

Award of the SERVICOM Index

The People's Right to Be Served Right

Report of
**SERVICOM Compliance Evaluation of
National Health Insurance Scheme,
Headquarters, Abuja.**

Federal Ministry of Health

November 4, 2010

EXECUTIVE SUMMARY

**SUMMARY OF SERVICOM COMPLIANCE EVALUATION OF
NATIONAL HEALTH INSURANCE SCHEME,
HEADQUARTERS, ABUJA.**

Date of Evaluation:	4 th November, 2010
Score:	1.2 out of 4; (30%)
Ranking:	One Star (*) Service
Description:	Poor

Findings

Strength:

- There is existence of customer friendliness, e.g. staff were observed to be polite and attentive to enrollees
- The Organisation recognises other Agencies as partners such as Health Care Providers (HCPs) and Health Management Organisations (HMOs) in rendering services
- There is general cleanliness of the environment at the Headquarters and the Annex Office at Wuse 11, Abuja
- All frontline line staff wear name tags for easy identification
- Consideration has been given to a variety of means to obtain feedback from enrollees, e.g. radio and TV phone in program etc
- All main services are publicized widely, in flyers, staff hand book, TV program etc

Weaknesses:

- There are no systems in place to monitor performance against set standards e.g. issuance of ID cards to enrollees
- There is no waiting area for enrollees at the Headquarters as they were seen loitering around the service points in order to be served. While at the Annex Office, the waiting area within the call centres is very small with few seats.
- Enrollees complained that registration processes are too cumbersome as a result of bureaucratic bottlenecks i. e. too many processes and delays before enrollees are registered under the Scheme
- The Complaint procedure stated in the Charter has no time limit for response

to enrollees and stakeholders complaints. This affects timely resolution of complaints

- There are no directional signs at the Annex office to direct customers and visitors to the different service points. This makes access difficult
- Enrollees confirmed that NHIS does not meet up with the timelines set for initial service e.g. For example the initial waiting period of sixty (60) days before a contributor can access service as stated in the Operational Guidelines is not met. This makes majority of the enrollees unable to access service timely
- Standards are not set for waiting times for subsequent visits to NHIS Office. For example, enrollees who want to add dependant or to change Service Provider pay several visits to the NHIS office before their requests are granted
- The scheme has not considered the information requirement of the blind and those who do not speak or read English e.g. no information in different local languages such as Hausa, Yoruba, Igbo, pictorial display for illiterates and Braille for the blind
- Costs and payment procedures are not clearly detailed and displayed at all service points. This gives room to hidden costs as enrollees may pay different fees for same service e.g. cost of adding dependants
- Staff complained that they are not motivated, e.g. there are no incentives and rewards for good performance. This dampens staff morale and affects service delivery and provision
- There is no Customer Care Policy in place to guide the staff of NHIS on treatment of enrollees
- Most staff are not trained on customer care, this affects their level of sensitivity and treatment of enrollees

Recommendations:

- There should be systems in place to monitor performance against all standards. This would ensure that set standards are adhered to in rendering services e.g. issuance of ID cards to enrollees
- Adequate waiting areas should be provided for enrollees at the Headquarters and the Annex Office where enrollees can conveniently sit and wait to receive

service

- Registration processes should be decentralised by eliminating bottlenecks and over all waiting time. This would reduce stress and tension currently experienced by enrollees and ensure improved service delivery experience
- The Complaints procedure stated in the Charter should include time limit for response. This would ensure that enrollees' complaints are attended to promptly within the stipulated timeframe
- Clear directional signs to direct enrollees to different service points should be put in place especially at the Annex Office. This would make access to service easy for enrollees and visitors alike
- Timelines set for accessing services should be strictly adhered to in rendering services to the enrollees. For example the initial waiting time standard of 60 days stated in the Operational Guidelines before a participant can access service should be met. This would enable majority of the enrollees access service and reduce endless time of waiting for service
- Detailed waiting timelines for subsequent visits to NHIS Office should be set for use by both staff and enrollees e.g. the time it takes to add dependants and change service provider. This would enable enrollees know how long they have to wait to receive service and prevent repeated visits to the Office
- The information requirement of those with physical disabilities and those who do not speak or read English should be taken into consideration by NHIS e.g. provision of information in different local languages such as Hausa, Yoruba, Igbo, pictorial display for illiterates and Braille for the blind
- Costs and payment procedures of all services should be clearly displayed at all service points to avoid incidence of hidden costs and also prevent enrollees from paying different fee for the same service
- A reward system should be put in place to encourage good performance. This would boost staff morale e.g. promotions should be regular
- Standard policy on treatment of enrollees should be produced and displayed at all service points. This would further guide staff on providing quality service and ensure that all enrollees are treated equally
- Staff should be trained on customer care. This would give staff the mindset to always treat enrollees as kings during service provision and delivery

Conclusion

The SERVICOM Index awarded to NHIS Headquarters, Abuja is **1.2** out of **4 (30%)** which represents **one star (*)** and indicates **'Poor'** service delivery. Although this is far from praiseworthy, it is our belief that the NHIS would aim at continuous improvement on the quality of service delivered to its customers if the recommendations contained in this report are faithfully implemented.

MAIN REPORT

1.0 Introduction

This is a report on the findings of a SERVICOM Compliance Evaluation of National Health Insurance Scheme (NHIS) Headquarters, Abuja. Compliance has been measured against the SERVICOM Index, a yardstick for measuring the quality of service as delivered by Government through its various Ministries, Departments and Agencies (MDAs).

The SERVICOM Index is predicated on the facts that:

- The ultimate purpose of governance is to serve citizens;
- Citizens have the right to be served right;
- Service is well delivered only when citizens are satisfied; and
- The Federal Government is committed to the provisions of SERVICOM (Service Compact with All Nigerians) as a programme to improve service delivery throughout the country.

Customer Satisfaction is the overriding consideration of service delivery. Extensive research, consultations and surveys have shown that customer satisfaction is broadly driven by several drivers, listed below. The selected service window of NHIS Headquarters, Abuja has been evaluated for each of these drivers through customer interviews, discussions with staff, discussions with partners, reviews of key documents and observations. The Index score for NHIS Headquarters has been calculated as weighted average for the scores evaluated for each driver.

The weight of importance attached to each driver is as follows:

- Service Delivery - 30%
- Timeliness - 24%
- Information - 18%
- Professionalism - 16%
- Staff Attitude - 12%

2.0 Acknowledgements

We acknowledge the co-operation of the following for their contributions in the course of the evaluation exercise:

1. Professor C.O.Onyebuchi Chukwu Honourable Minister, Federal Ministry of Health
2. Alhaji Suleiman Bello Honourable Minister of State, Federal Ministry of Health
3. Mr. Linus Awute (mni) Permanent Secretary, Federal Ministry of Health Abuja
4. Dr. M. B. W. Dogo-Muhammad (mni) Executive Secretary, National Health Insurance Scheme, Abuja
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6. Mallam Aliyu Yesufu General Manager, Finance & Accounts, National Health Insurance Scheme, Abuja
7. Dr. Hope Iweja General Manager, Technical Operations, National Health Insurance Scheme, Abuja
8. Mallam Umar Namadi General Manager, Contributions Management, National Health Insurance Scheme, Abuja
9. Dr. I. Korve General Manager, Policy, planning Monitoring Dept., National Health Insurance Scheme, Abuja
10. Dr. Abdulrahman Sambo General Manager, Special Services, National Health Insurance Scheme, Abuja
11. Hajiya Fatima Umar Parastatal Nodal Officer, National Health Insurance Scheme, Abuja
12. Omar Abdulsallam Service Improvement Officer, National Health Insurance Scheme, Abuja
13. Sani Yakubu Charter Desk Officer, National Health Insurance Scheme, Abuja
14. Vivian Toby-Chidebe Customer care Officer, National Health Insurance Scheme, Abuja

3.0 Terms of Reference

NHIS was selected for SERVICOM Compliance Evaluation following a Presidential directive that all Government Ministries, Departments and Agencies (MDAs) be evaluated for SERVICOM Compliance.

The Mandate of SERVICOM Compliance Evaluation team is to identify those areas or actions that can bring immediate or urgent improvement in services to citizens.

4.0 Methodology

NHIS Headquarters is located at Utako, Abuja. It is responsible for providing access to NHIS services to the Federal capital and to coordinate the 7 (seven) Zonal Offices. It was established by the Federal Government of Nigeria under Act 35 of 1999. Its services to the citizens include:

- Development and maintenance of database of all registered enrollees.
- Forward names of enrollees to Health Maintenance Organisations (HMOs) who pay Health Care Providers (HCPs) quarterly for services rendered to contributors.
- Periodic productions of enrollees register.
- Monitoring the HCPs to ensure they have standard facilities and constantly upgrade such facilities.
- Accreditation of HCPs and HMOs on request.
- Liase between beneficiaries and HCPs to ensure the latter provide required services they are being paid for.
- Liase between beneficiaries and HMOs who receive contributions on behalf of NHIS and pay HCPs for services rendered.

Services are provided to citizens by NHIS through several key departments (service frontlines), namely:

- Accreditation & Inspectorate
- Policy, Planning & Monitoring
- Technical Operations
- Contributions Management

- Audit
- Finance & Accounts
- Human Resources
- Special Services

The service windows of NHIS vary significantly. To get a good representation, we considered that we should inspect service windows that:

- Have high or low volume of customers
- Provide full or limited range of essential services

Therefore the following Service Windows were selected for evaluation:

- Accreditation & Inspectorate
- Policy, Planning & Monitoring
- Technical Operations
- Contributions Management

The SERVICOM team for this evaluation consisted of two SERVICOM Officers, the Nodal Officer and MSU staff of NHIS Headquarters, Abuja.

Evidence was gathered at the above service windows through customer interviews, discussions with staff, discussions with partners, review of key documents and general observations.

Given the peculiar nature of the services provided by NHIS Headquarters Abuja, it was also important to evaluate further evidence by administering questionnaires, and conducting interviews with its partners – Zenith Medicare, Hygeia and Abuja Clinics. The websites of SERVICOM office www.servenigeria.com and NHIS Office www.nhis.gov.ng were also used for research.

The key documents reviewed include:

- Service Charter of NHIS
- Operational guidelines NHIS
- NHIS Hand book
- APER form
- Minutes of Management meeting
- Medium Term Sector Strategy (MTSS)
- NHIS Audit Report
- A survey of Enrollees' Satisfaction under NHIS
- Record of Complaints
- NHIS Quarterly Internal Audit Report
- Rights & Limitations of the Enrollees in NHIS

5.0 Findings

The findings presented in this section comprise of an Index score, observations on the Service Charter and on the quality of service delivery found at the NHIS Headquarters, Abuja.

5.1 Charter Evaluation

The evaluated score for the Charter of the NHIS, Abuja is **1.3** out of **3**. Description: **Unsuitable**

5.1.1 Findings on Service Charter

The following observations have been made on the Integrated Service Charter of NHIS:

- The purpose and target audience of the Charter are not stated.
- The goal stated in the vision is not time-bound.
- The mechanism for performance monitoring and publishing was not described in the Charter.
- The complaint procedure has no time limit for response.
- There is no clear statement of what is expected of staff and Management for effective service delivery.

- Stakeholders' participation did not state how various categories of stakeholders are involved in providing service.
- The operational period of current Charter as well as date of next review are not stated in the Charter.
- The contents of the Service Charter are not arranged in line with SERVICOM guidelines.

5.1.2 Recommendations for improving Service Charter

Based on the findings, the following recommendations are provided to assist the Scheme to come up with a more realistic and customer-focused Integrated Service Charter:

- The purpose and target audience of the Charter should be stated in the introduction.
- A realistic time-line should be stated for the achievement of the goal stated in the vision to make it more challenging.
- The Charter should clearly state the mechanism for monitoring and publishing of performance.
- The complaint procedure should be furnished with time limit for response. This would ease complainant's anxiety by knowing when their complaints would be resolved.
- The obligations of staff and Management of NHIS in the provision of services should be included in the charter which would serve as a wake-up call.
- The Charter should state how the various stakeholders are involved in providing services.
- Next date of review and how regular the Scheme, intends to review their Charter should be stated e.g. the Charter would be reviewed at least once in two or three years or as the need arises.
- The contents of the Charter should be properly arranged with specific details in the following order:
 - ◆ Introduction/Background
 - ◆ Vision
 - ◆ Mission
 - ◆ Services Rendered

- ◆ List of customers (inter, intra and public)
- ◆ Performance target/customers expectations
- ◆ Obligations of customers
- ◆ Complaints/Grievance Redress Mechanism
- ◆ Stakeholders participation in service provision
- ◆ Special needs provision
- ◆ Existing limitations
- ◆ Charter Review

5.2 Index score

The table below summarises the result of the evaluation of the NHIS Headquarters, Abuja for compliance against the SERVICOM Index.

The overall Index score for the NHIS Headquarters, Abuja is **1.2 out of 4 (30%)**

	Score for the NHIS, Headquarters Abuja
Overall Index score	1.2
Service Delivery	1.1
1 - Standards & practices / performance	0.9
2 - Reception experience	1.2
3 - Complaints & grievance redress	1.2
Timeliness	1.0
1-Standards & practice/performance	0.5
2 – Customer friendliness	1.5
Information	1.1
1 – Information	1.3
2 - Customer feedback	0.9
Professionalism	1.4
1 – Transparency	0.7

2 – Efficiency	2.1
Staff Attitude	1.4

* Scores are rounded to one (1) decimal place

5.3 Key findings

The following observations have been made on the quality of service delivery provided by National Health Insurance Scheme, Headquarters, Abuja which we feel need to be addressed as a matter of urgency.

5.3.1 Service Delivery

- Standards are not set on customer care in the areas of promptness, speed of response and staff treatment of customers. As a result, enrollees are not aware of what to expect as they access services of NHIS
- There are no systems in place to monitor performance against set standards e.g. issuance of ID cards to enrollees
- There is no waiting area for enrollees at the Headquarters as they were seen loitering around the service points in order to be served. While at the Annex Office, the waiting area within the call centres is very small with few seats.
- Enrollees complained that registration processes are too cumbersome as a result of bureaucratic bottlenecks i. e. too many processes and delays before enrollees are registered under the Scheme
- Frontline staff have not been trained on how to receive and handle complaints. This affects the level of their professionalism in the resolution and investigation of all customer complaints
- There are no directional signs at the Annex office to direct enrollees and visitors to the different service points. This makes access difficult

5.3.2 Timeliness

- Enrollees confirmed that NHIS does not meet up with the timelines set for initial service e.g. For example the initial waiting period of sixty (60) days before a contributor can access service as stated in the Operational Guidelines is not met. This makes majority of the enrollees unable to access service timely

- Standards are not set for waiting times for subsequent visits to NHIS Office. For example, enrollees who want to add dependant or to change Service Provider pay several visits to the NHIS office before their requests are granted

5.3.3 Information

- The scheme has not considered the information requirement of the blind and those who do not speak or read English e.g. no information in different local languages such as Hausa, Yoruba, Igbo, pictorial display for illiterates and Braille for the blind
- The scheme has not adapted its information provision accordingly. As a result, enrollees are not aware of ninety percent (90%) payment refund whenever drugs are bought outside the hospital
- Enrollees confirmed that consultations with staff, partners and stakeholders has not led to improvement of the services of the scheme e. g. hospitals still have to write to HMOs to get written approval before treating secondary cases
- Information are not reviewed and updated on regular basis. For example the Operational Guidelines was produced in 2005 and has not been reviewed
- There is no evidence to show that NHIS has responded to results of consultations with enrollees, HMOs and HCPs e.g. minutes of meetings reflecting decisions recorded during weekly and monthly monitoring of HMOs and HCPs are not implemented

5.3.4 Professionalism

- Costs and payment procedures are not clearly detailed and displayed at all service points. This gives room to hidden costs as enrollees may pay different fees for same service e.g. cost of adding dependants
- Receipts for payment of services are not issued to enrollees at some NHIS accredited hospitals. This affects transparency of services delivered as proper records of transactions do not exist
- The summary of Budget, Expenditure and Audit Report are not published and displayed at public domain for the purpose of transparency and the benefit of the enrollees
- Staff complained that they are not motivated, e.g. there are no incentives and

rewards for good performance. This dampens staff morale and affects service delivery and provision

- A summary of complaints received over a period of time and details of actions taken as a result of complaints are not published and displayed for the benefit of enrollees

5.3.5 Staff Attitude

- There is no Customer Care Policy in place to guide the staff of NHIS on treatment of enrollees
- Most staff are not trained on customer care, this affects their level of sensitivity and treatment of enrollees
- The Customer Relations Officer is not clearly identifiable to enrollees e.g. contact details including, name, room and telephone number(s) are not displayed at service frontlines to ensure that they have someone to talk to when services fail

5.4 Additional Findings

5.4.1 Service delivery

- Services at the scheme are not one stop shop consequently, enrollees shuttle between the Headquarters at Utako and Annex Office at Wuse II in order to access services. This causes delay and slows down service delivery process

5.4.2 Professionalism

- There are no set targets for achievement of goals by individual (staff) in order to ensure achievement of the overall goal of NHIS
- Organisational charts are not displayed at all service points so that the hierarchy of the organisation is known to enrollees to enable them know where to go for service or make complaint as the case may be

6.0 Recommendations

The following recommendations are provided in order to suggest actions that can be taken which could directly lead to improvements in service delivery. In this report, we are unable to comment on general constraints relating to physical or human resources, or structural and systemic issues, which may or may not lead to improvements in services.

6.1 Key Recommendations

6.1.1 Service Delivery

- Standards should be set on customer care in the areas of promptness, speed of response and staff treatment of customers. This would guide staff to treat enrollees efficiently while receiving services at NHIS
- There should be systems in place to monitor performance against all standards. This would ensure that set standards are adhered to in rendering services e.g. issuance of ID cards to enrollees within the stipulated timeframe
- Adequate waiting areas should be provided for enrollees at the Headquarters and the Annex Office where enrollees can conveniently sit and wait to receive service
- Registration processes should be decentralised by eliminating bottlenecks and over all waiting time. This would reduce stress and tension currently experienced by enrollees and ensure improved service delivery experience
- All frontline staff should be trained on complaints handling. This would ensure effective resolution of all cases of service failures in a friendly and professional manner
- Clear directional signs to direct enrollees to different service points should be put in place especially at the Annex Office. This would make access to service easy for enrollees and visitors alike

6.1.2 Timeliness

- Timelines set for accessing services should be strictly adhered to in rendering services to the enrollees. For example the initial waiting time standard of 60

days stated in the Operational Guidelines before a participant can access service should be met. This would enable majority of the enrollees access service and reduce endless time of waiting for service

- Detailed waiting timelines for subsequent visits to NHIS Office should be set for use by both staff and enrollees e.g. the time it takes to add dependants and change service provider. This would enable enrollees know how long they have to wait to receive service and prevent repeated visits to the Office

6.1.3 Information

- The information requirement of those with physical disabilities and those who do not speak or read English should be taken into consideration by NHIS e.g. provision of information in different local languages such as Hausa, Yoruba, Igbo, pictorial display for illiterates and Braille for the blind
- The scheme should adapt its information provision accordingly. For example, rights of enrollees should be made known to HCPs and enrollees
- There should be evidence that consultation with staff, partners and stakeholders have led to improvement of services in the scheme e.g. action taken on issues raised during meeting/forum should be published and placed in public domains (notice boards) in order to increase the level of confidence enrollees have in the services delivered by the NHIS
- Information should be reviewed and updated regularly in line with changes within the scheme e.g. Operational Guidelines which has not been reviewed since 2005 should be reviewed and updated appropriately
- There should be evidence to show that the NHIS has responded to results of consultation with enrollees. This would show that issues raised and decisions reached during stakeholders meetings are implemented e.g. outcomes of weekly and monthly monitoring of HMOs and HCPs

6.1.4 Professionalism

- Costs and payment procedures of all services should be clearly displayed at all service points to avoid incidence of hidden costs and also prevent enrollees from paying different fees for the same service
- Receipts should be issued to enrollees at NHIS accredited hospitals. This

would ensure transparency in all transactions and proper record keeping

- The summary of Budget, Expenditure and Audit Report should be published and displayed in public domain to demonstrate transparency and accountability of NHIS to all its enrollees and stakeholders
- A reward system should be put in place to encourage good performance. This would boost staff morale e.g. commendation letter, gifts etc should be given to staff who excel in their duties
- A summary of complaints received over a period of time and details of actions taken to resolve complaints should be published regularly. This would show that the scheme is not only interested in receiving complaints but also forward looking enough in providing solutions to complaints

6.1.5 Staff Attitude

- Standard policy on treatment of enrollees should be produced and displayed at all service points. This would further guide staff on providing quality service and ensure that all enrollees are treated equally
- Staff should be trained on customer care. This would give staff the mindset to always treat enrollees as kings during service provision and delivery
- The Customer Relations Officers should be clearly identifiable to enrollees and stakeholders by wearing a name tags and indicating function on desks and office doors. This would ensure easy identification of the officers when in need

6.2 Additional Recommendations

6.2.1 Service delivery

- Services at the scheme should be made a one stop shop so that enrollees do not have to shuttle between the Headquarters at Utako and Annex Office at Wuse II in order to access services

6.2.2 Professionalism

- Clear performance targets should be set for individuals(staff) in order to monitor individual performance against set standards and targets in the overall achievement of the goals of NHIS
- Organisational charts should be displayed at all service points so that the hierarchy of the Scheme is known at a glance and all enrollees would know where to go for service as the need arises

6.3 Service Improvement Planning

Although the question of how these recommendations might best be implemented is a Management issue for the National Health Insurance Scheme, the SERVICOM through the SERVICOM Institute will work with the Management of the NHIS and the SERVICOM Unit to develop and guide the implementation of appropriate Service Improvement Plans.

6.4 Conclusion

The SERVICOM Index awarded to the National Health Insurance Scheme, Headquarters, Abuja is **1.2** out of **4** which represents **one star (*)** and indicates **'Poor'** service delivery. Although this is still far from praiseworthy, it is our belief that NHIS Headquarters, Abuja could ensure continuous improvement on the quality of services delivered to its customers if the recommendations contained in this report are faithfully implemented.