

Pooling Resources **Mutuelles Increase Access to Health Care**

USAID/Rwanda is funding PRIME II's effort to make primary services more accessible to the country's most impoverished and underserved residents through the development and strengthening of community-based pre-payment schemes (*mutuelles*) in rural areas. Benefits of this initiative include increased use of reproductive health services and contributions to objectives such as levels of births in health facilities with trained attendants and availability of caesarian sections for high-risk deliveries. PRIME's work also contributes to the mission's objectives for enhancing democracy and governance and promoting consumer and community involvement in delivery of health care services.

Background

Life expectancy in Rwanda stands at 49, and an estimated 11.2% of the adult population is infected with HIV/AIDS. Since the genocide of 1994, poverty and related lack of financial access, combined with service quality and infrastructure issues, have resulted in low usage of health care services even when they are available. Households often grapple with severe financial problems; the country's poverty line was estimated at 65% in 1999. The MOH has adopted a policy of encouraging Rwandan households to pay for health care services through participating in the creation and management of *mutuelles*. The *mutuelles*, consequently, become increasingly sound as the financial risk is spread over a larger membership. The willingness to pay for services is affected by the perceived quality of those services. Similarly, if service delivery sites are able to retain at least some of the revenue from service-delivery fees, increased income may be an important future incentive for providers to reach a desired performance standard. PRIME's work in Rwanda allows new dimensions of the Performance Improvement (PI) method to be explored.

Interventions

Over the past year, PRIME II has assisted the MOH in implementing a pilot program to strengthen existing *mutuelles* in the districts of Byumba, Kabutare, and Kabgayi, home to approximately 15% of Rwanda's population of 8,100,000. In addition to central-level coordination, activities include:

- Managerial and operational improvements for *mutuelles*, including the role of *mutuelles* in quality of care
- Advocacy for increasing household membership in *mutuelles*

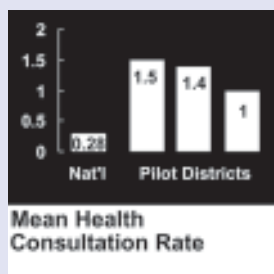
Reviewing Results in PRIME II

Case Studies from:

- El Salvador
- Uganda
- Kenya
- Bangladesh
- India
- **Rwanda**
- Ghana
- Benin
- HIV/AIDS Integration
- PI Global Partnerships

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- Planning a study of the cost of care to *mutuelle* members at health centers and partner hospitals in order to assess and improve the visibility of the *mutuelles*
- Development of a national policy framework and follow-up strategies for the *mutuelles*.



Results

PRIME II has built a foundation for broad participation in the *mutuelles*. PRIME conducted a comprehensive inventory of existing *mutuelles* in Rwanda and facilitated national framework and follow-up strategies based on the inventory results. Over 600 local elected officials and community health staff, including social workers, have been sensitized to their roles in encouraging people to join the *mutuelles* in their areas.

Significantly, the *mutuelles* in the three pilot districts already have over 90,000 members and have greatly improved members' access to health care facilities. Mean health care consultation rates of 1.5 visits per member yearly in Kabutare, 1.4 in Byumba, and 1 in Kabgayi are in stark contrast to the national mean rate of 0.28 consultations annually. PRIME II is strengthening the current system of *mutuelles* to increase membership and improve financial sustainability before expanding the program to new districts in Rwanda. Correspondingly, the performance of service providers is being strengthened to maintain member confidence in the quality of FP and other RH services being offered.

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