

# THE INSTITUTE OF FINANCE MANAGEMENT



## FACULTY OF INSURANCE AND SOCIAL PROTECTION

### DEPARTMENT OF INSURANCE

### BACHELOR OF SCIENCE IN INSURANCE AND RISK MANAGEMENT (BIRM)

### YEAR II

ACADEMIC YEAR: 2017/2018

#### ***PROJECT WORK***

##### **The objectives of the project work**

1. To conduct an independent study and write a project report
2. Demonstrate and improve personal skills, particularly on areas of time and work management, report writing and general presentation.
3. Integrate the material learnt throughout the academic period, by applying it to an open ended problem.

##### **Supervisor's responsibilities**

###### ***What is the role of the supervisor?***

It is your report and not your supervisor's. They are there to provide academic guidance, to provide you with feedback on your progress and help you to make necessary changes and correction as your work progresses.

###### ***How does the supervision process work?***

From the supervisor's point of view, different supervisors may have different approaches or philosophy about how frequently and to what degree they should intervene. Our experience

suggests that the number of meetings between supervisor and the student varies from about 3 to 4. With e-mail and electronic interactions, appointments do not have to be face to face and some supervisors may give you detailed written comments and send these by email.

**You can expect the following from your supervisor:**

- Giving you a reasonable number of appointments at times suitable to both of you.
- Providing academic feedback on your work within a reasonable period of time. Such feedback can be in various forms depending on the supervisor's preference:
  - Verbal feedback and discussion during meetings
  - Annotated comments on draft chapters (either on hardcopy or on softcopy)
  - Summary written comments in the form of a note.
  - Relevant materials to be used by candidate and its sources
  - Structure of the report
  - Reading the complete draft of your report before submission.
  - Marking the final report.

**PROJECT ASSIGNMENT**

**CASE STUDY; HEALTH INSURANCE - SOUTH AFRICA:**

South Africa has a two tier health system with a large private health sector, funded primarily from individual and employer insurance contributions, out-of-pocket payment and government tax subsidies and a public health sector almost fully funded by the taxes. The health sector accounts for 8.7% of the country's GDP – 3.5% of this expenditure is in the public sector (serving over 80% of the population) and the other 5.2% of expenditure is in the private sector (serving less than 20% of the population). This once again reflects the apartheid inheritance.

Public sector services have a strong base of primary care services with clinics at community level and referral district, regional and central hospitals. The public system is structured in such a way that provinces are responsible for tertiary, secondary and some primary curative care while local governments are responsible for environmental health services and have traditionally provided preventive primary care services.

The public system is largely funded from centrally collected general tax revenue. Facilities receive budgets and staffs are employed on a salaried basis. Although donor funding historically has been low, this is increasing mainly due to foreign funding for HIV/AIDS programmes. Primary care services are provided free of charge. The poor are exempt from fees at hospitals, and there is an income-related user fee structure for other public hospital users. There is a commitment in the Bill of Rights to ensuring access to health care for all South Africans.

Private primary care is provided by general practitioners (GPs), whilst private sector specialists and hospital groups (dominated by three large groups which are listed on the national stock exchange) provide private specialist and hospital care. The private sector is largely funded by private health insurance (called medical schemes in South Africa) and by direct out-of-pocket payments (OOP). The OOP are mainly for GP care and over-the-counter medicines. It is indirectly funded by the tax system by means of a tax deduction on contributions to medical schemes. Employer-based clinics, non-governmental organisations also exist, but serve a limited section of the population.

The public-private mix is one of the greatest equity challenges facing the South African health system, as indicated in the following data:

- 14.4% of the population is covered by medical schemes and are able to secure most of their health services in the private sector. The per capita annual expenditure on this group, combining both medical scheme expenditure and out-of-pocket payments by medical scheme members, was equivalent to approximately R9,700 per beneficiary in 2005.
- A further 21.1% of the population, used the private sector on an out-of-pocket basis mainly for primary care, but are entirely dependent on the public sector for hospital (particularly inpatient) care. The per capita annual expenditure on this group, including their out-of-pocket payments to private primary care providers and government spending on hospital care, was equivalent to nearly R1,500 per person in 2005.
- The remaining 64.5% of the population can be said to be entirely dependent on the public sector for all their health care services. For this group, less than R1,300 was spent per person for government primary care and hospital services.

*Sources: WHO National Health Accounts website for health care financing statistics.*

## **QUESTIONS:**

1. With carrying more literature review, compare and contrast the South Africa health system with/from Tanzania health system.
2. Examine the best practice of Universal Health Care Insurance and what Tanzania can learn from South Africa health system operations and practices.
3. Identify the major challenges facing the two health systems.
4. Suggest the suitable means to overcome/minimize the identified challenges.

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YEAR III

ACADEMIC YEAR: 2017/2018

A PROJECT REPORT ON XXXXXXXXXXXXXXXXXXXX

NAME: XXXXXXXX  
REG. NO: XXXXXXXX  
SUPERVISOR: XXXXXXXX  
SUBMISSION DATE: XXXXXXXX

TITLE (COVER) PAGE – (See format above)

## PROJECT REPORT

Note:

- Begin each preliminary and content part on a separate page
- Headings must appear at the top of the page, positioned at the center, in capital letters and in bold text.

## PRELIMINARY PAGES

Presentation of the preliminary pages takes the following sequence which involves some/more or all of the following parts;

- *Dedication*
- *Acknowledgement*
- *List of acronyms*
- *Table of contents*
- *List of Table, figures, if any.*
- *Executive Summary*

## **CHAPTER ONE (1.5 to 2 pages)**

### **1.0 INTRODUCTION**

- 1.1 Provide the context of health insurance
- 1.2 Briefly provide a clear expression of the purpose of which your paper is expected to assert, explain, support or defend.
- 1.3 Provide the statement of the problems for your paper that provides the basis for the study
- 1.4 Set the objective and reason of report.
- 1.5 Finally, provide a short outline of the benefit, challenges and how you are going to handle the aspects of your project in the rest of your paper.
- 1.6 Summarize on how your paper is structured

## **CHAPTER TWO (3 to 4 pages)**

### **2.0 LITERATURE REVIEW**

In line with a case study provided, conduct a literature review on the following aspects, but not limited to;

- The concept of health and universal health care
- Health care system
- Health Insurance cover
- Distribution strategies and mechanism for health insurance
- Demand-side indications: health is paramount
- Supply-side: multi-faceted health financing landscape
- etc

### **CHAPTER THREE (3 to 4 pages)**

#### **3.0 OVERVIEW OF THE TANZANIA INSURANCE MARKET**

This chapter has to cover the Tanzania insurance and health insurance market, the student will have to cover in details the following aspect, but not limited to;

- Development of Tanzania insurance market
- Development of health insurance market in Tanzania
- The current status of health insurance market in Tanzania
- Describe the available health products and providers
- Describe available insurance distribution strategies and mechanism for health insurance in the country
- Etc,.

### **CHAPTER FOUR (4 pages)**

#### **4.0 PRESENTATION AND DISCUSSION OF FINDINGS**

Present and discuss the results you obtained in line with the case study provided,

- Compare and contrast the South Africa health system with/from Tanzania health system.
- Examine the best practice of Universal Health Care Insurance and what Tanzania can learn from South Africa health system operations and practices.
- Identify the major challenges facing the two health systems.
- Suggest the suitable means to overcome/minimize the identified challenges.

Make sure that you present and discuss your results is logically and follow the order of the objectives.

**Note: These suggested areas for discussion are from the main question given in the case study.**

## **CHAPTER FIVE (1to 2 page(s))**

### **4.0 CONCLUSION AND RECOMMENDATION**

#### **4.1 Conclusion**

- Provide an effective conclusion which gives the answer to the main questions/objectives of the project
- Your conclusion should provide a summary of what argued in before in the texts, answer the main questions and incorporate your personal view.

#### **4.2 Recommendations**

In line with what you observed in your analysis, give your advice and suggest the means for improvement as the lesson learnt from the case study to the respective authority addressing the needs of your project and the challenges, if any.

### **5.0 REFERENCE/ BIBLIOGRAPHY**

- Use either reference or bibliography as your heading for this section. In both cases, make sure that you discuss with your supervisor and agree on which term to use.
- Adhere to the alphabetical order i.e. different entries should be arranged in alphabetical order by the surname of the first author. Each entry starts with a hanging indent and 1.5 lines spacing between.
- No numbering for your list
- You list the sources that you have used in your work. Don't list sources just for the sake of adding materials to this section

### ***APPENDICES, if any,***

- Attach all supporting files/materials you used in your project, if any.

### **Formatting**

- Font; Times New Roman, size 12.0
- Line spacing 1.5

- Alignment; Justified

**NOTE;**

- Please follow the structure of the project as indicated above.
- Your report should have 2500 words and plus
- You are advised to plan your work carefully and back-up your work using different storage devices in order to avoid problems as a result of computer crash, virus attack or any other reason. Computing and printing problems will NOT be accepted as reasons for non or late submission

Finally, **PLAGIARISM** is not accepted, once noticed will lead to abscond and fail status.

**SUBMISSION OF THIS PROJECT IS IN DECEMBER 2017 (specific date will communicated)**