

Drivers for implementing e-claim process of improved Community Health Fund from two districts in Central Tanzania.

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Abstract

Background: In most Low and Middle-Income Countries (LMICs), enrolment in community-based health insurance (CBHI) is still low. In Sub-Saharan Africa enrolment rate is less than 10%. There have been efforts and strategies being put in place in many countries to overcome this problem. In 1996, Tanzania introduced Community Health Fund (CHF) which was modified in 2011 whereby the government came up with the improved community health fund (iCHF). The introduction of iCHF was intended to improve service delivery to the population where an electronic integrated management information system was introduced. **Objective:** This study was set to explore the drivers for implementing the e-claim process of *improved* Community Health Funds from two districts in Central Tanzania. **Methods:** An exploratory case study design using a qualitative approach was adopted to explore information on the drivers of the implementation of the iCHF electronic claim process in Mkalama and Iramba districts in Singida region. In-depth interviews were used to collect data from the Eighteen (18) participants including regional health managers, district health managers, Information Technology (IT) officers, facility in charge and iCHF focal persons from dispensaries, health centres and hospitals. Data were analyzed using a thematic content analysis. **Results:** The drivers for implementing the iCHF e-claim process were adherence to supervision directives and government policy, resource management and client satisfaction but the e-claim system does not attract Health Community Workers (HCWs) to comply with the iCHF e-claim process **Conclusion:** The iCHF e-claim process is inadequately implemented and does not attract Health care workers (HCWs) due to the challenges that have been observed. These findings inform decision makers to joint efforts to improve the implementation of iCHF claim process from all levels of stakeholders.

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