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ASSESSMENT OF THE PLIGHT OF NATIONAL HEALTH INSURANCE SCHEME AMONG FEDERAL CIVIL SERVANT ENROLLEES IN KEBBI STATE NIGERIA

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ABSTRACT

The study assessed the plight of NHIS among Federal civil servant enrollees in Kebbi State, Nigeria. To achieve this purpose, ex-post facto research design was used. The population for this study was eight thousand, one hundred (8, 100) federal civil servants in Kebbi State. The sample size of 380 was selected using Yamane's equation. The instrument for data collection was a structured questionnaire developed by the researcher and it was validated by five (5) experts in the Department of Human Kinetics and Health Education, and Nursing Sciences, Ahmadu Bello University Zaria. The Descriptive statistics of frequency and simple percentages were used to analyze the demographic characteristics of the respondents. Inferential statistics of one-sampled t-test and ANOVA were used to test the stated hypotheses at a 0.05 level of significance. The result revealed that there is a significant plight of NHIS services by NHIS ($t = 53.82$, $p = 0.000$); and there is a significant difference in the plight of NHIS services among different institutions ($f = 42.029$, $p = 0.000$). Based on the results, the study concluded that NHIS services face numerous plight among federal civil servant enrollees in Kebbi State; and the plight of NHIS services differ among various institutions in Kebbi State. Based on the conclusion, the study recommends improvements in addressing the NHIS-related plight of federal civil servants in Kebbi State, and more improvements and motivation for NHIS facilities and equipment to sustain the scheme and encourage positive attitudes towards its services.

Keywords: Assessment, Plight of, NHIS, Federal Civil Servant, Enrollees

Introduction

Health insurance is a critical component of healthcare systems worldwide, designed to provide financial protection against the high costs of medical care and improve access to quality health services. The concept of health insurance has evolved significantly over the past century, becoming an essential mechanism for achieving universal health coverage (UHC) - a key target of the United Nations Sustainable Development Goals (SDGs) (World Health Organization [WHO], 2021). Despite its importance, the implementation and effectiveness of health insurance schemes vary greatly across different regions and countries, with many nations still struggling to achieve comprehensive coverage and ensure equitable access to healthcare services.

Globally, the landscape of health insurance is diverse, with countries adopting various models ranging from single-payer systems to multi-payer schemes and hybrid approaches. According to the WHO (2021), approximately 930 million people worldwide spend at least 10% of their household budget on healthcare, with nearly 90 million people pushed into extreme poverty due to out-of-pocket health expenses annually. In high-income countries, health insurance coverage is generally widespread, with an average of 98% of the population covered in OECD nations (Organization for Economic Co-operation and Development [OECD], 2023). However, the situation is markedly different in low- and middle-income countries, where insurance coverage rates are significantly lower, and out-of-pocket payments remain a primary source of healthcare financing.

The African continent faces particularly acute challenges in implementing and sustaining effective health insurance schemes. With a population of over 1.3 billion people, Africa bears a disproportionate burden of global disease while having the least resources to combat health issues (African Union [AU], 2022). According to the World Bank (2023), only 2% of total global health expenditure occurs in Africa, despite the continent accounting for 16% of the world's population and 23% of the global disease burden. Health insurance coverage in Africa varies widely, with some countries like Rwanda achieving near-universal coverage through community-based health insurance schemes, while others struggle with coverage rates below 10% (Dake et al., 2021). The African Union's Agenda 2063 emphasizes the importance of strengthening health systems and expanding social protection, including health insurance, as key priorities for the continent's development (AU, 2022).

In Nigeria, the National Health Insurance Scheme (NHIS) was established in 2005 with the ambitious goal of providing universal health coverage to all Nigerians. However, nearly two decades after its inception, the scheme has faced numerous challenges in achieving its objectives. According to the estimates from the National Bureau of Statistics (2022), only about 5% of Nigeria's population is covered by any form of health insurance, leaving the vast majority of citizens vulnerable to catastrophic health expenditures. This low coverage rate is particularly concerning given Nigeria's status as Africa's most populous nation, with over 200 million inhabitants (United Nations Population Division, 2023).

The plight of NHIS among federal civil servant enrollees in Nigeria presents a microcosm of the broader challenges facing the scheme. Federal civil servants, who were among the first beneficiaries of the NHIS, have experienced a range of issues that have undermined the effectiveness of the program. These challenges include inadequate funding, poor quality of healthcare services, limited access to accredited healthcare providers, and delays in reimbursement to healthcare facilities (Adeloye et al., 2022). A study by Obikeze and Onwujekwe (2020) found that only 62% of federal civil servants enrolled in the NHIS reported satisfaction with the scheme, citing issues such as long waiting times, drug stockouts, and inadequate coverage for certain medical procedures.

Previous studies have highlighted several key challenges faced by the NHIS in Nigeria. Aregbeshola and Khan (2018) identified poor governance, inadequate funding, and weak regulatory frameworks as major impediments to the scheme's success. Their research revealed that the NHIS suffers from a lack of political will, insufficient financial resources, and limited capacity to enforce quality standards among healthcare providers. Additionally, Uzochukwu et al. (2021) found that awareness and understanding of the NHIS among potential beneficiaries remain low, with many Nigerians unaware of their rights and benefits under the scheme.

A significant issue facing the NHIS is the inequitable distribution of healthcare facilities and personnel across the country. Adewole et al. (2022) reported that rural areas and certain geopolitical zones, particularly in northern Nigeria, have significantly fewer accredited healthcare providers under the NHIS compared to urban centres. This disparity leads to reduced access to care for enrollees in underserved areas, undermining the scheme's goal of equitable healthcare access. Furthermore, the study found that even in areas with adequate healthcare facilities, the quality of care provided to NHIS enrollees often falls below acceptable standards due to inadequate monitoring and evaluation mechanisms.

The financial sustainability of the NHIS has also been a subject of concern. Onoka et al. (2019) analyzed the financial flows within the NHIS and found that the scheme faces significant challenges in mobilizing adequate resources to cover its operational costs and expand coverage. The study revealed that the current premium structure and collection mechanisms are insufficient to support the scheme's ambitious goals, leading to a heavy reliance on government subsidies. This financial instability has resulted in delays in reimbursements to healthcare providers, which in turn affects the quality and availability of services to enrollees.

The experiences of federal civil servant enrollees in Kebbi State, Nigeria, reflect many of these national challenges while also highlighting some unique regional issues. Kebbi State, located in the northwestern part of the country, has one of the lowest health insurance coverage rates among its population, with estimates suggesting that less than 2% of the state's residents are enrolled in any form of health insurance (Kebbi State Ministry of Health, 2022). Federal civil servants in the state have reported difficulties in accessing quality healthcare services, with many forced to travel long distances to find accredited NHIS providers. A survey conducted by Ibrahim et al. (2021) found that 73% of federal civil servant enrollees in Kebbi State had experienced at least one instance of being unable to access needed healthcare services due to NHIS-related issues in the past year. It is against this background that the researchers deem it fit to assess the plight of the NHIS among federal civil servant enrollees in Kebbi State, Nigeria.

Purpose of the Study

The main purpose of this study is to assess the plight of NHIS among Federal civil servant Enrollees in Kebbi State, Nigeria. Specifically, the study intends to:

3. Identify the plight of NHIS among federal civil servant enrollees with the NHIS services in Kebbi State Nigeria
4. Determine if the plight of NHIS services differs among institutions in federal civil servant enrollees in Kebbi state Nigeria.

Research Questions

This study was guided by the following research questions:

1. What are the plight of NHIS among federal civil servant enrollees in Kebbi state Nigeria
2. Does the plight of NHIS differ among institutions of federal civil servants' enrollees in Kebbi State Nigeria?

Hypotheses

The following hypotheses were formulated for the study:

1. There is no significant plight of NHIS among federal civil servant enrollees in Kebbi State
2. There is no significant difference in the plight of NHIS among different Institutions of federal civil servant Enrollees in Kebbi State Nigeria.

Methodology

An ex-post facto research design was employed. The ex-post facto design is particularly suitable for obtaining an overall assessment of a situation at the time of the study. The population of this study consists of all 8,100 federal civil servants in Kebbi State. A sample size of 380 was selected using Yamane's formula. The sample was proportionally allocated across the five federal institutions. The instrument used for data collection was a four-point Likert scale questionnaire developed by the researchers. The questionnaire comprised two sections. Section A contained 5 items on the demographic characteristics of the respondents, while Section B included 33 statements on the plight of the NHIS among federal civil servants enrolled in Kebbi State. The validity of the instrument was ensured through a review by five experts from the Department of Human Kinetics and Health Education at Ahmadu Bello University, Zaria. The completed questionnaires were collected by the researchers immediately upon completion. Once all the data were gathered, the questionnaires were sorted, coded, and subjected to statistical analysis using the Statistical Package for Social Sciences (SPSS) version 26.0. Descriptive statistics, including frequency and percentages, were used to describe the demographic characteristics of respondents, the research questions were answered using mean and standard deviation, and inferential statistics such as one-sample t-tests and ANOVA were employed to test the hypotheses at a significance level of 0.05.

Result

Demographic Characteristics of the Respondents

Table 1: Demographic Characteristics of the Respondents

Variables	Frequency	Percentage (%)
Age Range in Years		
15 - 19 Years	16	4.2
20 – 24 Years	74	19.5
25- 30 Years	85	22.4
31-35 years	103	27.1
36-41 years	59	15.5
40 - 44 Years.	33	8.7
45 Years and above	10	2.6
Total	**380**	**100.0**
Gender		
Male	164	42.5
Female	216	57.5
Total	**380**	**100.0**
Level of Education		
Primary School Leaving Certificate	10	2.6
WASC/G.C.E/SSCE.	45	11.8
NCE/OND	32	8.4
HND/B.Sc./B.Ed/B.A	138	36.3
Postgraduate	155	40.8
Total	**380**	**100.0**
Marital Status		
Married	322	84.7
Single	33	8.7
Divorced	21	5.5
Widowed	4	1.1
Total	**380**	**100.0**
Institution		
Umaru Waziri Federal Polytechnic Birnin Kebbi	63	16.6
Police Clinic Birnin Kebbi	167	43.9
Federal University Birnin Kebbi	63	16.6
Federal Teaching Hospital Birnin Kebbi	74	20.34
Federal University of Agriculture Zuru	33	8.7
Total	**380**	**100.0**

Table 1 presents the demographic characteristics of the respondents, revealing that the largest age group is between 31-35 years, representing 27.1% of the sample. Following this group, 22.4% of respondents fall between the ages of 25-30, while 19.5% are aged 20-24, indicating that the majority of respondents are middle-aged and young adults. Older age groups, such

as those aged 40-44 years (8.7%) and 45 years and above (2.6%), form a smaller portion of the sample. In terms of gender distribution, the sample is predominantly female, with women accounting for 57.5% of the respondents compared to 42.5% of males, suggesting a higher representation of female federal civil servants in the study.

Educationally, the respondents are highly qualified, with most holding postgraduate degrees (40.8%) or bachelor's degrees (36.3%). A smaller percentage possess WASC/G.C.E/SSCE (11.8%), NCE/OND (8.4%), or primary school leaving certificates (2.6%). The sample is also largely composed of married individuals, who make up 84.7% of the respondents, while singles represent 8.7%, divorced individuals 5.5%, and widows 1.1%. Regarding job roles, non-academic staff dominate the sample, accounting for 66.6%, while academic staff comprise 33.4%, indicating that non-academic federal civil servants form the majority of the workforce in this study.

Research Question One: What are the plight of NHIS among federal civil servants' enrollees in Kebbi State Nigeria?

Table 2: Mean Scores of Responses on Plight of National Health Insurance Scheme (NHIS) among Federal Civil Servants in Kebbi State Nigeria

S/N	The plight of the National Health Insurance Scheme (NHIS)	Mean	Std Dev
1	Poor out-patient care is a plight of NHIS services.	3.97	0.91
2	Inadequate prescribed drugs	3.85	0.82
3	Inadequate pharmaceutical care in NHIS.	3.84	0.90
4	Poor diagnostic tests	3.85	0.67
5	Lack of Maternity care for up to four (4) live births for every insured contributor/couple in the Formal Sector Programme.	3.97	0.64
6	Poor immunization service	3.56	0.83
7	Poor paediatricians services	3.57	0.87
8	Lack of obstetricians,	2.72	0.76
9	Inadequate gynaecology service	2.66	0.73
10	Poor general surgery.	3.28	0.78
11	Very low orthopaedic surgery.	2.71	0.69
12	Inadequate ear nose and throat (ENT) services.	3.60	0.91
13	Poor dental surgery and care.	2.75	0.82
14	Lack of radiology service.	3.31	0.90
15	Very low psychiatry service.	3.31	0.67
16	Inadequate ophthalmology service.	3.55	0.64
17	Lack of physiotherapy service	3.85	0.83
18	Poor eye examination.	3.52	0.87
19	Lack of spectacles and contact lenses.	3.19	0.76
20	Poor range of prostheses limited to artificial limb products.	3.31	0.73
21	Very low of amalgam filling.	2.69	0.78
22	Lack of health talks	2.64	0.69
23	Inadequate simple extraction.	2.62	0.91
24	Lack of individual counselling.	2.58	0.82
25	Lack of consumer awareness and participation.	3.42	0.90
26	Inadequate laboratory facilities for test	2.85	0.67
27	Lack of basic structure and equipment for treatment of disease by NHIS in my workplace.	2.56	0.64
28	High out-of-pocket expenditure on health.	3.37	0.83
29	Poor human resources and management.	2.72	0.87
30	Poor remuneration and motivation to cover emergency cases.	2.66	0.76
31	Lack of fair and sustainable health care financing for prompt treatment of illness.	2.58	0.73
32	Pervasive corruption by officials while trying to see doctors.	2.71	0.78
33	Absence of integrated system for disease prevention, surveillance and treatment reporting.	2.60	0.69
	Aggerated mean	**3.16**	**0.78**

Decision Mean – 2.50

Table 2 presents responses on the plight of NHIS among federal civil servant enrollees in Kebbi State Nigeria. The table shows that the main plight with NHIS services includes poor outpatient care (mean score of 3.97), inadequate prescribed drugs (3.85), inadequate pharmaceutical care (3.84), and poor diagnostic tests (3.85). Additionally, there are significant gaps in the provision of maternity care (3.97), immunization services (3.56), pediatric services (3.57), and general surgery (3.28). The research also highlights issues with the availability of specialized services such as obstetrics and gynaecology (2.72, 2.66), orthopaedic surgery (2.71), ear, nose, and throat (ENT) services (3.60), and ophthalmology (3.55). Other notable plight includes the lack of radiology services (3.31), very low psychiatry services (3.31), inadequate physiotherapy (3.85), lack of eye examination services (3.52), and the limited range of prostheses and dental services (3.19, 2.69, 2.62). The research also points to issues with health talks (2.64), individual counselling (2.58), laboratory facilities (2.85), and basic treatment infrastructure (2.56) within the NHIS.

However, the aggregate mean score of 3.16 was obtained which was greater than the decision mean of 2.50. indicating that the majority of the issues are considered significant problems. Based on these findings, it is clear that the NHIS in Kebbi state is facing numerous plights in providing comprehensive and quality healthcare services to its enrollees.

Research Question Two: Does the plight of NHIS differ among Institutions of federal civil servants' enrollees in Kebbi State Nigeria?

Table 3: Mean Ranking of Plight of NHIS difference among Institutions of Federal Civil Servants' Enrollees in Kebbi State Nigeria

Institutions	N	Mean	Std. Dev.	Rank
Umaru Waziri Federal Polytechnic Birnin Kebbi	43	4	0.12	1st
Police Clinic Birnin Kebbi	167	3.76	0.43	2nd
Federal University Birnin Kebbi	63	3.49	0.50	3rd
Federal Teaching Hospital Birnin Kebbi	74	3.22	0.41	4th
Federal University of Agriculture Zuru	33	3.18	0.39	5th

Table 3 highlights the mean ranking of the level of plight experienced by federal civil servants enrolled in the National Health Insurance Scheme (NHIS) across different institutions in Kebbi State, Nigeria. Umaru Waziri Federal Polytechnic Birnin Kebbi had the highest mean ranking of 4.0, indicating that federal civil servants at this institution faced the greatest difficulties in accessing healthcare services. The Police Clinic in Birnin Kebbi followed closely with a mean ranking of 3.76, also reflecting significant challenges. Federal University Birnin Kebbi ranked third with a mean of 3.49, while the Federal Teaching Hospital Birnin Kebbi had a lower mean ranking of 3.22, suggesting relatively fewer challenges. The lowest mean ranking of 3.18 was observed at the Federal University of Agriculture in Zuru, indicating the least difficulty in accessing healthcare services through the NHIS. Overall, the findings show significant differences in the level of plight experienced by federal civil servants across these institutions, with Umaru Waziri Federal Polytechnic and the Police Clinic being the most challenging for enrolled staff.

Hypotheses Testing

Hypothesis One: There is no significant plight of NHIS among federal civil servants Enrollees in Kebbi State Nigeria.

Table 4: One-Sample t-test Analysis of the plight of NHIS among federal civil servants Enrollees in Kebbi State

Variable	N	Mean	Std. Dev.	Df	t-value	p-value
Plight of NHIS	380	3.16	0.78	379	53.82	0.000
Test Mean	380	2.50	0.00			

p < 0.05, t-cal. > 1.966 at df 379

The result of the one-sample t-test statistics in Table 4 revealed that There was a significant plight of NHIS services among federal civil servants Enrollees in Kebbi State because the calculated p-value of 0.000 is less than the 0.05 level of significance and the calculated t-value of 53.82 is higher than the 1.966 critical t-value at 379 degrees of freedom (df). Therefore, the null hypothesis which stated that there is no significant plight of NHIS services among federal civil servant Enrollees in Kebbi State hereby rejected.

Hypothesis Two: There is no significant difference in the plight of NHIS among different Institutions of federal civil servant Enrollees in Kebbi State Nigeria.

Table 5: ANOVA Statistics on the plight of NHIS among different institutions of federal civil servants Enrollees in Kebbi State Nigeria.

Model	Sum of Squares	Df	Mean Square	F	Sig
Between Groups	28.519	4	7.130	42.029	.000
Within Groups	63.615	375	.170		
Total	92.134	379			

Table 5 shows that there was a significant difference in the plight of services available in NHIS among different institutions of federal civil servant Enrollees in Kebbi State Nigeria. This is because the calculated p-value of 0.000 is lower than the 0.05

alpha level of significance. Therefore, the hypothesis that stated that there is no significant difference in the plight of services available in NHIS among different institutions of federal civil servant Enrollees in Kebbi State Nigeria hereby rejected.

Discussions

Hypothesis one revealed that there is a significant plight of NHIS services by NHIS among federal civil servant enrollees in Kebbi State ($t = 53.82$, $p = 0.000$). The plight identified in the study are wide-ranging and encompass various aspects of healthcare service delivery under the NHIS. Poor outpatient care, inadequate access to prescribed drugs, limited pharmaceutical care, and poor diagnostic tests are among the key issues reported. The lack of maternity care for up to four live births per insured contributor/couple in the Formal Sector Programme, as well as shortcomings in immunization services, pediatric care, obstetrics, gynaecology, general surgery, orthopaedic surgery, ear, nose, and throat (ENT) services, dental care, radiology, psychiatry, ophthalmology, physiotherapy, and eye examination services, were also highlighted as the plight of.

These findings are consistent with previous studies conducted in Nigeria on the plight faced by NHIS enrollees. A study by Uzochukwu et al. (2015) found similar issues, including inadequate drug supply, poor diagnostic services, and limited access to specialist care. Another study by Okoronkwo et al. (2014) reported challenges such as high out-of-pocket expenditure, poor quality of care, and lack of consumer awareness and participation.

The plight identified in the current study also aligns with the broader literature on the plight of the NHIS in Nigeria. Adewole et al. (2017) found that the NHIS in Nigeria faces a plight related to poor population coverage, inadequate funding, corruption, and poor quality of care. Onwujekwe et al. (2019) also highlighted the need for improved healthcare financing, better management of the NHIS, and enhanced consumer awareness and participation.

Hypothesis two revealed that there is a significant difference in the plight of NHIS services by NHIS among different institutions of federal civil servant Enrollees in Kebbi State Nigeria ($f = 42.029$, $p = 0.000$). Previous studies conducted in Nigeria have also explored the plight faced by NHIS enrollees, though the focus has often been on the general population or specific demographic groups, rather than specifically on federal civil servants.

In agreement with this finding, a study by Adewole and Afolabi (2021) reported significant differences in the perceived plight of NHIS among different occupational groups, including civil servants. The researchers attributed this to disparities in factors such as income levels, access to information, and decision-making power within the respective cadres. Similarly, Olugbenga-Bello et al. (2019) found that the plight faced by NHIS enrollees differed across sociodemographic characteristics, including job status and position. The finding from this study also aligns with a study by Adewole et al. (2021) who found that civil servants faced plight such as limited access to healthcare facilities, long waiting times, and difficulties in obtaining referrals. Also, Olajide et al. (2019) identified barriers such as lack of awareness, bureaucratic procedures, and poor communication.

In contrast, a study by Onwujekwe et al. (2022) found that while both groups faced challenges, the nature and severity of the challenges differed, with rural enrollees experiencing more significant barriers to access and utilization of NHIS services. In a related study, Omoleke and Taleat (2017) did not find significant differences in the plight encountered by NHIS enrollees from different occupational backgrounds. The observed variation in plight across different institutions of federal civil servants in Kebbi State could be influenced by several factors. Factors such as income levels, access to information, decision-making power, and organizational policies within each cadre may contribute to the disparities in the challenges experienced by NHIS enrollees (Adewole & Afolabi, 2021). Additionally, the availability and quality of NHIS-accredited healthcare facilities, as well as the distribution of resources, may differ across the various institutions, leading to unequal access and utilization of NHIS services (Olugbenga-Bello et al., 2019).

Conclusions

Based on the findings of the study, the following conclusions were made:-

1. All NHIS services were not satisfactorily delivered to federal civil servant enrollees in Kebbi State.
2. The plight of NHIS services differs among various institutions of federal civil servants in Kebbi State.

Recommendations

1. There should be an improvement in solving the plight of federal civil servants in Kebbi by NHIS.
2. Health care needs to change the system of federal civil servants in Kebbi State to enhance and evaluate the federal government through the system of NHIS.

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