

**CUSTOMER SATISFACTION AMONG THE NHIF MEMBERS: CASE OF HOMA
BAY COUNTY, KENYA**

BY

DUNCAN OKEYO OKUMU

**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF
BUSINESS ADMINISTRATION (MBA), SCHOOL OF BUSINESS, UNIVERSITY OF
NAIROBI**

DECEMBER, 2018

DECLARATION

STUDENT DECLARATION

This Research Project is my original work and has not been submitted for any award of a degree in any other University or institution for any other purpose

Signature Date

Name: Duncan Okeyo Okumu

Registration Number: D61/89175/2016

SUPERVISOR DECLARATION

This Research Project has been submitted for examination with our approval as the University of Nairobi Supervisor

Signature Date

Name: Mr. Michael K. Chirchir

Lecturer School of Business

Department of Management Science, University of Nairobi

DEDICATION

I dedicated this project to the Almighty God, my parents, my family and friends for their support and understanding while undertaking this research.

ACKNOWLEDGMENT

First and foremost, I appreciate the contribution and encouragement from my family members for their inspiration and support while in pursuit of this Project.

I wish to thank my supervisor Mr. Chirchir for his correction and guidance right from the beginning of this project up to its completion. Without his commitment, this work couldn't have been a success.

My sincere gratitude goes to all the respondents, friends and well-wishers who participated, supported, and contributed immensely in making this work a success. I am very much indebted to you.

Finally, to the Almighty God whose unmerited mercy, provision and protection gave me the opportunity to live and undertake this work.

TABLE OF CONTENTS

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGMENT	iv
LIST OF TABLES.....	viii
ABBREVIATIONS AND ACRONYMS.....	ix
ABSTRACT.....	x
CHAPTER ONE: INTRODUCTION.....	11
1.1 Background of the Study	11
1.1.1 National Hospital Insurance Fund in Kenya	12
1.1.2 NHIF Services	14
1.1.3 Customer Satisfaction.....	15
1.2 Research Problem	16
1.3 Objective of the Study	18
1.4 Value of the Study	18
CHAPTER TWO: LITERATURE REVIEW.....	20
2.1 Introduction.....	20
2.2 Theoretical Literature Review	20
2.2.1 Customer Service Theory	20
2.2.2 Systems Theory	21
2.2.3 The Service Gap Model.....	22
2.3 Categories of NHIF Services	23
2.4 Customer Satisfaction Indicators	24
2.5 Empirical Literature Review.....	25
CHAPTER THREE: RESEARCH METHODOLOGY	30
3.1 Introduction.....	30
3.2 Research Design	30
3.3 Population of the Study	30

3.4 Sample Design	31
3.5 Data Collection	31
3.6 Data Analysis.....	32
CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS	34
4.1 Introduction.....	34
4.2 Response Rate.....	34
4.3 Demographic Information	35
4.3.1 Gender of Respondents	35
4.3.2 Age of the Respondents.....	36
4.3.3 Highest Education Achievements	37
4.3.4 Marital Status	37
4.3.5 Categories of NHIF Services.....	38
4.3.6 NHIF Monthly Contribution	39
4.4 Extent of Provision of NHIF Services	39
4.5 Extent of Customer Satisfaction with Categories of NHIF Services	41
4.6 Chi-Square Test of association Between Categories of NHIF Services and levels of customer satisfaction	45
4.7 Discussion of the Findings.....	48
CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS	50
5.1 Introduction.....	50
5.2 Summary of the Findings.....	50
5.3 Conclusion	52
5.4 Recommendations for Policy and Practice	53
5.5 Limitation of the Study	54
5.6 Suggestions for Further Study	54
REFERENCES.....	56
APPENDICES.....	60

APPENDIX I: SUMMARY OF LITERATURE REVIEW60

APPENDIX II: QUESTIONNAIRE.....63

LIST OF TABLES

Table 3.1 Summary of Data Collection and Data Analysis	32
Table 3.2 Hypothesis	33
Table 4.1: Response Rate.....	34
Table 4.3: Age Brackets of the Respondents	36
Table 4.4: Highest Level of Education	37
Table 4.5: Distribution of Marital Status	38
Table 4.6: Categories of NHIF Services	38
Table 4.7: NHIF Monthly Contribution.....	39
Table 4.8: Extent of Provision of NHIF Services	40
Table 4.9: Comparison of NHIF Service Categories and Level of Customer Satisfaction	42
Table 4.10: Observed Frequencies.....	45
Table 4.11: Expected Frequencies	47

ABBREVIATIONS AND ACRONYMS

AKI	Association of Kenya Insurers
ANOVA	Analysis of Variance
GDP	Gross Domestic Product
GOK	Government of Kenya
MOH	Ministry of Health
NHIF	National Hospital Insurance Fund
OOP	Out of Pocket
SHI	Social Health Insurance
SPSS	Statistical Package for Social Sciences
UHC	Universal Health Coverage
WHO	World Health Organization

ABSTRACT

Provision of quality and affordable health services can yield significant benefits to the respective institutions, governments and members. Social Health Insurance has been introduced by a number of developing countries so as to realize the World Health Organization agenda of universal health coverage. The complex nature of achieving customer satisfaction through designing and delivery of quality health insurance services has attracted many researchers who want to understand the underlying factors responsible for such an outcome. Kenya is faced with significant challenges in the provision of life insurance policies and health care services to its citizens even as the NHIF enhances its benefits in line with the planned universal health care agenda by the year 2022. The study therefore sought to examine customer satisfaction among the NHIF members with specific focus on Homa Bay County, Kenya. This study was based on the customer service theory, systems theory, service gap model, and the expectation fulfilment model. A descriptive survey design was adopted. This study targeted all the 200,000 Principal NHIF members in Homa Bay County from which a sample size of 100 respondents were selected through simple random sampling. The target groups were Civil servants, Employees of private and public enterprises, self-employed professionals, casual and migrant workers, agricultural workers and other self-employed, retired civil servants and employees, and selected group of non-working population like students, disabled and unemployed. The study gathered primary data which was obtained through use of a questionnaire. Descriptive statistics was used to analyse the extent to which NHIF services provided in Homa Bay County. Chi-Square analyses were used to test the association between category of NHIF services and level of customer satisfaction among NHIF members in Homa Bay County. The findings revealed that NHIF members within Homa Bay County were moderately satisfied with the NHIF services of national hospital insurance medical scheme; civil servant scheme; and NHIF SUPA Cover. On other hand, the study established that the members who participated in the study were very satisfied with the services offered under category of Linda Mama. The findings further revealed that customer satisfaction was not significantly associated to all the NHIF categories being investigated namely, national hospital insurance medical scheme services; the category of civil servant scheme services; the category of NHIF SUPA cover services; and that of Linda mama services. Therefore, the study recommended that there is need for NHIF to work together with all the stakeholders including the government, private employers, and principal members to enhance more accessibility to quality healthcare to the public. This should be done in line with the government's big four agenda one of them being health care.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Social Health Insurance (SHI) is a method of financing health care by providing financial protection against the risks through bringing together funds to spread the financial burden across population and over time (Carrin & James, 2004). To most people in African countries the concept of SHI is still new, Kenya being among them. Out of Pocket (OOP) payments to finance healthcare usually leads to unequal and regularly catastrophic situations among households. As a result, health insurance scheme has been established with a purpose is to alleviate this situation (McIntyre, 2008). Many of the developing countries have started SHI's realize the agenda of World Health Organization of achieving a universal coverage (WHO, 2010). SHI entails contributions by employees and employers who are either in the formal sector and informal sectors.

Funding of Health care is a key challenge for the developing economies. Regardless of the energies being expended by many developing countries to improve health care services, many low and middle-income economies have not yet realized the universal health coverage. About 1.3 billion cannot receive quality and affordable health care services, as well as drugs, surgeries. World Health Organization documented that the developing economies has a disease burden of 93% of the world's. This translates to only 18% of world income and 11% of world's health expenditure. A number of developed countries including France, the United Kingdom, Portugal, Denmark, and Germany have achieved universal coverage. African countries continue spending their scarce resources on social insurance initiatives, but most of the schemes provide services for a smaller proportion of the population mainly working in the formal sector (Wang, Hong & Nancy, 2012). Extending health insurance to the informal sector in many developing countries has been a challenge partly due to poverty and difficulty

in collecting premiums from the informal sector workers, most of who are geographically dispersed but a few African countries have however been successful in increasing access to healthcare through health insurance.

This study was based on the customer service theory, systems theory, service gap model, and the expectation fulfilment model. Customer service theory entails commitment to deliver high standards of service consistently. A service delivery process anchored on the systems approach provides an end-to-end process which interacts with the customer directly (Shostack, 1984). The end-to-end process comprises of the stages in the value creation process that a customer passes. The service gap model enable service providers to better understand the needs of their customers and focus on how to meet them. The success of service providers are hinged on the ability to zero the gap between required services and the services delivered (Zeithaml & Bitner, 2000). The expectation fulfilment model is based on the principle that expectation that is consistent with the expectations of the customer.

1.1.1 National Hospital Insurance Fund in Kenya

The NHIF Kenya was set up in 1966 making it to one of the oldest government insurance scheme in Africa. NHIF was formed under Cap 255 of the Laws of Kenya within the Health Ministry as a department. In 1998, the original NHIF Act was replaced by the NHIF Act of 2012 through an amendment. This new Act established the Fund as an independent state corporation. The NHIF's transformation from a department under the MOH to a state corporation majorly focused on enhancing the funds operational efficiency. NHIF's major objective is to ensure that all Kenyans access affordable and quality medical services. Membership to NHIF is compulsory and therefore the act obligates all employers to deduct and remit the same to NHIF automatically through their payrolls. However, membership for self-employed and other informal sector workers is contributory (voluntary). According to

NHIF records; recent statistics indicates that slightly above 10 percent of the population of Kenyan are insured. Therefore about 90% of Kenyans are uninsured primarily owing to unawareness and lack of knowledge but not financial incapability. In the past, the Insurer offered limited benefits with members majorly in the middle and higher earning range. However, today it is compulsory for all employees in formal employment to be members of NHIF. Those persons who are self-employed or informal employment join the fund on a voluntary basis.

NHIF have contract with more than 600 hospitals (Deloitte, 2011). These accredited service providers are public, private and mission hospitals spanning over the 47 Counties. The insurer provides both basic outpatient and inpatient insurance cover to individuals in the formal and informal sector. The hospitals have to be NHIF accredited and have to adhere to the laid down policies by the insurer. The Hospitals are categorized into three (3) different classes namely; Class A consists of public hospitals offering maternity in full, other ailments and surgery; Class B consists of both mission and private hospitals which offer services alike with those of class A other than surgery; Class C consist majorly with the private hospitals which according to the NHIF contract only give very restricted services to members (MOH, 2013).

Within the past decade the Fund have progressively invested in information technology to reach members and enhance service delivery. The introduction of modes of payment such as electronic funds transfer e.g. M-Pesa, point of sales systems, swipe cards and other innovations have enhanced the efficiency of the Fund. Through technology NHIF has improved its credit controls thereby streamlining their claims payment periods. The NHIF recent statistics has it that, slightly above 10 percent of the population of Kenya is insured

currently. Therefore, about 90% of Kenyans are uninsured primarily owing to lack of knowledge or awareness but not necessarily their inability to pay.

The NHIF Homa Bay County has offices in three locations in namely; Homa Bay town, Mbita and Oyugis towns (NHIF 2018). Health care system in Homa Bay County still remains a challenge owing to the high prevalence rate of HIV in the County. The accredited hospitals are also few making it hard for the Lakeside County residents to access quality and reliable health care. According to the County Government of Homa Bay, by the year 2013 when devolution was conceived, health care service delivery in Homa Bay County was really wanting. There were staffs Shortage in nearly all the health care establishments in the county. Besides, inadequate supply of drugs was witnessed day in day out. However, today, the County Government purports to have improved the situation through substantial investment in health care infrastructure. Nonetheless, much needs to be done to enhance accessibility to quality and affordable health care services to the residents of the Lake side County.

1.1.2 NHIF Services

The NHIF offers different services to their members in Kenya. The National Hospital Insurance Medical Scheme is a comprehensive insurance service offered to Kenyans by NHIF. The Civil Servants and Disciplined Services Medical Cover (Civil Servant Scheme) is an insurance service which was bargained between the NHIF and the Government to cater for the medical needs of the civil servants. The NHIF SUPA Cover provides Kenyans with affordable, reliable and accessible medical care. The Linda Mama is scheme which is fully funded by the government with an objective of ensuring that expectant mothers access affordable and quality health care services. Finally, the EduAfya Services was signed by NHIF and the Cabinet Secretary in charge of education on 13th April 2018 with an aim to offer medical services to students in public secondary schools during their study period.

1.1.3 Customer Satisfaction

Customer satisfaction is the assessment by the consumer to ascertain whether their expectations match their actual perception of the services received (Oliver, 1997) refers to. Wong and Sohal (2003) refer to customer satisfaction as the extent of fulfillment or contentment provided by products offered to the customers. It is the degree to which the product or service fulfills or surpasses the expectations of the customer. Kotler and Armstrong (2010) defined it as the perception of the consumers that equates their expectations before the purchase to their perception after the purchase. A customer who is satisfied is likely to make a repeat purchase and market the organization's product or service by talking good about his or her experience to other customers (Patterson, 1997).

Customer satisfaction encompasses the anticipation of the customer with regards to service delivery, the real delivery, the experience of the customer, and the surpassed or unmet expectations. A positive disconfirmation outcome occurs when the expectations are exceeded whereas when the outcomes are worse than expected a negative disconfirmation outcome occurs. Determining customer satisfaction isn't straight forward procedure as it differs from customer to another, and there are many variables in the middle of which are either psychological or physical or both (Chen and Popovich, 2003). In measuring customer satisfaction, analysis of customer feedback is critical since it is only the customer who can accurately rate his or her satisfaction (Oyeniya and Joachim, 2008). Measuring the satisfaction levels of customer can afford administrators to know whether the customers will support their services in future.

1.2 Research Problem

The services provided by service organizations are fundamental to the success of the organization. Provision of quality and affordable services by NHIF may yield significant benefits to the organization. Quality services are important for service providers that seek to produce and deliver value to their customers (Grönroos and Ravald, 2011). Organizational sustainability compels service organizations to be able to attain operational efficiency. Service organizations get leverage through quality services by optimizing their output thus gaining a competitive edge in the industry (Shostack, 1984). Service organizations can achieve long-term profitability through efficient service delivery of quality services owing to increased customer loyalty and satisfaction (Zeithaml and Bitner, 2000). A number of service organizations have been successful through designing of services which are continuously acceptable by their customers'; however, others have failed in the same. The complex nature of achieving customer satisfaction through designing and delivery of quality services has attracted many researchers who want to understand the underlying factors responsible for such an outcome.

Today, the Country is faced with significant challenges in the provision of life insurance policies and health care services to its citizens even as the NHIF enhances its benefits in line with the planned universal health care agenda by the year 2022 (Association of Kenya Insurers, 2018). According to AKI (2018) there has been a lower uptake of medical cover by the private insurers. However, NHIF have experienced a considerable growth in terms of its membership owing to customers' perception of the insurer as being an affordable medical insurance provider (NHIF 2018). The higher uptake of medical cover calls for efficiency in terms of service delivery by NHIF. According to McDowell & Newell (1996) poor service delivery such as delays in claims payments, cards processing, frauds, complaints among

others have often contributed to the negative image of the Fund. NHIF is not excluded from such challenges. As a health fund, excellent service delivery to members is fundamental. Assessment of customer's satisfaction is therefore necessary for continuous evaluation of service delivery of the health fund (Donabedian, 1980). According to NHIF statistics, only about 10 percent of the Kenyan population is currently insured (NHIF, 2018).

A number of studies have been done globally on social insurance services and customer satisfaction. Raymond (2011) assessed on members' satisfaction with Social Health Insurance Services focusing on NHIF Tanzania. The findings revealed that NHIF members were more satisfied with inpatient care than outpatient care. Again, majority were discouraged by the long waiting time for registration and customer care of the service providers' staff. Besides, frequent shortage of medicine among the NHIF accredited health facilities was also witnessed. Suki (2013) assessed on how customers were satisfied with the delivery of services in the Malaysian life insurance industry. The study findings indicated a correlation between service delivery and customer satisfaction with regards to assurance, empathy and tangibility. Linje (2015) researched on customer satisfaction with NHIF Services focusing on selected public and private hospitals in Moshi Municipality, Tanzania. The research findings majority of the clients claimed that, health care services offered to them were unsatisfying.

Locally, Maina (2013) did a study to find out the determining factors of customer satisfaction in the Kenyan life insurance industry. The findings revealed that most consumers prefer care providers who are responsive, courteous, enthusiastic, listen carefully, and proactive. Namuhisa (2014) studied on the determining factors of uptake of NHIF insurance in the Kenyan informal sector with a focus on Nairobi County. The findings showed a positive correlation between the level of income and awareness of NHIF benefits while the binary logistic regression model indicated a relationship between income level, NHIF benefits

awareness, and access to NHIF outlets. Lastly, Wanjiru (2014) focused on the challenges which hinders the provision of universal health care by the NHIF in Kenya. The study revealed that the scheme should be readjusted to give more focus on preventive rather than curative health care.

The study conducted by Linje (2015) focused on the customer satisfaction with regards to NHIF services in Tanzania, a country with distinct health care insurance policies. Besides, Maina's (2013) study on the determinants of customer satisfaction did not focus on customer satisfaction with regards to NHIF services. To this end, previous research indicates that NHIF services and customer satisfaction has not been extensively researched particularly in the context of medical insurance in Kenya. The study aimed to answer the following research questions: To what extent are NHIF services provided in Homa Bay County in Kenya? Is there an association between category of NHIF services and level of customer satisfaction in Homa Bay County in Kenya?

1.3 Objective of the Study

- i) To determine the extent of provision of NHIF services in Homa Bay County in Kenya
- ii) To determine if category of NHIF services is associated to level of customer satisfaction for NHIF members in Homa Bay County in Kenya.

1.4 Value of the Study

NHIF management both at County and National Level will gain immensely from this study by appreciating and understanding how their services influence members' satisfaction. They will be able to understand how their services are perceived by the members. Furthermore, they will be able to come up with policies and strategies that guide them towards achieving the intended service standards through subjecting the management and organisational employee

to a culture of firm service standards and responsibility. The study shall further enable the management of NHIF across different levels to adhere to the service provision policies which shall ensure that the members get superior customer service experience.

The management of various public and private hospitals which are NHIF accredited can also benefit from this study. This research helped other various stakeholders and policy makers to understand how provision of superior services enhances customer satisfaction. Kenya has a history of collapsed hospitals; a situation that can be attributed to lack of proper decision making by the management and directors of such hospitals. The study offered suggestions, recommendations and findings on how evaluation of medical services provided by hospitals influence customer satisfaction.

This study is of help to the future researchers who might be interested in the similar topic of NHIF services and customer satisfaction by providing them with valuable insight in the subject under study. Besides, the study added insight to the existing body of literature on NHIF services and customer satisfaction. Therefore, the study provided an additional literature to the libraries, journals, as well as information on knowledge gap pertaining NHIF services and customer satisfaction.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter reviews and discusses the existing theoretical and empirical literature on service delivery and customer satisfaction. It delved on the past concepts related to the topic under study. Besides, the chapter covered associated literature on the developed theme derived from the objective of the study.

2.2 Theoretical Literature Review

This section reviewed the related theoretical literature in line with the study and develops the study's theoretical framework. This study sought to examine how service delivery is related to customer satisfaction as postulated by the systems approach to service delivery and the service gap model of customer satisfaction.

2.2.1 Theory of Customer Service

The basis of customer service theory is on identification and satisfaction of clients' expectations beyond their level of needs. A firm should be committed totally to better service delivery with consistence in maintaining greater service standards which will help a given organization in gaining and retaining of customers' loyalties. All the employees in an organization both in high level management and low level management to subordinate staffs should focus on the needs of their target customers. The culture of customer service can be created within an organization to enhance its success and sustainability. Satisfaction of customers together with their loyalty relate well towards the quality of service being delivered which in turn culminates to increase in profits margins of companies.

2.2.2 Systems Theory

A system consists of different parts which interrelate with one another to achieve the intended objective (Porter-O'Grady, Hawkins, and Parker (1997). A system refers to a unified connection of all the components that constitute it. A system exists in an environment which it depends on for its inputs and outputs (Porter-O'Grady et.al, 1997). Service organizations work as a system in order to offer services efficiently and effectively. Patients in a health care system gets experience based on the various processes and elements that define the system such as registration of patients, admissions, Medication, nursing, discharge processes among others. These processes have to be viewed as part of the whole patient experience rather than being viewed independently.

Porter O'Grady et al., (1997) highlighted some of the basic principles of systems theory that are useful in the context of this study. The principles are; The entire system always describes the subparts; Every constituent of a system supports the entire system; Any malfunction in any sub-part have a far reaching effect on the entire system; For a system to exist, there must be an environment within which it gets its inputs and delivers its outputs; The activities in the system either serves the consumer or the person doing them; In designing the system, the structure should be aligned such that the service is at its epicenter; Entirely, the elements that are affiliated to the system are stakeholders; The system structure must be able to enhance the performance of each stakeholder; The management are responsible for the operations of the system through organizing and coordinating processes and personnel; The value of output usually defines the efficiency of the process.

Systems theory is relevant to this study since it focuses on the relationship between the sub-parts of the process rather than focusing on distinct elements in isolation (Shostack, 1984). For a system to be successful, the process should not only define the associations between components but also how the customer or product flows through the system. A service

delivery process anchored on the systems approach provides an end-to-end process which interacts with the customer directly. The end-to-end process comprises all the stages which clients pass in the process of value creation. The process of service delivery starts when a client makes the first interaction with the services being delivered in a given company.

2.2.3 The Service Gap Model

The service GAP model consists of five expectations gaps Zeithaml and Bitner (2000). Zeithaml and Bitner (2000) identified clearly the five service expectations gaps. The first gap represents the deviation in what the customer expects and the organization's perception of what the customer expects. The second gap represents the deviation in the organization's perception of what the customer expects and the specified quality of service. The third gap represents the deviation in the service actually delivered and the service quality specification. The fourth gap represents the deviation in the information the customers have from management about the service and the intention in the delivery of the service. Lastly, the fifth gap indicates the deviation in what the customer perceives about the service and the real service performance.

The service gap model helps organizations in enhancing customer satisfaction by narrowing down on the five service expectation gaps. Through the use of this concept the service providers will be able to better focus on how to meet customer needs and expectations. The success of service providers are hinged on the ability to reduce the gap of services required and services being offered. Defining required services is not easy in real life situation as they are often influenced by subjective criteria. Expectations may exist between different customers with regards to the services than what is defined by the producer or provider. To be prosperous, service providers have to be smart enough to incorporate customer desires and anticipations into service delivery strategies.

2.3 Categories of NHIF Services

The National Hospital Insurance Medical Scheme is a comprehensive in-patient health cover has been introduced for NHIF contributors and their dependants. This cover provides the following benefits; in-patient health cover, outpatient health cover which is found in all hospitals in the categories of A, B, and C. Civil Servants and Disciplined Services Medical Cover (Civil Servant Scheme) is a benefit package which was negotiated by the government and NHIF and will be delivered through a capitation model. NHIF in partnership with the county and national governments has enhanced provision of quality healthcare to all public servants. This scheme offers the following benefits; outpatient cover, in patient cover, dental care, optical care, tests for organ donor(s), annual medical check, vaccinations, overseas treatment, maternity and reproductive health cover, emergency rescue services, specialized services, last expense and group life insurance.

Currently, the NHIF category of Supa Cover is the leading medical scheme where members and beneficiaries are required to contribute Ksh. 500 per month. Supa cover offers the following services; specialized treatment found overseas which is not provided locally; Maternal care; Radiology imaging services (X-rays, CT Scan, & MRI); Outpatient services; Reproductive health services; Cancer Treatment, Inpatient services; Renal dialysis; Rehabilitation for drugs and substance abuse; All surgical procedures including transplants; Emergency road evacuation services.

On 13th April 2018, the Kenyan Ministry of Education together with NHIF collaborated to offer EduAfya Services Public Secondary School Students for their period of Study. Benefits under this cover includes; out-patient cover, dental cover inpatient cover, emergency road rescue, emergency air rescue, overseas treatment, optical cover, and group life.

Linda Mama is an expanded programme for free maternity which “provides a package of basic health services accessed by all in the targeted population on the basis of need and not ability to pay, positioning Kenya on the pathway to Universal Health Coverage (UHC)”. Linda mama's goal is to "Achieve universal cases to maternal and child health services and contributes to the country's progress towards UHC". The benefits here are antenatal care package, delivery, conditions and complications during pregnancy, post natal care, care for infant.

2.4 Customer Satisfaction Indicators

There are a number of indicators that are fundamental in measuring customer’s satisfaction such as; responsiveness, cost, assurance, and reliability (Parasuraman, Zeithaml, and Berry 1990). These indicators have been discussed below.

Johnston (2001) defined responsiveness as the speed and timeliness of providing services. A bad impression of the service delivery process arises when customers or patients wait for long in queues for the services (Fitzsimmons & Fitzsimmons, 2001). In the event of a service failure, there is need for the service organization to exercise professionalism as they recover quickly from the failure and bring back services to normalcy (Zeithaml, et al., 1990). Cost is the Value attached to a particular product or service. According to Garvin (1988) cost of the products and services of the organization plays a critical role on the choices made by the customers. Cost brings about perception of the product or service by the customer which may be negative or positive (Garvin, 1988).

Fitzsimmons and Fitzsimmons (2001) assert that assurance is a sign of courtesy, credibility, competence and security. Where; competence entails having the requisite skills and knowledge to carry out the assured services; courtesy implies being polite, respectful, considerate, and friendly to the customers; credibility means being believable and honest;

security implies freedom from danger, doubt or risk (Zeithaml, et al., 1990). According to Garvin (1988) reliability involves the capability to accomplish the guaranteed services in an accurate and dependable manner. A reliable service performance implies that the service is offered in good time, without errors and in the same manner each time it is offered (Fitzsimmons & Fitzsimmons, 2001).

2.5 Empirical Literature Review

Raymond (2011) assessed on members' satisfaction with Social Health Insurance Services focusing on NHIF Tanzania. The main objective of this study was to assess the members' satisfaction with the services provided by NHIF Tanzania. The study adopted a descriptive study design. The level of customer satisfaction in terms of type of service offered by the accredited health facilities showed that NHIF members were more satisfied with inpatient care than outpatient care. Again, majority were discouraged by the long waiting time for registration and customer care of the service providers' staff. Besides, frequent shortage of medicine among the NHIF accredited health facilities was also witnessed. The researcher recommended that future research should focus on public health facilities particularly on customer care provision and customer satisfaction

Karanja (2013) studied on the "effect of internal customer satisfaction on service delivery in resolution insurance". The study aimed at determining how service delivery is influenced by internal customer satisfaction. The researcher collected primary data with the help of interview guide after which content analysis was employed in data analysis. The study found out that there is an association between the variables such that poor internal satisfaction resulted in decline in service delivery. The study recommended that further study should be carried to identify the factors affecting internal customer satisfaction in service industry.

Suki (2013) conducted a study “on customer satisfaction with service delivery in the life insurance industry in Malaysia”. The study aimed at examining the relationship between customer satisfaction and service delivery. The study adopted multiple regressions in data analysis. The findings revealed that service delivery was significant on customer satisfaction with regards to assurance, empathy and tangibility. The researcher recommended that future research could focus on assessing the elements that drives efficient delivery of services in the insurance industry.

Maina (2013) researched on the “determinants of customer satisfaction in the life insurance industry in Kenya”. The study aimed at establishing the determinants of customer satisfaction as well as examining the determinants of satisfaction on consumer behavior intentions. Descriptive methodology was employed in data analysis. The study found out that most consumers prefer care providers who are responsive, courteous, enthusiastic, listen carefully, and proactive. The study recommended that future research should focus on service quality since customer satisfaction is primarily based on service quality. Further, there is need to research on the relative contribution by each of the service quality dimensions to customer satisfaction.

Wanjiru (2014) carried out a study on the challenges hindering the “provision of universal health care by the national hospital insurance fund, Kenya”. The study aimed at determining challenges in provision of Universal health care by the NHIF as well as establishing the possible solutions to challenges in provision of Universal health care in Kenya. A case study research design was employed. The study revealed that the scheme should be readjusted to give more focus on preventive rather than curative health care. It recommended that more

studies should be done regionally to provide more information on challenges in provision of Universal health care.

Namuhisa (2014) studied on the “determinants of uptake of NHIF scheme by the informal sector in Nairobi County, Kenya”. The study objectives were to establish whether income level affects uptake of NHIF scheme within the informal sector as well as to assess whether awareness of NHIF benefits affects uptake of the scheme within the informal sector. A descriptive research design was adopted in this study. The study findings revealed that there was a strong positive correlation between the level of income and awareness of NHIF benefits while the binary logistic regression model found that NHIF uptake was significantly associated with income level, awareness of NHIF benefits and access to NHIF outlets. She suggested that there is a need for related research to be carried out in other Counties in Kenya so as to compare and assess whether the findings are consistent.

Linje (2015) researched on customer satisfaction with NHIF Services focusing on selected public and private hospitals in Moshi Municipality, Tanzania. The objectives of the study were to examine the availability of health care services under NHIF and the assessment of the quality of health care services provided by NHIF. The research findings showed that health care services under NHIF did not meet the expectations of the clients (NHIF members). The majority of the clients claimed that, health care services offered to them were unsatisfying. The researcher recommended that future research should focus on private health insurance or compare all insurance schemes by looking at the benefits, relationship with the hospital and quality of their services. Besides, investigation can be done to establish how NHIF operate in rural areas or in districts where most of civil servants lives.

Gachau (2016) did a research on customer satisfaction and insurance service delivery quality in Kenya. The objective of the study was to establish perceived service quality that contributes to customer satisfaction in Kenya. The researcher adopted a descriptive survey where data was collected from 51 insurance companies in Kenya and analyzed using SPSS 21. She recommended that insurance companies need to focus on enhancing employees reward systems as well as increase continued training support as these will enhance good service encounters, increase employees' satisfaction, their motivation, competencies, and commitment to service delivery quality. The study recommended that future studies may focus on identifying other factors that affects internal customer satisfaction in the insurance industry.

Table 2.2 Summary of Categories of NHIF Services and Customer Satisfaction indicators

Variable 1 Categories of NHIF Services	Variable 2 Customer Satisfaction
<p>National Hospital Insurance medical scheme Services</p> <ul style="list-style-type: none"> • Out-patient • Inpatient • Maternity • Renal dialysis • Drugs and substance abuse rehabilitation 	<ul style="list-style-type: none"> • Responsiveness • Cost • Assurance • Reliability
<p>Civil Servant Scheme Services</p> <ul style="list-style-type: none"> • Outpatient • In patient • Dental care • Optical care • Overseas treatment • Maternity and reproductive health • Emergency rescue services 	

<ul style="list-style-type: none"> • Specialized services • Last expense • Group life insurance 	
<p>NHIF SUPA Cover Services</p> <ul style="list-style-type: none"> • Outpatient • Inpatient • Maternal care • Reproductive health services • Renal dialysis • Overseas treatment • Drugs and substance abuse rehabilitation 	
<ul style="list-style-type: none"> • Radiology services (X-rays, CT Scan, & MRI) • Cancer Treatment 	
<p>Linda Mama Services</p> <ul style="list-style-type: none"> • Antenatal care • Delivery • Conditions and complications during pregnancy • Post-natal care • Care for infant 	

Source: Researcher (2018)

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research design, the study population, the sample size, the data collection techniques, data validity and reliability, as well as data analysis.

3.2 Research Design

A descriptive survey design was adopted to effectively realize the objectives of the study. Descriptive survey helped to reveal the nature of factors involved in a given situation, the degree in which they exist and the relationship between them (Bell, 1993). It helped to describe the characteristics of certain variables of interest in a situation and make predictions. Descriptive survey is holistic in nature and will help the researcher to gather information, summarize, present and interpret the data (Mugenda & Mugenda, 2003). The studies by Mutitu (2012) and Wanjau (2012) also used descriptive survey and their findings confirmed that the specific research objectives were adequately met.

3.3 Population of the Study

The study was conducted in Homa Bay County in Kenya located about 420 km south-west of Nairobi in the Southern part of Nyanza Region with a population of about 0.9 million (Census 2009) and an area coverage of 3,183.3 sq. km. This study targeted all the Principal NHIF members in Homa Bay County. The target groups were “Civil servants, Employees of private and public enterprises, self-employed professionals, casual and migrant workers, agricultural workers and other self-employed, retired civil servants and employees, and selected group of non-working population like students, disabled and unemployed”. According to NHIF records, Homa Bay County has about 200,000 principal NHIF members which formed the population of the study.

3.4 Sample Design

The study used Yamane's formula (1967) to determine the sample size. In this case, for a given population of 200,000 a sample size of 100 respondents was used to represent a cross-section of the population. The respondents were selected through simple random sampling since it is convenient for a larger population and provides a room for error. A 10% margin of error enabled the researcher to obtain an appropriate sample size. The error shows the expected deviation between the target population and the random sample. However, it does not arise from measurement or computation errors.

The illustration below shows how the sample size was arrived at.

$$n = \frac{N}{1 + N(e^2)}$$

Where,

n = Sample size

N = the total population size

e = the margin of error desired or sampling error.

$$n = \frac{200,000}{1 + 200,000 (0.1^2)}$$

$$n = 100$$

A sample size of at least 100 respondents was appropriate for this survey.

3.5 Data Collection

The study used primary data obtained by use of a questionnaire. A questionnaire with open ended and closed ended questions was self-administered by the respondents through the help of the researcher and trained enumerators to obtain the desired data. A 5-point Likert scale

was used to enable the researcher to measure the variables under study. The questionnaire was divided into three sections; Section A consisted of questions aimed at obtaining the general information about the respondents, Section B contained questions based on the extent to which the NHIF services are provided in Homa Bay County, Section C consisted of questions focusing on the effect of NHIF services on customer satisfaction in Homa Bay County.

3.6 Data Analysis

The questionnaires from the respondents were edited, coded and entered into computer spread sheet. The demographic data was analysed by use of frequency tables and percentages. Descriptive statistics was used to analyse the extent to which NHIF services provided in Homa Bay County. Chi-square test of independence was used to test the association between category of NHIF services and level of customer satisfaction among NHIF members in Homa Bay County.

Table 3.1 Operationalization of the Research Objectives

No	Objectives	Questionnaire Section	Data Analysis
i.	To determine the extent of provision of NHIF services in Homa Bay County in Kenya	Section B	Descriptive Analysis
ii.	To determine if category of NHIF services are associated to level of customer satisfaction for NHIF members in Homa Bay County in Kenya.	Section C	Test of association (Chi-Square Analysis)

Source: Researcher (2018)

Table 3.2 Hypothesis

No	Category of NHIF Services	Hypothesis
1	National Hospital Insurance medical scheme Services	<i>H₀</i> : There is no association between the level of members' satisfaction and the category of NHIF services.
2	Civil Servant Scheme Services	
3	NHIF SUPA Cover Services	<i>H₁</i> : There is an association between the level of members' satisfaction and the category of NHIF services.
4	Linda Mama Services	

Source: Researcher (2018)

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction

The following aspects were covered in this chapter: data presentation, interpretation and discussion of the findings. The aim of the study was to examine the extent of customer satisfaction among the NHIF members within Homa Bay County of Kenya. The study's goal was achieved through analysis of the primary data gathered based on concepts under study. Therefore, this chapter is comprised of the following sub-sections: study's response rate, demographic information, extent of provision of NHIF services, extent of customer satisfaction with categories of NHIF services, and effect of customer satisfaction on categories of NHIF services which was estimated by use of chi square tests.

4.2 Response Rate

The anticipation of the study was to collect primary data from one hundred (100) registered members of NHIF residing in Homa Bay County. These included self-employed professionals, "civil servants, employees of private and public enterprises, casual and migrant workers, agricultural workers and other self-employed", retired civil servants and employees, and selected group of non-working population like students, disabled and unemployed. The findings on response rate are as given in Table 4.1.

Table 4.1: Response Rate

Responses	Frequency (n)	Frequency (%)
Responded	92	92
Not responded	8	8
Total	100	100

Source: Research data (2018)

Out of the expected 100 respondents, ninety-two (92) of them were able to respond and return back the research questionnaire. For that reason, it translated to a response rate of 92 percent. This implies that the only 8 percent of the target respondents either did not answer or did not return their questionnaires for inclusion or that the questionnaires returned were found to have some anomalies. Mugenda and Mugenda (2012) asserted that a response rate ranging from 70 percent and above can be rendered excellent for analysis. For that reason, the feedback reported by this study was considered adequate for analysis and making conclusions.

4.3 Demographic Information

This sub-section is comprised of demographic information which is meant to examine the gender of respondents, age brackets of the respondents, highest educational achievement, marital status, NHIF membership, and categories of NHIF services.

4.3.1 Gender of Respondents

The research required the respondents to indicate their gender and the results are as provided in Figure 4.1.

Table 4.2: Gender of Respondents

Gender	Frequency (n)	Percent (%)
Male	44	47.8
Female	48	52.2
Total	92	100

Source: Research data (2018)

It can be construed that most of the respondents who filled and returned their questionnaires for analysis were female represented by 52.2 percent. On the other hand, their male counterparts had a representation of 47.8%. This is an indication that the study may not suffer from gender bias.

4.3.2 Age of the Respondents

The study sought to ascertain demographic information as far as respondents' age is concerned and the results are as indicated in Table 4.2. The age of respondents was categorized in various reasonable age brackets which ranged from between 18 years to 50 years and above. The responses are arranged in a descending order on the basis of frequency and percentage measures.

Table 4.3: Age Brackets of the Respondents

Age in Years	Frequency (n)	Percent (%)
26 – 35 years	27	29.3
36 – 45 years	21	22.8
46 – 45 years	19	20.7
18 – 25 years	18	19.6
56 and above	7	7.6
Total	92	100

Source: Research data (2018)

It can be deduced that majority of the NHIF members who responded to study questionnaire were found to be in the age bracket of between 26 – 35 years with a representation of 29.3 percent. This was followed by the employees in the age group ranging from 36 – 45 years which was represented by 22.8 percent. Those who fell in the age brackets of between 46 – 45 years, were represented by 20.7 percent. In addition, about eighteen (18) of the respondents (19.6%) were found to belong in the age set of between 18 and 25 years. The age group of 50 years and above gave a representation of 7.6%. These results have indication that the respondents who participated in this research comprised of mixed age groups and thus, a sign of good representation of all ages.

4.3.3 Highest Education Achievements

On the question requiring the respondents to state their highest education achievements, the study provided the results as shown in Table 4.3.

Table 4.4: Highest Level of Education

Educational Level	Frequency	Percent
Tertiary College	37	40.2
University	32	34.8
High School	17	18.5
Primary	6	6.5
Total	92	100

Source: Research data (2018)

From the findings given, it can be seen that majority of the respondents with a representation of 40.2% had gone up to college level. About 34.8 percent of the respondents had attained university degrees as their highest educational achievement. Approximately 18.5 percent were found to have acquired Kenya Certificate of Secondary Education while only six (6) respondents were found to have stopped their education at primary school level. The results imply that the majority of respondents who participated in the current research seem to have achieved prerequisite education levels to enable them understand the aspects of the topic under investigation.

4.3.4 Marital Status

The researcher as well sought to ascertain the marital status of the Homa Bay residents who were registered members of NHIF and the findings are as illustrated in Table 4.4. The results show that majority (57.6%) of NHIF members under study were found to be married. On the other hand, those who were not married had a representation of 42.4 percent.

Table 4.5: Distribution of Marital Status

Marital Status	Frequency (n)	Percent (%)
Married	53	57.6
Single	39	42.4
Total	92	100

Source: Research data (2018)

Author (2018)

4.3.5 Categories of NHIF Services

The respondents were asked to identify the specific category(ies) of NHIF services they registered for and the output is as displayed in Table 4.6.

Table 4.6: Categories of NHIF Services

Categories	Frequency	Percent
National Hospital Insurance	40	43.5
Medical Scheme Services	20	21.7
Civil Servant Scheme Services	20	21.7
NHIF SUPA Cover Services	12	13.0
Linda Mama Services	12	13.0
Total	92	100

Source: Research data (2018)

A good number of the respondents with a representation of 43.5 percent indicated to have subscribed to category of National Hospital Insurance Medical Scheme Services. Those who were found to receive the NHIF services in the category of Civil Servant Scheme Services and that of NHIF SUPA Cover Services each had a representation of 21.7 percent. In addition,

about 13 percent of the respondents acknowledged to be receiving NHIF service of Linda mama.

4.3.6 NHIF Monthly Contribution

It was also imperative to determine the monthly contribution of NHIF members within Homa Bay County.

Table 4.7: NHIF Monthly Contribution

Descriptive Statistics	N	Minimum	Maximum	Mean	Std. Deviation
Monthly contribution to NHIF	82	150.00	1,700.00	888.41	488.27

Source: Research data (2018)

Table 4.7 has the provision of results from the field. It can be assumed that NHIF members living in Homa Bay County pay a minimum amount of Ksh. 150 per month. The maximum deduction or contribution made to National Hospital Insurance Fund per month was found to be Ksh. 1,700. On average, the registered members of NHIF residing in this county tend to contribute about Ksh. 888 per month.

4.4 Extent of Provision of NHIF Services

The study as well “required the respondents to indicate the extent to which they agreed with the various statements” on the aspect of provision of NHIF services in Homa Bay County. The level of agreement was based on a likert scale measurement of 1 – 5 where 1 stood for strongly disagree, 2 meant disagree, 3 was for moderate, 4 translated to agree, and 5 represented strongly agree. From the findings given in Table 4.8, respondents were found to agree with the statement that NHIF provides comprehensive inpatient services to members (Mean = 3.554, Standard deviation of 0.953). Similarly, with a mean score of 3.52, the study

ascertained that respondents agreed that NHIF provided maternal care and reproductive health cover to members.

Table 4.8: Extent of Provision of NHIF Services

Statements	N	Minimum	Maximum	Mean	Std. Deviation
NHIF provides comprehensive inpatient services to members	92	2.00	5.00	3.5543	.95347
NHIF provide maternal care and reproductive health cover to members	92	2.00	5.00	3.5217	1.19962
NHIF provide radiology services (X-rays, CT Scan, & MRI)	92	1.00	5.00	3.4891	1.17197
NHIF provide comprehensive outpatient services to members	92	2.00	5.00	3.4674	1.06339
NHIF provide vaccinations	92	1.00	5.00	3.0217	1.35856
NHIF provide cancer treatment	92	1.00	5.00	2.6522	1.13326
NHIF provide Renal dialysis package	92	1.00	5.00	2.5543	1.14224
NHIF provide all surgical procedures including transplants	92	1.00	5.00	2.5000	1.09444
NHIF provide dental and optical care	92	1.00	5.00	2.3913	1.13831
NHIF provide group life insurance cover	92	1.00	5.00	2.3696	1.12628
NHIF provide emergency road and air evacuation services	92	1.00	5.00	2.3587	1.36343
NHIF provide overseas treatment for specialized surgeries not available locally	92	1.00	5.00	2.3370	1.30323
NHIF provide annual check-ups and tests for organ donor (s)	92	1.00	5.00	2.2717	1.16829
NHIF provide drug and substance abuse rehabilitation package	92	1.00	5.00	2.1957	1.06119
NHIF provide last expense	92	1.00	5.00	2.0326	1.21756

Source: Research data (2018)

It was also realized that respondents agreed to a moderate extent (Mean of 3.4891) that NHIF provided radiology services (X-rays, CT scan, & MRI) to clients living within Homa Bay County. NHIF was also providing comprehensive outpatient services to members to a moderate extent given a mean score of 3.4674. Another service which was being provide by NHIF to a moderate extent by NHIF was found to be vaccinations (Mean score = 3.0217).

On the other hand, some aspects were found not to be given priority by NHIF and these included: provision of cancer treatment, provision of renal dialysis package, provision of all surgical procedures including transplants, provision of dental and optical care, provision of group life insurance cover, provision of emergency road and air evacuation services, provision of overseas treatment for specialized surgeries not available locally, provision of annual, check-ups and tests for organ donor(s), provision of drug and substance abuse rehabilitation package, as well as provision of last expenses.

Therefore, NHIF mostly focused on provision of comprehensive inpatient services to members; provision of maternal care and reproductive health cover to members; provision of radiology services (X-rays, CT scan, & MRI); provision of comprehensive outpatient services to members; and provision of vaccinations services.

4.5 Extent of Customer Satisfaction with Categories of NHIF Services

This sub-section focused of estimating the extent to which NHIF members residing in Homa Bay County were satisfied with the following statements regarding NHIF services. The respondents gave their opinions which was based on a likert scale of 1 – 5 where; 1 stood for very dissatisfied, 2 was for dissatisfaction, 3 meant neither satisfied nor dissatisfied, 4 represented satisfied, while 5 was a representation of very satisfied. The responses was based on the aspects related to the four major categories of services being offered by NHIF such as National Hospital Insurance Medical Scheme Services, Civil Servant Scheme Services, NHIF

SUPA Cover Services, as well as Linda Mama Services. These responses are as indicated in Table 4.9.

Table 4.9: Comparison of NHIF Service Categories and Level of Customer Satisfaction

Statements	N	Minimum	Maximum	Mean	Std. Deviation
National Hospital Insurance Medical Scheme Services					
The National Hospital Insurance Medical Scheme is affordable in terms of monthly NHIF contributions	62	2.00	5.00	3.4677	1.01977
The National Hospital Insurance Medical Scheme enable members to access timely and responsive universal medical services from the accredited hospitals	62	2.00	5.00	3.0323	.88647
The accredited hospitals provide guaranteed medical services in an accurate and dependable manner under this scheme	62	1.00	5.00	2.9194	.98010
The service providers observe courtesy, credibility and competence when providing medical services to members under this scheme	62	2.00	5.00	2.6290	.79412
Civil Servant Scheme Services					
The Civil Servant Scheme is affordable to members in terms of monthly NHIF contributions	62	2.00	5.00	3.5645	.84195

The Civil Servants enjoy guaranteed medical services in an accurate and dependable manner from the accredited hospitals	62	2.00	5.00	3.3226	.88288
The Civil Servant Scheme enable members to access timely and responsive medical services from the accredited hospitals	62	1.00	5.00	3.2097	1.04233
The service providers observe courtesy, credibility and competence when providing medical services to the civil servants	62	1.00	4.00	2.5968	.83881
NHIF SUPA Cover Services					
The SUPA cover services are affordable in terms of monthly NHIF contributions	68	2.00	5.00	3.5147	.96958
Accredited hospitals provide timely and responsive services under the SUPA cover arrangement	68	2.00	5.00	3.2206	.89519
The services provided under the SUPA cover are accurate and dependable	68	2.00	5.00	3.1765	.84538
The service providers observe courtesy, credibility and competence when providing medical services to members in this arrangement	68	2.00	5.00	3.1618	.82154
Linda Mama Services					
The Linda Mama services are accurate and dependable	59	2.00	5.00	3.7627	1.02283
The service providers observe courtesy, credibility and competence when dealing with expectant mothers	59	3.00	5.00	3.6780	.65497

Linda mama services provide timely and responsive antenatal and post natal services to women	59	2.00	5.00	3.4407	.91484
--	----	------	------	--------	--------

Source: Research data (2018)

On the NHIF category of National Hospital Insurance Medical Scheme Services, The NHIF members of Homa Bay County who participated in this survey stated that they were neutrally satisfied with the aspect of cost in terms of monthly NHIF contributions since it provided a mean score of 3.4677 together with a standard deviation of 1.019770. Likewise, the National Hospital Insurance Medical Scheme enable members to access timely and responsive universal medical services from the accredited hospitals at a moderate extent (Mean = 3.0323, Standard deviation of 0.88647). On the contrary, the clients were dissatisfied with issues of reliability and assurance of services provided under this scheme.

The NHIF members under the civil servants scheme were satisfied with cost in terms of monthly NHIF contributions (Mean = 3.5645, Standard Deviation = 0.84195). The respondents were neutral on reliability of the services (Mean score = 3.3226, Standard deviation = 0.88288). The NHIF members of Homa Bay were moderately satisfied with the timeliness and responsiveness of the medical services from the accredited hospitals (Mean = 3.2097, standard deviation = 1.04233). Finally, members were dissatisfied with assurance as an aspect of service delivery (mean score = 2.5968, standard deviation = 0.83881).

On NHIF SUPA Cover services category, the respondents had a moderate satisfaction with all the aspects under this category. The findings revealed that the SUPA cover services are affordable in terms of monthly NHIF contributions (Mean = 3.5147); accredited hospitals provided timely and responsive services under the SUPA cover arrangement (Mean = 3.2206); the services provided under the SUPA cover were seen by the respondents to be

reliable (Mean = 3.1765); and that of service providers were assuring in their provision of medical services to members under this arrangement (Mean score = 3.1618).

The category of Linda Mama services revealed that the respondents were satisfied by the aspects of services offered. The services were reliable (Mean = 3.7627, Standard deviation of 1.02283). Satisfaction as a result of assurance of services provided by service providers when dealing with expectant mothers (Mean = 3.6780, Standard deviation = 0.65497). However, they were neither satisfied nor dissatisfied with the timeliness and responsiveness of antenatal and post-natal services to women (Mean = 3.4407 and standard deviation = 0.91484).

4.6 Chi-Square Test of association Between Categories of NHIF Services and levels of customer satisfaction

The second objective was to determine whether categories of NHIF services are association to level of customer satisfaction for NHIF members in Homa Bay County in Kenya. A Chi-square analysis was carried out to determine the association between the study variables. Table 4.10 contains the chi – square results of observed frequencies of levels of satisfaction and NHIF categories.

Table 4.10: Observed Frequencies

Categories of NHIF Services	Customer Satisfaction			Total (b)
	Least Satisfied	Moderately Satisfied	Highly Satisfied	
The National Hospital Insurance Medical Scheme	14	15	11	40
Civil Servant Scheme Services	5	8	7	20
NHIF SUPA Cover Services	4	10	6	20
Linda Mama Services	1	5	6	12
Total (a)	24	38	30	92

It can be deduced that most of the respondents were moderately satisfied with the NHIF service category of National Hospital Insurance Medical Scheme. Similarly, the category of civil servant scheme services received a moderate satisfaction from the respondents of Homabay County. On different category, the study established that majority of the respondents acknowledged that NHIF SUPA Cover Services satisfied them to a moderate extent. However, the NHIF members within Homabay County were very satisfied with the category of Linda Mama Services.

The researcher further analyzed the expected value of Chi-Square output and this was done based on the formula below:

$$e = \frac{(a)(b)}{n}$$

Where e is expected value, a represented total number of observed values under each level of customer satisfaction, b stood for total number observed under each category and n is total number of respondents (i.e. 92) as indicated in Table 4.11.

Therefore: -

Expected values under least satisfied for each category;

The National Hospital Insurance Medical Scheme $\frac{24(40)}{92} = 10$

Civil Servant Scheme Services $\frac{24(20)}{92} = 5$

NHIF SUPA Cover Services $\frac{24(20)}{92} = 5$

Linda Mama Services $\frac{24(12)}{92} = 3$

Expected values under moderately satisfied for each category;

The National Hospital Insurance Medical Scheme $\frac{38(40)}{92} = 17$

Civil Servant Scheme Services $\frac{38(20)}{92} = 8$

$$\text{NHIF SUPA Cover Services} \quad \frac{38(20)}{92} = 8$$

$$\text{Linda Mama Services} \quad \frac{38(12)}{92} = 5$$

Expected values under highly satisfied for each category;

$$\text{The National Hospital Insurance Medical Scheme} \quad \frac{30(40)}{92} = 13$$

$$\text{Civil Servant Scheme Services} \quad \frac{30(20)}{92} = 7$$

$$\text{NHIF SUPA Cover Services} \quad \frac{30(20)}{92} = 7$$

$$\text{Linda Mama Services} \quad \frac{30(12)}{92} = 4$$

Table 4.11: Expected Frequencies

Categories of NHIF Services	Levels of Customer Satisfaction			Total
	Least Satisfied	Moderately Satisfied	Highly Satisfied	
	Expected (E)	Expected (E)	Expected (E)	
The National Hospital Insurance Medical Scheme	10	17	13	40
Civil Servant Scheme Services	5	8	7	20
NHIF SUPA Cover Services	5	8	7	20
Linda Mama Services	3	5	4	12
Total	23	38	31	92

The study finally carried out a Chi-Square computation based on the formula given below.

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

Where χ^2 represents Chi-Square, Σ is the summation sign, O was a representation of the observed values, while E meant expected values. Thus, the calculations were as follows.

$$\chi^2 = \frac{(14-10)^2}{10} + \frac{(15-17)^2}{17} + \frac{(11-13)^2}{13} + \frac{(5-5)^2}{5} + \frac{(8-8)^2}{8} + \frac{(7-7)^2}{7} + \frac{(4-5)^2}{5} + \frac{(10-8)^2}{8} + \frac{(6-7)^2}{7} + \frac{(1-3)^2}{3} + \frac{(5-5)^2}{5} + \frac{(6-4)^2}{4}$$

$$\chi^2 = 1.6 + 0.24 + 0.31 + 0.00 + 0.00 + 0.00 + 0.20 + 0.50 + 0.14 + 1.33 + 0.00 + 1.00$$

$$\chi^2 = 5.32 \text{ (calculated value)}$$

For χ^2 table value given significance level being 5% and degrees of freedom (df) is (r-1) (c-1) df is equals to (4-1) (3-1) = 6

Table value = 12.59

The Chi-Square (χ^2) critical (table) value based on 6 degrees of freedom at significance level of 0.05 is 12.59, which is higher than the calculated χ^2 value of 5.32. Therefore, we fail to reject the null hypothesis. Hence, there is no significant association between the NHIF categories of services and levels customer satisfaction among members of Homa Bay County.

4.7 Discussion of the Findings

The Chi – Square findings revealed that all the categories of NHIF services jointly were not significantly associated to the levels of customers’ satisfaction within Homa Bay County. These findings differ from that of Namuhisa (2014) who found out that there was a strong positive association between the level of income and awareness of NHIF benefits and that NHIF uptake was significantly associated with income level, awareness of NHIF benefits and access to NHIF outlets. However, Raymond (2011) found out that the level of customer satisfaction in terms of type of service offered by the accredited health facilities showed that NHIF members were more satisfied with inpatient care than outpatient care.

The findings also contradicted that of Karanja (2013) study which discovered that there existed strong association between internal satisfaction and service delivery. In addition, Suki (2013) found out that service delivery was significant on customer satisfaction with regards to assurance, empathy and tangibility. This was further supported by Maina (2013) whose study revealed that majority of consumers preferred care providers who are responsive, courteous, enthusiastic, listen carefully, and proactive. On contrary, the findings of this research differ with that of Linje (2015) who found out that health care services under NHIF did not meet the expectations of the clients (NHIF members) within Moshi Municipality in Tanzania.

CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter consists of a summary of the study findings, conclusion based on the findings provided in chapter four, and recommendations of the study as well as suggestion for the further studies were highlighted.

5.2 Summary of the Findings

The main objective of this research was to estimate the extent of customer satisfaction among the NHIF members within Homa Bay County, Kenya. Specifically, the study inquire to determine the extent of provision of NHIF services in Homa Bay County in Kenya; and to determine if category of NHIF services are correlated to level of customer satisfaction for NHIF members in Homa Bay County in Kenya. Therefore, the study summarizes the findings as follows:

The study reported a response rate of 92 percent where majority of the respondents found to be female. Most of the NHIF members who responded to study questionnaire were in the age bracket of between 26 – 35 years. The highest education achievement for majority of respondents was college level. The results show that more than a half of NHIF members under study were found to be married and the entire (100%) respond rate of the study was active member of NHIF. A good number of the respondents with a representation of 43.5 percent indicated to have subscribed to category of National Hospital Insurance Medical Scheme Services. The NHIF members contribute a minimum of Ksh. 150 and maximum of Ksh. 1,700. On average, the registered members of NHIF who participated in this study and reside from Homa Bay County tend to contribute about Ksh. 888 per month. NHIF mostly focused on provision of comprehensive inpatient services to members; provision of maternal care and

reproductive health cover to members; provision of radiology services (X-rays, CT scan, & MRI); provision of comprehensive outpatient services to members; and provision of vaccinations services.

The results of NHIF Service category of National Hospital Insurance Medical Scheme show that the NHIF members of Homa Bay County were neutrally satisfied with the aspect of National Hospital Insurance Medical Scheme being affordable in terms of monthly NHIF contributions. Likewise, the National Hospital Insurance Medical Scheme enable members to access timely and responsive universal medical services from the accredited hospitals a moderate extent. Under the service category of civil servant scheme services, the NHIF members were satisfied with the aspect of civil servant scheme being affordable to members in terms of monthly NHIF contributions. The respondents were neutral on the statement of civil servants enjoying guaranteed medical services in an accurate and dependable manner from the accredited hospitals. The NHIF members of Homa Bay were moderately satisfied with the aspect of civil servant scheme enabling members to access timely and responsive medical services from the accredited hospitals.

The findings on category of NHIF SUPA Cover services, the respondents seem to have a moderate satisfaction with all the aspects under this category where it was revealed that the SUPA cover services are affordable in terms of monthly NHIF contributions; accredited hospitals provided timely and responsive services under the SUPA cover arrangement; the services provided under the SUPA cover being accurate and dependable; and that of service providers observe courtesy, credibility and competence when providing medical services to members in this arrangement. The category of Linda Mama services revealed that the respondents were satisfied by the aspect of services offered Linda Mama category being accurate and dependable. This was followed by satisfaction on service providers observing

courtesy, credibility and competence when dealing with expectant mothers. They were neither satisfied nor dissatisfied by the statement that Linda mama services provided timely and responsive antenatal and post natal services to women.

Based on the second objective of the study, the observed values under chi-square indicated that NHIF members within Homabay County were moderately satisfied with the NHIF services of national hospital insurance medical scheme; civil servant scheme; and NHIF SUPA Cover. On other hand, the study established that the members who participated in the study were very satisfied with the services offered under category of Linda Mama. The findings further revealed that customer satisfaction was not significantly associated to all the NHIF categories being investigated namely, national hospital insurance medical scheme services; the category of civil servant scheme services; the category of NHIF SUPA cover services; and that of Linda mama services.

5.3 Conclusion

Based on the major findings highlighted in this study, it can be concluded that the entire National Hospital Insurance Fund service categories namely National Hospital Insurance Medical Scheme; civil servant scheme; NHIF SUPA Cover; as well as Linda Mama, were found to not to have a significant association towards customer satisfaction within Homa Bay County. Customer satisfaction is based on identification and satisfaction of consumer needs and even going beyond their expectations. The service providers should possess the requisite skills and knowledge to carry out the assured services; observe courtesy by being polite, respectful, considerate, and friendly to the customers; being credible by being believable and honest; as well as providing security to customers from danger, doubt or risk.

NHIF has to work on ways to enable its members, access timely and responsive universal medical services from the accredited hospitals. NHIF members are satisfied with the category

of Linda Mama services could be because it has been made compulsory and free in terms of monthly contributions. NHIF management seem to have created a culture of customer service within its coverage. When top management as decision makers focus on the customer wants, this could be an indication of good measurement on the aspect of customer satisfaction such as; responsiveness, cost, assurance, and reliability. Cost was experience in the service category of Linda Mama where the study established that it was being offered freely. Therefore, cost implications bring about perception of the product or service by the customer in either negative or positive manner. A reliable service performance has implication of service being offered in timely, without errors and in the same manner each time it is offered.

5.4 Recommendations of the Study

Having established that the category of National Hospital Insurance Medical Scheme is positively associated with customer satisfaction though not significantly, there is need for NHIF to “ensure that every individual and/or family enjoy comprehensive In-patient and Out-patient covers to save them from the effects of unpredictable and catastrophic spending on medical bills”.

The NHIF category of Civil Servants was also found to have an insignificant association towards customer satisfaction. Therefore, there is need for NHIF to work together with the Government and private employers in order to enhance more accessibility to quality healthcare to the public service together with their eligible dependants.

Furthermore, the NHIF category of Supa Cover scheme had insignificant associations towards customer satisfaction. Therefore, NHIF should offer a unique comprehensive medical insurance cover for all its members. This should be done in line with the government’s big four agenda of one of them is health care.

In addition, the NHIF customers are highly satisfied with the category of Linda Mama service. There is need for more efforts to be put in to ensure that NHIF free maternity “gives a package of basic health services are accessed by all in the targeted population on the basis of need and not ability to pay”. “This funded health scheme will ensure that all pregnant women and infants have access to quality and affordable health services.”

5.5 Limitation of the Study

This study tested the customer satisfaction among the NHIF members. The findings are only based on information collected from members residing from Homa Bay County of Kenya and was not able to reach other counties benefiting from same services across Kenya due to financial constraints and limited time.

This study employed quantitative approaches in data analysis procedures but did not compare the relationship based qualitative approaches. The research relied only on primary data collected on a limited sample size of one hundred (100) members. Furthermore, the study did not utilize secondary data which should be based on proper records on NHIF membership and services.

5.6 Suggestions for Further Study

The focus of this study was on customer satisfaction among the NHIF members of Homa Bay County, Kenya. There is need for a similar study to be extended in other counties to establish the similarity of the finding. The research also suggests that the future studies should focus on other health service agents and stakeholders such as hospitals and insurance companies.

This research is considered to be a cross-sectional study that used quantitative approach. It only captured the perceptions and opinions of respondents. The cross-sectional study using the quantitative approach was selected because it was the most appropriate method available

to address the issues given limited time and financial constraints. Therefore, there is need for a similar research to be carried out based on qualitative approaches.

REFERENCES

- Bitner, M. J., Brown, S. W., and Meuter, M. L. (2000). Technology Infusion in Service Encounters. *Journal of the Academy of Marketing Science*, 28(1), 138-149.
- Brown, (1994). The Development and Emergence of Services Marketing Thought. *International Journal of Service Industry Management*, 5(1): 21-48.
- Carrin and James (2004) “Reaching universal coverage via social health insurance and the key design features in the transitional period” *Health Financing policy issue paper*, WHO Geneva.
- Chase and Shostack, (1987). Service positioning through Structural Change. *Journal of Marketing*.
- Chase, Jacobs, and Aquilano (2004), *Operations Management For Competitive Advantage*. 10th Edition, McGraw-Hill/ Irwin, New York.
- Chen, I. J., and Popovich, K. (2003). Understanding customer relationship management (CRM). *Business Process Management Journal* 9(5):672-688.
- Chesbrough, H., and Spohrer, J. (2006). *A research manifesto for Services Science*. Communications of the ACM, 49(7), 35–40.
- Donabedian, (1980). *Explorations in Quality Assessment and Monitoring*. Vol. 1: The Definition of Quality and Approaches to Its Assessment. Michigan: Health Administration Press.
- Fitzsimmons, J. A., and Fitzsimmons, M. J. (2001). *Service Management: Operations Strategy and Information Technology*. McGraw Hill Inc, New York.
- Gachau, (2016). *Customer satisfaction and insurance service delivery quality in Kenya*. Unpublished Master’s Thesis of the University of Nairobi.
- Garvin, D.A (1988). *Managing Quality*. Free-Press, London.

- Goldstein, S.M., Johnston, R., Duffy, J.A, and Rao, J. (2002). The service concept: the missing link in service design research. *Journal of Operations Management* 20 (2002) 121–134.
- Johns, N. (1999). What is this thing called service? *European Journal of Marketing*.
- Johnston, R., and Clark, G. (2001). *Service Operations Management: Improving Service Delivery, 2nd ed. Harlow, England: FT Prentice Hall.*
- Karanja, P. N., (2013). *Effects of Internal Customer Satisfaction on Service Delivery in Resolution Insurance*. Unpublished Master's Thesis of the University of Nairobi, Kenya.
- Kotler, P., and Armstrong, G. (2010). *Principles of Marketing*. India: Pearson Education Ltd.
- Linje, (2015). *Customer Satisfaction with National Health Insurance Fund Services: A Case Study of Selected Public and Private Hospitals in Moshi Municipality, Tanzania*. Unpublished Master's Thesis of Mzumbe University.
- Lovelock, C. H., and G. S. Yip (1996). *Developing Global Strategies for Service Businesses* California Management Review, 38(2), 64-86.
- Maina, (2013). *The determinants of customer satisfaction in the life insurance industry in Kenya*. Unpublished Master's Thesis of the University of Nairobi.
- McDowell, I., and Newell, C. (1996). *Measuring Health*. New York: Oxford University Press.
- McIntyre, D. (2007). *Learning from experience: Health care financing in low-and middle-income countries*. Global Forum for Health Research.
- Mugenda, O. M., and Mugenda, A. G., (2003). *Research methods: Quantitative and qualitative approaches*, Nairobi, Acts Press.
- Namuhisa, (2014). *Determinants of Uptake of NHIF Scheme by the Informal Sector in Nairobi County, Kenya*. Unpublished Master's Thesis of Kenyatta University.

- Oliver, R.L. (1997). *A Behavioral Perspective on the Consumer*. McGraw-Hill, New York
- Oyenyi, O., and Joachim, A. A. (2008). Customer Service in the Retention of Mobile Phone Users in Nigeria. *African Journal of Business Management* Vol.2 (2), pp. 026-031.
- Parasuraman, A., V. A. Zeithaml and L. L. Berry (1985). A Conceptual Model of Service Quality and Its Implications for Future Research. *Journal of Marketing*, 49(4), 41-50.
- Parasuraman, A., Zeithaml, V. A., and Berry, L. L. (1988). SERVQUAL: A Multiple-Item Scale for Measuring Consumer Perceptions of Service Quality. *Journal of Retailing*.
- Porter-O'Grady, T., Hawkins, M.A., and Parker, M.L. (1997). *Whole-systems shared Governance: Architecture for integration*. Gaithersburg, MD: Aspen.
- Raymond, (2011). *Assessment of Members' Satisfaction with Social Health Insurance Services: A Case of NHIF Tanzania*. Unpublished Masters' Thesis of the University of Dar es Salaam.
- Shostack, G. L. (1984). *Designing services that deliver*. Harvard Business Review.
- Smart, P. A., Maddern, H., Maull, R. S., and Baker, P. (2007). Customer satisfaction and service quality in UK financial services. *International Journal of Operations & Production Management*, 27(9), 999-1019.
- Suki, N. (2013). Customer Satisfaction with Service Delivery in the Life Insurance Industry in Malaysia. *An Empirical Study Journal*.
- Wanjiru, (2014). *Challenges in Provision of Universal Health Care by the National Hospital Insurance Fund in Kenya*. Unpublished Master's Thesis of the University of Nairobi.
- Wang, Hong, and Nancy, P. (2012). Community - Based Health Insurance; A revolutionary approach to achieving universal coverage in low - income Countries. *Journal of life sciences* 320-329

Wong, A., and Sohal, L. L. (2003). Assessing Customer-Salesperson Interactions in a Retail Chain. *Journal of Marketing Intelligence and Planning*, 21, 5, 292-304.

[Www.nhif.or.ke/healthinsuranceviewNews/20180208f168](http://www.nhif.or.ke/healthinsuranceviewNews/20180208f168).

Zeithaml and Bitner, (2000). "Service quality, profitability and the economic worth of customers: What we know and what we need to learn", *Journal of the Academy of Marketing Science*, Vol. 28 No.

Zeithaml, V.A., Berry, L.L., Parasuraman, A. (1990). *Delivering Quality Service: Balancing Customer Perceptions and Expectations*. Free Press, New York.

APPENDICES

APPENDIX I: SUMMARY OF LITERATURE REVIEW

Table 2.1 Summary of Studies and Knowledge Gaps

No	Scholar	Study	Major Findings	Limitations and Knowledge Gaps
1.	Raymond (2011)	Assessment on members' satisfaction with Social Health Insurance Services focusing on NHIF Tanzania.	The level of customer satisfaction in terms of type of service offered by the accredited health facilities showed that NHIF members were more satisfied with inpatient care than outpatient care.	The researcher cited time and financial constraints The study was based on NHIF Tanzania with distinct insurance policies making it difficult to generalize it in the Kenyan context.
2.	Karanja (2013)	Effect of internal customer satisfaction on service delivery in resolution insurance.	The study found out that there is an association between the variables such that poor internal customer satisfaction resulted in decline in service delivery	The researcher did not have sufficient time and resources. There was difficulty in obtaining data from the respondents. The study did not consider both the two dimensions of customer satisfaction (that is; internal and external).
3.	Suki (2013)	Customer satisfaction with service delivery in the life insurance industry in Malaysia.	The findings revealed that service delivery was significant on customer satisfaction with regards to assurance, empathy and tangibility.	The study focused on the life insurance industry in Malaysia and therefore the findings of the study could not represent customer satisfaction with NHIF services in Homa Bay County in Kenya.
4.	Maina (2013)	The determinants of customer satisfaction in the life insurance industry in Kenya.	The study found out that most consumers prefer care providers who are responsive, courteous, enthusiastic, listen carefully, and proactive.	The study was carried out in Nairobi with a fairly high standard of living and could not be generalized as a reflection of the whole country. The study was very broad in terms of scope. The current study

				focuses on customer satisfaction with respect to NHIF services in Homa Bay County in Kenya.
5.	Wanjiru (2014)	Issues arising in universal health care by the NHIF, Kenya	The study revealed that the scheme should be readjusted to give more focus on preventive rather than curative health care	The research focused on the challenges in provision of universal healthcare in Kenya, while the current study looks at the members' satisfaction with regards to NHIF services in Homa Bay County
6.	Namuhisa (2014)	Determinants of uptake of NHIF scheme by the informal sector in Nairobi County, Kenya.	The study findings revealed that there was a strong positive correlation between the level of income and awareness of NHIF benefits while the binary logistic regression model found that NHIF uptake was significantly associated with income level, awareness of NHIF benefits and access to NHIF outlets.	The respondents were reluctant to answer the questions The study did focus on the effect of NHIF services on customer satisfaction.
7.	Linje (2015)	Customer satisfaction with NHIF Services focusing on selected public and private hospitals in Moshi Municipality, Tanzania.	The research findings showed that health care services under NHIF did not meet the expectations of the clients (NHIF members).	The researcher cited time and monetary resource constraints. The study was based on NHIF Tanzania with distinct insurance policies making it difficult to generalize it in the Kenyan context.
8.	Gachau (2016)	Satisfaction of clients and quality service delivery based on insurance in Kenya.	Insurance companies need to focus on enhancing employees reward systems and continued training support as they will enhance good service encounters, increase	The researcher cited difficulty in data collection as the respondents were hesitant. The research focused more on internal customers as a measure of customer satisfaction neglecting the external customers

			employees satisfaction, motivation, skills and commitment to service delivery quality.	which the current study focuses on.
--	--	--	--	-------------------------------------

Source: Researcher (2018)

APPENDIX II: QUESTIONNAIRE

Questionnaire meant for NHIF Principal Members

Please answer all the questions. You are kindly requested to take time and provide the information asked as accurately as possible. Your honesty will be highly appreciated. The information is purely educational and will be treated with utmost confidence.

SECTION A: PERSONAL INFORMATION

1. Kindly indicate your gender

Male..... [] Female..... []

2. Please indicate your age

18 – 25 years..... [] 26 – 35 years..... []
36 – 45 years..... [] 46 – 45 years..... []
56 and above..... []

3. Indicate your highest level of education

Primary..... [] High School..... []
College..... [] University..... []
Others specify.....

4. Marital Status

Married..... [] Single.....[]
Others specify.....

5. Are you a member of NHIF? Yes..... [] No..... []

6. Please indicate the NHIF category (ies) that you subscribe to;

National Hospital Insurance Medical Scheme Services.....[]
Civil Servant Scheme Services.....[]
NHIF SUPA Cover Services.....[]
Linda Mama Services.....[]

7. Please indicate your Monthly contribution to NHIF (Kshs.).....

SECTION B: EXTENT OF PROVISION OF NHIF SERVICES IN HOMA BAY COUNTY

8. To what extent do you agree with the following statements on the extent of provision of NHIF services in Homa Bay County? Where: **1** is Strongly Disagree, **2** is Disagree, **3** is Neither Agree nor Disagree, **4** is Agree, **5** is Strongly Agree

No	Statements	1	2	3	4	5
1	NHIF provide comprehensive outpatient services to members					
2	NHIF provide comprehensive inpatient services to members					
3	NHIF provide maternal care and reproductive health cover to members					
4	NHIF provide Renal dialysis package					
5	NHIF provide drug and substance abuse rehabilitation package					
6	NHIF provide dental and optical care					
7	NHIF provide annual check-ups and tests for organ donor (s)					
8	NHIF provide vaccinations					
9	NHIF provide last expense					
10	NHIF provide group life insurance cover					
11	NHIF provide all surgical procedures including transplants					
12	NHIF provide cancer treatment					
13	NHIF provide radiology services (X-rays, CT Scan, & MRI)					
15	NHIF provide emergency road and air evacuation services					

SECTION C: DETERMINING IF CATEGORY OF NHIF SERVICES ARE CORRELATED TO LEVEL OF CUSTOMER SATISFACTION

9. To what extent are you satisfied with the following statements regarding NHIF services? Where; **1** is Very Dissatisfied, **2** is Dissatisfied, **3** is Neither Satisfied Nor Dissatisfied, **4** is Satisfied, **5** is Very Satisfied

No	Statements	1	2	3	4	5
A	NATIONAL HOSPITAL INSURANCE MEDICAL SCHEME SERVICES					
1	The National Hospital Insurance Medical Scheme enable members to access timely and responsive universal medical services from the accredited hospitals					
2	The National Hospital Insurance Medical Scheme is affordable in terms of monthly NHIF contributions					
3	The service providers observe courtesy, credibility and competence when providing medical services to members under this scheme					
4	The accredited hospitals provide guaranteed medical services in an accurate and dependable manner under this scheme					
B	CIVIL SERVANT SCHEME SERVICES					
1	The Civil Servant Scheme enable members to access timely and responsive medical services from the accredited hospitals					
2	The Civil Servant Scheme is affordable to members in terms of monthly NHIF contributions					
3	The service providers observe courtesy, credibility and competence when providing medical services to the civil servants					
4	The Civil Servants enjoy guaranteed medical services in an accurate and dependable manner from the accredited hospitals					
C	NHIF SUPA COVER SERVICES					
1	Accredited hospitals provide timely and responsive services under the SUPA cover arrangement					
2	The SUPA cover services are affordable in terms of monthly NHIF contributions					
3	The service providers observe courtesy, credibility and competence when providing medical services to members in					

	this arrangement					
4	The services provided under the SUPA cover are accurate and dependable					
D	LINDA MAMA SERVICES					
1	Linda mama services provide timely and responsive antenatal and post natal services to women					
2	The service providers observe courtesy, credibility and competence when dealing with expectant mothers					
3	The Linda Mama services are accurate and dependable					

THANK YOU FOR YOUR TIME AND CONSIDERATION