

CHAPTER 8

A SCREEN METHODOLOGY FOR THE APPROACH

This is a methodology that uses sociological approach. Its a screen for the quantitative static model. The aim of using it is to double check the results from the above mentioned model.

8.1 Ability to finance

There is no sub-classification of the variables into the various sub-components. Rather, the sub-components are lumped together and an absolute value used for arriving at decisions. The explanations below about the variables will make this point very clear. The cut-off points used for the variables below are for the same reasons as stated in the design of the quantitative model.

Household income

Instead of dividing it into 4 sub-groups, an absolute figure of #2,000.00 monthly is used as the cut-off point. Values from #2,000.00 above means positive for ATF and below #2,000.00 negative for ATF.

Expenditure on food and health care

An assumption is that both of them represent the cardinal basic needs requirement of a household, and adding them together gives an idea on how much a household spends on its basic need. For expenditure on food, values from #1,000.00 above is positive, and for expenditure on health care #200.00 above is positive.

Ownership of farmland or house with zinc roof

Ownership of any property in the group mentioned above is positive for ATF and without property negative.

Savings

Recognition is not given to the amount of savings. Rather, it is assumed that whoever has some savings has some measure of ability. The presence of any type of savings is positive for ATF.

Decision Criteria:

The criteria is used to express ATF in terms of either positive or negative.

Less than 50% of the number of households surveyed falling into any category is used as the cut-off point for low ability, since it is less than half and obviously signifies failure. What it means is that positive scores below 50% for any variable signals low ATF, as viewed

from the perspective of that particular variable.

50 to 70% positive values for each variable measured from the households falling into any category is used for middle ability. This is because the range though above average is not maximum.

71 to 100% positive values signifies high ability.

These values are used because not only do they accord with logic and intuition, but are supported by findings from research by Hongvivatana and Manopimoke (1991) where once more than 70% of the households indicated willingness, successful rural health insurance schemes were set-up. Also Wibolproprasert (1992) noted that successful drug funds were established in Thailand in communities where more than 70 percent of the households were in support of the fund.

8.2 Willingness to finance

The variables are also not classified into their sub-components. Rather, they are expressed in proxies with yes or no answers. Yes stands for positive and no for negative. Thus;

Level of knowledge

Either someone has some reasonable knowledge or he/she does not. If with any reasonable knowledge, it is positive and otherwise negative. Reasonable knowledge means at least middle or high knowledge from the section on the design of the study tools for the quantitative WTF model.

Priority ranking

Either the disease is of a sufficient priority or its not. If its of a sufficient priority, then it is positive. Low priority is not considered sufficient.

Perceived risk

Either there is a reasonable perceived risk to the household or their is none. Any level of reasonable perceived risk is positive. Low perceived risk is not considered as being reasonable. Only middle and high categories are considered.

Presence of clinical onchocerciasis

Its either present or absent in the household. The presence of clinical onchocerciasis is positive for WTF.

Amount willing to finance

Either a household is prepared to pay #20.00 and above per eligible household member or its not.

Decision Criteria:

The percentage scores as used in determining ability to finance will also be used in this case.

8.3 Interpretation of the ATF and WTF values

A frequency distribution of the household values should be done, and the percentages calculated. These percentages would be used as the community's score.

8.3.1 Criteria for determining the level of ATF and WTF in a community

1. Criteria for ability to finance.

The presence of two or more of the variables in each level of ability to finance is confirmatory for that group.

Low ability

- i. < 50% with household income \geq #2,000.00 per month
- ii. < 50% with monthly average expenditure on medical care
> #200.00
- iii. < 50% with monthly average expenditure on food > #1,000.00
- iv. < 50% with own property like farmland or house with zinc
roof
- v. < 50% with savings

Middle ability

- i. 51-70% with household income \geq #2,000.00 per month
- ii. 51-70% with monthly average expenditure on medical care
> #200.00
- iii. 51-70% with monthly average expenditure on food > #1,000.00
- iv. 51-70% with own property like above stated.
- v. 51-70% with savings

High ability

- i. >70% with household income \geq #2,000.00 per month
- ii. >70% with monthly average expenditure on medical care > #200.00
- iii. >70% with monthly average expenditure on food > #1,000.00
- iv. >70% with own property as stated above
- v. >70% with savings

2. Criteria for willingness to finance

The presence of three or more of the criteria in each group of willingness to finance is confirmatory for that group.

Low willingness

- i. < 50% with middle or high knowledge about onchocerciasis
- ii. < 50% willing to pay/contribute #20.00 to 50.00 or more yearly
- iii. < 50% in the middle or high perceived risk group, or with household member in the perceived risk group
- iv. < 50% ranking onchocerciasis as a middle or high problem in the community
- v. < 50% with clinical onchocerciasis in their household.

Middle willingness

- i. 51-70% with middle or high knowledge about onchocerciasis
- ii. 51-70% willing to pay/contribute #20.00 to 50.00 or more yearly
- iii. 51-70% in the middle or high perceived risk group, or with household member in the perceived risk group.
- iv. 51-70% ranking onchocerciasis as a middle or high problem in the community
- v. 51-70% with clinical onchocerciasis in their household

High willingness

- i. >70% with middle or high knowledge about onchocerciasis
- ii. >70% willing to pay/contribute #20.00 to 50.00 or more yearly
- iii. >70% in the middle or high perceived risk group, or with household member in the perceived risk group
- iv. >70% ranking onchocerciasis as a middle or high problem in the community
- v. >70% with clinical onchocerciasis in their household

Interpretation

The reasons for the classifications are as in the quantitative model.

8.3.2 Second stage (Semi-Quantitative study) for middle performance communities.

1. High performance. = >70% of household heads and community leaders are willing to finance. Therefore, community financing is very feasible and can be implemented.

2. Still middle performance. = <70% of household heads and community leaders are willing to finance. Therefore community financing is not feasible.

Study Tools:

The answers from the quantitative and semi-quantitative models should be coded to fit into the specifications in this methodology. Alternatively, a simple questionnaire with yes or no alternatives can be designed and used specifically for this screen methodology.

8.4 Evaluation of the screen methodology

This was carried out by using the same set of data that were used to evaluate the quantitative model. The result correlated satisfactorily with the quantitative model. The result is presented in the table below.

TABLE 3.1 The screen methodology result for the three hypothetical communities

COMMUNITY TYPE	VARIABLES AND THEIR SCORES				
	Aw	Pr	Pc	Rc	Lk
LOW PERFORMANCE	28	25	24	24	19
MIDDLE PERFORMANCE	60	51	55	59	55
HIGH PERFORMANCE	76	77	75	78	77

Note: The results are all expressed in percentages.