THE EFFECTIVENESS OF THE MEASURES BY NATIONAL HEALTH INSURANCE FUND IN IMPROVING HEALTH SERVICES IN ILALA MUNICIPAL

By

Beater Boniphace

A Dissertation Proposal Submitted to School of Public Administration and Management (SOPAM) in Partial Fulfillment of the Requirements for Award of the Master Degree of Health Systems Management (MHSM) of Mzumbe University

2016
CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled, “The effectiveness of the measures by national Health Insurance Fund in improving health services a case of Ilala Municipality- Dar es salaam” in partial fulfillment of the requirements for award of the Master Degree of Health Systems Management (MHSM) of Mzumbe University.

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DECLARATION

I, Beater Boniphace, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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First and foremost, I would like to thank the Almighty God, who guides me every day in whatever I do, giving me strength all the time for completion of this study. I’m equally expressing my sincere gratitude to my family for their love and support since my first day in school with special gratitude to my parents, Mr and Mrs Boniphace who always encouraged me to study.

I owe my profound gratitude to my supervisor Dr. Aggrey R. Kihombo (Ph.D.) for his tireless guidance, patience, moral, critical and fruitful suggestions from the initial stage of developing proposal to production of this report, also for his constructive ideas in early stages of my proposal.

My special thanks also go to my course mates especially students pursuing Master Degree of Health Systems Management (MHSM) of Mzumbe University, Morogoro Campus for they encouraged me to persist to the end. Am further indebted to lecturers at Mzumbe University Morogoro Campus for the knowledge they imparted in me.

In the same vein, I would like to thank all my friends who, in one way or another, lent a hand towards the finalization of this work.

May Almighty God bless them all.
DEDICATION

This research report is dedicated to my parents Mr & Mrs Boniphace for their prayers, support, love and encouragement. It is also dedicated to all my friends. May God bless them all.
LIST OF ABBREVIATIONS

NHIF       National Health Insurance Fund
M&E        Monitoring and Evaluation
ABSTRACT

The main objective of the study was to examine the effectiveness of the measures taken by NHIF on improving health services. The specific objectives were to examine the extent has accreditation improved the availability of drugs, examine level have loans helped to improve the laboratory services and renovation and to examine the degree have monitoring and evaluation improved provision of health services at the health facilities. The study involved 60 respondents. Both primary and secondary data collection methods were employed.

The results indicate that, measures taken by NHIF contribute much on improving health services. For example accredited facilities play a great role to improve the availability of the drugs in the health facilities. Ninety, (90%) of the respondents said that, accreditation contribute much to the improvement of health services in the health facilities by ensuring that there are available drugs in the health facilities and ensures constant supply of medicines in the health facilities. For example the made available drugs in the health facilities through accreditation includes, Tracer lists (essential medicines on which each health facilities must have) such as Amoxyline, Alu, Amoxicillin caps , Co-trimoxazole tabs, Erythromycin tabs, Ferrous sulphate& folic acid tabs, Metronidazole tabs , Paracetamol tabs , Quinine tabs , Amoxicillin suspension , Povidone iodine liquid 10% Adrenaline inj, Ceftriaxone powder inj,Diazepam inj, Oxytocin , Quinine inj Qloves surgical and disposable.

The results also indicate that, loan has improved the availability of laboratory services and renovation. For example majority of the respondents argued that, loan obtained is used to purchase machines such as ultra sound machines x-rays machines, Syringes, and other laboratory equipment. This implies that, the loan acquired is used for the purposes of buying laboratory equipment and this improves laboratory services. It was further revealed that, the loan was used for the purposes of increasing the wards as well as the increase of beds on the said health facilities. With regards to renovation, the study found that, adequate loan contribute much to the improvement of renovation. For example renovation needs some amount to be injected so as to
meet the said renovation. Therefore with regards to this the loan which is directed to
the health facilities plays a great role on improving renovation.

Findings also revealed that, though M& E plays a great role to improve provision of
health services at the health facilities the scale of it is poor due to several problems
such as difficulties in filling the forms, difficulties in writing codes, difficult system,
forms and codes and thus render the provision of quality services. Further that the
study found that, majority (53.3%) of the respondents said that there was no follow-
up of those problems.

Since loan plays a great role on improving health services by ensuring availability of
drugs, availability of laboratory services and improvement of renovation, it is here by
recommended that there must be enough and adequate budget dedicated on
improving health services in the health facilities.

Because of lack of monitoring and evaluation programs which has resulted to poor
provisions of health services, it is here by recommended that, there is a need to the
NHIF to commence follow-up programmes on the problems identified so as to so
come up with solution to the said identified problems.
TABLE OF CONTENTS

CERTIFICATION .................................................................................................................... i
DECLARATION ..................................................................................................................... ii
COPYRIGHT ........................................................................................................................ iii
ACKNOWLEDGEMENT ....................................................................................................... iv
DEDICATION ....................................................................................................................... v
LIST OF ABBREVIATIONS ................................................................................................. vi
ABSTRACT ............................................................................................................................ vii
TABLE OF CONTENTS ....................................................................................................... ix
LIST OF TABLES .................................................................................................................. xiii
LIST OF FIGURES ............................................................................................................... xiv

CHAPTER ONE .................................................................................................................... 1
BACKGROUND INFORMATION AND PROBLEM STATEMENT ........................................... 1
1.1: Background of the study ............................................................................................... 1
1.2 Statement of the problem ............................................................................................... 3
1.3 Research Questions ....................................................................................................... 5
1.3.1 Main Research Question ............................................................................................ 5
1.3.2 Specific Research Questions ..................................................................................... 5
1.4 Research objectives ....................................................................................................... 5
1.4.1 Specific objectives ..................................................................................................... 5
1.5 Scope of the Study ......................................................................................................... 8
1.6 Significance of the Study ............................................................................................... 8
1.7 Delimitation of the Study .............................................................................................. 8
1.8 Organization of the Research ....................................................................................... 8

CHAPTER TWO ...................................................................................................................... 9
LITERATURE REVIEW ......................................................................................................... 9
2.1 Theoretical part .............................................................................................................. 9
2.1.1 The concept of insurance ......................................................................................... 9
2.1.2 Various definitions of insurance ............................................................................... 9
2.2 Health and its Importance ................................................................. 10
2.2.1 Health Insurance Scheme ............................................................ 10
2.2.2 History of health insurance ......................................................... 10
2.2.3 Health care financing ................................................................. 12
2.3 Social health insurance ................................................................. 12
2.3.1 Private Health Insurance Scheme ............................................... 13
2.3.2 National Health Insurance Fund ................................................. 13
2.3.3 Health care financing in Tanzania ............................................... 14
2.3.4 The Basic Functions of NHIF ..................................................... 14
2.4 Accreditation ................................................................................. 15
2.4.1 Accredited facilities ................................................................... 16
2.5 Empirical literature review ............................................................ 16

CHAPTER THREE .................................................................................. 18
RESEARCH METHODOLOGY ............................................................... 18
3.1 Research design ............................................................................ 18
3.2 Area of the study .......................................................................... 18
3.3 Targeted population ..................................................................... 18
3.4 Sample Size .................................................................................. 19
3.5 Sampling Techniques ................................................................. 19
3.6 Data Collection Methods ............................................................ 20
3.6.1 Primary Data ............................................................................ 20
3.6.1.1 Questionnaires .................................................................... 20
3.6.1.2 Interview ........................................................................... 21
3.6.2 Secondary Data ........................................................................ 21
3.6.2.1 Documentation/Documentary Review .................................. 21
3.7 Data Processing and Analysis Technique .................................... 21
3.8 Reliability and Validity ............................................................... 22
3.8.1 Validity ................................................................................... 22
3.8.1.1 Internal validity ................................................................. 22
3.8.1.2 External validity ............................................................... 22
3.8.2 Reliability ................................................................................. 22
3.9 Ethical Consideration.............................................................................................................. 23

CHAPTER FOUR ................................................................................................................................. 24
RESULTS AND DISCUSSIONS OF FINDINGS............................................................................. 24
4.1 Introduction ..................................................................................................................................... 24
4.2 Sample size and its characteristics of the respondents............................................................... 24
4.2.1 Demographic Characteristics of Respondents: NHIF members......................................... 24
4.2.2 Demographic Characteristics of Respondents: Administrators of health facilities....................................................................................................................... 26
4.3. The level at which accreditation has improved the availability of drugs................. 27
4.3.1 Effectiveness of accreditation...................................................................................................... 27
4.3.2 Availability of drugs in the accredited health facilities......................................................... 31
4.4 The degree to which loan has improved the availability of laboratory services and renovation...................................................................................................................... 32
4.4.1. Respondents’ perception on how loan improved availability of laboratory services............................................................................................................................................. 32
4.4.2. Respondents’ perception on how loan improved renovation............................................. 37
4.5 The scale to which M&E improved provision of health services at the health facilities......................................................................................................................... 40
4.5.1 Frequency of NHIF monitoring and evaluation................................................................. 40
4.5.2 Adequacy of the Budget ........................................................................................................... 41
4.5.3 Identification of problems ......................................................................................................... 42
4.5.4 Follow up of those problems .................................................................................................... 42

CHAPTER FIVE ..................................................................................................................................... 43
SUMMARY, CONCLUSION, POLICY IMPLICATIONS AND
RECOMMENDATIONS .......................................................................................................................... 43
5.1Summary ........................................................................................................................................ 43
5.2 Conclusion..................................................................................................................................... 44
5.3 Policy implication .......................................................................................................................... 45
5.3.1 Educate beneficiaries................................................................................................................. 45
5.3.2 Provide Quality health services ............................................................................................... 45
5.4. Recommendations........................................................................................................ 46
5.4.1. To the NHIF members................................................................................................. 46
5.4.2. To the NHIF................................................................................................................. 46
5.4.3. To the accredited health facilities ............................................................................ 47
REFERENCE.................................................................................................................. 48
APPENDICES..................................................................................................................... 51
LIST OF TABLES

Table 1.1 Variables and their Measurements ........................................................................... 7
Table 3.1: Summary of the Sample Size .................................................................................. 19
Table 4.1 Respondent characteristics (N=30) NHIF members ................................................ 26
Table 4.2 Respondent characteristics (N=30) Administrators of health facilities .... 27
Table 4.3: Required conditions for accreditation process ...................................................... 30
Table 4.4 Number of Hfs applied for loan and number of Hfs get loan .............................. 33
Table 4.5: Adequacy of the Budget ....................................................................................... 41
LIST OF FIGURES

Figure 1.1: Conceptual Framework ................................................................. 6
Figure 4.1 Response on whether health facilities applied for accreditation ........... 28
Figure 4.2 Reasons for health facilities not apply for accreditation ..................... 29
Figure 4.3 Response on availability of drugs in the health centers ...................... 32
Figure 4.4: Amount of the loan required ........................................................ 34
Figure 4.5: Timeliness to get loan .................................................................. 35
Figure 4.6 Interests on the loan required .......................................................... 36
Figure 4.7: Availability of laboratory services .................................................. 37
Figure 4.8: Renovation of health facilities in the past 5 years ............................ 38
Figure 4.9: Area of renovation of health facilities ............................................. 39
Figure 4.10 Adequacy of the budget ............................................................... 39
Figure 4.11 Frequency of NHIF monitoring and evaluation .............................. 41
Figure 4.12: Follow up to the identified problems .......................................... 42
CHAPTER ONE

BACKGROUND INFORMATION AND PROBLEM STATEMENT

1.1: Background of the study
During colonial rule, many African countries including Tanganyika organized their health system primarily to benefit small group of colonials and their workers (World Bank, 2002). Health care provision occurred mainly through hospital in urban areas, with direct payment at point of the use (Nyanotor et al., 1995). The rest of population relied on services from traditional healers and missionary health centers (Nyanotor et al., 1995).

After independence, most of African governments provided free medical care to their population at public health facilities, Health care was financed through general taxes and external donor support (NHP, 2007). Due to prevailing difficult economic situation, cost sharing was introduced in 1993 in order to improve the quality of health services (NHP, 2007). National health insurance fund in Tanzania was established when the parliament passed a bill that resulted into the National Health Insurance Act (Act 8 of 1999) (URT, 1999). The connotation as to why NHIF was to be established in Tanzania can be reflected form the country’s economic position in the 1993 in which case the government introduced cost sharing at district hospitals.

The National Health Insurance Fund (NHIF) as a statutory health insurance scheme was established by Parliamentary Act No.8 of 1999 Chapter 395 of 2002 in order to facilitate access to health services by the principal members and their dependants. It is the outcome of a 1990-1992 study on the long-term options for financing health services in Tanzania. The scheme commenced its operations on 1st July 2001 by members (employees) and their respective government employer starting to contribute.

Theoretically, National Health Insurance Fund (NHIF) was introduced because it has a lot of importance such as providing coverage that helps people get timely medical
care and improve their lives and health, covering unpredictable moments in life and becoming a guarantee of being seen when ill, it is important to our children need “well-child visits” to prevent illness.”(Jolson, 2010-2015). Health insurance also it lower your health care cost and provide affordable way to get medical care when you need it. Health insurance like other forms of insurance is a form of collectivism by means of which people collectively pool their risk. Health insurance policy is a contract between an insurance company and an individual of his sponsor for example an employer

The principles applied in establishing the NHIF were: Strengthening cost sharing in government health facilities by providing an opportunity for formal sector employees to contribute; Providing health insurance to employees in the formal sector especially after the introduction of user-fees; Allowing free choice of providers to civil servants who were previously restricted to government health facilities; Enhancing health equity among employees in the health sector; and Providing an environment for the growth and participation of the private sector.

The legislation that established the fund doesn’t allow membership outside public service (NHP, 2007). However various groups outside the public service have been requesting joining the fund (NHP, 2007). The government is working on the request so that ultimately the whole community can be accommodated by the fund (NHP, 2007). The scheme is compulsory; it covers all public sector employees (NHP, 2007). However in the first two years of operations the fund covered only central government employees (NHP, 2007).

The membership terms as per the Act, require employers and employees in the public sector to register themselves and contribute to the Fund a total of six percent, whereby three percent comes from the employee’s gross salary and the other three percent from the employer on the base of that employee’s gross salary. The Act provides for a penalty of 5% to the Employer who delays in remitting contribution to the Fund.
However, extension of membership coverage has been made possible through the amendments of the NHIF Act, which extended the coverage to include all public servants instead of the previous Central Government employees. The following groups were taken on board namely public servants, councilors, and members of the Police force, Prisons, Immigrations, Fire and Rescue as well as other groups of persons. As the scope of membership and beneficiaries increases, the Scheme is expected to ultimately assume its national role as the major social health insurance provider in the country. The statistics shows that, beneficiaries have been increasing gradually from 1,830,375 in June 2009 to 1,971,251 as of 30th June 2010, equivalent to an increase of 7.7% http://www.nhif.go.ke/. Thus, the Fund is obliged to provide for its members the benefits package comprising of Registration and Consultation Fees, Outpatient Services, Medicines, Diagnostic Tests, Inpatient Services, Surgical Services, Physiotherapy and Optical Services. These services are provided to beneficiaries through the Fund’s accredited health facilities which include Government, Faith Based and Private facilities that are located throughout the country. The Fund covers for the members, their spouses and up to four children or dependants (NHIF Act, 1999).

Contribution is 6% of employees salary shared between employer and employees, deduction are automatic deducted from the payroll and submitted to NHIF which is independent body and responsible for the management of the scheme.” (Bultman, Maarifa, & Mtei, 2012). NHIF it maintain a single pool and covers public employees together with their dependants not exceeding 5 per one member and the scheme also cover the retired member public servants and their spouses but exclude other dependant. Population covered is 6.1%” (Bultman, Maarifa, & Mtei, 2012)

1.2 Statement of the problem
Services offered through offered by NHIF have been faced with a lot of complaints. For example in the human resource part, there is shortage of qualified health professional at all levels of the health system but especially in remote areas. Health care provision in remote areas face the problem of personnel especially qualified,
professional and specialist doctors. This has lead to the NHIF members to lack some services that are important to them (MOHSW 2013-2018).

Laboratory services like reagents and some equipment such as x rays machines, CTscan machine and MRI machines are not available in health care services. Some reagents and machines are not there to help NHIF members to take a certain treatments. This has lead members to go to private hospitals to get those services by using their own money in what is called payment out of pocket (POP). For example at the Muhimbili National Hospital they have the MRI machine that provides services to patients but the machine did not work for two months and people who wanted that service had to go to other hospitals to get the same services by using their own cost (Mwanahalisi News Dec 2015).

Lack of drugs/medication is another complaint from the NHIF members. There is a problem of drugs and availability of medicine (Ernest, 2011). Findings showed that there were no sufficient drugs and medical equipment because when drugs are out of stock at the hospital the NHIF members fill the NHIF form to receive the required medicine from accredited pharmacies but sometimes on accredited pharmacies denied to provide drugs to NHIF client because of small price that NHIF is willing to pay and this become the basis of the problem of drugs.

Several measures have been taken to rectify the problems. For example these measures have included going for accredited health facilities and private pharmacies in addressing the problems of availability of drugs/ medicine; NHIF also providing loans to health care facilities in addressing the problem of availability of laboratory services, availability of equipments (CT Scan Machine, X ray Machine, MRI Machine, Beds), and renovation of the buildings in health facilities (NHIF 2012). Monitoring and evaluation is another measure that any organization must have. The question that arises is whether the measures have been effective enough in addressing NHIF problems.
1.3 Research Questions

1.3.1 Main Research Question
i. How effective have the measures by NHIF been in improving health services?

1.3.2 Specific Research Questions
i. To what extent has accreditation improved the availability of drugs?
ii. To what level have loans helped to improve the laboratory services and renovation?
iii. To what degree have monitoring and evaluation improved provision of health services at the health facilities?

1.4 Research objectives
The general objective of this study is to examine the effectiveness of the measures taken by NHIF in improving health services

1.4.1 Specific objectives
i. To examine the level at which accreditation has improved the availability of drugs.
ii. To examine the degree to which loan has improved the availability of laboratory services and renovation.
iii. To examine the scale to which M&E improved provision of health services at the health facilities.
CONCEPTUAL FRAMEWORK

Accreditation of health facilities depends on the following number of factors; number of medical staffs, functional of medical equipments and adequate of infrastructure and also NHIF provide loans to health facilities to improve quality of services and this loans must be adequately, timely, and with low interest, this will result to a good health services only if availability of drugs, availability of laboratory services and availability of equipments can be assessed adequately.

NHIF will be responsible to do monitoring and evaluation frequency, adequacy of budget, and identification of problems and follow-up of those problems to enhance good quality of services in health facilities.

Figure1.1: Conceptual Framework

<table>
<thead>
<tr>
<th>Accreditation</th>
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</thead>
<tbody>
<tr>
<td>• Number of medical and non medical staffs</td>
<td>Quality of services</td>
</tr>
<tr>
<td>• Functional of medical equipments</td>
<td>• Availability of drugs</td>
</tr>
<tr>
<td>• Adequate infrastructure</td>
<td>• Availability of laboratory services</td>
</tr>
<tr>
<td></td>
<td>• Availability of equipments</td>
</tr>
<tr>
<td>Loan</td>
<td>• Renovation</td>
</tr>
<tr>
<td>• Adequacy</td>
<td></td>
</tr>
<tr>
<td>• Timeliness</td>
<td></td>
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<tr>
<td>• Low interest</td>
<td></td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td></td>
</tr>
<tr>
<td>• Frequency</td>
<td></td>
</tr>
<tr>
<td>• Adequacy of budget</td>
<td></td>
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<tr>
<td>• Identification of problems</td>
<td></td>
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<tr>
<td>• Follow up of those problems</td>
<td></td>
</tr>
</tbody>
</table>

Source: Researcher’s construct 2016
<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>SUBVARIABLES</th>
<th>MEASUREMENTS</th>
<th>SOURCE OF DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of service</td>
<td>Availability of drugs</td>
<td>% of medicine available</td>
<td>Health facilities &amp; NHIF members</td>
</tr>
<tr>
<td></td>
<td>Availability of laboratory services</td>
<td>% of investigative service available</td>
<td>Health facilities &amp; NHIF members</td>
</tr>
<tr>
<td></td>
<td>Availability of equipment</td>
<td>Number of investigation services available</td>
<td>Health facilities &amp; NHIF members</td>
</tr>
<tr>
<td></td>
<td>Renovation</td>
<td>Number of buildings innovated</td>
<td>Health facilities</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Number of medical and non medical staffs</td>
<td>Number of medical and non medical staffs available</td>
<td>Health facilities</td>
</tr>
<tr>
<td></td>
<td>Functional of medical equipments</td>
<td>% of available functional equipments</td>
<td>Health facilities</td>
</tr>
<tr>
<td></td>
<td>Adequate infrastructure</td>
<td>% of available infrastructure</td>
<td>Health facilities</td>
</tr>
<tr>
<td>Loan</td>
<td>Adequate</td>
<td>Client loan requirements</td>
<td>Health facilities</td>
</tr>
<tr>
<td></td>
<td>Timely</td>
<td>Interval between loan application and received time</td>
<td>Health facilities</td>
</tr>
<tr>
<td></td>
<td>Low interest</td>
<td>Affordability of interest</td>
<td>Health facilities</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>Frequency</td>
<td>Number of visits per quarter a year</td>
<td>Health facilities</td>
</tr>
<tr>
<td></td>
<td>Adequacy of budget in health facilities</td>
<td>Availability of funds for procurements equipments</td>
<td>Health facilities</td>
</tr>
<tr>
<td></td>
<td>Identification of problems</td>
<td>Number of problems that are identified</td>
<td>Health facilities</td>
</tr>
<tr>
<td></td>
<td>Follow up of those problems</td>
<td>Number of measure taken</td>
<td>Health facilities</td>
</tr>
</tbody>
</table>

Source: Researcher, 2016
1.5 Scope of the Study
Generally, the scope of study will be conducted in Dare salaam region at Ilala Municipality. It will cover the effectiveness of the measures by National Health Insurance Fund in improving health services.

1.6 Significance of the Study
The study is most important as a partial/fulfillment of the requirements for award of the degree of Master of Health System Management (MHSM) of Mzumbe University. Moreover, the results will reveal the effectiveness of NHIF in covering medical expenses of their members. After knowing its effectiveness the study will suggest the way to improve the services provided by NHIF

1.7 Delimitation of the study
The study will cover at Ilala Municipality which data was collected from different individuals who are public servants working with different organizations and Institutions including public schools and health facilities. Also data was collected from selected public servants.

1.8 Organization of the Research
This research report was organized into five chapters. Chapter one is about the background to the problem, statement of the problem, research questions, research objectives, conceptual framework, variables and their measurement, scope, significance of the study, and limitations of the study. Chapter two deals with literature review on the theoretical framework and empirical data, followed by chapter three which covers the research methodology. Chapter four deals with presentation and discussion of findings, while chapter five deals with summary, conclusion and recommendation. The final part of this report consists of the references, the research questionnaire.
2.1 THEORETICAL PART

2.1.1 The concept of insurance
Kanawal (1988) explains that insurance is a “method which provides security and fearlessness to the man.” It is a means of shifting the risk to insurer in consideration of a premium. Also Kanawal explains Insurance as a contract of indemnity under which Insurance Company agrees to pay a certain sum of money to compensate loss caused by the occurrence in certain event.

2.1.2 Various definitions of insurance
According to Mac Grill (1989) insurance is a process in which uncertainties are made certain. According to Prof. Sharma (1985) “Insurance is a cooperation device to spread loss caused by a particular risk over a number of persons who agree to insure themselves against the risk.

Dartman M.S. (1998), defined insurance as the financial arrangement that distributes the cost of unexpected loss of insured. It involves the transfer of loses to an insurance pool. Thus Insurance involves the transfer of losses back to those pools and the redistribution of losses among the members of the pool. Dartman M.S. (1998), defined Insurance as a “Contract arrangements where, by one party agrees to compensate another party for losses. Thus, Insurance means the system of transferring the responsibility for paying for losses from one party (Insurer) to another party (insured). In the words of Patterson E.Wk. (1995), Insurance is a contract by which one party for compensation called the Insurer assumes particular risk of another party called the insured who premises to pay a certain ascertainable sum of money on a specified contingency.

Panda G.S. (1985) defines insurance as a cooperation device to spread the loss caused by a particular risk over a number of persons who are exposed to it and who agree to insure themselves against that risk. It a social device for eliminating or
reducing the cost to society. Furthermore, Panda defined Insurance as a social device whereby uncertain risk of individuals may be combined in a group and this is made more certain, through small contributions by the individuals.

According to Botanical Encyclopedia, Insurance is described as a social device whereby a large group of individuals through a system of equitable contributions may reduce or eliminate certain measurable risk of economic loss common to all members of the group. Oxford Dictionary defines insurance as an arrangement and they agree to pay the cost; for example if one dies or fall sick or damages something.

2.2 Health and its Importance
Health is a state of physical and mental well-being necessary to live a meaningful, pleasant and productive life. It is also an integral part of thriving modern societies, a cornerstone of well performing economies, and a shared principle, Bryne, (2004). WHO defines health as a state of complete physical, mental and social well-being and not the absence of diseases? WHO (2002). It includes physical, social and psychological wellbeing. A population’s health is a primary goal for sustainable development. Akhtar (2005).

It has been argued that modern economic progress has been built on good health, longer, healthier, more productive human lives. It is not just quality of life but rather key to economic growth. Bryne (2004). Health is also seen as a human right.

2.2.1 Health Insurance Scheme
Health insurance can be defined as a way to distribute the financial risk associated with the variation of individuals ‘health care expenditures by pooling costs over time through pre payment and over people by risk pooling (OECD, 2004). Tanzania is in the process to meet the commitment under the Millennium Development Goal and the Abuja Declaration of extending health services to the citizens. The main objective is to cover 45% of population with sufficient Health Insurance by the year 2015 (Health Sector Strategy Plan 2009 -2015). Asher, (2004).

2.2.2 History of health insurance
The concept of health Insurance was proposed in 1694 by Hugh the Elder chamberlen from chamberlen family (www.moh.go.tz). In the late 19th Century,
“accident Insurance” began to be available, which operated much like modern disability insurance. This payment model continued until the start of the 20th Century in the same jurisdictions (like California) where all Laws regulate health Insurance actually referred to disability insurance (www.moh.go.tz).

Accident Insurance was first offered in the United States by the Franklin. Health Assurance Company of Massachusetts. This from founded in 1850.Offered Insurance against injuries arising from rail read and steamboat accident (www.moh.go.tz). Sixty organizations were offering accident Insurance in the US by 1866. But the industry consolidated rapidly soon thereafter. (www.moh.go.tz). Before the development of medical expenses insurance, patients were expected to pay all other health cost out of their own packets, under what is known as the fee-for-service business model. During the middle to late 20th Century, traditional disability insurance evolved into modern health insurance programs (www.moh.go.tz). Today most comprehensive private health insurance programs cover the cost of routine, preventive and emergency health care procedures, and most prescription drugs (www.moh.go.tz).

Health insurance has received global recognition among international organisations as the alternative to user fees as a healthcare financing mechanism. For instance, the principles for fair financing in the WHO’s 2000 World Health Report, such as revenue collection in the form of prepayment, pooling resources to promote cross-subsidies and strategic purchasing, imply that the main alternative to tax funding should be some form of health insurance (WHO, 2000). The World Bank also explicitly suggests pursuing insurance options, instead of out-of-pocket payments, in its handbook on the health component of Poverty Reduction Strategy Papers (Claeson et al., 2001). Most recently, the 2005 World Health Assembly also passed a resolution encouraging member states to pursue social and other forms of health insurance.

Health insurance is a mechanism for spreading the risks of incurring health care costs over a group of individuals or households Saltman,(2004). In their opinion, the definition is not dependent on the nature of the administrative arrangements
employed, but on the outcome of risk sharing and subsequent cross-subsidization of healthcare expenditures among the participants. In the view of Currie (2005), an arrangement designed to provide risk sharing for illness-related events, and which is accessible to households in the informal sectors in low-income countries, is a health insurance scheme regardless of the orthodoxy of its operational modalities.

### 2.2.3 Health care financing

Health care financing refers to the means through which health care is being financed (www.moh.go.tz). Health care financing continues to be a key challenge in many low and middle-income countries. As documented by the World Health Organization (WHO, 2000:7) low and middle-income countries merely account for 18% of World income and 11% of Global health spending yet hear 93 of the world’s disease burden. To a large extent, health problems of low and middle-income countries stem from financial and institutional deficiencies. Health care generally can be financed through Tax-based financing, Social Health Insurance, Private Health Insurance, Community Based Health Insurance and Medical Saving Accounts (www.moh.go.tz).

### 2.3 Social health insurance

SHI historically developed as a way of solving problems of access to an income to replace earnings when sick and generally later to secure the provision of an acceptable standard of Health care (Rose – Monica, 2006). In the early 19th Century, the targeted groups were the more skilled workers and not poor farmers. These groups had too low income to be able to afford to use private health professionals for the services when they became ill (Rose – Monica, 2006). SHI can be a dominant approach to improve the performance of a health system, it designed will (Rose – Monica 2006). SHI can be an important mechanism to achieve the goals of most health system reforms. According to Eichler and Lewis (2000), Cited in Rose – Monica (2006) the goals of health reforms are as follows:

- Access – can be improved by removing financial barriers and by giving providers incentives to serve the entire population.
Equity – can be improved if higher income earners contribute more than lower
income earners and relatively healthy people subsidize those who consume more
system resources and are relatively sick (risk pooling).

Efficiency – can be improved if incentives are incorporated into the system
encourage appropriate utilization of resources.

Quality – can be improved if the system is structured to reward providers who
private high – quality service penalize those who not.

Universal coverage – can be obtained if the entire populations incorporated into the
system and the package of services that will be covered is based on realistic
information about available resources. The four main functions of a country’s SHI
system are revenue collection, risk pooling, purchasing and social solidarity (Kutzin,
2000).

2.3.1 Private Health Insurance Scheme
A number of private health insurance schemes have been introduced. The private
insurance schemes include AAR Health insurance operations in 1999, MEDEX (T)
Ltd, which started to operate in 2000 in Dar es Salaam and Strategies Health
Insurance SHIB (Social Health Insurance Benefit) under NSSF.

2.3.2 National Health Insurance Fund
The National Health Insurance Fund (NHIF) is the outcome of 1990 – 1992 study on
long term options for financing health services in Tanzania. It was established by an
Act Na. 8 of 1999 of parliament which came into effect in 1st July 2001 (NHP,
2007). National health insurance Fund is a mandatory health insurance fund due to
the Act of the parliament to make it compulsory to those in the formal
employment from central to local government. The contribution are made by both
employees and their employers making a total of 6% which done directly from
employees’ payroll. The contributions are proportional related to the income of the
beneficiaries. These beneficiaries receive the same benefit packages. Financial
burden fall under those who are formally employed .In addition, SHI create two tier
systems that result into one system funded by mandatory health insurance for those with specified income and they can purchase comprehensive health services.

The members are free to access services at any accredited health faculty of their choice. The fund accredited all government facilities, few private pharmacies and some few faith based organizations. The scheme provides quick and quality of services to its members to promote technical efficiency. The costs of administrative are high. National Health Insurance Fund revenue is reliable as the contributions are directly deducted from payroll.

2.3.3 Health care financing in Tanzania
The government of Tanzania adopted health sector reform strategy in 1995 particularly on health care financing which is the first step in introducing user fees in public hospitals. Several other alternatives of funding option were explored of which government introduced two new major ones in line with the principle of social security in health sector (MoH budget speech, 2003). Firstly, the National Health Insurance Fund (NHIF), a compulsory health insurance scheme for formal sector employees, and secondly, the voluntary Community Health Fund (CHF) which aimed to cover the informal sector. In addition to the government programmers, there are ranges of private health insurance initiatives (Tanzania NHA, 2001). These are either in form of micro, local communities and provider-based health financing projects. The country was pushed to opt for such financing mechanisms according to the general trend of economic policies towards increasing the role of private sectors.

2.3.4 The Basic Functions of NHIF
National Health Insurance Fund has been created with the view of providing members of the public services with the health insurance coverage. The basic function of health insurance is to provide access to care with financial risk protection (Kutzin, 2001)."A high-risk situation may entail a high probability of expenditures (regardless of how great the expenditure may be), a high magnitude of expenditure (regardless of the probability, or both” (Chollet, 1997).While risk can be in the form of both, the probability and the magnitude of potential health expenditure being high,
more often, and it is the magnitude of expenditure that individuals wish to avoid most (Folland, 1997).

Strut G (1998) insurance has been described to perform different functions at individual level and at community level. At individual level the insurance guarantees protection against loss and uncertainty losses in return of small but certain payment (financial security). Insurance is the basis of extending credit to a firm; insurance plays a vital part in the reduction of losses. At community level insurance fulfill certain needs like hospital service for which state might have to provide; it accumulates from small deposits of many people a large funds that may be invested and used in the development.

Kanawal (1988), according to him, Insurance performs a variety of functions which are advantageous to the community as follows; Insurance provide certainty, the main function of insurance is to reduce the risks of uncertainties events, as risks involve time, how, and when a person is likely to lose during the uncertainty. Insurance distributes risks; the concept of insurance is based on the law of cooperation as insurance means of distributing the losses of any uncertainty by the insurance beneficiary. Insurance provides security, following the insurance contract, the insurance company guarantees the insured person to compensate the losses on the uncertainty by considering the premium paid. He further argued that, insurance has other functions such as; increasing efficiency by reducing the risks or fear of losses. It also helps in loss reduction, provides capital, also insurance encourages savings, insurance help in judging the viability of major projects self-confidence and goodwill among the insured.

2.4 Accreditation
Accreditation is a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency.
2.4.1 Accredited facilities
Accredited health facilities refers to the hospitals or dispensaries and/or health centres that have been approved by the NHIF to offer health services to the public servants and other customers of the fund.

2.5 Empirical literature review
According to the study of Kibanga (2007) a common critique mostly leveled to SHI if that, is considered less efficient compared to funded healthcare. It is also considered more expensive as a result of administrative and transaction cost than the cost of utilizing health services one example is hiring of lawyers as the SHI fund and providers operator separately. It was further held that the major challenge in implementing NHI is the questions of sustainability. This means that administrative, financial control and actuarial ability are required for NHI success in health care delivery. For any country wishing to establish Universal coverage through social health Insurance therefore has to consider such factors as National Income level, economic structure, population distribution, ability distribution, ability of country to manage SHI and degree of solidarity.

Amollo (2005) conducted a study in Tanzania to investigate the challenges of NHIF is delivering the quality services in Dar es salaam region and found that NHIF in Tanzania is characterized by a lot of inefficiencies. In terms of benefits rendered to members there is a very low coverage of members that covers only civil servants and teachers. Not only that but also the other problem founded included inadequate benefits which are not indexed to the amount of member premium contributions, poor involvement of members in decision making, poor choice in joining the fund and low level of camphene to benefits by the services providers due to long process taken to process claim by service providers.

Msaki (2013) conducted a study in Morogoro Municipality about the effectiveness of National Health Insurance Fund in health provision to the beneficiaries. She found that NHIF faces the following challenges in providing health services: late of payments from the fund to care providers ,lack of education to members, category of
some services, low quality of services, poor communication, and improper facility inspection and supervision. She recommended that NHIF should be sensitive to provide education to the beneficiaries and care providers which are the major obstacle to majority.
CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Research design
The aim of this study was to examine the effectiveness of the measures taken by NHIF on improving health services in Ilala Municipality- Dar es salaam region. Robson (2002) defines case study as a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context, using multiple sources of evidence. The case study in this research was the Ilala Municipality, Dar es Salaam region.

The qualitative design was employed in this case study so as to give a researcher an opportunity to intensively explore and analyze information on the effectiveness taken by NHIF on improving health services. The survey research design is most frequently used to answer “who, what, where, how much, and how many” questions. The survey was used in this study because it aided the collection of a large amount of data from the population in an economical way. This was done through the administration of questionnaires and observation.

3.2 Area of the study
The study was conducted in Dar es Salaam region at Ilala Municipality. The selection was due to the fact that, the area consists of many NHIF accredited facilities as well as the area it had good means of communication that enabled the researcher to visit different places to access data easily.

3.3 Targeted population
The study population includes all administrators from the accredited health facilities (Private and public health facilities) and NHIF members. The total population includes 60 respondents on which 30 respondents were NHIF members from both private and public health facilities, 15 administrators from private health facilities and other 15 administrators from public health facilities. This population was selected with regards to the nature of the study which intended to examine the effectiveness of measures taken by NHIF on improving health services. Only this
targeted group was in good position to provide reliable information with respect to the study.

3.4. Sample Size
As the number of administrators from the selected health facilities and the NHIF members at Ilala district is very high, it was thus important that the sample size which is simple and manageable be selected and limited to the small size which represented the whole community targeted. The study aimed at using the sample of 60 respondents regardless of their sex and those who could provide reliable and valid data.

Table: 3.1: Summary of the Sample Size

<table>
<thead>
<tr>
<th>No</th>
<th>Source of Data</th>
<th>% to total population</th>
<th>Accredited public health facilities</th>
<th>Accredited private health facilities</th>
<th>NHIF members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ilala Municipality</td>
<td>100%</td>
<td>15</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

Source: Field data, 2016

3.5 Sampling Techniques
This study employed sampling technique from two major groups, the probability sampling (Simple random sampling without replacement) and non-probability sampling (purposive sampling) technique to obtain the respondents.

Random probability sampling technique was opted because each individual was chosen randomly and entirely by chance, such that each individual had the same probability of being chosen at any state during sampling process.

Simple random sampling without replacement was used for selecting NHIF members where subject of the population was not replaced before selecting the next respondents. This technique provided every element in the population a known and
equal chance of being selected as a subject. Simple random sampling without replacement was used for NHIF members in which the population is more homogenous and thus random sampling will be most appropriate. Therefore, every next fourth NHIF members from the enrolment list members was selected.

Another sampling technique employed by this study was purposive sampling on which it was used to select administrators from the health facilities from each health facility who provided valid information relevant to this study.

Health facilities is comprised of fifteen health facilities, only four health facilities were randomly selected using the lottery method as follows, the name of each department was written on a piece of identical paper and one blinded person then picked one piece of paper randomly, then open the paper and read the name of the department which appeared on the pieces of paper. The process was then repeated until four health facilities were randomly selected from fifteen health facilities. The name of the health facilities picked and included in the study were Amana hospital, Mnazi mmoja health center, Madona hospital and Buguruni Anglican health center, Therefore, a total of 60 respondents were obtained from all four health facilities.

3.6 Data Collection Methods
Data were obtained from two sources namely Primary and Secondary sources. The methodology in primary data collection included Questionnaires, Interviews and in the secondary data involved documentation/documentary review.

3.6.1 Primary Data
3.6.1.1 Questionnaires
Kothari (2006), defines questionnaire as a number of questions printed or typed in a definite order on a form or set of forms. It is mailed to respondents who are expected to read and understand the questions and write down the reply in the space meant purposely in the questionnaire itself. Questionnaires can either be structured or unstructured. Structured questionnaires are those questionnaires in which there are definite, concrete and pre-determined questions. In this research both structured and unstructured questionnaire with open ended questions were employed, however,
structured questionnaire involved a big number of respondents who were NHIF members so as to provide the researcher with more recorded information for the problems and simplifying data analysis.

3.6.1.2 Interview
Interview as the method of primary data collection covered different categories of respondents among them being key informants’ interviewees. These were people who were likely to provide the needed information on particular subjects. The form of interview which was based on open – ended questions to simplify data analysis. Structured and unstructured interview with health facilities’ administrators. This was the appropriate method for data collection that allowed probing complex issues in a relaxed atmosphere, enabling the researcher to record additional pieces of information.

3.6.2 Secondary Data
3.6.2.1 Documentation/Documentary Review
Documents from libraries and other research works was used for this study. It involved the activity of extracting the necessary information from the documents. These documents include books, journals, papers, articles, newspapers as well as various research reports that relate to the problem under the study. These documents were found in the main library of Mzumbe University, NHIF annual reports (GGM), internet and journals and e-books. These helped to provide the researcher with the required information for the problem in question.

3.7 Data Processing and Analysis Technique
In this study, qualitative and quantitative approaches were used during data analysis. Statistical Package for Social Science (SPSS), classifying and tabulation of data was employed in data analysis. The questionnaires were classified in terms of the answers that were similar so as to reduce the work of analysis of each questionnaire. Data which was collected through the interviews were analyzed by comparing various answers which were provided by the respondents with regard to their being authentic and in terms of validity. The aim of interview was to allow the researcher enter into a person’s perspective. For the documentation consistence, validity and reliability of
the arguments provided from other sources such as books, journals and internets in relation to the problem at hand.

3.8 Reliability and Validity

3.8.1 Validity
Validity refers to the question whether there is evidence to support the assertion that the methods are really measuring the abstract concepts that they purport to measure. Another aspect of validity concerns the quality of the researcher’s evidence regarding the effect of the independent variable on the dependent variable (Polit & Beck 2004).

3.8.1.1 Internal validity
Internal validity refers to the extent to which the findings of a study are a true reflection of reality, rather than the result of extraneous variables (Burns & Grove 2005). The following efforts were made to reduce the impact of possible extraneous variables in the study and by so doing increase internal validity:

The use of random sampling techniques; the homogeneity of the selected group of NHIF members and administrators of health facilities making up the sample; and blocking of some of the possible extraneous variables by including and measuring them (such as demographic characteristics of respondents).

3.8.1.2 External validity
External validity refers to the extent to which the results of a study can be generalised to other settings or groups Fisher (2002). According to Polit and Beck (2004), a study is externally valid to the extent that the sample is representative of the broader population, and the study setting and experimental arrangements are representative of other environments. In this study, efforts to enhance external validity included the random selection of a large sample, which make it more representatives, and the comparison of the findings with other studies found in the literature.

3.8.2 Reliability
Reliability refers to the accuracy and consistency of information obtained in a study and the term is most associated with the methods used to measure research variables
(Polit & Beck 2004). In surveys, reliability problems commonly result when the respondents do not understand the question, are asked about something they do not clearly recall, or asked about something of little relevance to them, Fisher (2002). The use of a face-to-face interview and the use of a structured questionnaire were some of the methods used to improve reliability in this study.

3.9 Ethical Consideration
The study took into consideration the following points: voluntary participation without force, formed consent that means the researcher was adequately given information on the aim of the research, before being interviewed. Moreover to avoid Plagiarism and Fraud, the researcher did not “Cut and Paste” but instead source of and authors were acknowledged. Lastly there was confidentiality and anonymity to questionnaires so as to keep confidentiality of the information given by respondents. By applying the proposed ethical strategies as explained above, the researcher obtained superior and sound data that enabled the research findings to be of high value in addressing the real picture of the phenomenon under the study.
CHAPTER FOUR
RESULTS AND DISCUSSIONS OF FINDINGS

4.1 Introduction
The main research question of this study was, how effective have the measures by NHIF been in improving health services. The specific research questions were to what extent accreditation has improved the availability of drugs, level have loans helped to improve the laboratory services and renovation, degree have monitoring and evaluation improved provision of health services at the health facilities. This chapter begins with presentation of the characteristics of the respondents followed by observing the general research question, and then it explains the specific research question. It also followed by presentation of the results regarding effectiveness of measures taken by NHIF on improving health services.

4.2 Sample size and its characteristics of the respondents
The study sample had 60 respondents in total whereby 30 respondents were the NHIF members, 30 respondents were the administrators from health facilities. The NHIF members’ characteristics have been done by looking at their gender/sex, age, level of education, marital status, category of NHIF beneficiary and type of accredited healthy facility. The administrators from health facilities’ characteristics have been done by looking at their gender/sex, level of education and the type of health facilities.

4.2.1 Demographic Characteristics of Respondents: NHIF members
With regards to NHIF members, Findings from table 4.1 below revealed that, females were 18 (60%) and males 12 (40%) out of the total 30 respondents who were interviewed. Therefore from this observation we can conclude that, the findings are not gender biased as selection of respondents considered both males and females. The youngest respondents were 0-25(26.7%) and the oldest was above 51years (60%).The respondents between 26-50 years old were (13.3%). This implies that,
majority of the respondents were in age to give rational answers to the questions advanced to them and thus gave reliable information relevant to this study.

The category of NHIF members were categorized into two categories: principal members and dependant members. Findings from the study revealed that, majority 17 (56.7%) of the respondents were the principal members and few of them, 13(43.3%) of the respondents were the dependant members. Concerning marital status, majority of the respondents, 17 (56.7%) were married while few of them 13(43.3%) were single.

The level of education of respondents was categorized into three groups: primary education, secondary education, and college/University education. However, majority 15 (50%) of the respondents were holders of college/university education certificates followed by holders of secondary education certificates (40%), 12(40%) of the respondents attained secondary education, while few of them, 3(10%) attended primary education. Since the majority of the respondents had formal education, this therefore then creates a conducive environment for the respondents to be able to easily digest the knowledge on health services. With regards to the type of healthy facility was as follows; 15 (50%) of respondents reported to come from public health facility while other 15 (50%) of the respondents came from private healthy facility. This shows that most of the respondents were NHIF beneficiaries and thus conversant with NHIF practices and this enabled the researcher to get the valid data required in the research.
### Table 4.1 Respondent characteristics (N=30) NHIF members

<table>
<thead>
<tr>
<th>Variables</th>
<th>Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>18</td>
</tr>
<tr>
<td>Age</td>
<td>0-25</td>
<td>08</td>
</tr>
<tr>
<td></td>
<td>26-50</td>
<td>04</td>
</tr>
<tr>
<td></td>
<td>51-above</td>
<td>18</td>
</tr>
<tr>
<td>Education</td>
<td>Primary level Education</td>
<td>03</td>
</tr>
<tr>
<td></td>
<td>Secondary level Education</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>College/University level Education</td>
<td>15</td>
</tr>
<tr>
<td>Marital status</td>
<td>Married</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>13</td>
</tr>
<tr>
<td>Category of NHIF beneficiaries</td>
<td>Dependant</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Principal</td>
<td>17</td>
</tr>
<tr>
<td>Type of accredited health Facility</td>
<td>Public</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Private</td>
<td>15</td>
</tr>
</tbody>
</table>

**Source:** Field data, 2016

#### 4.2.2 Demographic Characteristics of Respondents: Administrators of health facilities

With regards to the administrators of health facilities, Findings from table 4.2 revealed that, 20 (66.7%) were males while 10(33.3%) were females out of the total 30 respondents who were interviewed. Therefore from this observation we can conclude that, the findings are not gender biased as selection of respondents considered both males and females. The level of education of respondents was categorized into three groups: Certificate/Diploma education, Bachelor degree and Masters Degree. Findings from the study revealed that, majority 15(50%) of the respondents were the bachelor degree holders, 10 (33.4%) of the respondents were the certificate/diploma holders and few of them 5 (16.7%) were the masters degree holders. From this observation, it can be opined that data obtained from the administrators of the health facilities were valid data as most of them had obtained higher level of education.

The type of healthy facility was categorized into two groups; private health facility and public health facility. Findings from the study revealed that, 15 (50%) of the respondents were from private health facility and other 15 (50%) of the respondents
were from the public health facility. This implies that, both categories of health facilities were given the same consideration and therefore the data obtained were not biased as the results obtained were from both types.

Table 4.2 Respondent characteristics (N=30) Administrators of health facilities

<table>
<thead>
<tr>
<th>Variables</th>
<th>Category</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>10</td>
</tr>
<tr>
<td>Education</td>
<td>Certificate/diploma Education</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Bachelor degree Education</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Masters degree Education</td>
<td>05</td>
</tr>
<tr>
<td>Type of accredited health Facility</td>
<td>Public</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Private</td>
<td>15</td>
</tr>
</tbody>
</table>

Source: Field data, 2016

4.3. The level at which accreditation has improved the availability of drugs

In this study the dependent variable was the accreditation. The main purpose of determining the level of accreditation was to know quality of services offered in the health facilities through availability of drugs in the health centers. This question was advanced to the administrators of the health facilities and the main domains examined were; effectiveness of accreditation, availability of drugs. The assumptions under this domain were that there is a high level of accreditation which has improved the availability of drugs.

4.3.1 Effectiveness of accreditation

Accreditation is a process of review that healthcare organizations participate in to demonstrate the ability to meet predetermined criteria and standards of accreditation established by a professional accrediting agency.

Under this part the researcher was interested in three issues to measure effectiveness of accreditation. The first aim was to know whether health facilities applied for accreditation and the reasons there on. Second aim was to know the time taken to be accredited. Third aim was to know the accreditation process. This question was advanced to the administrators of health facilities. The assumption under this part were that there is low level at which accreditation has improved the availability of
drugs. Findings from Figure 4.1 revealed that, majority 18(60%) of the respondents said ‘‘Yes’’ while few of them said ‘‘No’’ to the question. This implies that few health facilities have not applied to the accreditation.

**Figure 4.1 Response on whether health facilities applied for accreditation**

![Pie chart showing response on whether health facilities applied for accreditation]

**Source:** Field data, 2016

Moreover Figure 4.1 revealed that, when the administrators of the health facilities asked on the reasons why they do not apply for accreditation argued to the effect that, they do not apply for accreditation as the process to be accredited takes a long time, also that the conditions for accreditation are difficult to meet them.
The second aim under this part was to know the accreditation process. The purpose was to know whether the health facilities have met the conditions needed for accreditation and thus to establish the level on which accreditation has improved availability of drugs in the health facilities. In order for health facilities to be accredited, they needed to meet the following conditions;

i. Number of medical and non medical staffs.

ii. Availability of functional medical equipments in health facilities makes the quality of services to be good, as the data from field shows that services from laboratory are available because the required machines needed are function and provide services to people or clients.

iii. Adequate infrastructure in health facilities

Findings from table 4.3 revealed that, among the health facilities visited (public & private health facilities) all of them met the given conditions by 100%. This is why
they were selected. For example, they had 78% of the number of medical and non medical staffs, 75 of the need functional medical equipments, and 100% of the required infrastructure (wads and beds). This implies that, most of the health facilities were accredited as they all met the required conditions for purposes of accreditation and since accreditation took place it increased the level of availability of availability of drugs in the health centers. From this observation we can conclude that, indeed what facilitated the quality of services to be of acceptable standards by the respondents to a large was attributable to the accreditation process by the NHIF. Without it, most likely the availability of drugs would have been in low level and thus the quality of services would have been poor.

Table 4.3: Required conditions for accreditation process

<table>
<thead>
<tr>
<th>HF</th>
<th>Conditions</th>
<th>Degree of fulfillment</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMANA HOSPITAL</td>
<td>Number of medical and non medical staffs</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Functional equipments</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>Adequate infrastructure</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>74%</td>
</tr>
<tr>
<td>MNAZI MMOJA HEALTH CENTRE</td>
<td>Number of medical and non medical staffs</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Functional equipments</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Adequate infrastructure</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>70%</td>
</tr>
<tr>
<td>MADONA HOSPITAL</td>
<td>Number of medical and non medical staffs</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Functional equipments</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Adequate infrastructure</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>75%</td>
</tr>
<tr>
<td>BUGURUNI ANGLICAN HEALTH CENTRE</td>
<td>Number of medical and non medical staffs</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Functional equipments</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Adequate infrastructure</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data 2016
4.3.2 Availability of drugs in the accredited health facilities

Under this part the researcher interested to know how the drugs were available in the accredited health facilities. The assumptions under this part were that, accreditation has improved the availability of drugs in the accredited health facilities at the high level. Findings from Figure 4.3 revealed that, majority, 21 (60%) of the respondents said that, the available medicine percentage is 75%, while 8 (23.3%) of the respondents argued that the available medicine percentage is 100% and few of them, 1 (16.7%) argued that, the available medicine percentage is 50%. Further the findings from the study revealed that, the drugs made available through accreditation includes; Tracer lists (essential medicines on which each health facilities must have) such as Amoxiline, Alu, Amoxicillin caps, Co-trimoxazole tabs, Erythromycin tabs, Ferrous sulphate& folic acid tabs, Metronidazole tabs, Paracetamol tabs, Quinine tabs, Amoxicillin suspension, Povidone iodine liquid 10% Adrenaline inj, Ceftriaxone powder inj, Diazepam inj, Oxytocin, Quinine inj Qloves surgical and disposable etc. Also accredited drug outlet (ADO) available on public health facilities given by the NHIF prescribed by doctors. This implies that, accreditation plays a great role on improving the availability of drugs in the health facilities.

Finally the respondents when asked on how accreditation improves availability of drugs in the health facilities they argued that, accreditation ensures constant supply of medicine and that it ensures allocation of medicine and medical supply. These results are consistent with the researcher’s hypothesis that accreditation has improved the availability of drugs in the health centers at the high level. This also supports Amollo (2005) who maintains that accreditation has improved the availability of drugs in the health centers at the higher level.
4.4 The degree to which loan has improved the availability of laboratory services and renovation.

Under this domain the researcher interested to know the degree to which loan has improved the availability of laboratory services and renovation. This question was advanced to both NHIF members and administrators of health facilities. In order to determine this, the following key issues were determined; Respondents’ perception on how loan improved availability of laboratory services, Respondents’ perception on how loan has improved renovation. The assumption under this part is that sufficient loan improves the availability of laboratory services and renovation.

4.4.1. Respondents’ perception on how loan improved availability of laboratory services

Loan is the amount of money that is given to someone or company for a certain period of time with a promise or contract that it will be paid back by interest. Loan helps health facilities to have the capacity to improve their services. One of the questions asked to the respondents (administrators of the health facilities).

Under this part the researcher was interested in four issues in order to measure respondent’s perception on how loan improved availability of laboratory services.
The first aim was to know the adequacy of the loan required. Second was to know the amount required for loan. Third aim was to know timeliness to get loan, fourth was to know the specific area where loan is used fifth aim was interest rate of the loan and the sixth aim was the rate of availability of laboratory services in the health facilities. The assumptions under this part were that though loan is not given in the right time it improved to the great extent the availability of laboratory services.

With regards to the adequacy of the loan required, Findings from the study showed that, NHIF loan was adequately due to the number of health facilities that they applied the loan and what they applied is what they get. Findings from table 4.5 revealed that, that within 30 health facilities who are contracted with NHIF, 25 of them applied for NHIF loan and get what they applied for and from this observation we can conclude that the loan required and or applied for was adequate. This further implies that, if the loan applied for adequate then it results to buying of the laboratory equipment to improve laboratory services.

<table>
<thead>
<tr>
<th>Table 4.4 Number of Hfs applied for loan and number of Hfs get loan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of health facilities</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>30</td>
</tr>
</tbody>
</table>

Source: Field data 2016

Regarding the amount required for loan, findings from Figure 4.4 revealed that, 2 (15.4%) of the administrators of the accredited health facilities said that, the amount required for loan is less than 10 million, while 3 (23.1%) of the accredited health facilities said that, the amount required for loan is 10 to 30 million. On the other hands, 25 (61.5%) of the accredited health facilities said that, the amount required for loan is more than 30 million. This implies that, the amount required for loan is sufficient so as to enable the health facilities to buy laboratory equipment and thus to improve laboratory services in the health facilities.
Concerning timeliness to get loan, findings from Figure 4.5 revealed that, majority 27 (76.9%) of the administrators of health facilities said that, they don’t get loan at the right time. Minority, 3 (23.1%) of the respondents said that they get loan at the right time. This implies that, loan required is not given at the right time and this hinders to get the laboratory equipment and thus delays to improve the laboratory services.

Source: Field data 2016
Figure 4.5: Timeliness to get loan

Source: Field data 2016

With regards to the specific area where loan is used, respondents revealed that the loan given to the health facilities used to purchase machines such as ultra sound machines, x-rays machines, Syringes, and other laboratory equipment. This implies that, the loan acquired is used for the purposes of buying laboratory equipment and this improves laboratory services.

As for the question of interests of the loan required, this question was asked to the administrators of health facilities. In order for the loan to be good and important to an entrepreneur it must be affordable to them so that they can apply it. So NHIF introduce loan to health facilities that they contracted with and which is affordable and with low interest.

The question was advanced to the respondents about interest rate of the loan to health facilities in order to establish whether the interest of the loan is high or low. Findings from Figure 4.6 revealed that, (38.5%) of the respondents said that the interest of loan is above 20% while on the other hand 61.5% of the respondents said that they
get loan at the interest of 10%-20%. With regards to this therefore, the interest rate of the loan from NHIF is affordable and health facilities can apply so as to improve their laboratory services. This is consistent with the researchers’ hypothesis that the loan improves the laboratory services to the great extent.

**Figure 4.6 Interests on the loan required**

![Pie chart showing the distribution of loan interests]

**Source: Field data, 2016**

With regards to the rate of availability of laboratory services in the health facilities, this question was advanced to the NHIF members and the findings from Figure 4.7 revealed that, 6 (20%) respondents said that the percentage of the available laboratory services is 100% while 20 (66.7%) respondents said that the percentage of available laboratory services is 75% while 3 (10%) respondents said that the availability of the laboratory services is 50% and 1 (3.3%) respondent was of the view that the percentage of available laboratory services is 5%. This implies that, the rate of availability of laboratory services is higher due to the loan obtained and from this observation we are of the firm view that the loan improves the availability of laboratory services to the larger extent.
4.4.2. Respondents’ perception on how loan improved renovation

Renovation refers to the process of repairing and making maintenance to the buildings in the health centers. Under this domain the researcher interested to know how loan improved renovation at the health centers. In order to know this, five issues were examined; the first is whether in the past 5 years there is any renovation has been done, the second is the source of renovation, the third is the area of renovation, the fourth is adequacy of the budget and fifth is extent does NHIF contribute to renovation. These questions were advanced to the administrators of the health facilities. The assumptions under this study were that, adequate loan contribute much to the improvement of renovation.

With regards to whether in the past 5 years is there any renovation done. Findings from Figure 4.8 revealed that, 26 (86.7%) of the respondents said that, they made renovation, while 4 (13.3%) of the respondents said that for the past 5 years no renovation of the buildings has been done. This implies that, renovation has been done frequently in the health facilities as the loan advanced to the health facilities enabled them to do so.
Concerning the area of renovation, this question was asked to the administrators of the health facilities so to know the area of renovation of the building. However findings from Figure 4.9 revealed that, renovation is done more in infrastructure (in wards and beds). This implies that the area on which renovation is more needed is the infrastructure in the health facilities such as the wards and beds on which the patients are admitted. All these renovation needs some amount to be injected so as to meet the said renovation. Therefore with regards to this the loan which is directed to the health facilities plays a great role on improving renovation.

**Source:** Field data, 2016
Figure 4.9: Area of renovation of health facilities

Source: Field data, 2016

As for the adequacy of the budget, findings from Figure 4.10 revealed that, 53.8% of the respondents said that the budget for renovation is more than 1000000, while 46.2% of the respondents argued that the budget for renovation is less than 1000000. This implies that, the budget is adequacy to meet the requirements of renovation.

Figure 4.10 Adequacy of the budget

Source: Field data, 2016
4.5 The scale to which M&E improved provision of health services at the health facilities

Under this domain the researcher interested to know how monitoring and evaluation improves provision of health services at the health facilities. This question was asked to the administrators of health facilities. In order to know the scale to which monitoring and evaluation improves provision of health services at the health facilities, four issues were examined; the first is the frequency of NHIF monitoring and evaluation. Second is adequacy of the budget, the third is identification of problems and the fourth is follow up of those problems. The assumptions under this study were that though M& E plays a great role to improve provision of health services at the health facilities the scale of it is poor and thus render the provision of quality services.

4.5.1 Frequency of NHIF monitoring and evaluation

This question aimed to know how NHIF visited the health facilities for monitoring and evaluation. Findings from Figure 4.11 revealed that, majority 70% said that they visit health facilities every 6 months. However 6.7% of the respondents said that they visit every month to the health facilities while, 3.3% of the respondents said they visit every 3 months to the health facilities and 13.3% of the respondents said they visit every year and other 3.3% of the respondents said they do not visit to the health facilities. This implies that there is poor monitoring and evaluation in the health facilities and with regards to this, there is a need to introduce monitoring and evaluation programmes in the health facilities.
Figure 4.11 Frequency of NHIF monitoring and evaluation

Source: Field data 2016

4.5.2 Adequacy of the Budget
The aim of this question was to know whether the budget for NHIF monitoring and evaluation in health facilities was adequate or not. This question was asked to the administrators of health facilities. Findings from table 4.5 revealed that, majority (80%) of the respondents said that the budget was inadequate while minority (20%) of the respondents said that the budget was adequate. This shows that there is a need to increase the budget for NHIF to conduct monitoring and evaluation in their accredited health facilities to know the problems faced by their clients.

Table 4.5: Adequacy of the Budget

<table>
<thead>
<tr>
<th>Adequacy of the Budget</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>05</td>
<td>20%</td>
</tr>
<tr>
<td>Inadequate</td>
<td>25</td>
<td>80%</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Field data 2016
4.5.3 Identification of problems
The aim of this question was to know the problems which were identified by NHIF regarding monitoring and evaluation in health facilities. The purpose was to the effect that once the problems identified it was then easy to suggest the measures to be taken so as to solve the said problems. The problems identified include the following; difficulties in filling the forms, difficulties in writing codes, difficult system, forms and codes.

4.5.4 Follow up of those problems
The aim of this question was to know whether there was any follow-up strategies to the identified problems and thus to suggest the possible solutions to those problems. Findings from Figure 4.12 revealed that, majority (53.3%) of the respondents said that there was no follow-up of those problems, while minority (46.7%) of the respondents said that, there was a follow-up by NHIF to those problems. This finding is consistent with the researcher’s hypothesis that though M&E plays a great role to improve provision of health services at the health facilities the scale of it is poor and thus render the provision of quality services. This implies that, there is a need to the NHIF to commence follow-up programmes on the problems identified so as to so come up with solution to the said identified problems.

Figure 4.12: Follow up to the identified problems
CHAPTER FIVE
SUMMARY, CONCLUSION, POLICY IMPLICATIONS AND RECOMMENDATIONS

5.1 Summary
The aim of this study was to examine the effectiveness of the measures by National Health Insurance Fund in improving health services citing a case of Ilala District-Dar es Salaam region. Specifically, the study explored how effective of NHIF measures on improving provision of quality health services in terms of availability of drugs, availability of laboratory services, accreditation and renovation. Above all, loan was assessed in terms of timeliness of the loan, adequacy of the loan required, and interests of the loan given. Lastly the researcher examined NHIF monitoring and evaluation in the health facilities. This part was examined using five factors; the first was frequency of NHIF monitoring and evaluation, adequacy of the budget, identification of problems and follow up of those problems. The literature comprises theoretical and empirical studies related to the effectiveness of the measures by NHIF been in improving health services.

The study found that, accreditation has improved the availability of drugs in the accredited health facilities at the high level. For example majority of the respondents confirm that, the availability of drugs in the health facilities has increased by 75% through accreditation. Further the findings from the study revealed that, the drugs made available through accreditation includes; Tracer lists (essential medicines on which each health facilities must have) such as Amoxyline, Alu, Amoxicillin caps , Co-trimoxazole tabs, Erythromycin tabs, Ferrous sulphate& folic acid tabs Metronidazole tabs , Paracetamol tabs, Quinine tabs , Amoxicillin suspension , Povidone iodine liquid 10% Adrenaline inj, Ceftriaxone powder inj,Diazepam inj, Oxytocin , Quinine inj Qloves surgical and disposable etc. This implies that, accreditation plays a great role on improving the availability of drugs in the health facilities.
The study further found that, loan has improved the availability of laboratory services and renovation. For example majority of the respondents argued that, loan obtained is used to purchase machines such as ultra sound machines x-rays machines, Syringes, and other laboratory equipment. This implies that, the loan acquired is used for the purposes of buying laboratory equipment and this improves laboratory services. It was further revealed that the loan was used for the purposes of increasing the wards as well as the increase of beds on the said health facilities. With regards to renovation, the study found that, adequate loan contribute much to the improvement of renovation. For example renovation needs some amount to be injected so as to meet the said renovation. Therefore with regards to this the loan which is directed to the health facilities plays a great role on improving renovation.

Findings also revealed that, though M& E plays a great role to improve provision of health services at the health facilities the scale of it is poor due to several problems such as difficulties in filling the forms, difficulties in writing codes, difficult system, forms and codes and thus render the provision of quality services. Further that the study found that, majority (53.3%) of the respondents said that there was no follow-up of those problems. This implies that, there is a need to the NHIF to commence follow-up programmes on the problems identified so as to come up with solution to the said identified problems.

5.2 Conclusion
Generally, this study found that National Health Insurance Fund (NHIF) has a lot of importance such as providing coverage that helps people get timely medical care and improve their lives and health, covering unpredictable moments in life and becoming a guarantee of being seen when ill, it is important to our children need “well-child visits” to prevent illness”. Interestingly, this study found that there are several measures taken by NHIF in order to improve the provision of health services in Ilala Municipality, Dar es Salaam region. The said measures are such as accredited facilities, loan, and monitoring and evaluation. Accredited facilities play a great role to improve the availability of the drugs in the health facilities as they contribute much through their own source of fund in buying drugs so as to ensure plenty availability of the drugs in the health facilities and ensures constant supplies of
medicines in the health facilities. On the other hand loan plays a great role on improving the laboratory services and renovation as the money available from such loan can be used to purchase laboratory equipment as well as building modern laboratories. Also monitoring and evaluation improve health services as it helps to know the needs and problems of the customers and thus makes easy to make follow ups to curb them.

From the data analysis the researcher reveals that, giving more priorities to the accredited facilities towards improving the provision of health services is something of great importance as accredited facilities have found to be the most powerful and valuable facilities for the contributions they made towards improving the provision of health services. From this contention it is hereby submitted that accredited facilities play a great role in improving provision of health services in Tanzania.

5.3 Policy implication
Following the different ideas from the study on the efficiency of measures taken by National Health Insurance Fund on improving health provision services, it shown that, NHIF is really in providing the agreed benefits to its members, the NHIF policy of 1999 under the Ministry of health amend the following areas to improve health services delivery.

5.3.1 Educate beneficiaries
They advised to provide education to the NHIF members and health facilities both in urban and rural areas beneficiaries/members and some care givers seemed to lack education on what kind of benefit package the Fund provided and what not provided with the reasons. Seminars and workshops should be provided to help NHIF members to know their rights.

5.3.2 Provide Quality health services
It would be desirable for the Fund to provide quality health services to the beneficiaries. Health services which are provided by the Fund are in low quality to treat some diseases and sometimes care givers told NHIF members that the medicines thought to be better for such diseases are not in the list of NHIF. This also raises complaints to the members to fight extra money for buying such services while
contributions are deducted every month. Solution to this is for the government and body of NHIF to include all medicines in the list of NHIF because the amount which are deducted in every month are enough to provide such health services and lack enough not all time members are sick.

5.4. Recommendations

5.4.1. To the NHIF members

- NHIF members should select the representatives who will be representing them on delivering their grievances to the relevant authority dealing with handling their claims.
- They have to perform their duties with due diligence so as to ensure efficiency on the services they provide to the customers.

5.4.2. To the NHIF

- The NHIF should devise a mechanism of introducing all NHIF representatives to the members and care givers to remove complain and improve health services provision.
- Seminars and workshops should be provided to help NHIF members to know their rights.
- The Fund should have the same cards to all NHIF members in provision of health services
- National Health Insurance Fund should provide information to its beneficiaries in simple ways such as meetings and journals.
- NHIF has to make serious in inspection and supervision to medical centres in several times to check the efficiency.
- The fund has to work closely with Trade Unions to make sure that accredited health providers are delivering what beneficiaries are expecting to their end.
- NHIF in the Ilala Municipality must collaborate with the available health facilities and educate them on the relevance and measures they have to put in place to get accreditation. This would reduce the strain on the few accredited health care providers and improve access.
NHIF should device new ways of paying service providers; they can adopt an advance payment system which would provide the health care providers with enough funds to provide quality health care.

5.4.3. To the accredited health facilities

- Health facilities should make known to scheme members their entire medical bill and the proportion being covered by health insurance. This would enable members appreciate the cost that the scheme bears on their behalf and thus, enrol most of their family members. Currently, most members are unaware of their medical bills and the proportion being absorbed by health insurance.
REFERENCE


Kibanga, C.J (2007), “The contribution of NHIF in improving the provision of health services: The case study of Kibaha District in Coast Region”


National Health Insurance Fund Act, 1999 Cap 395


APPENDICES

APPENDICES I: QUESTIONNAIRE FILLED BY NHIF MEMBERS

INTRODUCTION

I, Beater Boniphace, a student of Mzumbe University studying Masters of health system management. I’m conducting research for fulfillment of my studies. My research will concern with “The effectiveness of the measures by National Health Insurance Fund in improving health services. Data will obtain through interview, observation and questionnaire. I’m asking your concern to participate fully on my study.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION!

Part: A. Personal particulars.

Questionnaire number

Name of a respondent………………………..……..
Street …………………………Date……………….

Section A: Background variables

A1. Please indicate your age in years……………………………………
A2. Sex
   i. Female. 
   ii. Male.
A3. Educational status of the respondent
   i. None
   ii. Primary school.
   iii. Secondary school.
   iv. College
A4. Marital status
   i Single
   ii. Married
A5. Category of NHIF beneficiary
   i. Principle members
   ii. Dependant
Section B: About quality of service

B1. How often do you visit health facility?
   i. Twice a year
   ii. 3 times a year
   iii. 4 times a year

B2. How do you rate the service you get?
   i. good
   ii. moderate
   iii. bad

   why? ..........................................................................................................................
   ..........................................................................................................................

B3. How do you rate the availability of medicine in your health facility?
   i. 100%
   ii. 75%
   iii. 50%
   iv. Below 50%

   Why?
   ..........................................................................................................................
   ..........................................................................................................................

B4. How do you rate the availability of laboratory services?
   i. 100%
   ii. 75%
   iii. 50%
   iv. Below 50%

   Why?
   ..........................................................................................................................
   ..........................................................................................................................
B5. How do you rate the availability of functional medical equipments?

i. 100%
ii. 75%
iii. 50%
iv. Below 50%

Why?

................................................................................................................
................................................................................................................

B6. How do you rate the availability of competent personnel?

i. 100%
ii. 75%
iii. 50%
iv. Below 50%

Why?

................................................................................................................
................................................................................................................
APPENDICES I I: QUESTIONAIRE FILLED BY ACCREDITED HEALTH FACILITIES

INTRODUCTION
I, Beater Boniphace, a student of Mzumbe University studying Masters of health system management. I’m conducting research for fulfillment of my studies. My research will concern with “The effectiveness of the measures by National Health Insurance Fund in improving health services. Data will obtain through interview, observation and questionnaire. I’m asking your concern to participate fully on my study.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION!

Part: A. Personal particulars.

Questionnaire number
Name of health facility ……………………………………………………………
Type of health facility ……………………………………………………………
Level health facility………………………………………………………………
Position of respondent…………………………………………………………

Street ………………….Date…………………………………

Section A: quality of service
A1. What is the percentage of the availability of medicine in your health facility?
   i. 100%
   ii. 75%
   iii. 50%
   iv. Below 50%

   Why?
   ……………………………………………………………………………………………
A2. What is the percentage of availability of laboratory services in your health facility?

i. 100%
ii. 75%
iii. 50%
iv. Below 50%

Why?

……………………………………………………………………………………
……………………………………………………………………………………

A3. What is the percentage of functional medical equipments available in your health facility?

i. 100%
ii. 75%
iii. 50%
iv. Below 50%

Why?

……………………………………………………………………………………
……………………………………………………………………………………

A4. Is there any renovation that has been done in your health facility for the past 5 years?

i. Yes
ii. No

A5. In which area?

……………………………………………………………………………………
A6. What is the source of renovation?

...........................................................................................................................................
...........................................................................................................................................

A7. What is the budget of those renovations?

...........................................................................................................................................
...........................................................................................................................................

A8. How do you achieve that?

...........................................................................................................................................
...........................................................................................................................................

A9. In what extent does NHIF contribute to that renovation?

...........................................................................................................................................

Section B: Effectiveness of accreditation

B1. Did you apply for accreditation?
   i.   Yes
   ii.  No

If yes why?
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

If no why?
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

B2. How long did it take to be accredited?
...........................................................................................................................................
...........................................................................................................................................
...........................................................................................................................................

B3. What criteria used for accreditation?
...........................................................................................................................................
B4. To what extent did you meet those criteria?

i. .................................................................................................................................

ii. .................................................................................................................................

iii. .................................................................................................................................

iv. .................................................................................................................................

i. 100%

ii. 75%

iii. 50%

iv. Below 50%

Why?

B5. What is the number of available qualified medical and non medical staffs you have in your facilities?

B6. What is the percentage of required buildings available?

i. 100%

ii. 75%

iii. 50%

iv. Below 50%
Section C: Effectiveness of Loan

C1. Did you apply for NHIF loan?
   i. Yes
   ii. No
If yes answer the following questions, and if No end here
C2. Did you secure a required amount?
   i. Yes
   ii. No
If NO why?
..................................................................................................................
..................................................................................................................
If yes why?
..................................................................................................................
..................................................................................................................
C3. How much did you apply?
..................................................................................................................
..................................................................................................................
C4. For what activities?
..................................................................................................................
..................................................................................................................
..................................................................................................................
C5. Have you been given the loan at the right time?
   i. Yes
   ii. No
If NO why?

..............................................................................................................
..............................................................................................................

If yes why?

..............................................................................................................
..............................................................................................................

C6. How long does it take to get loan?

..............................................................................................................
..............................................................................................................

C7. How many times did you apply for NHIF loan and get it?

..............................................................................................................
..............................................................................................................

C8. From which source did you get that loan?

..............................................................................................................
..............................................................................................................

C9. What is the interest rate of NHIF loan?

..............................................................................................................
..............................................................................................................

Section D: Monitoring and Evaluation

DI. Does NHIF come to your facility for monitoring and evaluation?
   i. Yes
   ii. No
If NO why?

..............................................................................................................
..............................................................................................................

D2. If Yes how frequent?

..............................................................................................................
..............................................................................................................

D3. Are there any problems that they identified?
   i. Yes
   ii. No
If yes what are they?

..............................................................................................................
..............................................................................................................
D4. If they identified the problems are they make follow up?
   i. Yes
   ii. No
   If Yes, how frequently?

...........................................................................................................................................