

Fraud Detection and Prevention Strategy

Fraud Actor	Type of Fraud				
	Pregnancy	HIV Status	Condition	Cash Transfer	Hospital Fees
	A woman who is not pregnant tries to enroll in the program.	A woman who is not HIV-positive tries to enroll in the program.	Participant lies about completing any of the program conditions.	Participant misreports transfer or someone else tries to get a part of the transfer.	Program participants are charged more for hospital services than non-enrolled ANC clients.
Operational status of below measures: * = fully operational, ** = planned for the future on as-needed basis					
Beneficiary	<ul style="list-style-type: none"> • Photo of each participating woman's belly* • Conduct pregnancy test for at least one woman whose belly is not visible or who is less than 5 months pregnant on each booking day (if applicable)* • Crosscheck patient cards with General Antenatal Register* • Review notes from palpation exam on patient card* 	<ul style="list-style-type: none"> • Random HIV test for 1 in 10 eligible women* • Time-stamped photos of retest result and of getting blood from woman retested* • Crosscheck patient cards (notation indicating status) with General Antenatal Register* • Crosscheck patient cards with Daily HIV Test Register* • Crosscheck patient cards with Laboratory Report Form from lab (separate unit than ANC ward) and/or Pharmacy Registers* 	<ul style="list-style-type: none"> • Photo documentation of at least two data sources managed by different clinic staff to determine completion of ANC registration, delivery in the clinic, and collection of EID test results* • Crosscheck additional clinic records between clinic wards* • In-person and phone interviews with beneficiaries* • Inform beneficiaries we look for their name in multiple clinic records to reduce occurrence of fake activity reports* 	<ul style="list-style-type: none"> • Women must verify their mother's name and answer their secret question whenever calling the ABAE hotline* (If answers to both questions are wrong, the women is denied her code and asked to come back to the clinic for in-person verification. If one of the two answers is correct, we ask a third question based on specific data collected during the enrollment interview) • Face biometrics of beneficiary (taken during enrollment) to ensure a woman cannot enroll in multiple clinics or more than once in her lifetime* • Women report collection of money for each transfer* • Check whether a code has been redeemed before issuing new codes for codes reported as not functioning* • No codes are reissued for codes that have been 	<ul style="list-style-type: none"> • Not applicable

				<p>redeemed*</p> <ul style="list-style-type: none"> Upon issuing codes, women are instructed to keep their codes private and go to the bank as soon as possible* 	
Clinic Worker	<ul style="list-style-type: none"> Same as above and see potential additional strategies at end of table 	<ul style="list-style-type: none"> Same as above and see potential additional strategies at end of table 	<ul style="list-style-type: none"> Enforce strict policy whereby only delivery at the focal hospital is allowed for eligibility for the second transfer, even in cases of serious complications. No referrals to private clinics or other clinics are accepted. This avoids fake referrals to private clinics* If fraud is detected, start asking women to call the hotline from a labor ward nurse's phone number that is preregistered in our directory** 	<ul style="list-style-type: none"> Cash transfer is disbursed directly to beneficiaries via electronic codes, not through clinics* Program participants know what amount to expect for each transfer* If a major fraud scheme is detected at a clinic and clinic management does not take any actions to mitigate the risk of future criminal activity, New Incentives reserves the right to stop operating in a particular clinic according to its MOU with the Ministry of Health* 	<ul style="list-style-type: none"> Participating women report hospital fees paid, including fees paid for lab tests, ANC registration, and delivery* Maintain updated estimates of hospital costs (legal and informal)* If asked about delivery supplies, field staff inform women that they do not have to purchase these supplies at the hospital or buy all the items suggested by hospital nurses. Also inform women that purchasing delivery supplies outside the hospital can be cheaper* Clinic workers are aware that we inquire about hospital fees paid* Occasionally observe activities when selling supplies and drugs in the clinic to ensure similar prices are given for participating and non-participating ANC clients* Nurses are not informed which women redeem the cash transfers*

<p>Field Officer</p>	<ul style="list-style-type: none"> • Same as above and see potential additional strategies at end of table 	<ul style="list-style-type: none"> • Same as above and see potential additional strategies at end of table 	<ul style="list-style-type: none"> • Record and randomly review enrollment interviews* • Random in-person audits (unannounced) of Field Officer's enrollment sessions of program participants* • Key elements of all enrollment records are verified by HQ Manager* 	<ul style="list-style-type: none"> • Record calls when 1) issue/complete cash transfer codes, and 2) women report receipt of the money. Randomly spot check calls* • Key elements of all enrollment records are verified by HQ Manager* • Electronic payment codes are only shared for number of expected transfers per hotline day* • HQ manager spontaneously checks in (unannounced) during hotline day* • HQ manager randomly reviews recordings of in-person enrollment at clinics and of hotline calls* • HQ manager checks whether a Field Officer made changes to fields that should not be modified after enrollment (e.g. to detect the changing of a phone number of a beneficiary and replacing it with a friend's phone number) for a random selection of records* • Employment contracts give New Incentives the right to immediately terminate an employee upon finding fraudulent behavior, requiring the employee to reimburse the amount lost due to fraud committed by the employee, and enforce a penalty of up to \$10,000* 	<ul style="list-style-type: none"> • Not applicable
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Future strategies to be implemented if a systematic pattern of fraud is detected in any given clinic:

- **Mystery Clients:** New Incentives Headquarters, without the knowledge of clinics or New Incentives staff members, could hire HIV-negative pregnant women as mystery clients to test the integrity of partner clinics if necessary. The particular value of the mystery clients is to verify that clinics do not systematically sign up HIV-negative women to the program.**
- **Whistleblower Reward:** Health workers who report evidence of major fraud are rewarded with a considerable airtime credit (up to \$100). Whistleblowers are protected; they remain anonymous.**