Assessment of NHIS-MDG Free Maternal and Child Health Program in North Central Central Nigeria: Achievements and challenges

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Abstract

Background: The Nigerian government launched a pilot health project, titled the “NHIS-MDG free Maternal and Child Health Program” in 2018. The program focuses to address the critical problem of access to health care services for pregnant women and children under five years in the country and to accelerate the achievement of two of the three health specific MDGs (4&5). The program was implemented in some states in Nigeria between 2009 and 2015 using funds from the debt relief gains. The funds were directly disbursed by the MDG office in the presidency to the NHIS for use in providing the services to beneficiaries in the implementing states.

Aim and Objectives: This study assessed the implementation experiences of the free maternal and child healthcare program (FMCHP) with a view to identifying achievements and challenges faced by the program for reactivation and scale-up in Niger State, Nigeria.

Methods: The study adopted a descriptive qualitative design to assess the FMCHP at the state level and four PHC in two Local government areas in Niger State. A total of 29 in-depth interviews was conducted with relevant respondents (policymakers, providers, Health Maintenance Organizations) purposively selected to include those who were knowledgeable on the program and actively participated in implementation. We also conducted focus-group discussions (n=4) with 27 service users and facility ward development committee in communities where the program was implemented. A validation meeting was held with the respondents, to ensure accuracy of information obtained. Data were analyzed using manual thematic analysis derived from the study conceptual framework.

Key Findings: The FMCHP was reported to have positive improvements and increased service utilization as a result of availability and accessibility of services offered. It also led to marked improvement in the quality of health facilities. Most importantly, removal of financial barriers to accessing health care within the implementation period. However, non-payment of full counterpart funds affected the program continuity. Other health system factors that negatively affected the program were inadequate human resources resulting from the increased workload, weak monitoring and Health Information Management System.

Conclusions: The program’s central achievement was removal of out-pocket payment which is one of the most severe impediments to accessing health services in Nigeria. Financial sustainability should be properly addressed if the program is to be reactivated, otherwise the country’s health care system will remain unimproved and will not assure UHC for target beneficiaries.

Key words: FMCHP; MDG; NHIS; NIGERIA