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Title

Challenges Facing Improved Community Health Fund Beneficiaries(iCHF) in accessing health care services in Private health care facilities in Kilimanjaro: A case of Mwanga District

Background

- Globally, there is increased advocacy for community based health insurance schemes (CBHI) .
- Like any other low and middle income countries, Tanzania officially established Community Health Fund (CHF) in 2001 for rural areas and Tiba Kwa Kadi (TIKA) for urban areas.
- However, after almost one decade of its operation, both CHF and TIKA faced structural and management problems that lead to poor provision of health care services to its members.

- Thus in 2011 a pilot study was conducted in Dodoma , Shinyanga and Morogoro in 2015 that aimed at changing the overall structure and management of old CHF into improved (iCHF) with reformed benefit packages, premium rates and service portability.
- During this period premium rate was about 10,000 Tanzania shillings per year

- iCHF members had access of health care services to both in private and government health care facilities.
- In 2018 the new iCHF was rolled out countrywide with new premium rates of about 30,000 per year.
- This paper assesses the challenges facing iCHF beneficiaries in accessing health care services in private health care facilities in Mwanga district.

Methods

- A descriptive qualitative case study was conducted in Mwanga district that included two wards, 4 villages & several health care facilities
- Data were collected using semi structured interviews, focus group discussions and review of documents.
- A thematic approach was used to analyse the data.

Results

- iCHF recognized CHF members and allowed them to use the services in both private and gvt health care facilities during implementation of iCHF
- After rolling out of CHF in 2018, iCHF members denied access to private health care facilities
- Kilimanjaro had 48% of health facilities owned privately and Mwanga district is not excluded.

- Community members prefer private health care facilities due to quality of services and proximity to their areas of residence.
- Current iCHF guideline does not allow CHF members to access private health care facilities.

challenges

- Conflict of interest between gvt and private health care facilities.
- Gvt want to maintain 30,000 Tsh as premium rate per year while Private want 60,000 per year
- According to CHF monetary mgt guidelines Seventy percent (70%) of funds collected from members plus matching grants go the health care facilities.

challenges

- Government facilities pay salary of their workers by using public funds while
- Private facilities pay salary of their workers from what is collected as fee charges for health care services
- CHF members complain of poor services provides by public health care facilities and what the inclusion of private health care as it was during the pilot study

- Private health care facilities had initiated MoU with gvt to include CHF services in their health care facilities but no formal agreement reached.
- Private wanted some waivers on salaries and drugs to at least allow iCHF members to access health care services

conclusion

- iCHF has managed to solve some challenges that were dominant in the old version of CHF in terms of data mgt, portability of services and electronic registration of CHF members
- However, the scheme is still facing structural and implementation problems which had been frequently reported in earlier studies.

- Therefore, there is need to come up with different approaches to restructuring the community-based health insurance schemes which may solve members complains in access of health care services.

Thank you