Tanzania Episcopal Conference
(TEC)

DIOCESE OF MUSOMA

HEALTH POLICY

March 2016

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DOM	Diocese of Musoma
FBO's	Faith Based Organizations
HIV	Human Immune Virus
MDG's	Millennium Development Goals
NGO's	Non Government Organizations
PDD	Planning and Development Directorate
PPP	Public Private Partnerships
TEC	Tanzania Episcopal Conference
WHO	World Health Organization

Forward

"They will lay their hands on the sick and they will recover" *(Mk 16:18).* Today's health ministry challenges all of us as we strive to offer comprehensive and compassionate care to those in need of our medical services. It is not easy as we face the global pandemic of HIV/AIDS, the high rates of child and maternal morbidity and mortality and the financial crisis faced by many of our fellow Tanzanians. It is in this context which we as the Diocese of Musoma must respond to those sick and suffering through our health care ministry.

I am pleased to be able to offer our contribution, as the Diocese of Musoma, to the ongoing dialogue and development of a Health Care Policy. As we strive to coordinate our different ministries within the diocese, I have felt the need to offer professional and comprehensive answers to the questions raised regarding a policy. We have undertaken this process through dialogue, visitation, interviews and listening moments in order to be able to pull together the diverse responses within this one diocese.

Jesus offered us the true way for us to respond: the Gospels are filled with encounters Jesus had with the sick, the lame and the disabled. He challenged each one to step forward, have faith and to be healed in the process. He cured the sick, raised others from death and made the blind see. The disciples often questioned Him when He healed on the Sabbath and His response was always "who among you would not save their oxen when they fall into a cistern?" (Luke 14:5) Do we not take this same example and offer our care and services to all when it is needed? This is just one of the challenges we are faced with in today's health service provision.

Our diocesan health response began with the arrival of our first missionaries. They developed health, education and social service responses through many parts of the diocese and these are still in place today. They understood the need to respond to both the spiritual and physical needs of a person in order to offer true liberation. Our health institutions continue this liberation process today by offering an alternative option which encompasses Gospel values and sees the whole person as a reflection of Jesus.

I would like to thank all who have been a part of the development of this Diocesan Health Policy. You have struggled to respond to the many needs we face and offer a way to be both just and compassionate to our patients, our staff and our managements of the various institutions. The development of this policy gives us a way forward together to work for this justice and at the same time clearly challenges us to work within our communities where we are located. It gives us both challenges and opportunities to face the future together as a united health care system within the diocese. My gratefulness to all for your hard work and your willingness to embrace this process.

May the Lord bless each one of you as you lay your healing hands on our sick and disabled.

+Michael Msonganzila
Bishop of the Diocese of Musoma

ACKNOWLEDGEMENTS

It is good to give thanks to Almighty God (Ps. 92:1) for making this policy to be completed at this time. God is our hope. The development of the Diocese of Musoma Health Policy went through a participatory process that involved many important health stakeholders in the Diocese of Musoma.

The Health Department acknowledges the support and contributions of these stakeholders to bring about completion of this process to develop a comprehensive Diocesan Health Policy. This policy is the collective effort from different people, organizations and the Ministry of Health and Social Welfare. May Almighty God bless them all. The Medical Department wishes to express its gratitude to all who contributed or participated in reviewing and formulating the new Diocesan Health Policy.

Many thanks to the Rt. Rev. Bishop Michael Msonganzila, the Bishop of the Diocese of Musoma, who foresaw the need to have a Diocesan Health Policy and insisted on the beginning of the process.

The Health department acknowledges the tremendous effort made by the Diocesan Planning and Development Directorate (PDD) in developing this new Policy for our Diocese. Special thanks to Fr. Leo Kazeri, the PDD Director for his support in the development of it. We are also extremely grateful to Ms. Liz Mach, Assistant PDD Director, who worked hard to make this policy a reality and was the coordinator and writer of it. And thanks to Mr. Archard Rwamunwa, the Diocesan Human Resource Officer for his help in interviews and editing of the policy.

We also gratefully thank and acknowledge those who contributed their ideas to this policy: the Diocesan Health Facilities management and staff, community leaders from different villages within the Diocese of Musoma in Mara region and all who were interviewed. Those ideas enriched our process to develop this diocesan health policy.

Special thanks to Almighty God for the courage He gave to all concerned for their generosity and profound commitment to develop this Diocesan Health Policy. May Almighty God bless you all.

Sister Anastasia Salla
Diocesan Health Secretary.

Introduction

We have a unique opportunity to see the face of Christ when we look into the faces of our sick poor here in Tanzania. These are often the most vulnerable and those in need of our compassion, our medical expertise and our quick response during this time of crisis. We meet not only the patient but their family and friends during this difficult time and our response must be Christ like. It is both a challenge and an opportunity for us.

It is with this in mind we have developed our Diocese of Musoma Health Policy. In February 2014, Bishop Michael Msonganzila requested that the Planning and Development Directorate (PDD) undertake the task to prepare a Health Policy for the Diocese of Musoma. While there have been policies, reports and evaluations in the past, it was felt that a concise policy that addressed the issues unique to our diocese should be addressed.

PDD along with the Health Secretary and the Human Resource Officer began a series of questionnaires, interviews and focus groups to surface the challenges as well as the areas we needed to clarify. We read through institutional reports and researched the present health policies of the Tanzanian Episcopal Conference (TEC) as well as other diocesan policies. We looked at government reports and plans for the coming years to see where the diocese would fit into the larger picture. Putting this altogether has enabled us to define our strategies for the coming years and our areas of focus.

The Diocese of Musoma is in an area with many challenges that affects the lives of our people. We still have a higher incidence of HIV/AIDS here in Mara Region than in others regions. Customs and traditions surrounding Female Genital Mutilation (FGM) raise the risk level for our girls and women to have an added burden during their reproductive lives. Fishing and mining communities add unique challenges to so many of the people in this area including accessing good health care on the many islands in Lake Victoria, the spread of sexually transmitted diseases and the separation of families. Poor infrastructure in the region results in the lack of skilled work opportunities and therefore a diminished economy. We face so many challenges and many of them within the health sector.

It is our hope that through the development of this Diocesan Health Policy we have begun to take another step forward to define our boundaries for the health response of the diocese. By defining our policy statements and strategies to achieve these goals we set forth where we want to move towards together.

Our deepest thanks to all who participated in the process to develop this and who will be part of the future in this Health Policy.

Elizabeth Mach RN, MPH
PDD
Diocese of Musoma

Chapter One

1.0 The Background

The Catholic Diocese of Musoma was established in 1957. It has thirty two parishes all of which are grouped into five deaneries corresponding to six administrative districts of Mara Region. These include Musoma Deanery, Butiama Deanery, Serengeti Deanery, Rorya Deanery and Tarime Deanery. In addition to its mission of evangelization, the Diocese of Musoma has been actively involved in human development activities since its beginning in 1957. The first missionaries attached at least one or two development activities to places where they established their mission centres. Health and Education were the main two provisions as the traditional development activities and these have now been expanded to respond to the present needs of the society. The first diocesan hospital was established at Kowak in 1946 and later was downgraded to a bedded dispensary. After 2000, Kowak was once again upgraded to the level of a hospital.

The Arusha Declaration in 1967 initiated new approaches of collaboration with other health providers including the churches. This included policy changes for free medical services and cost sharing has been introduced since this time. The government has included the churches in provision of supplies and drugs through its “basket fund”.

The Diocese of Musoma established the Health Secretary Office in 1982. The goal was to monitor and supervise the health facilities and develop other related health activities for the diocese. It is the link between the diocese and the government on health issues. It is a link between the diocese and NGO’s, FBO’s and other health providers in order to network and advocate for health care within Mara Region.

Presently there are 13 health institutions owned and operated by the diocese. These include 1 hospital (Kowak), 6 Health Centers (Masanga/Rogoro, Baraki, Kigera Etuma, Nyarombo, Masonga and Kitenga) and 6 Dispensaries (Komuge, Kiabakari, Gamasara, Rosanna, Makoko and Nyamwaga).

1.1 Rationale for the policy

In 2011 it became apparent that the diocese was lacking clear direction on both education and health. At that time, a project was undertaken to research and develop a policy on education. When this was established, the diocese began the process for a health policy. In February 2014 the Bishop directed the Planning and Development Directorate (PDD) to undertake this work. A time line was established for research,

interviews and the writing of the policy. The outcome of this is the diocesan health policy.

1.2 Vision, Mission and Values of the Diocese and Health Department

VISION:

The Catholic Church in the Diocese of Musoma stands to enable people to live responsibly their full potential as intended by God.

The Health Department in the Diocese of Musoma exists to see that all people in the Diocese receive quality health care services in order to live free of disease.

Mission:

The Catholic Church in the Diocese of Musoma works to empower all God's people to love and serve God with all their hearts, strength, mind, possessions and love others as we love ourselves.

The Health Department mission is to establish a church community that has a holistic view of life in which people can sustain their health and combat disease in order to face more challenging issues in their environment.

Values:

Hope
Peace and Justice
Love
Proper stewardship of human and environment
United and upholding diversity

1.3 The Diocese within the greater context of health care

The Diocese of Musoma does not work alone within Mara Region. We value the partnerships we have that enable us all to work for the common good of health care in this region. We are aware of *The Fourth Tanzania National Health Research Priorities 2013-2018* and we situate ourselves within these. We work together with *Mara Regions Strategic Plan for Accelerated Reduction of Maternal and Newborn Deaths 2013-2016* knowing that maternal mortality is high in this region and there is a lack of skilled attendants' at births within the region. We address the *Millennium Development Goals* (MDGs) as proclaimed by the World Health Organization (WHO) that include both the high rates of child and maternal death rates presently being experienced. We also acknowledge the new Sustainable Development Goals as described by

the United Nations in the year 2015 which includes “Ensure healthy lives and promote well being for all at all ages” (SDG 3). It is important for the Diocese of Musoma to work for change in the overall health care of Mara Region.

As a Roman Catholic Diocese we fall in the larger picture of the Tanzania Episcopal Conference Vision, Mission and Core Values that provide our direction as church. We value the *Tanzania Catholic Church Health Policy of June 2008* which provides the basis for our own diocesan health policy.

We are aware that there are health care issues within the Diocese of Musoma that might not be the same in other areas within Tanzania. The high incidence of HIV/AIDS in this region due to local traditions and customs has introduced a large number of orphans and vulnerable children. It has both devastated family’s economy and forced children to live with grandparents or other extended family members. This adds burden to the already difficult living situations people in our area are experiencing. Customs and traditions surrounding Female Genital Mutilation (FGM) raise the risk level for young women and their reproductive care throughout their lifetime. 44% of the women attending our health care facilities have undergone this tradition and need added response and care. Living on Lake Victoria, within the fishing communities, introduces the issues including difficulty to obtain health care on remote islands, the spread of both HIV/AIDS and other sexually transmitted disease and the separation of families. The poverty level of Mara Region is high due to the lack of rainfall, poor infrastructure of the region and lack of skilled work opportunities. The traditional economy is based on agriculture and cattle raising which is also linked closely with rainfall.

There is an added issue which our health care system is faced with on a daily basis. While our institutions and personnel strive to offer good care and services there is a cost in providing medicines and supplies. We are often faced with requests for free or subsidized care which is difficult due to our own expenses. At the same time, we cannot turn away someone in need of medical care. How we negotiate and deal with this difficulty is both a challenge and an opportunity for the diocese to respond to the needs of the poor.

It is hoped that through the development of this diocesan health policy we can strive in even greater measures to provide good quality health care in the region. We have the opportunity to directly respond to the health care issues that affect the society around us. The face of Jesus is seen through our diocesan health care personnel as they attend the sick and the poor with care, compassion and dignity.

Chapter Two

2. 0 Establishment, Ownership and Management of health institutions in the Diocese of Musoma

2.1 *Establishment of institutions*

The Diocese shall establish health institutions using both government and TEC guidelines after researching the needs of the society in particular areas. Other parties within the diocese who wish to establish health institutions may do so at the discretion of the Bishop and having shown full compliance with the guiding principles of the diocese. Such matters will include registration procedures, modes of assessment and supervision. There is a fundamental lack of adequately trained medical personnel in the country to staff present health facilities. The diocese shall look for ways to respond this need.

Policy statement

The Diocese shall establish health facilities at various levels as community needs arise and the diocese sees fit to do so.

Strategies

2.1.1 *The diocese shall, as need arises, continue to establish new health facilities at various levels through its agencies and religious bodies.*

2.1.2 *The diocese shall adhere to all government and church procedure requisite for establishing health institutions.*

2.2.3 *The diocese shall guide all other bodies within the diocese wishing to establish health institutions under the auspices of the Catholic Church, unless stated otherwise by the Bishop.*

2.2.4 *The diocese shall explore the establishment of a nursing training center in collaboration with the present diocesan hospital or wherever a hospital shall be established in the future.*

2.2 *Ownership of health institutions*

The diocese shall own all health institutions as established by the church or any other organization acting on its behalf as agreed upon between the diocese and the organization. Special permission may be granted by the Bishop upon application to do otherwise and upon

satisfaction that the party wishing to own an institution shall comply with diocesan policy and have no ill motives that go against the church mandates of serving the people of God.

Policy statement

The Registered Trustees of the Diocese shall be the sole owner of all Roman Catholic established health institutions, regardless of the level and nature of specialization, unless otherwise determined by the Bishop. Under very special circumstances, the Bishop may designate ownership to another party deemed fit to represent the Diocese.

Strategies

2.2.1 *The diocese shall register all health facilities and the components (laboratories, pharmacies) established within the diocese under the umbrella of the church, regardless of the level and/or nature of that institution in accordance to guidelines of the country.*

2.2.2 *The diocese will strive, as owner, to work hand in hand with management in areas of recruitment, finances and supplies to ensure adequate resources are available to the institution.*

2.2.3 *The diocese, as owner of the health institution, will be supplied with reports and financial status on a regularly scheduled basis.*

2.3 ***Management and administration of institutions***

The church aims to offer compassionate, professional and competent medical care through its established institutions. It is therefore essential that the church have in place quality leadership and management for these to function well. The church shall ensure that managerial and administrative positions are held by visionary and competent people who are guided by the principles of the Catholic Church. Qualified and talented managers and administration help the church to offer quality care. Institutional committees and boards play a key role in ensuring that the institutions are properly run and provide a checks and balance between the leadership and other stakeholders. These committees will be instituted by the Bishop to act for and on his behalf. It is anticipated that compositions of such committees and boards shall encourage active participation of key stakeholders, including those at the village level, in managing their institutions. Gender balance must also be reflected in both our management and committees.

Policy statement

The diocese will manage all health institutions established within the diocese and ensure good leadership and administration.

Strategies

2.3.1 *The diocese shall appoint managers of institutions as it may deem necessary and appropriate in accordance to the Church regulations and the structure provided by the relevant government authority.*

2.3.2 *The Parish Priest, where the diocesan health institution is located, will be the designated manager unless otherwise assigned by the Bishop (in some cases it could be a community of Religious Sisters, Brothers of Lay People).*

2.3.3 *The diocese shall adhere to the government laid down procedures in the establishment of the health boards and committees through close consultations with relevant authorities. The Bishop and/or his designated officer shall appoint and recommend to the right authority the names for boards/committees in order to strengthen its management capabilities.*

2.3.4 *The diocese shall set in place a department of health under the Planning and Development Directorate (PDD) to handle all matters pertaining to health provisions. Such a department shall oversee all matters related to quality control, institutional development and any other business as may arise. This department shall advise PDD and the Bishop on all health matters.*

2.3.5 *The diocese, through the department of health, shall ensure that all health facilities are managed in the appropriate manner in accordance to the Church and the government guidelines.*

2.3.6 *The diocese shall provide guidelines on matters of principles that guide the institutional practices.*

2.3.7 *The diocese will work to ensure that health committees and boards have representation by village members who are most frequently the recipients of the health care given by the institution.*

2.3.8 *The diocese will assist the managers and administrators to develop greater leadership skills through offering seminars and workshops in this area.*

Chapter Three

3.0 Institutional Issues: Quality of care, Church ethics and the Sanctity of Life, Institutional environment, Language, Public Private Partnership

3.1 Quality of care

The diocese aims to offer high quality, competent and professional care at all levels of health institutions and training centers for health. The diocese recognizes the diversity of this care at the different levels and resources at its institutions but strives to offer these with dignity and competence. The right to immediate and life saving care is paramount within our institutions regardless to a person's ability to pay. At the same time, we must work for financial stability and this is not always an easy balance to maintain. HIV/AIDS has a high incidence rate in this area and has devastated families and family life. The Churches response to this pandemic is crucial to address health, educational and societal issues surrounding it and ways to work for prevention of this disease as well as Home Based Care Services for those stricken with the disease. Malaria is another pandemic that causes childhood mortality and the reason for many sick days among adults. There is much to be done with both prevention and curative programs that include life saving blood transfusions and critical care. Poverty is an overwhelming reality in the region and often the reason that patients are unable to access quality care services. The Church needs to continue to respond to this challenge and offer these services to all in need.

Policy statement

The diocese will provide high quality, competent and professional care at all of its institutions.

Strategies

3.1.1 *The diocese will receive all patients of any race, gender, religion or ability to pay at their institutions and provide basic care for them without considering ability to pay first.*

3.1.2 *The diocese will work at both the diocesan and institutional levels to establish funds for those who are unable to pay.*

3.1.3 *The diocese will strive to hire professional and competent medical personnel to staff all of their institutions for the provision of patient services.*

3.1.4 *The diocese will continue to respond to those victims of HIV/AIDS and their families through prevention and care and treatment centers.*

3.1.5 *The diocese will strive to work for the prevention and treatment of Malaria and other diseases through its provision of primary health care at all levels of its institutions.*

3.1.6 *The diocese strongly encourages the local community be more involved in identifying those absconding and assist the institutional management in securing the payment of services.*

3.2 Church ethics and the Sanctity of life

The diocese follows the guidelines of the Catholic Church in regards to the respect for human life and ethics at all of its health institutions. We value the sanctity of life at all stages from creation to death and strive to work with our families and patients to respect these values. As representatives of the Catholic faith we must ensure that the care given at our institutions follows the church's teachings on these matters. We value the teaching of the *Theology of the Body* and strive to incorporate this into our pastoral teaching. Mara Region is an area where Female Genital Mutilation is done to the girl child as a rite of passage. This harmful tradition violates the rights of the girl child and medically affects her throughout her lifetime. Our health institutions are on the front line of care when this tradition is done and they need to respond to this issue.

Policy statement

The diocese will follow, at all times, the teachings of the Catholic Church on the sanctity of life at all stages of a person's life and the *Theology of the Body*.

Strategies

3.2.1 *The diocese expects that all institutions and personnel will respect the sanctity of life.*

3.2.1 *The diocese will provide a team for the teaching of the Billings Ovulation Method for natural family planning who will offer training at the parish level.*

3.2.2 *The diocese will work with institutional management teams to prevent the distribution of condoms or any procedure which enables abortions to be done within the health facility.*

3.2.3 *Each health institution should provide an annual retreat day for its staff that will elaborate on the Catholic teachings for the sanctity of life.*

3.2.4 *The diocese will work to incorporate the Theology of the Body into its pastoral care.*

3.2.5 *The diocese will continue to work to eliminate Female Genital Mutilation within Mara Region in order to respect and honor the girl child.*

3.3 Institutional Environment

The diocesan health care facilities are more than a business venture. These institutions impact people's lives at a time when they are most vulnerable-when they are sick, dying or chronically ill. It is a time when compassion and competence by our staff and management is most needed. We cannot compromise one for the other but need to offer quality service with those who are in need of our services. We need to ensure that we are welcoming and responsive to the communities within which we live and work. We need to maintain good relationships within the villages and areas where we are located in order to sustain ourselves. We need to invite local communities to a participatory role within our institutions including construction and other projects taken on by the institution.

Policy statement

The diocese will strive to work with local communities to ensure good relationships and appropriate land use.

Strategies

3.3.1 *The diocese will ensure that all health institutions not only meet the minimum set standards by the government but they strive to achieve the highest level of infrastructure as possible in their situation.*

3.3.2 *The diocese shall work closely with institutions to ensure that basic government standards of the physical facilities is achieved and work for increased levels of service provision.*

3.3.3 *The diocese expects that all health institutions will maintain a complete file of all necessary land documents and government regulations on land use.*

3.3.4 *The diocese shall encourage institutions to properly and legally acquire a clearly demarcated ample land/space for future expansion of the institution as well as acquiring the land deed for this property.*

3.3.5 *The diocese shall encourage institutions to resolve in a timely manner all land/social conflicts/disputes of any form with the neighboring community to ensure a friendly environment for patient care.*

3.3.6 *The diocese will encourage local communities to participate in the building and other projects for the institution as a contribution from the local community*

3.4 Language of our institutions

The diocese strives to meet the patient and their families at a place where they can best understand our treatments and diagnosis. Clear, simple and realistic language is needed for patients to understand and follow our health directives. Swahili will be the main language used in our health facilities and tribal languages when a person finds Swahili difficult to comprehend. The most important thing is that both the patient and their families are able to understand and follow the health instructions given in order to have the best opportunity to heal.

Policy statement

The diocese encourages the use of Swahili language as the main language for communication within its health institutions for greater comprehension and adherence to treatment provided.

Strategies

3.4.1*The diocese strongly encourages the use of Swahili within the health institution in order that all patients will be able to comprehend their treatment.*

3.4.2 *The diocese recommends that clear, simple and respectful language is used at all times with our patients and families.*

3.4.3 *Vernacular language is also allowed if this enables the patient to understand and comprehend the treatment.*

3.5 Public Private Partnerships

The diocese strives to work in collaboration with the government and other institutions in order to provide care at the grass roots level. No one organization can answer all of the needs of prevention, curative and advocacy for our patients and their families. It is vitally important that resources are not duplicated but used well for all. It is critical that Public Private Partnerships (PPP) are formed when possible to ensure that the best possible response is being provided for those needing our medical services.

Policy statement

The diocese encourages and supports the Public Private Partnerships (PPP) in order to provide the best possible prevention, care and treatment and advocacy for our patients.

Strategies

3.5.1 *The diocesan department of health in collaboration with the Planning and Development Directorate (PDD) will liaison with possible Public Private Partnerships.*

3.5.2 *Individual health institutions will investigate possible Public Private Partnerships for their area and inform the diocesan department of health.*

3.5.3 *The diocese will collaborate with the government on public private partnerships when possible.*

Chapter Four

4.0 Recruitment, deployment, retention and training/professional development

4.1 *Recruitment and deployment*

Recruitment is presently done by the health institution themselves because there is not a centralized administrative body to do so. The diocesan health institutions would welcome more help in recruitment and the sharing of knowledge surrounding staff that transfer from one site

to another. Contracts are also done by the local institution and vary among facilities in the diocese along with salary scale. While it is not possible to sustain a totally unified recruitment and deployment of staff, there are ways in which the diocese could be more proactive in working towards this unification. This includes recruitment, contracts, monitoring and evaluation.

Policy statement

The diocese will assist in the recruitment and deployment of staff to bring about a more unified health system while at all times adhering to the labor laws of the land.

Strategies

4.1.1 *The diocese will assist in the recruitment of staff according to respective institutional needs at the time of deployment and firing and in line with diocesan approved recruitment criteria.*

4.1.2 *The diocese shall ensure that binding contracts are standardized and adhere to terms and conditions acceptable to both parties according to the different levels of employment.*

4.1.3 *The diocese shall set a standard minimum qualification for each level of engagement for all its institutions and work to increase the competence of all its workers.*

4.1.4 *The diocese will act as the bridge between staff wishing to transfer among diocesan institutions in order that transparency is maintained and respective institutions are kept informed.*

4.1.5 *The diocese will develop a Human Resource Manual to be used with all institutions of the diocese.*

4.1.6 *The diocese encourages the involvement of both the manager and administrator when a staff member is released from work in order that there be clarity and transparency at all levels.*

4.2 Retention

The diocese wishes to retain all qualified staff engaged in the institutions through a favorable scheme of service. This is not always an easy endeavor due to the inconsistent income within each health facility as well as the high numbers of poor and vulnerable patients seen at our

institutions. While it is hoped that a competitive pay package will be instituted to ensure that workers are motivated to work with the church based health system, we know that there are many challenges to realize this. The diocese understands that this should be the ultimate goal and is committed to working towards this and at the same time, our staff must be committed also to assist in this commitment. It is only through working together, transparency and honesty that we will realize this objective. Retention of staff is often difficult due to the inability for staff to enter into the government's seniority program as well as the multiple incentives offered. As this divide between what the government can offer and what the church institutions are able to do continue to widen, we must look for ways to meet on a common ground.

Policy statement

The diocese will work to provide a highly competitive scheme of service for its staff to enhance retention and professional development.

Strategies

4.2.1 *The diocese shall retain, through renewal of contracts, staff members who complete their contracts and wish to continue with church services provided they do so with clean records in terms of performance of their duties and character.*

4.2.2 *The diocese shall oversee to it that institutions facilitate gratuity payments on time for workers completing their contracts successfully.*

4.2.3 *The diocese will explore with the government ways to offer further incentives for diocesan staff through government schemes including but not restricted to ongoing education and loans.*

4.2.4 *The diocese will explore ways to mutually evaluate staff and workers respecting that monitoring and evaluation is a two way street.*

4.2.5 *The diocese will enhance its supervisory role in order to strengthen and support both staff and management.*

4.2.6 *The diocese shall encourage institutions to put in place housing units for senior staff when possible.*

4.2.7 *The diocese will work with the institution and the workers to set up a system of loans through which all contribute and repayment is carried out.*

4.2.8 *The diocese shall ensure that all staff members join the Social Security Funds/ schemes as appropriate for its workers.*

4.3 Training and professional development

Training and professional development of workers is essential for maintaining the quality of care of those attending our health institutions. New methods and treatments for essential care are constantly changing and being improved. Staff must be trained and upgraded in order to maintain the highest possible medical standards of patient care at our health institutions. It has been shown that the opportunity for further training also increases the likelihood of improved performance by the staff member. Expansion of institutions services is possible after a person receives further training as well as being an incentive for retention of staff.

Policy statement

The diocese will promote training and professional development for its staff to enhance quality delivery of patient care.

Strategies

4.3.1 *The diocese, in collaboration with the respective institution, shall provide opportunities for training and professional development according to the contractual obligations.*

4.3.2 *The diocese will look for ways to offer specialized diocesan training for workers to raise the quality care within a health facility such as Billings Ovulation Method and Cervical Cancer screening for women.*

4.3.2 *The diocese will look for increased opportunities for staff and management to have training, seminars and workshops at a local level.*

Chapter Five

5.0 Ethics, Supervision and Diocesan support

5.1 *Ethical conduct*

The church recognizes the role of ethics in the provision of health care services. It is vitally important that the ethics of those who are employed through our church health institutions also reflect the ethical standards of the Catholic Church. The conduct of our staff within the institution is a reflection on our Gospel Values and will be seen by all of our patients and their families.

Policy statement

The diocese shall establish and maintain a set of ethical principles, a code of conduct and professional values which will be followed by all of our staff and management personnel.

Strategies

5.1.1 *The diocese shall ensure that all staff is of good character, people of high integrity and morality in line with the teachings of the Catholic Church.*

5.1.2 *The diocese shall require that both management and staff observe proper conduct and their life be guided by ethics and a code of conduct as employees of a Catholic institution.*

5.1.3 *The diocese understands that not all staff members are of the Catholic faith but it must be clear that the ethical issues of the Catholic Church holds as truth must be followed by all staff.*

5.1.4 *All diocesan health institutions will be free of corruption.*

5.2 Supervision and Diocesan assistance

Supervision and assistance from the diocese are integral components offered by the department of health within the diocese. Competent supervision embraces monitoring and evaluation which are needed at every level of every institution. A health facility often hears rumors about salary scales, training opportunities and personnel of other institutions that can be exaggerated and untrue but still are cause for anxiety within a facility. Regular meetings to air out these points and differences are essential for good cooperation and balance with in the

diocese. Diocesan personnel can often be a bridge between management and staff, villagers and management when appropriate and especially when legal issues are involved.

Policy statement

The diocese is committed to providing competent supervision and legal advice by appropriate personnel when needed.

Strategies

5.2.1 *The diocese is committed to providing competent supervision to its health facilities on a regularly scheduled basis.*

5.2.2 *The diocese is committed to assisting management and staff on all legal issues and training in order to work for the prevention of major legal issues happening in the future.*

5.2.3 *The diocese will support a Diocesan Health Board who will assist the Bishop in defining major health issues faced by the diocese and possible responses to these issues*

5.2.4 *The diocese is committed to regular meetings of health facility management personnel that will support, encourage and facilitate greater communication and collaboration among institutions.*

Chapter Six

6.0 Finance and financial regulations

6.1 Finance and financial regulations

Financial management is a key component in the sustainable development of any institution. The health institutions in the diocese shall need to observe strict financial development principles to ensure that all available funds are spent as received and budgeted and all persons are accountable to the rightful authorities. This means that to ensure sustainable development in the area of health and the running of the department of health and its programmes, the diocese requires adequate funding to achieve the set objectives. The only reliable source of funding is a small contribution from health institutions in the diocese. These institutions shall have a mandatory responsibility to contribute for the development of health in the diocese. At

the same time, the diocese shall be more proactive in setting up standardized financial systems within the health institutions of the diocese in order to assist the facility in sound financial management.

Policy statement

The diocese will promote financial accountability and the best practice in all financial matters.

Strategies

6.1.1 *The diocese shall set in place a set of financial regulations and standard procedures for all health institutions.*

6.1.2 *The diocese will develop a Financial Resource Manual to be used within all of its institutions.*

6.1.3 *The diocese shall ensure that only a qualified staff is engaged to handle financial matters as enshrined in the diocesan financial principles.*

6.1.4 *The diocese shall institute a mechanism of regular audit of all institutions and require such audit reports to be vetted by financial experts.*

6.1.5 *The diocese shall demand for annual budgets and audited financial reports.*

6.1.6 *The diocese shall require each institution to make an annual mandatory contribution based on the level of the facility (hospital, health center or dispensary) which may be revised as deemed necessary.*

6.1.7 *The diocese shall request for external funds for specialized projects within the health department.*

Chapter Seven

7.0 Policy implementation, monitoring and evaluation

7.1 The policy shall commence to operate after its launch by the Diocese of Musoma and or as it will be determined by the Bishop.

7.2 The monitoring of the policy shall be made by the Department of Health in collaboration with the Planning and Development Directorate and other key stakeholders. It is anticipated

that the functioning of this policy will depend on the willingness of all stakeholders of health in the Diocese of Musoma and the feedback procedures put in place by the Department of Health.

7.3 The evaluation of the policy shall be meaningful after a completion of a three year cycle after its commencement.