

PRESIDENT'S OFFICE

**REGIONAL ADMINISTRATION AND
LOCAL GOVERNMENT**

KWIMBA DISTRICT COUNCIL



MOBILISING ADDITIONAL HEALTH FINANCIAL SUPPORT IN KWIMBA DISTRICT

**COUNCIL MEDICAL OFFICER,
P.O.BOX 64,
NGUDU/KWIMBA,
MWANZA.
TEL 028 2500 916 EXT 40**

ACRONOMYS:

- I. CHF- Community Health Fund
- II. NHIF-National health Insurance Fund
- III. C/S- Cost Sharing
- IV. PHC- Primary Health Care
- V. WDC- Ward Development Committee
- VI. HF-Health Facilities
- VII. RHMT- Regional Health Management Team
- VIII. WEO- Ward Executive officer
- IX. DMO-District medical Officer
- X. DPharm -District Pharmacist
- XI. Acc-Accountant
- XII. MD – Medical Doctor
- XIII. DCDO – District Community Development Officer
- XIV. DCCO – District Cold Chain Operator
- XV. DDO – District Dental Officer
- XVI. DNO – District Nursing Officer.
- XVII. DRF- Drug Revolving Fund

NAME OF THE CLIENT:

**COUNCIL HEALTH MANAGEMENT TEAM
P.O.BOX 64
NGUDU/KWIMBA
MWANZA
TEL 028 2500 916 EXT 40**

LIST OF PARTNERS INVOLVED IN THE PROJECT

NO	NAME	QUALIFICATION	DESIGNATION	DUTY STATION
1	DR IBRAHIM ISACK	MD	DMO	KWIMBA DC
2	KAYANGO D.B	Ad. Dip Ec. Planning	Ag DPLO	KWIMBA DC
3	AMOS K. KITELEJA	DEHS	DCCO	KWIMBA DC
4	DR T.S.KANIKI	Ad. Dip. Clin. Med	Ag MO I/C	NGUDU Hosp
5	Dr NYAND B.M	Ad. Dip. Clin.Dentist	DDO	KWIMBA DC
6	SANIFA SHOO	Dip. Nursing	DNO	KWIMBA DC
7	PRISCA PANAYOTIS	Dip. Nursing	MATRON	NGUDU HOSP
8	DR C. MBAGA	Ad. Dip. Clin. Med	Ag Hosp Secretary	KWIMBA DC
9	SIMON KAGWE	Dip. Com. Dev	DCDO	KWIMBA DC
10	Dr Kaselelo Elieza	Consultant Surgeon	MO I/C	SUMVE HOSP

PROJECT FOCUS PERSONS:

- i. DR IBRAHIM ISACK – **Team Leader Mob. 0744 303 270**
- ii. AMOS K. KITELEJA – **0744 655 899**
- iii. DR T.S.KANIKI – **0744 860 024/0741 860 024**
- iv. Dr NYAND B.M – **0745 335 840**

DATE OF SUBMISSION TO RHMT.....

DATE OF SUBMISSION TO HSPS.....

DATE OF RECEIPT AT HSPS.....

1: TITLE: MOBILISING ADDITIONAL HEALTH FINANCIAL

SUPPORT IN KWIMBA DISTRICT.

2: Background:

Kwimba District in the year 2004/2005 the total District budget was 10,605,885,667/= out of that the District health department had an allocation of Tsh 726,499,112/= which is 6.8% of the total budget. This is originating from either of the grants (Block, Basket), Council, Partners or Community Contributions (Cost sharing, CHF, NHIF) being either in monetary terms or labour.

The contribution of cost sharing for the year 2003 was 34,204,446.17, NHIF was 480,055.15 while Council Health Service Boards, Hospital Health Service Boards and HFs Committees, generally CHF was not yet in place.

3:1 Problem analysis:

The potential of cost sharing scheme in generating additional health fund in Kwimba District council has not been fully exploited. By initiating CHF all clients will contribute funds to their respective HF inspite of age group or sex.

3:2 Problem statements:

- Lack of regulatory and enabling Health Boards in Kwimba District.
- Free services for under five, pregnant women and elderly which are more than 60% of our clients.

4: Justification:

In order to provide quality health care, more funds should be mobilised to meet the gaps. By doing so the district has planned to sensitize the council health service boards and committees, ward development committees and PHCs at ward level to initiate CHF. Also, the council has planned to train all HFs incharges on financial management.

The districts have decided to address that problem by implementing initiatives which have the following objectives:

5:1 Broad objective:

To promote cost sharing to all HFs in Kwimba District Council.

5:2 Specific Objectives:

- To establish a district government structures (Council Health Service Boards/Committees) by Dec 2005.
- To initiate CHF to all 37 HFs by December 2005.
- To Improve collection of user fees (Cost sharing, NHIF, DRF) from 34,684,501.32 to 250,000,000.00 by December 2005.
- To determine level of Improvement/Evaluation by December 2005.
- Monitoring and Evaluation.