QUALITY OF HEALTH CARE SERVICES IN INFLUENCING COMMUNITY HEALTH FUND MEMBERSHIP IN KILOSA DISTRICT

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By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences

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Certification

The undersigned certifies that has read and hereby recommends for acceptance by **Muhimbili University of Health and Allied Sciences** a dissertation entitled **Quality of health care services in influencing Community Health Fund membership in Kilosa District**, in fulfillment of the requirements for the degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences.

……..

Prof: A. D. Kiwara

(Supervisor)

Date…….

Declaration and copyright

I **Gitanya Mponeja**, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature ……

Acknowledgement

I first thank God Almighty for his grace and health provision that enabled me to accomplish this dissertation accordingly.

I thank my supervisor Prof. A. D. Kiwara and Prof. P.G.M. Mujinja from MUHAS for their valuable guidance, suggestions, constructive criticism and encouragement towards the preparation and production of this dissertation.

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I take this opportunity to express profound gratitude and love to my beloved fiancée Catherine Felix; for her understanding, support & endless love, throughout my studies

Furthermore, I would like to thank my family, friends and classmates for their constant encouragement, which enabled me to accomplish this dissertation.

Finally, I sincerely thank all participants in Kilosa district, who willingly shared their precious time and ideas during the process of interviewing, without which this dissertation could not be possible.

Dedication

This dissertation is dedicated to my fiancée Catherine, my dear mother Ester, my sisters Neema, Pendo and Mariam and young brother Charles.

Abstract

In Tanzania soon after independence, health care services were provided for free. The government financed health care services through general government taxes. However by the mid 1980s, the country faced economic problems which led to new policy formulation to match the economic crisis. Health Sector Reform (HSR) was implemented and the government was no longer the only health care financier. Other financing mechanisms to complement health care financing in the country, such as, Cost sharing, health insurance fund, private insurance and Community health fund were introduced (1) (2)(3)

CHF is a voluntary pre payment health financing scheme whose premium is determined by the community itself, and mostly offered to the informal sector population who are mainly from the rural areas. It aims to increase accessibility, provide good quality of essential health care services and provide financial protection to the vulnerable groups in the country.(4)(5)(6)(7)

The current enrolment proportion of CHF in Kilosa district is about only 2% of eligible households. This is very small compared to the required proportion of 85%, if the recommended proportion would be achieved, it would lead to health financing universal coverage. (8), (9), (10)

OBJECTIVES: The purpose of the study was to explore the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa.

METHODOLOGY: The study employed quantitative cross sectional study design. A two cluster sampling used, 12 government health facilities were systematic random selected, from a total of 47 health facilities using a sampling interval of (k=N/n=4). Then followed by systematic random sampling to obtain 27 clients from each of the 12 health facilities make a total of 328 aged from 18 up to 59 years clients and then exit interview was conducted. Questionnaires, structured and semi structured questions, used for data collection. Data were entered and analyzed using (SPSS 15.0 version) software, frequencies and cross tabulation were performed to obtain Chi-Square and then logistic regression was run in order to control confounders, so that the influences of qualities of health care in CHF memberships be well established.

RESULTS: The results show proportion of CHF memberships among respondents was 33.8%. Medicines availability at the health facilities, waiting time before attended and presence of skilled health staffs found to be significantly ($P<0.05$) influencing CHF memberships in the District. Therefore, all these three components of quality health care services were factors encourage more people to join the scheme. However for the case of health customer care services, there was no statistical significant ($P>0.05$) in influencing CHF memberships.

CONCLUSIONS: in order to increase CHF memberships in the community, these health quality components; Medicines availability, short waiting time and presence of skilled health staffs should be improved for more CHF enrolment and increased memberships.

RECOMMENDATION: Policy-makers for Community Health Funds should include people's perceptions and preferences on health services provisions, so that to during policy formulation are to be considered so that to improve the quality of health care services and increase CHF memberships to the community.

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Acronyms

AMO……...Assistant Medical Officer

CBHI…… Community Based Health Insurance

CHF…….. Community Health Fund

CO …….Clinical officer

DC……. District Council

DMO……. District Medical Officer

EN …….Enrolled nurses

HSR……... Health Sector Reform

MDGs……Millennium development Goals

MOHSW……. Ministry of Health and Social Welfare

MUHAS…….. Muhimbili University of Health and Allied Sciences

NHIF…. ……..National Health Insurance Fund

NSGRP II- National Strategy for Growth and Reduction of Poverty II

PHC …….Primary Health Care

PMORALG…. Prime Minister Office Regional Administration and Local Government

RN …….Registered nurses

VC…… Village Committee

WHC……. Ward Health Committee

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Definition of terms

Health facilities…. Dispensaries

Quality of health care services at the health facilities meant the followings;

i. Consistent availability of essential medicines (including medicines at the time of study)

Essential medicines

1. Adrenaline inj
2. Amoxycillin caps
3. Artemether lumefantrine 1,2,3,4
4. Aspirin
5. Chloromphenical caps
6. Doxycycline caps
7. Hydrocortisone inj
8. ORS
9. Paracetamol
10. Pen v tabs
11. Tetracycline eye ointments
12. Water for inject
13. X-pen inject

ii. Recommended waiting time (≤30min)

iii. Shortage of skilled health workers (maximum number of 5 h/worker, 1 C/O, 1 EN Nurse M/Attendance …). Both measure of number and qualifications of health staffs. (1 C/O, 1 RN, & 1 EN)

CHAPTER ONE

1.0 Introduction

1.1. Background

The vision of health policy in Tanzania is to improve the health and well-being of all Tanzanians, especially those at risk, and to enable the health system to be more responsive to the needs of the community. To achieve this vision, Tanzania through its Ministry of Health and Social Welfare has its mission that is to; facilitate the provision of equitable, quality, and affordable basic services that are gender sensitive and sustainable and that aim at achieving improved health status of all citizens. Also, the country has the Health Sector Strategic Plan III (HSSP III, 2009– 15) which focuses on the need for effective partnerships—with public and private health facilities, development partners, and other stakeholders, which results into increase of accessibility of health care services to community. (11)(12)

The government of Tanzania initiated a number of strategies to increase the access to healthcare of its citizens in an environment with a shrinking budget for the health sector and economic decline. One of such initiatives has been come up with a mechanism through which households and individuals can share community health risks. This is done by introducing a community based health insurance scheme known as community health funds (CHF). The scheme was supported by the World Bank and was implemented for the first time in 1996 in Igunga District, in the central part of the country, and then afterwards was expanded to other more districts, (13)(14)(6)

CHF is a district level, voluntary pre-payment scheme for primary health care services targeted at rural populations and the informal sector. Households pay an annual membership fee when they are able to do so e.g. during harvest season; and this entitles them to unlimited access to a basic package of curative and preventive health services at participating health facilities within the district. Each district establishes the amount that households would contribute and the government provides matching funds. Under the CHF arrangement, the impoverished are

provided free health care following an identification process by community members.(15)

The Community Health Fund aims at facilitating the community to access health care services in the country. It involves community revenue collection, risks pooling and effective purchasing of the needed health services. Furthermore, CHF has the followings main objectives:

a) To establish a complementary financial resource base for the basic curative and preventive health care, primarily to fill the financial gap in the government funding (not to replace public or private modes of health financing and provision), and
b) To ensure security of access and equity to health services to the community members
c) To provide quality and affordable health care services through sustainable financial mechanism
d) To improve health care management in the communities through decentralization(6) (16)

Currently there is low Community health fund, membership enrolment across all rolled out districts. To date in Tanzania, enrolment per district ranges 4% to 20% of total households. For example, the enrolment in Kilosa district is only about 2%. More over the trends for membership drop out is higher than joining up into the scheme. However, in order to increase the CHF membership in the district, the followings components of health quality should be improved. These include: strengthened capacity of health facilities to deliver health services, improve skills for health workers at the health facilities (capacity building), ensured adequate drugs and medical supplies and increased reduced waiting time and improve customer care at the health facilities. Therefore, quality of health care services is an important factor to consider when wants to increase the CHF membership. (11)(17)(18)

1.2: Problem Statement

The Community Health Funds aim to increase accessibility to essential health care services, provide good quality services, provide social protections and reduce financial catastrophic expenditures on health services which impoverish the rural communities (10),(19). Furthermore, CHF can be used to reduce the incidences of delay in seeking for treatment and decrease the habit of self medication among Tanzanians who are poor and unable to access essential health social services if they are not in exemptions.(20)

Currently CHF enrolment in Tanzania varies between 4 and 20 percent of the population where is implemented. Majority of districts, their CHF enrolment is only around 3.9% of their eligible population. For Example, the enrolment rate for Kilosa District Council is about 2% (average household size 4.2); that means, only 1053 households out of 100,746 are eligible are enrolled(21). This is a small percent compared to the recommended enrolment by the national target of about 85% of the population in the informal sectors especially those from the rural areas (22), (17), (23), (18)

Number of studies has been done to evaluate factors affecting enrolments and implementations of Community Health Fund in Tanzania. These include; poor quality of healthcare services, inability to pay membership contributions due to lack of money, inadequate community sensitization, lack of good referral system, inadequate supportive supervision for health staffs by the district managers. (17), (24),(25)(26)

Information on the extent to which quality of health care services influence CHF membership in Tanzania is scarce. On top of that, currently, there is no any study so far which has been conducted in Kilosa District to find out how does quality of healthcare services influences CHF membership. This study, therefore aimed to explore, the extent to which quality of health care services influence CHF membership in Kilosa District. It is in this context, that this research is being proposed

1.3: Conceptual Framework

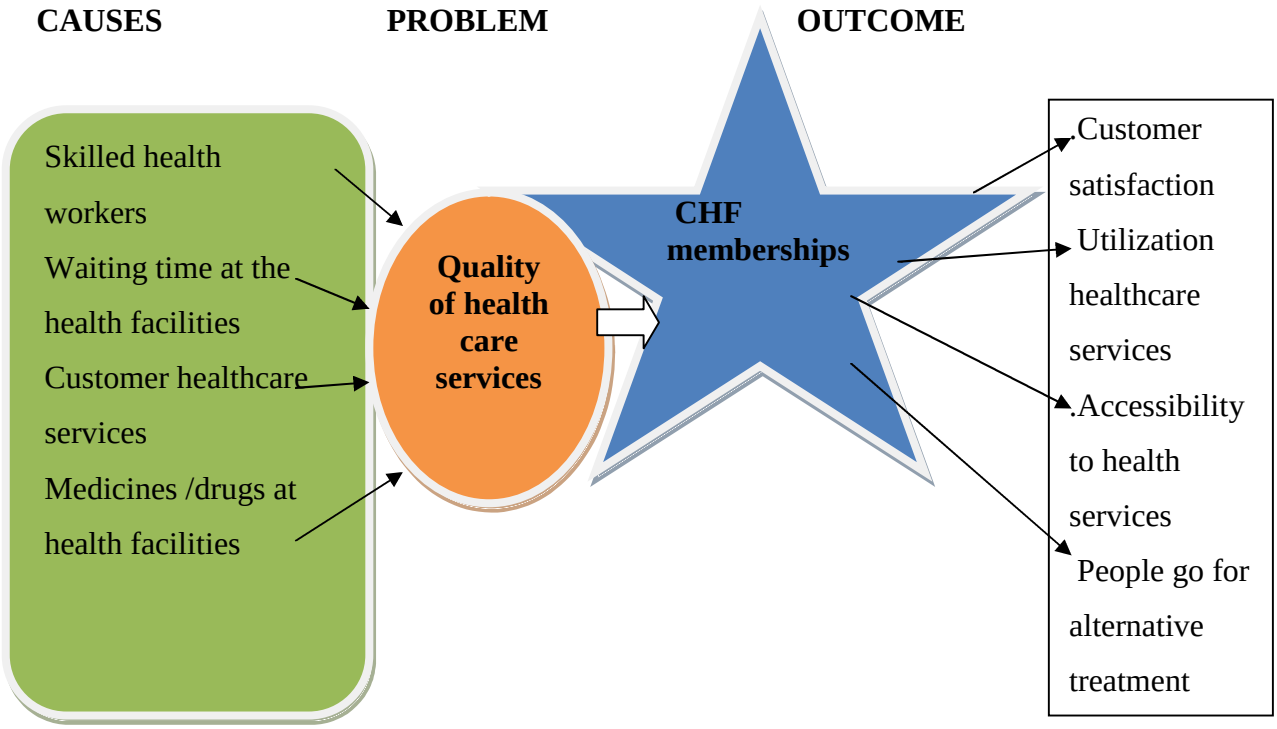

Figure: no. 1 Quality of healthcares services influence CHF memberships

The above figure, it is a conceptual framework explaining the relationship between the quality of healthcare services and the Community health Funds membership. Furthermore, the components of quality of healthcares services studied includes; skilled health workers, waiting time, customer healthcare services and medicines at the health facilities. In this context, the figure shows to which extent does quality of health care services influences Community Health Funds membership.

1.4: Rationale of the Study

The information obtained from the study will be significant in advising Kilosa district on how quality of health care services influences Community Health Funds memberships. Therefore, good quality of health care services may lead to increased Community Health Funds membership in the district.

High proportion of CHF membership will reduce the transaction costs and increase sustainability and unnecessary health expenditure. Health care financial protection would reduce financial loss due to disease and augment government efforts through NSGRP II. Moreover, good quality healthcare services might promote accessibility to health care services for the rural population like this of Kilosa District. This mighty allow achieving the Tanzania National development vision of 2025 as well as the targets for MDGs. (27)(11)

This study is expected to contribute to the improvement of CHF memberships and sustainability in Kilosa District and other districts in Tanzania. The results from this study may be used by policy makers to improve Community Health Funds memberships in the country. Moreover, data from this study will be used by other future studies of similar nature in other districts.

1.5: The Research Questions

1. What is the proportion of Community Health Funds memberships?
2. How does medicines availability influence the Community Health Funds membership?
3. How does waiting time influence the Community Health Funds membership?
4. How do skilled health workers influence the Community Health Funds membership?
5. How do customer healthcare services influence the Community Health Funds membership?

1.6: Study Objectives

1.6.1: Broad objective

To explore the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa District by 2013

1.6.2: Specific objectives

1: To determine the proportion of Community Health Funds memberships
2: To explore the influence of medicines availability to Community Health Funds memberships
3: To explore the influence of waiting time to Community Health Funds memberships
4: To explore the influence of skilled health workers to Community Health Funds memberships
5: To assess the influence of customer healthcare to Community Health Funds memberships

CHAPTER TWO

2.0 Literature review

2.1: Community Health Funds (CHF)

In 1998, the Tanzanian Ministry of Health and donors agreed to introduce sector-wide approach to health reforms increasing coordination with donors and government. They developed a clear strategy for one comprehensive and coherent health sector programme to improve availability and quality of essential health service delivery.(28)

CHF like other Community Based Health Insurance (CBHIF) is among government options to supplement government revenue on health care services provision through community participation. Since its inception in Tanzania, the rural community has benefited from decent health care accessibility, as well as improvement in quality health care services. In addition to that significant improvements on resources mobilization have been realized.(4), (29)

Although prepayment schemes are being hailed internationally as part of a solution to health care financing problems in low-income countries, literature has raised problems with such schemes. Some findings argue that district managers had a direct influence over the factors explaining low memberships. Other studies have identified inability to pay for membership contributions; low health quality of care and lack of trust in scheme managers as other responsible factors. (20)

Furthermore, there were different studies which identified other challenges in the implementation of CHF scheme. Such challenges included; inability to pay for memberships contributions due to lack of money, inadequate community sensitization, poor quality of health care and lack of referral care, inadequate supportive supervision of health staffs by the district managers, weak institutional functions like health facilities governing committees, lack of political influence and low user fees set. All these factors lead to low CHF memberships .(17), (8), (24)), (30), (26),(31)

2.2: Medicines availability

Availability of medicines at the health facilities does influence the improvements in the quality of health services delivery. Therefore, more community participate more on health services utilization in high acceptability, hence increase access to health services, as a result of increased CHF memberships within the particular area. On the other hand, CHF can results into an increase of medicines availability especially at the rural health facilities, thus quality of health services delivery improved. (28), (23), (32), (33), (26)

Understanding populations' opinions on quality of care is critical so that enable to develop measures for increasing the utilization of primary health care services.

Availability of medicines at the health facilities do influence on the improvements in the quality of health services delivery. Therefore, good quality of healthcare mighty increase health services utilization and acceptability hence increases access to health services, and also may raise the number of CHF memberships within the particular area. (34)

2.3: Waiting time

Waiting time is one of the components of quality of health services that might results into increasing of CHF memberships. Waiting time in low economic countries and especially in rural areas health facilities is one of the major challenges facing the health sector towards improving the quality of health facilities. This is because, majority populations are poor and most of them are the higher risk groups, who frequently utilize the few health facilities, found at rural areas due to un-equal distribution of health facilities with that of urban areas. Furthermore, a part from few health facilities which lead to clients' congestions that but also, prolong the waiting time thus might results into low CHF memberships. Therefore, waiting time at the health facilities as one of the components of quality of health care services mighty has influence on the CHF memberships. (35), (5), (36), (3)

2.4: Skilled health workers

Presence of skilled health staffs at the health facilities can improve the quality of health services delivery at the health facilities. The availability of health staffs especially at the rural health facilities; do encourage more people to join the Community Health Fund. Some findings had been pointed out by researchers and explained how presence of health staffs like doctors, nurses and others do motivate people to attend health facilities and enroll in the CHF scheme around particular area and thus, CHF memberships among clients are increased. Also, the presence of trained health staffs at the primary health care facilities also increases community CHF memberships, and this is due to quality health services delivered to the community. Therefore health staffs are the central part in quality health care delivery. Presence of skilled health staffs at the health facilities, have influence on the Community Health Funds memberships. (30), (37), (38), (39)

2.5: customer care

Customer care is the important components of health quality that, if well managed might results into good utilization of health care services. Some more information, mentioned by researchers on bad attitudes of health care professionals that render to low CHF membership. For example, poor customer care services provided by some nurses and other health staffs to clients have led to customer dissatisfaction; thus contribute to the low memberships for Community Health Funds (CHF) at the particular health facility. However, good customer care to clients at the health facilities do promote health care services acceptability and may result into community health funds joining into the scheme to increase more and more. It also promotes better utilization of health services to the community, hence promoting Community Health Fund memberships. (17,33,40)

CHAPTER THREE

3.0 Methodology

3.1 Description of the study area

This study was conducted in Kilosa District, and this was chosen because of its representativeness as a typical rural district as the target of Community health funds. It is one of the seven districts of Morogoro region. It is administratively divided into 9 divisions, which in turn are subdivided into 35 wards, and 120 registered villages. Kilosa town is the district headquarters and is located 96 km West of Morogoro town. New township authorities have been established which include Kilosa, Dumila and Ruaha.

According to the 2012 census, the 2012 population was projected to be 438,175. This represents approximately 28% of the regional population. With a population growth rate of 2.4% per annum, of which women under child bearing age are about 145,482 children under one year are about 20,986 and under fives are about 99,400. In 2013 there are 124,921 households in Kilosa District, with an average household size of 4.6 persons. (21)

The district has 68 health facilities of which 3 are hospitals 8 health centers and 57 are dispensaries. One hospital owned by the government while other two are faith based hospitals. Six health centers belong to the government while two are faith based and one owned by Kilombero Sugar Company. Out of 57 dispensaries 47 belong to government and 10 are private and faith based owned dispensaries.

Agriculture is the most important activity in Kilosa, accounting for approximately 80% of household income. Household consumes around 25% of own production, and most of people in Kilosa are peasants and livestock keepers, and majority of people engaging themselves in subsistence agriculture, with low income status.

3.2 Study design

A cross sectional study was conducted It involved exploring the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa District. The components quality of healthcare services included; skilled

health workers, waiting time, availability of medicines and customer care at the health facilities.

The advantages of using this design include; it is fairly quick, easy to perform, and used for exploring the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa District.

3.3 Study population

The population from Kilosa District who are CHF members and attended the health facilities with ages between 18 and 59 years old. That was because at that age, people could become principal members of the family or as heads of the families (mothers and fathers. This is because, the study population is at health facility, and hence it might be easy for study population to reflect directly from what it is at the particular health facility. Therefore, studying this group might have great contributions towards improving the quality of health care services delivery to the community, and might influence the increase of CHF memberships in the community.

3.4 Study sample and sample size calculation

(a) Sample size calculation

A minimum sample size from the health facilities obtained using sample size estimation formula for CHF members. This is given by;

$$n = \frac{Z^2 P \ (100 - P)}{\varepsilon^2}$$

Where; n = estimated minimum sample size of CHF members interviewed

Z= 1.96 approximated to 2 (at 95% confidence interval)

P= Proportion of CHF memberships in Kilosa district, currently rate estimated to

Be 2% average per 4 household size, Therefore P=8%

ε= is the accepted margin of error (in this study taken to be 3%)

$$\frac{1.96^2 x 8(100-8)}{3^2}$$

314 individuals as minimum sample size

(b) Inclusion criteria

All CHF member clients attended at the government health facilities with ages between 18 and 59 years old.

(c) *Exclusion criteria*

All clients attended at non-government health facilities and those attended government health facilities but were non CHF members.

3.5 Sampling procedure

A cluster sampling method was used. A sample of 12 government health facilities was selected from a total of 47 health facilities. The twelve health facilities were used, and thus were about 39.2% of all health facilities. The selected health facilities were: Kivungu, Magomeni, Mbamba, Tindiga, Zombo, Mabwerebwere, Idibo, Kitange II, Chanzuru, Chakwale, Rudewa and Kilangali dispensaries. A systematic random sampling process was conducted by establishing the sampling interval **(k=N/n=4),** and then at every after four health facilities, one was selected. Furthermore, a sample of 27 clients from each of the selected health facilities was selected. Furthermore, by assumption that, number of clients that may attend the health facilities would be 54. This is because; the total clients who may attend at the dispensary level on average per day are about 54. Again, a systematic random sampling procedure was conducted via establishing a sampling interval of (54/27=2). Then after every one client, a second client attended by the health personnel, was selected and interviewed. Identification of CHF members was done by observing the active CHF card membership of the particular clients within at the health facility.

3.6 Data collection method and procedures

(a)Tools for data collection

A questionnaire and observation checklist was used to obtain the data from the field. The questionnaire included both structured and semi-structured questions. The questionnaire was written in English and translated into Kiswahili, because the participants (audiences) would understand the Kiswahili language, and then retranslated into English.

(b)Recruitment of the research assistants

Four research assistants were recruited from Kilosa district to assist in data collection. Training of the interviewers to understand the objectives of the research and enable them to conduct interview in a recommended way, hence accuracy was enhanced.

(c) Prêt-test of the questionnaire

Pre-testing was conducted before the actual data collection was done. Clients at the health facility were interviewed in Mvomero district at Dakawa health facilities. Questionnaires were pre tested in order to know how long it would take to complete the interviewing process. Furthermore, the importance of pre testing was also to minimize information errors, either from the instruments or interviewers.

(d) Data collection

Both the Principal Investigator and the Research Assistants conducted a face to face exit-interview to the clients after asking for the consent for participation into the study, and when agreed, then, they were interviewed.

3.7 Variables

(a) Independent variables

These are: Availability of essential medicines**,** waiting time, skilled health workers and customer care services at the health facilities

(b) Dependent variables

This is: Community Health Funds memberships

3.8 Data Management

Questionnaires were given identification numbers and then were checked accuracy, completeness and summarized for further processing. At every end of the day, data were entered into the computer program (SPSS 15.0). Data were stored in a locked cabinet and other in external hard disk for back up. Data entered into the program were validated for errors, internal consistency and outliers was achieved by customizing the software.

Descriptive statistics via frequency analysis was run for social demographic characteristics, and presented in text and charts. Bivariate logistic regression analysis used in variable with more than two categories. Multivariate logistic regression was used in variable with more than two categories. Multivariate logistic regression was used to adjust for confounders for the variable with (P-Value < 0.05) was considered statistically significant, with significant levels at 95% confident interval.

Therefore, data analysis was done to explore the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa District.

3.9 Ethical considerations

Ethical clearance was obtained from Muhimbili University of Health and Alliance Sciences (MUHAS) Research ethical committee.

Local authority (Kilosa District) was asked for permission for conducting study. Participants were asked for consents prior to recruitments; this was done after receiving information regarding this study. Participants were asked for willingness to participate or not in the study, and the information generated from the study was for academic purpose only. Benefits and risks of participation were well explained to the participants so that to decide to participate or not. Confidentiality was maintained to their responses during research participation at all levels of data collection and management.

3.10 Limitations of study

The study collected information from within the health facilities where freedom of response could be affected by the environment. Also they might have replied just because of the way they get health services on that particular day of interview. There are only four elements of quality of health care were studied in this study, thus are; availability of drugs and essential medicines, presence of skilled health staffs, waiting time at health facilities before get services and health customer care services, however the other elements of quality of health care services were not studied. The study was only conducted to the government health facilities.

Multivariate logistic regression was run during analysis so that to adjust for confounders. Standardized instruments for data collection were used to control for information bias. Pre-testing and training of the researchers assistants were conducted. The study had a large number of sample size that minimized selection bias of the study.

CHAPTER FOUR

4.0 Results

4.1 Socio-demographic characteristics of the respondents

(a). Age of respondents

The study involved 328 respondents, and most of them 64 (19.5%) were aged between 25- 29 years. This mean, at that age more were interviewed at the health facilities. Furthermore, after run logistic regression, age was found to be statistically not significant (P>0.05).

Table 1: Age of respondents

Age distribution	Frequency	Percent	
<20	19	5.8	
20-24	57	17.4	**P=0.571**
25-29	64	19.5	
30-34	59	18.0	
35-39	43	13.1	
40-44	34	10.4	
45-49	24	7.3	
50-54	18	5.5	
55-59	10	3.0	
Total	328	100.0	

(b). CHF memberships by sex of respondents

Out of total respondents 328, about 105 (32.0%) were males while, majority of respondents 223 (68.0%) were female. And among all men 105 respondents, 39 (35.1%) were CHF members while 66 (30.4%) were non members. Also, among all female 223 respondents, 72 (64.9%) were CHF members while 151 (69.6%) were

non members. Furthermore, after run logistic regression, sex was found to be statistically not significant (P>0.05).

Table 2: CHF memberships by sex

Sex	**Member, N=111**		**Non member, N=217**		**Total, N=328**		P-Value
	No	%	No	%	No	%	
Male	39	35.1	66	30.4	105	32.0	**P=0.068**
Female	72	64.9	151	69.6	223	68.0	

(c). Marital status and education level of respondents

Out of 328 respondents, majority 288 (87.8%) were married, also, most of them 290 (88.4%) have primary education level. Both marital status and education level found to be statistically not significant (P>0.05) after regression analysis.

Table 3: Marital status and education level of respondents

Marital status	Frequency	Percent	
single	26	7.9	
married	288	87.8	**P= 0.711**
cohabiting	1	0.3	
separated/divorce	9	2.7	
widow/widowed	4	1.2	
Total	328	100.0	
Education level	Frequency	Percent	
No formal education	36	11.0	
Primary education	290	88.4	**P=0.456**
Secondary education	2	0.6	
Total	328	100.0	

4.2: Occupation of the respondents

Among 328 of the household member's respondents more than three quarters 261(79.6%) were peasants, the remaining percentages were distributed between Pastoralists, commercial farmers, petty trader and students. However, after logistic regression analysis, occupation was found to be statistically not significant (P>0.05).

Table 4: Occupation of the respondents

Occupation	Frequency	Percent	
Peasant	261	79.6	
commercial farmer	2	0.6	**P=0.942**
petty trader	26	7.9	
pastoralist	38	11.6	
studies	1	0.3	
Total	328	100.0	

4.3: Proportion CHF memberships

Out of total 328 respondents there were 111 (33.8%) who were members and 217 (66.2%) were non-CHF members. This is due to the low CHF enrolment in the district, hence even the proportion of CHF memberships were also low at the health facilities.

Table 5: CHF memberships

CHF memberships	**Frequency**	**Percent**
Non members	217	66.2
Members	111	33.8
Total	328	100.0

4.4: Medicines availability to CHF memberships

Out of total 328 respondents there were (111) CHF members and (217) non members. Among CHF members, Majority 91 (82.0%) was strongly encouraged to be CHF memberships by medicines availability at the health facilities. For the non-CHF members only 89 (41.0%), which was about half of those of CHF members, were strongly encouraged to be CHF memberships with the availability of drugs/medicines at the health facilities. And therefore, availability of medicines at the health facilities was statistical significant to CHF memberships (p<0.001)

Table 6: Medicines availability by CHF memberships

Medicines availability	**Member, N=111**		**Non member, N=217**		**Total, N=328**		P-Value
	No	%	No	%	No	%	
Strongly encouraging	91	82.0	89	41.0	180	54.9	**P<0.001**
Encourage	17	15.3	87	40.1	104	54.9	
Not encouraging	3	2.7	41	18.9	44	13.4	

4.5: Waiting time by CHF memberships

Table 7 shows that, among 328 respondents there were (111) CHF members and (217) non CHF members. Out of CHF members, most of them 74 (66.7%) were strongly encouraged to continue be CHF memberships. However, only 99 (45.6%) non-CHF members were only strongly encouraged to be CHF memberships. Therefore, waiting time at the health facilities was statistical significant to Community Health Funds memberships (p<0.001)

Table 7: Waiting time by CHF memberships

Waiting time	**Member, N=111**		**Non member, N=217**		**Total, N=328**		P-Value
	No	%	No	%	No	%	
Strongly encouraging	74	66.7	99	45.6	173	52.7	**P<0.001**
Encourage	34	30.6	87	40.1	121	36.9	
Not encouraging	3	2.7	31	14.3	34	10.4	

4.6: Skilled health staffs by CHF membership

The reported presence of skilled health staffs differ between CHF and non-CHF members as shown in table 4. Most of CHF members 60 (54.1%) were just encouraged by presence of skilled staffs at the health facilities. But, contrary from non-CHF members most of them 141 (65.0%) were not encouraged by the presence of skilled staffs at the health facilities. Therefore, skilled health staffs at the health facilities was statistical significant to Community Health Funds memberships ($p<0.001$)

Table 8: Skilled health staffs by CHF memberships

Skilled health staffs	**Member, N=111**		**Non member, N=217**		**Total, N=328**		**P-Value**
	No	%	No	%	No	%	
Strongly encouraging	41	36.9	27	12.4	68	20.7	**P<0.001**
Encourage	60	54.1	49	22.6	109	33.2	
Not encouraging	10	9.0	141	65.0	151	46.0	

4.7: Health customer care by CHF memberships

Out of total 111 CHF members, about 54 (48.6%) of them were strongly encouraged to join CHF. And 105 (48.4%) of non CHF members were also strongly encouraged to join CHF memberships. However, health customer care at the health facilities was not statistical significant to Community Health Funds memberships (p>0.05) (p=0.714)

Table 9: Health customer care by CHF memberships

Health customer care	**Member, N=111**		**Non member, N=217**		**Total, N=328**		P-Value
	No	%	No	%	No	%	
Strongly encouraging	54	48.6	105	48.4	159	48.5	**P=0.714**
Encourage	49	44.1	101	46.5	150	45.7	
Not encouraging	8	7.2	11	5.1	19	5.8	

4.8: The components of quality of healthcare by CHF memberships

These four components of quality of health care services (medicines availability, waiting time, skilled health staffs and health customer care services) were analyzed against the Community Health Funds memberships. Out of 156 respondents, about 76 (68.5%) CHF members and 80 (36.9%) non members were influenced by the availability of medicines at the health facilities. Therefore, availability of medicines at the health facilities was statistical significant in influencing CHF memberships (p<0.001)

Out of 100 respondents, about 19 (17.1%) CHF members and 81 (37.3%) non members were influenced by waiting time at the health facilities. Therefore, waiting time at the health facilities was statistical significant in influencing CHF memberships (p<0.001)

From 54 respondents, about 14 (12.6%) CHF members and 40 (18.4%) non members were influenced by health customer care at the health facilities. Therefore, health customer care at the health facilities was not statistical significant in influencing CHF memberships (p>0.05)

Out of 18 respondents, about 2 (1.8%) CHF members and 16 (7.4%) non members were influenced by presence of skilled health staffs at the health facilities. Therefore, presence of health staffs at the health facilities was statistical significant in influencing Community Health Funds memberships (p<0.001)

Table 10: Quality of healthcare components by CHF memberships

Components of	**Members**		**Non members**		**Total,**		P-Value
Quality of healthcares	**N=111**		**N=217**		**N=328**		
	No	%	No	%	No	%	
Medicines availability	76	68.5	80	36.9	156	47.6	**<0.001**
Time waiting	19	17.1	81	37.3	100	30.5	**<0.001**
Health customer care	14	12.6	40	18.4	54	16.5	**0.564**
Skilled health staffs	2	1.8	16	7.4	18	5.5	**<0.001**

4.9: Summary of results

The results show that; proportion of CHF members were 33.8% and non members were 66.8% out of all respondents. Medicines availability at the health facilities, waiting time before attended, presence of skilled health staffs found to be significant in influencing CHF memberships with (P<0.05). However health customer care services at health facilities found to have no statistical significant in influencing CHF memberships with (P>0.05).

CHAPTER FIVE

5.0 Discussion

5.1: Medicines availability to CHF memberships

This study gives some similar findings to other studies which explain the influence medicines availability at health facilities in influencing CHF memberships. The influencing of medicines availability to joining community health fund was significant. That mean, the research question was answered in this study, therefore availability of medicines at the health facilities have influences on CHF memberships.(6)

Quality of health care services includes availability of medicines at the health facilities. Therefore, health policy should aim to improve health care quality services through ensuring the availability of medicines at the health facilities. Moreover, medicines availability at the health facilities was the strong factor to consider in order increasing CHF enrolment for better achievement of quality of health care services in the country and the other countries. (17)

Moreover, the availability of medicines which contribute to good quality of health services thus increases the CHF membership's proportion in the country. Several similar findings had been established by using different methodologies, study population and study areas but also found that, medicines availability was the factor that led to increase of CHF memberships (17,20,23,26)

5.2: Waiting time to CHF memberships

Waiting time is one of the components of quality of health services that might results into client satisfactions. This meant that, short waiting influences the CHF memberships. In this study it had influence on CHF enrolment as clients like to be attended earlier at the health facilities. Therefore, it is important to shorten the waiting time for clients at health facilities before attended so that to encourage most clients and population to be CHF members

Moreover, information on, waiting time before attended at health facilities found to be to statistically significant different in influencing CHF memberships. And more

other findings mention that waiting time has influences on CHF memberships, however, had been conducted in different study areas, with different contexts .Thus, it is very important to reduce time waiting at the health facilities by clients so improve health services quality provisions to the communities, which may promote enrolment of CHF memberships.
Similarly to other literatures had pin pointed out that, waiting time is the essential component to emphasize in order to improve CHF enrolment to the community and provide quality health services.(3,5,33,35,36)

5.3: Skilled health workers CHF memberships

Several information from different mentioned studies state that; most clients joined CHF because of presence of skilled health staffs at the health facilities compared to non CHF clients who less encouraged. Therefore, presence of skilled health workers at the health facilities was a strong factor to consider in order increase proportion of CHF enrolment and better achievement of quality of health care services which influences the CHF memberships.

The availability of health staffs especially at the rural health facilities like Kilosa District; do influence people to join the Community Health Fund. Other researchers have established similar findings that presence of health staffs like doctors, nurses and others do motivate people to attend health facilities through increased enrolment into CHF scheme from different areas. This can be explained by the fact that, presence of skilled health staff at health facilities was a corner stone for improved health quality and more members would join the scheme. Furthermore, presence of trained health staffs at the primary health care facilities also increases the community Health Funds memberships. Quality health services delivery to the community; was there very important in increasing CHF memberships to community. (17,30,33,37–39)

5.4: Customer care to CHF memberships

In this context customer care at health facilities was found not to be statistically significant in influencing CHF memberships. That meant that, health customer care services have no influencing on CHF memberships according to this study.
Therefore, customer care at the health facilities was not the factor for both CHF members and non-members for increasing CHF memberships. Therefore, improving health customer cares services, might not results into better achievement of quality of health care services at the health facilities but not influencing Community Health Funds memberships.

However, health customer care services do not influences CHF memberships from this study; therefore it was contradicting with some information from different researches. For example, it was mentioned that, poor health customer care services provided by some nurses and other health staffs to clients had led to customer dissatisfaction. (41)(6)(7)

However, other studies suggest that promoting good customer care to clients at the health facilities might increase CHF enrolment that results into more CHF memberships. This might be due to different methodology used, different study areas and different study population and their differences in contexts. (8,17,33,40,42)

CHAPTER SIX

6.0 Conclusion and Recommendation

6.1: Conclusion

The purpose of study was to explore the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa District.

The Community Health Funds memberships were low though it based at health facilities, moreover on the entire population would even very low. Medicines availability at the health facilities, waiting time before attended, presence of skilled health staffs were significances in Community Health Funds enrolments. Generally all the three quality health dimensions were factors motivated people enroll into the CHF scheme. In this study, availability of medicines, short waiting, presence of skilled health staffs were significantly influences Community Health Funds memberships in the district, while health customer care services to the clients did not significantly influences Community Health Funds membership in the district.

Therefore, CHF enrolment depends much on the people's perception towards the health quality of care delivered to the community; it showed that good health quality delivery is cornerstone for increased CHF members. On the hand, it encourages more people to join the CHF scheme, and most of them were vulnerable and high risk population especially from the rural areas like Kilosa.

6.2: RECOMMENDATION

- Policy-makers of CHF should take into considerations the people's perceptions and preferences towards health quality of care, which directly influences the Community Health Funds memberships in the district.
- The District Council should improve the quality of services by ensuring short waiting time at the health facilities by clients before get health services, increase number of skilled health staffs and ensuring availability of drugs and medicines at the health facilities, so that to influence CHF memberships.

- It is recommended to do research on the clients perception on health quality of cares which influences CHF memberships in both government and private health facilities so that, to enable advise the District and the Country to expand the CHF scheme up to the private health facilities.
- It is recommended to do research on other dimension of quality of health care's services in order to find out, how does them influences CHF memberships in the community.
- It is therefore, important to improve drug availability, reduce waiting time at health facilities, and increase the number of skilled health staffs at the health facilities so that to encourage more people to enrol into CHF scheme.

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8.0 APPENDICES

Appendix 8.a: Informed consent form

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATIONS, MUHAS

INFORMED CONSENT FORM

ID-NO. ☐☐

Greetings,

My name is Gitanya Mponeja a student from School of Public Health and Social Sciences at Muhimbili University of Health and Allied Sciences in Dar es Salaam.

Purpose of the Study

Dear respondent I would like to inform you that this is a research study titled "To explore the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa district, Morogoro". I would like to give you information about your participation in the study.

This study is aiming to add knowledge on how much does quality of health care influence membership for Community Health Fund (CHF) in the rural districts so that to increase accessibility to health care services especially to the low economic status population in Kilosa district.

Confidentiality

The information obtained will be kept confidentially on the best of our knowledge. No name will be written on the questionnaire or in any report/documents that might let someone identifies you. Your name will not be linked with the research information in any way. The investigators will take care of the data. And information collected. However, the final results after the analysis will be shared with other stakeholders and I will submit the manuscript for publication in scientific journals.

Right and withdrawal alternatives

Your participation is voluntary. You may withdraw from the study at any time during interview even if you have consented to participate. There is no penalty for refusing to participate on the study. You will not experience any loss if you refuse to participate in this study.

Benefits

The information you provide will help the community to access the good quality of health services and provide financial protection to high risk population in Kilosa district.

If any damage will occur

It is not expected that there will be any damage for your participation as the respondent to this study.

Risks

There is no harm for participating in the study. However, you are free to stop participation at any time during this discussion in case you feel uncomfortable.

Who to Contact

If you ever have questions about this study, you should contact the Gitanya Mponeja (+255 713 71 99 09) of Muhimbili University of Health and Allied Sciences, P. O. Box 65001, Dar es Salaam.

If you ever have questions about your rights as a participant, you may call Prof. M. Moshi, Chairman (Research and Publications Committee, MUHAS. P.O.Box 65001, Dar es Salaam – Tanzania, Tel +2552150302-6); Prof: A.D. Kiwara from Muhimbili University of Health and Allied Sciences, P.O.BOX 65001 Dar es Salaam.

Signature:

Do you agree?

Participant agrees …….. Participant does NOT agree …….....……

I ……. have read the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of participant ……

Signature of Research Assistant ……..

Date of signed consent ……

DECLARATION

The above document describing the benefits, risks, and procedures for the research titled " To explore the quality of health care services in influencing the Community Health Funds (CHF) memberships in Kilosa district, Morogoro " has been read and explained to me and I have agreed to participate. I certify that the nature and purpose, the potential benefits and possible risks associated with participating in this study have been explained to me.

Signature or Right Thumb stamp of the respondent.....DATE.....

Signature of Research Assistant.....…….DATE.....

Appendix 8.b: Informed Consent Form, Kiswahili version

CHUO KIKUU CHA SAYANSI ZA AFYA MUHIMBILI

KURUGENZI YA TAFITI NA UCHAPISHAJI

FOMU YA RIDHAA

Namba ya utambulisho ☐☐

Ridhaa ya kushiriki kwenye utafiti

Salamu!

Ninaitwa Gitanya Mponeja mwanafunzi wa shahada ya pili katika chuo cha sayansi ya tibam-Muhimbili.Nashughulika kwenye utafiti huu wenye lengo la kuangalia ni kwa kiasi gani ubora wa huduma katika vituo vya kutolea huduma za afya unasaidia katika kuongeza idadi ya wanachama wa mfuko wa afya ya jamii katika halmashauri ya wilay ya Kilosa.

Madhumuni ya Utafiti

Utafiti huu unafanyika ili kutimiza sehemu ya matakwa ya shahada ya uzamili ya sera ya afya na usimamizi ya Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili. Utafiti unalenga kuangalia ni kwa kiasi gani ubora katika vituo vya kutolea huduma za afya unasababisha mabadiliko katika uanachama wa mfuko wa afya ya jamii katika halimashauri ya wilaya ya Kilosa.

Tafadhali kuwa mkweli na muwazi kwa vile matokeo ya utafiti huu yanaweza yakatoa maamuzi na mapendekezo ya baadaye.

Nini kinahitajika ili kushiriki

Ukikubali kushiriki katika utafiti huu, utasailiwa ili kuweza kujibu maswali toka kwenye dodoso lililoandaliwa kwa ajili ya utafiti huu.

Usiri

Taarifa zote zitakazokusanywa kupitia dodoso hazitahusisha majina.Namba za utambulisho zitatumika.Kutakuwa na usiri na hakuna mtu yeyote asiyehusika atakayepata taarifa zilizokusanywa.

Hatari

Hakuna madhara utakayopata kwa kushiriki kwenye utafiti huu.

Haki ya kujitoa au vinginevyo

Ushiriki katika utafiti huu ni wa hiari. Unaweza kuacha kushiriki katika utafiti huu muda wowote hata kama ulikwishatoa idhini yako. Kukataa kushiriki au kujitoa kutoka kwenye utafiti hakutahusisha adhabu yoyote.

Faida

Kama utakubali kushiriki kwenye utafiti huu taarifa utakazotoa zitatuwezesha kutupa mwanga juu ya sababu zinazochangia kuboresha na kuongeza idadi ya wanachama wa mfuko wa afya ya jamii na hivyo kuongeza utumiaji wa huduma za afya na wananchi wa wilaya ya Kilosa.

Endapo utapata madhara

Hutegemewi kupata madhara yoyote kutokana na ushiriki wako katika utafiti huu.

Nani wa kuwasiliana naye

Kama una maswali kuhusiana na utafiti huu, wasiliana na Mtafiti mkuu, Gitanya Mponeja (Tell. +255 0713 719909, 0758 963818) wa Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili, S. L. P. 65001, Dar es Salaam.

Kama una swali kuhusu stahili zako kama mshiriki unaweza kumpigia simu kwa Mwenyekiti wa baraza la Utafiti na machapisho Prof. M. Moshi S.L.P. 65001, Dar – es Salaam.

(Simu: 2150302-6) au msimamizi wa utafiti huu Professa : A.D. Kiwara wa Chuo Kikuu cha Afya na Sayansi ya Tiba Muhimbili, S.L.P 65001, Dar es Salaam.

Sahihi: .....

Je umekubali?

Mshiriki amekubali ……..... Mshiriki hajakubali …….....

Mimi ..... nimesoma maelezo ya fomu hii.

Maswali yangu yamejibiwa.Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki……

Sahihi ya mtafiti msaidizi……

Tarehe ya kutia sahihi ya idhini ya kushiriki……

Appendix 8.c: Questionnaire English Version

TO EXPLORE THE QUALITY OF HEALTH CARE SERVICES IN INFLUENCING THE COMMUNITY HEALTH FUNDS (CHF) MEMBERSHIPS IN KILOSA DISTRICT

Introduction

I am researcher, doing research on Community health fund (CHF) with the purpose of improving it, for the benefit of Kilosa community. I have some questions here to ask you. Can you read or I read this consent form for you to request your willingness to participate? Are you willing to participate?

1. Participant YES (Proceed with interview)
   NO (Thank for the respondent and wish him/her a nice day)
2. Questionnaire Number ---------- 3.Health facility name----------

4. Interviewer Name ----------5. Date ----------2013

To be completed by research assistant, circle the correct answer or write N/A if not applicable

1. Demographic particulars of the CHF member

S/NO	QUESTION	RESPONSE CODE	SKIP PATTERN
01.	How old are you?	Years …….	
02.	Sex of participant	1. Male…….01 2. Female ……..…02	
03.	What is your marital status?	1. Single ……..…..01 2. Married ……02 3. Cohabiting ……...03 4. Separated/Divorced…04 5. Windowed……...….05	If 2 go to 04
04.	How many wives do you have?	1. One ……..….01 2. Two …….…….02 3. Other (specify)….03	

05.	What is your level of education?	1. No formal education …..01 2. Primary education ……..02 3. Secondary education ….03 4. Higher education ……...04 5. Other (Specify)…..…….05	
06.	What is your occupation?	1. Peasant ……..…….01 2. Commercial farmer….02 3. Business ……....03 4. Pretty trader……....04 5. Employed ……..….05 6. Pastoralist ……..….06 7. Other (Specify) …….07	

2. QUESTIONS

07.	Have you heard about CHF?	1. YES…….01 2. NO …….02	(If 2,end interview
08.	How do you find the customer care services this facility?	1. Excellent ….……01 2. Good ……....02 3. Average ……...03 4. Poor …….04 5. I don't know……..05	
09.	What kind of insurance membership do you have?	1. CHF…….01 2. NHIF……02 3. None...……03 4. Private ……04 5. Others (Specify).…05	If 1 go for qn11. If 3 go for qn 12
10.	What motivate you being a	1. Availability of drugs…..01	

	member for CHF?	2. Short waiting time…….02 3. Good customer care….03 4. Presence skilled staffs…04 5. Others (specify)……..05	
11.	What do you think to join the CHF insurance scheme?	Explain ……	
12.	For how long have you being waiting for services before attended?	1. More than half hour……01 2. More than one hour……02 3. More than two hours…...03	
13.	To what extent does drug availability encourage to be a CHF membership?	1. Strongly encourage…..01 2. Encourage……..02 3. Not encourage……03	
14.	To what extent does short waiting time encourage to be a CHF membership?	1. Strongly encourage…..01 2. Encourage……..02 3. Not encourage……03	
15.	To what extent does good customer care encourage to be a CHF membership?	1. Strongly encourage…..01 2. Encourage……..02 3. Not encourage……03	
16.	To what extent does presence of skilled staffs encourage to be a CHF membership?	1. Strongly encourage…..01 2. Encourage……..02 3. Not encourage……03	

3. OBSERVATIONAL CHECKLIST

S/NO	**QUESTION**	**RESPONSE CODE**	**SKIP PATTERN**
17.	Check for the stock in and out of the drugs availability in the ten months ago	1. Artemether lumefantrine 1,2,3,4 (ALU)……01 2. Aspirin ……...01 3. Paracetamol……...01	If all available within 7 months and

	(MTUHA NO.4)	4. Amoxycillin caps ……01 5. Pen v tabs ……01 6. Chloromphenical caps..01 7. Doxycycline caps…….01 8. ORS ……..01 9. Tetracycline eye ointments.1 10. X-pen inject……01 11. Water for inject……01 12. Adrenaline inj…….01 13. Hydrocortisone inj……..01	above (Available) If all available in less than 7 months (unavailable)
18.	Check for availability of skilled health workers (dispensary level)	1. (1 Clinical officer, 2 Nurses,2M/A)….01 (adequate) 2. (None Clinical officer)…….02 (inadequate)	
19.	Check for availability of skilled health workers (health centre level)	3. (1 AMO, 5 C/O 10 Nurses,2M/A)….01 (adequate) 4. (None AMO)…….02 (inadequate)	
20.	How did health staffs do the customer care do for you?	1. Greet and warmly welcome you……01 2. Listen attentively to your complaints……..02 3. Did they treat you with compassion……03 4. Did they ask for some money although you had CHF card…….04 5. Others (specify)……..05	

4. QUESTIONS

S/NO	QUESTION	RESPONSE CODE	SKIP PATTERN
21.	Has your household been a member of CHF in the previous year	1. Yes……..01 2. No ……...……02	
22.	How can you describe the quality of health care services at this facility?	1. Good ……1 2. Bad ……2	
23.	Did you receive all the services you needed at this facility?	1. Yes ……01 2. No ……..02	
24.	Generally how did you see the health staff's customer care when they were giving you service at this health facility?	1. They had good customer care ……01 2. They had no satisfactory customer care……..02 3. They had bad customer cares ……03	
25.	Can you mention the staff's bad customer care you encountered in this facility	1. They didn't greet……01 2. They didn't welcome…02 3. They didn't listen attentively on your problems……...03 4. They always hurry, they didn't have time to answer questions ……..04 5. They asked me for some money even after I have shown my CHF card…05 6. Others (specify)……06	
26.	Why did your household decided to join the CHF scheme?	1. Availability of drugs at facility ……01 2. Short waiting time …..02 3. Good customer care …..03 4. Skilled health	

		personnel……04 5. Others (specify)……05	
27.	How much money did you contribute to the scheme?	Tshs…	
28.	What are associated problems of being a member of CHF scheme?	1. Long waiting time in public health facilities.01 2. Members are sometimes needed to pay for extra, apart from the fees, i.e. drugs ……02 3. Attended by unskilled health personnel…..03 4. Poor customer care…04 5. Others (Specify)…….05	
29.	What should be done for you to get satisfied with it so that you can join the scheme?	1. Make drugs available all the time ……01 2. Health workers should improve customer care..02 3. Waiting time be reduced……03 4. Should have skilled personnel……..04 5. Others (Specify)……05	
30.	In your opinion, what causes CHF members to drop out of scheme?	1. Poor customer care by staffs (specify)……01 2. Unskilled health personnel……02 3. Long waiting time in public facilities……..03 4. Lacks of drugs …….04 5. Others (Specify) ……..05	
31.	END OF INTERVIEW	THANKS FOR YOUR COOPERATION	

Appendix 8.d: Questionnaire Kiswahili Version

UMUHIMU WA UBORA WA HUDUMA ZA AFYA KATIKA VITUO VYA KUTOLEA HUDUMA ZA AFYA KATIKA SUALA LA UANACHAMA WA MFUKO WA AFYA YA JAMII (CHF)

Utangulizi

Mimi ni mtafiti, ninafanya utafiti kuhusu mfuko wa afya ya jamii (CHF) kwa lengo la kuboresha kwa manufaa ya jamii ya watu wananchi wa Kilosa. Tafadhari ninamaswali kiasi hapa, naomba kukuuliza. Nakuomba usome au nikusomee fomu ya ridhaa ili kukutambulisha na kukuomba ridhaa yako ya kushiriki kwenye utafiti huu. Je, uko tayari kushiriki?

3. Mshiriki Ndiyo (Endelea na mahojiano)

   Hapana (Mshukuru aliyekujibu na mtakie siku njema)

4. Namba ya dodoso ---------- 3.Jina la kituo cha huduma----------

4. Jina la mdodosaji ----------5. Tarehe ----------2013

Lijazwe na mtafiti msaidizi: Jaza jibu sahihi sehemu zilizoachwa wazi au zungushia jibu lililo sahihi. Kama haihusiki andika N/A

1. Utambulisho wa mwanachama wa mfuko wa afya jamii (CHF)

NA	SWALI	MAJIBU	ELEKEA
1.	Una umri gani?	Miaka …….	
2.	Jinsia ya mshiriki	3. Mume ……01 4. Mke ……02	
3.	Hali yako ya ndoa ni ipi?	1. Sijaoa/sijaolewa ……..01 2. Nimeoa/Nimeolewa ……02 3. Naishi na kimada …..03 4. Tumetengana/tumeachana na mwenzi wangu…04 5. Mjane…….05	Kama ni Na.2 nenda swali Na.4
4.	Una wake wangapi?	1 Mmoja …….01 2 Wawili …….02 3 Mengineyo(eleza)….03	

5.	Una kiwango gain cha elimu?	1 Sijasoma shule …..01 2 Shule ya msingi ……..02 3 Shule ya sekondari ….03 4 Elimu ya juu ……...04 5 Kingine (eleza)…….05	
6.	Kazi yako ni ipi?	1 Mkulima mdogo…….01 2 Mkulima mkubwa….02 3 Biashara ……....03 4 Biashara ndogondogo…..04 5 Nimeajiriwa ……05 6 Mfugaji ……06 7 Nyingine(taja) …….07	

2. MASWALI

7.	Kwa maoni yako umeonaje muda wa kusubiri : 1. Kabla ya kuhudumiwa 2. Muda wa kutibiwa 3. Kufanyia vipimo 4. Kusubiri majibu ya vipimo	1mfupi, 2sio kawaida,3mrefu,4NA 1…. 2……3…….4…… 1…. 2……3…….4…… 1…. 2……3…….4…… 1…. 2……3…….4……	
8.	Umeshawahi kuusikia mfuko wa afya ya jamii wilayani hapa?	1. Ndiyo…….01 2. Hapana…….02	kama ni 2 nenda swali Na.10
9.	Unaonaje huduma za kituo kwa wateja?	1. Nzuri sana ……01 2. Nzuri……..…...02 3. Wastani …….…...03 4. Hazifai …….04 5. Sijui…….…..05	

10.	Wewe ni mwanachama wa mfuko gani wa afya?	1. CHF…….01 2. Bima ya afya……02 3. Hakuna...……..…03 4. Mashirika binafsi ……04 5. Mingineyo(taja)……05	
6.	Vitu/kitu gani kilikusababisha hadi kuwa mwanachama wa mfuko wa afya ya jamii?	1.Upatikanaji wa dawa kwenye kituo…..01 2. Muda mfupi wa kusubiri huduma…….02 3.Huduma bora kwa wagonjwa….03 4. Kuwepo kwa watoa huduma za afya wenye ujuzu…04 5. Vingine (taja)……..05	
7.	Unaonaje ukijiunga na mfuko wa afya ya jamii?	Elezea ……	
8.	Ni takribani muda gani umekuwa ukisubiri huduma kabla ya kuhudumiwa?	1. Zaidi ya nusu saa……01 2. Zaidi ya saa moja……02 3. Zaidi ya masaa mawili……03	
9.	Ni kwa msukumo kiasi gani upatikanaji wa dawa vituoni umekufanya kuwa mwanachama wa mfuko CHF?	1. Msukumo mkubwa…..01 2. Msukumo wa kawaida…02 3. Hakuna Msukumo wowote ……..……03	
15.	Ni kwa msukumo kiasi gani muda mfupi wa kusubiri	1. Msukumo mkubwa…..01 2. Msukumo wa	

	huduma vituoni umekufanya kuwa mwanachama wa mfuko CHF?	kawaida…02 3. Hakuna Msukumo wowote ……..……03	
16.	Ni kwa msukumo kiasi gani huduma bora kwa wateja vituoni zmekufanya kuwa mwanachama wa mfuko CHF?	1. Msukumo mkubwa…..01 2. Msukumo wa kawaida…02 3. Hakuna Msukumo wowote ……..……03	
17.	Ni kwa msukumo kiasi gani uwepo wa watoa huduma wenye ujuzi vituoni umekufanya kuwa mwanachama wa mfuko CHF?	1. Msukumo mkubwa…..01 2. Msukumo wa kawaida…02 3. Hakuna Msukumo wowote ……..……03	

3. ORODHA YA KUHAKIKI

NA	SWALI	MAJIBU	ELEKEA
18.	Angalia upatikanaji wa dawa katika reja ya kupokelea dawa na kutolea (ili kuhakiki) (MTUHA NO.4)	1.Artemether lumefantrine 1,2,3,4 (ALU)……01 2. Aspirin ……...01 3. Paracetamol……...01 4. Amoxycillin caps ……01 5. Pen v tabs ……01 6. Chloromphenical caps..01 7. Doxycycline caps…….01	Kama zimepatikana katika kuanzia miezi 7 na kuendelea (dawa zinapatikana)

		8. ORS ……..01 9. Tetracycline eye ointments.1 10. X-pen inject……01 11. Water for inject……01 12. Adrenaline inj…….01 13. Hydrocortisone inj……..01	Kama ni chini ya miezi saba (dawa hazipatikani)
19.	Tambua na kuhakiki idadi ya watoa huduma za afya wenye ujuzi kulingana na ikama (ngazi ya zahanati)	1. (Afisa tabibu mmoja, wauguzi wataalamu wawili, Wahudumu wa afya wawili)….01 (watumishi wapo) 2. (kutokuwepo kwa angalau afisa tabibu mmoja)…….02 (upungufu watumishi)	
20.	Tambua na kuhakiki idadi ya watoa huduma za afya wenye ujuzi kulingana na ikama (ngazi ya kituo cha afya)	1. (Daktari msaidizi 1, afisa tabibu 5, na wauguzi wataalam 10 (watumishi wapo)…….01 2. Hakuna hata daktari msaidizi 1…….02 (upungufu wa watumishi)	
21.	Ni kwa namna gani watoa huduma za afya wanatoa huduma kwa wateja (jinsi walivyo kuhudumia)?	1.Wamekusalimia na kukukaribisha vizuri……01 2. Wamekusikiliza kwa makini maelezo yako……..02 3. Wamekuhudimia kwa moyo wote……03 4. Wamekuomba kiasi	

		chochote cha fedha, licha ya kuwa na kadi ya uanachama wa mfuko wa afya jamii…….04 5. Nyinginezo (taja)……..05	

4. MASWALI

NA	SWALI	MAJIBU	ELEKEA
22.	Mmeshawahi kuwa wanachama wa mfuko wa afya jamii mwaka uliopita?	1. Ndiyo……..01 2. Hapana ……02	
23.	Kwa upande wako, unaelezeaje kwa ujumla, ubora wa utoaji huduma za afya katika kituo hiki?	1. Nzuri ……01 2. wastani……..02 3. mbaya……..03	
24.	Je umepata huduma zote ulizokuwa unahitaji katika kituo hiki?	1. Ndiyo……..01 2. Hapana ……02	
25.	Kwa maoni yako, umeonaje huduma kwa mteja zitolewazo na watoa huduma za afya wakati wakikuhudumia katika kituo hiki?	1. Wanatoa huduma nzuri kwa wateja ……01 2. Huduma kwa mteja haziridhishi……02 3. Huduma kwa mteja ni mbaya……03	
26.	Taja baadhi ya huduma mbaya kwa mteja toka wa watoa huduma,	1. Haukusalimiwa na mtoa huduma ……01 2. Haukukaribishwa…02 3. Hawakukusikiliza kwa	

	ulizokumbana nazo wakati ukiwa unahudumiwa katika kituo hiki cha kutolea huduma za afya	makini wakati ukiwaelezea matatizo ya ugonjwa wako…...03 4 Walikuwa katika haraka na hawakuweza kukuelezea maswali uliyowauliza …..04 5. Walikuomba kiasi chochote cha fedha, licha ya kuwa na kadi ya uanachama wa mfuko wa afya jamii …05 6. Nyinginezo(eleza)……06	
27.	Nini kiliwachowasukuma kujiunga na mfuko wa afya ya jamii (CHF)?	1. UPatikanaji wa dawa muhimu kituoni…01 2. Muda mfupi wa kusubiria huduma …..02 3. Huduma bora kwa wateja kituoni …..03 4 .Uwepo wa watoa huduma wenye ujuzi……04 5. Zingine (taja)……05	
28.	Huwa mnachangia kiasi gani kwa uanachama wa CHF?	Tshs…	
29.	Ni matatizo gani yanaambatana na kuwa mwanachama wa mfuko huu?	1. Ni muda mrefu wa kusubiri huduma ya afya kwenye vituo vya umma…...01 2. Wanachama wakati mwingine wanatakiwa kulipa zaidi .mfano, kununua dawa ……02 3. Kupewa huduma na wahudumu wasio na ujuzi…..03 4. Huduma mbaya kwa mteja……04 5 Nyingine (taja)…….05	
30.	Ni vitu gani viboreshwe ili na wewe vikuvutie kujiunga na mfuko wa afya ya jamii?	1. Uwepo wa dawa muhimu kituoni……01 2. Huduma bora kwa wateja kituoni ……...02 3. Muda mfupi wa kusubiria huduma ……..03 4 .Uwepo wa watoa huduma wenye ujuzi……04 5. Zingine (taja)……05	
31.	Kwa mtazamo wako, ni sababu zipi zinazofanya wanachama kukoma kuwa	1. Huduma mbovu kwa wateja (zitaje)……01 2. Ukosefu wa watoa huduma za afya wenye	

	wanachama wa mfuko wa afya ya jamii?	ujuzi……02 3. Muda mrefu wa kusubiri huduma za afya……..03 4. Ukosefu wa dawa muhimu vituoni …….04 5. Zingine (Taja) ……..05	
32.	MWISHO WA USAILI	ASANTE NAKUSHUKURU KWA USHIRIKIANO WAKO	

Appendix 8.e: Kilosa map district