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ASSESSMENT OF REPRODUCTIVE AND CHILD HEALTH SERVICES IN DISPENSARIES UNDER EVANGELICAL LUTHERAN CHURCH IN TANZANIA (ELCT) CENTRAL DIOCESE IN IRAMBA DISTRICT, SINGIDA REGION, TANZANIA

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTER OF ARTS IN COMMUNITY DEVELOPMENT DEGREE OFFERED BY ST. JOHN'S UNIVERSITY OF TANZANIA

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CERTIFICATION

I, the undersigned, certify that I have read and hereby recommend for acceptance by St. John's University of Tanzania a dissertation entitled "Assessment of Reproductive and Child Health Services (RCHS) in dispensaries under Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese in Iramba district, Singida region, Tanzania" in fulfilment of the requirements for the degree of Master of Arts in Community Development.

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Dr. Batimo Sebyiga

(Supervisor)

DECLARATION

I, Edward E. Gyunda declare that this dissertation is my own work. It has not been and will not be presented for any other course of study. I confirm that appropriate credit has been given where reference has been made to the work of others.

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ABBREVIATIONS

AC	AIDS Control
ACP	Aids Control Programmes
ADP	Area Development Program
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Cases
ARI	Antire Troviral Therapy
ARR	Average annual Rate Reduction
BCG	Bacillus Gamette
BEmONC	Basic Emergency Obstetric Care
CBHC	Community Based Health Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CHF	Community Health Fund
CTC	Care and Treatment Clinic
DPT	Diptheria Pertusis and Tetanus
ELCT	Evangelical Lutheran Church in Tanzania
EPI	Expanded Program for Immunization
HB	Haemoglobin
HBM	Health Believe Model
HIV	Human Immuno-defficiency Virus
HWs	Home Workers
IDC	Iramba District Council
IPD	In-Patient Department
MCH	Mother and Child Health
MDGs	Millenium Development Goals

MKUKUTA	Mkakati wa Kukuza Uchumi na Kupunguza Umaskini Tanzania
MMAM	Mpango wa Maendeleo wa Afy ya Msingi
MMR	Maternal Mortality Rate
MNCH	Mother and Newborn Child Health
MoHSW	Ministry of Health snd Social Welfare
MTUHA	Mfumo wa Taarifa za Uendeshaji Huduma za Afya
NGOs	Non Governmental Organizations
NPERCHI	National Package of Essential Reproductive and Child Health Intervention
NSGPR	National Strategy for Growth and Povert Reduction
OPD	Out Patient Department
OPV	Oral Polio Vaccine
PHC	Primary Health Care
PHSDP	Primary Helth Services Development Programme
PMTCT	Prevention of Mother to Child Transmission
PID	Pelvic Inflammatory Desease
POLIO	Poliomyelitis
RCHS	Reproductive and Child Health Services
RTI	Reproductive Tract Infections
SPSS	Statistical Package for Social Science
STI	Sexual Transmitted Infection
STD	Sexual Transmited Diseases
TBAs	Traditional Birth Attendants
TB	Tuberculosis
TDHS	Tanzania Demographic Health Survey

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania
USAID	United States Agency for International Development
UTI	UTI Urinary Tract Infection
VCT	Voluntary Counseling and Testing
W H O	World Health Organization

ABSTRACT

The purpose of this study was to make assessment of reproductive and child health services (RCHS) provided by dispensaries under the Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese in Iramba district, Singida region, Tanzania" based in five years 2009 – 2013.

A qualitative and quantitative approach, questionnaires, documentary and observation were used in this study. The total number of 80 respondents with gender balance of 40 male and 40 female were selected for the study. Five dispensaries from Iramba district were selected as the study sample. The data was analyzed by using Statistical Package for Social Science (SPSS).

The results of indicate that RCH Services were of good quality while on strengths (i) there is close and action - oriented supervision of all activities done by staff during official and emergency hours; (ii) there is positive mindset of staff aiming at rendering services effectively and efficiently; (iii) staff said that they were motivated by provision of extra hours allowances and sometime given off hours. On the side of capacity of dispensaries it was found that every dispensary had only one mildwife out of the required two.

Although there are many difficulties and a lot of challenges which were identified by this study, Reproductive and Child Health Services (RCHS) to the community are of fair quality, strength and capacity. However, these services are faced by number of challenges including Shortage of facilities; midwives; essential medicines; low salaries to workers; and lack of specialized RCH doctors together with ambulance and old buildings of dispensaries with dry water tap.

CHAPTER ONE
INTRODUCTION

1.1 Overview

This chapter provides the background to the study problem, statement of the study problem, definition of key terms, research objectives, research questions and the significance of the study problem.

1.2 Background to the Study Problem

It is good to hear that, global maternal mortality ratio declined by 45 per cent from 380 deaths to 210 deaths per 100,000 live births from 1990 to 2013. This brought to an average annual rate of reduction of 2.6 per cent which is less than half of 5.5 per cent rate as needed to achieve the three-quarters reduction in maternal mortality targeted for 2015 in Millennium Development Goal 5 (MDG) (UNICEF, 2014). Though there an improvement in reducing the maternal mortality rates which refers to deaths due to complications from pregnancy or childbirth. But government and the church as one of provider of health services in the community required adding more efforts of mobilization of health education to the community members to attend to health centres for RCH Services.

The UNICEF reports of 2014, shows that, there still big problem in the developing countries, for stance sub-Saharan Africans suffer from the highest maternal mortality ratio – 510 maternal deaths per 100,000 live births, or 179,000 maternal deaths a year. This is nearly two thirds (62 per cent) of all maternal deaths per year worldwide. South Asia follows, with a maternal mortality ratio of 190 (UNICEF, 2014).

The midterm review documented shown that, the maternal mortality ratio (MMR) in Tanzania has slowly decline from 870 per 100, 000 live births (1990) to 454 per 100, 000 live births in 2010. Tanzania has made insufficient progress in maternal survival between 1990 and 2013. Approximately 7,900 women still die each year from complication of pregnancy and childbirth (MoHSW, 2014).The number of women who dying every year in Tanzania is a challenge for the government and to the church also.

The number of maternal mortality by 2009 in Iramba district were 16 women who lost their lives because of several complecations including poverty, ignorant and poor infrastructure. In 2013 the maternal mortality for women decreased from 16 to 7, which is equal to 43.75%. By 2009 to 2013 the newborn in Iramba district was 48,530 (2009 – 8,854; 2010 – 10,392; 2011 - 9,475; 2012 – 12,688 and 2013 were 7,121) while the infant deaths by 2009 were 194, the mortality death in Iramba district was decreased from 194 in 2009 to 41 by 2013, which is equal to 2.11% (IDC, 2014). The most factors which causes deaths for women and infant or under five children is delayment. The delay in decision to seek care, delay in reaching care and delay in receiving adequate health care are major causative of death of women and children. In other words, these three delays known as Three Delays Model which recognizes the different barriers women face in achieving the timely and effective medical care needed to prevent deaths occurring in pregnancy and childbirth (IDC, 2014, Thaddeus & Maine, 1994).

Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese has many dispensaries in Iramba Districts compared to other parts within Singida

region. It owns 10 dispensaries and one hospital in the whole Singida region. Eight of them are in Iramba district. The names of the dispensaries in providing Reproductive and Child Health Services (RCHS) include Mukulu (Ulemo ward), Tyeme (Mtoa ward), Wembere (Shelui ward), Tulya (Tulya ward), and Kinampanda dispesansary is at Kyalosangi village (Kinapanda Ward), Iambi (Ilunda ward), Isanzu (Nkinto ward) and Kinyangiri. But it should be noted that the provision of these health services is also available for any Mother and Child from other villages out of the district.

In Iramba district RCH Services started since 1929 during the Augustana Missionaries who came to Iramba for evangelization and establishment of the church bases (Daniel, 1996). This situation has made health services provided ELCT Central Diocese to become popular among many people in Singida region and even in Iramba district. From this history, it is common for most mother and father of households to follow the RCH Services to these health facilities. For five years from 2009 – 2013, in the church health facilities of ELCT Central Diocese faced neonatal deaths of about 6 (0.002%) and Infant deaths were just 4. in Iramba District. From the 1999 and 2004 the antenatal, infant and under 5 mortality declined from 99 to 68, and from 147 to 112 per 1000 live births respectively (MoHSW, 2008; TDHS, 2005). The MoHSW (2014), the sharpened plan reports showing the proportion of births attended by skilled personnel increased from 46% in 2005 to 5%. There are moderate increases of births in health facilities from 58% in 2011 to 62% in 2012. The proportion of delivered mother attending postnatal care within 48 hours after birth was low at 31%.

ELCT Central Diocese is working hand in hand with the government of Tanzania through the Ministry of Health and Social Welfare (MoHSW) to ensure that all dispensaries which are run by the Church of ELCT Central Diocese provide services for Maternal and child health (MCH). For this case every dispensary provides RCH Services in Iramba district.

RCH Services in the diocese are faced by challenges. This study brought about an assessment of RCH Services provided by the dispensaries under ELCT Central Diocese in Iramba district, Singida region in order to see the real situation of Mother and Child Services, its strengths and capacity of such services to capture needs of the future.

1.3 Statement of the Study Problem

RCH Services provided under ELCT Central Diocese have been taking two faces of improvement and deterioration over the period of 2009 to 2013 in Iramba district (IDC, 2012). This situation of deterioration has brought a lot of challenges and discussions among the residents in the district. Most of Iramba district residents asking question due to the sustainability of dispensaries which missionaries invested in ELCT Central Diocese.

During the time of missionaries, the dispensaries and hospitals received large amount of money as operating funds from the Church of America and Germany (Daniel 1996), compared to this time when ELCT Central Diocese - dispensaries and hospital are not receiving sufficient financial support from missionaries (Johnson,2008). The overseas support has reduced because of disloyalty and individualism of some leaders of ELCT Central Diocese, especially due health services financial management. Currently these

dispensaries and the hospital are used as a source of income for the Diocese because each dispensary contributes 20% of its total income monthly (ELCT Central Diocese, 2000). Moreover, there is no any published document that provides detailed information of RCH Services in the Diocese in terms of operation, strengths, quality, and perception of customers towards such services.

This study seeks to assess the RCH Services provided by ELCT Central Diocese in terms of its strength and capacity of such services in Iramba district.

1.4 Research Objectives

1.4.1 General Objective

The general objective of this study is to Assess reproductive and child health services (RCHS) rendered by health facilities under the Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese in Iramba district by 2009 to 2013.

1.4.2 Specific Objectives

Specifically the study intended to:

i. Determine RCH Services under the Diocese in the study area.

ii. Examine quality, strengths and capacity of RCH Services in the study area.

iii. Analyse challenges facing RCH Services in the study area.

1.4.3.1 Research Questions

i. Who is responsible to provide RCH Services in the community?

ii. Are there sustainable health services through dispensaries or hospital of ELCT Central Diocese?

iii. To what extent challenges facing RCHS in the provision of services to Mother and Child in the study area?

1.5 Significance of the study

There are RCH Services in the study area which are offered by the ELCT Central Diocese. However, there have been complaints from among the clients. These complaints point out that; there some problems inherent within the RCH Services provision system. This study assessed the RCH Services provided by the Diocese in order to underscore strengths and capacity of such services in Iramba district. The findings of this study are expected to be the basis for improvement of RCH Services in the Diocese. Furthermore, the outcome of this research stands as one of requirements of a Master's Degree in Community Development offered by St. John's University of Tanzania.

1.6 Definition of the key terms

In this part, reproductive and child health services, primary health care and Public-private Partnership are defined below.

1.6.1 Reproductive and Child Health Services (RCHS)

According to United Republic of Tanzania (URT,2003),Tanzania National Health Policy, the term "Reproductive and Child Health Services" are an interventions which target on improving maternal conditions, family planning and addressing the needs of the child and other groups with focus on priority areas. Under the current arrangement, reproductive and child health services form part of the basic essential health package.

1.6.2 Primary health care

Primary health care, (PHC), has been defined as “essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community. In other, words, PHC is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy” (Warren and Sanders, 2013), and also (Marcos, 2004) notes that, primary health care includes all areas that play a role in health, such as access to health services, an environment and the life style.

1.6.3 Public-Private Partnership

Public-Private Partnership is the collaboration between the public and the private sector in providing health services; private sector includes all those organizations and individuals working outside the direct control of government (MoHSW, 2011).

CHAPTER TWO
LITERATURE REVIEW

2.1 Overview

This chapter presents theoretical, psycho-social theory of health care, model of health services utilization, empirical reviews of the literature, the mortality of Ghana 1990 – 2010, challenges facing MNCH in sub Saharan Africa, general provision of health services in Tanzania, identified gaps, Conceptual Framework and A framework to study the determinant of RCHS.

2.2 Theoretical Review

Theoretical review introduces and describes the theory of research which explained why the research problems under study exist. In every research, theories are formulated to explain, predict, understand phenomena and in many cases, to challenge and extend existing knowledge, within the limits of the critical bounding assumptions (Crotty, 1998).

2.2.1 Psycho-social Theory of Health Care

Accordint to Kayunze, *et al* (2011), Psycho-social theory of health care

explains the way seeking behaviour of clients is one of the factors that explain the burden of diseases on people. Further, the theory explains the determinants of behaviour that lead people to access and utilize health services. Some of the determinants are common in seeking health care services for humans and for animals, and these include local people's experiences with diseases, availability of traditional versus modern treatment, knowledge and beliefs about diseases, decision process for seeking health services, and parochial versus cosmopolitan outlook of diseases. According to the theory, the behavioral aspects are practiced in order to determine the

extent to which health services are accessed in community. Some of the prominent theories are. One of the prominent models explaining how one is opting for a certain service is the Health Belief Model (HBM). In view of this model, if individuals do not perceive the illness as serious, they will not seek treatment or preventive measures for themselves, for their household members or for their livestock (Rosenstock, *et at*, 1994).

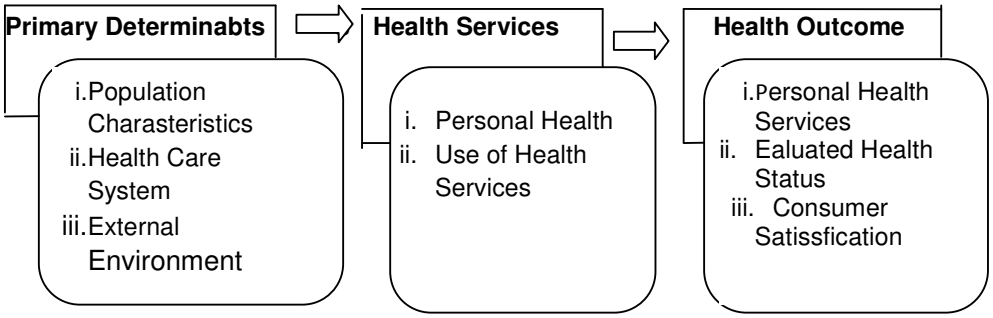

Figure 2.1: Model of health services utilization (Andersen, 1995)

2.3 Empirical Review

This section deals with the review of relevant documents and studies similar to this study on assessment of Reproductive and Child Health Services (RCHS) provived by the dispensaries under Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese in Iramba district.

In a study called “Strengthening church and government partnerships for primary health care delivery in Papua New Guinea”. This report shows how the RCH Services provided by the church and the government in rural and remote areas. The RCH Services which provided by the church in Papua New Guinea with government cooperation is the same thing as the ELCT Central Diocese doing to provide RCH Services in the community of Iramba district. Always the church’s health facilities have a stronger presence than

government in rural and remote areas because the church health services workers spiritually are very strong compared with workers who works in other health services institutions (Ascroft *et al,* 2011). Christian missionaries have enabled the poor in remote areas, where neither the central nor the local government have built up health facilities. They have saved many lives of the population by providing the spiritual and health services without any barriers to clients (Daniel, 1996). The Similar findings were also reported by Ascroft *et al,* (2011), their idea of shared mission with government is to strengthen relationships between government and the church on the provision of RCH Services and other health services to all people so as to get healthy community who economically could raise individual and national income.

RCH Services in Ghana shown the reports concerned Mortality rate; infant in Ghana was last measured at 48.60 per 1,000 live births in 2012 (World Bank,2012). This show that, the mortality rate in Ghana higher than Tanzania. The maternal mortality ratio (MMR) in Tanzania declined from 870 per 100, 000 live births in 1990 to 454 per 100, 000 live births in 2010. Below are the records of Ghana which shows the mortality rate into three divided periods with interval of ten years each period (1990, 2000 and 2010).

Table 2.1: The mortality of Ghana 1990 - 2010

Mortality rate of Ghana	1990	2000	2010
Mortality rate; under 5 per 1,000	118.1	99.1	74
Mortality rate; adulty, female per Female adults	269.9	267.6	225.1
Mortality rate; infant per 1000 live births	74.8	64.0	50.0

(Source: World Bank, 2012).

2.3.1 Challenges facing MNCH in Sub Saharan Africa

According to Mwaikambo (2010), below are the five challenges which facing the mother and child health in Tanzania.

i. *Pregnancy and childbirth complications More than half of maternal deaths take place within one day of birth. Approximately one third of still births occur during labor nearly half of all newborn deaths are on the first day of life.*

ii. *Newborn illnesses: One in four child deaths are of newborns. Preterm babies have a much greater risk of dying many die from lack of simple care such as warmth, feeding, Hygiene and early treatment of infections.*

iii. *Childhood infections: Nearly 50% of child deaths are caused by pneumonia, diarrhea, and malaria, Which are preventable and also very feasible to treat*

iv. *HIV/ AIDS: With two-thirds of the global HIV/AIDS population living in Africa, HIV/AIDS accounts for 6% of maternal deaths and 5% of under-five deaths*

v. *Malnutrition: Maternal anemia, iodine deficiency, and poor quality diet are associated with higher Maternal mortality and higher incidence of stillbirths and congenital abnormalities Over 31 million African children are underweight and Nutritional risk factors, including vitamin A and zinc deficiencies, and sub-optimal breastfeeding, contribute to more than one-third of child deaths (*Mwaikambo , 2010).

The year 1978 marked a victory in the health rights of individuals worldwide with the Alma Ata Declaration for Primary Health Care (PHC) (WHO,1978). This conference noted the importance of PHC access because it is often the first point of contact with a health system (WHO, 2005). This is especially significant in the sub-Saharan African context where there is a high burden of infectious, controllable diseases. Consequently, the push for PHC was selected as an ideal means for achieving "Heath for All by the Year 2000", a goal that had been set in 1975 by the World Health Assembly (International Conference on PHC, Burkina Faso). But yet PHC has not been fully met by individuals because of inadequacy of public health care provision, poor provision of services and high medical costs associated with it. Thus making it difficult to reach the Millennium Development Goals (MDGs) which has put much emphasis on health services access for all by 2015 (Kida, 2012).

2.3.2 General provision of health services in Tanzania

When Tanganyika became independent in 1961, Christian missionaries ran

half of the hospitals (Boulenger & Criel, 2012). For example, during independence, religious organizations owned 42 per cent of all hospitals beds and were also responsible for 81 per cent of the primary health care

facilities in Tanganyika. Furthermore, Nyoni in her report of 2009, showed the situation of health services in Tanzania mainland (URT, 2009). The report gives the real situation of health services in the whole country which include government, privates, religious and health Parastatal services in Singida region. The following are percentage distribution on the provision of health services according to Nyoni (2009):- the government 68%, religious contributed 12%, privates 16% and 4% is the contributions of parastatals dispensaries (Nyoni, 2009). Due to these distributions of health services showed that, the improvement of health services attributable to religious institution on the provision of health services including ELCT Central Diocese in rural areas is still small compared to government.

The healing ministries which made by Christian missionaries in the provision of health services (RCH Services) particularly to rural communities is commendable. In 1974, Scholz as cited by Ascroft *et al* (2011) described some generalised characteristics of church health services. These included a focus on basic grassroots care, particularly for mothers and children, and on services for rural, rather than urban, populations. Scholz also noted a focus on the ability to establish strong relationships with local people through long-term engagement. It was also suggested that church health workers demonstrated greater dedication to their work than most of their government counterparts, as one client reported "I only take my daughter to government health facility for Mother and Child Health (MCH) clinic services, otherwise for other diseases I go to church ruled health facility". This is mainly, because in government hospitals health workers are not polite or attentive to the patients" (Kida, 2012).

In Tanzania, the government health care system was first established by the Germans (1889 - 1916) to address the needs of their people and workers. Hospitals and dispensaries were run by Germany professionals starting with 3 doctors in 1889. By 1914 there were 74 doctors. The government services were complemented by mission and private service providers (Health and Development, 2000). In 1961 when Mainland Tanzania gained its independence under the Mwalimu Julius K. Nyerere, after independence, the government assumed more responsibility for the health of its people. But there was still a long road ahead. The government embarked on expanding the health services to cover both urban and rural areas (Boulenger & Criel, 2012). This policy change was beneficial to the majority of Tanzanians who live in rural areas because the services provided in the colonial era were favoring the elites and the well to do in the society who live in urban areas (Nyerere, 1972). Based on the principles of equity and self-reliance, the goal was to ensure access to health services by the whole population as championed by the introduction of the Arusha Declaration in 1967 (Nyerere, 1967).

Tanzania pursued a health policy that aimed at providing equal and free access to health facilities and services to the entire population. This was indeed a bold and revolutionary step and stemmed from Mwalimu Nyerere's basic principle and conviction that improving the health and wellbeing of all Tanzanians was the way forward to sustainable development (Nyerere, 1967). Health care provision was reoriented to reach rural and urban communities and include the poor who could not afford the costs of health care. Health services were provided free of charge by the government in all

public health facilities, while voluntary agencies charged modest fees. Given the reality that over 80% of the population lived in rural areas; development of the rural health infrastructure was given high priority (Nyerere, 1967).

Today, despite several health plans, policies and reforms adopted since its independence in 1961, Tanzania, as many other developing countries is characterized by a poor health status and relatively poor delivery of health services which is also related to the overall situation of poverty, which Tanzania is still facing (Chirangi,2013). The problems of maternal deaths are caused by factors attributable to pregnancy, childbirth and poor quality of health services especially RCH Services. “Child health depends heavily on availability of and access to immunization, quality management of childhood illnesses and proper nutrition. Improving access to quality health services for the mother, newborn and child require evidence-based and goal-oriented health and social policies and interventions that are informed by best practices” (Mwaikambo, 2010).

Inadequacy of public health care provision restricts demand for public health care services and therefore leads to literally shedding off the poorer from the public health system. As a result, excess demand mainly falls on the lower level private health care providers particularly to the church run health facilities of which most clients are satisfied with their services or leads to total exclusion of the poor in accessing health care services. The main factors that affect the performance of health workers and hence contribute to the - shedding off or off loading the poor from utilizing public health care services include; severe shortage of human resources for health; poor

infrastructure/working conditions (including weak referral system); and organizational supervision aspects (Kida,T. 2012).

Tanzania ranks poor in the provision of health services worldwide; it ranked 156 out of 191 members of state countries as reported by (W H O, 2000). Not with standing, such low records do not imply that the government of the united republic of Tanzania is doing nothing to alleviate the situation (Chirangi, 2013). The *country health data comparison* (WHO, 2012) over the past five years shows general positive steps in the improvement in the health care system and health status of Tanzania. positive steps are:- steady increasing vaccination coverage to the under five year children, increased life expectancy, increased capital expenditure on health and training of health workers, recruitment of new staff has increased (Chirangi, 2013) and reduced both infant and maternal mortality rate in 2005 to 2010 (UNICEF, 2013).

A recent assessment study in Tanzania by the World Bank in 2013, reported the private health sector, ELCT inclusive is actively involved in the delivery of key RCH Services, especially related to family planning, child health, and malaria. However, there are numerous private health sector providers and other actors that the Tanzanian government can better leverage to relieve the burden on public sector resources and produce better RCH Services outcomes for all mother and child and also for all Tanzanians. Furthermore, these achievements are due to government commitments to increase and sustain use of key health intervention i.e. high coverage of routine immunization for under fives vitamin A supplentation, and the use of

insecticide treated bed nets and effective medicines to treat malaria (MoHSW, 2014).

The National Health Policy statement (URT, 2007) acknowledge the contributions of the private sector and includes an objective of fostering Public Private Partnerships in health service plan and provision, the progressive of RCH Services in the community which brings well performance for improving the lives of Mother and Child (Musau *et al*, 2011). The private sector contributes to increasing accessibility of PHC services by providing basic health care services to all people, not only for the pregnant women and under five children for such essential services as immunization through Expanded Program for Immunization (EPI) system, Antenatal (ANC) services with at least low or no cost, neonatal and postnatal care, delivery and curative services free of charge using government subventions (Mubyazi *et al*, 2008).

Since cost-sharing system introduced in the mid 1990s, the national/ government policy explicitly stated that the most vulnerable groups including pregnant women, under-fives, the poor and elderly people deserved eligibility to receive basic maternal and child health (MCH) services for free at all levels. ELCT Central Diocese implementing this through its dispensaries and hospital in order to save the lives of people.

Furthermore, the government in its recognition of the hardships faced by a significant proportion of the people especially those residing in remote ares who are forced to walk over 5 kms or more than 5 kms to reach the health care facilities (MoHSW, 2008), it has considered and attempted to increase

the number of such facilities, paying special attention to the vulnerable groups including pregnant women and young children (URT, 2003).

Mubyazi,(2014), Said that, In many situations, RCH Services being informed to have a shortage of skilled staff and unsatisfactory quality of care for MCH services. The considerable number of residents especially local people approaches traditional birth attendants (TBAs) (Ana, 2011) , that is why all worldwide governments with supports from World Health Organizations (WHO) and other development partners found the need to support the training and involvement of traditional birth attendants in RCH Services including those relating to assisting in childbirth in areas with shortage of skilled Home Workers (HWs) (UNFPA,1996). However, this has continued raising concerns and debates among the healthcare professionals about TBAs'quality and ability to deliver the standard care required (Mbaruku *et al*,2009), including their capacity to detect danger signs that predict unwanted pregnancy outcomes(Vyagusa *et al,* 2013).

The Government of Tanzania through sharpened one plan came with the two strategies in order to improve RCH Services in all villages of Tanzania. These strategies named as BEmONC (Basic Emergency Obstetric Care) and CEmONC (Comprehensive Emergency Obstetric and Newborn Care). Though, it is obvious that, there are few health facilities, particularly health centres and dispensaries, offer all BEmONC signal functions and even fewer health centres are CEmONC -Compliant (MoHSW, 2014).

Through these services, Tanzania has made conciderable progress in the reduction of child mortality. The under five mortality rate declined from 112

per 1000 live births. For this case, Tanzania has achieved the MDG4 target of reducing less than five mortality to 54 per 1000 live births (MoHSW,2014).

From this review, “It is clear from these studies that, while there has been good progress in providing maternal health care services, much needs to be done, and the church organisations such as ELCT have a long history of being able to supply these needs, as well as having opportunities” (ELCT,2003).

According to ELCT 2003 project, titled *Strengthening Primary Health Care through Capacity building and advocacy,* the programmes had strengths and weaknesses. The outlined strengths include the existing coordinating of Primary Health Care/ AIDS Control Programmed (PHC/ACP) office, competent technical staff, good coordination between head office and Dioceses, good collaboration with government, very good organizational structure and church network, committed church leaders, good networking with other Non Governmental Organizations (NGOs), well established health facilities, well established training institutions, decentralized PHC/AC programmes, existence of ELCT health policy, presence of committed health staff, presence of members and church followers (ELCT,2003). The weaknesses identified which also stand as challenges in the implementation of the programmed are inadequate communication between the health facilities and ELCT head quarter, inadequate resources, working equipment and materials, poor transportation, inadequate funds, lack of full time program staff, inadequate trained staff Community-Based Health Care (CBHC/PHC) & Project Management, high staff turnover, poor Health

Management Information Systems (HMIS) collection and utilization, poor staff motivation, lack of ELCT PHC/ACP policy, lack of comprehensive PHC/ACP plan, poor interdepartmental integration of activities, lack of standards, diversity of approaches in PHC/ACP implementation, few sustainability plans and conflicting ideas of interest on PHC/ACP activity implementation (ELCT,2003)

The work done by Kwesigabo *et al*, (2012) and published in Public Health Policy Journal, *Tanzania's health system and workforce crisis,* presents the Tanzania government vision which intends to continue speeding up system expansions with construction of 5853 new health care facilities between 2007 and 2017. For this, the government vision is good, but ELCT Central Diocese has no plans for increasing health services centres by constructing the new dispensaries in every village or to each parish. The challenges reported by Kwesigabo *et al* in 2012, give the wide road to find the better solution for health improvement in rural areas, not only for ELCT Central Diocese but also to other institutions which are engaged in provisioning of health services in Tanzania. The RCH Services under ELCT Central diocese are faced with many challenges for instance, the presence of 3Ds compounding decisions of Maternal Health (Delay of decision making at home to health facility,Delay from the family to a health facility, Delay in services provision (Thaddeus & Maine,1994) from both sides (i.e. from client or health specialist). The first "D" as a Delay in decision to seek care being caused by low status of women, complications and risk factors in pregnancy and of when medical interventions are needed, Previous poor experience of health care, acceptance of maternal death and financial implications. The second "D" is

delay in reaching care. This situation caused by distance to health canters and hospitals, availability of and cost of transportation, poor roads, and geography e.g. mountainous terrain, rivers. And the last third “D” known as delay in receiving adequate health care because of Poor facilities and lack of medical supplies, Inadequately trained and poorly motivated medical staff, inadequately trained and poorly motivated medical staff and Inadequate referral systems. Furthermore, the integrated maternal health approach that draws three Delay Models as we have been seen above which recognizes the different women barriers to face in achieving the timely and effective medical care needed to prevent deaths occurring in pregnancy and childbirth.

2.4 Identified gaps

From the empirical review in this study, it is evident that, most research is on maternal health. This research deals with looking at the extent to which reproductive and child health (RCH) Services are rendered in terms of capacity and strengths in the study area.

2.5 Conceptual Framework

The figure 2.2 below shows the conceptual framework which directing the assessment of RCH Services in dispensaries under ELCT Central Diocese in Iramba district. This part based on the relationship between independent, intermediate and dependent. The creation of MoHSW, NGO’s, growth of economics, growth of politics, culture, religious, good strategic plans of RCHS education, changes of individual characteristics leads to improve RCH Services in the community of Iramba district. The presence of good policy and good plans enhance community members to attend to RCHS centres so

as mother and child to be in the safe position, economic status to be increased and then the poverty to be alleviated.

Thus, a conceptual framework is created, corresponding with the availability of data from Iramba district 2009 – 2013 through MTUHA book 2, and Tanzania Demographic and Health Survey (TDHS, 2010). Descriptions of the variables are included related to Iramba district in Singida region.

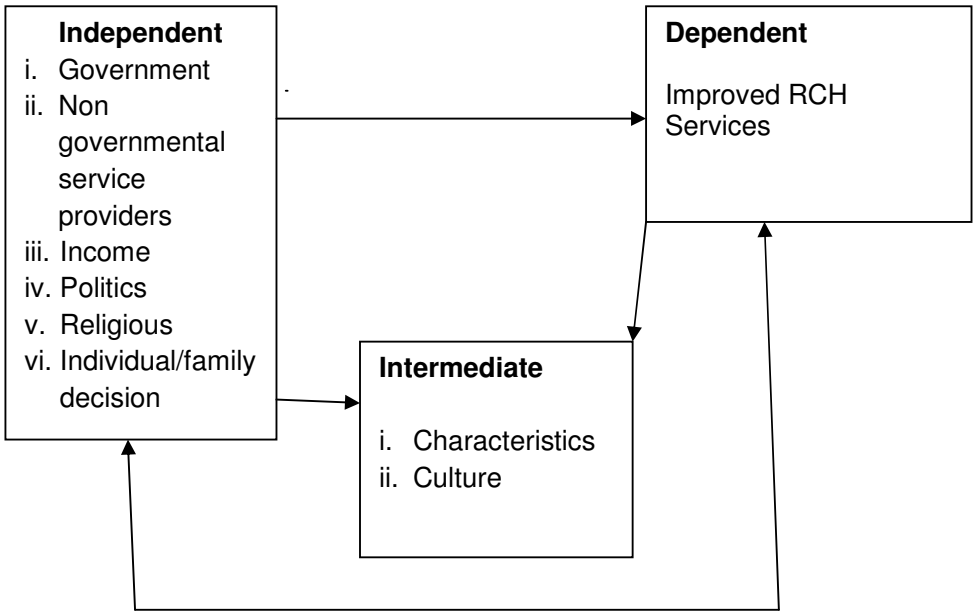

Figure2.2: A Framework to study the determinant of RCHS

To conclude, this literature review has shown the importance of characteristics in determining maternal health care behavior (i.e. RCH Services). In this study, mother and child health services are observed into three categories: antenatal care, assistance during delivery and postnatal care. Women's education, educational status for husband under RCH Services, government, non governmental service providers, income, politics,

religious and individual/ family decision are the independent variables, which are assumed to have positive associations with the utilization of RCHS. The construction of analytical conceptual framework is adapted from Andersen (1995). The literature review of this study bring good outcomes and predictor variables based on Iramba district related with previous research particularly in developing countries.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Overview

This chapter deals with study area, research design, sampling procedure, , sample size, List of interviewed respondents from five ELCT Central Diocese dispensaries in Iramba district,data collection tools, questionnaire, documentary review (Secondary data), interview, observation, focus group discussion, data processing, analysis and presentation, data reliability, data validity and ethical issues are presented. The Methodology employed in this study is qualitative approach which seeks to assess the role of the Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese in providing Reproductive and Child Health Services (RCHS) to the community of Iramba district.

3.2 Study area

This study was conducted in Iramba district, Singida Region, located in the Central Zone of of the nation. The present population in the study area is 236,282 people, of which 116,997 males, 119,285 female, average of individuals per household is 5.4 with a sex ratio of 98 in Iramba District Council. The population consists of more than 10 ethnic groups, of which the largest are Nyiramba, the Nyaturu, many of them with Bantu origins. Besides the Wanyaturu, the Wanyiramba tribe of more than 200,000 people is one of the largest and most influential tribe in the district. Also nomadic groups like the well-known Barbaig and the Wairaq are also living in this district. All the population in the study area lives in rural areas.

The major economic activities of the community members of Iramba district include agriculture, animal husbandry, bee keeping at a small scale, retail business at a small scale and small scale gold mining around Sekenke hills and Misigiri village.

The selection of study area was done purposely. Because ELCT Central Diocese has many dispensaries in this area compared to other parts of the Singida region. Since ELCT Central Diocese owns 10 dispensaries and one hospital to run health facilities in Iramba, eight of them and one hospital are in Iramba district out of ten.

The major economic activities of the community members of Iramba and Mkalama Districts include agriculture, animal husbandry, bee keeping at a small scale, retail business at a small scale and small scale gold mining around Sekenke hills and Misigiri village. Total rainfall ranges from 500 mm to 800 mm per year. The wetter areas in Singida region are along the escarpment near Kiomboi in Iramba district. The mean annual rainfall is in the range of 600 mm to 800 mm over large areas of Iramba district (Shambogo, 2013).

3.3 Research design

The Methodology used in this study is mostly qualitative with a bit of Quantitative approach. The qualitative parts help to get insights of respondents, while the quantitative part helps to understand magnitude of the issue of study as reflected by respondents.

Moreover, the survey design was used to get useful information from the sampled population selected from different places in Iramba district.

Questionnaires were used as tools of collecting primary data from respondents through interview. Other methods which were also used in this study included observations and documentary reviews.

3.4 Sampling Procedure

Sampling procedure in qualitative research is not so rigidly prescribed as in quantitative studies. This procedure is flexibility in sampling, however, may be confusing for some researchers and mistake may be made (Coyne, 1997). The respondents were prepared and selected randomly with village executive officers for the case of participation of community members with gender balance. The study employed both purposive and simple random sampling procedures which is a technique of simple selection. For workers of ELCT Central Diocese were selected according to their positions. The dispensaries in charge were responsible to use simple random also to select some workers in order to give information according to the study. A pilot study was conducted before distributing the questionnaires as a pre test to them to determine its ambiguity. In this method, Seventeen (17) of ELCT Central Diocese workers and sixty three (63) clients were selected.

3.5 Sample size

An appropriate sample size for a qualitative study is one that adequately answers the research question (Marshall, 1996). Eighty (80) individuals with gender balance (forty male and forty female) were randomly selected to obtain representative results that were general-sable to all population of Iramba district on how they see and assess the RCHS contribution made by ELCT Central Diocese.

Table 3.1: Interviewed respondents from five ELCT Central Diocese dispensaries in Iramba district

Dispensary	Workers		Clients		Total
	Male	Female	Male	Female	
Mukulu	1	3	8	4	**16**
Kinampanda	2	2	5	7	**16**
Tyeme	2	2	6	6	**16**
Wembere	1	1	6	8	**16**
Tulya	1	2	8	5	**16**
Total	**7**	**10**	**33**	**30**	**80**

3.6 Data collection tools

Administer interview by the use of questionnaires for getting information.

Different instruments are used to conduct the assessment for example surveys/interviews, questionnaires, documentary and observation in order to gather information from community residents, focus groups and others.

3.6.1 Questionnaire

A questionnaire is a structured means of posing a standardized set of consistent predetermined questions in a given order to respondents for self-completion in a sample survey (Harvey, 2012). Through this method of collecting data, the respondents were given the prepared questionnaires concerned with the research. The questionnaire contained free response questions. A pilot study was conducted before distributing the questionnaires as a pre test to them to determine its ambiguity. In this method, 17 of

Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese workers and 63 clients, they took questionnaires.

3.6.2 Documentary review (Secondary data)

The use of documentary methods refers to the analysis of documents that contain information about the phenomenon we wish to study (Mogalakwe, 2006). He also, described the "documentary method as the techniques used to categorise, investigate, interpret and identify the limitations of physical sources, most commonly written documents whether in the private or public domain".

The researcher extracted information from MTUHA book 2 which had the documented report of five years (2009–2013) for Mukulu, Kinampanda, Tyeme, Wembere, Tulya dispensary and Iambi hospital. Other documents accessed are dispensaries/hospital data sheets which show the number of people attending the Primary Health Care (PHC) services, the top ten diseases, communicable diseases, mother and childcare services and family planning in Iramba district.

3.6.3 Interview

Interview is verbal questioning in research. Gardner (2010), in his writings known as *Mass Communication Tutorials and Lessons*, defined interview as a two-person conversation, initiated by the interviewer for the specific purpose of obtaining research-relevant information and focused by him on the content specified by the research objectives of description and explanation. And Structured interviews, essentially verbally administered questionnaires, in which a list of predetermined questions are asked, with

little or no variation and with no scope for follow-up questions to responses that warrant further elaboration(Gill *et al*, 2008).

The information received from the respondent provides insight into the nature of social reality. Since the interviewers spend some time with the respondents, he/she can understand their feelings and attitudes more clearly, and seek additional information wherever necessary and make information meaningful for him/her. Interview provides insight into unexplored dimensions of the problem (Gardner,2010).The respondents were questioned directly, the researcher used unstructured questions; respondents had a freedom to express their view without a set limit, particularly on the role of ELCT Central Diocese in the provision of health services in Iramba district. This method helped the researcher to ask the follow-up questions in order to get effective answers. The respondents were asked to follow-up questions.

3.6.3 Observations

Observation is defines as a "fundamental way of finding out about the world around us. As human beings, we are very well equipped to pick up detailed information about our environment through our senses"(Stenhouse,1975). Furthermore, the USAID reports of 2008 define "observation is way of gathering data by watching behavior, events, or noting physical characteristics in their natural setting."

3.6.4 Focus group discussion

Focus group discussion was held in five (5) dispensaries of ELCT Central Diocese in Iramba district. In this section women are responsible to participate in the discussion. Twelve (12) respondents were selected for that

discussion. In this, three of them were pregnancy adolescent, three aged women, three women for family plan and three male. These four groups they asked some questions and then the discussion took place through the following questions:- Do you attend RCH Services in this dispensary/hospital?,Where do most pregnant mothers deliveries?, Is any payments required after RCH Services for mother and child?, What are your suggestions concerning poor health servives for mother and child in this dispensary/hospital?, Does males attending in RCHS with their wives to get health education?, What are the consequences delivering in RCHS centre?, What is the coverage of antenatal services in this dispensary/hospital?, What is the coverage of postnatal services in this dispensary/hospital?, and How many women do deliver in your dispensary.hospital per month?

3.7 Data processing, analysis and presentation

Survey data were entered and analyzed in the Statistical Package for Social Science (SPSS) version 16 using descriptive (frequency and percentage) statistical approach, all conclusions are based on at least 5% level of significance ($P<0.05$).

3.7.1 Data Reliability

The instruments were presented with a sample of 8 (4 male and 4 female) before actual implementation. This was done in the closest village with similar characteristics to the study area. The results of the pilot-test indicated reliability for the whole instrument. For the case of missed data, it will be added into the respondents who don't respond, this will improve the reliability.

3.7.2 Data Validity

The questionnaires were tested in order to check its content, construct and probing for crosschecking instruction of the respondents' confidence capacity building , respondent care approached, close follow up of the interviewer and questionnaire editing before data collection were done. The data collection tools were made straight forward, understandable and user friendly by adhering to clarify of printing, font size and type, workspace and appropriateness of language. The researcher adhered to appointments sited by the respondents to avoid unnecessary misunderstanding between researcher and the respondents resulting from wasting time and rushing. During the process of data collection, a vernacular language, Kiswahili language and English were used.

3.8 Ethical issues

This study approved by the department of Postgraduate Research and Consultancy of St. University of Tanzania. The ethical committee granted a permission to carry out this study in Iramba district where ELCT Central Diocese engaging in the provision of health services through dispensaries and hospital.

Informed consent was sought for and obtained from the beneficiaries who participated for this study. The researcher adhered to confidentiality issues as no names of respondents were mentioned during data collection and every respondent were briefly informed on the top of study and potentiality of him/her to provide the required information.

A study involved participants who were not mentally ill or mental handicapped to avoid avoid invalidity and reliability of information. Dependent, such as students and prisoners were not involved in this study.

The respondent's privacy was highly adhered to as names of respondents were not mentioned, his/her information not to be shared with other respondents. The participants' data were not disclosed in such a way that could affect their psychological, social, economic or spiritual well being.

CHAPTER FOUR
RESULTS AND DISCUSSIONS

4.1 Overview

This chapter is basically designed to present and discuss the information obtained from the field which comprises study sample charasteristics, distribution of respondents by sex, distribution of respondents by age, distribution of respondents by education level, distribution of respondents by marital status, the RCH Services under the diocese in Iramba district, ELCT dispensary in Iramba providing family planning education (kinampanda dispensary, family planning records at wembere dispensary, the RCH Services under the diocese in Iramba district, RCH Services provided in vaccination, vaccination services record report at Kinampanda dispensary, the quality, strengths and capacity of RCH Services in Iramba district, quality of RCH Services in iramba district, strengths of RCH Services in Iramba district, the way RCH Services are provided, the challenges facing RCH Services in Iramba district, medical stores at Kinampanda, ward of Wembere dispensary of ELCT Central Diocese and house of workers of ELCT dispensary at Tyeme dispensary.

The discussions of the findings are based on the research objectives. Data were obtained through field survey and interview methods, that involved interview guides, structured questionnaire and focus group discussion. Data presented are matching with specific objectives of the study including, (i) determining RCH Services under the Diocese in Iramba district (ii) To examine quality, strengths and capacity of RCH Services in Iramba district (ii) To analyse challenges facing RCH Services in Iramba district.

4.2 Study Sample Charasteristics

Characteristics of respondents, serves the purpose to provide a brief description that summarizes the characteristics of people involved in the study. The characteristics of respondents were examined so as to guarantee the reliability of their responses. Therefore the study had to look into some information such as age, marital status and education level of respondents so as to understand how they influenced nature and types of responses. In this regard, the characteristics of respondents provides the parameters within which the analysis of respondents is based, on for this chapter and in the subsequent chapters.

4.2.1 Distribution of respondents by age

An age group has an influence on the socio-economic activities and decision making, in leadership or in government sectors and at the family level on what to do at a particular time regarding RCH Services. It was under these reasons, that the age of respondents were considered on cross checking opinions on issues that may be influenced by age. Data as presented in Table 4.1 below has shown that, out of 80 respondents, the age group of 18 to 25 years and 26 to 35 years composed of 3(3.75%) and 23 (28.75%) respectively. However, the age group, of 36 to 45 years totalized 43 (53.75%) of all age groups, found in the study area and the age group of 46 to 55 had 8 (10%). Respondents with 56 years and above were 3 (3.75%) only. The age group of 36 to 45 years was found dominating other age groups in the study area. However, this may be due to the elder people with families that experience maternal and child health services. It was believed that the reason behind the involvement of a small proportion of age group of

56 years and above, might be similar to the one documented by MoHSW (2008) which cites that the reproductive age is between (15–49 years) therefore the age of 56 years and above are no longer in reproductive age.

Table 4.1: Distribution of respondents by age

Age	Frequency	Percentage (%)
18 - 25	3	3.75
26 – 35	23	28.75
36 – 45	43	53.75
46 – 55	8	10.00
56 and above	3	3.75
Total	**80**	**100.00**

4.2.2 Distribution of respondents by level of education

The education profile of respondents was examined to find out factors influenced people to be involved, in reproductive/maternal and child health services. Data as presented in Table 4.2 below has shown that, out of 80 respondents were found to be 41(51.2%), primary education. The implementation of the Universal Primary Education of 1970s all over the country and involvement of missionaries in primary school support projects may explain why the proportions of individual with primary education in the study areas are high. Twenty people (25%) had secondary education, 11 (14%) certificate level, 6 (7.5%) diploma, 2(2.5%) attained bachelor degree level of education.The implication of this is that almost all respondents are easily trainable and that can follow instructions provided by health experts

Table 4. 2: Dis tribution of respondents by education level

Education level	Frequency	Percentage (%)
Primary level	41	51.2
Secondary Education	20	25
Certificates	11	14
Diploma	06	7.5
Bachelor – PhD level	02	2.5
Total	**80**	**100**

Regarding the influence of education on reproductive/maternal and health services, Grivel (2013) acknowledged that reproductive and health services is very important to males as well as females. But the situation is even worse in rural areas where more than 80 per cent of the whole population resides; however, education on reproductive health and its services reach them at a very low stage that is plus the poor social services including few, distant and unstaffed health centers. However, according to MoHSW (2008) also reports that poor, rural and less educated women have highest fertility rates, highest unmet need for family planning and lowest contraceptive prevalence rates. All this is done due to low education level among women.

4.2.3 Distribution of respondents by marital status

It was found that the majority of respondents, about 71 (89%), were married compared to 6 (7%) and 3 (4%) of the respondents who were divorced and single respectively as indicated in figure 4.1. The need for enough earnings to sustain family members and availability of family labour might have

contributed to the involvement of large proportion of married couples in the study area. However, Reynolds *et al,* (2006) acknowledged that worldwide, married couples who are adults have more than 14 million births each year, and more than 90% of these occur in developing countries. Furthermore, the married couple are the main users of reproductive health services though the large number of married couples in rural areas do not have maternal education health services as it is proposed or addressed in various global and national commitments, as reflected in the targets of the Millennium Development Goals, Tanzania Vision 2025, the National Strategy for Growth and Reduction of Poverty (NSGRP-MKUKUTA), and the Primary Health Services Development Program (PHSDP-MMAM).

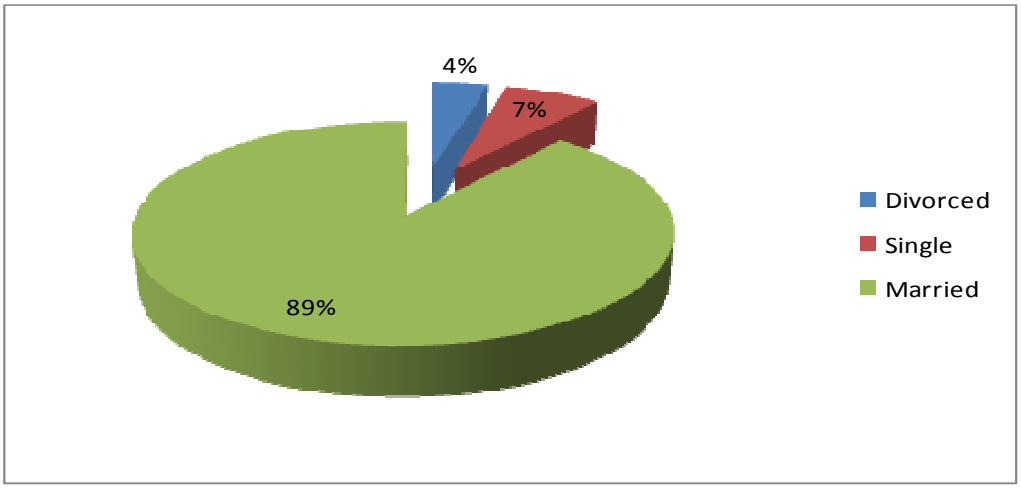

Figure 4. 1: distribution of respondents by marital status

4.3 The RCH Services under the Diocese in Iramba district

The percentage of all RCH Services and other health services which provided by ELCT Central Diocese in Iramba district is calculated by using two formulas as shown below.

Either

$$R = \frac{\text{Number of clients}}{\text{Population of women in Iramba District}} \text{ X } 100$$

Or

$$R = \frac{\text{Number of clients}}{\text{Population of Iramba District}} \text{ X } 100$$

Where R is Rate/ Percentage

Population of Iramba district residents of 2012 which is 236,282

(Male were 116997and female were 119,285).

The total number of clients especially women who received RCH Services in all ELCT Central Diocese's dispensaries was 56,693 (47.5%) between 2009 and 2013.

The antenatal case (ANC) findings show that, there are 5,390 (4.5%) while children cases were 11,239 (5%). Those who received RCH Services in ELCT Central Diocese dispensaries were 16,629 (7%). Vaccination is one of RCH Services implemented by all ELCT Central Diocese dispensaries in the study area. The total number of clients who received vaccinations as per guidelines by the Ministry of Health and Social Welfares (MoHSW) is 25,778 (11.2%) in Iramba district.

According to MTUHA book 2 of 2009 to 2013 in the study area, it shows that maternity services which comprises of normal deliveries, live births, abnormal deliveries, neonatal deaths, infant deaths and family planning were as follows:- there were 2010 children who were delivered in a normal way, live births were 2010, neonatal deaths were 6, and infant deaths were 4 whereas family planning was used by 9,951 (4.21%).

RCHS are very important services all over the world known as Maternity services. In Iramba district such service is one of health services of which ELCT Central Diocese is providing in the community. But that number of clients is very small compared to the total number of all newborn in Iramba district. By 2009 – 2013 the newborn were 48,530 (IDC, 2014), for that case, the newborn who delivered through ELCT Central Diocese dispensaries took 4.14%. The live birth was 2010 (0.9%) and Infant deaths were just 4. The infant deaths through ELCT Central Diocese is very small compared to public hesalth services as we can see in 2009 in Iramba district 194 children under five years lost their lives and in 2013 numbber of under five years declined to 41 which is equal to 21.13% though it estimated 0.8% under five children lost lives in 2009 – 2013 in Iramba district (MoHSW, 2014).

Other RCH Services provided by ELCT Central Diocese dispensaries are HIV/AIDS testing and provision of medicines for TB victims. The couples who tested HIV/AIDS were 77 (0.03%). Results were negative to all and Tuberculosis units were 25 (0.01%).

Based on the response from the respondents, the following are the health services which were identified to be offered by the church through its

dispensaries. From clients and workers, different information were collected and different RCH services were provided.Table 4.3 shows family planning was mentioned by 19(24%) of respondents. This is the service where by the clients especially women are trained on how to space the intervals between pregnancies. Here the training is given to women on how to plan for their birth. However, in Iramba district it was reported that from 2009 to 2013 in ELCT Central dioceses dispensaries, the women who had attended and used family planning methods were 9951 women which is equivalent to 4.21% of Iramba district. The global evidence has shown that family planning reduces MMR by almost 44%. Although there has been progress in use of modern contraceptives, from 7% in 1990 to 27% in 2010 Tanzania continues to have high unmet need contraception at 25% and high total fertility rate of 5.4 births per women according to 2010 TDHS.

Figure 4.2: ELCT dispensary in Iramba providing family planning education (Kinampanda dispensary)

It was marked that from Wembere dispensary the following were the records of women who had received family planning service from 2010 to 2013 as shown below

Table 4. 3: Family planning records at Wembere dispensary

Year	Records
2010	426
2011	445
2012	499
2013	500
Total	**1870**

This was also commented in the MoHSW (2008) that though training on how to use contraceptives is used and having high knowledge of contraceptives (90%), only 26 % of married women use any method of contraception with only 20% using a modern method. The most commonly used methods are injectables (8%), pills (6%) and traditional methods (6%) especially in rural areas. Current usage of any modern method is higher among sexually active unmarried women than among married women (41% and 26%, respectively).

Table 4. 4: The RCH Services under the diocese in Iramba district

Services	Responses	Percentages
OPD/IPD	11	14
Laboratory	08	10
RCHS/MCH	07	9
Family planning	19	24
Vaccination	12	15
VCT	13	16
Total	**80**	**100**

The number of patients who are attended OPD services could range from 5 to 20 in each dispensary per day. This number is for both out patients department and in patients department (OPD and IPD). According to respondents reported that 14% of health services which provided by ELCT Central diocese were concerned with the treatment of Malaria, diarrhea, ARI, Pneumonia, Interstinal worms, Eye Infections, Typhoid, UTI, Skin Infections, PID, TB/ HIV& AIDS, STI, Burns, Ear Infections and other diagnosis.

Laboratory is one of very important services as reported by respondents. This takes 10% of all services which provided by ELCT in Iramba district. The clients after met with doctors they required to check their blood, stool or urine in order to observe the causatine of diseases.

RCH Services /MCH Services as repoted with 9% of respondent comprise father, mother and child services. Now days this service is very important services all over the world known as Reproductive and child health services,

in other word known as maternity services. In Iramba district, this service is one of health services which ELCT Central diocese is providing in the community. The findings reports of 2009 to 2013 showed normal deliveries in all dispensaries, abnormal deliveries, live birth, and neonatal deaths and Infants deaths.

The education of family planning in Iramba district through ELCT Central diocese dispensaries is a progressive programme. According to respondents, 24% of services which ELCT Central diocese providing in community, it shows that is an acceptable and very important for improving the health of mother and child.

Vaccinations: This includes Polio, BCG, DPT, Measles and Tetanus. 15% of RCH Services were offered to mother and child during prenatal, antenatal and postnatal period.

The VCT was also reported by 13(16%) of respondents, it was found that this ensures an HIV-free start in life is prevention of HIV transmission to children by preventing HIV in mothers. These services interventions include testing and counselling for HIV, antiretroviral prophylaxis for HIV-infected pregnant women and their exposed children, treatment of eligible women, counseling and support for infant feeding, safer obstetric practices and family planning to prevent unintended pregnancies in HIV-infected women. All these services were found to take place in ELCT dispensaries. , Antenatal client tested for HIV/AIDS were 209, among of them 7 tested positive and the 202 were negative. For the case of couple who tested HIV/ AIDS were 77, all were negative. This is in hand with Health Sector Strategy for HIV/AIDS (2008-

2012) which reported that by September 2007, there were about 1,311 PMTCT sites established within reproductive and child health (RCH) clinics throughout the country (IDC, 2013). Additional sites need to be established to provide services as close to the community as possible.

The other service were vaccination that was reported by 12(15%) of respondents. Here women and children are being vaccinated and different services of vaccination provided were reported as Polio, BCG, DPT, Measles and Tetanus. There were records showing a number of people that received the services from 2009 to 2013 in dioceses dispensaries which found in Iramba district as shown in Table 4.5.

Table 4.5: Vaccinations services in ELCT Central Diocese

Service	Frequency	Percentage
Polio	8210	3.58
BCG	3290	1.46
DPT	7083	3
Measles	4135	2
Tetanus	3060	1.3
Total	**25,778**	**11.34**

However, this was also reported by the TDHS, (2004/2005) that the Expanded Programme of Immunization (EPI) performed well over the past decade with immunization coverage of 71% for all vaccines for children 12-23 months. Currently the policy is to provide each child with one dose of BCG, four doses of OPV, three doses of DTP-HB and one dose of measles

vaccine. As expected, children born to mothers in the lowest wealth quintile are less likely to be fully immunized than those born to mothers in the highest wealth quintile.

Table 4.5 above is a total record of vaccinations report from Kinampanda, Mukulu, Tyeme, Wembere and Tulya dispensary whereby from 2009 to 2013 the records were made as shown below in table 4.6; 4.7; 4.8; 4.9 and 4.10. In table 4.8 to 4.10 shown that, there some weakness of dispensary workers on recording the data of their clients, especially at Tyeme, Wembere and Tulya dispensary in other years the data were missed. The workers of Kinampanda and Mukulu dispensary they did good job on recording the data of their clients.

Table 4.6: Vaccination services report at Kinampanda dispensary

Type	2009	2010	2011	2012	2013
Polio	245	1074	440	632	190
BCG	342	308	264	279	204
DPT	236	969	459	635	242
Measles	439	359	357	219	191
Tetanus	439	189	16	68	90
Tota	**1,701**	**2,899**	**1,536**	**1,833**	**917**

Table 4. 7: Vaccination record at Mukulu dispensary

Type	2009	2010	2011	2012	2013
Polio	823	626	539	409	591
BCG	460	175	143	136	166
DPT	901	626	539	409	591
Measles	425	185	198	140	179
Tetanus	641	66	65	87	119
Total	**3,250**	**1,678**	**1,484**	**1,181**	**1,646**

Table 4. 8: Vaccination records at Tyeme dispensary

Type	2009	2010	2011	2012	2013
Polio	307	356			542
BCG	94	81			122
DPT	228	411			418
Measles	178	425			134
Tetanus	179	93			98
Total	986	1,366			1,314

Table 4. 9: Vaccination services record at Wembere dispensary

Type	2009	2010	2011	2012	2013
Polio		302	324	282	299
BCG		73	90	93	97
DPT		292	322	297	277
Measles		107	90	108	124
Tetanus					
Total		**774**	**826**	**780**	**797**

Table 4. 10: Vaccination services records at Tulya dispensary

Type	2009	2010	2011	2012	2013
Polio	119	130			
BCG	68	145			
DPT	105	116			
Measles	151	126			
Tetanus	79	107			
Total	**522**	**624**			

4.4 The quality, strengths and capacity of RCH Services in Iramba district

The quality, strength and capacity of RCH Services in Iramba district were examined. Workers from the dispensaries as well as the clients reported on this. However, more than 90% of all respondents from the study area said that, the ELCT dispensaries were to share the services with the government so as to ensure availability of medicine and moderate costs. This was also commented in the Health strategic plan of 2008 that the Tanzania MNCH Partnership was officially launched in April 2007 to re-focus the strategies for reducing the persistently high maternal, newborn and child mortality rates (MoHSW,2008), through adopting the One Plan and setting clear targets for improved MNCH. It was found that the quality of services were only fair to diocese's dispensaries

when compared to government health facilities as shown in the next sub section.

4.4.1 The quality of RCH Services in Iramba district

According to respondent's information, as shown in figure 4.3, out of 63 respondents, 30 (47%) of respondents said that, the services provided were good while 22 (35%) reported that the services were very good. It was only 12% and 6% that claimed that the service were fair and worse respectively. The implications of a big number of people saying that the service were good justifies that: first, services have a required quality; secondly, as quality of services goes together with quality of workers and their capacity, it means that there is quality workers and capacity of such staff in the study area (ELCT, 2003). For those who said services were fair it implies that services were good to them. Similar studies reported the same (Mtei and Mulligan, 2007). Generally, these findings show that services provided by the diocese's dispensaries have much impact on the people in the study area. These dispensaries have been found to focus and target to attain NSGPR in the country (URT, 2005).

Mtei and Mulligan (2007), found that most of Iramba residents can afford health services to cover the costs of treatment by using Community Health Fund (CHF). In order to improve and reducing the rate of maternal mortality rate and infant mortality rate for RCH Services, now ELCT Central diocese and the government are still discussing to provide health services by using CHF to all dispensaries and hospital. The CHF is a Fund established by Act parliament of 2001 with the target of "providing quality and affordable health

care services through sustainable financial mechanism and improves health care services management in the communities". Since its establishment in 1998, up to date, the number of CHF members in Iramba district is increasing daily through sensitizational health education and public gatherings.

Moreover, according to Mtei and Mulligan, (2007) "95% of community members were aware of Community Health Funds" (CHF) in a study area.

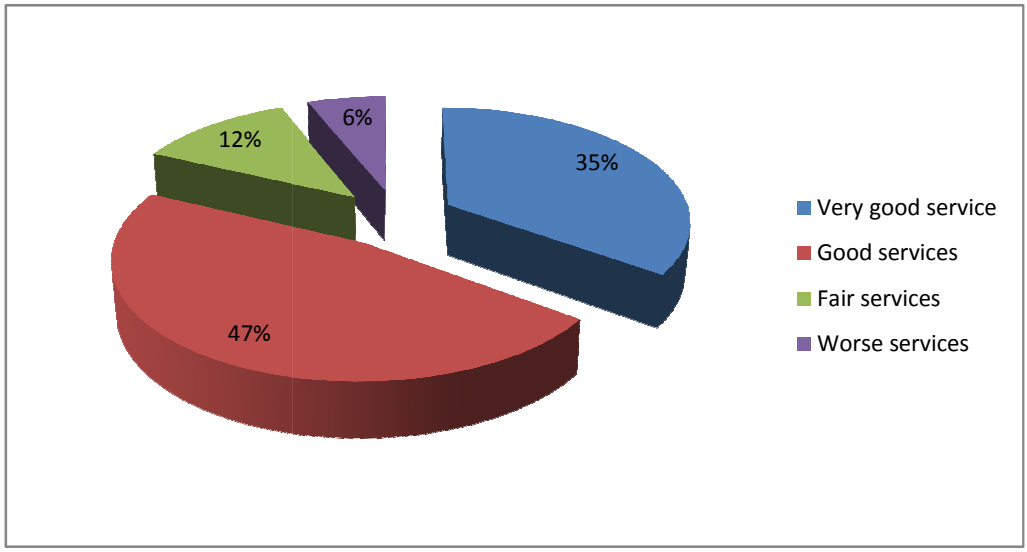

Figure 4. 3: The perception quality of RCH Services in Iramba district

4.4.2 Strengths of RCH Services in Iramba district

According to MoHSW (2008), maternal, newborn and child health care is one of the key components of the National Package of Essential Reproductive and Child Health Interventions (NPERCHI) focusing on improving the quality of life for women and children. Following that, interviwed respondents pointed out the strengths in the diocese's dispensaries: (i) there is close and action - oriented supervision of all activities done by workers during official and emergency time; (ii) there is positive mindset of workers aiming at rendering

services effectively and efficiently; (iii) staff said that they were motivated by provision of extra hours allowances and sometime given off hours. Moreover staffs have been receiving frequent training on how to respond quickly to client needs. In addition, respondents were also asked if RCH Services were provided free of charge, their answers showed that there are some payments for some services such as maternal delivery services and all other treatment services. It was reported by one of the nurse in one of the dispensaries that

> *Servies like Malaria check up, typhoid,UTI and the like, a person is supposed to pay while other services like antenatal care;care during childbirth; care of obstetric emergencies; newborn care; postpartum care;post abortion care; family planning; diagnosis and management of HIV/AIDS including Prevention of Mother to Child Transmission (PMTCT), other sexually transmitted infections and reproductive tract infections (STI/RTI);prevention and management of infertility; prevention and management of cancer;prevention and management of childhood illness; prevention and management of immunisable diseases;nutrition care all these aren realeased free of services.*

We can ask ourselves, why free services and which services that are provided freely. The answer is that, it is free services for some health services because the costs of vaccinations, TB and HIV/AIDS are very expensive (Komatsu R*, et al*, 2006). Due to that case, it is very difficult for community members to afford such expenses. That is why the government and donors have the responsibility and accountability to ensure the lives of people are saved. Another reason is that, it is government responsility to take

that cost of chronic diseases for her people. This is an implementation of International agreements between governments and donors for reaching MDGs plans. In each country especially developing countries, there are basket funds where donors put their contributions and the government will supervise for implementation (Evans, 2008*)*. ELCT Central Diocese as an agent of government through dispensaries and hospital, free health services being provided for the benefit of whole community.

The government of Tanzania and members of the donor community should continue to engage with Faith Based Organizations in health service delivery, it will become increasingly important to understand what these organizations have to offer, how they offer it and to whom (Tabatabai, 2014). The 'basket funds' are the donor's funds allocated as a consolidated budget at local level; in 2009/10 these constituted 21% of total local government authority as reported by URT in 2008. The basket fund being spent on public and private health sector activity. ELCT Central Diocese one of Faith Based Organizations and other private hospitals are being funded through basket fund in order to improve RCH Services and other health services. A good example is ELCT Central Diocese receiving such fund for Iambi hospital only. This is good, but it will better even dispensaries to be funded through basket because dispensaries, health centres and hospital have the same goal of saving the lives of all people.

4.4.3 Capacity of RCH Services

On capacity of dispensaries it was found that every dispensary had only one mildwife out of the required two. Likewise there is inadequate number of qualified nurses and clinical officers as it is indicated in

Table 3.1. Generally there is inadequate capacity in terms of numbers and qualifications.

4.5 Challenges facing RCH Services in Iramba district

Table 4.11 shows the list of Challenges faced by ELCT Central Diocese in the provision of health services in its dispensaries in Iramba districts as listed by respondents.

Table4.11: The challenges facing RCH Services in Iramba district

Challenges	Frequency	Percent
Shortage of facilities	18	20.45
Inadequate of midwives	12	13.64
Shortage of medicines	7	7.95
low salaries to workers	8	9.09
Lack of specialized RCH doctors	11	13.75
Lack of ambulance	5	5.68
Privatization	3	3.41
Old buildings	16	18.18
Total	**80**	**100.00**

Challenges mentioned include Shortage of facilities, shortage of midwives, Shortage of medicines, low salaries to workers, lack of specialized RCH doctors, , lack of ambulance, privatization and old buildings.

On shortage of facilities, about 20.45% of respondents reported that ELCT dispensaries have few delivery beds, mattress, ordinary beds, and

sometimes there are dry tap due to old and non fuctional water infrastructure. This is actually a major challenge to the ELCT diocese dispensaries in the area as it requires about Tsh. 40 million for Tyeme, Wembere, Tulya and Kinampanda dispensaries.

On midwives it was reported by 13.6% of respondents that there were few midwives compared to demand of services. Currently each dispensary has only one midwife while the required number is at least two. Such a shortage makes the present midwives to work more hours than required.

Concerning shortage of medicines, it was reported 8% of respondents that some time dispensaries lack essential medicines for MCH problems as shown it figure 4.4. This instance causes many inconveniency to mothers and even the public in those areas. In addition, the ELCT dispensaries lack ambulances as it was reported by 5.7% of respondents that ambulances were important for referral and delivery cases whereby a pregnant women who may need such a transport service from the village to the dispensary and from dispensary to regional or district hospital respectively.

Figure 4. 4: Medical stores at Kinampanda dispensary

Low salaries to workers were reported by 9% of respondents. Workers said that remunerations were too low compared to those of government. This situation makes good and qualified workers such as midwives, nurses and clinical officers, majority of them not staying longer in ELCT dispensaries.

Although most health workers in ELCT Central Diocese's dispensaries generally expressed their unhappiness with the working environment, yet they have remained in the same workplace because of various reasons including low level of education and therefore unemployable by the government, already accrued pension rights; kinships issues, to gain

experience, royalty to the church and family concerns. Insufficient supervision of the workers by their superiors from the ELCT Central Diocese's headquarter is another reason, this offers sometimes unlimited freedom to workers, and however, this is unhealthy for the well-being of the institutions.

According to reports from respondents, 13.75% said that, there no specialized doctors of RCH Services in the ELCT Central Diocese, and this situation makes no exception for Iramba district. Consenquently this results into many pregnant mothers to be referred to either the district or regional hospitals something which is blamed by many people that they are inconvenienced. .

Privatization was reported by 3.41% of respondents who said that the diocese did wrong to transfer three dispensaries to individual persons to run them. However, services by those are not good and so respondents suggested returning Tyeme, Wembere and Kinampada dispensaries to ELCT Central diocese.

On old buildings, 18.18% of respondents said that they were not happy with the condition of buildings of dispensaries ran by ELCT in the district. It is the called for the diocese to look deeply into the issue towards solving it. Poor facilities as reported by 20.4% of respondents. The Shortages of ward buildings is a big challenge for all dispensaries of ELCT Central Diocese. The dispensary building as well as workers houses are in poor condition as shown in figure 4.5 and figure 4.6.

Figure 4. 5: Ward of Wembere dispensary of ELCT Central Diocese

Figure 4. 6: House of workers of ELCT dispensary at Tyeme

Althogh there an improvement of RCH Services and other medical treatment which ELCT Central Diocese providing in the community of a study area, but also there deterioration of infrastructure and dispensaries property as we have seen in figure 4.4; 4.5 and 4.6 over the period of 2009 to 2013 in Iramba district (IDC, 2012). This situation of deterioration has brought a lot of challenges and discussions among the workers of ELCT Central Diocese dispensaries and the residents of Iramba district.

4.6 Summary of findings

The overall of purpose of the study was to find out the assessment of Reproductive and Child Health Services (RCHS) under Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese in Iramba district by 2009 to 2013.

On RCH Services under the Diocese in the study area, it has been found that almost all dispensaries have sufficient medical and RCH Services rendered by qualified staff and motivated staff, although there are challenges facing these services. Based on quality, strengths and capacity, findings indicate that RCH Services were of good quality while on strengths (i) there is close and action - oriented supervision of all activities done by staff during official and emergency hours; (ii) there is positive mindset of staff aiming at rendering services effectively and efficiently; (iii) staff said that they were motivated by provision of extra hours allowances and sometime given off hours. On the side of capacity of dispensaries it was found that every dispensary had only one mildwife out of the required two. Likewise there is inadequate number of qualified nurses and clinical officers. Generally there is inadequate capacity in terms of numbers and qualifications.

Challenges mentioned included shortage of facilities, shortage of midwives, shortage of medicines, low salaries to workers, lack of specialized RCH doctors, lack of ambulance, privatization, old buildings and dry tap water.

For the case of shortage of facilities, ELCT dispensaries have few delivery beds, mattress, ordinary beds, and sometimes there are dry tap due to old and non fuctional water infrastructure. This is actually a major challenge to the ELCT diocese dispensaries in the area as it requires about Tsh. 40 million for Tyeme, Wembere, Tulya and Kinampanda dispensaries.

On midwives it was reported that there were few midwives compared to demand of services. Currently each dispensary has only one midwife while the required number is at least two. Such a shortage makes the present midwives to work more hours than required.

Concerning shortage of medicines, it was found that some time dispensaries lack essential medicines for MCH needs due to shortage of funds to acquire such medicines. This instance causes many inconveniency to mothers and even the public in those areas. In addition, the ELCT dispensaries lack ambulances. Ambulance are important for referral and delivery cases whereby pregnant women who may need such a transport service from the village to the dispensary and from dispensary to regional or district hospital respectively.

On the other hand workers said that remunerations were too low compared to those of government. This situation makes good and qualified workers such as midwives, nurses and clinical officers, majority of them not staying longer in ELCT dispensaries.

According to reports from respondents, it was known that, there are no specialized doctors of RCH Services in the ELCT Central Diocese, and this situation makes no exception for Iramba district. Consenquently this results into many pregnant mothers to be referred to either the district or regional hospitals something which is blamed by many people that they are inconvenienced.

On old buildings, people are not happy with the condition of buildings of dispensaries ran by ELCT in the district. The diocese is required to look

deeply into the issue towards solving it, and also the shortages of ward buildings is a big challenge for all dispensaries of ELCT Central diocese, as well as workers houses are in poor condition.

CHAPTER FIVE
CONCLUSION AND RECOMMENDATIONS

5.1 Overview

This chapter presents the summary of the major findings of the study, conclusion, recommendations, gaps of knowledge of filled in and areas for future research.

5.2 Summary of findings

The overall objective of the study was to find out the assessment of Reproductive and Child Health Services (RCHS) rendered by health facilities under the Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese in Iramba district by 2009 to 2013.

On RCH Services under the Diocese in the study area, it has been found that almost all dispensaries have sufficient medical and RCH Services rendered by qualified staff and motivated workers, although there are challenges facing these services. Based on quality, strengths and capacity, findings indicate that RCH Services were of good quality while on strengths (i) there is close and action - oriented supervision of all activities done by workers during official and emergency hours; (ii) there is positive mindset of workers aiming at rendering services effectively and efficiently; (iii) workers said that they were motivated by provision of extra hours allowances and sometime given off hours. On the side of capacity of dispensaries it was found that every dispensary had only one mildwife out of the required two. Likewise there is inadequate number of qualified nurses and clinical officers. Generally there is inadequate capacity in terms of numbers and qualifications.

Challenges mentioned included shortage of facilities, shortage of midwives, shortage of medicines, low salaries to workers, lack of specialized RCH doctors, lack of ambulance, privatization and old buildings.

Due to shortage of facilities, ELCT dispensaries have few delivery beds, mattress, ordinary beds, and sometimes there are dry tap due to old and non fuctional water infrastructure. This is actually a major challenge to the ELCT diocese dispensaries in the area as it requires about Tsh. 40 million for Tyeme, Wembere, Tulya and Kinampanda dispensaries.

For the case of midwives it was reported that there were few midwives compared to demand of services. Currently each dispensary has only one midwife while the required number is at least two. Such a shortage makes the present midwives to work more hours than required.

Concerning shortage of medicines, there some complaints for those members of CHF to unacceptable when seeking RCH Services or other health treatment for instance residents of Mukulu, Tyeme and Wembere being faced with such problem. It was found that some time dispensaries lack essential medicines for MCH needs due to shortage of funds to acquire such medicines. This instance causes many inconveniency to mothers and even the public in those areas. In addition, the ELCT dispensaries lack ambulances. Ambulances are important for referral and delivery cases whereby pregnant women who may need such a transport service from the village to the dispensary and from dispensary to regional or district hospital respectively.

On the other hand, workers said that remunerations were too low compared to those of government. This situation makes good and qualified workers such as midwives, nurses and clinical officers, majority of them not staying longer in ELCT dispensaries.

According to reports from respondents, it was known that, there are no specialized doctors of RCH Services in the ELCT Central Diocese, and this situation makes no exception for Iramba district. Consenquently this results into many pregnant mothers to be referred to either the district or regional hospitals something which is blamed by many people that they are inconvenienced.

Due to old buildings, people are not happy with the condition of buildings of dispensaries ran by ELCT in the district. The diocese is required to look deeply into the issue towards solving it, and also the shortages of ward buildings is a big challenge for all dispensaries of ELCT Central Diocese, as well as workers houses are in poor condition.

5.3 Conclusion

The findings of this research have shown that there are RCH Services provided by dispensaries under the ELCT Central Diocese in the study area which are of fair quality, strength and capacity. However, these services are faced by number of challenges including Shortage of facilities; midwives; essential medicines; low salaries to workers; and lack of specialized RCH doctors together with ambulance and old buildings of dispensaries with dry water tap.

5.4 Recommendations

Based on the findings and consenquently the conclusion, the following are the recommendations (policy implications) geared to improving the situation of health services under ELCT Central diocese.

i. ELCT Central Diocese through its dispensaries should make sure that it maintains RCH Services including immunization coverage of DTP – HB 3, Measles family planning and other vaccines.

ii. ELCT Central Diocese should create aconducive environment that will attract medical experts to look for employment in its health facilities. The recommended conducive working conditions should include living environment of workers, good salaries and in-service training.

iii. Good strategies and sustainable education plans for training dispensary workers should be put in place, instead of relying on employing doctors, nurses and other technician from other organizations.

iv. To improve the performance, it is important for ELCT Central Diocese authority to make sure that the following medical equipment are in place and functioning such as delivery beds, ordinary beds, mattress, bed sheets, mosquito nets, solar power, ambulance and, improving the laboratory facilities is also recommended.

v. In the study area, there is a need for ELCT Central Diocese to renovate all buildings in order to improve the OPD/IPD services. For instance, at Mukulu dispensary there is a need for constructing 2

houses for dispensary workers, 1 building for laboratory and 1 building with 3 wards (male, female and children). The same applies for Tyeme, Wembere, Tulya, and Kinampanda dispensaries.

vi. Strategies for maintainance of dispensaries tape water infrastructure should be put in place. .

5.5 Contribution of this research to knowledge

Based on the findings, together with RCH Services there are other services rendered by health facilities under ELCT Central diocese. The health facilities are endouwed with health personnel and required medical equipment. However there are challenges to the services. Special contribution to knowledge focus on the way the personnel in these facilities are motivated towards their work despite the meger salaries they are getting. In addition they attend short course training geared to improve their services. Such a move by ELCT Central diocese is better to be emulated by other organizations running health services.

5.6 Future research

The conclusion of this research is that there are RCH Services provided by dispensaries under the ELCT Central Diocese in the study area which are of commendable quality, strength and capacity, although are confronted with various challenges. Thus future research in this area should focus on health and nutrition services of women of child bearing age to underscore their quality, strength and capacity.

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APENDECES
APPENDIX A: QUESTIONNAIRES

TITLE: ASSESSMENT OF REPRODUCTIVE AND CHILD HEALTH SERVICES (RCHS) IN DISPENSARIES UNDER EVANGELICAL LUTHERAN CHURCH IN TANZANIA (ELCT) CENTRAL DIOCESE IN IRAMBA DISTRICT, SINGIDA REGION, TANZANIA

INTRODUCTION

The questionnaire consists of 2 sections (I – II).In section I there are 11 questions, section II there are 12 questions. Please read the instructions carefully before answering the questions. TICK IN THE BOX, OR IN THE BRACKET AND IN THE LETTER FOR MULTIPLE CHOICES QUESTION FOR ALL ANSWERS WHICH ARE CORRECT FOR YOU. SOME QUESTIONS NEED SHORT EXPLAINATION.

In case you don't understand any question, please don't hesitate to ask the researcher who distributes the questionnaires. We would also like to remind you that, your answers are confidential and no one will be allowed to go through your answers except the principal investigator and research assistants.

This is not a test and hence the answers will not affect you and hence please don't look or ask your fellow for the answer. We would like to get your own personal responses.

QUESTIONNAIRE NUMBER ……

DATE OF INTERVIEW ……

VILLAGE……, WARD…….

DISTRICT.....,

REGION.....

SECTION I

QUESTIONNAIRE FOR WORKERS OF ELCT CENTRAL DIOCESE

1. (a) Name of Dispensary/Office……

   (b) Position……

2. This questionnaire seeks information which will be strictly used for the intended study.

   Please, I kindly ask you to fill this questionnaire honestly.

B. Sex: F ☐ M ☐

Age: 18 - 25 ☐

26 - 35 ☐

36 - 45 ☐

46 - 55 ☐

56 - above ☐

3. Marital Status……..

4. Nationality…….

5. Education levels ( )

   a) Primary Education ( )

   b) Secondary Education ( )

c) Certificate ( )

d) Diploma ( )

e) Others ( )

Specify……

6. For how long have you been working in this dispensary/Office……

7. List the kind of RCH Services being provided by this dispensary …….....

8. How do this dispensary / hospital provide its RCH Services?

(a) Cash payment to all service

(b) Free service to some service

(c) Free service to all service

(d) All A, B, and C it depends

9. The focus of ELCT central diocese on provision of RCH Services in the Community is:-

(a) To improve RCH Services through his dispensaries / hospital

(b) To stop continuing with providing health services because of Insufficient funds

(c) To privatize RCH Services to someone else who are well Economically

(d) To share with government, so as to ensure availability of Medicine with moderate costs

10. List five challenges in providing RCHS in this dispensary / hospital ……

11. Answer **YES or NO** Does Evangelical Lutheran Church in Tanzania (ELCT) central diocese implementing goals on national health policy related to Millennium Development Goals (MDGs) on Child Health, Maternal Health and HIV and AIDS, Tuberculosis and Malaria (ATM) and other Communicable diseases……

If no, explain why ……

Thank you for filling this questionnaire

SECTION II

INTERVIEW QUESTIONS FOR CLIENTS

1. (a) Sex ……(b)Marital Status…….

2. Age in group (18 -30) (31 -45) (46 – 55) (56 – above)

3. Level of education……

4. Where do you come from (Name of the village/District/Region).

   ……

5. For how long have you been living in this area?

   ……

6. How many times you have received RCH Services in this dispensary?

   (a) Many

   (b) Offenly

   (c) Rarely

   (d) Not at all

7. How can you evaluate the RCH Services provided by dispensaries compared to others such as (other private / (public) / Government dispensaries)?

   (a) Very good services

(b) Good services

(c) Fair services

(d) Worse services

8. What services are provided?

a) In cash payment……

b) Free services……

Why.....

9. How do the workers provide RCHS to the clients in this dispensary?

(a) Very good

(b) Good

(c) Very ba

(d) Bad

10. List five challenges/difficulties being faced in getting the RCH Services in this dispensary

……

……

……

……

……

……

11. What can you advice the leaders / workers of ELCT dispensaries so as to improve the health services provided.

    ……

    ……

    ……

    ……

12. Answer **YES or NO** Does Evangelical Lutheran Church in Tanzania (ELCT) central diocese implement goals on national health policy related to Millennium Development Goals (MDGs) on Child Health, Maternal Health and HIV and AIDS, Tuberculosis and Malaria (ATM) and other Communicable Diseases……..

    If no, explain why……

Thank you for participating in answering the interview questions.

APPENDIX B: CONSENT LETTERS AND RESEARCH CERTIFICATES

ST JOHN'S UNIVERSITY OF TANZANIA

Directorate of Research, Consultancy and
Postgraduate Studies

Tel: +255 26-2390044
Fax: +255 26-2390025
Website: www.sjut.ac.tz

PO Box 47
DODOMA
Tanzania

27.1. 2014

TO WHOM IT MAY CONCERN

Graduate Student's Research Clearance

This letter serves to introduce Mr Edward Ezekiel Gyunda (Registration Number M2012/2250), who is a bona fide student of St John's University of Tanzania in the Faculty of Commerce and Business Studies.

He is currently in the research stage of his Masters studies and is required to collect data.

His approved research topic is:

ASSESSMENT OF THE CONTRIBUTION OF EVANGELICAL LUTHERAN CHURCH, CENTRAL DIOCESE, TOWARDS THE DEVELOPMENT OF HEALTH SERVICES: A CASE STUDY OF IRAMBA DISTRICT IN SINGIDA REGION, TANZANIA

I request that you grant this student all possible assistance to facilitate the completion of his research study.

Should you need further clarification please contact my office.

I wish to thank you for your kind assistance for this student.

Yours sincerely

St. John's University of Tanzania
P. O. Box 47 – DODOMA
Signature ..... .
DIRECTOR
Postgraduate Studies & Research

Dr Angela Savage
Director of Research, Consultancy and Postgraduate Studies
Email asavage@sjut.ac.tz

INFORMED CONSENT LETTER TO EXECUTIVE DIRECTOR OF IRAMBA DISTRICT

Edward Ezekiel Gyunda,

St Johns University of Tanzania,

P. O. Box 47,

Dodoma.

3rd February 2014

District Executive Director,

Iramba District Council,

P. O. Box 155,

KIOMBOI/IRAMBA

Ref: <u>REQUEST FOR CONDUCTING A RESEARCH IN YOUR DISTRICT</u>

Concerning the heading above, I am a second year student from St John's University of Tanzania pursuing Masters of Arts in Community Development. I am requesting for a permission to conduct my dissertation entitled "Assessment of Reproductive and Child Health Services under dispensaries of Evangelical Lutheran Church in Tanzania (ELCT) Central Diocese Iramba district in Singida region, Tanzania." In Iramba district, five dispensaries which owned by ELCT Central Diocese are selected from the following villages:- Mukulu (Ulemo ward), Kinampanda (Kinampanda ward), Tyeme (Mtoa ward), Wembere (Shelui ward) and Tulya (Tulya ward). The study conducted is part of my academic achievement as required by University regulations. Apart from being an academic requirement, the significance of the research conducted will help to rise awareness of the Church and community leaders and other people who will read this dissertation to get involved in better contributing health services in their communities through the Church of ELCT Central Diocese dispensaries..

I am very thankful for your cooperation and concern.

On regards

Edward Ezekiel Gyunda

HALMASHAURI YA WILAYA YA IRAMBA

MKOA WA SINGIDA:
SIMU NO. 026 – 2532253
" " 026 - 2533001
FAX NO. 026 - 2532253
E-mail: irambadc@pmoralg.go.tz
dediramba@singida.go.tz

OFISI YA MKURUGENZI MTENDAJI WILAYA
S.L.P. 155
KIOMBOI/IRAMBA

Kumb.Na. DED/IRA/E. 10/30/VOL. IV/214 Tarehe: 07/02/2014

Afisa Mtendaji Kata
ULEMO, SHELUI, TULYA,
TYEME NA KINAMPANDA.

YAH: NDUGU EDWARD E. GYUNDA – KUFANYA MAZOEZI KWA VITENDO KATIKA MAENEO YENU:

Somo husika hapo juu.

Ndugu Edward E. Gyunda ni Mwanafunzi katika Chuo Kikuu cha Mtakatifu John kilichopo Mkoani Dodoma, anachukua Shahada ya pili katika Maswala ya Jamii na Maendeleo.

Ameomba kufanya mazoezi kwa vitendo katika Zahanati na Hospitali zka Dini zilizopo Wilayani juu ya michango na ushiriki wa Dhehebu la ELCT katika kuendeleza huduma za Afya Wilayani.

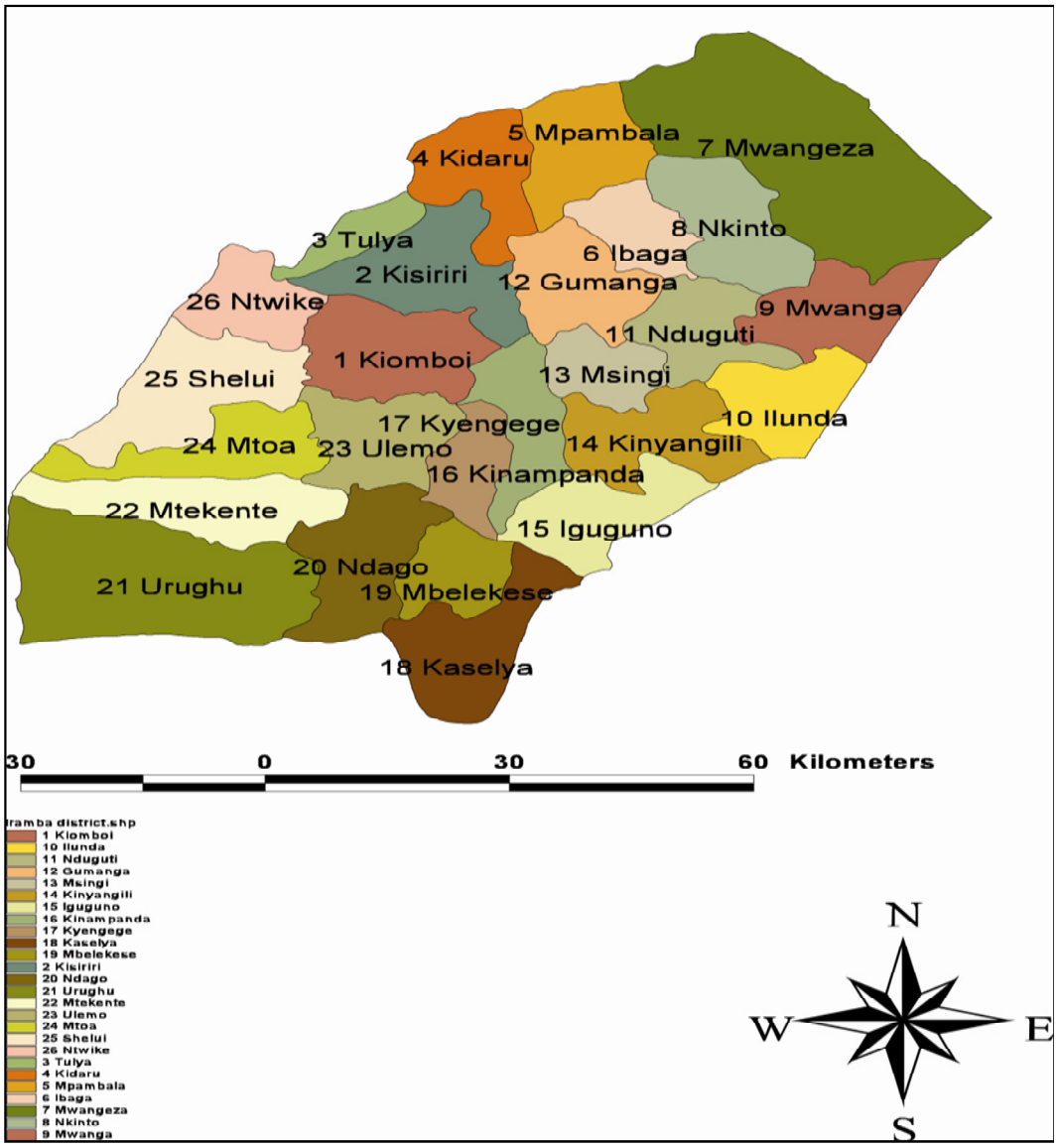
Waarifuni Watendaji waVijiji wasimtilie shaka Mwanafunzi huyu aidha mpeni msaada wa Takwimu atakazohitaji katika mazoezi yake.

Namtambulisha.

Halima A. Mpita
MKURUGENZI MTENDAJI WILAYA
I R A M B A.

MKURUGENZI MTENDAJI
HALMASHAURI YA WILAYA IRAMBA

APPENDIX C: MAP OF IRAMBA DISTRICT COUNCIL



(Source: Iramba district council, 2012)

KEY CONCERNED STUDY AREAS

3 – Tulya ward; 16 – Kinampanda; 23 – Ulemo ward; 24 – Mtoa ward and

25 – Shelui ward