



**ASSESSMENT OF THE IMPLEMENTATION OF  
TERTIARY INSTITUTIONS SOCIAL HEALTH  
INSURANCE PROGRAMME IN FEDERAL  
POLYTECHNIC, NASARAWA, NASARAWA STATE,  
NIGERIA**

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**ABSTRACT**

*The Tertiary Institutions Social Health Insurance Program (TISHIP) is one of the programs contained in the package of the Formal Sector Social Health Insurance Program (FSSHIP) of the National Health Insurance Scheme (NHIS), which objective was to take care of the health needs of students of tertiary institutions. This research entitled “Assessment of the Implementation of Tertiary Institutions Social Health Insurance Program” was intended to evaluate the success registered in its implementation. Both students and staff were used to raise a population of 3781 for the study, out of which 756 and 53 raised with the use of systematic random sampling were used as sample from the students and staff respectively. Questionnaire was used as the instrument of data collection, and data collected were analyzed using statistical mean and standard deviation. Additionally, pie charts were used to determine the percentage for each response group from the study sample. Decisions were based on rating scale which uses real limit of numbers. The study revealed some surmountable challenges encountered in the process of implementation such as delayed or no refund of out-of-pocket expenses, non issuance of identity cards to enrollees, inadequate facilities and equipment, etc. The findings showed that the program has recorded ‘high extent’ in affording students of the Institution access to good health services, taken the standard of health care delivery to ‘moderate level’. Based on the findings, the study drew the conclusion that though TISHIP is grappling with some challenges in the course of implementation, it is a worthwhile program that deserves to be sustained. In the light of the revealed challenges, some recommendations were made that: more medical*

*personnel should be recruited; there should be prompt refund of out-of-pocket expenses, the waiting time between enrollment and issuance of identity cards to enrollees should be reduced to the barest minimum.*

***Keywords:*** *tertiary, institutions, social, health, insurance, programme*

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## **INTRODUCTION**

### **Background to the Study**

Nigeria as a nation, right from independence, has appreciated the need for development in all areas of the nation's life. This awareness for development has always been expressed in various National Development Plans. The expressed desires are usually followed up with formulation of policies that are well articulated by experienced technocrats, experts, professionals, and in some cases foreign partners. However, a teething problem that has hunted and plagued the nation over the years has been that of poor implementation of policies. The phenomenon has caused the failure of many policies, no matter how articulate and laudable.

The state of the health care system of a nation is one of the indicators taken into consideration when evaluating the development status of nations. Eboh et al (2016) lent credence to the relevance of health care system as a national development indicator by opining that the quality and quantity of resources expended on health care by a nation is the main concern of health care financing, as it is an expression of the value placed on health care in relation to other goods and services. This is because a healthy nation is a wealthy nation. Citizens constitute the human capital of a nation, so the state of their health determines the level and the nature of their involvement in the whole gamut of running a nation. That accounts for why putting an effective health care delivery system in place is usually top priority of governments. Normally, efforts of governments should be geared towards attaining a healthcare system that is promotive, protective, preventive, restorative and rehabilitative, as well as being available and affordable across all socio-economic groups. Meeting these health needs has not been easy, especially for the less developed nations.

Right from independence, various governments had expressed desire, through the National Development Plans, to improve the health care delivery system in the country (Aderounmu,2013). However, this worthy goal has never been attained as the Nation's Healthcare system continued on the downward trend. Anyika (2014) attributed the poor state of health care delivery to inadequate health facilities and structures, poor management

of human resources, poor motivation and remuneration, inequitable and unsustainable health care financing, skewed economic and political relations, corruption, illiteracy, decreased government spending on health, high user fees, absence of integrated system for disease prevention, surveillance and treatment, inadequate access to health care, shortage of essential drugs and supplies, and inadequate health care providers.

The Tertiary Institutions Social Health Insurance Programme had the following objectives as documented in NHIS Guideline (2012):

1. To ensure access to good health services by every student in tertiary institutions.
2. To protect students and families from the financial hardship of huge medical bills.
3. To maintain high standard of health care delivery services within tertiary institutions.
4. To improved services by ensuring availability of funds for the tertiary institutions' health centers.
5. To take cognizance of the peculiar health needs of students in the design of the program, including access to periodic health education and outreaches (NHIS Guideline, 2012).

The Tertiary Institutions Social Health Insurance Programme (TISHIP) is a social security system through which students' health care in the tertiary institutions in the country are paid for out of funds pooled from students' contributions. It is committed to ensuring access to qualitative healthcare services for students of tertiary institutions, thereby promoting the health of students with a view to creating conducive learning environment, taking cognizance of the current practices and challenges faced by students in accessing healthcare, both during session and out of session, as well as the potential of the current tertiary health facilities to maximize access to quality healthcare (Anetoh, Jibuaku, Nduka & Uzodinma, 2017). They categorized tertiary institutions as universities, colleges of education, polytechnics, colleges of agriculture, monotronics; schools of nursing, midwifery, health technology, and other specialized post-secondary institutions (Anetoh et al., 2017).

As reported in Tertiary Institutions Social Health Insurance Programme (2018), the policy stipulates that all students shall be enrolled into the Tertiary Institutions Social Health Insurance Programme (TISHIP) of

the National Health Insurance Scheme (NHIS) by payment of ₦2,000.00 only to the Health Management Organizations (HMOs) of the NHIS adopted by the institution. In addition to the enrollment fee, the newly admitted students, National Diploma (ND) 1 and Higher National Diploma (HND) 1, usually pay the sum of N1500.00 for the medical laboratory tests and medical certificate of fitness to the Federal Polytechnic Nasarawa Clinic TSA account (Tertiary Institutions Social Health Insurance Programme, 2018).

With the launching of the scheme, the expectations of citizens was high, given the place of relevance accorded it in its vision and mission, in the scheme of national well-being. Nigeria is good at formulating good policies which suffer setbacks and frustrations at implementation stage. Commenting on the policy failure syndrome with regard to the health sector, Anyika (2014) noted that “policy reversals and other inconsistencies over the years tend to undermine some health reforms of the past”. Eboh et.al (op.cit) in consonance with Anyika, expressed their concern that, the National Health Insurance Scheme being one of the policy components of entire healthcare delivery system in Nigeria, there is the likelihood that the poor implementation syndrome may affect its implementation and sustainability.

Hence, this paper is set to evaluate the implementation of the Tertiary Institutions Social Health Insurance Programme (TISHIP) of the National Health Insurance Scheme (NHIS), to ascertain the level of success achieved.

### **Statement of the Problem**

The formulation of the program for tertiary institution students by the National Health Insurance Scheme was in recognition of the high incidence of sicknesses and infections among the students. Sicknesses and infections noted to be highly prevalent among students include malaria, typhoid, sexually transmitted disease, physical injuries resulting from accidents and sports, drug and alcohol abuse, visual disorders, anxiety disorders, skin problems, etc. (Anyika, 2014). These health challenges, in the face of inadequate health services and facilities to attend to them, and where available, the financial constraint on students and their parents, since services are to be paid out-of-pocket, had over the years exposed the students to such practices as self-medication, patronage of patent medicine dealers, resort to traditional medicine, and other forms of unwholesome medical

solutions or alternative medical care. The Federal Polytechnic was chosen as the study area due to the observed long queues of students at the clinic on daily basis, and the high incidence of patronage of patent medicine stores and outside health facilities by students of the Polytechnic.

This paper, therefore, was hinged on a poser: How successful has the implementation of the Tertiary Institutions Social Health Insurance Programme (TISHIP) been in addressing healthcare delivery challenges of tertiary institutions? In the context of this research, the terms “assessment” and “evaluation” were used interchangeably.

### **Objectives of the Study**

The main objective of the study was to assess the level of success achieved by the Tertiary Institutions Social Health Insurance Programme (TISHIP) in Federal Polytechnic, Nasarawa. Specifically, the study sought to:

1. Ascertain the extent to which TISHIP has affording students of Federal Polytechnic, Nasarawa, access to good health service.
2. Examine the level to which TISHIP has taken the standard of health care delivery in Federal Polytechnic, Nasarawa.
3. Ascertain the extent to which TISHIP has protected students and families from financial hardship of huge medical bills.

### **Research Questions**

The research seeks to provide answers to the following question:

1. To what extent has Tertiary Institutions Social Health Insurance Programme afforded students of Federal Polytechnic, Nasarawa access to good health services?
2. To what level has Tertiary Institutions Social Health Insurance Programme taken the standard of healthcare delivery in Federal Polytechnic, Nasarawa?
3. To what extent has the Tertiary Institutions Social health Insurance Programme protected students and families from financial hardship of huge medical bills?

### **Empirical Review**

The Tertiary Institutions Social Health Insurance Programme (TISHIP) being an offshoot of the National Health Insurance Scheme (NHIS), has the problem of dearth of literatures that focus specifically on it. However, the available literatures were very useful in this review.

### **Affording Students Access to Quality Health Care**

Anetoh, Jibuaku, Nduka and Uzodinma(2017) examined students' knowledge and attitude towards Tertiary Institutions' Social Health Insurance Programme (TISHIP) and its implementation level among health workers in Nnamdi Azikiwe University, Awka, Medical Centre. The study adopted stratified random sampling technique to assess 420 undergraduate students of Nnamdi Azikiwe University, Awka, on their level of awareness and general assessment of TISHIP. The level of implementation of the scheme was then assessed among 50 randomly selected staff of the University Medical Center. Data collected were analyzed using Statistical Package for Social Sciences (SPSS) version 20 software. The findings revealed a high level of awareness among the students, of the availability of TISHIP in the institution's medical centre, a situation that promoted the desire to seek access to the facility. More than half of them (56.3%) have never benefited from the scheme with 52.8% showing dissatisfaction with the quality of care offered with the scheme. However, an overwhelming number of the students (87.9%) opined that the scheme should continue. On the other hand, the University Medical Centre staff responses showed a satisfactory scheme implementation. The study found satisfactory TISHIP awareness with poor attitude among Nnamdi Azikiwe University students. Furthermore, the University Medical Centre health workers showed a strong commitment to the objectives of the scheme.

Shagaya (2015), conducted a research on Assessment of Students' Satisfaction and Quality of Patients Care under the Nigerian TISHIP in Ahmadu Bello University sickbay (Kongo campus). The study adopted a cross sectional descriptive design which was conducted from February 2013 to February 2014 on a sample of 68 enrollees of the health services of the University using systematic random sampling technique. Data was collected using structured questionnaire and analyzed by SPSS for windows version 20.0. Statistical tests were employed where necessary at 0.10 level of significance. Each satisfaction item was scored in a five-point likert scale ordinal response, which was converted to percentage scale response. Satisfaction was measured from the following domains: warm reception, patient waiting time, provider's attitude towards the patients and the general cleanliness of the hospital for patients care. Specifically, the respondents expressed satisfaction with: warm

reception 58.7%, doctors attitude 74.60%, nurses attitude 55.6%, general attitude of other sick bay staff 55.6% , general cleanliness of the sick bay 74.6%, and dissatisfaction with general waiting time 39.683%. This study has shown that the overall student's satisfaction with the quality of services provided was very good with patient-provider relationship rated highest and waiting time rated lowest, an attestation to qualitative health care services.

Shagaya (2015) study was in agreement with Obiechina and Ekenedo (2013) that long waiting time was one of the factors that caused dissatisfaction and led majority of the students to seek health care services from facilities other than the institutions' health facility.

One very important factor that could promote access to NHIS program by subscribers is the availability of identity cards. In this regard, Ele et al (op.cit) reported their findings that it takes a very long time from the time of registration before subscribers are issued with identity cards.

### **Maintenance of High Standard Health Care Delivery within Tertiary Institutions**

One of the key objectives of TISHIP is to maintain high standard of health care delivery services within tertiary institutions in Nigeria. High standard entails availability, accessibility, quality of personnel and services, and appropriateness of health care services, and all are likely with conformity to the guidelines for the implementation of the TISHIP program. Some scholars conducted researches on TISHIP implementation which are reviewed here to ascertain the extent to which the objective of high standard health care delivery has been achieved.

Adefolaju (2014) and Shagaya (2015) reported low awareness as a factor responsible for poor utilization of the TISHIP programme. Another identified challenge was that of infrastructure in the health sector which they branded as grossly inadequate or severely dilapidated and substandard. This is in tandem with Anetoh et al who reported inadequate supply of medical equipment and infrastructure as the bane on the TISHIP implementation. Eboh et al (2016) in their work "Health Care Financing in Nigeria: An Assessment of the National Health Insurance Scheme (NHIS)", stated a finding of Sanusi & Awe (in Shagaya, 2015) on out-dated and inadequate health facilities used by healthcare providers. On delay in reimbursement of service providers, Agbor and Eneng (year) reported that service providers

are excessively owed and payments delayed for up to one year, in some cases. Etobe & Etobe (2013) observed lack of medical personnel as a challenge.

Abdulrahman and Olaosebikan (2017), in their research entitled “An Assessment of the Level of Implementation and Impact of the National Health Insurance Scheme (NHIS) on the Health Care System in Yobe State, North-Eastern Nigeria”, a descriptive cross-sectional study with a sample size of 100, and structured questionnaire as instrument of data collection, they catalogued the challenges to the implementation of NHIS as inadequate facilities and equipment, poor supervision and monitoring, restriction of ailments eligible for treatment under the scheme, mismanagement of funds and systematic exclusion of some family members and government workers, and inadequate manpower. The findings of the various scholars are antithetical to the objective of high standard health care delivery.

**Protection of students and families from financial hardship of huge medical bills.**

The Tertiary Institution Social Health Insurance Program is, in a way a, sub-program of the Formal Sector Social Health Insurance Program (FSSHIP) of the National Health Insurance Scheme (NHIS). Its objective of eliminating the burden of medical bills from students and families is an attribute of affordability of health care services.

Eteng and Agbor (2016) carried out a study on Understanding the Challenges and Prospects of Administering the National Health Insurance Scheme in Nigeria. The authors identified poor public perception of the scheme as a challenge. Abdulrahman and Olaosebikan (2017), in their research entitled “An Assessment of the Level of Implementation and Impact of the National Health Insurance Scheme (NHIS) on the Health Care System in Yobe State, North-Eastern Nigeria”, a descriptive cross-sectional study with a sample size of 100, and structured questionnaire as instrument of data collection, they catalogued the challenges to the implementation of NHIS as inadequate facilities and equipment, poor supervision and monitoring, restriction of ailments eligible for treatment under the scheme, mismanagement of funds and systematic exclusion of some family members and government workers, and inadequate manpower. Their findings added credence to the challenges identified by other researchers in relation to the implementation of the NHIS and its ancillary programmes.

The reviewed literatures show that though the TISHIP, programme has been embraced by a good number of tertiary institutions in the country, the institutions still have a lot of challenges in achieving successful

implementation measurable from the actualization of its objectives. The challenges that have undermined its effective and efficient implementation are not insurmountable. Hence, a lot needs to be done by the stake-holding ministries, departments and agencies, as well as the various institutions that have keyed into the program to attain the set objective of efficient and effective health services delivery to enrollees.

Drawing from the reviewed literatures, it is apparent that a commendable level of success has been attained in the implementation of the Tertiary Institution Social Health Insurance Program (TISHIP). Although the implementation has not been hitch-free or flawless, some of the hitches and flaws revealed are not peculiar to TISHIP. Rather they are the flaws that are prevalent in the parent scheme NHIS.

### **Methods**

This study used descriptive research design, utilizing quantitative approach which involved the use of questionnaire in data collection to enable the researcher assess the extent to which the objectives of the Tertiary Institution Social Health Insurance Programme (TISHIP) has been achieved in Federal Polytechnic Nasarawa for the period of 2018/2019 and 2019/2020 academic sessions. The study population was made up of 3781 Higher National Diploma II (HND) students of Federal Polytechnic, Nasarawa, in the 2018/2019 and 2019/2020 academic sessions, and 53 staff of the health care facility of the Institution. Systematic Random Sampling technique was used to get a sample size of 756 from the student population of 3781, while all the 53 staff of the Polytechnic health facility were used for the research. The instrument for data collection was the questionnaire designed for the two categories of the population. The data collected were analyzed using the Arithmetic Mean and Standard Deviation to answer the research questions and establish the homogeneity or otherwise of the respondents' views. For research questions I & III, the decision was based on real limit of numbers below.

<b>Rating Scale</b>	<b>Real Limit of Numbers</b>	<b>Decision</b>
5	4.50 – 5.00	Very High Extent
4	3.50 – 4.49	High Extent
3	2.50 – 3.49	Moderate Extent
2	1.50 – 2.49	Low Extent
1	0.50 – 1.49	Very Low Extent

Therefore, a questionnaire item that has mean rating of between 4.50 – 5.00 is taken to be the respondents assent to programme implementation success to a very high extent, while mean rating of between 3.50 – 4.49 is the respondent's assent to programme implementation success to a high extent.

A questionnaire item that has mean rating of between 2.50 – 3.49 is taken to be an assent to programme implementation success to a moderate extent, while mean rating of between 1.50 – 2.49 represents an assent to programme implementation success to a low extent. Mean rating of between 0.50 – 1.49 is the respondents assent to programme implementation success to a very low extent.

For research question II, the decision was based on real limit of numbers shown below.

Rating Scale	Real Limit of Numbers	Decision
5	4.50 – 5.00	Very High Level
4	3.50 – 4.49	High Level
3	2.50 – 3.49	Moderate Level
2	1.50 – 2.49	Low Level
1	0.50 – 1.49	Very Low Level

Therefore, a questionnaire item that has mean rating of between 4.50 – 5.00 is taken to be the respondents assent to programme implementation success to a very high level, while mean rating of between 3.50 – 4.49 is the respondent’s assent to programme implementation success to a high level. A questionnaire item that has mean rating of between 2.50 – 3.49 is taken to be an assent to programme implementation success to a moderate level, while mean rating of between 1.50 – 2.49 represents an assent to programme implementation success to a low level. Mean rating of between 0.50 – 1.49 is the respondents assent to programme implementation success to a very low level.

## Results

The results of the study obtained from the research questions answered are presented in the tables below:

**Research Question I:** To what extent has the Tertiary Institutions Social Health Insurance Programme afforded students of Federal Polytechnic, Nasarawa, access to good health service?

**Table 4.1: The Mean, Standard Deviation and Percentage of the data obtained from students on Access to good health services**

**n=756**

S/NO	VARIABLES	$\bar{X}$	SD	%	REMARKS
1	Awareness of TISHIP	4.14	1.01	19	High extent
2.	Promptitude in attending to students	3.75	1.5	18	High extent

3	Diagnosis process	3.66	1.4	15	Moderate extent
4	Laboratory services	3.38	1.4	15	Moderate extent
5	Prescription and treatment	3.56	1.2	16	High extent
6	Success of treatment	3.57	1.3	16	High extent
	<b>Grand Mean</b>	3.68			High extent

*Source: Survey data 2019*

The analysis in Table 4.1 shows that TISHIP has afforded the students of The Federal Polytechnic, Nasarawa, access to good health service to a high extent. This is shown by the grand mean of 3.68 which fell within the “high extent” grade. The item by item analysis shows high extent impact on variables 1, 2, 5 & 6, with percentage of 16-19, while variables 3 & 4 fell within the “moderate extent” grade with percentages of 15. The Standard Deviation values are within the same range and show that TISHIP has actually impacted positively on student’s access to good health services.

**Table 2: Mean, Standard Deviation and Percentage of the data obtained from staff on Access to good health services.**

S/NO	VARIABLES	X	SD	%	REMARKS
1	Students awareness of the program	4.66	0.41	28	Very High Extent
2	Diagnosis process	4.17	1.49	25	High Extent
3	Promptitude in attending to students	3.96	2.1	24	High Extent
4	Prescription and treatment	3.57	1.86	22	High Extent
	<b>Grand Mean</b>	4.09			High Extent

*Source: Survey data 2019*

The analysis in Table 4.2 shows that TISHIP has afforded the students of Federal Polytechnic, Nasarawa, access to good health services to a high extent. The grand mean of 4.09 which fell within the “High extent” range is a proof. The item by item analysis shows that while item 1 stood at “very high extent” 28%, items 2 to 4 recorded “High extent” rates with percentages of 22-25. The Standard Deviation values which range from 0.41 to 2.1 show an agreement with the high extent impact on access to good health services.

**Research Question 2:** To what level has Tertiary Institutions Social Health Insurance Programme taken the standard of health care delivery in Federal Polytechnic Nasarawa?

**Table 4.3: Mean, Standard Deviation, and the Percentages of the data from students on the level to which TISHIP has taken the standard of**

**health care delivery.**

**n=756**

S/NO	VARIABLES	X	SD	%	REMARKS
1	Satisfaction with attention received	3.83	1.2	17	High level
2	Attitude of personnel	3.64	1.42	16	High level
3	Facilities and equipment	3.04	1.50	13	Moderate level
4	Referral process	2.99	1.53	13	Moderate level
5	Resort to external medical facilities	2.84	1.55	12	Moderate level
6	Laboratory diagnosis	3.58	1.41	15	High level
7	Blind diagnosis	3.28	2.2	14	Moderate level
	<b>Grand mean</b>	3.31			Moderate level

The analysis in table 4.3 shows that TISHIP has taken the standard of health care delivery in Federal Polytechnic, Nasarawa, to a moderate level. This is proved by the grand mean of 3.31 which falls within the “moderate level” range. Going by the analysis of the variables, while variables 1, 2, & 6 stood for “high level” with mean range of 3.58 to 3.83 representing 15-16%, variables 3, 4, 5 & 7 stood for “moderate level” with mean range of 2.84 to 3.28, represented by 12-14%. The Standard Deviation which ranges from 1.2 to 2.2 agrees with the “moderate level” impact of TISHIP on raising the standard of health care delivery in Federal Polytechnic, Nasarawa.

**Table 4.4: Means, Standard Deviations, and percentages of the data obtained from staff on the level to which TISHIP has taken the standard of health care delivery.**

**n = 53**

S/NO	VARIABLES	X	SD	%	REMARKS
1	Number of patients to personnel	2.16	1.61	11	Low level
2	Quality of drugs	3.79	1.98	19	High level
3	Laboratory diagnosis	3.53	1.9	18	High level
4	Blind diagnosis	3.23	1.8	16	Moderate level
5	Facilities and equipment	3.64	1.66	18	High level
6	Referral process	3.79	2.1	19	High level
	Total	3.36			Moderate level

**Source: Survey data 2019**

The analysis in Table 4.4 shows that TISHIP has taken the standard of health care delivery in Federal Polytechnic, Nasarawa, to a moderate level. This is attested to by the grand mean of 3.36 which fell within the “Moderate level” range. The item by item analysis shows that item 1 stood at “low level”

representing 11%, item 4 stood at “moderate level” representing 16%, while items 2, 3, 5 & 6 stood at “high level” representing 18 & 19%. The Standard Deviation values which range from 1.61 to 2.1 agree with the “moderate level” impact on the level to which TISHIP has taken health care delivery in Federal Polytechnic, Nasarawa.

**Research question 3:** To what extent has TISHIP protected students and families from financial hardship of huge medical bills?

**Table 4.5: Mean, Standard Deviations, and Percentages of data from students on protection from financial hardship of huge medical bills.**

**n=756**

S/NO	VARIABLES	X	SD	%	REMARKS
1	Availability of relevant drugs	3.07	1.67	17	Moderate extent
2	Appropriateness of prescribed drugs	3.01	1.7	17	Moderate extent
3	Incidence of out-of-pocket expenses	2.75	1.8	16	Moderate extent
4	Refund of out-of-pocket expenses	2.55	1.5	14	Moderate extent
5	Issuance of clinic card	3.07	2.33	17	Moderate extent
6	Range of ailments covered	3.27	1.67	18	Moderate extent
	<b>Grand mean</b>	2.95			Moderate extent

*Source: Survey data 2019*

The analysis in table 4.5 shows that TISHIP has succeeded in protecting students and families from financial hardship of huge medical bills to a moderate level only. This is shown by the grand mean of 2.95. The variable by variable analysis shows that the 6 variables attracted “moderate extent” range with mean ratings ranging from 2.55 to 3.27 representing 16-18% . The Standard Deviation values with the range of 1.5 to 2.33 lent credence to the “moderate extent” grade of TISHIP protection of students and families from financial hardship of huge medical bills.

**Table 4.6: Mean, Standard Deviations, and Percentages of the data from staff on the extent to which TISHIP has protected students & families from financial hardship of huge medical bills**

<b>n = 53</b>					
S/NO	VARIABLES	X	SD	%	REMARKS
1	Availability of prescribed drugs	3.23	1.8	21	Moderate extent
2	Incidence of out-of-pocket expenses	3.15	1.86	20	Moderate extent
3	Refund of out-of-pocket expenses	2.26	1.5	15	Low extent
4	Patronage of outside health facilities	3.15	1.86	20	Moderate extent
5	Range of ailments covered	3.75	2.8	24	High extent
	<b>Grand Mean</b>	3.11			Moderate extent

*Source: Survey data 2019*

The analysis in Table 4.6 shows that TISHIP has protected students and families from financial hardship of huge medical bills to a moderate extent. The grand mean rate of 3.11 which fell within the moderate extent range lent credence to the “moderate extent” success. The item by item analysis shows items 1,2 & 4 having “moderate extent” rating, item 3 having “low extent” rating, while item 5 has “high extent” rating. The Standard Deviation values which range from 1.5 to 2.8 agree with the “moderate extent” rating.

## **Discussion**

### **“High extent” success attained in affording students access to good health service.**

The findings on this objective from the analysis of data obtained from both students and the staff of the Polytechnic health facility was that success has been achieved to a “high extent”. The “high extent” success was owed to certain prevailing conditions vis-à-vis the programme. They included student’s awareness of the existence of the programme which was rated “high extent”, promptitude in attending to students rated “high extent”, diagnosis process rated “moderate extent”, laboratory services rated

“moderate extent”, and prescription and treatment rated “high extent”. All are in congruence with Anetoh, Jibuaku, Nduka, and Uzodinma (2017), who asserted that success of TISHIP is dependent on student’s knowledge and awareness of its existence, a position also taken by Adefolaju (2014) and Shagaya (2015). Anetoh et al also measured waiting time as a variable in determining the quality of health care. Obiechina and Ekenedo (2013) concurred that promptitude in attending to students is a salient factor in accessing good health service.

**“Moderate level” success attained in improving the standard of healthcare delivery.**

The findings on this objective from the data obtained from both the students and staff was a “moderate level” success. The “moderate level” success was attributed to prevailing states of “high level” satisfaction of students with attention received, “high level” positive attitude of personnel, and “high level” laboratory diagnosis. However, the “moderate level” rating of facilities and equipment, referral process, resort to external medical facilities, and blind diagnosis tilted the pendulum to a “moderate level”. Adefolaju (op.cit) and Shagaya (op.cit) in their different works identified poor state of infrastructure in the health sector which they branded as substandard, as factors affecting the successful implementation of TISHIP, a position that Anetoh et al, Abdulrahman and Olaosebikan (2017) took. The satisfaction factor drew credence from Shagaya (op.cit) who asserted that “A hospital may be well organized, ideally located and well equipped, but it will fail in its responsibility to provide quality care if patients satisfaction is not a priority”. He went further to acknowledgewarm reception and provider’s attitude as attributes of satisfaction. Resort to external medical facilities was at moderate level because of warm and friendly attitude of the personnel, quality of drugs and the use of laboratory diagnosis. This agrees with the findings of Anetoh et al that lack of essential drugs in a health centre causes students to seek medical attention from outside medical facilities. Another finding that impinged on the attainment of the desired level in the standard of health care delivery was inadequate personnel. This tied in with the observations of Etobe & Etobe (2013), who observed that lack of medical personnel was a challenge to successful implementation, which Anetoh et al (op.cit), Adefolaju (2014), Eboh et al (2016), and Abdulrahman & Olaosebikan (2017) also observed.

**“Moderate extent” success attained on the protection of students and families from financial hardship of huge medical bills.**

The finding on this objective from data obtained from both students and staff revealed that the success was achieved to a moderate extent. The relevance of state of medical bills was highlighted by Ele, et al (2016), who stated a finding that enrollees attributed their satisfaction with the programme to the fact that it helped to reduce huge expenditure on health without reducing quality. The “moderate extent” success was owed to the fact that prescribed and relevant drugs were available to a moderate extent. In addition, refund of out-of-pocket expenses to students was to a low extent. This tallied with the finding of Anetoh et al (op.cit) that when students incur personal expenses (out-of-pocket) to purchase prescribed drugs which are not available in the school clinic, they are usually not refunded their money by the management.

Another salient factor responsible for the “moderate extent” attainment of the objective was the delay in the issuance of clinic cards to student enrollees. This is in tandem with Eneh et al (op.cit) who reported a finding of “delay in the issuance of identity cards/clinic cards to enrollees” as one of the factors hindering the effective implementation of TISHIP.

Another finding responsible for the “moderate extent” attainment of the objective on protection from the hardship of huge medical bills was the range of ailments covered by the programme. Data showed ‘high extent’ range of the ailments covered by the program. The import of that was derived from the work of Abdulrahman and Olaosebikan (op.cit) who presented restriction of ailments eligible for treatment under the programme and the systematic exclusion of some family members as some the challenges that the programme has to grapple with.

**Conclusion**

Drawing from the findings of the research therefore, a conclusion was drawn that, though the Tertiary Institutions Social Health Insurance Programme has not achieved a resounding success in the pursuit of its objectives in Federal Polytechnic, Nasarawa, the programme is a welcome development as it has: reduced, to a high extent, the obstacles students of Federal Polytechnic, Nasarawa, had to grapple with in their quest to access quality health care increased, to a moderate level, the standard of health care delivery in the

institution; and eliminated, to a moderate level, the hardship of huge medical bills from students and families. Silhouetted against the background of policy implementation failures which has plagued Nigeria over the years, as was asserted in the background to this study, a conclusion was drawn that TISHIP, so far, is an exception and therefore a success story.

### **Recommendations**

Based on the findings of the study, the following recommendations were made:

1. More medical personnel should be employed to reduce the high students-medical personnel ratio to the barest minimum. This will drastically reduce the waiting time and the attendant frustration that cause students to resort to outside medical facilities.
2. Blind diagnosis (basing prescription and treatment on testimonies of patients only) should be discouraged or out rightly forbidden. This will increase the appropriateness of prescriptions and treatment.
3. The waiting time between enrollment and issuance of identity cards to enrollees should be reduced to the barest minimum, as it will afford them access to any NHIS recognized health care provider when circumstances take them out of the campus.
4. Refund of out-of-pocket expenses to students should not be delayed. Hence, the process should be simplified. This will encourage more students to enroll in the programme and utilize its benefits.

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