



Photo credit: Ayenew Haileselassie
A pastoralist village in Dillo Woreda, Oromia Region

Adapting CBHI for Pastoral Settings

Community-based health insurance (CBHI) is implemented in pastoralist and semi-pastoralist woredas (districts) in six regions of Ethiopia: Afar, Benishangul-Gumuz, Gambella, Oromia, Somali, and Southern Nations, Nationalities, and Peoples' (SNNP). Most households in these areas are mobile, traveling up to months at a time seeking water and pasture for their livestock. Their travels take them away from their home woredas and even regions. Despite the distinct lifestyle of their residents, pastoral woredas have established CBHI schemes using existing directives.

The USAID Health Financing Improvement Program assessed CBHI implementation in pastoralist communities in Oromia and SNNP in collaboration with the Ethiopian Health Insurance Service (EHIS) and regional counterparts. The study flagged several recommendations to make the CBHI effective in the pastoral context. The key ones include:

- **Mobility of benefits outside catchment or official area of residence:** The current SNNP CBHI directive, which requires CBHI members to use health facilities in their catchment areas only, should be revised to allow pastoralists to use facilities outside the catchment area as they seek pasture for their livestock.
- **CBHI identification cards:** Because of the mobile nature of pastoralist communities, households in these areas should be issued more than one CBHI identification card. This way, the staying and departing household members each have a card to access health services.

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- **Contribution amount:** To encourage equity and CBHI enrollment, the household contribution amount for membership in pastoralist communities should be revised considering there are fewer and more scattered health facilities in pastoral areas, and therefore health service utilization is lower compared to non-pastoral areas.

EHIS has taken steps to adapt CBHI in pastoral woredas based on the recommendations included in the study. For example, EHIS is advising regions to apply a slightly lower CBHI membership contribution amount in pastoral woredas. EHIS and regions will continue using the study findings and recommendations when making decisions about CBHI implementation in pastoral communities.

To read the full assessment report, follow this [link](#) or use the citation below to find it online:

USAID Health Financing Improvement Program. December 2021. *Rapid Assessment of Community-Based Health Insurance Implementation in Pastoral Woredas in Oromia and SNNP: Lessons for Adaptation and Scale-up*. Rockville, MD: USAID Health Financing Improvement Program, Abt Associates

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