CHAPTER V

PRESENTATION

5.1. Introduction

Low utilization of health services, especially the government run health services is a concern of health officers and policy analysts. It could be one reason that made the health status of population poor. Factors contributing to the problem could be identified as poor quality of services, but might also be due to financial reasons that hinder accessibility especially for the poor.

Health sector reform is undertaken by many countries around the world to address the problems existing in the current health system. Primary health care is one approach to deliver health services equitably to all population especially the rural and poor people.

Many constraints are hampering the achievement of this endeavor, among those the problem of under financing of health services have to be seriously taken into consideration. Health financing reform is one measure to address problems in health services delivery by trying to introduce some forms of cost recovery for public health services such as user fees or insurance.

Still problems have occurred after the implementation of health financing strategies, more importantly is the effect on the utilization of health services. This chapter contains a collection of slides that I will present to the examination committee.

I begin my presentation with explaining the issue of my essay "low utilization of health center services by the poor needy population" in Cambodia. The essay deals with a problem analysis including causal factors and consequences.

I present my proposal, a health care financing strategy called "Community Financing" which is a research proposal about willingness to join community financing scheme aim to explore the possibility of introducing the community financing system as a pilot study in three communes in Cambodia. I present methodology, study design and objectives of the study. followed by the activity plan and the estimated budget required for conducting the study.

Finally I present the data exercise of my field study in Patumthany province, Thailand. I describe the objectives of my data exercise and rational for selecting the area. I do also present limitations and lessons learned from this data exercise. It was very useful for me to have opportunity to test the instrument of my proposed study on the on hand and to improve my skill and experience with field work on the other.

5.2. Presentation

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Issue

Low Utilization of Health Center Services by the Poor Needy Population

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What is Health Center?

- Lowest level of health system, located in community with a Catchement area of 10 Km.
- Population served: 8,000 to 12,000.
- Services provided: Immunization, ANC, Family Planning, Out patient consultation and Minor surgery (MPA activities).

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Why target the poor?

- The poor are ill more often, therefore, requiring more health care.
- Ill health result in the production loss.
- Poor have less opportunity to access health services because of their inability to pay.
- Improving the health of the poor will provide them opportunity to work, increased income and foster economic development

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Evidence

- *Percentage of people reporting illness and seek care at any public health facility* ***31.7%*** *(SES, 1997)*
- ***17*** *% of sick people received no treatment at all among those poor is represent two third (NHS, 1999)*
- ***70%*** *of sick person seek care outside the government provided health services (HCDS, 1998)*

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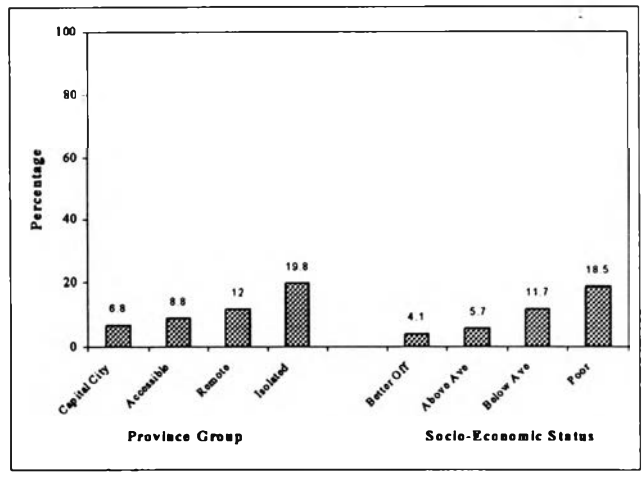
Figure 1. Percentage of Sick People who Received No Treatment, by Socio-Economic Status and Province group



Source: National Health Survey of Cambodia, NIPH/GTZ/ADB/MoH, (1999)

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Main causes of the problem

- Majority of Cambodian population (43%) are very poor and can not afford to pay for services (Perscott & Pradhan, 1997).
- Patients have lost confidence in public services.
- Poor quality of services as a result of under financing especially budget for running cost.

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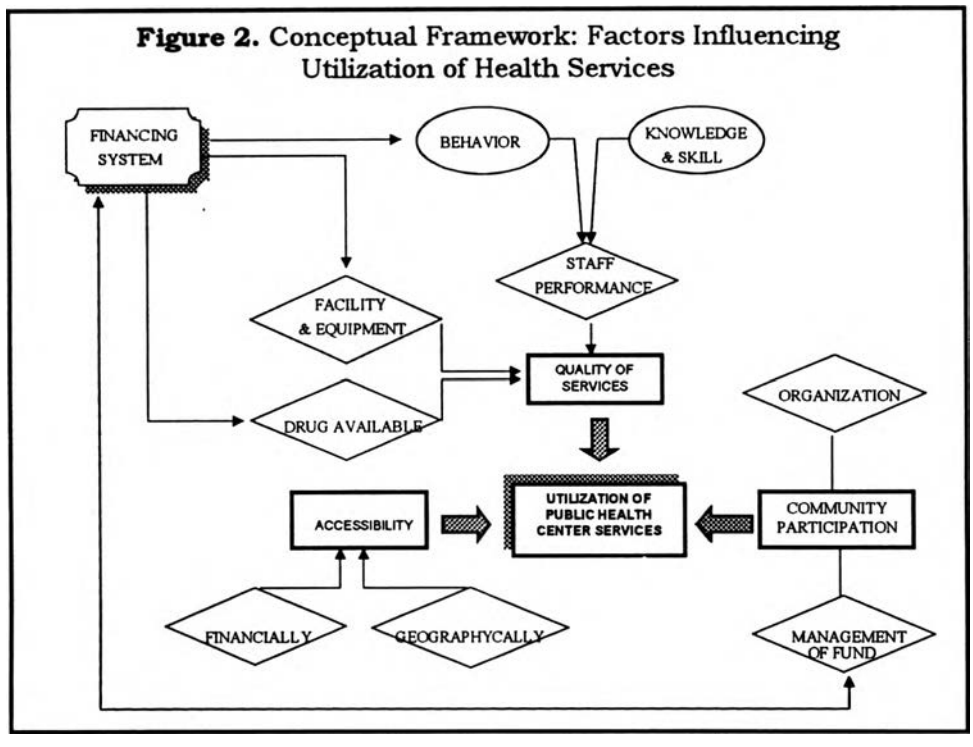

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Consequences

- High Morbidity and Mortality
- High IMR, Under Five Mortality Rate
- High birth rate
- Investment loss

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Proposed Strategies

- Promote the accessibility to health services for the the poor by means of appropriate financing strategy (Pre-payment).
- Increase public confidence by means of community participation in management and organization of health service activities.
- Quality improvement, especially secure availability of drug by means of generating additional resources through cost recovery such as User-fee, Prepayment or Insurance.

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Proposal

Assessing the Willingness of Rural Population to join Community Financing Scheme in Prasat, Krava and Treal of Baray-Santuk Operational District, Cambodia

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What is Community Financing?

Definition:

- The initiative in which local financing mechanisms are created and the community through its representative become involved in management of resources, it has some areas in common with voluntary health insurance scheme. (Ron, 1993)

- Community empowerment, through improving the accountability of health services to the population and encouraging community to take responsibility. (Gilson & Mill, 1995)

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Rational

- Government budget allocated for health is only about 1.8 USD per capita resulting in poor quality of services.

- Although officially free of charges, informal charges are widespread.

- Households in Cambodia spend huge amounts of money for health care (**22.1%** in relation to total expenditures HCDS, 1998).

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Why Community Financing ?

- The money collected is retained and managed locally, therefore can be used for quality improvement
- Community have a chance in management and control of funds, therefore increase confidence.
- Community participation is a key mechanism for successful implementation of health programs (Arhin, 1995)
- User fee alone could not generate enough resources and sometime hinder the poor to access health service by imposing financial burden
- Prepayment could assure accessibility by reducing the inability to pay at the time of sickness

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Weakness and Drawback of Prepayment Scheme

- Difficulty in convincing people to joint the scheme.
- Adverse Selection
- Moral Hazard

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Why I choose these study areas ?

- New facilities and equipment are already in place, therefore quality of services to some extent improved.
- Financial support from donor (GTZ) during the piloting process available.
- User fees have been agreed to by the Ministry of Health and pilot studies are now in the process.

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Objectives

- **General Objective**:

  To explore the possibility of introducing a community based prepayment scheme in Prasat, Krava and Treal health centers, Baray-Santuk Operational District, Cambodia

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✦ **Specific objectives**:

- ✧ To identify the willingness and ability of rural population to buy voluntary prepayment card.
- ✧ To identify the type of services preferred by people to be covered by prepayment scheme
- ✧ To identify the relationship between family income and willingness to pay for prepayment card
- ✧ To estimate premium affordable by community
- ✧ To assess the knowledge and understanding of rural population about community financing.

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Research Question?

- ☞ Is there a relationship between family income and the willingness to buy prepayment card?
- ☞ By empowering the community (through their ownership) in management and organization of health center, will they then use health services?

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Methodology

- Study design: Cross Sectional Descriptive Survey
- Sampling Technique: Systematic Random Sampling
- Study population: Prasat, Krava, Treal commune, Kampong Thom Province
- Sample Size: $n= Z^2/4d^2$ (for unknown proportion. Milton, 1992)
- Data processing: data will be coded and entered using EPI INFO 6.04b and converted to SPSS 7.0 for for analysis

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Measurement

- Quantitative Method:
  - Household interview questionnaire
- Qualitative Method:
  - Focus Group Discussions (Questionnaire Development)
  - Observation (validation)

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Table 1. Budget Estimation

Description	**Amount (in US $)**
1.Stationary/logistic	450
2. For field interview	
✧ Training	590
✧ Per-diem and accommodation allowance	3,444
3. Data Management	
✧ Data entry/analysis	300
✧ Report writing	200
4. Miscellaneous (10%)	500
Total	**5,484**

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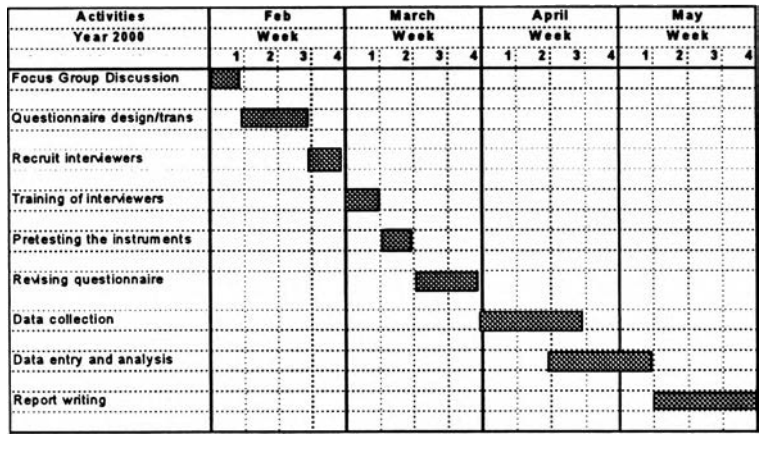
Table 2. Activity Plan and Time schedule



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Limitation of the study

- Questionnaire was tested in Thailand which has different health care system. Pre-test need to be repeated in Cambodia.
- Because of communication difficulties, sampling frame could not be obtained during proposal development phase.

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Data Exercise

- Objectives
  - **To test the questionnaire and observation checklist**
  - **To expose myself to field data collection and develop my skill on data management**
- Site of data exercise: Tambon Kukhvoang, Amphur Latlumkeo, Pathutani Province.
- Sample size and Sampling technique: 20 respondents with purposive sampling technique
- Survey instruments: Interview Questionnaire and Observation

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Table 3. Finding of Data Exercise

Variable	Number	Percentage
Know location of HC	20	100%
Services available at HC		
Immunization	20	100%
Family Planning	20	100%
Consultation	4	20%
Minor surgery	5	25%
Visited health center		
Never	3	15%
4-5 Times	1	5%
>5 Times	16	80%

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Limitation

- Small sample size therefore not representative.
- Language Barrier.

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Lesson Learned

- Some questions provide limited choice, more answer options need to be added.
- Some questions that confine to one answer should allow to select more than one answer.
- Question about payment system need explanation.
- Respondents fell reluctant to express opinion especially question regarding quality of services.
- Observation checklist need to include more options