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Community-Managed Health Care

Mutuelles Unify the Population

Even when family planning and reproductive health (FP/RH) services are readily available, poverty and related lack of financial resources have resulted in low usage of services in Rwanda. In 1999, the Rwandan government began to encourage the creation of community-managed mutual health organizations, or mutuelles, to make primary health care more accessible to underserved residents and promote community involvement in service delivery.

Mutuelle membership dues cover services at partner health facilities, allowing Rwandans with scarce financial resources to access health care without the fear that they might have to sell precious land or livestock to pay their bill. As more members join, mutuelles become increasingly sound as the financial risk is shared by a larger and larger pool. Administered by their members, even when service providers are designated as co-managers, the mutuelles also offer a forum for dialogue with providers on the mix and quality of FP/RH services. Through such interaction, communities are more able to hold providers accountable for the services they offer.

Mobilizing Communities, Increasing Health Care Visits

As part of its assistance to the Rwandan Ministry of Health, the PRIME II Project has worked since 2000 to strengthen 54 mutuelles in Byumba, Kabutare and Kabgayi health districts. PRIME has also helped launch eight new mutuelles in Bugesera district (October 2002) and six in the district of Mugonero (August 2003). PRIME designed and facilitated advocacy campaigns to involve local officials and community leaders as partners in mobilizing community members to join, and assisted in conducting workshops on administrative and financial management for more than 1,000 people involved in the daily management of mutuelles.

Boasting more than 280,000 members, PRIME-assisted mutuelles currently cover 20% of their total catchment area. Membership in existing mutuelles in Byumba, Kabutare and Kabgayi has increased by almost 115% from initial levels. The rapid expansion of many of the new mutuelles supported by PRIME has been especially encouraging; for example, the Ruhuha mutuelle in Bugesera district included 17,297 members, or 70% of its catchment area, after a year of operation. Overall, the eight mutuelles in Bugesera district have achieved 40% membership, while the six Mugonero mutuelles include 30% of their catchment area after only two months. As in-
tended, mutuelles have contributed to increased use of FP/RH services; mean health care consultation rates have remained more than one visit per year in Byumba, Kabutare and Kabgayi, compared to a national rate (as of 2001) of 0.24 visits.

“People are coming more often for preventive care, which decreases further disease complications,” affirms Sister Yvette Vincent, director of the Bungwe Health Center. “The mutuelles unify the population, creating an assembly that promises a better quality of life.”

**Building Capacity for Sustainable Services**

Some of the most successful mutuelles, including Bungwe, have benefited from short-term microcredit loan mechanisms set up with assistance from PRIME in collaboration with rural banks. The loans are based on the principle of “social confidence,” allowing community members to finance their membership dues without a requirement for personal collateral. The model in Bungwe, set up with support from the mayor and a popular local bank, has served as a pilot for PRIME to guide administrators from other mutuelles in establishing similar mechanisms.

Mutuelles contribute to stronger financial capacity at their partner health facilities, with some now generating up to 75% of total revenue for their corresponding health center. As the 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. Thus the mutuelles can play a role in long-term sustainability of services while also influencing the accessibility and quality of care.