

COMMUNITY HEALTH NEEDS ASSESSMENT REPORT FOR DEVELOPING PRIMARY HEALTH CARE PROJECT IN ELCT – EAST AND COASTAL DIOCESE

SUMMARY OF THE REPORT- Dr. Huruma Sigalla¹ and Dr. Kafanabo²

Improvements in health and education will result from better access to improved education, water supplies and sanitation. This can be the starting point to show the main focus of the study.

The Status of Primary Health Care Service

Primary Health Care (PHC) services in Tanzania form the basement of the pyramidal structure of health care services. Currently the health facilities for both public and private include 4,679 dispensaries, 481 health centers and 219 hospitals distributed throughout the country. The dispensaries and health centers that are at a center of primary health care facilities were planned to serve an average population of 10,000 and 50,000 respectively (MoHSW, 2007). However, with increasing population and slow pace/stagnation of construction primary health facilities, the average population served by each dispensary and health centers is more than the planned population, overstretching the effective functioning of the current primary health care facilities. This has resulted to the needs of having access to health services. The basic services of PHC include curative care for sick children, child immunization and growth monitoring, STI, family planning and ante natal care services. The directorate of social services and Women's work is responsible for Health care and education.

Management of Health Care Programme: Health Programme for ELCT

Up to early 1990s, the delivery of health services in the ELCT health institutions had been very challenging. Managed Health Care Programme is implemented in all dioceses through ELCT Health facilities which include 21 hospitals, 13 health centres and 140 Dispensaries all situated in most of 123 District Councils covering 21 Administrative Regions among 26 Regions of United Republic of Tanzania.

Primary Health Care is essential health care that meets health needs of the majority of the People. It is within this context; ELCT under the Managed Health Care Programme is committed to improve the Primary Health Care service of its dioceses and respective communities it serves. The aim of the survey was to determine Primary and Secondary Health Care problems that are to be addressed by East Coastal Diocese - PHC Project bearing in mind both National and ELCT Health Policies, on going Health Sector Reform including the upcoming National Primary Health Services Development Programme (PHSDP) 2007-2017.

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Survey output

The study is expected to produce a report that reflects the Health Needs of Community members-individual and group and health facility needs that will guide the direction of ELCT-ECD primary health care services. That is the level of children immunization, to determine the Primary and Secondary Health Care problems that are to be addressed by ECD-PHC Project bearing in mind that both the National and ELCT Health Policies, and the on going Health Sector Reform including upcoming National Primary Health Services Development Programme (PHSDP) 2007-2017 has to be met.

Focus of the study

A general survey was conducted in five areas including Mtoni, Maneromango, Mjawa, Mwalusembe and Mwanakwerekwe (Zanzibar). Six demographic and socio-economic variables that are likely to show the primary health needs and problems of respondents were included in the study. Among others, they include age, education, marital status, house hold size, education and occupation. Since different social groups may face different health problems, the study examined health needs and problems of different social groups. For instance, women have specific health problems such as maternal health which pose specific health needs. At the same time the elderly might have different health problems and require specific health care compared to the younger people. In order to achieve these objectives, the household was our sampling unit.

Respondent's view on health problems confronting their households

One of the objectives of this study was to assess people's view to their health problems. About 40 percent of people who participated in the social survey were of the opinion that malaria is the major health problem, followed by 12 percent who claimed that typhoid/dysentery/abdominal pain contributed to the health problems and 10 percent who claimed that chest pain was also among the common types of diseases confronting their households. Other health problems include coughing, headache and dental problems. Whether the nets they use were treated or not, out of 1791, 855 respondents (48 percent) claimed that they were treated and 571 (32 percent) said their nets were not treated. It was also noted that 365 respondents (20 percent) did not respond to this variable.

Maternal Health

One of the Primary Health Care endeavors is to improve maternal health care particularly for rural women. The study revealed that 1,299 (72 percent) of our respondents claimed that pregnant women attend clinic whenever they are pregnant for antenatal care.

The data shows that 78 percent of respondents claimed that the last delivery took place at the health center, followed by 22 percent who claimed that last time a mother delivered at home whereas few respondents 0.5 percent claimed that a mother delivered on the way to the health center. Table 18 illustrates a person who provided the needed support.

Moreover, 77 percent of the surveyed people were of the opinion that women from their households were assisted by health professionals during their last delivery. Generally, the majority that is 1,158 respondents was supported by health workers but a substantial number of respondents (329) claimed that women from their households were not supported by health professionals. Table 19 highlights the problems as mentioned by our respondents.

Apart from the above mentioned problems, were interested to know how long our respondents spent to reach a health facility. The data revealed that the majority of the respondents that is 594 (33%) spend 30 minutes, followed by 229 (13 %) who claimed to spend 10 minutes to reach the closest health facility.

Children's Health

Primary Health Care gives special priorities to address child care and protect children from health problems which might hinder or affect their development and life in general. The issue of immunization is vital as far as child health is concerned. From the surveyed households, 831 (57.8%) claimed to have children who are under five years. In order to estimate the number of children from these households, the respondents were asked to indicate the number of under five children. 640 households claimed to have one under five child, 171 households confirmed to have 2 under five children and 16 households have 3 under five children. Data shows that about 46 percent out of 1,791 survey households have children who were below the age of five. That means, more than half 54 percent of household do not have children of this age. In order to know whether these children have access to child care and other health care services, we asked our respondents if they do take their children to the nearby health facilities for clinic services. Data indicate that 51 percent of people did not respond to this question. On the one hand 749 of those who responded said, they do take their children to the clinic for health care services, while on the other hand, 119 claimed that children from their households do not attend clinic. For those who claimed that their children attended clinic, were further asked on how often the children attend clinic.

Immunization process in general is good. A number of respondents above represent the number of head of households who said that their children got these types of vaccination. The number of respondents presented above shows that, for almost all vaccinations, more than three quarters the head of households who have children of this age, claimed that their children got these vaccination. The following table highlights respondent's view on the coverage of POLIO 0-3. Out of 1,904 households responded to this variable, only 46 households claimed that their children did not receive any of DTP-HB vaccines.

Data also shows that out of 134 households which claimed that their children were not vaccinated against measles, 64 came from Mwalusembe, followed by 50 households from Mtoni, and 12, 7 and 1 households from Mjawa, Mwanakwerekwe and Manelomango respectively. In the same context, 645 (82.8 percent) respondents confirmed that their children got vaccination against measles, while 134 (7.5 percent) respondents confirmed that their children were not vaccinated against measles. Table 33 below reveals the coverage.

Water sources in surveyed area.

The majority (1,086) of our respondents throughout all surveyed areas use protected well as source of water. Majority of respondents (143) from Mwanakwerekwe claimed also to use tap water and protected well. However, the majority of the respondents said they spend by average 15 minutes to reach a nearby source of water, especially respondents from Mtoni, Mjawa, Mwalusembe and Mwanakwerekwe. However, some respondents from Mwalusembe, Mtoni and Mwanakwerekwe claimed to spend half an hour to reach their source(s) of water.

As it has been discussed previously, the findings show clearly that infectious diseases are the common health problems confronting people from the surveyed communities. The majority of the respondents mentioned malaria as a leading disease which affected their households. Maternal health awareness is fairly good and the majority of pregnant women attend antenatal clinic. As discussed previously, the findings show that many pregnant women delivered in health facilities and they are supported by health providers. Some few respondents claimed to use traditional contraceptive methods. The study also revealed that child health and care is also fairly good. Access of safe and clean water as well as environmental health is still a problem. Therefore schools urgently need support of water, especially drinking water. Village health workers need to provide an enormous advantage as far as community structures for participation in health activities is concerned. The finding also shows that there is a high rate (25 percent) of illiteracy among our target population.

