



HEALTH CARE WORKERS' ADHERENCE TO PROFESSIONAL ETHICS

A Score Card Report on the Experience from
45 Health Facilities in Six Districts of Tanzania Mainland



December 2012



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On behalf of Sikika, I thank all individuals who participated in this study in one way or another.

Mr. Irenei Kiria

Executive Director

LIST OF ABBREVIATIONS

HCWs	Health Care Workers
HFGCs	Health Facility Governing Committees
MCH	Maternal and Child Health
MoHSW	Ministry of Health and Social Welfare
MPs	Members of Parliament
PCCB	Prevention and Combating of Corruption Bureau
PO-PSM	President's Office, Public Service Management
SPSS	Statistical Package for Social Sciences
URT	United Republic of Tanzania
WEOs	Ward Executive Officers

Cover page: Nurses in Arusha taking the oath which commits them to be faithful and not engage in corrupt behavior during commemoration of International Nurses Day May 2013

Source: <http://rweyemamuinfo.blogspot.com>

EXECUTIVE SUMMARY

Adherence to professional ethics by health care workers (HCWs) is one of the most critical aspects of quality health service delivery as it involves the way service providers interact with service users. This interaction affects the way service users perceive and access health services.

In recent times in Tanzania, there have been increases in reported cases of non-adherence to professional ethics among HCWs at both public and private health facilities. Issues of favouritism, petty corruption, use of abusive language and absenteeism are especially common in most of public health facilities.

In this qualitative study, Sikika conducted research in 45 health facilities in Kibaha Rural, Kinondoni, Ilala, Temeke, Kondoia and Mpwapwa Districts in Tanzania by use of 802 score-cards. The aim of the study was to assess the level of adherence to professional ethics among HCWs at the point of public health service delivery. The respondents were 900 citizens (450 males and 450 females) randomly selected.

The study findings affirmed that, cases of professional misconduct are, indeed, widespread in the health facilities under review. For example, 69% of the respondents in Temeke district said that some HCWs were not present at their health facilities all the time during work hours. In Kondoia district, 63% of the respondents indicated that some health workers used abusive language when communicating with their patients. Ilala district was found to be leading other districts in corrupt practices and favouritism among HCWs as it scored 27% and 56%, respectively, on these issues.

On the basis of these findings, the study recommends that the President's Office, Public Service Management (PO-PSM) take measures to identify factors behind such non-adherence to professional ethics by HCWs. They should strengthen management and supervision of HCWs, especially those posted in remote areas. Furthermore, the study suggests the strengthening of the existing

patients' complaints mechanisms to make them more effective in responding to health service users' complaints at all levels of health service delivery. Community involvement in the management of health facilities will improve the accountability of health workers, while making communities responsible to address any shortfalls leading to non-adherence to professional ethics.

PART ONE

INTRODUCTION

The existence of unethical behaviours among health workers hinders the accessibility of quality health services for citizens as it creates disharmony in the relationship between health workers and health service users. Once there is no good relationship between the two sides, health service users will not be satisfied with the services rendered to them. This dissatisfaction implies poor quality of the health services on offer. In other words, non-adherence to professional ethics by health workers do not only affect the quality of services citizens receive but also erodes the reputation of health professionals and all other officials in the health system. Such a negative perception may further hinder the people's access to public health services.

The 2005 Tanzania Public Servant Act and the 2003 Public Servants' Codes of Ethics were established and institutionalised in the public sector to strengthen the public servants' adherence to ethics. Health workers in Tanzania, as civil servants, are also bound by these legal and ethical demands. Client Service Charter of the Ministry of Health and Social Welfare also oblige health workers to deliver services according to health service users' expectations. They both insist on health workers to shun all corrupt practices such as asking for or receiving bribes, use of abusive language, favouritisms, drunkenness and absenteeism.

However, in spite of the aforementioned efforts, issues of poor adherence to professional ethics by public servants are becoming more common in Tanzania. For many years now, the same has culminated to heated debates different avenues such as media and the National Assembly. The Tanzania government have been helplessly promising to take measures and address such practices as they affect quality of health care delivery. Yet, Such unprofessional practices by health workers are still regular daily news in local media and have led to perennial public outcry.

It is in this view that Sikika wanted to find out how public health workers conduct themselves in some of the areas where Sikika works in order to inform our interventions. This information can serve for advocacy and corrective action

by both the government and oversight bodies towards improving the quality of health service delivered by health workers in Tanzania.

This report is organized into five parts; part one carries the introduction, part two objective of the study and methodology, part three study findings, part four discussion and lastly conclusion and recommendations.

PART TWO

OBJECTIVE OF THE STUDY AND METHODOLOGY

2.1 OBJECTIVE OF THE STUDY

The primary objective of this study was to assess the health workers' adherence to professional ethics from the perspective of the health service users. Specifically, it looked at a wide range of cadres, such as nurses, doctors, midwives using a select set of indicators derived from the Public Servant Act and the Code of Ethics.

2.2 RESEARCH METHODOLOGY

The study was conducted in 45 health facilities located in 45 wards of six districts namely Kinondoni, Ilala and Temeke in Dar es Salaam region; Kondoa and Mpwapwa in Dodoma region; and Kibaha in Coastal region. This study targeted health facilities service users. Twenty (20) health service users were randomly selected from communities of each of the 45 health facilities to obtain a sample of 900 respondents.

A scorecard¹ was deployed as the primary data collection tool. This scorecard was used to collect the citizens' views on the level of adherence to professional ethics among healthcare workers. The respondents score against a select set of ethical indicators that Sikika generated from the 2005 Tanzania Public Servant Act and 2003 Code of Ethics for Public Service. Each of the selected indicators was assigned rates. The respondents were asked to score against the rates they deemed appropriate for each parameter and justify their scores with reasons. After data collection, the data were examined, coded and analysed with the help of the Statistical Package for Social Sciences (SPSS). The generated output were summarised and presented in charts.

1 Score is a qualitative monitoring tool, which is used for local level monitoring and performance evaluation of services, projects and even government administrative units by communities' themselves. (www.worldbank.org)

Prior to data collection, a formal letter (explaining both the objective and timing of the study) was written and submitted to all in-charges of health facilities and Ward Executive Officers (WEOs) in which the study was conducted. During data collection, citizens were allowed to refrain from scoring exercise whenever they did not feel like doing so. Moreover, this was a voluntary exercise in which the respondents had to provide consent after the objective of the study was explained to them.

PART THREE

STUDY FINDINGS

This part presents the major findings of the study. It presents the respondents scoring against a select set of ethical indicators that Sikika had generated from the 2005 Tanzania Public Servant Act and 2003 Code of Ethics for Public Service. These indicators were the use of abusive language by the health workers while attending to the service users, absenteeism, corrupt behaviour, and favouritism. Each of the selected indicators was assigned rates that the respondents scored and provided a justification for their selection. The subsequent sub-sections deal with each of these four parameters.

3.1 Use of Abusive Language by Health Care Workers

Abusive language refers to a language that, when taken into context, tends to, or is likely to expose an individual or group or class of individuals to hatred, ridicule, or contempt on the basis of race, national or ethnic origin, colour, religion, sex, sexual orientation, age or mental or physical disability (www.freedictionary.com)

To assess the level of health workers' adherence to ethics, the respondents were asked to score against how these workers either used or did not use abusive language. This indicator helped to gauge whether the workers were cordial and friendly in their approach to their clients as their professional duties demand. The respondents were requested to score on the language of the health workers used when communicating with them as service users. The scores to this indicator were rated as "Pleasant" (meaning health workers do not use abusive language); "Fair" (meaning some of the health workers use abusive language while others do not); and "Not Pleasant" (meaning most of the health workers use abusive language).

The summarised data below show that a large proportion of respondents (63%) in Kondoa described the language the health workers used at their health facilities being unpleasant. Also, unpleasant languages were noted in Kibaha (44%), Temeke (31%) and Ilala (26%); Mpwapwa and Kinondoni scored 25% each. The responses from these respondents demonstrate that the health workers

in these health facilities generally did not abide by their professional ethics that require them to perform their duties diligently and with good mannerisms so as to ensure the beneficiaries of their services are satisfied. Figure 1 provides a complete breakdown of the responses on this indicator for all the six districts under study:

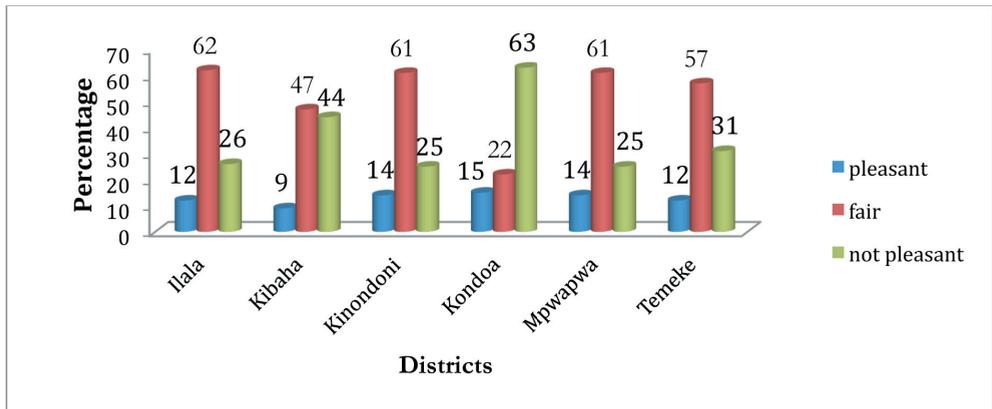


Figure 1: Citizens Responses about the Language Used by Health Workers

Figure 1 above shows that most of the health service users were generally not completely satisfied with the language used by many of the health workers when communicating with them at the point of service delivery.

During the subsequent discussion with the health service users that was held after the scoring exercise, it was established that the Mother and Child Health (MCH) section leads other departments when it comes to the use of abusive language by health workers.

3.2 Absenteeism

Absenteeism² is defined as the habitual failure to appear, especially for work or other regulatory duties or the rate of occurrence or habitual absence from work or duty. Absenteeism was used as an indicator of the study on adhering to professional ethics among health workers at the facility level since, as

² (www.thefreedictionary.com)¹

professionals, the health workers were duty-bound to report for their work to avoid disrupting the provision of these essential services, let alone compromise their quality. In fact, the 2003 Code of Ethics for Public Service directs all public servants, including health workers, to observe the official working hours by reporting to their duty stations and honouring all their work hours by undertaking their designated responsibilities.

With the purpose of assessing the extent of absenteeism in the health facilities under study in the six districts, the service users were asked to indicate whether the health workers were present in their duty stations during working hours. The scorecard required the respondents to assess the behaviour of the health workers by picking one of the three options provided: “present all the time,” “sometimes they are in - sometimes they are out” and “not present at all.”

The findings from the scores report by the citizens show that in most cases the health workers do not abide by the code of ethics—they were not found at work as directed by the code itself. Temeke was found to be the most notorious district when it comes to absenteeism. The healthcare workers in the health facilities under review are ‘sometimes in and sometimes out’ as reported by the majority of the respondents (69%). It was followed by Ilala which was reported by a similarly high number of disenchanted clients (65%). Also found notorious under this indicator was Mpwapwa (as reported by 62% of the respondents) and Kinondoni (59%). Kibaha was reported by half (50%) of the respondents. Only Kondoia had less than half of the respondents indicating their unhappiness with the work rate of the health service providers (44%). Figure 2 provides a summary of the findings:

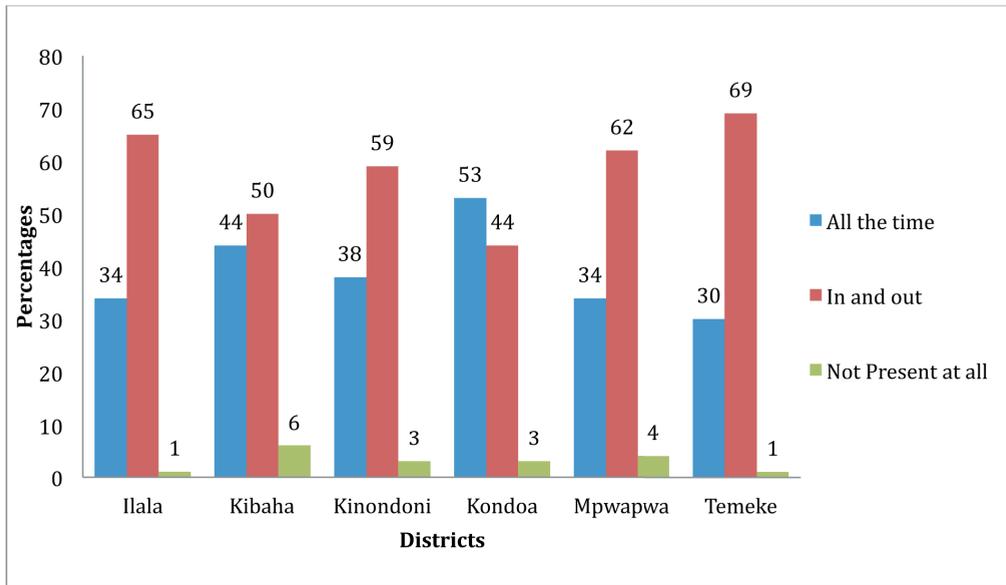


Figure 2: Absenteeism amongst Health Workers during Work Hours

Figure 2 above shows a worrying trend amongst health workers when it comes to honouring the requirements that they report and stay at their duty station for all their statutory work hours. In fact, almost six (6) out of 10 people reported that their health care service providers are “sometimes in and sometimes out” at their working places during normal working hours. In other words, they are unreliable in terms of emergency health service delivery to patients.

3.3 Corrupt Behaviors amongst Health Workers

A common understanding of “corrupt behaviour” was established prior to the monitoring exercise. The concept of corrupt behaviour was explained to the respondents as constituting a situation in which a health worker asks upfront for a bribe before a patient could be treated or attended. i.e asking for bribe in order to get services. The scorecard provided a rating scale of “no corrupt behaviours at all”, “corrupt behaviour exists to an average extent” or “there is too much corrupt behaviour” among the health workers in their respective health facilities.

The study findings show that corrupt behaviour still exists at the facility level. In specific terms, about 27% of the respondents scored corrupt behaviour as

“too much” for Ilala, 23% for Kinondoni, and 21 for Temeke in Dar es Salaam, meaning about 1 of 4 people in need of health services in these areas are routinely asked to give bribes. In Mpwapwa, only 16% of the respondents scored for such behaviour as “too much.” Kibaha and Kondoa scored relatively low in this category of “too much corruption” with 6% and 4%, respectively. On the score of “average corruption,” Mpwapwa topped the list with 53%, followed by Kinondoni (39%), Temeke (35%), Ilala (34) and finally Kondoa (8%) in that order. Although these data may not be exhaustive, the trends reveal that experiences of corrupt practices among health workers can be found in all the health services under study. Indeed, they were noted in all areas with varying proportions of the scored response – too much corrupt behaviour, average or not at all. Figure 3 below provides the full details.

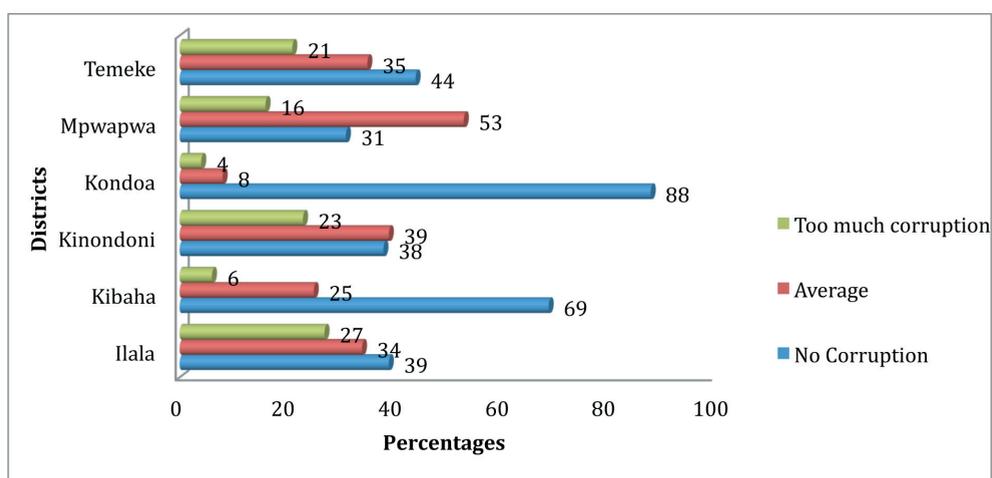


Figure 3: Corrupt Behaviours amongst Health Workers

The noted corrupt practices among health workers tend to affect the access to health services for poor people with nothing to bribe the health workers with. Inevitably, the financial ability of health service users from poor backgrounds to get these services, let alone the attention they deserve is compromised in the process. As one of the respondents commented:

“Kama hauna hongo (rushwa) usitegemee kuhudumiwa vizuri hadi utoe rushwa ndipo utapata huduma vizuri au ujulikane na daktari au muhudumu na hili ni tatizo kubwa na halijulikani litaisha lini” [Literal translation: If you do not bribe health worker(s) you cannot expect to get good service until only after you grease one’s palms; alternatively you need to know someone, a doctor or a another health worker. This is a major intractable problem]

This persistent problem appears to have no end in sight as the respondent lamented. On the whole, the respondents confirmed it as a deep - rooted problem in the healthcare delivery system.

3.4 Favoritism

Since the MoHSW’s Client Service Charter and the public service Codes of Ethics require health workers to maintain fairness during their service delivery, Sikika used the scorecards to assess the extent to which favouritism featured in the health facilities. The scorecards questioned health service users on the existence of situations where health workers gave preferential treatment to someone only because that person was their relative, friend or neighbour. There were three options provided to the health service users to rate such practices: “too much”, “average” or “no favouritism”. Figure 4 provides the details: Generally, the urban/rural districts demonstrate a somewhat similar pattern in all 4 categories.

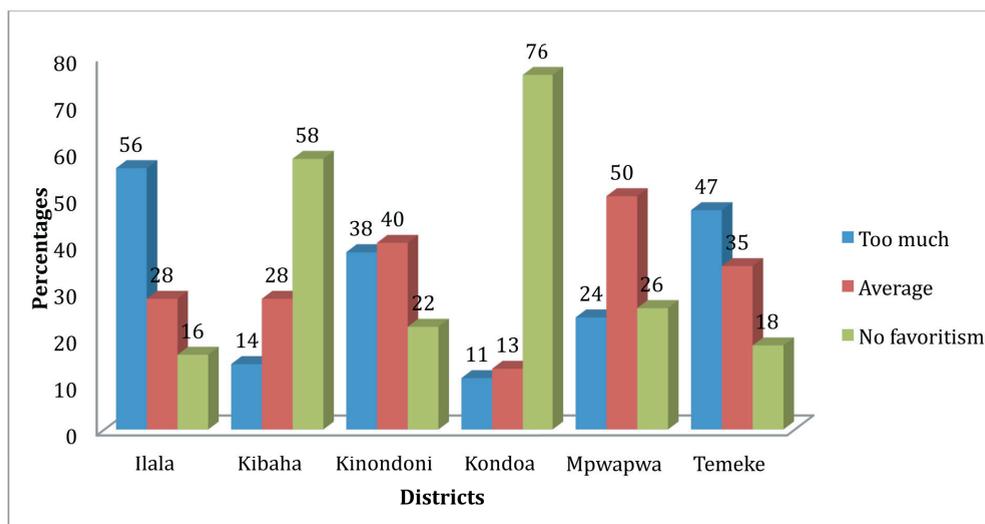


Figure 4: Favouritism in the Surveyed District Health Facilities

Of those health facilities rated with “too much favouritism,” Ilala had emerged on top with 56% of the score, followed by Temeke (with 47%), Kinondoni (with 38%), Mpwapwa (24%), Kibaha (14%) and Kondoza (11%). Conversely, Kondoza and Kibaha, which had the lowest score on this parameter, registered the highest in the “no favouritism” category with 76% and 58% respectively. Generally, favouritism was said to be exercised in all the health facilities.

PART FOUR

DISCUSSION

The previous part presented the study findings, which have established that the health service users in the areas under study believe that most of health workers in the districts surveyed do not adhere to ethical conduct as manifested by their scoring of the select set of indicators based on the 2005 Tanzania Public Servants Act and the 2003 Code of Ethics for Public Service. The four parameters—the use of abusive language by health workers while attending to the service users, absenteeism, corrupt behaviour, and favouritism—all confirmed the failure, at varying levels, of the healthy practitioners to abide by their professional ethics or codes of conduct. The non-adherence to professional ethical conduct trend questions the effectiveness in the utilisation and management of the few available health workers in the public health facilities in the districts under study.

This part discusses these findings in relation to the contributory factors and how the flouting of these professional ethics tend to compromise the quality of health services being delivered by these health workers in their respective work stations.

4.1 Why Poor Adherence to Professional Ethics?

There are a number of factors, which contribute to the perpetuation of poor adherence to professional ethics among health workers. These include the following:

4.1.1 Poor Management and Inadequate Supervision

Poor management and inadequate supervision of health workers leaves them unchecked resulting to poor adherence to professional ethics. There is a general breakdown in the enforcement of the moral ethics so much that professionals do not feel embarrassed to break their own code of ethics that otherwise could give them credibility and professional identity. Under the present circumstances, many of these health professionals have come to accept as part of their routine, mainly due to lack of proper supervision and follow-up.

Michael A. Munga and Mbilinyi (2008) assert that supportive supervision, like any other non-financial incentives, is clearly specified by the laws and regulations governing all public servants in Tanzania, including health workers. The Public Service Act and the public services regulations stipulate and implore public servants and their supervisors to enhance the efficiency and effectiveness of public service delivery. This is supposed to be a cardinal operational principle in the relationship spelled out for supervisors and their subordinates. Therefore, supportive supervisions are very crucial in promoting the health workers' adherence to their professional ethics, since supportive supervisors will not only be interested in the welfare of their subordinates but also ensure they follow up their professional conduct and fulfilment of their job obligations.

4.1.2 Excessive Red - Tapes and Long Queues

In the Tanzania health system, excessive procedures combined with HRH shortages and inefficiency tends to create a natural breeding ground for corrupt practices and professional misconduct. Indeed, these bureaucratic procedures, coupled with few health facilities and gross inefficiency in some cases result in long queues that create an environment for misconducts among health workers, which include soliciting and taking bribes from health service users (*Petty Corruption in Health Services*, Sikika 2010).

4.1.3 Lack of Information

Lack of information on the part of the citizens particularly with regard to what services are provided, where and when they are provided, who provides them and the procedures to be followed tends to create an environment that abets soliciting for and bribe-taking. Clients need to know their rights and obligations so that they know what to expect and what is their responsibility. Due to lack of information among health service users on how much should be paid for what kind of services, some of health service workers exploit the citizens' ignorance to ask for and pocket informal payments.

4.1.4 Weak Functioning HFGCs, Professional Bodies and Complaints Mechanism

Health Facility Governing Committees and Health professional bodies' roles are to assure Health care workers adhere to their profession ethics. The HFGC and health professional bodies that are weak exacerbates poor adherence to professional ethics following most of such practice by HCWs being not worked upon or punished. Unavailability or availability of non functioning complaints mechanisms leaves service user not knowing what to do after facing situations where service was denied or compromised following poor adherence to professional ethics.

PART 5

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

On the basis of the findings emanating from this study, it is evident that the quality of health service delivery in the country ought to be enhanced through the promotion of professional ethical conduct among health workers. After all, adherence to professional ethics by health workers is one of the most critical aspects of quality health service delivery in any country. Indeed, non-adherence to professional ethics affects not only the way through which health workers interact with health service users, but also the quality of health service delivered as it hinders the later from accessing better health services. Thus the study makes the following recommendations.

5.2 Recommendations

There is a need of the MoHSW, PO-PSM and PMO-RALG to make adherence to ethics an integral part of the daily discussion among health workers. HCWs should be reminded of ethical guideline and the consequences of unethical professional behaviour to both HCWs themselves and service recipients. HCWs should be reminded the legal implication and penalties from professional bodies' related to unethical professional conduct.

Organisational change within the public service can also help minimise the opportunities for unethical behaviour and practices. According to Ayee (1998), such measures include improving work methods and procedures to reduce delay, increasing the effectiveness of supervision to enable superior officers to check and control the work of their staff and carrying out surprise checks on the work of officers. Other measures includes instituting in-service training for public servants at all levels, together with the formulation and dissemination of clearly-defined ethical guidelines and rules of conduct. Moreover, there should be regular trainings on ethics for health workers to remind them of the importance of abiding to professional ethics in their health service delivery,

providing channels for effective complaints mechanisms to enable citizens to report any unethical behaviour perpetuated by the HCWs in their respective health facilities and rewarding achievements.

Others are recognising ethical HCWs and acclaiming role models in health delivery system. To achieve changes, it is important to review the anti-unethical measures taken once in every three to five years with the aim of making further improvements (Stapenhurst and Langset, 1997).

In case of Tanzania, there is a need to strengthen the complaint mechanisms at the disposal of the service users at the health facilities. According to Joseph Ayee (1998), a country that is serious about fighting against unethical conduct may need to establish new public institutions to carry out anti-unethical behaviour functions. In the Tanzania context, these responsibilities fall under the Public Servants' Ethics Commission and the Ethics Unit at the PO-PSM. However, these need to strengthen the response mechanisms to the citizens' complaints. They should also take initiatives aimed at publicising their roles and punitive measures taken against unethical health workers to serve as a deterrent to their fellow health workers in addition to letting the citizens realise that the system in place works. Such measures can help promote openness, transparency and accountability in addition to promoting professional ethical conducts among health workers in particular and civil servants in general.

5.2.1 Anti-Corruption Agencies

Given that prevention is more efficient and effective than prosecution, there is a need for the PCCB in Tanzania to establish and institutionalise special interventions in the health sector to take care of corrupt health workers. More importantly, these interventions should be decentralised within the local government administrative system and health facilities where the majority of citizens are based.

5.2.2 Improving the Existing Complaints Mechanisms at the Health Facility Level

The Availability and Effectiveness of Complaints Mechanisms at the Health Facility Level (Sikika 2011) can serve as a means towards improving the health workers' adherence to ethics, particularly because health workers will be scared of being reported to the higher authorities in case of any misconduct during their service delivery to citizens.

However, it is important to note that the ideal kind of complaints mechanism should take cognisance of the health facility's operational environment. In addition to this, the HFGCs should be strengthened together with Health Professional Bodies that has to enable them take disciplinary measures against unethical HCWs.

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Annex 1: The Citizen Score Card

INTRODUCTION

Sikika is a Non Governmental Organization, which works to ensure equitable and affordable quality health care services through health systems and social accountability at all levels of government. Sikika believes that health workers' adherence to ethics can bring great changes in improving health service delivery at all levels. Regardless of a number of efforts taken by the government aiming at improving health service delivery, issues of poor or non-adherence to professional ethics by public servants are becoming more common in Tanzania.

THE OBJECTIVE OF THE SCORE CARD

This Score Card aims at evaluating the extent of adherence to professional ethics by health care workers. Health service users in the targeted areas will do this evaluation. Indicators that will be used in this evaluation are; language used by health care workers, their presence in duty stations during working hours, to ask for and or receive corruption before/after they provide service.

LEVELS OF SERVICE DELIVERY

This Score Card will be used to assess health workers' adherence to professional ethics at all levels of health service delivery namely dispensary, health centers and hospitals.

SIGNIFICANCE OF THE ASSESSMENT

Findings from this assessment will be used in different forums. Stakeholders' meetings will be conducted to inform stakeholders in the health sector on what is happening in health facilities as far as health workers' adherence to professional ethics is concerned.

KEY WORDS:

Health Care Workers- Nurses, Doctors, Nurse Midwives, Laboratory Technicians, Dentists e.tc.

Health Service Users- Patients and their relatives

Indicator	Score			
A: Health service users satisfaction on the language used by health care workers to communicate with them	1. Pleasant	2. Fair	3. Not Pleasant	Reasons/ Explanations
B: The presence of health care workers in their duty station during work hours?	1. Present all the time	2. Sometimes they are in-sometimes they are out	3. Not present at all	Reasons/ Explanations
C. The existence of corrupt behaviors by health workers	1. No corrupt behaviors at all	2. Average corrupt behaviors	3. Too much corrupt behaviors	Reasons/ Explanations

D. The existence of favoritism by health workers	No favoritism	Average favoritism	Too much favoritism	Reasons/ Explanations

Name of Health Facility

Level (Dispensary, Health Centre, Hospital).....

Name of Citizen (Optional).....

Ward.....

District..... Date.....

Thank you for the time spent to fill this Score Card

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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