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Effect of National Health Insurance Scheme (NHIS) on Workers' Service Delivery: A Study of Nigerian Postal Service (NIPOST), Onitsha District, South East Zone, Nigeria (2006-2019)

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Abstract: *The study examined the effect of National Health Insurance Scheme on workers' service delivery in NIPOST (2006-2019). The theoretical framework adopted for the study is the Structural/functionalist theory. The study employed survey research design. Data were collected using questionnaire, face to face interview, focus group discussion guide. Purposive (total population) sampling technique of 114 respondents which is the entire staff strength of NIPOST workers, Onitsha District was used for the study. The collected data were presented in tables and analyzed using simple frequencies, averages and Percentage procedure. The findings showed that NHIS has drastically reduced high cost of medical bills, infant mortality and untimely death of workers; boosted employees' loyalty to their employers; encouraged staff retention etc. The study gave suggestions on the way to strengthen the scheme to include: Increase in government contribution ratio; elimination of bureaucratic bottlenecks; continuous public education/enlightenment by NHIS stakeholders; and most importantly, government strong commitment and political will through effective monitoring, supervision and enforcement of the provisions of the NHIS decree.*

Keywords: Insurance scheme, employee, performance, health care

1.0 INTRODUCTION

One of the challenges facing the whole Africa and Nigeria in particular, is in the area of healthcare. According to the World Health Organization (WHO, 2010), Nigeria is among the five countries that contribute 50% to the annual global mortality among infants and children below five years of age as a result of several epidemic diseases like malaria, pneumonia, measles, diarrhea, malnutrition and inadequate immunization.

The Nigerian government has been constrained in its effort to provide free healthcare services to its teeming population largely as result of the global economic recession. The Structural Adjustment Programme (SAP) of the International Monetary Fund (IMF) and the World Bank imposed conditionalities of reduced public spending on social services (including health), and devaluation of Naira. These, coupled with a rapid population growth and political instability have resulted (over the years) in a gradual decline in government expenditure on healthcare and an attendant deterioration of public healthcare services in terms of both quality and quantity. This has reflected visibly on the health indices for Nigeria as evidenced by the high Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and the life expectancy at birth of 55yrs. In response to this, the Nigerian government was compelled to review its policy on healthcare financing and consequently introduced user charges in public health facilities in order to generate revenue for the health sector (Aliyu, 2000).

According to the World Health Organization (WHO) in 2017, Nigeria was ranked 187th out of 191 member nations in world health system; life expectancy was put at 48 years for male and 50 years for female while healthy life expectancy (HALE) for both sexes was put at 42 years (https/magarya.wordpress.com/2017). Nigeria accounts for 10% of global maternal mortality with 59,000 women dying annually from pregnancy and child birth; only 39% are delivered by skilled health professionals. In order to provide equitable distribution of health, the NHIS was introduced in Nigeria. The need for the establishment of the scheme was informed by the general poor state of the nation's healthcare services, excessive dependence and pressure on the government's provision of health facilities, dwindling funding of health care in the face of rising cost, poor integration of private health facilities in the nation's healthcare delivery system and overwhelming dependence on out-of- pocket expenses to purchase health.

1.1 STATEMENT OF PROBLEM

There are a lot of uncomplimentary remarks about service delivery of public servants in the country. The remarks include lame-ducks, corruption infested system; where meritocracy is sacrificed on alters of nepotism, employment of people who do not take interest on service delivery, among others. In the same vein, the attitude of Nigerian public employees to work has the description of Ocho (1984), more than 40 years ago as being lousy, lackadaisical, corrupt and non-compliant to work ethics. In most developing countries, Nigeria in particular there is a clear lack of universal coverage of health care and little equity. Access to healthcare is severely limited in Nigeria, Otuyemi, (2001). Inabilities of the consumers to pay for the services as well as the healthcare provision that is far from being equitable have been identified among other factors to impose the limitation (Sanusi & Awe(2009).

Today, some evidences abound, which show that Nigerian public employees to work attitude with more particular interest on service delivery has not changed much. Each government in power had tried to ameliorate the situations. Even now, some of the policies enacted by Federal Government of Nigeria to tackle the so called inefficiencies of public service delivery were not spared. For instance, Oyedele (2015) observes that some government reform policies aimed to improve service delivery such as SERVICOM have not changed the face of public services for better as nation -wide service failures persist. The same remarks have been observed to be associated with other reform policies, which were done with the intentions to ameliorate the shortcomings of public service sector organizations in the likes of commercialization and privatization, public service reforms, private-public partnership, among others.

The most current of these public service reforms is the National Health Insurance Scheme. Nonetheless, it could be observed that there is no time better than now to start evaluating its impacts on the subjects it was meant to address, more especially in the area of quality of service delivery among the public servants in Nigeria. It could also be reasoned that when new policies are created, especially public ones such as this, there is always the tendency to expect huge performance and productivity.

1.2 OJECTIVES OF THE STUDY

i. To examine whether NHIS has provided qualitative and standard health care services to employees.
ii. To evaluate whether the NHIS has reduced arbitrary increase of health care services of employees.
iii. To assess the extent of flow of fund for the running of NHIS.
iv. To explore and recommend strategies that could be adopted to contain, sustain and consolidate the NHIS to achieve increased workers service delivery.

1.3 HYPOTHESES-

1. The National Health Insurance Scheme has a significant effect on Workers service delivery in NIPOST.
2. The National Health Insurance Scheme has significantly reduced arbitrary increase of health care services on employees.
3. Fund is a major significant problem in accessing qualitative health care services.
4. Strategies to be adopted in improving NHIS and workers service delivery.

2.0 REVIEW OF RELATED LITERATURE

2.1 Conceptual Framework

Health insurance is a social security mechanism that guarantees the provision of needed health services to persons on the payment of some amount at regular intervals. It is designed to pay the costs associated with health care by paying the bills and therefore to protect people against high cost of health care by making payment in advance of falling ill. The scheme therefore protects people from financial hardships occasioned by large or unexpected medical bills. It saves money on the short run and protects the poor from medical conditions that can lead to greater loss of money on the long run (Nigerian Tribune, 24, May, 2010). It involves pooling of resources from persons of different illness-risk profiles and the cost of the risk of illness among those who are ill and those who are healthy, are shared. It has three main characteristics- prepayment, resource pooling and cost-burden sharing. Pre-payments under the scheme are fixed either as a proportion of the pay-roll, or as flat rates contributed by the participants. This means that payment is not proportional to the risk of illness of individual beneficiaries.

Many advantages accrue from participation in social health insurance. According to Nielson (2009), they include:

i) broadening the sources of health care financing;
ii) reducing the dependence and pressure on government budget;
iii) increasing the financial resources and ensuring stable source of revenue for healthcare; - ensuring visible flow of funds to the sector;
iv) assisting in establishing patients' rights as customers;
v) combines risk pooling with actual support by allocating services according to need and distributing financial burden according to ability to pay;
vi) solves equity and affordability problem in providing and financing health services; and,
vii) improves and harnesses private sector participation in the provision of health services.

Social health insurance schemes also enable experts to reasonably predict the healthcare cost of a large group. By lowering the personal costs of services, health insurance schemes induce individuals to seek health maintenance services more regularly than they otherwise would thereby preventing potentially serious illness.

What is known today as the National Health Insurance Scheme (NHIS) was first introduced in Nigeria in 1962 under the leadership of the then minister of health, Dr. Moses Majekodunmi (Agba, Ushie & Osuchukwu, 2010).The scheme then was compulsory for public service workers. Unfortunately, its full operation was later truncated following the escalation of the Nigerian civil war. After several years of comatose, the Buhari- led military regime in 1984 resuscitated the scheme and a committee was set up with a mandate to review it. Consequent upon this in 1988, the then Minister of Health, Professor Olukoye Ransome Kuti commissioned the Emma-Eronmi committee whose report was approved by the Federal Executive Council in 1989 (Agba, 2010).
Similarly, the International Labour Organization (ILO) and the 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 (Adesina, 2009). The scheme was modified to cover more people via Decree No.35 of 10th May 1999, which was promulgated by the then head of state, Gen. Abdulsalami Abubakar. The decree later became operational in 2004 following several flag offs; first by the wife of the then president, Mrs. Stella Obasanjo on the 18th of February 2003 in Ijah, a community in Niger State, North-Central Nigeria. Since the Rural Community Social Health Insurance and the Under-5 children Health Programmes of the NHIS scheme were kick-started by the First Lady, similar flag offs were carried out in Aba, Abia State in the South-East Zone among others. As at September 2009, 25 states of the Federation had bought into the scheme. These included Akwa Ibom, Rivers, Edo, Taraba, Adamawa, Kaduna, Zamfara, Kebbi, Sokoto, Katsina, Nassarawa, Anambra,Jigawa, Imo and Kogi States. Others are Bauchi, Ogun and Cross River States. However, these states are at various stages of implementation of the scheme (Adefolaju, 2014).

On the other hand, Service here implies tangible and intangible goods and services provided by the government in order to improve the well being of the citizenry. Carlson(2005) conceptualised service delivery as the relationship between policy makers, service providers and poor people. According to them, it encompasses services and their supporting systems that are typically regarded as a state responsibility. These include social services (primary education and basic health services), infrastructure (water, sanitation, roads and bridges) and services that promote personal security (justice, police etc).
In Nigeria, government constitutes the major service provider through the Public Service. The Public Service refers to all organisations that exist as part of government machinery for implementing policy decisions and delivering services that are of value to the citizens. It is a mandatory institution of the state under the 1999 Constitution of Nigeria. The Nigerian Public Service includes the Civil Service, often referred to as core service, consisting of line ministries and extra-ministerial agencies; the Public bureaucracy or the enlarged Public Service made up of service of the State and National Assembly, the Judiciary, the Armed Forces, the Police and other security agencies, paramilitary services (i.e. Customs, Immigration, Prisons Services, Civil-Defence Corps etc); parastatals and agencies i.e. regulatory agencies, educational institutions, research institutions, social services, commercially oriented agencies etc. it is also used to refer to Public Servant who are direct employees of those ministries, extra-ministerial agencies, parastatals, corporations and institutions.

Furthermore, the term service delivery has diverse interpretations. This is so because service-delivery is a generic word, which admits many varieties, contexts and circumstances. In a broad sense, service delivery could be visualized as management euphemism for the identification, quantitative description, evaluation and control of function systems or purposeful activities. In quantity terms, it is the ratio of output in the form of goods and services produced and input of anyone or all of the resources utilized in turning out these services. These resources may be in the form of man, materials, machine, money, land and power to mention a few.
Simply put therefore, service delivery is that relationship of some volume of output to the volume of input. Service delivery can also be defined as the measure of how resources are being brought together in an organization and utilized for accomplishing a set of results. It is reaching the highest level of performance with the least expenditure of resources (Mali 1978:6). It is viewed as the instrument for continuous progress and of constant improvement of activities. It is often seen as output per unit of input. Yesufu (2000:263), in his, the Human Factor National Development, posits that it is the measurement of the ratio of the output to the amount or quantity of the resource input, which is utilized in the relevant production process. Simply put, service delivery is the quantum of output in relation to the value of resources invested in the production of such an output. Since literature review is a critical examination of existing works in a field under research (Emma E. O. Chukwuemeka, 2006), the following topics were discussed:-

2.2 Global Perspective of Social Health Insurance

In South Africa for instance, there is no nationally operated public health insurance scheme. Yet, they can boast of better health indices than Nigeria. They have private health insurance schemes that are affordable, well developed and functioning effectively and efficiently (Gana, 2010). A look at the healthcare systems of some key countries can only enlighten us more.

In the United Kingdom (UK), there is the National Health Scheme (NHS) which is a publicly funded healthcare system for all residents of the UK. No premiums are collected, costs are not charged at the patient level and costs are not prepaid from a pool. It is actually not an insurance system but it does achieve the main aim of insurance which is to spread financial risk arising from ill health directly from general taxation.

The United States health care system on the other hand relies heavily on private health insurance, which is the main source of coverage for most Americans. In Canada, public and private schemes exist; most health insurance schemes in Canada are administered at the level of provinces under the Canadian Health Act, which requires all people to have free access to healthcare. About 65% of Canadians have some form of supplementary private health insurance; many of them receive it through their employers. (Gana, 2010) France operates a solidarity system. It has both public and private schemes. The peculiarity of the French system is that; the more ill a person becomes, the less the person pays. This means that for people with serious or chronic illness, the insurance system reimburses them 100% of expenses, and waives co-payment charges. Complementary private health insurance is also available. (Gana, 2010).

In Australia functional public health insurance exists alongside private schemes. The public health system (Medicare) ensures free universal access to hospital treatment and subsidized out-of-hospital medical treatment. Medicare is funded by 1% levy on all taxpayers, an extra 1% levy on high income earners as well as general government revenue. Some private health insurers are for profit while some non profit health insurance organizations are also operational The sickness fund of Germany is a health insurance scheme paid for by employers and employees and managed by not-for-profit organizations. It is characterized by private provider base, efficient management, adequate investment and effective control of provider and purchaser behaviour. In Chile, public and private schemes exist, but like in most countries of Latin America, patients are migrating from public to private schemes (Korte 1992).

2.3 Purpose of National Health Insurance Scheme (NHIS)

i) NHIS: Objectives and Stakeholders

According to the NHIS Decree No. 35 of 1999, part 1:1, the general purpose of the scheme is to ensure the provision of health insurance that shall entitle insured persons and their dependents the benefit of prescribed good quality and cost-effective health services. While the specific objectives as noted by some authors (Adefolaju, 2014, Owumi, Omorogbe & Raphael, 2013, Eteng & Utibe, 2015) entail:

i. The universal provision of healthcare in Nigeria.
ii. To control/reduce arbitrary increase in the cost of health care services in the country.
iii. To protect families from high cost of medical bills.
iv. To ensure equality in the distribution of health care service costs across income level distribution.
v. To ensure high standard and quality of health care 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 health care facilities within the country.
viii. To ensure equitable patronage of primary, secondary and tertiary health care facilities 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.

ii) NHIS Vision

The vision of the NHIS is to build a virile, dynamic and responsive National Health Insurance Scheme that is totally committed to securing universal coverage and access to adequate and affordable health care in order to improve the health status of Nigerians, especially for those participating in the various programmes/products of the scheme (Adefolaju, 2014; Akande, Salaudeen & Babatunde, 2011).

iii) NHIS Mission

The scheme provides regulatory oversight to the Health Maintenance Organizations (HMOs) and participating health providers. It is also driven by the mission of facilitating fair-financing of health care costs through pooling and judicious utilization of financial resources aimed at providing financial risk protection and cost burden sharing for people against high cost of healthcare, through various prepayment programmes/ products prior to their falling ill (Michael, 2010).

iv) NHIS' Areas of Coverage, Operational Scope and Programmes

At the commencement of the scheme, it only covered formal sector employees, representing less than 40% of the population. Preponderantly, about 60% in the informal sector was not reached (Omoruan et al, 2009). The problem of the exclusion of the informal sector later led to the scheme's expansion and inclusion of Community. (European Journal of Business and Management www.iiste.org ISSN 2222-1905 (Paper) ISSN 2222-2839 (Online) 8, (.27), 2016).

At the 42nd meeting of the National Council on Health (NCH), an approval was given for the re-packaging of the NHIS to include and ensure full private sector participation by providing re-insurance coverage to CBHF and Health Maintenance Organization (HMOs) to form Social Health Insurance (SHI) (Omoruan *et al*, 2009, Doetinchem, Carrin & Evans, 2010). The scope of NHIS is principally concerned with the contributions paid to cover health care benefits for the employees, a spouse and four (4) biological children below the age of eighteen (18) years; more dependents or a child above the age of 18 years is covered on the payment of additional contributions by the principal beneficiary as determined by the scheme. Even though principals are entitled to register four (4) biological children each, a spouse or a child cannot be registered twice. In terms of access to good and qualitative health

care services, the scheme has developed various programmes to include different socio-demographic segments of the country. These entail the following:-
(Aminu, 2015):

i) Formal Sector Health Insurance Programmes

a- public sector (Federal, States and Local governments)
b- organized private sector health insurance programme
c- Armed forces, police and other uniformed services, students of tertiary institutions social health insurance programmes.

ii) Informal Sector Social Health Insurance Programmes

a- Community-based social health insurance programmes (Odeyemi, 2014).
b- Voluntary contributors social health insurance programmes

iii) Vulnerable Group Social Health Insurance Programmes

a- Physically challenged persons
b- Prisons inmates
c- Children under-five years
d- Refugees, victims of human trafficking, Internally Displaced Persons (IDPs) and immigrants social health insurance programmes
e- Pregnant women.

2.4 Potential Benefits of the NHIS

As an omnibus scheme, the NHIS is inherently beneficial to the willing participants and stakeholders in the following ways as opined by Onyedibe; Goyit & Nnadi, (2012): outpatient care, pharmaceutical care through the provision of drugs in the scheme's essential drug list, listed diagnostic tests, preventive healthcare services like immunization, antenatal and postnatal care, hospital care (15 days hospitalization by the scheme) and so forth.
Obafidon (2006) noted that the NHIS is so important that beneficiaries do not need cash to access treatment when required except the 10% co-payment for the cost of drugs. This can invariably reduce the catastrophic effects of household health expenditure. Socio-economically, there is no doubt that the scheme has latently
generated employment and investment opportunities through the activities of HMOs and health facility managers (Adefolaju, 2014). Premised on the above, the federal ministry of health asserted that the benefit package of the NHIS was the most comprehensive in the world (Onyedibe, Goyit, & Nnadi 2012).

2.5 The Limitations of the Operational Scope of the NHIS

The robustness of the scheme notwithstanding, the following limitations according to Onyedibe; Goyit & Nnadi (2012) and Eteng & Utibe (2015) have been noted: some important services not covered include occupational or industrial injuries, radiologic investigations like Computerized Tomography (CT) scan, Magnetic Resonance Imaging, epidemics, cosmetic surgeries, open heart surgeries, neurosurgeries and family planning services (Onyedibe; Goyit & Nnadi 2012). However, other services that are partially covered are laparoscopic or fluoroscopic examinations, hormonal assays, prostatectomy and myomectomy. Some of the population segments that have been systemically excluded are the artisans, farmers, sole proprietors of businesses, street vendors and the unemployed.
On a critical note, it is argued that the NHIS negated its own philosophy of universal coverage and accessibility by excluding such vital aspects of illnesses like injuries arising from sports, therapies like drug abuse, drug addiction, sexual pervasion, organ transplant, medical repair of congenital abnormalities and procurement of spectacles (Eteng & Utibe, 2015). Given the shallow and the segregatory coverage of the scheme to the exclusions of major life-threatening illnesses and therapies mentioned above, catastrophic OOP health expenditure may continue to confront people in Nigeria.

2.6 Nigerian Postal Service (NIPOST): Historical Background and Corporate Status

On January 1, 1985, the Nigerian Postal Service (NIPOST) was established from the postal division of the Post and Telecommunications Department. NIPOST was constituted as an extra-ministerial department under the supervision of the Ministry of Communications to promote the development of economic postal service for the federation. However, in the wake of the drive to commercialize NIPOST, the Federal Government promulgated Decree 41 of 1992 to give NIPOST the status of a parastatal from the status of extra-ministerial department. The late 1970s and early 1980s saw the emergence of private firms offering significantly higher quality document and merchandise delivery services than the traditional services rendered by the post office. This scenario led to the gradual incursion of private operators into the market. The EMS had to be established in 1986 by NIPOST in collaboration with other UPU member countries as a response to the incursion of private courier companies into areas otherwise regarded as the preserve of the post office. Postal development in Nigeria is at a very low level taking into consideration the average number of letter items posted per head of the population employed in the postal and related sectors. In Nigeria, the core postal services (letters, parcels, express mail and counter services) generate more than 95 per cent of total revenue of NIPOST. Revenue shares for parcels and counter services are negligible. NIPOST is 100 per cent owned by the Nigerian Government.The reform in the postal sector

became imperative when public confidence in the country's postal system was completely eroded due to the inability of the public postal operator (NIPOST) to deliver on virtually all statutory obligations. These include such basic and core postal services as letter, parcel and express mail delivery and counter services. Even NIPOST's primary role as a mobiliser of savings at the grass root was easily supplanted by banks when such institutions as WAEC ceased to patronize NIPOST as the processing center of choice despite the obvious advantages. Other such weaknesses are low management autonomy, low levels of investment, vast but obsolete infrastructure and facilities and poorly motivated workforce coupled with theft, loss, tampering and violation of mail items. The result was that its functions were effectively taken over by hundreds of private courier operators, who operated in a chaotic and non/poorly regulated market.

The Nigerian Postal Service Act 1992 gives exclusive rights for mail handling to NIPOST for all postal articles below 500 grams. However, competition for NIPOST is substantial. Almost 200 courier companies have been legally licensed and moreover many other transport companies (legal and illegal) are active in the postal sector. These companies are competing with NIPOST in various sectors of the postal market: not only in the market for courier items but also in the letter and parcel market. The reform is therefore intended to ensure that postal services are available to all citizens of the country no matter where they are at affordable cost and in a timely and efficient manner. While aligning the postal sector to global development in information communication technology, the reform also aims at institutionalizing commercial practices in the sector and introducing private sector participation. In addition to creating an enabling and competitive environment with independent regulation, the reform will also broaden the scope and depth of services provided to include savings mobilization, payment and funds transfer system for the entire country through the vast postal network.
It was in the light of the foregoing that the National Council on Privatization (NCP), through the BPE, embarked upon the current process of instituting economic reform in the Nigerian Postal Sector in general and, in particular, to reposition NIPOST for optimum operational efficiency. To enhance the activities in the reform of the postal sector, Nethpost Consultancy of the Netherlands was engaged on March 12, 2007 to provide advisory services for the reform of the sector and the restructuring of the Nigerian Postal Service (NIPOST).

2.7 The Imperative of Service Delivery

Service delivery to the people is a key function of government. Government has a responsibility to provide services to its people. It is in recognition of this that the Nigerian 1999 Constitution (as amended) provides that the security and welfare of the people shall be the primary purpose of government and that the state shall direct its policy towards ensuring:

i) the promotion of a planned and balanced economic development;
ii) that the material resources of the nation are harnessed and distributed as best as possible to serve the common good;
iii) that the economic system is not operated in such a manner as to permit the concentration of wealth or the means of production and exchange in the hands of few individuals or of a group; and
iv) that suitable and adequate shelter, suitable and adequate food, reasonable national minimum living wage, old care and pensions, and unemployment, sick benefits and welfare of the disables are provided for all citizens.

It must be pointed out that the fact that this section of the constitution is not justiceable by virtue of section 6, subsection 6 © does not mean that it is not a part of the constitution. Interestingly, the oath of office of the President and other executive and legislative officials clearly states that they "will strive to preserve the Fundamental Objectives and Directive Principles of State Policy contained in the Constitution of the Federal Republic of Nigeria." Government therefore has a responsibility to ensure that its policies, programme and actions are in consonance with chapter two of the constitution.

From the above, it is clear that governance is all about service delivery. A survey indicates that the Nigerian public expectations from the public service in terms of service delivery include:

i) An organization that is staffed with competent men and women and is well managed;
ii) Courteous, friendly, receptive and helpful relationship with the public;
iii) Eager and proactive offer of information to the public with feedback and follow-up;
iv) Transparency, honesty and averse to corruption, fraud and extortion of the public in official dealings;
v) Exemplary standards of efficiency in production and rendition of services, with minimal waste;
vi) Punctuality and time consciousness in all official business;
vii) Well planned programmes with activity schedules and calendars that are firm and respected;
viii) Prompt response to problems and complaints of the public, which are conclusively attended to;
ix) Objective, professional, fair and patriotic treatment of matters of public interest or cases entailing competition among persons or organizations;

x) Services and products that are almost of cutting-edge standard and rendered with minimal need for members of the public to leave their homes to visit the office concerned or to spend substantial amounts of money or provide copious documents and passport photographs
xi) Charges and billing systems that are affordable and convenient to the public;
xii) Public infrastructure facilities that are built to unblemished standards, regularly maintained and promptly repaired;
xiii) Continuous improvement in service mix and methods, based on communication and feedback from the public.

In an effort to meet the expectations of the people and as part of the Federal governments' reform agenda, the Service Delivery Initiative (SDI) was launched conceptualized as a social contract between the Federal Government and all Nigerians: Service Compact with all Nigerians (SERVICOM). SERVICOM gives the Nigerian people the right to demand good service as entitlements, contained in SERVICOM charters reflecting the mission and vision statements of each government department along with goals, objectives, details of services, standards of performance as well as system of redress should there be service failure. Unfortunately, the present state of the public service can neither deliver services to meet the expectations above nor to the standards expected by SERVICOM for several reasons including lack of capacity, poor orientation and attitude, weak incentives, weak monitoring and evaluation system and corruption. This is why there is the need for a comprehensive and holistic reform of the public service.

3.0. METHODOLOGY

This study adopted the survey research design. This design provided a blue print or a plan that specifies how data relating to a given problem should be collected and analyzed. It provides the procedural outline for the conduct of any given investigation. respondents.

Data were collected using questionnaire, face to face interview, observation and focus group discussion guide.

4.0 DATA PRESENTATION AND ANALYSIS

TABLE 1: *Opinion of respondents whether they are registered member of National Health Insurance Scheme (NHIS) or not.*

Responses	Frequency (Observed)	Percentage %
Strongly Agree	81	72
Agree	20	20
Strongly Disagree	1	1
Disagree	1	1
Unknown	7	6
Total	112	100

Source: Researchers field work 2020.

As can be seen from table 1, 72% strongly agreed, 20% Agreed, 1% strongly disagreed, 1% disagreed and 6% undecided that they are registered members of NHIS in Onitsha. It is derivable here that 92% of workers accepted they are registered members of NHIS. This shows a very high rate of interest and trust in the scheme.

TABLE 2: *Opinion of respondents whether they believe the scheme will enhance the performance and effectiveness of workers service delivery.*

Responses	Frequency (Observed)	Percentage %
Strongly Agree	47	43
Agree	33	29
Strongly Disagree	17	15
Disagree	9	8
Unknown	6	5
Total	112	100

Source: Researchers field work 2020.

Table 2 exhibit that, 47 or 43% and 33 or 29% of the respondents strongly agreed and agreed respectively that they believe that the NHIS will enhance the performance and effectiveness of workers. While 17 or 15% and 9 or 8% strongly disagree and disagree respectively, 6 or 5% of the respondents indicated unknown. This means that 82% of the respondents believe that the National Health Insurance scheme will enhance the performance and effectiveness of workers service delivery.

Table 3: Opinion of respondents whether they see transparency and accountability in the management of NHIS fund.

Responses	Frequency (Observed)	Percentage %
Strongly Agree	10	9
Agree	16	14
Strongly Disagree	42	38
Disagree	16	15
Unknown	27	24
Total	**112**	**100**

Source: Researchers field work 2020.

Referring to table 3, 10 or 9% and 16 or 14% of respondents strongly support and agree with this view but 42 or 38% and 16 or 15% of the respondents are against this view while 42% are undecided. In essence, 53% of the workers are well convinced that there is no transparency and accountability in the management of NHIS fund.

Table 4: *Opinion of respondents whether the scheme has assisted the workers in reducing their expenditures on medical services.*

Responses	Frequency (Observed)	Percentage %
Strongly Agree	49	44
Agree	35	31
Strongly Disagree	12	11
Disagree	5	5
Unknown	11	9
Total	**112**	**100**

Source: Researchers field work 2020.

With regard to table 4, it is obvious that 49 or 44% and 35 or 31% of respondents believe that the scheme has assisted expenditures on medical services but 12 or 11 % and 5 or 5% are against this assertion while 9% are undecided. This implies that 75% of the workers are satisfied with the scheme.

Table 5: *Opinion of respondents whether education, enlightenment and advocacy campaigns for the NHIS has a way to address the fears and doubts of workers in general.*

Responses	Frequency (Observed)	Percentage %
Strongly Agree	49	44
Agree	35	31
Strongly Disagree	12	11
Disagree	5	5
Unknown	11	9
Total	**112**	**100**

Source: Researchers field work 2020.

Considering table 5, 35 or 31% and 16 or 14% of the respondents favoured the idea that education, enlightenment and advocacy campaigns for NHIS will confidently address the fears and doubts of the workers in general. 32 or 29% and 10 or 9% of the respondents disagreed with this conception. Also, 19 or 17% of the respondents remained neutral and indecisive.

Table 6: Opinion of the respondents whether the scheme is beneficial to the workers thereby boosting their moral and job satisfaction.

Responses	Frequency (Observed)	Percentage %
Strongly Agree	41	36
Agree	34	30
Strongly Disagree	17	16
Disagree	13	12
Unknown	7	7
Total	**112**	**10**

Source: Researchers field work 2020.

Looking at the above data, table 6 summarized that 41 or 36% and 34 or 34% of the respondents strongly agree and agree respectively that that the scheme is beneficial and has boosted the moral and job satisfaction of the workers. 17 or 16% and 13 or 12% answered to the contrary while 7 or 7% of the respondents claimed unknown. The above clearly displayed that NHIS has boosted workers moral.

Table 7: Opinion of respondents whether they have experienced delay, shortage of drugs, facilities and personnel in the designated hospitals of NHIS.

Responses	Frequency (Observed)	Percentage %
Strongly Agree	37	33
Agree	24	21
Strongly Disagree	13	12
Disagree	27	24
Unknown	11	10
Total	112	100

Source: Researchers field work,2020.

Table 7, indicates that 37 or 33% and 24 or 21% of the respondents strongly agree and agree respectively with the view that they have experienced delay, shortage of drugs, facilities and personnel at their visit to NHIS accredited hospitals. 13 or 12% or 27 or 24% of respondents are against the opinion while 11 or 10% are undecided. It is observed here that a larger percentage of the workers believe that there are shortage of drugs, facilities and personnel in the accredited NHIS hospitals. In order words, they are not satisfied with services of HMO'S and health service providers.

Table 8: Opinion of the respondents whether the scheme should be scrapped?

Responses	Frequency (Observed)	Percentage %
Strongly Agree	18	16
Agree	4	4
Strongly Disagree	42	38
Disagree	39	35
Unknown	9	7
Total	**112**	**100**

Source: Researchers field work, 2020.

In table 8, notably 20% of the respondents strongly support the view of scrapping the scheme while 73% of the respondents strongly disagree with this view. This means majority do not want the scheme to be scrapped, in order words, it is beneficial to them.

4.1 Discussion of results

i) Reduction of Medical Bills, Infant Mortality and Untimely Death

Before the introduction of the National Health Insurance Scheme, there were many cases of infant mortality and even untimely death among civil servants due to poverty and rise in the cost of health care services. Many could not afford health care services; there is a drastic reduction of cost of medical bills, infant mortality and untimely death of workers.

Tables 4 and 6 clearly show that over 70% of the workers accepted to have highly benefited from the health scheme. No wonder the high rate of 92% registered members as you can see in table 1.

ii) Encourages Staff Retention

The availability of a well thought out National Health Insurance Scheme like in the present dispensation enhances organization quest for staff retention. Workers are usually more willing to remain in an organization that provides credible and workable answer to their medical needs. No wonder in Table 8, 70% of workers of NIPOST opposed the scrapping of the scheme, thereby enhances staff retention in the organization. This attest to the fact of Chukwuemeka (2013) that motivation is the immediate influence on the employees to direct their action.

iii) Boost Employees Loyalty to their Employers

The introduction of the NHIS has enhanced and increased workers performance and effectiveness by making the employees more loyal and dedicated to their employers. This is made evident in tables 2 & 6 as over 72% of the workers believed that the NHIS has enhanced their productivity, effectiveness and performance. This is also confirmed when Huges and Man (1969) talking about productivity said "improving working conditions rising wages and increasing benefits make employees better satisfied, more loyal and productive". The act of motivating workers starts when they learn that the organization is ready to provide for their general welfare including health. This confirms Muo M.C & Muo IK(2018) arousal approach which seek to explain behaviour directed at maintaining or increasing level of excitement.

iv) Lack of Transparency and Accountability in the Management Of NHIS Fund

From the field survey conducted in table 3 clearly shows that 53% of the workers expressed their displeasure on the lack of transparency in the management of the monthly deductions from their salary with respect to NHIS. There should be at least quarterly audit exercise to show these funds are being expended and published for the perusal of the workers for the purpose of proper accountability.

v) Availability of Fund for the Scheme

Some of the objectives of the national health insurance scheme are (i) To ensure that every Nigerian has access to good health care service (Irrespective of their grade level) and (ii) To protect families from the financial hardship of huge medical bills (NHIS-Decree No 35 of 1999). The scheme is fully funded through the contributions of both the employees and employers fund will always be available to protect families of the workers from financial hardship of huge medical bills. Table 4 gave credence to these findings as over 74% of the NHIS has drastically reduced their expenditures on medical bills. Table 6 above, also attest to the fact that over 62% of workers have benefitted from the scheme, thereby boosting their job satisfaction.

vi) Unnecessary Delay, Shortage of Drugs, Facilities and Personnel

Though majority of the workers in NIPOST confessed positively of the advantages of the scheme since its inception, they left no stone unturned, expressing their displeasure of the problems they encountered with their health service providers (Hospitals). Table 7 clearly testified to the fact that 53% of the workers experienced delay, shortage of drugs, facilities and personnel as they visit their health service providers.

NHIS is also impeded by obsolete and inadequate medical equipment used by health services providers. The country suffers from perennial shortage of modern medical equipment such as radiologic and radiographic testing equipment and diagnostic scanners (Johnson & Stoskopt, 2009). And where these equipments are available, their repairs/servicing are always a problem. According to Oba (2009), this situation is not unconnected with corruption. Money meant to boost the health sector ends up in private pockets. An example is the 300 million naira scam involving the Minister of health and his assistants in 2008. Again, lack of adequate personnel in the healthcare sector is another impediment to the scheme. The country for instance had 19 physicians per 100,000 people between 1990 and 1999 (The Vanguard Editorial, 2005). In 2003, there were 34,923 physicians in Nigeria, giving a doctor-patient ratio of 0.28 physician per 1000 patients and 127,580 nurses or 1.03 nurses per 1000 patients as compared to 730,801 physicians or 2.5 per 1000 population in 2000 in the United States of America; and 2,669,603 nurses or 9.37 per 1000 patients. Out-migration of health personnel to the US, UK, Europe and other western/eastern countries is significantly responsible for the personnel situation in the health sector in Nigeria. For instance, in 2005 alone, there were 2,393 Nigerian doctors practicing in the US and 1,529 in the UK. Attributing factors include poor remunerations, limited postgraduate medical programs and poor conditions of service in Nigeria (WHO, 2007a). According to the World Bank Development Indicators (2005), the personnel situation in the healthcare sector influenced birth attendance in Nigeria. For instance, between 1997 and 2005 only 35% of births were attended to, by skilled health personnel in the country. The stakeholders in the National Health Insurance scheme should as a matter of urgency look into these as to finding a lasting solution. There should be a sound framework to check and vet the activities of the Health Maintenance Officers (HMO) and Health service providers for possible improvement. Human capacity development and continuous training of personnel should be emphasized.

5.1 Summary of findings

(i) The study revealed that NHIS has not been conducting regular audit to determine the uses of the fund..
(ii) Government funding of NHIS scheme is not verty effective to ensure smooth implementation
(iii) Drugs and other facilities used in the implementation of NHIS are in most cases not readily available
(iv) NHIS has drastically reduced high cost of medical bills , infant mortality and untimely death of workers.
(v) The programme has boosted employees' loyalty to their employers.
(vi) It has also fostered staff retention.

Conclusion

The National Health Insurance Scheme (NHIS) is a social security system put in place by the federal government to provide universal access to health care service in Nigeria. The scheme covers civil servants, the armed forces, the police, the organized private sector, students in tertiary institutions, self-employed, vulnerable persons, the unemployed among others. More than four years after the scheme became operational in Nigeria, inadequate and outdate medical equipment, perennial shortage of medical personnel, lack of awareness and poor funding is jointly affecting the potency of National Health Insurance Scheme in NIPOST and the nation in general. The provision of quality, accessible and affordable health care to all Nigerians would remain a mirage if these problems that weaken the potency of the scheme are not properly addressed.

5.2 Recommendations

(i) The NHIS programme implementers should closely monitored to ensure that the perceived bureaucratic bottleneck is stamped out

(ii) Continuous public enlightment and campaign by NHIS stakeholders is recommended..

(iii) Government strong commitment and political will through effective monitoring, supervision and enforcement of the provisions of NHIS decree should be pursued vigorously.

(v) Regular audit should be conducted to determine the uses of fund released for the enforcement of NHIS programme.

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