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
- 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
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

- Paying Members Contribution
- Indigent members Subsidy
- General Subsidy

CBHI Fund available for Pooling
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

2/18/2016
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)
<table>
<thead>
<tr>
<th>Region</th>
<th>Eligible HHs</th>
<th>Enrolled paying Members</th>
<th>Enrolled Indigent Members</th>
<th>Total Enrolled Members</th>
<th>Overall Coverage Ratio</th>
<th>Number of beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amhara</td>
<td>2,068,866</td>
<td>618,027</td>
<td>90,714</td>
<td>708,741</td>
<td>34%</td>
<td>3,313,898.00</td>
</tr>
<tr>
<td>Oromia</td>
<td>1,941,462</td>
<td>404,529</td>
<td>196,234</td>
<td>600,763</td>
<td>31%</td>
<td>2,877,261.00</td>
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<tr>
<td>SNNP</td>
<td>47,887</td>
<td>20,252</td>
<td>1,425</td>
<td>21,677</td>
<td>45%</td>
<td>106,187.00</td>
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<tr>
<td>Tigray</td>
<td>92,042</td>
<td>34,493</td>
<td>8,651</td>
<td>43,144</td>
<td>47%</td>
<td>206,799.00</td>
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<tr>
<td>Total</td>
<td>4,150,257</td>
<td>1,077,301</td>
<td>297,024</td>
<td>1,374,325</td>
<td>33%</td>
<td>6,504,145.00</td>
</tr>
</tbody>
</table>
## 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