

Influence of Stakeholders Coordination and Effective Community Engagement Practices for Health Insurance in Plateau State: Framework for Efficient Advocacy Strategies

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ABSTRACT: *Efficient Advocacy Strategy involves the design of programs aimed at promoting voluntary change in behavior among targeted population. In achieving this, stakeholders place is critical to the success of programs, with effective community engagement being an essential instrument of the policy and program beyond the normal ways of disseminating information. This study investigated the influence of Stakeholders coordination and effective community engagement practices for health insurance in Plateau State: framework for efficient advocacy strategies. Mix study design was used on a population from 6 Local Government Areas in Plateau State. Primary and secondary sources were employed in collection of data for the study. Findings showed that are regular meetings with stakeholders, the use of various communication strategies by Plateau State Contributory Healthcare Agency (PLASCHEMA) is observed and there is a consistent feedback between the agency, communities and the Primary Health Care facilities in providing services and addressing citizens' health needs.*

KEYWORDS: stakeholders, coordination, community engagement, health insurance, advocacy strategies, plateau state contributory healthcare agency (PLASCHEMA).

INTRODUCTION

The involvement of stakeholders across all stages of health-related practices has increasingly enhanced the relevance and validity of the health sector; it is now a broadly recognized priority. Stakeholder coordination and community engagement are vital components for the successful implementation and sustainability of health insurance programs. For instance, stakeholders inputs before project/programme conception, help to ensure that the people's needs and unique way of life-tradition and belief- are imbedded in such programs meant for them, aligning closely with the apprehensions of people directly affected by the conditions or outcomes of the designed programme or project relating to their health care practices. The engagement of the stakeholders enables the project initiators inculcate lived experience of the people, their various aspects of expertise as a community, social connection of the people in diverse perspectives and demonstrates respect for the people affected and advances the possibility of effectively achieving quality set objectives. This proves that community engagement practices partnerships in as it relates to health practices are essentially defined by collaborations with stakeholders of diverse community organizations that have joined forces in to pursue a shared interest in improving community health. Thus, stakeholders are engaged to assist in the design, conduct, and interpretation of projects and programs, they play a critical role in accelerating the transition of new/modified findings into community implementation.

Health insurance programs can effectively engage stakeholders and communities, leading to better outcomes in terms of healthcare access, quality, and equity by implementing these effective practices:

- Identifying of Stakeholders: Begin by identifying all relevant stakeholders, including government agencies, healthcare providers, insurance companies, community-based organizations, and beneficiaries.
- Formalizing of Partnerships: Establish formal partnerships with stakeholders to ensure collaboration and commitment to the goals of the health insurance program.
- Communication Strategy: Develop a comprehensive communication strategy to keep stakeholders informed about the objectives, progress, and outcomes of the health insurance program. This strategy should include regular meetings, newsletters, and digital platforms for dissemination of information.
- Inclusive Decision-Making: Involve stakeholders in decision-making processes to ensure that diverse perspectives are considered and that decisions are informed by the needs and priorities of the community.
- Capacity Building: Provide training and capacity-building opportunities for stakeholders to enhance their understanding of health insurance concepts, roles, and responsibilities.

- Tailored Messaging: Customize communication materials and messaging to resonate with different stakeholder groups, taking into account their specific interests, concerns, and language preferences.
- Community Outreach: Conduct targeted outreach activities to engage with the community and raise awareness about the benefits of health insurance. This may include organizing community events, door-to-door campaigns, and educational workshops.
- Feedback Mechanisms: Establish feedback mechanisms to solicit input from stakeholders and beneficiaries, and to address their concerns and suggestions in a timely manner.
- Transparency and Accountability: Ensure transparency in decision-making processes and financial management to build trust among stakeholders and promote accountability.
- Monitoring and Evaluation: Regularly monitor and evaluate the performance of the health insurance program, including its impact on access to healthcare services, financial protection, and satisfaction of beneficiaries. Use the data to make informed adjustments and improvements to the program.

In sub-Saharan Africa today, the Nigerian health insurance scheme remains one of the health social protection scheme with less of the rural populations (who are majority of the country's population) actively in the scheme. The major challenges associated with access to healthcare such high cost of services/fees, attitude of health workers, and lack of drugs among, limited large scale community mobilization and sensitization on the importance of health practices prompts the need to develop mechanism for robust reduction of these challenges especially as it concerns the vulnerable groups in the society, designing effective stakeholders' engagement mechanisms to carry out rigorous monitoring and evaluation as well as transparency of health projects/programmes meant for the people. To limit these challenges, state governments have also stepped in to ensure that they drive home the health insurance benefits at the national level to make them available at the state level so as to expand the reach of the health insurance project.

Health Insurance campaigns are intended to achieve maximum outcomes with and attendant behavioural and attitudinal change, and in this case towards improved health seeking behaviour. To implement this in different parts of the country, many state governments in Nigeria, through the enactment of enabling laws, have come in to augment the process in other to improve on the extent to which the health insurance system is shaped to fit the unique contextual circumstances of their various states and their people, especially the rural dwellers. It is in the bid to accelerate the transition towards better health coverage amongst Plateau residents that the Plateau State Contributory Healthcare Agency (PLASCHEMA) was established in 2019. Since inception, PLASCHEMA has been communicating with its stakeholders to raise awareness on its operations through campaigns, with the aim of mass enrolment to offer health Insurance Services to Plateau citizens. This study examines the influence of stakeholders in Plateau State as the framework for efficient advocacy strategies in the coordination of Effective Community Engagement Practices for Health Insurance in Plateau State through PLASCHEMA.

Objectives of the Study include:

- a. ascertaining the influence stakeholder coordination for health insurance and
- b. examining the effectiveness of the community engagement practices deployed by PLASHEMA for efficient advocacy strategies

Theoretical framework

The conceptual framework of this study was founded on the two-way symmetrical model as propounded by David M. Dozier, Larissa A. Grunig, and James E. Grunig in 1995. This model depicts a public relations orientation in which organizations and their publics adjust to each other. It focuses on the use of social science research methods to achieve mutual understanding and two-way communication rather than one-way persuasion. James E. Grunig in 2001 renamed the symmetrical model as mixed motives, collaborative advocacy, and cooperative antagonism and buttressed in his work with Larissa A. Grunig in 2008 on Excellence Theory in Public Relations: Past, Present, and Future. The intent was to present a model with “balanced self-interests with the interest of others in a give-and-take process that can waver between advocacy and collaboration.”

METHODS

A multiple case study design methods of quantitative and qualitative approach was used in generating data subjected to rigorous analysis. Population of the study consists of 6 Local Government Areas in Plateau State. Sample size for this study was statistically determined to be 485 using the Yamane Taro (1967) formula for calculating and determining the sample size of large populations for a given study. The large population in this case is 2,095,900 (Two Million, Ninety Five Thousand, Nine Hundred) people in the selected LGAs.

Primary and secondary sources were employed in collection of data for this study. The primary source was carried out through the use questionnaire and focus group discussion (FGD) while Books, Library materials, Internet and other documented sources constituted materials for secondary sources of data.

Collected data was analysed through coding, tabulation and drawing statistical inferences and data analysis with the use of SPSS software. The survey was designed to investigate the framework for efficient advocacy strategies by evaluating the influence of stakeholders’ coordination and effective community engagement practices for health insurance in Plateau state. Results was presented in tables and expressed in simple percentages. The qualitative data collected was analysed using indexing for the interviews and FGD sessions, results was subjected to further discursive analysis of the issues elicited from the respondents.

RESULTS**Socio-Demographic Characteristics of key Informants.**

OCCUPATION	FREQUENCY	PERCENTAGE
Applicant	21	4.3%
Businessman/Woman	86	17.7%
Civil Servant	87	17.9%
Health Worker	58	12%
Other	57	11.8%
Retiree	18	3.7%
Self employed	69	14.2%
Student	89	18.4%
Total	485	100%
AGE	FREQUENCY	PERCENTAGE
18-29 Years	166	34.2%
30-39 Years	157	32.4%
40-49 Years	91	18.8%
50 Years and above	71	14.6%
Total	485	100%
EDUCATION LEVEL	FREQUENCY	PERCENTAGE
Degree	112	23.1%
Diploma	145	29.9%
Other	30	6.2%
Primary School	32	6.6%
Secondary School	166	34.2%
Total	485	100%

Table 2: Source of information about PLASCHEMA

Response	N	Percentage
Health Facility/Health Worker	189	24%
Media (Television, Radio, Newspaper)	276	35%
Social Media	129	16.3%
Friends/Family	96	12.2%
Worship Center	52	6.6%
Other	47	6%
Total	789	100%

Source: Field Work

This data in Table 2 signifies that PLASCHEMA uses a myriad of communication strategies ranging from advocacy at health facilities and community engagement by health workers, use of conventional mass media - television, radio and newspapers; use of social media platforms; use of informal contacts (friends and family members) of PLASCHEMA staff, and worship centres as well as any other source as the opportunity avails. This implies that PLASCHEMA has taken to stakeholders' involvement for effective community engagement as a deliberate effort for success.

Table 3: PLASCHEMA regularly meets with stakeholders to create awareness on its programs and services

Response	Frequency	Percentage
Agree	225	46.4%
Disagree	4	0.8%
Neither agree nor disagree	130	26.8%
Strongly Agree	126	26.0%
Total	485	100%

Information regarding the opinion of respondents as to whether PLASCHEMA regularly meets with stakeholders to create awareness on its programmes and services is contained in the above Table 3. From the data above, it implies that PLASCHEMA regularly meets with stakeholders to create awareness on its programmes and services as shown by majority of the respondents.

Table 4: PLASCHEMA engagement with trusted influencers, particularly health care workers, to communicate with targeted citizens, especially those who are hard to reach

Response	Frequency	Percentage
Agree	222	45.8%
Disagree	4	0.8%
Neither agree nor disagree	132	27.2%
Strongly Agree	127	26.2%
Total	485	100%

Table 4 provides information regarding the opinion of respondents as to whether PLASCHEMA engagement with trusted influencers, particularly health care workers, to communicate with targeted citizens, especially those who are hard to reach. The evident by 349 respondents (72%) who both agree and strongly agree that PLASCHEMA engage with trusted influencers, particularly health care workers so as to help in communicating with targeted citizens, especially those who are hard to reach.

Table 5: PLASCHEMA has established consistent feedback between communities and the Primary Health Care facilities to provide services and address citizens' health needs

Responses	Frequency	Percentage
Agree	225	46.4%
Disagree	4	0.8%
Neither agree nor disagree	135	27.8%
Strongly Agree	121	24.9%
Total	4852	100%

Information contained in the table 5 shows that an overwhelming majority of the respondents sampled constitute majority opinion in both agreeing and strongly agreeing that PLASCHEMA has established consistent feedback between communities and the Primary Health Care facilities to provide services and address citizens' health needs. This is evident by responses of 346 respondents (73%) who both agree and strongly agree that PLASCHEMA has established consistent feedback between communities and the Primary Health Care facilities to provide services and address citizens' health needs. It therefore implies that PLASCHEMA has established consistent feedback between communities and the Primary Health Care facilities to provide services and address citizens' health needs based on the views of majority of respondents.

Table 6: Summary Figure showing results of FGD and Interviews conducted

QUESTIONS	FGDs	RESPONSE	Interviews	RESPONSE
On the categories of community Stakeholders involved	Health workers, Religious/Spiritual Leaders, Traditional/Community leaders (District and ward), age grade leaders, popular influencers and philanthropists	XXXX	Health workers, Religious/Spiritual Leaders, Traditional/Community leaders (District and ward), age grade leaders, popular influencers and philanthropists	XXXX
On the efficiency of stakeholders coordination efforts by PLASHEMA	A few respondents believed that the Agency was also doing well in coordinating stakeholders for Health Insurance	XXXX	Most respondents believed that agency was doing well to communicate to stakeholders	XXXX
On the effectiveness community engagement practices	Majority concluded that it was functional except very few respondents who are indifferent	XXX	Most respondents indicated Followership radio programs targeted at ensuring literacy on health insurance.	XXXX
Recommendations	1. More outreaches through rural radio 2. More practical use of community and religious leader	XXXXXX	1. More outreaches through rural radio 2. More practical use of community and religious leader	XXXXXX

Source: Field Work

Key:

XXXXXX: Majority

XXXX: Many

XXX: Minority

XX: Very Few

DISCUSSION ON FINDINGS

PLASCHEMA media strategy focuses on convincing citizens on the benefits of enrolling in its brands of floated schemes. The strategy also assists stakeholders to disseminate knowledge of the scheme to potential enrollees, and to ensure mass participation of citizens by ensuring adequate news coverage of PLASCHEMA events. This objective sought to probe the level of efficiency in the advocacy efforts of the Agency in the bid to secure stakeholder buy-in and create enabling environment for the programs of the Agency to thrive. Securing proper stakeholder buy-in is an essential step for acceptability and cooperation from stakeholders of any endeavor. Thus, for a people oriented social service like Health Insurance, the role of stakeholders in midwifing the process cannot be overstated. The success and sustainability of the Health Insurance objectives among communities and individuals for enrolment and keying into the available services to better their health conditions largely depends on proper communication. To this end, the stakeholders range from community members, leaders, religious/spiritual leaders, influencers and gatekeepers. One of the major attributes of successful social health campaigns is acceptability and ownership by the target population. More so, this also underscores the emphasis upheld by Strategic Communication for Universal Health Coverage Practical Guide (2018) recommending that effective strategic communication is essential to realizing Universal Health Coverage. To further buttress this claim, Cabañero-Verzosa and Garcia (2009) uphold that Communication influences human knowledge, attitudes, and behaviours. Thus, strategic communication aims to prompt people to do something different from the way they were doing it when the communication effort began. To this end, strategic communication is boosting the advocacy drive of the agency towards behaviour change and adopting financial risk protection for citizens. The field data is rife with evidence from the respondents who by way of feedback on the interviews and discussions also support the communicative efforts of the Agency in relating with stakeholders in meeting the needs of groups and communities. The respondents have revealed that the Agency has made efforts to mobilize communities and link them up with facilities and available services for them to access and improve their health conditions. This is in line with the slogan of 'leaving no one behind' which the agency upholds.

The essence of community engagement is to reinforce the previous media efforts that have been made to create awareness and this provides more evidence especially for the rural communities who probably may not have the opportunity to have accessed the media messages. This study revealed that the targeted population believe that sufficient consistent feedback between communities and the agency as indicated by 73% the respondents as against the remaining 27%. Similarly, table 3 provide feedback on the perceived levels of engagement that the Agency has with stakeholders including community's majority of the respondents 46.4% and 26 % agree that the Agency meets regularly with stakeholders to create awareness at both the rural and urban areas. Table 6, made up of the outcomes of the interviews and FGD reveal that Health workers, Religious/Spiritual Leaders, Traditional/ Community leaders (District and ward), age grade

leaders, popular influencers and philanthropists, family and friends as the major sources of information for the agency in the formulation and practice of their strategic communication patterns. Engaging the communities becomes more imperative so as to disseminate the health insurance messages for communities to be covered. Therefore, the community engagements are expected to create platforms for interaction, feedback and further compromise. In such engagements, the participation of the people involves the deployment of their resources and the use of local structures like the Ward Development Structures (WDC) who are indigenous and have a good understanding of the nuances and peculiarities of the people and a such are more equipped to deliver tailored messages to the people using the appropriate channels and platforms for efficient results. According to WHO (2017), to be relevant, contacts must help audiences see the health information, advice, or guidance as applicable to them, their families, or others they care about. Relevant communications are essential towards the personalization of benefits derivable from participating in Social Health Insurance. By engaging/partnering with stakeholders, programmes developed for such communities are built on community assets; tailored to suit local conditions of the community in other to be able to connect diverse community services, programs, policies, and sectors; and approach identified community challenges from multiple vantage points.

CONCLUSION AND IMPLICATIONS

The study examined the framework for efficient advocacy strategies by influencing stakeholders coordination and effective community engagement practices for health insurance in Plateau State as being crucial to the success of the health insurance in the state. From the study, there are clear and pertinent findings that have emerged. They include the regularly meetings with stakeholders, the use of various communication strategies ranging from advocacy at health facilities and community engagement by PLASHEMA and there is a consistent feedback between the agency, communities and the Primary Health Care facilities in providing services and address citizens' health needs. However, more case studies needs to conducted to determine the context that policy analysts require to bring up to reveal the relative significance of factors influencing implementation of these framework for efficient advocacy strategies in Plateau State and Nigeria at large.

Limitations of the Study

We acknowledge that the findings of the study cannot be generalized beyond the case study areas as the study covered 6 Local Government Areas in Plateau State, two from each senatorial zone in the state. However, these findings can serve as boosters to other states in Nigeria seeking to replicate the Plateau experience. Finally, the study is not in denial that in terms of framework for efficient advocacy strategies, implementation processes are complex and can be affected by both endogenous and exogenous factors and they are equally dynamic in nature. Thus, the study largely covers the period of the research as progression or retrogression may have been the case after this research.

REFERENCE

- Dozier, D. M., Grunig, L. A., & Grunig, J. E. (1995). *Manager's guide to excellence in public relations and communication management*. Lawrence Erlbaum Associates, Inc.
- Grunig, J. E. (2001). *Two-Way Symmetrical Public Relations Past, Present and Future*. DOI: 10.4135/9781452220727.n1
- Grunig, J.E., Grunig, L.A. (2008). *Excellence Theory in Public Relations: Past, Present, and Future*. In: Zerfass, A., van Ruler, B., Sriramesh, K. (eds) *Public Relations Research*. VS Verlag für Sozialwissenschaften. https://doi.org/10.1007/978-3-531-90918-9_22
- Joint Learning Network for Universal Health Coverage (2018). *Strategic Communication for Universal Health Coverage: Practical Guide*. Health Finance and Governance Project, Abt Associates, Results for Development.
- Verzosa, C. C. & Garcia, H.R. (2009). *Building Commitment to Reform through Strategic Communication: The Five Key Decisions*. <https://doi.org/10.1596/978-0-8213-7621-8>
- WHO (2017). *WHO strategic communications framework for effective communications*. World Health Organization
- Yamane, T. (1967). *Statistics: An Introductory Analysis*, 2nd Ed., New York: Harper and Row