

## ANNEXES

### ANNEX: 1

#### UMASIDA organizational SWOT analysis report

Strengths	Weaknesses
Highly motivated staff Well and timed funding from donors Specious meeting room	Social staff is Lacking knowledge on community capacity enhancement Staying a long time without program manager
Opportunities	Threats
Tanzania poverty reduction policy agree with the operation of the organization  There are a number of trainers on entrepreneurship and micro-crediting in the District offices.	There are many drug dealers in the ward who may discourage integrity among group members  Prevalence of HIV/AIDS

## ANNEX 2: The log frame work of the CED project

Narrative summary	Objective Verifiable indicators	Means of verification	Assumption
<b>Overall objective of the Project:</b> To increase community participation in the scheme	Increased membership enrollment, premium payments and community ownership	Progress, Annual, survey reports and	<ul style="list-style-type: none"> <li>• Timely funding</li> <li>• Community is willing to learn</li> <li>• Country politics remains stable</li> </ul>
<b>Specific objective one</b> To increase by 80% the capacity of UMASIDA staff on Community involvement by March 2006.	Workshop on the subject conducted as planned Workshop materials are relevant to the needs	Progress report Annual report Evaluation report	Timely funding Good health of staff Staff will be willing to learn
<b>Out put one</b> 3 UMASIDA staff educated on community involvement	UMASIDA is working in participatory manner with target community	Progress, Annual, Monitoring and evaluation reports	There will be good collaboration between training and administration departments
<b>Objective 2</b> To increase entrepreneurship awareness by 75% to target community by Dec 2006	Entrepreneurship seminar conducted as planned	Progress, Annual and Evaluation reports	Target people will be willing to learn
<b>Output 2</b> 30 target community members have received education on entrepreneurship.	-Number of people attended the seminar Relevance of seminar materials	Progress, Annual and Evaluation reports	Target groups will be willing to learn
<b>Objective 3</b> To increase by 80% management skills to ward health board by April 2006	Seminar on the subject conducted as planned	Progress, Annual, Evaluation and Survey reports	Ward health board members willing to learn
<b>Output 3</b> 8 health Board Members are trained on Management of CHF	Number of seminar attendees Relevance of seminar materials	Monitoring report Observation Field visit	Stable political situation

### ANNEX 3: Financial plan

<b>Major activities</b>	<b>March 2006</b>	<b>April 2006</b>	<b>May 2006</b>	<b>June –Nov 2006</b>	<b>December 2006</b>
Workshop on community participation enhancement	773,000				
Seminar on entrepreneurial skills among target groups		2,008,000			
Seminar on formal guidelines for ward health board action			1,170,000		
Project monitoring	115,500	115,500	115,500	693,000	115,5000
Project evaluation					4,401,250
<b>Total</b>	<b>888,500</b>	<b>2,123,500</b>	<b>1,285,500</b>	<b>693,000</b>	<b>4,516,750</b>

#### ANNEX 4: Plan of operation March 2006 -Dec 2006

Id	Planned activities	Activity target	March 2006	April 2006	May 2006	June-Nov 2006	Dec 2006	Beget
OUTPUT1	Workshop on community involvement	To involve 3 social staff{all female)						773,000
OUTPUT 2	Seminar on guidelines to formal health ward board action	30 people (15 female)						1,170,000
OUTPUT 3	Seminar on entrepreneurship to 30 target community members	8 board members						2,008,000
OUTPUT 4	Project monitoring	5 monitoring team members						1,155,000
OUTPUT 5	Project evaluation	5 evaluation team members						4,305,000

**Annex 5**

**QUESTIONNAIRE FOR COMMUNITY MEMBERS**  
**(Translated from Swahili)**

**Questions on community participation**

- 1. Do you know UMASIDA?
  - a) Yes
  - b) No
  
- 2. If yes how did you hear about it for the first time?
  - a) Through media
  - b) Through regular sensitization meetings

If is through other means explain-----  
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- 3. Have you ever attended any meeting organized by UMASIDA?
  - a) Yes
  - b) No

If yes how often explain in short -----  
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- 4. Do you always communicate with UMASIDA management?
  - a) Yes
  - b) No

If yes how/ if no why -----  
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5. Do you encourage your relatives to join the scheme?

- a) Yes
- b) No

Give two reasons for your answer -----  
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**Questions on factors affecting community participation**

1. Do you get health services from UMASIDA dispensary?

- a) Yes
- b) No

Give two reasons for your answer-----  
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2. How do you access the dispensary?

- a) By public buses
- b) On foot

If none of the two explain in short how you access it -----  
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3. Are you satisfied by the services of UMASIDA dispensary?

- a) Yes
- b) No

Give two reasons for your answer-----  
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4. Do you recommend any improvements to the scheme?

a) Yes

b) No

If yes mention only three areas of your priority-----

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5. Are the drugs and health staff available to you every time you attend the dispensary?

a) Yes

b) No

Give explanations for your answer-----

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### **Questions on ways to enhance community participation**

1. Do you like the scheme to continue its services in Mwananyamala?

a) Yes

b) No

Give two reasons for your answer -----

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2. Mention three things which you like most in UMASIDA-----

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3. What are obstacles to membership enrolment? Mention only three

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4. Mention three benefits of scheme members

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5. Suggest three methods of making the community know UMASIDA

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**QUESTIONNAIRE FOR UMASIDA STAFF AND BOARD MEMBERS**

**Questions on community participation**

6. Is the community aware of your organization

- c) Yes
- d) No

Give reasons for your answer-----  
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7. How does the organization inform the community about the scheme?

- c) Through media
- d) Through regular sensitization meetings

If is through other means explain-----  
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8. Do the organization team meet the scheme members?

- c) Yes
- d) No

If yes how often -----  
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9. Do your organization get feed back from its clients?

- c) Yes
- d) No

If yes explain how-----  
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5. How do UMASIDA disseminate information to its clients? Mention only three ways

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### **Questions on factors affecting community participation**

1. How do community members access the health facility?

c) By public buses

d) On foot

2. Does the scheme facility manage to meet the needs of its clients?

c) Yes

d) No

Give two reasons for your answer-----  
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3. If you were asked to recommend improvements in the scheme which areas would you recommend? Give three areas only

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4. What benefits do scheme members get from the scheme? Mention only three-----

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5. Are the drugs and health staff available to the health service seekers always?

c) Yes

d) No

Give reasons two reasons for your answer-----  
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**Questions on ways to enhance community participation**

1. Do you recommend the scheme to continue its services in Mwananyamala?

c) Yes

d) No

Give two reasons-----  
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2.Mention three things about the scheme which you do not like-----  
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3. What do you see as obstacles to membership enrolment? Mention only three-----  
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4.Suggest three ways through which the organization can encourage members to continue with the scheme-----  
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5.Suggest two better ways of making the community know the scheme

## ANNEX 9: STATISTICAL OUTPUT

### Descriptive Statistics

	N	Range	Minimum	Maximum
	Statistic	Statistic	Statistic	Statistic
Gender of respondent	60	1.00	1.00	2.00
Marital status of respondent	60	1.00	1.00	2.00
Type of business of respondent	60	2.00	1.00	3.00
Income per month of respondent	59	2.00	1.00	3.00
Number of Dependants of respondent	60	2.00	1.00	3.00
Do you know UMASIDA	60	1.00	1.00	2.00
Are you a member of Scheme	58	1.00	1.00	2.00
If no why?	37	2.00	1.00	3.00
If yes do you like it?	45	1.00	1.00	2.00
If no why	19	2.00	1.00	3.00
What do you advise to be improved.	50	2.00	1.00	3.00
How often do you seek health services each year	60	1.00	2.00	3.00
Do you always afford to pay?	60	1.00	1.00	2.00
When you dont have money what do you do	43	2.00	1.00	3.00
Do you recommend health insurance?	60	1.00	1.00	2.00
If yes suggest ways to attract members	59	2.00	1.00	3.00
Valid N (listwise)	3			

### Descriptive Statistics

	Mean		Std.
	Statistic	Std. Error	Statistic
Gender of respondent	1.5167	.06506	.50394
Marital status of respondent	1.4833	.06506	.50394
Type of business of respondent	1.9167	.08986	.69603
Income per month of respondent	1.8305	.09716	.74631
Number of Dependents of respondent	2.3333	.07763	.60132
Do you know UMASIDA	1.1333	.04426	.34280
Are you a member of Scheme	1.3448	.06296	.47946
If no why?	2.0811	.05976	.36350
If yes do you like it?	1.3111	.06979	.46818
If no why	1.5789	.20684	.90159
What do you advise to be improved.	1.9200	.06905	.48823
How often do you seek health services each year	2.7167	.05867	.45442
Do you always afford to pay?	1.2833	.05867	.45442
When you dont have money what do you do	2.3953	.11107	.72832
Do you recommend health insurance?	1.0167	.01667	.12910
If yes suggest ways to attract members	1.6102	.10816	.83081
Valid N (listwise)			

### Frequencies

#### Statistics

		Identify number of respondent	Gender of respondent	Marital status of respondent	Type of business of respondent
N	Valid	60	60	60	60
	Missing	0	0	0	0
Mean			1.5167	1.4833	1.9167
Std. Error of Mean			.06506	.06506	.08986
Median			2.0000	1.0000	2.0000
Mode			2.00	1.00	2.00
Std. Deviation			.50394	.50394	.69603
Variance			.254	.254	.484
Range			1.00	1.00	2.00
Minimum			1.00	1.00	1.00
Maximum			2.00	2.00	3.00
Sum			91.00	89.00	115.00

### Statistics

		Income per month of respondent	Number of Dependants of respondent	Do you know UMASIDA	Are you a member of Scheme	If no why?
N	Valid	59	60	60	58	37
	Missing	1	0	0	2	23
Mean		1.8305	2.3333	1.1333	1.3448	2.0811
Std. Error of Mean		.09716	.07763	.04426	.06296	.05976
Median		2.0000	2.0000	1.0000	1.0000	2.0000
Mode		2.00	2.00	1.00	1.00	2.00
Std. Deviation		.74631	.60132	.34280	.47946	.36350
Variance		.557	.362	.118	.230	.132
Range		2.00	2.00	1.00	1.00	2.00
Minimum		1.00	1.00	1.00	1.00	1.00
Maximum		3.00	3.00	2.00	2.00	3.00
Sum		108.00	140.00	68.00	78.00	77.00

### Statistics

		If yes do you like it?	If no why	What do you advise to be improved.	How often do you seek health services each year	Do you always afford to pay?
N	Valid	45	19	50	60	60
	Missing	15	41	10	0	0
Mean		1.3111	1.5789	1.9200	2.7167	1.2833
Std. Error of Mean		.06979	.20684	.06905	.05867	.05867
Median		1.0000	1.0000	2.0000	3.0000	1.0000
Mode		1.00	1.00	2.00	3.00	1.00
Std. Deviation		.46818	.90159	.48823	.45442	.45442
Variance		.219	.813	.238	.206	.206
Range		1.00	2.00	2.00	1.00	1.00
Minimum		1.00	1.00	1.00	2.00	1.00
Maximum		2.00	3.00	3.00	3.00	2.00
Sum		59.00	30.00	96.00	163.00	77.00

# Statistics

		When you dont have money what do you do	Do you recommend health insurance?	If yes suggest ways to attract members
N	Valid	43	60	59
	Missing	17	0	1
Mean		2.3953	1.0167	1.6102
Std. Error of Mean		.11107	.01667	.10816
Median		3.0000	1.0000	1.0000
Mode		3.00	1.00	1.00
Std. Deviation		.72832	.12910	.83081
Variance		.530	.017	.690
Range		2.00	1.00	2.00
Minimum		1.00	1.00	1.00
Maximum		3.00	2.00	3.00
Sum		103.00	61.00	95.00

## Frequency Table

Identify number of respondent

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 11	1	1.7	1.7	1.7
1	1	1.7	1.7	3.3
10	1	1.7	1.7	5.0
12	1	1.7	1.7	6.7
13	1	1.7	1.7	8.3
14	1	1.7	1.7	10.0
15	1	1.7	1.7	11.7
16	1	1.7	1.7	13.3
17	1	1.7	1.7	15.0
18	1	1.7	1.7	16.7
19	1	1.7	1.7	18.3
2	1	1.7	1.7	20.0
20	1	1.7	1.7	21.7
21	1	1.7	1.7	23.3
22	1	1.7	1.7	25.0
23	1	1.7	1.7	26.7
24	1	1.7	1.7	28.3
25	1	1.7	1.7	30.0
26	1	1.7	1.7	31.7
27	1	1.7	1.7	33.3
28	1	1.7	1.7	35.0
29	1	1.7	1.7	36.7
3	1	1.7	1.7	38.3
30	1	1.7	1.7	40.0
31	1	1.7	1.7	41.7
32	1	1.7	1.7	43.3
33	1	1.7	1.7	45.0
34	1	1.7	1.7	46.7
35	1	1.7	1.7	48.3

**Identify number of respondent**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	36	1	1.7	1.7	50.0
	37	1	1.7	1.7	51.7
	38	1	1.7	1.7	53.3
	39	1	1.7	1.7	55.0
	4	1	1.7	1.7	56.7
	40	1	1.7	1.7	58.3
	41	1	1.7	1.7	60.0
	42	1	1.7	1.7	61.7
	43	1	1.7	1.7	63.3
	44	1	1.7	1.7	65.0
	45	1	1.7	1.7	66.7
	46	1	1.7	1.7	68.3
	47	1	1.7	1.7	70.0
	48	1	1.7	1.7	71.7
	49	1	1.7	1.7	73.3
	5	1	1.7	1.7	75.0
	50	1	1.7	1.7	76.7
	51	1	1.7	1.7	78.3
	52	1	1.7	1.7	80.0
	53	1	1.7	1.7	81.7
	54	1	1.7	1.7	83.3
	55	1	1.7	1.7	85.0
	56	1	1.7	1.7	86.7
	57	1	1.7	1.7	88.3
	58	1	1.7	1.7	90.0
	59	1	1.7	1.7	91.7
	6	1	1.7	1.7	93.3
	60	1	1.7	1.7	95.0
	7	1	1.7	1.7	96.7
	8	1	1.7	1.7	98.3
	9	1	1.7	1.7	100.0
Total		60	100.0	100.0	

**Gender of respondent**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	29	48.3	48.3	48.3
	Female	31	51.7	51.7	100.0
	Total	60	100.0	100.0	

**Marital status of respondent**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	31	51.7	51.7	51.7
	Single	29	48.3	48.3	100.0
	Total	60	100.0	100.0	



### Type of business of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Food vending	17	28.3	28.3	28.3
	Market retailer	31	51.7	51.7	80.0
	none	12	20.0	20.0	100.0
	Total	60	100.0	100.0	

### Income per month of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Below 20	22	36.7	37.3	37.3
	20 -40	25	41.7	42.4	79.7
	Above 40	12	20.0	20.3	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

### Number of Dependants of respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-2	4	6.7	6.7	6.7
	3-4	32	53.3	53.3	60.0
	more than 4	24	40.0	40.0	100.0
	Total	60	100.0	100.0	

### Do you know UMASIDA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	52	86.7	86.7	86.7
	No	8	13.3	13.3	100.0
	Total	60	100.0	100.0	

### Are you a member of Scheme

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	38	63.3	65.5	65.5
	Yes	20	33.3	34.5	100.0
	Total	58	96.7	100.0	
Missing	System	2	3.3		
Total		60	100.0		

**If no why?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I dont like	1	1.7	2.7	2.7
	I cannot afford premium	32	53.3	86.5	89.2
	Others	4	6.7	10.8	100.0
	Total	37	61.7	100.0	
Missing	System	23	38.3		
Total		60	100.0		

**If yes do you like it?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	31	51.7	68.9	68.9
	No	14	23.3	31.1	100.0
	Total	45	75.0	100.0	
Missing	System	15	25.0		
Total		60	100.0		

**If no why**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	It does not satify				
	heath service needs	13	21.7	68.4	68.4
	It is not accessible	1	1.7	5.3	73.7
	Others	5	8.3	26.3	100.0
	Total	19	31.7	100.0	
Missing	System	41	68.3		
Total		60	100.0		

**What do you advise to be improved.**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Availability of				
	staff and drugs	8	13.3	16.0	16.0
	Accountability	38	63.3	76.0	92.0
	Others	4	6.7	8.0	100.0
	Total	50	83.3	100.0	
Missing	System	10	16.7		
Total		60	100.0		

**How often do you seek health services each year**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	thrice - four times	17	28.3	28.3	28.3
	More than four times	43	71.7	71.7	100.0
	Total	60	100.0	100.0	

**Do you always afford to pay?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not always	43	71.7	71.7	71.7
	Mostly	17	28.3	28.3	100.0
	Total	60	100.0	100.0	

**When you dont have money what do you do**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Borrow	6	10.0	14.0	14.0
	use herbs	14	23.3	32.6	46.5
	others	23	38.3	53.5	100.0
	Total	43	71.7	100.0	
Missing	System	17	28.3		
Total		60	100.0		

**Do you recommend health insurance?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	59	98.3	98.3	98.3
	No	1	1.7	1.7	100.0
	Total	60	100.0	100.0	

**If yes suggest ways to attract members**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Involve them in decision making	36	60.0	61.0	61.0
	Hold sensitization meetings oftenly	10	16.7	16.9	78.0
	Others	13	21.7	22.0	100.0
	Total	59	98.3	100.0	
Missing	System	1	1.7		
Total		60	100.0		

**Pie Chart**



The Open University of Tanzania  
P.O. Box 23409  
Dar es Salaam, Tanzania



Southern New Hampshire University  
2500 North River Road  
Manchester, NH 03106

## *Community Economic Development Program*

September 26, 2005

To Whom It May Concern:

Dear Sir or Madam,

### LETTER OF INTRODUCTION

This is to attest that the bearer of this letter, Patricia Mwesiga (Mrs) is a student in the Master of Science in Community Economic Development program. It is offered in partnership between Southern New Hampshire University of USA and the Open University of Tanzania.

As part of fulfilling her course requirements, she is required to collect information for her project, by working closely with a community-based organization for the duration of her course.

Knowing that your organization is community based, we believe that you will be of assistance in providing relevant information. We would like to assure you that the information will be used for academic purposes only.

In case of further clarification, please contact us.

Your assistance is highly appreciated.

Thank you,

Sincerely,

Rukia Masasi  
Coordinator, CED Program



**UMASITA**

**INFORMAL SECTOR COMMUNITY HEALTH FUND**

**P.O. BOX 31125, TELL: 255 22 2460080, E-Mail: [did@much.ac.tz](mailto:did@much.ac.tz)**

**Our Ref. No. UMST/HQ/GF/2006/01**

**Date: 26/09/2005**

**Your Ref. No.**

COORDINATOR  
CED PROGRAM  
THE OPEN UNIVERSITY OF TANZANIA  
P. O. BOX 23409  
DAR ES SALAAM

**REF: MRS. PATRICIA MWESIGA**

Your letter dated 26<sup>th</sup> September 2005 refers.

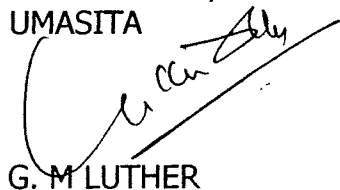
We are glad to inform you that the above mentioned student is Cordially welcome to conduct her 'research' at UMASITA

She will be working closely with our Coordinators/Counselors during her stay with us.

Assuring you of our continued cooperation.

We remain,

Yours faithfully  
UMASITA



G. M LUTHER

**FOR EXECUTIVE DIRECTOR**

ID	i	Task Name	Duration	Start	Finish	Jan 15, '06		Mar 26, '06		Jun 4, '06		Aug 13, '06		Oct 22, '06		De
						T	S	F	W	M	S	T	T	S	F	W
1		Call for a training preparation m	1 day	Mon 3/20/06	Mon 3/20/06											
2		Plan the meeting day	1 day	Mon 3/20/06	Mon 3/20/06											
3		Conduct the meeting	1 day	Tue 3/21/06	Tue 3/21/06											
4		Write meeting report	1 day	Fri 3/31/06	Fri 3/31/06											
5		Mobilize training resources	22 days	Sat 4/1/06	Sat 4/29/06											
6		Prepare training materials	4 days	Wed 5/3/06	Sat 5/6/06											
7		Distribute training invitation lette	1 day	Mon 5/8/06	Mon 5/8/06											
8		Conduct the training	5 days	Tue 5/16/06	Sat 5/20/06											
9		Plan meeting between UMASID	1 day	Sat 5/20/06	Sat 5/20/06											
10		Write training report	3 days	Mon 5/22/06	Wed 5/24/06											
11		Mobilize meeting resources	7 days	Fri 5/26/06	Sun 6/4/06											
12		Distribute meeting invitation lett	1 day	Mon 6/5/06	Mon 6/5/06											
13		Conduct the meeting	1 day	Mon 6/12/06	Mon 6/12/06											
14		Write meeting report	3 days	Wed 6/14/06	Fri 6/16/06											
15		Compare membership enrollme	1 day	Mon 11/13/06	Mon 11/13/06											
16		Compare quality of UMASIDA s	1 day	Tue 11/14/06	Tue 11/14/06											
17		Prepare and write monitoring a	3 days	Sat 11/18/06	Tue 11/21/06											

Project: Patricia Gantt Chart  
Date: Mon 1/30/06

Task



Milestone



External Tasks



Split



Summary



External Milestone



Progress



Project Summary



Deadline



## Introduction

- Report of a project on:
- **“enhancement of community participation in community health insurance”**
- A case of Mwananyamala ward in Kinondoni District, Dar es salaam region.

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## Host organization

- UMASIDA – Umoja wa Matibabu Secta Isiyorasmi Dar es salaam.
- Goal of the organization: To organize urban informal economy operators so that they can access health services in mutual basis.

## Target group

- 2000 Informal economy operators.
- These are people with Marginal and seasonal income.
- due to their income rates and schedules it is difficult for them to pay for their health services in mutual basis. (Brief on UMASIDA 2004)

## Community needs assessment

- Involved literature review and focused group discussion.
- Tanzania is implementing health reforms which requires each citizen to share the costs of health services
- Some communities cannot afford the costs in mutual basis.

## Problem identification

- Mwananyamala informal economy operators are facing high level of income poverty. This is manifested in different ways including failure to:
- enroll and pay premiums to their pre-paid health scheme, sell of properties, use of herbs, borrowing, seeking of free health services from health facilities or just waiting to die.

## Problem identification cont..

Causes of poverty among these people include:

- Dependency on single, marginal and seasonal business
- Practice of too local methods of production
- Lack of sustainable self serving system

### Problem identification cont...

- Effects:
- The target community is highly exposed to poverty and death as the result of diseases.
- The sustainability of the scheme is threatened by insufficient premium payments and fewer membership enrollment

### Research methodology

- Cross- sectional survey design was adopted.
- Comprised the observation and interviewing of clustered interviewees at a single point in time.
- Tools: structured questionnaires

### Research method cont....

- The Unit of inquiries included:
- 30 scheme members,
- 30 non members,
- and 10 staffs of UMASIDA..
- Sampling method: stratified random sampling.

### FINDINGS

#### Literature:

There are many international and national policies, Acts and reforms all over the world aiming at:

- Generating sufficient funds for health care services
- Reducing financial risks involved in obtaining care

### Findings continue

- Ensuring that the cost of care does not prevent people from receiving needed health services and
- Ensuring that the cost of health services falls to every member of the community and not to those who fell sick only.
- The steps include establishment of user fee, CBHI/F, NHI, waivers, exemptions etc.

### Empirical findings

- Tanzania Network of community health fund has recorded a total of 34 CBHF/I.
- 3 In Arusha, 16 in Dar es salaam, 2 in Kagera region, 2 in Mbeya, 1 in Mwanza. and 3 in Sumbawanga
- The same type of schemes are operating in Rwanda, Cambodia and other developing countries.



### Empirical findings cont..

- The degree of success of the schemes vary depending on;
- Social economic status of the target community.
- Degree of community awareness and involvement and
- Capacity of the organization in community development.

### Empirical findings cont..

- In general the schemes face the following challenges:
- CBHF is a new concept not easily understood by communities.
- High level of poverty cause poor enrollment and premium payments
- HIV/AIDS has impact on sustainability and increasing demand.

### Empirical findings cont..

The challenges are addressed as follows:

- Practicing community involvement in decision making of the scheme operations
- Continuous sensitization
- Educating community on Tanzania health care service reforms
- Enhancement of income generating activities

### Empirical findings cont

Achievements of the schemes include:

- Improved health services due to availability of funds
- Minimized time to seek health care hence decreased morbidity / mortality
- Peace of mind
- Improved economy

### Primary findings

Poor community social-economic status:

- Income per person per month was 35,000
- Involvement in one seasonal business
- Average of 4 and above dependants
- Unawareness of majority about the scheme
- Community is not involved in decision making

### Implication

**Factors contributing to poor community participation include:**

- High level of poverty among the target community due to one seasonal business engagement.
- Poor community awareness
- Lack of knowledge and skills on community involvement in development project among scheme staffs.

## Project implementation

### Specific objectives

- 1. To impart knowledge on Community participation approach to CBO staff by December 2006.
- 2. To increase by 50% individual income of target group by December 2006.

## Project implementation cont..

### 2 strategies:

1. Scheme staff development and 2. widening of business opportunities to target group
- Activities under program one:
  - Identification of training needs, preparation of training materials, conducting a training on community participation
  - preparing and offering a community participation guide manual to the CBO

## Project implementation cont..

### Activities under program 2:

- Identification of training needs
- Preparation of training materials
- Conducting training on entrepreneurship to 30 target scheme members.

## Monitoring and evaluation

- Was done in a participatory manner with community and CBO staff.
- was conducted throughout the project stages and involved the following activities
- Matching training materials and training needs
- Taking attendance during the trainings

## Monitoring and evaluation cont..

- Field visits to observe changes
- Comparison of entrepreneurial tendencies prior and after project implementation
- Comparing membership enrolment and premium payment rates prior and after project implementation
- Checking if there is any individual income change

## sustainability

- Community participation guide manual will help new staffs
- Ward leaders involved in training will continue to train community on entrepreneurship
- Increased individual income will ensure smooth payment of premiums hence financial sustainability of the scheme

### outputs

- 3 CBO staffs trained and competent at community involvement procedure
- Community participation training manual
- 30 community members trained and practicing entrepreneurship
- Increased individual income by 50%
- Increased membership enrollment and premium payments 400 - 600

### Conclusion

- This project has contributed to the economic development of the community and hence sustainability of their health insurance and other developmental projects in the ward

### Conclusion cont...

- Community participation is essential for the success of any developmental project.
- It is very important to empower the community socially and economically prior their involvement into developmental project especially when it needs to draw from there pockets
- CBHF are essential for good health of the poor and their development.

### Recommendations

- Community development technical advisers are encouraged to work with Mwananyamala informal economy operators especially at the area of self sustainable serving.
- This will serve the money which they pay as loan profit to outsiders hence increase their disposable income.

- **End of presentation**
- **Thank you**