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<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno-deficiency Syndrome</td>
</tr>
<tr>
<td>ARU</td>
<td>Ardhi University</td>
</tr>
<tr>
<td>AMO</td>
<td>Assistant Medical Officer</td>
</tr>
<tr>
<td>ARISA</td>
<td>Ardhi University Staff Assembly</td>
</tr>
<tr>
<td>ARUD</td>
<td>ARU Dispensary</td>
</tr>
<tr>
<td>ARUSO</td>
<td>ARU Students Organization</td>
</tr>
<tr>
<td>ARUCHIF</td>
<td>ARU Community Health Insurance Fund</td>
</tr>
<tr>
<td>CoDD</td>
<td>Committee of Deans and Directors</td>
</tr>
<tr>
<td>DAB</td>
<td>Dispensary Advisory Board</td>
</tr>
<tr>
<td>DARUHC</td>
<td>Director, Ardhi University Health Centre</td>
</tr>
<tr>
<td>DHRMA</td>
<td>Director of Human Resources Management and Administration</td>
</tr>
<tr>
<td>DVC-PFA</td>
<td>Deputy Vice Chancellor- Planning, Finance and Administration</td>
</tr>
<tr>
<td>FID</td>
<td>Fund Raising and Investments Department</td>
</tr>
<tr>
<td>HARUD</td>
<td>Head Ardhi University Dispensary</td>
</tr>
<tr>
<td>HARUHC</td>
<td>Head Ardhi University Health Centre</td>
</tr>
<tr>
<td>HIS</td>
<td>Health Insurance Services</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus Infection</td>
</tr>
<tr>
<td>MO</td>
<td>Medical Officer</td>
</tr>
<tr>
<td>MSD</td>
<td>Medical Stores Department</td>
</tr>
<tr>
<td>MUHAS</td>
<td>Muhimbili University of Health and Allied Sciences</td>
</tr>
<tr>
<td>NACP</td>
<td>National AIDS Control Programme</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-communicable diseases</td>
</tr>
<tr>
<td>NHIF</td>
<td>National Health Insurance Fund</td>
</tr>
<tr>
<td>OPP</td>
<td>Operational Policy and Procedures</td>
</tr>
<tr>
<td>PAMO</td>
<td>Principal Assistant Medical Officer</td>
</tr>
<tr>
<td>PLHAs</td>
<td>People Living with HIV/AIDS</td>
</tr>
<tr>
<td>PPA</td>
<td>Public Procurement Act</td>
</tr>
<tr>
<td>RCH</td>
<td>Reproductive Child Health</td>
</tr>
<tr>
<td>SUA</td>
<td>Sokoine University of Agriculture</td>
</tr>
<tr>
<td>SWOC</td>
<td>Strength, Weaknesses, Opportunities and Challenges</td>
</tr>
<tr>
<td>THTU</td>
<td>Tanzania Higher Learning Trade Union</td>
</tr>
<tr>
<td>ToR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Full Form</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>TACAIDS</td>
<td>Tanzania Commission for AIDS</td>
</tr>
<tr>
<td>UDSM</td>
<td>University of Dar es Salaam</td>
</tr>
<tr>
<td>URT</td>
<td>United Republic of Tanzania</td>
</tr>
<tr>
<td>VC</td>
<td>Vice Chancellor</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Ardhi University (ARU) has had in place ARU Health Operational Policy and Procedures (OPP) since July 2008. It was among others, intended to guide provision of health services at ARU. The ARU Health OPPs were formulated when ARU transformed from a University College to a fully-fledged University. Then, ARU had a small population in terms of staff members and their dependants as well as number of students. That year was also characterised by free or highly subsidised costs for accessing health services.

The changing legal and policy contexts governing the provision of health services as well as increasing population of ARU community necessitates the review of the ARU Health Operational Policy and Procedures of 2008. This is in order to not only respond to legal and policy changes governing provision of health services in the country, but also enable ARU to provide sound health services to its community.

Among others, the revised Health Policy incorporate major positions promulgated in the NHIF Act No. 8 of 1999 which include requirement for ARU staff to subscribe to NHIF scheme, re-defined roles of ARU dispensary where staffs (subscribed to NHIF) are free to seek medical services in any hospitals without being necessarily referred there by ARU dispensary. The changes also include substantive refinement of the ARU dispensary organisational structure to allow for smooth link with NHIF. Additionally, the strength, weaknesses, opportunities and challenges which constitute the central part of the policy (issues and statements) were reviewed along with the major legal and policy changes as well as other ARU policies. Thus, the ensuing discussion present the ARU health Policy (2015) drawing from major reviews presented above.

In line with the Terms of Reference (ToR) the task was accomplished through several methods so as to capture both qualitative and quantitative data with expectation of producing valid and justifiable analysis, conclusion and recommendation.

The team reviewed by interviewing Ardhi University Students Organization (ARUSO), ARU dispensary staff, Ardhi University Staff Assembly (ARISA) leadership, Tanzania Higher Learning Trade Union (THTU), Fund raising and Investment Department (FID), Corporate Secretary, Patients and potential users of
dispensary which included students, staff members and people living in the neighbourhood. The team also visited UDSM, SUA, and MUHAS. Issues which were examined included health insurance policy and existing insurance schemes (NHIF and others), since there is a need to use multiple insurance schemes at ARU.

During strength identification twelve strengths were identified nine weaknesses, six opportunities and seven challenges. Discussion on need for handling referral of emergency cases at ARU dispensary was done. Furthermore, discussions on how to handle pharmaceutical which are not available at ARU dispensary and handling of medical equipment were done. Moreover, transformation of ARU Dispensary into a health centre has been handled as well.

Hereunder, the policy issues, statements and strategies are presented in Table 1.

**Table 1: ARU Health Policy issues, statements and strategies**

<table>
<thead>
<tr>
<th>Title</th>
<th>Policy Issue</th>
<th>Policy Statement</th>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Infrastructure and personnel at the Ardhi University Dispensary.</td>
<td>i) Inadequate health services offered by ARU dispensary vis-à-vis its expanding population; ii) Inadequate infrastructure and equipment; iii) Inadequate number of personnel; and iv) Limited health care schemes.</td>
<td>ARU shall have a Health Centre with better working environment and services.</td>
<td>i) To transform the dispensary into a Health Centre; ii) To have several health care schemes that deliver quality services to its customers; iii) Train and employ adequate skilled staff. iv) ARU to set aside some funds to cater for diseases not covered by the health insurance schemes.</td>
</tr>
<tr>
<td>2. Use of multiple health insurance schemes at ARU.</td>
<td>Limited use of Health insurance schemes at ARU.</td>
<td>ARU shall additionally use other approved health care schemes that are efficiently managed and operated.</td>
<td>i) ARU will identify and review appropriate approved health schemes for its community use; and ii) ARU to accept other approved beneficial health insurance schemes for the betterment of its community’s</td>
</tr>
<tr>
<td>Title</td>
<td>Policy Issue</td>
<td>Policy Statement</td>
<td>Strategies</td>
</tr>
<tr>
<td>-------</td>
<td>--------------</td>
<td>-----------------</td>
<td>------------</td>
</tr>
<tr>
<td>3. Handling referral emergence case at ARU</td>
<td>ARU has an inadequate referral system for handling emergency cases.</td>
<td>ARU shall foster a more efficient referral system for handling emergency cases.</td>
<td>ARU to develop and adopt a medical referral system for emergency cases.</td>
</tr>
<tr>
<td>4. Pharmaceuticals at the ARU Dispensary</td>
<td>ARU dispensary has limited capacity to handle large stock of pharmaceuticals.</td>
<td>ARU shall strengthen its capacity of handling large stock of pharmaceuticals and controlling quality of pharmaceuticals.</td>
<td>i) ARU to increase space for handling large stocks of pharmaceuticals; ii) ARU to increase medical equipment for handling large stocks of pharmaceuticals. iii) ARU to look into possibilities of increasing its financial resources for pharmaceuticals.</td>
</tr>
<tr>
<td>5. Reproductive and Child Health</td>
<td>i) ARU dispensary has limited reproductive and child health care services; and ii) Some ARU community members have inadequate knowledge on sexual and reproductive health issues.</td>
<td>i) ARU shall increase supply of vaccines and its equipment; and ii) ARU shall prepare sensitization activities for ARU community.</td>
<td>i) ARU to study the existing situation pertaining to reproductive and child health care needs at ARU; and ii) ARU to facilitate the provision of adequate reproductive and child health care education services to its community.</td>
</tr>
<tr>
<td>6. Preventive Services for Diseases</td>
<td>i) ARU does not have a systematic preventive intervention for communicable and non-communicable diseases; and ii) ARU has an inadequate system of screening NCD.</td>
<td>i) ARU shall put emphasis on prevention and treatment of communicable and non-communicable diseases.</td>
<td>i) ARU to prepare systematic preventive and treatment intervention procedures for communicable and non-communicable diseases; ii) ARU to operationalize the prepared systematic preventive and treatment intervention procedures for communicable and non-communicable diseases.</td>
</tr>
<tr>
<td>Title</td>
<td>Policy Issue</td>
<td>Policy Statement</td>
<td>Strategies</td>
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<td>------------</td>
</tr>
<tr>
<td>7. Guidance and Counselling Services</td>
<td>i) Counselling services at ARU are inadequately institutionalised; and ii) ARU has inadequate counselling services to its community.</td>
<td>i) ARU shall adequately institutionalise and create awareness of counselling services for its community; and ii) ARU shall provide co-ordinated and quality counselling services to its community.</td>
<td>i) ARU to provide adequate and quality counselling facilities and services. ii) ARU to prepare counselling awareness sessions for its community.</td>
</tr>
<tr>
<td>8. Sports and Games</td>
<td>ARU community has limited participation in sports and games.</td>
<td>ARU shall continue to encourage its community to participate in sports and games.</td>
<td>i) ARU to continue to promote participation in sports and games for its community; and ii) ARU to promote diverse types of sports and games for its community.</td>
</tr>
<tr>
<td>9. Laboratory services</td>
<td>i) ARU dispensary has limited laboratory equipment; and ii) ARU dispensary has inadequate number of trained laboratory personnel.</td>
<td>i) ARU shall have in place adequate laboratory equipment; and ii) ARU shall employ trained laboratory personnel.</td>
<td>i) ARU to study the existing situation pertaining to provision of laboratory services; ii) ARU to procure the basic but necessary laboratory equipment and gradually continue to upgrade them as needs arise; and</td>
</tr>
<tr>
<td>Title</td>
<td>Policy Issue</td>
<td>Policy Statement</td>
<td>Strategies</td>
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<tr>
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<td>------------------</td>
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</tr>
<tr>
<td>10. Maintenance and Servicing Medical Equipment</td>
<td>ARU does not have a system and expertise for maintenance and servicing of medical equipment.</td>
<td>ARU shall put in place a system for maintenance of its medical equipment.</td>
<td>ARU to identify and use reputable experts of medical equipment maintenance.</td>
</tr>
</tbody>
</table>

iii) In consonance with demand and advancement of laboratory profession, ARU will train its laboratory personnel.
CHAPTER ONE
INTRODUCTION

1.1 Background

Ardhi University (ARU) operates an on-campus dispensary (24hrs a day) that is headed by a Principal Assistant Medical Officer (PAMO) with 16 members of staff. The dispensary offers medical services to ARU students, staff and their dependants together with the surrounding communities. The offered services include medical consultations, family planning, home and hostel visits, laboratory tests (blood, urine, stool etc.), minor surgeries, dressing and pharmaceutical services. The complicated medical cases that cannot be handled by the dispensary are referred to public and private hospitals; the latter having been contracted through a public tender process in accordance with Public Procurement Act 2011 (PPA).

Similarly, for ARU community (staff members and their dependants as well as students), prescriptions that are not available in the dispensary are supplied by contracted (through open tenders in accordance with PPA) registered private pharmacies within Dar-es-Salaam City.

Despite various health service provision arrangements that aim at improving the delivery of health care services to the ARU community, there have been some complaints with regard to the quality of health services offered by ARU Dispensary (ARUD). The University has recently improved the quality and number of personnel through training and recruitment. Moreover, it has improved the dispensary infrastructure by adding three rooms and installation of water supply system within its premises.

The ARUD services expenditure includes personnel emoluments, free referral services, medical, and pharmaceutical services. In addition to that, ARU bills National Health Insurance Fund (NHIF) per patient, and recovers some of the expenditures by charging full fees from non-NHIF members within and without ARU. Moreover, operationalisation of the NHIF scheme at ARU was approved by the Council in July 2013.
The needs for health services at ARU are continuing to be high due to increased students’ enrolment, growth of staff population and neighbouring community. The University’s population according to ARU Academic Office (2015) grew from 1800 (in 2008) to 4561 (workers 476 and students 4,085 whereby, undergraduate students are 3788 and post graduate 297)(in 2015).

The University however, seeks to explore the possibility of using other approved insurance schemes, thereby, developing more options apart from NHIF for ARU community. Additionally, the concept of venturing into ARU Community Health Insurance Fund (ARUCHIF) never materialised. In order to realise this possibility, there is a need therefore, to review the existing out-dated ARU Health Operational Policy and Procedures (OPP), in line with the University and Government regulations in providing health services to the public servants, students and the general public.

The current ARU Health OPP had been in place since July 2008. The driving force behind adaptation of the 2008 OPP is the mandatory implementation of NHIF Act No. 8 of 1999 for all public servants. It was anticipated that enactment of these OPPs would go in parallel with the need to improve the quality of the health services. This could provide a lot of room for improvement of the quality, transparency of procedures and effectiveness of these services as well as being compliant with NHIF Act (1999).

Some of the main features of that OPP include the following:

i) ARU to continue running and improving its Dispensary to the level of a health centre;

ii) Members and non-members of NHIF are eligible for ARU health services; however, non-members have to pay in accordance to price-schedule of ARU. When ARU members of NHIF receive treatment at ARU dispensary, the dispensary raise claims to NHIF for the health services provided.

iii) ARU to establish a medicare system that is acceptable to the government, as a way of complying with the NHIF Act as well as meeting other health requirements not explicitly stated in the policy;
iv) The medicare system to be named the Ardhi University Community Health Insurance Fund (ARUCHIF);
v) A separate ARUCHIF OPP will be developed separately upon approval of the proposed ARUCHIF;
vi) Membership to ARUCHIF will take heed of the NHIF Act and needs assessment at ARU;
vii) ARU Dispensary to be provided with an ambulance but in case the ambulance is not available, then ambulance services to be out-sourced from the two contracted private hospitals;
viii) ARU to establish a reproductive health care unit within the ARU Dispensary;
ix) Expectant mothers as well as mother and child clinic requirements to be provided by the referral hospitals; and
x) Additional emphasis placed on preventive, counselling and sports services as well as HIV and AIDS concerns.

The University has recently done a significant improvement of the quality and number of personnel in the dispensary through training and recruitment. The University has also rehabilitated the dispensary buildings. As such, subsequent operationalisation of the NHIF Scheme was approved by the Council in July, 2013. The University however, seeks to explore the possibility of deploying other approved insurance schemes, thereby, developing more options apart from NHIF, for ARU community. Moreover, the concept of venturing into the ARUCHIF never materialized. In order to realize this possibility, there is therefore, a need to review the existing ARU OPP which is out-dated; in line with the University and Government Regulations in providing health services to public servants, students and the general public.

1.2 Rationale for Reviewing the 2008 Policy and Procedures

The overriding objective to review the 2008 OPP is the need to improve the quality of the health services at the ARUD through shifting from a sole NHIF scheme towards diversified use of several approved health insurance schemes among the ARU community. Due to this need, ARU requires a revised policy for provision of health services that ensures:
i) Continued rational costs for provision of health services;

ii) Health services are improved by improving the ARUD facilities and acquisition of pharmaceuticals;

iii) Health services are improved by rationalizing the existing system to accommodate all possible health insurance schemes in addition to NHIF;

iv) Health services are improved by rationalizing the existing pharmaceutical services in line with NHIF and other approved health schemes;

v) Non-ARU patients are billed properly to ensure recovery of some expenses; and

vi) ARU Dispensary is transformed into a health centre.

1.3 Layout of the document

This document on Policy for Provision of Health Services at Ardhi University is organised into five chapters. Chapter One is the introduction and rationale for revising the ARU Health Policy. Chapter Two presents the SWOC analysis while Chapter Three indicates the major policy issues, policy statements and strategies. Chapter Four explains the management of ARU dispensary including responsibilities of ARU Dispensary Board. Last but not the least, is chapter Five which outlines how monitoring and evaluation will be conducted.
CHAPTER TWO
STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES IN PROVISION OF HEALTH SERVICES AT ARDHI UNIVERSITY

2.1 Overview
The following is a summary of the major Strengths, Weaknesses, Opportunities and Challenges (SWOCs) pertaining to the review of OPP for provision of health services at ARU:

2.1.1 Strengths
i) Commitment of ARU Management on improving health services for ARU Community;

ii) Existence of a dispensary within ARU campus;

iii) Existence of OPP for health services at ARU;

iv) The ARU dispensary has the potential to be elevated to a Health Centre;

v) Existence of awareness on the need for health related services among the members of ARU community;

vi) Inclusion of issues related to provision of good health in the University’s Corporate Plan (2008/09 – 2018/19) and the Rolling Strategic Plan (2014/15 – 2016/17);

vii) Existence of various medical cadres at ARU dispensary;

viii) Presence of an Ambulance for handling health related emergency cases;

ix) The presence and use of NHIF for health services as stipulated in the employment terms and conditions;

x) Increased need of medical services;

xi) Availability of space for expansion in the future;

xii) Availability of Voluntary Counselling and Testing for (VCT) HIV and AIDs services; and

xiii) Availability of sports facilities.

2.1.2 Weaknesses
i) Inadequate health infrastructure including buildings, wards/beds, laboratory facilities and equipment;

ii) Low pace of health infrastructural development and equipment acquisition;
iii) Failure of the 2008 OPP to recognize other legally approved schemes for provision of health services apart from NHIF;
iv) Inadequate number of qualified health personnel at ARU resulting in overworked staff at the dispensary;
v) Higher demand for more medical services compared to the present level of a dispensary;
vi) Increased number of incidences of improper lifestyles leading to poor health conditions (hypertension, diabetes, narcotics and alcohol abuse);
vii) Inadequate budgetary allocation for health services from the ARU budget;
viii) The challenge for provision of health services to foreign students; and
ix) Low impetus for regular medical check-ups by ARU community.

2.1.3 Opportunities
i) There are several approved national insurance schemes on provision of health services to the public;
ii) The Government subsidizes ARU medicines and other services to HIV and AIDS patients;
iii) Tanzania is thriving to increase the number of qualified medical and health professionals;
iv) Availability of referral hospitals and pharmacies (where patients from ARU could benefit); and
v) Possibility of diversification of health insurance policies which could boost the income of ARU dispensary.

2.1.4 Challenges
i) Inadequate budgetary allocations by the government to ARU which does not go in hand with the actual needs of the staff and students;
ii) Unfriendly conditions to qualify for different health insurance schemes;
iii) Increased number of incidences of improper lifestyles leading to poor health conditions (hypertension, diabetes, narcotics and alcohol abuse);
iv) Lack of timely supply of pharmaceuticals from the Medical Stores Department (MSD) therefore forcing ARU to use expensive private pharmaceutical service providers;
v) Delayed payment from NHIF for offered services;
vi) Existence of fake drugs in the market.

vii) Low staff remuneration.

viii) New epidemic diseases.

The SWOC analysis presented above has not only highlighted issues that require consideration for the policy in the making, but also provides direction for the policy. The policy in the making, strive to capitalise on the strengths and opportunities while also providing an environment for reducing and/or mitigating the risks and challenges. Among others, issues calling for policy intervention include but not limited to inadequate equipment at ARU dispensary; inadequate funds returns from NHIF billing system; challenges of handling emergency cases with no proof of NHIF cards; absence of a unit for taking care of reproductive and child health service; and uncoordinated provision of counselling services at ARU. These are further discussed in the next section including policy issues and statements.
CHAPTER THREE
SITUATION ANALYSIS, POLICY ISSUES, STATEMENTS, AND STRATEGIES

3.1 Health infrastructure and personnel at the Ardhi University Dispensary

3.1.1 Situation Analysis
ARU has a dispensary that serves students, staff members and dependants, as well as the neighbouring community. The dispensary is not adequately equipped and staffed. Moreover, the buildings for the dispensary are small. In addition to that, ARU uses only NHIF health care scheme. NHIF does not cover all needed medical conditions. Given these limitations, the dispensary is not always able to meet the performance needs. As such, the demand for quality health services at ARU continues to grow with the growing ARU community. This means that, there is a need to transform the current dispensary into a health centre.

3.1.2 Policy Issues
i) Inadequate health services offered by ARU dispensary vis-à-vis its expanding population;
ii) Inadequate infrastructure and equipment;
iii) Inadequate number of personnel; and
iv) Limited health care schemes.

3.1.3 Policy Statement
i) ARU shall have better health care facilities with good working environment and services.

3.1.4 Strategies
i) To transform the dispensary into a Health Centre;
ii) To have several health care schemes that deliver quality services to its customers;
iii) Train and employ adequate skilled staff.
iv) ARU to set aside some funds to cater for diseases not covered by the health insurance schemes.
v) To solicit funds for improvement of infrastructure.
3.2 Use of multiple health insurance schemes at ARU

3.2.1 Situation Analysis
ARU has adopted the use of NHIF as the sole insurance scheme for ARU Community in response to the requirement of the NHIF Act No. 8 of 1999 and its supplementary Act No. 5 of 2002 which provides for registration of Public servants to NHIF. This current mode of funding the health care service has guaranteed some funds for providing quality health care services at ARU dispensary. However, in the meantime, some ARU dispensary customers have insurance schemes other than NHIF. Moreover, the more the number of insurance schemes ARU enters into contract with, the more the potential of increasing funds accruing to ARU from provision of health services and hence, possibilities of improving the required facilities and services.

3.2.2 Policy Issue
  i) Limited use of Health insurance schemes at ARU.

3.2.3 Policy Statement
ARU shall additionally use other approved health care schemes that are efficiently managed and operated.

3.2.4 Strategies
  i) ARU will identify and review appropriate approved health schemes for its community use; and
  ii) ARU to accept other approved beneficial health insurance schemes for the betterment of its community’s health.

3.3 Handling referral emergency case at ARU

3.3.1 Situation Analysis
The ARU dispensary has a limited capacity to attend all emergency medical cases that require immediate attention. Currently, emergency cases are handled by filling a referral form for the patient to go to a hospital of his/her choice within Dar-es-Salaam. Where the patient cannot choose a hospital, he/she is sent to any hospital where the patient can be adequately assisted.
Patients have been using NHIF scheme only for referral cases. However, the challenge remains with handling of emergency cases with no proof of NHIF cards.

### 3.3.2 Policy Issue

i) ARU has an inadequate referral system for handling emergency cases.

### 3.3.3 Policy Statement

i) ARU shall foster a more efficient referral system for handling emergency cases.

### 3.3.4 Strategy

i) ARU to develop and adopt a medical referral system for emergency cases.

### 3.4 Pharmaceuticals at the ARU Dispensary

#### 3.4.1 Situation Analysis

ARU dispensary can hold limited stocks of pharmaceuticals. In occasions where patients may be prescribed to pharmaceuticals which are not available at ARU dispensary, patients used to be referred to NHIF accredited pharmacies.

#### 3.4.2 Policy Issues

i) ARU dispensary has limited capacity to handle large stock of pharmaceuticals.

#### 3.4.3 Policy Statement

i) ARU shall strengthen its capacity of handling large stock of pharmaceuticals and controlling quality of pharmaceuticals.

#### 3.4.4 Strategies

i) ARU to increase space for handling large stocks of pharmaceuticals; and

ii) ARU to increase medical storage facilities for handling large stocks of pharmaceuticals.

iii) ARU to look into possibilities of increasing its financial resources for pharmaceuticals.
3.5 Reproductive and Child Health

3.5.1 Situation Analysis
Reproductive and child health (RCH) services are vital for ARU community. There is prevalence of sexually transmitted diseases within ARU community. Furthermore, there is inadequate knowledge on sexual and reproductive issues which has led to unwanted and unplanned pregnancies. In addition to that, there is inadequate supply of vaccines and equipment. It is important therefore, that the university establishes a unit for taking care of reproductive and child health services.

3.5.2 Policy Issues
i) ARU dispensary has limited reproductive and child health care services; and
ii) Some ARU community members have inadequate knowledge on sexual and reproductive health issues.

3.5.3 Policy Statement
i) ARU shall increase supply of vaccines and its equipment; and
ii) ARU shall prepare sensitization activities for ARU community.

3.5.4 Strategies
i) ARU to study the existing situation pertaining to reproductive and child health care needs at ARU; and
ii) ARU to facilitate the provision of adequate reproductive and child health care education services to its community.

3.6 Preventive Services for Diseases

3.6.1 Situation Analysis
Majority of communicable diseases can be prevented through sound environmental management and/or immunization. Non-communicable (NCD) diseases are generally avoidable, but, there must be an awareness of their cause and the appropriate ways of mitigating them.

3.6.2 Policy Issue
i) ARU does not have a systematic preventive intervention for communicable and non-communicable diseases; and
ii) ARU has an inadequate system of screening NCD.

3.6.3 Policy Statement
i) ARU shall put emphasis on prevention and treatment of communicable and non-communicable diseases.

3.6.4 Strategies
i) ARU to prepare systematic preventive and treatment intervention procedures for communicable and non-communicable diseases;

ii) ARU to operationalise the prepared systematic preventive and treatment intervention procedures for communicable and non-communicable diseases; and

iii) ARU to institute a system of screening NCD.

3.7 Guidance and Counselling Services

3.7.1 Situation Analysis
Currently, ARU provides guidance and counselling services to its community regarding health related issues. Guidance and Counselling at ARU is provided through unco-ordinated three units namely the Gender Unit; Dispensary and Dean of Students’ Office. Moreover, these services are inadequately institutionalised to guarantee good results relative to major paradigm shift specifically cultural change with regard to HIV and AIDS. Furthermore, there is inadequate number of qualified personnel necessary to carter for the whole ARU clientele (staff and others).

3.7.2 Policy Issues
i) Counselling services at ARU are inadequately institutionalised; and

ii) ARU has inadequate counselling services to its community.

3.7.3 Policy Statement
i) ARU shall adequately institutionalise and create awareness of counselling services for its community; and

ii) ARU shall provide co-ordinated and quality counselling services to its community.
3.7.4 **Strategy**

i) ARU to provide adequate and quality counselling facilities and services and

ii) ARU to prepare counselling awareness sessions for its community.

3.8 **Sports and Games**

3.8.1 **Situation Analysis**

Participation in sports is not only good because of its recreational values but also its contribution to maintaining good health. Participation by ARU community in sports and games is limited. As such, ARU needs to develop a continued culture to participate in games and sports for its community.

3.8.2 **Policy Issue**

i) ARU community has limited participation in sports and games.

3.8.3 **Policy Statement**

i) ARU shall continue to encourage its community to participate in sports and games.

3.8.4 **Strategies**

i) ARU to continue to promote participation in sports and games for its community; and

ii) ARU to promote diverse types of sports and games for its community.

3.9 **Laboratory services**

3.9.1 **Situation Analysis**

In health service provision undertaking, laboratory equipment are essential for proper diagnosis and thereafter, proper treatment. Provision of adequate laboratory services inter-alia depends on availability of requisite equipment and trained personnel on the same. However, ARU dispensary suffers from under provision of laboratory equipment and inadequate number of laboratory trained personnel. This undermines the undertaking of quality laboratory diagnostic tests. This has necessitated the growing ARU Community to travel long distances and incur unnecessary costs for
laboratory investigation. It is therefore, important for the University to equip its laboratory with modern laboratory equipment and train its laboratory staff.

3.9.2 Policy Issue
i) ARU dispensary has limited laboratory equipment; and
ii) ARU dispensary has inadequate number of trained laboratory personnel.

3.9.3 Policy Statement
i) ARU shall have in place adequate laboratory equipment; and
ii) ARU shall employ trained laboratory personnel.

3.9.4 Strategies
i) ARU to study the existing situation pertaining to provision of laboratory services;
ii) ARU to procure the basic but necessary laboratory equipment and gradually continue to upgrade them as needs arise; and
iii) In consonance with demand and advancement of laboratory profession, ARU will train its laboratory personnel.

3.10 Maintenance and Servicing Medical Equipment

3.10.1 Situation Analysis
ARU dispensary has no clear status of maintenance and service procedures for its purchased health equipment. In case equipment or a machine malfunctions, it is grounded prior to auctioning even though it may only require minor repair. This means therefore, there is a need for ARU to have a good system on maintenance and servicing of its medical equipment.

3.10.2 Policy Issue
i) ARU does not have a system and expertise for maintenance and servicing of medical equipment.

3.10.3 Policy Statement
i) ARU shall put in place a system for maintenance of its medical equipment.
3.10.4 Strategies

i) ARU to identify and use reputable experts of medical equipment maintenance.
CHAPTER FOUR  
MANAGEMENT OF PROVISION OF HEALTH SERVICES AT ARU  

4.1 ARU Dispensary Management  
The ARUD management shall comprise of the following persons:  
i) Head of ARUD (HARUD) who will also chair all ARUD management meetings and be responsible for proper running of ARUD. The HARUD shall be any medical personnel (Clinicians, Nurses or Laboratory Technicians) a holder of a Degree in any of the mentioned above cadres. The HARUD shall be an appointee of the Vice Chancellor (VC) and shall report directly to the Director of Human Resource, Management and Administration (DHRMA). The HARUD shall also be the Secretary to the ARUD Advisory Board Meetings;  

ii) Coordinator of clinical services shall be the head of clinicians, nurses, reproductive and child health (RCH) as well as voluntary counselling and testing (VCT). He/she shall be an appointee of the VC and must have at least an Advanced Diploma and above in the relevant field;  

iii) Support services coordinator shall be the head of the medical recorder, pharmaceutical technician, and laboratory technologists. He/she shall be an appointee of the VC and must possess at least an Advanced Diploma in the relevant field;  

iv) Dispensary Administrative Officer;  

v) Accountant, and  

vi) Health Laboratory Technologist. The last three cadres are employed by the University upon successful application based on educational levels, experience and competence.  

4.2 ARU Dispensary Board  
The ARUD Board will consist of the following persons:  
i) DHRMA Chair person  

ii) HARUD Secretary  

iii) Dean of Students Member  

iv) Co-ordinator, Gender Dimension Unit Member  

v) Bursar Member
vi) Head, Medical services Member
vii) Head, Nursing Services Member
vii) One representatives from THTU Members
viii) One ARUSO representatives Member
ix) Accountant Member

4.3 Responsibilities of ARU Dispensary Board
i) To monitor the implementation of ARU Dispensary health services.
ii) To monitor and ensure effective use of revenue, and equipment allocated or acquired by the department;
iii) To make recommendations and advice to the management with respect to expenditure estimates in the department;
iv) To advise on general guidelines on the provision of health services (treatment, prevention and drug purchase) at ARU;
v) To endorse all matters that need the attention of Dispensary Advisory Board (DAB);
v) To endorse dispensary budget;
vi) To advise on the proper running of ARU dispensary and provision of high quality health services to the ARU community;
vii) To advise the development, review and implementation of OPP on health services;
ix) To advise on current and new diseases intervention programs; and
x) To advise on the counselling services at the dispensary.
4.4 Decision Making Structure

The decision making structure of ARUD will follow the flow indicated in Figure 1. Different ARUD section heads will forward their decisions to HARUD who will report to DHRMA and finally, to DVC-PFA. Similarly, decisions from DVC-PFA will follow the indicated path in Figure 1.

![Decision Making Structure of ARUD Diagram]

Figure 1: Decision making structure of ARUD

4.5 Organization Structure

The current organisation structure (Figure 2) under review has got two heads under the Head of Dispensary. These include Head Medical services and Head Nursing Services (Matron). According to the present used organisation structure from the Ministry of Health, Social Welfare, Gender and children these positions require review. The proposed review is indicated in Figure 3 whereby, instead of Heads, those positions are named as clinical services co-ordinator and support services co-ordinator. Moreover, Figure 3 shows the ARUD proposed organization structure of position roles.

Furthermore, Figure 3 will as well be used when ARU becomes the Health Centre. However currently, the position of head dispensary will continue to be used until when the modalities of becoming a health centre are concluded. By then, the position of HARUD will change to Director, Ardhi University Health Centre (DARUHC) and
other positions will be as presented in Figure 3. This is in line with position names used by other health centres of higher learning institutions.

Figure 2: Current ARUD Organisation structure
Figure 3: Proposed organisation structure when ARUD is transformed to a Health Centre
4.6 ARU Dispensary budget
Preparation of the ARUD annual budget shall be initiated by the Dispensary and approved by the ARUD Advisory Board and higher University participatory organs. Likewise, the ARUD income and expenditure reports are submitted to the relevant ARU participatory organs after they have been accepted by the ARUD Advisory Board.

4.6.1 ARUD budget lines
The budget shall include the following budget lines:

i) ARUD improvement
   a) Infrastructure (expansion, maintenance and rehabilitations);
   b) Equipment and furniture;
   c) New staff recruitment expenses e.g. advertising and interviews; and
   d) Staff training.

ii) Running costs
   a) Pharmaceuticals and material purchases;
   b) Communications and stationeries;
   c) Running counseling HIV/AIDS and Reproductive Health Care Unit;
   d) Travel and subsistence;
   e) Transport and ambulance services; and
   f) Hospitality and expenses for management and Advisory Panel Meetings.

iii) Human Resources
   a) Personal emoluments;
   b) Overtimes;
   c) Responsibility allowances; and
   d) Temporary/part time staff remuneration.

iv) Others
Other budget lines as will be decided by the ARU Council.
4.6.2 ARUD sources of income

The main sources of income which shall finance the ARUD budget shall include:

    ii) Services to non-ARU patients;
    iii) Donations from individuals and organizations, and
    iii) Returns from health insurance services (HIS) and non-HIS patients.
    iv) Some support from Government subsidy and other contributions.
CHAPTER FIVE
MONITORING AND EVALUATION FOR IMPLEMENTATION OF POLICY
FOR PROVISION OF HEALTH SERVICES AT ARU

5.1 Overview
Effectiveness of implementation of Policy for provision of health services at ARU requires monitoring and evaluation from time to time. That is the only way to gauge how successful the University has been implementing its commitments towards realizing provisions of the policy of health services at ARU.

5.2 Monitoring the Implementation of the Policy
Monitoring means tracking the implementation of the policy, as a crucial step for understanding the level of attainment of the expected goals. The monitoring and evaluation of the policy implementation process is designed to ensure effective and efficient implementation of the policy in order to attain the intended goals. It will furthermore, be used as a review mechanism to monitor the progress and assess outcomes compared to the original goals and expectations.

Monitoring and evaluation will be conducted in a participatory and transparent manner. The dispensary will monitor and evaluate internally its activities which have been planned strategically. The reports will be produced. The monitoring report will be discussed internally (monthly) and thereafter, on quarterly basis be tabled to the ARUD Board. The outcome of the ARUD Board meeting (the report), will further be forwarded to Committee of Deans and Directors (CoDD) for discussion and endorsement for further submission to ARU Council for approval.

An implementation plan indicating the desired quarterly and annually targets shall be prepared. These will include activities expected to be undertaken within a certain quarter on monthly basis and the required resources (financial and human). Evaluation is also necessary to identify the areas that need timely adjustments or amendments. In this respect, the ARU management shall monitor and evaluate the implementation of its health policy quarterly and annually through various Management and Council Meetings.
The policy major review shall be done every five years or earlier depending on the request by ARU Management and approval by the Council.
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APPENDICES

APPENDIX A: METHODOLOGY FOR REVIEW

In line with the Terms of Reference (ToR), the task was to be accomplished through a variety of methods so as to capture both qualitative and possibly, quantitative data to complement each other and to produce a valid and justifiable analysis, conclusions and recommendations. The assignment was executed in the following phases that define pertinent activities that were undertaken:

**Literature /Desk Review**

A number of relevant documents to the assignment were reviewed. Relevant documents and data to facilitate successful execution of the assignment at all levels of operation were essential. They included, but not limited to the list presented in the list of references.

**Fieldwork**

The review team carried out interviews and focus group discussion with:

i) Student Representatives/Ardhi University Students Organisation (ARUSO),
ii) ARU Dispensary Staff,
iii) Dean of Students,
iv) Ardhi University Staff Assembly (ARISA) Leadership,
v) Tanzania Higher Learning Institutions Trade Union (THTU),
vii) Fund Raising and Investments Department (FID),
vii) Corporate Secretary
viii) Patients and potential users of the dispensary - which included students, ARU staff members and people living in the immediate neighbourhood, particularly Savei area.

The team also visited other Dispensaries and Health Centers at other universities to study the policies in place and health schemes for the purpose of familiarization. The visited universities include:

i) University of Dar es Salaam;
ii) Sokoine University of Agriculture; and
iii) Mzumbe University.

Specific issues that were examined during field visits at those Universities were as follows:

i) Pertinent Health insurance policies and
ii) The existing insurance schemes other than NHIF.

The field visit enabled the team to learn from and bring in experiences from other institutions where similar or related programmes have been operational. (See Appendix B for details)
APPENDIX B: EXPERIENCE FROM OTHER INSTITUTIONS

1. The University of Dar es Salaam (UDSM)
UDSM had no health policy, during our field visit. However, they are using NHIF scheme whereby, the students are paying Tshs. 50,400 per academic year and staff are paying as per government circulars which is 3% of basic salary. Furthermore, the non NHIF members have to pay by cash for their medical services.

2. Sokoine University of Agriculture (SUA)
SUA has got in place a health policy, to go guide its health operations. The health insurance scheme is not NHIF. Their insurance health scheme is called Sokoine University of Agriculture Community Health Fund (SUACHIF).

Establishment of the SUACHF

i) At SUA all beneficiaries (employers, their families and students) receive health coverage at out- and -inpatient levels through SUA’s own health delivery unit (HDU) or at designated HDU’s including specialist and referral hospital outside SUA. Each employee contribute 2% of his/her monthly basic salary, while employer contribute 3% of the employee’s basic salary;

ii) Right to health coverage through CHF, SUA provide all entitled employees, their dependants and students;

iii) Contractual employees contribute as per (i);

iv) Student coverage: Undergraduate students pay Tshs 100,000 and post graduate Tshs 180,000 per academic year;

v) Delivery/acquisition of Health Services. Where SUA beneficiaries receive medical services outside the university, they present their claims by producing an appropriate CHF IDs.

3. Mzumbe University
Mzumbe University uses the same system as UDSM.