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AN EVALUATION OF THE IMPACTS OF THE NATIONAL HEALTH INSURANCE SCHEME ON THE EMPLOYEES' HEALTH STATUS AT THE UNIVERSITY OF IBADAN

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ABSTRACT

This study examines employees' health care status and provision of health care services under the National Health Insurance Scheme (NHIS) at the University of Ibadan, Nigeria. Data were collected from 383 randomly selected respondents through survey method. Eighteen in-depth interviews (IDIs) were conducted among nine male and female respondents each to reflect gender balance. The data generated through the questionnaire were analyzed at the univariate and bivariate levels. The qualitative data were analyzed using content analysis. The findings revealed a high level of awareness of the scheme among the employees, while employees perceived their health status as good following the usage of the health care services under the Scheme. The findings revealed the influence of NHIS on the perception of employees' health status at the University of Ibadan. It is recommended that necessary steps be taken to occupy employees while waiting for consultation with doctor such as provision of informative and educational materials.

Keywords: Keywords: National Health Insurance, Nigeria, Ibadan University.

1. INTRODUCTION

The challenges of providing accessible and affordable health care services in developing countries including Nigeria have continually been of concern to international agencies (WHO 2007). This is so because health facilities and nutritional requirements are poor (Owumi 2002), living healthy remains a fundamental problem and a number of other problems still prevail including lack of access to affordable health care services, poor distribution of health care facilities, shortage of drugs, poor attitude of health workers, the enormous cost of health services which is sometimes out of the reach of the poor, poor infrastructure and poor health education strategy (Jegede 2004). In fact many Nigerians are living below the poverty line and cannot afford minimum health requirements (World Bank 1996). This concern over the years has engendered several health policies including the introduction of the National Health Insurance Scheme (NHIS) in Nigeria. To further legitimize this new order of things concerning health, Federal Government directed the Federal Ministry of Health to start the scheme in the

country (Adesina 2009) under Decree No 35 of May 1999. The Scheme was officially launched on 6th June 2005 and commencement of services to enrollees started in September 2005 in the country. There are five major stakeholders in the scheme; namely Employer, Employee, Health Care Provider (Primary and Secondary), Health Maintenance Organization (HMO) (the operators of the scheme) and the Government Agency (NHIS). By this, the nature of health care for federal workers is under the control of new stakeholders (Adesina, 2009). For participation in the scheme, contributors will first register with an NHIS approved HMO and thereafter register with a primary health care provider of their choice from an approved list of providers registered by their HMO. The contributor and his/her dependents are issued ID card at registration. In the event of sickness, the ID card entitles the insured person, his/her spouse and four children under the age of 18years to full health benefits The influence of Health Policies on the Health Status of health care seekers has been researched upon by different scholars (Agba 2010, Ibiwoye and Adeleke 2009 Omoraun, Bamidele and Philips 2009).

The National Health Insurance Scheme in Nigeria which has been in existence now for over five (5) years has served employees in the formal sector. In this scheme, the healthcare of the employee is paid for with funds created by pooling together the contributions of employees and employers. The employer pays 10% while the employee pays 5% representing 15% of the employee's basic salary (NHIS 2010). This contribution covers health care benefit package for the employee, a spouse and four (4) biological children below the ages of 18years. The scheme as at February 2009 had registered over 4 million Federal civil servants and their dependants (Agba, 2010)

Health Insurance serves as a means of promoting universal Health coverage and has attracted considerable interest in the past (WHO, 2004). Yet, the multidimensional nature of health insurance generally makes more studies on different areas such as its coverage and access a necessity. Areas of interest in this paper include- beliefs about its values, perceived benefits of the healthcare services, perceived health care status, and employee self evaluation of the scheme by workers of the University of Ibadan under the NHIS.

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

More than five years since the commencement of NHIS in Nigeria, opinion is polarized among Nigerians on the efficacy of the scheme in addressing the health problems of workers in the country because of the disheartening report from previous studies (Agba 2010, Eboh 2008, Adeniyi and Onajole 2010).This study therefore examines employees' health status and the provision of health care services under the National Health Insurance Scheme (NHIS) in the University of Ibadan with a view to uncovering the influence of the scheme on the health status of the employees. There are only a few studies in Nigeria on National Health Insurance Scheme as it relates to employee health care status. Most of these studies are institutionally based and focus mainly on perception of workers (Jehu-Appiah, Aryeetey, Agypong,Spaan, and Baltussen, 2010; Onuekwisi,and Okpala, Sanusi and Awe, 2009). More so, such studies have neglected employees' self evaluation of the scheme in tertiary institutions evading the fact that the employee's health status is either influenced positively or negatively as assessed by the employees themselves. However by definition, this study regards employees as workers with the University of Ibadan whose contribution of 5% of basic salary is paid regularly in advance to

the HMO/ NHIS. The University of Ibadan is one of the formal public sector organizations that pay the required 10% of employees' basic salary to guarantee the employees and their dependents good health care services whenever they fall ill.

1.1 RESEARCH QUESTIONS

This study was guided by three principal research questions.

- What is the awareness level of the specific health care services available to the employees under the National Health Insurance Scheme?
- How does the perceived benefit influence the health care status of the employees?
- How do the workers perceive the influence of the NHIS on their health status?

1.2 RESEACH OBJECTIVES

The objectives of the study are:

- To identify the socio-economic characteristics of the employees.
- Discuss the perceived benefits of the specific health care services available in the scheme.
- Evaluate the influence of the NHIS on the health status of the workers.
- Assess the employees' awareness of the operational guidelines of the scheme.
- Make informed recommendations for the improvement of the scheme.

2. CONCEPTUAL FRAMEWORK: THE NIGERIA HEALTH INSURANCE SCHEME

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

- The universal provision of health care in Nigeria.
- To control/reduce the arbitrary increase in the cost of health care services in Nigeria.
- To protect families from the high cost of medical bills.
- To ensure equality in the distribution of health care service cost across income groups.
- To ensure high sector participation in healthcare delivery to beneficiaries of the scheme.
- To boost private equitable sector participation in health care delivery in Nigeria.
- To ensure adequate and equitable distribution of healthcare facilities within the country.
- To ensure that, primary, secondary and tertiary health care providers are equitably patronized in the federation.
- To maintain and ensure adequate flow of funds for the smooth running of the scheme and the health sector in general (NHIS Decree No 35 of 1999, part II: 5 NHIS, 2009.

It is contemplated that the health care providers under the scheme shall provide the following benefits for the contributors. The contributors to the scheme are expected to enjoy the

following benefits under the scheme. Outpatient care, including necessary consumables; Prescribed drugs, pharmaceutical care and diagnostic tests as contained in the national essential drug list and diagnostic test lists; Maternity care for up to four live births for every insured contributor/couple in the formal sector program; Preventive care, including immunization, as it applied in the national program in Immunization, Health Education, Family planning, antenatal and postnatal care; Consultation with specialist, such as physicians, paediatricians, obstetricians, gynaecologists, general surgeons, orthopaedic surgeons, ENT Surgeons, dental surgeon radiologist, psychiatrist, ophthalmologists, physiotherapist etc; Hospital care in a standard ward for a stay limited to cumulative 15days per year. Thereafter the beneficiary and/or the employer pay. However the primary provider shall pay per diem for bed space for a total 15 days cumulative per year; Optical examination and care, excluding the provision of spectacles and contact lenses; A range of prostheses (limited to artificial limbs produced in Nigeria) and Preventive dental care and pain relief (including consultation, dental health education, amalgam filing, and simple extraction).

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

Despite the efforts of the Nigeria's health care system to widen health services, and offer satisfactory health care services, health status of the vast majority of the citizens remain a major problem. Nigeria's overall health system performance is reported to be ranked 187th among the 191 member states 2000 (Wikipedia 2009) the 2006 MDG report of the country indicates that the country is still struggling to meet the MDG health goals (NPC 2006)

Many studies have argued that inadequate resources is one of the main reason for the low health status of Nigerians and this could also explain the regional variations in health status. It is therefore not surprising that the health outcomes in the country vary across the geopolitical zones of the country. For instance, the total fertility rate for the country is 5.7 in 2008, 6.5 and 4.3 in the Northern and Southern parts of the country respectively, the same disparities exist in child nutritional indicators. According to 2007 multiple indicator cluster survey (MICS), 8.3 percent of children was underweight while 19.4 were stunted. These are indications that the differential development in the two locations might not be unconnected. Survey (DHS) that provide information on a wide range of indicators in the areas of population, health and nutrition. Findings suggest that the introduction of the NHIS has a positive and significant effect on utilization of health care services. In particular, findings show that being enrolled in the NHIS positively affect the (a) probability of formal antenatal checkup before delivery (b) the probability of delivering in the institution and (c) the probability being of being assisted during delivery.

Whereas the American system of health care delivery is not evenly distributed geographically, the existing health care delivery system is a conglomerate of health practitioners, agencies and other institutions. The health insurance coverage in U.S. for persons aged 65 and over is by Medicare while the remainder of the American population under age 65 is provided by private insurance and paid for by the individuals, the individual employer or by some combination thereof. The program that currently exists includes health insurance, old age pension, sickness benefits for income loss to illness or injury and unemployment insurance in the form of a allowance for children. By contrast, the health care delivery in the Federal Republic of Germany is organized around three principle components – (i) compulsory insurance, (ii) free health service, (iii) sick benefits. The German government does not play a major role in the financing of health services. The government primary function is one of administration. The federal ministry of labor and social affairs exercise general supervision of

the health care board. Sweden does not have a National insurance policy but has a national health service that is financed through taxation. In Great Britain, BNH Services which was founded in 1948 caters for the health needs of the citizens by funding the hospital facilities employing health workers through the use of funds collected by taxation. Health services are essentially free to those who use them.

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3. LITERATURE REVIEW

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

Sanusi (2009) report that respondents who have been treated under the program wanted it discontinued. This indicates that people have little hope in the program. They do not think that the program is worth keeping owing to the way that previous schemes and projects turned out in recent times. However, the study did not provide reason why the people wanted the scheme discontinued. Adeniji and Onajole (2010) did a study on perception of dentist in Lagos state, findings showed that majority of them viewed NHIS as a good idea that will succeed if properly implemented and majority of them believed that the scheme will improve access to oral health service, affordability and availability of service. Onwekusi (1998) carried out a study to assess NHIS among Nigeria health care Professional workers in Nigeria. Findings showed that Nigeria health care professionals who are main stakeholders in the program have grossly inadequate knowledge of rudimentary principle of the operation of the social health insurance scheme. This study was however carried out on healthcare professionals who are also important stakeholders in the scheme. Dienye et al. (2011) conducted a study on the sources of health care financing among surgical patients in a rural Niger Delta practice on the issue of health care insurance knowledge.

In a study conducted by Cafferata (1984) on knowledge of health insurance in America, findings revealed that among the population 65 years of age and above, knowledge about health insurance coverage is substantial, but generally lower than the population younger than 65 years of age. This implies that those who fall ill are more knowledgeable than those that were ill. A study in Canada by Broyles et al. (1983) on the use of under a national health insurance scheme: An examination of the Canada health survey, their findings revealed that the Medicare program has resulted in an equitable distribution of physician services. However, the focus of this study is on employee self evaluation of their health status at the University of Ibadan.

4. METHOD AND MATERIALS

The research design was based on the survey method which involved the combination of quantitative and qualitative research methods. The survey method was complemented with in-depth interviews (IDIs). This combination permitted the extraction of descriptive and narrative information concerning the issue of health care status of employees. The triangulation also compensates the weakness of the other so as to have a realistic view of the social realities. The qualitative method focused on the research phenomena central to the labor force in their work environment and teased out meaning from the interviews.

The study area which is the University of Ibadan is the Nigeria's Federal premier University was purposively selected. The University is located in an urbanized setting with the advantage of its proximity to the University College Hospital (UCH) which is the first teaching hospital in Nigeria was purposively selected. The institution is a public formal sector with employees (academic and non-academic) covered by the National Health Insurance Scheme (NHIS) that are assured of access to good health care services in its first phase. In this, we were able to target employees who are also citizens of Nigeria that are covered by the scheme and making their monthly contributions to NHIS.

Primary data were elicited through survey using questionnaire in combination with in-depth interviews (IDIs) while secondary data were obtained from already existing literature in relevant subject matter. Primary and secondary data were obtained to generate robust information for the study. The questionnaire schedule contained open and closed questions which were pre-coded and validated. In-depth interview guide was also were validated by experts. In-depth Interviews were undertaken using a guide that ensured discussions following specific objective of the study. While the questionnaire administration was carried out by the researchers and three field assistants trained prior to data collection, the IDIs were undertaken by the researchers themselves.

The study population, for both quantitative and qualitative data comprised of the academic and non-academic employees of the University of Ibadan who are users of the NHIS. A multistage sampling technique was used in selecting the actual respondents for the study. First the University of Ibadan was purposively selected because the employees are federal workers in the public service sector which is in the first phase that covers all employees of the University. Secondly, using Stratified sampling method, the University was stratified into units out of which eight units were selected using the simple random technique. Finally, a purposive sampling method was used to identify employees that use the scheme across the eight designated areas because of the danger of including those who do not use the scheme. In the end, a total of four hundred and two respondents (male and female) were selected to participate in the study though three hundred and eighty-three questionnaires were found to be usable after data entry, cleaning and editing were done.

For in-depth interviews (IDIs), a total of 18 in-depth interviews (IDIs) (9 males and 9 females) was conducted to reflect gender balance and, provided a subjective description of health status. Permission was sought to record responses on tape as respondents were assured of confidentiality of information provided. Data collection lasted 10 days for the whole.

The analysis was carried out at the univariate level for the quantitative data generated through the survey questionnaires. At the univariate level the analysis involved the use of descriptive statistic such as frequencies distributions and percentages. The demographic data included age, sex, and marital status, level of education and nature of employment. Qualitative models of data analysis provided ways of examining, discerning, and interpreting meaningful patterns affecting health care status. Analysis started with the first reading and listening to tape that was used to record information over and over again to ensure proper transcription. To check for validity of transcription, 5% of the tapes were re-transcribed by another person to ascertain the accuracy of the information recorded. A coding manual was developed for after which the data were analyzed using content analysis. This was necessary because the study involved qualitative and quantitative research which promoted a unique synthesis that enhanced the understanding of the processes at play in self-evaluation. The words generated were transcribed, described, summarized and interpreted to provide insight into the influence of the National health insurance scheme (NHIS) on the employees' health care status. Insights were imported into the various aspects of the study findings on the basis of their relevance to the discourse of the study. The respondents gave informed voluntary consent for participating and were assured of their confidentiality and anonymity and that there will be no harm done to them. They were also assured that they had the right to withdraw from participating at any time during the exercise.

5. RESULTS AND DISCUSSIONS

The findings reveal that the majority, approximately 43 percent of the employees fall within the ages of 31-40. This represents the active ages of employees within the labor force as well as in the University of Ibadan. The sex distribution of respondents in table 1 shows that over half of the respondents are males (55.1 percent). However the difference is negligible when compared to many spheres of life where males are significantly dominant over the female. On the level of education of the respondents, a huge percentage, 86.4 percent has a tertiary education. This is not surprising because the study area is a tertiary institution. Majority,(91.4 percent) of the respondents are married and have dependents that benefit from the scheme. The nature of employment reveals that 55.1 percent are non-academic staff while 44.9 percent are academic. The difference in proportion though not too wide may be considered typical of a tertiary institution.

Table 1: Socio-demographic Characteristics of the Respondents (N= 383)

Variables	Responses (categories)	Frequency	Percent
Age	20-30	39	10.2
	31-40	163	42.6
	41-50	102	26.6
	51-60	75	18.8
	61	2	1.8
Sex	Male	211	55.1
	Female	172	44.9
Marital Status	Single	29	7.6
	Married	350	91.4
	Widow	1	0.25
	Separated	3	0.15
Level of Education	Primary	4	1.1
	Secondary	18	12.5
	Tertiary	331	86.4
Nature of Employment	Academic	172	44.9
	Non-academic	221	55.1

To generate information on knowledge of the operation guidelines respondents were asked questions related to knowledge. The knowledge of employees about the operational guidelines of NHIS will not only help them understand the essence of the scheme but also provide them with a basis and criteria for evaluating the performance of the scheme. To this end, the respondents' views were examined regarding specific knowledge of NHIS operational guidelines. The majority, 33 percent of the respondents identified contribution towards the scheme as the specific knowledge about the operational guideline of NHIS. This is not surprising because most of the employees are conversant with their monthly contribution of 5% and the employers' contribution of 10% together towards the scheme. Again, 30 percent identified membership as specific knowledge of operational guideline of the scheme. It shows that many who are contributors also have knowledge of their membership status. While 24 percent identified the benefit package as the area of specific knowledge of operational guideline of the scheme, 13 percent identified scope of coverage as the area of specific knowledge of the scheme. In a similar study by Agba (2010), it is reported that most of the respondents had a good knowledge of the operational guidelines of the scheme. It thus shows the employee awareness level of NHIS. The reason for this may be attributed to the research environment where the study was conducted and where most people are elite.

Table 2: Respondents' view about specific knowledge of NHIS Operational Guidelines

Responses	*Frequency*	*Percent*
Scope of Coverage	92	13
Benefit package	126	24
Membership	115	30
Contribution	50	33
Total	383	100

To generate information on respondents' perceived benefits, they were asked questions about their opinion of the benefits. An insight into the benefits perceived by respondents on specific health care services of NHIS provides information for evaluating the performance of the scheme and possible areas on which improvements need to be made. The NHIS covers health care areas such as free maternity care, consultation, medical treatment, nursing care services and prescribed drug supply from which enrollees can benefit. The prominent areas reported by the respondents include, Free Maternity Care (48 percent), Prescribed Drugs (17 percent), Consultation (11 percent), Nursing Care Services (13 percent), only 6 percent claim that Medical Treatment is the aspect from which they derived their benefits.

An IDI informant noted that there were many benefits to gain from using the scheme when individuals go to seek healthcare in the University health services. Such included access to different consultants/specialist during consultations that could meet the health needs of clients when patients are being referred. Another informant corroborated this by saying, she enjoys the benefit of collecting drugs from the University health centre because of the free consultation she needs and during the period she is pregnant because the cost is practically free because she is using the scheme. These views were not surprising because a large proportion of the respondents were within the ages of the married and fertile. The expectations of the family concerning having children are enhanced in a society where the culture puts a premium value on the existence of children (Owumi 2002). The data presented above shows what the respondents' want to benefit from the scheme. This is evidence of outcome benefits achieved by the respondents (see tables 2,3, 4). The working class is obviously aware that health seeking under the scheme in the University of Ibadan will give them access not only to consultation within but also to consultation outside the setting for specialist attention made possible through referrals.

Table 3: Perceived benefits of specific health care services under NHIS, N=383

Responses	Frequency	Percent
Free maternity care	184	48
Prescribed Drug supply	63	16.8
Consultation	60	10.5
Medical Treatment	23	6
Nursing care services	53	13

Table 4: Percent Distribution Of Respondents By Perception Of Their Healthcare Status, N= 383

Categories	*Frequency*	*Percent*
Excellent Health Status	75	18.6
Good	163	42.6
Fair	102	26.6
Poor	2	1.8
Very Poor	39	10.2
I don't Know	2	1.8

An insight into the perceived self assessment by the respondents of their health care status provides information for evaluating their current health care status following their usage of the scheme. It was pertinent to examine respondents' perceptions of their health care status. While nineteen percent claimed that their health status was excellent, about 43 percent claim that their health status was good. It shows that many of those who registered are really using the scheme and experience better health. Twenty-seven percent claims that their health status was fair, only 2 percent claim that their health status was poor while 1.8 percent claims that they do not know as shown in table 4.

Table 5: Respondents' view of experiences in the usage of the services under the scheme that has influenced their health are statuses, N= 383

Categories	*Frequency*	*Percent*
Delays in release of Names	258	67.7
Non-consultation with all stakeholders	2	1.0
The age limit	70	18.3
Improper attention by the HealthCare Provider	53	14.0

The knowledge of the employees' view of the factors that influence the usage of the scheme gives insight into the important challenges influencing their ease of access to the scheme as shown in table 5. The majority, approximately 68 percent of the respondents said there were delays in the release of names in accessing the service, while 18 percent said the age limit (below18years) was not in their interest. 14 percent said improper attention by the health care providers. Only 1.0 percent of the respondents said Non-consultation with all stakeholders. This is probably due to the long waiting period experienced by the respondents.

6. CONCLUSION

There has been little evidence to document the influence of NHIS on the health status of the employees of the University of Ibadan. This should be of interest to policy makers in the country. It is necessary to understand the importance of employees' socio-demographic characteristic, knowledge of operational guidelines of the National Health Insurance Scheme (NHIS), perception of their health care status and benefits derived from the scheme. Employees' health care status and the National Health Insurance Scheme (NHIS) in the University of Ibadan

have a close interactive relationship that also has implication for health service usage in the community. The study has revealed that health care services under NHIS have influenced the health care status of the employees of the University of Ibadan. Findings have shown that there is heightened level of awareness of the scheme among the workers of the University of Ibadan.

The study has also revealed that there is improved health care status of the services under the National Health Insurance Scheme. The majority of the respondents claim that their good health status is associated with the use of Health care services provided under the NHIS. The majority of the respondents are aware of the benefit package under the NHIS. The government's effort in disseminating information through the media and public lectures jointly contributed to this high level of awareness of the scheme. Our qualitative interview of the respondents revealed the categorization of the subjective views of their health care status. We contend here that their bodies belong to them and their subjective assessment can be relied upon because they are the ones being influenced by the health care services. The immediate implication of the foregoing was that satisfaction with the different health care service under the NHIS has influenced their health care status.

The cumulative influence of the different aspects of health care services perhaps explains the best health care status of the employees (workers) of the University of Ibadan. The study clearly shows the need for further research to be carried out in other federal Universities across the Nation into the issues of NHIS and University employees. It would be of interest to do a comparative study involving different Universities. Again the essence of the scheme cannot be over emphasized as it serves a large proportion of individuals that it is available and accessible to. However, while this scheme serves this large majority, a reasonable proportion of the larger society is yet to access this scheme because they either do not belong to the working class or due to the fact that they do not have their names on the government's payroll. It is therefore expedient to conduct research on the larger society who have to access to this scheme and compare their health statuses accordingly and begin to recommend modalities for including them in the scheme while also working seriously on the quality of health care services as well as other social services that are provided under the scheme including the quality of drugs provided. Again, while the scheme cannot cover some particular kinds of ailment and particular kinds of drugs, it also necessary to research in the highly demanded drugs and prevalent kinds of ailment that the scheme does not cover and begin to redress the possibility of including these issues and process avenues to develop capitation to cover such diseases. This in the long-run will improve the overall health status of employees and in turn the Nigerian citizenry.

7. RECOMMENDATIONS

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

It is strongly recommended that telling employees how long they will have to wait before consultation with the doctor will be important and necessary steps need to be taken to occupy the employees while waiting for consultation with the doctor. This can be achieved by providing them with newspapers or magazines to read. This step will help occupy the employees seeking health care services under the scheme. There should be a continual creation of awareness by the government so that those who are presently not knowledgeable about the scheme will have no excuse.

There is also the need to examine the long period it takes before the dispatch of registration cards to the employee so as to make it easy for those relocating from one place to another during health seeking. The current payment of ten percent for drugs assessed should be discouraged if the Government actually wants the people to enjoy the scheme to its fullest. This will go a long way in enabling the Users to have more confidence in the program effectiveness and in addition prevent the people from participating in the scheme. The situation in which patients are asked to go and buy drugs which are not available should be discouraged. This does not match the objectives of the scheme. In essence, the Government should as a matter of necessity make all kinds of drugs prescribed by the doctor readily available to the employee, especially those covered by the NHIS drug list. This will not only reduce employees out-of-pocket spending but will improve and save man-hour. Insomuch as the majority of the respondent attest to NHIS improving their good health status, the government should not stop at that but continue to provide more medical equipment to cater for the employees various health needs when required.

There is need for National surveys on workers' self evaluation of the scheme to enable the country formulate policies for addressing medical needs which will enhance employees' health status.

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