Evaluation of Bayelsa Health Insurance Scheme (BHIS) and Healthcare Delivery in Bayelsa State, Nigeria (2017-2022)

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Abstract

This study examined the Bayelsa Health Insurance Scheme and Healthcare Delivery in Bayelsa State from 2017 – 2022. This was achieved through (i) investigating the level of enrollees' accessibility to healthcare under BHIS; (ii) ascertaining the quality of healthcare provided to enrollees under BHIS; (iii) examining how satisfied the enrollees are with healthcare under BHIS; and (iv) assessing the effectiveness of the referral system under BHIS. The study was theoretically anchored on the Healthcare Service Utilization Model and Systems Theory. The descriptive survey research design was adopted for this study. The study revealed that the accessibility level for good healthcare is moderate; the quality of care was also revealed to be on the average, the level of enrollees' satisfaction under BHIS was revealed to be low and the referral system under BHIS was revealed to be moderately effective. It is hereby concluded that BHIS performance is not bad, but needs serious improvement. The study therefore recommends among others, to look at accessibility in terms of the availability of requisite drugs, medical personnel and time frame within which the enrollees are attended; measure quality of care provided under BHIS against World Health Organization (WHO) standard; orientate service providers that enrollees are not charity seeking people but people who provided security for eventuality; and to improve the referral system to reduce the delay caused by technological issues and administrative procedures of getting code.

1. Introduction

The importance of good health is emphasized by the slogan "health is wealth". The United Nations Development Goals consider the health of citizens as an important issue, in achieving the sustainable goals. Wellbeing is one indicator of good health which is part of the highlights of the United Nations goals (Agyemang, Adu-Gyamfi & Afrakoma, 2013). However, one developmental problem facing developing countries, is non-accessibility to good health service, this is in part due to lack of employment as well as poverty. Therefore, it has become imperative globally (especially for developing countries) to put up policies on health that will not only benefit its citizens, but that which guarantees all citizens from having access to the much required health service; one which is effective and devoid of frustrating handicap, financial or otherwise (Onoka, Hanson & Hanefeld, 2015).

The cost of healthcare delivery and the difficulties arising from ill-health necessitated the establishment of the National Health Insurance Scheme (NHIS) in 1999, and was later re-enacted in 2004 and launched on the 6th June, 2005 with the main objective of providing good, quality and cost-effective health care services for insured persons and their dependents (Monye, 2006). The Bayelsa State government keyed into this idea by setting up the Bayelsa Health Insurance Scheme (BHIS) established by law on the 19th of July, 2013; and was known as Bayelsa State Health Service Scheme (BSHSS) (Major, 2017)

Effective and efficient healthcare delivery is a potent instrument to raise a healthy workforce among nations. Yet there is lack of health care facilities, lack of access t good health care, poverty, ignorance of the existence of healthcare, wrong perceptions about health care delivery, the difficulties posed by the environment, lack of effective referral system etc. are the predictable characteristics of the health sector in the state. As a result of this, most people are unable to access, utilize and pay for the cost of health services. Consequently, Bayelsa Health Services Scheme (BHSS) was established in 2013, which later metamorphosed into the Bayelsa Health Insurance Scheme (BHIS) in 2017; the idea was to ensure that Bayelsans have access to health services through health facilities located closer to them without worrying about the immediate payment of health service cost in time of illness.

It is expected that with the innovations that came with BHIS, the administration of the policy will be effective in delivering quality healthcare services, this is also due to its small targeted population. But this seem not to be the case in Bayelsa State, as many enrollees are not even making use of the scheme for one reason or the other, ranging from lack of adequate health facilities to distance from accredited health facilities, lack of requisite drugs and personnel, condescending treatment on enrollees etc. The idea behind the establishment of the scheme and the whole essence of enrolling in the scheme may be defeated, if enrollees will prefer to go to medical facilities where they will pay out of pocket instead of using their insurance cover; it is in view of the aforementioned problems that this study intends to appraise the performance of the scheme on healthcare delivery in Bayelsa State. Therefore, this study was carried out to evaluate

BHIS and healthcare delivery in Bayelsa State from 2017-2022. The study looked at the following specific objectives:

i. To investigate the level of enrollees accessibility to healthcare services under BHIS.
ii. To ascertain the quality of care provided to enrollees under BHIS.
iii. To ascertain whether enrollees enjoy satisfactory healthcare under BHIS.
iv. To assess whether enrollees enjoy effective referral system under BHIS.

2. Theoretical Framework

This study is anchored on the Healthcare Service Utilization Model by Andersen and Newman (1973) and Systems Theory by David Easton (1953). The Utilization Model is of the view that healthcare services are determined by certain factors which determine the success rate of health programmes (in this case BHIS). This theory helps this study to look at aspects of utilization of the scheme in Bayelsa State; which is just one aspect of the study. While the Systems Theory which is of the view that a system is a collection of elements that are related to each other by some pattern of behaviour and action. And that it is made up of four basic components: input, processing, output, and feedback. This theory aids this study to explain the intricate relationship between BHIS, enrollees and service providers. BHIS bears much semblance with a system, as it is also composed of inputs in the form of funds, human resources, heath facilities etc.; processing in the form of administrative and managerial skills; output in the form of affordable quality and accessible healthcare; and feedback in the form of collating reports from various stakeholders, and conducting appraisals. It is most relevant to the study because, it aids in assessing the scheme's success in the provision of quality healthcare, access to healthcare services, smooth referral system, and satisfactory healthcare.

3. Methodology

The study adopted descriptive survey research design. The population of the study was 120,860; a sample size of 383 was decided for the study, applying Krejcie & Morgan (1970) formula. Multi-stage sampling technique was adopted for this study, the sample size was divided into the eight LGAs, and twelve (12) respondents were picked randomly from each facility to respond to the questionnaire. Likert 5-points scale design questionnaire with structured questions were used to obtain primary data. Different statistical tools were applied to analyze the data; charts, tables and frequencies were used to present demographic data, descriptive statistics such as mean and standard deviation were used to analyze research questions.

4. Results

5. 4.1: Questionnaire Administration

A total of 384 questionnaires were administered, out of which 378 (98%) were successfully retrieved and 6 (2%) were not retrieved (Table 1). This implies that data obtained from the 378 retrieved instruments were used for statistical analysis.

Table 1: **Questionnaire Administration Information**

Number of Questionnaire	Number of Questionnaire		Percentage	
	Retrieved	Not Retrieved	Retrieved	Not Retrieved
384	378	06	98%	2%

Source: Field Survey, 2023

Figure 1 shows the distribution of instruments in accredited facilities. Four accredited health facilities from each of the eight LGAs. Each had twelve (12) questionnaires administered to them. Out of the eight LGAs, three (Kolokuma/Opokuma, Nembe and Ogbia) returned the complete numbers of questionnaires administered to them, while five (Brass, Ekeremor, Sagbama, Southern Ijaw and Yenagoa) did not return the complete questionnaires administered to them. In Brass, Primary Health Centre Egweama did not return one questionnaire. In Ekeremor, two questionnaires were not returned from Cottage Hospital Tamgbene, while in Sagbama, Cottage Hospital Agbere did not return one instrument. In Southern Ijaw, Cottage Hospital Korokorosei did not return one instrument, and in Yenagoa, Cottage Hospital Biseni did not return one instrument. Bringing the number of non-returned questionnaires to six in all.

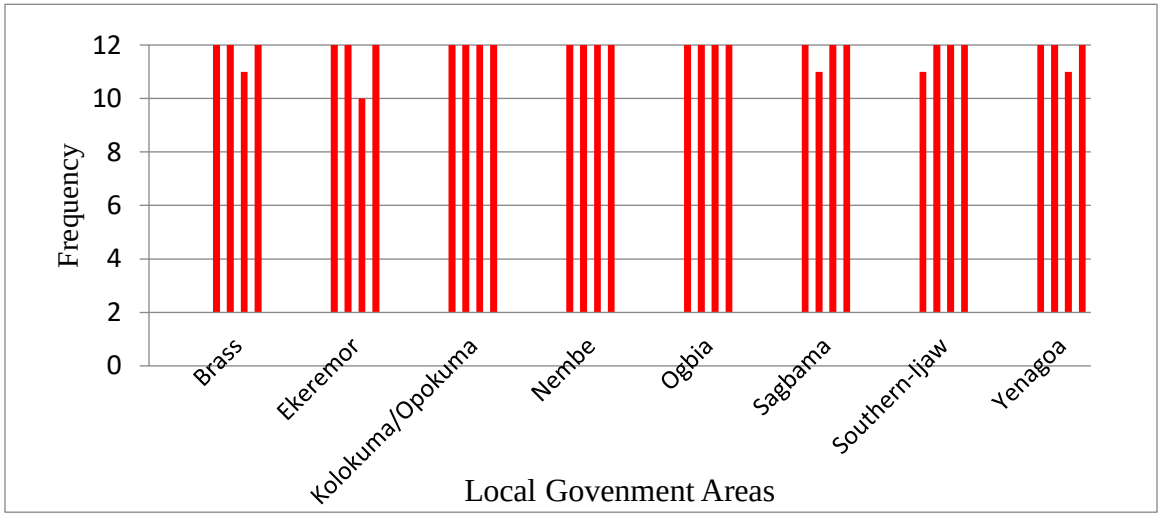

Figure 1: A multiple Bar Chart showing Distribution/Collection of instruments by Facilities in Various LGAs (**Source: Field Survey, 2023)**

4.2 **Interpretation of Respondents Socio-economic Characteristics**

Table 2 shows the demographic information of respondents (N= 378). It was observed that 46% (175) respondents were males, while 54% (203) respondents were females. It implies that there were more females than males in the study. Table 2 also indicated that age bracket 20 - 30 was 20% (78), 31 – 40 was 24% (90), 41 – 50 was 40% (150), 51 and above was 16% (60). This suggests that age bracket 41 – 50 was more. The academic qualification of respondents was revealed by Table 2 in the following order; Informal Education: 7% (28), SSCE: 33% (125), ND/NCE: 12% (46), HND/BSc: 44 (165), MSc and above 4% (14). This implies that, there were more persons with HND/BSc than other qualifications. Table 2 also revealed designation of respondents to be 67% (252) for Public Sector enrollees and 33% (126) for Private Sector enrollees; indicating that there were more Public Sector enrollees involved in the study. Table 2 also observed marital statuses of respondents to have 16% (60) singes, 59% (223) married, 13% (50) divorced, and 12% (45) widowed. It implies that there were more married respondents. In respect of religion, Table 2 revealed that 80% (301) respondents were Christians, 7% (28) respondents were Muslims while 13% (49) respondents were of other religious beliefs. This implies that, there were more Christian respondents in the study.

Table 2: **Demographic Characteristics of Respondents**

S/N	Variables	Frequency (N = 378)	Percentage
1	**Gender:**		
	Male	175	46%
	Female	203	54%
2	**Age:**		
	20 – 30	78	20%
	31 – 40	90	24%
	41 – 50	150	40%
	51 and above	60	16%
3	**Academic Qualification:**		
	Informal Education		

	SSCE	28	7%
	ND/NCE	125	33%
	HND/BSc.	46	12%
	MSc. and above	165	44%
		14	2%
4	**Designation of Respondents:**		
	Public Sector Enrollees	252	67%
	Private Sector Enrollees	126	33%
5	**Marital Status:**		
	Single	60	16%
	Married	223	59%
	Divorced	50	13%
	Widow / Widower	45	12%
6	**Religion:**		
	Christianity	301	80%
	Islam	28	7%
	Others	49	13%

Source: Field Survey, 2023

4.3 **Level of Enrollees Accessibility to Healthcare under BHIS**

Table 3 shows level of enrollees' accessibility to healthcare under BHIS. It was observed that Table 3 had mean and standard deviation of 2.83 ± 1.52, 3.15 ± 1.50, 2.73 ± 1.45, 2.50± 1.34, and 2.83 ± 1.53 for accessibility to BHIS through card, coverage for illness, closeness to facility, coverage of diagnostic tests and coverage of standard wards respectively. Also, Table 3 shows a grand mean/standard deviation of 2.80 ± 1.46 with 56%, indicating that enrollees under BHIS gave an undecided response because the calculated mean (2.80) was less than the Criterion mean (3.0). It can therefore be conceded that respondent moderately agree on having desirable access to healthcare under BHIS

Table 3: **Descriptive Statistics on Level of Enrollees Accessibility to Healthcare under BHIS**

S/N	ITEMS	N		SD	%	CM	RANKING	REMARK
1.	You do use your BHIS card whenever you are sick	378	2.83	1.52	57		3	U
2.	BHIS usually cover all your illnesses	378	3.15	1.50	63		1	A
3.	There is an health facility close to you that is registered with BHIS	378	2.73	1.45	55	3.0	4	U
4.	All the diagnostic tests required during illness are covered under BHIS	378	2.50	1.34	30		5	U
5.	All your stay in hospital standard wards are covered under BHIS	378	2.83	1.53	57		2	U
	Grand Total		2.80	1.46	56			U

Source: Field Survey, 2023

Key: Total Number (N), Mean (), Standard deviation (SD), Mean percentage (%), Criterion mean (CM), Item Ranking and Item Remark

4.4 **Quality of Care provided under BHIS**

Table 4 shows the quality of care provided under BHIS. It was revealed that Table 4 had a mean and standard deviation of 2.76 ± 1.5, 1.87 ± 1.01, 2.52 ± 1.45, 2.53 ± 1.50 and 3.45 ± 1.40 for need of attention, quality of service, provision of enlisted services, inadequacy of health workers and preferential treatment for non-enrollees respectively. Similarly, Table 4 revealed a grand mean/standard deviation of 2.62 ± 1.36 with 52% indicating that enrollees under BHIS gave an undecided response because the calculated mean (2.62) was less than the Criterion mean (3.0). It therefore means that respondents' assessment on quality of care provided under BHIS is on average (neither here nor there).

Table 4: **Descriptive Statistics for Quality of Care provided under BHIS**

S/N	ITEMS	N		SD	%	CM	RANKING	REMARKS

6.	Enrollees of BHIS are given the needed attention when visiting hospital.	378	2.76	1.50	55		2	U
7.	The quality of service offered to you as an enrollee of BHIS is not satisfactory.	378	1.87	1.01	37		5	D
8.	The health facility you are registered with provides all the services enlisted in the BHIS establishing law	378	3.52	1/43	50	3.0	4	U
9.	There seems to be inadequate health-workers to attend to enrollee cases.	378	2.53	1.50	51		3	U
10.	There seems to be preferential treatment in favour of those who pay out of pocket.	378	3.45	1.40	69		1	A
	Grand Total		2.62	1.56	52			U

Source: Field Survey, 2023

Key: Total Number (N), Mean (, Standard deviation (SD), Mean percentage (%), Criterion mean (CM), Item Ranking and Item Remark

4.5 **Enrollees Satisfaction with Healthcare under BHIS**

Table 5 shows enrollees satisfaction with healthcare under BHIS. It was observed that Table 5 had a mean and standard deviation of 2.65 ± 1.47, 2.48 ± 1.40, 2.42 ± 1.44, 3.30 ± 1.46 and 2.80 ± 1.53 for how enrollees are perceived, how enrollees are treated, timely attendance, health conditions being treated with confidentiality, and general treatment being satisfactory respectively. This implies that except on issues of confidentiality, the mean values were less than the criterion mean of 3.0. Furthermore, Table 5 showed a grand mean/standard deviation of 2.73 ± 1.46 with 55% indicating that respondents gave an undecided response on the issue of satisfaction with the care provided under BHIS because the calculated mean (2.73) was less than the Criterion means (3.0). It therefore can be concluded that enrollees satisfaction with the healthcare provided under BHIS is not high.

Table 5: **Descriptive Statistics for Enrollees Satisfaction with Healthcare under BHIS**

S/N	ITEMS	N		SD	%	CM	RANKING	REMARK
11.	Some health workers perceive BHIS enrollees as people seeking for free medical care.	378	2.65	1.47	53		3	U
12.	Most enrollees of BHIS are not treated with the required cordiality and respect from health workers.	378	2.48	1.40	50		4	U
13.	There seems to be timely attendance on enrollees' cases.	378	2.42	1.44	48	3.0	5	U
14.	Enrollees' medical conditions are treated with confidentiality.	378	3.30	1.46	66		1	A
15.	The process of getting medical attention is generally considered satisfactory under BHIS.	378	2.80	1.53	56		2	U
	Grand Total		2.73	1.46	55			U

Source: Field Survey, 2023

Key: Total Number (N), Mean (), Standard deviation (SD), Mean percentage (%), Criterion mean (CM), Item Ranking and Item Remark

4.6 **Effective Referral System under BHIS**

Table 6 shows the effectiveness of the referral system under BHIS. It was observed that Table 6 had a mean and standard deviation of 2.42 ± 1.20, 1.78 ± 0.92, 2.39 ± 1.41, 2.49 ± 1.41 and 2.86 ± 1.58 for referral effectiveness, ease with recipients, ease and fastness of the process, hitch free network, and time frame for getting code respectively. Also, Table 6 showed a grand mean/standard deviation of 2.38 ± 1.30 with 48% indicating that respondents gave an undecided response on the effectiveness of the referral system under BHIS because the calculated mean (2.28) was less than the Criterion mean (3.0). It therefore implies that respondents moderately agree that the referral system under BHIS is effective.

Table 6**: Descriptive Statistics for Effective Referral System under BHIS**

S/N	ITEMS	N		SD	%	CM	RANKING	REMARK
16.	There is an effective referral system in place in times of need.	378	2.42	1.20	48		4	U
17.	The health facility referred to receives the enrollee without difficulty	378	1.78	0.92	36		5	D
18.	The referral process is fast and easy.	378	2.39	1.41	48	3.0	3	U
19.	There are no technological (network) issues causing delay in the referral process.	378	2.49	1.41	50		2	U
20.	Getting a code for referral purpose is usually time-consuming.	378	2.86	1.38	57		1	U
	Grand Total		2.38	1.30	48			U

Source: Field Survey, 2023

Key: Total Number (N), Mean (), Standard deviation (SD), Mean percentage (%), Criterion mean (CM), Item Ranking and Item Remark

6. Discussion

The study revealed that the success of BHIS in healthcare delivery depends on enrollees' accessibility to healthcare; as respondents moderately agreed on having the desirable access to healthcare. This is in line with Ibiwoye & Adeleke (2008), who posited that in order to improve quality healthcare, emphasis should be placed on access to physicians, improved drugs supply chain, ambulance services clinical capacity etc. Whereas, enrollees in the urban centers seem comfortable with the accessibility level, those in the rural areas are complaining of access to requisite drugs and medical personnel. This implies that if BHIS is to succeed, it must improve on the level of enrollees' accessibility to healthcare delivery.

The second research question analyzed for the study revealed that respondents' assessment on quality of care under BHIS was average (undecided). This affirms the findings of Mkperedem et al. (2022) that significant number of enrollees submitted to not being subjected to comprehensive tests and that the examination was not promptly carried out. The implication of this finding is that the success of BHIS in healthcare delivery is greatly dependent on the improvement of the quality of care provided by the scheme.

The third research question analysis concluded that enrollees' satisfaction with the healthcare delivery under BHIS is not high; 234 out of 378 respondents point to the fact that they are not treated with the desired cordiality and respect from medical personnel. This concurs with Mkperedem et al. (2023) who revealed condescending, negative traits of medical personnel towards enrollees. Studies have shown that patient satisfaction with healthcare delivery plays a vital role in determining treatment outcomes (Bleich et al., 2009). The implication is that, if enrollees of the scheme are not well satisfied with the services, the scheme cannot succeed in achieving its objectives. Consequently, BHIS must strive to improve their medical services in line with the yearnings of the enrollees particularly on the area of personnel's attitude towards enrollees.

The last research question revealed that respondents moderately agree that the referral system under BHIS is effective. This falls in line with the assumptions of Afolaranmi & Hassan (2018), who opined that there seems to be weak link of referral system in the chain of continuity of care for healthcare provision. This implies that an effective healthcare delivery must have an effective referral system. For BHIS to succeed, its referral system must not be weak but effective.

7. Conclusion

The results and findings from enrollees' responses on BHIS show that the establishment of the scheme in 2017 had improved the health status of the state, yet there needs to be a lot of improvement on the scheme. First the accessibility level was observed to be moderate, meaning that it is not really bad, but also not good enough. In the area of quality of care provided under BHIS, it was revealed that the quality is on the average, not too bad, not too good. Hence, needs to be improved upon, BHIS quality of care must meet up with the WHO standard for it to be successful.

Enrollees' satisfaction with the scheme was revealed to be low, implying that those whom are financially contributing to the scheme are not well satisfied with the scheme's performance. For BHIS to be successful in achieving its set objectives, service providers must be oriented on treating enrollees the same way they treat those who pay - out of – pocket. The referral system was revealed to be moderately effective and deserves to be improved upon. The referral system is one of the key area in a functional healthcare delivery system, BHIS must be up and doing in this area, if it is to achieve its set objectives.

In general, the accessibility level, the quality of care, the referral system, and particularly the enrollees' satisfaction must be taken seriously and improved upon for BHIS to have a success story.

8. Recommendations

In view of the revelations from the study, the following have been recommended:

(i) The scheme (BHIS as an agency) should not look at accessibility to healthcare in terms of being accessible to health facility, but accessibility in terms of availability of requisite drugs and medical personnel, and the time frame within which the enrollees are attended to.

(ii) BHIS as a scheme should measure the quality of care it provides against WHO standard for quality - effective, efficient, safe, patient-centered, integrated, equitable, and timely services. This will serve as a guide to both patients and service providers under BHIS.

(iii) Majority of the enrollees affirmed to not being treated with the required cordiality and respect; hence, orientation should be given to service providers by the state government that enrollees are not charity seeking people but people who have provided security for eventualities by paying into a contributive pool monthly.

(iv) Although the referral system of the scheme was revealed to be moderately effective, it needs to be improved upon by BHIS as an agency, particularly on the area of delay caused by technological (network) issues and administrative procedures of getting code.

If all these recommendations are taken into consideration, BHIS will do better in achieving its set objectives.

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