Client Satisfaction of the Rwanda Community Based Health Insurance (CBHI) Services and Benefits

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1. INTRODUCTION

The Rwanda CBHI scheme was designed as a policy instrument to enhance affordability, accessibility, and equitable financing of the health sector. It covers primarily the informal sector and ensures that this population category has access to necessary healthcare services without suffering the financial burden associated with it. CBHI members receive services from public health facilities in the country and some private facilities including privately managed government health posts, one telemedicine provider and selected private diagnostic centers. Since its institutionalization in 2001, the CBHI scheme has contributed to increased access to healthcare services and reduced out-of-pocket expenditures on health from 26.59% of Current Health Expenditure (CHE) in the year 2000 to 11.67% of CHE in 2019 [1]. This has seen enrolment increase from 7% in 2003 to 87% in 2022 [2][3].

Recently however, growth in the CBHI enrolment has slowed down. This is despite various initiatives put in place by the government to incentivize enrolment, including allowing members to enjoy the full benefits of the CBHI for 6 months after paying at least 75% of the required contribution [4]. In 2020, the RSSB in its strategic plan set up an ambitious target of reaching 99% CBHI coverage rate by 2025 [5].

To understand the reasons behind the reduced enrolment rates and to meet the set target, the CBHI commissioned a comprehensive client survey among both current and potential clients. The survey sought to identify and understand the drivers and limitations to CBHI uptake, reasons for the increasing default rate in premium payments, and estimate the amounts that people are willing to pay for different health insurance benefit packages and establish the ability to pay for those packages based on socio-economic characteristics. This paper is extracted from this large-scale study with a focus on sharing the beneficiaries experience and general satisfaction with the CBHI services.

2. OBJECTIVES

The satisfaction survey sought to understand and measure the level of satisfaction among CBHI beneficiaries (both current and prospective) with the scheme's benefit package including the quality of healthcare service received at the CBHI designated facilities.

Since the CBHI coverage is above 85%, it is assumed that most people including non-CBHI members have either direct or indirect (through friends and family) experience of the scheme's benefits. Consequently, the survey targeted both CBHI members and non-members.

3. METHODS

Questionnaire survey was the primary data collection method with a few Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) conducted to provided context to the quantitative data. The data collection used a Computer Assisted Personal Interview (CAPI) tool, KOBOTOOLBOX, to gather responds for both the closed-ended and open-ended survey questions. The sampling frame was built with district as the main sampling unit and calculated using the following formula [10]:

$$n = Deff^2 \frac{(1/P - 1)}{\alpha^2}$$

Where n= sample size, Deff=1.5 (design effect); P= 0.50 (recommended when prevalence is unknown); Z= 1.96 at 95% Confidence Interval; e= 0.05 margin of error, α=0.1.

The estimated minimum household sample size per district was **225** which was increased by 2% to account for contingencies, bringing the total sample size to **6,900 households** across the 30 districts.

Table 1: Summary table of Sample Size allocation

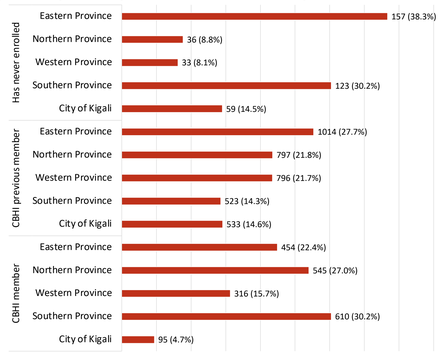
Province	All 4 Provinces and Kigali City
District	All 30 Districts
Sector	5 Sectors per District
Cell	3 Cells per Sector
Household level	15.3~16 Households per Cell

At least one FGD and KII were conducted in each of the 5 provinces of Rwanda - districts with very high and very low CBHI coverages were included. A total of 11 KIIs and 20 FGDs were conducted. Each FGDs had a maximum of 12

4. RESULTS

After a 2-month intensive field data collection and systematic data cleaning, 6,086 household responses were recorded across the 30 districts

Figure 1: Respondents by Province and CBHI membership status



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A 76.4% of the current CBHI members indicated that prescribed drugs are not always covered by CBHI while 37.8% indicated that the CBHI related drugs are not always available at the facility (refer to Table 4 below).

Table 4: Availability of drugs

		CBHI member		CBHI previous member		Has never enrolled	
		N	%	N	%	N	%
Are the CBHI drugs always available?	No	762	37.80%	1150	31.40%	99	24.30%
	Yes	1223	60.60%	2234	61.00%	167	41.00%
	Don't know	33	1.60%	279	7.60%	141	34.60%
	Total	2018	100%	3663	100%	407	100%
Are the prescribed drugs always covered by CBHI?	No	1541	76.40%	2578	70.40%	236	58.40%
	Yes	451	22.40%	886	24.20%	89	22.00%
	Don't know	25	1.20%	197	5.40%	79	19.60%
	Total	2017	100%	3661	100%	404	100%

The top 3 major challenges faced when visiting a health facility were long waiting time (54.1%), drugs stockout (36.1%), and long travel time to the nearest facilities (20.5%).

Figure 2 Challenges encountered when visiting health facilities

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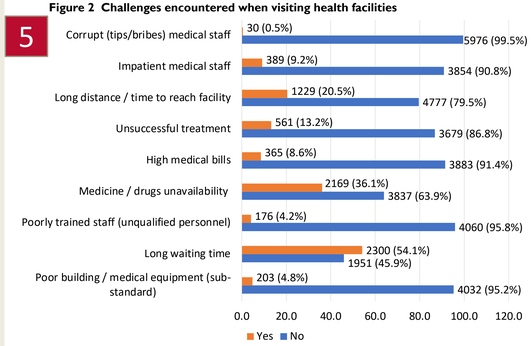

The responses from figure 2 above were corroborated by the responses given when the CBHI members were asked to indicate their major worries when planning to seek medical care - 54.1%, 36.1% and 20.5%, 10% responded long waiting times, unavailability of medicines, long distances to healthcare facilities and high co-payments at hospitals.

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Overall, the finding shows that out of 4,000 participants who responded to the satisfaction questions, only 14% were satisfied with the general CBHI services, with the majority (86%) not satisfied especially among the previous CBHI members (see table 2 below).

Table 2: General Satisfaction of the CBHI

Categories	Satisfied		Very satisfied		Dissatisfied		Very Dissatisfied		No response		Grand Total
	N	%	N	%	N	%	N	%	N	%	
CBHI member	**207**	**10%**	**8**	**0.4%**	**733**	**36%**	**250**	**12%**	**821**	**41%**	**2019**
Non-CBHI member	**348**	**9%**	**4**	**0.1%**	**1692**	**42%**	**758**	**19%**	**1268**	**31%**	**4070**
Previous member	307	8%	2	0.1%	1573	43%	636	17%	1145	31%	3663
Never enrolled	41	10%	2	0.5%	119	29%	122	30%	123	30%	407
Grand Total	**555**		**12**		**2425**		**1008**		**2089**		**6089**

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However, when it comes to the quality of healthcare services received by CBHI members, 16.5% of the current CBHI members compared to 9.3% of previous CBHI members and 9.8% of those who have never enrolled in the CBHI indicated that the CBHI services were either poor or very poor (see Table 3).

Table 3: Perception of Quality of Healthcare Services

	CBHI member		CBHI previous member		Has never enrolled	
	N	%	N	%	N	%
Don't know	11	0.5%	171	4.7%	95	23.3%
Very poor	62	3.1%	57	1.6%	7	1.7%
Poor	271	13.4%	280	7.7%	33	8.1%
Good	1151	57.1%	2226	60.8%	137	33.7%
Very good	522	25.9%	925	25.3%	135	33.2%
Total	2017	100%	3659	100%	407	100%

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About seventeen percent (16.7%) of respondents indicated that the skills of healthcare personnel are low, 19.9% indicated that healthcare personnel do not always pay attention to their needs while 20.1% indicated they do not have access to specialized healthcare services (refer to table 5 below).

Table 5: Perceptions of knowledge and skills of medical staff at health facilities

		CBHI members	
		N	%
How do you perceive the skills and knowledge of the medical personnel at your health facility?	Don't know	106	5.30%
	Very low	13	0.60%
	Low	326	16.10%
	High	1574	78.00%
	Total	*2019*	*100%*
Do medical personnel pay attention to your questions and needs?	No	402	19.90%
	Yes	1598	79.10%
	Don't know	19	0.90%
	Total	*2019*	*100%*
Do you have access to specialized care services when needed?	No	405	20.10%
	Yes	1447	71.70%
	Don't know	166	8.20%
	Total	*2018*	*100%*

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Lastly, current CBHI members mention poor quality of services (10.3%), high premiums (46.7%), and lack of information (5.9%) as major barriers to enrolment into the scheme (Table 6).

Table 6: Barriers to CBHI enrolment

		CBHI member		CBHI previous member		Has never enrolled	
		N	%	N	%	N	%
Lack of information	No	1845	94.1%	3378	94.6%	329	83.5%
	Yes	116	5.9%	191	5.4%	65	16.5%
	Total	1961	100%	3569	100%	394	100%
High premiums	No	1055	53.3%	1829	51.2%	240	60.9%
	Yes	923	46.7%	1745	48.8%	154	39.1%
	Total	1978	100%	3574	100%	394	100%
Poor quality of services	No	1753	89.7%	3332	93.7%	353	90.1%
	Yes	201	10.3%	223	6.3%	39	9.9%
	Total	1954	100%	3555	100%	392	100%

5. DISCUSSION & CONCLUSION

While the findings might have shown that a majority (86%) of the respondents are not satisfied with the general CBHI services, the responses to the quality questions show otherwise. For instance, the perceptions of **knowledge and skills of medical staff at health facilities are positive**. However, **drug stockout, accessibility and lack of adequate skills remains a challenge**. These were elaborated during the KIIs and FGDs where the informants and discussants highlighted quality gaps in different facilities such as drug shortages and medicines not covered by CBHI, limited staffing at facilities, lack of certain services at health centres and health posts and difficulties in adding new members or checking eligibility of existing members.

The **lack of certain medications at the facilities especially at the primary health care facility level where about 80% of the CBHI services are received [9] may be explained by the fact that certain specialised drugs are only stocked and dispensed at the hospital level where the doctors are mostly found**.

To solve these challenges, the study recommended **investment in healthcare infrastructure and health personnel** as long-term strategy to improve access and quality of care provision. In addition, **enhancement in the supply chain management** is needed to improve the availability of medicines and medical commodities in health facilities.

The CBHI currently relies on a system managed by the Local Administrative Entities Development Authority (LODA) to verify the Ubudehe socio-economic category of members and to establish the appropriate CBHI contribution. There is often system data lag between the LODA system and the RSSB CBHI membership system. As such, there is need to **improve and harmonize these systems to ease the process of adding new members**, confirming eligibility, and ensuring access to services. Finally, there is a need to **design a communication campaign to reinforce the advantages of CBHI to ensure loyalty to the scheme**.

References

[1] World Bank, 'Out-of-pocket expenditure (% of current health expenditure) - Rwanda, https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=RW'. 2019.

[2] United Nations Development Programme (UNDP), 'Third Rwanda National Human Development Report. Policy Innovations and Human Development, Rwanda's Home-Grown Solutions.' 2021.

[3] Rwanda Social Security Board (RSSB), 'CBHI Membership report 2022, 3MS Data, Jul 2022, Kigali, Rwanda'. 2022.

[4] Government of Rwanda, 'Official Gazette n° 27 of 07/09/2020, Kigali, Government of Rwanda'. 2020.

[5] Rwanda Social Security Board (RSSB), 'Rwanda Social Security Board Strategic Plan July 2020 - June 2025, Kigali, Rwanda'. 2020.

[6] Ruilin, R. and Mahmoud, E., 'Sample size determination and sample allocation. Concepts and Application. United States Agency for International Development', 2016.

[7] Mitiku Kebede K, Geberetsadik SM., 'Household satisfaction with community-based health insurance scheme and associated factors in piloted Sheko district; Southwest Ethiopia. PLoS One. 2019 May 13;14(5):e0216411. doi: 10.1371/journal.pone.0216411. PMID: 31083706; PMCID: PMC6513074. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6513074/', 2019.

[8] Hailie MT, Hassen SL, Temesgen MM, 'Client satisfaction on community-based health insurance scheme and associated factors at Boru Meda Hospital, Northeast, Ethiopia: institutional-based cross-sectional study. BMC Health Serv Res. 2021 Nov 30;21(1):1287. doi: 10.1186/s12913-021-07223-4. PMID: 34847939; PMCID: PMC8630846.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8630846/'.

[9] Rwanda Social Security Board (RSSB), 'CBHI Annual Report for FY 2021-2022 (unpublished)'. 2023.

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