

## EVALUATION OF THE IMPACTS OF NATIONAL HEALTH INSURANCE SCHEME ON THE CIVIL SERVANTS' HEALTH STATUS IN ABUJA, NIGERIA

**Odo, Emmanuel**

Department of Sociology, Faculty of Social Sciences  
Nasarawa State University, Keffi  
E-mail: [emaodo224@gmail.com](mailto:emaodo224@gmail.com)  
+2348037867023

**&**

**Prof. Ukawuilulu, John Obioma**

Department of Sociology, Faculty of Social Sciences  
Nasarawa State University, Keffi  
E-mail: [jukawuilulu@gmail.com](mailto:jukawuilulu@gmail.com)  
+2348136649908

### **Abstract**

*This study evaluates the impact of National Health Insurance Scheme (NHIS) on the health status of civil servants in Abuja. The specific objectives of this study are to: assess civil servants' awareness level of the scheme, determine the benefits of the specific healthcare services available under the scheme and evaluate the impact of the scheme on the civil servants' health status. The study adopted survey design which involved the combination of quantitative and qualitative data collection. Data were collected from 396 respondents using questionnaire which was complemented by in-depth interview among ten respondents in National Assembly and Corporate Affairs Commission, Abuja. The questionnaires were analyzed using simple percentages, while the in-depth interview was analyzed using content analysis. The findings revealed a high level of awareness of the scheme among the civil servants. Also it was found that the health status of the civil servants has improved through medical treatment following the usage of the NHIS healthcare services. The findings equally revealed that NHIS has impacted positively on the health status of civil servants in Abuja. The study concludes that NHIS has great impact on the health status of civil servants in Abuja. It is recommended that the Government should further equip the scheme to provide quality healthcare services to the civil servants in Abuja and other parts Nigeria.*

*Keywords: National Health Insurance Scheme, Civil Servants, Abuja.*

### **Introduction**

The challenges of providing quality healthcare services in developing nations including Nigeria have become issue of concern for international agencies such as World Health Organization, United Nations Development Programme and other international donor agencies. This is so because health facilities and nutritional requirements are poor (Owumi 2002). Living healthy remains a fundamental problem to humans particularly in the developing countries. Besides, a number of other problems still prevail. This include poverty, lack of access to affordable health care services, poor distribution of health care facilities, shortage of drugs, the enormous cost of health services which is sometimes out of the reach of the poor, poor infrastructure and poor health education strategy (Jegade, 2004). In fact many Nigerians are living below the poverty line and cannot afford minimum health requirements (World Bank, 2006). This concern over the years has engendered several health policies including the introduction of the National Health Insurance Scheme (NHIS) in Nigeria.

The Federal Government directed the Federal Ministry of Health to start the scheme in the country under Decree No 35 of May 1999 (Adesina, 2009). The scheme was officially launched on 6th June 2005 and commenced services to beneficiaries in September 2005 in Nigeria. The scheme has five major stakeholders; namely employer; employees, Health Care Provider (Primary and Secondary), health maintenance organization (HMO) which are the operators of the scheme) and the National Health Insurance Scheme (NHIS). By this, the nature of health care for federal workers is under the control of new stakeholders (Adesina, 2009). For participation in the scheme, contributors will first register with an NHIS approved HMO and thereafter register with a primary health care provider of their choice from an approved list of providers registered by their HMO. The contributor and his/her dependents are issued ID card at registration. In the event of sickness, the ID card entitles the insured person, his/her spouse and four children under the age of 18years to full health benefits. The impacts of health policies on the health status of health care seekers have been researched upon by different scholars (Ibiwoye and Adeleke, 2009; Omoraun, Bamidele and Philips 2009; Agba 2010 & Owumi, Omoregbe and Raphael, 2013).

Nigeria which is comprised of 36 states and a Federal Capital Territory (FCT) as well as 774 Local Government Areas (LGAs) has a federal structure that has shaped health delivery in Nigeria. There are also three tiers of government that are involved in health care delivery and organization. The provision of healthcare is a concurrent responsibility of the three tiers of government in Nigeria. All the three tiers of government are involved in the healthcare delivering organization, management, and financing (Agba, 2010).

The National Health Insurance Scheme in Nigeria which has been in existence now for over fourteen (14) years has served civil servants in the formal sector. In this scheme, the healthcare of the civil servant is paid for with funds created by pooling together the contributions of civil servants and employers. The employer pays 10% while the civil servant pays 5% representing 15% of the civil servants basic salary (Owumi, et al, 2013). This contribution covers health care benefit package for the civil servant, a spouse and four (4) biological children below the ages of 18years. The scheme has registered millions of Federal civil servants and their dependants (Agba, 2010) Health Insurance serves as a means of promoting universal health coverage and has attracted considerable interest in the past (WHO, 2007). Yet, the multi-dimensions nature of health insurance generally makes more studies on different areas such as its coverage and access a necessity. Areas of interest in this paper include- beliefs about its value, perceived benefits of the healthcare services, perceived health status, and civil servants' awareness level of the scheme in Abuja.

Agba (2010) observes that long waiting of the patients during help-seeking for health care services tends to bore prospective users. He noted that the scheme has not been able to meet the health needs of the people and consequent upon which are evidences of occasional threat to health status. Other factors that have influenced the people include: continued increase in out-of-pocket health expenditure which has posed challenge to the monthly income of civil servants, improper attention in the health facility by the health care personnel, enrolees of NHIS expend substantial amount of money for procurement of drugs, x-ray and transport to health care centres still constitute problem for the users. All of these have influence on family standard of living as money which could have been used to meet other needs is spent on health care expenses.

More than fourteen years since the commencement of NHIS in Nigeria, opinion is polarized among Nigerians on the efficacy of the scheme in addressing the health problems of workers in the country because of the disheartening report from previous studies (Agba 2010, Eboh 2008, Adeniyi and Onajole 2010). There are some studies on the NHIS relating to civil servants health status, but the studies are institutionally based and focus mainly on the perception of workers (Onuekwisi, and Okpala, Sanusi and Awe, 2009). More so, such studies have neglected the impact of the scheme on civil servants in agencies like National Assembly and CAC, evading the fact that the civil servants health status is either influenced positively or

negatively as assessed by the civil servants themselves. However, this study focus on the civil servants who are workers with the Federal Government agencies and parastatals, Abuja whose contribution of 5 percent of their basic salary is paid regularly in advance to the HMO/NHIS. The National Assembly and Corporate Affairs Commission in Abuja are the formal public sector organizations that pay the required 10% of civil servants' basic salary to guarantee the civil servants and their dependents good health care services.

### **Research Questions**

This study was guided by three principal research questions.

- i. What is the awareness level of healthcare services provided by the scheme among civil servants in Abuja?
- ii. What are the benefits of the specific healthcare services available under the scheme on the health status of the civil servants in Abuja?
- iii. What are the impacts of NHIS on the civil servants health status in Abuja?

### **Research Objectives**

The objectives of the study are to:

- i. Assess the civil servants' awareness level of healthcare services provided by the scheme in Abuja.
- ii. Determine the benefits of the specific healthcare services available under the scheme on the health status of the civil servants in Abuja.
- iii. Evaluate the impacts of NHIS on the civil servants health status in Abuja.

### **Literature Review**

The importance of good health care cannot be overemphasized. This is because health is essential to the preservation of the human species and organized social life (Zanden 1996). NHIS is one of the fastest growing Social organizations in the world, and in Nigeria dates back to 1962 when the need for insurance was first recognized by Dr Majekodumi who was then the Health Minister (Sanusi & Awe, 2009). Since then there have been different policies by successive administrations including the establishment of primary health care centres, general and tertiary hospitals (Agba 2010). NHIS in Nigeria is modeled after the practice of health insurance in the United States of America and Britain (Ikechukwu and Chiejina, 2010). The general objective of NHIS in Nigeria is to ensure the provision of health insurance "which shall entitle insured persons and their dependants to the benefits of prescribed good quality and cost effective services" (NHIS Decree No. 35, 1999:1) While the specific objective of the scheme include:

- i. The universal provision of health care in Nigeria.
- ii. To control/reduce the arbitrary increase in the cost of health care services in Nigeria.
- iii. To protect families from the high cost of medical bills. :
- iv. To ensure equality in the distribution of health care service cost across income groups.
- v. To ensure high sector participation in healthcare delivery to beneficiaries of the scheme.
- vi. To boost private sector participation in health care delivery in Nigeria.
- vii. To ensure adequate and equitable distribution of healthcare facilities within the country.
- viii. To ensure that, primary, secondary and tertiary health care providers are equitably patronized in the federation.
- ix. To maintain and ensure adequate flow of funds for the smooth running of the scheme and the health sector in general (NHIS Decree No 35, 1999 & NHIS, 2009).

It is asserted by NHIS Guidelines (2009) that the health care providers under the scheme shall provide the following benefits for the contributors. The contributors to the scheme are expected to enjoy the following benefits under the scheme. Outpatient care, including necessary consumables; Prescribed drugs, pharmaceutical care and diagnostic tests as contained in the national essential drug list and diagnostic test lists; Maternity care for up to four live births for every insured contributor/couple in the formal sector program; Preventive care, including

immunization, as it applied in the national program in Immunization, Health Education, Family planning, antenatal and postnatal care; Consultation with specialist, such as physicians, paediatricians, obstetricians, gynaecologists, general surgeons, orthopaedic surgeons, ENT Surgeons, dental surgeon radiologist, psychiatrist, ophthalmologists, physiotherapist etc; Hospital care in a standard ward for a stay limited to cumulative 15 days per year. Thereafter the beneficiary and/or the employer pay. However the primary provider shall pay per diem for bed space for a total 15 days cumulative per year; Optical examination and care, excluding the provision of spectacles and contact lenses; A range of prostheses (limited to artificial limbs produced in Nigeria) and Preventive dental care and pain relief (including consultation, dental health education, amalgam filling, and simple extraction).

Despite the efforts of the Nigeria's health care system to widen health services, and offer satisfactory health care services, health status of the vast majority of the citizens, especially civil servants remain a major problem. Nigeria's overall health system performance is reported to be ranked 187<sup>th</sup> among the 191 member states 2000 (WHO, 2015) the 2012 MDG report of the country indicates that the country is still struggling to meet the MDG health goals (Owumi, Omorogbe & Raphael, 2013).

### **Empirical Review**

Most Nigerians have always expressed lack of confidence in any programme or project owing to the experience with previous programmes in Nigeria. For example in a study, Omar (2002) conducted to assess consumer's attitude towards life insurance patronage in Nigeria, finding shows that there is a lack of trust and confidence in the insurance company. One major reason for their attitude is lack of knowledge about a life insurance product. Similarly, Enoh (2008) conducted a perceptible study of health care workers in Delta state. The findings also revealed that more than 90% said they have heard of NHIS but less than 15% could make any comprehensible description of how it could benefit the public or impact on their work, 70% don't have confidence in it and strongly believe that the leaders and champions of the initiative want to use it like other white elephant project to enrich themselves. Another 70% supported their belief on the basis that those with responsibility to implement the NHIS agenda actually receive health care service from abroad and the most equipped health care institution in the country such as the Teaching Hospitals (THs) and in particular those run by oil companies. The people's notion gathered from the study portends a great level of dissatisfaction in Government project in Nigeria. This is attributed to the ways that previous projects turned out in the recent time.

Sanusi and Awe (2009) report that respondents who have been treated under the programme wanted it discontinued. This indicates that people have little hope in the program. They do not think that the program is worth keeping owing to the way that previous schemes and projects turned out in recent times. However, the study did not provide reason why the people wanted the scheme discontinued. Adeniji and Onajole (2010) did a study on perception of dentist in Lagos state, findings showed that majority of them viewed NHIS as a good idea that will succeed if properly implemented and majority of them believed that the scheme will improve access to overall health service, affordability and availability of health services. Owumi and Awe, (2002) carried out a study to assess NHIS among Nigerian employees in University of Ibadan, Nigeria. Findings showed that Nigeria employees who are main stakeholders in the programme have grossly inadequate knowledge of rudimentary principle of the operation of the national health insurance scheme. This study was however carried out on employees who are also important stakeholders in the scheme. Dienye et al. (2011) conducted a study on the sources of health care financing among medical patients in a rural Niger Delta practice on the issue of health care insurance knowledge.

In a study conducted by Cafferata (1984) on knowledge of health insurance in America, findings revealed that among the population 65 years of age and above, knowledge about health insurance coverage is substantial, but generally lower than the population younger than 65 years

of age. This implies that those who fall ill are more knowledgeable than those that were ill. A study in Canada by Shaw and Griffi (1999) on the use of under a national health insurance scheme: An examination of the Canada health survey, their findings revealed that the Medicare program has resulted in an equitable distribution of physician services. However, the focus of this study is on civil servants evaluation of their health status under NHIS in FCT, Abuja.

Many studies have affirmed that inadequate resources is one of the main reason for the low health status of Nigerians and this could also explain the regional variations in health status. It is therefore not surprising that the health outcomes in the country vary across the geopolitical zones of the country. For instance, the total fertility rate for the country is 5.7 in 2015, 6.5 and 4.3 in the Northern and Southern parts of the country respectively, the same disparities exist in child nutritional indicators. According to 2017 Multiple Indicator Cluster survey (MICS), 8.3 percent of children was underweight while 19.4 were stunted. These are indications that the differential development in the two locations might not be unconnected. Demographic Health Survey (DHS) provides information on a wide range of indicators in the areas of population, health and nutrition. Findings suggest that the introduction of the NHIS has a positive and significant effect on utilization of health care services. In particular, findings show that being enrolled in the NHIS positively affect the (a) probability of formal antenatal check-up before delivery (b) the probability of delivering in the institution and (c) the probability being of being assisted during delivery (Owumi et al, 2013).

Whereas the American system of health care delivery is not evenly distributed geographically, the existing health care delivery system is a conglomerate of health practitioners, agencies and other institutions. The health insurance coverage in U.S. for persons aged 65 and over is by Medicare while the remainder of the American population under age 65 is provided by private insurance and paid for by the individuals, the individual employer or by some combination thereof. The program that currently exists includes health insurance, old age pension, sickness benefits for income loss to illness or injury and unemployment insurance in the form of allowance for children and elderly. By contrast, the health care delivery in other western countries is organized around three principle' components – compulsory insurance, free health service and sick benefits. The developed nations do not play a major role in the financing of health services. The government primary function is one of administration. The federal ministry of labour and social affairs exercise general supervision of the health care board. In Sweden for example, does not have a National insurance policy but has a national health service that is financed through taxation. In Great Britain, British National Health Services which was founded in 1948 caters for the health needs of the citizens by funding the hospital facilities employing health workers through the use of funds collected by taxation. Health services are essentially free to those who use it (Owumi et al, 2013).

Studies have argued that inadequate resources is not the main reasons for low health status of Nigerians and this could also explain the regional variations in health status. For instance, the total fertility rate in the country is 5.7 in 2008, 6.5 and 4.3 in the Northern and Southern parts of the country respectively, the same disparities exist in child nutritional indicators. According to the 2007 multiple indicator cluster survey (MICS), some 8.3 percent of children was underweight while 19.4 were stunted. These are indicators that the differential development in two locations might not be unconnected.

### **Theoretical framework (System Theory)**

According to Cockerham (2012) a system is a collection of part or sub-system integrated to accomplish an overall goal. It involves inputs, process, outputs and outcomes to achieve a specified goal. The idea of system theory came from the discovery of a collection of cells by a micro-biologist in person of Bertalanffy 1968 where he observed the coming together of cells to form a specialised unit to achieve a purpose. His idea was taken by other scholars who related it to different field such as management, sociology and other human/social sciences. A system

comprises four main units like inputs (equipments, human resources, funds, government regulation, formal and informal institutions, medical experts, medicines) processing (interaction of inputs), output (quality and affordable health care services) and the outcomes (evaluation of National Health Insurance Scheme) (Folland, Goodman & Stano, 2004). These four units come together in form of cells to produce results which are in turn utilised to better the system.

The Input phase is the cornerstone of achieving the policy thrust of the NHIS in any country. Any system whose Inputs are not sufficient to meet its outcomes is bound to have challenges. These Inputs work together in harmony through a transformation process that involves contributions from experts to bring forth achievements of specified purpose of the system. The concluding part of the theory is the recycling phase which allows an evaluation of the entire health delivery system in order for it to be fortified especially in the area of health insurance. This theory presents an understanding of the interaction of major stakeholders in the health care delivery services.

### **Methodology**

The study areas are the National Assembly and Corporate Affairs Commission (CAC) in Abuja. The two institutions are public formal organizations with civil servants covered by the National Health Insurance Scheme. In this, the study target population are civil servants who are permanent staff, working in the organizations selected and are covered by the scheme. The choice of the agencies is informed by the researcher knowledge or ideas about the two organizations as a staff who has direct and indirect contact to staff of the agencies.

The research design adopted was survey design which involved the combination of quantitative and qualitative data. The survey design entails the use of questionnaires and In-Depth Interviews (IDIs). The combination of the methods permitted the extraction of descriptive and narrative information concerning the issue of health status of civil servants under NHIS. The use of quantitative and qualitative data also compensates the weakness of the other so as to have a realistic view of the social phenomenon under study.

The population for this study comprised all categories of civil servants who are permanent staff under the Federal government payroll in the two agencies. Hence, the target population of the study is 4,455 (i.e., National Assembly – 3031 and CAC – 1424). Stratified sampling technique was used in selecting the actual respondents for the study. First the National Assembly and CAC in Abuja were purposively selected for this study. Using stratified sampling method, the organizations were stratified into departments from which respondents were selected using randomization. Also, a purposive sampling method was used to identify civil servants that are under the scheme across the designated departments because of the danger of including casual staff who are not under the scheme. In the end, a total of 400 respondents were selected using Yamane (1976) statistical formula for determining sample size. Though, 396 questionnaires were found to be usable after data entry, cleaning and editing were done. In-depth interview was conducted among ten respondents; that is, six in National Assembly and four at CAC. In all, the instruments were verified by two research experts.

Primary data were elicited using questionnaire and IDI while secondary data were obtained from already existing literature in relevant subject matter. The questionnaire schedule contained close-ended questions while the IDI was undertaken using a guide that ensured discussions following specific objectives of the study. While the questionnaire administration was carried out by the researcher and four field assistants trained prior to data collection, and the IDI was undertaken by the researcher himself.

The analysis was carried out using descriptive statistic such as frequency distributions and percentages in analysing the questionnaires. The IDI were analyzed using content analysis.

### Data Presentation

The results of the study are presented and discussed below:

Table 1: Socio-demographic characteristics of respondent

Variable	Frequency	Percentage%
<b>Gender</b>		
Male	249	62.9
Female	147	37.1
<b>Total</b>	<b>396</b>	<b>100</b>
<b>Age</b>		
Below 20years	20	5.1
21-30years	42	10.6
31-40years	92	24
41-50years	163	41.2
51 and above	76	19.2
<b>Total</b>	<b>393</b>	<b>100</b>
<b>Marital Status</b>		
Single	70	17.7
Married	296	74.7
Window	30	7.6
<b>Total</b>	<b>396</b>	<b>100</b>
<b>Educational</b>		
Primary	37	9.3
Secondary	67	16.9
Post-Secondary	150	37.9
Graduate	88	22.2
Post-graduate	48	12.1
None	6	1.5
<b>Total</b>	<b>396</b>	<b>100</b>
<b>Income Level</b>		
18,000-50,000	32	8.1
51,000-100,000	83	21
110,000-150,000	147	37.1
160,000-240,000	101	25.5
250,000-above	33	8.3
<b>Total</b>	<b>396</b>	<b>100</b>
<b>Designation</b>		
Junior Cadre	24	6.1
Middle Cadre	151	38.1
Senior Cadre	221	55.8
<b>Total</b>	<b>396</b>	<b>100</b>
<b>Type of Health care Providers</b>		
Public	164	41.4
Private	232	58.6
<b>Total</b>	<b>396</b>	<b>100</b>

Source: Field Survey, 2018

The findings reveal that the majority, approximately 62.9% of the respondents are males. However the difference is negligible when compared to many spheres of life where males are significantly dominant over the female. The age distribution of respondents in table shows that 37.1% of the civil servants fall within the ages of 41-50years. This represents the active ages of civil servants within the labour force as well as the Federal civil service in FCT, Abuja. Majority, (74.7%) of the respondents are married and have dependents that benefit from the scheme. On the level of education of the respondents, a huge percentage, 37.9% has a post-secondary

education. This is not surprising because the study area is a competitive institution in FCT, Abuja. On the income level of the respondents, a greater percentage, 37.1% earned between 110,000 – 150,000 as salary. The designated portfolio reveals that 55.8% are in senior cadre while 44.2% are in middle and junior cadre respectively. The difference in proportion though not too wide may be considered typical of a Federal parastatal. Lastly, significant percentages (58.6%) are under private healthcare providers under the scheme in FCT, Abuja.

Table 2: Awareness level of civil servants of the healthcare services provided by NHIS in Abuja

Awareness of NHIS	Frequency	Percentage
Aware	253	63.9
Not Aware	143	36.1
<b>Total</b>	<b>396</b>	<b>100</b>

Source: Field Survey, 2018

To generate information on level of awareness of civil servants of the healthcare services provided by NHIS in Abuja, respondents were asked questions related to awareness. The awareness level of civil servants of the health services under NHIS will not only help them understand the essence of the scheme but also provide them with a basis and criteria for evaluating the performance of the scheme. To this end, the respondents' views were examined regarding the level of awareness of NHIS and health services available. Majority, 63.9% of the civil servants are aware of the healthcare services provided by NHIS in Abuja. This is not surprising because most of the civil servants are conversant with their monthly contribution of 5% and the employers' contribution of 10% together towards the scheme.

The results of interview conducted with some civil servants also show high level of awareness in Abuja. As one of the respondents in National Assembly aptly put it:

I am quite aware of the health services provided by NHIS because I am a beneficiary of the NHIS since 2007. I have been enjoying it with my family. Since I began to participate in the scheme, I have not had issues with my health care provider as well as my family health. They attend to me and my family and with the introduction of the scheme; the cost of medical services has reduced such that we can go to the hospital whenever there is a health challenge. The cost to be paid by a patient is just 10% of the total cost of treatment. I therefore do not find it difficult to take my family to the hospital for health care anymore.

Also, the responses in the interview showed 80% of them were fully aware of the scheme.

Table 3: Benefits of specific healthcare services for civil servants under NHIS

Responses	Frequency	Percentage
Free maternity care	56	14
Prescribed drug supply	68	17
Medical consultation	28	7
Medical treatment	188	48
Nursing care services	56	14
<b>Total</b>	<b>396</b>	<b>100</b>

Source: Field work, 2018



To generate information on respondents' perceived benefits, they were asked questions about their opinion of the benefits. An insight into the benefits perceived by respondents on specific health care services under NHIS, provides information for evaluating the performance of the scheme and possible areas on which improvements need to be made. The NHIS covers health care services such as free maternity care, consultation, medical treatment, nursing care services and prescribed drug supply from which enrollees can benefit. The prominent areas reported by the respondents include: Medical Treatment (48%), Prescribed Drugs (17%), Consultation (7%), Nursing Care Services (14%), and only 14% claim that Free Maternity Care is the aspect from which they derived their benefits.

An IDI informant noted that there were many benefits to gain from using the scheme when individuals go to seek healthcare services. Such included: access to different consultant/specialist during consultations that could meet the health needs of clients when patients are being referred. Another informant corroborated this by saying, she enjoys the benefit of collecting drugs from the health centre because of the free consultation she needs and during the period she is pregnant because the cost is practically free because she is using the scheme. These views were not surprising because a large proportion of the respondents were within the ages of the married and still giving birth. The expectations of the family concerning having children are enhanced in a society where the culture puts a premium value on the existence of children (Owumi et al, 2013). The data presented above shows what the respondents want to benefit from the scheme. This is evidence of outcome benefits achieved by the respondents. The working class is obviously aware that health seeking under the scheme in FCT, Abuja will give them access to different consultation for specialist attention made possible through referrals.

Table 4: Impacts of the NHIS programme on civil servants' health Status

<b>Impact of NHIS</b>	<b>Frequency</b>	<b>Percentage</b>
Positive	206	52
Negative	110	27.8
Indifferent	80	20.2
<b>Total</b>	<b>396</b>	<b>100</b>

Source: Field Survey, 2018

Table 4 shows the impacts of NHIS programme on the health status of civil servants. It was observed that 52% of the respondents indicated that the scheme has brought positive impacts to their health status and 20.2% of them had indifferent opinion. It shows that many of those who registered are really using the scheme and experience better health.

The interview conducted further affirmed have really reduced their spending on health care and it has improved their families health status. One of them said that:

It has really impacted on us, because the pain in terms of medical expenditure has reduced. NHIS covers all health problems of beneficiaries, except those terminal ailments such as kidney diseases, mental illness, liver problem, cancer and so on. In fact, most the HCPs do gives prompt attention to their clients based on my discussion with some of my colleagues and friends who are under the scheme.

Some of the respondents were not only acknowledging the impact of the Scheme, but appreciating it based on the fact that it had reduced the cost of medical treatment for civil servants since they (civil servants) had to pay only 10% of the total cost of their medical services. Though, some of the participants stated that the NHIS provides only supportive treatment (i.e. First Aid) before the main treatments.

Table 5: Effectiveness of NHIS in improving the health status of the civil servant in FCT, Abuja

Effectiveness of the scheme	Frequency	Percentage
Very Effective	210	53
Effective	186	47
<b>Total</b>	<b>396</b>	<b>100</b>

Source: Field work, 2018

Table 5 shows the analysis of the respondents' responses on the NHIS effectiveness in improving the health status of the civil servants in FCT, Abuja. (53%) of the respondents said that the scheme is very effective. Hence, the scheme is effective in terms of service delivery.

Table 6: Challenges associated with the NHIS programme

Challenges	Frequency	Percentage
Out of stock drugs	159	40.2
The age limit and number of children	77	19.4
Improper attention by the healthcare provider	114	28.8
Lack of consultation with stakeholders	46	11.6
<b>Total</b>	<b>396</b>	<b>100</b>

Source: Field work, 2018

The opinion of respondents on the major challenges associated with the use of the scheme gives insight into the important challenges affecting their ease of access to the scheme as shown in table 6. The majority, approximately 40.2% of the respondents said there are out of stock drugs in accessing the service. This is probably due to high demand for health services experienced by the healthcare providers from the enrollees.

### Discussion of Major Findings

There has been little evidence to document the impact of NHIS on the health status of the civil servants in Abuja. This should be of interest to policy makers in the country. It is necessary to understand the importance of civil servants' socio-demographic characteristics, awareness level of the health services available under the scheme, benefits of the scheme to civil servants and the impact of NHIS on the civil servants' health status in Abuja. The study found that NHIS has a close relationship with civil servants' health status as well as the implication for health care delivery in Abuja. Because there is a high level of awareness among civil servants of the health service provided under the scheme in Abuja. This was supported by Agba (2010) and Owumi et al (2013), who reported that most Federal civil servants are knowledgeable about the healthcare services available under NHIS. It shows that civil servants awareness of the health services under the scheme is high compare to those that not aware of the health services.

The study has revealed that health care services under NHIS have influenced the health status of the civil servants in Abuja. The study has also revealed that there is improved health status of the services under the National Health Insurance Scheme. The majority of the respondents claim that their good health status is associated with the use of healthcare services provided by the scheme. Majority of the respondents are aware of the benefit package under the NHIS. This could be that the government's effort in disseminating information through the media and public lectures jointly contributed to this high level of awareness of the scheme. The interview further revealed the categorization of the subjective views of the civil servants' health status. The immediate implication of the foregoing was that satisfaction with the different health care service under the NHIS has influenced their health status.

## **Conclusion**

The cumulative influence of the different aspects of health care services perhaps explains the best health status of the civil servants (workers) in FCT, Abuja. The study clearly shows the need for further research to be carried out in other Federal parastatals across the Nation into the issues of NHIS. It would be of interest to do a comparative study involving different Parastatals. Again the essence of the scheme cannot be over emphasized as it serves a large proportion of individuals that it is available and accessible to. However, while this scheme serves this large majority, a reasonable proportion of the larger society is yet to access this scheme because they either do not belong to the working class or due to the fact that they do not have their names on the government's payroll. It is therefore expedient to conduct research on the larger society who have to access to the scheme and compare their health statuses accordingly and begin to recommend modalities for including them in the scheme while also working seriously on the quality of health care services as well as other social services that are provided under the scheme including the quality of drugs provided.

Again, while the scheme cannot cover some particular kinds of ailment and particular kinds of drugs, it also necessary to research in the highly demanded drugs and prevalent kinds of ailment that the scheme does not cover and begin to redress the possibility of including these issues and process avenues to develop capitation to cover such diseases. This in the long-run will improve the overall health status of civil servants and in turn the Nigerian citizenry.

## **Recommendations**

The study illustrates that the respondents' views often gave clear indication as to the areas in which government supposed to effect changes to further ensure a continuous improvement on civil servants' health status through the provision of healthcare services under the NHIS. The government needs to conduct assessment need of the people and incorporate these various health needs which are currently not in the NHIS health list. To achieve this, a body or an organization can be set up to monitor and receive complaints from enrolees of the scheme.

It is strongly recommended that there should be a continual creation of awareness by the government so that those who are presently not aware about the scheme will have no excuse. This step will help occupy the civil servants seeking health care services under the scheme.

There is also the need to examine the current payment of ten percent for drugs accessed should be discouraged if the Government actually wants the people to enjoy the scheme to its fullest. This will go a long way in enabling the beneficiaries to have more confidence in the programme effectiveness and in addition prevent the people from participating in the scheme. The situation in which patients are asked to go and buy drugs which are not available should be discouraged. This does not match the objectives of the scheme. In essence, the Government should as matter of necessity make all kinds of drugs prescribed by the doctor readily available to the civil servants, especially those covered by the NHIS drug list. This will not only reduce civil servants out-of- pocket spending but will improve civil servants' savings. Inasmuch as the majority of the respondents attest to NHIS improving their good health status, the government should not stop at that but continue to equip the scheme to cater for the civil servants various health needs when required.

Equally, there is need for National surveys on workers' evaluation of the scheme to enable the country formulate policies for addressing medical needs as well as health services which will enhance civil servants health status.

Equipping the scheme is vital for sustainable health care delivery. Ghana, for instance, is having a better and healthier society due to the effectiveness of NHIS in the country (Sanusi, 2009). In view of this development, this study made contributions toward strengthening NHIS in Abuja and Nigeria at large.

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