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Decentralisation in Babati

A case study on the impact of decentralisation on health service delivery in a Tanzanian city

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Abstract

Decentralisation as an approach to develop new system reforms is one of the biggest political trends today. The essence of it is to move ascendancy from higher levels of government and thereafter to distribute power and policy-making to fields and persons at lower levels of government. The purpose with this is to improve key public services by involving local levels and to give them more power to improve their standard of living. Among many countries in the world, decentralisation has been a common approach to improve health systems. When developing a health system, it is important that the actual needs of the population is taken in consideration at all time. Decentralisation means that lower levels of government, who are those who have the best insight in the civilian's lives, are involved in the decision-making that might affect their area and cooperates with the central government. Because of this involvement and cooperation, the central government has a greater opportunity to form the health system so that it corresponds with the needs of the population.

This essay is a result of a three weeks field study in Babati District in the northern parts of Tanzania. The essay will look at the decentralisation's impact on the health system in the country, where main focus will lie on the impact of health service delivery in Babati District. What was studied in Babati is how the delivery of health services is working and if it has been affected by the implementation of decentralisation. A selection of informants who have some sort of connection to the health system, was made at place. Each informant were during interviews given an opportunity to give their perspective on how the health system and the delivery of health services is working in Babati. With the information that the informants gave during the field study, along with some secondary data on decentralisation and health systems, conclusions on how decentralisation has affected the health system and the delivery of health services can be drawn. What has been concluded is that decentralisation has had many positive effects but that there are still several challenges ahead. Cooperation, communication and involvement, three important elements, have been strengthened in the area, however, the delivery of health services is still not working in the best way possible.

Keywords: Decentralisation, health system, Babati, Tanzania, health service delivery

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1. Introduction

The World Health Organization explains a working health systems three main goals as, *"good health, responsiveness to the expectations of the population, and fairness of financial contribution"*[1] During the recent 100 years, health systems throughout the world has experienced several major changes. These changes includes the establishment of national health systems, along with the development of social insurance schemes. Thereafter, health for all was introduced as a main goal, where the promotion of primary health care would cover the global needs of health. It is not the international community who is primarily responsible for the health systems. The government are in each country themselves in charge of their systems and should be those who are working towards improvements of the delivery of health services. The international community should only help and assist countries who are trying to improve their health systems. However, such improvements are not always prioritized in every country.[2]

In order to maintain a working health system, it is important for it to be well organised. Many of the health systems in the world have to be modernized and need to change organisation. One way of doing this is to decentralise it, which means that a shifting of responsibilities from higher to lower levels of government is implemented. The purpose with this is to develop health services so that it is responding to the populations actual needs. Decentralisation does not mean that the government should hand over all responsibilities to the lower levels of government and stop being a part of the decision making process that concerns the health system. The governments role in a decentralised system should be to focus on the overall regulation and monitoring of it.[3] Decentralisation should not just cover the shifting of responsibilities, it also includes a transfer of authority and financial resources for public functions, which will give more power to civilians and local officials. Decentralisation is also a tool for democratic development, where it can be built up on a grass-root level.[4]

1 World Health Organization (2000) The World Health Report 2000: Health Systems: Improving Performance Page xi
2 Ibid. Page xiii
3 Ibid. Page 91
4 Tausz K. (2002) The impact of decentralization on social policy. Page 7-8

2. Purpose and problem definition

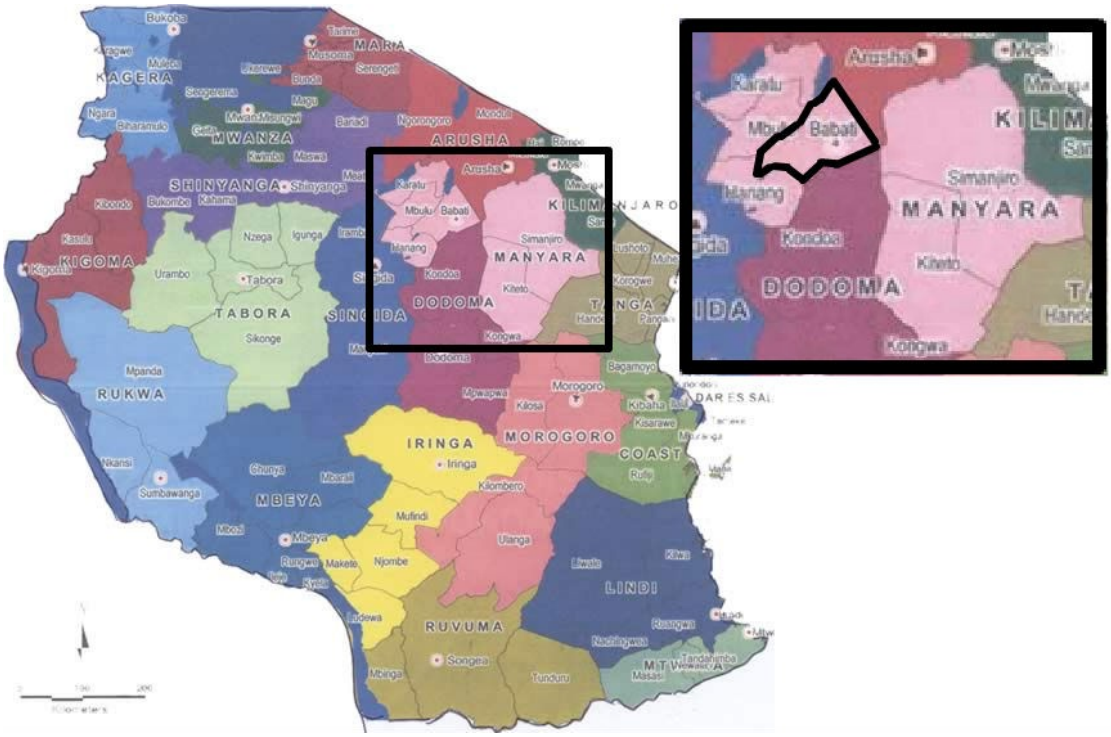
The purpose with this study is to examine how decentralisation has affected the health system in Tanzania where focus will lie on Babati District in the Manyara Region. What will be examined is how the shifting of responsibilities in the health sector, from higher to lower levels of government, has affected the service delivery regarding health. The essence of this shifting of responsibilities is to involve local levels of government and civilians in the decision making process that affects their area. This will improve service delivery to those in need and make it more sufficient and effective.
According to the theoretical chapter in this essay, there are three different kinds of decentralisation – *deconcentration*, *delegation* and *devolution*. A forth kind is added by some theorists – *privatisation.* The implementation of these different kinds of decentralisation in Tanzania and Babati, along with the outcome of it i.e. improvements of service delivery, will be addressed in this essay. Decentralisation does usually take place in the *administrative, political* and *fiscal* fields in a country. This process will also be portrayed in this essay.

With this, the following questions will be answered:
- Has the decentralisation in Tanzania affected the health service delivery in Babati district?
- To what extent is decentralisation in the health system fulfilled?

3. Method

3.1. Chosen method and delimitations

The method that has been chosen for this essay is a qualitative method. One part of the data that has been collected to this study was gathered during a three weeks field study in Babati District, which is located in the Manyara Region in northern Tanzania (see Picture 1).



Picture 1: *Source: Tanzania District Health Service. http://www.districthealthservice.com/district.php (2010-05-11)*

In addition to the information that was gathered during the field study, secondary data such as literature, articles and publications has been used during the writing process of this essay. This additional data has been included since the information that was gathered during the field study in Tanzania was not enough to compose an advanced essay with a substantial content. The analysis will focus on the decentralisation in Tanzania and how it has affected the health system in a specific district, i.e. Babati District, whereby the information that was gathered during the field study and the additional secondary data will be put in perspective towards the chosen theories for this essay. In order to understand the subject in question, not only the decentralisation of Tanzania's health system has to be addressed. Therefore, a separation of the subject has been done, which means that decentralisation and health care systems will be addressed separately. It is important to understand both of the elements in order to be able to understand and analyse the outcome of the decentralised health system in Tanzania.

The work in Babati was performed with help and guidance from a field assistant. The field assistant was in charge of contacting relevant informants who were willing to participate in interviews. These informants were chosen based on their connection to the subject in question and on what type of occupation they have. Suggestions on interesting informants who could be suitable for an interview, was given to the field assistant who thereafter contacted the informant. The following are persons who were chosen as informants; a Medical doctor at Mrara District Hospital, a Health Officer at Mrara District Hospital, a Head nurse at The Roman Catholic Missionary Dispensary, a Doctor at Tumaini Private Clinic, a Medical Officer at Dareda Hospital, a Traditional doctor and two civilians – 8 informants in total. The interviews were performed with a semi-structure method. This way of interviewing was chosen because of its ability to have an open-ended structure. This means that prepared questions were asked during the interviews, however, room was given for the interviews to end in any kind of way, where additional unprepared question could be asked. The questions that was asked during the interviews were prepared at place in Babati before each interview. A few standard questions were asked to all or some of the informants but the questions were in general "customized" for each informant. Some of the questions were specifically connected to the decentralisation in Tanzania's health system, however, a majority of the questions that were asked focused on how the actual health system is working in practice, e.g. service delivery, local participation, access to medicine and such. These kinds of questions were chosen because of the belief that it would give a more clear picture on the outcome of the decentralisation in Tanzania's health system. Fact on how the actual decentralisation has been implemented and the politics in it were chosen to be collected after the field study as secondary data.

The essay does not give any further analysis on decentralisation and health system through a global historical perspective. However, a background on how decentralisation and health systems has been progressing, globally, will be given. Also, theories on decentralisation and health system will focus on both of the subjects general foundations and not only with focus on Tanzania. An analysis on the outcome of global decentralisation and health systems will in other words not be given. The main focus will be on how decentralisation has affected the health service delivery in the district. The outcome of decentralisation that concerns politics and economics comes as second and has not been at the same level of priority.

3.2. Criticism of resources

The secondary data that has been collected to this essay, i.e. literature, articles, publications and such, is published by a wide range of different authors with different perspectives on the subject in question. Some might be of the subjective type, while others have a more objective way to describe

the subject. In order to compose a study with credible information, it is important to gather a mixture of both subjective and objective data. To find these kind of data on both decentralisation and health systems has been achieved without any significant difficulties. Nor has it been difficult to find neutral resources on the history of decentralisation and health systems. What can be criticised is the information that was gathered during the field study in Tanzania. Each informant has their own opinions on the subject in question, which might not always be objective. This has to be taken in consideration when all the gathered information is finally examined. Some obstacles that might occur during interviews are language difficulties. In some cases, an interpreter might be necessary. Such event can make the information that reaches the person who is interviewing wrong and might not be the same information as the informant was saying at first, since it has been translated by a third participant. However, during this field study, it was only necessary to have an interpreter present at only one out of eight interviews. What is missing in the matter of the interviews is some additional informants that could have been necessary for the study. It could have been helpful to interview some further civilians who can not always afford some specific needs for health care. Two civilians were interviewed during the field study, and both of them had some sort of employment, which means that they have a health insurance and thereby access to health care at almost all time. It would have been necessary to have some people from a poorer area in the district in order to get further insight on the problems that concerns health service delivery to those who are poor. In the matter of the actual questions that was asked during the interviews, no significant difficulties occurred. However, at many interviews, the questions were reformulated at place in order to make sure that the informant fully understood the questions.

3.3. Disposition

This essay is divided into different chapters with additional sub-categories. The field study, along with the gathered secondary data that concerns decentralisation and health systems in Tanzania and Babati is brought up in two chapters. First, a background on the two subjects, decentralisation and health system in Tanzania is given. Second, the information that was gathered during the field study, along with some additional facts on the health system in Babati District is given in a empirical chapter. Theories and earlier resources will be given in a separate chapter where theories regarding the matter of decentralisation and health systems in general will be given. Thereafter, the main questions that are set up in the chapter “Purpose and Problem definition”, will be answered. A further analysis will also be given where the empirical part of the essay and the theories that have been chosen will be put against each other. Thereafter, a discussion regarding the subject along with the given result and analysis will conclude the subject in the end of this essay. Also, the questions

that were asked during the interviews in Babati can be found as Appendix in the end.

4. Background

In order to understand how the health system has been affected by the decentralisation in Tanzania, the health systems background and how it is working has to be understood. In this following chapter, a background on the history of Tanzania's health system will be given. It will also address the health status among the population and how the system works in practice, where political, economic and administrative aspects will be included. Also, a general view on how the decentralisation has been implemented and progressing in the country will be given.

4.1. Health in Tanzania

Health care reforms were first introduced in Tanzania in late 1800's. It started with an introduction of Western health care by the colonial administration. After the independence in 1961, a second wave of health sector reforms were introduced, where new policies on service delivery were built up in accordance to the Arusha Declaration. In 1972, failure to achieve strong local governance was recognized, which forced the country to introduce new, overall social services including health. However, later in 1983, the government realized that they could not finance district health services which forced them to rethink their way of running the health sector.[5] This is still an ongoing process and as in many other developing countries, the government with its Ministry of Health has, since early 1990's, implemented some major changes within the health sector. The purpose with this has been to improve the quality of their services, make it more accessible and strengthen the service delivery of it. To achieve this, several reforms has been implemented, such as administrative decentralisation, different financial reforms and educational and research reforms. The health service in Tanzania was up until early 1990's almost exclusively provided by the government. In 1977 all of those private hospitals who made profit out of their practice was banned. However, after some major economic changes in the country, the government realized that this resulted in negative impacts on the delivery of health services. Therefore, in 1991, the government allowed private practitioners to run hospitals, clinics and such. A majority of the health facilities that can be found in Tanzania are managed from a rural point of view since a majority of the population is located in rural areas.[6] In 1980 more than 90 % of the rural population in the country had access to health facilities that were located within 10 kilometres from their households. The health services did, however prove itself of being insufficient and did not reach its goals. According to the World Health Organization, Tanzania was ranked as 176th out of 191 countries in a analysis based on the level of

5 Innocent A. J. Semali (2003) Understanding Satkeholder's roles in Health Sector Reform Process in Tanzania: The Case of Decentralizing the Immunization Program. Page 7

6 Tanzania National Website - Health. (2010-04-07)

health status in a country. Today, the main focus within the health system in Tanzania, as well as in many other developing countries, is to increase the resources to provide health care and also the equity and the efficiency of it. To achieve this, several reforms has been included. First, the idea of how the health system should work had to change, i.e. ideological reforms, where the provision of free health care for all had to be withdrawn. Change among the administrative structure have also been implemented, where decentralisation is the main approach. Decentralisation has also been used when the managerial reforms has been introduced.[7] Some financial reforms have also been introduced where focus has been on a introduction of a mixture of incomes. These incomes includes the introduction of health insurance, community cost-sharing and user fees.[8] The private sector is also included in some of these reforms, where it has been integrated with the public sector and has been given more attention from the government. This reform is an important part in the matter of decentralisation.[9] All of these reforms has to be followed through in order for Tanzania to improve the health status among all of their people and to reduce morbidity and mortality, improving nutritional status and raise the age of life expectancy. If the country can achieve this, poverty can start to decrease.[10]

Tanzania is considered to be one of the poorest countries in the world. Half of the country's population is estimated to live below the poverty line and 40 percent of the total population does not have the amount of income that is needed to buy food to cover their nutritional needs. It is the poor health in Tanzania that is considered as a main reason to the large extent of poverty that now exist in the country.[11] Health indicators is used as variables when measuring different health aspects in a country. What is most commonly used as indicators is mortality rates such as life expectancies and child mortality, where child mortality is the most used health indicator. The extent of some diseases or other risk factors are also set as main indicators.[12] Poverty goes hand-in-hand with diseases, therefore, illness is highly common in many Tanzanian households. Welfare is often measured by looking at different indicators and the statistics on health indicators can show a clear diversity among health between the poorest and the wealthiest households in the country and also rural-urban disparities.[13]

7 Innocent A. J. Semali (2003) Understanding Satkeholder's roles in Health Sector Reform Process in Tanzania: The Case of Decentralizing the Immunization Program. Page 7-9
8 The United Republic of Tanzania: Ministry of Health & Social Welfare – Programmes and Projects of the Ministry (2010-04-26)
9 Innocent A. J. Semali (2003) Understanding Satkeholder's roles in Health Sector Reform Process in Tanzania: The Case of Decentralizing the Immunization Program. Page 7-9
10 Ministry of Health (2003) National Health Policy. Page 1
11 ETC-Crystal (2004) Equity implications of Health Sector user fees in Tanzania. Page 9
12 A. Lindstrand et. al (2008) Global Health, An introductory textbook. Page 99
13 Ibid. Page 10

United Republic of Tanzania		
Health Indicators	**2000**	**2006**
Infant mortality rate (per 1 000 live births) both sexes	88	74
Life expectancy at birth (years) both sexes	49	50
Under-5 mortality rate (probability of dying by age 5 per 1000 live births) both sexes	141	118
Population annual growth rate (%)	2,4	2,5
Total fertility rate (per woman)	5,7	5,3

Fig. 1, Main health indicators 2000-2006: *Source: WHO Statistical Information System. http://apps.who.int/whosis/data/Search.jsp (2010-04-21)*

Figure 1 shows how five main indicators changed between 2000 and 2006 in Tanzania. According to the numbers in Figure 1, the infant mortality rate among both sexes and the under-5 mortality rate has decreased during this period of time. This has mainly been achieved by new strategies that has been set up by the government with support from the international community. These strategies are built up in accordance to the Millennium Development Goals (Goal 4 – Reduce child mortality), where the main focus in Tanzania has been to control malaria-related issues, with preventive actions as a major challenge.[14] The infant mortality rate was, in 2009 estimated to be approximately 69 deaths/1000 live births, which indicates that the country is still making progress in the matter of health care. Life expectancy, one of the main health indicators has, according to Figure 1, increased during the period between 2000 to 2006 from 49 to 50 years, which points to some small improvements within the health sector. However, in 2009, the life expectancy at birth was estimated to be approximately 52 years. This also indicates that the health system in Tanzania is progressing in the right direction.[15]

Tanzania consists of 21 administrative Regions and 106 Districts where 121 Council Authorities is operating. The districts are further divided into different divisions, wards, villages and "Mitaa". The administrative responsibilities in within the health sector is managed by 3 levels of government – National/Central, Regional and District (Picture 1). The Ministry of Health is the National/Central body who is in charge of the National Hospitals, Consultant Referral Hospitals, Special Hospitals, Training Institutions, Executive Agencies and Regulatory Authorities. They are responsible for policy making, evaluation, supervision, regulation and control that concerns the health system. They should also make sure that resources are distributed and allocated in the best way possible. The Regional Administrative Secretary and the Regional Health Management Team is responsible for the provision of health care at the Regional level. They should, organize resources, put new policies

14 United Nations Development Programme, Tanzania – Millennium Development Goals: Goal 4, Reduce Child (2010-04-22)

15 CIA – The World Factbook (2010-04-22)

into action and provide support to the District administrative level. They should also function as a link between the districts and the Ministry of Health, which is an important part in the matter of local governance. The lowest level of administration, is the district level, where the responsibilities has been given to the Council Authorities that operates in the District in question. The Council Authorities are in charge of the provision of health services to the District Hospitals, Health Centres and Dispensaries. This also includes services such as coordination, supervision, and inspection to all facilities in their district. They should also communicate with the population and give higher administrative and governmental levels feedback on e.g. implemented health plans.[16]

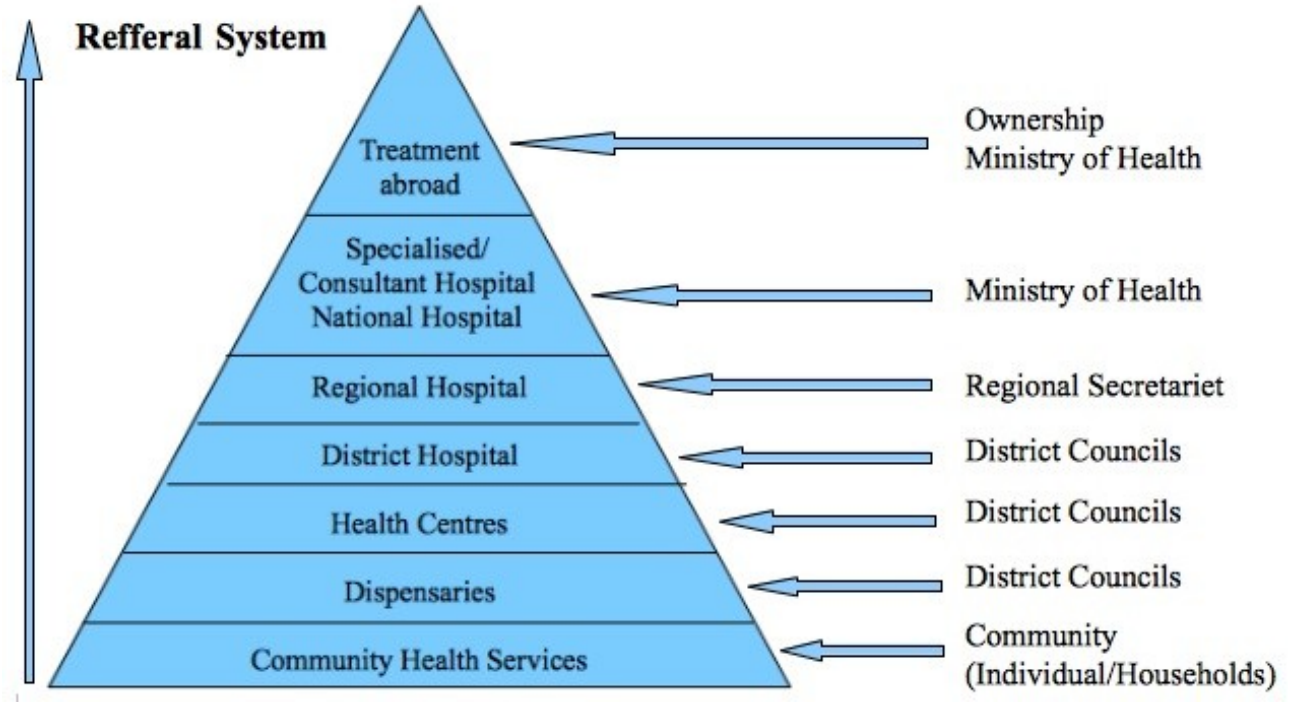


Fig. 2. Refferal System in Tanzania : *Source: Ministry of Health, Tanzania. http://www.moh.go.tz/health %20services.php (2010-04-07)*

Furthermore, as the picture above (Figure 2) shows, the structure of the governmental health service system in Tanzania can be drawn up as a pyramid where the smaller Community Health Services lies in the bottom. These are supposed to provide basic care and have only a few practitioners. As second lies the Dispensary Services which is supposed to provide health services to 6000-10000 people. They are also supervising those practitioners in the Community Health Services who are located in their ward. Health Centre Services comes as third and provides the same services as the dispensaries does. The difference between them is the amount of people that they are in charge of, where the health centres are most commonly in charge of approximately 50000 people. As fourth comes the District Hospitals who provides primary health services to the whole district from at least

16 Ministry of Health (2003) National Health Policy. Page 2-3

one hospital in each area. The second largest hospitals in the country are the Regional Hospitals who are those who offers the same services as the district hospitals but also additional advanced services which includes provision of practitioners who specialises in some fields. The Consultant Hospitals, is the highest level of hospital services in the country. There are four different Consultant Hospitals in Tanzania and each of them is supposed to provide health services to those people who are located in their zones, which are divided in a northern, southern, western and eastern zone. Treatment abroad is also included in this pyramid. It is a part of the health system in the country and it is managed by the Ministry of Health. It is however not a part of the structure that refers to the country's hospitals.[17]

The government has implemented a Poverty Reduction Strategy, which includes changes in financial resource allocations. The health sector is prioritised to be one of the sectors that should get a larger amount of resources from the annual budget. A larger amount of the health budget has also been prioritised on preventive actions, such as immunization among children, Family Planning and control of Malaria, HIV/AIDS, TB and Leprosy. It is those who are poor in the country who, first of all, is in need of these preventive actions. This has therefore been taken in consideration when the financial resources has been allocated.[18] Finances are collected from several different sources. The Government is still providing a majority of the finances. Additionally, other financiers are; some Voluntary Agencies and Faith Based Organizations, who are financing their services through funds and fees; the local councils, who are financing health services by the tax collection; and contributions from the community. Finances that are contributed by the community includes, Community Health Fund, Health Insurance, Private Organisations and User-Fees, which is collected at health facilities in cash. Those who are poor or belongs to another vulnerable group does, in some cases, not have to pay any user-fees.[19]

4.2. Decentralisation in Tanzania

Decentralisation is a common approach to reach rural and urban development in Tanzania. The government has always wanted to give more power to their people and to involve them in the development process.[20] A sort of decentralisation in Tanzania was first introduced during the colonial period. At that time, the “independent” local institutions administered under a colonial local government. Since then, the decentralisation has been progressing back and forth with both failures and successes in the matter of local involvement. After independence, in 1961, several

17 Tanzania National Website - Health. (2010-04-07)
18 Ministry of Health (2003) National Health Policy. Page 5
19 Ibid. Page 27-28
20 Hon. H. Ngwilizi (2001) Decentralisation in Tanzania. Page 1

decentralisation attempts have been implemented. One major decentralisation attempt was made in the beginning of 1970. The government tried to reorganise their system so that local levels should participate and be more involved in the decision-making processes. Thereby, in 1972, they legislated the Decentralization of Government Administration (Interim Provision) Act of 1972, which would help the established reorganisation of the system to fulfil its goals.[21] This act consisted of accurate definitions on how the Tanzanian system should develop and how the responsibilities, coordination and directions in the system should look like. With that, Regional Development Committees, District Development Councils and Ward Development Committees were introduced. The essential idea was for this to strengthen local involvement. During this time, and through some further years, the governmental system was strengthen and improved, however, a greater local involvement did not appear.[22] Specialists are critical against that period of decentralisation and some are even referring to it as, "misleading and confusing". The Decentralization of Government Administration (Interim Provision), Act of 1972, abolished local government and introduced the above mentioned Regional, District and Ward institutions. However, ten years later, in 1980 it was recommended for the local governments to be re-introduced. During 1982, six Acts of Local Government was enacted by the National Assembly. During the 1990's, Tanzania, as a developing country, went through some major overall changes in their country. At this point, the awareness of human rights, laws, freedom of choice, political transparency and good governance grew stronger. Therefore, new ways to reach decentralisation was developed. The government wanted to improve the access and the quality of public services that would be provided by local levels of government. In the end of the 1990's the government introduced the Local Government Reform Programme (LGRP). This programme stated that a shifting of responsibilities for the management and the provision of public services, from higher to lower levels of government should be done. It also establishes that district administration should be reorganised and that councils should get more freedom to organise and manage their own activities. The main goal with this were to give local communities more accountability and responsibilities in their own development.[23] The LGRP is still an ongoing programme, with many successes. The following are the six components that shall contribute to achieve the LGRP's main goals;[24]

"(i) ***Governance*** *- To establish broad based community awareness of the participation in the reform process and promote*

21 E. Mniwasa & V. Shauri (2001) Review of the Decentralization Process and it's Impact on Environmental and Natural Resources Management in Tanzania. Page 7

22 Hon. H. Ngwilizi (2001) Decentralisation in Tanzania. Page 1

23 E. Mniwasa & V. Shauri (2001) Review of the Decentralization Process and it's Impact on Environmental and Natural Resources Management in Tanzania. Page 7-10

24 Hon. H. Ngwilizi (2001) Decentralisation in Tanzania. Page 3

principles of democracy, transparency and accountability

(ii) ***Local Government Restructuring*** *- To enhance the effectiveness of local government authorities in the delivery of quality services in a sustainable manner*

(iii) ***Finance*** *- To increase the resources available to local government authorities and improve the efficiency of their use*

(iv) ***Human Resource Development*** *- To improve the accountability and efficiency of human resource use at local government level*

(v) ***Institutional and Legal Framework*** *- To establish the enabling legislation which will support the effective implementation of local government reforms*

(vi) ***Programme Management*** *- To support the effective and efficient management of the overall Local Government Reform Programme and in particular the work of the Local Government Reform Team (LGRT).''*[25]

25 Hon. H. Ngwilizi (2001) Decentralisation in Tanzania. Page 3

5. Theoretical perspectives and earlier research

In this chapter, theories on decentralisation that can be put in perspective with the decentralisation's effect on health service delivery in Babati, will be identified. It will address what types of decentralisation there are and in what areas it is most commonly taking place. Also, theories on how a health system is best managed will be addressed. These theories has been used as analytical tools during this study. In the following analysis (Chapter 8) in this essay, these theories has been put in perspective towards the empirical part.

5.1. Decentralisation

Countries all over the world now have realized the importance of regional and local involvement. Because of this realisation, countries are now experimenting with new forms of governance. In this matter, decentralisation has become one of the most significant political trends today.[26] According to decentralisation theories, the term means that a shifting of *administrative*, *fiscal* and *political* responsibilities from higher to lower levels of government are implemented in a country.[27] *Administrative decentralisation* is made when employees are integrated in the local governmental authorities and that the lower levels of governments are restructured. *Fiscal decentralisation* means that local governmental authorities should have financial power and to give them the opportunity to, by themselves, raise local revenues. *Political decentralisation* means that the local institutions and its democracy should be strengthened, increase local participation, and to move control over service delivery closer to the actual population.[28]

There are many discussions and various meanings on how to define the term decentralisation. What is most commonly said is that the meaning of decentralisation is divided into three sub-categories – *devolution, de-concentration* and *delegation*. *Devolution*, a form of democratic decentralisation, is the largest form of decentralisation whereby the local government should be separated from the central government in a way that it should be responsible for a large extent of services. It also means that the local governments should have their own budget and should be responsible for the distribution of it. Policy making should be performed by local authorities where those in charge are elected representatives. The central governments role in *devolution* is that they should, indirect, advise and inspect the local governments. *De-concentration* means that responsibilities for different services are dispersed to regional branch offices by the central government. *De-concentration* is the

26 P. Oxhorn, J. S. Tulchin & A. D. Selee (2004) Decentralization, Democratic Governance, and Civil Society in Comparative Perspective. Africa, Asia, and Latin America. Page 3

27 A. Hadenius (2003) Decentralisation and Democratic Governance. Experiences from India, Bolivia and South Africa. Page 106-107

28 D.M.S. Mmari (2005) Decentralisation for service delivery in Tanzania. Page. 9

least extensive form of decentralisation since is does not include any shifting of authority from higher to lower levels of government. The effective control over policy decision in a certain field lies within the central governments role. *Delegation* is when the central government delegates responsibilities in a certain situation to local governments and some other organisations who thereby is responsible for decision making and administration of public functions.[29] Furthermore, another sub-category – *privatisation* is included by some and simply means that tasks are transferred from public to private ownership. This is however questioned by many since decentralisation means that authority and responsibility is transferred from the central government to the periphery. While privatisation involves a transfer from the public to the private sector. [30] The utmost purpose with decentralisation is to give the population and the elected representatives more power to develop their country so that its system corresponds to the peoples actual needs. It is a redefinition of procedures, practices and structures of governance. It should also affect the public services in a way that it will be more efficient, effective, flexible and also to increase the quality of it.[31]

It is not only the definition of decentralisation that is hard to determine. Measuring decentralisation has also shown itself to be a difficult task. In the book *Decentralization in health care: strategies and outcomes, 2007,* the editors explains the complexity of decentralisation as following,[32]

"As a complex multilevel phenomenon, encompassing a number of political, fiscal and administrative dimensions, decentralization also is difficult to measure. At least three challenges exist in terms of assessing decentralization: (1) measuring decentralization (both state and process); (2) measuring the outcomes of decentralization in health care; and (3) comparing decentralization between countries."[33]

According to challenge 1, decentralisation is divided into a *state* and a *process*. With this, the editor means that decentralisation is divided into two dimensions. Decentralisation as a *state* can include, degree and level, as two additional measurements. Level, determines where the decentralisation is taking place, e.g. organisation or in a system. Degree, on the other hand determines the extent of decentralisation that is taking place in each level. Decentralisation as a *process* simply explains the actual activity of decentralisation.[34]

29 A. Hadenius (2003) Decentralisation and Democratic Governance. Experiences from India, Bolivia and South Africa. Page 106-107
30 R.B. Saltman, V. Bankauskaite & K. Vrangbaek (2007) Decentralization in health care: strategies and outcomes. Page 10
31 Tausz K. (2002) The impact of decentralization on social policy. Page 7-8
32 R.B. Saltman, V. Bankauskaite & K. Vrangbaek (2007) Decentralization in health care: strategies and outcomes. Page 11
33 Ibid. Page 11
34 Ibid. Page 10-11

It is hard to foresee the outcomes of decentralisation since the definition and measurement of it is hard to identify. With this, whether or not decentralisation is designed well, you cannot always make certain that the outcome is neither good or bad. Reported outcomes that indicates some successes shows that decentralisation has for example improved; the accountability among regional and local authorities; the orientation of the system, i.e. made it more patient-oriented; and the implementation of systems that corresponds to the populations actual needs.[35]

5.2. Health Systems

"Analysis of health care systems at the national level has been quite fruitful. Clearly, there are differences in the organization and the success of medical care from one state to another, and it has been of interest, for example, to know why the Scandinavian countries achieved high levels of equity, low infant mortality, and high life expectancy while the United States has been at the other end of the spectrum in the developed world".[36]

As the citation above establishes, many features has to be understood and acknowledged in order to understand countries health care systems. A country's history and culture is one of these features. This component can in many ways explain how the health care has been shaped in a certain country, and also explain the reasons to why it is formed as it is. Patterns of diseases, illness and sickness are also important features. Clearly, if a country does not have any significant difficulty to coop with diseases and if the extent of it is not that large, it is easier to maintain an effective health system. A third important feature, economy - the size of it, gross and per capita, foreign debt, and such has to be taken in consideration when analysing health care systems. With a strong link to economy, welfare can in itself determine the state of a health care system. On top of everything lies the actual engine behind, not only health care system, but all systems included, it is the political system that is the engine behind it all. The politics in a country affects all included systems. You can see a clear difference between those health care systems that are formed in democratic countries and those formed in totalitarian countries. Clearly, if only those people with the highest authoritarian role is in charge of all decision making that concerns health care, the outcome of it will be far different from what it would have been if the actual population would have participated in the process.[37]

During the last decades of the 20th century, discussions on were focus would lie on regarding health policy, has been drawn to new health system reforms. The aim with these new reforms is to improve the access and quality of health care. According to the modern theories regarding health care, such

35 R.B. Saltman, V. Bankauskaite & K. Vrangbaek (2007) Decentralization in health care: strategies and outcomes. Page 15

36 A. C. Twaddle (2002) Health Care Reform Efforts Around the World. Page 4

37 Ibid. Page 4-5

improvements can only be achieved through significant changes in all aspects that concerns health, e.g. service delivery, organisation, financing, etcetera. One major component in these new reforms is the decentralisation of management and responsibilities in the health care system. Another component points out the importance of changes regarding health care finances. This includes for example, an introduction of alternate charging systems, improved cost awareness, and such. What is also established is the importance of the private sector, whereby more privately provided and financed services should be introduced. Both high-, middle-, and low-income countries all over the world has introduced the new health system reforms and are acknowledged it as the best approach to develop the health sector.[38]

38 A. Lindstrand et. al (2008) Global Health, An introductory textbook. Page 272-273

6. Result

With the background that has been given on how the decentralisation and the health system in Tanzania, this chapter consists the empirical part of the study, where the actual health system in Babati District will be portrayed. It will address how essential parts of decentralisation, such as responsibilities, involvement, communication are progressing. It will also address facts on how supplies, facilities, employees and such are managed in the district.

6.1. Cooperation

Before any responsibilities can be given to the local levels of government, the cooperation between all included parties has to be strengthened. According to all of those who were interviewed during the field study, significant improvements regarding the cooperation in the health system in Babati can be seen. The Health Officer[39] at Mrara District Hospital believes that the hospital has a good cooperation with the central government and an even better with other facilities in the area and the local levels of government. He claims that this is because of the introduction of a Bottom Up approach in the country's health system. He says that nowadays, the actual needs in the area is taken in consideration by higher levels of government at almost all the time. However, he does believe that if the governments presence in the area would increase, the cooperation between the two would have even more positive outcomes. A doctor[40] at the Tumaini Private Clinic in Babati shares this opinion and says that the cooperation between his clinic and the other facilities in the area is very good and that this is an advantage for both governmental facilities and private facilities. For example, the Mrara District Hospital, offers work-shops, training and such for the clinics employees. The District Hospital has also taken the role as a supervisor for the private clinics and the dispensaries in the area. He believes that his cooperation with governmental facilities is his clinics link to the central government although the private clinics does not have any direct contact with the central government itself. He also says that the cooperation between private clinics in the district is very good and that they exchange employees and knowledge between each other. A traditional doctor[41] in Babati Town believes that the cooperation between the government and the facilities in the district is both good or bad. His idea on how the cooperation is working is that the presence of the government can only be seen when there is a major break out of something that

39 Interview at Mrara District hospital, Babati Town, Babati District. February 2010. Note that all following responses from this Health Officer refer to this date.

40 Interview at Tumaini Private Clinic, Babati Town, Babati District. February 2010. Note that all following responses from this doctor refer to this date.

41 Interview, Babati Town, Babati District. March 2010. Note that all following responses from this doctor refer to this date.

might affect the whole country, e.g. some spreading of a disease who might cause famine in the country. He also says that although there is an absence from the government at some times, they are always there for the district during hard times. A Medical Officer[42] at Dareda Hospital says that the cooperation between Dareda Hospital and the other hospitals and facilities in the District is very good. The cooperation does not only include a strong communication, according to him, they also exchange knowledge, employees, medical supplies, and such, which is something that is favourable for all included parties. However, he does believe that the cooperation between them and the government is too limited. He says that they have, because of the decentralisation efforts, a good cooperation with the local governments but neither the hospital nor the local governments has a well functioning cooperation. He has drawn this conclusion by primarily looking at the provision and distribution of medicine. According to him, medicine is not provided and distributed in accordance to the districts actual needs, which indicates lack of cooperation and communication between all included parties.

6.2. Responsibilities and authority

In order to develop a working health system it is important to give responsibilities to local levels of government, which is the essence of decentralisation. This is however in reality something that does not always work as it should do. The opinions regarding given responsibilities to local levels of government in Babati is divided. The Health Officer at Mrara District Hospital believe that the hospitals have great responsibilities in all the aspects that might affect them and that they are included in the decision-making process at almost all levels. According to him, before any decisions are taken by the government, all included parties are communicating with each other. The government gives the hospital the responsibility to address what kind of needs there are in the area. The hospitals and the local levels of governments opinions are thereafter forwarded to the government, who thereby takes the locals opinions in consideration before they takes any final decisions. In the end of this process, depending on what it concerns, the government transfers what has been decided back to the local governments, who thereafter are in charge of the implementation. The Health Officer can see significant changes in the health system because of these new "Bottom-Up" strategies. He says that because of this, the actual interests and needs in the district are now taken in consideration by higher levels of government at almost all time. The Medical Officer at Dareda Hospital shares some of the Health Officers opinions, in that he believes that decentralisation is progressing in the right direction. However, he believes that the local levels of government does not have enough responsibilities when it comes to the distribution of finances. He

42 Interview at Dareda Hospital, Dareda, Babati District, February 2010. Note that all following responses from this Medical Officer refer to this date.

says that if the medical supply issue is going to be solved, authorities at local levels have to have more responsibilities and first of all, impact on the distribution of finances. This, since the government does not have clear insight on all the needs that has to be covered in the area. He believes that even more authority has to be given to the local levels of government in order to develop the health system and to make the service delivery in the area more effective. The doctor at the Tumaini Private Clinic, does not fully agree with the Medical Officer and the Health Officer. He believes that despite strengthened cooperation between all included parties, local levels of government does not have the authority to make any final decisions. He cannot see any significant changes in the decision-making and local involvement despite decentralisation efforts and claims that this is because of the lack of financial resources that is prioritised to the health system.

6.3. Service Delivery

According to all of those who were interviewed during the field study, the health system in Babati and Tanzania is progressing in the right direction. However, all included parties also believes that there are several aspects, besides cooperation, responsibilities and involvement that has to be improved. This mainly includes the amount of patients, medical supplies, staff, infrastructure and first of all – finances and the distribution of it. The Health Officer claims that Mrara Hospital has too many patients in relation to the amount of employees. After an introduction of administrative decentralisation in the country the different local levels of government were about to be responsible for a certain amount of people in order to make it easier to cover all of the populations needs for health services. However, this is not always working in practice. The Mrara District Hospital was responsible for a larger amount of people before the introduction of administrative decentralisation than they are now. However, in reality, they are still taking care of some of those people who does not lie within their responsibility anymore. The Health Officer argues that this is a serious problem since the additional amount of patients that they are taking care of is not included in their budget. He also claims that it is impossible to deny health care to any person whether they are included in their budget or not. He believes that this is a financial issue, that there is not enough money to make the health system work. He also argues that the government is prioritising the health system to little and that the hospitals should have access to a higher budget in order for them to be able to offer the right treatment. The doctor at Tumaini Private Clinic also believe that the amount of people, which forces the patients to queue for health care in an unacceptable amount of hours, is one of the biggest challenges that the government need to prioritise. He believes that the governments view and opinions regarding the private clinics has changed during the recent ten years of decentralisation and he feels that the government is acknowledging them as a positive asset to the health system.

This can, according to him, improve the health system in Babati and Tanzania considerably. He believes that the private clinics in Babati can facilitate the larger, governmental hospitals burden if they would be given more support from the government. He suggests that the government should provide the private clinics with basic medical supplies so that patients would have access to free medicine at the private clinics as well. This would, according to him, decrease the amount of patients at the governmental hospitals. A doctor[43] at Mrara District Hospital also consider the amount of patients in relation to the hospitals employees, out of proportion. He says that almost all of the employees at the hospitals have to work extra time, otherwise the hospital would not be able to treat all of their patients. These extra hours are not included in the hospitals budget, which means that the employees have to work for free. The Medical Officer at Dareda Hospital says that the lack of employees is not only a matter of finances, although it might be the biggest issue. Dareda Hospital does not only offer basic treatment, like the other facilities, they also offer specialised treatment such as, surgery, gynaecology, paediatrics, and such, which increases the amount of patients at the hospital and makes the importance of a right amount of employees even more important. He states that Brain Drain in the area is a great problem. However, the solution to this does also demand a large amount of finances. He believes that the hospitals should be able to offer practitioners other profits than salaries. This could include further education and accommodation, which, according to him, would entice practitioners to continue to work at the hospitals in Babati. A civilian[44] in Babati says that he is very disappointed at the health service delivery in Babati. Especially the service that is provided at the governmental facilities. He would rather choose a private clinic if he would get sick. He also says that the government does not do enough for the health system in the country and that not enough money is prioritised to the health sector. As all the other informants establishes, he believes that one significant issue, caused by a lack of finances is the amount of patient in relation to how many employees there are. He says that more practitioners has to be hired so that the delivery of health services can improve. Another civilian[45] that was interviewed agrees with the other civilian on almost all aspects. Again, the most significant issue that she believes is the one that should be at a top priority, is the amount of patients. She has experienced hours of waiting just because of the fact that the practitioners are overburdened. She also points out that it is important that more practitioners with a higher education should be employed.

43 Interview at Mrara District Hospital, Babati Town, Babati District, February 2010. Note that all following responses from this doctor refer to this date.

44 Interview in Babati Town, Babati District, February 2010. Note that all following responses from this civilian refer to this date.

45 Interview in Babati Town, Babati District, February 2010. Note that all following responses from this civilian refer to this date.

Another issue that has been brought up by almost all of the informants is the medical supply issue. All of those who was interviewed during the field study agrees that the provision and distribution of medicine does not work as it should do. The Medical Officer at Dareda Hospital, clearly points out that this is one of the greatest issues among the health system and not only in Babati District, it concerns the whole country. Since the government provides the areas with medicine and medical supplies, it is important for them to actually know what kind of medicine and supplies that are needed. This is not always a matter of course. What is provided to the pharmacies is a standard selection of drugs and with the same amount in many cases. This is according to the informants from the field study a serious issue in Babati since some patients might not be able to get the specific medicines that they need. This issue indicates lack of communication between the hospitals and the local and central levels of government. Both the Medical Officer and the Health Officers claims that the medicines that are provided by the government to Babati District does not correspond with neither the amount of people in the district, nor the actual needs that exists. Another issue in the matter of the provision of medicine and medical supplies is the delay that often occurs when it is distributed. The Medical Officers says that, although the government and those who are involved at a local level have agreed on what kind and how much medicine and supplies that are going to be provided, these can not always be found at the medical stores. The agreements regarding medicine and medical supplies should make it easier for the government to know how to provide the district, however, although this system has been introduced, lack of medicine and medical supplies is still a fact.

Some of the informants pointed out the importance of infrastructural improvements. The doctor at Mrara District Hospital says that many of the facilities in the area are not always a safe place for the patients. He says that the Mrara Hospital should be renovated in order to improve the safety of the patients. One of the civilians that was interviewed does also believe that the government should provide the hospitals with more money so that they can afford renovation. He also believe that further material improvements inside the hospitals, e.g. more beds, laboratory supplies, and such, should be made. The other civilian that was interviewed also points out that material and medical supplies has to be improved. She says that it is common that patients have to share beds, which is not appropriate when there are sick people involved.

6.4. Concluding remarks

6.4.1. Effects on the delivery of health services

The implementation of decentralisation has had a positive effect on the health service delivery in

the Babati District. However, some parts of it are still not working and has not fulfilled its goals.

- The *administrative* decentralisation has affected the delivery of health services in a way that it has increased involvement among the practitioners at the facilities in the area. Before, regional authorities, the central government and in some cases, local levels of government, was in charge of almost all administrative aspects. Nowadays, not only is the local levels of government in the district involved, even practitioners is a part of the administration of the health system
- The *fiscal* decentralisation has not been as successful as the *administrative* decentralisation. Local levels of government has the right to put forward their opinions, which thereafter, are taken in consideration when the central government is distributing finances and setting up fiscal strategies. However, the financial part in the health system is not yet managed in a way that is fully corresponding with the populations actual needs and the central government is still interfering too much in the matter of fiscal management.
- The *political* decentralisation have had some successes in the district. The distribution of power does work in many cases. This have had a great impact on the health system in Babati District since it is now managed from a grass-root level, which makes the delivery of health services more appropriate and suitable for the people in Babati and corresponds to the districts background features. However, there are still many challenges ahead that has to succeed in order for the delivery of health services to be as good as possible.

6.4.2. Decentralisation – fulfilled or not?

The extent of how decentralised the health system in Babati vary among all different levels and types.

- Decentralisation as *devolution*, the largest form of decentralisation, has to be viewed from a larger point of view than only at health system point view. When implemented, it is not only performed in a specific part of the system. Instead, it is an ongoing process in every corner of the Tanzanian system. However, what can be determined is that it has had successes in the separation of the central government and the local governmental authorities. These successes includes the health system.
- Decentralisation as *de-concentration* is easier to notice in the health system. The central government has delegated responsibilities over some specific services to the regional authorities. This does not include any shifting of authority, only responsibilities over the management of some services.

- Decentralisation as *delegation,* has had the same outcomes as the *de-concentration*. However, in contrary to de-concentration, delegation includes responsibilities where authority can be found. The central government has given, not only regional authorities, but also the even lower levels of government responsibilities over some specific activities that is considered to be best managed by those who has a broader insight in the peoples lives in Babati District.
- The *privatisation* has made great successes during the decentralisation process. The fact that private facilities and practitioners, their importance in Tanzania and the private sectors role in a democratic country, are now acknowledged by the government, indicates a great extent of the level of decentralisation. This, since it was not long ago that the private sector was fully neglected by the government.

7. Analysis

As the theories on health systems that have been chosen for this study establishes, many features have to be acknowledged and understood before any decentralisation can be performed, and most important – to succeed. The history and the culture in Babati and Tanzania has had a great impact on how the health system looks like. As an example, there are many different ethnic and religious groups with different needs and opinions in Babati, this has resulted in some disparities on how to manage the health system. Also, another important feature, illness, diseases and sickness have been standing in the way for Babati to develop health in the district. If obstacles that includes e.g. the spreading of infectious diseases, if it is common and continuously occurs in a country, the development of the health system might freeze, since the management of such obstacles is standing in the way for the developing process. The history of Babati and many other districts economy have also been standing in the way for, not only the health system, but almost all systems included, to develop. Without any substantial finances, health systems can not fulfil the goals of being able to offer health services that are sufficient and with a high quality. Tanzania's political history declares that the provision of good health services has been on the agenda for a long time and the government urges to make sure that health services can reach all of their population.

In the matter of how the decentralisation has affected health service delivery in Babati District, major changes can be found. The essence of improved health service delivery through decentralisation is to make sure that services reaches all and that it has a good quality. Local involvement has been introduced and achieved in many parts of the health system. However, there are still many challenges ahead. The utmost challenge is to customise the delivery of health services so that it corresponds to the local peoples needs. This has been achieved in some aspects. However, what has been found during the process of this study is that many important aspects are still not working in practice. Decentralisation has increased the involvement from lower levels of government, which thereafter has given the civilians indirect power to improve their health. Cooperation among facilities and governmental authorities have also been successful because of the decentralisation. However, what is still not working in practice is some issues that might not be seen as the most important ones but are those who in the end determines whether or not the delivery of health services is working.[46] The distribution of medicine in the area is still not working as it should. As some of those who was interviewed establishes, medicine that can be found at the drugstores is still not corresponding to the populations needs. This indicates a lack of successes in *political* and *administrative decentralisation* that are included in the decentralisation as *de-concentration.* The

46 D.M.S. Mmari (2005) Decentralisation for service delivery in Tanzania. Page. 9

medicines that are sent out to the drugstores are chosen by the central government. Thereafter, responsibilities over the distribution of it is given to regional authorities, i.e. *de-concentration*. *De-concentration* does not include any shift of authority, which means that the central government is, in the end, in charge of taking a final decision. What could be recommended is for the government to use another decentralisation approach and to implement a shift of authority to the regional offices, and not only to give them responsibilities over the distribution of the medicines. What was also found during the study is that there is a lack of employees along with a disproportionately high amount of patients that creates hours of waiting for health services and also, infrastructural issues. This mainly indicates that there is a lack of finances i.e. failures in the *fiscal decentralisation,* but also a lack of an overall decentralisation as *devolution*. According to the chosen theories, *devolution* includes a separation between the central government and the lower levels of government. It also means that the central government gives the lower levels their own budget which they can be in charge of. This have been performed to some extent, however, the given money is not enough for the local governments and the facilities to make sure that the services that they are offering is enough and has a high quality. The solution to this is to make sure that there is a strong communication and cooperation between the central government and the local governments so that the central government understands how much finances the districts actually needs in order for them to correspond to the peoples actual needs. Also, the *devolution* has to make further progress in order for the regional and the local authorities to have more power over the decision-making that affects their area. The devolution along with a larger budget would make it easier for the districts to improve their delivery of health services. The devolution could make the service delivery to correspond to the peoples actual needs and the budget would simply help them to increase the quality of the delivery. If the amount of patients per practitioner would decrease, the quality of the services would improve rapidly.[47] *Privatisation*, one of the meanings of decentralisation that is included by some can help the improvement of the health system in Babati significantly. If the private sector could have a greater role in the governmental system that concerns health, private clinics and practitioners could ease the burden at the governmental facilities. If more patients could be able to go to private clinics, the amount of patients would decrease at the governmental facilities which thereafter would improve the quality of the health services. What is suggested is that private clinics and practitioners could get some standard medicines for free or for an advantageous price. More patient could thereby go to the private clinics since they could afford their treatment. The governmental facilities would then be able to develop their services and maybe introduce advanced

47 A. Hadenius (2003) Decentralisation and Democratic Governance. Experiences from India, Bolivia and South Africa. Page 106-107

practises. But most importantly, this would make it easier for those who are poor to get access to health services through the governmental hospitals. [48]

48 R.B. Saltman, V. Bankauskaite & K. Vrangbaek (2007) Decentralization in health care: strategies and outcomes. Page 10

8. Discussion

Authority in decision-making does not seem as the greatest demand among those who was interview during the field study in Babati. What is requested are strengthened cooperation and communication among all included parties and that the government will take the local peoples actual needs in consideration when decisions where the outcome of it might affect them. This demands involvement in the decision-making from the lower levels of government so that the health system can be customized for the area in question. The implementation of decentralisation in the country has in general had a positive effect on key public services. Involvement, cooperation and communication are elements where you can see significant changes. However, what is yet not working, regarding the health system is some practical details that are essential for the delivery of health services to work, e.g. the distribution of medicine, amount of employees, and such. This indicates that the decentralisation is not yet fulfilled and that it does not work entirely at the top levels where the decentralisation is implemented at first. A customized health system is idealistic for a city where the locals health is constantly endangered because of famine, diseases, and such. However, this reform demands a large amount of money, something that is not always available in a country like Tanzania, where poverty is a fact. It is therefore important not to set such high goals when the implementation of decentralisation is done. In some cases, what is necessary is for the government to make accurate priorities and some compromises in order to take a step forward. Because of the decentralisation, Babati is now able to take preventive actions against diseases, which decreases the amount of sick people and the spreading of the actual diseases. This is a consequence of a modern organisation and new reformed health strategies, where administrative, fiscal and political decentralisation have had a great impact. If the government will continue to use decentralisation as an approach to develop health system, further development among it could be achieved. However, decentralisation and a customized health system, which is requested from the local levels, demands a high amount of financial resources. Therefore, it is not possible to develop neither the health system, nor to achieve full decentralisation, if the government does not prioritise the health system in their budget. The lack of financial resources will always stand in the way for Babati and similar cities to improve health service delivery, and the government will need to move money from another sector to the health system in order to reach improvements. This is not always an easy task, nor is it the most favourable way to reach development since it might lead to negative consequences on other sectors. However, a healthy human capital should always be of highest priority since it is the people who, together, are those who can carry a country forward. Without a

healthy population, a country can not develop financially. And without finances, a country can not keep their population healthy.

Appendix 1

Interview questions

Health Officer at Mrara District Hospital

1. Is the staff here involved when changes that will affect the hospital is carried through? Is their opinions taken in consideration?
2. How is the relation between you and the health centres?
3. Do you think that you have enough room to take care of all your patients or are they too many?
4. If someone gets a minor disease and has to see a doctor or a nurse, who is the first that she or he should contact? You or the Health Centres? Do you have any rules regarding this?
5. In what part of the health system do you believe that this hospital have the most responsibilities?
6. Do you believe that it is important that authorities on local levels participate and have responsibilities in those decisions that regards health?
7. Do you believe that the provision of health services to the locals has become more effective because of the increased participation from the local authorities.
8. How often does people directly from the government come here and visits you?
9. Can you see any significant changes and improvements during the recent e.g. 20 years because of the decentralisation and the increased involvement?

Doctor at Tumaini Private Clinic and Nurse at Roman Catholic Missionary Dispensary

1. How many patients do you have here in total?
2. How many patients does you, by yourself, normally have per day?
3. How many people are working here?
4. Do you believe that the staff at this hospital have enough education?
5. Do you demand higher education among your staff than the governmental hospital does?
6. Is it common that you feel that you have too many patients to take care of?
7. Is it common that you feel that you are not able to give your patients the treatment that they need? If so, why?
8. Do you specialize in some area?
9. Does this clinic offer anything specific that governmental hospitals does not offer?
10. How does your charging system look like?
11. Are you satisfied with how this hospital is working?

12. Do you believe that the services at this clinic/dispensary or any other, is better than the service that is given at the governmental hospitals?
13. If you could improve something in this hospital – what would you focus on?
14. What kind of contact do you have with the governmental hospitals? Do you cooperate?
15. Do you get any money from the government?
16. How do you think that the health system can be improved in Babati?
17. What is your general opinion about the health system in Tanzania?
18. Can you see any significant changes and improvements during the recent e.g. 20 years because of the decentralisation and the increased involvement?

Civilians

1. When was the last time you had any contact with a hospital?
2. Did you get the treatment that you expected?
3. Do you trust the hospitals in Babati?
4. If you would get really ill, would you be afraid that you would not get the treatment that you would need?
5. Has it happened that you has been disappointed at the hospitals in Babati and the health system in the country?
6. Where would you prefer to go – governmental hospital, private clici or a missionary hospital?
7. Do you think that the doctors, nurses and such have enough education to take care of their patients?
8. Do you think that the government does enough for the health system?
9. What is your general opinion about the health system in Tanzania?

Traditional Doctor

1. For how long have you been working as a traditional doctor?
2. The government have been trying to improve the health system here in Tanzania for several years now. Do you believe that they have succeeded? If so, in what way?
3. Do you feel that your business have been affected by the improved health system?
4. Do you have less or more patients now than you had before the improvements began?
5. What is your general view of the health services in Babati and the health system in Tanzania?
6. Do you cooperate with other hospitals?

Medical Officer at Dareda hospital

1. How many patients do you have?
2. What kind of treatment do you offer here that smaller hospitals does not offer?
3. How do you cooperate with the other hospitals, centres and dispensaries in the district?
4. Is the staff here involved when changes that will affect the hospital is carried through? Is their opinions taken in consideration?
5. In what part of the health system do you believe that this hospital have the most responsibilities?
6. Do you believe that it is important that authorities on local levels participate and have responsibilities in those decisions that regards health?
7. Can you see any significant changes and improvements during the recent e.g. 20 years because of the decentralisation and the increased involvement?
8. How often does people directly from the government come here and visits you?
9. What is your general view of the health services in Babati and the health system in Tanzania?
10. Which way do you believe is the best way forward to achieve further development regarding health in Tanzania?

Doctor at Mrara District Hospital

1. How many patients do you have here in total?
2. How many patients does you, by yourself, normally have per day?
3. How many people are working here?
4. Do you believe that the staff at this hospital have enough education?
5. Do you demand higher education among your staff than the governmental hospital does?
6. Is it common that you feel that you have too many patients to take care of?
7. Is it common that you feel that you are not able to give your patients the treatment that they need? If so, why?
8. How do you think that the health system can be improved in Babati?
9. What is your general opinion about the health system in Tanzania?
10. Can you see any significant changes and improvements during the recent e.g. 20 years because of the decentralisation and the increased involvement?

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