



Inefficiency of community health fund uncovered...



It started as a jocular remark but no one had anticipated the dialogue to spill over the timetable for an extra two hours as members' emotions started to rise and anger against the Government systems for collecting money from people but not providing services. Had the facilitator not intervened and brought the discussion to an end, it would have taken a whole day. Says Rev. Fareth Sendegeya, the Kagera Regional Program Officer for HDT.

Mr. Erick Nkilamachumu, the Bukiriro Ward Councilor who himself contributes to the Community Health Fund (CHF), admitted not to receive regular efficient treatment, but very diplomatically requested for the discussion to be halted due to its political sensitivity. The Village Chairperson, Mr. Stanford Bazira remarked that he and his family had not subscribed to CHF since he sees no reason. One participant Mr. Gerald Batakanywa argued whether the money paid amounted for anything but the statement that "There is no medicine." He exclaimed that, whenever you get sick and go to health facility you are told that there is no medicine. He asked why not visit any pharmacy and buy the medicine straight away instead of buying a statement that not only doesn't cure, but also discourages? The general observation was that CHF was too localized and could not be accepted into other advanced health facilities such as Rulenge Mission Hospital or Murugwanza District Designated Hospital (DDH).



The cost of CHF card did not end on the prime requirement of Tsh.10,000/= as of 2011 current cost, but also includes the cost of passport photograph to attach to the CHF identity card plus transportation to and from Ngara township where the photographic shops are located. In many rural villages, this is another hassle and often quite costly due to poor infrastructures. It was learnt that taking photograph including travel could cost between Shs.13,000/= and 15,000/= per person,

making it between Shs.65,000/= (US\$42.5) and 75,000/= (US\$ 49.0) per family of the designated five members. For a community known to live under US\$ 1.00 a day, this is exorbitantly too expensive. At times, there were arranged photograph which is less costly at Tsh. 5,000/= per family but the task of convincing the public to take the pictures remain an up-hill business. Mr. Eric believes that unless the chairpersons are convinced to join the CHF themselves, it will be next to impossible convincing the general public to join.

The 2011/12 budget for Health indicates 2bn allocated to support CHF. However this is about 14.5m for each district per year disbursed at 3.6m per quarter. This is yet questionable to whether it can address the existing challenges. Further investigation shows that the inefficiency of Community Health Fund is very common and drugs normally provided on a quarterly basis last between three and four weeks. On average, centers stay with no vital drugs for an average of two months until the next allotment from the medical store department (MSD). These were revealed during the refresher training to Village Health Workers on 28th and 29th Nov 2011, organized by HDT and financed by Health Australia Tanzania (HAT). This project is supporting access to health services for Bukiro ward with emphasis on maternal and child health. A dispensary has already been constructed and other community health interventions will be undertaken. For more information please contact kagera@hdt.or.tz.