Micro-insurance briefs: Cambodian Association for Assistance to Families and Widows (CAAFW) - June 2009

Scheme Design

The Cambodian Association for Assistance to Families & Widows (CAAFW) has worked in the Bantea Meanchey Province of Cambodia since 1998 and its mission is to improve living conditions of the poor in the area by making technical and financial inputs available. They work in the field of improving agriculture practice and thus income generation, health care improvement targeting poor patients and raising awareness on education.

In 2000 they began a Health Equity Fund (HEF) for poor patients at Thmar Pouk and Mongol Borie Public Hospitals, which supported complete or partial payment towards admission, user fee, ambulance, supplementary food and other basic material needed during hospitalisation for the very poor.

In April 2003, CAAFW piloted a Community Based Health Insurance (CBHI) in Thmar Pouk rural operational health district (OD) in Banteay Meanchey province. The OD covers two administrative districts, Thmar Pouk and Svay Chek, with approximately 110,000 inhabitants. There are 10 functional health centres providing first line health services and one 50-bed referral hospital providing secondary hospital care without surgery. Complicated cases, mainly surgeries are referred to provincial hospital of Mongkol Borei about 50 kilometres away. CAAWF is also exploring possible future linkage of the CBHI with the Health Equity Fund that they have been running along side this.

Since January 2009, CAAFW has been expanding CBHI to another province: Otdar Meanchey province. In June 2009, this CBHI had reached 15,400 covered persons, which represents 13 % coverage.

Eligibility Conditions

Mainly population living in the catchment area of Thmar Pouk OD.

Exclusions

No exclusion but coverage is limited to what the health centres and referral centres can offer.

Plan Benefits

Insured families using their health insurance card...
can make 100% free use of the services of their
Health Center as well as the Referral hospital
(Thmar Pouk) and provincial hospital (Mongkol
Borei). Apart from this, it also covers the 2 – way
cost of transport by ambulance (or alternative
emergency transport) to the Referral or Provincial
Hospital. Additional benefits include $ 12 per case
for funeral expenses and transportation cost of death
from hospital back home, in case patient die.

Premium

The total premium is Cambodian Riels KHR 11754
(US$ 3) per person per year, of which KHR 7836
(US$ 2) is paid by the members and the remaining
KHR 3918 (US$1) is contributed by CAAFW with the
help of donors. The maximum premium per family
per year goes to KHR 47016 (US$ 12). The premium
is paid in two 6-monthly instalments.

Insurance Plan Key Features

- It partners with Public health care facilities for
  health care delivery, through a case-based
  payment mechanism with a clearly defined
  referral system and reimbursement.
- Village Health Volunteers network of CAAFW act
  as promoters of the scheme

Main Achievements

- By July 2009, the scheme has reached coverage
  of 38,818 insured individuals (8,341
  Households).
- A coverage rate of 31 % of target population
- A steady membership with a low drop out rate of
  13%
- Increased and improved access to health care
  amongst insured members. Between January –
  June 2009
  - 50,946 visits were made to the HC;
  - 890 cases referred to Thmar Pouk Hospital and
  - 157 cases referred to Mongkol Borei provincial
  hospital

Remaining Challenges

- Negotiations with health providers and
  community marketing or promotion of the
  scheme are the key activities in the
  implementation and success. A CBHI Steering
  Committee (CBHI-Sc) been established and
  conducted every quarterly meeting to follow-up
  on quality of care, complaints and management
  issues.
- High coverage in the short time period and low
  operational cost. (CAAFW is promoted through
  the concept of social marketing by CAAFW staff
  who themselves are from the community.)
- Management of risks pooling is important.

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<th>Addit. financial ben.:</th>
<th>Transportation cost</th>
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<td>Addit. non-fin. ben.:</td>
<td>Funeral expense</td>
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Activity Indicators

![Bar chart showing number of insured from 2000 to 2009.]

2003 : Pilot Phase
2004 : Review and preparation Phase

Women’s participation

- Men: 46%
- Women: 54%

Health Services Utilisation (2007)

- OPD visits: 97%
- Deliveries: 3%
- IP admissions: 2%
- Others: 10%
- Medical benefit: 54%

Breakdown of expenditure (2007)
Development Plans

- CAAFW plans to extend the coverage within the targeted Thmar Pouk OD to 50,000 by 2010.
- Also looking at possibility of expanding similar model to other ODs (Operational Health Districts).
- Coverage to extend to chronic diseases as well which will be start in September 2009.
- Mobilise and connect with Government resources such as subsidy for the poorest has now been approved and will be start process in August 2009 and full subsidy will be implemented in Jan 2010.