

Desk Review of the

FCT HEALTH INSURANCE SCHEME (FHIS)

Towards Attaining the Universal Health
Coverage (UHC)



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Acknowledgement

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Executive Summary

YouthHubAfrica with support from Christian Aid is implementing a project named Advancing Universal Health Coverage (UHC) through the Gender Justice Advocates In FCT.

During the course of this project, there would be a need to identify issues that hinder the access to health care as well as possible solutions to improve access to the health care scheme in the FCT. The consultant would bring a clearer perspective to understand how the Universal Health Coverage through the Federal Capital Territory Health Insurance Scheme (FHIS) has fared, its challenges and recommendations for improved access to quality and affordable healthcare services in the FCT.

The aim of the consultancy is to conduct status review of Federal Capital Territory Health Insurance System (FHIS) in the implementation of Universal Health Coverage.

Identified Gaps in the Implementation of the FHIS

Through the general desk review activities and interviews successfully conducted as indicated in the deployed methodology, the following are the key outcomes, highlighting the key issues and gaps, as well as recommendations and considerations:

Key Issues at Policy Level

At policy level, the desk review was able to highlight three specific areas requiring review. These include following:

- Coverage and Categorization
- Cost and Payment Terms
- Consideration of HMOs

Key Issues at Implementation Level

Employing the methodology of interviews as well as literature review, the study identified the following issues and recommendations from the samples and interviewees:

1. Poor Awareness
2. Negative Perception
3. Weak Inter-Institution Partnerships
4. Preferential and Inadequate Treatments
5. Enrolment Difficulty
6. Poor Service Delivery

Policy Advocacy and Service Delivery Opportunities

1. General Policy and Operations Review
2. Strategic Advocacy Plan for Citizenry and Community Mobilization
3. Inclusion and Implementation of an Independent MEAL
4. Free Enrolment of Select Women and Girls



Background

Healthcare remains one of the greatest needs of man all through time and in considering healthcare, recourse has to be paid to the ethics, the people, the process and other intangible considerations. These considerations are responsible for health care being possible in the first place and also responsible for the cost of healthcare which is known to – sometimes – be out of the reach of the common man. According to IOM (1993), access to health care means having the timely use of personal health services to achieve the best health outcomes. Access to health is very important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all. Out of pocket payment for healthcare is then identified as one of the challenges facing healthcare delivery in many countries of the world. Prepaid methods of healthcare financing is quite common across the globe and most importantly in the developed world but it is being just adopted in many African countries, and most especially in Nigeria as a viable strategy to achieving universal health coverage. With new policies, legal frameworks and laws, Nigeria is now ready to take on universal health coverage and, in its entirety, albeit through the National Health Act in 2014, with an embedded catalytic Basic Health Care Provision Fund (BHCPF) to support the revitalization of primary health care. This is important and necessary because State-supported social security systems of financing healthcare will substantially reduce the burden of healthcare costs on individuals and families.

Rationale

Over 60% of Nigerians currently lack access to the Universal Health Coverage 1 and with a little above 160,000 2 persons covered in FCT as of 2020. This shows a huge gap if compared to the total population of about a 3.2Million people.

The Federal Capital Territory (FCT) with an operational status similar to a state had moved to establish a health insurance programme in line with the National Health Insurance Scheme (NHIS) model for the teeming population of FCT. A structured programme was thus established as an FCT Health Insurance Scheme (FHIS) which is a social Health Insurance program designed to provide affordable, accessible and quantitative Health care to the FCT workforce and residents alike. The formal operational policy has been in place for over 2 years, while the attendant Bill for its enactment as a statutory body is still before the Nigeria National Assembly. The programme has been rolled out and notably, in September 2020, it fully developed and approved its 5-year Strategic Plan and also developed its Annual Operation plan.

1. Determinants of health insurance enrolment in Ghana: evidence from three national household surveys <https://academic.oup.com/heapol/article/34/8/582/5552794>
2. Progress on State Social Health Insurance (SSHS) Reforms in Nigeria as at January 2021
3. Accelerating Health Insurance for Equity Project, West Africa Institute of Public Health

The FCT Health Insurance Scheme still holds so many opportunities for young people, most especially young women and girls. Against the backdrop of high mortality rate, low rating on the Gender-Based Violence Index and very low budgetary allocation to health care, challenges posed by the Covid19 outbreak, among several other issues, there is an urgent need to ensure more people are aware of the health insurance scheme, fully enrolled in the scheme and gain access to quality service delivery in FCT and other states across Nigeria.

Introduction

YouthHubAfrica with support from Christian Aid is implementing a project named Advancing Universal Health Coverage (UHC) through the Gender Justice Advocates In FCT.

During the course of this project, there would be a need to identify issues that hinder access to health care as well as possible solutions to improve access to the health care scheme in the FCT. The consultant would bring a clearer perspective to understand how the Universal Health Coverage through the Federal Capital Territory Health Insurance Scheme (FHIS) has fared, its challenges and recommendations for improved access to quality and affordable healthcare services in the FCT.

The aim of the consultancy is to conduct a status review of the Federal Capital Territory Health Insurance System (FHIS) in the implementation of Universal Health Coverage.

Methodology

The Proposed Methodology

- Desk review of existing policy and frameworks, literatures, reviews and other related items including new and traditional media publications
- Consultation with at least 3 individuals who have benefited from the scheme;
- individuals who are planning to benefit from the scheme; 3 stakeholders who have an understanding of the scheme and; 3 service providers under the scheme to understand the issues, challenges and possibilities identified by them during the period of their engagement.
- Identify key challenges/gaps, opportunities, stakeholders and use this to develop a stakeholder management/engagement strategy
- Development of a final report

The Deployed Methodology

Following a review of the objective of the study activity, it was posited that an absolute desk review of policy and frameworks around the FHIS will produce limiting outputs. The objective of the review will best be achieved through obtaining facts from the experiences of users and stakeholders of the Scheme. With agreements between YouthHubAfrica and the consultant, the methodology was therefore restructured as follows:

- Desk review of existing policy and frameworks, literatures, reviews and other related items including new and traditional media publications
- Consultation and interviews with the following categories of stakeholders:

S/N	Category	Sample	Justification
1	General Public	10 persons	to gain the general awareness of the public around the FHIS
2	Enrollee/ Beneficiary	9 persons	the proposed sample size was considered insufficient to justify findings
3	Sensitization/ Advocacy NGO	2 NGOs	the experiences of NGOs working around the FHIS/ UHC is key to the objective of the review
4	FHIS	2 personnel	to gain firsthand experience with the FHIS call centre while making enquiries by phone call

- Identify key challenges/gaps, opportunities, stakeholders and use this to develop a stakeholder management/engagement strategy
- Development of a final report

Identified Gaps in the Implementation of the FHIS

Through the general desk review activities and interviews successfully conducted as indicated in the deployed methodology, the following are the key outcomes, highlighting the key issues and gaps, as well as recommendations and considerations:

Key Issues at Policy Level

At policy level, the desk review was able to highlight three specific areas requiring review. These include the following:

Coverage and Categorization

- **Formal and Informal Sectors** The general categorization of residents of the FCT is in two categories, namely; formal and informal sectors. According to the FHIS, while the Formal Sector covers employees of FCT Ministries, Departments and Agencies, the Informal is a broader spectrum covering the corporate private sector, business people and traders, NGOs, indigents, and vulnerable groups, among others. The categorization seemingly poses a difficulty in designing adequately for each group in the society.
- **Formal, Informal, Individual and Tertiary In addition**, although operationally, the FHIS operates with the two earlier mentioned categories for enrolment, a disparity and inconsistency are observed with the categorization captured on the FHIS website, showing four groups called “Enrollment Programme”. These groups are: Formal Sector, Informal Sector, Individual Sector, and Tertiary Institutions.

Cost and Payment Terms

- Current Cost of N13,500 per annum The current enrolment cover per annum is put at N13,500 (thirteen thousand and five hundred naira) for an individual.
- Payment is one-off While publicity materials of the FHIS show a monthly cost of a little over N1,000 for prospective enrollees, in practice, enrollees are directed to make the full annual payment of N13,500 before proceeding with registration.
- No actual benefit for families The Scheme seems not to be designed to encourage small family coverage. Only families with up to 6 members can enjoy discounts for the 5th and 6th members of the family. While the first 4 members get to pay the stipulated N13,500, the 2 other members will pay N10,000 each.

Consideration of HMOs

Upon enrolment, prospective beneficiaries are not allowed to select a Health Maintenance Organisation (HMO) of choice. The FHIS allocates an HMO to a beneficiary and the beneficiary may not choose nor request a change of HMO. This does not allow for transparency in the beneficiary distribution process on the supply institutional part, and exercise of choice on the demand service delivery part.

Key Issues at Implementation Level

Employing the methodology of interviews as well as literature review, the study identified the following issues and recommendations from the samples and interviewees:

General Public	10 persons 6 men 4 women
Key Issues and Gaps	
<ul style="list-style-type: none">• Out of 10 people randomly asked, 7 vaguely know of NHIS but queried if it works. Only 1 person was noted to have heard of FHIS but could barely say much. 2 were totally unaware of any Health Insurance Scheme.• Upon being briefed, 7 people expressed apathy towards the scheme, noting government programmes fail due to corruption. There is a general apathy towards Government programmes. Respondents argued that promises are not kept and that many programmes only appear good in mention but are difficult to access in practice.	
Recommendations/ Considerations	
<ul style="list-style-type: none">• If the government will ensure the FHIS works and the efforts are sustained, people will willingly support it and sign up for it.• The poor services of health givers at government health centres to the common man needs to be addressed by the government, as the government health centres are the only option for the masses.	

Enrollee/ Beneficiary

9 persons 5 men 4 women
(see questionnaires in annex)

Key Issues and Gaps

- Though all 9 are from the same agency of the FCT, only 5 persons had used the FHIS while 4 said they had never used it but rather paid out of pocket whenever they needed to access health services. The 4 referenced other people's poor experiences as their major basis for not attempting to use the scheme.
- Inter-partnership communication gaps among stakeholder organizations; resulting in hospitals rejecting a patient, claiming they have no knowledge of the patient as an FHIS beneficiary, and long delays in attending to enrollees of FHIS were commonly reported experiences.
- Upon knowing a patient is on FHIS, a less preferential treatment, including longer waiting time is served by the relevant hospital staff members, in comparison to the services given to other patients.
- When visiting a hospital and seeking medical attention, the duration for verification/ approval between the hospital and HMOs was either too long or never ended, as HMO was inaccessible on time or incommunicado.
- In the large hospitals, FHIS users were put in different queues, and directed to different in-house pharmacies, among others.
- Unbranded and unlabeled drugs were served to FHIS users who see these as less quality or substandard versions of the prescribed drugs.
- Where referral to another health centre or practitioner was done, FHIS users were treated to the "least quality" options.
- Since 2015, enrolling new beneficiaries of the formal sector has remained problematic. This alludes to the non-availability of the FHIS identity cards among other issues.
- When the FHIS started issuing temporary cards to enrollees, the card will require renewal every 3 months which does not get delivered to time.

Recommendations/ Considerations

- Demonstration of strong political will from the FCT Administration, to be championed by the Minister of FCT is required to drive the scheme.
- A thorough and detailed review needs to be conducted by a partnership of government and non-governmental bodies, in order to uncover the areas of discrepancies and failures, and thereby, propose strategic ways to restructure the scheme for improved outcomes.
- The gaps in the working relationships between the HMOs and health centres need to be identified and addressed. Payment issues among the parties need to be reviewed and resolved.
- All participating hospitals and health centres need to be reoriented and retrained on professionalism and the strategic position of the FHIS towards achieving the UHC.

Key Issues and Gaps

- Most enrollees/beneficiaries are government/ civil servants who are the smaller sector compared with the larger informal sector.
- Most successfully registered enrollees are only enrolled but not active users of the scheme.
- The stipulated processing duration of 3 months for a prospective beneficiary, which comes with additional delays causes unnecessary setbacks and even lack of further interest in the scheme.
- Though recent sensitization activities may have been carried out by the FHSS to some satellite towns and communities, there is still a huge gap in awareness, sensitization and actual indication of interest from residents of the FCT.
- With regards to the manner of service delivery, timeliness of delivery and pharmaceutical products provided for FHIS users, quality control issues have been broadly observed.
- The initiative of the Community Based Health Insurance Scheme (CBHIS) conceived and commenced prior to the current administration, is yet to achieve tangible outcomes and results.
- While women remain the higher patrons of health services, the FHIS scheme is yet to be easily accessible to them, especially those who belong to the informal sector and are not civil servants.

Recommendations/ Considerations

- While reviewing the current situation and status of the FHIS, the FCTA should consider expanding the scope, to enrol more of the informal sector; which is the larger sector.
- The waiting time for an enrollee/ beneficiary to be activated on the Scheme needs to be reviewed to a shorter period.
- The CBHIS should be urgently reviewed and commenced in order to cascade the FHIS down to the communities for the attainment of the UHC.
- Quality control and monitoring mechanisms must be implemented along with crucial points within the FHIS on a sustainable basis in order to address the issues of preferential and differential treatments and varying standards of drugs, among other things.

Key Issues and Gaps

- Enrollees do not follow through with all requirements, thereby resulting in the delay of processing their enrolment.
- Enrollees proceed to access the FHIS services at the health centre of choice without confirming the activation of their enrolment.
- Though recently and often updated but owing to a combined “Likes” of less than 800 people on its two Facebook pages, the FHIS social media presence is rather weak and not sufficiently influencing.
- While enrollees are allowed to select their hospital of choice, the FHIS assigns HMO to them. The practice of assigning HMO to enrollees without leaving them the options to choose on their own does not allow for objectivity in the process.

Recommendations/ Considerations

- Utilizing different methodology, means and media, massive sensitization and mass mobilization is needed to reach and cover more grounds.
- Further engagements of the citizenry through NGO interface will help to reduce the generally perceived apathy towards government projects and interventions.
- Turn-around time in translating interested enrollees to actual beneficiaries is key in driving public interest.

Summary of Key Implementation Issues and Recommendations

S/N	Issue	Recommendation
1	Poor Awareness <ul style="list-style-type: none"> Out of 10 people randomly interviewed, 7 vaguely know of NHIS but queried if it works. Only 1 person was noted to have heard of FHIS but could barely say much. 2 were totally unaware of any Health Insurance Scheme. 	<ul style="list-style-type: none"> Utilizing a combination of different methodologies, means and media, massive sensitization and mass mobilization is needed to reach and cover more grounds. If the government will ensure the FHIS works and the efforts are sustained, people will willingly support it and sign up for it. Identify and utilize success stories from the Scheme to galvanize mass mobilization activities.
2	Negative Perception <ul style="list-style-type: none"> Upon being briefed, 7 people expressed apathy towards the scheme, noting that the government programmes fail due to corruption. There is a general apathy towards Government programmes. Respondents argued that promises are not kept and that many programmes only appear good in mention but are difficult to access in practice. Though all 9 are from the same agency of the FCT, only 5 persons had used the FHIS while 4 said they had never used it but rather paid out of pocket whenever they needed to access health services. The 4 referenced other people's poor experiences as their basis for not attempting to use the scheme. 	<ul style="list-style-type: none"> Demonstration of strong political will from the FCT Administration, to be championed by the Minister of FCT is required to drive the scheme. Further engagements of the citizenry through NGO interface will help to reduce the general negative perception and apathy towards government programmes, projects and interventions.
3	Weak Inter-Institution Partnership <ul style="list-style-type: none"> Inter-partnership communication gaps among stakeholder organizations; resulting in hospitals rejecting a patient, claiming they have no knowledge of 	Strategically: <ul style="list-style-type: none"> A thorough and detailed review of the FHIS needs to be conducted by a partnership of government and non-governmental bodies, in order to uncover the areas of

	<p>FHIS were commonly reported experiences.</p>	<p>discrepancies and failures, and thereby, propose strategic ways to restructure the scheme for improved outcomes.</p> <p>Specifically:</p> <ul style="list-style-type: none"> The gaps in the working relationships between the HMOs and hospitals/ medical services/ health centres need to be identified and addressed. Payment issues among the parties need to be reviewed and resolved.
4	<p>Preferential and Inadequate Treatments</p> <ul style="list-style-type: none"> Upon knowing a patient is on FHIS, a less preferential treatment, including longer waiting time is served by the relevant hospital staff members, in comparison to the services given to other patients. In the large hospitals, FHIS users were put on different queues, and directed to the different in-house pharmacies, among others. Unbranded and unlabelled drugs were served to FHIS users who see these as less quality or substandard versions of the prescribed drugs. Where referral to another health centre or practitioner was done, FHIS users were treated to the “least quality” options. 	<ul style="list-style-type: none"> All participating hospitals and health centres need to be reoriented and retrained on professionalism and the strategic position of the FHIS towards achieving the UHC. Quality control and monitoring mechanisms must be implemented along crucial points within the FHIS on a sustainable basis in order to address the issues of preferential and differential treatments, varying standards of drugs and weak inter-institution partnerships, among other things.
5	<p>Enrolment Difficulty</p> <ul style="list-style-type: none"> Most enrollees/beneficiaries are government/ civil servants who are the smaller sector compared with the larger informal sector where the services of the scheme is arguably most needed. Since 2015, enrolling new beneficiaries of the formal sector has remained problematic. This is alluded to non-availability of the FHIS identity cards among other issues. 	<p>The conduct of a review of enrollee/ beneficiary experience with the FHIS in serving both the formal and informal sectors is a key requirement towards addressing the difficulties in enrolment encountered.</p> <p>Among other things, the review of enrolment operations will address the following:</p> <p>Enrolment centres/ Options</p> <ul style="list-style-type: none"> Cost and Payment plan(s) Enrolment duration Assigning of HMOs Choice of health centres Issuance of cards

	<ul style="list-style-type: none"> Where the FHIS started issuing temporary cards to enrollees, the card will require renewal every 3 months which does not get delivered on time. The stipulated processing duration of 3 months for a prospective beneficiary from the informal sector, which comes with additional delays, causes unnecessary setbacks and even lack of further interest in the scheme. While enrollees are allowed to select their hospital of choice, the FHIS assigns HMO to them. The practice of assigning HMO to enrollees without leaving them the options to choose on their own does not allow for objectivity and transparency in the process. 	
6	<p>Poor Service Delivery</p> <ul style="list-style-type: none"> Most successfully registered enrollees are only enrolled but not active users of the scheme. With regards to manner of service delivery, timeliness of delivery and pharmaceutical products provided for FHIS users, quality control issues have been broadly reported. The initiative of the Community Based Health Insurance Scheme (CBHIS) conceived and community mobilization commenced prior the resumption of the current administration in 2015, is yet to be implemented. While women remain the higher patrons of health services, the FHIS scheme is yet to be easily accessible to them, especially those who belong to the informal sector. 	<ul style="list-style-type: none"> While reviewing the current situation, status and operations of the FHIS, the FCTA should consider expanding the scope, to enroll more of the informal sector; which is the larger sector. The CBHIS should be urgently revisited, reviewed and implemented to cascade the FHIS down to community level for the attainment of the UHC.

Policy Advocacy and Service Delivery Opportunities

Strategic Advocacy Plan for Citizenry and Community Mobilization

A strategic advocacy plan to mobilize FCT residents and communities for mass embrace and enrolment on the FHIS is a crucial need. Engaging a multi-stakeholder approach, this plan will ride on the gains of previous and ongoing sensitization efforts and introduce new activities to attain an FCT-wide mobilization effort.



General Policy and Operations Review

This is to conduct a comprehensive review of FHIS policy in order to identify and highlight crucial gaps and areas for intervention, especially regarding its implementation and its overall operations. This will include enrolling a set of female and male young people, so as to examine the process and review their experiences.



Inclusion and Implementation of an Independent MEAL

The FHIS requires the inclusion and implementation of an independent Monitoring, Evaluation, Accountability and Learning (MEAL) component to support the entire operations of the FHIS in identifying gaps and issue areas. This is to be able to objectively highlight and address problematic areas, as well as propose scale-up and improvements where successes are achieved. Though the representative(s) of the FCT Minister and the FHIS may be part of the MEAL team, this will basically be run by NGO partners of the Scheme.



Free Enrolment of Select Women and Girls

As a quick-win effort with potential of positive long-term results, a special free enrolment package for a selection of women and girls across the FCT is designed and funded by FCT government. In collaboration with selected Desk Review of the FCT Health Insurance Scheme Towards Achieving the Universal Health Coverage health centres, the prospective beneficiaries will be identified as women and girls who are recorded as regular users/visitors to the selected health centres. While the enrolment may not be in perpetuity, the package will be designed to last for some years.



Annex

Questionnaires Used for interviews

Review of the FHIS

Name/Gender		
Category/Occupation	ENROLLEE	
Phone no/Email		
Living Area Council		

1. How long have you been on this?

2. How long did it take you to become a beneficiary from the time of registration

3. How much did it cost you to register and subsequently cost you afterwards?

4. Which HMO do you use? is your HMO effective? What are your experiences?

5. What are your recommendations?

Annex

Questionnaires Used for interviews

Review of the FHIS

Name/Gender	KABIRU	MALE
Category/Occupation	FHIS	CUSTOMER CARE OFFICER, FHIS CALL CENTER
Phone no/Email	07042244000	
Living Area Council	AMAC, GARKI	

Name/Gender	FAUSAT ADEDOKUN	FEMALE
Category/Occupation	FHIS	CUSTOMER CARE OFFICER, FHIS CALL CENTER
Phone no/Email	07042244000	
	AMAC, GARKI	

Kabir and Fausat work with the FHIS Call Center. Each was contacted by phone call through the official phone line on different days for enquiries.

Though Kabir mentioned from the onset that he will not be able to respond to questions he considered meant for the leadership, he was able to provide some information all the same. Similarly for Fausat when spoken with, expressed caution in responding to questions she considered required superior approval.

Key Pointers from his Interview

- Beneficiaries are categorized into formal and informal sector. While the formal sector are the civil and public servants of the FCTA, the informal sector comprises of other citizens including private sector, business people, NGOs and others.
- For the Formal Sector, processing of enrolment on the FHIS takes 4 weeks after all prerequisite conditions have been met.
- Prospective beneficiaries from the Informal Sector require 3 months to be successfully activated on the Scheme.
- For the Formal Sector, the details of the financial contributions and commitments are worked out with the employer/MDA of the individual, while for the Informal Sector, the benefiting individual is required to pay a certain amount annually.
- The total sum of N13,500 per annum is charged for an individual of the Informal Sector. This same charge would apply for each individual of a family of 5. However, for a family of 6, the 5th and 6 members will be entitled to pay the sum of N10,000 each while the first four are to pay the initial sum of N13,500.
- The Formal Sector remain the larger beneficiaries of the scheme from the commencement of the scheme.

Annex

Questionnaires Used for interviews

Review of the FHIS

Name/Gender	VINCENT DANIA	MALE
Category/Occupation	ADVOCACY NGO	SENIOR PROG. OFFICER, CENTER LSD
Phone no/Email	08034210082	
Living Area Council	AMAC, GARKI	

Mr. Vincent Dania currently works as a Senior Program Officer on Gender and Election with the Centre for Leadership, Strategy and Development. In this course of carrying out his advocacy work, he had interviewed beneficiaries and prospective beneficiaries of the FHIS, to understudy the gaps and to advocate better access and inclusion, especially for women and the underserved.

Key Pointers from his Engagements and Experiences

- Many enrollees to the scheme, after paying and fulfilling all necessary requirement, wait for several months to be activated on the scheme.
- After communication of activation of account, there are prevailing cases of failed communications and interrelationships among the principal parties, that is; FHIS, HMO and Health Centers. This obviously results in poor or failed service delivery to beneficiaries.
- At the health centers, FHIS beneficiaries were either attended to after other cash paying patients or not attended to in some cases, which is due to failure in securing of approval from HMO by the health centers.
- Beneficiaries of the scheme are directed to different pharmacies within same health centers. Where only one pharmacy exists, FHIS beneficiaries are served in less preferential manner.
- FHIS beneficiaries are provided unlabeled and unbranded drugs as against other paying users of the same health facilities.

In conclusion, he noted that there is still poor awareness of the FHIS among the citizens, particularly, those outside the city area of the FCT. He added that while women remain the higher patrons of health services, the FHIS scheme is yet to be easily accessible to them, especially those who belong to the informal sector or are not civil servants.

Annex

Questionnaires Used for interviews

Review of the FHS

Name/Gender	AYO ADEGBOLA	MALE
Category/Occupation	ADVOCACY NGO	COMMUNITY LEADER, YASO
Phone no/Email	09078682660	
Living Area Council	AMAC, GARKI	

Mr. Ayo Adegbola is a community mobiliser who was trained by the FCTA on the implementation of the Universal Health Care. He runs an NGO and has submitted numerous ideas to the Health Secretariat of FCT on improving health access. Alongside other mobilizers, he was once engaged by the FCTA to carry out numerous mass sensitization and mobilization at the community level towards developing the FCT Community Based Health Insurance Scheme (CBHIS).

Key Pointers from his Engagements and Experiences

- The drive for the realization of the FCT Community Based Health Insurance Scheme (CBHIS) was led by the former Minister of State for the FCT, Oloye Olajumoke Akinjide, and supported by the UNFPA.
- Sensitization towards the realization of the CBHIS was carried out in all 6 Area Councils of 16 the FCT, lasting about 6 months.
- In Abuja Municipal Area Council (AMAC) alone, over 400 communities were reached by him and sensitized. Other mobilizers and community leaders produced similar results in the five other Area Councils.
- Each Community appointed its executives comprising of a Chairman, a Secretary and a Treasure. They also had CBHIS Desk Officers from the Area Councils, among other relevant personnel.
- Primary Health Care centers were identified in the partnership and HMOS were already being listed to be assigned communities to work with.
- As at the time, the prospective beneficiaries from the communities were beginning make premium contributions of N1,200 per annum for a family of 4.
- The effort seemed to have been halted since the current leadership of the FCT took over in 2015.

Mr. Adegbola added that the structure for a successful piloting and launch of the CBHIS was already being firmed up across all communities in the six Area Councils and the drive was on top gear. While sensitization and mobilization will be required again, a number of activities will not be reinvented, as the contacts, structures and history are still intact. He concluded that for the FHS to be have adequate coverage and spread as well as achieve the objectives of the UHC, the CBHIS is a key approach towards achieving successful outcomes and results.

References

- Determinants of health insurance enrolment in Ghana: evidence from three national household surveys <https://academic.oup.com/heapol/article/34/8/582/5552794>
- Progress on State Social Health Insurance (SSHIS) Reforms in Nigeria as at January 2021
- Accelerating Health Insurance for Equity Project, West Africa Institute of Public Health
- FCT Health Insurance Scheme <http://fhis.abj.gov.ng/>
- FCT Health Insurance Scheme on Facebook:
 - <https://web.facebook.com/FhisAbuja>
 - <https://web.facebook.com/FHISng>



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