

Multi-level stakeholder perceptions of poverty identification criteria for a pro-poor health Insurance scheme in Tanzania

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Introduction

In Tanzania, as in other low income countries, vulnerable groups, notably pregnant women, infants and children often pay for services despite the existence of exemption policies. The Tanzanian National Health Insurance Fund (NHIF) with technical support from donors has developed a pilot scheme which involves providing NHIF health insurance cards to poor pregnant women in two regions (Mbeya and Tanga). It is hypothesized that the cards will increase service use among the poor by removing financial barriers, offering greater provider choice, and improve service quality. Poor pregnant women are identified based on specific criteria (See table 1).

Table 1: Criteria for Identifying the Poor

Indicator	Scoring		
	1 (poor)	2 (average)	3 (rich)
Housing	Mud/thatched roof	Mud/iron roof	Brick
Access to health services	>60 mins walk	30-60 mins walk	< 30 mins walk
Water source	River	Community tap	Treated/ Accessible
Fuel for cooking	Illegal firewood	Firewood/ charcoal	Charcoal/ kerosene
Sanitation	Bush	Shared latrine	Pit latrine
Daily income	<1500 Tsh	1500-3000 Tsh	>3000 Tsh
Average meals / day	1 Meal >4 children ; 1 w/ disability	2 meals	3meals
Children /child health		3-4 children	< 3 children

An intervention (Mbarali) and control (Kilolo) district were purposively selected.

In-depth interviews (IDI - 38) were conducted at baseline with:



- Health workers and facility managers
- District Management staff:
- NHIF staff and Managers and other Implementing Actors
- Focus group discussions were also conducted (FGD - 6)

Key findings

•Stakeholder's perceptions of each of the poverty criteria vary across groups.

•Health facility providers supported per capital income as the main poverty criteria, *".....if the mother is earning lower than 1500 shillings per day it means she is poor, she cannot manage to support the family...."*

•In terms of firewood, community respondents perceived that it cannot capture poverty directly since in rural areas it is freely accessed. *".... in village life firewood and charcoal is the means of cooking. One cannot be determined to be poor because of the use of firewood unless the firewood or charcoal is sold and the family is failing to buy the firewood...."*

•District Management Staff: They had believed that certain criteria capture factors related to structural constraints rather than individuals. For example, the distance criteria to the facility relate more to government decisions regarding placement of facilities rather than individual poverty.

•Village NGO's perceived the nature of the house to be unreliable criteria as houses may be inherited or people may choose not to invest in their house but still be well off.



Mud thatched house from Control Site (Kilolo)

"....One can have nice house with iron sheets but they do not have food to eat, maybe they inherited the house from their fore fathers.....Others they have mud and thatched houses but they have plenty of cattle and more food in the storage..." (FGD, Kilolo)

Conclusion

In order to ensure local relevance, Centrally developed poverty targeting criteria may require more localized adaptations based on input from community stakeholders, particularly local implementers and potential beneficiaries. These groups will be crucial to successful program implementation as subjective understanding of the criteria may result in wide variations in their application. Additionally, in order to individually target the most vulnerable population, more work may be needed to differentiate between the poor and the extreme poor.