

## BUDGET SPEECH FOR THE FINANCIAL YEAR 2016/17 DELIVERED BY THE MINISTER FOR HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN, HONOURABLE UMMY A. MWALIMU (MP)

### BACKGROUND

1. *Honourable Speaker*, following the report tabled today in your venerated Parliament by the Chairperson of the Parliamentary Standing Committee for Social and Community Development, which reviewed the budget of the Ministry of Health, Community Development, Gender, Elderly and Children, I request that, your Parliament now accept and discuss the Ministry's implementation report for the year 2015/16 and targets and plans of the Ministry's budget for the year 2016/17. I would also like to request your esteemed House of Parliament, to accept and approve the estimated recurrent and development expenditures of the Ministry of Health, Community Development, Gender, Elderly and Children for the year 2016/17.
2. *Honourable Speaker*, first and foremost I would like to respectfully thank **His Excellency, Dr. John Pombe Joseph Magufuli**, the President of the United Republic of Tanzania for his capable leadership and guidance which has enabled us to effectively implement our responsibilities in the Ministry of Health, Community Development, Gender, Elderly and Children and improve the provision of health community development, gender, elderly and children services in the country. My responsibility ahead to meet His Excellency, the President's expectations and those of the Tanzanians is to address challenges in accessing quality health care services and building a community that promote gender equality, elderly and children rights. The President's priority among others, is to ensure rights of the special groups are protected including rights of children to get education through his programme of free primary and secondary education. On the same note, the Ministry will continue to sensitize the community on environmental cleanliness together with elderly and children rights
3. *Honourable Speaker*, I would like to congratulate the **Honourable Vice President Samia Suluhu Hassan** for her leadership and directives to improve health care services specifically reproductive and child health and women economic empowerment. Being the first woman

Vice President in the history of our country, my Ministry will continue to use her image, convincing power and experience to build a community that respects women and girls for sustainable development in the country

4. *Honourable Speaker*, I would also like to congratulate **Honourable Kassim Majaliwa (MP)**, the Prime Minister of the United Republic of Tanzania for his leadership which has contributed to improved government efficiency and hence improved services provided by my Ministry. I commend him for his comprehensive speech, which provides the vision and a mission on how the Government will implement its commitments in the financial year 2016/17
5. *Honourable Speaker*, I would like to congratulate you for being elected the Speaker of the National Assembly of the United Republic of Tanzania. This shows that, Honourable Members of Parliament have faith in you to lead the parliament. Like wise , I also congratulate **Honourable Dr Tulia Ackson Mwansasu (MP)** for being elected the Vice Speaker of the Assembly. I congratulate all Chairs of Parliament for being entrusted to be part of the leadership to guide discussions in the National Assembly.
6. *Honourable Speaker*, Similarly, I would like to thank **Honourable Angellah Jasmine Kairuki (MP)**, Minister of State, President's Office, Public Service Management and Good Governance and **Honourable George Boniface Simbachawene (MP)**, Minister of State, President's Office, Regional Administration and Local Government, with whom we collaborate, and work closely in providing health services throughout the country. Likewise, I thank all Ministers of Ministries that collaborate with my Ministry in the provision of health services.
7. *Honourable Speaker*, I would like to take this opportunity to extend my gratitude to the Parliamentary Standing Committee for Social Development and Services Committee under the adept leadership of the Chairperson **Honourable Peter Joseph Serukamba, (MP)** for the advice and guidance during the preparation of this budget. Likewise, I would also like to extend my sincere appreciation to the Shadow Minister for Health, Community Development, Gender, Elderly and Children, **Honourable Dr. Godwin Aloyce Mollé (MP)** for the continued cooperation in the implementation of the Ministry's mission to deliver quality health services. Furthermore, I appreciate contributions made by Members of Parliament to the preceding speeches; their inputs have

indeed enriched my speech. I commit that my Ministry will earnestly take advice provided in the implementation of our duties and planned activities.

8. *Honourable Speaker*, in addition would like to extend my sincere congratulations to all Members of the Parliament who have been appointed as Ministers or Deputy Ministers. I promise to give them support and work with them in team spirit as we continue to serve the people. I also congratulate all **Honourable Members of Parliament** for being trusted by citizens in their constituencies. It is my hope that they will fulfil their commitments to their voters most of whom are women.
9. *Honourable Speaker*, following my remarks in the above, I would now like to present to your esteemed House of Parliament priority areas of the Ministry in the financial year 2016/17 and report of implementation of the plans in financial year 2015/16 together with funding request for year 2016/17.

#### **PRIORITY AREAS FOR THE YEAR 2016/17**

10. *Honourable Speaker*, priorities of the Ministry of Health, Community Development, Gender, Elderly and Children for the year 2016/17 include:
  - i. Improving the quality of preventive care and treatment based on equity and Gender - balanced needs through the implementation of health sector reforms and programs that reduce maternal and child mortality,
  - ii. Improving availability of drugs, laboratory reagents and equipment in public health care facilities,
  - iii. Strengthening and improving infrastructure in health training institutions to increase enrolment and hence availability of human resources in the sectors,
  - iv. Strengthening and enhancing infrastructure and access to health care at the national referral hospitals and special hospitals such as Muhimbili National Hospital, Muhimbili Orthopaedic Institute, Ocean Road Cancer Institute, Mirembe

and Kibong'oto Special Hospitals; together with Mbeya and Mtwara Zonal Referral Hospitals,

- v. Conducting massive community sensitization in order to scale up enrolment into various health insurance schemes,
- vi. Preventing and fighting against gender violence and child violence including childhood pregnancies,
- vii. Scale-up and strengthen efforts to empower women economically through campaigning establishment of SACCOS and VICOBA specifically for women, providing education on entrepreneurship and bussiness and linking them to financial institutions including the Women Bank of Tanzania and Women Development Fund,
- viii. Strengthening and enhancing infrastructure of community Development training institutions in oder to increase enrolment of students to build their capacity in improving life standards of Tanzanians in general,
- ix. Building capacity of community development staff at council level in order to improve peoples' awareness on use of available resources to raise income specifically for young people and women,
- x. Strengthen rights, protection and safe guard for the elderly including rehabilitation of elderly homes, approved schools, juvenalle court and providing food for them,
- xi. Facilitate review of different laws and regulations which tend to compromise women and children rights for example the Law of Marriage Act No. 29 of 1971 and its ammendments of 2002, the Labour and Employment Act No. 6 of 2004, the Child Act No 21 of 2009 and Law of Probate and Estate Administration No 279 of 1963.

## **BUDGET IMPLEMENTATION FOR THE YEAR 2015/16 AND IMPLEMENTATION PLAN FOR THE YEAR 2016/17**

11. *Honourable Speaker*, the Ministry has been providing health in line with the Policies, Strategies and National and International programmes including the National Development Vision 2025, the Five Years

Development Plan (2016/2017 – 2020/2021), Ruling Party Manifesto (2015), Health Policy (2007), Health Sector Strategic Plan IV (2015 – 2020), Primary Health care Service Development Programme (PHSDP 2007 – 2017), Sustainable Development Goals (SDGs) and agreed priority milestones in Joint Annual Health Sector Review(JAHSR).

## **REVIEW OF THE REVENUE COLLECTION, RECURRENT AND DEVELOPMENT EXPENDITURE**

12. *Honourable Speaker*, sources of revenue for the Ministry of Health, Community Development, Gender, Elderly and Children vote 52 (Health) include income from its various Boards and Councils, fees from Training Institutions, retirement of imprests, sales of receipt books, sales of tender documents and collections from the services rendered by the Institutions and Agencies under the Ministry. Up to March 2016, the Ministry had collected **Tshs. 87,117,583,604** compared to the estimated **Tshs. 122,998,941,500.00** approved for the year 2015/16. This is **70.8%** of the estimated collection. This is a result of the introduction of effective control mechanisms and use of Information, Communication and Technology. In the year 2016/17, the Ministry estimates to collect **Tshs. 163,755,679,857.00**.
13. *Honourable Speaker*, during the year 2015/16, a total of **Tshs 780,740,723,000.00** was approved for implementation of various activities of which **Tshs. 340,098,271,000.00** was approved for Recurrent Expenditure, whereas **Tshs. 440,642,452,000.00** was for Development Expenditure. Up to March 2016, the Ministry had received a total of **Tshs. 604,547,066,537.00** which is **77.4%** of the approved amount. Out of the received amount, **Tshs. 269,205,005,123.00** was for Recurrent Expenditure and **Tshs. 335,342,061,414.00** was for Development Expenditure. Furthermore, out of the received amount, **Tshs. 309,409,703,350.00** were received as medicines, laboratory equipment, reagents and supplies from the Global Fund to Fight AIDS, Tuberculosis and Malaria and African Development Bank.
14. *Honourable Speaker*, during the financial year 2015/16, my Ministry through Vote 53, continued to oversee implementation according to the approved targets and plans in that year's budget. A total of **Tshs 2,712,550,000.00** was collected from various sources. Furthermore, a total of **Tshs 27,501,007,000.00** was approved, of which **Tshs 18,627,587,000.00** was for Recurrent Expenditure including **Tshs**

**11,038,075,000.00** for personnel emulment and **Tshs 7,589,512,000.00** for other expenditures. And a total amount of **Tshs 8,873,420,000.00** was approved for Development Expenditure

15. *Honourable Speaker*, Up to March 2016, total collection was **Tshs 1,815,145,600.00** which is **66.9%** of the target. Total amount received for Other Expenditure was **Tshs 3,870,651,121.00** which is **51%** of the approved budget where as a total amount of **Tshs 4,138,691,435.00** was received for personnel emulment that is **37%** of the approved budget. In addition, a total amount of **Tshs 827,087,080.00** was received for Development Expenditure that is **28%** of the approved foreign budget.

### **HUMAN RESOUCES FOR THE HEALTH SECTOR**

16. *Honourable Speaker*, In the year 2015/16, the Ministry has continued to implement Primary Health care Service Development Programme by increasing number of students' enrolment into health training institutions to **11,192** per year hence surpassing the target of enrolling **10,000** students per year by year 2017. Furthermore, the Ministry has continued to sponsor **295** students at Masters level training for specialized services in different Universities compared to the target of **350** students per year. Moreover the Ministry reduce the gap of shortage of technical staff from **58%** in year 2011/12 to **51%** in year 2015/16 due to effective implimentation of Big Result Now initiative. The Ministry has also increased the number of clinicians enrolled into distance learning programme from **54** in 2012 to **238** in year 2015.
17. *Honourable Speaker*, the Ministry has also been focusing on ensuring that newly employed health care workers are retained where they are posted and this has been realized through improving working condition. The Ministry has therefore, continued to implement staff house construction project of 480 houses in hard to reach areas in Mtwara, Rukwa/Katavi, Ruvuma, Singida, Pwani, Morogoro, Lindi, Arusha, Manyara, Tanga, Mwanza, Shinyanga, Geita, Kagera, Simiyu and Kigoma regions. Construction of 250 staff houses has been completed and the remaining 230 houses are at various stages of completion.

## PREVENTIVE SERVICES

### Disease Control

18. *Honourable Speaker*, the Ministry continued to monitor the trends and indicators of national and international as well as notifiable disease including disease outbreaks. Moreover, the reporting of information on diseases has been carried out through the National Electronic System for Integrated Disease Surveillance which has been strengthened in tandem with the provision of training to **2,315** experts at all levels in the regions of Mwanza (**361**), Geita (**290**), Arusha (**296**), Dodoma (**490**), Singida (**214**), Manyara (**190**), Dar es Salaam (474) i.e.– Ilala (**184**) and Kinondoni (**290**). This information communication technology has also facilitated the timely reporting of information on diseases and, enabled the prevention and control of disease outbreaks.

### Malaria Control

19. *Honourable Speaker*, the Ministry continued with malaria control strategies by implementing various preventive and control measures in the country. In 2015/16 financial year, the Ministry continued with indoor residual spraying using insecticide (*actellic*) in the Lake Zone and **358,989** structures/houses were sprayed and **1,794,945** residents were protected against malaria. Moreover, the Ministry procured and distributed **17,566,750** Malaria Rapid Diagnostic Tests (mRDT) and **19,084,230** doses of Artemether Lumefantrine (ALu) for public health facilities and **1,150,000** vials of Artesunate were distributed for managing patients with severe malaria. Furthermore, the Ministry distributed **20,547,849** long lasting insecticide treated mosquito nets in **18** regions of Mara, Mwanza, Katavi, Tabora, Kigoma, Kagera, Geita, Mbeya, Njombe, Rukwa, Simiyu, Shinyanga, Singida, Iringa, Dodoma, Kilimanjaro, Arusha and Manyara. In the fiscal year 2016/17, the Ministry will continue to distribute mosquito nets as keep up strategy through schools as well as reproductive and child health clinics based in Mwanza and Mtwara regions.

### Tuberculosis and Leprosy Control

20. *Honourable Speaker*, the Ministry continued to improve health services for tuberculosis, multi drug-resistant tuberculosis and leprosy by

strengthening laboratory services and opening more diagnostic centres close to communities. Moreover, the Ministry managed to attain a total of **547** health facilities that provide integrated services for tuberculosis and HIV whereby a total of **692,642** people living with HIV received services and among them **26,218** were detected to have tuberculosis infection and treated accordingly.

21. *Honourable Speaker*, in the fiscal year 2016/17, the Ministry will continue to scale up decentraliation of multi drug resistant tuberculosis services to reach ten hospitals of Dar es Salaam, Mbeya, Mwanza, Dodoma, Morogoro, Mtwara, Tanga, Shinyanga, Geita and Mara regions. Moreover, the Ministry will build capacity for 16 regions with low Tuberculosis case detection to increase their detection rate so as to control the disease in the country.

#### **HIV/AIDS Contol**

22. *Honourable Speaker*, the Ministry continue with interventions to control HIV/AIDS by providing education, counselling and testing services. From January to December, 2015 a total of **3,474,780** new clients were counselled and tested for HIV. This total included those who were tested through prevention of HIV from mother to child services. Moreover, a total of **743,773** people living with HIV were put on ARVs equivalent to **84%** of the target of reaching WAVIU **880,681** of people living with HIV by June, 2016. Furthermore, the Ministry enhanced **5,540** facilities that were providing prevention of HIV from Mother to Child services to provide ARV for pregnant women and lactating mothers making an increase of those women on ARV treatment from **75%** in 2013 to **90%** in 2015. In addition , a total of **444,900** men were circumcised, adding up to **1,997,000** men who had the service since the inception of the campaign in 2010.
23. *Honourable Speaker*, in the fiscal year 2016/17, the Ministry will finalize its Strategic Plan for Prevention of HIV transmission from Mother to Child (2016-2020). Moreover, the Ministry will continue to oversee the availability of Prevention of HIV transmission from Mother to Child services. Furthermore, scale – up services of early infant diagnosis (4 to 6 weeks) from **4,538** facilities to **5,068** by June 2017. Also, follow-up of HIV exposed children within one month enrolled in PMTCT services will be rolled from 6 regions to 26 regions in Tanzania Mainland.



## Control of Neglected Tropical Diseases

24. *Honourable Speaker*, the Ministry continued with the implementation of the National Master Plan for Neglected Tropical Diseases. The initiatives taken included mass drug administration for Lymphatic filariasis, trachoma, river blindness (onchocerciasis), schistosomiasis, and intestinal worms for **28,935,520** people aged **five** years and above in 169 Councils with high transmission rate. In the fiscal year 2016/17, the Ministry will continue with prophylactic drug administration in all districts in the country. Either, evaluation will be conducted in Muheza, Lushoto, Korogwe, Rungwe and Kyela districts to detect trachoma transmission rate.

## Reproductive and Child Health Service

25. *Honourable Speaker*, the Ministry continues to improve reproductive and child health services by building capacity of **284** health care providers from the regions of Lake and Western Zones on provision of mother baby skin to skin care services to low birth weight babies (Kangaroo Mother Care- KMC). Up to March, 2016, total of **54** health facilities from 22 regions in Tanzania mainland were providing this service. In the fiscal year 2016/17, the Ministry will open up **20** new health facilities that shall provide KMC in Iringa, Njombe and Mbeya regions. Furthermore, the Ministry will continue to build capacity of health care providers to provide KMC from Lake, Western and Southern Highland Zones.

26. *Honourable Speaker*, in the efforts of improving the services provided to children under five years of age against pneumonia and diarrhoea, the Ministry launched the use of Amoxicillin Dispersible tablets and Co-packaged Zinc/ORS. Furthermore, orientation on the use of these medicines was done to **2,800** participants that included Medical Officer incharge, Pharmacists, Hospital, Health centre and Dispensary Health facility incharge from **182** Councils.

27. *Honourable Speaker*, issues of maternal deaths is a challenge. From UN Reports maternal mortality rate has declined from **454** per 100,000 live births in 2010 to **398** per 100,000 live births in 2015. In the efforts to lower maternal deaths, the Ministry trained **2,087** health care providers from health facilities and to **917** community health workers.

Moreover, health centres continued to be upgraded to be able to perform caesarean section services for obstructed labour. Currently, **159** Health Centres are providing these services. Furthermore, advocacy has continued to Councils on availability of Ambulances in health facilities for provision of timely referral service when needed to save life.

**28. *Honourable Speaker***, in the fiscal year 2016/17, the Ministry will continue to build capacity of health care providers to provide emergency care for pregnant women, to urge Councils to prioritize safe motherhood and involve communities on eliminating maternal deaths. Let us all be accountable and work together and by doing so we will win this battle. This will ensure that women have safe delivery together with their newborns when instituting their right of bringing life. The Ministry will start issuing quarterly maternal death reports for deaths that occur in each Council in order to strengthen accountability. Let us be accountable in reducing maternal deaths. In this vein, the Ministry congratulates Uturo Village Government, Mbarali Council for devising and implementing strategies to prevent occurrence of maternal deaths in the community. Since 1998 not a single maternal death has been reported in Uturo dispensary.

**29. *Honourable Speaker***, in the fiscal year 2015/16, the Ministry procured and distributed **9,000,000** male condoms; Depo provera **2,908,043** vials; **1,313,004** Implants; **211,500** Intrauterine devices and Oral Contraceptive pills **544,320** cycles. Furthermore, **989** health care providers were trained compared to the target of training **780** health care workers to be able to provide quality family planning services. In addition, capacity building was done to **316** health care providers. Furthermore, a total of **42,390** Gender based violence survivors among whom **32,103** were women which is **76%** and children under 18 years old were **3,985** equivalent to **9.4%** were investigated and treated. In the fiscal year 2016/17, the Ministry will increase Integrated One Stop Center for GBV and VAC Survivors in the Health Facilities from Simiyu (Maswa), Shinyanga (Kahama) and Pwani (Kibaha) regions.

### **Immunization Services**

**30. *Honourable Speaker***, the Ministry continued to provide immunization services according to policy and guidelines to protect children and other population groups against immunizable diseases. Tanzania was certified

free of polio virus in November 2015, by World Health Organization. Furthermore, the Ministry procured and distributed **58** vehicles, **40** motorcycles and **968** bicycles to Councils to strengthen immunization services in the country. Also, solar powered refrigerators were installed in **37** health facilities of Geita, Njombe, Tabora, Iringa, Mwanza, Arusha, Dodoma, Lindi and Manyara regions. Respective providers were trained on the use of cold chain equipment, vaccine management and provision of quality immunization services. In the fiscal year 2016/17, the Ministry will increase immunization coverage to reach **95%** and improve vaccine storage capacities to cover up to **90%** of Council requirements.

## **Environmental Health and Sanitation**

**31. *Honourable Speaker***, Ministry continued to implement the National Campaigns for Environmental Health and Sanitation. Through these campaigns the Ministry sensitized communities to build and use improved pit latrines whereby a total of **479,011** households among **554,000** households which is **86.4%** of the target have improved pit latrines making a total of **1,030,817**. In fiscal year 2016/17, the Ministry will continue to strengthen supervision and follow up on environmental health and sanitation services at regional, council, village street levels. It is the responsibility of each council to install appropriate strategies for environmental sanitation. The Ministry applauds His Excellency, the President of United Republic of Tanzania Dr. Joseph Pombe Magufuli for putting more emphasis in the area of environmental sanitation. Moreover, Ministry recognizes the good work that is spearheaded by Regional Commissioner of Dar es Salaam **Honourable Paul Makonda** for launching this campaign in his region.

## **Nutrition Services**

**32. *Honourable Speaker***, In fiscal year 2015/16, Government has exceeded the target of advocating to food fortification industries to add micronutrients and minerals to reach **21** industries compared to **13** of 2014/15. Moreover, the Ministry procured and distributed **93** tones of micronutrients to six Councils of Njombe City, Iringa, Kilolo, Meru, Monduli and Karatu. Furthermore, procured **805** cartoons with a total of **4.8** million packets for under five years old children and among them **million 1.52** packets have already been distributed. In fiscal year

2016/17, Ministry will continue to collaborate with Non Governmental Organizations in ensuring micronutrients needed for growth and development are available and accessible to more districts in the country.

## **CURATIVE SERVICES**

33. *Honorable speaker*, for the fiscal year 2015/16, **The Muhimbili National Hospital** attended a total of 299,769 patients. Out of which, **256,888** were outpatients and **42,881** were inpatients. In the fiscal year 2016/17, the hospital plans to add the number of beds for patients in need of intensive care from the current **21** to **75** beds. The hospital will also procure surgical instruments and add operating theatres from the current **13** to **18**, expand dialysis services by adding inpatients beds from the current **15** to **50** and start dialysis services for patients co infected with with AIDS and Hepatitis. In addition, the hospital will start kidney transplant services as well as cochlea services for clients with deafness.
34. *Honorable speaker*, for the fiscal year 2015/16, the **Muhimbili Orthopedic Institute** attended a total of **81,106** patients. Out of those, **74,711** were outpatients and **6,395** were inpatients. For the fiscal year 2016/17, the Institute will increase its capacity for admission of inpatients from **150** beds to **340** and within Intensive care units there will be an addition from **8** beds to **32** beds. The Government will further strengthen the capacity of the institute by procuring new diagnostic imaging machines of MRI, CT Scan and Digital X rays
35. *Honourable speaker*, for the fiscal year 2015/16, the Ministry launched the **Jakaya Kikwete Heart Institute** which has attended to **24,570** outpatient clients and **2,134** inpatients clients. Major heart surgeries were performed for **207** patients out of which, **178** were children under 18 years of age. Moreover, the Jakaya Kikwete Heart Institute implemented medical check up for **451** patients with heart conditions by using a state of the art diagnostic imaging equipment known as *Catheterization Laboratory "Cath Lab"*. The technology allows a heart specialist to put stents in arteries of the heart, mechanical pumps and closure of atrial septal defects without having to do open heart surgery. There was only one death out of **451** attended. In fiscal

year 2016/17, the Ministry will strengthen the capacity of the institute by procuring new surgical instruments for the third operating theatre

36. *Honorable speaker, for the fiscal year 2015/16*, The Government launched the **Benjamin Mkapa Hospital** located within the University of Dodoma. The hospital which was transformed into Zonal Referral Hospital for the Central Zone, attended a total of **6,450** patients between October 2015, and March 2016. Out of those, **1,747** were inpatients and **4,520** were outpatients. In fiscal year 2016/17, the Hospital will continue with installation of diagnostic and treatment equipments. Also the Hospital will start to provide dialysis services.
37. *Honourable Speaker, The Ocean Road Cancer Institute* has continued to offer cancer prevention/screening, early detection and treatment services whereby a total of **31,075** patients were attended; out of which **17,819** were cancer patients and **13,256** were other outpatients. In fiscal year 2016/17, the Ministry will strengthen preventive and diagnostic services at Ocean Road Cancer Institute through installation of current diagnostic and treatment equipment including PET/CT Scan, *LINAC* and MRI. Furthermore, the Ministry will ensure availability of chemotherapy medicines for patients with cancer whereby **13%** of set aside budget for medicines will be used to procure chemotherapy medicines to relieve the economic burden to patients who cannot afford to purchase them.
38. *Honourable Speaker*, In fiscal year 2015/16, **Mirembe Hospital** attended a total of **33,900** patients, out of whom **1,926** were admitted due to mental health and other **31,772** were attended at outpatient department. In fiscal year 2016/17, the Ministry will renovate the infrastructure for provision of services and install electronic system.
39. *Honourable Speaker, Kibong'oto Hospital* attended a total of **22,348** patients as outpatient and admitted **575** with tuberculosis. Furthermore, the hospital conducted supportive supervision to **140** patients with multi- drug resistant tuberculosis from 18 regions. In fiscal year 2016/17, Government will strengthen systems for investigating diseases outbreak in Northern Zone and provision of specialized outreach services.
40. *Honourable Speaker*, in fiscal year 2015/16, the **Bugando Hospital** attended a total of **327,080** patient of whom **291,840** were outpatient

and **35,240** were inpatients. In fiscal year 2016/17, **Bugando Hospital** will continue with construction and renovation of infrastructure for health service delivery. Also the hospital will start installation of diagnostic and treatment equipment for Cancer including CT Scan, VARINA and LINAC.

41. *Honourable Speaker*, in fiscal year 2015/16, **KCMC Referral Hospital** attended a total of **223,198** patients among whom **198,799** were outpatient and **24,399** inpatient. Furthermore, the construction of emergency department has been completed. In fiscal year 2016/17, KCMC Referral Hospital will continue to build infrastructure for health service delivery. Also the hospital will procure and install diagnostic equipment including MRI, CT Scan and other equipment for Emergency Department.
42. *Honourable Speaker*, in fiscal year 2015/16, the **Mbeya Zonal Referral** procured and installed laparoscopic equipment and trained health care providers on its use. Total of **32** kidney patients received haemodialysis. In fiscal year 2016/17, the hospital will start laparoscopic services. Moreover, the hospital will strengthen haemodialysis services by providing *Arterial Veinosis Fistula* in kidney patients who have undergone haemodialysis instead of using *Temporal Catheter*.

### **Supervision of Curative Services**

43. *Honourable Speaker*, the Ministry is committed to address all public complaints regarding quality of provided health services. This will be achieved by establishing a system which will enable complainants easily access the help and complain desks. The system will also ensure that the presented complaints are dealt with effectively and timely. The complain-help system will also include use of the public telephone numbers of top leaders at Regional, Council and Public facility levels. In the Financial year 2016/17, the Ministry will continue to ensure that all public health facilities telephone numbers are displayed in health facilities and easily seen by the public should they need them to present their complaints.
44. *Honourable Speaker*, in the year 2016/17 the Ministry will continue to receive public complaints regarding health insurance services from the established centers by use of telephone toll free number **08001163**.

The number will be displayed in prominent places in all public health facilities. The toll free number will be used when complainants find no response at the lower levels. In order to strengthen the coordination and supervision at all levels, the Ministry has planned to establish Zonal Health Management Teams which will be coordinated by special trained officers. The teams will be established in nine (9) Zones namely Dar Es Salaam, Southern Zone (Mtwara na Lindi), Eastern Zone (Pwani na Morogoro), Western Zone (Kigoma na Tabora), Southern High lands Zone (Iringa, Njombe na Songea), South Western High lands Zone (Mbeya, Songwe, Katavi na Rukwa), Lake Zone (Kagera, Geita, Simiyu, Shinyanga, Mara na Mwanza), Northern Zone (Tanga, Manyara, Arusha na Kilimanjaro), Central Zone (Singida na Dodoma).

45. *Honourable Speaker*, in the year 2015/16 the top leaders of the Ministry visited the Public health facilities for the purpose of overseeing the provision of health services. During the visits, the leaders devoted adequate time to hear the public views regarding the provision of health services in their respective areas. Up to April 2016, all Regional Referral Hospitals and some Council hospitals, Health Centre and Dispensaries were visited. The leaders witnessed exemplary services being provided in some of the visited facilities. The leaders also witnessed a number of challenges facing the health sector the most common being the inadequate medicines and staff, poor health infrastructures as well as the general unsatisfactory services which fall short of meeting the public needs.

### **Health Services to the Elderly People**

46. *Honourable Speaker*, during the financial year 2015/16, the Ministry continued to coordinate the provision of health services to the elderly people with exemption to cost sharing. In addition, the government directed all government and private facilities receiving government subsidy at all levels (Council Region, Zonal and National level) to open windows and allocate special staff to provide health services to the elderly people. Allocation of special windows and staff will protect the elderly from unnecessary inconveniences. By March, 2016 a total of **24** windows were opened in Regional Referral Hospitals and **133** in Council hospitals. In April 2016, through the National Health Insurance Fund, the Ministry launched the First National Campaign which aimed at ensuring that the social and health needs of Elderly people are

adequately addressed. *“The elder you see today were youth’s like you; we are all elders of tomorrow”*

47. *Honourable Speaker*, Elderly are treasure of the Nation. The government has also instructed the public health facilities in charges, to ensure elderly people get all medicines prescribed for them. Furthermore, the Ministry in collaboration with PO-RALG is committed and continued to remind the Local Governments Authority to ensure availability of the membership fee for the elderly people to be enrolled in the Community Health Fund. This aims at reducing challenges faced by the elderly people in getting health services. In 2016/17, the Ministry will prepare and disseminate a National Strategy for the provision of Health services to the elderly people, improve the availability of information that are related to the provision of health services to elderly people and ensure availability of related medicines. The Ministry will also strengthen the availability of coordination desks for elderly people at all levels of health services delivery

#### **Diagnostic services**

48. *Honourable Speaker*, in fiscal year 2015/16, **18** laboratories were enrolled in the step by step certification towards accreditation system in the requirement of World Health Organization that made a total of **66** certified laboratories. Out of 66, 25 laboratories attained 1 to 3 stars. Furthermore, the Ministry procured and installed new CT scan, Digital X-Ray and Ultrasound at Muhimbili National Hospital. In fiscal year 2016/17, the Ministry will continue to improve the quality of laboratory services of regional, district and health centre levels. Also, the Ministry will improve radiological diagnostic services by implementing ORIO PROJECT at 37 hospitals.

#### **Blood Transfusion Services**

49. *Honourable Speaker*, in fiscal year 2015 Ministry collected a total of **71,600** units compared to **140,000** units that were targetted. In fiscal year 2016/17, Ministry will continue to sensitize communities to donate blood and strengthen storage of blood and blood products in the country coupled with completion of construction of regional blood collection sites in Iringa, Simiyu, Mara, Geita and Mwanza regions. I urge the community at large to donate blood regularly to ensure there is adequate and safe blood in health facilities.



## **Traditional and Alternative Health Services**

50. *Honourable Speaker*, in the year 2015/16, the Ministry in collaboration with the Institute of Traditional Medicine – MUHAS trained **25** traditional and alternative health practitioners on how to best prepare traditional medicines. Similarly, **59** students from Sebastian Kolowa Memorial University were trained on traditional and alternative medicine, Health Policy, Traditional and Alternative Medicines Act, No. 23 of 2002 and its regulations. In 2016/17, the Ministry through media will advocate for traditional and alternative medicine, Health Policy, Traditional and Alternative Medicines Act, No. 23 of 2002, its regulations and guidelines. I call upon the media community to adhere to the laws concerning adverts on traditional and alternative medicine. Traditional and alternative medicine adverts before they are aired through media they should be vetted by the Traditional and Alternative Health Practice Council.

## **PHARMACEUTICAL SERVICES**

51. *Honourable Speaker*, the Government has continued to prioritize on availability of essential medicines, medical devices and diagnostics. Review of the Country Supply Chain System as well as Assessment of Medical Stores Department for the purpose of enhancing efficiency was completed in January 2016. The Ministry is now piloting the 'Pilferage Tool' which will facilitate monitoring of loss and theft of health commodities. Similarly, the Ministry has trained 420 health care providers from 140 hospitals to use electronic Logistics Management Information System (eLMIS) to order medicines and medical supplies from MSD

52. *Honourable Speaker*, in the next financial year Medical Stores Department in collaboration with regional hospitals have planned to open pharmacies in 10 Regional Referral Hospitals. MSD will continue to run its five pharmacies located at Muhimbili National Hospital, Mbeya Zonal Referral Hospital, Sekou Toure Hospital, Mount Meru Hospital and Chato District Hospital. The five pharmacies will serve as learning sites for other hospitals in the country. MSD is finalizing processes to start direct procurement from medicines manufacturers so as to cut down costs of medicines resulting from the use of middlemen. MSD will cease hiring a warehouse with storage space of square metres 11,433 and

save Tshs 4.5 billion per annum after being provided with a plot of 5 hectares for building a wire houses in Dar es Salaam by Honourable President John Pombe Joseph Magufuli.

## QUALITY OF HEALTH SERVICES

53. *Honourable Speaker*, in fiscal year 2015/16, the Ministry conducted assessment on the quality of health care services provided by all primary health in **20** regions of Geita, Kigoma, Mara, Mwanza, Shinyanga, Simiyu, Kagera, Dar es Salaam, Pwani, Singida, Tanga, Manyara, Tabora, Rukwa, Mtwara, Lindi, Morogoro, Ruvuma, Dodoma and Katavi. The assesment conducted revealed that health facilities needed improvement for provision of quality services and each facility had prepared action plan for improvement. In fiscal year 2016/17, the Ministry will conduct an integrated supportive supervision in all **26** regions to ensure that health services provided follow the set standards as per the Ministry guidelines.
54. *Honourable Speaker*, in fiscal year 2015/16, cholera outbreak persisted for almost 8 months from August, 2015 to April, 2016. A total of **21,059** patient contracted the disease out of whom **331** patients died. Only two regions of Njombe and Ruvuma were not affected by the disease. In combating the disease, the Ministry strengthened the coordination and distribution of medicines, supplies and sending professionals to mostly affected regions to train healthcare workers on how to control the epidemic. Furthermore, the Ministry in collaboration with partners continued to educate the public on appropriate use of latrines, personal hygiene, sanitation and use of clean and safe water.
55. *Honourable Speaker*, in the year 2015/16, the Ministry regulated professional conducts through health professional councils and boards where **54,834** professionals who qualified to provide health services in the country were registered. If these professionals will be employed they will definitely reduce the human resource shortage in health .
56. *Honourable Speaker*, in the year 2015/16, Traditional and Alternative Health Practice Council in collaboration with PO-RALG managed to register **2,935** traditional and alternative health practitioners in all regions thus recording cummulative total of **10,958 registered practitioners**. As such the registration process is vital in the control of killings against people with albinism, elderly and infants, which are

fueled through witchcraft beliefs. Concurrently supportive supervision was carried out by Traditional and Alternative Health Practice Council on traditional medicine to nine regions of: Tanga, Kilimanjaro, Arusha, Manyara, Geita, Shinyanga, Simiyu, Mwanza, Kagera, Mtwara and Lindi. During the process of supervision: advocacy on Health Policy, Traditional and Alternative Medicines Act, No. 23 of 2002, its regulations and guidelines was conducted in **75** Region and Council to Traditional and Alternative Medicine coordinators as well as to **890** traditional health practitioners.

57. *Honourable Speaker*, The Government has realized the importance of engaging private sector in the provision of health care. In the year 2015/16 the Ministry registered 36 health facilities, 60 private laboratories, 12 private maternity homes, 163 Private Pharmacies, **770** Accredited drug dispensing outlets, **12** Optometry clinics, 4 optic shops and **one** shop for selling medical devices related to Optometry.

### **Monitoring and Coordination of Health Services**

58. *Honourable Speaker*, Ministry has strengthened availability of health services data by developing an electronic system "Health Facility Registry" which will be providing information from health facilities in the country. The system will generate information on status, services provided, geographical location and the type of facility. All these information will be accessible through a website [www.ehealth.go.tz](http://www.ehealth.go.tz). In addition, the Ministry has launched a web portal ([hmisportal.moh.go.tz](http://hmisportal.moh.go.tz)) where citizens can access all data and information related to health.
59. *Honourable Speaker*, the Ministry has continued implementing e-health strategy (2013 – 2018). In the year 2015/16, the Ministry distributed guidelines on procedures and steps to be followed by health facility to install electronic system for the health services that are provided at the health facility. The guideline provides the required standards that the system should meet before it is installed and on how it should operate. The Ministry has finalized the installation of electronic system in: Kibong'oto Hospital, Mirembe Hospital and in the following Regional Referral Hospitals; Dodoma, Amana, Ndanda, Lindi and Mount Meru of Arusha. The Ministry has developed an electronic system for preparation of Comprehensive Health Plan and for tracking of

expenditures at Council level, which is known as “centralized web based PlanRep”. The Ministry has completed an assessment on the provision of health services through internet (telemedicine) in seven health facilities of Bagamoyo, Amana, Mwananyamala, Hydrom, Tumbi, KCMC and Muhimbili National Hospital which on trial basis/phase.

60. *Honourable Speaker*, in the year 2016/17 the Ministry will conduct assessment on all installed electronic system for revenue collection and reporting to Zonal, Regional and Local Government Authority to check on whether they do adhere to standards as outlined in the guidelines and as per eGovernment Agency (eGA). The assessment will enable the Ministry to come up with ceiling prices for the installation of electronic system to ensure patients are protected from price hikes and control standards.
61. *Honourable Speaker*, In the year 2016/17, the Ministry will install an electronic system “Integrated Health Facility Management Information System” at the Muhimbili Orthopaedic Institute (MOI), Benjamin Mkapa Hospital (Dodoma), Regional Referral Hospitals in Tabora (Kitete), Singida, Tanga (Bombo), Mtwara (Ligula), Dar es Salaam (Mwananyamala na Temeke). Moreover, the Ministry will undertake repair and maintenance works on medical equipment for telemedicine at Muhimbili National Hospital, Bugando, KCMC Mbeya Referral, Mwananyamala, Temeke, Amana, Tumbi and Bagamoyo Council Hospital. In addition the Ministry will establish and install electronic system using mobile phones (eHealth) for citizen to provide feedback and any other related issues regarding the standards of the services which are provided.

## **Health Care Financing**

62. *Honorable Speaker*, the National Health Policy (2007) articulates that, all citizens should access health care services regardless of their socio-economic status. Furthermore, the Policy emphasizes on ensuring sustainable sources of financing health care services and on the extension of scope of coverage on health insurance as one of the main strategies of the policy. By December 2015, the scope of coverage through National Health Insurance Fund (NHIF) and Community Health Fund (CHF) was **11,729,281** beneficiaries, which is equivalent to **27** percent of the total population according to the 2012 Population

Census. The Community Health Fund (CHF) Schemes had total **8,390,526** beneficiaries whereas NHIF had 3,338,755 beneficiaries. The achievement in the extension of scope of coverage has been contributed by enrolment of various groups such as; faith based institutions, private institutions, Councilors, various cooperatives organizations and informal micro-insurance groups which were initially left out.

- 63. *Honourable Speaker***, The National Health Insurance Fund, continues to improve its health insurance services to beneficiaries. By 31 December, 2015 the Fund had introduced Customer care services centre to provide real time response to vexing challenges affecting members with **toll free number 0800 110063 (which is free of charge)**. Correspondingly, the Centre offers other services such as voice, data and e-communications with beneficiaries through Customer Relationship Management System. Furthermore, the National Health Insurance Fund has paid a total amount of **Tshs 101,772,424,344.00** to accredited health facilities that provided health services to benefices and for the first time it has included in its benefits package non-invasive cardiac services and angioplasty to the beneficiary who access such services at the Jakaya Kikwete Cardiac Institute. This package has strengthened the institution and reduced the number of patients who sent abroad for these services.
- 64. *Honourable Speaker***, the National Health Insurance Fund will conduct Actuarial Valuation in the financial year 2016/17 in order to ascertain the financial soundness of the scheme. In a bid to extend the scope of coverage, the Fund will start providing services to cover all children under the age of 18 years without considering the relationship between the contributor and the child. This package aims at extending the scope of beneficiary and give opportunity to children from larger and extended families, and vulnerable children to get health insurance card that will guarantee their access of health Insurance.
- 65. *Honourable Speaker***, I would like to ask all members of Parliament, to use their position and powers to cordially continue extending awareness campaign and knowledge to communities to encourage them to join the National Health Insurance Fund. Meanwhile the Government expects in September, 2016 to table before the Parliament a bill for a National Health Insurance for all, (Universal Health Coverage) which will provide for compulsion to all Tanzanian to have the right to join and

contribute to the scheme. It is my sincere hope that all members of Parliament will agree and support the motion by the Government once the bill is submitted.

## **SAFETY AND QUALITY CONTROL OF CHEMICALS**

66. *Honourable Speaker*, during the year 2015/16, the Government Chemists Laboratory Agency received and analysed **4,121** samples. The Agency also provided education to **415** stakeholders from various institutions in the country on the appropriate procedures for importation, storage, and transportation of chemicals including handling and addressing accidents resulting from the use of chemicals. A total of **402** stakeholders involved with trade in chemicals were registered while **650** were inspected. The Agency further inspected **14, 578** consignments of chemicals imported into the country. In fiscal year 2016/17, the Government Chemists Laboratory Agency would continue with inspection of chemicals imported into Tanzania.

## **REGULATION OF QUALITY AND SAFETY OF FOOD, MEDICINES, COSMETICS AND MEDICAL DEVICES**

67. *Honorable Speaker*, the Ministry through the Tanzania Food and Drugs Authority (TFDA) continued with the regulation of quality and safety of food, medicines, cosmetics and medical devices in which **6, 896** premises involved with production and sale of food, medicines, cosmetics and medical devices in which **4,515 (65%)** premises complied with the legal requirements. Premises which did not meet requirements were directed to rectify deficiencies within a specified timeframe.

68. *Honorable Speaker*, during 2015/16, the Authority registered and renewed annual permits for **3,186** premises involved with trade in food, medicines, cosmetics and medical devices. The Authority evaluated **4,207 (85%)** applications for registration of regulated products out of **5,083** applications received. A total of **2,747** products **(65%)** that met the legal and regulatory requirements were registered. Furthermore, during the year, the Authority issued **5,705** import permits and **1,179** exports permits for food, medicines, cosmetics and medical devices.

69. *Honourable Speaker*, the Authority supervised disposal of **226.8** tons worth **TZS 1,983,230,330** of unfit products for human use. These

includes **66.8** tons of cosmetics (**29.5%**), **145.37** tons of foods, including counterfeit alcohol and “viroba” (**64.1%**), **14.48 (6.4%)** tons of medicines and **0.15** tons (**0.1**) of medical devices. The Authority analyzed **2,736** samples of food, medicines, cosmetics and medical devices out of which **2,567** samples (**94%**) passed the tested parameters of quality and safety. Products that failed laboratory tests were either denied entry in the country, recalled from the market and/or disposed off.

- 70. *Honourable Speaker***, during 2016/17, Tanzania Food and Drugs Authority will continue with the control of quality and safety of food, medicines, cosmetics and medical devices. The Authority will enhance implementation of electronic systems in order to expedite delivery of regulatory services including tracking, attending and giving timely feedback to customers. Furthermore, the Authority will complete construction of Lake Zone Office and Laboratory located in Mwanza City, in order to increase performance of the Authority.

## **MEDICAL RESEARCH**

- 71. *Honourable Speaker***, in fiscal year 2015/16, National Institute for Medical Research (NIMR), continued with implementation of research focusing on identification of schistosomiasis prevalence in Rorya and Butiama districts in Mara region. Preliminary results revealed that Schistosomiasis is a big health problem in those two districts. In fiscal year 2016/17, the Institute will continue to undertake research on human papilloma virus vaccine trial and the safety of Ebola vaccine. Furthermore, the Institute in collaboration with Tanga AIDS working group (TAWG), will undertake research on quality and safety of herbal drug namely TASHACK for treatment of AIDS.

## **COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN**

### **Community Development**

- 72. *Honourable Speaker***, the Ministry has a role to sensitize and help people to bring about their own development and nation as whole. This is in line with President’s intention to build a culture of hard working among Tanzanians. In the year 2015/16, the Ministry in collaboration with PO-RALG through community development officers sensitized and provided education on community participation on development

activities. One of the key results from this undertaking is that of local community being motivated to enrol their children into primary schools reaching a **119.5 percent** of the pre-set target. This achievement is an outcome of a good work done by our community development experts.

- 73. *Honourable Speaker***, we still have a challenge of having inadequate community development officers in our councils and wards. For instance, out of **3,957** wards only **1,332** wards have community development officers. In the year 2016/17, the Ministry through use of media and community development officers will continue to nurture a loving to work spirit among people and community at large. Moreover, the Ministry will maintain the role to train community development experts through eight CDTIs and Tengeru Institute of Community development so as reduce the existing shortage of community development experts. Meanwhile, the Ministry will continue to collaborate with PO-PSM and PO-RALG on possibility to recruit community development experts directly from our colleges.

## **Gender Development**

- 74. *Honourable Speaker***, in a bid to ensure there is gender equality in our country, implementation of the Ministry roles for 2015/16 and 2015/16 plan focused on the following strategic areas;

### **Integrating Gender issues into policies and plans**

- 75. *Honourable Speaker***, integrating gender issues into policies, plans, strategies, programmes and budget is an important aspect in ensuring that they are merged and given the weight they deserve in bringing about sustainable development in the country. In the year 2015/16, the Ministry through Task Force Team for gender issues integration into national policies have managed to integrate gender issues into ToR for MKUKUTA II implementation review. Moreover, the Ministry has continued to coordinate gender desks in Ministries, departments and Governmental Agencies. These desks have proved to be effective for gender analysis and integrating gender issues into policies, strategies, plans, programmes and budgets. However, operationalization of these desks has encountered a number of challenges including limited budget and working facilities. I recommend to Ministries, local government authorities, departments, agencies, private sector and CSOs to set aside



budgets and provide these desks with working facilities. They should also be involved in preparation and implementation of development plans at work place. As for fiscal year 2016/17, the Ministry will acknowledge contribution from Ministries and other institutions on empowering these desks so as to revive and motivate an attitude of considering gender issues. Subsequently, the Ministry will carry on with coordination on gender issues integration into national policies especially into implementation of the second five years development plan (2016/17 – 2020/21). The Ministry will also revive integration of gender issues in consideration of Sustainable Development Plan (2030).

## **Gender Violence**

**76. Honourable Speaker,** in the year 2015/16, the Ministry in collaboration with stakeholders has continued to provide education to community on gender violence. Often, Victims of the violence are women and children who have been affected physically, psychologically, healthwise and economically. The problem is alarming. Between January and December 2015, a total of **22,876** incidences of violence have been reported. In the year 2016/17, the Ministry will continue to collaborate with stakeholders in country's law execution while educating the community on impacts of the gender violence.

## **Economic Empowerment of Women**

**77. Honourable Speaker,** one of the priorities of the fifth Phase Government is that of economic empowerment of women. With this regard, the Ministry has maintained the role of coordinating activities of the Tanzania Women Bank (TWB) and Women Development Fund (WDF).

**78. Honourable Speaker,** in the year 2015/16, TWB has conducted extensive training on entrepreneurship and loan management to **12,874** people including **9,693** women (1,485 rural women) and **3,181** men. Until March 2016, a total of **Tshs. 20,124,874,328** has been given as loan with women securing **Tshs. 12,878,977,228**. Moreover, the Ministry has continued to coordinate operationalization of the Women Development Fund of which a total of **Tshs. 54 Million** has been given to 7 councils; Chato, Kaliua, Busega, Uvinza, Wanging'ombe, Mkalama na Momba. Meanwhile, the Ministry has evaluated the WDF

implementation and learnt that there is insignificant response from councils which were required to contribute five per cent from internal sources as required. Loans given by Tanzania Women Bank and Women Development Fund has empowered women entrepreneurs to engage themselves in various business endeavours, agriculture and animal keeping of which they have managed to boost household income. In the year 2016/17, Tanzania Women Bank expect to open special window for women which will facilitate their easy access to soft loans and hence reach more women. Meanwhile, the Ministry will strengthen supervision and coordination of the Women Development Fund covering loan issuing and repayment. The Ministry will also ensure councils are contributing their five per cent of their collections as previously agreed as this will make possible to reach more women who are enjoying soft loans.

79. *Honourable Speaker*, in a very special way, I would like to congratulate Vice President of the United Republic of Tanzania Hon. Samia Suluhu Hassani for being appointed by General Secretary of the United Nation Hon. Ban Kin Moon to be a member of the UN Panel for women economic empowerment. This appointment has come while research findings in the country are suggesting that only **51.2 %** of women are using formal financial services as compared to their counterparts who have reached **63 %**. Moreover, the findings have revealed that fewer women **53.2 %** are using mobile phones as compared to men **70.5 %**. The Ministry will join Hon. Vice President in her national campaign to sensitize women to open bank accounts and start using mobile banking. It is my sincere hope that, through the campaign, women will find rationale to start using mobile banking and access services from VICOBA and SACCOS. In line with that, in the year 2016/17 the Ministry will sensitize and encourage women to join and start using formal financial services including VICOBA and SACCOS so that they can tap opportunities to access soft loan and save for poverty alleviation.

### **Children Development**

80. *Honourable speaker*, In the year, 2015/16 the Ministry prepared its report for African Chatter on the Welfare of the children and presented it to the committee on July 2015. Nevertheless the Ministry in

collaboration with other stakeholders implemented the United Nations Convention on the Rights of the Children. The African Report with other things revealed the perpetuation of the teenage pregnancy problem particularly in Mara region, Singida, Dodoma, Shinyanga, and Geita. In the Year 2016/17, the Ministry shall continue to raise community awareness and its capacity to participate fully in preventing and stopping teenage pregnancies and early marriages.

- 81. *Honourable Speaker,*** In the year 2015/16, Community Development officers and Social Welfare officers from 64 District councils and municipals were trained on how to use a national family education on family care communication tool Kit to prevent violence against young children and disseminated 2000 copies to the same districts. The training increased the capacity of the community to identify and report any form of maltreatment of children in their areas. For instance .For example, the information which was reported through Child Help Line no.116 increased from 24675 to 33675 in the year 2015/2016 In 2016/17 the Ministry shall continue to build capacity of community development officers from 27 District Councils . Furthermore theMinistry shall continue to educate parents, care givers and communities to report on any violence in their areas in order to stop and prevent violence against children through radio programs, television using a special program aired by TBC1 and 19 regional and community radios.
- 82. *Honourable Speaker,*** Female Genital Mutilation is one of the violent actions attributed to harmful cultural and traditional values for the girls. In order to combat this problem in 2015/16, the Ministry sensitized communities on the effects of female genital mutilation which include among others death of the girl child. Communities were urged to abscond from female genital mutilation and participate fully on rebuking that practice.
- 83. *Honourable Speaker,*** in order to ensure that a girl child is developed as per UN CRC in 2015/16 my Ministry continued to sensitize communities on the importance of investing in education for girls as the do for boy child. In addition the Ministry emphasized to communities on the idea of creating favorable environment which will enable girls to continue for further studies. Furthermore, In 2015/16 my Ministry shall continue to put emphasize on communities and other development partners to improve the environment so that it is friendlier for the girls

to continue for further studies. The Ministry shall also promote the establishment of school clubs for girls to enable them to meet and discuss matters of their concern and help each other.

- 84. *Honourable Speaker,*** Children councils are useful instruments in empowering Children to talk about matters related to their rights and welfare. In 2015/16, 5 children councils were established to make a total number of 122 children councils which were functional up to March 2016.(Attachment No.12). I urge all District Councils which have not established Children Councils to do so as soon as possible. Through children councils, children have learned different things which finally build their confidence. May I use this opportunity to congratulate our Child, Getrude Clement 16 years old who participated and managed to address the UN Committee on the Climate Change at the United Nations in the United States of America under the chairmanship of His Excellency Ban Kin Moon, the Secretary General of UN. I encourage parents to allow their children to join children councils and clubs to enable them build their confidence. In 2016/17 my Ministry shall continue to promote the establishments of the children councils and allocate enough funds to facilitate the councils to operate smoothly at district and ward levels.

## **ELDERLY SERVICES AND DEVELOPMENT**

- 85. *Honourable speaker,*** the killings and the torture to the elderly still persist in our communities. In fiscal year 2015/2016 a total of **167** elders were killed due to witchcraft allegations. In the year 2015/2016, the Ministry has continued to create awareness with regard to care, support and protection of elders through International anniversary day for the elderly, fora and mass media. Moreover, the government continued to provide services and necessary support to the elders offered in **17** government owned elderly homes. In this regard, the Ministry in collaboration with various stakeholders shall continue to raise awareness to communities so as to provide necessary care, support and protection to the elders in the respective communities. In fiscal year 2016/2017 the government will renovate Nunge home of the elders, and improve the availability food, beddings and health services in all homes. Furthermore, the Ministry will table a bill of elderly in the parliament.

## Social Welfare Services

- 86. *Honourable speaker*,** The Ministry has continued to coordinate, supervise and provide social welfare services to the needy individuals, groups and communities. In the course of its implementation a total of 61 applications for foster care and adoption were received; whereas 35 children were placed under foster care and 25 were adopted. On the other hand, the Ministry has registered and licensed 28 day care centres and one training institution for early childhood development. Also, the Ministry trained 1019 child care workers in order to strengthen their professional capacities in providing early childhood education to children. Hence, in financial year 2016/2017 the Ministry will coordinate, supervise and provide child and family welfare services such as foster care and adoption, early childhood education and family counseling services.
- 87. *Honourable speaker*,** in financial year 2015/2016 the Ministry provided care and support to children in conflict with the law in retention homes, approved school and the court. A total of 346 (327 boys and 19 girls) were kept in custody and supported with human services in Irambo approved school and five retention homes of Mbeya, Moshi, Tanga, Arusha and Dar es Salaam. Also about 164 children (Male; 133 females 31) children in conflict with the law were given necessary services and support in court. Therefore, the Ministry will continue to improve service delivery to children in conflict with the law cared supported in approved school, retention homes and courts. Also the Ministry shall ensure access and timely justice to children in conflict with the law.

## Non-Governmental Organization

- 88. *Honourable Speaker*,** The Ministry has proceeded in providing enabling environment to the NGO's in promoting Community and National Development. In the year 2015/16, sum of **428** NGO's were registered under Non-Governmental Organization Act of 2002 as amended in 2005 and this increased the number of NGO's from 7,060 in March,2015 to 7,626 in March,2016 (Appendix Number 13 page 167 of my speech). In addition , **108** registered NGO's were cancelled due to the failure to observe the provision of Non-Governmental Organization Act.

**89. *Honourable Speaker,*** Number of NGO's which presented Annual Financial report has increased from 187 in the year 2014/15 to 375 in 2015/16; this marked the increase in 100.5 percent. Reports show that NGOs have contributed in enhancing different activities within the community particularly the issues of policy, good governance, provision of community services in different areas including education, health, agriculture, land, environment, climate change, gender development, employment, social welfare and child development. In the year 2016/17, the Ministry will check the operation of NGO's within the country and come up with justification of its contribution towards development. Also, the Government will enhance the review of National Non-Governmental Organizations Policy of 2001 in order to assess its implementation, achievements , challenges and opportunities available in modifying the Policy.

## **CONCLUSION**

**90. *Honourable Speaker,*** I would like to take this special opportunity to thank the following countries: Denmark (DANIDA), Switzerland (SDC), and Ireland (Irish Aid), Canada (CFATD) and Bilateral and Multilateral Organizations including World Bank, UNICEF and UNFPA for their support through the health basket fund, which to a great extent has contributed towards strengthening of primary health care services. Furthermore I would like to thank South Korea through KOICA for their decision to join the health basket funding modality starting from year 2016/17. I would also like to extend my appreciation to Canada, China, Cuba, Hispania, India, Italy, Japan, South Korea, USA, Egypt, Sweden, United Kingdom, Germany and France for their continued support to the Ministry of Health, Community Development, Gender and Children.

**91. *Honourable Speaker,*** I would also like to take this opportunity to thank the Multilateral Agencies for their support and cooperation to the Ministry. These institutions include Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), African Union, African Development Bank (AfDB), Arab Bank for Development in Africa (BADEA), European Union (EU), GAVI, International Atomic Energy Agency (IAEA), UNAIDS, United Nation Development Program (UNDP), World Health Organisation (WHO) and WORLD BANK. Others are Abbott Fund, BASIC NEED (UK),

Baylor College of Medicine of USA, Canada Bar Association, CDC, CORDAID (Netherlands), CUAMM, DANIDA, DFID, Engender Health (USA), EED, Elizabeth Glaser Paediatric Aids Foundation (EGPAF), Family Health International (FHI360), FINIDA, GIZ, Good Samaritan Foundation (GSF), German TB and Leprosy Relief Association (GLRA), Help Age International, International Labour Organization (ILO), Jane Adams School of Social Work (Illinois University), John Snow Incorporation (JSI), JICA, KOICA, KfW, Africa Medical Doctors and Medicine Sans Frontiers – MSF, MSERIOR, ORIO, P4H, SAREC, SDC, SIDA (Sweden), Spain Surgical Institute, SIGN Group (USA), and Human Resource Capacity Project, Touch Foundation, Children Investment Foundation (CIFF), and World Lung Foundation.

92. *Honourable Speaker*, The Ministry also extends its appreciation to the African Programme for Onchocerciasis Control, Africare, Axios International, Aids Relief Consortium, AIHA, ASCP, ASM, APHL, Balm and Gillead Foundation, Bill and Melinda Gates Foundation, Clinton Health Access Initiative, CLSI, ChristoffelBlinden Mission (CBM), Christian Relief Services (CRS), Citi Bank, USA Department of Defence, Community of Saint Egidio (DREAM), Duke University, ECSA, Futures Group, Glaxo Smith Kline (GSK), General Electric (GE – USA), Harvard University and University of Maryland, Helen Keller International, Intrahealth Henry Jackson Foundation, IMA, ICAP, International Trachoma Initiative, International Eye Foundation, I-TECH, Jhpiego, Johns Hopkins University, Labiofarm Industry, London School of Hygiene and Tropical Medicine, Management Science for Health (MSH), MEDA, Merck & Company, Malaria No More, Military Advancement for Medical Research, NOVARTIS, Pathfinder, PATH, President's Emergency Plan for AIDS Relief (PEPFAR), Pharm Access International, PactWorld, Plan International, Pfizer, Qiagen, Research Triangle Institute (RTI), Regional Psychosocial Support Initiatives (REPSSI), Saint Thomas Hospital-London, Save the Children, Sight Savers International, Supply Chain Management Systems (SCMS) and University of Columbia, URC, USA-Presidential Malaria Initiative (PMI), World Vision, FXB, Walter REED Army Institute of Research (WRAIR) and World Education Inc for their support.

93. *Honourable Speaker*, may I also take this opportunity, on behalf of the Government, to extend my appreciation to individuals, Voluntary Associations and domestic NGOs for being in the fore front in supporting the sector in strengthening provision of quality health services. These include AGOTA, Aga Khan Foundation, APHFTA, AMREF, AGPAHI, APT, BAKWATA, Benjamin William Mkapa HIV/AIDS Foundation, CCBRT, CSSC, CCT, Counsenuth, ELCT, Ifakara Health Institute, Lions Club, MAT, AFRICARE, Red cross, MEHATA, MEWATA, MUKIKUTE, MDH, MeLSAT, PASADA, PAT, PSI, PRINMAT, Rotary Club International, SIKIKA, Shree Hindu Mandal, TANNA, TPHA, TPRI, Tanzania Surgical Association (TSA), Tanzania Diabetic Association, TANESA, THPS, TUNAJALI, Tanzania Midwife Association, TDA, TAYOA, TISS, TEC, UMATI, USADEFU, White Ribbon Alliance, All Professional Councils, Institutions, hospitals and health care facilities in the country together with all professional associations in the health sector.
94. *Honourable Speaker*, may I take this opportunity to express gratitude the Universities of Dar es Salaam, Muhimbili, Sokoine, Ardhi, Mzumbe, Dodoma, Open University, HurbertKairuki Memorial, IMTU, Tumaini, St. Augustine, CUHAS, Sebastian Kolowa, St. John, Aga Khan, Morogoro Muslim and Arusha including all training schools in the Ministry of health, community development, gender, elderly and children for supporting the sector in strengthening provision of quality health and community development services. Furthermore, the Ministry would like to thank other stakeholders who have contributed towards provision of public education through radio and television programs, newspapers and social networking.
95. *Honourable Speaker*, during the entire period of my service in this Ministry, I have been accorded good cooperation from the Ministry of Health and Social Welfare management and employees. I would like to thank **Honourable Dr.Hamisi Andrea Kigwangalla, (MP.)**- Deputy Minister for Health, Community Development, Gender, Elderly and Children. Likewise, I take this opportunity to thank, **Dr Mpoki M. Ulisubisya**, Permanent Secretary (Health) and **Ms Sihaba Nkinga**, Permanent Secretary (Community Development, Gende, Elderly and Children) for their cooperation extended to me in the implementation of my duties during this period. Furthermore, I would like to thank **Dr Muhammad Bakari Kambi**, the Chief Medical Officer, Commissioners



and all Directors and Head of Units in the Ministry of Health, Community Development, Gender, Elderly and Children. I would also like to extend my gratitude to Directors of Referral Hospitals, Special Hospitals and Health Institutions under the Ministry, Regional and District Medical Officers, Medical Officers in charges of hospitals, health centres and dispensaries, Principals of training institutions under the Ministry and all employees in the health and community development sectors, in Government, FBOs, NGOs and the Private Sector. In addition, I wish to extend my appreciation to other sectors to whom we closely collaborate in providing health and community development services and to the general public. I call upon all stakeholders to continue to provide services for the benefit of our people and the nation in general.

96. *Honourable Speaker*, may I now express my sincere gratitude to my family for their encouragement and contributions that have enabled me to implement my duties in serving the nation. I also take this opportunity to thank people specifically women in Tanga region for the good cooperation they continually extend to me regarding the development of our region. Respectfully, I would like to assure them that I will continue to serve them diligently in order to accelerate development in our region.

## **REVENUE AND REQUEST OF FUND FOR IMPLEMENTATION OF ACTIVITIES PLANNED FOR IMPLEMENTATION IN THE YEAR 2016/17**

### **Revenue**

97. *Honourable Speaker*, for the year 2015/16, the Ministry estimates to collect revenue amounting to Tshs, **166,138,358,857.00**.out of which, **Tshs 163,755,679,857.00** will be collected from Vote 52 as follows, **Tshs 146,968,868,000.00** collected by the institutions under the Ministry and **Tshs 16,786,811,875.00** from sources at the Headquarters. Whereas **Tshs 2,382,679,000.00** will be collected from Vote 53. This revenue is mainly from collections from cost sharing in health services, various fees, registration of private health care facilities, private laboratories and professional councils.

## **Request for Funds for the Year 2016/17**

98. *Honourable Speaker*, in order to enable the Ministry of Health, Community Development, Gender, Elderly and Children to implement the annual plan for 2016/17, I beg to move that your esteemed Parliament review and approve the budget of the Ministry including its institutions, amounting to **Tshs. 845,112,920,056.00** out of which for Vote 52, **Tshs. 277,604,173,000.00** is for recurrent expenditure and **Tshs. 518,511,683,780.00** for development expenditures where as for Vote 53, **Tshs 40,148,480,000.00** is for recurrent expenditure and **Tshs 8,848,583,276.00** for development expenditure.
99. *Honourable Speaker*, The Ministry speech is also available at the Ministry Websites [www.moh.go.tz](http://www.moh.go.tz) and [www.mcdgc.go.tz](http://www.mcdgc.go.tz)
100. *Honourable Speaker*, **I beg to Submit.**