 - ❖ 34% of incomes of less wealthy households
- Asenso-Okyere W.K. & Dzator, J.A.(1997)

Ghana Impact Study

Two Rural Banks in Ghana are participating in the impact study:

- Brawka-Breman Rural Bank in Central Region
- Afram Rural Bank in Eastern Region



Ghana Credit with Education

Rural Banks/MFIs work with groups



To deliver financial services
to poor women

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Ghana Credit with Education

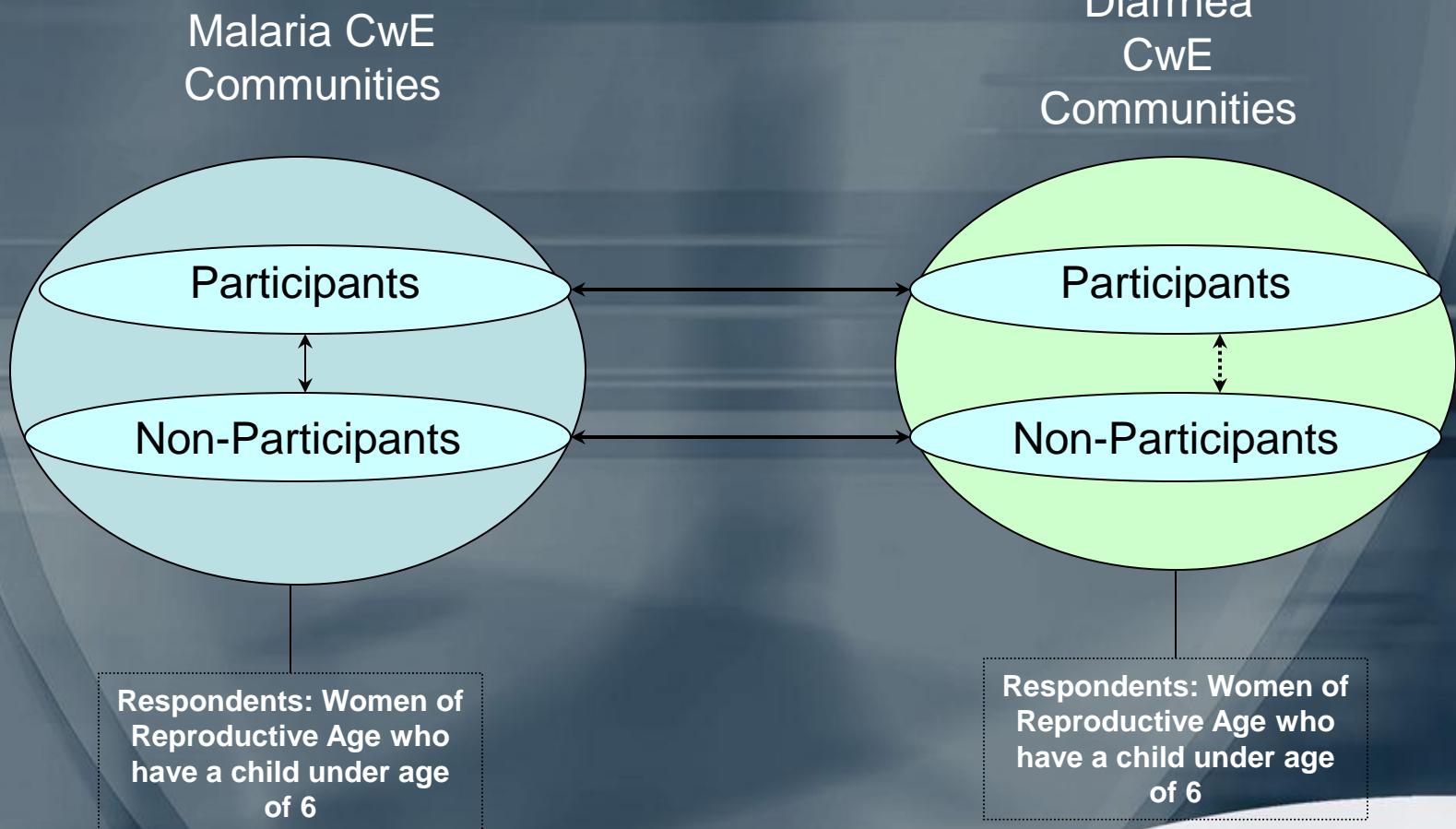
And to deliver Dialogue-based Malaria Education



Impact Study Research Design

Central Region (Breman Brakwa Rural Bank)

Eastern Region (Afram Rural Bank)



Ghana Impact Study Baseline



- 37% say that only mosquito bites transmit malaria.
- 50% of all children under 5 had a fever in the 2 weeks preceding the survey.
- An average of 10% of pregnant women slept under a mosquito net the night before the survey, and 3% under ITNs.
- Only 1% of women took SP* for IPT.

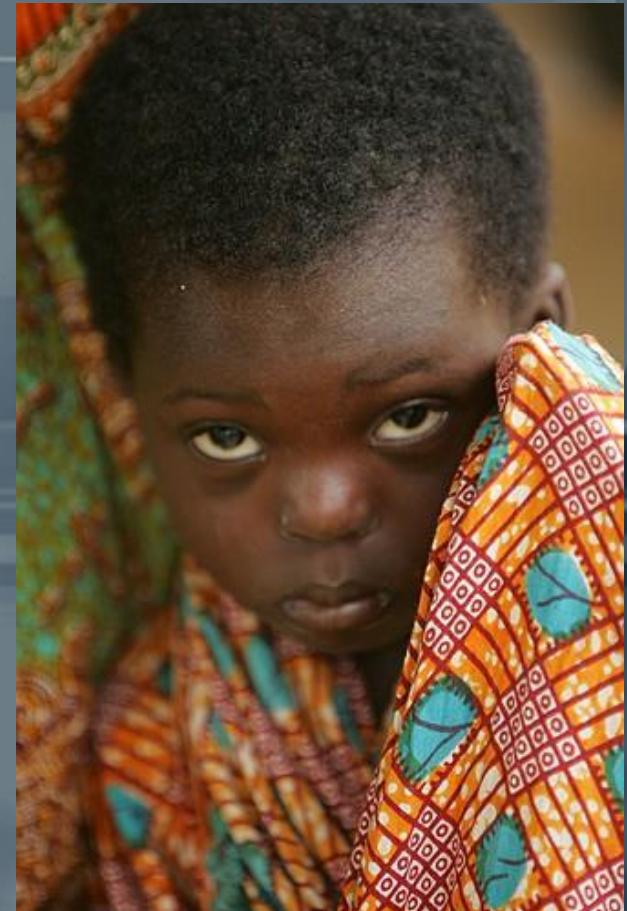
Final study results due in 1st quarter 2006.

Interim Observations

- Members are using their group savings to supplement the cost of the bednets.
- In credit groups observed, 100% of members who received malaria education purchased an ITN in the last 6 months versus 10% of members of credit groups that did not receive malaria education.

“There is heat in it... but since it offers protection we have to sleep in it like that.”

“Before the education, we didn’t know how to recognize the signs of malaria in children. Now we know the signs and feel confident that we can seek treatment earlier.”



Microfinance Against Malaria

- **Client and Community:** reduction in malarial incidence, duration, and mortality through improved prevention, early detection and treatment.
- **Institutional:** MFIs deliver high-impact credit and education services with linkage to health service providers to groups of poor women in rural areas.
- **Development Community:** opportunities for financially sustainable integration of health and financial services through innovative partnerships.



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