## LEARNING & ANALYSIS BRIEF

PharmAccess FOUNDATION

LESSONS LEARNED FROM ENHANCED COMMUNITY-BASED CARE

# THE INTRODUCTION OF NURSE-LED HEALTH POSTS INCREASES UTILIZATION OF PRIMARY HEALTHCARE SERVICES IN NIGERIA


**This brief describes how the introduction of nurse-led health posts in the Edu Local Government Area in Kwara State, Nigeria, led to increased access to and utilization of primary healthcare services.**

The Kwara State Health Insurance program was launched in 2007 to increase accessibility and affordability of basic quality healthcare for low income earners in the rural population of Kwara State. The program addresses the challenges on both the supply-side and demand-side of the healthcare system. By subsidizing the insurance premium (in 2015 by 88%), healthcare services become more accessible. The program improves the quality of healthcare services through the use of SafeCare Basic Healthcare Quality Standards. As of May 2015, the program has 105,501 insured clients accessing care at 35 clinics across 11 Local Government Areas (LGAs) out of 16 LGAs in Kwara State in total.

Five years after its inception a program review revealed a number of challenges. Long waiting hours in program clinics, long travel distances to these clinics and subsequent high transportation costs were key obstacles for people in Kwara State to enrol in the program or for existing policyholders to renew their insurance.

To address these issues, the program launched a one-year pilot in July 2013 to introduce care closer to the most remote communities. Four health posts were set up in addition to five existing program clinics in the Ndabata, Guye, Kusomunu and Patiko communities in one of the LGAs: Edu LGA. The health posts were open two days a week and

## Main findings

***Enrollees made active use of the nurse-led health posts***

- **Among those that sought healthcare or drugs, 71% visited a health post.**
- **The health posts visits accounted for 18% of all 88,456 outpatient visits at primary healthcare providers in Edu LGA (pilot location) during the one-year period from July 2103 to June 2014.**
- **The introduction of the health posts marked a clear increase in primary care visits by all enrollees in Edu LGA.**
- **Patients were positive about the health posts staff attitudes and overall, user satisfaction was positive. Drug availability, waiting times and opening days were claimed improvement areas by the enrollees.**

***The pilot increased physical access to primary care***

- **The average travel time to the nearest primary healthcare delivery point within the program reduced by 34 minutes (from an average of 51 minutes to an average of 17 minutes in the areas where the pilot took place).**
- **For enrollees, the average one-way travel cost to their source of primary care was reduced by 75%.**

## KEY COUNTRY FACTS

**173.6 m**
population (54% are rural)

**62%**
of people live on less than USD 1/day

**69%**
of people's spending on healthcare is out-of-pocket

**18%**
general government expenditures on health (more than the 15% Abuja norm)

**224,943** nurses and midwives = **1.6** per 1,000 people

**19,268** community and traditional health workers = **0.14** per 1,000 people

– Based on 2008 and 2013 World Bank and World Health Organization data.

## PROGRAM FACTS

The Kwara State Health Insurance program was launched in 2007 to increase accessibility and affordability of basic quality care for low income earners in the rural population of Kwara State, Nigeria.

**105,501** enrollees

**35** clinics

### TOP 5 DIAGNOSES

1. Malaria
2. Hypertension
3. Pregnancy
4. Upper respiratory tract infections
5. Respiratory / Ear Nose Throat complaints

– Data up to May 2015.

staffed with a nurse, a midwife and a community health worker. They provided basic health services including primary and chronic care and maternal and childcare. Key services included antenatal care, HIV tests and consultations, tests and medicines for common illnesses like malaria. Patients requiring additional treatment were referred to the nearest clinic participating in the health insurance program.

The implementation and uptake of this pilot were closely monitored. Some of the main questions were:

- Was there willingness to use the health posts?
- Was there a reduction in travel time and travel costs to the clinics participating in the pilot study?
- How did clients experience the health posts and what can be done to improve the health posts?

Focus was put on conducting client interviews, observing waiting times at the program clinics and health posts, and monitoring of utilization (and thereby acceptance of the health post model). Data collection took place from July 2013 to June 2014.

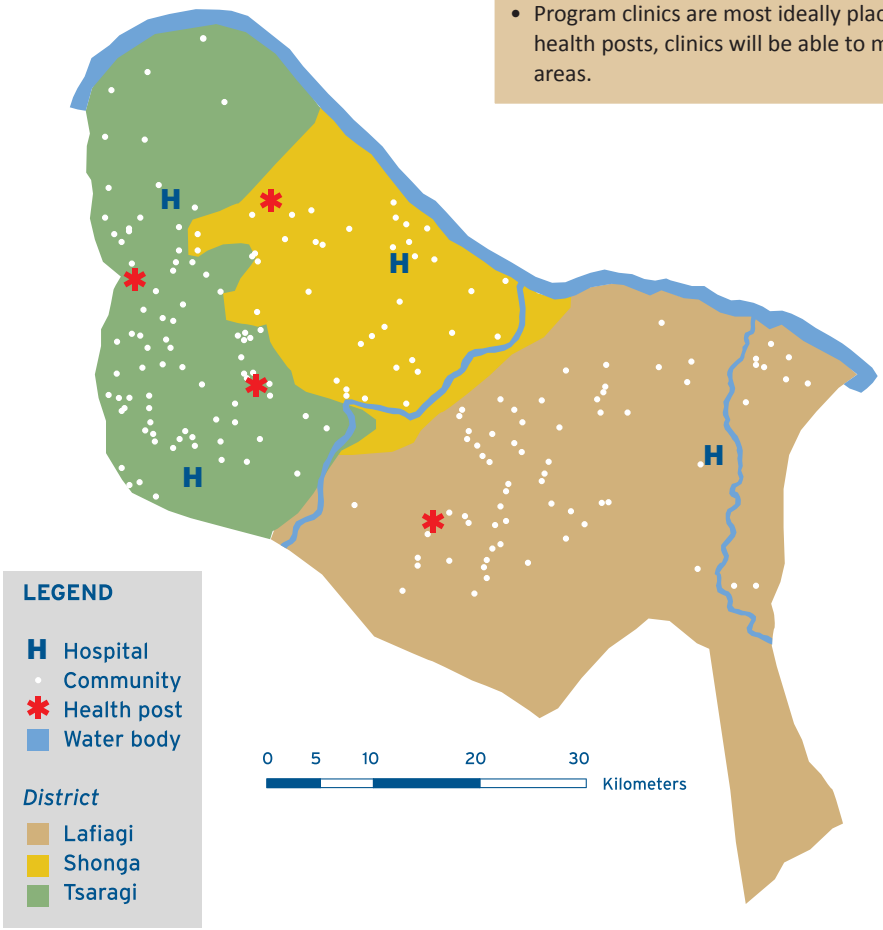
**Suggestions for improvement**

Overall the health posts showed positive benefits. However, some important lessons were learned. There is no one-size-fits-all model for health posts. Cost effectiveness for instance should be considered for every specific situation. And emphasis should be placed on learning how to replicate and scale up the health post model; the pilot results serve as a good business case for clinics to set up health posts as a sub-set of their facilities.

## TAKE HOME MESSAGES

- Introduction of health posts to complement the existing program clinics leads to an increase in the access to primary healthcare services in the Kwara State Health Insurance program.
- Program clinics are most ideally placed to scale up these health post models. By investing in the health posts, clinics will be able to meet the growing demand for health services in their target areas.

Figure 1 **Map of Edu LGA showing communities & health facility locations.**




## MORE INFORMATION

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