HPSS Project and CHF model

openIMIS imitative - Tanzania update

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HPSS project

Health Promotion and System Strengthening (HPSS) project:

- A project of the Swiss Agency for Development and Cooperation (SDC), mandated to the Swiss Tropical and Public Health Institute (Swiss TPH)

- Designed and implemented in collaboration with the Government of Tanzania to improve quality, access to, and utilization of health resources and services, and to see these services delivered by an effective and well-governed health system.

  - Preparation Phase: June 2010 - May 2011

  - Phase 1 of implementation: 2011 – 2015

  - Phases 2 of implementation: 2015 – 2019

  - Phases 3 of implementation: 2019 – 2023

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4 main project components

1. Health promotion at village level

   - What do communities prioritize?

2. Medicine Management

   - Improve availability of drugs in health facilities

3. Maintenance and Infrastructure Management

   - Ensuring functioning medical equipment and infrastructures

4. Health financing: expanding health insurance coverage in rural areas

- Improve the existing Community Health Fund (CHF)

HPSS exit phase 3

- The project is now in the exit phase, with changed role from a facilitation role to the role of providing technical assistance to the Government of Tanzania (GoT) with the intent of mainstreaming HPSS interventions into existing government processes.

- Phases 1 and 2 concentrated on developing innovative solutions for health insurance for the rural and informal sector, improved medicine supply management systems and enhanced health technology management (HTM) methodologies, as well as community-oriented health promotion

The project goal for phase 3 is:

The health system of Tanzania is strengthened in respect to iCHF health insurance, Jazia PVS medicines management, health technology management, and community participatory health promotion.

The improved Community Health Fund (iCHF- TZ)

- Community health fund (CHF) is health insurance scheme established in 2001, improved to CHF Iliyoboreshwa in 2018.

- CHF Iliyoboreshwa is a government scheme operated through President's Office – Regional Administration and Local Government (PORALG); which is accessible in all regions in Mainland Tanzania

- The main objective of improving CHF is:

  ➢ to alleviate the identified challenges focusing on creating efficient complementary financing scheme for health services.

  ➢ Put in place incentives for effective health services delivery, improving scheme administration and management by introducing provider-purchaser split structure.

  ➢ Enhancing accountability and governance of the scheme by creating a pooling mechanism at regional level

The improved Community Health Fund (iCHF- TZ)

- CHF beneficiaries have access to primary and secondary health services (from Dispensaries to Regional Referral Hospitals) following referral system.

- CHF member has access to all medical services such as doctor advice, laboratory tests, X-ray and ultra sound measurements, medicine, hospitalization, surgery (normal, small and large).

- This scheme has a good mechanism for provider payment whereby the facilities offering services to CHF Iliyoboreshwa members are paid on monthly basis.

The improved CHF is supported by a strong management information system (IMIS) designed under HPSS project and implemented by the Government of Tanzania since 2013

Insurance Management Information System (IMIS)

Insurance Management Information System (IMIS)

- IMIS is designed to support standard operating procedures for the improved community health insurance scheme (CHF) implemented by the Government of Tanzania as a product from pilot interventions implemented under HPSS project since 2012.

- IMIS is a centralized web based application that can be accessed

  1. From any computer connected to Internet with a standard browser (Internet Explorer 7, Firefox etc.)

  2. Using URL chf-imis.or.tz or directly use IP address 197.159.112.15.

  3. can be also accessed via mobile phones provided that IMIS applications are installed on the handset.

- It encompasses the functionality for administration of registers and for management of insurees and policies.

The principal functionality of IMIS

- Under the improved CHF scheme the principal functionality of IMIS is to

  - ➢ facilitate member registration,

  - ➢ managing insurees, policies and premiums,

  - ➢ identification of member at health services point and

  - ➢ submission of health services utilization data

  - ➢ processing health services utilization data/claims and calculation of provider payment.

- IMIS allows entering, modification and retrieval of data on insured families, their members, policies that they acquired and premiums that paid

- This functionality is available through on-line IMIS clients that communicate with the central server via Internet.

- It means that each computer (desktop PC, notebook, netbook etc.) has to have connectivity to Internet in order to allow working with IMIS.

The principal functionality of IMIS

- IMIS enable user to:

  1. Enter data on a new insured family, its acquired policy and paid premium

  2. add a new member to a family

  3. modify data on an insuree

  4. move an insuree from one family to another one

  5. move a family from one place/location to another one

  6. get information on current coverage of an insure

  7. renew a policy

Example of CHF processes supported by IMIS functionality_ Enrolment process

- Enrolment officer collects the contribution from the household (if it is cash payment)

- Write and issue acknowledgement receipt

- Record the details of all household members in CHF members register (including receipt number, CHF ID number, Enrolment date, etc)

- Using the mobile phone, scan the QR code on the CHF ID card for the first member

- Using the same mobile phone, take a photo

- Fill all member's details from CHF members register into CHF enrolment application in the mobile phone

- Fill all information required on CHF ID card for respective member of the household

- Laminate the card for respective member using lamination pouch

- Issue the card to the member

- Repeat the process to all remaining members insurees of respective household

- Upload/submit household package into IMIS main server

IMIS registers

- IMIS requires set up of registers for its operation

- Registers of IMIS represent major advantage and enable adjusting to new requirements -e. g. new insurance products, new covered services, new prices also enable scare up of CHF scheme to new administrative levels

- The registers maintained by IMIS includes:

    1. register of (IMIS) users
    2. register of locations (districts, wards, villages)
    3. register of enrolment officers
    4. register of (institutional) payers
    5. register of insurance products
    6. register of medical services
    7. register of medical items
    8. register of health facilities
    9. register of pricelists

Integration with other Systems

Ongoing Integrations

1. E-Payment System (GePG)
2. SMS Gateway
3. USSD Engine (Members Identification, Renewal, Control Number Request)
4. Report tools (DHIS2, SSR)

Upcoming Integrations

1. GOTHOMIS
2. Electronic Receipts
3. CHF Accounting System with Government accounting system

IMIS implementation in Tanzania (Results)

- All (26) regions in the mainland Tanzania are now using IMIS system for managing CHF

- About 21,700 users are registered in IMIS and have access

- About 19,600 enrolment officers with access to and can submit enrolment data in IMIS

- There are 6,137 health facilities registered and connected with IMIS

- More than 3mil members (1,428,137 male & 1,663,981 Female) (insurees) are now managed in IMIS system

- CHF data quality has improved and simplified the decision making process.

- Speed of operations in the scheme has significantly increased.

- CHF funds are well managed and CHF members can now receive health service in all facilities.