



Photo credit: Ayenew Haileselesie, Abt Associates

CBHI member presents his CBHI card to get a prescription filled at the Mehoni Primary Hospital pharmacy, Raya Azebo, Tigray

Building a Model CBHI Scheme in Raya Azebo

Raya Azebo, one of eight woredas in the Debubawi (Southern) Zone of Tigray region, has a population of 157,137. It launched community-based health insurance (CBHI) in 2014/15 to offer financial protection to households in the informal sector for an annual contribution of 240 Birr (US\$6.90). For the past three years, Raya Azebo has averaged more than 80% enrollment rate in this insurance scheme.

▶ BUMPY START LEADS TO TURNING POINT

Kalayu Gidey, Head of the Raya Azebo Health Office, says the woreda's CBHI implementation didn't have a smooth start. In 2014/15, the scheme was formed under the Woreda Administration, separately from the woreda health office, which is itself under the woreda administration. This situation did not facilitate coordination between the scheme and the health office. The scheme only had a staff of two people, per the regional directive, though it allowed for a third person if membership increased. The year ended with an enrollment of 27%, far below the required 50% to begin insurance service.

The next year, the CBHI scheme was transferred from the Administration to the Health Office. A third person was also hired as coordinator of the scheme.

The results were dramatic. In 2015/16, Raya Azebo reached 60% enrollment, and members started accessing health facility services using their membership ID. Enrollment has remained above 80% ever since.

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For the current fiscal year (2019/20), membership stands at 81.76%: 24,578 households out of 30,073 eligible households. Between 2016 and 2019, annual patient visits to health facilities in Raya Azebo Woreda averaged 64,786, for which the scheme has reimbursed a yearly average of 4.6 million Birr (US\$131,429).

▶▶ EFFICIENCY, COMMITMENT AND COMMUNICATIONS

The woreda administration has implemented routine practices efficiently to make CBHI successful. "Following the setback of the first year, the Administration committed to take a stronger leadership role to ensure the success of the mobilization process," Kalayu said.

At its cabinet meetings, attended by all executives of the different sectors, the Woreda Administration assigns its 22 kebeles to different cabinet members for follow-up of CBHI mobilization and enrollment. The administration also conducts a general assembly of all those involved in mobilization: kebele chairpersons and managers, health extension workers, development workers, health center directors and supervisors. This meeting gives direction to all stakeholders in the kebeles and at the woreda administration who will be involved in implementing CBHI.

Mobilization of community members then continues to enroll in the scheme and follow-up on the performance of CBHI activities. The woreda's 22 kebeles are divided into eight clusters, and a woreda executive is assigned to each to supervise their activities on a daily basis by phone and through in-person visits. The kebeles also send daily reports to the woreda administration that cover the number of new members, the number of those who have renewed their membership, and the money collected from enrolling members as premium.

Health centers send a separate report to the Health Office. Twice weekly the Woreda Administration and the Health Office compare their data and sort out any discrepancies, leading up to a weekly woreda review meeting, led by the Woreda Administrator. At that point, they compile a weekly enrolment report.

Unique to Raya Azebo are the annual CBHI video documentaries that the Woreda Administration's communication team has prepared since 2016, to set the tone at the general assemblies. The three documentaries capture the concerns, benefits and satisfaction of the woreda residents about CBHI membership. The videos also present testimonials from people who enjoyed high-quality medical care under CBHI.

"Health insurance has multiple benefits," Kalayu said. "It strengthens health centers financially, it improves demand for health care services among the society thus increasing patient flow. So, we were committed at health office, health center and health post levels. We all had ownership of the program."

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