



University of Dar es Salaam

**University
of
Dar es Salaam
Health Services Policy**

March 2017



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FOREWORD

This revised University of Dar es Salaam (UDSM) Health Services Policy aims to promote the provision of high quality, responsive and sustainable health services by the (UDSM) to her students, staff, staff dependants and the surrounding community. The policy is underlined by the fact that enhancing health services forms an important element of the implementation of the UDSM Vision 2061 as well as the National Health Policy.

The idea of revising the policy was initiated by UDSM Management and whole-heartedly supported by the University Council. It was realized that since 2008 when the first UDSM health policy was formulated, there have been several developments in the health sector globally, nationally as well as at the UDSM. Subsequently, a team was appointed to lead the process of revising the 2008 policy.

The policy revision process entailed documentary reviews and in-depth consultations with a broad range of stakeholders within and outside the University of Dar es Salaam. At the University, the stakeholders included the University Management, staff and students.

On behalf of the University, I wish to thank all stakeholders for their valuable contributions during the revision of the policy. Furthermore, I would like to take this opportunity to

request the University Council, Management, staff, students as well as the Government, development partners and indeed all well-wishers to generously extend their material and moral support during the implementation of the policy.

Prof. R. S. Mukandala

Vice Chancellor, University of Dar es Salaam

March 2017



ACKNOWLEDGEMENT

The revised University of Dar es Salaam Health Services Policy development process entailed in-depth consultations with a wide variety of stakeholders which included UDSM management, staff and students. I wish to thank all stakeholders for their contributions to the revision of the Policy.

My sincere appreciation goes to the team which revised this policy. The team included Dr. Stephen O. Maluka from Institute of Development Studies (IDS), Dr. Aneth Komba from Directorate of Social Services, Dr. Alfred J. Msasu from University Health Centre, and Mr. Issai Seng'enge from University Health Centre.

It is my hope that this policy will make a significant contribution towards the provision of quality, efficient and sustainable healthcare services to the UDSM and surrounding community.

Prof. David A. Mfinanga
Deputy Vice Chancellor – Administration
March 2017

LIST OF ABBREVIATIONS AND ACRONYMS

BEmOC	Basic Emergency Obstetric Care
BRN	Big Results Now
CBOs	Community-Based Organizations
CEmOC	Comprehensive Emergency Obstetric Care
CEO	Chief Executive Officer
CHF	Community Health Fund
CHWs	Community Health Workers
DARUSO	Dar es Salaam University Students Organization
DUCE	Dar es Salaam University College of Education
ERB	Economics Research Bureau
FBOs	Faith-Based Organizations
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
HRH	Human Resources for Health
HSSP	Health Sector Strategic Plan
ICT	Information and Communication Technology
KRAs	Key Results Areas
MMAM	Mpango wa Maendeleo wa Afya ya Msingi
MDGs	The Millennium Development Goals

MKUKUTA	Mpango wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MoHSW	Ministry of Health and Social Welfare
MSD	Medical Stores Department
MUCE	Mkwawa University College of Education
MUCHAS	Muhimbili University College of Health and Allied Sciences
NGOs	Non- Government Organization
NHIF	National Health Insurance Fund
OHS	Occupational Health & Safety
OC	Other Charges
RAAWU	Researchers, Academicians and Allied Workers Union
RMNCH	Reproductive Maternal, Neonatal and Child Health
SDGs	Sustainable Development Goal
TIKA	Tiba kwa Kadi
UDASA	University of Dar es Salaam Academic Staff Assembly
UDSM	University of Dar es Salaam
UHC	University Health Centre
UN	United Nations

Chapter One

Background Information

1.1 Institutional Overview

The University of Dar es Salaam is the oldest and the most heterogeneous University in Tanzania. It has the population of about 23,000 students in all its campuses, over 1,300 members of academic staff and more than 1,500 administrative staff. It consists of two constituent colleges namely the Dar es Salaam University College of Education (DUCE) and Mkwawa University College of Education (MUCE).

There are five campus colleges located at the Mwalimu Julius Kambarage Nyerere Mlimani Campus, namely College of Engineering and Technology (CoET), College of Natural and Applied Sciences (CoNAS), College of Social Sciences (CoSS), College of Agricultural Sciences and Fisheries Technology (CoAF) and College of Humanities (CoHU). The fifth campus college is the College of Information and Communication Technology (CoICT) located at Kijitonyama Campus. There are five schools, four of which are located at the Main Campus - School of Education (SoED), University of Dar es Salaam School of Law (UDSoL), University of Dar es Salaam Business School (UDBS) and School of Health Sciences (SoHS). The School of Journalism and Mass Communication (SJMC) is situated at Kijitonyama.

There are also five institutes, four of which are at the Main Campus namely the Institute of Development Studies (IDS), the Institute of Resource Assessment (IRA), Institute of Kiswahili Studies (IKS) and Confucius Institute (CI). The Institute of Marine Sciences (IMS) is stationed in Zanzibar. Another institution at the Main Campus is the Dr. Wilbert Chagula University Main Library. The University of Dar es Salaam has centres or stations which include Mikocheni (Dar es Salaam), Kunduchi (Dar es Salaam), Hananasifu (Dar es Salaam), Pangani Centre in Tanga Region, UCC centres at Arusha, Dodoma, Mbeya and Mwanza.

UDSM's Vision 2061 is *'To become a leading Centre of Intellectual Wealth spearheading the Quest for Sustainable and Inclusive Development'*. The vision is built on three pillars in which the University works closely with its stakeholders, will invest its resources so that it can more effectively perform its core functions. The three key pillars are: *Inspired and Motivated Staff and Students, Visionary Leadership and Sustainable Resource Mobilisation*. This vision will only be achieved if the key players are healthy as a healthy mind thrives in a healthy body.

1.2 Overview of the University Health Centre

The history of the UDSM Health Centre can be traced back to the early sixties when the University was an affiliate college of the University of London in 1961. The Centre started as a dispensing room at Lumumba in the City Centre where the nascent University had a temporary home before moving to the present Mlimani premises, also known as Mwalimu J.K. Nyerere Mlimani Campus. As a response to the increased

student enrolment and staff recruitment at the University of Dar es Salaam, the dispensing room was elevated to a dispensary before eventually being upgraded into a Health Centre in 1991. The University Health Centre is wholly owned by UDSM and is one of the major departments in the UDSM structure.

Apart from the medical services offered at the main premises of the Health Centre, the UHC also extends such services to other arms of the University. When the new students' hostels were established at Mabibo in 2005, the Health Centre opened a dispensary at Mabibo Hostels to cater for the students-in-residence. The Health Centre also runs either a dispensary or dispensing room at the University's institutes and schools, which are located off-campus such as the Institute of Marine Sciences (in Zanzibar) and the School of Journalism and Mass Communication (at Kijitonyama).

In response to the growing demand for teachers in the country, the former Mkwawa High School and Chang'ombe Teachers' College were upgraded into Mkwawa University College of Education (MUCE) and Dar es Salaam University College of Education (DUCE) respectively. The two are constituent colleges of the University of Dar es salaam. A health centre was established in each of the colleges aiming at providing health services to college Community and surrounding population.



Chapter Two

CURRENT STATUS OF UDSM HEALTH SERVICES

2.1. Management and Accountability of Services

The provision of healthcare services at UDSM is the main responsibility of UHC which is wholly owned by UDSM. The Health Centre is under the Directorate of Social Services and it is headed by the Medical Officer In-Charge (MOi/c) who oversees its day to day operations. The MOi/c is directly accountable to the Director of Social Services.

Administratively, the MOi/c is assisted by a Health Administrator and five heads of sections for Clinical, Preventive, Nursing, Accounts, and Supplies. The composition of Medical officer In-charge, Health administrator and five heads of sections form the Centre Management committee which is the highest organ at the centre overseeing its activity.

2.2. Financing of Healthcare Services

For many years, UDSM has wholly relied on government funding to finance the UHC operations. The government funding to the University has continued to decline year after year resulting into the decline of funds allocated to many units at the University including UHC. The Government funds (Other Charges – OC) allocated at the centres are used for procurement of working equipment, maintenance of vehicles, payment of meals to admitted students, payment of allowances and other daily operations of the centre.

In 2009, the Government instructed all government employees to join NHIF where each staff will be contributing money equivalent to 3% of the gross salary every month, and the employer contributes the same amount to NHIF. The students also pay an approved amount to the NHIF for the same. Students, staff and their dependants are provided NHIF membership cards for use to access treatment to the accredited health facilities across the country. The centre was accredited to offer services to the NHIF members since 2010 and in turn the NHIF reimburses the costs for the treatment of their members to the centre. This is another source of funds apart from the government funding. The funds reimbursed by the NHIF is used for the procurement of medicine, medical supplies and paying allowances to staff who use extra time to complete the NHIF claim forms.

Another source of funds is private patients who pay for services, consultation, investigations and medicines. A large proportion of the payments made by the private patients are for medical examinations, especially at the beginning of the academic year. The funds generated from medical examinations at the beginning of the academic year is allocated to different activities as per the University Consultancy Policy where 80 % is paid to staff who participated in medical examination exercise and 20% is allocated to the University.

2.3. Health Services Delivery

The University Health Centre with its satellite health facilities provides preventive, curative and rehabilitative health services. In achieving this, the Health Centre offers specialized clinic in some of the specialised areas like obstetrics and gynaecology, paediatrics, psychiatry and mental health, medical imaging, dermato-venereology and general clinical consultations. It also offers medical laboratory services, treatment for in and out patients, care and treatment services for the people living with HIV/AIDS, prevention of HIV transmission from mother to child, reproductive and child health services, tuberculosis clinic, eye and optical services. The Centre also provides ambulance services, care of minor surgical conditions, health education on various health issues including screening and prevention of non-communicable diseases.

The range of current healthcare services provided is substantial. However, plans are underway to introduce dental and oral health services, major operation services, comprehensive maternal and child care, X-ray diagnostic services, Echocardiogram, Electrocardiogram, and Computerised Tomography Scan (CT-Scan). There is also a plan to introduce much needed specialised clinics.

Due to lack of some healthcare services at the UDSM Health Centre, a number of patients do shop for the missing services at other health care facilities. Some of the patients



are also referred to other private and government healthcare facilities. There are challenges associated with referring patients to outside healthcare facilities including loss of continuity of care, duplication of treatment, wastage of time, repetition of expensive investigations, social and economic costs associated with going outside UDSM to access basic healthcare services.

Plans to introduce missing specialized services which will be offered on part time basis by specialists from School of Health Sciences and from other health facilities are in the strategic plan to ensure comprehensive healthcare services are provided within the UDSM premises.

2.4. Human Resource Management and Remuneration

The UDSM Health Centre follows the existing Human Resources Management policies, procedures and regulations of the University of Dar es Salaam.

The Centre has sufficiently qualified staff made up of different cadres with varying levels of education and professions; these include Specialist Medical Officers, Medical officers, Assistant Medical Officers, clinical officers, nursing officers, enrolled nurses, technicians, and support staff. There is shortage of staff in some cadres and there are plans to recruit relevant staff upon government approval.

The staff who work on extra duties, weekends, public holidays and nightshifts are paid allowances according to the government circular. However, the amount paid is insufficient compared to the duration and type of services offered.

2.5. Medicine and medical supplies

The Health Centre stocks medicine and medical supplies and the procurement of medicine and medical supplies is in accordance with the Public Procurement Act and Regulations. Some medicine and medical supplies are procured from the Medical Stores Department (MSD). In addition, other medicines and supplies are acquired through open procurement process by advertising to eligible suppliers. There are challenges associated with procurement of medicine and medical supplies including buying at a higher price than the selling price. As a result, in order to avoid losses, some important medicines and medical supplies cannot be provided.

2.6. Patient Management Information System and Reference Sources

The UDSM Health Centre has installed electronic patient's information system in an effort to improve patient's records, reduce paper work, and monitor funds generated at the centre.



Chapter Three

RATIONALE FOR UDSM HEALTH SERVICES POLICY

This revised UDSM Health Services Policy is in line and informed by the changes taking place globally, in the country, and at the University. Nationally, the rationale for the policy stems from the aspirations of the National Development Vision 2025, the National Strategy for Growth and Poverty Reduction (commonly known by its Kiswahili acronym as MKUKUTA), the national commitment to the Sustainable Development Goals (SDGs), the National Health Policy 2007, the Big Results Now (BRN) programme as well as the Health Sector Strategic Plan IV 2016 – 2020 which elaborates the strategic governmental and international development objectives into concrete targets and activities.

Within the University, the Policy is motivated by the aspirations of the Corporate Strategic Plan: 2014-2023 and Five-year Rolling Strategic Plan: 2014/2015- 2018/2019 which has underscored the need to rationalise and strengthen health services.

3.1 The National Development Vision 2025

Tanzania Development Vision 2025 is a document providing direction and a philosophy for long-term development. The National Development Vision 2025 has, as one of its main

objectives, achieving quality and good life for all. Improved access to quality healthcare is an important area of the envisaged national development. UDSM is thus challenged to contribute to these national aspirations, by among other things, improving and rationalising the quality, accessibility and sustainability of health services provided to students, staff, staff families and the nearby communities.

3.2 The National Strategy for Economic Growth and Poverty Reduction

The National Strategy for Economic Growth and Reduction of Poverty known in Kiswahili as the *Mpango wa Kukuza Uchumi na Kupunguza Umaskini Tanzania (MKUKUTA)* represents Tanzania's commitment to the achievement of the MDGs and now SDGs. It focuses on growth, social well-being and governance, and it is a framework for all government development efforts and for mobilising resources. MKUKUTA aims to foster greater collaboration amongst all sectors and stakeholders. It has mainstreamed crosscutting issues (gender, environment, HIV/AIDS, disability, children, youth, elderly, employment and settlements). It is anticipated that various development actors including UDSM will mainstream these strategies in their plans and operations. Clearly, rationalisation and strengthening of health services delivery at the University are in line with the spirit of MKUKUTA.

3.3 Health Sector Policy Frameworks

The UDSM Health Policy has to be in line and compliant with the health sector policy frameworks. The most important are: National Health Insurance Fund Act (1999); Health Policy (2007); Primary Health Care Services Development Programme, better known as the MMAM (2007–2017); and Big Results Now in the health sector (2014 -2018).

3.3.1 The National Health Insurance Fund Act

Globally health insurance has been developed to reduce the financial risk which individuals are exposed to as a result of unpredictable illness. In Tanzania, health insurance is rapidly becoming a solid part of the national culture. In the public sector, the National Health Insurance Fund was established through the National Health Insurance Fund (NHIF) Act No. 8 of 1999. The Act, following the Miscellaneous Amendments of 2002, now applies to all public servants in general. It requires all contributing employees to be registered with the Fund whereby each employee will make a monthly contribution to the Fund equivalent to three percent (3%) of his/her basic salary. The employer will then deposit the monthly contribution of the employee together with another three per cent contribution from the employee to the Fund. Within the framework and foundations of the NHIF. UDSM is duty bound to implement an appropriate health insurance scheme to cater for students, staff and staff families.

3.3.2 The Tanzania Health Policy

The Tanzania Health Policy defines the Vision 2025 Goals for the health sector. The National Health Policy, 2007 puts emphasis on:

- Cost-effective public health interventions;
- Alternative health care financing including Health Insurance and Community Health Funds
- Cost sharing and formal sector health insurance; and,
- Strengthening of the health service management.

The health services offered by UDSM at present are inadequate and hence the need for significant improvement in line with the National Health Policy. The National Health Policy acknowledges the contribution of communities in health services financing. On the government's financial capability to finance health services, the national policy states that "*... the government's financial capability to finance all health services is decreasing and it is not possible to meet the ever increasing costs. The government is looking into ways of how the people can contribute in paying for some of the health services so as to minimise its burden*" (MoHSW, 2007).

3.3.3 Primary Health Care Services Development Programme

In 2007 the MOHSW developed the Primary Health Care Services Development Programme, better known as the MMAM 2007–2017 (MOHSW, 2007). The objective of the MMAM is to accelerate the provision of primary health care

services for all by 2017. The main areas are strengthening the health systems, rehabilitation, human resource development, the referral system, increasing health sector financing and improving the provision of medicines, equipment and supplies. The UDSM Health Services Policy is thus an important mechanism for implementing the relevant strategic objectives of the MMAM programme.

3.3.4 Big Results Now in Health Sector

In 2013 the Government of Tanzania adopted the Big Results Now (BRN) approach in order to accelerate developments toward Development Vision 2025 and MKUKUTA through improved prioritisation, focused planning, and efficient resource management. BRN is a methodology with an aim to instil accountability and discipline of implementation. A Presidential Delivery Bureau (PDB) is facilitating planning and monitoring of the sectoral plans. In the Fiscal Year (FY) 2014/15 the approach started in six sectors, expanding to other sectors in FY 2015/16.

Big Results Now in Health programme has been developed as part of Tanzania's Development Vision 2025. In 2014, four Key Result Areas (KRAs) were formulated for the health sector, with targets to be achieved in June 2018. These are:

- i. Human Resources for Health (HRH), with prioritised utilisation of employment permits, provision of skilled HRH through public private partnership and private sector engagement, and redistribution of health workers within Regions;

- ii. Health Commodities, with improved supply chain, strengthening management of Medical Stores Department (MSD) working capital and complementing MSD in procurement and distribution of medicines by engaging the private sector;
- iii. Health Facilities performance improvement, with introduction of the Star Rating system of registration, and fiscal decentralisation to health facilities;
- iv. Reproductive Maternal Neonatal and Child Health (RMNCH), with improved CEmONC and BEmONC, with support of Community Health Workers (CHW) and Information and Communication Technology (ICT) modalities, and with creation of satellite blood bank facilities and public information campaigns.

3.4 UDSM Corporate and Five Years Rolling Strategic Plans

The UDSM Corporate Strategic Plan: 2014-2023, Five-year Rolling Strategic Plan: 2014/2015- 2018/2019 and DUCE and MUCE strategic plans all have strategic emphasis on strengthening the quality and sustainability of the health services provided to students, staff and their dependants and the surrounding community in line with the relevant national legal, policy and institutional framework. The UDSM Health Services Policy is thus an important mechanism for implementing the relevant strategic objectives of the University.

Chapter Four

VISION, MISSION AND OBJECTIVES

4.1 Introduction

UDSM has articulated vision, mission and objectives for its health services policy as key strategic thrust for all health services and the thrust for actions of implementing actors.

4.2 Vision

UDSM health services policy vision is:

To become a model for institutions of higher learning in responsive, quality and sustainable healthcare services delivery.

4.3 Mission

The mission of UDSM health services policy is:

To promote the provision of responsive, quality and sustainable healthcare services using state of art techniques and technologies.

4.4 Objectives

The objectives of UDSM Health Services Policy are:

- i. To promote availability of a wide array of general out-patient services on a 24 hours basis,
- ii. To promote the availability of specialist medical services in areas of demonstrated demand,

- iii. To promote the availability of a fully-developed range of in-patient services in the long-term,
- iv. To promote the availability of a good range of basic diagnostic/examination services,
- v. To ensure effective referral arrangements with all major consultant hospitals,
- vi. To promote the quality pharmaceutical services,
- vii. To promote high quality and efficient reproductive, maternal and child health services,
- viii. To promote preventive and lifestyle counselling services,
- ix. To promote participation in national and international public health and other essential health care programmes,
- x. To promote and attract other health insurance schemes to utilise services provided by the UHC ,
- xi. To promote efficient, effective and sustainable management of UDSM health services facilities,
- xii. To strengthen staff welfare programmes (including preventive and curative health practices) so that the staff are healthy and livelong;
- xiii. To ensure environmental sanitation of the UDSM campuses, and
- xiv. To promote the prevention of occupational hazards at UDSM.

Chapter Five

MAJOR POLICY ISSUES AND STATEMENTS

5.1 Curative Health Services

5.1.1 Situation Analysis

UDSM runs a Health Centre which provides health services to students, staff, and the surrounding community. The infrastructure at the centre is not enough to accommodate the growing number of students and staff. Furthermore, the centre is not adequately equipped with state of arts equipment and is understaffed in some cadre.

In addition, there are many health insurance schemes in the market, but UDSM Health Centres are accredited to offer services to NHIF members only resulting in low income generation and finally failure to stock basic medicine and medical supplies.

5.1.2. Policy Issues

The health centre faces challenges of inadequate infrastructure, equipment, qualified staff and limited service provision.

5.1.3. Policy Statements

- i. UDSM shall ensure that there are adequate state of the art medical equipment at its health facilities as per established national and international guidelines.

- ii. UDSM shall train health service providers, deploy skilled staff and retrain them for provision of quality health services in all areas of specialties.
- iii. UDSM shall develop guidelines/procedures defining terms and conditions for visiting medical specialists. And invite/hire needful medical specialists to provide services which are not available at its health centres.
- iv. UDSM shall provide appropriate and friendly infrastructure for the provision of quality healthcare services to students, staff and dependants as well as the neighbouring community.
- v. UDSM shall ensure provision of quality and equitable healthcare services to its students, staff, staff dependants and the neighbouring community.
- vi. UDSM shall ensure adequate provision of quality pharmaceutical and medical supplies to strengthen internal pharmaceutical units and ensure availability of medicine and medical supplies.
- vii. UDSM shall consult other approved health insurance schemes and sign memorandum of understanding for their members to access health services at its centre.
- viii. UDSM shall improve and expand health centre infrastructure and upgrade them into hospital for

provision of comprehensive health services and for teaching purposes.

5.2 Preventive Health Services

5.2.1 Situation Analysis

A number of infectious and non-infectious diseases at the UDSM community can be prevented and controlled through timely and cost effective public health interventions. Current public health interventions provided to the University of Dar es Salaam staff and students are inadequate.

5.2.2 Policy Issue

Need to strengthen public health interventions, awareness and sensitization strategies to the UDSM community.

5.2.3 Policy Statements

- i. UDSM shall ensure that there are quality and sustainable preventive health services to students, staff, staff dependants and neighbouring community.
- ii. UDSM shall provide information, education and communication material relating to preventable diseases to its community and surrounding community.

- iii. UDSM shall ensure that adolescents and youth have access to accurate information on Sexual Reproductive Health (SRH) in order to promote safe and healthy life styles.
- iv. UDSM shall undertake vigorous voluntary screening campaigns for communicable and non-communicable diseases so that all members become aware of their status and take appropriate measures to protect themselves and help those who are affected.
- v. UDSM shall promote healthy life style for UDSM community members through physical exercises, healthy dieting and maintaining of healthy body weight.
- vi. UDSM shall strengthen physical activities (sports, gymnastic services) and develop regular sports activities plan to its community.
- vii. UDSM shall ensure availability of personal protective equipment and protect staff and students from occupational health hazards.
- viii. UDSM shall ensure effective implementation of a comprehensive and coordinated HIV/AIDS and NCDs programme that provides current and accurate information to staff, students and neighbouring community at college, school, institute and major department level.

- ix. UDSM shall strengthen working relationship with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), and other national, regional and international organizations/institutions in promoting public health.

5.3 Rehabilitative and Counselling Services

5.3.1 Situation Analysis

The workplace is one of the areas that have been acknowledged to affect employee's health and wellbeing. Although it is difficult to quantify the impact of work alone on personal identity, self-esteem and social recognition, most public health professionals agree that the workplace environment can have a significant impact on an individual's mental well-being.

5.3.2 Policy Issues

UDSM staff and students are experiencing a number of mental, psychological and physical problems which need counselling and rehabilitation services to make them achieve and maintain optimal functioning.

5.3.3 Policy Statements

- i. UDSM shall establish physiotherapy services in all its campuses.

- ii. UDSM shall provide comprehensive and holistic counselling services on a range of work related or personal issues of concern to staff and students at University level.
- iii. The University shall ensure effective implementation of comprehensive and coordinated counselling services that provide counselling education and proper information through various communication mechanisms to the University community at college, school, institute and directorate.
- iv. The University shall ensure effective provision of preventive counselling education and proper information to UDSM community to minimize chances of encountering problems such as excessive alcohol intake, drug abuse and gender based violence.
- v. The University shall ensure regular assessment of risk behaviours to staff and students at the unit level and implement intervention measures.
- vi. The University shall ensure that the behaviour of staff and students are monitored closely at the respective units and immediate intervention measures are implemented.

- vii. The University shall ensure that all new employees and students participate in awareness campaigns on counselling services during the orientation and induction days.
- viii. The University shall conduct regular counselling awareness campaign to the UDSM community.
- ix. The University shall ensure that the counselling centre develops adequate referral and networking systems with other appropriate health and care services such as rehabilitation centres and supportive institutions.
- x. The University shall encourage staff and students to undertake their normal responsibilities irrespective of their health problems unless they are exempted by the responsible authorities.
- xi. The University shall promote and facilitate empirical and operational research on psycho-social problems facing staff members and students and develop appropriate intervention programmes.
- xii. The University shall ensure appropriate National and University regulations are applied to guide the conduct of counselling related research undertaken by staff and students.

5.4. Environmental Health and Sanitation

5.4.1 Situation Analysis

Development of environmental health and sanitation, is an important area for promoting wellbeing and prevention of illness. It is one of the best indicators for measuring social and economic developments which can be achieved by among other things enhanced environmental cleanliness and monitoring the quality and safety of water and food.

5.4.2 Policy Issue

Need to strengthen provision of reliable clean water and good environmental sanitation to all UDSM campuses.

5.4.3 Policy Statements

- i. UDSM shall maintain provision of clean water supply, regularly inspect water tanks and distribution pipes and repair damages in order to prevent illness associated with water scarcity and poor water quality.
- ii. UDSM shall establish sanitary standards for all buildings including public toilets in all campuses.
- iii. UDSM shall regularly inspect and repair all waste disposal systems and waste treatment area in all campuses.

- iv. UDSM shall maintain proper treatment of infectious waste according to the rule of the land.
- v. UDSM shall maintain landscaping of all external areas to destroy breeding sites for vectors.
- vi. UDSM shall maintain cleanliness of all food preparation areas and cafeteria by regular inspection.
- vii. UDSM shall set internal rules and regulations for the provision of catering services at all campuses.

5.5 Occupational Health and Safety

5.5.1. Situation Analysis

Occupation Health and Safety (OHS) is an important area to be monitored and supervised to prevent occupational health injuries. Education on OHS is important in all work place areas to create awareness and the preventive measure as some of the injuries may lead to permanent disability or even death.

5.5.2 Policy issues

The University of Dar es Salaam has been continuously developing and maintaining a model occupational health, safety and environment programme. This programme is focused on prevention of and the protection against injuries

and illness, and the promotion of safe and healthful actions and attitudes among UDSM staff, students, visitors and other people in the surrounding community who may be affected by its facilities and operations.

5.5.3 Policy Statements

- i. UDSM shall ensure that risk assessments are carried out on an ongoing basis and there is setting of prioritized objectives for elimination and reduction of risk.
- ii. UDSM shall maintain safety and healthy place of work by identifying the main hazards to staff and students and provide adequate risk control measures.
- iii. UDSM shall protect staff and students by providing personal protective equipment when practicing risky task to prevent or minimize occupation hazards.
- iv. UDSM shall provide optimal sound health and safety management to eliminate or minimize risk to employees and other interested parties who may be exposed to OHS risks associated with its activities.
- v. UDSM shall ensure compliance with all relevant safety legislation, regulations, codes of practice and other requirements associated with occupation health hazards.

- vi. Each and every individual within the UDSM has a vital and specific role in maintaining the organization's health and safety standard and is encouraged to set a high standard of safety by personal example and to accept a reasonable level of responsibility for personal health and safety and that of others who may be affected by their acts or omissions at work.
- vii. UDSM shall maintain adequate and working appliances to protect buildings and other facilities against fire or other natural disasters.
- viii. UDSM Community will be sensitised on potential hazards related to their activities and means of avoiding them before they take up any assignment. Students will be introduced to laboratory/workshop safety prior to taking up any practical sessions.
- ix. UDSM shall continually sensitise employees and students on how to avoid fire and take precautions against other disasters and what to do when such situations arise.

5.6 Medical Referral System

5.6.1 Situation Analysis

University of Dar es Salaam health centre provides health services to its community but the services are not

comprehensive; referral for the cases that need more specialised investigations and treatment to other health facility is necessary.

5.6.2 Policy Issue

UDSM needs to institutionalize and strengthen arrangements for providing referral systems for students, staff, staff dependants and other clients who need referral services.

5.6.3 Policy Statements

- i. University shall facilitate referral processes for students, staff, staff dependant and other patients who need referral.
- ii. UDSM shall make follow-up of all referred cases and provide assistance/ facilitation of treatment if needed, in the case of students and staff.
- iii. UDSM shall provide quality ambulance services in all its health centres.
- iv. UDSM shall support staff that are referred for treatment abroad according to the Government standing orders and circulars.

5.7 Disease Prevalence and Surveillance

5.7.1 Situation Analysis

The University believes in evidence-based information as a tool necessary for planning effective provision of health services. Monitoring prevalence of diseases is important

for health/medical provision, and realistic health provision projections of UDSM future demand on health services.

5.7.2 Policy Issues

There is a need to monitor disease prevalence at the UDSM and taking immediate prevention and treatment measures including reporting cases to the responsible authorities.

5.7.3 Policy statements

- i. UDSM shall record and store information on disease occurrence, public health, health economics and other health related matters.
- ii. The University shall promote and facilitate empirical and operational research on health problems facing staff members and students and develop appropriate intervention programmes.
- iii. The University shall ensure appropriate regulations are applied to guide the conduct of health related research undertaken by staff and students.
- iv. UDSM shall encourage staff and students to conduct health research within the University and the wider society to establish trends of diseases in the society.
- v. UDSM shall allow students and staff to utilize available data to make recommendations for health improvement at UDSM.

5.8. Financing Health Services at UDSM

5.8.1. Situation Analysis

The National Health Policy introduced cost sharing in health services for the purpose of sustaining health care for Tanzanians. This led to establishment of National Health Insurance Fund (NHIF), Community Health Fund (CHF) in rural areas and the “*Tiba kwa Kadi*” (TIKA) in urban centres. In addition, there are other health insurance schemes that are an opportunity for UDSM to use as sources of funding health services.

5.8.2. Policy Issue

In order to provide quality healthcare services to the University and surrounding communities, the University needs to generate sufficient funds to finance the health services.

5.8.3. Policy Statements

- i. University health centre shall develop strategic operational plans to maximize income generated and be able to self -finance its operational cost.
- ii. The University shall continue financing health services such as procurement of working equipment, maintenance of vehicles, payment of meals for admitted students and payment of allowances using government funds (other charges).

- iii. The University shall encourage employees and students to join National Health Insurance Scheme (NHIF) in order to increase access to health services at the University Health Centres.
- iv. The University shall continue offering services to the NHIF members which in turn it will be refunded for the services offered to the clients.
- v. The University shall get into negotiations with other health insurance schemes so that their members could get health services at the centre.
- vi. The University shall find donors to finance some of the health services at the University.
- vii. The University shall continue providing health services to non- insured clients who pay for the health services.
- viii. The University shall charge appropriate fees to non-insured clients that reflect the market rate of delivering the healthcare services.
- ix. The University shall conduct regular review of the health service fee for private clients and the charges shall be determined by the market prices (the price shall be 25-30% higher than the buying price).

5.9. Management of the Medical Records

5.9.1. Situation Analysis

The health record is the most important practice tool used to support and enhance healthcare services, billing for the services, retrieving information for planning purposes and for medical-legal purposes. The electronic health information system is superior to paper based information system in terms of storage, accessibility, accuracy, security, sharing, privacy and security.

5.9.2. Policy issues

Health records contribute to comprehensive and high quality care for patients by optimizing the use of resources, improving efficiency and coordination in team-based and inter-professional settings and in facilitating research.

5.9.3. Policy statements

- i. The University shall install and maintain electronic health records management system to its health centres for quality health services.
- ii. The University shall not dispose patient's records for a minimum of 8 years since the last visits.
- iii. The University shall not allow non authorized individuals to access patient's information except on special permission.

- iv. The University shall provide patient records when required by the law or consent has been given by the patient to share the information with third parties.
- v. The University shall take serious disciplinary measures against individuals who will disclose patient's information without consent.



Chapter Six

MONITORING AND EVALUATION OF THE POLICY

6.1 Monitoring and Evaluation

Monitoring and evaluation are essential activities to ensure that the policy is being implemented. Concurrently, evaluation will assess efficiency of implementing the Policy as well as the impact of the Policy to the UDSM Health Services. Monitoring and evaluation of the policy will be coordinated and facilitated by the directorate of Social Services of the UDSM.

6.2 Policy Review

There are dramatic changes in the health industry in terms of disease prevalence, treatment and occurrence of new disease conditions. There will therefore be a need at one time to review the policy to accommodate new developments. This policy will be reviewed after every five years to evaluate its effectiveness, taking cognisance of new initiatives, developments on healthcare delivery services and other appropriate amendments.

The review team shall consist of experts familiar with contemporary health delivery systems and shall consider pertinent issues and lessons captured during Monitoring and Evaluation.



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