

**ASSESSING THE ROLE OF NON-GOVERNMENTAL ORGANIZATIONS IN
STRENGTHENING ACCESSIBILITY OF HEALTH SERVICES AMONG
VULNERABLE CHILDREN IN KARAGWE DISTRICT**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE
OPEN UNIVERSITY OF TANZANIA**

2025

CERTIFICATION

The undersigned certifies that she has read and hereby recommends acceptance by the Open University of Tanzania a dissertation entitled” Assessing the role of non-governmental organizations in strengthening accessibility of health services among vulnerable children in Karagwe District” at the Open University of Tanzania.

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.....

Signature

.....

Date

DEDICATION

I dedicate my dissertation work to my family. A special feeling of gratitude to my Husband, Rev. Melecksadeck Emmanuel for supporting me in paying of tuition fees and related costs; and my children, Morine and Niite Melecksadeck for their continued Support and Prayers for the Successful Completion of this work. May God bless them.

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ABSTRACT

This study focuses on assessing the role of non-governmental organizations (NGOs) in strengthening the accessibility of health services among vulnerable children in the Karagwe District in the Kagera region. The study was guided by three specific objectives, which were to examine the contribution of the NGOs in strengthening the accessibility of health services to vulnerable children, to assess the contribution of social workers in enhancing the accessibility of health services to vulnerable children, and to explore the challenges associated with access to health services among vulnerable children. The study adopted a positivist research approach, collecting only quantitative data. The study was conducted with 50 sample sizes, and a questionnaire was used to collect data. The Statistical Package for Social Sciences (SPSS) version 22 was used to analyze data and presented in frequencies, percentages, charts, tables, and graphs. The findings of this study show that the NGOs had played a very significant role in enhancing the accessibility of health services among vulnerable children. Moreover, the findings indicate that the NGOs have made efforts to provide diverse resources to meet the needs of vulnerable children, specifically in the health sector. These findings suggest that interventions to improve healthcare access may need to address a broader range of challenges, including structural and policy reforms by the government and development partners, to ensure more comprehensive access to health services for vulnerable children. Finally, the study recommends effective partnerships between the community, government, and NGOs for the sustainability of attained results.

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LIST OF ABBREVIATIONS AND ACRONOMS

CHF	-	Community Health Fund
CHMT	-	Council Health Management team
ECD	-	Early Childhood Development
MVC	-	Most Vulnerable Children
NGO	-	Non-Governmental Organization
OVC	-	Orphan and Vulnerable Children
PMTCT	-	Prevention from Mother to Child Transmission
URT	-	United Republic of Tanzania
WHO	-	World Health Organization

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Chapter Overview

This study aims to assess the role of Non-Governmental Organizations (NGOs) in improving the accessibility of health services for vulnerable children in Karagwe District. Specifically, it aims to examine NGO contributions, identify challenges in accessing health services, and assess the role of social workers in this context. The findings would help inform policies and practices to enhance healthcare support for vulnerable children through NGO interventions.

1.2 Background of the Study

Non-Governmental Organizations (NGOs) have emerged as crucial pillars in global and national governance, a role acknowledged by institutions established post-World War II. Their significance is underscored by the critical gaps they fill, formal partnerships with international bodies and governments, and the management of funds for various purposes. Among these, global health stands out as an arena where NGOs wield significant influence, making substantial impacts (Sidiropoulos, 2021). According to the National Social Security Policy, NGOs complement governmental efforts in social assistance, supplementary schemes, and raising public awareness on social protection. In Tanzania, for instance, NGOs bolstered social protection services in 2016, extending aid to over 11,403 vulnerable children, particularly in healthcare services and psychosocial support.

Additionally, NGOs facilitated the enrollment of about 42,316 Most Vulnerable Children (MVCs) to access Community Health Fund (CHF) cards, ensuring health accessibility (URT, 2016). NGOs have existed in various forms for centuries but gained prominence in international

development, witnessing a dramatic surge in numbers during the 1980s and 1990s. The United Nations estimates there will be around 35,000 large established NGOs by 2000 (Lewis, 2016). Their significance is pronounced where state intervention in health is limited, with NGOs owning over 40% of health insurance services. They predominantly operate community hospitals, nursing homes, and health centers and actively provide additional health benefits to orphans worldwide. Non-governmental Organizations (NGOs) play an essential part in the economic development of different countries.

Non-governmental Organizations play a significant role in international development, aid, and philanthropy. NGOs are often non-profit and may run budgets of millions or up to billions yearly. NGOs rely on various funding sources, from private donations and membership dues to government grants. Provide facilities to society through welfare works for community development, assistance in national disasters, sustainable system development, and popular movements. In developed countries of the USA and Europe, NGOs aim at groups basically of vulnerable people with hardly any property. The foremost tasks continue to initiate the people, create mindfulness for them, and make development oriented (Celestin, 2021). According to Celestin (2021), NGOs have contributed to access to the most vulnerable children. They can obtain school fees and health care services for vulnerable children (OVC) at the local level (Sidiropoulos, 2021).

On a global scale, NGOs play a vital role in the economic development of various countries, engaging in welfare works, disaster relief, sustainable system development, and grassroots movements. Particularly in developed nations like the USA and Europe, NGOs target vulnerable groups with minimal resources, primarily focusing on initiating, raising awareness, and fostering

development-oriented initiatives (Celestin, 2021). In many cases, NGOs have significantly contributed to improving access to healthcare services by Conducting health education and awareness programs, Training healthcare workers to establish and support health clinics and facilities, supporting maternal and child health programs, and providing medical supplies and equipment, especially for the most vulnerable children (Celestin, 2021).

Non-governmental organizations and NGOs play a vital part in attaining the United Nations Sustainable Development Goals (SDG) to: 'raise awareness and mobilize; build capacity; design and implement projects; monitor and review policies; collect data; provide technical expertise; and support and hold governments accountable to their commitments. Health system strengthening requires comprehensive changes that durably impact the six health system building blocks proposed by WHO. In contrast, health system support includes activities that improve how the health system functions by providing additional narrow inputs, or the country is ranked 184 out of 189 countries on the Human Development I and faces a humanitarian crisis due to the ongoing military conflict.

In West Africa, the current 10-year health system plan (2014–2023) includes objectives such as maternal and child health, communicable diseases, NCDs, the environment, health emergencies, health system strengthening, and governance. The NCD component in this plan comprises prevention, management, research, strengthening partnerships and coordination, and surveillance. The Malian health system is structured around community health centers and private, not-for-profit associations managed by communities. Health is staffed by a doctor, a midwife, and nurses, who provide general medical consultations, pre-and postnatal consultations, and assist with simple deliveries with a short-term focus on vulnerable children.

In developing countries, NGOs are instrumental in providing essential facilities to citizens, addressing legal and political issues, strengthening economic and social programs, and aligning with governmental strategies for economic growth, services, employment, and budgetary allocations (Nyangosi, 2016). Despite government underfunding the health sector and escalating private healthcare costs, NGOs remain the primary providers of health services in many developing nations (Muhibbu-Din, 2019). Their roles extend beyond service delivery to policy advocacy, effecting social change, and advocating for the rights of vulnerable groups, particularly vulnerable children (Owa, 2017). This has triggered a revolution in the healthcare sector as many countries bring optimal attention to investing in building healthcare facilities and increasing the annual budgets in the health sector.

Since 2009, the government has initiated Obligatory Medical Assistance, which is a health insurance scheme financed by employee and employer contributions in both the public and private sectors. The AMO covers 40% of hospital and 50% of ambulatory care expenses. The government has also created the Medical Assistance Regimen, which offers free services for the most vulnerable in Mali (about 5% of the population is considered as such). A system of Voluntary Medical Insurance for people working in the informal sector is also available through community health insurance schemes. In June 2018, the Malian government legislated a Universal Health Insurance Regimen.

The NGOs undertake various activities to improve access to health services for vulnerable children. These efforts include offering direct healthcare services like community outreach programs and helping children obtain medical treatment by providing financial aid, transportation, or referrals. The NGOs also run awareness campaigns to educate communities on

child health, promote immunization efforts, and provide nutritional assistance. Furthermore, they advocate for policy reforms to enhance healthcare services for vulnerable children. They work closely with local governments and social workers to improve healthcare infrastructure and ensure services reach marginalized groups. NGOs play dual fundamental roles in service delivery outlets; NGOs provide welfare, technical, legal, and financial services to people experiencing poverty or collaborate with community-based organizations in basic service and infrastructural provision.

The roles of NGOs in global health and strengthening health systems include working in partnership with Ministries of Health (MoH), managing joint projects and programs, piloting innovative service delivery approaches, involving communities, developing human resources, and strengthening infrastructure and information systems. However, in some cases, this assistance has been 'vertical,' focusing on a specific disease (e.g., HIV/AIDS), and not seen as strengthening the overall health system. In contrast, health system support includes activities that improve the health system's functions by providing additional inputs with a narrow or short-term focus.

Often, it is an issue of frequently filling the loopholes created by the partial service delivery of governments withdrawing from involvement in provision. Before now, governments of developing countries were observed as leading the development process (Owa, 2017). The NGOs have thus contributed to access to social services, such as education, health, shelter, food, and nutrition services. In Tanzania, NGOs play a vital role in facilitating access to health services for vulnerable children, offering a range of services, including HIV testing and counseling, ART adherence, nutrition assessment and counseling, therapeutic food provision, health insurance,

immunization, and care and treatment services (URT, 2016). NGOs collaborate with other stakeholders, including governments and non-state actors, to enhance healthcare services and achieve universal health coverage, underscoring the necessity of multi-sectoral participation (Sanadgo, 2021).

1.3 Statement of the Problem

Despite ongoing global efforts to fight against various diseases, access to health services for vulnerable children worldwide is still hindered by numerous factors, including economic, geographical, and social-cultural barriers. Access to healthcare for vulnerable children remains a significant challenge in Tanzania, where approximately 10 percent of the child population is classified as vulnerable (Kabonga, 2023). Many of these children live in poverty and face barriers such as single-parent households, unemployment, geographical disadvantages, and family violence, which hinder their ability to access essential medical care (Bull, 2022). Despite efforts to enhance health systems, over 90 percent of vulnerable children still lack adequate healthcare services, including vital HIV/AIDS care, therapies, nutrition services, and vaccinations (Mutiso et al., 2018).

Although NGOs have made notable contributions to improving healthcare access for vulnerable children through partnerships with governments and health sector reforms, significant gaps remain (Ejazi et al., 2021; Ojo, 2019; USAID, 2018). There is a lack of empirical research specifically on the role of NGOs in strengthening the accessibility of health services among vulnerable children at the Karagwe District Council. Therefore, this study aims to address this knowledge gap by assessing the role of NGOs in strengthening the accessibility of health services among vulnerable children in Karagwe District, Kagera region in Tanzania.

1.4 Research Objectives

This study was guided by one general objective and three specific objectives.

1.4.1 General Objectives

The general objective of this study is to assess the role of non-governmental organizations in enhancing accessibility to health services for vulnerable children.

1.4.2 Specific Objectives

- (i) To examine the Effectiveness of the NGOs in strengthening accessibility of health services to vulnerable children.
- (ii) To assess the contribution of social workers in enhancing accessibility of health services to vulnerable children
- (iii) To explore the challenges associated with access to health services among vulnerable children

1.5 Research Questions

- (i) How effective are NGOs in enhancing the accessibility of health services among orphans and vulnerable children?
- (ii) What role do social workers play in enhancing vulnerable children's access to health services?
- (iii) What challenges hinder vulnerable children from accessing health services?

1.6 Significance of the Study

The insights gleaned from this study will serve as a valuable resource for policymakers, enabling them to identify areas for policy enhancement and design targeted programs to support Orphan and vulnerable children (OVC). Development organizations can utilize these insights to tailor their initiatives to address the unique needs of OVC in the Karagwe District Council. Likewise, researchers can leverage the findings to enrich their studies and explore innovative approaches for tackling OVC challenges across different contexts.

The information gathered in this study will also inform development partners as they review existing plans and strategies, enabling them to make necessary adjustments to better address the immediate needs of communities in caring for and supporting Orphans and vulnerable children in Tanzania. Development partners routinely receive recommendations from various studies, refining their work in relevant contexts as needed.

Furthermore, this study will benefit local communities by providing tailored insights and recommendations. These will inform the development of effective strategies and interventions to address the specific needs and challenges OVC and children in general face. Ultimately, this will lead to positive outcomes within local communities, fostering improved well-being and opportunities for vulnerable children.

1.7 Scope of the study

This study will be conducted in 23 Karagwe District, Kagera Region wards. It will focus on responses from Orphan and vulnerable children (OVC), their parents and caregivers, beneficiaries of NGO projects, NGO staff, and Social Welfare Officers in Karagwe District, as they are the primary sources of relevant information regarding access to social services for OVC.

The study will specifically select NGOs that ensure access to social services and evaluate the critical services provided to OVC, the factors considered in service provision, and the challenges OVC faces.

1.8 Organization of the dissertation

The First chapter (the introduction) comprises background information about non-governmental organizations (NGOs), a statement of the problem, a general objective, specific objectives, research questions, the study's significance, and the proposal's organization. The second chapter (the literature review) reviews different literature on NGOs and their role in access to social services among orphans and vulnerable children (OVC). The chapter starts with definitions of key terms; also, this chapter contains a theoretical literature review, empirical literature review, research gap, and conceptual framework.

The third chapter (the research methodology) comprises selecting the study area and justification, research approach and design, study population, sampling design and sample size, data types and sources, data collection methods and tools, data processing, analysis, and presentation. Chapter four presents research findings and discussion of the findings with a focus on the role of Non-Governmental Organizations in strengthening accessibility of health services among the vulnerable children. Chapter five presents the summary, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Chapter Overview

This chapter reviews the study's related literature. It focuses on the definition of terms, theoretical literature review, empirical literature review, conceptual framework, and research gap.

2.2 Conceptual Definitions

This part concerns the definitions of key concepts used in this study. Five terms or concepts have been defined in this study.

2.2.1 Non-Governmental Organization

Non-Governmental Organization refers to non-state actors, voluntary Civil Society Organizations, associations, and non-profit institutions promoting issues in the public interest (Lewis, 2016). NGOs are groups and institutions that are entirely or largely independent of government and characterized primarily by humanitarian or cooperative rather than commercial objectives that pursue activities to relieve suffering, promote the interests of people with low incomes, protect the environment, or undertake community development (USAID, The Role of Non-Governmental Organizations in Health Sector Reform, 2018). Thus, the above definition is adapted in the context of this study.

2.2.2 Health Services

Health services refer to organized efforts or systems to deliver medical care, health education, disease prevention, and treatment to individuals or communities. These services involve various actions intended to enhance, preserve, or restore health, often provided by medical, nursing, or

allied health professionals. Health services include all services dealing with the diagnosis and treatment of disease or the promotion, maintenance, and restoration of health" (World Health Organization, 2023). Health services cover all forms of healthcare, including primary, secondary, and tertiary services, focused on promoting, protecting, and restoring health" (Centers for Disease Control and Prevention, 2021). In this study, health services include all health-related services or interventions rendered to vulnerable children to improve their health status. Health providers or social workers provide Such services at health facilities, hospitals, or even homes.

2.2.3 Child

Section 4 (1) of the Act of the Child Law (2019) defines a child as any person below the age of eighteen years. According to this Act, a child is entitled to food, shelter, clothing, and medical care rights, including immunization, education, guidance, play, and leisure (Kilangi, 2029). To this study, a child refers to a person below the age of 18.

2.2.4 Orphan

An orphan is defined by UNAIDS as a child under 15 years of age who has lost their mother (maternal Orphan) or both parents (double Orphan) to AIDS. Many researchers and intervention groups usually increase the age range to 18 years, but many appear to use the UNAIDS definition. It is also more generally accepted that the loss of the father would also classify the child as an orphan (Skinner, 2016). According to the World Bank (2005), an orphan is a child whose mother, father, or both parents have died. Thus, the above definition is adapted in the context of this study. To this study, an orphan is any child whose mother or father has died, and due to such death, he/she needs health-related services

2.2.5 Vulnerable Children

Most Vulnerable Children (MVC) in Tanzania are defined as those less than 18 years old and facing severe deprivation that endangers their health, well-being, and long-term development (Tanzanian Coasted Plan of Action for Most Vulnerable Children, 2017). These children are unlikely to achieve or maintain a reasonable standard of health or development without social services (Ajasa, 2014). Vulnerable children include those with physical or mental impairments, those in public care, or those provided accommodation by public authorities (Christophe, 2019). Based on the above definitions, the following are the attributes of child vulnerability. One is children living in impoverished households with significant unmet needs in terms of adequate education, health care, food/nutrition, shelter, HIV/AIDS services, and ECD services. Thus, the above definition is adapted in the context of this study.

2.3 Theoretical Review

The section offers ideas that try to identify the facts about what exactly needs to be done regarding vulnerable children's access to health services and come up with solutions to questions that create a vacuum on the study topic. The theory of structural Functionalism guides this study.

2.3.1 Structural Functionalism Theory

Structural functionalism theory was developed by Emile Durkheim, who was born on April 15, 1858, in France (Ritzer, 2011) France (Ritzer, 2011). The key augments on this theory as follows: society as a system, social order, social solidarity, and equilibrium of the society as follows: Society as a system focuses on how society is a complex system made up of interrelated parts working together to promote solidarity and stability (Ossa et al., 2023). Social order focuses on the roles of individuals performing in daily life that shape behavior through

established norms and values. Social solidarity focuses on how institutions and individuals are interconnected, which means that the failure of one structure may lead to the failure of all of society.

In this study, structural Functionalism provides a framework for understanding how different institutions and social structures play specific roles in ensuring healthcare access for vulnerable children. NGOs, for instance, function as a critical component of this societal system by filling gaps where government services fall short.

Durkheim argued that all these parts must work efficiently and effectively to stabilize society (Milton, 2007). Structural Functionalism is a theoretical perspective that focuses on the functions performed in society by social structures such as institutions, hierarchies, and norms Diago (2020). The stability and solidarity of any community depend on the community's role in playing role roles for vulnerable children. If the whole community plays its role effectively, no vulnerable children will exist.

2.3.2 Relevance of Structural Functionalism Theory to the Study

Structural Functionalism, developed by Emil Durkheim, views society as a complex system where institutions must work together to maintain stability and order. Structural Functionalism provides a valuable lens to analyze how different parts of society must work together to ensure that vulnerable children have access to healthcare, reinforcing the idea that societal stability and well-being depend on the effective functioning of these interrelated structures (Fisher, 2010).

This theory is relevant to the study as it underscores the role of NGOs in enhancing healthcare access for vulnerable children. By addressing gaps in healthcare and fulfilling their social roles,

NGOs contribute to societal equilibrium and stability, reinforcing the interconnectedness of social institutions and supporting the overall well-being of vulnerable children in Karagwe District Council.

2.3.3 Effectiveness of NGOs in Access to Health Services among Vulnerable Children

Functional organization is one of the dimensions of the structuring of society, shaped by the functional needs of society and its parts. In more complex societies - or, in other words, in societies that have reached a higher stage of development - the functional dimension reflects the increasing degree of differentiation of the actions that perform certain functions and the institutions that organize them (Pokol, 2016). The result of rules learning is manifested in the roles an individual plays through socialization, and thus, the integration is factored by the nature of human behavior. This concept is bathed with sick roles and ill behavior (Julius, 2014). According to structural functionalism theory, access to health services for vulnerable children results from structure. This study structure includes the NGOs and relevant institutions responsible for providing essential services to the target group, especially the vulnerable children. Therefore, the provision of health services to vulnerable children fulfills the obligation of the NGOs, and it is part and parcel of their responsibilities to ensure access to health services.

2.3.3.1 Contribution of social workers in access to health services among vulnerable children

Social workers help clients cope with stress and access community resources and empowering services. Their roles include enabling individuals and families to find solutions, facilitating organizational development for groups and organizations, and planning and research for communities and society. Structural functionalism theory examines the existing social relations and arrangements and how they serve the interests of powerful groups in society while

negatively impacting less powerful and marginalized groups. Make prominent the power and control issues in society and worker-client relations. For this study, this theory informs us on the relationship between social workers and access to health services among vulnerable children. According to Alemu (2022), social workers are essential in ensuring vulnerable groups access health services in hospitals and the community. Alemu (2022) adds that access to health services increases as deepening on the number of social workers deployed in a specific area.

2.3.3.2 Challenges associated with access to health services among vulnerable children

Structural Functionalism is a broad perspective in sociology and anthropology that interprets society as a structure with interrelated parts. Functionalism addresses society in terms of the function of its constituent elements, such as norms, customs, traditions, institutions, etc. Social structures are stressed and placed at the center of analysis, and social functions are deduced from these structures (Subedi, 2018).

According to the theory of structural Functionalism, the challenges and problems result from systems failing to perform their roles in society. Thus, the challenges facing vulnerable children, such as inadequate services to vulnerable children, are attributed to the poor system design, which has led to errors, poor quality of care, and dissatisfaction among vulnerable children and their families. The needs of the chronically ill are not being adequately met due to the failure of responsible structures and institutions such as the government. In this study, structural Functionalism informs us about the role of NGOs in enhancing the accessibility of health services among vulnerable children. The NGOs fill the gap created by structures such as the government and families not being accountable to their people.

2.4 Empirical Literature Review

This section presents a literature review guided by the specific objective of this study, as presented in Chapter One.

2.4.1 Effectiveness of the NGO's inaccessibility of health services to vulnerable children

The NGOs play a crucial role in strengthening access to healthcare services, especially for vulnerable children, by filling gaps left by government systems. They focus on addressing the diverse needs of orphaned and vulnerable children (OVC) through targeted interventions such as health education, social protection, and community-based health services. The needs of Orphan and vulnerable children (OVC) vary widely based on age, gender, socioeconomic status, and geographic location. The President's Emergency Plan for AIDS Relief (PEPFAR) collaborates with partner countries to ensure that the diverse needs of OVC are integrated into efforts to identify, map, and plan for addressing overall health needs within a country. For instance, PEPFAR is enhancing connections with food and nutrition programs, initiatives to prevent mother-to-child transmission of HIV (PMTCT), and sites offering treatment for both adult and pediatric patients. Additionally, it aims to enhance the training of community health workers and home visitors to monitor the growth and development of children. Despite constituting a small portion of the overall population, OVCs are often at a heightened risk of HIV infection and face barriers to accessing traditional social services (Ojo, 2019).

As per the National Social Security Policy, NGOs were also entrusted with complimenting the Government efforts towards social assistance and supplementary schemes and creating public awareness of social protection. In the year reviewed, NGOs continued to strengthen social protection services through a series of projects implemented. For instance, they provided social

assistance to more than 11,403 vulnerable children regarding education support (school fees and supplies), food, shelter, and, more importantly, psychosocial support. Regarding health accessibility insurance among MVCs, NGOs facilitated the enrollment of about 4311 MVCs to attain the CHF cards for free at Karagwe District. `

Over the years, international and local non-governmental organizations (NGOs) have worked diligently to address healthcare delivery, research, and advocacy gaps. NGOs have demonstrated relatively effective performance and achieved tangible results due to their adaptable planning and capacity to design projects tailored to specific populations. These projects include health education, promotion, social marketing, community development, and advocacy. Engaging NGOs in health system-strengthening endeavors can foster a healthcare system marked by enhanced efficiency, increased equity, and improved governance, aligning with the objectives of the Sustainable Development Goals (Ejaz, 2021).

According to Ghana (2022), NGOs help communities develop and grow economically through education in rural communities, assisting the marginalized. Also, non-governmental organizations typically are established to work toward public or social welfare goals. For instance, an NGO could focus on human rights, health care, and helping people experiencing poverty to seek services. They help public agencies facilitate policies to overcome challenges that comfort goals and achievement (Pretorius et al., 2019)

USAID (2018) states that NGOs contribute significantly to developing improved policies and policy environments, enhanced capacity, and increased availability of public and private resources for family planning, reproductive health, child health, and HIV/AIDS services. They also play a pivotal role in facilitating discussions on critical health reform issues, advancing

knowledge and methodologies for health reform development, and demonstrating successful approaches to implementation that led to improved access, equity, and affordability of healthcare services across various country settings. NGOs continue to support the health sector by implementing a series of health projects, as elaborated in the discussion. Supporting the government's efforts to ensure the availability of health services to the Tanzanian community is emphasized by the National Health policy, which states that health services are available and accessible to all the people in the country (rural and urban)—during the year, reported NGOs continued to build health centers that offered free medical services to some members of the community, particularly vulnerable children, among the health centers built in Karagwe District councils like Katanga health center, Nyakayanja health center and Karagwe District hospital.

Evidence suggests that nutritional gardens established by NGOs play a vital role in addressing widespread food shortages in households with OVC. Consequently, NGOs contribute to fulfilling one of the fundamental physiological needs outlined in the basic needs approach: access to food. This finding is consistent with previous research by Dube (2020), which underscored the significant impact of nutritional gardens in mitigating food shortages, particularly in HIV-exposed populations (Kabonga, 2023).

The contribution of non-governmental organizations (NGOs) to developing countries is widely recognized. NGOs are crucial in providing relief and emergency services, supporting economic and social development, raising awareness among marginalized groups about their rights, shaping policy agendas, and monitoring national and transnational issues, among other activities. In contrast, government health systems in many developing countries are often weak and insufficient, particularly regarding delivering primary healthcare to orphaned and vulnerable

children (OVC). When these children attempt to access services in both public and private healthcare facilities, they frequently encounter discrimination and poor treatment.

NGOs have been pivotal in providing health services to vulnerable populations that are available and affordable. Research indicates that NGOs offer various services, including family planning, hygiene, delivery, and health and nutrition, to the most vulnerable communities, particularly those with vulnerable children. Moreover, the availability of health services has been facilitated by providing regular service sources through static clinics and outreach initiatives (Ismail, 2023).

Many NGOs focus on preventive measures by promoting health services to vulnerable children, like immunization, advocating for hygiene and sanitation practices, and conducting health education programs. These efforts raise awareness and empower individuals and communities to make informed decisions about their health. NGOs play several vital roles in health education, managing health crises, operating infrastructure like hospitals, and supporting innovation in health care. They also advocate for government health programs and research and provide technical assistance and training.

2.4.2 The role of social workers inaccessibility of health services to Orphan and vulnerable children (OVC)

Deploying social service workers in health facilities offers a range of comprehensive benefits. They enable a holistic approach to healthcare by addressing the social determinants of health, coordinating integrated care across sectors, and providing early identification and intervention in cases of violence against vulnerable groups such as children, women, or elders. Social service workers are adept at fulfilling various roles within health facilities, including behavioral health specialists, care managers, community engagement specialists, and advocates across different

levels. However, it is crucial to carefully consider how these workers are deployed to ensure that health systems derive maximum benefit from their unique skills and competencies (USAID, 2023). Social welfare workforces that provide care and support for vulnerable populations, especially children, are all too often some of the weakest and most poorly funded. Current social welfare workforce staffing plans lack clearly defined strategies and realistic implementation mechanisms due to funding constraints, while the absence of accurate human resources data and cost projections, coupled with ineffective, sometimes corrupt, systems for recruiting, hiring, and promoting workers, further impedes efforts to bolster the workforce. In addition, existing educational opportunities are outdated and unable to meet the demand for this high-stress, often under-appreciated workforce.

Christopher (2019) highlights the vital role of social workers in providing psychosocial support to orphaned and vulnerable children (OVC) affected by HIV/AIDS. When illness strikes a family, it brings significant challenges across multiple dimensions of the children's and caretakers' lives, leading to traumatic stress, bereavement, and difficulty accessing basic needs. This underscores the urgent need for psychosocial support. Within families, resources may be diverted to care for sick relatives, leaving children without focused support. At the community and national levels, mechanisms supporting vulnerable children are strained, placing additional demands on social workers and limiting their capacity to meet the needs of OVC in families and institutions.

In low-resource settings where HIV prevalence is high, community-based caregivers represent an untapped resource for addressing the needs of orphans and vulnerable children. Whether employees or volunteers with local government authorities, NGOs, or private groups, these

individuals are dedicated to helping the communities they serve. They are also familiar with the background and culture of the HIV-affected children they work with. Unfortunately, lacking training, mentoring, supervision, and ongoing support hinders their ability to effectively engage, assess, and refer their clients to the appropriate community resources and service providers. As a result, many children and families are not able to access critical medical and psychosocial support, including housing and food assistance, healthcare, counseling, education, and basic safety and protection services.

According to UNICEF, there were an estimated 13.8 million children and adolescents (0-18 years) worldwide who have lost one or both parents to AIDS as of 2019, 80% of whom live in sub-Saharan Africa. In Nigeria, there are an estimated 2.5 million orphans and vulnerable children due to HIV/AIDS. AIHA and our sister Nigerian organization, in partnership with the Society for Family Health (SFH), a Nigerian-based NGO, and Save the Children Federation (SCF), are implementing a five-year project funded by USAID entitled the Integrated Child Health and Social Services Award (ICHSSA 3) Program. Program is "to ensure that most Vulnerable children are cared for and protected by their households, communities, local and state government" through civil society and partnerships.

The Auxiliary Social Work (ASW) program is the safety valve identified to provide an immediate and long-term solution. Middle and lower-level manpower needs to be trained and provided with the knowledge and skills to intervene in empowering children, families, and communities to take control over their life situations and solve their own problems. The demand for social services at the household level has grown, which poses a big challenge for the available social workers, thus necessitating the need for the training of Auxiliary Social Workers

to supplement the services of professional social workers. Now in its fifth year, the ICHSSA has had much success,

Improving access to essential services (including HIV treatment and prevention services, education services, child protection services, nutrition services, and targeted socioeconomic support) for children and their caregivers strengthens child, adolescent, and family resilience. The delivery of child- and family-centered, high-quality Vulnerable Children services and support is a core priority for ensuring that children living with, affected by, and vulnerable to HIV can survive, thrive, and reach their full potential. Some of our recent achievements include:

Improve the quality of life for Orphans and Vulnerable Children (OVC). Working in collaboration with the Government of the Republic of Zambia (GRZ), Zambia Rising aimed to strengthen social welfare systems, improve coordination among line ministries, and bridge the gap between government, civil society, the private sector, and other critical stakeholders. The consortium also included the Comprehensive HIV/AIDS Management Program (CHAMP), Boston University / Zambia Center for Applied Health Research and Development (CARD), and the Training Resource Group (TRG).

Although training packages varied slightly from country to country based on local needs, the basic model included an introductory course that was approximately two weeks in duration. This course introduced critical social work concepts and taught practical skills in outreach and client identification, needs assessment, case management, child development, resource linkages, family support, counseling, ongoing service coordination, and avoiding professional burnout. Upon completing the introductory course, participants underwent six months of supervised fieldwork and mentoring before taking a follow-up course focusing on specialized skills for caring for

vulnerable children and families. Topics covered included stigma reduction, collaboration with local governments, care and support for children living with HIV, HIV risk reduction, and addressing the needs of diverse family situations. In collaboration with local stakeholders

2.4.3 Challenges Associated with Services Provision to Vulnerable Children

Vulnerable children face heightened risks, both personal and environmental, which stem from factors such as inadequate nutrition, limited access to education, and barriers to healthcare services. This vulnerability is compounded by the fact that more than half of the world's impoverished population resides in rural areas. Studies like Chan et al. (2016) and Awiti (2014) have highlighted disparities in geographic access to healthcare, with rural populations often facing greater travel distances to reach healthcare facilities. Moreover, poverty is closely intertwined with reduced access to healthcare services, affecting individuals across all age groups (IA, 2022).

While much attention is rightfully directed towards children orphaned by AIDS, it is important not to overshadow the challenges faced by orphans for other reasons. In Sub-Saharan Africa, the extended family system has historically played a crucial role in caring for orphans and vulnerable children, underscoring the importance of community support mechanisms (Mutiso, 2018). The highest concentrations of vulnerable children are found in countries with high HIV prevalence rates or those recently affected by armed conflict. HIV/AIDS remains a significant concern, with the disease being the leading cause of death globally among individuals aged 15-49. The impact of HIV/AIDS is evident in the lives of orphaned children, with estimates from UNICEF indicating a staggering number of children orphaned by AIDS, particularly in Sub-Saharan Africa.

The repercussions extend beyond immediate loss, as orphaned children often face disruptions in education, loss of social networks, and relocation, placing additional strains on their well-being (UNICEF, 2008). The vulnerability of orphaned and vulnerable children (OVC) is multifaceted, influenced by factors such as parental death, household poverty, disability, chronic illness, and involvement in hazardous labor or street life. These circumstances increase their susceptibility to various risks, including HIV transmission, sexual abuse, violence, and exploitation (TACAIDS, 2016).

In Karagwe District Council, recent data from the Department of Social Welfare highlights the critical situation of OVC, with 3,262 identified in the district. Factors contributing to their vulnerability include extreme poverty, family separation, chronic illness, HIV/AIDS impacts, and child labor (CHMT, 2021). Addressing these challenges requires comprehensive strategies that address both immediate needs and underlying systemic issues, ensuring the well-being and protection of vulnerable children in the community.

According to Shonkoff et al. (2000), the environment and all the experiences affect multiple aspects of early human development, from the brain's developing circuitry to the child's sense of empathy. However, talking about the environment about vulnerable children, as they grow up in a harsh environment with few opportunities and protective factors - face multiple risks in their development, such as social-emotional development difficulties or behavioral problems. Environmental factors play a vital role in modulating the brain development of a child; as vulnerable children face many psychosocial risks such as poverty, dire conditions of living, or family violence, there is an increase in the odds of impaired development (Shonkoff et al., 2000).

Vulnerable parents face many daily stressors that impact their relationship with their children (Dow, 2011).

One of the most consistent factors that influences children's development, according to Shonkoff et al. (2000), are parent's mental health, specifically psychological distress caused by economic hardship. McLeod (1997) highlighted the association between economic hardships and parental psychological distress and how this impacts the children's developmental outcomes. However, many other environmental challenges increase family stressors in vulnerable contexts, such as poor nutrition, neighborhood conditions, and other environmental hazards; even though some of the studies present each challenge separately, the interconnection between them is crucial and can significantly impact the child's development. Data shows that many challenges have occurred among vulnerable children and their families since COVID-19 hit the world.

Information is just some of the new issues that have occurred. An interesting aspect is how the economic difficulties alone: Child labor, child marriage, access to education, food insecurity, freedom of movement, or lack of g with freedom of movement- two new issues that have arisen due to COVID-19, had a significant impact on some other challenges. Food insecurity became a major problem due to the inability to move outside the camp to purchase it, increased prices, and incapacity to afford it caused by job losses and school closure, all increasing the family's stress level. The findings align with Elshahory et al. (2020), which reports that the monthly incomes below the poverty line and the quarantine measures were significantly associated with food insecurity and high-stress levels. Before the pandemic, schools were an essential food source for the vulnerable. According to Drennen et al. (2019), food insecurity can be 21 devastating among children. It is associated with developmental risks, behavioral problems, hospitalizations, and

poor overall health that, according to Shonkoff et al. (2000), can be a detrimental risk for children's well-being throughout and beyond childhood years. Access to education is interconnected with the economic challenges. Many children reported financial insecurity as a reprioritizing factor in their access to online resources. The relationship between these two issues is consistent with You (2020), which stated that financial challenges encountered by this population during the pandemic will increase the learning deprivation gap. Before the pandemic, access to school was the most valuable place to facilitate the development of vulnerable children by playing a vital part in their integration, not only for their education but also for their social and emotional development (Fazel & Stein, 2002). As the schools closed, the focus from education shifted to the economic situation of the family; child marriage and child labor increased in this context and were ways of saving the family from poverty.

The results agree with UNICEF (2020), which reported that the loss of household income during the pandemic had increased early marriage and child labor. However, child labor poses a risk to the social development of a child, as they cannot build positive relationships with their peers or spend time with family members, which can lead to insecure adults at risk of developing such emotional issues (International Labor Rights, 2011). Girls who are getting married at a younger age are more likely to suffer from depression as they are at higher risk of domestic violence and early pregnancies, and it forces them out of education, which can lead to an intergenerational transmission of poverty (Oyortey et al., 2003; Person et al., 2015).

Shonkoff et al. (2000) reported that financial hardship might compromise the relationship between the parent and the child by creating "tension and hostility as well as reducing warmth and supportiveness in the home." In addition, the overcrowding and violence issues were

presented as being related in two included studies only; however, the correlation between these two is critical. The studies that 22 reported overcrowding as an exacerbated challenge in the context of the pandemic referred to it because of high rates of unemployment job-losses or the imposed lockdown measures. According to the extant literature, living in an overcrowded place can lead to less responsive parenting due to stress, indirectly impacting the child's behavioral problems (Caldwell & Bradley, 1984).

2.5 Conceptual Framework

A conceptual framework is an analytical tool that can be used in various contexts. Its purpose is to delineate conceptual distinctions and structure ideas in a practical manner that is easy to understand and apply (Robson, 2013). In the context of this study, the conceptual framework is predicated on the assumption that the accessibility of health services for orphaned and vulnerable children (OVC) is influenced by the presence and roles of non-governmental organizations (NGOs).

This conceptual framework shows how NGOs and social workers, through their respective roles and interventions, influence the accessibility of health services for vulnerable children and highlights the barriers that may affect access.

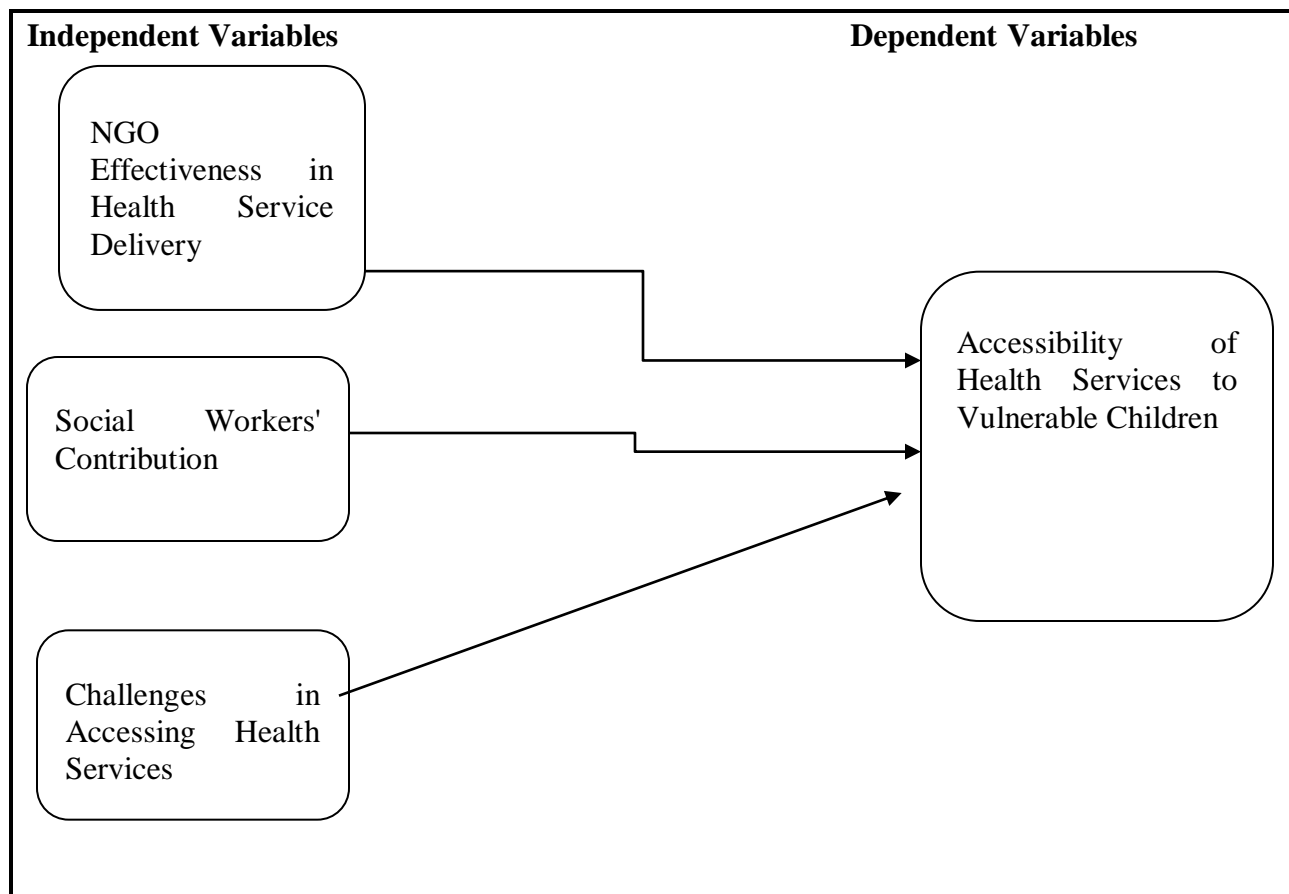


Figure 2.1: The Role of NGOs in Accessibility of Health Services among Vulnerable Children

Source: Researcher's work, 2024

2.6 Research Gap

The literature reviewed indicates that the presence of non-governmental organizations (NGOs) significantly contributes to the accessibility of health services among vulnerable children. Several studies highlight the positive impact of NGOs in bridging gaps in health service delivery, research, and advocacy. Ejazi et al. (2021) emphasize the effectiveness of NGOs in flexible planning and designing population-based projects aimed at health education, promotion, and community development. Similarly, Ojo (2019), TACAIDS (2016), and USAID (2018)

underscore the vital role of NGOs in meeting the needs of orphans and vulnerable children (OVC) and driving health sector reforms.

Another aspect of the literature explores the challenges faced by vulnerable children and how NGOs have tailored programs to address these issues. The Tanzania National Coasted Plan for MVC (2017) outlines various challenges associated with child vulnerability, including poverty, inadequate education, healthcare, and HIV/AIDS services. Studies by TACAIDS (2016), IA (2018), Mutiso (2018), MOH (2021), and Karagwe CHMT (2019) corroborate the significant impact of poverty on access to health services for vulnerable children.

Furthermore, literature delves into the role of social workers in facilitating access to health services for vulnerable children. USAID (2023) emphasizes social workers' essential services, including psychosocial support through household visits and outreach services. Christopher (2019) highlights the connection between the deployment of social workers and improved accessibility to health services for orphaned and vulnerable children.

Despite the wealth of literature on the subject, there is a notable gap in empirical studies assessing the specific role of NGOs in enhancing the accessibility of health services among OVCs in the Karagwe District Council of Kagera Region. This study aims to address this knowledge gap by assessing the impact of NGO interventions on healthcare access for vulnerable children in Karagwe.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Chapter Overview

This section includes justification of the research philosophy, research approach, research design, study area, study population, sampling design and sample size, data types and sources, data analysis, validity and reliability, and ethical considerations.

3.2 Research Philosophy

Saunders *et al.* (2014) defines research philosophy as the approach to gathering and analyzing data about a particular phenomenon. This study adopts a positivist research philosophy, as described by Bui *et al.* (2021), which emphasizes the assessment of precise knowledge gained through empirical evidence and measurements. This approach allows for objective measurement through quantitative methods, ensuring findings are based on measurable data rather than subjective interpretations. The focus on cause-and-effect relationships enables exploring how NGO interventions directly impact health outcomes, enhancing the potential for generalizable results across different contexts. The study employed various quantitative methods, including questionnaires, to gather data from beneficiaries and analyze health outcome metrics. Positivist philosophy entails testing variables using empirical evidence and measurements, aligning well with quantitative research methods where data is statistically analyzed to provide precise and significant findings regarding the role of NGOs in strengthening the accessibility of social services among vulnerable children.

3.3 Research Design

Research design refers to the comprehensive plan and strategy that delineates the steps and procedures for scientific investigation (Creswell, 2018; Leedy & Ormrod, 2021). This study used a cross-sectional research design to gain a deep understanding of how NGOs strengthen healthcare access for vulnerable children by exploring participants' perspectives and experiences.

3.4 Research Approach

The research approach refers to the overall strategy or plan for conducting a research study, outlining how researchers will collect and analyze data to address their research questions or objectives (Jacobsen, 2020). In this study, a quantitative research approach was employed to assess the contribution of NGOs in strengthening access to health services among vulnerable children.

3.5 Study Site/Area

This study was conducted in Karagwe District, Kagera Region. The focus was on orphan and vulnerable children (OVC), their parents and caregivers, NGO project beneficiaries, NGO staff, and Social Welfare Officers in Karagwe District. Several compelling reasons drive the selection of Karagwe District Council for this study. Karagwe District has a notable population of vulnerable children, with 11,876 facing difficulties accessing health services, according to the Department of Social Welfare in Karagwe District (2023). This marks the Karagwe district council as one of eight councils of the Kagera region with many vulnerable children in need of accessing health services, leading various NGOs to establish different interventions to improve access to health services among vulnerable children. The district's demographic profile, characterized by poverty and limited access to essential services, underscores its relevance as a

study site. By focusing on this district, the study can provide insights into how these organizations operate, their contributions to healthcare delivery, and their role in addressing gaps in services for vulnerable groups. Understanding these local conditions can shed light on the unique obstacles encountered and the strategies employed by NGOs to overcome them. The findings from this study will be crucial for informing local policymakers, NGOs, and healthcare providers, enabling evidence-based decision-making and resource allocation to improve healthcare accessibility in Karagwe and similar regions.

3.6 Study population

The target population is a small percentage, narrowed to specifically define participants who display evident characteristics of significance and concern to the study (Creswell, 2018). The study population includes orphans and vulnerable children, OVC households, stakeholders, and women working to improve the standard of living of OVC, including non-governmental organizations in the Karagwe District. The general population of the study was 500 individuals.

3.7 Sampling Procedures and sample Size

This section provides the sampling procedure that will be followed. It also describes how the sample size was obtained. Finally, it provides a brief description of the sampling frame and data collection technical aspects.

3.7.1 Systematic Random Sampling

Random sampling is a statistical sampling technique where each member of a population has an equal and independent chance of being selected for inclusion in a sample (Bhattacharya & Acharyya, 2020). The study used systematic random sampling to select OVC households. The researcher selected 50 respondents out of 500 households using simple random sampling. The

researcher chose respondents from 5 wards out of 23 wards in the in Karagwe District, prepared a list of all 23 wards by numbering them on a piece of paper, and then requested her associate to choose five pieces arbitrarily. The chosen wards were the selected sample for the study. To obtain the respondents who were given questionnaires in the field, the researcher wrote on a piece of paper between numbers 1 to 5, mixed it in a box, and asked one of the ward members to pick one number randomly. Then, the researcher systematically selected respondents by adding five as an interval until all 50 respondents were selected and involved in the study. This method avoided bias and gave an equal opportunity for the inclusion of a sample.

3.7.2 Sample Size

Bhattacharya and Acharyya (2020) define sample size as a subset of a universal population. It is difficult for the researcher to research all targeted populations; instead, the researcher must select a few from the entire population to participate. A total of 50 randomly selected households will be involved in this study and will give their responses through questionnaires.

Table 3.1: 1 Sample Size

N.	Type of respondent	Target population	Sample size
1	Households	500	50
	Total	500	50

Yamane's formula was used to determine the size of the sample to be used for data collection. The formula is as follows.

$$n = \frac{N}{1 + N(e)^2}$$

Whereby.

n is the sample size; N represents the population selected, which is 500; and

e is the level of precision or sampling of error, which is normally expressed in percentages from $\pm 5\%$ to $\pm 10\%$. However, in the case of this study, the level of precision was $\pm 10\%$.

Therefore.

$$n = 515 / 1 + 500(10\%)^2$$

$$n = 515 / 1 + 515(0.01)$$

$$n = 50$$

Therefore, $n = 50$

3.8 Sources of Data

According to O'Leary (2014), there are two data sources: primary and secondary. Data collected from primary sources is known as primary data, and data collected from secondary sources is called secondary data.

3.8.1 Primary Data

Primary data are fresh information gathered directly from the field (Mbogo *et al.*, 2014). They are fresh, first-hand information that is original in character and intended for the research being undertaken (McGregor, 2015). Primary data is important for all areas of research because it is direct information about the results of an experiment or observation. In this study, primary data are quantitative and were collected from the OVC households, who are the direct recipients of health services in Karagwe District.

3.9 Data Collection Tools

This part is about the data collection tools that the researcher must employ. In this context, only a questionnaire will be used to collect data from households of vulnerable children.

3.9.1 Questionnaire

A questionnaire is a research instrument consisting of a series of questions designed to gather information from respondents (Saul McLeod, 2018). This study used close-ended questionnaires to examine the role of NGOs in enhancing access to health services among vulnerable children in the Karagwe District. A total of 50 randomly selected households were given questionnaires to provide their responses on the role of NGOs in enhancing access to health services.

3.10 Data Analysis, Interpretation, and Presentation

Data analysis involves interpreting data gathered using analytical and logical reasoning to determine patterns, relationships, or trends (Creswell, 2015). Data interpretation and presentation seeks to effectively present data so that it highlights key findings and conclusions. There are numerous examples and formats of how data can be presented, including written descriptions, narratives, matrices, tables, graphs, pie, and bar charts, and mapping (IFRC, 2011). The researcher used quantitative analysis, which involved the use of tables and charts where the figures are computed using percentages and reported in summary results in numerical terms, which were given with a specified degree of confidence, whereby SPSS version 20 was used to compute the data for analysis.

3.11 Validity and Reliability

This section gives an overview of how the findings of this study measured what exactly was intended, as well as the consistency of the study results

3.11.1 Validity

Validity in research refers to the extent to which a study measures what it intends to measure and the accuracy of the conclusions drawn from the data collected (Polit & Beck, 2017). To ensure

validity, data was gathered from reliable sources, and questions were formulated based on the literature review and conceptual framework. The questionnaires were pre-tested with a small group of respondents to ensure clarity and accuracy in measuring the intended variables.

3.11.2 Reliability

Reliability refers to the consistency of results over time, place, instrument, and users (Taylor *et al.*, 2016). For a research study to be considered reliable, it should produce consistent results when repeated with a similar group of respondents in a similar context (Denzin & Lincoln, 2018).

To enhance the Reliability of the research findings, the researcher took several measures. Firstly, she designed a concise and straightforward questionnaire format to prevent respondent boredom and use simple language to avoid confusion. The questionnaire was pre-tested with ten respondents to assess the desired data, and the pilot results informed adjustments to the final questionnaire. The final version was then distributed to the target respondents for data collection. These steps ensured that the research findings were reliable and replicable in a similar context.

3.12 Ethical considerations

In research, ethical considerations refer to the agreement researchers make with their study participants. Best and Khan (2014) outline five categories of ethical issues in research: protection from harm or danger, informed Consent, right to privacy, confidentiality, and honesty with professional colleagues. Also, according to (Kothari, 2004), ethical considerations include principles that guide researchers in ensuring participants' rights, dignity, and welfare are protected throughout the research process. The researcher emphasized upholding ethical principles in the study, ensuring participants' confidentiality, and limiting access to personal information to only those involved in the research. Anonymity was maintained throughout the

study, and strict ethical standards will be followed. Proper citation and referencing were observed, and participants had the freedom to complete questionnaires at their convenience. Additionally, the researcher obtained permission from relevant authorities, including the Karagwe district council and the Open University of Tanzania, to conduct the study in line with established research Protocols.

3.12.1 Voluntary Participation

Participation in the study was entirely voluntary, with no coercion or undue influence exerted on participants to take part. The researcher clarified that participants had the right to decline Participation or withdraw at any stage without any negative consequences. This voluntary participation principle was critical in maintaining the ethical standards of the research, ensuring that all data collected was willingly provided and that participants were genuinely interested in contributing to the study (Creswell, 2014). This approach fostered a sense of respect and autonomy among participants.

3.13.2 Informed Consent

Informed Consent is the process of telling potential research participants about the critical elements of a research study and what their Participation will involve (Bos, 2020). The researcher obtained informed Consent and voluntary Participation from all participants in the study. The researcher used a custodian instead of the consent form for pupils who are children under 18 years old to get the information required for this study. The researcher asked the school administration to provide her with their parents' mobile numbers; she called them to get their Consent before interviewing their children. The researcher provided introductory remarks to the respondents concerning the purpose of the study before starting data.

3.12.3 Do Not Harm Principle

The "Do Not Harm" principle was a guiding ethical consideration throughout the study. The researcher was committed to ensuring that no physical, psychological, or emotional harm came to participants because of their involvement in the study. This was particularly important given the sensitive nature of the research topic, which could potentially evoke distress among participants (Guillemin & Gillam, 2004); the researcher was prepared to provide support or referrals if Participation in the study caused any discomfort.

3.12.4 Confidentiality

Barlk (2019) defines confidentiality as the researcher's agreement with persons about what may be done with their data. There was an agreement of confidentiality between the researcher and household and social welfare officers, whereby names were on the questionnaire, and privacy issues were discussed during the interview and even after the study.

3.12.5 Open University Clearance

Before initiating the research, the researcher obtained the necessary clearance from the Open University's Tanzania ethics review. This approval ensured that the study design met all ethical standards, particularly regarding participant protection, data management, and research integrity. The clearance process involved thoroughly reviewing the research proposal, emphasizing how the study would handle sensitive information and the potential impact on participants. The clearance formally endorsed that the research was ethically sound and could proceed with data collection.

CHAPTER FOUR

FINDINGS PRESENTATION AND DISCUSSION

4.1 Chapter Overview

This chapter analyses and reports the research findings regarding the research objectives. The results are organized according to the objectives' order and supported by relevant data and evidence. Moreover, this chapter provides a thorough discussion of the presented findings.

4.2 Response Rate

Data was collected from 50 respondents from the most vulnerable households in Karagwe, DC. The study population consisted of a sample of 50 respondents who were targeted to provide the researcher with necessary information.

4.3 Demographic Features of the Respondents

This section presents and clarifies the respondent's demographic features, including Age, gender, highest level of education, and occupation.

4.3.1 Age

The study showed that 40% of respondents were in the 25-34 age group, followed by 22% in the 35-44 age group (Table 4.1). These findings indicate that NGOs should prioritize empowering the 25-34 group, who are the most engaged and advocate for healthcare access for vulnerable children. The 35-44 groups plays a crucial role as family decision-makers, making them essential for family-centered health initiatives. The Participation of older adults (45-54 and 55+)

highlights the need for targeted NGO programs to address their unique challenges and ensure inclusivity across all age groups.

Table 4.1: Age of respondents

Age of respondent	Frequency	Percent
15-24	8	16
25-34	20	40
35-44	11	22
45-54	7	14
55 +	4	8
Total	50	100

Source: Field Data, (2024)

4.3.2 Gender

The data revealed that males constituted 52% of the respondents, while females made up 48%. This balance suggested that both genders were fairly represented in the study, providing diverse perspectives on the role of NGOs in improving healthcare accessibility for vulnerable children.

Table 4.2: Gender of respondents

Sex	Frequency	Percent
Female	24	48
Male	26	52
Total	50	100

Source: Field Data, (2024)

4.3.3 Education Level

The study revealed that most respondents had completed primary education, accounting for 36%, followed by 26% with secondary education. Those with diplomas comprised 16%, while 14%

had no formal education. Only 4% of respondents held a university degree, and another 4% had a college certificate. These findings indicated a wide range of educational backgrounds among the participants.

Table 4.3 Education Level of Respondents

Education level	Frequency	Percent
College_certificate	2	4
Diploma	8	16
No_formal_education	7	14
Primary_education	18	36
Secondary_education	13	26
University_degree	2	4
Total	50	100

Source: Field Data, (2024)

4.3.4 Marital status

The study revealed that most respondents, 64%, were married, suggesting that most of the participants were likely part of family units, which could mean they have a direct responsibility for children's well-being. This could be significant regarding how Non-Governmental Organizations (NGOs) engage with families, as married individuals may have a greater interest in or influence over family-centered health initiatives. The presence of widows (12%) and widowers (6%) indicates that some households may face additional challenges, such as single-parenting or the loss of a spouse, which could affect their ability to access health services. The 10% of single respondents and 8% of separated individuals also point to the need for inclusive

strategies to address the unique challenges faced by various household structures in accessing healthcare for vulnerable children.

Table 4.4: Marital Status of Respondents

Marital status	Frequency	Percent
Married	32	64
Separated	4	8
Single	5	10
Widow	6	12
Widower	3	6
Total	50	100

Source: Field Data, (2024)

4.3.4 Employment

The study data indicated that 44% of respondents were farmers. Entrepreneurs accounted for 24%, while 12% were employed in various sectors. Additionally, 20% of the respondents were unemployed. These findings implied that most participants relied on farming as their primary occupation, with a significant portion also engaged in entrepreneurial activities. The presence of unemployed individuals suggested a need for NGOs to consider economic factors when addressing healthcare accessibility.

Table 4.5: Occupation of Respondents

Occupation		
Farmer	22	44
Entrepreneur	12	24
Employed	6	12
Unemployed	10	20
Total	50	100

4.4 To Examine the Effectiveness of the Ngos in Strengthening Accessibility o Health Services to Vulnerable Children

The researcher collected data based on the research objective, which aimed to examine the effectiveness of NGOs in strengthening the accessibility of health services to vulnerable children. The study findings have been presented below in terms of frequency and percentage for each factor used to assess this objective.

4.4.1 Awareness of the NGOs Working in the Community

The study revealed that 90% of respondents knew the NGOs working within their community, while only 10% were not (Table 4.6). This high level of awareness suggested that most of the community recognized the presence and efforts of NGOs, implying that these organizations had strong visibility and likely a significant impact in the area. The small percentage of respondents unaware of NGOs indicated a potential gap that could be addressed through further outreach and education.

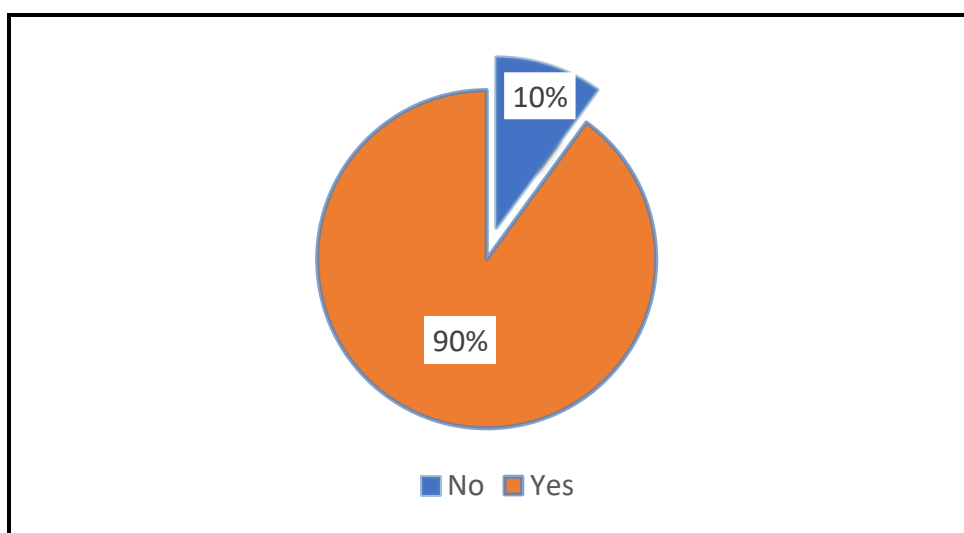


Figure 4.1: Awareness of the NGOs working in the community

Source: Field Data, (2024)

4.4.2 Participation in project identification at community level.

The study revealed that the majority 56% of respondents had participated in project identification, while 44% had not. This indicated that over half of the community members were involved in the planning and decision-making processes of NGO projects, suggesting a level of community engagement. However, the 44% who did not participate highlighted a gap in inclusive participation, suggesting that NGOs could further improve their efforts to involve more community members in project identification and development.

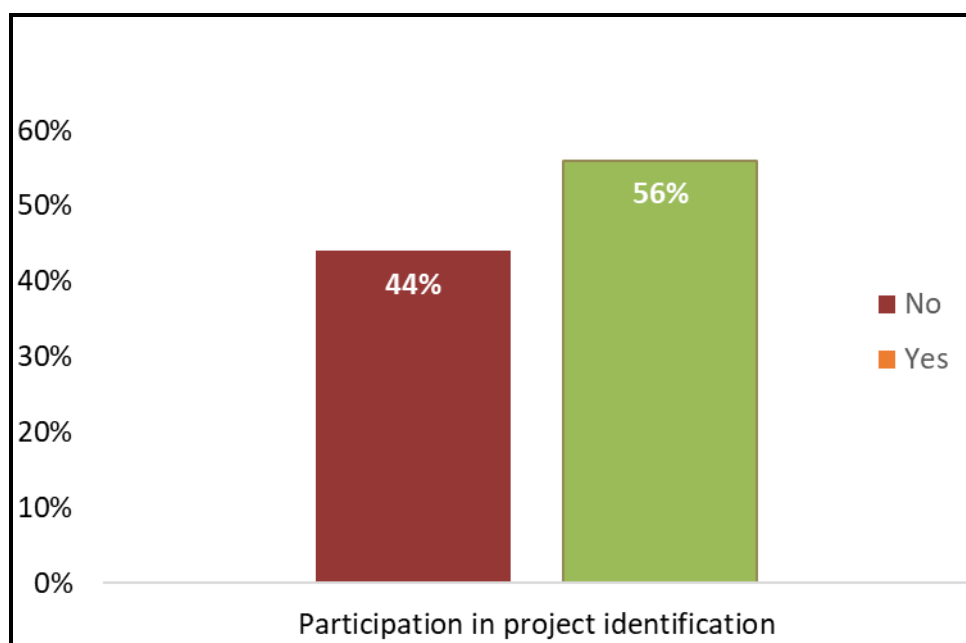


Figure 4.2: Participation in Project Identification

Source: Field Data, (2024)

4.4.3 The Services Provision by Ngos to Most Vulnerable Children

This part shows in detail all the findings under specific objective one. All health service provided by the non-governmental organization to vulnerable children are indicated in this part through graphs and table.

4.4.3.1 Health insurance e.g. NHIF and CHF

The study data revealed that 18% of respondents strongly agreed that health insurance, e.g., NHIF and CHF, were effective, and 40% agreed, showing a positive reception overall. However, 22% disagreed, and 10% strongly disagreed, suggesting some skepticism about their effectiveness. Additionally, 10% were unsure, pointing to uncertainty or lack of awareness regarding the impact of these health insurance provisions. This reflects both the positive and negative perceptions that may inform future interventions. The findings of this study align with the United Republic of Tanzania (2016), which acknowledged the role of NGOs in facilitating access to health services to vulnerable children, whereby 42,316 Vulnerable Children had access to health services through the Community Health Fund (CHF) in the year 2016.

Table 4.6: Health Insurance (NHIF and CHF)

Health insurance eg. NHIF and CHF	Frequency	Percent
Strongly_agree	9	18
Agree	20	40
Disagree	11	22
Strongly_disagree	5	10
Not_sure	5	10
Total	50	100

Source: Field Data, (2024)

4.4.3.2 Provision of Food

The study's implications on the provision of food services by NGOs to the most vulnerable children revealed varied responses; 12% of respondents strongly agreed that food provision was beneficial, and 32% agreed, indicating a positive outlook. However, 24% disagreed, and another 24% strongly disagreed, suggesting some dissatisfaction with the service. Additionally, 8% were unsure, reflecting uncertainty or lack of clarity about the impact of food provision. These findings highlighted the support and concerns related to food assistance initiatives for vulnerable children.

Table 4.7: Provision of Food

Provision of food	Frequency	Percent
Strongly_agree	6	12%
Agree	16	32%
Disagree	12	24%
Strongly_disagree	12	24%
Not_sure	4	8%
Total	50	100

Source: Field Data, (2024)

4.4.3.3 Awareness Creation of Health Issues

The study's data regarding the provision of awareness creation on health issues by NGOs to the most vulnerable children showed a mixed response. 22% of respondents strongly agreed that the initiatives were effective, while 36% agreed, indicating a positive reception overall. However, 22% disagreed, and 12% strongly disagreed, suggesting some concerns or dissatisfaction with the efforts. Additionally, 8% were unsure, reflecting uncertainty or lack of clarity about the

impact of health awareness programs. These results highlighted the successes and challenges in raising health awareness among vulnerable children.

Table 4.8: Awareness Creation of Health Services

Awareness creation of health issues	Frequency	Percent
Strongly_agree	11	22
Agree	18	36
Disagree	11	22
Strongly_disagree	6	12
Not_sure	4	8
Total	50	100

Source: Field Data, (2024)

4.4.3.4 Provision of Reproductive Health Services

The study's data on the provision of reproductive health services by NGOs to the most vulnerable children indicated a generally positive response, with 24% of respondents strongly agreeing that the services were effective and 40% agreeing. However, 16% disagreed, and 12% strongly disagreed, suggesting some dissatisfaction or concerns about the services provided. Additionally, 8% were unsure, reflecting uncertainty or lack of clarity regarding the impact of reproductive health services.

Table 4.9: Provision of Reproductive Health Services

Provision of reproductive health services	Frequency	Percent
Strongly_agree	12	24
Agree	20	40
Disagree	8	16
Strongly disagree	6	12
Not_sure	4	8
Total	50	100

Source: Field Data, (2024)

4.4.3.5 Provision of HIV/AIDS services

The study's implications on the provision of HIV/AIDS services by NGOs to the most vulnerable children showed a generally favorable view. 18% of respondents strongly agreed that the services were beneficial, and 42% agreed, indicating a positive reception. However, 24% disagreed, and 8% strongly disagreed, suggesting some concerns or dissatisfaction with the services. Additionally, 8% were unsure, reflecting uncertainty about the impact of HIV/AIDS services. These findings underscored the positive feedback and the areas where improvements may be needed in providing these crucial services.

Table 4.10: Provision of HIV/AIDS Services

Provision of HIV/AIDS services	Frequency	Percent
Strongly_agree	9	18
Agree	21	42
Disagree	12	24
Strongly_disagree	4	8
Not_sure	4	8
Total	50	100

Source: Field Data, (2024)

4.4.3.6 Provision of Treatment Costs

The study's data on providing treatment costs by NGOs to the most vulnerable children revealed a predominantly positive response. 20% of respondents strongly agreed that the support for treatment costs was adequate, while 42% agreed, reflecting overall satisfaction. However, 24% disagreed, and 6% strongly disagreed, indicating some dissatisfaction or concerns. Additionally, 8% were unsure, highlighting uncertainty about the impact of treatment cost provisions. These findings suggested that while the support was appreciated by many, there were still areas where the provision could be improved.

Table 4.11: Provision of Treatment Costs

Provision of treatment costs	Frequency	Percent
Strongly_agree	10	20
Agree	21	42
Disagree	12	24
Strongly_disagree	3	6
Not_sure	4	8
Total	50	100

Source: Field Data, (2024)

4.4.3.7 Raising Awareness Among Marginalized Groups about their Rights

The study's data on raising awareness among marginalized groups about their rights by NGOs to the most vulnerable children indicated a positive response overall. 28% of respondents strongly agreed that these awareness-raising efforts were practical, and 40% agreed. However, 18% disagreed, and 6% strongly disagreed, suggesting some concerns or dissatisfaction with the initiatives. Additionally, 8% were unsure, reflecting uncertainty about the impact of these

awareness campaigns. The findings emphasized the positive reception and the areas where further efforts might be needed to improve awareness among marginalized groups.

The findings above are well aligned with other researchers like Celestin (2021), who found that NGOs have significantly contributed to improving access to healthcare services by Conducting health education and awareness programs, training healthcare workers, establishing and supporting health clinics and facilities, supporting maternal and child health programs, and providing medical supplies and equipment primarily for the most vulnerable children.

Table 4.12: Raising Awareness among Marginalized Groups about their Rights

Raising awareness among marginalized groups about their rights	Frequency	Percent
Strongly_agree	14	28
Agree	20	40
Disagree	9	18
Strongly_disagree	3	6
Not_sure	4	8

Source: Field Data, (2024)

4.4.3.8 Provision of Immunization Services

The study's implications on providing immunization services by NGOs to the most vulnerable children indicated a generally positive view. 12% of respondents strongly agreed that the immunization services were effective, and 50% agreed, showing a solid endorsement. However, 24% disagreed, and 12% strongly disagreed, suggesting some concerns or dissatisfaction. Additionally, 2% were unsure, reflecting minimal uncertainty regarding the impact of immunization services. These findings highlighted the support for and the areas needing attention in delivering immunization services.

Table 4.13: Provision of Immunization Services

Provision of immunization services	Frequency	Percent
Strongly_agree	6	12
Agree	25	50
Disagree	12	24
Strongly_disagree	6	12
Not_sure	1	2

Source: Field Data, (2024)

4.4.3.9 Provision of Advocating for Hygiene and Sanitation through Health Education Programs.

The study's data on the provision of advocating for hygiene and sanitation through health education programs by NGOs to the most vulnerable children showed a largely positive response. 24% of respondents strongly agreed that the advocacy and education efforts were practical, while 46% agreed. However, 18% disagreed, and 4% strongly disagreed, indicating some dissatisfaction or concerns. Additionally, 8% were unsure, suggesting uncertainty about the impact of these programs. The findings highlighted successes and areas where improvements might be necessary in promoting hygiene and sanitation through health education.

Table 4.14: Advocating for hygiene and sanitation conducting health education programs.

Advocating for hygiene and sanitation conducting health education programs.	Frequency	Percent
Strongly_agree	12	24
Agree	23	46
Disagree	9	18
Strongly_disagree	2	4
Not_sure	4	8

Source: Field Data, (2024)

4.4.3.10 Strengthen infrastructure like hospitals and support innovation in healthcare.

The study's data on strengthening infrastructure, such as hospitals, and supporting innovation in healthcare by NGOs to the most vulnerable children showed mixed feedback. 24% of respondents strongly agreed that these efforts were practical, and 36% agreed, reflecting a positive perception. However, 32% disagreed, and 2% strongly disagreed, suggesting significant concerns or dissatisfaction with the infrastructure improvements and innovations. Additionally, 6% were unsure, indicating some uncertainty about the impact of these initiatives. These findings highlighted the strengths and areas for potential enhancement in healthcare infrastructure and innovation support.

Table 4.15: Strengthen Infrastructure Like Hospitals and Support Innovation in Healthcare

Strengthen infrastructure like hospitals and support innovation in healthcare	Frequency	Percent
Strongly_agree	12	24
Agree	18	36
Disagree	16	32
Strongly_disagree	1	2
Not_sure	3	6
Total	50	100

Source: Field Data, (2024)

4.4.4 Recommendation to improve the performance of NGOs in the provision of health services

The study's data on strengthening infrastructure, such as hospitals, and supporting innovation in healthcare by NGOs to the most vulnerable children showed mixed feedback. 24% of respondents strongly agreed that these efforts were practical, and 36% agreed, reflecting a

positive perception. However, 32% disagreed, and 2% strongly disagreed, suggesting significant concerns or dissatisfaction with the infrastructure improvements and innovations. Additionally, 6% were unsure, indicating some uncertainty about the impact of these initiatives. These findings highlighted the strengths and areas for potential enhancement in healthcare infrastructure and innovation support.

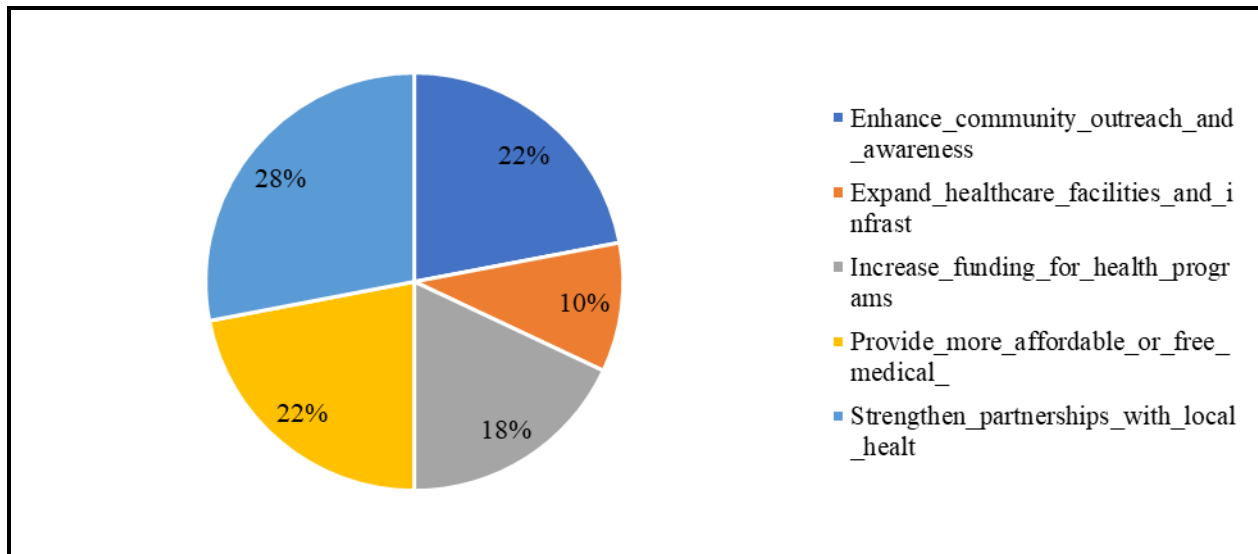


Figure 4.3: Recommendations to Improve the Performance of NGOs

Source: Field Data, (2024)

The study findings align with those of Ojo (2019), who contended that NGOs that enhance connections with food are those that offer nutrition programs, initiatives to prevent mother-to-child transmission of HIV (PMTCT), awareness creation on health issues, treatment for vulnerable children, enhanced training of community health workers, and reproductive health services to parents of vulnerable children. Likewise, (Ejaz 2021, Petrorius *et al.*, 2019, USAID 2018, and Ghana 2022) study indicated that NGOs had played a very significant role which manifested inadequate access to health services, including but not limited to fostering healthcare

systems marked by enhanced efficiency, increased equity, and improved governance, aligning with the objectives of the Sustainable Development Goal; improved policies and policy environments, enhanced capacity, and increased availability of public and private resources for family planning, reproductive health, child health, and HIV/AIDS services.

The findings of this study are aligned with the structural functionalism theory. According to structural functionalism, access to health services for vulnerable children results from structure. This study's structure includes the NGOs and relevant institutions responsible for providing essential services to the target group, especially the vulnerable children. Therefore, the provision of health services to vulnerable children fulfills the obligation of the NGOs, and it is part and parcel of their responsibilities to ensure access to health services.

4.5 To Assess the Contribution of Social Workers to Enhancing the Accessibility of Health Services to Vulnerable Children

The researcher collected data based on the research objective, which aimed to assess the contribution of social workers to enhancing the accessibility of health services to vulnerable children. The study findings have been presented below in terms of frequency and percentage for each factor used to assess this objective.

Table 4.16: Providing Early Identification and Intervention in Cases of Violence against Vulnerable Groups Such as Children

Providing early identification and intervention in cases of violence against vulnerable groups such as children	Frequency	Percent
Strongly_agree	26	52
Agree	15	30
Disagree	7	14
Strongly_disagree	1	2
Not_sure	1	2

Source: Field Data, (2024)

4.5.1 Providing early identification and intervention in cases of violence against vulnerable groups such as children

The findings revealed that 52% of respondents strongly agreed, and 30% agreed that early intervention by social workers was crucial in addressing violence against vulnerable children. In contrast, 14% disagreed, and 2% strongly disagreed with this view. Additionally, 2% of participants were unsure about the role of early identification and intervention in improving healthcare access for vulnerable children. These results indicated strong support for the active involvement of social workers in protecting vulnerable children through early intervention.

Table 4.17: Addressing the Social Determinants of Health

Addressing the social determinants of health	Frequency	Percent
Strongly_agree	12	24%
Agree	25	50%
Disagree	9	18%
Strongly_disagree	3	6%
Not_sure	1	2%

Source: Field Data, (2024)

4.5.2 Addressing the Social Determinants of Health.

The results indicated that 24% of respondents strongly agreed, and 50% agreed that social workers were vital in addressing these social factors to enhance health service accessibility for vulnerable children. Conversely, 18% disagreed, and 6% strongly disagreed with this view. Additionally, 2% of participants were unsure about the impact of addressing social determinants on healthcare access. These findings highlighted strong support for the role of social workers in tackling social determinants to improve health outcomes for vulnerable children.

4.5.3 Advocate for Behavioral Change in Response to Health Services Uptake

The findings showed that 46% of respondents strongly agreed, and 32% agreed that social workers were effective in promoting behavioral change to encourage the uptake of health services. On the other hand, 14% disagreed, and 8% strongly disagreed with this perspective. These results emphasized that most respondents recognized social workers' importance in advocating for behavioral change to boost healthcare access among vulnerable children.

The findings above align with those of other scholars, such as Sanadgo (2021), who contended that NGOs collaborate with other stakeholders, including governments and non-state actors, to

enhance healthcare services and contribute to achieving universal health coverage through behavioral change activities, such as the deployment of social workers.

Table 4.18: Advocate for Behavioural Change in Response to Health Services Uptake

Advocate for behavioral change in response to health services uptake	Frequency	Percent
Strongly_agree	23	46%
Agree	16	32%
Disagree	7	14%
Strongly_disagree	4	8%
Total	50	100

Source: Field Data, (2024)

4.5.4 Promote Demand Creation for Health Services.

The results showed that 40% of respondents strongly agreed, and 36% agreed that social workers effectively promoted demand for health services. In contrast, 12% disagreed, and 8% strongly disagreed with this view. Additionally, 4% of participants were unsure about the role of demand creation in improving healthcare access. These findings highlighted that most respondents recognized social workers' importance in fostering a more significant demand for health services among vulnerable children.

4.5.5 Providing psychosocial support to orphaned and vulnerable children (OVC) affected by HIV/AIDS

The results revealed that 44% of respondents strongly agreed, and 28% agreed that social workers were crucial in offering this support. However, 10% disagreed, and 8% strongly disagreed with this view. Additionally, 10% of participants were unsure about the impact of psychosocial support on healthcare access for OVC affected by HIV/AIDS. These findings

strongly recognized the importance of psychosocial support in improving health outcomes for vulnerable children.

Table 4.19: Promote Demand Creation for Health Services

Promote demand creation for health services		
Strongly_agree	20	40
Agree	18	36
Disagree	6	12
Strongly_disagree	4	8
Not_sure	2	4

Source: Field Data, (2024)

4.5.6 Provide the Linkage between the Families Of OVC and Health Providers

The findings showed that 36% of respondents strongly agreed, and 42% agreed that social workers were effective in establishing these connections. On the other hand, 12% disagreed, and 4% strongly disagreed with this view. Additionally, 6% of participants were unsure about the role of social workers in linking OVC families with health providers. These results highlighted the significant recognition of the importance of social workers in bridging the gap between OVC families and healthcare services.

Table 4.20: Provide the Linkage between the Families of OVC and Health Providers

Provide the linkage between the families of OVC and health providers	Frequency	Percent
Strongly_agree	18	36
Agree	21	42
Disagree	6	12
Strongly_disagree	2	4
Not_sure	3	6

Source: Field Data, (2024)

The results of this study are like what was found by (USAID, 2023), who found that social workers address the social determinants of health, coordinate integrated care across sectors, and provide early identification and intervention in cases of violence against vulnerable groups such as children and women. Also, Christopher (2019) found that social workers had provided psychosocial support to orphaned and vulnerable children affected by HIV/AIDS, advocated for behavioral change, and health demand creation as, well as acting as a link between the families of vulnerable children and health points such as health facilities, centers, and hospitals.

Regarding structural functionalism theory, social workers help clients cope with stress, access community resources, and access empowering services. Their roles include providing early identification and intervention in cases of violence against vulnerable groups such as children, addressing the social determinants of health, advocating for behavioral change in response to health services uptake, and promoting demand creation for health services and linkage between the families of OVC and health providers. This study and this theory inform us of the relationship between social workers and access to health services among vulnerable children.

According to Alemu (2022), social workers play an essential role in ensuring that vulnerable groups in the community have access to health services in hospitals and the community.

4.6 To explore the challenges associated with access to health services among vulnerable children

The researcher collected data based on the research objective, which aimed to explore the challenges associated with access to health services among vulnerable children. The study findings have been presented below in terms of frequency and percentage for each factor used to assess this objective.

4.6.1 Inadequate Nutrition

The study data highlighted vulnerable children's challenges in accessing health services, particularly regarding inadequate nutrition. The data revealed that 40% of respondents strongly agreed with this issue, while 36% agreed. On the other hand, 12% disagreed, 6% strongly disagreed, and 6% were unsure about the situation. This suggests that many respondents recognized inadequate nutrition as a critical challenge to accessing health services for vulnerable children.

Table 4.21: Inadequate Nutrition

Inadequate nutrition	Frequency	Percent
Strongly_agree	20	40
Agree	18	36
Disagree	6	12
Strongly_disagree	3	6
Not_sure	3	6

Source: Field Data, (2024)

4.6.2 Lack of Awareness on Health Issues

The study data revealed a strong consensus on the lack of awareness regarding health issues among vulnerable children, with 18 respondents strongly agreeing, 32 agreeing, 30 disagreeing, 14 strongly disagreeing, and 6 not sure. The high percentage of respondents agreeing or strongly agreeing indicates that a substantial portion of the population acknowledges the need for improved health education and awareness programs.

Table 4.22: Lack of Awareness on Health Issues

Lack of awareness on health issues	Frequency	Percent
Strongly_agree	9	18
Agree	16	32
Disagree	15	30
Strongly_disagree	7	14
Not_sure	3	6

Source: Field Data, (2024)

4.6.3 Travel Distances to Reach Healthcare Facilities

The study data revealed that most respondents, 46%, agreed that distance was a significant issue, while 14% strongly agreed. On the other hand, 22% disagreed, 10% strongly disagreed, and 8% were unsure. These findings imply that travel distances likely acted as a barrier to accessing timely healthcare services for vulnerable children, emphasizing the need for more accessible healthcare facilities or improved transportation options in underserved areas. Addressing this issue could enhance healthcare access and outcomes for these children.

Table 4.23: Travel Distances to Reach Healthcare Facilities

Travel distances to reach healthcare facilities	Frequency	Percent
Strongly_agree	7	14
Agree	23	46
Disagree	11	22
Strongly_disagree	5	10
Not_sure	4	8

Source: Field Data, (2024)

4.6.4 Extreme Poverty

The results showed that 12% of participants strongly agreed, and 26% agreed that extreme poverty was a significant barrier to accessing healthcare. On the other hand, 32% disagreed, and 20% strongly disagreed with the notion that poverty was a key obstacle. Additionally, 10% of the respondents were unsure about the connection between extreme poverty and health service access. These findings highlighted the varied perspectives on how poverty influenced healthcare accessibility for vulnerable children. Findings of this study clearly align with (IA,2022) who found that extreme poverty was closely intertwined with reduced access to healthcare services, affecting individuals across all age groups.

Table 4.24: Extreme Poverty

Extreme poverty	Frequency	Percent
Strongly_agree	6	12
Agree	13	26
Disagree	16	32
Strongly_disagree	10	20
Not_sure	5	10

Source: Field Data, (2024)

4.6.5 Risks Such as HIV Transmission.

The study explored the challenges vulnerable children encountered in accessing health services, particularly concerning risks such as HIV transmission. The findings indicated that 12% of participants strongly agreed, and 30% agreed that HIV transmission was a significant risk associated with healthcare access for vulnerable children. Conversely, 32% disagreed, and 14% strongly disagreed with this view. Additionally, 12% of respondents were unsure about the link between healthcare access and HIV transmission risks. These results highlighted the varying perceptions of how health service access could influence the risk of HIV transmission among vulnerable children.

Table 4.25: Risks such as HIV Transmission

Risks such as HIV transmission	Frequency	Percent
Strongly_agree	6	12
Agree	15	30
Disagree	16	32
Strongly_disagree	7	14
Not_sure	6	12

Source: Field Data, (2024)

4.6.6 Sexual Abuse

The findings revealed that 26% of respondents strongly agreed, and 28% agreed that sexual abuse was a significant issue affecting access to healthcare for vulnerable children. On the other hand, 26% disagreed, and 10% strongly disagreed with this perspective. Additionally, 10% of participants were unsure about the relationship between sexual abuse and health service

accessibility. These results highlighted the diverse views on how sexual abuse influenced healthcare access for vulnerable children.

Table 4.26: Sexual Abuse

Sexual abuse	Frequency	Percent
Strongly_agree	13	26
Agree	14	28
Disagree	13	26
Strongly_disagree	5	10
Not_sure	5	10

Source: Field Data, (2024)

4.6.7 Violence and Exploitation

The study data showed that 20% of respondents strongly agreed, and 26% agreed that violence and exploitation were significant barriers to healthcare access for vulnerable children. In contrast, 32% disagreed, and 16% strongly disagreed with this view. Additionally, 6% of participants were unsure about the impact of violence and exploitation on healthcare accessibility. These findings reflected differing opinions on the role of violence and exploitation in hindering access to health services for vulnerable children. It suggests that interventions aimed at improving healthcare access may need to address a broader range of challenges beyond just violence and exploitation to ensure a more comprehensive understanding of the barriers vulnerable children face.

Table 4.27: Violence and Exploitation

Violence and exploitation	Frequency	Percent
Strongly_agree	10	20
Agree	13	26
Disagree	16	32
Strongly_disagree	8	16
Not_sure	3	6

Source: Field Data, (2024)

4.6.8 Family Separation

The results revealed that 16% of respondents strongly agreed, and 36% agreed that family separation was a significant barrier to healthcare access for vulnerable children. On the other hand, 20% disagreed, and 18% strongly disagreed with this viewpoint. Additionally, 10% of participants were unsure about the impact of family separation on healthcare access. These findings highlighted diverse opinions on how family separation might affect vulnerable children's ability to access essential health services.

Table 4.28: Family Separation

Family separation	Frequency	Percent
Strongly_agree	8	16
Agree	18	36
Disagree	10	20
Strongly_disagree	9	18
Not_sure	5	10

Source: Field Data, (2024)

4.6.9 Limited Resources by the Service Providers including NGOs

The results indicated that 18% of respondents strongly agreed, and 28% agreed that limited resources were a significant obstacle to healthcare access for vulnerable children. However, 34% disagreed, and 16% strongly disagreed with this view. Additionally, 4% of participants were unsure about the impact of limited resources on healthcare accessibility. These findings suggested varied perceptions of resource limitations' role in hindering healthcare access for vulnerable children.

Table 4.29: Limited Resources by the Service Providers including NGOs

Limited resources by the service providers including NGOs	Frequency	Percent
Strongly_agree	9	18
Agree	14	28
Disagree	17	34
Strongly_disagree	8	16
Not_sure	2	4
Total	50	100

Source: Field Data, (2024)

The results of this study are relevant to what other researchers have found about challenges associated with access to services among vulnerable children. For instance, Chan *et al.*, 2016 and Awiti (2014) found that vulnerable children had faced challenges such as inadequate nutrition, limited access to education, and barriers to healthcare services. This vulnerability is compounded by the fact that more than half of the world's impoverished population resides in rural areas, with rural populations often facing greater travel distances to reach healthcare facilities. Moreover, IA (2022) identified extreme poverty as a close link with reduced access to healthcare services for vulnerable children. According to the theory of structural functionalism, challenges such as

inadequate nutrition, extreme poverty, high risks of infections, family separation, violence against children, and related challenges are attributed to the poor systems design, which has led to errors, poor quality of care, and dissatisfaction among vulnerable children and their families.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Chapter Overview

This chapter summarizes the study findings, conclusions, and recommendations for the main study findings and provides insight into areas for further study.

5.2 Summary of the study

This study's general objective was to assess the role of Non-Governmental Organizations in enhancing accessibility to health Services among Vulnerable Children in the Karagwe District Council in the Kagera region. This study was guided by three specific objectives, which were to examine the effectiveness of the NGOs in strengthening the accessibility of health services to vulnerable children, to explore the challenges associated with access to health services among vulnerable children, and to assess the contribution of social workers on enhancing accessibility of health services to vulnerable children. This study was conducted in Karagwe District Council in 5 selected wards, whereby both primary and secondary data were collected. Data collection methods used included questionnaires, observation, and document review.

The first specific objective was to examine the effectiveness of the NGOs in strengthening the accessibility of health services to vulnerable children. The study established their effectiveness in programs implemented by the NGOs, which was evidenced by the quantity and quality of the health services provided to the target beneficiaries. The second objective was to explore the challenges associated with access to health services among vulnerable children. This study found some challenges associated with the provision of services to the beneficiaries by the NGOs, which included extreme poverty by the served beneficiaries, lack of awareness of health issues,

and long distance from the service points by the beneficiaries of health services. The third specific objective was to assess the contribution of social workers to enhancing the accessibility of health services to vulnerable children. The study found that a significant contribution of the social worker is the accessibility of health services among vulnerable children. The study results indicated strong support for the active involvement of social workers in protecting vulnerable children through early intervention; furthermore, findings highlighted that most respondents recognized the importance of social workers in fostering a more significant demand for health services among vulnerable children.

5.3 Conclusions

This study clearly shows that strengthened accessibility of health services among vulnerable children was brought about by Non-Governmental Organizations operating in Karagwe District in the Kagera region. A summary of the study's conclusion is indicated as per each specific objective below.

To examine the effectiveness of the NGOs in strengthening accessibility of health services to vulnerable children. This study revealed that the majority of 90% of respondents were aware of the NGOs working within their community. Most respondents acknowledged that NGOs had effectively contributed to access to health services such as acquiring health insurance, which lowered the treatment costs, provision of reproductive health services, HIV, immunization, nutrition, awareness creation on health issues, and advocacy on hygiene and sanitation. This high level of awareness suggested that most of the community recognized the presence and efforts of NGOs, implying that these organizations had a strong visibility and likely a significant impact in the area. The second objective was to explore the challenges associated with access to health

services among vulnerable children. The study concluded that there were challenges associated with access to health services among vulnerable children, such as inadequate nutrition, long distance by the beneficiaries to the health facilities, extreme poverty, risks such as HIV transmission, sexual abuse, violence against children, exploitation, family separation and limited resources by the service providers including NGOs themselves. These findings suggest that interventions to improve healthcare access may need to address a broader range of challenges, including structural and policy reforms by the government and development partners, to ensure more comprehensive access to health services for vulnerable children.

The third specific objective was to assess the contribution of social workers to enhancing the accessibility of health services to vulnerable children. The findings revealed that 90% of respondents strongly agreed that social workers provided early identification and intervention in cases of violence against vulnerable groups such as children, addressed the social determinants of health, advocated for behavioral change in response to health services uptake, promoted demand creation for health services and provided the linkage between the families of vulnerable children and health providers. Additionally, 10% of respondents were unsure about the role of social workers in enhancing access to health care for vulnerable children. Generally, the results indicated strong support for the active involvement of social workers in health promotion activities with a focus on vulnerable children.

5.4 Recommendations

The majority of the respondents suggested strengthening NGOs' partnerships with local government authorities, enhancing community outreach and awareness, providing more affordable or free medical services, increasing funding for health programs, and expanding

healthcare facilities and infrastructure. These findings highlighted the areas where government and NGOs could focus their efforts to enhance their impact and better serve vulnerable communities.

5.4 1 Recommendations for the Government and Non-Governmental Organizations

NGOs play an essential role in access to health services among vulnerable children. This study recommends that the community and the government embrace sustainability of results attained by these NGOs by creating ownership of the projects executed. This study recommends to the NGOs the inclusion of adequate funds (budget) for community sensitization and awareness creation programs so that the community is aware on the specific interventions being carried out and importance of such interventions about the development of people.

5.4.2 Area for Further Research

This study was specifically carried out in Karagwe District in five selected wards to assess the role of non-governmental organizations in strengthening the accessibility of health services among vulnerable children. Therefore, the findings cannot be generalized. Further studies can be carried out in other areas so that the findings can be compared and generalizations can be made on the role of non-governmental organizations in strengthening the accessibility of health services among the vulnerable.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

Introduction

My name is Owokusima Kaihula, a student from the Open University of Tanzania, carrying out a study on " **Assessing the Role of Non-Governmental Organizations in Strengthening Accessibility of Health Services among Vulnerable Children in Karagwe District.**".

This study is the requirement for the master's degree in social work. You have been selected as one of the essential people to respond to my questions. All information provided is meant for research only and will be treated confidentially. I would appreciate your taking the time to answer this questionnaire. Thank you in advance.

Section I: Demographic information

1. Age of respondent. (Please indicate your age by a tick (✓) in the box given below)

15-24 ()

25-34 ()

35-44 ()

45-54 ()

55+ ()

2. Gender of the respondent (a) male () (b) female ()

3. Education level of respondent (a) primary education () (b) secondary education ()
(c) College certificate (d) diploma () (e) university degree (f) no formal education
4. Marital status (a) married () (b) single () (c) widow () (d) widower ()
Separated
5. Employment Status:
a) Employed b) Unemployed c) Student

Section II: Questions with regards to the role of Non-Governmental Organizations in strengthening accessibility of Health services among Vulnerable Children

6. Are you aware of the NGOs working in this community?
(a) Yes () (b) No ()
7. Did you participate in the identification of the projects to be implemented in your community? (a) Yes () (b) No ()

<p>If Yes, how? a) Community Meetings b) Survey Participation c) Stakeholder Workshop d) Consultation with Local Leaders</p> <p>The table below shows some of the services provided by NGOs to most vulnerable children. Tick the appropriate response of your choice. Use Likert scale 1=strongly agree, 2= agree, 3=disagree, 4=strongly disagree and 5=not sure</p> <p>Statement</p>	1	2	3	4	5
Health insurance eg. NHIF and CHF					
Provision of food					
Prevention of mother-to-child transmission of HIV (PMTCT)					
Awareness creation on health issues					
Provision of reproductive health services					
Provision of child health services					
Provision of HIV/AIDS services					
Increase in ART uptake among OVC					
Provision of treatment costs					
Raising awareness among marginalized groups about their rights					

Provision of immunization services					
Advocating for hygiene and sanitation conducting health education programs.					
Strengthen infrastructure like hospitals and supporting innovation in health care					

8. The table below shows the challenges associated with services provision to vulnerable children. Tick the appropriate response of your choice. 1= strongly agree, 2= agree, 3=disagree, 4=strongly disagree and 5=not sure

Statement	1	2	3	4	5
Inadequate nutrition					
Lack of awareness on health issues					
Travel distances to reach healthcare facilities					
Extreme poverty					
Risks such as HIV transmission, ,					
Sexual abuse					
violence and exploitation					
Family separation					
Limited resources by the service providers including NGOs					

9. Please indicate the role of social workers on accessibility of health services to orphan and vulnerable children (OVC). Tick the appropriate response of your choice. 1= strongly agree, 2= agree, 3=disagree, 4=strongly disagree and 5=not sure

Statement	1	2	3	4	5
Providing early identification and intervention in cases of violence against vulnerable groups such as children					
Addressing the social determinants of health					
Advocate for behavioral change in response to health services uptake					
Promote demand creation for health services					
Providing psychosocial support to orphaned and vulnerable children (OVC) affected by HIV/AIDS					
Provide the linkage between the families of OVC and health providers					

10. What would you recommend in order to improve the performance of NGOs in relation to provision of health services?

- (a) Increase funding for health programs
- (b) Strengthen partnerships with local health authorities
- (c) Enhance community outreach and awareness campaigns
- (d) Provide more affordable or free medical supplies

(e) Expand healthcare facilities and infrastructure

APPENDIX II: OBSERVATION GUIDE

This guide is used to help the researcher in observing attributes of the role of NGOs in field

1. Watching and listening to people
2. Watching ongoing provision of health services at health facilities
3. Watching ongoing socio-economic activities such as farming and livestock keeping
4. Beneficiaries houses
5. Photo taking activity
6. Behaviors of the respondents
7. Culture and norms of the respondents such as sitting styles, ways of greeting, language pattern and the like
8. Type of services given to beneficiaries such as health services by looking at clinic cards for children

APPENDIX III: RESEARCH CLEARENCE LETTER



Ref. No OUT/PG202187150

25th October, 2024

District Executive Director,
Karagwe District Council,
P.O.Box.20,
KAGERA.

**RE: RESEARCH CLEARANCE FOR MS. KAIHULA OWOKUSIMA, REG NO:
PG202187150**

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. Kaihula Owokusima, Reg.No: PG202187150**), pursuing **Master's of Social Work (MSW)**. We here by grant this clearance to conduct a research titled **"Assessing the Role of Non-Governmental Organizations in strengthening Accessibility of Health Services among Vulnerable**

Children in Karagwe District. She will collect her data at your area from 28th October to 30th November 2024.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820. We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA



Prof. Gwahula Raphael Kimamala

For: VICE CHANCELLOR



THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
LOCAL GOVERNMENT & REGIONAL ADMINISTRATION



Tel: 028-2227148
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The Executive Director Office,
Karagwe District Council,
01 State House Road,
P.O. BOX 20,
35482 KARAGWE

Ref. No: KGR/HWKT.4/48/VOL.V/87

30th Oct, 2024

Owokusima Kaihula,
P.O. Box 20,
KARAGWE

RE: PERMIT TO CONDUCT RESEARCH

Reference is made to the above captioned subject.

2. Due to the letter dated 25/10/2024 with reference NO. OUT/PG202187150 from District Administrative Secretary, you are permitted to conduct the research titled **ASSESSING THE ROLE OF NON-GOVERNMENTAL ORGANIZATIONS IN STRENGTHENING ACCESSIBILITY OF HEALTH SERVICES AMONG VULNERABLE CHILDREN IN KARAGWE DISTRICT – A CASE OF KARAGWE DISTRICT.**

3. Note that the findings collected will be used internally and you are not allowed to share them outside the institution; failure to do so disciplinary act should be taken.

4. Wish you all me the best.


F.D. Mayila
DISTRICT EXECUTIVE DIRECTOR
KARAGWE DISTRICT COUNCIL
P.O. BOX 20

For: DISTRICT EXECUTIVE DIRECTOR

5.5 Budget and Research Schedule

To complete this research dissertation, an estimated total cost of TShs of 1.1 million will be required. This cost will cover stationary costs, transport costs to and from the field and field allowance as detailed below.

Table 5.1: 1 Estimated Research Budget

S/N	Activities	Estimated Budget (Tshs)
1	Transportation Cost	250,000
2	Stationary Cost	500,000
3	Field allowance	150,000
4	Emergency cost	200,000
	TOTAL	1,100,000

Table 5.2: Research Schedule

Activity	Jan – April 2024	May 2024	October 2024	November 2024	Disemba 2024
Literature review					
Proposal writing and presentation					
Data collection					
Data analysis					
Dissertation report writing					
Proofreading and submission					

**Examining the Effectiveness of the Non-Governmental Organisations in Strengthening
Accessibility of Health Services among Vulnerable Children**

Owokusima Kaihula, Johnas Amon Buhori (PhD), & Straton B. Ruhinda (PhD)

The Open University of Tanzania, Department of Sociology and Social Work

Abstract

This study focuses on assessing the role of non-governmental organizations (NGOs) in strengthening the accessibility of health services among vulnerable children in the Karagwe District in the Kagera region. The study aimed at investigating on the contribution of NGOs in strengthening the accessibility of health services to vulnerable children. The study was informed with quantitative data; where 50 respondents were involved. The Statistical Package for Social Sciences (SPSS) version 22 was used to analyze data and presented in frequencies, percentages, charts, tables, and graphs. The findings of this study show that the NGOs had played a very significant role in enhancing the accessibility of health services among vulnerable children. Moreover, the findings indicate that the NGOs have made efforts to provide diverse resources to meet the needs of vulnerable children, specifically in the health sector. These findings suggest that interventions to improve healthcare access may need to address a broader range of challenges, including structural and policy reforms by the government and development partners, to ensure more comprehensive access to health services for vulnerable children. Finally, the study recommends effective partnerships between the community, government, and NGOs for the sustainability of attained results.

Keywords: Non-Governmental Organisations, Access to Health Services, Orphans and Vulnerable Children

Introduction

Non-Governmental Organizations (NGOs) have emerged as crucial pillars in global and national governance, a role acknowledged by institutions established post-World War II. Their significance is underscored by the critical gaps they fill, formal partnerships with international bodies and governments, and the management of funds for various purposes. Among these, global health stands out as an arena where NGOs wield significant influence, making substantial impacts (Sidiropoulos, 2021). According to the National Social Security Policy, NGOs complement governmental efforts in social assistance, supplementary schemes, and raising public awareness on social protection. In Tanzania, for instance, NGOs bolstered social protection services in 2016, extending aid to over 11,403 vulnerable children, particularly in healthcare services and psychosocial support.

Additionally, NGOs facilitated the enrollment of about 42,316 Most Vulnerable Children (MVCs) to access Community Health Fund (CHF) cards, ensuring health accessibility (URT, 2016). NGOs have existed in various forms for centuries but gained prominence in international development, witnessing a dramatic surge in numbers during the 1980s and 1990s. The United Nations estimates there will be around 35,000 large established NGOs by 2000 (Lewis, 2016). Their significance is pronounced where state intervention in health is limited, with NGOs owning over 40% of health insurance services. They predominantly operate community hospitals, nursing homes, and health centers and actively provide additional health benefits to

orphans worldwide. Non-governmental Organizations (NGOs) play an essential part in the economic development of different countries.

Non-governmental Organizations play a significant role in international development, aid, and philanthropy. NGOs are often non-profit and may run budgets of millions or up to billions yearly. NGOs rely on various funding sources, from private donations and membership dues to government grants. Provide facilities to society through welfare works for community development, assistance in national disasters, sustainable system development, and popular movements. In developed countries of the USA and Europe, NGOs aim at groups basically of vulnerable people with hardly any property. The foremost tasks continue to initiate the people, create mindfulness for them, and make development oriented (Celestin, 2021). According to Celestin (2021), NGOs have contributed to access to the most vulnerable children. They can obtain school fees and health care services for vulnerable children (OVC) at the local level (Sidiropoulos, 2021).

In developing countries, NGOs are instrumental in providing essential facilities to citizens, addressing legal and political issues, strengthening economic and social programs, and aligning with governmental strategies for economic growth, services, employment, and budgetary allocations (Nyangosi, 2016). Despite government underfunding the health sector and escalating private healthcare costs, NGOs remain the primary providers of health services in many developing nations (Muhibbu-Din, 2019). Their roles extend beyond service delivery to policy advocacy, effecting social change, and advocating for the rights of vulnerable groups, particularly vulnerable children (Owa, 2017). This has triggered a revolution in the healthcare

sector as many countries bring optimal attention to investing in building healthcare facilities and increasing the annual budgets in the health sector.

Since 2009, the government has initiated Obligatory Medical Assistance, which is a health insurance scheme financed by employee and employer contributions in both the public and private sectors. The AMO covers 40% of hospital and 50% of ambulatory care expenses. The government has also created the Medical Assistance Regimen, which offers free services for the most vulnerable in Mali (about 5% of the population is considered as such). A system of Voluntary Medical Insurance for people working in the informal sector is also available through community health insurance schemes. In June 2018, the Malian government legislated a Universal Health Insurance Regimen.

The NGOs undertake various activities to improve access to health services for vulnerable children. These efforts include offering direct healthcare services like community outreach programs and helping children obtain medical treatment by providing financial aid, transportation, or referrals. The NGOs also run awareness campaigns to educate communities on child health, promote immunization efforts, and provide nutritional assistance. Furthermore, they advocate for policy reforms to enhance healthcare services for vulnerable children. They work closely with local governments and social workers to improve healthcare infrastructure and ensure services reach marginalized groups. NGOs play dual fundamental roles in service delivery outlets; NGOs provide welfare, technical, legal, and financial services to people experiencing poverty or collaborate with community-based organizations in basic service and infrastructural provision.

Often, it is an issue of frequently filling the loopholes created by the partial service delivery of governments withdrawing from involvement in provision. Before now, governments of developing countries were observed as leading the development process (Owa, 2017). The NGOs have thus contributed to access to social services, such as education, health, shelter, food, and nutrition services. In Tanzania, NGOs play a vital role in facilitating access to health services for vulnerable children, offering a range of services, including HIV testing and counseling, ART adherence, nutrition assessment and counseling, therapeutic food provision, health insurance, immunization, and care and treatment services (URT, 2016). NGOs collaborate with other stakeholders, including governments and non-state actors, to enhance healthcare services and achieve universal health coverage, underscoring the necessity of multi-sectoral participation (Sanadgo, 2021).

Despite ongoing global efforts to fight against various diseases, access to health services for vulnerable children worldwide is still hindered by numerous factors, including economic, geographical, and social-cultural barriers. Access to healthcare for vulnerable children remains a significant challenge in Tanzania, where approximately 10 percent of the child population is classified as vulnerable (Kabonga, 2023). Many of these children live in poverty and face barriers such as single-parent households, unemployment, geographical disadvantages, and family violence, which hinder their ability to access essential medical care (Bull, 2022). Despite efforts to enhance health systems, over 90 percent of vulnerable children still lack adequate healthcare services, including vital HIV/AIDS care, therapies, nutrition services, and vaccinations (Mutiso et al., 2018). Although NGOs have made notable contributions to improving healthcare access for vulnerable children through partnerships with governments and health sector reforms, significant gaps remain (Ejazi et al., 2021; Ojo, 2019; USAID, 2018). There is a

lack of empirical research specifically on the role of NGOs in strengthening the accessibility of health services among vulnerable children at the Karagwe District Council. Therefore, this study aims to address this knowledge gap by assessing the role of NGOs in strengthening the accessibility of health services among vulnerable children in Karagwe District, Kagera region in Tanzania.

The literature reviewed indicates that the presence of non-governmental organizations (NGOs) significantly contributes to the accessibility of health services among vulnerable children. Several studies highlight the positive impact of NGOs in bridging gaps in health service delivery, research, and advocacy. Ejazi et al. (2021) emphasize the effectiveness of NGOs in flexible planning and designing population-based projects aimed at health education, promotion, and community development. Similarly, Ojo (2019), TACAIDS (2016), and USAID (2018) underscore the vital role of NGOs in meeting the needs of orphans and vulnerable children (OVC) and driving health sector reforms. Another aspect of the literature explores the challenges faced by vulnerable children and how NGOs have tailored programs to address these issues. The Tanzania National Coasted Plan for MVC (2017) outlines various challenges associated with child vulnerability, including poverty, inadequate education, healthcare, and HIV/AIDS services. Studies by TACAIDS (2016), IA (2018), Mutiso (2018), MOH (2021), and Karagwe CHMT (2019) corroborate the significant impact of poverty on access to health services for vulnerable children. Furthermore, literature delves into the role of social workers in facilitating access to health services for vulnerable children. USAID (2023) emphasizes social workers' essential services, including psychosocial support through household visits and outreach services. Christopher (2019) highlights the connection between the deployment of social workers and improved accessibility to health services for orphaned and vulnerable children.

Despite the wealth of literature on the subject, there is a notable gap in empirical studies assessing the specific role of NGOs in enhancing the accessibility of health services among OVCs in the Karagwe District Council of Kagera Region. This study aims to address this knowledge gap by assessing the impact of NGO interventions on healthcare access for vulnerable children in Karagwe.

Theoretical Review

Guided with Structural functionalism theory, which was developed by Emile Durkheim, who was born on April 15, 1858, in France (Ritzer, 2011) France (Ritzer, 2011). The key augments on this theory as follows: society as a system, social order, social solidarity, and equilibrium of the society as follows: Society as a system focuses on how society is a complex system made up of interrelated parts working together to promote solidarity and stability (Ossa et al., 2023). Social order focuses on the roles of individuals performing in daily life that shape behavior through established norms and values. Social solidarity focuses on how institutions and individuals are interconnected, which means that the failure of one structure may lead to the failure of all of society. In this study, structural Functionalism provides a framework for understanding how different institutions and social structures play specific roles in ensuring healthcare access for vulnerable children. NGOs, for instance, function as a critical component of this societal system by filling gaps where government services fall short.

Durkheim argued that all these parts must work efficiently and effectively to stabilize society (Milton, 2007). Structural Functionalism is a theoretical perspective that focuses on the functions performed in society by social structures such as institutions, hierarchies, and norms Diago (2020). The stability and solidarity of any community depend on the community's role in playing

role roles for vulnerable children. If the whole community plays its role effectively, no vulnerable children will exist. Structural Functionalism, developed by Emil Durkheim, views society as a complex system where institutions must work together to maintain stability and order. Structural Functionalism provides a valuable lens to analyze how different parts of society must work together to ensure that vulnerable children have access to healthcare, reinforcing the idea that societal stability and well-being depend on the effective functioning of these interrelated structures (Fisher, 2010).

This theory is relevant to the study as it underscores the role of NGOs in enhancing healthcare access for vulnerable children. By addressing gaps in healthcare and fulfilling their social roles, NGOs contribute to societal equilibrium and stability, reinforcing the interconnectedness of social institutions and supporting the overall well-being of vulnerable children in Karagwe District Council. Functional organization is one of the dimensions of the structuring of society, shaped by the functional needs of society and its parts. In more complex societies - or, in other words, in societies that have reached a higher stage of development - the functional dimension reflects the increasing degree of differentiation of the actions that perform certain functions and the institutions that organize them (Pokol, 2016). The result of rules learning is manifested in the roles an individual plays through socialization, and thus, the integration is factored by the nature of human behavior. This concept is bathed with sick roles and ill behavior (Julius, 2014). According to structural functionalism theory, access to health services for vulnerable children results from structure. This study structure includes the NGOs and relevant institutions responsible for providing essential services to the target group, especially the vulnerable children. Therefore, the provision of health services to vulnerable children fulfills the obligation of the NGOs, and it is part and parcel of their responsibilities to ensure access to health services.

Methods and Materials

The study adopted a positivist philosophy and a quantitative approach to examine how NGOs enhance healthcare access for vulnerable children in Karagwe District, Kagera Region. Using a cross-sectional research design, data were collected from 50 randomly selected respondents, including orphaned and vulnerable children (OVC), their caregivers, NGO beneficiaries, NGO staff, and Social Welfare Officers. Karagwe District was chosen due to its high population of vulnerable children (11,876), limited healthcare access, and poverty, making it a relevant study site.

The study population consisted of 500 individuals, and the sample size of 50 households was determined using Yamane's (1967) formula. Data collection relied on close-ended questionnaires. Quantitative analysis was conducted using SPSS version 20, with results presented through tables, charts, and numerical summaries to identify patterns and trends in NGO interventions improving healthcare access for vulnerable children

Ethical considerations in research involve protecting participants' rights, dignity, and welfare. Best and Khan (2014) identify five key ethical principles: protection from harm, informed consent, privacy, confidentiality, and professional honesty. Kothari (2004) also emphasizes these principles to ensure ethical research practices. In this study, the researcher maintained strict ethical standards by ensuring participant confidentiality, anonymity, and voluntary participation. Proper citation and referencing were observed, and participants could complete questionnaires at their convenience. Permission was obtained from relevant authorities, including the Karagwe District Council and the Open University of Tanzania, to adhere to research protocols

Presentation of Findings and Discussion

Age, Gender and Education Level

The study showed that 40% of respondents were in the 25-34 age group, followed by 22% in the 35-44 age group (Table 4.1). These findings indicate that NGOs should prioritize empowering the 25-34 group, who are the most engaged and advocate for healthcare access for vulnerable children. The 35-44 groups plays a crucial role as family decision-makers, making them essential for family-centered health initiatives. The Participation of older adults (45-54 and 55+) highlights the need for targeted NGO programs to address their unique challenges

Moreover, the data revealed that males constituted 52% of the respondents, while females made up 48%. This balance suggested that both genders were fairly represented in the study, providing diverse perspectives on the role of NGOs in improving healthcare accessibility for vulnerable children.

Additionally, the study revealed that most respondents had completed primary education, accounting for 36%, followed by 26% with secondary education. Those with diplomas comprised 16%, while 14% had no formal education. Only 4% of respondents held a university degree, and another 4% had a college certificate. These findings indicated a wide range of educational backgrounds among the participants.

Marital status, Employment

The study revealed that most respondents, 64%, were married, suggesting that most of the participants were likely part of family units, which could mean they have a direct responsibility for children's well-being. This could be significant regarding how Non-Governmental Organizations (NGOs) engage with families, as married individuals may have a greater interest

in or influence over family-centered health initiatives. The presence of widows (12%) and widowers (6%) indicates that some households may face additional challenges, such as single-parenting or the loss of a spouse, which could affect their ability to access health services. The 10% of single respondents and 8% of separated individuals also point to the need for inclusive strategies to address the unique challenges faced by various household structures in accessing healthcare for vulnerable children. Further, the study data indicated that 44% of respondents were farmers. Entrepreneurs accounted for 24%, while 12% were employed in various sectors. Additionally, 20% of the respondents were unemployed. These findings implied that most participants relied on farming as their primary occupation, with a significant portion also engaged in entrepreneurial activities. The presence of unemployed individuals suggested a need for NGOs to consider economic factors when addressing healthcare accessibility.

Awareness of the NGOs working in the community

The study revealed that 90% of respondents knew the NGOs working within their community, while only 10% were not (Table 4.6). This high level of awareness suggested that most of the community recognized the presence and efforts of NGOs, implying that these organizations had strong visibility and likely a significant impact in the area. The small percentage of respondents unaware of NGOs indicated a potential gap that could be addressed through further

Participation in project identification at community level

The study revealed that the majority 56% of respondents had participated in project identification, while 44% had not. This indicated that over half of the community members were involved in the planning and decision-making processes of NGO projects, suggesting a level of community engagement. However, the 44% who did not participate highlighted a gap in

inclusive participation, suggesting that NGOs could further improve their efforts to involve more community members in project identification and development.

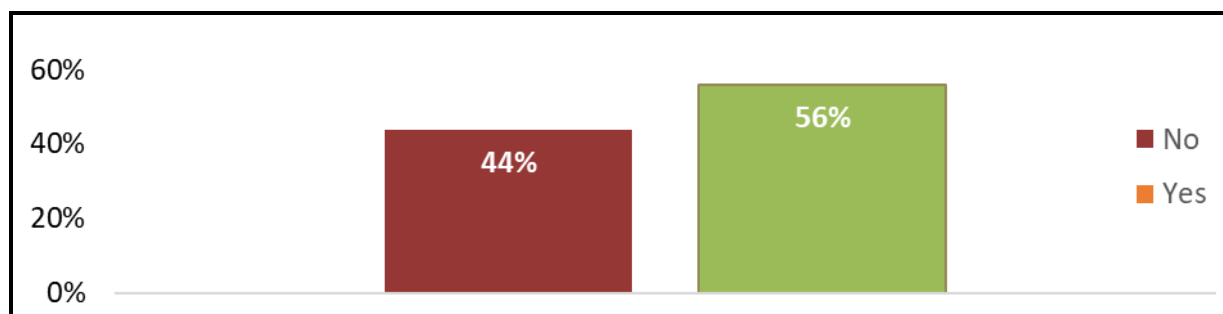


Figure 4.2 Participation in project identification

The services provision by NGOs to most vulnerable children

This part shows in detail all the findings under specific objective one. All health service provided by the non-governmental organization to vulnerable children are indicated in this part through graphs and table.

Health insurance e.g. NHIF and CHF

The study data revealed that 18% of respondents strongly agreed that health insurance, e.g., NHIF and CHF, were effective, and 40% agreed, showing a positive reception overall. However, 22% disagreed, and 10% strongly disagreed, suggesting some skepticism about their effectiveness. Additionally, 10% were unsure, pointing to uncertainty or lack of awareness regarding the impact of these health insurance provisions. This reflects both the positive and negative perceptions that may inform future interventions. The findings of this study align with the United Republic of Tanzania (2016), which acknowledged the role of NGOs in facilitating

access to health services to vulnerable children, whereby 42,316 Vulnerable Children had access to health services through the Community Health Fund (CHF) in the year 2016.

Table 1.1 Health insurance (NHIF and CHF)

Health insurance eg. NHIF and CHF	Frequency	Percent
Strongly_agree	9	18
Agree	20	40
Disagree	11	22
Strongly_disagree	5	10
Not_sure	5	10
Total	50	100

Provision of Food

The study's implications on the provision of food services by NGOs to the most vulnerable children revealed varied responses; 12% of respondents strongly agreed that food provision was beneficial, and 32% agreed, indicating a positive outlook.

Table 1.2 Provision of food

Provision of food	Frequency	Percent
Strongly_agree	6	12%
Agree	16	32%
Disagree	12	24%
Strongly_disagree	12	24%
Not_sure	4	8%
Total	50	100

However, 24% disagreed, and another 24% strongly disagreed, suggesting some dissatisfaction with the service. Additionally, 8% were unsure, reflecting uncertainty or lack of clarity about the impact of food provision. These findings highlighted the support and concerns related to food assistance initiatives for vulnerable children.

Awareness creation of health issues

The study's data regarding the provision of awareness creation on health issues by NGOs to the most vulnerable children showed a mixed response. 22% of respondents strongly agreed that the initiatives were effective, while 36% agreed, indicating a positive reception overall. However, 22% disagreed, and 12% strongly disagreed, suggesting some concerns or dissatisfaction with the efforts. Additionally, 8% were unsure, reflecting uncertainty or lack of clarity about the impact of health awareness programs. These results highlighted the successes and challenges in raising health awareness among vulnerable children.

Table 4. 3 Awareness creation of health services

Awareness creation of health issues	Frequency	Percent
Strongly agree	11	22
Agree	18	36
Disagree	11	22
Strongly_disagree	6	12
Not_sure	4	8
Total	50	100

Provision of Reproductive Health Services

The study's data on the provision of reproductive health services by NGOs to the most vulnerable children indicated a generally positive response, with 24% of respondents strongly agreeing that

the services were effective and 40% agreeing. However, 16% disagreed, and 12% strongly disagreed, suggesting some dissatisfaction or concerns about the services provided. Additionally, 8% were unsure, reflecting uncertainty or lack of clarity regarding the impact of reproductive health services. The results of this study are like what was found by (USAID, 2023), who found that social workers address the social determinants of health, coordinate integrated care across sectors, and provide early identification and intervention in cases of violence against vulnerable groups such as children and women. Also, Christopher (2019) found that social workers had provided psychosocial support to orphaned and vulnerable children affected by HIV/AIDS, advocated for behavioral change, and health demand creation as, well as acting as a link between the families of vulnerable children and health points such as health facilities, centers, and hospitals.

Provision of HIV/AIDS services

The study's implications on the provision of HIV/AIDS services by NGOs to the most vulnerable children showed a generally favorable view. 18% of respondents strongly agreed that the services were beneficial, and 42% agreed, indicating a positive reception. However, 24% disagreed, and 8% strongly disagreed, suggesting some concerns or dissatisfaction with the services. Additionally, 8% were unsure, reflecting uncertainty about the impact of HIV/AIDS services. These findings underscored the positive feedback and the areas where improvements may be needed in providing these crucial services.

Table 4.10 Provision of HIV/AIDS services

Provision of HIV/AIDS services	Frequency	Percent
Strongly_agree	9	18
Agree	21	42
Disagree	12	24
Strongly_disagree	4	8
Not_sure	4	8
Total	50	100

Likewise, (Ejaz 2021, Petroriuset *al.*, 2019, USAID 2018, and Ghana 2022) study indicated that NGOs had played a very significant role which manifested inadequate access to health services, including but not limited to fostering healthcare systems marked by enhanced efficiency, increased equity, and improved governance, aligning with the objectives of the Sustainable Development Goal; improved policies and policy environments, enhanced capacity, and increased availability of public and private resources for family planning, reproductive health, child health, and HIV/AIDS services.

4.4.3.6 Provision of treatment costs

The study's data on providing treatment costs by NGOs to the most vulnerable children revealed a predominantly positive response. 20% of respondents strongly agreed that the support for treatment costs was adequate, while 42% agreed, reflecting overall satisfaction. However, 24% disagreed, and 6% strongly disagreed, indicating some dissatisfaction or concerns. Additionally, 8% were unsure, highlighting uncertainty about the impact of treatment cost provisions. These findings suggested that while the support was appreciated by many, there were still areas where the provision could be improved.

Table 4.11 Provision of treatment costs

Provision of treatment costs	Frequency	Percent
Strongly_agree	10	20
Agree	21	42
Disagree	12	24
Strongly_disagree	3	6
Not_sure	4	8
Total	50	100

The study findings align with those of Ojo (2019), who contended that NGOs that enhance connections with food are those that offer nutrition programs, initiatives to prevent mother-to-child transmission of HIV (PMTCT), awareness creation on health issues, treatment for vulnerable children, enhanced training of community health workers, and reproductive health services to parents of vulnerable children.

The findings of this study are aligned with the structural functionalism theory. According to structural functionalism, access to health services for vulnerable children results from structure. This study's structure includes the NGOs and relevant institutions responsible for providing essential services to the target group, especially the vulnerable children. Therefore, the provision of health services to vulnerable children fulfills the obligation of the NGOs, and it is part and parcel of their responsibilities to ensure access to health services.

Regarding structural functionalism theory, social workers help clients cope with stress, access community resources, and access empowering services. Their roles include providing early identification and intervention in cases of violence against vulnerable groups such as children,

addressing the social determinants of health, advocating for behavioral change in response to health services uptake, and promoting demand creation for health services and linkage between the families of OVC and health providers. This study and this theory inform us of the relationship between social workers and access to health services among vulnerable children. According to Alemu (2022), social workers play an essential role in ensuring that vulnerable groups in the community have access to health services in hospitals and the community.

The study concludes that majority of 90% of respondents were aware of the NGOs working within their community. Most respondents acknowledged that NGOs had effectively contributed to access to health services such as acquiring health insurance, which lowered the treatment costs, provision of reproductive health services, HIV, immunization, nutrition, awareness creation on health issues, and advocacy on hygiene and sanitation. This high level of awareness suggested that most of the community recognized the presence and efforts of NGOs, implying that these organizations had a strong visibility and likely a significant impact in the area.

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