SCHOOL OF LIBRARY, ARCHIVES AND DOCUMENTANTION STUDIES (SLADS) -BAGAMOYO

RESEARCH REPORT ON:

EVALUATION OF INFORMATION PROVISION ON THE NATIONAL HEALTH INSURANCE FUND (NHIF) PAYMENT SYSTEM BY STUDENT COLLEGES.A CASE STUDY OF SCHOOL OF LIBRARY, ARCHIVES AND DOCUMENTATION STUDIES (SLADS), BAGAMOYO.

BY

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A Research Report Submitted at the School of Library, Archives and Documentation Studies for the Partial Fulfillment of the Requirement of the Award of Ordinary Diploma in Library and Information Management.

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CERTIFICATION

The undersigned certify that supervisor has read and hereby recommend for acceptance by the School of Library, Archives and Documentation Studies (SLADS) Bagamoyo. A Research Report entitled "***Evaluation of Information Provision on the National Health Insurance Fund (NHIF) Payment System by Student Colleges"*** : A case at School of Library, Archives and Documentation Studies (SLADS), Bagamoyo, in Fulfillment of the Requirements for the Award of Ordinary Diploma in Library and Information Management.

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(Supervisor)

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I, **Amini A. Abdallah** declare that this research report is my own original work and that it has not been presented and was not be presented to any other college for a similar or any Diploma Award.

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DEDICATION

I dedicate this research report to my family and who encouragement and enthusiasm during this period while providing all necessary support to my studies.

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LIST OF ABBREVIATIONS

BDC	Bagamoyo District Council
ICT	Information and Communication Technology
OECD	Organization for Economic Co-operation and Development
MoH	Ministry of Health
NHIF	National Health Insurance Fund
PO-RALG	President's Office – Regional Administration and Local Government
SLADS	School of Library Archives and Documentation Studies
SLADSSO	School of Library, Archives and Documentation Studies Students Organization
UHC	Universal Health Coverage
USAID	United States Agency for International Development

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ABSTRACT

This study assessed the evaluation of the payment system and service delivery in the National Health Insurance Fund (NHIF) at SLADS College, Bagamoyo. The study was conducted to examine the efficiency of the NHIF payment system, assess the quality of service delivery provided to students, identify challenges affecting the system, and explore strategies for improving NHIF services within the college. Effective payment systems and service delivery are essential for ensuring timely access to healthcare services, improving user satisfaction, and enhancing the overall performance of health insurance schemes.

The study employed a descriptive research design and adopted a mixed research approach, combining both quantitative and qualitative methods. Data were collected from 20 students and 5 staff members using questionnaires and interviews. The collected data were analyzed using descriptive statistics such as frequencies and percentages, while qualitative data were analyzed thematically. The findings were presented in tables and narrative form for easy interpretation.

The findings revealed that although some students benefited from NHIF services and experienced satisfactory service delivery, there were challenges such as delays in payment processing, limited understanding of payment procedures, and occasional inefficiencies in service delivery. The study also found that the responsiveness of NHIF staff and availability of information resources influenced students' experience of the system.

The study concludes that the effectiveness of the NHIF payment system and service delivery plays a crucial role in students' access to healthcare services at SLADS College. It recommends that NHIF should improve communication, strengthen payment processing systems, and enhance awareness among students to ensure efficient and reliable service delivery.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction

This chapter comprised the following aspects: background to the study, statement of the problem, objectives of the study, research questions, significance of the study, scope of the study, limitations of the study, and definitions of key terms.

1.1 Background of the Study

Globally, access to quality healthcare services remains a fundamental human right and a critical component of sustainable development. To address inequalities in healthcare access and financial barriers, many countries have adopted health insurance systems as a key mechanism for achieving Universal Health Coverage (UHC)**.** The World Health Organization (WHO) defines UHC as a situation where all individuals and communities receive the health services they need without suffering financial hardship (WHO, 2023). Health insurance schemes, particularly national or social health insurance programs, are therefore widely recognized as essential tools for improving healthcare accessibility, affordability, and equity.

Despite significant progress in the expansion of health insurance schemes worldwide, evidence shows that many populations remain uninsured or underinsured, largely due to inadequate awareness and poor dissemination of health insurance information (World Bank, 2022). Globally, lack of information regarding insurance benefits, registration procedures, eligibility requirements, and service coverage has been identified as a major barrier to enrolment and effective utilization of health insurance services (OECD, 2021). Even in countries with well-established insurance systems, poor communication strategies often result in misconceptions, mistrust, and limited utilization of available health services. According to WHO (2021), effective health information dissemination improves health-seeking behavior, increases service utilization, and enhances overall system efficiency. Conversely, inadequate or unclear information can lead to misuse of

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services, delayed treatment, and dissatisfaction among insured members. Studies conducted in both developed and developing countries show that young people, including college and university students, are among the groups most affected by insufficient health insurance information due to their transitional life stage and limited engagement with health systems (UNESCO, 2020).

In Africa, health insurance systems have increasingly been adopted as part of broader health sector reforms aimed at achieving Universal Health Coverage. Many African countries, including Ghana, Kenya, Rwanda, and Nigeria, have established national or social health insurance schemes to reduce reliance on out-of-pocket payments and improve access to healthcare services (Adebayo et al., 2022). Despite these initiatives, health insurance coverage across the continent remains relatively low compared to global averages, with information gaps cited as one of the key contributing factors.

In Tanzania, the National Health Insurance Fund (NHIF) is the primary public health insurance scheme established under the National Health Insurance Act to provide financial protection and improve access to healthcare services for citizens. Initially designed to cover public servants, NHIF has progressively expanded to include private sector employees, students, and members of the informal sector as part of national efforts to achieve Universal Health Coverage (MoHCDGEC, 2021).

In recent years, the Government of Tanzania has introduced policies requiring students in higher learning institutions to enroll in health insurance schemes, including NHIF, as a prerequisite for college registration. This policy has significantly increased student enrolment in NHIF, reflecting the government's commitment to expanding coverage among young people (NHIF, 2022). However, increased enrolment does not necessarily translate into effective utilization of health services, especially when beneficiaries lack adequate information about their insurance coverage.

Several studies conducted in Tanzania indicate that limited awareness and inadequate information provision remain key challenges affecting the utilization of NHIF services

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(Mtei&Borghi, 2019). Students often report confusion regarding benefit packages, referral procedures, accredited health facilities, and service limitations. In many colleges, NHIF information is provided only during registration periods, with little follow-up communication throughout the academic year.

1.2 Statement of the Problem

The National Health Insurance Fund (NHIF) in Tanzania has been established to provide financial protection and ensure access to quality healthcare services for its members, including students in higher learning institutions such as SLADS College, Bagamoyo (NHIF, 2022). Despite the availability of NHIF services, challenges related to the payment system may affect students' ability to fully benefit from the scheme. Delays in reimbursements, unclear payment procedures, and occasional inefficiencies in service delivery may lead to dissatisfaction among students and hinder timely access to healthcare.

Although a lot of studies have shown that inefficient payment systems in health insurance schemes negatively affect members' utilization of services (WHO, 2021; Barasa et al., 2018). In Tanzania, limited awareness of payment procedures, inconsistent communication from NHIF offices, and occasional delays in claims processing have been identified as challenges affecting the performance of the fund (Mtei&Borghi, 2019; Maluka et al., 2020). These challenges can result in reduced trust in the system and underutilization of available services among students.

Hence, this study was evaluating the NHIF payment system at SLADS College, Bagamoyo. It was examine the efficiency and effectiveness of payment procedures, the timeliness and quality of services provided, and the challenges faced by students in accessing NHIF-covered services. Consequently, there is insufficient empirical evidence on the adequacy, accessibility, and effectiveness of NHIF information provision within colleges. This lack of evidence makes it difficult for policymakers, NHIF administrators, and educational institutions to design targeted communication strategies that address

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students' specific information needs. The findings of this study was provide insights that was help improve NHIF operations, enhance service delivery, and ensure that students can fully benefit from the health insurance scheme.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study was to evaluate the information provision on the NHIF payment system used by students at SLADS College, Bagamoyo, in order to assess its effectiveness in supporting students' access to NHIF services.

1.3.2 Specific Objectives

The specific objectives of this study were to:

i. To identify NHIF payment system used by students at SLADS.
ii. To assess information resources used by students to access NHIF payment system.
iii. To examine the challenges faced access to NHIF payment system information.

1.4 Research Questions

1. What is the payment system used by students at SLADS**?**
2. What are the information resources used by students to access NHIF payment system?
3. What challenges faced to the NHIF payment system information?

1.5 Significance of the Study

This study was significant to various stakeholders in different ways:

SLADS Students

The findings of this study helped SLADS students gain a better understanding of NHIF services, benefits, and procedures. Improved information provision enhanced students' awareness and utilization of health insurance services, reduced unnecessary out-of-

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pocket health expenditures, and promoted timely access to healthcare services while pursuing their studies.

National Health Insurance Fund (NHIF)

The study provided NHIF management with empirical evidence on the effectiveness of current information dissemination strategies used in colleges. Identifying gaps and challenges in information provision assisted NHIF in improving communication methods, designing student-centered information materials, and strengthening outreach programs within higher learning institutions.

1.6 Scope of the Study

This study focused on evaluating the payment system and service delivery of the National Health Insurance Fund (NHIF) for students at SLADS College, Bagamoyo. It examined the efficiency of payment procedures, the quality of services provided, and the challenges affecting students' access to NHIF-covered healthcare. The study also suggested strategies to improve the payment system and service delivery. However, it did not assess the clinical quality of healthcare services or the overall financial performance of NHIF.

Also, the study was conducted at SLADS College, Bagamoyo, because it is a higher learning institution where students are enrolled in NHIF and could provide relevant information regarding payment and service delivery. The findings were specific to this college and may not be directly generalized to other institutions in Tanzania.

1.7 Limitations of the Study

1.7.1 Time Constraints

The study was conducted within a limited time frame, which may affect the depth of data collection and the number of respondents that can be included. As a result, the study may not have captured all aspects of information on NHIF at SLADS. To minimize this limitation, the researcher ensured efficient time management and focused on collecting relevant data aligned with the study objectives.

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1.7.2 Financial Constraints

Inadequate financial resources posed a limitation to the study, particularly in terms of transportation, printing of research instruments, and data collection activities. This limitation may have affected the number of respondents involved in the study. Still, the researcher managed available resources carefully to ensure successful completion of the study.

1.8 Definition of Key Terms

1.8.1 Payment System

Payment system refers to the process and mechanisms through which health insurance institutions process contributions, reimbursements, and claims for services provided to members (WHO, 2021). In this study, it was focus on how NHIF was handle payments for students at SLADS College.

1.8.2 Information Provision

Refers to the process of delivering accurate, relevant, and timely information to individuals or groups to facilitate understanding and informed decision-making (UNESCO, 2020). In the context of this study, it relates to how NHIF communicates its services, benefits, and procedures to college students.

1.8.3 National Health Insurance Fund (NHIF)

The NHIF is a government-established health insurance scheme in Tanzania aimed at providing financial protection and access to healthcare services for its members (NHIF, 2022). The study was focus on NHIF operations affecting students at SLADS College, Bagamoyo.

1.8.4 College Students

Are individuals enrolled in post-secondary or tertiary institutions for academic training, typically aged between 18–30 years. They are the target population of this study regarding NHIF information provision (World Bank, 2022).

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Literature review is a written summary of journal articles, books and other documents like conference papers and government documents that describes the past and current state of information on the topic of your research study (Creswell, 2013). It covers definition of key terms, Theoretical literature review, empirical literature review, Research gap and conceptual framework.

2.1 Identification of NHIF Payment Systems Used by Students.

Health insurance schemes use different payment systems to facilitate access to healthcare services for members, including students. Common payment systems include capitation, fee-for-service, and electronic payment systems, which allow healthcare providers to receive reimbursement for services rendered to insured individuals (World Health Organization [WHO], 2021). These systems are designed to ensure efficiency, transparency, and timely service delivery. Studies indicate that electronic and automated payment systems improve accuracy and reduce administrative delays, thereby enhancing the overall performance of health insurance programs (OECD, 2021).

National health insurance schemes have adopted a variety of payment systems to support healthcare access for beneficiaries. For example, Ghana and Kenya use digital claims processing and capitation-based payments to ensure that healthcare providers receive timely reimbursements (Barasa et al., 2018). However, research shows that manual payment procedures and delays in processing claims still exist in some institutions, affecting the reliability of health insurance services (McIntyre et al., 2021). These challenges highlight the need to identify the types of payment systems used by specific user groups, such as students in higher learning institutions.

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In Tanzania, the National Health Insurance Fund (NHIF) operates a structured payment system that enables members to access healthcare services through accredited facilities using membership cards and electronic verification systems (National Health Insurance Fund [NHIF], 2022). Students enrolled in colleges are among the beneficiaries of these services. However, studies have reported that some students have limited understanding of the payment systems used by NHIF, including procedures for claims processing and reimbursement (Mtei&Borghi, 2019). Therefore, identifying the payment systems used by students was help evaluate how effectively these systems support healthcare access in college settings.

2.2 Information Resources Used by Students to Access NHIF Payment System.

The quality of service delivery in health insurance schemes is a key determinant of beneficiary satisfaction and healthcare utilization. Effective service delivery ensures that insured members receive timely, accessible, and high-quality care (WHO, 2021). Studies highlight that when service delivery is efficient, members are more likely to trust the insurance system and utilize available healthcare services effectively (OECD, 2021). Conversely, delays, poor communication, and low responsiveness negatively affect member satisfaction and overall system performance.

In African countries, service delivery under national health insurance schemes faces various challenges, including limited trained staff, poor infrastructure, and weak monitoring mechanisms (Barasa et al., 2018). Research in Kenya and Rwanda shows that beneficiaries often experience delays in accessing services and difficulties in understanding procedures, which affects their perception of insurance schemes (McIntyre et al., 2021). This suggests that both the payment system and service delivery must work together to achieve optimal results.

Also, NHIF provides healthcare services through accredited facilities and ensures that members, including students, have access to a range of services from outpatient care to specialized treatment (NHIF, 2022). However, studies indicate that service delivery

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challenges exist, such as slow response times, insufficient communication of entitlements, and lack of awareness among members about procedures (Mtei&Borghi, 2019; Maluka et al., 2020). Assessing service delivery at SLADS College was allow identification of gaps affecting students and help recommend strategies for improvement.

2.3 Challenges Faced NHIF Payment System on Access Information.

Despite efforts to provide health insurance information, several challenges hinder effective communication to beneficiaries. Globally, complex insurance terminology and bureaucratic procedures often make health insurance information difficult to understand (WHO, 2021). Young adults, including college students, may struggle to interpret policy details when information is not simplified. Additionally, limited engagement between insurance providers and beneficiaries reduces opportunities for clarification and feedback (OECD, 2021).

In developing regions, infrastructural limitations such as inadequate internet connectivity and low digital literacy further complicate information dissemination (ITU, 2022). UNESCO (2020) highlights that students in low- and middle-income countries may not consistently access online platforms where health insurance information is posted. Therefore, reliance solely on digital communication channels can exclude certain groups from receiving accurate information.

Within Africa, socioeconomic factors, language barriers, and institutional weaknesses also affect effective health insurance information provision. McIntyre et al. (2021) argue that limited financial and human resources constrain the ability of insurance institutions to conduct regular awareness campaigns. Furthermore, Barasa et al. (2018) note that insufficient monitoring and evaluation of communication strategies results in persistent knowledge gaps among insured populations.

In Tanzania, studies indicate that challenges affecting NHIF information provision include limited orientation time, inadequate collaboration between NHIF and colleges,

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insufficient follow-up communication, and students' passive attitudes toward seeking information (Mtei&Borghi, 2019). Additionally, rapid policy changes without comprehensive awareness campaigns may create confusion among members (NHIF, 2022). These challenges highlight the need for systematic assessment and improvement of NHIF information dissemination strategies in colleges.

2.4 Research Gap

The reviewed literature shows that globally, efficient health insurance payment systems are essential for ensuring timely access to healthcare and improving member satisfaction (WHO, 2021; OECD, 2021). Studies highlight that delays in payments, administrative inefficiencies, and poor communication can reduce the effectiveness of health insurance schemes. However, most global research focuses on general populations and does not specifically examine students in higher learning institutions.

A lot of research has research has identified challenges such as delayed reimbursements, poor communication, and weak monitoring mechanisms that affect the utilization of health insurance services (Barasa et al., 2018; McIntyre et al., 2021). Yet, limited studies focus on the student population, which is increasingly included in national health insurance schemes. There is a lack of evidence on how payment systems and service delivery specifically impact students' access to and satisfaction with NHIF services.

In our country, existing studies on NHIF have primarily focused on overall performance, policy implementation, and healthcare provider perspectives (Mtei&Borghi, 2019; Maluka et al., 2020). Few studies have explored the efficiency of the payment system and quality of service delivery from the perspective of students in colleges. Therefore, this study was fill this gap by evaluating the NHIF payment system and service delivery at SLADS College, Bagamoyo, providing insights into the challenges students face and identifying strategies to improve efficiency and service quality.

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CHAPTERTHREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter showed the guidelines on how the study was conducted logically and systematically while observing scientific procedures. It gave details on the nature of the research design, area of the study, population, sample and sampling techniques, ethical considerations, and nature of data. Furthermore, it explained the methods that were used to collect data and how they were analyzed to find answers to the respective research objectives.

3.1 Research Design

Research design refers to the overall plan that was guided the collection and analysis of data in order to answer the research problem accurately and systematically (Babbie& Mouton, 2005). It provides a framework for selecting appropriate methods and procedures for conducting the study. Common research designs include experimental, survey, and case study designs (Adam &Kamuzora, 2008).

This study was employed case study designs because it was allow an in-depth evaluation of NHIF payment system and service delivery within SLADS. The design was enable the use of multiple data collection methods, such as questionnaires and interviews, and was helped the researcher focus on a specific unit to obtain detailed and comprehensive information relevant to the study objectives (Graton & Jones, 2004).

3.2 Area of the Study

The area of the study referred to the specific geographical location or context in which the research was conducted. This study was conducted at SLADS College, which were purposively selected because it has students enrolled in the National Health Insurance Fund (NHIF), making it relevant for examining the provision of NHIF information to students.

The researcher used SLADS College because it provided sufficient and relevant data regarding the types of information provided, the channels used for dissemination, and

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the challenges affecting the NHIF payment system. Additionally, limited studies had specifically assessed NHIF service provision within college settings, which made the selected area appropriate for addressing the research problem.

3.3 Population, Sample Size and Sampling Techniques

Population is the entire group of people, objects, or events that a researcher wants to study. It includes every member who meets the characteristics of the study. For example, if a researcher wants to study the use of digital library services by all students at SLADS, then all SLADS students form the population.

A sample is a smaller group selected from the population to represent the whole population. The sample should be chosen carefully so that it reflects the characteristics of the population and allows the researcher to make valid conclusions. For example, instead of studying all 1,000 students at SLADS, a researcher may select 200 students to participate in the study.

Sample size refers to the total number of individuals or items included in the sample. The appropriate sample size depends on the size of the population, the purpose of the study, the research design, and the level of accuracy required. For example, if a researcher selects 200 students from a population of 1,000 students, then the sample size is 200.

3.3.1 Population of the Study

Population refers to the entire group of individuals or elements that the researcher intends to study and from which generalizations were made (Baldwin, 2018). It includes all members who share common characteristics relevant to the research problem.

In this study, the population was consisting of students who enrolled in the NHIF system, as well as relevant administrative staff responsible for student affairs or health insurance coordination. These groups were being chosen because they are directly involved in or affected by the payment system of NHIF. Students were provide information regarding their awareness, understanding, and experiences, while

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administrative staff was provide insights into how NHIF services are delivery within the SLADS.

3.3.2 Sample Size

According to Ryan (2013) sample refers to a collection of some parts of population on the basis of which judgment could be made, it should be small enough for convenience and large enough for true representation in the process of data collection.

Moreover, sample size refers to the actual member of respondents selected from a large population for the purpose of collecting the information or data. The reason behind the selection of the sample size instead of using the whole sample available is rooted from time and money constraints. Thus the study used 25 sample sizes to represent a targeted population. This was include all students whose enroll in the National Health Insurance Fund payment system and staff who operate the system and manage all activities in the colleges.

3.3.3 Sampling Techniques

Sampling is the process of selecting units (e.g. people or Organization) from a population of interest so that by studying the sample one may generalize the results back to the population from which they were chosen (Mugenda&Mugenda, 2003). The main Sampling techniques include probability sampling and non-probability sampling. In this study, the researcher was use probability sampling and non-probability sampling techniques.

3.3.4 Probability sampling

Probability sampling refer to that method of sample selection which gives each possible sample combination an equal probability of being picked up and each item in the entire population to have an equal chance of being included in the sample.

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3.3.5 Simple Random Sampling

According to Kothari (2004), simple random sampling is defined as a technique in which each person from the targeted population has a chance to be selected and included in a sample. This can be done using one of the two ways; either lottery or random number method. This study employed simple random technique so as to avoid biases from 20 respondents.

3.3.6 Non-probability sampling

Non-probability sampling used non-randomized methods to draw the sample. On non-probability sampling method mostly involved judgment (Orodho & Kombo, 2002).

3.3.7 Purposive Sampling

Purposive Sampling is a technique that enables a researcher to select a sample based on his or her knowledge of population on research element and objectives (Danniel, 2011). This study was employed purposive sampling technique to approach the Head of Departments because they are responsible for formulating policies and administering regulations and standards are adhered by junior employees so due to their positions in the organization may be useful to get relevant Information, the researcher employed purposive because helps the researcher to get the accurate data from the respondents. Therefore, this study employed purposive sampling to obtain information from 5 staff members who uses the NHIF system.

3.4 Data Collection Methods

According to Kumar (2011) data collection can be defined as a systematic, focused andorderly collection of data in order to get relevant information for solving the existing research objectives. Usually, there are two types of data collection methods which are primary data collection and secondly data collection.

3.4.1 Primary Data

This is the data collected from the first-hand experience and is not used in the past. The data collected by primary data collection method are specific to the research's motive

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and highly accurate, and types of primary data are interview and questioners the researcher was use both of them.

3.4.2 Secondary Data

This is data that has already been collected by someone else for a different purpose but is later used by another researcher for a new study.

3.5 Data Collection Tools

This is instruments or methods used to gather information from people, documents, or observations for research or records management purposes. Examples of data collection tools questionnaire, interviews, observations, focus group discussion, survey and others.

3.5.1 Questionnaire Method

Questionnaire is a method of gathering information about a population by administering a standardized set of questions to a sample of individuals (Clifford, 2010) In this study, the questionnaires were distributed to 20 students at SLADS.

3.5.1 Interview Method

This refers to data collection method in which data is collected through discussion (King & Horrocks, 2010). Interview was conducted to 5 staff members to obtain accurate and relevant information regarding the study.

3.6 Data Analysis Techniques

Data analysis is the process of categorizing, manipulating and summarizing of data in order to obtain answers to research questions (Lecompte&Schensul, 2010).

This study analyzed data by employing both qualitatively and quantitatively respectively.

3.6.1 Qualitative data analysis

Qualitative data was been analyzed by using thematic analysis technique in which data transcribed, coded and reviewed to identify the common themes, and then the common

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themes was combine into larger themes for drawing conclusion. The qualitative data for each specific objective presented in the form of direct quotations from the interviewees.

3.6.2 Quantitative data analysis

Blanche (2006) Quantitative data analysis involves transformation of data statistically to assist the researcher in describing the data in a brief and clearly expressed manner. The quantitative data analysis can be used when the data under study can be expressed in form of quantity, number or amount, for instance in terms of mean or averages, frequency and percentage**.** Quantitative data were coded and analyzed through Microsoft Excel computer program. Descriptive analysis technique was used to reveal the aspects related to the research topic. Quantitative data were presented for each objective in the tables with their frequencies and mean in order to draw conclusion.

3.7 Ethical Consideration

In conducting this study, the researcher paid attention on avoiding plagiarism from various scholars except when dealing with citations and references. The data of this study was be collected by adhering of all procedures required in the whole process of collecting data. The language used is British English; citations relied on American Psychological Association (APA) writing style as per SLADS research guideline. But also formal language was used by escaping the use of abusive language and the names of respondents were not be mentioned purposeful for maintaining high degree of confidentiality.

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CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents the analysis, presentation, and discussion of data collected through questionnaires and interviews regarding the evaluation of the payment system and service delivery in the National Health Insurance Fund (NHIF) at SLADS College, Bagamoyo. The findings are organized into two main sections: demographic information of respondents and findings presented according to the research objectives. Specifically, the study sought to identify the NHIF payment systems used by students and assess the information resources used by students to access the NHIF payment system.

Qualitative data obtained through interviews were analyzed using thematic analysis in order to identify major themes and explanations related to the NHIF payment system and service delivery. Quantitative data collected through questionnaires were analyzed using descriptive statistics and presented in tables, frequencies, and percentages to simplify interpretation and understanding of the findings.

4.1 Demographic Characteristics of Respondents

This section presents the demographic characteristics of respondents who participated in the study. The study involved a total of 25 respondents from SLADS College, Bagamoyo, where 20 respondents were students who provided quantitative data through questionnaires and the remaining 5 respondents were key informant who provided qualitative information through interviews. Responses from interview participants were presented in quotation form to support the discussion of findings.

The demographic characteristics considered in this study included gender, age, level of study, and NHIF membership status. These characteristics were important in understanding respondents' views and experiences regarding the NHIF payment system

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and service delivery at SLADS College, Bagamoyo. Findings are presented in Table 4.1:

Table 4.1 Demographic characteristics of respondents

Age group	Frequency	Percentage (%)
18-20	10	50
21-23	03	15
24-26	05	25
27 and above	02	10
Total	**20**	**100**
Level of education		
Certificate	08	40
Diploma	10	50
Degree	02	10
Total	**20**	**100**
NHIF Membership Status		
Active member	15	75
Not Active	05	25
Total	**20**	**100**

Source: Field Data, (2026)

Table 4.1 above shows demographic characteristics of respondents as follows:

4.1.1 Age of Respondents

The study collected data from respondents belonging to different age groups. Findings revealed that 10(50%)respondents were aged between 18–20 years, 3(15%)respondents were aged between 21–23 years, 5 (25%)respondents were aged between 24–26 years, and 2(10%)respondents were aged 27 years and above. The results indicate that the majority of respondents were young students, reflecting the typical age composition of students at SLADS College.

4.1.2 Level of Education

The study also sought to determine the education level of respondents. Findings showed that 10(50%) respondents were diploma students, 8(40%) respondents were certificate students, and 2(10%) respondents were degree students. These findings indicate that diploma students constituted the largest group of respondents in the study, followed by certificate students and degree students.

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4.1.3 NHIF Membership Status

The study further examined the NHIF membership status of respondents. Findings revealed that 15(75%) respondents were active NHIF members, while 5(25%) respondents were not active members. The results suggest that the majority of students were enrolled and actively using NHIF services, making them suitable respondents for evaluating the NHIF payment system and service delivery at SLADS College, Bagamoyo.

4.2 Timeliness of NHIF Payment Processing When Accessing Healthcare Services

This section presents respondents' views on how timely NHIF payments are processed when they access healthcare services. The purpose of this question was to assess whether the NHIF payment system facilitates prompt service delivery or whether delays affect beneficiaries when seeking medical care. Findings are shown in Table 4.2 below:

Table 4.2: Timeliness of NHIF Payment Processing (N = 20)

Timeliness	**Frequency (n)**	**Percentage (%)**
Very timely	4	20%
Timely	6	30%
Delayed	8	40%
Very delayed	2	10%
Total	**20**	**100%**

Source: Field Data, (2026)

The findings from Table 4.2 above indicate that 8(40%) respondents reported that NHIF payment processing was delayed, while 2(10%) respondents stated that it was very delayed. On the other hand, 6(30%) respondents perceived the payment process as timely and 4(20%) respondents considered it very timely. These findings suggest that although some respondents experienced timely processing of NHIF payments, the majority faced delays when accessing healthcare.

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During interviews, respondents expressed concerns regarding the time taken for payment verification and approval before receiving healthcare services. One staff member specified:

> *"..Sometimes the payment verification process takes longer than expected, forcing us to wait before receiving treatment."*

Another staff member commented:

> *"..There are occasions when the system responds slowly, and this delays the confirmation of NHIF payments at health facilities."*

The findings imply that delays in NHIF payment processing may negatively affect service delivery by increasing waiting time for beneficiaries. Timely processing of payments is essential in NHIF members receive healthcare services efficiently and without unnecessary interruptions.

4.3 Ease of Understanding NHIF Payment Procedures

This section presents respondents' views on the ease of understanding NHIF payment procedures. The purpose of this question was to assess whether NHIF beneficiaries clearly understand the payment process and the procedures required to access healthcare services through the NHIF system. Finding are shown in Table 4.3 below:

Table 4.3: Ease of Understanding NHIF Payment Procedures (N = 20)

Ease of Understanding	Frequency (n)	Percentage (%)
Very easy	8	40%
Easy	4	20%
Difficult	7	35%
Very difficult	1	5%
Total	**20**	**100%**

Source: **Field Data, (2026)**

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The findings from Table 4.3 above shows that 8(40%) respondents reported that NHIF payment procedures were very easy to understand, while 4(20%)respondents indicated that they were easy. However, 7(35%)respondents stated that the procedures were difficult to understand, and 1(5%)respondent reported that they were very difficult. These findings indicate that although the majority of respondents found the procedures understandable, a considerable proportion still experienced difficulties in understanding the NHIF payment process.

During interviews, some respondents noted that the payment procedures were clear because they had received guidance from NHIF officials and healthcare providers. One staff member stated:

> *"..The procedures are easy to follow because the hospital staffs usually explain the steps whenever I use my NHIF card."*

Another staff member clarified:

> *"..I understand the payment process well because I have been using NHIF services for a long time and the requirements are clearly communicated."*

Though, other respondents reported challenges in understanding some aspects of the payment procedures. One staff member remarked:

> *"..Sometimes the procedures change without enough awareness, making it difficult to know the correct steps to follow."*

The findings suggest that while NHIF has made efforts to simplify payment procedures, there is still a need for continuous awareness and communication to ensure that all

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beneficiaries fully understand the process and can access healthcare services without difficulties.

4.4 Experience of Delays or Errors in Reimbursement of Claims by NHIF

This section presents respondents' views on whether they experience delays or errors in the reimbursement of claims by NHIF. The purpose of this question was to determine the reliability and efficiency of the NHIF payment system in processing claims and supporting effective service delivery. Finding are shown in Table 4.4 below

Table 4.4: Experience of Delays or Errors in Reimbursement of Claims by NHIF (N = 20)

Experience	Frequency (n)	Percentage (%)
Never	4	20%
Rarely	6	30%
Sometimes	3	15%
Often	7	35%
Total	**20**	**100%**

Source: **Field Data, (2026)**

The findings from Table 4.4 above indicate that 7(35%)respondents often experienced delays or errors in reimbursement of claims by NHIF. Furthermore, 3(15%)respondents reported that they sometimes encountered such challenges. On the other hand, 6(30%) respondents stated that delays or errors rarely occurred, while 4(20%)respondents indicated that they had never experienced any reimbursement problems. These findings suggest that delays and errors in claim reimbursement remain a challenge for a considerable number of NHIF beneficiaries.

During interviews, respondents expressed concerns about delays in claim processing and occasional errors in the system. One staff member indicated:

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"..There are times when claim approvals take longer than expected, which affects access to healthcare services."

Another staff member described:

"..Sometimes the system fails to recognize submitted claims immediately, leading to delays in reimbursement and service provision."

Though, some respondents reported positive experiences with the NHIF reimbursement process. One staff member remarked:

"..Most of the time my claims are processed successfully, and I rarely face any problems when accessing services."

The findings imply that while NHIF has made progress in improving claim reimbursement processes, delays and system-related errors continue to affect some beneficiaries. Therefore, strengthening claim processing mechanisms and improving system reliability could enhance service delivery and increase beneficiary satisfaction.

4.5 Satisfaction with the Responsiveness of NHIF Staff When Addressing Queries

This section presents respondents' views on their level of satisfaction with the responsiveness of NHIF staff when addressing their queries. The purpose of this question was to assess the quality of customer service provided by NHIF staff and its contribution to effective service delivery. Finding is shown in Table 4.5:

Table 4.5: Satisfaction with the Responsiveness of NHIF Staff (N = 20)

Satisfaction	Frequency (n)	Percentage (%)
Very satisfied	5	25%
Satisfied	12	60%
Dissatisfied	2	10%
Very dissatisfied	1	5%
Total	**20**	**100%**

Source: **Field Data, (2026)**

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The findings from Table 4.5 above show that 12(60%)respondents were satisfied with the responsiveness of NHIF staff when addressing their queries, while 5(25%)respondents were very satisfied. In contrast, 2(10%)respondents were dissatisfied, and 1(5%)respondent was very dissatisfied. These results indicate that the majority of respondents had positive experiences with NHIF staff and appreciated the support provided when seeking information or assistance.

During interviews, respondents highlighted the importance of prompt responses from NHIF staff in enhancing service delivery. One staff member specified:

> *"..Whenever I have a question about NHIF services, the staff respond quickly and provide clear explanations."*

Another staff member commented:

> *"..NHIF staffs are generally cooperative and wasing to assist whenever beneficiaries encounter challenges with payments or healthcare access."*

Still, a few respondents expressed concerns regarding delays in receiving feedback. One staff member remarked:

> *"..Sometimes it takes a long time to receive responses, especially when the issue requires approval from higher offices."*

The findings suggest that NHIF staff are generally responsive in handling beneficiaries' queries, which contributes positively to service delivery. Nevertheless, efforts should be made to address occasional delays in communication in order to improve beneficiary satisfaction and service efficiency.

4.6 Accessibility of NHIF-Accredited Health Facilities

This section presents respondents' views on the accessibility of NHIF-accredited health facilities. The purpose of this question was to assess whether students are able to easily

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access healthcare services from accredited facilities under the NHIF scheme.Finding are shown in Table 4.6 below

Table 4.6: Accessibility of NHIF-Accredited Health Facilities (N = 20)

Accessibility	Frequency (n)	Percentage (%)
Very accessible	6	30%
Accessible	10	50%
Less accessible	2	10%
Not accessible	2	10%
Total	**20**	**100%**

Source: **Field Data, (2026)**

The findings from Table 4.6 above show that 10(50%)respondents indicated that NHIF-accredited health facilities were accessible, while 6(30%)respondents reported that they were very accessible. On the other hand, 2(10%)respondents stated that the facilities were less accessible, and another 2(10%)respondents reported that they were not accessible. These results suggest that the majority of respondents were able to access NHIF-accredited health facilities without major difficulties.

During interviews, respondents explained that accessibility of facilities depended on location and availability of services. One staff member specified:

> *"..Most accredited facilities are available within reachable distance, which makes it easier for students to access services."*

Another staff member commented:

> *"..In some cases, students have to travel far to find NHIF-accredited hospitals, especially when nearby facilities lack required services."*

Yet, some respondents highlighted challenges related to distance and service limitations. One staff member remarked:

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"..Accessibility becomes a problem when nearby facilities run out of services or refer patients to distant hospitals."

The findings suggest that while NHIF-accredited health facilities are generally accessible to students, there are still challenges related to distance and service availability. Improving distribution and strengthening nearby facilities could enhance accessibility and service delivery for NHIF beneficiaries.

4.7 Overall Quality of Services Received Under NHIF

This section presents respondents' views on the overall quality of services received under the National Health Insurance Fund (NHIF). The purpose of this question was to assess the extent to which students are satisfied with the quality of healthcare services provided through NHIF-accredited facilities. Finding are shown in Table 4.7 below

Table 4.7: Overall Quality of Services Received Under NHIF (N = 20)

Overall Quality	Frequency (n)	Percentage (%)
Excellent	5	25%
Good	7	35%
Fair	6	30%
Poor	2	10%
Total	**20**	**100%**

Source: **Field Data, (2026)**

The findings from Table 4.7 above indicate that 7(35%) respondents rated the quality of NHIF services as good, while 5(25%) respondents rated it as excellent. Additionally, 6(30%) considered the services fair, and 2(10%) respondents rated them as poor. These results suggest that although a significant proportion of respondents were satisfied with the quality of NHIF services, there are still areas that require improvement to enhance overall service delivery.

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During interviews, respondents noted both positive experiences and challenges in receiving NHIF services. One staff member specified:

> *"..Generally, the services are good, and students are able to receive treatment without major problems when procedures are followed correctly."*

Another staff member commented:

> *"..Some facilities provide excellent services, but in other cases, service quality depends on the availability of staff and medical resources."*

Though, some respondents expressed concerns about inconsistency in service quality. One staff member remarked:

> *"..At times, the quality of service differs from one facility to another, which affects students' satisfaction with NHIF."*

The findings suggest that while the overall quality of NHIF services is generally acceptable, inconsistencies across facilities remain a challenge. Strengthening service standards and monitoring accredited facilities could improve uniformity and enhance user satisfaction.

4.8 Challenges Faced When Using NHIF Services

This section presents respondents' views on the challenges they face when using NHIF services. The purpose of this question was to identify the main obstacles affecting students' access to and utilization of NHIF services at SLADS College, Bagamoyo. Finding are shown in Table 4.8:

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Table 4.8: Challenges Faced When Using NHIF Services (N = 20)

Challenges	Frequency (n)	Percentage (%)
Lack of awareness of procedures	6	30%
Delayed payments	10	50%
Limited communication from NHIF	2	10%
Low Quality Received	2	10%
Total	**20**	**100%**

Source: **Field Data, (2026)**

The findings from Table 4.8 above indicate that 10(50%)respondents identified delayed payments as the major challenge when using NHIF services. Moreover, 6(30%) respondents reported a lack of awareness of NHIF procedures, while 2(10%)respondents mentioned limited communication from NHIF. Another 2(10%) respondents indicated low quality of services received as a challenge. These findings suggest that delayed payments and insufficient awareness of procedures are the most significant challenges affecting students' use of NHIF services.

During interviews, respondents emphasized that delays in payment processing often disrupt access to healthcare services. One staff member stated:

> *"..Sometimes students are forced to wait longer because the payment confirmation process takes time, which delays treatment."*

Another staff member highlighted issues related to awareness:

> *"..Some students do not fully understand NHIF procedures, which causes confusion when they try to access services."*

The findings imply that challenges such as delayed payments, inadequate awareness, and communication gaps significantly affect the efficiency of NHIF service delivery.

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Addressing these challenges could improve access, satisfaction, and overall effectiveness of the NHIF system among students.

4.9 Frequency of Challenges Affecting Access to Healthcare Services

This section presents respondents' views on how often the identified challenges affect their ability to access healthcare services under the National Health Insurance Fund (NHIF). The purpose of this question was to determine the extent to which these challenges interfere with students' access to healthcare services at SLADS College, Bagamoyo. Finding are shown in Table 4.9 below

Table 4.9: Frequency of Challenges Affecting Access to Healthcare Services (N = 20)

Challenges	Frequency (n)	Percentage (%)
Never	2	10%
Rarely	5	25%
Sometimes	3	15%
Often	10	50%
Total	**20**	**100%**

Source: **Field Data, (2026)**

The findings from Table 4.9 above reveal that 10(50%) respondents indicated that challenges often affect their ability to access healthcare services under NHIF. Also, 3(15%) respondents stated that they sometimes experience such challenges, while 5(25%)respondents reported that they rarely encounter them. On the other hand, 2(10%) respondents indicated that they have never experienced any challenges affecting access to healthcare services. These results suggest that the majority of respondents are frequently affected by challenges when using NHIF services.

During interviews, respondents explained that these challenges significantly influence their access to timely healthcare. One staff member stated:

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> *"..The challenges occur frequently, especially when there are delays in payment processing, which affects service delivery."*

Another staff member commented:

> *"..Sometimes students are unable to access services immediately because of procedural or system-related issues."*

Still, a few respondents reported minimal impact of these challenges. One staff member remarked:

> *"..There are cases where everything goes smoothly, and students do not experience any major difficulties."*

The findings imply that challenges related to NHIF services have a considerable impact on students' ability to access healthcare, with many respondents indicating frequent disruptions. This highlights the need for improved efficiency and communication within the NHIF system to ensure reliable service delivery.

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CHAPTER FIVE
SUMMARY, CONCLUSION, AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the summary of the main findings of the study, conclusions, policy implications, recommendations, and areas for further studies. The study focused on the evaluation of the payment system and service delivery in the National Health Insurance Fund (NHIF) using SLADS College, Bagamoyo as a case study. The chapter summarizes key findings based on the research objectives, draws conclusions, and provides recommendations aimed at improving the efficiency of NHIF payment systems and the quality of service delivery for students in higher learning institutions.

5.1 Summary of the Findings

The study aimed to evaluate the payment system and service delivery in the NHIF at SLADS College, Bagamoyo. A sample of 20 respondents was used, where 20 respondents participated in the study through questionnaires, while additional qualitative data were collected through interviews. Quantitative data were analyzed using Microsoft Excel and presented in tables and percentages, while qualitative data were analyzed thematically and presented using direct quotations.

5.1.1 NHIF Payment System Used by Students

The findings revealed that students access NHIF services through structured payment systems that involve card verification and electronic authorization at accredited health facilities. However, the study showed that while the system is generally functional, delays in payment processing and claim verification were frequently reported. Some respondents indicated that the system works efficiently when stable, but interruptions and delays still occur in some cases.

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5.1.2 Information Resources Used by Students to Access NHIF Payment System

The study found that students use various information sources to understand NHIF payment systems, including college orientation programs, NHIF guidelines, peer, and health facility staff. However, peer influence and informal communication were identified as the most commonly used sources. The findings also indicated that limited official communication and lack of continuous awareness programs affect students' understanding of NHIF procedures.

5.1.3 Efficiency of NHIF Payment System and Service Delivery

The study revealed mixed experiences regarding efficiency. Some students reported timely payment processing and satisfactory service delivery, while others experienced delays in reimbursement and claim verification. In terms of service delivery, most respondents rated NHIF services as good or fair, although inconsistencies across health facilities were observed.

5.1.4 Challenges Affecting NHIF Payment System and Service Delivery

The findings identified several challenges, including delayed payment processing (50%), lack of awareness of procedures (30%), limited communication from NHIF (10%), and low quality of services in some facilities (10%). These challenges were reported to frequently affect students' ability to access healthcare services, especially during emergencies or urgent medical needs.

5.2 Conclusion

The study concludes that the NHIF payment system and service delivery at SLADS College are moderately effective but still face operational challenges. While the system provides essential healthcare access to students, delays in payment processing and claim verification reduce its overall efficiency.

The study further concludes that students rely heavily on informal information sources, which affects their understanding of NHIF procedures. In addition, service delivery is generally acceptable, but inconsistencies and communication gaps remain a challenge.

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Moreover, the study concludes that challenges such as delayed payments, inadequate awareness, and limited communication significantly affect the effectiveness of NHIF services for students. Addressing these issues would improve both system efficiency and user satisfaction.

5.4 Recommendations

- NHIF should improve the payment system by strengthening digital processing to reduce delays in claims and reimbursements.
- The institution should increase awareness programs to educate students on NHIF procedures and service access.
- Communication between NHIF, health facilities, and students should be improved through official channels and regular updates.
- Health facilities should ensure consistent and standardized service delivery for all NHIF members.
- Colleges should include NHIF orientation programs for new students to improve understanding of services and procedures.

5.5 Areas for Further Studies

- Student satisfaction with NHIF services across both public and private institutions in Tanzania.
- The impact of digital health insurance systems on payment efficiency and service delivery.

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APPENDIX I

RESEARCH QUESTIONNAIRE

Dear respondents,

I am **AMINI A. ABDALLAH** a student of SLADS pursuing Diploma in Library and Information Management. Currently I am conducting a research project titled "***Evaluation of Information Provision on the National Health Insurance Fund (NHIF) Payment System by student.".***

I was highly appreciating your cooperation in filling this questionnaire, which was take not more than 20 minutes. All information provided was be kept confidential and only used for the purpose of the study.

(Tick the appropriate answer where necessary)

1. Gender:
   a) Male ( )
   b) Female ( )

2. Age:
   a) 18–20 ( )
   b) 21–23 ( )
   c) 24–26 ( )
   d) 27 and above ( )

3. Level of Study:
   a) Certificate ( )
   b) Diploma ( )
   c) Degree ( )

4. Department/Faculty: _____

5. NHIF Membership Status:
   a) Active member ( )
   b) Not active ( )

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6. How timely are NHIF payments processed when you access healthcare services?
   a) Very timely ( )
   b) Timely ( )
   c) Delayed ( )
   d) Very delayed ( )

7. How easy is it for you to understand the NHIF payment procedures?
   a) Very easy ( )
   b) Easy ( )
   c) Difficult ( )
   d) Very difficult ( )

8. Do you experience any delays or errors in reimbursement of claims by NHIF?
   a) Never ( )
   b) Rarely ( )
   c) Sometimes ( )
   d) Often ( )

9. How satisfied are you with the responsiveness of NHIF staff when addressing your queries?
   a) Very satisfied ( )
   b) Satisfied ( )
   c) Dissatisfied ( )
   d) Very dissatisfied ( )

10. How would you rate the accessibility of NHIF-accredited health facilities?
   a) Very accessible ( )
   b) Accessible ( )
   c) Less accessible ( )
   d) Not accessible ( )

11. How do you rate the overall quality of services received under NHIF?
   a) Excellent ( )
   b) Good ( )
   c) Fair ( )
   d) Poor ( )

12. What challenges do you face when using NHIF services?
   a) Lack of awareness of procedures ( )
   b) Delayed payments ( )
   c) Limited communication from NHIF ( )
   d) Other (please specify) _____

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13. How often do these challenges affect your ability to access healthcare?
    a) Never ( )
    b) Rarely ( )
    c) Sometimes ( )
    d) Often ( )

14. What suggestions do you have for improving NHIF services for students?
Open-ended response: _____

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APPENDIX II

INTERVIEW GUIDE

Interview Guide for Administrative Staff

1. How is the NHIF payment system managed for students at SLADS College?
2. What measures are in place to ensure timely processing of payments and claims?
3. What common issues affect the efficiency of the NHIF payment system for students?.
4. How do you evaluate the responsiveness and effectiveness of NHIF service delivery to students?
5. What feedback do you receive from students regarding NHIF services?
6. How is the accessibility of NHIF-accredited health facilities ensured for students?
7. What are the main challenges you face in managing NHIF payment and service delivery for students?
8. How do these challenges affect students' access to NHIF services?
9. What strategies have been attempted to overcome these challenges?
10. What strategies were you recommend improving the efficiency of the NHIF payment system for students?
11. What strategies were you suggest enhancing service delivery quality for students?
12. How can communication and awareness between NHIF and students be improved?

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APPENDIX III

APPROVED LETTER

UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

TANZANIA LIBRARY SERVICES BOARD

SCHOOL OF LIBRARY, ARCHIVES AND DOCUMENTATION STUDIES

TO:
AMINI ALI ABDALLAH
SLADS
P.O.BOX 227
BAGAMOYO

01/07/2026

RE: REQUEST FOR DATA COLLECTION

The above heading is concerned,

This is to inform you the permission has been granted to you to collect data on the study titled *"evaluation information provision on the national health insurance fund (NHIF) payment system by student colleges"*

We hope that the study will be used for academic purposes only and not otherwise.

With kind regards,

SCHOOL OF LIBRARY, ARCHIVES AND DOCUMENTATION STUDIES
P.O. BOX 227
BAGAMOYO - TANZANIA

.....

LYIMO P.Z

ACADEMIC OFFICER

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