

**THE CONTRIBUTION OF FAITH BASED INSTITUTIONS TO
PROVISION OF SOCIAL SERVICES: A STUDY OF
KIGOMA/UJIJI MUNICIPALITY**

By

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**Dissertation Submitted in Partial Fulfillment of the Requirements for the
Degree of Master in Development Studies of the University of Dodoma**

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the University of Dodoma a dissertation entitled: *The Contribution of Faith Based Institutions to Provision of Social Services: A Study of Kigoma/Ujiji Municipality* in partial fulfillment of the requirements for the degree of Master of Arts in Development Studies of the University of Dodoma.

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Prof. Peter A. Kopoka

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Date.....

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

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DEDICATION

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ABSTRACT

This study aimed at examining the contribution of faith based institutions to provision of social services in Kigoma/Ujiji Municipality. The study sought to provide an understanding on role of faith based institutions and the perception of Kigoma/Ujiji community on the services received from these institutions.

The study employed various data collection methods. These methods comprises of survey whereby questionnaire as a tool were employed and interview. Random sampling technique applied in selecting the sample population. The sample of fifty respondents comprised the representatives/religion leaders and service beneficiaries such as parents, students, and patients were taken. The findings have been presented using tables, pie chart and graphs. In addition documentary review evidence was used to collect secondary data.

Findings revealed that FBIs provide social services like health and education services. Likewise FBIs help in construction of schools and health centers as well as in providing learning and teaching materials at primary and secondary schools. In health services, FBIs contribute through constructing of health centers and sponsoring patients who need extra care. Also FBIs offer medical facilities in health centers.

Finally it is recommended that FBIs should find other sources of fund including establishment of commercial banks rather than depending on loans and fund raising which has no assurance and does not come within time. Moreover the findings suggested that government should apply public private partnerships in order to deliver more services to majority within the community. These will consequently improve the social wellbeing and development at large due to high level of education and improved health in the community.

TABLE OF CONTENT

CERTIFICATION	i
DECLARATION AND COPYRIGHT	ii
ACKNOWLEDGEMENT	iii
DEDICATION	iv
ABSTRACT	v
TABLE OF CONTENT	vi
LIST OF TABLES	x
LIST OF FIGURES	xi
LIST OF APPENDICES.....	xii
LIST OF ABBREVIATIONS AND ACRONYMS	xiii
CHAPTER ONE.....	1
INTRODUCCION.....	1
1.0 Introduction	1
1.1 Background to the Problem	1
1.2 Statement of the Problem	7
1.3 Objectives of the Study.....	8
1.3.1 General Objective	8
1.3.2 Specific Objectives	9
1.4 Research Questions.....	9
1.5 Significance of the Study.....	9
1.6 Limitations of the Study	10
CHAPTER TWO.....	12
LITERATURE REVIEW.....	12
2.0 Introduction	12
2.1 Definition of Concepts.....	12
2.1.1 Religion	12
2.1.2 Religious Institutions	14
2.1.3 Faith Based Institutions	15
2.1.4 Social Services.....	16

2.2	Role of Religious Institutions in Provision of Social Service in Tanzania: An Overview	17
2.3	Community Development Initiatives in Kigoma/Ujiji Municipality	19
2.4	Theoretical Perspectives	21
2.4.1	Trust Theory	21
2.4.2	The Supply-Side Theory.....	23
2.5	Empirical Literature Review	26
2.5.1	Religion and Development	26
2.5.2	Development Role for Religions	28
2.6	Conceptual Frame Work.....	29
2.7	Research Gap	31
CHAPTER THREE		34
RESEARCH METHODOLOGY.....		34
3.0	Introduction	34
3.1	Research Design	34
3.2	Study Area	35
3.3	Sample Size and Composition.....	38
3.4	Sampling Procedures	39
3.4.1	Sampling Techniques	40
3.4.1.1	Cluster Sampling	40
3.4.1.2	Simple Random Sampling Technique	41
3.5	Data Collection Technique	41
3.5.1	Questionnaire Technique	42
3.5.2	Interview Method	42
3.6	Data Analysis and Presentation	43
3.8	Validity and Reliability	44
3.9	Ethical Issue.....	44
CHAPTER FOUR.....		45
RESULTS AND DISCUSSION.....		45
4.0	Introduction	45
4.1	Demographic analysis.....	45

4.1.1	Sex of Respondents	45
4.1.2	Age of the Respondents	46
4.1.3	Education Level of Respondent.....	47
4.2	Contribution of Faith Bases Institutions to Provision of Primary Education .	
4.2.1	Understanding of FBI Services in Primary Education	48
4.2.2	Names of FBIs Provides Primary Education Services	49
4.2.3	The Current Contribution of FBIs to Provision of Primary Education Services	50
4.2.4	Operation Time of FBIs in Primary Education	52
4.3	Contribution of Faith Based Institutions to Provision of Secondary Education.....	53
4.3.1	Understanding of FBI Services in Secondary Education	53
4.3.2	Names of FBIs Provide Secondary Education Services	54
4.3.3	Operation Time of FBIs in Secondary Education Services	56
4.4	The Contribution of Faith Based Institutions to the Provision of Primary Health Services in Kigoma/Ujiji Municipality	57
4.4.1	FBI Provide Health Services	57
4.4.2	Current Contribution of FBIs in Health Services	58
4.4.3	Public Satisfaction on Health Services	59
4.5	Measures to Improve the Contribution of Faith Based Institutions to Provision of Social Services in Kigoma /Ujiji Municipality.	61
4.5.1	Measures Taken by FBIs to Widen Primary Education Services.....	61
4.5.2	Measures Taken by FBIs to Widen Secondary Education Services.....	62
4.5.3	Government Measures to Improve Social Services Provided by FBIs	63
4.5.1	Challenges Facing FBIs in Provision of Social Services	65
4.5.2	Challenges Facing Community when they Need Health Services Provided by FBI	67
	CHAPTER FIVE.....	70
	CONCLUSIONS AND RECOMMENDATIONS	70
5.1	Introduction	70
5.2	Conclusion	70
5.3	Recommendations	73

5.3.1	Faith Based Institutions	73
5.3.2	Community	74
5.3.3	Government	74
5.4	Areas for Further Studies.....	75
	REFERENCE	76
	APPENDICES	79

LIST OF TABLES

Table 3.1: Targeted Population of the Area of Study.....	39
Table 4.1: Sex of Respondents	46
Table 4.2: Education Level of Respondents.....	48
Table 4.3: Understanding of Education Services Provided by FBIs	49
Table 4.4: Time for FBIs Operation.....	53
Table 4.5: Time for FBIs Provide Secondary Education Services.....	56
Table 4.6: Possible Measures Taken by FBIs to Widen Primary School Services ...	62
Table 4.7: Measures be taken to Improve Secondary Education Services Provided by FBIs.....	63
Table 4.8: Challenges Facing FBIs in Provision of Social Services	66

LIST OF FIGURES

Figure 2.1: A Conceptual Frame Work.....	31
Figure 3.1: Map of Kigoma/Ujiji Showing Wards.....	37
Figure 4.1: Age of Respondents	47
Figure 4.2: FBIs which Provides Primary Education.....	50
Figure 4.3: Current Contributions of FBIs to Provision of Primary Education Services	52
Figure 4.4: Understanding of FBI Services in Secondary Education	54
Figure 4.5: Names of FBIs Provide Secondary Education Services	55
Figure 4.6: FBI Provide Health Services	58
Figure 4.7: Current Contribution of FBIs in Health Services	59
Figure 4.8: Satisfaction on Health Services	60
Figure 4.9: Measures to be taken by Government to Increase Social Services Provided by FBIs.....	65
Figure 4.10: Challenges Facing Community when They Need Health Services Provided by FBIs.....	69

LIST OF APPENDICES

Appendix I: Structured Questionnaire for Faith Based Institutions Services Beneficiaries	79
Appendix II: Structured Questionnaire for Faith Based Institutions.....	86
Appendix III: Interview Schedule for Key Informant	91

LIST OF ABBREVIATIONS AND ACRONYMS

AIC	African Inland Church
AMA	African Muslim Agency
BAKWATA	National Muslim Council (Baraza Kuu la Waislam Tanzania)
CCT	Christian Council of Tanzania
CEBT	Christian Education Board of Tanzania
CMBT	Christian Medical Board of Tanzania
CSSC	Christian Social Services Commission
CT	Caritas Tanzania
DFID	Department for International Development
ELCT	Evangelical Lutheran Church of Tanzania
FBOs	Faith-Based organizations
ICCO	Interchurch Organization for Development Cooperation
KCMC	Kilimanjaro Christian Medical Centre
KIVIDEA	Kigoma Vijana Development Association
NGOs	Non Government Organizations
TAG	Tanzania Assemblies of God
TAPA	Tanzania parents association
TEC	Tanzania Episcopal Conference
UNICEF	United Nations Children's Fund
URT	United Republic of Tanzania

WHO World Health Organization

YWCA Young Women Christian Association

CHAPTER ONE

INTRODUCION

1.0 Introduction

This study aimed at examining the contribution of faith based institutions to provision of social services in Tanzania taking Kigoma/Ujiji as a case study. The study was particularly focused on the contribution of religious institutions to provision of education and health services. This chapter includes background to the study, statement of the problem, purpose of the study, objectives of the study, research questions, and significance of the study and Limitation of the study.

1.1 Background to the Problem

Interest in both religion and wellbeing has been growing rapidly in social science and development policy and practice. Linking them together also has an intuitive validity. Religion provides the core grounding for discourse on wellbeing, specifying through teaching and practice what it means to live well as an individual and as a community. Religion also is widely understood as a source of wellbeing for its adherents, providing comfort in time of trouble, offering framework of meaning to make sense of life's vicissitudes and constituting a community which gives social support and confers identity through a sense of belonging (cited from White et al, 2010 in Silberman, 2005; Pargament, et al., 2005).

A comprehensive study of religious congregations in six metropolitan communities found that 91 percent of religious congregations provided at least one social service

(Cnaan, et al., 1999), and, similarly, 87 percent of the congregations in a Philadelphia survey provided at least one social service to the community (Boddie, et al., 2001). While some argue that this percentage of churches is overestimated because it overlooks smaller churches, even conservative estimates claim that larger congregations, representing approximately 75 percent of the religious population in America, provide at least one social service to the community (Chaves, 1999).

Researchers found that in Philadelphia churches do much more community aiding work, including helping the poor and making positive social inroads in the community, than previously realized by scholars. The authors declare, “If it were not for the impressive collective effort of some 2,120 local religious congregations, life in Philadelphia would have become extremely harsh” (Cnaan, et al., 2006).

In a similar study by Boddie, et al., (2001), in Philadelphia congregations, on average provided 2.33 different social programs. Another study shows that a typical church provides financial support, volunteers, space, and in-kind donations to six community programs each year (Ammerman, 2001). In categorizing these community programs, Ammerman finds that congregations, on average, aid two direct service programs, two educational, health, or cultural programs, and one community development or political or social advocacy program (Ammerman, 2001).

The American founders viewed churches as a central institution within American life, because religion provided the moral foundation of self-restraint and community awareness necessary for the success of republican self-government. Many believed that the American experiment would not succeed without the moral training

churches provided to citizens. Churches, surely, have contributed to the success of America by encouraging virtue, but social science research has also shown that churches provide direct and indirect economic and social benefits to communities. Churches provide valuable contributions to communities in the areas of direct economic contributions, social services and community volunteering, education and civic skills training, and reduced levels of deviance (Cnaan, et al., 2006).

These benefits positively improve communities in direct and indirect manners, and they enhance political stability and the long-term health of communities. In fact, if it were not for churches, government would have to expend public funds to replace the community benefits that churches provide. Overall it is clear that churches bring positive benefits to communities and their role in the community as a beneficial, nonprofit institution (Boddie, et al., 2001).

Faith based institutions in many African countries play a major role in advocacy and service delivery, particularly education and health care, where historically they have had a strong comparative advantage. The study by Nolte et al., (2009), in Nigeria demonstrates, broadly speaking religion organizations interactions with the state are framed by two dimensions. First, they may occupy a position as critical religious actors who share a common religious vocabulary that seeks to promote justice and equality through good governance by emphasizing structural development, education and health care (Nolte et al, 2009).

Likewise, Christian churches in Tanzania (especially Roman Catholic, Lutheran and Anglican) establish education and health facilities during the colonial period and continue to have a major role in service delivery to the present. Government figure

shows that in 2003, 42% of secondary schools that were privately run 45% were run by Christians and 12% by Muslim Organizations. In 2008 for example, 13% of dispensaries, 22% of health centers and 40% of hospital were run by Faith Based institutions, indeed other churches have established project on organization for development purpose (Leur, et al, 2011).

Nationally religious institutions make an important contribution to health and education services and there are no doubt examples of the interesting and/or successful Institutions development projects scattered across the country. Some churches run facilities during ujamaa policy including the Kilimanjaro Christian Medical Centre (owned by Lutheran church) and the Bugando hospital (owned by Roman Catholic), while other became 'designated' government facilities. In education all non public secondary school were nationalized in 1971 including private trust fund and mission schools. Seminaries, religion organization, the Tanzania parents association (TAPA) and marketing cooperatives were the only non state actors permitted to provide secondary education (Green, et al., 2010).

The Catholic Church has contributed significantly to the improvement of the social service sector. From the start of evangelization the missionaries insisted on both education and health. For instance, in 1968 when the Church was celebrating the first centenary of evangelization, it was running 1378 primary schools, 44 secondary schools, 8 teacher training colleges, 15 trade schools and 48 home craft centers. The Church had then 25 hospitals, 75 dispensaries, 74 maternity clinics and 11 medical training schools. In the medical sector the Church runs 36 hospitals including 850-bed consultant hospital of Bugando Mwanza, and 223 health centers and dispensaries. The religious women, both missionaries and local, play a big role

in running these social service institutions. Partner Churches in Europe and America, particularly Germany, Holland and Italy have helped much in building and maintaining these institutions (Kilaini, 1998).

Other Christian churches and Muslim organizations also participated in provision of social services in different districts in Tanzania. For example in Magu district in Mwanza region the African Inland Church (AIC) and Methodist church runs English- Medium primary schools and two tailoring school in Magu town. AIC and ELCT have kindergarten schools funded by Compassion International an international Christian FBO based in USA. BAKWATA is connected to 15 Mosques across the district each of which undertakes their own education work such as providing support for orphans and running Madrasas. In health services the AIC has a small hospital on the border with Bunda District and a dispensary at Mbulima village. BAKWATA has dispensary and HIV voluntary testing centre in Magu town. Another example is Newala district whereby religious institutions are active including BAKWATA and a large number of Mosques, the Anglican Church and Roman Catholic which had established an FBO known as Tumaini dealing with HIV. There also nursery schools owned by Anglican and Catholic churches (Green, et al, 2010).

Even though there some challenges facing faith base institution including; inclusivity most users belong to the faith of provider allegedly because potential beneficiaries fear that the provider has a conversion agenda. For example most of student in religious schools and colleges are based according to their dominion or religion hence if the school is owned by Muslim most students will be Muslims, although there some exception for example more than 90 percent of Caritas

activities in the Coastal regions are Muslims. The failure to ensure that the religious composition of beneficiaries reflects that of the population in the surrounding area was perceived as challenges (Leurs, et al., 2011).

In Tanzania contexts the governments sought to reduce the gap between Christian and Muslim, some Christian denomination lost their schools and big hospitals. By 1965 Nyerere had nationalized all Christian schools except confessional ones, so that people from all religious could enter them on the basis of merit. Most Protestants Christian schools were already registering Muslim pupils and students. The Catholic Church however turned down a request by Nyerere in 1963 to provide education through truly secular schools for Muslim. He had stressed how such a move could help bridge the educational gap between Christian and Muslim. In the health sector, in 1971 the two biggest church hospital, namely the Lutheran Kilimanjaro Christian Medical centre in Moshi and the Catholic Bugando hospital in Mwanza were nationalized and designated referral hospitals (Mhina, 2007)

In term of other challenges religious bodies need to be both better and recognized by government as advisors and partner not just limited to social services delivery. Religious institutions complain that government should support and involve Faith based institutions more. There was also a perception that government undermines the provision of health and education by religious institutions through over-regulation, syllabus changes and political interference in decision making (Leurs, et al., 2011).

Another challenge that FBIs face is how to set its own development agenda and to pursue its implementation. The various religious communities disapprove of the way

the state in Tanzania is uncritically following an agenda set from outside the country. The indiscriminate privatization this entail for example is seen to undermine national interest and the well being of ordinary citizens. It therefore important to examine religion position on various economic and social development issues that have a bearing governance and policy reform (Mhina, 2007)

1.2 Statement of the Problem

Religious institutions are investing more and more in the provision of social services particularly in education and health. For example in Tanzania, different religious institutions run more than six universities. These include St. Augustine University of Tanzania, Catholic University of Health and Allied sciences, Mount Meru University, Muslim University of Morogoro, Sebastian Kolowa Memorial University, St. John University of Tanzania and Teofilo Kisanji University. They also run six teacher training colleges includes St. Mary's TTC, Al-Haramain Islamic TTC, Dar-Ul-Muslim TTC, Ubungo Islamic TTC, Montessori teachers training school, and Mbeya Lutheran TTC , 240 secondary schools, 154 vocational training schools and 65 primary schools. They also provide 89 hospitals including two teaching and referral hospital (i.e. Bugando and KCMC), 75 health centers and 680 dispensaries. BAKWATA runs 23 secondary schools and 110 dispensaries and is active in educational and empowerment programs example entrepreneurship training and HIV/AIDS prevention (Green Mai et al, 2010).

Religious institutions contribute to a greater extent in provision of social services in Kigoma/Ujiji Municipality especially in education and health. Example in 2004 there were 4 pre-primary schools, 5 primary schools by 2005, 7 secondary schools by 2006. In health sector there were 1 health centre and 8 dispensaries by 2006 (URT, 2008).

According to the 2012 National Census population increased. The majority of the populations are children and youths aged 0-24 with total population of 139747, which is 65% of the total population of 215458 in Kigoma/Ujiji municipality. In deed most of these populations are children and youths who are in need of education and essential health services. The major contributor of these services remains on faith based institutions to become sustainable.

Despite the contribution made by religion still there is scant information on contribution made by the religion in Kigoma especially in Kigoma/Ujiji Municipality. Therefore this study was designed to examine the contribution of faith based institutions to provision of social services in Kigoma/Ujiji Municipality.

1.3 Objectives of the Study

This study encompasses the following general and specific objectives.

1.3.1 General Objective

The main objective of this study was to examine the contribution of faith based institutions to provision of social services in Kigoma/Ujiji Municipality.

1.3.2 Specific Objectives

- i. To determine the current contribution of faith based institutions to provision of primary and secondary education in Kigoma/Ujiji municipality.
- ii. To assess the contribution of faith based institutions to the provision of primary health services in Kigoma/Ujiji municipality.
- iii. To identify possible measures to increase/widen the contribution of faith based institutions to provision education and health services in Kigoma/Ujiji municipality.

1.4 Research Questions

- i. What services do faith based institutions provide in terms of primary health service in Kigoma/Ujiji municipality?
- ii. What do faith based institutions contribute to provision of secondary education in Kigoma/Ujiji municipality?
- iii. What challenges do faith based institutions face in the provision of secondary education in Kigoma/Ujiji municipality?
- iv. How can faith based institutions contribute more in the provision of education and health services in Kigoma/Ujiji municipality?

1.5 Significance of the Study

The study is expected to contribute to government, development practitioners and citizen understanding of faith based institutions contribution to community

development. Due to the fact that faith touches direct life of individuals within a society, government and the development practitioner will understand the challenges of the provision of social services as well as how to overcome it. Moreover the study will contribute to government and the development practitioner initiatives to collaborate with religious institutions to ensure sustainable provision of social service in Kigoma/Ujiji municipality

The study is further expected to generate additional important information about the contribution of faith based institution to provision education and health social services in Tanzania of which may be useful to future researcher who will be interested in conducting a related study. The results of this study and recommendations will contribute towards further research on the religious institutions role in the provision of services and community development at large in Kigoma and national wide.

1.6 Limitations of the Study

The study faced the following limitations:-

There was limited budget to conduct the study, thus caused the researcher to consider a number of alternatives like using motorcycles during data collection for the purpose of minimizing cost and working for long hours so as to reduce the number of days in the field.

Most of public offices were highly bureaucratic. Getting permit from the municipal was bureaucratic as well as meeting with leaders/representatives from FBIs. This affected the exercise because data collection process delay and lead to increase of

costs. This was addressed through strictly follow up without losing hope and hard working during data collection.

Poor cooperation from respondents; Some respondents were not ready to cooperate with the researcher in providing data, some they pretended that they don't know everything and other thought that researcher was sent by government so they are supposed to be paid. This was caused by lack of understanding the importance of this study, to embark upon this challenge I decided to educate them by enlightening the importance of this study, indeed those who agreed to participate where taken as the sample of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter provides an overview of different literature related to this study. It begins by providing definitions of key terms, examining the role of religious institutions and provision of social service in Tanzania. Community development initiatives in Kigoma/Ujiji Municipality are reviewed as well as, theoretical perspectives, empirical Literature review, conceptual framework and research gap. The chapter presents a review of literature in order to familiarize and establish theoretical basis related to the study helped the researcher to lay a foundation for the study. It highlights what was known about Faith Based Institutions and provision of social services.

2.1 Definition of Concepts

2.1.1 Religion

Religion is defined as an organized system of belief, ceremonies, practices and worship that is centered on one supreme God or Deity. For many other religions involves a number of gods or deities. Some people have a religion in which specific God or gods are worshiped. There are also people who practice their own religions belief in their own personal way largely independent of organized religion. But

almost all people who follow some form of religion believe that a divine power created the world and influence their lives (World Book Encyclopedia, 2001).

Religion can also be defined it as a fellowship connected to the religious institutions in society, like churches and mosques, while others might relate religion to something personal and private. Religion as it is used in this text follows the tradition of the sociology of religion, namely the study of religion in its social context (Torstein, 2012 in Furseth and Repstad, 2006).

According to Merriam-Webster dictionary, religion is defined as a relation of human beings to God or the gods or to whatever they consider sacred or, in some cases, merely supernatural. Archaeological evidence suggests that religious beliefs have existed since the first human communities. They are generally shared by a community, and they express the communal culture and values through myth, doctrine, and ritual. Worship is probably the most basic element of religion, but moral conduct, right belief, and participation in religious institutions also constitute elements of the religious life. There are many religions, such as Buddhism, Christianity, Hinduism, Islam, and Judaism.

Religion is also defined as being familiar with church images, worship, prayer, traditions and pilgrimage, it is recognized when it is familiar with the following terms; following strict rules that govern the killing of an animal, carefully washing hands before a meal, performing a dance or a song, frequently repeating a particular greeting or kind words such as praise the Lord, shalom and Asalam aleykum, following restrictions on food or drink that have nothing to do with dieting or being a picky eater. Each of these acts is infused with religious meaning, at least to some

groups of people. Religion shapes how people behave and how they think about the world and their place in it (Clifford, 1993).

Durkheim defined religion as “unified system of belief and practices relatives to sacred things.” In his views religion involves a set of beliefs and practices that are uniquely the property of religion as opposed to other social institution and ways of thinking. Durkheim argued that religious faith distinguish between certain transcending events and the everyday world, he referred to those realm as the sacred and profane (Schaefer, 2006)

The study considered religion to be organized system of worship God through Christian and Islam faith.

2.1.2 Religious Institutions

Religion institution is a social institution in which belief systems and rituals are systematically arranged and formally established based on religion faith. Organized religion is typically characterized by an official doctrine (or dogma), a hierarchical or bureaucratic leadership structure, and a codification of rules and practices It is also refers to churches, and places of religious worship interchangeably. It is difficult to define some religious institutions because it is a matter of degree related to the number of members and the wide range of related activities the institution offers (Solhjel, 2012).

Religious institutions may include churches, synagogues, mosques, temples, other institutions, and their members who have a religious belief. The House of Representatives recently defined religious practice as “any exercise of religion,

whether or not compelled by, or central to, a system of religious beliefs, and includes (A) the use, building or conversion of real property by a person or entity intending that property for religious exercise; and (B) any conduct protected as exercise of religion under the First Amendment to the Constitution” (Healey, 1999).

2.1.3 Faith Based Institutions

These are those development organizations that have a specific religious background and one or more of the following features; affiliation with a religious body, a mission statement with explicit reference to religious values, financial support from religious sources, and/or a governance structure where selection of board members of staff is based on religious beliefs or affiliation, and where decision making is based on religious values. Churches, mosques, and temples, they are also considered FBOs (Ommering, 2009).

The centre for faith and services defines Faith Based Institutions as a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, incorporation, or mission statement that it is a religiously motivated institution.

In this study both terms religious institutions and faith based institutions were used interchangeably.

2.1.4 Social Services

The term social service refers to the variety of programs made available by public or private agencies to individuals and families who need special assistance. It includes

benefits and facilities such as education, food subsidies, health care, and subsidized housing provided by a government to improve the life and living conditions of the children, disabled, the elderly, and the poor in the national community (Goodwin, 2005). In America these services referred as charity or relief, they covered a wide range of services, including legal aid immigrant assistance, and travelers' aid. The new terminology corresponded to changes in the philosophy, approach, and organization of social work. In Tanzania the basic social services considered to be public goods which citizens were entitled to enjoy. These services include provision of education, health, water and sanitation. Great efforts were made to satisfy people's basic needs through provision of education, health water and sanitation. (Swantz Marja-Liisa , 1996).

The term social services is often used to cover services which includes primary education and basic health care, and infrastructure, including water and sanitation, electricity, roads and bridges, as well as services that promote personal security (Berry et al.,2004 in Noor et al 2010). The OECD takes a similar broad approach, stating that basic services, next to basic needs, also include security and economic development opportunities (OECD, 2008:14). In this study social services focus on education and health facilities such as hospitals and dispensaries (Noor, et al 2010).

2.2 Role of Religious Institutions in Provision of Social Service in Tanzania: An Overview

Religious institutions have and continue to play a significant role in the provision of health and education services since the colonial period. Education was an integral part of the proselytization work of Christian missionaries such that was even to be perceived to be a divine right for the church to be involved in educational work. Many of the post-independence political elite had their schooling in mission schools. The church believed it had a distinctive role to play in service provisioning as an extension of its evangelical work. For example, in 1945 mission primary schools in Tanzania outnumbered those run by government or native authorities by a 4:1 ratio (cited from Sivalon, 1995 in Robinson & White, 1997).

During the colonial period church missions were the dominant source of health care provision, primarily catering to the health needs of the indigenous population, especially in rural areas. On the eve of independence religious organization owned 42 per cent of all hospital beds and were responsible for 81 per cent of primary health care facilities in the country (Robinson & White, 1997). Currently, the ELCT contribute to the health service in the country by running 23 hospitals and more than 150 primary health services in the country. Most of the church institutions are located in rural area and are the only place where to get good vice for most of people who cannot afford to travel far (<http://health.elct.org/healthdepartment/main.htm>).

In 1970, all primary, secondary and teacher training schools were nationalized after the 1967 Arusha declaration. When the situation allowed, the Church started again

building schools. In 1991 the Churches (Catholic and Protestants) had 413 kindergartens, 82 secondary schools including 23 junior seminaries, 73 technical and vocational schools, 48 home craft centers for girls, 2 Teacher Training Colleges and 6 schools for the handicapped. To strengthen their social services sector, the two Church bodies that is the Protestants under the Christian Council of Tanzania (CCT) and the Catholics under the Tanzania Episcopal Conference (TEC), in 1992 assisted by the German partner Churches negotiated a "Memorandum of Understanding" with the Tanzania government.

In this memorandum the government recognized the important role played by the Churches in the social services sector of the country, pledged to help the Churches by sharing with them grants from foreign government and promised never to nationalize the church institutions again. The "Memorandum of Understanding" authorized the forming of the "Christian Social Services Commission"(CSSC). TEC and CCT are each represented by the General Secretary and four bishops. The Commission has two executive organs, the Christian Medical Board of Tanzania (CMBT) and the Christian Education Board of Tanzania (CEBT) for health and education respectively. This commission formulates common policies for the Education and medical Services of the Churches and negotiates with the Tanzania government in the name of the churches. The two executive organs run common programs. The churches together run more than 50% of the Medical Services and secondary schools in the country (Green, et al, 2010).

The Christian dominions have played a key role in provision of health services. In southern Tanzania for instance, all major hospitals such as Ndanda in Mtwara, Nyanjao in Lindi and Peramiho and Litembo in Ruvuma belong to the Roman

Catholic Church Mhina, (2007). In 1990, the churches in Tanzania owned 68 non-profit making hospital or 4 per cent of total. Two of four referral hospitals belong to Christian churches Bugando in Mwanza to catholic and KCMC in Kilimanjaro to the Lutherans. There are also teaching hospital attached to two church owned universities Catholic university of health and allied sciences and Tumaini University (Mhina, 2007).

Also faith based institutions played a role of advocacy whereby the advocacy role includes raising awareness among Christian communities about the importance of helping poor. Different religions in Tanzania have joined the international advocacy of poverty alleviation and are giving voice to the poor and low-income people. These religions have long experiences of dealing with the poor, enrich the current struggle against poverty and give then a Tanzanian character. The study done by DFID, (2000) shows that, more recently FBIs have involved in advocacy activities and attempt to influence public policies, either as individual organization or in partnership between and among themselves. For example TEC conducts civic education and raising awareness activities through its justice and peace secretariats, BAKWATA has been involved in many inter religious for a attempt to influence public policy (DFI, 2000).

2.3 Community Development Initiatives in Kigoma/Ujiji Municipality

The development process and policies in Tanzania has given the district councils responsibilities for stimulating local economic development. Kigoma/Ujiji Municipal is one of the least developed areas in the country although it has higher and attractive opportunities for fast development. The dominant economic activities

are fishing, trading, micro and small scale industries and agriculture. Fifty percent of the population is involved in agricultural activities which include rice, cassava and palm oil trees. Fishing as one of the main economic activity contributes significantly to household incomes. Kigoma/Ujiji Municipality, due to its location in relation to transport routes and its distance from major center i.e. Dar es Salaam, is relatively isolated from the national economy (Magigi, 2013).

Government initiatives related to the provision of infrastructure, the construction of key roads and the development of key tourist attractions further strengthens the foundation for local economy. For the case of food production, Kigoma /Ujiji municipality succeed to have irrigation schemes where there is some 20 percent of the area under irrigation from the total potential. Irrigation is most probably what makes horticulture thrive here; cultivating such various fruits and vegetables as pineapples, passion, tomatoes and onions for local consumption and for export to neighboring countries. In service provision the municipality community succeed to provide education in pre-primary school 2497 pupils enrolled by 2004, primary 6632 pupils were enrolled by 2006 and 17951 students were enrolled in secondary schools by 2005. Health services were provided on 18 dispensaries by 2004, 1 health centre by 2006 and 1 hospital by 2006. These health facilities help the community to prevent and treatment of diseases such as malarial, cholera, skin diseases and HIV/AIDS cases (URT, 2008).

Religious institutions play a major role of providing social services in Kigoma for example through collaboration with NGO known as KIVIDEA succeed to provide education to pre-school to children who live under difficult circumstances (<http://envaya.org/kivideakgm>. Site visited on 24/3/2014). Kigoma Baptist hospital

succeeds to provide treatment for 20,000 outpatients in 2001. The hospital provides good medical care to patients regardless of their ability to pay. Free Maternal Child Health clinic prevents deaths by immunizations, health screening and education for expectant mothers and babies (<http://universitybapchurch.net/Tanzania.htm> site visited on 24/3/2014).

Religious institutions contribute to a greater extent in provision of social services in Kigoma/Ujiji Municipality especially in education and health. Example in 2004 there were 4 pre-primary schools, 5 primary schools by 2005, 7 secondary schools by 2006. In health sector there were 1 health centre and 8 dispensaries by 2006 (URT, 2008).

2.4 Theoretical Perspectives

The following theories are explored to build the theoretical base of the study.

2.4.1 Trust Theory

This is a theory which is advanced by Professor Henry Hansmann in 1987. Its analysis finds the source of nonprofit activity not in the failure of markets and governments to supply a sufficient quantity and range of collective goods, but in another market failure, namely “contract failures” arising from “information asymmetries” often facing consumers. In many transactions, consumers lack the information they need to judge the quality of the goods or services they are purchasing. This occurs because the purchaser is not the same person as the consumer (e.g. the purchase of nursing home care by children for an elderly parent),

or because the service in question is inherently complex and difficult to assess. In such cases, purchasers seek alternative bases for trust in the quality of the resulting service. One such basis is the nonprofit sector. Because of the "no distribution constraint," hence the prohibition on distribution of profits to owners, nonprofit organizations may be more trustworthy and more likely to serve client needs, since they are not in a field just for the profits (cited from Hansmann, 1980, 1987 in Salamon & Anheiers, 1996).

From Hansmann line of thinking, we would expect that the scale of the nonprofit sector would vary inversely with the level of trust in the business sector in a society. The greater the level of that trust, the more confident people will be to secure the services they need through the market system and therefore the less they will feel obliged to turn to the nonprofit sector. What is more, this will be particularly true in the fields of social services, where information asymmetries are likely to be most acute (Salamon & Anheiers, 1996).

The strength of the Trust theory is that it views nonprofit organizations as vehicles for affected stakeholders to provide social services to third parties. Nonprofit status functions as a proxy for the market signaling the quality of the social services. The theory says that nonprofit sector would vary inversely with the level of trust in the business sector in a society means that nonprofit sector like Faith Based institutions serves the society more compare to profit one. The greater the level of that trust, the more confident people will be to secure the services they need through the market system and therefore the less they will feel obliged to turn to the nonprofit sector. What is more, this will be particularly true in the fields of health and education social service (Salamon & Anheiers, 1996).

Even though Trust theory has been criticized that its application may be difficult since it is difficult to get data about the level of trust in business in a particular field. The greater the number of people in a country expressing considerable or a great deal of trust in major companies, the lower the reliance on nonprofit organizations this theory would predict since consumers would feel less incentive to turn to

nonprofits to supply trust-sensitive goods. At the same time, the higher the level of trust, the lower the level of reliance on fees and charges we would expect among nonprofit organizations, since these organizations would not be in as advantageous a position to compete for paying customers to provide trust-sensitive services. What is more, we would expect the relationships predicted by this theory to hold with particular force in the fields of health and education social services, where problems of information asymmetry and trust are particularly acute (Salamon & Anheiers, 1996).

This theory is relevant to this study since it encourage participation of nonprofit organizations like faith based organizations which provide social services. Because they do not distribute profits to their owners, and because they attract the involvement of stakeholders committed to the quality of the services the organization produces, nonprofits are assumed to embody a higher level of trustworthiness than do profit-oriented private businesses. Situations where trust in the business sector is limited should therefore be ones where the nonprofit sector should prosper. Therefore this faith based institutions they can assure reliable social services though involvement of stake holders (Salamon & Anheiers, 1996).

2.4.2 The Supply-Side Theory

This is a theory founded by the economist professor James D. Gwartney. The theory explains that due to exclusive on the demand for public services left by failures of

the market and the state, a second body of theory treats this as a necessary and a need for nonprofit organizations to emerge: namely "social entrepreneurs," people with an incentive to create nonprofit organizations to meet such demand. One of the most common of these circumstances is the presence of religious institutions competition, where one or more religious institution is vying to attract adherents. In such circumstances, religious zealots have an incentive to form nonprofit organizations as a way to attract adherents to their cause.

Religions in general, and proselytizing religions in particular, have traditionally had a vested interest in providing social services, and therefore created the institutions to do so. Their aim, as James points out, is not to maximize economic returns but to seek the greatest number of adherents by offering services that these potential adherents might find attractive, such as health care or education. Nonprofit sector expected to be most highly developed where religious institutions competition is most intense. This relationship should apply particularly strongly to the field of education since this is where religious institutions competition is often most evident. Hence that the greater the level of religious institutions competition, the larger the nonprofit education sector.

This theory also has implications for expected patterns of nonprofit finance. In particular, like the market-failure/government failure theory on which it depends, the supply-side theory assumes that charitably inclined individuals have an opportunity to win adherents by founding nonprofit institutions in fields where neither the market nor the state is providing needed social services or support. From this it follows that this line of theory would post a positive relationship between the potential supply of nonprofit entrepreneurs and the extent of nonprofit reliance on

private giving. Hence: the greater the extent of religious institutions competition, the greater the nonprofit reliance on private giving as a source of support (cited from James, 1987 in Salamon & Anheiers, 1996).

The strength of the Supply-Side Theory is that it developed as a complement to the heterogeneity Approach insisting that heterogeneity is a necessary but not sufficient condition to give rise to extensive nonprofit institutions. This theory suggests an adequate supply of “moral entrepreneurs” with the incentive to respond to unsatisfied demand for collective goods by creating effects seem weak, particularly in the field where they could be expected to be most pronounced (Salamon & Anheiers, 1996).

The Supply-Side Theory is relevance to this study due to the fact that nonprofit organizations emerge to meet community demands such as provision of social services. Faith based institutions as James points out, is not to maximize economic returns but to seek the greatest number of adherents by offering services that these potential adherents might find attractive, such as health care or education. Nonprofit sector expected to be most highly developed where religious institutions competition is most intense. Therefore lead to reliable provision of education and health facilities because religious institutions are competing in provision of such services as a result community receives better social services (Salamon & Anheiers, 1996).

2.5 Empirical Literature Review

This part aims at representing findings from other studies like Mhina, (2007) Religion and development in Tanzania: A preliminary literature review, DFID Birmingham concerning the role of Faith based institution to provision of social services. Findings from other studies indicate that faith based institution play a greater role. It was estimated that by 1992/93 in nine districts studied by Kiondo, 1995 87% of nursery schools were provided by a mixture of Christian religious institutions and private companies. By 1994 Christian organizations were running 154 secondary schools, BAKWATA runs 23 secondary schools and 110 dispensaries in different part of the country (Mhina, 2007).

2.5.1 Religion and Development

The study by Ommering, (2009) underpins the role of religion and FBOs in the field of international development. Until the 1990s, Western governments and development agencies mostly propagated a secular, market-driven approach to development. Particularly in the wake of the September 11 attacks and in the context of the subsequent War on Terror, the relationship between religion and development has become subject of increasing debate. Partly, this is due to an inability or unwillingness of mostly Western actors to acknowledge that a separation between 'religion' and 'worldly affairs', as the West has seen since the Enlightenment, is not a universal aspiration. Conversely, in many non-Western societies, faith is inseparably intertwined with other aspects of life, including politics and development. Separating religion and development, thus, is unfruitful or even derogatory.

Consequently, Western development agencies will have to pursue a thorough understanding and appreciation of the interconnectedness between religion and development in non-Western settings, and to functionally and fruitfully embed this understanding in relationships with partner organizations in the South. Departing from this dilemma, the ICCO Alliance, the Knowledge Centre Religion and Development, and the Dutch Ministry of Foreign Affairs, amongst others, have engaged in a variety of efforts to examine the complex relationship between religion

and development. The present outlines ICCO Alliance expertise regarding the roles of FBEIs in fragile states in order to promote further reflection, discussion, and research in this field (Ommering, 2009).

Religious organizations in Tanzania such as Catholic Tanzania Episcopal conference (TEC) which founded in 1956, protestant Christian Council of Tanzania (CCT) founded in 1934, and Baraza Kuu la Waislam Tanzania (BAKWATA) founded in 1968. These bodies co-ordinate their member and provide development services through their member church/mosques and development agencies such as Caritas Tanzania (CT), Young Women Christian Association (YWCA), and African Muslim Agency (AMA). Most of these religious social services are provided directly by Churches and Mosques. The most notably services include health care, education, water supply and care of orphans, old and people leaving or affected with HIV/AIDS (Mhina, 2007).

Different churches/denominations run six universities, six teacher training colleges, 240 secondary schools, 154 vocational training schools and 65 primary schools in

different part of Tanzania. They also provide 89 hospitals including two teaching and referral hospitals (i.e. Bugando and KCMC), 75 health centers and 680 dispensaries. BAKWATA runs 23 secondary schools and 110 dispensaries and is active in educational and empowerment programs for example entrepreneurship training and HIV/AIDS prevention (Mhina, 2007)

2.5.2 Development Role for Religions

According to Maia, et al, 2010 in Mally, 2010 Religious organizations, notably Christian's churches have retained an engagement in development activities through the contribution of service delivery functions established under the previous regime of contracted service provision. The available national data available shows that government remains the most important provider of the hospitals (89 governments compare to 90 faith-based). Few regions served by faith-based provides as a result of historical missionary activities (particularly Kilimanjaro, Arusha, Iringa, Dar es Salaam and Mbeya). Christian churches are also involved in longer established development sector with local level projects increased such as the environment or micro-enterprise particularly for women not unusual (Maia et al, 2010 in Mercer 2002). Some of these projects have eventually assumed a separate identity as independent civil society organizations rather than faith based organization as this research will show issue off religious affiliation and faith continue to influence the way in which some of them operate (Maia et al, 2010)

However the faith sector is now changing. New evangelical and in some parts of the country, Pentecostal churches are becoming engaged in local services provision, most frequently concerned with children or water. In Dar es Salaam the Efatha

Pentecostal church runs a micro-finance bank known as Efatha Bank Limited (Maia et al, 2010).

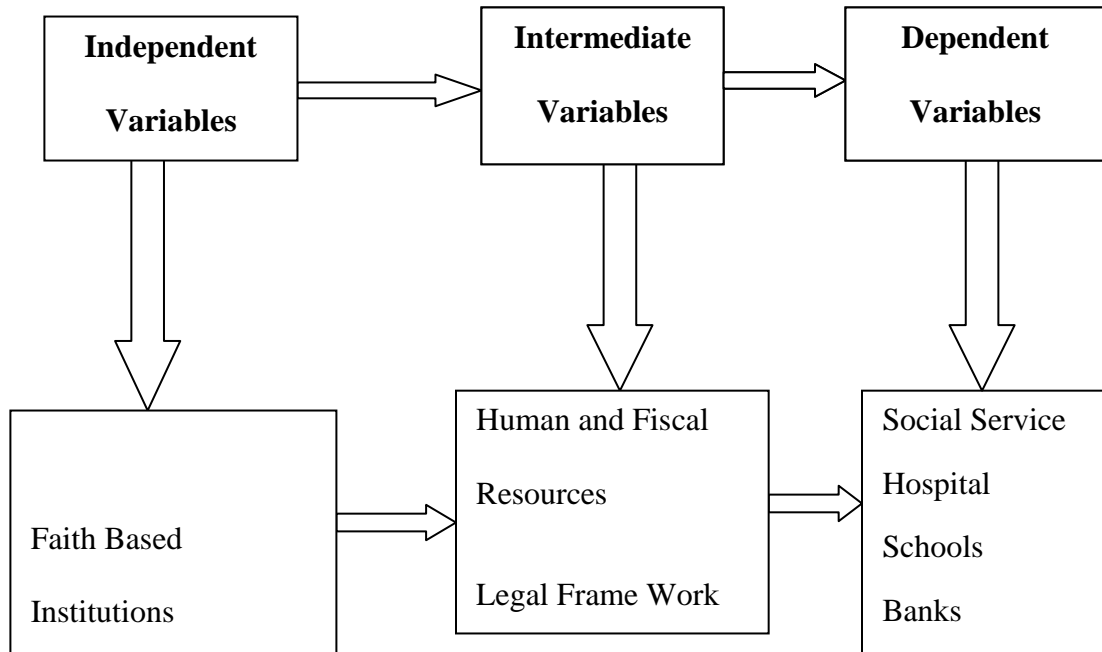
2.6 Conceptual Frame Work

A conceptual framework is the way ideas are organized to achieve a research project's purpose. It is an analytical tool with many variations and contexts. It is used to make conceptual distinctions and organize ideas. Strong conceptual frameworks capture something real and do this in a way that is easy to remember and apply (David, 2013).

Religious institutions such as churches, mosques, and FBOs provide services which help to have a better community development. WHO estimates that 30–70% of the sprawling healthcare infrastructure across the African continent is owned or run by Churches, mosques and FBOs, The first census in Africa on the not-for-profit healthcare sector conducted by Uganda in 2001 for example, showed that 70% of all private not-for-profit health facilities in Uganda are owned by autonomous diocese and parishes. A multi-country study carried out in 2003–2005 by the Ecumenical Pharmaceutical Network in collaboration with the WHO similarly found that approximately 40% of the healthcare infrastructure across sub-Saharan Africa is operated by FBOs, churches and mosques. The church dispensaries provided higher-quality curative care and delivery services, whereas the government dispensaries offered higher-quality health education and immunization services to women and children (Gilson, 1997).

Therefore the figure below illustrates how faith based institutions provide social services such as health services, education services, water services and banks. For these institutions to achieve its goal of providing social services good policies, human and fiscal resources and good legal system so as to ensure sustainability of these social services.

Figure 2.1: A Conceptual Frame Work



Source: Field Study, 2014

2.7 Research Gap

Most of the study has been done concerning to contribution of faith based institutions to provision of social services. Therefore researcher chooses Kigoma/Ujiji Municipality since there are many faith based institutions engaged in provision of social services.

According to Maia et al, (2010) Religious organizations, notably Christian's churches have retained an engagement in development activities through the contribution of service delivery functions established under the previous regime of contracted service provision. The available national data available shows that government remains the most important provider of the hospital. Few regions

served by faith-based provides as a result of historical missionary activities (particularly Kilimanjaro, Arusha, Iringa, Dar es Salaam and Mbeya). Some of these projects have eventually assumed a separate identity as independent civil society organizations rather than faith based organization as this research will show issue off religious affiliation and faith continue to influence the way in which some of them operate.

According to Lewis, et al., (2011) said new evangelical and Pentecostal churches are becoming engaged in local services provision, most frequently concerned with children or water problem eradication. In Dar es Salaam the Efatha Pentecostal church runs a micro-finance bank known as Efatha Bank Limited

The religious organizations in Tanzania such as Catholic Tanzania Episcopal conference (TEC), Protestant Christian Council of Tanzania (CCT), and Baraza Kuu la Waislam Tanzania (BAKWATA) have retained an engagement in development activities through the contribution of service delivery functions established under the previous regime of contracted service provision especially education and health services. Few regions served by faith-based provides as a result of historical missionary activities (particularly Kilimanjaro, Arusha, Iringa, Dar es Salaam and Mbeya). Christian churches are also involved in longer established development sector with local level projects increased such as the environment or micro-enterprise particularly for women not unusual. The faith sector is now changing for example; churches are engaged in local services provision, most frequently concerned with children or water. In Dar es Salaam the Efatha Pentecostal church runs a micro-finance bank known as Efatha Bank Limited which start to carry on banking business on October 31, 2008 and approval

to commence operations was granted by the Bank of Tanzania on August 12, 2009 through banking license No. NBA 00017 after completing the necessary recommencement preparations and the bank was officially opened on August 17, 2009.

Despite of literature explaining on FBIs many of them deals with children, water and their service is concentrated in first evangelized regions. More over still there is no sufficient information on a detailed study on the contribution of faith based institutions to provision of education and health services in Kigoma regarding the fact that religion plays the role of health and education services which is a key of success toward poverty elimination. Therefore this study aims at examining the contribution and challenges which religious institutions face in the provision of social service and community development in general.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter dealt with the research methods, which applied in data collection. This chapter contains the following sections: research design, area of the study, sample and sampling procedure, data collection method/techniques, validity of research instrument, data analysis and interpretations.

3.1 Research Design

Kombo & Tromp, (2006) in Orodho, (2003) define research design as the scheme, outline or plan that is used to generate answers to research problems. A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose. It is the conceptual structure within which research is conducted. It constitutes the blueprint for the collection, measurement and analysis of data. (Kothari, 2003)

A case study design was applied to collect primary data in the field using different method like survey, and interview. Kothari defines a case study as a technique by which individual factor whether it is an institution or just an episode in the life of an individual or a group is analyzed in its relationship to any other in the group. It is a method of study in depth rather than breadth.

The case study places more emphasis on the full analysis of a limited number of events or conditions and their interrelations.

A case study design was used because it enabled researcher to analyses the contributions of faith based institutions to provision of social service in Kigoma/Ujiji in detail. This study used case study, which needs to interview and send questionnaire to different correspondence in Kigoma/Ujiji municipal.

Combination of both Qualitative and Quantitative methods was also applied in this study. Qualitative method is a systematic way of investigation that used to understand meeting of various phenomena from people who perceive things according to their onward and it empowers disadvantages groups by giving them chance to contribute (Mugenda etal, 1999). Quantitative research is based on the measurement of quantity or amount. It is applicable to phenomena that can be expressed in terms of quantity (Kothar, 2004).

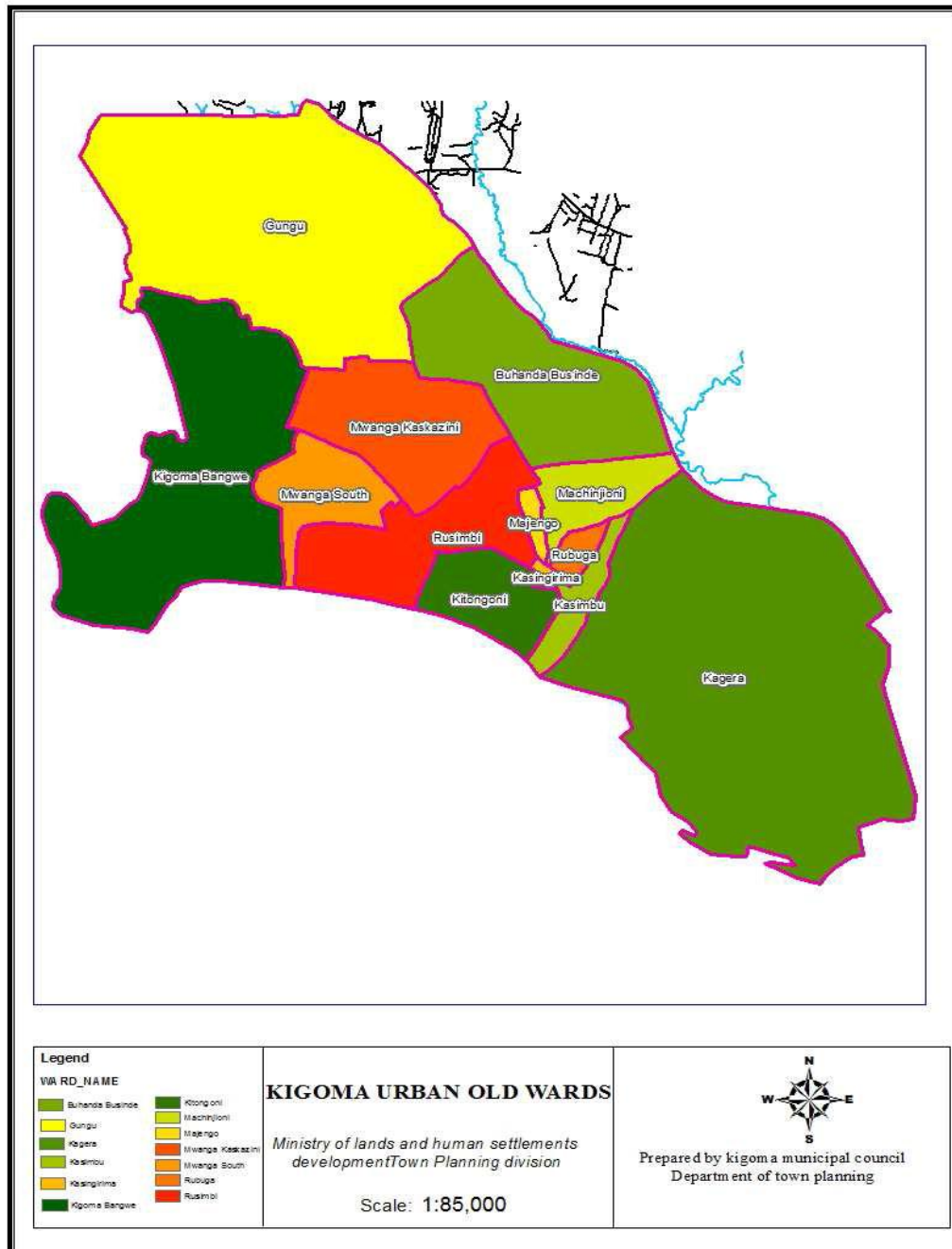
This study used both methods because the study collected data which involves measurement, classification analysis, and interpretation. Therefore it was easy for a researcher to analyze and interpret the data collected from the field.

3.2 Study Area

The study area was Kigoma/Ujiji Municipality found in Kigoma region in western part of Tanzania along the shores of Lake Tanganyika. Kigoma, Bangwe, Gungu and Mwanga Kaskazini wards were covered. The main reason for conducting this study in Kigoma/Ujiji Municipality was due to the fact that the municipal is growing very fast and the number of religious institutions is increasing. For

example pre-primary school increase from 2 in 2000 to 4 in 2004, Primary school increase from 1 in 2000 to 5 in 2005 and secondary schools were 2 in 1999 and increases to 7 in 2006 (URT, 2008). These institutions are education institute, some healthy institutes and NGOs which is religious oriented participate in capacity building, environmental conservation and advocacy of human right and community development in general.

Figure 3.1: Map of Kigoma/Ujiji Showing Wards



Source: Kigoma Municipality Profile, 2014

3.3 Sample Size and Composition

Sample size refers to the number of items to be selected from the universe to constitute a sample. It may be noted that Kothari, (2004) suggested that the size of sample should be optimum fulfilling the requirements of efficiency, representativeness, reliability and flexibility. Principally the sample size should be neither excessively larger nor too small.

Sample size in this research as shown in Table 1 included a total number of 50 respondents. The size was been statistically determined using a formulae

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

Where

n = sample size;

N = total population;

e = significance level (0. 15) and

1= constant.

Therefore; N = 66294

$$e = 0.15$$

$$n = ?$$

$$66294/1+66294(0.15 \times 0.15) = 44$$

Sample size selected was therefore, 44 and 6 key informants from FBO in the selected wards.

Table 3.1: Targeted Population of the Area of Study

Selected ward	Expected Respondents		
	Ordinary Citizens	FBI's Representatives	Total
Kigoma	12	1	13
Bangwe	7	1	9
Mwanga Kaskazini	12	2	14
Gungu	13	2	14
Total	44	6	50

Source: Research Data, 2014

The Sample was chosen from Kigoma/Ujiji Municipality wards of Kigoma, Bangwe, Gungu and Mwanga kaskazini. The respondents were Ordinary citizen, Religion leaders and representative from religious institutions.

The researcher selected the above sample composition for this study because they are stakeholders of services provided by religious institution. In addition, they were persons whose action regarding religious institution. Therefore, they were expected to have relevant information required to address the research problem.

3.4 Sampling Procedures

Description of how the cases were selected from a sampling frame constitutes sampling design or procedure (O'Sullivan and Rassel, 1989). This study employed simple random and cluster sampling techniques for selecting participants.

According to Kemper, Stringfield, and Teddlie, (2003:292), the use of a wide range of sampling techniques in a research methodology greatly increases the possibility of generating findings that are both rich in content and inclusive in scope. Subsequent sections described these procedures and rationale for adopting them in this study.

3.4.1 Sampling Techniques

This is a process of selecting a number of individual or object from a population so that the selected group contains elements respective of the characteristics of the entire population. The sampling technique was simple random sampling and cluster sampling technique the aim was to have population that represented the whole ward without basing on one side.

3.4.1.1 Cluster Sampling

This is the process of selecting sample by clustering population on location, street, professionalism, age or gender. Cluster sampling reduces the possibility of sample to base on one side or location. Through cluster, almost every group was represented equally.

Cluster sampling was used in selection of wards in Kigoma/Ujiji in which municipal had thirteen (13) wards though, researcher decided to chose only four (4) out of them. The main reason for selecting these 4 wards was due to the fact that most of the religious institutions in Kigoma/Ujiji are located in these wards even though they serve the whole municipality.

3.4.1.2 Simple Random Sampling Technique

The study employed simple random sampling which is technique of probability sampling; it is referred as simple random sampling as no complexities involved (Kombo&Tromp, 2013). The researcher wrote names of all religious institutions from the selected wards of Kigoma/Ujiji municipal, Kigoma, Bangwe, and Mwanga Kaskazini and Gungu on a piece of papers then the piece of papers was placed in a container and mixed thoroughly. Lastly, researcher draws nine sample organizations as lottery.

The information (data) collected from the study of fifty (50) respondents; forty three (43) was ordinary citizen from the selected wards. The second group was seven (7) religious leaders and representatives from different religion/dominations and religious institutions/FBOs representatives. To get these sample of respondents required piece of papers written YES and NO in a box, then respondents (ordinary citizen, religious leaders and FBOs representatives) allowed to pick one piece of paper from the box. Those who pick a piece of paper written Yes was given the questionnaire as well as interviewed.

3.5 Data Collection Technique

This study researcher used primary and secondary information/data. Secondary data obtained from document such as research papers, national policies, journals, books, magazine and newspapers. Primary data obtained through survey and interview methods.

3.5.1 Questionnaire Technique

This method is whereby respondents fill in answers in written form and the researcher collects the forms with the completed information (Kombo & Tromp, 2013). The study used close ended and open ended questionnaires to collect data in the field in order to get relevant information from respondents. The researcher supplied questionnaire hand to hand to targeted respondents. The researcher applied this method because it was easy to get reliable respondents and information within a short time and at a low cost due to the fact that it helps to get many people within a short time.

From the targeted population researcher distributed questionnaires to forty three (43) respondents. These were ordinary citizens from the selected wards who are the beneficiaries of the social services which provided by the religious institutions. Organizational leaders as well as religious leader were interviewed. The distribution based on the sample population from selected randomly from the selected wards of Gungu 11 respondents, Mwanga Kaskazini 12 respondents, Bangwe 7 respondents, and 10 respondents from Kigoma ward. Researcher used this method so as to get reliable information from these stake holders since the method reduces the bias on the side of respondents as well as researcher.

3.5.2 Interview Method

The interview method of collecting data involves presentation of oral-verbal stimuli and reply in terms of oral-verbal responses (Kothari 2004). The researcher conducted interrogative method through face to face different respondents like FBIs

representatives and religious leaders. The interview was been structured and unstructured. The researcher used interview method as method of collecting data to get relevant information from respondents who did not want to provide information in written questionnaire.

From the targeted population the researcher conducted an interview to seven (7) respondents. These were organizational leaders/representative of the institutions as well as religious leader from the selected wards. The distribution was based on the sample population selected randomly from wards of Gungu 2 respondents, Mwanga Kaskazini 2 respondents, Bangwe 1 respondents, and 2 respondents from Kigoma. The selected respondents were based on the selected population in the sample size whereby the key informants (representatives from the religious institutions and religious leaders) were interviewed. Researcher used this method so as to get reliable information from these stake holders since the method reduces the bias on the side of respondent as well as researcher.

3.6 Data Analysis and Presentation

Data analysis refers to examining what has been collected in a survey or experiment and making deductions and inferences. It involves scrutinizing the acquired information and making inferences (Kombo & Tromp, 2013).

The data was presented through text, tables and graphs for easy interpretation. Statistical Package for Social Science (SPSS) computer soft ware was used to analyze the data. The data collected was first classified into meaningful categories that were further assigned numerals or codes to assist the analysis. Thereafter

research findings were done, where as content analysis technique was used to analyze qualitative data that used to make inferences about the population.

3.8 Validity and Reliability

Pre testing of pre designed questionnaire was done to religious leader (FBI's representative), service beneficiaries which include parents, students and patients. The purpose was to cross check whether they were appropriate and if could be used to collect the intended data. Cross checking with different tools was done to ensure information to valid and reliable. Building of confidence to respondents was done where by all interview conducted by using simple Swahili language. All this was conducted to ensure the validity and reliability of the research.

3.9 Ethical Issue

Research ethics refers to application of moral standard to decision made in planning, conducting and reporting the results of research studies. The study took into consideration respondent's privacy and willingness of respondents as well as truthfulness, thoroughness, objectivity, and relevance principle were both applied in all procedure in planning, conducting and reporting the results. All these applied to the morality in research.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

This chapter focuses on data presentation, analysis and discussion of the findings. Data were analyzed both quantitatively and qualitatively. The quantitative data were summarized in tables and figures. The analysis meant to show correlations among various research variables.

4.1 Demographic analysis

The main respondents included in this study were the beneficiaries of social services provided by FBIs and the representatives of those FBI from selected wards of Bangwe, Mwanga kaskazini, Gungu and Kigoma mjini in Kigoma /Ujiji municipality. The FBIs representative were interviewed therefore their responds appear directly in discussion and conclusion.

4.1.1 Sex of Respondents

Distribution of the respondents by gender included 30 male (60%) and 20 were female (40%) as shown in the table below. The data imply that men were aware and willing to cooperate with the researcher during data collection. Contrary to that women claimed to be not aware and they were not willing to cooperate in the study. Also it indicates that there were gender representations in social services provided

by FBIs in Kigoma/Ujiji municipality, hence the whole community enjoy or are benefit from the services.

Table 4.1: Sex of Respondents

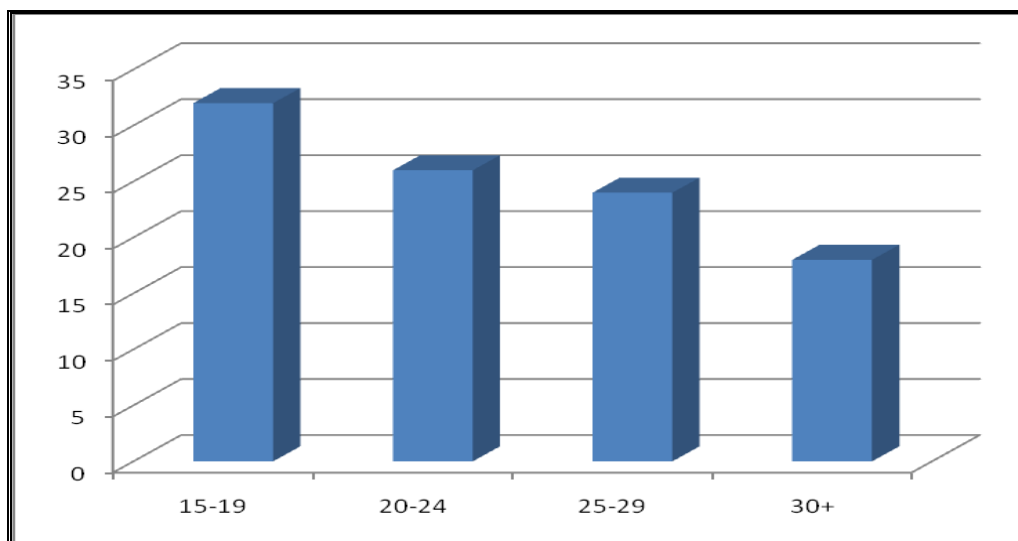
Sex	Frequency	Percent
Male	30	60
Female	20	40
Total	50	100

Source: Field study, 2014

4.1.2 Age of the Respondents

From the study findings shows that most of the respondents were children and youth aged between 15 and 29 years old this implies that most of the children and youth are the beneficiaries of FBIs who had to provide information on the contribution of FBIs. Nevertheless these populations need a secured education and health service that is highly provided by FBIs. From the findings of the study those range from 15-19 were 16 respondents (32%). Those who range from 20-24 were 13 respondents (26%), those range 25- 29 were 12 respondents (24%) and last group 30+ were 9 respondents (18%). This finding implies that the population comprise of youth who need essential education and health services. Therefore FBIs should increase effort in provision of these social services. Also this finding indicates that data were collected from different age groups.

Figure 4.1: Age of Respondents



Source: Field study, 2014

4.1.3 Education Level of Respondent

Distribution of population according to their education level of respondents differs, some of them were primary level, and other was secondary level while other was college or university level. Primary level was 6 respondents (12%), secondary level were 24 respondents (48%) and college/university level was 20 (40%). This data justify that education service is highly needed so as to minimize gap between those with higher education and those from primary and secondary education level. Therefore FBIs should take some measures to widen provision of social services especially education services at secondary land higher level. Also education level of respondents indicates that data collected from different people with different knowledge on social services provided by FBIs.

Table 4.2: Education Level of Respondents

Responses	Frequency	Percent
Primary education	6	12
Secondary education	24	48
College/university	20	40
Total	50	100

Source: Field study, 2014

4.2 Contribution of Faith Bases Institutions to Provision of Primary Education

4.2.1 Understanding of FBI Services in Primary Education

Concerning the contribution of FBIs to provision of primary education in Kigoma/Ujiji municipal 38 respondents (88%) agree that there are primary education services provided by FBIs and 5 respondents (12%) seems they were not aware of services provided by FBIs. This means that society is aware of social services provided by FBIs particularly in primary education. Few society members are not aware of the services provided by FBIs in primary education. Hence in Kigoma/Ujiji majority of the population are beneficiaries of FBIs services since they are aware of it.

The study discovered that FBIs has high contribution in provision of social services to Kigoma/Ujiji municipality. The community is aware of the services provided by the FBIs which include provision of primary education. The study indicated that FBIs contribute through construction of nursery and primary schools, providing

teaching and learning materials and provide teachers to primary school owned by FBIs.

Table 4.3: Understanding of Education Services Provided by FBIs

Responses	Frequency	Percent
Yes	38	88
No	5	12
Total	43	100

Source: Field study, 2014

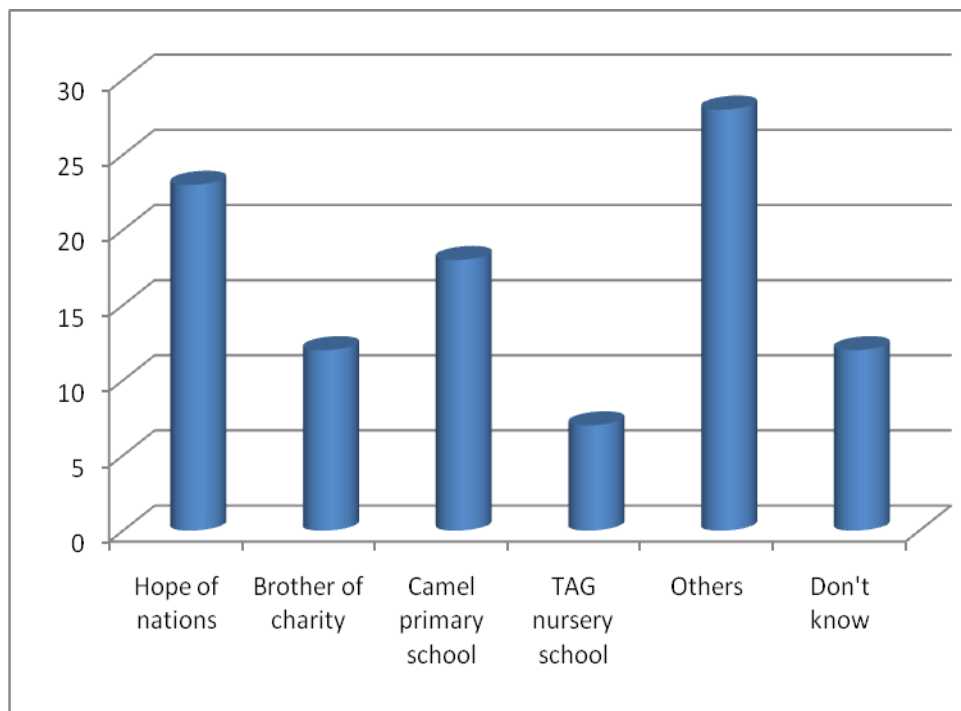
4.2.2 Names of FBIs Provides Primary Education Services

From the field respondents mentioned some institutions which provide primary education services under Faith Based Institutions whereby, 10 respondents (23%) mentioned Hope of the Nations primary school, 5 respondents (12%) confirmed Brothers of Charity, other 8 respondents (18%) mentioned Carmel primary school, another 3 respondents (7%) mentioned TAG nursery mentioned others which include institution like Joy in the harvest, Sanganigwa children’s home and Ahlubayt Islamic seminary. The last group of respondents about 5 respondents (12%) they didn’t mentioned any and they claimed they don’t know.

The data indicated that most of the respondents are aware of primary education services provided by FBIs and they know the schools or organization which helps in provision of primary education in the municipal for example Hope of the Nations and Carmel primary schools are the primary schools which provides service to

majority. Few people seem to be not aware on the primary education services provided by the FBIs.

Figure 4.2: FBIs which Provides Primary Education



Source: Field study, 2014

4.2.3 The Current Contribution of FBIs to Provision of Primary Education Services

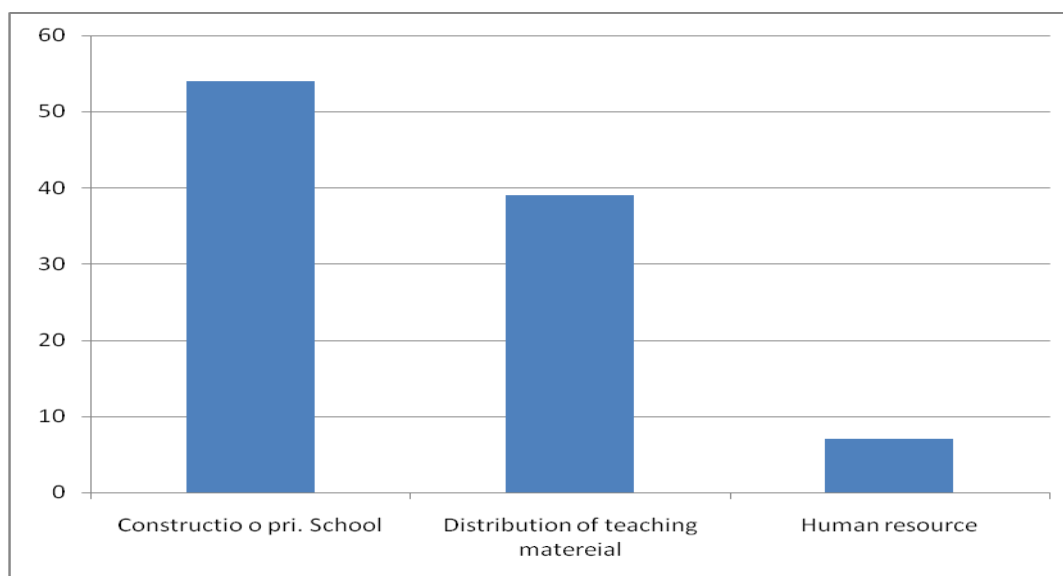
In 1970, all primary schools were nationalized after the 1967 Arusha declaration, when the situation allowed, the Church started again building schools. In 1991 the Churches (Catholic and Protestants) had 413 kindergartens, and 6 schools for the handicapped. To strengthen their social services sector, the two Church bodies that is the Protestants under the Christian Council of Tanzania (CCT) and the Catholics under the Tanzania Episcopal Conference (TEC), in 1992 assisted by the German partner Churches negotiated a "Memorandum of Understanding" with the Tanzania

government. The churches together run more than 50% of the Medical Services and secondary schools in the country (Green et al, 2010).

The finding from the study indicated that there some of services which are provided by FBIs whereby, about 23 respondents (54%) reported that these FBIs have constructed primary schools, whereas 17 respondents (39%) argued that, these FBIs contribute through distribution of Teaching and Learning materials, and 3 respondents (7%) said they provide human resources. This means that the main contribution of FBIs in provision of primary education is through construction of primary schools. This implies that, FBIs concentrate much on construction of primary schools and provision of teaching and learning materials and human resources. This might lead to many primary schools owned by FBIs provide quality education services compare to public schools because of enough teaching and learning resources as well as human resources. Also some of the FBIs help to construct classrooms and other physical infrastructure in public or community schools.

Figure 4.3: Current Contributions of FBIs to Provision of Primary Education

Services



Source: Field study, 2014

4.2.4 Operation Time of FBIs in Primary Education

From the study it indicated that these Faith Based Institutions operate in Kigoma/Ujiji municipality for a long time. 20 respondents (47%) said that these FBIs provide services for more than 8 years. Other 13 respondents (30%) confirmed that, FBIs operated for a period between 5 and 7 years. Another 9 respondent (20%) said that FBIs operated for a period of 2-4 years and 1 respondent (2%) reported that, FBI operated only for 1 year. This indicated that FBIs have been operating for long time and still new FBIs are established. Therefore FBI in Kigoma/Ujiji municipality has been contributing to provision of primary education and its impacts in society are well accepted by residence due to quality primary education services provided. This attracts more FBIs to be established at Kigoma/Ujiji municipality. The existence of long and new established FBIs have helped to

improve quantity and quality of primary education services at Kigoma /Ujiji municipality.

Table 4.4: Time for FBIs Operation

Responses	Frequency	Percent
1 Year	1	2
2-4 Years	9	21
5-7 Years	13	30
8+Years	20	47
Total	43	100

Source: Field study, 2014

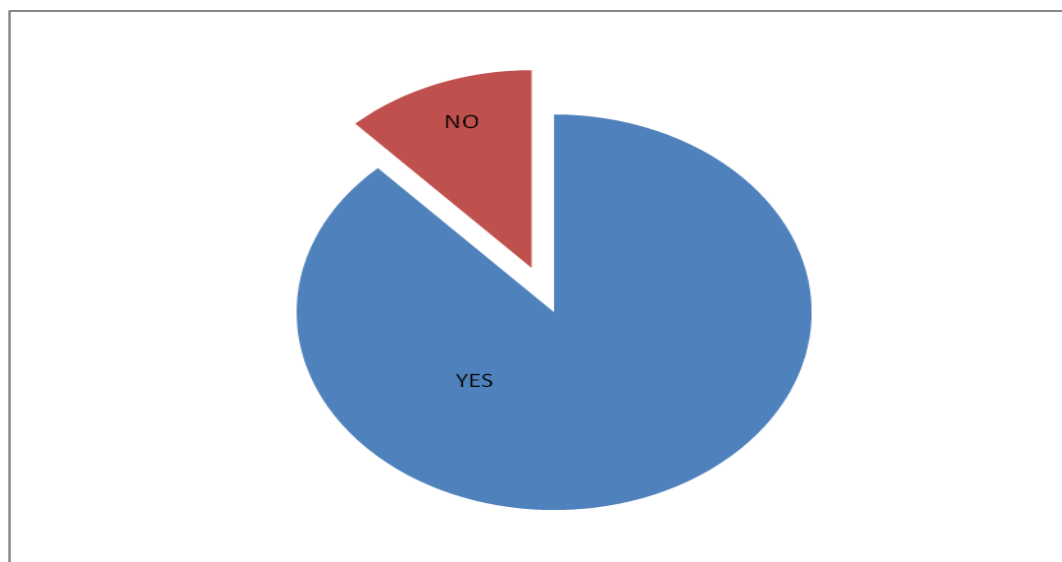
4.3 Contribution of Faith Based Institutions to Provision of Secondary Education

4.3.1 Understanding of FBI Services in Secondary Education

According to the study 38 (88%) of respondents declared that FBI contribute to provision of secondary education in Kigoma/Ujiji municipality. This implies that many people of Kigoma/Ujiji municipality understand and appreciate the secondary education services offered by FBIs. While 5 respondents (12%) they were not aware with the secondary education services which provided by FBI. This suggested that, some people they did not cooperated with FBIs like secondary schools and may not benefit from the service provided by FBI in Kigoma/Ujiji municipality.

Figure 4.4: Understanding of FBI Services in Secondary

Education



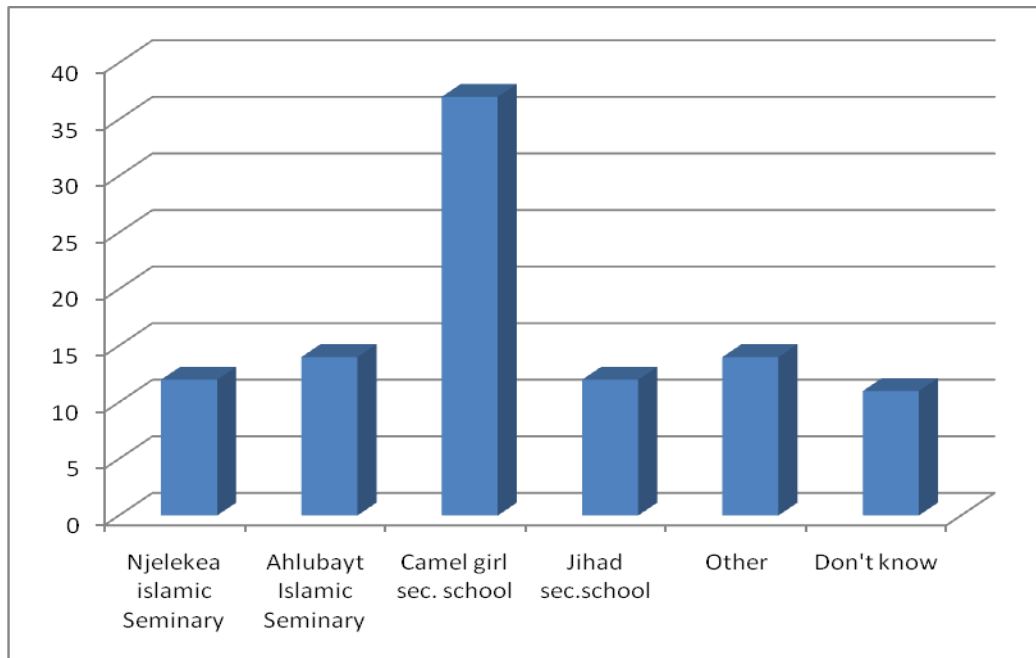
Source: Field study, 2014

4.3.2 Names of FBIs Provide Secondary Education Services

These respondents also mentioned secondary schools which owned by FBIs in Kigoma/Ujiji municipal. 16 respondents (37.2%) mention Carmel girls secondary school which is a Catholic secondary school, they mention this school because is the only girls secondary school in Kigoma/Ujiji municipality owned by FBI. Also the interview did with key informants mention Carmel girls secondary school as the best FBI secondary school in Kigoma municipality. Other 6 respondents (14.0%) mention Ahlubayt Islamic seminary which provide English medium education services from nursery school level to high school, this school is among of the best secondary school owned by Muslim in Kigoma/Ujiji municipality and offer their services at low price compare to other FBI. But also it provides secondary education service. Also 6 respondents (14.0%) mention other institutions like

Agape vijana centre and Kimwa girls' secondary school, Kimwa girls' secondary school is a new Muslim girl's school in the border of Kigoma district council (Mwandiga area) and Kigoma/Ujiji municipality, Agape is a centre which provide secondary education and technical education in non formal system to youth who lack opportunity in a formal system. 5 respondents (11.6%) mention Njelekela Islamic seminary which also provide English medium education services from nursery school level to secondary level this also is a new Islamic centre at Ujiji, Another 5 respondents (11.6%) mention Jihad secondary school this operated for a longtime compare to other Islamic schools in Kigoma/Ujiji municipality, and last 5 respondents (11.6%) they don't know any secondary school operated under FBI. The study also discovered that most of parents prefer to send their children to the secondary school which owned by their religion that is Muslim or Christian.

Figure 4.5: Names of FBIs Provide Secondary Education Services



Source: Field study, 2014

4.3.3 Operation Time of FBIs in Secondary Education Services

The findings of this study indicate that FBIs provide secondary education services for more than 7 years. 23 respondents (54%) indicate that Secondary school FBIs has been operating for more than 7 years which signified that the service is accepted by community and the community trust the service provided by FBIs, other 13 respondents (30%) said that these FBIs provide services for a period range from 4-6 years, This indicated that there is institution which has established as a continuation of FBI to expand secondary education. while the last 7 respondents (16%) said that these FBIs operate for a period of 1-3 years. Secondary schools owned by FBIs has been operating for more than 7 years and update more secondary schools FBIs are established. This strengthened and attracts more faith organization to establish more secondary schools in Kigoma/Ujiji municipality.

Table 4.5: Time for FBIs Provide Secondary Education Services

Responses	Frequency	Percent
1-3 Years	7	16
4-6 Years	13	30
7+ Years	23	54
Total	43	100

Source: Field study, 2014

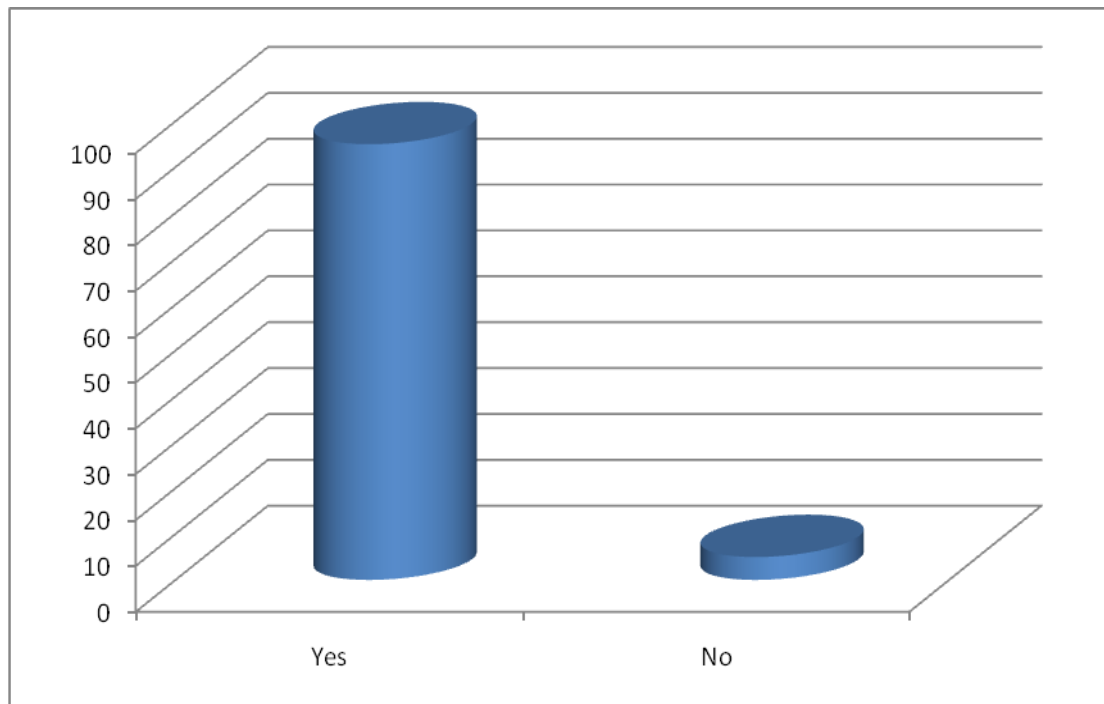
4.4 The Contribution of Faith Based Institutions to the Provision of Primary Health Services in Kigoma/Ujiji Municipality

4.4.1 FBI Provide Health Services

Religious institutions play a major role in providing social services in Kigoma for example through collaboration with NGO known as KIVIDEA succeed to provide health services. The hospital provides good medical care to patients regardless of their ability to pay. Free Maternal Child Health clinic prevents deaths by immunizations, health screening and education for expectant mothers and babies (<http://universitybapchurch.net/Tanzania.htm> site visited on 24/3/2014).

In the same fashion FBIs contribute to the provision of health services whereby 41 respondents (95%) agree that there are health services provided by these FBIs. FBIs also has high contribution to society in such a way every respondents mentioned at least one institution owned by FBIs. Except 2 respondents (5%) who were not aware of the services provided by these institutions. These 5% have not benefited directly from these FBIs health services.

Figure 4.6: FBI Provide Health Services



Source: Field study, 2014

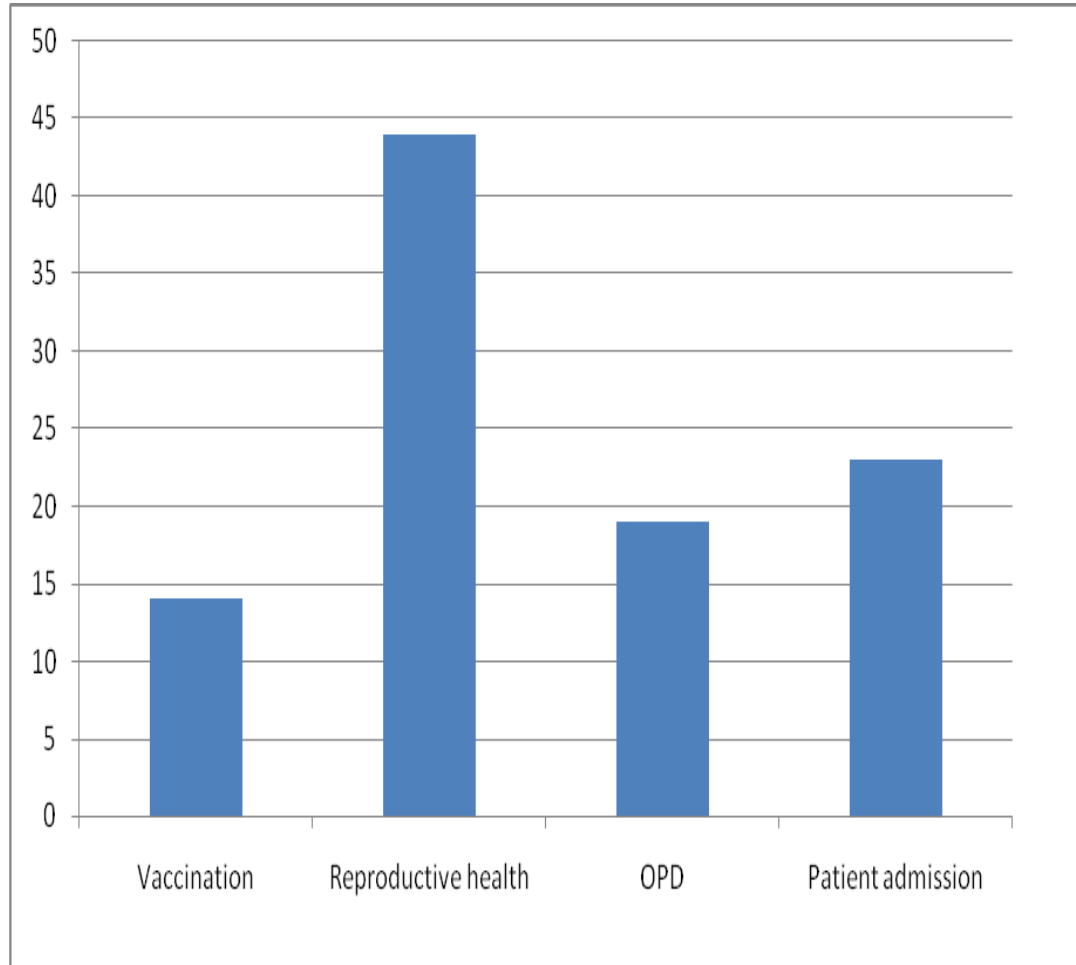
4.4.2 Current Contribution of FBIs in Health Services

From the findings of this study respondents mention primary health services which society get from FBIs whereby, 6 respondents (14%) reported that, they received vaccination services. These people get vaccination of different diseases like polio and meningitis. Likewise 19 respondents (44%) suggested that, FBIs provides reproductive health service and child care service. Reproductive health services include family planning services, maternal services and child care education.

Also 8 respondents (19%) confirmed to receive outpatient services, these are the patients who came to different health centre for clinic of different diseases like dental clinic, treatment of malaria and 10 respondents (23%) said they got patients admission service, some FBIs health centre like Baptist hospital and Muzdalifah

dispensary. Some FBIs like Joy in the harvest and hope of nations sponsor treatment for patients and referrals to regional hospital (Maweni hospital) and other like Bugando, KCMC and Muhimbili national hospital.

Figure 4.7: Current Contribution of FBIs in Health Services



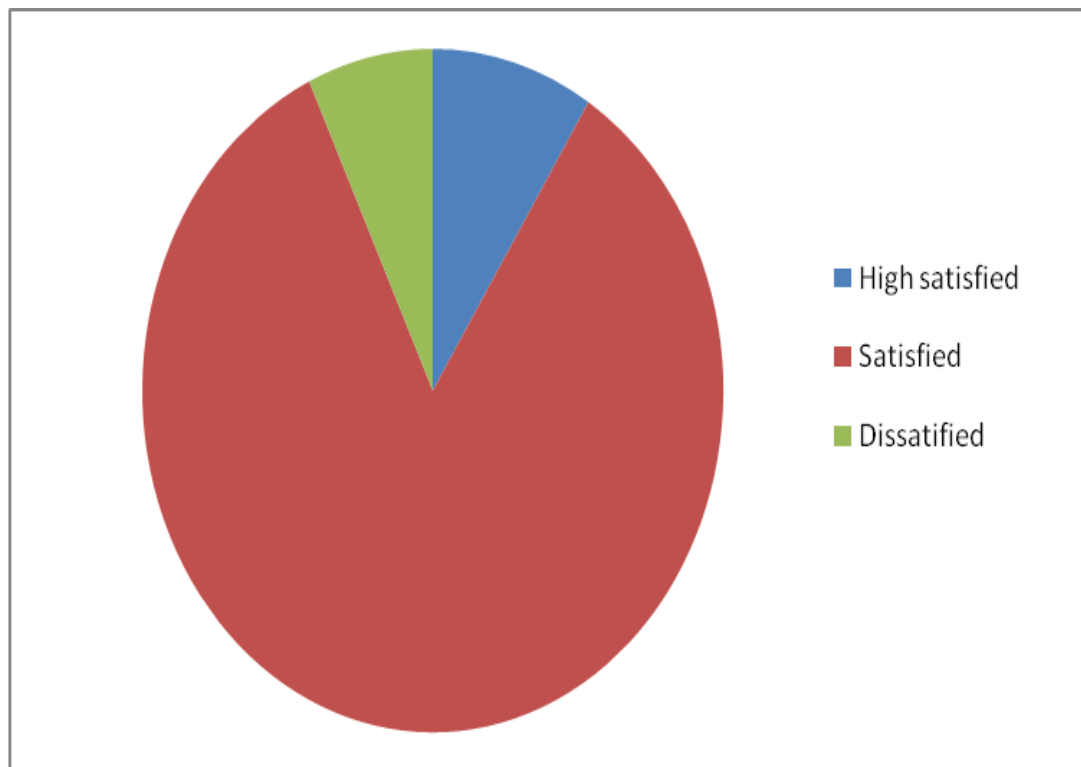
Source: Field study, 2014

4.4.3 Public Satisfaction on Health Services

Concerning the satisfaction of the society towards primary health provided by FBIs respondents responded as follows; 4 respondents (9%) reported that they are highly satisfied, 36 respondents (84%) said it is satisfactory and 3 respondents (7%)

confirmed they are dissatisfied. This implies that health services which are provided by FBIs are accepted and appreciated by the Kigoma/Ujiji community due to fact that they are better compare to public services, hence health workers are committed, medicine and diagnostic facilities are available. Health services which provided by FBIs helps to save lives of thousands of patients who benefits from different services offered including operation, admission of patients, medicine, and referral.

Figure 4.8: Satisfaction on Health Services



Source: Field study, 2014

4.5 Measures to Improve the Contribution of Faith Based Institutions to Provision of Social Services in Kigoma /Ujiji Municipality.

4.5.1 Measures Taken by FBIs to Widen Primary Education Services

In order to improve primary education services provided by FBIs respondents confirmed that, these FBIs takes some measures as follows; 23 respondents (54%) reported that, FBIs conducts fund raising to get fund for provision of services. They should proceed with internal fund raising programme in order to ensure better services delivery. In order to avoid dependants on fund raising FBIs they supposed to invest in other projects rather than social services delivery, they can invest in business like commercial banks like Mkombozi bank, Uchumi commercial bank, and Efatha Bank Limited and hostels or restaurants which can help them to generate income. This funds rising helps the FBI to run well and provide quality services for low cost. Also 13 respondents (30%) said that, FBIs improve primary education services by employing qualified human resource, by increasing qualified human resource they FBI are able to provide better services than other primary schools owned privately and government. Moreover, 7 respondents (16%) revealed that, FBIs are to take Loans from Bank so as to improve primary education services.

When FBIs get little income generated from the fund raising the FBIs, tend to get loan from Banks to ensure constant supply of needed services, from the observation made during the study it was revealed that FBI get loan from NMB bank due to its little interest. Also the study suggested that FBIs get loan from banks which ensure enough money to run the institution even if fund raising is not done or no enough

funds collected during fund raising. In general the FBIs depends loan, fund raising and grants which in general facilitate in provision of quality services.

From the findings of the study, it is deduced that there is inadequate collection of income generated from fund raising hence insufficient services that lead to loan and credits from different financial institutions.

Table 4.6: Possible Measures Taken by FBIs to Widen Primary School Services

Responses	Frequency	Percent
Loans from bank	7	16
Fund raising program	23	54
Qualified human resource	13	30
Total	43	100

Source: Field study, 2014

4.5.2 Measures Taken by FBIs to Widen Secondary Education Services

The respondents suggested some measures to be taken to improve services provided by FBIs in secondary education whereby about 15 (35%) of respondents suggested that FBIs should employ high qualified personnel. These high qualified personnel facilitated good performance; however FBIs initiative to get high qualified personnel is hindered with high salary demand which increases running cost of the institution. Other 20 respondents (47%) said that Teaching and Learning facilities should be improved; these enable the FBIs to provide good services and good performance of the students. Even though the findings suggested that there is high improvement of teaching and learning materials Secondary school owned by FBIs.

The findings revealed that the most materials that are provided include computer, laboratories facilities and books. Also 7 respondents (16%) said that they should employ strict supervision of Teaching and Learning process, also this was suggested to improve performance to some schools that seemed to have enough teachers but still the teaching and learning process is not effective. And 1 respondent (2%) suggested provision of lunch for all students during class hours. This suggested that if lunch is provided it ensure good learning process because students are much affected hunger and some of them they don't get enough food. This is due to many day scholars live in rent houses and they do not have enough time to cook food.

Table 4.7: Measures be taken to Improve Secondary Education Services

Provided by FBIs

Responses	Frequency	Percent
Employing high qualified personnel	15	35
Improving Teaching and Learning facilities	20	47
Providing lunch for all students	1	2
Strict supervision of Teaching/Learning process	7	16
Total	43	100

Source: Field study, 2014

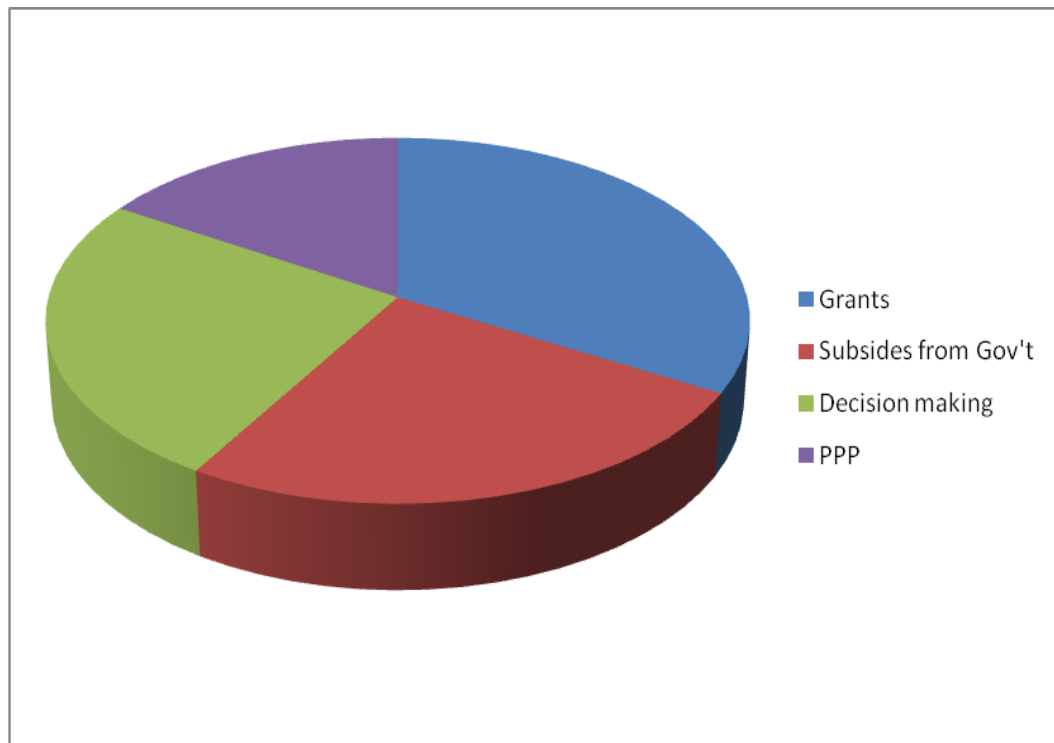
4.5.3 Government Measures to Improve Social Services Provided by FBIs

In order to improve the social services provided by FBIs the respondents suggests different opinions as follows; 14 respondents (33%) suggest that government should

provide grants to these FBIs so that they can bring services to majority, social services provision needs a huge capital therefore government should help these FBIs so that they can provide better services. If government gives FBIs grants they can use it to buy different medical facilities like ultra sound and x-ray machines which results to reliable provision of social services. In same way, 11 respondents (25%) suggested that government should provide subsidies.

This will benefit Kigoma/Ujiji municipality community because if government provides subsidies to these FBIs will enable them to provide quality services at a low price. Likewise 11 respondents (25%) said that government should involve FBIs in decision making. This empowered FBIs and makes them a part of program for improving social services and livelihood of the people. Also by involving FBIs they will express their challenges which the government might help to resolve. Also 7 respondents (16%) suggested that Public Private Partnership (PPP) should be applied. This has brought services nearer to the people which have not existed before Public Private Partnership. More over the resources are distributed in all sectors including FBIs; this will help people to get services in affordable costs. When FBIs operate without Public Private Partnership the citizens will gets the services for high price which most citizens cannot afford the expense of the cost.

Figure 4.9: Measures to be taken by Government to Increase Social Services Provided by FBIs



Source: Field study, 2014

4.5 Challenges in Social Services Provided by FBIs in Kigoma/Ujiji Municipality

4.5.1 Challenges Facing FBIs in Provision of Social Services

These FBIs faces different challenges in provision of social services to community, the study revealed that 17 (40%) of respondents suggested FBIs faces financial constrain. The observation made during the study proved that most of FBIs depends much from fund raising and the fund from donors, as the results the institutions performed bellow standard. Also it was suggested that good

performance of FBIs depends on ability to work out the challenges, but most of challenges are solved

through financial assistance hence become a big problem. Lack of fund was suggested as major challenge that results to late payment of salary and this encourages bribes between service beneficiaries and providers. Likewise 12(28%) of respondents reported to have religious conflict due to the interest. from the findings of the study it was suggested that most of the people preferred to get service to the institution that belongs to his/her religious or denomination. Another 7 (16%) of respondents said that there is a poor cooperation from community, as some people beliefs that the FBIs offer service for high cost even before they attend at particular institution.

As the results society do not cooperate with others institutions in getting services from near institutions, instead they travel long distance to find services provide by their religious. They mentioned some of the impacts made by cooperation lack which includes steal of institution properties, invasion of community to institution boundaries. Moreover 7 (16%) of respondents confirmed to have lack of government support hence these hinder FBIs to operate well. It was suggested that government should increase the rate of training specialists especially doctors and nurses to satisfy the needs of FBIs.

Table 4.8: Challenges Facing FBIs in Provision of Social Services

Responses	Frequency	Percent
Lack of fund	17	40
Poor cooperation from community	7	16
Lack of government support	7	16

Religious conflicts	12	28
Total	43	100

Source: Field study, 2014

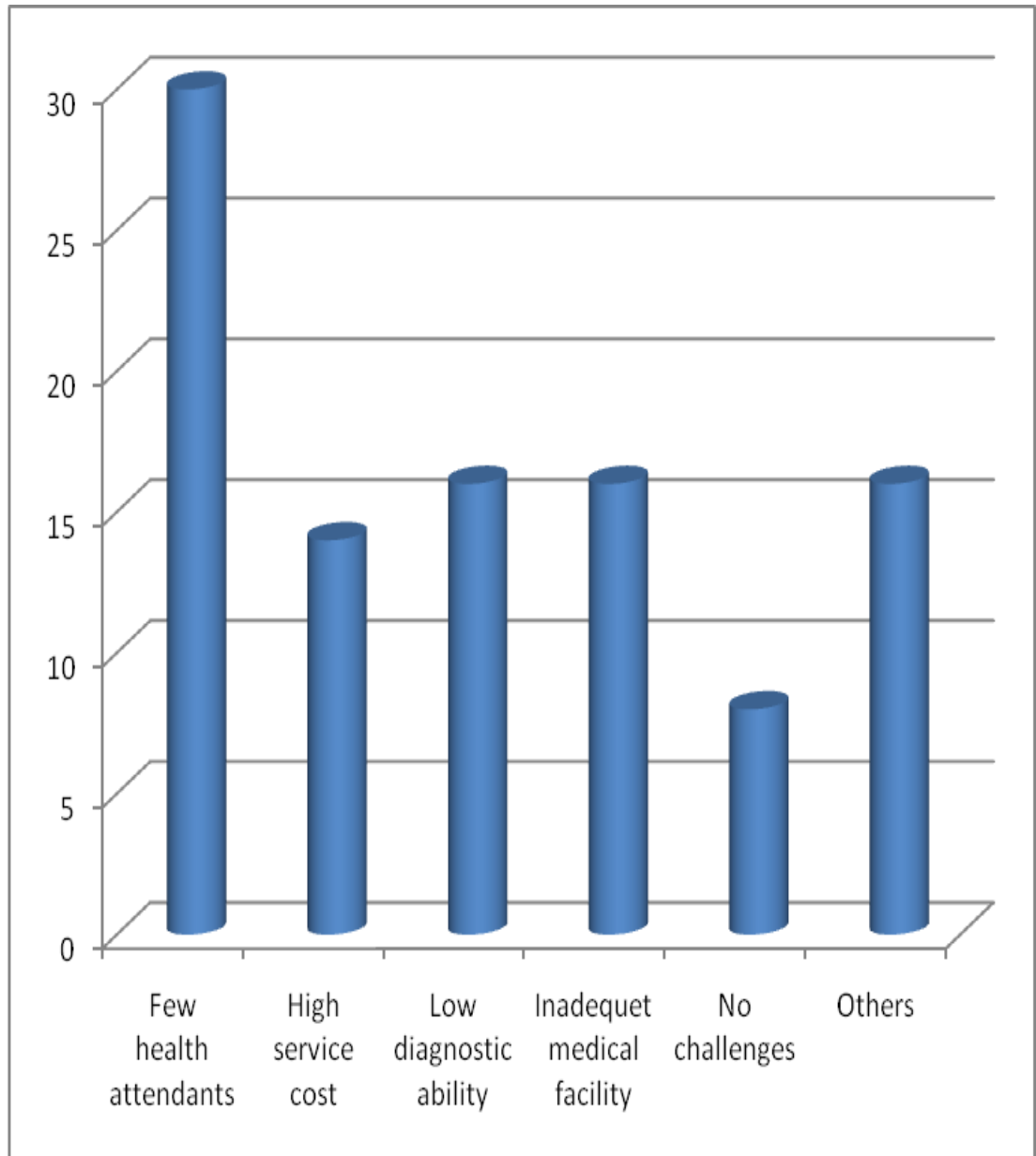
4.5.2 Challenges Facing Community when they Need Health Services Provided by FBI

The community faces different challenges during utilization of social services provided by FBIs. Respondents indicated those challenges as follows; 13 respondents (30%) reported that, there are a few health attendants. FBIs lacks enough servants because they don't train their own servants so they compete with government and private institutions which pay them good salary than FBIs. Other 7 respondents (16%) confirmed they met a challenge of low diagnosis ability due to few workers and low workers ability, Also they said that many FBIs health centers lacks modern diagnostic and laboratories, Key informants mentioned the low diagnostic ability is due to lack of well trained personnel and old machine that is used both together contribute to low diagnostic. Another 7 respondents (16%) reported they face a challenges of inadequate medical facilities, these is due to expensiveness of medical facilities which they mentioned to be medicine and equipments. Also 7 respondents (16%) confirmed that they met other challenges like abusive language from health workers.

The respondents suggested that abusive language is because of high number of sick people which exceed the capacity of servants. Also less emphasize in college during training on health servants ethics which cause under qualified personnel, 6 respondents (14%) reported they faced with high services cost compared to public

institutions, religious bias, poor sanitation, overcrowded in wards and patients transport (Ambulance), all this are caused huge number of sick people which is high compared to number of health centers. 3 respondents (7%) confirmed that no challenge, this suggest that even if there is big problem of servants still they tried their level to satisfy the need. More over they suggested that despite of few and lack of modern medical facilities the FBIs still provide sufficient services that is appreciated by the people of Kigoma/Ujiji municipality.

**Figure 4.10: Challenges Facing Community when They Need Health Services
Provided by FBIs**



Source: Field study, 2014

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of major findings of the study followed by a conclusion, recommendation and suggestion for further studies. The overall aim of this study was the contribution of Faith Based Institutions to provision of social services a study of Kigoma/Ujiji municipality.

5.2 Conclusion

From the findings presented and discussed in chapter four, it has established that FBIs contributes to provision of primary education services at Kigoma/Ujiji municipality since there are nursery and primary school that provide education service. Concerning the contribution of FBIs to provision of primary education in Kigoma/Ujiji municipal there is enough service that satisfies the needs of nursery and primary services. Many of the nursery and primary faith based institution has been operating for many years which indicate that it is sensitive and accepted by community.

It was further identified that FBIs contribute much in providing primary education services by constructing primary schools, distribute teaching and learning materials and human resource. Construction of primary school is the most contribution done by FBIs in Kigoma/Ujiji.

Furthermore there is FBIs that provides services and respondents mentioned Hope of nation as a major provider of services by owning their own primary school and sponsor teaching learning material to other schools. These FBIs provide services to community for charity and not for profit making; these enable them to provide quality services for low cost compared to other institution that provide service for profit purposes.

It has also been observed that FBIs took initiatives to provide secondary education services in Kigoma/Ujiji Municipality. FBIs contributes to provision of secondary education services that satisfies the needs of secondary school education, whereby most FBIs provides secondary education services for more than seven years. These FBIs contributes by constructing secondary schools or classrooms in community schools as well as distribution of Teaching and Learning materials and human resources like teachers. The respondent mention Carmel girls secondary schools, Ahlubayt Islamic seminary high school, Njelekela Islamic seminary, Jihad secondary school and other institutions like Agape vijana centre and Kimwa girls secondary school as major secondary school education operated under FBIs. Therefore FBIs contributes to a reliable provision secondary education services in Kigoma/Ujiji municipality.

On other hand, FBIs contributes to the provision of primary health services in Kigoma/Ujiji municipality. Majority of the people claimed that, they were aware of health services provided by FBIs. These services include vaccination services, reproductive health service and child care services, outpatient services and patient admission services. FBIs like Muzdalifah Islamic charitable organization, Joy in the harvest, SDA dispensary, BAKWATA National HIV/AIDS, Sanganigwa children's

home, Brother's of Charity and TAG children ministry provide different services such as sponsor of patients treatments, maternity services, reproductive and child health care, medicine and surgery. The health service provided by FBIs satisfies the needs of health services since majority member of the society declare that it is satisfactory. Therefore the study discovers that FBIs contributes to provision of reliable health service in Kigoma/Ujiji Municipality.

However, there some challenges that face FBIs and community in provision of social services. From the findings of this study, respondents indicated some of these challenges, including lack of fund which was among the major challenge whereby FBIs find a difficult in provision of services as well as beneficiary find difficulty to utilize the services due to lack of fund, another challenge was religious conflicts or bias, also FBIs mention lack of government support as a challenge as well as qualified personnel. Due to these challenges services delivery was difficulty though FBIs proceed to provide services.

Concerning the possible measures to increase or widen the contribution FBIs social services especially health and education services in Kigoma /Ujiji municipality. There some measures taken by FBIs like provide services in low costs, provision of qualified workers and maintaining better health infrastructures also they conducted fund raising to get fund for operation of services. Government also required taking some measures so as to improve services delivery. Government is advised to provide grants, subsidies, involvement of FBIs in decision making and application of public private partnership (PPP).

5.3 Recommendations

On basis of the findings of this study, the following recommendations are made:

5.3.1 Faith Based Institutions

The FBIs should make sure that they are finding a reliable source of fund instead of depending on foreign donors because this led to poor provision of social services due to financial problem. They should proceed with internal fund raising programme in order to ensure better service delivery. In order to stop dependants FBIs they suppose to invest in other projects rather than social services delivery, they can invest in business like commercial bank like Mkombozi bank, Uchumi commercial bank, and Efatha Bank Limited and hostels or restaurants which can help them to generate income.

Also there should be strict supervision during provision of services, for example in schools teaching and learning process should be strictly supervised so as to produce high quality education. In health services they should supervise all health attendants in order to reduce abusive language and harsh language to patients as well as increasing number of service providers.

Currently FBIs are highly concentrating on different investments including, construction of nursery schools, primary schools, secondary and health centers. Now the emphasize should not rely only on construction instead FBIs should consider increase of servants, leaning and teaching facility as well as medical facility so as to increase quality of services. Because the number of institution is larger while service provided is at low quality.

5.3.2 Community

Community around FBIs and customers should not be religious bias by subrogating institution that is against their religious belief. Also the behavior of customers of getting service only to the institution that belong to their belief should be abandoned. This will help the institution to improve their service and community will be able to receive quality service by any institution regardless of the FBIs belief.

Also community should cooperate with these institutions by sending their children into the schools and orphanage centers owned by FBI so that they can be taught good moral and guidance in order to reduce number of children that fall into crimes offence due to bad company. If children use their time at FBIs center they learn good way of life.

5.3.3 Government

In order to improve the social services provided by FBI the government should provide the grants, loan with low interest rate so that to enable the FBIs to provide good and reliable social service with affordable cost services.

More over the government should apply public private partnerships so that to deliver more services to majority of the community. This will help to reduce high cost for delivering service from private institution and encourage community to get service in these institutions. This will reduce congestion in public institution and improve service provision. These will results to social wellbeing improvement and

development at large due to high level of education and improved hearth of the community.

5.4 Areas for Further Studies

The study assessed the contribution of Faith Based institutions to provision of social services in Kigoma/Ujiji Municipality. However, the following areas can be subject to further study.

Assess the sources of fund for religious institutions to their different projects whether it satisfy the needs of the projects. This will help these institutions to know if their source of fund is enough to sustain the projects. This will help to reduce dependant from foreign donors and churches contributions.

Consequently; Quantitative and Qualitative study concerning to effectiveness of Faith Based Institutions which include religious members and non religious members is of most if important so as to investigate the implication of Faith Based Institutions in reduction of Poverty in Tanzania specifically in Kigoma /Ujiji municipality.

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APPENDICES

Appendix I: Structured Questionnaire for Faith Based Institutions Services

Beneficiaries

INSTRUCTIONS: For multiple choice questions kindly put a tick (√) mark to indicate your choice. For other questions, please provide views in your own words in the space provided.

RESPONDENT'S PROFILE

1. Sex

Male	Female

2. Age

15-19	20-24	25-29	30+

3. Education level

A. Primary education ()

B. Secondary education ()

C. College/university ()

4. Do you know any primary education services provided by Faith based institutions?

Yes ()

No ()

5. If yes mention them

Where are they located?

6. What are the current contributions of faith based institution to provision of primary education services in your area?

A. Construction of primary schools ()

B. . Distribution of teaching /learning materials e.g.

Desks books and stationeries etc ()

C. . Human resources provide teachers etc ()

7. How many FBI are in your area?

A. 1-3 ()

B. 4-6 ()

C. 7+ ()

8. How long have these been in operation?

A. 1 year ()

B. 2-4 years ()

C. 5-7 years ()

D. 8+ years ()

9. Is a primary education provided by FBI satisfying the demand of primary education?

A. YES ()

B. NO ()

10. What are possible measures taken by FBI to widen primary school services?

A. Loans from bank ()

B. Fund raising program ()

C. Qualified human resource ()

11. Do you know any secondary education services provided by Faith based institutions?

Yes ()

No ()

12. If yes mention them

13. For how long does FBI provide secondary education services?

A. 1-3 years ()

B. 4-6 years ()

C. 7+years ()

14. What are the challenges facing Faith Based Institutions in provision of secondary education?

A. Lack of funds ()

B. Poor cooperative from community ()

C. Lack of government support ()

D. Religion conflict ()

15. Are secondary schools owned by FBIs satisfying the need of secondary education?

Yes ()

No ()

16. What are the measures have to be taken to improve secondary education services provided by faith based institutions?

- A. Employing high qualified personnel ()
- B. Improving teaching and learning facilities ()
- C. Providing lunch for all students ()
- D. Strict supervision of teaching and learning process ()

17. Is there any primary health services provided by faith based institutions?

Yes ()

No ()

18. Are primary health services provided by faith based institutions satisfying the need of health services?

Yes ()

No ()

19. What are the challenges do you face when you need health services provided by faith based institutions?

20. What is overall level of satisfaction on health services provided by faith based institutions?

- A. Highly satisfied ()
- B. Satisfactory ()
- C. Dissatisfied ()
- D. Highly dissatisfied ()

21. What are the current contributions of primary health services provided by faith based institution? Rank it from high to low by giving it a number 1,2 etc
- A. Vaccination ()
- B. Reproductive health services and child health ()
- C. Outpatient treatment ()
- D. Admission ()
22. Is medical facility satisfying the community demand?
- Yes ()
- No ()
23. Mention which facility is lacking if answer is NO
24. Mention what facility is sufficient
25. What are the Challenges facing community when they need primary health services provided by FBIs?
- A. Long waiting time ()
- B. Few health attendants ()
- C. Low diagnostic ability ()
- D. High service cost compared to public institutions ()
26. How government helps faith based institutions in provision of social services?
27. What are the measures to be taken by government to increase social services provided by FBIs?
- A. Grants ()
- B. Subsidies from government ()
- C. Involve faith based institutions in decision making ()

28. Application of public private partnership(PPP) method ()

29. To what extent do Faith Based Institutions contribute to provision of social services?

A. Very high ()

B. High ()

C. Average ()

D. Low ()

E. Very low ()

Appendix II: Structured Questionnaire for Faith Based Institutions

Instructions: For multiple choice questions kindly put a tick (✓) mark to indicate your choice. For other questions, please provide views in your own words in the space provided.

SECTION A: RESPONDENT'S PROFILE TAARIFA BINAFSI

1. Sex

Male	Female

2. Age

15-19	20-24	25-29	30+

3. Education level

D. Primary education ()

E. Secondary education ()

F. College/university ()

4. Name of the faith based institution

5. Designation

SECTION B: For primary education services

6. What are the main services provided by your institution in primary education?
- A. Construction of primary schools ()
 - B. Distribution of teaching/learning materials
e.g. desks books and stationeries etc ()
 - C. Human resources: provide teachers etc ()
 - D. All of the above ()
7. What are challenges facing Faith Based Institutions in provision of primary education services?
- A. Lack of funds ()
 - B. Lack of enough qualified teachers ()
 - C. Lack of government support ()
 - D. Religious conflicts ()
 - E. Poor awareness of education ()
8. How community contributes to sustainability of primary education services provided by FBIs?
- A. Fund rising ()
 - B. Utilization of services ()
 - C. Security of institutions ()
9. What are the achievements of your Faith Based Institution in provision of primary education services?

SECTION C: For secondary education services

10. What are the major services provided by your institution in secondary education?
- A. Construction of secondary schools ()
 - B. Distribution of teaching and learning materials
e.g. desks books and stationeries etc ()
 - C. Human resources: provide teachers etc ()
 - D. All of the above ()
11. What are the challenges facing Faith Based Institutions in Provision of social services?
- A. Lack of funds ()
 - B. Poor cooperative from community ()
 - C. Lack of government support ()
 - D. Religious conflicts ()
 - E. Lack of enough qualified teachers ()
12. How community contributes to sustainability of secondary education services provided by FBI?
- A. Fund rising ()
 - B. Utilization of services ()
 - C. Security of institutions ()
13. What are the achievements of your Faith Based Institution in provision of secondary education services?

14. What should be done to widen provision of secondary education provided by FBI?

SECTION D: For health services

15. What are the main services provided by your institution in primary health services?

Rank it from high to low by giving it a number 1, 2 etc

- A. Maternity services ()
- B. Reproductive and child health ()
- C. Medicine ()
- D. Surgery ()
16. How government helps faith based institutions in provision of health services?
- A. Grants ()
- B. Provision of subsidies ()
- C. Involve FBI in decision making ()
- D. Application of public private partnership (PPP) ()
17. How community contributes to sustainability of social services provided by your institution?
- A. Fund rising ()
- B. Cost sharing services ()
- C. Security of institutions ()
18. What are the measures do you take to ensure provision of reliable services to the community?

- A. To maintain better health infrastructures ()
- B. Provision of enough and qualified workers ()
- C. Low service cost ()

19. What are challenges facing faith based institution in provision of health services?

- A. Lack of funds ()
- B. Lack of enough qualified physicians ()
- C. Lack of government support ()
- D. Religious conflicts ()
- E. All of the above ()

20. What are achievements of your faith base institution in provision of health service?

21. What are the future plans to maintain services provided by your institution?

**Appendix III: Interview Schedule for Key Informant (Religious leaders, and
FBI Representatives)**

1. Age
2. Sex
3. Education level
4. Position
5. How long have you been associated with the Faith based institution?
6. What are major social services does your institution provide?
7. What specific services provide by your faith based institutions in provision of primary education services?
8. What are the Challenges facing faith based institutions in social services provision?
9. What changes should the government take to improve services delivery provide by faith based institutions?
10. How many secondary school owned by faith base institutions?
11. To what extent do faith based institutions contribute to provision of social services?
12. Is there any primary health services provided by faith based institutions?
13. How do you manage to provide reliable social service?

14. Has faith based institution helps to improve social services delivery in your municipal?
15. What general comments do you give faith based institutions to increase provision of social services?

Appendix IV: Interview for Services Beneficiaries

1. Age
2. Sex
3. Education level
4. Are you satisfied with services provided by faith based institutions?
5. For how long have you receive services from the faith based institutions?
6. What are primary education services provided by faith based institutions?
7. What are secondary education services provided by faith based institutions?
8. What are the primary health services provided by the faith based institutions?
9. What are the problems do you face when utilizing social services provided by faith based institutions?
10. To what extent do the provided services by faith based institutions satisfy your need?

11. Has faith based institution helps to improve social services delivery in your municipal?
12. What general comments do you give faith based institutions to increase provision of social services?
13. Are you satisfied with services provided by faith based institutions in term of quality and quantity procedures?