Author's response to reviews

Title: Do health systems delay the treatment of poor children? A qualitative study of child deaths in rural Tanzania.

Authors:

Helle Samuelsen (h.samuelsen@anthro.ku.dk)
Britt P Tersbøl (briter@sund.ku.dk)
Selemani S Mbuyita (smbuyita@ihi.or.Tz)

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Author's response to reviews: see over
Dear Editors,

We again thank the editor and the reviewer for giving us the opportunity to improve the manuscript further. We fully agree with the suggestions and have made a number of changes to the manuscript. We have primarily added case information to the two sections on ‘Confusions about payment’ and ‘Inadequate referral’ as they most directly draw on data from the interviews with the sixteen mothers. The two other sections ‘Inefficient organization of health services’ and ‘Communicative Practices’ mainly build on data from our observations during consultations and data gathered on the basis of case following at the health facility. We have therefore only added a paragraph to the latter.

Changes made:

1. We have added a few more cases to further substantiate the section on “Confusions of payment”:

   Amina and her husband were asked to pay 15,000 Tanzania Shillings (Tsh) for medicine at the dispensary when bringing their four months old feverish baby for treatment. The husband went home to sell a few sacks of maize in order to get enough cash. Amina says: ‘while we were at Mpwapwa, our money finished so my husband had to go back home for some more money’. During the illness period, they also consulted a traditional healer. He
only demanded 100 Tanzania Shillings as his treatment did not work. The traditional healer advised them to contact the District Hospital. They were not asked for payment at the District Hospital. Maria K had to pay 2,800 Tanzania Shillings for medicine at health centre for the treatment of her five months old baby suffering from fever and *degedege*. She was accompanied to the health centre by her mother, who managed to borrow the money from acquaintances in the villages. These cases, where family members have to return to the village in order to borrow money for the treatment of the acutely ill children often imply treatment delays of several hours.

2. To the section on Inadequate referral, we have added the following paragraph:

Lucy and her husband had to refer themselves and their child suffering from severe diarrhoea and vomiting to the District Hospital after having knocked on the door of the dispensary for five hours late one evening. The clinical officer was drunk and did not open the door. They then managed to wake up the local pharmacist who provided them with medication. However, the child’s condition did not improve, so Lucy and her husband set out early next morning on a four hours bike ride with the sick child in order to reach the district hospital. The child was admitted and treated at the hospital, but died on the day of admission. It may of course be difficult to judge whether the child ought to have been referred to a higher level of the health system, since we only hear the mothers’ side of the story. In Hogra’s case for example, it might be difficult to say whether the dispensary delayed adequate treatment. The child was suffering from diarrhoea and vomiting when Hogra contacted the dispensary. A total of five injections with a five-hour interval were prescribed. The child was not admitted; Hogra took the child to the dispensary for the injections. The child died the following day. However, the
general picture from our case studies is that dispensaries and health centres only in rare cases refer the acutely ill children to the district hospital.

3. To the section on “Communicative Practices” we have added the following paragraph in order to draw on – and nuance – the data from the sixteen cases included in the data set:

The agency of the doctor (or in more general terms the health provider) is extremely important to the patient. The prescription or the clinical officer’s instruction to get a test at the laboratory is appreciated by the patients and seen as a symbol of the doctor’s professional skills and authority. Only one out of the sixteen mothers interviewed, however, recall having received exact information about the diagnosis and cause of the child’s illness. The one exception is the case of Howa, whose child was referred to Muhimbili hospital with a heart failure.

Again, we thank the editor and the reviewer for their close reading of the manuscript and their constructive propositions to improve the manuscript. We believe that the manuscript is strengthened considerably with these additions.

Sincerely,

Helle Samuelsen