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 172, 234 and 142 enrollee town hall meetings from January to March. These town hall meetings provided an opportunity to directly engage, inform and educate the poor and vulnerable enrollees and BHCPF stakeholders about the 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 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 in turn strengthened their collaboration with the state health care boards and state health authorities. The meetings also helped to strengthen the role and function of community structures (e.g., town announcers and ward development committees), which served to mobilize enrollees to the town hall meetings. In sum, these efforts are building trust in the health system among community members, including BHCPF enrollees.

Evidence

In part due to the success of the town hall meetings, utilization of BHCPF services among 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. There is variation in increased utilization rates among states and by month. Whereas there was a sharp rise in health service utilization rates in October 2022 in Plateau State, similar utilization increases were gradual and progressive in Plateau State. In Zamfara, although there was an 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, 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 in turn strengthened their collaboration with the state health care boards and state health authorities. The meetings also helped to strengthen the role and function of community structures (e.g., town announcers and ward development committees), which served to mobilize enrollees to the town hall meetings. In sum, these efforts are building trust in the health system among community members, including BHCPF enrollees.

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 became inaccessible during the rainy season. LHSS is supporting the state health insurance agencies to map facilities that typically become inaccessible and re-assign 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 helped to shape the dynamics of the health systems and to address gaps in the utilization of health services, 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 multifaceted 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 above, have a direct positive effect on increasing service utilization among vulnerable target groups.

References

1 World Health Organization. Global Health Expenditure Database. https://apps.who.int/nha/database/country_profile

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 key leverage points for the intervention. LHSS supported the BHCPF to improve 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 to raise awareness and motivate enrollees to participate.
- 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, raise awareness of the 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 townhall meetings also served to educate enrollees who had been experienced of their health facility or BHCPF services, and to promote increased utilization of health services among beneficiaries. In preparation for the BHCPF town hall meetings, 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 in turn strengthened their collaboration with the state health care boards and state health authorities. The meetings also helped to strengthen the role and function of community structures (e.g., town announcers and ward development committees), which served to mobilize enrollees to the town hall meetings. In sum, these efforts are building trust in the health system among community members, including BHCPF enrollees.

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 analyzed root causes of utilization and developed 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 effort to address the identified barriers and limitations due to potential other health systems interventions, the Nasarawa State have incorporated funding for future town hall meetings in their quarterly business plans and action plans.

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 encourages local government health authorities to mobilize resources for the required interventions. For example, facilities have made in-kind space available to conduct the town hall meetings.

5. Leadership responsiveness: The state health insurance agencies have move 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.