

The Open University of Tanzania



Healthy Policy

Chapter One

1.0 INTRODUCTION

The Open University of Tanzania (OUT) is an accredited Public University established primarily to provide higher education through Open and Distance Learning (ODL). The Institution was established by the Open University Act No. 17 of 1992. The enactment of the Universities Act No. 7 of 2005 repealed and replaced the Act No.17. The University is operating under the Universities Act No. 7 of 2005 and The Open University of Tanzania Charter of 2007. OUT offers various courses leading to award of Certificates, Diplomas, and conferment of Undergraduate and Postgraduate degrees. Educational delivery is attained through various Open and Distance Learning (ODL) means of communication such as print media, broadcasting, telecasting, Information and Communication Technologies (ICT), correspondence, enhanced face-to-face sessions, seminars, contact programmes or a combination of any two or more of such means.

1.1 OUT Rolling Strategic Plan

The OUT Rolling Strategic Plan 2006/07 - 2010/11 Objective No. 17 titled "enhanced HIV/AIDS and Medical Health Services", spells out a number of issues. Under the above objective, the OUT targets that by June 2008 health services be considered to be offered through efficient techniques including medical health insurance schemes. To achieve the above objective, OUT needs to develop a comprehensive health policy that will address emerging health and related issues.

This policy is aimed at providing direction towards improvement and sustainability of the health status of its community, by reducing morbidity and mortality, and raising life expectancy. The policy recognizes that, good health is a major resource essential for a healthier working life.

In addition, the presence of epidemics, endemics, emerging and re-emerging and pandemic diseases such as HIV/AIDS in the country, calls for more interventions in form of health education, promotion and advocacy. In this regard, the need to increase the knowledge and understanding about services and rights of individual and communities with respect to health is of paramount importance.

1.2 OUT Administrative Setup

OUT has 25 Regional Centres and more than 69 Study Centres, spread throughout the country in both mainland Tanzania and Zanzibar. The OUTHP will take care of health service delivery for the entire OUT community.

Under the current administrative set up, direct provision of health services is confined to employees and their approved dependants at the headquarters and three Regional Centres in Dar es Salaam namely Kinondoni, Ilala and Temeke. However, the new OUT Organizational Structure envisages increased numbers of

staff at regional centres which will lead to increased need for medical services at regional centres.

1.3 OUT Demographic Profile

The total number of employees at OUT by January 2008 was 420 while that of students is about 35,000 as per the 2007/08 OUT statistics. In theory, the number of admitted students at non-degree, degree and postgraduate levels is about 33,000. The ratio between female and male employees is 33%. About 80% of the employees' population is located at the headquarters while the remaining 20% is in Regional Centres.

The age profile shows that 46.8% of the employees are below 30 years of age; 49.1% between 30 - 40 years old, 30 % between 40 - 50 years old, 20% between 50 - 60 years old while 4.1% of the population is aged 60 years and above. The National average life expectancy at birth is estimated to be 49 and 47 years for females and males respectively. The above summary represents a major shift of the overall age profile of OUT staff to lower levels.

1.4 OUT Health Policy Vision

OUT aspires to have efficient and effective, equitable, affordable and sustainable quality health service delivery system.

1.5 OUT Health Policy Mission

To continuously improve the health and well being of its community with a focus on accessing better health service delivery systems that are more responsive to the needs of the OUT community.

Chapter Two

2.0 LITERATURE REVIEW

In an era of globalization and health system reforms, many developing countries are reforming their health care systems, so as to best use the limited resources available to improve the health status of their population. Governments are revising their health policies and changing the structure and management of organizations and how they deliver services. Because of the complexity of health care systems, and increasing challenges of meeting needs within available resources, the Tanzania government is more ever guiding health policy development in its public and private institutions (MoH, 2003).

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being and not just freedom from diseases and disability. Health is, therefore, an aspect that has to do with the relationship between the body, the mind and the social patterns of the human being in a given situation. In this context OUT is committed to provide the best health services to its community (employees, their dependants and students) beginning with essential health services. To this end, OUT is geared to formulate a health policy that will act as a guiding principle in the provision of health services.

The National Health Policy recognizes the importance of having a health insurance scheme which ensures medical protection of employees in the formal sector. The government through Act. No.8 of 1999 established the National Health Insurance Fund (NHIF).

Given the wide distribution of OUT centres in the country and the different epidemiological patterns prevailing, the OUT community is prone to suffer from various health problems ranging from communicable diseases (malaria, HIV/AIDS, typhoid, respiratory infections, diarrhoea diseases etc.), non-communicable diseases (stress, mental illnesses, diabetes, asthma, cardiovascular, malignant and accidents) to reproductive and child health related diseases.

2.1 University Activities and their Influence on the OUT Community

Human activities may indiscriminately determine the prevalence of one disease or another on the OUT community. Equally important are habits, attitudes and practices (traditional or otherwise), which differ among communities. These habits may relate to nutritional, recreational and the University gender or other perspectives. In the present circumstances activities such as face-to-face sessions, field and laboratory practicals and examinations in which both students and employees have to travel away from home may increase vulnerability to ill health.

2.2 Health Services Delivery (HSD) for OUT

Basically, all health and medical provisions for OUT staff are subsidised by the Government through Other Charges allocation (OC) as well as through self generated income. Medical services to employees and their dependants are provided as per OUT Staff Regulations. The university has currently contracted a private hospital which provides health services to employees and their dependants based in Dar es Salaam (Headquarters, Ilala, Kinondoni and Temeke Regional Centres). There are no clear regulations regarding medical and health services provisions to employees based in Regional Centres outside Dar es Salaam. Currently, the employees receive medical and health services from Government and private hospitals on reimbursement basis. While this may have been easy to control due to the small number of staff in the regional centres in the past, the increasing number of staff and their dependants in the centres requires that clearer provisions are made for them. Considerations of use of the National Health Insurance Scheme or limiting the staff treatment to Governmental hospitals are issues that have been considered.

Chapter Three

3.0 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CONSTRAINTS (SWOC) ANALYSIS

The current health services delivery at OUT can best be understood through a SWOC analysis.

3.1 Strengths

Listed below are the strengths of the current health service delivery system at OUT:

- i. The existence of the OUT Rolling Strategic Plan and inclusion of health matters in it,
- ii. The existence of OUT HIV/AIDS Policy,
- iii. The terms and conditions of employment include provision of health services to all employees and their approved dependants,
- iv. Use of hospital Identity Cards (IDs) in accessing health services at the contracted hospital,
- v. Use of sick sheets in accessing health services (internal audit of bills),
- vi. Vicinity of the current hospital – closeness to the place of work hence time saving on the part of employees seeking for health services from elsewhere,
- vii. The presence of a hospital that has been contracted to provide health services,
- viii. The existence of a systematic monitoring mechanism for health service provision and related costs as well as authority for more advanced treatments,
- ix. Availability of Specialists from major hospitals when necessary.

3.2 Weaknesses

Underneath are weaknesses of the present OUT health delivery system:

- i. High costs incurred in providing medical services to its employees and their dependants,
- ii. Non-compliance to the laid down procedures by some of the employees,
- iii. Lack of a clearly defined referral system despite existence of internal controls,
- iv. Unsatisfactory medical services provision to some patients,
- v. Medical services provided being not reflective of “value for money”,

- vi. Misuse of hospital identity cards by some employees,
- vii. Employees in the Regional Centres are not covered by the present contractual arrangement,
- viii. The present system is silent on student health matters during practicals, examinations, teaching practice, face-to-face sessions, sports, meetings, and other approved OUT activities though emergency cases are dealt with on an adhoc basis at the moment,
- ix. Lack of health coverage scheme to meet costly medical interventions when necessaries,
- x. Inadequate operational budgetary allocations for payment of OUT health services from OC,
- xi. Absence of a counseling unit to handle health and related matters amongst Staff and to some extent students,
- xii. Absence of health and recreational facilities in most OUT premises,
- xiii. Absence of a comprehensive health policy at OUT.

3.3 Opportunities

Hereunder are major opportunities available to OUT:

- i. The existence of a National Health Policy which provide overall guidelines on health matters,
- ii. The presence of Government and private hospitals that can render satisfactory health services to its staff and dependants,
- iii. The existence of other health schemes like National Health Insurance Fund (NHIF) and private health service providers.
- iv. Existence of other higher learning institutions in Tanzania which deliver health services to their staff and dependants.

3.4 Constraints

Major factors posing constraints to OUT health service delivery includes:

- i. Inadequate Government budgetary allocation for health services delivery,
- ii. Increasing HIV/AIDS pandemic and other killer diseases like malaria and tuberculosis,
- iii. Increase in prevalence of debilitating non-communicable conditions like diabetes and hypertension attributed to nutritional habits and other life styles among the middle and old aged population,

- iv. Increasing tendency of substance abuse (drugs, tobacco and alcohol) and addiction among the population,
- v. Rapid increase of students and employees population at OUT that may increase chances of falling ill due to pressure on facilities,
- vi. Increasing cost of medication and treatment.

Chapter Four

4.0 JUSTIFICATION OF ESTABLISHING OUT HEALTH POLICY

The preparation of OUT Health Policy is part of the comprehensive programme of reform of OUT through ensuring existence of a number of approved policies and operational procedures in addition to the approval and implementation of a new legal regime (OUT Charter, 2007), new structure of Committees as well as the OUT organizational structure guided by the OUT RSP.

The following paragraphs presents some of the justification of having OUT Health Policy:

4.1 UN Millennium Development Goals (MDGs)

The UN Millennium Development Goals among others require member states, Tanzania inclusive, to meet the following targets:-

1. Eradicate extreme poverty and hunger:
 - i) Halve between 1990 and 2015 the proportion of people whose income is less than \$1 a day.
 - ii) Halve between 1990 and 2015 the proportion of people who suffer from hunger.
2. Promote gender equality and empower women
 - i) Eliminate gender disparity in primary and secondary education by 2015.
3. Reduce child mortality
 - i) Reduce by two thirds, between 1990 and 2015 the mortality rate among under five children.
4. Improve maternal health
 - i) Reduce by three quarters, between 1990 and 2015 the maternal mortality ratio.
5. Combat HIV/AIDS malaria and other diseases
 - i) Halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases by 2015.
6. Ensure environmental sustainability

- i) Integrate the principles of sustainable development into country policies and programs and reverse loss of environmental resources.
- ii) Reduce by half the proportion of people without sustainable access to safe drinking water by 2015.
- iii) Achieve significant improvement in lives of at least 100 million slum dwellers by 2020.

4.2 The Tanzania Development Vision 2025

The Tanzania Development Vision 2025 identifies health as one of the priority sectors. Among its main objectives is achievement of high quality livelihood for all Tanzanians. This is expected to be attained through strategies which will ensure realization of the following health service goals:-

- i. Access to quality primary health care for all
- ii. Access to quality reproductive health services for all individuals of appropriate age
- iii. Reduction in infant and maternal mortality rates by three quarter of current levels
- iv. Universal access to clean and safe water
- v. Life expectancy comparable to the level attained by typical middle income countries
- vi. Food self sufficiency and food security
- vii. Gender equality and improvement of women in all health parameters

4.3 The National Health Policy (2003)

The National Health Policy among others, stipulates the following objectives:-

- i. To reduce the burden of disease, maternal and infant mortality and increase life expectancy through the provision of adequate and equitable maternal and child health services, facilitate the promotion of environmental health and sanitation, promotion of adequate nutrition, control of communicable diseases and treatment of common conditions.
- ii. To promote awareness among Government employees and the community at large that, health problems can only be adequately

solved through multisectoral cooperation involving such sectors as Education, Agriculture, Water, Private Sector including Non-Governmental Organizations Civil Society and Central Ministries, as Regional Administration and Local Government, and Community Development, Gender and Children.

The establishment of the OUTHP is in response to the UN Millennium Development Goals, the Tanzania Development Vision 2025 and the National Health Policy.

The OUT vision is to be the leading world class university in the delivery of affordable quality education through open and distance learning, dynamic knowledge generation and application.

Its mission is to continuously provide quality open and distance education, research and public service for sustainable and equitable social economic development of Tanzania in particular and the rest of Africa.

The above OUT's vision and mission cannot be achieved without having a comprehensive health policy which will guide the provision of health services to its community.

Chapter Five

5.1 OBJECTIVES OF OUTHP

5.1.1 General Objective of OUTHP

The overall objective of OUTHP is to ensure that quality health services are provided and accessible to the entire OUT community.

5.1.2 Specific Objectives

The Specific Objectives includes to:

- i. reduce occupational hazards at places of work by ensuring that there is healthier working life
- ii. minimize health hazards and diseases due to poor hygiene of the environment (air, water, solid waste) pollution
- iii. ensure health services provision are accessible equitably by the entire OUT community
- iv. ensure quality reproductive health for all employee in productive age
- v. regulate medicare costs by providing guidelines on eligibility for health services to OUT community
- vi. provide guidelines on how to address critical health issues which require immediate actions and referral
- vii. provide guidelines on handling OUT students health services while attending OUT approved activities both academic and social within Tanzania and abroad
- viii. provide for long term and sustainable health services delivery system through OUT's own health coverage scheme
- ix. reduce morbidity and mortality and increase life expectancy of the OUT community through provision of quality and adequate health services
- x. provide guidance and counseling on health related matters
- xi. address HIV/AIDS as a global and national health threat by providing care for the infected and affected persons
- xii. create awareness that the responsibility for ones health rests in the individuals as an integral part of the family, community and nation
- xiii. provide guidelines on handling funeral related issues to OUT community

5.2 AREAS OF CONCENTRATIONS

The proposed OUT Health Policy has concentrated on eleven (11) areas that are presented in detail in the next section. These include:

- Occupational Hazards,
- Adequacy of Health Services,
- Eligibility of Health Services,
- Critical Health Conditions and Referral,
- Surgery, Dental and Eye treatment,
- OUT Health Fund,
- Handling of Students Health Matters,
- Health Infrastructure,
- Preventive, Control and Management of Health Services,
- Guidance and Counseling Services,
- Funeral and Burial Related Matters.

5.3 POLICY STATEMENTS AND OPERATIONAL PROCEDURES.

5.3.1 Occupational Hazards

(a) *Policy Statement*

OUT shall reduce occupational hazards at work place by ensuring that the working environment is healthier, conducive and safe as prescribed by the national regulations in health and safety.

(b) *Operational procedures*

- i. The OUT community will be educated on potential hazards related to their activities and means of avoiding them by experts from Occupational Safety and Health Agency (OSHA),
- ii. The Workman's Compensation Ordinance (Cap. 263) and Occupational Health Act (2004) or any other legislation relating to occupational health will be adhered to in case of occupational accidents that may lead to debilitation, severe impairment or death,

- iii. OUT will provide and advocate for adequate and appropriate protective gears to employees and students,
- iv. OUT will ensure that all buildings including offices, seminar rooms, examination halls and laboratories conform to approved health standards and are friendly to persons with disability,
- v. OUT will ensure compliance with statutory regulations and standard environmental health requirements,
- vi. Health and safety procedures will be made explicit to all employees and students to ensure that the work place and environment is healthy and safe,

5.3.2 Adequacy of Health Services

(a) Policy Statement

OUT shall provide adequate health services to the OUT employees and their dependants. Emergency services shall be extended to students during conduct of OUT events and during field work.

(b) Operational Procedures

- i. The number of employee dependants will be limited to spouses and four under age children (i.e. less than 18 years of age) or over 18 years provided they are still students in undergraduate studies. The total number of beneficiaries per family who will be entitled for medical services will not exceed six (6) persons per employee,
- ii. The employees who will benefit from OUT health services are only those on permanent and on contract terms of six months and above,
- iii. OUT will continually analyze benefits of engaging a contracted hospital in which all employees of HQ's with their legally recognized dependants will access medical services in comparison to exploitation of medical health schemes for all or selected treatments,
- iv. OUT employees and their dependants in the Regional Centres will receive their medical services from Government hospitals that may refer them to relevant national consulting hospitals or the hospital designated by OUT for HQ staff,
- v. OUT employees and their approved dependants who receive medical services from Government hospitals will be refunded medical expenses incurred after submission of relevant supporting documents,

- vi. Access to various Government hospitals services (e.g. fast track, grade one e.t.c.) will be as per guidelines provided in the OUT terms and conditions of services.

5.3.3 Eligibility to Health Services

(a) Policy Statement

OUT shall provide comprehensive guidelines and procedures regarding employees and dependants who are eligible for provision of health services.

(b) Operational Procedures

- i. OUT will provide Hospital Identity cards to eligible dependants for identification purposes during treatment by designated hospitals,
- ii. OUT will ensure sick sheets are provided to employee or recognized dependants only prior to seeking treatment except during emergencies,
- iii. Every employee will provide documents to certify the legal status of the dependants as specified in the terms and conditions of services,
- iv. OUT will provide a ceiling of the amount which will be incurred on health services by an employee or his/her dependants per month. This will be reviewed from time to time. Any extra costs will be met by the staff member,
- v. Excused from Duty (ED) will be accepted, provided they are from contracted, Government, or designated hospitals,
- vi. OUT will institute legal and disciplinary proceedings against any employee who will allow, abet, or aids any person other than an employee or approved dependants to receive medical services at the expense of the OUT by way of misleading, fraud, forgery or any other unlawful means intended to gain advantage of OUT health services. The related costs will be subsequently paid by the staff member.

5.3.4 Critical Health Conditions and Referral

(a) Policy Statement

OUT shall put in place modalities of assisting its employees and their approved dependants during critical health conditions and subsequent referral

b) Operational Procedures

- i. OUT will provide through contracted hospitals or Government hospital, or own OUT hospital or health centre, health services to its employees and

their approved dependants during critical health conditions caused by accidents and/or any other emergence causes.

- ii. Any employee or dependant subjected to critical health conditions or emergency health case will be taken to the contracted or own OUT hospital or health centre which will treat the patient accordingly without the need of sick sheet provided that the patient produces his/her employment identity card or dependant's hospital identity card.
- iii. Employees or dependants in other areas including Regional Centres where there are no contracted hospitals or health centres will be taken and treated at the Government hospitals at the expenses of OUT provided the patient is a lawful employee of OUT or an approved dependant. Eligibility for access to the different levels of service will be prescribed by the OUT terms and conditions of service.
- iv. OUT will provide referral services to all employees or approved dependants from contracted or Government hospitals only when there is a recommendation by a relevant senior officer/ consultant from the contracted or Government hospital to that effect.
- v. All cases of referrals will be limited to the Government approved Referral or National hospitals except for cases requiring specialized treatment available elsewhere only subject to approval by OUT Management (VC or DVC (RM)).
- vi. Referrals to other hospitals other than Government approved referral hospitals will usually not be made unless and until the Referral or National hospital certifies that due to the nature of the disease or other health reasons, the patient is required to be transferred or referred to other hospitals. In such cases prior OUT Management approval will be necessary.
- vii. Referrals to hospitals abroad will be subject to the Ministry of Health guidelines and availability of funds. OUT will investigate how it may exploit medical insurance provision in such cases.
- viii. OUT will not be responsible for any subsistence allowance to any employee who escorts any dependant who has been referred or transferred away from the employee's place of work.

5.3.5 Surgery, Dental and Eye treatment

(a) Policy Statement

OUT shall facilitate recommended Surgery, Dental and Eye treatment.

(b) Operational Procedures

- i. OUT employee will bear the costs related to spectacles, artificial teeth and cosmetic surgery (plastic surgery, circumcision etc.)
- ii. OUT will not bear cost of elective surgery which is done at the request of the patient but not recommended by the medical specialists.
- iii. OUT will bear costs related to recommended surgical operations by medical specialists.

5.3.6 OUT Health Fund

(a) Policy Statement

OUT shall establish OUTHF in which each employee and employer shall contribute at the rate to be established and agreed by the OUT Management.

(b) Operational Procedures

- i. OUT will facilitate the establishment of OUTHF.
- ii. Contribution to OUTHF will be mandatory to all OUT employees.
- iii. OUTHF will be managed on the basis of guidelines that will be set by a subcommittee within the Human Resources Management Committee to be appointed by the Vice Chancellor.
- iv. Contractual employees for periods equal to or more than six months will contribute to OUTHF for the period of their employment at OUT.
- v. The OUT health services budget will be prepared with view to ensuring a rational allocation of funds is made to the increasing demand on health delivery and preventive services.
- vi. Education on the Government health reforms will be imparted to the OUT community.

5.3.7 Handling OUT Students Health Matters

(a) Policy Statement

OUT shall institute a system of handling OUT students emergency health services while attending approved activities, if their own medical schemes cannot cover such costs or if they have none.

5.3.8 Operational Procedures

- i) Students participating in competitive sports events will have a mandatory pre-placement medical examination performed by dully qualified medical practitioners,
- ii) OUT will take care of emergency health care services of sick students taking part in various activities approved by the University such as field and laboratory practicals, teaching practice, examinations and meetings if their own medical schemes does not cover it or if they have none,

5.3.8 Health Infrastructure

(a) Policy Statement

OUT shall strive to establish infrastructure that will cater for primary health care services at its headquarters and major coordination and Regional Centres.

(b) Operational Procedures

- i. The OUT will establish its own dispensary or health centre which will provide primary health care services at its headquarters and major regional centres only.
- ii. Funds for infrastructure development and initial operations will initially be provided through OUT budgets. Further development of services will be financed through the OUTHF.
- iii. OUT will strive to stock the most frequently required pharmaceutical drugs and other supplies in order to minimize costs of purchases from the open markets.
- iv. The acquisition of medical supplies and sundries will comply with the existing Public Procurement Act (2004) and other related amendments or repealing legislation,
- v. The infrastructure, equipment and staffing of the dispensing unit or health service will correspond to the size of potential beneficiaries in terms of space and capacity,
- vi. Funds allocated to Health Service Delivery (HSD) will be adequate to cater for the increasing demand on health provisions at OUT,
- vii. Medical staff will be adequately trained and will adhere to medical ethics requirements as prescribed by relevant national and/or professional bodies.

5.3.9 Preventive, Control and Management of Health Services

(a) Policy Statement

OUT shall embark on preventive health service to its community.

(b) Operational Procedures

- i. OUT will provide health education on prevention of diseases including sanitation, good nutrition and immunization,
- ii. OUT will organize sports competitions and encourage employees and students to actively participate,
- iii. OUT will ensure proper management of Sports and Games halls and grounds in regions where it owns premises; and equip them with adequate gears to encourage and motivate people to participate,
- iv. Employees and students will be encouraged to participate in physical activities to reduce the prevalence of “disease of civilization” among the OUT community,
- v. Periodical medical examination will be emphasized for all OUT community to identify preventable disease situations,
- vi. OUT will address health matters related to HIV/ AIDS by creating awareness and educating the community on how to avoid problems related to it

5.3.10 Guidance and counseling services

(a) Policy Statement

OUT shall provide guidance and counselling services to its community.

(b) Operational Procedures

- i. OUT will establish a Guidance and Counselling Unit for staff and students,
- ii. The Unit will organize and monitor counselling services on psychological related health problems such as stress and depression,
- iii. OUT will recruit and train health counsellors who will be responsible for providing counseling services to its community,

5.3.11 Funeral and Burial Related Matters

(a) Policy Statement

OUT shall support its employees on funeral and burial related matters.

(b) Operational Procedures

- i. OUT will provide financial support related to the costs of handling the deceased as per OUT HRM policy and terms and conditions of service,
- ii. OUT will make the necessary contribution to the bereaved as per OUT terms and conditions of service,
- iii. OUT will conduct periodical review of the rates related to (i) and (ii) above,
- iv. OUT will encourage employees to join the internal funeral and burial insurance scheme to which both the employee and the employer contributes.

Chapter Six

IMPLEMENTATION

6.1 Establishment of a Unit Responsible for Coordination of OUTHP

In order to have a smooth implementation of the policy an office responsible for staff health matters will be established. A qualified Social Welfare Officer will be recruited to coordinate the office. The head of the OUTHP shall be answerable to the Deputy Vice Chancellor (Resource Management).

6.2 Guiding strategy

The main strategy for implementation will include:

6.2.1 Educating all OUT Staff and Students about the OUTHP.

6.2.2 Preparation of OUTHP Rules and Procedures.

6.2.3 Establishment of Unit for Health at OUT

6.2.4 Approval of Health Centre/Hospital for Regional Services.

6.2.5 Establishment of OUTHF and appointment of steering committee.

6.2.6 Establishment of Counseling Unit.

6.3 Time Frame for Implementation

The implementation of OUTHP will be accomplished within a period of three years. The OUT management shall appoint a Coordinator and Administrator for OUTHP and provide an office and all requisite accessories.

Table 6.1 TIME FRAME FOR THE OPERATIONALIZATION OF THE OUTHP

S/N	ACTIVITY	2008	2009	2010	RESPONSIBILITY
1.	Educating all OUT Staff and Students about the OUTHP				DVC (RM)
2.	Preparation of OUTHP rules and procedures.				DVC (RM)
3.	Establishment of OUTHP office				DVC (RM)
4.	Approval of Health Centre/Hospital for Regional Services.				DVC (RM)/ DVC (RS)
5.	Establishment of OUTHF and appointment of steering committee				DVC (RM)
6.	Establishment of Counseling Unit.				DVC (RM)
7.	Construction of OUT own Health Centre/Hospital				DVC (RM)/DPP

Chapter Seven

7.0 MONITORING AND EVALUATION

7.1 Monitoring

OUT will ensure that there is a comprehensive and clearly defined operational system of monitoring the provision of health services. The system will supply the following necessary information required for decision making purposes in a quarterly basis:

- i. The actual number of OUT patients attended at hospitals together with approved dependants,
- ii. The personal particulars of patients treated, their status, frequency and cost involved,
- iii. Ensure that all employees and dependants are adequately covered by OUTHP,
- iv. Ensure that all employees and dependants from headquarters and regional centres are actively involved in the implementation of the OUTHP activities.

7.2 Evaluation

- i. OUT shall from time to time critically assess and appraise the outcome of OUTHP activities.
- ii. OUT shall involve other organizations providing health services in the evaluation of such services in order to acquire new knowledge and skills.
- iii. OUT will from time to time review the feasibility of joining health insurance schemes.

7.3 Policy Review

The OUTHP will be reviewed after every five (5) years to evaluate its effectiveness and consider appropriate amendments.