Using community wealth ranking to identify the poor: case study of a community-based health insurance scheme in Burkina Faso

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Access to health care

• Access to health-care low in developing countries

• Poor people less likely to seek care than better off

• Community-based health insurance (CBI):
  – aims to improve healthcare utilisation by removing financial barriers

• CBI less effective in securing equity than expected
  – poor people less likely to enrol in such schemes
Community-based health insurance

- Introduced in 2004
- 41 villages and Nouna town (i.e. 7762 households)
- Unit of enrolment: household
- Premium: 1500 CFA (2.29€) adult 500 CFA (0.76€) child
- Benefit package: consultation fee, essential and generic drugs, lab tests, in-patient hospital stay, x-rays, emergency surgery, ambulance transport.
BUT, enrollment among the poor was low.

Therefore, in 2007, we decided to implement targeted interventions so that the most in need are not left out.

Premium subsidy was offered to the poorest 20% in every village.
Community self assessment of poverty

• Community wealth-ranking (CWR): Method of poverty assessment which allows the community itself to determine the wealth/poverty groups among themselves

• Identification in each village of the poorest 20% of households

• Subsidies: insurance offered at half the usual premium rate:
  - 750 CFA adult (1.14€)
  - 250 CFA child (0.38€)
CWR: procedure

4 steps conducted in every village (41) and sector of Nouna (7):

1. Focus Group Discussion
   - Perception of poverty
   - Define poverty groups

2. Identify 3 key informants

3. Wealth ranking

4. Consensus phase
   - Consensus between 3 key-informants
   - Agreement between 2 key-informants
   - Agreement between 3 key-informants
Focus group results

• 1666 / 7762 (21.4%) households have been selected in 41 villages and 7 sectors of Nouna

• Numbers of poverty group:
  – Average: 3 (poorest- middle - wealth)

• The poorest:
  – Dessebato « the poorest » in Dioula language
  – Nong saaba « the ones who suffer » in Moore language
  – Babasso « the poorest » in Bwamu language
# Definition of poverty

<table>
<thead>
<tr>
<th>Poverty criteria as defined by the community in FGDs</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very poor</td>
</tr>
<tr>
<td>Old person without child</td>
<td>+++</td>
</tr>
<tr>
<td>Needs to beg to live</td>
<td>+++</td>
</tr>
<tr>
<td>No chickens</td>
<td>+++</td>
</tr>
<tr>
<td>No assistance network</td>
<td>+++</td>
</tr>
<tr>
<td>Unable to finance medical costs</td>
<td>+++</td>
</tr>
<tr>
<td>In good health</td>
<td>++</td>
</tr>
<tr>
<td>High quality housing</td>
<td>++</td>
</tr>
<tr>
<td>Sufficient food</td>
<td>++</td>
</tr>
<tr>
<td>Nice clothes</td>
<td>++</td>
</tr>
<tr>
<td>Ownership of farming equipment</td>
<td>++</td>
</tr>
<tr>
<td>Able to support someone</td>
<td>++</td>
</tr>
<tr>
<td>Ownership of transport means</td>
<td>++</td>
</tr>
</tbody>
</table>
### Enrolment among the poor

<table>
<thead>
<tr>
<th></th>
<th>Villages</th>
<th>Nouna</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected as poor</td>
<td>1169</td>
<td>497</td>
<td>1679</td>
</tr>
<tr>
<td>N of poor HH enrolled before subsidies (2006)</td>
<td>13 (1.11%)</td>
<td>5 (1%)</td>
<td>18 (1.1%)</td>
</tr>
<tr>
<td>N of poor HH enrolled after subsidies (2007)</td>
<td>99 (8.46%)</td>
<td>88 (17.7%)</td>
<td>187 (11.1%)</td>
</tr>
</tbody>
</table>

#### Graph

- **Red**: Enrolment among the other quintiles (Q2 - Q5)
- **Blue**: Enrolment among the poorest (Q1)

- **2006**: 400
- **2007**: 600
- **2008**: 500
- **2009**: 700
## Healthcare access among the poor

<table>
<thead>
<tr>
<th></th>
<th>Group without subsidy</th>
<th>Group with subsidy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of insured</td>
<td>3188</td>
<td>934</td>
<td>4122</td>
</tr>
<tr>
<td>Number of consultations</td>
<td>5185</td>
<td>856</td>
<td>6041</td>
</tr>
<tr>
<td>Utilization rate (p&lt;0.01)</td>
<td>1.63</td>
<td>0.92</td>
<td>1.47</td>
</tr>
</tbody>
</table>

### Number of consultations per individual per annum

- **Insured without subsidy**
  - 0: 3188
  - 1: 934
  - 2-3: 5185
  - 4-5: 856
  - >5: 4122

- **Insured with subsidy**
  - 0: 3188
  - 1: 934
  - 2-3: 5185
  - 4-5: 856
  - >5: 4122
Conclusion

• Community wealth ranking:
  – alternative methodology to identify poor households
  – cost and time efficient compared to other methods
  – well accepted by population
  – provides assessment of household wealth where locally grounded data are required

• Benefits of CBI are not equally enjoyed by all socioeconomic groups:
  – there is first a need to subsidize the premium to favour the enrolment of the very poor
  – measures also need to be in place to maximize the population’s capacity to enjoy the benefits of insurance once insured.
Thanks for your attention