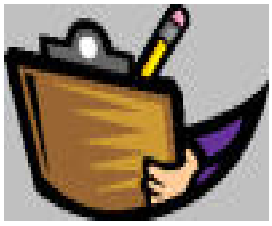
THE COST OF HEALTH
A COMMUNITY RESEARCH REPORT

Training and Research Support Centre
Community Working Group on Health

In the
Community Monitoring Programme

July 2005
Harare, Zimbabwe



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Executive Summary

It was resolved at the 2004 CWGH national meeting that the CWGH co-operate with Training and Research Support Centre (TARSC) through the Community Monitoring Programme (CMP) to outline and measure the costs of a 'health basket' similar to the Consumer Council of Zimbabwe (CCZ) food basket. This aims to make visible the costs of maintaining health for different Zimbabwean households. This would be accompanied by assessment of the 'drivers' of the rising costs of medical care for households reported in the CMP quarterly reports.

The programme thus obtained information from 20 districts in Zimbabwe the changing costs of hygiene, food, medical care and public health items for communities in urban, rural and peri urban areas. Information was collected from sources of health basket items in 20 districts and from 30 households per district in 11 new districts added since a round 1 survey in November 2004. Comparison is made from information gathered in November 2004 and June 2005 and from interview of households to assess the main elements that are drivers of cost increases in the 'health basket' , to identify items for which consumption has been stopped due to cost and to identify households most affected by these cost changes. The respondent profile in November 2004 and in June 2005 was largely similar enabling comparison across this two periods.

The programme also aims to build skills in research and survey methods and work, in managing data and in reporting and using findings amongst district level CWGH members. The reports are used to take up issues around these costs as CWGH in discussions with health authorities and officials at district and national level.

The *nominal* cost to the household for the health basket for one month found in this second round was Z$1 916 262 an increase of over 87% compared to the Z$1 023 386 found in the first round in October 2004.

According to the Central Statistical Office the Annual inflation rate as measured by the all items Consumer price index stood at 254.8 percent, this compared to 209.0 at the end of October 2004 showed a gain of about 48.8 percentage points on average. The 87% change in the health basket was well above the average gain in the annual inflation rate during the period October 2004 to July 2005. This implies that the costs of health is rising faster than the general CPI for all items

Food items were found to be the major cost drivers of the health basket since November 2004. The top drivers of health costs were milk, eggs, meat, and shelter. Highest increases between November 2004 and June 2005 were found to be in costs of shelter, meat, anti-hypertensives, sugar, soap, milk, margarine and rape.

Products for which 30% or more of households had stopped consumption in the past month included

- Hygiene products: bath soap, toilet rolls, cotton wool
- Foods: Fresh milk, eggs, cooking oil, margarine, beans, peanut butter
- Health care items: condoms.

A falloff in consumption of hygiene products exposes the poor households to water, feacal borne diseases. The fall off in high energy foods noted in this round would be most important for young children's nutrition. A fall off in condom use can affect prevention of sexually transmitted diseases. These findings are similar to those found in the first round (for different households) where declining consumption was reported for high energy foods and such hygiene products.

Certain households were reported to be more likely to have stopped purchasing some items due to cost stress. The top four items where fallout from consumption had occurred at highest level were used as indicators. The households identified as vulnerable using this method were identified as households

- Where the head of household is over 60 years old
- Where the head of household has not completed grade 1
- With unskilled heads of household, and
- Where the head is unemployed.

The characteristics of households that were found to be vulnerable to cost pressures in this second round are not different from the findings of the first round of the health basket research.

The findings of this second round of the health basket research are not very different from those of the first round. Food, soap and shelter continue to dominate as the highest cost drivers compared to medical care. Poor households show signs of cost stress as the same items food, reproductive health and hygiene items are being dropped from the health basket without mention of substitutes. This raises the need to protect the most vulnerable groups through improved safety nets, economic and social security transfers, particularly to avoid overloading households and the public health sector.

This calls for strategies for protecting access to the basic food and hygiene items, particularly those that are being dropped due to economic stress that are vital for health, such as milk, beans, soap, tooth paste, condoms and oral contraceptives for women.

1. Background

Discussions at community level carried out by civil society groups have identified that people view health as central to protecting our humanity, dignity, sovereignty and progress. At a time when people's health is negatively affected by HIV/AIDS, rising costs of basic goods, food insecurity and unemployment, provision of accessible, affordable quality health services and public health programmes are very important to promote health, prevent ill health and treat illness. At the CWGH National meeting held in July 2004 the reports from districts provided evidence of severe shortfalls in people's goals of adequate food, water and sanitation, shelter and transport. The Quarterly Community Monitoring Programme reports in 2004 and 2005 further verified this position. In 2004, families were reported to have stopped using basic commodities like toothpaste and soap because they had become unaffordable to rural and urban households, food production and household costs had risen sharply. In 2005 health care service costs were also noted to have risen.

It was resolved at the 2004 CWGH national meeting that the CWGH co-operate with Training and Research Support Centre (TARSC) through the Community Monitoring Programme (CMP) to outline and measure the costs of a 'health basket' similar to the Consumer Council of Zimbabwe (CCZ) food basket to make visible the costs of maintaining health for different Zimbabwean households. This would be accompanied by assessment of the 'drivers' of the rising costs of medical care for households reported in the CMP quarterly reports.

2. The Research programme: objectives and methods:

The programme seeks through pilot sites in different areas and communities in Zimbabwe to

- Identify the composition of the health basket, (Eg: shelter, food and safe water, clothing, proper sanitation, safety and security and health care) and the specific parameters that can be used to measure this.
- In more detail identify the changing costs of medical care for different care providers and communities to assess the main elements that are driving up the cost of medical are
- Build skills in research and survey methods and work, in managing data and in reporting and using findings amongst district level CWGH members
- Use the reports to take up issues around these costs as CWGH in discussions with MPs, councilors, health authorities and officials at district and national level.

The **research questions** which were further developed by the delegates at the level 1 training are shown below.

1. *How do we define a family? How do we define groups in Communities?*
2. *What items (goods) and services are essential for families to stay healthy?*
3. *What items (goods) and services are essential for families when a member falls ill?*
4. *What did the above items and services cost the family in the past month?*

5. *Which of the items /services above rose most in price over a period of ?? Months?*
6. *In the past three months which families have stopped or reduced consuming / substituted / used savings or borrowed money to buy the essential items/services for health ?*
7. *Which items/services did families not buy / stop buying in the past month due to cost?*

In both the first and second rounds household interviews were done to obtain the amount spent in Z$ in the most recent consultation with each of the following providers below within the past three months. The timing of the consultation and whether this was paid out of pocket, through medical aid or through another source of financing (eg company) was also obtained.

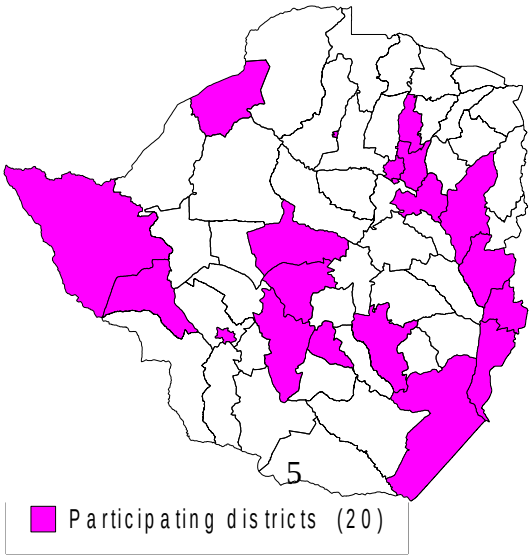
A pilot **first round** was carried out in 11 districts: Insiza, Chipinge, Victoria Falls, Hwange, Gweru, Chitungwiza, Arcturus, Plumtree, Kwekwe, Chinhoyi and Bulawayo.

In the second round the districts participating were Bindura, Chimanimani, Gweru(Chiwundura), Kwekwe (Zhombe), Chiredzi, Tsholotsho, Goromonzi (Chikwaka), Harare, Zvishavane, Kariba and Mutare.

In this **second round** the sample size remained at 30 households per district, so that the results from individual samples therefore cannot be used to represent the district. New districts were included and the National totals from both rural and urban districts reflects accurate estimates of costs, based on a total sample of 327 households. The findings show conditions obtaining at the time of data collection in **May/June 2005**.

The households interviewed were selected from Districts where CWGH community committees exists both rural and urban areas.(See Figure 1 below). More districts will be added as the CWGH continue to set up more structures in other districts. A total of 20 districts now participate in the health basket research.

Figure 1: Districts participating in the research



The second round covered the following districts: Acturus, Bindura, Bulawayo, Chimanimani, Chinhoyi, Chipinge, Chiredzi, Chitungwiza, Goromonzi, Gweru, Harare, Hwange, Kariba, Marondera, Mutare, Tsholotsho, Zhombe, Zvishavane. Insiza, Chiwundura.

Costs of items identified in the health basket were collected from outlets and institutions serving that community. A simple random sample of 30 households was obtained from a cluster randomly chosen to represent a district. Structured forms were used to collect what households are paying for each item by interview method. The prices were also collected from service providers and outlets serving the communities. A sentinel surveillance system will be used to facilitate comparisons of findings over time on the indicators identified as important for follow up.

The cost of health component was in this round collected from sites in a total of 20 districts , viz: Acturus, Bindura, Bulawayo, Chimanimani, Chinhoyi, Chipinge, Chiredzi, Chitungwiza, Goromonzi, Gweru, Harare, Hwange, Kariba, Marondera, Mutare, Tsholotsho, Zhombe, Zvishavane. Insiza, Chiwundura. This increases the sites from the 11 in round 1 to 20 in round 2 and nearly doubles the number of responses from which the compiled information was compiled.

The research is backed by a two stage training programme conducted by and using materials developed at TARSC:

The TARSC -CWGH research aims to produce three levels of reports

a. A report back to communities which should easy to understand through use of graphics and explanations. It should stimulate discussion and proposals for follow up. – *produced by the districts*
b. A report to authorities which should aim at supporting quick decision making. Such a report should provide evidence and key proposals for action. – *produced by the districts with the CWGH national office*
c. A scientific report for technical organizations and institutions e.g. Ministry of health- *produced by TARSC and the CWGH national office*.

3. The Respondents

Respondent distribution followed similar patterns shown in the first round with the 21–45 year age group accounting for the majority (59%) of the total respondents, compared to 68.5% found in the first round. (See Table 1 Below). Age of respondent is thus not a confounder in any comparison between round one and round two.

Table 1a: Distribution of respondents by age Nov 2004; June 2005

Month	Age Group in years								
	<20	%	21-45	%	46-60	%	60+	%	Total Number
Nov 2004	18	6.7	185	68.5	52	19.3	15	5.6	**270**
June 2005	30	9.2	193	59.0	79	24.2	23	7.0	**327**

Table 1b: Distribution of respondents by age

District	Age Group in years								
	<20	%	21-45	%	46-60	%	60+	%	Total Number
Bindura	3	10.3	22	75.9	4	13.8	0	0.0	29
Chikwaka	2	6.7	20	66.7	1	3.3	7	23.3	30
Chimanimani	2	6.7	19	63.3	8	26.7	1	3.3	30
Chiredzi	0	0.0	23	76.7	7	23.3	0	0.0	30
Gweru	2	6.7	18	60.0	8	26.7	2	6.7	30
Harare	10	33.3	14	46.7	6	20.0	0	0.0	30
Kariba	0	0.0	25	83.3	3	10.0	2	6.7	30
Marondera	3	10.0	11	36.7	13	43.3	3	10.0	30
Mutare	5	16.7	19	63.3	5	16.7	1	3.3	30
Zhombe	2	6.7	8	26.7	14	46.7	6	20.0	30
Zvishavane	2	7.1	15	53.6	10	35.7	1	3.6	28
Grand Total	30	9.2	193	59.0	79	24.2	23	7.0	327

The sample had more women respondents than men, and the rural area sample had greater shares of women than urban areas. This is the case as men were noted to be working elsewhere whilst women remain at home working the fields. Higher female shares overall were found as even in urban areas men were said to be at work at the time of visit. Women respondents accounted for the higher share at 61.5% and men 38.5% of the total interviewees. These findings are similar to round 1 where female respondent were in majority with 57% and males with 43% (See Table 2)

Table 2: Respondents distribution by sex

District	Sex				
	Male	%	Female	%	Total
Bindura	7	24.1	22	75.9	29
Chikwaka	13	43.3	17	56.7	30
Chimanimani	11	36.7	19	63.3	30
Chiredzi	12	40.0	18	60.0	30
Gweru	10	33.3	20	66.7	30
Harare	15	50.0	15	50.0	30
Kariba	14	46.7	16	53.3	30
Marondera	14	46.7	16	53.3	30
Mutare	7	23.3	23	76.7	30
Zhombe	9	30.0	21	70.0	30
Zvishavane	14	50.0	14	50.0	28
Grand Total	126	38.5	201	61.5	327

Table 3 below indicates that while the majority of people were married (54%) the share that were single was the same as the share that were widowed (18%). Areas with a higher share of women respondents also had a higher share of widowed respondents than other areas. Its not clear whether these widows are heads of households and where they are now deriving economic support from. Results of the first round showed much the same levels with 20.3% recorded as single and 11.4% as widowed. There was some increase in the share of widows interviewed in the second round.

Table 3: Distribution by Marital status

District	Marital Status										
	Single/ Never Married	%	Married	%	Widowed	%	Divorced/ Separated	%	Other	%	Total
Bindura	10	34.5	14	48.3	4	13.8	1	3.4	0	0.0	29
Chikwaka	2	6.7	24	80.0	2	6.7	2	6.7	0	0.0	30
Chimanimani	4	13.3	22	73.3	4	13.3	0	0.0	0	0.0	30
Chiredzi	2	6.9	16	55.2	9	31.0	3	10.3	0	0.0	30
Gweru	3	10.0	19	63.3	6	20.0	2	6.7	0	0.0	30
Harare	10	33.3	9	30.0	5	16.7	4	13.3	2	6.7	30
Kariba	7	23.3	13	43.3	6	20.0	4	13.3	0	0.0	30
Marondera	6	20.0	15	50.0	3	10.0	6	20.0	0	0.0	30
Mutare	7	23.3	18	60.0	4	13.3	1	3.3	0	0.0	30
Zhombe	2	6.7	17	56.7	8	26.7	3	10.0	0	0.0	30
Zvishavane	7	25.0	9	32.1	8	28.6	4	14.3	0	0.0	28
Grand Total	59	18.1	176	54.0	59	18.1	30	9.2	2	0.6	327

The level of education of the respondents was relatively high with 41% having completed secondary education and little difference between rural and urban areas. Marondera figures show a significantly higher proportion of graduate and post graduate respondents because the sample included a greater share of civil servants, teachers and hospital medical staff. The first round also showed a higher proportion (46%) recorded as having completed secondary education compared to other categories.

Table 4: Distribution by highest level of education completed

District	Highest Education level completed												Total
	Not completed Grade 1		Grade 1 - 7		Form 1 - 6		Dip/cert after Primary		Dip/cert after Secondary		Graduate /Post graduate		
	#	%	#	%	#	%	#	%	#	%	#	%	
Bindura		0.0	1	3.4	12	41.4	1	3.4	13	44.8	2	6.9	29
Chikwaka	2	6.7	4	13.3	19	63.3	1	3.3	4	13.3		0.0	30
Chimanimani	1	3.3	6	20.0	13	43.3	0	0.0	8	26.7	2	6.7	30
Chiredzi		0.0	8	26.7	14	46.7	0	0.0	7	23.3	1	3.3	30
Gweru	4	13.3	15	50.0	9	30.0	0	0.0	1	3.3	1	3.3	30
Harare		0.0	5	16.7	13	43.3	4	13.3	4	13.3	4	13.3	30
Kariba	2	6.7	5	16.7	16	53.3	0	0.0	6	20.0	1	3.3	30
Marondera	3	10.0	3	10.0	3	10.0	2	6.7	9	30.0	10	33.3	30
Mutare		0.0	4	13.3	16	53.3	2	6.7	6	20.0	2	6.7	30
Zhombe	3	10.0	15	50.0	10	33.3	1	3.3	1	3.3	0	0.0	30
Zvishavane		0.0	6	21.4	12	42.9	1	3.6	8	28.6	1	3.6	28
Grand Total	**15**	**4.6**	**72**	**22.0**	**137**	**41.9**	**12**	**3.7**	**67**	**20.5**	**24**	**7.3**	**327**

A third of the respondents reported that they were not employed, moreso in rural samples than urban (Table 5).

The respondents in the second round were thus comparable to those in the first round in major features, enabling some comparison across rounds. As the first round was a pilot more substantive comparison on household data can be made when the third round of work is done.

Table 5: Distribution by occupation

	Occupation												
	Pro-fessional	%	Skilled	%	Semi-Skilled	%	Un-Skilled	%	Student	%	Other	%	Total
Bindura	15	51.7	0	0.0	0	0.0	13	44.8	1	3.4	0	0.0	29
Chikwaka	8	26.7	2	6.7	2	6.7	15	50.0	2	6.7	1	3.3	30
Chimanimani	10	33.3	2	6.7	2	6.7	14	46.7	1	3.3	1	3.3	30
Chiredzi	8	26.7	7	23.3	6	20.0	6	20.0	2	6.7	1	3.3	30
Gweru	3	10.0	3	10.0	4	13.3	18	60.0	1	3.3	1	3.3	30
Harare	3	10.0	2	6.7	5	16.7	17	56.7	3	10.0	0	0.0	30
Kariba	5	16.7	6	20.0	1	3.3	18	60.0	0	0.0	0	0.0	30
Marondera	13	43.3	6	20.0	2	6.7	9	30.0	0	0.0	0	0.0	30
Mutare	7	23.3	4	13.3	1	3.3	10	33.3	4	13.3	4	13.3	30
Zhombe	5	16.7	4	13.3	9	30.0	9	30.0	3	10.0	0	0.0	30
Zvishavane	10	35.7	5	17.9	5	17.9	6	21.4	1	3.6	1	3.6	28
Grand Total	84	25.7	41	12.5	37	11.3	135	41.3	18	5.5	9	2.8	327

Table 6: Distribution by employment status

	Employment status						
District	Employed	%	Own account worker	%	Unemployed	%	Total
Bindura	21	72.4	1	3.4	7	24.1	29
Chikwaka	5	16.7	5	16.7	20	66.7	30
Chimanimani	14	46.7	1	3.3	15	50.0	30
Chiredzi	13	43.3	11	36.7	6	20.0	30
Gweru	5	16.7	5	16.7	20	66.7	30
Harare	10	33.3	9	30.0	11	36.7	30
Kariba	20	66.7	3	10.0	7	23.3	30
Marondera	18	60.0	6	20.0	6	20.0	30
Mutare	10	33.3	9	30.0	11	36.7	30
Zhombe	3	10.0	22	73.3	5	16.7	30
Zvishavane	19	67.9	7	25.0	2	7.1	28
Grand Total	137	41.9	79	24.2	110	33.6	327

4. The costs of the monthly health basket

The items on the health basket were compiled from background surveys of health inputs, from household survey items in Central Statistical Office surveys and from perceived items from CWGH district members. The quantity of items making up a monthly basket were derived from the same sources. The costs of items in the health basket collected for each indicator from households in the district and prices from outlets and institutions serving communities. Changes were made to the

basket on review of the first pilot round with monitors and feedback received from technical expertise.

The average family size of 4.2 household members from CSO household surveys was used when this information was needed for monthly estimates. The cost of medicines such as for hypertension, diabetes, was divided by an estimate of the prevalence of such conditions in the community from health statistics. It is noted that these are all estimates. The questionnaire and these estimates are shown in Appendix 1.

The Health basket was taken to include

- Hygiene items (eg soap)
- Food items
- Health care items
- Public health inputs

This is a wider definition than medical care, but this is deliberate. Being health requires the inputs to prevent disease, promote good health as well as those items for managing disease.

An average monthly cost for ALL items was calculated for each area and for all areas combined. This average monthly cost is the estimated cost of the health basket for a family.

The *nominal* cost to the household for the health basket for one month found in this second round was Z$1 916 262 an increase of over 87% compared to the Z$1 023 386 found in the first round in October 2004.

According to the Central Statistical Office the Annual inflation rate as measured by the all items Consumer price index stood at 254.8 percent, this compared to 209.0 at the end of October 2004 showed a gain of about 48.8 percentage points on average. The 87% change in the health basket was well above the average gain in the annual inflation rate during the period October 2004 to July 2005. This implies that the costs of health is rising faster than the general CPI for all items.

Tables A1a to d in Appendix 2 shows the average monthly cost for All areas for each item.

Table 7 shows the average household cost for all areas for the items.

Food items were found to be the major cost drivers of the health basket since November 2004 (See Table 8). The top drivers of health costs were milk, eggs, meat, and shelter. Highest increases between November 2004 and June 2005 were found to be in costs of shelter, meat, anti-hypertensives, sugar, soap, milk, margarine and rape.

Table 7: Monthly health basket for a family of 4.2 rounded to the nearest Z$

Item	All areas, average household cost in Z$ per month, rounded to nearest Z$
Hygiene	
Bath soap	24660
Laundry soap	41230
Toilet roll	21860
Petroleum Jelly	13350
Toothpaste	52450
Cotton wool	37440
Food	
Fresh milk	187950
Eggs	121280
Meat-beef	355350
Chicken	189224
Cooking oil	78040
Margarine	48040
Dried beans	40358
Cabbage/Rape	65550
Peanut butter	17978
Bread	85300
Tea leaves	15550
Table salt	3377
Sugar	41235
Maize meal	47250
Health care	
Hospital fees(public)	10844
Clinic fees	6168
Condoms	1060
Oral contraceptives	597
Antibiotics	22402
Pain killer	9761
Cough mixture	17241
Anti-hypertensive	46468
Anti-diabetics	23194
Anti-Asthma	43402
Anti-Malaria	16333
Public health	
Water-Charge	13070
Water charge informal	21833
Shelter	176667
Transport	19750
Total	**1916262**

Table 8: Highest cost items in the Monthly health basket; increase from Nov 04 to June 05.

Item	All areas, household cost in Z$ per month, rounded to the nearest Z$: **June 2005**	All areas, household cost in Z$ per month, rounded to the nearest Z$: **November 2004**	% Increase
Laundry soap	41230	23944	72%
Fresh milk	187950	104767	79%
Eggs	121280	76860	58%
Meat-beef	355350	174444	104%
Chicken	189224	102617	54%
Margarine	48040	24422	97%
Cabbage/Rape	65550	34444	90%
Sugar	41235	17067	142%
Maize meal	47250	28256	67%
Anti-hypertensive	46468	10809	330%
Shelter	176667	67284	163%

5. Fall out from the health basket

The household survey that complemented the health basket costing sought to find out from households how cost factors have affected household purchase and consumption of items in the health basket. Respondents provided information on items they usually purchase but can no longer afford to buy now due to costs. The findings are shown in Tables 9 and 10 below.

Products for which 30% or more of households had stopped consumption in the past month included

- Hygiene products: bath soap, toilet rolls, cotton wool
- Foods: Fresh milk, eggs, cooking oil, margarine, beans, peanut butter
- Health care items: condoms (See Table 9)

A falloff in consumption of hygiene products exposes the poor households to water, feacal borne diseases. The fall off in high energy foods noted in this round would be most important for young children's nutrition. A fall off in condom use can affect prevention of sexually transmitted diseases. These findings are similar to those found in the first round (for different households) where declining consumption was reported for high energy foods and such hygiene products.

As shown in Table 10 cost reasons were responsible for the fall off in most of these items.

Table 9: Items in the monthly health basket that households stopped purchasing for cost reasons

Item	Total households that stopped purchasing the item in the past month	% households that stopped purchasing the item in the past month
Hygiene		
Bath soap	125	38.2
Laundry soap	9	2.8
Toilet roll	162	49.5
Petroleum Jelly	36	11.0
Toothpaste	86	26.3
Cotton wool	121	37.0
Food		
Fresh milk	171	52.3
Eggs	148	45.3
Meat-beef	69	21.1
Chicken	37	11.3
Cooking oil	115	35.2
Margarine	120	36.7
Dried beans	114	34.9
Peanut butter	100	30.6
Cabbage/Rape	51	15.6
Bread	91	27.8
Tea leaves	37	11.3
Table salt	3	0.9
Sugar	32	9.8
Maize meal	24	7.3
Health care		
Hospital fees(public)	81	24.8
Clinic fees	91	27.8
Condoms	99	30.3
Oral contraceptives	83	25.4
Antibiotics	84	25.7
Pain killer	49	15.0
Cough mixture	72	22.0
Anti-hypertensive	91	27.8
Anti-diabetics	90	27.5
Anti-Asthma	87	26.6
Anti-Malaria	69	21.1
Public health		
Water	6	1.8
Shelter	14	4.3
Transport	33	10.1

Table 10:Items with highest fallout from the monthly health basket for cost reasons

Item	Total households that stopped purchasing the item in the past month	% households that stopped purchasing the item in the past month
Hygiene		
Toilet roll	162	49.5
Bath soap	125	38.2
Food		
Fresh milk	171	52.3
Eggs	148	45.3
Margarine	120	36.7
Cooking oil	115	35.2
Dried beans	114	34.9
Health care		
Condoms	99	30.3
Clinic fees	91	27.8
Anti-hypertensive	91	27.8
Anti-diabetics	90	27.5
Anti-Asthma	87	26.6

6. Vulnerable households

The survey findings indicated that certain households were more likely to have stopped purchasing some items due to cost stress. The top four items where fallout from consumption had occurred at highest level were used as indicators. The households identified as vulnerable using this method were identified as households

- Where the head of household is over 60 years old (Table 11)
- Where the head of household has not completed grade 1 (Table 12)
- With unskilled heads of household (Table 13)
- Where the head is unemployed (Table 14)

Table 11: Respondents stopping purchase of particular items by age

% total in age group who stopped buying item	Age in years			
	<20	21 - 45	46 – 60	60+
Bath soap	30	51	52	69
Toilet roll	40	57	66	74
Fresh milk	50	60	61	74
Eggs	37	59	52	74

Table12: Respondents stopping purchase of items by highest education level

% Total in age group who stopped buying item	Highest education level completed					
	Not completed grade 1	Grade 1- 7	Form 1- 6	Dip/cert after primary	Dip/cert after secondary	Grad/Post grad
Bath soap	67	68	53	42	37	13
Toilet roll	67	85	65	58	34	4
Fresh milk	73	81	63	67	43	13
Eggs	35	74	61	42	45	8

Table 13: Respondents stopping purchase of items by occupation

% total in occupation group who stopped buying item	Occupation					
	Professional	Skilled	Semiskilled	Unskilled	Student	Other
Bath soap	39	39	62	60	44	0
Toilet roll	38	51	70	71	55	44
Fresh milk	44	54	68	73	44	44
Eggs	45	51	65	67	64	52

Table 14: Respondents stopping purchase of items by employment status

% total in employment group who stopped buying item	Employment Status		
	Employed	Own account worker	Unemployed
Bath soap	41	54	59
Toilet roll	44	68	70
Fresh milk	47	67	70
Eggs	54	53	60

The results show that households where items were reported as being dropped from the health basket were mostly the elderly, households with household heads with less than grade 1 level of education , households with heads without any occupational skills and those with unemployed heads of households. These households are usually described as the most vulnerable in most CMP community assessments reports. The characteristics of households that were found to be vulnerable to cost pressures in this second round are not different from the findings of the first round of the health basket research.

The cost of the health basket at almost Z$2 million dollars is beyond the reach of most employed heads of households, the majority of whom are earning much less than that. This has led to many households in the low income group dropping items important for the maintenance of family health. This may be expected to lead to higher levels of illness in households, and greater pressures on the health services as more people become ill.

7. Follow up actions

The findings of this second round of the health basket research are not very different from those of the first round. Food, soap and shelter continue to dominate as the highest cost drivers compared to medical care. The top drivers of health costs were milk, eggs, meat, and shelter. Highest increases between November 2004 and June 2005 were found to be in costs of shelter, meat, anti-hypertensives, sugar, soap, milk, margarine and rape.

Poor households show signs of cost stress for high energy foods, reproductive health and hygiene items are these items are being dropped from the health basket without any mention of suitable substitutes. A fallout of these items has health consequences and may reflect in rising costs of illness for such households. This is important as those most affected by fallout from the health basket are those poorest households least able to afford medical care.

This raises the need to protect the most vulnerable groups through improved safety nets, economic and social security transfers, particularly to avoid overloading households and the public health sector.

It calls for strategies for protecting access to the basic food and hygiene items, particularly those that are being dropped due to economic stress that are vital for health, such as high energy foods, soap, tooth paste, condoms and oral contraceptives for women.

Appendix 1:

Table A1a Monthly health basket for a family of 4.2 to the nearest Z$, June 2005

District	Bath soap	Laundry soap	Toilet Roll	Petroleum jelly	Toothpaste	Cotton wool	Fresh milk	Eggs	Meat - beef	Chicken	Cooking oil
Acturus	23600	36000	20000	12000	46000	42000	180000	96000	350000	200000	80000
Bindura	20000	18000	30000	12000	38000	22000	240000	96000	400000	220000	88000
Bulawayo	24000	32000	24000	13000	42000	46000	150000	128000	384000	194000	68000
Chimanimani	24000	30000	8000	13800	52000	29000	168000	120000	350000	240000	60000
Chinhoyi	23600	33200	20000	10200	45000	41600	180000	96000	350000	200000	80000
Chipinge	22400	30000	24000	13000	50000	27200	135000	104000	360000	180000	72000
Chiredzi	26000	64000	19200	15000	30000	31200	156000	192000	250000	239200	72000
Chitungwiza	26000	32000	24000	11000	60000	30000	114000	104000	395000	188000	68000
Goromonzi	28000	56000	16000	16000	60000	50000	270000	144000	250000	160000	96000
Gweru	30000	58000	7000	13800	100000	50000	225000	120000	300000	200000	76000
Harare	25200	54400	28000	13000	50000	24000	141000	120000	540000	240000	80800
Hwange	26000	36000	25800	13000	38000	46000	150000	128000	384000	194000	68000
Kariba	22000	29800	28800	11400	60000	8000	135000	96000	255000	211200	60000
Marondera	20800	34000	24000	10000	32000	34000	165000	72000	450000	192000	80000
Mutare	25600	23600	37600	11000	60000	17800	165000	105600	455000	192000	88000
Tsholotsho	22000	64000	36000	16000	60000	54000	270000	168000	350000	20000	112000
Zhombe	28000	56000	16000	16000	60000	50000	270000	144000	250000	160000	96000
Zvishavane	22000	31600	25800	13000	38000	46000	150000	128000	384000	194000	68000
Insiza	24000	48000	16000	20000	48000	50000	270000	144000	350000	160000	72000
Chiwundura	30000	58000	7000	13800	50000	50000	225000	120000	300000	200000	76000
Total	**493200**	**824600**	**437200**	**267000**	**1049000**	**748800**	**3759000**	**2425600**	**7107000**	**3784480**	**1560800**

Table A1b Monthly health basket for a family of 4.2 to the nearest Z$, June 2005

District	Margarine	Dried beans	Cabbage/Rape	Peanut butter	Bread	Tea leaves	Table salt	Sugar	Maize meal
Acturus	28000	46000	150000	19930	80000	19800	2500	45000	50000
Bindura	76000	48000	50000	15000	90000	16000	3000	60000	28000
Bulawayo	46000	44000	50000	15500	80000	18700	2500	37500	34000
Chimanimani	63600	20000	20000	11900	80000	13000	2900	24000	52000
Chinhoyi	28000	46000	150000	19930	80000	19800	2500	45000	50000
Chipinge	18000	46000	70000	15000	70000	8000	2400	45000	56000
Chiredzi	34000	48000	30000	10000	100000	8200	2440	20700	60000
Chitungwiza	38000	46000	90000	22500	76000	18000	3000	36000	25200
Goromonzi	50000	40000	25000	15000	100000	18000	6000	60000	96000
Gweru	52000	40000	30000	30000	80000	13000	3000	36000	30000
Harare	44000	33600	100000	22300	80000	14500	3100	39000	24000
Hwange	46000	44000	50000	15500	80000	18700	2500	37500	34000
Kariba	31200	35560	131000	16800	90000	19100	2800	31500	30000
Marondera	34000	16000	60000	15600	70000	3800	3300	36000	32000
Mutare	120000	30000	70000	14100	70000	18700	2100	33000	27800
Tsholotsho	54000	60000	80000	25000	120000	16000	6000	45000	60000
Zhombe	50000	40000	25000	15000	100000	18000	6000	60000	96000
Zvishavane	46000	44000	50000	15500	80000	18700	2500	37500	34000
Insiza	50000	40000	50000	15000	100000	18000	6000	60000	96000
Chiwundura	52000	40000	30000	30000	80000	13000	3000	36000	30000
Total	**960800**	**807160**	**1311000**	**359560**	**1706000**	**311000**	**67540**	**824700**	**945000**

Table A1c: Monthly health basket for a family of 4.2 to the nearest Z$, June 2005

District	Hospital fees	Clinic fees	Condoms	Oral contraceptives	Antibiotics	Pain killer	Cough mixture	Anti - hypertensive	Anti - diabetics
Acturus	250	5000	800	1000	21800	4000	28000	50100	28800
Bindura	2000	5000	400	602	22402	1000	11000	46468	23194
Bulawayo	150	5140	400	100	29200	19000	12600	62400	24000
Chimanimani	2000	2000	1200	602	22402	9761	26000	46468	23194
Chinhoyi	250	5000	800	1000	21800	4000	28000	50100	28800
Chipinge	120	400	2000	120	120	3500	13500	120	120
Chiredzi	10000	15000	400	602	22402	25000	36000	111000	27000
Chitungwiza	265	2400	2000	1000	21000	3000	20000	71500	24500
Goromonzi	60000	1000	1200	602	22402	5000	15000	15000	18000
Gweru	211	5140	400	602	21000	3600	12000	18000	18000
Harare	26000	26000	400	1000	26000	2000	18000	58000	27000
Hwange	150	5140	400	100	29200	19000	12600	62400	24000
Kariba	120	7000	2000	500	22402	16700	9600	30000	23194
Marondera	20000	5000	1200	800	35000	20000	16000	73000	55000
Mutare	211	13000	400	500	13500	17300	13600	15000	7500
Tsholotsho	5000	5000	4000	1000	22402	9761	17237	46468	23194
Zhombe	60000	1000	1200	602	22402	5000	15000	46468	23194
Zvishavane	150	5140	400	100	29200	19000	12600	62400	24000
Insiza	15000	5000	1200	602	22402	5000	16000	46468	23194
Chiwundura	15000	5000	400	500	21000	3600	12000	18000	18000
Total	**216877**	**123360**	**21200**	**11935**	**448036**	**195222**	**344827**	**929360**	**463884**

Table A1d: Monthly health basket for a family of 4.2 rounded to the nearest Z$, June 2005

District	Anti - Asthma	Anti - malaria	Water-charge/ mth	Water charge informal	Shelter	Transport
Acturus	23000	12000	8000	21833	150000	10000
Bindura	46226	16333	2000	21833	200000	36000
Bulawayo	26800	13700	1650	21833	200000	3000
Chimanimani	24000	35000	20000	21833	50000	5000
Chinhoyi	28800	12000	8000	21833	250000	80000
Chipinge	46226	15000	51000	51000	120000	132000
Chiredzi	111000	16000	10000	10000	200000	15000
Chitungwiza	71500	20000	705	21833	120000	1500
Goromonzi	15000	20000	8000	21833	100000	5000
Gweru	18000	12500	20500	21833	200000	3000
Harare	58000	18000	2000	21833	500000	3000
Hwange	62400	13700	1650	21833	200000	3000
Kariba	30000	16333	62000	21833	170000	1500
Marondera	73000	18000	3200	4500	180000	3000
Mutare	15000	12900	4400	21833	200000	3000
Tsholotsho	46226	16333	10000	21833	40000	25000
Zhombe	46226	16333	13070	21833	176666	5000
Zvishavane	62400	13700	1650	21833	200000	3000
Insiza	46226	16333	13070	21833	176666	40000
Chiwundura	18000	12500	20500	21833	100000	18000
Total	**868030**	**326665**	**261395**	**436661**	**3533332**	**395000**