

Fundraising for treatment in India: the harambee committee's checklist

A working checklist for the treasurer, the chairperson and the committee — documents to demand, what an itemized quote looks like, and clean money rules.

When a Kenyan family funds treatment in India, the payer is rarely one person. It is a committee: a family WhatsApp group, a church, a chama, a harambee with a treasurer and a target. A committee spends other people's money, so it needs something a lone patient can survive without: **documents**. Verifiable quotes go up before the fundraise, receipts come back after it, and every donor who asks where their contribution went gets a clean answer.

Before the fundraise: verify the plan

The costliest failure mode is not theft — it is enthusiastically funding the wrong plan. Before a target is announced:

- 1. Confirm the diagnosis and treatment plan independently.** A specialist with no stake in the answer should review the file — a written independent second opinion sets out all reasonable options in a report the whole committee can read. Where the honest answer is "this can be treated closer to home," the report says so.
- 2. Get the medical questions answered before the financial ones** — a remote consultation lets the family put questions to a specialist directly.
- 3. Only then set the target,** built from real documents, per the next section.

What a real itemized quote looks like

Feature	What to look for
Hospital letterhead	Issued by the hospital's international desk, naming the patient and diagnosis — not an agent's own PDF
Line items	Room category and expected stay; surgeon and anesthesia fees; implants and consumables; investigations; medications
Inclusions and exclusions	Stated explicitly: what happens if the stay extends, and what is billed separately
Validity	A date and a validity window, so the committee knows how long the number holds
Currency	Stated clearly, so the treasurer can plan exchange honestly

Ask for quotes from **two or three hospitals** and compare line by line. A much cheaper quote that excludes implants is not cheaper. A bundled single figure from an agent, with no hospital paperwork behind it, is not a quote — industry analyses have documented quotes to international patients padded 25–35% through commission channels.

The committee's document file

1. **Medical file:** diagnosis, the independent second opinion, and the treatment plan being funded.
2. **Two to three itemized hospital quotes**, compared line by line.
3. **The full journey budget:** treatment, flights (patient plus attendant), visa fees, accommodation and food, local costs, and a contingency buffer. A budget with no buffer is a plan to run out of money in a foreign country.
4. **Facilitation fees, if any, as a separate line:** published rates, invoiced separately.
5. **The accountability plan:** who signs off payments, how updates reach donors, and what paperwork comes home.

Assign the roles early, and separately: one person holds the medical file, one treasurer holds the money and the receipts, one communicator keeps donors informed.

Clean money rules

1. **Treatment money goes to the hospital directly** — on the hospital's own invoice and into the hospital's own account, never through an agent, a fixer, or a facilitator.
2. **Every fee to every intermediary must be published, flat, and receipted.** A fee that scales with the hospital bill gives the fee-earner a stake in a bigger bill.
3. **Milestone payments, not lump sums.** Money moves when named deliverables arrive: quotes delivered, admission confirmed, treatment completed.
4. **Everything in writing.** Quotes, the locked admission rate, refund terms, receipts. Anything an agent will not put in writing, the committee should assume they do not mean.

Medtu Care's fees, for the committee's ledger: \$50 for a remote consultation, \$150 for a written independent second opinion, \$1,000 flat for full journey coordination — each credited in full toward the next step. We take no commissions from hospitals. Our fees are paid by you, published upfront, and itemized separately from your hospital bill.

Closing the books with donors

- **During treatment:** brief updates the family can share — admission confirmed, surgery done, recovery progressing.
- **At discharge:** the final itemized bill, audited line by line against the rate locked at admission — before the family flies home, not after.
- **Back home:** the treasurer's closing file — total raised, total spent by line item, receipts, and the discharge summary. Committees that close their books this way find the next harambee far easier to raise.

The one-page version — print and tick

- ☐ Independent second opinion obtained before target set
- ☐ 2–3 itemized hospital quotes, on letterhead, compared line by line
- ☐ Full journey budget with contingency buffer

- ☐ All intermediary fees published, flat, invoiced separately
- ☐ Treatment money flows family → hospital, directly, always
- ☐ Payments milestone-gated against named deliverables
- ☐ Everything in writing; updates shared with donors
- ☐ Closing file: final audited bill, receipts, discharge summary

Full guide online: medtu.care/blog/harambee-committee-checklist/ · Questions about a case: **WhatsApp +91 98842 99324** · We respond within four business hours.

Medtu Care is a medical travel facilitator. We are not a hospital, and we do not provide medical care. All medical decisions rest with you and your treating doctors.

We take no commissions from hospitals. Our fees are paid by you, published upfront, and itemized separately from your hospital bill.

This checklist is planning information, not medical or financial advice. Fees stated in USD. Edition: October 2026.