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BAYELSA STATE HEALTH SERVICE SCHEME AND HEALTH CARE DELIVERY SERVICE IN YENAGOA, BAYELSA STATE, NIGERIA.

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ABSTRACT
This study sought to access the outcome of Bayelsa State Health Service Scheme (BSHSS) on health care delivery in Bayelsa State. The structural functionalism theory was adopted to analyse the efficacy of BSHSS on effective health care delivery. Using the Taro Yamane's formula to select 396 respondents, the survey design was utilize to administer questionnaire on respondents drawn from Ministries, Department and Agencies (MDAs) in Bayelsa State. The study found out that: even though respondents were aware of the scheme (64%), the level of utilization was still low as above 70% of the respondents were not registered in the scheme. Among some factors affecting the utilization of BSHSS, lack of information about BSHSS was the highest (29%) followed by lack of facilities/equipment (16%); the mode of registration (14%); lack of staff among others. On the level of respondents' satisfaction, only 7 percent were satisfied with the quality of services rendered through BSHSS. Finally, respondents implicated among others lack of integration and poor supportive supervision as the dominance challenge hindering the effective performance of BSHSS. It was therefore recommended among others the need to rehabilitate the existing health infrastructure in the state. This will aid the accommodation of BSHSS enrolee, to avoid dissatisfaction of service delivery and catalyst for effective and efficient health care system in Bayelsa State.

Keywords: Bayelsa State Health Service Scheme, Health care, Delivery, Bayelsa State.

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1.0 INTRODUCTION

Health Service Scheme (NHIS) is a scheme which is supposed to ensure access to medical care for all citizens of a country as well as reduce the financial burden of medical care bills and to a significant degree, improve efficiency in the provision and consumption of health services (Aregbeyen, 1997). The Health Service Scheme is a program established by the Federal Government of Nigeria for the purpose of providing easy access to

healthcare for all Nigerians at an affordable rate. The functionality of Health Service Scheme has been a trending issue in Nigeria. According to Pondei (2016), there is poor attention to the moribund Bayelsa State Health Insurance Scheme. There is need for provision of accessible and affordable health care to people in spite of the current economic challenges.

Reports from the strategic health development plan presented by the Bayelsa State Ministry of Health (2009) reveals that communicable diseases are the most common cause of death, disability and illness in the State. The health indices of the State according to the report shows that 114 deaths occurs per 1000 live birth, Under 5 mortality Rate 200 deaths occurs per 1,000 and Maternal Mortality Rate 918 deaths occurs per 100,000 live birth, including a wide range of other diseases. However, the capability of Bayelsa people to effectively deal with the above problem have led to the burden of huge amount of money usually spent on medical expense which is burdensome to them. It has even gone beyond the issue of cost to effectiveness and accessibility of health care delivery.

This therefore led to the establishment of the Bayelsa State Health Service Scheme (BSHSS) through a bill that was passed into law on the 19th day of July, 2013. Thereafter known and called: Bayelsa State Health Service Scheme Law, 2013.

If the National Health Service Scheme is properly harnessed in Bayelsa State, it would provide synergized efforts for improving the performance of the health system and will address the social determinants of health, thereby making health care delivery available and accessible to all. This is a situation that can be properly handled if the people have awareness of the Health Service Scheme which has pose a great challenge to various policy programmes enacted in various areas of social welfare for the populace. Though other factors are capable of influencing the utilization of the Health Service Scheme in Bayelsa including difficult geographical terrain and high cost of transportation to health centres, centralized control of approved health budget with non-release of some approved funds, weak linkages between health promotion units and programmes related parastatals, inadequate personnel at state and LGA levels, weak collaboration between Federal, state and local government, poor ownership of health intervention programmes by LGAs and communities, inadequate distribution of health facilities and human resource, a lot of dilapidated health facilities and obsolete equipment as well as lack of commitment by some contractors (Bayelsa State Ministry of Health, 2009).

Aside the foregoing, this study is an assessment of the policy impact of the Bayelsa State Health Service Scheme (BSHSS) on health care delivery in Bayelsa State. With due considerations on the effectiveness of the access, utilization and challenges hindering the implementation of the programme.

1.1 STATEMENT OF THE PROBLEM

Effective and efficient delivery of health care services is an issue due to non-availability of health care facilities, poverty, lack of access, ignorance of its existence and wrong perceptions about health care delivery. As a result of this, most people are unable to access, utilise and pay for the cost of health services. To solve this, the Health Service Scheme was established to ensure that people have access to health services through health facilities located in their community. Yet, access and utilisation of health facilities still remains unacceptably low among many Nigerians, especially in Bayelsa State (Adebayo and Azuzu, 2015; Fasina, Wole-Alo and Idowu, 2016).

The section three (3) of the law establishing the Bayelsa State Health Service Scheme restricted the scheme to be for the benefit of taxpaying citizens and residents of Bayelsa State with the mandate to: provide quality health care without payment at the point of access; provide and maintain accessible healthcare delivery system; provide, promote and maintain affordable healthcare services; provide and maintain functional and professionally satisfactory healthcare delivery system; eliminate the existence of the consequences of fake and adulterated drugs as well as out-of-stock syndrome in the healthcare delivery environment through a well-co-ordinated drug supply and distribution system; and improve and harness private sector participation in healthcare services.

The scheme (BSHSS) at its constitution gave its service scope and package to cater for the enrolee plus spouse and 4 biological children under the age of 18 years with the minimum benefits to cover emergency care (RTA and minor injuries), general out-patient consultation and treatment, specialist consultation and care, provision of prescribed essential drugs and pharmaceutical care, hospitalization in a standard ward for a cumulative period of 15 days per year, minor, intermediate and major surgeries, antenatal care, delivery and postnatal care, childhood immunization, eye and dental care (with some limitations), among others. However, the extent to which enrolee have utilised this services is still in doubt.

Therefore, this research intends to investigate the outcome of Bayelsa State Health Service Scheme on health care delivery service in Bayelsa State.

1.2 RESEARCH QUESTIONS

1. What is the extent of utilization of BSHSS?

2. What are the factors affecting the utilization of BSHSS?

3. What is the quality of services provided by BSHSS?

4. What are the problems limiting the effective performance of BSHSS?

1.3 AIMS AND OBJECTIVES

The main objective of this paper is to access the outcome of Bayelsa State Health Service Scheme (BSHSS) on health care delivery in Bayelsa State. This will

be achieved by the following specific objectives:

1. To examine the extent of utilization of BSHSS.
2. To investigate what factors influences the utilization of BSHSS.
3. To assess the quality of services provided by BSHSS.
4. To find out some challenges hindering the effective utilization and performance of BSHSS.

2.0 LITERATURE REVIEW

National Health Care Delivery System

The health indicators for Nigeria are among the worst in the world (Federal Ministry of Health, 2010). Nigeria shoulders 10% of the global disease burden and had made very slow progress towards achieving the 2015 targets for the health related MDGs, and even the current Social Development Goals (SDGs). The health indicators in Nigeria have largely remained below the country targets and internationally-set benchmarks due to weaknesses inherent its health system.

In Bayelsa State, there is insufficient circulation of Health Facilities. While some Local Government Areas (LGAs) have multiple numbers of tertiary, secondary and primary health facilities, few has no secondary health facilities and this makes access to health care in those LGAs very difficult as most of the health facilities are in deplorable conditions (Bayelsa State Ministry of Health, 2009).

Notwithstanding, National Health Insurance Scheme can still make a positive impact in the health service delivery in Nigeria if maintained and well structured. Findings by Okaro, Ohagwu and Njoku (2010) reveals that NHIS is capable of improving healthcare delivery in Nigeria provided there is adequate training for health care professionals. The extent therefore to which this can achieve effective health care delivery in Bayelsa State still remain a controversial one. Especially with the establishment of the law establishing the Bayelsa State Health Service Scheme.

National Health Insurance Scheme (NHIS): An Overview

Conceptually, NHIS allows for a pursuit of programmes to reorganise health care delivery services, upgrade quality of health care and promote the development of relevant medical resources. The objectives of NHIS are three (3) fold:

- Ensuring that everyone has access to medical care.
- Removing the financial burden of medical bills.
- Curtailing the rapidly escalating health cost.

Weather in developed countries such as Britain, Sweden, America etc. or developing countries such as Nigeria, a National Health Insurance Scheme must strive to achieve the above stated objectives. In relation to access to health care, NHIS is expected to help in meeting

the health needs of all those who cannot afford health care services without some form of assistance by helping them spread the risk of an individual over the contributions of many. Put differently, the burden, which would have been borne heavily by an individual, is evenly distributed over the insured population.

On the issue of reducing financial burden, the increasing cost of medical services tends to have exacerbated the health problem of the poor and the middle income classes who cannot afford the high medical bills in private health establishments. It is therefore only the NHIS that can guarantee every citizen access to needed health care with the magnitude of financial burden being presently experienced. Cost curtailment can only be ensured through the regulating mechanisms as well as automatic incentives offset by NHIS. The establishments which use hospital retainership in providing health care to their staff will ensure that unnecessary additions which increase bills are eliminated.

Justification for National Health Insurance Scheme

The introduction of a National Health Insurance Scheme in a developed or developing country is justified for several reasons:

It lessens the burden of health care by spreading the risk of an individual over the contributions of many so that the affluent and healthy who do not need health care can help pay for the less privileged who may be in need of care.

National health Insurance Scheme serves as a social programme which helps to ensure individual rights to equitable health care services without much financial burden.

To ensure a healthy population that is mentally and economically productive.

It makes available a comprehensive range of health care services designed to promote improvement in the health and wellbeing of the people. Through it, diagnostic, preventive and curative services are rendered to the populace.

With decreasing allocation of funds to health in national budgets, NHIS ensures that greater part of the population in urban and rural areas, the employed and unemployed are covered by health insurance. In addition, the scheme helps to relieve the government budget of the high costs of expensive curative care thereby making funds available for the government to combat shortfalls and mobilise resources to provide preventive and primary health care.

Utilization of National Health Service Scheme in Nigeria

The issue of social security reform and effective service delivery, more especially on public health care management in any society cannot be compromised. The capability of a country to deliver effective service to the public determines to a great extent, its possible level of development (Itohowo and Udensi, 2016). Kwanga, Kirfi and Balarabe (2013) studied the Social Security Reform and Service Delivery: A Study of NHIS (client's-Service Providers` Relationship) in Kebbi State, Nigeria. The study revealed that accessibility to healthcare and at reasonable cost constitutes a high profile challenge

in Nigeria. The Nigerian government supervises the public health through social policy such as National Health Insurance Scheme (NHIS). As such, the operation of the scheme in addressing the health situation in the country requires a universal approach that every Nigeria should benefit from. Kwanga *et al,* (2013) concluded that the scheme should be expanded to cover all citizens irrespective of social or economic status.

The primary goal of the National health Insurance Scheme (NHIS) is to create a better healthcare delivery to its populace. Onyedibe, Goyit and Nnadi (2013) evaluated the national health insurance scheme (NHIS) in Jos. The objective of the study was to determine the percentage of Nigerian adults that are enrolled in the scheme, their satisfaction with the quality and availability of services within the scheme and the factors responsible for the dismal health indices in the country despite the scheme. Questionnaires were administered randomly to 200 adult respondents in Jos metropolis. The findings revealed that only 24% of adults were enrolled in the scheme. Notably, 82% of enrolled respondents were aware of NHIS and prefer it to the fee for service system. There was some level of dissatisfaction in the scheme (26% of enrolees). Sources of dissatisfaction included poor registration services, poor referral system, delays in receiving required services and unavailability or non-coverage of some required services. The study recommended a modification of existing policies to enable enrolment of the self-employed and unemployed as well as improved coverage and quality of services within the scheme.
Similarly, Chubike (2013) evaluated the National Health Insurance Scheme (NHIS) awareness by civil servants in Enugu and Abakaliki using questionnaire. The results exposed that the level of awareness was very low with most of the respondents not knowing the mode of payment and benefits of the NHIS. Respondents were of the opinion that NHIS may not succeed in Nigeria. The study recommended that the operators of the NHIS should embark on educating the citizenry on the mode of operation and benefits of the NHIS. A good acquaintance of the scheme will improve its utilization in the nation.

3.0 METHODOLOGY

Research design: This study adopted the survey design to meet its purposes. The survey design is considered appropriate because it has the advantage of effectiveness in obtaining information about personal perceptions, belief, feelings, motivations, anticipation and future plans as well as past behaviour. The survey was carried out through the administration of questionnaire on selected respondents in the study area.

Study area: According to 2006 census figure Bayelsa has a total population of 1,121,163 million people distributed among the Eight Local Governments of the State made up of 584, 117 or per cent males and 537,576 or 47.9 per cent females. Its major towns include Yenagoa the capital city, Nembe,

Brass, Odi, Kalama, Ogbia, Okpoama, Akassa, Oloibiri among others. Bayelsa State is located at the heart of the Niger Delta in the South-South geographical zone of Nigeria. Geographically, it lay within latitude 040 15′ south and longitude 050 22′ west and 060 450 East. It shares boundaries with Delta State on the North, Rivers State on the East and Atlantic Ocean on the West and South respectively. With a mean temperature range of 25°C to 31°C the State experiences the heaviest rainfall lasting between the month of March to early part of November, and relative less dry season that last between the months of November and March, with December and April as its hottest months.

The geographical and topographical nature of the State is a determining factor in their occupation. The major occupations in the State are fishing among other things. Being a maritime people, many Ijaws were employed in the merchant shipping sector prior to Nigeria’s independence. With advent of Oil and gas exploration in their territories, some are now employed in the oil sector, while some are found in other professions. The geographical constituent of Bayelsa, couple with the existence of environmental degradation makes the area prone to health risk with various responses that follows. This therefore mandated the present study.

Population of the study: The study population comprises all male and female (18 years and above) who are working with the Bayelsa State Government. The population cuts across Ministries Departments and Agencies (MDAs) with no consideration to age, rank and salary. The population according to report of 2015 biometrics verification exercise conducted by Bayelsa State Due process and e-Governance Bureau, stood at 52,696. The breakdown is shown in Table 1.
Three hundred and ninety six was settled for, as the sample for ease of calculation.

Sampling procedure: The sample was drawn from all the Ministries, Department and Agencies (MDAs) of Bayelsa State Government purposively. In order to draw the respondents to be administered questionnaire on, accidental sampling technique was adopted. According to Babbie (2001), accidental sampling is a non-probability sampling in which a unit is selected for observation based on convenient of the researcher. The questionnaire was administered on respondents based on the availability and presence at the time the researcher arrived the office. Those who were not present were considered not valid. This yielded a total sample of 396 (Three hundred and ninety six) respondents.

Research instruments: This study utilised the questionnaire as the only data collection tools. According to Babbie (2001), questionnaire bears relevant questions including various items developed to elicit evidence (information) suitable for analysis. The questionnaire was aimed at accessing the impact of Bayelsa State Health Service Scheme on effective healthcare delivery in Yenagoa, Bayelsa State.

Table 1: Components of the study population

S/NO.	MDAs	POPULATION
1	RDAs (32)	5750
2	Environmental Sanitation	2940
3	SUBEB	14090
4	LGAs	9567
5	Main Civil Service	4452
6	BYCAS	1079
7	Post Primary Schools Board	5785
8	Niger Delta University	3544
9	BYSIEC	258
10	Bayelsa Sports Council	445
11	Bayelsa Transport Company	207
12	Hospital Mgt. Board	1532
13	Newspaper Corporation	244
14	Bayelsa Palm	467
15	Bayelsa Radio	261
16	Water Board	130
17	Bayelsa State Television	48
18	Judiciary	990
19	Electricity Board	288
20	House of Assembly	374
21	Arts and Culture	161
22	College of Health Technology	84
TOTAL		52,696

Source: Author's compilation.

Sample size: The sample size was statistically determined using Yaro yamane's formula:

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

Where

n = Sample size sought

N = Population size

e = Level of significance (0.05)

$$n = \frac{52696}{1+52696(0.05)2}$$

$$= \frac{52696}{1+52696(0.0025)}$$

$$= \frac{52696}{1+131.74}$$

$$= \frac{52696}{132.74}$$

$$= 396.98 \quad => 396$$

Methods of data analysis: Copies questionnaire that were returned by respondents was coded and the data analysed descriptively using SPSS (statistical package for social sciences). Frequencies were performed to know how many people answered each question, while descriptive tool comprising tables, percentages were used to present the result. Babbie (2001) affirms that, descriptive statistics usually includes mean, standard deviation, percentage and frequencies. This informed our choice for descriptive analysis.

4.0 RESULTS AND DISCUSSION OF FINDINGS

Three hundred and ninety six (396) copies of questionnaire were administered; three hundred and sixty (360) were retrieved while thirty six (36) copies were not returned. Hence, three hundred and sixty (360) copies were used for analysis. Data collected were analysed with statistical package for social sciences (SPSS) version 14.0 to obtain the frequencies, percentages and descriptive statistical results.

Demographic Variables of the Respondents:
Table 2 shows the demographic variables of respondents. Data in table 1 reveals that the majority of the respondents 154 (42.8%) were between the ages of 28 to 37 years, followed by 38 to 47 years which constituted 94 (26.1%) and 18 to 27 years which had 60 respondents (16.7%) while respondents who were 48 years and above were 52 (14.4%). Data in table 2 finally shows that a large number of the respondents were male (244; 67.8%) while the female respondents were 116 (32.2%). Most of the respondents 220 (61.1%) were married while 140 (38.9%) were single. This show that the married respondent dominance indicate a very high need for health insurance which include the respondents spouse and children as the case may be.

Extent of awareness and Utilization of BSHSS
Data in table 3 show the extent of awareness and utilization of BSHSS. Data shows that only 127 (35.3%) of the total population are not aware of BSHSS while 233 (64.7%) are fully aware of the scheme. Majority of the respondents (167, 46%) have their source of information from other patients/colleagues who are already aware of the scheme and while 30 percent of the respondents (109) heard about the scheme through Radio/TV source. However, a very low percentage of the respondents representing 50 and 34 percent got the information through Seminar in the hospital and circulars issued by the hospital.

Data in table 3 finally show that out of the 240 respondents who are aware of the scheme, only 87 respondents (24%) are fully registered with the scheme the remaining 273 respondents were not registered. This shows a very low level of utilization of BSHSS by respondents.

TABLE 2: The Demographic Variables of the Respondents

VARIABLES	FREQUENCY	PERCENTAGE (%)
AGE		
18 -27	98	27.2
28 – 37	126	35
38 – 47	84	23.3
48 AND ABOVE	52	14.4
TOTAL	360	100
SEX		
MALE	176	48.9
FEMALE	184	51.1
TOTAL	360	100
MARITAL STATUS		
MARRIED	150	40.5
SINGLE	210	59.5
TOTAL	360	100

Source: Field work, 2016

Table 3: Extent of Utilisation of BSHSS

Variables	**Frequency**	**Percentage (%)**
AWARENESS		
Aware	233	64.7
Not aware	127	35.3
Total	360	100
SOURCES OF INFORMATION		
Radio/TV	109	30
Seminar in the hospital	50	14
Through patients and colleagues	167	46
Circulars issued by the hospital	34	9
Total	360	100
REGISTRATION WITH THE SCHEME		
Registered	87	24
Not Registered	273	76
Total	360	100

Source: Field work, 2017

Factors Affecting the Utilization of BSHSS

Data in Table 4 present factors that respondents noted affects their utilization of BSHSS. Among the data presented, lack of information had a major effect on the utilisation of BSHSS (29 %), forty-nine (49) respondents (14%) stated that the mode of registration affected their participation in the scheme, another 59 respondents (16%) listed lack of

facilities/equipment as their hindrance while 46 people (13%) stated that there are not enough health workers to attend to patients. Forty three (43; 12%) listed the behaviour of the health care service provider as a hindrance to their utilisation of BSHSS; 27 (8%) listed their previous experience of the services rendered and 33 (9%) listed the proximity to health facilities as a factors affecting their participation in the BSHSS respectively.

Table 4: Factors Affecting the Utilization of BSHSS

Factors	**Frequency***	**Percentage (%)**
Lack of information about BSHSS	103	29
Behaviour of the health care service provider	43	12
Previous experience of the services rendered	27	8
There are not enough health workers to attend to patients	46	13
Proximity to health care centres	33	9
Lack of facilities/equipment	59	16
Mode of registration	49	14
Total	360	100

Source: Field work, 2016; *Respondents selected only one factor

The population of Yenagoa alone is 384,985 (2006 Census) thus, evolving a health insurance programme to cover this population becomes needful with urgency. The above findings corroborate with the fact that the provision of multiple provider status to a facility as primary, secondary and tertiary provider has brought distortions within the referral system and tends to limit the achievement of one of the objectives of the health insurance scheme (NHIS, 2012). Also, Kwanga et al (2013) stated that there are already skirmishes and capitulations about the health insurance policy, especially among the health sector operators. The key social determinants of ill health in Nigeria still includes hunger, poverty, illiteracy, lack of clean water, poor sanitation, poor housing, gender disparity and unemployment. Apart from its inability to provide basic health care services for majority of the population, it lacks the ability for disease surveillance, prevention and management.

Level of satisfaction with BSHSS

Table 5 presents the level of respondents' satisfaction with BSHSS. Out of 360 respondents that responded to the questionnaire, only 87 are fully registered with the scheme (see table 3 above) and out of the 87 who are registered, only 26 are satisfied with the quality of service rendered at BSHSS service providers. The low quality of service delivery has greatly influenced the utilization of the scheme.

Table 5: Respondents level of satisfaction with BSHSS

Question	Frequency	Percentage (%)
I am satisfied with the quality of service rendered by BSHSS service providers		
Yes	26	7
No	61	17
Undecided	273	76
Total	360	100

Source: Field work, 2016

The above finding implies that despite the awareness of people about the scheme, only few people can have easy access to the scheme as it is primarily targeted at civil servants. It was expected that BSHSS would boost the delivery of primary health care in the state but from findings of this research, that goal has not been accomplished.

Challenges hindering the effective performance of BSHSS

Data in table 6 reveals some factors that respondents noted can hinder the effective performance of BSHSS. Data in table 6 revealed that inequitable distribution of resources and poor management of human resources for health were some of the factors identified to challenging in effective performance of BSHSS. This finding is in terms with the finding of Olayinka, Achi, Amos and Chiedu (2014) that showed the major variables associated with barriers to utilization of maternal health services among respondents to be; poor knowledge of the existing services, previous bad obstetric history; attitude of the health care provider, availability, accessibility and husband's acceptance of the maternal healthcare services.

Table 6: Challenges hindering the effective performance of BSHSS

VARIABLES	Frequency	Percentage (%)
inequitable distribution of resources	60	17
poor management of human resources for health	48	13
negative attitude of health care providers	98	27
lack of integration and poor supportive supervision	87	24
poor coverage with high cost-effective interventions	67	19
Total	360	100

Source: Field work, 2016

Similarly, data in table 5 above also revealed that most respondents (98%) listed negative attitude of health care providers as the principal

challenge affecting the performance of BSHSS. Negative attitude could be caused by a lot of factors such as lack of motivation to work, not enough health personnel to attend to patients which could cause over waiting and too many queues, lack of training for health care providers, poor supervision and support of health care providers and lots more. McFubara, Edoni and Akwagbe (2012) studied the health manpower development in Bayelsa State, Nigeria. Results from the study revealed that Bayelsa State has a low level of health manpower.

Health manpower is one of the serious influences in the development of a region. This is due to the fact that health is an index of development. According to McFubara et al (2012), there is no full complement of a primary health care workforce in any of the health centres in the state. The three health manpower training institutions have the limitations of inadequate health care educators and other manpower training facilities, including lack of a teaching hospital. Abimbola et al (2015) reported delayed and irregular salary of primary health care workers as a factor which hinders the retention of health care providers in the state.

CONCLUSION AND RECOMMENDATIONS

Based on the findings, it can be concluded that the level of enrolment and utilisation of BSHSS is still very poor which inevitably contributes to the poor health status of Bayelsans and the dismal health indices recorded by the Bayelsa State Ministry of Health. Poor level of utilization may be caused by lack of information about BSHSS, behaviour of the health care provider, previous experience of the services rendered, low number of health care providers to attend to patients, proximity to health care centres, lack of facility/equipment and mode of registration. It is easy for civil servants to register in the scheme as they are automatic subscribers of the scheme. Non-government workers have difficulties utilising the scheme.

The level of dissatisfaction in the scheme is also a cause for concern that requires speedy attention from both the healthcare providers and the supervisors of BSHSS. Sources of dissatisfaction may include poor registration services, poor referral system, delays in receiving required services and unavailability of required service. Challenges affecting the effective performance of BSHSS include inequitable distribution of resources, poor management of human resources for health, negative attitude of health care providers, poor coverage with high cost effective interventions, lack of integration and poor supportive supervision.

The study concludes that an effective use of a health care system is essential for speedy recovery when people fall sick. BSHSS if adequately re-evaluated, can assure of such prompt health care delivery. Thus, the numerous preventable deaths occurring often, can be confronted headlong when a system that provides care for those in need without on the-spot demand for payment is put in place. Base on

this, the following recommendations are discernible:

1. There is need to promote information about BSHSS through public awareness and enlightenment campaigns.

2. Problems encountered in the registration process should be tackled in order to fasten registration of new and existing employees into the scheme.

3. Avenues should be created where other unemployed individuals can gain access to the health care services at affordable cost.

4. There is need to rehabilitate the existing health infrastructure in the state. This will aid the accommodation of BSHSS enrolee, to avoid dissatisfaction of service delivery and catalyst for effective and efficient health care system in Bayelsa State.

5. There is need to enforce SERVICOM rules as it will help to promote and ensure attitudinal reorientation of health care provider and its enforcers.

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