International Journal of Public Health Asia Pacific

Open Access: e-Journal
ISSN: 2822-0587(Online)

Client satisfaction with health services provided under Social Health Insurance Scheme in selected wards of Banepa municipality, Nepal

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ABSTRACT

Background: Social Health Insurance schemes are integral in achieving Universal Health Coverage by enhancing the affordability of quality healthcare services. Evaluating client satisfaction with healthcare services under these schemes is crucial for their effectiveness and sustainability.

Objectives: This study aims to assess client satisfaction with health services provided under the Social Health Insurance scheme and investigate the relationship between satisfaction levels and willingness to renew and recommend the scheme.

Methods: A cross-sectional study was conducted in Banepa Municipality, involving 168 participants who utilized health services under the insurance scheme. Data was collected from May 2021 to August 2021 using structured questionnaires, including the Patient Satisfaction Questionnaire (PSQ-18). Sociodemographic, insurance-related, and health-related variables were considered. Bivariable and multivariable analyses were conducted to identify factors associated with satisfaction.

Results: Among the participants, 51.2% were male and 48.8% were female, with 53.6% aged 40-59 years. Notably, 25.6% had no formal education, and 69.0% had family members with chronic diseases. Majority of the participants reported being more satisfied with the service (60.1%), whereas 39.9% expressed being less satisfied. The highest satisfaction scores were observed in communication (76.4%) and interpersonal manner (75.8%), while general satisfaction (67.4%) scored the lowest. Factors such as medicine availability, symptom relief, timely access to health facilities and perception of benefit package as good were significantly associated with higher satisfaction levels. Furthermore, higher level of satisfaction with the health service was strongly associated with a greater willingness to both renew and recommend the specific health service insurance to others.

Conclusion: The findings underscore the pivotal role of satisfaction in influencing participants' decisions regarding insurance scheme renewal and recommendation. Addressing areas of lower satisfaction while reinforcing positive aspects can lead to a more comprehensive and satisfactory patient experience. Similarly, future research should aim to incorporate participants' expectations and health service provider perspective alongside actual service experiences.

Keywords: Health services, Nepal, Satisfaction, Social Health Insurance

1. Introduction

Social Health Insurance (SHI) schemes have emerged as a crucial strategy towards achieving the goal of Universal Health Coverage (UHC) outlined in the Sustainable Development Goals [1-3]. The success depends on the quality of health services delivered within the framework [4]. Client satisfaction is an important indicator for improving healthcare services, as it provides feedback on the quality [5-7].

In 2015, the Nepalese government introduced a voluntary SHI initiative, necessitating family contributions based on size, with benefits scaling accordingly [8]. Despite the scheme's expansion, challenges such as low enrolment (18.87%) and renewal rates (63%) persist [8]. Several studies have highlighted the direct link between service quality and the success of insurance schemes [9-15]. For instance, research from Nepal reported 38% dropout in 2019 from health insurance scheme. The major determinants for poor enrolment and dropouts were mainly due to poor service quality, including drug shortages and unfriendly staff behaviour [4]. Understanding the factors associated with satisfaction offers valuable insights for improving service delivery and ultimately achieving UHC goals. Studies have identified diverse factors influencing client satisfaction, including waiting times, availability of medication, healthcare provider attitudes, and overall knowledge about the scheme's benefit [12,15,16]. However, there are limited studies in the context of Nepal, particularly in Banepa Municipality, where choices for health facilities providing services under insurance schemes are very few. Moreover, studies in other countries have stated that satisfaction with healthcare services is associated with the willingness to renew and recommend the scheme [5,10]. However, there are limited studies in the context of Nepal addressing this relationship, which might indicate the pivotal role of satisfaction in influencing participants' decisions regarding the renewal of SHI enrolment and their willingness to advocate for the program.

Few studies in Nepal have measured satisfaction in terms of the nature of changes in healthcare services after implementation of the scheme at healthcare setting whereas other studies have not used comprehensive measures of client satisfaction with healthcare services [17,18]. Research on patient satisfaction in healthcare facilities might not directly translate to community settings, particularly when considering assessment of overall healthcare quality

under insurance scheme and its renewal. This research seeks to address these gaps by investigating client satisfaction with health services under the SHI Scheme in Banepa Municipality. Additionally, it aims to identify any associations between satisfaction and willingness to renew and recommend the scheme.

2. Methods

2.1 Study Area

The total area of Banepa municipality is 54.59 sq. Km and consist of 14 wards. Among them, four wards were selected randomly which contained 34.5% of the total population of the municipality [19]. Health insurance was implemented in all of the wards of the municipality from FY 2019/20. Data collection for the study was conducted from May 2021 to August 2021.

2.2 Study Design

Quantitative method with cross-sectional study design was used to assess the satisfaction among active enrolees of SHI scheme and who had received health services in Banepa municipality.

2.3 Sample size and sampling

There is one enrolment assistant in each ward. The details of enrolment assistants were obtained from the ward office of selected wards. After explaining the objectives of the study, the list of households who have utilized the health services from the scheme were obtained from enrolment assistants of each selected ward. There were 2,050 households enrolled in the scheme among which a total of 514 households had received health services under the scheme. Sample size was 179 which was calculated using calculator net [20] considering perception of satisfaction with health services from previous study conducted in Nepal [10], with allowable error 5% and adding 10% non-response rate. The household was selected at every 3rd interval. After selection of the households, family members were approached and one member who had recently visited the health facility and was available at home during the time of data collection was selected. The response rate was 93.9%.

2.4 Data Collection tools and techniques

Self-developed structured questionnaires related to sociodemographic, SHI-related, and health-related variables were developed based on past literatures. Patient satisfaction questionnaire (PSQ-18), developed by Research and Development (RAND) Corporation, available for free in the public

domain, was used for measuring client satisfaction [21]. There were seven distinct evaluation categories that include various facets of satisfaction. Items 2, 4, 6, and 14 evaluated the technical quality of services, while items 3 and 17 assessed general satisfaction. Items 1 and 13 determined communications, items 10 and 11 evaluated interpersonal behaviour. The financial aspect was screened by items 5 and 7. Items 8, 9, 16, and 18 evaluated accessibility and convenience, whereas items 12 and 15 measured the times spent with the doctor. The responses were tallied using a Likert scale, with a high score of 5 signifying a highest degree of satisfaction with the healthcare services. Item stems 1, 2, 3, 5, 6, 8, 11, 15, and 18 were scored in descending order from strong agreement (score 5) to strong disagreement (score 1), whereas, items 4, 7, 9, 10, 12, 13, 14, 16, and 17 were rated in ascending order from strong agreement (score 1) to strong disagreement (score 5). Back-and-forth translation of standard tools was done in the English-Nepali-English language. The reliability of the tools was established by pretesting the tools among 10%, i.e. 18 participants of the sample size in one ward of Banepa Municipality and Cronbach's alpha value was above 0.7 for each satisfaction domain, which indicated the reliability of the tool. Interview techniques were applied for data collection. The participants were interviewed in Nepali language by researchers. Clients receiving health services under the SHI scheme were included in the study. Participants who were unable to give consent or were not willing to participate were excluded from the study. Differently-abled clients (deaf-mute) and critically ill clients, as well as those who were not found after two successive attempts, were not included in the study.

2.5 Data Analysis

Data was analysed in Statistical Package for Social Sciences (SPSS) version 16. The patients' sociodemographic characteristics, healthcare services and SHI related variables were presented using frequency and percentage. Based on the ratings given by the participants for each item in the various outcome variables, the satisfaction score was generated. A scale from 1 to 5 was used to calculate the mean of the scores (Likert scale). The satisfaction score was then separated into two categories: dissatisfaction (below the mean) and satisfaction (equal to or above the mean) [22]. Bivariate and multivariable analysis were done to find out the association between dependent and independent variables. In bivariate analysis,

the chi-square test was applied to test the significance of association between independent and dependent variables. Odds ratio with 95% confidence interval (CI) was used to test the strength of the association. Analysed variables were checked for multicollinearity before multivariable analysis. To identify whether there exists a serious collinearity problem, Variance Inflation Factor (VIF) was estimated. The value of tolerance was more than 0.1 (0.5 minimum) and maximum the value of VIF was 1.6 for sex, indicating there was no multicollinearity within independent variables. The variables were then further analysed using binary logistic regression models in multivariable analysis. The degree of patient satisfaction as measured by the PSQ-18 score (the dependent/outcome variable) and the independent factors were compared using the adjusted odds ratio with 95 percent CI and p-value (less than 0.05). Variable with $p<0.25$ during bivariate analysis were considered for multivariable analysis. The model with lowest log likelihood ratio (168.800) was selected. Hosmer and Lemeshow test were used to test the goodness-of-fit for the regression model (p value 0.844) indicating the best fitted model. Pseudo R square (value of Nagelkerke R square) value was 0.390.

2.6 Ethical Clearance

Ethical approval was acquired from the Institutional Review Committee (IRC) of Chitwan Medical College with IRC number CMC-IRC/077/078-173. Informed written consent was taken from the participants.

3. Results

Table 1 presents the sociodemographic characteristics of the participants, comprising 168 individuals. The study included nearly equal numbers of male (51.2%) and female (48.8%) participants. Most participants were aged 40-59 years (53.6%). A quarter of the participants (25.6%) had not received any formal education. Around half of the participants had elderly family members (51.2%), and the majority reported having at least one family member living with chronic disease (69.0%).

Table 1: Sociodemographic variables

Characteristics	Number (n=168)	Percentages (%)
Sex		
Male	86	51.2
Female	82	48.8
Age		
20-39 years	49	29.2

Characteristics	Number (n=168)	Percentages (%)
40-59 years	90	53.6
60 years and above	29	17.2
Education		
No formal education	43	25.6
Less than secondary	59	35.1
Secondary and above	66	39.3
Elderly members in a family		
Yes	86	51.2
No	82	48.8
Chronic disease in a family		
Yes	116	69.0
No	52	31.0

Table 2 illustrates the service utilization patterns and experiences of the participants. The latest visit to health facilities was within three months for some participants (80.4%). Additionally, accessibility challenges exist for many patients, living more than 30 minutes away from the facility (67.9%). Most of the participants received services from the Outpatient Department (OPD), accounting for 86.9%, with 49.4% seeking care for prolonged pain. More than half of the participants waited for more than 30 minutes for consultation. The majority, 89.9%, reported symptom relief after treatment. However, nearly two-third of the participants reported the unavailability of prescribed medicines (61.3%). Among 168 participants, 101 individuals (60.1%) reported being more satisfied, while 67 individuals (39.9%) reported being less satisfied.

Table 2: Service utilization patterns of participants

Characteristics	Number (n=168)	Percentages (%)
Latest visit to Health facility		
Within 3 months	135	80.4
More than 3 months ago	33	19.6
Access to health facility		
Less than 30 minutes	54	32.1
More than 30 minutes	114	67.9
Department of service received		
Outpatient department (OPD)	146	86.9
In patient department (IPD)	22	13.1
Chief complaints		
Acute illness/accident/injury	45	26.8
Prolonged pain (undiagnosed)	83	49.4
Follow-up	40	23.8
Waiting time for consultation		
Less than 30 minutes	75	44.6
30-60 minutes	65	38.7
More than one hour	28	16.7
Perception of symptom relief after treatment		
Yes	151	89.9
No	17	10.1

Characteristics	Number (n=168)	Percentages (%)
Availability of medicine		
Yes	103	38.7
No	103	61.3
Service Satisfaction		
More satisfied	101	60.1
Less satisfied	67	39.9

Table 3 shows participants' perspectives on their social health insurance scheme. The majority (87.5%) possessed adequate knowledge about the scheme, and most of them found the premiums to be within an acceptable range (59.5% average, 35.7% cheap). The benefit package received generally positive feedback, with 63.1% considering it good and 28.0% average. More than 80% believed that the scheme effectively reduced their out-of-pocket expenses. Most participants expressed willingness to renew (88.6%), as well as recommend the scheme.

Table 3: Perspectives of participants on Social Health Insurance scheme

Characteristics	Number (n=168)	Percentages (%)
Knowledge about the scheme		
Less knowledge	21	12.5
Adequate knowledge	147	87.5
Perception on insurance premium		
Cheap	60	35.7
Average	100	59.5
Expensive	8	4.8
Perception on benefit package		
Good	106	63.1
Average	47	28.0
Poor	15	8.9
Reduction in OOPE due to SHI		
Yes	136	81.0
No	32	19.0
Willing to renew		
Yes	149	88.7
No	19	11.3
Willing to recommend the scheme		
Yes	149	88.7
No	19	11.3

Table 4 summarizes the satisfaction levels across different subscales of healthcare services. Major findings indicate that the highest satisfaction was observed in communication (76.4%) and interpersonal manner (75.8%), reflecting positive experiences in doctor-patient interactions. Financial aspects and time spent with the doctor also received relatively favourable satisfaction ratings at 75.2% and 75%

respectively. However, general satisfaction accounted for lowest satisfaction rate.

Table 4: Description of PSQ in different subscales

Subscale and item	Mean of satisfaction scale (average of mean from component items)	SD	% satisfied (average of percentage of satisfaction of items of each domain)
General satisfaction (Item 3+17)	3.37	0.91	67.4
Technical quality (Item 2+4+6+14)	3.67	0.53	73.4
Interpersonal manner (Item 10+11)	3.79	0.58	75.8
Communication (Item 1+13)	3.82	0.59	76.4
Financial aspects (Item 5+7)	3.76	0.56	75.2
Time spent with doctor (Item 12+15)	3.75	0.63	75.0
Accessibility and convenience (Item 8+9+16+18)	3.58	0.61	71.6

Multivariable analysis using multiple logistic regression was interpreted after adjusting other variables. Medicine availability was significantly associated with higher satisfaction as compared to situations where medicines were not available (AOR: 3.89; 95% CI: 1.20 to 5.85). Symptom relief showed a strong association with higher satisfaction levels as compared to individuals without symptom relief (AOR: 4.78; 95% CI: 1.19-19.21). Access to health facility within 30 minutes demonstrated a strong association with higher satisfaction levels as compared to access taking longer than 30 minutes (AOR: 2.86; 95% CI: 1.23 to 6.67). Likewise, individuals who perceived that benefit package as good were 6 times more likely to be satisfied compared to those without such conditions (AOR: 6.36; 95% CI: 1.41 to 28.62).

Table 5: Bivariate and multivariable analysis result

Variables	Satisfaction		Bivariate		Multivariable		P- value
	Less (%)	More (%)	Crude OR	95% CI	AOR	95% CI	
Waiting time for consultation							
Less than 30 minutes	22 (29.3)	53 (70.7)	2.78	1.137-6.794	2.88	0.990-8.362	0.052
30-60 minutes	30 (46.2)	35 (53.8)	1.35	0.554-3.273	1.73	0.594-5.054	0.315
More than one hour	15 (53.6)	13 (46.4)	**Ref**		**Ref**		
Availability of medicine							
Yes	33 (32.0)	70 (68.0)	2.33	1.228-4.407	2.65	1.204-5.850	0.016*
No	34 (52.3)	31 (47.7)	**Ref**		**Ref**		
Perception of symptom relief after treatment							
Yes	54 (35.8)	97 (64.2)	5.84	1.814-18.791	4.78	1.186-19.213	0.028*

Variables	Satisfaction		Bivariate		Multivariable		P- value
	Less (%)	More (%)	Crude OR	95% CI	AOR	95% CI	
No	13 (76.5)	4 (23.5)	**Ref**		**Ref**		
Access to health facility							
Less than 30 minutes	15 (38.5)	39 (61.5)	2.181	1.083-4.393	2.86	1.231-6.661	0.015*
More than 30 minutes	52 (83.9)	62 (16.1)	**Ref**		**Ref**		
Perception on benefit package							
Good	28 (26.4)	78 (73.6)	11.143	2.927-42.419	6.36	1.412-28.615	0.016*
Average	27 (57.4)	20 (42.6)	2.963	0.737-11.908	1.98	0.410-9.571	0.395
Poor	12 (80.0)	3 (20.0)	**Ref**		**Ref**		
Reduction in OOPE due to SHI							
Yes	45 (33.1)	91 (66.9)	4.449	1.943-10.187	2.35	0.888-6.210	0.085
No	22 (68.8)	10 (31.2)	**Ref**		**Ref**		

Table 6 illustrates further association between health service satisfaction levels and the willingness of individuals to renew and recommend a specific health service insurance (SHI). Higher level of satisfaction with the health service was strongly associated with a greater willingness both to renew and recommend the specific health service insurance to others.

Table 6: Association between health service satisfaction and willingness to renew and recommend SHI

Variables	Less satisfied	More satisfied	P-value
Willing to renew			0.001
Yes	52 (34.9)	97 (65.1)	
No	15 (78.9)	4 (21.1)	
Willing to recommend			0.001
Yes	50 (33.6)	99 (66.4)	
No	17 (89.5)	2 (10.5)	

4. Discussion

The satisfaction level of health service users within the SHI scheme in Banepa Municipality, Nepal, was primarily assessed in this study. Within the scheme, 60.1% of health service users were more satisfied, while 39.9% were less satisfied with the provided services which was similar to other studies [15]. On the contrary, an NHRC study suggested nearly 90% satisfaction among participants regarding changes in health service provision post-implementation of the insurance scheme [17]. This assessment was based on exit client interviews, potentially introducing response or social desirability bias [23]. This study opted for community-

based data collection, with 80% of clients having utilized services within 3 months, allowing for a more comprehensive assessment of their experiences. Another study in Pokhara Lekhnath Municipality showcased 81% health service satisfaction among continuing scheme members [10]. The difference could be due to data collection tools and research objectives. The current study focused on assessing client satisfaction through comprehensive measures, which might have influenced variations in satisfaction levels observed in comparison to previous studies. Differences might also stem from varying study periods, sample sizes, and locations.

Participants who have access to necessary medications were more likely to express higher levels of satisfaction as compared to those who do not have such access. Several other studies have similar findings where medicine unavailability was the reason for dropout and dissatisfaction with health services [10,15]. This suggests that the availability of medications directly impacts the patients' perception of the quality of care they receive. This highlights the importance of ensuring adequate medicine availability in healthcare settings to meet patient needs comprehensively. It also emphasizes the need for healthcare providers and systems to address barriers to medication access, such as affordability, supply chain issues, and infrastructure limitations, in order to optimize patient satisfaction and overall healthcare outcomes.

Patients experiencing shorter waiting times (less than 30 minutes) for consultations were more likely to express higher satisfaction levels as compared to those waiting longer. Several studies have established a relationship between waiting time and satisfaction [23, 24]. This finding emphasizes the importance of efficient service delivery, where reduced waiting times positively influence patient contentment. Individuals who can access health facilities within a shorter time frame (less than 30 minutes) were more likely to report higher satisfaction as compared to those with longer travel time. Similar study has established a relationship between access and satisfaction [25]. Easy and prompt access to healthcare services appears to positively impact patient satisfaction which is the core of UHC.

Surprisingly, sociodemographic variables were not significantly associated with client satisfaction. A systematic review has concluded that socio-demographic characteristics were the most varied variable

in determining client satisfaction and association with patient satisfaction were found inconsistent and had suggested that person-related characteristics should be considered to be the potential determinants [26].

Further analysis was conducted to determine if the satisfaction with healthcare services was associated with the willingness to renew and recommend the scheme. The study revealed a strong association similar to other studies [10,15]. In essence, these findings underscore the pivotal role of satisfaction in influencing participants' decisions regarding the renewal of SHI enrolment and their willingness to advocate for the program. Higher levels of satisfaction with health services strongly correlate with a significantly greater inclination to both renew enrolment in the SHI program and actively recommend it to others. This emphasizes the crucial importance of delivering satisfactory healthcare experiences in garnering support for and sustaining social health insurance initiatives.

The study's focus on a specific municipality might not fully represent the diverse perspectives and experiences of the entire SHI enrollee towards healthcare services. Thus, generalizing the findings of this study to the broader population at different settings should be done with caution. Similarly, the study couldn't capture the expectations of the participants from the health services provided under the SHI scheme, which could have better explained the variance in health service satisfaction.

5. Conclusion

The study highlights key associations between health service satisfaction and Social Health Insurance among active enrollees in Banepa municipality. The findings underscore the pivotal role of satisfaction in influencing participants' decisions regarding SHI renewal and recommendation, emphasizing the crucial importance of delivering satisfactory healthcare experiences. Ultimately, understanding and addressing the multifaceted aspects contributing to health service satisfaction are imperative for sustaining SHI programs and ensuring continued support from enrolled individuals, fostering the provision of high-quality, satisfactory healthcare services.

Moving forward, future research should aim to encompass a more diverse geographic representation and incorporate participants' expectations and health service providers'

perspective alongside actual service experiences. This holistic approach will aid in better comprehending the factors influencing health service satisfaction within SHI programs, enabling the enhancement of healthcare delivery and policy frameworks.

Acknowledgement

Our special thanks to Senior Lecturer Mr. Subash Koirala, School of Public Health, and Chitwan Medical College for his precious support and regular guidance to analyze the findings of the study. His knowledge and expertise have been a great asset. We are grateful to enrolment assistants of Banepa Municipality, Ms. Anu Manandhar, Ms. Arpana Bade Shrestha, Ms. Rama Khadka KC, and Ms. Radhika Baniya respectively for their unwavering support throughout data collection.

Competing interests

No support has been received from any organization for the submitted work; no financial relationships with any organizations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work.

References

[1] Rajan S, Rathod SD, Luitel NP, Murphy A, Roberts T, Jordans MJD. Healthcare utilization and out-of-pocket expenditures associated with depression in adults: a cross-sectional analysis in Nepal. BMC Health Serv Res. 2020;20(1):250.

[2] Verrecchia R, Thompson R, Yates R. Universal Health Coverage and public health: a truly sustainable approach. The Lancet Public Health. 2019;4(1):e10-e1.

[3] Maeda A, Araújo EC, Cashin C, Harris J, Ikegami N, Reich MR, editors. Universal Health Coverage for Inclusive and Sustainable Development: A Synthesis of 11 Country Case Studies2014.

[4] Ranabhat CL, Subedi R, Karn S. Status and determinants of enrollment and dropout of health insurance in Nepal: an explorative study. Cost Effectiveness and Resource Allocation. 2020;18(1):40.

[5] Hofer R, Choi H, Mase R, Fagerlin A, Spencer M, Heisler M. Mediators and Moderators of Improvements in Medication Adherence. Health education & behavior : the official publication of the Society for Public Health Education. 2017;44(2):285-96.

[6] Ali S, Chessex C, Bassett-Gunter R, Grace SL. Patient satisfaction with cardiac rehabilitation: association with utilization, functional capacity, and heart-health behaviors. Patient preference and adherence. 2017;11:821-30.

[7] Sarker AR, Sultana M, Ahmed S, Mahumud RA, Morton A, Khan JAM. Clients' Experience and Satisfaction of Utilizing Healthcare Services in a Community Based Health Insurance Program in Bangladesh. International journal of environmental research and public health. 2018;15(8).

[8] Department of Health Services (DoHS). Annual Report FY 2077/78 (2020/21). Khatmandu, Nepal: Ministry of Health and Population (MoHP),; 2022.

[9] Atinga RA, Abiiro GA, Kuganab-Lem RB. Factors influencing the decision to drop out of health insurance enrolment among urban slum dwellers in Ghana. Tropical medicine & international health : TM & IH. 2015;20(3):312-21.

[10] Amrita Paudel PS, Sushmita Baral,. Dropout in Social Health Insurance Program and its Associated Factors at Pokhara-Lekhnath Metropolitan, Kaski. International Journal of Innovative Science and Research Technology (IJISRT). 2019;4(5):808-14.
[11] Nageso D, Tefera K, Gutema K. Enrollment in community based health insurance program and the associated factors among households in Boricha district, Sidama Zone, Southern Ethiopia; a cross-sectional study. PLOS ONE. 2020;15(6):e0234028.
[12] Mitiku Kebede K, Geberetsadik SM. Household satisfaction with community-based health insurance scheme and associated factors in piloted Sheko district; Southwest Ethiopia. PLOS ONE. 2019;14(5):e0216411.
[13] Addise T, Alemayehu T, Assefa N, Erkalo D. The Magnitude of Satisfaction and Associated Factors Among Household Heads Who Visited Health Facilities with Community-Based Health Insurance Scheme in Anilemo District, Hadiya Zone, Southern Ethiopia. Risk management and healthcare policy. 2021;14:145-54.
[14] Adebayo EF, Uthman OA, Wiysonge CS, Stern EA, Lamont KT, Ataguba JE. A systematic review of factors that affect uptake of community-based health insurance in low-income and middle-income countries. BMC Health Services Research. 2015;15(1):543.
[15] Fufa G, Ermeko T, Mohammed AY, Lette AJHsj. Assessing Factors Associated with Poor Community Based Health Insurance Client Satisfaction Level with Public Health Care Services in Negele Arsi Woreda Health Centers, West Arsi Zone Ethiopia. Health Science J. 2021;15.
[16] Onyinye N, Ijeoma O, Ugo E, Udochukwu O, Okechukwu I. Assessment of Clients' Perceived Satisfaction and Responsiveness of Outpatient Health Care Services Within the National Health Insurance Scheme at University of Nigeria Teaching Hospital, Enugu State, Nigeria. European Scientific Journal, ESJ. 2020;16(15).
[17] Nepal Health Research Council (NHRC). Assessment of Social Health Insurance scheme in selected districts of Nepa. Nepal: Nepal Health Research Council; 2018.
[18] Pokharel R, Silwal PR. Social health insurance in Nepal: A health system departure toward the universal health coverage. The International journal of health planning and management. 2018.
[19] Banepa Municipality Office. [Available from: https://banepamun.gov.np/.
[20] Sample Size Calculator [Available from: https://www.calculator.net/sample-size-calculator.html?type=1&cl=95&ci=5&pp=81&ps=514&x=58&y=12.
[21] Monica. Patient Satisfaction Questionnaires (PSQ-III and PSQ-18) [cited 2023 9 August]. Available from: https://www.rand.org/health-care/surveys_tools/psq.html.
[22] Aljarallah NA, Almuqbil M, Alshehri S, Khormi AMS, AlReshaidan RM, Alomran FH, et al. Satisfaction of patients with health care services in tertiary care facilities of Riyadh, Saudi Arabia: A cross-sectional approach. Frontiers in public health. 2022;10:1077147.
[23] Hameed W, Ishaque M, Gul X, Siddiqui JU, Hussain S, Hussain W, et al. Does courtesy bias affect how clients report on objective and subjective measures of family planning service quality? A comparison between facility- and home-based interviews. Open access journal of contraception. 2017;9:33-43.
[24] Iloh GU, Ofoedu JN, Njoku PU, Odu FU, Ifedigbo CV, Iwuamanam KD. Evaluation of patients' satisfaction with quality of care provided at the National Health Insurance Scheme clinic of a tertiary hospital in South- Eastern Nigeria. Nigerian journal of clinical practice. 2012;15(4):469-74.
[25] Bogart K, Hemmesch A, Barnes E, Blissenbach T, Beisang A, Engel P. Healthcare access, satisfaction, and health-related quality of life among children and adults with rare diseases. Orphanet journal of rare diseases. 2022;17(1):196.
[26] Mazurenko O, Collum T, Ferdinand A, Menachemi N. Predictors of Hospital Patient Satisfaction as Measured by HCAHPS: A Systematic Review. J Healthc Manag. 2017;62(4):272-83.