CONVERTING THREATS INTO POWER: TOWARDS THE OPTIMAL PARTICIPATION TO THE COMMUNITY-BASED HEALTH INSURANCE SCHEME IN RURAL RWANDA

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Community health work systems

- Efforts to enhanced community health work systems emerged following the Alma-Ata conference of 1978 which called for joint action by the health partners in the world to provide primary healthcare to all people.

- As a response to this call, different countries instituted community primary healthcare provisions to ensure health services are provided at the community level.
IN RWANDAN CONTEXT

In Rwanda, the community based health systems imply the work of Community Health Workers (CHWs) and the community-based health insurance scheme (CBHI).

1. CHW program is community based: normal citizens receive appropriate training to offer health promotion programs and distribute supplements, contraceptives and other products. They also test, treat or refer people with malaria, diarrhoea and tuberculosis.

2. The CBHI scheme is community based with the government support. Informally stated in 1999, the policy in 2004 and revised in 2010. It entails citizen participation mainly paying a fixed amount on time as part of the individual/family contribution to the scheme.
PROBLEM STATEMENT

- Despite policy efforts to develop CBHI, optimal community participation remains a challenge especially in rural areas.
- This is related to lack of money as most of the people are engaged in subsistence farming.
- To solve this problem, the Rwanda Civil Society Platform (RCSP) implemented in the Northern and Southern provinces a pilot project “Projet de Participation Citoyenne à la Mutuelle de Santé” (Citizen Participation to the Health Insurance) in 2013-2014 and 2014-2015.
- The project aims to improve citizen participation to CBHI in rural areas of Rwanda.
The aim of the study is to review the level of citizen participation to the CBHI in rural areas as a result of the RCSP project:

- We reviewed what was done, how it was done, and the impact so far.
- We used Mixed methods approach of data collection and analysis
- Documents from CBHI to review the participation trends.
- Ethnographic techniques: for community interpretations of the changes resulting from the project.
INFORMANTS

- Community opinion leaders:
  - (a) Women’s Counsel Leaders
  - (b) Community health workers
  - (c) Teachers
  - (d) Abunzi
  - (e) Leaders of self-help groups or micro-credit organizations
  - (f) Leaders of faith-based organizations.
## RESULTS

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<th>What was done?</th>
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<td><strong>Meetings:</strong> Call for a community meetings where people discussed approaches to be used to get money for family contribution</td>
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<td><strong>Involving CHWs:</strong> CHWs were involved in increasing awareness of the community at various levels</td>
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<td><strong>Community group discussions:</strong> Lead by community opinion leaders, the project engaged community group discussions for two purposes: (i) to increase the community awareness on the scheme (ii) to collect information on how better the scheme can respond to people’s needs.</td>
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<td><strong>Utilising the available ICT tools:</strong> People were also called to contribute their ideas through mobile, SMS, internet and social media</td>
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<td><strong>Encourage community financial groups (ibimina):</strong> Families in the same group supported mutually to pay their dues for CBHI.</td>
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Participation to the scheme is increasing since the start of the project:

![Graph showing the impact of participation over time with the years 2010 to 2015 and the cities Gakenke, Nyamagabe, Nyaruguru, Rulindo. The impact is measured on a scale from 0 to 100. The graph shows a clear upward trend for all cities, with Rulindo having the highest impact.](image-url)
We now understand the rationale of CBHI

With the support of our “ikimina” it is no longer very complicated to get money for contribution to CBHI.

I now understand that the first beneficiary of my contribution is me.
CONCLUSION AND RECOMMENDATIONS

- Rural people are “poor” as they don’t have money.
- They may not pay their contribution to the CBHI, and their reasons may be understandable.
- However, sensitisation and an effective organisation have worked in Rwanda: Contribution to the CBHI is now approaching 100%.

Show the people what their benefits are, and how easy they can make it!
Thank you all for your kind attention.