

Universal Health Coverage Intervention for the Nigeria Programme: Using Donor Funds to Subsidize Health Cost for Poor & Vulnerable.

Christian Aid Experience!!

*“UHC LGA Initiative.....Leaving No One’s Health
Behind”*

*UHC National Summit
16th Dec 2021*

@ Main Auditorium - Musa Yaradua Centre - Abuja



Presentation Outline:

- **Brief Intro**
- **Project Goal & Objectives**
- **Expected Outcomes**
- **Key Achievements**
- **Status of Implementation.....What we did!!**
- **Lessons Learnt**
- **Challenges**
- **Pictures**

UHC & What it is to Us:

- Christian Aid UK is an International Faith-Based Non-Government Organization; and has been operational in Nigeria since 2005 – (but globally CA is 76years – since 1945)


“Our vision in Nigeria is for a just, equitable and peaceful Nigerian society in which poverty has been eradicated and every person is empowered to live life in its fullness.”

- **A Global Commitment:** to deliver UHC by 2030 under SDG 3 with target 3.8 pledging that all countries will ‘achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
<https://sustainabledevelopment.un.org/SDG3>
- **As Christian Aid, we believe:**
 - Inclusion and leave no one behind – reach the furthest behind first.
 - Communities should play a central role in defining the UHC agenda.
 - Domestic Resource Mobilisation (DRM) is a vital means of achieving sustainable financing for UHC.
 - Equitable fiscal policies -.

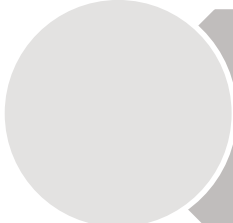
Goal & Objectives:




To increase access to and uptake of quality affordable basic health care for vulnerable and marginalized people in the target communities




To improve the knowledge, attitude and practice of targeted communities and stakeholders through evidence-based programming and knowledge/learning sharing



To sensitize and mobilize informal sectors in the target communities for enrolment into the health insurance schemes



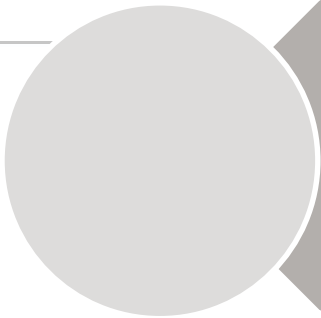
To carry out targeted advocacy actions to address social norm and values that hinder access to and uptake of available health care services in the target communities




To enhance the capacity of state and community structures to provide basic affordable healthcare services in Benue and Nasarawa States – resource mobilization and accountable governance




Expected Outcomes:



Improved knowledge, attitude and practises of targeted communities and stakeholders through evidence-based programming and knowledge/learning sharing



Increased demand for Health Insurance Services among target groups



State structures' capacity enhanced to provide basic affordable healthcare service delivery

Key Achievements:



Registration and Enrollment of 790 persons in FCT, Nasarawa & Benue States

Increased service utilization across the implementing wards

Sensitization of informal sector groups

Improved service delivery, particularly the referral process for enrollees

Adoption Works

VSLAs



Increased service satisfaction from beneficiaries

Advocacy

1

- ❖ Entry level advocacy to state & community leaders – Governor's Office, ES of SHIAs, Emir of Keffi, district heads
- ❖ Engagement with informal sector heads
- ❖ Training of Youth Gender Advocates & LGA UHC Cmt
- ❖ Stakeholders Review Forum – ES of SHIAs

Community Mobilization

2

- ❖ Mapping of existing services & structures in the communities
- ❖ Simplification of the Health Insurance policy using local Languages
- ❖ Targeted Sensitization of Informal Groups – NURTWs, Market Ass., FOWAN, Artisans .

Resource Mobilization

3

- ❖ Training of Community Resource Persons on resource mobilization
- ❖ Adoption of 790 persons & Philanthropic Contributions
- ❖ Engaging traditional Finance Support Groups – VSLAs, Co-operative

Accountability

4

- ❖ Appraisal of status of pro UHC policy thrust and assessment of primary health care facilities
- ❖ Monitoring of services delivery & utilization at authorized PHCs
- ❖ Institute Community Feedback Mechanism – 24hrs hotline and compliant boxes for feedback from beneficiaries

Lessons Learned.....

Combining effective community engagement with health insurance enrolment translates to higher facility utilization than health insurance enrolment alone

Communication of UHC campaign messages in the local languages enhanced the ability of the community resource persons & the sensitized groups to understand the UHC campaign messages

Facilitating strategic engagement of SHIA and SPHCDA with service providers helps to provide lasting solutions to supply-side issues

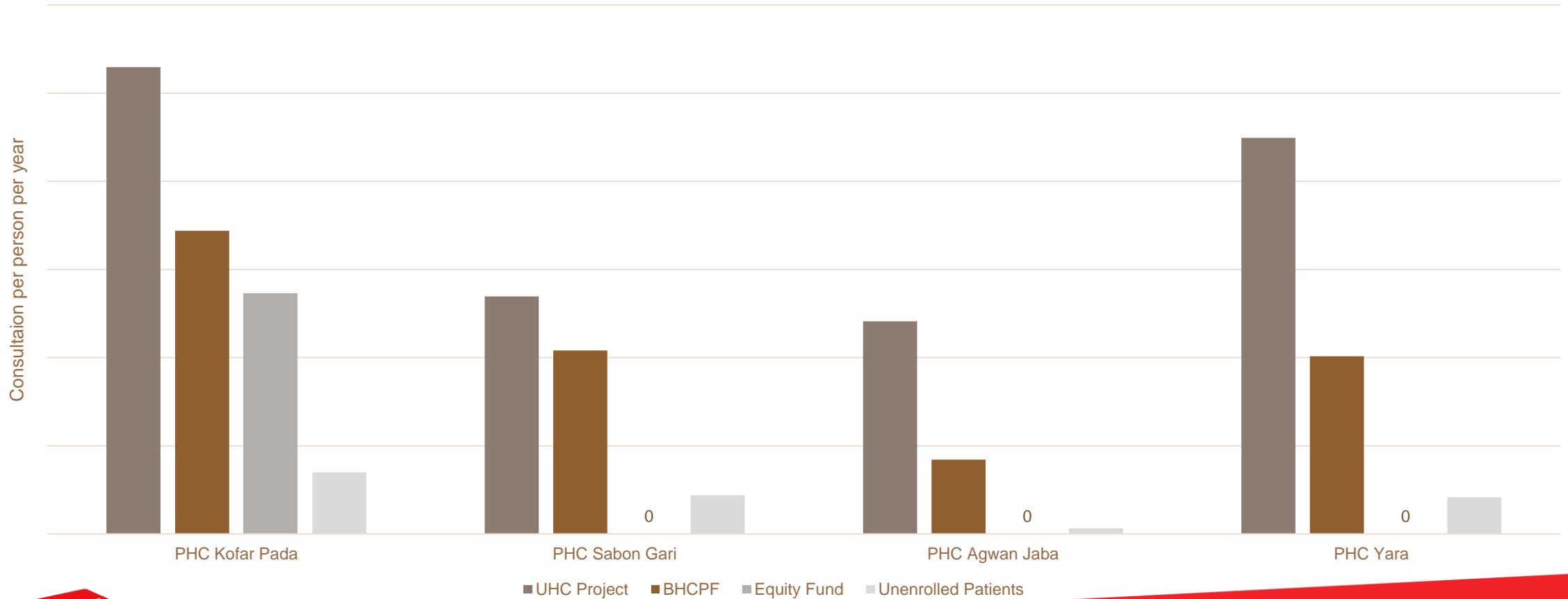
- Continuous follow-up with beneficiaries facilitated increase in service utilization

Existing Community Structures for Sustainability – VSLA, Co-operative Societies

- Positive feedbacks and testimonies from beneficiaries are essential to propagate campaign messages for health insurance enrolment

Comparison of Facility Utilization rate of UHC Project vis-à-vis BHCPF and State Equity Fund

Facility Utilization rate (based on 5months of health service utilization)



Testimonies from UHC Project Beneficiaries

“I am one of the beneficiaries of this program, I was very sick, I went to PHC Main Market in Yara ward and I was referred to Nagari hospital because they said I have severe asthma. So, in Nagari hospital they did x-ray for my chest, they gave me drugs and everything. I am now much better and I did not pay any money. I even went there twice, they gave me oxygen without paying anything” –**Hussaina Atiku**

“I was having malaria and typhoid, I went to Tundun Kofa PHC with my card, and they attended to me very well, I did not pay money for anything, I am very satisfied” -**Abubakar Wada (PWD)**

“I was having problem of malaria, I went to Agwan Jaba Primary Health Care, after doing test, they gave me drugs free, everything was free” –**Halimatu Muhammed**

Challenges.....

- Insurance is all about “TRUST”
- Preparedness of the State Health Insurance Agencies

Picture Gallery

FGD with Women Group on Health Insurance – opportunities & Challenges



Town Hall Meeting in Enugba Agautu LGA – Benue State



Emir of Keffi presenting Enrolment ID Card to a Beneficiary in Keffi – during the project flag-off

Advocacy visit to the Office of the Executive Secretary of NASHIA



Stakeholders Project Review Meeting in Benue State – Rep from Plateau, Benue, Nasarawa with the Benue State Comm. Of Health

Training Of Community Resource Persons



Baseline Facility Assessment



Registration and Enrollment of Beneficiaries



Monthly Meeting



Monthly Monitoring of Activities



Official flag-off of the UHC Program



