NSSF Social Health Insurance Benefit (SHIB) and Health Care Services: Accessibility and Availability in Tanzania

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Abstract

This study is about "Social Health Insurance and accessibility of health care services through National Social Security Fund (NSSF) Health Insurance service in Kinondoni Municipality. The focus of this study was on the ease of accessing health services using the NSSF health insurance, and the beneficiaries' awareness level since people knew about NHIF and ICHF only. The objective of the study is to examine the accessibility of Social Health Insurance Benefits on health care service to people at Kinondoni Municipality. The study used a qualitative research approach to gather and analyze data from informants. In-depth interview was used to capture information from the key informants; observation was used to supplement and understand information gathered from the perspective group studied. This study used conventional theory to signify that any additional health care that consumers purchased through insurance coverage was not worth the real cost of producing it. The results indicated that Health Insurance users have failed to use it due to its accessibility and ignorance of community members and insufficient funds released by the National Social Security Fund (NSSF) to cover all the services required by their customers. This paper recommends that it is important to maintain the quality of healthcare services that NSSF receives from its customers. Also, NSSF should be accessible and reliable to all its customers.

Introduction and Background

Tanzania is a resource-strained country with a weak healthcare system which is challenged by high maternal mortality, child mortality, HIV/AIDS, pneumonia, and malaria (https://www.moh.go.tz, 2023). Tanzania's population also has some of the lowest rates of access to health personnel in the world (https://www.nhif.or.tz, 2023). Tanzania's health financing system is dominated by tax and donor-funded health delivery, with a modest proportion of the population enrolled in social, community, or private health insurance. Health services in Tanzania have always been promoted through local health funds or traditional health funds which have been insufficient in terms of health provision to its people. People have not been able to access modernized health service insurance due to ignorance (little knowledge or insufficient information about health insurance), of the type of services provided by health insurance schemes, but also people have never been bothered to engage in National Insurance schemes due to a lack of organization in which insurance

schemes could be much better and reliable to people who need health services at a particular period.

The development of the National Health Insurance Fund (NHIF) began as a measure to help people within the community lessen the burden of access to health services on an individual by pooling resources together and hence risk sharing. This was a system that started by enrolling only public servants with monthly deductions directly from their salaries. Even though later in 2019 about 32 per cent of Tanzanians had health insurance coverage, whose 8 per cent have subscribed to the NHIF, 23 per cent are members of the Community Health Fund (henceforth CHF), and 1 per cent are members of private health insurance companies (www.trade.gov; 2023). The NHIF was established by the Act of Parliament No. 8 of 1999 and began its operations in June 2001. The scheme was initially intended to cover public servants but recently there have been provisions that allow private membership. The public formal sector employees pay a mandatory contribution of 3 per cent of their monthly salary and the Government as an employer matches the same. This scheme covers the principal member, spouse, and up to four below 18 years legal dependents(ibid).

Globally, social security protection is a programme initiated and managed by Society/Government itself to address two key outcomes of human vulnerabilities and contingencies which are the health and economic well-being of an individual and family (Carrin and James, 2005). Historically, some efforts can be traced back to the First World War which caused an inflationary shock and acted as a catalyst to the changes which were later reflected in the financial systems. Formal social security schemes we know today were mainly developed after independence, and normally adopted and walked on the footprints of former colonial masters' models (Ahmad, 2008). Although health financing via general taxation or social health insurance is generally recognized to be a powerful method to achieve universal coverage/access to health care with adequate financial protection for all against health care costs, a number of developing countries, especially those in the low-income bracket like Tanzania, experience difficulties in achieving universal health care protection (National Health and Medical Research Council [NHMRC], 2010).

Like other African countries, Tanzania has gone through stages of social security protection practices to what we now know as formal security schemes guided by internationally recognized principles. These schemes, which are contributory schemes, offer benefits as per ILO standards. Before 2018, there were five contributory schemes namely the National Social Security Fund (NSSF), Parastatal Pension Fund (PPF), Government Employees Pension Fund (GEPF), Public Sector Pension Fund (PSPF), and Local Authority Pension Fund (LAPF). Also, there were two non-pension social security schemes, namely the Workers Compensation Fund (WCF) and National Health Insurance Fund (NHIF). Tanzania made a commendable mileage on the health care front, including the Community Health Fund under the NHIF. Several private insurance schemes came into play though their coverage impact is insignificant due to their higher premium demands. Following social security reforms of 2018 which resulted in merging some of the aforementioned funds, only

two pension funds remained. These were the National Social Security Fund (NSSF) catering to employees in the private sector, foreigners working in mainland Tanzania, employees in International Organizations working in mainland Tanzania, and those self-employed in the informal sector. In contrast, the Public Sector Social Security Fund (PSSSF) serves all employees in the public sector. The National Social Security Fund was established under the NSSF Act No. 28 of 1997 [CAP.50 R.E 2018] offers seven benefits: social health insurance, retirement pension, invalidity pension, survivors' pension, maternity benefit, unemployment benefit, and funeral grant.

In 2005, the NSSF established health insurance services for its members under Social Health Insurance Benefit (SHIB) Government Notice 140 of 20th May 2005. The SHIB, a statutory benefit offered by NSSF, serves all members (insured persons) of NSSF by providing medical support to the insured persons and their dependents. It covers insured persons/members, spouses, and up to four children. Children include biological and legally adopted below 18 or 21 years old if in full-time education (NSSF, 2011). Insured members are those who have fulfilled a remittance of the 20 per cent deduction of their contributions to NSSF comprising 10 per cent of members' deductions from their salaries, and 10 per cent from employers' share deductions (NSSF Act no 28, 1997 [CAP 50 R.E 2018]). Likewise, an NSSF pensioner is entitled to be enrolled with SHIB services provided that he or she is willing to accept a 6 per cent monthly deduction from his/her pension after retirement as per the NSSF Act.

SHIB provides direct relief to employers on employees' medical expenses. Furthermore, the provision of health care to members through social health insurance supports Government's efforts to increase access to healthcare services to its citizens in the country. Despite all these, challenges to access health care services among members of the NSSF and the community as a whole are felt on numerous fronts, which has raised attention to conducting a study on social insurance and accessibility to health care services with NSSF Social Health Insurance Benefit as a working case. Regardless of the introduction of NSSF SHIB, there have been few registered members (29.32%) who are enrolled and have access to health care services. Those who were enrolled in this scheme are facing challenges, including inaccessibility and inconveniences to NSSF members when accessing healthcare services. There is scanty knowledge of the NSSF SHIB. This has influenced the failure to access health care among people in Tanzania. There have been enrolment and re-enrolment in the CHF, but health insurance coverage has been low due to little information or insufficient knowledge, there has also been health insurance decentralization where its accessibility has always been impossible for those who live far away from the NSSF SHIB, especially those who are retirees since they do not have sufficient income, and non-retirees due to distance from their offices. Furthermore, recognition of the role and challenges of SHIBs has become limited and its operationalization has become inadequate for the community. Despite the efforts made by the Government of Tanzania to overcome the problem, there still exist some challenges in boosting its accessibility and coverage. Therefore, this paper examines Social Health Insurance and Accessibility of Health Care services in Tanzania: A case of NSSF

Social Health Insurance Benefit (SHIB), Kinondoni Municipal office, Dar es Salaam Region. This study had two objectives, which are to explore the accessibility of Social Health Insurance Benefits on health care service at Kinondoni Municipality, and to examine Social Health Insurance Benefit registration procedures on health care service at Kinondoni Municipality.

Social Health Insurance Benefit (SHIB) under NSSF

NSSF introduced the SHIB package as one of the benefits it offers to its members. Enrolled members under the SHIB package receive health care services as a result of financing done through their 20 per cent statutory contributions paid to the NSSF and there is no more additional cost to beneficiaries (NSSF Act No. 28 of 1997 [CAP. 50 R.E 2018]). This benefit, which is free to all NSSF members, has an objective of meeting legal requirements of NSSF Act No. 28 of 1997 [CAP. 50 R.E 2018]. In so doing, it supports the Government's efforts in the attainment of healthcare services to all citizens. This is done by providing medical support to the insured persons and their dependents, and reducing the burden to the employers on treatment expenses of their employees. SHIB services cover insured persons, spouses, and four biological children below 18 or 21 years old if they still pursue full-time education. To qualify for SHIB services, a member is required to contribute to the Fund at least three months' contributions. Members continue to have access to health care services after the stoppage of contributions for three months. Pensioners can enjoy similar healthcare services as long as they are willing to be deducted 6 per cent of their pensions. This made most beneficiaries to fail contribute to the SHIB, and mostly for the retired. Those who were employed started to look for better ways of making their contributions.

NSSF members and access to health care services under social health insurance

The reviewed literature indicates that people have positive contributions and influences on social capital and willingness to pay for CBHI. Other social capital variables have a positive and significant impact on the willingness to pay for the CHF (Macha et al., 2014). Therefore, willingness to engage in health insurance is an indicator of the accessibility of social health insurance and its benefits. According to the CHF Act of 2001, enrolment into the scheme is voluntary. It is prepaid, based on the mechanisms that are to be prepared by councils, and ought to be at an affordable cost determined by the community themselves. Conversely, SHI operates under the NSSF as part of the benefit packages offered by the NSSF to its members. CHI with voluntary members is acceptable by most of the rural-urban communities in Tanzania. Communities have shown great interest in enrolling themselves in the scheme, provided that they are well involved and informed on the process and access to quality health care (Community Health Fund Assessment Report, 2013).

The influence of social health insurance coverage on the accessibility of health care services

The Community Health Fund Assessment Report (2013) revealed that though a large number of informants were aware of the scheme, accessibility and enrolment trend were generally low. The main reasons for people not joining the scheme include poverty, and lack

of health facilities in the village for instance dispensaries, drugs, and qualified staff. The literature revealed that the district and other stakeholders needed to improve the availability of health facilities, drugs, and qualified staff at the village level, to enhance people's access to health services.

Another author, Walraven (1996) under health policy and planning asserts that the willingness of patients and households to pay for rural district hospital services in north-western Tanzania was large and most respondents favored a local insurance system above user fee systems. This was corroborated by Macha (2014) who argues that all social dimensions have a positive contribution and influence on willingness to pay. Therefore, willingness to pay for health insurance under NSSF SHIB shows an attitude that there is an understanding of the relevance of payment of SHIB health insurance. In addition, it is emphasized that supplementary social security schemes were done through voluntary contributions from members where people voluntarily save for their retirement benefit, and working capital and insure themselves against events such as disability and loss of income as well as meeting other social needs (URT, 2003; NSSF, 2015). In this regard, Choka (2017) argues that "Members' perception of the services provided was proved to have the greatest impact towards enrollment process as it had been a challenge to the NSSF in their process of increasing SHIB members. Perception had a greater impact on people's decisions and choices on the kind of health service required at a particular time. Choka argues further that other members fail to join SHIB services due to their perception that the services offered under the SHIB package might be of a low level compared to those offered by other health insurance providers like MEDEX, STRATEGIS, and so forth.

Influence of Social Health Insurance Benefit registration procedures on health care services accessibility

The NSSF SHIB Report of 2019 states procedures that are useful in the provision of health services under the SHIB. Beneficiaries are enrolled in SHIBs through field offices. Enrolment requires each insured person to submit a properly filled SHIB enrollment form with all necessary certified attachments such as a marriage certificate, children's birth or adoption certificates, photographs of each enrollee, and a nationally accepted identification card. The report by the NSSF explained that the Fund was established and maintained profiles for each accredited medical provider. Insured persons were given such information and advised to choose a medical provider by the type of specialization or convenience of the location of the facilities. Furthermore, the review literature from the report specified that the Fund had provisions to change health care providers periodically at per insured person's convenience. This accelerated more tendency of adamant clients who were hesitant to pay for health care services under the SHIB under the capitation fee system. The SHIB services were only applicable to referral hospitals, or where registered beneficiaries at medical providers' facilities were less than 200.

Quaye (2017) revealed further that direct methods of using cost-sharing systems in health services had more negative impacts on the accessibility of healthcare services among poor

families with low incomes in these countries. To increase the availability of health care services to poor people, he suggested a moderate SHIB suited to the needs of the poor people be established and implemented by pension funds, insurance companies, and government agencies in these countries. As part of the procedures, it was revealed that NSSF documented a quality assurance program applicable to all accredited medical providers to ensure the delivery of quality healthcare services to beneficiaries. The program included performance monitoring and complaints management systems.

According to Mtei and Mulligan (2007) only a few people in both rural and urban areas have joined community health funds due to poor members' enrollment strategies. This was an implication of their lives based on their living conditions and the income obtained per capita. Fekadu (2010) also argued that clients' satisfaction with health insurance services was considered one of the desired outcomes of health care and was directly related to the utilization of health services. However, the study noted that the insurance service does not fit the requirements of beneficiaries or the system for health service provision. Beneficiaries were complaining about poor customer care, failure to create members' awareness of their rights, poor data quality, and non-compliance of employers in remitting their statutory contribution to the Fund. As Mwerinde (2011) argued, this situation reduced interest in joining healthcare provisions, and delayed accessibility to customers in various health centers. The author emphasized more that quality services were also affected since beneficiaries were considered missing the quality of receiving services from social health service providers. In addition, informants were complaining about the competence of employees that were not good and efficient while they continued to be asked for health insurance contributions. Some health centers had poor equipment, they were not updated, and firms' relationship with customers, customers' income levels, and management culture were noted to be hindrances for beneficiaries to join social health insurance services.

Theory of Demand for Health Insurance or the Conventional Theory

The conventional theory was developed by Nyman (2002) in the book titled "The Theory of Demand for Health Insurance". The theory holds that any additional health care that consumers purchase through insurance coverage is not worth the real cost of producing it. And that people use insurance to obtain health services, despite having little income in case they become ill. This means that if somebody uses their income for health services, it may mean that their income will be affected. It might decrease or increase effects, and therefore affect their welfare as well. Therefore, more income is needed to cover the cost of the health services to prevent risk from moral hazard to occur. Furthermore, the theory examines the contention that people purchase health insurance because they prefer the certainty of covering their health instead of facing the risk of getting sick and paying a large medical bill which is not compatible with their monthly income (Nyman, 2002).

Based on the assumptions of the theory explained above, the conventional theory of demand for health insurance can be reflected on NSSF SHIB as it explains the underlying reason for individuals to decide to have health insurance as a means to improve access to healthcare

and reduce individual spending at the time of usage. Neyman corroborates the same as he supports the significance of having health insurance to cover various health issues that a person faces at a particular time. Therefore, this assumption helps explain the demand for social health insurance, regardless of the mode of subscription and payment, as in the case with the NSSF SHIB, and despite the conditions of beneficiaries who need services.

Methodology

The research being reported here used qualitative research methods that were adopted in this study. The essence of using qualitative research methods was to have in-depth information on "social health insurance and accessibility of health care services in Tanzania: a case of NSSF social health insurance benefit (SHIB) at Kinondoni Municipal office in Dar es Salaam Region". Also, an exploratory case study design was used to explain the situation in which the intervention was applied. A descriptive case study design described an intervention where the NSSF social health insurance benefit was investigated to match with the real-life context in which services occurred.

Dar es Salaam Region was selected because a large population of about 80 per cent depends on health insurance to cover their cost when they are sick. Besides, Dar es Salaam has numerous retired employees and other older people who depend on health insurance once they get sick (https://www.nhif.or.tz, 2023). The population of the study consisted of members of the NSSF who shared their experiences on the accessibility of health care services and their perceptions and represented the reality of NSSF membership services in accessing health care services using the NSSF social health insurance benefit. The population also included retired and non-retired NSSF members and beneficiaries of NSSF social security insurance benefit and unemployed who in this study will take minimum participation in in-depth interviews. Informants were interviewed using semi-structured interviews in collecting qualitative data. This was selected because of its capacity to ensure that the predetermined research questions were responded to and emerging issues captured through a certain degree of flexibility. The sample size was 20 informants after the saturation point was reached.

Research clearance was obtained from the Institute of Social Work and taken to the Kinondoni NSSF Office. The supervisor at the Department at NSSF Kinondoni Office processed the research clearance as required. This research was part of the fulfillment of the Master's Degree in Social Work at the Institute of Social Work, Dar es Salaam. Therefore, the research assistant was part of the data collection who collected information necessary for this study. The research was privately funded, supported by the researcher's family.

Accessibility of Social Health Insurance Benefit on Health Care Service at Kinondoni

Low quality job, low income and inaccessibility of SHIB services

A substantial number of informants who were interviewed completed primary education as they did not get a chance to get through secondary school. Very few informants completed secondary education (Form Four education level). This means that many informants were

not employed, and if they were employed that would be in the informal sector such as selling pancakes, ground nuts, mechanics equipment, bus drivers and conductors, and food vendors. This means that those with very low incomes do not have sufficient income to cover the cost of hospital services. Thus, could not make enough money to register for SHIBs. Since a big number of the informants did not have formal jobs they were looking for alternative medicines that did not require health insurance.

This study also noticed that a considerable number of singles were mostly affected by the SHIBs. This is because those who were single could not have sufficient income to plan for health insurance. Instead, they were always planning for other things such as parting, and enjoying money with fellow group members. They did not think of taking responsibility for their health first. However, this suggests that both males and females have an equal chance of accessing SHIBs offered under the NSSF. The study also found that some participants interviewed joined SHIB as a result of being influenced by their spouses and some were beneficiaries because their spouses were principal members of the NSSF. However, this did not have enough and sufficient income to cover the health services at this point (Nayman, 2002). This became automatic as a result of their marriage. Otherwise, they did not know if they needed to join SHIB at that particular time. Mostly they thought that they were not getting sick regularly, therefore, they did not need to join SHIB at that particular time. The study further explained that those who were enrolled for 2-5 years were explicitly compared to those who were enrolled for 10 years and above. This implies that a significant number of informants could not see the relevance of SHIB, or perhaps they could not understand the importance of SHIB. However, when they got sick or had trouble with their health, they saw its importance and relevance. Some informants reported that distance from their homes affected them from accessing SHIB services. The limitation in the number of accredited hospitals for which they can be treated and those SHIB services for which they could be accepted, were scanty in terms of their availability.

Perceptions of Beneficiaries on the services offered under SHIB

Beneficiaries of the social health insurance (SHIB) have varying perceptions on the services offered due to their experiences acquired during the period they have been enrolled in SHIB services. During the interviews, most of them perceived SHIB as a health service package offered to NSSF members and their dependents only to acquire health services in designated hospitals. Some participants reported that SHIB is just a bonus offered by NSSF to support their customers when they get sick, and minimize the costs needed for treatment. Furthermore, other participants stated that they enrolled with SHIB services because they were members of NSSF, which is a requirement to get enrolled. Others opined that they joined the service simply because their employers conditioned them to do so, thus, they had no option other than joining the service. Others seemed to have different perceptions as they stated that SHIB is an insurance that is offered freely to employees and their dependents not exceeding 5 in number who are supposed to be treated in one hospital. These views implied that a large number of informants who were interviewed did not know about the SHIB services therefore, they joined it accidentally without knowing/understanding of the

importance of it. SHIB services were joined by those who did not know what it was all about. Some informants joined the service because they thought it is a requirement when applying for a job at NSSF. This was emphasized by participants in focus groups:

> *SHIB is a free service under the NSSF which was designed to help employees and their dependents minimize health service costs whenever they get sick. The package involves six people including, the principal members who are father, mother, and children only (FGD; July 2023).*

The discussion above suggests that a big number of people joined SHIB services without knowing what it is all about. Also, they did not know its benefits until when they got sick. The selection of which hospital services they could go to was difficult since many hospitals offered services with money or insurance which were either covered by SHIB as NSSF members or other insurance companies such as Accurate Insurance, Alliance Insurance Company, Icea Lion General Insurance company Ltd, Jubilee Health Insurance company of Tanzania Limited and others. Similarly, in another focus group:

> *SHIB is just a bonus offered under NSSF for members to get health services whenever they get sick and promote their well-being due to cost minimization compared to when they could be using out-of-pocket money to pay hospital charges. Also, since hospital charges are expensive for many, NSSF introduced SHIB services so that their beneficiaries could have access to health services, especially in situations when they run short of money (FGD, July 2023).*

The illustrations above suggest that beneficiaries might enjoy the advantages of SHIB services even before experiencing health issues, provided they understand their significance. Extended families were a bit problematic since they did not understand well about the package itself. SHIB services did not cover everybody within the family except for a few selected family members. Here it indicates that the Theory of Demand for Health Insurance clearly was observed since those who joined SHIB services did not know how their income would decrease based on what they were receiving at that particular time (Nyman, 2002). Therefore, moral hazards were indicated as the primary effect after the income transferred to cover health services offered at the hospital or health center.

Social Health Insurance Benefit registration procedures on health care service at Kinondoni Municipality

Employed workers versus unemployed workers at NSSF

This study interviewed informants who were interested in joining the SHIB services at their place of work. However, there were a few informants who were not interested in joining the SHIB services. They claimed that it was a waste of money since the coverage was for all their family members. For those who were not employed, very few knew about SHIB services. The awareness level differed in terms of the education levels that they carry. This

implied that SHIB services were only offered to NSSF members. If you were not employed by NSSF SHIB, services were not offered to you unless you have a relative who is working at NSSF. Non-employed workers sought quality health services from reputable hospitals but were unable to access them effectively. When interviewed the informants who were non-SHIB members explained that they could not join the scheme because they feared that their very little contributions would be used to cover SHIB medical bills. This means that they could not have sufficient income to cover SHIB services. Furthermore, their registration to SHIB services as non-NSSF members could not be completed. Insufficient time to complete registration procedures, difficult procedures in registrations and enrollment, and associated costs of registrations were viewed to be barriers to enrollment in the SHIB scheme.

Regarding the quality of services under the SHIB, it was reported that those who were employees from NSSF had good and complete services offered by SHIB services. However, those few who completed registration and were non-employees, or perhaps employed from different organizations and not NSSF, were not satisfied with the health services provided by accredited SHIB health facilities. They reported inadequacy of drugs and medical supplies. This means that SHIB services were more reliable to those NSSF members only and not otherwise. SHIB services were benefiting more NSSF members and were receiving perfect services as designed by their scheme.

Quality of services received by SHIB service members

This study interviewed members who used SHIB services at their workplace. They said that the quality of services received by SHIB beneficiaries was good, and the informants received services in time. The informants noted that NSSF members receive adequate medicine supplies and diagnostic equipment from SHIB-accredited healthcare facilities, enhancing service quality. Those few informants who were non-NSFF employee said that they did not know if the SHIB services offered was adequate or not. The reliability of services offered by SHIB was also unknown to those who were not working at NSSF. This may mean that the services offered by SHIB were only known to those who worked with the NSSF. Assurance and timely treatment services were available to NSSF members only. Furthermore, the informants were interviewed about empathy as a parameter inquired in assessing the quality-of-care SHIB beneficiaries received in the SHIB-accredited facilities. Informants from NSSF agreed that the SHIB-accredited services met their expectations. This was illustrated more by one of the participants who said:

> *The services I receive from the facility I usually attend are generally of a good quality. The customer care is of high standards in almost all sections, and the service is good in general. The quality of healthcare services under the SHIB scheme is of a better quality compared to other health insurance schemes that I ever used. You are provided with a variety of services that are highly specialized (Bakari, Kinondoni NSSF Office, 2023).*

Similarly, another participant explained the quality of service offered by SHIB services as: "Whenever I attend the accredited facility by SHIB, I usually get attended to responsively, timely, and cared for accordingly" (Rosina, Kinondoni NSSF office, 2023).

This signifies that NSSF offices were more reliable and efficient to their customers than those who were not employed by the NSSF. A considerable number of informants about (30% of those interviewed) reported that inadequate supply of drugs and medical equipment, responsiveness and competence of health workers as well as accessibility of services as snags to meeting their expectations. Thus, the SHIB services were only offered extensively to NSSF employees. There was no chance for those who were not NSSF members to receive the services without any notification. Those informants who were not employed by NSSF members agreed to use the available SHIB services wherever they happened to see them.

When informants were interviewed about SHIB services having extended services and offered specialized services, they said that there were services that were available to its customers such as surgery, ENT, cardiac, physicians, urology, gynecological, ophthalmology, radiological services, physiotherapy, and others. Furthermore, health facilities had separate windows or desks (fast track) designed specifically for all insured patients, regardless of the type of insurance they have so that they promote easy accessibility of services by their customers and minimize unnecessary conflicts among the insured and cash patients. To make it clear, those who received SHIB services were observed early when they were registered at the reception. Therefore, those who were unemployed, and those who carried different insurance schemes were made sure that they were not conflicting with the hospital services offered. It was emphasized by one informant who is a nurse attendant that:

> *Patients with other insurance schemes have a separate window known as fast track which separates them from other patients who are not insured, who are served on the first in-first out basis. We gave chances to both the insured and uninsured to receive services. Both customers had equal chances to be served by the packages that they have in their insurance (Nurse attendant, Kinondoni Municipal Hospital, 2023).*

Similarly, another informant was of the view that:

> *Every client who attends our facility has the right to access health services accordingly. Despite some challenges we encounter during the provision of such services, we usually make sure that no client leaves the facility without getting the expected service. For SHIB beneficiaries, whenever we have challenges, we directly communicate with NSSF staff to solve the challenge and make sure that the client is attended to accordingly (NSSF officer, Kinondoni office, 2023).*

The above illustration explains that everyone who attends the health facility has the right to receive services according to what insurance package he/she has. However, the medical services might differ due to the kind of package it carries according to the insurance package it concerns. What the SHIB service is offering is according to the type of membership that beneficiaries carry in that health facility. The nurse attendant had this to say:

> *In our facility, we have a tendency to regularly meet with NSSF to review the terms and conditions so that our clients acquire the necessary services according to the contract we made. Likewise, upon meeting, we create awareness, and accessibilities and discuss the means to improve our services (Nurse attendant, Kinondoni Municipal Hospital, 2023).*

The findings indicate further that healthcare providers from the accredited health facilities under the SHIB services scheme offered services with little challenges. The informant explained that the services received were comfortable and free from any ambiguity. Thus, they needed to keep on using the SHIB insurance as beneficiaries of the health service facility provided. Those who faced challenges had to go to the NSSF to review their membership so that they could maintain the services provided by SHIB-NSSF at the Kinondoni Municipal office.

Conclusion

This study has shown that social health insurance services have been expanding in recent years with diversity of services offered. The demand for social health insurance has also increased due to the big number of beneficiaries who need the services. The number of insurance companies has also increased, although the services offered can not accommodate the number and needs of the people within the community. The demand for social health insurance at various organizations, institutions, and community levels does not meet the challenges that have emerged as a result of social health insurance schemes. Accessibility has always been a challenge due to high payments and insurance coverages, especially for the considerable number of people who are still on employment, or are already retired, or even those who work in the informal sector in general. Despite a growing number of beneficiaries, awareness of schemes like SHIB remains low among eligible NSSF members, limiting enrollment to a few interested individuals. This implies that a substantial number of people within the community are unable to access social health insurance schemes. A big number of people were willing to receive health services once they felt sick. The participants hold that sometimes they felt that having social health insurance was a burden to their lives since its incentive was unknown, and it was not definite that one would get sick. Thus, it was better bearing the cost when the time comes.

The study findings also indicate that despite the difficulty in accessing SHI, the demand for other social health insurance was also at stake. Most people do not agree with the services offered since what those patients receive is the best service ever provided by social health insurance. With this in mind, it means that the use and readiness of other social health

insurance such as the NHIF was adamant. People in the community felt that the relevance of this kind of service was much more preferred to employed people since they had something to pay every month. Those who were unemployed or were lowly paid could not afford the cost. For them, it was much better to stay without any SHISs.

Furthermore, accessibility to health care services and the good quality of services offered by the accredited health facilities, as declared by most participants who received SHIB services, helped those who had negative perceptions and attitudes towards the services offered and continued to promote the utility of the scheme. This has had the effect of increasing beneficiaries and broadening the number of health facilities offering such service at health centers. Both NSSF SHIB services and other insurance schemes such as NHIF need to consider their accessibility to good and quality services to all people to avoid quitters who were left behind without social health insurance services. The challenges stated in this study were worth exploring to close the existing gap. In so doing, all the social health insurance schemes will be friendly to all community members and attract more members to enroll and get the envisaged services.

Based on the findings of this study, key recommendations are suggested to promote accessibility of NSSF-SHIB services and health care services among beneficiaries as follows:

Awareness creation is the cornerstone in promoting good perception among NSSF members regarding the services offered under the SHIB scheme. NSSF and employers have a central role in creating awareness so that people understand thoroughly about SHIB so that when they choose to get enrolled the information acquired guides their choices. The awareness can also be to other Social Health Insurance services such as NHIF to benefit more from the scheme as well.

The quality of services offered determines the number of beneficiaries enrolled as well as the sustainability of the scheme. Improvement in the quality of services is inevitable for the NSSF SHIB scheme so that the stated challenges or gaps are filled accordingly. There is a need for all community members, organizations, and institution members such as NSSF, employers, health care providers, and beneficiaries to abide by the conditions that were stated for the scheme to operate accordingly. Promoting health insurance is essential for securing individuals' health, as relying on out-of-pocket payments for hospital bills is risky. The government, organizations, policymakers, companies, and various stakeholders all play a role in encouraging health insurance for the well-being and sustainability of the nation.

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