



**SOKOINE UNIVERSITY OF AGRICULTURE**

**SUA COMMUNITY HEALTH FUND**

**GUIDELINES**

**JUNE 2007**

## 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.

This document outlines the guidelines for the implementation of the CHF.

## **ACRONYMS AND DEFINATION OF TERMS**

### **• ACRONYMS**

AIDS	-	Acquired Immunodeficiency Syndrome
CCBRT	-	Comprehensive Community Based Rehabilitation in Tanzania
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
ORCI	-	Ocean Road Cancer Institute
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

### **• 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.

“Dependents” mean children of beneficiary, including legally adopted children.

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

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

“Family” includes husband and wife, dependants not exceeding four.

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

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## **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 December 2006.

The SUAHEP includes among others the establishment of the SUA Community Health Fund (CHF). This document contains the Guidelines for the implementation of CHF and shall come to force after approval of the Council.

## **2.0 SUA COMMUNITY HEALTH FUND**

### ***2.1. Establishment of the SUA Community Health Fund***

It is hereby established a Community Health Fund (CHF), hereinafter referred to as the Fund, in which each employee will contribute 2% of his/her monthly basic salary, while employer will contribute 3% of the employee's basic salary. Students will contribute at a rate to be determined by the University. 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 approval 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) A representative of the SUA Health Committee shall be a member of the CHF Management Committee.
- (v) The Deputy Vice Chancellor (Administration and Finance - AF) shall chair CHF-MC.

## **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 number of an employee's dependants shall be limited to spouses and underage children, including legally adopted children, less than 18 years of age or older if still pursuing secondary school education. The total number of beneficiaries per family shall not exceed 6 (six) persons.
- (iii) For reference purposes, dependants of the employee shall be issued with IDs bearing also the ID number of the employee.
- (iv) Beneficiary's rights shall not be transferable.

### **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 one year or longer who are under specific projects within SUA may join the Fund provided they contribute an equivalent of 5% of their gross salaries (of which 3% shall be contributed by the project).
- (iii) Employees with contracts of less than one year shall not be issued with IDs, but they shall be registered at SUA HDUs upon being introduced by their respective employing Departments.
- (iv) If persons with contracts of less than one year shall need medical care at a HDU, other than SUA's, 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 without fail and they shall not be entitled to subsistence allowance from the Fund for the period of their leave.
- (iv) 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.
- (v) 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.
- (vi) SUA retirees who are contractually employed anywhere else shall contribute 5% of the monthly pension or salary.

#### **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 180,000/- (Tsh One hundred and eighty thousand only). Admission requirements may determine charge fees from time to time.
- (ii) Students coverage shall be valid for the effective academic year.
- (iii) 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.
- (iv) 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.
- (v) 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 Fund revenue code, thereafter the funds shall be

## **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 open tender upon satisfying CHF requirements in terms of coverage and quality of health services delivery.
- (ii) Beneficiaries shall appeal to government District and Regional centres and hospitals if they can not access the SUA HDUs immediately (e.g when they are on duty away from SUA campuses, field practicals, or for reasons of leave, sickness, etc.)
- (iii) SUA will enter into agreement with selected referral/specialist hospitals 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 within 12 hours.

### **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 6a & b.
- (ii) Payments/reimbursements 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).
- (vii) The RMO shall submit to CHF-MC an annual operational budget on the basis of which CHF-MC shall issue the RMO an advance fund (imprest) from which payments for invoices and reimbursements of prescriptions and other health costs shall be drawn.
- (viii) The Vice Chancellor shall appoint a vote holder for the operational fund.

#### **2.4.3 Admission into hospital wards and subsistence allowances**

- (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, the ceiling of which shall be equivalent to the beneficiary's subsistence allowance (full per diem) as per Treasury Registrar Circulars or may be determined by SUA Staff Regulations.
- (iii) Subsistence allowances shall be provided for outpatients and for an escort of a beneficiary's child of not more than 13 years of age, attending HDUs outside the working station of the beneficiary.
- (iv) The subsistence allowance for outpatients shall be paid for not more than 14 consecutive days or according to the existing Treasury circulars or may be determined by SUA Staff Regulations.
- (v) In the event that the fees charged by an admitting HDU do not cover the beneficiary's food, the fund shall pay a food allowance equivalent to USD 10 or 13,000 TShs, whichever is higher, per day to the beneficiary.

#### **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 the patient can not utilize public transport to the referral/specialist HDU, by nature of the ailment/disease, costs for alternative means, including ambulance, shall be met by the Fund.
- (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**

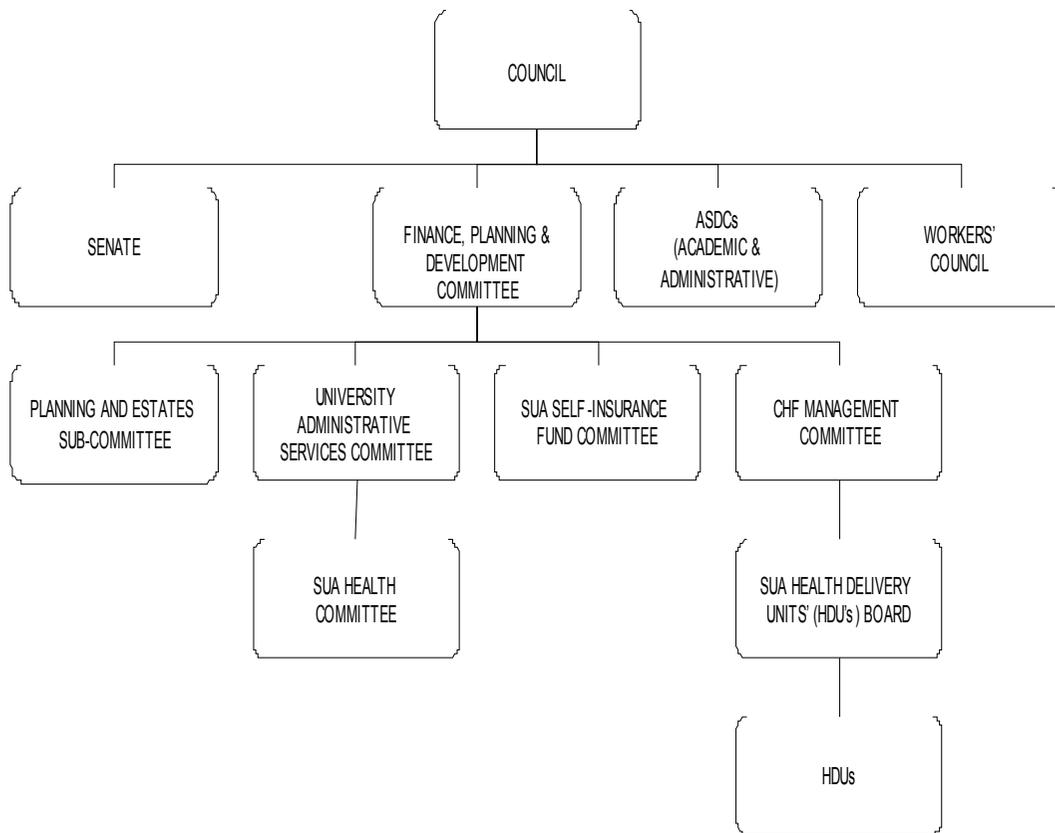
Technical evaluation shall be used to appraise the CHF effectiveness. The objective of carrying out the evaluation will be to make improvements as the implementation process unfolds. The planning and execution of the evaluation shall be the responsibility of the CHF-MC in consultation with HDUs Board and the SUA Health Committee. The CHF-MC shall decide on the type of evaluation design to use. Amendments to CHF guidelines shall be at the discretion of SUA Management when deemed necessary and upon recommendation from CHF- MC and in consultation with the HDUs Board and SUA Health Committee.

## REFERENCES

- 1) Repealed SUA Act No.6 of 1984
- 2) Universities Act No. 7 of 2005
- 3) Report on the Steering Committee on the Running of Mazimbu Hospital during the Transition Period, July 2004 to June 2005 and Thereafter.
- 4) National Health Services Act, 2001
- 5) SUA Corporate Strategic Plan (2005 –2010)
- 6) Millennium Development Goals. 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



# SUA Community Health Fund Organization Chart



## Work Plan for SUA Community Health Fund Implementation

		TIME FRAME															
S/ N	Activity	2007				2008				2009				2010			
1	Formulation of draft CHF Guidelines	x															
2	Approval of CHF Guidelines		x	x													
3	Establishment of CHF-MC			x	X												
4	Operationalization of CHF				X	x	x	x	x	x	x	x	x	x	x	x	x
5	Review of CHF Guidelines															x	x

## List of Local HDUs in Morogoro

S/N	Hospital	Mode of referral	Service Provided	Payment
1.	Morogoro Regional Hospital	Identity Cards Apply to: Medical Officer In charge Morogoro Regional Hospital P.O.Box 110 Morogoro	Ordinary out and in patients	Bill/Invoice
2.	Aljamih Mother and child Care Dispensary (Msamvu Area)	Identity Cards Apply to: Medical Officer In charge Aljamih Mother and child Care Dispensary P.O.Box 6011 Morogoro	Ordinary out patients  Open: 0900 up to 2100hrs daily.	Bill/Invoice
3.	Muzdarifah Islamic Charitable Organization Dispensary (Kihonda Area)	Identity Cards Apply to: Medical Officer In charge Muzdarifah Islamic Charitable Organization Dispensary P.O.Box Morogoro	Ordinary out patients  Open: 0900 up to 2100hrs daily.	Bill/Invoice

4.	Shalom Medical Centre (Mazimbu Area)	Identity Cards Apply to: Director Shalom Medical Centre P.O.Box Morogoro	Ordinary out and in patients Grade One Wards and Admission Suites 24hrs service	Bill/Invoice
5.	Agha Khan Health Centre (Town centre)	Identity Cards Apply to: Hospital Administrator Aga Khan Health Centre P.O.Box Morogoro	Ordinary out patients Open 0900 up to 2000hrs	Bill/Invoice
6.	Goa Dental Services (Town Centre)	Identity card Referral letter or any supporting document eg: introductory letter from SUA Apply to: Goa Dental Services P.O. Box 6155 Morogoro.	Ordinary dental problem - out patients	Bill / invoice

7.	Jole Optical Centre (Town Centre)	Identity card Referral letter or any supporting document eg: introductory letter from SUA Apply to: Jole Optical Centre P.O. Box 6155 Morogoro.	Ordinary eye problem - out patients	Bill / invoice
8.	St. Mary's Hospital. (Misufini Area)	Identity card. Supporting document Apply to: St.Mary's hospital, P.O.Box 1673 Morogoro.	Ordinary out and inpatients	Bill / invoice

## List of Referral Hospitals in Dar es Salaam

S/N	Hospital	Mode of referral	Service provided	Payment
1.	Muhimbili National Hospital	Identity card Referral letter via District / Regional Hospital Apply to: The Director Muhimbili National Hospital P O Box 65000 Dar es Salaam	-Ordinary out and in patient including specialized clinics -Fast Track (very demanding but limited resource) -Visiting Doctors to Mazimbu Hospital - possible	Bill/Invoice
2.	Muhimbili Orthopedic Institute	Identity card Referral letter from any health service provider Apply to: The Executive Director Muhimbili Orthopedic Institute P O Box 65474 Dar es Salaam	-Ordinary out and in patient including specialized clinics -Grade one -Visiting Doctors to Mazimbu Hospital - possible	Bill/Invoice

<b>S/N</b>	<b>Hospital</b>	<b>Mode of referral</b>	<b>Service provided</b>	<b>Payment</b>
3.	Tumaini Comprehensive Infirmery Hospital Ltd	Identity card Referral letter from any health service provider Apply to: The Director Tumaini           Comprehensive Infirmery Hospital Ltd P O Box 7845 Dar es Salaam	Ordinary out and in patient including specialized clinics (NO FOOD PROVISION) -Visiting Doctors to Mazimbu Hospital – possible and need to mentioned in application letter	Bill/Invoice
4.	The Aga Khan Hospital Services	Identity card (Individual / Family card) Referral letter Apply to: The Chief Executive Officer The Aga Khan Hospital P O Box 2289 Dar es Salaam	-Ordinary out and in patient including specialized clinics -Grade one wards -Admission suite	Bill/Invoice Deposit to be agreed

<b>S/N</b>	<b>Hospital</b>	<b>Mode of referral</b>	<b>Service provided</b>	<b>Payment</b>
5.	Shree Hindu Mandal Hospital	Identity card Sick Sheet validity to be agreed Referral letter from any health service provider Apply to: Honorary General Secretary Shree Hindu Mandal Hospital P O Box 581 Dar es Salaam	Ordinary out and in patient including specialized clinics -Grade one wards	Bill/Invoice Deposit to be agreed
6.	Comprehensive Community Based Rehabilitation in Tanzania	Identity card Referral letter from any health service provider Apply to: The Hospital Director CCBRT P O Box 23310 Dar es Salaam	Ordinary out and in patient including specialized clinics -Grade one wards	Bill/Invoice Deposit to be agreed

<b>S/N</b>	<b>Hospital</b>	<b>Mode of referral</b>	<b>Service provided</b>	<b>Payment</b>
7.	Regency Medical Centre	Identity card Referral letter from any health service provider Apply to: The Hospital Director Regency Medical Centre P O Box 2029 Dar es Salaam	Ordinary out and in patient including specialized clinics	Bill/Invoice
8.	The Ocean Road Cancer Institute	Identity card Referral letter Apply to: The Director The Ocean Road Cancer Institute P O Box Dar es Salaam	Ordinary out and in patient including specialized clinics	Bill/Invoice

Agreement Form Sample

**CONTRACT AGREEMENT**

**THIS AGREEMENT** made on the .....day of.....Two Thousand and .....**BETWEEN (HDU ...Name and Acronym), TANZANIA** a Company limited by guarantee and of care of Post Office Box number..... Dar es Salaam in the United Republic of Tanzania (hereinafter referred to as “HDU acronym if applicable)” of the one part and **Sokoine University of Agriculture (SUA)** of care of Post Office Box number 3000 CHUO KIKUU MOROGORO, in the Republic of Tanzania (hereinafter referred to as the “SUA”) of the other part

**WHEREAS**

- i. (Individual/ Company/Association/Foundation) is operating a Hospital in the name of “HDU, (hereinafter referred to as the “Hospital”)
- ii. (HDU) has at the express request of SUA, agreed to provide the institution’s personnel (hereinafter called “patients”) with medical or clinically necessary healthcare, treatment and /or related services including, but not limited to hospitalisation, at such rates as the Hospital shall from time to time deem fit to charge and to the terms and conditions provided herein below and the provisions contained in the schedule hereinafter appearing.

**WITNESSETH** as follows:

**1 Definitions**

The following expressions shall for all purposes of this agreement have the meanings specified:

- (a) Reference to “charges” shall include but not be limited to the charges of *any registered* medical practitioner and shall refer to the charges accrued as against SUA in the provision of clinically necessary health care treatment inclusive of services related thereto, as well as the price of drugs and medicines for both in-patient and out-patient and administration charges

**2 Commencement Date**

This agreement shall be deemed to be effective from the ..... day..... of Two Thousand and .....

### 3 Credit Limits and Deposits

- 3.1 The credit limit established for SUA shall be the sum of Tshs.....  
..... This limit may be varied from time to time depending on the volume of business and the performance of the account.
- 3.2 SUA shall upon execution hereof, deposit with the Hospital a security deposit of Tshs ..... in cash OR provide a banker's guarantee or insurance bond acceptable to ....( HDU) for Tshs ..... as a security for the procurement of credit from ..... (HDU). The bank guarantee and /or insurance bond shall be kept current in the period of the agreement.
- 3.3 The deposit will be retained by the Hospital as security for the fulfilment by SUA of its obligations hereunder and shall be refundable to SUA upon the termination of this agreement without interest, upon the full and final settlement by SUA of all charges payable by SUA.
- 3.4 In the event that the charges shall exceed SUA's credit limit as herein specified, the Hospital shall entirely at its sole discretion be at liberty to suspend SUA's credit facility and/ or increase the required security deposit, to SUA **PROVIDED HOWEVER THAT** the failure of the Hospital to exercise its rights within the meaning of this clause shall not be construed to be a waiver of its rights herein.
- 3.5 In the event that SUA's credit limit is about to be exceeded OR has in fact been exceeded, the Hospital may so inform SUA. The Hospital may at its discretion continue treatment in emergency cases. In the event that a patient is undergoing treatment when the credit facility of SUA has been suspended the Hospital may at its sole discretion continue such treatment until the patient is in a condition to be discharged. All charges of the Hospital incurred during such treatment shall be payable by SUA.
- 3.6 In the event that the patient's entitlement is to a semi-private ward bed the Hospital will use its best endeavours to provide the same subject to availability. In the absence of such beds, the Hospital will admit the patients to the private bed and may move him or her to a semi-private ward bed once one becomes vacant. In these circumstances the patient will be charged for a semi-private ward bed for the first day and thereafter at the full rate of the bed used. SUA will be informed of such an upgrade within 48 hours.

#### **4 Invoices Statements and Payment Terms**

- 4.1** Invoices in respect of patients for whom SUA has agreed to be responsible and liable for payment of the charges will be submitted to SUA at such frequency as is agreed between the parties, and in the absence of such agreement within 15 days from the end of the month in which the statement is provided.
- 4.2** All invoices rendered by the Hospital to SUA shall be deemed to be correct unless written queries in respect thereof are received by the Hospital within fifteen (15) days of the date of despatch of the invoices.
- 4.3** Where the amount due on a queried invoice has been determined and communicated to SUA, the same shall be settled within fifteen (15) days from the date of receipt by SUA of the Hospital's findings which shall be final and binding on SUA. The process of reconciliation of any queried invoices shall not in anyway affect the set credit limits.
- 4.4** Payment shall be made on all invoices rendered to SUA strictly within thirty (30) days of the date on the invoice failing which the Hospital shall inform SUA their intention to suspend the credit facilities to SUA same payment is not effected with seven days. Forthwith thereafter (HDU) shall be entitled to appropriate the deposit or enforce the bank guarantee, as the case may be, in satisfaction of the amount then due to (HDU). Failure by the Hospital to exercise its rights herein shall not be construed to be a waiver of its rights within the meaning of this clause.
- 4.5** Neither (Individual/ Company/Association/ Foundation) nor the Hospital shall be responsible for monitoring any exclusions of treatment or any annual financial limits allocated by SUA to the Patients.
- 4.6** Confirmations of cover for patients shall be communicated in writing by SUA to the Hospital prior to services being rendered by the Hospital.
- 4.7** The charging of interest shall be without prejudice to the obligation of SUA to effect payment as and when the same falls due and shall not in any way prejudice or affect the rights of (HDU) to seek to recover such payments on their due dates.

## **5 Termination**

**5.1** This agreement will remain in effect until terminated. The parties hereto shall be entitled to terminate this contract by giving to the other one months' prior written notice in that behalf.

**5.2** Parties shall be entitled to terminate this agreement forthwith in any one of the following events: -

- a) The transfer of ownership of SUA/HDU. {For the purposes of this clause a transfer of ownership of more than fifty percent (50%) of the shares in SUA/HDU shall be deemed to constitute a transfer of ownership}.
- b) SUA/HDU not being satisfied with the financial stability of SUA/HDU.
- c) The appointment of a receiver, liquidator or administrator over the assets of SUA or the filing of a winding up petition against SUA.
- d) Any breach by either party of its obligations herein.

**5.3** SUA persistently refusing and or neglecting to settle the amounts due from it to the Hospital. The failure or indulgence granted by (HDU) in enforcing its rights herein shall not be construed as a waiver of its rights.

**5.4** Upon the termination of this agreement any amount due and owing to (HDU) some payable forthwith. Any deposit, bank guarantee or insurance bond held shall be offset against the amount due. Termination as defined herein will be without prejudice to any antecedent rights or remedies that may have accrued to (HDU) as against SUA.

## **6. Settlement of Disputes**

All disputes arising from or in connection with this Agreement shall be settled amicably and through arbitration failing which the aggrieved party shall be at liberty to institute legal proceedings or seek intervention of the relevant court in accordance with governing law.

## **7 Proviso**

**7.1** Any notice or communication under or in connection with this agreement shall be in writing and shall be delivered personally by courier, registered post and/or facsimile to the attention of:

If to the: HDU

**The Chief Executive Officer**

.....  
.....

If to SUA:

**Deputy Vice Chancellor (Administration and Finance)**  
**Sokoine University of Agriculture**  
**P.O.Box 3000**  
**Morogoro**

The communication shall be deemed to have been received on the date of the personal/ courier delivery or on the business day immediately following the date of dispatch of the facsimile notice followed by the originals, or on the fifth business day following the date of dispatch by registered post.

**8 Governing law**

This Agreement shall be governing by the law of Tanzania

**9 Warranty of Authority**

The parties hereto represent and warrant that the signatories of the parties named herein are authorised and entitled to sign this Agreement on behalf of the parties and the rights and obligations of the parties shall be legally valid and binding and enforceable on the parties.

**10 Entirety of Agreement**

This agreement shall constitute the entire agreement between the parties relating to the subject matter hereof and shall supersede all and any previous arrangements or agreements between the parties relating to the matters herein.

**IN WITNESS WHEREOF** the parties hereto have duly executed this agreement on the date first hereinabove appearing.

**SIGNED** on behalf of HDU  
**Chief Executive Officer**

In the presence of HDU  
**Chief Finance Officer**

**SIGNED** on behalf of      SUA  
**Deputy Vice Chancellor (Administration and Finance)**

**In the presence of**    SUA  
**Bursar**

**a) List of Services Eligible for Coverage by CHF**

OUTPATIENT:

- Consultation
- Basic (routine) medical examination
- Referral to specialist clinics and treatment
- Prescribed medication
- X-rays and ultrasound
- Casualties and emergency visits
- Laboratory tests
- Reproductive and Child Health
- Dental therapeutics except dentures
- Eye diseases and surgical procedures (spectacles not included)
- Medically recommended physiotherapy
- Counselling services

INPATIENT:

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

**b) List of services not covered by CHF**

**i) Treatment and Procedures**

- Cosmetic procedures such as circumcision, tattooing, piercing or face lifting procedure.
- Chronic public health disease covered by Government programs, such as TB, Leprosy, and Onchocerciasis, etc.
- Services provided under Government preventive and public health programs such as reproductive and child health care services (e.g EPI Programme, Family Planning Programme).
- Natural disasters that cannot be predicted and which have a special Government Department for its management (e.g floods, earthquakes, diseases of outbreak including cholera, epidemic meningitis, plague, measles, etc.)

- AIDS, which has a collateral government program under TACAIDS and NACP. However, opportunistic infections related to HIV/AIDS shall be covered
- 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.
- Care for the deceased in mortuary/crematoria and burial services.
- Illegal/criminal abortion.
- Treatment performed on research medical trials.
- Treatment of injuries arising out of voluntary participation on riots, demonstrations, unrest or war.
- Cost related to investigations not related to the condition being attended for treatment.
- Holidays for recuperative purposes.
- Treatment for infertility and artificial insemination.
- All cost relating to appointments not kept or cancelled by beneficiary.

#### **ii) Pharmaceuticals**

- Obesity or slimming preparations.
- Patent foods and baby foods including all formulated baby milk powders.
- Toothpaste, mouth washes and floss.
- Skin cleansing preparations or any other cosmetic preparation/product
- Domestic or biomedical remedies.
- Patent or proprietary drugs where a reputable generic is available.
- Glucometers for home use.
- 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.
- All cost relating to purchase of medicines prescribed by person not legally entitled to prescribe such medicines.
- Soaps prescribed by non dermatologists.
- Shampoos and anti dandruff not prescribed by legally entitled to prescribe such medicine.
- Medical supplies in excess of 14 days in case of acute illnesses outside SUA – HDUs.
- Medical supplies in excess of 30 days in case of chronic illnesses outside SUA – HDUs.
- All non – medical prescriptions and preparations.
- Any other services that may be considered ineligible for coverage by CHF  
- MC

# PATIENT REFERRAL FORM

SOKOINE UNIVERSITY OF AGRICULTURE

DEPARTMENT OF HEALTH SERVICES

P.O. BOX 3027, CHUO KIKUU, MOROGORO, TANZANIA

TELEPHONE: +255 023 260 3511-4, Direct+255 023 260 4682,

FAX: +255 023 260 4573

E-mail: [afya@suanet.ac.tz](mailto:afya@suanet.ac.tz)



Ref No .....

Date: - .....

### REFERRAL / TRANSFER FORM (To be filled in triplicate)

Transfer/Referral to.....  
.....

Name of Patient.....Age.....Sex...

Wife / Husband / Dependant of..... (Delete whichever is not applicable)

SUA CHF ID Card No.....Expiry Date.....

Summary of Medical History.....  
.....  
.....

Summary of Physical Examination.....  
.....  
.....

Provisional Diagnosis.....  
.....

Treatment Received.....  
.....

Reason for Referral/Transfer.....  
.....

Name of Doctor..... Signature.....

Time.....Date.....

Official Stamp.....



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DEPARTMENT OF HEALTH SERVICES**

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**A. SICK SHEET**

(To be filled in Duplicate)

1. To Officer in Medical Charge of .....Hospital/HC/Disp.  
Prof/Dr/Mr/Mrs/Miss.....  
Designation.....SUA CHF ID No.....  
Department .....  
Is sent herewith for treatment. He/She is entitled to grade .....treatment.  
Name: Head of Department:.....  
Signature: .....  
Time ..... Date .....  
  
Official Stamp.....

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2. To the Head, Department of.....I hereby certify  
that Prof/Dr/Mr/Mrs/Miss.....  
Is under treatment and is able/unable\* to follow his/her duty.  
He / She is admitted to Hospital / Treated as an Outpatient \*  
He / She is to attend at ..... for treatment.  
Name: Medical Officer in charge.....  
Signature: .....  
Time ..... Date ..... Official Stamp

\*Delete whichever is not applicable

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3. I hereby certify that  
Prof/Dr/Mr/Mrs/Miss.....  
Has now sufficiently recovered to resume his /her work.  
Name: Medical Officer in Charge.....  
Signature of Officer in Medical Charge.....  
Time ..... Date ..... Official Stamp



**SAMPLES OF SUA CHF IDENTITY CARDS**

**SAMPLE ID FOR CHF BENEFICIARY**

 <p><b>SUA COMMUNITY HEALTH FUND</b></p>	
Membership No ...P/D <sup>1,2,3,4,5</sup> .....	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"> <p>PHOTO</p> </div>
Name.....	
Sex.....	
Date of Birth.....	
Term of Service: Permanent/contractual.....	
Date of Issue.....	
Expiry Date.....	
Signature of Authorized Officer.....	
<p>P-Principal; D-Dependant</p>	

**SAMPLE ID FOR STUDENTS**

 <p><b>SUA COMMUNITY HEALTH FUND</b></p>	
Membership No .....U/P.....	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;"> <p>PHOTO</p> </div>
Name.....	
Sex.....	
Date of Birth.....	
Admission No.....	
Degree Program Admitted.....	
Date of Issue.....	
Expiry Date.....	
Signature of Authorized Officer.....	
<p>U-Undergraduate; P- Postgraduate</p>	

**CLAIM FORM**

SOKOINE UNIVERSITY OF AGRICULTURE  
 DEPARTMENT OF HEALTH SERVICES  
 P.O.BOX 3027, CHUO KIKUU, MOROGORO TANZANIA  
 TELEPHONE: +255 23 260 3511-4 DIRECT +255 23 260 4682



**MULTI-PURPOSE CLAIM FORM (To be filled in Duplicate)**

NB: Please write legibly and complete a separate claim form for each beneficiary and for each visit (treatment program)

Form No.....

**HDU DETAILS**

Name of HDU.....
Signature and stamp.....

**BENEFICIARY DETAILS**

Name of Beneficiary:.....
ID No..... Date of Birth.....
Principal Beneficiary ID No..... Expiry Date.....
Relationship.....
Date..... Time..... Signature/Thumb print.....

**TREATMENT DETAILS**

Treating Doctor/Surgeon.....
------------------------------

Event	TShs	Event	TShs
Consultation fee			
Laboratory Investigation		Operations/Procedures	
Other Investigations		Injection and Dressings	
Pharmacy		Other	

I authorize the HDU that has attended me to disclose my treatment records to SUA CHF in whatever form. Beneficiary's Signature..... Date.....
--

I certify that the information is correct and accurate to the best of my knowledge. Name of Medical Officer in Charge:..... Signature..... Time:..... Date..... Name of Cashier/Accountant:..... Signature..... Time..... Date.....
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