THE ROLLING OF COMMUNITY HEALTH FUND: HOW FAR HAVE WE ACHIEVED?

A CASE OF UKEREWE DISTRICT COUNCIL

BACKGROUND

In ensuring the right and access to primary health care is enjoyed by the citizens at all levels, the united Republic of Tanzania (URT) established different programs and formulated policies that aims at addressing health related issues.

The Ministry of Health and Social Welfare (MOHSW) ***is committed to facilitate the provision of basic health services that are good, quality, equitable, accessible, affordable, and sustainable and gender sensitive***[1]***.*** To couple this commitment the Government established a Primary Health Service Development Program (PHSDP 2007 – 2017) popularly known *as Mpango wa Maendeleo wa Afya ya Msingi (MMAM in Swahili)*. The overall objective of PHSDP is ***to accelerate the provision of primary health care services for all by 2012; with the main focus on strengthening health systems, rehabilitation, human resource development, the referral system, increase health sector financing and improve the provision of medicines, equipment and supplies.*** It is within these policy commitments where the Government through the MoHSW saw the need of establishing Community Health Fund (CHF).

Community Health Fund is a voluntary community based financing scheme whereby households pay contributions to finance part of their basic health care services to complement the Government health care financing efforts, established under ***The Community Health Fund Act No 1 of 2001.***

In 2007, the Government through Cabinet Directive No 37/2007 decided to synchronize the National Health Insurance Fund (NHIF) and the CHF to support the implementation of the of Primary Health Services Programme and provide technical and managerial support to extend CHF coverage[2].

The objectives of the Fund are to mobilize financial resources from the community for provision of health care service to its members, to provide quality and affordable health care service through a sustainable financial mechanism, and to improve health care services management in the communities through decentralization by empowering the communities in making decisions and by contributing on matters affecting their health, as per CHF Act no 1 of 2001

INTRODUCTION

This case study aims at narrating the story behind the establishment and operation of the CHF in Ukerewe District Council (UDC) established in 2006. This has come as a result of Social Accountability Monitoring (SAM) intervention in 2012. The intervention was done in collaboration between Policy Forum[3] and Forum Syd[4] by conducting a SAM training to Union of Non- Government Organization Network (UNGONET), Community Based Organizations (CBOs) as well as representatives from the

[1] For more information: http://moh.go.tz/index.php/about-us/mission-and-vision

[2] Ifakara Health Institute Spotlight: Lessons from Community Health Fund reforms, A review of the past three years

[3] Policy Forum (PF) is a network of over 70 civil society organizations that seeks to strengthen NGO involvement in critical policy processes in Tanzania.

[4] A network of more than 200 NGOs world wide working.

UDC and councilors. The training enabled participants through the Council Implementation Team (CIT) to monitor the performance of the health sector in the district.

Documents used for analysis were Ukerewe district Strategic Plan – 2008/2012, Council's Comprehensive Health Plan (CCHP) 2010/2011, Annual Health Implementation Report (2010/2012), Controller and Auditor General Report (CAG 2010/2011), Internal Audit Report on CHF, and Finance and Planning Committee report of 2010/2011.

During the analysis the team came with three major problems which hindered smooth and effective health provision in the district as follows:-

- Community Health Fund - poor enrollment of community members to the fund
- Shortage of staffs and inadequate medical supplies and equipment's at health facilities
- Inadequate health infrastructures and health provisions in the district

CHF – WHAT WAS THE PROBLEM?

Low Enrolment and drop out of the members; In UDC the scheme was established in 2006 with as a total of 186 members. However due to inadequate management skills and limited awareness on the importance of the scheme among community members, the number dropped from 186 to 40 members in2007. Among the reasons for this drop out are; failure to coordinate operation of the scheme in providing health care service to beneficiaries by Ukerewe Health Department, and lack of proper personnel for coordinating scheme operation.

Contributed funds remaining unused; the team found that the amount of TZS 29,780,000 for CHF collections was not spent since the establishment of the fund. When the team shared this with the council officials they said, the reason behind is contributed by inadequate community awareness and management skills on CHF. Also the fund remained unspent for the reasons of reaching an amount of 50 Million, so that the government can top up another 50 Mil to allow its operation.

The Functions of Ward Health Committee is;

- ***To mobilise the community to be members of the Fund***
- ***To prepare the list of members and monitor the numb r of members in the community;***
- ***To supervise the collectors of annual contributions;***
- ***To monitor the level of contributions and user-fee revenue;***
- ***To re view Fund's operations, make recommendations and take remedial actions;***
- ***To initiate, and coordinate community health plans;***
- ***To organize general meetings and any other meetings of members of the Fund.***

Improper management of the Scheme; According to the **CHF Act No 1 of 2001**, Wards Health Committees are required to comply with their own plans and budgets, to make careful procurement in a transparent and open manner using acceptable government procedures, keeping of accurate records of expenditure of the resources of the Fund and holding of regular meetings by the established Committees.

This was found not to be the case in Bugula where there was no Ward Health Committee which has the function of mobilizing community to be members of the fund. This made community members

not to understand their roles in managing the health care services provided in their health facilities as well as the importance of joining the fund.

It was also found that, in some villages where the scheme is established; members were not given the membership cards neither membership registration in health centers and dispensaries. This is against the ***CHF Act no 1 of 2001, Part III, Section 6*** which states that "*All contributing members shall be registered with the fund and shall be issued with a membership card".*

WHAT ARE THE CHANGES?

Behavioral Change to Service Providers and Community; After feedback meeting on what was found in villages regarding the CHF with the Council Officials in the district, they decided to pay a visit in Igunga district[5] in May 2014 as part of learning from the district on how they are managing the scheme and managed to mobilize the community in joining the same. The visit comprised of Community Development Officer from UDC, one representative from UNGONET and UDC councilors.

A member showing her CHF membership card

After the visit, the team was in the view of establishing a CHF coordinator who will operate under the department of Social Welfare in the district. Also they agreed that, there should be massive awareness creation to communities on the importance of the scheme as well as putting innovative strategies to mobilize and sensitize community members to join the scheme.

Increased number of members to the Community health Fund; In Muriti health center and Bugula dispensary CHF members increased from 17 to 87 members between May 2013 and January 2014. Up to date the UDC has a total of 838 members with the total contributions of more than 50 Mil Tanzanian Shillings. These changes have been contributed by increased awareness on the importance of the scheme by civic actors together with UDC.

FACTORS FOR THE CHANGES

Awareness creation to the community members on the importance of CHF; After the intervention of SAM both UNGONET and UDC joined hands in creating awareness to the community on the importance of CHF.

Functioning health committees; In July 2013 health committee were formed in Bugula dispensary and Muriti health centre. This contributed in increasing the enrollment of members in the scheme.

[5]Igunga district was a pilot district when CHF was introduced in 1996

LESSONS LEARNED

- Awareness creation meetings in the villages on the importance of the scheme are very important. The meeting enables community members to understand the rationale of the scheme and its importance to their lives. This increases the effectiveness of the scheme in the sense that the Government will increase amount of fund contributed to the scheme under matching grant ***(TELE kwa TELE)*** system.
- Good relations with UDC; this has highly contributed to these changes, since they showed willingness in collaborating with the CSOs when SAM was introduced in the district.
- Close follow-up on the promises made; this has been so on the part of the CIT team capacity in monitoring the promises. Since the intervention, two years have passed, if there could be no follow ups who knows may be the promised could have went in vain, but today we are witnessing some of the developments in CHF.

WAY FORWARD AND CONCLUSION

Efforts has been done by the UDC in collaboration with the local CSO's to create awareness to the community on the importance of CHF, and to some extent there are achievement to some of the villages and now the scheme is operating . It is therefore very important for the MOHSW, PMORALG and NHIF to address the systemic issues which impair the smooth operation of the scheme at the district and village levels.