The Reform of Community Health Funds in Dodoma Region, Tanzania

Health Promotion and System Strengthening project (HPSS)

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Development of the Re-organised CHF in Dodoma Region

• 2011: inter-governmental agreement between Tanzania and Switzerland includes mandate to develop and test innovations for the Community Health Funds (CHF) in Dodoma Region

• 2011 - 2012: The Swiss TPH together with Micro Insurance Academy develops the Re-organised CHF (CHF Iliyoboreshwa) within the “Health Promotion and System Strengthening Project” (HPSS)

• 2012: the Re-organised CHF is implemented in 7 districts of Dodoma Region, with 250 health facilities, incl. hospitals

• 2013 August: the CHF reaches a coverage of 20% of the population and provides health insurance for 400’000 people out of 2 million
Problems with the “old” CHF approach in Tanzania

• No separation of provider-purchaser role of health service
  • Overburdens CHF coordinators
  • No “voice” mechanism of the members towards DMO

• “Passive” enrolment
  • Enrolment at health facilities overburdens health staff
  • Enrolment depends on active individuals rather than an active enrolment workforce

• Limited portability of ID document
  • Only 1 primary level health facility at home village is accessible for members, hospitals not included, no cross-district health care included
Problems with the “old” CHF approach in Tanzania contd.

• Family based ID card
  1. Expensive cards as family photos have to be paid for
  2. 1 card holder only – leaves family members in vulnerable situations

• No incentive for health facilities to treat CHF members
  1. CHF funds stayed at district level; Health facilities did not receive reimbursements based on enrolled or treated CHF members

• Weak data collection and utilization
  • Weak recording of membership data resulted in problems for monitoring and for requesting “matching funds” from the Government
Key features of the new CHF in Dodoma Region

• Builds on professional CHF staff
• Uses active enrolment and a wider “enrolment task force” – Enrolment Officers at each village, equipped with mobile phone
• Creates individual ID cards, portable across the district and including hospital level
• Uses patient feedback to inform the health system
• Establishes dedicated CHF board
• Establishes responsibilities of Village Executive Officers for CHF enrolment, answerable to the District Administration
Schematic overview of new CHF structure
A strong Insurance Management Information System (IMIS) for supporting data management

- centralized system allowing for independent operations of district CHF schemes
- support for intra-district and cross-district provision of health care (portability)
- easily expandable to all districts in Tanzania without major investments
- both on-line and off-line communication with partners in the field (enrolment officers, health facilities)
- flexibility in definition of insurance products according to needs of district schemes
- on-line and off-line verification of insurance status and identity of patients
Communication within IMIS

central server
(Dar es Salaam→ Dodoma)

on-line (thin) clients

Internet

mobile clients

off-line (thick) clients

physical transport
Expanding health insurance coverage in rural areas

- Premium of TZS 10‘000 (CHF 5.50)/year → free services for a whole family
Mobile phone applications

server

mobile network

for enrolment officers (VEO)

acquiring of photos
renewal of a policy
acquiring of feedbacks

for health facilities

retrieving of coverage
submission of bills
Mobile phone applications

1. acquiring of a photo of an insuree by a mobile phone

2. sending it on the central server

3. assigning it to the record of the insuree (automatically)

4. retrieving photo and information on coverage by a mobile phone of staff of a health facility
Using of Quick Response codes for efficient data entry

- Insuree’s CHF number represented as QR code on insuree’s card

- QR codes are red by mobile phone applications to speed up data entry and eliminate errors.
How to submit claims

server

Internet network

mobile network

CHF office

on-line client

mobile client

off-line client

health facility
Principles of cross-district provision of health care

- Insurees can visit any facility within the CHF network.
- The insurance product of an insuree is "charged" wherever he/she seeks for health care.
- Prices of the health facility that provided health care are used in any case.
- The health facility is remunerated by the CHF office of insuree’s residence.
Cross district health care

District A
CHF office A

CHF office B

District B
User interface of IMIS

- easily understandable
- uniform handling rules
- effective usage
- each user can select his/her own language:
  1. Swahili
  2. English
Example: screen for definition of insurance products
Example: screen for entering/modification of data on insurees

<table>
<thead>
<tr>
<th>Family Details</th>
<th>Insuree Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHF Number</td>
<td>Last Name</td>
</tr>
<tr>
<td></td>
<td>Zahi</td>
</tr>
<tr>
<td>Other Names</td>
<td>Io</td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>Ward</td>
</tr>
<tr>
<td></td>
<td>Malanda</td>
</tr>
<tr>
<td>Village</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malanda</td>
</tr>
</tbody>
</table>

- Has Poverty Status? (□)

- Insuree Details:
  - Last Name
  - Other Names
  - Birth Date
  - Gender
  - Marital Status
  - CHF Number
  - Card
  - Phone Number
  - Passport Number

- Save
- Cancel
Example: screen for entering/modification of data on claims
Implementation so far (November 2013)

• The “Improved CHF” (“CHF Iliyoboreshwa”) for Dodoma region is operational, including Insurance Management Information System IMIS

• CHF Boards of the seven districts of Dodoma region have been installed

• SOPs, Training materials and IEC materials for new CHF are available

• 1300 Enrolment Officers in the region were trained

• CHF teams, Council Health Management Teams, CHF Boards, Village Executive Officers and other stakeholders have been trained and oriented on new CHF
Implementation so far (October 2013)

• CHF funds are being managed according to the government policy

• Districts conduct CHF sensitization, are supported with IEC materials; involvement of local FM radios, television, newspapers

• Plans for providing subsidized CHF cards to the poor, in cooperation with TASAF

• Participation of HPSS in a study on “Inclusion of the Poor – Option Paper for Informing the New Health Financing Strategy”, mandated by MoHSW / SDC on behalf of the Interministerial Steering Committee
### CHF enrolment status as per 30th September 2013

**DODOMA REGION: Enrolment into the Community Health Fund CHF as per 30th Sept. 2013**

<table>
<thead>
<tr>
<th>S/N</th>
<th>District</th>
<th>Popn</th>
<th>HH Size</th>
<th>No. of HH</th>
<th>Baseline data - June 2012</th>
<th>Target-20%; December 2014</th>
<th>Actutal Results : Sept 2013</th>
<th>%</th>
<th>Members-popn(old + new)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Active HH</td>
<td>%</td>
<td>Target No. of HH</td>
<td>No. of HH enrolled with new CHF</td>
<td>Total HH (old + new)</td>
<td>%</td>
</tr>
<tr>
<td>1</td>
<td>Dodoma</td>
<td>410'956</td>
<td>4.4</td>
<td>93'399</td>
<td>1'412</td>
<td>1.5</td>
<td>18'680</td>
<td>2'841</td>
<td>4'253</td>
<td>4.6</td>
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<tr>
<td>2</td>
<td>Chamwino</td>
<td>330'543</td>
<td>4.5</td>
<td>73'454</td>
<td>8'865</td>
<td>12.1</td>
<td>14'691</td>
<td>3'891</td>
<td>12'756</td>
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<td>3</td>
<td>Kongwa</td>
<td>309'973</td>
<td>5.0</td>
<td>61'995</td>
<td>1'866</td>
<td>3.0</td>
<td>12'399</td>
<td>7'672</td>
<td>9'538</td>
<td>15.4</td>
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<tr>
<td>4</td>
<td>Mpwapwa</td>
<td>305'056</td>
<td>4.6</td>
<td>66'317</td>
<td>1'289</td>
<td>1.9</td>
<td>13'263</td>
<td>8'825</td>
<td>10'114</td>
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<td>5</td>
<td>Kondoa</td>
<td>269'704</td>
<td>4.8</td>
<td>56'188</td>
<td>718</td>
<td>1.3</td>
<td>11'238</td>
<td>1'094</td>
<td>1'812</td>
<td>3.2</td>
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<td>6</td>
<td>Chemba</td>
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<td>4.7</td>
<td>50'151</td>
<td>129</td>
<td>0.3</td>
<td>10'030</td>
<td>1'315</td>
<td>1'444</td>
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<tr>
<td>7</td>
<td>Bahi</td>
<td>221'645</td>
<td>4.5</td>
<td>49'254</td>
<td>3'845</td>
<td>7.8</td>
<td>9'851</td>
<td>4'287</td>
<td>8'132</td>
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<tr>
<td></td>
<td></td>
<td>2'083'588</td>
<td>450'758</td>
<td>18'124</td>
<td>90'152</td>
<td>10.7</td>
<td>29'925</td>
<td>48'049</td>
<td>222'410</td>
<td>10.7</td>
</tr>
</tbody>
</table>
Outlook

- Achievements per Sept 2013: 11% enrolment (222’000 persons)
- Target for Dodoma Region:
  - until Dec. 2014: 20% enrolment
  - Until Dec 2015: 30% enrolment

- Presently the «Interministerial Steering Committee» assesses options for the new health financing strategy in Tanzania, among others of a national roll-out of the CHF Iliyoboreshwa

- IMIS could be interesting for other countries as well. A first know-how transfer takes place in Cameroon with Faith-based mutualities.
Ahsanteni sana kunizikiliza

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