

CUSTOMER SATISFACTION SURVEY SUMMARY REPORT



**NATIONAL HEALTH
INSURANCE MANAGEMENT
AUTHORITY**





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Introduction and Background

Universal Health Coverage (UHC) is among the targets under the United Nations Sustainable Development Goals, and is specifically encapsulated in Goal Number 3 (WHO, 2016). Target 3.8 requires countries like Zambia to achieve UHC, including financial risk protection, access to quality essential healthcare services and safe, effective, quality and affordable essential medicines and vaccines for all.

To contribute towards this goal, Zambia introduced a compulsory national health insurance scheme through an Act of Parliament called “National Health Insurance Act No. 2 of 2018”. The Scheme is designed to address health financing challenges and ensure an increase in access to quality health services, thereby contributing to the country’s economic agenda by providing a healthy and productive workforce. The compulsory National Health Insurance Scheme operates on a solidarity principle by allowing the pooling of resources and risk across a group of people. This promotes equity and universal access based on clinical need as a principal objective.

Since 2019, the National Health Insurance Management Authority (NHIMA) has seen its membership grow to an estimated 6.7 million people covered by the Scheme and eligible to access the National Health Insurance Benefit Package through the over 1 million contributing members as of June 30th 2021. The Scheme also boasts of 240 accredited health facilities where members can access services across the ten provinces of Zambia. Notwithstanding this growth in terms of services being provided and the increase in the number of beneficiaries, NHIMA has never conducted a survey to understand and appreciate how the Scheme has fared among the general populace of Zambia.

It is against this background that NHIMA commissioned this study to, among others, assess clients’ satisfaction regarding using insured health services under the National Health Insurance Scheme, identify gaps and generate valuable and consistent customer feedback that will provide input to initiate strategies to retain customers and improve health care delivery on the

National Health Insurance Scheme.

Study design, methodology and Data analysis

This study employed a descriptive cross-sectional survey design with a mixed-methods approach targeting health facilities accredited with NHIMA, clients accessing services under NHIMA and those on the NHIMA registry but never accessing any services so far. The data collection involved the use of qualitative approaches where Focus Group Discussions (FGDs) and Key Informant Interview (KII) Guides were used to collect data of a narrative nature.

A structured closed ended tool was also designed to collect quantitative data. Questionnaire interviews, FGDs and KII were carried out by trained Research Assistants between August and October 2022. Data analysis involved the use of Nvivo for qualitative data and SPSS and Stata for quantitative data. Through a well-designed sampling process, a total of 988 questionnaires, 100 interviews with NHIMA members who have never claimed, 24 KII and 5 Provincial FGDs were conducted.

Demographic and Social Economic Characteristics of Respondents

Results on demographic and socio-characteristics of respondents show that Lusaka province had the highest number of respondents (39.8 percent) followed by Copperbelt province (24.2 percent). Muchinga province (1 percent) had the lowest proportion of respondents just below Northern province (2 percent). Paid NHIMA public sector employees constituted about 42.7 percent while paid NHIMA private sector employees were at 24.1 percent of the total sample. The unemployed and self-employed together accounted for 24.9 percent of the total sample.

Of the total number of respondents, about 9.5 percent were aged 65 years and above while 4.8 percent were aged between 15-24 years. Majority of respondents were aged between 35-44 years accounting for about 31.2 percent of all respondents. There were more female respondents (59.4 percent) compared with male

respondents (40.6 percent). Approximately 69.6 percent of respondents reported that they were married while 15.8 percent said that they had never been married before. On education attainment, about 63.4 percent of the total sample had at least higher/tertiary education qualification while about 25.4 percent had secondary school level education.

Membership with NHIMA and other Health Insurance

NHIMA membership is drawn from the public sector with 63.5 percent registered through workplaces. Only

18 percent reported to have self-registered while fewer than four percent were registered through MCDSS under the vulnerable category and NHIMA agents. Generally, there is a wide information gap among members regarding the scheme, benefit package and the registration process.

Largely, the employer (46.9 percent) has remained the major source of information about NHIMA, followed by friends/family/community at 17.8 percent. Other sources of information (radio, internet, and print media) accounted for less than 15 percent. NHIMA continues being favourable in meeting health costs compared

Mode of Registration Under NHIMA

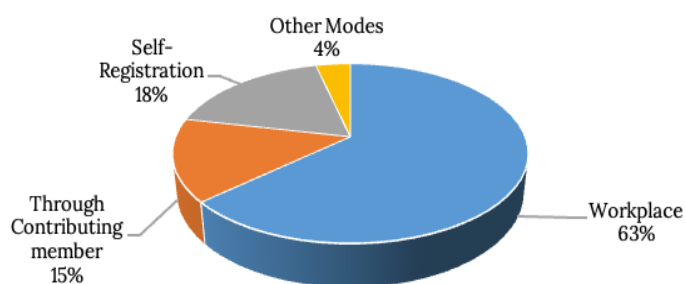


Figure 1: Mode of Registration Under NHIMA

to out-of-pocket health expenditures. Majority (93.5 percent) of respondents felt the monthly contributions were affordable.

Source of Information About the NHIMA Scheme

Generally, there is a gap in information among members regarding the scheme, benefits package, and

Table 1: Mode of Registration Under NHIMA

Mode	Frequency	Percent
1. Workplace	627	63.46
2. Through contributing member	147	14.88
3. Self-Registration	177	17.91
4. Other Modes	37	3.74
Total	988	100

registration process. On NHIMA benefits package, 81.7 percent of respondents stated that they did not know the benefits package despite being on the scheme. However, they were generally able to state some of the services received at accredited health facilities when probed further.

Only 18.3 percent of respondents indicated knowing the benefits package. Largely, the employer (46.9%)

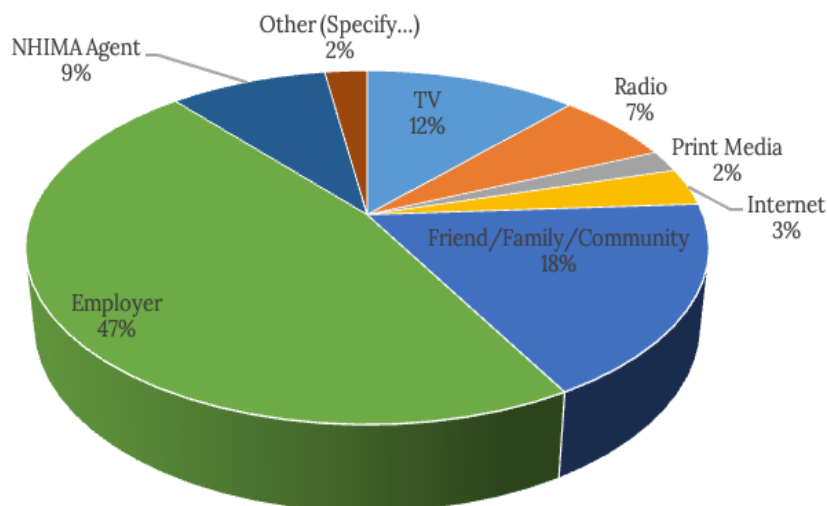


Figure 2: Source of Information About NHIMA Scheme

has remained the major source of information about NHIMA, followed by friends/family/community at 17.8 percent. Other sources of information (radio, internet, and print media) accounted for less than 15 percent. Figure 2 provides a summary of the results.

Affordability of NHIMA Monthly Contributions

NHIMA continues to be favourable in meeting health costs compared with out-of-pocket health expenditures. Majority (93.5%) of respondents felt the monthly contributions were affordable and eased

Table 2: Affordability of NHIMA contributions and financial access

Question Type	Number of Responses	Those that said 'NO' as a Proportion of Total Responses	Those that said 'YES' as a Proportion of Total Responses
1. Is the NHIMA monthly contribution affordable to you and your household?	781	51 (6.53%)	730 (93.47%)
2. Do you experience any financial difficulties as a result of spending on health care after registering for NHIMA?	781	732 (93.73%)	49 (6.27%)
3. Were you able to afford financial access to healthcare services before registering with NHIMA?	781	334 (42.77%)	447 (57.23%)

financial difficulties on health expenditures. About 93.7 percent compared to 57.2 percent of the respondents mentioned being able to afford financial access to health care services after and before registering with NHIMA. Table 2 provides details of specific questions asked during the survey.

indicated experiencing financial difficulties even after registering with NHIMA scheme and were of the view that the contributions were actually not affordable.

Subscription to other Health Insurance Schemes

Notwithstanding, about 6.2 percent of respondents

In addition to being a beneficiary of the NHIMA scheme,

Table 3: Subscription with Other Health Insurance Schemes

Question Type	Number of Responses	Those that said 'NO' as a Proportion of Total Responses	Those that said 'YES' as a Proportion of Total Responses
1. Do you subscribe to any other health Insurance scheme apart from NHIMA?	988	876 (88.66%)	112 (11.34%)
2. Does your other health insurance restrict who can be a beneficiary?	112	48 (42.9%)	64 (57.14%)

Table 3 shows that 11.3 percent of respondents said they had subscriptions with other health insurance schemes.

were more affordable than NHIMA. This could be attributed to a situation in which employers pay for health insurance of their staff with little to no effect on their incomes.

Affordability of Contribution to the other health insurance scheme compared to NHIMA

About 52.7 percent of respondents were of the view that contributions to other health insurance schemes were not more affordable compared to that of NHIMA while 44 (39.3 percent) said contributions to other schemes were more affordable. Nine (8 percent) of the respondents did not know whether other schemes

The overall rating of service provision for other health insurance schemes was moderately satisfactory. About 43.8 percent of respondents indicated that service provision was good whilst 23.2 percent said it was excellent. In contrast, 9.8 percent of respondents rated service provision by other health insurance schemes as poor while 23.2 percent rated it as average.

Perception of Quality of Health Care - Registration, Vitals, Consultations, Diagnostics, Pharmacy and Admission

Among the objectives of this study, NHIMA wanted to appreciate the perception of quality of health care in NHIMA accredited HCPs with regards to Registration,

Vitals, Consultations, Diagnostics, Pharmacy and Admission.

The longest time taken is that of waiting for the actual service to be provided with 17.6 percent saying it takes more than 60 minutes. Long queues account for 78.9 percent nationally, and Northwestern province as the

RESPONSE TIME AT HEALTH FACILITIES

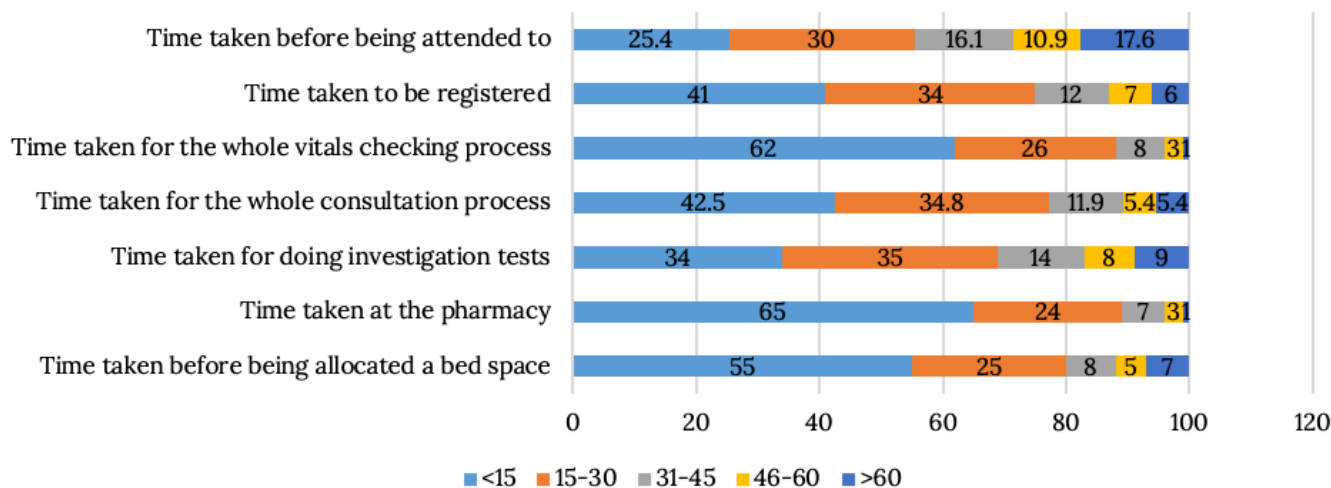


Figure 3: Response time at health facilities

province with the most prevalence at 88.9 percent. With respect to the time it takes for the whole consultation process to end, 42 percent mentioned less than 15 minutes, 34.8 percent mentioned 15-30 minutes while 11.9 percent mentioned 31-45 minutes. Respondents from FGDs complained that during consultation, doctors took time to respond to questions that patients raise.

In terms of vitals capturing, results show that 89.4 percent had vitals such as temperature, blood pressure and weight checked during the last visit to the health facility. The time taken at the pharmacy and the time

taken for the whole vital checking process was 15 minutes as indicated by 65 percent and 62 percent of the respondents, respectively.

Overall, the satisfaction levels at different stages of health seeking at NHIMA HCPs did not vary much with most respondents being satisfied of the services received. The pharmacy scored less in terms of overall service. The low rating for the pharmacy could have been as a result of long distances travelled by clients to the nearest pharmacies.

SATISFACTION LEVELS

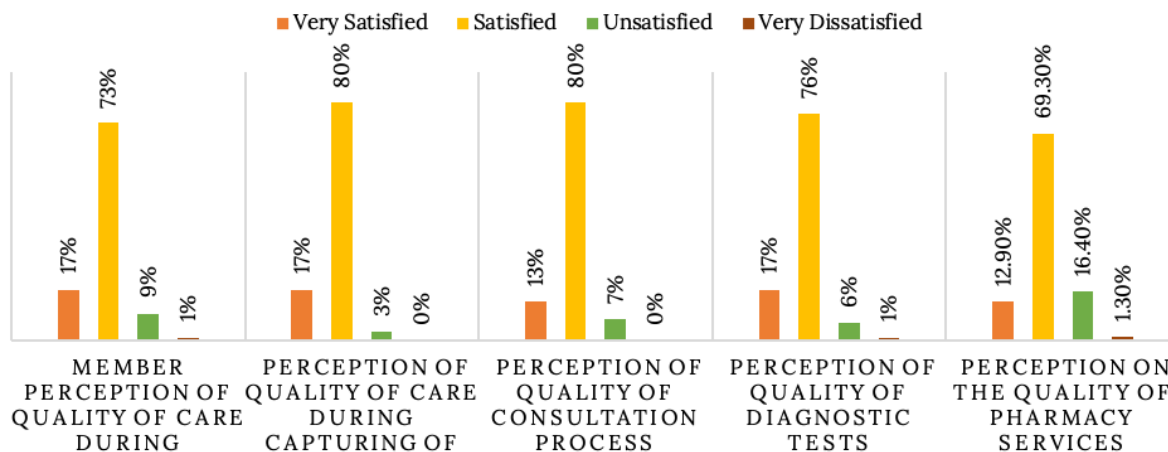


Figure 4: Satisfaction levels

Additionally, lack of drugs in NHIMA accredited pharmacies is a problem to most patients encountered. The majority of respondents showed satisfaction regarding the process of vital readings. About 66 percent mentioned that health care workers explained the readings to them after checking the vitals. Figure 4 provides a summary of client satisfaction.

Perception of Quality of NHIMA Health Insurance and Information

Quality of NHIMA Insurance

The perception of the quality of the services provided by NHIMA focussed on access, value for money (VFM) principles, the effectiveness of the customer feedback

Table 4: Analysis of what services money was spent on

Type of Service Paid for	Number of responses	As a proportion of total responses
1. Pharmaceuticals and Blood products	317	54%
2. Investigations and diagnostic services	71	12%
3. Medical and surgical services	45	8%
4. OPD registration and consultation	38	6%
5. Vision care services	25	4%
6. Dental and oral health services	22	4%
7. Maternal, newborn care and paediatric service	15	3%
8. In patient care services	14	2%
9. Physiotherapy and rehabilitation services	13	2%
10. Services that require pre-authorization on approval	9	2%
11. Orthopaedic appliance and prosthesis	7	1%
12. Mental health services	7	1%
13. Others (Oncology services, P.O.P, Kidney stone, Pregnancy scan, and blood test)	7	1%
Total	590	100%

care services needed.

Suffice it to say, however, 42 percent of those that had accessed health care services in the last 12 months spent some money despite being NHIMA clients and topping the expenditure list was payment for pharmaceuticals and blood products at 54 percent. Table 4 shows a summary of these results.

Further analysis showed that nearly 17 percent of respondents that visited the health facilities had experienced some problem during the time they went to seek services under NHIMA with shortages of drugs topping the list at 35 percent. What is not surprising however, was that majority of those that indicated existing gaps in NHIMA services felt that pharmaceuticals and blood products were not

mechanisms as well as providing an overall satisfaction rate on the quality of health care services under NHIMA.

Majority of respondents (61.1 percent) indicated that they know a NHIMA accredited facility in their locality while 38.9 percent didn't know. Although not all people knew a NHIMA facility in their locality, they still felt that NHIMA-accredited healthcare providers in their areas were able to sufficiently meet the quality of healthcare services needed.

The study also showed that 79 percent of respondents were satisfied and believed that they got value for money in the way NHIMA provides services to them. Further, 72 percent agreed that listed NHIMA-accredited facilities sufficiently met the quality health

sufficiently provided. Figure 5 has these summaries.

With regards to ease of access to needed health care services after becoming a NHIMA member, very few respondents had difficulties, with a total of 95 percent responding either very easy, moderate, or easy. Further, a combined total of 94 percent rated their satisfaction with NHIMA's way of service provision as either excellent, good or moderate with only 6 percent saying it was poor or very poor. However, awareness of the NHIMA complaints procedure among the respondents is low (only 8 percent knew about it).

Information Provided by NHIMA

Information provided by NHIMA looked as the adequacy,

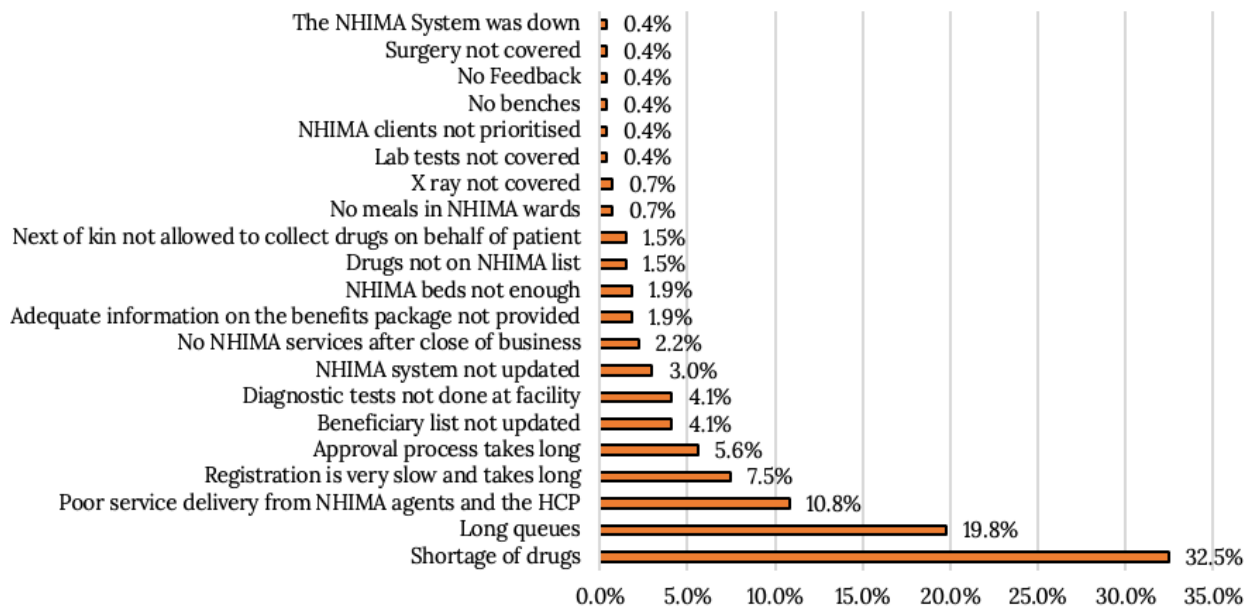


Figure 5: Problems encountered when accessing NHIMA services

relevance, and ease of access. Service provision requires that the provider and the customers can communicate whenever need arises. On the number of clients knowing where the nearest NHIMA office is physically located, only 38.5 percent answered in the affirmative while the remaining 61.5 percent did not know, with 22.3 percent having visited a NHIMA office while the other 77.4 percent did not. Of those confirmed to have visited the nearest NHIMA office, only 48.4 percent indicated that the offices are disability user-friendly.

Receipt of information from NHIMA on the available services was low as only 11 percent indicated that they had received this information. Most of the information was received through SMS (29 percent), while 17 percent was received through television, and 13 percent by phone calls. Furthermore, a high number of respondents (94 percent) indicated that they had not received any information specifically on the benefits package. Of the 6 percent that had received any information about the benefits package, a majority (24 percent) of them received it through a NHIMA agent, 18 percent through their employers, 15 percent from TV, 12 percent from the internet, 11 percent from the radio, 8 percent from the NHIMA Facebook page including Phone/SMS, 7 percent from the print media and lastly 5 percent from a peer (friends/family/community).

On the preferred channel of receiving information from NHIMA, 31 percent preferred SMS followed by 20 percent through phone calls, 14 percent through emails, 11 percent TV, 9 percent online platforms such as the NHIMA website and Facebook, and lastly, 7 percent

opted for physical meetings with NHIMA agents.

NHIMA Website

On the NKHIMA website, the study concentrated on the adequacy, relevance, and helpfulness of the information on the NHIMA website whose aim is to provide information to members. A few of respondents (10 percent) had ever visited the NHIMA website. There were also mixed reactions about the adequacy, relevance, and helpfulness of the information on the NHIMA website among respondents that ever visited the NHIMA website.

More than half (61 percent) found the information adequate and 39 percent did not. Furthermore, 77 percent found it relevant whilst 23 percent did not. With regards to it being easy to understand and helpful, 71 percent said it was easy to understand and helpful while only 29 percent said it was 46 percent indicated that there were certain gaps in the information while 54 percent said there were no gaps.

Among major gaps cited included that the website was too complicated and rather outdated; it fails to capture or provide information on beneficiaries; it lacks a complaint procedure and customer feedback mechanism, and others felt that information should be made available in other local languages. Figure 6 provides a summary of these findings.

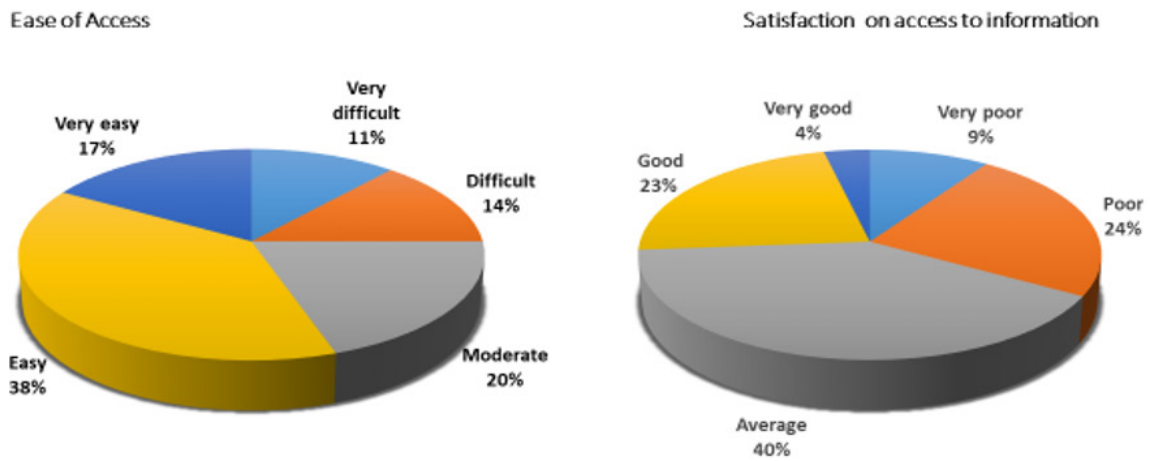


Figure 6: Ease of NHIMA Website and Overall Rating on Access to Information on Available Health Care Services

5As Principles Framework Score

The National Health Insurance Authority operates through a delivery and customer satisfaction framework anchored on five principles, also known as “5As”. These health access principles include; Availability, Accessibility, Affordability, Accommodation and Acceptability. Definitions and items of assessment of these access principles are captured in the main report and can be found on the NHIMA website.

The client satisfaction survey endeavoured to measure customer satisfaction within the lens of the 5As principles. In fact, the 5As access principles guided the formulation and design of both the tools and the structural model design of the survey to ensure measurement of client satisfaction was laid within the ambit of the 5As. Each of the definitions as well as the items of assessment of the access principles were operationalised through the questionnaire and other tools used to collect data and information for this research study.

While all the 5As form the core of this report and are reflected throughout its contents, this section was framed to show, using scores, how NHIMA is performing on the main focal principles in terms of customer satisfaction. In order to arrive at this score, a process was adopted to first of all, show responses and results on specific questions designed to directly measure the 5As, and secondly, to also show condensed composites of each of the 5As by scoring them using indexing principles.

Each of the questions that measured the 5As were

collapsed into one index score of satisfaction for each of the principles and subsequently, based on the 5As, an overall customer satisfaction index was also estimated. Table 5 shows summary results of the indexes as found through this study.

For each of the 5As principles, clients scored them differently and were largely dependent on the number of questions and the question type (i.e. Yes/No or Scale measurement, i.e. Agree Disagree). Overall, slightly over 4 in 10 respondents (43 percent) indicated that they were very satisfied with NHIMA services (4/5=80). Of all the 5As, the most highly scored principle was availability (4/4) indicated by 74 percent of respondents as satisfied while the least scored principle was Acceptability at (4/14 or 2/7). Accessibility (3/5) was indicated by 46 percent of the respondents while Affordability scored (3/4) less than half (46 percent) of respondents. Accommodation scored (6/8) and was indicated by 37 percent of respondents.

Table 5: Summary and Overall NHIMA customer Satisfaction Index scores

Index score	An overall score (Total score for indicator)	The score of each indicator	Highest number of respondents from 5As	Interpretation
Overall NHIMA customer satisfaction	5	$4/5 \times 100 = 80\%$ represents High satisfaction	43%	43 percent of NHIMA clients were very satisfied with NHIMA services
Availability	4	$4/4 \times 100 = 100\%$ Represents High satisfaction	74%	74 percent of NHIMA clients were very satisfied with services availability
Accessibility	5	$3/5 \times 100 = 60\%$ Represents Moderate satisfaction	43%	43 percent of NHIMA clients were moderately satisfied with service accessibility
Affordability	4	$3/4 \times 100 = 75\%$ Represents High satisfaction	46%	46 percent of NHIMA clients were very satisfied with service affordability
Accommodation	8	$6/8 \times 100 = 75\%$ Represents high satisfaction	37%	37 percent of NHIMA clients were very satisfied with service being accommodative
Acceptability	14	$4/14 \times 100 = 28\%$ Low satisfaction	35%	35 percent of NHIMA clients had low satisfaction with service acceptability

Conclusion and Recommendations

This study was commissioned to investigate NHIMA client satisfaction regarding utilisation of insured health services, identify gaps, and generate valid and consistent customer feedback to provide input to strategies to retain customers and improve health care delivery on the National Health Insurance Scheme. This study informs NHIMA and the government in general of a number of aspects the authority needs to improve general health service delivery.

The levels of customer satisfaction with respect to various services provided were found to be varied. There were situations where clients were satisfied while in others, they clearly expressed need for improvement. For example, while the speed and quality of services provided were attributes clients found generally satisfying, it is also true that they were less happy with such attributes as communication, responsiveness to customer feedback and certain physical attributes such as ambience.

This study has demonstrated that while NHIMA and services providers alike are relatively a new phenomenon to the provision of universal health insurance coverage, it is a mechanism with high potential to improve access to affordable, quality and responsive medical health care for all Zambians and thereby contribute greatly to the United Nations Sustainable Development Goal Number 3, target 3.8 where Universal Health Coverage is highly emphasized and expected of among UN member countries.

Not only is this platform convenient for individuals and persons on official government or private sector “pay rolls”, our study has shown that even those not formerly employed will be served adequately with minimal contributions thereby setting potential and adequate momentum to achieve health outcome dictates as outlined through the 8th National Development Plan and Vision 2030.

Based on the findings of this study, the following highlight recommendations for NHIMA to work around to improve service delivery and client satisfaction:

1. Owing to the lack of or limited availability of information about NHIMA and the services provided under the National Health Insurance Scheme, NHIMA must re-strategise information sharing by designing effective and varied communication platforms to inform different target groups, including the vulnerable groups and the informal sector, on all aspects of the scheme, particularly the benefit package and registration;
2. Due to generalized complaints and observations, and also a finding from this study on the time it takes to serve clients, NHIMA and HCPs are required to quickly work on a model that would speed up service delivery in all accredited HCPs; this should first require interrogation of why there is this delay, and thereafter, model a response to that effect;

3. Considering that some NHIMA members end up paying for services that are in the benefits package, NHIMA should ensure that the accredited HCPs have the capacity to deliver the desired quality healthcare services, especially regarding drugs, medical supplies, and medical equipment;
4. In view of the low use of the website by NHIMA members, NHIMA should make it more user-friendly and develop a USSD code that could easily accommodate most clients countrywide given the internet challenges that most rural parts of Zambia currently face. NHIMA members could have the option to either use the website or the USSD code to access vital information about the scheme;
5. For specific items relating to perception of healthcare quality service provision relative to registration, vitals, consultations, diagnostics, pharmacy and admissions, NHIMA needs to engage accredited HCPs on the following:
 - a. Where patients report not being checked for vitals, NHIMA should engage HCPs to ensure all machinery for vital checks are available and functioning effectively and well serviced all the time;
 - b. The study found that in a number of sections of complaints of delayed health service delivery for NHIMA clients, through the HCPs, NHIMA needs to monitor that accredited facilities have enough health officials to provide satisfactory services to clients;
 - c. Majority of clients talked to were of the view that since some pharmacies in hospitals lacked drugs, and some NHIMA accredited pharmacies are located distances away such that some NHIMA clients end up going home without accessing drugs, there is therefore need for NHIMA to work on a model that will ensure well stocked pharmacies are in close proximity to the hospitals for ease of access by clients; and,
 - d. With regard to concerns from NHIMA clients on admissions where patients (NHIMA or not) are sometimes mixed up

with those from general admissions, NHIMA needs to engage HCPs to find a solution on how admission wards can be remodeled for NHIMA clients only, and separated from general admissions.

6. In the “case study” on clients who contribute but have never accessed services under NHIMA, where such clients have negative perceptions which they have heard regarding the quality of health packages under NHIMA, it is imperative for NHIMA to communicate and disseminate correct information across the country using suitable channels for this particular target group;
7. It is clear that NHIMA is not yet capacitated to provide all the services required by its members such that there are NHIMA clients who have never accessed any of its services. These members rather prefer to use other medical services with capacity to offer the needed services. This means they make double medical aid payments - to their preferred service providers and to NHIMA, a mandatory statutory requirement.

It is in this vein that NHIMA should explore the possibility of collaborating with other service providers by way of sharing shortfalls encountered by either party. Furthermore, working in collaboration with other service providers will ensure the attainment of Zambia’s health vision which is **‘To provide equitable access to cost-effective, quality healthcare services as close to the family as possible’**; and,

8. In order to increase service delivery by the accredited facilities, NHIMA should consider coming up with graduated payments system for the facilities based on the scores they accrued in the past assessment. This assessment should be done by an independent organisation.

NEXT STEPS – Research Agenda

In order to keep up with all or most service delivery indicators inclusive of service satisfaction, NHIMA should institute an annual satisfaction survey, or where this is not possible, a two-year satisfaction survey should be considered in order to keep track as well as a vital source of M&E data for service delivery improvement and for effective planning.

