



Petty Corruption in the Health Services in Dar es Salaam and Coast Regions

This study examines the state of petty corruption in the health services in Dar es Salaam and the coastal regions. Petty corruption directly affects the ordinary citizen and, according to studies, is pervasive in the country's health sector. Part of the reason for this is the particularly high level of discretion conferred to health care providers in deciding the quality and extent of care given to a patient, as well as an overall limited sectoral capacity to regulate and monitor service provision and procurement.

The study applied a combination of quantitative and qualitative methods of data collection, with the latter comprising of key informant interviews, semi-structured questionnaires, focus group discussions and mystery client simulations. It covered a total of 20 health facilities in the three districts of Dar es Salaam and 12 health facilities in Kibaha. The health facilities included hospitals, health centres and dispensaries.

A total 364 health care workers were interviewed, 65.9% females and 34.1% male, where 75.8% of them were aged between 30 and 49 years old. While nurses formed the majority of the health care workers interviewed (54.9%), medical personnel – doctors, AMOs and clinical officers – were a close second, forming 22.5% of the staff members interviewed.

The study found that the main reason cited by 57% of the respondents for taking bribes was the poor level of pay. And that is why money was cited by 80.9% of the respondents as the most common form of bribes. Although only 20% of the health care workers interviewed admitted to ever taking a bribe, 67.8% of health care workers responded that they believed corruption was rampant in the health services. The findings show that the general profile of bribe-takers in the health services tends to be male (51%), medical personnel (35%), and working in the Ilala district (29%).

A total of 141 (38.7%) health care workers reported that they have been in a situation where they thought a colleague was trying to solicit a bribe when they should not. However, only 11.5% said they that had tried to prevent that colleague from doing so, and only 3.3% said they that reported the incident to a higher official.

With regards to patients' personal encounters with corruption, only 17.7% of the 192 patients surveyed while at the health facilities said that they have been asked for a bribe. However, the results were vastly different when community members were surveyed outside the walls of the health facilities. Over 50% of the 413 community members surveyed admitted to having been asked for a bribe by a health care worker.

From its findings, this study recommends that strategic partnerships need to be formed among advocacy groups in order to address this problem and change mindsets through information and education campaigns; it also proposes the development of model policies that can be used to lobby for change in health sector regulations and practices; and lastly, it proposes conducting a broader, follow-up study in order to further examine this issue and in greater depth.



*More information about this report can be found on YAV's website:
www.yav.or.tz*