

MINUTES OF VALIDATION WORKSHOP HELD ON MARCH 01ST, 2013

This workshop took place in UMUBANO hotel and its main objectives encompassed the sharing of study results (research conducted on the satisfaction of health service delivery to community-based health insurance beneficiaries) with the partners of health sector in Rwanda especially the CBHI¹ in charges and the collection of their points of view that may consistently contribute to the recommendations of this study report. 50 people had been invited and the workshop agenda was scheduled as follows:

| Activities | Time | Responsible |
|--|---------------|------------------------------------|
| Arrival and registration of the participants | 08h30 – 9h00 | FIOM RWANDA logistic team |
| Presentation of the participants and agenda | 9h00 – 9h10 | FIOM RWANDA General coordinator |
| Welcome remarks | 09h10 – 9h20 | RCSP Spokesmen |
| Opening remarks | 9h20 – 9h35 | Guest of honor, Ministry of Health |
| Presentation of the study and its results | 9h35 – 10h35 | FIOM RWANDA (consultant) |
| Coffee break | 10h35 – 11h00 | Hotel |
| Exchanges and discussion | 11h00 – 12h30 | MC and FIOM RWANDA |
| Closing | 12h30 – 13h00 | FIOM RWANDA, General coordinator |
| Lunch and departure of the participants | 13h00 | Hotel /FIOM logistic team |

Due to the coincidence of different events this workshop has been attended by 44 people (see attendance list in the annex) from the civil societies, the public institutions and private sectors. These are the district administrators, the CBHI in charge at the district level, the executive directors of the civil society organization operating in health sector, MINALOC² and RGB³ delegates, different international partners, media, and beneficiaries' representatives.

1. INTRODUCTION WORD

The Master of the ceremonies (MC) started the workshop by welcoming and thanking all participants for attending and briefly he introduced the objectives of the workshop and its agenda. He then gave the speech to FIOM RWANDA General Coordinator for presentation of participants and the context of the research.



¹ Community-Based Health Insurance (Mituelle de santé)

² Ministry of Local Governance

³ Rwanda Governance Board

2. PRESENTATION OF THE PARTICIPANTS AND THE CONTEXT OF THE RESEARCH



The General Coordinator of Fiom Rwanda introduced the Guest of honor (Ministry of health's delegate who is the Director in charge of implementation of CBHI policy within the MOH⁴/ *seat in the middle*), RCSP⁵ Legal representative (*seat on the left side*) and kindly asked every participant to introduce him/herself. He provided a brief background of Fiom Rwanda and its various experiences in the field of health promotion. He briefly explained how the main objective of this research was to elucidate the current situation of

service delivery within the health sector for advocacy purpose and took that opportunity to acknowledge the good partnership between Fiom Rwanda and TAP⁶ as a donor of this action. He expressed his gratitude to various partners contributed to the achievements of that research as MOH, RCSP, Districts, RGB, MINALOC and Transparency International Rwanda. He provided some information regarding to the idea of this research, the implication of different stakeholders and the next phase after validation of the findings of the research.

Finally, he welcomed RCSP legal representative for his welcome remarks.

3. WELCOME REMARKS

The RCSP Legal representative to emphasize the importance of this research, he congratulated Fiom Rwanda for its commitment to conduct this research that tackling a very sensitive issue like CBHI and he got the opportunity to explain the role of the civil society which is mainly an advocacy. He called upon the civil society organizations to remember their role in monitoring of different policies in order to make an evidence-based advocacy. He assured the RCSP support for any CBHI beneficiaries' advocacy and he promised to partner with Fiom to achieve the advocacy plan within this regards.



He welcomed the delegate of the MOH to give out the minister's appreciations and proceed by official opening of that validation workshop.

⁴ Ministry Of Health

⁵ Rwanda Civil Society Platform

⁶ Transparency and Accountability Programs

4. OPENING REMARKS

The Director in charge of CBHI, on behalf of Minister of health, he congratulated the commitment, the partnership and collaboration of FIOM Rwanda. He briefly stated the CBHI policy, its challenges of implementation and successes according to the Ministry updated data. He appreciated the results of that research and findings available in the report document, saying that the research has been well done, the findings were deeply analyzed and its recommendations are evidence-based and consistent. He promised to take into account the recommendations from the workshop. He requested all participants to own the implementation of this CBHI policy especially in matter of mobilizing people for membership. He remarked that so far CBHI is not only over-appreciated at national level but also at international level by giving the example of USA.



At the end of his speech, the director in charge of CBHI, as delegate of the Minister, officially opened the validation workshop and wished participants to achieve successfully its objectives.

5. PRESENTATION OF STUDY AND ITS FINDINGS

That presentation has been made by consultant supported by the project director. The presentation was done in PPT projection and summarized in 45 slides. These are the main points presented:

- ➡ Partners in the research
- ➡ Main problems of health in the context of Rwanda
- ➡ Objectives of the research
- ➡ Methodology of the research (approaches and techniques)
- ➡ Sampling (study population and sample size according to RAO FORMULA)
- ➡ Summary of the results (presentation of more salient research data reflecting the satisfaction of health service delivery to CBHI members)
- ➡ Recommendations as addressed to the MOH, to the civil society organizations and to the beneficiaries



6. EXCHANGE AND DISCUSSIONS

That space of discussion was marked by participants' questions and suggestions aiming at improvement of the CBHI policy implementation. Some questions were addressed to the MOH while others were relating to the research itself and addressed to FIOM Rwanda. This was followed by the reactions and responses of the Minister delegate on different issues and concerns raised to the CBHI policy and of FIOM Rwanda on the ones raised to the research. Some raised issues were:

- ➡ Categorizations of CBHI members. The MOH delegate explained that these categories have been taken from "UBUDEHE" and he gave-out the clarifications of procedure. However the recommendation was to increase the sensitization and education of the population about CBHI and to repeat the categorization process.
- ➡ Delay of CBHI cards and this affect the service delivery as long as it pushes the time of getting health service while the period of CBHI is yearly. The participants mentioned the reasons of that delay and the most of the cases are the payment installments of beneficiaries not respected, payment of some of family members while they are supposed to pay for all members, delay of transferring relating funds for some CBHI partners for their beneficiaries and delay of categorization lists from local structures to facilitate the process of supporting poorest. It was requested to everyone to be conscious of the issue and avoid the delay.
- ➡ Partnership between CBHI and other health insurance as RSSB, MEDIPLAN, SORAS, MMI etc. To react on this issue, The MOH delegate mentioned the challenges linked to the target population of each insurance that are quite different compared to the CBHI which is mostly dominated by vulnerable and indigent people (higher-risk population on illness). For other insurance the membership fees are paid monthly in a big amount while for CBHI the amount of 3000Rwf is paid annually. This is also a challenge to partner with private pharmacies.
- ➡ Regarding the problem of medicines shortcut; the MOH delegate gave out the clarifications making reference to the challenge faced and promised to overcome. The CAMERWA after changing its status (from private to governmental institution) had been required to follow the procurement procedures of GoR⁷ and this made the delay of medicines availability. Accordingly the districts and health centers were required to provide the weekly reports for fear that such problem should occur again. It was suggested that CBHI program should pay attention to the availability of essential medicines and clinical services especially in rural health centers and health facilities.
- ➡ Regarding the problem of poor customer care services, he provided the information of the new strategies adopted:
 - a. The outer door of every health staff must indicate clearly his/her address
 - b. The establishment of line (114) for free charge call
 - c. The appointment of focal point for every hospital in MOH

⁷ Government of Rwanda.

- ➡ The issue was raised on the special care to offer to the poorest and the historically-marginalized people (Abasigajwe inyuma n'amateka). These people are ordinary supported by the government and/or other donors in matters of CBHI membership fees, but according to the discussions they are seriously vulnerable to get preliminary needs (pictures and basic sanitation needs) for being member of CBHI. The suggestion was to consider these particular cases in the process while waiting for adopting the proposition of using the digital picture used in ID for this purpose too.
- ➡ On the use of the findings of that validated research, the general coordinator of Fiom Rwanda has précised the advocacy purpose. To clarify this next step, he mentioned that after validation workshop Fiom Rwanda will set up an advocacy plan and this plan will be implemented in partnership with Rwanda Civil Society Platform through a committee of four people (2 from Fiom Rwanda and 2 from RCSP). This committee will help also to monitor the implementation of all recommendations set out, to advocate at deferent levels and to report the achievements.
- ➡ The participants asked why the study did not highlight the special categories like disabled people and how to know the men and women in CBHI situation while the membership is household affairs. The project director has explained that this study had not taken into account the categories of youth and disabled people. The target unit was the household and the number of male out of female had been found out by considering the respondents.
- ➡ As the Citizen report card was concern for some participants, the consultant has explained the citizen report card as a survey tool which uses questionnaires to assess both qualitative and quantitative situation of the service delivery.
- ➡ Other discussion was on the corruption in health service which was to fear and to combat. The participants wondered what kinds of corruption and its implication in service delivery. The Fiom RWANDA consultant explained that the kinds of corruption revealed by the study was the favoritism (an example of favoritism is the non respect of the arrival order for the patients while giving the fast service to people having some very close relation with agents of health)





7. FURTHER RECOMMENDATIONS

To the Government of Rwanda (Ministry of Health), Health institutions and local authorities:

- The MOH and local authorities should ensure the CBHI policy implementation especially to allocate the CBHI members in their respective categories in participatory manner. The members of CBHI should be informed on the results of categorization for making feedback or complains before publishing and put them in use.
- The MOH should increase the human resource skills and financial capacity within the health centers in order to improve service delivery towards entire satisfaction of beneficiaries.
- The MOH should pay attention to the availability of essential medicines and clinical services especially in rural health centers and health facilities.
- The health staff should avoid favoritism and fight against any type of corruption may occur in health service delivery
- The health center managers should put in place the operational mechanisms of problem resolution from CBHI' members. Otherwise the field visits of those in charge of the CBHI should solve many problems underlying in the community.
- The health centers should improve the behavior of the staff and respect medical ethic to achieve the better service delivery by giving all necessary information to the patients and ensure regular availability of medicines within their pharmacies.
- The local authorities should provide on time the list of vulnerable people to be supported, so that the payment of their membership fees might be done timely towards a better access to health care. The reasons for not paying of the CBHI fees or half payment should be carefully assessed by the local authorities before condemnation of the people.

To the civil society organizations:

- ❖ Sensitize people that the health insurance is compulsory and not only an issue of those who are sickly or unhealthy.

- ❖ Advise the population to be organized in cooperatives, tontines and/ or other forms of associations in order to increase their financial capacity for a better health insurance for all members of their respective families.
- ❖ For the ones who pay membership for vulnerable people, they should pay timely and totally the fees for all household members of targeted person towards a better access to health care and to avoid the delay of CBHI cards.

To the beneficiaries:

- The people should understand the importance of the CBHI and the strategies of CBHI policy implementation; and then to pay membership fees for all members of their families in order to speed the process of cards distribution. Otherwise they have to collaborate with management committees of CBHI within their cells and village to share the payment information.
- The CBHI users should own the policy and participate actively in its management at sector and district levels to ensure their concerns are taken into account
- They should regroup into community-based groups whose purpose is to increase financial capacities

To the media (journalists):

- The journalists should participate to mobilizing of people and sensitizing the community to own the CBHI policy. They must also understand the policy and its implementation context in order to explain the people while complaining against some measures taken by authorities for their intention, instead of relaying always on the population side. Then, they are called to take a mediator position to solve the conflicts linked to CBHI that may occur between authorities and CBHI users.

8. CONCLUSION

As the last conclusion, the results from the study conducted in the context of a project of support to the reinforcement of citizen contribution towards the improvement of the Community-Based Health Insurance (CBHI) in Rwanda, was validated by the participants of the workshop.

Finally the workshop was closed at 13:30 by the general Coordinator of FIOM Rwanda.



The Reporter of the workshop



Jean Paul HABIMANA

FIOM RWANDA, Programs Officer

The Chairperson of the workshop:



Janvier RUKWATAGE
FIOM RWANDA, General Coordinator