

An Automated Fin-Flow and Welfare Directorate for African States Pensioners in Partnership with Primary Health Care Administration

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Date of Submission: 12-04-2023

Date of Acceptance: 22-04-2023

ABSTRACT

The current pension management system in African states faces several challenges, including delays in payment, inadequate monitoring and control mechanisms, and high levels of corruption and fraud. These challenges often result in pensioners receiving insufficient funds to meet their basic needs, which can have adverse effects on their health and wellbeing. To address these challenges, this study proposes an automated fin-flow and welfare directorate system that is designed to improve the efficiency and effectiveness of pension management in African states. The system is built on a digital platform that integrates pension management and primary healthcare administration to provide a seamless service to pensioners. It includes features such as biometric identification, automated payment processing, and real-time monitoring and reporting. The study adopts a mixed-methods approach, using both quantitative and qualitative data collection methods. The quantitative data is collected through a survey of pensioners and primary healthcare providers, while the qualitative data is collected through interviews with key stakeholders such as pension managers, healthcare administrators, and government officials. The results of the study show that the proposed system has the potential to address the challenges associated with pension management in African states. Specifically, the system can improve the accuracy and timeliness of pension payments, reduce the risk of fraud and corruption, and improve the overall quality of life of pensioners. The study concludes by recommending the adoption of the automated fin-flow and welfare directorate system by African states to enhance the financial and welfare management of pensioners.

The system can provide an innovative solution to the challenges faced by pensioners in African states and improve the quality of life of these vulnerable populations.

KEYWORDS: Pensioners Total Services, pensioners welfare, Home services, Pension

I. INTRODUCTION

Pension is one indispensable form of employees' solid benefits which has positive impact on employee discipline, loyalty and willingness to remain in the service of an employer, commitment to the attainment of job goals and concern for the survival of the organization (Fapohunda, 2013). In Nigeria, evidence shows a very weak community base to tackle the care and support of the pensioners in public and private sector both federal, state and local government in terms of healthcare, social/hospitality services etc leaving in the rural areas. An employee who has worked for an organization for some years is entitled to some benefits which could be in form of gratuity and pension payable to such employee by the employer at the time of retirement. Pension as a scheme designed to cater for the welfare of pensionable retired workers had long gained global acceptance. Workers in both public and private sector organizations are expected to live a comfortable life devoid of any form of dependency after their successful retirement from active service (Nwachukwu, 2007). Robolino (2006) notes

that many countries have opted for different forms of contributory pension schemes, in which employees and their employers are expected to pay certain percentages of their monthly earnings to a Retirement Savings Account (RSA)

from which they would be drawing their pension benefits after retirement. Pensioners are categorized into two; (1) Grade 1 (2) Grade 2. Grade 1 could also be referred to as weak pensioners while Grade 2 is known as active pensioners. Care and support for the pensioners are referred to the attention given to the pensioners which could be long-term or short-term care. These range from health care and social services. It could be community-based care or institutionalized care. Some of these, as Aronson and Neysmith (1997: 38) stated, range from “acute, chronic and rehabilitation hospitals for elderly people who are ill, nursing homes for the elderly requiring fairly constant care and support, health and social programs (e.g. visiting homemaker services, visiting nursing care, day care, meals on wheels, etc.) that allow people with various degrees of health problems and functional limitations to receive care in their own homes.” Care requires proximity or closeness and attention. It also includes all forms of services such as health or nursing care, emotional counseling, etc. On the other hand, support refers to material help or gifts in form of money or goods. It does not demand physical presence or proximity. Operationally, while care may be referred to as services rendered, support refers to as gifts or materials provided.

Health status of the aged is a function of the care and support they receive. Several chronic diseases suffered by the aged are traceable to lack of or inadequate care and support as well as poor nutrition and physical inactivity (Olayiwola et al., 2010).

An automated flow and welfare directorate for African states pensioners in partnership with primary health care administration is a robust system that manages active and inactive pensioners in the rural areas. The scheme is named: "PENSION TOTAL SERVICES" it gives all services needed by the weak old people in the world. The family members live at any city or abroad, the man would not even go to an ATM in his village but every service is rendered in the home, which must be nearer to their LGA. All financial benefits, are already arranged by the Pension law, even the Pensioners association has nothing to do with the general weakness of Pensioners in their different homes.

II. LITERATURE REVIEW

The problems of social welfare policy such as the monthly payment assistance is not enough in the current economy, government's lack of budget, and not allowing government agencies to take care of older people, so local government should create a department for service and support

older people and also train government officers to have more knowledge about how to take care of older people. (Somkit et al., 2014)

Rural development projects such as financial support for infrastructure to improve working and living conditions in rural areas and strengthening the population's capacity by promoting the equalization of social security among urban and rural residents can support people's lives (Yang, 2013).

Most people cannot access state benefits or social welfare to secure their economic standing and must depend on their own resources, so their own resources are too small to create their own wealth (Lapinski et al., 1998).

HOME AND COMMUNITY CARE

Many types of health care interventions are delivered outside of health facilities. They include many interventions of public health interest, such as food safety surveillance, distribution of condoms and needle-exchange programmes for the prevention of transmissible diseases.

They also include the services of professionals in residential and community settings in support of self care, home care, long-term care, assisted living, and treatment for substance use disorders and other types of health and social care services.

Community rehabilitation services can assist with mobility and independence after loss of limbs or loss of function. This can include prosthesis, orthotics or wheelchairs.

Many countries, especially in the west are dealing with aging populations, and one of the priorities of the health care system is to help seniors live full, independent lives in the comfort of their own homes. There is an entire section of health care geared to providing seniors with help in day-to-day activities at home, transporting them to doctor's appointments, and many other activities that are so essential for their health and well-being. Although they provide home care for older adults in cooperation, family members and care workers may harbor diverging attitudes and values towards their joint efforts. This state of affairs presents a challenge for the design of ICT for home care.

Healthcare Financing

There are generally five primary methods of funding health care systems:

- ❖ General taxation to the state, county or municipality
- ❖ Social health insurance

- ❖ Voluntary or private health insurance
- ❖ Out-of-pocket payments
- ❖ Donations to health charities

In most countries, the financing of health care services features a mix of all five models, but the exact distribution varies across countries and over time within countries. In all countries and jurisdictions, there are many topics in the politics and evidence that can influence the decision of a government, private sector business or other group to adopt a specific health policy regarding the financing structure. For example, social health insurance is where a nation's entire population is eligible for health care coverage, and this coverage and the services provided are regulated. In almost every jurisdiction with a government-funded health care system, a parallel private, and usually for-profit, system is allowed to operate. This is sometimes referred to as two-tier health care or universal health care.

Health care administration and regulation

The management and administration of health care is another sector vital to the delivery of health care services. In particular, the practice of health professionals and operation of health care institutions is typically regulated by national or state/LGA authorities through appropriate regulatory bodies for purposes of quality assurance. Most countries have credentialing staff in regulatory boards or health departments who document the certification or licensing of health workers and their work history.

III. METHODOLOGY

Grade 1 by choice can choose the kind of services he/she wants i.e any benefit that he/she wants to enjoy then you have to register it and the scheme will be taken care. While the scheme is also running within the area. The mature retirees are teaching in the primary and secondary within the area. This would stop unnecessary death even the burial ground would be sad because they are not receiving their people again. The people has been reactivated back to life and to enable Nigerians more civilize and the best place to live in the world.

THE AGENCY

- Fetch total contributors(both pension total amount and monthly collectable pension monies to pensioner at home).

Any Employer Refusal

Agency would use the following;

- i. Employer finance record of pensioners
- ii. PenCom – data from the inception
- iii. EFCC for clearance of finance record as the case may be with the involvement of the below;
 - Lawyers
 - Account Experts
 - Police
 - Army already available at the agency.

Benefit of the scheme:

- 1) Health treatment attention
- 2) Feeding / Cleaning of environment – LGA cleaners
- 3) Laundry of clothing
- 4) Finance service outreach – LGA Control Agency
- 5) Communication link with family members and pensioner on time of services and on pensioners demand.

What the scheme would enjoy that is already in existence:

- Pensioners (above 60yrs) free hospital treatment as granted by government
- Availability of primary health facilities in rural areas.
- Electricity also available in rural areas.
- All LGAs Headquarters as local government control centers.
- The use of primary health staffs already on state or federal payroll – A plus to
- State Lawyers – Needed (A bench of Lawyers) Already in the employment of state ministry of Justice; under (DPP) commissioner & Attorney General of the state.
- State Doctors – Needed (A bench of Doctors) Already in the employment of state ministry of Health/ Federal also;
- A major tool (PenCom or pensioners finance contribution accounts from all employers & monthly contacts being major scheme target)

Grade 1 Benefits:

- i. Feeding
- ii. Health home / mobile services
- iii. Laundry services
- iv. Environmental cleaning
- v. Major point (Money outreach) finance cash drive from employer/ pencom and home to pensioners service

Grade 2 may exclude feeding, laundry, environmental cleaning etc. Exclusion of some services may depend on the pensioners or can equally include any services as required.

Scheme Financing:

A. (a) Grade 1 Pensioners contributions recommendation: Grade 1 which is the Weak pensioners contribute 20% of his / her monthly entitlement to the scheme.

(b) Grade 2 pensioners contributions recommendation: Grade 2 which is the Active pensioners contribute 2- 10% of his / her monthly entitlement to the scheme

The Grade 1 pensioner contributes greater to the scheme function than the Grade 2. The above would be weighed proportionately to the weight of services and little charges when involved to referral serious cases.

B. Feeding: (a) Canteens; Government or contractors will moderate charges in mobile services to grade 1 pensioners and grade 2 if needed.

C. Laundry: Only for Grade 1 or Grade 2 on interest. (Moderate charges – Service control – LGA agency.)

D. Intercom-Link: Pensioners would be home-wired- for quick and direct contact also telecom with even distant relatives and children.

What will happen to ;

(a) The unemployed ,who is not in any body's employment or non-pensionable and

(b) The uneducated part 2 of the RESEARCH :

Answers the above questions.

There a cooperative registered used in this part of the work that does the following: No.1. Registers petty Sunday-Sunday meetings within different Areas recommended by the research to be in groups of interest in their localities and call them cooperative ,in other to be under Legal Laws, collecting moneys and immediately sending to bank, unlike the old traditional methods of village Sunday or Ekee meetings contributions ;Is to collect and record in Diaries , sometimes children and office holders go to their Treasury boxes to

steal fund meant to shared year ending or to when need calls(school fees or business fund, as they go to borrow) this use to keep meetings undecided in their annual celebrations or terminal point of the agreements. Therefore, in the research, the registered Cooperative S are afraid of legal laws ; the chairpersons/ Treasurers/Secretaries, and banks the moneys to Major Cooperative (Abua Petty Traders Cooperative and Credit Investment Society Limited) but used a Micro Finance Bank - Rivers State owned (RIMA).Benefits includes: Their contributions earn them ;1. Frozen cartons Of fishes and chickens, also life one and granting them Petty Loans to enable them start building their business finance status, from their savings in the Major Cooperative(Abua Petty Traders Cooperative and Credit Investment Society Limited), which through the MFB,as per the research. This is galvanized the economy and the village/ communities boost of financial freedom.

How to qualify in PENSIONERS TOTAL SERVICES;In there co-operative (MFB) declared periodic contributions, the collects equitably products to sell at villages, grass roots homes of our rural areas including nearby Cities. It will, if serious, give birth to INDUSTRIALIZATION, and be able to Register, and become member of the PENSIONERS SCHEME at the age of 60yrs and above, you know why; Nigeria have already granted elders of 60 and above, Some % of free medical bills, which automatically stand part of settlement of the medical treatment , a major benefit of scheme. So, the cooperative provide settlements of the other benefits of the services if registered among the total benefits there in. A proof of the coverage of total population of our grate grand-parents, which ordinarily, some children may live closely or cities or Overseas and may not give an attention to grand-parents. Pleas is important for the study to answer this question of inclusiveness in our societies.

Diagram Of Pensioners Total Services(PTS)

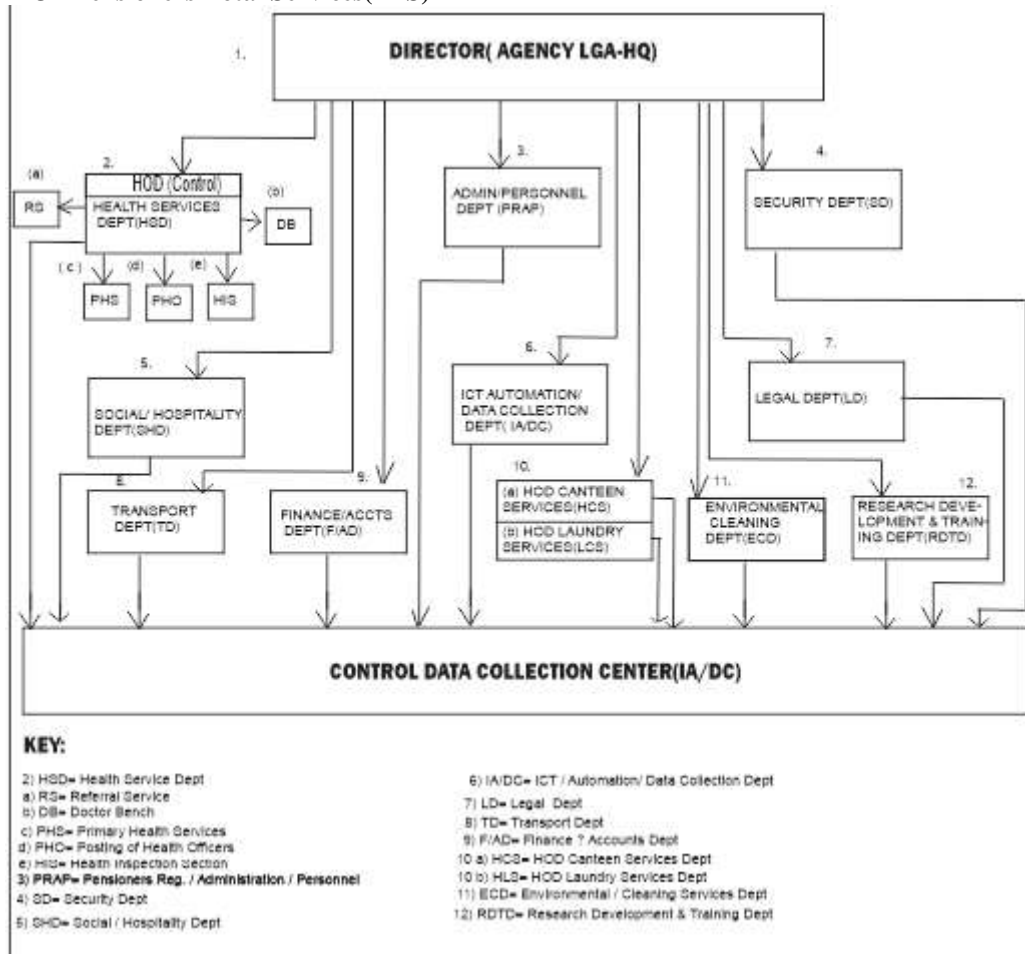


Figure 1: The Overview diagram of Pensioners Total Services(PTS) scheme

IV KEY COMPONENTS OF THE AGENCY

Department that makes the Agency: Federal or State use;

-Security Department: (Army, Police and Civil Defenseservices already available); The Security Dept. Includes, a sub section; Lawyers Bench; borrowed from the Commissioner of Justice & Attorney General, Ministry of Justice (State Lawyers). Already in state government. Payroll. They are to assist the military and the Finance Experts in gathering the financial benefits READY before retirement of every Pensioner registered with the scheme.)

-Health Service Department:

* **Primary health staffs** - State or Federal, paid workers already available;

***Doctors Bench (State or Federal):** To control health services in all LGA head offices of the Agencies. Also in State or Federal pay roll.

* **Referral services:** To different health attention (Home& Abroad) to be driven by Doctor's bench control. Also note that; Federal government. already awarded free health services to 60yrs old & above ; available.

-Finance Flow Department: (A very strong Accounting Experts to always contact: Employers or Pencom/ RSA or particular company for particular Pensioners and again always contact EFCC for any hitch , in gathering the finances employers or RSA to the different banks of Pensioners for close and home collection through the cash office in the Agency head offices (LGA).

-Canteen& Laundry Services Department: To attend to Pensioners at home. It could be through Contractors or govt.

-Environment Cleaning Department: This include LGA cleaners that are already available

-ICT- Automation: This includes telecom links to Pensioners residents.

- Social/Hospitality:

- * Organizing/Supervising Zonal Periodic social matured games/Sports to keep bodies fit/ Healthy.
- *Distributing - Selected Radio stations- each pensioner a radio station of his or her choice (Just like the electric lines practiced in Europe, but customized small Radio Speakers receivers installed in Pensioners residence.
- *And alot others.

Other Benefits:

- 1) Running of primary and secondary in the different LGAs in the country for the active pensioners within the environs those Active pensioners could gain a teaching employment.
- 2) Establishment of occasionaly advisory board to periodically holding advisory board meeting cut across this area in morals, business / commerce industry, and education matters and even others. This would make use of retired lawyers, magistrate, educationist, businessmen and women etc to periodically holds meeting based on invitation. Stipends would be given to the invitees. This is to correct all the morals within the villages in the rural area. The villages would be peaceful for the weak and active pensioners to live comfortable and enjoy their benefit.

Major Appointments

- 1) Director General (Federal or State Use)
- 2) All LGAs – Directors
- 3) Depts – Heads All Departments
- 4) Seasonal Heads under Departments
- 5) Most workers
 - HEALTHS(Already in the ministry appointment)
 - LABOURERS (LGA workers)
 - LAWYERS (Already in ministry of Justice)
 - DOCTORS also in federal / state appointment.
 - SECURITY - Government appointees(Army, Police, civil defence)

V MODEL CODED FORMULA FOR PENSIONERS SCHEME REGISTRATION

Major determinants in registration of Pensioners into the Scheme.

Home Pensioners Total Services(HPTS)= Gulle Benefits=

1. Home Medical Treatment =[HMT]+RS;
- 2.Home Feeding=[HF];
- 3.Home Environmental Cleaning=[HEC];
- 4.HomeLundry Services=[HLS];
- 5.Home Cash Flow Outreach=[HCFO].

Therefore, $HPTS = \{HMT+RS\} + \{HF\} + \{HEC\} + \{HLS\} + \{HCFO\}$Equation (1).

The above shows that:

- Home Pensioners Total Services=
- 1.Home (Medical Treatment)+Refferal Services;
 - 2.Home Feeding;
 - 3.Home Environmental Cleaning;
 4. Home Lundry Services;
 5. Home Cash Flow Outreach.

The above translates to: 1. HMT + RS; 2. HF; 3.HEC;4.HLS; 5. HCFO;Components of **Equation (1)**. Therefore: Formula for registration proper, considering the chosen Benefits to be enjoyed by a Pensioner in the scheme;

For the two categories: G1 and G2. Note, that HPTS= Gulle Benefits= Workers New Jeruselem.

Which is = $[(HMT+RS) + (HF) + (HEC) + (HLS) + (HCFO)] = WNJ$;..... **Equation (2)**.

Therefore, $HPTS = [(HMT+RS) + (HF) + (HEC) + (HLS) + (HCFO)] = WNJ$;.... **Equation (2)**

HPTS= Full Benefits= Workers New Jeruselem.

Therefore, from Equation 1, divide all through by (H)To register Pensioners considering the chosen Benefits.

Which is equal to: $(HPTS \div H) = [\{ (HMT +RS) \div H \} + \{ (HF \div H) \} + \{ (HEC \div H) \} + \{ (HLS \div H) \} + \{ (HCFO \div H) \}]$;...

Which reduces to **Equation....(3)**.

$PTS = MT + RS + F + EC + LS + CFO$. From Equation....3;

"Home" out of Equation...2, above shows that, the category of the Pensioner is not of Permanent disablement, so automatically needs the (Home) "H" for house Services:

Note: PTS= Pensioner Total Services; MT= Medical Treatment; RS= Refferal Services; F= Feeding; EC = Environmental Cleaning; LS= Lundry Services; CFO=Cash Flow Outreach.

In the above explanation, the " H" leaving HPTS indicates that the Pensioner is not having any Permanent disablement that would anything to do with Home Services, and therefore, the "H" disappears leaving behind "PTS" which interprets that the Pensioner is healthy to carry out all the enumerated Benefits, except , Pensioner registering, picks any in choice of interest containing the letter "H" which shift up closer to Full Benefits.

Therefore, the **G1 category** - With Permanent disablement enjoys Full Benefits (HPTS)= WNJ.

While; the **G2 category** - Pensioner without Permanent disablement and can go about his for her business. Although, **G2 category** can choose any among the five Benefits of the Pensioners

scheme without the constant "H" showing that, the Service cannot and never be of home for house Service. Consequently, the total charges to be paid as a little contributions monthly based in their yakke home entitlement, to the scheme would be proportionate to the Benefits, a Pensioner may decide to enjoy considering the body fitness.

And so, the New Components formed in Equation... 3, stands as determinants(the five items) of the chargable amount for the scheme membership.

NB, More research a little further, would quantify payment of items more "RS" Referral Services, in Medical Treatment, of all any Pensioner on grade G2, may decide to pick it as an inclusive choice.

1. Are you aware of the Pensioners Total Services(PTS)?

Table 3.2.2

PENSIONERSTOTALSERVICES(PTS)AWARENESS	RATING (percent)
Unaware	70%
Don't Care	10%
Aware	20%

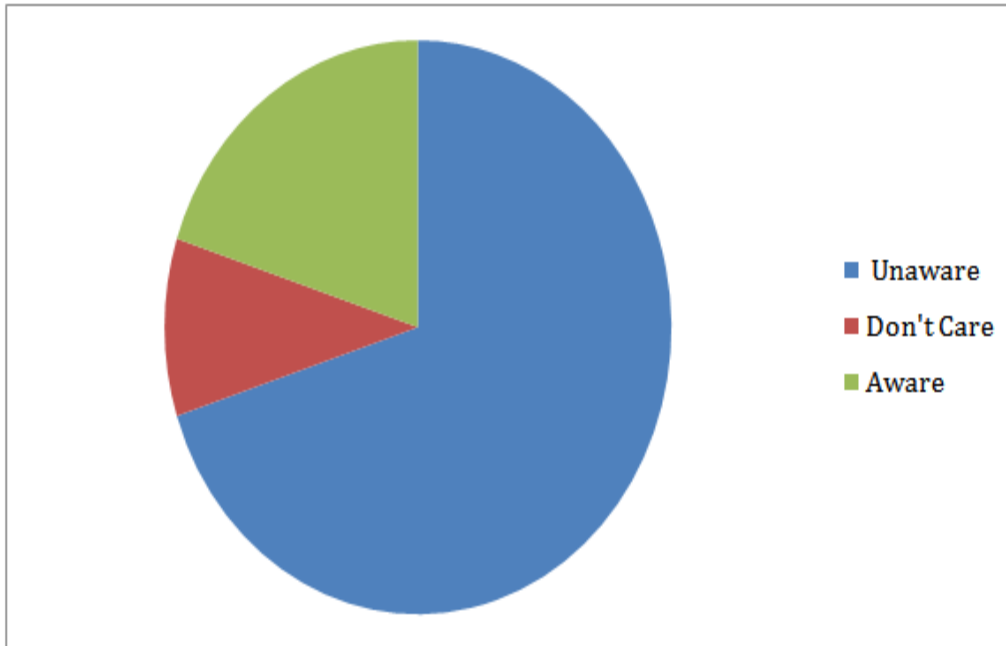


Figure 2 Pensioners Total Services(PTS) awareness of the current pensioners system

The above figure 2 shows seventy percent of the participants were unaware of the PTS of their current pensioners system in the LGAs, for example, Grade 1 and Grade 2 users don't have access to the health benefits of the federal

government. Twenty percent were aware and they took advantage of the health benefits scheme, while ten percent don't care at all about the health benefits.

Table 2: Grade 1 and Grade 2 Pensioners Total Services(PTS) Monthly Benefit Contributions

Grade	Benefit	Premium	Expected Number of Contribution
Grade 1	Subscribe all the benefits	Monthly benefit * 0.2	12%
Grade 2	Subscribe to selected benefits	Monthly benefit * 0.1	3%

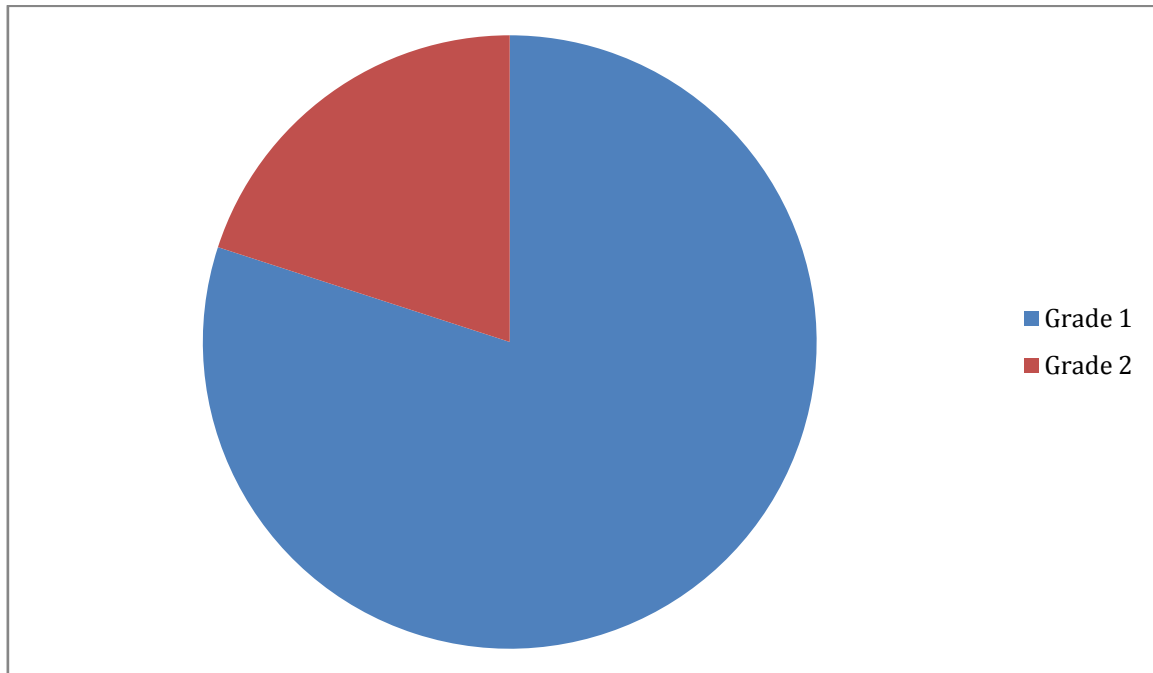


Figure 3 Grade 1 and Grade 2 PTS monthly benefit contributions

The above figure 3 shows 12% percent of the expected number of contributions for Grade 1 which is the weak pensioners while 3% for the Grade 2 which is the active pensioners.

VI CONCLUSION

The Agency of Pensioners Total Services (Be Federal or State) are considered to be a final formula that will lock up the yearnings of the Pensioners , including me and any other worker (any pensionable employee) in Nigeria. There is no much financial cost that can over weigh the success of the scheme. The different grades of Pensioners will attract different contribution to running it. Eg; Weak Pensioners, enjoying all benefit may pay at most 20% of his or her monthly benefit, and Active Pensioners may contribute from; 2 to 10 % , depending on the benefits selected to enjoy, by the Pensioners.

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