



**SOKOINE UNIVERSITY OF AGRICULTURE**

**SUA HEALTH POLICY, 2006**

## **EXECUTIVE SUMMARY**

The Vision and Mission of the Sokoine University of Agriculture (SUA) are provided in the Sokoine University of Agriculture Corporate Strategic Plan (SCSP 2005-2010). The SCSP stipulates the development of a SUA Health Policy (SUAHEP) as one of the major outputs.

The broad objective of SUAHEP is to ensure that health services are adequately delivered to the SUA community and surroundings by having in place an adequately furnished health delivery infrastructure and a competent human resource.

This broad objective will be achieved through a number of specific objectives and strategies, which in totality address the areas of environmental sanitation, healthy lifestyles, disease prevention, medical services delivery and health education. Of utmost importance is the availability of an adequate financial resource which will be solicited from a) the government, through SUA development and recurrent budgets; b) SUA Community, through a health coverage system in which the community itself subscribes; and c) donor community.

Other salient features of SUAHEP refer to the standardization of SUA's health delivery across all its campuses and the acquisition of the SMC Mazimbu Hospital by SUA. This latter development ensures SUA of a relatively high infrastructural capacity in health services provision. However, the SMC Mazimbu Hospital needs to be rehabilitated and provided with quality equipment and adequately trained human resource for optimal health delivery.

The justification of establishing SUAHEP is based on the increasing demand for health services, which is attributed primarily to the rapid increase in the student/staff population at SUA campuses and overt weaknesses in the current health delivery system.

The SUAHEP is formulated in four main parts. The first part is an introductory note, which highlights on the current health situation and health provision system at SUA, its strengths and weaknesses. This part also states the justification of having SUAHEP. The second part spells out the vision and objectives of SUAHEP, while the third part provides policy statements and strategies for the implementation of the Policy. The fourth part refers to the inception, and monitoring and evaluation of the Policy.

Overall, SUAHEP emphasizes that preventive services and health financing will be key strategies for sustainable health maintenance at SUA, but above all is the provision of health education to the SUA community and the neighbourhood on disease mitigation.

In a nutshell the policy will ensure that:

- i. Efficient public health provision is maintained at all times on SUA campuses.
- ii. Health services are improved by providing adequate infrastructure in terms of buildings and equipment along with adequately trained staff
- iii. Budget for provision of health services is given a high priority
- iv. Conducive working environment is created for health care delivery staff
- v. Guidelines are in place regarding referral systems and pharmaceutical services in and outside SUA
- vi. A health coverage system is established to meet the ill affordable increasing costs on treatment and drugs
- vii. Beneficiaries of SUA's health services provision are clearly defined
- viii. HIV/AIDS is accorded a special attention due to its fatal impact on health.

The establishment of SUAHEP is a necessary step towards a healthier SUA environment. The success of SUAHEP strategies will however depend very much on the receptivity by SUA community of health information, education and communication (IEC), which must be provided through diverse appropriate media.

The SUAHEP will enter in force upon its endorsement by SUA Management and subsequently by the University Council. Amendments to the policy may be effected when and if deemed necessary.

## ACRONYMS

AIDS	-	Acquired Immunodeficiency Syndrome
CHF	-	Community Health Fund
HIV	-	Human Immunodeficiency Virus
HSD	-	Health Services Department
ICE	-	Institute of Continuing Education
IEC	-	Information, Education and Communication
MTUHA	-	<i>Mpango wa Taifa wa Utunzaji Kumbukumbu za Huduma za Afya</i>
MSD	-	Medical Stores Department
MUCCoBS	-	Moshi University College of Cooperative and Business Studies
NHIS	-	National Health Information System
NHP	-	National Health Policy
NSGRP	-	National Strategy for Growth and Reduction of Poverty
OSHA	-	Occupational Safety Health Agency
PoM	-	Prescription only Medicines
RMO	-	Resident Medical Officer
SCSP	-	SUA Corporate Strategic Plan
SMC	-	Solomon Mahlangu Campus
STD	-	Sexually Transmitted Diseases
STI	-	Sexually Transmitted Infections
SUAHEP	-	SUA Health Policy
SUATAC	-	SUA Technical AIDS Committee
SWOT	-	Strengths, Weaknesses, Opportunities and Threats

## **TABLE OF CONTENTS**

<b>EXECUTIVE SUMMARY .....</b>	<b>ii</b>
<b>TABLE OF CONTENTS.....</b>	<b>v</b>
<b>1.0 INTRODUCTION.....</b>	<b>1</b>
<b>3.0 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT) ANALYSIS OF THE CURRENT HEALTH PROVISION SYSTEM.....</b>	<b>6</b>
<b>4.0 JUSTIFICATION OF ESTABLISHING A SUA HEALTH POLICY.....</b>	<b>9</b>
<b>5.0 VISION, MISSION AND OBJECTIVES OF THE SUA HEALTH POLICY .....</b>	<b>11</b>
<b>6.0 POLICY STATEMENTS AND STRATEGIES FOR THE IMPLEMENTATION OF THE SUA HEALTH POLICY.....</b>	<b>12</b>
<b>7.0 SUA HEALTH POLICY INCEPTION .....</b>	<b>23</b>
<b>8.0 MONITORING AND EVALUATION .....</b>	<b>23</b>



## PART ONE

### 1.0 INTRODUCTION

The Sokoine University of Agriculture (SUA) was established on the 1<sup>st</sup> July, 1984 by the University of Agriculture Act, 1984 (No.6 of 1984). Currently (2006), SUA has four campuses: the Main Campus and the Solomon Mahlangu Campus (SMC), which are in Morogoro, the Olmotonyi Campus, in Arusha, and the Mazumbai Campus in Lushoto. In addition, SUA has a constituent college, the Moshi University College of Cooperative and Business Studies (MUCCoBS).

*The vision of the University is to become a centre of excellence and a valued member of the global academic community in agriculture and other related fields, with emphasis on implementing practical skills, entrepreneurship, research and integration of basic and applied knowledge in environmentally friendly manner. The University mission is to promote development through training, research, provision of services to the public and private sector in an environmentally friendly manner.*

In 1997, SUA developed its Corporate Strategic Plan (SCSP) with the first phase covering the period 2000-2005. This Plan has recently been reviewed and extended into a second phase covering the period 2005-2010. Within the second phase of the SCSP (2005 – 2010), one of the outputs is to improve SUA health services. To deliver this output it is necessary to establish a Policy (SUA Health Policy - SUAHEP) which would govern the improvement of the health of SUA communities and the neighbourhoods.

### 2.0 BACKGROUND INFORMATION ON THE GENERAL HEALTH SITUATION AND THE HEALTH PROVISION SYSTEM AT SUA

**Health** is defined as a state of complete physical, mental and social well – being and not merely the absence of disease or infirmity. The right to enjoy radiant health is fundamental to all people. SUA has, therefore, the mandate to ensure that it provides the best of health to its community (employees, their families and students) beginning with essential health services. The general health status of the SUA community influenced to a certain extent by the geographical location of its campuses, human activities and habits within the community. It

follows, therefore, that alongside health provision, appropriate health information, education and communication (IEC) would be part and parcel of SUA's health policy.

## **2.1 Geographical locations and their influence on health/ disease at SUA and its communities**

The SUA main campus and the SMC communities are prone to suffer from Malaria, more than other diseases, given the endemicity of this disease in Morogoro. Similarly, pathogens of intestinal diseases such as Typhoid thrive better in the warmer climate of Morogoro. In contrast, the communities in Mazumbai, Olmotonyi and to a certain extent also MUCCoBS are more likely to suffer from respiratory ailments during the colder times of the year, as well as intestinal parasites (worms), which are more prevalent in these areas.

## **2.2 Human activities and their influence on community health**

Human activities may indiscriminately determine the prevalence of one disease or other on SUA campuses. Equally important are habits attitudes and practices (traditional or otherwise), which differ among the communities living on SUA campuses. These habits may relate to nutritional, recreational or gender perspectives.

## **2.3 Health maintenance and health delivery at SUA**

Health maintenance at SUA implies the keeping of a healthy population within a healthy SUA environment. This can be attained through the keeping of a high level of sanitation, disease prevention and living a healthy lifestyle. SUA has strived to keep a relatively healthy environment in terms of water supply, waste disposal and sanitation. However, these interventions have not been adequately coordinated. Consequently sanitation of the environment and physical structures is done sporadically and mostly on individual basis. Pests such as rats, cockroaches, vector flies and mosquitoes, which are prevalent on SUA campuses, are clear indicators of this deficiency. The consequences are outbreaks of certain diseases, such as typhoid, dysentery and Malaria which have turned out to be "traditional" on SUA campuses.

## **2.4 Prevalent health/disease threats at SUA**

### **2.4.1 Communicable and non-communicable diseases**

Diseases are by far the biggest threat to health in Tanzania. SUA has not been spared of these conditions, notwithstanding the relatively high level of health awareness among its communities.

#### **2.4.1.1 Communicable diseases**

These diseases are transmissible from human to human, but also from animals to humans (zoonoses). Diseases can also be directly or indirectly through insect vectors (e.g. mosquito transmitted Malaria) or through inanimate vectors, such as water, air and food. Typhoid and diverse diarrhoeal conditions are examples of the latter. Opportunistic infections have been on the rise at SUA in the last decade mainly due to underlying lowered immunity.

#### **2.4.1.2 Non communicable diseases**

These are, in contrast to communicable diseases, related primarily to lifestyles. At SUA, such diseases include: hypertension, diabetes, and diverse allergic conditions, including asthma. Sporadic addictive (neurotic) conditions following abuse of substance (narcotics, alcohol and tobacco) are on the rise, especially among students and the Tanzanian youth in general. Senile *dementia* (Alzheimer's disease) is also becoming a concern among the elderly dependants of SUA employees in recent years.

### **2.4.2 Reproductive and child health**

This is an area that demands a special consideration due to the vulnerability to disease of the expectant mother and the newborn, but also due to complications associated with childbirth and infancy. Severe malnutrition among under fives may not be a serious problem in SUA households; however, poor nutrition is prevalent.

### **2.4.3 HIV/AIDS and STIs(STDs)**

HIV/AIDS is a global concern. To address this pandemic, SUA has established a technical sub committee charged with the mandate of creating awareness of this life threatening condition in the community through education on the epidemiology of HIV/AIDS. Counselling and care to people living with HIV/AIDS have been ongoing, furthermore prevention of mother to child transmission and care of the orphans and vulnerable children are areas which still require particular consideration. These need to be strengthened and incorporated in SUAHEP.

A series of sexually transmitted conditions, such as gonorrhoea, lymphogranuloma and syphilis are also of concern. Lack of adequate knowledge on sexual and reproductive health

leads to unwanted adolescent pregnancies. This condition may not only be life threatening to the young adolescent mother, but it constitutes a serious health problem due to the social stigma associated with it, which may lead to abortions or child dumping by the unprepared mother.

## **2.5 The SUA health delivery system**

In principle, all health and medical provisions at SUA, albeit modest, are subsidised by the government. Currently, SUA operates on campus, health delivery units (HDUs), some of which function day and night. The HDUs offer curative and preventive services to University staff, their dependants, students and surrounding communities. Medical services to members of staff and families are rendered in accordance with the Parastatal regulations and standing orders while students contribute fees payable through their bursaries. The communities around the campuses may receive these services against fees payable upon consulting the medical personnel. Only a small portion of prescription drugs are, however, provided directly by the HDUs. Patients are, therefore, obliged to purchase their prescription drugs from pharmacies at market prices. Occasionally, costs incurred by staff and students for drug purchase may subsequently be reimbursed by SUA; depending on availability of funds and upon presentation of appropriate accounting documents.

### **2.5.1 Health services on SUA campuses**

The health services offered by SUA, albeit limited, do include:

- i. Outpatient consultation and treatment
- ii. In patient admission services on SUA's major campuses
- iii. Tuberculosis and leprosy surveillance and treatment
- iv. Laboratory (diagnostic) services
- v. Reproductive and child health services
- vi. Family planning and child health
- vii. Preventive services
- viii. Health education
- ix. Ambulance services
- x. STI/HIV/AIDS awareness and intervention programmes
- xi. Medical examinations and sporadic environmental sanitary inspection.

## **2.5.2 Capacity and limitations of HDUs**

The total number of potential beneficiaries for the SUA Main Campus Health Centre and the SMC-Mazimbu Hospital in 2005/6 includes a total of 2260 students and an estimated 1000 employees. In addition, the number of employees' children and dependants is estimated at 1000. Neighbouring communities also benefit from the SUA health services. The capacity and limitations of HDUs are as follows:

### **2.5.2.1 SUA Main Campus Health Centre**

The Main Campus Health Centre has a patient admission capacity of only 9 beds. The current (2005) personnel disposition at the SUA Main Campus Health Centre includes 23 persons of which 21 are medical staff.

### **2.5.2.2 SMC-Mazimbu Hospital**

The SMC-Mazimbu Hospital has a patient admission capacity of only 12 beds. The SMC Mazimbu Hospital facility is superior and has the potential capacity to handle cases that are beyond the competence of the Main Campus Health centre, such as maternity and surgical procedures. The current (2005) personnel disposition at SMC Mazimbu Hospital includes 36 persons of which 17 are medical staff. The SMC Mazimbu Hospital is, however, in need of major rehabilitation, and staffing in key medical positions.

Demand for health delivery at SUA will increase as the University's population grows in terms of staff and students. It is foreseen in the SCSP (2005 – 2006) to elevate the capacity of the SMC Mazimbu Hospital to the level of a district hospital in terms of its health delivery. The staff requirement at SMC Mazimbu Hospital includes: specialists, general practitioners, a health secretary and a health officer and diverse supporting staff.

### **2.5.2.3 Olmotonyi Campus First Aid Unit**

The total number of beneficiaries at the Olmotonyi campus is estimated at 200 persons. The Olmotonyi unit handles minor illnesses and accidents related to lumbering activities in the University Forest.

### **2.5.2.4 Mazumbai Campus**

The number of employees and dependants at the Mazumbai campus is 24. However, this campus does not have its own health delivery unit.

### **2.5.2.5 Moshi University College of Cooperative and Business Studies**

Potential beneficiaries at the MUCCoBS campus dispensary (4 bed capacity for resting) are estimated at 300. However, much of MUCCoBS health services are contracted to the Mawenzi Regional Hospital or the Kilimamjaro Christian Medical Centre.

### **3.0 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT) ANALYSIS OF THE CURRENT HEALTH PROVISION SYSTEM**

The state of the current health delivery services at SUA can best be understood through a SWOT analysis.

#### **3.1 Strengths**

Underneath are some of the strengths of the health delivery system at SUA:

- i. Health provision units exist on SUA's major campuses
- ii. Qualified medical and supporting staff to run the health units exists
- iii. Improved health provision features prominently as one of SCSP (2005 – 2010) outputs
- iv. Ambulance services exist at SUA's major campuses
- v. Diagnostic laboratory services exist
- vi. Means of communication (phone, fax, internet) are available on or within the vicinity of the major campuses
- vii. SUA major campuses are relatively healthier (hygienic, has few basic recreational facilities) compared to surrounding neighbourhoods
- viii. A Health Committee exists, which is answerable to SUA Management through the University Administrative Services Committee (UASC)
- ix. Terms and conditions of service of SUA include health provision for employees and dependants.
- x. A Maternal and Child Health service exists
- xi. SUA technical AIDS Committee (SUA TAC) exists
- xii. Some emergency vaccination and essential drug provisions exist
- xiii. SUA being an institution of higher learning presents an image superior to that of its surrounding communities, and hence its health delivery services are attractive
- xiv. SUA's health personnel is better remunerated/motivated than its counterparts in the Government and some of the private sector health delivering institutions.

#### **3.2 Weaknesses**

Among major weaknesses of the SUA health provision are the following:

- i. Inadequate number of qualified public health personnel on SUA campuses
- ii. Inadequate systematic health monitoring (check-ups) of employees and students

- iii. Inadequate sanitary surveillance system for the environment and structures
- iv. Lack of coordination of solid and liquid waste disposal at SUA's campuses
- v. Non adherence to animal (livestock and pet) keeping regulation in residential areas on campuses
- vi. Inadequate hygienic control of the multitude of kiosks found on SUA campuses
- vii. Non adherence to regulations governing the acquisition of pharmaceutical drugs services from private pharmacies
- viii. Inadequate infrastructure in terms of buildings and equipment in the health delivery points, leading to unnecessary delays (lag time) in handling patients.
- ix. Lack of a health coverage scheme to meet costly medical interventions
- x. Lack of a well structured health human resource development program
- xi. Inadequate operational budgetary allocations for SUA health services
- xii. Non adherence to regulations on the number and categories of dependants of SUA employees, who may benefit from health provision by SUA
- xiii. Non adherence of some staff to medical ethics
- xiv. Lack of a strategic plan in health provision
- xv. Low impact or absence of SUA health monitoring committee's on SUA's campuses
- xvi. Little professional interaction of SUA health staff with counterparts in other health facilities in and outside Morogoro
- xvii. Inadequate health and recreational facilities.

### **3.3 Opportunities**

Among the opportunities available are listed below:

- i. Medical personnel with desirable qualifications exist on some of SUA's HDUs.
- ii. Acquisition of SMC-Mazimbu Hospital in Morogoro
- iii. Proximity of some of SUA's campuses to the major Government Regional hospitals
- iv. Possibility of collaboration with referral hospitals
- v. Relatively high level of literacy and public health awareness among the SUA community
- vi. Existence of diagnostic facilities in the Faculty of Veterinary Medicine at SUA main campus, which can also be used for public health services
- vii. Existence of basic dispensing services within the SUA's health provision system

- viii. Continued subsidization of health provision costs by the Government
- ix. Sporadic capacity building for health personnel offered by SUA
- x. Existence of SUA TV/Local Area network – billboards through which relevant health information can be disseminated to stakeholders

### **3.4 Threats**

Major factors posing a threat to an efficient SUA health delivery are the following:

- i. Inadequate budgetary allocations for improvement of infrastructure and health delivery
- ii. Increasing HIV/AIDS pandemic and multi drug resistant Malaria and tuberculosis
- iii. Increase in non communicable conditions attributed to nutritional habits and other lifestyles (e.g. hypertension, diabetes) amongst the middle aged population of SUA
- iv. Possibility of outbreaks of newly emerging (zoonotic) diseases, such as bird flu, or re-emerging diseases, such as typhus and rodent vectored plague
- v. Increasing tendency of substance abuse (narcotics, tobacco and alcohol) and addiction among the youth
- vi. Rapid increase of student and staff population at SUA without a corresponding expansion of health provision systems
- vii. Increasing costs of medication and treatment and absence of a health coverage policy
- viii. Eminent threat of departure of qualified medical persons for better paid jobs
- ix. Lack of guarantee of timely supply of drugs from the Medical Stores Department (MSD) therefore forcing SUA to purchase drugs at exorbitant prices.

#### **4.0 JUSTIFICATION OF ESTABLISHING A SUA HEALTH POLICY**

Tanzania is one of the 191 United Nations member states that have pledged to meet the eight (8) UN Millennium Development Goals (MDGs). The MDGs and Targets are:

1. Eradicate extreme poverty and hunger: (i) Halve between 1990 and 2015 the proportion of people whose income is less than \$1 a day. (ii) Halve between 1990 and 2015 the proportion of people who suffer from hunger.
2. Achieve universal primary education: (i) Ensure that by 2015 all boys and girls complete a full course of primary schooling.
3. Promote gender equality and empower women: (i) Eliminate gender disparity in primary and secondary education by 2015.
4. Reduce child mortality: (i) Reduce by two thirds, between 1990 and 2015, the mortality rate among children under five.
5. Improve maternal health: (i) Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
6. Combat HIV/AIDS, malaria and other diseases: (i) Halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases by 2015.
7. Ensure environmental sustainability: (i) Integrate the principles of sustainable development into country policies and programs and reverse loss of environmental resources. (ii) Reduce by half the proportion of people without sustainable access to safe drinking water by 2015. (iii) Achieve significant improvement in lives of at least 100 million slum dwellers by 2020.
8. Develop a global partnership for development: (i) Develop further an open trading and financial system that is rule-based, predictable and non-discriminatory (including a commitment to good governance, development and poverty reduction).

According to the National Strategy for Growth and Reduction of Poverty (NSGRP) document; apart from education where tremendous strides have been made in recent years, progress on the rest of the goals has fallen behind or stagnated. Particularly on health, the nutritional status of children, especially those under-fives, is precarious while chronic malnutrition remains a widespread problem with 44 % of children moderately to severely stunted, suggesting problems in the general health status of children. Survival indicators of poverty are not encouraging. For instance, no substantial progress has been made in the reduction of infant and under-five mortality and maternal mortality. The proportion of births

that were attended by trained personnel and those that took place in health facilities have both declined and urban-rural disparities in service provision has increased in the past three years.

In view of the above background, the need to formulate SUAHEP cannot be overemphasized. Much as the SUA community is, on average, healthier than its neighbourhoods, there is a lot of room for improvement to make SUA stand out as an example to the surrounding communities and beyond, in what pertains to environmental and human health.

The health services offered by SUA at present are inadequate and hence the need for significant improvement. It is also on this basis that the SCSP (2005 - 2010) in its Sub theme 7, Output 2 stipulates the establishment of a University health policy to govern health and health services provision at SUA. This is also in line with the National Health Policy (NHP). The NHP acknowledges the contribution of communities in health services financing. On the government's financial capability to finance health services, the NHP 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".

This is a proposal of such a policy and strategies for its implementation. Also included are the possible sources of funding to finance this output. For a sustainable implementation of SUAHEP, the University must no doubt give a serious consideration on the annual budgetary projections presented by the Health Services Department.

## **PART TWO**

### **5.0 VISION, MISSION AND OBJECTIVES OF THE SUA HEALTH POLICY**

#### **5.1 Vision and Mission of SUAHEP**

**5.1.1 The Vision** of SUAHEP is to have an increasingly healthy population and environment at all SUA campuses.

**5.1.2 The Mission** of SUAHEP is to provide the basis for attaining the highest level of health at SUA, by enhancing health awareness and by strengthening SUA's infrastructure and the human resource capacity in health services delivery.

#### **5.2 Objectives of SUAHEP**

##### **5.2.1 General objective**

The overall objective of SUAHEP is to ensure that quality health is maintained at SUA and that health services are adequately delivered to the SUA community.

##### **5.2.2 Specific objectives**

The specific objectives are:

- i. to minimize health hazards and disease due to poor hygiene of the environment (air, water, soil pollution)
- ii. to reduce occupational hazards at places of work
- iii. to reduce morbidity and mortality and increase life expectancy of the SUA community through provision of quality and adequate health services
- iv. to ensure that health services provision is accessible equitably by the entire SUA community through SUA's own health coverage scheme
- v. to ensure sufficiency and competence of health care delivery infrastructure and human resource
- vi. to regulate medicare costs by providing guidelines on eligibility for health services, referral system and pharmaceutical services within and outside SUA
- vii. to promote IEC to the SUA community about communicable and non-communicable diseases
- viii. to address HIV/AIDS as a global and national health threat by providing IEC on this pandemic to the SUA community and surroundings and to care for the infected and affected persons.

## **PART THREE**

### **6.0 POLICY STATEMENTS AND STRATEGIES FOR THE IMPLEMENTATION OF THE SUA HEALTH POLICY**

#### **6.1 Effective public health surveillance is the basis for a healthy SUA community**

##### **6.1.1 Background information**

Considering that SUA does not have a health policy and the dire need at SUA to keep a healthy community in a healthy environment, SUA must establish a firm health surveillance system.

##### **6.1.2 Policy statement**

There will be established a public health office within the Health Services Department (HSD), whose main function will be to co-ordinate all public health interventions at SUA.

##### **6.1.3 Strategies**

- i. There will be a public health section managed by a public health officer within the HSD.
- ii. HSD in collaboration with the SUA Estates Department will hire a company, which will carry out minor sanitary interventions such as environmental residual spraying, fumigation of buildings, cleaning of sewerage canals, collection and safe disposal of solid waste.
- iii. There will be check points/charts at all buildings, which will record periodically all sanitary interventions/surveillance carried out.
- iv. Occupational health education and sanitation will be considered a major (continuous) activity within the HSD and will, therefore, be allocated a corresponding budget for these activities.
- v. HSD will also look at all other areas of public health concern including air and noise pollution, and reckless driving on campuses
- vi. HSD will carry out hygiene and sanitation awareness campaign

## **6.2 Consumption of unhygienic food and drink is the major source of faecal-oral diseases in institutions**

### **6.2.1 Background information**

Food and drink outlet points have been increasing at SUA campuses lately. There is a need to strengthen surveillance to ensure that the infrastructure and foods /drinks are of the highest hygienic standards.

### **6.2.2 Policy statement**

The HSD will register and certify restaurants and cafes and other food/drink outlet points operating on SUA campuses

### **6.2.3 Strategies**

- i. The cafeterias, where these exist, will be the main catering places for students and staff.
- ii. Restaurants and cafes on campus must be registered with the responsible office after satisfying the health requirements for their establishment.
- iii. Periodic visits by the HSD will be carried out (at least once every three months).
- iv. Certification will be withdrawn upon failure to meet the SUA requirements by these units.
- v. The HSD will ensure that water supplies for SUA campuses meet the required international standards
- vi. Staff employed by cafeteria/restaurants shall satisfy medical fitness requirements before taking up an employment.

## **6.3 Bylaws on keeping of livestock/pets on campuses need to be adhered to**

### **6.3.1 Background**

The keeping of livestock and pets is a common practice on SUA campuses. However, these animals if not properly attended, may become a health threat through disease transmission, attacks on humans, degradation of the environment and interference with road traffic, which may lead to accidents on campuses.

### **6.3.2 Policy statement**

Animals kept by Departments and employees on SUA campuses must be certified by a Veterinarian to be healthy and shall be kept under guard at all times to ensure that they do not become a nuisance or a health threat.

### **6.3.3 Strategies**

- i. Livestock and pets on campuses will be vaccinated against major zoonoses (tuberculosis, brucellosis, rabies, distemper, leptospirosis)
- ii. Livestock will not be driven on the main roads used by traffic to avoid accidents
- iii. Vaccinated pets will be registered with the public health section in the HSD and will bear badges indicating the most recent vaccination received.
- iv. Animals belonging to non SUA Departments/residents will under no circumstances be allowed to graze or cohabit with animals on SUA's campuses
- v. It is the responsibility of the pet owner to ensure that his/her pet is not a public health nuisance or threat
- vi. All stray animals found on campuses, with/without evidence of vaccination, will be captured and if necessary disposed of as stipulated in the bylaws.

## **6.4 Health delivery units**

### **6.4.1 Background**

Health delivery units (HDUs) are found on SUA's major campuses. These HDUs are an essential component of SUA's health provision system, however, they are in need of rehabilitation/upgrading and furnishing with equipment, drugs and staff. The acquisition of the SMC-Mazimbu Hospital is a great enhancement in SUA's potential in health delivery. The SMC Mazimbu Hospital, though superior to the health centres at SUA main campus, falls short of attaining the status of a district hospital due to inadequate infrastructural support and lack of adequate and qualified human resource.

### **6.4.2 Policy statement**

The health centres on the campuses will satisfy all basic requirements stipulated by the Ministry of Health. SUA will strive to enhance the capacity of the SMC Mazimbu Hospital to provide most of the services found at the District Hospital level. The Health Committee shall register and accredit reputable public and private health centre/hospitals and pharmacies to offer health services to members of staff and students. There will be appointed referral hospitals to cater for cases which are beyond the competency of SUA HDUs.

### **6.4.3 Strategies**

- i. The infrastructure, equipment and staffing of the dispensing units will correspond to the size of potential beneficiaries in terms of space and capacity
- ii. Funds allocated to HSD will be adequate to cater for the increasing demand on health provision at SUA
- iii. Staff serving these units will be adequately trained and will serve strictly according to the medical ethics requirements
- iv. There will be a sustainable health staff development programme and efforts will be made by SUA to secure financial support for the advancement of these employees
- v. SUA will rehabilitate all structures and serviceable equipment at all campuses
- vi. The SMC Mazimbu Hospital will, in future, serve as SUA's own referral hospital
- vii. Highly qualified staff (physicians, surgeons, gynaecologists and paediatricians) will be recruited
- viii. A fast track system will be established
- ix. Funds for infrastructure development and initial operations will initially be provided through SUA budgets and/or donors. Ulterior development will be financed also through the proposed Community Health Fund.

## **6.5 The SUA Health Committee be strengthened**

### **6.5.1 Background**

SUA has a Health Committee in operation. This committee, however, needs to be empowered and enabled to address all areas of health concern.

### **6.5.2 Policy statement**

The Health Committee will be more proactive in advocating for improved health on campuses.

### **6.5.3 Strategies**

- i. The Health sub-committees will be established in all campuses.
- ii. The sub-committees will be proactive in preventive health interventions and will be responsible for health IEC and advocacy
- iii. The structure of the sub-committees will be such that stakeholder groups are represented by persons with adequate basic knowledge on health
- iv. SUA will establish a sub-committee responsible for management of the CHF.

## **6.6 Establishment of a Community Health Fund**

### **6.6.1 Background**

SUA community has been enjoying a subsidised health provision by the government. However, the introduction of the Health Sector Reforms (HSR) in Tanzania and the cost sharing in major social services, implies that Medicare cost at SUA are going to be increasingly the responsibility of the individual employees and students.

### **6.6.2 Policy statement**

SUA will establish a Community Health Fund (CHF) in which each employee will contribute 2% of his/her monthly basic salary, while SUA will contribute 3% of the employee's basic salary. Students will contribute at a rate to be determined by the University. The Vice Chancellor shall be the accounting officer of the CHF.

### **6.6.3 Strategies**

- i. SUA will facilitate the establishment of CHF
- ii. Contribution to CHF will be mandatory to all SUA employees and students.
- iii. CHF will be managed on the basis of guidelines that will be set by a sub-committee within the Health Committee to be appointed by the Vice Chancellor.
- iv. Contractual employees and students will contribute to CHF for the period of their employment/studies at SUA
- v. Students will contribute to CHF through their medical bursaries
- vi. The SUA health services budgets will be prepared with greatest care to ensure a rational allocation of funds to the increasing demand on health delivery
- vii. SUA will strive to stock the most frequently demanded pharmaceutical drugs and other supplies to avoid procurement by individuals from private retail outlets
- viii. If a prescription drug purchase has to be done the purchase must be sanctioned by HSD upon appropriate recommendation by a physician
- ix. Reimbursement of costs incurred by a SUA member for the purchased drugs/services/health insurance coverage will be done as soon as relevant supporting documents are submitted
- x. The acquisition of medical supplies and sundries will comply with the existing Public Procurement Act
- xi. Education on the government health reforms will be imparted to the SUA community

- xii. SUA will formulate donor - fundable projects for the development of the health infrastructure on SUA campuses.

## **6.7 Accessibility to SUA health services**

SUA is obliged to provide its community with health services. However, there must be a limitation defining entitlement/eligibility to this provision.

### **6.7.1 Background**

Currently, SUA employees, their dependants and students enjoy a subsidised health provision by the University. Non-SUA employees, dependants, and students have been receiving health services at full cost (unsubsidised).

### **6.7.2 Policy statement**

SUA will provide all entitled employees, their dependants and students with subsidised health services. Employees on contractual/temporary employment terms will benefit from SUA health provisions as long as they are employed at the University. SUA retirees will benefit from the services but they have to continue to contribute 2% of their monthly pension. A widow/widower and her/his family shall receive free health services for a period of one year after the death of the spouse. Thereafter she/he will be required to contribute the minimum amount contributed by the lowest paid SUA employee. Non-SUA employees, dependants, and students may benefit from the health services upon payment of full cost to be determined by the Health Committee.

### **6.7.3 Strategies**

The number of employee's dependants will be limited to spouses and underage children i.e less than 18 years of age, including legally adopted children of the employee. The total number of beneficiaries per family will not exceed 6 (six) persons.

## **6.8 Medical ethics and confidentiality**

The confidentiality of the health status of an individual is an ethical matter and must be protected by the health delivery units.

### **6.8.1 Background**

The health status of an individual is protected by ethics, and may only be disclosed to health professionals for the purpose of rendering treatment to the individual or, where necessary, for legal purposes. Given the current "open file"- record keeping system of SUA's HDU's and the

relatively low level of training on medical data protection amongst some of the HDU employees, patient data can easily accessed by unauthorised persons.

### **6.8.2 Policy statement**

SUA HDU's will establish a computerized system for keeping the medical history of its beneficiaries, and all patient data will be "classified matter" and managed only by a duly-authorized HDU officer.

### **6.8.3 Strategies**

- i. All patient data on health status of individuals will be considered classified matter and may be accessed to only by the Resident Medical Officer or other authorized person
- ii. In the event of matters of jurisprudence, medical records may be disclosed only upon presentation of valid credentials by the mandated legal person/officer
- iii. Individual medical data will be kept for as long as it can be kept.
- iv. There will be established an archive for medical records beyond the cessation of studies or employment at SUA by an individual
- v. SUA Health Research Ethics Committee will be established.

## **6.9 Emergency services**

Situations of emergency do occur where a person must be taken to a health facility, or in a critical state.

### **6.9.1 Background**

SUA has emergency services on its main campus as well as at SMC - Mazimbu and MUCCoBS campuses, but not on the smaller campuses of Olmotonyi and Mazumbai.

### **6.9.2 Policy statement**

SUA will strengthen the emergency services on its major campuses, and ensure a reliable accessibility to such services, on the smaller campuses where no SUA's own services are available.

### **6.9.3 Strategies**

- i. There will be fully equipped ambulance services at SUA main campus, SMC Mazimbu, MUCCoBS and at other campuses as need arises.
- ii. The ambulance will always be in a functional state and may not be used for purposes other than emergency services

- iii. Emergency services will be provided 24 hours per day
- iv. At any service shift there will be a clinician/nurse able to handle emergency situations
- v. Ambulatory services will be part and parcel of the individuals' health coverage as long as he/she meets the stipulated conditions of entitlement/eligibility.

## **6.10 Preventive services**

Prevention from diseases must be highly prioritised to minimize the burden of disease.

### **6.10.1 Background**

Diseases can be to a great extent mitigated by preventive interventions. The majority of communicable diseases can be prevented through sound environmental management and/or immunization. Non communicable diseases are generally avoidable but there must be awareness of their cause and the appropriate ways of their mitigation.

### **6.10.2 Policy statement**

Since certain diseases can be prevented or alleviated through systematic health interventions, SUA must put more emphasis on disease prevention.

### **6.10.3. Strategies**

- i. HSD will provide IEC on diseases that are preventable by avoidance of infection through sound environmental management or by immunization
- ii. Children of SUA employees / students will be integrated in the National Immunization Programs
- iii. Education on disease prevention, including good nutrition and sanitation will be imparted by HSD to staff and students, and will be especially emphasized in the maternal and child health clinics
- iv. Awareness on avoidable health hazards, such as substance abuse will be provided through the SUA's Counselling office in collaboration with the HSD
- v. Community within and outside SUA will be included in IEC on disease prevention.
- vi. SUA will be integrated into the existing municipal/communal waste disposal system to minimize the digging of waste pits on its campuses, which attract pests and scavengers

- vii. SUA campuses will be assured of clean and safe water supplies. In situations where this is not possible, education on the rendering of clean and safe water will be provided
- viii. Healthy eating and drinking habits will be advocated primarily through health education and behavioural change
- ix. Sports (physical education) will be emphasized to reduce the prevalence of "diseases of civilization" among members of the SUA community
- x. Sports halls and grounds will be well managed and equipped with adequate gears to motivate interested persons to participate in games and sports
- xi. Incentives will be provided to encourage sporting competition at all age groups within the SUA communities and also between the SUA Community and outsiders
- xii. HIV/AIDS is a specific health concern and will be addressed from the awareness, prevention, management and socio-economical perspectives, along the guidelines provided by the National AIDS Control Program (NACP), Tanzania Commission for AIDS (TACAIDS) and SUA Technical AIDS Committee (SUATAC)
- xiii. Periodic medical examination will be emphasized by HSD to SUA community to identify preventable disease situations
- xiv. Students and employees will have a mandatory pre-placement medical examination performed by dully qualified medical practitioners. In cases of doubt, the RMO will have the right to re examine the individual.

## **6.11 Occupational Safety and Health**

Occupational health education is important in all areas of human activities to alert the individual worker of the potential hazards associated with his/her activity and their mitigation.

### **6.11.1. Background**

Specific professional activities (including studies) among the SUA community predispose employees/ students to injury by physical, chemical or biological agents encountered in the course of duty. Some of these injuries may lead to permanent disability or even death.

### **6.11.2 Policy statement**

The SUA Community will be educated on potential hazards related to their activities, and means of avoiding them, before they take up an assignment. Students will be introduced to laboratory/workshop safety prior to taking up practical sessions.

### **6.11.3 Strategies**

- i. Employees and students will be imparted with knowledge on safety precautions at their places of work by experts from the Occupational Safety and Health Agency (OSHA). Where preventive interventions deem necessary, these will be effected without fail
- ii. Employees will be informed of the right to compensation following occupational accidents that may lead to debilitation, severe impairment, or death of an employee according to the Workmen's Compensation Ordinance (Cap. 263) and Occupational Health Act (2004).
- iii. Employees working in particularly health hazardous environments will be entitled to allowances for working in such environments and or early retirement if they so wish
- iv. Periodic inspection by a labour safety expert will be carried out in all areas proven/potentially hazardous to the health of the employee and appropriate certificate of safety be issued according to OSHA regulations.
- v. Work place accidents will be "professionally" investigated to avoid a repeat of a similar accident at a later time
- vi. The HSD will advocate for adequate and appropriate protective gears to students and employees to ensure safety of the working/learning environment

### **6.12 Health Research**

Health research is an important basis for adequate health/medical provision, and realistic health provision projections in any community.

#### **6.12.1 Background**

The set up of SUA campuses offers unique opportunities for carrying out health research and disease monitoring in areas of major concerns. Such opportunities, if well exploited could make a vital contribution, in terms of data for the projection of SUA's future demand on health services. Such data could also be of use to the National Health Information System (NHIS).

### **6.12.2 Policy statement**

SUA will exploit as much as possible data obtained on campus, relating to public health, health economics or disease situations through research projects and student special projects for the betterment of the health of its community.

### **6.12.3 Strategies**

- i. Encourage/facilitate correct data collection and storage at HDUs by establishing data management software and a corresponding human resource for data management
- ii. Students and staff will be encouraged to utilize available data for their research activities and provide recommendations for health improvement at SUA. However an ethical clearance must be sought from the relevant authority before using the data
- iii. Classified data will only be used upon consent of relevant individuals, upon consultations with SUA's Research Ethics Committee
- iv. Whenever feasible and beneficial, health research using SUA data will be carried out in collaboration with other stakeholders in health outside SUA.
- v. Research on knowledge, attitudes and practices (KAP) that contribute to the prevalence of diseases on SUA campuses will be done to assist disease prevention.

## **PART FOUR**

### **7.0 SUA HEALTH POLICY INCEPTION**

SUAHEP will enter into effect upon approval by the SUA Management and the University Council. Amendments to the Policy will be at the discretion of SUA Management and will be done when deemed necessary.

### **8.0 MONITORING AND EVALUATION**

#### **8.1 Monitoring**

Effective implementation of the SUAHEP will need a robust implementation plan. Additionally, an adequate monitoring mechanism will need to be instituted. Therefore some data about the SUAHEP will need to be collected in the course of the implementation of the SUAHEP. These data could be generated based on the implementation plan, for example, from records, documents, feedback from the various stakeholders, diary entries of staff, observation, and physical evidence.

#### **8.2 Evaluation**

Formative evaluation will be used to carry out evaluation of the SUAHEP. This will be based on an effective monitoring process to be instituted. The objective of carrying out the evaluation will be to make improvements as the implementation process unfolds. The planning and execution of the evaluation will be carried out by the Health Committee. The Health Committee will decide on which type of evaluation design to use.