



Do health facilities work for people?

Citizens and health workers report on health services



1. Introduction

Curing people after they fall ill requires an elaborate system providing diagnosis, advice, care and medication. Tanzania has such a system but it faces many challenges, not least in terms of human resources. Citizens encounter these challenges on a daily basis. Three out of five are dissatisfied; 41% report that the government is handling the improvement of basic health services very badly and 22% say quite badly. Only 6% think that this is handled very well, and a further 28% think that the government is managing this issue quite well. What lies behind these reports? This brief reports new findings on health care provision in Tanzania, presenting the most recent data available on this topic.

The findings are based on the fourth round of *Sauti za Wananchi*, Africa's first nationally representative mobile phone survey (www.twaweza.org/sauti). Data were collected from a panel of respondents from across mainland Tanzania. Calls were made between 17 June and 3 July 2013; data include responses from 1722 households and 92 health facilities. The data also include observations by respondents who carried out a monitoring exercise; monitoring was completed in 132 health facilities and 61 drug shops. This brief also presents findings from the *Sauti za Wananchi* baseline survey which was implemented between October 2012 and January 2013. The baseline survey was conducted among 1,679 households (phone interviews) and 114 health facilities (facility visits).

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This brief's key findings are:

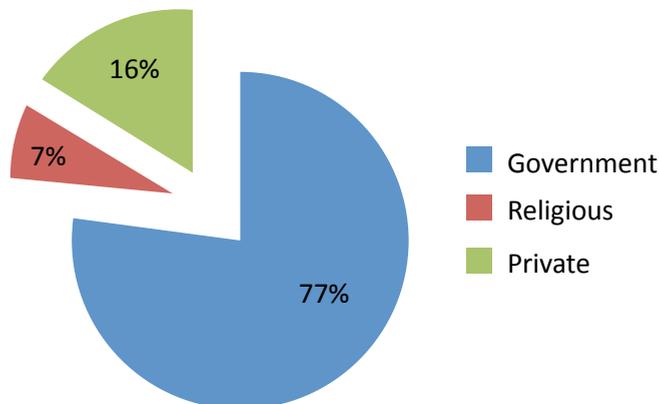
- 77% of patients go to government health facilities
- The typical dispensary has only 50% of recommended staff
- 32% of patients wait more than one hour before being attended
- Treatment of under five children is generally not free

2. Seven Facts about health in Tanzania

Fact 1: Tanzanians depend on government health facilities

More than half (57%) of Tanzanians visited a health facility between May and June 2013, either to seek treatment or to accompany a patient. A large majority of these visits (77%) was made to government health facilities (as shown in Figure 1). Private and religious health facilities play a more limited role in providing health services.

Figure 1: What type of health provider did you visit?



Source of data: *Sauti za Wananchi*, Mobile Phone Survey - Round 4, June 2013.

Fact 2: In rural areas, 37% of patients have to travel for an hour or more

Distance is an important factor for patients in deciding whether or at what stage of illness to seek treatment. In extreme cases, this becomes a matter of life and death. As shown in Figure 2, many patients in both rural and urban areas take up to 30 minutes to get to a health facility. However, journey times can be much longer: in rural areas 27% need an hour and 10% need two hours to get to health facilities.

Figure 2: Time taken to get to a health facility

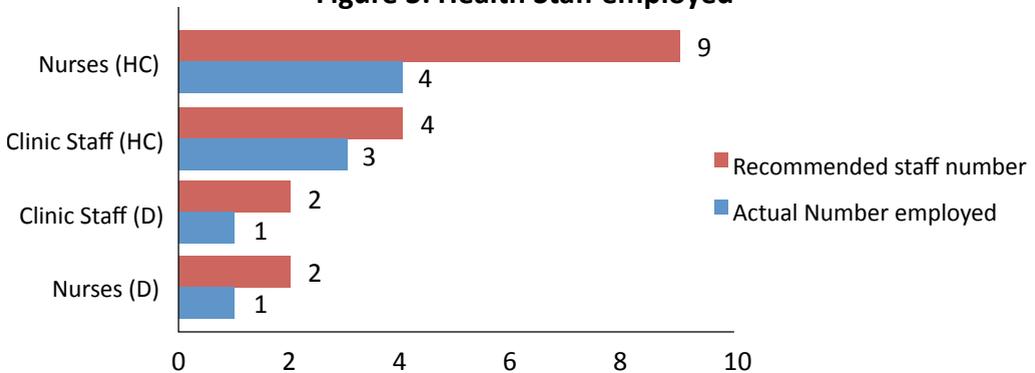


Source of data: *Sauti za Wananchi*, Mobile Phone Survey - Round 4, June 2013.

Fact 3: Health facilities employ too few staff

Tanzania’s problems in recruiting and retaining health staff in sufficient numbers are well documented.¹ What is the current situation in health facilities? Figure 3 presents health staff employment levels recorded during *Sauti za Wananchi* baseline survey field visits (2012) in dispensaries (D) and health centres (HC).² Recommended staffing levels are taken from Manzi et al. (2012).³ The findings are largely in agreement with previously noted staffing shortages: the typical dispensary has only 50% of recommended staff, both clinical and nursing. Health centres are similarly short staffed in terms of nurses, but fare somewhat better in terms of clinical staff.

Figure 3: Health Staff employed



Source of data: *Sauti za Wananchi*, Health Facility Baseline Survey, October-December 2012 & Manzi et al

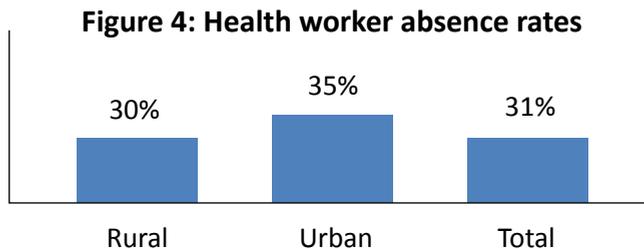
1 The Ministry of Health and Social Welfare (MoHSW) in 2007 noted that “According to the MoHSW staffing level (1999) 46,868 qualified health professionals in the public health facilities are required while the available technical staffs are 15,060 which are equal to 32.1% of the requirement. This reveals a shortage of 31,808 equal to 67.9%.” (Primary Health Services Development Programme, MMAM 2007 – 2017, page 10).

2 Since there are very few hospitals in the sample, we leave this category out.

3 Manzi et al.: Human resources for health care delivery in Tanzania: a multifaceted problem. Human Resources for Health 2012 10:3. Clinical staff includes Medical Doctors, Assistant Medical Officers and (Assistant) Clinical Officers.

Fact 4: 31% of health facility staff are absent

One of the widely used indicators of health service quality is the absence rate as recorded during an unannounced visit to the facility. If health workers are frequently absent, citizens are more likely to remain unattended or to have to wait for a long time. This will reduce their demand for this important service. Figure 4 presents the absence rate for rural and urban health facility staff (including clinical staff, nurses, lab and pharmacy personnel, attendants and other staff) which is 31% on average. The absence rate remains the same when only clinical staff is analysed – although clinical staff in urban health facilities is more likely to be present (29% absence, not shown) than staff in general (35%).

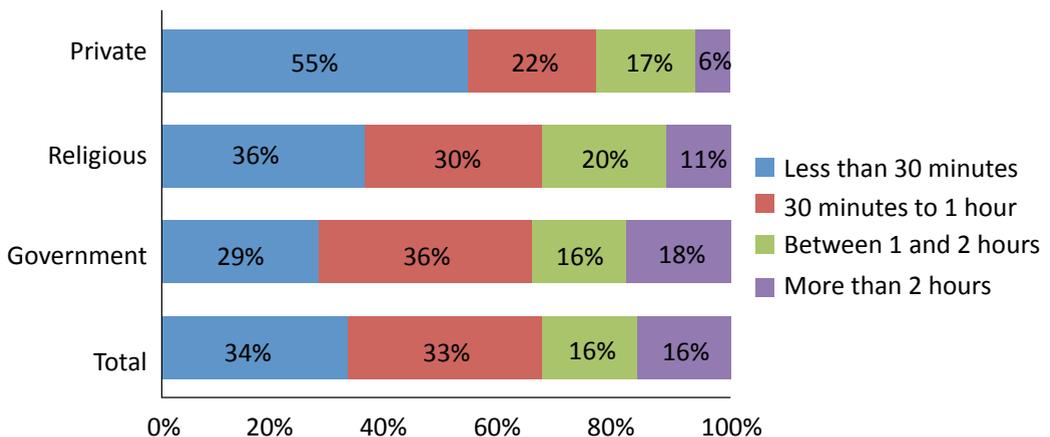


Source of data: *Sauti za Wananchi*, Health Facility Baseline Survey, October-December 2012.

Fact 5: 32% of patients wait more than one hour before being attended

After a patient has reached the health facility, how long does it typically take before he or she is attended to by a health worker? Figure 5 shows that more than half (55%) of patients who visit private health facilities wait for less than 30 minutes. The majority of patients who visit a Government health facility need to wait more than 30 minutes to see a health worker.

Figure 5: Waiting times at health facilities

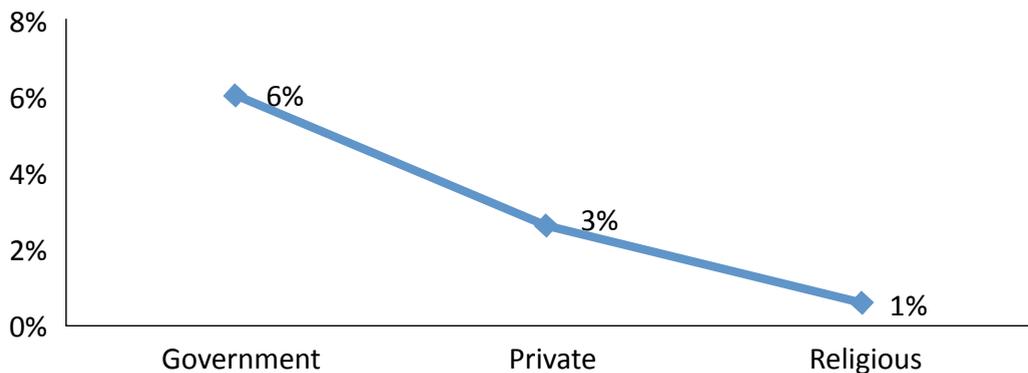


Source of data: *Sauti za Wananchi*, Mobile Phone Survey - Round 4, June 2013.

Fact 6: Patients are more likely to pay bribes in a government health facility

Staff shortages and waiting times put pressure on staff and patients alike. Do patients pay bribes at health facilities, e.g., to obtain faster service? *Sauti za Wananchi* asked respondents whether they paid a bribe the last time they visited a health facility; 5% reported that they did. (Note that this is a sensitive question so the result should be interpreted with some caution). Figure 6 shows that a patient who visits a government health facility is twice as likely to pay a bribe compared to a patient visiting a private health facility.

Figure 6: Were you required to pay a bribe at the health facility?

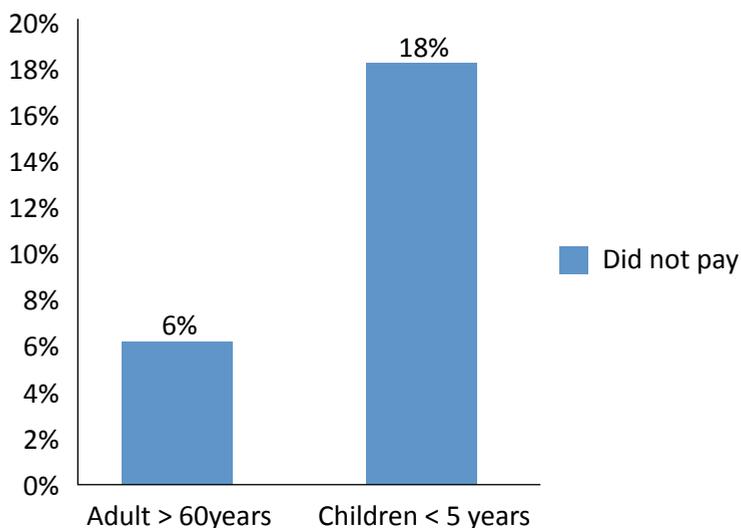


Source of data: *Sauti za Wananchi*, Mobile Phone Survey - Round 4, June 2013.

Fact 7: Children usually do not get free treatment

Children below the age of 5 years and adults aged 60 or over are eligible to free outpatient services in government health facilities. Interviews with households regarding the last visit to a health facility reveal that children are treated for free more often than adults aged 60 or over – but free treatment is rare. Only in 18% of child consultation cases do parents report not spending any money. That is, even for children under five the treatment typically requires households to spend money (either on consultation, medicines or tests).

Figure 7: Households receiving free treatment for adults over 60 years and children under 5 years



Source of data: *Sauti za Wananchi*, Health Facility Baseline Survey, October-December 2012

3. Conclusion

This brief reports on important challenges faced by patients and staff in the health system. The *Sauti za Wananchi* respondents and facility staff in the communities describe the constraints: patients make long journeys to reach facilities; facilities are understaffed which causes long waiting times for patients; and there are cases of bribery. These hurdles may, in extreme cases, cause patients to turn away from getting professional health advice and medication.

The health of a nation is determined by inputs such as the number and average quality of its staff, and the availability of medicines and medical equipment. All these ultimately depend on the resources per head available for health services at the aggregate level.

Healthier citizens are, on average, more productive – and so they become wealthier and will be able to afford better health care. In other words, the wealth of a nation determines the amount and quality of health care it can afford – and vice versa. However, resources are not the only factor. Health care quality also depends on the precision and efficiency with which resources are used, particularly in the context of a large and dispersed system like in Tanzania.

In recent years, Tanzania has made great strides in constructing health facilities. But are these working for people? The facts presented here raise three sets of issues. First, is sufficient budget allocated to the health sector at the macro level? Second, are staff, funds and supplies arriving without loss or delay in the places where they are most needed? Limited resources need to be managed with care, respond to need and targeted towards effective solutions. The training and retention of new medical staff in sufficient quantities to address current shortages is a critical aspect of this issue. The third and final issue is staff motivation: even with all staff positions filled and pharmacy stocks in place, a system will only provide good services when staff are supported and motivated to be present and deliver quality care.