

NATIONAL HEALTH INSURANCE SCHEME



NHIS VERIFICATION EXERCISE REPORT

Prepared by the Health Reform Foundation of Nigeria
October, 2012

2012

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Abbreviations and Acronyms used in this report:

- HERFON Health Reform Foundation Of Nigeria
- NHIS National Health Insurance Scheme
- CSOs Civil Society Organizations
- SPSS Statistical Package for the Social Sciences
- HMO Health Maintenance Organization
- CBHI Community Based Health Insurance
- GIS Geographic Information System
- LGA Local Government Area
- MGT Management
- ORG Organization
- N/A Not Applicable

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| Name | Position | Organization |
|---------------------------------|--|--------------|
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| Dr. Hope Uweja | General Manager (Technical Operations) | NHIS |
| Dr. Hamza Aliyu | Asst. General Manager | NHIS |
| Mr. Femi Adegoke | Independent Consultant | |
| Mrs. Chinwe Onumonu | Independent Consultant | |

Executive Summary

In response to the poor health indices, questionable quality of existing health services in the community setting and to reduce the catastrophic impact of health expenditures on the households of our rural poor in Nigeria, HERFON was commissioned by the NHIS to coordinate and facilitate a nationwide verification exercise to identify and select appropriate Civil Society Organizations, Mutual Health Organizations, Cooperatives, Trade Associations and Development Unions that were well established in the community to act as entry points for the Community Based Health Insurance Scheme.

A pre-verification workshop was facilitated by HERFON in September 2011 to familiarize both NHIS staff and HERFON members on how the field survey tool was to be administered. Subsequently the tool was pre-tested and found to be acceptable to NHIS after a few modifications.

Using a set of criteria, teams went into communities in the 6 geopolitical zones interviewing the leadership and management cadre of 294 organizations previously selected by the NHIS. The teams scored them out of a maximum 100 points stating clearly how those scores were arrived at.

Following the collection of data, the entries have been duly analyzed in line with the terms of reference set for HERFON. The findings suggest that while several organizations that are capable of taking on the role of entry points for the scheme have been identified, their geographical distribution is skewed, with a preponderance of them being found in the Southern part of the country.

There may be a need to further supplement the verification exercise to obtain a more balanced state representation, even if it may require providing long term administrative and programmatic support to those that may need it but are well geographically placed.

Implementation and roll out could be phased, introducing additional locations as more organizations are identified. A proactive approach needs to be taken when anticipating the reaction of those in the community who will be desirous of joining the scheme, but will not be able to because they are not members of one of the selected organizations.

HERFON would like to thank the NHIS for giving us the opportunity to participate in this project and we look forward to working with you again in the near future.

Prof. Layi Erinoshó

Executive Secretary, HERFON

1.0 Introduction

The National Health Insurance Scheme (NHIS) was launched in an effort to improve Nigeria's health indices and reduce the financial burden of catastrophic health expenditure on the average Nigerian family. The Scheme established under Act 35 of 1999 by the Federal Government of Nigeria, is aimed at providing easy access to healthcare for all Nigerians at an affordable cost through various prepayment modalities.

In facilitating the transition to universal health coverage, the NHIS has made significant progress with the formal sector. Public and Private sector employees have their subscription fees deducted from source. In exchange, they can access primary and or specialist level care provided by accredited health providers and or facilities. The providers then process their claims through an approved Health Maintenance Organization (HMO).

There is increasing advocacy for community-based health insurance (CBHI) schemes as part of a broader solution to health care financing problems in low to middle income countries, like Nigeria. CBHI is particularly appropriate for providing insurance coverage to people with limited protection from other sources, such as those who are not engaged in formal sector employment; where government revenue is limited and there is currently extensive reliance upon out-of-pocket payment. The total health expenditure is (2009) approximated at 5.8% of Nigeria's Gross Domestic Product, significantly below the World Health Organization's recommended 15%. Nigeria's out-of-pocket expenditure for health is estimated to be between 65 - 69%¹.

The Community based component of the National Health Insurance Scheme targets the Informal sector. Since most of the potential subscribers of the community based plan may be residing in rural areas and may not have bank accounts from which deductions can be made, effective roll-out of such a programme will require the utilization of CSO's, Trade Unions, Mutuels, Co-operative Societies, etc. to be used as entry points for access to the programme as well as coordinate contributions to the scheme for their members. Since tens of thousands of such groups exist and because the capacity required to fulfill these functions is unknown, it has become necessary to "verify" the suitability of such groups and associations, utilizing a pre-determined set of criteria. HERFON will be the facilitator for the verification exercise.

The CBHI programme seeks to select organizations that are not for profit, autonomous, able to act without external pressure, exhibit solidarity and foster a sense of belonging for its members. The ideal organization must operate utilizing democratic participation and practice some level of risk sharing through the pooling of dues and other contributions for the benefit of the larger body. Its management structure must be responsible, transparent and accountable with records on financial transactions documented diligently and consistently, as well as contributing to the development of social capitalⁱⁱ. These characteristics are in line with the overall basic principles of the CBHI.

Utilizing a set of standardized structure, process and output indicators as predetermined by the NHIS, verification teams comprising of NHIS and HERFON personnel were assigned to evaluate community based CSOs, Mutuals, Cooperative Societies, Trade Unions and Occupational Groups within each of the 6 geo-political zones. The verification process yielded data for analysis and the subsequent shortlisting of potential Community based “entry-points” for subscribers across the country.

2.0 Terms of Reference and Key outputs of the verification exercise:

- 2.1 Development of a valid and reliable survey tool
- 2.2 Conduct a Pre-verification workshop for training assessors in the use of the data collection tool and to ensure standardized reporting
- 2.3 Data collected from 294 Community based groups that have undergone Physical verification, Facility Identification, Structures Audit, Assessments of Viability and Technical Capacity
- 2.4 Geographical Information Mapping of the facilities within each geo-political zone (done by NHIS)
- 2.5 Field data analysis and generation of a report for the selection of 50 Community based groups for the implementation of the 1st phase of the CBHI programme.

3.0 Timelines

- 3.1 Pre – Verification Exercise Training Workshop conducted on September 8th 2011
- 3.2 Pre-Use Field testing of the tool September 20th – 24th, 2011
- 3.3 Final Draft submitted to NHIS – October 27th, 2011
- 3.4 Facility Verification concluded by December 17th, 2011 for NC, NE and NW Zones
- 3.5 Facility Verification concluded by January 29th, 2012 for SE, SW and SS Zones
- 3.6 Post Verification Feedback Session with top NHIS Management – February 2012
- 3.7 Field Data tools submitted for analysis - March 8th, 2012
- 3.8 Draft report sent to NHIS – May 9th 2012
- 3.9 Feedback received from NHIS – July 19th 2012
- 4.0 Updated draft sent to NHIS – October 19th 2012

4.0 Data Analysis Approach:

4.1 Gap Analyses

A modified gap analysis technique was utilized for the analysis of the data. The tool and the interviews were designed to elicit the characteristic factors of the organizations (such as attributes, competencies, performance levels) in their current state. The deviations from the ideal state were also identified and organizational performance ranked accordingly. Cross listing factors required to achieve the future objectives was not done as part of this analysis but can be extrapolated from the data analysis provided.

4.2 Geographic Information System (GIS) mapping

GIS mapping integrates hardware, software, and data for capturing, managing, analyzing, and displaying geographically referenced information concerning the surveyed facilities and organizations. It could inform the selection of organizations as a means to ensure equitable access to the scheme.

5.0 Methodology

5.1 Study Population

The study population was 294 CSOs, Cooperatives and Mutuels spread out across the 6 geo-political zones. They were identified by the National Health Insurance Scheme from a previous selection exercise. A field verification exercise was undertaken by NHIS and HERFON staff to gather relevant data from the leadership of the targeted organizations.

5.2 Sample

A list of 294 organizations were pre-selected by NHIS to participate in the exercise. 203 survey tools were submitted for analysis. Twenty two (22) of these tools were not those designed for the verification exercise. Twelve (12) of the relevant survey tools had no data entered on them. Only 169 (57.5%) organizations had accurately completed survey tools. Since less than the total 294 tools were submitted for analysis, it is unclear if further sampling was done at state-level to arrive at 169. Data for 2 states were not received and consequently were not included in the analysis, as will be observed in the report. They are as follows: **Akwa Ibom** and **Bayelsa** in the South South Zone. The following states had only 1 Organization participating: **Kwara**, **Delta**, **Adamawa** and **Nassarawa**. Given the large population and concentration of CSO/Mutuels/Cooperative type organizations in **Kano** and **Lagos**, it is worthy of note that only **3** and **4** organizations participated respectively. In order to avoid unnecessary delay, the analysis of data was embarked upon when a majority of states per zone had submitted their verification tools.

5.3 Data Collection

A verification tool was designed to determine the viability of targeted membership organizations to act as entry-points for the Community-Based Health Insurance (CBHI) Programme. It allowed for the gathering of organizational details such as registration/legal status, management structure, areas of focus, technical capacity and economic viability of the organizations. These segments of the data collection tool were weighted according to the importance assigned by NHIS to the selection criteria for

organizational suitability to act as entry points for the CBHI. Following are the key issues that were raised in the context of the major indicators that are outlined above.

Organizational details included name of organization, date of commencement of activities, number of years of experience, location, state, Local Government Area, business hours, current address, phone numbers, email address and key contact persons. Decision Impact Weighting – 5%

Registration/Legal details covered whether the organization has been duly registered and if so when and also by what body – whether LGA, State or Corporate Affairs Commission. Decision Impact Weighting – 10%

Management structure questions sought to ascertain whether the organizations have byelaws and/or constitutions; mission statements; managerial staff including names of key members of their governing and/or management board. Also explored was whether they have organograms; keep minutes, have internal auditors and whether their accounts are externally audited. Finally, the organizations were also requested to indicate whether they keep records and receipts of all transactions as well as up-to-date data on their membership. Decision Impact Weighting – 20%

Area of focus was to ascertain whether health, trade, gender or agriculture, etc. was their focus; whether health care is part of the current benefit package for members and the number of members that are currently supported. Decision Impact Weighting – 15%

Technical capacity of these organizations was measured in terms of the level of education attained by the management staff and members of their executive; whether they encourage management training including the number of staff members that had benefitted from such training programmes. They were also to indicate whether they are affiliated to larger international organizations. Decision Impact Weighting – 15%

Economic viability was assessed in terms of average annual income of organization over three years; average annual expenditure over three years; annual income invested ; annual income generate from donors; and the average annual membership strength. Decision Impact Weighting – 35%

A total of One hundred points were assigned to the foregoing indices.

Field Teams consisted of six (6) NHIS staff, one (1) media person and two (2) HERFON representatives per Geopolitical Zone. Each team was to visit 50 Community based organizations/facilities during the exercise. The team will split into 2 sub-groups after the Pre-verification workshop and each sub-group was assigned 25 facilities to visit over a 10 business day period.

Data Collection Methods used included a) Facility Document Review b) Direct observation of facility structure and processes c) Structured Interview of institutional stakeholders d) Facilitated discussion with User Focus groups

6.0 Analysis of Data

A code book was developed and used to transcribe the data from the verification tool of each organization into the computer. The scores were summed for each index for each of the organizations. The total scores on the indices measuring the key variables were also entered into the system along with other variables. Finally, the SPSS software was used to analyze the data. Various descriptive statistics were generated from the SPSS print out.

6.1 Limitations

It is unclear why some organizations were not verified, why certain states had very few organizations verified and why other states had none of the listed organizations verified.

7.0 Findings

First, an attempt was made to undertake a general analysis the data with reference to how well placed the states would be to administer CBHI. This led to the cross tabulation of state against the total scores by the organizations.

Overall, it appears that Anambra, Oyo and Cross River are among the states with high numbers of Mutuels, CSOs and Cooperatives with verifiable organizational details (see figure 1) while Abia, Borno and Edo are the top three states when it came to the proportion of organizations registered and having legal status. The latter three (i.e., Abia, Borno and Edo) also top the list with 14, 13, and 11 organizations when the

analysis of state versus management structure, area of focus; and economic viability was undertaken (see Figure 2-5 respectively).

Fig. 1 State by Total Score on Organizational Details

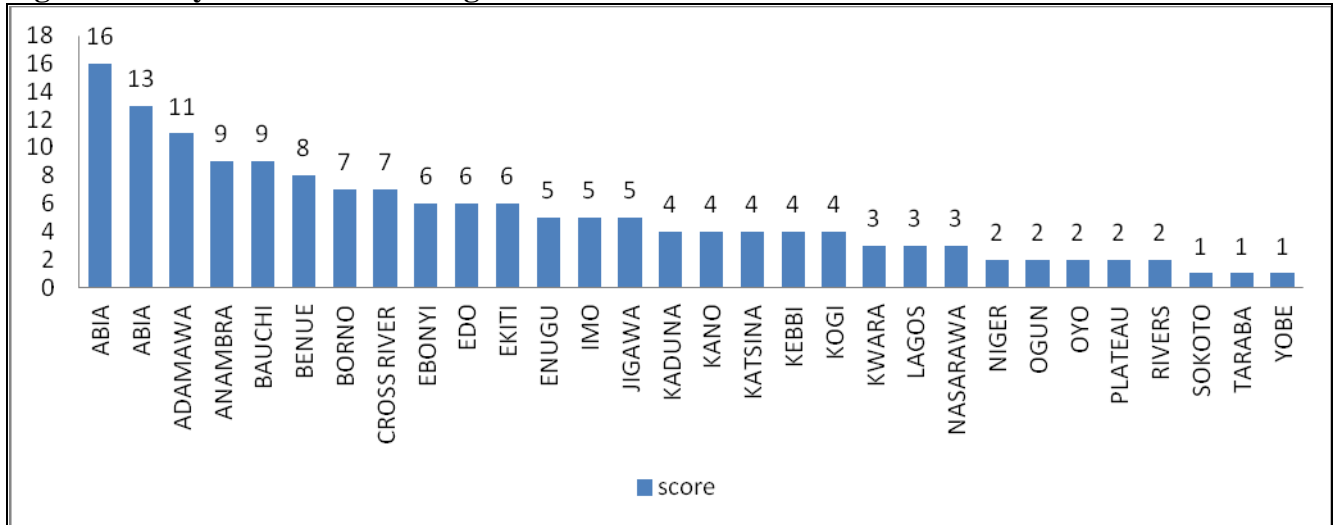


Figure 2: State by Total Score on Registration and Legal Status

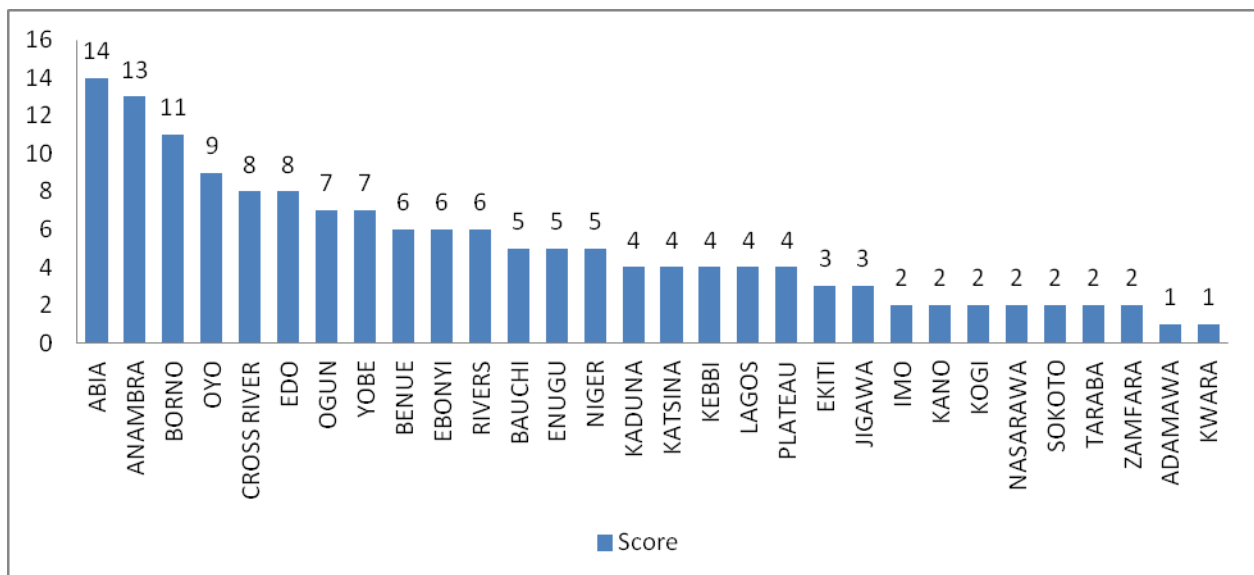


Figure 3: State by Total Score on Management Structure

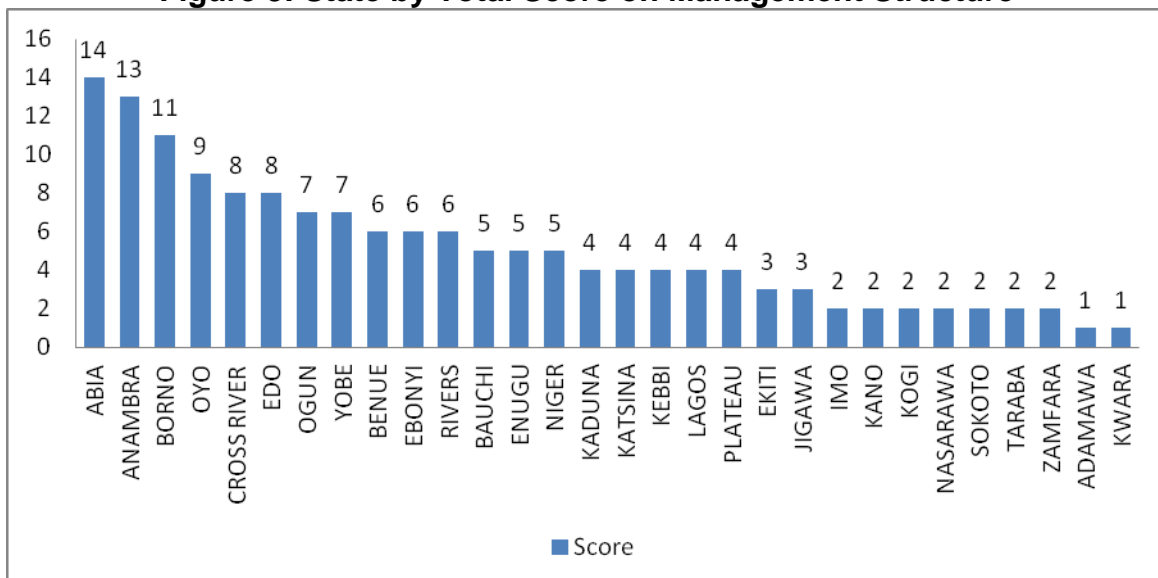


Figure 4: State by Total Score on Area of Focus

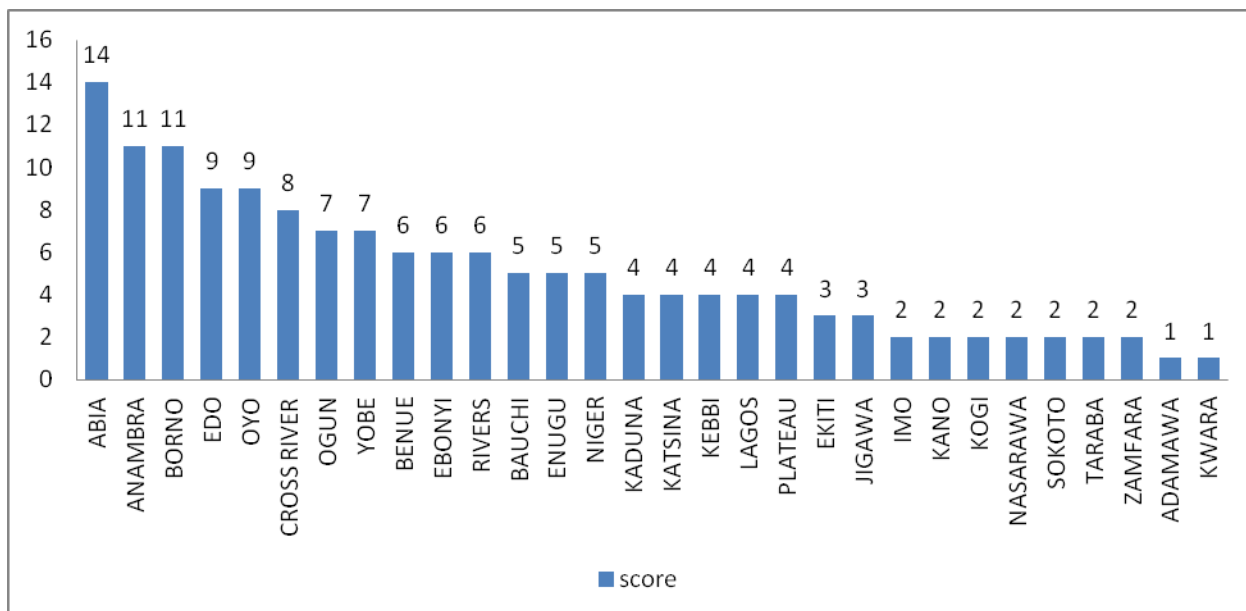


Figure 5: State by Total Score on Technical Capacity

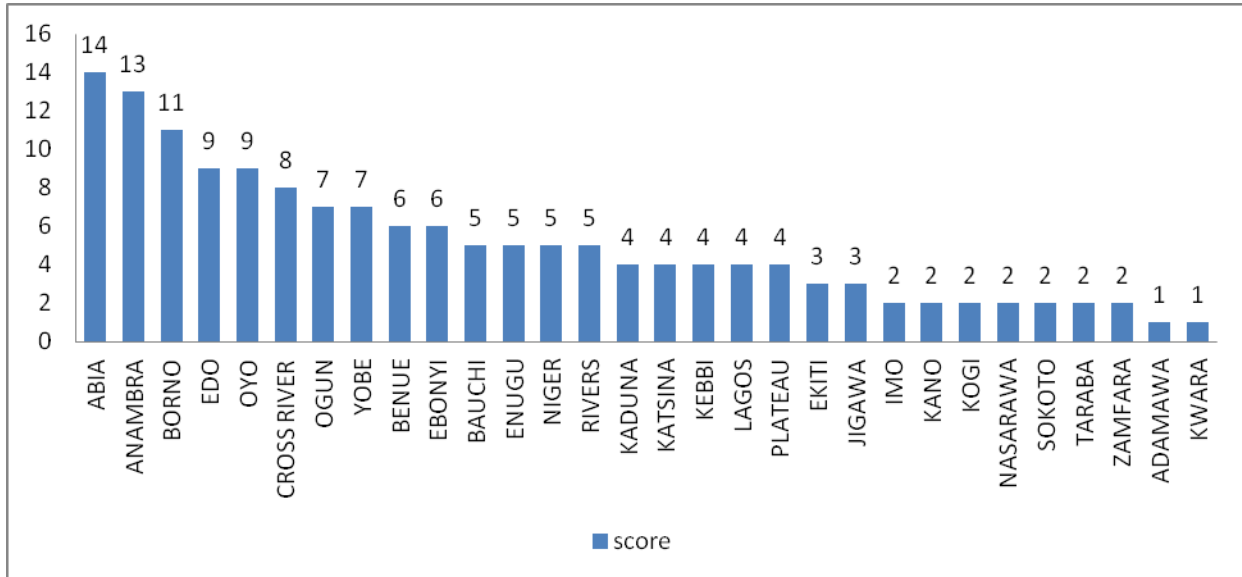
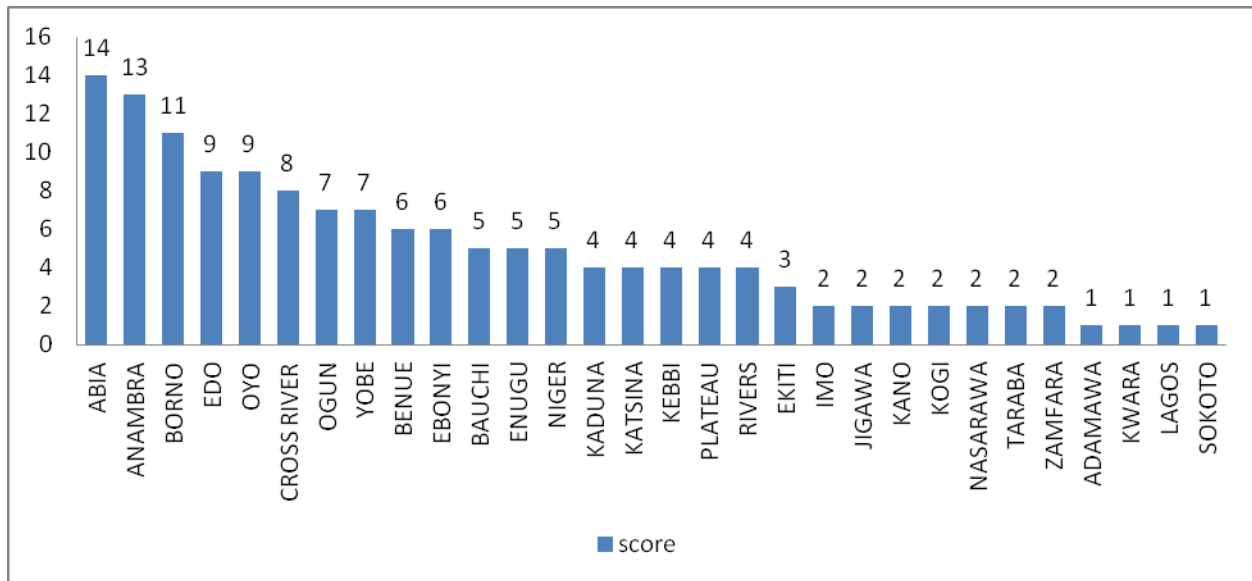


Figure 6: State by Total Score on Economic Viability

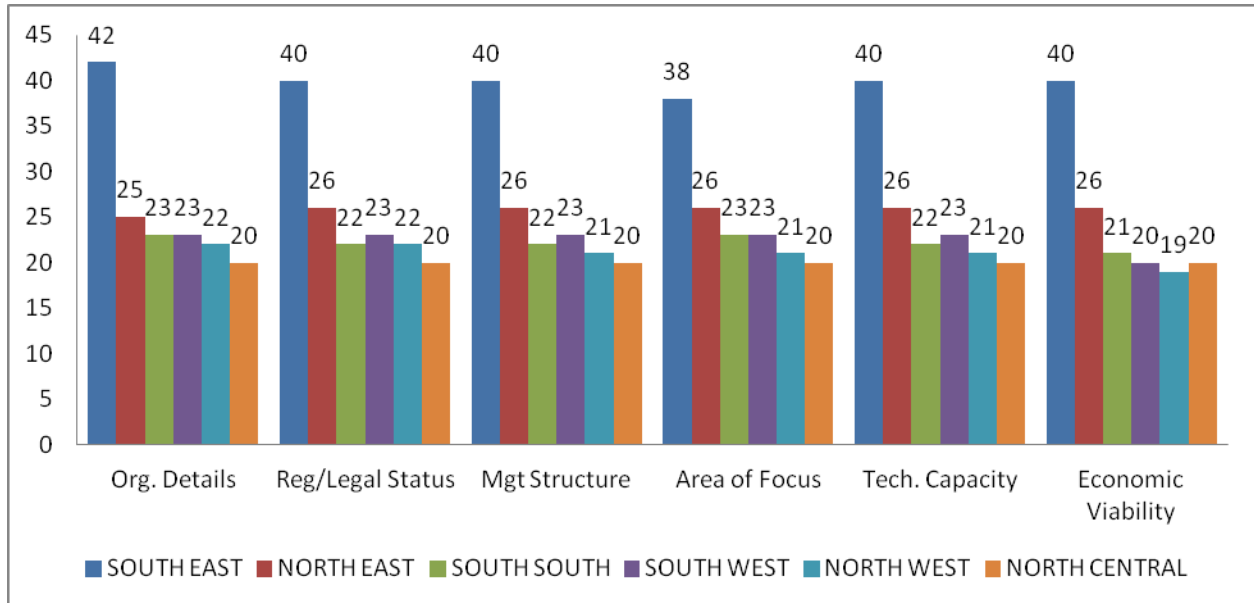


Further analysis, using the geopolitical zones into which Nigeria is administratively subdivided in cross tabulation was also undertaken. From Table 1, the top three zones had a large number of organizations with ALL OR MOST sections of the survey tool completed accurately are the South East (viz., 42, 40, 40, 38, 40, and 40), North East (viz., 25, 26, 26, 26, 26, and 26) and South South (viz., 23, 22, 22, 23, 22, and 21). By and large, the South West had the fewer sections completed accurately than the top zones as indicated in Table 1 (23, 23, 23, 23, 23, 20). There few returns from Ondo, Lagos and Ogun in the South West Zone. Figure 7 provides a graphic picture of the situation in all the zones.

Table 1: Zonal Analysis: Geopolitical Zones by Survey Tool Sections Completed

| | org d | Reg/LS | Mgt Str | Area of F | Tech. Cap | Econ. Viab |
|---------------|------------|------------|------------|------------|------------|------------|
| SOUTH EAST | 42 | 40 | 40 | 38 | 40 | 40 |
| NORTH EAST | 25 | 26 | 26 | 26 | 26 | 26 |
| SOUTH SOUTH | 23 | 22 | 22 | 23 | 22 | 21 |
| SOUTH WEST | 23 | 23 | 23 | 23 | 23 | 20 |
| NORTH WEST | 22 | 22 | 21 | 21 | 21 | 19 |
| NORTH CENTRAL | 20 | 20 | 20 | 20 | 20 | 20 |
| Total | 155 | 153 | 152 | 151 | 152 | 146 |

Figure 7: Zonal Analysis: Geopolitical Zones by Survey Tool Sections Completed

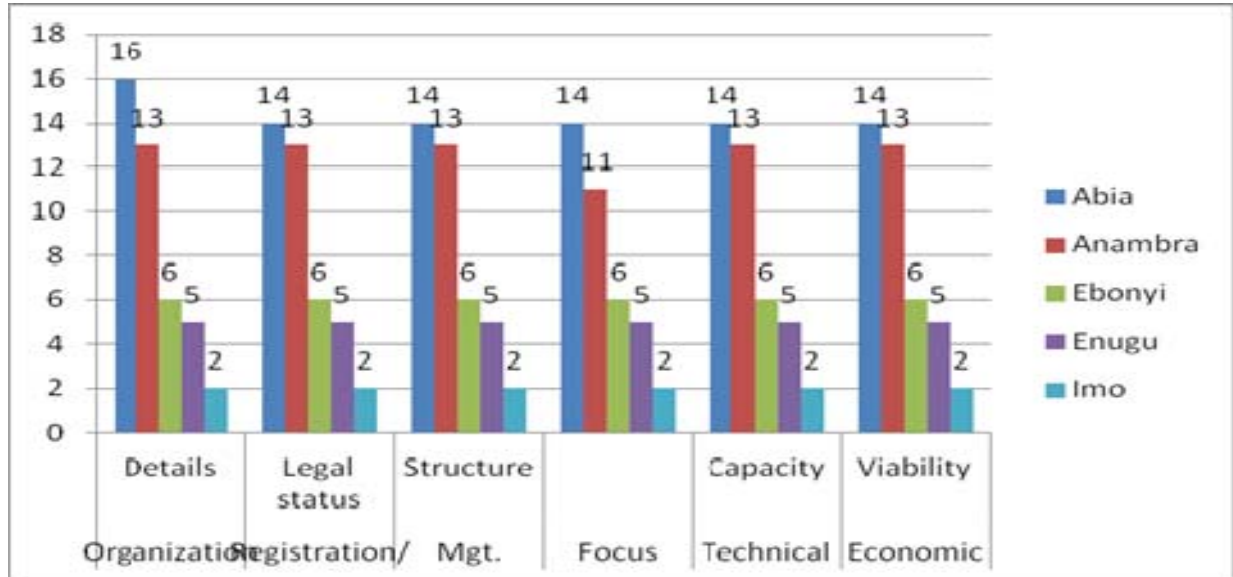


A comparative analysis of organizations unable to provide information for certain sections on the survey tool in states within zone was also undertaken as shown in Table 2 starting with the South East where Abia, and Ebonyi had 2 organizations each with sections missing, while Enugu, Ebonyi and Imo organizations provided all requested data (see Table 2).

Table 2: South East States by Survey Tool Sections Completed

| State | Organization Details | Registration / Legal status | Mgt. Structure | Focus | Technical Capacity | Economic Viability |
|---------|----------------------|-----------------------------|----------------|-------|--------------------|--------------------|
| Abia | 16 | 14 | 14 | 14 | 14 | 14 |
| Anambra | 13 | 13 | 13 | 11 | 13 | 13 |
| Ebonyi | 6 | 6 | 6 | 6 | 6 | 6 |
| Enugu | 5 | 5 | 5 | 5 | 5 | 5 |
| Imo | 2 | 2 | 2 | 2 | 2 | 2 |

Figure 8: South East States by Survey Tool Sections Completed

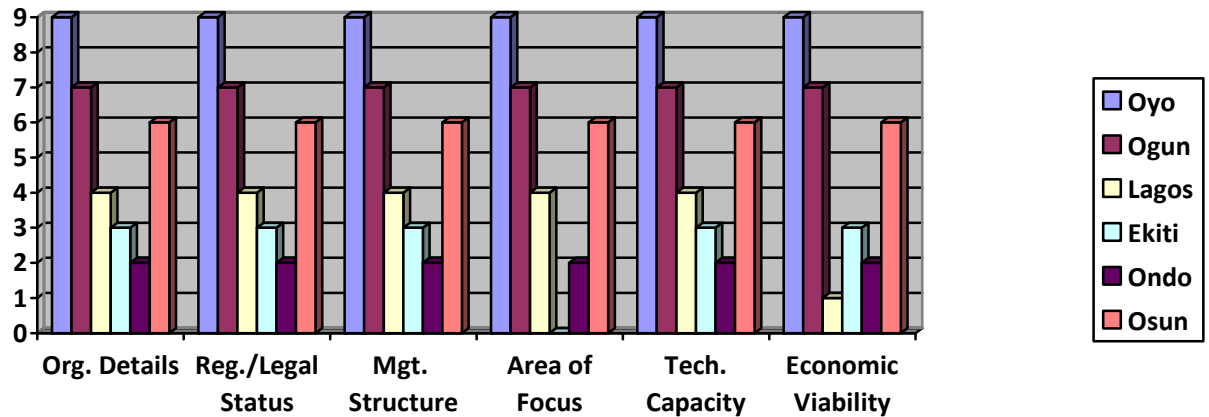


Organizations within the South West Zone were able to provide all requested information to the data collectors. There were limited organizations verified in Ekiti Lagos and Ondo States in the zone (see Table 3 below).

Table 3: South West States by Survey Tool Sections Completed

| State | Organization Details | Registration/ Legal status | Mgt. Structure | Focus | Technical Capacity | Economic Viability |
|-------|----------------------|----------------------------|----------------|-------|--------------------|--------------------|
| Oyo | 9 | 9 | 9 | 9 | 9 | 9 |
| Ogun | 7 | 7 | 7 | 7 | 7 | 7 |
| Lagos | 4 | 4 | 4 | 4 | 4 | 1 |
| Ekiti | 3 | 3 | 3 | 0 | 3 | 3 |
| Ondo | 2 | 2 | 2 | 2 | 2 | 2 |
| Osun | 6 | 6 | 6 | 6 | 6 | 6 |

Figure 9: South West States by Survey Tool Sections Completed

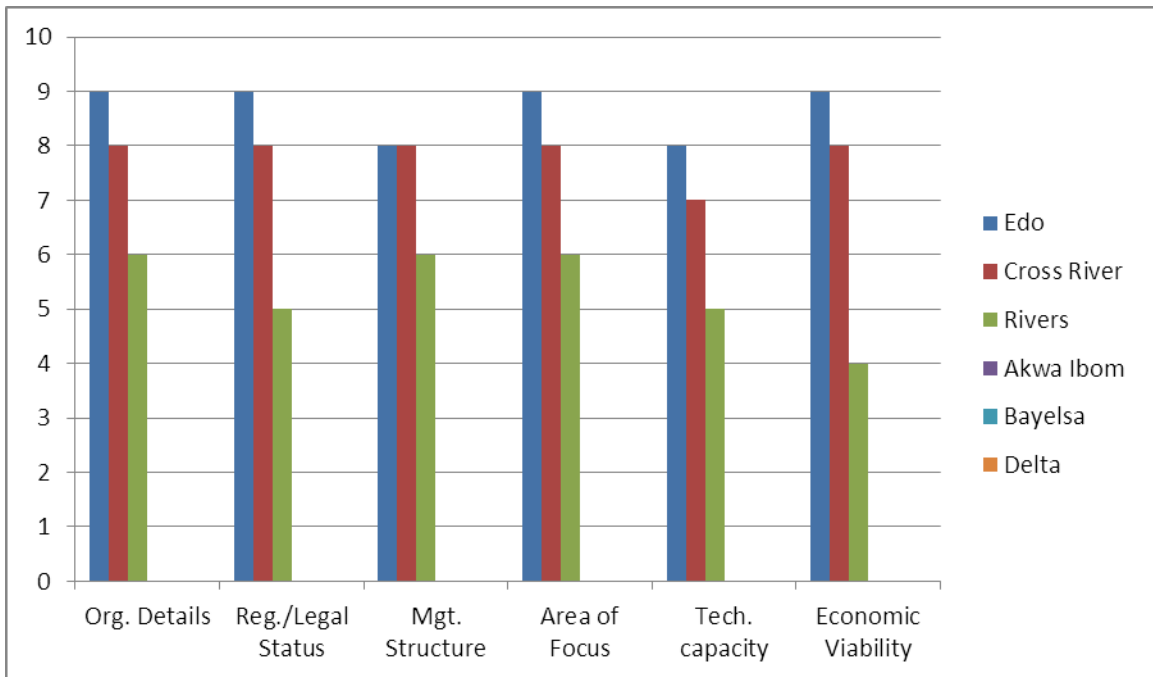


While there are no participating organizations for three states in the South South, Edo and Cross River had one organization each unable to provide information in one section. Rivers had 2 organizations missing data in sections indicated below. Akwa Ibom and Bayelsa had no submissions, Delta had only one. (see Table 4 below).

Table 4: South South States by Survey Tool Sections Completed

| State | Organization Details | Registration / Legal status | Mgt. Structure | Focus | Technical Capacity | Economic Viability |
|-------------|----------------------|-----------------------------|----------------|-------|--------------------|--------------------|
| Edo | 9 | 9 | 8 | 9 | 8 | 9 |
| Cross River | 8 | 8 | 8 | 8 | 7 | 8 |
| Rivers | 6 | 5 | 6 | 6 | 5 | 4 |
| Akwa Ibom | N/A | N/A | N/A | N/A | N/A | N/A |
| Bayelsa | N/A | N/A | N/A | N/A | N/A | N/A |
| Delta | N/A | N/A | N/A | N/A | N/A | N/A |

Figure 10: South South States by Survey Tool Sections Completed

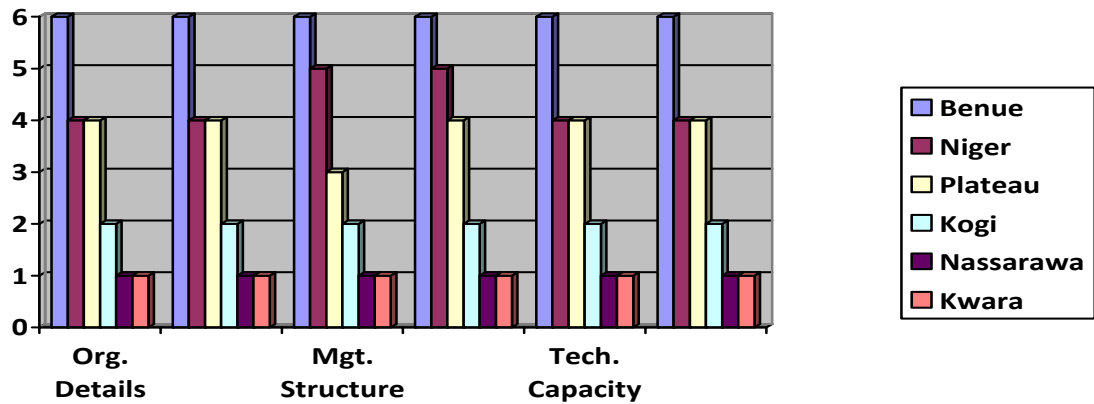


Organizations verified in each of the states in the North Central Zone provide information for each section of the survey tool except one in Plateau State. (see Table 5 below).

Table 5: North Central States by Survey Tool Sections Completed

| State | Organization Details | Registration/ Legal status | Mgt. Structure | Focus | Technical Capacity | Economic Viability |
|-----------|----------------------|----------------------------|----------------|-------|--------------------|--------------------|
| Benue | 6 | 6 | 6 | 6 | 6 | 6 |
| Niger | 4 | 4 | 5 | 5 | 4 | 4 |
| Plateau | 4 | 4 | 3 | 4 | 4 | 4 |
| Kogi | 2 | 2 | 2 | 2 | 2 | 2 |
| Nassarawa | 1 | 1 | 1 | 1 | 1 | 1 |
| Kwara | 1 | 1 | 1 | 1 | 1 | 1 |

Figure 11: North Central States by Survey Tool Sections Completed

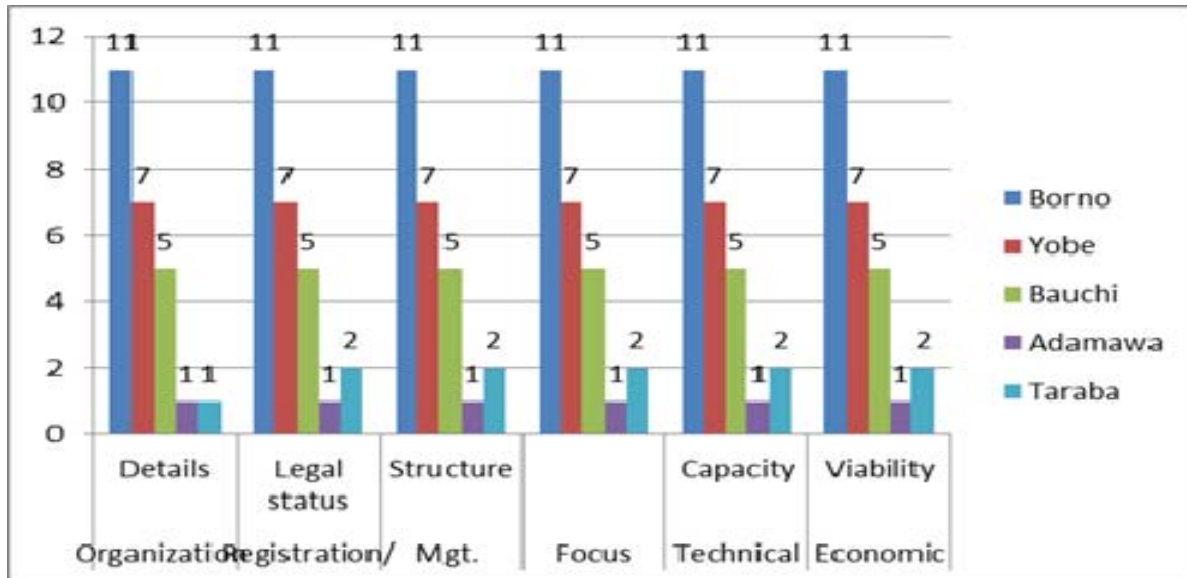


All organizations verified in states of the North East were able to provide all the information requested of them, except one in Taraba State (see Table 6 below).

Table 6: North East States by Survey Tool Sections Completed

| State | Organization Details | Registration/ Legal status | Mgt. Structure | Focus | Technical Capacity | Economic Viability |
|---------|----------------------|----------------------------|----------------|-------|--------------------|--------------------|
| Borno | 11 | 11 | 11 | 11 | 11 | 11 |
| Yobe | 7 | 7 | 7 | 7 | 7 | 7 |
| Bauchi | 5 | 5 | 5 | 5 | 5 | 5 |
| Adamawa | 1 | 1 | 1 | 1 | 1 | 1 |
| Taraba | 1 | 2 | 2 | 2 | 2 | 2 |

Figure 12: North East States by Survey Tool sections Completed



In the North West Zone, Katsina State had two organizations unable to provide all the information required and Sokoto had one (see Table 7 below).

Table 7: North West State by Survey Tool Sections Completed

| State | Organization Details | Registration/Legal status | Mgt. Structure | Focus | Technical Capacity | Economic Viability |
|---------|----------------------|---------------------------|----------------|-------|--------------------|--------------------|
| Kastina | 5 | 4 | 4 | 4 | 4 | 4 |
| Kaduna | 4 | 4 | 4 | 4 | 4 | 4 |
| Kebbi | 4 | 4 | 4 | 4 | 4 | 4 |
| Jigawa | 3 | 3 | 3 | 3 | 3 | 2 |
| Kano | 3 | 3 | 2 | 2 | 2 | 2 |
| Sokoto | 2 | 2 | 2 | 2 | 2 | 1 |
| Zamfara | 2 | 2 | 2 | 2 | 2 | 2 |

Figure 13: North West State by Survey Tool Sections Completed

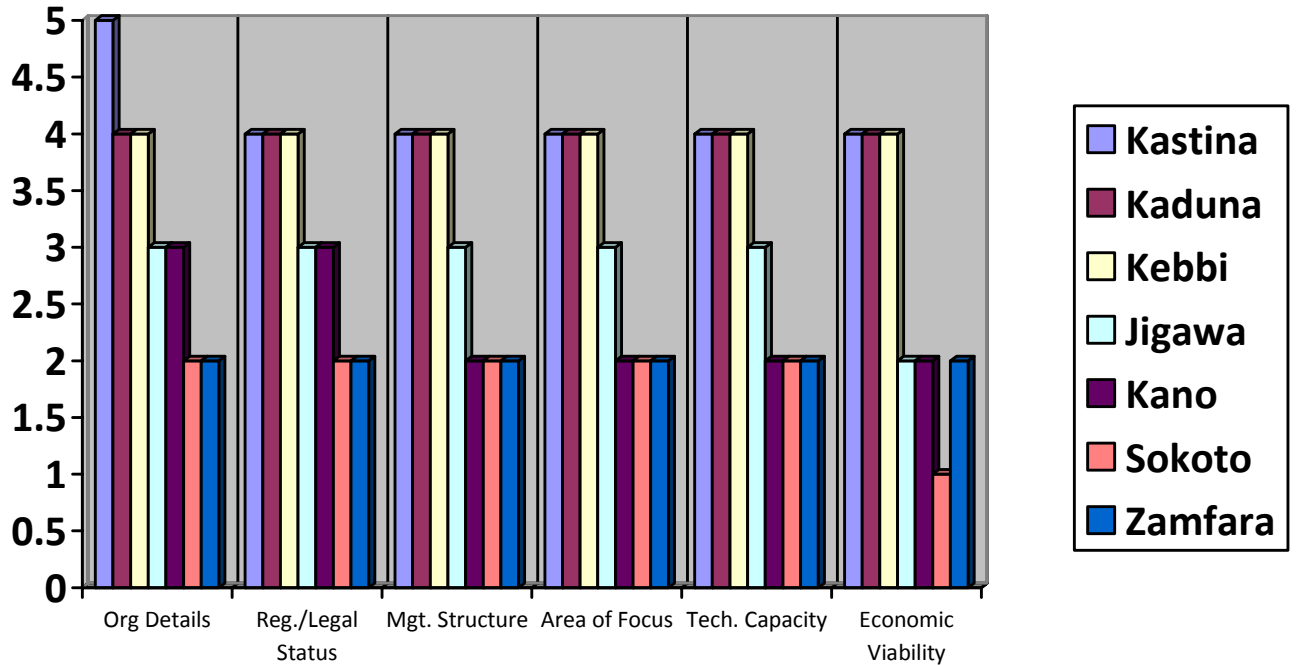


Table 8: BEST PERFORMING ORGANIZATIONS – NATIONALLY

| NAME OF ORGANIZATION | STATE | ZONE | TOTAL |
|--|---------|---------------|-------|
| UDONWANNE HEALTH INSURANCE SCH | ENUGU | SOUTH EAST | 100 |
| GASHUA TAILORING COOPERATIVE | YOBE | NORTH EAST | 95 |
| LEGURU HEALTH INSURANCE SOCIETY | OYO | SOUTH WEST | 95 |
| AUCHI ALLIED ASSOC | EDO | SOUTH SOUTH | 95 |
| ABATETE DEVELOPMENT ORG | ANAMBRA | SOUTH EAST | 94 |
| IKOSI-ISHERI MUTUAL HEALTH | LAGOS | SOUTH WEST | 93 |
| FOCUS HEALTH | BENUE | NORTH CENTRAL | 92 |
| ANAMBRA STATE ASSO OF TOWN UNION (ASATU) | ANAMBRA | SOUTH EAST | 92 |
| YAM PRODUCERS/TREADERS ASSOC | TARABA | NORTH EAST | 91 |
| HYGEIA COMM HEALTH PLAN | KWARA | NORTH CENTRAL | 91 |
| DAGONA MICRO CREDIT ASSOC | YOBE | NORTH EAST | 91 |
| HYGEIA COMM. HEALTH PLAN | LAGOS | SOUTH WEST | 91 |

| | | | |
|--------------------------------|-------------|---------------|----|
| POTISKUM YOUTH COUNCIL | YOBE | NORTH EAST | 90 |
| KOLPING SOCIETY OF NIG | ABIA | SOUTH EAST | 90 |
| HELP INT'L JOS | PLATEAU | NORTH CENTRAL | 89 |
| UKANAFUN WOMEN ASSOC | CROSS RIVER | SOUTH SOUTH | 87 |
| OUR LADY COMFORTER OF THE AFFL | CROSS RIVER | SOUTH SOUTH | 85 |
| RAHAMA WOMEN DEV PROGRESS | BAUCHI | NORTH EAST | 85 |
| NKPA WOMEN DEV ASSO | ABIA | SOUTH EAST | 84 |
| COUNTRY WOMEN ASSOC | PLATEAU | NORTH CENTRAL | 83 |
| AVO DEV PROG FOR HEALTH | ABIA | SOUTH EAST | 83 |
| NIG UNION OF PENSIONERS | ANAMBRA | SOUTH EAST | 83 |
| OKPOFE IMPROV. UNION | IMO | SOUTH EAST | 83 |
| GRASS ROOT WOMEN EMP. & DEV ED | ENUGU | SOUTH EAST | 83 |
| YEWA NUT CTCU LTD | OYO | SOUTH WEST | 82 |
| OBOSI DEV UNION | ANAMBRA | SOUTH EAST | 81 |
| ISHIAGU COMM DEV UNION | EBONYI | SOUTH EAST | 81 |
| UCHEMS MEDICAL | ABIA | SOUTH EAST | 80 |
| EZZA INYIMEGU COMM DEV UNION | EBONYI | SOUTH EAST | 80 |
| FED OF MUSLIM WOMEN ASSOC | OGUN | SOUTH WEST | 80 |
| DARAZO DEV ASSOC | BAUCHI | NORTH EAST | 80 |
| ALL FARMERS ASSO | ANAMBRA | SOUTH EAST | 79 |
| IFESODAPO COOPERATIVE | OSUN | SOUTH WEST | 79 |
| TOPSIDE PROG & NETWORK FORUM | JIGAWA | NORTH WEST | 79 |
| TASCOMAN | TARABA | NORTH EAST | 79 |
| SALAMA WOMEN DEV INT | BAUCHI | NORTH EAST | 79 |
| SHOE MAKERS ASSO | ANAMBRA | SOUTH EAST | 78 |
| AMAIZU PROG UNION | EBONYI | SOUTH EAST | 78 |
| UKPA SOCIAL WELFARE UNION | EBONYI | SOUTH EAST | 78 |
| IKEM CHS | ENUGU | SOUTH EAST | 78 |
| WISDOM FOUNDATION | ENUGU | SOUTH EAST | 78 |
| PRO HEALTH INITIATIVE | LAGOS | SOUTH WEST | 78 |
| CATHOLIC WOMEN ORG | ANAMBRA | SOUTH EAST | 77 |
| NUJ | ANAMBRA | SOUTH EAST | 77 |
| ABIRIBA WOMEN CULTURAL ORG | ABIA | SOUTH EAST | 76 |
| NMA CHARITY & REHAB. CENTRE | ABIA | SOUTH EAST | 76 |
| OHANZE OSAA-NKWU | ABIA | SOUTH EAST | 76 |
| CENTER FOR COMMUNITY EXC. | ZAMFARA | NORTH WEST | 76 |
| COMMUNITY ADVANCEMENT PROJECT | ZAMFARA | NORTH WEST | 75 |
| IDEANI DEV UNION | ANAMBRA | SOUTH EAST | 75 |
| AGO ARE WARD DEV COMMITTEE | OYO | SOUTH WEST | 75 |
| SAVE THE WORLD ORG | ANAMBRA | SOUTH EAST | 75 |
| THE HUMAN DEV INI | ANAMBRA | SOUTH EAST | 74 |
| ACOMORON | JIGAWA | NORTH WEST | 74 |
| EMDUMUCARE COOP COC | EDO | SOUTH SOUTH | 74 |
| OKADA RIDERS ASSOC | KADUNA | NORTH WEST | 74 |
| HEALTHWYSE GLOBAL SERVICES | LAGOS | SOUTH WEST | 74 |
| IKEKEN OBUSEYE | EDO | SOUTH SOUTH | 73 |

| | | | |
|--|--------|-------------|----|
| REFORMED CHURCH RURAL HEALTH ASSO | EBONYI | SOUTH EAST | 73 |
| FULAKU KAUTAL HORE | YOBE | NORTH EAST | 73 |
| GEORGE AMA WOMEN ASSOC | RIVERS | SOUTH SOUTH | 73 |
| FOMWAN BASORUN IBADAN | OYO | SOUTH WEST | 72 |
| MAINARI DEV ASSOC | BAUCHI | NORTH EAST | 72 |
| FEDERATION OF MUSLIM WOMEN ASSOCIATION | SOKOTO | NORTH WEST | 72 |
| MISSION TRUST | ABIA | SOUTH EAST | 71 |
| EBEGANG WOMEN ASSO | CR | SOUTH SOUTH | 71 |
| OFIKI WARD DEV COMMITTEE | OYO | SOUTH WEST | 70 |
| OLUWASEUN CMU | OYO | SOUTH WEST | 70 |
| AMALGAMATED COM RIDERS GASHUA | YOBE | NORTH EAST | 70 |
| OWOLOWO MAKUN SAGAMU REMO | OGUN | SOUTH WEST | 70 |
| UNITY LIVESTOCK COOP | EDO | SOUTH SOUTH | 70 |

Table 9: BEST PERFORMING ORGANIZATIONS – BY STATES AND ZONES

| NAME OF ORGANIZATION | STATE | ZONE | SCORE |
|--|---------|------------|-------|
| SOUTH EAST ZONE – ABIA STATE | | | |
| KOLPING SOCIETY OF NIG | ABIA | SOUTH EAST | 90 |
| NKPA WOMEN DEV ASSO | ABIA | SOUTH EAST | 84 |
| AVO DEV PROG FOR HEALTH | ABIA | SOUTH EAST | 83 |
| UCHEMS MEDICAL | ABIA | SOUTH EAST | 80 |
| ABIRIBA WOMEN CULTURAL ORG | ABIA | SOUTH EAST | 76 |
| NMA CHARITY & REHAB. CENTRE | ABIA | SOUTH EAST | 76 |
| OHANZE OSAA-NKWU | ABIA | SOUTH EAST | 76 |
| MISSION TRUST | ABIA | SOUTH EAST | 71 |
| IDINABTU WOMEN COOP | ABIA | SOUTH EAST | 66 |
| SHOE MAKERS ASSO | ABIA | SOUTH EAST | 59 |
| ST ANTHONY HOSP LTD | ABIA | SOUTH EAST | 58 |
| 7 TH DAY ADVENTIST HOSP | ABIA | SOUTH EAST | 51 |
| TIMBER DEALERS ASSO | ABIA | SOUTH EAST | 46 |
| AKINSON UMUACHA COOP | ABIA | SOUTH EAST | 43 |
| EZIAMA HEALTH CENTRE | ABIA | SOUTH EAST | 5 |
| URATTA INTEGRATED MARKET | ABIA | SOUTH EAST | 5 |
| SOUTH EAST ZONE – ANAMBRA STATE | | | |
| ABATETE DEVELOPMENT ORG | ANAMBRA | SOUTH EAST | 94 |
| ANAMBRA STATE ASSO OF TOWN UNION (ASATU) | ANAMBRA | SOUTH EAST | 92 |
| NIG UNION OF PENSIONERS | ANAMBRA | SOUTH EAST | 83 |
| OBOSI DEV UNION | ANAMBRA | SOUTH EAST | 81 |
| ALL FARMERS ASSO | ANAMBRA | SOUTH EAST | 79 |

| | | | |
|--|-------------|-------------|-----|
| SHOE MAKERS ASSO | ANAMBRA | SOUTH EAST | 78 |
| CATHOLIC WOMEN ORG | ANAMBRA | SOUTH EAST | 77 |
| NUJ | ANAMBRA | SOUTH EAST | 77 |
| IDEANI DEV UNION | ANAMBRA | SOUTH EAST | 75 |
| SAVE THE WORLD ORG | ANAMBRA | SOUTH EAST | 75 |
| THE HUMAN DEV INI | ANAMBRA | SOUTH EAST | 74 |
| OGIDI UNION NIGERIA | ANAMBRA | SOUTH EAST | 62 |
| NJIKO NDI INYOM | ANAMBRA | SOUTH EAST | 44 |
| SOUTH EAST ZONE – EBONYI STATE | | | |
| ISHIAGU COMM DEV UNION | EBONYI | SOUTH EAST | 81 |
| EZZA INYIMEGU COMM DEV UNION | EBONYI | SOUTH EAST | 80 |
| AMAIZU PROG UNION | EBONYI | SOUTH EAST | 78 |
| UKPA SOCIAL WELFARE UNION | EBONYI | SOUTH EAST | 78 |
| REFORMED CHURCH RURAL HEALTH ASSO | EBONYI | SOUTH EAST | 73 |
| CHRIST COMM MIN | EBONYI | SOUTH EAST | 63 |
| SOUTH EAST ZONE – ENUGU STATE | | | |
| UDONWANNE HEALTH INSURANCE SCH | ENUGU | SOUTH EAST | 100 |
| GRASS ROOT WOMEN EMP. & DEV ED | ENUGU | SOUTH EAST | 83 |
| IKEM CHS | ENUGU | SOUTH EAST | 78 |
| WISDOM FOUNDATION | ENUGU | SOUTH EAST | 78 |
| ODENIGWE WOMEN ASSO | ENUGU | SOUTH EAST | 61 |
| SOUTH EAST ZONE— IMO STATE | | | |
| OKPOFE IMPROV. UNION | IMO | SOUTH EAST | 83 |
| ASSOC FOR PUBLIC POLICY | IMO | SOUTH EAST | 66 |
| SOUTH SOUTH ZONE- CROSS RIVER STATE | | | |
| UKANAFUN WOMEN ASSOC | CROSS RIVER | SOUTH SOUTH | 87 |
| OUR LADY COMFORTER OF THE AFFL | CROSS RIVER | SOUTH SOUTH | 85 |
| EBEGANG WOMEN ASSO | CROSS RIVER | SOUTH SOUTH | 71 |
| DABUSAN MULTIPURPOSE COOP SOC. | CROSS RIVER | SOUTH SOUTH | 68 |
| INITIATIVE FOR RURAL DEV | CROSS RIVER | SOUTH SOUTH | 67 |
| CAPITAL TRADERS UMBRELLA ASSOC | CROSS RIVER | SOUTH SOUTH | 53 |
| CATHOLIC WOMEN ORG | CROSS RIVER | SOUTH SOUTH | 46 |
| CATHOLIC WOMEN ORG OKPOMA | CROSS RIVER | SOUTH SOUTH | 32 |
| SOUTH SOUTH ZONE- DELTA STATE | | | |
| CATHOLIC CHURCH WOMEN ASSOC | DELTA | SOUTH SOUTH | 43 |
| SOUTH SOUTH ZONE- EDO STATE | | | |
| AUCHI ALLIED ASSOC | EDO | SOUTH SOUTH | 95 |
| EMDUMUCARE COOP COC | EDO | SOUTH SOUTH | 74 |
| IKEKEN OBUSEYE | EDO | SOUTH SOUTH | 73 |
| UNITY LIVESTOCK COOP | EDO | SOUTH SOUTH | 70 |
| AFOBAKHIRE | EDO | SOUTH SOUTH | 55 |
| UROMI TRADERS ASSOC | EDO | SOUTH SOUTH | 54 |
| IBILLO NATIONAL CONGRESS | EDO | SOUTH SOUTH | 50 |
| IYAKHARA PHC | EDO | SOUTH SOUTH | 42 |

| | | | |
|--|--------|-------------|----|
| UGBEGUN MARKET TRADERS ASSOC | EDO | SOUTH SOUTH | 33 |
| SOUTH SOUTH ZONE-RIVERS STATE | | | |
| GEORGE AMA WOMEN ASSOC | RIVERS | SOUTH SOUTH | 73 |
| BUIDERIMA IKIA OGBO | RIVERS | SOUTH SOUTH | 69 |
| UNITED WOMEN FOR BETTER ANDONI | RIVERS | SOUTH SOUTH | 65 |
| GRASSROOT ALLIANCE FOR MONIT. | RIVERS | SOUTH SOUTH | 61 |
| FELLOWSHIP OF LUTHERAN CONG. | RIVERS | SOUTH SOUTH | 33 |
| CATHOLIC WOMEN ASSOC | RIVERS | SOUTH SOUTH | 32 |
| SOUTH WEST ZONE-LAGOS STATE | | | |
| IKOSI-ISHERI MUTUAL HEALTH | LAGOS | SOUTH WEST | 93 |
| HYGEIA COMM. HEALTH PLAN | LAGOS | SOUTH WEST | 91 |
| PRO HEALTH INITIATIVE | LAGOS | SOUTH WEST | 78 |
| HEALTHWYSE GLOBAL SERVICES | LAGOS | SOUTH WEST | 74 |
| COALITION FOR CHANGE AND GOOD GOVERNANCE | LAGOS | SOUTH WEST | 44 |
| LAGOS MARKET WOMWN | LAGOS | SOUTH WEST | 0 |
| SOUTH WEST ZONE-OGUN STATE | | | |
| FED OF MUSLIM WOMEN ASSOC | OGUN | SOUTH WEST | 80 |
| IFEDAPO CMU | OGUN | SOUTH WEST | 80 |
| OWOLOWO MAKUN SAGAMU REMO | OGUN | SOUTH WEST | 70 |
| PEASANTS DRAGNET | OGUN | SOUTH WEST | 68 |
| IBOGUN OLAOGUN | OGUN | SOUTH WEST | 59 |
| LEGURU HEALTH INSURANCE SOCIETY | OGUN | SOUTH WEST | 95 |
| OLUWASEUN CMU | OGUN | SOUTH WEST | 70 |
| SOUTH WEST ZONE- ONDO STATE | | | |
| NATIONAL TRADERS | ONDO | SOUTH WEST | 51 |
| NIG UNION OF TAILOR ILE-OLUJI | ONDO | SOUTH WEST | 50 |
| SOUTH WEST ZONE- OSUN STATE | | | |
| IFESODAPO COOPERATIVE | OSUN | SOUTH WEST | 79 |
| ACCOMORAN IRAGBIJI | OSUN | SOUTH WEST | 53 |
| IFELODUN BRIDDAYER ASSO IWO | OSUN | SOUTH WEST | 46 |
| ILROMU COMM DEV ASSOC | OSUN | SOUTH WEST | 37 |
| TEMIDARE CDA | OSUN | SOUTH WEST | 34 |
| CASSAVA GROWERS ASSOC | OSUN | SOUTH WEST | 33 |
| FOMWAN | OSUN | SOUTH WEST | 46 |
| NIGERIAN UNION OF TAILORS | OSUN | SOUTH WEST | 53 |
| OKADA RIDERS ASSOC ILESHA | OSUN | SOUTH WEST | 35 |
| SOUTH WEST ZONE- EKITI STATE | | | |
| AFAN | EKITI | SOUTH WEST | 34 |
| OBADA COMM DEV ASSOC | EKITI | SOUTH WEST | 15 |
| JUSTICE DEVELOPMENT &PEACE INITIATIVE | EKITI | SOUTH-WEST | 63 |
| SOUTH WEST ZONE-OYO STATE | | | |
| | | | |
| YEWA NUT CTCU LTD | OYO | SOUTH WEST | 82 |

| | | | |
|---|-----------|---------------|----|
| AGO ARE WARD DEV COMMITTEE | OYO | SOUTH WEST | 75 |
| FOMWAN BASORUN IBADAN | OYO | SOUTH WEST | 72 |
| OFIKI WARD DEV COMMITTEE | OYO | SOUTH WEST | 70 |
| | | | |
| MECHANIC ASSOC MONIYA IBADAN | OYO | SOUTH WEST | 64 |
| ISEYIN CARPENTERS ASSOC | OYO | SOUTH WEST | 55 |
| MARKET MEN & WOMEN ASSOC | OYO | SOUTH WEST | 37 |
| WOMEN CHRISTIAN ASSOC | OYO | SOUTH WEST | 36 |
| TEDE WARD DEV COMMITTEE | OYO | SOUTH WEST | 16 |
| NORTH CENTRAL ZONE- BENUE STATE | | | |
| FOCUS HEALTH | BENUE | NORTH CENTRAL | 92 |
| ZAHEMEN MULTIPURPOSE COOP SOC | BENUE | NORTH CENTRAL | 58 |
| OBARIKE ITO POULTRY PROD ASSOC | BENUE | NORTH CENTRAL | 53 |
| SAGHEV UKUSU FCA | BENUE | NORTH CENTRAL | 49 |
| GK KANKI FOUNDATION | BENUE | NORTH CENTRAL | 44 |
| MBALAN DEV ASSOC | BENUE | NORTH CENTRAL | 36 |
| NORTH CENTRAL ZONE- KOGI STATE | | | |
| ABOCHO DEV ASSOC | KOGI | NORTH CENTRAL | 55 |
| IJOJI EGUME YOUTH DEV ASSOC | KOGI | NORTH CENTRAL | 49 |
| NORTH CENTRAL ZONE – KWARA STATE | | | |
| HYGEIA COMM HEALTH PLAN | KWARA | NORTH CENTRAL | 91 |
| NORTH CENTRAL ZONE-NASSARAWA STATE | | | |
| COMM INITIATIVE FOR POSITIVE D | NASSARAWA | NORTH CENTRAL | 66 |
| NORTH CENTRAL ZONE- NIGER STATE | | | |
| DANCHITAGI MUTUAL HEALTH ASSOC | NIGER | NORTH CENTRAL | 19 |
| SAHORAMI | NIGER | NORTH CENTRAL | 50 |
| PANDOGARI MUTUAL HEALTH ASSOC | NIGER | NORTH CENTRAL | 47 |
| WAWA MUTUAL HEALTH ASSOC | NIGER | NORTH CENTRAL | 44 |
| ENAGI MUTUAL HEALTH ASSOC | NIGER | NORTH CENTRAL | 27 |
| NORTH CENTRAL ZONE- PLATEAU STATE | | | |
| HELP INT'L JOS | PLATEAU | NORTH CENTRAL | 89 |
| COUNTRY WOMEN ASSOC | PLATEAU | NORTH CENTRAL | 83 |
| JUTH MULTIPURPOSE COOP SOC | PLATEAU | NORTH CENTRAL | 56 |
| YEMKAN BOGGOM WOMEN DEV ASSOC | PLATEAU | NORTH CENTRAL | 41 |
| NORTH EAST ZONE- ADAMAWA STATE | | | |
| GLORIOUS MULTIPURPOSE MBULA | ADAMAWA | NORTH EAST | 47 |
| NORTH EAST ZONE- BAUCHI STATE | | | |
| RAHAMA WOMEN DEV PROGRESS | BAUCHI | NORTH EAST | 85 |
| DARAZO DEV ASSOC | BAUCHI | NORTH EAST | 80 |
| SALAMA WOMEN DEV INT | BAUCHI | NORTH EAST | 79 |
| MAINARI DEV ASSOC | BAUCHI | NORTH EAST | 72 |
| ANGAS WOMEN MULTIPURPOSE COOP | BAUCHI | NORTH EAST | 51 |
| NORTH EAST ZONE BORNO STATE | | | |
| CUSTOM MARKET TRADERS ASSOC | BORNO | NORTH EAST | 63 |
| ACHABA DEV ASSOC | BORNO | NORTH EAST | 62 |

| | | | |
|--------------------------------------|---------|------------|----|
| LIVESTOCK DEALERS ASSOC | BORNO | NORTH EAST | 60 |
| YANGIRI DEV ASSOC | BORNO | NORTH EAST | 60 |
| ONION FARMERS ASSOC | BORNO | NORTH EAST | 59 |
| ZAMA LAFIYA ASSOC | BORNO | NORTH EAST | 58 |
| EXPRESS LABOURS ASSOC | BORNO | NORTH EAST | 56 |
| RICE DEALERS SELLERS ASSOC | BORNO | NORTH EAST | 53 |
| CASH CROPS ASSOC | BORNO | NORTH EAST | 51 |
| KANEM WOMEN ASSOC | BORNO | NORTH EAST | 49 |
| DIKWA DEV FOUNDATION | BORNO | NORTH EAST | 44 |
| NORTH EAST ZONE-TARABA STATE | | | |
| YAM PRODUCERS/TREADERS ASSOC | TARABA | NORTH EAST | 91 |
| TASCOMAN | TARABA | NORTH EAST | 79 |
| NORTH EAST ZONE-YOBE STATE | | | |
| GASHUA TAILORING COOPERATIVE | YOBE | NORTH EAST | 95 |
| DAGONA MICRO CREDIT ASSOC | YOBE | NORTH EAST | 91 |
| POTISKUM YOUTH COUNCIL | YOBE | NORTH EAST | 90 |
| FULAKU KAUTAL HORE | YOBE | NORTH EAST | 73 |
| AMALGAMATED COM RIDERS GASHUA | YOBE | NORTH EAST | 70 |
| AMALGAMATED COM MOTORCYCLE | YOBE | NORTH EAST | 61 |
| BIZI FADAMA FARMERS | YOBE | NORTH EAST | 60 |
| NORTH WEST ZONE-JIGAWA STATE | | | |
| TOPSIDE PROG & NETWORK FORUM | JIGAWA | NORTH WEST | 79 |
| ACOMORON | JIGAWA | NORTH WEST | 74 |
| JIGAWA YOUTH NETWORK | JIGAWA | NORTH WEST | 65 |
| NORTH WEST ZONE-KADUNA STATE | | | |
| OKADA RIDERS ASSOC | KADUNA | NORTH WEST | 74 |
| MOTOMECHS & TECHNICIANS ASSOC | KADUNA | NORTH WEST | 69 |
| RIBADU COM MOTOCYCLE | KADUNA | NORTH WEST | 67 |
| NIG UNION OF LABOURERS LOADERS | KADUNA | NORTH WEST | 63 |
| NORTH WEST ZONE- KANO STATE | | | |
| YAKASAI ZUMUNTA DEV ASSOCIATION | KANO | NORTH WEST | 80 |
| ISA WALI EMPOWERMENT | KANO | NORTH WEST | 67 |
| BACIRAWA BUTCHER'S COOP SOCIET | KANO | NORTH WEST | 10 |
| NORTH WEST ZONE-KATSINA STATE | | | |
| ZUMUNTA CARPENTER COOP.SOC | KATSINA | NORTH WEST | 66 |
| NATA KATSINA | KATSINA | NORTH WEST | 57 |
| KATSINA STATE TAILORING ASSOC | KATSINA | NORTH WEST | 52 |
| CHARANCHI FISH COOP.SOC | KATSINA | NORTH WEST | 47 |
| NORTH WEST ZONE-KEBBI STATE | | | |
| MINDSET COMMUNITY DEVELOPMENT INITI | KEBBI | NORTH WEST | 63 |
| MUSLIM HEALTH WORKERS | KEBBI | NORTH WEST | 63 |
| KEBBI STATE COMMERCE | KEBBI | NORTH WEST | 62 |
| MASAMA RICE FARMERS ASSOCIATION | KEBBI | NORTH WEST | 53 |

| NORTH WEST ZONE- SOKOTO STATE | | | |
|--|---------|------------|----|
| FEDERATION OF MUSLIM WOMEN ASSOCIATION | SOKOTO | NORTH WEST | 72 |
| SOKOTO STATE LEATHER CRAFT ASSOCIATION | SOKOTO | NORTH WEST | 42 |
| NORTH WEST ZONE- ZAMFARA STATE | | | |
| CENTER FOR COMMUNITY EXC. | ZAMFARA | NORTH WEST | 76 |
| COMMUNITY ADVANCEMENT PROJECT | ZAMFARA | NORTH WEST | 75 |

Table 10: Best Performing Women Only Groups

| NAME OF ORGANIZATION | STATE | ZONE | SCORE |
|------------------------------|-------------|---------------|-------|
| Ikosi-Isheri Mutual Health | Lagos | South West | 93 |
| Ukanafun Women Asso. | Cross River | South South | 89 |
| Rahama Women Dev Progress | Bauchi | North East | 85 |
| Nkpa Women Dev Asso | Abia | South East | 84 |
| Grassroot Women Emp & Dev Ed | Enugu | South East | 83 |
| Country Women Asso | Plateau | North Central | 83 |
| Fed of Muslim Women Asso | Ogun | South West | 80 |
| Salama Women Dev Int | Bauchi | North East | 79 |
| Catholic Women Org | Anambra | South East | 77 |
| Abiriba Women Cultural Org | Abia | South East | 76 |
| George Ama Women Asso | Rivers | South South | 73 |
| Fed of Muslim Women Asso | Sokoto | North West | 72 |
| Ebeang Women Asso | Cross River | South South | 71 |
| Idinabtu Women Coop | Abia | South East | 66 |

| | | | |
|--------------------------------------|-------------|---------------|----|
| United Women For Better Andoni | Rivers | South South | 65 |
| Odenigwe Women Asso | Enugu | South East | 61 |
| Angas Women Multipurpose Coop | Bauchi | North East | 51 |
| Kangu Women Asso. | Bornu | North East | 49 |
| Catholic Women Org | Cross River | South South | 46 |
| Catholic Church Women Asso | Delta | South South | 43 |
| Yemkan Boggon Women Asso | Plateau | North Central | 41 |
| Women Christian Asso of Nigeria | Oyo | South West | 36 |
| Catholic Women Org (Christ the King) | Rivers | South South | 32 |

8.0 Discussion

This report presents several options for the selection of CSOs, Mutuals, Cooperatives and Associations for the purpose of utilizing these organizations to collect, pool and purchase health services on behalf of their members in the informal sector of the Nigerian economy.

Of those organizations whose verification data was submitted for analysis, their current capacity to act in this new role was assessed utilizing the weighted survey tool that scored them on various components out of maximum score of 100. The best performing organizations nationwide were listed and ranked in the order of the highest to lowest scores (above a base score of 70) for easy selection of the targeted 50 potential Community Based Health Insurance entry points. In terms of competence and capacity, the top 50 listed regardless of location could be targeted for engagement (see Table 8).

However, any National Agency with Zonal Offices and a mandate to provide access to all Nigerians, seeking to provide equitable and high-quality coverage to scheme subscribers, must consider equitable and geographical access. As a result, it will be in line with the NHIS terms of reference to select organizations from each geopolitical zone and preferably, every state within each Zone. As such HERFON has ranked the best performing organizations in the order of the highest to lowest scores for easy selection of the targeted 50 potential Community Based Health Insurance entry points within each state included in this review (see Table 9). While the zonal and state spread is desirable, it presents unique challenges to the NHIS. Many of the states have just 1 - 2 organizations participating, some others have none at all. Even among those with

many organizations participating, a significant investment in capacity building may be required to attain a sufficient number of capable and competent entry points per state.

Furthermore, there has been a National effort to mainstream gender considerations (35% of available slots) and the NHIS is not excluded from this. As a result, the best performing women's groups have been listed and performance-ranked for your review and possible selection (see Table 10).

Being in its infancy in Nigeria, there appears to be limited understanding of how the informal sector CBHI scheme will interact with

- a) the formal sector National Health Insurance Scheme, or
- b) those excluded from participating in the CBHI programme due to non-membership in a selected group, or
- c) the effect that Government subsidies to the CBHI providers and CBHI Programme scheme may affect the supply and demand of services in the community settingⁱⁱⁱ.

Once the scheme is rolled out, any funding gap between contributions collected and programme costs is expected to be subsidized by the government in some form and will most likely cover a small proportion of our nation's rural population. It may be prudent for the NHIS to invest in building the capacity of the organizations selected and the benefits of expanded health coverage promoted effectively, to the end that these membership organizations could in future drive privately-funded and sustainable grass-root health insurance coverage, with the government maintaining only regulatory oversight. There have been implementation experiences with CBHI in some parts of the country, some funded entirely by community members like the Igboukwu Health Insurance Scheme established in Anambra State in 2003. The non-viability of this programme was linked to poor capacity of its Programme Managers. Also, quality of services rendered could not be effectively regulated. The funds needed to run the scheme effectively could not be maintained, despite the sponsoring Igboukwu Development's ability to enroll 18% of the target population.

Strong partnerships must be forged with the community based organizations and a road map established as to how they will be nurtured to maturity and become a viable financing option. In some African countries this picture has already developed – and is evolving quickly. In Ghana, there were 157 Mutual Health Organizations (MHOs) (one particular form of CBHI scheme) estimated to be viable as far back as 1998, up from just four 2 years prior. This is similar to the trend developing in Tanzania and four other African countries^{iv}.

9.0 Recommendations & Next Steps

- 9.1 Organizations should be selected based on the highest scores in **each** state. This will ensure that experiences with CBHI can be captured and learnt from across the country simultaneously.
- 9.2 Women only groups should be given strong consideration for selection wherever such an organization has scored **above 70** to a **maximum of 1/3** of all available slots. This will encourage more female subscribers to register and use health services, thereby improving maternal and child health outcomes.
- 9.3 States with low or no representation of organizations (Kano, Lagos, Delta, Ondo, Kwara, Nassarawa, Adamawa and Taraba) should carry out supplemental verification exercises to allow for fair access to the scheme.
- 9.4 NHIS should plan to build the capacity of the organizations selected for an appropriate period of time (minimum of 2 years) to enable them further strengthen their fee paying membership base and acquire programme management skills to effectively administer the scheme.
- 9.5 The NHIS should commission studies to observe and record how the informal sector CBHI scheme will interact with or affect the formal sector National Health Insurance Scheme, those excluded from participating in the CBHI programme due to non-membership in a selected group, the supply and demand of health services in the community setting.

References:

ⁱ <http://www.who.int/countries/nga/en>

ⁱⁱ National Health Insurance Scheme (2011). "Community Based Health Insurance (CBHI) Program in Nigeria: Implementation and Training Manual".

ⁱⁱⁱ Bennett, S (2004), "The role of community-based health insurance within the health care financing system: a framework for analysis". Oxford University Press, 2004; Health Policy and Planning; **19**(3): 147–158.

^{iv} Atim CB, Diop FP, Ette J et al. 1998. *The contribution of mutual health organizations to financing, delivery, and access in health care in West and Central Africa: Summaries and case studies in six countries*. Technical Report No. 19. Bethesda, MD: Partnerships for Health Reform (PHR).

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Proposal for HERFON Partnership in NHIS Verification Exercise

| | |
|----------------------|--|
| Project Name | Community Based Health Insurance Verification Exercise |
| Developed For | National Health Insurance Scheme (NHIS) |
| Date | 1 st August, 2011 |

1.0 Background:

1.1 The **Health Reform Foundation of Nigeria** is a non-profit, non-governmental organization formed by a group of reform minded Nigerians who have come together in response to the deplorable health system and declining health status of Nigerians. The foundation aims to support and help to sustain the Health Reform Agenda in the country. As a prime advocate for better health for all Nigerians, HERFON is informing and influencing Health Partnerships, Advocacy, Capacity Building and Evidence generation and its use.

1.2 In an effort to improve our health indices and reduce the financial burden of catastrophic health expenditure on the average Nigerian family, the **National Health Insurance Scheme** was launched. The Scheme established under Act 35 of 1999 by the Federal Government of Nigeria, is aimed at providing easy access to healthcare for all Nigerians at an affordable cost through various prepayment modalities.

1.3 The Community based component of the National Health Insurance Scheme will require the utilization of CSO's, Trade Unions, Mutuels, Co-operative Societies, etc to be used as entry points to the service for coverage of their members. Since tens of thousands of such groups exist and because the capacity required of these groups maybe limited, it has become necessary to "verify" the groups and associations, utilizing a pre-determined set of criteria. HERFON will act as sole contractor for the exercise.

2.0 Purpose of task to be contracted:

2.1 Utilizing a set of standardized structure, process and output indicators as predetermined by the NHIS, verification teams comprising of NHIS and HERFON personnel will be assigned community based CSOs, Mutuals, Cooperative Societies, Trade Unions and Occupational Groups within each geo-political zone. The verification process will yield data for analysis and subsequent shortlisting of Community based “entry-points” for subscribers across the country.

2.2 Key outputs of the verification exercise include:

- a) Development of valid, reliable survey tools
- b) Conduct Pre-verification workshop for training assessors on the use of the tool to ensure standardized reporting
- c) Data collected from 300 Community based groups that have undergone Physical verification, Facility Identification, Structures Audit, Assessments of Viability and Technical Capacity
- d) Geographical Information Mapping of the facilities within each geo-political zone
- e) Data analysis report for the selection of 50 Community based groups for the 1st phase of the implementation of CBHI

3.0 Scope and method:

3.1 Nationwide coverage, within each geo-political Zone

3.2 Data Collection Methods to be used include

- a) Facility Document Review
- b) Direct observation of facility structure and processes
- c) Structured Interview of institutional stakeholders
- d) Facilitated discussion with User Focus groups

3.3 Data Analysis Approach: Facility Gap – Analysis

3.4 Geographic Information System (GIS) mapping will integrate hardware, software, and data for capturing, managing, analyzing, and displaying of geographically referenced information concerning the surveyed facilities.

4.0 Issues to be covered:

4.1 Analyses of data collected will state consideration of important themes, including access, equity and gender

5.0 Personnel requirement:

5.1 Six (6) NHIS staff, one (1) media person and three (2) HERFON representatives per Geopolitical Zone will constitute a verification team. Each team will visit 50 Community based organizations/facilities during the exercise.

The team will split into 2 groups after the Pre-verification workshop and each splinter group will be assigned 25 facilities to visit over a 15 business day period

5.2 One (1) day Pre-verification workshop for participants to be handled by Three (3) HERFON Consultants

Three (3) business days for survey tool design – 1 Consultant

Ten (10) business days for finalization of Facility Gap Analysis Report – 2 Consultants

Five (5) business days for GIS Mapping Report – 1 Consultant

5.3 Press Coverage by six (6) Media Houses (TV and Print) – to be arranged by NHIS for coverage of the workshop and facility visits.

5.4 In Summary:

32 Consultant days (*survey tool design, workshop, analysis and GIS mapping*)

810 Participant days (180 Herfon participant days during exercise)

54 Participants days during both workshops

5.5 Required Qualifications

a) All participants will possess a minimum of a Bachelors Degree in a relevant discipline. b) HERFON Consultants for the Pre-verification workshop and data analysis will have a strong background in either Health Care Financing, Demand Side Health Economics or Health System Strengthening (Governance).

6.0 Schedule of work:

- 6.1 Pre- Verification Workshop conducted by August 15th, 2011
- 6.2 Facility Verification exercise concluded by September 6th, 2011
- 6.4 Post Verification Feedback Session concluded by September 8th, 2011
- 6.3 Final Reports submitted by September 22nd, 2011

7.0 Remuneration:

- 7.1 Daily rates for Participants and Consultants to be determined
- 7.2 Re-imbursables: Materials, Travel, Lodging, and Feeding Costs
- 7.3 HERFON Management Fee to be determined

8.0 Documentation:

- 8.1 All documentation including survey tools, reports and summaries will remain the intellectual property of the National Health Insurance Scheme.