

**THE ROLE OF CLIENT SERVICE CHARTER IN HEALTH SERVICES
DELIVERY:
A CASE OF TINGI HEALTH CENTRE IN KILWA DISTRICT COUNCIL**

By

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**A Dissertation submitted to School of Public Administration and Management
(SOPAM) in Partial Fulfillments of the Requirements for Award of the Degree
of Master of Public Administration (MPA) of Mzumbe University Morogoro,
Tanzania.**

2019

CERTIFICATION

We the undersigned certify that we have read and hereby recommend for acceptance by the Mzumbe University a dissertation entitled “The Role of Client Service Charter in Health Service Delivery: A case of Tingi Health Center in Kilwa District Council” in partial fulfillment of the requirement for degree award of Master of Public Administration (MPA) of Mzumbe University.

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I, **Jacob Mdimbwa**, hereby declare that this dissertation is the result of my own original work and that no part of it has been presented and will not be presented for another degree in Mzumbe University or elsewhere.

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ACKNOWLEDGEMENT

Glory is for the Almighty God for his grace in enabling me to successfully complete this dissertation and the meticulous work of the degree programme of Master of Public Administration at Mzumbe University. I also wish to extend warm gratitude to the supervisor, Mr. Peter Andrea, for his vital comments, suggestions and guidance towards accomplishment of this dissertation. In spite of his fully tight timetable, indeed, he spared some time to guide me to ensure the accomplishment of this study successfully.

Equally important, I would like to express thanks to the District Executive Director (DED) of Kilwa District Council for the permission to undertake the study at the place. Moreover, the Tingi Health Center health services providers and receivers for their worthy time they spared to provide data for this study.

Correspondingly, I would like to express gratitude to my beloved parents, the late Mr. Joel Deblo Mdimbwa and my mother Hilada P. Longo for the gift of life and their gargantuan sacrifices to guarantee that I had education, as well as for their love and moral support. It was an inimitable privilege to have such parents. Also, my recognition goes to my blood brothers: Baraka Joel Mdimbwa, Pascal Joel Mdimbwa, Nelson Joel Mdimbwa, Edimerick Joel Mdimbwa, and our only Sister: Jema Joel Mdimbwa for their courage and support they made to me in this academic milestone.

In a special way, I would like to express gratitude to beloved lovely wife Ms. Secelela Dickson Kakati, who has been a strong pillar of love as well as support towards the family and my academic advancement. My loving children are thanked for their patience and enduring my absence of during this period of study.

At the last but not least, special thanks go to my Colleagues, MPA 2017/2019 class, whom I often consulted on a variety of issues pertaining my coursework studies as well as this dissertation.

May the Almighty Lord God be bless you

DEDICATION

I dedicate this appreciated triumph to my exquisite wife Ms. Secelela D. Kakati and my dear children.

ABBREVIATIONS

CSC	–	Client Service Charter
CTC	–	Care and Treatment Clinic
IPD	–	Inpatient Department
LGA	-	Local Government Authority
MDA	-	Ministries, Departments and Agencies
OPD	–	Out Patient Department
RCH	–	Reproductive and Child Health
SPSS	–	Statistical Package for Social Sciences
THC	–	Tingi Health Center

ABSTRACT

This study sought to examine “the role of Client Service Charter in health service delivery: a case of Tingi Health Center in Kilwa District Council. The study was guided by three specific objectives which aimed to: examine awareness of both internal and external customers on CSC, find out the existence and accessibility of CSC at Tingi Health center, and solicit the attitude/perception of both internal and external customers on the role of CSC for enhancing service delivery. A case study design was adopted whereas a sample of fifty (50) respondents was selected through purposive, stratified and convenient sampling techniques. Questionnaires, observation and interviews were employed for data collection. Qualitative data were analysed through content analysis, while quantitative data were analysed through SPSS programme version 21. Then data were presented in tables.

The findings of the study reveal that, the internal customers (health services providers) are aware of the term CSC, but external customers (patients) are not aware of it; though they are capable of mentioning information which in turn is on the components of CSC. Also, internal customers are aware that CSC enhances health service delivery, while the external customers are not aware of it. CSC is present and accessible at the center, and it has helped both internal and external customers to know how to go with the provision of health services to the former, and how to access it to later. Both internal and external customers have positive attitude towards CSC in health service delivery, since the standards of the services, patients' responsibilities and rights that has led to quality health services provision and created a corruption free environment at the center. The researcher observes that despite the existence of CSC, the awareness of it is missing; hence it could fail to play its role in health service delivery. Nevertheless, for CSC to play its cordial role positively in health service delivery among other things; more public education on CSC is needed, provision of reliable resources, and top management support from Tingi health center and the government. Also, Tingi health center should make and provide a number of copies of CSC to both internal and external customers in order to promote the accessibility and awareness to them.

TABLE OF CONTENTS

CERTIFICATION	i
DECLARATION AND COPYRIGHT	ii
ACKNOWLEDGEMENT	iii
DEDICATION	iv
ABBREVIATIONS	v
ABSTRACT	vi
CHAPTER ONE	1
INTRODUCTION AND PROBLEM SETTING	1
1.0 Introduction	1
1.1 Background of the study	1
1.2 Statement of the problem	4
1.3 Research objectives	5
1.3.1 Main objective	5
1.3.2 Specific objectives	5
1.4 Research Questions	5
1.5 Significance of the study	5
1.6 Justification of the study	6
1.7 Scope of the Study	7
1.8 Limitations of the study	7
1.9 Organisation of the Dissertation	7
CHAPTER TWO	8
LITERATURE REVIEW	8
2.0 Introduction	8
2.1 Definition of Key Terms	8
2.1.1 Client	8
2.1.2 Service charter	9
2.1.3 Client Service Charter	9
2.1.4 Local Government	10
2.1.6 Health Service Delivery	11
2.2 Theoretical Literature Review	11

2.2.1 The Theory of policy implementation process	11
2.2.2 The Theory of Good Governance	13
2.3 The Purpose of Client Service Charter	14
2.4 Conditions for introducing service charters	14
2.5 The Benefits of Client Service Charter	15
2.6 Empirical literature Review	16
2.6.1 Client Service Charter in Different Countries	16
2.6.2 Conceptual Framework	17
2.6.2.1 Operationalisation of variables	19
CHAPTER THREE	22
RESEARCH METHODOLOGY	22
3.0 Introduction	22
3.1 Research design	22
3.1.1 Case Study design	23
3.2 Study Area	24
3.3 Population of study	24
3.4 Sample Size and Sampling Techniques	25
3.4.1 Sample size	25
3.4.2 Sampling Techniques	26
3.4.2.1 Purposive sampling	26
3.4.2.2 Stratified sampling	27
3.4.2.3 Convenience sampling	29
3.6 Data collection methods	29
3.6.1 Primary Data Collection Methods	29
3.6.1.1 Questionnaire	30
3.6.1.2 Interview	30
3.6.1.3 Observation	31
3.6.2 Secondary Data Collection Method	31
3.7 Validity of data	32
3.8 Reliability of data	32
3.9 Data analysis methods, interpretation and Presentation	33

3.10 Ethical consideration.....	33
CHAPTER FOUR.....	35
PRESENTATION OF FINDINGS.....	35
4.0 Introduction.....	35
4.1 Demographic information of respondents.....	35
4.1.1 Sex.....	35
4.1.2 Age (years).....	35
4.1.3 Departments	35
4.1.4 Educational Level	36
4.1.5 Working and service receiving experience	36
4.2 Awareness of Customers on Client Service Charter.....	37
4.2.1 The general awareness on CSC.....	38
4.2.2 Customers’ awareness on CSC as tool which enhances health service delivery	40
4.3 The existence and accessibility of CSC at Tingi health center	42
4.3.1 Existence of CSC	42
4.2.2 Accessibility of CSC.....	44
4.4 The customers’ attitudes towards CSC in health service delivery.....	46
4.4.1 Internal customers’ attitude towards CSC	46
4.4.2 External customers’ attitude towards CSC	47
CHAPTER FIVE	49
DISCUSSIONS OF THE RESEARCH FINDINGS.....	49
5.0 Introduction.....	49
5.1 Awareness of both internal and external customers on CSC.....	49
5.1.1 General awareness of customers on CSC	49
5.1.2 Awareness of customers on CSC as tool which enhances health service delivery	53
5.2 The existence and accessibility of CSC at Tingi health center	55
5.2.1 Existence of CSC	56
5.2.2 Accessibility of CSC.....	59
5.3 The customers’ attitudes towards CSC in health service delivery.....	62

5.3.1 Internal customers' attitude towards CSC in health service delivery	62
5.3.2 External customers' attitude towards CSC in health service delivery	64
CHAPTER SIX	66
SUMMARY, CONCLUSION AND RECOMMENDATIONS	66
6.0 Introduction.....	66
6.1 Summary of the study	66
6.1.1 Awareness of both internal and external customers on CSC	67
6.1.2 Existence and accessibility of CSC at Tingi Health center.....	68
6.1.3 Attitudes of both internal and external customers on the role of CSC for enhancing service delivery.....	70
6.2 Conclusion	70
6.3 Recommendations	71
6.4 Area for further studies	72
REFERENCES	73
APPENDICES	78

LIST OF TABLES

Table 3.1: Distribution of population and sample per department	26
Table 3.2: Study sample (stratified).....	28
Table 4.1 Demographic characteristics of respondents (n=48)	37
Table 4.2 Awareness of Internal customers on CSC (n=11)	39
Table 4.3 Awareness of external customers on CSC (n=36).....	40
Table 4.4 Customers' awareness on CSC as tool which enhances health service delivery (in %)	42
Table 4.5 Internal customers' responses on existence of CSC (n=11)	43
Table 4. 6 External customers' responses on existence of CSC (n=36)	44
Table 4.7: Accessibility of CSC at Tingi health center (%).....	46
Table 4.8 Internal customers' attitude towards CSC (n=11)	47
Table 4.9 External customers' attitude towards CSC (n=36)	48

LIST OF FIGURE

Figure: 1 Conceptual Framework	19
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CHAPTER ONE

INTRODUCTION AND PROBLEM SETTING

1.0 Introduction

This chapter covers background of the study, statement of the problem, objectives of the study, research questions, and significance of the study, justification for the study, scope and delimitation of the study.

1.1 Background of the study

Public organisations in different countries are experiencing vast pressure to increase the quality of their services and improve the efficiency and effectiveness in the utilisation of their productive resources for the betterment of the society in question (URT, 2003). This pressure has eventually forced public organisations to adopt new management techniques, mostly drawn from the private sector under the influence of New Public Management (NPM) being the inspired reforms (Sulle, 2014). Hood (2003) argues that NPM has been a dominant force shaping market based reform agenda in many countries of the world. To achieve this, different countries have opted to use Client Service Charter (CSC) as one among the tools that can facilitate the utilisation of the scarce resources. CSC is a written commitment by an institution on standards of services to its customers as well as complaints mechanisms for services (Mwania, 2015).

The influence of establishment of CSCs was also closely associated with the conservative government of then Prime Minister of UK "John Major" when launching a Charter on 22nd July 1991 press conference who emphasised that the Charter will find better ways of converting money resources into better services to citizens (Pollitt, 1994). According to Deakin (1994) there were officially 38 different government charter documents by March, 1994 in the UK. The CSC programme established some core principles of public service standards and complaints mechanisms in regard to the services provided, and each organisation was asked to produce its CSC so as to guide them in the course of service provision (Mwania, 2015; Hood, 1991).

The adoption of CSC happened to be a new culture in public organisations, since, putting customer first was not the factor in public sector, but to private sector: where they observe business excellence models as the main agenda to achieve their profit motives by placing customers' needs first (URT, 2013). From UK then the agenda spread out in different parts of the World as Italy termed it as "Service Charter", Malaysia termed it as "Client Charter" and Dubai as "Client Service Charter" by 2007, also by year 1997 Australia had its own charter, while Canada introduced its CSC in 2000 (ACCSM, 2007).

In Africa, countries adopted Client Service Charters as an initiative for debates on the new public service challenges, roles and perspectives on African Public. The Pan African conference held in February 2001 in Windhoek in Namibia declared the adoption of the charter in Africa Administration (Kanunu, 2016). Countries that adopted the service charter during Windhoek conference include Ethiopia, South Africa, Algeria, Gabon, Swaziland, Tanzania and Uganda (Mwania, 2015). The skeleton to guide public service were defined; legislature, authoritarian, methodological and practical measures as per requirements for functioning public sector and improvement of quality of services to clients (Kanunu, 2016; Simattaa, 2004). However, other countries like Kenya adopted CSC later in 2003 as an accountability tool and entrenching performance as a culture in the public service (Talbot, 2003).

In Tanzanian context, CSC was developed in response to the public sector reform process that took place in Tanzania in the 1990s (Njunwa, 2011). According to Sulle (2014) Tanzania has undertaken many NPM-inspired reforms and indeed performance management constitutes the core of Tanzania's public service reform programme (PSRP) in order to improve public service delivery and policy management. Definitely, every public organisation is required to introduce performance management system (PMS) so as to improve the efficiency and effectiveness of its service delivery and to ensure that value for money is achieved. Actually, Management tools like CSC and OPRAS among others are used in the course of policy and reform implementation. Similarly, according to URT (2002) the Public Service Act No. 8 of 2002 provides that the Chief Secretary shall improve

public accountability by promoting focus on result, service quality and customer satisfaction in public Service performance.

According to Bana (2009), the installation of client service charters were designed for all MDAs and Regional Secretariats with the intention of supporting the peoples' demand for accountability at institutional levels. Moreover, Local Government Authorities (LGAs) can be held accountable for service delivery through the 2000 Client Service Charter. The objective of introducing CSC in public institutions was for enhancing transparency and accountability of public officials while delivering the services to citizens to avoid bureaucracy and corruption (Mdee and Thorley, 2016).

According to Bana (2009) the implementation of CSC at institutional level has been, by and large, characterized by dissatisfaction as reported by World Bank in late 2000s by pointing the following weakness: Most of the client service charters are not operational in the MDAs, Citizens are not using them for demanding services, Public campaigns to publicizing them were inadequate and limited and MDAs have not monitored the impacts of the charters and have not reviewed or amended them to generate greater legitimacy. In regard to the situation, Bana (Ibid) comments that "introducing innovation in the public service institutions is not an easy task and 'things may fall apart', introducing new tools and systems for performance management is one thing but implementing them effectively and efficiently is a different thing." Similarly, Muro and Namusonge, (2015) report that the CSC is not widely used either by individuals or civil society as information about it is lacking. Also, despite the introduction of CSC there is poor and inadequate accountability and governance within LGAs because of lack of supportive infrastructure and corruption fighting mechanisms, poor access to information, and lack of citizen participation which is the culture that does not favour the usefulness of CSC goals in service delivery (Mdee and Thorley, 2016).

Furthermore, Kanunu (2016) gives evidence that the objectives of CSC in Tanzania are not implemented quickly as indicated in the Charter, lack of education on CSC for the stakeholders towards implementation of CSC, lack of facilities to implement CSC, and customers are not satisfied with the service, though having good attitude to

the tool. Moreover, policy and institutional reforms in Tanzania do not appear to have resulted in supposed improvements of LGAs performance (Mdee and Thorley, 2016).

Despite the government's initiatives to introduce CSC towards the improved services, yet the services are not reliable and not of good quality enough to meet the customers' desire (Kanunu, 2016). Customers are still not aware of the government measures to empower them through the CSC (Mahoo, 2016). Therefore, this study intended to examine the role of CSC in Health Service Delivery, a case of Tingi Health Center.

1.2 Statement of the problem

The improvement in quality of service delivery is one of the major objectives of the government of Tanzania. To help achieve this objective, it introduced CSC as one of the tools that serve as very important guide to facilitate the activity. The Health sector is among Public sectors in which the government has put forth different initiatives to improve the quality of services for societal wellbeing in which CSC is one the tools that are used to facilitate the delivery of services.

The government has taken initiatives to introduce CSC towards the improved services, yet the services are not reliable and not of good quality enough to meet the customers' desire (Kanunu, 2016). Customers are still not aware of the government's measures in empowering them through the CSC (Mahoo, 2016). For instance, in 2013 the Government of Tanzania revealed that the level of knowledge and awareness of CSC was only 36.25%, and the ability of the customers to provide feedback was 38.85% (PO-PSM, 2013). As a strategy it has to put in place the efforts to strengthen CSC campaign to stakeholders in different disciplines so as to achieve its intended objectives (Ibid). Nevertheless, Bana (2009) claims that introducing new tools and systems for performance management is one thing, but implementing them effectively and efficiently is a different thing as it depends on environment, acceptability by stakeholders and the availability of resources required.

Despite the government efforts and campaigns to put CSC in place to play significant role in the prospect of the public services delivery, little is known as to whether

Client Services Charter in health services delivery is effective and satisfactory in Tanzania, particularly Rural Health Centers. Consequently, this study aimed to examine the role of CSC in Health Service Delivery, a case of Tingi Health Center.

1.3 Research objectives

This section covers the main objective and specific objectives.

1.3.1 Main objective

The main objective of this study was to examine the role of Client Service Charter (CSC) in health service delivery: a case of Tingi Health Centre in Kilwa District Council.

1.3.2 Specific objectives

The specific objectives of this study include:

- i. To examine the awareness of both internal and external customers on CSC at Tingi Health Center.
- ii. To find out the existence and accessibility of CSC at Tingi Health Center.
- iii. To solicit the attitude or perception of both internal and external customers on the role of CSC for enhancing service delivery.

1.4 Research Questions

The study was guided by the following research questions:

- i. How are both internal and external customers aware of CSC at Tingi Health Center?
- ii. Does CSC exist and accessible at Tingi Health Center?
- iii. What is the attitude/opinion/perception of both internal and external customers towards Client Service Charter for enhancing Health Service delivery?

1.5 Significance of the study

The findings of this study are likely to serve the researcher, institutions, customers and future researchers significantly:

- **To the researcher:** The study will enable the researcher to fulfill his partial requirement for the award of the Master's Degree in Public Administration

(MPA). Also, it will help in enriching knowledge of the researcher on how CSC works practically in service delivery.

- **To the institutions (Health Centers):** The institutions will through this study see how they can adjust themselves in operations or implementation of CSC to fit the desired goals in service delivery or organisations' performance, hence customers satisfaction.
- **To the clients/customers:** The customers who will be able to access the study report will be informed on the prospects, challenges and even how to address them or provide feedback while receiving their services, hence improvement of services.
- **To the future researchers:** The study will be useful as reference material to those researchers who will like to carry out studies in this area or related ones. Equally important, the findings will provide them the bases for further studies.

1.6 Justification of the study

The improvement in quality of service delivery is one of the foremost objectives of the government of Tanzania. The government introduced CSC as one of the tools that serve as very important guides to assist the provision of services to its citizen (PO-PSM, 2013). Mahoo (2016) reports that customers are not aware of the governments' measures to empower them through the use of CSC in service delivery. To rescue the situation the government in 2013 strengthened the CSC campaign in order to achieve its objectives (PO-PSM, 2013). The effectiveness and efficiency of a systems and tools introduced to yield the targets depend much on the understanding of both service providers and citizens, and their willingness to use it (Ifedilichukwu, 2012). Having the CSC in hand and the campaign being strengthened, and also little being reported on the role of CSC particularly in health sector, the researcher wanted to examine the role of CSC in Health Service Delivery by focusing on assessing the existence and accessibility of CSC, Customers' awareness on CSC and Customers' attitude towards CSC. In this study, Tingi Health Centre (THC) in Kilwa District Council was taken as a study case.

1.7 Scope of the Study

This study covered the role of CSC in Health services delivery: a case of Tingi Health Centre in Kilwa District Council. It covered the internal customers (health services providers) and external customers (patients).

1.8 Limitations of the study

Time was the most salient challenge faced during the conduct of this study. Respondents were very busy: internal customers serving the patients, while external customers receiving services. The researcher requested for their response when they got an ample time after receiving health services (patients) and when their shift for service was over (health service providers). This approach though consumed more time, it enabled the researcher to get respondents to fulfill the sample size established, and hence relevant data were collected.

1.9 Organisation of the Dissertation

This dissertation is organised into six chapters: Chapter one covers; background of the study, statement of the problem, objectives of the study and research questions, significance of the study, justification of the study, scope of the study, limitation of the study and the organisation of the dissertation. The second chapter presents literature review, which consists of theoretical and imperial literature review, conceptual framework and operational definition of variables. Chapter three presents the methodology used in the study that includes the research design, study area, population of the study, sample size and sampling techniques, data collection methods, data analysis and ethical consideration. Chapter four shares presentation of findings, Chapter five entails the discussion of the findings of the study. Chapter six presents the summary, conclusion, recommendations and area for further research. Then the very last part covers references and appendices.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

Literature review is defined as the identification, location and analysis of documents or records which contain information relating to the problem that is being studied (Msabila and Nalaila, 2013). The literature review serves two important functions: it provides theoretical background to your study, and it helps you to contextualize your findings by comparing them with what others have found out in relation to the area of enquiry (Kumar, 2011). Literature review provides theoretical and empirical reviews on the problem area including the findings of others authors (Ndunguru, 2007). It presents the review of related literatures done by other authors which are relating to this study.

This chapter consists of five sections; section one being the definition of key terms, section two is about theoretical literature review in which various concepts are discussed, Section three is about Empirical literature review, section four is about the Conceptual Framework of the study and section five is the synthesis which shows the research gap that supports the Statement of the Problem and the Conceptual Framework identified in this chapter.

2.1 Definition of Key Terms

2.1.1 Client

According to Commonwealth (2000), Clients can consist of members of the public, staff of another department or agency or state or territory government, members of the community, industry and other groups or people overseas that are benefiting from the services offered by an organisation. Likewise, Dubai custom defines client by referring to any individual, custom or organisation that contacts or deals directly with the organisation or service provider to receive one of its services. The term “client” is employed in charters as it infers the level of empowerment to those receiving services from department or agency by treating them as customers. Some agencies and departments do identify their clients and articulate them as discrete groups in

their charter. However, other agencies may have a broader, generic and client base (Commonwealth, 2000). Both approaches in identifying clients are correct, and the issue is for the department or agency to identify and consult with their client at whatever level the organisation feels is appropriate and to align the service delivery to meet the needs.

2.1.2 Service charter

According to Commonwealth (2000) a service charter refers to a short publication that describes the service experience a client can expect from an agency. The service charter allows for an open and transparent approach that all parties understand and can work within. It covers key information about an agency's service delivery approach and the relationship the client will have with the agency, including: what the agency does, how to contact and communicate with the agency, the standard of service clients can expect, clients' basic rights and responsibilities and how to provide feedback or make a complaint. A charter need not cover every function and service an agency provides, or details every aspect of service delivery. Rather, it should focus on the key areas seen as important by the agency's clients, stakeholders and staff. Essentially, it is a living document that must evolve in line with changes to the agency and its clients. Abdullah and Mustapha (2009) define service charter as a written commitment by the government agencies to the service receivers or citizens about the service to be provided. It is an assurance by the agencies to provide the services subject to a measurable standard of service. Customarily, the standards of service are those that meet the citizens' needs and preferences. A service charter is a public document that stipulates the commitment of the service provider to customers, and should be used as the driver for cultural change within the agency (Commonwealth, 2000). As a result, this change can encompass client-focus, changed business practices, outcomes rather than process, better and more responsive communications, and improved relationships with clients.

2.1.3 Client Service Charter

Client service Charter refers to a social pact between service providers and receivers (URT, 2013). The client service charter specifies the rights, responsibilities and how the clients or customers can contact an agency in question. It specifies standards for

service delivery, type of the service the users have a right to expect, and sets out mechanisms for complaint handling and feedback provision mechanisms for the services which are offered by an agency (PMO-RALG, 2008). Furthermore, Njunwa (2011) defines CSC as a social agreement between a public service provider and the user. To the context of Tanzania it was developed as part of the public sector reform process that took place in the country in 1990s. As Mdee and Thorley (2016); Venugopal and Yilmaz (2010) note, it specifies what standards an organisation should offer to clients, and it also gives users information on how to redress services providers if they fail to meet the set standards, even how to communicate their complaints for dissatisfaction of the service received. For this study client service charter was referred to as a short publication of the service that is expected to be offered to citizens by the government organisation or agency in order to meet customers' needs and expectations in the lens of resources allocation efficiency. Also, it has to contain statements on how clients and stakeholders can communicate with the agency or service providers.

2.1.4 Local Government

Local Governments denotes the lower level of government that is closest to the general public and therefore responsible for serving the political, economic and material needs of individuals and societies at a specific local area (PO – RALG, 2009). Such areas could be a rural setting or an urban setting, a village, a town, a suburb in a city or a city, depending on the size. Local governments through their elected leaders have a responsibility for social development and public service provision within their areas of influence; facilitation of maintenance of law and order and promotion of local development through participatory processes' in decision making and implementation with responsiveness and transparency (Muro and Mamusonge, 2015). Then, Local Governments can provide opportunities for democratic participation of citizens in matters that affect to their daily life directly. They can also facilitate closer interaction between citizens and elected representatives like Councilors in their area of jurisdiction.

2.1.6 Health Service Delivery

According to Mwania (2015) service delivery means the act of providing a service to clients in a given society. The process of ensuring availability of health services that meet a minimum quality standard and securing access to them are key functions of a health system (Hansen, 2008). Its provision in health sector refers to an immediate output of the inputs into the health system, such as the health workforce, procurement and supplies and financing. Therefore, service delivery can be viewed as a fundamental input to population health status, along with other factors, including social determinants of health.

2.2 Theoretical Literature Review

The information obtained from different books and journals is what is termed as theoretical literature review. It needs to be sorted under the main themes and theories, highlighting agreements and disagreements among the authors and identifying the unanswered questions or gaps (Kumar, 2011).

2.2.1 The Theory of policy implementation process

Policy implementation refers to the process of turning policy into practice, but it is common to experience a gap between what was planned and what actually occurred as a result of a policy target (Kanunu, 2016). Similarly, OECD (2013) defines implementation as the process of carrying out basic policy decision, most often integrated in a statute but which can also take the form of important executive orders or court decisions. Furthermore, Pressman and Wildavsky (1973) implementation is the capability to copy the fundamental sequence in order to get the required results. The policy implementation process theory was developed by Meter and Horns (1975) encompassing those actions by public and private individuals or groups that are directed to the achievement of objectives set forth in prior policy decisions (Mahoo, 2016). The theory implicates actors and elements or factors of policy implementation within an organisation. Mahoo (2016); Meter and Horn (1975) express their expectation that effective participation and goal consensus by the policy implementers and the citizens toward which it is addressed have a great effect on policy implementation process in the field.

Therefore, borrowing the concept of this theory the participation of all policy actors in CSC formulation of an organisation can lead to staff recognition and positive reaction to the charter as well as high level of citizens' knowledge and awareness on it hence acceptance of it. Since, the theory dedicates the factors that can link a policy and performance. For the case of the role of CSC in health service delivery; promotion of CSC, review or improvement; and monitoring and evaluation of the CSC in question can shape the linkage between policy and performance.

Policy can be implemented in different approach; Buse (2005) shares three main theoretical models of policy implementation:

Top-down model

Top-down model of policy implementation observes the policy formation and policy execution processes as two distinct activities. Policy makers or politicians at higher levels do formulate policies and then communicate to subordinate levels that are then charged with implementation tasks. OECD (2013); Sabatier and Mazmanian (1979) identify a number of legal and political variables and then synthesized them into six conditions needed for effective implementation ranging from clear objectives, causal theory, legal structure of the implementation process, committed officials, supportive interests groups to no undermining of changing socio-economic conditions. Coming to aspect of policy areas, 'top-downers' usually prioritise clear policies (Matland, 1995). It seeks to develop generalizable policy advice and come up with consistent recognisable patterns in behaviour across different policy areas.

Bottom-up model

The model observes that persons at lower levels are likely to play a lively part in implementation and may reshape policy objectives using their discretion to make it material to the citizens. Also, Matland (1995) shares bottom-up approach emphasise target groups and service deliverers, arguing that policy is made at the local level. Therefore, policy approach of this category is likely to experience successfulness in the field since is well shared to the local citizens.

Principal-agent hypothesis model

The model observes that in each situation there will be a relationship between principals and agents, which may include contracts or agreements that enable the principal to specify what is provided and check that this has been accomplished. Combined approach focus on combining (micro-level variables of) bottom-up and (macro-level variables of) top-down approaches in implementation research in order to benefit from the strengths of both approaches and enable different levels to interact regularly (OECD, 2013). In the same way, Wanna (2010) argues that it is not possible to come up with any single or simple model for meeting the challenges of implementation.

The policy implementation approaches do vary in a number of areas, such as the role of actors and their relationships and the type of policies they can be applied to, but combining the two approaches might thus draw on their main strengths while minimising their weaknesses.

2.2.2 The Theory of Good Governance

The theory of good governance provides the assumption that policies should be formulated and implemented in the participative, responsive and transparent manner for the policies to gain support hence government success. UNDP (2000) defines good governance as managing the public in a manner that is transparent, accountable, and participatory based on rule of law consensus. Citizens who are service users have had problems while dealing with service providers; they have encountered poor governance as opposed to good governance. According to UNDP (2000) there are eight core characteristics of good governance; Accountability, Transparency, Responsiveness, Equity and Inclusiveness, Effectiveness and Efficiency, Rule of law, Participation, and Consensus building. Good governance, therefore, is synonymous with sound and proper mechanisms in which development management of country's economic and social resources are delivered with reasonable quality of government actions, with the aim of improving the societal welfare (World Bank, 2014)

In line to the study, good governance theory implies an efficient and predictable public sector that are incorporating participation and the rule of law in serving the citizen in which CSC can serve as a tool or guide in delineating stakeholders' responsibility, rights and transparency as well as organisation commitments of quality and standards of the service delivery for the societal wellbeing.

2.3 The Purpose of Client Service Charter

According to PMO-RALG (2009) the central purpose of the Client Service Charter in any organisation is to improve access to an organisation's services and promote high quality services to clients. It can achieve this by communicating to customers the standards of service to expect, the way customers can give feedback related to the service delivery, complaints mechanisms if something goes wrong, and how to communicate feedbacks of the services provided. Also, Client Service Charter helps employees too, by setting out clearly the services their organisation provides, hence responsiveness, transparency and accountability. Its main purpose is to define the quality and standards of service experience the client will have with that organisation and the responsibilities of both the agency and the client.

This experience is described through the key standards of service. Where service delivery is outsourced the provider is required to comply with the service standards set by the department. A charter could include standards in one or more of the following areas of the service experience: the quality of the relationship with the client, the quality of the services provided, and timeliness of service delivery (Commonwealth, 2000).

2.4 Conditions for introducing service charters

According to OECD (2007) the following conditions are to be observed in introducing CSC in an organisation:

- **Commitment of the director of the service covered by the charter;** that the management has to support the initiative and be willing to implement service improvement plans.
- **Participation of all stakeholders;** which can result in ownership of front-line and back-office staff that is responsible for delivering the standards set out in the charters.

- **Team-working;** that teaming up by staff members responsible for the service provision which are covered by the charter can result in ownership of the service, hence creativity and innovation to achieve the goals of the charter.
- **Consultation experience;** that an agency should already have had some experience with consultation of service users by running user surveys, user panels, focus groups or using other consultation methods.
- The organisation should have some basic performance information available in the service area concerned by the charter. This can help to set the quality and standards of the services to be offered.

2.5 The Benefits of Client Service Charter

According to OECD (2007) Client Service Charter being the statement of promise of the type, quality and time to be used in offering a certain service in an agency has the following benefits in an organisation:

- **It helps public agencies to manage and meet the expectations of the citizens; CSC can** enhance an institution to tender and manage the standards of services they offer to their consumers, thereafter the public expectations are sufficiently met.
- **It provides a basis for consultations with service users;** CSC creates the environment for consultations between the management and customers. It is the appropriate way of enhancing ownership of services since customers do interact with the management.
- **It encourages open government services;** it makes the public agencies more transparent by telling the public about the standards they expect from an agency and how agencies have performed against those standards
- **It Gives confidence to public Organisations to evaluate the performance;** CSC can serve as a dynamic tool that enables close follow-up and implementation of the organisational plan. The grades of its follow up and evaluation may be utilised to reward employees whenever in need to do so.
- **It gives a room to an agency to spell out the expectations of what people want from their services and focused resources accordingly;** CSC tries to incorporate what service an organisation offers with what clientele expect

from the organisation and how time will be utilised to offer organisational services.

- **It increase satisfaction of citizens who are the service users;** the clear and efficient use of CSC can lead the organisation to boost user appreciation and gratification. The vital thing is to recognize together with customers what is importance and possible at a particular time and place (Kanunu, 2016).

2.6 Empirical literature Review

Empirical literature review in research is based on exploring experience, findings or evidences from other prior studies related to the current proposed one (Bhattacharjee, 2012).

2.6.1 Client Service Charter in Different Countries

In Australia, Australian Communications Consumer Action Network (2009) in their study report on the “*Customer Service in Communication Sector*” reports the findings that, the substantive of the charter is unreliable and not to the client’s expectations. Similarly, the findings show that a large number of customers are complaining on the services offered despite the existence of CSC; this implies the dissatisfaction from the services. This implies the considerable cut off between service users expectations communicated in the charter and organisation expectations, since vital issues like affordability are not implemented through the CSC.

In respect to these findings the researcher concludes that CSC is not the right tool to influence performance in communication sector in an agency at the time. Henceforth, the researcher recommends that, in order for the CSC to be implemented effectively there is a need to communicate to clients the charter contents and complaints mechanisms in order to achieve their expectations satisfactorily. Likewise, participation of stakeholders in CSC formulation so as to contain information of the quality service that can satisfy them is commended to be a vital concern to put in place.

In Kenya, Mwanja (2015) in the study “*Influence of Customer Service Charter on Service Delivery: A Case of Nairobi City Water and Sewerage Company in Kenya*” the findings indicates that most of Nairobi City Water and Sewerage Company staff

were not aware of the CSC since they were not consulted during its development, adhering to the commitments made to customers on the CSC were not enough, and the CSC implementation strategies findings indicate that out of the sampled respondents 77.9% strongly agreed that Nairobi City Water and Sewerage Company had procedures that guided staff in service delivery.

The researcher concludes that the organisation needs to invest in Staff consultations, staff training and on staff access to copies of the charter in order to increase the awareness of the service charter amongst staff, the organisation investing in processes and procedures improvement of the implementation strategies of the CSC, and on the improvement of the management information systems at the organisation for it is a key strategy in the implementation of the service charter.

In Tanzania, Kanunu (2016) in the study *“An Assessment of Client Service Charter Implementation in Local Authorities in Tanzania: A Case of Tabora Municipal Council”* the findings indicate that the objectives of CSC at the study area were not implemented quickly as indicated in the Charter, customers are not satisfied with the service, 67.0% of respondents have good attitude towards the CSC to get implemented, lack of education on CSC for the stakeholders towards implementation of CSC, lack of facilities to implement CSC, and lack of accountability at offices.

Grounded to the study findings, the researcher comments that both customers and employees have to know the charters objectives, also the support from top management and political leaders are highly needed to achieve the target of CSC.

2.6.2 Conceptual Framework

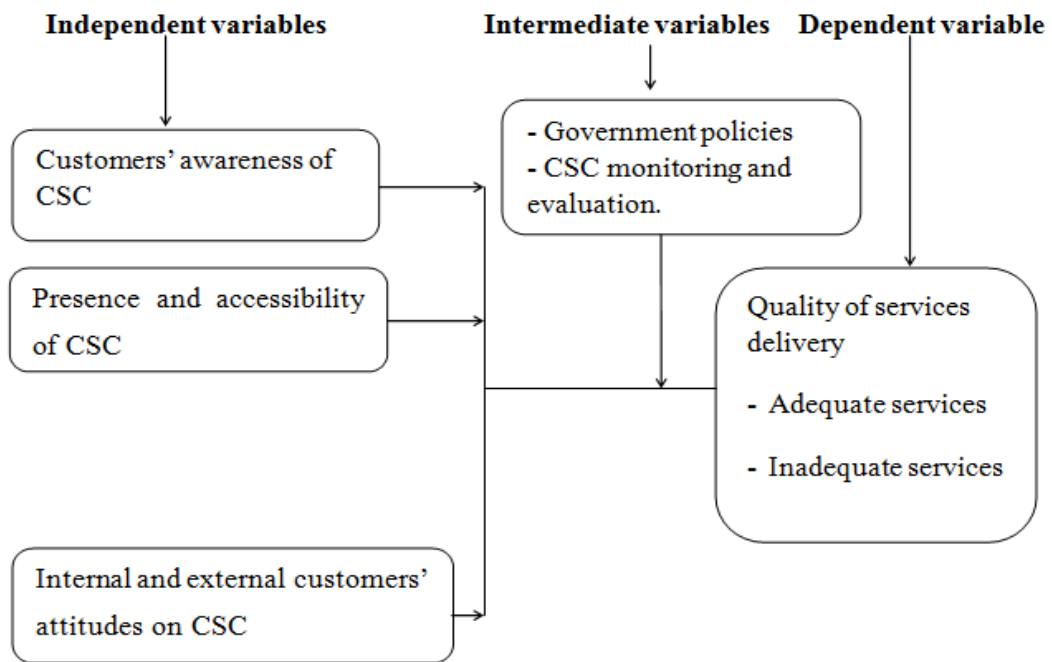
The conceptual framework in the study describes the aspects a researcher has selected from the theoretical framework to become the basis of the study enquiry (Kumar, 2011). Conceptual framework helps to confirm that data collected are appropriate to the objectives of the study as it finds the links between the existing literature concerning the study and of the new research goal (Kanunu, 2016). The conceptual framework gives the relationships between the dependent and independent variables (Kothari, 2010). A variable is an image, perception or concept that is capable of measurement and hence capable of taking on different values

(Kumar, 2011). In this study three types of variables were involved, namely independent variable, intermediate variable and dependent variable. According to Kumar (2011) independent variables are the causes supposed to be responsible for bringing about change in a phenomenon or situation while dependent variable is the outcome or change brought about the introduction of an independent variable. Intermediate or mediating variables are factors that facilitate or interfere with the outcome of an event (Kombo and Tromp, 2006).

Literature reviewed for this study, showed that the quality of the services delivered to the community by public staff working in the public institutions depends on the existence and effective deployment of CSC within an institution. The independent variable included presence of CSC, internal and external customers' awareness on CSC, and attitudes towards CSC. Intermediate variables included the policies, laws, monitoring and evaluation mechanism in place to facilitate CSC, while dependent variables included the quality of health service delivery.

Thus, the combination of independent variables above with the assistance of intermediate ones could had determined the quality of the services offered by the organisation in question; being adequate or inadequate. Therefore, the conceptual framework for this study appears as follows:

Figure: 1 Conceptual Framework



Source: Researcher's work (2019)

2.6.2.1 Operationalisation of variables

In this study of “The role of Client Service Charter in Health Service delivery”, some concepts having been used may be found ambiguous. For that reason, to reduce misunderstanding, such terms or variables have been defined on the basis of the context of this study;

Customers' awareness on CSC; refers to the understanding of both internal and external customers on a situation that CSC exists and, or plays a certain role at the health service centre. The research tools employed to collect relevant data for this variable were questionnaire, interview as well as observation. This was measured by examining the ability in defining CSC, mentioning information in it and exercising their rights. The ability of customers to define it, mention some information in it and exercising their rights as in CSC denoted that they were aware and failure to do so implied that they were not aware.

Presence and accessibility of CSC; this involves the fact of CSC existence and the extent to which both internal and external customers can obtain it at the time and place or department is needed at the health service center. To achieve this, the

researcher employed questionnaires, interviews as well as observation to collect data. This was measured by examining the CSC existence and easiness to get it. The displays of information of CSC on department doors or notice boards implied its presence and accessibility and vice versa.

Internal and External customers' attitudes on CSC; this entails the perceptions of the health service providers or employees and patients or citizens on CSC as a tool that enhances health service delivery at the health service center. The researcher employed questionnaires, interview and observation to gather the relevant information concerning this variable. This was examined on aspects of the usefulness or importance of CSC's information in terms of considerate time, service reputation and creation of free corruption of service delivery. Agreeing to the statements denoted the positive attitude and disagreeing denoted the negative one.

Government policies; this involves the Political will or commitment of the government or health center to carry through a CSC in health service delivery. It sounds like a deliberate social construct, and every positive advance of public decisions rests upon its successful creation. Research tools such as Questionnaires, interviews and observations were used in gathering data of this variable. This was measured by looking on the facilitating organs or statements that were to give weight to the CSC to play its roles. The presence of organs or statements of intents by the government implied the support of the government to facilitate the tool to yield the expectations, but the absence of it implied the absence of top political and health center management support, hence failure of CSC to play its role.

CSC monitoring and evaluation; in this study involves keeping an eye on the CSC roles and valuating the progress of it at the health center. This aims at improving the current and future CSC outputs and outcomes. Research tools used to collect data of this variable were questionnaires and interviews. This was measured by looking on feedbacks and complaints through monitoring mechanisms and evaluation meetings like morning or tea meetings; For example, discussing issues in question being raised through suggestions box. The presence of supervisory and reflection concern on the

roles of CSC implied that there was CSC monitoring and evaluation in place, but the absence of the supervisory and reflection implied its nonexistence.

Quality of services delivery; this refers to the health services that are delivered to the patients which are meeting the standards or intents as shared on CSC. The research instruments employed for data collection of this variable included questionnaires and interviews. This was measured in terms of statements of intents, availability of facilities of services and timeliness in service provision. If the facilities were available and offered in time the services were considered adequate and if were not available or available but not offered in time to customers and meeting the intents it was considered inadequate.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Research methodology refers to the systems of clear rules and procedures upon which the research is based and against which claims for knowledge are evaluated (Kothari, 2012). It shares the steps and methods that will guide, and be used to conduct the study scientifically (Kumar, 2011). It observes scientific procedures of investigation on how research is done in numerous stages adopted by the researcher in studying a research problem. The aim of this chapter was to discuss the research methodology employed in the research by describing how the study was conducted. This chapter consists seven sections which are research design, study area, population of the study, sample and sampling, sampling techniques and sample size, data collection methods, data analysis reliability and validity of data, and ethics.

3.1 Research design

According to Kumar (2011) research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the purpose with economy in procedures. The research design is a master plan which shows the method that the researcher is going to use to gather and analyse data (Mwania, 2015). Research design explains how the researcher will find answers to his or her research questions by experimental, correlation, and or descriptive approach (Kumar, 2011). It also sets out the specific details (blue print) of the research enquiry, gathering, measurement and analysis of data.

Research designs can be classified into two broad categories depending on their goal in scientific research; positivist for theory testing and interpretive for theory building (Bhattacharjee, 2012). Some popular examples of positivist designs include laboratory experiments, field experiments, field surveys, secondary data analysis, and case study while examples of interpretive designs include case study, phenomenology, and ethnography (Ibid). In this study the researcher employed a case study design.

3.1.1 Case Study design

Case study is an in-depth investigation of a problem in one or more real-life settings (case sites) over an extended period of time (Bhattacharjee, 2012). A case study involves an empirical enquiry that is aimed at investigating a particular phenomenon within its real-life setting (Woodside, 2010). A case study is defined as an empirical inquiry that investigates a contemporary event (case) extensively and in-depth within its real-context, especially when the researcher has little control of the behavioural events since the boundaries between phenomenon and context may not be clearly defined (Yin, 2014).

The researcher decided to choose this design CSC was a contemporary phenomenon and case study design enabled the researcher to have in depth and detailed understanding on how CSC plays its roles at Tingi Health Center. According to Yin, (2014) case study design answers the main research questions like “how” and “why” so as to gain an extensive and in-depth description of the contemporary circumstances and when the researcher has little or no control of actual behavioral events over the study. Moreover, this was more appropriate due to its ability to deal with a full variety of data collection method; documents, art crafts, questionnaires, interviews and observation beyond what might have not been available in other design like conventional historical study (Neuman, 2006). It enabled the researcher to follow in great detail issues and information related to the role of CSC in health service delivery at Tingi Health Center in Kilwa District as a single unit of inquiry.

This study employed both qualitative and quantitative approach to obtain in depth understanding on how plays its role at Tingi health center. Qualitative approach is principally exploratory research that provides insights into the problem and enables the researcher to collect facts and their causal relationships in order to come up with solution findings that improves the current situation (Neuman, 2006).

3.2 Study Area

Study area refers to any academic or practice field in which a researcher is conducting the study; it could be health or other needs of a community, attitudes of people towards an issue, occupational mobility in a community, coping strategies, depression, and domestic violence (Kumar, 2011).

The study was conducted at Tingi Health Centre in Kilwa District Council. Tingi Health Centre is one of the Public health centers with registration number 110331, located at latitude 8.51 and longitude 39.26 at Tingi Ward in Kilwa District in Lindi Region. The centre offers health services to Tingi Ward residents. The main economic activities of Tingi ward residents include small-scale fishing, subsistence farming and livestock keeping.

The researcher decided to choose Tingi Health Center as a case study because it was extremely a typical or very representative to Tanzania health centers at local and rural areas where the local citizens access the health services. According to Burns (1997) an institution to qualify as a case study, it must be a bounded system, an entity in itself that is very representative to the problem in question. Accordingly, CSC is a noble tool that ought to reap benefits in health service delivery to the society. Once more, the study was convenient for a researcher's interest in understanding the role of CSC in health services delivery. Also, for the reason that all health departments were located in one compound that enabled the researcher to conduct a study within a reasonable time with cost effective. Besides, the area of the study offered all types of sample that were needed for the study.

3.3 Population of study

Population is a target group to be studied; it is the total collection of elements about which the researcher can wish to make inferences, and a member of population is an element (Krishnaswami, 2002). Population is a unit of study, while a part selected from the population is known a sample (Ishabailu, 2013). Population is sometimes known as units of inquiry which is a well-defined set of people, service, elements, events, group of things or households that are being investigated (Ngechu, 2004).

The population for this study included thirteen (13) internal customers (employees) responsible for health services provision and thirty seven (37) external customers (citizens) who were receiving services at Tingi Health Centre. The unit of analysis may be a person, group, organisation, county, object, or any other entity that you wish to draw scientific inferences about (Bhattacharjee, 2012). The participation of both internal customers and external customers in assessing the role of CSC could not be ignored, for the reason that they were the key actors on which the CSC was targeted toward services improvement for quality life (Mahoo, 2016).

3.4 Sample Size and Sampling Techniques

This section covers sample size and sampling techniques

3.4.1 Sample size

According to Krishnaswami (2003) sample size refers to the exact number of items selected from a sample frame to constitute a sample. Sample size refers to number of items to be selected from the population constitute a sample (Kothari, 2004). It is the number of people or respondents to be selected from the study population to constitute a sample to be investigated in the research.

Therefore, the sample size of this study was 50 respondents; which was equal to 35% of the total population drawn from both internal and external customers. In determining the sample size, Cooper and Schindler (2008) argue that, for any valid and reliable study to be carried, its sample should not be less than 30% of its population. The researcher believes that the use of sample size of 50 respondents which was 35% was desirable as it was neither too excessive nor too small.

Table 3.1: Distribution of population and sample per department

Department /Section	Population	Sample selected	Percentages
Internal customers			
Facility in Charge	1	1	100
OPD			
Clinical officers	4	2	50
Laboratory technicians	3	2	67
Medical attendants	2	1	50
Assistant nursing officers	1	1	100
Accountant/record keeper	1	1	100
IPD: Female & Male wards	4	2	50
RCH	4	2	50
CTC	1	1	100
External customers			
Ward councilor			
OPD	1	1	100
IPD	80	24	30
RCH	10	3	30
CTC	22	7	32
	8	2	25
TOTAL	142	50	35

Source: Researcher's work (2019)

3.4.2 Sampling Techniques

Sampling techniques refers to the procedures adopted by a researcher in selecting items for sample from the study population (Kothari, 2004). Sampling techniques can be grouped into two broad categories: probability (random) sampling and non-probability sampling (Bhattacharjee, 2012). To obtain respondents from Tingi health center, non- probability category was employed whereby from the health center and ward administration purposive sampling was used, and stratified sampling was used draw respondents from both internal and external customers. Having stratified the respondents in accord to the department they served and received services inconvenient technique was employed as they attended services.

3.4.2.1 Purposive sampling

Agreeing to Yin (1984) purposive sampling technique is an approach in which researcher selects the respondents assumed to be resourceful that is selecting the respondents who are considered to be in position to provide required data for the study. To Kothari (2004) purposive sampling is a deliberate selection of particular units of the population for constituting a sample that represents the population.

For that reason, purposive sampling technique was employed in the study to obtain the Doctor/Health facility in charge of the center and the Ward Councilor of the ward where the center was found. The use of purposeful sampling technique enabled the researcher to select the in charge of health center and the Ward Councilor so as to generate vital information regarding CSC roles through interview as the former was the in charge and the latter a representative of citizens at Ward level.

The researcher was assured that they were likely to have the required data since they were key informants/representatives. They were key informants who were observant, reflective members of the community of interest who were likely to know much about the role of CSC at the center and both could be able and willing to share it to the researcher by virtue of knowledge or experience (Bernard 2002). Again, the purposive sampling was employed as the target population was too small for a random sample; as there was only one doctor in charge and one ward councilor (Tran & Perry, 2003)

3.4.2.2 Stratified sampling

In stratified sampling, the sampling frame (heterogeneous) is divided into homogeneous and non-overlapping subgroups or strata, and a simple random sample is drawn within each subgroup (Bhattacharjee, 2012). In this study respondents were selected from both internal customers and external customers from the sampling frame of the lists of names of all employees in health center departments and average patients attending treatment per day, proportionate stratified sampling technique (non-probability) was used to obtain the required number of respondents from different departments.

The formula by Kothari (2004) was used:

$$n_i = n \cdot p_i$$

Where: n_i = number of elements to be drawn from stratum i , n = total sample size, and p_i = proportion of population included in stratum i

Table 3.2: Study sample (stratified)

Department /Section	N	N.Pi	Ni
Internal customers			
OPD			
Clinical officers	4	12(4/20)	2
Laboratory technicians	3	12(3/20)	2
Medical attendants	2	12(2/20)	1
Assistant nursing officers	1	12(1/20)	1
Accountant/record keeper	1	12(1/20)	1
IPD: Female & Male wards	4	12(4/20)	2
RCH	4	12(4/20)	2
CTC	1	12(1/20)	1
Total	20	20	12
External customers			
OPD	80	36(80/120)	24
IPD	10	36(10/120)	3
RCH	22	36(22/120)	7
CTC	8	36(8/120)	2
Total	120	120	36
GRAND TOTAL	140	140	48

Source: Researcher's work (2019)

And so, to get the proportion of respondents, the researcher first obtained the average number of customers who were receiving services at the health center per day at each department, and number of internal customers per department. This was achieved by checking on the Health center workers' list and customers' log book and which were verified by the Doctor in charge.

The reason to employ proportionate stratified sampling techniques was to get the accurate sample from each category, since the sampling population was more heterogeneous in regard to department wise, sex, occupation and positions. The greater the difference in the variable under study in a population for a given sample size, the greater the difference between the sample statistics and the true population mean (Kumar, 2011).

Thereafter, obtaining the proportion of respondents who were included in each department, a simple random sampling technique (Convenient) was used to obtain respondents from each department as they served or received services.

3.4.2.3 Convenience sampling

Convenience or accidental technique involves the selection of respondents on the basis of their availability and willingness to respond (Adam & Kamuzora, 2008). Accordingly, the researcher selected respondents on basis of their availability and readiness to provide data for this study. Under this sampling technique, respondents included were 12 employees and 36 patients. Convenience sampling was used aiming at canceling out the effects of extraneous variables (Bhattacharjee, 2012). Therefore, the percentage of sample size was 4% (Purposeful sampling) and 96% (Stratified and then convenient sampling) of the grand sample that was 50 respondents. For that reason, during the study the researcher managed to reach 100% of respondents as it was expected.

3.6 Data collection methods

Data collection refers to obtaining or gathering useful information with the sole purpose of establishing a factual basis for making decisions. There are three principles of data collection in a case study (Yin, 2003). First, it is important to use multiple sources of data, this ensures that any finding or conclusion to be more convincing and accurate. Second, is the creation of a case study database, here the collected data will be organised and documented. Lastly is to maintain a chain of evidence to allow an external observer to follow the derivation of any evidence. Research data was categorized as primary and secondary data, and both forms of data were collected in this research (Kumar, 2011). This section describes how both primary and secondary data were collected through multiple methods of data collection which were administered questionnaires, observation, guided interview and documentation (Kothari, 2010).

3.6.1 Primary Data Collection Methods

Primary data are those data which are collected for the first time directly from the field, and thus happen to be original in character (Kumar, 2011). The primary data collection tools include questionnaires, interviews and observation (Ibid). The researcher used three primary data collection tools; administered questionnaires, observations and interview so as to get in-depth data from various sources.

3.6.1.1 Questionnaire

A questionnaire refers to a written list of questions, the answers to which are recorded by respondents (Kumar, 2011). In a questionnaire respondents are required to read the questions, interpret what is expected and then write down the answers. The questionnaire is a well-established tool within social science research for acquiring information on participant social characteristics, present and past behaviour, standards of behaviour or attitudes and their beliefs and reasons for action with respect to the topic under investigation (Bulmer, 2004).

Questionnaires were administered to both internal customers and external customers. The reason to use questionnaires was due to the nature of the investigation that was about issues that respondents might have felt reluctant to discuss with the researcher to reflect government performance, hence would have offered greater anonymity even when sensitive questions were asked. Questionnaires helped to increase the likelihood of obtaining accurate data. On top of that, questionnaires were employed to save expenses in terms of time, human resources as well as financial resources. Furthermore, a researcher used closed-ended and open-ended questions in questionnaires which were prepared in English and Kiswahili; English ones were for internal customers and Swahili ones for external customers or patients.

Krishna (2006) suggests that pilot study is important for clearing doubts in the pre-test stage, to ensure that the contents of the questionnaires are relevant, adequate, and clear in wording and suits the understanding of respondents. In this study, a pilot study was conducted to avoid the possibility of having ambiguous or unnecessary questions so as to enable instruments able to draw the required responses in order to achieve the research objectives. After a pilot study some questions were rephrased to fit the study objectives.

3.6.1.2 Interview

An interview is a person-to-person conversation, either face to face or otherwise, between two or more individuals with a specific purpose in mind (Adam, 2008). There are basically two types of interviews, structured and non-structured interviews. This research employed the structured interview, here the researcher knew exactly

what information or data was required to be collected and had a list of pre-determined questions intended to ask the respondents in order to elasticize the required data (Yien, 2003).

An interview was employed to external customers' representative (Ward councilor), and to internal customers' administrator (Facility in charge) for the reason that the researcher wanted to be acquainted with not only the respondents' thinking, but also how they felt and thought about the role of CSC in health service delivery in which interview responses complemented the data obtained through questionnaire and observation (Akbayrak, 2000).

The representatives were chosen as the facility in charge could have received employees' feedback and the Ward Councilor the citizens' feedback on CSC roles. This technique was used to probe and get detailed information from the respondents about their experience, views, ideas and understanding regarding to the roles of CSC in health service delivery. Besides; interview guides were used whereby note books, pen and paper were used to record answers or responses.

3.6.1.3 Observation

According to Babbie (2004) observation is research data collection method whereby an observer obtains empirical data through eyes. Through observation, information ought to be worth as those related to behaviour, attitude or perception can be recorded down as they occur (Kothari, 2004). Observation is of two types namely participant observation whereby the observer becomes part of the study and non-participant observation in which observer presence is unidentified (*Ibid*). In this study the researcher opted for participant observation method with the purpose of complementing other methods to collect raw data in the field under topic of study. Participant observation enabled the researcher to grasp or observe what was taking place at the study area (Cohen *et al.*, 2000)

3.6.2 Secondary Data Collection Method

According to Bhattacharjee (2012) secondary data means the data that has previously been collected and tabulated by other sources or researchers. It involves those data which has already been collected by someone else and have already been passed

through the statistical process. The researcher visited libraries and websites to find review of both published and non-published documents of such as policy, circulars, journal, articles, books, and thesis and study reports which are relating to the study for further references.

The intrinsic worth of using secondary data was that, it offered an historical context of the topic of study; it was also cheap and easy to obtain, it took less time to collect data and could be of higher quality. An existing data bank is likely to have higher quality data than the lone, inexperienced researcher can hope to obtain (Kothari, 2010).

3.7 Validity of data

Validity is defined as the instrument's ability to measure exactly the concepts it is supposed to measure (Kothari, 2010). Validity, often called construct validity, refers to the extent to which a measure adequately represents the underlying construct that it is supposed to measure (Bhattacharjee, 2012). Validity is the research instrument capability of measuring what is supposed to measure accurately, effectively and efficiently (Omari, 2011). In order to substantiate the data collection instruments (questionnaires, observation tool kit and interview guides) the researcher asked a number of experts to recommend on their responsiveness and suitability including the supervisor. In addition, the researcher adopted suggestions given by the supervisor to be made to the structure of those questionnaires, observation tool kit and interview guides in order to establish the content validity. The comments and recommendations of various experts were put together and were taken into consideration in drawing up the final data collection instruments.

3.8 Reliability of data

Agreeing to Kothari (2004) a measuring instrument is said to be reliable only if it provides consistent results. Reliability is the degree to which the measure of a construct is consistent or dependable; it implies consistency but not accuracy (Bhattacharjee, 2012). Likewise, Babbie (1995) described reliability as a condition in which the same results is achieved whenever the same technique was repeated to do the same study. The reliability of data goes together with the accuracy or precision of a measuring instrument; it is concerned with the consistency of responses with the

questions that it will be asked in repeated measurements. A pilot study was carried out in this study in order to test the reliability of the questionnaires, and they were found reliable.

3.9 Data analysis methods, interpretation and Presentation

Data analysis denotes a process: a series of connected activities designed to obtain meaningful information from data that have been collected (Academy for Educational Development, 2006). Best and Khan (2006) clearly postulate that the analysis and interpretation of data represents the application of deductive and inductive logic to the research.

Both qualitative and quantitative analyses of the data from the study were carried out whereby Qualitative data were coded and analysed by using content analysis in which data were classified into different themes basing on the objectives of the study. Content analysis consists of analysing the contents of documentary materials and verbal materials which can be either spoken or printed (Kothari, 2019). Once more, quantitative data were summarized, coded and analysed using the Statistical Package for Social Sciences (SPSS) computer software IBM Version 21 in order to generate frequencies, percentages and descriptive statistics in describing the major variables. Furthermore, it is important to remain mindful of the fact that the data from the qualitative and quantitative sections were connected, in that lens the results of qualitative data supplemented that of the quantitative data in providing saturated evidences on the research findings. Moreover, the findings were organised into frequency tables and percentages in order to draw a comparison between the responses as well as with other studies.

3.10 Ethical consideration

Social science researchers are bound by ethics of research (Sullivan, 2001). Ethical consideration in research has something to do with abiding to principles of research ethics which include acquiring research clearance and the informed consent of the participants as well as maintaining confidentiality (Morrison, 1993). To achieve this, the researcher observed the university permit, institution permit, respondents' consent, right to respondents' privacy, and anonymity to ensure confidentiality and

anonymity, and handled the obtained data confidentially and only used them for the study.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study on the role of CSC in health service delivery: a case of Tingi health center. The study was guided by three specific research objectives which aimed to: examine awareness of both internal and external customers on CSC, find out the existence and accessibility of CSC at Tingi Health center, and solicit the attitude or perception of both internal and external customers on the role of CSC for enhancing service delivery.

It ought to be noted that this chapter is organised into four sections. Section one presents the demographic information of respondents, sections two up to four cover the findings of the mentioned three research objectives.

4.1 Demographic information of respondents.

This subsection presents the demographic or bio-data of respondents (both internal and external customers) in the study area. These include gender, age, departments, educational level and working experience as presented in Table 4.1 below.

4.1.1 Sex

The findings of the study show that 43.7% of the respondents were male and 56.3% of the respondents were female. The findings entail that majority of respondents were female.

4.1.2 Age (years)

The findings of the study reveal that 27% of the respondents were aged between 18 to 25 years, 45.8% of the respondents were aged between 26 to 35 years. 18.8% of the respondents were aged between 36 to 45 years and 8.3% of the respondents were aged between 46 years and above. This means that majority of respondents were youth (aged between 26 to 35 years).

4.1.3 Departments

The descriptive statistics indicate that 62.5% of the respondents were from OPD, 10.6% of respondents were from IPD, 18.8% of respondents were from RCH and

while only 8.3% of respondents were from CTC. This implies that OPD has a large number of respondents compared to other departments since it receives high rate of patients.

4.1.4 Educational Level

The findings of the study show that 43.8% of the respondents have primary level of education; 20.8% of the respondents have secondary level of education and 12.6% of the respondents were certificates holders. 14.6% of the respondents were Diploma holders while only 8.3% of the respondents were Bachelor's Degree Holders. This entails that majority of respondents at Tingi health center were having primary level of education.

4.1.5 Working and service receiving experience

The findings of the study in this aspect show that, 25% of the respondents had experience of less than 1 year, 35.4% of the respondents had experience of 1 to 5 years, 12.5% of the respondents had experience of 6 to 10 years, and 27.1% of the respondents have experience of above 10 years. These findings bring about the conclusion that majority of respondents were having experience of 1 to 5 years at the center.

Table 4.1 Demographic characteristics of respondents (n-48)

Variables	N	%
Gender/Sex		
Male	21	43.7
Female	27	56.3
Age		
18 – 25	13	27
26 – 35	22	45.8
36 - 45	9	18.8
46 and above	4	8.3
Departments		
OPD	30	62.5
IPD	5	10.4
RCH	9	18.8
CTC	4	8.3
Education level		
Primary	21	43.8
Secondary	10	20.8
Certificate	6	12.5
Diploma	7	14.6
Bachelor’s degree	4	8.3
Experience		
Less than 1 year	12	25
1 – 5 years	17	35.4
6 – 10 years	6	12.5
11 years and above	13	27.1

Key: n = number of respondents, and % = percentage

Source: Field data (2019)

4.2 Awareness of Customers on Client Service Charter

The first objective sought to determine the extent to which customers (both internal and external) are aware of client service charter in health service delivery at Tingi health center. The research tools employed to collect relevant data in this objective were questionnaire, interview and observation. It should be noted that this objective is divided into two sections: the first subsection covers the general awareness of customers on CSC and the second subsection presents awareness of customers on CSC as tool which enhances health service delivery.

4.2.1 The general awareness on CSC

This section covers two parts. The first part presents the awareness of internal customers on CSC and the second part entails the awareness of external customers on CSC.

A. Awareness of Internal customers on CSC

In this part the researcher was interested to examine the awareness of internal customers (employees) on CSC. For example, the findings from questionnaires as in Table 4.2 indicate that majority of the respondents (92%) understand the meaning of Client Service Charter while only 8% of the respondents were not aware with the term Client Service Charter. Majority of the respondents (75%) managed to explicitly define the term Client Service Charter that “*is a benchmark document that sets standards which clients expects the service providers to serve them*”, at the same time as only 25% of the respondents failed to define it. Moreover, 83% of the respondents managed to mention responsibilities and rights of both service providers and service receivers as delineated in CSC, whilst 17% of the respondents failed to mention them correctly.

Again, the findings of the study from interviews show that during interviews, one of the interviews remarked out that,

..... despite the fact that the CSC are established by the Ministry in question, but we tend to share CSC contents/information on daily morning meetings, taking officials for short courses, sharing copies in accord to departments which in turn make the service providers knowledgeable and aware of CSC which is the benchmark document of the services we offer our patients (Interviewee A: 27/02/2019).

Table 4.2 Awareness of Internal customers on CSC (n=11)

Aspect.	n	%
Do you know anything about CSC?		
Yes	10	92
No	1	8
Can you define term CSC?		
Managed	8	75
Failed	3	25
Can you mention responsibilities and rights.		
Managed	9	83
Failed	2	17

Source: Field data (2019)

B. Awareness of External customers on CSC

Herein this subsection the researcher was interested to look at the awareness of external customers (patients or citizens) on CSC. The findings from the questionnaires as in Table 4.3 reveal that 38% of the respondents had ever heard or know anything about CSC, while majority of the respondents (62%) responded never heard or knew anything about CSC. Those respondents who knew it; 60% of them heard it from Tingi Health Center, 25% of them heard it from their friends, while only 15% of them used to hear from media. However, 76% of the respondents were able to mention some patients' responsibilities and rights when they are attending at Tingi Health Center, but only 24% of the respondents were not able to mention them. The mentioned responsibilities and rights include: "The patient has the right to privacy during consultation, examination, and treatment". "The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his or her consent".

Also, during the interviews one of the interviewees quoted saying;

..... majority of the patients or citizens cannot say/define what Client Service Charter is, but at least they know some of their responsibilities and rights when attending the service at the center, since there some words dedicating their responsibilities and rights at the center, such as "Usitoe wala kupokea rushwa" that means stop corruption (Interviewee B: 27/02/2019).

Table 4.3 Awareness of external customers on CSC (n=36)

Aspect.	n	%
Do you know anything about CSC?		
Yes	14	38
No	22	62
Where you heard CSC? (n = 14)		
Tingi health center	8	60
From friends	4	25
Media	2	15
Can you mention responsibilities and rights.		
Managed	27	76
Failed	9	24

Source: Field data (2019)

4.2.2 Customers' awareness on CSC as tool which enhances health service delivery

This section is organised into two components: the first component presents internal customers' awareness on CSC as tool which enhances health service delivery, and the second component shares the external customers' awareness on CSC as tool which enhances health service delivery.

A. Internal customers' awareness on CSC as tool which enhances health service delivery.

In this component, the researcher was interested to know the awareness of internal customers on CSC as the tool which enhances services delivery at Tingi Health Center. The descriptive statistics as in Table 4.4 show that 30% of the respondents strongly agreed, 35.6% of the respondents agreed, 4.1% of the respondents were not sure, 20.3% of the respondents disagreed, and only 10% of the respondents strongly disagreed that CSC enables the patients to communicate complains and feedback to the center's administration or government. Yet again, 82% of the respondents had ever communicated or complained to the health center authority or the government (verbally or written) about the unpleasant treatment, while only 18% of the respondents had never dared to communicate the complaints.

The findings from interviews indicate that during the interviews, one the interviewees responded that;

...employees are often communicating their complaints when the facilities are not as per requirements to meet the preset standards in CSC. The ability to demand for it, when implemented helps to foster improvement of the health service delivery (Interviewee A: 28/02/2019).

B. External customers' awareness on CSC as tool which enhances health service delivery.

Under this component, the researcher wished to find out the awareness of external customers on CSC as a tool which enhances service delivery at Tingi Health Center. The findings of the study from questionnaires as in Table 4.4 show that 11.1% of the respondents strongly agreed, 11.1% of the respondents agreed, 55.6% of the respondents were not sure, 19.4% of the respondents disagreed, and only 2.8% of the respondents strongly disagreed that CSC enables the patients to communicate complains and feedback to the center's administration or government. Once more, 43% of the respondents had ever communicated or complained to the health center authority or the government about the unpleasant treatment, while 57% of the respondents had never dared to communicate the complaints.

Likewise, the findings of the study from interviews reveal that during the interviews, one of the interviewees commented that;

.....it might be not 100% true that people are aware of CSC, but minority of the patients are aware of their responsibilities and rights. They always share complaints to government leaders when things went wrong, and sometime inseminate their congratulation for perfection in accord to the service offered. For instance, one of them came to me with a payment receipt query, which we had to settle and finally witnessed it was a human era in issuing it. (Interviewee B: 28/02/2019).

Moreover, the findings from the observation show that during observation, the researcher witnessed one of the patients reminding her fellow patient who was about to bypass the queue in RCH department to line up for service as it is shown on

department’s notice board a statement which says “**first in, first served**” except for those who came as couple and other special cases.

Table 4.4 Customers’ awareness on CSC as tool which enhances health service delivery (in %)

Aspect	Internal customers					External customers				
	1	2	3	4	5	1	2	3	4	5
CSC enables the patients to communicate complains and feedback	10	20.3	4.1	35.6	30	2.8	19.4	11.4	55.6	11.1
Communicating complaints to authority or government										
• Yes				43					82	
• No				57					18	

Key: 1 = Strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree and 5 = Strongly agree.

Source: Field data (2019)

4.3 The existence and accessibility of CSC at Tingi health center

The second objective sought to understand whether CSC exists at the center or not and its accessibility to customers. To achieve this, the researcher employed questionnaires, interviews as well as observation to collect data. The findings of this objective are organised into two parts. Part one covers the existence of CSC and the part two presents the accessibility of CSC to customers.

4.3.1 Existence of CSC

This part is further organised into two parts: part one covers internal customers’ responses on the existence of CSC, and the second part presents the external customers’ responses on the existence of CSC.

A. Internal customers’ responses on existence of CSC

The findings of the study from questionnaires as in Table 4.5 reveal that 92% of the respondents commented that Tingi Health Center has client service charter; even though 8% of them said it has not. Nonetheless, 83% of the respondents remarked the that the center has notice boards and billboards showings mission, vision, working hours, patients’ rights and so on, while 17% of them disagreed with colleague. In addition, 92% of the respondents agreed, whereas 8% of them disagreed that the organisation has suggestion boxes and the health center help desk.

Furthermore, interviewing them, one of the interviewees responded that;

..... without a doubt CSC is present at the center and there is a system in place to monitor and evaluate CSC implementation and effects in which remedies are made where the need arises to meet the preset standards for improved health service delivery at our center (Interviewee A: 28/02/2019)

Table 4.5 Internal customers’ responses on existence of CSC (n=11)

Aspect.	n	%
Do you have CSC at Tingi health center ?		
Yes	10	92
No	1	8
Notice boards and billboards (working hours and rights)		
Yes	9	83
No	2	17
Suggestion box and Center help desk.	10	92
Agree	1	8
Disagree		

Source: Field data (2019)

B. External customers’ responses on existence of CSC

In regard to questionnaires findings of the study as in Table 4.6 show that, 38% of the respondents remarked that they have ever seen the Client Service Charter at Tingi Health Center; but 62% of them reported that they never seen it. Furthermore, 76% of the respondents reported to have ever seen some information at the center dedicates about working hours, hospital wards visiting hour, patients’ rights and so on, with the exception of 24% of them who reported have never seen them. In addition, 58% of the respondents agreed, whereas 42% of them disagreed that the organisation has suggestion boxes and the health center help desk.

Again, during interviews, one of the interviewees said that;

.....citizens are experiencing the existence of CSC at the center since the means and standards of the services are openly displayed. For instance, the display of mission, vision and ethics, feedback mechanisms, patients’ responsibilities and rights as well as the quality of the services offered assures us its existence. (Interviewee: 28/02/2019).

Once again, the findings from observation show a number of posters on notice boards, department doors as well as on billboards were experienced sharing information on the standards and quality of the services offered at the health center was observed. This implies the existence of CSC at the health center.

Table 4. 6 External customers’ responses on existence of CSC (n=36)

Aspect.	n	%
Have you ever seen CSC at Tingi health centre?		
Yes	14	38
No	22	62
Information on notice boards (visiting hours and rights)		
Yes	27	76
No	9	24
Suggestion box and centre help desk		
Yes	21	58
No	15	42

Source: Field data (2019)

4.2.2 Accessibility of CSC

This subsection is organised into two parts: Part one covers internal customers’ responses on accessibility of CSC and part two presents the external customers’ responses on accessibility of CSC.

A. Internal customers’ response on accessibility of CSC

On the aspect of accessibility of CSC, the findings of the study from questionnaires as in Table 4.7 show that 41.7% of the respondents strongly agreed, 40% of the respondents agreed, 8.3% of the respondents were not sure, 6% of the respondents disagreed and at last 4% of the respondents strongly disagreed that the organisation provides customers with copies of client service charter. Once more, 50% of the respondents strongly agreed, 41.7% of the respondents agreed, 4.3% of the respondents were not sure and 4% of the respondents disagreed that customers can easily access CSC copies or information when in need of. Additionally, 50% of the respondents agreed, 31% of the respondents strongly agreed, 8.3% of the respondents were not sure, 7% of the respondents strongly disagreed and lastly 3% of the

respondents disagreed that the service providers and patients' responsibilities and rights are displayed department wise in a user-friendly language to patients.

Also, during interviews, one of the interviewees quoted saying that;

..... apart from display or provision CSC copies for the customers to access information, trainings were sometimes offered to the needy groups like elders, pregnancy women as well as the service providers. (Interviewee A: 28/02/2019).

B. External customers' responses on accessibility of CSC

The findings of the study from questionnaires as in Table 4.7 show that 21.7% of the respondents strongly agreed, 60% of the respondents agreed, and 14.3% of the respondents were not sure whilst only 4% of the respondents disagreed that the organisation provides customers with client service charter copies. Over again, 60% of the respondents strongly agreed, 21.7% of the respondents agreed, 16.3% of the respondents were not sure and 2% of the respondents strongly disagreed that customers can easily access CSC copies or information when in need of. As well, 20% of the respondents agreed, 61.7% of the respondents strongly agreed, 5.3% of the respondents were not sure, 10% of the respondents strongly disagreed and lastly 3% of the respondents disagreed that the service providers and patients' responsibilities and rights are displayed department wise in a user-friendly language to patients.

Again, during interviews, one of the interviewees replied that;

.... CSC information is accessible at the center provided you know to read and depict information from the posters and some pictures on notice boards. The information are shared almost everywhere at the center. (Interviewee B: 28/02/2019).

Correspondingly, the findings of the study from observation find out that a number of information were shared on notice boards and departments' doors through pictures and placards and through those posters it could become easy for customers to access CSC information.

Table 4.7: Accessibility of CSC at Tingi health center (%)

Aspect	Internal customers					External customers				
	1	2	3	4	5	1	2	3	4	5
Provision of CSC copies	4	6	8.3	40	41.7	0	4	14.3	60	21.7
Easily access CSC copies/info	0	4	4.3	41.7	50	2	0	16	21.7	60
Responsibilities and rights display	7	3	8.3	50	31.7	3	10	5.3	61.7	20

Key: 1 = strongly disagree, 2 = Disagree, 3 = Not sure, 4 = Agree and 5 = Strongly agree.
Source: Field data (2019)

4.4 The customers' attitudes towards CSC in health service delivery

The third objective aimed to understand the perception or mind-set of the health service providers and receivers on the role of the CSC in health service delivery at Tingi health center. The researcher employed questionnaires, interview and observation to gather the relevant information concerning this objective. The findings of this objective are organised into two sections. The first section covers the internal customers' attitude and the second section presents the external customers' attitude towards CSC.

4.4.1 Internal customers' attitude towards CSC

In regard to the findings of the study from questionnaires as in Table 4.8, majority (91%) of the respondents valued the CSC positively towards enhancing health service delivery, whereas the minority (9%) of the internal customers valued it negatively. However, 86% of the respondents agreed that CSC helps the service providers to serve the patients considerately and in time, but only 24% of the respondents rejected that it helps them.

Furthermore, 91% of the respondents affirmed that CSC makes both internal and external free from corruption or nepotism, on the other hand side only 9% of the respondents disagreed with the majority. Last but not least, 80% of the respondents approved that CSC adoption lead to the improvement of quality of health service delivery and professional reputation, whilst 20% of them opposed.

Then again, interviewing them, one of the interviewees remarked that;

.... service providers have positive attitude towards CSC, and we value it positively as it acts as a point of reference (benchmark document) on the quality and standards of the services we have to offer to our clients. Again, it makes us (service providers) free from corruption that increases our professional status as well as organisation reputation at outsized. (Interviewee A: 28/02/2019).

Once more, the findings of the study from observation indicate that, during interviews the majority of internal customers responded with a happy facial impression as well as comfortable tone.

Table 4.8 Internal customers' attitude towards CSC (n=11)

Aspect.	n	%
How can you value CSC		
Positively	10	91
Negatively	1	9
CSC helps service providers work considerably		
Yes	8	86
No	3	24
CSC makes customers free from corruption	10	91
Yes	1	9
No		
CSC lead to quality services and reputation	9	80
Yes	2	20
No		

Source: Field data (2019)

4.4.2 External customers' attitude towards CSC

In this section, the findings of the study from questionnaires as in Table 4.9 show that 55% of respondents valued the CSC positively towards enhancing health service delivery, where the other (45%) of the internal customers valued it negatively. Once again, 50% of the respondents agreed that CSC helps the service providers to serve the patients considerably and in time, however only 50% of the respondents rejected that it helps them. Besides, 52% of the respondents affirmed that CSC makes both internal and external free from corruption or nepotism, on the other side of the coin only 48% of the respondents disagreed with the majority.

Moreover, 60% of the respondents agreed that CSC adoption lead to the improvement of quality of health service delivery and professional reputation, at the same time as 40% of them disagreed.

Nevertheless, one of the interviewees remarked that;

..... the citizens are comfortable with CSC since it provides them with our responsibilities and rights which in turn enable us to play our part and sometimes demand our rights or communicate (feedbacks) to the center authority and government at large. Furthermore,.....CSC helps to fight against misuse of public health facilities as well as corruption war which has resulted to adequate provision of even that little health facilities provided by the government.(Interviewee B: 28/02/2019).

In addition, the findings of the study from observation show that, the employee responded with happy facial impression and comfortable tones during conversation. Once more, they were eager to narrate on CSC as much as they can willingly.

Table 4.9 External customers’ attitude towards CSC (n=36)

Aspect.	n	%
How can you value CSC		
Positively	20	55
Negatively	16	45
CSC helps service providers work considerably		
Yes	18	50
No	18	50
CSC makes customers free from corruption		
Yes	19	52
No	17	48
CSC lead to quality services and reputation		
Yes	22	60
No	14	40

Source: Field data (2019)

CHAPTER FIVE

DISCUSSIONS OF THE RESEARCH FINDINGS

5.0 Introduction

This chapter covers the discussion of the findings of the study data presented in chapter four regarding the three research objectives. These objectives aimed to: examine the awareness of both internal and external customers on CSC, find out the existence and accessibility of CSC at Tingi Health center, and solicit the attitude or perception of both internal and external customers on the role of CSC for enhancing service delivery. It has to be noted that this chapter is organised into three main sections: Section one presents awareness of both internal and external customers on CSC, section two discuss the existence and accessibility of CSC at Tingi Health center, and lastly, section three covers about the attitude or perception of both internal and external customers on the role of CSC for enhancing service delivery.

5.1 Awareness of both internal and external customers on CSC

The first objective of this study sought to examine the awareness of both internal and external customers on CSC. The discussion of this objective is organised into two sections: the first section covers the general awareness of customers on CSC and the second section presents awareness of customers on CSC as tool which enhances health service delivery.

5.1.1 General awareness of customers on CSC

This section presents the discussion of the findings on awareness of both internal customers and external customers on CSC.

A. Awareness of internal customers on CSC

In this subsection the researcher was interested to examine the awareness of internal customers (employees) on CSC. The findings of the study from both questionnaires and interviews indicate that majority of internal customers (health service providers) at Tingi Health Center are aware of the term Client Service Charter. For instance, the descriptive statistics as in Table 4.2 in chapter four show that majority of the respondents (92%) understand the meaning of Client Service Charter while only 8% of the respondents were not aware with the term Client Service Charter.

Again, majority of the respondents (75%) managed to explicitly define the term Client Service Charter that “..... is a benchmark document that sets standards which clients expects the service providers to serve them”, at the same time, only 25% of them failed to define it.

Moreover, 83% of the respondents managed to mention responsibilities and rights of both service providers and service receivers as delineated in CSC, whilst only 17% of the respondents failed to mention them correctly.

Also, during interviews, one of the interviewees remarked out that;

..... despite the fact that the CSCs are established by the Ministry in question, but we use to share CSC contents/information on daily morning meetings, taking officials for short courses, sharing copies in accord to departments which in turn make the service providers knowledgeable and aware of CSC which is the benchmark document of the services we offer our patients (Interviewee A: 27/02/2019).

Therefore, this implies that employees at Tingi Health Center are familiar with the so called Client Service Charter. The findings of this study can be affirmed by Commonwealth (2000) that claims that Client Service Charter is a public document that stipulates the commitment of the service provider to customers, and should be used as the driver for cultural change within the agency. Similarly, the client service charter specifies the rights, responsibilities and how the clients or customers can contact an agency in question for feedback or complaints (PMO-RALG, 2008)

However, CSC seems to be a broad concept and henceforth there is no a single definition that can be valued worthy than the other. One should note that the internal customers are familiar with the term CSC since they are participating in various meetings, seminars and training which has helped them to develop consciousness on CSC as it was cemented by the interviewee. According to Tyson (2006) participative styles (such as trainings, seminars, and meetings) are more effective and efficient in creating awareness and in delivering the desired intents.

Basing on the definitions given out by the employees at Tingi Health Center, Commonwealth (2000) and that of PMO-RALG (2008) on CSC, it is true that all the three have something in common that CSC sets out standards for expected service at the organisation, therefore it serves as a benchmark.

Furthermore, the ability of majority employees correctly define the Client Service Charter and mention some patients' responsibilities and rights proves that the internal customers are aware of CSC. This is contrary to Bonsu (2016) who conducted a study in Ghana and the findings indicated that most of health care providers were not aware of the content of the Client Service Charter. Also, Mwanja (2016) conducted a study in Kenya and the findings revealed that the awareness of staff on CSC at Nairobi City Water and Sewerage Company was weak.

B. Awareness of External customers on CSC

This subsection is centered on the awareness of the patients or citizens on CSC. The findings from both questionnaires and interviews indicate that patients at Tingi Health Center are not aware with the term Client Service Charter by definition. For instance, the findings from the questionnaires as in Table 4.3 in chapter four reveal that 38% of the respondents had ever heard or knew anything about CSC, while majority of the respondents (62%) responded never heard or knew anything about CSC. Those respondents who knew it; 60% of them heard it from Tingi Health Center, 25% of them heard it from their friends, while only 15% of them used to hear from media. This is in line to Kirenga and Balampama (2009) who affirm that most respondents had not heard of the CSC, indicating that the distribution coverage of CSC was poor, among service providers and clients.

However, 76% of the respondents were able to mention some patients' responsibilities and rights when they are attending at Tingi Health Center, but only 24% of the respondents were not able to mention them. The mentioned responsibilities and rights include: "The patient has the right to privacy during consultation, examination, and treatment". "The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his/her consent."

Also, the findings from interviews show that external customers are not aware of the term CSC, but at least able to mention some of their rights as the access services at the center. For example, one of the interviewees quoted saying;

*..... majority of the patients or citizen cannot say/define what Client Service Charter is, but at least they know some of their responsibilities and rights when attending the service at the center, since there some words dedicating their responsibilities and rights at the center, such as “**Usitoe wala kupokea rushwa**” that means stop corruption (Interviewee B: 27/02/2019).*

The awareness of the interviewee on the CSC would have resulted from the position one holds as health service delivery is one among the social services they always discuss in the councils for societal good.

Therefore, the findings from both questionnaires and interviews entail that majority of the patients at Tingi Health Center are not aware with the term Client Service Charter, and even the few who knew it seems to get the information from the same center. One can comment that this perhaps have resulted from lack of awareness creation through verbal announcements at the center and seminars to patients. Again, it might be a mechanism by the health service providers not to keep the citizens mindful on the tool in order to avoid massive demand of patients’ rights. These findings are similar to Mahoo (2000) on assessment of CSC utilisation in LGA a case of Morogoro Municipal Council where the study revealed that the Council has not promoted CSC effectively that resulted to low level of customers’ awareness at the council.

Interestingly, though, the patients proved not to be aware of the term CSC, but they were in position to mention their rights as they attend services at Tingi Health Center. This implies that they lack special explanations on CSC from the organisation trying to make them conscious by definition of the displayed information on notice boards as well as department doors.

5.1.2 Awareness of customers on CSC as tool which enhances health service delivery

In discussing this subsection the researcher categorized it in two parts, the first part covers the awareness of internal customers on CSC as tool which enhances health service delivery and the second part entails that of external customers.

A. Internal customers' awareness on CSC as tool which enhances health service delivery

In this subsection, the researcher was interested to know the awareness of internal customers on CSC as the tool which enhances services delivery at Tingi Health Center. The descriptive statistics as in Table 4.4 in chapter four show that 30% of the respondents strongly agreed, 35.6% of the respondents agreed, 4.1% of the respondents were not sure, 20.3% of the respondents disagreed, and only 10% of the respondents strongly disagreed that CSC enables the patients to communicate complains and feedback to the center's administration or government. This means that CSC has got a role to do with making the customers conscious on their rights.

Yet again, 82% of the respondents had ever communicated or complained to the health center authority or the government (verbally or written) about the unpleasant treatment facility, while only 18% of the respondents had never dared to communicate the complaints. The organisation members try their level best to share the information as in CSC even verbally to patients so as to meet the desired quality of the services. This assures the possibility of the health service providers to offer adequate services as the patients remain informative on the standards of the service they deserve to get.

Besides, one the interviewees responded that;

...employees are often communicating their complaints when the facilities are not as per requirements to meet the preset standards in CSC. The ability to demand for it, when implemented helps to foster improvement of the health service delivery (Interviewee A: 28/02/2019).

The above findings of the study from both questionnaires and interviews reveal that majority of service providers at Tingi health center are aware of CSC as tool which enhances health service delivery. They have proven to be capable of demanding their rights and communicate complaints where the need arises. When the customers' rights are demanded and offered in accord can foster the improvement of the quality of health service provision at the health center.

Therefore, CSC is likely to play its role in health service delivery only if the actors are aware of it and eager to make it a material thing by playing a desired role in health service delivery at the center. In line to this, Mahoo (2016) explicitly comments that effectiveness of CSC interventions ultimately depends on awareness of key actors and a clear commitment to make the charter part of the life of an organisation. Likewise, Itika (2011) cements that the involvement of service providers and other actors at the stage of policy development stage is a critical factor for not only improving the quality of the policy itself, but also and more importantly, for creating awareness for them to result into smooth implementation as it is likely to create a sense of ownership of the policy for all parties involved.

B. External customers' awareness on CSC as tool which enhances health service delivery

Under this subsection, the researcher wished to find out the awareness of external customers on CSC as a tool which enhances service delivery at Tingi Health Center. The findings of the study from questionnaires as in Table 4.4 show that 11.1% of the respondents strongly agreed, 11.1% of the respondents agreed, 55.6% of the respondents were not sure, 19.4% of the respondents disagreed, and only 2.8% of the respondents strongly disagreed that CSC enables the patients to communicate complains and feedback to the center's administration or government. Once more, 43% of the respondents had ever communicated or complained to the health center authority or the government about the unpleasant treatment, while 57% of the respondents had never dared to communicate the complaints.

Likewise, one of the interviewees commented that;

“it might be not 100% true that people are aware of CSC, but minority of the patients are aware of their responsibilities and rights. They always share complains to government leaders when things went wrong, and sometime inseminate their congratulation for perfection in accord to the service offered. For instance, one of them came to me with a payment receipt query, which we had to settle and finally witnessed it was a human era in issuing it.” (Interviewee B: 28/02/2019).

The awareness of the interviewee on the CSC that it enhances health service delivery would have been resulted from the position one holds, since health service delivery is one among the social services they always discuss in the councils for societal good.

Moreover, during observation, it was witnessed that one of the patients reminding her fellow patient who was about to bypass the queue in RCH department to line up for service as it is shown on department's notice board a statement which says **“first in, first served”** except for those who came as couple and other special cases.

In view of that, the findings of the study from questionnaire and interview reveal that not all patients were aware of CSC as a tool to enhance health service delivery, but that from the observation show that clients were aware of its role. This implies that the majorities of the patients are not aware of CSC, hence cannot be able to demand and get the desired health services. For that reason, much of the efforts are still needed to create awareness of the tool to the patients or citizens. This agrees with Bonsu (2016) who conducted a study in Ghana and the findings of the study revealed that the Client Service Charter was least known to among patients and their relatives so they were not able to insist on their rights.

5.2 The existence and accessibility of CSC at Tingi health center

The second objective of this study sought to understand whether CSC exists at the center or not, and its accessibility to customers. To achieve this, the researcher employed questionnaires, interviews as well as observation to collect relevant data. The discussions of the findings of this objective are organised into two parts. Part one covers the existence of CSC and the part two presents the accessibility of CSC to customers.

5.2.1 Existence of CSC

This part is further organised into two subparts: subpart one covers internal customers' responses and the second subpart presents the external customers' responses on the existence of CSC.

A. Internal customers' responses on existence of CSC

The findings of the study show that CSC is available at Tingi Health Center. For example, the findings of the study from questionnaires as in Table 4.5 in chapter four reveal that 92% of the respondents commented that Tingi Health Center has client service charter; while only 8% of them said it has not. Nonetheless, 83% of the respondents remarked that the center has notice boards and billboards showing mission, vision, working hours, patients' rights and so on, while only 17% of them disagreed with their colleagues. It has been said that information is power, and so as the organisation experiencing greater communication across all levels of the service actors, it would lead to multiple accountability to the matter in question.

The existence and the sharing of the CSC information on notice boards would result in the well informed customers, hence be able to demand their health service rights. According to Itika (2011) the right messages communication can give rise to the right desired expectations, and vice versa. Therefore, the right message and greater communication on how to go with CSC at the center could have proved to yield the desired expectation in health service delivery since majority of the respondents agree with its prevalence at the health center.

In addition, the organisation is proved by the internal customers to have the monitoring and evaluation mechanisms in place that do reflect its performance in accordance to CSC and can enable the organisation team to look for accurate adjustment where the need arises. For example, 92% of the respondents agreed, whereas 8% of them disagreed that the organisation has suggestion box and the help desk. The information communicated through suggestion box and help desk can be taken for morning meetings for adjustment or remedies of the services provision. According to Lunenburg (2011) the organisation with performance monitoring, evaluation and feedback mechanisms can help the organisation members to attain

their performance goal line by helping them to determine how well they are doing and determine the nature of the adjustment that are required in order to improve their daily performance for societal good.

Furthermore, the findings of the study from interviews show that CSC is present at Tingi Health Center. For instance, one of the interviewees responded that;

..... without a doubt CSC is present at the center and there is a system in place to monitor and evaluate CSC implementation and effects in which remedies are made where the need arises to meet the preset standards for improved health service delivery at our center (Interviewee A: 28/02/2019)

Agreeing with the findings of the study from the interviews and questionnaires, one could comment that the center had experienced the existence of CSC. This is to say “deal done,” as the Government expects health institutions to adopt the CSC and put it in place to ensure that service providers as well as patients and their families understand their rights and responsibilities in the course of action. This is contrary to Kirenga and Balampama (2009) who evidenced that in Tanzania most respondents had not heard of the CSC, indicating that the distribution coverage of CSC was poor among service providers and clients.

B. External customers’ responses on existence of CSC

The descriptive statistics from external customers as in Table 4.6 in chapter four indicate that CSC is not present at Tingi Health Center, but interestingly the respondents knew and were capable to mention a number of information on it. In regard to the findings of the first aspect, 38% of the respondents remarked that they have ever seen the Client Service Charter at Tingi Health Center, while 62% of them reported that they have never seen it. These findings are in line with Kirenga and Balampama (2009) in their assessment of CSC utilisation in Tanzania as they asserted that most respondents or clients had not heard of the CSC.

Remarkably, 76% of the respondents reported to have ever seen some information at the center dedicates about working hours, hospital wards visiting hour, patients’ rights and so on, with the exception of 24% of them who reported to have never seen them. This implies that the organisation to a large extent does display CSC’s

information on the patients' responsibilities and rights which were likely to facilitate the quality of the services offered since the part to be played by citizens was openly shared; hence they could have aroused the awareness of individuals in accessing the health services at the center.

In addition, 58% of the respondents agreed, whereas 42% of them disagreed that the organisation has suggestion box and the health center help desk. This is to say employee and citizens were given mechanisms in which they can communicate feedbacks and complaints to the health center authority that could result in health services improvement for societal good.

Again, the findings from the interviews reveal that CSC exists at Tingi health center. For instance one of the interviewees said that;

.....citizens are experiencing the existence of CSC at the center since the means and standards of the services are openly displayed. For instance, the display of mission, vision and ethics, feedback mechanisms, patients' responsibilities and rights as well as the quality of the services offered assures us its existence. (Interviewee B: 28/02/2019).

The awareness of the interviewee on the CSC would have resulted in affirming its existence. The position one holds would have enabled him to be aware of it, in view of the fact that health service delivery was one among the social services they always discuss in the councils for societal wellbeing.

Once again, the findings from observation show that the CSC is present at the center. For instance, a number of posters on notice boards, department doors as well as on billboards sharing some issues on the patients' rights, visiting hours, standards and quality of the services offered at the health center were observed. This implies the existence of CSC at the health center, hence improved health service delivery. In support of this, Kirenga and Balampama (2009) the present-day status of health service delivery among other things may have been accredited by the existence of client service charter.

Therefore, the organisation is evidenced to exercise openness to its daily activities by displaying CSC in which components like the organisation mission, vision, ethics and patients' rights, in which, in the course of implementation could have led to the development of trustfulness between the service providers and receivers. This is aligned to Mahoo (2016) who claims that CSC intends to minimize the gap between service provider and service users. The level of satisfaction of the service providers and users can be increased in reference to the pre-set standards in organisation mission, vision, code of conducts as in CSC.

5.2.2 Accessibility of CSC

This part is organised into two subparts: Subpart one covers internal customers' responses on accessibility of CSC and subpart two presents the external customers' responses on accessibility of CSC.

A. Internal customers' response on accessibility of CSC

On the subpart of accessibility of CSC, the findings of the study from questionnaires as in Table 4.7 in chapter four show that 41.7% of the respondents strongly agreed, 40% of the respondents agreed, 8.3% of the respondents were not sure, 6% of the respondents disagreed and only 4% of the respondents strongly disagreed that the organisation provides customers with copies of client service charter. Once more, 50% of the respondents strongly agreed, 41.7% of the respondents agreed, 4.3% of the respondents were not sure and 4% of the respondents disagreed that customers can easily access CSC copies or information when in need of them.

This means that, CSC was accessible at Tingi Health Center and the accessibility of the copies as assured by the respondents had likely resulted to the greater understanding of the CSC and its role and hence used it as a point of reference in provision of the health services at the desirable standards. Besides, on the side of Itika (2011) a policy document has to be available and accessible to all staff and other actors in an organisation for reading, discussion and referencing in offering the services in question.

Additionally, 50% of the respondents agreed, 31% of the respondents strongly agreed, 8.3% of the respondents were not sure, 7% of the respondents strongly disagreed and lastly 3% of the respondents disagreed that the service providers and patients' responsibilities and rights are displayed department wise in a user-friendly language to patients. Also, the display of information in a language that is understandable to customers can enable customers to access information easily, hence demand the services.

Also, the findings from the interviews provide evidence that CSC is accessible at the center. For example, during interviews one of the interviewees quoted saying that;

..... apart from display or provision CSC copies for the customers to access information, trainings were sometimes offered to the needy groups like elders, pregnancy women as well as the service providers.” (Interviewee A: 28/02/2019).

Therefore, the CSC seem to be accessible and in a user-friendly language to customers that could have resulted in creation of awareness of customers to the tool and inculcated the sense of communicating feedbacks and complaints to health center authority and the government at large hence improvement of health services delivery at the center.

B. External customers' responses on accessibility of CSC

The findings of the study from questionnaires as in Table 4.7 in chapter four show that 21.7% of the respondents strongly agreed, 60% of the respondents agreed, and 14.3% of the respondents were not sure whilst only 4% of the respondents disagreed that the organisation provides customers with client service charter copies. Over again, 60% of the respondents strongly agreed, 21.7% of the respondents agreed, 16.3% of the respondents were not sure and 2% of the respondents strongly disagreed that customers can easily access CSC copies or information when in need of. This means that the CSC is not accessible at the health center.

As well, 20% of the respondents agreed, 61.7% of the respondents strongly agreed, 5.3% of the respondents were not sure, 10% of the respondents strongly disagreed and lastly 3% of the respondents disagreed that the service providers and patients' responsibilities and rights are displayed department wise in a user-friendly language

to patients. It should be noted that these aspects are some of the information in CSC, and the respondents declare to find them at the center and they are even capable to mention them. Bana (2009) claims that introducing new tools and systems for performance management is one thing but implementing them effectively and efficiently is a different thing, in the sense that user-friendly mechanisms on how to materialize the tool is a vital aspect. A user-friendly language in CSC may be one among other mechanisms.

However, the findings of the study from interviews reveal that CSC is accessible at the center. For instance, one of the interviewees replied that;

.... CSC information is accessible at the center provided you know to read and depict information from the posters and some pictures on notice boards. The information are shared almost everywhere at the center. (Interviewee B: 28/02/2019).

The interviewee prove that CSC is accessible at the center, since it would have resulted from the awareness on it due to the position one holds as health service delivery is one among the social services they always discuss in the councils for societal good.

Correspondingly, the findings from observation too reveal that the accessibility of CSC is easy at the center. As, it was found that a number of information were shared on notice boards and departments' doors through pictures and placards and through those posters it could became easy for customers to access CSC information.

All these, entail that CSC was accessible at the health center, since the patients were agreeing that some information were present on department doors and notice boards. What was seemed to be missing was the awareness of the patients on the term Client Service Charter, as they did not know it by definition, but rather they knew some issues or information which in turn was connected to CSC. This may have been resulted from little effort in creating awareness on CSC as a tool to facilitate health service delivery.

5.3 The customers' attitudes towards CSC in health service delivery

The third objective aimed to understand the perception or mind-set of the health service providers and receivers on the role of the CSC in health service delivery at Tingi health center. Questionnaires, interviews and observation were used to gather the relevant information concerning this objective. The discussions of the findings of this objective are organised into two sections. The first section covers the internal customers' attitude and the second section presents the external customers' attitude towards CSC in health service delivery.

5.3.1 Internal customers' attitude towards CSC in health service delivery

The attitude of the service providers has got something to do with expected services standards, seeing that; positive attitude can lead to achievement of the expectations and vice versa. The findings of the study as in Table 4.8 in chapter four reveal that majority of the employees have positive attitude towards CSC in health service delivery. For example, the findings of the study from questionnaires show that majority (91%) of the respondents valued the CSC positively towards enhancing health service delivery, whereas the minority (9%) of the internal customers valued it negatively. However, 86% of the respondents agreed that CSC helps the service providers to serve the patients considerately and in time, but only 24% of the respondents rejected that it helps them.

Moreover, 91% of the respondents affirmed that CSC makes both internal and external free from corruption or nepotism, on the other hand side only 9% of the respondents disagreed with the majority. Last but not least, 80% of the respondents approved that CSC adoption lead to the improvement of quality of health service delivery and professional reputation, whilst 20% of them opposed. This shows that a number of internal customers are comfortable with CSC and it has vital role to play in offering the services that satisfies them. CSC sets out standards of the services that can define the reputation of the profession, meeting the desired standards and one can define the position of the profession or services. According to Mahoo (2016) the image of the organisation can be shaped by the employment of CSC in service delivery. Once the employees provide the accurate services, the customer's desires

can be met; hence the organisation gains a positive reputation and higher public acceptance (Wilson et al, 2008)

Then again, interviewee's responses on the side of service providers revealed that employees have positive attitude toward CSC. For example, one of the interviewees remarked that;

.... service providers have positive attitude towards CSC, and we value it positively as it acts as a point of reference (benchmark document) on the quality and standards of the services we have to offer to our clients. Again, it makes us (service providers) free from corruption that increases our professional status as well as organisation reputation at outsized. (Interviewee A: 28/02/2019).

Thus, if the organisation adheres to the commitments highlighted on the customer service charter, employees can offer health services on a transparent and corruption free environment. And so, good governance can be observed at the center. This is supported by Mwanja (2016) who cements that good governance is likely to be exercised accurately in the organisations that has free corruption environment in offering services to the society.

As well, the findings of the study from observation indicate that, internal customers are happy with CSC at Tingi Health Center. During interviews they responded with a happy facial impression as well as comfortable tone. Once more, they were eager to narrate on CSC as much as they can willingly. In support of the findings of the study Mwanja (2016) asserts that CSC can be accepted with comfort when meeting the desires of the employees in setting standards and implementing them, hence influences service quality.

Therefore, this entails that the health service providers at Tingi Health Center are comfortable with the tool and its role. They are comfortable with CSC since it serves them as a benchmark document to offer services of the desired quality and in time. For instance, by defining the rights of customers and procedures of the service provision could make the employees free from corruption. When they manage to do so the service provided is likely to satisfy the service receivers, hence promotes their

reputation. According to Bonsu (2016) the Client service charter serves as a very important guide to ensuring objectives is being met in health institutions.

It should be noted that, when the policy in place provides about the desired results, then the implementers can have positive attitude upon it. This is agreeing with Mwasalwiba (2014) in the study on CSC who affirms that public official were having positive attitude towards CSC since it was making them meet the expectation in serving the citizens.

5.3.2 External customers' attitude towards CSC in health service delivery

The attitude of external customers towards CSC at Tingi Health Center gives the impression to be positive, since respondents are comfortable with information in CSC. In regard to descriptive statistics as in Table 4.9 in chapter four; 55% of respondents valued the CSC positively towards enhancing health service delivery, where the other (45%) of the internal customers valued it negatively.

Once again, 50% of the respondents agreed that CSC helps the service providers to serve the patients considerately and in time, however only 50% of the respondents rejected that it helps them. This is to say, a number of patients have positive attitude and agree that CSC helps the employees to observe their tasks considerately, but others do not agree with it which it could have been resulted from service providers' human error, shortage of health facilities as well as the nature of organisation infrastructure.

Besides, 52% of the respondents affirmed that CSC makes both internal and external free from corruption or nepotism, on the other side of the coin only 48% of the respondents disagreed with the majority. These evidences prove the role of CSC in wiping out inequalities in health service provision as it has something to do with nepotism and corruption to mention just few. Where nepotism and corruption had wiped out, the qualities or commitment of the services can be observed.

Moreover, 60% of the respondents agreed that CSC adoption lead to the improvement of quality of health service delivery and professional reputation, at the same time as 40% of them disagreed. In an organisation where service providers and

receivers in one way or another share the same arch or tongue, the level of satisfaction and trustfulness among them do increase. This is in line to Mahoo (2016) CSC intends to minimize the gap between service provider and service users so that responsiveness to the clients may be increased, and citizens' benefits and satisfaction.

Nevertheless, the findings of the study from interviews reveal that respondents have positive attitude towards CSC as a tool that enhancing health service delivery. For instance, one of the interviewees remarked that;

..... the citizens are comfortable with CSC since it provides them with our responsibilities and rights which in turn enable us to play our part and sometimes demand our rights or communicate (feedbacks) to the center authority and government at large. Furthermore,.....CSC helps to fight against misuse of public health facilities as well as corruption war which has resulted to adequate provision of even that little health facilities provided by the government.(Interviewee B: 28/02/2019).

The awareness of the interviewee on the CSC would have resulted to the position one holds as health service delivery is one among the social services they always discuss in the councils for societal good.

For that reason, the external customers' attitude to CSC seems to be positive as it had enabled them aware of their rights and able to make the service providers as well as the government responsive in health service provision. Standards and qualities of services set in CSC do enable them to demand for their rights and where necessary to communicate their messages for improvement of the services in question. All these would have resulted in the improvement of the health services delivery that pleases the citizens.

CHAPTER SIX

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter covers the summary, conclusion and recommendations of the study on “the Role of CSC in Health Service Delivery: a Case of Tingi Health Center in Kilwa District.” This chapter is organised into four parts: part one presents a summary of the study, part two provides the conclusion of the study, part three gives out the recommendations and the last part entails the area for further research.

6.1 Summary of the study

This study aimed to explore the role of Client Service Charter in health service delivery: a case of Tingi health center in Kilwa District Council. Specifically, the study aimed to: examine awareness of both internal and external customers on CSC, find out the existence and accessibility of CSC at Tingi Health center, and solicit the attitude or perception of both internal and external customers on the role of CSC for enhancing service delivery.

The researcher reviewed a variety of literatures on the role of Client service charter in social service delivery. The purpose of reviewing was to inform the researcher and reader about the topic under investigation, data sources and thus provide a conceptual framework of the study (Yin, 2011).

This study used a case study research design, whereas a sample size of 50 respondents was obtained through purposive and stratified sampling techniques. The researcher employed interviews, questionnaires and observation as the methods of data collection. This was a mixed study where qualitative data were analysed through content analysis and quantitative data were analysed through SPSS version 21. Then, the research data were presented in tables.

The following is the summary of the findings of the study in line to specific objectives:

6.1.1 Awareness of both internal and external customers on CSC

The summary of the findings of the study of this objective is organised into two aspects: the first one is awareness on CSC and the second is awareness on CSC as a tool to enhance health service delivery.

- **Awareness on CSC**

Internal customers at Tingi Health Center are aware of the term Client Service Charter, and they are capable even to mention a number of information in it. For instance, the descriptive statistics show 92% of them, understand the meaning of Client Service Charter. Moreover, 83% of the respondents managed to mention responsibilities and rights of both service providers and service receivers as delineated in CSC.

External customers or patients at Tingi health center patients at Tingi Health Center are not aware with the term Client Service Charter by definition, but they are capable to mention their rights. For instance, 62% of respondents have never heard or knew anything about CSC either from center, friends or mass media. However, 76% of the respondents were able to mention some patients' responsibilities and rights.

The researcher's view from the discussion of the findings on the aspect of the awareness of customers on CSC is that, since internal customers have the ability of defining the term Client Service Charter correctly and mentioning patients' responsibilities and rights, it proves that they are aware of it. Moreover, external customers proved to be not aware of the term CSC, but they are in position to mention their rights as they attend services. This might be a mechanism by service providers not to keep the citizens mindful on the tool to avoid massive demand of patients' rights.

- **Awareness on CSC as a tool to enhance health service delivery**

Internal customers are aware of CSC as tool which enhances health service delivery. They have proven to be capable of demanding their rights and communicate complaints where the need arises. For example, 82% of the respondents had ever communicated or complained to the health center authority or the government about the unpleasant amount treatment facility. Besides, one the interviewees responded

that ...*employees are often communicating their complaints when the facilities are not as per requirements to meet the preset standards in CSC.*

External customers are not aware of CSC, hence they cannot be able to demand and get the desired health services. For instance, 43% of the respondents had ever communicated or complained to the health center authority or the government about the unpleasant treatment, while 57% of the respondents had never dared to communicate the complaints. Likewise, one of the interviewees commented that “..... *minority of the patients is aware of their responsibilities and rights.*

The researcher’s view from the discussion of the findings on the aspect of the awareness of customers on CSC as a tool that enhances service delivery is that health service providers at Tingi health center are aware of it and they are capable of demanding their rights and communicating complaints where the need arises. Nevertheless, the patients are not aware of CSC, hence cannot be able to demand and get the desired health services.

6.1.2 Existence and accessibility of CSC at Tingi Health center

The summary of the findings of the study of this objective is organised into two parts: the first part covers the existence of CSC and the second part presents accessibility of CSC at Tingi Health Center.

- **Existence of CSC**

Internal customers’ findings of the study show that CSC is available at Tingi Health Center. For example, 92% of the respondents commented that Tingi Health Center has client service charter. Nonetheless, 83% of the respondents remarked that the center has notice boards and billboards showings mission, vision, working hours, patients’ rights and so on. Once more, one of the interviewees responded that*CSC is present at the center and there is a system in place to monitor and evaluate CSC implementation.*

External customers’ findings indicate that CSC is not present at Tingi Health Center, but interestingly the respondents know and are capable to mention some information on it. For instance, 62% of them reported that they have never seen CSC.

Fascinatingly, some posters on notice boards, department doors as well as on billboards sharing some issues on the means, standards and quality of the services offered at the health center were observed by the researcher.

The researcher's view from the discussion of the findings of the study on the part of the existence of CSC is that, the center had experienced the existence of CSC in which in the course of implementation could lead to the development of trustfulness between the service providers and receivers, hence adequate health services delivery.

- **Accessibility of CSC**

Internal customers findings of the study show that CSC is accessible and in a user-friendly language to customers that can result in creation of awareness to the tool and inculcate the sense of communicating feedbacks and complaints, hence improvement of health services delivery at the center. For instance, 41.7% of the respondents strongly agreed and 40% of the respondents agreed that the organisation provides customers with copies of client service charter. Additionally, 31% of the respondents strongly agreed and 50% of the respondents agreed that the service providers and patients' responsibilities and rights are displayed department wise in a user-friendly language to patients.

External customers' findings reveal that the accessibility of CSC is easy at the center. Observation by researcher found that a number of information was shared on notice boards and departments' doors. It can be easy for customers to access CSC information.

The researcher's view from the discussion of the findings of the study on the part of the accessibility of CSC is that, CSC is accessible in a user-friendly language to customers, that it can inculcate the sense of communicating feedbacks and complaints to health center authority and the government at large hence improvement of health services delivery at the center. What seems to be missing is the awareness of the patients on the term Client Service Charter, as they do not know it by definition rather they know some information which in turn are connected to CSC.

6.1.3 Attitudes of both internal and external customers on the role of CSC for enhancing service delivery

Internal customers' attitudes on CSC at Tingi Health Center are positive. They are comfortable with CSC since it serves them as a benchmark document to offer services of the desired quality and in time. For instance, 86% of the respondents agreed that CSC helps the service providers to serve the patients considerately and in time. However, one of the interviewees remarked that "...it makes us (service providers) free from corruption that increases our professional status as well as organisation reputation at outsized" (Interviewee A: 28/02/2019).

External customers' attitudes towards CSC at Tingi Health Center give the impression to be positive, since respondents are comfortable with information in CSC. For example, 52% of the respondents affirmed that CSC makes both internal and external free from corruption or nepotism. Again, one the interviewees remarked that..... CSC helps to fight against misuse of public health facilities as well as corruption war which has resulted in adequate provision of even that little health facilities provided by the government"(Interviewee B: 28/02/2019).

The researcher's view from the discussion of the findings of the third objective on the attitudes of both internal and external customers on the role of CSC for enhancing service delivery is that, the health service providers at Tingi Health Center are comfortable with CSC since it serves them as a benchmark document to offer services of the desired quality and in time. Again, the attitude of external customers towards CSC gives the impression to be positive, since respondents are comfortable with information in CSC, though they are not aware of the term.

6.2 Conclusion

The government of Tanzania adopted CSC to ensure the quality of health services delivery and to increase satisfaction among the health service providers and receivers in the country. The reviewed literature and the findings of this study raise a concern that CSC has great role in health service delivery. The findings of the study revealed that internal customers are aware of CSC and as it is a tool that enhances service delivery. Though, external customers are not aware of the term CSC, yet they are at

least capable to mention information which is part of it. As well, CSC is present and accessible at the center. Also, both internal and external customers have positive attitudes on the role of CSC for enhancing service delivery as it might have led to quality health services provision and created a corruption free environment. The researcher observed that despite the existence of CSC, but the awareness of it is missing, hence it could fail to play its cordial role in health service delivery. The Ministry of health affairs should strive to its level best to make both internal and external customers conscious on CSC and its roles.

6.3 Recommendations

The researcher proposes the following recommendations to various CSC's actors so as to make a CSC an effective tool which enhances the quality of services delivery to the societies;

- i. The Ministry of health, private organisations and Tingi health center should provide education to both Tingi's staff and the communities accessing services at the center on the importance of CSC through meetings, training, seminars, mass media as well as websites to create more customers' awareness.
- ii. Tingi health center should provide more or make a number of copies of CSC to both internal and external customers in order to promote the accessibility and awareness to them. This can bridge the gap of the understanding the tool, hence achieving the goals line of CSC.
- iii. There should be a top management support from Tingi health center and the government to enable CSC to play its cordial role in a very positive way in health service delivery. The key actors or players such as Ministry in question, politicians, service providers and receivers as well as voluntary agencies should share the same tongue on CSC.
- iv. The government should ensure the sufficient supply of resources such as human resources, fund, health facilities, and infrastructure that can aid the CSC to play its role in a positive way in health service delivery. Shortage of them things can go astray.

- v. The service providers should develop the tendency of explaining to patients the kind of medication or drugs given to them as well as prices per item and explicitly issue the receipts as per payments at cashier window. Moreover, patients should have a tendency of demanding explanation and receipts for the payments they make.

6.4 Area for further studies

The researcher suggests that comparative studies can be done on the role of CSC in health services delivery in Districts hospitals, Regional hospitals, Referral hospitals and other Public and private health centers to reflect what is happening in other parts of the country. Once more, CSC roles can be assessed in other Public service delivery organisations.

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APPENDICES

APPENDIX I: RESEARCH LICENSE



OFFICE OF THE DEPUTY VICE CHANCELLOR (ACADEMICS)

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P.O. Box 1
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TANZANIA

Ref. No. MU/DPGS/INT/38/Vol. IV

Date: 14th February, 2019

TO WHOM IT MAY CONCERN

RE: INTRODUCTION OF MR. JACOB MDIMBWA

The bearer of this letter Mr. Jacob Mdimbwa whose registration number is 14411056/T.17 is a postgraduate student at our University (Mzumbe University) pursuing **Master of Public Administration (MPA)**. As part of requirements for completion of his studies, he is collecting information on: **THE ROLE OF CLIENT SERVICE CHARTER IN HEALTH SERVICE DELIVERY. A CASE OF TINGI HEALTH CENTER IN KILWA DISTRICT COUNCIL.**

This letter serves to achieve three purposes. Firstly, to introduce him to you, secondly, to request you to grant him permission to undertake the mentioned research at your organization, and thirdly to request you to facilitate any form of assistance he might need in order to successfully pursue this noble exercise at your organization. We can assure you that this activity is entirely for academic and will never be used for any other purposes.

We trust that you will accord our student with necessary assistance.

Sincerely yours,



Dr. Mursali Milanzi (PhD)

For: **DEPUTY VICE CHANCELLOR (ACADEMICS)**

QUOTATION OF REF. NO IS ESSENTIAL

APPENDIX II: RESPONDENTS' CONSENT

Dear participant.

I am Jacob Mdimbwa, a student at Mzumbe University in the School of Public Administration and Management (SOPAM) doing Master of Public Administration (MPA). I am conducting research on **the Role of Client Service Charter in Health Services Delivery: a Case of Tingi Health Centre in Kilwa District Council** as part of my academic package of study.

This is to request you to kindly fill in this questionnaire by responding to the questions concerning the customer service charter existence, customer's knowledge and awareness, factors for smooth operation of CSC and customers' perception on CSC in health service delivery at Tingi health center.

The data collected will be treated with high confidentiality and used for this academic research only. You are not required to write your name. Your participation is important for the success of this project and I greatly appreciate your contribution.

Thank you in advance for participation.

APPENDIX III: EMPLOYEES RESEARCH QUESTIONNAIRES

Instructions:

1. **Kindly fill this questionnaire as accurately as possible by ticking in the appropriate space.**
2. **Please write your answers in the open spaces provided in the open-ended question.**

SECTION A: GENERAL QUESTIONS

Please tick in the appropriate bracket.

1. What is your gender?

Male []

Female []

2. What is your Age Group?

18 - 25 Years [], 26 - 35 Years [], 36 - 45 Years []

46 and above []

3. I'm working inDepartment:

OPD [], IPD [],

RCH [], CTC []

4. Educational Level:

Primary level [] Secondary level [] Certificate []

Diploma [] Bachelor degree [] others []

5. I have been working at this organisation for:

Less than 1 yr. [], 1-5 yrs. [], 6-10 yrs. [],

11years and above []

SECTION B: AWARENESS ON CLIENT SERVICE CHARTER (CSC)

The researcher wants to know the internal customers' general awareness on Client Service Charter.

6. Do you know anything about Client Service Charter?

Yes ()

No ()

7. Can you define term Client Service Charter?

.....
.....

8. Can you mention patients' responsibilities and rights?

Responsibilities

(i).....

(ii).....

Rights

(i).....

(ii).....

SECTION C: CUSTOMERS' AWARENESS ON CLIENT SERVICE CHARTER AS A TOOL WHICH ENHANCES HEALTH SERVICE DELIVERY

The researcher wishes to find out the awareness of internal customers or health service provides on CSC as a tool which enhances health services delivery at Tingi health center.

9. Please tick the appropriate box whereby: 5 = strongly agree, 4 = Agree, 3 =Not sure, 2 = Disagree, 1 = strongly disagree.

Question	1	2	3	4	5
Client Service Charter enables the customers to communicate complaints and feedback to the centers' authority or government at large					

10. Have you ever communicated any complaints or feedback to Tingi health center authority or Government?

Yes ()

No ()

SECTION D: EXISTENCE OF CLIENT SERVICE CHARTER (CSC)

The researcher wants to know whether CSC exists at Tingi health center.

11. Do you have a CSC at Tingi health center?

Yes ()

No ()

12. Tingi health center has notice boards and billboards showing working hours, visiting hours, rights and so on.

Yes ()

No ()

13. Tingi health center has suggestion box and center help desk in which feedbacks and complaints can be communicated.

Agree ()

Disagree ()

SECTION E: ACCESSIBILITY OF CLIENT SERVICE CHARTER (CSC)

The researcher wants to know whether CSC is accessible or not at Tingi health center.

14. Please tick the appropriate box whereby: 5 = strongly agree, 4 = Agree, 3 =Not sure, 2 = Disagree, 1 = strongly disagree.

S/n	Aspect	1	2	3	4	5
1	Tingi health center provides customers with Client Service Charter copies					
2	Customers can easily access Client Service Charter copies/information when in need of.					
3	The service providers and patients' responsibilities and rights are displayed department wise in a user-friendly language to customers.					

SECTION F: CUSTOMERS' ATTITUDES TOWARDS CSC IN HEALTH SERVICE DELIVERY.

The researcher wants to understand the perception of the service providers on the role of the Client Service Charter in health Service Delivery at Tingi Health Center.

15. How can you value Client Service Charter?

Positively ()

Negatively ()

16. Client Service Charter helps the service providers to work considerately and in time.

Yes ()

No ()

17. Client Service Charter makes the customers free from corruption

Yes ()

No ()

18. Client Service Charter lead to quality services and professional or organisation reputation.

Yes ()

No ()

SECTION G: SUGGESTIONS FOR IMPROVEMENT OF SERVICES

19. What suggestions would you recommend to the following actors for improved health services with aid of Client Service Charter?

(a) Colleagues Health service providers

.....
.....
.....

(b) Citizens or patients

.....
.....
.....

(c) The government

.....
.....
.....

APPENDIX IV: IDHINI YA USHIRIKI

Ndugu mshiriki,

Mimi ni **Jacob Mdimbwa**, mwanafunzi wa chuo kikuu Mzumbe katika kitivo cha utawala wa umma. Ninafanya utafiti juu ya kazi ya mkataba wa huduma kwa mteja katika utoaji huduma ya afya kwa jamii, na ninatumia kituo cha afya Tingi kama mfano wa vituo vingine vya afya vitoavyo huduma kwa jamii. Utafiti huu ni sehemu ya masomo yangu chuoni.

Hivyo basi, ninaomba ushiriki kikamilifu katika kulijaza dodoso hili. Taarifa zitakazopatikana katika utafiti huu zitatumwa kwa usiri na kwa madhumuni ya kimasomo tu. Tafadhali usiandike jina lako katika dodoso hili. Ushiriki wako ni muhimu sana na ninathamini mawazo yako.

Ahsante kwa ushiriki.

APPENDIX V: DODOSO KWA WAGONJWA AU WANANCHI

Maelekezo:

1. Tafadhali weka kwa usahihi alama ya vema [$\sqrt{\quad}$] kwenye mabano ya jibu lako sahihi.
2. Tafadhali andika jibu lako sahihi kwenye nafasi ilioachwa wazi kwa ajili ya kuandika jibu lako.

SEHEMU A: MASWALI YA JUMLA

1. Jinsi yangu

Mume []

Mke []

2. Umri wangu.

Miaka 18 - 25 [], miaka 26 - 35 [], miaka 36 - 45 []

Miaka zaidi ya 46 []

3. Ninapata huduma katika idara ya.....

OPD [], IPD [],

RCH [], CTC []

4. Elimu yangu:

Elimu msingi [], Elimu ya upili [], Ngazi ya cheti []

stahada [], v Shahada ya kwanza [], Nyinginezo []

5. Nimekuwa nikipata huduma katika kituo hiki cha afya kwa muda wa:

Chini ya mwaka 1 [], mwaka 1-5. [], miaka 6-10 [],

Zaidi ya miaka []

**SEHEMU B: UELEWA/UFAHAMU JUU YA MKATABA WA HUDUMA
KWA MTEJA**

Mtafiti anapenda kufahamu uelewa wa jumla wa wanufaika na huduma au wagonjwa juu ya mkataba wa huduma kwa mteja.

6. Unafahamu chochote juu ya mkataba wa huduma kwa mteja?

Ndio ()

Hapana ()

7. Ulipata taarifa wapi juu ya mkataba wa huduma kwa mteja?

Kituo cha afya Tingi ()

Kwa marafiki zangu ()

Vyombo vya habari ()

8. Unaweza kutaja wajibu na haki za mgonjwa awapo kituo cha afya?

Wajibu wa mgonjwa

(i).....

(ii).....

Haki za mgonjwa

(i).....

(ii).....

**SEHEMU C: UELEWA WA WATEJA JUU YA MKATABA WA HUDUMA
KWA MTEJA KAMA CHOMBO KINACHOCHOCHEA UTOAJI WA
HUDUMA ZA AFYA**

Mtafiti anapenda kujua uelewa wa wananchi au wagonjwa juu ya makataba wa huduma kwa mteja katika kuchochea utoaji wa huduma za afya katika kituo cha afya Tingi.

9. Tafadhali weka alama ya vema katika kisanduku sahihi, ambapo: **5 =**

Nakubaliana kabisa, 4 = Nakubaliana, 3 =sina uhakika, 2 = Sikubaliani, 1 = sikubaliani kabisa.

Swali	1	2	3	4	5
Mkataba wa huduma kwa mteja huwasaidia wateja au wagonjwa to kuwasilisha malalamiko na mrejesho kwa uongozi wa kituo cha afya na serikali juu ya huduma zitolewazo.					

10. Je umewahi kuwasilisha malalamiko au mrejesho wowote kwa uongozi wa kituo cha afya Tingi au serikali juu ya mwenendo wa huduma zitolewazo kwenye kituo hichi cha afya?

Ndio ()

Hapana ()

SEHEMU D: UWEPO WA MKATABA WA HUDUMA KWA MTEJA

Mtafiti anapenda kufahamu kama mkataba wa huduma kwa mteja upo au haupo katika kituo cha afya Tingi.

11. Je umewahi kuuona mkataba wa huduma kwa mteja katika kituo cha afya Tingi

Ndio ()

Hapana ()

12. Kituo cha afya Tingi kina mbao za matangazo na vibao vyenye taarifa au maelekezo juu ya muda wa kazi, muda wa kuona wagonjwa, haki za mgonjwa na kadhalika.

Ndio ()

Hapana ()

13. Kituo cha afya Tingi kina sanduku la maoni na dawati la malalamiko ambapo mteja au mgonjwa anaweza akatoa mrejesho au malalamiko juu ya huduma za afya zitolewazo kituoni.

Nakubaliana ()

Sikubaliani ()

SEHEME E: UPATIKANAJI WA MKATABA WA HUDUMA KWA MTEJA

Mtafiti anapenda kufahamu kama mteja anaweza kuupata mkataba wa huduma kwa mteja katika kituo cha afya Tingi.

14. Tafadhali weka alama ya vema katika kisanduku sahihi, ambapo: **5 = Nakubaliana kabisa, 4 = Nakubaliana, 3 =sina uhakika, 2 = Sikubaliani, 1 = sikubaliani kabisa.**

Na.	Swali	1	2	3	4	5
1	Kituo cha afya Tingi huwapatia wateja wake nakala za mkataba wa huduma kwa mteja					
2	Wateja wanaweza kupata nakala au taarifa zilizomo kwenye mkataba wa huduma kwa mteja kiurahisi wawapo kituo cha afya cha Tingi					
3	Wajibu na haki za watoa huduma za afya na wapokea huduma au wagonjwa zimewekwa waki kwa kubandikwa katika kila idara kwa kwa lugha rafiki kwa wateja katika kituo cha afya Tingi					

**SEHEMU F: MTAZAMO WA WATEJA JUU YA MKATABA WA HUDUMA
KWA MTEJA KATIKA UTOAJI WA HUDUMA ZA AFYA**

Mtafiti anapenda kufahamu mtazamo wa wagonjwa au wananchi juu ya kazi za mkataba wa huduma kwa mteja katika utoaji huduma za afya katika kituo cha afya
Tingi

15. unazungumziaje juu ya tija ya mkataba wa huduma kwa mteja?

Una tija ()

Hauna tija ()

16. Mkataba wa huduma kwa mteja husaidia watoa huduma za afya katika kituo cha afya tingi kutoa huduma kwa tija au kuzingia taratibu na kwa muda mwafaka.

Ndio ()

Hapana ()

17. Mkataba wa huduma kwa mteja humfanya mteja na mtoa huduma kutojiingiza kwenye vitendo vya rushwa.

Ndio ()

Hapana ()

18. Mkataba wa huduma kw amteja umesaidia utoaji wa huduma bora za afya na hata kuiheshimisha kazi ya utoaji wa hududma pamoja na heshima ya kituo cha afya

Tingi..

Ndio ()

Hapana ()

**SEHEMU G: MAONI NA MAPENDEKEZO JUU YA UBORESHAJI WA
HUDUMA ZA AFYA KITUONI**

19. Unatoa mapendekezo gani kwa wadau ili kuboresha huduma na utumizi wa mkataba wa huduma kwa mteja katika kituo cha afya Tingi.

(a) Kwa watoa huduma za afya

.....
.....
.....

(b) Kwa wagonjwa au wananchi wenzangu

.....
.....
.....

(c) Kwa serikali

.....
.....
.....

**APPENDIX VI: INTERVIEW GUIDE TO INTERNAL CUSTOMERS’
INCHARGE**

1. Are the employees aware of the term client service charter?
2. Does your organisation have client service charter?
3. Does your Organisation provide customers with CSC copies?
4. How about the accessibility of CSC at Tingi health center?
5. Do you have enough working facilities (workforce, treatment facilities, and fund) for service provision to customers?
6. Do you get complains from clients on the services rendered by your organisation?
7. Are employees comfortable with the execution of client service charter at your organisation?
8. Does the client service charter execution help your organisation to operate free from corruption?
9. What suggestions would you recommend to the actors so as to improved health services:
(a) Health service providers (b) Citizens/patients(c) The Government

Thank you for your participation

APPENDIX VII: MAHOJIANO NA KIONGOZI WA WANANCHI

1. Uelewa wa mkatabata wa huduma kwa mteja upoje kwa watu wanaopata huduma katika kituo cha afya Tingi?
2. Je mkataba wa huduma kwa wateja/wagonjwa unatekelezwa na upatikanaji wake upoje katika kituo cha afya cha Tingi?
3. Ni kwa namna gani uwepo wa mkataba wa huduma kwa wagonjwa unarahisisha utoaji wa wa huduma za tiba kwa wananchi?
4. Je huwa unapokea maoni ya wananchi/wagonjwa juu ya utekelezaji wa mkataba wa huduma kwa wateja?
5. Wananchi/wagonjwa wanaupokeaje mkataba wa huduma kwa wagonjwa kama mbinu ya kuleta ufanisi katika utoaji wa huduma za afya?
6. Nini maoni yako juu ya uboreshaji wa huduma za afya kwa:
(a) Wahudumu wa afya (b) Wananchi/wagonjwa (c) Serikali

Ahsante kwa ushirikiano uliouonyesha.

APPENDIX VIII: OBSERVATION KIT

- Information displayed on notice boards or department doors
- Both internal and external customers attitudes (facial impression, talking tone)
- Services on progress in different departments (RHC, OPT, IPD, CTC)

