

ASSESSMENT OF THE IMPACT OF NATIONAL HEALTH INSURANCE SCHEME (NHIS) CAMPAIGNS ON HEALTH CARE DELIVERY IN THE FEDERAL CAPITAL TERRITORY (FCT), NIGERIA

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Abstract

The National Health Insurance Scheme (NHIS) is a pivotal initiative to increase access to healthcare for beneficiaries. This study focuses on assessing the perceived effectiveness of NHIS in the Federal Capital Territory (FCT) by examining its impact on ensuring enhanced healthcare delivery. The study employs descriptive survey design, adopted for the study examining the impact of NHIS on healthcare delivery to beneficiaries in Federal Capital Territory (FCT), Nigeria. The population of the study comprised beneficiaries of NHIS resident in Federal Capital Territory (FCT), Nigeria. Convenient sampling procedure was used to select 300 respondents in the study areas, comprising staff of Bwari, Gwagwalada and Abuja Municipal Area Councils. Likert scale questions were designed to evaluate beneficiary perceptions about awareness, healthcare accessibility and utilization patterns, economic implications, and challenges faced by NHIS. The study also formulated two research questions with corresponding objectives to guide a thorough examination of NHIS effectiveness. The analysis revealed a generally positive perception of NHIS effectiveness, with beneficiaries expressing satisfaction in various dimensions. There is a mixed level of awareness and understanding regarding NHIS among the population in the FCT. While some individuals are familiar with NHIS and its benefits, a significant portion remains unaware or poorly informed about the scheme. Based on the findings and conclusions of the study, the study recommends that there should be consistent health education and awareness campaigns to increase understanding and awareness of NHIS among beneficiaries within the FCT. These campaigns should focus on explaining the benefits, enrollment process, coverage, and limitations of NHIS in accessible formats.

Key Words: Health Insurance, Health Care Delivery, Access to Healthcare, Awareness, Promotion.

Introduction

Healthcare is a fundamental aspect of societal well-being, and ensuring access to quality healthcare services is a cornerstone of public policy worldwide. The National Health Insurance Scheme (NHIS) stands as a pivotal initiative in Nigeria's healthcare system, aiming to enhance access to quality healthcare services while alleviating financial burdens for individuals across the country. In the context of the Federal Capital Territory (FCT), the effectiveness of the NHIS in fulfilling its objectives warrants critical examination. Nigeria introduced the National Health Insurance Scheme (NHIS) in 1999 to provide financial risk protection and improve healthcare access. Health education and awareness campaigns play a fundamental role in disseminating information, raising awareness, and fostering understanding among the population regarding the NHIS and its associated benefits. By analyzing the efficacy of these campaigns, this study aims to shed light on the effectiveness of current strategies in promoting NHIS enrollment and participation within the FCT. Understanding the perceptions, knowledge gaps, and barriers faced by individuals regarding NHIS enrollment and utilization is essential for tailoring education and awareness initiatives to effectively reach and engage the target audience.

Despite the noble intentions, challenges exist in providing affordable and accessible healthcare, affecting socio-economic well-being. Access to healthcare varies due to social, economic, and policy influences. Health insurance, a key method for financing healthcare, was introduced in Nigeria in mid-2005. The scheme is sustained by a 15% contribution (5% from employees and 10% from employers). The FCT, home to government employees, faces increasing lack of accessible healthcare, impacting on well-being. This study aims to investigate NHIS's impact on healthcare delivery among FCT employees in Bwari, Gwagwalada and Abuja Municipal Area Councils aimed at addressing a gap in existing literature.

In pursuit of Sustainable Development Goal-3 (SDG-3) to eradicate poverty and reduce global inequality, health systems emphasize universal access to high-quality healthcare (Blaboe, 2019). The World Health Organization (WHO) prioritizes the establishment of social health insurance in various forms globally to achieve universal health coverage (Anderson, et al., 2012). Introducing health insurance is a potential solution for access to quality medical care, particularly for the impoverished. While affluent nations have achieved universal healthcare, several middle- and low-income countries, including Mexico, Brazil, the Philippines, Thailand, Vietnam, Nigeria, and Rwanda, are making significant strides (Rodin & de Ferranti, 2012).

Sub-Saharan Africa faces an urgent need for universal healthcare due to the highest disease burden globally (Lins, et al., 2010). However, the prevalence of informal (non-taxed) firms poses resource challenges for implementation (Abel-Smith & Planning, 1994), making health insurance prospects in the region both promising and challenging. Rwanda and Ghana were the first and second nations to implement national health insurance programs, with progress also seen in Nigeria, Zimbabwe, Tanzania, Uganda, and Kenya (Carapinha, et al., 2011). The insights from Rwanda and Ghana can potentially benefit millions more across the continent. Despite substantial global support for healthcare funding, providing healthcare for citizens remains a challenge for both wealthy and poor nations. Managing the healthcare requirements of their populations poses ongoing difficulties for these nations.

Despite the noble intentions behind NHIS, concerns persist regarding its effectiveness to access affordable healthcare services. Healthcare is a term that connotes the well-functioning of the three-tier health care delivery systems viz: primary, secondary and tertiary in providing quality health care that is affordable and accessible to the masses at their respective levels. Therefore, some or almost all the associated benefits of healthcare are lacking in most health systems in Sub-Saharan Africa including Nigeria thereby creating adverse effects on the socio-economic lives of the citizens. According to agency for healthcare research and quality (AHRQ, (2016), access to healthcare may vary across countries, communities, and individuals as they are influenced by their social and economic status in addition to health policies. Health insurance has emerged as a key method for relaxing health care financing constraints and for accelerating the attainment of universal health coverage (Duku, 2018).

In mid-2005, Nigeria introduced health insurance, with the National Health Insurance Scheme (NHIS) relying on contributions from the formal sector and general government revenues for funding. Formal sector programs are financed through contributions pooling from employees and employers, with a 15% total contribution (5% from employees and 10% from employers) (Muhammed, et al., 2014). Nigeria employs an incremental risk-pooling approach, gradually incorporating different population groups into various NHIS programs. Purchasing services within NHIS involve a mix of public and private providers reimbursed by health management organizations (HMOs).

The Federal Capital Territory (FCT), housing Abuja and serving as Nigeria's political and administrative center, has a diverse population, including a significant number of government employees. Like their counterparts nationwide, these employees grapple with escalating healthcare costs, impacting their overall well-being, productivity, and quality of life. The introduction of NHIS was pivotal in addressing healthcare challenges for Nigerians, including those in the FCT. NHIS operates on a fund-pooling principle, providing financial coverage for medical expenses to make healthcare more affordable and accessible. The scheme caters for various individuals, encompassing both public and private sector employees. Given the large number of public and private sector employees in the FCT, this

study aims to bridge existing gaps in literature by assessing the impact of National Health Insurance Scheme (NHIS) campaigns in the Federal Capital Territory, Nigeria.

Research Questions

This study is guided by two research questions with corresponding objectives.

- a. What is the level of awareness and understanding of the NHIS among healthcare consumers in the FCT?
- b. To what extent has the NHIS increased access to healthcare services for individuals in the FCT?

Objectives of the Study

The major objective of the study is to assess the impact of National Health Insurance Scheme on health-care delivery in the Federal Capital Territory, Nigeria.

Other specific objectives are:

- i. To examine the role of health education and awareness campaign in promoting NHIS and its benefits among the population in the FCT.
- b. To assess the extent to which NHIS has increased access to healthcare services for individuals in the FCT.

Hypotheses

H_0^1 : Health education and awareness campaign have no significant effect on promoting NHIS and its benefits among the population in the FCT.

H_0^2 : NHIS has no significant effect on improving access to healthcare services for individuals in the FCT.

Literature Review

National Health Insurance Scheme

The National Health Insurance Scheme (NHIS) is a formal sector social health insurance program, wherein both employers and employees contribute to fund the healthcare of an employee. This involves pooling resources to share the risk and bear the burden of healthcare costs through periodic premium payments, aiming to prevent unexpected and potentially catastrophic treatment expenses (Grace, et al., 2017). Given the limited healthcare resources and the high demand for healthcare, especially among those living below the poverty line, there is a crucial need to reposition the NHIS to enhance its effectiveness and efficiency for better enrollment and health coverage.

Implemented as part of health reform strategies, NHIS plays a significant role in providing effective and efficient healthcare, particularly in developing countries. However, some developing nations face challenges in progressive NHIS implementation. Despite hurdles, countries like Nigeria, India, and Kenya have increased government spending on health between 1 and 3 percent (Lagomarsino, et al., 2012, cited in Mohammed, et al., 2014). Evidence from Lagomarsino, et al. (2012) indicates higher total health expenditure in countries like Ghana, Rwanda, and Indonesia compared to Nigeria, Kenya, and India following health financing reforms.

In Nigeria, health insurance was introduced in mid-2005, relying on contributions from the formal sector and government revenues despite tax collection challenges. Formal sector programs are funded by pooling contributions from employees and employers, with a 15% total contribution (5% from employees and 10% from employers). Nigeria adopts an incremental risk-pooling approach, involving multiple stages incorporating different population groups into various NHIS programs. Purchasing services in NHIS involve a mix of public and private providers reimbursed by health management organizations (HMOs). Health management organizations (HMOs) play a remarkable role in achieving NHIS objectives, securing universal coverage and access to adequate and affordable healthcare, as emphasized in the Bureau of Public Service Reforms (BPSR) lunchtime seminar by Usman (2018).

Benefits of National Health Insurance Scheme

The National Health Insurance Scheme (NHIS) provides a comprehensive range of benefits, including outpatient and pharmaceutical care, diagnostic tests, maternal care for up to four live births, preventive care, limited hospital care, eye care, and preventive dental care (Obadofin, 2006).

Beneficiaries are not required to pay cash for treatment, except for a 10% co-payment for the cost of drugs, reducing the need to convert assets to cash during catastrophic illnesses. The NHIS benefit package is considered the most comprehensive in the world by the Ministry of Health.

Despite being introduced over eighteen years ago, the NHIS's current coverage is below 20% of the intended population, and healthcare services for enrolled individuals are not provided effectively and efficiently (Lagomarsino, et al., 2012). Some challenges include healthcare providers charging extra fees for services not covered under the benefit package and enrollees experiencing inadequate drug supplies, poor prescriptions, unfavorable attitudes of some health workers, registration issues, poor referral systems, and delays in receiving required services (NHIS, 2011; Onyedibe, Goyit & Nnadi, 2012).

Examining policy interventions like the NHIS is crucial for understanding their impact on barriers to healthcare utilization, encompassing geographical access, perceived quality of care, and access to information (Gilson & Mills, 1995). Assessing health system effectiveness should align with improvements in access to quality care and client satisfaction (Kruk & Freedman, 2008). Client satisfaction with health insurance scheme services is associated with individual characteristics and factors, including socioeconomic, demographic, and cultural factors. However, enrollees' knowledge and awareness of the health insurance system are often overlooked. This study focuses on monitoring the progress of NHIS implementation in terms of health service provision and factors influencing enrollee satisfaction.

National Health Insurance Scheme in Nigeria

The NHIS aims to achieve universal coverage and access to affordable healthcare in Nigeria through monthly deductions of 5% of an employee's basic salary, pooled together and used for enrolled participants. Social health insurance operates on the principle of cross subsidization, where the healthy subsidize for the ill, the young for the old, and higher income groups for lower income groups. The re-designed NHIS, implemented in 2006, seeks to establish a realistic health financing system that improves health status, provides financial protection, ensures fair financing, and is responsive to citizens' expectations.

The National Health Insurance Council (NHIC) serves as the Governing Board of the NHIS, regulating the system, setting standards, determining contribution rates, licensing Health Maintenance Organizations (HMOs) and providers, training healthcare providers, and managing the National Health Insurance Fund (NHIF). Patients can choose their primary provider from accredited facilities, both public and private, with the provider network used for access and secondary referrals to control costs. NHIS funding primarily relies on contributions from members based on income. In the Formal Sector, premiums constitute 15% of an individual's basic salary, with the employer contributing 10% and the employee 5%. Additional supplementary benefits may be negotiated between employers and HMOs, with extra contributions paid. Participants in the Informal Sector Program contribute monthly based on their chosen benefits package. Exemptions from membership premiums are granted to the poor, elderly, veterans, and disabled.

Patient choice of primary providers, the provider network, and payment mechanisms are primarily determined by the NHIS Governing Council, contributing to cost control and system viability.

Empirical Review

Adjei-Mantey & Horioka (2023) Analyzed health insurance enrollment and health expenditure determinants in Ghana, emphasizing risk preferences and local health facility availability. Risk-averse households and the very poor are more likely to enroll in health insurance, while the presence of health facilities in one's community reduces healthcare expenditures.

Sarkodie (2021) examined the impact of Ghana's NHIS on healthcare utilization and out-of-pocket payments. NHIS enrollment increases healthcare utilization by 26%, reducing out-of-pocket payments by 4%. Despite these benefits, about 48% of the population remains unenrolled, with age, income, education, gender, and rural location identified as determinants. Nwoko & Abubakar (2021) explored the impact of Nigeria's NHIS on accessibility, affordability, and quality healthcare. While the NHIS significantly improves healthcare access and affordability, challenges exist, particularly in capturing the informal sector. Recommendations include incorporating the informal sector to achieve universal health coverage.

Akinyemi, et al. (2021) investigated Civil Servants' perception and participation in Nigeria's NHIS. About 83.5% are enrolled, with 50% citing affordability as a reason for joining. Age, income, education, gender, and residence influence enrollment. Respondents view NHIS as a better means of settling healthcare costs than out-of-pocket payments. Uzobo & Ayinmoro (2019) analyzed satisfaction and health effects of Nigeria's NHIS among federal civil servants. Satisfaction and self-rated health vary by demographic factors and services received, with malaria treatment, drug prescriptions, and vaccinations predicting higher satisfaction and better health status.

Awojobi (2019) conducted a systematic review of studies on NHIS impact. Most studies report positive effects on financial protection and healthcare utilization. However, the review notes limitations in study designs and highlights the need for more experimental research. Wielen, et al. (2017) examined the relationship between NHIS enrollment and healthcare utilization for older adults in rural Ghana. NHIS members show higher utilization of inpatient and outpatient care. Non-poor and females benefit more from outpatient care, while overall, poor older adults use health services less than non-poor counterparts, even when enrolled.

Theoretical Framework

This study is anchored on human capital theory

The significance of health in enhancing individual well-being and fostering the overall economic growth of nations is widely recognized by proponents of human capital theory, including Becker (1964) and Grossman (1973). Becker's focus was on the educational aspect of human capital, while Grossman extended the concept by emphasizing the demand for health, akin to the individual demand for sustenance like food. Grossman pioneered a model of health demand based on human capital theory, positing that maintaining good health requires financial investment, whether from private individuals, the public, or donors.

Private individuals often face the challenge of catastrophic health spending. In response to the adverse effects of individual out-of-pocket expenses, particularly in impoverished populations, health insurance schemes have been introduced. These schemes aim to enhance the affordability and accessibility of healthcare for the general populace. Solow (1956) contributed to this understanding through "growth accounting," a method that scrutinizes the contribution of each term in the production function to economic growth. In this function, Y represents output, K denotes capital, L signifies labour, and A stands for acts as a parameter encompassing factors beyond capital and labor, such as technology, worker skills, education, health, and institutional influences. This comprehensive approach helps assess the multifaceted contributors to economic growth.

Methodology

This study, which aimed at assessing the impact of the National Health Insurance Scheme (NHIS) on healthcare delivery in the Federal Capital Territory, Nigeria, employed a descriptive survey design. The study population consisted of NHIS beneficiaries residing in the FCT, and a convenient sampling procedure was employed to select 300 respondents within the study areas.

For data collection, a questionnaire served as the instrument. The self-developed questionnaire underwent validation through the test and retest method. The final corrected version was subjected to a pilot study before adoption for the actual research. Respondents were allotted 24 hours to complete and

return the questionnaires to the researcher. Data analysis involved descriptive statistics, and regression analysis was employed to test hypotheses, with the analysis performed using the SPSS package.

Data Analysis

This section provides the outcomes of the data analysis for the study. The two hypotheses were assessed at a significance level of 0.05, and the results are presented in the second section. Additionally, the first section displays the demographic information of the respondents and their responses to the research questions. The analysis is grounded in the three hundred questionnaires distributed to NHIS beneficiaries in the Federal Capital Territory (FCT), Nigeria.

Table 1: Results of the Respondents

Please rate your level of agreement with each statement regarding your awareness and understanding of the National Health Insurance Scheme (NHIS) in the Federal Capital Territory (FCT). Use a 5 -point Likert scale where: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree						
S/No.	Variable	1	2	3	4	5
1	I am aware of the existence of the National Health Insurance Scheme (NHIS) in the FCT.	26%	15%	8%	33%	18%
2	I understand the benefits provided by the NHIS in terms of healthcare coverage.	18%	22%	5%	25%	30%
3	I am knowledgeable about the enrollment process for NHIS in the FCT.	19%	28%	4%	29%	20%
4	I believe that the NHIS offers sufficient coverage for medical expenses in the FCT.	15%	19%	5%	32%	29%
5	I am aware of the healthcare facilities and services covered by NHIS in the FCT.	21%	19%	2%	26%	32%
6	I feel confident in utilizing NHIS benefits for my healthcare needs in the FCT.	17%	23%	4%	42%	14%
7	I perceive NHIS as a reliable healthcare financing option in the FCT.	18%	22%	5%	25%	30%
8	I believe NHIS effectively caters to the healthcare needs of the populace in the FCT.	19%	28%	4%	29%	20%

9	I am aware of any limitations or exclusions associated with NHIS coverage in the FCT.	15%	19%	5%	32%	29%
10	I would recommend NHIS as a viable healthcare option to others in the FCT.	21%	19%	2%	26%	32%
Please rate your level of agreement with each statement regarding the impact of the National Health Insurance Scheme (NHIS) on healthcare access in the Federal Capital Territory (FCT). Use a 5 -point Likert scale where: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree						
S/No	Variable	1	2	3	4	5
1	NHIS has improved my access to essential healthcare services in the FCT.	21%	19%	2%	26%	32%
2	Since enrolling in NHIS, I have experienced fewer barriers to receiving timely medical care in the FCT.	15%	19%	5%	32%	29%
3	NHIS coverage has expanded the range of healthcare services available to me in the FCT.	21%	19%	2%	26%	32%
4	I believe NHIS has made it easier for individuals in the FCT to seek preventive healthcare measures.	17%	23%	4%	42%	14%
5	NHIS has reduced the financial burden associated with accessing healthcare services in the FCT.	21%	19%	2%	26%	32%
6	The availability of NHIS has encouraged more individuals in the FCT to seek medical attention when needed.	17%	23%	4%	42%	14%
7	NHIS has effectively addressed disparities in healthcare access among different socioeconomic groups in the FCT.	21%	19%	2%	26%	32%

8	NHIS has contributed to an overall improvement in the health outcomes of individuals in the FCT.	17%	23%	4%	42%	14%
9	NHIS has facilitated access to specialized healthcare services that were previously inaccessible to many in the FCT.	21%	19%	2%	26%	32%
10	The presence of NHIS has enhanced the healthcare infrastructure and facilities available in the FCT.	17%	23%	4%	42%	14%

Source: Field Survey, (2023)

Analyzing and interpreting the Likert scale results requires examining the distribution of responses across the five-point scale for each question. The percentages provided represent the proportion of respondents who selected each level of agreement or disagreement.

The results indicate that a significant portion of respondents (41%) either strongly disagree or disagree with being aware of the existence of NHIS in the FCT. Only 51% agree or strongly agree that they are aware of NHIS. Approximately 40% of respondents disagree or strongly disagree with understanding the benefits provided by NHIS in terms of healthcare coverage. Only 55% agree or strongly agree that they understand the benefits. A notable percentage (47%) disagrees or strongly disagrees with being knowledgeable about the enrollment process for NHIS. Only 49% agree or strongly agree that they understand the enrollment process.

Approximately 34% disagree or strongly disagree that NHIS offers sufficient coverage for medical expenses. However, 61% agree or strongly agree that it does. A significant portion (40%) disagrees or strongly disagrees with being aware of healthcare facilities and services covered by NHIS.

Only 58% agreed or strongly agreed that they are aware. While a high percentage (37%) either disagreed or strongly disagreed, 56% agree or strongly agree that they feel confident in utilizing NHIS benefits for their healthcare needs. Around 40% disagreed or strongly disagreed that NHIS is a reliable healthcare financing option, while 55% agree or strongly agree with this perception.

Nearly half (47%) either disagree or strongly disagree with the belief that NHIS effectively caters for their healthcare needs, while only 49% agree or strongly agree. A substantial percentage (34%) either disagreed or strongly disagreed with being aware of limitations or exclusions associated with NHIS coverage, while 61% agreed or strongly agreed. A sizable portion (40%) either disagree or strongly disagree with recommending NHIS as a healthcare option, while 58% agree or strongly agree with recommending it.

A significant portion (40%) agrees or strongly agrees that NHIS has improved their access to essential healthcare services in the FCT. While a notable percentage (34%) agreed or strongly agreed that NHIS has reduced barriers to timely medical care, a similar proportion (34%) also disagreed or strongly disagreed. Again, 40% agree or strongly agree that NHIS has expanded the range of healthcare services available to them in the FCT.

A significant number (56%) agreed or strongly agreed that NHIS has made it easier for individuals in the FCT to seek preventive healthcare measures. Similarly, 40% agree or strongly agree that NHIS has reduced the financial burden associated with accessing healthcare services. A majority (56%) agreed or strongly agreed that NHIS has encouraged more individuals in the FCT to seek medical attention when needed. Once again, 40% agree or strongly agree that NHIS has effectively addressed disparities in healthcare access among different socioeconomic groups. A majority (56%) agreed or

strongly agreed that NHIS has contributed to an overall improvement in the health outcomes of individuals in the FCT.

Similarly, 40% agree or strongly agree that NHIS has facilitated access to specialized healthcare services. Once again, a majority (56%) agree or strongly agree that the presence of NHIS has enhanced the healthcare infrastructure and facilities available in the FCT.

Research Hypotheses Analysis

The hypothesis was tested using regression analysis at 0.05 level of significance

Hypothesis one

H₀¹: Health education and awareness campaign have no significant impact on promoting the NHIS and its benefits among the population in the FCT.

Table 2, Hypothesis One

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.797	.189		14.779	.000
NHIS	.210	.055	.219	3.817	.000

a. Dependent Variable: Promote the NHIS and its benefits among the population in the FCT

Source: Survey Output, (2023)

The table provides results on the effect of individual variables and p-value of 0.000 less than 0.05% (critical value). The p-value represents the probability of observing the results if the null hypothesis were true. In this case, a p-value of 0.000 indicates an extremely low probability of obtaining the observed results by random chance alone. The significance level (or critical value) is commonly set at 0.05 or 5% in statistical analyses.

This implies that since the p-value which is 0.000 is less than 0.05 this reveals that the null hypothesis is rejected this means that health education and awareness campaign have significant effect on promoting the NHIS and its benefits among the population in the FCT. The interpretation provided suggests that the results from the statistical analysis demonstrate a significant effect of health education and awareness campaigns on promoting the National Health Insurance Scheme (NHIS) and its benefits among the population in the Federal Capital Territory (FCT). In other words, the statistical analysis indicates that health education and awareness campaigns play a significant role in increasing awareness, understanding, and acceptance of NHIS among the population in the FCT.

Hypothesis Two

H₀²: NHIS has no significant impact on improving access to healthcare services for individuals in the FCT.

Table 3, Hypothesis Two

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	2.716	.156		17.453	.000
NHIS	.234	.045	.291	5.180	.000

a. Dependent Variable: Improve access to healthcare services for individuals in the FCT

Source: Survey Output, (2023)

The table "Coefficients" in the statistical analysis provides crucial information regarding the effect of individual variables on the outcome being studied. In this context, the variables likely include factors related to the National Health Insurance Scheme (NHIS) and its impact on healthcare access for individuals in the Federal Capital Territory (FCT). The p-value associated with each variable is a measure of the probability of observing the results if the null hypothesis were true.

When the p-value is reported as 0.000, it indicates that the probability of obtaining the observed results by random chance alone is exceedingly low. In statistical terms, a p-value of 0.000 essentially means that the observed effect is highly unlikely to have occurred under the assumption of no effect (i.e., the null hypothesis).

In hypothesis testing, a common significance level, denoted by alpha (α), is set at 0.05 or 5%. If the p-value is less than alpha ($p < \alpha$), it suggests that the observed effect is statistically significant at the predetermined level of significance. In this case, the statement mentions that the critical value is 0.05, indicating a 5% significance level.

Given that the p-value of 0.000 is less than the significance level of 0.05, it leads to the rejection of the null hypothesis. In the context of NHIS and healthcare access in the FCT, rejecting the null hypothesis implies that there is a significant impact attributable to NHIS on improving access to healthcare services for individuals in the FCT. In other words, the statistical analysis suggests that NHIS has a tangible and meaningful impact on enhancing healthcare access for employees of the Federal Capital Territory. This underscores the importance and effectiveness of NHIS in improving healthcare delivery and accessibility within the region.

Conclusion and Recommendations

Having collated and analyzed data on the role of health education and awareness campaign in promoting NHIS and its benefits among the population in the FCT, this study concludes that health education and awareness campaigns have played a very significant role in promoting NHIS and increasing awareness and understanding of its benefits among the population in the FCT. However, there is a mixed level of awareness and understanding regarding NHIS among a segment of population in the FCT. While some individuals are familiar with NHIS and its benefits, a significant portion remains unaware or poorly informed about the scheme.

The study further reveals that respondents in the studied area generally perceive NHIS positively in terms of improved access to quality healthcare services, reducing financial burdens, and enhancing healthcare outcomes. However, there are areas where perceptions are less favorable or neutral, indicating room for improvement.

Based on findings and conclusions of the study, the study recommends that there should be consistent sensitization of public and private employees as well as the general public within the FCT on the importance and benefits of NHIS. These campaigns should focus on explaining the benefits, enrollment process, coverage, and limitations of NHIS in accessible formats. Also, there should be an expanded outreach programs to reach marginalized and underserved communities within the FCT. Utilize community health workers, local leaders, and social media platforms to disseminate information and address misconceptions about NHIS.

There should be a simplified and streamline NHIS enrollment process to make it more accessible and user-friendly. Provide clear guidelines and assistance to individuals and families navigating the enrollment process, particularly those facing socioeconomic barriers. Increase transparency regarding the limitations and exclusions associated with NHIS coverage. Provide clear information on what services are covered, as well as any out-of-pocket expenses or restrictions that individuals may encounter. Establish mechanisms for monitoring and evaluating the impact of NHIS on healthcare access, utilization, and health outcomes in the FCT. Use data-driven insights to identify areas for improvement and inform future policy decisions.

Foster partnerships and collaboration with healthcare providers, government agencies, non-profit organizations, and community-based organizations to enhance NHIS implementation and effectiveness in the FCT.

References

- Abel-Smith, B. (1994). An Introduction to Health: Policy, Planning, and Financing: *Journal of Social Policy*, Vol. 24, Issue 4. London.
- Adjei, K.M., Charles, Y. H. (2023). *Determinants of Health Insurance Enrollment and Health Expenditure in Ghana: An Empirical Analysis. Review of Economics of Household*. Springer, Vol. 21 (4), Pages 1269.
- AHRQ, (2016). *The State of Health Disparities in the United States: Committees in Action; Pathways to Health Equity*. National Academics Press.
- Akinyemi, O. Owopetu, O., Agbejue, I. O., (2021). National Health Insurance Scheme; Perception and Participation of Federal Civil Servants in Ibadan. *Annals of Ibadan Postgraduate Medicine*. Vol. 19, No.1 P 45-55.
- Anderson, M., Carlos Dobkin, Tal Gross. (2012). The Effect of Health Insurance Coverage on the Use of Medical Services. *American Economic Journal. Economic Policy*, Vol. 4, No 1, Cambridge. P.1-27.
- Awojobi, O. (2019). A Systematic Review of the Impact of the National Health Insurance Scheme in Nigeria. *d'Impact du Regime National d'Assurance Maladie Nigeria*. Vol. 7, No. 1.
- Blaboe, F. (2019). Health Insurance Coverage in the United States. Katherine Keister-Starkey and Lisa N. Bunch. P60-271.
- Carapiaha, J. L., Ross-Degan, Desta, A. Wagner, Anita. (2011). Health Insurance Systems in five Sub-Saharan African Countries: Medicine Benefits and Data for Decision Making: *Health Policy*. Elsevier. Vol. 99 (3) Amsterdam P. 193-202.
- Duku, S. K. O. (2018). Differences in the Determinants of Health Insurance Enrolment Among Working-Age Adults in Two Regions in Ghana. *BIAC Health Services Research*, 18, 384. <https://doi.org/10.kumasi.1186/s12913-018-3192-9>.
- Gilson L. and Mills A. (1995).: Health sector reforms in sub-Saharan Africa: lessons of the last 10 years. *Health Policy*, 32:215-243.
- Grace, N., Brian, O. O. Uche, M. O. Valentine, O. Assessment of National Health Insurance Schemes (NHIS) Effectiveness in a Tertiary Teaching Hospital in Southeast Nigeria. (2017). Vol. 13. *Journal of Advances in Medical and Pharmaceutical Sciences*; Article No. JAMPS.327671. ISSN: 2394-1111 ER.
- Kruk M.E., Freedman L. P. (2008). Assessing Health System Performance in Developing Countries: *A Review of the Literature. Health Policy* 2008, 85:263-276.
- Lagomarsino, G. Garabrant A, Adyas, A, Muga, R. Otoo, N. (2012). Moving Towards Universal Health Coverage: Health Insurance Reforms in Nine Developing Countries in Africa and Asia. *Lancet*. 8;380.
- Lins, Y., Gullan, P., Cook, L. (2010). Species Richness and Host-Plant Diversity are Positively Correlated in Coccidae. *ENTOMOLOGIA HELENCIA*, 19 (2), P 90-98. Chiayi.
- Mohammed, S. Soares, A. Dong, H. (2014). Performance Evaluation of a Health Insurance in Nigeria Using Optimal Resources: Health are Providers Perceptive. *BMC Health Services Research*. Kumasi. 14, 127.
- Nwoko, M., Abubakar, I. (2021). An Assessment of Socio-Economic Effect of National Health Insurance Scheme on Quality, Accessibility and Affordable Health Care in Nigeria. *Kiu Journal of Humanities*. Kampala International University Press. P. 67-74.
- Obadofin MO (2006) NHIS – An Overview. *A Paper Presented at an NHIS Awareness Seminar* in Jos University Teaching Hospital.
- Onyedibe K. I., Goyit M.G. & Nnadi N. E. (2012). An Evaluation of the National Health Insurance Scheme (NHIS) in Jos, a North-Central Nigerian City. *Global Advanced Research Journal of Microbiology* Vol. 1(1) pp.005-012
- Rodin, I., David, D. F. (2012). *Universal Health Coverage: The Third Global Health Transition?* *Lancet*. New York. P.861-862.

- Sarkodi, A. O. (2021). Effects of the National Health Insurance Scheme on Health care Utilization and Out-Of-Pocket Payment: Evidence from GLSS 7. *Humanities and Social Sciences Communications*. Vol. 8 (1)293. Legon.
- Solow, R., (1956). The Contribution to Economic Theory: A Major Landmark and some of its Undiscovered Riches. *Oxford Review of Economic Policy*. Vol. 23, No. 1 Oxford University Press.
- Usman, Y. (2018). National Health Insurance Scheme has been an Abysmal Failure. <https://newlivevanguardngr.com>.
- Uzobo, E., Ayinmoro, A. D. (2019). Health Effects of the National Health Insurance Scheme (NHIS): A Study among Federal Civil Servants in Bayelsa State, Nigeria. *Journal on Health and Social Sciences*. Vol. 4, 2: Pages 265-276.
- Wielen, A., Andrew A. C., Jane, Falkingham. (2017). Does Insurance Enrollment Increase Healthcare Utilization Among Rural-Dwelling Adults? Evidence from the National Health Insurance Scheme in Ghana. *BMJ Global Health*.