

**IMPROVING HEALTH FACILITY AUTONOMY IN TANZANIA.  
Experiences and challenges]**

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# BACKGROUND

The Government of Tanzania found it hard to manage service providers, because;

- Information on provider plans, budgets, payments, accounting, reporting and HR is not **visible** or **transparent** and could not be used to increase efficiency or improve management and service delivery

It was necessary that systems extends beyond local government level

**Finances, planning** & budgeting were necessary to be available and done at facility level

# REFORMS AND INSTITUTIONAL ROLES AND RESPONSIBILITIES

## Reforms ;

- Direct Health Facility Financing (DFF). The term DHFF started with HBF direct disbursement to health facility **BUT** currently applies to all funds flowing directly to facility bank accounts (HBF, RBF, NHIF, CHF, User Fees, etc.)
- Improved Planning and Budgeting (PlanRep)
- Facility Financial accounting and Reporting System (FFARS)
- Purchaser-provider split

## Institutional responsibilities

- MOH remained with the role of **setting policy and operational guidelines**
- Insurance schemes – **Purchasers**
- PORALG – **They supervise** councils and also provide guidelines
- Councils – **Purchasers but autonomy** has been granted to the **facilities**
- Facilities - **providers** but also **manage funds, plan, and budget** at facility level  
to deliver services to the population

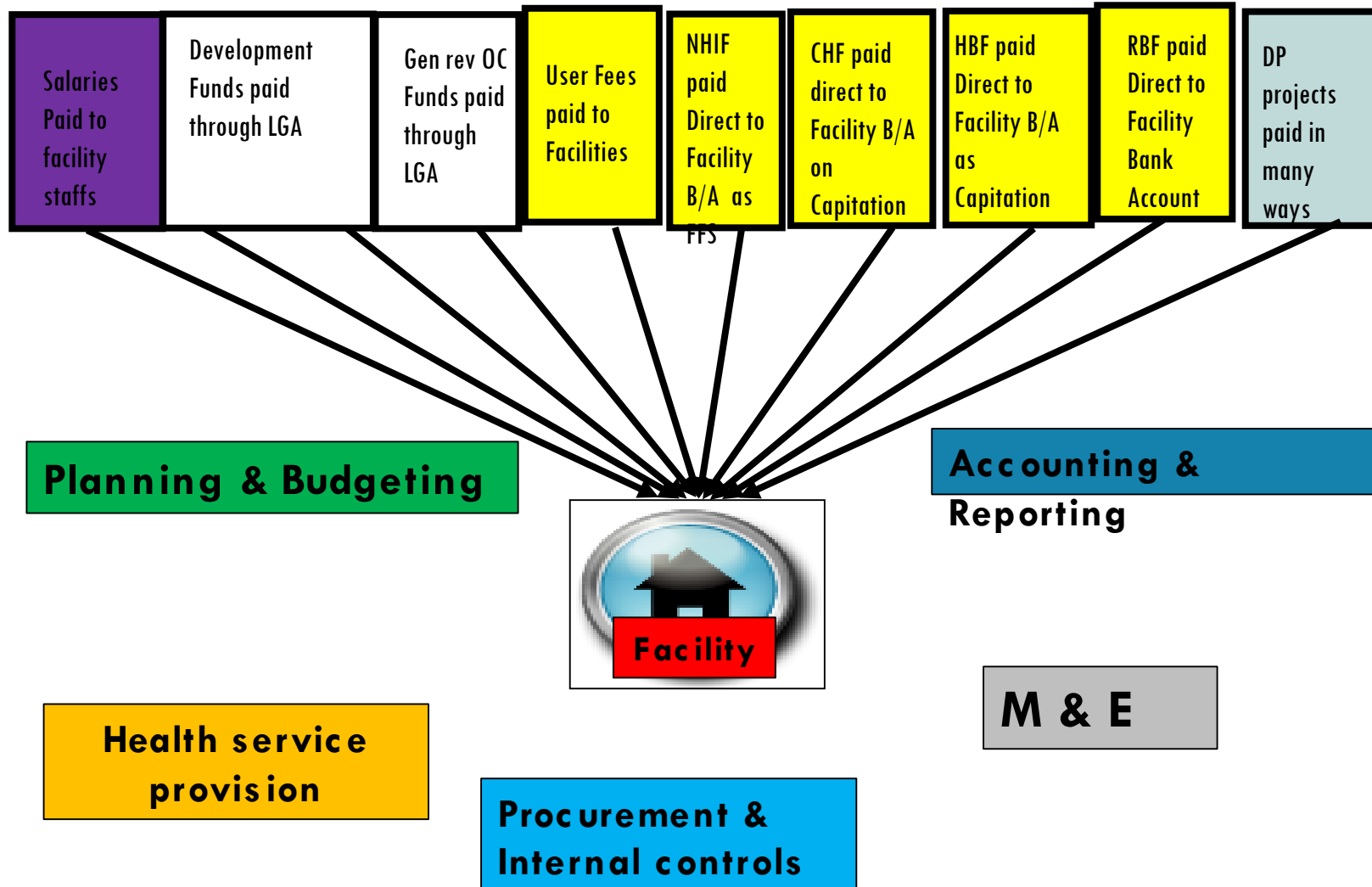
## PROVIDER AUTONOMY AND OVERALL STRATEGIC PURCHASING FUNCTIONS

In light of the overview session;

Providers are vested with autonomy which enables them to do the following related to strategic purchasing function

- They prepare plans according to need, what they actually need
- They budget according to the actual resources available in their facilities e.g CHF, HBF and according to the guidelines of the fund
- They can decide where to buy although for case of medicine with approval from MSD
- MOH – Cannot select providers all providers are entitled to provide services but for health insurance funds the purchasers use formula to allocate funds to providers
  1. Number of visits
  2. Catchment population
  3. Active members of insurance
- Monitoring and Evaluation - Easy to know how the money is being used through FFARS

# FACILITY FINANCING AND PROVIDER PAYMENT MECHANISM



# OPERATIONAL SYSTEMS AND CAPACITIES NEEDED FOR PROVIDERS

**Operational system needed are like;**

- FFARS - which is an accounting and reporting system (web based)
- Plan Rep - which is a planning and budgeting (web based)

**Capacities needed;**

- Use of ICT facilities like computers, internet
- Now smart mobile phones

**Gaps;**

**Only one person is trained, but also this is time consuming**

# KEY RESULTS AND CHALLENGES

## Key Results

Health facilities workers have been trained and have support from PO-RALG and other facilities have hired a specific accountant.

There has been increased frontline providers autonomy and improved quality care provision.

There is a National database at PO-RALG for monitoring all facilities so management can easily monitor and control all facilities

Internal Control - Facilities cannot use money which they did not budget for. Incase of emergency they may use money which was reallocated

## Challenges

Some facilities have taken long to understand the instructions specifically dispensaries. Facilities governing boards endorsements takes long but people have started to understand.

Internet connection if not available, payments cannot be processed

Capacity of the staffs at the lower level to use the system. It has taken long time for the facilities to adopt the systems however there are experts assigned at the district to provide support

Not all facilities have managed to have computers for the web based system

Limited provider autonomy (primary facilities still have to seek permission to the district)

Poor information and communication systems due to remoteness of some areas for ICT to function

## Conclusion

There is political will as the government has been undertaking financing reforms, and enhancing Implementation of ICT improvement and interoperability of the operating systems like FFARS, PlanRep, EpiCar etc)