ASSESSMENT OF THE IMPACT OF SOCIAL HEALTH INSURANCE BENEFIT ON CUSTOMER SATISFACTION

THE CASE OF NATIONAL SOCIAL SECURITY FUND

ASSESSMENT OF THE IMPACT OF SOCIAL HEALTH INSURANCE BENEFIT ON CUSTOMER SATISFACTION

THE CASE OF NATIONAL SOCIAL SECURITY FUND

By

Abdul Mzee

The Dissertation Submitted to the School of Business in Partial Fulfilment of the Requirements for Award of the Degree of Master of Business Administration - Corporate Management (MBA - CM) of Mzumbe University

2013

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled **ASSESSMENT OF THE IMPACT OF SOCIAL HEALTH INSURANCE BENEFIT ON CUSTOMER SATISFACTION: THE CASE OF NATIONAL SOCIAL SECURITY FUND,** in partial fulfillment of the requirements for award of the Degree of Master of Business Administration – Corporate Management (MBA - CM) of Mzumbe University.

Signature

_____

Major Supervisor

Signature

_____

Internal Examiner

Accepted for the Board of

……

Signature

_____

DEAN/DIRECTOR,

FACULTY/DIRECTORATE/SCHOOL/BOARD

DECLARATION

AND

COPYRIGHT

I, Abdul Mzee**,** declare that this thesis is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

Signature _____

Date_____

ACKNOWLEDGEMENT

I would like to express my sincere appreciation to those who have contributed to successful completion of this dissertation. However, nothing could ever be possible without the blessing from Allah.

First, I would like to extend my heartfelt appreciation to my Supervisor, Miss Jasinta Msamula, for her intellectual support and tolerance, without which the production of this dissertation would have been difficult to achieve.

I also recognize with gratitude, the contributions of all MBA lecturers especially Prof. Gabriel and Prof. Wiketye and MBA – CM students at Mzumbe University especially Yasin Kissawike, Fred Steven, Agape Uronu, Debora Mlowe and Fred Mwita.

In addition a thanks to NSSF management for allowing me to conducting a research study in this organization and NSSF staff for their encouragement, moral and material support especially from Ahmed Ally and Christopher Msagati.

Last but not least, my appreciation should go to my family especially my young brothers and sisters for their prayer.

DEDICATION

I dedicate this thesis to my late aunt, Amina Mzee Ngonde and my late uncle Said Ally Masimango, whose wisdom were still needed, but they did not wait to see me feeling proud of completing my Masters Degree. Also it is dedicated to my lovely mother Mwajuma Mohamed Ismail, my lovely sister Dr. Amina Wahabi and my lovely wife Farida Hassan Merevi for their contribution, moral support, encouragement and prayers which gave me strength to conduct this research work in comfort and confidence.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AOTTL	Alliance One Tobacco Tanzania Limited
ASM	Administrative and Service Manager
BAM	Benefit Administrative Manager
BOD	Burden of Diseases
CA	Chief Accountant
CEO	Chief Executive Officer
CIA	Chief Internal Auditor
CLS	Chief Legal Service
CM	Chief Manager
COM	Computer Operation Manager
CPCS	Chief Public Relation and Customer Service
CRSM	Compliance Registration and Statistic Manager
CSM	Chief Security Manager
DF	Director of Finance
DHRA	Director of Human Resources and Administrator
DIT	Director of Information Technology
DO	Director of Operation
DPIP	Director of Planning Investment and Project
GEPF	Government Employees Pension Fund
HIV	Human Immunodeficiency Virus
HRM	Human Resources Manager
ILO	International Labor Organization
ISSA	International Social Security Authority
LAPF	Local Authority Pension Fund
MNH	Muhimbili National Hospital
NGO	Non Government Organization
NHIF	National Health Insurance Fund
NPF	National Provident Fund
NSSF	National Social Security Fund

PEM	Project Estate Manager
PIM	Planning and Investment Manager
PPF	Parastatal Pension Fund
PSPF	Public Social Pension Fund
RM	Regional Managers
SAM	System Analyst Manager
SHIB	Social Health Insurance Benefit
SHIBAM	Social Health Insurance Benefit Administrative Manager
SPSS	Statistical Package for the Social Science
SSRA	Social Security Regulatory Authority
SUM	Special Unit Manager
TM	Treasury Manager
WHO	World Health Organization
ZSSF	Zanzibar Social Security Fund

ABSTRACT

Health is important to the individual, the family, the community, the nation and at global level. There are statistically differences in the impact of health service quality on patient satisfaction in private sector hospitals against public sector hospitals in favour of private sector hospitals.

This study focused on assessment of impact of Social Health Insurance Benefit (SHIB) on customer satisfaction. In Tanzania where the population is 44.9 million, the covered members in social security are below two million in favour of National Social Security Fund (NSSF). SHIB is one of the benefit among seven offered by NSSF to their members.

The research begins by assessing SHIB processing procedure, accredited medical providers and SHIB administration and monitoring on customer satisfaction by giving examples in different countries. Thereafter, the researcher provides an overview of impact of health services on customer satisfaction in Tanzania. In analysing the findings based on statistical data collection and interviews, the research has incorporated theoretical underpinnings. This study which adopted a case study approach were found that customers were satisfied with SHIB processing procedure and SHIB administration and monitoring while they were dissatisfied with accredited medical providers. However, the study suggest education to increase public awareness, simplifies SHIB process procedure, strengthening of management and monitoring of medical providers in order to improve their health service to insured person.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURE

CHAPTER ONE
INTRODUCTION

1.1 Background of the problem

Health is important to the individual, the family, the community, the nation and at global level. Social security systems recognize the concept of entitlement to a benefit of individual right. In the absence of a mechanism to protect the health of the individual, we see the lack of this right already at the individual and family levels (National Health Policy, 2003).

Patients have explicit desires or requests for services when they visit hospitals. However, many cases of patient dissatisfaction can occur due to inadequate discovery of their needs. According to Donabedian[1], patient satisfaction should be investigated since it is an objective of care, a consequence of that care (outcome) that can contribute to the effects of care, as a satisfied patient is more likely to comply with advice, and it is the patient's judgment on the care that has been provided.

The quality of health service and continuity to provide convenience for the patient are important elements of quality of service affecting the degree of satisfaction among patients, which affects patient trends towards these institutions therefore we find that Groonroos made the mental image of the client one of the components of quality of service (Groonroos, 2001) with a quick glance at the reality of the health services in Jordan.

A recent study from Bangladesh reported that the most powerful predictor for client satisfaction with health services was provider behaviour, especially respect and politeness (WHO, 2001). It is indicated that health care systems in most developing countries suffer from serious deficiencies in financing, efficiency, equity and quality and are poorly prepared to meet these challenges (Peter A. Berman, 2000).

[1] Donabedian, International Journal for Quality in Health Care, 2002; 15(4): 357-358.

In Tanzania Muhondwa et al. (2008) published a journal about a study of patient satisfaction at Muhimbili National Hospital (MNH). The study found that most patients were satisfied with the services and care they received. The services and care MNH provides can only be excellent compared to that provided by lower level health facilities. Indeed, patients covered by this study perceived the services provided by MNH as superior, and this was reflected in the high level of satisfaction they reported. Some patients expressed dissatisfaction with specific aspects of the services that they received. They were particularly dissatisfied with long waiting times before receiving services, the high costs of treatment and investigations charged at MNH, poor levels of hygiene in the wards, and negative attitudes of staff towards patients[2].

Batchelor C et al. (1994) published a journal about patient satisfaction studies, explained an in-depth study of the Iringa district of Tanzania, a poor rural area, showed that patients bypassed low quality facilities in favour of those offering high quality consultation and prescriptions, staffed by more knowledgeable physicians and better stocked with basic supplies.

This study had an important input in assessing the level of customers' satisfaction on SHIB services, and provides a recommendation on an improved SHIB service delivery that was helpful to fill research knowledge gaps which ultimately contributes to enhance quality of patient services in the hospital and improve the level of customers' satisfaction.

1.2 Statement of the problem

Social security industry in Tanzania facing the competition between social security schemes after the Government established Social Security Regulatory Authority (SSRA)[3] Act No. 17 of 2008 which came with the member freedom of choice of any pension fund existing in Tanzania as cited in Section No 30 which state "Every employer in the formal sector shall be required to register his employees with any of the

[2] www.moh.go.tz
[3] www.ssra.go.tz

mandatory scheme, provided that it shall be the right of the employees to choose a mandatory scheme under which the employee shall be registered".

Each pension scheme came with different strategies to make sure that they win members from the market so that they can strength their schemes. NSSF which is the leading social security scheme in term of membership coverage also have strategies that will help them to continue to be a leader not only in Tanzania but also in Africa as stated in its vision, "The Fund envision becoming a leading provider of social security services in Africa" (NSSF (2010): Operations Guide, Issue No. 2).

From the introduction and also as it will be observed from literature review that there is a problem from social health insurance on customer satisfaction. In Tanzania, the Social Health Insurance (SHI) service for NSSF members the response was not as good as expected. It is now three years later but so far, the number of registered members is still less than 10 per cent. Over 447,797 members are registered, but so far only 135,125 are enjoying it, making a sum total of 413,589 beneficiaries. That is based on the premise that each family is made up of a man, his wife and not more than four children, aged up to 18 or 21, if they are still attending college (NSSF, 2009).

For the first year of the schemes operation, NSSF budgeted Tsh 16 billion, expecting a huge bill from medical service provider, but only Tsh 3 billion were consumed. It seems people are scared, fearing of the unknown. Also members who join with SHIB they have a lot of complaint especially from accredited medical providers who provided service to the patients after agree with the Fund.

Therefore, researcher thought that was the right time to assess the impact of SHIB on customer satisfaction. This will help the Fund to know if SHIB can be used as a tool of competitive advantage on maintaining their customers and increase more members in SHIB and also in the Fund.

1.3 Research Objectives

This study geared to achieve the following objectives.

1.3.1 Main Objective

The main objective of this study is to assess the impact of SHIB on customer satisfaction at NSSF in Morogoro region.

1.3.2 Specific Objective

In order to achieve the research objective the following was the specific objectives:

i. To assess SHIB processing procedures on customer satisfaction.
ii. To assess accredited medical providers on customer satisfaction.
iii. To assess SHIB administration and monitoring on customer satisfaction.

1.4 Research Questions

The following key research questions were used by the researcher to guide this study towards achieving the desired objectives.

i. How SHIB processing procedures impacts customer satisfaction?
ii. How accredited medical providers impacts customer satisfaction?
iii. How SHIB administration and monitoring impacts customer satisfaction?

1.5 Significance of the Study

First, the findings are beneficial to Funds' Management, Government, members and society because it provide knowledge and better understanding to NSSF organization on the effective ways for implementation of SHIB services to their members. Secondly, the findings expected to provide direction for achieving improvement and sustainability of health status of all citizens not only that, but also the findings are expected to bridge the gaps of the previous researches of this nature and will act as base for future researches reference. Lastly, the findings are significant to the researcher because it fulfils the Mzumbe University requirements for the Masters of Business Administration degree.

1.6 Limitations and Delimitations of the Study

1.6.1 Limitations of the Study

Regardless of the proper preparations of the research, the researcher on the course of conducting this study, he encountered the following limitations.

i. The researcher was solely sponsoring his study and therefore he had not sufficient funds to cover all the requirements of the study. Thus instead of conducting the research all over NSSF offices countrywide, the researcher will select NSSF Morogoro and Head Office at Dar es Salaam in order to conduct his study.

ii. Time available for this study was not enough to meet all the potential information as the researcher also involved with both work and studies, thus the researcher randomly selected a representative sample of respondents at the mentioned offices in Morogoro and Head Office in Dar es Salaam.

iii. Some data was classified as confidential and therefore obtaining such kind of data was not simple.

1.6.2 Delimitations of the Study

The study done at NSSF Morogoro region so that it was easy to get a good sample because many seasonal employees who real need free medical services found in that region and NSSF Head Office has SHIB management which facilitate this package. Efforts were made to make sure that available time and funds was efficiently and effectively utilized to accomplish the task and in case of confidential data the researcher used supplementary questions to triangulate the answer.

1.7 Scope of the study

In Tanzania, apart from NSSF there are other five pension schemes which are Parastatal Pension Fund (PPF), Public Service Pension Fund (PSPF), Local Authority Pension Fund (LAPF), Government Employees Pension Fund (GEPF) and Zanzibar Social Security Fund (ZSSF). However for the purpose of this research the study was confined to NSSF because is the only pension fund which offer health service benefit to their members and has more share in membership coverage.

1.8 Chapter Summary

Chapter one presents introduction of the study of the impact of SHIB on customer satisfaction. In the next chapter we discussed the literature review including both theoretical and empirical. Chapter three was about research methodology; chapter four presented the research findings while in chapter five we discussed research findings before concluding and making recommendations.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

A literature review is a critical, in-depth evaluation of research already undertaken on a specific topic. It allows you to demonstrate your ability to identify relevant information and to outline existing knowledge. It will also identify the gap in the research that your work will address and produce a rationale for your own research. A literature review is not a list of all previous research, but rather an assessment of the research. This chapter contains theoretical literature review which covers various ideas and concepts about the topic emanating from various authors and empirical literature review which covers review of some research within and outside the country as regard to impact of SHIB on customer satisfaction. Thus, the theoretical framework is a theory that serves as a basis for conducting research (McQuail, 1993).

2.2 Theoretical literature review

This part covers various ideas and concepts about the topic emanating from various authors. Theoretical literature review is concerned with what is known about the topic in terms of definition, state or magnitude of research concepts/variables, and their relationships (Ndunguru, 2007).

2.2.1 The Concept of Social Security

Every human being is vulnerable to risks and uncertainties with respect to income as a means of life sustenance. To contain these risks, everyone needs some form of social security guaranteed by the family, community and the society as a whole. Such socio-economic risks and uncertainties in human life form the basis for the need of social security. Social security is rooted in the need for solidarity and risk pooling by the society given that no individual can guarantee his or her own security (National Social Security Policy, 2003).

Formal social security system in Africa and other developing countries is a product of colonialism. In Tanzania during the colonial era, social security coverage was extended

to the few people who were in the colonial employment. After independence, the Government of Tanzania introduced a series of policies and measures to reverse the situation that prevailed during the colonial era. The measures included access to free education and healthcare, provision of social welfare services to marginalized groups such as the elderly, people with disabilities and children in difficult circumstances, as well as establishment of statutory social security schemes (Mchomvu, Tungaraza and Maghimbi, 2002).

Social security means any kind of collective measures or activities designed to ensure that members of society meet their basic needs and are protected from the contingencies to enable them maintain a standard of living consistent with social norms. The social security concept has been changing with time from the traditional ways of security to modern ones. As societies became more industrialized as a result of industrial revolution in the 19^{th} century and more people became dependent upon wage employment, it was no longer possible to rely upon the traditional system of social security. The ILO Convention (1952) describes nine contingencies, which social security schemes should cover; these contingencies do define and delineate boundaries of social protection which any country should provide to the population.

The ILO therefore, defines social security as protection that the society should provide for its members through a series of public measures against social and economic distress, which otherwise would have been caused by sudden stoppage or substantial reduction of an income, accruing from specific contingencies. such as sickness, employment (workplace) injury, maternity, invalidity (disability), old age, death and the provision of medical care subsidies for families with children. Therefore; social security measures in their conventional form are intended to provide a decent standard of living to people who are unable to earn an income due to the mentioned contingencies. The major domains of social security are: poverty prevention, poverty alleviation, social compensation and income distribution. Many issues relating to social security are sensitive, as they touch on the material interests of the organized workers and the unorganized poor as well as insurance industry and employers organizations.

The ILO framework of social security is based on a three-tier structure, which seeks to utilize various funding sources for provision of better protection to the country's population. This structure also seeks to address needs of different groups in the society with respect to income and degree of vulnerability. First it consist social assistance scheme where provision of services such as primary health constitutes; primary education, water, food security and other services. These services are usually financed by the government and NGOs. Second there is mandatory scheme where these are usually compulsory and contributory schemes financed by both employer and employee during the working life for terminal and short term benefits and third there is voluntary or supplementary scheme where under this tier including personal savings.

In Tanzania, since independence until now there are seven social security schemes which are NSSF formerly known as NPF, PPF, PSPF, LAPF, PSPF, GEPF and ZSSF (SSRA, 2008). Also there is NHIF which deals only with health services. Each pension scheme has different benefits. NSSF is the only pension scheme with many benefits offered to their members where seven benefits are offered to them which are Old Age Pension, Survivors Pension and Invalidity Pension as long term benefit, also there is short term benefits which are Employment Injury Benefit, Maternity Benefit for women members, Funeral Benefit and Social Health Insurance Benefit (NSSF Act. No 28 of 1997).

Social Security schemes face problems since the Government allows them to compete on increase membership size. Instead of finding strategies to increase membership size pension schemes start a new war of re register the existing members where by some members shift from one scheme to the other in order to claim the withdrawal benefit from the leaving scheme.

In 2008 Government established SSRA by Act No 8 of 2008 in order to coordinate social security schemes in Tanzania and to create conducive environment for promotion and development of the social security sector (SSRA, 2008).

Social Security Industry is in competition of increasing membership size although the membership coverage in that industry is too low in Tanzania. NSSF which offer seven benefits is in good position to continue to lead in membership coverage if Social Health Insurance Benefit of its benefit will be used as a tool for competitive advantage in increasing membership size because the other pension schemes do not offer that benefit. The Fund should make sure they satisfy their members when offered that benefit. This is because in this paper we will examine the impact of SHIB on customer satisfaction.

2.2.2 Impact of SHIB Processing Procedure on Customer Satisfaction

Social health insurance schemes are generally understood as health insurance schemes provided by governments to its citizens, especially to low and middle income populations. Recently, apart from governments, several non-government organizations at the community level provide social health insurance in developing countries (Churchil 2006, Dror et al 2002).

It is indicated that health care systems in most developing countries especially in Africa suffer from serious deficiencies in financing, efficiency, equity and quality and are poorly prepared to meet these challenges (ISSA, 2005). Health insurance schemes have been widely introduced during this last decade in many African countries, which have strived for improvements in health service provision and the promotion of health care utilization. Shaffiu Mohammed, Mohammed N. Sambo and Hengjin Dong (2011) in their study of understanding client satisfaction with a health insurance scheme in Nigeria concluded that enrollee's satisfaction with service provision of health insurance can be influenced by several factors especially the poor knowledge of health insurance and lack of awareness of contribution by the insured persons. Periodic identification of related influencing factors on client satisfaction could assist in guiding policy and decision making to detect promising pathways to improve any nascent program like health insurance schemes. Improved knowledge and better awareness of the scheme's activities by the enrollees could be augmented through the provision of requisite available information to the insured persons at all times. Improved knowledge and

better awareness of the scheme's activities by the enrollees could be augmented through the provision of requisite available information to the insured persons at all times.

Gemini Mtei, Jo-Ann Mulligan (2007) conducted a study to determine the effectiveness of community health funds strategies in Tanzania and found that only few people in both rural and urban areas of joined community health funds due to poor member enrolment strategies of the fund. To increase members they suggest management of the funds to formulate and implement proper strategies hence to increase membership coverage.

2.2.3 Impact of Accredited Medical Providers on Customer Satisfaction

The National Social Security Fund (NSSF) was established by the Act of Parliament No. 28 of 1997 to replace the defunct National Provident Fund (NPF). NSSF is a compulsory scheme providing a wider range of benefits which are based on internationally accepted standards. NSSF covers the private sector which includes companies, non-governmental organizations, embassies employing Tanzanians, International organizations and organized groups in the informal sector. Also covers Government ministries and departments employing non-pensionable employees, parastatal organizations, self employed or any other employed person not covered by any other scheme and any other category as declared by the Minister of Labour[4]. Now, there are no limitations of joining in any scheme.

The scheme provides seven benefits which are retirement pension, invalidity pension and survivor's Pension as long term benefits and Short term benefits given to members while they are still working and these benefits include funeral grant, maternity benefit, employment injury benefit and SHIB[5]. SHIB offered to members through accredited medical providers which have contract with the Fund. The Fund prepaid the medical providers once in a year in order for the insured persons and their dependents to access the health services.

[4] NSSF Act, 1997.
[5] NSSF Guide, Issue No. 4, 2013.

Waleed Tailakh published International Journal of Marketing Studies Vol. 4, No. 1 Feb, 2012 and proved that there is an impact of health service quality provided by hospitals on patient satisfaction. The results showed a gradual rise in patient satisfaction that increases with the process of improving the health service. The study showed that there were statistically significant differences in the impact of health service quality on patient satisfaction in private sector hospitals against public sector hospitals in favour of private sector hospitals shown through the results that averages of the five quality dimensions in private hospitals are higher than public sector hospitals. This is due mostly to the processes of development, modernization and keep up with all new medical fields by private hospitals, so it can continue to resist the fierce competition in the markets of the health sector, we find the private sector hospitals are constantly trying to provide unique health service because it affects the profitability of these institutions and continuity.

The public sector hospitals which are less sophisticated in practice than the private sector hospitals because of bureaucracy and overcrowding and long lines and long waiting process made its classification of level quality of service less than private sector hospitals. This result is consistent with the findings of the study of (Jungki, Lee, 2005), where the study attributed the causes of low levels of quality of health service in public hospitals to the number of reviewers pressure, and the patient does not have the option of choosing the hospital but by place of residence as well as the study of (Nazalee, S., and Shahjahan, A., 2007), which concluded that the quality of health service provided to patients in private hospitals is better than the service provided by the public sector hospitals in Bangladesh. The study showed that response dimension containing paragraphs, online patient service deadline to respond to their needs and provide the service to him instantly, as well as permanent desire among staff in providing service to the patient has received the lowest arithmetic mean between dimensions of quality of service in public sector hospitals and this also seems to be caused by the lack of training and experience of hospital personnel in dealing with the requirements of patients so that there is a need to upgrade the performance of service by attracting talent and improve working staff by improving higher salaries in the health field.

Randolph K Quaye (2004) conducted a study to determine the different healthcare marketing and financing initiative strategies introduced in three East African countries (Kenya, Tanzania and Uganda) in the early 1990s, and examined how effective these initiatives have been in addressing the broader goals of access, equity and efficiency in health care. His study revealed that direct methods of using cost sharing system in health services had more negative impacts on the delivery of health services among the poor families with low incomes in these countries. He suggested that in order to increase availability of health services to more poor people, a moderate social health insurance scheme, suited to the needs of the poor, should be formulated and implemented by pension funds, insurance companies and Government agencies in these countries.

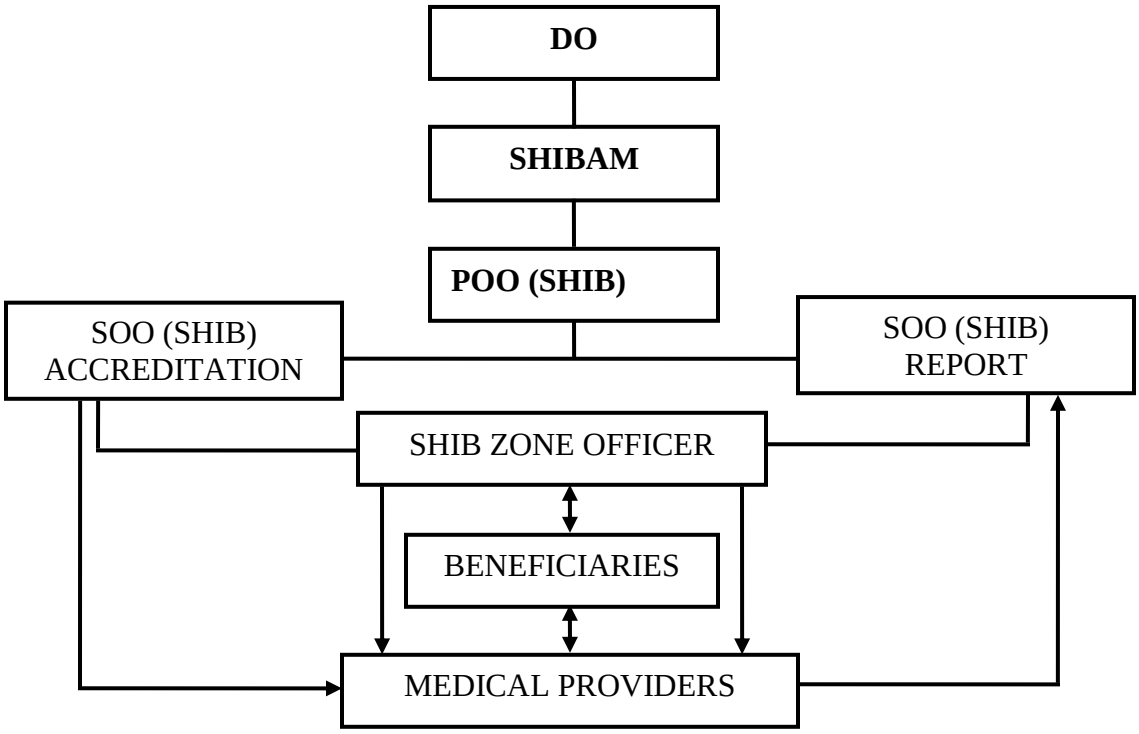
2.2.4 Impact of Administration and Monitoring on Customer Satisfaction

NSSF introduced SHIB as one of the benefit it offers to members. Members of the SHIB scheme will benefit from health services through the financing of their 20% contributions to NSSF and there is no more additional cost. This benefit is free to all Funds' members.

Objectives of SHIB are meeting legal requirements of NSSF Act 28 of 1997, supporting Government's efforts to increase access to healthcare services, providing medical support to the insured and his/her dependants and providing relief to the employers on employees' medical expenses. SHIB covered insured person, spouse and up to four biological children and/or legally adopted below 18 or 21 years if full time education and to qualify for SHIB a member should have at least three months contributions. Members have access of service after stoppage of contributions for three months and in case of pensioners, they can enjoy it if they are willing to do that after retirement and they will be deducted 6% of their pensions. Figure 2.3 below show the SHIB Management structure and SHIB processing process. In order to achieve in its operation NSSF Corporate Plan - 2007/2008 – 2009/2010 provides the organization structure of the Fund as shown in Appendix VI.

Management and administration of the Fund is assigned to the Board of Trustees which is composed of representatives from the Government, Employers and Employees. The Board is directly responsible to the minister for Labor, Employment, and Youth Development where by the Chairperson of the Board is appointed by the President of the United Republic of Tanzania. The Director General, who is the Chief Executive Officer (CEO), is appointed by the President. The CEO is responsible for overseeing the day to day operation of the Fund with the assistance of the Deputy Director General, five Directors, eleven chief managers of which seven are in regional offices and four are at the Head Office. There are also twenty seven Managers of which sixteen are in the Regional Offices and twelve at the Head Office. The regional administration is comprised of twenty three regional offices, fourteen district offices and twelve sub-district offices[6].

Figure 2.1 SHIB Management Structure and Processing Process



Source: NSSF SHIB Code, 2011.

[6] www.nssf.or.tz

SHIBAM is the head of SHIB department which is under Director of Operation. SHIBAM assisted by POO who works together with two SOO. The first SOO manage accreditation of medical provider while the second one deal with report from SHIB zone officers and medical providers which provides health services to beneficiaries. Employer has the responsibility to cover other health services apart with health services covered by SHIB under NSSF as shown in Table 2.1.

Table 2.1 Benefits Services Covered

Out-Patient Services	In-Patient Services
▪ Consultant with Clinical/Medical Officer, Specialist or Consultant ▪ Basic and Specialized Investigations ▪ Minor Surgical Procedure ▪ Dispensing of Drugs in the Essential Drug List ▪ Referral to higher levels & special hospital	▪ Consultant with Clinical/Medical Officer, Specialist or Consultant ▪ Basic and Specialized Investigations ▪ Accommodation ▪ Minor and Major Procedure ▪ Dispensing of Drugs in the Essential Drug List ▪ Dispensing Drugs on discharge ▪ Referral to higher levels & special hospital

Source: http://www.nssf.or.tz

Enrolment for SHIB beneficiaries is carried out through NSSF field offices. The insured person should submit properly filled enrolment form in triplicate together with marriage certificate, birth certificates for the children, 3 passport size photographs for each beneficiary and any other document as may be requested by the Fund. For the purpose of making payment by the capitation system, each beneficiary should enrol to only one Accredited Medical Provider within one year in order to access health service.

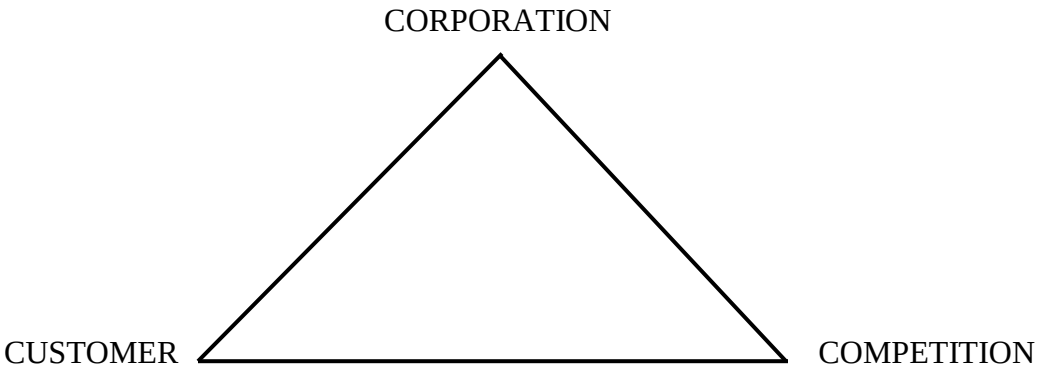
Medical care provided under health scheme is intended to cover restoration, improvement and maintenance of the insured person and dependant. The services offered by medical providers who are apply to SHIB Management and qualified to provide health services to beneficiaries. There shall be contractual service agreements between the accredited medical providers and the Fund.

2.2.5 Customer Satisfaction Theory

Customer satisfaction, a business term, is a measure of how products and/or services supplied/offered by a company meet or surpass customers' expectation. If service provided fall short of expectations customer are dissatisfied and results to customer complaints while if performance exceeds expectations, the customer is highly satisfied or delighted (Kotler, 1996). Customer expectations are based on the customer's past experience, opinions of friends and associates and marketer information and promises. Customer value has the direct relationship with customer satisfaction. Michael Porter proposed value chain as the main tool for identifying ways to create customer value. Under the value chain concept, the firm should examine its cost and performance in each value creating activity to look for improvements and estimate its performance as benchmarks. To the extent that the firm can perform certain activities better than its competitors, it can achieve a competitive advantage.

In competitive environment organization should develop strategies that will build relationship with their customers. According to Ohmae 3 C Model, customers are the base of any strategy. In that model the main player are Company, Customer and Competitor. Therefore, the primary goal supposed to be the interest of the customer and not those of the shareholders for example. The following is the Kenichi Ohmae's Strategic Triangle which also known as Ohmae 3 C Model[7].

Figure 2.2 Kenichi Ohmae's Strategic Triangle



Source: www.valuebasedmanagement.net

[7] www.valuebasemanagement.net/3C Model

2.2.6 Concept of Expanded Market Mix

Prof. Elisante Ole Gabriel (2005) published a journal titled "Managing the Expanded Market Mix (EMM)" where three market mix which fit in the organization offered service added in the four known market mix and results to seven new market mix. Service is an activity or series of more or less intangible nature that normally, but not necessarily, take place in interactions between the customer and the service employee and/or physical resources or goods and/or systems of the service provider which are provided as solutions to customer problems (Groonroos, 1990, p.27). Quality of service is evaluated by customers by using service quality model (SRVQUAL). When the service provider understands how the services will be evaluated by the users, it will also be possible to identify how to manage these evaluations and how to influence them in a desired direction. This approach is based on the research into consumer behavior and the effects of expectations concerning goods and services performance on post consumption evaluations. This work was introduced by Groonroos in 1982 with the introduction of the concept of perceived service quality and the model of total service quality. There are different determinants for the perceived service quality as shown in Table 2.2.

Table 2.2 Determinants of Service Quality

Determinant	Details
Reliability	Doing things correctly the first time, consistently.
Service preparedness	The willingness, interest and proficiency in giving service.
Competence	Knowledge and skill in performing service.
Availability	Being accessible and easy to contact.
Courtesy	Polite, respectful and friendly attitude.
Communication	Keeping customers informed and listening to them
Credibility	Dignity, confidence and honesty through personnel behaviour.
Safety and Security	Freedom from danger and risk, physical, financial and assurance.
Understanding	Understanding customer needs and problems.
Tangible	The evidence of service through personnel behaviour.

Source: Parasuraman A., Zethhaml V.A., Berry L.L., "A conceptual Model of Service Quality & Its Implications for future Research". *Journal of Marketing, Volume 49 (fall, 1985).*

2.3 Empirical literature review

This part covers review of some research within and outside the country as regard to factors that influence the effectiveness of social health insurance service to NSSF Members. The empirical literature review concerned with reading the other researcher's work similar to the topic in order to explore on how far the study on the topic is reached by other researchers and to discover the gap in their studies (Ndunguru, 2007).

Waleed Tailakh conducted the research "The Impact of Health Service Quality on Patients' Satisfaction over Private and Public Hospitals in Jordan: A Comparative Study" published at February 1, 2012. To attain the aim of this study a random sample of inpatients was chosen to conduct this study within. The sample consisted of 450 inpatients. The researcher used a special measure called "SERVPERF" which was designed to measure the quality of service in different Service sectors, the content validity of the measure conducted by committee arbitrators and throughout the multiple use of this measure over the time. The reliability of the measure computed by Cronbach alpha and the result indicated that the internal consistency of the measure was 90%.

The study proved that there is an impact of health service quality provided by hospitals on patient satisfaction through multiple review analysis results. Where the results showed that calculated values from indexed values as well as study (Shaihr, et al, 2008) which emerged that there is a gradual rise in patient satisfaction that increases with the process of improving the health service. In addition to the study (Abu Jalil, 2007) and a study (Abu Musa, 2000) and a study (Abbadi, 2007), all of which confirmed the existence of a relationship between the quality of service to client and their satisfaction. From his study conducted in Jordan although the researcher come with good recommendation about patient satisfaction but there is a gap that he assessed inpatient only in public and private hospital while in our study we want to conduct a research to NSSF members either inpatient or outpatient and also the environment in Jordan is different compared to Tanzania.

In Tanzania, Agness Mwerinde (2011) in her research conducted about assessment of factors leading to customer dissatisfaction exploring those factors leading to members' complaints in social security scheme. She used a case study design at NSSF because it is leading social security scheme in the country. The sample size of 100 respondents was drawn from Ilala and Kinondoni offices. Both Primary and secondary data were used to accomplish the study whereby questionnaires were issued and some customers were interviewed. Data obtained were analyses through SPSS. The results were summed up and the conclusion was drawn revealing that, it is true that there were members' complaints against services and products issued by NSSF. The results indicates that the factors leading to such complaints includes but not limited to delay in paying members benefits, poor customer care, failure to create members' awareness on their rights, poor data quality and non compliance of Employers to remit contribution. She recommends on employing various strategies like proper allocation of resource, staff training, data clearance and policy improvements so as to meet members' expectation.

Also Lupimo (2006) conducted a study aiming at exploring importance of service quality and customer satisfaction as well as factors for improvement of service delivery by government executive agencies. The study aimed at investigating service quality factors that are of great concern to customers when evaluating service quality and customer satisfaction on services. The study aimed at investigating firm's awareness on important factors to customers and strategies that are placed to ensure improved service delivery, as well as strategies that the management can consider to improve the quality of services and increase customer satisfaction. The study findings show that, when evaluating service quality, customers consider all service quality factors. However, some factors such as competence of employees, equipment and timeliness are given great consideration. Other factors are firms relationship with customers, customer income level and management culture. Lupimo concluded that, management should build culture of conducting customer survey regularly so as to understand customer needs and hence narrow down the existing gap.

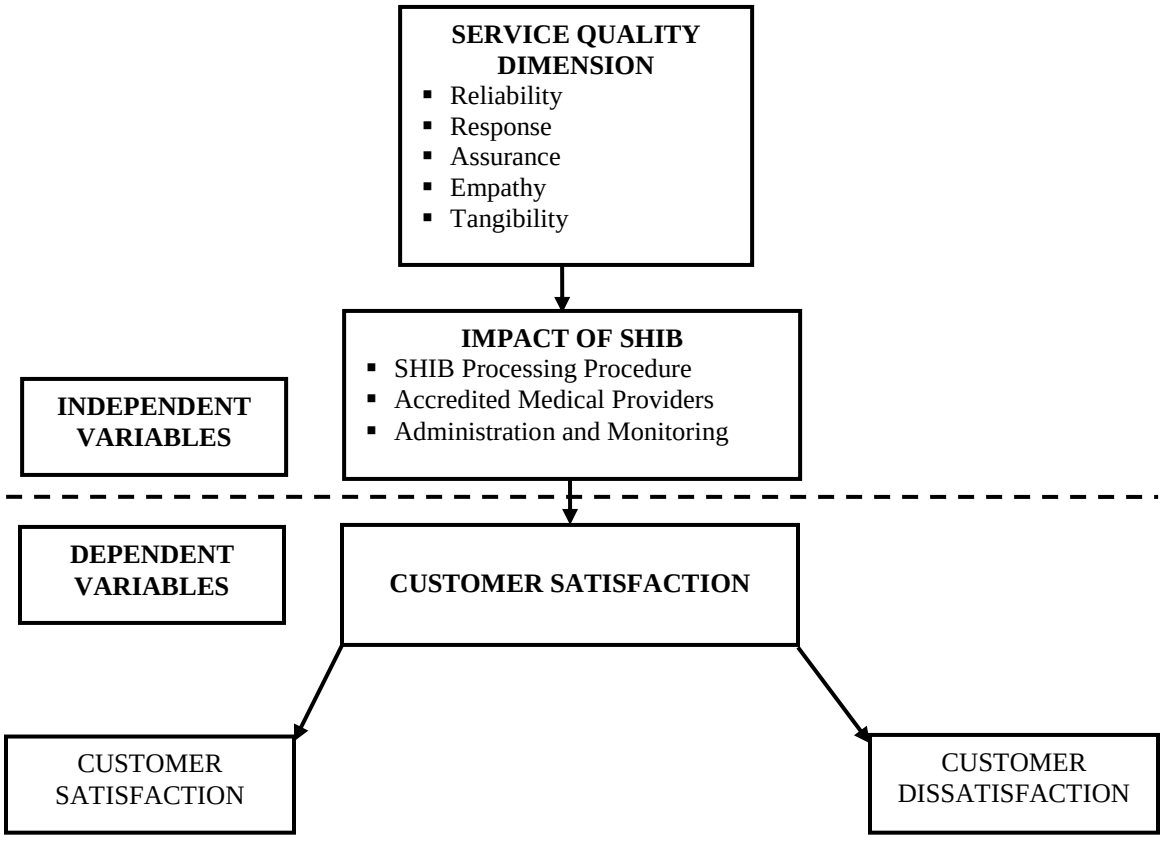
2.4 Research Gap

Researcher reveals that there have been several literature and studies on the impact of health service quality on patients' satisfaction over private and public hospitals in Jordan, extending health care coverage in social security, access of health services, factors that lead to complaint and different studies concerned with social health insurance services. However, majority of these studies does not provide the comprehensive solutions to the issue of impact of social health insurance from social security industry on customer satisfaction in Tanzania. The issue of customer satisfaction is very important because when they are satisfied the membership coverage in healthcare will increase and membership coverage of social security will be increased. Therefore, findings from this study, conclusions and recommendations covered the gap.

2.5 Conceptual Frame Work

The theoretical framework of the study is a structure that can hold or support a theory of a research work. It presents the theory which explains why the problem under study exists. Thus, the theoretical framework is but a theory that serves as a basis for conducting research (McQuail and Windahl, 1993). A conceptual framework is increasingly strengthens and keeps the research on track by providing a clear link from the literature to researcher goals and questions, contributing to the formulating of research design, providing reference points for discussion of literature, methodology and analysis of data, contributing to trustworthiness of the study and giving broad scope to thinking about the research.

Figure 2.3 Conceptual Frameworks on Impact of SHIB on Customer Satisfaction



Source: Researcher own creation, 2013.

2.5.1 Explanation of the Conceptual Framework

A conceptual frame work is an assemblage set of research concepts cum variable together with their logical relationship often represented in the form of diagrams, charts, pictographs, flow-charts, organ gram or mathematical equations. Conceptual research framework unveils studied phenomenon of concepts cum variables into simple set of relations that can be easily understood, modelled and studied (Ndunguru, 2007). In Figure 2.3 above customer satisfaction depend on the impact of SHIB which supported by five service quality dimensions explained as follows. Reliability is capability to do the promised service accurately and dependably, responsiveness is the voluntariness to help customers and provide immediate service, empathy is a capacity to recognize emotions that are being experienced by another, tangibility explains physical properties, appearance of personnel and equipment, and lastly assurance which means kindness and

knowledge of staff and their capability to inspire confidence and trust. Service quality dimensions together with the impact of SHIB measures customer satisfaction which results either customer satisfaction or customer dissatisfaction.

2.6 Operationalisation of Variables

In this study the aim is to assess the impact of SHIB on customer satisfaction. Dependent variable is customer satisfaction and it depends on independent variables which are impact of SHIB. From conceptual framework impact of SHIB consist of SHIB processing procedure, accredited medical provider and administration and monitoring supported by five service quality dimension which are reliability, response, assurance and tangibility. All service quality dimensions supported each independent variable in order to assess the dependent variable.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methods and approaches through which the researcher was adopted to achieve desired target. It covered the design, the study population, sample selection and size, data type and collection procedures, measurement and analysis techniques.

3.2 Research Design

A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure (Kothari, 2004). In fact, the research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data. As such the design includes an outline of what the researcher will do from writing the hypothesis and its operational studies share common requirements and as such we may group together these two types of research studies.

Though there are many types of research designs, such as case study design, survey design, experimental design and historical research design. For the purpose of this study a case study design was selected to get the required data since a case study is a complete study in itself, as it studies the social unit in detail and in its totality. It is a method used to narrow down a very broad field of research into one easily researchable topic (Shuttleworth and Martyn, 2008). It was the researcher's expectation that, it was helping him to get a deeper knowledge of a wide problem with limited resources.

3.3 Area of the Study

The researcher carried out the study at NSSF in Morogoro Municipal and to different employers in that region especially at Alliance One Tobacco Tanzania Ltd (AOTTL).

3.4 Study Population

A research population for this study comprised of two groups. The first group include managerial level staff from Morogoro region and SHIB management from NSSF head quarter and personnel officers who are responsible with day to day activities of the Fund. The second group include employees who work from different employers in Morogoro region especially from AOTTL who are NSSF members and include both members who are enrolled with SHIB and members who are not enrolled with SHIB. Population of the study had 10 managerial level staff, 30 personnel officers, and 31,422 NSSF members where by 15,217 members are enrolled in SHIB while 16,205 members are not enrolled in SHIB. This study therefore had a total population of 31,462.

3.5 Sample Size and Sampling Technique

This section pin points the sample size and the sampling techniques that were adopted by the researcher.

3.5.1 Sample size

The sample size appeared to be sufficient because in exploratory case studies even one respondent or a household can provide useful research findings depending on the purpose (Yin, 2003). In this study total sample of those who responded through questionnaires were 40 NSSF employees and 160 NSSF members where 80 members are enrolled in SHIB and 80 members were not enrolled in SHIB making a total of 200 respondents. Table 3.1 displays the population and sample size category.

Table 3.1 Sample Distribution N = 200

S/N	Category	Population	Sample Size	Percentage
1	Managerial level staff	10	10	5
2	Personnel Officers	30	30	15
3	Members enrolled in SHIB	15,217	80	40
4	Members not enrolled in SHIB	16,205	80	40
	Total	31,462	200	100

Source: Researcher Construction, 2013.

3.5.2 Sampling Technique

Sampling is the act, process, or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population (Webster, 1985). Sampling is when the researchers purposely targets a group of people believed to be reliable to the study.

The researcher adopted the purposive sampling technique for managerial level staff and personnel officers because they have experience concerned with SHIB. Purposive sampling is the process whereby the researcher selects a sample based on experience or knowledge of the group to be sampled (William M.K. Trochim, 2002).

In case of members who enrolled in SHIB and those who are not enrolled in SHIB the researcher used convenience sampling because it was very difficult to find all of them at the same place. Convenience sampling is the process of including whoever happens to be available at the time (Richard, Jacobs, OSA, Ph.D, 2010).

3.6 Data Collection Techniques

The Researcher used both sources of data, namely primary and secondary sources of data.

3.6.1 Primary Source of Data

The researcher was intend to collect primary data through questionnaires for all groups who are managerial level staff, personnel officers and NSSF members both who enrolled and who are not enrolled in SHIB. Open and closed types of questionnaire were both used in order to collect data from all groups where by open questionnaire allow members to express their opinion in a free flowing manner and closed questionnaire restrict members to choose among any of the given multiple choice answers. The data from all groups was collected by using this data collection instrument.

3.6.2 Secondary Source of Data

The researcher was collected secondary data through documentary review. The data was obtained from various records available at NSSF which include daily, monthly and

annual reports compiled in the course of operation; research reports, published and unpublished; manuals; handouts speeches and presentations done in various seminars, meetings and also in research journals such as from ISSA, WHO and different universities.

3.7 Data Analysis Method

Descriptive analysis method was used to study the respondents and to assess the impact of SHIB on customer satisfaction. In this study researcher applied both qualitative and quantitative technique which was best fit for social sciences in analyzing data collected through primary and secondary sources.

The data were analysed and presented in terms of table, percentage, graphs and histograms. The major analytical tool including categorical data was simple frequency analysed by using Statistical Package for Social Sciences (SPSS) 11.5 for window.

CHAPTER FOUR

PRESENTATION AND DISCUSSION OF FINDINGS

4.1 Introduction

This part presents the study findings and their implication to guide policy makers in assessing the impact of SHIB on customer satisfaction. The study findings are presented and analysed addressing each research question after presented the number of respondents and demographic characteristics. The study findings discussed at the end of this chapter.

4.2 Number of Respondents

Table 4.1 shows number of respondents from all groups and their percentages.

Table 4.1 Number of Respondents

Types of Respondents	Sent Questionnaire	Returned Questionnaire	Percentage %
Managerial level	10	10	5
Operation Staff	30	30	15
Members enrolled in SHIB	80	80	40
Members not enrolled in SHIB	80	80	40
Total	200	200	100

Source: Researcher Field Data, 2013.

In order to accomplish the purpose of this study, four categories of two hundreds (200) respondents were sampled which were 10 managerial level (5%) of all respondents, 30 operational staff who handle day to day activities of the Fund (15%) of all respondents and 160 NSSF members where by 80 members were enrolled with SHIB and the rest are members who were not enrolled with SHIB where by each group had 40% of the total respondents. Out of the predetermined sample size of 200 households, a total of 200 responded with a response rate of 100 percent as shown in table 4.1.

4.3 Demographic Characteristics

4.3.1 Gender of the Respondents

Except for personnel officers, whose number of female and male participants match, the number of male respondents in the other three groups slightly exceeds their female counterparts. Managerial level had six male which is equal to 3 percent while female was 4 equal to 2 percent of all of the respondents. In case of members enrolled in SHIB male was forty three equal to 21.5 percent of all respondents while female are 37 equal to 18.5 percent. For the members who are not enrolled in SHIB there was slightly difference between male and female. In total male are 52.5 percent while female are 47.5 percent as shown in the table 4.2.

Table 4.2 Gender of Respondents

	Managerial Level		Personnel Officers		Member enrolled in SHIB		Member not enrolled in SHIB		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Male	6	3	15	7.5	43	21.5	41	20.5	105	52.5
Female	4	2	15	7.5	37	18.5	39	19.5	95	47.5
Total	10	5	30	15	80	40	80	40	200	100

Source: Researcher Field Data, 2013.

4.3.2 Age Group of Respondent

The questionnaires distributed to managerial level employees did not enquire about the age distribution of the respondents. Analyzing age distribution in the remaining three groups shows a contrasting picture. Personnel Officers who handle day to day activities are between 31 years old to 60 years old who is about 10 percent among 15 percent while 5 percent fall between 18 years old to 30 years old. Many members enrolled in SHIB and those who are not enrolled in SHIB fall between 18 years old to 40 years old who in total makes 69 percent among 80 percent where the former has 30.5 percent and the latter has 38.5 percent. Only eighteen members who enrolled in SHIB are between 50 years old to 60 years old or above as shown in table 4.3.

Table 4.3 Age Groups of the Respondents

	Managerial Level		Personnel Officers		Member enrolled in SHIB		Member not enrolled in SHIB		Total	
Age Group	Count	%	Count	%	Count	%	Count	%	Count	%
18 - 25 years	0	0	8	4	14	7	27	13.5	49	24.5
26 - 30 years	0	0	2	1	24	12	33	16.5	59	29.5
31 - 40 years	0	0	4	2	23	11.5	17	8.5	44	22
41 - 50 years	0	0	10	5	7	3.5	3	1.5	20	10
51 - 60 years	0	0	6	3	6	3	0	0	12	6
60 years +	0	0	0	0	6	3	0	0	6	3
Total	0	0	30	15	80	40	80	40	190	95

Source: Researcher Field Data, 2013.

4.3.3 Managerial Level Years of Employment with the NSSF

This is important factor that the study looked at the number of years they have been with the NSSF. This is considered important in measuring the calibre of the people in the decision making positions in the organization and if they are the right people expected to carry the organization forward. Half of the respondents have worked with the organization for over 16 years as shown in table 4.4. This means that most of the people occupying the senior positions are people with long experience. Their work experience in the Fund, indicate that they have experience various changes taking place in social security industry, including the issue of SHIB on how it impact customer satisfaction.

Table 4.4 Managerial Years of Employment with the NSSF

	Frequency	Valid Percent	Cumulative Percent
01 - 05 Years	1	10	10
06 - 15 Years	2	20	30
16 - 25 Years	5	50	80
26 Years +	2	20	100
Total	10	100	100

Source: Researcher Field Data, 2013.

4.3.4 Marital Status of the Respondents

Among the staff from NSSF, all senior officers are married (5%) and 20 personnel officers are married (10%) while 10 personnel officers (5%) who are 5 percent of all respondent are single. Majority of customers who enrolled in SHIB and those who are not enrolled in SHIB are single although many of them leave with the partners and they have children. In total, 114 respondents (57%) of all respondents are single, 82 respondents (41%) of all respondents are married and separated couples and widow/widower has 2 respondents (1%) for each one as shown in the table 4.5.

Table 4.5 Marital Status of the Respondents

	Senior Officers		Personnel Officers		Members enrolled in SHIB		Members not enrolled in SHIB		Total	
Marital Status	Count	%	Count	%	Count	%	Count	%	Count	%
Single	0	0	10	5	45	22.5	59	29.5	114	57
Married	10	5	20	10	32	16	20	10	82	41
Separated	0	0	0	0	1	0.5	1	0.5	2	1
Widow/Widower	0	0	0	0	2	1	0	0	2	1
Total	10	5	30	15	80	40	80	40	200	100

Source: Researcher Field Data, 2013.

4.3.5 Number of Dependants of the Respondents

All groups of respondents have different numbers of dependants although 47 respondents who are 23.5 percent do not have any dependant. Only 5.5 percent of all respondents have more than four dependants but majority have one to four dependants who are 71 percent of all respondents as shown in table 4.6. The analysis show that a lot of members who have dependants work under unspecified contract and their salaries are too small so that free health service (SHIB) from NSSF can help them and their dependants.

Table 4.6 Number of Dependants of the Respondents

Number of Dependants	Senior Officers		Personnel Officers		Members enrolled in SHIB		Members not enrolled in SHIB		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
0	0	0	10	5	21	10.5	16	8	47	23.5
1	0	0	2	1	5	2.5	20	10	27	13.5
2	1	0.5	10	5	25	12.5	23	11.5	59	29.5
3	3	1.5	8	4	10	5	10	5	31	15.5
4	6	3	0	0	11	5.5	8	4	25	12.5
5	0	0	0	0	2	1	0	0	2	1
6	0	0	0	0	6	3	3	1.5	9	4.5
Total	10	5	30	15	80	40	80	40	200	100

Source: Researcher Field Data, 2013.

4.3.6 Level of Education of the Respondents

Majority of managerial level staff have second degree that 3 percent are compared to those who have first degree who are 2 percent out of 10 percent of managerial group. Half of personnel officers have first degree while others have either secondary education or second degree. This means that the Fund has the staff who can educate their members about different benefit offered although members' level of education is the problem. Majority of both groups of members have either primary education or secondary educations who are 64 percent out of 80 percent of both groups as shown in table 4.7.

Table 4.7 Level of Education of the Respondents

Level of Education	Senior Officers		Personnel Officers		Members enrolled in SHIB		Members not enrolled in SHIB		Total	
	Count	%	Count	%	Count	%	Count	%	Count	%
Primary	0	0	0	0	18	9	27	13.5	45	22.5
Secondary	0	0	12	6	44	22	39	19.5	95	47.5
First Degree	10	5	15	7.5	15	7.5	10	5	50	25
Second Degree	0	0	2	1	1	0.5	4	2	7	3.5
Other Education	0	0	1	0.5	2	1	0	0	3	1.5
Total	10	5	30	15	80	40	80	40	200	100

Source: Researcher Field Data, 2013.

4.4 Impact of SHIB Processing Procedure on Customer Satisfaction

The first research question of this study asked how SHIB processing procedure impacts customer satisfaction. Five questions were designed in order to assess five quality dimensions which are reliability, response, assurance, empathy and tangibility concerned with impact of SHIB processing procedure on customer satisfaction. The findings from those questions help us to assess the impact of SHIB processing procedure on customer satisfaction.

4.4.1 Reliability of SHIB Processing Procedure on Customer Satisfaction

In order to assess reliability researcher asked if management help members to be enrolled easily during SHIB registration. About 77 (38.5%) of respondents were strongly agree, 54 (27%) of respondents were agree, 27 (13.5%) of respondents were neither agree nor disagree, 30 (15%) of respondents were disagree and only 12 (6%) of respondents were strongly disagree as shown in table 4.8.

Table 4.8 Reliability of SHIB Processing Procedure on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	6	3	15	7.5	16	8	24	12	19	9.5	80	40
Members in SHIB	3	1.5	11	5.5	8	4	15	7.5	43	21.5	80	40
Personnel Officers	3	1.5	3	1.5	3	1.5	10	5	11	5.5	30	15
Managerial Level	0	0	1	0.5	0	0	5	2.5	4	2	10	5
Total in Reliability	12	6	30	15	27	13.5	54	27	77	38.5	200	100

Source: Researcher Field Data, 2013.

4.4.2 Response of SHIB Processing Procedure on Customer Satisfaction

In order to assess response researcher asked if NSSF done a lot to simplify SHIB processing procedure. About 134 (67%) of respondents were either agree or strongly agree, 24 (12%) of respondents were disagree, only 4 (2%) of respondents were strongly disagree and 38 (19%) were neither agree nor disagree as summarised in table 4.9.

Table 4.9 Response of SHIB Processing Procedure on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	0	0	5	2.5	21	10.5	34	17	20	10	80	40
Members in SHIB	4	2	19	9.5	6	3	23	11.5	28	14	80	40
Personnel Officers	0	0	0	0	9	4.5	12	6	9	4.5	30	15
Managerial Level	0	0	0	0	2	1	5	2.5	3	1.5	10	5
Total in Response	4	2	24	12	38	19	74	37	60	30	200	100

Source: Researcher Field Data, 2013.

4.4.3 Assurance of SHIB Processing Procedure on Customer Satisfaction

Assurance of SHIB processing procedure assessed by asked respondents about problem solving when members face problems during SHIB processing procedure and management show concern and helps them. Table 4.10 summarised the findings were majority agree while few respondents disagree. About 56 (28%) of respondents were strongly agree, 63 (31.5%) of respondents were agree, 28 (14%) of respondents were neither agree nor disagree while 16 (8%) of respondents and 37 (18.5%) of respondents were either strongly disagree or disagree respectively.

Table 4.10 Assurance of SHIB Processing Procedure on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	7	3.5	17	8.5	16	8	24	12	16	8	80	40
Members in SHIB	6	3	16	8	9	4.5	24	12	25	12.5	80	40
Personnel Officers	3	1.5	3	1.5	3	1.5	10	5	11	5.5	30	15
Managerial Level	0	0	1	0.5	0	0	5	2.5	4	2	10	5
Total in Assurance	16	8	37	18.5	28	14	63	31.5	56	28	200	100

Source: Researcher Field Data, 2013.

4.4.4 Empathy of SHIB Processing Procedure on Customer Satisfaction

NSSF office has modern working tools for SHIB registration and their staffs are always smart was the question asked respondent to assess empathy of SHIB processing procedure on customer satisfaction. All personnel officers and managerial level staff are satisfied with this scenario while few members disagree and only members who are enrolled in SHIB were strongly disagree. Table 4.11 shows that 63 (31.5%) of respondents were strongly agree, 73 (36.5%) of respondents were agree, 32 (16%) of respondents were neither agree nor disagree, 26 (13%) of respondents were disagree and only 6 (3%) of respondents were strongly disagree.

Table 4.11 Empathy of SHIB Processing Procedure on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	0	0	4	2	22	11	32	16	22	11	80	40
Members in SHIB	6	3	22	11	10	5	23	11.5	19	9.5	80	40
Personnel Officers	0	0	0	0	0	0	12	6	18	9	30	15
Managerial Level	0	0	0	0	0	0	6	3	4	2	10	5
Total in Empathy	6	3	26	13	32	16	73	36.5	63	31.5	200	100

Source: Researcher Field Data, 2013.

4.4.5 Tangibility of SHIB Processing Procedure on Customer Satisfaction

In order to measure tangibility researcher asked respondents if beneficiaries feel free and safe during SHIB enrolment. Majority of respondents from managerial level staff and personnel officers satisfied with this scenario except 2 (1%) of personnel officers who said they neither agree nor disagree. Table 4.12 summarised the findings where by 66 (33%) of respondents strongly agree, 74 (37%) of respondents agree, 20 (10%) of respondents were neither agree nor disagree, 35 (17.5%) of respondents were disagree and only 5 (2.5%) of respondents were strongly disagree.

Table 4.12 Tangibility of SHIB Processing Procedure on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	1	0.5	23	11.5	8	4	28	14	20	10	80	40
Members in SHIB	4	2	12	6	10	5	22	11	32	16	80	40
Personnel Officers	0	0	0	0	2	1	17	8.5	11	5.5	30	15
Managerial Level	0	0	0	0	0	0	7	3.5	3	1.5	10	5
Total in Tangibility	5	2.5	35	17.5	20	10	74	37	66	33	200	100

Source: Researcher Field Data, 2013.

4.4.6 Analysis of SHIB Processing Procedure on Customer Satisfaction

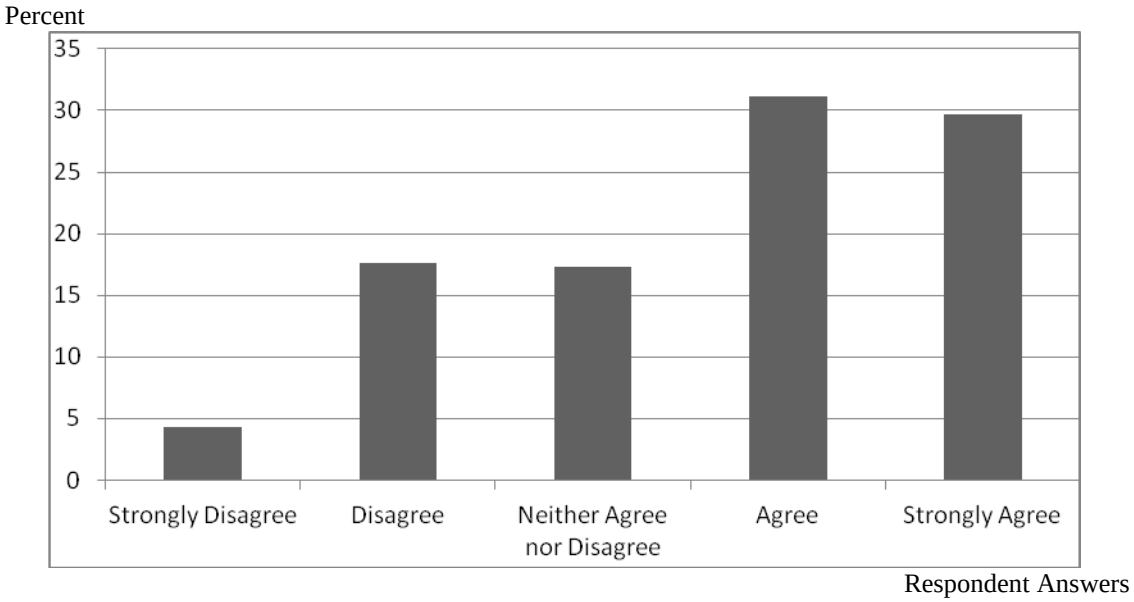
Findings from service quality dimension of SHIB processing procedure reveals that majority of respondents satisfied with the SHIB processing procedure from NSSF. Average total of each service quality dimension of SHIB processing procedure which summarized in table 4.13 show that average of 59.4 (29.7%) of respondents were strongly agree, 62.2 (31.1%) of respondents were agree, 34.6 (17.3%) were neither agree nor disagree, 35.2 (17.6%) of respondents were disagree and 8.6 (4.3%) were strongly disagree. This implies that members are satisfied with SHIB processing procedure but the Fund should simplifies and improve it in order to increase more members in SHIB.

Table 4.13 Average of SHIB Processing Procedure on Customer Satisfaction

Service Quality Dimension	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total in Reliability	12	6	37	18.5	35	17.5	47	23.5	69	34.5	200	100
Total in Response	4	2	24	12	38	19	74	37	60	30	200	100
Total in Assurance	16	8	44	22	36	18	56	28	48	24	200	100
Total in Empathy	6	3	26	13	44	22	70	35	54	27	200	100
Total in Tangibility	5	2.5	45	22.5	20	10	64	32	66	33	200	100
Average Total	8.6	4.3	35.2	17.6	34.6	17.3	62.2	31.1	59.4	29.7	200	100

Source: Researcher Field Data, 2013.

Figure 4.1 Average of Impact of SHIB Processing Procedure on Customer Satisfaction



Source: Researcher Field Data, 2013.

4.5 Impact of Accredited Medical Providers on Customer Satisfaction

The second research question of this study asked how accredited medical providers' impacts customer satisfaction. Five questions were designed in order to assess five quality dimensions which are reliability, response, assurance, empathy and tangibility concerned with impact of accredited medical providers on customer satisfaction. The findings from those questions help us to assess the impact of accredited medical providers on customer satisfaction.

4.5.1 Reliability of Accredited Medical Providers on Customer Satisfaction

In order to assess reliability researcher asked if medical providers accredited by NSSF meet necessary criteria needed in order to provide health services. About 31 (15.5%) of respondents were strongly agree, 58 (29%) of respondents were agree, 42 (21%) of respondents were neither agree nor disagree, 52 (26%) of respondents were disagree and only 17 (8.5%) of respondents were strongly disagree as shown in table 4.14.

Table 4.14 Reliability of Accredited Medical Providers on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	8	4	22	11	15	7.5	27	13.5	8	4	80	40
Members in SHIB	9	4.5	19	9.5	13	6.5	18	9	21	10.5	80	40
Personnel Officers	0	0	8	4	12	6	9	4.5	1	0.5	30	15
Managerial Level	0	0	3	1.5	2	1	4	2	1	0.5	10	5
Total in Reliability	17	8.5	52	26	42	21	58	29	31	15.5	200	100

Source: Researcher Field Data, 2013.

4.5.2 Response of Accredited Medical Providers on Customer Satisfaction

In order to assess response researcher asked if staffs from accredited medical providers help beneficiaries as much as possible when they visit to their medical centres. About 15 (7.5%) of respondents were strongly agree, 32 (16%) of respondents were agree, 29 (14.5%) of respondents were neither agree nor disagree, 95 (47.5%) of respondents were disagree and 29 (14.5%) of respondents were strongly disagree as shown in table 4.15.

Table 4.15 Response of Accredited Medical Providers on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	6	3	44	22	13	6.5	11	5.5	6	3	80	40
Members in SHIB	21	10.5	31	15.5	10	5	12	6	6	3	80	40
Personnel Officers	2	1	16	8	4	2	5	2.5	3	1.5	30	15
Managerial Level	0	0	4	2	2	1	4	2	0	0	10	5
Total in Response	29	14.5	95	47.5	29	14.5	32	16	15	7.5	200	100

Source: Researcher Field Data, 2013.

4.5.3 Assurance of Accredited Medical Providers on Customer Satisfaction

In order to assess assurance of accredited medical provider researcher asked if doctors and nurses show concern and interest to the members when they went to the accredited medical providers. Table 4.16 summarised the findings where by 17 (8.5%) of respondents were strongly agree, 40 (20%) of respondents were agree, 23 (11.5%) of

respondents were neither agree nor disagree, 86 (43%) of respondents were disagree and 34 (17%) of respondents were strongly disagree.

Table 4.16 Assurance of Accredited Medical Providers on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	10	5	37	18.5	12	6	17	8.5	4	2	80	40
Members in SHIB	21	10.5	29	14.5	7	3.5	13	6.5	10	5	80	40
Personnel Officers	3	1.5	15	7.5	2	1	7	3.5	3	1.5	30	15
Managerial Level	0	0	5	2.5	2	1	3	1.5	0	0	10	5
Total in Assurance	34	17	86	43	23	11.5	40	20	17	8.5	200	100

Source: Researcher Field Data, 2013.

4.5.4 Empathy of Accredited Medical Providers on Customer Satisfaction

In order to assess empathy researcher asked if accredited medical providers have smart staffs, modern working tools and provide safe atmosphere to customers. About 24 (12%) of respondents were strongly agree, 38 (19%) of respondents were agree, 38 (19%) of respondents were neither agree nor disagree, 90 (45%) of respondents were disagree and 10 (5%) of respondents were strongly disagree as shown in table 4.17.

Table 4.17 Empathy of Accredited Medical Providers on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	2	1	37	18.5	13	6.5	19	9.5	9	4.5	80	40
Members in SHIB	8	4	38	19	11	5.5	8	4	15	7.5	80	40
Personnel Officers	0	0	12	6	12	6	6	3	0	0	30	15
Managerial Level	0	0	3	1.5	2	1	5	2.5	0	0	10	5
Total in Empathy	10	5	90	45	38	19	38	19	24	12	200	100

Source: Researcher Field Data, 2013.

4.5.5 Tangibility of Accredited Medical Providers on Customer Satisfaction

In order to assess tangibility of accredited medical providers' researcher asked if accredited medical providers offer quality health services to beneficiaries. From finding about 14 (7%) of respondents were strongly agree, 46 (23%) of respondents were agree, 41 (20.5%) of respondents were neither agree nor disagree, 85 (42.5%) of respondents were disagree and 14 (7%) of respondents were strongly disagree as shown in table 4.18

Table 4.18 Tangibility of Accredited Medical Providers on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	3	1.5	38	19	15	7.5	23	11.5	1	0.5	80	40
Members in SHIB	11	5.5	38	19	12	6	7	3.5	12	6	80	40
Personnel Officers	0	0	7	3.5	12	6	11	5.5	0	0	30	15
Managerial Level	0	0	2	1	2	1	5	2.5	1	0.5	10	5
Total in Tangibility	14	7	85	42.5	41	20.5	46	23	14	7	200	100

Source: Researcher Field Data, 2013.

4.5.6 Analysis of Accredited Medical Providers on Customer Satisfaction

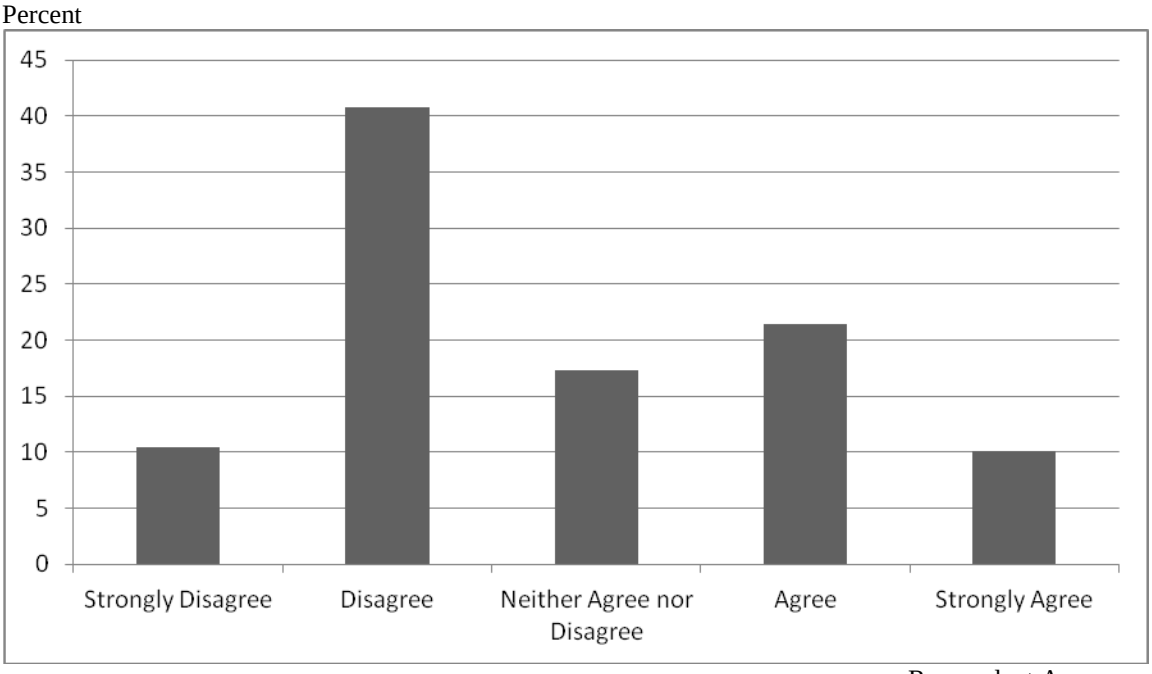
Findings from service quality dimension of accredited medical providers reveal that majority of respondents dissatisfied with the accredited medical providers especially members who are enrolled in SHIB. They dissatisfied with the service of different hospitals. Average total of each service quality dimension of accredited medical providers which summarized in table 4.19 and in figure 4.2 percentage wise show that average of 20.2 (10.1%) of respondents were strongly agree with the health services, 42.8 (21.4%) of respondents were agree with health services, 34.6 (17.3%) were neither agree nor disagree, 81.6 (40.8%) of respondents were disagree with health services and 20.8 (10.4%) were strongly disagree with health service. This implies that members are dissatisfied with health services offered by accredited medical providers.

Table 4.19 Average of Accredited Medical Providers on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total in Reliability	17	8.5	52	26	42	21	58	29	31	15.5	200	100
Total in Response	29	14.5	95	47.5	29	14.5	32	16	15	7.5	200	100
Total in Assurance	34	17	86	43	23	11.5	40	20	17	8.5	200	100
Total in Empathy	10	5	90	45	38	19	38	19	24	12	200	100
Total in Tangibility	14	7	85	42.5	41	20.5	46	23	14	7	200	100
Average Total	20.8	10.4	81.6	40.8	34.6	17.3	42.8	21.4	20.2	10.1	200	100

Source: Researcher Field Data, 2013.

Figure 4.2 Averages of Accredited Medical Providers on Customer Satisfaction



Source: Researcher Field Data, 2013.

4.6 Impact of SHIB Administration and Monitoring on Customer Satisfaction

Last question of this study was how SHIB administration and monitoring impacts customer satisfaction. Respondent from all groups asked in order to assess five quality dimensions which are reliability, response, assurance, empathy and tangibility concerned with impact of administration and monitoring on customer satisfaction.

4.6.1 Reliability of SHIB Administration and Monitoring on Customer Satisfaction

In order to assess reliability researcher asked if accredited medical providers offer free health services to beneficiaries and there is no extra cost. About 49 (24.5%) of respondents were strongly agree, 75 (37.5%) of respondents were agree, 43 (21.5%) of respondents were neither agree nor disagree, 26 (13%) of respondents were disagree and only 7 (3.5%) of respondents were strongly disagree as shown in table 4.20.

Table 4.20 Reliability of SHIB Administration and Monitoring on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	1	0.5	14	7	14	7	38	19	13	6.5	80	40
Members in SHIB	6	3	10	5	16	8	19	9.5	29	14.5	80	40
Personnel Officers	0	0	2	1	10	5	11	5.5	7	3.5	30	15
Managerial Level	0	0	0	0	3	1.5	7	3.5	0	0	10	5
Total in Reliability	7	3.5	26	13	43	21.5	75	37.5	49	24.5	200	100

Source: Researcher Field Data, 2013.

4.6.2 Response of SHIB Administration and Monitoring on Customer Satisfaction

In order to assess response researcher asked if NSSF staffs receive complaints from their members concerned health service from accredited medical providers and respond as soon as possible. About 43 (21.5%) of respondents were strongly agree, 72 (36%) of respondents were agree, 45 (22.5%) of respondents were neither agree nor disagree, 30 (15%) of respondents were disagree and only 10 (5%) of respondents were strongly disagree as shown in table 4.21.

Table 4.21 Response of SHIB Administration and Monitoring on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	3	1.5	9	4.5	13	6.5	31	15.5	24	12	80	40
Members in SHIB	7	3.5	21	10.5	21	10.5	23	11.5	8	4	80	40
Personnel Officers	0	0	0	0	10	5	11	5.5	9	4.5	30	15
Managerial Level	0	0	0	0	1	0.5	7	3.5	2	1	10	5
Total in Response	10	5	30	15	45	22.5	72	36	43	21.5	200	100

Source: Researcher Field Data, 2013.

4.6.3 Assurance of SHIB Administration and Monitoring on Customer Satisfaction

In order to assess assurance researcher asked if NSSF staffs provide seminars and training to their members concerned SHIB and other benefits. About 41 (20.5%) of respondents were strongly agree, 80 (40%) of respondents were agree, 27 (13.5%) of respondents were neither agree nor disagree, 39 (19.5%) of respondents were disagree and only 13.5 (6.5%) of respondents were strongly disagree as shown in table 4.22.

Table 4.22 Assurance of SHIB Administration and Monitoring on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	6	3	15	7.5	12	6	35	17.5	12	6	80	40
Members in SHIB	7	3.5	22	11	3	1.5	30	15	18	9	80	40
Personnel Officers	0	0	2	1	10	5	11	5.5	7	3.5	30	15
Managerial Level	0	0	0	0	2	1	4	2	4	2	10	5
Total in Assurance	13	6.5	39	19.5	27	13.5	80	40	41	20.5	200	100

Source: Researcher Field Data, 2013.

4.6.4 Empathy of SHIB Administration and Monitoring on Customer Satisfaction

In order to assess empathy researcher asked if SHIB officers and other staffs who receive beneficiaries' complaints are smart and they have modern working tools. Majority of respondents were either strongly agree or agree with this scenario. Few respondents were either strongly disagree or disagree. About 60 (30%) of respondents were strongly agree, 87 (43.5%) of respondents were agree, 29 (14.5%) of respondents were neither agree nor disagree, 16 (8%) of respondents were disagree and only 8 (4%) of respondents were strongly disagree as shown in table 4.23.

Table 4.23 Empathy of SHIB Administration and Monitoring on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	4	2	5	2.5	9	4.5	35	17.5	27	13.5	80	40
Members in SHIB	4	2	11	5.5	9	4.5	37	18.5	19	9.5	80	40
Personnel Officers	0	0	0	0	10	5	11	5.5	9	4.5	30	15
Managerial Level	0	0	0	0	1	0.5	4	2	5	2.5	10	5
Total in Empathy	8	4	16	8	29	14.5	87	43.5	60	30	200	100

Source: Researcher Field Data, 2013.

4.6.5 Tangibility of SHIB Administration and Monitoring on Customer Satisfaction

In order to assess tangibility researcher asked if program of referral to higher levels and special hospitals is simple if recommended by doctors. Majority of respondents agree with scenario as summarised in table 4.24. About 60 (30%) of respondents were strongly agree, 87 (43.5%) of respondents were agree, 29 (14.5%) of respondents were neither agree nor disagree, 16 (8%) of respondents were disagree and only 8 (4%) of respondents were strongly disagree.

Table 4.24 Tangibility of SHIB Administration and Monitoring on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Members not in SHIB	2	1	13	6.5	13	6.5	36	18	16	8	80	40
Members in SHIB	5	2.5	7	3.5	8	4	21	10.5	39	19.5	80	40
Personnel Officers	0	0	2	1	10	5	11	5.5	7	3.5	30	15
Managerial Level	0	0	0	0	3	1.5	3	1.5	4	2	10	5
Total in Tangibility	7	3.5	22	11	34	17	71	35.5	66	33	200	100

Source: Researcher Field Data, 2013.

4.6.6 Analysis of SHIB Administration and Monitoring on Customer Satisfaction

Findings from service quality dimension of accredited medical providers reveal that majority of respondents satisfied with the administration and monitoring especially members who are enrolled in SHIB. Members who are not enrolled in SHIB they also satisfied with administration and monitoring although they did not join with this packages. They satisfied with the service offered by Fund administration.

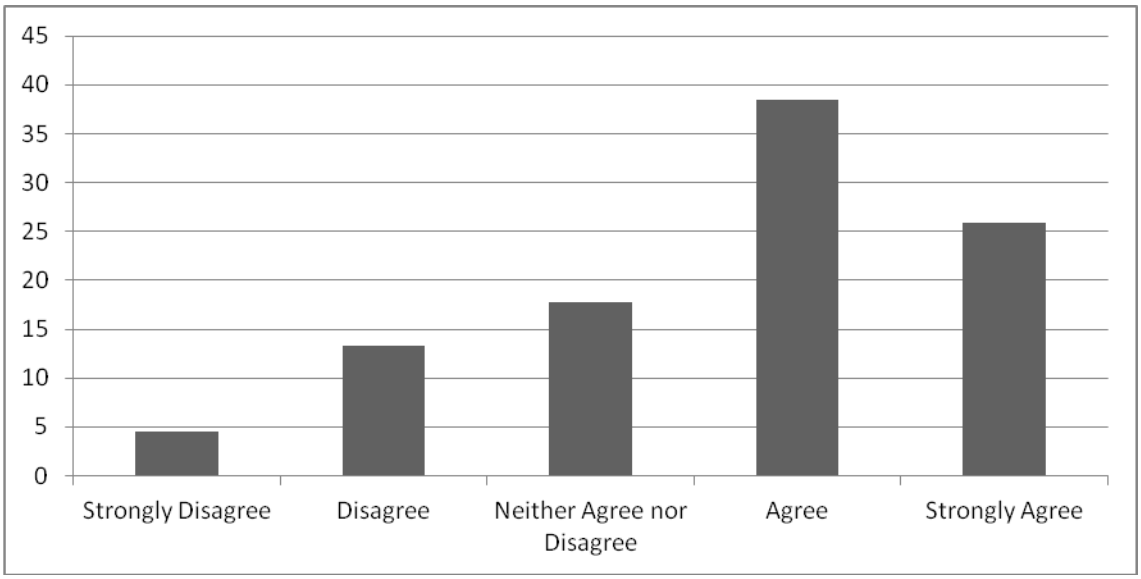
Average total of each service quality dimension of administration and monitoring which summarized in table 4.25 and in figure 4.3 percentage wise show that average of 51.8 (25.9%) of respondents were strongly agree with the health services, 77 (38.5%) of respondents were agree with health services, 35.6 (17.8%) were neither agree nor disagree, 26.6 (13.3%) of respondents were disagree with health services and 9 (4.5%) were strongly disagree with health service. This implies that members are dissatisfied with health services offered by accredited medical providers.

Table 4.25 Average of SHIB Administration and Monitoring on Customer Satisfaction

Group of Respondents	Strongly Disagree		Disagree		Neither Agree nor Disagree		Agree		Strongly Agree		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total in Reliability	7	3.5	26	13	43	21.5	75	37.5	49	24.5	200	100
Total in Response	10	5	30	15	45	22.5	72	36	43	21.5	200	100
Total in Assurance	13	6.5	39	19.5	27	13.5	80	40	41	20.5	200	100
Total in Empathy	8	4	16	8	29	14.5	87	43.5	60	30	200	100
Total in Tangibility	7	3.5	22	11	34	17	71	35.5	66	33	200	100
Average Total	9	4.5	26.6	13.3	35.6	17.8	77	38.5	51.8	25.9	200	100

Source: Researcher Field Data, 2013.

Figure 4.3 Average of Administration and Monitoring on Customer Satisfaction



Source: Researcher Field Data, 2013.

4.7 Analysis of the Opinion of Members on SHIB

In this part open questionnaire was used. They asked their opinions on different issues such as why NSSF members do not want to join with SHIB, if there is enough education of SHIB from NSSF and their opinions about what should be done in order to

increase membership coverage in SHIB package offered by NSSF through medical providers.

4.7.1 Reasons for NSSF Members to Ignore Joining with SHIB

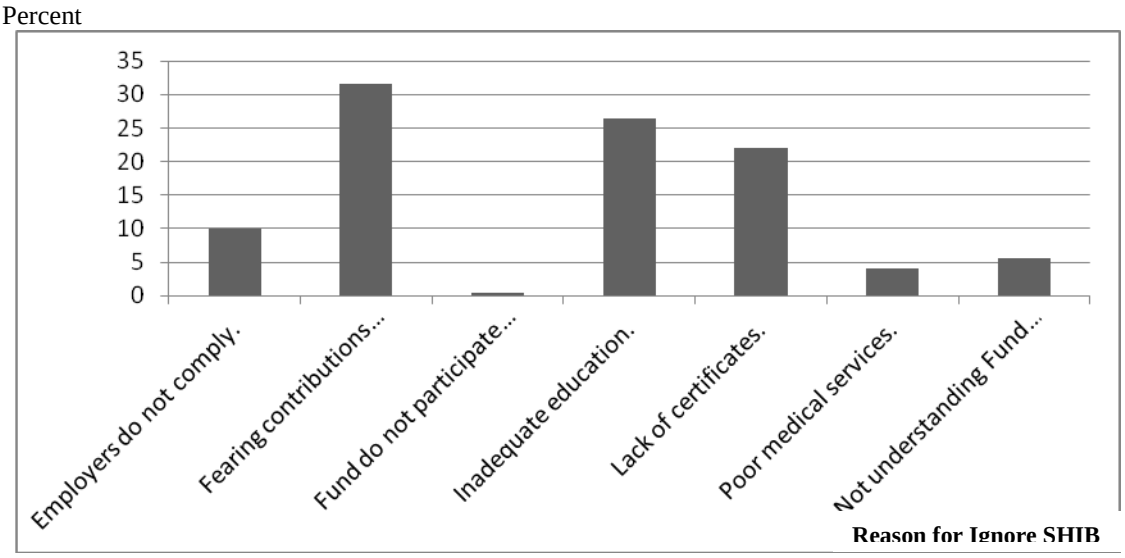
Findings from this study as shown in table 4.26 and figure 4.4 reveals that large proportion of participants about 63 (31.5%) of respondents ignore to join with SHIB because they feared to be deducted from their contributions of NSSF, 53 (26.3%) of respondents and 44 (22%) of respondent ignore to join with SHIB because of inadequate education and lack of required certificates respectively. About 20 (10%) of respondents said employer who did not comply causes members not to be aware with SHIB and 11 (5.5%) of respondents they said not understanding of Fund benefits caused members to ignore joining with SHIB. Few members had other reasons which caused member to ignore joining with SHIB. 8 members (4%) of respondents said about poor medical services while only a member (0.1%) said about participation of the members by the Fund.

Table 4.26 Reasons for NSSF Members to Ignore Joining with SHIB

Reason to Ignore Joining with SHIB	Senior Officers		Personnel Officers		Members in SHIB		Members not in SHIB		Total	
	No	%	No	%	No	%	No	%	No	%
Employers do not comply.	1	0.5	3	1.5	12	6	4	2	20	10
Fearing contributions deduction.	3	1.5	12	6	17	8.5	31	15.5	63	31.5
Fund do not participate members.	0	0	0	0	1	0.5	0	0	1	0.5
Inadequate education.	0	0	10	5	23	11.5	20	10	53	26.5
Lack of certificates.	6	3	5	2.5	12	6	21	10.5	44	22
Poor medical services.	0	0	0	0	8	4	0	0	8	4
Not understanding Fund benefits.	0	0	0	0	7	3.5	4	2	11	5.5
Total	10	5	30	15	80	40	80	40	200	100

Source: Researcher Field Data, 2013.

Figure 4.4 Reasons for NSSF Members to Ignore Joining with SHIB



Source: Researcher Field Data, 2013.

In table 4.23 and figure 4.4 shows that fearing deduction from NSSF contribution, inadequate education and lack of required certificates which are marriage and birth certificates for spouse and dependant respectively were the main reason for members to ignore with SHIB. This implies that the Fund should increase seminars to their members in order to make them aware with SHIB packages and other benefits. Also the Fund should make sure that their members are comply with the NSSF Act in order for their members to enjoy with different benefits especially SHIB. In case of poor medical services the Fund should visit their accredited medical providers and suggest better ways that will help to improve the services offered. The Fund also should educate their members to report to their offices if they have complaints or they are satisfied.

4.7.2 Members Respondent on SHIB Education

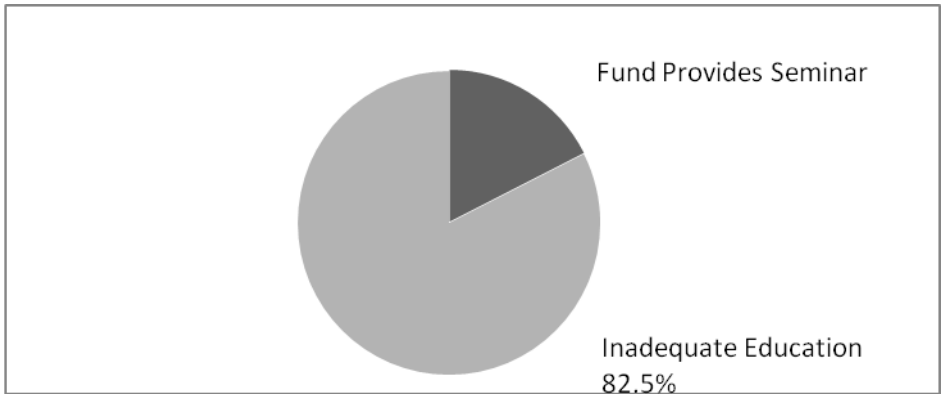
Findings from this study as shown in table 4.27 and figure 4.5 reveals that large proportion of participants about 165 (82.5%) of respondents were not satisfied with the education provided by NSSF, and participants 35 (17.5%) of respondents were satisfied with the education provided by SHIB.

Table 4.27 Members Respondent on SHIB Education

Members Response on SHIB Education	Senior Officers		Personnel Officers		Members in SHIB		Members not in SHIB		Total	
	No	%	No	%	No	%	No	%	No	%
Fund provides seminars.	8	4	24	12	3	1.5	0	0	35	17.5
Inadequate education.	2	1	6	3	77	38.5	80	40	165	82.5
Total	10	5	30	15	80	40	80	40	200	100

Source: Researcher Field Data, 2013.

Figure 4.5 Members Respondent on SHIB Education



Source: Researcher Field Data, 2013.

Table 4.24 and figure 4.5 shows that only (35) 17.5% said Fund provides seminars while 165 (82.5%) said the education is inadequate. This means the Fund should increase public awareness to their members by providing more education, distributing promotion materials seminars and advertisements to different media such as newspapers, radio, and television and in their website. This will help members to clear doubts and misunderstand about SHIB services.

4.7.3 Opinion from Members to Increase Membership Coverage in SHIB

The findings from this study as indicated in Table 4.25 below shows several opinions from members concerned with increase membership coverage in SHIB which includes the need for education 139 (69.5) of respondents, members participations 8 (4%) of respondents, improve medical services 42 (21%) of respondents, SHIB officers should

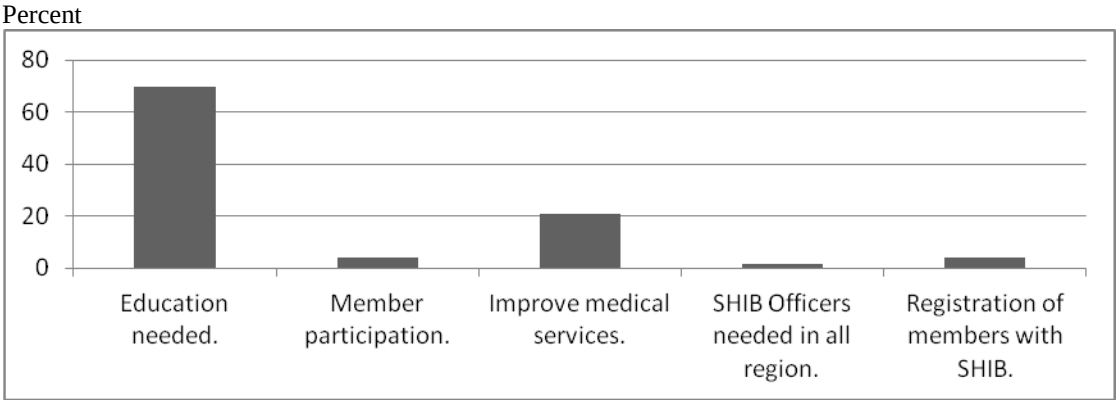
be in every region 3 (1.5%) and simultaneous registration of members in the Fund together with registration of SHIB 8 (4%).

Table 4.28 Opinion from Members to Increase Membership Coverage in SHIB

Members' Opinions	Senior Officers		Personnel Officers		Members in SHIB		Members not in SHIB		Total	
	No	%	No	%	No	%	No	%	No	%
Education needed.	5	2.5	20	10	36	18	78	39	139	69.5
Members' participation.	0	0	0	0	8	4	0	0	8	4
Improve medical services.	1	0.5	3	1.5	36	18	2	1	42	21
SHIB Officers in all regions.	3	1.5	0	0	0	0	0	0	3	1.5
Register members & SHIB.	1	0.5	7	3.5	0	0	0	0	8	4
Total	10	5	30	15	80	40	80	40	200	100

Source: Researcher Field Data, 2013

Figure 4.6 Opinions from Members to Increase Membership Coverage in SHIB



Source: Researcher Field Data, 2013.

Findings showed on table 4.25 and figure 4.6 reveals that the need of education and improvements of medical providers' services are the key issues that may help the Fund to increase more members in SHIB. About 69.5 percent of members, complaint that they do not understand about SHIB package so they need education in order for them to be aware with that package so that they can join.

4.8 Discussion of the Findings

The study findings indicate poor knowledge and understanding of SHIB package among the studied respondents. Member satisfaction improves only if they have good knowledge of how SHIB packages works and know what has been offered.

The findings demonstrate that educational level and occupation positively affect membership of the scheme. Level of education and literacy has been found by other studies to be an important determinant in the demand for health insurance and healthcare services. Respondents with secondary education and above are more likely to be enrolled in SHIB. This finding is consistent with the results obtained by Jutting (2000), Kirigia (2005), National Planning Development Commission of Ghana (2009), Mensah et al. (2010). Gender, marital status, number of dependants and marital status do not have statistically significant influence on membership of the scheme. Majority of the respondents are not aware of the SHIB packages. This is in line with findings of Criel and Waelkens, (2003), Carrin et al. (2005), Chankova et al. 2008; Chankova et al. (2009) and Mensah et al. (2010).

Insured persons' knowledge of the healthcare insurance scheme was a vital determinant of perceived satisfaction of health care services. Member's knowledge of the health insurance was aggregated to their understanding of healthcare insurance to be a good way of helping clients' to relieve their health expenditure problems and also their knowledge of the basic benefits package of the health insurance scheme. Poor knowledge of the benefit package has affected responsiveness and ultimately utilization rates of health facilities in developing countries (Allegri, Sanon et al. (2006) and Tien, (2005).

Findings from the study show that majority satisfied with the SHIB processing procedure. However there are few members were dissatisfied with SHIB processing procedure. There is a need for the Fund to improve and simplify SHIB processing procedure in order to attract more members to this package. According to Carrin et al. (2005), trust in the integrity and competence of managers of schemes may have an

effect on enrolment. These bottlenecks, when addressed can help improve the coverage and membership of the scheme.

Findings from the impact of accredited medical providers to customer satisfactions reveal that members dissatisfied with the health services offered. The perceived low quality of service received from healthcare providers were attributed to unavailability of drugs, long waiting times and even poor customer services from security guards, reception officers, nurses to some doctors. The perceived perception of low quality of health care from accredited medical providers could serve as a barrier to enrolment and renewal of membership with the scheme as was suggested by Mbando et al. (2005). This results members who are enrolled in SHIB to be dissatisfied and those who were not enrolled in SHIB to ignore joining with this package.

The findings from impact of administration and monitoring on customer satisfaction reveal that majority satisfied with Fund management although there are a lot of challenges. The amended medium term strategic plans has emphasized that health maintenance organizations must collaborate with the regulatory agency in the provision of materials regarding the SHIB package and other benefit offered to members.

The Fund should increase public awareness in order for insured persons to be more satisfied. The less awareness of members with healthcare insurance activities, the less satisfied they become of its offerings in terms of service provision. Better awareness of the members might enhance interactions between patients and health care providers due to better satisfaction of services. There are tendencies that, those who do not have full knowledge of insurance services offered would likely evaluate schemes poorly.

Effective monitoring mechanisms should be implemented to ensure that the benefit package has been used in full by all those who are entitled which can improve their satisfaction. Unless information on benefit package is readily available to members, they may not have full access of all services due to lack of understanding of their

entitlements (James, 2005 and Normand, 1999). Member's poor knowledge of health insurance leads to less satisfaction of health service provision.

The analyses of the findings are valuable as they touch significant angles on enhancing the move towards increasing membership size at NSSF by using SHIB. The findings obtained from the study will help the social security schemes especially NSSF in increasing membership size by creating sustainable competitive advantage so that they can win market share of membership size. Managements of the social security funds in Tanzania together with the government are advised to work on the findings and proposed actions so as to successful increase membership in social security schemes. Currently, it is less than 2 million social security schemes members out of 44.9 million people of Tanzania. This member has to be improved.

The Fund can use these findings as sustainable competitive advantage as it is the only social security scheme in Tanzania offered SHIB package. If they can satisfy their members who join with these packages and convince members who did not join and those who are not even registered with NSSF, the Fund can have more market share of membership in Tanzania than other social security. The Fund is advised to work on the proposed corrective measures so as to attract and retain more customers for survival.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarize the study findings, conclusion and recommendations for assessment of the impact of SHIB on customer satisfaction.

5.2 Summary of Findings

The researcher conducted his study at NSSF Morogoro choosing a sample of 200 respondents. The respondents includes four groups which are; the NSSF staffs that were 10 people from managerial level and 30 personnel officers, NSSF members who enrolled in SHIB and those who are not enrolled in SHIB where each group of member had 80 people. Both primary and secondary data were collected. Primary data were collected through the use of questionnaires. The researcher managed to collect all questionnaires distributed. Most of the participants were male about 52.5 percent, while the numbers of female participants were about 47.5 percent of all respondents. Young generation makes up most of members, while the staffs at the NSSF were most of middle age. The other contrasting demographic feature is the education of the participants. Most of members have primary education and secondary education, while most of the NSSF compliance staff have degree level and above, at the same time the group of the NSSF directors, managers and supervisors seems to possess a good experience of social security as all of them have saved the fund for more than ten 10 years.

Findings from this study revealed that most of the members do not know about SHIB. Many members who join with SHIB are from employers which have the accredited dispensaries so that they are enrolled automatically without any knowledge about it. This causes their couples and dependants not to be enrolled in SHIB. Most of them claimed to have no education about SHIB and NSSF benefits, what they only know is to withdraw their contributions from social security after finishing their contracts.

The findings also reveal that although there are many studies conducted about SHIB but study about impact of SHIB on customer satisfaction was insufficient so that the

government and social security funds especially NSSF have not put adequate efforts. Social security funds lack thorough understanding of their customers and their perceptions, while the benefits offered were also considered not to be adequate. Most of the NSSF members were not sure about general administration of these Funds and also if the services they offered are easily accessible.

To arrest this situation, there is a high need of establishing good framework, structure and creating an enabling environment. The proposed measure in the study includes; educating the members who enrolled in SHIB, members who are not enrolled in SHIB and going further in order to register voluntary members from informal sectors, universities students who are in need of free medical services if the Fund can agree to accredit dispensaries of that universities. Also the Fund should make sure they periodically review the contract with the medical providers in order to improve their services because this will attract more members to join with this SHIB since this package depends on medical providers.

5.3 Conclusions

The governments all over the world have an increasing challenge to satisfy the basic needs for their citizens, to assist the people in addressing social contingencies and to be prepared to natural disasters. Social security schemes have significant role in assisting the government to overcome some of these challenges. However, this sector covers insignificant part of the workers in the country, while others are not covered in social security schemes.

Implementation of the current move made by the ILO, ISSA, WHO, the governments and social security institutions to extend the services to the informal sector should not left to the social security schemes alone, the government has a primary responsibility, and social security schemes should complement the efforts.

The work needs to be accomplished with the new look and innovative interventions. Efforts must also be devoted to inform and educate the public as a whole, not just the

members of social security schemes. With enough public education, good economic environment, and political will, this move will be successful though it is not an easy task, but it can be done. All stakeholders being the government, social security schemes, communities families, and all other organizations should work together to ensure success on this issue.

5.4 Policy Implications

The study implies that most of workers in Tanzania especially the young group are employed as seasonal employees in many private industries and in the informal sector. Apart from being a majority group they are left out of the social security system despite its significance in provision of income security, access to health care and availability of the vacuum to join. This implies that; there is a need for major campaign to be launched in order to promote the extension of coverage of social security schemes and the government and the social partners should formulate a national social security strategy and seek assistance from ISSA and ILO on the ways to implement it

The study also implies that the government and social security funds are highly required to review the framework which includes review of social security law, policy, regulations and procedures to insure they adequately covers the issues of the members who works in private companies and informal sector.

The Fund management and the government should make sure they improve medical services especially in government hospitals in order to cover many members who are under SHIB and other health insurance. This will help in increasing of membership coverage in health insurance and SHIB so that NSSF will increase their members from private companies and informal sector.

5.5 Recommendations

Improve the overall understanding of social security through conducting research on extension efforts, documenting best practices, developing new mechanisms to reach out

to workers in the private industries, small businesses and informal economy and creating guidelines for extending basic benefit

The government and social security funds should make sure that they achieve improvements in social security coverage through various means like establishing technical assistance, projects focusing on a diagnosis of unfulfilled needs and ways to meet them, undertake training and policy discussion with stakeholders, strengthening institutions and social dialogue, formulating action plans and monitoring and evaluating results.

The Fund should increase awareness of its benefits to their members from different areas such as workers in government agencies, small business, universities students, private sector and informal sector in order to attract the new members and to maintain the existing members.

Also the Fund should improve and simplifies SHIB enrolment by reducing number of attachment requirements because there is delaying of enrollment because of passport size photographs and lack of either marriage certificates for spouse and birth certificates for children. The Fund can decide number of dependants to be included in SHIB for the members who did not have certificates. This can help many members to be enrolled in this package because in Africa especially Tanzania we have extended families.

5.6 Area for Further Studies

These findings were much focusing on the assessment of the impact of SHIB on customer satisfaction. Members' satisfaction with this package depends with accredited medical providers. Other researchers may dwell in on the effectiveness of medical providers on providing services to insured person.

REFERENCE

Ackson (2010): Extension of social security coverage to the excluded in Tanzania: Legislative and new policy directions, Paper presented at 6th International Policy and Research Conference on Social Security.

Bailey (2004): Extending social security in Africa. ESS Paper No. 20, ILO, Geneva.

Baruti (2007): The Coverage Gap: Extension of Social Security Coverage to the Informal Sector Employees in Tanzania. ISSA: International Research on Social Security, Geneva.

Sector Employees in Tanzania. ISSA: International Research on Social Security, Geneva.

Barya (2009): Interrogating the right to Social Security and Social Protection in Uganda: Working Paper No. 23; Human Rights and Peace Centre.

Barya (2011) Social Security and Social Security Protection in the East African Community; Eastern Africa Centre for Constitutional Development

Batchelor C, Owens DJ, Read M and Bloor M. Patient Satisfaction Studies, Methodologies, Management and Consumer evaluation. An international Journal of Health Care Quality Assurance, 1994;7(7): 22-30

Birna A. The quality of hospital services in eastern Ethiopia: Patient's perspective in Ethiopia J Health Dev, 2006; 20(3): 199-200.

Chee, G., K. Smith, et al. (2002). Assessment of the Community Health Fund in Hanang District, Tanzania. Dar es Salaam, PHR plus.

Dagnew M, D Zakus D. Community Perception on OPD, Performance of a Teaching

Hospital in Gondar town, Ethiopia. Ethiop Med J Dev, 1997, 35; 153–160.

East Afr J Public Health. 2008 Aug;5(2):67-73. Patient satisfaction at the Muhimbili National Hospital in Dar es Salaam, Tanzania. Muhondwa EP, Leshabari MT, Mwangu M, Mbembati N, Ezekiel MJ.

ESRF (2003). The Economic and Social Impacts of HIV/AIDS in Tanzania. P. Mujinja, F. Kess and O. Mashindano. Dar es Salaam, ESRF.

Frenk, Julio (1992) 'The Concept and Measurement of Accessibility', in K. White (ed.) Health Service Research: An Anthology, Washington: Pan American Health.

Gilson, L. and D. McIntyre (2005). "Removing User Fees for Primary Care in Africa: The need for careful action." BMJ 331: 762-765.

Jorge MA; Herga P, Ahmed A. Client satisfaction and quality of health care in rural Bangladesh. Bulletin of the WHO 2001; 79: 512-517.

Kiwara, A. D., G. Minja, et al. (2006). Review of Claims Status for the National Health Insurance Fund: First draft report. Dar es Salaam.

Kothari .C.R (2004).Research Methodology: Methods and Techniques (2nd ed). New Delhi: New Age International (P) Ltd.

Kotler P.and K. Keller (2006), Marketing Management, 12 Ed. New Jersey: Pearson Education, Inc.

Kotler, P. et al. (2006) Principles of Marketing: Third European Edition, Prentice Hall, Harlow

Kotler, P.K., Keller, K. (2006). Marketing management, 12th Edition. New Jersey: Prentice Hall.

Kurowski, C., K. Wyss, et al. (2003). Human Resources for Health: requirements and availability in the context of scaling-up priority interventions in low income countries - case studies from Tanzania and Chad., London School of Hygiene and Tropical Medicine.

Lupimo, N.N. (2006), Exploring importance of service quality and customer Satisfaction; factors for improvement of service delivery by Government Executive Agency, MBA Dissertation – UDSM.

Magori C (2013), The Cross Road of Social Security in Tanzania. A paper presented at Stake Holders Conference at AICC Arusha.

Mamdani, M. and M. Bangser (2004). Poor People's Experiences of Health Services in Tanzania: A literature review. Dar es Salaam, Women's Dignity Project.

McIntyre, D, 2007: Learning From Experience: health care financing in low and middle income countries, Global Forum for Health Research.

McLaughlin, J., B. Schmidt, et al. (2005). Joint Statement on User Fees for Health in Tanzania Health Advisors of the Agencies Providing Basket (Pooled) Funds Support to the Health Sector.

Mitike G, Mekonnen A, Osman M, Satisfaction on outpatient services in hospitals of the Amhara region. Ethiop Med J, 2002; 40; 387 – 395.

MOH (2006). The Community Health Fund Facilitative Supervision Report. Dar es Salaam, Ministry of Health.

Mtei, G. and J. Mulligan (2007). Community Health Funds in Tanzania: a literature review. Dar es Salaam, Ifakara Health Research and Development Centre (IHRDC).

Njau, J. D., C. Goodman, et al. (2006). "Fever Treatment and Household Wealth: the challenge posed for rolling out combination therapy for malaria." Tropical Medicine and International Health 11(3): 299-313.

NSSF (2007-2012): National Social Security Fund Annual Reports, NSSF Tanzania

NSSF (2007-2011): Hifadhi News Journals, NSSF Tanzania

NSSF (2010): Operations Guide, Issue No. 2, NSSF – Tanzania

NSSF Stakeholder Meeting, 2013.

Parasurman A., Zeithaml V.A., and Berry, L.L. (1988). SERVQUA1:A Multiple-item Scale for Measuring Consumer Perceptions of Service Quality. Journal of retailing, VOL. 64, No. 1, pp. 12-40.

Parasurman, A., Zeithaml, V.A., and Berry, L.L. (1985). Aconceptual Model of service Quality and its implication for future research. Journal of marketing, 49(Fall), PP41-50.

Ron, A.; Abel-Smith, B.; Tamburi, G. 1990. Health insurance in developing countries: The social security approach, ILO Publication.

Waaled Tailakh (2012). The Impact of Health Service Quality on Patients' Satisfaction over Private and Public Hospitals in Jordan: A Comparative Study. International Journal of Marketing Studies, Vol. 4, No. 1.

APPENDIX

APPENDIX I

DODOSO KWA WANACHAMA WA SHIRIKA LA TAIFA LA HIFADHI YA JAMII (NSSF).

Ndugu mteja,

Dodoso hili linalenga kukusanya taarifa kuhusu huduma za matibabu (SHIB) zinazotolewa na NSSF kupitia hospitali, zahanati na vituo vya afya vilivyoingia mkataba na shirika kwa ajili ya kutoa huduma za matibabu kwa wanachama wake.

Kazi hii imeandaliwa na mwanafunzi wa shahada ya pili chuo kikuu cha Mzumbe ikiwa ni sehemu ya kumalizia masomo yake. Taarifa zitakazokusanywa zitabakia kuwa siri kwa msimamizi wa utafiti na hazitatolewa nje kwa madhumuni mengine zaidi ya matumizi ya kitaaluma tu.

Hivyo unaombwa kujaza dodoso hili kwa makini ili kufikia lengo lililo kusudiwa.

Sehemu A:

Taarifa muhimu.

1. Jinsia.

(a) Mume

(b) Mke [ ]

2. Tafadhari onyesha kundi la umri wako (miaka).

(c) 18 – 25

(d) 26 – 30

(e) 31 – 40

(f) 41 – 50

(g) 51 – 60

(h) Zaidi ya 60 [ ]

3. Hali ya ndoa.

(a) Sijaoa/Olewa.

(b)Nimeoa/Olewa.

(c) Kutengana/Talaka.

(d) Mjane/Mume Mfiwa…….[ ]

4. Taja wategemezi wako na uhusiano wao

(a) ……...

(b)……

(c) ……

(d) ……

(e)……

(f)…….

5. Onyesha kiwango chako cha juu cha elimu

(a) Shule ya msingi

(b) Sekondari

(c) Shahada ya kwanza

(d) Shahada ya pili

(e) Nyingine (taja) …… [ ]

6. Umekuwa mwanachama wa shirika la hifadhi ya jamii kwa muda gani? (miaka)….

7. Umejisajili katika huduma za matibabu (SHIB) zinazotolewa bure na NSSF kupitia hospitali, zahanati na vituo vya afya vilivyoingia mkataba na shirika?

(a) Ndio

(b) Hapana

8. Kama jibu la (7) ni ndio taja jina la hospitali, zahanati au kituo unachotibiwa

.....

9. Kama jibu la (7) ni hapana, tafadhali toa sababu

.....

.....

.....

.....

.....

10. Wategemezi wako wamejiunga katika huduma za matibabu (SHIB) zinazotolewa bure na NSSF kupitia hospitali, zahanati na vituo vya afya vilivyoingia mkataba na shirika?

(a) Ndio

(b) Hapana

11. Kama jibu la (10) ni ndio taja jina la hospitali, zahanati au kituo wanachotibiwa

.....

12. Kama jibu la (10) ni hapana, tafadhali toa sababu

.....

.....

.....

.....

.....

Sehemu B:

Tafadhari onyesha kukubaliana au kutokubakiana kwako na sifa zinazoelezwa na kila kipengele hapa chini kuhusiana na huduma za matibabu zinazotolewa na NSSF kupitia hospitali, zahanati na vituo vya afya. Andika namba unayoona inawiana na maoni yako. 5.Nakubaliana kabisa, 4.Nakubaliana, 3.Sina uhakika na hili 2.Sikubaliani, 1. Sikubaliani kabisa.

		1	2	3	4	5
a	Kujiunga na huduma za matibabu ya bure ni rahisi kwa wanachama wa NSSF.					
b	Wafanyakazi wa NSSF hutoa msaada haraka wakati wa kuwaandikisha wanachama.					
c	Wafanyakazi wa NSSF huwasikiliza wanachama wanaojiunga na matibabu na kutoa maelekezo kwa heshima na upole.					
d	Wafanyakazi wanaohudumia wanachama wanaojiunga na huduma ya matibabu ni nadhifu na vifaa vyao vipo katika hali nzuri.					
e	Wanachama wanaojiandikisha na mafao ya matibabu wanakuwa huru na amani wakati wa kusajiliwa.					
f	Huduma za matibabu katika kituo nilichochagua ni nzuri na zinaridhisha.					
g	Wahudumu wa kituo ninachotibiwa wanawapokea wagonjwa vizuri na kuwapa huduma zinazohitajika haraka.					
h	Wahudumu na wafanyakazi wa kituo ninachotibiwa wanafanya kazi yao kwa upole na unyenyekevu wakati wa kuto huduma.					
i	Wafanyakazi wa kituo ninachotibiwa ni nadhifu, vifaa vya matibabu vipo katika hali nzuri na mazingira ya kituo yanavutia.					
j	Huduma zote za matibabu katika kituo nilichochagua zina kiwango kinachoridhisha.					
k	Huduma zote za matibabu zinapatikana na hakuna malipo ya ziada yanayotozwa.					
l	Malalamiko kuhusu huduma za matibabu nilizopata yanapokelewa vizuri na uongozi wa NSSF na kufanyiwa kazi haraka.					
m	Wafanyakazi wa NSSF hutoa elimu kwa wanachama wake kuhusu mafao ya matibabu.					
n	Wafanyakazi wanaopokea malalamiko ya wanachama wanaopata huduma ni nadhifu.					
o	Utaratibu wa kupata rufaa kutoka kituo ninachotibiwa kwenda hospitali ya juu zaidi ni rahisi na ni mzuri.					

Sehemu C

i. Je kwa mawazo yako unafikiri ni sababu zipi zinawafanya wanachama wa NSSF wasijiunge na matibabu ya bure yanayotolewa na NSSF?

……

……

ii. Je unafikiri elimu ya kutosha imetolewa na NSSF kuhusu matibabu ya bure ili kuhakikisha watu wengi wanajiunga na huduma hiyo ya matibabu?

……

……

iii. Je unafikiri huduma za matibabu zinazotolewa na vituo vya afya zinaridhisha?

……

……

iv. Je uongozi wa NSSF unawasaidia wanachama wa NSSF kupata huduma nzuri pamoja na kushughulikia matatizo ya huduma hiyo?

……

……

v. Je nini kifanyike ili wanachama wengi wa NSSF wajiunge katika mafao haya ya matibabu na wasiokuwa wanachama wa NSSF wavutike kujiunga na huduma hii?

……

.....

.....

.....

.....……

ASANTE SANA KWA KUONYESHA USHIRIKIANO

APPENDIX II

QUESTIONNAIRES FOR DIRECTORS, MANAGERS AND SENIOR OFFICERS

This study is premised in collecting information related to impact of SHIB on customer satisfaction. The study is conducted by Mzumbe University student who is carrying out a research as part of fulfillment of a master's degree program. Any information provided will strictly remain confidential to the researcher and will be used for academic purposes only.

You are there fore kindly requested to fill this questionnaire carefully so as to achieve the anticipated purpose.

Part A: Basic Information.

1. Gender

(a) Male

(b) Female [ ]

2. Indicate your designation/position.……

3. For how long have you been in employment with NSSF?

(Years)…….....

Part B:

Please indicate the level of Agreement or Disagreement on each of the following statements in the order provided below:

5.Strongly Agree, 4.Agree 3.Neither Agree nor Disagree 2.Disagree, 1.StronglyDisagree.

		1	2	3	4	5
a	NSSF Management help members to be enrolled easily in SHIB					
b	NSSF has done a lot to simplify SHIB processing procedure to their members.					
c	When beneficiaries face any problem during SHIB registration, SHIB Officers and NSSF staffs show concern and interest to help members as much as possible.					
d	NSSF office has modern working tools for SHIB registration and their staffs are always smart.					
e	Beneficiaries feel free and safe during SHIB enrollment service.					
f	Medical providers accredited by NSSF meet necessary criteria needed in order to provide health services.					
g	Staffs from accredited medical providers help beneficiaries as much as possible when they visit to their medical centers.					
h	Doctors and nurses show concern and interest to the members when they went to the accredited medical providers.					
i	Accredited medical providers have smart staffs, modern working tools and provide safe atmosphere to customers.					
j	Accredited medical providers offer quality health services to beneficiaries.					
k	Accredited medical providers offer free health services to beneficiaries and there is no extra cost.					
l	NSSF staffs receive complaints from their members concerned health service from accredited medical providers and respond as soon as possible.					
m	NSSF staffs provide seminars and training to their members concerned SHIB and other benefits from NSSF					
n	SHIB Officers and other staffs who receive beneficiaries' complaints are smart and they have modern working tools.					
o	Program of referral to higher levels and special hospitals is simple if recommended by Doctors					

Part C:

Please honestly give your own views on the following questions concerning services offered by NSSF

i. What challenges NSSF members face when they want to join with SHIB?

……

……

……

ii. What challenges NSSF members face when they went to medical providers?

……

……

……

iii. Do you think NSSF Management handled complaint from members who are in SHIB? Explain.

……

……....

……....

iv. In your opinion what do you think can be done to NSSF members in order to increase membership coverage in SHIB?

……

……

……

THANKS FOR YOUR CO OPERATION

Appendix III

QUESTIONNAIRES FOR CUSTOMER CONTACT PERSONNEL

This study is premised in collecting information related to impact of SHIB on customer satisfaction. The study is conducted by a student from Mzumbe University who is carrying out a research as part of fulfillment of a master's degree program. Any information provided will strictly remain confidential to the researcher and will be used for academic purposes only. You are therefore kindly requested to fill this questionnaire carefully so as to achieve the anticipated purpose.

Part A: Basic Information.

1. Gender

(a) Male

(b) Female [ ]

2. Please indicate your age group:

(a) 18 – 25 years

(b) 26 – 30 years

(c) 31 – 40 years

(d) 41 – 50 years

(e) 51 – 60 years

(f) Above 60 years [ ]

3. Indicate your level of education

(a) Primary education

(b) Secondary education

(c) First degree

(d) Second degree [ ]

(e) Others (mention) …….

Part B:

Please indicate the level of Agreement or Disagreement on each of the following statements in the order provided below:

5. Strongly Agree, 4.Agree, 3.Neither Agree nor Disagree, 2.Disagree, 1.Strongly Disagree

		1	2	3	4	5
a	NSSF Management help members to be enrolled easily in SHIB					
b	NSSF has done a lot to simplify SHIB processing procedure to their members.					
c	When beneficiaries face any problem during SHIB registration, SHIB Officers and NSSF staffs show concern and interest to help members as much as possible.					
d	NSSF office has modern working tools for SHIB registration and their staffs are always smart.					
e	Beneficiaries feel free and safe during SHIB enrollment service.					
f	Medical providers accredited by NSSF meet necessary criteria needed in order to provide health services.					
g	Staffs from accredited medical providers help beneficiaries as much as possible when they visit to their medical centers.					
h	Doctors and nurses show concern and interest to the members when they went to the accredited medical providers.					
i	Accredited medical providers have smart staffs, modern working tools and provide safe atmosphere to customers.					
j	Accredited medical providers offer quality health services to beneficiaries.					
k	Accredited medical providers offer free health services to beneficiaries and there is no extra cost.					
l	NSSF staffs receive complaints from their members concerned health service from accredited medical providers and respond as soon as possible.					
m	NSSF staffs provide seminars and training to their members concerned SHIB and other benefits from NSSF					
n	SHIB Officers and other staffs who receive beneficiaries' complaints are smart and they have modern working tools.					
o	Program of referral to higher levels and special hospitals is simple if recommended by Doctors					

Part C:

Please honestly give your own views on the following questions concerning services offered by NSSF.

i. What challenges NSSF members face when they want to join with SHIB?

……

……

……

ii. What challenges NSSF members face when they went to medical providers?

……

……

……....

iii. Do you think NSSF Management handled complaint from members who are in SHIB? Explain.

……

…….....

.....

iv. In your opinion what do you think can be done to NSSF members in order to increase membership coverage in SHIB?

……

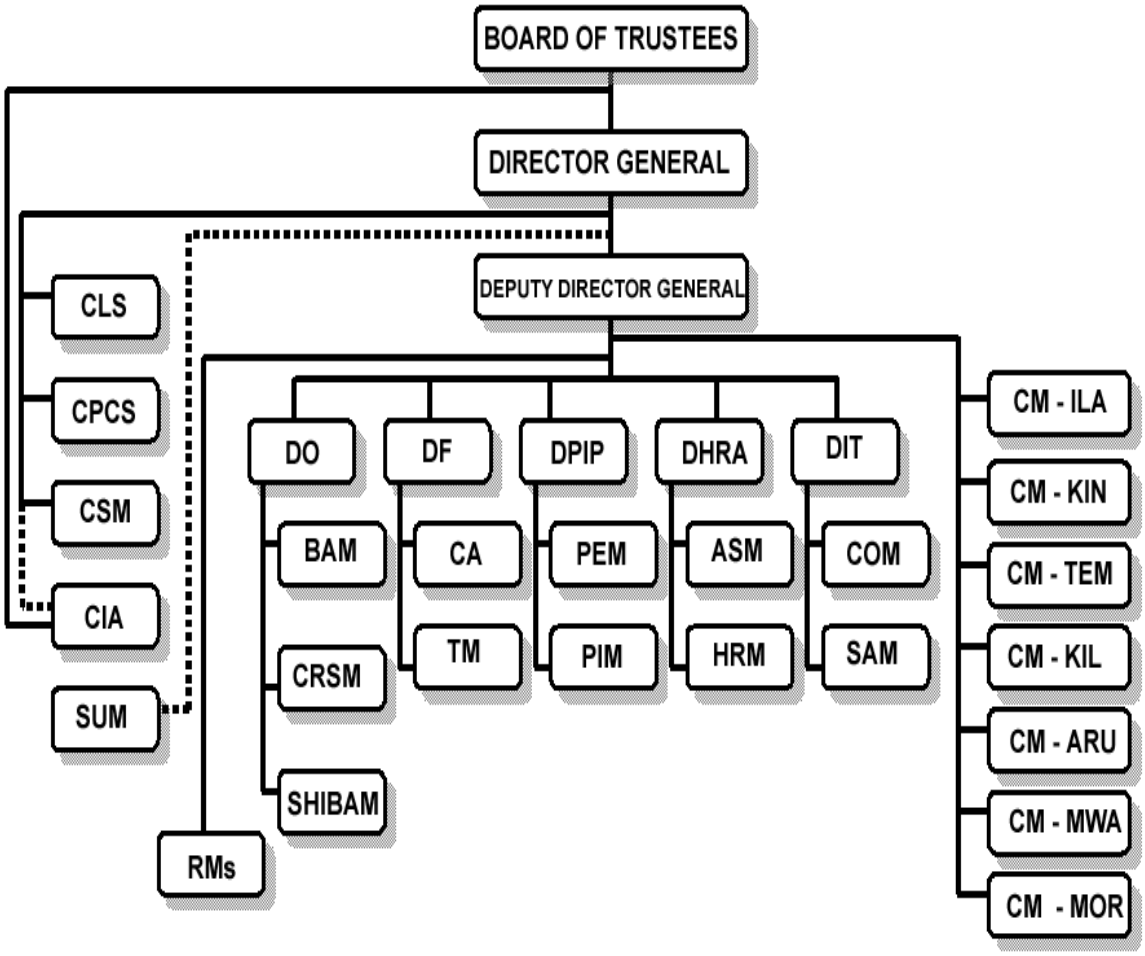
……

.....

THANKS FOR YOUR CO OPERATION

Appendix IV

NSSF Organization Structure



Source: NSSF Corporate Plan – (2010/2011 – 2012/2013).