

Tanzania

Local Government (District Authorities) Act, 1982

Hai District Council (Council Health Service Board Establishment) Instrument, 2002

Government Notice 78 of 2002

Legislation as at 8 March 2002

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Hai District Council (Council Health Service Board Establishment) Instrument, 2002 (Government Notice 78 of 2002)

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Local Government (District Authorities) Act, 1982

Hai District Council (Council Health Service Board Establishment) Instrument, 2002

Government Notice 78 of 2002

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[Made under section 86A]

1. Citation

This Instrument may be cited as the Hai District Council (Council Health Service Board Establishment) Instrument, 2002 and shall be deemed to have come into operation on the first day of October 2001.

2. Application

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

3. Interpretation

In this Instrument unless the context otherwise requires:

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

[Act. No. 7 of 1982]

"**Council Health Management Team**" (CHMT) means a team of Health experts in-charge of the District established under Section 14 of this instrument.

"**Community Health Fund**" (CHF) means a fund established and organized as a voluntary-Insurance system, upon which premiums are solicited from household to finance prepayment system for health care, to enable members and their families to receive a package of treatment from specified provider for a specific period.

"**Council Education Health and Water Committee**" means the Committee established under section 74 (1) of the Local Government (District Authorities) Act.

[Act. No. 7 of 1982]

"**Council**" means the District Council established under section 5 of the Local Government (District Authorities) Act.

[Act. No. 7 of 1982]

"**District Management Team**" means a team of expert of the Council which, when sitting under the District Executive Director, is capable of advising and making decisions for and on behalf of the Council.

"**Dispensary Committees**" means a Committee established under Section 39 of this Instrument.

"**Dispensary Management Team**" means a team of experts managing health services within the dispensary.

"**Dispensary**" means Health Facility, which offers health services on out patients, basis including maternal and child health services and laboratory services. It may offer observation services for selected patients for less than 12 hours. The maximum numbers of observation beds are four.

"**District Hospital**" means Hospital establishment in the district empowered to supervise all health services in the District.

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

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

"**Health Centre Management Team**" means a team of heads of section or units of a Health Centres as per Ministry of Health guideline standards for Health Facilities of 1996.

"**Health Centre**" means a health facility, which offers both outpatient and inpatient including maternal and child Health services. The in-patients not exceed 15 beds.

"**Health facility**" means and includes a hospital, health center, medical and dental clinics, dispensary, pharmacy, health laboratory, diagnostic center, maternity home and nursing home and includes such other facilities established or organized for purposes of delivering health services.

"**Hospital Management Committee**" means a Committee established under section 17 of this Instrument.

"**Hospital Management Team**" means a team of experts in-charge of managing health services in the Hospital.

"**Minister**" means the Minister responsible for local Government and Regional Administration or Minister responsible for health, as the case may be.

"**Non Governmental Organization (NGO) health facility**" means a health facility owned, financed and/or run by an Organization or an Association which is normally organizing 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.

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

"**Regional Health Management Team**" (RHMT) means a team of Health experts in-charge of managing health services in the Region.

"**The Board**" means the Hai District Council Health Service Board established under section 4(1) of this instrument.

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

[Act. No 7 of 1982]

"**Ward Health Committee**" means a Committee established under section 34 of this instrument.

4. Establishment of the Board

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

5A. Composition of 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 who shall be normal residents.
 - (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 the service agreement with the Board.
 - (c) The Chairperson of Council Education, Health and Water Committee.
 - (d) The District Medical Planning Officer.
 - (e) The District Medical Officer who shall be the secretary to the Board
 - (f) The Medical Officer in-charge of the District Hospital
 - (g) One representative from the Regional Health Management Team.
- (2) The Chairperson shall be elected from amongst members specified under paragraphs (a), (b), (c) of this section.

5B. Voting rights

Members specified under paragraphs (a), (b) and (c) 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. Qualifications for membership

- (1) A person shall be qualified to be a member of the Board if such person:
 - (a) is a Tanzanian citizen, the question of Citizenship shall not apply for representatives of NGOs and Voluntary agencies
 - (b) has attained the age of twenty-five years and above provided that the subject is of sound body and mind
 - (c) has a secondary education and above from a registered school.
- (2) With the exception of the Chairperson of the Council, Education Health and Water Committees members of the Council Health Board shall not be holding any political post.
- (3) The Board shall be inaugurated by the Council, in the presence of the District Commissioner.

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 Secretary.
- (2) The Secretary may convene a special/extra-ordinary meeting of the Board on 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) Two thirds 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 present and voting at a meeting of the Board shall be deemed to be a decision of the Board.

- (3) In the absence of the ordinary Chairperson there shall be elected as a temporary Chairperson as specified in section 5 sub-section (2) of this Instrument.
- (4) Every member of the Board shall have one vote and in the event of equal votes, the Chairman of the meeting shall have a second or casting vote in addition to his deliberative vote.
- (5) A secret vote system shall be used in all Board meetings.

9. 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, mobilize and solicit financial resources for running council health services;
 - (e) to mobilize adequate resources that will ensure effective, efficient and equitable access health services in the district.
 - (f) to support Council Health Management Team in managing and administering Health services.
 - (g) to prepare and recommend on the Council wide health plan and budget to the Education Health and Water committee.
 - (h) to promote sustainable Health infrastructure and reliable logistics and supply systems.
 - (i) to develop, supervise and manage health services in the district.
 - (j) to advise, recommend on human resources recruitment training, selection, employment, and deployment by the Council.
 - (k) to discuss propose on and forward a proposed annual contribution from the Ward Health committee to the council from the Community Health fund.

10. 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 District Health Management Team shall be a technical structure for implementing the decisions passed by the Board.
 - (b) In respect of Education Health and Water Committee
 - (i) all Board plans and progress reports shall pass through this committee to facilitate collaboration.
 - (ii) the Board towards implementation of interventions, which may need joint efforts, will actively search close collaboration with other sectors.
 - (c) 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 funds from various sources including Councils, Voluntary Agency, Community and Donors.
- (d) Regional Health Management Team shall provide technical support and advisory role;
- (2) 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.

11. 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) For the purpose of community Health Fund initiative there shall be opened and maintained a separate bank account by the name Hai Community Health Fund in respect of Health service resources in which all health service revenue managed by the Board shall be deposit and withdrawn;
- (3) Hai Community Health Fund account will maintain revenues from:—
 - (a) sales of council Health Fund Cards;
 - (b) collection of user fees from Council Health facilities and;
 - (c) all other sources of funds mentioned in section 11 sub-section (1) above. 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 the health account under the District Medical Officer.
- (5) The District Medical Officer shall initiate/originate all payments.
- (6) Both accounts shall be audited following prevailing Government regulations on auditing council account.
- (7) By-laws for community Health Fund shall be formed for the purposes of management of the activities of the health service board established under this Instrument.

12. Accountability

The Board shall be accountable to the Council, whereby:

- (a) the Council Health Plans, quarterly and annual technical and financial reports shall be reviewed by Council's Education, Health and Water Committee and approved by Full Council.
- (b) the Board shall conduct its activities in such a way that it shall maximize jeopardising the efficiency of the Council and its existing organs without council Board's autonomy.

13. Dissolution

- (1) If the Board fails to fulfil their expected obligations as stipulated by this instrument, the Council shall dissolve the Board and arrange for an immediate nomination.
- (2) When the board is dissolved, all members shall loose their posts.
- (3) For a period during which there will not be a Council Health Board the Council will vest the powers of the Board to the District Health Management Team.

14. Establishment of a District Council Health Management Team

- (1) There shall be established a District Council Health Management Team, as per Ministry of Health Organization structure job descriptions roles and functions of RHMT, CHMTS and HMTS in relation to CHSBs (Council Health Service Boards).

15. 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;

16. Roles and functions of the Council Health Management Team

The Roles and functions of the District 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 centers, dispensaries, and that shall own resource as per comprehensive district health plan.
- (c) to ensure the provision of transport, drugs, vaccines, medical supplies, equipment and reagents to hospital, health centers 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 in line with national standards.
- (f) to ensure that quality health services are provided in line with national standards.
- (g) to ensure that health legislation, regulations and professional ethics, and codes of conduct are adhered to in the district.
- (h) to ensure that data collection, analysis, utilization and feedback are used by health workers to plan and implement proper interventions.
- (i) identify priority areas, organise and conduct operational research in the District.
- (j) to compile and analyses quarterly and annual technical and financial reports and submit them to the Council health Service Board and Regional Health management Team.

- (k) to organize meetings of all key health partners operating in the district in order to identify and coordinate all health activities.
- (l) to organize and support outreach health services
- (m) to monitor and evaluate implementation of health activities in the district.

17. Establishment of Hospital Management Committee

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

18. Composition of Hospital Management Committee

- (1) The Hospital Management Committee shall consist of:
 - (a) Elected members:
 - (i) three persons of reputable character elected from amongst the members of the community receiving health services or registered to receive services from the hospital.
 - (ii) two persons appointed by the Council Health Management Team and approved by the Council from members of the Health Centre Committees and Dispensary Committees within the area of jurisdiction of the Council;
 - (iii) one person approved by the Council from voluntary agencies providing services in the area of jurisdiction of the Council;
 - (iv) one person approved by the Council from private for profit health facility providing services within the area of jurisdiction of the Council.
 - (b) None-Vote members/Secretariat;
 - (i) One member from the Council Health Service Board;
 - (ii) Medical Officer in-charge of the hospital who shall be a Secretary.
 - (iii) One representative from the office of the District Medical Officer.
- (2) One third of the members shall be women.
- (3) Chairperson of the Hospital Management Committee shall be elected amongst the elected members of this Committee.
- (4) The Committee may invite any person to provide expertise and other assistance but such invited person shall not take part in the final decisions of the Committee.

19. Qualifications of members of Hospital Management Committee

Members of the Hospital Management Committee shall have the following qualifications:

- (a) is a Citizen of the United Republic of Tanzania, the question of citizenship shall not apply for representatives of NGOs or Voluntary Agency;
- (b) has attained the age of 21 years and above;
- (c) has attended secondary education and above;
- (d) does not hold any political post.

20. Meetings of Hospital Committee

- (1) The Hospital Committee shall hold ordinary meetings for the transaction of its business at least once in every month.
- (2) The chairperson of the Committee may after consultation with the Secretary convene a special or extraordinary meeting on such a time as may think 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.

21. Functions of Hospital Management Committee

- (1) The functions, roles and responsibilities of the Hospital Management Committee shall be:
 - (a) to oversee proper management of hospital resources;
 - (b) receive and analyse proposals for hospital plans and budgets and submit to the Council Health Service Board.
 - (c) receive and discuss the implementation reports prepared by Hospital Management Team;
 - (d) identify, mobilize and solicit financial resources for the hospital services;
 - (e) liaise with other health committees and partners in health provision and promotion;
 - (f) to make recommendations on employment, training and deployment to the Council;
 - (g) to appraise the community on hospital operations and development plans.

22. Accountability of Hospital Management Committee

The Hospital Management Committee shall be accountable to the Council.

23. Relationship with other committees or authority

The Hospital Management Committee shall, for the purpose of better Management, liaise with other health committees or health providers to create an integrated health service delivery within the establishment system.

24. Sources and management of funds

The source of revenue for the Hospital Management Committee shall consist of:

- (a) such amounts that will be allocated to the hospital by the Council through Council Health Service Board.
 - (b) hospital user charges or parts thereof as may be assigned by the Council Health Service Board.
 - (c) such amount which may be received by way of grant or subvention, donation from Council, Central Government, Institutions or private individuals;
 - (d) any other moneys that may lawfully be received by the Board from other sources not specified in this instrument.
- (2) There shall be a one, hospital account that shall follow prevailing local Government financial regulations.
 - (3) The Medical Officer In-charge shall initiate and originate all payments regarding hospital activities.

25. Dissolution

- (1) If the Hospital Management Committee fails to fulfill its expected obligations, the Council shall reprimand it or dissolve the Committee and arrange for nomination within three months.
- (2) When the Hospital Management Committee is dissolved, all members shall lose their posts.
- (3) For a period during which there will not be a Hospital Management Committee the Council will vest the powers of the Hospital Management Committee to the Hospital Management Team.

26. Establishment of a Health Centre Committee

There shall be established for each Health Centre, a Health Centre Committee

- (1) The Health Centre Committee shall be composed of:
 - (a) three persons of reputable character elected from amongst the members of the community receiving services or registered to receive services from the Health Centre.
 - (b) one member appointed by NGOs providing health services in the area;
 - (c) the officer In-charge of the Health Centre who shall be the Secretary;
 - (d) one member appointed by private not-for-profit providing health services in the area;
 - (e) two members from the dispensary committees who shall be elected annually.
 - (f) one member from the Ward Development Committees who shall be elected annually.
- (2) Health Centre Committee may invite any other person to provide expertise and other assistance; but such invited persons shall not take part in the final decisions of the committee.
- (3) At least one third of the members shall be women.

27. Qualification for membership

Person shall be qualified for appointment as a member of a Health Centre Committee if such person:

- (a) is a Citizen of United Republic of Tanzania; the question of Citizenship shall not apply for representative of NGO or Voluntary Agency.
- (b) has attained the age of twenty one years and not older than sixty five years;
- (c) is ordinarily resident within the area of jurisdiction of the Council;
- (d) can read and write in Kiswahili;
- (e) does not hold any political post.

28. 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.
- (2) The Chairperson of the Committee may convene a special or extra ordinary meeting of the Committee after receiving a written request to that effect, signed by not less than one third of the members of the Committee clearly stating the purpose of such a meeting to be convened.
- (3) The Secretary shall notify every member in writing of the place, day and time of the meeting and of the business proposed to be transacted, not less than twenty-four hours before the time appointed for meeting.

29. Functions of a Health Centre Committee

- (1) It shall be the duty of every 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 Council Health Service 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 motivation at 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.

30. Accountability of Health Centre Committee

The Health Centre Committee shall be accountable to the Council Health Service Board.

31. Funds and source of revenue

- (1) Funds and sources of revenue of a Health Centre shall constitute of the following:
 - (a) Community contributions;
 - (b) Donor or partners donations;
 - (c) Government grants;
 - (d) District Council grants;
 - (e) Any other source legally acquired.
- (2) The funds shall be deposited in account number 6 and controlled and managed by District Medical Officer.

32. Relations with other sectors

- (1) The Health Centre Committee shall, in performance of its functions:
 - (a) ensure that the community needs are addressed;
 - (b) solicit funds from various sources.
 - (c) keep and maintain a Health Fund contributors' register;
 - (d) develop and strengthen partnership for collaboration, co-ordination and integration with other sectors in the area.
 - (e) ensure that the Dispensary Committee is represented in the Health Centre Committee.
 - (f) ensure that the Health Centre Committee is represented in the Council Health Service Board.

- (2) The District Health Management Team shall give technical advice to the Health Centre Management Team.
- (3) The Health Centre Committees shall submit quarterly, biannual, and annual progress reports to the Council Health Service Board.

33. Dissolution

- (1) If the Health Centre Management Committee fails to fulfill their expected obligations as stipulated by this Instrument, the Council shall dissolve the Board and arrange for nomination within three months.
- (2) For a period during which there will not be a Health Centre Management Committee the Council will vest the powers of the Health Centre Management Committee to the Health Centre Management Team.

34. Establishment of the Ward Health Committee

There shall be established a Ward Health Committee.

35. Composition of the Ward Health Committee

- (1) The Ward Health Committee shall be composed of:
 - (a) the Councilor of the respective ward;
 - (b) the Ward Executive Officer.
 - (c) one head teacher from a primary school located in the ward who shall be appointed by the Ward Development Committee;
 - (d) two members from the community of which one of them shall be a female;
 - (e) a clinical officer or 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 persons proposed by the villages within the area of that ward; and
 - (g) one representative from a community based organization 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 an immediate election and nomination within three months.

36. Qualifications for membership

A person shall be qualified for appointment as a member of a Ward Health Committee if such person:

- (a) is a citizen of United Republic of Tanzania;
- (b) has attained the age of twenty one years and not older than sixty five years;
- (c) can read and write in Kiswahili;

37. Functions of Ward Health Committee

Ward Health Committees 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 update the register accordingly;
- (c) to supervise the Community Health Fund collectors;
- (d) to monitor the level of contributions and user-fee revenues;
- (e) to review Community Health Fund's operations, recommend and act as may be deemed necessary;
- (f) to initiate and coordinate comprehensive community health plans;
- (g) to organize general meeting of members of the Community Health Fund.
- (h) propose to the Council on Annual contributions of members to the Fund.

38. Establishment of Dispensary Committee

There shall be established a Committee to be known as Dispensary Committee.

39. 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 NGO not-for-profit health providers;
 - (iii) one representative from a private for profit health providers.
 - (b) Representing non-vote members as follows:
 - (i) one representative from the Ward Development Committee who shall be appointed annually;
 - (ii) one representative from Village Governments Committee who shall be appointed annually;
 - (iii) In-charge of the dispensary who shall be the Secretary.
 - (c) At least one third of the members shall be women.

40. Meetings of Dispensary Committee

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

41. Qualification for membership

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

- (a) has attained the age of 21 and above, and can read and write in Kiswahili or English;
- (b) is a Tanzanian citizen and ordinarily resident of the area of jurisdiction. However the condition of citizenship shall not apply to a private/NGO representatives;
- (c) does not hold any political post;
- (d) is of sound body and mind;
- (e) has not been convicted of any criminal offence;

42. Roles and functions of a Dispensary Committee

- (1) A Dispensary Committee shall have the following roles and functions:
 - (a) to ensure that the community in its area of jurisdiction receives appropriate and affordable health services;
 - (b) to receive, discuss and approve the dispensary plans and budget;
 - (c) to discuss the implementation reports prepared by the Dispensary Management Team;
 - (d) to identify and solicit financial resources for running the dispensary;
 - (e) to liaise with other health boards and partners in health provision and promotion;
 - (f) to promote sustainable health infrastructure and reliable supply and logistic system;
 - (g) to advise and recommend on human resources in respect of recruitment, training, employment and deployment to the Council;
 - (h) to 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) to submit quarterly, biannual and annual reports to the Council Health Services Boards;
 - (j) do any relevant activity as may be directed by the Ward Development Committee.

43. Relationship of Dispensary Committee with other authorities

The Dispensary Committee shall, for the purpose of better management:

- (a) ensure that the community is represented and their needs are addressed;
- (b) receive and comply with the technical advises given by the Council Health Management Team;
- (c) submit quarterly and annual reports to the Council Health Service Board;
- (d) assist the Dispensary Management Team in implementing the Committee's decisions;
- (e) ensure that the dispensary concerns are considered by the Health Centre Committee through rotational representations.
- (f) develop and strengthen partnership for collaboration, co-ordination and intergration with other sectors in the area;

44. Funds and source of revenue

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

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

45. Tenure of office

- (1) Members of the Board and all Health Committees shall hold office for a period of three years from the date of their inauguration and cease to be a member after that period but may be eligible for re-election for another term of three years.
- (2) If a Board or any Health Committee member wish to resign, that member shall put in writing that intention in a period of one month to the Secretary of the Board or Health Committee.
- (3) If any vacancy occurs in the membership of the Board or any other Health Committee, by the reasons of death, resignation, permanent incapacity or any other reason, another person shall be nominated by the Council through Education, Health and Water Committee following proposals from the Ward Development Committees add scrutinized by the District Management Team to fill up the vacancy. The person so nominated shall hold office for the remaining term, provided that nothing in this section shall be construed as allowing nominating 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) When the board or any other committee established by this instrument is dissolved, all the members of the board or of the Committee so dissolved shall cease to be members and shall loose their posts.

46. Nomination procedures for the Board and Committee members

- (1) The District Executive Director shall announce to the public the open vacancies, which require competent personnel to fill.
- (2) The District Community shall be sensitized in a manner that shall be stipulated by the Council for the purpose of ensuring satisfactory community participation.
- (3) Competent personnel shall fill special application forms.
- (4) The dully-filled forms shall be submitted to the Village Executive Officers.
- (5) The Village Executive Officer shall convene a village public meeting where the villagers shall vote for the applicants.
- (6) The Village Executive Officer shall convene Ward Development Committee meetings to discuss and recommend the elected village candidates.
- (7) The Ward Executive Officers shall convene Ward Development Committee meetings to discuss and recommend the elected village candidates.
- (8) The Ward Executive Officers shall forward the names of there commended candidates to the District Executive Director.
- (9) The District Executive Director shall convene a District Management Team meeting to discuss and recommend the applicants and forward them to the Council Education, Health and Water Committee.
- (10) The Council Education, Health and Water Committee shall nominate the competent candidates for the relevant vacancies and forward their names to the Council for approval.
- (11) The Council shall approve the nominated candidates to be members of the Board.