



Does Awareness Matter for the Improved Community Health Fund? Evidence from Street Vendors in Dodoma City, Tanzania

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Abstract

Globally, countries are implementing pro-poor reforms to advance healthcare's accessibility to all people. The community health fund is part of the global strategies to attain universal health coverage and accessibility of healthcare services. Thus, the community health fund is cited as a possible strategy for granting access to basic healthcare services to the poor and workers in the informal sectors such as street vending without facing financial difficulties. The study was set to assess the awareness of the street vendors on the improved Community Health Fund in Dodoma City Tanzania. Data were collected using a questionnaire from a sample of 100 street vendors and focus group discussions (FGDs) from 24 participants from Dodoma City. Quantitative data were analysed descriptively while qualitative data involved thematic analysis of the recorded interactive discussions with the participants. The findings revealed that most street vendors were aware of the Improved Community Health Fund (iCHF). Similarly, the results showed that the level of awareness of the street vendors about the procedures for the registration and the benefits package was low. In the same breadth, the findings indicated that most street vendors had never attended sensitization seminars and training from CHF officials. The study concludes that the high level of awareness has not translated into high enrollment and registration of the street vendors to the improved CHF. Thus, the CHF management is called upon to provide education through radio and social media to raise the awareness of the street vendors about the benefits and registration procedures of the improved CHF.

Keywords: *Awareness; Improved Community Health Fund; Health Services and Street Vendors*

1.Introduction

All over the world, countries are implementing pro-poor reform policies to advance healthcare's accessibility, affordability and coverage to all people (Soors, Devadasan, Durairaj, & Criel, 2010;

Bennett, 2004). The concept of the Community Health Fund is born out of the global efforts to provide universal healthcare and accessibility to health services to all people. The efforts toward universal healthcare has their roots in Article VII of the Alma-Ata Declaration of 1978 which requires all categories of people in the community to participate financially and technically to improve the accessibility of health service delivery (WHO, 1978). The objective of the Alma-Ata Declaration was reiterated by the Astana Declaration of 2018 which recognized that accessibility of health services for the poor and people in the informal sector remain a challenge (Walraven, 2019). Similarly, African states in 1987 with the same spirit adopted the Bamako Initiative and emphasized the material and financial participation of the community members in improving healthcare accessibility and awareness (Pangu, 1997). Thus, the community health fund is part of the global strategies to attain universal health coverage and improve the accessibility of services to healthcare facilities.

It is added that the community health fund is a pre-paid form of non-profit insurance health scheme with risk pooling and sharing characterized by voluntary membership whereby members pay a small contribution regularly to offset the risk of needing to pay a much larger amount of money in healthcare facilities if they fall sick (Mtei & Mulligan, 2007; Bennett, 2004). It is noted that in Tanzania the community health fund serves as a possible mechanism for granting access to basic healthcare services to rural residents and workers in the informal sectors comprising more than 70% of the total national population (URT, 2013). The workers in the informal sector such as street vending can access healthcare services without facing financial difficulties (Asantemungu & Maluka, 2020; Mtei & Mulligan, 2007). Street vending in Tanzania is one of the informal sectors that contribute to employment opportunities for the low socio-economic groups and the economy of the country (Rumanyika, et al., 2021). Studies in both Tanzania and outside show that street vendors work in harsh conditions of scorch sun and carry heavy loads of goods to sell from one street to another (Kirumirah & Munishi, 2021; Beccles, 2014). The harsh working conditions expose the street vendors to health complications including skin cancer, gastrointestinal problems, musculoskeletal deformity and respiratory tract infections (Meher & Ghatole, 2020). Thus, the accessibility of affordable health services to street vendors through pro-poor schemes such as CHF is an issue of concern to policymakers and decision-makers in the country.

The CHF in Tanzania began in 1996 as a pilot scheme in Igunga District, and later it was introduced to other councils in the country including Dodoma City (Asantemungu & Maluka, 2020). The pilot was an initiative to make healthcare services available and affordable to the people residing in rural areas; and those in the informal sector in Tanzania (Kagaigai, Anaeli, Mori, & Grepperud, 2021; Kigume & Maluka, 2021). In 2001 the parliament passed the CHF act number 1 which provided for the establishment and implementation of the CHF (URT, 2001). Based on the act, the main objective of the CHF was to mobilize financial resources from the community for the provision of healthcare services to its members along with providing quality and affordable healthcare services through sustainable financial mechanisms. Similarly, the CHF was empowered to improve the health care services management in the communities through decentralization by empowering the community members in making decisions and contributing to matters affecting their health.

During its operation, the beneficiaries of CHF were entitled to services up to the district hospital level and each district had its premium rates. This narrowed down the scope of coverage and unattractive CHF to the most Tanzanians including the street vendors in the informal sector of the economy. In an attempt to harmonise the premium rates, widen the scope of portability of service, and benefits packages in CHF, the government of Tanzania issued circular number 1 of 2018 for the transformation of the CHF to the improved Community Health Fund (iCHF) (URT, 2018a). The improved CHF was piloted in some councils including Dodoma in 2011. Thus, the improved CHF came up with new strategies to upscale membership to the fund through electronic registration, raise the awareness of the fund to the citizens, expand the benefits package beyond the council level, restructure the management of the fund and improve the quality of services provided to the beneficiaries.

Studies have shown that CHF reaches a large number of low socio-economic groups including street vendors who would otherwise have no financial protection against the costs of illness (Macha, Kuwawenaruwa, Makawia, Mtei, & Borghi, 2014). Despite the relevancy of CHF to the low socio-economic groups such as street vendors, evidence from the reviewed studies shows, that there is low membership registration with the CHF (Kigume & Maluka, 2021; Asantemungu & Maluka, 2020; URT, 2018b). The causes for low membership have been identified as dissatisfaction with the quality of services offered in the healthcare facilities, low level of education of the citizens on the benefits of the CHF, cost of healthcare services and distance to the healthcare facilities (Ndomba & Maluka, 2019). Similarly, it is documented that trust in scheme management, weak leadership engagement, the inadequacy of resources, feedback to the citizens and responding to the expectations of the citizens are among other challenges that obstruct the CHF in attaining its objectives (Kigume & Maluka, 2021; Kalolo, et al., 2021). In another study from Tanzania, it is documented that exemption policies and the behaviour of the health seekers in the health facilities influence negatively the membership rate to the scheme. The study further showed that higher revenues from user fees, user fee policies and fund pooling mechanisms can set incentives for care providers to prioritize user fees over CHF revenues (Renggli, et al., 2019).

The available studies in the context of Tanzania have mainly examined the health insurance schemes with the experience from the elderly (Tungu, et al., 2020; Amani, et al., 2020; Amani, et al., 2021). Thus, there is a lack of evidence about the improved CHF and the enhancement of health service delivery from the perspective of street vendors in Tanzania. The street vendors in Tanzania are among the groups from the informal sector who are fundamental in spearheading the economic base of the country (Kirumirah & Munishi, 2021; Rumanyika, et al., 2021). Knowledge about the awareness from the perspective of the street vendors is important for speeding up the achievement of the Sustainable Development Goal (SDG) 3, target 3.8: universal health coverage which includes; financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all (Kagaigai, Anaeli, Mori & Grepperud, 2021). Similarly, the awareness will inform the CHF officers, urban authorities and policymakers in creating enabling environment to reach out to the street vendors and other informal workers in Tanzania in an attempt to improve accessibility to healthcare services using community health insurance schemes. Therefore, this study aimed to assess the awareness of the street vendors on the improved Community Health Fund in Dodoma City.

2. Theoretical Foundation

Awareness refers to the ability to empathize with others from different backgrounds and cultures to understand social and ethical norms for behaviour and recognize family, school, and community resources and supports (Strauss & Glaser, 2015). Researchers assert that awareness influences community social understanding and, thus, has become a precursor to social development (Kristine, Nicola, & Langer, 2022; Agosti, Andersson, Bringsen & Janlov, 2019; Levy, 2013). This study adopted Social Awareness Theory which has become increasingly important in social science and health services (Groth, 2004). The theory involves conscious rising in the context of social action (Greene & Kamimura, 2002).). The theory was propounded by Greenspan (1981) who argues that social awareness is the individual ability to understand people, social events and the process involved in regulating social events. Social Awareness Theory emphasizes the importance of measuring social perceptions and judgments of a known social entity (Bringsen & Janlov, 2019). The Theory contributes to creating awareness of street vendors to take the required action on iCHF. Similarly, the theory is used to understand the individuals' (street vendors) emotions, experiences, and perspectives on the issue of iCHF. In the same vein, the theory attempts to show how street vendors cooperate toward achieving common goals and ideas about CHF. It also demonstrates awareness of external demand (government plans, programmes, and policies) and their

requirements to register and practice the iCHF practices. Thus, social awareness is a crucial component of appropriate community behaviour, which contributes to an environment conducive to learning and making correct decisions for community success.

Social Awareness Theory is thought to be relevant in both formal and informal organizations' activities. Essentially, in a society where information is viewed as the most important aspect, Social Awareness Theory is regarded as critical to creating the type of social context in which information flows easily and quickly among community members (Kristine, Nicola, & Langer, 2022). Within the community, it is assumed that high social interaction encourages people to respond to different social ideals and practices, such as insurance for accessing healthcare services in the facilities (Agosti, Andersson, Bringsen & Janlov, 2019). This is the reality that social awareness leads to better knowledge transfer and proper attitudes for both formal and informal groups in the community, including, among others, street vendors.

Strauss and Glaser (2015) add that Social Awareness Theory is an important facet for street vendors to understand the aim and importance of iCHF. The scheme's awareness helps the street vendors to think critically about ongoing social changes. Thus, the issue of iCHF should be shared at one particular instant with street vendors to remove social awareness limitations. A person is typically aware of the social world at a given point in time. It is in this context that street vendors may be aware of iCHF by attending to something, holding it in consciousness or understanding it as a topic of thought (focal awareness), or when it is announced by the government. In this regard, a person can focus on different things from society or other people, groups, an event or objects. However, the person cannot accommodate multiple targets of social demands at one moment (Balyer & Ozcan, 2020).

The influence of Social Awareness Theory on the ongoing iCHF information can be in terms of its relationship to the target of street vendors among other members of the community. This is how the issues of iCHF are understood among the street vendors when they are considered relevant to health facilities. The concept of raising awareness among street vendors is becoming more popular as a result of global awareness of the needs of both informal and formal groups in communities. It is assumed that if the street vendors are aware of the iCHF, they are more likely to understand the nature of its operations and benefits as well.

3. Materials and Methods

The study was conducted in Dodoma City Tanzania. The City was selected because the improved CHF was piloted in Dodoma City before a wider rollout to other councils in the country (Kalolo, et al., 2021). Thus, Dodoma City is expected to have a long experience with the improved CHF as compared to other councils in Tanzania. Similarly, Dodoma City is one of the councils with a fast-growing population resulting from the government's decision of shifting its operation from Dar es Salaam to Dodoma City (Msacky, et al., 2017). The fast-growing population in the City of Dodoma is expected influences various economic activities including street vending (Rumanyika, et al., 2021).

The study employed cross-sectional research design to capture quantitative and qualitative data from Dodoma City. The study adopted a snowball method to recruit 100 street vendors for quantitative data using a survey questionnaire. The snowball technique was adopted as Dusek, Yurova and Ruppel (2015) recommend that it is cost-effective and useful to locate respondents with same trait such as street vendors from the general population. Through snowball the quantitative data were collected from four wards with a concentration of street vendors including Majengo, Makole, Madukani and Viwandani. In the health sector, the essence of the quantitative data according to Varbanova and Beutels (2020) is to provide a numerical value for statistical analysis to indicate frequency, average, prediction, test causal relationship and generalize the findings to a wider population. Thus in this study the quantitative data

were descriptively analyzed to obtain the frequency and percentage of the level, procedures and benefit packages of awareness of iCHF services from the perspective of street vendors in Dodoma City.

The qualitative data were collected through Focus Group Discussions (FGDs) methods where involving four (4) groups in a total of 24 participants among the street vendors. Each group was made up of three (3) males and three (3) females. The FGDs were conducted to enable and record the interactive discussions and a balance of gender among participants. Participants were chosen using non-probability sampling to learn a great deal of rich information from street vendors (Carson, Gilmore, Perry & Gronhaug, 2001). Qualitative data were analysed through a thematic approach which offers an accessible and analytically flexible approach. The analysis followed sequential steps by Clarke and Braun (2013) including familiarising with data, generating initial codes searching for themes, reviewing themes, defining and naming themes and finally producing the report. Data were interpreted, interrogated and related to research questions for inferences.

4.1 Results and Discussions

This section presents the results of the study and its discussion. The results and discussion focused on assessing the awareness of street vendors on the improved CHF towards enhancing health services in Dodoma City. In this section, the study requested the respondents to indicate their level of awareness, source of information about improved CHF, registration procedures, benefits of the improved CHF, training and seminars on CHF.

4.1.1 The Level of Awareness of the Street Vendors

This level of awareness is essential to influence the registration procedures and the benefits packages obtained from the improved CHF. Similarly, the awareness is salient in devising the mechanism to improve the enrolment strategy in Tanzania, particularly for low-income earners from the informal sector of the economy like the street vendors. Thus, in this study, the respondents were requested to indicate their level of awareness of the improved CHF. The findings presented in Table 1 indicate that 68 (68%) respondents were aware of CHF while only 32 (32%) were not aware of CHF. The FGDs participants added that they are aware of the iCHF and services accrued from it. The results suggest that the majority of the street vendors in Dodoma have a high level of awareness about the improved CHF. However, Asantemungu and Maluka (2020) reported that people were not aware of how the CHF operates, the benefit packages and even enrollment procedures, therefore, the majority of non CHF were not willing to enrol due to poor awareness about the general performance of the CHF facilities. This might be because communication and awareness about iCHF were not done well at the low-income earners of the community.

Table 1: Street Vendors' Awareness of the Improved CHF (n = 100).

Awareness of CHF	Frequency	Percentage
Yes	68	68
No	32	32
Total	100	100

Source: Field Data, 2021

Concerning the results of the level of awareness about the improved CHF, the study further assessed how many of the 68 respondents who claimed that they were aware of CHF have Community Health Insurance cards. The results in Table 2 show that out of the 68 respondents who said that they were aware of CHF, only (26.5%) had taken the insurance cards while (73.5%) who were also aware of

CHF had not taken the insurance cards. This shows that majority of the respondents were aware of the CHF but they have not taken the insurance cards. The findings deviate from the assumptions and expectations of the social awareness theory which indicates that as the level of awareness increases, the likelihood of the people such as street vendors to make decisions to support social action to improve their life increases. Renggli, et al., (2019) believes that social and economic challenges such as accessibility, availability, and affordability may deter people from contributing to social action such as taking the iCHF cards. Thus, the social and economic challenges of the street vendors might have greatly contributed to the low registration in the scheme.

Noting the key challenges to the registration, the participants of FGDs revealed that the street vendors are reluctant to join the iCHF because of the low scope of coverage of the CHF. The participants added that CHF is not accepted in private healthcare facilities. Similarly, the participants said that it is difficult to raise money to contribute to the scheme given their poor economic condition. Ndomba and Maluka (2019) supported that the quality, package coverage of services offered to the beneficiary of CHF and their economic status determine their decision to join the fund. The findings call for policymakers to augment the package and coverage to include private healthcare facilities to make the scheme more attractive and helpful to the citizens in the informal sector of the economy.

Table 2: Relation Between Awareness of CHF and iCHF Card (n = 68)

Awareness of CHF	Frequency	Percentage
Aware with CHF	18	26.5
Aware without CHF	50	73.5
Total	68	100

Source: Field Data, 2021

4.1.2 Source of Information on CHF

The source of information for street vendors is necessary for the street vendors to make informed decision. Thus, the 68 respondents who indicated that they were aware of improved CHF in Table 1 were asked to indicate their source of information. The findings in Table 3 show that majority of respondents, (38%) received information about improved CHF from the radio, followed by (27%) from family friends, (13%) from the television, next (13%) from employers and only (9%) learnt about CHF from the newspapers. The prevalence of radio as the main source of information compared to television and newspapers may be explained by the low level of income of the street vendors who may not have access to televisions and newspapers (Rumanyika, et al., 2021). Similarly, the fact that (27%) of respondents obtained information from family and friends indicates the important role played by informal communication and social networks. The findings imply that in its awareness campaigns, CHF should consider using radio and social networks as the preferred media of information for the street vendors.

Table 3: Source of information on CHF (n = 68)

Source of information on CHF	Frequency	Percentage
Radio	26	38
TV	9	13
Newspaper	6	9
Employers	9	13
Family Friends	18	27
Total	68	100

Source: Field Data, 2021

4.1.3 Awareness of CHF Registration Procedures and Benefits

High enrollment of the street vendors into insurance schemes requires that they are aware of how to register and then access benefits. The respondents were asked to indicate whether they were aware or not aware of various aspects of CHF registration procedures and benefits. The findings are presented in Table 4 and Table 5. The findings show that the awareness of street vendors in Dodoma City about registration procedures and benefits packages is below 50%. Similarly, during FGDs the participants acknowledged that they were not aware of the number of dependants per one contributor. The study revealed that the majority of the respondents indicated that they were not aware of each of the basic statements of registration procedures and benefits packages. On the same note, the participants for FGDs revealed that even local leaders in the Local Government Authorities (*Mitaa*, Villages and Wards) had no clear understanding of the registration procedure and benefits packages of the iCHF. Asantemungu and Maluka (2020) confirm the findings in the previous study that revealed that community members and their leaders were not aware of the way the CHF system works and its benefit packages.

The findings in Tables 4 and 5 show that street vendors had insufficient information on how to register and benefit if they are enrolled on the CHF. Thus, according to Jangati (2012), the insufficiency of information and poor understanding of the functioning of the insurance scheme has the potential of resulting in low enrolment and registration of members into the scheme. The study findings align with the assumption of the Social Awareness Theory the theory which shows that information is an important aspect that influences people to support community action development such as the benefits of iCHF (Greenspan,1981). Based on the assumption from the theory, the study speculates that information will be a source of education to build the ability required to understand registration procedures and benefits packages of the scheme. The findings of the registration procedures and the benefits of the improved CHF suggest the need to launch a mass campaign for educating the street vendors on the role of insurance in health financing. Similarly, the findings propose the need to sensitize the leaders at local levels through regular meetings and makes the CHF agenda one of its priority during the meetings.

Table 4: Awareness of Registration Statements (n = 100)

Awareness of registration procedures	Aware		Not aware	
All Tanzanians over 18 years can join CHF schemes	8	8	2	2
CHF card covers one contributor, one spouse and 4 children under 18 years	8	8	2	2
All CHF contributors are issued with a photo card after submitting a passport	1	1	9	9
One can register at any CHF office	3	3	7	7
Registration is open to people of all ages	7	7	3	3

Source: Field Data, 2021.

Table 5: Awareness of Benefits Statements (n=100)

Awareness of CHF Benefits	Aware		Not aware	
	F	%	F	%
CHF Card covers admissions in registered hospitals only	27	27	73	73
Family can use the card for a maximum of 180 days in a year (6 months)	30	30	70	70
CHF does not cover out-patient medical care for self-employed contributors	26	26	74	74
Contributions are not refundable when one withdraws from the scheme	24	24	76	76

Source: Field Data, 2021.

4.1.4 Attendance of Training and Seminars on CHF

Training and seminars are one way of sensitizing rural communities and informal workers such as the street vendors on the role of health insurance in healthcare financing. It offers potential members a chance to seek clarification on any aspects of the scheme. The respondents were asked to indicate whether they had ever attended any sensitization training or seminars on improved CHF. The findings presented in Table 6 show that majority of the respondents, (72%) had never attended any sensitization training or seminars on improved CHF. This may imply that many people who may have been interested in enrolling have never had an opportunity for accessing detailed information on health financing and health insurance. It is in this context that the theoretical understanding of the benefits of Social Awareness Theory is required. The theory offers an opportunity to build awareness among street vendors to understand the importance of iCHF and take corrective action for community success (Kamimura, 2002). Planned training with the contents of iCHF requirements such as registration protocols, possession of cards and the general benefits of the scheme among the street vendors, are required to facilitate them to take corrective action.

Table 6: Attendance of Sensitization Training or Seminars on CHF (n = 100)

Attendance of sensitization training/seminars	Frequency	Percentage
Yes	28	28
No	72	72
Total	100	100

Source: Field Data, 2021.

Conclusion and Recommendation

The study was set to assess the awareness of the street vendors on the improved Community Health Fund in Dodoma City, Tanzania. The conclusion of the study was built around the level of awareness, source of information, registration procedures, benefits packages, training and seminars of street vendors in healthcare services. Thus, the findings reported in this study have led to several conclusions. The study established that the majority of the street vendors are aware of improved CHF. However, the level of awareness has not resulted in a higher enrolment of the street vendors. It is further

concluded that radio is the main source of information to raise the awareness of street vendors on the improved CHF benefits and procedures for registration. Similarly, the study concluded that the street vendors have a low level of awareness of the procedures for registration and benefits packages. The findings of the study however have some limitations. The findings are based on one informal workers' group, street vendors, and one local council, Dodoma City, from Tanzania. The experience from one group of informal workers and one council may not be enough to make a general picture to influence policy advice and decision making on community health funds in Tanzania. The study recommends to the CHF management to provide education through radio and social media to raise the awareness of the street vendors on CHF benefits, packages and procedures. In the same breadth, the study recommends to the government to extend the CHF services to private healthcare facilities. This will widen the scope of accessibility of the street vendors when choosing between government and private-owned healthcare facilities. The study calls for future researchers to consider other groups of the informal sector such as food vendors and cottage industries in relation to the community health fund in Tanzania.

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