



**TWENDE MBELE**



BRIEF

# Rapid Evaluation of the Implementation of Free Health Care for Women of Childbearing Age and Children Aged 0 to 5 in the Dosso Region

## INTRODUCTION

The health situation in Niger remains mixed despite a significant improvement in some maternal and child health indicators. Health service utilization is relatively low due to the persistence of difficulties related to financial and geographic accessibility. Limited accessibility to health facilities, the high disparity between urban and rural areas, difficulties in the supply of medicines, the shortage of qualified material and human resources, the high prevalence of nutritional and infectious diseases, etc., are the main characteristics of the health situation in Niger.

In response to this situation, the Government of Niger, together with its development partners, has undertaken numerous efforts to improve the health of the population, including the policy of free healthcare services for certain categories of the population, particularly women and children under five (5) years of age, from 2006. This free access policy is based on a strategy of pre-financing the costs of care provided to the target groups by health facilities, followed by reimbursement of these health facilities. The objective has been to contribute to the achievement of the Millennium Development Goals (MDGs 4 and 5) and Sustainable Development Goal (SDG) 3, related to the reduction of maternal and infant mortality.

The policy of free health services for women consists of the provision of health services without payment for the following services: family planning, prenatal consultation, caesarean section/ectopic pregnancy/uterine rupture, and management of gynecological cancer. For children under five (5) years of age, free health care covers all preventive and curative care. However, the implementation of this policy has proved laborious and difficult. In July 2022, the High Commission for the Modernization of the State (HCME), in collaboration with the Ministry of Public Health, Population and Social Action (MSP/P/as), decided to conduct a rapid evaluation of this measure in the Dosso region, co-funded by Unicef and Twende Mbele.

## THE OBJECTIVE OF THE RAPID EVALUATION

The objective of this rapid evaluation is to contribute to the improvement of governance in the public health sector by providing evidence to assess the implementation of the free health policy in the Dosso region. Specifically, the objectives are to:

- 1) Undertake a rapid evaluation of the implementation of free health care at the level of the various public health institutions in the Dosso region;
- 2) analyze the level of effectiveness of free healthcare access at the level of the target groups;
- 3) analyze the actual costs of the free access
- 4) identify the contribution of the State, and technical and financial partners;
- 5) analyze the mechanisms for preparing and managing the free access policy;
- 6) Study the adequacy of this free healthcare policy against the needs of populations in the Dosso region;
- 7) examine the results of the free healthcare policy;
- 8) assess the resources deployed for the policy in relation to the results obtained;
- 9) identify the inadequacies and difficulties inherent in the implementation of the free access policy;
- 10) Effects induced by the implementation of the measure
- 11) propose mechanisms for the sustainability of policy achievements;
- 12) make operational recommendations for improving the implementation of this policy.

## EVALUATION RESULTS



### EFFECTIVENESS OF THE FREE ACCESS MEASURE

The availability of free inputs has played an important role in contraceptive use. Additionally, the communication strategy put in place brought the acceptance of the system and the improvement of the health of women and children. It can be said that the family planning policy is a success in the Dosso region because it shows an overall upward trend despite some declines observed over some years.

In 2019, the rate of caesarean section fell drastically compared to 2016. This is explained by the advent of the COVID-19 pandemic that has negatively influenced the attendance of the Integrated Health Centre (IHC). But we note that despite the non-effectiveness of the caesarean section kit, free access has increased attendance of health facilities which de facto allows health workers to identify the needs of caesarean section.

Rate of births assisted by qualified personnel decreased from 2005 to 2006. But, since 2006 with the implementation of free care, childbirth assisted by quality staff has increased. This shows the undeniable contribution of free health care in the increase of births assisted by qualified personnel.

There was a peak in infant consultations in 2006 compared to previous years. This peak is explained by the implementation of the free health care system in this year. However, there was a decrease in 2007, followed by a gradual increase in the consultation rate from 2007 to 2014. The overall trend in infant consultation rates is increasing from 2006 to 2021. This explains the contribution of free care on the consultation of infants. This free access has increased the attendance of women in health facilities. The overall trend of the Dosso region in the use of health services for children under 5 years of age over the past 5 years has declined. However, this decrease is not due to the attendance of users but it is linked to the increase in the base of service seekers.

The health districts of Dogon Doutchi, Dosso, Falmey, Gaya, Loga and Tibiri, recording an upward trend in infant mortality at birth. This can be explained by the often shortages of medicines observed at the level of these health facilities making ineffective the care of patients from vulnerable families. Analysis of this indicator for the period 2005-2021 reveals that the maternal mortality rate was high in 2005 before the implementation of free health care. As a result of the policy, a drastic fall in this rate was observed in 2006. However, despite some increases observed between 2006 and 2021, the maternal mortality rate remains lower than before free health care.

### EFFICIENCY OF THE FREE HEALTH CARE MEASURE

The majority of respondents report a significant disruption in pharmaceutical products and medicines. This shortage is linked to the gradual accumulation of recorded debts at the level of health facilities. This shortage is strong in all health districts except Dioundiou District.

More than half (53,7%) of the population is satisfied with the quality of care in health facilities. 38,9% is very satisfied although there are some pockets of low satisfaction or minor dissatisfaction in departments. The provision of care is unsatisfactory in Dosso and Gaya at 1,4% and 1,6% respectively.



The stakeholders interviewed fully agree that free access has increased attendance of health facilities for prenatal consultations in the Dosso region. As shown in the chart below, 92% of COGES members, 92,2% of communities surveyed in focus and 85,2% of health workers share this view.

All stakeholders agree with the improvement of the attendance of health facilities by the population as part of the policy of free health care. Indeed, the community questioned through the organized focus groups is unanimous on these findings. More than eight out of ten health workers (83,2%) and 92% of COGES members also share this view.

The previous observation is corroborated by the beneficiaries of the measure of free health care facilities, which are their first recourse for the majority of the sick population. Indeed, 89,6% use health facilities in case of illness. However, in the department of Douthi, 29,7% use traditional practitioners and one in four people use self-medication in Tibiri.

## RECOMMENDATIONS

In order to improve the policy of free health care in the Dosso region and make it viable and sustainable for the well-being of the target populations, the evaluation recommends that the implementing bodies of the policy do the following:

### The Government:

- take the necessary steps to reimburse, as soon as possible, the accumulated arrears with respect to the various health facilities;
- To make operational the National Institute of Medical Assistance (INAM) with decentralized bodies;
- to set up an operational mechanism for better monitoring of the policy of free health care by the central team responsible for free health care (to put more financial and human resources);
- to create a framework for communication and consultation between the Ministry of Public Health, Population and Social Action and the Ministry of Finance;
- Involve the Ministry of Finance at all levels in the management of the policy of free health care, particularly in terms of control;
- consider deconcentrating of the payment circuit;
- strengthen the capacity of health personnel in the preparation of invoices;
- To value the contributions of technical and financial partners by counting them in the global base of free health care in Niger,
- to find a sustainable system of financing free access;
- Capitalize on the policy of free care through INAM which will develop a strategic purchase (quantity control, quality control and the voice of the community).

### Technical and financial partners:

- Align their support with the objectives defined by the Ministry of Health in the context of the measure of free maternal and child healthcare;
- support the pooling of resources in the health system for better care.

### Health facility managers:

- to respect the targets of the free access policy.



## CONCLUSION

Since 2006, Niger has been implementing the measure of free health care. This includes providing free health services for certain categories of the population, particularly children under five (5) years of age and women, including: Family planning, prenatal consultation, caesarean section/ectopic pregnancy/uterine rupture, and gynecological cancer. For children under five (5) years of age, free health care covers all preventive and curative care.

HCME in collaboration with the Ministry of Public Health, Population and Social Action commissioned a rapid evaluation of the measure of the free health care package in the Dosso region with the financial support of TWENDE MBELE and UNICEF to assess the implementation of this intervention.

This evaluation revealed certain shortcomings in the implementation of this measure of the free care package, namely:

- the delay and/or non-reimbursement of a critical mass of invoices from health facilities;
- lack of human resources and medicines;
- a massive influx of patients to health centers;
- a reduction in the quality of services;
- a lack of sustainable sources to guarantee sustainable funding for the policy of free health care;
- the existence of major problems with the reliability and sustainability of the care exemption system on the one hand, and the quality of care provided on the other;
- the impossibility of tracking the traceability of reimbursements received by health facilities and of determining the exact proportion of free care in the operation of health services.

However, the policy of free health care in Niger has significantly improved the access of vulnerable populations to health care and services. It has improved the attendance of the population at health facilities and is associated, among other things, with the reduction of maternal mortality rates and of children aged 0 to 5.

Taking into account the recommendations presented above will allow a better implementation of the reform with regard to the new institutional framework for steering coordinated by INAM.



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