Policy Brief No. 03.10

# Doctor's Food

## Findings on a Recent Study on Petty Corruption in Health Services in Dar es Salaam and Coast Regions

June 2010

Sikika

## *Introduction*

Like in many other countries, corruption in Tanzania is rampant in all sectors of the economy and public services and correspondingly has become part and parcel of daily life in Tanzania. The Warioba report (URT 1996) provides evidence that even officers in state organs vested with the responsibility of the administration of justice such as the Intelligence and Security Service, the Police, the Judiciary and the anti-corruption bureau are themselves immersed in corruption. Over the years, people who give as well as those who receive bribes have come to accept it as a normal behaviour. Consequently, a significant proportion of the population believes that without bribing they will not get 'fair' treatment. The widespread nature of corruption is evidenced by the variety of terms that have evolved over time to connote bribery: *rushwa, hongo* and *mulungula* are among the terms in use for many years. Those who solicit bribes tend to use softer words, such as *kitu kidogo* (something small), *chai* (tea) and *mshiko* (grip).

Corruption is a matter of concern in all sectors but especially so in the health sector. This is because it reduces the resources effectively available for health; lowers the quality, equity and effectiveness of health care services; and increases the cost of providing services. It undermines equity of access to health care by discouraging people, especially the poor, who have to pay in order to use services that are supposed to be free. Ultimately, it has a corrosive impact on people's level of health and welfare. This brief presents a summary of the findings of a study commissioned by Sikika in 2007 on corruption in the health sector.

## *Experiencing Poor Health Services in Dar es Salaam and Kibaha*

Corruption in the health sector takes different forms and health workers collaborate in facilitating it. Paying bribes to get privileged access to public care is one of the common forms of corruption. When such bribes become 'institutionalized', it creates a situation in which wealthier people are likely to get better attention than those who are poorer and unable to pay bribes. In 2007, Sikika - formerly known as Youth Action Volunteers - commissioned a study to investigate corruption in public health service provision. The study was carried out in three Districts of Dar es Salaam Region (Ilala, Temeke, Kinondoni) as well as in Kibaha District in Coast Region.

Three hundred sixty four health workers, 192 patients, 413 community members, 8 focus groups and three mystery clients were involved in the study which was carried out from June 2007 to September 2007. The study used a mixture of focus group discussions, key informant interviews, semi-structured interviews and simulation to examine the following:

- Awareness and roles of service users concerning corruption in public health facilities;
- The service users' experience and practice of corruption in public health facilities;
- The effects of corruption on the health seeking behaviour of service users;
- The awareness of and involvement in corruption by service providers.

## *Health Workers are Soliciting Bribes…*

A total of 20 health facilities were covered in the three districts of Dar es Salaam, and 12 health facilities in Kibaha. The considered health facilities include hospitals, health centers and dispensaries. In each health facility, interviewed staff were from the following specifically selected sections: Reproductive and Child Health, Reception, Laboratory, X-Ray, Out Patients, Pharmacy and Specific Wards. Almost two-thirds (64%) of the respondents said that all kinds of patients, regardless of their socioeconomic status and illness condition, were asked for and gave bribes. The kind of patients and their relatives who gave bribes were described as people of high socio-economic status (24% of the responses), patients whose condition was not serious (7%) and poor people (10%).

The forms in which bribes are paid include money (81% of the responses), gifts in terms of goods (11%), and sex between clients and service providers (8.0% of the responses).

**Table 1: Bribe-taking by professional affiliation**

| Takes Bribes | Yes (percent) | No (percent) |
|---|---|---|
| Medics | 35 | 65 |
| Nurses | 14 | 86 |
| Lab personnel | 34 | 66 |
| Pharmacists | 13 | 87 |
| Other | 19 | 81 |

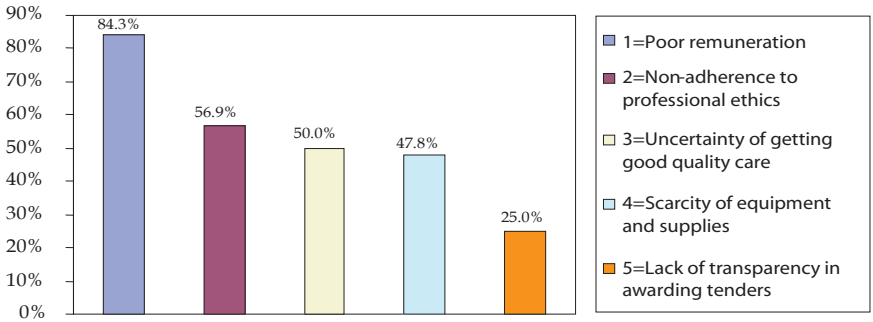
*Source: Field Data (2007)*

As the table above shows that, on average, one out of five (21%) health professionals admitted taking bribes. Medics most frequently admitted accepting bribes (with 35% which is 29 out of 82 respondents), followed by laboratory personnel (34% which is 11 out of 32 respondents). Nurses were the largest group of health professionals surveyed and also the least likely to admit taking bribes (14% which is 27 out of 200 respondents) after the 'Other' category (19% which is 5 out of 27 respondents).

**Box 1: Talking Corruption**

Respondents gave insight into corruption through sharing with us the language used to describe it. As expected, references to food and drink were common. People spoke of *Chakula Cha Daktari* (the Doctor's food), or chai and soda. These common terms, just like *kitu kidogo* (something small), suggest that both giver and receiver are referring to accustomed practice when they talk about bribing. But other terms reveal the iniquity of such practice. Practitioners used the term ku-squeeze (to squeeze) or *kalangiza* (to roast). Community members spoke of *kuzunguka mbuyu* (going around baobab tree) - evocative of the secrecy and shame involved. Regarding the prevalence of bribe taking, two-thirds of the respondents (68%) reported that it was rampant within the health services. Some 14% said it is evasive, while over a quarter (26%) actually dismissed the allegation as baseless. Probing further into their perceptions, most respondents (76%) reported that for them accepting gifts from patients did not constitute corruption. Only 17% of the respondents regarded it as corruption, *"particularly when patients feel obliged to give something when all indications are that they are very poor,"* as one of them put it.

**Figure 1: Healthcare workers' perceptions of the drivers of corruption.**




It is clear that health workers attribute their own corrupt practices to what they consider to be poor pay. The fact that non-adherence to professional ethics is also considered as an important factor is an admission on their part that they do not measure up to the standards of the professions of their choice. Interestingly, out of a total of 364 respondents, 138 (38%) admitted to having offered a bribe to officials in other sectors in order to obtain service to which they were eligible or to avoid a fine. The service sectors where they paid bribes were: various land authorities, the electricity utility TANESCO, traffic police, law courts, local government authorities, and the Tanzania Revenue Authority.

## *…and Some Patients are Paying Bribes*

One hundred ninety two patients were interviewed. Of these 192 respondents, only 34 (18%) said that they were asked to pay a bribe to receive treatment. Of the 34, nearly two thirds paid up. About 9% of the interviewed patients admitted offering a bribe to healthcare providers in order to be favored in accessing healthcare services.

**Table 2: Offering bribes to healthcare providers**

| Offered a bribe | Frequency | Percent |
|---|---|---|
| Yes | 18 | 9.4 |
| No | 174 | 90.6 |
| **Total** | **192** | **100.0** |

*Source: Field Data (2007)*

## *Corruption is Delaying Health Care Provision…*

The levels of concern around corruption are considerably higher, as illustrated in Figure 2. Though, the findings also demonstrate some continued ambivaence or ignorance of the issue. Being asked whether they had experienced any effects of corruption in the health facility, one third of respondents did not report any negative effects of corruption at the health facility in which they were getting medical care. The most common complaint was not being attended to by health facility staff (Table 3).

**Table 3: Effects of corruption patients have experienced in the health facility**

| Effects | Frequency | Percent |
|---|---|---|
| Have not experienced any effect of corruption | 129 | 67.2 |
| Not being attended to by doctor/nurse | 22 | 11.5 |
| Asked to purchase equipment/materials that should be available | 9 | 4.7 |
| Health workers having a non-caring attitude | 4 | 2.1 |
| Purchasing medicines without a receipt | 2 | 1.0 |
| Not given prescribed drugs through lack of money | 1 | 0.5 |
| Others | 16 | 8.3 |
| Missing | 9 | 4.7 |
| **Total** | **192** | **100.0** |

*Source: Field Data (2007)*

## What Does the Community Say about Corruption?

In addition to health workers and patients, 413 community members were interviewed in two wards in each of Dar es Salaam's three districts and in Kibaha District. Approximately 100 community members in each district participated in the study. Most of the respondents asserted that corruption existed in public health facilities. This evidence of awareness was backed up by their responses to a question on whether they have ever involved themselves as patients or caretakers in circumstances that were created by health workers to signal a demand for a bribe. The scenarios they reported included:

- staff taking advantage of shortage of resources to press for bribes (58%);
- iInsensitivity, for example, a midwife not sensitive to women in labour (61%)
- doctors absenting themselves causing congestion outside the consultation rooms (70%);
- staff telling patient lies that a certain service is unavailable (69%);
- staff extending favors to their friends or relatives (77%);
- staff taking advantage of patient ignorance of the service delivery processes (48%).

**Table 4: Respondent ever asked for a bribe in any health facility by sex, percent**

| Sex | Yes | No | Total |
|---|---|---|---|
| Male | 100 (63.3%) | 58 (36.7%) | 158 (38.3%) |
| Female | 127 (49.8%) | 128 (50.2%) | 255 (61.7%) |
| **Total** | **227 (55.0%)** | **186 (45.0%)** | **413 (100.0%)** |

*Source: Field Data (2007)*

Respondents faced a number of problems when they went to seek health care. Some of these problems constitute conditions in which corruption thrives. Table 5 shows the kinds of conditions experienced that are attributable to corruption and the number of respondents who perceived them as being a problem or not.

**Table 5: People's perceptions of conditions they experienced when seeking health care**

| If you or a family member has gone to a health facility in the last month, did the following constitute a problem? | Problem N(%) | No problem N(%) | Missing N(%) | Total N(%) |
|---|---|---|---|---|
| Time waiting to be served | 246 (59.6) | 161 (39.0) | 6 (1.5) | 413 (100) |
| Cost of drugs | 243 (58.8) | 166 (40.2) | 4 (1) | 413 (100) |
| Cost of investigation | 179 (43.3) | 232 (56.2) | 2 (0.5) | 413 (100) |
| Politeness of the health sta ff | 178 (43.1) | 226 (54.7) | 9 (2.2) | 413 (100) |
| Cost of consultation | 94 (22.8) | 315 (76.3) | 4 (1) | 413 (100) |

*Source: Field Data (2007)*

Table 5 shows that waiting time and the cost of drugs were matters of concern to more than half of the respondents, followed by the cost of investigation (x-rays, blood tests) and the politeness of staff. The study findings show that, in essence, the majority (66%) of respondents held the general position that the government is not effective in the fight against corruption. Only a third of the respondents assessed the government as being very effective in the fight against corruption in the health sector. When asked to give reasons for their stance they pointed out that corruption is rampant despite some efforts. They further concluded that the government is only paying lip service but is not keen on implementation.

## Addressing the Problem: Anti-Corruption Measures

A disturbing finding is the tendency to look the other way in the face of corrupt practices. Perhaps the statement that this happens so as 'to avoid getting into trouble' is an indication of two major factors that hinder effective prevention and combating of corruption in the public health sector. Firstly, health workers - just like professionals in other sectors - seem to have a tendency of guarding friendly interpersonal relations (collegiality) at the expense of the interests and welfare of the public. Consequently, they are less concerned when colleagues do injustice to the clients. Secondly, health workers may not be aware of the existence of laws which protect whistle-blowers. The Prevention and Combating of Corruption Act No. 11 of 2007 section 51 (1) states that:

> *No information relating to commission of an offence under this Act shall be admitted in evidence in any civil or criminal proceedings and no witness in any civil or criminal proceedings shall be obliged to:*
>
> *(a) disclose the name or address of any informer who has given information o the Bureau with respect to an offence under this Act or the name or address of any person who has assisted the Bureau in any way in relation to such an offence; or*
>
> *(b) answer any question if the answer to such question would lead, or would end to lead, to discovery of the name or address of such informer or person.*

The lack of awareness of the law may be attributed to the fact that the Prevention and Combating of Corruption Act has not been mainstreamed in health policy. The third factor that hinders effective prevention and combating of corruption in the public health facilities is the fact that senior officials in administration are

themselves not clean and therefore they cannot ensure effective enforcement of the law.

Yet, the effects of corruption as identified by respondents can be quite severe:

- The loss of life for those who are unable to give bribes, or those who are poor and cannot raise the amount demanded.
- Ending up with crippling disabilities due to delays in getting care while trying to raise the requisite bribe.
- Living with treatable illnesses because of the lack of money for paying bribes if one were to go to the hospital.
- Economic loss necessitated by having to spend hard earned money to pay bribes.
- Denial of basic human rights.
- Economic loss for the government which buys equipment and supplies which are misappropriated by health workers so that they can sell them for their own gains.

## Recommendations

In the face of these findings about corruption in the health service systems, the following measures should be taken for anti-corruption regulations to be effective:

- Government and CSOs should conduct regular fraud and anti-corruption awareness programmes to facilitate early detection and reporting as well as make patients' rights clear and well known.
- Efficient, simple and well defined complaint mechanisms must be in place to provide opportunities to report and prosecute abuse and restore the public trust in health service systems.
- The government should create a conducive environment for health workers. This includes ensuring availability of equipment and supplies in health facilities.
- Professional councils of health workers should effectively adopt and promote codes of conduct and ethics regulating the medical profession. These codes and ethics should include provisions to deal with corruption issues in the health service systems.
- Government should ensure hierarchical accountability and improved management by defining clear performance expectations as well as job descriptions, transparent and enforced rules and behavior standards and introducing fairly implemented merit based promotion policies.
- Government should ensure that regulatory agencies in health services provision are functional
- Moreover, for effective anti-corruption strategies the focus should not only be on prohibiting corrupt practices and enforcing sanctions against malpractice but addressing the underlying causes of corruption and providing incentives for good performance and honest behaviour.

***This brief was prepared and issued by Sikika (formally known as Youth Action Volunteers). Sikika works to ensure government accountability regarding effective use of public resources for health service.***

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