Improving Utilization of Healthcare Services Among Poor and Vulnerable Population Enrolled in Nigeria's Basic Health Care Provision Fund

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HEALTH SYSTEMS STRENGTHENING ACCELERATOR

Context

Nigeria's projected population of 213 million has a gross domestic product (GDP) of US$440.83 billion. However, the country's current health expenditure is only 3.38 percent of its GDP. Out-of-pocket spending accounts for 74.68 percent of the country's current health expenditures, with many households suffering catastrophic health expenditures.[1] In 2020 the federal government commenced implementation of the Basic Health Care Provision Fund (BHCPF) as a mechanism to expand financial risk protection among poor and vulnerable populations. Although state health insurance agencies in Nasarawa, Plateau and Zamfara States have enrolled these target groups into their schemes through BHCPF, utilization of health services among these enrollees has remained low. Unless addressed, persistent low utilization of health care services among poor and vulnerable groups will continue to deepen inequities in health access.

The BHCPF program functions within a complex adaptive system. Factors influencing utilization among enrollees are multilevel and interconnected. These include poor knowledge of the BHCPF and its benefit package, lack of trust in state health insurance schemes, distance to health facility, stock-outs of essential drugs and commodities in health facilities, lack of human resources for health in primary health care facilities, and delays in capitation payments from the government to health facilities. A systems thinking approach has provided a more holistic understanding of the linkages and feedback loops that exist between the different actors within the BHCPF system within the Nigerian health system.

The USAID Local Health Systems Sustainability Project (LHSS) supports Zamfara, Plateau and Nasarawa States to reduce health inequalities and improve access to quality essential health care services. The project works collaboratively with the agencies responsible for implementing BHCPF to increase BHCPF utilization and improve service delivery effectiveness. The responsible entities include state primary health care boards and state health insurance agencies. To understand the complex root causes of low utilization, LHSS applied a systems thinking tool called a Causal Loop Diagram, to illustrate the interrelated factors that influence health services utilization among BHCPF enrollees (Figure 1).

After building the diagram, LHSS supported the BHCPF in conducting an actor mapping exercise to ensure that key officials and stakeholders were included in the intervention. These included state-level actors (e.g., state primary health care boards and state social health insurance agencies), local government-level actors (e.g., primary health care directors, local government health educators, local government monitoring and evaluation officers, and BHCPF focal points), PHC-level actors (e.g., health workers and facility officers-in-charge), and community-level actors (e.g., town announcers, ward development committees, and enrollees).

Activity Description

The causal loop diagram found a positive association between utilization of services by enrollees and the level of knowledge, trust and understanding they had about the BHCPF program. These associations were identified as potential leverage points for the intervention. LHSS supported the BHCPF officials at the sub-national level in creating a multi-pronged effort designed to impact all program facilities. The activities included:

- Facilitate stronger linkages to support joint decision making between state agencies responsible for BHCPF implementation and local government health authorities.
- Conduct town hall meetings with BHCPF enrollees.
- Conduct mobilization campaigns to sensitize enrollees on the Basic Minimum Package of Health Services and raise awareness about the town hall meeting discussion opportunities to learn more.

The purpose of these townhall meetings was to mobilize and engage enrollees, improve their knowledge of the BHCPF and raise awareness about their right to access this public sector health benefits package. The meetings were conducted at PHC facilities and led by the facility officers-in-charge and BHCPF focal points.

The town halls also served as a platform to addredress any challenges enrollees may have experienced at their health facility or BHCPF services, and to promote increased utilization of health services among beneficiaries. In preparation for these meetings, LHSS supported the BHDPF in convening planning meetings with state and local government stakeholders to review current utilization data, discuss known challenges, and and identify strategies to improve service utilization. Town announcers and ward development committees (WDCs) held enrollee outreach campaigns to raise awareness about the upcoming town hall meetings.

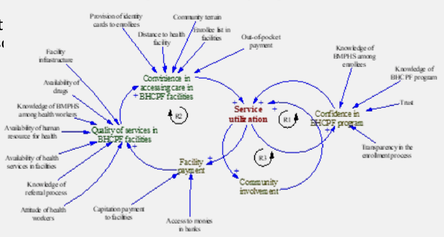
Activity Impact

Between October and December 2022, Nasarawa, Plateau and Zamfara States conducted 147, 253 and 135 enrollee town hall meetings respectively. Continuing into 2023, Nasarawa, Plateau and Zamfara conducted 132, 298 and 129 meetings, respectively, between January and March. These town hall meetings provided an opportunity to directly engage, inform and educate the poor and vulnerable enrolled in the BHCPF program about the package of services available to them. These public events provided a venue to discuss the concepts of financial risk protection and to discourage out-of-pocket spending on health to mitigate distress financing for health services.

The meetings contributed to improved utilization of health services by dispelling the fear of health care costs that are associated with seeking care and encouraged enrollees to visit facilities where they can access quality health care.

In addition to client outreach and promoting increased utilization of services, the LHSS-supported activity achieved a broader impact on the health system through fostering closer collaboration between the primary health care board and the state health insurance agencies, who intern enhanced their collaboration with local government health authorities. The meetings also helped to strengthen the role and function of community structures (e.g., town announcers and ward development committees) in conducting enrollee outreach. In sum, these efforts are building trust in the health system among community members including BHCPF enrollees.

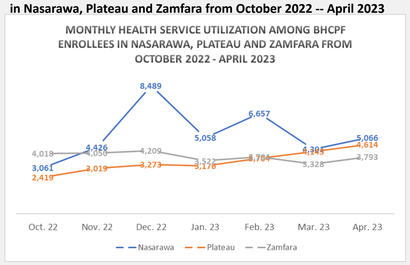
Figure 1. Causal Loop Diagram



Evidence

In part due to the success of the town hallmeetings, utilization of BHCPF services among total poor and vulnerable increased from 14 percent in October 2022 to 18 percent in April 2023 in Nasarawa State. Similarly, the utilization rate among these same groups increased from 7 percent in October 2022 to 13 percent in April 2023 in Plateau State. Figure 2 illustrates increased utilization rates among BHCPF enrollees in the three states. There is variation in increased utilization rates among states and by month. Whereas there was a sharp rise in health service utilization in Nasarawa State, peaking in the months of December 2022 and February 2023, utilization increases were gradual and progressive in Plateau State. In Zamfara, although there was a gradual increase between October and December 2022, utilization declined in January 2023. Attribution has limitations due to potential other health systems interventions that may have contributed to the observed increased utilization rates. To address this limitation, and strengthen the quality of evidence, additional qualitative interviews with enrollees are needed to ascertain the factors that influenced their decision to seek health care at BHCPF facilities.

Figure 2. Monthly Health Service Utilization among BHCPF Enrollees in Nasarawa, Plateau and Zamfara from October 2022 -- April 2023



Facilitators

Health care utilization increased by improving knowledge, trust and confidence among enrollees of BHCPF services and facilities. Facilitators included:

1. **Local planning and collaborative decision-making:** LHSS supported a planning meeting at state-level that brought together stakeholders from state agencies and local government health authorities to discuss context-specific challenges contributing to low utilization. Participants jointly identified strategies for improving the enrollee town hall meeting.
2. **Local ownership:** There is strong sense of ownership of this activity at the facility level as facility officers in-charge take responsibility for planning and coordinating the enrollee townhall meetings in their facilities. In an illustration of their commitment to this process, ownership and sustainability, BHCPF facilities in Nasarawa State have incorporated funding for future town hall meetings in their quarterly business plans and budgets.
3. **Community participation:** LHSS encourages the use of existing community structures for mobilization. The Ward Development Committees (WDC) of health facilities exist in communities and they support mobilization of enrollees to the town hall meetings. The community town announcers also support house-to-house enrollee outreach to encourage their participation in town hall meetings.
4. **Availability of resources:** LHSS encouraged stakeholders to leverage available resources. For example, facilities have made in-kind space available to conduct the town hall meetings.
5. **Leadership responsiveness**: The state health insurance agencies now view the town hall meetings as integral to their client engagement activities and an important factor in improving quality of care. Local Government Health Authorities (LGHA) officials routinely monitor these meetings across their jurisdictions.

Challenges

1. Enrollee attendance at town hall meetings has been low in some facilities, in part due to long distances between enrollees and the location of their assigned meetings. LHSS is supporting state health insurance agencies to re-assign enrollees so they can attend meetings in more geographically convenient facilities.
2. Several facilities become inaccessible during the rainy season. LHSS is supporting the state health insurance agencies to map facilities that typically become inaccessible and redirect enrollees to alternative sites.
3. Insecurity from banditry and kidnapping in some areas in Zamfara State has interfered with town hall meetings. LHSS supported the state Ministry of Health to inaugurate a BHCPF local government oversight committee to improve coordination and support in these areas.
4. BHCPF does not have social and behavior change communication (SBCC) materials to use as teaching aids during town hall meetings. LHSS is supporting BHCPF to address this important gap and develop culturally appropriate SBCC materials.

Lessons Learned

LHSS supported BHCPF in undertaking a significant amount of work to implement this activity, including the town hall meetings, through a series of state-level planning and community engagement initiatives. These inputs positively impacted dynamics of the health system through the creation of new linkages, engaging community stakeholders, and creating a collaborative environment. In sum the activity has contributed to locally sustainable solutions, if maintained and further reinforced. LHSS supported BHCPF in using systems thinking tools to understand the root causes of the challenges associated with low enrollee utilization. Findings from these exercises informed the design of a multipronged intervention which included town hall meetings, linkages between state and local government stakeholders, and community engagement. These interventions strengthened knowledge, trust, and confidence in the system which, based on the causal loop diagram, have had a direct positive effect on increasing service utilization among vulnerable target groups.

References
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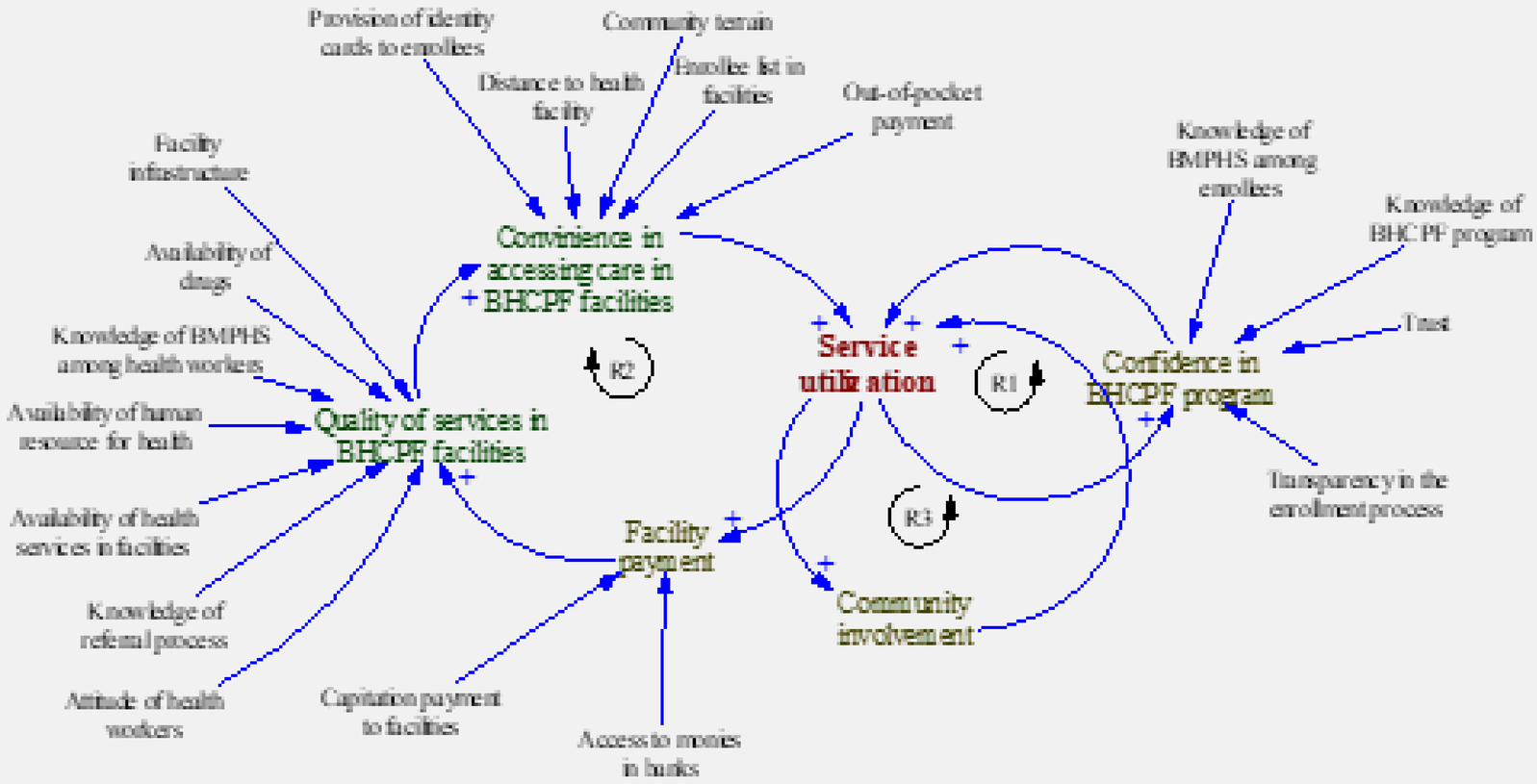
Provision of identity cards to enrollees
Community terrain
Distance to health facility
Enrollee list in facilities
Out-of-pocket payment
Facility infrastructure
Availability of drugs
Knowledge of BMPHS among health workers
Availability of human resource for health
Availability of health services in facilities
Knowledge of referral process
Attitude of health workers
Capitation payment to facilities
Access to monies in banks
Convinience in accessing care in BHCPF facilities
Quality of services in BHCPF facilities
Facility payment
Service utilization
Community involvement
Knowledge of BMPHS among enrollees
Knowledge of BHCPF program
Trust
Confidence in BHCPF program
Transparency in the enrollment process
R1
R2
R3
+