



SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2013_IJTDH_7280
Title of the Manuscript:	USERS' SATISFACTION WITH THE NATIONAL HEALTH INSURANCE AMONG THE FEDERAL SECRETARIAT STAFF IN SOUTH WESTERN NIGERIA

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	Authors' response to final evaluator's comments
The abstract, materials and methods sections are still overwhelmed with serious scientific, intellectual and technical flaws. These flaws threatened the acceptability, validity and reliability of this manuscript. Operational definition of satisfaction is ambiguous. Important satisfaction concepts were not operationalized and results were not appropriate. Discussion is inappropriate and thematic weaknesses are overwhelming.	These specific concerns of the reviewers about the scientific and technical content of the manuscript have been duly addressed while arguments for rebuttal were provided for others. Specifically, 1. The homogeneity of study participants was certain as they were all federal staff at the time of study. However, their homogeneity with regards to utilization of health services from same level of health system (i.e. primary, secondary or tertiary), same health facility (public or private) and same specialized unit/department might be desirable but not realistic and applicable within the context of study setting for the following reasons: • This was a workplace study and not health facility-based; thus, the place of primary recruitment of participants was federal secretariat office & not a health facility. Enrolees of NHIS in Nigeria have liberty to choose a healthcare provider irrespective of place of residence or work. • There was a paucity of eligible study participants; 376 was the estimated sample size while 417 were found eligible to participate in the study. Hence, sorting, segregating or including participants based on same level of health system and same health facility as a criterion was not feasible. • No specialized care is provided under NHIS in Nigeria. The currently prescribed health services under NHIS are mainly preventive with minimal curative services such as treatment of minor health problems – these are provided by general practitioners working in either public or private sector. Clients requiring specialized services make out-of-pocket payment for the services; such services were out of scope of this study. All these above have been identified as limitations of the study and caution has been drawn to the use of the reported data with due consideration to the context of the study setting (lines 404-416). 2. The disproportionate distribution of participants in private health facilities was due to the following reasons: • Participation of public primary and secondary healthcare providers in NHIS is minimal or none in the study setting. • The known designated and common NHIS health facilities and health care providers in the study setting are 2 public tertiary and many private health facilities. • The bureaucratic disposition and organization of public health facilities, especially the federal (tertiary) type, discourages patronage and tends to drive clients towards private health facilities where services are perceived to be available promptly and with less cumbersomeness. • As observed above, paucity of participants at the recruitment site did not allow using public only or private only clients; segregation was however done at analysis level with respect to their satisfaction or otherwise (tables 2-4). Significant findings were reported (lines 111-114) and implications/recommendations were discussed (lines 368-378). Areas of further research were also identified. 3. The authors believe that there is no ambiguity in the operational definition of satisfaction as used in this study; furthermore, important satisfaction concepts were operationalized e.g. satisfaction with waiting time, staff attitude, staff competence and drug services (lines 61-62; lines 70-74). 4. Satisfaction domains of staff attitude and competence were rated separately for each health worker encountered and their scores aggregated to a composite score in the analysis for a particular domain and for each participant (lines 74-76; 84-86). Conclusion: While the authors thank the reviewers for their constructive critiques of this manuscript, we are of the opinion that the identified flaws have been addressed in the design of the study, analysis and interpretation of study findings. Some other concerns have been reported as limitations while further research was suggested to improve on them – all these are highlighted in yellow.