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A Community Proudly Empowered To Manage Own Health Facility

Chemba. For years, the Kelema Dispensary, tucked away in a remote village of Tanzania's Chemba District, struggled to deliver adequate healthcare. Understaffed and underfunded, the dispensary's plans seemed off-target. The root cause? Decisions about resource allocation were made 172 kilometers away at the district level—at times far out of touch with the dispensary's daily realities.

However, the Government of Tanzania has been on a long-held mission to empower such communities and strengthen systems for expanding access to essential health services at the village level and below. Then, in 2018, the Benjamin Mkapa Foundation (BMF) jolted into action, thus complementing the Government's mission and efforts. When the Government released its National Operational Guideline for Community-based Health Services in 2021, BMF became a pioneer, implementing the first-ever Direct Health Facility Financing (DHFF) program. DHFF, which aims to empower health facilities with direct funding for medicines and operational costs, has empowered communities to make independent spending decisions to improve the quality of care.

Through implementing the Mkapa Fellows Program phase III, supported by Irish Aid, the BMF has embraced the DHFF approach, helping communities to reap benefits.

Tausi Ally, 53, who chairs the DHFF committee of Kelema Dispensary, says the dispensary now has the resources to supervise its Community Health Workers (CHWs) who are the backbone of rural healthcare delivery. These crucial healthcare providers bridge the gap between households and healthcare services but previously lacked proper oversight in terms of their financing



Tausi Ally inspects files at Kelema Dispensary where she heads a DHFF Committee PHOTO| BMF

We have taken on the responsibility of overseeing the CHWs. We are seeing tangible benefits. More and more people are enrolling in the Improved Community Health Fund (iCHF), and the number of women preferring to deliver at health facilities has increased,” says Tausi, highlighting a significant improvement in maternal and child health outcomes at Kelema. *“Pregnant women are coming for antenatal care earlier, and the number of deliveries at the facility has increased,”* she says.

The impact transcends beyond financial management. Dr. Daudi Ole Mkopi, a medical doctor and senior program officer at BMF explains that DHFF has fostered a sense of community ownership. DHFF has been successfully implemented in 7 District Councils in 4 regions of Mbeya, Dodoma, Mwanza, and Simiyu.

“With funds directly allocated, decisions become streamlined. Whether it's procuring medicine or improving infrastructure, the community feels more responsible for their health facility,” says Dr. Mkopi.

This ownership instilled a sense of accountability. Every penny from DHFF, now including BMF's contributions to support CHWs, is meticulously managed by the health facility governing committee. This committee comprises six ordinary citizens, the dispensary's medical officer in-charge, and a village government representative. Transparency became paramount.

"When BMF injects funds," Tausi explains, "we verify if CHWs have performed their duties. We then confirm, and government funds are used to purchase medicine and medical supplies. This transparency, she emphasizes, "has built trust between the community and the dispensary. Villagers now have confidence that public funds and contributions are being used judiciously."

CHWs submit monthly reports reviewed by the DHFF committee.

"This allows us to track CHW performance," says Dr. Mkopi.

"Previously, it was a challenge for BMF. We could have been paying someone who wasn't working. Now, CHWs understand they are supervised by their own community, who will pay them. This community oversight ensures CHWs fulfill their duties diligently."

Dr. Domitina Karoli, the acting medical officer in charge, often reminds the committee, "We have our mother and child unit here, our role is to discourage home deliveries and urge CHWs to promote facility deliveries."

With DHFF and BMF pioneering the implementation of the approach, a once-struggling dispensary is now an inspiration in the community, delivering essential healthcare services to a community that finally has a voice in managing its own health. The government's financing instrument has become a critical enabler of improved performance for community health workers deployed by the BMF in villages such as Kelema. DHFF has enhanced community ownership and Governance in managing the CBHP program including payment of CHWs monthly allowance through a Facility Account (DHFF modality) in Chemba DC.

As Tausi proudly says, *"The evidence of CHWs' work lies in the numbers: how many pregnant women they reached, how many home births they prevented, and how many more mothers are seeking care."*



Collaboration between Community Health Workers at health facilities has accelerated uptake of health services through MFPIII Program : PHOTO|BMF