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Design and evaluation of Information, Education and Communication activities to promote Community-Based Health Insurance scheme in rural Burkina Faso

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The impact of community-based health insurance (CBI) schemes has attracted attention in recent times, and it is argued to have huge potential to contribute significantly to achieving the millennium development goals. CBI schemes are important safety net for providing the poor access to basic health care and protection against the potentially catastrophic cost of illness. However, evidence from studies show low enrolment in schemes in sub-Saharan African countries. This low participation has partly been attributed to misconception and lack of consummers' understanding of the CBI concept, underlying principles and benefits. These misconceptions are also reflection of the limited use of information, education and communication (IEC) strategies that drive implementation and management of schemes. IEC provides a platform for discussion of important health issues to foster understanding of the CBI concept, underlying principles and benefits of health initiatives. IEC has been recognised as essential to achieving better health outcomes in all public health interventions. Notwithstanding IEC's importance, its implementation and evaluation in CBI scheme has received very little attention. Burkina Faso has since 2004 been piloting a district wide CBI scheme. IEC was incorporated as a component in the implementation of the CBI scheme in the Nouna Health District to promote understanding and to influence high enrolment among the targeted population.

This study assessed the effects of the IEC campaign on uptake of the CBI scheme. It also sought to identify the most important promotional factors influencing knowledge improvement and enrolment in the CBI scheme, with a view to providing suggestions for improving the effectiveness of the CBI campaign and achieving high enrolment rates. The study generated data from both primary and secondary sources using quantitative and qualitative methods. The primary data was generated from a cross-sectional survey of 250 households, in-depth interviews with 22 key informants, discussions with project management, and participant observations. The households were selected from 15 eligible communities during the 1stYear of the CBI scheme implementation. Secondary data sources comprised relevant literature and documents from key internet sites, the demographic surveillance survey (DSS) database, CBI records and reports. Bivariate analysis and multivariate logistic regression models were used to analyse the household survey data. Data from the in-depth interviews were recorded, transcribed, carefully edited and manually analysed.

The results show that the IEC campaign had a positive effect on improving household knowledge about CBI in the study area, but the high knowledge acquisition did not translate into high household enrolment in the CBI scheme. The effectiveness of the IEC strategy was mainly influenced by (i) frequent and consistent IEC messages from multiple media channels (mass, interpersonal and traditional channels) including the radio, information van, CBI team and (ii) community heads' participation in the CBI scheme promotion. Education, specifically secondary and higher level, was the only significantly influential socio-demographic determinant of both knowledge and enrolment among households. Another significant socio-demographic influencing factor for enrolment was age group 36 to 54 years. Radio and television ownership were had influence on enrolment. The relatively low effects of the IEC campaign on CBI enrolment are indicative of other important IEC mediating and moderating factors, which should be taken into account in future CBI campaigns evaluations. The study therefore concludes that an IEC campaign is crucial to improving understanding of the CBI scheme concept, which is enabler to enrolments, and should be integrated into scheme designs and evaluations.