

A new approach to strengthening accountability for better health outcomes in Tanzania

Exploring the drivers of informal payments and absenteeism in primary health facilities

Research Questions

Low accountability in the healthcare sector in Tanzania leads to worse healthcare outcomes for people. How can incentives be changed so that accountability is increased and better healthcare services are available?

Key Findings

Absenteeism by health workers and informal payments are among the most common and impactful forms of rule-breaking in healthcare. Addressing these is likely to lead to improved worker morale and better health outcomes.

Implications

Existing health sector policies and reforms need to be assessed to ensure they do not exacerbate rule-breaking as an unintended effect. Further research will seek reforms which could help reduce absenteeism and informal payments.

Project Summary

This project aims to identify the patterns of corruption among frontline public health providers and their managers in Tanzanian mainland, and explore the underlying determinants – systemic and individual factors - that give rise to corrupt behaviours. It will synthesize available evidence on the impact of corruption on users of health services and

identify and assess the potential of accountability measures, including recent reforms, to constrain corrupt practices among front line public health providers and their managers. Finally, it will make recommendations towards a more resilient, efficient and accountable health system.

Methodology

Stage 1

Literature review: synthesis of policy context; dimensions of corruption in health; existing strategies and policy interventions.

Stage 2

Workshops in August 2018 with researchers, civil society and public health providers, used to identify common and detrimental corrupt practices.

Stage 3

In-depth interviews with range of health workers and managers to understand dynamics behind informal rent-seeking.

Stage 4

Health worker survey of between 200 and 400 healthcare workers, including a Discrete Choice Experiment to examine decision-making by healthcare workers.

Policy and programming implications

Existing reforms may help to address drivers of absenteeism and informal payment, though there are signs that some of them may aggravate rule breaking behaviours. Appropriate checks and balances need to be in-place.

Limiting rent-seeking behaviour among health providers:

- Reduce hard cash transactions and promote transparency through documentation: prepayment schemes; electronic payment systems; promote user receipts of facility payments

Reinforce Governance and accountability systems:

- Results Base Financing (RBF): use of formula for motivational payment has had some positive unintended effects in reducing the motivation to engage in informal practices and promoting attendance.
- Strengthen Health Facility Governing Committees for improved accountability between providers and communities: *Evidence of informal networks between providers and HFGC members potentially aggravating corrupt practices*
- Promote clients charter between administration and employees
- District Health Facility Financing (DHFF) facilitates quick disbursement of funds to all public health facilities, signals a shift towards output-based payments, and aims to strengthen public health centres, social accountability and community ownership of health services. *However DHFF may create loopholes for in-charges to be increasingly absent from work.*

Team members

Masuma Mamdani, Hadija Kweka, Peter Binyaruka and Mary Ramesh, Ifakara Health Institute, Tanzania; Dr Ntuli Kapologwe, Director of Health, Social Welfare and Nutrition Services, Presidents Office – Regional Administration and Local Government, Tanzania; Eleanor Hutchinson and Dina Balabanova, LSHTM; Antonio Andreoni, SOAS University of London.