

**ASSESSING THE WILLINGNESS OF RURAL POPULATION TO JOIN A
COMMUNITY FINANCING SCHEME IN PRASAT, KRAVA AND TREAL
OF BARAY-SANTUK OPERATIONAL DISTRICT, CAMBODIA.**

Iv Ek Navapol

A Thesis Submitted in Partial Fulfillment of the Requirements

for the Degree of Masters of Public Health

Health System Development Programme

College of Public Health

Chulalongkorn University

Academic Year 1998

ISBN: 974-333-293-6

© College of Public Health, Chulalongkorn University

Bangkok, Thailand


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

By : Iv Ek Navapol, MD


Program : Master of Public Health (Health System Development)
College of Public Health


Thesis Advisor : Marc Van der Putten, MPH.


Accepted by the College of Public Health, Chulalongkorn University, Bangkok
Thailand in Partial Fulfillment of the Requirements for the Master's Degree.

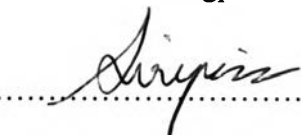

....., Dean of the College of Public Health
(Professor Chitr Sitthi-amorn, M.D., M.Sc., Ph.D.)

THESIS COMMITTEE


....., Chairperson
(Associate Professor Wattana S. Janjaroen, Ph.D.)


....., Thesis Advisor
(Marc Van der Putten, MPH)


....., member
(Sathirakorn Pongpanich, M.A., Ph. D.)


....., member
(Asst. Prof. Siripen Supakankunti, M. S., M. A., Ph. D.).

ABSTRACT

This study is attempting at finding a possible strategy to increase revenue to finance the current under-financed public health system on the one hand and to improve the utilization of health services on the other hand. A feasibility study about community financing is proposed to identify the knowledge and preference of people about the scheme.

Health service has been long considered to be the place where most of the health problem can be solved. The achievement in the improvement of population health status depends on the organization and the appropriateness of the health system, quality of services and people perception regarding seeking care and utilization of health services. Yet, health services recently faced many problems and the utilization of public health services is in general decreased as result of poor quality of services, inadequate supply and failure to protect vulnerable groups, especially the poor to assure that they have access to health services.

There is an continuing debates among health professionals and policy analysts over health care financing issues to increase resources to the health sector and at the same time improve access to public health services, especially to the poor by development of exemption criteria etc.

The main purpose of the proposed study is to explore the possibility of introducing community financing as a stable health financing strategy to both generate additional resource to health sector by involvement of the community in the management and financing of health services through community participation. It is anticipated that this strategy will assist to improve the access of health services, especially for rural poor people so that utilization of health services could be promoted and their health status can be upgraded.

A field data exercise was performed in Pathumthany Province of Thailand. I had chances to test material and method of the proposed study. It was useful for me that I could develop and enhance my skill of field data collection as well as upgrade my experience, so that I will be able to handle problems that might occur during the real data collection. The exercise provided me tips to improve questions as well.

It is anticipated that findings of the study will yield useful and fruitful information for decision making. The result will be disseminated and used to inform the policy makers at the ministry of health for decision making regarding the implementation of health financing schemes.

ACKNOWLEDGEMENT

First of all, I would like to express my sincere thanks to Professor Chitr Sitti Amorn, M.D., M.Sc., Ph.D., Dean of the College of Public Health, Chulalongkorn University, for his valuable guidance, suggestions and comments for the development of my thesis.

I would like to express my sincere thanks to Professor Edgar J. Love, Advisor to the College of Public Health, Chulalongkorn University for his guidance since the beginning of this thesis.

I wish to express my gratitude thanks to Dr. Nuntavarn Vichit-vadakan, Assistance Dean for education for her comments on the development of the conceptual framework.

I would like to express my gratitude thanks to Dr. Sathirakorn Pongpanich for his valuable times editing my thesis.

I would also like to express my gratitude thanks to Ajarn Marc Van der Putten, my thesis advisor for his continuous support to develop the whole thesis with the valuable feedback to improve my thesis, without him I would not be able to complete this thesis.

I am also wish to express my special thank to Ajarn Wacharin Tanyanont, for her kind guidance to me for the development of my proposal especially for sample size calculation and her comments on the questionnaire.

I wish to thanks Mr. Wanlop Kochabog, my Thai classmate for kindly assisting me in the translation of my questionnaire into Thai language and collection of data for my data exercise.

Thank is also to all academic and administrative staff of the College of Public Health, especially librarians for their kind assistance in various ways.

TABLE OF CONTENTS

	PAGE
ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
TABLE OF CONTENTS	vi
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF ACRONYMS	xiii

CHAPTER I: INTRODUCTION

1.1. Introduction	1
-------------------------	---

CHAPTER II: ESSAY

2.1. Introduction	5
2.2. Why target the poor?	7
2.2.1. Health as a basic human right	9
2.2.2. Health investment and poverty reduction	10
2.2.3. Poor and their health status	11
2.2.4. Resources distribution inequity	13
2.2.5. Constraint in accessing health services	14
2.3. Problem statement	15

2.4.	Main causes of the problem	23
2.5.	Conceptual Framework: Factors Influencing the Utilization of Public Health Services	26
2.6.	Consequences of the problem	29
	2.6.1. High mortality rate	29
	2.6.2. Rise in morbidity	30
	2.6.3. High birth rate	30
	2.6.4. Investment loss	31
2.7.	Possible financing strategies to improve the situation	32
	2.7.1. User fees	33
	2.7.1.1. Advantage of user fees.....	34
	2.7.1.2. Disadvantage of user fees	35
	2.7.2. Health insurance	35
	2.7.3. Community financing	38
2.8.	Conclusion	40
	References	43

CHAPTER III: PROPOSAL

3.1.	Introduction	48
3.2.	Background information	52
	3.2.1. The Cambodia's health care system	52
	3.2.2. The Cambodia's health financing system	54
3.3.	What is community financing?	56

3.4.	Rational of the study	57
3.4.1.	Why health financing reform?	57
3.4.2.	Why community financing?	61
3.5.	Objectives of the study	63
3.5.1.	General objective	63
3.5.2.	Specific objectives	64
3.6.	Research question	64
3.7.	Methodology	65
3.7.1.	Study design	65
3.7.2.	Study population	65
3.7.3.	Sample size and sampling technique	67
3.7.3.1.	Sample size	67
3.7.3.2.	Sampling technique	68
3.8.	Data collection technique	69
3.8.1.	Focus Group Discussion	69
3.8.2.	Observation	70
3.8.3.	Household interview questionnaire	71
3.9.	Data management	72
3.9.1.	Focus Group Discussions	72
3.9.2.	Household interview questionnaire	72
3.9.2.1.	Data entry	72
3.9.2.2.	Data analysis	73

3.10.	Limitation	73
3.11.	Budget estimation	74
3.12.	Activity plan and time frame of the study (Gantt Chart)	76
	References	77

CHAPTER IV: DATA EXERCISE

4.1.	Introduction	79
4.2.	Objectives	80
4.3.	Methodology	80
	4.3.1. Data collection technique	80
	4.3.2. Sample size and sampling technique.....	81
	4.3.3. Location of data exercise	81
	4.3.4. Data processing.....	82
4.4.	Finding and discussion.....	82
	4.4.1. Household interview questionnaire	82
	4.4.1.1.General characteristic of respondents.....	82
	4.4.1.2.Utilization of health services and health expenditure... 85	
	4.4.1.3.Knowledge and preference about prepayment.....	88
	4.4.1.4.Opinion regarding community participation	90
	4.4.2. Observation	91
4.5.	Limitation	93
4.6.	Lesson learned	94

CHAPTER V: PRESENTATION

5.1.	Introduction	96
5.2.	Presentation	98

CHAPTER 6: ANNOTATED BIBLIOGRAPHY

6.1.	Annotated bibliography	112
------	------------------------------	-----

APPENDICES:

APPENDIX- A:	Questionnaire guideline for household interview	117
APPENDIX- B:	Questionnaire in Thai language	127
APPENDIX- C:	Questionnaire guideline for Focus Group Discussion	134
STUDENT CURRICULUM VITAE	140

LIST OF TABLES

TABLE	PAGE
2.1	Percentage distribution of household member who were sick by type of treatment according to severity of illness 17
2.2	Reported first intended and the actual action taken by household when family member sick..... 19
2.3	Health care cost regarding differences type of assistance..... 20
2.4	Percentage distribution of household members who were sick by type of treatment according to socio-economic status and demographic characteristic 22
3.1	Activity plan and time frame of the study 76
4.1	Age and monthly income..... 83
4.2	General characteristic of respondents..... 84
4.3	Knowledge and utilization of health services..... 86
4.4	Number and percentage distribution of households claimed to have health problem during the last one month..... 87
4.5	Households expenditure for minor and medium health problem..... 88
4.6	Knowledge regarding prepayment system..... 89
4.7	Preference about prepayment scheme and services to be covered..... 90
4.8	Opinion about community involvement in health center management... 91
4.9	General characteristic of households and their properties..... 92

LIST OF FIGURES

FIGURE	PAGE
2.1 Percentage of respondents given when household heads named one or more sources of funds used if a family member became very sick.....	12
2.2 Percentage of moderate/serious illnesses or injuries which received no treatment, by socio-economic status and province group.....	23
2.3 Factor contributing to low utilization of health services	28
3.1 Map of Cambodia	50
3.2 Map of Baray-Santuk Operational District	51

LIST OF ACRONYMS

ADB	: Asian Development Bank
CSES	: Cambodia Socio-Economic Survey
CPA	: Complementary Package of Activities
EDI	: Economic Development Institute
EPI	: Expanded Program of Immunization
HCDS	: Health Care Demand Survey
HSRI	: Health System Research Institute
GTZ	: Deutsche Gesellschaft für Technische Zusammenarbeit
MOP	: Ministry of Planning
MOH	: Ministry of Health
MPA	: Minimum Package of Activities
NIS	: National Institute of Statistic
NIPH	: National Institute of Public Health
NHS	: National Health Survey of Cambodia
NMCHC	: National Maternal and Child Health Center
REACH	: Resource for Child Health
USAID	: United States Agency for International Development
WHO	: World Health Organization
WB	: World Bank