INFLUENCE OF HEALTH INSURANCE COVERAGE ON ACCESS TO MATERNAL AND CHILD HEALTHCARE SERVICES IN ABUJA MUNICIPAL AREA COUNCIL

Executive Summary

Maternal and child healthcare access remains a major public health concern in Nigeria, even though there are ongoing e orts to expand financial protection through the National Health Insurance Scheme/National Health Insurance Authority. This study assessed the influence of health insurance coverage on access to maternal and child healthcare services among pregnant women and mothers attending Karshi General Hospital and Wuse General Hospital in Abuja Municipal Area Council.

The findings show that health insurance improves access to maternal healthcare, especially antenatal care, but its impact is limited by incomplete coverage, low awareness of benefit packages, limited dependent coverage, drug shortages, long waiting times, and ongoing out-of-pocket payments. Therefore, policy action is needed to strengthen NHIA implementation, expand coverage for women and children, and improve service quality at accredited facilities.

Key Messages

- Health insurance coverage among pregnant women and mothers in AMAC, Abuja is moderate, with 57.9% enrolled in NHIS/NHIA, but a large proportion of women still remain uninsured.
- NHIS/NHIA improves maternal healthcare utilisation, especially antenatal care, as 75.5% of respondents attended at least four ANC visits under the scheme.
- Coverage for children remains weak, as only about 30.4% of respondents reported that their NHIS coverage included their children.
- Despite being insured, many women still make out-of-pocket payments for services, drugs, consumables, and child healthcare needs that should be covered.
- Major barriers limiting e ective access include long waiting times, drug shortages, unclear benefit packages, di culty with registration or renewal, and occasional denial of services.
- Strengthening NHIS/NHIA through clearer benefit communication, improved drug supply, digital enrolment, reduced waiting time, and full dependent coverage is essential for improving maternal and child healthcare access in AMAC, Abuja.

Introduction

Improving maternal and child health remains a global public health priority, particularly in low and middle income countries where mortality rates are unacceptably high. Health insurance coverage has emerged as a critical determinant of access to essential services, with evidence consistently showing that insured populations are more likely to utilise antenatal care, deliver in health facilities, and achieve better maternal and neonatal outcomes (Nshakira-Rukundo et al., 2020).

In Nigeria, persistent challenges in maternal and child health prompted the establishment of the National Health Insurance Scheme (NHIS) in 2005, later reformed into the National Health Insurance Authority (NHIA) in 2022 to advance universal health coverage (Ameh et al., 2021). While enrolment in health insurance schemes has been associated with improved utilisation of maternal and child health services, uptake remains low due to barriers such as limited awareness, a ordability, and administrative bottlenecks (Eze OI., 2024). Addressing these challenges through strengthened NHIA implementation and expanded coverage, particularly for vulnerable groups, is essential to improving maternal and child health outcomes in Nigeria.

What Did We Do?

A cross-sectional study was conducted among 380 pregnant women and nursing mothers in AMAC, Abuja, to examine how health insurance coverage influences access to maternal and child healthcare services. Information was collected through structured questionnaires on insurance enrolment, healthcare utilisation patterns, and barriers to accessing maternal and child health services.

What We Found?

- The study found that NHIS enrolment among respondents was moderate at 57.9%, while 45% reported having no health insurance coverage. Only about one-third of respondents indicated that their dependents were covered, showing a major gap in child healthcare protection.
- NHIS positively influenced maternal healthcare utilisation, especially antenatal care, as 75.5% of respondents attended at least four ANC visits under NHIS. However, the scheme had weaker influence on postnatal care, pregnancy-related complications, and comprehensive maternal healthcare coverage.
- For child healthcare, NHIS support was inconsistent. Many children were not covered under their parents' insurance, and several mothers reported partial or no support for vaccinations, paediatric medications, and treatment of common childhood illnesses such as malaria and diarrhoea.
- The main barriers identified were long waiting times, drug stock-outs, unclear benefit packages, di culty with registration and renewal, service denial, and continued out-of-pocket payments. In general, 66.7% of respondents believed that NHIS needs improvement to better serve women and children in FCT, Abuja.

Conclusion

Finally, it is concluded that NHIA has improved access to maternal healthcare services in AMAC, particularly antenatal care, but its benefits remain incomplete for many women and children. To achieve meaningful progress toward universal health coverage, NHIA must move beyond enrolment expansion to stronger implementation, clearer benefit communication, improved drug availability, reduced out-of-pocket payments, and full inclusion of dependent children.

What can be done?

1. **Expand and enforce dependent coverage:** NHIA and relevant government agencies should ensure that eligible dependents, especially children under five, are properly enrolled and recognised at accredited facilities. Facilities should not deny children services when they are legally covered under a parent's insurance plan.
2. **Clarify and publicise NHIA benefit packages:** Clear information should be provided to pregnant women and mothers on what NHIA covers, including ANC, delivery, postnatal care, immunisation, paediatric care, drugs, laboratory tests, and referral services. This information should be displayed in hospitals and explained during ANC visits.
3. **Reduce out-of-pocket payments:** The government and the NHIA should review the maternal and child health benefit package to include essential diagnostics, delivery consumables, common paediatric medications, and emergency pregnancy-related care. This will reduce the financial burden on insured women and families.
4. **Strengthen drug supply systems:** Frequent drug stock-outs weaken the value of health insurance. NHIA-accredited facilities should maintain reliable drug supply chains, while reimbursement processes should be made faster to prevent providers from shifting costs to patients.
5. **Improve service e ciency and reduce waiting time:** Hospitals should streamline NHIA verification, registration, and renewal processes. Dedicated service desks, digital verification systems, and better sta allocation can reduce delays and improve patient experience.
6. **Strengthen monitoring and accountability:** Regular audits should be conducted to monitor service denial, out-of- pocket payments, waiting times, provider attitude, drug availability, and patient satisfaction. Facilities that repeatedly fail to comply with NHIA standards should face corrective action.
7. **Target Stakeholders:** This policy brief is intended for the National Health Insurance Authority, the Federal Capital Territory Health and Human Services Secretariat, AMAC health authorities, hospital managers, healthcare providers, community health workers, policymakers, and development partners working on maternal and child health.

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