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Reviewing Results in PRIME II

Oct. 2001–Sept. 2002

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Community Health Insurance Prepayment Schemes Improve Accessibility and Quality of FP/RH Services

Widespread poverty and related lack of financial resources have resulted in low usage of family planning and reproductive health (FP/RH) services in Rwanda, even when services are readily available. USAID/Rwanda provided Field Support funds to PRIME II to increase access to and quality of RH services by improving provider and facility performance and strengthening community involvement in health services. One strategy utilized by PRIME II involves reinforcing the quality of RH services linked to community prepayment schemes (*mutuelles*), through which members receive care at their area health center. Advocacy, partnering and sensitization campaigns initiated by PRIME are resulting in encouraging gains for participating *mutuelles*, including significant growth in membership, increased contributions to health center revenues and improved quality and utilization of services.

Background: In 1999, the Rwanda Ministry of Health (MOH) adopted a policy encouraging Rwandan households to pay for health care services through participation in the creation and management of *mutuelles*, which become increasingly sound as financial risk is spread over a larger and larger membership. PRIME II has been assisting the MOH since 2000 to strengthen and sustain 54 *mutuelles* in the districts of Byumba, Kabgayi and Kabutare, home to approximately 15% of Rwanda's population of 8,300,000. The *mutuelles* are administered primarily by their members, even when service providers are designated as co-managers. In last year's Results Review, PRIME II reported preliminary data showing that *mutuelles* in all three districts had significantly improved members' access to health care facilities. Between November 2001 and January 2002, PRIME II helped to revamp the *mutuelle* organizational structures and district federations. PRIME assisted in training workshops on administrative and financial management for 216 people who are involved in the daily management of *mutuelles*.

Interventions: Using the Performance Improvement approach, PRIME II designed and facilitated advocacy campaigns to involve local officials and community leaders as partners in mobilizing and sensitizing community members to join *mutuelles*. The prepayment schemes offer a forum for dialogue between communities and service providers on matters such as the mix and quality of FP/RH services. These direct partnerships allow communities to hold providers accountable for the

services they offer. The *mutuelles* also secure a more reliable revenue stream for participating facilities and providers, who share in the design and management of locally-defined service packages. In some zones, PRIME has helped to implement a short-term microcredit loan mechanism in collaboration with rural banks for community members who want to join *mutuelles*. This work with the *mutuelles* is complemented by other PRIME II interventions including development of a national RH policy and service guidelines, which serve as the basis for curricula design, provider training and performance improvement.

Results: As of September 2002, overall *mutuelle* membership in the project districts has increased by 63% from initial membership. Two of the most successful *mutuelles*, Bungwe and Rushaki, have benefited, respectively, from 124% and 85% increases in membership since 2000. With 16,020 members, the Bungwe *mutuelle* includes 43.2% of the target population in its catchment area. The impressive results from these two *mutuelles* have been attributed in large part to the introduction of the short-term microcredit loan mechanism; the widespread availability of this option in other zones may facilitate membership gains for additional *mutuelles*.

Mutuelles contribute to stronger financial capacity at their partner health facilities, with some *mutuelles* now generating up to 75% of the total revenue for their corresponding health center. As the health centers are able to retain more revenue from service delivery, increased income may be an important incentive for providers to reach a desired performance standard. Correspondingly, as the willingness of clients to pay for services may be affected by the perceived quality of those services, *mutuelles* can play a role in influencing the quality of care.

Most importantly, data continue to show that *mutuelle* members access FP/RH health services to a greater extent than non-members who must pay for services on a case by case basis. Mean yearly health consultation rates per member are 1.3 for Bungwe *mutuelle* and 1 for Rushaki *mutuelle*, as compared to rates of 0.3 and 0.2, respectively, for non-members in those zones. While it is too early to draw firm conclusions, results from the *mutuelles* suggest that community health insurance may indeed be an effective mechanism for increasing accessibility to FP/RH services in Rwanda.

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