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ASSESSING HEALTH INSURANCE (NHIMA) COVERAGE OF RETIRED PATIENTS AND THEIR ACCESS TO HEALTH CARE AT LEVY MWANAWASA HOSPITAL

BY

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A research dissertation submitted to the University of Lusaka in a partial fulfilment of the requirements of a Degree in Bachelor of Science in Public health

DECLARATION

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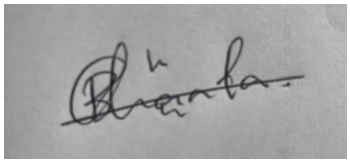
Do hereby declare that this report represents my work and investigations, except where it is stated and acknowledged by giving references. This report has never been previously submitted for a degree at the University of Lusaka or any other university.

Student signature:  Date: 9th November, 2025

Supervisor Name: NOVAN TEMBO

This dissertation has been submitted with my approval as a University of Lusaka (UNILUS) supervisor.

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Supervisors Signature:  Date: 9th November, 2025

DEDICATION

I would like to dedicate my work to my beloved family, whose unwavering love, support and encouragement have been a major foundation of my journey.

ACKNOWLEDEGEMENTS

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ABSTRACT

Background

Retirement often marks a significant reduction in income, yet it coincides with the increased healthcare needs. In Zambia access to healthcare among retirees remains a major concern particularly regarding enrollment and utilization of the NHIS, despite the number growth limited empirical data exists on how retired individuals navigate through healthcare services at Levy Mwanawasa Hospital.

In Zambia this transition poses additional challenges as retirees often struggle to have access to health services, although this scheme was introduced to promote equitable and affordable healthcare for all Zambian citizen.

Despite a growing number of retirees joining NHIMA, empirical evidence remains limited regarding how patients navigate healthcare under this system, particularly with high volume public hospitals such as Levy Teaching Mwanawasa Hospital.

Methods

This study adopted a qualitative method was used as an explorative and descriptive design to gain in depth insight into the lived experiences of retired patients aged 60 and above. Data was collected through interviews with purposively selected participants.

Data was collected through interviews with purposively selected participants. The thematic analysis was used to analyze the data, well-structured questionnaires were administered to individuals that were willing to participate and express their perceptions, challenges and expectations in details, thematic analysis was also used to analyze the data that was collected.

Results

This study revealed a widespread of gaps in health insurance literacy among retirees, with many unsure about how NHIMA operates or how to access its benefits. Low literacy levels proved to be high and often resulted in confusion, delays and underutilization of services available.

Additionally, retirees highlighted persistent systematic barriers which included drug stockouts, long waiting hours, perceived negative attitudes among healthcare workers and inconsistent communication. Although some patients acknowledged improvements in financial access due to the health insurance coverage.

Recommendations

The Ministry of Health should allocate adequate funding to NHIMA-accredited facilities to prevent drug shortages and ensure timely procurement of essential commodities. The Ministry of Health should strengthen health insurance education for adults, both at community level and also during hospital visits.

Furthermore, staff training on customer care and customer service health insurance processes in order to reduce misinformation by Strengthening, accountability mechanisms which will help address the necessary gaps and support progress towards universal health coverage.

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LIST OF ACRONYMS

CT Computed tomography

MRI Magnetic resonance imaging

NAPSA National pension scheme authority

NHIMA National health insurance management authority

NHIS National health insurance scheme

PSPF Public service pensions fund

WHO World health organization

LIST OF FIGURES

CHAPTER ONE

1.0 BACKGROUND

Health insurance is a fundamental component of healthcare systems worldwide, playing a vital role in determining individual access to medical services and their overall outcome. Zambia has a health Care landscape that combines both public and private systems, the significance of healthcare services is even more pronounced, particularly for specific demographics such as retired patients. As the population ages the number of retirees' increases, understanding how healthcare services affect these people is essential (WHO, 2021).

A retired person is defined as someone who has left their primary employment and is a nonparticipator in labor force usually due to reaching their retirement age and is now living on pension, (Denton and Spencer, 2009). Looking at the idea of them being aged and not gaining a profitable income they become prone to facing so many chronic illness, morbidity issues and the need for specialized care.

The national health insurance management authority (NHIMA) was established in Zambia to provide health insurance coverage to its citizens. It aims to increase access to healthcare services and reduce financial hardship due to healthcare costs and improve outcomes (NHIMA, 2020). However the effectiveness of this insurance coverage to retired patients remains unclear. This research presentation is aimed at assessing the effectiveness of these healthcare services for retired patients at levy Mwanawasa hospital.

Levy Mwanawasa hospital, one of Zambia's leading healthcare facilities, serves a diverse patient population which includes an increased number of retirees. The financial implication of healthcare can be overwhelming for these people, who often rely on fixed incomes or pensions that may not cover medical expenses. Research indicates that retirees with limited or no health insurance are likely to seek less medical help which will lead to reduced quality of life and an advancement in the health condition (Finkelstein et al.,2010).

Moreover, the social determinants of health, such as socio-economic status, education and geographic location may complicate their access to healthcare services, this is due to the issue of some of them living in rural areas where facilities are scarce or there is limited transportation making it a challenge to seek medical attention resulting in a decline in the quality of life and increased morbidity (Marmot, 2015).

Although there are many public health programs and government sponsored health schemes that aim to provide some degree of insurance coverage for retirees. The extent of effectiveness of these programs will vary looking at the limited resources and adequate funding being a challenge especially for these retirees (Chanda et al., 2020). On the other hand, private insurance options may be available, but that often comes with high premiums that many retirees cannot afford.

Therefore, this study aimed to assess health insurance coverage for retired patients; by exploring the relationship between health insurance and healthcare access, this research seeks to illuminate

the systemic issues that affect the retired patients. The findings will contribute to a deeper understanding of the healthcare landscapes for this population.

Additionally, this study explored potential disparities based on factors such as socio-economic status, gender and the types of health insurance plans available. This ensured that the challenges faced by various sub groups of retired patients were recognized and addressed, ultimately aiming to inform strategies that can lead to improved healthcare outcomes and a better quality of life for retirees.

1.1 STATEMENT THE PROBLEM

The aging population in Zambia is increasing, as of 2023, Zambia's aged population of retired patients was at 1.9% equating to around 390,000 individuals out of a total population of 20.57 million, the elderly dependency ratio in Zambia stands at 3.4% indicating that 100 working-age individuals.

Despite their relatively small proportion, this demographic represents a vulnerable group increasing healthcare needs due to chronic illnesses, disability, and reduced income post-retirement. The elderly dependency ratio of 3.4% suggests the growing demand for social and healthcare services.

Retired patients in Zambia face numerous challenges in accessing health services, including limited access to healthcare insurance services. This is usually due to inadequate funding and shortages in medicines. The existing funding models may not be flexible enough to address the evolving need of the aging population (WHO, 2021).

Leading to inadequate health care services for retirees. However, the absence of clear understanding of the various funding models makes it difficult to determine approaches that are most effective in addressing these needs. The long-term viability of the national health insurance management authority (NHIMA) funding model is uncertain, they tend to face economic constraints.

Additionally, there are different disparities in the health sector regarding health care insurance, as it is a crucial determinant of health particularly for retired patients who have limited financial and heightened health needs. At Levy Mwanawasa Hospital, there is a noticeable gap in understanding how effective health insurance enables retired patients to access essential health services. Many of them in this group lack sufficient coverage, leading to barriers in the obtaining of health services.

Despite having various insurance programs, retirees often faced challenges in navigating the health system. Without a solid grasp of how different funding models available within NHIMA work it becomes difficult rather challenging to identify and implement the best strategies for improving healthcare services.

The relationship between health and insurance was not well documented which meant that there was need to investigate whether or not insured patients get better access to medical care than the uninsured. Many patients at Levy Mwanawasa hospital report, facing challenges in receiving timely and quality healthcare, indicating that even insured patients may struggle to access the care they need.

1.2 JUSTIFICATION OF STUDY

Adding to the board of knowledge, this study deepened the understanding of healthcare access challenges faced by retired patients. This research also addressed a significant gap in existing literature, providing valuable insights that can influence both academic and practical applications in the health sector.

Zambia is experiences a demographic transition, with an increasing number of retirees and the demand for healthcare services as noted by the world health organization (WHO), the proportion of people aged 60 years and older is projected to double from 12% to 22% by 2050 signifying the urgent need for healthcare policies to carter for this demographic (WHO, 2021).

Research indicates that older adults are particularly vulnerable to health disparities. A study by Gureje et al, (2015) highlights that inadequate health insurance coverage can expand these disparities, leading to poorer health outcomes among this specific demographic. Access to healthcare in managing chronic illness, which is more prevalent among retirees. Findings from this study helped inform policy makers about the specific needs of a retiree, guiding the development of more effective health insurance policies.

According to the ministry of health (2020), there was a significant gap in understanding how these schemes meet the needs of older adults, highlighting the need for targeted research. By identifying gaps in health insurance coverage and the barriers in healthcare will contribute to improved health outcome for retirees. As emphasized by McGinnis et al. (2002), addressing social determinants of health, including health insurance being crucial for enhancing the overall well-being of vulnerable populations.

Additionally, this study lays the groundwork foundation for future research endeavors. By establishing a foundational understanding of these health issues at hand.

1.3 GENERAL OBJECTIVE

- To evaluate the health insurance coverage of retired patients at Levy Mwanawasa Hospital and its impact on their access to healthcare services.

1.4 SPECIFIC OBJECTIVES

1. To determine the effectiveness of NHIMA in providing health insurance coverage to retired patients?

2. To assess the prevalence of retired patients at Levy Mwanawasa Hospital?

3. To evaluate the role of Levy Mwanawasa hospital in providing healthcare services to retired patients?

1.5 RESEARCH QUESTIONS

1. How effective is NHIMA in providing health insurance coverage to retired patients?
2. What is the prevalence of retired patients at Levy Mwanawasa Hospital?
3. What role does Levy Mwanawasa play in providing healthcare services to retired patients?

CHAPTER TWO
2.0 LITERATURE REVIEW

Access to healthcare insurance is a fundamental human right, yet many populations, especially the elderly and the retired face a significant barrier to obtaining essential health services. One critical factor influencing access is the presence or absence of health insurance coverage. This literature review explores previous studies and theoretical frameworks relevant to health insurance, healthcare access, and the elderly in Zambia and its comparable settings.

Health insurance is a key determinant of access to healthcare services. Numerous studies have established that there is a direct correlation between insurance coverage and healthcare access and that individuals with comprehensive health insurance are more likely to utilize medical services other than those without coverage (Buchmuellar et al., 2016). In Zambia, the national health insurance scheme (NHIS) has been introduced to improve healthcare access, challenges remain, particularly for retired individuals who may have transitioned out of the workforce (Masiye et al., 2018).

Globally, the aging population presents a significant health system challenge including financial constraints, transportation challenges, challenges inadequate financial conditions and limited health literacy. Individuals aged 60 and above constitute the fastest growing demographic, and their health needs tend to become more complex and chronic.

Health insurance is widely recognized as a mechanism to reduce the financial burdens that come with health services and increase access to successful healthcare provision (WHO, 2010). Many African countries have yet to establish sustainable and inclusive health financing mechanisms for older adults. An example is Ghana over 60% of the population is covered under NHIS coverage among the elderly remains inconsistent due to registration cost and logistical barriers (Blanchet et al., 2012).

Further studies however prove that the effectiveness of health insurance coverage in improving access to healthcare services for retired patients is limited and this is due to a number of challenges faced, like funding, shortage of essential medicines and equipment and also lack of well skilled healthcare personnel (Kabwe, 2020). NHIMA was established in 2018 to provide insurance coverage to all Zambian citizens. This insurance provider aims to increase health outcomes. However, its effectiveness on retired patient outcomes is unclear.

A study conducted at Levy Mwanawasa teaching Hospital in Lusaka found that retired patients were more likely to experience financial hardship due to healthcare costs, leading to delayed or forgone care (Mwango et al., 2019). These individuals face unique challenges that hinder their access to healthcare, financial constraints are more prominent as many retirees find it very difficult to afford out-of-pocket expenses associated with healthcare (Katz el al., 2018). Additionally, retirees may lack awareness of available insurance programs and their benefits. Which can result in undernutrition of healthcare services (Saha et al., 2019).

Research signifies that retirees from lower socioeconomic backgrounds are more likely to be underinsured, leading to disparities in healthcare access and outcomes (Rosenbaum, 2017).

In Zambia. Socioeconomic disparities are exacerbated by limited healthcare infrastructure, particularly in rural areas where many retirees reside. Another challenge identified by Chilufya and Banda (2022) was a frequent shortage of essential medications for chronic illnesses such as diabetes and hypertension.

In Zambia, the health insurance landscape is evolving with various public and private options available. Chanda et al. (2020) highlights the challenges faced by retirees in accessing these services, many retirees rely on government-sponsored health insurance programs. Additionally, a study by Banda et al. (2021) revealed that many retired individuals who were previously covered by employer-sponsored insurance lose coverage upon retirement, leaving them financially vulnerable. However, existing reports indicate that elderly patients at Levy Mwanawasa most times face long waiting hours due to understaffing and high patient volume. Many retirees particularly those with chronic conditions, experience delays in receiving specialized care.

This study seeks to identify similar trends and to provide evidence on how insurance statuses can influence healthcare seeking behavior among retired patients at Levy Mwanawasa Hospital that could be existing among retired patients. Levy Mwanawasa Hospital is one of the biggest referral hospitals that provides specialized medical services. While its serves all ages groups, the hospital faces increased pressure from growing number of elderly patients. Although the hospital accepts patients with NHIS coverage, many retirees still present without insurance, limiting their ability to access full treatment packages or specialized diagnostics.

However, reports suggest that many retired patients struggle the most compared to younger patients. Interviews with health providers further revealed that some patients forgo necessary specialist consultations or laboratory tests like MRIs and CT scans due to financial limitations leading to undiagnosed and worsening health conditions. Ng'andu et al. (2021). Social protection mechanisms such as pension schemes are critical in supporting retirees. In Zambia, pensions are administered by institutions such as the public service pensions fund (PSPF) and the national pension schemes authority (NAPSA).

In Zambia, health insurance coverage is limited, particularly among the elderly. A study found that only 10% of the population had insurance coverage. In a comparative study, Nyirenda (2020) examined that health insurance disparities among urban and rural retirees in Zambia, concluding that rural retirees had a lower insurance enrollment due limited access to information and enrollment centers. This creates a two-tiered system, where some retirees benefit from these healthcare services while others rely entirely on out of pocket payments.

Developing countries often face fragmented insurance systems, limited healthcare infrastructure and funding techniques. Other countries like the Sub-Saharan Africa the health schemes are relatively recent and offenly face challenges related to enrollment, coverage depth, and quality of care.

These countries have increasingly adopted health insurance schemes (Blanchet et al., 2012). However, implementation challenges persist, such as delayed reimbursement to providers, insufficient funding and inequitable access. Order populations in these contexts face difficulties,

cultural beliefs and perceptions about aging also influences health-seeking behavior among retirees.

Zambia established the NHIS in 2018 to provide financial risk protection and improve healthcare access for all citizens under NHIMA, initial evaluations of this insurance system suggest that while enrollment is growing, awareness and understanding of benefits which still remain low among the elder population.

According to a report by the ministry of health (2021), there is also lack of outreach to retirees and limit effective utilization. Moreover, retired patients still face physical, financial and systematic barriers, long waiting hours, unavailability of essential drugs.

Essential data on the prevalence of health insurance coverage among retired populations in Zambia is limited. However a study a study indicated that approximately 40% of retirees in Lusaka province were enrolled in NHIMA as of 2021, factors positively associated with coverage included previous formal employment and urban centers.

While existing studies highlight various challenges and opportunities within health insurance schemes, there still remains a localized and empirical research focusing specifically on this group of people in urban public hospitals like Levy Mwanawasa Hospital.

Studies across the Sub-Saharan Africa has highlighted systematic barriers to healthcare access for older adults, including a lack of specialized services insufficient health insurance coverage, and age-related discrimination in service delivery (Aboderin et al.,2015; WHO,2020). In Zambia, the 2015 National aging policy was established to address some of these challenges, aiming to promote the welfare and health of the elderly. However, the policy's implementation has remained limited due to financial constraints and low prioritization.

2.1 Theoretical framework.

The theoretical framework of this study is based on the Andersen's behavioral model of health services which was developed by Ronald Andersen in 1968 and his model has been widely used, this model states that access to healthcare care services is influenced by individual, provider and system factors, it suggests that health insurance coverage is a critical factor in assessing healthcare services, and is influenced by predisposing factors such as age, education and also enabling resources like income, insurance and needs such as illness severity. Enabling resources decline post-retirement, even as the need for care rises.

2.2 The health belief model.

This health belief model was applicable, as it highlights how retirees' perceptions of disease severity, healthcare and healthcare benefits shape the decision to seek healthcare services (Rosenstock, 1974).

However, many retirees were interviewed by Chitah and Masiye (2019) which reported difficulty with NHIS contributions due to low pension payouts, this highlights a critical policy gap between retirement income and healthcare access.

The literature review underscores the critical role of health insurance in promoting access to care among retirees. Zambia's NHIS represents a positive step forward equity, but significant

Challenges remain in ensuring coverage for the retired population. This study contributes valuable evidence to inform health financing policies and improve healthcare service delivery.

THE CONCEPTUAL FRAMEWORK

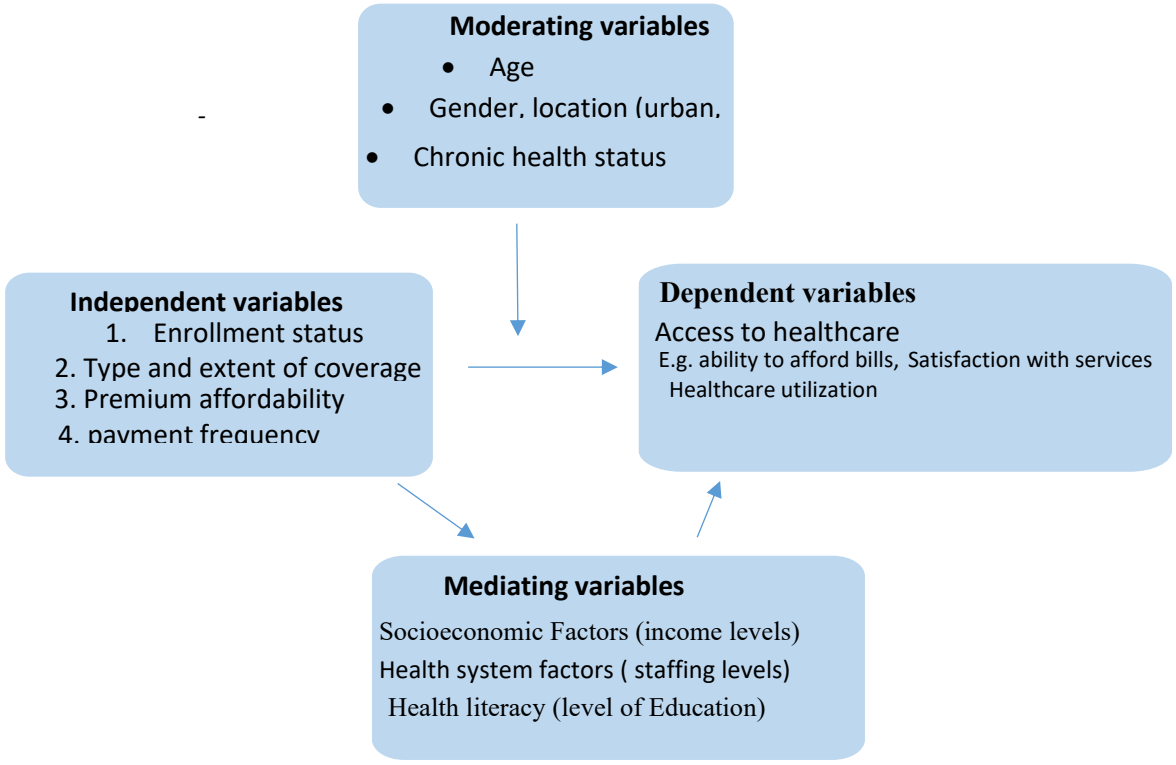

Figure 1: conceptual framework showing how NHIMA coverage influences healthcare access among retired patients.

Source Author (2025)

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study approach.

This study employed a qualitative research approach that helped to explore and understand the experience, perceptions and challenges faced by retired patients in utilizing health insurance for healthcare services. This approach allowed an in-depth understanding on social determinants of health.

3.2 Study design.

A case study design was used to provide a comprehensive and contextual analysis of healthcare service provision to retired and elderly patients Levy Mwanawasa Hospital, this design enabled a clear investigation within real-life context, and institutional practices affecting this specific population.

3.3 Target population.

The target population for this population for this study was retired patients aged 55-60 years and above that are receiving medical care at the Levy Mwanawasa University Teaching Hospital. This population was selected based on their increased healthcare needs post-retirement and their heightened vulnerability due to chronic conditions and their reliance to the pension payments (Gureng et al., 2015). The selection of this population ensured that the sample includes individuals that are likely to encounter the NHIMA system hence aligning with the study's aim of evaluating insurance coverage and healthcare access.

3.4 Sample size.

For this study a sample size of 25-30 individuals was targeted, the targeted individuals information was determined by the saturation data method the point at which no new themes, patterns or insights are emerging from the populations responses. This was to ensure that there is enough information collected to comprehensively answer questions. Purposive sampling was used as a procedure to gain a deeper understanding from the experience of the target population.

3.5 Data collection methods.

The data collection methods that were used for this study were a well-structured questionnaire, which was administered through an online platform with the selected patients that showed full consent to respond. The use of this data collection method was used because it made sure there was some level of consistency in the data collection process and allow clarification of questions where necessary, considering the varying literacy levels among the patients (Bowling, 2005). The questionnaire consisted of questions about the demographic and socio-economic characteristics, challenges faced when assessing healthcare services.

Additionally the use of face-to-face interviews was another way of collecting data as they are known to be effective and help to overcome certain limitations such as poor eyesight or limited literacy levels.

3.6 Data Analysis.

The data analysis that was actively used for this study was the thematic analysis, which is a widely used method that helps to identify, analyze, and report patterns or rather themes within the data set collected. This analysis method involves coding and organizing the data and it is useful when the aim is to explore peoples live experience, beliefs and perspectives (Braun & Clarke, 2006). It will be used because of it is flexible and not bound to a specific theoretical framework.

3.7 Ethical consideration.

Participants were briefed about the purpose of the study, their rights and the voluntary nature of participation. Confidentiality and anonymity will be maintained throughout the study by using codes instead of names and securing data.

Participants had the right to withdraw from the study at any time without any consequences. Uphold the right of participants to make informed and voluntary decisions, ensure privacy and protection of participant's personal information.

The selection of participants was based on relevant inclusion ensuring fairness and equality; Ethical clearance was obtained from the University of Lusaka research ethics committee.

CHAPTER FOUR

4.0 RESULTS

This chapter presents the findings of the study based on the data that was collected from the retired patients that receive health care services at Levy Mwanawasa Hospital and are under the coverage of NHIMA. A total of 30 participants were interviewed this number included both the insured and the uninsured patients. Results are presented in demographic form, graphical illustrations, and thematic findings supported by participant quotations.

4.1 Demographic Characteristics of Participants

A total of **30** retired patients participated in the study, which compromised of both those that are enrolled and those that were not enrolled under NHIMA. The participants represented a diverse group in terms of gender, which provided a broad perspective on retirees' healthcare experience at Levy Mwanawasa Hospital.

In terms of gender composition more women than men participated in this study, females appeared more willing to participate and were available to provide information this was because of their general Engagement in health-related activities. Male participants were fewer yet still provided valuable insights into how retirement and coverage affect their access to care.

Regarding age, the majority of participants were within the early retirement range of 50/55 years old. This vividly describes their early encounters with healthcare access under or outside the NHIMA scheme. Participants between 56 to 58, as well as those above 65 were fewer but still provided important reflections, especially on the challenges older people face when accessing healthcare services.

The demographic characteristics are summarized below showing the age range and the gender.

Characteristics	Category	Frequency (n=30)	
Gender	Male	13	
	Female	17	
Age Range	50–55	13	
	56–58	6	
	59–65	4	
	Above 65	6	

Figure 2: table of characteristics summary of the demographic characteristics that took part in this activity.

4.2 Pie charts demographics

Most of the participants reported being registered under NHIMA, those that are insured showed a sense of security and relief knowing that part of their medical expenses could be supported by the

insurance scheme. While uninsured participants described experiencing difficulties in meeting healthcare costs and relying on personal savings.

The distribution of this health insurance coverage among this group of individuals shows that while the majority had insurance, a significant minority remained without insurance. This difference provided a useful foundation for understanding how health insurance status shapes the quality and frequency of health access of retirees at Levy Mwanawasa Hospital.

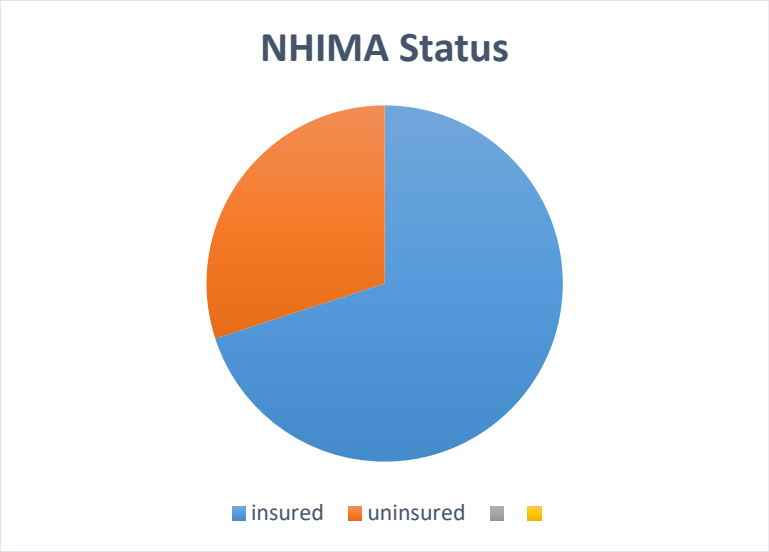

Figure 3: The Pie chart shows that 9 of those the 30 people that answered the questionnaire are not insured and 21 of that population are insured. Indicating that a number of individuals in this demographic are aware of NHIMA and are insured under this health insurance scheme.

4.3 Thematic findings

The qualitative data collected from the thirty respondents were analyzed using thematic analysis. The analysis revealed six main themes that reflect that retirees lived experience in assessing healthcare under NHIMA.

1. **Limited awareness and understanding of NHIMA benefits.**

A dominant problem that emerged was that many of these patients lacked clarity on the range of services covered by NHIMA.

"I only heard about NHIMA when I came to the hospital, but no one explained what exactly it covers," explained a 63-year-old female.

"Sometimes they tell us certain services are not covered, but we don't understand why," added a 59-year-old.

This limited awareness affected the retirees' ability to fully utilize available benefits. The lack of targeted communication and health insurance literacy are significant predisposing factors that limit the effective use of NHIMA among elderly populations.

2. **Continued out-of-pocket expenditures despite NHIMA coverage.**

Many retirees reported that they continued to experience out-of-pocket expenses. Drug stock outs and partial coverage for certain services forced participants to buy medications or pay for laboratory tests privately. For many retirees living on fixed pensions, these costs were burdensome.

"Even with the NHIMA card, I still buy most of my medicine from the pharmacy because they are not available at the hospital," stated a 67-year-old male.

"Sometimes the tests they send us for are not covered, so we have to pay," says 50-year-old woman.

For retirees living on fixed or minimal pensions, these costs were financially burdensome.

3. **Health system constraints hindering access to care**.

Systemic gaps in supply and coverage continue to compromise the scheme's ability to provide complete financial protection. The retirees also identified multiple health system challenges that affected their access to care. Long waiting times, limited staffing, and shortages of essential medicines were repeatedly mentioned as key constraints.

"There are few nurses, and they are overwhelmed. You can see they are trying, but the system is slow," added another.

These challenges illustrate that health insurance alone cannot ensure access stability unless it is supported by a strong and efficient health system.

4. **Administrative barriers and system insufficiencies**.

Many retirees faced difficulties with the administrative procedures associated with NHIMA. Challenges such as verification delays, repeated documentation requirements, and system downtime discouraged retirees from consistently using their insurance benefits

"They told me my name was not appearing in the NHIMA system, so I had to go back home without getting treatment," recounted a 60-year-old male.

5. **Positive perceptions of NHIMA and perceived barriers**.

Despite the challenges, many retirees expressed positive views about NHIMA and acknowledged the benefits they received from being insured. Participants noted that they were able to access consultations without paying upfront, and some appreciated the sense of security provided by having insurance coverage.

"Before NHIMA, we used to struggle just to see a doctor, but now we can be seen even if we don't have cash," said a 55-year-old female retiree.

"It's a good program. At least it helps us old people who no longer work," mentioned another participant.

These responses reflect a general optimism among retirees about the potential of NHIMA to improve access to healthcare. Their appreciation for the scheme indicates that, if strengthened, NHIMA can make a meaningful difference in the lives of retirees.

the thematic analysis reveals a complex mix of progress and challenges in the implementation of NHIMA for retirees at Levy Mwanawasa Hospital.

While the scheme has improved access by reducing consultation costs and providing a sense of security, persistent barriers such as limited awareness, financial constraints, systemic weaknesses, and administrative inefficiencies continue to hinder full utilization.

CHAPTER FIVE

5.0 DISCUSSION

This chapter discusses detailed the findings in relation to research objectives on how NHIMA influences healthcare access among retired patients at Levy Mwanawasa University Teaching Hospital. This chapter focuses mainly on lived experiences of retired patients in accessing healthcare. We will also be discussing and interpreting the results in relation to existing literature and Andersen's Behavioral Model of Health Services Use, which guided the study.

The Andersen's behavioral model of health provides a conceptual foundation for understanding factors that interfere with the adequate access to healthcare services, both perceived and evaluated illness or health conditions motivate individuals seek healthcare.

Retirement represents a critical transition period in life, during which individuals often experience a decline in income but an increase in health service needs. For retirees in Zambia, the introduction of NHIMA was expected to improve access to affordable healthcare by reducing out-of-pocket spending and ensuring continuity of care.

In Zambia, this stage of life is often characterized by an increase in chronic illness prevalence and a greater dependance on public health services, the introduction of NHIMA was intended to provide services for every individual in Zambia to protect them from catastrophic health expenditures and promote equity to essential health services.

Retirees have a mixed experience with NHIMA health insurance coverage, while many participants appreciated the financial relief that came with being insured particularly the removal of consultation fees and partial coverage of some medications. A significant number of retirees lacked adequate knowledge about NHIMA and entitlements, leading to underutilization of available benefits.

However, the findings presented in Chapter Four showed that expectations were partially met. While some retirees reported positive experiences and recognized the potential benefits of NHIMA, many others continued to face obstacles such as inadequate awareness, bureaucratic barriers, financial constraints, and persistent health system weaknesses.

These realities underscored the complex interplay between policy design, system functionality, and individual experience in achieving universal health coverage. The translation of these policy intentions into real health outcomes is mediated by the system functionality, the capacity of health facilities, availiabity of medicines, adequacy of staffing and efficiency of administrative processes.

By interpreting how retirees navigate the healthcare system within the framework of NHIMA, the barriers and facilitators shaped their experiences, and how these insights contributed to their level of understanding on healthcare access among elderly populations in Zambia. The discussion drew heavily on the Andersen's Behavioral Model of Health Services Use (1968), which provides a comprehensive framework analyzing the factors influencing healthcare utilization.

The findings are discussed thematically, demonstrating how retirees interact with the health insurance system, the barriers they face, and their expectations for improvement. The chapter

further compares these findings with other local and international studies, draws policy implications, and concludes with study limitations.

This discussion seeks to address a broader question of why gaps persist between health insurance coverage and effective healthcare access even in contexts where policy frameworks appear to be comprehensive, it explores how the health system is weak and why are there some limitations seen.

These findings reinforce the notion that the universal health coverage cannot be achieved through financing mechanisms alone but also requires strong governance, adequate human and material resources and meaningful participation of citizens in the design and implementation of health systems.

This chapter not explains the patterns observed in the data but also identifies actionable lessons for policy and practice. It argues that improving retirees access healthcare services will depend on reforms that address both demand side barriers such as awareness, affordability and administrative efficiency.

In summary, Chapter Five interprets the findings presented earlier by examining their theoretical significance and policy implications. It is organized thematically to reflect the six major areas identified during data analysis:

limited awareness and understanding of NHIMA benefits, persistent financial barriers despite insurance, health system challenges including waiting times, drug stock-outs, and staff shortages, positive perceptions of NHIMA where services were accessible, administrative and procedural barriers, and retirees' expectations and suggestions for improvement. Each theme is analyzed and supported by relevant literature to illustrate how NHIMA worked and functioned at Levy Mwanawasa Hospital.

In conclusion this chapter provides a holistic interpretation of the study's findings, drawing connections between individual experiences and systemic determinants of access, it emphasizes that while NHIMA represents a significant milestone in Zambia's journey towards universal health coverage, its success ultimately depends on how effective it addressees multifaced barriers faced by its most vulnerable members particularly retirees whose needs are both pressing and unique.

5.1 DISCUSSION OF FINDINGS

Limited Awareness and Understanding of NHIMA Benefits

The study revealed that many retirees had limited knowledge of how NHIMA works, what services are covered, and the correct procedures to follow when seeking care. This lack of awareness acted as a key constraint to effective utilization of health insurance. Participants' uncertainty led to confusion and underutilization, even when services were available.

This aligns with Saha et al. (2019), who found that low health insurance literacy negatively affects service utilization in elderly populations. In Zambia, health insurance is still at an early adoption stage, and many beneficiaries especially the elderly are not adequately reached by digital information channels or policy communication platforms.

Persistent Financial Barriers despite Insurance

Although NHIMA is designed to reduce financial hardship, retirees continued to face out-of-pocket (OOP) expenses, particularly for medications and diagnostic services. This undermines NHIMA's financial protection role and creates an economic burden on retirees who depend on minimal pension incomes.

Findings in Zambia by Nzala et al. (2020) show that OOP payments remain a barrier even under social health insurance. At a global level, the WHO (2010) confirms that financial protection is central to Universal Health Coverage (UHC), and that any continued OOP expenditure weakens equity and discourages timely care. Retirees with chronic conditions, who require continuous treatment, are disproportionately affected by such costs.

Positive Perceptions Where NHIMA Works

Despite the barriers, it was found that some retirees benefited from NHIMA, particularly through reduced consultation fees and easier access to clinicians. These positive accounts are important because they highlight NHIMA's potential when systems function optimally.

This observation aligns with evidence from Ghana, Rwanda, and South Korea, where national health insurance improved access and reduced financial strain for elderly populations (Blanchet et al., 2012; Chemouni, 2018). In these countries, beneficiaries expressed greater trust and willingness to seek care when insurance processes were smooth and services available.

Administrative and Procedural Barriers

Some retirees faced a number of inefficiencies such as repeated documentation checks, slow validation processes, and unclear service pathways. These procedural burdens were particularly difficult for elderly patients, many of whom have mobility challenges.

Health System Challenges: Stock-Outs, Waiting Times, and Staffing Gaps

Retirees frequently experienced long waiting times, inadequate staffing, and stock-outs of essential medicines system constraints that limited the effectiveness of NHIMA. Long queues and delays were especially harmful to elderly patients, who are physically vulnerable and often suffer from chronic conditions requiring regular follow-ups.

These findings were consistent with Chilufya and Banda (2022), who reported persistent drug stock-outs and congestion in Zambian public facilities. Literature from Kenya and Tanzania shows similar patterns, where the introduction of national insurance did not resolve structural health

system weaknesses (Makinen et al., 2011). These challenges illustrate that insurance coverage must be matched with health system strengthening.

5.2 LIMITATIONS

Although this study provides valuable insights into the experiences of retired patients utilizing NHIMA at Levy Mwanawasa University Teaching Hospital, several methodological and contextual limitations must be acknowledged.

Firstly, the study adopted a qualitative, single-site design, focusing on one public hospital in Lusaka. While this approach enabled an in-depth exploration of retirees' lived experiences, it limits the generalizability of the findings to other settings. Retirees accessing healthcare in rural districts or private facilities may face different circumstances. Future research should therefore include multiple hospitals across various provinces to strengthen external validity.

Furthermore, the sample size was relatively small (n = 30) and composed only of retirees who were available and willing to participate at the time of data collection. As qualitative research values depth over breadth, this number was sufficient for thematic saturation but does not represent the full spectrum of retirees covered by NHIMA nationally. Including a quantitative component in future studies would help measure the prevalence and magnitude of the issues identified.

Despite these limitations, the study offers meaningful and credible evidence on how retirees perceive and utilize NHIMA services. By acknowledging its methodological constraints, the research maintains transparency and provides a sound foundation for further inquiry into health-insurance effectiveness and equity among Zambia's ageing population.

CHAPTER 6

6.0 CONCLUSION

This study was undertaken to explore the experience healthcare services under NHIMA and to identify barriers and facilitators that influence the utilization of the insurance coverage, an to also evaluate the role that Levy Mwanawasa plays in providing healthcare services to this vulnerable population and lastly to assess the prevalence of retired patients at Levy Mwanawasa Hospital.

This final chapter presents the conclusions derived from the study on the experiences of retired patients accessing healthcare through the National Health Insurance Management Authority (NHIMA) at Levy Mwanawasa University Teaching Hospital.

It summarizes the main findings, highlights the implications for policy and practice, and provides recommendations for improving healthcare access among retirees in Zambia.

Furthermore, this study evaluated the role of Levy Mwanawasa Hospital in providing healthcare services to retired patients. The findings showed that the Hospital plays a crucial role in serving retirees and offering preventive and curative services, many retirees viewed that the Hospital is reliable and trusted provider of care. However, they did mention a few challenges that limit the Hospitals effectiveness in meeting the needs of this population.

In assessing the prevalence of retired patients at Levy Mwanawasa Hospital, the study established that a number of retirees continue to depend on the Hospital for their medical care. Among the thirty participants who took part in the study, most of them were within the age 50\55 indicting that newly retired individuals remain active users of hospital services.

Guided by Andersen's Behavioral Model of Health Services Use, the research examined predisposing, enabling, and need factors that shape healthcare access among retirees. These challenges identified were shortages of healthcare service providers, there were delays in assessing healthcare rather long waiting hours to be attended to and inadequate supply of medication.

More findings revealed that NHIMA has made notable progress in improving financial access to healthcare. However, retirees continue to face significant challenges that limit full utilization of insurance benefits. Six major themes emerged from the data: limited awareness of NHIMA benefits, persistent financial barriers, health system challenges, administrative obstacles, positive perceptions of NHIMA's potential, and retirees' expectations for improvement.

The study concludes that awareness and health literacy gaps remain the most prominent predisposing barriers. Many retirees did not fully understand how to navigate NHIMA systems or what benefits were available to them. Financial barriers persist despite insurance coverage, particularly due to drug shortages and service exclusions that force retirees to pay out-of-pocket. Health system weaknesses, including long waiting times and limited staffing, further reduce the efficiency of care. Moreover, administrative and procedural bottlenecks complicate access, discouraging some retirees from seeking services.

Nonetheless, the study identified encouraging aspects of NHIMA, including retirees' recognition of its benefits and their optimism about its future. When services were available, retirees

experienced relief from consultation fees and improved access to care. Their positive expectations and willingness to engage with NHIMA indicate that with improved communication and system strengthening, the scheme can achieve its intended goals of equitable health access.

Theoretically, the findings reaffirm Andersen's model by demonstrating that healthcare utilization is determined by interlinked predisposing, enabling, and need factors. The study further suggests that in Zambia's context, system capacity such as drug availability, staffing levels, and administrative efficiency acts as an additional determinant of access. Therefore, addressing structural barriers within the health system is equally important as improving insurance coverage.

Overall, the study concluded that NHIMA has made an important step toward universal health coverage but remains constrained by implementation challenges. Effective communication, policy enforcement, and system reform are crucial to ensure that retirees one of the most vulnerable groups can equitably benefit from the insurance schemes.

6.1 RECOMMENDATIONS

The findings of this study show the need for comprehensive interventions targeting multiple levels of Zambia's health system to improve access to healthcare among retirees under the National Health Insurance Management Authority (NHIMA).

Based on the evidence presented and guided by Andersen's Behavioral Model, the recommendations below focus on strengthening enabling factors, addressing predisposing barriers, and improving systemic capacity to ensure effective healthcare utilization.

Health System Strengthening and Hospital-Level Reforms

While NHIMA provides financial coverage, healthcare access ultimately depends on the capacity of health facilities to deliver services. The study found that retirees frequently encountered long waiting times, stock-outs of essential drugs, and staffing shortages. These challenges indicate that NHIMA's success is contingent on a well-resourced public health system. Hospitals such as Levy Mwanawasa University Teaching Hospital should therefore prioritize improving internal efficiency, human resources, and supply chain management.

The Ministry of Health should allocate adequate funding to NHIMA-accredited facilities to prevent drug shortages and ensure timely procurement of essential commodities. A well-functioning supply chain enhances the credibility of insurance schemes and minimizes patient dissatisfaction (Chilufya & Banda, 2022). Moreover, hospital management should consider developing age-sensitive service models, such as dedicated outpatient counters or fast-track queues for retirees, to address mobility and endurance challenges associated with ageing. This would not only reduce waiting times but also uphold the dignity and comfort of elderly patients.

Investments in staff training and motivation are equally critical. Health workers must be sensitized to understand NHIMA procedures and demonstrate empathy when dealing with elderly clients. Evidence from Rwanda and Ghana suggests that patient satisfaction improves when healthcare workers are well-trained in insurance procedures and client engagement (Chemouni, 2018;

Biritwum et al., 2013). Enhancing hospital-level efficiency will, in turn, reduce NHIMA's administrative burden and strengthen retirees' trust in the system.

Policy and Governance Reforms

From a broader perspective, policymakers must ensure that NHIMA reforms are embedded within Zambia's overarching national health strategies. Strengthening health governance and accountability will be essential for maintaining transparency in fund allocation and claims management. The Ministry of Health, in collaboration with NHIMA, should establish robust monitoring and evaluation mechanisms to assess the effectiveness of the insurance system and its impact on vulnerable groups such as retirees.

Policy reforms should also address the financial sustainability of NHIMA. Expanding the risk pool to include a broader segment of the working population and ensuring timely employer contributions can provide a stable financial base for cross-subsidization. As noted by the World Health Organization (2010), financial risk pooling and equitable resource distribution are fundamental for achieving universal health coverage. Policymakers must also align NHIMA with pension reforms to ensure that retirees' contributions are linked to their healthcare entitlements.

Empowering Retirees and Enhancing Community Engagement

The findings of this study underscore the importance of viewing retirees not merely as beneficiaries but as active participants in the health system. Their willingness to engage and propose improvements reflects a strong sense of agency. Therefore, NHIMA and healthcare institutions should collaborate with retiree associations to facilitate peer education and community outreach programs. Empowering retirees through information sharing can improve health-seeking behavior and enhance accountability in the implementation of insurance policies.

Involving retirees in periodic policy dialogues and feedback sessions can also provide valuable insights for system improvement. Studies in community-based health insurance in Kenya and Uganda have demonstrated that user involvement enhances Programme responsiveness and long-term sustainability (Makinen et al., 2011).

Future Research and Sustainability

Finally, the study recommends continued research to evaluate NHIMA's impact on various population groups and health outcomes. Future studies should employ mixed-method designs across multiple regions to quantify differences in healthcare access between insured and uninsured retirees. Comparative studies between Zambia and other African countries implementing social health insurance would also provide a broader understanding of best practices and lessons learned.

Researchers should explore the gendered dimensions of health insurance access, as the current study found that more female retirees utilized NHIMA services. Investigating the social and economic factors underlying this disparity could inform gender-sensitive policy interventions. Continued evidence generation will be critical to refining NHIMA policies and ensuring that they

align with the Sustainable Development Goals (SDG 3.8) on universal health coverage and healthy ageing.

Improving healthcare access for retirees under NHIMA requires a comprehensive, multi-level approach encompassing institutional, systemic, and social interventions. Strengthening NHIMA's management, streamlining hospital operations, reforming health policies, and empowering retirees are essential for achieving equitable and sustainable health outcomes. Implementing these recommendations will not only improve the efficiency of NHIMA but also contribute to Zambia's broader commitment to universal health coverage and social protection for all.

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APPENDICES

Dear Participant

My name is Bupe Mubanga Chanda, I am a student at the University of Lusaka. I am doing an academic research study Of **Assessing health insurance coverage (NHIMA) of retired patients and their access to health care at Levy Mwanawasa Hospital**.

I have designed the following questionnaire based on the above topic. I kindly request you to answer all the questions to the best of your knowledge. All information collected via the questionnaire is confidential and will only be used for the purpose of this research.

This questionnaire was structured as follows:

SECTION A: Demographic Data

SECTION B: Awareness and Enrollment in NHIMA

SECTION C: Challenges faced

APPENDIX A: QUESTIONNAIRE

SECTION A: Demographic data.

1. What is your age group?
   a) 50-55 b) 56-60 c) 60-65 d) above 65

2. What is your gender?
   a) Male b) female

3. What is your marital status?

   _____

4. Level of Education?

   _____

5. What is your Employment status?

_____

SECTION B: Awareness and Enrollment in NHIMA.

1. Are you aware about NHIMA?
   _____

2. How did you learn about NHIMA?
   a) Friends and family b) social media c) Hospital staff

3. Are you enrolled under NHIMA?
   a) Yes b) No

4. If YES how long have you been insured?
   _____

5. When were you enrolled?
   a) Before retirement b) after retirement

6. If NO why haven't you enrolled?
   _____

SECTION C: Challenges Faced?

1. How long does it take to be attended to?
   _____

2. Do you still pay out of pocket for some services?
   _____

3. What services are not covered?

   _____

4. What is the main challenge you face?

   _____

5. What is your overall experience with NHIMA services at Levy Hospital?
   _____

APPENDIX B: WORK PLAN

ACTIVITY					
Finalize research proposal					
Ethical Clearance from UNILUS-REC and funding authorities					
Data collection, management					
Submission of first Draft report and finalization					

APPENDIX C: BUDGET

Activity	**description**	**quantity**	**Unit price**	**total**
1	transportation	To & From x 5	K30	K150
2	food	Lunch x 5	K20	K100
3	Data bundles	5GB x 5	K25	K125
4	Data Collection Clearance	1	K100	K100
5	Ethical clearance	1	K500	K500
6	Miscellaneous	1	K300	K300
	Total	-	-	K1275

NATIONAL HEALTH RESEARCH AUTHORITY
Lot No. 18961/M, off Kasama Road, Chalala, P.O. Box 30075, LUSAKA
Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

NHRA10060/26/09/2025 **20th September 2025**

The Principal Investigator,
Bupe Mubanga Chanda,
UNILUS,
Lusaka

Dear Bupe Mubanga Chanda,

Re: Request for Authority to Conduct Research

The National Health Research Authority Is in Receipt of Your Request for Authority to Conduct Research Titled **"ASSESSING HEALTH INSURANCE COVERAGE (NHIMA) OF RETIRED PATIENTS AND THEIR ACCESS TO HEALTH CARE AT LEVY MWANAWASA HOSPITAL"**

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

1. The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised.
2. Progress updates are provided to NHRA bi-annually from the date of commencement of the study.
3. The final study report is cleared by the NHRA before any publication or dissemination within or outside the country.
4. After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

National Health Research Authority

Prof Victor Chalwe,
Director and Chief Executive Officer

UNIVERSITY *of* LUSAKA

Passion for Quality Education: Our Driving Force

UNIVERSITY OF LUSAKA RESEARCH ETHICS COMMITTEE (UNILUS-REC)

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UNILUS-RESEARCH ETHICS COMMITTEE

Ref no: FWA00033228-1057(08)/(08)/{2024}

Date: 09 September 2025

STUDENT NAME: **Ms. Bupe Chanda**

Health insurance coverage (NHIMA) for retired patients at Levy mwanawasa Hospital

The above research was submitted to the research ethics committee for review. The study has no major ethical problems and is approved subject to the following:

1. The study cannot be changed without express permission of the UNILUS research ethics committee.
2. Approval from the necessary authority should be sought.

Bowa

_____

Professor Kasonde Bowa

MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)

Chairman- UNILUS REC

Professor of Urology and Consultant Urologist

Deputy Vice-Chancellor – Research and Innovation

Executive Dean - School of Medicine and Health Sciences