Promising Upshot of CBHI Project in Pursat

In response to the national guidelines of the MoH to implement Community-Based Health Insurance in Cambodia which is one of the key components of the Health Financing Strategy of the government, the Reproductive and Child Health Alliance (RACHA), an NGO primarily funded by USAID, launched its Community-Based Health Insurance (CBHI) pilot project in Tasah, Pursat Province in August 2006. The assessment conducted six months after its implementation showed some positive results. The project in its tender phase has sprouted some promising impression. Actual records from the HC disclosed that adult CBHI members constitute 20% of the total clients served by Tasas HC in terms of OPD consultations and check-up. Children with CBHI coverage comprise 15% of the total pediatric OPD consultation.

The collected data revealed that 346 CBHI members have availed 2 to 3 times OPD consultation within the six-month period and 18 members were referred twice to the RH. This indicates that 55% of the referrals to RH have CBHI coverage. The data further showed that 26% of the women who availed normal delivery and post natal services at the HC were CBHI members.

Currently, USAID-RACHA has expanded CBHI to 4 Health Centers in Pursat. As of February 14, 2008, it has 4,984 members (977 households) covering approximately 8% of the total population of the HCs.

CBHI’s performance in three HCs of Tasas, Chhouk Meas, and Ansa Chambok is worth noting. In Tasah HC, within the period of August 2007 to December 2007, 17% of OPD patients and 43% of women who delivered at the health facility were covered by CBHI. The number of deliveries taking place at the HC had gone up from 37 in 2004 to 191 in 2007 (Figure 1). Deliveries assisted by TBAs went down from 214 in 2004 to 110 in 2007. Home deliveries assisted by trained staff also dropped from 89 in 2006 to 55 in 2007. Child immunization has shown an upward trend from 83% in 2004 to 92% in 2007 (Figure 2), and ANC2 coverage in Tasas had also picked up since 2005 to 2007.

Figure 1. Trend of Delivery in Tasah HC
In Chhouk Meas HC, within the period of September 2007 to December 2007, 25% of OPD patients and 22% of women who deliver at HC were CBHI members. Since the inception of CBHI in September 2007 in Ansa Chanbok HC, CBHI members constitute 21% of its OPD clients and 26% of the women who delivered at the HC.

Thus far, the CBHI data, though confined solely in Pursat HCs, could tell the modicum of progress and change in the utilization of public health facilities and in the health seeking behaviors of the people. These improvements were made possible by the collaborative efforts and extensive partnership of RACHA with relevant government agencies, IO, NGOs, and the MoH at the national, provincial, and HC levels. RACHA’s linkage with VHSG, and Commune Council had strengthened its community-based programs at the grassroots. Primarily, CBHI is strongly pursued by RACHA as an initiative within USAID health financing and sustainability agenda.

In a nutshell, with CBHI intervention, the stunning reversal of the traditional delivery pattern has happened where the number of deliveries taking place at HC has dramatically increased while deliveries assisted by TBAs have significantly declined. It is hoped that in the long run, when CBHI will have reached its sturdy stature, more noteworthy result will be seen and empirical data will be drawn to depict in a wider perspective how CBHI, as a “risk-pooling mechanism” play a role in providing wider access to quality health services, thus, improving the health of the people, and in particular, advancing maternal and child health in Cambodia.

- RACHA

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