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POLICY CASE STUDY: MATERNAL HEALTH IN RWANDA

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ABSTRACT

The case study of Rwanda is particularly significant because it is a testament to the power of people to know that it is possible to turn a country that had come close to hacking itself out of existence, into a successful story. Lipsky's model of street level bureaucracies describe best the implementation of the nationwide health insurance in Rwanda, as it reflects the important role of the CHWs in Rwandan society and how raising awareness in terms of safe motherhood locally, through education campaigns leads to the success of the policy.

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The following investigation is based on critically assessing the dynamics of the implementation of the nationwide health insurance policy and the community health workers system in Rwanda, while examining their impact on maternal health. The essay incorporates the description of the policy implemented in Rwanda, the analysis of the factors that contributed to its implementation and the assessment of how the street level bureaucracies model reflects these dynamics. The case study of Rwanda is particularly significant because it

is a testament to the power of people to know that it is possible to turn a country that had come close to hacking itself out of existence, into a successful story (Tepperman, 2016).

In order to introduce the context of the nationwide health insurance policy and the community health workers system in connection to maternal health, the problem of the high rates of maternal mortality in Rwanda needs to be defined. Maternal mortality is defined as the 'death of a

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woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes' (World Health Organisation, n.d.). The problem of the high rates of maternal mortality in Rwanda arises because of the following reasons: women are often reluctant or unable to use public health facilities, the lengthy time it takes to transfer women to health facilities and shortcomings in the quality of care, even if women reach appropriate health facilities (Booth, 2013, p46). Therefore, beginning with pilots in 1999 and established in 2004, the micro-insurance policy, known as "Mutuelle de Sante" was introduced by the Government of Rwanda by creating a non profit venture providing health insurance for both formal and informal sector workers who were not members of other insurance plans (Booth, 2013, p 46). At the community level, health insurances are operated by community representatives and local health care providers (Sekabaraga, et.al., 2011).

The process of the formulation of the "Mutuelles" is based on funds from donor and development partners, the Government of Rwanda and contributions from individuals (Wang, et.al., 2016). According to the World Health Organisation (2013), 62% of the funding is domestic funding and the rest of 38% is funding from abroad. The objective of the policy according to the 2015 Health Sector Policy is: "to ensure universal financial access to quality health services in an equitable, efficient, and sustainable manner" (Africanstrategies4health.org, n.d.). The reduction of maternal mortality is essential

in achieving the goal of the nationwide health insurance. The "Mutuelle de Sante" enables women to access affordable cost wide range of maternal health services such as deliveries, surgical interventions pre- and post- part hospitalisation and ambulances services (Booth, 2013, p 50). The reason why the health insurance is considered to be affordable is the fact that it varies according to income and the extremely poor are not required to pay a premium for the Mutuelle program (Wang, et.al., 2016). In terms of the achievements of the implementation of the nationwide health insurance, there has been a significant decrease in the maternal mortality ratio (MMR), from 1,300 per 100,000 live births in 1990 to 487 per 100,000 live births in 2010 (Rw.one.un.org, n.d.). The decrease in the MMR is a direct consequence of the increasing number of women giving birth in health-care facilities while being members of the nation wide health insurance.

According to Dr. Agnes Binagwaho, a paediatrician who is currently the vice chancellor of the University of Global Health Equity and the former Rwandan Minister of Health, there was a need for an implementation of a policy in Rwanda that is based on the organisation of the provision of care and incorporates a system that can provide care where people live (Council, 2018). Dr. Agnes Binagwaho emphasised how essential it is to create a strong linkage between the community and the health facilities (Council, 2018). In order to achieve that, the community health workers system was implemented. Hence, even if Rwanda's 'Mutuelle de Sante' program is overseen at the national level with standardisation of coverage throughout the country, it is coordinated locally, while taking into

account geographical and financial access (Wang, et.al., 2016). Accordingly, each village elects four community health workers (CHWs), one of whom is responsible for maternal health (Booth, 2013, p50). More than that, CHWs contribute to raising awareness to the population about the need to use family planning methods, for pregnant women to attend ante-natal and post-natal consultations and to give birth at health centres (Booth,2013, p50). The government also played an essential role in the implementation of both the micro-insurance policy and CWHs system, as it set national guidelines and policies, including benefit packages and contribution policies (Sekabaraga, et.al., 2011). More specifically, in 2008, 'the government instituted district and national guarantee funds to subsidise the extension of the nationwide health insurance (Sekabaraga, et.al., 2011).

Other factors that significantly contributed to the implementation of the 'Mutuelles de Sante' while aiming to achieve safe motherhood are the introduction of public education campaigns, regularisation and sactions. An example reflecting their contribution is how in Musanze District, if instructed, local authorities impose a fine of 2000 Francs (\$3.50) on women who give birth at home and who do not follow the instructions based on undertaking antenatal consultations (Booth, 2013, p 48). To reinforce the importance of health insurances for safe motherhood, financial and in-kind gifts are given to women in health care facilities (Booth, 2013, p48). For example, in Nyagamabe District, the payment of the first year of a child's insurance is given as forma of gift.

In addition, the role of donors and the effectiveness of aid are two other key elements referring to the implementation of nationwide health insurance in Rwanda. The Government of Rwanda has decided to keep its aid effectiveness under observation and has established financial management systems that are open to all donors for examination to guarantee the transparency of aid (Logie, et. al., 2008). The importance of aid effectiveness is also reflected in how the official donor aid community has become committed in achieving transparency through better coordination mechanisms (Kaufmann, 2009). Furthermore, the benefits of donor coordination are playing a crucial role in improved information flow, reduction in number of inappropriately designed and uncoordinated projects and appropriate accountability of health financing agents which eventually lead to the success of the implementation of the 'Mutuelle de Sante' policy in Rwanda (Logie, et. al., 2008).

In connection to the implementation of nationwide health insurance in Rwanda, the community health workers system together with public campaigns play a key role. Subequently, their importance reflects Lipsky's (2010) street bureaucracies model, which is focused on work and interaction at 'street level'. 'Street level bureaucracies are the public services whose workers 'interact with and have wide discretion over the dispensation of benefits or allocation of public sanctions' (Lipsky, 2010, p.xi) and therefore citizens 'experience directly the government they have implicitly constructed' (Lipsky, 2010,p.xi). With this in mind, the local coordination of the 'Mutuelle de Sante' in Rwanda through the community health workers reinforces the

connection between the community and the health facilities and 'how to treat citizens alike in their claims on government and how at the same time to be responsive to the individual case when appropriate' (Lipsky 2010, p.xii). At the village level, because the citizens elect the ones that become community health workers, there is a linkage created based on trust and motivation. CHWs are an essential factor in deciding the allocation of the services in Rwanda. The citizens that benefit from their services, according to Lipsky (2010), are 'bureaucratic subjects' and 'must strike a balance between asserting their rights as citizens and confirming to the behaviours public agencies seek to place on them as clients' (pxvi).

In conclusion, Lipsky's model of street level bureaucracies describes best the implementation of the nationwide health insurance in Rwanda, as it reflects the important role of the CHWs in Rwandan society and how raising awareness in terms of safe motherhood locally, through education campaigns leads to the success of the policy. The investigation above first describes the 'Mutuelles de Sante' policy and its objectives in terms of affordable maternal health services, importance of ante-natal and post-natal consultations and deliveries at health facilities. Furthermore, factors such as regularisation, donors, aid effectiveness and CHWs that contributed to the implementation of the policy were analysed, while demonstrating how they contributed to the success of the 'Mutuelles' in Rwanda. Finally, the importance of a linkage between the community and the policy implemented by

the government was highlighted through Lipsky's model of street level bureaucracies. Overall, the investigation above shows that a good implementation of a policy can lead to positive results and that at the base of every solution lies the idea of first understanding the problem in depth in order to be able to make a change.

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