

UNIVERSITY
OF
LUSAKA

SCHOOL OF POSTGRADUATE STUDIES

**AN ASSESSMENT OF THE RE-ALIGNMENT OF THE NATIONAL
HEALTH INSURANCE MANAGEMENT AUTHORITY (NHIMA) FROM
THE MINISTRY OF LABOUR AND SOCIAL SECURITY TO THE
MINISTRY OF HEALTH**

A DISSERTATION PRESENTED IN PARTIAL FULFILMENT FOR
REQUIREMENT OF THE PROGRAM MASTER OF PROCUREMENT,
LOGISTICS AND SUPPLY CHAIN (MSCPLSM)

**BY
CHESWA SAMPA
MSCPLSM23119337**

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DECLARATION

I, CHESWA SAMPA, proclaim that this work has not been submitted to the university of Lusaka before or any other University for the award of a graduate degree. Further, I declare that the works cited in this dissertation have been acknowledged.



23rd January 2025

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Authors Signature

Date

CHESWA SAMPA



21 February 2025

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Supervisors Signature

Date

Jones J Kalyongwe PhD

DEDICATION

This work is dedicated to my wife Donia Zulu and sons, Cheswa Jr and Lubuto for their unprecedented love and support.

ACKNOWLEDGEMENTS

I would like to express my appreciation to all those who contributed to the successful completion of this dissertation. My sincere gratitude goes to my academic supervisor, whose support has been unmatched throughout the research process. I am also grateful to the participants who played a part in bringing this work to reality.

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ABBREVIATIONS

GRZ: Government Republic of Zambia

MELR: Ministry of Employment and Labour Relation's

MLSS: Ministry of Labour and Social Security

MOH: Ministry of Health

NHIMA: National Health Insurance Management Authority

NHIS: National Health Insurance Scheme

SPSS: Statistical Package for the Social Sciences

UHC: Universal Health Coverage

ABSTRACT

This study aims to assess the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security (MLSS) to the Ministry of Health (MOH) in the context of Zambia's healthcare system in pursuit of Universal Health Coverage (UHC). The re-alignment, implemented as part of broader healthcare reforms, seeks to enhance the effectiveness and sustainability of the National Health Insurance Scheme (NHIS). This research will evaluate the implications of the re-alignment from organizational, policy, and service delivery perspectives. Specifically, it will explore how the re-alignment affects the governance, operational coordination, funding mechanisms, and the quality of services delivery within the National Health Insurance Scheme. Drawing on qualitative data reviews, the study will assess stakeholder perceptions, institutional challenges, and the impact on beneficiaries' access to healthcare services. The findings will provide valuable insights into the strengths and weaknesses of the re-alignment process, offering recommendations for optimizing the management of national health insurance in Zambia. The research will contribute to the broader discourse on health systems strengthening, particularly Health Insurance in pursuit of Universal Health Coverage.

Keywords: National Health Insurance Scheme, Ministry of Labour and Social Security, Ministry of Health, healthcare reform, health Insurance, Zambia, governance

CHAPTER ONE

1.0 INTRODUCTION

The National Health Insurance Management Authority (NHIMA) is a body corporate that was established under the National Health Insurance Act No.2 of 2018. The primary mandate of NHIMA is to provide innovative financing in pursuit of Universal Health Coverage (UHC) for access to quality health services for all Zambians through the implementation of the National Health Insurance Scheme (NHIS).

The compulsory National Health Insurance scheme seeks to provide social security and protection for its members by financing their equitable access to quality health care services in a progressive, affordable and sustainable manner (NHIMA 2024, p.1). The National Health Insurance Scheme seeks to reduce the use out-of-pocket payments in accessing healthcare services, especially from the poor and vulnerable groups as this can lead to impoverishment

Since 1991, successive Zambian Governments have pondered the prospect of introducing a National Health Insurance Scheme. By 2011, the need to introduce the NHIS in line with the Universal Health Coverage agenda had gained momentum. This political will culminated in the signing of the National Health Insurance Act No. 2 of 2018, which led to the establishment of the National Health Insurance scheme (NHIS) under the Management of the National Health Insurance Management Authority (NHIMA 2024, p.1). Following the commencement of the Implementation of the National Health Insurance scheme in 2019, NHIMA has been managing the National Health Insurance Scheme (NHIS) on behalf of the Government Republic of Zambia (GRZ). Administration of the scheme has helped to provide equitable access to high quality insured healthcare services. As a result, NHIMA has continued to progress towards achieving Universal Health Coverage and the fulfilment of its vision of providing a world-class insurance healthcare services for all.

According to NHIMA (2024), it was reported that as of 2024, NHIMA has registered 4.6 million members, including 1.4 million from the informal sector. However, with a population of approximately 20 million, NHIMA's ambitious goal is to cover every citizen, focusing particularly on rural areas in the coming months to ensure comprehensive nationwide coverage.

The provision of financing of equitable access to quality health care services in a progressive, affordable and sustainable manner is also dependant on the contributions paid into the Fund in accordance with this National Health Insurance Act. The registration of the members is to ensure that there are contributions coming into the fund.

Good governance of the Health Insurance systems ensures Insurance schemes perform well in the attainment of Universal Health Coverage. Savedoff (2008) states that the governance of any Mandatory Health Insurance (MHI) system encompasses three essential functions: (a) active monitoring, regulation, and guidance to keep the system working toward its broad social goals; (b) the structure for oversight of the system (i.e. its basic objectives, design, and rules and regulations); and (c) the administration of the health insurance institutions themselves.

1.2 STATEMENT OF THE PROBLEM

The re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health represents a change in the administration and governance of the National Health Insurance Scheme (NHIS). This move raises concerns about its impact on NHIMA's primary mandate providing innovative financing in pursuit of Universal Health Coverage (UHC) for access to quality health services for all Zambians and established citizens.

The re-alignment has amplified reduced public trust in the health insurance scheme especially for Public Health Providers and challenges in achieving Universal Health Coverage. Failure to carefully manage the re-alignment could inadvertently worsen inequities in healthcare access, particularly among vulnerable populations who depend on a holistic approach to social security and health coverage.

This research aims to assess the implications of NHIMA's re-alignment on operational management, stakeholder perceptions, and health service delivery outcomes to provide suggestions for future policy decisions.

1.3 RESEARCH OBJECTIVES

1.3.1 General Objective

The main objective of this study is to assess of the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health.

1.3.2 Specific Objectives

1. To review the impact of the re-alignment of NHIMA from the Ministry of Labour and Social Security (MLSS) to the Ministry of Health (MoH) on the effectiveness and sustainability of the national health insurance system in Zambia.
2. To review whether transition leads to disruptions in service delivery or affects beneficiaries' ability to access timely healthcare.
3. To review public and stakeholder perceptions regarding the re-alignment and whether it increases or reduces confidence in NHIMA.

1.4 Research questions

1. What are the operational and administrative impacts of the re-alignment of NHIMA to the Ministry of Health on the delivery of health?
2. What are the key challenges faced by healthcare providers, employers, and beneficiaries considering the re-alignment of NHIMA to the Ministry of Health?
3. What are the key challenges faced by healthcare providers, employers, and beneficiaries considering the re-alignment of NHIMA to the Ministry of Health?

1.5 SIGNIFICANCE OF THE STUDY

This research is significant as it will provide valuable insights into the effectiveness of the NHIMA's re-alignment in terms of policy coherence and implementation, reveal whether the transition has enhanced or hindered access to healthcare services and inform on what challenges and opportunities the new alignment presented for future health insurance policies.

1.6 SCOPE OF THE STUDY

The study will assess the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health. Participants will be drawn from healthcare providers, employers, policy makers and beneficiaries of scheme.

1.7 DEFINITION OF KEY TERMS

Established resident: In relation to any date, a person who is not a citizen or a prohibited immigrant and who has been ordinarily and lawfully resident in Zambia or the former Protectorate of Northern Rhodesia, or both, for the period of four years immediately preceding that date, except that no period during which a person—

(a) has been confined in a prison consequent on a sentence of imprisonment imposed by a court, which sentence has not, on appeal or review, been quashed or varied to a fine;
(b) has been an inmate of a mental institution; or
(c) has remained in Zambia as an ordinary visitor or in terms of a permit allowing such person for a limited period only so to remain;

shall be counted for the purpose of this definition; (Immigration and Deportation Act, 2010)

Fund: The National Health Insurance Fund (National Health Insurance Act 2018, p.7)

Health care provider: An institution or agency that provides health care services

Insured health care service: A health care service available under the Scheme (National Health Insurance Act 2018, p. 7)

Member: A member of the Scheme (National Health Insurance Act 2018, p.7)

Member contribution: An amount as may be prescribed for by the Minister (National Health Insurance Act 2018, p.7)

Mandatory Health Insurance: It is a system that pays the costs of health care for those who are enrolled and in which enrolment is required for all members of a population

Private health insurer: A company that provides health insurance (National Health Insurance Act 2018, p.8)

Scheme: Means established the National Health Insurance Scheme into which shall be paid all contributions authorised under this Act and out of which shall be met all payments authorised to be paid (National Health Insurance Act 2018, p.8)

Universal health coverage (UHC): Means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship (World Health Organization 2023, p.1).

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

The literature review chapter provides a comprehensive overview of the assessment of the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health.

This chapter also examines the theoretical framework and provides a conceptual framework to highlight the relationship between the independent and the dependent variables in this re-alignment.

2.1 EMPIRICAL REVIEW

This section reviews existing literature to draw an understanding of the assessment of the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health.

2.1.1 Global Perspective

Globally, re-alignment of institutions is often driven by the desire to enhance service delivery, efficiency, and overall performance of organisations, in this case, the health systems. The re-alignment of health insurance bodies from welfare-focused ministries (like Labour, Employment or Social Security) to ministries of health to streamline their focus to improving the quality service delivery. This section examines the issue of re-alignment with the global focus on organisational re-alignment, health insurance management, governance differences between Ministry of Health and Labour related, impact of the re-alignment on service delivery and stakeholder engagement.

Organizational Re-alignment in Public Institutions

According to study by Gede and Huluka (2023), alignment is a necessary condition for organizational effectiveness. The purpose of this study was to look into the impact of strategic alignment on organizational performance. After a thorough review of literature by the researchers, it was also revealed that organizational performance varies among study institutions based on implementation level of strategic alignment.

The goal of re-alignment and restructuring in public institutions often aims to significantly improve service delivery, enhance efficiency, and ensure that policy objectives are met as intended. Re-alignment changes within public institutions, such re-alignment of

functions and reporting lines from one ministry to another, are often motivated by several reasons including technological, social, environmental, political, economic, or institutional needs.

Health Insurance Management and NHIMA's Role

The global literature on health insurance systems suggests that effective management of national health insurance schemes call for strong collaboration and coordination among various actors, including policymakers, managers, healthcare providers and other stakeholders. Breulet and Breza (2023) found that it is particularly important to involve all relevant actors, policy makers/legislator; operator and service providers as to ensure efficient system of health coverage and service providing with adequate access and quality monitoring.

Governance differences between the Ministry of Labour and Social Security and Ministry of Health

The governance and reporting structures of health insurance programs, especially those re-aligned between ministries or public institutions, are important factors to their success. Ettelt et al (2006) compares the roles of ministries overseeing and providing the regulatory framework of the health system, for setting standards and for controlling health care expenditure within a financial framework set by the parliament in various countries, noting that social security ministries, such as the Ministry of Labour and Social Security, mainly focus on social protection and welfare, whereas the Ministry of Health is more focussed on healthcare delivery and policy.

The study sought to review the role and responsibilities of ministries of health in five countries: Denmark, France, Germany, New Zealand and Spain. It was revealed that the New Zealand Government in July 2017 reorganized to strengthen its leadership function, and the intention was to organise the Ministry more explicitly around responsibilities for health system structure, policy design, accountability, performance support and regulation and to support the implementation of the government's key strategies and policies through District Health Boards.

Further, it was highlighted by Ettelt et al (2006) that the Ministry of Health has considerable control over the health system and can also take direct action in response to concerns about patient safety. This suggests that in terms of governance, the Ministry

of Health is better placed to provide oversight to bodies tasked with managing National Health Insurance Schemes.

Impact of Re-alignment on Service Delivery

According to a study by Gede (2023), it revealed that organizational performance varies among study institution based on implementation level of strategic alignment.

A re-alignment is expected to have direct implications on service delivery. According to a study by Johansen et al (2024), revealed that the process of realignment is likely to cause confusion among employees as they experience incongruences between the organization's response to the external environment and internal policies and work organization.

Stakeholder Engagements in Health System Governance

A critical aspect of any change, involves the management of expectations and interests of various stakeholders affected or who will be affected, including government ministries, healthcare providers and the public.

The re-alignment change process must engage everyone involved especially employees. According to Lauer (2021) it was revealed that by involving as many employees as possible in the process of change, their motivation usually increases and resistance decreases.

Stakeholder engagement allows for smooth transition and fosters ownership from all stakeholders in the re-alignment process. According to Normand and Weber (2009), the process will do more harm than good if people perceive that they are being invited simply to endorse choices that have already been made. Fortunately, Sedmak (2021) emphasizes the importance of involving all stakeholders in the re-alignment process that when done well, stakeholder engagement can mitigate potential risks and conflicts with stakeholder groups, including uncertainty, dissatisfaction, misalignment, disengagement, and resistance to change.

2.1.2 Sub-Saharan Perspective

In Sub-Saharan Africa, the health systems of many countries face challenges in delivering timely, equitable, quality and affordable healthcare to their citizens and established residents. A key strategy gaining traction across the region is the development and fortification of health insurance systems, a crucial step towards achieving Universal

Health Coverage (UHC) and addressing the complex health challenges facing communities. This section examines the issue of re-alignment with the Sub-Saharan Africa with the focus on organisational re-alignment, health insurance management, governance differences, impact of the re-alignment on service delivery and stakeholder engagement.

Organizational Re-alignment in Public Institutions

In Sub-Saharan Africa, organizational re-alignment in public institutions is not a strange phenomenon. In Sub-Saharan, several countries have undertaken restructuring efforts to improve the efficiency and effectiveness of public services. These changes often aim to address issues of efficiency, coordination, accountability, and service delivery.

According to Basu et al (2000), Governments should explain to the public the trade-offs between the short-term costs and the long-term gains of structural adjustment programs, in order to build national consensus behind the reform process and benefit from a greater participation of civil society in the formulation and implementation of policies.

In addition, David (2018) highlighted that in Kenya's health sector, essential health service delivery is assigned to county governments, while the national government retains health policy, capacity building, technical assistance to counties, and management of national referral health facilities.

Re-alignment of health management systems to more specialized ministries typically come from the desire to have health systems that are focused and coordinated to improve health outcomes. According to Akech et al (2022), Health insurance in Kenya has seen many developments in the recent decade, which impact the provision of health care. These developments have included devolution and the categorization of health facilities. Following the promulgation of the Constitution of 2010, Kenya's health system is now organized around two administrative levels. On the one hand, the national level is primarily responsible for policy, regulation, and national referral facilities. On the other hand, the county level is responsible for service delivery.

In East and West Africa, re-aligning organizations is often part of wider public sector reforms aimed at strengthening governance and reducing fragmentation. For instance, countries like Kenya and Ghana have successfully restructured their health systems to

boost accountability and oversight, offering valuable lessons for similar transitions in the region.

Health Insurance Management and NHIMA's Role

In Sub-Saharan Africa, health insurance management is a vital component for addressing healthcare access and financing, particularly in countries with large informal economies. According to Olugbenga (2017), it was highlighted that effective governance of social health insurance schemes in sustainable manner draws from the experiences of countries that experimented with different approaches to health insurance. Further, he stated that while Ghana has recorded some success, Nigeria and Rwanda have been able to domesticate their policies within a legal framework, yet South Africa is still to detach itself completely from health structures of the apartheid era.

Health Insurance Management is receiving attention in many Sub-Saharan Countries than ever before. In South Africa, according to Murphy and Moosa (2021), within the legislative framework, the national health council oversees policy formulation and national priority setting, while provincial government is legislated (through the intergovernmental fiscal relation system) to receive the bulk of financing and is responsible for healthcare service delivery through the district health system as an agent of the province.

In many Sub-Saharan countries, public health insurance schemes are still facing challenges in terms of coverage, affordability, and sustainability. To ensure sustainability, many countries are using formal employment route in the collection of contributions towards the scheme. According to McIntyre et al (2018), there is a growing recognition of the need to reduce out-of-pocket payments and increase domestic mandatory prepayment financing to move towards UHC. Many Sub-Saharan African countries have declared a preference for achieving this through contributory health insurance schemes, particularly for formal sector workers, with service entitlements tied to contributions.

Governance Differences Between the Ministry of Labour and Social Security and Ministry of Health

The governance differences between the Ministry of Labour and Social Security and the Ministry of Health are significant in the context of managing a health insurance scheme. In many countries, the Ministry of Health provides oversight to the bodies or agencies

responsible to run National Health Insurance Schemes and Ministry of labour focuses on employment related matters and social protection.

According to Devex (2024), the Ministry of Health had the responsibility of direct provision of public health services delivery in the country. These were the promotive, preventive, curative and rehabilitative care, to the Ghanaian public. With the enactment of ACT 525, this function has been ceded to the Ghana Health Service and Teaching Hospitals. The Ministry is, therefore, left with the responsibility for policy formulation, monitoring and evaluation, resource mobilization and regulation of the health services delivery.

On the other hand, the Ghanaian Ministry of Employment and Labour Relation's (MELR) exists to coordinate and promote employment opportunities, decent jobs and harmonious labour relations of the National economy as highlighted by Ministry of Employment and Labour Relation's (2024).

Therefore, the governance structures and oversight mechanisms under each ministry are different, impacting on the effectiveness and efficiency of operations of the body charged with the management of health insurance.

Impact of Re-alignment on Service Delivery

Service delivery in the health sector is a key concern in Sub-Saharan Africa because many countries are facing challenges with their health systems, particularly health insurance. A study by Oleribe et al (2020) concluded that the underdeveloped healthcare systems in Africa need radical solutions with innovative thought to break the current impasse in service delivery.

The re-alignment of institutions overseeing the organisations mandated to National Health Insurance Coverage could have a substantial impact on service delivery by influencing how health insurance interacts with the provision of healthcare services.

By re-aligning providers of National Health Insurance to the Ministry of Health helps to provide a better link between insurance coverage and service delivery which ultimately allows for access to quality care.

The Ministry of Health's direct involvement could streamline access to health services, integrate insurance with primary healthcare systems, and create a more robust healthcare delivery vehicle. For example, in Gabon, the NHI system was introduced through the labour ministry as part of a broader social protection reform agenda that identified OOP

health care costs as one of the greatest risks to vulnerable families as stated by Cashin and Dossou (2021). Mouelet et al (2018) remarks that the Ministry of Health defines the tools used by the National Health Insurance and Social Coverage Fund.

Stakeholder Engagements in Health System Governance

Effective stakeholder engagement is important for the success of health system governance in Sub-Saharan Africa. Stakeholders in the health system include government ministries, health providers, the public, civil society organizations, international partners and everyone in the system.

According to Masefield et al (2020), inclusive engagement in healthcare policies and decision-making is essential to address the needs of patients and communities, reduce health inequities and increase the accountability of the government. Further, they highlighted that National health policies and plans with comprehensive stakeholder engagement throughout the policy cycle tend to be more robust and have more effective implementation.

In Sub-Saharan African Countries where the National Health Insurance is facing challenges, re-alignment could open new opportunities for collaboration, particularly with health service providers, policymakers, and public. Stakeholder engagement could allow for more inclusive dialogues around health financing, policy reform, and enhanced service delivery.

2.1.3 Zambian Perspective

In Zambia, National Health Insurance Management Authority (NHIMA) is responsible for administering the National Health Insurance Scheme which plays an important role in ensuring that citizens and established residents have access to quality and affordable healthcare services.

By examining the Zambian perspective, the study will contribute to understanding how the shift can improve healthcare outcomes and align with the country's vision for universal health coverage with the focus on organisational re-alignment, health insurance management, governance differences, impact of the re-alignment on service delivery and stakeholder engagement.

Organizational Re-alignment in Public Institutions

The Government of the Republic of Zambia (GRZ) through the Minister responsible for Finance delivered its inaugural National Budget speech address to parliament, wherein the Government resolutely proclaimed their plans to reform the National Health Insurance Scheme, which they desired to benefit all. In pursuance of this proclamation, it then became necessary for NHIMA to be moved to the Ministry of Labour and Social Security, a move that was not without its sceptics. However, it was a necessary move as NHIMA is the custodian of the National Health Insurance Scheme which is within the sphere of social protection and social security as it was highlighted by NHIMA (2023).

According to Kasonde (2012), it was reported that the Zambian Government has several times re-aligned ministries in the quest to improve service delivery towards its citizens. However, realignment of functions requires financial, human and material resources.

In Zambia, the re-alignment of NHIMA highlights a broader perspective of reforming service delivery in public institutions to create more robust systems, in this case healthcare. According Bovens et al (2019), structural change in public management reform is not just about rearranging the furniture of government departments but also about adopting new tools, laws, processes, and values. It, therefore, involves changes both in structural and normative processes.

Health Insurance Management and NHIMA's Role

NHIMA plays a pivotal role in the provision of Universal Health Coverage for all citizens and established residents in Zambia. According to Masebo (2024), she highlighted that the role of NHIMA in the national healthcare system is a critical one in pooling financial resources for the sustainable financing of quality health care services. Further, Masebo (2024) reported that since NHIMA's return to the Ministry of Health, several policy reforms have been revised and are under implementation to keep its financial health in-check. Among the key reforms are the following;

- (a) launching a mass registration exercise to cover the informal sector and extend the NHIMA contributions or collections coverage cover wider;
- (b) suspension of the accreditation of new private health care providers. This is aimed at ensuring that priority is given to financing public facilities that service the bigger part of the population;

(c) revocation of accreditation for health facilities that may have been involved in health insurance fraud. This is to safe-guard public funds and ensure value for money;

(d) reviewing the NHIMA benefits package;

(e) reviewing the financing modalities to enhance NHIMA's collections capacity.

NHIMA has a critical role of registering members onto the NHIS. According to Masebo (2024), to further enhance the registration, Government through NHIMA has partnered with Global Fund, and International Labour Organization and launched the registration of over 100,000 Social Cash Transfer Beneficiaries as NHIMA members. This entails that Global Fund will be paying the contributions for those 100,000 beneficiaries.

Governance differences between the Ministry of Labour and Social Security and Ministry of Health

In Zambia, the move to re-align NHIMA from the Ministry of Labour and Social Security to the Ministry of Health reveals a desire to integrate health financing with healthcare delivery. Kutzin (2013) added that health financing can influence progress towards UHC. Unfortunately, a study by Afriyie et al (2023) revealed that the governance and financing challenges have been detrimental to the quality of service provision, particularly at the primary healthcare level.

To relieve the financing challenging, it was highlighted by the Global Fund (2024) that the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the Ministry of Health of Zambia, together with the Principal Recipient, Churches Health Association of Zambia (CHAZ), have signed four new grants worth US\$362 million. The new grants will continue to support the fight against AIDS, tuberculosis (TB) and malaria while also strengthening public health systems over the 2024-2026 period.

The partnership shows a difference in governance that the Ministry of Health is more committed to seeing that no one is left behind in the realisation of Universal Health Coverage.

Impact of Re-alignment on Service Delivery

The National Health Insurance Management Authority (NHIMA) was under the Ministry of Health when it commenced the implementation of the National Health Insurance Scheme (NHIS) in October 2019 and was re-aligned to the Ministry of Labour and Social Security in November 2021.

According to Masebo (2024), it was highlighted in a report to the Zambian Parliament that the implementation of the National Health Insurance Scheme (NHIMA), which had, since April 2024, reverted to the Ministry of Health, in line with the Government's agenda of strengthening health systems for enhanced health service delivery for all its citizens and established residents.

According to a study by Gede (2023), it revealed that organizational performance varies among study institution based on implementation level of strategic alignment

The re-alignment of NHIMA to Ministry of Health is expected to have direct implications on service delivery. According to a study by Johansen et al (2024), revealed that the process of realignment is likely to cause confusion among employees as they experience incongruences between the organization's response to the external environment and internal policies and work organization.

The Zambian experience shows mixed results, every time a realignment happens, there are some speculations and fears it brings. Stakeholders raise concerns regarding the anticipated or actual outcome of the realignment decision. In the case of NHIMA, others are excited that the alignment will yield great results while others feel the move will cause the scheme not to deliver as anticipated.

According to World Health Organisation (2010), health sector leaders and policy-makers who are tasked with assessing their health systems should participate in the process to deliberate on ways to assess these key characteristics in their countries. This aligns with the findings by Topp et al (2015), who stated that Zambia's health system was relatively centralized with the Ministry of Health (MOH) responsible for all national health policies as well for direct oversight of tertiary hospital operations.

According to Liyoka (2024), placing NHIMA under the Ministry of Health will ensure that the government adequately provides appropriate policy oversight for a health entity and gives NHIMA the supervisory role. He further stated that the move is necessary to ensure achievement of Universal Health Coverage through Vision 2030, which envisions a prosperous country where all Zambians have access to quality health services including medicines.

Stakeholder Engagements in Health System Governance

A critical aspect of any change, involves the management of expectations and interests of various stakeholders who will be affected, including government ministries, healthcare providers and the public. The re-alignment change process must engage everyone involved especially employees. According to Lauer (2021) it was revealed that by involving as many employees as possible in the process of change, their motivation usually increases and resistance decreases.

Stakeholder engagement allows for smooth transition and buy-in from all stakeholders in the re-alignment process. Sedmak (2021) emphasizes the importance of involving all stakeholders in the re-alignment process that when done well, stakeholder engagement can mitigate potential risks and conflicts with stakeholder groups, including uncertainty, dissatisfaction, misalignment, disengagement, and resistance to change.

The re-alignment of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health in Zambia involved deliberate consultations with healthcare providers, insurers and the public, which helped to mitigate some of the challenges related to the change.

In conclusion, the empirical literature on the re-alignment of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health shows the value of collaboration and stakeholder management related to the change. The reviewed literature shows that re-alignment may cause tensions, and it has the potential to improve the overall efficiency, management and sustainability of National Health Insurance Scheme under NHIMA.

2.1.4 Gap in Literature

Despite having very few studies related to the re-alignment of National Health Insurance Management globally and regionally, there remains a gap in literature specific to Zambia. While several global and Sub-Sahara African perspectives offer insight into matters related to the re-alignment of Nation Health Insurance Management. Additionally, there is limited research on the impact of the re-alignment of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health on healthcare delivery and policy. This gap underscores the need for research to assess how well the transition has been implemented at the local level and the impact on service delivery, especially in rural areas. There is also a need to explore how the change affects the efficiency of the NHIMA and its ability to manage healthcare financing.

Below is a Gap Analysis Table that outlines the gaps in literature regarding the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health. The table further highlights the existing knowledge in the field, identifies specific gaps in research, and proposes directions for future studies that could help address the re-alignment challenges in Zambia.

Table 1 : Gap Analysis

AUTHOR & AIM	METHODOLOGY	FINDINGS	GAP ANALYSIS
<p>AIM: to explore the extent of stakeholder engagement in the health policy process through local level stakeholders' perceptions of their involvement in the National Health Plan II (NHP II) and Health Sector Strategic Plan II (HSSP II)</p> <p>AUTHOR: (Masefield et al 2020),</p>	<p>A qualitative study was used. Interviews were conducted and open questions were asked</p>	<p>Serious challenges to the meaningful and equitable engagement of local level stakeholder groups in the health policy process were identified. Issues of trust, accountability and hierarchy in donor-citizen-government relations must be addressed to support stakeholder engagement</p>	<p>More studies are needed to assess how local stakeholders can be effectively empowered to influence policy decisions and trained to improve their involvement in the decision-making process.</p>
<p>AIM: to examine the extent to which the purchasing arrangements established within Zambia's new National Health Insurance can</p>	<p>Key-informant interviews were conducted using a semi-structured interview guide</p>	<p>More progress towards strategic purchasing for quality of care is likely possible with government contribution to the scheme for vulnerable groups, increased investments in primary health care and a larger and better-qualified</p>	<p>Further research is required to enhance the progress towards strategic purchasing for quality care, particularly regarding government contributions, workforce development,</p>

<p>improve equitable access to high-quality care</p> <p>AUTHOR: (Afriyie et al., 2023)</p>		<p>health workforce, good governance for quality and an effective referral system within the entire health system. Health insurance can also positively influence the quality of care through a balance of structural, process and outcome indicators to monitor providers and the use of the claims data across its mix of providers.</p>	<p>governance, referral systems, and the effective use of health insurance claims data</p>
<p>AIM: to look into the impact of strategic alignment on organizational performance.</p> <p>AUTHOR: (Gede (2023)</p>	<p>Quantitative research approach with both descriptive and explanatory study design was employed</p>	<p>Researchers concluded that clarity in the goal, clarity in the role assigned to and clarity in process how to perform assigned task have significant effects on organizational performance</p>	<p>Further studies are needed to investigate strategic alignment in public institutions and effects on organization performance are important to improve effectiveness in goal achievement.</p>
<p>AIM: To examine how workplace and inter-personal trust impact service quality and responsiveness in primary health services in Zambia</p>	<p>Multi-case study included four health centres selected for urban, peri-urban and rural characteristics. Case data included provider interviews (60); patient interviews (180); direct</p>	<p>It was found that lack of resourcing and poor leadership were key factors leading to providers' weak workplace trust and contributed to often-poor quality services, driving a perverse cycle of negative patient-provider relations across the four sites</p>	<p>Further research is required to investigate the role of trust-building interventions in improving both provider relations and patient outcomes that could be valuable.</p>

AUTHOR: (Topp et al., 2015)	observation of facility operations (two weeks/centre) and key informant interviews (14) that were recorded and transcribed verbatim		
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2.2 THEORETICAL FRAMEWORK

The study will be guided by relevant theoretical perspectives, such as public administration, governance and institutional theories to understand the underlying motivations for the re-alignment of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health. The Institutional theory is the underpinning theory for the study.

2.2.1 Public Administration Theory

Public administration theory examines how public institutions and government agencies operate and deliver public services. In addition, it provides an a framework into the implementation of public policies and the management of public organisations in their delivery of public services.

According to Marume (2016), it was stated that Public Administration theory is always concerned with practice or envisaged practice and related to a particular handling and interpretation of facts and value in order to explain (clarify) them; make them acceptable or undesirable. Further it also embraces speculative or normative (value) elements of what ought to be and why, that is, speculative/normative/moral theories.

This theory could help explain the reasons for the realignment, such as improving efficiency, enhancing service delivery, and ensuring better management of the National Health Insurance Scheme. In the case of the re-alignment of NHIMA, the public administration theory underlines the importance of examining how public institutions operate and deliver their services to enhance service delivery.

2.2.2 Governance Theory

Governance theory is based on ways that societies work on solving their collective action problems. Ostrom (2005) indicated that governance theory is based on building solutions to collective action problems. The theory has helped to improve how public policies and services are directed.

According to a study by Filgueiras et al (2023) it was claimed that although governance theory presupposes a pluralistic and democratic political order, it requires a style that depoliticizes policy decision making and service delivery, often relying on the technical defence of evidence-based policy, evaluation, and impact. In the Zambian case, the move to re-align NHIMA seems to have hugely been influenced by technical defence based on its core mandate by stakeholders.

Governance is pivotal to better public service delivery and this could be the reason for re-aligning NHIMA so as improve the performance of the scheme.

2.2.3 Institutional Theory

This theory suggests that organizations are influenced by societal norms, values, and structures. According to Meyer and Rowan (1977), they highlighted that Institutional theory acknowledges that organisations' structures are influenced by social values that are typically taken for granted, widely accepted and resistant to change.

The re-alignment of NHIMA may be attributed to pressures, such as the need to improve service delivery, sustainability of the fund, political will, inclusion of more members etc.

The shift of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health can be seen as a response to institutional pressures such as changes in healthcare priorities by the Government of Zambia, governance structures, evolving national health policies etc. Institutional theory helps explain how such a change might be driven by the need to align with the broader health system objectives in the attainment of Universal Health Coverage.

By reviewing the re-alignment through the lens of institutional theory, it becomes clear that this change is likely motivated by external pressures, efforts to enhance legitimacy, and a desire to align NHIMA more streamlined with health system goals, making it more responsive to national health priorities and the attainment of Universal Health Coverage. This will ensure that NHIMA's role in managing health insurance is robust and supportive

to quality care, equitable access, and effective health policy implementation towards Improving the health care system and achievement of Universal Health Coverage. Lastly, the Institutional theory which focuses on how structures and the environments influence organisations can provide insights into how this re-alignment is likely to impact the management and sustainability of NHIS under NHIMA.

2.3 CONCEPTUAL FRAMEWORK

A conceptual framework for this study seeks to illustrate the relationships between independent variable and dependant variables, including healthcare access, reactions of healthcare providers, policymakers, and beneficiaries and equity in health coverage.

Figure 1 below shows the conceptual framework:

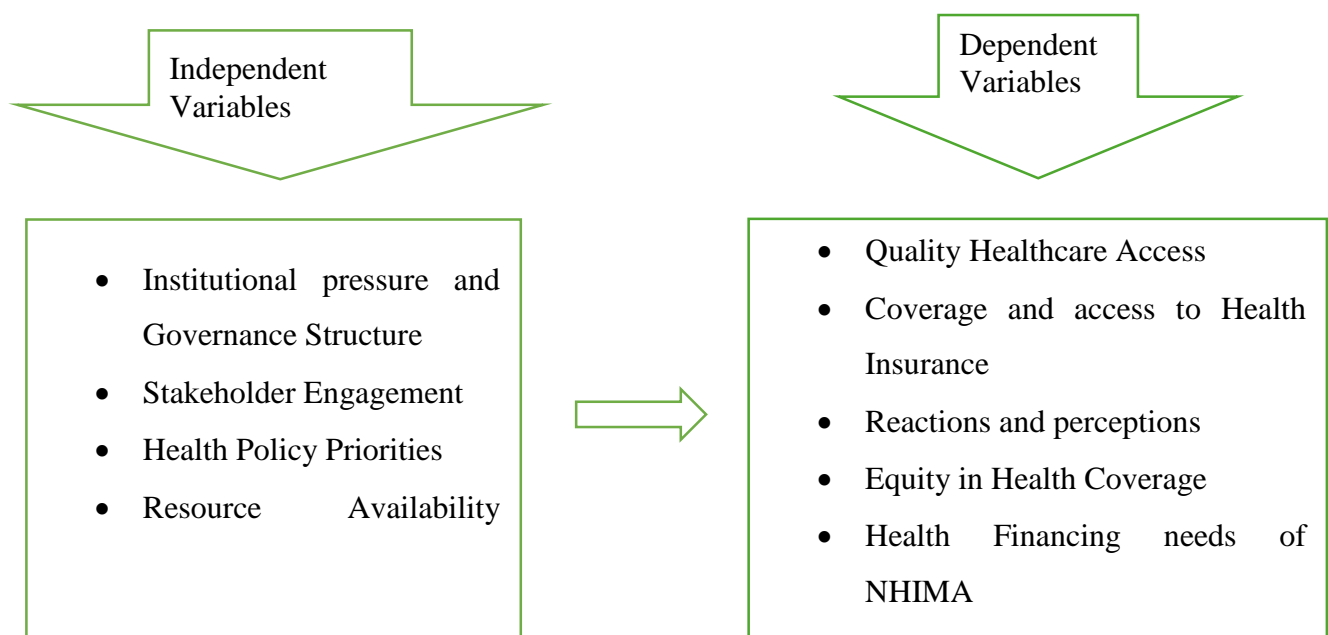


Figure 1 : Conceptual Framework

The conceptual framework highlights the relationship between the dependent and independent variables. It exposes that re-alignment of NHIMA to the Ministry of Health comes with both challenges and opportunities. The independent variables include:

Institutional pressure and Governance Structure: External pressure influencing the re-alignment and governance structures is crucial in the re-alignment. This aligns with objective to review whether transition leads to disruptions in service delivery or affects beneficiaries' ability to access timely healthcare.

Stakeholder Engagement: This independent variable gives an extent to which stakeholders are involved in the re-alignment decision making process. Has an impact on perception and policy direction of health insurance governance and aligns with the objective to review public and stakeholder perceptions regarding the re-alignment and whether it increases or reduces confidence in NHIMA

Health Policy Priorities: The alignment of health policy objectives with national health insurance and system goals in the attainment of Universal Health Coverage is crucial for NHIMA and the Government.

This aligns with the objective to review the impact of the re-alignment of NHIMA from the Ministry of Labour and Social Security (MLSS) to the Ministry of Health (MoH) on the effectiveness and sustainability of the national health insurance system in Zambia.

Resource Availability: This describes the availability of financial, human and technological resources allocated to NHIMA after the effected re-alignment. Resource availability is crucial in the management of and sustainability of NHIMA. This aligns with the objectives of this study

The dependant variables of quality healthcare access, coverage and access to health insurance, reactions and perceptions, equity in health coverage and sustainability Health Financing needs of NHIMA are crucial to the pursuit of Universal Health Coverage.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter presents the research methodology that is used in the assessment of the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health. This chapter outlines the research design, data collection methods, sampling techniques, and data analysis procedures. The chapter will discuss the ethical considerations.

3.1 RESEARCH APPROACH

This study adopts a mixed method approach that use both quantitative and qualitative research methods in the collecting and analysing data.

According to Creswell and Creswell (2018), mixed methods research is an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks. The core assumption of this form of inquiry is that the integration of qualitative and quantitative data yields additional insight beyond the information provided by either the quantitative or qualitative data alone.

Qualitative methods such as interviews, document reviews and focus group discussions will be used to gather insights from key stakeholders, while quantitative data will be collected through surveys.

3.2 RESEARCH DESIGN

This study adopts a mixed methods approach, combining both qualitative and quantitative research methods in a descriptive research design. The descriptive design is chosen because it will provide for a detailed assessment of the re-alignment of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health.

According to Sirisilla (2023), descriptive research can provide valuable information and insights into a particular topic, which can inform future research, policy decisions, and programs.

3.3 TARGET POPULATION

The target population for the study will be NHIMA employees, Ministry of Health and Ministry of Labour and Social Security Officials, healthcare providers, policymakers, and beneficiaries within Lusaka.

CATEGORY	TARGET
NHIMA (Management & Senior Officers)	32
MLSS (social security)	12
MOH (policy & planning)	15
Health Care Providers	100
Policy Makers	10
Beneficiaries	200

Table 2 : Target Population

3.4 SAMPLE SIZE

The sample size for this study is the number of participants that will provide a meaningful representation of the population. The sample size for this study was determined using the Yamane formula using 5% as the level of precision. The formula is as follows:

Where n is the sample size, N is the population, and e is the level of precision.

$$n = N / (1 + N (e)^2)$$

$$n = 369 / (1 + 369(0.05)^2)$$

$$n = 192$$

3.5 SAMPLING TECHNIQUES

The study will employ purposive sampling to select participants, including healthcare providers, policy makers, and beneficiaries. Purposive sampling is a sampling method in which the researcher selects participants based on their knowledge and understanding of the topic. According to Dovetail (2023), purposive sampling is appropriate when the researcher has a clear idea of the characteristics or attributes they are interested in studying and wants to select a sample representative of those characteristics.

In this study, only participants from different categories with an understanding of topic and other who are beneficiaries of the National Health Insurance Scheme will be involved.

3.6 DATA COLLECTION

Data will be collected through interviews and questionnaires. The interview aims to gather insights on the Re-alignment of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health. Responses will contribute to assessing the impact, effectiveness, and public perception of the re-alignment of NHIMA. Participation is entirely voluntary, and all information provided will remain confidential.

Interviews will be conducted with officials from NHIMA, MLSS and MOH. Surveys will be administered to healthcare providers, policy makers, and beneficiaries to gather quantitative data on challenges faced by healthcare providers, policy makers, and beneficiaries and arising from the re-alignment NHIMA.

The questionnaire is designed to gather information related to:

- i. The Impact of the re-alignment of NHIMA on the effectiveness and sustainability of National Health Insurance System in Zambia
- ii. Whether the transition leads to disruptions in service delivery or affects beneficiaries' ability to access timely healthcare
- iii. Public and stakeholder perceptions regarding the re-alignment and whether it increases or reduces confidence in NHIMA

3.7 DATA ANALYSIS

Qualitative data from interviews will be analysed thematically, identifying reactions, perceptions and challenges. Quantitative data from questionnaires will be analysed using Statistical Package for the Social Sciences (SPSS) version 16. According to Williams (2024), SPSS is a suite of software programs that analyses scientific data related to the social sciences. SPSS is cardinal to this study because of its capability to generate descriptive statistics that make data analysis, presentation and analysis easier by means such frequencies tables, percentages, means, inferential analyses, regression etc. The software provides reliability and validity of the data collected and analysed.

According to Babajide (2022), data Presentation forms an integral part of all academic and business research as well as professional practices. Because of the usage of SPSS, this study will be descriptive to the interpretation and understanding of data easier.

3.8 RELIABILITY AND VALIDITY

This study will ensure to uphold the demands of reliability and validity of data. According to Drost (2020), reliability is the extent to which measurements are repeatable when different persons perform the measurements, on different occasions, under different conditions, with supposedly alternative instruments which measure the same thing. In addition, reliability looks at how consistently research instruments reproduce results under different circumstance. Therefore, data reliability in this study will be assured through a reliability test by employing a Cronbach alpha coefficient to measure internal consistency.

According to Drost (2020), validity is concerned with the meaningfulness of research components. Therefore, a valid research undertaking ensures data collected provides meaningful representation of what is being studied.

3.9 ETHICAL CONSIDERATIONS

Ethical principles and guidelines will be adhered to throughout the research process to ensure uphold the integrity of the research including obtaining consent from participants to maintain confidentiality. This will be done to protect the participant's rights.

Adherence to ethical considerations is cardinal to protect the rights of participants and uphold confidentiality of the participants to render the research acceptable. In addition, the research was reviewed and cleared by the University Ethics Committee, and approval was granted prior to commencing the study.

CHAPTER FOUR

FINDINGS

4.1 INTRODUCTION

This chapter presents findings from the study, an assessment of the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health. The outcome addresses the study's set objectives and presents findings in the form of tables and pie charts.

4.2 RESPONSE RATE

The study had a sample size of 192, however, 196 respondents participated in the study indicating a response rate of 102.1%. The study had received overwhelming response from different stakeholders who wanted to contribute their views towards the re-alignment and how it affected their access to health services using National Health Insurance Scheme.

4.3 DEMOGRAPHIC DATA

4.3.1 Period of involvement or knowing about NHIMA

Out of the 196 respondents, 6 respondents had indicated that they were involved with or knew about NHIMA for less than 1 year. 24 respondents had indicated their involvement or knowledge about NHIMA to be between 1 to 2 years, 92 respondents had indicated between 3 to 4 years of involvement or knowledge, and 44 respondents had indicated that they had 5 to 6 years of involvement or knowledge about NHIMA. Lastly, 30 respondents had more than 6 years of involvement or knowledge of NHIMA.

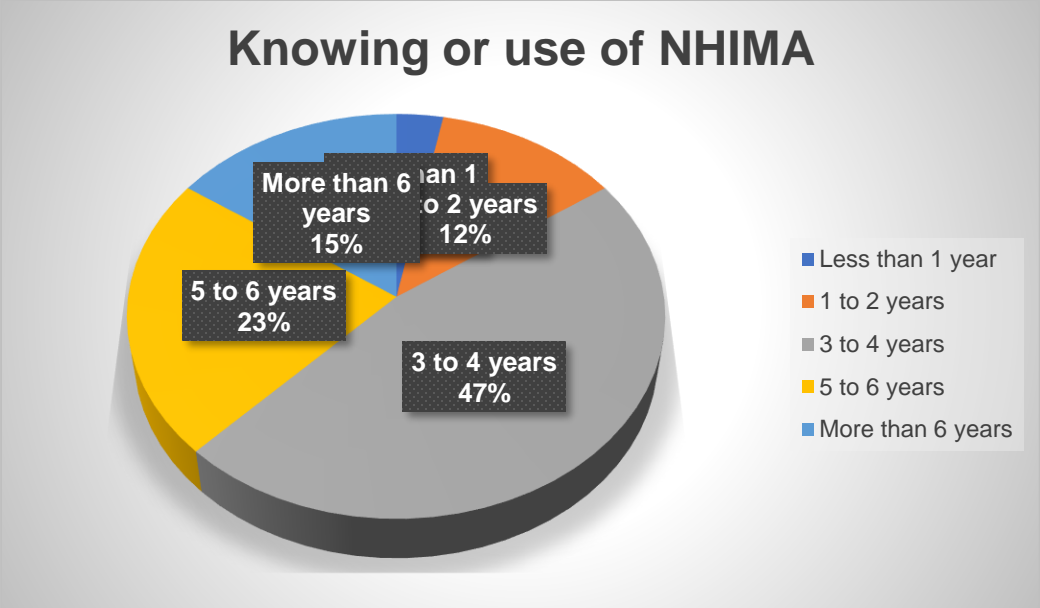


Figure 2 : Involvement or knowledge of NHIMA

4.3.2 Role of employees

With regards to the respective roles of the respondents, 26 respondents were healthcare providers, 18 respondents were MLSS, 30 respondents were NHIMA, 26 respondents were Ministry of Health employees, and 87 respondents were beneficiaries of the National Health Insurance Scheme, 5 respondents were policymakers, and 4 other respondents belonged to either the private sector or were consultants.

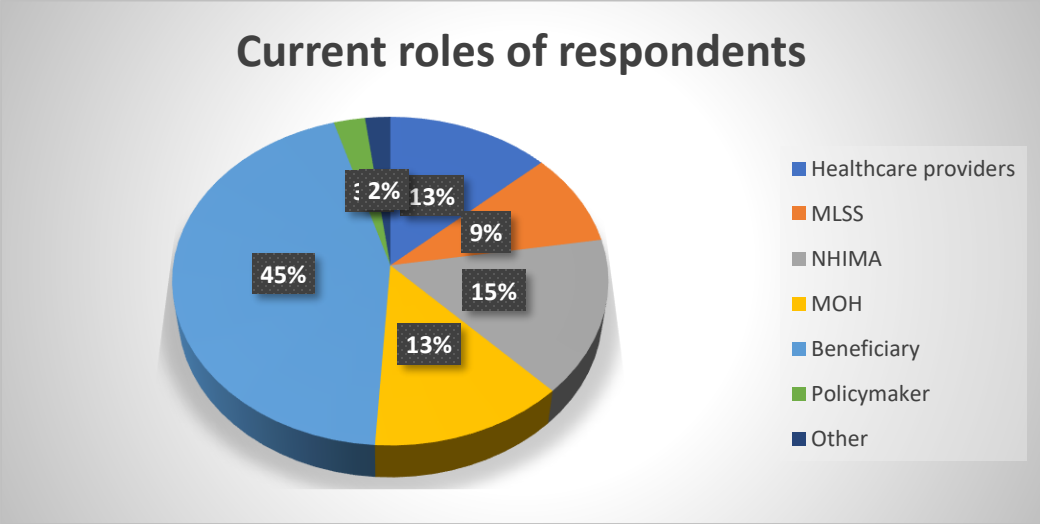


Figure 3 :Current roles of respondents

4.4 PRESENTATION OF QUANTITATIVE DATA

4.4.1 Presentation of frequency distribution

What is your role?

	Frequency	%	Valid %	Cumulative %
Valid Healthcare provider	26	13.3	13.3	13.3
MLSS Employee	18	9.2	9.2	22.4
NHIMA Employee	30	15.3	15.3	37.8
MOH Employee	26	13.3	13.3	51.0
Beneficiary	87	44.4	44.4	95.4
Policymaker	4	2.0	2.0	97.4
Other	5	2.6	2.6	100.0
Total	196	100.0	100.0	

Table 3 : Roles

How many years you have been involved or known about the National Health Insurance Scheme?

	Frequency	%	Valid %	Cumulative %
Valid Less than 1 year	6	3.1	3.1	3.1
1 to 2 years	24	12.2	12.2	15.3
3 to 4 years	92	46.9	46.9	62.2
5 to 6 years	44	22.4	22.4	84.7
More than 6 years	30	15.3	15.3	100.0
Total	196	100.0	100.0	

Table 4 : Involvement or knowledge of National Health Insurance Scheme

How would you rate the impact of the re-alignment of NHIMA to the Ministry of Health on the overall effectiveness of the National Health Insurance system?

	Frequency	%	Valid %	Cumulative %
Valid Very significant	44	22.4	22.4	22.4
Significant	87	44.4	44.4	66.8
Neutral	49	25.0	25.0	91.8
Insignificant	10	5.1	5.1	96.9
Very insignificant	6	3.1	3.1	100.0
Total	196	100.0	100.0	

Table 5 : Overall effectiveness of the National Health Insurance system

Do you think the re-alignment has contributed to the sustainability of the National Health Insurance Scheme in Zambia?

	Frequency	%	Valid %	Cumulative %
Valid Strongly agree	28	14.3	14.3	14.3
Agree	89	45.4	45.4	59.7
Neutral	43	21.9	21.9	81.6
Disagree	29	14.8	14.8	96.4
Strongly disagree	7	3.6	3.6	100.0
Total	196	100.0	100.0	

Table 6 : Re-alignments contribution to the sustainability of the Scheme

Has the transition from MLSS to MoH affected the efficiency of NHIMA in terms of resource management and service delivery?

	Frequency	%	Valid %	Cumulative %
Valid Strongly agree	18	9.2	9.2	9.2
Agree	76	38.8	38.8	48.0
Neutral	72	36.7	36.7	84.7
Disagree	28	14.3	14.3	99.0
Strongly disagree	2	1.0	1.0	100.0
Total	196	100.0	100.0	

Table 7 : Efficiency resource management and service delivery

Do you believe the re-alignment has improved the integration of health services with the National Health Policy objectives which aims to provide equitable access to quality health services that are cost-effective and close to people's homes?

	Frequency	%	Valid %	Cumulative %
Valid Strongly agree	35	17.9	17.9	17.9
Agree	94	48.0	48.0	65.8
Neutral	34	17.3	17.3	83.2
Disagree	29	14.8	14.8	98.0
Strongly disagree	4	2.0	2.0	100.0
Total	196	100.0	100.0	

Table 8 : Integration of health services with the National Health Policy objectives

Since the re-alignment, have you observed or experienced any disruptions in service delivery and access to healthcare under the National Health Insurance Scheme?

	Frequency	%	Valid %	Cumulative %
Valid Yes, significant disruptions	15	7.7	7.7	7.7
Slightly improved	71	36.2	36.2	43.9
No change	90	45.9	45.9	89.8
Slightly worsened	17	8.7	8.7	98.5
Significantly worsened	3	1.5	1.5	100.0
Total	196	100.0	100.0	

Table 9 : Disruptions in service delivery and access to healthcare

Have there been any delays in claims processing or reimbursements to healthcare providers since the realignment?

	Frequency	%	Valid %	Cumulative %
Valid Yes, repeated delays	38	19.4	19.4	19.4
Yes, random delays	67	34.2	34.2	53.6
No delays	25	12.8	12.8	66.3
Not sure	66	33.7	33.7	100.0
Total	196	100.0	100.0	

Table 10 : Claims processing or reimbursements to healthcare providers

In your experience, has the re-alignment affected the affordability of healthcare services for NHIMA beneficiaries?

	Frequency	%	Valid %	Cumulative %
Valid Yes, more affordable	40	20.4	20.4	20.4
Yes, less affordable	29	14.8	14.8	35.2
No change in affordability	97	49.5	49.5	84.7
Not sure	30	15.3	15.3	100.0
Total	196	100.0	100.0	

Table 11 : Re-alignments impact on affordability of the services under the Scheme

How would you rate the public's perception of the re-alignment of NHIMA to the Ministry of Health?

	Frequency	%	Valid %	Cumulative %
Valid Very good	28	14.3	14.3	14.3
Good	80	40.8	40.8	55.1
Neutral	64	32.7	32.7	87.8
Bad	17	8.7	8.7	96.4
Very bad	7	3.6	3.6	100.0
Total	196	100.0	100.0	

Table 12 : : Rating of Public's perception of the re-alignment of NHIMA

Has the re-alignment influenced your confidence in the National Health Insurance Scheme under NHIMA?

	Frequency	%	Valid %	Cumulative %
Valid Significantly increased	30	15.3	15.3	15.3
Slightly increased	78	39.8	39.8	55.1
No change	63	32.1	32.1	87.2
Slightly decreased	18	9.2	9.2	96.4
Significantly decreased	7	3.6	3.6	100.0
Total	196	100.0	100.0	

Table 13 : Effect of the re-alignment on the confidence in the scheme

To what extent do you think the re-alignment has affected public trust in the National Health Insurance Scheme under NHIMA?

	Frequency	%	Valid %	Cumulative %
Valid Significantly increased	31	15.8	15.8	15.8
Slightly increased	83	42.3	42.3	58.2
No change	57	29.1	29.1	87.2
Slightly decreased	18	9.2	9.2	96.4
Significantly decreased	7	3.6	3.6	100.0
Total	196	100.0	100.0	

Table 14 : Effect of the re-alignment of NHIMA on public trust

Do you believe the re-alignment has increased or reduced transparency in the management of NHIMA?

	Frequency	%	Valid %	Cumulative %
Valid Significantly increased	23	11.7	11.7	11.7
Slightly increased	77	39.3	39.3	51.0
No change	73	37.2	37.2	88.3
Slightly decreased	16	8.2	8.2	96.4
Significantly decreased	7	3.6	3.6	100.0
Total	196	100.0	100.0	

Table 15 : Transparency in the management of NHIMA

Does the National Health Insurance Scheme need improvement after the re-alignment?

	Frequency	%	Valid %	Cumulative %
Valid Strongly agree	92	46.9	46.9	46.9
Agree	74	37.8	37.8	84.7
Neutral	26	13.3	13.3	98.0
Disagree	4	2.0	2.0	100.0
Total	196	100.0	100.0	

Table 16 :Scheme improvement after the re-alignment

Do you think the re-alignment of NHIMA to MoH will work to its advantage in the pursuit of Universal Health Coverage?

	Frequency	%	Valid %	Cumulative %
Valid Strongly agree	57	29.1	29.1	29.1
Agree	79	40.3	40.3	69.4
Neutral	38	19.4	19.4	88.8
Disagree	17	8.7	8.7	97.4
Strongly disagree	5	2.6	2.6	100.0
Total	196	100.0	100.0	

Table 17 : Re-alignment of NHIMA's advantage in the pursuit of Universal Health Coverage

Do you think the re-alignment of NHIMA to MOH will ensure the effectiveness and sustainability of the National Health Insurance Scheme?

	Frequency	%	Valid %	Cumulative %
Valid Strongly agree	48	24.5	24.5	24.5
Agree	77	39.3	39.3	63.8
Neutral	43	21.9	21.9	85.7
Disagree	22	11.2	11.2	96.9
Strongly disagree	6	3.1	3.1	100.0
Total	196	100.0	100.0	

Table 18 : Effectiveness and sustainability of the National Health Insurance Scheme

4.4.1.1 Presentation of the findings

The results from the distribution analysis offer some more perspectives on how involved stakeholders viewed and/or experienced the re-alignment of the NHIMA to the Ministry of Health. Among the respondents, 44.4% were beneficiaries and therefore their input in assessing how well the scheme has performed is paramount. Also, notable groups were

NHIMA employees (15.3%) and Healthcare providers (13.3%), which shows that there was a good representation of people working closely with the National Health Insurance Scheme.

Involvement or knowledge of the Scheme was important to the study, the biggest chunk of the respondents reported having 3 to 4 years' awareness of NHIMA (46.9%). The only other notable cohort was that of people who had over 5 years but under 6 years of awareness of NHIMA (22.4%). This suggests that most respondents are well vested with knowledge and experience to answer questions relating to the potential impact of the re-alignment. In addition, concerning the question of how much the re-alignment is likely to affect effectiveness of the insurance system, 44.4% assessed it as significant and 22.4% extremely significant. However, 25% of the respondents remained neutral on the issue suggesting that there are mixed emotions surrounding it or that enough clarity has not been provided.

Concerning service delivery, 45.9% expressed that there have not been any changes while 36.2% expressed that slight changes have occurred, therefore showing that the re-alignment was smooth to make. Unfortunately, 7.7% claimed that there were noticeable disruptions during service delivery suggesting the need to work on improving access to healthcare. On the other hand, the 39.3% of respondents who reported slightly increased transparency in the management of NHIMA with 11.7% of respondents reported significant increase in transparency post re-alignment. 37.2% indicated that there has been no change in transparency. Only 11.8% of the respondents indicated reduced transparency.

As a result of the re-alignment, the majority of the respondents (37.8% agreed and 46.9% strongly agreed) highlighted that the National Health Insurance Scheme needs improvement to ensure its effectiveness and sustainability of NHIMA.

4.4.2 Descriptive Statistics

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
What is your role?	196	1	7	3.83	1.566
How many years you have been involved or known about the National Health Insurance Scheme?	196	1	5	3.35	.983
How would you rate the impact of the re-alignment of NHIMA to the Ministry of Health on the overall effectiveness of the National Health Insurance system?	196	1	5	2.22	.954
Do you think the re-alignment has contributed to the sustainability of the National Health Insurance Scheme in Zambia?	196	1	5	2.48	1.025
Has the transition from MLSS to MoH affected the efficiency of NHIMA in terms of resource management and service delivery?	196	1	5	2.59	.881

Do you believe the re-alignment has improved the integration of health services with the National Health Policy objectives which aims to provide equitable access to quality health services that are cost effective and close to people's homes?	196	1	5	2.35	1.004
Since the re-alignment, have you observed or experienced any disruptions in service delivery and access to healthcare under the National Health Insurance Scheme?	196	1	5	2.60	.813
Have there been any delays in claims processing or reimbursements to healthcare providers since the realignment?	196	1	4	2.61	1.143
In your experience, has the re-alignment affected the affordability of healthcare services for NHIMA beneficiaries?	196	1	4	2.60	.980
How would you rate the public's perception of the re-alignment of NHIMA to the Ministry of Health?	196	1	5	2.46	.963

Has the re-alignment influenced your confidence in the National Health Insurance Scheme under NHIMA?	196	1	5	2.46	.978
To what extent do you think the re-alignment has affected public trust in the National Health Insurance Scheme under NHIMA?	196	1	5	2.42	.982
Do you believe the re-alignment has increased or reduced transparency in the management of NHIMA?	196	1	5	2.53	.931
Does the National Health Insurance Scheme need improvement after the re-alignment?	196	1	4	1.70	.774
Do you think the re-alignment of NHIMA to MoH will work to its advantage in the pursuit of Universal Health Coverage?	196	1	5	2.15	1.021
Do you think the re-alignment of NHIMA to MOH will ensure the effectiveness and sustainability of the National Health Insurance Scheme?	196	1	5	2.29	1.054
Valid N (listwise)	196				

Table 19 : Descriptive statistics

4.4.2.1 Descriptive statistics

The re-alignment of NHIMA to the Ministry of Health is viewed from the perspective of stakeholders using the perceptual data. The selected sample of 196 respondents is adequate for variability since responses for the key variables were recorded using a five-point scale. With a mean of 3.83 (SD = 1.566), the role of respondents reveals substantial contributions from beneficiaries and the employees of key institutions. Regarding involvement or knowledge with NHIMA, respondents averaged 3.35 (SD = 0.983), indicating that an average participant has been involved with or knows of the scheme for 3 to 4 years. Therefore, these figures show that respondents are familiar with the National Insurance Scheme.

Regarding the re-alignment's influence on the effectiveness of NHIMA, it was rated modestly effective with a mean of 2.22 (SD = 0.954). Likewise, moderate ratings are given for its contribution to sustainability which averaged 2.48 (SD = 1.025). These results demonstrate mild positive expectations on the part of stakeholders, but perceptions differ. Integration with health policy objectives of equitable access and cost-effective measures yielded average scores of 2.35 (SD = 1.004) which is not satisfactory. What participants noticed for service delivery interruptions and claims processing delays provided relatively similar means of 2.60 (SD = 0.813) and 2.61 (SD = 1.143) respectively. These results indicate operational challenges experienced during the re-alignment.

Firstly, public perception, confidence, and trust in NHIMA post the re-alignment was evaluated in a related manner, and so were the averages, which were rated as 2.46 with a standard deviation of approximately 0.96 – 0.98. Although the beneficiaries seem to be moderately satisfied, there is still concern for some aspects. Secondly, the indicators which relate to transparency were rated higher than average at 2.53 with a standard deviation of 0.931. Further, the other indicators rated such as an average weighted mean of 1.70, which is a low score, show that there is need for improvement. The drive of the re-alignment towards achievement of Universal Health Coverage and sustainability of the NHIMA was responded to in a more divided manner than anticipated. Respondents rated these averages as 2.15 with a standard deviation of 1.021, and 2.29 with a standard deviation of 1.054, respectively. As the results highlight stakeholders' diverse views, it is

necessary to take steps to resolve the gaps outlined, to enhance the results of the scheme.

4.4.3 Pearson correlation analysis

Correlations

	How many years you have been involved or known about the National Health Insurance Scheme?	Do you think the re-alignment has contributed to the sustainability of the National Health Insurance Scheme in Zambia?
How many years you have been involved or known about the National Health Insurance Scheme?	1 Pearson Correlation Sig. (2-tailed) N 196	.943** .000 196
Do you think the re-alignment has contributed to the sustainability of the National Health Insurance Scheme in Zambia?	.943** .000 196	1 196

** . Correlation is significant at the 0.01 level (2-tailed).

Table 20 : Pearson correlation analysis

4.4.3.1 Pearson Correlation Analysis Presentation

This Pearson correlation analysis seeks to understand how respondents' length of involvement with of knowledge of the NHIMA relates to their view of how the re-alignment of the NHIMA contributes to its sustainability.

The analysis was able to establish these two variables have a strong positive correlation as indicated by the coefficients of 0.943 which suggests the presence of an almost perfect linear relationship between these variables. This means that those individuals who have had an involvement with or were knowledgeable of NHIMA for long periods tend to view the realignment as helpful to its sustainability. Sig. 2-tailed relates to the significance value and it is 2.38. Which is lower than 0.01 and strengthens the claim that the correlation is not due to chance. The data included 196 cases, and all valid pairwise data were taken into account, with any missing values excluded. This approach enhanced the reliability of the findings. The interpretation is also correct because most knowledgeable or experienced persons understand the effects of the re-alignment better.

4.4.4 Regression analysis

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.875 ^a	.766	.765	.463

a. Predictors: (Constant), How many years you have been involved or known about the National Health Insurance Scheme?

Table 21 : Regression analysis

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	136.014	1	136.014	635.022	.000 ^a
	Residual	41.552	194	.214		
	Total	177.566	195			

a. Predictors: (Constant), How many years you have been involved or known about the National Health Insurance Scheme?

b. Dependent Variable: How would you rate the impact of the re-alignment of NHIMA to the Ministry of Health on the overall effectiveness of the National Health Insurance system?

Table 22 : Anova

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.624	.118		-5.310	.000
	How many years you have been involved or known about the National Health Insurance Scheme?	.850	.034	.875	25.200	.000

a. Dependent Variable: How would you rate the impact of the re-alignment of NHIMA to the Ministry of Health on the overall effectiveness of the National Health Insurance system?

Table 23 : Coefficients

This regression analysis attempts to describe the relationship between an independent variable (how many years you have been involved or known about NHIMA) and a

dependent variable (how would you rate the impact of the re-alignment of NHIMA to the Ministry of Health on the overall effectiveness of the National Health Insurance system). The model demonstrates that there is a strong correlation between these variables, as the R^2 square of 0.766 indicates. This means that by the independent variable of the number of years involved or known about NHIMA, 76.6% of the variance in response ratings of re-alignment impact on effectiveness rating is accounted for. Considering that the sample size and number of predictors were adjusted for, the R^2 square of 0.765 further affirms the model's robustness. The analysis revealed there was a statistically significant regression equation $F(1:194) = 635.022$ $p < 0.001$. This means that the predictor variable is significant in explaining the variation of the dependent variable. The unstandardized coefficient B indicates that with every additional year of involvement/knowledge about NHIMA, the perceived effectiveness of the re-alignment increases by 0.85 on the rating scale ($B = 0.850$ $p < 0.001$).

The impact of the issues is negative even before NHIMA is taken into account. We have argued in further sections that the intercept of the model equation is negative as well.

4.4.5 Reliability and Testing Analysis

Reliability Statistics

Cronbach's Alpha	N of Items
.992	4

Table 24 : Reliability and Testing Analysis

The following questions and their responses were used for the reliability tests

- To what extent do you think the re-alignment has affected public trust in the National Health Insurance Scheme under NHIMA?
- Do you believe the re-alignment has increased or reduced transparency in the management of NHIMA?
- Has the re-alignment influenced your confidence in the National Health Insurance Scheme under NHIMA?
- How would you rate the public's perception of the re-alignment of NHIMA to the Ministry of Health?

The goal of the reliability analysis is to assess the consistency of responses given to the four survey questions regarding perceptions about NHIMA after it was re-aligned to the Ministry of Health. These items relate to public trust, management transparency, personal perception of the scheme, and general perception of the re-alignment. The computed reliability statistic, Cronbach's Alpha, is 0.992, indicating that the four items have excellent internal consistency. This result means that there is a lot of similarity in the survey responses and that the items do a very good job of measuring the perception of NHIMA's re-alignment. Alpha values of this magnitude are unusual and suggest that the items measure the same attitude or belief of the respondents almost perfectly.

This level of reliability indicates that measurement error is negligible. It is also very likely that any observed trends or patterns in the data are genuine and are indeed the respondent's views. This high reliability brings into question the validity of using these survey items for further analyses such as regression or factor analysis examining the relationships or dimensions further. But, even though a high Cronbach's Alpha is desired, those close to 1.0 could at times indicate that there is redundancy between items where people do not have enough similar questions to regard as separate categories of the construct. Looking more closely at the items themselves may help ensure that the areas of focus are distinct yet related to the construct.

4.5 QUALITATIVE ANALYSIS

4.5.1 Thematic analysis

4.5.1.1 Public Trust and Confidence in NHIMA

As regards to public confidence and trust, the re-alignment of NHIMA to the Ministry of Health has attracted different views among the citizens and established residents. It can be observed that some respondents stressed the idea that there is a lot of public confidence deficiency. Some respondents believed that the re-alignment has slightly increased public trust which shows that more needs to be done to sustain this progress. This issue shows the danger of assuming that positive sentiments toward the re-alignment will produce the desired effects, when in reality some measures may be necessary to gradually build and improve public confidence and trust.

It can be concluded that some respondents thought trust and confidence in the scheme was going to be voluntary and therefore, no measures were put in place for the communication of the change process.

4.5.1.2 Operational Efficiency and Service Delivery

Concerning the management of the operations of NHIMA in terms of service delivery, the re-alignment has become a basis for both positive and negative discussion. For example, 45.9% of the respondents did not notice any material differences, whereas others pointed to improvements. However, some of the respondents indicated that there have been slight improvements in service delivery, but delays in claims processing remain a significant concern. Therefore, this shows that while there has been a change in some service delivery indicators, more attention must be to reducing operational problems like delays in processing of claims which affects accredited healthcare providers.

4.5.1.3 Clarity of Information and Its Availability in Policy Facilitation

NHIMA is at the middle ground and, as such, respondents displayed divided opinions on the clarity of information offered by NHIMA and whether transparency criteria were met or information was not subject to confidentiality. A participant highlighted that the re-alignment would, at best, work, but there is insufficient transparency to inspire full confidence. This emphasizes the need for more cohesive management of NHIMA's activities to achieve systematic policy coherence while at the same time being very active and open in the management of the scheme. Therefore, mixed ratings on the improvement of its transparency indicates that more stakeholder engagement and reassurance is needed regarding the governance reforms being undertaken.

4.6 SUMMARY OF THE CHAPTER

This chapter investigated documents, interviews, and survey questionnaires to assess the re-alignment of NHIMA from the Ministry of Labour and Social Security to the Ministry of Health. The research drew heavily on governance and institutional theories concerned with operational impact, stakeholder perspectives, and service delivery. The response rate was outstanding, as 196 participants turned up, which is higher than the required sample size. The majority of respondents (grouped about 40%) had 3-4 years of exposure to NHIMA, which ensured involvement and knowledge of the institution. The largest group

of respondents which consisted of relatively of beneficiaries guaranteeing adequate representation of perspectives on service delivery.

Out of those respondents' participants in the focus group interviews claimed that the re-alignment of the NHIMA had a positive impact on the effectiveness of institution. The majority of the other respondents while claiming that the service delivery system base of the institution had not changed, they did claim that there had been slight improvements in the service delivery. Operational factors like claim processing delays remained a big concern. Some respondents argued that operational transparency had improved, while others were sceptical and maintained that more governance transformations were needed to ensure effectiveness and sustainability.

Three areas stood out in the thematic analysis. Firstly, people's trust and confidence in NHIMA increased but was still vulnerable. There is need for stakeholder engagement and improved communication to deal with the fragile public trust issue. Secondly, there were indeed improvements in public service delivery. However, there were challenging gaps in claims processing. Last, the perception concerning transparency and policy integration was relatively negative.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

The re-alignment of the National Health Insurance Management Authority from the Ministry of Labour and Social Security to the Ministry of Health provides an interesting scenario to assess institutional re-alignment at play within the health system of Zambia. This paper studied these issues concerning how the re-alignment affected people's confidence in government institutions, the effectiveness of the operations, the degree of transparency, service delivery and cost effectiveness in the system over time. Such findings are presented under key thematic areas through the lenses of governance and institutional theories to explain the diversity in stakeholder perceptions.

5.2 DISCUSSION OF THE FINDINGS

One of the important issues that came out of the study was the level of public trust and confidence that people have in NHIMA after the restructuring has taken place. While some participants reported trust levels being slightly above average, a majority of them indicated that public trust is lower than the expected value. Msenge (2021) supported that this gap in response implies that there is not adequate trust among the constituents who are expected to use the service, which is attributable to the shortcomings in stakeholder participation and communication. The study by Msenge (2021) "*A proposed citizen participation–public trust model in the context of service delivery protests in South African local government. Journal of Local Government Research and Innovation*" deals with the chronic problem of service delivery protests at the local level of government in South Africa, tying it to apathetic public engagement with governance and decreasing trust. It advocates for a citizen participation-public trust model, which highlights procedural, interactional, and informational justice in promoting public trust and reducing social unrest. Lenz (2024) states that these results are consistent with the tenets of institutionalism which points to the paradox of legitimacy within public institutions. According to Besley (2022) it was highlighted that trust is always going to be tentative unless there are good communication and policy strategies.

Goniewicz (2024) states that the general public's distrust may be the absence of active communication on the restructuring initiatives. Due to the complex nature of changes

taking place in institutions such as, NHIMA, active communication and engagement with all the stakeholders is important, and such stakeholders should adequately appreciate the need for change, as well as its benefits. Peters (2020) agrees that these proposals are consistent with the good governance principles that encourage participation and inclusion so that public confidence is attained. When it comes to operational efficiency, the transition was well-reserved in 2024. The article by Lusaka Times of April (2024), “*Re-alignment of National Health Insurance Management Authority(NHIMA) to Ministry of Health applauded*” discusses how MedRAP supported the moving of NHIMA to the Ministry of Health. According to his comments, Liyoka Liyoka, the Executive Director of MedRAP, pointed out that this would help the poor and other Zambians who are not employed to avoid suffering from the affordability of health services in the country, due to the inadequate delivery of health services in Zambia. This supports the idea of unbundling drug budgets where spending entitlements are managed at the health facility level, which would allow for self-service in procurement and payment and therefore provide a stable supply chain system through NHIMA. MedRAP agreed that the realignment can provide a better way of dealing with affordability and operational constraints in the healthcare system, as seen in the study. The article adds depth to the discussion by detailing how MedRAP supports systemic changes that aid in their institution’s and the study’s governance and institutional framework focus.

However, as stands, far from what the article suggests, the operational effectiveness of NHIMA in service provision was met with conflicting views. Some of the respondents indicated that some indicators of service delivery have shown some improvement, while others reported no improvement did occur. According to Kohn (2022), it was highlighted that the slow pace at which claims are paid out was a recurrent problem that revealed some of the weaknesses still faced by accredited health service providers.

These operational bottlenecks highlight the necessity for targeted actions to simplify administrative procedures and improve resource utilization as Beerepoot (2023) put it in his work “*The biggest business process management problems to solve before we die. Computers in Industry.*” Touray (2021) states that efficiency in service delivery is, from a governance standpoint, an indispensable measure of productivity of the institution. The realignment intended to enhance the delivery of services by placing NHIMA within the

health ministry's framework, however, the study results indicate that its success has been partial. World Health Organization (2018) agrees that this is analogous to the case with other health systems where structural changes on their own were unable to deliver much operational improvement without concurrent investment in scaling up and process improvement.

While transparency and the NHIMA's operations interface with overarching health policy objectives were in support of everyone, it piqued scepticism. Respondents had a mixed stand on whether the realignment brought further transparency to the management of NHIMA. Some stakeholders appreciated the slight improvements made, others placed further emphasis on the need for more unified governance frameworks to alleviate doubts regarding the transparency of the scheme. Within this framework, policy integration, a central pillar of effective governance will always remain a challenge for NHIMA. Alotaibi (2021) highlighted that the findings suggest that the alignment with MoH has needed to fully result in systematic alignment with national health policy objectives such as equitable access to cost-effective health services. In addition, Levi-Faur (2012) emphasized that this empirical situation demonstrates the problems of institutional re-alignment where structural changes have to be matched with policy changes and strategic capacity building.

Respondents pointed to the engagement of various stakeholders, like beneficiaries, healthcare providers, and policymakers as a critical gap in the NHIMA realignment decision, as lack of engagement was cited as a barrier to realignment. This is quite dangerous to the outcomes and goals of the intended realignment. Governance theories emphasize the need for the participation of stakeholders to build credibility and improve the performance of an institution as once tabled in the study *"Effective Change Management Strategies: Lessons Learned from Successful Organizational Transformations. American Journal of Trade and Policy"* by Allam (2024)."

The study implies that the engagement of stakeholders might lessen the degree to which some concerns regarding transparency, betting service delivery, and the ability to people trust the system have been raised as the study by Guerzovich & Poli (2020) titled *"How social accountability strengthens cross-sector initiatives to deliver quality health services? Global Partnership for Social Accountability Note"* suggests. According to Wamsler

(2017), regular engagement with relevant stakeholders might ensure that their perspectives other than the norm are integrated within decision-making. Bevir (2013) agrees that this feeling of inclusion could increase accountability.

Respondents had mixed feelings on the impact of the MoH realignment on the NHIMA's sustainability, one of the student's focus areas. While some said the transition was a step towards the betterment of the scheme's sustainability, others pointed out all too familiar resource constraints and administrative inefficiencies challenges that still linger. These results are consistent with institutional theories which suggest that sustainability is a function of proper resource allocation, stakeholder engagement, and governance structures (Herold, 2018). The study revealed that strategic planning and building of capacities of NHIMA was crucial to its long-term sustainability. Dumas (2018) in his work titled "*Fundamentals of Business Process Management*" explains how this incorporates dealing with operational challenges, for example, the slow claims payment, as well as putting in place strong follow-up and evaluation systems to assess what has been done, and where more is needed. According to Béland & Katapally (2020), it was highlighted that these actions are needed to develop a viable health insurance scheme that is elastic to the changing health needs and policies.

It was anticipated that NHIMA would advance the Health Ministry's efforts towards UHC. From the findings of this study, it appears this goal is still one that is set but not achieved. The respondent's concern was there should be changes to deal with policy implementation gaps. The World Health Organisation (2018) states that while the integration of health services with the UHC objectives has been attempted, this has not been easy and remains a major challenge in ensuring access to quality health care for all.

Sacks (2019) addressed that for a United Health Coverage system to be effective, there is a need to combine reforms with a focus on building up infrastructure, communities and the necessary workforce. Kutzin et al (2016) supports that the results from the research highlight the need for NHIMA to be more strategic in fostering the health system, taking advantage of its relationship with MoH to tackle the health system challenges and support diversity within the system. The respondent's accounts of service provision and healthcare access suggest that there were some difficulties with this new approach to

administration. Not everyone impacted by those changes faced the same level of sub-disruption, however, there is no denying that these types of worries come with a new administration. Doppelt (2017) states that for these issues to be addressed there has to be a shift in the management style such that there is a clear system of communication and engagement and these are complemented with robust change strategies.

Lessons from the study indicate that a thorough plan and appropriate attention to the inherent drawbacks would have helped mitigate some of the challenges faced during service provision realignment. According to Kotter (2012), this complies with the management of change paradigms, which focuses on the simulation of the pace and type of transition processes in organizations. These types of events, if tried, are useful in comparative evaluation, and in so doing, most, if not all, disorders could be eliminated in NHIMA service delivery.

5.3 CONCLUSION

The chapter presented an overview of the research findings, with particular attention paid to the challenges that were brought up about the effects posed by the NHIMA realignment on public faith, operational efficiency and service delivery. The chapter brought out missing elements of the involvement of stakeholders and the lack of clarity which has had a negative effect towards the effectiveness and sustainability of the institution. The next chapter evaluated the overall study and made strategic recommendations that were intended to solve the issues that were established in the findings.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter offers a final review of the movement of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health in Zambia. The chapter closes with the conclusion of the entire study on an even broader basis provides recommendations for the betterment of NHIMA in its operation and suggests topics for future studies.

6.2 CONCLUSION

The research focused on the impact of the re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security to the Ministry of Health. The study aimed to assess the effects on NHIMA's effectiveness, sustainability, and public perception.

The findings revealed mixed opinions from stakeholders about the re-alignment of NHIMA. Some improvements were noted but challenges like delays in claims processing and issues with public trust were highlighted. The study concluded that reforms are necessary and needed to enhance governance, financial sustainability, and public confidence in NHIMA's operations.

6.3 RECOMMENDATIONS

To the Ministry of Health

To ensure the effectiveness and financial sustainability of the health insurance scheme on the income side, the Minister of Health should propose an upward revision of the statutory contribution from 2% (1% Employer and 1% Employee) to 10% (5% Employer and 5% Employee).

To ensure improved service delivery and beneficiary access to timely access to healthcare, the Ministry of Health should improve the quality of service provided in the public NHIMA accredited health facility, reduce the turnaround time of the service and ensure availability of drug for the beneficiaries.

To NHIMA

To design a robust health care package that responsive to equitable access to the services. In addition, NHIMA should invest in radiography equipment in Provincial public NHIMA accredited facilities to ensure that beneficiaries timely access the services in quest to reduce claims from private healthcare providers.

Further, NHIMA should prioritize membership expansion to the informal sector to realize an increase in contribution.

To the Ministry of Finance

To provide NHIMA with seed money that can allow the institution invest in the core areas that guarantee effectiveness and sustainability of the scheme.

6.4 RECOMMENDATIONS FOR FUTURE RESEARCH

Future research is recommended to look at alternative financing models that can help sustain the National Health Insurance Scheme and ways of enhancing public trust.

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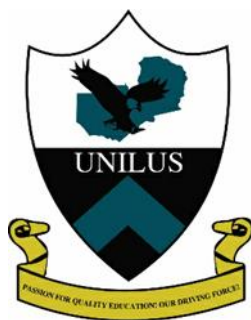
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APPENDIX

QUESTIONNAIRE



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Dear Participant,

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I am Cheswa Sampa, a postgraduate student at the University of Lusaka, conducting research on the Re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security (MLSS) to the Ministry of Health (MoH).

This questionnaire aims to gather insights from stakeholders, including healthcare providers, government officials, and beneficiaries on the Re-alignment of the National NHIMA from the MLSS to the MoH. Your responses will contribute to assessing the impact, effectiveness, and public perception of the re-alignment of NHIMA. Your participation is entirely voluntary, and all information provided will remain confidential.

Thank you for your valuable input.

SECTION A: DEMOGRAPHIC INFORMATION FOR RESPONDENTS

This section collects basic information to understand the profile of the respondents.

1. What is your role?

- A. Healthcare provider
- B. MLSS employee
- C. NHIMA employee
- D. MOH employee
- E. Beneficiary
- F. Policy Maker

- G. Other (please specify): _____

2. How many years you been involved with or known about the National Health Insurance Scheme?

- A. Less than 1 year
- B. 1-2 years
- C. 3-4 years
- D. 5-6 years
- E. More than 6 years

SECTION B: IMPACT OF THE RE-ALIGNMENT ON EFFECTIVENESS AND SUSTAINABILITY OF THE SCHEME

This section assesses the impact of the re-alignment on the National Health Insurance Scheme's effectiveness and sustainability.

1. How would you rate the impact of the re-alignment of NHIMA to the Ministry of Health on the overall effectiveness of the national health insurance system?

- A. Very significant
- B. Significant
- C. Neutral
- D. Insignificant
- E. Very insignificant

2. Do you think the re-alignment has contributed to the sustainability of the National Health Insurance Scheme in Zambia?

- A. Strongly Agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

3. Has the transition from MLSS to MoH affected the efficiency of NHIMA in terms of resource management and service delivery?

- A. Strongly Agree
- B. Agree
- C. Neutral
- D. Disagree

E. Strongly Disagree

4. Do you believe the re-alignment has improved the integration of health services with national health policy objectives which aims to provide equitable access to quality health services that are cost-effective and close to people's homes?

A. Strongly Agree

B. Agree

C. Neutral

D. Disagree

E. Strongly Disagree

SECTION C: DISRUPTION IN SERVICE DELIVERY AND ACCESS TO HEALTHCARE

This section seeks to assess disruptions to service delivery and access to healthcare under the Scheme.

5. Since the re-alignment, have you observed or experienced any disruptions in service delivery and access to healthcare under the National Health Insurance Scheme?

A. Yes, significant disruptions

B. Slightly improved

C. No change

D. Slightly worsened

E. Significantly worsened

6. Have there been any delays in claims processing or reimbursements to healthcare providers since the re-alignment?

A. Yes, repeated delays

B. Yes, random delays

C. No delays

D. Not Sure

7. In your experience, has the re-alignment affected the affordability of healthcare services for NHIMA beneficiaries?

A. Yes, more affordable

B. Yes, less affordable

C. No change in affordability

D. Not sure

SECTION D: PUBLIC AND STAKEHOLDER PERCEPTIONS

This section evaluates the perceptions of stakeholders on the re-alignment of NHIMA.

8. How would you rate the public's perception of the re-alignment of NHIMA to the Ministry of Health?

A. Very good

B. Good

C. Neutral

D. Bad

E. Very bad

9. Has the re-alignment influenced your confidence in the National Health Insurance Scheme under NHIMA?

A. Significantly increased

B. Slightly increased

C. No change

D. Slightly decreased

E. Significantly decreased

10. To what extent do you think the re-alignment has affected public trust in the National Health Insurance Scheme under NHIMA?

- A. Significantly increased
- B. Slightly increased
- C. No change
- D. Slightly decreased
- E. Significantly decreased

11. Do you believe the re-alignment has increased or reduced transparency in the management of NHIMA?

- A. Significantly increased
- B. Slightly increased
- C. No change
- D. Slightly decreased
- E. Significantly decreased

SECTION E: SUSTABILITY AND EFFECTIVENESS OF THE SCHEME UNDER NHIMA

This section assesses the sustainability and effectiveness of the National Health Insurance Scheme.

12. Does the National Health Insurance Scheme need improvements after the re-alignment?

- A. Strongly Agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

13. Do you think the re-alignment of NHIMA to MoH will work to its advantage in the pursuit of Universal Health Coverage?

- A. Strongly Agree
- B. Agree

C. Neutral

D. Disagree

E. Strongly Disagree

14. Do you think the re-alignment of NHIMA to MOH will ensure effectiveness and sustainability of the National Health Insurance Scheme?

A. Strongly Agree

B. Agree

C. Neutral

D. Disagree

E. Strongly Disagree

Thank you for participating in this questionnaire.

INTERVIEW QUESTIONS



School of Postgraduate Studies

Dear Participant,

This interview aims to gather insights on the Re-alignment of the National Health Insurance Management Authority (NHIMA) from the Ministry of Labour and Social Security (MLSS) to the Ministry of Health (MoH). Your responses will contribute to assessing the impact, effectiveness, and public perception of the re-alignment of NHIMA. Your participation is entirely voluntary, and all information provided will remain confidential.

Thank you for your valuable input.

Objective 1: Impact of re-alignment on effectiveness and sustainability of National Health Insurance Scheme under NHIMA

1. How do you perceive the impact of NHIMA's re-alignment from the MLSS to MoH on its overall effectiveness in managing the National Health Insurance Scheme?
2. Do you think the re-alignment of NHIMA has strengthened or weakened the long-term viability and stability of National Health Insurance Scheme?

Objective 2: Impact of re-alignment on service delivery and beneficiaries' access

1. Has the re-alignment of NHIMA to the Ministry of Health caused any disruptions or changes in healthcare service quality?
2. How easy is it for beneficiaries to access timely healthcare services now that NHIMA is under the Ministry of Health?

Objective 3: Public and stakeholder perceptions of the re-alignment

1. Has the re-alignment boosted or eroded public trust in NHIMA's management of Zambia's national health insurance scheme?
2. Has the re-alignment increased or decreased public trust in the national health insurance system, and what factors have contributed to this perception?

Thank you for participating in this questionnaire.

PLAGIARISM CHECK



18.52%

SIMILARITY OVERALL

55.93%

POTENTIALLY AI

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Similarity report

Your text is highlighted according to the matched content in the results above.

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- HIGHLY LIKELY AI 27.84%

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SCHOOL OF POSTGRADUATE STUDIES AN ASSESSMENT OF THE RE-ALIGNMENT OF THE NATIONAL HEALTH INSURANCE MANAGEMENT AUTHORITY (NHIMA) FROM THE MINISTRY OF LABOUR AND SOCIAL SECURITY TO THE MINISTRY OF HEALTH A DISSERTATION PRESENTED IN PARTIAL FULFILMENT FOR REQUIREMENT OF THE PROGRAM MASTER OF PROCUREMENT, LOGISTICS AND SUPPLY CHAIN (MSCPLSM) BY CHESWA SAMPA MSCPLSM23119337 ©2025

DECLARATION I, CHESWA SAMPA, proclaim that this work hasn't been submitted to the university of Lusaka before or any other

University for the award of a graduate degree. 9 26 199 Further, I declare

that the works cited in this dissertation have been

acknowledged. CHESWA SAMPA Aut

hors Signature Date Supervisors Sign

ature Date Jones J Kayloingwe PhD 2 DEDICATION This work is

dedicated to my wife Donia Zulu and sons, Cheswa Jr and

Lubuto for their unprecedented love and support. 3 3 ACKNOWLEDGEMENTS I

would like to express my appreciation to all those who

contributed to the successful completion of this dissertation. My

sincere gratitude goes to my academic supervisor, whose support

has been unmatched throughout the research process. I am also grateful

to the participants who played a part in bringing this work to reality. 3

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