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Social Protection Schemes for Workers in the Informal Sector:

The Case of Health Insurance in Tanzania

**Rehema G. Kilonzo, Lutengano
Mwinuka and Raphael Rasiel Macha**



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ABSTRACT

In order to achieve universal health coverage, the full involvement of informal-sector workers in health-insurance schemes is necessary. In Tanzania, measures targeting informal-sector workers have been evolving over time. Earlier researchers reported low participation of such workers in the country's public health-insurance schemes, which mainly complemented workers in the formal sector, ignoring or not responding to the needs and challenges of informal workers. For reasons of sustainability, health-insurance schemes need to incorporate a package of other benefits that address the actual needs of informal workers in both rural and urban areas. Implementation of the National Informal Sector Scheme (NISS) was thought to be of particular interest for informal-sector workers, as, by its design, it combined health insurance for such workers with access to small loans in order to cater for other life contingencies than health. In this paper, we use the case of health insurance under the NISS to answer the following questions: What strengths, weaknesses, opportunities and challenges are occasioned by the scheme? Was the scheme participatory and needs-based? Is it appropriate to integrate the health-insurance scheme with benefit packages like loans and credits as a pension scheme? What are the potential measures that could be used to boost the enrollment of informal workers in the NISS scheme? The study adopted a cross-sectional research design and gathered data and information from 35 key informants. Findings from the study indicate that performance of the health-insurance scheme under NISS mainly was influenced by: 1) the termination of medical service benefits for new NISS members after April 2019; 2) the limited number of accessible health facilities; 3) limited benefit packages, 4) inconvenient payment mechanisms for the members, and 5) a generally negative attitude on the part of informal-sector members and a lack of awareness of what NISS is all about. Like those working in formal-sector jobs, informal-sector workers in Tanzania also need access to good health services, soft loans and pension schemes. All key players, such as NHIF, NSSF, financial organizations and the apex organizations of informal-sector workers like the VIBINDO Society and SHIUMA Tanzania, have a great role to play in addressing the needs of informal-sector workers.

Key words: informal workers, social policy, informal-sector development, health insurance, policy

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Abbreviations

AMCOS	Agricultural Marketing Cooperative Society
CCM	Chama cha Mapinduzi
CHF	Community Health Fund
ELRA	Employment and Labour Relations Act
FGDs	Focus Group Discussions
FYDP	Five-Year Development Plan
iCHF	Improved Community Health Fund
ICT	Information and Communication Technology
ILO	International Labour Organisation
IPC-IG	International Policy Centre for Inclusive Growth
KIIs	Key Informant Interviews
LE	Livelihoods Enhancement
LWV	Local Women Food Vendors
NEEC	National Economic Empowerment Council
NHIF	National Health Insurance Fund
NIDA	National Identification Number
NISS	National Informal Sector Scheme
NSPF	National Social Protection Framework
NSSF	National Social Security Fund
PSSN	Productive Social Safety Net
PSSSF	Public Sector Social Security Fund
PW	Public Works
RUMACO	Farmers' Cooperative Union in Kigoma
SDGs	Sustainable Development Goals
SG	Savings Groups
SHIB	Social Health Insurance Benefit
SHIUMA	Shirika la Umoja wa Machinga Tanzania
SIDO	Small Industries Development Organization
SNHI	Single National Health Insurance
SSL	Social Security Law
SSRA	Social Security Regulatory Authority
SWOC	Strengths, Weaknesses, Opportunities and Challenges
TASAF	Tanzania Social Action Fund
TIKA	Tiba kwa Kadi
TZS	Tanzanian Shillings
UHC	Universal Health Coverage
UNDP	United Nations Development Programmes
URT	United Republic of Tanzania

USD	United States Dollars
VETA	Vocational Education and Training Authority
VIBINDO	Vikundi Vya Biashara Ndogondogo
VSRS	Voluntary Savings Retirement Scheme

1. INTRODUCTION

Social protection and its associated strategies have attracted the attention of most developing countries, including Tanzania, since the 1980s (Riisgaard et al., 2022; Kigume and Maluka, 2021). Social protection measures strive to improve the livelihoods, economic opportunities and safety of individuals enduring shocks, sickness or economic difficulties. These measures take various forms based on the needs they address and whether the category of beneficiaries covered are individuals, groups or both. The scope of protection includes pensions, health insurance, maternity benefit and unemployment benefit, while savings clubs and informal groups are other mechanisms through which social protection is organized. Even though social protection is considered a novel concept, according to Ghai (2002), the concept and the basis of social protection can be traced back to the pre-colonial era, when informal protection measures were practiced within the family and community, for instance, during festive seasons, or when disease, famines and deaths occurred. Prior to the introduction of modern social-security systems, people relied upon their families, communities, religious authorities, employers and money-lenders during emergency situations. The majority had a main means of production to safeguard their livelihoods. The colonial and postcolonial authorities introduced formal social-security systems in most parts of Asia, Africa and the Caribbean.

Since its independence in 1961, Tanzania has been among the developing countries to have implemented various policies and strategies to improve the provision of health care to its citizens. However, as Tanzania is historically a union of two countries, Tanganyika and Zanzibar, there is a difference in how health-care is provided in them. On mainland Tanzania there is a mixture of public and private health-care provision, which is not the case on Zanzibar. The established Zanzibar Social Security Fund (ZSSF) covers all employees, private as well as public, while on mainland Tanzania private-sector employees are covered by the National Social Security Fund (NSSF) (Mnally, 2013), public-sector employees by the Public Sector Social Security Fund (PSSSF). The NSSF is ‘formally’ designed to cater for the private sector, including those working in the informal sector (NSSF, 2022).

Based on the Social Security Law (SSL), amended in 2012, an ‘informal sector’ is defined as including those working informally in production units and enterprises owned by households or informal employers. In other words, it is defined in contrast to formal employment or enterprises that are incorporated into the formal economy or acknowledged by the state to be an enterprise. When the Tanzanian state moved towards universal health coverage (UHC), this included workers

in the informal sector(s). In this respect the Tanzanian state was following the global agenda (WHO, 2013) of health provision and acknowledging the need to include informal-sector employment in health provision (Kigume and Maluka, 2021).

More than 75% of the Tanzanian population are informal-sector workers, and most of them are poorly covered, with women in particular having limited access to social protection (Lambin and Nyssölä, 2022b). The majority of self-employed, such as conductors, drivers, restaurant attendants, hoteliers, retailers, agriculturalists, petty traders and food vendors, have limited coverage when it comes to social protection. The aim of the 2022 NSSF Act in extending social security to the informal sector is to enable the beneficiaries to maintain a reasonable standard of living when faced with unanticipated socio-economic risks or incidents, regardless of whether they work in the formal or informal sectors. Moreover, according to Article 22 of the Universal Declaration of Human Rights, 1948, every human being has the right to social security, and governments have the core responsibility for protecting their citizens through the establishment of laws or measures that will ensure reasonable living standards for every member of society (Ndullah, 2019).

In 2010, starting with an initial draft, Tanzania published its National Social Protection Framework (NSPF) as part of national efforts to fight absolute poverty. The major goal of the NSPF is to reach the most vulnerable citizens and ensure their protection through, for example, cash transfers or other mechanisms of support. Following the NSPF, in 2012 the Social Security Law (SSL) was amended, and the coverage extended to apply to any person employed in the formal and informal sectors, including self-employment within mainland Tanzania (SSL, 2012, p 50). This policy was extended in 2020 when the main social-assistance strategy providing social security to informal workers in Tanzania was adopted through the Productive Social Safety Net (PSSN) program. Based on Lambin and Nyssölä (2022b), by February 2020 the PSSN was supporting around 1.4 million households with a national coverage of cash transfers to around 10% of total households. Other sub-programs under PSSN include Public Works (PW), Livelihoods Enhancement (LE) and Savings Groups (SG). The main PSSN operator is the government through the Tanzania Social Action Fund (TASAF), a domestic government agency initiated in 2000 to support households and vulnerable individuals through various service-delivery mechanisms.

Despite formal efforts to provide social protection to informal workers, the PSSN lacks many of the provisions offered by the formal sector's social protection schemes. Unlike social-security

protection under the NSSF, PSSF, or Workers Compensation Fund, the program's future remains uncertain, as it depends on both political will and external funding. Besides, the PSSN program mainly targets the poorest and most vulnerable, leaving the majority of the country's informal workers behind. In 2018 this required an innovative reform of the social protection law covering informal workers through the NSSF under the National Informal Sector Scheme (NISS) in line with the NSSF Act, Chapter 50 of the 2018 version. The current working paper describes and analyses the implementation of NISS from 2018.

The social protection scheme was piloted from 2014 under NSSF to cover health insurance and a pension for informal-sector workers in the occupations of artisan miners (*Madini Scheme*), fishermen (*Wavuvi Scheme*) and farmers (*Wakulima Scheme*). In 2018, Section 6 of the NSSF Act Chapter 50 (revised edition of 2018) extended the scope by incorporating all other informal-sector workers through NISS.

The aim of the working paper is to analyze the history and dynamics related to the development and performance of NISS through these schemes from 2014 until 2022. The objective is to understand how the schemes came up in Tanzania, learning from key stakeholder involvement and presenting the general perception given by the experiences. The paper was prepared based on the rapid mapping of the key players, highlights of the history of the informal-sector schemes and the dynamism of the guiding policies, acts and regulations.

The paper argues that any initiative targeting informal-sector workers needs to be fairly participatory by involving all key players. To save informal-sector workers from unforeseen circumstances requires the financial resources to address short-term contingencies. It is worth mentioning that, even though complemented with other services like health insurance and credit schemes, the old-age pension would add more value to informal-sector workers. When comparing groups and individuals for purposes of health-insurance provision, targeting individuals seemed less risky, given informal-sector workers' different dynamisms and differences.

The paper consists of six sections. After the introductory section, section two discusses further the aim, objectives and general approach used to undertake the study. Section three presents a summary of the conditions of informal-sector workers and social-protection schemes in Tanzania, including but not limited to the NISS development process. Reflections of the findings are discussed in section four, and a simplified Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis is presented in Section five. Section six presents the concluding remarks.

2. AIMS, OBJECTIVES AND APPROACH

Uncovering how NISS in Tanzania emerged required data and information from different stakeholders. To allow information to be triangulated, different sources of data and information were produced. Desk reviews of reports and evaluations were conducted, which was supported by key stakeholder interviews and organizational visits. Supplementing face-to-face key informant interviews (KIIs), a series of focus-group discussions (FGDs) were conducted. Based on thorough review of the features, scope, scale/coverage and duration of the three schemes under NSSF, namely the artisan miners (*Madini Scheme*), fishermen (*Wavuvi Scheme*) and farmers (*Wakulima Scheme*), a series of interviews was conducted. The study reached thirty-five (35) respondents with experience in and of the health-insurance scheme under NISS. Out of thirty-five interviewees, 20 KIIs and FGDs 15, people participated in the interviews. Officials from the NSSF section on the informal sector and VIBINDO Society were among the apex organizations of informal workers in Tanzania who participated in the study. The study further involved health-service providers and informal-sector workers' scheme beneficiaries, both individuals and groups, including ex-members. RUMACO and AMCOS, which were among founding members of the initial informal-sector workers' scheme for farmers, shared their experiences. The aim of involving these stakeholders was to obtain further insights associated with the scheme as it evolved over time.

It is worth noting that NISS was established under Section 6 of the NSSF Act Chapter 50 (Revised Edition of 2018) before a review in summer 2021 attempted to expand the coverage to other informal workers beyond the coverage of the initial three schemes. The study focused on understanding the coverage of the NISS, reflections on the phenomena of dropping out of and taking up the scheme, and the way NSSF dealt with the voluntarism underlying NISS membership. The lessons of the informal-worker scheme's beneficiaries on whether the group or individual approach was the more effective was part of this study. Moreover, it was important to understand the level of stakeholder involvement in the elaboration of the initial schemes and NISS. The participation of stakeholders was among the information requested from NSSF officials, service providers, VIBINDO Society, RUMACO, AMCOS and other informal workers' group leaders. In order to gather more information a Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis was implemented to support and derive more lessons to add up KIIs and FGDs. Building on the opportunities available, we gathered further information related to SHIUMA, which is the Association of Roaming Businessmen in Tanzania, or in Swahili "*Shirika la Umoja wa Machinga Tanzania*".

In this paper, we also attempted to present the lessons associated with the cessation of the credit facility as part of the NISS framework. In this regard, the lessons concerned involved potential obstacles from both informal workers (demand-side) and the NSSF and partners (supply-side). This study also reflects on the revision of NISS planned for 2023. Moreover, we highlight issues related to the implementation challenges of members dropping out. The paper also presents policy implications that reflect the general lessons derived from the study. The next sections present descriptions of the informal-sector schemes, their evolution and lessons in the course of presenting what was extracted from the interviews.

3. INFORMAL WORKERS' SOCIAL PROTECTION SCHEMES IN TANZANIA

3.1 Health Insurance Overview

In Tanzania there is access to both public and private health insurance. The public health insurance scheme – the National Health Insurance Fund (NHIF) – formally gives access to all citizens, but its coverage is not fully consolidated. For public-sector employees it is a mandatory contributory scheme, as all public-sector employees have to contribute to the NHIF. Alongside the NHIF there is a voluntary scheme for private-sector and self-employed individuals pending access to resources and formal jobs. The contribution rate for NHIF is 6% of the employee's salary shared equally between the employer (government) and the employee. The scheme covers the principal member, spouse and up to four legal dependents under 21. Moreover, in 2001, the government established the community health fund (CHF) and "Tiba Kwa Kadi" (TIKA) under the Community Health Fund (CHF) Act. Both schemes are voluntary: CHF aimed at covering the informal sector in rural areas, while TIKA targeted informal workers in urban areas (NHIF, 2020; Kumburu, 2015).

A combination of TIKA and CHF subsequently resulted in improved community health fund (iCHF) resources covering informal workers in both rural and urban areas. It is worth noting that all these initiatives, which perform roles related to the NHIF, are parallel schemes with health insurance under NISS. Hence, despite playing the same roles, they were somehow competing in expanding coverage to informal workers in the country. They also differ in terms of the contributions and coverage of household members. As compared to NISS's design, it is also worth mentioning that NHIF schemes cover health components only. Notwithstanding their potential in terms of the designed benefits, all health insurance schemes are subject to the challenge of low membership enrolments except for public-sector enrolment.

Moreover, the NSSF introduced the Social Health Insurance Benefit (SHIB), established in 2007. Through SHIB, all NSSF formal-sector worker members have access to medical care in both private and public facilities. This benefit is part of the 20% that members contribute monthly as part of their pension contribution, where both the employee and employer contribute 10% of the monthly salary. The first private health insurance company came into existence in Tanzania in 2002, and over time, more companies have been enrolled (NHIF, 2020; NSSF, 2022). The likely trend noted by the current study predicts that all health associated schemes that fall under the NSSF and NHIF will be merged under one umbrella as a universal health insurance scheme when corresponding new regulation are introduced.

3.2 Expansion of Social Insurance Coverage

Expansion of social insurance coverage to previously excluded groups, particularly within the informal sector, is a policy priority in African countries in general and Tanzania in particular. Social insurance is directly associated with human development, hence it is recognized in all major national development agendas and plans, including Tanzania's Development Vision 2025 and the Third National Five-Year Development Plan (FYDP III) 2021/22-2025/26 (Ministry of Finance and Planning, 2021). Based on the Social Security ACT (Regulatory Authority, Revised Edition of 2015), Section 54(2)(k) mandates the respective Minister to extend social-security coverage to informal-sector employees (URT, 2016b).

Based on the National Social Security Fund Act (Revised Edition of 2018) under the item 'informal workers', health-insurance implementation under the NSSF was extended to workers in informal-sector schemes (URT, 2018; NSSF NISS Guide). For instance, RUMACO AMCOS (Agricultural Marketing Cooperative Society), the farmers' group that was part of the informal workers scheme (NISS), has employees who join NSSF served under SHIB. Coverage of health insurance is relatively low in the country, particularly for private-sector workers, including informal workers (NSSF). The average coverage is not more than 350,000 (approximately 1.14% of the labour force based on 2022 national Census statistics). This is one of the reasons that the government want to establish a Single National Health Insurance (SNHI) fund through NHIF to replace NHIF and other associated informal worker schemes.

3.3 NISS Motivation, Social Security and Informal Sector

3.3.1 NSSF Schemes and their Motives

Generally, the NSSF has four main mandates: 1) to register members from the private and informal sectors, 2) to collect contributions, 3) to invest, and 4) to pay pensions and other benefits to its members. As mentioned before, the NSSF provides social security to members employed in the private sector and self-employed in the informal sector. The pension scheme through the NSSF established a National Informal Sector Scheme (NISS) for the convenience, efficiency and professionalism of self-employed members. Based on NISS, any Tanzanian can be part of the program as long as they are self-employed in the informal sector, such as farmers, pastoralists, fishermen, small-scale miners, small scale-traders and others. We noted in this study that NISS is an overriding program to cover other benefits beyond the pension (Table 2) under the NSSF. Moreover, it could also include other associated schemes, including the *Wavuvi Scheme* (fishermen's scheme), *Madini Scheme* (miners' scheme) and *Wakulima Scheme* (farmers' scheme). For more clarification, see section 3.3.3 of this working paper).

According to the NSSF (2022) and NISS guide, the motivation of mandating the NSSF to establish a national social-security program for the informal sector is to increase the scope of beneficiaries by providing social security opportunities to groups that do not benefit from these services, despite their participation in the country's economy. Other associated motives are:

- To capture those who are in employment and who prefer to keep extra savings under this scheme
- To support government efforts to reduce income poverty for citizens
- To increase productive assets and boost the country's economy
- To accelerate economic development for the people and the nation as a whole, and
- To offer other direct benefits under this initiative, such as health insurance and soft loans.

3.3.2 Scope of NISS and Phases

NISS was designed to operate in three phases or blocks, where progressing from one phase to another is subject to evaluation and involves an increase in the scope of the benefits package. It was reported (see Table 1) that the prevailing NISS framework was not fully implemented. Despite the original design, all phases were implemented partially. The old-age pension segment is progressing well, but the soft bank loans have been stopped, and health insurance is likely to reach

a complete cessation by 2023/2024. It was revealed that the benefits were directed at a relatively small number of active informal-sector worker members, while the planned phases two (2) and three (3) have generally been partially implemented, and the maternity benefits and soft loans have ceased.

Table 1. Planned NISS phases

Phase/block	Benefits
Phase 1	Defined contribution pension, health insurance benefits for principal members only (provided through NHIF) and access to bank loans to support their core economic activities
Phase 2	Additional benefits after evaluation of phase 1: survivor, maternity, health insurance for dependents, death and disability cover
Phase 3	Additional benefits: access to soft loans, supporting economic activities and payment of school fees

Source: UNDP (2021)

Based on the Tanzania National Social Security Act (1997), the proposed reform of 2008 enabled access to formal social insurance for informal-sector workers through the enrolment of self-employed persons in the NSSF. Furthermore, the same Act required a clear legislative change in favor of all informal-sector workers (Table 2). The Act directs the Minister for Labour to establish laws that extend access to social insurance to all individuals working in the informal economy. Surprisingly, the 2004 Employment and Labour Relations Act (ELRA), committed to improving the job quality and social protection of workers in Tanzania, makes no specific mention of informal workers, except for domestic servants. This marked the beginning of the Voluntary Savings Retirement Scheme (VSRS) in 2009 as a first attempt to provide social insurance to informal sectors in Tanzania and the sub-Saharan African region (Lambin and Nyysölä, 2022a). Organized groups such as SACCOS were also covered. It should be noted that the VSRS influenced the history of the NSSF and the beginnings of social insurance for informal workers. It is also worth mentioning that one of the requirements of the legal provisions introduced by the 2004 ELRA is the inclusion of domestic servants in the legislation, despite their being considered informal workers. According to Lambin and Nyysölä (2022b), this justified and marked the process of extending social protection measures to informal-sector workers. Following the success of VSRS and the potential that informal-sector workers have in the economy, a new attempt to achieve broad-based social protection for informal workers was developed through the three concurrent schemes, *Wavuvi*, *Madini* and *Wakulima Scheme* and later on, the expanded scope of NISS beyond cultivators, miners and fishermen.

Table 2: NSSF Legislations for Social Security/Insurance to the informal sector

S/N	LEGISLATION	Key legislation
1.	National Social Security Fund Act of 1997	The Act allows the enrollment of self-employed persons
2.	Social Security Regulatory Agency Act of 2008	Provides the mandate for the minister to introduce regulations extending social insurance access to all citizens in the informal economy
3.	Social Security Law (Amendment) Act, 2012	The legislation applies to any person employed in the formal or informal sector or who is self-employed on mainland Tanzania
4.	NSSF Act Chapter 50 of 2018	Mandates NSSF to extend social insurance to those in the informal sector

Following the success and feedback of the VSRS, NISS was established with the aim of handling all social security activities for informal-sector workers to the NSSF (Lambin and Nyssölä, 2022a). Based on the NISS guideline, there was a deliberation to ensure access to social security for all self-employed workers in the informal sector, as well as a supplementary scheme for employers or employees who want to save for the future. The scheme was initially piloted in three main categories, namely old-age pension, health insurance benefits for the contributing member and access to credits. However, access to loans included only loans to individuals or groups aiming to start or develop a business. In the provision of loans as testified during the interviews, Azania Bank played the key role while other government agencies, such as the Small Industries Development Organization (SIDO) and the Vocational Education and Training Authority (VETA), were also part of the process.

After an evaluation of the first phase, the second phase was to include other benefits such as survivor, maternity, health, death and disability benefits, as well as health insurance for dependents. While efforts to ensure universal social protection are increasing, this study found that the coverage of the scheme (NISS) for informal workers remains limited and was only partly implemented in both the first and second phases. For instance, maternity benefits were mentioned by some NISS members as a possibility after contributing for at least 36 months to the scheme, though not for other benefits under Phase 2 (Table 1). This partial implementation of the planned phases was associated with several factors, such as limited awareness among informal-sector workers, inactive membership and dropping out, and termination of medical services and credit facilities, among others. Moreover, the revised NISS, which is likely to address some of the challenges, is planned to start operating from 2023/2024, as discussed in section 5.4.

3.3.3 Specialized NSSF Schemes and Development of the NISS for Informal Workers

Based on reports confirmed in this study's findings, the NSSF ran specialized schemes for fishermen (*Wavuvi Scheme*), artisan miners (*Madini Scheme*) and farmers (*Wakulima Scheme*) between 2014 and March 2019. The *Wakulima Scheme* covers peasants and small-scale farmers against social calamities, while extending social insurance to employees in the agricultural sector. Members of the schemes and their families are eligible for free treatment. The NSSF further provides poverty-reduction benefits in the form of covering injury and disability, and soft loans for agro-business development or fishing. The *Madini Scheme* gives its members the right to benefits, such as access to credit and financial borrowing, to boost their income-generating opportunities. This is to provide an opportunity to beneficiaries to access the local market and acquire the necessary equipment, such as excavating machines. On top of these designed benefits, health insurance was also included in the informal workers' scheme benefits.

Following the establishment of the Social Security Regulatory Authority (SSRA) in 2014, NSSF put in place a voluntary scheme aimed at covering informal-sector workers in Tanzania (UNDP, 2021). The NSSF launched the *Wakulima* and *Wavuvi Schemes* on 13 May 2014 (*Daily News* 2014). The *Wakulima Scheme* started with coffee farmers in the two villages of Matyazo and Rusaba in Kigoma and Buhigwe districts respectively, with 1,500 members. This was specifically piloted to the farmers' cooperative union known as RUMAKO. In the same year, the target was to register 400,000 farmers in different regions through cooperatives¹ (Lambin and Nyysölä, 2022). The Agricultural and Marketing Cooperative Society (AMCOS) and the Savings and Credit Cooperative (SACCOS) represents those cooperative societies that joined for either agricultural marketing or saving and credit purposes respectively.

Building on the historical views depicted from reports and interviews, the specialized schemes (*Wavuvi Scheme*, *Madini Scheme* and *Wakulima Scheme*) were in place until the amendments of the National Social Security Fund Act (Revised Edition of 2018), which gave the NSSF the mandate to start social security for people in the informal sector (NISS). Prior to 2019, they were working with groups specified as 'informal workers', who had organized themselves into a formal producer group, either AMCOS or SACCOS. Nevertheless, since then, and under the NISS, AMCOS and SACCOS have started working with mixed modalities such as individuals and

¹ See also <https://zittokabwe.wordpress.com/tag/nssf/> and <https://www.thecitizen.co.tz/tanzania/magazines/success/how-a-social-scheme-changed-lives-of-kigoma-coffee-farmers-2523794> for more details.

groups. It is worth noting that the informal sector scheme (NISS) has different types of members (including individuals) beyond the three earlier categories of group-based schemes. To expand the coverage, the beneficiaries of the schemes were included under the NISS, and the scope has increased to include all those who are working in the informal sector of the economy, such as agriculture, livestock keeping, fisheries, mining or petty trading. Additionally, for those working in a formal sector who needed to have additional savings, an employer-based supplementary scheme could also be included. Different stages that are associated with NISS development are presented in Table 3.

Table 3. The NISS Development Process in Tanzania

S/No.	Item	Brief description
1.	Informal sector workers' schemes introduced	Specialized schemes for fishermen (<i>Wavuvi Scheme</i>), artisan miners (<i>Madini Scheme</i>) and farmers (<i>Wakulima Scheme</i>) were launched in Tanzania on 13 May 2014
2.	National Informal Sector Scheme (NISS) established	The scope of the informal sector is widened in line with Section 6 of the NSSF Act Chapter 50 (Revised Edition of 2018)
3.	Cessation of medical services for new NISS members	From April 2019, health insurance under the NISS was terminated. Medical services were provided for only active members who joined before cessation.
4.	Cessation of credit facility for all NISS members	Along with cessation of medical services for the new NISS members, credit facilities ceased for all NISS members
4.	The scheme (NISS) review	On November 2021, NSSF commenced a review of the NISS guidelines and manual and associated rules.
5.	Launching and implementation of the revised NISS	By early 2023, a revised informal-sector scheme (NISS) was expected to be launched with relevant new features that can motivate more informal workers to be enrolled. For instance, a credit facility will be reintroduced, while health insurance will be stopped for all NISS members.

Prior to the implementation of this improved program through NISS, the NSSF undertook an in-house survey to identify the needs of those in the informal sector. During the survey more requirements were identified, including: the need for credit, old-age benefits, health insurance and other needs based on types of beneficiary, for instance, on maternal benefits. Introduction of the NISS was an attempt to address those earmarked needs emanating from the NSSF survey. Accordingly, NISS is an insurance-based scheme where beneficiaries pay a predetermined premium and are entitled to some benefits. Pooling a solidarity scheme with more flexible avenues than earlier schemes in terms of benefits (Table 1) and membership coverage was considered risky. Therefore, through NISS the NSSF has two parallel schemes: 1) a voluntary scheme, and 2) a supplementary scheme for the informal and formal sectors respectively. Formal-sector employees

must top-up the monthly payments in order to be entitled to the supplementary scheme. As part of the voluntary scheme, an informal worker can contribute the minimum required amount on a monthly basis as an individual or through a group. Moreover, the supplementary scheme was designed to add flexibility in terms of the frequency of payments by the informal worker either as individuals or through the groups.

3.3.4 Membership Registration for the Informal Sector

In order to enroll in the social security scheme under NISS or NSSF, a member must have a National Identification Number (NIDA). If the member does not have one or a corresponding number (for those who are in the process of waiting their ID to be printed), they could use a voter ID or a driver's license. They must also have a picture. The registration procedures for members require them to fill in a form that is attached to a single photo (passport size) if they do not have a national ID card or national ID number. Some members would be required to submit evidence of payment of the original contribution. Moreover, individual members in the informal sector contribute at least a predetermined minimum monthly amount totaling at least 20,000 TZS (8.62 USD). The amount is 20% of average monthly income for people in the informal sector (the average monthly income is 100,000 TZS). Each member will use a special number (control number) to submit a specified monthly donation. One is free to contribute more than the statutory amount.

In line with the prevailing registration practice for new informal worker members, it was noted that more campaigns are needed to increase awareness of the schemes in communities. On top of the challenges at the registration stage, others are linked with the way health insurance delivered services to the informal workers, which also restricted the number of dependents. Hence, these issues contributed to the lack of participation of informal sector workers in the scheme, thus negatively affecting membership renewal (Kigume and Maluka, 2021).

However, a significant number of Tanzanians do not have a national ID. For instance, based on the Ministry of Home Affairs statistics, the number of printed national IDs was fewer than 15 million in early 2020, suggesting that fewer than 30% of all Tanzanians had access to formal ID cards when compared with the 2022 census data. This is contrary to SDG goal 16.9, which puts emphasis on the provision of legal identity for all, including birth registration, by 2030. Nonetheless, as ownership of different types of ID is becoming increasingly common in Tanzania, this should not be considered an obstacle to enrolment.

A well-designed health-insurance scheme for informal workers in Tanzania should fit both rural and urban settings. For instance, associated lessons from Ghana indicate that digitalization has been a priority for improving health-care services with relatively higher levels of transparency in the provision of health services. A health insurance membership card linked to the national identification card is a reasonable initiative that Tanzania could introduce. The aim is to allow the health-insurance provider system to use mobile phones to renew services and a digital counter to give real-time updates of active membership. Technology and digital platforms potentially have a great role to play here. Almost all the informal workers we contacted declared they owned mobile phones, hence their full use can be simplified and can cut short the cumbersome processes associated with the present system.

3.3.5 Credit Scheme for Informal Workers

With reference to Table 1, by design credit services for those in the informal sector under NISS were of two types. Firstly, there were loans issued in collaboration with Azania Bank and other public institutions, such as the National Economic Empowerment Council (NEEC), the Small Industries Development Organization (SIDO) and the Vocational Education and Training Authority (VETA). These loans were partly issued to establish and develop small and medium enterprises. The loans provided for the establishment and development of industries allow individuals or groups (NSSF members) to borrow between eight million shillings (8,000,000 TZS/3,448.27 USD) to five hundred million shillings (500,000,000 TZS/215,517.24 USD) either as capital for investment and/or credit for enterprises, or as payment for members' development and education.

Secondly, loans provided by the NSSF followed their own model developed under NISS. These credits or loans could provide support mainly in the form of hiring equipment such as a processing plant, tractor etc. These types of 'loans' were issued to support the specific activities, business or industry where the member worked. The loans cover working equipment such as machinery and associated items. Members can be provided with equipment as benefits or through a low-cost loan. Credit qualifications depend on the member's contribution and attitude towards business management. Active members who contribute monthly qualify for credit.

It is important to note that the NISS development process of the NSSF in Tanzania involves different steps. By design, NISS planned to accomplish and cover all phases (Table 1) and reach informal workers with old-age pensions, health insurance and credits. Initially, all these benefits

were offered to informal sector workers, but access was subjected to several dynamics. The three specialized schemes for informal-sector workers were initially group-based. However, during the establishment of NISS both groups and individual members were allowed to offer greater flexibility to the informal sector's members.

The credit facility scheme no longer exists for informal workers. Implementation of the scheme involved other partners, including financial institutions. Limited compliance with the credit terms and conditions, together with a lack of awareness among informal-sector members, were among the reasons for its termination. As compared to health insurance, which proceeds for active members who joined before April 2019, the loans and credit lines stopped for all informal-sector workers waiting for NISS to be revised.

Based on lessons learned from active NISS members and those who joined before April 2019, by the end of 2022 the continuation of a health insurance package as part of NISS remained for earlier joined members. However, members who joined after 2019 did not receive health insurance as part of their NISS package. By the end of 2022, statistics on the NSSF showed that active enrolled informal-sector members under NISS were about 247,000, while the majority were new members. As a result, they did not benefit from the health-insurance scheme. Due to the significant number of dropouts and the cessation of both health and credit facilities, we suggest that the old-age pension is the only benefit sustaining informal-sector workers under the prevailing NISS. Moreover, NISS's conflicting goals with regard to the NHIF for the health-insurance component and the bad performance of earlier credit schemes motivated a redesign of NISS. The following sections attempt to shed more light on NISS's performance in relation to the health-insurance segment.

4. FINDINGS AND REFLECTIONS

4.1 Financing Mechanism and Informal Workers Access to Health Insurance

Devising a proper financing mechanism for informal-sector workers' health insurance is a complicated task, as collective action makes joint decision-making difficult (among a host of individuals and groups outside the formal economy), and there are no obvious financing options available. Including low-income earners is important, as there are more options for higher income individuals to be covered by health insurance in the country (Amu et al., 2018; Kumi-Kyereme and Amo-Adjei, 2013). Referring to the planned coverage of benefits (see Table 2) and what was revealed by NSSF officials, the health-insurance scheme under NISS was perceived to be cost-

ineffective for the implementer. It was not clear from the NISS design how a monthly contribution could cover all the predetermined organizational costs and benefits, such as old-age pension, health insurance and credit. Still, NISS beneficiaries reported that the ‘paybacks’ from their contributions seemed good for informal-sector workers.

However, implementation of NISS phases was not completed due to underperforming credit schemes. Also, as mentioned elsewhere, the provision of health insurance under the NSSF raised tensions, as it had overlapping roles with another national-level government agent (NHIF) providing the same services. Moreover, the NSSF officials elaborated on the difficulties of the NISS scheme, which were associated with limited awareness and instability of the income sources of informal-sector workers. These triggered additional concerns regarding protection against financial risk when providing health-care services in a low-income country with limited tax base. The findings further suggest that additional benefits for the scheme, such as a credit facility, resulted in additional operational costs. Hence, NISS seems to be based on unrealistic expectations undermining any meaningful scheme that can sustain itself.

National-level partners and stakeholders have played a great role in ensuring that access to health insurance is available even for precarious informal economic actors. However, the development of a sustainable scheme in the economic and socio-political senses needs to move beyond considering coverage in the form of deciding on the health services that should be targeted and the types of services to be covered. It needs to include informed considerations on the way such services are funded, managed and delivered to the population.

This study suggests that NISS members faced numerous challenges associated with limited access to medical services, as well as challenges in accessing NISS services. The experience of earlier scheme members, such as RUMACO and AMCOS, linked to farmers’ economic activities, suggest they faced difficulties in predicting incomes as a result of agriculture’s seasonal dynamics. This informed how and to what extent flexible contributions can be made by informal-sector workers, which don’t fit project modalities related to ‘monthly contributions’. In this regard, health financing and health-care systems need to take into account the experience of households with insecure health expenditure, suggesting that out-of-pocket payments should be minimized as much as possible (Wangstaff et al., 2020). As outlined by RUMACO and AMCOS, financial difficulties need to be clearly understood with reference to how they are addressed if they are to serve the

potentially millions of informal-sector workers who suffer financial constraints and hence have limited resources to pay for health services.

Financial difficulties, particularly for informal-sector workers, undermine the efforts to provide Universal Health Coverage (UHC). Findings further suggest that informal-sector workers who are self-employed have uncertain knowledge of future income generation, in contrast with formal private-sector workers. Additionally, based on the existed NISS design, a lack of friendly premium payment options affected membership renewal decisions. The findings concur with a study by Alex and Mwamfupe (2020) focusing on the Mpwapwa District of Dodoma region. This study suggests that dropouts can be addressed by redesigning the associated health scheme using participatory approaches.

These findings were confirmed by informal-sector workers who were interviewed by this study, suggesting that monthly payment modalities by individuals or through groups is not realistic for sustained enrollments. One respondent in Dodoma region argued:

“... The NSSF needs to make changes to this health insurance scheme, which will certainly assist a large number of people to be not only enrolled but also pay monthly contributions under flexible modalities. In order to improve services, the NSSF need to consider allowing a lump-sum payment system, for instance, for farmers who sell their crops seasonally.” (Interview with NISS beneficiary, 4th November 2022).

The low and fluctuating incomes that informal-sector workers earn from their economic activities is associated with non-affordability, as a result of which they lack health insurance or have not enrolled in any available scheme. The monthly payment for a health-insurance scheme under NISS seems reasonable, but given the socio-economic profile of the workers it does not seem to fit their needs. Income levels are diversified and not certain for informal workers. This is not surprising, as the respondents we contacted also reported mixed feelings. As one informal businessperson who joined NISS’s scheme in 2018 argued:

“... to benefit the majority of informal sector workers in Tanzania, NSSF through NISS should consider lowering its premium by about 50% more or less the same” (informal businessperson, 2nd November, 2022).

While many informal workers are willing to pay within the existing scales of contributions or are eligible for accessing better health services and benefits, others find it challenging, as they have

dependents who rely on their participation, which means more contributions by the same group of informal workers. Apart from the desire of the latter to participate because of their dependents, the latter were initially not part of NISS's idea of who their 'beneficiaries' should be.

NISS became aware that its health-insurance schemes need to be designed for pro-poor use and to help ease the financial burden on the poorest households by extending benefits to dependents. Moreover, in one of the focus-group discussions (FGDs) in the Dodoma region that:

“The issue of voluntarism and a negative mindset is harmful to both parties since informal sector workers who are members lose their contributions when they cease their membership, and NSSF loses its customers, hence affecting its portfolio's financial capacity. NSSF officials must enhance awareness among its clientele.” 1st November 2022

Moreover, complex procedures and associated costs may discourage people from joining health-insurance schemes. As reported by the informal-sector workers we contacted, registration costs, including registration fees and opportunity costs related to wasting time, discourage people from joining NISS. Tanzania is made up of rural and urban areas, and informal workers are scattered all over the country. Accessing informal-sector workers at the grassroots level appeared to be challenging. Moreover, poor infrastructure and long distances to insurance offices can hinder access to administrative structures for registration, payment of contributions or accessing benefits (ILO, 2021).

These findings are supported by Sales et al. (2020) in a study indicating that the convenience and amounts of payment are among the constraints curbing informal-sector worker retention. Based on NISS implementation experiences in Tanzania, informal-sector workers as individuals or groups are given a control number, which must be used to channel their payments on a monthly basis. Based on reflections emanating from interviews with NSSF officials, more flexibility on payment modalities is expected by the new NISS to incorporate informal-sector workers, i.e. farmers and others who are performing seasonal economic activities.

4.2 Perceptions of Access to Healthcare

The health-insurance service-providers we interviewed had a generally positive perception of the idea of both earlier informal workers' schemes and NISS. It was emphasized that access to good health services for informal-sector workers is needed, hence the NSSF scheme under NISS was

considered a good attempt. But it was further reported that the NISS scheme is underutilized, since most informal employees are unaware of it, particularly in rural areas.

One of the reasons for this impasse is that this is likely due to the cessation of health services under NISS from April 2019 (see Table 3). Building on existing enrolment statistics from NSSF, there was a higher chance of enrolling informal-sector workers if health insurance could be part of the package. It is health services that are especially desired by informal workers.

However, when the health insurance under NISS compared with other health insurance in the country, it was revealed that the existence of the CHF is an alternative associated voluntary health-insurance scheme for rural households in Tanzania. The CHF considers dependents and health-care provision to be limited to public and privately accredited facilities within the district of registration. In this regard, it has more or less the same features as those in the NISS scheme. Issues associated with dependents' inclusion were not part of NISS. These were well supported by beneficiaries, as narrated during the FGD conducted in the Dodoma region:

“The informal-sector workers’ scheme under the NSSF does not issue a card to each individual member of the household. It is a significant obstacle to have a single card, as other members of the household cannot use it to access various medical services.” 1st November, 2022

According to the CHF Act of 2001, the CHF should be a voluntary prepayment scheme, and it is up to the local government authorities to define the benefit package and a flat rate premium per annum for informal workers. In comparison, the informal-sector workers' scheme under NISS is voluntary, but is designed to reach both rural and urban beneficiaries from its initial design, like the CHF. However, under the CHF, payment is annual, which also covers five dependents. By the end of 2022 the annual payment from members was TZS 40,000/17.24 USD and 150,000/64.66 USD for NISS and the CHF respectively. In this regard, the study's findings revealed clear overlaps of goals and conflicts of interest in terms of NISS and the CHF competing for the same informal-sector workers in relation to health insurance.

The length of contributions was adapted from the scheme for formal-sector employees for someone to qualify for the old-age pension. A NISS member therefore needed to contribute for at least fifteen years before becoming eligible, while his or her pensionable age is 60 years, though early retirement benefits can be claimed on attaining the age of 55 to 59 years. Most persons working in the informal sector have no guarantee of an income throughout the year. Hence, a fifty-year

contribution period to be able to qualify for an old-age pension becomes highly problematic. Moreover, one could argue that the formal schemes emanating from the private and public formal-sector schemes should not be taken as a base for the informal sector, since workers have different experiences when it comes to annual income. One businessperson in the Dodoma region argued that:

“To handle the informal sector’s voluntarism, I suggest an increase in awareness and affordability. I suggest more awareness sessions in the benefit packages for members. There is a need to inform members about the disadvantages of not being a member. There is a need to have clear and transparent benefit packages. Also, the premium should be affordable.”

(Interview with a businessman, 1st November 2022)

Despite the challenges related to contributions and access to pensions, the design of NISS initiatives included a form of health-insurance package. Many interviewees also suggested that this could offer better contributions towards Universal Health Coverage (UHC). The NHIF was originally compulsory for government-sector employees and was expanded in 2013 to cover the informal sector as a voluntary scheme. Like the CHF, the NHIF covers up to six people in a family and provides coverage to a wider range of benefits in all health-care system levels and across the country. Based on what we learned, we are of the view that the scope of the health-insurance benefits under the NHIF, particularly regarding what informal workers are entitled to in comparison with formal workers, is not the same. It was noted from our discussions that formal workers, particularly in public entities, are far better off in terms of medical services access across the country. In contrast, informal workers under NISS or the NSSF are attached to particular health-care providers based at the choice of the beneficiaries, though with only a limited number of referral options within a particular region.

By paying a specified monthly contribution, a NISS member benefits short-term as well as long-term. Short-term benefits originally include health insurance for members and access to low credits that have now ceased to be available to new members and have been stopped for older members too (see Table 3). It should be noted that informal-sector members are attracted in the first place by access to short-term benefits² (Torm, 2020; 2023). Long-term benefits include a pension after

² See also <https://www.economist.com/finance-and-economics/2014/09/20/beyond-cows>

consistently paying contributions for fifteen years and the attainment of voluntary retirement age, which is 55, even though it is problematic for informal employees to access, as described above.

Moreover, according to interviews, and as mentioned elsewhere, since its inception, health insurance benefits stopped in April 2019 (Table 3). For new members registered since April 2019 to date, special arrangements are underway to connect them with the NHIF, but this has not yet been implemented. This new arrangement of health insurance is likely to benefit principal members only through the NHIF (UNDP, 2021). So far, individual members (excluding their dependents) who came from the earlier schemes continue to enjoy health-insurance benefits using NSSF cards. Furthermore, all members receive maternity benefits after contributing for at least 36 months. It is thus possible for active informal-sector workers under NISS.

Based on the prevailing NISS guide, medical services for informal-sector workers may be terminated immediately for the following reasons: i) the death of a member, ii) voluntary retirement at the age of 55 to 59 years or compulsory retirement at the age of 60 years, and iii) non-delivery of contributions for more than three consecutive months, among others. In this regard, and based on the current framework, NISS members will be entitled to old-age pensions when they reach 60. Moreover, VIBINDO Society officials argued that most informal workers do not retire but continue working. Therefore, it is improper to stop some of the benefits, like health insurance, in accordance with their age. It was further suggested that most informal workers are young in the sense that they have the potential to contribute for 15 years consecutively, though they cannot be entitled to early retirement benefits before reaching the age of 55. Additionally, as opposed to what NISS provides, other NSSF members are entitled to the survivor's benefits, which are payable to the dependents of a deceased member. The benefit is intended to compensate the loss of economic support previously provided by an insured person who has died. This benefit is not one of the informal-sector workers' benefits provided by NISS (see NSSF, 2022).

Key actors, such as workers in the informal sector and service providers, have different preferences and priorities. When joining health-insurance schemes, limited benefit packages and health-service coverage may make individuals reluctant to join the health-insurance scheme or withdrawal after they joined. An interview with a service provider in Dodoma region highlighted that:

“The number of patients financed by the NSSF health scheme is decreasing on a daily basis because the costs of services have risen, and the NSSF has changed the schemes since 2019/2020 to a fixed amount of 42,000/ (18.10 USD) per

person per contact, which has presented us with significant challenges. Most customers complain when they are unable to obtain other services such as admission, surgery and medicine that exceed the amount allocated. As a result, they decide to withdraw.” (Interview with health-service provider, Dodoma. 5th November, 2022).

Therefore, it is important to consider offering different benefit packages to individuals for them to choose, while considering factors like age and health conditions (ILO, 2021). Sales (2020) argues that a lack of coverage for outpatients at primary healthcare services discourages people from making premium payments, as these are the main services people want. Furthermore, some medicines are not covered by health insurance, so the member has to pay extra out of their own pocket, despite being insured. The result is that members do not see the importance of health insurance. Furthermore, accessing health-care services through specified health centers limits informal workers’ choices in terms of the scope of health facilities and level of medication they are entitled to. Hence, an informal-sector worker member can hardly access health-care services of convenience beyond that allocated by NISS. The only exception is when there has been a referral to visit, for example, a district hospital.

Moreover, some health-insurance packages only allow services within a specified geographical location like a district or region, which encourages high dropout rates. People are not static or bound to one place; as a result, they would prefer extended benefit packages. Some informal-sector workers do not work in a specific geographical location. Specifying and fixing health centers that will offer health-care services to them means denying their rights to access health services based on choice. This was noted to be the case for both NSSF- and CHF-restricted modalities. It was also supported by previous studies assessing the failure of the CHF and TIKA to be implemented in some districts of Tanzania (Macha et al., 2014). During the interviews, one of the health-insurance service-providers for NISS members in the Dodoma region commented that:

“the biggest issue that we are facing is that most customers are unaware of the condition of selecting one hospital, and when the customer is out of their region, they will not receive any treatment unless she/he writes a letter requesting NSSF to change the hospital, which causes a lot of complaints. Thus, if the customer has an emergency, she or he will never obtain service. We encouraged the NSSF to change this situation in order to save lives and

improve health-service access.” (Interview with health-service provider, 29th October, 2022).

This statement agrees with the study done in Dodoma region to evaluate factors behind members dropping out when one of our respondents said: *“When we are visiting health facilities, most of the time, the facilities fail to provide medication due to stock-outs, and they refer us to private pharmacies to purchase them, for which most of us cannot afford the price”* (FGDs with Household Heads at Iwondo Village in September 2019 as cited by Alex and Mwamfupe (2020), This also implies that the health-insurance schemes provided to informal workers are fragmented and that the health-financing mechanisms do not follow the preferences of the target group. All the existing schemes contribute towards UHC in the country, but they do so in a diversified manner that leads access to be based on economic ability. Newly improved arrangements to enhance health-care services for informal workers may change this situation if they can foresee and incorporate the experiences captured by past evaluations and studies.

In summary, while the need to harmonize health-insurance schemes in Tanzania are commended (see Amu et al., 2018), there is still a long way to go to make access to health care possible for informal-sector workers, despite the good intentions.

4.3 Health Insurance Scheme Enrollments and Dropping Out

The intention of reinforcing social protection in Tanzania by introducing a component of health insurance for informal-sector workers was a noble initiative. However, the pitfalls noted in the course of its implementation potentially outweigh the intended benefits. This is evident from NISS’s experiences and the existing plan of incorporating informal-sector workers under UHC through the NHIF. Accordingly, informal-sector workers occupy a significant number of people in the economy, but they are generally not well incorporated in the health-sector system. This study, for example, suggests that the enrolment rate of informal workers has been low compared to both earlier established NSSF schemes and NISS and that they still remain relatively low, even when compared to the national NHIF scheme. For instance, interviews with NSSF officials and analysis of the NHIF database suggest that the number of informal-sector workers enrolled under NISS by mid-2022 was about 340,000, covering both the registered and the active contributors on a monthly basis. The coverage of NISS is about 1.4% of the informal workers employed in the country.

Moreover, informal workers under NSSF accounted for about 247,000 members in 2020 (Lambin and Nyysölä, 2022b). Based on what was observed in this study, the statistics for 2022 indicate that there was a 38% increase in the membership rate of informal-sector workers between 2020 and 2022. However, not all of these new members will be beneficiaries of health insurance. In the same line, it was reported by the NISS officials that a relatively good number of them are just registered without being part of active membership schemes under NISS.

It is worth noting that informal-sector workers' health insurance under NISS was dominant as of the end of 2022. As reported before in the course of implementing NISS, since April 2019, new enrollments of informal-sector workers in the country excluded a health-insurance package. Thus, the trend for informal-sector workers being enrolled in Tanzania's health-insurance schemes seem limited, while the corresponding performance of the NSSF scheme with the same multiple dynamics also had its ups and downs. Generally, however, it is implied that the informal sector would have a great deal of potential if it were well exploited.

The study has noted dropping out as a serious challenge for the health-insurance scheme under NISS. This is not surprising, as dropouts are reported to be high even for CHF members, despite it being championed by the NHIF (Renggli et al., 2019; Maluka and Bukagile, 2014; URT, 2016a). The NISS system lacks monitoring and evaluation at all levels, but particularly at the grassroots level. This is likely due to the later decision to merge the schemes, with NISS removing health-insurance benefits for new informal workers from April 2019. Health insurance was one of the motivating factors for new enrolments, apart from other benefits, including but not limited to pensions and maternity benefits (see Table 1). As indicated earlier, if health insurance continued for new NISS members, enrolments could be influenced positively with fewer dropouts. Thus, NISS could influence new members by using health together with other benefits to create awareness. In the course of undertaking this study, it was further reported that NSSF is working on redesigning the NISS. Addressing relevant challenges to this process would be crucial. Section 5.4 describes what the new NISS will potentially look like.

However, any system must be based on the needs of informal workers. Based on NISS's practice and operations, informal-sector workers were free to register themselves. Monthly contributions may follow for a member to be entitled to all planned benefits. Nonetheless, the number of active members, i.e. informal workers who contribute on monthly basis, is reported to be fewer than those who have enrolled. This is due to the fact that most informal workers are enrolled during the

awareness creation campaigns, which are undertaken across regions. This cannot guarantee active membership of informal-sector workers in terms of their continuous payments of monthly contributions. The reasons are the multiple dynamisms that face the informal sector and its landscape in Tanzania, including partly the weaknesses and challenges of the informal-worker scheme in association with the health insurance (Table 4).

As pointed out earlier, the NISS allowed both group and individual informal-sector workers to take out memberships. However, this expansion was not directly associated with increasing the scope of health-center coverage in terms of access to health-insurance services. In the course of verifying these, we found they are in line with the field results obtained from one group in the Dodoma region in which everyone has dropped out of the health-insurance scheme under NISS because of dissatisfaction with the modalities. One of the beneficiaries of the group of informal workers explained that, based on prior NSSF training, they had the understanding that a group member can receive health-insurance services anywhere. Nonetheless this was contrary to the experience they had after joining the scheme. For example, one could not access health services outside the Dodoma region. This was a disappointment, which made the group leader drop out and influenced others to do the same.

It can be argued here that, at the group level, the influences and dynamics of group leaders can affect the implementation of health insurance, making individual modalities seem less risky. This can be associated with certain misunderstandings or miscommunications between clients and the NSSF through NISS, as mentioned above. But still, we suggest it points to differences between what informal workers needs are and what the NIIS system can offer in its present shape.

NIIS officials suggested that active formal private-sector members at NSSF total about 1.5 million, while informal-sector workers under NISS who are contributing on monthly basis and those who are registered but inactive total about 0.34 million. This unpromising trend suggests that the registration process for informal-sector workers needs to be revisited to make it easier to access and use. As suggested by one interviewee:

“The registration procedure under NISS guidelines was straightforward and easy to follow, but going and coming back was the most difficult part for those who miss some documents, particularly such as the ID, and there were many other requirements to meet before one could participate in the programme.”

(Interview with the Group Leader, Dodoma, 5th November, 2022).

Innovative approaches are still needed to encourage enrollments of informal-sector workers in different sub-sectors or at different income levels, a challenge also reported by different researchers, including Abraham et al. (2022) and Amu et al. (2018). Access to good health services through pre-paid financing systems would expand the scope for informal-sector workers, but many barriers exist. The government of Tanzania is attempting to harmonize all associated state informal-sector worker schemes through the NHIF. It is argued here that there is a room for joint innovative efforts between the NHIF and NSSF, possibly by expanding and sustaining enrollments of informal workers. But this is a complicated task, as the informal sector, with its dynamic and multifaceted way of operating, makes any system based on the formal sector's approach risky and uncertain, as it fits poorly with the needs and experiences of informal workers.

4.4 Barriers to Enrolment and Retention

Based on the nature of informal-sector work and workers' experiences, awareness of any scheme targeting them is of paramount importance, as few if any of the formal aspects of economic behavior and the institutions and organisations underpinning the formal economy are of immediate relevance to them. There is therefore an a priori relevance deficit that any state attempt at enrolling and retaining informal workers in any formal schemes is faced with when it comes to alignment with formal institutions.

Mobilization and sensitization campaigns involving the Tanzanian schemes for mobilizing informal workers' participation in the health sector can potentially bridge such relevance deficits in both rural and urban areas of Tanzania. It is worth noting that informal sector workers are highly diverse across different economic activities in dissimilar sectors such as petty businesses, farming, mining, livestock keeping and fishing. The types of economic activities across different sectors are not similar, hence they lead to different challenges and dynamics in terms of accessing and maintaining them in schemes that target them as a 'group'. The earlier three specialized informal workers' schemes seemed better suited to responding to the needs of the members than the later uniform schemes targeting everyone the same way. Extending the coverage through NISS, was proper as it aimed at encompassing all informal-sector workers, but it lacked a focus and did not consider existing differences. These reflections are also consistent with the study done by Mvuyekule (2020) on the factors impeding the informal sectors from joining health-insurance schemes, where 52% of respondents reported that the irregularity of their economic activity impedes informal-sector workers from joining formal health-insurance schemes aimed at them.

Customs and rituals, particularly for informal workers residing in rural, peri-urban and urban areas, also appear to influence the general performance of any scheme associated with health insurance that is implemented through NISS. Based on interviews with VIBINDO Society and NSSF officials specifically on the most relevant challenges, the general changes of attitude on health insurance and associated benefits suggest that it is not easy to find any common ground across diverse informal-sector dynamics.

Initiatives to change attitudes can improve public awareness, making the targeting of informal-sector workers appear to be of the utmost importance. Awareness needs to address the national level in order to be politically expedient, as well as approaching informal workers' needs and experiences at the local level. How to bridge such differences is a major challenge. These ideas are in line with and are well supported by Ayanore et al. (2019), who explored what happens in Ghana when informal workers assessed health-insurance coverage, the type of payment for health insurance they were involved in, and the reasons for members' failure to pursue insurance schemes more generally. It is clear that differences between national policy considerations and local needs and experiences are quite large.

One health-service provider from the Morogoro region commented on the importance of awareness creation to members and those who are eligible to join the scheme as follows:

“One thing the NSSF should do is to raise public awareness in order to encourage a large number of informal workers to join the scheme.”

(Interview with health-service provider, Morogoro, 10th August 2022.)

The lack of information regarding ‘social protection’ as a national and international preoccupation was one of the main setbacks of expanding social security to informal sector workers in Tanzania, as they simply did not understand the concept and relevance of social protection. The majority of people are not aware of the existence of schemes directed at their occupation. Even informed individuals and groups of informal workers were not fully aware of the benefit packages, registration process and related regulations of schemes targeting them.

Based on an ILO report from 2021, Tanzania faces a language barrier and a degree of illiteracy that makes it more difficult for rural populations to understand legal frameworks, which are written in official state languages. In this study, a lack of awareness was one of the reasons reported by health-insurance service-providers and beneficiaries for being troubled by the state schemes directed at them. The VIBINDO Society, for example, suggested this during an interview. This is

consistent with findings from other studies (Mvuyekule, 2020; Sales et al., 2020). Moreover, one of the health-insurance service-providers in Dodoma region argued that:

“The scheme is underutilized, since most informal employees are unaware of it, particularly in rural areas.” (Interview, health-Service provider, Dodoma, 29th October 2022).

The findings also concur with other studies, including one by Chandika (2020), who insisted on the importance of educating the community by reaching out to the informal sector working in urban centers in, for example, *bodabodas* (motorcycle taxis), markets (sale and transport) and local leader offices (managing informal economic activities).

Likewise, the beneficiaries interviewed suggested that awareness creation for enrollments should also go hand in hand with what is offered. If the quality of health services in the specified centers does not match in practice what has been promoted, the legitimacy of the scheme falls short. In this regard, the improved quality of health-care services and the infrastructure of general health facilities should prove a panacea. Moreover, a clear understanding of the socio-economic activities associated with informal workers, health systems, health-care infrastructure and political will are needed (Ndomba and Maluka, 2019).

Moreover, another bottleneck is associated with group membership and the use of single ID cards. Apart from individual informal workers being members, the NSSF allows group membership enrolment into the scheme. The main challenge with this modality was that it was unfavorable to the group because the misconduct of a few members affected them all. Moreover, issues like internal misunderstandings among the group members or individuals within the group and their leaders can impact on all members. For instance, the NSSF official reported that inconsistent monthly contributions by group members result in members dropping out, hence jeopardizing retained group members. Many groups who were NSSF members reported have failed to make consistent payments. These were contrary to informal-sector workers’ expectations. A health-insurance scheme must accommodate these differences in system requirements and in informal workers’ needs and convenience. This poses administrative difficulties, particularly for the administrators of health-insurance schemes in ensuring that the changes are correctly reflected in administrative records and do not lead to excessive breaks in contribution history. These may prevent workers from receiving benefits even when they formally met the qualification criteria (ILO, 2021).

4.5 Health-Insurance Buying Behavior

While efforts to achieve UHC are increasing, individual and collective attitudes play a significant role in enrollment, renewal or dropping out of health insurance (Mathauer et al., 2008; Barasa et al., 2017; this study). Evidence from group-based members indicates that the negative attitudes of those enrolled in the health-insurance schemes have spill-over effects on others who have not yet enrolled or have enrolled. Once the public image of a health-insurance scheme is perceived as having been destroyed or severely challenged, all efforts will be, if not useless, then will have to deal with a host of practical and perceptual complications that all have cost implications.

However, informal-sector workers' attitudes towards various insurance schemes are a result of several unaddressed challenges of the scheme. In a study by Kansra and Gill (2017), for instance, it was observed that perceptions are associated with enrollment decisions based on factors such as a lack of awareness about the need to buy health insurance, comprehensive coverage, income constraints, future contingencies and social obligations, lack of information, the availability of subsidized government health care, links with government hospitals and a preference for a government scheme. Furthermore, a qualitative study conducted by Abraham et al. (2022) to explore the perspectives of local-women food vendors (LWFFV) and *bodaboda* (motorcycle taxi) drivers on enrollment decisions in Morogoro, Tanzania, indicated that negative perceptions of the insurance for enrolled members discourage non-enrolled informal-sector workers from joining the scheme.

Based on the limitations of informal-sector health-insurance schemes, one of the FGD interviews suggested that informal workers thought that the implementing organization, such as the NSSF, takes money from the poor to improve insurance schemes for formal-sector workers. This was also found by Chandika (2020), who explored factors associated with low NHIF coverage among informal-sector workers (motorcyclist *bodaboda*, food vendors and peasants) in Dodoma municipality. The study suggested that workers believed that health insurance is not really aimed at them but instead makes use of the informal workers to extract resources for other work groups.

Even though there are both positive and negative perceptions of the NSSF scheme for informal-sector workers, the latter's experiences are often negative or indicate challenges. Reviews of the literature therefore concur with our field results, where most of the former members of an earlier health-insurance scheme have dropped out due to the challenges. The experience was clearly noted when ex-members of earlier schemes were contacted. This is also in line with the experience

gathered from RUMAKO AMCOS located in Kigoma region, which was part of the earlier scheme. It was found that the cooperative union of the entire group ceased being NSSF members under the informal workers' scheme in 2016. Despite health services and associated benefits, it was reported during the interview that the financial difficulties of the cooperative members were the main reason for the dropping out. As mentioned earlier, health insurance has no longer been among the benefit packages for NISS members since April 2019, which had implications for both informal-sector workers' registration and more importantly enrollments. In some cases, negative perceptions of the informal workers' scheme were the problem. For instance, two members of FGD stated that:

“We have had a really negative experience with this health insurance scheme and the entirety of NISS services. Contrary to their claims, it appears that this scheme was intended to benefit the NSSF by getting funds from poor people, rather than supporting them in improving their economic situation and health. It wasn't very clear to members whether they will benefit from credit and health services under NISS or not”. (Interview with FGD of beneficiaries, 29th October 2022).

Following these negative perceptions of the health-insurance scheme under NISS, it is difficult to mobilise informal workers, as in their understanding they were getting little out of the insurance scheme.

In summary, appropriate knowledge of the health-insurance scheme is vital for the scheme to be promoted. But first NISS has to provide timely and reliable health-insurance and credit facilities, as this would be the best way of promoting the scheme. Key actors here have the opportunity to work together in favor of getting informal-sector workers mobilized so they are not left behind in the economy without access to some form of social protection.

4.6 Lessons of the Health Insurance Scheme

Since there is no size that fits all, health insurance for informal sector has been perceived as both a success and failure for different individuals and groups of informal workers, as well as service providers. While some actors, particularly beneficiaries, would rate the scheme a failure, others such as service providers would praise it and suggest it was a major success story. These varied judgments depend on several factors like an individual's expectations, miscommunication between insurer and recipients, a lack of trust, premium paying ability and perceived success in implementation. It is hardly surprising that service providers argued that the scheme was

appropriately designed to address the health-service challenges faced by informal workers. They were implementing a political decision and clearly found they were doing a good job.

Interviewees who were continuing to receive health services were generally more positive than those who dropped out, despite pointing out a variety of problems. While the health insurance for informal workers clearly addressed their needs, the exact modalities and ways in which it was implemented fitted badly with those needs. Service providers particularly believed that the scheme(s) managed to reduce the difficulties faced by informal workers, particularly regarding access to health care. Nevertheless, health insurance coverage for informal workers is still a challenge. This suggests that the associated health-insurance scheme was a good idea, but it has managed to achieve little, and significant improvement is needed. For instance, one of the key informants from VIBINDO Society in the Dar es Salaam region stated that:

“The idea of establishing an informal workers’ scheme through the NSSF was a good idea to help people who face various challenges, especially as they approach retirement age. As we all know, informal workers face various challenges, such as no sick leave or unemployment benefits. Moreover, access to health care is also a barrier to them: they live from hand to mouth, and if they cannot work for an extended period and save what they earn, their family is at risk. In this regard, if they are capacitated with awareness building, informal-sector workers would be willing to pay a relatively higher premium than the prevailing one.” (Interview with VIBINDO Society representative, 24th October 2022)

Lessons from health-insurance schemes in other countries can be used to provide insights with which to improve the Tanzanian situation (see, for example, Akweongo et al., 2021; Sales et al., 2020). These lessons imply that the government needs to establish a plan that 1) fits the needs of informal workers, and 2) ensure the sustainability of health insurance, for example, by making sure there is a high and sustained rate of enrollment, while 3) at the same time ensuring the health services that are provided are of good quality in both rural and urban areas. Participation and proper coordination among key actors are relevant and must focus on putting informal-sector workers and their apex organizations at the center of decision-making processes.

Informal-sector workers consist of a significant number of youths in Tanzania. The mobility of informal workers is high, meaning that access to health services must be flexible and not based on

fixed geographical locations or the specific names of available health centers. NISS must also allow the enrollment of all groups of informal-sector workers by going beyond the specific target groups that were hitherto used as pilot groups. Apart from the young, who, due to the lengthy time horizon, may be less inclined to join based on their age, older persons are probably easier to mobilise and more likely to enroll in health insurance than others due to their more immediate needs.

Work on effectively subsidizing programs for health services would be the best option, but the scope of health facilities clearly needs improvement in order to enable informal-sector members' easy access. Existing policies are supportive in allowing older members to access health services, but they do not address the needs of younger informal workers. They therefore join insurance schemes less frequently due to the sense of injustice and the feeling of mistreatment they experience from service providers. Improved avenues to incorporate them into schemes in the informal sector would help economic sustainability due to the respective group size, and provided there is no formal retirement age for informal-sector workers.

Introducing a Mandatory Enrollment Law has been one of the factors for successful UHC in other countries, such as Indonesia (see Torm, 2019). Sometimes people view voluntary participation as if the participation is less important. The Tanzanian government can establish various health-insurance schemes and mandate people to register in any of them. Providing options would reflect economic status, as the capacity of informal-sector workers does vary. Access to other social services and benefits can be associated with health insurance. For instance, in Tanzania, the enrollment of university students goes along with having health insurance. Some of the informal workers from Dodoma also support this idea, arguing that that *“Voluntarism and negative mindset cause members to lose their contributions, hence creating several challenges”* (Interview with a beneficiary, November 4, 2022).

An increased premium with an extended health-benefit package is needed. Among the factors that disappoint most informal-sector workers when they join the insurance in Tanzania is access to the limited health-benefit package, as it depends on the amount they pay. As mentioned elsewhere, it would be better to have an increased premium per month or annum that would cover a wider range of medical services not only for the informal worker (contributor), but also for his or her dependents. Allowing installments as a payment modality will provide a more flexible way that suits informal-sector workers in the country. As mentioned above, this was supported by

interviews where informal-sector workers and scheme members suggested an increase in the premium going hand-in-hand with access to an improved health-service package.

Moreover, Tanzania is striving to achieve UHC, while its benefits are yet to be realized across different actors, including but not limited to informal-sector workers. Based on the extra government efforts and commitment to achieving UHC, the majority of informal-sector workers – for instance, in Indonesia and Ghana – expressed a high level of scheme satisfaction, which stands in contrast to the Tanzanian experience (Dartanto et al., 2020; Akweongo et al., 2021). It is not very clear what works best between social health insurance systems that solely depend on members' contributions and the tax-based systems whereby governments subsidize a significant chunk of expenses (Xu et al., 2007) in a particular country situation like Tanzania's. It is possible to have integrated national health-insurance schemes that are successful, including a satisfactory level of enrolment. Countries like Ghana, according to its 2021 census results, show that 68.6% of the population is covered by both state and non-state health-insurance schemes. However, scheme sustainability appeared to be the main bottleneck that needs to be addressed by developing nations like Tanzania (Akweongo et al., 2021). More government support prioritizing small and medium enterprises would add value.³

Finally, interviews suggested that the enrolment of key government offices, such as the Prime Minister's Office, was important for the development of NISS. In a country like Tanzania, without ruling-elite participation few policies would fly. Government officials from the ruling CCM were fully involved during the scheme's development stage.

Early involvement was also noted by the other actors as important, for example, with regard to the credit facility. They liked being part of something new, and were not only part of the development stage, but also the implementation. One of the leaders of RUMAKO AMCOS stated that:

“It is true, we are a farmer-based cooperative in the coffee subsector. We were part of the initial health-insurance scheme in Tanzania, which was introduced and implemented by NSSF. The involvement of the grassroots was fairly good. We stopped

³ In Indonesia, the government provides a 33% subsidy to informal-sector workers' health insurance (Dartanto et al., 2020), thus facilitating access to healthcare services. It is worth intervening in the informal sector as small and medium enterprises represent a significant share of the total workforce in the economy (Torm, 2019), while at the same time lacking social security because of their limited financial capabilities (Dartanto et al., 2020).

as a group in 2016 due mainly to the financial difficulties of our members. Unforeseen dynamisms in agriculture are many, hence we did not manage to continue, however, till now our employees under the AMCOS are members of NSSF through the scheme, which is targeting a formal sector in the private sector (Interview with the AMCOS Leader, 17th December 2022).

These observations are contrary to the general experience of health-service providers. All contacted service providers from Morogoro and Dodoma regions were involved, from the state, the local government and informal workers and their organizations, in the conception stage to the implementation of the informal sector workers scheme . It was noted that the framework of the NISS scheme was shared and discussed with stakeholders. It learned from discussions with informal-sector respondents that they were not fully involved during the development of the initial framework but that the guide was shared with them during the stage of incorporating the views of different stakeholders. The organization representing informal workers feel that they had a role to play. Their participation was therefore quite high during both development and implementation concerning enrollments and the general awareness of the scheme.

In summary, based on these findings, it can be argued that health-insurance schemes for informal workers were initially more needs-based than later versions of the scheme and that the participation of stakeholders such as beneficiaries, representatives of informal workers' organization and health-service providers was fairly high, particularly during the initial phase of developing the scheme.

5. SIMPLIFIED SWOC SUMMARY

5.1 Reflections on Strengths, Weaknesses, Opportunities and Challenges

Relatively higher demand and the increased use and general acceptability of health insurance by informal-sector workers in Tanzania have been reported by numerous studies (Amani et al., 2021; Macha et al., 2014). Apart from the suggested demand for health insurance and associated services by informal-sector workers, however, the findings from this study do not directly support the argument. Thus, the demand-side reception by informal workers is more mixed than has been reported so far and with few differences between those who are residing and working in urban and rural areas. Most of the bottlenecks reported are directly linked to the supply-side aspects of these insurance schemes, mainly involving a lack of access to health facilities, such as limited drugs to meet patients' needs (Kigume and Maluka, 2021), inadequate nearby referral options (Kapologwe et al., 2020) and limited or no diagnostic equipment (Borghetti et al., 2013).

As mentioned, and as far as the NSSF’s health insurance schemes for informal workers are concerned, a simplified summary of their Strengths, Weaknesses, Opportunities and Challenges (SWOC) is presented below in Table 4, based on information from documents and interviews with different stakeholders.

Table 4. Summary of Strengths, Weaknesses, Opportunities and Challenges

STRENGTHS	WEAKNESSES
Satisfactory synergies between NSSF and contracted health-service providers	Geographical limitations in accessing healthcare facilities and services for informal workers, including referral care
Fair on-time repayments to service providers by NSSF after health-services delivered	Group dynamics affected the effectiveness of general informal workers' benefits
Significant awareness-building of informal workers in both groups and individuals entirely through NISS	Partial participation of informal workers during critical decision-making processes
Multiple package benefits, access under NSSF beyond health insurance	Some delays in repaying health-service providers
Health insurance is generally demanded by informal-sector workers	Some planned NISS products, including health insurance, was not reached by targeted beneficiaries
OPPORTUNITIES	CHALLENGES/THREATS
Acceptability of health insurance among informal workers	Poor health-financing mechanisms with inadequate harmonized schemes
Universal health-coverage goal(s) are accepted	Unpredictable policies and regulations
Prevailing political will by ruling elite	Conflict of interest with NHIF
Diversified informal workers countrywide to sustain health-insurance scheme and portfolio	Inadequate confidence in the schemes among informal workers with limited awareness and attitudes
Availability of informal workers, apex organizations to access, and linkages e.g. VIBINDO Society and SHIUMA Tanzania	Termination of medical services for new NISS members from April 2019 affected the general enrolment trend and created a negative perception of the schemes
Partnership potentials with the NHIF and financial institutions	Cultural barriers and wrong perceptions of health-insurance companies and service personnel
Potential of state-society relations. As informal workers are occupying a significant portion of the population, the scheme can offer new opportunities for creating relations between the state and society, particularly the younger generations.	TZS 20,000 perceived as not adequate to cover all benefits, including health insurance
	Informal workers’ income instability
	Inactive memberships and dropping out

Note: SHIUMA is the Association of Roaming Businessmen in Tanzania, or in Swahili “*Shirika la Umoja wa Machinga Tanzania*”.

Dropping out of health insurance because of the inactive membership of informal-sector workers was one of the biggest challenges we observed, as it undermines the sustainability of the health schemes. The NISS health-insurance scheme under the NSSF for informal-sector workers was designed based on the minimum income that can be acquired by a normal informal worker in the

economy. As reported by the various officials we interviewed, this was justified by the NSSF's own independent study, which revealed that an informal worker in Tanzania can easily generate a saving of at least TZS 1,000 (0.43 USD) per day, hence setting the prevailing monthly contribution at 20,000 (8.62 USD), a premium that seemed reasonable. On average, the income of the informal-sector worker was estimated by the NSSF to be TZS 100,000 per month (43.10 USD), hence the proposed premium of 20% of the worker's income was deemed appropriate for such workers.

Moreover, the potential of informal-sector workers countrywide can successfully ensure the health-insurance scheme operates sustainably. For instance, based on the SPIWORK project, it was suggested that in Dar es Salaam region *bodaboda* drivers earned an average of 37,758 TZS/16.27 USD per day, while the average earnings of Dodoma region *bodaboda* drivers was substantially lower at TZS 19,274/ 8.31 USD per day (excluding operating costs). It is worth mentioning that earnings vary significantly across location and sector (see Riisgaard et al., 2022). However, the willingness to pay and problem of non-affordability in the informal sector can be associated with other issues such as the unpredictability of incomes, resulting in dropping out of the health-insurance scheme or being uninsured (Mills et al., 2012). Moreover, irregularities in wealth status, negative perceptions and unawareness toward health insurance (Ayanore et al., 2019) and cultural issues, particularly in rural areas, may have an influence on enrollments, including attitudes to saving.

Informal-sector workers are highly motivated by the prospect of accessing good-quality health services and suitable credit facilities. Informal-sector workers in Tanzania should be placed at the center, and the scheme(s) established should strive to address their needs. Other opportunities, reflections and suggestions are as follows:

Extending benefit packages to informal-sector workers. The availability of health insurance, pension and credit schemes to informal workers is beneficial. The coverage of all these social services and protection should be expanded in line with the relevant features of informal-sector workers (Güven, 2019), taking note of their uniqueness (EU, 2017). Through different players, such as the NSSF and NHIF, the government needs to consider extending benefit packages to prevent extra out-of-pocket expenses for informal workers. Just like what the government does in fertilizer, subsidies and cash transfer programs, improving financial mechanisms and providing medical subsidies to informal-sector workers would be helpful to the majority. This will encourage majority of people to enroll, though limitation to single hospital treatment should be eliminated

and let people be treated anywhere, just like formal-sector workers. For group-based insurance, each member needs to have an individual card while extending health services to their dependents.

Introduction of convenient payment and registration mechanisms. Some informal-sector workers have been complaining about the bureaucratic procedures during registration and renewal, which affect the opportunity costs of their earning from several economic activities they may have. With regard to renewal, members are required to pay a lump sum. Better arrangements for easy registration, enrolments and renewal, supported by mobile and digital means, would be an improvement. Payment modalities must be flexible enough to incorporate the needs of the informal sector's workers. As emphasized by IPC-IG (2019), innovation and ICT systems have a role to play in designing effective social-protection schemes in Tanzania and beyond.

Conducting awareness campaigns. Awareness is the first factor that determines enrolment decisions. Though the great role was played towards awareness creation, the majority of people remain unaware of the informal worker schemes that are available in the country. Insurers should conduct awareness campaigns all over the country to attract a large share of informal-sector workers.

Regaining lost trust. Physical and mental fitness affect productivity. The informal sector comprises a large share of most countries' GDPs. Ignoring their welfare hampers not only individual welfare but also economic welfare. The notion that enrollment in health insurance is voluntary hinders extra efforts to achieve UHC. Insurers have a role in retaining members and influencing others. They need to be considered as customers and never being looked down on or mistreated. However, policy changes involving UHC at the national level must be participatory enough for general public support, hence improving the welfare of informal-sector workers. Moreover, it should also take on board and prioritize working-age women and their social protection needs across both formal and informal sectors, as argued by Lamgbin and Nyssölä (2022b).

5.2 Policy Lessons and Implications

Establish altered premium levels subject to health-insurance packages for informal-sector workers. There is a different category of informal-sector workers with different risk possibilities based on the nature of their economic activities or working age and working environment. Having different packages and premiums that take into account these factors but have extended health-benefit packages would encourage many people to enroll. This is one way of benefiting from social-security innovation even with complex organizational arrangements (Burfeindt and Schubert,

2022). The health insurance scheme framework can also reckon and forecast the expected contribution based on the risk likelihoods of those willing to join the membership.

Address geographical and income variations among informal-sector workers. Informal workers health schemes in countries like Tanzania that can address both geographical and income disparities would be better off. There are good reasons for this, based on affordability. Health insurance, which is derived from tax-based systems, can be adapted to Tanzania. Covering the main costs of the health services would likely be convenient using this integrated approach, rather than the usual health-insurance scheme that relies on members' contributions with no additional support from the government.

Proper coordination of key players in the economy. Enroll significant number of informal workers with a view to making health-insurance systems sustainable, as a single approach is needed. However, partnerships among key stakeholders will help, for instance, the NSSF, the NHIF, financial institutions and informal-sector workers' apex organizations should join hands. Therefore, a proper model of financing the health sector and health-insurance schemes is important for addressing the relevant bottlenecks on both the supply- and demand-side of health-care services.

5.3 What should the future NISS Look like?

In Tanzania, the informal sector dominates in terms of the number of workers in the economy. This gave an avenue for the NSSF under NISS to widen its scope of informal worker beneficiaries from three group-based schemes to embrace all those who had been left behind, while also allowing both individual and group membership.

As seen in Table 3, the NISS review process ran from the end of 2021 to the end of 2022. The revised NISS will forecast the communication and promotion to all informal-sector workers and other supporting players in different categories. The informal-sector workers who will be covered by the revisions are the same as those in the existing NISS, namely agriculturalists, small-scale miners, fishermen, small-scale vendors, small and medium enterprises, artists and drivers (including those of *bodabodas* and *Bajajs*). Other key players that will add value beyond the existing NISS are expected to be financial institutions contributing with the credit-facility role. Building on the interviews that were undertaken by NSSF officials in the Dar es Salaam and Dodoma regions, the following outline depicts the new look of the NISS to be reflected in its revised framework.

Adjusting minimum age cap at entry. Informal-sector workers aged 15 are expected to qualify for NISS membership. They will earn credits and be entitled to the deferred pension, hence receive lump-sum payments after 15 years of contributions, while the old-age monthly pension will commence at 55 years. Compared to formal workers, informal workers are more flexible and often work beyond 60 years. This is an opportunity for NISS and other associated informal-worker schemes in the country to increase their enrollments.

Flexible contribution payment modalities. The monthly payment of at least TZS 20,000/8.62 USD can be paid on a daily basis in installments through the informal worker's control number. Due to the seasonality of incomes in some informal sectors, particularly farmers, one can pay the 12 months contributions in advance or in arrears.

Meeting members' short-term financial needs. The revised NISS would likely look at short-term financial needs or contingencies and address informal workers' shocks effects by reestablishing instant or fast credit facilities of up to 50% of the member's contributions. Through NISS, the NSSF would lead this benefit for the informal workers, though for its smooth operations, financial institutions would be taken on board as partners. No collateral would be needed without losing a focus on the core role of social security, hence not jeopardizing other benefits such as the old-age pension. Informal-sector workers will be entitled to the credit after contributing for a period of time, such as 12 months. The interest rate is planned to be in single digits.

Skills development. Informal-sector workers need various means of support to improve their business environment, skills and general value-chain efficiencies. The new NISS envisages developing the skills of informal workers through collaborating with other players, such as SIDO and VETA. The program will also provide scholarships for training to university students to give them an incentive to create jobs.

Uncertainties around health insurance. Health insurance will not be part of the revised NISS scheme. Although some limited NISS members are part of the health-insurance scheme, their future ability to receive medical services is not known. Dropping determined the fate of some, while active members are still benefiting from this evolving benefits package. The recent establishment of a universal health-insurance scheme in Tanzania would probably mean placing health insurance under both NISS and the NHIF. The structure of the managing organization is still not very clear, though it is probable that the NHIF would be renamed and given additional new roles.

Beneficiaries' group focus. The registration of either individual or group membership is possible under NISS. It is not clear whether individuals are more effective than groups in sustaining members through NISS. Enrolling more groups, such as farmer groups, AMCOS, cooperatives and others, is perceived to be more convenient and effective than otherwise. The groups seemed better off than individuals in these particular conditions. As far as the informal sector's landscape and dynamics are concerned, it is easier to manage and access members that are groups rather than individuals. This is in line with the interviews, in which it was reported that this is suitable for informal workers who are in strongly organized groups, AMCOS or cooperative societies. In the case of the traders, artists and drivers, the individual membership modality seemed better, but their apex organizations like the VIBINDO Society, SHIUMA and others should be closely involved in the process. The NSSF is also looking forward to forging new partnerships with local government authorities (LGAs) across the entire country and building on the informal workers' groups who are accessing the credits provided by the councils.

6. CONCLUSIONS

The actual needs of informal-sector workers need to be well understood for an effective health-insurance scheme to be implemented. Informal-sector workers have some complaints that can be deployed in improving the scheme. The insurers have to know and work on the needs, customize them, and deliver what meets the desires of the beneficiaries, in this case informal-sector workers. Based on the literature and the findings of this study, the main factors associated with the bottlenecks in NISS's health-insurance scheme are the cessation of health insurance for new NISS members after April 2019, limited health-benefit packages, restricted services to a limited number of health facilities, inconvenient payment mechanisms, negative perceptions and attitudes, and a lack of awareness. Since most informal-sector workers are relatively low-income earners whose incomes are uncertain, enrollment in the insurance scheme should not seem to take much of their resources in terms of time, registration, medical services and renewal costs.

Informal-sector workers will feature in the UHC, which is to be rolled out from around 2023, though it still needs the efforts of multiple players in Tanzania supported by robust health-financing mechanisms and a subsidy program for informal-sector workers. So far, the NSSF and NHIF have made mutual gains in respect of such workers. The proper synergies in their operations can benefit all players and lift informal workers in relation to health insurance and other corresponding benefits packages.

Health insurance and credit schemes need to be considered as twin goals for informal-sector workers in Tanzania. Properly customizing health credits and pensions by involving all key stakeholders can catalyze enrolments and sustainability by putting informal-sector workers at the center. Thus, negotiations championed by the NSSF involving different informal-sector players were underway in order to renovate NISS and the health-insurance scheme, particularly from January 2023.

In conclusion, therefore, the coverage of health insurance for informal workers has been subjected to numerous challenges, particularly in Tanzania. This also implied that the associated scheme had at least made some progress, though significant improvements are needed if both the NHIF and NSSF are to learn to improve the prevailing UHC initiatives and future NISS respectively.

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