ASSESSMENT OF THE COMMUNITY BASED HEALTH INSURANCE (CBHI)
IN PURSAT PROVINCE, CAMBODIA

by

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ABSTRACT

The Reproductive and Child Health Alliance (RACHA), in response to the national guidelines to implement Community-Based Health Insurance (CBHI) in Cambodia, has piloted a social health insurance project in Pursat Province with the aim of working towards poverty alleviation through reducing out-of-pocket health expenditures and improving access to quality health services.

The CBHI was first implemented in Tasas Health Center of Pursat province in August 2006. The resident population in Pursat is subsistence level farmers dependent primarily upon rice cultivation and annual crop production. Currently, 17% of the total families in the catchment area of Tasas HC enrolled in micro-credit program and 23% of the families have been identified as poor who will utilize the equity fund.

Tasas HC catchment area has 22,051 population (4,302 households) and covers 16 villages. As of March 2007, the CBHI has covered 209 households with 1,121 individual members which constitute 5% of the area’s population.

Six months after piloting the CBHI project in Pursat, this assessment was conducted to determine the effect of CBHI on the lives of its members and the quality of health services of providers. Further, it looked into its economic viability and sustainability as partnered by the micro credit scheme. The respondents were 222 members coming from 153 households randomly chosen from 16 villages of Pursat.

The assessment findings revealed that majority of the respondents came from households with 4 to 6 members, most of whom were subsistence farmers earning less than $1 a day. Majority (77%) of the household respondents have availed the CBHI health services, 12% of them were defaulters or dropouts who have previously availed the health services, while 11% did not avail the services at all. Common causes for non-access to the health services were: 1.) members were healthy and do not need treatment, 2.) they have minor illnesses only, and 3.) they prefer the services of private health facilities.

The factors causing the members’ default in paying the CBHI premium were: 1.) lack of money to pay the premium, 2.) members were healthy and they don’t need the health insurance, 3.) the premium was expensive, 4.) the health facility is far from where they live, and 5.) the preference of private health facilities over public facilities.

Majority of the CBHI members perceived the reception, examination, and treatment of service providers as good, but few members suggested that HC and RH staff have to be kind, friendly, and must give attention to all clients. The way the RH staff welcomed and treated their clients was rated poor by some availers. Generally, the services of the Health Center and Referral Hospital were rated by the members as good except on the availability of equipment and supplies at the HC, and the blood supply in times of need which were both perceived as poor.

The proposed increase in premium rates drew diverse perception from the members. Majority
perceived it as not affordable and if the new rates will be implemented, 36% of the members will not continue their membership. The impact of CBHI in terms of protecting the members’ income and in reducing their spending for health related expenses was felt by 89% of the members who have availed the health services. They indicated that they saved money when they availed the health services and received medicines for free. A member disclosed that he was spared from selling his cow/buffalo when his family got sick since they have CBHI coverage.

The CBHI has improved the health seeking behaviors of the plan holders. Majority of the availers indicated that they went directly to the HC when their disease started and sought the services of skilled health providers instead of going to the traditional healers. They gain wider access to reproductive health, pre-natal, and delivery as well as getting the needed immunization for their children.

The Health Center staff was very satisfied with the share in the capitation which is equivalent to almost one-fourth of their monthly income. Their concerns, however, were the inadequate equipment and supplies at the HC and lack of vehicle to respond to emergencies and to transport serious patients to the HC or to the RH.

In terms of economic viability and sustainability, the income of CBHI derived from the old premium rates was not sufficient to sustain its operational expenses. Monthly average per capita premium was only 654.24 Riels ($0.16). Despite the micro credit subsidy, the CBHI still incurred minimal loss every month. In a nutshell, the present operation of CBHI in Pursat Province while on its tenderfoot is currently not economically viable and its sustainability depends largely on the micro credit subsidy.

Increasing the premium rates, on the other hand, will generate monthly profit but it may reduce its membership by 36%. Hence, its implementation must be weighed up with wisdom. Between social impact and financial returns, the option scale must tilt towards the very reason why this scheme was ever conceived. At this stage of CBHI operation, social benefit is paramount regardless of the cost.

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