

National Health Insurance Scheme and Health Care Needs of Federal Medical Centre Workers, in Makurdi, Benue State Nigeria

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Abstract

This study assesses the impact of National Health Insurance Scheme on the health care needs of workers in Federal Medical Centre Makurdi, Benue State Nigeria. The data for the study were collected through questionnaires and in-depth interviews. Questionnaires were administered on a sample of 341 respondents. Data analysis was quantitative and qualitative in nature. The specific objectives of the study were to examine the level of awareness about NHIS among the staff of FMC; assess the National Health Insurance healthcare services available in FMC Makurdi; examine the health care needs of the staff of FMC Makurdi; examine the impact of NHIS on health needs of workers in FMC Makurdi; assess the challenges of implementing NHIS in FMC Makurdi and suggest ways of minimising the implementation challenges of NHIS in FMC Makurdi. The analysed results show that, though all the staff of FMC, Makurdi were registered members of the National Health Insurance Scheme, many of them lacked adequate awareness on key issues about the Scheme, Federal Medical Centre Makurdi offers several healthcare services under the NHIS, even though the NHIS was overwhelmingly accepted by staff of FMC Makurdi as having a positive impact on staff of the FMC such as reducing the financial hardship of their medical bills, affordable services and greater access to medical care, the scheme is not perfect. The study therefore, recommends among other that there is need for aggressive awareness programme of the scheme in order to reveal its benefits to all Nigeria citizens.

Keywords: *Government, Health system, Medical Centre, Nigerians, Out-of-pocket payment, Workforce.*

Introduction

The Federal Government of Nigeria designed the National Health Insurance Scheme (NHIS) as a social health insurance program to complement sources of financing the health sector and to expand access to health care for the most Nigerians. Over the years, the health and healthy well-being of people has been conceptualized in diverse ways. The health or healthy well-being of humans does not merely mean the absence of ailments and disease, and it also encompasses the proper physical, mental, and social functioning of humans. Health is also

influenced by socio-economic, cultural, environmental as well as hereditary factors [1].

Prepayment and risk pooling through Social Health Insurance (SHI) and taxation are found to provide protection against some of the undesirable effects of users' fees. The international community is therefore paying more attention to SHI as one of the substitute financing mechanism for protecting the vulnerable proportion of the population against high healthcare service costs. Social Health Insurance is seen as helping to pool health risk, prevent health-related impoverishment and improvement in efficiency and quality of

healthcare service for the poor, and helps mobilise revenue for providers [2].

The attainment of healthy well-being by individuals, and the community at large, is, therefore, a social concern because a society can function properly only when the majority of its members are healthy enough to perform the tasks that sustain human society. The importance of healthy individuals to society cannot be overemphasized. A healthy population makes a healthy nation and workforce upon which the realization of corporate objectives of the society largely depends. However, when health problems occur among individuals in their productive years, the number of available workers reduces absenteeism increases, and productivity declines.

Health systems vary widely in performance, and countries with similar levels of income, education, and health expenditure differ in their ability to attain key health goals. Thus, the first step taken in assessing the performance of the health system is to define the boundaries of the health system based on the concept of health action. Health action is defined as any set of activities whose primary intent is to improve or maintain health [3].

Productivity is likely to get lower with the increase of absenteeism which will lead to loss of skills and decline in morale of the organizations.

In developing countries, including Nigeria, the cost of healthcare is mainly paid out-of-pocket (OOP) at the point of service delivery. This fact persists despite the attempt to create publicly financed health centres as these health centres often do not provide proximate services, or indeed the expected level of quantity or quality of healthcare because of lack of adequate equipment, stock of medicines and poor staffing etc [2, 3]. Out-of-pocket payment is usually the norm in Nigeria.

The Nigerian System allows private healthcare providers as major stakeholders despite the establishment of the NHIS. The extent of coverage of the NHIS is such that

artisans, farmers, sole proprietors of businesses, street vendors, traders, and the unemployed are not yet accounted for. Even within the formal sector, not all government and corporate organisation employees are enrolled within the scheme. Our public and private hospitals, therefore, are still operating on a fee-for-service basis for the majority of its clients [4].

In Nigeria, the National Health Insurance Scheme was first introduced in 1962, during the First Republic, and made compulsory for public service workers as at the time, however during the Nigerian civil war, the operation of the NHIS was obstructed. The scheme was resuscitated in 1984, and the Nigerian Health Council and a committee were set up to look at the affairs of the scheme. In 1988, Professor Olikoye Ransome Kuti, the then Minister of Health, commissioned Emma-Eronmi led committee that submitted her report, which was approved by the Federal Executive Council in 1989. Consultants from International Labour Organization (ILO) and United Nations Development Programme (UNDP) carried out feasibility studies and came up with the cost implication, draft legislature, and guidelines for the scheme.

In 1993, the Federal Government directed the Federal Ministry of Health to start the scheme in the country [5].

In 1999, the Scheme was modified to cover more people via Decree No.35 of May 10, 1999, which was promulgated by the then head of state, Gen. Abdulsalami Abubakar [5].

During the flag-off of the scheme in “Gwer East Benue State, the NHIS adopted the Community Based Social Health Insurance (CBHI) mechanism, which takes cognisance of integration and social solidarity inherent in the Nigerian people. It further recognises the role of the community in actively mobilising, collecting, pooling, and allocating resources for healthcare. Earlier, the technical facilitator of the project in the area, Dr. Kenneth Korve, explained that to become a registered member of the NHIS at the rural level, an individual would

contribute N150 monthly or N1, 800 yearly for hospital care [6].

The main objective of the Nigerian scheme is to ensure that every citizen has access to good health care services, families are protected from the financial hardships of huge medical bills, and that health care cost is equitably distributed among different income groups of the population. This study shall therefore assess the impact of National Health Insurance services on the health care needs of workers in the Federal Medical Centre Makurdi, Benue State.

Significance of the Study

The poor state of Nigeria's health sector has been a major concern for Nigerians. Impoverished Nigerians die daily due to the inability to afford huge hospital bills. The quest to provide an efficient and effective health care delivery system has always prompted the Nigerian government to review its health policies. One of such policies is the establishment of a health insurance scheme, a framework for the provision of an affordable and efficient health care system-in-the country. The National Health Insurance Scheme, NHIS, was established by the Federal Government to provide health care delivery at affordable cost, therefore, there is a need to assess the impact of the scheme on the workers of the FMC as the first to utilize the programme. The positive effect of health insurance on medical care and use has been widely demonstrated and generally accepted [7].

In addition, the study is significant because its findings shall help the government and private health care providers to develop better management capacity for running the National Health Insurance Scheme (NHIS). It is hoped that this study shall also serve as an available source of which will help other researchers in this field, thus, contributing to the existing literature. Moreover, the study will help the government and managers of the scheme in policy formulation and administration for better service delivery and improvements in the scheme.

Methodology

This chapter discusses the methodological approach of the study. Various tools/instruments and procedures used to derive data, study samples for the study, and facilitate analysis in the study were clearly described.

Research Design

This study used the survey design method. Questionnaire and interview guide for in-depth interviews were employed to derive responses from respondents and key informants for subsequent generalisation for the entire population. The survey design was considered appropriate for this study because it permits questionnaires and face-to-face interviews for the collection of data which would produce quantitative and qualitative assessments of the National Health Insurance services and healthcare needs of Federal Medical Centre workers, Makurdi, Benue State.

Allocation of Sample Size per Department

Further, the Bourley's population allocation formula was employed to determine the sample size per each of the population sub-groups of staff in Federal Medical Centre, Makurdi. This was done as follows: Where nh is the Sample size per group, Nh is the total number of persons in each group, N is the total population size, and n is the total sample size. Therefore:

$$nh = n \times \frac{Nh}{N}$$

$$nh = 341 \times \frac{1144}{2290}$$

$$nh = 341 \times \frac{1144}{2290}$$

$$nh = \frac{390445}{2290}$$

$nh = 170$ Clinical staff

$$nh = 341 \times \frac{644}{2290}$$

$$nh = \frac{219263}{2290}$$

$nh = 96$ Finance staff

$$nh = 341 \times \frac{502}{2290}$$

$$nh = \frac{171182}{2290}$$

$nh = 75$ Administrative staff

Methods of Data Collection

Data collection for this study was done in two ways, the questionnaire, and in-depth interviews with key informants. While the questionnaire was used to collect data from respondents for quantitative analysis, the in-depth interviews were used for deriving qualitative data from key informants through one-on-one discussion. These two instruments have the advantage of complimenting each other for gaining clear insight into matters that might be elusive if only one instrument was used. Respondents were required to answer the questions with the assurance that responses were held in confidence. One of the ways of ensuring confidentiality was that respondents' identities were not required. The questionnaire was divided into two main sections (i.e., sections A and B). Section A sought information on demographic variables of respondents while section B was targeted to derive information on the assessment of the National Health Insurance scheme on healthcare needs of workers in the Federal Medical Centre Makurdi, Benue State. On the other hand, in-depth interviews were targeted to derive opinions of key informants on topical issues under investigation.

Techniques of Data Analysis

The analysis in this study is quantitative and qualitative in nature. The qualitative analysis was based on interviews with key informants (Staff of NHIS Makurdi and other staff of FMC Makurdi), this analysis was used as complementary to the quantitative analysis to

explore relevant issues on the subject under investigation. Frequency distribution tables and percentages were employed to analyse the quantitative data. The qualitative data was analysed by recording direct responses of discussants derived during personal interviews.

Both the quantitative and qualitative data were analysed with a focus on achieving research objectives, namely, to examine the level of awareness about NHIS among the staff of FMC; to assess the National Health Insurance healthcare services available in FMC Makurdi; to examine the health care needs of the staff of FMC Makurdi; to examine the impact of NHIS on health needs of workers in FMC Makurdi; and to assess the challenges of implementing NHIS in FMC Makurdi. Thus, the research objectives and assumptions were considered as a guide for the analysis. The base figure for the analysis was 341 respondents who answered the questionnaire.

Consumers' awareness creation on the importance or benefits of the National Health Insurance Scheme is desirable for the successful operation of NHIS. However, they noted that this very important task of awareness creation about NHIS is lacking among Nigeria Public [8].

The Result

Socio-Demographic Data of Respondents

This sub-section discusses the socio-demographic characteristics of respondents. The analysis is based on the following specific variables, sex, age, marital status, and educational qualification of respondents. Others are rank, income per month, religion, and a cluster of respondents.

Table 1. Socio-Demographic Data of Respondents

Variable	Frequency (n=341)	Percentage
Sex		
Male	191	56
Female	150	44
Age (Years)		
18-30	28	8
31-40	133	39
41-50	95	28
51 and above	85	25
Marital Status		
Single	31	9
Married	293	86
Divorced	-	-
Separated(widow/widower)	17	5
Educational Qualification		
Primary education	14	4
Secondary education	38	11
Tertiary education	289	85
Rank		
Senior	259	76
Junior	82	24
The income per a month		
N50, 000.00 and below	68	20
N51, 000.00- N100, 000.00	96	28
N101, 000.00- N150, 000.00	102	30
N151, 000.00 and above	75	22
Religion		
Christianity	317	93
Islam	21	6
Others	3	1
Cluster		
Clinical Staff	170	50
Finance	96	28
Administration	75	22

Source: Field Survey, 2017

Table 1 above shows the socio-demographic characteristics of the respondents. It can be observed from the table that more than half of the respondents, 56% (191), were male while 44% (150), were female because there were more men in the administrative department of FMC. The age variable shows that 39% (133) of the respondent were from the age category of 31-40 years, followed by 28% (95) of those who

were from the age category of 41-50 years and 25% (85) were of the age category 51 years and above while just 8% (28) were of the age category 18-30 years. The workforce in FMC is in the category of 31-40 years Data from Table 1 also indicates that the overwhelming majority of 86% (293) of the respondents were married while 9% (31) were single, which still interpret the workforce. The data also shows that 85%

(178) of the respondents had tertiary education, which shows that most of the staff are educated, that education is a priority, the reason for only 11% (38) of the respondents are from secondary education, and 4% (14) had primary education. The reason why the data also shows that 76% (259) of the respondents were senior staff while 24% (82) of the respondents were junior staff.

Table 1 also shows that average monthly income of 22% (75) only earned an average monthly income of more than 151,00030% because they are the senior staff, and fewer in number, 30% (102) are between 101,000-150,000 Naira, the larger population, followed

by 28% (96) of the respondents who earned between 51,000-100,000 Naira. Most of the study participants, 93% were Christian, while the Muslims and people of other religious backgrounds were 6% and 1%, respectively because Benue State is a Christian-dominated area. Finally, the cluster of respondents shows that 50% (170) of respondents were Clinical staff because it is a service delivery hospital. 28% (98) were finance staff while 22% (75) of the respondent were administrative staff of Federal Medical Centre Makurdi, and it's in order.

Table 2. Socio-Demographic Data of Key Informants (Senior Staff of FMC Makurdi and NHIS Makurdi)

Variable	Frequency (n=100)	Percentage
Age (Years)		
18-30	-	-
31-40	26	37
41-50	28	40
51-65	16	23
Total	70	100
Marital Status		
Single	14	20
Married	39	56
Divorced	2	3
Widow	15	21
Total	70	100
Level of Education		
No Formal Education	-	-
Primary	5	7
Secondary	12	17
Tertiary	53	76
Total	100	100
Monthly income		
₦50, 000.00 and below	17	24
₦51, 000.00- ₦100, 000.00	8	11
₦101, 000.00- ₦150, 000.00	32	46
₦151, 000.00 and above	13	19
Total	70	100
Institution		
FMC, Makurdi	45	64
NHIS, Makurdi	25	36
Total	100	100

Source: Field Survey, 2017

Table 2 above indicates the distribution of socio-demographic data of key informants (Senior Staff of FMC Makurdi and NHIS Makurdi). The data indicates that the highest number of Key Informant 40% (28), belonged to the age group of 41 to 50, the workforce, followed by those from the age group of between 31 and 40 years old represented by 37% (26). The next highest in number, 23% (16), belonged

to the age group of between 51 and 65 years old the older people and fewer, while none of the Key Informants belonged to the age group of between 18 and 30 years old.

Lastly, the data on the institution of Key Informants indicates that 64% (45) of them worked FMC Makurdi while 36% (25) worked with NHIS.

The Level of Awareness of NHIS among the Staff of FMC

Table 3. Level of Awareness about NHIS among the Staff of FMC

Variable	Freq. (n=341)	Percentage
Mode of Registration to NHIS in FCMC		
Compulsory	341	100
Voluntary	-	-
Awareness of healthcare services covered under NHIS		
Aware of all the services	143	42
Aware of some of the services	197	58
Not aware of the services	-	-
Awareness of healthcare services not covered under NHIS		
Aware of all the exclusive services	143	42
Aware of some of the exclusive services	197	58
Not aware of the exclusive services	-	-
FMC Staff expectations from NHIS?		
	Yes	No
NHIS provides subsidized health care services to registered members	341(100%)	
NHIS enables easy access to quality drugs	314(92%)	27(8%)
NHIS alleviates out-of-pocket payment of healthcare bills	297(87%)	44(13%)
NHIS reduces the burden of medical bills of dependents	304(89%)	37(11%)
NHIS improves the health of enrollees	215(63%)	126(37%)
Awareness of the number of family members covered by NHIS?		
Five	341	100
More than five	-	-
Less than five	-	-
Awareness of beneficiary official maximum treatment times per year?		
Do not know	31	9
27 times	173	51
More than 27 times	49	14
Less than 27 times	88	26
Awareness of the duration of NHIS coverage?		
Do not know	21	6
35 years	180	53
More than 35 years	86	26
Less than 35 years	55	16

Awareness of source of NHIS funding in FMC Makurdi?		
Employers' contribution only	212	62
Employer and staff contribution	129	38
Staff contribution only	-	-
Do not have an idea	-	-
Source of information about NHIS?		
NHIS awareness programme	163	48
FMC Makurdi awareness prog	157	52
Television	-	-
Radio	-	-
Friends/Relatives	-	-
Others	-	-

Source: Field survey, 2017

Table 3 above indicates that though all the staff of FMC, Makurdi are registered members of the National Health Insurance Scheme, many of them lacked adequate awareness on key issues about the Scheme. First, the data shows that all the respondents, 100% (341) were registered members of NHIS in FMCM; hence registration by the staff of FMCM to the Scheme is compulsory rather than voluntary. During the in-depth interview with the management staff of the FMC, Makurdi it was confirmed that registration to NHIS in FMC Makurdi was compulsory and free.

According to one of them, "Every member of staff is required to register with the NHIS, after all the entire premium (10% of staff salary) in FMC Makurdi is paid by the Federal Government."

However, the data shows that only 42% (143) of the respondents knew all the services provided by NHIS as well as the NHIS exclusive services. The overwhelming number of respondents had positive expectations about NHIS. The data shows that 100% (341) of the respondent believe that NHIS provides subsidized health care services to registered members, while 92% (314) believe that NHIS is targeted at ensuring easy access to quality drugs. Those who believe that NHIS alleviates out-of-pocket payment of healthcare bills were 87% (297) of the total respondents, while 89% (304) of the respondents believe that NHIS reduces the

burden of medical bills of dependents. Further, 63% (215) of the respondents believe that NHIS improves the health of enrollees.

Knowledge about the number of family members who are covered by NHIS was quite clear to all the respondents who agreed that it was 5 members.

From an in-depth interview with the staff of NHIS, Makurdi, one of the staff confirmed that NHIS covers one principal enrollee and four other dependants, making a total of five family members.

Further, the data indicates that almost half, 49% (168) of the respondents, did not know that a beneficiary was not permitted to be treated under NHIS more than 27 times a year. Knowledge about the duration of NHIS was also inadequate. The data indicates that almost half 47% (162) of the respondents were unaware of the duration of NHIS coverage which is 35 years at the most depending on "how long a staff was to remain in service" (In-debt interview with Staff of NHIS, 2017).

There was a misconception on how NHIS was founded in FMC Makurdi. Even though the majority, 62% (212) of the respondents, believed that NHIS in FMC Makurdi was founded by the employer, a large number 38% (129) of them thought NHIS in FMC Makurdi was founded by both the employer and staff of FMC. An in-depth interview with the staff of the National Health Insurance Scheme revealed that the founding of

NHIS in FMC was done solely by the Federal Government (Employer of FMC).

According to one of the discussants, staff of some Federal Government Agencies and Parastatals like the Nigerian Customs Service and Federal Inland Revenue Service (high revenue yielding agencies) pay 10% premium from their salaries. However, others like the FMC, Immigration, Police, the Military, and higher institutions are sponsored by the Federal Government.

Data in Table 3 further reveals that the staff of FMC Makurdi had gotten information about NHIS from reasonable sources, namely, the staff of the National Health Insurance Scheme and FMC Makurdi awareness programme. However, the fact that many of the staff of FMC Makurdi were still ignorant of key issues concerning the NHIS implies that awareness was not adequately carried out.

National Health Insurance Healthcare Services Available in FMC Makurdi

Table 4. NHIS Healthcare Services received by Respondents in FMC Makurdi

Variables	Freq. (n=341)	Percentage (100)
Kind of NHIS services received in FMCM	Yes (%)	No (%)
Hospitalization	164(48%)	177(52%)
Preventive care (Family, planning, immunization etc)	137(40%)	204(60%)
Surgical procedures (simple abscess, Minor wound debridement, simple lacerations, Circumcision etc)	143(42%)	198(58%)
Internal medicine (Malaria, Diarrhea, pneumonia, anemia etc)	334(98%)	7(2%)
HIV/AIDS (management of Opportunistic Infections)	28(8%)	313(92%)
STIs (Counseling, Management of uncomplicated STIs)	96(28%)	245(72%)
Maternal care (ante-natal, delivery and post-natal)	304(89%)	37(11%)
Mental Health	38(11%)	303(91%)
Pediatrics (Treatment of common childhood illnesses)	235(69%)	106(31%)
Specialist's consultation	174(51%)	167(49%)
Obstetrics and Gynecology	109(32%)	232(68%)
Emergency care (convulsion, bleeding, Asthmatic attacks, Cardio-pulmonary resuscitation etc)	143(42%)	198(58%)
Family planning education	116(34%)	225(66%)
Dental care	51(15%)	290(85%)
Ear, Nose and Throat (ENT)	41(12%)	300(88%)
Laboratory investigations (urinalysis, stool microscopy, Blood tests, Hepatitis B surface Antigen etc)	266(78%)	75(22%)
Physiotherapy	85(25%)	256(75%)
Out-patient care	178(52%)	163(48%)

Source: Field Survey, 2017

Table 4 above presents data on the National Health Insurance healthcare services available in FMC Makurdi. The data shows that Federal Medical Centre Makurdi offers several health care's services under NHIS. The services most patronised include the following: Internal

medicine (Malaria, Diarrhea, pneumonia, anemia etc), 98% (334); Maternal care (antenatal, delivery and post-natal), 89% (304); Laboratory investigations (urinalysis, stool microscopy, Blood tests, Hepatitis B surface Antigen etc), 78% (266); Paediatrics (Treatment

of common childhood illnesses), 69% (235); Out-patient care, 52% (178); Specialist's consultation, 51% (174); and Hospitalization 48% (164) respectively. The NHIS health care services least patronised by respondents include

the following; HIV/AIDS (management of Opportunistic Infections), 8% (28); Mental Health, 11% (38); Ear, Nose, and Throat (ENT) 12% (41); Dental care, 15% (51); and Physiotherapy, 25%(85) respectively.

Healthcare Needs of Staff of FMC Makurdi

Table 5. The Most Important Healthcare Need of Staff of FMC Makurdi

Variables	Freq. (n=341)	Percentage
To be able to afford medical bills for the family	106	31
To get quality treatment from healthcare providers	65	19
To get quality drugs	61	18
To be able to get quick healthcare services	51	15
To get adequate awareness on health issues	38	11
Others (Specify)	21	6

Source: Field Survey, 2017

Table 5 above presents data on major healthcare needs of the staff of Federal Medical Centre, Makurdi. The data indicate that being able to afford medical bills for the family was the most important healthcare need of the highest number of staff, represented by 31% (106) of the respondents. This was followed by 19% (65) of

the respondents who indicated that being able to get quality treatment from healthcare providers. The next priorities were as follows: getting quality drugs, 18% (61); getting quick healthcare services, 15% (51); getting adequate awareness on health issues, 11% (38); and others, 6% (21) respectively.

The Impact of NHIS on Healthcare Needs of Workers in FMC Makurdi

Table 6. The Impact of NHIS on Healthcare Needs of Workers in FMC Makurdi

Variable	Freq. (n=341)	Percentage
Number of visits to the health facility for Treatment in the last 12 months		
Once	14	4%
Twice	27	8%
Three times	34	10%
Four times	45	13%
Five times	174	51%
Above five times	47	14%
Cost of personal financial contribution to NHIS		
Cheap	341	100
Exorbitant	-	-
Affordability of health care services under NHIS in FMC Makurdi		
Affordable	259	76%
Neutral	82	24%
Not affordable	-	-
Benefits of NHIS to staff of FMCM		
Reduced burden of medical bills	256 (75%)	85 (15%)
Greater access to medical care	242 (71%)	99 (29%)

Higher quality treatment from health care providers	174 (51%)	167 (49%)
Greater access quality drugs	204	137 (40%)
Adequate awareness on health issues	167 (49%)	174 (51%)
Motivated in job performance	195 (57%)	146 (43%)
Improved health status	191 (56%)	191 (44%)
NHIS should be sustained	334 (98%)	7(2%)

Source: Field survey, 2017

Table 6 above presents data on the impact of NHIS on the healthcare needs of Workers in FMC Makurdi. The data revealed that NHIS is overwhelmingly accepted by respondents as having a positive impact, in several ways on the healthcare needs of the staff of FMC Makurdi. First, the data shows the Scheme has facilitated great access to healthcare services. Data in the Table indicates that at least 78% (266) of the respondents had accessed healthcare services up to four times in the last 12 months.

Again, 100% (341) of the respondents acknowledged that financial contribution to NHIS (both registration and services) was cheap. Further enquiries during in-depth interviews revealed that registration by the staff of FMC Makurdi to NHIS was free. However, a token of Five Hundred Naira only was required to be paid for each dependant if they were not registered when the principal enrollee had registered. According to one of the discussants (a staff of FMC, Makurdi), I only paid Two Thousand Naira to register my four children under the NHIS. This money is very cheap for me. Several discussants acknowledged that healthcare services under NHIS were heavily subsidised.

The cost of healthcare services was quite affordable to the beneficiaries of NHIS in FMC Makurdi. The data indicates that 76% (259) of the respondents agreed that the cost of healthcare services was affordable. However, 24% (82) of them were neutral, neither here nor there. But again, no respondent answered the fact that NHIS is not affordable.

Data in Table 6 also presents various ways in which staff of FMC, Makurdi, had benefitted

from the National Health Insurance Scheme. The greatest benefit as acknowledged by 75% (256) of the respondents, was the reduced burden of medical bills. Another benefit is the issue of access to medical care. This was supported by 71% (242) of the respondents who acknowledged that they had greater access to medical care. Greater access to quality drugs was acknowledged by 60% (204) of the respondents, followed by motivation in job performance represented by 57% (195) of the respondents. Other benefits of NHIS to the staff of the FMC, Makurdi include improved health status 56% (191); higher quality treatment from health care providers 51% (174), and better awareness on health issues 49% (167) of the respondents respectively. Apparently, due to these benefits, 98% (334) of the respondents suggested that the National Health Insurance Scheme should be sustained.

Claims of benefits of NHIS by respondents were confirmed during an in-depth interview with discussants. They testified that receiving health services as a registered member of NHIS was cost-effective and beneficial in several ways.

According to one of the discussants, "Usually treatment and bed space are offered to me and four of my children for free under the NHIS. We also pay only 10 percent of the cost of drugs. Another acknowledged that Enrolees have the advantage of receiving several services free of charge, and when they have to pay for medications, treatments, or surgeries, they only make a co-payment of 10% of the entire bill, unlike uninsured citizens (NHIS, staff, 2017).

Table 6 also presented data on respondents' disapproval of the positive impact of NHIS on their healthcare needs, though such views were very often in the minority on key variables. For instance, 15% (85) of the respondents believed that NHIS did not reduce their burden of medical bills. Those who disapproved of greater access to medical care through NHIS were 29% (99) of the respondents, while 49% (167) of the respondents rejected that NHIS had facilitated higher quality treatment from healthcare providers. Similarly, 40% (137) of the respondents did not believe that NHIS had facilitated their greater access to quality drugs. The majority, 51% (174) of the respondents, believed that NHIS did not facilitate adequate awareness on key health issues relating to the Scheme, while 43% (146) of the respondents rejected that NHIS had caused motivation on their jobs. Further, 44% (191) disapproved that NHIS had helped to improve their health status. However, only 2% (7) of the respondents was against the idea that NHIS should be sustained.

Discussions with key informants also turned up a few contrary views against the impact of NHIS on the healthcare needs of staff in FMC, Makurdi. For instance, one of the discussants mentioned that.

Not all my household is enrolled in the scheme, there are also some treatments that are not captured in the scheme, and often prescribed drugs are not available in NHIS accredited centres within reach, as such, one is compelled to eke out some funds to acquire these drugs. For these reasons, I do not understand how NHIS has been able to alleviate my out-of-pocket payment for healthcare services (Staff of FMC Makurdi, 2017).

Reductions in the proportion of households that suffer from catastrophic expenditures and a reduction in out-of-pocket expenditures for in- and out-patient medical care (though no effect on spending for medication and medical devices) [9].

According to one of the discussants. I do not believe that NHIS has the capacity to improve the quality of healthcare in Nigeria. In most cases, poor quality of healthcare services arises as a result of several issues such as over-bloated responsibilities of health workers, shortage of staff, lack of effective equipment, and personal attitude of health workers. It appears to me that such issues might be well outside the ambience of NHIS. Even several areas within the ambience of NHIS as professed, are still not effectively controlled such as cost and quality of drugs (FMC, Staff, 2016).

Despite a few negative comments and views against the positive impact of NHIS, there is overwhelming support from both the respondents and key informants that the Scheme should be sustained. Though the reservations against the positive impact of NHIS in FMC, Makurdi have only shown that there is still room for improvement of the Scheme.

One of the discussants noted that:

The Scheme should be sustained because it has brought some form of financial relief to most of the beneficiaries; it could serve as a source of motivation on workers if properly managed; it increases availability and affordability of functional health care to beneficiaries; and the scheme has the ability to affect all the sectors of the economy because it takes good health to be productive" (Staff of FMC Makurdi, 2017).

Challenges against Effective Implementation of NHIS in FMC Makurdi

Table 7. Respondents Views about Major Challenges against Effective Performance/Implementation of NHIS in FMC Makurdi

Variable	Freq. (n=341)	Percentage (10bc xz0)
Restricted coverage of NHIS	161	47
Unwilling attitude of some HSPs to offer services	51	15
Drugs are not always available	48	14
Delay in effecting referrals	34	10
Inadequate awareness	27	8
Substandard	24	7

Source: Field survey, 2017

Table 8. Views of Key Informants about Major Challenges against Effective Performance/Implementation of NHIS in FMC Makurdi

Variable	Freq. (n=341)	Percentage (100)
Poor management of funds by the coordinators of NHIS		
lack of funds		
the inadequate staff of NHIS to facilitate effective		
monitoring and awareness		
voluntary participation		

Source: Field survey, 2017

Table 7 and 8 above present major challenges identified by respondents and key informants as hindering effective implementation of the National Health Insurance Scheme in facilitating the healthcare needs of workers in Federal Medical Centre Makurdi. Data in Table 7 indicates that the majority, 47% (161) of the respondents, were more concerned about restricted coverage of NHIS in several areas, including the nature of health challenges covered (exclusive list), the number of beneficiaries per principal enrollee, and period of NHIS cover. Some discussants also shared this apprehension during the in-depth interviews. For instance, one of the discussants decried that.

it is very unfortunate that the National Health Insurance Scheme exclusive list involves life-threatening health issues where help might be most needed (Staff of FMC, Makurdi, 2017).

Theoretically, the Scheme targets to alleviate financial hardship and poverty. However, from the practical implementation of the scheme, it would appear as if the scheme does not consider the condition of the poor. For instance, many

expensive but very important health challenges are restricted from the scheme. The scheme also does not give adequate attention to rural dwellers and the unemployed. Once a dependant becomes 18 years he or she is excluded from the scheme. The insurance cover or last only during the working years of an enrollee. However, during retirement years, when help is most needed the scheme will no longer be there to help. Thus, to me, the scheme is targeted to benefit only those who are already financially stable (Staff of FMC, Makurdi, 2017).

The unwilling attitude of some Health Service Providers (HSPs) to offer services was also identified as one of the major issues against effective implementation of the NHIS in FMC Makurdi. This was stated by 15% (51) of the respondents. The in-depth interview with key informants revealed that due to delayed remittance of funds, some Health Service Providers (HSP) are sometimes reluctant to offer healthcare services. According to one of the discussants he said, very often we need cash to buy drugs, but NHIS cash remittance is hardly

paid on time. In such a situation, we are left with no choice but to supply few cheap drugs to clients within a given period (Operator of a pharmacy, 2017).

The next major challenge against the effective implementation of NHIS in FMC Makurdi is the lack of drugs. This issue was identified by 14% (48) of the respondents. In an in-depth interview, one of the discussants mentioned that certain drugs were hardly found within the HSP in the immediate environment, thus requiring an extraneous search for them. This sometimes aggravates a patient's health condition (Staff of FMC Makurdi, 2017).

Delay in effecting referrals ranked the next major challenge of NHIS implementation in FMC, Makurdi. This was represented by 10% (34) of the respondents who expressed this concern. Data in Table 6 also indicates that inadequate awareness was one of the major challenges against effective implementation of the NHIS in FMC Makurdi. This issue was identified by 8% (27) of the respondents. Lastly, 7% (24) of the respondents identified substandard drugs as the major challenge against the effectiveness of NHIS in FMC Makurdi.

During an in-depth interview, one of the discussants acknowledged that substandard drugs were affecting the effectiveness of NHIS. However, he mentioned that the issue was a general matter in the health sector. According to him, although the Federal Government's effort under NAFDAC has to a large extent checkmated this trend but much needs to be done (Staff of NHIS, 2017).

In addition to the factors earlier identified, during an in-depth interview, four other major factors affecting effective implementation of the National Health Insurance Scheme in facilitating healthcare needs of workers in Federal Medical Centre Makurdi were mentioned. These are poor management of funds by the coordinators of NHIS, lack of funds, voluntary participation, and inadequate staff of NHIS to facilitate effective monitoring and awareness. One of the discussants decried lack of funds as one of the

greatest challenges against the effective performance of NHIS. According to him, *lack of funds has very often negatively affected both logistic and administrative processes of the National Health Insurance Scheme* (Staff of NHIS, 2017).

Discussion

The discussion of findings in this study is done with a focus on achieving the objectives of the study. The objectives of the study as stated were to achieve the following: examine the level of awareness about NHIS among the staff of FMC Makurdi; assess the National Health Insurance healthcare services available in FMC Makurdi; examine the health care needs of the staff of FMC Makurdi; examine the impact of NHIS on health needs of workers in FMC Makurdi and assess the challenges of implementing NHIS in FMC Makurdi.

The only way to know whether an approach such as National Health Insurance Scheme, which addresses both the demand and the supply side, is a better model than a purely supply-side or direct delivery model is to conduct a rigorous impact evaluation of the HCHC intervention. Demand-side interventions can take many forms and have various names, such as community-based health insurance (CBHI), social health insurance, micro-insurance, and subsidized private voluntary health insurance. To date, the findings in the literature for such insurance-based approaches are mostly promising [10].

From the study, it was observed from socio-demographic data of respondents that the male respondents have more representation, 56% (191) compared to their female counterparts. The majority of the respondents, 68% (228) of the respondents, were within the age category of between 31-50 years old. Most of the respondents, 86% (293), were married, implying a people prone to high family responsibilities, including meeting medical bills. Most 85% (289) of the respondents have attained the tertiary level of education. This shows the high literacy level of staff of FMC, Makurdi, and that

given a proper awareness programme the staff will be easily enlightened on topical issues.

Socio-demographic data of respondents also shows that the majority, 76% (259) of the respondents, were senior staff as such would provide concrete and reliable information in the study. The average monthly income of about half 48% (164) of the respondents was a hundred thousand or less. Due to the plethora of family responsibilities, many of the staff may welcome some help to alleviate their financial obligations. An overwhelming majority, 93% (317) of the respondents, were Christians. Christians are required to pay 10% of their earnings (tithe) to the Church, thus adding to the burden of other family responsibilities competing for their earnings. Finally, the cluster of respondents shows that half 50% (170) of respondents were Clinical staff, 28% (98) were finance staff, and 22% (75) of the respondent were administrative staff of Federal Medical Centre Makurdi.

Data examining the level of awareness about NHIS among the staff of FMC Makurdi, as presented in Table 2, revealed that though all the staff of FMC, Makurdi are registered members of the National Health Insurance Scheme, many of them lacked adequate awareness on key issues about the Scheme. The data revealed that all the respondents, 100% (341) were registered members of NHIS in FMCM; hence registration by the staff of FMCM to the Scheme is compulsory rather than voluntary. In-depth interview with the management staff of the FMC, Makurdi further confirmed that every member of staff is required to register with the NHIS after all the entire premium (10% of staff salary) in FMC Makurdi is paid by the Federal Government.”

However, the data revealed that only 42% (143) of the respondents knew all the services provided by NHIS as well as the NHIS exclusive services. An overwhelming number of respondents had positive expectations about NHIS. The data shows that 100% (341) of the respondent believe that NHIS provides subsidized health care services to registered

members, while 92% (314) believe that NHIS is targeted at ensuring easy access to quality drugs. Those who believe that NHIS alleviates out-of-pocket payment of healthcare bills were 87% (297) of the total respondents, while 89% (304) of the respondents believe that NHIS reduces the burden of medical bills of dependents. Further, 63% (215) of the respondents believe that NHIS improves the health of enrollees.

Knowledge about the number of family members who are covered by NHIS was quite clear to all the respondents who agreed that it was 5 members. An in-depth interview with the staff of NHIS, Makurdi, confirmed that NHIS covers one principal enrollee and four other dependants making a total of five family members.

Further, the data indicates that almost half, 49% (168) of the respondents did not know that a beneficiary was not permitted to be treated under NHIS more than 27 times a year. Knowledge about the duration of NHIS was also inadequate. The data indicates that almost half, 47% (162) of the respondents were unaware of the duration of NHIS coverage which is 35 years at the most depending on “how long a staff was to remain in service” (In-debt interview with Staff of NHIS, 2017).

There was a misconception on how NHIS was founded in FMC Makurdi. From interaction with both respondents and key informants, it was confirmed that even though is founded by the employer (The Federal Government), a large number of 38% (129) of the respondents thought NHIS in FMC Makurdi was founded by both the employer and staff of FMC. An in-depth interview with the staff of the National Health Insurance Scheme confirmed that staff of some Federal Government Agencies and Parastatals like the Nigerian Customs Service and Federal Inland Revenue Service (high revenue yielding agencies) pay 10% premium from their salaries. However, others like the FMC, Immigration, Police, the Military, and higher institutions are sponsored by the Federal Government.

Data in Table 2 further reveals that the staff of FMC Makurdi had gotten information about NHIS from reasonable sources, namely, the staff of the National Health Insurance Scheme and FMC Makurdi awareness programme. However, the fact that many of the staff of FMC Makurdi were still ignorant of key issues concerning the NHIS implies that awareness was not adequately and properly carried out.

Generally, information on the level of awareness of FMC staff in Makurdi about NHIS revealed that all the staff of FMC Makurdi are registered members of the National Health Insurance Scheme. However, many of them lacked adequate awareness of key issues about the National Health Insurance Scheme. This finding corroborates several earlier studies.

However, they noted that this very important task of awareness creation about NHIS was lacking among Nigeria Public.

Data on assessing the National Health Insurance healthcare services available in FMC Makurdi as presented in Table 3 revealed that Federal Medical Centre Makurdi offers several health care's services under NHIS. The services most patronised include the following: Internal medicine (Malaria, Diarrhea, pneumonia, anemia etc), 98% (334); Maternal care (antenatal, delivery and post-natal), 89% (304); Laboratory investigations (urinalysis, stool microscopy, Blood tests, Hepatitis B surface Antigen etc), 78% (266); Paediatrics (Treatment of common childhood illnesses), 69% (235); Out-patient care, 52% (178); Specialist's consultation, 51% (174); and Hospitalization 48% (164) respectively. The NHIS health care services least patronised by respondents include the following; HIV/AIDS (management of Opportunistic Infections), 8% (28); Mental Health, 11% (38); Ear, Nose, and Throat (ENT) 12%(41); Dental care, 15%(51); and Physiotherapy, 25%(85) respectively.

The inclusion of maternal health care in the benefits package of the insurance is key [11].

Data on examining the health care needs of the staff of FMC Makurdi, as presented in Table

4, revealed that the ability to afford medical bills for the family was the most important healthcare need of the highest number of staff, represented by 31% (106) of the respondents. This was followed by 19% (65) of the respondents whose major healthcare need to able to get quality treatment from healthcare providers. The next priorities were as follows: getting quality drugs, 18% (61); getting quick healthcare services, 15% (51); getting adequate awareness on health issues, 11% (38); and others, 6% (21) respectively.

Data on examining the impact of NHIS on the healthcare needs of Workers in FMC Makurdi, as presented in Table 6, revealed that respondents overwhelmingly accept NHIS as having a positive impact in several ways on the healthcare needs of the staff of FMC Makurdi. First, the data shows the Scheme has facilitated great access to healthcare services, with at least 78% (266) of the respondents receiving healthcare services up to four times in the last 12 months.

Financial contribution to NHIS (both registration and services) was very cheap to all 100% (341) of the respondents. The cost of healthcare services was quite affordable to the majority, 76% (259) of the respondents. The staff of FMC, Makurdi, had benefitted from the National Health Insurance Scheme in various ways. NHIS had reduced the burden of medical bills of 75% (256) of the respondents and facilitated greater access to medical care for 71% (242) of the respondents. The scheme also had promoted greater access to quality drugs by 60% (204) of the respondents and enhanced job motivation by 57% (195) of the respondents. Other benefits of NHIS to the staff of the FMC, Makurdi include improved health status 56% (191); higher quality treatment from health care providers 51% (174), and better awareness on health issues 49% (167) of the respondents, respectively. Apparently, due to these benefits, 98% (334) of the respondents suggested that the National Health Insurance Scheme should be sustained.

Claims of benefits of NHIS by respondents were also confirmed in various ways during an in-depth interview with discussants. For instance, according to one of the discussants.

Usually, treatment and bed space are offered to me and four of my children for free under the NHIS. We also pay only 10 percent of the cost of drugs. Another acknowledged that Enrolees have the advantage of receiving several services free of charge and when they have to pay for medications, treatments, or surgeries, they only make a co-payment of 10% of the entire bill, unlike uninsured citizens (NHIS, staff, 2017).

Table 6 also presented data on respondents' disapproval of the positive impact of NHIS on their healthcare needs, though such views were very often in the minority on key variables. For instance, 15% (85) of the respondents believed that NHIS did not reduce their burden of medical bills. Those who disapproved of greater access to medical care through NHIS were 29% (99) of the respondents, while 49% (167) of the respondents rejected that NHIS had facilitated higher quality treatment from healthcare providers. Similarly, 40% (137) of the respondents did not believe that NHIS had facilitated their greater access to quality drugs. The majority, 51% (174) of the respondents, believed that NHIS did not facilitate adequate awareness on key health issues relating to the Scheme, while 43% (146) of the respondents rejected that NHIS had caused motivation on their jobs. Further, 44% (191) of the respondents disapproved that NHIS had helped to improve their health status. However, only 2% (7) of the respondents was against the idea that NHIS should be sustained.

Discussions with key informants also turned up a few contrary views against the impact of NHIS on the healthcare needs of staff in FMC, Makurdi. For instance, one of the discussants mentioned that.

Not all my household is enrolled in the scheme, there are also some treatments that are not captured in the scheme, and often prescribed drugs are not available in NHIS accredited

centres within reach, as such, one is compelled to eke out some funds to acquire these drugs. For these reasons, I do not understand how NHIS has been able to alleviate my out-of-pocket payment for healthcare services (Staff of FMC Makurdi, 2017).

Despite a few negative comments and views against the positive impact of NHIS, there is overwhelming support from both the respondents and key informants that the Scheme should be sustained. Though the reservations against the positive impact of NHIS in FMC, Makurdi have only shown that there is still room for improvement of the Scheme.

Agba conducted a study on the perceived impact of the National Insurance Scheme on registered workers in Federal Polytechnic Idah. Utilising primary and secondary data, the study discovered that although the scheme is ineffective, it should not be scrapped because in the long run if properly managed its benefits will be tremendous on the workforce. Health security and insurance is an important measures of enhancing productivity in both private and public organizations. A healthy workforce makes a productive workforce [12].

The finding is supported by several studies earlier carried out. For instance, NHIS is a social security system that guarantees the provision of a benefits package of health care services paid from funds created by pooling the contributions of participants [13].

The National Health Insurance Scheme (NHIS) is a social health insurance programme designed by the Federal Government of Nigeria to complement sources of financing the health sector and to improve access to health care for the majority of Nigerians [14]. "The positive effect of health insurance on medical care and use has been widely demonstrated and generally accepted" [12].

To ensure that the poor and the marginalised, who are most often the sickest, are protected, most countries are now moving away from fee-for-service to a system like national health insurance.

Table 6a and 6b provided major challenges identified by respondents and key informants as hindering effective implementation of the National Health Insurance Scheme in facilitating the healthcare needs of workers in Federal Medical Centre Makurdi. These challenges are restricted coverage of NHIS in several areas including the nature of health challenges covered (exclusive list), number of beneficiaries per principal enrollee, and period of NHIS cover.

Some discussants also shared this apprehension during the in-depth interview. For instance, one of the discussants decried that, it is very unfortunate that the National Health Insurance Scheme exclusive list involves life-threatening health issues where help might be most needed (Staff of FMC, Makurdi, 2017).

According to another, *Theoretically, the Scheme targets to alleviate financial hardship and poverty. However, from the practical implementation of the scheme, it would appear as if the scheme does not consider the condition of the poor. For instance, many expensive but very important health challenges are restricted from the scheme. The scheme also does not give adequate attention to rural dwellers and the unemployed. Once a dependant becomes 18 years he or she is excluded from the scheme. The insurance cover lasts only during the working years of an enrollee. However, during retirement years, when help is most needed, the scheme will no longer be there to help. Thus, to me, the scheme is targeted to benefit only those who are already financially stable (Staff of FMC, Makurdi, 2017).*

The unwilling attitude of some Health Service Providers (HSPs) to offer services was also identified as one of the major issues against effective implementation of the NHIS in FMC Makurdi. This was stated by 15% (51) of the respondents. The in-depth interview with key informants revealed that due to delayed remittance of funds, some Health Service Providers (HSP) are sometimes reluctant to offer healthcare services. According to one of the discussants, very often, we need cash to buy

drugs, but NHIS cash remittance is hardly paid on time. In such a situation, we are left with no choice but to supply few and cheap drugs to clients within a given period (Operator of a pharmacy, 2017).

The next major challenge against the effective implementation of NHIS in FMC Makurdi is the lack of drugs. This issue was identified by 14% (48) of the respondents.

In an in-depth interview, one of the discussants mentioned that certain drugs were hardly found within the HSP in the immediate environment, thus requiring an extraneous search for them. This sometimes aggravates a patient's health condition (Staff of FMC Makurdi, 2017).

Delay in effecting referrals ranked the next major challenge of NHIS implementation in FMC, Makurdi. This was represented by 10% (34) of the respondents who expressed this concern. Data in Table 6 also indicates that inadequate awareness was one of the major challenges against effective implementation of the NHIS in FMC Makurdi. This issue was identified by 8% (27) of the respondents. Lastly, 7% (24) of the respondents identified substandard drugs as the major challenge against the effectiveness of NHIS in FMC Makurdi.

During an in-depth interview, one of the discussants acknowledged that substandard drugs were affecting the effectiveness of NHIS. However, he mentioned that issue was a general matter in the health sector. According to him, although the Federal Government's effort under NAFDAC has to a large extent checkmated this trend, much needs to be done (Staff of NHIS, 2017).

In addition to the factors earlier identified, during an in-depth interview, four other major factors affecting effective implementation of the National Health Insurance Scheme in facilitating healthcare needs of workers in Federal Medical Centre Makurdi were mentioned. These are poor management of funds by the coordinators of NHIS, lack of funds, voluntary participation, and inadequate staff of NHIS to facilitate effective

monitoring and awareness. One of the discussants decried lack of funds as one of the greatest challenges against the effective performance of NHIS.

According to him, lack of funds has very often negatively affected both logistic and administrative processes of the National Health Insurance Scheme (Staff of NHIS, 2017).

Several researchers identified several challenges against the effective implementation of NHIS, such as a weak referral system, gross inadequate financial support, and limited coverage [15].

NHIS as a package has some total or partial exclusions for healthcare services that are not covered in the scheme. Such exclusions include (CT) scans, magnetic resonance imaging (MRI), occupational or industrial injuries, radiologic investigations like computerized tomography epidemics, open heart surgeries, cosmetics surgeries, neurosurgeries, and family planning commodities. These services are totally excluded from the NHIS. Injuries arising from natural disasters, landslides, earthquakes, social unrests, riots, conflicts, and wars are not included in the benefits package. Equally, injuries arising from extreme sports such as boxing and wrestling, car racing, polo are also not covered by the NHIS. Epidemics and therapies accruing from drug abuse and addiction, transplant and surgical repairs of congenital anomalies, and purchase of spectacles are also excluded.

Summary

This study assesses the impact of National Health Insurance Services on the health care needs of Workers in Federal Medical Centre, Makurdi, Benue State, Nigeria. The study is discussed in five chapters. Chapter one constitutes essentially the introductory part of the study. The background to the study was first laid followed by the statement of the problem. Thereafter, the research questions were presented, followed by the objectives of the study. The significance of the study was also

stated as well as the scope of the study. Lastly, the key concepts used in the study were also defined. A Study carries a literature review. The review of the literature was done to show the conceptual, theoretical, and empirical relevance of the National Health Insurance Scheme.

It also described the methodological approach of the study. The survey research design was used for the study. The questionnaire was employed to derive responses from sampled population and discussants. Using the simple random sampling technique, a sample of 341 respondents was drawn for the study from the population of staff of Federal Medical Centre Makurdi, Benue State. Data analysis was carried out quantitatively and qualitatively.

The study made several findings. First, though all the staff of FMC, Makurdi, were registered members of the National Health Insurance Scheme, many of them lacked adequate awareness on key issues about the Scheme. Many staff did not have clear knowledge about issues such as the services provided by NHIS, NHIS exclusive services, number of times a beneficiary was permitted to be treated within one year, duration of NHIS coverage, and source of fund for NHIS.

The study also found that Federal Medical Centre Makurdi offers several health care services under NHIS. The services most patronised include the following: Internal medicine (Malaria, Diarrhea, pneumonia, anaemia etc), Maternal care (antenatal, delivery, and post-natal); Laboratory investigations (urinalysis, stool microscopy, Blood tests, Hepatitis B surface Antigen etc); Pediatrics (Treatment of common childhood illnesses); Out-patient care; Specialist's consultation; and Hospitalization. The NHIS health care services least patronised by the staff of FMC, Makurdi includes the following: HIV/AIDS (management of Opportunistic Infections); Mental Health; Ear, Nose, and Throat (ENT); Dental care; and Physiotherapy.

Further, the study found that the most important healthcare needs of the staff of FMC

Makurdi were the ability to afford medical bills for the family members, to able to get quality treatment from healthcare providers, getting quality drugs, getting quick healthcare services, and getting adequate awareness on health issues.

Very, importantly the study revealed that even though the National Health Insurance Scheme was overwhelmingly accepted by staff of FMC Makurdi as having a positive impact on staff of the FMC in various ways such as reducing the financial hardship of their medical bills, affordable services, and greater access to medical care some adjustments were needed to be made to ensure more effective results. Particularly, many of the staff believed that NHIS has not adequately intervened to improve awareness creation about key healthcare issues concerning the Scheme as well as cost and quality of drugs.

The study uncovered several challenges against effective implementation of NHIS in FMC Makurdi, including; Restricted coverage of NHIS in several areas, including; nature of health challenges covered (exclusive list), number of beneficiaries per principal enrollee and period of NHIS cover; Unwilling attitude of some Health Service Providers (HSPs) to offer services; lack of drugs; delay in effecting referrals; Inadequate awareness; Substandard drugs; Poor management of funds by the coordinators of NHIS; Lack of funds; Voluntary participation; and Inadequate staff of NHIS to facilitate effective monitoring and awareness.

Conclusion

After thorough investigation using both the primary and secondary data plus the set-out objectives of the study, the following conclusions were made:

Though all the staff of FMC, Makurdi were registered members of the National Health Insurance Scheme, many of them lacked adequate awareness on key issues about the Scheme. The Federal Medical Centre Makurdi offers several health care's services under the national health insurance system.

The most important healthcare needs of the staff of FMC Makurdi were affording medical bills for family members, getting quality treatment from healthcare providers, getting quality drugs, getting quick healthcare services, and getting adequate awareness on health issues.

So far, the staff of FMC Makurdi have experienced a positive impact of the National Health Insurance Scheme in several ways, particularly in reducing the financial hardship of their medical bills. However, the scheme was yet to be perfect. Several challenges are militating against the effective implementation of NHIS; hence there is a need to affect some adjustments in the Scheme to enhance its effectiveness.

Recommendations

The following measures are recommendations for the effective operation of the NHIS and to serve as ways of minimising the challenges of the implementation of NHIS in FMC Makurdi.

1. There is a need for more sensitization and awareness creation of the programme of NHIS to reveal its benefits to all Nigerian citizens. Government should invest in campaigns and extensive public awareness programme consistently on the activities of NHIS to ensure workers are well informed of the importance of the NHIS.
2. The government should employ an adequate number of health personnel and facilities for NHIS.
3. The scope of the NHIS should be extended to the private sector where millions of Nigerians are yet to benefit from the scheme and a high premium should place on quality service for NHIS for facilities condition for accreditation.
4. NHIS should ensure the supply of high-quality and cost-effective drugs supervise the drug to ensure the drugs they provide are of a good and reasonable standard. Carrying out regular checks on HSPs to ensure that only those maintaining high quality and reasonable cost of drugs can participate in

the program. Government should also supervise the activities of the drugs providers to ensure the drugs they provide are of a good and reasonable standard.

5. Government should continuously review the scheme to ensure that it operates in a manner that will be more beneficial and as well ensure that its officials are frequently updated through workshops and seminars.
6. Government should show commitment to eradicating corruption and strengthening accountability. Honest and credible people should be employed to manage the scheme. Government should define and implement punishment for corrupt practices in the Scheme and announce publicly any official involved. Making public witness of penalty meted on corrupt officials will serve as a

deterrent to others, and above all, the government should also facilitate the quick remittance of funds to Health Service Providers to address the issue of reluctance to provide healthcare services on the note of delayed reimbursement by some NHIC and prompt payments to HSPs [20].

Conflict of Interest

The author declares that there is no conflict of interest.

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