The maternity ward as mirror

Maternal death, biobureaucracy, and institutional care in the Tanzanian health sector

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Appendix A: Interview Schedules

Interview Questions for Retired/Longtime Healthcare Providers

1. Kwanza niambie kidogo kuhusu elimu yako. Ulisoma nini, wapi, kwa muda gani? First, tell me a bit about your education. What did you study, where, for how long?
2. Uliajiriwa mara ya kwanza mwaka gani? What year were you first hired?
3. Umewahi kufanya kazi na vitendo wapi na wapi? Where have you ever worked or done practicals?
4. Ulianza kufanya kazi hapa Rukwa mwaka gani? What year did you start working in Rukwa?
5. Kama wewe si mtu wa Rukwa, ulijisikiaje ulipoambiwa kwamba ulipangiwa hapa Rukwa? If you are not originally from Rukwa, how did you feel when you were told that you had been assigned here to Rukwa?
6. Mazingira yalikuwa hapa siku hizo na nyuma? What was the region like in those days of the past?
7. Ulipoanza kazi, unakumbuka tulikuwa na changamoto za aina gani hapa Rukwa? When you started work, do you remember what kind of challenges there were here in Rukwa?
8. Ukiweza kukumbuka, niambie kidogo kuhusu hali ya hospitali/kituo ulipoanza kazi. If you can remember, tell me a little bit about the state of the hospital/facility when you started work.
9. Ukiweza kukumbuka, nini kilikuwa tofauti baada ya mwisho wa muda wa Mwalimu Nyerere? If you can remember, what was different after the end of Mwalimu Nyerere’s time?
10. Huduma za afya zilikuwa hana kwa mwisho wa Mwalimu Nyerere? How were healthcare services under Nyerere?
    a. Ali Hassan Mwinyi?
    b. Mkapa?
    c. Sasa hivi na Kikwete? Now with Kikwete?
11. Kipindi kipi kilikuwa kizuri zaidi? Kwa nini? Which period was the best? Why?
12. Nimesikia sana kwamba wahudumu wa afya siku hizi hawako motivated sana. Ilikuwa tofauti zamani? Kwa nini? Nini kimebadilika? I have heard a lot that healthcare workers these days are not very motivated. How was it different in the past?
13. Kwa ujumla, umeona mabadiliko ya aina gani toka ulipoanza kufanya kazi hapa Rukwa? Generally, what changes have you seen since you started working here in Rukwa?
14. Tumepata matatizo mapya siku hizi hana kwa aina gani? What kinds of new problems have we gotten these days?
15. Unafikiri serikali kuwa Wizara ya Afya inaweza kufanya nini siku hizi kuendelea kuboresha huduma za afya kwa ujumla? Na kwa wajawazito? What do you think the central government and the Ministry of Health can do to continue to improve healthcare services generally?
16. Tunahitaji nini zaidi kutusaidia kutoa huduma bora siku hizi? What else do we need to help us provide good care these days?
Interview Questions - Healthcare workers in Dispensaries and Health Centers

General Characteristics

1. Cheo

2. Umri Age

3. Jinsia Gender

4. Kabila Tribe/Ethnicity

5. Ulizaliwa wapi? Where were you born?

6. Unakaa wapi (sehemu gani)? Where do you live?

7. Dimi/unasali wapi? Unaenda kanisani/mskitini mara ngapi kwa wiki? Je, wewe ni kiongozi? Ni shughuli zipi zingine huwa unafanya kanisani au mkitini? Ni masaa mangapi kili wiki kwa kawaida? Where do you worship? How often do you go to church/mosque per week? Are you a leader? Do you have other activities at church/mosque? How many hours per week usually?

8. Hali yako ya ndoa? (Ameoa/ameolewa; talikiwa; mjane/mgane; tengane) Kama ndiyo, kwa miaka mingapi? Kama hapana, una mpenzi/mchumba? What is your marital status? (Married; divorced; widow/er; single). If married, for how many years? If no, do you have a boyfriend/girlfriend or fiancé?

9. Una watoto wangapi? How many children do you have?

10. Watu wangapi wanakaa nyumbani kwako? How many people live in your household?


Training
1. Una kiwango gani cha elimu? What level of education do you have?
2. Ulisoma wapi? Kwa muda gani? Where did you study? For how long?
4. Kwa nini uliamua kusoma ukunga/mambo ya afya? Why did you decide to study midwifery or health subjects?
5. Uliajiriwa mwaka gani baada ya kumaliza shule? What year were you hired after school?
6. Umewahi kufanya kazi wapi pamoja na vitendo (practicals)? Where have you worked together with doing your practicals?
7. Unapata nafasi kwenda kusoma mambo mapya? Labda kwenye semina? Do you get the opportunity to go to study new things? Maybe in seminars?

Work in the Village
1. Kwa nini umekuja kufanya kazi huku badala ya sehemu nyingine? Why did you come to work here rather than another location?
2. Unaonaje hali ya afya kwa ujumla kijijini hiki? How do you see the state of health generally in this village?
3. Kuna upungufu gani kwa upande wa huduma za afya hapa? What kind of deficiencies are there with healthcare services here?
4. Kuna changamoto gani kufanya kazi hapa na kuhudumia wagonjwa? What kind of challenges are there for working and caring for patients here?
5. Ukiwa ungeweza kuwaambwa watu wa serekali kutoa kimoja kuhusu kijiji hiki, ungewaambiaje? If you were able to tell people in the government one thing about this village, what would you tell them?
6. Ungeomba nini? What would you ask for?
7. Nini kinaweza kukusaidia kufanya kazi yake vizi zaizidi? (vifaa, ujuzi, majengo, hela, n.k.) What can help you to do your work better? (supplies, knowledge, buildings, money, etc.)
Tell me about a typical day at work here. What time do you start? What do you do? How many patients do you care for? What kinds of illnesses do you see? What time do you finish? After finishing here, what do you go to do? What kinds of books do you fill to collect data? What kind of data about your clients?


10. Unasikia maswali ya aina gani kutoka na mama wajawazito au wakina mama kwa kawaida? What kinds of questions do you hear from pregnant mother or women generally?

11. Wewe unahitaji nini kuendelea kutoa elimu vizuri? What else do you need to continue to do a good job providing education?

12. Matatizo gani ni kawaida zaidi kwa wajawazito huku? What sorts of problems are most common for pregnant women here?

Obstetric Emergencies:

13. Umewahi kumhudumia mama mjambito aliyepata dharura wakati wa kujifungua au wakati wa ujauzito? Mara ngapi kwa mwaka? Have you ever cared for a pregnant woman who developed an emergency while giving birth or while pregnant?


16. Ulimsindikiza? Kama hapana, kwa nini? Nani alimsindikiza? Unajisikiaje ukihitaji kumrufaa bila kumsindikiza? Alilipa shilingi ngapi kufika kituoni kingine? Ulitumia muda gani kumwandaaw na alitumia muda gani kufika kituo cha afya kingine? Did you accompany her? If no, why? Who went with her? How do you feel if you have to refer her without being able to accompany her? How much did she pay to go to another facility?
How long did it take to prepare her and how long did she take to reach another health facility?

17. Umewahi kuwa na mama mjuzito ambaye alifariki hapa kijijini? Nini kilitokea? Aliamua kujifungua wapi? Nani alitambua kwamba alikuwa amepata shida? Wakafanya nini? Walimpeleka wapi? Mwishoni, akafariki kwa sababu gani? Inaweze kana kuzungumza na familia yake? Have you ever had a pregnant mother who died here in the village? What happened? Where did she decide to give birth? Who recognized that she was having problems? What did they do? Where did they take her? In the end, what was the cause of her death? Is it possible to talk with her family?


Communication and connection with District and Government

19. Unawasiliana na watumishi wengine ambao wanafanya kazi wilayani au mkoani? Kwa sababu gani? Mara ngapi kwa wiki? Do you communicate with other employees who work for the district or region? Why? How many times per week?

20. Nini kinakusababisha kutofauta utaratibu rasmi wa rufaa au wa huduma kwa mama mjuzito wakati wa dharura? What can cause you to not follow the official referral procedures or procedures for care for a pregnant mother with an emergency?

21. Niambie zaidi kuhusu chan gamoto za kufanya kazi hapa. Tell me more about the challenges of working here.

22. Nielekezee kuhusu utaratibu wa kuagiza dawa na vifaa. Mnahitaji kufanya nini? Mnajaza fomu za aina gani? Nani anakusaidia? Unaagiza vifaa na dawa mara ngapi kwa mwaka? Mnapata vifaa vya kutosha? Kama hapana, kwa nini mnashindwa kupata vifaa vya kutosha? Mnahitaji nini (msaada, hela, ujuzi, n.k.) kuwasaidia kupata vifaa vya kutosha? Explain to me about the procedures for ordering medications and equipment. What do you have to do? What kinds of forms do you fill in? Who helps you? How many times do you order drugs and supplies per year? Do you get enough supplies? If no, why are you unable to get enough supplies? What do you need (money, help, knowledge, etc.) to help you get enough supplies?

23. Serekali (kwa mfano hata DMO) inaweza kufanya nini kukusaidia na kurahihisha kazi yako? Unawategemeaje watu wa wilaya au mkoa? What can the government (for example, even the DMO) do to help you and to make your work easier? How are you dependent on people from the district or region?

24. Nielekezee maoni yako kuhusu serekali ya Tanzania na ahadi zao kuhusu huduma za afya. Je, watu wa serekali wanafikisha ahadi zao? Tell me about your opinions of the Tanzanian government and its promises about healthcare. Do people from the government fulfill their promises?
25. Serekali kwa ujumla ingeweza kufanya nini kuboresha huduma za afya kwa wananchi?  
Generally, what can the government do to improve healthcare services for citizens?

26. Kijiji kinaweza kufanya nini kuboresha huduma za afya? What can the village do to improve healthcare services?

27. Serekali inahitaji kufanya nini kuboresha hali yako ya ufanisi wa kazi? What does the government need to do to improve your workplace empowerment?

28. Watu wa wilaya wanakuja hapa mara ngapi kwa mwezi? Kwa mwaka? Wanakuja kufanya nini? How many times per month do people from the district come here? Per year? What do they come to do?

29. Umeridhika na kiasi hicho cha egemeo hilo? Kwa nini ndiyo au la? Are you satisfied with this amount of supervision? Why yes or no?

30. Wangeweza kufanya nini kuwasaidia ninyi watumishi wa hapa na wananchi wa kijiji hiki? What would they be able to do to help employees here and citizens of this village?

31. Niambie kuhusu BEmONC. Nani wa zahanati hii alie maarufu kwenye semina? Mmefanya nini kujaribu kufanya BEmONC? Tell me about BEmONC. Who from this dispensary went to the seminar? What have you all done to try to do BEmONC?

32. Mmefanikiwa kuanzisha nini baada ya kujifunza zaidi kuhusu BEmONC? What have you all succeeded in implementing after learning more about BEmONC?

33. Mmeshindwa kuanzisha huduma gani za BEmONC? Kwa nini umeshindwa kufanya kila kitu cha BemONC? Nini kinakusababisha kutoweka kutumia ujuzi wote wa BEmONC? What have you all been unable to implement of the BEmONC services? Why have you been unable to do all the BEmONC guidelines? What prevents you from being able to use all your BEmONC knowledge?
Questions for Lab Worker about the blood supply

Tafadhali nielekeze kazi yako. Wewe ni nani hapa maabara? Majukumu yako ni yapi? Please tell me about your work. Who are you here in the lab? What are your responsibilities?

Tuongee kidogo kuhusu upatikanaji wa damu hapa hospitali ya mkoa. Inatakiwa maabara iwe na unit ngapi za damu muda wote? Ni kawaida kuwa na unit ngapi? Let’s talk a bit about the availability of blood here at the regional hospital. How many units of blood should the lab have at all times? It’s normal to have how many units?

Tunapata damu kutoka wapi? Kwa kawaida nani anajitolea damu? Where do we get the blood from? Normally, who donates blood?

Kuna changamoto gani kuhusu kupata damu ya kutosha? What kind of challenges are there related to getting enough blood?

Nielekeze utaratibu wa kupata damu kuanzia na mtu ambaye amekuja kudonate. Kuna vipimo gani? Please explain to me the procedures for getting blood, starting from when a person decides to donate. What kind of tests are there?

Aina za damu ni kawaida sana hapa? Ngumu kupata? (AB or O- etc.) What are the most common blood types here? Difficult to get?

Unawasiliana na watu wa Red Cross? Mnagawana damu? Kwa utaratibu upi? Do you communicate with people from the Red Cross? Do you share blood? By what procedures?

Kwa kawaida inachukua muda gani kuandaa damu kwa ajili ya transfusion wodini? Usually, how long does it take to prepare blood for a transfusion on the ward?

Kwa kawaida nani anakuja kujitolea damu? Kwa nini? Red Cross wanaenda wapi kupata damu (kanisani, shuleni, n.k.)? Normally, who comes to donate blood? Why? Where does the Red Cross go to get blood (churches, schools, etc.)?

Comment nyingine? Other comments?
Interview Questions for Katibu wa Afya wa Mkoa (Regional Health Secretary)

1. Naomba tuanze na elimu yako. Ulisoma nini, wapi, kwa muda gani? Let's start with your education. What did you study, where, for how long?

2. Kabla ya kuanza kazi hapa Rukwa, umewahi kufanya kazi wapi? Before starting work here in Rukwa, where have you worked?

3. Ulianza kazi hapa Rukwa mwaka gani? What year did you start work here in Rukwa?

4. Naomba uniambile kidogo kuhusu kazi yako. Katibu wa afya wa mkoa ana majukumu yapi? Please tell me a little about your work. What responsibilities does the Regional Health Secretary have?

5. Umeona changamoto za aina gani hapa Rukwa kwenye sector ya afya? What types of challenges have you seen here in Rukwa, in the health sector?

6. Changamoto zipi ni ngumu au kubwa zaidi kuliko nyingine? Kwa nini? Which are the biggest or hardest challenges? Why?

7. Umeona mabadiliko ya aina gani au maboresho ya aina gani toka ulipoanza kazi hapa? What kinds of changes have you seen or what kinds of improvements since you started working here?

8. Unafikiri tunahitaji nini zaidi kuendelea kuboroda huduma za afya hapa? What else do you think we need to continue improving healthcare services here?

9. Wewe ni kiongozi wa hospitali na huduma za afya mkoani. Niambie kidogo kuhusu uongozi wa huduma za afya hapa. Viongozi wanafanya nini vizuri? Wanaweza kufanya nini vizuri zaidi? You are a leader of the hospital and the regional healthcare services. Tell me a little bit about the leadership of the healthcare services here. What are the leaders doing well? What can they do better?

10. Nakumbuka umewahi kuongeza kuhusu kupokea malalimiko kutoka wagonjwa (mzee mmoja hakupata taarifa kuhusu siku ya kliniki, hakuelewa maneno ya wahudumu wa afya). Naomba uzungumze kidogo kuhusu mawasiliano kati ya wahudumu wa afya/hospitali na jamii/wagonjwa. I remember that you once talked about receiving complaints from patients (one elderly man didn’t get information about the clinic day, he didn’t understand the words of the healthcare provider). Please tell me a bit about communication between providers/hospital and the community/patients.
   a. Bado tuna changamoto za aina gani? What challenges do we still have?
   b. Tunaweza kufanya nini kuboresha mahusiano kati ya hospitali na wagonjwa/jamii? What can we do to improve relations between the hospital and patients/the community?

12. Nimesikia mara nyingi kwamba watumishi wa hapa si motivated sana. Kwa nini unafikiri watu wananiambia hivyo? Tunaweza kufanya nini kuwasaidia zaidi? *I have heard many times that employees here are not very motivated. Why do you think people tell me that? What can we do to help them more?*

13. Naomba uniambia kuhusu utaratibu wa kupandisha cheo/daraja. Unakuwaje? Nani anaamua? Kwa nini kuna watu ambao wananiambia hawajapandishwa cheo kwa miaka minane au zaidi? *Please tell me about the procedures for promotions. What’s it like? Who decides? Why are there people who tell me they haven’t been promoted for eight or more years?*

14. Mtumishi, akitaka kurudi shuleni kujiendeleza anafuata utaratibu upi? *For an employee, if they want to return to school to further themselves, what procedures do they follow?*

15. Wakati wa kujaribu kufanya kazi yako unapambana na urasimu? *How do you encounter bureaucracy while trying to do your work?*

16. Naomba uniambie mawazo yako mengine kuhusu huduma za afya hapa. Kuna maswali mengine nimesahau kukuuliza? *Please tell me any other thoughts about healthcare services here. Are there any other questions I have forgotten to ask?*
Interview Questions for District Medical Officers (DMOs) and Regional Medical Officer (RMO)


2. Majukumu ya RMO/DMO ni yapi? What are the responsibilities of the DMO/RMO?

3. Ulianza kufanya kazi Rukwa mwaka gani? Kwa nini ulihamishwa huku? What year did you start working in Rukwa? Why were you moved here?

4. Ulipoanza kufanya kazi hapa, uliona kuna changamoto gani Rukwa? When you started working here, what challenges did you see in Rukwa?

5. Umeona maboresho au mabadiliko gani? Matatizo yanayobaki ni yapi? Kwa nini bado yapo? What improvements and changes have you seen? Which challenges are still remaining? Why are they still problems?

6. Nielekezee kidogo kuhusu hali ya afya ya watu wa Rukwa kwa ujumla. Wanapata magonjwa gani, kwa mfano? Wakina mama wanapata matatizo gani au matatizo gani ni kawaida zaidi kwa uliko mengine? Explain to me a little bit about the state of health of the people of Rukwa generally. What kinds of diseases do they get, for example? Women get what kinds of problems? Or what problems are most common?

7. Nielekezee kuhusu upungufu wa watumishi/wahudumu wa afya katika mkoa huu. Kwa nini unafikiri ni shida? Kwa nini ni tofauti sasa kuliko miaka iliopita? Nani anaajiri watumishi wapya? Ukitaka kuongoza wahudumu wa afya ndani ya mkoa huu unahitaji kufuata utaratibu gani? Explain to me about the deficit of healthcare workers in this region. Why do you think it’s a problem? Why is it different now than in years past? Who employs new workers? If you want to increase the number of providers in the district/region what procedures do you have to follow?

8. Unafikiri wahudumu wa afya wa Rukwa wanaonaje mazingira ya kazi huku? Nielekezee majibu yako. Tungeweza kufanya kazi na kuwa na hatua zaidi kwa wakati wa watumishi. Explain to me a little bit about the supervision of services in this district/region? People talk about supportive supervision. How do you think healthcare workers in Rukwa view their work environment here? Explain your responses. What could we do to help them to be more successful?

9. Naomba uniambe kidogo kuhusu usimamizi wa huduma mkoa huu. Watu wanaongea sana kuhusu supportive supervision. Kwa nini ni muhimu? Inatusaidiaje? Please tell me a bit about the supervision of services in this district/region? People talk about supportive supervision. Why is it important? How does it help us?

10. Wewe binafsi, kama kiongozi, unapata changamoto za aina gani wakati wa kufanya kazi yako? For you personally, as a leader, what kinds of challenges do you face while doing your work?
11. Unapata ushirikiano na msaada wa aina gani kutoka Wizara ya Afya? Ofisi za Mkuu wa Mkoa? What kind of assistance do you get from the Ministry of Health? The Office of the Regional Commissioner?

12. Serekali inaweza kufanya nini kukusaidia zaidi na kazi yako? Kwa nini? What can the government do to help you more with your work? Why?

13. Unaonaje mipango ya serekali kuhusu kupunguza vifo vya mama wajawazito? How do you view the government’s plans for decreasing the deaths of pregnant mothers?

14. Tunaendeleaje na mipango hiyo? Tutaweza kufanikisha Millennium Development Goals? How are we proceeding with those plans? Will we be able to accomplish the Millennium Development Goals?

15. Unapata changamoto zipi wakati wa kujaribu kuanzis huu miongozo mpya kutoka serikali kuu? What kind of challenges do you face when trying to implement new guidelines/procedures from the central government?

16. Kulingana na mikoa mingine, sisi tunaendeleaje hapa na huduma za mama wajawazito? Na vifo? Compared to other regions/districts, how are we doing here with healthcare services for pregnant women?


18. Nimeona upatikanaje wa vifaa umekuwa mbaya zaidi toka nilipofika hapa mwaka uliopita. Kwa nini? Nini kimebadilika? I have seen that the availability of supplies has gotten worse since I arrived here last year, why? What has changed?

19. Niambie kuhusu utaratibu wa kukua tlia akifa. Nani anafanya nini kufuatilia? Tell me about the procedures for following up on the death of a pregnant woman. Who does what to follow-up?

20. Kuna changamoto gani kuhusu kukusanya data nzuri za vifo vya wajawazito? Kwa nini? Nini ingeweza kupunguza changamoto hizi na kuhakikisha tunapata data bora zaidi? What kinds of challenges are there around collecting good data on the deaths of pregnant women? Why? What could help reduce these challenges and ensure we get better data?

21. Unaona bado kuna mahitaji gani katika jamii za mkoa huu kuhakikisha kwamba tunaweza kuboresha huduma za afya na kupunguza vifo vya mama wajawazito? What needs do you still see in the communities of this region if we are to ensure that we improve healthcare services and reduce the number of deaths of pregnant women?
22. The hospital still needs what in order to continue decreasing the deaths of pregnant women? And the district/region generally?

23. What does the hospital administration do well? What can it do better?

24. What kinds of motivation do healthcare providers in Rukwa and at the hospital get?

25. Why do you think that a lot of people have told me that the employees here are not very motivated? What do you think we need in order to improve this state of things?
Interview Questions for Medical Officer In Charge (MOI/C)

1. When you started working here, what kinds of challenges did you see? What kind of improvements have you seen since then?
2. Tell me a little bit about the way the hospital functions, its organization. For example, I’m interested to know about the responsibilities of the HMT and the Therapeutic Committee, as well as your responsibilities as the MO I/C.
3. Tell me about some of the difficulties you get now as the Medical Officer In Charge. What things are most challenging as you try to run the hospital?
4. What kind of support do you get from other offices or sources? Financial, supplies, human resources, etc.
5. Tell me a bit about the financial state of the hospital. How is it? What further challenges does this provide? In getting supplies? In paying people?
6. Is it possible to get a copy of the cost-sharing guidelines and regulations?
7. As the Medical Officer In charge, it is partly your responsibility to make sure the hospital and its staff are implementing and following national guidelines and policies.
8. How do you try to do this?
9. What challenges does this provide?
10. What kind of experiences do you have with red tape and bureaucracy in this setting?
11. How does bureaucracy affect your ability to be effective in your job?
12. Tell me a bit about the difficulties of staffing the hospital. How do you find and recruit new staff?
13. Why might someone be reluctant to come work here in Sumbawanga?
14. How has this caused difficulties in the past?
15. How do you evaluate the quality of work people are doing? Is this effective or do you think there might be a better way? What would you like to do differently?
16. How do you think the work environment is here?
17. Why do I hear that people are not motivated here (especially the doctors saying this about the nurses)?
18. What sorts of challenges do you face as a leader here at the hospital?
19. Tell me a bit about the administration of the hospital. What do the administrators do well? What can they improve? What should be done to help them operate more effectively?
20. What happens if a doctor or nurse makes a mistake? Cases of malpractice?
21. What are the disciplinary procedures? How do these regulations make it difficult to address wrongdoing?
22. You’ve told me before that you sometimes wish someone would bring a case against the hospital so you would be able to go further with disciplinary measures. Why would this be necessary? Why is it not likely that people are willing to come forward with a formal complaint? What kind of challenges do these procedures pose for accountability for bad outcomes and poor practice?
23. What do you think of the number of maternal deaths that we’ve had in the last year or so?
24. Why do you think women continue to die here at the hospital?
25. What else does the hospital and/or the region need to continue to decrease these deaths?
26. How effective is the maternity ward?
27. What do you think about the maternity ward leadership? What do they do well? What could they do to continue to improve?
28. How effective are the national policies related to reducing maternal deaths? Are they helpful? What do they miss or overlook? What might you change or do differently if it were up to you?
29. Tell me a bit about on-job training and continuing education here at the hospital. What are the policies? Why do we only very infrequently have continuing education presentations?
30. We talk a lot about on-job training as being necessary for improving the care of pregnant women. Who is in charge of organizing this? Why doesn’t it happen?
31. After the maternal death audit meetings, who is responsible for following-up on the action plans and making sure it happens? Do you receive reports of the outcomes of these activities?
Interview Questions Regional Nursing Officer (RNO)


2. Umewahi kufanya kazi wapi kabla ya kuwa RNO? What kind of work did you do before becoming the RNO?

3. Ulipoanza kazi hapa, uliona changamoto za aina gani hapa Rukwa? When you starting working here, what kinds of challenges did you see here in Rukwa?

4. Nina kimebadilika? Tumekuwa na mafanikio ya aina gani toka ulipoanza? What has changed? What kinds of successes have we had since you started working?

5. Bado changamoto zipi zipo? What challenges are still remaining?

6. Majukumu ya RNO ni yapi? What are the responsibilities of the RNO?

7. Tuzungumze kidogo kuhusu upungufu wa watumishi hapa Rukwa. Kwa nini bado ni tatizo? Kwa nini watu hawataki kufanya kazi? Let’s talk a bit about the deficit of employees here in Rukwa. Why is this still a problem? Why do people not want to work here?

8. Hapa Rukwa, unaonaje mazingira ya kazi? Tunaweza kufanya mazingira haya kwa watumishi wote, hata kijijini? Here, in Rukwa, how do you see the work environment? What can we do to continue to improve that environment for all employees, even in the villages?

9. Wakati wa kufanya kazi yako ya uongozi unapamban a na changamoto zipi? In your leadership role, what kinds of challenges do you face?

10. Wauguzi wa hapa kwetu wanalalimika kuhusu nini? Wanataka nini zaidi kwwasaidia kufanya kazi vizuri? What do the nurses here complain about? What else do they want to help them to work better?


12. Una mahusiano ya aina gani na wilaya? Wao wanafanya nini vizuri? Wanaweza kuboresha nini? What kind of relationship do you have with the districts? What do they do well? What can they improve?

13. Unaona bado kuna mahitaji gani kwenye jamii na hospitali kutusaidia kuendelea kupunguza vifo vya mama wajawazito?
14. Nadhani unamsaidia RMO kuhakikisha watu wanatekeleza miongozo na sera za serikali na Wizara ya Afya, sindiyo? Wakati wa kujaribu kufanya kazi hii, mnapata changamoto za aina gani? Kwa nini? *I believe that you help the RMO to ensure that people are implementing guidelines and rules from the government and the Ministry of Health, right? While trying to do this work, what kinds of challenges do you all face?*

15. Una mawazo mengine kuhusu huduma za afya za hapa Rukwa? *Do you have other thoughts about the healthcare services here in Rukwa?*
Interview Questions- Healthcare Administrators, Patron/Matron

Training
1. Una kiwango gani cha elimu? What is your level of education?

2. Ulisoma wapi? Kwa muda gani? Where did you study? For how long?

3. Unaweza kunielekeza kuhusu elimu hiyo? Ulisoma nini, nani alifundisha, ulifanya practical (vitendo)? N.k. Can you tell me about your education? What did you study, who was the teacher, did you do practicals?

4. Kwa nini uliamua kusoma ukunga/udaktari/uuguzi? Why did you decide to study nursing?

5. Ulianza kazi mwaka gani? What year did you start working?

6. Je, umewahi kufanya kazi wapi pamoja na mafunzo kwa vitendo (practical)? Where have you worked and done practicals?

7. Kwa nini umeamua kufanya kazi huku, Sumbawanga? Au ulipangiwa tu? Why did you decide to work here in Sumbawanga? Or were you just assigned?

8. Kabla ya kuanza kazi hii ya Patron/Matron ulikuwa unafanya kazi gani hapa hospitalini? Before starting this work as Patron/Matron, what work were you doing at the hospital?

9. Ulianza kazi ya Patron/Matron mwaka gani? What year did you start working as Patron/Matron?

10. Najua una majukumu mengi, kwa kifupi, majukumu ya Patron/Matron ni yapi? I know you have many responsibility, in short, what are the responsibilities of the Patron/Matron?

Seminars and Continuing Education
1. Nani anachagua watu kuhudhuria semina? Who chooses people to attend seminars?

2. Manasi wote wamepata nafasi kuhudhuria? Have all the nurses gotten a chance to attend?


4. Mnapata hela ya kiasi gani ukienda kwenye semina? Nani anakulipia kuhudhuria? What amount of money do you all receive if you go to a seminar? Who pays for your attendance?
5. Ukitaka kurudi kusoma zaidi, utaratibu ni upi? Unafanya nini kuomba nafasi kwenda? *If you want to return to school, what is the process? What do you do to ask for the chance to go?*

6. Nimesikia kuhusu “on-job” training na continuing education, kwa mfano wakati wa kikao ya maternal death audit. Nani anafundisha? Nani anaamua tukihitaji on-job training? *I have heard about on-job training and continuing education for example, during the maternal death audit meeting. Who teaches this? Who decides if we need on-job training?*

**Work Environment**

1. Nielekeze kuhusu mazingira ya kazi hapa hospitalini. *Explain to me about the work environment here.*

2. Kuna mapungufu ya aina gani? (Upatikanaje wa vifaa na dawa? Idadi ya watumishi?) *What kinds of deficiencies are there? Availability of equipment and drugs? Number of employees?*

3. Kuna changamoto za aina gani za kazi yako ya kila siku? *What kinds of challenges are there in your everyday work?*

4. Utawala ungeweza kufanya nini kuboresha matatizo hayo? *What could the administration do to improve these problems?*

5. Mnahitaji nini zaidi kuwasaidia kuendelea kuboresha huduma? *What else do you all need to help you continue to improve services?*

6. Mazingira ya kazi yanasababisha matatizo gani upande wa ubora wa huduma? *What kinds of problems in quality of care can the work environment cause?*

7. Unaonaje ubora wa mawasiliano hospitalini? *How do you see the quality of communication at the hospital?*
   
   a. Kati ya manesi na madaktari? *Between nurses and doctors?*
   b. Kati ya wodi ya wazazi na wodi nyingine? *Between the maternity ward and other wards?*
   c. Kati ya watumishi wa wodi na utawala? *Between ward staff and the administration?*
   d. Kati ya watumishi na wagonjwa? *Between patients and providers?*

8. Nimesikia kwamba wauguzi wa hapa siyo motivated sana. Kwa nini unafikiri watu wameniambia hivyo? *I have heard that the nurses here aren’t very motivated. Why do you think people have told me that?*

9. Nini ingekuwa motisha nzuri kuwasaidia watumishi kuendelea kufanya kazi kwa bidii? *What would be good motivation to help employees continue working hard?*
Maternal and neonatal mortality
1. Unaonaje idadi ya vifo vya mama wajawazito? How do you see the number of maternal deaths?
   a. Na watato wachanga? And newborns?

2. Kwa nini unafikiri bado mama wajawazito wanaendelea kufariki hospitalini? Why do you think pregnant mothers are still continuing to die at the hospital?

3. Hospitali inahitaji nini kuendelea kupunguza idadi ya vifo vya mama? Watoto? What does the hospital need to be able to continue reducing the number of maternal deaths?

4. Jamii inaweza kufanya nini kupunguza vifo hivi? What can the community do to decrease these deaths?

5. Serikali kuu inaweza kufanya nini zaidi kupunguza vifo vya mama wajawazito na watoto wachanga? What else can the central government do to decrease the number of maternal and newborn deaths?

Hospital Administration
1. Unaonaje viongozi wa wodi ya wazazi? How do you see the leaders of the maternity ward?
   a. Wanafanya kazi gani vizuri? What do they do well?
   b. Wanashindwa kufanya nini vizuri? What do they fail to do well?

2. Viongozi wa wodi wangeweza kufanya nini kuboresha kazi yao? Kuboresha wodi? What could the ward leaders do to improve their work? To improve the ward?

3. Wodi ya wazazi ina matatizo au changamoto gani siku hizi? Mara nyingi nasikia kwenye morning report kwamba wao wameitwa au wamekosea. Kwa nini sana ni wodi hii? What kinds of problems or challenges does the maternity ward have these days? Another time, I hear in the morning report that they have been called or they have made mistakes. Why is it so often this ward?

4. Kwenye dodoso la hali ya ufanisi wa kazi, watu wengi waliniambia kwamba hawajawahi kupongezwa kwa kazi bora. Kwa nini hii ni shida/ haijawahi kufanyika? Utawala ungeweza kufanya nini kurekebisha tatizo hili? In the CWEQ survey, a lot of people told me that they have never been praised for good work. Why is this a problem/isn’t done? What can the administration do to rectify this problem?

5. Niambie kidogo kuhusu OPRAS. Unaitumia kwa ajili ya nini? Nani anajaza? Tell me a little bit about OPRAS. What do you use it for? Who fills it in?
   a. Asilimia ngapi wa wauguzi walijaza mwaka uliopita? What percentage of nurses filled it out last year?
b. Kwa nini wengine hawakujaza? Why do a lot of people not fill it out?

6. Ukisema kupandishwa cheo/daraja, maanake ni nini? If you say “kupandishwa cheo” what do you mean?

7. Nani anaamua kupandisha cheo cha mtumishi au la? Ni kawaida kupandishwa cheo kila baada ya miaka mingapi? Au baada ya kufanya nini (kurudi shuleni, n.k.)? Who decides whether or not to promote someone? It’s normal to be promoted after every how many years? Or after doing what (returning to school, etc.)?

8. Nini kinatokea mtumishi akifanya kazi vibaya au akifanya makosa? Utawala unaweza kufanya nini? What happens if a provider does bad work or makes a mistake? What can the administration do?

9. Kwa nini mara kwa mara wauguizi wanahamishwa wodi tofauti? Au kwa sababu gani? Lakini wengine wanakaa idara moja kwa muda mrefu? Why are nurses periodically transferred to a different ward? Or for what reasons? But other stay in one department for a long time?

10. Wakati wa kuongoza, unapata changamoto za aina gani? While leading, what kinds of challenges do you face?
    a. Wauguizi wanafanya nini vizuri kwa ujumla? Generally, what do the nurses do well?
    b. Wana matatizo gani? What problems do they have?
    c. Ungependa wafanye nini tofauti? Nini kifanyike? What would you like them to do differently? What should be done?
    d. Una mahusiano ya aina gani na wauguizi wa wodi? What kind of relationship do you have with the ward nurses?


12. Kuna changamoto gani upande wa utawala na uongozi? Kwa nini hizi ni changamoto? What kinds of challenges are there on the side of administration and leadership?

13. Changamoto hizi zinsababisha nini kwenye hospitali? What problems do these challenges causes within the hospital?
Health Care Provider Interview Questions- Regional Hospital (Doctors and Nurses)

Record number __________
Position (EN, RN, AMO, MO, etc.) __________

Basics
1. Umri Age
2. Jinsi Gender
3. Ukabila Ethnicity/Tribe
   Unaenda kanisani/mskitini mara ngapi kwa wiki? How many times per week do you go to church/the mosque?
   Je, wewe ni kiongozi? Are you a leader?
   Ni shughuli zipi zingine huwa unafanya kanisani au mskitini? What other things do you usually do at church/the mosque?
   Ni masaa mangapi kila wiki kwa kawaida? How many hours per week, usually?
5. Unakaa wapi (sehemu gani)? Where do you live?
6. Umeolewa/Umeoa? (Hali ya ndoa) Marital status
   Kama ndiyo, kwa miaka mingapi? If married, for how many years?
   Kama hapana, umewahi kila wiki? If no, have you ever been married?
   Talikiwa (divorced)?
   Mjane/Mgane (widow/widower)?
   Tengane (separated)?
   Una mpenzi/mchumba? Engaged?
7. Una watoto wangapi? How many children do you have?
8. Watu wangapi wanaokaa nyumbani kwako? How many people live at your house?
9. Umejenga nyumba wewe myenyewe? Au nani alijenga nyumba? Have you built your house yourself? Or who built your house?
   Umepata mikopo kulipia nyumba? Did you get a loan?
   Umeshamaliza kulipa? Have you finished paying the loan?
10. Kama hukujenga nyumba, je unapanga nyumba au chumba/vyumba? If you didn’t build your house, do you rent a house or rooms?
12. Unafanya biashara zaidi kuongeza hela kilwa mwezi? Na mume/mke wako? Do you do other businesses to increase your earnings each month? And your husband/wife?

Training
1. Una kiwango gani cha elimu? What is your level of education?
2. Ulisoma wapi? Kwa muda gani? Where did you study? For how long?
3. Can you please explain to me about your education? What did you study, who taught you, did you do practicals? Etc.

4. Why did you decide to study midwifery/nursing/medicine?

5. What year did you start working?

6. Where have you worked, together with doing your practicals?

7. Why did you decide to work here in Sumbawanga? Or you were just assigned here?

Seminars and Continuing Education

1. Now, this time of working at Mawingu Regional Hospital, have you gotten the opportunity to attend various seminars? Or to teach them?

2. If yes, which kinds of seminars, or to learn what?

3. Who chose you for those seminars?

4. Do all employees get a chance to attend?

5. Who has never gone? Why?

6. Normally, who is chosen to attend? Why?

7. What amount of money do you get if you go to a seminar? Who pays you to attend?

8. If you want to go back to study further, what are the procedures? What do you do to request the opportunity to go?

Work Environment

1. Tell me about the work environment and your ability to succeed in your work here at the hospital.
2. Kuna mapungufu ya aina gani? (Upatikanaje wa vifaa na dawa? Idadi ya watumishi?)
What kinds of deficiencies are there? Availability of equipment and drugs? Number of employees?

3. Kuna changamoto za aina gani za kazi yako ya kila siku? What kinds of challenges are there in your everyday work?

4. Utawala ungeweza kufanya nini kuboresha matatizo hayo? Kuboresha mazingira ya kazi? What could the administration do to improve those problems? To improve the work environment?

5. Mnahitaji nini zaidi kuwasaidia kuendelea kuboresha huduma? What else do you all need to help you all to continue to improve care?

6. Mazingira ya kazi yainasababisha matatizo gani upande wa ubora wa huduma? What kinds of problems can the work environment cause when it comes to the quality of care?

7. Wakati wa kufanya kazi wodi ya Wazazi au wakati wa kupasua, inawezekana kuambukizwa na magonjwa mengi sana kwa sababu ya maji maji ya mwili. Wewe binafsi, unafanya nini kujilinda? While working on the maternity ward, or while doing surgery, it’s possible to be infected by a lot of diseases because of bodily fluids. You personally, what do you do to protect yourself?

8. Umewahi kuogopa kwamba umeambukizwa? Ulifanya nini? Have you ever been afraid that you have been infected? What did you do?

9. Hospital inaweza kufanya nini kukusaidia kujilinda vizuri zaidi? What can the hospital do to help you to protect yourself better?

10. Watumishi wa idara gani za hospitali wanapata nafasi kubwa zaidi kuambukizwa? Kwa nini? Employees of which hospital department have the greatest opportunity to be infected? Why?

11. Unaonaje ubora wa mawasiliano hospitalini? How do you see the quality of communication at the hospital?

   a. Kati ya manesi na madaktari? Between nurses and doctors?
   b. Kati ya wodi ya wazazi na wodi nyingine? Between the maternity ward and other wards?
   c. Kati ya watumishi wa wodi na utawala? Between ward staff and the administration?
   d. Kati ya watumishi na wagonjwa? Between employees and patients?

12. Wewe binafsi, unahisi kwamba umefanikiwa kufanya kazi yako vizuri na kufanikisha malengo ya udaktari? You personally, do you feel as though you...
have succeeded in doing your work well and accomplishing the goals of
nursing/medicine? Why yes or no?

13. Nini ingekuwa motisha nzuri kukusaidia kuendelea kufanya kazi kwa bidii? Unahitaji
nini kuendelea kuwa motivated? What would be good motivation to help you continue to
work hard? What do you need to continue to be motivated?

14. Mara ya mwisho kupandishwa cheo ilikuwa lini? When was the last time you got a
promotion?

14. Unahitaji kutumia ubunifu wako nini wodini? Kwa nini? When do you need to
use your creativity while working on the maternity ward?

15. Mara ya mwisho kuhisi kamba hukuweza kutatua shida au ulishindwa kumsaidia
mgonjwa ilikuwa lini? When was the last time that you felt like you were unable to solve
a problem or you were unable to help a patient?

16. Umewahi kufanya kazi wodini lakini ulihisi kwamba hajasoma
kama wewe au kwa mtu mwenye umri mdogo zaaidi? Kwa mfano? Ulihisije? Have you
ever done work on the ward that you felt like was someone else’s work, like someone who
hasn’t studied as much or is younger? For example? How did you feel?

Maternal and neonatal mortality

17. Unaonaje idadi ya vifo vya mama wajawazito? How do you see the number of maternal
deaths?
    a. Na watato wachanga? And neonates?

18. Unajisikiaje ukiona mama amefariki wodini? (Mara kwa mara nahisi kwamba wauguzi
wengine hawajali au hawaumwi wakiona mama amefariki. Kwa nini? Au hawaonyeshi
wanahisije?) How do you feel if you see that a mother has died on the ward? Why might it
appear that nurses aren’t sad when a woman dies?

19. Wewe binafsi unafanya nini kutovunjika moyo/kutokata tama ukigundua mama
mwingine amefariki? You personally, what do you do in order to not become discouraged
if you discover another mother has died?

20. Kwa nini unafikiri bado mama wajawazito wanaendelea kufariki hospitalini? Why do you
think pregnant mothers continue to die at the hospital?

does the hospital need in order to continue to decrease the number of maternal deaths?
Deaths of babies?

22. Jamii inaweza kufanya nini kupunguza vifo hivi? What can the community do to decrease
these deaths?
23. Serikali ya mkoa inaweza kufanya nini kupunguza vifo? *What can the regional government do to decrease these deaths?*

24. Serikali kuu inaweza kufanya nini zaidi kupunguza vifo vya mama wajawazito na watoto wachanga? *What else can the central government do to decrease the deaths of pregnant mothers and newborns?*

**Hospital Administration**

1. Unaonaje viongozi wa wodi ya wazazi? *How do you see the ward leaders?*
   a. Wanafanya kazi gani vizuri? *What do they do well?*
   b. Wanashindwa kufanya nini vizuri? *What do they fail to do well?*

2. Viongozi wa wodi wangingeza kufanya nini kuboresha kazi wao? *Kuboresha wodi? What could the ward leaders do to improve their work? To improve the ward?*

3. Kwenye dodoso la hali ya ufanisi wa kazi, watu wengi waliniambia kwamba hawajawahi kupongeza kwa kazi bora. Kwa nini hii ni shida/ haijawahi kufanyika? Utawala ungependa kupata taarifa zaidi kuhusu nini kamili? *In the CWEQ survey, a lot of people told me that they have never been congratulated for good work. Why is this a problem/has never been done? What could the administration do to rectify this problem?*

4. Ukipenda kupandishwa cheo, maanake ni nini? *If you say “kupandishwa cheo” what do you mean?*

5. Nani anaamua kupandishwa cheo cha mtumishi au la? Ni kawaida kupandishwa cheo kila baada ya miaka mingapi? *Who decides to promote an employee or not? It is common to be promoted after every how many years? Or after doing what (to return to school, etc.)?*


7. Kwenye dodoso la hali ya ufanisi wa kazi, watu wengi waliniambia hawapati taarifa ya kutosha kuhusu malengo ya hospitali. *In the CWEQ survey, a lot of people told me they don’t get enough information about the goals of the hospital.*
   a. Ungependa kupata taarifa zaidi kuhusu nini kamili? *What other information would you like to get? Why?*

8. Niambie kuhusu uongozi wa Patron. *Tell me about Patron’s leadership.*
   a. Anafanya nini vizuri? *What does he do well?*
   b. Ana matatizo gani? *What problems does he have?*
   c. Ungependa afanye nini tofauti? *What would you like him to do differently?*

9. Niambie kuhusu Medical officer in charge. *Tell me about the Medical Officer in Charge.*
a. Anafanya nini vizuri? *What does he do well?*
b. Ana matatizo gani? *What problems does he have?*
c. Ungependa afanye nini tofauti? *What would you like him to do differently?*

10. Nielekeze zaidi kuhusu utawala wa wauguzi. Kuna matatizo gani? Wewe ungependa nini kifanyike? *Explain to me more about the nursing administration. What kinds of problems are there? What would you like to be done?*


12. Kuna matatizo gani upande wa utawala na uongozi? Kwa nini haya ni matatizo? *What kinds of problems are there on the part of the administration and leadership? Why are these problems?*

13. Matatizo hayo yanasababisha nini kwenye hospitali? *What kinds of problems cause to happen within the hospital?*

14. Niambie kuhusu kiongozi mzuri. Hata kama hayupo hapa, angekuwa mtu wa aina gani? Au, kumbuka mtu ambaye umewahi kufanya kazi naye na alikuwa kiongozi mzuri; niambie alikuwaje. *Tell me about a good leader. Even if they are not here, they would be what type of person? Or, remember a person that you have ever worked with who was a good leader; tell me what they were like.*

**Treatment of Patients**

1. Mara kwa mara, tunaambiwa kwamba wa wazi wa wazazi wanatumia matusi. Unajisikiaje mtu akisema hivyo? Ni kweli? *From time to time we are told that the nurses on the maternity ward use bad language. How do you feel if someone says that?*

2. Nadhani tayari unajua, lakini hospitali za Marekani ni tofauti kuliko hospitali za hapa Tanzania. Kabla ya kuja hapa, sikuwahi kukaa kwa muda mrefu kwenye hospitali ya Marekani. Naomba uniaambie kuhusu utendaji wa wagonjwa huku Tanzania. *I think you already know, but hospitals in the United States are different than those here in Tanzania. Before coming here, I had never stayed for a long time at a hospital in the U.S. Please tell me about the treatment of patients here in Tanzania.*

3. Wakimfokea mgonjwa, wanamfokea kwa sababu gani au kufanikisha nini? *If they yell at a patient, why are they yelling and in order to accomplish what?*

4. Wakimpiga mgonjwa, wanampiga kwa sababu gani? Kumsaidia kufanya nini? *If they hit a patient, why are they hitting her? To help her do what?*
Appendix B: Focus Group Discussion Questions

Questions for Focus Group Discussion- Women

General:
Tuzungumze kidogo kuhusu maisha ya kijiji hiki kwa ujumla. Watu wanaendeshaje maisha yao?
Let’s talk a bit about life in this village generally. What do people do for a living?

Vipi kuhusu upatikanaje wa huduma mbalimbali za kijamii katika kijiji chenu?
What are the available community services in your village?

Ni ahadi gani ambazo serikali imewahi kuahidi kuzifanya katika kijiji chenu? Zipi zimekwishatimizwa na zipi bado?
What promises has the government ever promised to do in your village? Which have been accomplished which not yet?

Kuna mradi wowote wa kimaendeleo unaoendeshwa katika kijiji chenu na ninyi wenyewe/shirika fulani ama serikali?
Are there any development groups that are working in your village and are they from you all yourselves, an organization, or the government?

Kuna changamoto za aina gani hapa kwenye jamii?
What kind of challenges are there in this community?

Seraiki ingeweza kufanya nini kuwasaidia hapo?
What could the government do to help you all here?

Relations between men and women:

Sasa naomba tuzungumze kuhusu mahusiano kati ya wanawake na wanaume.
Now, I ask that we talk about relationships between men and women.

Wanaume wana majukumu gani kwenye jamii? Ndani ya familia?
What responsibilities do men have in the community? In the family?

Wanawake wana majukumu gani? Kwenye familia? Kwenye jamii?
What responsibilities do women have? In the family? In the community?

Nafasi ya mwanamke ama nafasi ya mwanaume ni ipi kuhusiana na fursa za kupata elimu?
What kind of opportunities do women and men have regarding the opportunity to get an education?

Katika maisha yenu ya kila siku, ni nani au akina nani ambao huwa unawatumia kupata msaada katika kutatua matatizo na changamoto mbalimbali unazokutana nazo?
In your everyday life, who do you go to for help in resolving problems and or various challenges you encounter?
Healthcare:
Sasa, naomba tuzungumze kuhusu huduma za afya.
Now, I ask that we talk about healthcare services.

Hospitali/vituo vya afya/zahanati zipo kwa ajili ya kuhaakisisha kwamba wananchi wanapata huduma bora za afya na kwa wakati. Je, huduma za afya zinazotolewa katika zahanati yenu ni bora?
Hospital/health centers/dispensaries are here for the purpose of ensuring that citizens get quality and timely healthcare. Are the healthcare services at your dispensary high quality?

Je, kuna mapungufu yoyote? Mapungufu ni yapi?
Is there anything lacking? What?

Nini kifanyike?
What should be done?

Tuzungumzie kidogo kuhusu maswala ya afya ya uzazi.
Let’s talk a bit about the question of reproductive health.

Unafahamu nini kuhusu uzazi salama?
What do you know about “uzazi salama” (safe birth/reproduction)?

Unadhani elimu juu ya afya ya uzazi ni muhimu? Elezea umuhimu huo. (Ni upi?)
Do you think education about reproduction is important? Explain its importance.

Unapata elimu hiyo ya uzazi salama kutoka wapi/nani? Unaweza kumwuliza nani au akina nani kwa ushauri zaidi?
Where do you get education about safe pregnancy/reproduction? Who can you ask for more advice?

Wewe kama mwanamke unadhani una wajibu gani katika kuhakikisha afya yako iko salama (kwa mfano kipindi unapokuwa mjanzito n.k.)?
You, as a woman, think you have what responsibility to ensure your health is safe (for example, when you are pregnant)?

Nini ulikuwa unafanya kipindi ulipokuwa mjanzito?
What were you doing during the period when you were pregnant?

Katika kipindi au vipindi ambavyo ulikuwa mjanzito je, ulikuwa unahudhuria klinik? Kwa nini?
During the time or times that you were pregnant, were you attending the clinic? Why?

Je, unazionaje huduma za kliniki katika zahanati hapa kijijini kwenu? (Kwa mfano, elimu inaotolewa inajitosheleza kukuandaay vyema kwa ajili ya kujifungua salama? Unapata nafasi ya kuuliza maswali?)
How do you see the services at the clinic in the dispensary here in your village? (For example, is the education that is given enough to prepare you well in order to safely give birth? Do you get the opportunity to ask questions?)

Je, unafanya nini ukiona huduma za zahanati hazitoshi? Unaenda wapi kupata huduma zaidi? What do you do if you see that the services at the dispensary aren’t sufficient? Where do you go for more care?

Je, kuna changamoto zozote ambazo umewahi kukutana nazo au zimewahi kukuhamisha kuzifikia huduma za afya? Kwa mfano, kwenda kliniki kama ulivyopangiwa? Are there any challenges that have every prevented you from reaching healthcare services? For example, to go to the clinic as was planned?

Katika kijiji chenu wanawake wanajifungulia wapi? (Wewe mara ya mwisho ulijifungulia wapi? Kwa nini?) In your village, where do women give birth? (Where did you give birth the last time? Why?)

Wewe kama mwanamke, unadhani ni vitu gani ambavyo vikitokea kipindi cha ujauzito si vya kawaida (ni dharura au matatizo)? Huwa unaafanya nini inapotokea? You, as a woman, what things can take place during pregnancy that aren’t normal (that are an emergency or problem)? Usually what do you do if it happens?

Ukiona umeanza kupata dharura au matatizo kabla, wakati, au baada ya kujifungua huwa unafanya nini? If you see that you have started to get an emergency or problem before, during, or after giving birth, what do you usually do?

Nini kinaweza kumsababisha mama mjamzito kufariki wakati wa ujauzito? What can cause a pregnant mother to die during pregnancy?
Questions for Focus Group Discussion- Men

General:
Tuzungumze kidogo kuhusu maisha ya kijiji hiki kwa ujumla. Watu wanaendeshaje maisha yao?
Let’s talk a bit about life in this village generally. What do people do for a living?

Vipi kuhusu upatikanaje wa huduma mbalimbali za kijamii katika kijiji chenu?
What are the available community services in your village?

Ni ahadi gani ambazo serikali imewahi kuahidi kuzifanya katika kijiji chenu? Zipi zimekwishatimizwa na zipi bado?
What promises has the government ever promised to do in your village? Which have been accomplished which not yet?

Kuna mradi wowote wa kimaendeleo unaoendeshwa ka tika kijiji chenu na ninyi wenyewe/shirika fulani ama serikali?
Are there any development groups that are working in your village and are they from you all yourselves, an organization, or the government?

Kuna changamoto za aina gani hapa kwenye jamii?
What kind of challenges are there in this community?

Serikali ingeweza kufanya nini kuwasaidia hapa?
What could the government do to help you all here?

Relations between men and women:
Sasa naomba tuzungumze kuhusu mahusiano kati ya wanawake na wanaume.
Now, I ask that we talk about relationships between men and women.

Wanaume wana majukumu gani kwenye jamii? Ndani ya familia?
What responsibilities do men have in the community? In the family?

Wanawake wana majukumu gani? Kwenye familia? Kwenye jamii?
What responsibilities do women have? In the family? In the community?

Nafasi ya mwanamke ama nafasi ya mwanaume ni ipi kuhusiana na fursa za kupata elimu?
What kind of opportunities do women and men have regarding the opportunity to get an education?

Katika maisha yenu ya kila siku, ni nani au akina nani ambao huwa unawatumia kupata msaada katika kutatua matatizo na changamoto mbalimbali unazokutana nazo?
In your everyday life, who do you go to for help in resolving problems and or various challenges you encounter?

Healthcare:
Sasa, naomba tuzungumze kuhusu huduma za afya.
Now, I ask that we talk about healthcare services.
Hospital/vituo vya afya/zahanati zipo kwa ajili ya kuhakikisha kwamba wananchi wanapata huduma bora za afya na kwa wakati. Je, huduma za afya zinazotolewa katika zahanati yenu ni bora?

Hospital/health centers/disispensaries are here for the purpose of ensuring that citizens get quality and timely healthcare. Are the healthcare services at your dispensary high quality?

Je, kuna mapungufu yoyote? Mapungufu ni yapi?

_Is there anything lacking? What?_

Nini kifanyike?

_What should be done?_

Tuzungumzie kidogo kuhusu maswala ya afya ya uzazi.

_Let’s talk a bit about the question of reproductive health._

Unafahamu nini kuhusu uzazi salama?

_What do you know about “uzazi salama” (safe birth/reproduction)?_

Unadhani elimu juu ya afya ya uzazi ni muhimu? Elezea umuhimu huo. (Ni upi?)

_Do you think education about reproduction is important? Explain its importance._

Unapata elimu hiyo ya uzazi salama kutoka wapi/nani? Unaweza kumwuliza nani au akina nani kwa ushauri zaidi?

_Where do you get education about safe pregnancy/reproduction? Who can you ask for more advice?_

Wewe kama mume unadhani una wajibu gani katika kuhakikisha afya ya mwenzio (ya mke) iko salama (kwa mfano kipindi anapokuwa mjamzito n.k.)?

_As a husband, what kind of responsibility (accountability) do you have to make sure that your wife/partner’s health is safe (for example when she is pregnant)?_

Katika kipindi au vipindi ambavyo mke wako alikuwa mjamzito je, alikuwa anahudhuria klinik?

_When your wife has been pregnant, was she going to the clinic?_

Nini ulikuwa unafanya kipindi mke wako alipokuwa mjamzito?

_What were you doing when your wife was pregnant?_

(Nini ulikuwa unafanya ili kuhakikisha unapata taarifa kuhusiana na maendeleo ya ujauzito wa mke wako na afya yake kwa ujumla?)

_What were you doing to ensure that you got information about the development of your wife’s pregnancy and her health generally?_

Katika kijiji chenu wanawake wanajifungulia wapi?

_In your village, where do women give birth?_
Ukiona mke wako amepata dharura au ameanza kupata matatizo kabla, wakati, au baada ya kujifungua huwa unafanya nini?

If you see that your wife has developed an emergency or she has started to get problems before, during, or after giving birth, what do you do?
Interview questions for Village Leaders

No. ________________________________

Kijiji, Kata, Wilaya

Village, Ward, District

General background questions:
1. Wewe ni kiongozi wa aina gani kijijini? What kind of leader are you in the village?

2. Unaonaje hali ya kijiji chako? Kwa mfano, kuna changamoto gani hapa, za aina yoyote? Au mmekuwa na mafanikio gani tangu ulipoanza? How do you see the state of your village? For example, are there challenges here, what kind? Or what successes have you all had since you started?

3. Ukiwa ungeweza kuwaambia watu wa serekali kitu kimoja kitu kuhusu maeneo haya, ungesemaje? Kwa nini? If you were able to tell people from the government one thing about this place, what would you say? Why?

General description of life in the village:
1. Watu wangapi wanaishi hapa? How many people live here?


4. Watu wanaenda wapi kuuza mahindi n.k.? Kununua matumizi/mahitaji? Where do people go to see maize, etc.? Do buy supplies?

5. Majukumu ya wanawake ni yapi? Majukumu ya wanaume ni yapi? What are the responsibilities of women? Of men?


Healthcare:
1. Magonjwa gani ni kawaida zaidi hapa kwa watu wote? What kinds of illnesses are common here for everyone?
2. Unaonaje huduma za afya za huku kwa ujumla? How do you see the healthcare services here generally?

3. Watu wanapataje dawa? How do people usually get medication?

4. Kijiji kinachangiaje hela kwa ajili ya huduma za afya? Kuna kamati ya afya hapa? Does the community contribute money for healthcare services? Is there are health committee here?

5. Kamati ya afya ina majukumu gani? Inafanya nini? What responsibilities does the health committee have? What does it do?


7. Wanaume wanafanya nini kuwasaidia wanawake wakati wa ujauzito na kujifungua? What do men do to help women during pregnancy or giving birth?

8. Nielekezee kuhusu huduma za afya za hapa kwa hapa kwa mama wajawazito. Explain to me about the healthcare services here for pregnant women.

9. Wanawake wana elimu gani kuhusu ujauzito? Na wanaume? Watu wanapata elimu hii kutoka wapi? What kind of information do women have about pregnancy? Do men have? Where do people get this kind of information?


11. Mama wajawazito wanapata matatizo mara ngapi kwa mwezi/mwaka? Pregnant mothers get problems about how many times per month or year?

12. Umewahi kuwa na mama mjuzito ambaye alifariki hapa kijijini? Kama ndiyo, mara ngapi kwa mwaka? Mara ya mwisho ilikuwa lini? Inawezeza kuongea na familia yake? Nini kilitokea? Have you ever had a pregnant mother who died here in the village? If yes, how many times per year? When was the last time? Is it possible to talk to her family? What happened?
Traditional/Local Midwife Survey
Translated from the French (modified from Carolyn Sargent’s original version)
Swahili translation added 11/8/14
Note: I did not ask all of these specific questions in this way, it was meant as an individual survey. I did ask most of the questions included but in an open-ended way, usually with more than one respondent at time.

1. Name__________________________  
   Jina__________________________
2. Card number (N/A)
3. Place of residence  
   Sehemu anapakaa/kijiji n.k.
4. Status of respondent (Midwife)
5. Education: None_____ 0-3_____ 3-6_____  
   Elimu: Hajasoma________ Darasa la 1-4_______ Darasa la 5-7 _______ Sec_______
6. Read: yes_______ no_______  
   Anaweza kusoma: Ndiyo_________ Hapana______
7. Write: yes_______ no_______  
   Anaweza kuandika: Ndiyo_________ Hapana______
8. Marital status: Single_______ Married______ Widowed______ Divorced______  
   Hali ya ndoa: Hajaolewa_______ Ameolewa_______ Mjane_______ Talikiwa/tengane______
9. Is your mother a midwife?  Yes_______ No_______  
   Mamako mzazi ni mkunga pia? Ndiyo_________ Hapana______
10. You were taught how to deliver babies: by whom?_______ where?_________  
    how?_____________  
    Ulifundishwa kuzalisha: Na nani?________________ Wapi?______________  
    Vipi/Ulifundishaje?________
11. How did you learn about the medicines?__________________________  
    Ulijifunzaje kuhusu kutibu wajawazito/matibabu?__________________________
12. Are there other midwives in your family?  Yes_______ No_______  
    Kuna wakunga wa jadi wengine ndani ya familia yako? Ndiyo_______ Hapana______
13. Relationship (to the respondent): Mother_____ Grandmother____ Other_______  
    Nani?: Mama mzazi________________ Bibi______________ Mwingine__________
14. Midwife’s number of pregnancies_________________  
    Umekuwa na mimba ngapi wewe mwenyewe?/Idadi ya ujauzito__________________
15. Living children__________________________  
    Idadi ya watoto amabao wapo hai__________________
16. How old were you when you delivered your first client?_______________  
    Ulikuwa na miaka mingapi ulipomzalisha mteja/mama wako wa kwanza?_______________
17. Payment: Money_____ In kind (exchange)______ Both_____ None______  
    Malipo: Hela__________ Vitu vingine (sabuni/chakula/n.k.)________ Vyote__________  
    Halipwi__________________
18. When are you paid? Before the birth_______ After_______ N/A_______  
    Unalipwa lini? Kabla ya uzaliwa_______ Baada ya_______ N/A_______
19. Is the payment the same for a boy baby and a girl baby?  Yes_______ No_______ N/A_______
Malipo yanalingana akiwa mtoto wa kiume na wakike? Ndiyo____ Hapana______
N/A______
20. Is the payment the same for a primipara as for a multipara? Yes____ No____ N/A____
Malipo yanalingana kwa mama mwenye mimba ya kwanza na mama mwenye mimba ya
pili na kuendelea? Ndiyo____ Hapana______ N/A______
21. Other sources of income: Commerce____ Other activities___________ N/A____
Unafanya shughuli zingine kupata hela?: Biashara____ Mambo mengine_______
N/A________
22. Number of deliveries per month? Recounted____
Idadi ya uzalishi kila mwezi? Kwa kumbuko________
23. Do you give women advice concerning:
   a. Their periods (blood lost every month)____
   b. Sterility (women or men whom haven’t had their own children)____
   c. Pregnancy problems____
   d. Infant health____
   e. Female nutrition____
   f. Female circumcision____
   g. Other____
   h. Don’t give advice____
34. Could you ask another midwife to come help you at a birth? Yes____ No____
Ungeweza kumwuliza mkunga wa jadi mwingine wakati wa kuzalisha? Ndiyo_____ Hapana______
35. Who? ______________
Nani?____________
36. If the answer is yes, for what reasons (would you call her):____________________
   Kama umejibu ndiyo, ungemwita kwa sababu gani?
37. From time to time do you decide to transfer a woman to the hospital? Yes____ No____
   Je, mara kwa mara umaamua kumwambia/kumpeleka mama zahanati/kituo cha afya?
   Ndiyo________ Hapana________
38. If the answer to 37 is yes, in what cases? Prolonged labor_______; Hemorrhage_______;
   Cord prolapse______; Malpresentation_____; Premature rupture of
   membranes______; Edema______; Eclampsia/eclamptic seizure______________;
   Malaria_______
   Kama amejibu 37 ndiyo, kwa nini/akiwa na matatizo gani? Ameeka muda mrefu bila
   kujifungua_________; Kutoka na damu nyingi kabla au baada ya kujifungua_____;
   Kitovu cha mtoto kimetangulia_________; Mtoto amelala vibaya_________; Chupa kimepasuka

474
mapema____________; Amevimba kwa mwili (miguu, uso, n.k.)_____________; Kifafa cha mimba_________; Malaria____________; Sababu nyingine_________

39. Do the midwives get together on certain occasions? Yes_____ No_____
Wakunga wa jadi wote wanakutana mara kwa mara? Ndiyo_______ Hapana_____
40. If the answer to 39 is yes, when?_____________________________
Akiwa amejibu ndiyo 39, lini/kwa sababu gani?_________________
41. How does one become a midwife? Criteria for choice:
   a. From mother to daughter________
   b. Divine call______________________
   c. From grandmother to (grand)daughter_________________
   d. Personal preference/desire______________
   e. Ability__________________________
Unafanya nini kuwa mkunga wa jadi?
   a. Mama kwa binti_______________
   b._____________________
   c. Bibi kwa mjukuu_______________
   d. Anachagua mwenyewe_______________
   e. Uwezo________________________

42. In the case of difficulty, does the family of the woman make the call to another midwife? Yes______ No_____
Matatizo yakitokea, familia inamwita mkunga mwingine? Ndiyo_______ Hapana_____
43. Are there special ceremonies for pregnant women? Yes______ No______ If yes, describe.
Kuna maadhimisho/sherehe kwa wanawake wajawazito? Ndiyo_____ Hapana_____ 
Ukiwa umejibu ndiyo, nielekeze.
44. Is the midwife invited? Yes______ No_______
Mkunga anahudhuria? Ndiyo________ Hapana________
45. Do you look to see (know) if the baby is positioned normally? Yes_____ No______
Unaangalia mtoto akiwa amelala vizuri tumboni? Ndiyo_______ Hapana________
46. If number 45 is yes, how?: palpation__________ divination________ internal exam_______
shape of the abdomen________ consultation________ other_________________
Kwa kupapasa________ Kwa maono_____________ Uchunguzi wa ndani_________
Mwonekano wa tumbo________ Kwa mahojiano________ Mengineo________
49. If a woman exceeds nine months, do you have a medicine to start labor? Yes_____ No_____
Mama akiwa na mimba kwa zaidi ya miezi tisa, una dawa kuanzisha uchungu?
Ndiyo_______ Hapana_______
50. How many times should the sun set on a woman in labor?
Mama anaweza kukaa siku ngapi/masaa mangapi na uchungu kabla ya kujifungua?
51. Can you tell if the baby has died inside the mother? Yes______ No________
Unaweza kujua mtoto akiwa ameshafariki tumboni? Ndiyo_______ Hapana________
52. If #51 is yes, how?____________________
Kama 51 ni ndiyo, unajuje?____________________
53. If #51 is yes, what do you do?____________________
Moto akiwa ameshafariki tumboni, unafanya nini?
54. When a woman wants to push, do you rupture the membranes? Yes_____ No______
Mama akitaka kusukuma, unapasua chupa? Ndiyo_______ Hapana_______
55. If the woman is tired and she can’t push, what do you do?____________________
476

56. Can you accelerate a birth/labor? Yes________ No________

57. Which problems have you ever encountered during labor? Dechirures________ Arrest of labor progress________ Hypertonia/ violent pain________ Hemorrhage________ Absence of fetal descent________

58. Which problems have you encountered after delivery? Breast abscess______ Tetanus______ Fever________ Other________

Added Questions for this Study: When was the last time you encountered a problem? Explain what happened. Mara ya mwisho ulipokutana na shida ilikuwa lini? Nielekezee nini kilitokea. How did you recognize that the mother had gotten a problem? Then what did you do? Why? Ulitambuaje kwamba mama alikuwa amepata shida? Halafu ukafanya nini? Kwa nini?

59. Who helps at birth? Nani anasaidia wakati wa kujifungua?

60. Who helps during labor? Nani anasaidia wakati wa uchungu kabla ya kujifungua?

61. Can a man help during the birth? Yes________ No________

62. If #61 is yes, who? Kama ndiyo, nani?

63. Can a man help you in the course of a birth? Yes________ No________ Mwanaume anaweza kukusaidia wakati wa kujifungua/kumzalisha mama?

64. If #63 is yes, how? Kama 63 ni ndiyo, vipi/anafanya nini?

65. Where does the women give birth? Her house_______ Your house______ Other _____ A particular room_______

66. After the birth, how long do you stay with the woman? To wash the baby_______ Other_______

67. How does the placenta come out? By itself_______ By abdominal pressure_______ Pulled by the cord________ With the hand________ Other _______

68. How long do you wait if the placenta doesn’t come out?
Unasubiri kwa muda gani kama kondo la nyuma halitoki?

69. What do you do to make the placenta come out? Abdominal pressure _______ Pull by the cord _______ Search for it with your hand _______ Drive the woman to health care center _______
Unafanya nini kusabibisha kondo la nyuma litoke? Sukuma tumboni _______ Vuta kwa kitovu _______ Ingiza mkono ndani kulitafuta _______ Mpeleka mama kwenye zahanati _______

70. What do you do with the placenta? The family of the husband buries it _______
Other _______
Unafanya nini na kondo la nyuma?

71. Why?
Kwa nini?

72. What do you do to the baby at the moment of birth?
Unafanya nini na mtoto moja kwa moja baada ya kuzaliwa?

73. Who cuts the cord?
Nani anakata kitovu?

74. With what does one cut the cord?
Ni kawaida kutumia nini kukata kitovu?

75. How does one cut the cord? Close to the body _______ Far from the body _______
Unakataje kitovu? Karibu na tumbo la mtoto _______ Mbali _______

76. What do you do if the baby doesn’t cry?
Unafanya nini na kondo la nyuma? _______

77. When does the mother start to breastfeed the infant? Right away _______ The next day _______
Mama anaanza kumnyonyesha mtoto lini? Moja kwa moja _______ Kesho yake _______
Siku ile ya kwanza _______

82. When does the mother start to breastfeed the infant? Right away _______ The next day _______
Mama anaanza kumnyonyesha mtoto lini? Moja kwa moja _______ Kesho yake _______
Siku ile ya kwanza _______

83. Have you ever had a case in which the woman had “glass” in her breastmilk? Yes _______ No _______

86. Has it happened that after birth a woman becomes agitated and hides herself in the brush, etc.? Yes _______ No _______ Describe _______
Imewahi kutokea kwamba baada ya kujifungua mama amepotea akili na amejificha semehu (labda porini)? Ndiyo _______ Hapana _______ Nielekeze _______

87. Have you ever seen a woman die during birth? Yes _______ No _______

90. Why does she die? God _______ Evilness/bad actions of the woman _______ Evilness/bad will of another _______
Kwa nini anafariki? Mungu _______ Ubaya wa mama mwenyewe _______
Ubaya wa mtu mwinge _______
91. Is there a special ceremony for a woman who dies during childbirth? Yes______ No______
Describe.

92. Kuna sherehe/maadhimisho kwa mwanamke ambaye amefariki wakati wa kujifungua?
Ndiyo______ Hapana________ Nielekeze

93. Conception

97. Is it necessary to consult the midwife to know if you are pregnant? Yes______ No______
Ni lazima kumwona mkunga wa jadi kugundua mimba ikiwa imeingia? Ndiyo______
Hapana________

98. Can the midwife determine if a woman is pregnant? Yes______ No________
Mkunga wa jadi anaweza kujua mwanamke akiwa mjambizo? Ndiyo______
Hapana________

99. If yes, how?
Kama ndiyo, mkunga anajuaje?

101. Should the woman abstain from certain foods or drinks during pregnancy? Yes______
No______
Je, kuna chakula ambacho mama mjambizo haruhusiwi kula au kunywa? Ndiyo______
Hapana________

102. If yes, which?
Chakula kipi?

103. Can a pregnant woman have sexual relations? Yes______ No______
During certain times______
Mjambizo anaruhusiwa kufanya mapenzi? Ndiyo______ Hapana________

104. If yes, until what time in the pregnancy? 1-4 months______ 4-6 months______ 6-9 months______
Kama ndiyo, mpaka mimba ina miezi mingapi? 1-4______ 4-6______ 6-9______

What are the common health problems for pregnant women?
Matatizo gani ni kawaida kwa wajawazito? (Wakati wa ujuzito, kujifungua)

Name of the illness Jina la ugonjwa Treatment Matibabu

Additional Questions for my work:
1. Generally, these days, do women continue to use your services or where do they go? Is it
different now than in the past? Why? What has changed? Kwa kawaida siku hizi, wanawake
wanaendelea kutumia huduma zako au wanaenda wapi? Is it
different now than in the past? Why? What has changed?

2. What challenges do you see with your work these days? Unaona changamoto gani na kazi
yako siku hizi?

3. Does every woman/family pay you? Without clients, where do you get money? Kila
mama/familia anakulipaje? Bila wateja, unapataje hela kutoka wapi?

4. How do you see the government regulations about not using TBAs? What can the government
do to help you? Unaonaje sera za serekali kuhusu kutotumia wakunga wa jadi? Serekali inafanya
nini kikusaidia?
Appendix C: Conditions for Work Effectiveness Questionnaire (CWEQ)

Dodoso la Hali ya Ufanisi wa Kazi

**Je una fursa za namna gani katika kazi yako ya sasa?**
1= Sina/ hakuna  2. 3. = kiasi  4.  5. = Nyingi/mwingi

1. Kazi ina changamoto
2. Uwezekano wa kupata ujuzi mmpya na maarifa na marifa kazini
3. Uwezo wa kupata programu za mafunzo ili kujifunza mambo mapya
4. Nafasi ya kujifunza jinsi hospitali inavyofanya kazi
5. Shughuli zinazotumia ujuzi na marifa ya kazi binafsi
6. Nafasi ya kupata kazi nzuri zaidi
7. Nafasi ya kukaimu majukumu mbali mbali yasiyohusika na kazi ya sasa

**Je una uwezo wa kupata habari kiasi gani katika kazi yako ya sasa?**
1= Hamna / sipati  2  3 Napata habari kiasi  4= Napata habari nyingi

1. Habari zinazohusu hali ya sasa ya hospitali
2. Habari kuhusu uhusiano wa kazi ya kitengo chako na hospitali
3. Habari za jinsi wafanyakazi wengine kama wewe wanavyofanya kazi
4. Habari kuhusu maadili ya uongozi wa juu wa hospitali
5. Habari za malengo ya uongozi wa juu wa hospitali
6. Habari za mpango kazi wa mwaka huua wa kitengo chako
7. Habari za jinsi maamuzi ya mishahara ya watumishi kama wewe yanavyofanya kazi
8. Habari za jinsi idara nyingine zinazofikiria kuwa uongozi wa kitengo chako

**Je unapata msaada kiasi gani katika kitengo chako?**
1= Sipati  2  3  4= Napata kiasi  5= Napata msaada sana

1. Msaada maalumu kuhusu vitu unavyofanya vizuri
2. Maoni maalumu kuhusu vitu unavyohitaji uboreshe
3. Dondoo muhimu au ushauri wa jinsi ya kutatua matatizo
4. Taarifa au mapendelezo juu ya upatikanaji wa kazi nyingine
5. Majadiliano kuhusu mafunzo au kujiendelea kielimu
6. Msaada kunapokuwa na mgogoro wa kazi
7. Msaada wa kukutanishwa na watu ambao wataweza kufanikisha kazi
8. Msaada wa kupata vifaa vinavyohitajika kufanikisha kazi
1 2 3 4 5
9. Napata tuzo na kutambulika pale unapofanya kazi nzuri
1 2 3 4 5

Je una uwezo kiasi gani wa kupata rasilimali katika kazi yako ya sasa?
1= Sina uwezo 2 3= Nina uwezo kiasi 4 5= Nina Uwezo mkubwa
1. Uwezo wa kupewa vifaa muhimu vya kazi
1 2 3 4 5
2. Uwezo wa kupata nafasi ya kuandaa ripoti
1 2 3 4 5
3. Uwezo wa kupata mda wa kukamilisha mahitaji ya kazi
1 2 3 4 5
4. Uwezo wa kupata msaada haraka mda mfupi pale unapohitaji
1 2 3 4 5
5. Uwezo wa kushawishi maamuzi kuhusu kuajiri wafanyakazi wa kitengo chako
1 2 3 4 5
6. Uwezo wa kushawishi katika maamuzi juu ya kupata mahitaji muhimu ya kitengo chako
1 2 3 4 5
7. Uwezo wa kushawishi maamuzi juu ya kupata vifaa kwa ajili ya kitengo chako
1 2 3 4 5

Katika mahali pangu pa kazi/mazingira yangu ya kazi
1= Hakuna 2 3= Kiasi 4 5= Mengi/ Nyingi
1. Majukumu mengi yanayoendana na kazi yangu ni
1 2 3 4 5
2. Tuzo kwa ajili ya utendaji mzuri wa kazi ni
1 2 3 4 5
3. Tuzo kwa ajili ya uvumbuzi katika kazi ni
1 2 3 4 5
4. Kiasi cha kuwa na mabadiliko ni
1 2 3 4 5
5. Kiasi cha vibali vinavyohitajika kwa ajili ya maamuzi yasiyo ya kila mara ni
1 2 3 4 5
6. Uhusiano wa kazi yangu na maeneo ya matatizo ya sasa ya hospitali ni
1 2 3 4 5
7. Kiasi changu cha ushiriki katika programu za semina/mafunzo ni
1 2 3 4 5
8. Kiasi changa cha ushiriki katika kutatua matatizo ya nguvu kazi ni
1 2 3 4 5
9. Kiasi cha umuhimu wa shughuli zinazohusiana na kazi yangu katika hospitali ni
1 2 3 4 5

Una fursa kiasi gani kwa shughuli zifuatazo katika kazi yako ya sasa?
1= Sina 2 3= Nina Kiasi 4 5= Nina fursa nyingi
1. Kushirikiana na madaktari katika kumhudumia mgonjwa
1 2 3 4 5
2. Kupokea maoni muhimu kutoka kwa madaktari

3. Kushirikishwa na madaktari wanapokuwa wanachukua maelezo ya mgonjwa

4. Kutambuliwa na madaktari kwa ajili ya kazi nzuri

5. Madaktari kuhitaji maoni yako

6. Msimamizi wako mkuu kukuomba ushauri kuhusu mambo mbali mbali ya kuiongoza wodi

7. Msimamizi wako wa karibu kuhitaji maoni yako

8. Kupokea habari kutoka kwa msimamizi wako wa karibu kuhusu mabadiiko yanayotegemewa kufanywa karibuni katika kitengo chako

9. Nafasi ya kuwa na ushawishi nje ya kitengo mfano kuchaguliwa mwanakamati muhimu na msimamizi wako

10. Kupata mawazo kutoka kwa wafanyakazi wasaidizi wa kitengo kama makarani, makarani wa wodi, na wafanya usafi

11. Kuweza kuwatambua wafanyakazi wasaidizi kama binadamu wa kawaida

12. Kutafuta mawazo kutoka kwa wafanyakazi wasaidizi nje ya kitengo kama makarani wa mapokezi, mafundi

13. Kuombwa ushauri na mfanyakazi mwenzako

14. Kupokea maoni muhimu kutoka kwa wafanyakazi wenzako

15. Kuombwa maoni ya jinsi ya kumhudumia mgonjwa na wafanyakazi wenzako

16. Kuombwa na wafanyakazi wenzako uwasaidie matatizo

17. Kubadilishana mawazo na wafanyakazi wenzako

18. Kutafuta mawazo kwa wataalamu wengine mbali ya madaktari kama vile physiotherapists, occupational therapists, wataalamu wa lishe
### CONDITIONS FOR WORK EFFECTIVENESS QUESTIONNAIRE-I

#### How much of each kind of opportunity do you have in your present job?

<table>
<thead>
<tr>
<th></th>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Challenging work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The chance to gain new skills and knowledge on the job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Access to training programs for learning new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. The chance to learn how the hospital works</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Tasks that use all of your own skills and knowledge</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. The chance to advance to better jobs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. The chances to assume different roles not related to current job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### How much access to information do you have in your present job?

<table>
<thead>
<tr>
<th></th>
<th>1 = No Knowledge</th>
<th>2</th>
<th>3 = Some Knowledge</th>
<th>4</th>
<th>5 = Know A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The current state of the hospital</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. The relationship of the work of your unit to the hospital</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. How other people in positions like yours do their work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. The values of top management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. The goals of top management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. This year’s plan for your work unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. How salary decisions are made for people in positions like yours</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. What other departments think of your unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### How much access to support do you have in your present job?

<table>
<thead>
<tr>
<th></th>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Specific information about things you do well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Specific comments about things you could improve</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Helpful hints or problem solving advice</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Information or suggestions about job possibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Discussion of further training or education</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Help when there is a work crisis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Help in gaining access to people who can get the job done</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. Help in getting materials and supplies needed to get the job done</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. Rewards and recognition for a job well done</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### How much access to resources do you have in your present job?

<table>
<thead>
<tr>
<th></th>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Having supplies necessary for the job</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Time available to do necessary paperwork</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Time available to accomplish job requirements</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Acquiring temporary help when needed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Influencing decisions about obtaining human resources (permanent) for your unit.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. Influencing decisions about obtaining supplies for your unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Influencing decisions about obtaining equipment for your unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### In my work setting/job: (JAS)

<table>
<thead>
<tr>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. the amount of variety in tasks associated with my job is</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. the rewards for unusual performance on the job are</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. the rewards for innovation on the job are</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. the amount of flexibility in my job is</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. the number of approvals needed for nonroutine decisions are</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. the relation of tasks in my job to current problem areas of the organization is</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. my amount of participation in educational programs is</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. my amount of participation in problem solving task forces is</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. the amount of visibility of my work-related activities within the institution is</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### How much opportunity do you have for these activities in your present job: (ORS)

<table>
<thead>
<tr>
<th>1 = None</th>
<th>2</th>
<th>3 = Some</th>
<th>4</th>
<th>5 = A Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collaborating on patient care with physicians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Receiving helpful feedback from physicians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Being sought out by physicians for patient information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Receiving recognition by physicians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Having physicians ask for your opinion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Being sought out by supervisor for ideas about ward management issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Having immediate supervisor ask for your opinion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Receiving early information of upcoming changes in work unit from your immediate supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. chances to increase your influence outside your unit e.g., nomination to influential committees by supervisor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Seeking out ideas from auxiliary workers on the unit, e.g., secretaries, ward clerks, housekeeping,</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Getting to know auxiliary workers as people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Seeking out ideas from auxiliary workers outside of the unit, e.g., admission clerks, technicians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Being sought out by peers for information</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Receiving helpful feedback from peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Having peers ask your opinion on patient care issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. Being sought out by peers for help with problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. Exchanging favours with peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. Seeking out ideas from professionals other than physicians, e.g., physiotherapists, occupational therapists, dieticians</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix D: Maps

1: Map of Rukwa and Mpanda Regions (formally one region, Rukwa)
2: Map of Current Rukwa Region with Roads
3: Map of Sumbawanga Urban District
4: Map of Nkasi District
5: Map of Sumbawanga DC/Rural District
6: Map of Kalambo District
Appendix E: Research and Ethical Clearance Documents

TANZANIA COMMISSION FOR SCIENCE AND TECHNOLOGY
(COSTECH)

Telephone: (255 - 022) 2775155 - 6, 2700745/6
Director General: (255 - 022) 2700750&2775315
Fax: (255 - 022) 2775313
Email: releasemt@costech.or.tz

Ali Hassan Mwinyi Road
P.O. Box 4302
Dar es Salaam
Tanzania

RESEARCH PERMIT

No. 2014-07-ER-2013-10

22nd January 2014

1. Name: Adrienne Elizabeth Strong

2. Nationality: American

3. Title: Childbirth as a Site of Negotiation: Tradition, Modernity and Maternity Practices

4. Research shall be confined to the following region(s): Rukwa

5. Permit validity from: 22nd January 2014 to 21st January 2015

6. Contact/Collaborator: Dr. Jasper Nduasiade, Chief Medical Officer, Sumbawanga, Rukwa

7. Researcher is required to submit progress report on quarterly basis and submit all Publications made after research.

M. Mushi
for: DIRECTOR GENERAL
RESEARCH PERMIT

No. 2015-09-ER-2009-31  19th January 2015

1. Name : Adrienne Elizabeth Strong

2. Nationality : American

3. Title : Childbirth as a Site of Negotiation: Tradition, Modernity and Maternity Practice

4. Research shall be confined to the following region(s): Rukwa

5. Permit validity from: 19th January 2015 to 18th January 2016

6. Contact /Collaborator: Dr. Samuel Marwa, Sambawanga Regional Hospital, Rukwa

7. Researcher is required to submit progress report on quarterly basis and submit all Publications made after research.

M. Mushi
for: DIRECTOR GENERAL
THE UNITED REPUBLIC OF TANZANIA

National Institute for Medical Research
P.O. Box 9653
Dar es Salaam
Tel: 255 22 2121400/390
Fax: 255 22 2121180/2121360
E-mail: headquarters@nimr.or.tz

Ministry of Health and Social Welfare
P.O. Box 9083
Dar es Salaam
Tel: 255 22 2120262-7
Fax: 255 22 2110986

NIMR/HQR.8/a/Vol. II/378

Adrienne Strong
Department of Anthropology
Washington University in St Louis
Box 114 St Louis Missouri, USA
C/O Dr Jasper Nduainde, Regional Medical Officer
P O Box 413, SUMBAWANGA, RUKWA

28th Aug, 2014

APPROVAL FOR EXTENSION OF ETHICAL CLEARANCE

This letter is to confirm that your application for extension on the already approved proposal: Child Birth as a Site of Negotiation: Tradition, Modernity and Maternity Practices (Strong A et al), whose local investigator is Dr. Jasper Nduainde, RMO, Rukwa Region, has been granted ethics clearance to be conducted in Tanzania.


The Principal Investigator must ensure that other conditions of approval remain as per ethical clearance letter. The PI should ensure that progress and final reports are submitted in a timely manner.

Name: Dr Mwelecele Malecela
Name: Dr Donan Mmbando

Signature

CHAIRPERSON
MEDICAL RESEARCH
COORDINATING COMMITTEE

CC: RMO
DMO
THE UNITED REPUBLIC OF TANZANIA

National Institute for Medical Research
P.O. Box 9653
Dar es Salaam
Tel: 255 22 2121400/390
Fax: 255 22 2121380/2121360
E-mail: headquarters@nirm.or.tz
NIRM/HQ/R.8a/Vol. IX/1610

Adrienne Strong
Department of Anthropology
Washington University in St Louis
Box 114 St Louis Missouri, USA
CO Dr Jasper Ndussinde, Regional Medical Officer
P O Box 413, SUMBAWANGA, RUKWA

Ministry of Health and Social Welfare
P.O. Box 9083
Dar es Salaam
Tel: 255 22 2120262-7
Fax: 255 22 2110986

CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN TANZANIA

This is to certify that the research entitled: Childbirth as a Site of Negotiation: Tradition, Modernity and Maternity Practices, (Strong A et al), whose Local Investigator Dr Jasper Ndussinde, RMO, Rukwa Region, has been granted ethical clearance to be conducted in Tanzania.

The Principal Investigator of the study must ensure that the following conditions are fulfilled:

1. Progress report is submitted to the Ministry of Health and the National Institute for Medical Research, Regional and District Medical Officers after every six months.
2. Permission to publish the results is obtained from National Institute for Medical Research.
3. Copies of final publications are made available to the Ministry of Health & Social Welfare and the National Institute for Medical Research.
4. Any researcher, who contravenes or fails to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine. NIRM Act No. 23 of 1979, PART III Section 10(2).
5. Sites: Rukwa Region.

Approval is for one year: 19th August 2013 to 18th August 2014.

Name: Dr Mwelecele N Malecela

Name: Dr Donan Mmbando

Signature
CHAIRPERSON
MEDICAL RESEARCH
COORDINATING COMMITTEE

Signature
CHIEF MEDICAL OFFICER
MINISTRY OF HEALTH, SOCIAL WELFARE

CC: RMO
DMO
THE UNITED REPUBLIC OF TANZANIA

PRIME MINISTER'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT AUTHORITIES

RUKWA REGION

Tel. No 025 280 2078/2251
Fax No. 025 280 0224

Regional Office,
Health Department,
P.O. Box 413,
SUMBAWANGA

Ref No: GHS/R.100/6/30

National Institute for Medical Research
P.O.Box 9653
Dar es salaam

31/07/2014

Dear Sir/Madam,

RE: RESEARCH ACTIVITY IN RUKWA REGION

Sumbawanga Regional Referral Hospital strongly supports research proposal by Adrienne Strong who visited our hospital in March to May 2013 to introduce her research proposal.

We feel her research outcome i.e. “Childbirth as a site of negotiation: Tradition, Modernity and Maternity Practices” will lead us to future intervention towards improving accessibility of our services so as to reduce the high maternal mortality rate in our region.

I have taken over the responsibilities of Local Investigator for this project from Dr Jasper Nduasinde, who has now retired.

We hope you support her for the completion of her research.

Dr Samwel Marwa
FOR REGIONAL MEDICAL OFFICER
RUKWA
THE UNITED REPUBLIC OF TANZANIA
PRIME MINISTER'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT AUTHORITIES

RUKWA REGION

Tel. No 025 280 2078/2251
Fax No. 025 280 0224

Regional Office,
Health Department,
P.O. Box 413,
SUMBAWANGA

Ref No: GHS/R.100/6/31

National Institute for Medical Research
P.O.Box 9653
Dar es salaam

01/08/2014

RESEARCH ACTIVITY IN RUKWA REGION

Regional Medical Officer Rukwa supports research proposal by Adrienne Strong who is in our Region since March to May 2013 to introduce her research proposal.

We hope her research outcome on “Childbirth as a site of negotiation: Tradition, Modernity and Maternity Practices” will lead us to future intervention towards improving accessibility of our services so as to reduce the maternal and child mortality rate in our region.

The Medical Officer in charge of the regional hospital Dr Samwel Marwa will take over the responsibilities of Local Investigator for this project from Dr Jasper Nduasinde, who has now retired.

We hope you will support her for the completion of her research.

Dr John W.Gunisha[MSc.IH]

REGIONAL MEDICAL OFFICER
RUKWA
Dear Sir/Madam,

RESEARCH PERMIT

We wish to introduce Adrienne Elizabeth Strong from USA who has been granted Research Permit No. 2015-08-ER-2009-31 dated 19th January 2015

The permit allows him/her to do research in the country “Childbirth as a Site of Negotiation: Tradition, Modernity and Maternity Practice”

We would like to support the application of the researcher(s) for the appropriate immigration status to enable the scholar(s) begin research as soon as possible.

By copy of this letter, we are requesting regional authorities and other relevant institutions to accord the researcher(s) all the necessary assistance. Similarly the designated local contact is requested to assist the researcher(s).

Yours faithfully

M. Mushi

for: DIRECTOR GENERAL

CC:
1. Regional Administrative Secretary: Rukwa
2. Local contact: Dr. Samuel Marwa, Sumbawanga Regional Hospital, Rukwa
3. Co-Researcher: None
TANZANIA COMMISSION FOR SCIENCE AND TECHNOLOGY
(COSTECH)

Ali Hassan Mwinyi Road
P.O. Box 4302
Dar es Salaam
Tanzania

In reply please quote: CST/RCA 2013/10/2013

26th March 2013

Director of Immigration Services
Ministry of Home Affairs
P.O. Box 512

DAR ES SALAAM

Dear Sir/Madam,

RESEARCH PERMIT

We wish to introduce Adrienne Elizabeth Strong from USA who has been granted Research permit No. 2013–98-NA-2013-10 dated 26th March 2013

The permit allows him/her to do research in the country “Childbirth as a Site of Negotiation: Tradition, Modernity and Maternity Practices”

We would like to support the application of the researcher(s) for the appropriate immigration status to enable the scholar(s) begin research as soon as possible.

By copy of this letter, we are requesting regional authorities and other relevant institutions to accord the researcher(s) all the necessary assistance. Similarly the designated local contact is requested to assist the researcher(s).

Yours faithfully

M. Mushi

For: DIRECTOR GENERAL

CC: 1. Regional Administrative Secretary: Rukwa

2. Local contact: Dr. Jasper Nduasinde, Chief Medical Officer, Sumbawanga, Rukwa

3. Co-Researcher: None
HALMASHAURI YA WILAYA YA SUMBAWANGA
(BARUA ZOTE ZIANDIKWE KWA MKURUGENZI MTENDAJI)

MKOA WA RUKWA
SIMU: 025-2802133
FAX: 025-2800301
Email ded_sba@yahoo.com

Sanduku la Posta 229
SUMBAWANGA.
TANZANIA

Unapojibu tafadhali taja:

Kumb. Na.SDC/T.60/12 VOL VII/42

18/04/2013

MAAFISA WATENDAJI KATA WOTE
S.L.P. 229,
SUMBAWANGA.

YAH:UTAMBULISHO WA NDUGU ADRIENNE E. STRONG.

Tafadhali husikeni na kichwa cha habari cha hapo juu.

Mtajwa hapa juu ni mwanafunzi wa PhD C huo kikuu cha Washington ncini
Marekani amekuja kufanya utafiti wa masomo yake katika Halmashauri ya Wilaya
ya Sumbawanga katika kata zote.

Hivyo, ofisi inawomba mpeni ushirikiano katika utafiti wake ili aweze kufanikisha
masomo yake.

Lazaro N.L,
Kny: Mkurugenzi Mtendaji (W),
SUMBAWANGA.

Nakala:
Ndugu. Adrienne E Strong.
JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA WAZIRI MKUU
TAWALA ZA MIKOA NA SERIKALI ZA MITAA

Mkoa wa Rukwa

Anwani ya Simu: “REGCOM”
Simu: (025)-2802137,
2802138.2802187
Faksi Na: (025) 2802217 / 2802318

Makatibu Tawala wa Wilaya,
Kalambo, Sumbawanga na Nkasi,

Yah: KIBALI CHA UTAFITI


Kwa baru hii naomba umpe ushirikiano utakaohitajika kukamilisha utafiti wake katika Wilaya yako.

Nakutakia kazi njema.

F. M. Mbenjile
kny: KATIBU TAWALA MKOA
RUKWA

Nakala:-

RAS - Alone ndani ya jaleda.

“Wakurugenzi wa Halmashauri,
Sumbawanga, Kalambo, na Nkasi.

“Mkurugenzi wa Manispaa,
Sumbawanga.
RESEARCH PERMIT

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Yours faithfully,

M. Mushi

For: DIRECTOR GENERAL

CC: 1. Regional Administrative Secretary: Rukwa
     2. Local contact: Dr. Jasper Nduasinde, Chief Medical Officer, Sumbawanga, Rukwa
     3. Co-Researcher: None
RE: RESEARCH ACTIVITY IN RUKWA REGION

The Rukwa Regional Hospital Administration strongly supports Research Proposal by Adrienne Strong who visited our hospital in May and June 2012 to introduce her research proposal.

We feel her research outcome i.e. "cultural reasons affecting the use of maternal and reproductive health care service" will lead us to future interventions towards improving accessibility our services so as to reduce the high maternal mortality rate in our community.

Dr. S. Ntualinde(MD,M-MED)
FOR REGION MEDICAL OFFICER
RUKWA

THE REGIONAL MEDICAL OFFICER
RUKWA REGION
IRB ID #: 201311098

To: Adrienne Strong

From: The Washington University in St. Louis Institutional Review Board, WUSTL DHHS Federalwide Assurance #FWA00002284
BJH DHHS Federalwide Assurance #FWA00002281
SLCH DHHS Federalwide Assurance #FWA00002282

Re: The Bureaucracy of Birth: Life and Death on the Maternity Ward of a Tanzanian Hospital

Approval Date: 12/30/13

Next IRB Approval Due Before: 12/29/14

Type of Application: New Project
Continuing Review
Modification

Type of Application Review: Full Board:
Meeting Date: Expedited
Exempt
Facilitated

Approved for Populations: Children
Signature from one parent
Signature from two parents
Prisoners
Pregnant Women, Fetuses, Neonates
Wards of State
Decisionally Impaired

Source of Support:
National Science Foundation
No title- Graduate Research Fellowship
MATERIALS APPROVED

Consent/Assent Materials:
Consent & Assent Forms
IRB informed consent 2014.rtf

Recruitment/Advertisement Materials:
Recruitment: Other
Verbal Script for Recruitment 2014.rtf

Questionnaires:
Subject Data Collection Instruments
Oral History interviews.docx
IRB interview questions 2014.docx
CWEQ_II_Instrument.doc
CWEQ_I_Instrument.doc
Relative/Proxy Data Collection Instruments
Questions for family members of women.docx

This approval has been electronically signed by IRB Chair or Chair Designee:
Mitchell Saulisbury-Robertson, BA, BA
12/30/13 1303
IRB ID #: 201311098

To: Adrienne Strong

From: The Washington University in St. Louis Institutional Review Board, WUSTL DHHS Federalwide Assurance #FWA00002284
BJH DHHS Federalwide Assurance #FWA00002281
SLCH DHHS Federalwide Assurance #FWA00002282

Re: The Bureaucracy of Birth: Life and Death on the Maternity Ward of a Tanzanian Hospital

Approval Date: 11/06/14
Next IRB Approval Due Before: 11/05/15

Type of Application: ☒ Continuing Review
               ☐ New Project
               ☒ Modification

Type of Application Review: ☒ Expedited
               ☐ Full Board:
               ☐ Exempt
               ☐ Facilitated

Approved for Populations:
               ☒ Children
               ☐ Signature from one parent
               ☐ Signature from two parents
               ☐ Prisoners
               ☒ Pregnant Women, Fetuses, Neonates
               ☐ Wards of State
               ☐ Decisionally Impaired

Criteria for approval are met per 45 CFR 46.111 and/or 21 CFR 56.111 as applicable.
Project determined to be minimal risk per 45 CFR 46.102(i) and/or 21 CFR 56.102(i) as applicable.

Source of Support:
      Dept. of Education Fulbright-Hays Doctoral Dissertation Research Abroad
      Bureaucracy, Life, and Death on the Maternity Ward of a Tanzanian Hospital
      National Science Foundation
      No title- Graduate Research Fellowship
MATERIALS APPROVED

Consent/Assent Materials:
Consent & Assent Forms
IRB informed consent 2014.rtf

Recruitment/Advertisement Materials:
Recruitment: Other
Verbal Script for Recruitment 2014.rtf

Questionnaires:
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IRB interview questions 2014.docx
CWEQ_II_Instrument.doc
CWEQ_I_Instrument.doc
Oral History interviews.docx
Relative/Proxy Data Collection Instruments
Questions for family members of women.docx

This approval has been electronically signed by IRB Chair or Chair Designee:
Erin Wingbermuehle, BA
11/06/14 1000
**IRB Approval:** IRB approval indicates that this project meets the regulatory requirements for the protection of human subjects. IRB approval does not absolve the principal investigator from complying with other institutional, collegiate, or departmental policies or procedures.

**Recruitment/Consent:** Your IRB application has been approved for recruitment of subjects not to exceed the number indicated on your application form. If you are using written informed consent, the IRB-approved and stamped Informed Consent Document(s) are available in myIRB. The original signed Informed Consent Document should be placed in your research files. A copy of the Informed Consent Document should be given to the subject. (A copy of the signed Informed Consent Document should be given to the subject if your Consent contains a HIPAA authorization section.)

**Continuing Review:** Federal regulations require that the IRB re-approve research projects at intervals appropriate to the degree of risk, but no less than once per year. This process is called “continuing review.” Continuing review for non-exempt research is required to occur as long as the research remains active for long-term follow-up of research subjects, even when the research is permanently closed to enrollment of new subjects and all subjects have completed all research-related interventions and to occur when the remaining research activities are limited to collection of private identifiable information. Your project “expires” at midnight on the date indicated on the preceding page (“Next IRB Approval Due on or Before”). You must obtain your next IRB approval of this project by that expiration date. You are responsible for submitting a Continuing Review application in sufficient time for approval before the expiration date, however you will receive reminder notice prior to the expiration date.

**Modifications:** Any change in this research project or materials must be submitted on a Modification application to the IRB for prior review and approval, except when a change is necessary to eliminate apparent immediate hazards to subjects. The investigator is required to promptly notify the IRB of any changes made without IRB approval to eliminate apparent immediate hazards to subjects using the Modification/Update Form. Modifications requiring the prior review and approval of the IRB include but are not limited to: changing the protocol or study procedures, changing investigators or funding sources, changing the Informed Consent Document, increasing the anticipated total number of subjects from what was originally approved, or adding any new materials (e.g., letters to subjects, ads, questionnaires).

**Unanticipated Problems Involving Risks:** You must promptly report to the IRB any unexpected adverse experience, as defined in the IRB/HRPO policies and procedures, and any other unanticipated problems involving risks to subjects or others. The Reportable Events Form (REF) should be used for reporting to the IRB.

**Audits/Record-Keeping:** Your research records may be audited at any time during or after the implementation of your project. Federal and University policies require that all research records be maintained for a period of seven (7) years following the close of the research project. For research that involves drugs or devices seeking FDA approval, the research records must be kept for a period of three years after the FDA has taken final action on the marketing application, if that is longer than seven years.

**Additional Information:** Complete information regarding research involving human subjects at Washington University is available in the “Washington University Institutional Review Board Policies and Procedures.” Research investigators are expected to comply with these policies and procedures, and to be familiar with the University’s Federalwide Assurance, the Belmont Report, 45CFR46, and other applicable regulations prior to conducting the research. This document and other important information is available on the HRPO website http://hrpohome.wustl.edu/.
A)
314/127
Memo Ref. No. 161/55

Rural Midwifery

These notes are written following the suggestions of Lady Twining that the training of rural midwives should be instituted at Bukoba.

2. There does not exist in the Lake Province a big demand for midwifery services in the rural areas. There is a tendency for the people to demand institutional rather than domiciliary facilities for midwifery. This must be resisted, as it should be the aim of the midwifery service to use the fact of giving assistance in delivery to gain entrance to the home, to influence the woman of the house in improved hygienic measures and to follow the child through the crucial early years of life.

3. The “village midwife” should therefore combine the functions of assisting in delivery with those of the “health visitor.” If she is to do her two jobs properly her sphere of activity must be strictly limited. She must be acceptable to the local population, which implies that she should be a local resident of mature age. She will therefore probably be married or a widow and have a family of her own to look after. Such a person is unlikely to be able/supply the needs of more than 100 families.

4. It is unlikely that educated women of this age already resident in rural areas will be found in anything like adequate numbers to supply the eventual need. The possibility of taking senior hospital “ayahs” and training them in this particular work is not promising. Such women are usually established in an urban environment and would not welcome moving to a rural area and to a new type of work. Some might be found, but I think very few.

5. I think the most promising approach to finding staff suitable for training in this work will be firstly to select an area in which the institution and supervision of such service is practicable, and to then endeavor to find a suitable person resident in that area for training. If this method of selection is adopted, then it is necessary that the training school should be reasonably close to the homes of the trainees. It is necessary that the trainees should be able to read and write in Kiswahili.

6. In my opinion it will be necessary to create the service envisaged in two stages, bearing in mind the present state of women’s education in Tanganyika generally.
   (a) Initially it will be necessary to use women of very low educational qualification. Such people will be unable to absorb anything in the way of “academic” training. Their training will have to be entirely practical, and they will have to work to “rule”. That implies that they will have to be given a very close degree of supervision.
   (b) It will become gradually possible to replace these women with more educated women, capable of absorbing a wider training, and therefore capable of being given more responsibility.

7. The training must be adapted to the material available and also to the period of training which candidates are prepared to undertake. Older women from rural areas are not likely to agree to leave their homes for a period training much in excess of 6 months.

8. The training will require to be entirely practical, and it will be necessary to draw a simple but comprehensive code of rules for these women designed to cover all the common
conditions which they may expect to meet and to deal with. This will require a good deal of experience on the part of the teacher in this particular type of work. I think it most unlikely that any African midwife trained in institutional methods will be capable of producing or imparting such a syllabus of training.

9. The concept of the “village midwife” as outlined in para. 2 and 3 above is, as far as I am aware, something new. I am not clear as to the scope of the rural midwifery service established in the Western Province, but think that this was largely institutional rather than domiciliary. If I am correct in this assumption then it appears to me that the first need is for a European Health Visitor to get first-hand practical experience as to what is likely to be needed of the village midwife—- that is she must gain experience of domiciliary midwifery and of health visiting in rural areas. It is highly probable that a good deal of experience on these lines could be obtained from Mission workers, though here again I have the impression that most of the work is institutional rather than domiciliary.

10. The immediate problem is whether we can do something on these lines at Bukoba NOW. After careful consideration of the position, I do not think we can. I have given my reasons above as to why I think it necessary that the training and supervision of village midwives must be carried out by a European, at least in the initial stages. Whilst training these midwives it is possible that a more highly trained African midwife could at the same time be trained as an instructor in this particular subject. The present establishment of 2 Nursing Sisters at Bukoba is fully occupied in maintaining the nursing and running of this large hospital as a desirable standard.

Training and supervising village midwives will be a whole time occupation for one sister; this will leave the hospital short-staffed again just after it has at last been possible to improve its standards. This would be regrettable. I can see no possibility of any effective training being conducted in the hospital alone. I can foresee a short preliminary period of training in the hospital, to be followed by a longer period of practical training in the rural area, and, once these women are established in their villages, they will require close supervision.

11. With the present staff we can either reduce the degree of nursing supervision at Bukoba Hospital and make an honest attempt to train and supervise village midwives, or we can retain our present degree of nursing at Bukoba Hospital and either do no trainings of village midwives or else we can carry out a form of training which I am convinced will be of no practical value in the field.

12. The solution lies in the posting of a Health Visitor to Bukoba specifically for this purpose of training and supervising village midwives, and not for duties within the Township of Bukoba. If the staff position allows of such a posting and if housing is available at Bukoba then an immediate start on the lines indicated could be made.

Such a start should be regarded as largely exploratory and experimental, and for the first two years should not expand until experience gained has shown the lines on which expansion can best proceed. With growing experience there is no reason why the aid of voluntary agencies should not be enlisted to introduce similar training and supervision, nor is there any objection to a voluntary agency starting some similar scheme independently of the Government scheme.

Certainly as far as this Province is concerned this is something quite new, and I think we should be well advised to progress experimentally, modifying our methods of training and supervision by experience gained.

13. To sum up these rather discursive arguments—

(a) Material available and suitable for training as village midwives will be capable only
of absorbing practical, “rule of thumb” training.

(b) The “village midwife” is something entirely different in concept from the “institutional” midwife.

(c) The training of village midwives will have to be done in the village environment and not in the hospital.

(d) The only type of woman available for training for some years to come will require a very close degree of supervision in the field and will have to work to a dogmatic set of rules.

(e) It will require the full time services of a European Sister or Health Visitor to train and supervise village midwives even on a small scale. Training by Africans in the earlier stages is not feasible.

(f) Such training could be instituted at Bukoba with the present staff but only at the expense of the efficiency of the hospital. Alternatively if an extra Health Visitor or experienced sister could be posted to and housed at Bukoba, training could be begun on an experimental scale. Such a Health Visitor would not be able to undertake urban duties.

14. I shall be glad to receive comments on this memorandum.

Provincial Medical Officer, Lake Province.

B)  
314/131
No. 78/384 Health Office, Tanga. 12th April, 1950
The Asst: Director of Medical Services, Arusha

Domiciliary Midwifery Training Scheme at Tanga

1. The scheme will apply to African expectant mothers resident within the township boundaries.

2. Ante-natal care to continue being given at the Clinic. During this period each prospective domiciliary case is to be allotted her own midwife, who will perform ante-natal examinations and give advice to the expectant mothers under the supervision of the Health Visitors. Assessment to be made about 30-32nd week of suitability for home delivery. Main factors to be considered in such assessment should be obstetrical considerations parity, willingness of patient to be delivered in her house and suitability of house. In considering this last factor, gross overcrowding or the presence of chronic illness in the house such as pulmonary tuberculosis or the chronic septic ulcer should preclude home delivery. In the absence of these defects, advice should be given to the expectant mother, preferably in the presence of the father, on her own requirements and those of her child when born. This advice should be given in the house by the midwife in the presence of the Health Visitor.

3. Only two of the four Clinic midwives can be used for this domiciliary Service. The other two midwives will be required to alternate on Clinic night duty.

4. Equipment

- **Delivery Basket.**
  - 1 Basket with detachable cloth lining
  - 3 kidney dishes
  - 1 Handwashing bowl
  - 1 Lotion bowl
  - 1 small bowl (babies [sic] eyes)
- Soap & nail brush
Dettol zii
Ol. Ric zii
Pulv: Ergot
Cotton wool q.s.
Pulv: Boracic, zinc & Amylum
1 Thermometer
1 Pulse glass
Enema syringes & soap
2 Operating towels
Ligatures for cord
1 Haemostat
1 Scissors dressing

5. Records of labour and delivery to be kept. All patients to be seen by Health Visitor with midwife on the morning after delivery and subsequently as necessary but at least once again before the end of the first week of the post-natal period. The midwife must attend her delivered cases daily for five days after delivery and then on the seventh and ninth days. After that the patient should be advised to attend the post-natal Clinic.

6. Monthly returns of district deliveries to be sent to the Medical officer of Health with any comments that may be necessary of how the scheme is or is not progressing.

7. Post-natal Basket
   1 Basket with detachable cloth lining
   Cord dressings, powder, etc.
   1 Hand washing basin
   Ol. Ric zii
   Pulv: Ergot
   Tabs. Totaquine
   1 Thermometer
   1 Pulse glass
   2 dressing towels

8. Provision of transport for these midwives and the Health Visitor is, in my view, essential and such provision is the crux of this scheme. It is most undesirable for these midwives to walk from their homes to patients’ houses at night with their equipment over a considerable distance for foot traffic. Can a full time utility car and driver be provided for the Clinic? If so, the scheme outlines above can go into operation in the immediate future.

A.F. Fowler
Medical Officer of Health
I send herewith a few comments on the Provincial Medical Officer, Lake’s No. 161/56 of 28.3.50 a copy of which was sent to you.

Regional Asst. Director of Medical Service (Tabora)

Rural Midwifery

Notes written on receipt of Provincial Medical Officer, Lake’s 161/56 which comments on the “Rural Midwifery, Health and Child Welfare” memorandum, and on the specific suggestion that the training of rural midwives be instituted at Bukoba.

2. There is no doubt that the Native Authorities would welcome a “Midwifery Service”. The local members of Barazas always know what to ask for in order to be regarded as “progressive”; it is not at all so certain that the rural African women are at present making much demand for domiciliary midwifery. That the need exists there is no doubt at all. That it is a tough fight to get the women to accept what we think is good for them is also without doubt.

3. There is no doubt that the African women tend to prefer institutional to domiciliary midwifery. There has been for many years been a domiciliary midwifery service in Tabora, and until five years ago institutional midwifery was restricted almost entirely to abnormal cases. With the provision of an obstetric block, however, there has been a gradual change, depending partly on the frequent changes of Nursing Staff and lack of transport for the Supervising Sister, so that how institutional deliveries equal and may possibly exceed domiciliary. This is a tendency which I agree should be strongly resisted.

4. An efficient Rural Midwifery Scheme depends on
   (a) tutorial staff
   (b) supervisory staff
   (c) good communications
   (d) adequate funds
   These are the only limiting factors, and their provision is not within the control of the Medical Department.

5. I feel most strongly that it is wrong to train any sort of midwife and then to post her as a Government or Native Authority servant fifty, a hundred, or hundred-fifty miles from the nearest Inspecting Officer and from any place or institution to which she may quickly send any of the abnormal conditions she has been taught to recognize but with which she is not competent to deal.

6. It may not be widely realized that there is already in existence a rural midwifery service. Each small area is served by African women who are recognized as the local midwives and who receive remuneration either in cash or in kind for their services. They are mostly illiterate but they have some accumulated local wisdom (not to be dismissed too contemptuously) and they are accepted. It seems to me that these are the women who should be taught, not midwifery but the elements of cleanliness, e.g. the importance of hot water and soap and the use of nail-brush, even possibly the use of some harmless antiseptic such as Dettol to add to the hot water and to cleanse, if not to sterilize, the old safety razor blade or the traditional piece of “mtama” stalk with which the cord is cut. Such women would not look to Government or Native Authority for remuneration; they would simply have been helped to do better a job on which they are already employed. They could be supplied by Government against payment with
the barest necessities such as soap, nail-brush, cotton-wash and possibly Dettol and an enamel bowl or two. The teaching of these women will be no mean task mainly because of the difficulty of getting to them; they should not be brought to a hospital for any instruction, but be taught under village conditions.

7. Meanwhile Government should concentrate on getting as many well educated girls as possible trained in Uganda as Certified midwives. If only three per year had been sent over the last ten years we would already have had a nucleus of training and supervisory staff. Because of the constantly changing European Nursing staff I feel Government should rely on an increasing number of Uganda-trained midwives both for teaching and for supervising the so-called “practical midwives”. The European Nursing staff is so transitory that it would be best employed on advanced or “post-graduate” instruction of the certificated midwives, probably in English, since so few of the Nursing Sisters ever get beyond a most elementary standard of Kiswahili. The provision of a well equipped, well-staffed “School of Midwifery” in this Territory would in time obviate the necessity of sending candidates to Uganda but it appears that it will be several years before such an institution is well established.

8. With regard to the specific proposal to divert one of the two Sisters at Bukoba to the training and supervision of village midwives, I consider this would be an undesirable dissipation of effort. Some Nursing Staff emergency will arise elsewhere in the Territory considered to have priority over midwife training, a transfer effected by telegram, and another scheme foundered: and nothing causes so much ridicule of Government among African [sic] as foundering of well-intentioned but poorly carried out “schemes”.

Signed Keevill
Regional Asst. Director of Medical Services (Tabora)

D)
Ref. no. 34300/74 16th July 1953
To all Provincial Commissioners
"I am directed to inform you that the question of maternity services throughout the territory has recently been considered by the Medical Department which reports that increasing appreciation of the benefits of these services is resulting in a demand that they should be rapidly expanded. It is realized that the success of these "institutions" is a tribute to the work of the administration in the districts concerned and it may not be easy to encourage women whose confinements will in all probability be normal to stay at home and be "visited" rather than go to the clinics.

2. Nevertheless a growing difficulty is that the accommodation in existing maternity units is now being used largely for uncomplicated confinements, and it is pointed out that uncontrolled development of this tendency will result in overcrowding and an inability to meet the demands of those who are being educated to take advantage of these services. To this end the Director of Medical Services has recommended that the following criteria be accepted as policy for the future:

(a) The primary emphasis in the development of all maternity services, should be on the establishment of ante-natal and post-natal services, with the provision of in-patient facilities primarily for complicated cases."
(b) The tendency towards uncontrolled expansion of institutional midwifery services should be resisted.

(c) For normal cases, domiciliary midwifery, rather than institutional midwifery, should be encouraged in urban and peri-urban areas.

(d) In rural areas, the possibility of development of domiciliary services should be considered in the light of local conditions such as topography, density of population, transport facilities and financial considerations. Where these are unfavorable, there may be a good case for the controlled development of institutional services.

(e) The rate of development of midwifery services, both institutional and domiciliary, should be dependent upon the availability of supervisory staff; uncontrolled development of unsupervised services staffed by unqualified persons should be resisted. It was appreciated that for many years to come domiciliary work in rural areas would be mainly in the hands of certificated tribal midwives, and training courses of the type held in the Lake Province were to be encouraged.

3. I am to request your comments on these proposals.

P.H.W. Haile for member for local government."

E)

Undated speech by the Minister for Health, Hon. D.N.M. Bryceson, M.P. (from 1964, most likely)

Excerpts only included here because it’s many pages long. Other parts summarized, direct excerpts in quotes.

Starts out by saying that the theme of the speech will be on preventative medicine and not hospitals, and the need to bring about healthy societies.

“As we plan how we are to fulfill this in the future, we are fortunate to have the report and recommendations of the Titmuss Committee to guide us. This small expert committee came at the end of 1961 as a result of a request which I had made to the African Research Foundation. The Chairman was Professor Titmuss of the London School of Economics.

This group recommended that we should do a certain reorganization of the health services in order to do two things:

1. to make the maximum possible use of all our available resources—of central government, local government and the voluntary agencies;

2. to ensure that a particular emphasis would be placed on health education and the preventive aspects of medicine.”

He then goes on in the next paragraph to say why he thinks this advice has not been followed over the course of the last 25 years despite it having been recommended. He says it is often because there are more pressing budget needs or emergencies and the “medical men” decide to take money from preventive medicine budget, because it’s easier to cut preventative side than curative.

“For if you close down a hospital, shut down a ward, withdraw a doctor, cut down on nursing staff, then immediately these things are seen and felt by the public. The Government comes in for severe criticism. But if you cut down on health inspections, vaccination campaigns, teaching of hygiene and sanitation, then little or no direct effect is felt at all. When a sick man goes to the hospital and finds it overcrowded, he blames the Ministry of Health for not providing enough beds or doctors. But when a healthy man falls sick he does not blame the Ministry of
Health for having failed to institute a vaccination campaign to prevent that particular sickness, or for having failed to inform him of preventive measures he should have been taking.

And so the hospitals have expanded slowly and on a piecemeal basis, and the exponents of health education and preventive medicine have been starved and disheartened. All this has led to a situation today when you can go into almost any of our hospitals and you will find the hospital overcrowded and the medical staff overworked. If you analyze the major causes of sickness there, however, you will find that most of the people in our hospitals today are there suffering from something which could have been avoided. Today they, our people themselves, do not have the knowledge to avoid many of the prevalent diseases, although medically this is now known.

I believe that if we plan today to put all the medical resources we have and can hope to have available to use over the next five years into curative medicine, then our already inadequate hospital service will become more and more overworked and less and less able to fulfill the basic aim of the Health Ministry.

If, however, we expand hospitals on a planned basis, emphasize preventive medicine, educate our people in hygiene and environmental sanitation, have vaccination and inoculation campaigns and withstand any temptation or effort to divert our resources from those plans, then I believe that slowly but surely we will get on top of the health situation, regain the initiative and reduce the pressure on our hospitals and medical staff, because the number of sick people will be reduced-not by curing them but by preventing sickness.

There is too, apart from humanitarian reasons, another very good reason for wanting a healthy population. This is because we need every bit of energy we have to put to the task of building the nation. Building a nation is not a job to entrust to chronically sick people. And yet this is precisely what we are proposing to do if we disregard these aspects of health which are not so obvious as the straightforward curing of illness. We are a long way behind with our medical and vital statistics, but certain surveys that have been done and knowledge than [sic] we have tell us already a great deal that we can work on.

A recent survey covering 3,000 people between the coast and Lake Victoria, showed that on average the blood count of the people is 52% of what is considered medically normal.

The reasons for this are chronic malaria, bilharzia, hookworm and malnutrition, to mention a few of the most common. The result is that these people cannot be expected to do a full day’s work. For years we have known that our infant and child mortality rate is one of the highest in the world. We know the reasons for this-the familiar malaria, enteric infections, malnutrition.

All these things are preventable-malaria, bilharzia, hookwork, enteric infection, malnutrition. Even when we come to other diseases such as tuberculosis, smallpox, leprosy, we can either eradicate or cut down the incidence very considerably with the resources we have today, as long as those resources are planned and used properly.

The proper use of our resources then is the basis of the plan. In this planning whatever the origin of the resources, government, private company or voluntary agency, they must take their place in a rationalization within one co-ordinated health service. I am happy to report that I have already discussed this with a number of voluntary agency medical workers both collectively and individually and have found their response to be clear and most encouraging.

It is obviously necessary that we have some machinery to advise on and effect this rationalization. The first decision to be made was at what level to establish this machinery-district, region, or some other unit. After careful thought on this point, I have given a direction
that every region shall have its own health committee comprising basically the senior
government Ministry of Health representative, the Regional Medical Officer, the various
voluntary agencies which may be concerned, and local government and the R.C.D.O.

The Titmuss Report, which I have already mentioned, not only gave a very clear
exposition of our present situation, but also the history leading up to this position and specific
recommendations about actions to take and principles to follow.

Actually a number of those principles were already being followed by the Ministry and a
number of new ones we have accepted and shall plan to implement.

These regional health committees will have as their first task to examine the health
situation and make their development plans on the basis of these principles. The most important
of these is that the immediate aim should be to establish a number of health areas-each area to
have as a basic curative unit a 200-bedded hospital. This hospital would serve as a reference
hospital for a number of health centers, both urban and rural.

Emphasis is placed on the importance of having a small number of large reference
hospitals rather than a large number of small all-purpose hospitals. The smaller hospitals should
convert to rural health centers and expansion concentrate on the hospital chosen to act as
reference for the health centers in its district.

It is necessary to do this in order to allow our doctors to concentrate upon that work
which they are qualified to do, to practice their chosen specialty. This they can do only if the
hospital is large enough to allow for a larger number of doctors on the staff. It will be far more
satisfactory for the doctor.

Part of the plan for the development of the health service is that the hospitals themselves
should be isolated from the public- that is, a patient will not go there direct, but rather by
reference from a health center. In other words, hospital out-patient departments will be situated
far away from the hospital itself, and will come under the supervision of the medical officer in
charge of the health center. From the health center there will be a group of subsidiary clinics.
These will be part of the health center organization and will be supervised by the medical officer
in charge of the health center. This will assist us to cut out much of the uneconomic duplication
that can be found in many part of the country today in our dispensary system. The chain will be,
then, health clinic, or dispensary, to the health center, and, where hospitalization is necessary,
reference to the hospital. There will also be a small number of large specialty hospitals for the
more severe or more complicated cases from the local hospitals. At present these are planned for
Dar es Salaam, Tanga, Mwanza, and Moshi. It will be obvious to members that at least two more
will be necessary to cover the country at all adequately.

All this reorganization does not mean that areas now being served by small hospitals will
be worse off. Far from it. In fact they will be better off, for the health center will, apart from
concentration on preventive medicine and health education, have a number of beds for maternity
cases, emergency cases and holding beds for cases to be referred to the hospital. Plans will be
made to suit the different circumstances of each district and region.

And, as I have already mentioned, all patients will enter the hospital system through the
health centers, either urban or rural. Today we have 31 rural health centers only- a much slower
rate of progress than we had hoped. The five year plan plans for 83 in rural areas and nine in
urban centers.

Perhaps one of the reasons for the disappointing rate of health center development in the
past was that the entire cost of them was borne by the local authorities. It is my firm belief that
the success of the five year development plan depends on rapid effective increase in the number
of health centers and the work done by them. The Ministry is now proposing, therefore, that Government should contribute towards the capital cost. As a start this should be to an extend of 50%, but of course the actual cost of establishment of a health center will vary according to the facilities that are already available and the additions or alterations that may be necessary. After all, the principle of the central Government contribution to the capital costs of a health center is not so different from that of the contribution to the establishment of a water supply. In the latter case, central Government already pays 75% of the cost and there is a proposal in the plan to raise this to 90%. We can expect, furthermore, that the past contributions of equipment by UNICEF will continue, also supplies of dried milk and cod liver oil and other important food items for the all-important mother and child health clinics.

One exception to the hospital-type treatment of disease which I think could and should be done in special wards at health centers is the treatment of tuberculosis. Tuberculosis control schemes already exist in most regions, and a major effort will now be made on control in the regions around Lake Victoria. This scheme has been planned with the close cooperation of the Episcopal Conference and the Misereor Foundation, who will bear much of both the capital and recurrent costs.

I make this exception specially because tuberculosis is a disease which can be controlled very largely by teaching health education and taking preventive measures. Also the follow-up out-patient treatment, in which home visitors are employed, is an essential phase in the cure. So it can be seen that health center type of activity has an important part to play not only in the prevention, but also in the treatment of the disease.

The same comments might also apply to leprosy, and certainly there will have to be some arrangements for certain classes of leprosy patients in some health centers.

I hope that what I have said will convince all Honourable members of the vital role of the health center in our fight against disease and that I can therefore rely on their whole-hearted support in a campaign for the establishment of large numbers of centers.

It will be quite obvious by now that all these plans call for a considerable effort in training staff not only for the new services, but also to augment the already overworked staff in the present service.

We already have in training a number of medical students at Makerere. This course combines academic and clinical teaching of the highest standard and fits the successful graduate for further study leading to specialist qualifications. The results have so far been very gratifying and show two things—firstly that the Makerere training is of a very high order, and secondly that our own doctors have worked hard and proved themselves as good as any other doctors trained anywhere in the world.

We propose to continue to encourage our Makerere graduates to follow up the specialty of their choosing. They will form the backbone of expert medical attention that will be available in our hospital system.

The Makerere training is a University one and has an academic bias, and necessarily so. But we also need another medical practitioner whose training is of a high order, but of a more practical nature and, in particular, has a very distinct and deliberate emphasis on public health. This need is filled in our own school of medicine in Dar es Salaam. The men trained there will be ideally fitted for taking charge of the health centers— which duties will include the supervision of health clinics in the area each serves. Others will work in hospitals for the need is there for their services, and will remain probably for generations.

The training of medical assistants continues, and so do their up-grading courses to
assistant medical officer. I hope that it will be possible to expand this training of medical assistants to voluntary agencies as the present cadre, and especially the new assistant medical officer, have amply proved that they are very capable, hard-working people.

Included in the medical assistants’ course are a number of selected rural medical aids. The next rung down the ladder is the rural medical aid, and these are being trained in greater numbers at Mwanza, Bukoba, and Mndero, with possible development at Ifakara. Their course has been increased to three years instead of the past two, but they will continue to be recruited from Std. VIII leavers, until a higher standard is available. I am particularly concerned that we should train increased numbers of rural medical aids. The demands for their services are going to be many, both from the organized health centers and clinics and from the new villages as they become established. I am not satisfied that the present plans will give us numbers that will be sufficient, and the Ministry will work out plans for training a greater number with the minimum delay.

On the all important health side, we are training Health Inspectors, and have a number of them and assistant health inspectors in the field. This new emphasis on health education will need greater numbers of trained personnel at the village level, as it is now proposed to establish a school for health assistants to fill this need. We hope that the new school will open before the end of this year, and are being assisted in this by the Basle Foundation for Aid in developing countries. The expansion of the rural health services, and in particular the establishment of the new village settlements call for rural medical aids, these health assistants, and for a greater number of village midwives. Accordingly, more training facilities will be set up at 13 regional hospitals for village midwives.

An increase in our nurse training facilities will provide for the training of 30 more nurses per year.

During the year 1964/65 it is proposed to design and undertake the planning of a new 200-bed hospital at Shinyanga, to erect an urban health center with an out-patient department, probably at Ujiji, a regional psychiatric ward at Lindi, tuberculosis wards at Kilwa and Tabora, and to extend ward accommodation at Handeni, Lushoto, Same, Dodoma, Mpwapwa, Kondo, Singida and Maswa. These extensions will include new service buildings as required. I should like, however, to emphasize both the flexibility of the plans- as distinct from the principles- and that I hope to be able to get around the country and meet with all the regional planning committees as soon as possible.

Up to now our facilities for psychiatric treatment have been most unsatisfactory. There are 746 beds for patients suffering from disorders at Mirembe Hospital and 246 beds for criminals suffering likewise at Isanga Institution, both of which are at Dodoma. The civil mental hospital is invariably over-crowded and usually there are over 1,000 patients for the 746 beds and the acute cases with reasonable prospects of recovery intermingle under these crowded conditions with the chronic incurable cases. Such conditions are not ideal for effective treatment or for the training of psychiatric nurses. It is for this reason that until now all our nurses wishing to specialize in psychiatric nursing have been trained abroad.

Some chronic cases have been transferred from Dodoma to Lutindi Hospital (140 beds) and also to the newly established Irente Psychiatric Farm in the Usambaras which has 60 beds and which will, in the five year Development Plan, be extended to accommodate 200 patients. These extra units, however, cannot themselves solve the problem of over-crowding at Mirembe Hospital. It is now proposed to solve this problem by establishing a number of psychiatric treatment centers to which acute cases can be admitted under conditions suitable for specialized
psychiatric nursing and treatment, leaving Mirembe Hospital and the other existing units to cater for the more chronic cases.

The new Treatment Centers will consist of the main unit in Dar es Salaam, which will be completed later this year, and the staff of which will be headed by the Consultant Psychiatrist in charge of the psychiatric services in the country, plus five new units to be built under the five year Development Plan at the general hospitals at Bukoba, Iringa, Lindi, Tabora, and Tanga, each with 30 beds. I hope this will only be a start in this new approach to the problem and that treatment units for the other district hospitals will be included in future plans.

Honourable members will see that I am asking for a net total of £2,457,266 or approximately £136,500 more than last year, plus £35,000 of Capital Development expenditure. I should like to be able to explain to the House that this increase is going to mean more services to the public. Unfortunately, when I explain the reasons for this increase, honourable members will see that this is not so. Of the £136,500, nearly £100,000 goes to an increase in grants in aid to voluntary agencies. This is a direct result of the decision taken last year to pay grants for local staff at local rates of pay. Of the remaining £37,500, £23,000 is for normal increments and vacancies filled during the past year. This leaves some £14,500. Honourable members will see that there is now a sub-head entitled “Five Year Development Plan” and the amount asked for is £10,000. This, however, is only a small part of the total sum which we had calculated would be required to give practical effect to the development plans that I have outlines. The additional expenditure forecast by the Ministry of Health amounted to £81,000 of which the major amounts were due to an increase in hospital services and the additional medical training schemes. The other major item of expenditure is extra emphasis on tuberculosis control projects. I must warn honourable members that the Ministry of Health can only give services to the extent that financial resources are provided. If finance cannot be found to implement all our plans, if emergencies arise which make unexpected calls on our resources, then cuts will have to be made. Whatever we do these cuts must not be made on the old pattern- that is, out of our preventive medicine program of training, teaching, and control. Whatever else may have to suffer, it must not be this.

Our people as a whole now recognize the importance of a hospital service as a means of curing sickness. They accept and indeed demand modern medical attention. This is good- but it is only a first step. The next step is to be aware of the causes of illness and from there knowledge of how to prevent illness follows naturally. This is our job- ours in the Ministry of Health- ours as the elected government- ours as chosen representatives- ours as responsible citizens- to teach how to prevent sickness.

But it is not only sickness that we can prevent through greater care, by vaccination, by hygiene in the home, by insisting on cleanliness in all things. We must also prevent accidents and burns by using more care. I do not for a moment suggest that we can eliminate accidents, but at least we can ensure that when they happen it is not due to our carelessness. How many children do you find in our hospitals, or outside, suffering from burns that could and should have been avoided? How many grown people do you find suffering, and in many cases harmed for life, by engaging in drunken brawls?

We must teach our people not only to value good medicine, but also to value good health. When we are well and fit we seldom think of being sick- we take our good health for granted. We should be careful of it though, guard against attack, for there are many enemies who would harm it. Fit and well, we can do a good job of work, we can make a contribution to building the
nation; sick, we at once become a liability, needing the care of others and using up scarce
resources. We must see that we all take every reasonable precaution not to lose our good health-
this is our duty to ourselves, our families, and our country.”

F)
HE 1172/67 (translation of 1172/68)

Ministry of Health, Dar es Salaam
18th May 1964

To: All Health Workers

Dear Colleague (Wenzangu Wapendwa),

On July 1st we set out on the new five-year Development Plan. As Mwalimu outlines in
his introduction of the plan to the National Assembly, there are three broad objective:-

1. To raise the Gross Domestic Product so as to give a per capita income of £45 as
   compared with under £20 today.
2. So to lay the foundation and build up our education system that by 1980 we
   may expect to be self sufficient in skilled manpower.
3. To raise life expectancy from 35-40 years at present to 50 years.

After explaining a number of policy matters, Mwalimu ended with his call to the Nation-
It can be done. Play your part. [Fanya wajibu wako]

Now what does this plan mean to the Health services and what is our part. But before
turning to that I should like to make it clear that in the context of this Development Plan, each of
us has two roles to play.

On is a personal individual one- for this is a plan of the people, conceived by the people
assisted by our planning experts and dependent on the all-out individual effort of each person. So
it is the duty of each of us as a member of society to take part in nation building projects which
have an important place in the plan. All over the country there are development committees. It is
incumbent on each of us to assist in the work of development through discussion on those
committees where that is appropriate, through energetic and enthusiastic participation in
community development projects as they are started and whatever form they take, and through
personal effort and contribution of particular skills or knowledge. Being a laboratory assistant
does not relieve you of the duty of cultivating a communal shamba, being a doctor does not mean
that you should not help make a new road, being a nurse does not stop you from teaching young
or old people to read and write and count. Whatever the development we, as citizens of a
progressive society, have our personal parts to play and it is our duty to play our part and,
playing, encourage and assist others to do theirs too.

Our second role is that specific one allotted to each of us as members of a national health
service. When I talk of our national health service, I include that part which is run by the
Voluntary Agencies as well as the work of the Ministry of Health, for these are complementary
and the two together make a whole. As Minister for Health I took upon the service as one and my
remarks apply to all health workers- Voluntary Agency workers just as much as workers in this
Ministry.

As health workers then, we have the specific duty within the five-year plan, of raising the
life expectancy of the people from 35-40 years to 50 years- AT LEAST.

Now this is not going to be easy. We do not plan to build many new hospitals all over the country or to expand greatly the facilities of existing hospitals. Our aim of one bed to 1000 head of population on a district basis remains and our plan moves towards the attainment of this target. But curing the sick alone is not the right way to raise life expectancy. We must, in our work, by example again and again and again, the importance of prevention of disease and an adoption in our normal way of life of standards of hygiene attainable by everyone. These standards are desperately important, and very often simple, but too often they are forgotten or neglected.

In October 1960 in the then Legislative Council, as Minister for Health & Labour, I quoted an estimate of child mortality of 40%-50% before the age of six. Today, nearly four years later, that same figure is being quoted. To me, this is a great shame. We must do better than this. If we do not we shall fail our country and our people. We know now many things. We know facts about malnutrition and ways of overcoming this enemy. We have considerable knowledge about that major killer malaria, and if we cannot eradicate it because of expense, we can teach our people how to prevent it. We know that the scourges of hook-worm are preventable and that enteric infections are spread because of insufficient attention being paid to simple preventive methods involving hygiene and environmental sanitation.

We are responsible for the health of the nation. The attainment of the broad aim of an increase in life expectancy is dependent upon our efforts. The very target of an improved standard of living is dependent to a large extend on the success of our teaching. I know that our medical workers, of all grades both in the Ministry and in the Voluntary Agencies are already hard worked. Nevertheless, I am asking for more time, more effort- particularly and specifically in the field of preventive medicine. If each one of us plays his part, in his work and outside his work, in every contact that we have, then we shall succeed- It can be done- Play your part.

Yours sincerely,
D.N. Bryceson
Minister for Health
Appendix G: Medical Terms

Active labor- the part of the first stage of labor when the woman’s cervix begins to dilate more quickly and contractions become longer, stronger, and closer together, resulting in transition to the second stage of labor when the woman starts pushing.

Active management of the third stage of labor- used to remove the placenta instead of letting it separate from the uterus and be expelled with a contraction. The provider exerts sustained force on the umbilical cord while applying counter pressure to the woman’s uterus to pull the placenta free.

Anemia- a deficiency of red blood cells, or hemoglobin, in the blood, results in pallor, weakness, fatigue.

Antenatal- the period prior to giving birth

Antepartum hemorrhage- severe bleeding occurring anytime in the pregnancy before giving birth; common causes could be threatened miscarriage or abnormalities of the placenta, e.g. placenta previa, placental abruption.

APGAR score- a point system used to measure a newborn’s reflexes and assess their condition and determine if they need any further medical intervention after birth.

Cannula- the needle inserted into the vein to deliver fluids.

Cardiomyopathy- a chronic disease or abnormality of the heart muscle tissue.

Catheter- inserted into the urethra to drain urine so the recipient does not have to urinate, particularly used during operations and for post-operative recovery.

Cephalopelvic disproportion- a condition in which the baby’s head is too large to enter or pass through the mother’s birth canal, often due to the shape of the bony processes of the pelvis and/or the shape of the pelvic outlet. Normal, spontaneous vaginal delivery is often impossible and, in low resource settings, this cases prolonged labor, which, if unaddressed, can result in death of the baby and tissue damage to the mother, causing an obstetric fistula.

Cesarean section (alt. C-section)- a surgical procedure to remove the baby from the mother’s uterus.

Congestive cardiac failure- a chronic, progressive condition that affects the heart muscle’s ability to pump effectively; the term usually refers to the stage in which fluid builds up around the heart and causes it to pump inefficiently.

Cross-matching- a simple laboratory test done with blood samples to determine the Rhesus (Rh) factor, i.e. positive or negative.

Disseminated intravascular coagulopathy- a blood clotting disorder, which initially leads to overproduction of blood clotting factors and platelets. After this period, the platelets and clotting factors are exhausted and the patient experiences severe, uncontrolled bleeding as the blood is no longer able to clot.

Eclampsia- the onset of seizures during pregnancy (or the postpartum period) caused by the high blood pressure of pre-eclampsia and confirmed by testing for protein in the urine combined with the presence of seizures.

Embolism- when a material causes a blockage inside a blood vessel, preventing blood flow in whole or in part. In pregnancy, amniotic fluid embolism is a threat and can cause sudden and unexpected death of the woman.

Fresh stillbirth- indicates a baby that has died shortly before being delivered, as opposed to a macerated stillbirth.
Giving set- also known as an infusion set, it includes tubing, a burette, drip chamber, and roller clamp. The tubing is connected to the cannula and the IV fluid to be administered. The roller clamp helps to regulate the flow of the fluid.

Hemorrhage- generally, the term means bleeding, but often used throughout the dissertation to convey extreme blood loss.

Kangaroo care- a technique of caring for premature infants in which the baby is placed skin-to-skin with a caregiver in order to help the baby regulate its body temperature and respiration.

Macerated stillbirth- a stillbirth in which the baby has died prior to the delivery, even as long as days or weeks before, leading sometimes to tissue necrosis as the body starts to reabsorb the fetal tissue.

Manual removal of the placenta- a procedure in which a healthcare provider must remove the placenta that the body has not expelled, includes using the hand to follow the umbilical cord into the woman’s uterus and removing the placenta, or pieces of the placenta, which have not separated from the uterine wall.

Misoprostol- a medication used to start labor, induce an abortion, or treat postpartum bleeding caused by poor uterine tone/contraction.

Multiparous- a woman who has had more than one child.

Neonatal- relating to a newborn child; the neonatal period constitutes the first month after birth.

Nuchal cord- occurs when the umbilical cord wraps all the way around the baby’s neck. The condition can resolve on its own before birth but, if it has not, can causes delays in the baby’s descent into the birth canal or other complications during the delivery.

Obstructed labor- a condition in which, though the uterus is contracting, the baby does not exit the pelvis. This can have a number of underlying causes and can result in fetal, newborn, or maternal disability or death.

Oxytocin- a medication (also a naturally produced hormone) used to cause uterine contractions.

Placenta previa- a condition in which the placenta wholly or in part blocks the neck of the uterus, preventing normal delivery of the baby.

Partograph- a composite graphical representation of maternal and fetal data during labor, graphed in relation to time.

Placental abruption- complication of pregnancy wherein the placenta separates from the uterus, a common cause of bleeding late in pregnancy.

Postnatal- the period after giving birth.

Postpartum hemorrhage- bleeding that occurs after giving birth, can be caused, most commonly, by tears, poor uterine contraction (atony), retained pieces of the placenta, or blood clotting disorders.

Pre-eclampsia- a condition during pregnancy that is characterized by high blood pressure, fluid retention, and protein in the urine. If untreated, can lead to eclampsia and is life-threatening.

Pregnancy-induced hypertension- the development of new hypertension (high blood pressure) in a pregnant woman after 20 weeks gestation but without the presence of protein in the urine or other signs of pre-eclampsia.

Primigravida- a first time mother, someone in their first pregnancy.

Resuscitation- processes of correcting physiological problems in a patient who is acutely unwell. Can include, for example, cardiopulmonary resuscitation, which is meant to restore blood flow and breathing.

Retained placenta- a condition in which the placenta fails to separate from the wall of the uterus within approximately 30 minutes after giving birth to the baby.
**Sepsis** - a complication that arises in response to severe infection. The body’s overwhelming response to the infection can lead to tissue damage, organ failure, and death.

**Stillbirth** - when a baby has died while still in utero, from known or unknown causes.

**Uterine atony** - when the uterus fails to contract after the woman gives birth, a major cause of postpartum hemorrhage. The blood vessels fail to close and the woman continues to bleed.

**Uterotonic** - a drug used to cause the uterus to contract.