



# Health check

## A citizen diagnosis of health sector challenges

### 1. Introduction

Health and social welfare services are areas where Tanzania has achieved some admirable progress. According to the World Bank, life expectancy in Tanzania has increased by ten years between 2005 and 2015, from 55 to 65 years. Over the same period, maternal and child mortality rates have fallen quickly, at a rate faster than elsewhere in Sub-Saharan Africa. Deaths from malaria and HIV/AIDS have also fallen sharply.

However, these national statistics can hide the lived experiences of individual citizens. Activists and practitioners within the sector point to problems with the availability of medicines and beds, and shortages of trained medical professionals.

This brief presents data on citizens' views on health and social welfare services. What are citizens' experiences when seeking medical

attention? How long do they have to wait for treatment, and do they find shortages of medicines, equipment or staff? Are those who are entitled to free services receiving them? How many citizens have medical insurance? And how aware are citizens of the services provided by District Social Welfare Officers?

Data for this brief come from Twaweza's flagship *Sauti za Wananchi* survey. *Sauti za Wananchi* is a nationally-representative, high-frequency mobile phone panel survey. It is representative for Mainland Tanzania not including Zanzibar. Information on the overall methodology is available at [www.twaweza.org/sauti](http://www.twaweza.org/sauti). For this brief, data were collected from 1,801 respondents from the 19th round of the second *Sauti za Wananchi* panel, conducted between 11 and 25 May, 2017.

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Sauti za Wananchi



The key findings are:

- 6 out of 10 citizens visit government health facilities when seeking treatment
- 3 out of 4 citizens seeking treatment waited for less than an hour to be seen
- 3 out of 10 citizens say the hospitals they visited had enough beds and mattresses for each patient
- 7 in 10 patients attending government health facilities in the past three months experienced a shortage of medicine or other supplies
- The number of young children, pregnant women and the elderly receiving free treatment has increased since 2016 but many are still paying for services
- 5 in 6 citizens think those injured in accidents should be attended to without first seeking a PF3 form
- 3 in 4 citizens are not aware of the role of Social Welfare Officers
- 1 in 4 citizens has health insurance, up from 1 in 5 in 2014

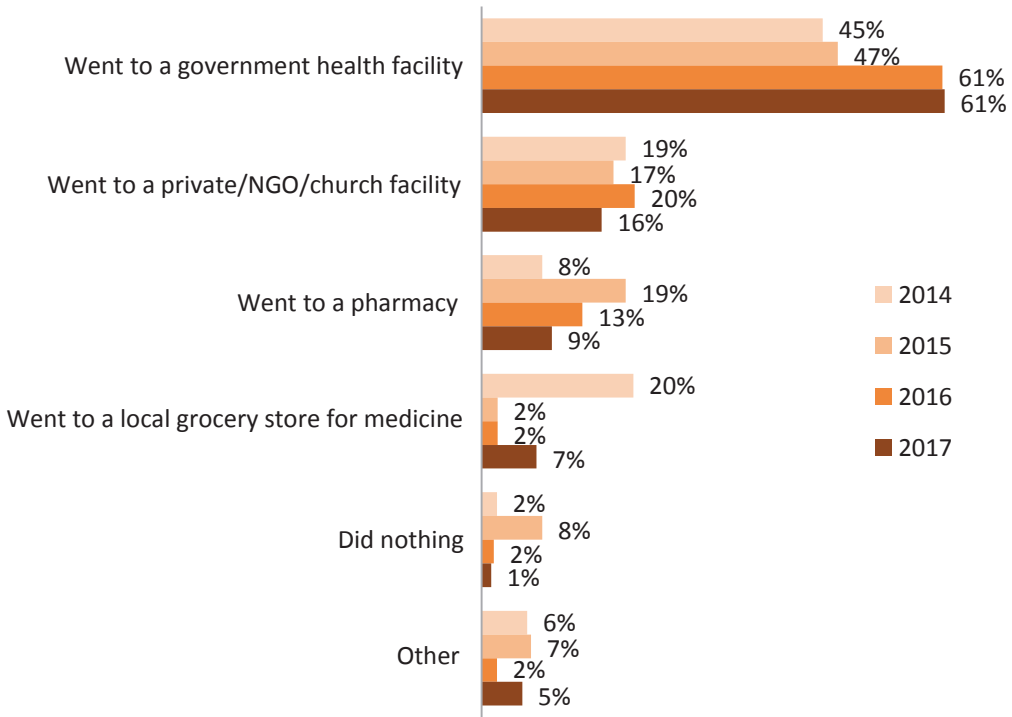
## 2. Eight facts about citizens' views on health

### **Fact 1: 6 out of 10 citizens use government health facilities**

Six out of ten citizens (61%) turn first to government health facilities when someone suffers an illness or injury. This is consistent with 2016, but an increase from 2014 and 2015, when under half of citizens (45-47%) visited government health facilities. Also, fewer citizens are going directly to pharmacies or grocery stores for medicine.

Seeking treatment from private, church or NGO health facilities has remained steady at 16-20% between 2014 and 2017.

**Figure 1: The last time you or someone in your household suffered from an illness or injury, what action did you/he/she take to find relief for the illness or injury?<sup>1</sup>**



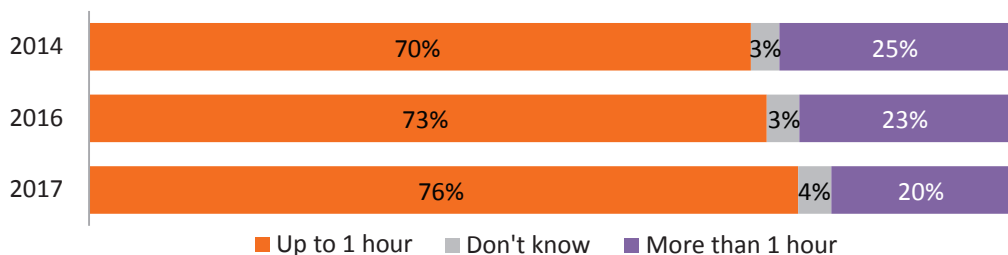
**Source of data:** *Sauti za Wananchi*, mobile phone survey  
 2017: Round 19 (May 2017) of the second panel  
 2016: Round 10 (May 2016) of the second panel  
 2015: Round 32 (May/June 2015) of the first panel  
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**Fact 2: 3 out of 4 citizens seeking treatment waited less than an hour**

Three out of four citizens (76%) seeking treatment from a health facility waited less than an hour before being attended to. One in five (20%) had to wait more than one hour. Comparing these waiting times to previous years, there is some evidence that waiting times have decreased slightly, with seven in ten (70%) waiting less than an hour in 2014.

1 Percentages may not always add up to 100% due to rounding

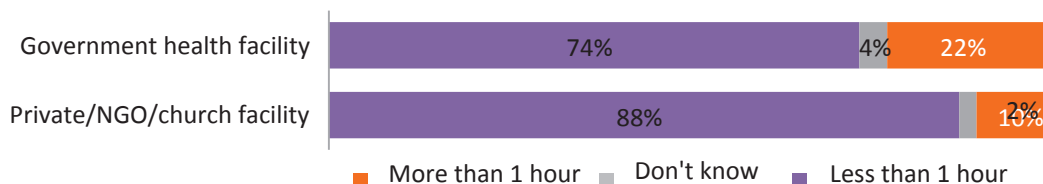
**Figure 2: How long did you/household member have to wait to see a doctor? (n=1,373)**



**Source of data:** *Sauti za Wananchi*, mobile phone survey  
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Waiting times are longer at government health facilities than at non-governmental health facilities. One in ten patients (10%) at non-governmental health facilities have to wait more than one hour, compared to two in ten (22%) at government facilities.

**Figure 3: How long did you/household member have to wait to see a doctor? (n=1,373)**

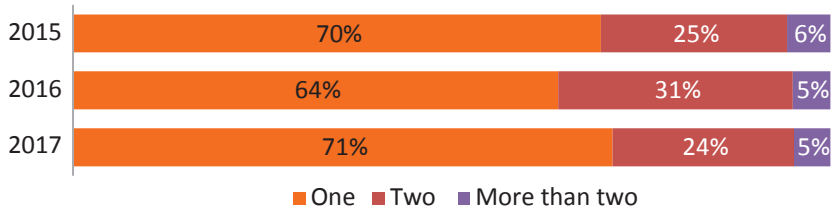


**Source of data:** *Sauti za Wananchi*, mobile phone survey, Round 19 (May 2017)

**Fact 3: 3 out of 10 citizens say hospitals are short of beds and mattresses**

Three in ten of those who were admitted or assisting someone who was admitted in the past year (29%) found that the hospital did not have enough beds or mattresses for each patient to have their own. One in four (24%) found two patients per bed/mattress, and one in twenty found more than two patients per bed/mattress.

**Figure 4: How many patients were there per bed/mattress? (n=712)**



**Source of data:** *Sauti za Wananchi*, mobile phone survey  
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### **Fact 4: 7 in 10 patients at government health facilities encountered shortages of medicine or other supplies**

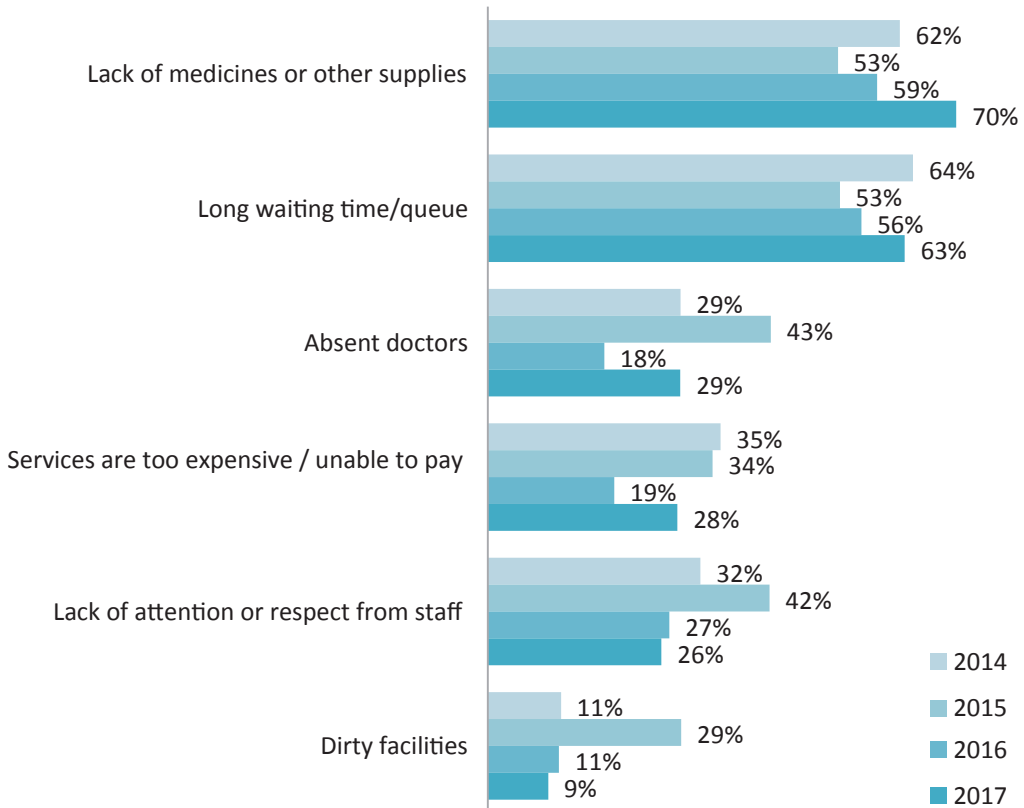
Among those who attended a government health facility for their own illness or injury in the past three months, seven in ten (70%) experienced a shortage of medicine and other medical supplies. This is higher than was recorded in previous years (53-62%).

The second most commonly observed problem is waiting times: six in ten (63%) of those seeking treatment felt that the waiting time was too long.

Three in ten (29%) experienced doctors being absent, and a similar number found that services were too expensive (28%) or that health facility staff did not pay them sufficient attention or respect (27%). One in ten patients (9%) found the facilities dirty.

Shortages of medicines and supplies, and waiting times have been consistent problems in the health sector and the number of citizens experiencing them has been rising steadily following a drop in 2015. Absenteeism among doctors and the cost of services, on the other hand, are being observed by more patients after a sharp drop in 2016. The experience of lack of care or respect from staff, or dirty facilities, however, has stayed low after a sharp drop in 2016.

**Figure 5: If you visited a government health facility for your own illness or injury in the past three months, did you encounter any of these problems during the visit? (n=975)**



**Source of data:** *Sauti za Wananchi*, mobile phone survey  
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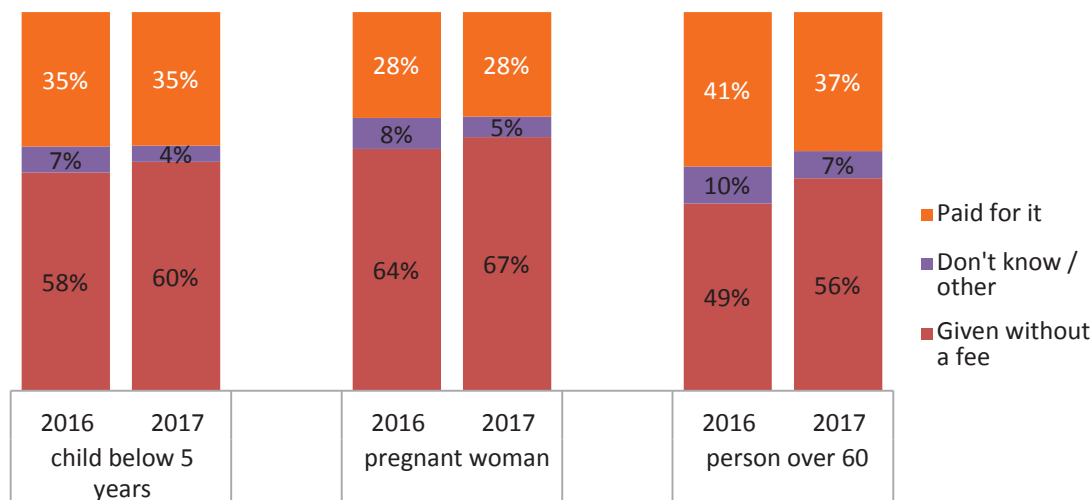
**Fact 5: The number of young children, pregnant women and the elderly receiving free treatment has increased since 2016**

Children aged under five years, pregnant women and people over 60 years are entitled under government policy to free treatment from government health facilities. Nevertheless, one in three citizens (35%) report children under five being required to pay. Similarly, three in ten (28%) report pregnant women being charged for treatment and four in ten (37%) report that people over 60 years have to pay.

However, the data also shows a small increase in the number of patients from these groups receiving free treatment compared to one year earlier. For children under five and pregnant

women, these increases are very small, but for those over 60, the number receiving free treatment has increased from 49% to 56% since 2016.

**Figure 6: The last time you accompanied the following people to a government health facility, did you/they receive treatment for free, or pay for it?**

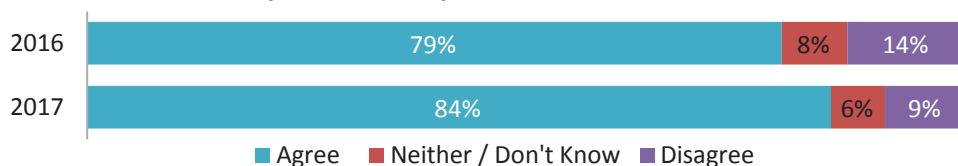


**Source of data:** *Sauti za Wananchi*, mobile phone survey  
 2017: Round 19 (May 2017) of the second panel  
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**Fact 6: 5 in 6 citizens think those injured in accidents should be attended without first seeking a PF3 form**

When it comes to people who are injured after being involved in an accident or fight, five out of six citizens (84%) think they should be treated by health facilities without first requiring a PF3 form from the police. This is a small increase since 2016, when eight in ten (79%) felt this way.

**Figure 7: What is your opinion about a patient (of accident; fight; injuries) being attended to by health facility before a PF3 is issued?**



**Source of data:** *Sauti za Wananchi*, mobile phone survey  
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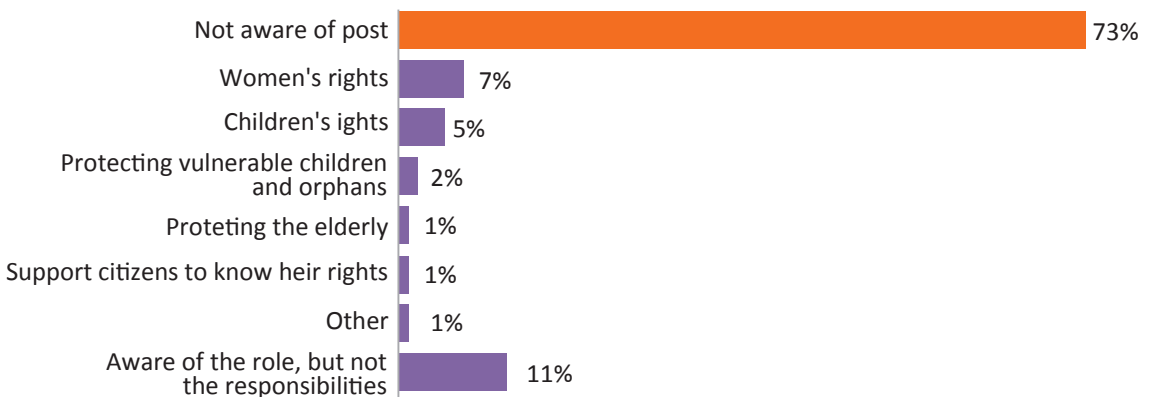
Among those who had either been involved in an accident or had helped a friend or family member after they were involved in an accident, six in ten (58%) were required by the health facility to seek a PF3 form from the police **before** receiving treatment. In one in three cases (32%) of a PF3 form being sought, getting the form from the police took over an hour (not shown in charts).

**Fact 7: 3 in 4 citizens are not aware of the role of Social Welfare Officers**

In Tanzania, each Local Government Authority (LGA) has a social welfare department, which is available to provide and support a range of services and advice (community and social based) to citizens. When citizens were asked if they are aware of the existence of social welfare officers, three in four citizens (73%) were not. A further one in ten (11%) were aware of the position but do not know what social welfare officers actually do.

One in six citizens (17%) know about the social welfare officers and were able to name its functions including protecting the rights of women and children and protecting the vulnerable such as orphans and the elderly.

**Figure 8: Are you aware of a public servant known as a Social Welfare Officer? If so, what are their responsibilities?**



**Source of data:** *Sauti za Wananchi*, mobile phone survey, Round 19 (May 2017)

One in five citizens (20%) report having a Social Welfare Officer in their district, and a small number (1%) report having consulted the Social Welfare Officer for assistance at some point. Of the few who have done so, the largest number (45%) have done this in order to seek assistance with resolving marital breakdown and child welfare issues (not shown in charts).

**Fact 8: 1 in 4 citizens has health insurance, up from 1 in 5 in 2014**

Health insurance can help citizens to have more certainty around their access to health services. One in four citizens (27%) say they have health or medical insurance, up from one in five (21%) three years earlier. At the current rate of increase, Tanzania will achieve universal health insurance coverage in roughly 40 years, around 2055.



**Figure 9: Do you personally have health or medical insurance?**



**Source of data:** *Sauti za Wananchi*, mobile phone survey

2017: Round 19 (May 2017) of the second panel

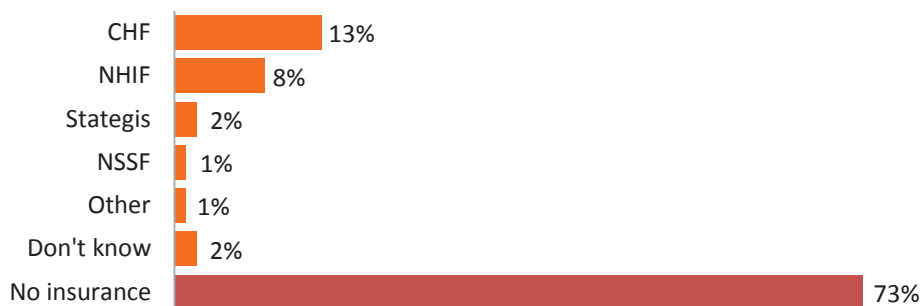
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Breaking this down by provider, one in eight citizens (13%) report having health insurance provided by the Community Health Fund (CHF), and a further one in ten (8%) report their insurance is provided by the National Health Insurance Fund (NHIF).

**Figure 10: What is the name of the company/organization that provides your health insurance?**




**Source of data:** *Sauti za Wananchi*, mobile phone survey, Round 19 (May 2017)

### 3. Conclusion

Tanzania has much to be proud of when it comes to health outcomes over the past few years. Fewer people are suffering from malaria than before, HIV infection rates have dropped, and infant and maternal mortality rates have fallen fast. However this brief shows there is no room for complacency, and plenty of opportunity for further improvement.

On the positive side, there has been an increase since 2014-15 in citizens seeking treatment first from government health facilities. This may show such facilities are more accessible, that citizens have growing confidence in the services provided or that citizens are more aware of the need for prompt and proper diagnosis from trained medical professionals. Further, reported waiting times



at health facilities have dropped, and more citizens than ever before report that hospitals have enough beds, sheets and mosquito nets for all patients.

However, it is not all good news. Patients who are eligible for free treatment struggle to enjoy this entitlement: around one third of children under 5 years, pregnant women and people over 60 years are still being required to pay for treatment. When Sauti za Wananchi released similar data on this issue in 2016, various ministry officials issued statements warning health workers not to charge these groups. These data appear to show that this has not had a strong effect on practice.

Additionally, the number of citizens reporting a lack of medicines and other supplies in government health facilities has increased sharply. And the progress made on health worker presence and the cost of services in 2016 seem to be stalling or even reversing as more citizens complain about these issues.

A key element of the government's strategy to address these and other concerns is to increase enrolment in health insurance schemes, ranging from Community Health Funds (CHFs) and the National Health Insurance Fund (NHIF) to private health insurance providers such as Strategis and AAR. This brief shows a small increase in citizens with any form of health insurance – largely with CHF or NHIF – but the rate of growth is extremely slow. A stronger effort to demonstrate the benefits of health insurance to citizens will be needed if health insurance is to fulfil its potential.

Ultimately the critical issues of the hardware and human resources of Tanzania's health care system must be addressed. Powerful rhetoric and visible punishments can only push the system so far. More funds, better strategies for staff motivation (for all health workers from doctors to procurement officers) and an open and accountable system of procuring medicines and supplies will all be needed to ensure a healthier Tanzania.



