

ABBREVIATIONS

AIDS.....	Acquired Immunodeficiency Syndrome
AISAC.....	Catholic Health Care Institutions
AMO.....	Assistant Medical Officer
BMC.....	Bugando Medical Centre
CBHC.....	Community Based Health Care
CCHP.....	Council Comprehensive Health Planning
CCPHP.....	Comprehensive Council Health Plans
CCT.....	Christian Council of Tanzania
CEO.....	Chief Executive Officer
CMBT.....	Christian Medical Board of Tanzania ()
CORDAID.....	Catholic Organisation for Relief and Development AID
CSSC.....	Christian Social Services Commission
DDH.....	Designated District Hospitals
HIV.....	Human Immunodeficiency Virus
KCMC.....	Kilimanjaro Christian Medical Centre
MCH.....	Maternal Child Health
MMA.....	Medical Missionary Association
MMAM.....	Mpango wa Maendeleo wa Afya ya Msingi
MMI.....	Memisa Medicus International
MO i/c.....	Medical Officer in charge
NFP.....	Natural Family Planning
OVC.....	Orphans and Vulnerable Children
PHC.....	Primary Health Care
PHSDP/MMAM.....	Primary Health Care Services Development Programme
TEC.....	Tanzania Episcopal Conference
VA.....	Voluntary Agency (Hospitals)
WBUCCHS.....	Weill Bugando University College of Health Sciences

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¹ The documents from AISAC Meeting (Catholic Hospitals by Card Lozano Barragan; Ecclesiastical Structures in North America by Fr F.G. Morrissey; Ensuring the Sustainability and effectiveness of Catholic Health Care by F. Sullivan – CEO Catholic Health Australia; Conclusions of the AISAC Congress); Excerpts from African Bishops' Statements on Health ; Soesterberg Conference Statement 2000; Kampala Conference Statement 2004; Cotonou Conference Statement 2005; Bangui Conference Statement 2006- by courtesy of MMI Switzerland.

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+Jude Thaddeus Ruwa'ichi
PRESIDENT, TANZANIA EPISCOPAL CONFERENCE

1.0 INTRODUCTION

1.1 The Catholic Church Health System continued in the form it was passed on by missionaries until 1967 when the Arusha Declaration influenced the mode of operation. The Declaration brought about policy change which provided for free medical services. Where there was no Government District Hospital, an existing Church Hospital was designated a District Hospital to provide free medical services. Likewise when the church Referral/Consultant hospitals of Bugando and KCMC started operating in 1971, they provided services for free on similar arrangements. In addition, the Government provided subsidies to other church hospitals in order to facilitate affordability and access to these services.

1.2 Since then the Tanzania Catholic Church has been providing health care services in the context of National Health Care System. Health services are provided in a three tier system graded as primary (level one), secondary (level two) and tertiary (level three) care

1.3 The Catholic Church has 328 dispensaries, 52 Health Centres, 14 Designated District Hospitals (DDH) and 29 Voluntary Agency Hospitals (VA) at level one care and one hospital at tertiary care. At level two (secondary) care, the Catholic Church has no officially recognized hospital, however, hospitals such as St Francis, Ifakara; St. Benedict's, Ndanda; Peramiho and Dareda are practically operating in such capacity

1.4 Since the mid 1980s Tanzania has been heavily engaged in Health Sector and Local Government reforms. The reforms redefined the roles of Central Government to be mainly that of Policy formulation, legislation, regulation & control and in areas of public good. Thus, the Central Government has limited its responsibility at the tertiary level and decentralized the rest of health care to Regional Administration and Local Government. In the subsequent decentralization process, the district has become the central focus

1.5 In this reform process the Government called upon Voluntary and Private sectors to join hands in the efforts to improve health services urging them to cooperate and collaborate with Government at all levels but more so at the District level. In response to the call the churches established an ecumenical organ, the Christian Social Services Commission, to strengthen solidarity and to lead churches' participation in the Health Sector and Local Government reforms.

Christian Social Services Commission (CSSC) among other things embarked on Policy Advocacy and established a structure frame which facilitates churches participation in planning and resource allocation at the District level. The more than 15 years protracted work has been worthwhile. Optimism has replaced initial pessimism towards the district focus and collaboration with Local Councils. The current level of transparency, mutual trust, cooperation and collaboration with the Government is very encouraging. The implementation of the recently signed Service Agreement will be a test for the success of Public Private Partnerships and other collaborative initiatives.

Chapter 1

1. 0 INSTITUTIONAL SET UP

1.1 Tanzania Episcopal Conference (TEC) is an assembly of the Catholic Bishops of Tanzania through which the Bishops jointly exercise certain pastoral functions in accordance to standing canon laws and for the promotion of the greater good which the Church offers to all people especially through forms and programmes of apostolate of our time. This permanent institution, which is at present made of thirty dioceses, was established in 1957 after being registered under the laws of Tanganyika through registration number SO 2098.

1.2 TEC currently renders its services through eleven Commissions and ten departments one of which is Health. The core functions of the Health Department are advocacy for conducive policies, technical support, coordination, and facilitation of Diocesan and TEC institutions in providing Health Care. The Department does selected programme work for pilot and the promotion of good practices. To this end, the organization structure of the Department is based on a three pillar conceptual structural frame of Policy Advocacy, Capacity Building & Technical Support and Programme work.

2.0 VISION AND MISSION

2.1 TEC Secretariat vision statements:

2.1.1 The Catholic Church being an advocate of justice, peace and integrity of creation, prays to see a society which is just and free from social and spiritual constraints, a transformed society with holistic sustainable integral human development that frees people from poverty, diseases and social injustice. Thus the **Societal Vision of the Catholic Secretariat is a Righteous Society with integral and sustainable development.**

2.1.2 **The Vision of the Secretariat** is a self-sustainable Secretariat, with competent and motivated staff committed to the promotion of an integral human development.

2.2 TEC Secretariat Mission Statement:

Moved by the compassion of Christ, the Catholic Secretariat facilitates coordinates, promotes, supports, advocates, and collaborates with people of good will in

ensuring integral human development to Catholic Dioceses and the people of Tanzania

2.3 Health Department Vision Statement:

A mentally and physically healthy society with integral and sustainable human development which is evident of a fulfilled Mission.

2.4 Health Department Mission Statement

The Mission of the Tanzanian Catholic Church is continuing with healing ministry of Jesus Christ by providing a holistic, quality, and sustainable health care, in line with the Roman Catholic Church moral and ethical values

Chapter 2

1.0 CHALLENGES

- 1.1 Tanzania being one of the poorest countries in the World, diseases of poverty are highly prevalent. On the other hand, diseases of affluence such as diabetes and hypertension are on the rise while the prevalence of cancer is also increasing. This trend in the pattern of disease calls for engagement in all areas of health services including curing, promotion, prevention, restoration, rehabilitation, maintenance, care and management of chronic illnesses.
- 1.2 Like elsewhere in the world the manner in which the healing mission is fulfilled has been changing over the years. Although past changes were not without challenges, the current situation draws special attention. In response to the new world socio-economic order at the turn of the 21st Century, Tanzania has been heavily engaged in Health Sector and Local Government reforms which have brought about a lot of changes in the National Health System. The Catholic Health System had to adjust to the rapid changes in how it relates and collaborates with the Government
- 1.3 Because of the heavy engagement in adjusting to new changes and the serious resource constraints, there are concerns about sustaining the healing mission, the future leadership and institutional autonomy. This being a matter of sustaining the Catholic Health Care Ministry there is need for establishing a Catholic Health care system which:
 - 1.3.1 articulates the essential characteristics of the Catholic Health care ministry and identifies measurable outcomes for the same in a manner that they can be actualised in the organisations' strategic planning processes.

- 1.3.2 has optimal number of core personnel who are professionally competent, motivated and committed to the promotion of an integral human development.
- 1.3.3 provides nourishment and guidance by fulsome understanding for those who serve in Catholic Health Care Ministry.
- 1.3.4 has a working collaboration within the healing ministry, other ecclesiastical ministries and secular health systems.
- 1.3.5 has commitment to the poor, marginalized and vulnerable groups.
- 1.3.6 advocates for access to health care as a fundamental right.
- 1.3.7 has reliable and sustainable sources of funding

Chapter 3

PURPOSE AND OBJECTIVES OF THE POLICY

1.0 Main Objective:

The policy aims at guiding the provision of sustainable high quality health care which fulfils the Healing Mission of the Catholic Church in Tanzania

2.0. The Specific Objectives of the Policy:

- 2.1. To promote the engagement of Catholic Church Health System in all areas of health services including curing, promotion, prevention, restoration, rehabilitation, maintenance care and management of chronic illnesses in the context of the National Health Policy.²
- 2.2 To maintain Catholic Church moral and ethical values which make the institutions remain true to the calling of the Healing Ministry.
- 2.3 To improve the governance and management of the Catholic Health institutions for quality health care.
- 2.4 To rationalize the existing National and Diocesan management structures in line with the current Tanzania Catholic Church Health Policy.
- 2.5 To improve the coordination of the Catholic Health System

² National Health Policy 2003; Sera ya Taifa ya Afya 2006

- 2.6 To improve human resource capacity in the Catholic Health institutions.
- 2.7 To improve accessibility to health care to the poor, marginalised and vulnerable in a manner that truly advances their human dignity and does not encourage dependency.
- 2.8 To establish reliable and sustainable sources of funding through internal and external resource mobilization.
- 2.9 To develop and maintain health facility infrastructure in accordance to established standards.
- 2.10 To provide adequate equipment and medical supplies.
- 2.11 To build capacity of Catholic Church Health institutions in responding to the Health Sector and Local Govt. reforms.

3.0 Overview of the objectives and policy statements of identified areas and issues

The chapters that follow will highlight identified areas, present overviews of identified issues, objectives of the policy on the identified issues and policy statements which indicate the steps to be taken in implementing the policy.

Chapter 4

PROMOTION OF THE ENGAGEMENT OF CATHOLIC CHURCH HEALTH SYSTEM IN ALL AREAS OF HEALTH SERVICES

1.0 General overview

1.1 Just like *"the disciples left and traveled through all the villages preaching the Good News and healing the people every where"*³ the Tanzania Catholic Church has for more than 100 years continued to carry out the obligation of healing the people all over the country by providing mainly health facility based care.

1.2 In response to the In response to the challenges of the times TEC Health Department was in the 1980s, heavily engaged in coordinating programmes in Nutrition, Maternal Child Health, Natural Family Planning, Community Based Health Care (CBHC) and Primary Health Care (PHC) in general. However in the last decade or so HIV and AIDS work has overshadowed the multisectoral programme work.

1.3 In view of the rising prevalence of diseases of affluence such as Diabetes, Hypertension and other stress related conditions as well as cancer especially that of the cervix among young women, the Catholic Church Health System has to revive programmes and enhance engagement in promotive, preventive, rehabilitation and psychological counseling programmes.

³ Lk 9:6

1.4 The ongoing renewal of Primary Health Care (PHC) provides an opportunity for the Catholic Health System to enhance engagement in holistic care through PHC. The PHC promotive, preventive, curative and rehabilitative interventions at community level with the active participation of individuals and families make it possible to reach and remind individuals of their responsibility to one's health while Primary Health Care Services Development Programme (PHSDP/MMAM-2007/12) of the Ministry of Health & Social Welfare provides the National context of PHC. Bugando's Lake Zone Initiative, is a response to that effect.

Chapter 5

CURATIVE HEALTH SERVICES.

1.0 Overview

1.1 In the era of technical advances and a global socio-economic order, curative services are increasingly becoming complex not only in the mode of care but management of the healthy care delivery systems. Tanzania Health System is expected to cop with the fast growing scientific and technological advances in the practice of Medicine in the face of extreme poverty and increasing burden of diseases of poverty and affluence. It is a complex situation which is all the more compounded by HIV and AIDS.

1.2 As a result of advanced scientific development:

-Doctors are increasingly relying on laboratory and imaging studies for the solution of clinical problems.

-Some of the patient management and research initiatives of the fast growing scientific development, such as stem cell research using the human embryo, artificial insemination and in vivo fertilization (IVF), have created ethical controversies and concern worldwide.

-Patients are increasingly gaining medical knowledge through the internet and elsewhere, resulting in change of behavior in seeking for health care. Demand or self referral to what is considered to be the best facilities; including going abroad is not uncommon

- 1.3 These and other factors such as managed care systems, including the growing health insurance market, tend to not only reduce patient-doctor relationships, but also affect referral system, equity and the cost of care
- 1.4 Under these circumstances doctors and other health professionals have a challenge to maintain humane aspects of medical care
- 1.5 Since 1967 the Catholic Church has been collaborating with the Government of Tanzania for the improvement of quality and access to health by all people. However at the turn of the 21st Century the situation dramatically changed. In response to the socio-economic order Tanzania embarked on reforms some of whose effects have been challenging. Liberalization brought about competition for human and other resources and Health Sector and Local Government reforms introduced new ways of sourcing out Government funding. The policy of cost sharing in the face of the complex and expensive health care is a threat to equity and access. The Catholic health care system needs to respond to these challenges if it has to live up to the Mission.

2.0 Objective

To improve the Catholic Health care system in response to the issues and challenges of the times for the provision of quality health care in Tanzania, especially for the needy areas and the poor, marginalised and vulnerable groups in a manner that truly advances their human dignity

3.0 Policy Statements:

- 3.1 Access to health care, being a fundamental human right, Catholic Health system shall be known for its advocacy for equal access to health services.
- 3.2 The Catholic Secretariat shall ensure that rules and regulations and management systems and structures for the delivery of quality health care are in place at all levels.
- 3.3 The Catholic Church shall continue to ensure that all its facilities provide quality health services in line with National guidelines.
- 3.4 The Catholic Church shall make sure that services are provided with love and compassion of Christ.
- 3.5 All Catholic health institutions shall identify and articulate the essential characteristics of the Healing Ministry
- 3.6 TEC shall establish a forum whose regular meetings will address the scientific and technological advances in the practice of Medicine for informed monitoring of the fast growing scientific development
- 3.7 Catholic Hospitals shall be required to develop patient management guidelines in response to the needs of the times.
- 3.8 Diocesan Health Departments and Hospitals shall develop and maintain a conducive environment for the continuing learning of Human Resource for Health.

Chapter 6

CHAPLAINCY

1.0 Overview

Chaplaincy in the hospital is an integral part of care of the sick and the need for this service has increasingly become important. The sick needs to be encouraged and provided psychological and spiritual care. The role of chaplaincy extends to the care of hospital staff community.

2.0 Objectives:

- 2.1 To build capacity of chaplaincy and counselling
- 2.2 To establish pastoral counselling in all Catholic health facilities.
- 2.3 To maintain spiritual services in all Catholic Health facilities

3.0 Policy statements:

- 3.1 All Catholic Hospitals shall establish a chaplaincy
- 3.2 Services by other religious denominations shall be recognised and respected and patients shall be assisted to access the required spiritual care.
- 3.4 The Catholic Church shall train adequate number of chaplains to cater for required services

Chapter 7

CATEGORIZATION AND REGISTRATION OF CATHOLIC HEALTH FACILITIES

1.0 Overview

Categorization of Catholic Health facilities refers to grading Health facilities according to services rendered in line with the National Health Policy, guidelines and regulations which provide for registration of health facilities.

2.0 Objective

2.1 To ensure that all Church facilities are categorized and registered according to the Government regulations and guidelines.

3.0 Policy statements

3.1 All Catholic Church facilities shall be registered in accordance with state regulations clearly showing legal ownership of the facility, under the laws of the United Republic of Tanzania.

3.2 The Diocesan Health Secretary shall maintain a record of all Catholic Health facilities owned by the Diocese and Catholic Religious Congregations/Associations. The Executive Secretary of the TEC Health Department shall maintain a record of all the Health facilities within the Catholic Health Care System in the country.

3.3 In the spirit of compliance to statutory regulations and collaboration with the Government, Catholic Church facilities shall operate in line with government set standards in the category under which they are recognized and registered

Chapter 8

RESTORATIVE AND REHABILITATIVE HEALTH SERVICES:

1.0 Overview

Where as community awareness on ammenable handicaps is substantially growing, there is no corresponding increase in the number of health facilities engaged in rehabilitative care.

2.0 Objective

To promote the establishment of physical preventive and rehabilitative services.

3.0 Policy Statements:

- 3.1 The Catholic Church shall continue to sensitize individual, groups and communities to take care of people with problems needing rehabilitative care.
- 3.2 The Church shall continue to provide and encourage establishment of more institutions which take care of people with amenable handicaps.
- 3.3 The Catholic Secretariat shall advocate for the training of experts in areas of physical, preventive and rehabilitative services such as physiotherapy and othopedic technology.
- 3.4 The Catholic Church shall encourage teaching institutions to establish appropriate programmes

Chapter 9

PREVENTIVE AND PROMOTIVE HEALTH SERVICES

1.0 Overview

Hospitals are increasingly being filled with patients with preventable communicable and noncommunicable life style and stress related conditions such diabetes, hypertension and mental illnesses resulting from drug and alcohol abuse. The Catholic Church needs to engage more in promotive and preventive health by running preventive health programmes including counseling .

1.0 Objective

To promote the involvement of Chatholic Church and her health institutions in promotive and preventive health services.

3.0 Policy statements

- 3.1 The Catholic Church shall establish a system for the provision of psychological and spiritual counselling in the community and health facility set ups and accordingly develop and run promotive and preventive progrogrammes
- 3.2 The Catholic Secretariat shall advocate for the training of experts in areas of psychological and spiritual counselling
- 3.3 Bugando Medical Centre and Bugand University of Health Sciences shall be charged to take lead in the training of the needed experts in psychological and spiritual counselling.

Chapter 10

REPRODUCTIVE AND CHILD HEALTH

1.0 Overview

Reproductive and Child Health services are geared to improve maternal and child health by addressing the needs of the mother and the child and in particular, natural family planning, nutrition and vaccination.

2.0 Objectives

- 2.1 To improve Maternal and Child Health Services in the Catholic Health System
- 2.2 To promote Natural Family Planning in all Catholic Dioceses

3.0 Policy Statements

- 3.1 The TEC Health Department and all Diocesan Health Departments shall ensure the establishment of Maternal and Child Health services at all levels of care.
- 3.2 Catholic Church being an advocate of integrity of creation, Natural Family Planning shall be the method available in all Catholic health facilities

Chapter 11

ACCESSIBILITY OF HEALTH CARE TO THE ELDERLY, THE POOR, MARGINALISED AND VULNERABLE GROUPS.

1.0 General overview

- 1.1 The Catholic Health Ministry should be known for its special commitment to providing health care to the elderly, poor, marginalized and vulnerable groups in a manner that truly advances their human dignity and does not encourage dependency. This commitment should be expressed in a strategic and transparent manner which is facilitated by efficient and effective models of care and which encourages cross country sharing.

- 1.2 The Catholic Church has for the last 30 years been nurturing the Small Christian Communities where 10 to 15 Catholic families regularly pray together and discuss socio-economic issues of their concern including health. Issues within their ability are solved at the community level and those beyond them, are referred to the Parish or Local Authority and beyond or health facility in case of illness. Social services are open to people other than Catholics. Thus Small Christian Community set up provides a conducive environment for shared responsibility among the communities for the care of the elderly, orphans and other similar groups. This structure provides for the establishment of a working model for the care of the needy from the community to the National level.

Chapter 12

HEALTH CARE FOR THE ELDERLY

1.0 Overview

Health for the elderly is increasingly becoming a concern because of the growing number of elderly people living alone in the villages as a result of movement to the urban areas and rising mortality of the youth from HIV and AIDS. Like the child, the elderly needs special care because as one ages, the physiological reserve depreciates and disorders which commonly occur with aging, such as depression, dementia, urinary incontinence and fractures need special care.

2.0 Objective

- 2.1 To develop a community based system for the care and support of the elderly
- 2.2 To enhance awareness on the health needs of the elderly at the community level and all levels of health care.

3.0 Policy statements

- 3.1 The Catholic Church shall ensure that a system for the care of the elderly is established in the context of Small Christian Communities.
- 3.2 The Catholic Church will continue to work with the Community and other individuals and institutions of good will to identify the elderly and provide spiritual, social and material support.

- 3.3 The Catholic Church will continue with advocacy work for the rights of the elderly
- 3.4 The TEC Health Department shall facilitate the development of a guideline for the care of the elderly
- 3.5 The Catholic Church shall advocate for the establishment of Community Based Health Fund and other community based health financing initiatives in the interest of health care for the elderly and vulnerable groups.

Chapter 13

ORPHANS AND VULNERABLE CHILDREN (OVCs)

1.0 Overview

Orphans in African set up was not an issue until the recent past when the effects of HIV and AIDS pandemic disrupted the traditional way of handling of orphans. The large numbers of orphans can no longer be absorbed in the extended family setup. As a result child headed homes, school drop outs and incidences of loss of properties which were supposed to be inherited by the children are not uncommon.

2.0 Objective:

To develop a community based system for the care and support of Orphans and Vulnerable Children.

3.0 Policy statements

- 3.1 The Catholic Church shall ensure that a system for the care for OVCs is established in the context of Small Christian Communities.
- 3.2 The Catholic Church will continue to work with the Community and other individuals and institutions of good will in providing spiritual, social and material support to identified Orphans and Vulnerable Children (OVCs)
- 3.3 The Catholic Church will continue with advocacy work for the rights of Orphans and vulnerable children.

Chapter 14

EMERGENCIES AND DISASTERS

1.0 Overview

Emergencies and disasters may result in loss of human life, materials and environmental degradation. The Church has always been alert and responsive to various emergencies and disasters including cholera, accidents, floods and drought. However this has been with hardly any or limited collaboration with key players.

2.0 Objective

To maintain alertness and prompt response to emergencies, and improve communication and collaboration with key players and other emergency teams.

3.0 Policy Statements

- 3.1 The Catholic Church shall build capacity of its health workers in managing emergencies and disasters. Ommi
- 3.2 Catholic health institutions shall perform regular exercises for emergence preparedness.
- 3.3 Catholic health institutions shall ensure their active participation in emergency and impact mitigation.
- 3.4 The TEC Health Department in collaboratio with CARITAS Tanzania shall advocate for representation at the stutory Emergency/Disaster Committees at all levels.

Chapter 15

REFERENCE LABORATORY SERVICES

1.0 Overview

Currently Bugando Medical Centre is the only Catholic Hospital providing Reference Laboratory Services for the Lake Zone, a catchment area of six Regions of Mwanza, Mara, Kagera, Kigoma, Shinyanga, and Tabora. Catholic Church Hospitals outside this zone utilize the other three Consultant Hospitals. The utilization of services available in the country is ill organized and some hospitals find it easier to send specimens abroad.

2.0 Objective:

To improve access to reference laboratory services.

3.0 Policy statement

TEC Secretariat will develop a guideline for accessing reference laboratory services in the country.

Chapter 16

RESEARCH:

1.0 Overview

Research is an important aspect of quality health care. Most of the research is currently being done at higher learning institutions where research is an integral part of training and taking care of the sick. Little research work is going on in Catholic Church Health institutions. There is therefore the need to encourage and promote applied research for the improvement of health care.

2.0 Objective

To encourage and promote applied research for the improvement of health care provision.

3.0 Policy Statement:

- 3.1 TEC Health department shall require Church Health institutions to conduct applied research in accordance with Catholic ethics and Tanzania research ethics and guidelines.
- 3.2 Diocesan Health and Hospital Boards shall ensure that research is budgeted for.

Chapter 17

TRADITIONAL MEDICINE AND ALTERNATIVE THERAPY:

1.0 Overview

A good number of Tanzanians seek for Traditional Medicine before going to a health facility and in the recent past Traditional Medicine is increasingly gaining popularity as alternative therapy.

2.0 Objective:

To improve traditional medicine and alternative therapy services by selectively collaborating with providers of the services.

3.0 Policy statements:

- 3.1 The Catholic Church shall continue to collaborate selectively with traditional healers who practice in line with Roman Catholic Church values and in accordance with Government guidelines and procedures.
- 3.2 TEC Secretariat shall promote research on traditional medicine and alternative therapy.

Chapter 18

IMPROVEMENT OF GOVERNANCE AND MANAGEMENT OF CATHOLIC HEALTH INSTITUTIONS

GOVERNANCE

1.0 Overview

Good governance is key to quality health care, as it addresses stewardship to attain desired mission. Characteristics of good governance are stewardship, accountability, transparency and efficient communication. Skilled leadership and clear management systems in human, finance and material resources based on reliable and efficient management information system are key to good governance. These systems are possible when clear vision, mission, policy and organization structure are in place

2.0 Objectives

- 2.1 To establish clear vision, mission, policy and organization structure of the TEC Health Department, all Diocesan Health Departments and all Catholic Hospitals
- 2.2 To build capacity of leaders on managerial skills
- 2.3 To improve management systems
- 2.4 To develop/improve infrastructure of church health care facilities

2.5 To establish Management Information System (MIS) at the TEC Health Department and every Diocesan Health Department and every Hospital.

3.0 Policy Statements

3.1 TEC Secretariat, Diocesan Health Department and all Catholic Hospitals shall build capacity and train its staff and leadership on accountability, transparency and communication,

3.2 The Catholic Church shall improve and make use of available guidelines on good governance, financial management, reporting and material management,

3.3 TEC Health Department shall improve guidelines on the culture of care and maintenance of infrastructures and ensure use of the same.

3.4 TEC Health Department shall develop a Health Information system and promote the establishment of the same by the Diocesan Health Departments and Hospitals

3.5 All Catholic Church health institutions shall develop human resource development, scheme of service and career development and retention schemes.

Chapter 19

RATIONALIZATION OF NATIONAL AND DIOCESAN ORGANIZATION STRUCTURES OF CATHOLIC HEALTH INSTITUTIONS

1. 0 Overview

- 1.1 In the 2007 Plenary there was a strong call for the improvement of the coordination and facilitation of the health services provided by dioceses. To achieve this, Vision and Mission, clear policy, organization structure and management systems have to be in place for accountability and relationships. Currently most of the Dioceses have a Health Policy and all have organizational structures which however vary from one Diocese to another. Some have Diocesan Health Offices under Development Directorates/Department while others are Departments run by one or more personnel with varying qualifications and experiences.
- 1.2 Hospital leadership is variable. There is the situation of MO i/c or Director who is the Chief Executive Officer (CEO) and the situation of the Administrator being the CEO and yet there is a situation where the MO i/c, the Administrator and the Matron are at par.
- 1.3 Likewise Governing body structures vary. In most Hospitals the Chairman is the Bishop while in others the position has been delegated to the Secretary General.

- 1.4 At the TEC Secretariat the work of coordination, facilitation technical support and, policy advocacy is the responsibility of one person who has a dual accountability to the Bishop Chairman of Health Department and the Secretary General.

2.0 Objectives

- 2.1 To facilitate the rationalization of organizational structures of the TEC Health Department, Diocesan Health Department and Hospitals for the improvement of management and coordination of Catholic Health System
- 2.2 To facilitate the development of management systems for the management of Diocesan Health Services

3.0 Policy Statements

- 3.1 TEC Health Department shall develop an organization structure whose functional conceptual frame is policy advocacy, facilitation, technical support and programme work.
- 3.2 TEC shall facilitate the development of a generic organization structure and management system for adaptation by Catholic Dioceses

Chapter 20

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

General overview

Human resource is the most critical element in Health Care. It is therefore important that health workers are well prepared and empowered to provide and manage quality health services at all levels.

TRAINING:

1.0 Overview

- 1.1 Over the years, the Church has done tremendous work in starting medical training institutions in the country, these include Nursing schools, Clinical Officers training centres and the recently established Bugando University College of Health Sciences. These training institutions are not enough to cater for Church and public human resource needs. The shortage has been compounded by increasing brain drain in health sector. Currently the country is seriously addressing the issue as a matter of crisis.
- 1.2 Bugando Medical Centre and Weill andondo University College of Health Sciences have started an initiative which will substantially supplement government efforts to train Doctors and allied health workers. Other Catholic church institutions are called upon to respond to the serious shortage of human resource for health (HRH). However this will need effective coordination to reach the desired goal.

2.0 Objectives:

- 2.1 To collaborate with the government and other organizations and individuals of good will in establishing more opportunities for the training of health workers for the mitigation of the current National Human Resource crisis
- 2.2 To collaborate with the government in financing (sponsoring) training of health workers at all levels.
- 2.3 To coordinate Diocesan Human Resource Training initiatives

3.0 Policy statements:

- 3.1 The Church shall collaborate with Government and other institutions and people of good will, in establishing training programmes which responds to the current National human resource needs
- 3.2 The Church shall collaborate with Government in financing (sponsoring) training of staff at all levels of health care.
- 3.3 The establishment of training programmes shall be in accordance to guidelines developed by TEC Secretariat.

Chapter 21

HUMAN RESOURCE FORMATION

1.0 Overview

There is need for nourishment and guidance by fulsome understanding for those who serve in Catholic Healing Ministry. During the missionary days the healing Mission was adequately fulfilled. Today there is a downward trend of missionaries coming to Tanzania with a similar trend in the numbers of local religious joining the Ministry. Human resource constraint is thus not only an issue of numbers but also that of sustaining the Healing Mission, the future leadership and institutional autonomy. In order that all who serve in Catholic Health System can be nourished and guided by a fulsome understanding of the Ministry, an integrated approach to the professional and ministerial development of all those who serve in the Ministry should be developed in a manner appropriate to their mode of service. This should be reinforced by on-going formation and continuous evaluation. The formation should adequately cover the subject of Catholic Church morals and ethics which are the pillars of pastoral health care. For a start a deliberate move towards establishing optimal number of formed religious and laity needs to be made. His Holiness Pope Benedict XV1 underscores the importance of formation as follows:

"Those who work for Church charitable organizations must be distinguished by the fact that they do not merely meet the needs of the moment, but they dedicate themselves to others with heartfelt concern, enabling them to experience the richness of their humanity. Consequently, in addition to their professional training, these charity workers need a 'formation of the heart': they need to be led to that encounter with God in Christ which awakens their love and opens their spirits to others."

2.0 Objectives

- 2.1 To ensure that all who serve in Catholic health system are nourished and guided by a fulsome understanding of the Ministry
- 2.2 To attain optimal number of religious and formed laity for maintaining the Healing Ministry.
- 2.3 To foster stewardship as the key to sustaining the Healing Mission

3.0 Policy statements:

- 3.1 The Catholic Church shall develop a programme for the formation of the religious and the laity currently in service to respond to the new situation in the provision health care.
- 3.2 The Church shall ensure that optional formation programmes are developed in catholic institutions for the training of doctors and other health professionals
- 3.3 The Church shall ensure adherence to the Roman Catholic Church values in the Catholic Health System.

Chapter 22

CARE AND MAINTENANCE OF HEALTH INFRASTRUCTURE AND MEDICAL EQUIPMENT.

Overview

Availability of quality equipment, medical and pharmaceutical supplies are essential in the provision of quality health care. The presence of efficient management of supplies and maintenance of equipment are equally important. Currently the Catholic Health System is facing a lot of constraints in procurement and management of equipment, medical and pharmaceutical supplies. The Government Medical Stores Departments (MSD) has not been able to adequately meet the needs of Church health facilities since its establishment in 1994 and individual initiatives to start supplies systems have not solved the problem.

2.0 Objectives

- 2.1 To improve management of equipment, medical and pharmaceutical supplies according to established regulations and guidelines.
- 2.2 To promote the culture of maintenance of infrastructure and equipment among Church health facilities.
- 2.3 To establish a Medicine and Medical Supplies System which is complementary to Government System.

3.0 Policy Statements

- 3.1 Catholic institutions shall adhere to the principles of acquiring of quality medical and other hospital equipment
- 3.2 Catholic Church health institutions shall plan for a regular Annual Inventory
- 3.3 Catholic Church institutions shall be obliged to employ duly qualified personnel for the care and maintenance of hospital equipment.
- 3.4 Catholic Church institution shall abide to procedures and regulations of disposal of unserviceable and expired drugs.
- 3.5 Tanzania Episcopal Conference shall establish a Medicine and Medical Supplies System which is complementary to Government System.
- 3.6 Tanzania Episcopal Conference shall develop an equipment maintenance policy and promote compliance by all Catholic health institutions.

Chapter 23

HEALTH FINANCING

1.0 Overview

- 1.1 Up to the 1980s, the Church was receiving optimal financial, material and human resource support from Europe and the Government of Tanzania in the form of grants and seconded staff. The situation dramatically changed when Tanzania government embarked on socio-economic and health sector reforms since the mid 1980s. At the same time support from Europe continued to decrease. Free health care was abandoned and cost sharing introduced. Government directive to exempt those who could not afford, (the majority of whom are in the rural areas where most of the Catholic Health facilities are), did not provide for compensation. This and the liberalization of health and education sector for private sector development threatened equitable services.

- 1.2 In the meantime decentralization process developed new arrangements for government financial and other support to be sourced out by Faith Based Organizations at the Local Council level by participating in Council Comprehensive Health Planning (CCHP) and going into a Service Agreement with the Councils. Appropriate response to the new situation has to accordingly be made. In particular the Catholic Health institutions have to build capacity in resource mobilization including engagement in the Health Insurance Industry whose development trends are encouraging.

2.0 Objectives

- 2.1 To build capacity of Health institutions in financial resource mobilization.
- 2.2 To build capacity of health institution in financial management and control.
- 2.3 To ensure that Health Institutions are well informed with Local Government funding systems
- 2.4 To build the skills of Diocesan Health Departments and Hospital management teams in planning, monitoring and evaluation for effectively engagement in Comprehensive Council Health Plans (CCPHP)
- 2.5 To build capacity of Diocesan Health Departments and Hospital management teams in negotiations skills.
- 2.6 To advocate the establishment of refund in lieu of exemption.
- 2.7 To build capacity in management of Heath Insurane service agreements
- 2.8 To establish income gerating projects

3.0 Policy Statements:

- 3.1 Diocesan Health Departments shall build their capacity and that of their health institutions in planning, monitoring and evaluation; financial management and control; resourse mobilization and negotiation skills .

- 3.2 Diocesan Health Departments shall ensure that information regarding local Government funding systems reaches health institutions.
- 3.3 Diocesan Health Departments shall establish a fund for refund in lieu of exemption in accordance to developed guidelines.
- 3.4 TEC and Dioceses shall facilitate Catholic Hospitals to develop viable income generating projects to complement traditional sources of income .

Chapter 24

MANAGEMENT INFORMATION SYSTEMS (MIS)

1.0 Overview

Management Information System is vital in providing quality health care and sharing experience and best practices.

2.0 Objective

To develop and strengthen Information Management Systems in the Church Health Care System.

3.0 Policy Statements

- 3.1 Catholic Hospitals shall be equipped with essential equipments for communication and networking within and outside the Catholic Church Health system.
- 3.2 Catholic Health institutions shall make sure that the information system is working and utilized in planning monitoring & evaluation, sharing knowledge, information experiences and best practices.

Chapter 25

COLLABORATION

General overview

Socio-economic reforms, fast scientific and technological advances of the 21st Century have made health care complex and expensive. Under such circumstances collaboration seems to be the rational strategy for the provision of quality health care through sharing of available resources and skills. Collaboration reduces tendency to duplication and enhances the identification of common areas of interest among organizations and facilitates the standardization of pursued activities, which may lead to the development of common policies.

The Catholic Health Ministry should deepen its understanding of and commitment to collaboration within the Ministry and with other ecclesial Ministries. There also should be collaboration, as appropriate, with secular entities in a manner that does not compromise Catholic identity.

1.0 Collaboration with government

Overview

1.1 The Church has long seen the need of collaboration with the Government. The initiative was started by the Medical Missionary Association (MMA) in 1937 and later carried forward by Christian Medical Board of Tanzania (CMBT) and currently the Christian Social Services (CSSC).

1.2 Reforms are advancing the collaboration to partnership which calls for a common operating ground at the district level. Government funding

will be according to submitted plans which are incorporated in the Health Council Plans and Government subsidy will be provided against a Service Agreement.

2.0 Objective

2.1 To build capacity of Diocesan Health Departments and Hospital management teams in skills of negotiations and in planning, monitoring and evaluation.

3.0 Policy statements:

3.1 The Catholic Church shall continue providing Health Care in collaboration with government and other providers of good will, without compromising Catholic Church values and identity.

3.2 TEC Health Department shall ensure that the capacity of Catholic Dioceses and Hospital management teams in negotiations skills and in planning, monitoring and evaluation is good enough for effective engagement in the collaboration with the Government.

Chapter 26

ECUMENISM

1.0 Overview

Ecumenical initiatives were started by Medical missionaries who in 1937 formed the Medical Missionary Association, a pressure group of Catholic and Protestant missionary doctors who managed to get the Government to provide Grants which Voluntary Hospitals continue to receive to date. The advocacy work and the promotion of collaboration with Government were strengthened with the establishment of the Christian Medical Board of Tanzania (CMBT) in the 1970s. CMBT was transformed into a Health Department soon after the Protestant churches, through Christian Council of Tanzania (CCT) and Tanzania Episcopal Conference established Christian Social Services Commission (CSSC) in 1992 to spearhead solidarity and advocacy for conducive policy environment in the provision of Social Services

2.0 Objectives

- 2.1 To strengthen solidarity and brotherhood among the churches for matters of common interest
- 2.2 To improve collaboration, trust and transparency with the government.
- 2.3 To consolidate the network of health care among church institutions and professionals for the sharing of professional, technical and other experiences

3.0 Policy Statements

- 3.1 The Catholic Church shall continue to collaborate with CCT through CSSC and any other ways considered appropriate for the provision of quality health care without compromise to Catholic identity and values.
- 3.2 The Catholic Church will strive to sustain the role of CSSC as an Ecumenical body for the promotion of solidarity and collaboration with the Government.

Chapter 23

CATHOLIC PROFESSIONAL ASSOCIATIONS

1.0 Overview

Professional Associations are voluntary but essential part of a Health System. Professional Associations are important in maintaining professional standards, career development, ethics, improving the quality of health care as well as providing professional advice on health issues. The presence of Catholic Doctors Association and Registered Nurses Association, which were once very active, are hardly heard of since the 1980s.

2.0 Objective:

2.1 To have a spirit of unity among the Catholic Health professionals, for the promotion of catholic medical ethics and improvement of health care and professional advice.

3.0 Policy statement

The TEC shall revive the Associations of Catholic doctors and nurses and encourage the establishment of other professional health associations.