



DOWNWARD ACCOUNTABILITY OF PUBLIC HEALTH CARE SYSTEM: THE CASE OF TEMEKE MUNICIPAL COUNCIL

ABSTRACT

Introduction

This research was conducted by Irenei Kiria as part of fulfillment for Masters Study in Public Health in MUHAS (2009).

Health care accounts for over ten percent of government spending in Tanzania. Accountability in health care delivery is important for three major reasons. First, accountability mediates between citizens and their government on issues of cost, access, quality, and distribution of health care services. Second, because health care providers have been accorded significant powers over people's lives and well-being, accountability seeks to regulate this power for any possible abuses. Third, accountability seeks to ensure the proper management of health care, reduce corruption, and increase responsiveness of health care providers and political leaders to citizens.

Objectives

The main objective of the research was to assess downward accountability of public health care using the example of Temeke Municipal Council. Downward accountability means accountability to health service users as opposed to district and central government. The specific objectives were to assess the flow of information from the public health care system to citizens, and public perceptions of transparency and answerability.

Methodology

A Cross-sectional study using both quantitative and qualitative methods was undertaken to achieve the above objectives. A total of 432 semi-structured questionnaires were administered, three in-depth interviews were conducted, and

publicly posted information on 24 public health facilities was observed. Analysis of policy and legislative documents was also undertaken. Quantitative data were computed to produce frequencies, cross tabulations, and regressions.

Results

Downward accountability in public health care requires supportive policies and laws, and transparency and answerability to citizens. The study found that Tanzanian policies and laws set a clear framework for public health care to be both transparent and answerable to citizens. However, the public perceived the Temeke Municipal Council health care system to lack both transparency and answerability. Public health facilities posted a lot of information regarding health promotion and education. However information regarding public health facility plans, budgets and progress reports are posted rarely or not at all.

Although respondents complained about poor services, demands for money by nurses, and rudeness on the part of service suppliers, few had ever posted a complaint, knew how to report corruption, or had ever requested information regarding services. Only a minute proportion of citizens in Temeke Municipal council is aware of the existence and functions of health boards, facility governing committees and ward health committees.

Respondents with Form Four secondary education and above, who have participated in public health facility planning, budgeting and monitoring are more likely to perceive the health care system as transparent. Respondents who know how to lodge complaints against unsatisfactory services, who spend little time waiting to be served, and who are satisfied with the kind of treatment given are more likely to find the public health care system answerable to service users. But these respondents are the exception, not the rule.

Conclusion and recommendations

This study concludes that although Tanzanian policies and laws favour transparency and accountability, downward accountability of public health care in

Temeke Municipal Council is still a major challenge. Either these policies and laws are unknown to citizens, or citizens lack assertiveness. The service providers may either be capitalizing on the ignorance of citizens or they are ignorant of the law themselves.

Translating the existing legal and constitutional rights into effective bureaucratic mandates and operational practice remain key challenges to be addressed by both central and local governments. Public health providers need to be more transparent and answerable to citizens to realize quality health care and citizens' civic rights. Low levels of participation lead to citizens' dissatisfaction with health care services and mistrust of health care providers.

All public health facilities should publicly post all information regarding annual facility plans, budgets, incomes, expenditures, and progress reports. In addition, public health facility administration and health board and committees should jointly devise effective mechanisms of providing feedback to service users on issues of health worker performance, flow of drugs, allocation and use of money, and other priorities as defined jointly by health users and providers. They should also allow independent civic groups to monitor the performance of each public health facility. Finally, they should value and respect service users as a way to encourage them to participate and own services.



*More information about this report can be found on YAV's website:
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