



SOKOINE UNIVERSITY OF AGRICULTURE

**REVISED SUA COMMUNITY HEALTH FUND
GUIDELINES**

JUNE 2011

EXECUTIVE SUMMARY

The Vision and Mission of the Sokoine University of Agriculture (SUA) are provided in the Sokoine University of Agriculture Corporate Strategic Plan (SCSP 2005-2010). The SCSP stipulates the development of a SUA Health Policy (SUAHEP) as one of the major outputs.

The broad objective of SUAHEP is to ensure that health services are adequately delivered to the SUA community and the neighbourhood by having in place an adequately furnished health delivery infrastructure and a competent human resource. This will be achieved through a number of specific objectives and strategies, which in totality address the areas of environmental sanitation, healthy lifestyles, disease prevention, medical services delivery and health education. Of utmost importance is the availability of an adequate financial resource, which will be solicited from a) the government, through SUA development and recurrent budgets; b) SUA Community, through a health coverage system in which the community itself subscribes; and c) donor community.

As a major step towards mobilization of resources, a SUA Community Health Fund (CHF) (also referred to as Fund) has been established, to which SUA employees and their families and students shall subscribe. The CHF shall be administered solely by SUA through a CHF Management Committee (CHF-MC), chaired by the Deputy Vice Chancellor (Administrative and Finance).

Under CHF, all beneficiaries (employees and their families and students) shall receive health coverage at out- and inpatient levels, through SUA's own health delivery units (HDUs) or at designated HDUs, including specialist and referral hospitals, outside SUA.

The performance of CHF shall be monitored through periodic financial and administrative audit reports to be provided by the HDUs Board to the CHF-MC and further on to SUA Finance, Planning and Development Committee and the COUNCIL.

This is the Revised Edition of the guidelines for the implementation of the SUA CHF and replaces the first one which was approved by the COUNCIL in 2007.

ACRONYMS/ABBREVIATIONS AND DEFINITION OF TERMS

A. ACRONYMS/ ABBREVIATIONS

AIDS	-	Acquired Immunodeficiency Syndrome
CHF	-	Community Health Fund
CHF-MC	-	Community Health Fund Management Committee
CT	-	Computerized Tomography
FPDC	-	Finance Planning and Development Committee
HDU	-	Health Delivery Unit
HIV	-	Human Immunodeficiency Virus
HSD	-	Health Services Department
ID	-	Identity Card
MRI	-	Magnetic Resonance Imaging
RMO	-	Resident Medical Officer
SCSP	-	SUA Corporate Strategic Plan
RAAWU	-	Researchers, Academicians, and Allied Workers Union
SUA	-	Sokoine University of Agriculture
SUAHEP	-	SUA Health Policy
SUASA	-	Sokoine University of Agriculture Academic Staff Association
SUASO	-	Sokoine University of Agriculture Students Organization
SUATAC	-	SUA Technical AIDS Committee
TB	-	Tuberculosis

B. DEFINITION OF TERMS

In this guidelines unless the context otherwise requires; “Beneficiary” means person employed by SUA under permanent/contractual terms and their dependants and students. SUA retirees who wish to contribute to the Fund are also beneficiaries.

“Dependants means “a person who solely depend on the subscriber to the Fund as defined under the Standing Orders and SUA staff regulations

“Effective academic year” means the duration of training on SUA campuses and where applicable during practical outside SUA.

“Employee” means a person hired by SUA under permanent and pensionable terms or under contractual terms.

“Family includes “staff and her/his spouse and four up to five (for single) and up to six dependants in cases where both spouses are SUA staff.

“Student” means any person admitted and registered for full time undergraduate or postgraduate studies provided the duration of study exceed six months.

“Subscriber” means SUA employee who contributes to the fund.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
ACRONYMS/ABBREVIATIONS AND DEFINITION OF TERMS	ii
TABLE OF CONTENTS	iii
1.0 INTRODUCTION	1
2.0 SUA COMMUNITY HEALTH FUND	1
2.1 Establishment of the SUA Community Health Fund.....	1
2.2 Management of CHF	1
2.3 Rights to health coverage through CHF.....	2
2.4 Delivery/acquisition of health services.....	5
3.0 MONITORING AND EVALUATION	8
3.1 Monitoring	8
3.2 Evaluation.....	8
REFERENCES	9
APPENDICES	10
Appendix 1	10
Appendix 2	11

1.0 INTRODUCTION

In 1997, SUA developed its Corporate Strategic Plan (SCSP) with the first phase covering the period 2000-2005. Within the second phase of the SCSP (2005 – 2010), one of the outputs is to improve SUA health services. To deliver this output it has been necessary to establish a health policy (SUA Health Policy - SUAHEP), to govern the improvement of the health of SUA communities and the neighbourhoods. The SUA Council approved the SUAHEP in September 2006.

The SUAHEP includes among others the establishment of the SUA Community Health Fund (CHF). SUA Council approved these guidelines in June, 2007.

2.0 SUA COMMUNITY HEALTH FUND

2.1 Establishment of the SUA Community Health Fund

- (i) It is hereby established a Community Health Fund (CHF), hereinafter referred to as the Fund.
- (ii) Each employee will contribute 2% of his/her monthly basic salary, while employer will contribute 3% of the employee's basic salary.
- (iii) Students will contribute at a rate to be determined by the University.
- (iv) The undergraduate students will contribute Tsh. 100,000.00 whereas a postgraduate students will contribute Tsh. 170,000.00 being annual fees.
- (v) The Vice Chancellor shall be the Accounting Officer of the CHF.

2.2 Management of CHF

- (i) There shall be a Committee, CHF Management Committee (CHF-MC), to be appointed by the Vice Chancellor. The Committee shall manage the Fund.
- (ii) The CHF-MC functions shall be to receive for consideration and approve matters from SUA Health Delivery Units' Board, or other functions as may be determined by the Vice Chancellor from time to time.

- (iii) CHF-MC shall meet quarterly and shall report to the SUA Finance Planning and Development Committee (FPDC).
- (iv) The Deputy Vice Chancellor (Administration and Finance) shall chair CHF-MC

2.2.1 There shall be annual stakeholders meeting whose functions among others shall include receiving and discussing progress of the Fund.

2.2.2 The stakeholders meeting shall comprise of;

- (i) Executive committees of RAAWU, SUASA and SUASO
- (ii) Chairperson to be elected among their number
- (iii) Vice Chair person to be elected among their number
- (iv) Three members representing Management
- (v) Hospital Secretary from Health Department who shall be returning officer.
- (vi) The Secretary to be elected by the Stake holders meeting

2.2.3 The chairperson shall report to the Vice Chancellor on matters arising from the meeting which will require Management action.

2.2.4 The Chairperson shall be an invitee member of the Finance Planning and Development Committee meetings

2.2.5 The stakeholders meeting shall regulate its own proceedings

2.2.6 There shall be officers appointed by the Management for administration of the activities of the Fund.

N.B: The SUA Community Health Fund organization Chart is provided in appendix I.

2.3 Rights to health coverage through CHF

SUA shall provide all entitled employees, their dependants and students (i.e. CHF beneficiaries) with subsidised health services. Beneficiaries rights and obligations are elaborated under the following categories:

2.3.1 Permanent employees

- (i) All permanent employees shall be subscribers to the CHF as long as they are employed by SUA and shall be issued with specific identity cards (ID), indicating the subscriber's reference number.
- (ii) The fund shall cover an employee, his/her spouses and his /her children or dependants not exceeding four for married and five for unmarried. In event that both couples are employees of SUA, the total number of children or dependants shall not exceed six.”
- (iii) For reference purposes, spouse, dependants of the employee and student member shall be issued with IDs bearing also the ID number of the employee/student member.
- (iv) Beneficiary's rights shall not be transferable
- (v) Any changes to the status of a registered staff dependant shall be notified to the Officer in charge of the day to day administration of the Fund
- (vi) If the member or other beneficiary of the Fund ceases to be member or beneficiary shall return the ID card to the Officer in charge of the day to day administration of the Fund.

2.3.2 Contractual employees

- (i) Employees with contracts of one year or longer shall have their IDs withdrawn, or renewed at the end of their contracts, whichever the case may be.
- (ii) Employees with contracts of specified period under specific projects within SUA may join the Fund provided they contribute an equivalent of 5% of their basic salaries (of which 3% shall be contributed by the project per month).
- (iii) If persons with contracts of less than one year shall need medical care at a HDU, other than SUA's, but within the Country they shall pay for the services following which they shall request for reimbursement from the Fund upon producing appropriate documents.

2.3.3 **Employees on leave (without pay, sabbatical, sick leave, other)**

- (i) Employees on leave without pay shall be covered by CHF if they will continue to contribute to the Fund an equivalent of 5% of their monthly basic salaries, which they would have received had they been actively working at SUA.
- (ii) Employees on sabbatical leave shall continue to pay their subscription to the Fund as required.
- (iii) Employees on extended sick leave shall continue to subscribe to the Fund and they shall not be entitled to subsistence allowance from the Fund for the period of their leave. Employees whose services to SUA have been suspended, i.e on 50% pay, shall continue to subscribe to the fund at the same monthly contribution as before their suspension.
- (iv) SUA retirees who are not contractually employed at SUA will benefit from CHF services if they shall continue to contribute 2% of their monthly pension.
- (v) SUA retirees who are contractually employed anywhere shall contribute 5% of the monthly pension or salary whichever is greater.

2.3.4 **Students coverage by CHF**

- (i) Students shall contribute to CHF through their medical bursaries. Undergraduate students shall contribute an annual fees amounting to 100,000/- (Tsh One hundred thousand only) and Postgraduate Students shall contribute an annual fees amounting to 170,000/- (Tsh One hundred and seventy thousand only).
- (ii) The fees shall be reviewed whenever deemed necessary”.
- (iii) Students coverage shall be valid for the effective academic year.
- (iv) Students who are the beneficiaries or member of the Fund shall be exempted from paying medical fees
- (v) Coverage of students under institutional exchange programs, or Research Associate Fellows shall be the responsibility of the student/Fellow him/herself or their sponsor. Their subscriptions shall be those applicable to foreign students registered at SUA.

- (vi) A student's coverage by the Fund shall cease upon termination of the individual student's registration at SUA, for whatever reason. Under such circumstances, the student shall be required to surrender the respective IDs to CHF office.
- (vii) A student who has *frozen* or suspended studies shall be covered if the student continues to subscribe for the time of *freezing* or suspension of studies.

2.3.5 Termination of right to coverage by the Fund

- (i) Coverage of a person by the Fund shall end if the person ceases to be employed by SUA or if the person dies.
- (ii) Notwithstanding (i) above, a widow/widower of a SUA employee and his/her dependants, who is him/herself not a SUA employee, shall receive free services for a period of one year after the death of the spouse. Thereafter he/she will be required to contribute to the Fund the least amount contributed by a SUA permanent employee (minimum wage).

2.3.6 Non Beneficiaries

- (i) Non beneficiaries are person who may not fall within the above categories. These may receive SUA health services upon payment of full cost (at market prices) as determined by the HDUs Board.

2.3.7 Collection of Revenue

- (i) All revenues shall be collected by the HDUs' and shall be remitted to Community Health Fund (CHF).

2.4 Delivery/acquisition of health services

Health services to SUA beneficiaries shall be available both on- and off campuses upon presentation of appropriate CHF IDs.

All primary health services shall, as much as possible, be provided by SUA's own HDUs where these are available, or at CHF – contracted/recognized HDUs outside SUA Campuses.

2.4.1 Service provision outside SUA HDUs

- (i) Service Providers other than SUA HDUs shall be selected by procedures as provided under Public Procurement Act as

revised from time to time upon satisfying CHF requirements in terms of coverage and quality of health services delivery.

- (ii) Beneficiaries may attend to government District and Regional centres, voluntary urgency hospital and other public health care facilities if they can not access the SUA HDUs immediately at the cost of the fund_(e.g when they are on duty away from SUA campuses, field practicals, or for reasons of leave, sickness or in cases of emergency).
- (iii) SUA will enter into agreement with selected referral/specialist hospitals and Pharmacies to provide services to beneficiaries, which cannot be provided by SUA's own HDUs or District and Regional HDUs.
- (iv) SUA may establish a fast track system through which specialist doctors will visit patients at SUA's HDUs.
- (v) In situations where non SUA HDUs provide services to a beneficiary, the case must be reported to SUA HDUs or University Administration within seven days by phone, email or any other alternative means.

2.4.2 **Services covered/not covered by CHF and mode of payment**

- (i) Services that shall be/ shall not be covered by the Fund, regardless of the providing HDU are shown in Appendices 2a & b.
- (ii) Payments of services provided by the HDUs, other than SUA HDUs, shall be honoured by the Fund only upon submissions of genuine invoices/receipts as stipulated in the Contract/Agreement between SUA and the HDUs.
- (iii) The HDUs shall submit invoices for services provided to the beneficiaries as soon as possible, in any case not later than 30 working days after the service was delivered.
- (iv) Medical consultancies and prescriptions shall be provided equally to all beneficiaries regardless of their rank or position at SUA.
- (v) Medical prescriptions acquired outside the HDUs' own pharmacies shall only be reimbursed following evidence by the responsible physician that, the drug could not be provided at the point of treatment.

- (vi) Reimbursement of costs incurred by a beneficiary for the purchased drugs/services shall only be effected upon submission of *bona fide* supporting documents to the Resident Medical Officer (RMO). Such reimbursements shall be done within two weeks.
- (vii) The RMO shall raise invoices for reimbursement of medical costs drawn from services to Funds' beneficiaries.

2.4.3 **Admission into Hospital Wards**

- (i) In cases of admission into hospital wards, a beneficiary will be accommodated according to his/her rank, as stipulated in the government standing orders (Admission Grades)
- (ii) Regardless of the admission Grade of the beneficiary, the Fund shall pay/reimburse ward costs.
- (iii) In event that the fees charged by an admitting HDU do not cover the beneficiary's food, the fund may upon request made by beneficiary and forwarded by the HDU, pay to beneficiary food allowance of Tshs. 15,000/= per day."
- (iv) The amount for food allowance may be revised by the CHF-MC when need arises.

2.4.4 **Transport and related costs to referral HDUs and specialist centres**

- (i) The Fund shall pay for the beneficiary's transport costs (return fares) to a referral/specialist hospital, if public means of transport are used.
- (ii) For situations where on medical opinion that, a patient cannot utilize public transport, such a patient shall be transported by an ambulance.
- (iii) Costs for eventual evacuation of a beneficiary who has fallen ill while outside SUA shall be paid by the Fund.

2.4.5 **Abuse of CHF services**

- (i) Any misuse or abuse of the CHF services shall be strongly reprimanded by disciplinary measures against the perpetrator, following a fair analysis of the circumstances.

- (ii) A beneficiary or health provider shall be required to reimburse the Fund for any services obtained or delivered through cheating, forgery, misrepresentation or duplication.

3.0 MONITORING AND EVALUATION

3.1 Monitoring

Effective implementation of the CHF will be guided by a realistic work plan and constant monitoring. The progress of CHF implementation shall be reported to SUA Management quarterly, through SUA FPDC. Data collected in the course of CHF implementation shall form part and parcel of the quarterly reports.

3.2 Evaluation

Technical evaluation shall be used to appraise the CHF effectiveness. The objective of carrying out the evaluation will be to make improvements as the implementation process unfolds. The planning and execution of the evaluation shall be the responsibility of the CHF-MC in consultation with HDUs Board and the SUA Health Committee. The CHF-MC shall decide on the type of evaluation design to use. Amendments to CHF guidelines shall be initiated by the CHF-MC or stakeholders meeting and approved by the University Council.

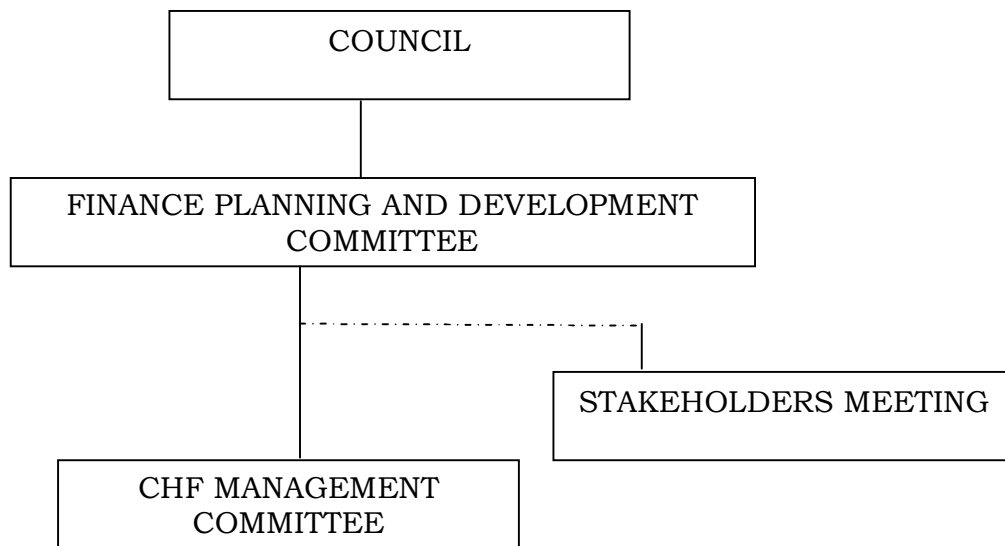
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3. Report on the Steering Committee on the Running of Mazimbu Hospital during the Transition Period, July 2004 to June 2005 and Thereafter.
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6. Millennium Development Goals (2000 – 2015). In Second District Medical Officers Annual Report, “*Strengthening the District Health Delivery Systems*. June 7-11, 20
7. Mzumbe University Health Policy
8. National Health Policy
9. SUA Investment Policy
10. SUA Self – Insurance Scheme

APPENDICES

Appendix 1

SUA Community Health Fund Organization Chart



a) List of Services Eligible for Coverage by CHF

1. OUTPATIENT:

- (i) Consultation
- (ii) Medical examination
- (iii) Referral to specialist clinics and treatment
- (iv) Prescribed medication
- (v) X-rays and ultrasound
- (vi) Casualties and emergency visits
- (vii) Laboratory tests
- (viii) Reproductive and Child Health
- (ix) Dental therapeutics except dentures
- (x) Eye diseases and surgical procedures (spectacles not included)
- (xi) Medically recommended physiotherapy
- (xii) Counselling services
- (xiii) Surgical procedure including circumcision
- (xiv) Medical check-up done at least once in a year

2. INPATIENT:

- (i) Hospitalization (i.e accommodation and treatment)
- (ii) Consultation and treatment
- (iii) X- rays, ultrasound, scan (including CT and MRI)
- (iv) Ambulances
- (v) Maternity services
- (vi) Emergency hospitalization during travel in East, Central and Southern African countries
- (vii) Intensive care unit and critical care wards
- (viii) Post accidental cosmetic surgery (eg. following burns or major trauma)
- (ix) Protheses (e.g walking clutches, artificial limbs, orthopaedic shoes)

b) List of services not covered by CHF

1. Treatment and Procedures

- (i) Cosmetic procedures such as, tattooing, piercing or face lifting procedure.
- (ii) Chronic public health disease covered by Government programs, such as TB, Leprosy, and Onchocerciasis, etc.
- (iii) Services provided under Government preventive and public health programs such as reproductive and child health care services (e.g EPI Programme, Family Planning Programme).
- (iv) Natural disasters that cannot be predicted and which have a special Government Department for its management (e.g floods, earthquakes)
- (v) Disapproved and prohibited illegal/destructive acts such as alcoholism, drug addiction, and suicidal attempt. CHF shall, however, cover a counselling service aimed at assisting towards rehabilitation of the above.
- (vi) Care for the deceased in mortuary/crematoria and burial services.
- (vii) Illegal/criminal abortion.
- (viii) Treatment performed on research medical trials.
- (ix) Treatment of injuries arising out of voluntary participation on riots, demonstrations, unrest or war.
- (x) Cost related to investigations not related to the condition being attended for treatment.
- (xi) Holidays for recuperative purposes.
- (xii) Treatment for infertility and artificial insemination.
- (xiii) All cost relating to appointments not kept or cancelled by beneficiary.

2. Pharmaceuticals

- (i) Obesity or slimming preparations.
- (ii) Patent foods and baby foods including all formulated baby milk powders.
- (iii) Toothpaste, mouth washes and floss.
- (iv) Skin cleansing preparations or any other cosmetic preparation/product
- (v) Domestic or biomedical remedies.
- (vi) Patent or proprietary drugs where a reputable generic is available.

- (vii) Glucometers for home use.
- (viii) Brands or any other forms of vitamins, minerals, tonics and mineral supplements not related to a specific medical condition expect under Condition to be determined by the doctor.
- (ix) All cost relating to purchase of medicines prescribed by person not legally entitled to prescribe such medicines.
- (x) Soaps prescribed by non dermatologists
- (xi) Shampoos and anti dandruff not prescribed by medical personnel
- (xii) Medical supplies in excess of 14 days in case of acute illnesses outside SUA – HDUs.
- (xiii) Medical supplies in excess of 30 days in case of chronic illnesses outside SUA – HDUs.
- (xiv) All non – medical prescriptions and preparations.
- (xv) Any other services that may be considered ineligible for coverage by CHF - MC