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Social Security Reform and Service Delivery: A Study of NHIS (client's - Service Providers` Relationship) in Kebbi State, Nigeria

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ABSTRACT: *The issue of social security reform and effective service delivery, more especially on public health care management in any society cannot be compromised. The ability or inability for a country to deliver effective service to the public determined its level of development; putting in mined the healthy population that can deliver the services.. This study therefore set to investigate the Effect Social Security Reforms and Service Delivery on NHIS in Birnin Kebbi, Kebbi State, Nigeria. The paper used survey in the generation of information. Based on the same, the paper found out that Healthy population and/or work force remains an indispensable tool for rapid socio-economic and sustainable development the world over. Accessibility to healthcare and at affordable cost constitutes a high profile challenge in Nigeria. While the government in Nigeria instruments access to public health through social policy such as National Health Insurance Scheme (NHIS), yet the operation of the scheme in addressing the health situation in the country required a holistic approach that every Nigeria should benefit from. The paper recommends that the scheme should be expanded to cover all citizens irrespective of social or economic status.*

Keywords: *Social Security, Reforms, Health Insurance, Clients, Service Provider, and Service Delivery*

I. BACKGROUND TO THE STUDY

A well-functioning public sector that delivers quality public services consistent with citizen preferences and that fosters private market-led growth while managing fiscal resources prudently is critical in our contemporary society. In a democratic system that is built on true checks and balances that also built into government structures that forms the core of good governance, helped in empowering citizens. The incentives that motivate public servants and policy makers, the rewards and sanctions linked to results that help in shaping public sector performance are rooted in a country's accountability frameworks. Sound public sector management and government spending help in determining the course of economic development and social equity, especially for the poor and other disadvantaged groups such as women and the elderly.

Many developing countries Nigeria inclusive, however, continue to suffer from unsatisfactory and often dysfunctional governance systems including malfeasance, inappropriate allocation of resources, inefficient revenue systems, poor healthcare management and weak delivery of vital public services. Such poor governance leads to unwelcome outcomes for access to public services by the poor and other disadvantaged members of the society such as women, children, and minorities. Traditionally, public trust in public sector performance in delivering services consistent with citizen preferences is very weak in the developing countries, because the politicians and bureaucrats do show greater interest in rent-seeking activities than in delivering services wanted by their citizens. In the past several years many governments have restructured their public sectors in an attempt to deal with the twin problems of indebtedness and growing citizen disenchantment with government. In many jurisdictions, restructuring efforts have included an emphasis on the need to introduce a results-based or performance-based approach to management in the public sector.

Health insurance is a social security system that guarantees the provision of needed health services to persons on the payment of token contributions at regular intervals. The National Health Insurance Scheme (NHIS) is a corporate body established under Act 35 of 1999 by the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost. The NHIS Act is the statutory authority for the Scheme's benefits programmes as well sets the general rules and guidelines for the operation of the Scheme.

While the situation in the health sector persists, Nigeria continually loses her professional to other countries. It was reported in 1986 that more than 1,500 health professionals left Nigeria to other countries. In 1996, UNDP report revealed that 21,000 medical personnel were practicing in the United States of America and UK, while there was gross shortage of these personnel in the Nigerian health sector (Akingbade, 2006).

Health insurance scheme started in Germany in 1887 as a way of financing health care, followed by Austria 1897, Norway 1902 and United Kingdom 1910. By 1930, Health insurance scheme had been well

established and recognized in all European countries (Okezie, 2001). The concept of social health insurance in Nigeria started in 1962, when Halevi committee passed the proposal through the Lagos health Bill. Unfortunately, it was truncated. In 1984, compelled by the desire to source more fund for health care services, the National Council on Health advised government on the desirability of health insurance scheme in Nigeria and proffered some recommendations. In 1985, the then Minister of Health (Olikoye Ransome Kuti) constituted a committee whose terms of reference included the responsibility of advising on the desirable, viable and acceptable model of health insurance scheme for Nigeria. At the 28th meeting of the National Council on Health, another committee was setup on National Health Insurance Scheme in 1989. The Nigerian government had initially provided 'free healthcare' for its citizens funded by its earnings from oil exports and general tax revenue.

II. STATEMENT OF RESEARCH PROBLEM

Reports on the Nigerian's economic indicators by development agencies such as the United Nations Development Programme (UNDP), particularly on its poverty rate, put at 70 per cent, obviously because of the poor performance of the economy and service delivery in Nigeria, has not been effective. The 2009 Fund for Peace Report indicated that "about 54 per cent of the population in Nigeria lives on less than a dollar per day", ostensibly because of what the United Nations Economic Commission for Africa (UNECA) claimed, in its 2009 report released, was the unsatisfactory performance of the economy. The Nigeria Social Insurance Trust Fund (NSITF) executes its mandate of delivering social security to the poor, the ineffective nature of Nigerian National policy had made it difficult for the Fund to perform its mandate, and over 50 years after Nigeria attained political independence despite the country being an active member of the International Labour Organization.

Despite this indisputable fact, in Nigeria like most African countries, the provision of quality, accessible and affordable healthcare remains a serious problem. This is because the health sector is facing gross shortage of personnel, inadequate and outdated medical equipment, poor funding, policies inconsistence and corruption. Evidence shows that, only 4.6 percent of both public and private Gross Domestic Product (GDP) in 2004 was committed to the sector (WHO, 2007). Other factors that impede quality health care delivery in Nigeria include inability of the consumer to pay for healthcare services, gender bias due to religious or culture beliefs and inequality in the distribution of healthcare facilities between urban and rural areas.

Accessibility to healthcare and at affordable cost constitutes a high profile challenge in Nigerian. While government supported universal access to health care through social policy such as National Health Insurance Scheme (NHIS), the operation of the scheme in addressing the health situation in the country required a holistic approach that every Nigeria should benefit from. However, there is steady decline in the standard of living and ethical values among Nigerians to the ever-widening income inequality, mass unemployment, pervasive poverty and social exclusion, low quality and inefficiency in service delivery.

III. RESEARCH QUESTIONS

From the foregoing, this research work is set to answer the following questions:

To what degree was the previous institutional arrangement such as National Social Insurance Trust Fund (NSITF) limited by absence of effective National Policy hence significantly affecting the discharge of its statutory responsibilities?

Does the NHIS bring any significant change(s) in clients access to quality service hence improving affordable healthcare services in Nigeria?

To what extent do the service providers get clients satisfied with services under the (NHIS) in Nigeria with implications for encouraging others (new clients) to enroll ?

In what ways can the NHIS programme be improved in terms of quality service delivery to the Nigerians?

IV. LITERATURE REVIEW

This section reviews literature on a variety of issues ranging from Social Security Reforms, Service Delivery to NHIS service providers/clients satisfaction". Methodology, conclusions and the environmental variations associated with inputs were considered as major parameters in the process of this review.

V. SOCIAL SECURITY POLICIES IN NIGERIA

Social security is a human right, as well as an economic and political necessity; it is an indispensable part of institutional tissue of an efficient market economy. Social security programmes are usually established as a means of improving the well-being of the poor, reduce inequality within society and conciliate different social demands, thus avoiding the social and political conflicts. Adequate social security policies can be an important endogenous factor in the process of socio-political development and economic growth of our dear country Nigeria. (Rais Akhtar 1991).

Following the resolution of 11th International Labour Organization African Regional Meeting (Addis Ababa, 24-27 April 2007) a tripartite African ILO members committed themselves to develop national action plans to build basic social security to all and Nigeria is an active player in the International Labour Organization's (ILO) affairs and playing host to the labour watchdog since 1960, (Anyanate Ephraim 2009).

Without social security, poverty reduction and development are not possible. In Nigeria, piecemeal social security programmes have been in place that touches the lives of people directly and indirectly. Policies such as pension and retirement, employment and poverty eradication, health, food and agricultural policies, economic development etc are putting in place.

For example, the National Provident Fund established in 1961 was a compulsory contributory savings scheme aimed at providing some protection to contributors at old age, invalidity or temporary loss of employment (Esosa , 2007). The Operation Feed the Nation program of 1976–80 sought to increase local food production and thereby reduce imports, (encyclopedia Britannica). The Structural Adjustment Programme (SAP) of 1986 was to restructure and diversify the productive base of the economy in order to reduce dependency on the oil sector and on imports. The Nigeria Social Insurance Trust Fund (NSITF) (1994) was essentially to protect he individual employee against the crises and uncertainties of life, particularly those crises and uncertainties that threaten seriously or actually disrupt access to income/livelihood. (Demola Yaya, 2008). The National Health Insurance Scheme (NHIS) (1999), which aimed at providing easy access to healthcare for all Nigerians at an affordable cost through various prepayment systems. National Poverty Eradication Programme (NAPEP) is a 2001 program by the Nigerian government aiming at poverty reduction, in particular, reduction of absolute poverty. (Adoyi William Ejeh 2010). In 2004, General Olusegun Obasanjo regime enacted a law to decentralize and privatize pension administration in Nigeria through the Pension Reform Act 2004, (Demola Yaya, 2008).

It is against this background that, the research reviews NHIS under the Nigerian Health Policy as one of the social security policy that has great impact on Nigerians. Health care provision in Nigeria is a concurrent responsibility of the three tiers of government in the country (Rais Akhtar 1991). However, because Nigeria operates a mixed economy, private providers of health care have a visible role to play in health care delivery. The federal government's role is mostly limited to coordinating the affairs of the university teaching hospitals, Federal Medical Centres (tertiary health care), while the state government manages the various general hospitals (secondary health care) and the local government focus on dispensaries (primary health care), which are regulated by the federal government through Agency (NPHCDA), (Federal Medical Centre Abeokuta 2011).

The vision of the National Health Policy is to Build a healthy and happy nation through a dynamic professional health system, attainment of highest standard of health by the people within the broader framework of overall National Development in the spirit of social justice, and equity. While the Mission is to Achieve a national health goals through sustained provision of quality general and public health services, (*National Drug Policy (2007).*

The major thrusts of the National Health Policy shall relate to the following issues:

National Health Systems and Management, National Health Care Resources, National Health Interventions, National Health Information System, Partnerships for Health Development, Health Research, and National Health Care Laws, (FMOH 2004).

The National Health Insurance Scheme (NHIS) is a body corporate established under Act 35 of 1999 by the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost. NHIS is strived for improvements in health service provision and the promotion of health care utilization; the main objectives of the scheme include the following:

Ensure that every Nigerian has access to good health care services;

Protect families from the financial hardship of huge medical bills;and

Limit the rise in the cost of health care services.

iv. Ensure equitable distribution of health care cost among income groups, maintain high standard of health care delivery services within the scheme, ensure efficiency in health care services, improve and harness private sector participation in the provision of health care services, ensure adequate distribution of health facilities within the federation.

ix. Ensure equitable patronage at all levels of health care.

x. Ensure the availability of funds to the health sector for improved services. (NHIS 1999).

The NHIS is a social security system put in place by the federal government to provide universal access to health care service in Nigeria. The scheme covers civil servants, the armed forces, the police, the organized private sector, students in tertiary institutions, self-employed, vulnerable persons, and the unemployed among others. (Agba, et.al, 2010).

Soji-Eze Fagbemi, (2012) states that, the National Health Insurance Scheme (NHIS) is at the threshold of developing and implementing new programmes that will ensure that every Nigeria resident is a beneficiary of health insurance.

IV. CLIENT ACCESS TO HEALTHCARE SERVICES IN NIGERIA.

The need for the establishment of NHIS was informed by the general poor state of the Nation's healthcare services, the excessive dependence and pressure on government provided health facilities, dwindling funding of healthcare in the face of rising costs, poor integration of private health facilities in the nation's healthcare delivery system and overwhelming dependence on out-of-pocket expenses to purchase health. According to the World Health Organization (WHO), in 2005, Nigeria was ranked 197th out of 200 nations. Life expectancy was put at 48 years for males and 50 years for females; while Healthy Life Expectancy (HALE) for both sexes was put at 42years. In HALE estimation, Nigeria only ranked higher than five countries; Sierra Leone, Afghanistan, Zimbabwe, Zambia and Lesotho. (Taiwo Olanrewaju 2011)

V. POPULATION COVERED BY THE NHIS IN NIGERIA

Health insurance is obtained either through private insurers or through the National Health Insurance Scheme (NHIS). About 5 million people are enrolled in the three (3) NHIS Programs, which represents just about 3% of the population. In the Formal Sector Program, employees in the formal sector who pay premiums are covered, in addition to their spouse and up to 4 dependents. Companies that employ more than 10 workers are responsible for enrollment of their employees. In order to ensure the protection of the vulnerable groups and promotion of access to good health care, NHIS engaged in series of meetings and discussion with international partners for health on NHIS/MDG-MCH project, NHIS has achieved 100 percent health insurance coverage in 12 states of Niger, Gombe, Oyo, Bayelsa, Imo, Sokoto, Bauchi, Yobe, Jigiwa, Katsina, Ondo and Cross River with 1,600,000 pregnant women and children under 5 covered in 86 local government areas (LGA). (Business Eye News 2012)

BENEFITS PACKAGE: The benefits package for the National Health Insurance Scheme for workers in the formal sector is pre-determined and includes:

Out-patient care, including necessary consumables Prescribed drugs, pharmaceutical care and diagnostic tests on the National Essential Drugs List and Diagnostic Test Lists, Maternity care for up to four live births for every insured contributor Preventive care including immunization, health education, family planning, antenatal and post-natal care Consultation with specialists referral, Hospital in-patient care in a standard ward for a 15 cumulative days per year, Eye examination and care, excluding the provision of spectacles and contact lenses, A range of prostheses (limited to artificial limbs produced in Nigeria), Preventive dental care and pain relief including consultation, dental health education, amalgam filling, and simple extraction(NHIS 2001).

HEALTH CARE PROVIDERS

A Health Care Provider as provided for in the NHIS Act, is a licensed government or private health care practitioner or facility, registered by the Scheme for the provision of prescribed health benefits to contributors and their dependents. Health Care Providers can be Primary, Secondary, or Tertiary.

i.e. Primary HealthCare Providers Primary Health Care Providers will serve as the first contact within the health care system, and they include private clinics/hospitals; Primary Health Care Centers; Nursing and Maternity homes; and Out-patient departments of General Hospitals, Out-patient departments of the Armed Forces, the Police and other uniformed services, University Medical Centers and Federal Staff Clinics

ii. Secondary and Tertiary Health Care Providers (Fee-for-service providers)

These include: General hospitals (Out-patient and in-patient care for medical, surgical, pediatric, obstetric neurological patients, etc)

CLIENT SATISFACTION

Client satisfaction of any health system or health insurance scheme has been, in most cases, associated with certain individual characteristics and factors, which encompass socio-economic, demographic and cultural factors. However, enrollee's knowledge and awareness of the health insurance system are often not taking into consideration. Policy and decision makers have to understand the potential factors influencing enrollee's satisfaction in order to viably implement such health insurance schemes. Enrollee's satisfaction with service provision of health insurance can be influenced by several factors especially the poor knowledge of health insurance and lack of awareness of contribution by the insured persons. Periodic identification of related influencing factors on client satisfaction could assist in guiding policy and decision making to detect promising

pathways to improve any nascent program like health insurance schemes. Improved knowledge and better awareness of the scheme's activities by the enrollees could be augmented through the provision of requisite available information to the insured persons at all times (Shafiu, Mohammad and Hengjin 2011).

Yohersor,(2004) viewed that, On assessment of clients satisfaction with HMOs activities, clients should have good quality of waiting time with minimal time wastage, that they be allowed to take part in annual meeting between HMO and health care facilities on invitation, usually asked health facilities to computerize their operations most especially administrative aspects, allowed to switch health care providers on request and were usually happy with the pattern of referral system on ground though there are rooms for improvement. Clients were usually frustrated when turned back by care providers because of default in settlement of bills by their HMO, and this has prompted many of them to change from one HMO to the other.

Clients may want to put this into consideration when choosing a HMO to assist in managing their health insurance funds. HMOs should always arrange an avenue with clients (or body of clients) to discuss their operations, their successes and weakness. This would serve as basis for more fact-findings that may culminate into a choice of one HMO or the other. (Ogbonnaya, R 2010).

CHALLENGES OF NHIS IMPLEMENTATION IN NIGERIA

According to the NHIS (2012), the scheme is confronted with a number of challenging factors. First, Nigeria is faced with a huge population, thus evolving a health insurance programme to cover this population has posed a big challenge. Again, the absence of a robust and functional Health Information System (e-NHIS enterprise system) and the lack of adequate modern Information Technology (IT) infrastructure as well as the acceptance of capitation at primary level and payment for secondary and tertiary care through fee-for-service has continued to be a challenge. The provision of multiple provider status to a facility as primary, secondary and tertiary provider has brought distortions within the referral system and tends to limit the achievement of one of the objectives of the scheme.

In the Human Development Report 2007/2008 by UNDP, Nigeria's maternal mortality is only better than that of five countries namely Rwanda, Angola, Chad, Niger and Sierra Leone. Ibrahim Oloriegbe (2009) observed that Health is not mentioned as an issue or service in the Constitution. There are 68 items on the exclusive legislative list and 30 items on the concurrent list; Health is not listed in either. Health is only mentioned in the following ways;

In relation to industrial safety (Section 17(3c) "The State shall direct its policy towards ensuring that – (c) the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused" Whereas for education, the Constitution provides in Section 18(2), 3 (a,b,c,d) details of Responsibilities and the delivery mechanism.

Steve Metiboba (2011) observes some of the bottlenecks and constraints of the NHIS are that, the NHIS is constrained as at present by several other factors in Nigeria. Some of these include poverty, poor supply of drugs or vaccines, inadequate trained health personnel and dwindling funding of health care. Others are: employers/providers' resistance to contributing their own quota, general poor state of the nation's health care services, cultural belief systems and dilapidated health infrastructures.

One major challenge on the pathway of a successful NHIS in Nigeria is the inability of the political elite to device a formula for a more efficient mode of resource allocation and utilization for health care delivery. According to Ebigwei, the mechanism for referrals in the scheme has not been established and secondly the type of disease factor to be used has been narrowed down.

Adebola (2008) observes that there are already skirmishes and capitulations about the health insurance policy, especially among the health sector operators. The key social determinants of ill health in Nigeria still includes hunger, poverty, illiteracy, lack of clean water, poor sanitation, poor housing, gender disparity and unemployment. Apart from its inability to provide basic health care services for majority of the population, it lacks the ability for disease surveillance, prevention and management. Nigeria is a federal country with 36 federating States. The States have considerable economic and political authority. It has been noted that some of the States in Nigeria have resources above the annual budgets of some countries in the sub region. Yet in many States, the health system is in a state of near collapse despite the substantial resources allocated to this tier of government.

VI. METHODOLOGY

This is a descriptive survey research that describes NHIS service provider's efficiency and client/enrollees satisfaction in Birnin Kebbi State, using Federal Medical Centre and Sir Yahaya Memorial Hospital as cases.

POPULATION OF THE STUDY

The following represents the study`s population. This centers on the major health care service providers in the metropolis of Birnin Kebbi thus:

Table 3.1 Population of the Study

S/N	SERVICE PROVIDERS	POPULATION	PERCENTAGE (%)
1.	Federal Medical Centre (FMC)	11,550	77%
2.	Sir Yahaya Memorial Hospital (SYMH)	3,439	23%
	TOTAL	14,989	100%

Source: fieldwork, 2012.The study, which took place between March to September 2012, at the time of collecting the data, has about fourteen thousand nine hundred and eighty nine (14,989) NHIS enrollees (Federal Medical Centre 11,550) and (Sir Yahaya Memorial Hospital 3,439) respectively.

SAMPLE AND SAMPLING TECHNIQUES

Two-stage sampling method was used in selecting respondents. The research employed Simple Random Sample Technique at each stage to eliminate selection bias. The first stage involved selecting two out of the Five (5) NHIS service providers in Birnin Kebbi. The second stage involved the selection of NHIS clients/enrollees from each of the two service providers using proportionate method based on the size of the two service providers. Only insured persons enrolled (Main and subsidiary) on the NHIS are included in the study. Verification of enrollees was carried out in collaboration with the NHIS desk officers in the two service providers. Table 3.2 shows the total sample size of the respondents based on the population of the health care service providers.

Table 3.2 Sample Size of the Respondents Based on the Population

S/N	SERVICE PROVIDERS	POPULATION	SAMPLE SIZE
1.	Federal Medical Centre (FMC)	11,550	199
2.	Sir Yahaya Memorial Hospital (SYMH)	3,439	078
	TOTAL	14,989	277

Source: Authors` computation, 2012

DATA ANALYSIS

This chapter presents and analyzes the data collected from the respondents, discuses on the research findings and tests the research hypotheses.

Table 4.1 Organizations of data of the research conducted on NHIS implementation in Birnin Kebbi, kebbi state

NHIS Service Providers	Total no; of NHIS Clients	Questionnaires Distributed			Questionnaires Collected		
		Sex		Sub-total	Sex		Sub-total
		Male	Female		Male	Female	
Federal Medical Centre	11,550	125	55	180	45	4	49
Sir Yahaya Memorial Hospital	3,439	75	22	97	26	2	28
Totals	14,989	200	77	277	71	6	77

Source: fieldwork September 2012

From the table above, a total of two hundred and seventy seven (277) questionnaires were distributed to the respondents (FMC one hundred and eighty (180) and SYMH ninety seven (97)) out of which, only seventy seven (77) questionnaires were duly completed and retuned, (forty nine (49) from FMC and twenty eight (28) from SYMH). It is from the basis of these seventy seven (77) questionnaires, the data presentation and analysis is developed throughout the chapter.

Table 4.2 The number of NHIS service providers available in Birnin Kebbi

Responses		Frequency	Percent
Valid	1-4	41	53.2
	5-9	8	10.4
	10 and above	4	5.2
	Not sure	23	29.9
	Total	76	98.7
Missing	System	1	1.3
Total		77	100.0

Source: fieldwork September 2012

In table 4.2, 53.2% of the respondents opines that there are between 1-4 NHIS service providers (public and private) are available in Birnin Kebbi, 10.4% indicated between 5-9 NHIS service providers (public and private) are available in Birnin Kebbi, while 29.9% of the respondents are not sure of the number of NHIS service providers available in Birnin Kebbi.
This shows that, there are between 1-4 NHIS service providers (public and private) are available in Birnin Kebbi.

Table 4.3: Rate of Respondents Satisfaction with the Quality/Capacity of Staff (Professional and Semi-Professional) That Renders (NHIS) Service in the Accredited Hospital of Subscription

	Responses	Frequency	Percent
Valid	**High**	**24**	**31.2**
	Medium	**41**	**53.2**
	Low	**8**	**10.4**
	Indifferent	**3**	**3.9**
	Total	**76**	**98.7**
Missing	**System**	**1**	**1.3**
Total		**77**	**100.0**

Source: fieldwork September 2012

The table above shows the respondents satisfaction with the quality/capacity of staff (professional and semi-professional) that renders (NHIS) service in the accredited hospital of subscription, the results reads that 31.2% of the respondents indicated "High" satisfaction, 53.2% indicated "Medium" satisfaction, 10% indicated "Low" satisfaction while, 3.9% indicated "Indifferent". This shows that, majority of the respondents has "Medium" satisfaction with the quality/capacity of staff (professional and semi-professional) that renders (NHIS) service in the accredited hospital of subscription.

Table 4.4 The extent of success achieved by the NHIS

Responses		Frequency	Percent
Valid	**Inspiring**	**49**	**63.6**
	Discreditable	**17**	**22.1**
	Apathetic	**4**	**5.2**
	Don't know	**6**	**7.8**
	Total	**76**	**98.7**
Missing	**System**	**1**	**1.3**
Total		**77**	**100.0**

Source: fieldwork September 2012

Table 4.4 shows that 63.6% of the respondents were inspired with the extent of success achieved by the NHIS, 22.1% the extent of success achieved by the NHIS is discreditable, and 5.2% say it is apathetic while 7.8% do not know the extent of success achieved by the NHIS. The response therefore shows the extent of success achieved by the NHIS is inspiring.

Table 4.5 The challenges faced by the scheme

	Responses	Frequency	Percent
Valid	**Limited coverage**	**13**	**16.9**
	Funding	**11**	**14.3**
	Poor monitoring	**12**	**15.6**
	A combination of (a) and (b)	**40**	**51.9**
	Total	**76**	**98.7**
Missing	**System**	**1**	**1.3**
Total		**77**	**100.0**

Source: fieldwork September 2012

Table 4.5 shows that 16.9% of the respondents indicates that the challenges faced by the scheme its Limited coverage, 14.3% indicated funding, 15.6% indicated poor monitoring and 51.9% indicated both (i.e. Limited coverage, Funding and Poor monitoring). Therefore, Limited coverage, Funding and poor monitoring are the challenges faced by the scheme.

Table 4.6 How the scheme to be improved in order for it to be more efficient and sustainable

Responses		Frequency	Percent
Valid	Both individual and institutional capacity building	24	31.2
	Expansion of its coverage to involve the unemployed	7	9.1
	Grant beneficiaries some power to enforce compliance while the policy creates better condition for effective operation of the scheme	7	9.1
	A combination of (a), (b) and (c) above	38	49.4
	Total	76	98.7
Missing	System	1	1.3
Total		77	100.0

Source: fieldwork September 2012

Table 4.6 indicated that 31.2% of the respondents are of the view that, both individual and institutional capacity building will improve the scheme more efficient and sustainable. 9.1% indicated that, expansion of its coverage to involve the unemployed. Another 9.1% opines that, the scheme should grant the beneficiaries some power to enforce compliance while the policy creates better condition for effective operation. In addition, 49.4% are of the opinion that, a combination of both individual and institutional capacity building, expansion of the scheme coverage to involve the unemployed and grant beneficiaries some power to enforce compliance while the policy creates better condition for effective operation of the scheme will improve the scheme more efficient and sustainable.

RESEARCH FINDINGS

The following findings are obtained from the data presented, analyzed and interpreted:

1. That, public service providers are more promising in meeting clients' expectation.
2. That, the clients have "Medium" satisfaction with the quality/capacity of staff (professional and semi-professional) renders (NHIS) service in the accredited hospital of subscription.
3. That, Reimbursement and Compliance related problems due to week monitoring are the factors responsible for service inefficiency in the NHIS component of the rendered services.
4. That Limited coverage, Funding and poor monitoring are the challenges faced by the scheme.
5. That, a combination of both individual and institutional capacity building, expansion of the scheme coverage to involve the unemployed and grant beneficiaries some power to enforce compliance while the policy creates better condition for effective operation of the scheme will improve the scheme more efficient and sustainable.

VII. CONCLUSION

The following is the research conclusion obtained from the findings data collected, presentation, analyses and interpretations, that:

1. The previous institutional arrangements such as NSTIF have been limited by absence of effective National Policy hence significantly affecting the discharge of its statutory responsibilities.
2. The NHIS has brought significant changes on client access to quality and affordable healthcare services in Nigeria, which improves service delivery.
3. The service providers/clients are only relatively satisfied with the NHIS programme in Nigeria, which in turn encourages others to enroll for the programme.

RECOMMENDATIONS

The following are the recommendations that are drawn from the finding of the study:

1. Since the public service providers are more promising in meeting clients' expectation, the research recommends the kebbi state government to enroll its workers and subscribe into the NHIS for easy accesses to public health.
2. Going by the findings that, "the clients have "Medium" satisfaction with the quality/capacity of staff (professional and semi-professional) renders (NHIS) service in the accredited hospital of subscription", the research is recommending to the service providers to improve the quality and capacity of their personnel through training, development, monitoring and evaluation of performance. This will improve effective service delivery and greater client satisfaction.
3. In order to prevent Reimbursement and Compliance related problems, due to week monitoring and service inefficiency in the NHIS component of the rendered services, a stronger team comprises of the

HMOs, service providers and clients representative should be constituted in order to monitor, meet/deliberate, and furnish a progress report to the NHIS and the general public through the medias.

4. The research also recommend that, the government through the NHIS, should expand area coverage of the programme in terms of the categories of the service and the target population in order to involve all citizens for easy accesses public health at affordable price while taking into cognizant the economic condition of the country.

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