



Taking It to the Streets: Performance-Based Financing for Community Health in Rwanda

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“Ultimately, the Rwandan people must take responsibility for their own health. Nonetheless, through the Community Performance-based Financing models, the Government seeks to encourage participation from local communities in health matters and to empower people to be able to make informed health decisions”

—Richard Sezibera, Minister of Health Rwanda

Getting Started: A Conditional In-Kind Incentive Scheme is Launched

They expressed their commitment to communities—to helping the women and children in their villages live healthier lives—through a song. The chorus of volunteer community health workers danced through the air, as colorful as the khangas they wore.

In March 2010, Rwandan community health workers, health facility staff, district authorities and Ministry of Health (MOH) representatives gathered in Nyarubaka, a sector in Kamonyi district, for a ceremony inaugurating a new performance-based financing (PBF) program that, along with a new community health worker cooperative incentive program, aims to improve maternal and child health. The program provides incentives to eligible women conditional on meeting up to three targets:

- Prenatal care in the first 4 months of pregnancy,
- Institutional delivery, and
- Postnatal care by mother-child pairs within the first 7 days of birth

Under the program, any woman is eligible to receive up to 3 incentive packages, depending on how many targets she meets.

In order to mitigate adverse behavior as a result of the incentives, the woman is ineligible to receive incentives for 3 years following attaining her last target. There were 160 beneficiary women present for the ceremony, the first to receive the in-kind incentive packages through the new scheme. With extensive national media coverage, the ceremony was intended to initiate the conditional in-kind incentives program, as well as provide a forum to inform women across the country of the importance of timely utilization of key maternal and child health services.



Photo: Jennifer Sturdy/World Bank

Nyarubaka is one of Rwanda's 30 poorest sectors identified by the Ministry of Health to receive the demand-side incentives program in the first phase of implementation in order to reach the country's poor, vulnerable population as quickly as possible. After nearly a year of design and preparation, including a workshop led by MOH staff with health center and district health management teams, the in-kind incentives scheme was introduced in these 30 sectors (one in each of the country's 30 districts) in February 2010. For two months, health center staff in these sectors promoted the incentive program, and recorded the women who visited the health center for each of the incentivized health services. This initial phase will inform the MOH on the power of the selected in-kind incentives to increase utilization of key health services, as well as the capacity of health center staff to procure, manage and distribute incentives in a timely fashion. Lessons learned will be applied to the initial scale-up of the program to an additional 100 randomly selected sectors by August 2010.

Said one beneficiary: "This program will help to inform women who are not using these services on when and where to use them in order to improve their health, and their children's health."

Community PBF Builds on Past Success

As the global health community seeks innovative mechanisms to rapidly reach U.N. Millennium Development Goals (MDGs) 1(c), 4 and 5, Rwanda is paving the way for policymakers, practitioners and development partners to learn about what works and what doesn't with one such mechanism: performance-based financing (PBF) for health. Recent evidence from a rigorous evaluation of Rwanda's national primary health center PBF program suggests that PBF is potentially a powerful tool to rapidly increase utilization of key health services related to MDGs 4 and 5 (such as institutional delivery and child preventive care utilization) in sub-Saharan Africa, without compromising quality of care. After the success of the national supply-side PBF scheme, the Rwandan MOH began to explore other innovative uses of PBF to address the 2009-2012 MOH objectives, which include a renewed commitment to MDGs 1(c), 4 and 5 through increased utilization and improved quality of key health services.

Rwanda has traditionally focused its public health activities at the primary health center and hospital levels, where there has been a persistent crisis in human resources for health, poor infrastructure and modest utilization rates. Since 2006, the MOH led a series of initiatives to address these barriers to health care, including expansion of community health insurance coverage, from 35 percent in 2006 to nearly 85 percent in 2010, as well as the national supply-side PBF program. Despite these efforts, several key indicators

linked to reductions in maternal and infant mortality, such as timely prenatal and postnatal care utilization, as well as family planning for increased birth spacing, remain at stubbornly low levels. For this reason, the Rwanda MOH has complemented its own budgetary allocations with resources from the Health Results Innovation Trust Fund managed by the World Bank to finance two PBF interventions in the health sector—this time at the community level—with additional support from several international partners.

The Importance of Demand-side Incentives

Although conditional cash transfer programs have found great success in improving a range of human development outcomes throughout Latin America, countries in sub-Saharan Africa have been slow to introduce demand-side incentives. But they are "extremely critical for women," says Ministry of Health representative, Dr. Anicet Nzabonimpa, "especially those in the reproductive age group, to utilize key maternal and child health services in a timely and appropriate manner."

Conditional in-kind incentives were introduced informally in Rwanda by health centers using PBF funds during the scale-up of the primary health center PBF scheme, in order to attract more women for key services. But the ceremony in Nyarubaka marked the first time that the scheme has been taken up as a formal policy action.

The Rwandan MOH decided to use in-kind incentives, rather than cash. According to Dr. Fidele Ngabo, Director of Maternal and Child Health in the MOH, cash might not be used to buy items linked to improving maternal and child health. The in-kind incentive packages



Photo: Jennifer Sturdy/World Bank

each include a bar of soap, most include water purification products, and recipients are given the option to decide between an umbrella, adult clothing, and a well-baby package. The selection of these incentives was based on broad consultative meetings with health center staff and key partners. The specific incentives packages were identified because they are directly used by the beneficiaries and promote healthy behaviors such as hand washing. As for the 3 health indicators, these were selected because they “are in line with the MOH strategic plan to improve maternal and child health in order to address the MOH and MDG goals,” says Dr. Ngabo.

According to the Kamonyi district mayor, the incentive itself does not have to be large in order to have a significant impact: “when women are motivated with these simple but critical materials to use maternal and child health services in a timely manner, they improve their own health, their children’s health, and the health of their households because mothers have greater influence and role in their households.”



Photo: Jemière SturdyWorld Bank

What’s Next?

Following the Nyarubaka distribution ceremony, over 7,000 women across 30 sectors received their incentives packages. At the inauguration ceremony, the Nyarubaka Sector Administrator reminded women that the “incentive program was introduced to thank women who used the maternal and child health services at the right time” and he challenged the women who received incentives to be exemplary in the community and to encourage more women to use these key services. He concluded by thanking the MOH program implementers and supporting partners for the program, which he described as a “timely and important program aimed at addressing key maternal and child health challenges”, emphasizing that the strategy will encourage mothers who have been reluctant to utilize maternal and child health services. Word about the community PBF program is spreading: through national media, word-of-mouth, community health worker campaigns and traditional song, women are being informed about these critical health services and when to access them. With the program expected to be fully operational in 130 sectors (about 30% of the country) by September 2010, the MOH is expecting to distribute in-kind incentives to over 150,000 beneficiary women over two years. The Rwandan government is also continuing its commitment to evidence-based decision making, with a rigorous impact evaluation of the community health PBF interventions funded by the Health Results Innovation Trust Fund. The results are eagerly anticipated in 2012.

For questions regarding the Rwanda Community PBF project, please contact: Dr Fidel Ngabo (ngabog@yahoo.fr), TTL Gayle Martin (gmartin2@worldbank.org), or James Humuza (humuzajames@gmail.com)

¹ Basinga, Gertler et al “Paying Primary Health Centers for Performance in Rwanda”, Policy Research Working Paper Series

² Fiszbein A and Schady N Conditional Cash Transfers: Reducing Present and Future Poverty February 2009 by World Bank ISBN: 0-8213-7352-8