BINDOY SOCIAL HEALTH INSURANCE INDIGENCY PROGRAM (BSHIIP)

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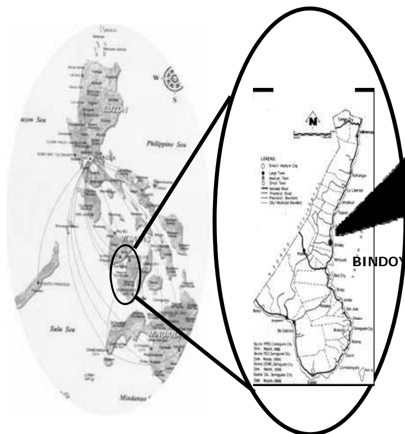
Bindoy

(located 70km north of Dumaguete City)



- 3rd class municipality
- 22 barangays
- Population: 38,680 (male : 50.7% / female : 49.3%)
- Households: 8,053
- Agricultural economy (coconut, sugar cane, rice, corn, mango)
- IRA-dependent : 47 M

* 77 % (6,074 families) of those below poverty threshold are covered with BSHIIP

First Term (1998-2001) Development Priority Programs

Water system

Farm-to-market roads

DELIVERED PROMISE

Other Infrastructure

Livelihood opportunities

But the people in Bindoy do not only need water, roads or bridges . . .

Social well-being

OUR STRATEGY FOR CHANGE

Health reforms through

Bindoy Social Health Insurance Indigency Program (BSHIIP)

STRATEGY 1. **COUNTERPARTING**

BSHIIP is a collaborative endeavor between and among these

KEY PLAYERS

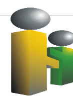
1 Bindoy Municipality

2 Households

3 Barangays

4 Oriental Negros Provincial Government

National Government
5 PhilHealth

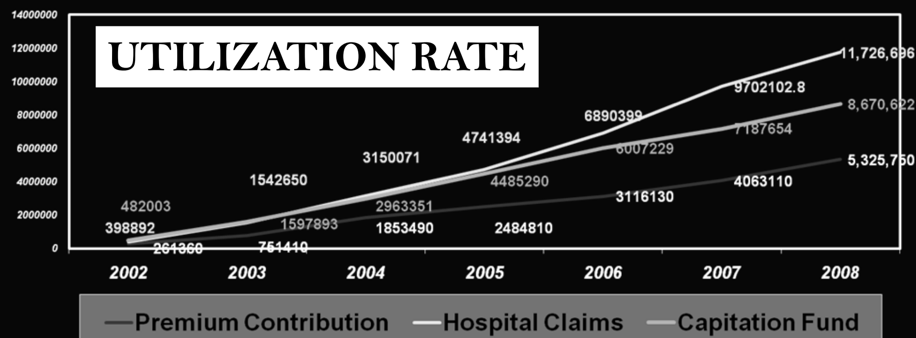


Strategy 2. **MARKETING SHARING STRATEGY**

Sharing scheme in the 1st year (2002)

KEY PLAYERS	SHARE (PhP)
Households	Free
Barangays	114,500 (1% of IRA)
Municipality	100,000
	125,000 (ILHZ counterpart for DOH-MGP)
Province (Gov. Arnaiz)	200,000
Cong. Jing Paras	1 million (for equipment of the facility)

BSHIIP where are we now?



2002- 2008	TOTAL
Premium Contribution	5,325,750
PCF received	8,670,622
Hospitalization Claims	11,726,698
Utilization Rate	383 %

What we accomplished

1. QUALITY HEALTH CARE & PROTECTION FOR THE POOR…

… 77 % of indigent families are enrolled in the program making health care affordable & accessible

What we accomplished

2. IMPROVED THE HEALTH FACILITY & SERVICE PROVIDERS CAPABILITY :

…enabled the RHU to be accredited in Outpatient Benefit Package, Maternal Care Provision & TB DOTS. Reimbursements to these ACCREDITED services and the adoption of users fee for selected laboratory procedures provide the LGU additional funds for health service delivery.

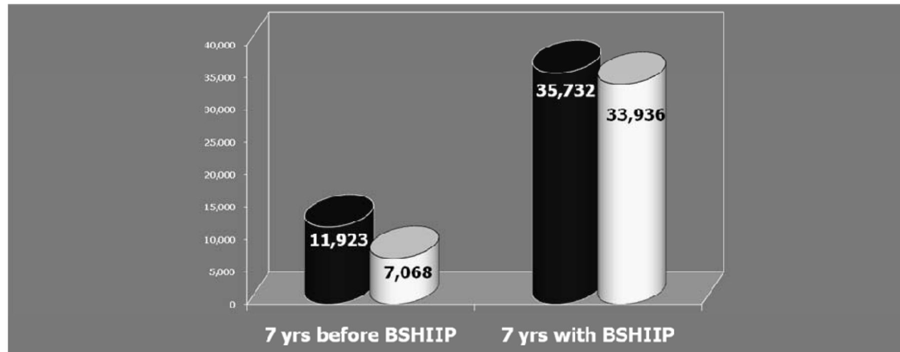
Recipient of LHP DTTB

RHU Main Health Center

Upgraded Lab Services w/ Users Fees

What we accomplished

3. ENHANCED THE GATE-KEEPING ROLE OF THE RHU



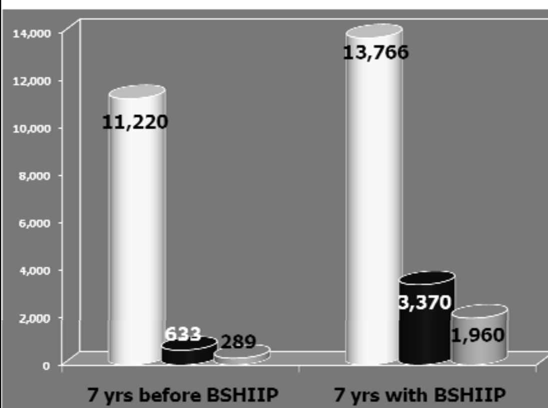
PRIMARY CONSULTATIONS	LABORATORY SERVICES
11,923 to 35,732	7,068 to 33,936

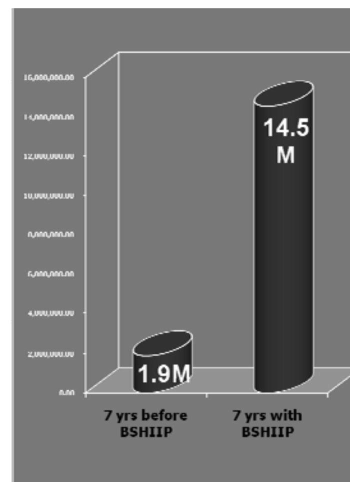
"increase in consultations & laboratory services raising health seeking behavior"

What we accomplished

4. INCREASED HOSPITAL INCOME

as paying patients





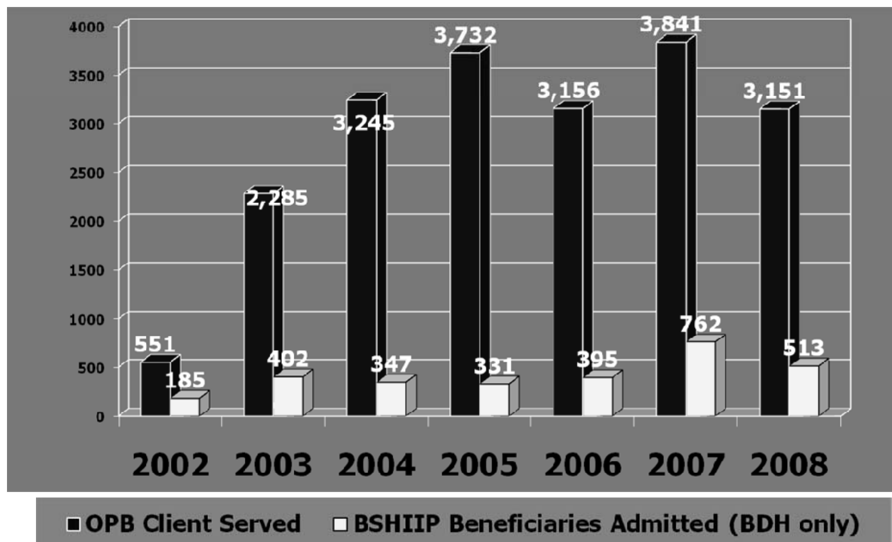
Admissions
PH members
Bindoy PH Members

Hospital Admissions

Hospital Income

What we accomplished

5. MORE PREVENTIVE THAN CURATIVE

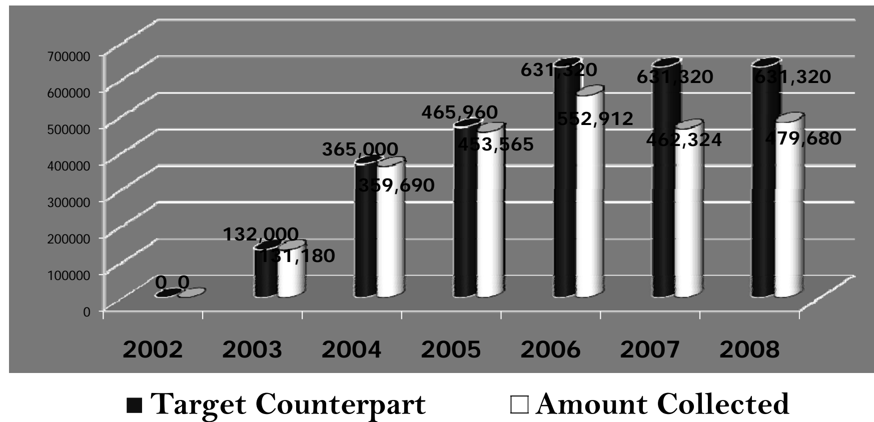


OPB Client Served | BSHIIP Beneficiaries Admitted (BDH only)

What we accomplished

6. PEOPLE EMPOWERMENT

…with intensive education campaign people learned that not everything can be provided for free & have to assume more responsibility for their health care .
(total average of 89 % collection efficiency)

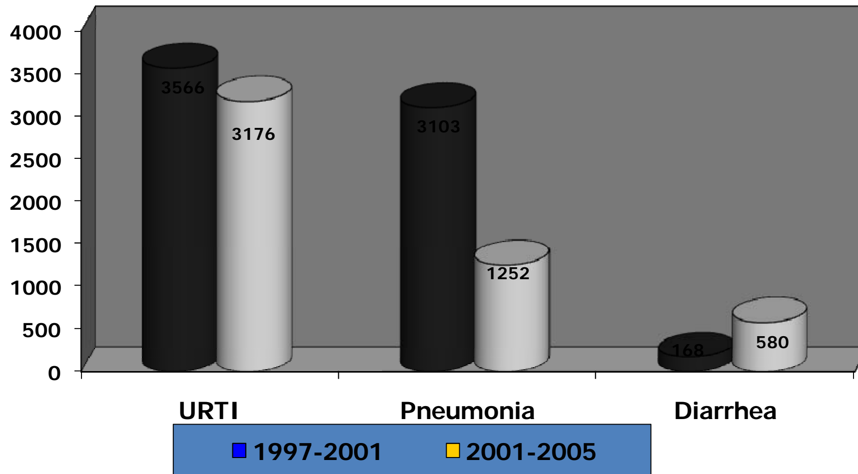


■ Target Counterpart □ Amount Collected

HEALTH OUTCOMES

Leading Causes of Morbidity

5 years before BSHIIP and 5 years with BSHIIP
(especially in terms of preventable diseases)



HEALTH OUTCOMES

Leading Causes of Mortality

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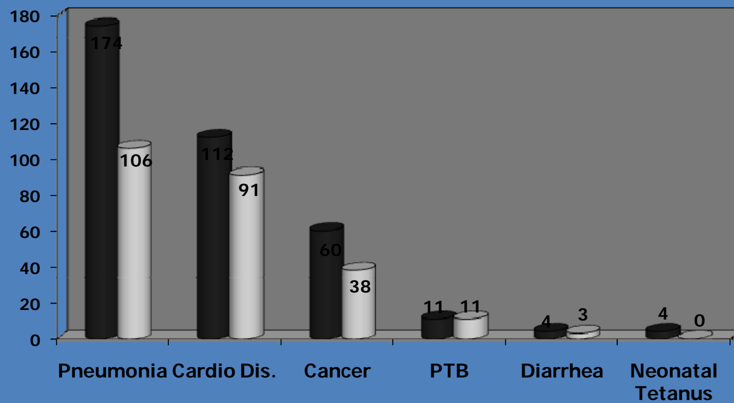


1997-2001 2002-2006

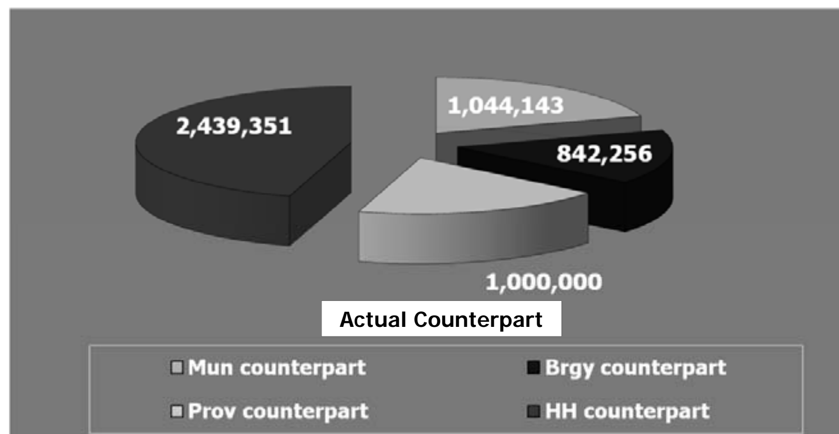
Lessons Learned

1. **Political will** of the local leaders at the different levels by their active support & commitment to the program.

2. **Info campaign** in 22 brgys encouraged the people to assume responsibility for managing their own health by putting their share of the premium.

Lessons Learned

3. **Multisectoral participation**: the approach made it easier for stakeholders to contribute their share



Lessons Learned

4. Capitation fund magic: 20%

PCF are not only shared to the health workers directly involved in providing the OPB Package but for all Midwives & BHWs involved in BSHIIP.

MHO = 7.5%, MHC Staff (OPB Service Provider) =5.5%
Midwives (according to their number of enrollees) =5 %
BHW's = 2%

5. No dole-out: households contribute in cash or in kind or even in service.

Lessons Learned

6. Periodic monitoring & evaluation: LGU /RHU monthly meeting, BHW quarterly meeting, two months prior to reenrollment of clients

7. Committed health workers:

the participation of committed health workers & designation of Point Person to ensure a smooth program implementation.

BSHIIP

Has served as an engine in improving health service capabilities and resource mobilization for other developmental programs/projects

1. **Leaders for Health – Doctor to the Barrios Program**

2. **CouPoL…** *a Reproductive Health Family Planning Project for Responsible Parenthood , Population Management & Livelihood*

3. **MSWDO Mentally Ill Program**

4. **CBMS (Community Based Monitoring System)**

BSHIIP CHALLENGES

…as a third class municipality

1. Problem - when a 4th class municipality is upgraded & classified as 3rd class municipality, PhilHealth will prospectively implement the 50-50 premium sharing scheme.

2. Effect – the burden of premium increase from 30% to 50% will be too much for the LGU to absorb and will be forced to reduce and sacrifice some enrollments.

3.Proposal – allow 4th class municipalities, which are upgraded to 3rd class, to continue the previous premium sharing scheme (with a gradual 5% increase every year) until it reaches the 50-50 sharing scheme.

PROPOSALS FROM BENEFICIARIES:

1. **More upgraded PhilHealth accredited government hospitals to maximize their benefits.**
2. **Adequate supply of medicines in PhilHealth accredited government hospitals.**
3. **Facilitate claims (hospital) & refund of medicines (stakeholders).**

"GOOD HEALTH IS GOOD GOVERNANCE"