EVALUATION OF A COMMUNITY-BASED MATERNAL AND CHILD HEALTH INITIATIVE OF UTURO VILLAGE IN MBARALI DISTRICT AND PROSPECTS TO SCALE-UP THE INITIATIVE IN TANZANIA

Emeliana Mbwiga Kanjanja, (MA in DS)

Master of Science of Project Management, Monitoring and Evaluation in Health (PMMEH) of Muhimbili University of Health and Allied Sciences.

October, 2021

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DEPARTMENT OF DEVELOPMENT STUDIES

Evaluation of a Community-Based Maternal and Child Health Initiative of Uturo Village in Mbarali District and Prospects to Scale-up the Initiative in Tanzania

By

Emeliana Mbwiga Kanjanja

A Dissertation submitted in (Partial) Fulfilment of the Requirements for the degree of Master of Science of Project Management, Monitoring and Evaluation in Health (PMMEH) of Muhimbili University of Health and Allied Sciences.

Octber, 2021

CERTIFICATION

The undersigned certifies that; he has red and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled; **"Evaluation of a Community-Based Maternal and Child Health Initiative of Uturo Village in Mbarali District and Prospects to Scale-up the Initiative in Tanzania"** in (partial) fulfillment of the requirements for the degree of Master of Science of project management, Monitoring and Evaluation in health (PMMEH) of Muhimbili University of health and allied sciences.

_____

PROF. DEODATUS C.V. KAKOKO

(Supervisor)

Date: _____

DECLARATION AND COPYRIGHT

I, Emeliana M. Kanjanja, 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 similar or any other degree award

Signature…….. Date……..

ACKNOWLEDGEMENTS

First of all, I thank my Almighty God for His goodness to me, he is the Saviour of my life that's why He has enabled me for this work.

I would like to convey my special thanks to my supervisor Prof. Deodatus C.V. Kakoko for his tireless supervision, guidance, insights, suggestions and encouragement to ensure I come up with successful study.

I would also like to convey my sincere gratitude to the Director of the Institute of Traditional Medicine, Dr. Joseph Otieno for his support, encouragement and allowing me to work on my study whenever I was needed to study.

Special thanks also go to my fellow student's 2017 PMMH batch especially Mr Pancras who helped me, encouraged me and was ready to answer whenever I had questions to ask.

With grateful heart I would like to thank also all my fellow workers, relatives and friends who supported me and encouraged me in this long journey of accomplishing my study.

Lastly, I extend my sincere thanks to Dr. Germana Lyena, Director for Food and Nutrition in Tanzania for her support and encouragement to me.

DEDICATION

This dissertation is dedicated to my lovely family; Mr Deus Mwaikokesya my husband, my sons Elishadai Deus and Hephsiba Deus, my daughter Joytupoke Deus, my parents Mbwiga Kanjanja and Faines Matingo, and my sister in law Shuku Kaishwa who encouraged me to endure all the challenges during my study.

Special dedication to Ms.Numwagile Mwaijumba {my pastor} and Bishop Perry Vyemba who prayed for me and always giving hope and encouragement to reach the achievement I desired to.

ABSTRACT

Background: Global Strategy for Women's and Children's Health demands that in 21st century more have to be done to the millions of women and children who die from preventable causes each year. It is known that community-based intervention can be a better way of emphasizing women to attend maternal neonatal and child health services for prevention of maternal and child deaths. In Tanzania, at Mbarali district Uturo community based Initiative was initiated to address the problem of maternal mortality at Uturo village. Besides, since its initiation, less is known on strategies used, its achievements, weaknesses and prospect to scale up such initiative in other places so as to address the health problems of maternal and child health. This study was an attempt to fill this gap.

Main objective of the study: To evaluate a community-based maternal and child health initiative of Uturo village in Mbarali district and prospects to scale-up the initiative in Tanzania.

Materials and Methods: The study employed cross sectional phenomenological design. Purposive sampling method was applied to have a better way of constructing the views of individuals that are expert in a definite area. Data collection used key informant interviews targeting people with key roles and had rich information in community based maternal and child health initiative. The number of participants was 21.

Results: The study found that, strategies used in the initiative and led to successful results were social tactics, legal measures, economic measures, education measures and faith principles. Achievements of the initiative included increased awareness on the Maternal Neonatal and Child Health services, increased men involvement, increased in utilization of MNCH services and reduction of maternal and child deaths. There were weaknesses of the initiative were such as; use of financial penalties posing a burden to villagers. Insufficient infrastructure and inadequate health equipment. The study found that scalability can be possible and could base on organizational, technical and individual factors.

Conclusion.

The findings showed that the initiative succeeded in its implementation and outcome. Strategies used in implementation, committed health workers, committed leadership and

community involvement contributed to its success. Some weaknesses shown were like use of financial penalty, and lack of secret to komandoo group which detached the trust of women to these komandoos who played an important role of collecting and keeping information on logbooks which ensured early booking and well utilization of MNCH services**.**

Recommendation

In scaling up the initiative to other part of Tanzania, some strategies will need to be modified for more improvement of the initiative. For example legal measures will need to be modified to friendly emphasis of the community to adhere with agreed regulation for successful implementation of the initiative

TABLE OF CONTENTS

LIST OF FIGURES

ABBREVIATIONS

AAP	-	American Academy of Pediatrics
AIDs	-	Acquired Immuno Deficiencies
ANC	-	Ante Natal Care
BFHI	-	Baby-Friendly Hospital Initiative
CBCT	-	Community-Based Continuous Training
CHMT	-	Council Health Management Team
CHPS	-	Community-Based Health Planning and Service
CHSB	-	Council Health Services Board
CHW	-	Community Health Workers
CSHCN	-	Children with Special Health Care Needs
DHS	-	Demographic and Health Survey
EBP	-	Evidence-Based Practice
HEP	-	Health Extension Program
HIV	-	Human Immuno-Deficiency Virus
HTPCP	-	Healthy Tomorrows Partnership for Children Program
LGAs	-	Local Government Authorities
LMIC	-	Low- and Middle-Income Countries
M & E	-	Monitoring and Evaluation
MCH	-	Maternal and Child Health
MDG	-	Millennium Development Goal
MMR	-	Maternal Mortality Ratio (Maternal Deaths Per 100 000 Live Births)
MNCH	-	Maternal Neonatal and Child Health

MoHCDGEC	-	Ministry of Health, Community Development, Gender, Elderly and Children
SDGs	-	Sustainable Development Goals
TBA	-	Traditional Birth Attendant
UNFPA	-	United Nations Population Fund
UNICEF	-	United Nations Children's Fund
WHO	-	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Globally, women and children's health is recognized as a fundamental human right, in treaties such as the International Covenant on Economic Social and Cultural Rights (ICESCR). Global Strategy for Women's and Children's Health demands that in 21st century more have to be done to the millions of women and children who die from preventable causes each year (1). Initiatives to intensify policy intervention for maternal mortality globally began with the safe Motherhood initiative in 1987. Nevertheless, it was recognized that there was insufficient focus on maternal health in many primary health care programs implemented in developing countries. The 1994 International Conference on Population and Development strengthened the international commitment on reproductive health, therefore the focus on maternal mortality health was sharpened as Sustainable Development Goals (SDGs) which replaced (MDGs) call for the global to reduce the global maternal mortality ratio to less than 70 per 100 000 live births 3.2 by 2030, end preventable deaths of newborns and children under five years of age, with all countries reduce neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births(2).

In Africa, the life time risk of maternal death is 1 in 31 compared to 1 in 4300 in high income countries, 287,000 women died because of the complications related to pregnancy and childbirth globally and Sub-Saharan Africa accounted half of those deaths (3). According to Tanzania Health Policy of 2017, intensified provision of health promotion reduced MMR to 432/100,000 in 2014, TDHS of 2016 shows maternal mortality ratio (MMR) for Tanzania 556 deaths per 100,000 live births. Infant mortality shown 43 deaths per 1,000 live births by 2015-16. Under-5 mortality declined from 141 to 67 deaths per 1,000 live births by 2016 (4). On 2019 maternal mortality mentioned to be 398/100.000 live birth as stipulated by Hulsbergen M and Van der Kwaak A on their study " The influence of quality and respectful care on the uptake of skilled birth attendance in Tanzania" (5)

The National health policy of Tanzania 2017 shows the status of Child survival indicator improved over 10 years as under-five mortality rate decreased from 81/1000 in 2010 to 67/1000 in 2015/16, infant mortality rate decreased from 51/1000 to 43/1000 and neonatal mortality decreased from 26/1000 to 25/1000. Despite these achievements, the policy enlightened maternal and child health still had some weaknesses particularly in the emergency system during delivery process including its infrastructures, limited scale of maternal and child health services and limited awareness on the importance of these health services in the community. Pace of reduction of maternal mortality was not in favor to enable Millennium Development Goals be achieved as planned as protection especially the poor and vulnerable groups in accessing health services in terms of financial barriers was not there (4). In the (SDGs) in its first goal which aim to end poverty in all its forms everywhere has covered and many targets in other goals had integrated to health issues(6).

Sub-Saharan Africa and Asian countries are countries which bear the greatest burden of maternal mortality, also have the lowest level of skilled health attendants which range from 50% in S outh Asia and Sub Saharan Africa, 97% in Central and Eastern Europe. In Tanzania according to TDHS,2010 50% of women delivered in health facilities and 48% delivered at home despite of 95% of pregnant women to have at least a single antenatal clinic attendance. TDHS 2015-16 shows two-thirds (63%) of births occurred in a health facility, primarily in public sector facilities where this demonstrate improvement despite of low level of skilled health attendants. However,36% of births occur at home (7).

Evaluation done on maternal health program with community participation in Uganda revealed community participation to be effective in the reduction of maternal mortality especially among the very poor rural communities (8). Studies describe that community based initiative is the overall approach which include, community participation ownership in planning, implementation, monitoring and evaluation of community-based interventions (9). Also, it is known that community-based intervention can be a better way of emphasizing women to attend maternal neonatal and child health services for prevention of maternal and infant deaths. More than 80% of maternal deaths happening can be prevented if pregnant

women access essential maternity care and assured of skilled attendance at childbirth as well as emergency obstetric care (10). Even global evidence suggests that most of these deaths can be avoided through evidence based key health interventions such as better provision of antenatal care, skilled birth attendance, and access to emergency obstetric care (11,12). Target 3.1 of the 17 new sustainable development goals (SDGs) introduced in 2015 which replaced the MDGs requires participating countries to reduce their maternal mortality ratio to less than 70 deaths per 100,000 live births by 2030 (13).

Antenatal care can be most effective in avoiding adverse pregnancy outcomes when sought early in the pregnancy and continues through to delivery. WHO recommended that a pregnant woman without complications, have at least four ANC visit for sufficient care. It is possible during these visits to detect reproductive health risk factors. In the event of any complication, more frequent visits are advisable and admission to a hospital may become necessary to reduce maternal and infant death(7).

To conform to WHO recommendation and avoid preventable maternal new borns and child deaths, in Tanzania, a village known as Uturo in Mbarali district introduced an intervention known as community based initiative which helped to reduce the maternal neonatal and child mortality. The village experienced the problem of high maternal and infants' deaths, mothers and new-borns were at risk. In 1997, a new in-charge was posted to Uturo dispensary, Mr. Wilson Chotamganga decided to do investigation to find out why there were occurrence of many deaths to mothers and newborns in the village. He decided to involve all staff at Uturo dispensary, village leaders and community to address the problem of maternal and newborns deaths (12).

The investigation revealed that, deaths were because of delays in accessing health care services, harmful traditions, customs and practices; negative attitude of community members towards healthcare workers and health facility services. This resulted into increased home deliveries assisted by unskilled birth attendants led to mothers and new-borns to be at high risk. A very low participation of men in reproductive health issues was also detected. Therefore Uturo community based initiative was introduced to reduce the

problem in the village for better health outcomes. Its implementation led to remarkable achievements where there is no maternal, newborn and child death in the village(12).

1.2. Problem Statement

The issue of maternal and child mortality is a major problem facing many developing countries including Tanzania (14). Despite the increase of interventions in maternal healthcare by Tanzania government and other stakeholders, many limitations still exist (15–17). Previous anthropological and sociological studies have highlighted that many maternal and child mortalities occur from preventative causes. In a study conducted by Mselle LT, reported that the three delays are the major cause of maternal and child health in developing countries these are delay in decision making, transportation, and delay at health facility(18) . On top of the three delays in Uturo village other factors such as harmful traditions, customs and practices; negative attitude of community members in accessing health facility services significant contributed to the high mortality rate. There a need to develop proper interventions for upgrading maternal and child health in the country.

Uturo Community initiative is a community based intervention that aimed to improve maternal and child health in Uturo village found in Mbarali district. The initiative engaged health workers and community members to guide pregnant women on early booking and antenatal clinic, provided care for mothers and new born, and ensure that they follow all the guidance provided from health care facilities. A comparison study conducted in Uturo and surrounding villages looking at the quality of the Uturo Community Initiative and government RMNCH initiatives in improving maternal and child healthcare in Mbarali district. The result showed that, Uturo community Initiative improved health care seeking behaviors of community especially mothers which was reflected by an increased in the utilization of maternal and child health services compared to RMNCH initiative(12). Despite, the effective of the initiative little is known as to what exactly has worked in Uturo village, and how can the intervention be scaled up to other part of the country where maternal and child health is still a problem (19). There many community based intervention initiated to reduce maternal and child health mortality, many of them have not reported the effect of these measures on maternal mortality. Therefore, this study intended to evaluate

Uturo Community initiative, exploring its effectiveness, weaknesses, and examine if can be scaled up in other areas of Tanzania.

1.3 Rationale of the study

This study on community based initiative as proper interventions for upgrading maternal and child health. Community based initiative as community involvement is important for encouraging women to seek both antenatal and delivery care, therefore the study has a significance effect on inventiveness of reducing maternal and child mortality.

Uturo community based initiative has shown achievement which are remarkable on maternal health. The initiative has not been evaluated, this study was able to evaluate its effectiveness and achievements attained to be an instrumental to other stakeholders in for appropriate community-based interventions on maternal neonatal and child health. Also, the results of this study can be integrated into National Health Policy objectives which is to reach all households with essential health services attaining the needs of the population, and applying evidence-informed interventions through resilient systems for health (4).

1.4 Conceptual Framework

Evaluation of any initiative developed is important to see how it can be modified so that it can be globally utilized with minimum modification. Studies shows that community mobilization have a critical role as a central player to ensure end of maternal and newborn deaths(20).

The same Uturo community based initiative emphasized community involvement and exercised effective role in implementation. Strategies thought to be used in Uturo initiative were Social strategies, lawful measures, economic measures and educational measures.

Social strategies

In community based initiative, Social strategy unite community and groups to ensure effective implementation of the intervention. Through establishing committees in each hamlet which administered day to day implementation and forming village Community Health Workers (CHWs) in health intervention thought to contribute the implementation of the intervention.(14)

Legal tactics

In order to ensure that the community adheres to the plans of the initiative for effective implementation, setting by-laws which make the community obligatory to the order. The study conducted by Kennedy in Australia reported that using regulations such as bylaws yields good results in enforcing the community to implement a certain community initiative.

Economic measures

They formed intense networking within and between groups in each hamlet which was intensified by the income generation activities leading to strong social capital bonds. They set the use of penalty of Tshs. 5,000/= which was charged for any member who would violate those by-laws to be a source of income which added to income generation in the hamlet. Among the leaders in commando group was a treasurer showing that income generation activities were thought to be very crucial for the sustainability of the intervention.

Education measures

Health education to the community is an important measure to help them understand on maternal and child health and the importance of using health facility services, instead of trusting traditional birth attendants. This was done to all women who went to the dispensary to access health services. Through educating the community, build awareness on early initiation of ANC visits that increase the uptake of maternal healthcare service and reduce mortality(21).

Faith principles

This ensure ethics and integrity, commitment is emphasized to health workers as they need to work with love to patients, the use of metaphor as a motive to work diligently and meet community's and patient expectations. Health care providers have to understand that people expect relief from their pains and sufferings considering that health profession as a noble profession which is like a call from God, drive to work in intrinsic non-material incentives (12). In faith Nurses' Perceived Knowledge, Beliefs, Skills, and Needs Regarding Evidence-Based Practice" reported that belief has been one of the factor to make evidence based practice effective (22).

Scale up of the Initiative

Frameworks and approaches in public health interventions are very useful for describing and understanding how to scale up small effective interventions into wider population; and be applied to broader policy and practice. Factors identified by other studies for successful scaling up simple intervention were strong leadership and governance, active engagement of a range of implementers (23,24). Also other studies described that among the main factors that contribute to the successful scale-up are favorable social and political climate, an organization that advocated, coordinated, enthusiasm and dedication of personnel and acceptance by user organizations (25).

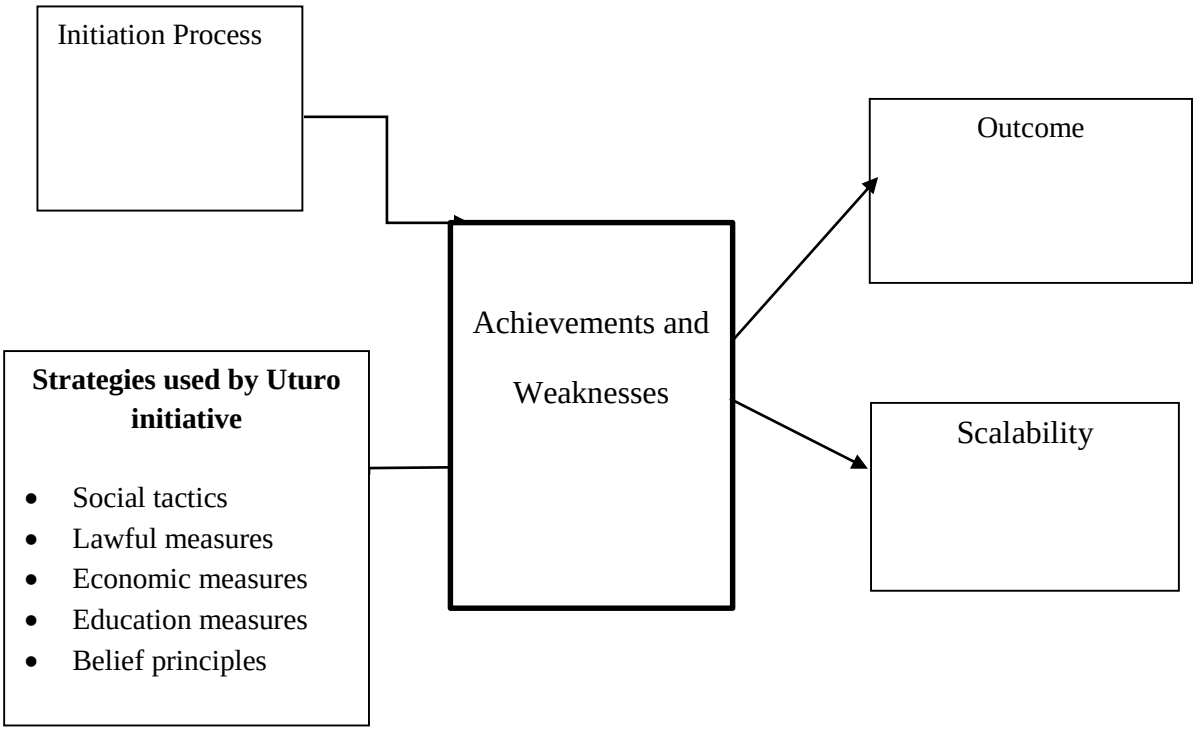

Figure 1: Conceptual framework

1.5 Evaluation questions

1.5.1 Main question

What were the strategies, success and weaknesses of a community-based maternal and child health initiative of Uturo village in Mbarali district and the prospects to scale-up the initiative in other areas of Tanzania?

1.5.2 Specific question of evaluation:

1) **What were strategies of the community maternal and child health initiative of Uturo village, Mbarali district?**
2) What were the successes of the community-based maternal and child health initiative of Uturo village, Mbarali district?
3) What were the weaknesses of the community-based maternal and child health initiative of Uturo village, Mbarali district?
4) How can the community-based maternal and child health initiative of Uturo village be scaled-up in other areas of Tanzania?

1.6 Evaluation Objectives

1.6.1 Broad objective of evaluation:

To evaluate the strategies, success and weaknesses of a community-based maternal and child health initiative of Uturo village in Mbarali district and the prospects to scale-up the initiative in other areas of Tanzania.

1.6.2 Specific objectives of evaluation:

1. **To evaluate strategies of the community maternal and child health initiative of Uturo village, Mbarali district.**
2. To explore success of the community-based maternal and child health initiative of Uturo village, Mbarali district.
3. To investigate weaknesses of the community-based maternal and child health initiative of Uturo village, Mbarali district.

4. To assess scalability of the community-based maternal and child health initiative of Uturo village in other areas of Tanzania

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Significant reduction in maternal new born and child mortality has been and will continue to be a major concern globally. This revealed as anticipation of launching the SDGs, where World Health Organization (WHO) and partners released a consensus statement and full strategy target for reducing the global Maternal Mortality Ratio (MMR) by 2030. This was adopted as SDG target 3.1: to reduce global MMR to less than 70 per 100 000 live births by 2030(26).

To reach the SDGs target, countries have to deal with causes that are preventable and treatable through simple, affordable interventions. It has revealed that, children who die within the first 28 days of birth (neonatal mortality) suffer from conditions and diseases associated with lack of quality care at birth, or skilled care and treatment immediately after birth and in the first days of life -related complications (birth asphyxia or lack of breathing at birth), infections. Studies showed that mostly they happen in low- and middle-income countries (LMIC), (2)

In Sub Saharan Africa, a region with high maternal newborn and child deaths, despite of the above mentioned factors causing neonatal mortality also is characterized by poor health infrastructure, poverty, inequality, which contribute to high maternal mortality (9) In 2015, an estimated 303 000 women died during pregnancy and childbirth. In 2016, maternal mortality was the second leading cause of death for women of reproductive age after HIV/AIDS as stated by World health statistics 2019 (2)

Community based initiative have been used globally in improving maternal health services, Many countries adopted community based initiative have shown high improvement on maternal and child health. In Northern Nigeria Maternal mortality ratios was worse over 1,000 per 100,000 live births, the investigation done showed that the high mortality was due to low quality of maternity services, low utilization of antenatal and delivery care among women, and the socio-cultural beliefs and practices that influenced them. They introduced a community-based research aimed at upgrading the quality of antenatal, delivery and

emergency obstetric care, to ensure that well-trained nurses serve women. The intervention showed achievement as it increased number of pregnant women who attended at least one antenatal visit, and the number of facility deliveries with a trained nurse-midwife increased. The use of health facility with well trained nurses helped to decrease maternal and newborn deaths (17).

UNICEF in end-line report in Tanzania on Saving mothers' and children's lives through innovative, sustainable, and comprehensive reproductive, mother, child and adolescent health services, 2015-2019, reported key reasons for most of women not seeking RMNCAH services earlier in their pregnancies. Such reasons was due to; lack of knowledge of the danger signs around pregnancy and the lack of proper planning for birth. Women also reported having delivered at home or on their way to the health facility due to the lack of transportation to the health facilities, particularly when labor started in the evening (27).

Relatively, Uturo experienced the same situation, maternal and new-borns deaths were very high. High number of new born deaths happened, there was no proper care to pregnant women, and this was linked with cultural beliefs of trusting traditional birth attendants, living far from the health facility and transport challenges. Home deliveries was in unhygienic environment led into infections causing death of the mother and newborn. The traditional birth attendants who attended pregnant women in home delivery failed to help when there is any complication. Due to this many newborn deaths prevailed in the village. The local people used to label them as 'siyo riziki' which meant not lucky. Therefore, newborn deaths were defined as a normal situation which cannot be inverted. This was due to beliefs and cultural perspectives that considered such deaths as emotionally non-significant, they treated as a family related issue, not announced to many people. The burial was done by only neighborhood women, no mourning was allowed, no men participated. The idea was brought to reverse the situation which was Uturo community based initiative(12)

The Uturo Community initiative is a community-based initiative applied as an intervention in Uturo village,in Mbarali district Mbeya region. Mr. Chotamganga who was a new Officer in-charge of Uturo dispensary is the one who introduced the initiative to address the

challenge of high maternal and newborn deaths in the village. Prior to the intervention the village had low levels of knowledge on maternal and new born health, had harmful cultural practices like use of herbs during pregnancy and delivery to quicken labor pain were common in the village. In the other hand, it was characterized by poor quality of health services that increased negative attitude of community members to seek health care in the health care facility center. Inadequate equipment and supplies and inadequate healthcare personnel were other common characters where hindered emergency care especially at night, therefore, caused delay of referral. Also low uptake of postpartum care, low post-natal care interventions and delayed detection of maternal and child complications, resulted too many cases of pregnancy related and neonatal deaths (7).

Such community based intervention have been implemented in different areas. One is a community-based intervention comprising both men and women, was known as Safe Motherhood Action Groups (SMAGs), implemented in Zambia to improve coverage of maternal and neonatal health interventions in the selected districts. Before the intervention, the country was branded with inadequate numbers and distribution of skilled health workers and poor quality of services, which led to poor coverage of maternal and neonatal health services in rural and remote area. Through community-based action groups conducted in poor and remote districts through the support of mothers by SMAGs it resulted into increased coverage of maternal and newborn health.

2.2 Implementation process of community based maternal and child health initiatives.

Community based initiative has been implemented in worldwide where they have been initiated differently. It has revealed by most of studies that main causes of death included delays in accessing health care services, harmful traditions, customs and practices; negative attitude of community members towards healthcare workers and health facility services that resulted into increased home deliveries. The home deliveries assisted by traditional birth attendants and become vulnerable due to unhygienic environment and unskilled attendants, also low participation of men in reproductive health issues are among the challenges. Studies shows that these were successful resolved in areas where they used community based initiatives through applying different strategies (14,28–30).

HBLSS is a family-centered approach to improve recognition of referral for potentially life-threatening maternal and newborn complications, the initiative started by addressing both women and their communities with existing maternity services at primary and hospital levels. Comprehensive emergency obstetric care facilities upgraded in the intervention areas to develop pictorial "job aids" used by community health extension workers when counseling women on maternal health issues. Moreover, the Program helped to establish community emergency savings groups, community blood donor groups and community-based emergency transport systems, this helped to address the key barriers of accessibility and affordability of services hence reducing maternal and newborn deaths (17).

In Rwanda, community-based initiation used SMS-based system, which developed using Rapid SMS, a free and open-sourced software development framework as a strategy. The system was customized to allow interactive communication between CHW following mother-infant pairs in their community. These community health workers were not formal health professionals, but volunteers elected by community members to operate at village level including: the "biomes" which meant male-female community health workers pair. Their task was to provide basic care with the help of in charge of Maternal Health form the health center. They got training to equip them with knowledge to undergo activities such as; identifying pregnant women, making regular follow-ups during and after pregnancy and that they deliver in health facilities (31).

A study on an effective strategy to improve maternal and newborn health reveal that implementation to improve maternal and newborn health through community participation enable the community to achieve the goal of reducing maternal and newborn mortality and morbidity. Also, the community through involvement in maternal health issues strengthen their capacity to identify and address needs on maternal and newborn health (20).

2.3 Impact of community involvement in intervention program

In many countries, community-based initiatives have been one of the interventions that play significance role in improving public health especially in maternal and child health. Many cases of maternal and infant mortalities happen because most of the pregnanct women have low utilization of antenatal and delivery care for maternal and child health. In such contexts,

community based initiatives have shown achievement to reduce the problem because most of such initiatives aim at improving maternal and infant health through engagement of the community themselves. Ghana is among the countries where community-based primary health care became a pillar of Ghana's health policies (31).

Rwanda also addressed as among the few sub-Saharan nations on track in reducing child and maternal mortality according to the Sustainable Development Goals. Community based initiative enabled the country to achieve the fourth and fifth United Nations Millennium Development Goals in 2015. Such a spectacular change was made possible by the government's commitment and prioritization of RMNCH MCSP Community Health Contributions Series (31)**.**

Community based intervention have impact on the maternal neonatal and child health. Global health analysed that most of the community-based groups established for maternal health care in Magu District, Tanzania, experienced a positive impact on the community as results of their actions, which included; increased maternal health knowledge to the community and positive behavior change among health care workers. Community groups enabled the community to gain knowledge on maternal health, and men were involved in community groups where traditionally only women were involved. This led to the reduction of maternal newborn and child deaths (32).

In Ghana, Community-Based Health Planning and Service CHPS was a community health initiative engaged local leaders in the intervention with the aim of reducing maternal and infant mortality rate. Its main objective was to transform the dynamics of rural health care service delivery from community health care providers who passively wait for patients into outreach workers who actively seek patients in communities and in their homes known as doorstep services. This led to community involvement and its outcome was reduction of child mortality to the large extent because of doorstep services as the initiative made health workers to reach the pregnant women easily. Communities in which community health workers were deployed but without involvement of community volunteers showed no changes in fertility rates. The study shows that there was no mortality impact in the sub districts where activities were implemented without community volunteers (33).

2.4 Weaknesses of community based maternal and child health initiative

Community based initiatives have been seen as one among the things to assess in community based initiative to reduce maternal neonatal and child mortality. Despite of its effectiveness in reducing maternal neonatal and child deaths they are practiced in small area in a country or region leaving other areas suffering with the maternal and child health problems (12).

Community based initiative need involvement of people in the community for intervention to yield positive result. When there is less involvement the intervention goal cannot be achieved. For istance in Cuba, studies show that, the intervention had limited access comprehensive emergency obstetric care at some referral sites of community based initiatives, because of lack involvement of men where it resulted the problem to persist in rural areas (34).

Strategic intelligence on the impact of the initiative in Ghana, also showed weaknesses of the CHPS given the fact that there is persistent of the problems of patchy geographical access to care for rural women, despite the effort made by CHPS to improve access to better care at birth. This was only to areas where there was health facilities and in rural areas problem persisted as there were no access (30).

2.5 Scale-up of Community based maternal and child health initiative

Scaling up by engaging community members or community health workers through active participation of the community in planning, implementing, and monitoring interventions is widely cited as a crucial factor in successful scale-up. This factor is among the attributes in a framework proposed by Yamey. G for a successful scaling up intervention. It has been considered as community-directed intervention strategy, which is more successful than other delivery strategies for scaling up (24).

When teams learn and apply empowering leadership and management practices, they can transform the way they work together and develop their own solutions to complex public health challenges. Committed health teams can use local resources to scale up effective public health interventions. Due to strong leadership program developed in rural Egypt led

to the increased in the number of new family planning, prenatal, and postnatal visits and fall in the maternal mortality rate(29).

Many community-based initiatives have proved to be successful in reducing maternal and child mortality, due to scaling up through strategies that could help to end maternal and child mortality in other areas of a country, regions or the whole Africa. Example of Baby Friendly Hospital Initiative (BFHI) intervention of strengthening maternity services to support breastfeeding practices, had estimated to be potential to prevent about 13% of all under-5 deaths in developing countries seen the most important preventive intervention against child mortality.

In Ghana's Community-Based Health planning and Service (CHPS), intervention was scaled up to be a national program to relocate primary health care services from sub district health centers to convenient community locations. According to World Health Organization and United Nations Children Funds (UNICEF), only 39% infants are exclusively breastfed for less than 4 months. CHPS showed progress in the Upper East Region (UER) of Ghana, where the pace of scale up took place much more rapid than in the other 9 regions of the country despite exceedingly challenging economic. Due to achievement, the programs are being launched and expanded throughout sub- Saharan Africa (33).

However, there are challenges in scaling up the intervention, it may face underlying lack of clarity, consistency and agreement to that policy makers and planners. Competing needs of mothers, newborns, infants and children is among the eight challenges described to be faced when scaling up maternal and child health services. Health needs of mothers and children are largely inseparable (obviously during pregnancy and child- birth, but also after birth), children, newborns and mothers do compete with each other for policy attention and finite resources, especially in low income settings where capacity is limited and the scale of unmet need is great (11).

Gap: Many studies done on community based initiatives; however, little is known on Uturo Community Initiative which uses bottom up approach. Uturo community based initiative carrying a unique character, of being initiated by community itself without monetary support from the government, or other organizations. The initiative used local

resources available which was its people (health workers, village leaders and villagers). The Idea of most community based initiatives is top down while Uturo community initiative is bottom up because the Officer in-charge was the pioneer who organized the initiative from the ward to the community.

Notwithstanding the initiative has not been evaluated on its effectiveness and weaknesses faced and how it can be improved for a wide use in terms of well-defined objectives and assumptions, documentation as a starting point to date and hence being improved scalable initiative.

CHAPTER THREE

3.0 METHODOLOGY

This chapter presents various methods and procedures used in this study, has explained the study area, study population, the type of evaluation design, evaluation method, sampling technique, sample size, data collections methods, data management and data analysis plan method and ethical consideration

3.1 Study area

Study was conducted in Mbeya region at Mbarali district in Uturo village where the Uturo community initiative is implemented. Mbarali district had a population of 300,517 and Uturo is one of the village found in Rujewa ward, has a total population of 2,570. The area was selected because it was the only village implementing community based maternal and child health initiative in Tanzania.

3.2 Study design

The study used the cross sectional phenomenological study design. It was cross section because data were collected once in time(36), phenomenological it describe the human being experiences(37,38). Qualitative approach was used in the study, the approach was used because the researcher wanted to get deeper understanding about the Uturo initiative. The design enabled to obtain in- depth information on how well the intervention has been implemented to meet its envisioned objectives.

3.3 Study population, Sample size and selection

3.3.1 Study Population

The study involved implementers of the initiative and beneficiaries. These were; District health officials, dispensary workers, village leaders, community health workers, Komandoos and villagers who were beneficiaries of the initiative. These participants had been purposively selected based on their understanding about the initiative and have rich information about the initiative

a) Ward leaders, village leaders, (These helped to generate information on how the initiation was implemented, observed and the recommendation to the initiative).

b) Health workers; these were facility based maternal care workers (helped to generate information about the intervention, how it was initiated, implemented, activities involved.). Also helped to provide information on how the intervention resulted to the observed outcomes.

c) Community health workers and (komandoos), in the village, provide services and advice to the community on issues of maternal and child health and acted as a link between community and health facility services.

3.3.2 Sample size

Total of 21 respondents were interviewed, a sample size which was determined in the field after reaching the saturation point. This included 2 district health officials, 6 health care workers,4 village leaders former and current Uturo village leaders, 3 community group [komandoos] and 6 villagers served by Uturo dispensary.

3.3.3 Sample and sampling Technique

Purposive sampling technique was used in selecting participants district health officials were selected because had information on the initiation process and progress of the intervention. Health care workers were selected purposefully because they are initiators and service provider at Uturo dispensary where the intervention located. Village leaders selected purposefully, community group {komandoos} as were implementers and six villagers selected purposefully as they were beneficiaries of the intervention.

The reasons for using purposive sampling were to have a better way of constructing the views of individuals that are expert in a definite area(39). The technique enabled involvement of members who were part in implementation of the intervention and villagers who attended the Uturo dispensary. This helped to get detailed insights of their experiences, the technique also was selected because it helps to selection of research participants according to the needs of the study.

3.4 Data collection methods and tools

Key Informant Interview was held to District, ward officials, Health facility Workers and village leaders who had knowledge and experience regarding Uturo initiative. In-depth Interview (IDI) guide was used to community who were implementers and beneficiaries of the initiative. The interview guides were prepared in English later translated into Kiswahili to simplify communication during the interview.

The study used key informant guide and in- depth interview guide because the tools helped to let people talk in clear about the initiative. The principal investigator did the interview with two research assistants who noted and ensure no question was skipped. Data collection depended on the participants' convenient during the daytime. Before conducting the interview Principal investigator explained the objectives of study to the participants and ensured that, a written concert was obtained from the participants before the interview is conducted. The interview took place in the district offices, village office, Uturo dispensary and at the house hold's homes where evening was convenient to most of them.

The Principal investigator and research assistants used tape recorder and handwritten field notes to capture all information during the interview, the time for interview was 35 to 45 minutes. The audio was checked for clarity and summary was done to all key information. After interviewed 21 participants, reached saturation point because it when each respondent gave the same information as previous and this happened even if same question was asked in a different way.

3.5 Recruitment and training of research assistants

Two graduates one with degree in Sociology and another in Social work with experience in research were recruited to assist in data collection Trained on the research topic, data collection protocol and specific objectives of the study. A trial on data collection was done to show their understanding on instruction provided, they later gained experience when pretesting of data instrument was done in the field area.

3.6 Pretesting of the tools.

Pretesting was done in the field area where 3 participants who had been aware with Uturo Initiative in Maternal and Child health were interviewed. This was done in order to allow correction or change of any unclear question. Also was to determine how much time it takes to administer the whole instrument package and whether it will be tiresome to participants.

3.7. Data management and analysis

All interviews were digitally recorded and transcribed verbatim later translated from Kiswahili to English. Then the transcription in English language was subjected to analysis process as to get the themes.

A thematic analysis approach was used in analyzing the data. The English translated data were analyzed through the categorization of participants' opinions. As suggested by Virginia Braun and Victoria Clarke (40), the analysis was carried out in three stages; First, the line-by-line coding of field notes and transcripts; second, the in-depth examination and interpretation of the resultant codes and their categorization into descriptive and analytical themes; and third, the development of an overarching theme. The coding involved the development of concepts, i.e. data were split into discrete elements in order to expose underlying thoughts and meanings. The generated codes were further interpreted and categorized into descriptive codes. These letter codes were further distilled into abstract analytical themes around which results were presented. The researcher was focused on a few key issues as analyzed to be themes.

3.8 Ethical considerations

The proposal submitted for ethical clearance to conduct the study through Institutional Review Board (IRB) of the Muhimbili University of Health and Allied Sciences (MUHAS. All ethical issues adhered to and addressed accordingly. The research permit also requested and obtained from Mbeya Regional Authority Secretary, from Mbarali Executive Director, Council Medical Officer (MMO) and other relevant authorities at Uturo village level. Written or verbal consent was obtained from the participants before interview. Participants who declined to be interviewed and those interviewed were free to end the interview at any point. Participants were not given any incentives for taking part in the study. Confidentiality

was observed throughout the study; no participant identifying information was recorded. Participants were informed about the objectives of the study and their participation was voluntary.

All respondents were requested for their permission to record information through audio recording and writing during the interview process and that the information generated was strictly be used for research purposes only. There was no any risk involved on participating in this study.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter presents the results obtained from the study to evaluate Uturo community initiative in Mbarali district. The results are organized into four major subheadings, which base on the major themes developed during data analysis. The first part is social-demographic characteristics of participants, followed by major themes. The first theme is on the strategies which made Uturo community initiative be successful, has five subthemes namely; social tactics, legal measures, economic measures, education measures and faith principles. The second theme is achievements of Uturo community based maternal and child health initiative which had four subthemes, namely; increased awareness on the Maternal Neonatal and Child Health Services, increased men involvement in Maternal Neonatal and Child Health, increased in utilization of Maternal Neonatal and Child Health Services, and reduction of maternal & child deaths. The third theme is weaknesses of Uturo community initiative and the fourth theme is on the scalability of the initiative to other places as an effort of improving maternal and child health, had three sub-themes namely organizational, technical and individual factors.

4.1.1 Socio-demographic characteristics of participants

The study had total of twenty one (21) participants, nineteen (19) participants were from Uturo village and two (2) participants from the district level. Majority of them [fourteen (14) out of twenty one (21)] had lived at Uturo village for more than 20 years. In terms of education; five (5) participants had not completed primary school, twelve (12) had primary education and four (4) of them completed secondary education and above. Their main occupation was farming where about thirteen (13) participants were peasants, one (1) dealt with entrepreneurship, six (6) were health professionals, and two (2) were public servants. In gender, majority thirteen (13) of the participants were female and nine (9) males.

4.2. Strategies for Uturo community based maternal and child health initiative

This theme intended to explore strategies which used during the implementation of the Uturo initiative to reverse maternal newborn and child deaths in the village. Strategies were set after the investigation into the causes of maternal and new-borns.

The results showed that, there was high maternal new-borns and child death, a new officer in charge was placed in the village. He decided to undergo investigation to find out the reason for such deaths. In this investigation, he involved all staff at Uturo dispensary also involved community on how to address the challenge of maternal and new born deaths. The investigations revealed that the main causes of death included delays in accessing health care services, harmful traditions, customs and practices; negative attitude of community members in accessing health facility services, many pregnant women ended in home delivery where non-skilled attendants assisted them. Also the investigation revealed that, there was very low participation of men in reproductive health issues. The community accepted the idea of Chotamganga on how to reverse the situation, which required the community itself to involve fully in the planning and implementation to end maternal and new-born deaths. Sustainable strategies that thought to help on preventing deaths of mothers, new-born and under-fives were established.

He conducted meetings to address the issue and to provide awareness on the issue, he used different ways, gathering like funerals to reach the people and educate on maternal and child health and importance of the community involvement including men in fighting against the situation. They formed groups from among the community itself to make a link from the community to the health facilities. A group of three leaders in each hamlet known as Kommando group was formed which involved women aged from 18 who were trustful to keep secret. Pregnant women had to inform these komandoos whenever they suspect that they are pregnant in order to attend clinic as required. The duties of Komandoo leaders in their respective hamlets were to keep records for health related information of all pregnant women in one notebook, and for children under five in the other. The information among others included the date for the next ANC visit or child clinic appointment; woman had to pick the memo from Komandoos before attending the clinic. Such community and health facility resulted into increased numbers of ANC attendances, high uptake of PMTCT, and

increased ANC early booking. Therefore, home deliveries assisted by unskilled persons in unhygienic environment was discouraged.

The interviewed respondents when asked how the initiative was implemented the analysis of their answers generated five subthemes as follows; social tactics, legal measures, economic measures, education measures and faith principles.

4.2.1 Social tactics

Majority of the interviewed respondents said that one of the strategies used in the implementation of initiative to enable its success was social tactic strategy where the community itself was involved to ensure that the revealed problem is abolished at Uturo village. For instance, the health facility in-charge involved facility health workers, community health workers, village leaders and the whole community to work together in dealing with the maternal and child health issues and also insisted the involvement of men in maternal health issues.

They formed groups which worked together with the health workers to reach pregnant women and ensure that they access health care at the health facility. For instance, formation of famous group known as *Komandoos* group of women aged above 18 years in each respective hamlet. They acted as drivers from grass root level to assist the community on timely use of Maternal Neonatal and Child Health services, helped mothers with children and pregnant women to attend the clinic and early booking. Komandoo leaders in their respective hamlets kept recording health related information of all pregnant women in one notebook, and for children under five in the other. The information among others included the date for the next ANC visit or child clinic appointment, and woman had to pick the memo from Komandoos as one respondent said;

> *"When I reached here I gathered my staff, friends and told them what I see and the need of all colleagues to collaborate with each other and not on our own but to involve also village leaders and the whole community to work together in improving community health. Then we formed a group known as Komandoos composing of women aged above 18 years whose main task was to make follow up and make sure*

> *pregnant women and their husband seek reproductive health services on time as recommended…"* (Participant no. 1 male, the former health facility in charge).

Also, in this approach community gathering was another means contributed to the success of the Uturo initiative. This enabled to reach many people where they heard the idea of preventing maternal, newborn and child death in the village. It was said that through community gathering they reached people and taught on the importance of Maternal Neonatal and Child Health services and the importance of using skilled health care workers during delivery. For example, through community meetings like village meeting, funeral gathering, health workers used this chance to speak to the community about health as well as to men who were not accompanying their wives to the clinic. This helped in increasing community awareness on Maternal, Neonatal and Child Health, and enabled its implementation. As one respondent said:

> *"I spoke in the funeral as they invited me to talk to people gathered. I educated pregnant women to go with nets when they go to slip in funeral, so that malaria pesticides should not hurt them. So I talk even now, at the funeral they welcome me that there are other people who have syphilis to go here. I educated them.to go to dispensary because if that syphilis goes into the womb of the mother kills the baby…"* (Participant 1male, the former health facility in-charge).

4.2.2 Education measures

The result shows that it is education, which gave awareness to the community so that know the importance of attending maternal health services. Women were educated that when they suspect that they are pregnant they should go to the health facility as health care workers have knowledge and skills to help them deliver safely. The initiator, former officer in-charge started to advocate for change through organizing the community to take action. He reached the communities through use of public address systems in the streets and different gathering calling women to utilize the health facility. For instance, he educated the community in different gatherings like meetings, churches, funerals and informing them on the importance of attending antenatal and postnatal care services. The interviewed participants when asked on other strategies used in implementing the initiative successfully, majority of them

mentioned education to contribute to the success of the initiative, through community education enabled women to utilize the local health facility, early booking and male involvement in MNCH services. For instance, Uturo dispensary health workers were providing health education to the community on the importance of using health facility services to all women and men who attended to the facility to access health services. As one respondent said:

> *"...It was a seminar. We were always given a seminars. It is not enough for us to be pregnant when it comes to hospital. That is, they spread rapidly because every pregnant woman were getting the workshop. Oh. The workshop they were getting. Whether you like or not you go with your husband. So the information was spreading, and, became helpful to us in the each hamlet. You see. In the past was very difficult for men to go to the dispensary but through Reporting on the neighborhoods. So we had ourselves... emphasis on adoption seemed to actually be men lying on, to go. Same. So eeeh. Sometimes they were able to use meetings"* (Participart 16, male).

Health workers educated Komandoo leaders (three from each hamlet) and they went to teach the community in their hamlet especially pregnant women and those women who had under-five children. One of the village leaders of Uturo informed that Health workers used to take those three Komandoo leaders who were elected in order to educate them then they went back to educate their fellow as one respondent said:

> *""This group of leaders taught their fellow women in the community where they lived. They got training from the officer in charge who was training them so that they go and teach others in their hamlets*" (Participant No.2; CHW Female).

Apart from using meetings also used microphone and posters to educate people. The interviewed respondents also reported that the former Health Officer in-charge passed all over the street to announce about health issues and some information concerning health and reproductive health services were put on posters where it helped to reach many people. One of respondent said:

> *"...and there was a time when he himself bought his microphone, whatever he got from the district, he comes and announces, and repeats what was, informed the village sub-committees there, so the information is spread and put posters to educate people also..."* (Participant No.10; Health Committee member female).

4.2.3 Legal measures

The results show that, in order to ensure that the community adhere to the implementation strategies set, they decided to put bylaws that will guide them. Through meetings, community members discussed on how each one will be obliged to ensure that adhere to the agreed measures on the reduction of maternal newborn and child deaths. They set by-laws which would help to implement the strategies set to ensure deaths are reduced in the village such as men to accompany their partners to MNCH services, pregnant women to inform their community leaders (Komandoo group) once they suspect that they are pregnant and they keep appointment of attending Antenatal Care Clinics as required. They agreed to set a penalty of Tshs 5,000/= which later changed to 50,000 for any member who will violate by-laws as one of the respondent t said:

> *"We all agreed all to set laws that will ensure that, no birth at home, birth at home is forbidden, and to obey our leaders in charge and inform on the matter, (if someone suspect that she is pregnant) all know that those things we have agreed they will exist will"* (Participant No.6; RCH in charge).

Another respondent added on explaining how the community were bonded to by-laws of paying fine if pregnant women do not adhere to the four recommended visits.

> *"... Among the laws was to attend the clinic each day required. If a pregnant attend the clinic, must attend the date given, and our rules start two months of pregnancy or once you feel you have conceived, you must go to the clinic. So the visitor must also follow the procedure if she is wrong we tell her, so mothers obeyed, giving birth at home, was no longer there…"* (Participant No.3; CHW,Male).

Majority of the interviewed respondents mentioned penalty introduced to any member violating the by-laws that were set to ensure implementation of Uturo Initiative. For

instance, the fine of 5,000 that later changed to 50,000 was set for fathers and mothers who delayed on Maternal Neonatal and Child Health as one respondent said:

> *"And first of all if you make a mistake you had to pay five thousand shillings immediately because you are stubborn, stubborn people a fine is added. You pay so that carelessness is not repeated at all. Therefore, they were afraid of being hit with fifty thousand shillings"* (participant 11, Village leader male).

Also the result showed that through legal measures helped to stop people to continue with harmful beliefs like burying dead newborn babies beside the houses believing that it was a misfortune to the family. As spoken by one respondent;

*"you have to pay if they find you maybe you buried the baby in the side of the house without reporting it. Nowadays it is not allowed to bury around the house or in the streets".(*participant4, health worker female)

4.2.4 Economic Measures

In order to ensure implementation, they had to set measures on how to help those who were not able to afford some necessary stuff during delivery, they used money from penalty to help those who were in need. Not only that, but when it reached the time that pregnant women refereed to a district hospital and had no transport, leaders contributed to assist in transport. Majority of the participant when they were asked on strategies made the Uturo Initiative succeed they said that, the fund that was obtained through penalty was used to assist those mothers who came at the hospital and were incapable to cover all necessities for delivery. As one respondent said;

> "*Eeeenh that fine we used to buy some stuff for mothers who can't afford to buy them like dish soap, if she had no clothes to cover the baby we buy her so that she can cover the baby"* (participant No.5, HW).

Also another respondent added that they used those funds to buy hospital equipment like beds.

> *"...we insisted women to deliver in health Centre as we agreed, because there are enough beds in the health Centre which were bought using penalty you paid"* (participant No.9; Komandoo leader).

The result revealed that, contribution was another means which helped them to create better environment for maternal health services. Buildings were not enough to accommodate many pregnant women who went for labor pain. They organized themselves through village leadership to contribute, collect stones for building as one respondent said

> *Mmhh… that's another goal. So we have asked for stones and sand, so we started in 2017 was unsuccessful but this year we have to develop it because the people agreed that each will contribute sh. 23,000 / = so that mothers have a place to rest while we continue to construct the building.* (Participant 11, Village leader).

4.2.5 Beliefs

The visionary leader used a belief principle to facilitate the implementation of Uturo initiative, there was a bond of love between health workers, village leaders to the community which made the health workers, leaders work with love to ensure they save the life of mother and the baby. They believed that health workers were seen as a solution to relief pain from a sick person They used metaphorical words '*Mti wa Upendo*' (a tree of love) which meant love prevailed from the community to health workers as one respondent said;

> *"We call it the "tree of love". The tree of love means love; it means that our solidarity. Finally, we get what is there from the public and we inform the public all which are from the higher levels. So even if there is a problem we solve together, so because the tree produces fruit that's why I used the image of the tree,"* **(**Participant No.1Initiator).

4,3 Success of Uturo community initiative

In this theme about the achievements of Uturo community initiative answers of the interviewed respondents when analyzed generated four sub-themes, which were; increased awareness on the Maternal Neonatal and Child Health services, increased men involvement, increased in utilization of MNCH services and reduction of maternal & child deaths.

4.3.1. Increased Awareness on the Maternal Neonatal and Child Health services

The result shows that, the awareness on maternal neonatal and child health services has increased. Women attend clinic, the interviewed respondents when asked on the achievements of implementing of the Uturo community based maternal and child health initiative, majority of them said that, there were high improvement on awareness among the people regarding the utilization of Antenatal Care (ANC), delivery care, postnatal care and family planning services. For instance, they mentioned that there is remarkable increase of awareness on early booking compared to the previous time now men to women especially pregnant women understand well the importance of being attended by skilled personnel in the health center. One of the respondents said;

> *"Yes, awareness to people has increased to the large extent now, people understand that health center is good. The response of people to attend the health center for reproductive health services has increased* (Participant No14, Health Committee member).

Another respondent added on pregnant women that due to awareness delivery in the health center has increased as he reported:

> *"We understand, the awareness is huge to pregnant women Since this program started have been going to the clinic, during delivery they come to the health centre and some who have difficulties are advised by the nurses to go perhaps get referral to Chimara"* (Participant 15, Chairman).

4.3.2 Increased men involvement in Maternal, Neonatal and Child Health services

The intervention has led to change of behavior to men who previous did not see the importance of accompanying their wives to the clinic. The result shows that men involvement in maternal neonatal child health services now is perceived as mandatory due to awareness given through meetings and trainings. Because it needed a behavior change, community to ensure that they involve, they had to set by-laws, which helped the implementation of the strategy that men were required to accompany their partners to MNCH services. The interviewed respondents revealed on increased men involvement as

among the achievements of Uturo intervention as their involvement helped in the improvement of MNCH services. Majority of them mentioned that one of the achievements was the increased participation of men in the MNCH services. For instance, they said that men accompany their wives to the health services to check for their health and the expected baby to be born. One respondent reported;

> *"…when I first went to the clinic we came together with my husband, we all came in and checked our health status to know our status, and this helped taking care of ourselves and protecting the baby that is in the womb…"* (Participant 21, female).

Moreover, another respondent added that now the men are caring for new babies by buying new required stuffs as one way of men participation in reproductive health.

> *"… When I went for labor services during delivery, my husband came with me and when the nurse wanted a new baby showel, my husband brought those new stuffs…"* (Participant 21, Female).

4.3.3 Increased in utilization of MNCH services

The increased utilization of MNCH services came up due to several changes which happened in the Uturo village. Among of them was strategies which were set to ensure pregnant women and children attend the clinic as per appointment. The results reveal that, Komandoo leaders in their respective hamlets kept recording health related information of all pregnant women in one note book, and for children under five in the other. The information among others included the date for the next ANC visit or child clinic appointment, and woman had to pick the memo from Komandoos. Majority of the interviewed participants mentioned that pregnant women ensured that they attend in the due date, parents followed child clinic appointments. There was an increased utilization on health services in terms of Antenatal Care (ANC), delivery care, postnatal care increased providing health services in Uturo village. For instance, they said that nowadays all pregnant women attend ANC clinic and complete all four recommended visits, as one respondent said;

> *"In fact, I see more pregnant women going to the clinic when the time comes for the clinic. I see them there. I see them passing by.What I hear from them they say today is the day for the clinic, so the clinics are seen to be necessarily whether you want or not because there are komandoos down there following you"* (Participant 11, Village leader).

4.3.4 Reduction of maternal & child deaths

Previous, the village had commonly deaths of mothers and newborn. The result showed that, there were no more cases of pregnancy related and neonatal deaths in the village. Attending antenatal and postnatal care services and awareness of attendance to clinic from early pregnancy, made pregnant women to deliver at the health facility safely, no one delivered at home as there were penalties. This resulted to the village to experience no more pregnancy related and neonatal deaths as used to be in the previous before coming the new in charge officer who initiated the reduction of maternal and child deaths. Majority of the interviewed participants explained on the remarkable achievement on the reduction of maternal and child deaths among the community due to the implementation of Uturo community based Maternal and Child health initiatives. For instance, they mentioned that for more than 20 years now there is no occurrence of deaths to pregnant women (mothers) or to new-borns. One respondent said;

> *"There is a big change because now deaths do not happen at all. In fact, right now we don't hear child deaths or pregnant women deaths"* (Participant No.2 CHW Female).

4.4 Weaknesses of Uturo community based maternal and child health initiative

The result shows that, since its initiation of the initiative, there was no documentation. Most of the information on Uturo initiative were in a narration form no documentation of activities that they may be used to determine some of the process. When respondents were asked on the weaknesses of the Uturo, they mentioned on the things that were bottleneck during the implementation of the intervention.

4.4.1 Komandoo group for not keeping secret.

The result showed that there was misunderstanding to some pregnant women as they did not want to reveal their conditions to their hamlet leaders because they feared their condition to be known. This was because some of the Komandoo group were not keeping the secret, once one tells them that she is pregnant they tell other people that that woman has conceived. This became a problem as komandoo were not trusted as secret keepers to some women which made them to go direct to the health facility without passing their information to Komandoos. As one respondent said

*"Aah, in terms of weakness I can say the problem of not keeping secret, when you tell the commando the condition you have, other day you hear people talking about your condition. They don't keep secret. This make some of us don't want to talk to them because they don't want people to know. So this is a problem" (*participant No.12 female*)*

4.4.2 Complaints against penalty

The study found that despite of the achievement showed in the study, also there were weaknesses faced Uturo initiative. Among them was the use financial penalties to force the community to adhere with the regulation set to implement the initiative. Penalty of five thousand (5000) shillings which later increased to fifty thousand (50,000) for anyone who violate the regulation set. The findings revealed that, the penalties set found to be a burden to people due to their financial capacity. People who found guilty comparing to their economic capabilities. Some respondent claimed that the penalty put people under pressure as they were forced to pay despite of hardship life they were facing. This suggests that, not all strategies can be acceptable to the community even though they have positive repercussion for improvement.

4.4.3 Inadequate Infrastructure and shortage of essential equipment

Another challenge reported by most of the interviewed respondents, they said that, there was shortage of some equipment like microscope which discouraged patients who came at the center for treatment**.** As one respondent said

> *"Aaahh… where we wanted to get a telescope because mothers came and find that there is no telescope… telescope now needs money and that money was not there*

> *until we had to bring the idea to the meeting so that we contribute"* (Participant 11, Village leader male).

Also, most of the interviewed respondents reported that, there was no enough wards for pregnant women who come for delivery services. The available wards covered only few women who came for delivery. This was a problem as pregnant women had no resting ward, as it was reported by one of the respondents

> *"Inadequate beds, is a big problem. Because right now we are sitting here, you can think it is your luck that you have come here no many pregnant women who have come to give birth., It may happen right now you will be surprised two pregnant women come and then there is only one bed and the ward is too small. And this is the major problem, the capacity we now have is small, the building itself is small that's why we are very anxious to improve*" (Participant15, Village leader).

4.5. Factors for Scalability of Uturo initiative to other places

Uturo initiative is considered sustainable and can be scalable to other area due to its initiation and implementation process of engaging the community. The community of Uturo has no difference compared to any other community in Tanzania in terms of culture and economic capability. The initiative is said to be sustainable because it has a system that flows from the grass-root upwards which gives community ownership, health workers and village leaders. For instance, Komandoo groups who acted as leaders from the grass root were so strict on their operations to make sure people follow what was agreed and people also adhered to the agreed rules.

When respondents were asked on the scalability of the Uturo initiative majority answered that it can be scaled up to other areas. The former Officer in –charge who is a retired staff now has gone in other areas to provide education on reducing maternal new born and child deaths. The answers on scalability when analyzed produced three sub-themes based on organizational, technical and individuals factors:-

4.5.1. Individual factors

The intervention led to the change of behavior, before people did not prefer using health facility during giving birth nor used skilled health workers. They had a belief that deaths often used to happen were usual. After having awareness, they realized that the situation can be reversed. Therefore, their behaviors turned towards agreeing with the rules to end the problem.

Majority of people when they were asked on individual factor, on scalability of the initiative to other places, they based on the issue of behavior and social life which are relatively the same. Due to this they argued that it is possible as even in other places behavior change is inevitable when people get awareness on how to end the problem which encounter the community. The community in many areas has no different behavior to Uturo community. In terms of culture, different communities have a relative similarity in culture in most of the areas in Tanzania. Culture is relatively similar with that found in Uturo**.** As one interviewed respondent said;

> *"I see another advice to just use the system we used to implement our Uturo initiative because those people around Tanzania are the colleagues who have the same habit as we have, once acquired education they will know that if you don't go to the clinic is a problem"* (Participant No.3 CHW Male).

4.5.2 Technical factors

The result shows that, the officer in charge who was the initiator of the initiative already has visited some nearby region. He advocated for change and explained how it can be possible for them to initiate the program. Majority of the interviewed respondents explained on the matter of technical factors that, it can be possible for other places to initiate the program. Tanzania has tried to establish health centers almost in each ward. Uturo through its health workers managed to reduce maternal newborn and child deaths. The strategies used to provide awareness to the community leading to the behavior change can be applied the same in other parts of Tanzania. As one of the respondent said

> *"I went to empower the other regions I told people that my brothers follow this system and I told them, your children's deaths i.e. unreasonable disasters will*

end. Until I I showed it to a great degree, as an example, this education I give should reach our colleagues until colleges actually. The thing will spread for example, I went to Njombe and I have already told the Njombe people they received well and have held consultation meetings (Respondent 1, Initiator).

4.5.3 Organizational factors

The initiative by the Officer-in-charge had compliance to service requirement as well as hamlet needs. The results showed that village government joined with health workers and joined hands together. The answers of majority considered the issue of government to stand together with health workers to be one of the factor in possibility of scalability of the initiative, when they will involve the whole community, The result showed that, whole community including village leaders, community health workers, health workers and the community in general, when worked diligently towards maternal health, the success of maternal and child health is when can be achieved. In terms of resources they used normal resources found everywhere in the country and were neither helped by external donors.

As one of the interviewed respondent said:

"My opinion is that the government should sit down with its staff and direct them, and then the staff should join the village leaders when they work. here they say let me go like me, I must go with the mother of the village concerned and the servant be there you will succeed" (Respondent 2 CHW Female).

CHAPTER FIVE:

5.0 DISCUSSION

This chapter presents the discussion of the major findings in relation to other findings reported in relevant literatures as directed by specific study objectives.

The results showed that community based initiative in Uturo led to reduction of maternal and child deaths in the village. Through strategies which were set enabled them to change the behavior of the people at Uturo. The results showed that there is no more maternal and new born deaths for more than 10 years in the village. People gained positive attitude towards utilization of health facility hence attended by skilled health attendants which increased the utilization of health facilities for prenatal services and during obstetric complications.

5.1 Strategies of Uturo community based maternal and child health initiative.

The study found that there were strategies which made the initiative to be successful and yield the respectable results, these were; social tactics, legal measures, economic measures, education measures and faith principles.

5.1.1 Social tactics

After investigation social tactics is among the strategies used in the implementation of Uturo community based maternal and child health initiative. The results showed that this was done through formation of groups, using gatherings and community involvement. This suggests that community involvement in planning and implementation ensure participation of the whole community and build self-responsibility. In reduction of maternal newborn and child mortality, the strategy play a significance role of effective participation of the whole community. Through meetings, funeral gatherings, and involving them in every aspects, the community thought themselves part of the initiative.

The findings were in line with the findings found in the study conducted in Uganda Evaluation done in maternal health program with community participation. The revitalization of community participation as one of the key principles of the primary health care policy in Uganda led to a number of achievements in health to be realized. That was through integration of community participation strategies. It revealed that community participation was effective in the reduction of maternal mortality especially among the very poor rural communities, although the effectiveness of the strategy lies in a number of factors that need to be considered which are culture, religion, economic, social and political environment and government policy (8).

Also in Rwanda, community based initiative adopted strategy of electing volunteers from the community who operated at village level including: the "biomes" (male-female community health workers pair) where they provided basic care with CHW who were in charge of Maternal Health. This led to increase of community involvement in maternal health issues helped to reduce reproductive health challenges (33).

Therefore, social tactics is an effective strategy to mobilize community involvement in the reduction if maternal newborn and child deaths. Findings in the study done by Azad showed the same findings that, high level of community participation identified local problems with MNCH, designed strategies to address them, mobilized local resources and capitalized on partnerships to implement strategies which resulted to high influence of maternal health (19).

These findings were contrary from the findings on the study conducted by Shah et al whereby there was no effective participation because women were limited from involvement in decision-making, access to material resources where they had to depend on their husbands and other family members in having access to maternal health services, including delivery at a health facility (42).

5.1.2 Education measure

Education measure was another strategy, knowledge has a significance role in fighting against maternal newborn and child mortality, among the causes of high deaths in Uturo village was delay in accessing health care services. The community of Uturo had to acquire

knowledge which brought awareness. To impart the knowledge, new officer in –charge of the health center had to educate people on the importance of maternal neonatal and child health. This helped to bring awareness to the community which resulted to the implementation of the initiative successfully. Reproductive health education to the community was given through meetings, public gatherings groups, homes to mention few. The result showed that through using different gatherings, example during the clinic visit, health workers used such opportunity to educate women and men who came at the visit. Those who got training they were conveying the message to their fellow a t their homes and increased utilization of health care services. This suggests that for any successful implementation of community-based initiative there must be relevant strategies set down to facilitate education for the community.

Similarly, Midhet and Becker their study showed how education helped on utilization of health services. They provided safe motherhood education that increased probability of pregnant women having prenatal care and utilization of health services for obstetric complications (29). Also similar findings found in the study conducted in Kenya on Evidence-based dialogue with communities for district health systems' performance improvement. They conducted three-day training workshops in three times during the intervention period aiming to introduce the initiative to the health management teams, service providers and communities. The aim of the first workshop ensured the necessary skills to implement the intervention (43).

In Uturo, groups which were formed from hamlets (komandoos) were trained on health care services and importance of attending the clinic, this komandoo group stood as connection between health care workers and the community. They were taught on how to keep records which helped to know dates of appointments of their people, making regular follow up and identifying pregnant women. Same strategy was found in the study done in Rwanda in community-based initiative. The Health system assisted the volunteers from the community with training and supervision which equipped them with knowledge to undergo activities in the community which included; identifying pregnant women, making regular follow-ups during and after pregnancy and ensuring deliveries in health facilities (33).

Also, the findings were the same with the findings of a community-based education program in Pakistan called Information and Education for Empowerment and Change (IEEC), was an intervention geared towards reduction of maternal mortality. The program trained women and their husbands on the identification of obstetric danger signs. And intervention increased the utilization of health facilities for prenatal services and during obstetric complications (44).

The findings were contrary from the findings found in the study done on "Newborn-Care Training and Perinatal Mortality in Developing Countries" Six countries were selected (Argentina, Democratic Republic of Congo, Guatemala, India, Pakistan, and Zambia), reported that, the rate of neonatal death in the 7 days after birth did not decrease even after the introduction of Essential Newborn Care training to community-based birth attendants (44).

5.1.3 Legal measures

The study found that, another strategy used in implementation to help the community adhere to the system was law measures. Due to the unawareness of the community at Uturo village on the utilization of health care services and early booking to pregnant women, they set penalties for those who couldn't adhere to the directive of health care services. Due to culture and traditional beliefs there were practices which contributed to the high rate of maternal newborn and child deaths. Some of those beliefs and practice were; negative attitude towards health care facility services, home delivery which was assisted by traditional birth attendants, men not involving from maternal issues like attending clinics for reproductive health issues, assisting their wives during pregnancy period and sending their children to antenatal visit. Penalty at first was five thousand (5000) shillings for anyone who violate the regulation set, and later it changed to fifty thousand (50,000) community to adhere with the directives given for reproductive health services.

However the study revealed that, the penalties set found to be a burden to people comparing to their economic capabilities. Some respondent claimed that the penalty put people under pressure as they were forced to pay despite of hardship they had. This suggests changing of behavior towards positive attitude in utilization of health care services need strategies which

would make people aware on the importance of health care services in their life rather than sanctions for smooth implementation of the intervention.

Similarly the findings reported by Yami in a study done in Northern Ethiopia on effectiveness of village bylaws whereby the village by laws reported to be not effective in meeting the high expectations of users to realize economic benefits from enclosures project in the community. The enforcement of village bylaws was constrained by high social capital, which resulted in the negligence among users in exposing free riders (41).

These findings were contrary to the findings reported in two studies done in Australia where by regulations/bylaws were reported to be a good way of making sure the community succeeds in conserving the environment hence affecting positively their health (16,45).

5.1.4 Economic Measures

The findings revealed Economic measures as one of the strategies used in the implementation of the initiative. According to results these were branded in three source of income; one of them was through contribution, where they agreed to contribute for the certain purpose, second, funds obtained through penalty was also used as income and third was communal work where all agreed to work, example when they agreed to build another ward for there were few wards for women delivery services. They collected stones for the buildings and agreed to contribute 23,000 shillings per each family. Also the study showed that the facility had shortage of important instrument like telescope they decided to contribute in order to buy the instrument and helped to make the initiative succeed. This suggests that, the available resources can be very useful to make the community based initiative successful.

The findings were in line with the findings found in study conducted by Dynes CNM (2011) where helped the communities to establish community emergency savings groups, community blood donor groups and community-based emergency transport systems, which helped to address key barriers of availability and affordability of health services (46).

5.1.5 Beliefs

Belief principles was another strategy helped in the achievement of the initiative. The result showed that the new officer in-charge used metaphor to be entrusted to people and made the community believe on the intervention. Changing the community which had negative attitude towards health care workers it needed commitment and technique which could turn their attitude. For example he used metaphor of tree of love which symbolized unity between health workers and the community to entrust the community that that they were there to save them. Tree of love to him showed love of bond and commitment of health care workers to the community in order to change their attitude towards utilization of health care services. This suggests that reduction of maternal, newborn and child mortality can be possible to be integrated with what people believe which built integrity and self-commitment.

These findings were in line with the findings found in the Study conducted by Bernadette on "Nurses' Perceived Knowledge, Beliefs, Skills, and Needs Regarding Evidence-Based Practice (EBP)". Reported that belief was one of the factor to make evidence based practice effective. The study reported that nurses must be provided with information that strengthened their beliefs about EBP to improve care and patient outcomes. The study argues that knowledge alone does not typically result into behavior change, the survey which they conducted support that knowledge and beliefs about EBP are related to the extent that nurses engage in EBP. Therefore they had important implications for future intervention trials to accelerate evidence-based care (22).

The findings were contrary to the findings on a study done in Rukwa Tanzania, a study which aimed to determine the effectiveness of community-based continuous training on promoting birth preparedness, male involvement, and maternal services utilization among expecting couples in rural Rukwa Region, Tanzania. It reported that, behavior beliefs, normative beliefs, and behavior control beliefs hindered health facility birth preparedness, male involvement, and maternal services utilization (14).

5.2 Success of Uturo community based maternal and child health initiative

The study findings showed achievements of Uturo community based Maternal and Child Health initiative were increased awareness on the Maternal Neonatal and Child Health

services, increased men involvement, increased in utilization of MNCH services and reduction of maternal and child deaths. As discussed in detailed below:

5.2.1 Increased Awareness on the Maternal Neonatal and Child Health services

The study found out that one of the achievements of Uturo community based maternal and child health initiative, was increase on awareness among the people concerning the utilization of Antenatal Care (ANC), delivery care, postnatal care and family planning services. People through education given concerning maternal newborn and child health increased understanding on the importance of utilizing the service. Awareness enabled the community to realize its responsibility in the reduction of maternal newborn and child deaths through working together with local group (komandoos) and health workers in accessing health care for pregnant women and children at the village. This suggest that, awareness on Maternal Neonatal and Child Health services is essential factor for the community to achieve utilization of which contributed to the success of the intervention. Related findings reported in the study done in Ethiopia on assessing the community intervention whereby increased awareness helped to enable prevention of communicable diseases to the community such as malaria, tuberculosis, HIV/AIDS and waterborne where mothers and children were vulnerable (47).

A study done Thailand on Scaling up a community-based program for maternal and child nutrition also reported that, through awareness on malnutrition and how to eliminate it, community members realized the importance of improving child care and nutrition for child's health (33). Findings in the study done by Marston on Effects of Community Participation on Improving Uptake of Skilled Care for Maternal and Newborn Health, also reported positive impacts on maternal/newborn health was attained through community participation. Interventions improved skilled care and raised awareness which encouraged dialogue and involvement of communities in designing solutions for maternal health (48).

5.2.2 Increased Men involvement in Maternal, Neonatal and Child Health services

The study findings revealed that increased involvement of men in the MNCH services was among the achievement of the initiative. Men started accompanying their wives to the health service and that was the opportunity for them to check for their health also and safeness of

expected baby. Also men started to involve themselves in maternal neonatal and child services as they were sending their children for clinic. Attending clinic was another chance which equipped them with more understanding on maternal care as health care workers used to provide training to all ANC visit. Their involvement to maternal care helped to make them responsible example buying clothes for their newborns and care for mothers. This suggests that the whole community has an impact on improving reproductive health services.

The findings were in line with the study done on project known Wazazi na Mwana project in Tanzania is another intervention program which focused on improving maternal and neonatal health outcomes. The project had the objective of reducing child mortality and improve maternal health through community-based maternal, newborn, and child health services. The project improved couple communication and shared decision-making. Raising awareness for demand of RMNCH services allowed husbands and women to seek ANC services as early as possible, this was done through birth preparedness plans, training men and women at the health facility during their ANC visits (49).

These findings were in line with the findings of study done in Pakistan, where husbands received special designed education materials on safe motherhood and family planning. The program trained women and their husbands on the identification of obstetric danger sign, this resulted into increased utilization of health facilities for prenatal services and during obstetric complications; Also, safe motherhood education provided to husbands resulted in further improvement of some health indicators and revealed the influence of involving male partners on important messages of maternal health (50).

The study is in line with Involvement of male partners in birth preparedness and the effect of their involvement improved health facility birth preparedness and maternal services utilization potentially by reducing the three delays which were delay in decision-making to seek health care, delay in reaching a health facility, and delay in obtaining appropriate care upon reaching a health facility. This is a study done in Rukwa region to reduce high maternal deaths prevailed by involving men as one of the strategy (14). Also, the study was in line with Study done in Nepal by Mullany et al showed the increased knowledge among women who were trained with their husband compared with those trained alone (51).

These findings were contrary from the study conducted in Cuba where there was lack involvement of men in maternal health services and the intervention had limited access to comprehensive emergency obstetric care at some referral sites. It showed that there were no support of men to assist therefore it made the problem to persist in rural areas (34).

5.2.3 Increased in utilization of maternal neonatal and child health services

The study findings showed that that there was an increased utilization of maternal neonatal and child health services. This was due to awareness the community acquired through trainings at the health facility, in meetings and other gatherings which the leader and fellow health workers used to teach. Through assistance of komandoos there was early booking to pregnant women and they ensured that they complete all four recommended ANC visits. After awareness utilization of maternal Neo natal and Child health services. This suggests that community-based initiatives could be the solution in community utilization health services. The findings showed that there were no more home delivery, pregnant women used health care facility for delivery where they were assisted by skilled attendants.

The findings were in line with the findings reported in a study conducted in Northern Nigeria on community based Initiative which aimed at upgrading the quality of antenatal, delivery and emergency obstetric care, to ensure that women are served by well trained nurses. The initiative resulted into increase of the number of pregnant women who attended at least one antenatal visit, and the number of facility deliveries with a trained nurse-midwife also increased. Also, it showed success to community volunteers and health extension workers who themselves became “innovators” as they used maternity services which helped to promote utilization and reduced deaths (28).

The findings were in line with the findings of the study done community intervention successfully increased safe motherhood behaviors that are known to reduce maternal mortality and birth complications. Women in the intervention area gained knowledge about birth danger signs, increased their birth preparedness, increased their use of ANC services (thus giving ANC providers more opportunities to inform women about danger signs, increase birth preparedness, and en courage birth with a skilled attendant as well as identify risk factors), and increased their use of skilled attendants for birth.

The findings were in line with the findings of the study done by Midhet and Becker on Impact of community-based interventions on maternal and neonatal health indicators in Pakistan shows that, there was significant increase in percent of hospital deliveries where mothers were in safe hands of skilled attendants (25).

The findings were contrary from the findings of study done in Sri-Lanka where TBAs were likely to remain as delivery care attendants for some time because of difficulties experienced in posting trained professionals to rural areas. Due to this the obstetric complications persisted (52).

5.2.4 Reduction of maternal & child deaths

The study found that there was remarkable achievement in reduction of maternal and Child deaths among the community due to the effective implementation of community based Maternal and Child health initiative. The findings revealed that community in the village of Uturo experienced no deaths of pregnant woman nor newborn or child for more than ten (10) years. This is because they got knowledge on the utilization of health care services and the health care workers worked with commitment. This suggests that, reduction of maternal and newborn is possible even in other places in Tanzania when there is maternal health awareness and the health care workers are committed to save the community.

The findings collaborate with the findings in the study done in Southern Tanzania to implement a community-based training about safe motherhood. Key element of the intervention was the training of safe motherhood promoters through participatory adult learning methods. They conducted home visits to educate pregnant women, their husbands, and key community members about common danger signs. These home visits also sought to encourage early booking for ANC services and to review the recommended antenatal visits and birth preparedness steps. Health volunteers encouraged skilled birth delivery and raised awareness about maternal health issues through community meetings and video shows. The study reported a significant increase in deliveries assisted by skilled birth attendants and decrease in maternal and newborn deaths (14).

The findings were contrary to the findings found in a study done by Marston et al on maternal and child health as the study evidence for the effect of community participation on

specific health outcomes was limited. The study stipulated that there were limited result on community's involvement in improving their own health (48).

Also findings were also contrary to the findings found in the study conducted by Carlo WA, et aal on Newborn-Care Training and Perinatal Mortality in Developing Countries. Reported that there was no decrease in rate of neonatal death in the 7 days after birth even after the introduction of Essential Newborn Care training to community-based birth attendants. The outcome of the study indicated that the intervention did not succeed in reducing maternal rate (44).

5.3 Weaknesses of Uturo community based maternal and child health initiative

5.3.1 Complaints against penalty

The study found that despite of the achievement showed in the study, also there were weaknesses faced Uturo initiative. Among them was the use financial penalties to force the community to adhere with the regulation set to implement the initiative. Penalty of five thousand (5000) shillings which later increased to fifty thousand (50,000) for anyone who violate the regulation set. The findings revealed that, the penalties set found to be a burden to people due to their financial capacity. People who found guilty comparing to their economic capabilities. Some respondent claimed that the penalty put people under pressure as they were forced to pay despite of hardship life they were facing. This suggests that, not all strategies can be acceptable to the community even though they have positive repercussion for improvement.

These findings are in line with the finding reported by Yami in a study done in Northern Ethiopia on the effectives of village by laws whereby by laws were reported to have weakness in influencing people due to the low capital and penalties imposed. It showed that, the penalty imposed put unrest to the community in steady of influencing effective implementation (41).

5.3.2 Weakness of Komandoo group for not keeping secret.

The study findings showed that there was a weakness on the leaders (komandoo) group where some of them exposed secrets. One of the task of Komandoo group was to collect

information of women who had conceived so that they keep in record for reminder of early booking ANC visit. It was realized that when pregnant woman has informed the Komandoo leader that she has conceived for her to keep records, the information about her condition was heard outside from other people. This reduced trustfulness to Komandoos, some women wanted to go direct to health facility without passing their information to Komandoos. Pregnant women want their pregnancy not to be known believing that exposing their condition would endanger their pregnancy. Therefore the findings showed that the situation brought misunderstanding between Komandoo group as women started choosing whom to talk with and resisted to others

5.3.3 Inadequate infrastructure and equipment

The study found that, another challenge reported was scarcity of equipment and unsatisfactory infrastructure. This suggests that, despite the effort made by the community to fight against the maternal and child health problems, the government should add its effort on infrastructure and equipment's.

The study is in line with the findings on Zambia Roadmap for Accelerating Reduction of Maternal, Newborn and Child Mortality, 2013-2016 where it mentioned the infrastructure and inadequate medical equipment to be a major challenge for reducing maternal new born deaths in Zambia especially in rural areas(53).

5.4. Scalability of the Uturo Community initiative to other places

The study found that the scalability of the initiative to other areas is possible based on the factors available in study area though not all strategies will be applied in other areas due to the fact that each community might have some variances on approaching for the change. The findings showed the effectiveness of the strategies used in Uturo leading to successful implementation. However some of the strategies can be advised to be modified during scaling up to other areas for more effectiveness of the implementation. Use of legal measures like use of penalty can be modified to friendly emphasis which will motivate people rather than hurting.

The study done by Muzyamba, suggested that capitalizing on community competencies can complement conventional maternal health efforts especially in sub-Saharan Africa where health systems are inefficient and sometimes inaccessible to many women (15).

5.4 1. Individual factors

Tis study found that individual factors based on individual behaviors and social life of people around the Uteri village were not different compared to other areas. Uturo initiative experienced some difficulties in changing people's behavior. In Uturo the individual behavior and altitude was changed towards utilization of health care facility. This was due to effort made in providing education and ensure community involvement in every aspect of the initiative. For successful scaling-up a program need to consider the nature of the social network on how new practice which will be able to change the behavior of the community will be propagated. This include; how people interact, their awareness and interest, much effort has to be applied to equip them with knowledge which will make them aware. This will need the commitment of leaders of the area because will determine the change peoples' behavior and have interest towards utilization of maternal neonatal health services. In the case of Uturo commitment of the Officer in-charge and his fellow health workers contributed to the large extent to make the Uturo community accept due to education they provided.

This suggests that the same initiative can be used in another place with similar people with similar kind of social lives.

The findings were in line with the study done by Yamey. G who identified five stages in the adoption of innovation, which were; awareness, interest, evaluation, trial, and adoption. Applying such initiatives, within a health system has been a factor in the success of several low and middle-income countries scale-up programs. Successful scaled-up programs also paid attention to the nature of the social network into which they wish to disseminate new practices,'' for example, by considering how people interact and who are the early adopters (24).

These findings are in line with the findings reported in a study conducted in Rukwa-Tanzania on determining the effectiveness of community-based continuous training on

promoting birth preparedness, male involvement, and maternal services utilization among expecting couples in rural Rukwa, Tanzania. It reported that, training in promoting positive health behaviors to increase male involvement in maternal health services, individual factors such as positive behaviors towards birth preparedness, male involvement increased utilization of maternal services among Expecting Couples (14).

Study done in Bihar India is contrary as the intervention was assessed and reported that, Successes during the pilot phase of intensive support suggests that RMNCHN improved statewide with sufficient investments in systems performance improvements (54).

5.4.2 Technical factors

The study found that the technical knowledge used to facilitate the implementation of Uturo community based Maternal and Child Health initiative was simple that can be easier to practice in other parts of the country. Committed technical personnel enabled the community to change their behavior towards utilization of health care facility, they ensured they provide health education whenever they got opportunity in order to reach all people in the village. Through this education it brought awareness to the community and changed their attitude from basing on beliefs and traditional

This suggest that the scalability is possible as well to other place especially where there is health facility even dispensary the lowest level of health facilities. Availability of health workers and health facility centers almost in every ward in the country is among the factors to facilitate the replication of the initiative. The country need to equip on orientation of health workers to approaches that will enable the community to respond to the opinion, adapt strategies to local conditions, and take ownership of the program. The skilled personnel with commitment has an important role to pray for scalability to succeed and among the strategies to be considered when scaling up is education and social tactics strategies, they have high impact in bringing awareness and ownership which make the initiative sustainable.

The technical assistance received from the health facility workers during the initiative was good, triggered by committed health workers which indicates that the same initiative can be used in other places where the health care with the same technical skills are available.

The findings were in line with the findings found in study conducted in Afghanistan where Voluntary community health workers and community groups provided the major health workforce, attending about two thirds of all family planning clients (55).

Also, the findings were in collaboration with the findings found in Rwanda where the Rwanda Health system assisted them with training and supervision which equipped them with knowledge to undergo activities in the community which included; identifying pregnant women, making regular follow-ups during and after pregnancy and ensuring deliveries in health facilities and by skilled health workers (31).

5.4.3 Organizational factors

This study found that, the initiative indicated the possibility of implementing the initiative to other areas in the country through village leaders, community health workers, health workers and the community in general in the implementation of the initiative. In Uturo, there was strong bond between ward leadership, village leadership and health workers. This enabled the implementation of the initiative to reach its goal. The findings showed how the village leaders supported when a pregnant woman was in intensive situation require referral. Because there was a transport problem they had to find any means to rescue the mother and baby. This could suggest that using available resources in the community could be more sustainable way and possible in many parts of the country.

For scale up to take place in other areas government will have to undergo training to those areas to make awareness to the leaders and health workers on relevance strategies to fight against persistence burden of maternal new born and child mortality.

The findings were in line with the study done in Egypt where it experienced successful scale-up. It proposed that, strong leadership play an important role For example, a leadership development program in rural Egypt was associated with an increase in the number of new family planning, prenatal, and postnatal visits and a fall in the maternal mortality rate (24).

The study done in India Bihar on Ananya program showed some promising results with the available public health workforce., but those results seemed conditional on the intensity of implementation support. The required level of capacity did not appear to have been yet achieved by the public health system at scale over the period included in this analysis (54).

The findings are in line with study done in Ghana where they used bottom-up planning, community health systems development with scarce resources requires ‘‘bottom up’’ strategic planning so that scale up builds capacity that effectively links services to local cultural conditions, languages, and health needs. Plan for ethnic diversity. Recruiting community engagement reduces turnover and improves performance, morale, and community ownership which lead to successful scale up (33).

Also the findings are in collaboration with the findings in the study done in Rukwa which reported that the effectiveness of Community-Based Continuous Training on promoting positive behaviors towards birth preparedness, male involvement, and maternal services utilization among expecting couples in Rukwa, Tanzania: aimed at building the bridge between the community and healthcare system (14).

The findings were also in line with the findings in the study done in Rwanda on designing and implementing an innovative SMS-based alert system (Rapid SMS-MCH) to monitor pregnancy and reduce maternal and child deaths in Rwanda, which reported to improve emergency obstetric and neonatal care in community level, requires a well-organized community health structure in limited resource setting (31).

The findings were contrary with the findings in study conducted by Jai Das and colleagues in Afghanistan, in Basic Package of Health Services (BPHS) program that succeeded scaling up health services in a poor, low capacity setting, using effective multi-sectoral collaboration among stakeholders and sectors. It showed that, for the intervention to succeed, there was external support from Non-Governmental Organization while in Uturo there was no external support than the community to unite themselves (55).

These findings were contrary to the findings in the study of Breast Feeding Hospital Initiative (BFHI) which included community component, is being weak to be scalable in developing countries as is supported by BFHI where the support is only available in institutions before and for a short period after delivery and the program cannot be sustainable(35).`

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The results show that, before the community based initiative at Uturo, the village was characterized by high maternal and newborn deaths. This was due to lack of awareness on maternal and child health issues, lack of men involvement in maternal health issues and belief on harmful cultural practices. At the same time, there was poor quality of services in the health facility, inadequate equipment and inadequate health personnel that made the health facility to be unfriendly to the community.

The study intended to evaluate the Uturo community based imitative and prospect to scale up, the results showed that the initiative succeeded in its implementation and outcome. Health workers under their officer in charge committed themselves to provide supreme support to people in order to reverse the situation. Community involvement and education given through meetings, and different gathering even in clinics made the community gain awareness and change their attitude towards utilization of health care facility which led to the reduction of maternal newborn deaths in the village.

Health education and social tactics strategies used in implementation of the initiative were key strategies to bring awareness to the community and build ownership of the initiative as everyone considered to be part of the initiative. This is what made the initiative to be sustainable.

The findings showed weaknesses of the initiative, like use of financial penalty, and lack of secret to Komandoo group which detached the trust of women to these Komandoos who had an important role of collecting and keeping information on logbooks for early booking and well utilization of MNCH services.

6.2 Recommendations

Given increased uptake of maternal and Child Health services in Uturo, it is apparent that Uturo health facility need to be expanded so as more services are availed. In line with this, conducive environment like assistance with good infrastructure, adequate number of qualified personnel, essential equipment supplies and a functional referral system should be considered.

One of the lessons from this study is lack of in-built mechanism of monitoring and evaluation of Uturo initiative. Thus, the Uturo health facility need to introduce the monitoring system which is mandatory for assessing its implementation to come up with impact of the initiative.

Community based initiatives on reduction of maternal and child death should be given priority as the leading approach to fight against the unsolved problem of maternal neonatal and child mortality. And policy makers should consider the community-based initiatives be given priority.

The scalability of the initiative can be possible as factors which led to the achievement of Uturo initiative can also be applied in other region regarding that there are similarities in terms of culture and resources available. In scaling up some strategies will need to be modified for more improvement of the initiative. For example legal measures will need to be modified to friendly emphasis of the community to adhere with agreed regulation for successful implementation of the initiative

REFERENCES

1. Lanka S. Meeting MDG-5 : an impossible dream ? We do not have the rights to reproduce this image on the web. 2015;1133–5.
2. WHO. . World health statistics 2019: monitoring health for the SDGs, sustainable development goals. Vol. 52, World Health Organization; 2019. Geneva; 2019. 1–121 p.
3. Pembe AB, Paulo C, D'mello BS, van Roosmalen J. Maternal mortality at muhimbili national hospital in Dar-es-Salaam, Tanzania in the year 2011. BMC Pregnancy Childbirth. 2014;14(1):1–7.
4. MHCDGE&C. The United Republic of Tanzania the National Health Policy 2017. 2017;(October).
5. Hulsbergen M, van der Kwaak A. The influence of quality and respectful care on the uptake of skilled birth attendance in Tanzania. BMC Pregnancy Childbirth. 2020;20(1):1–13.
6. WHO. Health in 2015 Millennium Development Goals to SDGs- Sustainable Development Goals. Experientia. 2020;47(11–12):1–204.
7. Ministry of Health (MoH) [Zanzibar]. Tanzania 2015-16 Demographic Health Survey and Malaria Indicator Survey. Tanzania 2015-16 Demogr Heal Surv Malar Indic Surv. 2015;
8. Wablembo SM, Ochola PO. Can Community Participation Lead To Better Maternal Health Outcomes in Uganda ? a Review of Evaluated Programs . 2015;2–4.
9. Muzyamba C, Groot W, Tomini SM, Pavlova M. The role of Community Mobilization in maternal care provision for women in sub-Saharan Africa- A systematic review of studies using an experimental design. 2021;
10. Angela E. Shija, Judith Msovela LEGM. Maternal health in fifty years of Tanzania independence: Challenges and opportunities of reducing maternal mortality Tanzania Journal of Health Research DOI: Volume 13 (Suppl 1), December 2011. 2011;13(December):2011.

11. McCoy D, Storeng K, Filippi V, Ronsmans C, Osrin D, Matthias B, et al. Maternal, neonatal and child health interventions and services: moving from knowledge of what works to systems that deliver. Int Health. 2010;2(2):87–98.

12. Deodatus C.V. Kakoko, Rose Mpembeni IS. Research Report: Community based Maternal and Child Health Interventions : A Comparison of Uturo Community Models in Mbarali District Council , Mbeya Lead Consultant : 2018;

13. Kwesi A, Id M, Nathan R, Nelson G. Maternal mortality in Ifakara Health and Demographic Surveillance System : Spatial patterns , trends and risk factors , 2006 – 2010. 2018;2006–10.

14. Moshi F V, Kibusi SM, Fabian F. The Effectiveness of Community-Based Continuous Training on Promoting Positive Behaviors towards Birth Preparedness , Male Involvement , and Maternal Services Utilization among Expecting Couples in Rukwa , Tanzania : A Theory of Planned Behavior Quasi-Exp. 2018;2018.

15. Perrin JM, Romm D, Bloom SR, Homer CJ, Kuhlthau KA, Cooley C, et al. A family-centered, community-based system of services for children and youth with special health care needs. Arch Pediatr Adolesc Med. 2007;161(10):933–6.

16. Kennedy AL. Using Community-Based Social Marketing Techniques to Enhance Environmental Regulation. 2010;1138–60.

17. Doctor H V., Findley SE, Ager A, Cometto G, Afenyadu GY, Adamu F, et al. Using community-based research to shape the design and delivery of maternal health services in Northern Nigeria. Reprod Health Matters. 2012;20(39):104–12.

18. Mselle LT, Kohi TW, Mvungi A, Evjen-Olsen B, Moland KM. Waiting for attention and care: Birthing accounts of women in rural Tanzania who developed obstetric fistula as an outcome of labour. BMC Pregnancy Childbirth. 2011;11.

19. Azad, K., S. Barnett et al. Effect of scaling up women's groups on birth outcomes in three rural districts in Bangladesh: a cluster-randomised controlled. 2010;

20. Bartlett A, Costello A, Daly P, Darmstadt G, Figueroa ME, Hammer P, et al. Demystifying Community Mobilization: An Effective Strategy to Improve

Maternal and Newborn Health. 2007;

21. Orwa J, Mantel M, Mugerwa M, Brownie S, Pallangyo ES, Mwasha L, et al. Maternal healthcare services use in Mwanza Region, Tanzania: A cross-sectional baseline survey. BMC Pregnancy Childbirth. 2019;19(1):1–11.

22. Melnyk BM, Npp C, Fineout-overholt E, Feinstein NF. Perceived Knowledge, Beliefs, Skills, and Needs Regarding Evidence-Based Practice: Implications for Accelerating the Paradigm Shift. 2004;

23. Scheuerle. T &Schmitz.B. InhibitngFactors of Scaling up the Impact of Social Entrepreneurial Organizations- A Comprehensive Framework and Empirical Resultsfor Germany. Nh 2015;151(2013):10–7.

24. Yamey G. Scaling up global health interventions: A proposed framework for success. PLoS Med. 2011;8(6).

25. Kempers J, Ketting E, Chandra-Mouli V, Raudsepp T. The success factors of scaling-up Estonian sexual and reproductive health youth clinic network - From a grassroots initiative to a national programme 1991-2013. Reprod Health. 2015;12(1):1–9.

26. WHO. Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019. Licence: 2017.

27. Kantar 2020. UNICEF Tanzania Saving mothers ' and children ' s lives through innovative , sustainable , and comprehensive reproductive , mother , child and adolescent health services , 2015-2019 Endline Evaluation Report. 2020;(August):2015–9.

28. Rajé F. Rural transport interventions to improve maternal health outcomes. 2018;

29. Mansour M, Mansour JB, Hasan A, Swesy E. Scaling up proven public health interventions through a locally owned and sustained leadership development programme in rural Upper Egypt. 2010;1–6.

30. Johnson FA, Frempong-Ainguah F, Matthews Z, Harfoot AJP, Nyarko P, Baschieri

A, et al. Evaluating the impact of the community-based health planning and services initiative on uptake of skilled birth care in Ghana. PLoS One. 2015;10(3):1–18.

31. Ngabo F, Nguimfack J, Nwaigwe F, Mugeni C, Muhoza D, Wilson DR, et al. Designing and implementing an innovative SMS-based alert system (RapidSMS-MCH) to monitor pregnancy and reduce maternal and child deaths in Rwanda. Pan Afr Med J. 2012;13:1–15.

32. Miltenburg AS. Mobilizing community action to improve maternal health in a rural district in Tanzania : lessons learned from two years of community group activities. Glob Health Action [Internet]. 2019;12(1). Available from: https://doi.org/10.1080/16549716.2019.1621590

33. Awoonor-Williams JK, Sory EK, Nyonator FK, Phillips JF, Wang C, Schmitt ML. Lessons learned from scaling up a community-based health program in the Upper East Region of northern Ghana. Glob Heal Sci Pract. 2013;1(1):117–33.

34. Bragg M, Salke TR, Cotton CP, Jones DA. No Child or Mother Left Behind ; Implications for the US from Cuba ' s Maternity Homes. 2012;2(1):9–19.

35. Pramono A, Smith J, Desborough J, Bourke S. Social value of maintaining baby-friendly hospital initiative accreditation in Australia : case study. 2021;3:1–12.

36. Setia MS. Methodology series module 3: Cross-sectional studies. Indian J Dermatol. 2016;61(3):261–4.

37. Developments SL. An introduction to phenomenological research. 1970;1–4.

38. Holroyd C. Phenomenological Research Method , Design and Procedure : A Phenomenological Investigation of the Phenomenon of Being-in-Community as Experienced by Two Individuals Who Have Participated in a Community Building Workshop. 2001;1(April):1–10.

39. Etikan I, Bala K. Sampling and sampling methods. 2017;5(6):215–7.

40. Braun V. Using thematic analysis in psychology,Qualitative Research in Psychology. J Chem Inf Model. 2013;3(2):77–101.

41. Yami M, Mekuria W, Hauser M. The effectiveness of village bylaws in sustainable management of community-managed exclosures in Northern Ethiopia. Sustain Sci. 2013;8(1):73–86.

42. Lindsay JM. Creating Legal Space for Community-Based Management: Principes and Dilemmas. :1–10.

43. D. Kaseje ,R. Olayo,C. Musita,C.O. Oindo CW &R. M. NoEvidence-based dialogue with communities for district health systems' performance improvement Title. 2010;2010.

44. Carlo WA, Goudar SS, Jehan I, Chomba E, Tshefu A, Garces A, et al. Newborn-care training and perinatal mortality in developing countries. N Engl J Med. 2010;362(7):614–23.

45. Martin P, Bartel R, Sinden J, Gunningham N, Hannam I. Developing a Good Regulatory Practice Model for Environmental Regulations Impacting on Farmers. 2007;6(July):1–103. Available from: https://hdl.handle.net/1959.11/2216%0Ahttp://npsi.gov.au/files/products/social-and-institutional-research-program/pk071355/pk071355.pdf

46. Dynes M, Tadesse L, Mikulich M, Tebben S. Knowledge and Skills Retention Among Frontline Health Workers : Community Maternal and Newborn Health Training in Rural Ethiopia. Midwifery Womens Heal 2011;568–17 _c 2011 by Am Coll Nurse-Midwive. 2011;18.

47. Winichagoon P. Scaling up a community-based program for maternal and child nutrition in Thailand. Food Nutr Bull. 2014;35(2):S27–33.

48. Marston C, Renedo A, Mcgowan CR, Portela A. Effects of Community Participation on Improving Uptake of Skilled Care for Maternal and Newborn Health : A Systematic Review. 2013;8(2):1–9.

49. Kasagama E, Todd J, Renju J. Factors associated with changes in adequate antenatal care visits among pregnant women aged 15-49 years in Tanzania from 2004 to 2016 . 2016;

50. Midhet F, Becker S. Impact of community-based interventions on maternal and neonatal health indicators : Results from a community randomized trial in rural Balochistan , Pakistan. 2010;1–10.

51. Kc NP, Kc A, Sharma N, Malla H, Thapa N, Aryal K, et al. Community participation and mobilization in community-based maternal, newborn and child health programmes in Nepal. J Nepal Health Res Counc. 2011;9(2):101–6.

52. Lanka S. Current strategies for the reduction of maternal mortality. 2005;112(September):1180–8.

53. Woman N, Die S, Life G. Roadmap for Accelerating Reduction of Maternal , Newborn and Child Mortality , 2013-2016. 2016;(April 2013):2013–6.

54. Abdalla S, Weng Y, Srikantiah S, Shah H, Ward VC, Pepper KT, et al. Trends in reproductive , maternal , newborn and child health and nutrition indicators during five years of piloting and scaling-up of Ananya interventions in Bihar , India. 2020;10(2):1–14.

55. Das JK, Akseer N, Mirzazada S, Peera Z, Noorzada O, Armstrong CE, et al. Scaling up primary health services for improving reproductive, maternal, and child health: A multisectoral collaboration in the conflict setting of Afghanistan. BMJ. 2018;363:1–9.

APPENDICES:

Appendix I: Informed Consent

ID NO:…..……

Introduction

Dear Participant,

Greetings! I want to thank you for taking your time to meet with me today.

My name is Emeliana Mbwiga a student of Master of Science in Project Management at Muhimbili University of Health and Allied Sciences (MUHAS). On behalf of MUHAS, I am conducting research on Uturo initiative in your area.

Purpose of the Study: The purpose of the interview is to collect information on Uturo initiative in your area. You are kindly being asked to participate in this study because we believe that you have particular information that may be potential to the study.

Methods of the study: As part of the study In Depth Interview will be done and interviewer will record your responses. You will be interviewed once for approximately 35-45 minutes. Data will be collected at single point that is after this interview with you; we are done with you

Procedure of the study: information is provided for you to decide whether you wish to participate in the present study. You should be aware that you are free to decide not to participate or to withdraw at any time without affecting your relationship researcher.

Do not hesitate to ask any questions about the study either before participating or during the time that you are participating. We would also be happy to share our findings with you after the research is completed. However, your name will not be associated with the research

findings in any way, and your identity as a participant will be known only to the researchers. This is for assuring your confidentiality as my informant.

The expected benefits: There are no direct benefits for your participation however, information you provide will help the government to improve and scale up the initiative in other areas hence improve service delivery. No harm is expected as a result of participation in the study and you can ask the interviewer questions any time during the study.

Whom to contact. In case of any question or query concerning this study, please contact the principal investigator Emeliana Mbwiga (Msc. PMMH) from MUHAS,P.O BOX 65001,Dar es salaam mobile number 0783424421 or my supervisor Prof. Kakoko 0716538030. If you have any question about your rights as participants you may contact Dr, Bruno Sungunya, Chairperson of Research and Publications Committee, MUHAS. P.O Box 65001, Dar es salaam-Tanzania, Tel +2552150302-6.

I……have read the contents of this form and understood it, my questions have been adequately answered, I agree to participate in this study.

Please sign your consent with full knowledge of the nature and purpose of the procedures.

A copy of this consent form will be given to you to keep.

Signature of Participant…….. Date…….

Researcher's Signature…….. Date……

Appendix II: Fomu ya ridhaa kwa Kiswahili

Namba ya Utambulisho…….

Utambulisho

Habari, naitwa Emeliana Mbwiga, ni mwanafunzi wa shahada ya uzamili ya sayansi ya usimamizi,ufuatiliaji na tathimini ya miradi ya afya katika chuo kikuu cha afya na sayansi shirikishi Muhimbili.Utafiti huu unaangalia mchakato wa utekelezaji wa mkakati wa uturo katika eneo hili.

Madhumuni ya Utafiti

Dhumuni la mahojiano haya katika utafiti huu ni kukusanya taarifa juu ya mkakati huu.

Unaombwa kushiriki katika Utafiti huuu kwasababu tunaamini uzoefu wako na taarifa zako ni muhimu katika utafiti huu.

Mbinu za Utafiti

Kama sehemu ya utafiti huu tutafanya mahojiano ya kina, mhojaji atanakili kwa kinasa sauti majibu yako. Utahojiwa kwa taktibani dakika 35 hadi 45 kwenye eneo binafsi.

Taratibu za utafiti

Ushiriki wako kwenye utafiti huu ni wa hiari hii inamaanisha kuwa hutakiwi kushiriki ikiwa hutaki kufanya hivyo.waweza kukataa kujibu swali lolote ambalo hujisikii kulijibu na waweza kusitisha mahojiano wakati wowote. Taarifa utakazotoa ni siri na zitatumika kwa ajili ya utafiti pekee. Wanaohusika na utafiti huu ndiyo wanaweza kuzipata taarifa hizi. Jina lako halitaaandikwa kwenye fomu hii na halitahusishwa na taarifa, namba za siri zitatumika kutambulisha taarifa ulizotoa.

Faida: Hakuna faida za moja kwa moja utakazopata kwa ushiriki ila taarifa utakazotoa zitasaiadia hospitali katika kuimarisha utekelezaji wa mkataba wa ubia na kuboresha utoaji wa huduma. Hakuna hatari zozote zinazoweza kukupata kwa kushiriki kwenye utafiti huu. Waweza kumwuliza mhojaji maswali wakati wote wa utafiti.

Mawasiliano: Kama utahitaji ufafanuzi zaidi juu ya utafiti huu usisite kuwasiliana na mtafiti mkuu Emeliana Mbwiga, mwanafunzi wa shahada ya uzamili ya sayansi ya menejimenti, ufuatiliaji na tathimini ya miradi ya Afya (Msc.PMMH) katika chuo kikuu cha afya na sayansi shirikishi Muhimbili S.L.P 65001, Dar es salaam au namba ya kiganjani 0673480841. Kama una swali juu ya haki zako unaweza kuwasiliana na Dk.Bruno Sunguya ambaye ni mwenyekiti wa kamati ya utafiti na Machapisho,S.L.P 65001, chuo kikuu cha Afya na Sayansi shirikishi,Muhimbili S.L.P 65001 Dar es salaam au namba +2552150302-6.

Mimi…….Nimesoma/nimesikia na kuelewa madhumuniya utafiti huu na maswali yangu yamejibiwa ipasavyo.Hivyo nimeridhia kwa hiari yangu kushiriki.

Unaweza ukapaewa nakala ya fomu hii kama utapenda.

Saini ya Mshiriki……..tarehe……..

Saini ya Mtafiti……..…tarehe……..……..

Appendix III: Interview guide for Villagers

District/Ward……..……

Title…….

Age……..

Sex……..

Education level……..

1. **Please describe briefly the Uturo initiative?**
   Probe on who initiated it
   Probe on how it started?
2. **Please can you tell us what your objectives were in this initiative?**
   Probe on maternal health?
   Probe on child health?
   Probe on the general environmental cleanness/hygiene?

3. **Can you tell us the achievements achieved through Uturo Initiative in this area?**
   Probe on reducing maternal deaths?
   Probe on reducing infants and children deaths?
   Probe on continuity of the services?
4. **On your opinion what were the weaknesses of uturo intiative which could be improved in the next time?**

Probe on quality issues such as availability of skilled staff?

Probe on use of commando group?

Probe on the use of force in recognizing the pregnant women

Probe on use of religious beliefs?

Probe if they had to pay for that initiative? or fines they paid?

Appendix IV: Dodoso kwa wanakijiji

Wilaya/kata……..……

Title……..

Umri……..

Jinsia……..

kiwango cha Elimu…….

1. **Tafadhali unaweza niambia kwa ufupi kuhusu mkakati huu wa Uturo?**

   Dadisi juu ya nani alianzisha?

   Dadisi juu ya namna ulianza kufanya kazi?

2. **Tafadhari, unaweza kunimbia malengo ya huu mkakati yalikuwa ni nini?**

   Dadidisi juu ya afya ya mama?

   Dadidisi kuhusu afya ya mtoto?

   Dadidisi kuhusu usafi wa mazingira kiujumla?

   Dadisi kuhusu huduma maalumu za afya ya mama na mtoto zilizokuwa zinatolewa bila malipo?

3. **Unaweza kuniambia mafanikio yaliyopatikana kutokana na huo mkakati?**

   Dadisi kuhusu kupunguza vifo vya akina mama?

   Dadisi kuhusu Kupunguza vifo vya watoto wachanga?

   Dadisi kuhusu uendelevu wa huduma?

   Dadisi kuhusu umiliki wa huduma ya huo mkakati?

4. **Kwa maoni yako unafikiri ni nini kilikuwa ni mapungufu katika mkakati huu?**

   Uliza kuhusu upatikanaji wa wahudumu waliona taaluma?

   Uliza kuhusu kundi la makomandoo?

   Uliza kuhusu kulazimisha kutoa taarifa mama mara apatapo ujauzito?

   Uliza kuhusu matumizi ya imani ya dini?

   Dadidis kuhusu malipo yoyote yaliyokuwa yanalipishwa kama faini/ Ulipaji wa fain katika utekelezaji wa mkakati?

Appendix V: Interview guide for District health managers and other health care workers.

District……..…….

Title…….

Age……..

Sex……..

Education…….

1. **Please describe briefly the Uturo initiative?**

   Probe on who initiated it?

   Probe on how it started?

2. **Please can you tell us what your objectives were in this initiative?**

   Probe on maternal health?

   Probe on child health?

   Probe on the general environmental cleanness/hygiene?

3. **Can you tell us the achievements achieved through Uturo Initiative in this area?**

   Probe on reducing maternal deaths?

   Probe on reducing infants and children deaths?

   Probe on continuity of the services?

4. **On your opinion what were the weaknesses of the initiative which could be improved in the next time?**

Probe if they were involved in every stage of the initiative?

Probe on quality issues such as availability of skilled staff?

Probe on use of commando group?

Probe on the use of force in recognizing the pregnant women?

Probe on use of religious beliefs?

Probe if they had to pay for that initiative? or fines they paid?

5. **In your opinions how can this initiative be scaled up in other places?**

   Probe if it is easy to use the same initiative in other villages?

   Probe on what can be changed when implemented in another area?

Appendix VI. Interview guide for village leaders.

District……..…….

Title…….

Age……..

Sex……..

Education…….

6. **Please describe briefly the Uturo initiative?**

   Probe on who initiated it?

   Probe on how it started?

7. **Please can you tell us what your objectives were in this initiative?**

   Probe on maternal health?

   Probe on child health?

   Probe on the general environmental cleanness/hygiene?

   Probe specific type of maternal and child health services that are provided free of charge in Cardinal Rugambwa Mission health facility?

8. **Can you tell us the achievements achieved through Uturo Initiative in this area?**

   Probe on reducing maternal deaths?

   Probe on reducing infants and children deaths?

   Probe on continuity of the services?

9. **On your opinion what were the weaknesses of U turo intiative which could be improved in the next time?**

Probe if they were involved in every stage of the initiative?

Probe on quality issues such as availability of skilled staff?

Probe on use of commando group?

Probe on the use of force in recognizing the pregnant women?

Probe on use of religious beliefs?

Probe if they had to pay for that initiative?/ fines they paid?

10. In your opinions how can this initiative can be scaled up in other places?

Probe if it is easy to use the same strategy used in this village?

Probe on what can be changed when implemented in another area

Appendix VII. Ethical clearance letter

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR OF POSTGRADUATE STUDIES

P.O. Box 65001
DAR ES SALAAM
TANZANIA
Web: www.muhas.ac.tz

Tel G/Line: +255-22-2150302/6 Ext. 1015
Direct Line: +255-22-2151378
Telefax: +255-22-2150465
E-mail: dpgs@muhas.ac.tz

Ref. No. DA.287/298/01A

11th March, 2020

Kanjanja, Emeliana Mbwiga,
MPH Project Management Monitoring and Evaluation in Health,
School of Public Health and Social Sciences,
MUHAS.

RE: APPROVAL OF ETHICAL CLEARANCE FOR A STUDY TITLED: "EVALUATION OF UTURO COMMUNITY BASED MATERNAL AND CHILD HEALTH INITIATIVES IN MBARALI DISTRICT, TANZANIA".

Reference is made to the above heading.

I am pleased to inform you that, the Chairman has, on behalf of the Senate, approved ethical clearance for the above-mentioned study. Hence you may proceed with the planned study.

The ethical clearance is valid for one year only, from **11th March, 2020 to 10th March, 2021.** In case you do not complete data analysis and dissertation report writing by **10th March, 2021,** you will have to apply for renewal of ethical clearance prior to the expiry date.

Dr. Emmanuel Balandya
ACTING: DIRECTOR OF POSTGRADUATE STUDIES

cc: Director of Research and Publications
cc: Dean, School of Public Health and Social Sciences, **MUHAS**