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Voices from the field

Kenya, Rift Valley, April 2012

The sky turns grey. Does this prelude the story that Joseph is going to tell? Seated at his fence, he explains how he became poor. 'Two years ago my little girl inhaled a piece of corn. She began struggling to breathe. Since we had no cash at the time, we waited before visiting a doctor, hoping she would get better. After three days her symptoms were so serious that I decided to borrow money from my parents for a taxi to the hospital.' I see a girl playing with the other children. 'That is her', Joseph says. 'Thank God she survived. But I could only pay the hospital bill by selling my land. Now I have to buy maize from the market and it is very difficult to feed the family. Sometimes we skip the meal and only take tea with some sugar. I have no idea how I am going to pay the school fees next year.'

Nigeria, Kwara State, February 2011

A Focus Group Discussion on how people pay for health care. Ten men take turns. 'We use our incomes to pay the health fees', one says. 'We store our harvest. When somebody in the household is ill, we can sell the food to pay the doctors,' another says. Then someone says: 'But we need insurance. Take my case.' We listen. 'Some time ago my wife was very ill. I took her to the hospital. The doctors only wanted to see her if I paid them the fee. The only way I could raise the money was by selling the roof of my house. But we were too late and she is not around anymore. I have not been able to replace the roof. So I am renting a house. If only we had insurance back then...'

Nigeria, Kwara State, August 2008

We enter the main public hospital in the area. I did not expect much, but more than this. The waiting hall is empty. The wards: empty. No clean water, no electricity, no drugs. No doctors, only the nurse on duty. She hands me a logbook. The same phrase appears on every page, every line: 'No patients seen during shift.' Three years later I return to the same hospital. It has been refurbished by the health insurance program. I barely recognize it. Patients in the waiting area, in the wards, a storage filled with drugs, always a doctor on duty. But there is one major challenge. Despite the subsidies and improved quality of the health facility, a minority of the people enroll. Why don't they take a card?

For households in poverty, health expenditures can be a matter of life and death, of prosperity and poverty. I dedicate this dissertation to the people I interviewed during my fieldwork. Their experiences shaped my ideas. Their voices were and will be a source of inspiration in my work.