



Availability of Effective Complaints Mechanism in Public Health Facilities



**Experiences from Health Service users
in Selected Health Facilities**

October 2013



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On behalf of Sikika, I recognize all individuals and institutions that contributed in the accomplishment of this study.

I thank you all!

Mr. Irenei Kiria

Executive Director

LIST OF ABBREVIATIONS

CSO (s)	Civil Society Organisations
HFCC(s)	Health Facility Governing Committees
IHI	Ifakara Health Institute
KIWAJAKO	Kikundi cha Wanawake Wajane Kondo
HSSP	Health Sector Strategic Plan
LGA (s)	Local Government Authorities
MoHSW	Ministry of Health and Social Welfare
MVAKO	Muungano wa Vikundi vya Afya Kondo
PO-PSM	President Office, Public Service Management
PMO-RALG	Prime Ministers' Office, Regional Administration and Local Government

Cover Page: Unidentified citizen in Matui dispensary, Kiteto district trying to put her complaints in a suggestion box, unfortunately, she is too short to reach the box.

Source: Sikika field monitoring survey, 2012

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EXECUTIVE SUMMARY

The availability of an effective complaints mechanism in the health system is an essential factor in the provision of quality health services. This mechanism offers an opportunity for service users to provide feedback on the quality of the service they receive and other information that is useful in enhancing service provision. An effective complaint system must be both visible and easily accessible to the service users and should be able to respond timely to the complainants' needs as well as the identified problem.

Guided by the assumption that the existence of an effective complaints mechanism system leads into improved health service provision by ensuring that workers adhere to their professional ethics, Sikika, a local health advocacy non-governmental organisation, conducted a study in six districts of Kinondoni, Temeke, Ilala, Kibaha Rural, Kondoia and Mpwapwa, to explore both the existence and functioning of complaints mechanism measures at the health facility level.

The study findings show that the percentage of citizens confirming the availability of complaints mechanism methods in Kinondoni, Ilala, and Temeke districts was 77%, 73%, and 68%, respectively. These districts based in the city of Dar es Salaam are more urbanised than 40%, 37%, 22% of the respondents affirmed Kondoia, Mpwapwa and Kibaha, whose availability of complaints mechanism measures, respectively. On the whole, the more urbanised settlements had more established health facility complaints mechanism strategies than the less urbanised centres. The study further reveals that the suggestion box was the most commonly used means of effecting complaint mechanism as cited by 80% of the respondents. Kinondoni district was noted to have the most effective complaint mechanism (66%). Mpwapwa district was found to have the least effective complaints mechanism as cited by 71% of the respondents followed by Kibaha (68%) and Ilala (62%).

On the basis of these findings, Sikika implores responsible institutions such as district authorities, Health Facilities Service Boards and Committees, local government officials, health facility in-charges and the President's Office, Personnel Service Management (PO-PSM) to ensure that contextualised complaints mechanism measures were in place in both rural and urban settings,

taking into account the nature of the population utilising these mechanisms.

It is our expectation that these study findings would provide evidence pertaining to the availability and effectiveness of the complaints systems in the public health facilities. Moreover, we expect that the study's recommendations will be acted upon by the government and other stakeholders with a view to enhance public health facility complaints mechanism means and consequently increase the utilisation of these facilities by the service users.

CHAPTER ONE:

BACKGROUND INFORMATION

The existence and functioning of a complaints mechanism at any health service delivery point is one of the key prerequisites to improving the quality of health service delivery in Tanzania. Non-existent or not functioning complaints mechanism has a negative impact, not only on the provider - user relationships but also on the quality of health service delivery as it reduces the chance of service users to raise their concerns for betterment of health services.

The Public Service (Amendment) Act of 2007, the Client Service Charter by the Ministry of Health and Social Welfare (MoHSW) and the Tanzania Health Policy of 2007 all aim at improving the quality of health services for all Tanzanians. However, Sikika and other stakeholders have documented reports of ethical misconduct among healthcare workers such as corruption, use of abusive language, absenteeism, favouritism, drunkenness, which are connected with either the nonexistence or ineffectiveness of complaints mechanism or both (Sikika, 2010; the Warioba Report, 1996).

According to Ombudsman (2010), people make complaints when they are unhappy with a decision, the way a service was delivered, the quality of service received, or the behaviour of staff providing that service. The number of complaints may increase if the services offered do not meet the users' expectations on the aspects of economy, efficiency, effectiveness, fairness, impartiality, accessibility and responsiveness. In the health sector, low quality of health services provided is the major reason behind the complaints made (URT, 2009). Barbour (2010) pointed out that the increased number of complaints among the citizens can be attributed to the increasing awareness of their rights and the responsibilities of the public and community sector. Dramatic improvement of service levels in the private sector on the other hand, means people expect all agencies to deliver their services in a similar, responsive fashion (Ombudsman, 2010).

The determination of the citizens' satisfaction with the services they receive, whether they are of a high standard or low quality depends on the availability of a functional and effective satisfaction determining mechanism. Any statement or

expression regarding their dissatisfaction with the services delivered is referred to as a complaint, and the means for expressing this complaint is known as a complaints mechanism. Standards Australia (2006, p.2) defines a complaint as “any expression of dissatisfaction made to an organisation related to its product, or the complaints handling process itself, where a response or resolution is explicitly or implicitly expected”. Similarly, Ombudsman (2010, p.7) defines a complaint as “an expression of dissatisfaction with the agency’s policies, procedures, charges, employees, agents, quality of service or goods sold or provided”.

A complaints handling system is an organised way of responding to, recording, reporting and using complaints to improve services offered to customers. This system includes procedures for customers to make complaints and guidelines for staff in dealing with complaints, and providing information to managers and other personnel that can assist them to avert customer dissatisfaction in future (Ombudsman, 2010).

In Tanzania, the health sector is one of the government sectors with a lot of complaints from both service providers and users. Service providers (health workers) generally complain about the working environment and remunerations. Indeed, low salaries, low motivation, poor working conditions, shortage of equipment and supplies, constitute their major complaints. The service users (customers), on the other hand, largely complain about the misconduct of health service providers as manifested through corrupt practices, favouritism, shoddy services, and shortage of medical supplies. These complaints among health service users are also connected to inequalities in the distribution of healthcare benefits (Ifakara Health Institute [IHI], 2010). It is against this background that this study was embarked upon, with a primary purpose of exploring the availability of complaints mechanism strategies and how they are being utilised.

The effectiveness or ineffectiveness of a complaints mechanism refers to the extent to which citizens are able to communicate their complaints to the health authorities and how these complaints are being addressed to improve health services. Generally, the availability of an effective complaints mechanism is beneficial not only to the service users, but also to service providers as well as the government itself since such a mechanism provides an opportunity

for reforming the health system in the country, especially at the facility level. Given a chance, citizens (service users) play a great role in helping to improve service delivery in any health system. In the absence of an effective complaints mechanism, their contribution is obscured and tends to be overlooked.

Studies in Tanzania such as Downward Accountability (2009) show that many Tanzanians complain about the quality of health services delivered to them; however, the majority of them do not even know how to lodge their complaints so that they can reach the authorities. These studies have elucidated that much as the available complaints mechanism strategies in many health facilities in are useful, they are not effective enough to help the citizens voice their concerns and be heard. The reasons for lack of effective complaints mechanism are many. The most commonly cited ones include lack of government commitment in having a strong legal framework and lack of a specific policy governing the availability of effective complaints mechanism in the country's health facilities. Other reasons include illiteracy among most of the citizens (service users), especially those living in the rural areas and weaknesses inherent in the system for managing the existing complaints mechanism.

Guided by the assumption that the availability of an effective complaints mechanism can help enhance adherence to professional ethics among health workers, Sikika conducted this study in Kinondoni, Temeke, Ilala, Kibaha rural, Kondo and Mpwapwa to explore both the availability and functioning of complaints mechanism at health facility level in these six districts. The study was operated on the assumption that the existence of effective complaints mechanism in the health facilities will result into improved adherence to professional ethics among health workers. The findings of the study provide evidence of availability of effective complaints mechanism in public health facilities in the districts under study. This understanding will help to facilitate understanding of the status of the country's complaints mechanism deployed in the public health sector. Also, the subsequent recommendations based on the findings can be acted upon by the government to improve the complaints mechanism in the public health sector and enhance the quality of health services and utilisation of these services by users.

CHAPTER TWO: METHODOLOGY

This descriptive cross-sectional study was conducted to explore both the existence and functioning of complaints mechanism means at health facility level. The study population was health service users at selected health facilities in six districts, namely; Temeke, Ilala and Kinondoni in Dar es Salaam region, Kibaha rural in Coast Region as well as Mpwapwa and Kondo Districts in Dodoma. These districts are the Sikika intervention areas. Specifically, health facilities with Care and Treatment Services for HIV/AIDS clients were selected from 45 wards (10 in Dodoma, 30 in Dar es Salaam and 5 in the Coastal region).

A total of 390 health service users were randomly selected from the six districts under study. The initial plan was to have 10 respondents from each of the identified 45 wards (5 males and 5 females). However, in some wards, it was not possible to get 10 respondents. A self-administered questionnaire with both open and close-ended questions was used to collect the required information. The questionnaire interviews were conducted at the health facility premises after the respondents had completed all the treatment procedures. Data collection was conducted from early June to August 2011; the information was validated in 2012. Each Sikika volunteer distributed and collected 10 questionnaires from the respondents.

Prior to data collection, local authorities were contacted for written authorisation, also verbal consent was obtained from each participating individual at the beginning of the interview and after explaining to them the purpose and possible use of the research findings. In addition the respondents were made to understand that they were at liberty to withdraw from the study at any point during the interview process.

Limitations of the study during the data collection process included illiteracy and language barrier on the part of the respondents, especially those living in the rural areas. To address these limitations, the interviewers deployed translators who translated questions from Kiswahili to the mother-tongue of the respondents. For illiterate respondents, a volunteer from the group of the respondent was located

to assist his/her fellow respondent in writing out his or her responses. Also, the study findings are confined to the six districts under study—Ilala, Kinondoni, Temeke Kibaha rural, Kondoia and Mpwapa. As such, the results might only be applicable to the districts surveyed and may not be generalised to other areas of Tanzania without qualification. Furthermore, most of the study findings were based on the responses of the health service users. The implication is that the findings could have been different had service providers been included as respondents.

CHAPTER THREE:

STUDY FINDINGS AND DISCUSSION

“Why should I bother myself to put my complaint into the suggestion box when I know the facility in charge has been fishing out papers from the box using a glued stick?”

—Respondent

Availability of complaints mechanism at the facility level

To assess the availability of complaints mechanism means at the facility level, health service users were asked whether there were any kind of complaints mechanism strategies in their respective health facility. The analysis of the data with respect to rural-urban settings revealed that the respondents in the facilities located in urban districts expressed more availability of the complaints mechanism means as compared to rural facilities. Figure 1 below shows that more respondents expressed availability of complaints mechanism means in Kinondoni (77%), Ilala (73%) and Temeke (68%) all in Dar es Salaam than in the three remaining districts of Kibaha (32%), Kondoia (40%) and Mpwapwa (37%).

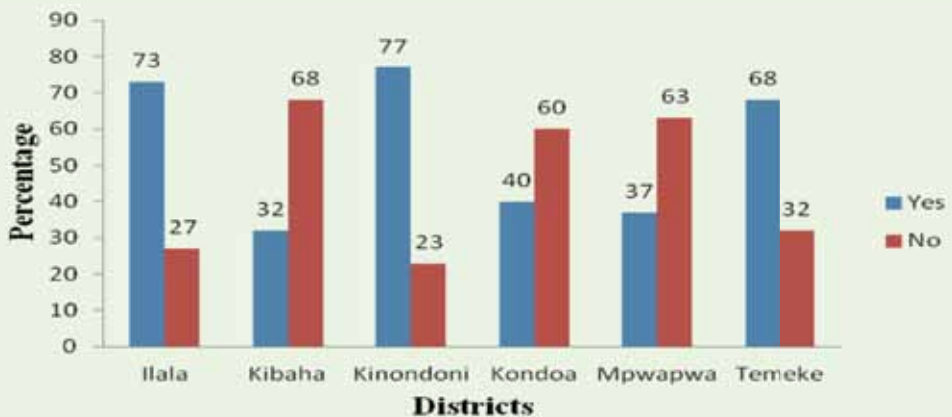


Figure 1: Respondents' expression of availability of complaints mechanism in six districts surveyed, 2011

Of all the respondents who confirmed that their health facility had a complaints mechanism available, the suggestion box featured as the most available strategy at their health facilities in all the six districts. It was only in Kondoa district that the use of community meetings slightly edged out the suggestion box. Kondoa was also the only district where health committees featured significantly as a complaints mechanism strategy even though not at the same lofty levels as the suggestion box mentioned in other districts. In other districts, some means were indicated to be either non-existent or rather insignificant. These findings have been summarised in Figure 2.

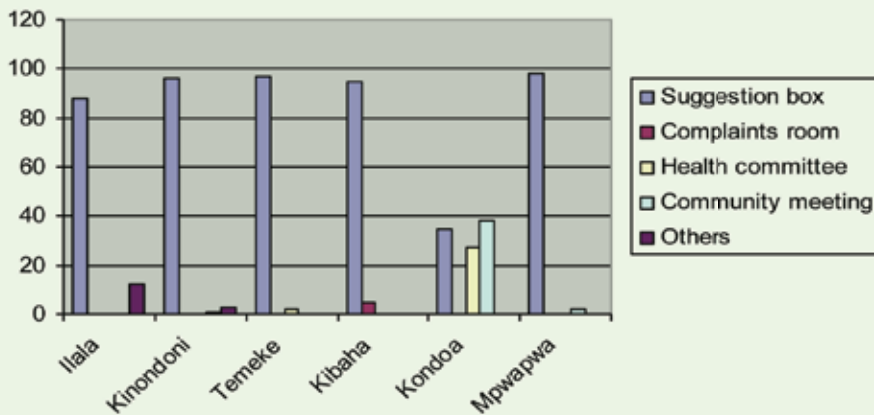


Figure 2: Complaints mechanism strategies found at health facilities in six districts, 2011

Effectiveness of Complaints Mechanism methods

To answer the question on whether or not a particular complaints mechanism method was effective, the respondents were asked to state specifically whether the strategies used by citizens to raise their concerns were correct. The assumption was that the respondent's perception of a strategy as the right method meant that the method had yielded a positive outcome from the estimation of the users particularly in helping to deal with the issues raised. In this regard, then the method employed may be considered an 'effective' complaints mechanism strategy. However, the respondents were not inquired

to state the number of issues/concerns raised that were actually resolved using the respective strategy. The results may not represent the true effectiveness of the mechanism. Figure 3 represents the respondents' perception on the effectiveness of the complaints mechanism at their health facilities. Sixty six percent (66%) of the respondents in Kinondoni expressed that the complaints mechanism methods that are at their health facilities were effective unlike respondents in other districts; i.e 38% Ilala, 51% Temeke and 32% Kibaha. Most of the respondents from the remaining districts perceived their complaints mechanism strategies to be ineffective. Sixty two percent (62%) of the respondents in Ilala district said their complaints mechanism means were not effective. Similarly, the majority of the respondents in Mpwapwa (71%), Kibaha (68%) and Kondoia (58%) said their strategies were ineffective.

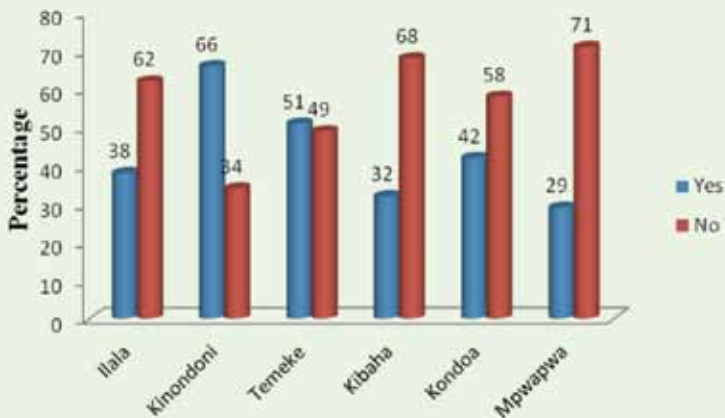


Figure 3: Effectiveness of the existing complaints mechanism in six districts surveyed, 2011

The reasons cited for the perceived ineffectiveness were that, the strategies used limit the voluntary participation of the citizen in making their complaints to the responsible organs such as Health Facility Governing Committee members, Local Government officials and health facility in-charges for immediate decisions. Service users said they feared using the suggestion boxes and other means such as community meetings.

DISCUSSION

Findings from this study shows that 57% of the respondents from all the six districts faulted the most common method —the suggestion box —as ineffective due to several inherent weaknesses associated with it. The reasons the respondents mentioned for not using suggestion boxes were; lack of confidentiality, illiteracy, its management mandate and time consuming as discussed here under;

Lack of confidentiality: Since suggestion boxes were positioned in open areas, health facility users hesitate to use them for fear of negative consequences in terms of health services they could receive after being noticed by healthcare providers who might punish them[literal meaning: At least, in the urban areas you have many optional health facilities at your disposal, but here in the rural area we only have one hospital and, as such, I fear approaching the suggestion box lest I be denied health services],a response provided by one of the respondents in Kondo.

Illiteracy: Many of the rural area dwellers can not read and write. This state of illiteracy makes it difficult for them to participate effectively in channelling their complaints through the most commonly used means—the suggestion box, which requires that they write down their complaints and possible suggestion.

Management: Since the suggestion box is managed, handled and supervised by the health facility in charges of the health facility in question, it is possible that the complaints may not reach the intended organs responsible for handling the complaints. For instance, the respondents explained, if a patient makes a complaint through the suggestion box on corruption malpractices among health workers at a certain health facility, it is the same workers who also manage the suggestion box hence the chances of the complaint ever reaching the disciplinary organ are slim or simply nil. Such complaints, they said, ended up being dumped at the same health facility without ever reaching the intended target, and hence no immediate actions are taken to redress the situation. This situation causes apathy among service users as they don't get feedback and they don't experience any changes.

Time consuming: Health facility users are not comfortable with the use of the suggestion boxes as it takes a long time from the date when they deposit their complaints to the time their complaints reached members of the health facility committees. In addition, some health service users complained that they did not even see the envisaged or desired changes in the health service delivery despite the previously made suggestions/complaints they.

For other complaints mechanism methods deployed such as community meetings and phone calls, the study findings reveal that though useful, they are not effectively implemented. For example, community meetings were found to be held sporadically or periodically, not on regular basis. Similarly, phone calls, though useful, were not effectively used due to low emphasis coupled with the cost implications especially for the rural communities. In addition to that, the study findings show that complaints rooms are not effectively utilised as a means for responding to service users' complaints. Health care workers shortage was the main reason for not implementing this method mentioned by service provider; facilities were not able to assign someone to handle complaints due to shortage of workers.

Despite these attendant problems, an effective complaints mechanism/system is an essential measure in providing quality health service. After all, it constitutes a degree of customer satisfaction. Moreover, it provides feedback on salient health service aspects since the views of the users point out what works well and what does not. It also serves as a useful source of information for making further adjustments and improvement in the services being offered (Ombudsman, 2010). Characteristically, an effective complaints system must be both visible and easily accessible to the public. Also, effective complaints management requires responding to the complainant's needs as well as promptly dealing with the problem identified through the process. For a complaints mechanism to work well, the users must be made aware of their right to complain and how to go about doing so. Information about the agency's complaint handling system should also be included in any customer service, or guarantee of service statement.

Indeed, Sikika views an effective complaint mechanism to be the first and foremost prerequisite for improved health service delivery in Tanzania. Sikika

further recognises that an effective complaints mechanism ensures that there is timely response to users' complaints and, thus, it helps to ensure health service user satisfaction. Also, an effective complaints mechanism guarantees feedback on the health service providers' performance even as they continue to deliver services to the citizens.

It is pleasing to note that policies and procedures for establishing complaints mechanism in health facilities in Tanzania have been institutionalised. However, regardless of the existence of these policies and procedures, the study found that the responsible organs, Health Facility Governing Committees, for example failed to fulfil their responsibilities through timely responding to complaints raised by health service users.

On the other hand, it was established that most of the health service users did not lodge in their complaints for fear of reprisals and primarily because of the established precedent of lack of tangible benefits resulting from their complaints. Indeed, the organs responsible were described as failing to be responsive to their complaints, hence creating an impression that the exercise was futile.

On the whole, health service users in the rural areas appear to be more affected by ineffective complaint mechanism. Consequently, they do not only stop using the existing complaints mechanism methods to make their disenchantment felt but also their confidence in speaking out their complaints has been severely eroded.

Furthermore, presently, administrative measures exist only when it comes to dealing with health service complaints. Indeed, there are no legal channels that allow citizens to table their complaints on poor health service delivery in their respective health facilities.

The experience from Trinidad and Tobago reveals that the Ministry of Health recognises the significance of the availability and effectiveness of complaint mechanisms in improving the quality of health service delivery in the country's health sector (www.health.go.tt). As such, the government of Trinidad and Tobago treats complaints as a valuable source of information that can determine the quality of health care services they provide. Using feedback from its citizens,

the government of Trinidad and Tobago, through its Health Ministry, identifies areas of weaknesses and makes the necessary improvements to the health delivery system.

Similar to the case of Tanzania, Trinidad and Tobago, deploys suggestion boxes as a primary means for collecting complaints on health care services from its citizens. To make them accessible, the authorities strategically have placed these suggestion boxes throughout public health facilities so that citizens (health service users) can tell the government how they feel about the services they received.

To make the complaint mechanism more effective, the government of Trinidad and Tobago through its Health Ministry has established a legal framework, specifically through a Charter that provides for the citizens' right to complain when dissatisfied with the services they receive. This Charter, known as the "Patients Charter of Rights and Obligations,"¹ clearly states that citizens have a right to file a complaint when they consider their rights are being infringed upon.

Moreover, to ensure the complaints mechanism is effective, especially in protecting citizens from any retribution actions that could make them victimised by health workers, the government of Trinidad and Tobago has enacted a code of ethics that prohibits health professionals from abusing the patients/clients. In making sure that the citizens' complaints reach the intended authorities for immediate actions, the country's the Ministry of Health has established units that are responsible for dealing with healthcare provision complaints from citizens. In fact, the primary care quality co-ordinator at the Quality Department of the regional health authority handles the citizens' complaints about the services on offer at any public health facility.

The Ministry of Health and Social Welfare (MoHSW) in Tanzania can learn from the Trinidad and Tobago experience, particularly the good things that make their health service complaints system work. In particular, it could also introduce safeguards that would not only guarantee the rights of the health service users to complain about the shoddy services they received but also protect their rights to ensure that they were not unnecessarily victimised for simply raising a

1 The Patients' Charter of Rights and Obligations

genuine concern. The establishment of a Charter to provide for and guarantee citizens' right to complain is one key area Tanzania can learn from Trinidad and Tobago. Also, the government of Tanzania, through its MoHSW, should consider citizens' complaints or feedback as important inputs that it can utilize in its efforts to improve the health sector in the country and promote quality services that users are happy with.

CHAPTER FOUR:

CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

The analysis of the data with respect to rural-urban settings has revealed that more respondents in the facilities located in urban districts confirmed availability of complaints mechanism as compared to respondents in the rural facilities. Of all respondents who agreed that their health facilities had a complaints mechanism available, the suggestion box featured as the most available means utilized at their health facilities in all six districts. On the other hand citizens in the five out of six districts where this study was conducted did not commonly use community meetings, complaints room, and health committees as complaints mechanism strategies. Most of the respondents perceived their complaints mechanism methods to be ineffective.

4.2 Recommendations

Based on the respondents' views that complaints mechanism measures were generally available at health facilities but ineffective, this study recommends the following:

1. LGAs should establish accountability framework which would ensure that the organs responsible for responding to users' complaints such as HFGC, professional bodies, ethical committees, etc., fulfil their obligations of responding to the users' complaints in the most effective and fair manner.
2. The government should institutionalise a legal framework that would take care of complaints that might require legal procedures.
3. The PO-PSM and district authorities should establish regular follow-up and monitoring surveys to ensure that functional complaints mechanism means are in place in all health facilities and that they work in an effective manner.

4. The PMO-RALG and the PO-PSM (Ethics unit) should conduct frequent and periodic complaints mechanism avenues such as community meetings and health committees meetings so that service users can participate effectively by contributing their views towards betterment of health service provision.
5. LGA officials (Sub-ward/Village leaders) and Civil Society Organisations (CBOs) should take initiatives to raise people's awareness, particularly in the rural areas, on their right to complain whenever they are not satisfied with the quality of health services delivered to them.
6. The POPSM and PMO RALG should ensure that different types of complaints mechanism means are available and functioning at all the health facilities, timely respond to complaints and provide health service users' education on the use of the mechanism.

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6.0 APPENDICES.

1. List of surveyed districts and health facilities

DISTRICT	HEALTH FACILITY
Ilala	<ul style="list-style-type: none"> • Amana Hospital • Mnazi Mmoja Health Centre • Vingunguti Dispensary • Kiwalani Dispensary • Segerea Health Centre
Kinondoni	<ul style="list-style-type: none"> • Tegeta Dispensary • Bunju Dispensary • Boko Dispensary • Ununio Dispensary • Mlakuwa Dispensary
Temeke	<ul style="list-style-type: none"> • Chamazi Dispensary • Mbande Dispensary • Mvuti Dispensary • Mwongozo Dispensary • Mbutu Dispensary
Kibaha	<ul style="list-style-type: none"> • Mlandizi Health Centre • Magindu Health Centre • Ruvu Station Dispensary • Kwala Dispensary
Kondoa	<ul style="list-style-type: none"> • Busi Health Centre • Kwamtoro Health Centre • Kisese Health Centre • Makorongo Health Centre • Hamai Health Centre(Songolo)
Mpwapwa	<ul style="list-style-type: none"> • Mima Dispensary • Mpwapwa District Hospital • Rudi Health Centre • Pwaga Dispensary

2. Questionnaire

QUESTIONNAIRE FOR MONITORING HEALTH SERVICE DELIVERY IN HEALTH FACILITIES

Name of the interviewer:

Name of Health Facility:

Level of Facility (Dispensary, Health Centre, Hospital):

Ward: District: Date:

1.0 BACKGROUND INFORMATION OF THE RESPONDENT

1.1 Name: (Optional)

1.2 Mobile Number:

1.3 Sex: 1. Male () 2. Female ()

1.5 Level of Education

1. Standard VII () 2. Form Four () 3. Form Six ()

4. Diploma () 5. Degree () 6. Others:

2.0 USERS' SATISFACTION WITH THE HEALTH SERVICES PROVIDED

2.1 How many times have you used this health facility?

(1) Once () (2) Twice () (3) Three Times ()

(4) Four Times () (5) More than 5 times ()

2.2 Are you satisfied with the services provided by this facility in the following areas?

(a) Reception desk? 1. Yes () 2. No ()

Please give reasons for your answer

.....
.....

(b) Billing and Payment Department? 1. Yes () 2. No ()

(c) Please give reasons for your answer

.....
.....

(d) Doctor's Consultation Room? 1. Yes () 2. No ()

Please give reasons for your answer

.....
.....

(e) Laboratory Department? 1. Yes () 2. No ()

Please give reasons for your answer

.....
.....

(f) Pharmacy Department? 1. Yes () 2. No ()

Please give reasons for your answer

.....
.....

(f) Mother and Newborn Child Health (MNCH) Unit?

1. Yes () 2. No ()

Please give reasons for your answer

.....
.....

2.3. Is there any way/s that is used by this health facility to receive complaints from service users/patients?

1. Yes () 2. No ()

2.4 If the answer is YES to question 2.3 above, what are those ways?

Please list:.....
.....

2.5 In your opinion, do you think these ways are effective in responding to health service users' complaints?

1. Yes () 2. No ()

3.0 WAITING TIMES

3.1 After completing the registration procedures, and given instructions to wait for the doctor/health service provider, how long did it take for you to see him or her?

1. Less than quarter an hour () 2. Half an hour ()
3. One hour () 4. More than an hour ()

3.2 In your opinion, what do you think could be the cause of the above stated waiting time? Please elaborate:

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

Sikika works to ensure equitable and affordable quality health care services through health systems and social accountability at all levels of government



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