

Tanzania

Local Government (District Authorities) Act, 1982

Mpwapwa District Council (Council Health Service Board Establishment) Instrument, 2001

Government Notice 318 of 2002

Legislation as at 5 July 2002

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Mpwapwa District Council (Council Health Service Board Establishment) Instrument, 2001 (Government Notice 318 of 2002)

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Mpwapwa District Council (Council Health Service Board Establishment) Instrument, 2001 Government Notice 318 of 2002

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1. Citation

This Instrument may be cited as the Mpwapwa District Council (Council Health Service Board Establishment) Instrument, 2001 and shall come into operation on the date of its publication in the *Gazette*.

2. Application

This Instrument shall apply throughout the area of jurisdiction of the Mpwapwa District Council.

3. Interpretation

In the Instrument unless the context otherwise requires—

"**Act**" means the Local Government (District Authorities) Act;

"**Council Health Management Team**" means a technical health management organ of the district established under section 13 of this Instrument;

"**Regional Health Management Team**" means a team of Health experts in-charge of managing health services in the Region;

"**Hospital Governing Committee**" means a committee established under section 17 of this Instrument;

"**Council Health Management Team**" means a team of head of sections or unit of a region/district hospital;

"**Health Centre Committee**" means a committee established under section 28 (1) of this Instrument;

"**Health Centre Management Team**" means a team of head of sections or units of a Health centre;

"**Ward Development Committee**" means a committee established under section 31 of the Local Government (District Authorities) Act;

[Act No. 7 and 8 of 1982]

"**Dispensary Committee**" means a committee established under section 35 of this Instrument;

"**Dispensary Management Team**" means a managerial organ of a dispensary established under section 35 of this Instrument;

"**Dispensary**" means a primary health care facility, which offers outpatient services, including maternal and child health services, and may have up to four bed for observation of patients for not more than 24 hours;

"**Health Centre**" means a health facility usually located at the Ward level, offering outpatient and inpatient health care services including maternal and child health services with a bed capacity of about 15 beds;

"**District Hospital**" means a level 1-hospital establishment in the district empowered to service all health services in the district;

"**Designated District Hospital**" means a voluntary agency level 1-hospital establishment empowered to act as the district hospital on contractual agreement with the Government;

"**Health Facility**" means and includes a hospital, health centre, medical and dental clinics, dispensary, pharmacy, health laboratory, diagnostic centre, maternity home and nursing home and includes such other facilities established or organised for purposes of delivering health services;

"**District Medical Officer**" means a medical practitioner who is the officer in charge of health services in the district;

"**Public health facility**" means a health facility that is owned and managed by the Government to address people's needs;

"**Minister**" means the Minister responsible for Local Government and Regional Administration;

"**Non Governmental Organization (NGO) health facility**" means a health facility owned, financed and run by an Organization or an Association which is normally organising charitable non profit making private services; and operates within laid down regulations of the Government;

"**Private health facility**" means a health facility owned and managed by private individual or corporate body mainly for profit making;

"**Board**" means the Council Health Service Board established under section 4(1) of this Instrument;

"**Council**" means the Mpwapwa District Council;

"**Ward Health Committee**" means a committee established under section 26 of this Instrument.

[Act No. 7 of 1982]

4. Establishment of the Board

- (1) There is hereby established a Board, to be known as the Mpwapwa Council Health Service Board.
- (2) The offices of the Board shall be within Mpwapwa District.

5. Composition of the Board

- (1) The Board shall be composed of the following members namely;
 - (a) four community service users of the health services of whom at least two shall be female.
 - (b) one representative each from a non profit voluntary agency and a private for profit health care facility, appointed by the Council from amongst health care facilities which have entered into a service agreement with the Board;
 - (c) the Chairman of the Council Social Services Committee;
 - (d) the Council Planning Officer;
 - (e) the District Medical Officer who shall be the Secretary to the Board;
 - (f) one representative from the hospital; and

- (g) one representative from the Regional Health Management Team.
- (2) The Chairman shall be elected from amongst members specified under paragraphs (a), (b), and (c) of subsection (1) of this section;
- (3) Member specified under paragraphs (a), (b), and (c) of other than members specified under paragraphs (d), (e), (f) and (g) of subsection (1), shall have voting rights in any decision of the Board.

6. Tenure of office

- (1) Members of the Board shall hold office for a period of three years from the date of their nomination and cease to be a member after that period, but may be eligible for re-nomination for another term of three years.
- (2) At the end of the tenure of office of the current Board, the Council Director shall announce to the Public, the open vacancy which require competent personnel to fill them by filling special application form and submit them to the Council.
- (3) If any vacancy occurs in the membership of the Board by the reason of death, resignation, permanent incapacity or any other reason, another person shall be nominated by the Council to fill up the vacancy and person nominated shall hold office for the remaining term, provided that nothing in this section shall be constructed as allowing to nominate another person if the remaining period is less than six months.
- (4) The person so nominated, as per subsection (3) above shall be eligible for re-election.
- (5) If the Board fails to fulfill their expected obligations as stipulated by the relevant Council Instrument, the Council shall dissolve the Board and arrange for an immediate selection.
- (6) Final selection of elected candidates shall be made by the Full Council through the Social Services Committee and the Planning and Finance Committee after being recommended by the Council Management Team.
- (7) The Board shall be approved by the full Council and inaugurated under the witness of the District Commissioner.
- (8) When the Board is dissolved, all members shall lose their posts.

7. Meeting of the Council Health Services Board

- (1) Subject to the provisions of subsection (2) of this subsection, the Board shall ordinarily meet quarterly in every calendar year and all meetings of the Board shall be convened by the Chairman.
- (2) The Chairman may convene a special/extra-ordinary meeting of the Board on a request in writing signed by not less than one third of the total number of members of the Board when the need arises.

8. Quorum and voting at meetings

- (1) A one-half of the total number of members in office shall constitute a quorum at any meeting of the Board.
- (2) A decision of the majority of members presents and voting at a meeting of the Board shall be deemed to be a decision of the Board.
- (3) Secret vote system shall be used in Board's meetings.
- (4) Every member of the Board shall have one vote and in event of equality of votes, the Chairman of the meeting shall have a second or casting vote in addition to his deliberative vote.

9. Qualifications of members

- (1) A person shall be qualified to be a member of the Board if:
 - (a) he is a Tanzanian citizen;
 - (b) for representatives of NGOs and Voluntary agency; the question of citizenship shall not apply;
 - (c) he has attained the age of twenty five years and not older than seventy years provided that the subject is of sound body and mind; and
 - (d) applicants shall have secondary education and above.
- (2) A councilor an employee of the Council whether elected or not, save for the Chairman of the Social Services Committee shall not be allowed to be a voting member of the Board as the latter is a lower organ of the Council which is accountable to and subject to evaluation by it.

10. Roles and functions of the Board

- (1) The roles, functions and responsibilities of the Board shall be as follows:—
 - (a) to ensure that the population receives appropriate and affordable, promotive, preventive, curative and rehabilitative health care services;
 - (b) to discuss, amend health plans, budget and submit to the Council for approval;
 - (c) to receive, analyse and approve implementation reports from the Council Health Management Team;
 - (d) to identify, mobilise and solicit financial resources for running Council health services;
 - (e) to mobilise adequate resources that will ensure effective, efficient and equitable access to health services in the district;
 - (f) to support Council Health Management Team in managing and administering health resources;
 - (g) to prepare and recommend on a Council wide health plan and budget to the committee responsible for health services;
 - (h) to promote sustainable health infrastructure and liable logistics and supply systems;
 - (i) to develop, supervise and manage health services in the district.

11. Relationship of the Board with Community stakeholders and other authorities

- (1) Relationship of the Board with community, stakeholders and other authorities shall be as follows:—
 - (a) the Board shall ensure full involvement of the local community in priority identification, planning, financial contribution, monitoring and evaluation of health services delivery;
 - (b) the Board shall be accountable to the Council, whereby:
 - (i) the Council Health Plans, quarterly, annual technical and financial reports shall be reviewed by Social Services Committee and Planning Committee and approved by full Council;
 - (ii) the Board shall conduct its activities in such a way that it shall maximize the efficiency of the Council and its existing organs without Council jeopardising the Board's autonomy.

- (c) the Council Health Management Team shall be a technical structure for implementing the decisions passed by the Board;
- (d) in respect of Council Social Services Committee:
 - (i) all plans and progress reports shall pass, therefore, this Committee will facilitate collaboration;
 - (ii) close collaboration with other sectors will be actively searched by the Board towards the implementation of joint efforts in priority areas within the district;
- (e) with Non-Governmental Organizations, private providers and donors:—
 - (i) members representing the Voluntary Agency, Non Governmental Organizations and private providers in the Board will facilitate the Relationship;
 - (ii) the Board will require a proof from Council Health Management Team that other stakeholders have been involved in the planning process;
 - (iii) the Board shall solicit for funds from all various sources including Councils, Voluntary Agency, community; and
- (f) regional Health Management Team shall provide technical support and advisory role;
- (g) the role of the Ministries responsible for Regional Administration and Local Government and Health shall be to formulate policies, regulatory framework and to monitor the activities of the Council Health Service Board.

12. Source and management of funds

- (1) The sources of funds for the Board shall be:—
 - (a) community contribution;
 - (b) community Health Fund;
 - (c) cost sharing and user charges fees-from the facility;
 - (d) council revenue collection;
 - (e) Donors and partners;
 - (f) central Government grants;
 - (g) other sources.
- (2) There shall be opened and maintained account No. 6 in respect of health service resources in which all health service revenue managed by the Board shall be deposited and withdrawn.
- (3) The Board will maintain Fund account for the purposes of Community Health Fund initiatives. The account will maintain revenues from sales of Council Health Fund cards and collection of user fees from Council Health facilities. Signatories of this Fund account will be as stipulated in the By-laws establishing Community Health Fund.
- (4) The Council shall appoint two accountants who shall oversee health accounts under the District Medical Officer.
- (5) The District Medical Officer shall initiate/originate all payments.
- (6) Both accounts shall be audited following prevailing Government Escalations.
- (7) By-laws for Community Health Fund shall be formed for the purposes of management of its activities in that particular area.

13. Establishment of Council Health Management Team

There shall be established for each district, the Council Health Management Team.

14. Composition of the Council Health Management Team

The Council Health Management Team shall consist of:—

- (a) district Medical Officer;
- (b) district Health Secretary;
- (c) district Nursing Officer;
- (d) district Health Officer;
- (e) district Pharmacist;
- (f) district Medical Laboratory Technologist;
- (g) district Dental Surgeon.

15. Roles and functions of the Council Health Management Team

The Roles and functions of the Council Health Management Team shall be:—

- (a) to prepare comprehensive district health plans in line with the district health needs and National District Health Planning Guidelines;
- (b) to ensure that health activities are implemented by hospitals, health centres, dispensaries, community owned resource persons and the communities as per comprehensive district health plan;
- (c) to ensure the provision of transport, drugs, vaccines, medical supplies, equipment and reagents to hospital, health centres and dispensaries;
- (d) to respond to epidemics, emergencies and plan for control and preventive measures accordingly;
- (e) to carry out supportive supervision to district health staff at all levels in district;
- (f) to ensure that quality health services are provided in line with national standards;
- (g) to ensure that data collection, analysis, utilisation and feedback are used by health workers to plan and implement proper interventions;
- (h) to identify priority areas, organise and conduct operational research in the district;
- (i) to compile and analyse quarterly and annually all technical and financial reports and submit them to the Council Health Service Board and Regional Health Management Team;
- (j) to organise meetings of all key health partners operating in the district in order to identify and coordinate all health activities;
- (k) to organise and support outreach health service;
- (l) to monitor and evaluate implementation of health activities in the district.

16. Establishment of Hospital Governing Committee

There shall be established for each hospital under the management and supervision of the Council, or designated hospital, a Committee to be referred to as a "Hospital Governing Committee".

17. Composition of Hospital Governing Committee

- (1) The Hospital Governing Committee shall consist of (Elected members):—
- (a) three persons of reputable character appointed from amongst the members of the community receiving health services or registered to receive services from the hospital;
 - (b) two persons appointed by the Council from members of the Health Centre Committee and Dispensary Committee within the area of jurisdiction of the Council;
 - (c) one person appointed by the Council from voluntary agencies providing services within the area of jurisdiction of the council;
 - (d) one person appointed by the Council from private for profit health facility providing services within the area of jurisdiction of the Council.

secretariat (Note-Vote members)

- (e) one member from the Council Health Service Board.
- (f) Medical Officer in charge of the Council hospital who shall be a secretary;
- (g) one representative from the office of the DMO/MoH.

Note: The election of the members must ensure a gender balance.

- (2) Hospital Governing Committee may invite persons who are not their members to provide expertise and other assistance, but such invited persons shall not take part in the final decisions of the Committee.

18. Qualification of Members of the Hospital Governing Committee

Member of the Hospital Governing Committee shall have the following qualifications:—

- (a) be a citizen of the United Republic of Tanzania;
- (b) be 25 years age and not older than sixty five years;
- (c) the level of his education shall be primary school or above, and can read and write in Kiswahili;
- (d) he does not hold any political post.

19. Procedure for selecting Hospital Governing Committee

- (1) Subject to the provision of sub-section (2) and (3) of this section, all members of the Hospital Governing Committee shall be selected in accordance with principles of meritocracy and transparency.
- (2) The position of membership to the Hospital Governing Committee shall Advertisised in the newspaper circulating in the area of jurisdiction of the Council and such advertisement shall call upon qualified person to submit application to the Council Director.
- (3) Selection of elected candidates shall be made by Full Council through the Social Services Committee after being recommended by Council Management Team.

Representatives of the Health Centres and Dispensaries shall be selected by the Council Health Management Team and thereafter approved by the Council.

- (4) The most suitable applicants shall be members of the Hospital Governing Committee.

20. Tenure of office

- (1) The Tenure of office of a member of the Hospital Governing Committee shall be three years and at the end of that period a member can be eligible for re-appointment for another term of three years.
- (2) If the Hospital Governing Committee fails to fulfil its expected obligations the Council shall reprimand or dissolve the committee and arrange for an immediate election and selection as the case may be.

21. Meetings of the Hospital Governing Committee

- (1) The Hospital Governing Committee shall hold ordinary meetings for the transaction of its business at least once in every month at places and dates and such times as the Committee may decide.
- (2) The chairman of the Hospital Governing Committee may after consultation with the Secretary of the Committee convene a special or extra-ordinary meeting on such time as it may deem necessary.
- (3) Notice of every meeting shall be sent to the members not less than two days before the date appointed for the meeting, notifying members in writing of the place, date, and time of the meeting and of the business proposed to be transacted at the meeting.

22. Functions of Hospital Governing Committee

- (1) The functions, roles and responsibilities of the Hospital Governing Committee shall be:—
 - (a) to oversee proper management or resources of the hospital;
 - (b) receive, discuss and pass proposals for hospital plans and budgets and submit to the Council for approval through Council Health Service Board;
 - (c) receive and discuss the implementation reports prepared by Hospital Management Team;
 - (d) identify mobilized and solicit financial resources for the financing of the hospital services;
 - (e) liaise with other health committees and partners in health provision and promotion.
 - (f) to make recommendations on selection, employment training and deployment to the relevant body of the Council so as to ensure proper, effective and efficient human resource disposition of the hospital;
 - (g) provide feed back to the community on hospital operations and development plans.

23. Reporting and accountability

The Hospital Governing Committee shall report to and be answerable and accountable to the Council through the Council Health Service Board.

24. Relationship of Hospital Governing Committee with other Committee or authorities

The Hospital Governing Committee shall, for the purposes of better Management, liaise with other health committees or providers for purposes of creating an integrated health services delivery within the establishment system of health services in the Council.

25. Sources and management of funds

- (1) The sources of revenue for the Hospital Governing Committee shall consist of:—
 - (a) Such amounts that will be allocated to the hospital in the Councils Budget and appropriated by the Council by way of grant through Council Health Service Board;

- (b) Health service user charges or part of such charges assigned by Council Health Service Board to form part of resources of the Hospital;
 - (c) Such amount which may be received by way of grant or Subvention, donation from the Council, Central Government Institutions or private individuals;
 - (d) Any other moneys that may lawfully be received by the Board from any other source not specified in this Instrument.
- (2) There shall be a single hospital account which shall follow prevailing local Government financial regulations.
 - (3) The District Medical Officer will assign one of his accountants to the Hospital. The accountant shall be responsible for the operation of the hospital account, which shall be under the supervision of the Medical Officer In-charge.
 - (4) The Medical Officer In-charge shall initiate and originate all payment regarding hospital activities.
 - (5) The Hospital account shall be audited following Government regulations.

26. Establishment of a Health Centre Committee

- (1) There shall be established for each Health Centre, a Health Centre Committee which shall be composed of:—
 - (a) One member appointed by private for profit providing health services in the area;
 - (b) The Officer In-charge of the Health Centre who shall be the Secretary;
 - (c) Three persons of reputable character appointed from amongst the members of the community from each ward receiving services or registered to receive services from the Health Centre;
 - (d) One member appointed by private note for profit providing health service in the area;
 - (e) One member from the dispensary committees.
 - (f) One member from the Ward Development Committee.
- (2) Health Centre Committee may invite other persons who are not members of the Health Centre Committee to provide expertise and other assistance, but such invited persons shall not take part in the final decisions of the committee.
- (3) At least three members shall be women.

27. Qualification for membership

- (1) A person shall be qualified for appointment as a member of a Health Centre Committee if:—
 - (a) He is a citizen of United Republic;
 - (b) He has attained the age of twenty one years and not older than sixty five years;
 - (c) He is ordinarily resident within the area of jurisdiction of the Council;
 - (d) He can read and write in Kiswahili;
 - (e) He does not hold any political post.

28. Election/ Selection procedure

A list of elected candidates from each ward after being scrutinized by Ward Management Team shall be forwarded to Ward Development Committee where the health Centre exists for final selection.

29. Tenure of office of members

- (1) The term of office of a member shall be three years and they shall retire on the third anniversary of the date on which they assumed their offices and if not re-appointed, their places shall be filled by newly appointed members who shall in office on that day.
- (2) Any appointed member may resign by giving a written notice of one month to the Chairman.
- (3) Where a member resigns or dies the vacant post shall be filled and the Appointed member shall hold office only for the remainder of the term of his predecessor but shall be eligible for re-appointment.
- (4) If the Health Centre Committee fails to fulfil its expected obligations the Council shall re-premand or dissolve the committee and arrange for an immediate selection.

30. Meetings of Health Centre Committee

- (1) The Committee shall hold ordinary meetings for the transaction of its business at least once in every three months at a place, dates and such times as it may decide.
- (2) The Chairman of the Committee may convene a special or extra-ordinary meeting of the Committee after he receives a written request to that effect signed by not less than one third of all the members of the Committee stating clearly the purposes for such a meeting to be convened.
- (3) The Secretary shall, not less than twenty four hours before the time appointed for the holding of a meeting of a Committee, notify every member in writing of the place, day and time of the meeting and of the business proposed to be transacted at the meeting.

31. Functions of a Health Centre Committee

- (1) It shall be the duty of every Committee of a Health Centre Committee:—
 - (a) to receive and discuss implementation reports prepared by the Health Centre Management Team;
 - (b) to identify and solicit financial resources for the running of Health Centre Services;
 - (c) to liaise with the Council Health Services Board and other partners in health provision and promotion in its area;
 - (d) to promote sustainable health infrastructure and reliable supply of drugs and logistic systems;
 - (e) to advise and recommend to the Council Health Service Board on human resources development in terms of recruitment, training, deployment and motivation at the Health Centre level;
 - (f) to facilitate the Health Centre Management Team in planning and managing Community based health initiatives within its catchment area in the context of the Ward Development Plan;
 - (g) to promote availability of adequate Health Centre Infrastructure;
 - (h) to oversee the availability of essential supplies of drugs, reagents and Medical equipment.
- (2) The Health Centre Committee shall be responsible and accountable for its day to day functions to the Council Health Service Board.

32. Funds and source of revenue

- (1) Funds and sources of revenue of a Health Centre shall constitute the following:—
 - (a) Community contributions;
 - (b) donor or partner donations;
 - (c) Government grants;
 - (d) District Council grants;
 - (e) any other source legally acquired.
- (2) In the district or rural authorities the funds shall be deposited at account number 6 and controlled and managed by the District Medical Officer.
- (3) There shall be for every Health center a vote book maintained in the District Medical Officer Office.
- (4) The Health Centre Committee shall send quarterly, biannual and annual progress reports to the Council Health Service Board to be presented before the full Council meetings.

33. Relations with other sectors

- (1) The Health Centre Committee shall, in performance of its functions:
 - (a) Make sure that the community needs are addressed;
 - (b) Solicit funds from various sources;
 - (c) Keep and maintain a Health Fund contributor's register;
 - (d) Develop and strengthen partnership for collaboration, coordination and integration with other sectors in the area;
 - (e) Make sure that the Dispensary Committee is represented in the Health Centre Committee;
 - (f) Make sure that the Health Centre Committee is represented in the Council Health Service Board.
- (2) The Council Health Management Team shall give technical advice to the Health Centre Management Team.

34. Establishment of the Ward Health Committee

There shall be established a Ward Health Committee.

35. Composition the Ward Health Committee

- (1) The Ward Health Committee shall be comprised of:—
 - (a) the Councillor of the respective ward;
 - (b) the Ward Executive Officer;
 - (c) one headteacher from a primary school located in the ward who shall be appointed by the Ward Development Committee;
 - (d) two members from the community which, one of whom shall be a female;
 - (e) a clinical officer on an assistant Clinical Officer in charge of a health care facility, who shall be the secretary to the committee;

- (f) one member appointed by the Ward Development Committee from amongst person proposed by the villages with the area of that ward; and
 - (g) one representative from a community based organisation appointed by the Ward Development Committee.
- (2) If the Ward Health Committee fail to fulfil its expected obligations, the Council shall reprimand or dissolve the Committee and arrange for the immediate selection.

36. Function of Ward Health Committee

Ward Health Committee shall have the following functions:—

- (a) to mobilize the Community to be members of the Community Health Fund.
- (b) to prepare the list of members and monitor the number of members in the community;
- (c) to supervise the collectors of annual contributions;
- (d) to monitor the level of contributions and user-fee revenues;
- (e) to review Community Health Fund's Operations, make recommendations and take remedial actions;
- (f) to initiate and coordinate comprehensive community health plans;
- (g) to organize general meeting of members of the Community Health Fund.

37. Establishment of Dispensary Committee

There is established a committee to be known as a Dispensary Committee.

38. Composition of Dispensary Committee

- (1) A Dispensary Committee shall be composed of the following members:—
- (a) Selected members who shall be vote members as follows:—
 - (i) three members from community dispensary users;
 - (ii) one representative from a private not for profit health facility;
 - (iii) one representative from a private for profit health facility;
 - (b) Representing non-vote members as follows:—
 - (i) one representative from a Ward Development Committee;
 - (ii) one representative from a Village Government Committee; and
 - (iii) In-charge of the dispensary who shall be the Secretary.
- (2) At least three of the members shall be women.

39. Mode of selection and tenure of office

- (1) Members of a Dispensary Committee shall be selected through the following procedure:—
- (a) Ward Executive Director shall advertise the vacant posts for representation health facilities users;
 - (b) The list of selected candidates shall be forwarded to the Ward Management Team for scrutiny before being forwarded to Ward Development Committee which shall do the final selection;

- (c) The final selection shall then be forwarded to the Council for approval and inform accordingly the Ward Development Committee.
- (2) Tenure of office for Dispensary Committee members shall be three years but may seek re-election for another term of three years.

40. Meetings of Dispensary Committee

- (1) A Dispensary Committee shall meet quarterly, but it may convene an extra-ordinary meeting when need arise.
- (2) fifty percent of the selected members together with a Chairman or Secretary shall form a quorum for any meeting of a Dispensary Committee.

41. Qualifications of members

A person shall be eligible to be a member of a Dispensary Committee if:—

- (a) he has attained the age of 21 and not older than sixty five years and can read and write in Kiswahili or English;
- (b) he is a Tanzania and ordinarily resident of a particular district. However, the condition of citizenship shall not apply to a person who is working in a voluntary health facility;
- (c) he is representing the users of a dispensary, and he does not hold any elective political post or any post in the office of any political part;
- (d) he is not suffering from any mental disease;
- (e) he has not been convicted of any criminal offence;
- (f) he does not hold any political post.

42. Roles and function of a Dispensary Committee

- (1) A Dispensary Committee shall have the following roles and functions:—
 - (a) to ensure that the population in its area of jurisdiction receives appropriate and affordable health services;
 - (b) receive discuss and pass the dispensary plans and budget.
 - (c) receive the implementation reports prepared by Dispensary Management Team.
 - (d) identify and solicit financial resources for running dispensary services.
 - (e) liaise with other health boards and partners in health provision and promotion.
 - (f) promote sustainable health infrastructure and reliable supply and logistic system.
 - (g) advise a recommend on human resources concerning recruitment, training, selection and deployment to relevant authorities;
 - (h) assist and facilitate the Dispensary Management Team in planning and managing the community based health initiatives within its catchment area in the context of the Ward Development Plan;
 - (i) submit quarterly, biannual and annual reports to the Council Health Service Board; and
 - (j) do any relevant activity as may be directed by the Ward Development committee.
- (2) If the Dispensary Committee fails to fulfil its expected obligation, the Council shall reprimand or dissolve the Committee and arrange for a immediate selection.

43. Relationship of Dispensary Committee with relevant

For the better performance and efficiency in its day to day activities; a Dispensary committee shall liaise with the following:—

- (a) Community by ensuring that the community contribute members to its Community to ensure that community needs are adequately addressed facilitate flow of information form both ways;
- (b) Council Health Management Team which shall give technical advice to it;
- (c) The Council Health Service Board by being represented in it on a rotational basis to ensure that dispensary concerns are addressed;
- (d) The Dispensary Management Team which shall ensure that the Team implements Council's decisions;
- (e) The Health Centre Committee by being represented in order to ensure that dispensary concerns are addressed;
- (f) Other stakeholders by soliciting funds, develop and strengthen partnerships for collaboration, co-ordination, and integration.

44. Source of funds

Source of fund for the Dispensary Committee shall include but not limited to the following:—

- (a) Community contribution;
- (b) Community Health Fund;
- (c) Council's Fund;
- (d) Funds from donors or partners;
- (e) Central Government; and
- (f) Other sources legally acquired.