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The Impact of National Health Ensurance Scheme on Enrollees in Gombe Metropolis, Gombe State Nigeria

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Abstract:- The study is on the impact of National Health Insurance Scheme on enrollees in Gombe metropolis. The study aimed at examining the problems and challenges of the scheme, determining the enrollee's level of satisfaction towards services provided and to proffer solutions to improve health service delivery. The research work adopted a survey research design where questionnaires were administered and interview was conducted so as to sample the views of the respondents and to draw conclusion for the study. The major findings of the study are: the NHIS was established against the poor state of the national healthcare system and the rising cost of healthcare services. The scheme reduces out of pocket payment for healthcare services. It aims at improving access to good healthcare service delivery among Nigerians. Also the study found out that there is a significant relationship between enrollee's satisfaction and quality of services provided. Hence the study suggests that the scheme should include some expensive drugs, procedures and some expensive surgical operations, increase the supply of medicine/drugs to health facilities, re-train health personnel and also post more healthcare personnel to health facilities.

Keywords:- *Health, Healthcare, Health Maintenance Organization, Health Care Provider, National Health Insurance Scheme, Enrollee, Satisfaction.*

I. INTRODUCTION

According to Obinna Onwujekwe etal (2012) in a study, "Health Insurance: Principles, models, and the Nigerian National Health Insurance Scheme" reiterated that the health care system of Nigeria like in most other developing countries is bedeviled with several problems. These problems include inadequate funding, poor cost recovery efforts, poor quality services, inequality in health care provision, inequities and wide spread inefficiency in the system. Consequently, the need to initiate and promote health insurance became inevitable. This led to the emergence of a National Health Summit in 1995. At the end of the summit, a resolution was agreed on the introduction of National Health Insurance Scheme (NHIS) to address the myriad of health challenges facing the Nigerian population. Obinna Onwujekwe etal maintained, the Nigerian National Health Insurance (NHIS) was planned to attract more resources to the health care sector and improve the level of access and utilization of health care services. It was also intended to reduce out of pocket payment for health care services.

The National Health Insurance Scheme (NHIS) is a corporate body established under Act 35 of 1999 constitution by the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost. The vision of the scheme is to create a strong, dynamic and responsive government agency that is totally committed to securing universal coverage and access to adequate and affordable health care in order to improve the health status of Nigerians especially for those participating in the various programmes of the scheme. Similarly, the mission of the scheme is to facilitate fair financing of health care costs through pooling of and judicious utilization of financial resources to provide financial risk protection and cost burden-sharing for people, against high cost of health care, through various prepayment programmes/products prior to their falling ill. This is in addition to providing regulatory oversight to Health Maintenance Organizations (HMOs) and participating health care providers (HCPs) (NHIS 2020).

The functions of the scheme as stated by Inyang A.A etal (2018) include:

(a) Registration of Health Maintenance Organizations and Health Care Providers under the scheme.
(b) Issuing appropriate guidelines to maintain the viability of the scheme.
(c) Approving format of contracts proposed by Health Maintenance Organizations for all Health Care Providers.
(d) Determining the relevant bodies on inter-relationship of the scheme with other social security services.
(e) Advising the relevant bodies on inter-relationship of the scheme with other social security services.
(f) Determining the remuneration and allowances of all staff of the scheme.
(g) Doing such other things as are necessary or expedient for the purpose of achieving the objectives of the scheme under the Act.

In addition, Obasanjo (2005:2), outlined the basis for the establishment of the NHIS.

1. The general poor state of the nation's healthcare system
2. The excessive dependence and pressure of government
3. Dwindling funding of the healthcare in the face of the rising cost
4. Poor integration of private health facilities in the nation's healthcare delivery system.

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Concerted efforts in recent times have been made to improve coverage under the scheme because at the onset it started with the enrollment of Federal Government employees while the states and private sector employees were practically left out. While the government is trying to improve the universal coverage under the NHIS, the country is passing through a recession and the number of the unemployed in the population is rising. Also, evidence however shows that access is limited and accredited Healthcare Providers (HCPs) operate under conditions of dilapidated buildings, obsolete equipment, and unhygienic hospital environments, longer wait lines and staff apathy.

The establishment of the NHIS was to ensure an improvement in the quality of basic healthcare services for all citizens. However, the attention of the general public is drawn to the challenges of operating the scheme, challenges as to delay in claim reimbursement, misappropriation of funds by the scheme, fraud and irregularities, exponentials increase in utilization of healthcare facilities by ensured clients without its corresponding increase in staff and health facilities. Again, it is a common place to find out that many enrollees prefer to attend private health facilities where they even pay high fees to attain quality health services.

In the face of these problems, this study set out to investigate the extent and dimension of these challenges on enrollee's satisfaction or otherwise of the NHIS services provided in Gombe metropolis.

The general aim of this study is to assess enrollees' level of satisfaction in the NHIS with specific objectives which are:

- To examine the problems and challenges of NHIS implementation
- To determine the enrollee's level of satisfaction
- To offer solutions to improve the services provided

II. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

➢ *Nigeria National Health Insurance Scheme (Nhis)*

The national health insurance was established in 1999. The scheme was designed to facilitate fair financing of health care costs through financial risk protection and cost-burden sharing for individuals. The scheme was officially launched in 2005. Payment to the primary provider is provided by capitation, that is, a certain amount is paid to the primary provider monthly in advance. It is the responsibility of the pharmacy to provider to make all prescribed drugs available to the beneficiary even if it means sourcing it from other pharmacy providers. However, where necessary, the prescription may be changed to a close substitute by the provider where necessary. HIV/AIDS treatment is not covered by the scheme but associated opportunistic illness/diarrhea, tuberculosis etc are included in the package. Those included in the scheme per family include the contributor, their spouse and four biological children less than 18 years of age. Extra dependents can be covered by payment of additional contribution. Children above 18 years of age that are not in a tertiary institution can be covered as extra dependents and those who are students in a tertiary institution can be covered under the tertiary institution and voluntary participants social health insurance program.

➢ *The Objectives of the Scheme are:*

1. To ensure that every Nigerian has access to good health care services
2. To protect families from the financial hardship of huge medical bills
3. To limit the rise of in the cost of health care services
4. To ensure equitable distribution of health care cost among different income groups
5. To maintain high standard of health care delivery services within the scheme
6. To ensure efficiency in health care services
7. To improve and harness private sector participation in the provision of health care services
8. To ensure equitable distribution of health care facilities within the federation
9. To ensure appropriate patronage of all levels of health care
10. To ensure the availability of funds to the health sector for improved services.

➢ *National Health Insurance Scheme Program*

In order to ensure every Nigerian has access to good health care services, the scheme has developed various programmes to cover different segments of the society (NHIS 2011), these include:

i. **Employees of the formal sector**: This program covers employees of the formal sector that is the public sector and the organized private sector. It is mandatory for every organization with ten (10) or more employees. Healthcare benefits include Outpatient care (including consumables)

a. Prescribed drugs as contained in the NHIS essential drug lists
b. Diagnostic tests as contained in the NHIS diagnostic test list
c. Antenatal care
d. Maternity care up to four (4) live birth for every ensured person
e. Postnatal care
f. Routine immunization as contained in the national program on immunization
g. Family planning
h. Consultation with a defined range of specialist e.g. physicians, surgeon, etc
i. Hospital care in a public or private hospital in a standard ward during a state duration of stay for physical or mental disorders
j. Eye examination and care excluding prescription glasses/spectacle and contact lenses
k. Dental care i.e. pain relief and treatments
l. Prostheses i.e. Nigerian – made simple artificial limbs

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Under this program contributions are earnings related and currently represent 15% of basic salary. The employer pays 10% while the employee contributes only 5% of basic salary to enjoy the health benefits. However, a contributor may be asked to make a small co-payment (where applicable) at the point of services.

ii. Urban Self Employed Social Health Insurance Program

This is a non-profit health insurance program covering groups of individual with common economic activities run by their members. Individuals who are members of socially cohesive groups, which are occupation – based are free to join the program. The participants based on their health care needs will choose the health care benefits and pay a flat monthly rate. The contribution rate will depend on the health package chosen by members of the user group. A prospective participant must be a member of an already existing association. This association together with other associations come together to form a user group. There must be a membership of at least 500 participants for each user group to ensure adequate pooling of resources. The user group will elect a seven member board of trustee i.e. chairman, secretary, treasurer and four others to manage the fund and run the user group formed.

iii. Rural Community Social Health Insurance Program

This is a nonprofit health insurance program for a cohesive group of households or individuals (i.e. community) which is run by its members. Membership comprises individuals in the community. Members of the community also determine their health care benefits based on their healthcare needs and are expected to pay a flat monthly rate or install mentally depending on the healthcare package chosen by members of the user group.

The day to day management of the user group and the contributing funds is vested in a seven member board of trustees elected from among the members consisting of chairman, secretary, treasurer and four others.

iv. The Permanently Disable Person Social Health Insurance Program

This is a program designed to provide health security for permanently disabled cannot engage in any economically productive activity. The healthcare benefits cover common illness and the contribution is fully paid by the federal government

v. Prison Inmate Social Health Insurance Program

This is a program designed for convicted persons in prisons and brutal homes nationwide. The healthcare benefits cover common illness and the contributions are fully paid by the federal government

vi. Children Under Five Social Health Insurance Program

This program is designed for children under the age of five years, nationwide. The children benefit from a health care package covering common childhood illness. The contributions are fully paid by the federal government. The NHIS, using public and private health facilities that meet NHIS standards, directly administers the program. According to the Executive Secretary, National Health Insurance Scheme (NHIS) the community health insurance scheme would take off by the first quarter of 2011 to cover all those Nigerians who do not have any health insurance because of their informal and unfixed income earnings. Generally, the Nigerian Health Insurance Scheme has so far covered only about 5 million Nigerians, while specifically as regards maternal and child health level, NHIS coverage is as low as 1.2 million beneficiaries (NHIS, 2011).

➢ *Community Health Insurance Scheme In Gombe State*

In striving to attain the Millennium Development Goals (MDGs), Gombe state government entered into partnership with some international and local Community Based Organizations (CBOs). Some of these organizations have contributed to setting up and equipping health facilities in rural and urban areas, in addition to ensuring that people living with HIV/AIDS (PLHIV) are linked to care and treatment, pregnant women are encouraged to attend antenatal services. Similarly, in order to address the numerous challenges faced in the health sector (i.e. incessant strike actions by health workers) in the state, International NGOs, Management Sciences for Health (MSH), the Gombe state Ministry of Health and State Agency for the Control of AIDS signed a Memorandum of Understanding (MOU) on 01/02/2011. This was designed to consolidate engagement with the State Government under the USAID program and build leadership and accountability in the Nigerian health sector. Plan – health was introduced and implemented by Management Sciences for health, to initiate a long term partnership for improved health and HIV/AIDS service delivery in the state. Plan – health was aimed at building the capacity of clients from the public health institution at the federal level including staff from NACA, NHIS as well as State level and community service organizations (CSO) networks, working on HIV and health.

By year 2014 Management Sciences for Health (MSH) in Gombe state envisage improved governance/strengthened management systems, stronger leadership/management skills and improved coalitions. It also plans to foster cooperative partnership at the national, state, local government and community service organizations (CSOs) as well as improved delivery of health service in project implementation states. Management Sciences for Health (MSH) also envisages that the institutional capacity of National Health Insurance Scheme (NHIS), state counterparts, local communities and selected community service Organizations (CSOs) would be strengthened to provide access to quality health service in the state through a sustainable community based health insurance programs. The goal is to stimulate improved access to health care services of individuals in the informal sector through

Community Based Health Insurance Programs (CBSHIP) in Nigeria.

While federal Civil Servants have been enrolled in the National Insurance Scheme in all States of the Federation, most state governments are still exploring opportunities and choices available to them, with only few states enrolling their workers. Gombe State currently has no functional health insurance structure and has only one Desk Officer based within the department of Planning Research and Statistics (DPRS) of the State Ministry of Health. Management Sciences for Health (MSH) partnership aims at addressing these issues by advocating for the setting up of an independent health insurance structure in the State and by supporting implementation of the National Health Insurance Scheme (NHIS), Maternal and Child Health (MCH) free health program going on nationwide. Management sciences for Health (MSH) are funded by the United States of America's Emergency Plan for AIDS Relief (PEPFAR) in Nigeria. Beyond the plan – health intervention project, the community – based support (CUBS) for orphans and vulnerable children (OVC) also an MSH project funded by USAID has been active in Gombe State for the past two years, supporting over 2,000 orphans and vulnerable children and their care givers (People Daily, 17/02/2011).

- *Nhis Partnership With Millenium Development Goals In Maternal And Child Health In Gombe State*

As part of government effort to realize the Millennium Development Goals on health the MDGs entered into partnership with the National Health Insurance Scheme (NHIS) to ensure adequate health insurance cover for children under the age of five and secure the health of pregnant women in 12 states across the six geo-political zones in the country. The states include Bauchi, Bayelsa, Cross-River, Imo, Jigawa, Katsina, Niger, Ondo, Oyo, Sokoto, Yobe and Gombe States. The objectives of the partnership was to address the critical problem of access to health care services for pregnant women and children under five in the pilot states and to accelerate the achievement of two of the three health specific MDGs (4 & 5) in those states. The project was expected to cover 1,100,000 pregnant women and children under five (Punch, 16-9-2011).

An independent study by USAID showed that, based on the project output as of December, 2009, the project has produced significant benefits to its target population and the community in which they live. They estimated a 640% return on investment (Brain, B. et al 2010). By March 2011, 1.5 million pregnant women and children under five have been covered over the planned 1.1 million. In Gombe State, the total Number of enrollees registered and processed as at March, 2011 include 5,758 pregnant women and 79,833 children under the age of five, making a total of 85,591 beneficiaries. Over all, the following achievements were recorded:-

1. Over 1.5m pregnant women and children under five were covered.
2. Improved delivery (1,247 Health Facilities).
3. Improved manpower availability (number, mix and quality).
4. Availability of essential drugs, this eliminating the traditional out of stock syndrome.
5. Boosted morale of health facility staff.
6. Strengthening of referral system.
7. Elimination of financial burden for enrollees to access to maternal and child Health Services.
8. Improved access to quality healthcare services.
9. Improved community participation and ownership in the project.
10. Opportunity for synergy with other existing maternal and child Health and other health programmes such as the Midwifery Service Scheme (MMS), Roll-Back Malaria (RBM), etc.

In the implementation process, the project faced the following challenges:-

1) Logistic difficulties including very difficult terrains.
2) Dilapidated primary healthcare infrastructures in most of the states.
3) Initial attitudinal problems that is how to overcome the skepticism of the people.
4) Sustainability, since the project has an exit strategy which terminates in 2015.
5) Limited funds available constrained both geographical and numerical coverage.
6) Insufficient population and other baseline data for project planning, monitoring and evaluation.
7) Part of the project funding was appropriated as capital expenditure rather than grant.
8) Family planning commodities were not included.

In an effort to overcome the above challenges in the implementation process, the project went into partnership with States and Local Government Areas for logistics. The project also embarked upon infrastructural rehabilitation to fix dilapidated ones, massive sensitization to overcome initial attitudinal problems and skepticism of the people, made concerted effort to pass the National Health Bill into law. With adequate counterpart funding, the project could be up-scaled nationally and be sustained. Strengthening of the National Primary Health Care System can serve as a collateral benefit, particularly on maternal and Child Health Services. With the expiration of Millennium Development Goals in 2015, Sustainable Development Goals were developed to succeed the MDGs.

Generally, social insurance is a compulsory insurance scheme designed to provide a minimal socio-economic security for affected individual especially low-income earners. According to Teriba (2005:29) it is a mandatory insurance scheme whose objective is to provide a minimum standard of living. According to Teriba (2004:30) contribution for social insurance benefits are compulsory for those concerned. It is a social health security system in which the health care of an employee is paid for by both the employee and the employer. This is achieved by monthly deductions of 5%of basic salary from an employee and

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another 10%of basic salary paid by the employee's employers which is then pooled together and used for all enrollees. In social health insurance there is cross subsidization where the health subsidize for the ill, the young for the old, and the higher income group for the lower income group. Therefore, social health insurance is a social security's system that guarantees the provision of a benefit package of health care services paid from funds created by pooling the contribution of participants.

- *Challenges Facing National Health Insurance Scheme In Nigeria*

Nigeria is in dire need of success in health care delivery services across the nation in the shortest possible time, yet her effort is facing numerous challenges as enumerated by Inyang A.A and Francis Bassey (2018). This includes:

- There are marked differences in the application of the rules and practice as contained in the guidelines for operation of National Health Insurance Scheme (NHIS).
- There is difficulty in the application of fiscal federation in the delivery of health care outcome.
- There is absolute lack of equity in the health care activities in Nigeria.
- The health care delivery system lacks equitable access to strategic policy document.
- There are limited programmes towards community based health insurance.
- Nigeria NHIS grows slowly, mostly through a voluntary social health insurance framework.
- In Nigeria we have three different programmes with separated, targeted populations, membership, membership rules and coverage patterns.
- The social health insurance part of NHIS was intended to be comprehensive but Intended to cover mainly the formal sector participants as in-patients and out-patients care. The practice tends to exclude the vast majority of Nigerians who are in need of health care.
- The overall uptake of secondary health care by NHIS beneficiaries is reported to be low because the maintenance organizations (HMOs) that act as gate keepers for such services are reluctant to authorize them (ILN2012).
- The NHIS in Nigeria is not only slow but highly diluted in practice. It manages subsidies Programmed for certain population groups, paying 100% of their premiums and Negotiated with HMOS for services provision while it delivers oversight functions under the regulation for the system. Therefore, NHIS functions require some level of streaming as recommended by ministerial experts committee reports in Nigeria (MECR 2003).
- Some state governments in Nigeria have not still played their significant role in expanding Health Insurance (ASOKA 2012).
- The summary of it is that there is poor funding of the system and this does not help in expansion of NHIS.
- The issues of corruption and inefficiency are the difficult problems which retard the intended growth rate.

The study adopted Service Quality model to explain enrollee satisfaction. The model of service quality, popularly known as the gaps model was developed by a group of American authors, A. Parasuraman, Valarie A. Zeithaml and Len Berry (1991) in a systematic research program carried out between 1983 and 1988. Angelos Pantouvakis, Conatantinos Chlomoudis, and Athanassions Dimas identified the principal dimensions of service quality in their study "Testing the SERVQUAL scale in the passenger port industry: a confirmatory study", Maritime policy and Management (2008); proposes a scale for measuring service quality (SERVQUAL). The proposed approach is a multi-dimensional research instrument, designed to capture consumer expectations and perceptions of a service along the five dimensions that are believed to represent service quality. Service Quality Model is an approach to manage business processes in order to ensure full satisfaction of the consumer (enrollee) and quality in services provided. This model is built on the expectancy-disconfirmation paradigms of service quality, which means that service quality is understood as the extent to which consumers' pre-consumption expectations of quality, are confirmed or disconfirmed by their actual perception of the service experience. Angelos Pantouvakis etal identified ten dimensions of service quality which includes responsiveness, competence, access, courtesy, communication, credibility, security, reliability, understanding the customer and tangibles. The following is the conceptual clarification of the terms according to the authors:

- **Responsiveness**- is the readiness and willingness of employees to help customers by providing prompt timely services.
- **Competence-** is the possession of the required skills and knowledge to perform the service.
- **Access-** is approachability and ease of contact.
- **Courtesy-** is the consideration for the customer's property and a clean and neat appearance of contact personnel, manifesting as politeness, respect, and friendliness.
- **Communication-** means both informing customers in a language they are able to understand and also listening to customers.
- **Credibility-** includes factors such as trustworthiness, belief and honesty. It involves having the customers' best interest at prime position.
- **Security-** enables the customer to feel free from danger, risk or doubt including physical safety, financial security and confidentiality.
- **Reliability-** is the ability to perform the promised service in a dependable and accurate manner.
- **Understanding the customer-** means making an effort to know the customer's individual needs, providing

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These dimensions measure the gap between patient or customer expectations and experience, but after testing and retesting some of the dimensions were found to be auto correlated and the total number of the dimensions was reduced to five which are the key service dimensions namely, responsiveness, assurance, tangibles, empathy and reliability. SERVQUAL is a research instrument (i.e. questionnaire or measurement scale) which measure service quality by capturing respondents' expectations and perceptions along the five dimensions of service quality. The questionnaire consist of matched pairs of items; 22 expectation items and 22 perception items, organized into five dimensions which are believed to align with the consumer's mental map of service quality dimensions. Both the expectations component and the perceptions component of the questionnaire consist a total of 22 items, comprising 4 items to capture tangibles, 5 items to capture reliability, 4 items for responsiveness, 4 items for assurance and 5 items to capture empathy.

Service Quality Model can be linked to enrollee satisfaction with services of NHIS. The model takes thorough processes into account and acknowledges the role they play in deciding whether a customer derives satisfaction with services provided or not. Service Quality Model provides a more comprehensive explanation of customer satisfaction through recognizing the role of service providers. If expectations are greater than performance, then perceived quality is less than satisfaction and hence customer dissatisfaction occurs.

This model was modified where the ten dimensions of measurement was reduced to five as a better description of how customers derive satisfaction from services provided. A. Parasuraman, Valarie Zeithaml and Leonard L. Berry (1991) believed that when customer expectations are greater than their perception of received delivery, service quality is deemed low. When perceptions exceed expectations then service quality is high. Stimson and Webb suggested that satisfaction is related to perception of the outcome of care and the extent to which it meets their expectations (Locker and Dent 1978) when customers perceive a discrepancy between expectations and outcome, they will magnify the difference. SERVQUAL also explained that there must be on the part of the service providers the ideal attitudes towards clients or enrollees of responsiveness to their needs, assurance of confidentiality, physical facilities and personnel, the empathic nature and reliability of promised service accurately.

III. METHODOLOGY

Gombe metropolis is the capital of Gombe state located in the center of the north eastern part of Nigeria on the latitude 9"30' and 12"30' N, longitude 8"5' and 11"45' E. it is bordering Borno, Yobe, Adamawa, Taraba, and Bauchi states. Gombe metropolis/ LGA are composed of a total population of 268,000 people (2006 population census). The common economic activities of Gombe people is agriculture, also the people engage in small scale production, petty trading, cultivation of land and rearing of animals especially among the Hausa settlers. The people of Gombe are diverse in customs, traditions and language. The official language spoken is English but Hausa and Fulfulde are widely spoken. The predominant culture of the people is largely Hausa/Fulani culture. Politically, the people of Gombe metropolis practice Hausa traditional system, the political organization is traditionally based with sarki as the head, followed by waziri etc. But with the advent of colonialism this traditional political system lost recognition and became less powerful. (Abba et al, 2000)

To provide quality, effective, comprehensive, affordable and accessible health services for the people of Gombe, the healthcare system of Gombe comprises of 18 Primary Healthcare Centers evenly distributed across the wards which are owned by the public, 14 private Primary Healthcare Centers, 1 secondary health institution owned by the public known as Specialist Hospital Gombe and 3 private secondary health institution and a single tertiary health institution which is also owned by the public known as the Federal Teaching Hospital (Gombe state Health Facility Listing 2015). Furthermore, the healthcare system of Gombe is facing many challenges such as the decay of facilities, dilapidated buildings, unstandardized equipment, unhygienic environment,lack of sufficient funds for running the facilities and the overall poor attitudes of health workers makes it possible for poor service delivery.

The population of study is the totality of items or events under study. Therefore, the target population of this research work is the enrollees of NHIS in Gombe metropolis of eighteen years and above in the state. These enrollees include those of the Nigerian Police Force, Nigerian Prison Service, and FRSC, NIPOST FIRS, NDLEA, NIMS, FERMA, FCE etc. which involves all Christian and Muslims from different ethnic and tribal groups.

To determine the sample size, respondents will be selected using simple random sampling where all have an equal chance of been selected. This study will require majorly the questionnaire. Also an interview schedule will be used to get oral answers. Research work intends to use both qualitative and quantitative methods of data analysis, quantitative method will be analyzed using SPSS and presented in table form, frequencies and percentages.

ISSN No:-2456-2165

IV. DATA ANALYSIS AND INTERPRETATION

➢ *Socio Demographic Characteristics of Respondents*

Sex Distribution of respondents		
Gender	Frequency	Percentage
Male	116	54.7%
Female	96	45.3%
Total	212	100%
Age distribution of respondents		
Age	Frequency	Percentage
10-20 years	12	5.7%
21-30 years	32	15.1%
31-40 years	66	31.1%
41-50 years	56	26.4
51-60 years	30	14.2%
61 and above	16	7.5%
Total	212	100%
Employment status of respondents		
Category	Frequency	Percentage
Nigerian Prison Service	20	9.4%
Nigerian Police Force	12	5.7%
NDLEA	10	4.7
Federal Inland Revenue Service	20	9.4%
FRSS	10	4.7%
FCE	14	6.6%
FMOH	60	28.3%
FERMA	12	5.7%
FMOE	20	9.4%
NIMS	10	4.7%
Other beneficiaries	24	11.3%
Total	212	100%
Family size of the respondents		
Category	Frequency	Percentage
1-6	116	54.7%
7-12	48	22.6%
13-18	16	7.2%
19 and above	4	1.9%
No response	28	13.2%
Total	212	100%
Duration of enrolment in NHIS services		
Category	Frequency	Percentage
Less than 2 years	30	14.2%
2-3 years	32	15.1%
4-5 years	38	17%
6 years and above	100	47.2%
No response	14	6.6%
Total	212	100%
Health care provider of the respondents		
Category	Frequency	Percentage
Federal Teaching Hospital Gombe	124	58.5%
Specialist Hospital Gombe	48	22.6%
Metro Clinic Gombe	14	6.6%
Specialist Hospital Bauchi	2	0.9%
Specialist Hospital Potiskum	2	0.9%
National Hospital Abuja	4	1.9%
Remi Clinic Bauchi	14	6.6%
Federal Teaching Hospital Bauchi	2	0.9%
No response	2	0.9%
Total	212	0.9%
Health Maintenance Organisations of respondents		
Category	Frequency	Percentage
Multishield	44	20.8%
Wetland	40	18.9%
Doma health care	66	31.1%
Princeton	62	29.2%
Total	212	100%

Table 1:- Field Survey 2018

ISSN No:-2456-2165

The data above indicated the majority of the responses are employees of the Federal Ministry of Health. Also we can see that the enrollees comprises mainly of employees Federal government only excluding the states and Local government workers The table on family size clearly demonstrates a decline of extended family system,

The duration of enrolment in to NHIS services showed that the majority of the respondents have been on NHIS services for long. This indicates that the health insurance scheme has been on for quite some time. The data on health care providers of the respondents indicates that majority of the respondents are enrollees of NHIS in Federal Teaching Hospital Gombe, while very few receive health care outside Gombe metropolis. The data on Health Management Organization of the respondents indicates that NHIS enrollees under the Doma healthcare, Health Management Organization are the majority who contributed in filling the questionnaires, while those under Wetland are few.

- *Problems and Challenges of the Scheme*

Category	Frequency	Percentage (%)
Lack of qualified skilled personnel	40	18.9
Out of stock syndrome	70	33.0
Out of NHIS provision	62	29.2
Poor patient/staff relationship	40	18.9
Total	**212**	**100%**

Table 2:- Source: Field Survey, 2018.

Based on the above distribution, we conclude by saying that the inherent problem of the scheme is out of stock syndrome and out of NHIS provision.

- *The Rate of Enrollee Satisfaction with NHIS Services*

Variables	Frequency	Percentage
Availability of health personnel		
Satisfied	88	41.5
Less satisfied	124	58.5
Total	212	100%
Quality of basic amenities		
Satisfied	90	42.5
Less satisfied	122	57.5
Total	212	100%
Attitude of health personnel		
Satisfied	98	46.2
Less satisfied	114	53.8
Total	212	100%
Attitude of NHIS staff		
Satisfied	84	39.6
Less satisfied	128	60.4
Total	212	100%
Availability of drugs		
Satisfied	90	42.5
Less satisfied	122	57.5
Total	212	100%
Easy access to healthcare		
Satisfied	96	45.3
Less satisfied	116	54.7
Total	212	100%
Symptoms improvement after a week		
Satisfied	128	60.4
Less satisfied	84	39.6
Total	212	100%

Table 3:- Source: Field Survey, 2018.

The distribution presents enrollees satisfaction with various services of the scheme. The data showed enrollees are least satisfied with the availability of healthcare personnel. Enrollee satisfaction with the quality of basic amenities is also low. In addition the attitude and behaviors of healthcare personnel toward patients was also found to be poor. Accordingly majority of the responses are less satisfied with the provision and availability of drugs. Most times even drugs on NHIS list are out of stock. Furthermore majority of the enrollees find it difficult to access

healthcare. Lastly, rating on respondents' satisfaction on symptoms improvement after a week showed that majority are satisfied with health improvement after a week of treatment. In summary, enrollees of NHIS are less satisfied with the services provided.

- *Strategies for the Improvement of NHIS Service Delivery*

Recommendations	Frequency	Percentage %
The drug list should expanded to include some expensive drugs	52	24.5%
The scheme should include some expensive surgical operations	55	25.9%
The supply of medicine/drugs to health facilities should be increased	25	11.8%
Health personnel should be given re-orientation training in manners and etiquette	25	11.8%
More doctors and nurses should be trained and posted to health facilities	55	25.9%
Total	**212**	**100%**

Table 4:- Source: field survey, 2018.

From these we conclude by saying that majority of the respondents are concerned with the inclusion of some expensive surgical operations and also the training and posting of more qualified doctors and nurses to health facilities. It was the view of the respondents that if all these suggestions are taken into consideration and actually implemented, the Nigerian NHIS would be the best in the world.

V. DISCUSSION OF MAJOR FINDINGS

The study was conducted to examine the rationale for the NHIS, to establish the benefits of the scheme, to examine the problems and challenges of the scheme, also to determine enrollee's level of satisfaction with services provided by the scheme and also to proffer solutions to improve the services provision. The research work found out that there is a relationship between the enrollee's level of satisfaction and the quality of service provided by the scheme in the sense that high quality level leads to high level of satisfaction.

Therefore, based on the research the main goals of the scheme are for the general poor state of the nation's healthcare system and because of the rising cost of healthcare services, also, the study found out that the scheme is of benefit by reducing out of pocket payment for healthcare services, and also the scheme is aimed at making healthcare services accessible to all. Hence we are made to understand that people cannot access health facility any time they want because of fear of maltreatment from the healthcare team and also enrollees are faced with the problem of out of stock syndrome when they visit the health facility.

Furthermore, in interviewing some of the enrollees, the study gathered that there are usually long queues in the NHIS dispensary clinics when they want to collect drugs if and when the drugs are available which makes enrollees feel frustrated and less satisfied. This problem has been attributed to lack of adequate skilled personnel. The study also found out that the reasons for enrollees less satisfaction are caused by factors such as lack of health personnel, lack of basic amenities, poor attitudes of health personnel and NHIS staff, less availability of drugs, uneasy access to healthcare and lack of symptom improvement after a week and all these factors were identified in the five dimensions of Service Quality Model thesis to include responsiveness, assurance, tangibles, empathy and reliability used to measure the gap between customer expectations and experience.

RECOMMENDATIONS

The following measures are recommended for effective operation of the NHIS in Nigeria;

1. The government should ensure adequate number of healthcare personnel and facilities for the scheme. This can be achieved by getting more of the private sector health facilities into the scheme. The under-utilized personnel and facilities can be put to maximum use under the NHIS.
2. The scheme should continuously review this scheme to ensure that it operates in a manner that will ensure the justification of its implementation and achievement of its goal. In this regard, it should ensure that its officials are frequently up dated through workshops and seminars.
3. The researcher also suggests that for NHIS enrollees to see any improvement in level of overall satisfaction with the quality of health care delivery services, the HMOs and NHIS management needs to come alive to their responsibilities of ensuring the provision of higher quality health insurance services to the enrollees.
4. When NHIS quality of services is low, it is possible that more people might disengage from the scheme, but when high-quality service is provided it will attract more people. Therefore when all of these recommendations are put in place, access and utilization of the NHIS would greatly improve with new enrollees coming on board.
5. The researcher concludes that the findings of this research are of importance to the scheme as it gave a clear picture of the feelings of the beneficiaries of the scheme.
6. Health Maintenance Organization (HMOs) and healthcare providers must realize that enrollees have the right to choose who their service providers are and can change to another when not satisfied with services rendered. Therefore, it is recommended that every provider strive to provide the best of services and the monitoring agencies should step up their monitoring antennae in order to curb the menace of dissatisfaction which is fast becoming common place in the scheme.
7. There is also the need to sustain and improve on the level of enrollee-staff relationship and enrollee-staff

communication, thus ensuring an effective healthcare delivery system.

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