

CASE STUDY 81

Community health insurance (CHI) and the food crisis: response from the village of Badaguichiri, Niger

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Context

A nationwide survey conducted in Niger in April 2010 on rural and urban household vulnerability to food insecurity revealed that the most affected zones and the people most in need of aid are located in the regions of Maradi (29.3%), Tahoua (24.5%) and Tillabéry (24%). The most dire circumstances are in the Department of Illéla, in particular, in a number of villages in the Badaguichiri zone (all in the Tahoua region).

This situation has been harmful to local operations, especially in the ability of local organisations to fund their work. Community Health Insurance (CHI) in particular has suffered financial setbacks. For example, in Badaguichiri, a number of heads of households, members of the CHI, were unable to pay both grain staples for their homes and the monthly fee towards CHI operations. The food crisis thus produces a drop in the payment of membership fees, and as a consequence forms a menace to the sharing of risks in the villages during this precarious period.

Client

Since the launching of the CHI in 2009 with SNV support, numerous supervised activities have taken place ranging from the implementation of members' groups to management training and other types of technical support for the manager and the board, all aimed at assisting them in doing their job well. Everything was made possible by the support of a local LCB and the village itself. This collaborative process involving the main actors (CHI, village, LCB), relying on a progressive transfer of skills, illustrates the degree of inclusion and ownership central to SNV's intervention strategy.

The decentralisation law stipulates that rural towns should be in charge of all aspects of local development. This perspective shaped SNV's choice of Badaguichiri as the main client of SNV Tahoua. In accordance with the activities contract signed in 2010, SNV is supervising the village of Badaguichiri in a process of capacity reinforcement.

The CHI being a structure implemented under the tutelage of the village, it also stands to benefit from SNV support offered to all participatory community bodies. The main ones to consider are COSAN (health committee) and COGES¹ (management committee), as well as health services related to CSI (integrated health centres) and small dispensaries (cases de santé).

Intervention logic and methods

SNV's work with Badaguichiri took off in 2007. The choice of this village as client was motivated by the towns's role as an economic crossroads, partly due to its agro-economic potential but above all because of its well-known livestock market. SNV's support for decentralisation during the period 2005-2008 has allowed the village to reap the benefits of this support in terms of performance, with both local officials and the village itself, functioning as a decentralised entity, capitalising on the experience.

¹ As its executive branch, the management committee at COSAN reports back to COSAN's GA.

In conjunction with the CHI's launching of health services in January 2009, the main activities covered by the plan in the 2010 contract signed by the village and SNV include organisational and institutional reinforcement, social mobilisation and administrative and financial management.

In 2010, SNV and the key actors (the village, the CHI, COGES and CSI) collaborated on organising ToR's (Terms of Reference) in the interest of carrying out "Sensitivity Sessions" with the principal goal reviving CHI operations.

It had been determined that the activity would be carried out with the support of an LCB. With an LCB on board, SNV pursued its work of reinforcing management skills in the sector, in line with the SNV strategy of enabling a gradual transfer of skills to LCB's.

Applying the intervention methodology, and working under the supervision of the SNV health adviser, the LCB put forward suggestions on the intervention methodology. In this fashion a representative team was put together, uniting the various bodies involved: the CHI (administration adviser, management committee), traditional leadership (representative of the regional Chief), the health sector (CSI boss) and the town hall (focal point of health-related activities).

The LCB organised a preparatory meeting with the aim of harmonising understanding of the objectives outlined in the ToR's and of dividing responsibilities to ensure coherence during the Sensitivity Sessions.

Each actor's role was clearly defined: in all aspects of local development, the village representative would act as supervisor, while the LCB would serve as moderator.

During the sensitivity sessions, the CHI members would assess adhesion principals, remittance circumstances in the target villages and the level of operations during this period of the food crisis. The traditional leadership representative would occupy himself with the matters of solidarity and mutual aid in the community, and the CSI headman would stress to the local population the importance of utilising health services, especially for women and children. The latter form the most vulnerable layer during the off-season between harvests, which coincides with the rainy season when malaria runs rampant, accounting for up to 85% of reported illnesses.

Considering the importance of this activity with regard to sensitivity towards the successful workings of the CHI while grappling with the food crisis, the delegated administrator was invited to the preparatory meetings as a resource person. After having reviewed the substance of the activities with the village leadership, various issues were tackled by the LCB and chairman of the management committee, who in turn elaborated on the influence on and consequences of the food crisis for the uninterrupted CHI operations. The exchanges highlighted the latent problem of collecting contributions during the months of June through September, the off-season.

As an indication of interest in sustaining and making all local development initiatives durable, the village's administrative delegate followed up on the efforts of his predecessor in deciding to work alongside of the members of the fledgling CHI in order to face the thorny issue of viability in the context of food insecurity. The administrative delegate subsequently announced that the town would provide one-off financial backing to cover CHI expenditures on members to date throughout the four months of the off-season in Niger (June through September).

Outcome

Viewed on the whole, the principal result is the fact that the village exercised its management role for health issues in supporting the CHI from the 'health' post of its 2010 budget. The decision to take care of 70% of services provided by CSI, 50% of all prescription costs and the Director's salary during the four-month long off-season (June through September) made it possible for the CHI to recuperate unpaid fees, catch up on arrears and to register new members. As a result, the number of members and direct beneficiaries grew from 225 members, with a total of 1,478 beneficiaries, in January 2010 to 403 members, with a total of 2,491 beneficiaries, in June 2010, signifying a 40.66% increase in the number of people under their care.

Thanks to the village, 55.83% of CHI members have caught up on their monthly contribution. The situation concerning fees is as follows: from FCFA 147,800 (Euro 225,3) in January 2010, the total rose to FCFA 225,000 (Euro 342) in June of the same year.

Data gathered by the CSI health agent for the benefit of the CHI demonstrated that the rate of use of the health centre by members rose by two points, from 31.43% in the third trimester of 2009 to 34% at the end of April 2010.

CHI management professionalism increases with the capacity to seize opportunities precisely when their organisation is confronted with difficulties.

Finally, CHI membership demands in two surrounding villages are currently being assessed by the administrative council.

Impact

A year after the establishment of the CHI with SNV support via a local LCB, a tangible impact has been made by the will on the part of village leaders to make important decision regarding project ownership, in spite of ineffective skills transfer within the health sector. This applies above all to the CHI's material and financial supervision with the overall aim of improving basic health guidelines.

This communal decision to cover CHI expenses during the off-season has restored confidence among those administered to as well as those in charge of the municipal administration. Above all, the village is better able to anticipate health sector costs.

Furthermore, the municipality's leader set a precedent by allocating part of the village budget to regular financial support of the CHI.

While anticipating the effectiveness of skills transfer in the health sector, the village dignitaries understand that their involvement hinges upon respect of Articles 80 and 81 in the decentralisation law, which stipulates that "skills for non-hospital primary health care services (CSI and small dispensaries) are the responsibility of the municipalities".

Following this success, CHI officials have become more aware of their role in social mobilisation.

Also important is the interest shown by communities who have come to believe in this initiative through the respect shown by village authorities towards their commitments.

Lessons learnt

- SNV's 2007-2015 strategy of outlining the gradual transfer of skills to the grassroots LCB's calls for a localised approach.
- The village-SNV-LCB partnership and health services must be reinforced with institutional and organisational supervision for the CHI through activities related to governance, planning, social mobilisation, partnership, management and monitoring.
- A permanent consultative framework must be set up, involving the CHI, the CSI and the village, in order to ensure the viability and durability of the CHI.

Photo and Quotes

'The Sensitivity Sessions have made it possible for us to better understand the importance of what is at stake when it comes to the CHI. In reality, if there is no respect for commitments concerning regular payment of the monthly fee, the CHI cannot cover its costs. Beyond that, this news coming from the municipality makes us very happy because it demonstrates, in contrast to what critics say, that the village authorities do care about our welfare.' (translated from Hausa/French) The President of the members' group in Sagoumou Kaoura 1, village in the Badaguichri zone.



Sensitivity Training in Sagoumou Kaoura 1

Additional data's

Contract duration: 16-21 May 2010

Team members: Kimba Amadou (SNV) – Arzika Harouna (LCB Haské)

Number of PP-days : Staff SNV= 3 / LCB = 6

Key partners in the preparation, execution and evaluation of activity :

Badaguichiri village, CHI management committee, health centre

Expenditures: FCFA 395,000.- (€ 602.-)

Client satisfaction and capacity reinforcement scores

OUTPUT (1= poor, 2=average 3= satisfactory 4=above expectations)			
		Score client	Score SNV
1.	How would you evaluate the quality of our advice ?	3	3
2.	What about our approach, style and method of communicating with the client ?	4	3
3.	How do you view with client's learning process throughout the collaboration with SNV ?	3	3
4.	Did you feel in control of the collaboration with SNV ? (1=no control 4=very much in control)	1	1
5.	Is SNV service/advice useful and relevant to the outcome ?	4	3

OUTCOME		
		Score client
1.	The learning process was :(1= poor, unsatisfactory, 4=process surpassed expectations	4
2.	To what extent has SNV support contributed to the client's progress and learning process ? (1=progress and learning are not related to SNV support 4= SNV backing was crucial to progress and learning	4