



CBHI Initiative in Ethiopia Design, Implementation and Challenges



CBHI Development in Ethiopia

- CBHI was initially piloted in 13 Woredas (Districts) in four regions in 2011
- The first pilot Woredas covered more than 1.6 million people
- Pilot base Expanded after 1 year of implementation (160 Districts)
- Evaluation conducted in 2013
- Scale up strategy developed
- Scale-up Directive is now in place
- Main agenda of HSTP plan (80 of Districts and 80 of Population shall be covered in 5 years time)
- 329+ Districts implementing or planning to implement CBHI this year
- One of the three key agendas of WTP

2/18/2016

- Now in the evaluation checklist of officials

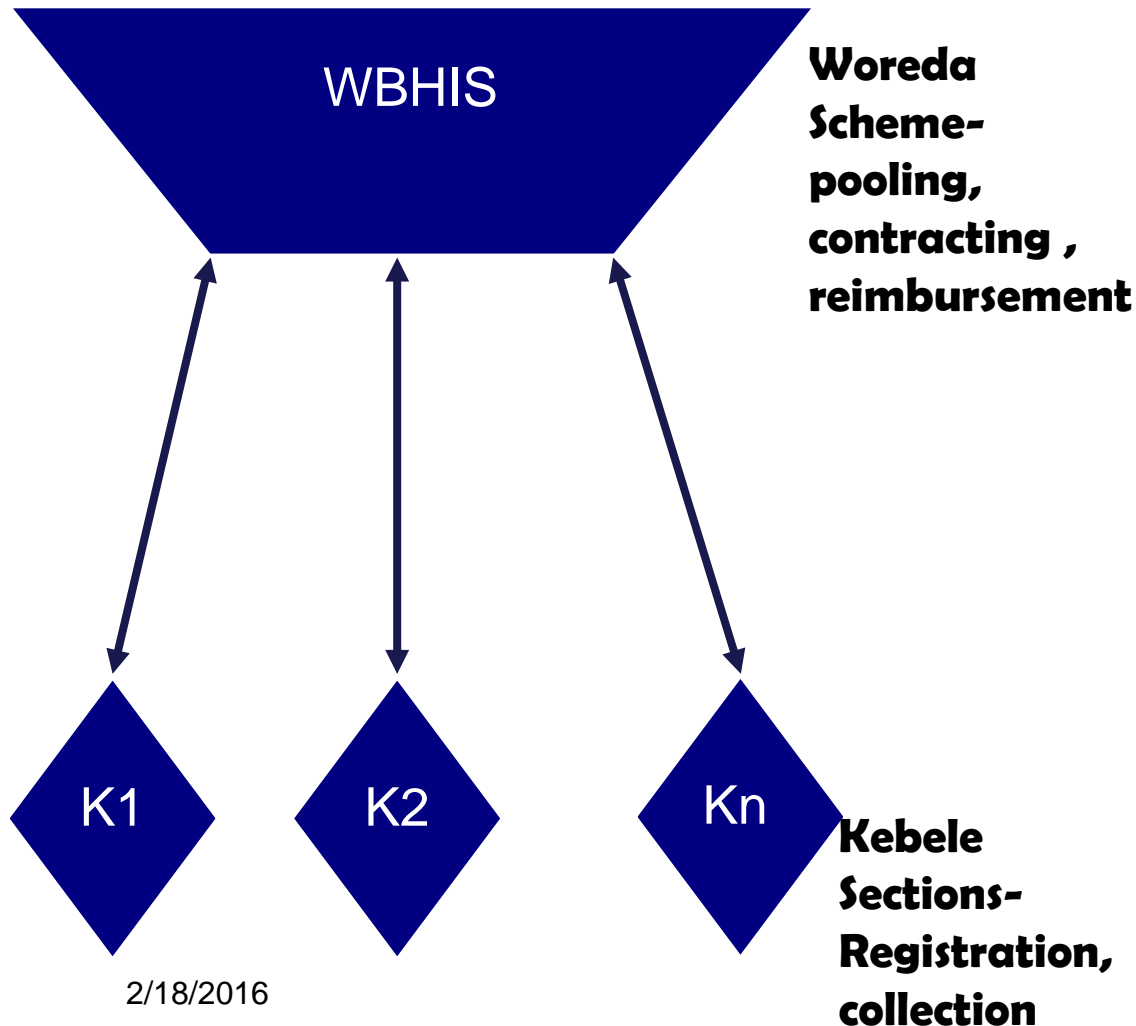


CBHI Design Features

- **Institutional Arrangement**
 - The Scheme is established at Woreda (district) level
 - It is embedded in existing government structures-
Woreda administration office or Woreda Health office
 - Has a general assembly where CBHI members are included
 - Has a Board of Directors where CBHI members are represented



Networking and Size

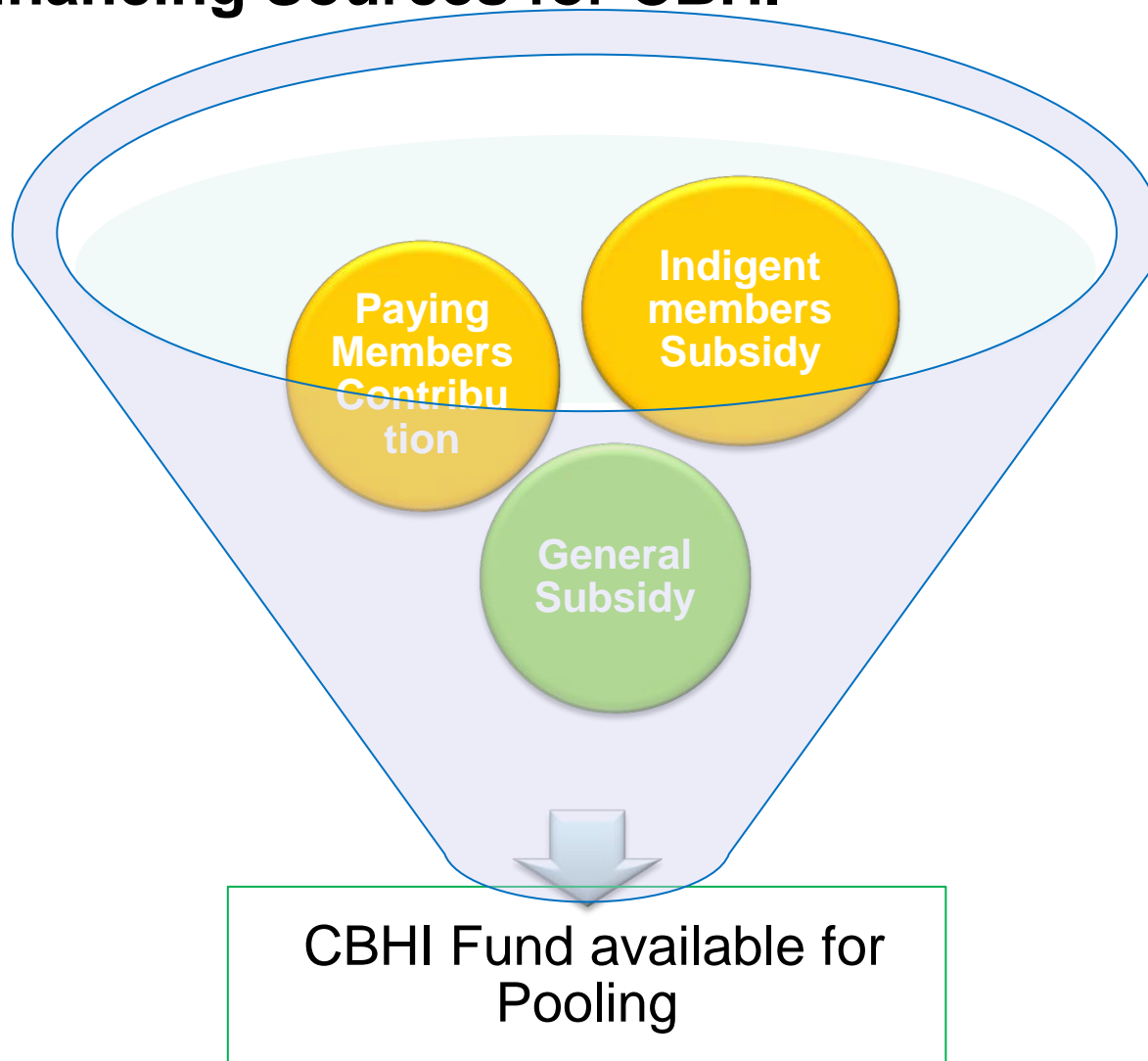


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- District Scheme is network of Kebele (village) sections
- Pooling at Woreda level
- An average of over 20,000 HHs
- Average of 30 sections
- At least 50% have to register to establish schemes



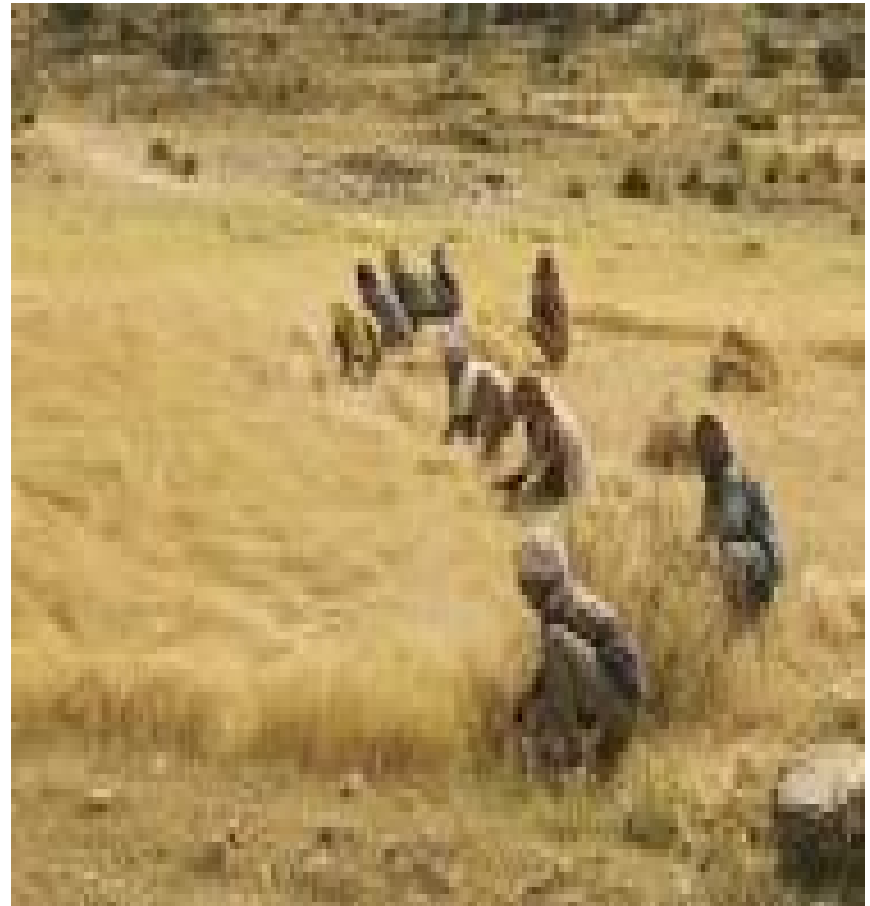
Major Financing Sources for CBHI



Membership, Registration and Contribution

- Membership
 - Voluntary
 - Household level
 - Extended family included by paying extra contribution
- Registration open once a year during harvest season (3 months period)
- Contribution
 - Rural District – 240 Birr
 - Urban District – 350 Birr
 - Metropolitan – 500 Birr

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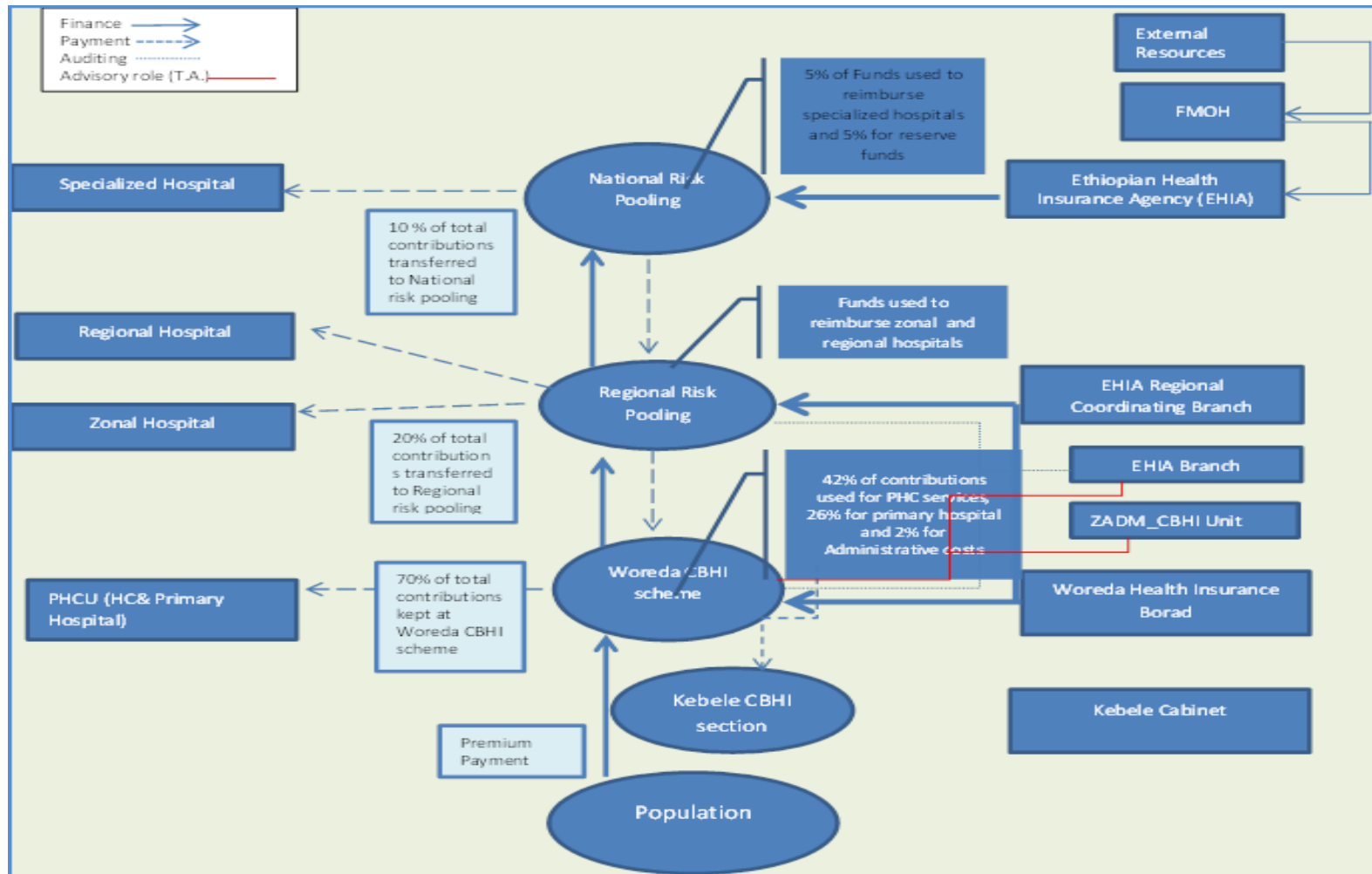


Benefit Package

- OPD Service and IPD services
- Services are accessed from public HCs and Hospitals



CBHI Pooling Levels and Functions





Health Service Utilization

- The per capita health service utilization rate of CBHI members was **0.7 visits per person for the year 2012/13** (vs 0.34 national average)



CBHI Coverage Summary table June 2015

Region	Eligible HHs	Enrolled paying Members	Enrolled Indigent Members	Total Enrolled Members	Overall Coverage Ratio	Number of beneficiaries
Amhara	2,068,866	618,027	90,714	708,741	34%	3,313,898.00
Oromia	1,941,462	404,529	196,234	600,763	31%	2,877,261.00
SNRP	47,887	20,252	1,425	21,677	45%	106,187.00
Tigray	92,042	34,493	8,651	43,144	47%	206,799.00
Total	4,150,257	1,077,301	297,024	1,374,325	33%	6,504,145.00



Challenges

- Accessibility due to Vastness of the country
- Data management and reporting challenges at Kebele and Woreda level
- Shortage of Drugs and poor attitude of Health facilities staff
- Conflict of Interest (Health facility staff resistance to the program)
- Fraud, abuse and embezzlement of CBHI fund in some schemes
- Small size for urban Schemes



Thank You