THE EFFECTS OF SERVICE QUALITY ON CUSTOMER SATISFACTION: A CASE OF NATIONAL HEALTH INSURANCE FUND (NHIF)- KIBONDO DISTRICT, KIGOMA REGION

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PROJECT MANAGEMENT

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled: **"The Effects of Service Quality on Customer Satisfaction: A Case of National Health Insurance Fund (NHIF)- Kibondo District, Kigoma Region"** in partial fulfilment of the requirements for the degree of Master of Project Management of the Open University of Tanzania.

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Dr. Raphael Gwahula

(Supervisor)

……..……

Date

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DECLARATION

I, **Mathew Kagembe Kidola,** declare that, the work presented in this dissertation is original. It has never been presented to any other university or institution. Where other people's works have been used, references have been provided. It is in this regard that I declare this work as originally mine. It is hereby presented in partial fulfillment of the requirement for the Degree of Master of Project Management (MPM).

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Signature

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Date

DEDICATION

This dissertation is dedicated to my beloved parents Mr. Deusdedith Kidola Sunzula and Mrs. Catherine Mathew for their always prayers, support, and encouragements that they have rendered to me throughout the years of studies. I believe that they fulfilled the parental responsibility to me.

ACKNOWLEDGEMENT

This study has been accomplished due to the collaboration of many people. I am grateful to all who directly and indirectly involved in this study and spared their time to share their knowledge to make this research successful. I sincerely honored to thank the God almighty who gave me life, strength and the will to do and complete this study.

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ABSTRACT

The perceived low level of satisfaction by customers on NHIF services have been a persisting problem in most places of Tanzania as said by most of NHIF beneficiaries across Regions of Tanzania and Municipalities. This has attracted many scholars to examine satisfaction of customers towards NHIF services in Tanzania. Using a SERVQUAL model, the assessment towards tangibility, reliability, empathy, responsiveness, and assurance was undertaken to assess the service quality and customer`s satisfaction. Therefore, this paper presents the assessment of The Effects of service quality on Customer satisfaction, A case of National Health Insurance Fund (NHIF)- Kibondo District, Kigoma-Tanzania. The study has covered formal sector contributors in Kibondo District-Kigoma Region. The findings were assumed for general representation of NHIF Customers in Tanzania as might be applied to all NHIF existing and potential workers countrywide. In this study, the dependent variable was customer satisfaction and independent variables were five service quality dimensions (including assurance, tangibility, responsiveness, empathy, and reliability), contribution fees, benefit packages and waiting time. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 16.0 to answer the assessment of customer satisfaction on services provided by NHIF-Tanzania. The findings shows that NHIF only covers medication of few diseases, few private pharmacies provide medication for NHIF customers and only people in towns have direct access to NHIF offices. It was suggested that these challenges will be addressed when NHIF opens more offices in small towns and villages to quick respond customer`s concerns as well as when NHIF package of services will be adjusted as more disease to be covered with medication including optic and dental services.

Keywords: Service Quality, Customer Satisfaction and Health Insurance

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LIST OF ABBREVIATIONS

CBHIF	Community Based Health Insurance
MOH	Ministry of Health
NHIF	National Health Insurance Fund
PHI	Primary Health Care
SHI	Social Health Insurance
SHI	Social Health insurance
TIKA	Tiba Kwa Kadi
URT	United Republic of Tanzania
WHO	World Health Organization
WTP	Willingness To Pay

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

For over years, developing countries including Tanzania have been facing challenges in accessing quality affordable health care services. The National Health Insurance Fund (NHIF) in Tanzania and other insurance schemes have emerged in the countries following the challenges that exist in the health financing system including low-income growth, constraints on the public sector as well as low organizational capacity (Mtei et al. 2007). Health insurance is attracting more and more attention in low- and middle-income countries as a means for improving health care utilization and protecting households against impoverishment from out-of-pocket expenditures. The health financing mechanism was developed to counteract the detrimental effects of user fees introduced in the 1980s, which now appear to inhibit heath care utilization, particularly for marginalized populations, and to sometimes lead to catastrophic health expenditures. The World Health Organization (WHO) considers health insurance a promising means for achieving universal health-care coverage. Several low- and middle-income countries, including the Philippines, Thailand, and Viet Nam, are establishing Social Health Insurance (SHI) (McIntyre D, et al., 2005).

In Africa, the low-income countries including the Democratic Republic of Congo, Ghana, Rwanda and Senegal, micro health insurance schemes such as community-based health insurance (CBHI) have been established as nonprofit financing mechanism to benefit the poor (Tayie. 2012).

1.2 Background of the Study

In Tanzania, after Arusha Declaration 1967, the health service reformed to be free to all Tanzanians citizens, however by the early 1990s, the strain of providing free health care for all became evident in the face of rising health care costs and a struggling economy (Borghi, et al. 2013). Early 1990s the government adopted health sector reforms that changed the financing system from free services to mixed financing mechanisms including cost sharing policies.

Hence the National Health Insurance Scheme (NHIF) is the outcome of a 1990-1992 study on the long-term options for financing health services in Tanzania. It was established by an Act of Parliament: Act No. 8 of 1999. The scheme commenced its operations on 1st July 2001 by members and their respective employers starting to contribute (Borghi, et al. 2013).). Some of the principles in establishing the NHIF were, to Strengthen cost sharing in government health facilities by providing an opportunity for formal sector employees to contribute, to provide health insurance to employees in the formal sector especially after the introduction of user-fees, to allow free choice of providers to civil servants who were previously restricted to government health facilities, to enhance health equity among employees in the health sector, to provide an environment for the growth and participation of the private sector.

According to **(**Soors et al. 2010**),** the NHIF aims at mobilizing financial resources from the community for provision of health care services to its members, providing quality and affordable health care services through sustainable financial mechanism, and improving health care services management to workers as It holds

a strong potential to improve financial protection and enhance utilization among their enrolled populations, and they can also foster social inclusion (Msuya, 2004).

Coverage: (Ochola, 2006) The scheme is compulsory; it covers all public sector employees. However, on the first two years of operations the Fund covered only Central Government employees. The membership base was extended to cover all public servants in 2002 in a move to widen coverage until all formal sector employees are covered. The membership includes principal members their spouses and up to four children and/or legal dependants. Where both a couple (man and woman) are both workers in the public service have equal rights to register four different children or dependants. The scheme has no option for opting out. The Minister of Health has been empowered under existing legislation to determine any other category of workers to become members of the scheme with a view of enhancing the Fund's membership. The scheme may eventually include optional members.

Benefits package: The NHIF Act section 30 (j) empowers the Board of Directors to review and make some improvements to the benefit package, including a review of the rates used to reimburse the health care providers. Currently the benefit package includes: Registration fees (fixed per visit per level of health facility), Basic diagnostic tests; Outpatient services which include payment of examinations and all drugs prescribed for its beneficiaries in both private and 2 public hospitals provided that the hospitals or health facilities are accredited by the Fund. The drugs prescribed should be from the list of essential drugs. The prescriptions should be generic where available; In-patient services include accommodation, medication,

examinations, investigations and surgery which ranges from minor to super specialized surgery. The Fund benefit package is progressive subject to actuarial assessment that is done every year and the actuarial valuation that is done every three years. The Fund has already increased the number of benefits offered both to beneficiaries and enhanced reimbursement to providers.

Identity cards: (Fassel, 2003) Under section 15 (1) of the NHIF Act, the Fund is obliged to issue an identity card to every registered member. However, for the identity card to be issued, members are required to properly fill NHIF registration forms and pass them to the employers for certification before being sent to the Fund offices. Likewise, the Fund is required to produce identity cards and distribute them to employers so that they can be handled over to members. The Fund devised a special NHIF "sick sheet" to be used with the employers' identity cards whenever members required to access services from the accredited health facilities. As at 31st January 2005 the Fund had produced and distributed 946,153 (83.1%) Identity cards out of 1,142,378 expected to be produced if all members submit their forms to the Fund offices. No beneficiary can have access to health care services without the NHIF Identity card.

Premiums/contributions: (Lamin, 2000) The contribution rate provided in the Act establishing the Fund is 6% of the monthly employee's gross salary (met equally by both employer and employee i.e. 3% each). The Act provides for a penalty of 5% to the Employer who delays in remitting contribution to the Fund. The employers are required to remit contributions at the Accountant Generals Office

(Ministry of Finance-Treasury) and then the Ministry of Finance directly pays into the National Health Insurance Fund.

Provider payment mechanism: (Lambin, 2000) Today, providers are reimbursed through a fixed fee per service; however, the Fund Administration is expected to gradually move to capitation as the volume of business and the complexity of the benefit package increases.

Therefore, despite the importance of health insurance as an alternative health financing mechanism for health-care coverage, the scholars on literatures did not show the challenges that workers do face when accessing health service, are the pricing for NHIF fair to workers? also, another issue is, to what extent do workers interested with NHIF? Another aspect that is missing from the literature is what happens to the person who does not pay in receiving health services?

1.3 Statement of the Problem

The problem addressed by this study is that of poor perception of service quality by NHIF Customers, a reason that contributes to low level of satisfaction with NHIF services. The complaints about NHIF services have been a persisting problem in most places of Tanzania as there are some cases, which have generated complaints and doubts of unfair treatment as well as a sense of exploitation to customers. The existing data from NHIF indicates that there is no mechanism that enables members to participate in the governance of the fund nor does the organization have representation from the grassroots level, other factors include bureaucracy of processes and procedures for accessing NHIF services, as a result of this, most of

customers have been asking their employers to withdraw from NHIF membership. Therefore, these challenges have motivated this study to examine the effects of service quality on customer satisfaction. Using a SERVQUAL model, the assessment towards tangibility, reliability, empathy, responsiveness, and assurance were undertaken to assess the service quality and customer`s satisfaction. So as to examine the existing situation of challenges and to present the findings that will reflect the areas for improvement.

1.4 General Objective

The general objective of this study is to examine the relationship between customer satisfaction and service quality in NHIF Tanzania.

1.5 Specific Objective

(i) To examine customers response on quality service provided by NHIF Tanzania.

(ii) To identify factors, which affect customer satisfaction on service provided by NHIF Tanzania.

(iii) To measure the level of customer satisfaction on service provided by NHIF Tanzania.

1.6 Research Questions

(i) What are the customers' responses on quality service provided by NHIF Tanzania?

(ii) What are the factors affecting customer satisfaction on service provided by NHIF Tanzania?

(iii) What knowledge do customers have on service provided by NHIF Tanzania?

1.7 Relevance/Significance of the Study

The study is most important as it creates a partial/fulfillment of the requirements for award of Master`s degree of Project Management (MPM). Secondly, the results of the study reveals the effectiveness of NHIF in covering medical expenses as well as daily customer service to customers, however it pinpoints the areas lagging regarding customer satisfaction. So far, the study has the suggestions on the ways NHIF should improve the services.

Moreover, the study will add value to NHIF Management as it might be useful as a document of reference in times of striving for quality service, the findings for areas of improvement will be of help to NHIF management since any change within an organization needs management attention to employ initiatives of satisfying their members. Lastly, the study would also assist the government in policy formulation in matters relating to pricing of products services and distribution of health care services.

1.8 Organization of the Report

Chapter one presented the introduction, the next chapter presents existing literature and conceptual framework on the relationship between customer satisfaction and service quality. The chapter that follows; chapter three, methodology which will be used to answer research questions has been presented, chapter four will present study findings, in chapter five discussion of the findings and last chapter will present conclusion and recommendations.

1.9 Limitations of the Study

Geographically this study was conducted in Kibondo District only and not outside Kibondo District because of its potentiality in terms of multicultural population

whereby both nationals from different regions of Tanzania and Internationals from other countries are working in Kibondo and benefiting with NHIF services. The institutions covered were non-government organizations and government Institutions including schools, police stations, banks, public companies, and health facilities. Also, data was collected from selected public servants. The involved activities needed more financial support like stationaries, transport cost and meals. Also. Time for carrying out the study was limited (a maximum of 4 weeks) hence the reach out to more individuals to access more information was limited. some of respondents were unwilling to cooperate as they demanded for money in return to give information.

1.10 Assumptions of Study

The researcher has operated within the following assumptions:

(i) The respondents have provided honest and sincere views.

(ii) The analyzed variables (price, product, and service distribution) will improve customers satisfaction at NHIF

1.11 Scope of the Study

The study has covered formal sector contributors in Kibondo District-Kigoma Region; however, the findings might be generally, be applied to all NHIF existing and potential workers countrywide.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of literature and related models/theories to the research problem. It has been organized into overview of service quality, conceptual definitions, theoretical and empirical review leading to the derivation of knowledge gaps existing in various studies, Also the conceptual framework on customer satisfaction and service quality in National Health Insurance Fund (NHIF) and then, the relationship between customer satisfaction and service quality.

2.2 Definition of Terms

2.2.1 Service Quality

Service quality is determined by the differences between customer's expectations of service provider's performance and their evaluation of the service they received (Parasuraman et al. 2008).

(Almobrak, 2008) Service quality can be defined as "the difference between customers' expectations for service performance prior to the service encounter and their perceptions of the service received through the existing ten criteria and dimensions through which service quality can be assessed as: Reliability, Responsiveness, Accessibility, Tangibility, and Assurance.

2.2.2 Customer Satisfaction

Customer satisfaction is defined as the results of goods and services offered for responding to customer's needs and the satisfaction or increasing their expectations

during the time of consuming the product or services (Muhondwa, 2008).A satisfied customer will only tell three to five people about their positive experience (Ochola , 2006).

2.2.3 Insurance

Insurance according to Lambin (2000) is the equitable transfer of the risk of a loss, from one unit to another in exchange for money. It is a form of risk management primarily used to hedge against the risk of a contingent, uncertain loss.

2.2.4 Health Insurance

Fund is the not-for-profit agency, which is there so as to supervise the health care services among her members (Muhondwa, 2008).

2.2.5 National Health Insurance Fund

The National Health Insurance Fund (NHIF) is the outcome of 1990 – 1992 study on long term options for financing health services in Tanzania. It was established by an Act Na. 8 of 1999 of parliament, which came into effect in 1st July 2001 (Manongi 2011).

2.2.6 Curative Service

Curative Service is the health care given for medical conditions where a cure is considered achievable, or even possibly so, and directed to this end. Curative care differs from preventive care, which aims at preventing the appearance of diseases through pharmaceuticals and such techniques as immunization, which concentrates on reducing the severity of symptoms, such as pain (Cuyler, 2000).

2.3 Theoretical Literature

2.3.1 Theory of Assimilation

Festinger's theory of dissonance (1957) forms the basis for the theory of assimilation. The theory of dissonance states that the consumer makes a sort of cognitive comparison between the expectations regarding the product and the product's perceived performance. If there is a discrepancy between expectations and the product's perceived performance, the dissonance will not fail to appear. This point of view on post-usage evaluation was introduced in the literature discussing satisfaction under the form of the theory of assimilation (Anderson 1973).

According to Anderson, the consumers try to avoid dissonance by adjusting their perceptions of a certain product, in order to bring it closer to their expectations. In a similar way, the consumers can reduce the tension resulted from the discrepancy between expectations and the product's performance, both by distorting the expectations so that they could be in agreement with the product's perceived performance, and by increasing the level of satisfaction through minimizing the relative importance of experimental disconfirmation (Olson, et al. 1979).

The theory presumes the consumers are motivated enough to adjust both their expectations and their product performance perceptions. If the consumers adjust their expectations or product performance perceptions, dissatisfaction would not be a result of the post-usage process. Consumers can reduce the tension resulting from a discrepancy between expectations and product/service performance either by distorting expectations so that they coincide with perceived product performance or by raising the level of satisfaction by minimizing the relative importance of the

disconfirmation experienced (Olson, et al.1979). Some researchers have discovered that the control on the actual product performance can lead to a positive relationship between expectations and satisfaction. (Anderson, 1973) Consequently, it is assumed that dissatisfaction could never appear unless the evaluation process began with the customers' negative expectations.

Peyton *et al.* (2003) argues that Assimilation Theory has a number of shortcomings. First, the approach assumes that there is a relationship between expectations and satisfaction, but it does not specify the way in which the expectation disconfirmation can lead to satisfaction or dissatisfaction. Second, the theory also posits that consumers are motivated enough to adjust either their expectations or their perceptions about the performance of the product. Some researchers have found that controlling for actual product performance can lead to a positive relationship between expectation and satisfaction. Therefore, it would appear that dissatisfaction could never occur unless the evaluative processes were to begin with negative consumer expectations.

2.4 Empirical Review

(Almobarak, 2008) conducted a study to explore causal relationship between service quality dimensions and overall service quality, and to identify service quality. The seven modified dimensions of SERVQUAL, namely tangibles, reliability, responsiveness, empathy, assurance, accessibility and convenience were used to measure customers' perceptions and expectations of NHIF services using stratified random sampling.

Regression analysis and Pearson product moment correlation coefficient will be employed in analyzing the data. The study will reveal a positive relationship between service quality and customer satisfaction. Using data obtained, a researcher will draw recommendations focusing more attention on service quality because of its effects on customer satisfaction.

(Manongi, 2011), on a Case of NHIF Temeke, he did a study to assess service quality and customer satisfaction of NHIF services in Temeke District using the SERVQUAL model dimensions, of which the findings showed that, with respect to tangibility, 45.7% NHIF members who get health services from the selected hospitals were not satisfied with the environment and premises of the selected hospitals. With respect to reliability, the findings show that, 55.7% of NHIF members were not satisfied; and about 57.2% were not satisfied with the hospital employees' promptness in providing services. The other attributes of the model indicated that minority of the respondents (28.6%), were not satisfied with the knowledge of employees. Finally, based on the empathy, the results indicate that 58.3% of NHIF members disagreed that the employees understand the needs of the customers.

Linje (2015) focused on the assessment of customer"s satisfaction with the National Health Insurance Fund (NHIF), a case study of selected public and private hospitals at Moshi municipality. These hospitals were Mawenzi, Kibosho and KCMC. The study developed two specific research objectives, namely: examining the availability of health care services under NHIF and the assessment of the quality of health care services provided by NHIF. The study population involved NHIF beneficiaries and service providers in the selected hospitals. Two sample categories were used:

interview sample and questionnaire sample. The interview sample involved twelve respondents (health care providers) with four respondents selected from each hospital.

The questionnaire sample involved ninety eight respondents (NHIF beneficiaries) 25 randomly selected from sample hospitals‟ registers. The research findings show that, the majority of the customers were not satisfied with the NHIF health care services provided to them. They claimed that the provision of health care services was so limited, including: poor supportive facilities, absence of specialized health care services, unsatisfactory number of service providers, poor laboratory services as well as the absence of some prescribed medicines/drugs from the hospital dispensary desk (Pharmacy). The research concludes that, NHIF is considered by her members as nothing but chaos. The conclusion was made via the usage of respondents‟ views and opinions. The study involved documentation, the mantic analysis and narrative presentation.

Mtwe (2015) assess the patients‟ level of satisfaction under NHIF and factors influencing their satisfaction. The study employed a cross sectional study design involving 82 NHIF outpatients. Qualitative and quantitative approaches were employed; the data collection methods used includes questionnaire administration, focus group discussions and documentary review. Results show that it emerged from the study that, insured patients had good expectation towards health services as well as good attitude with health service at the OPD, except poor attitude was noted on patients‟ comfort ability towards health service. 37 (52.9%) respondents expressed poor attitude. Also 38 (54.2%) respondents indicated dissatisfaction on accessibility of the health services, especially enough space and seats. Furthermore, up to 36(51.4 %)

respondents were dissatisfied with too long consultation time; and 34 (48.6%) respondents were dissatisfied with the service area at OPD, being inconvenient for the provision of health care to the insured patients. It 26 however emerged from the study that respondents were moderately satisfied with the availability of health services at the OPD and were satisfied with the quality of health services at the OPD. The study recommends action to be taken by NHIF scheme together with the hospital administration on addressing patients‟ concerns for the purpose of improving the provision of health services. They should also include patient satisfaction strategies in their strategic plan for monitoring and evaluation of patient satisfaction under NHIF.

Khamis et al. (2014) conduct a study on patients‟ level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam. The study reveals that, enhancing quality of health care delivered in public health facilities in developing countries is a key prerequisite to increase utilization and sustainability of health care services in the population. The aim of the study was to determine patients‟ level of satisfaction on the quality of health care delivered at the out-patient department (OPD) in Mwananyamala hospital in Dar es Salaam, Tanzania. A cross-sectional study design was conducted from April to May 2012. A systematic sampling method was employed to select 422 study subjects. A pre-tested SERVQUAL questionnaire was used to collect data and one-sample t-test was employed to identify patients‟ level of satisfaction and principal component analysis to identify key items that measure quality of care.

The study found that, Patients‟ level of satisfaction mean gap score was indicating overall dissatisfaction with the quality of care. The study concludes that, Patients

attending OPD at Mwananyamala hospital demonstrates an overall dissatisfaction on quality of care. Hospital management should focus on improvement on 27 communication skills among OPD staff in showing compassion, politeness and active listening, ensure availability of essential drugs, and improvement on clinicians‟ prescription skills.

2.5 Research Gap

Empirical studies indicate that majority of the studies assessed the relationship between service quality and customer satisfaction on hospital services for example (Babbie, 2013), Linje (2015), Jande et al., (2013), Kombo (2006) and Khamis (2014) of Tanzania as area of study in different studies, but there is no study which examine the relationship between customer satisfaction and curative quality services in accredited health facilities.

2.6 Conceptual Framework

The study seeks an examination of the relationship between service quality and customer satisfaction of National Health Insurance Fund (NHIF) Tanzania as of SERVIQUAL model, taking Kibondo District as a case study as presented in the Figure 2.1. The conceptual framework also shows the relationship among variables that influence customer satisfaction in accessing services including waiting time, benefit packages and contribution fees.

2.7 The Relationship between Customer Satisfaction and Service Quality

According to (Negi, 2009) identify various studies that focused on a link between satisfaction and service quality argued for different views in terms of relationship.

Some researchers think that service quality leads to satisfaction (Negi, 2009) and others support that satisfaction leads to service quality (Cronin, et al. 1992).

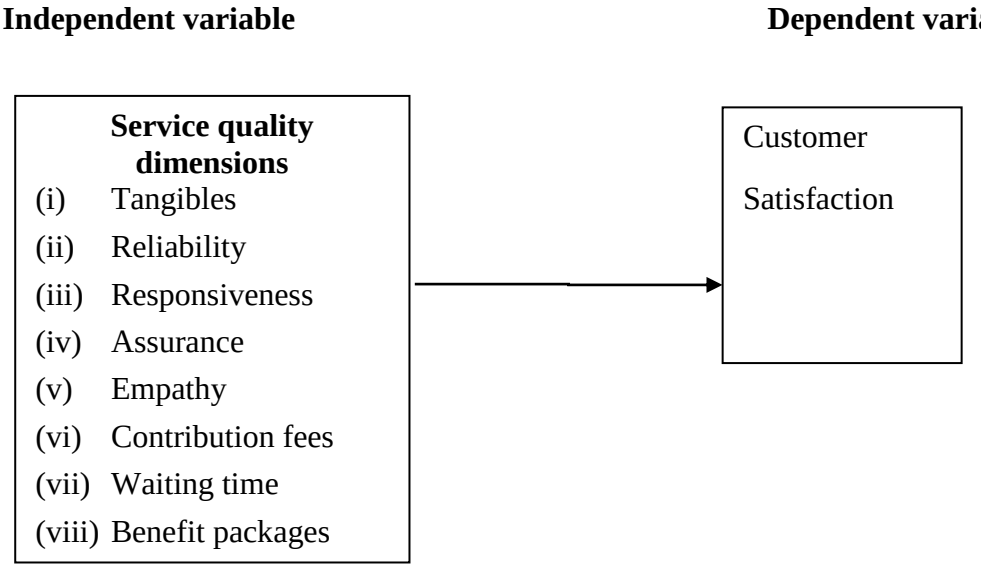

Figure 2.1: Conceptual Framework

Customer satisfaction is based on the level of service quality delivered by the service providers (Peyton, et al. 2003) which determined by the customer's cumulative experiences at all of the points of contact with service organization. This shows that there is some link between service quality and customer satisfaction, which highlights that importance of customer satisfaction when defining of service quality (Negi, 2009)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter will focus on the methodological procedures that will be employed to the study. Which will include research design, Area of study, target population, sample size and sampling procedure, data collection instruments and data analysis techniques.

3.2 Research Paradigms

Sikika (2011) define a paradigm as a way of examining social phenomena from which understandings of these phenomena can be gained and explanations attempted. In this study the researcher used positivism paradigm, which aligns itself with a particular view of the mechanisms and assumptions of natural sciences, underpinned by a belief that only what is grounded in the observable can count as a valid knowledge. A causal relationship between two entities suggests that the existence of the second entity is enabled solely as a result of the first entities' existence. From a logical positivism perspective, it is therefore proposed that based on the regularity of such events, it is possible to test cause-and-effect relationships in a quantitative manner. Consequently, following the philosophy of logical positivism, social science researchers believe in the idea that knowledge can be acquired and derived from observations of an external reality (Graul, 2014), wherefore its falsification can be obtained through multiple observations targeted specifically at the intended analysis.

3.3 Research Design

This study used a descriptive and cross-sectional study design. The purpose of descriptive design was to observe, describe, and document aspects of situations

naturally as they occurs in a given population. Cross-sectional design was conducted in this study to examine what currently exists and fundamentally is characterized by the fact that all data are collected at one particular time.

3.4 Area of Study

The area of the study is where the study will be done. The area of the study is Kibondo District in Kigoma Region. Kigoma is a Region and lake port in northwestern Tanzania, on the northeastern shores of Lake Tanganyika and close to the border with Burundi and The Democratic Republic of the Congo. It serves as the capital for the surrounding Kigoma Region and has a population of 2,127,930 (2012 census). The town is situated at an elevation of 775 metres (2,543 ft). The historic trading town of Ujiji is located 6 kilometres (3.7 mi) south-east of Kigoma. The study will be conducted in Kibondo District, one among of Kigoma region districts.

Kibondo District is one of the eight districts of Kigoma Region, Tanzania. It is bordered to the north by the Kakonko District, to the east by the Tabora Region, to the south by the Uvinza District, to the west by the Kasulu District and to the northwest by Burundi (Buzrd, 2000).Kibondo Urban is an administrative ward in Muhambwe Constituency in Kibondo District of Kigoma Region in Tanzania. At the time of the 2012 census, Kibondo District had a total population of 261,331 having an annual population growth of 2.7% (*Tanzania Population Census, 2012*). It consists of 19 wards including Misezero, Kitale, Kibondo Urban, Murungu, Busagara, Rugongwe, Busunzu, Kumsenga, Kizazi, Mabamba, Itaba, Kitahana, Nyaruyoba, Rusohoko, Bukabuye, Kagezi, Turana, Kumwambu and Bunyambo

The study is chosen to be carried out in Kibondo District because of its potentiality in terms of diverse workforce from public, private sectors as well as Non-government Organizations including Humanitarian Agencies which serves refugee population from Burundi and Democratic Republic of Congo (DRC), hence, all of the sectors are run by workers both nationals and internationals whose among of them are benefiting from National Health Insurance Fund (NHIF) with their dependents, (*Tanzania Population and Housing census, 2012),*

Therefore this study will cover relevant enough representation of other workers in Tanzania regions with their dependents who are receiving services from NHIF since The services offered by NHIF are uniform countrywide. So far the focus of the study will be to assess the effects of service quality on customer satisfaction to NHIF services in Kibondo District.

3.5 Population of the Study

The study population is that aggregation of elements from which the sample is as said by (Kothari, 2004). In other hand population can be explained as entire group of persons or elements that have at least one thing in common, (Kombo, 2006). The populations used in this study are workers whose benefiting with NHIF services in Kibondo District. This targeted group is expected to be in good position to provide reliable information with respect to the study.

However, Respondents were sampled from 16 selected Institutions that have workers whose benefiting from NHIF and were asked for their consent before questionnaire administration to them. Inclusion and exclusion criteria for this study were as follows:

3.5.1 Inclusion Criteria

In this particular study inclusion of the participants has based on those who have been using NHIF services for at least 6 months prior to the day of the survey. In addition to that they are all residents of Kibondo district and some are above 18 years of age and some are below age of 18 years whose are dependents beneficiaries.

3.5.2 Exclusion Criteria

Participants who have not been using NHIF services for at least 6 months prior to the day of the survey were not included in this study. None residents of Kibondo district were also not included in the survey.

3.6 Sampling Techniques

Sampling is the process of obtaining information about entire population by examining only a part of it, involves making decisions about which people, settings, behaviors, events or documents to include in the study as explained by (Kothari, 2004). Therefore, in this study simple random sampling technique has used to obtain study participants. This is a probability sampling whereby all members in the population have equal chance of being selected to form a sample (Adam et al 2008).

The use of this method gives each participant an equal and independent chance of being selected. The technique is good when the population is made up of members of similar characteristics, as the size of random sample depends on the homogeneity (Shaughnessy et al. 2010). The use of simple random sampling in this study was due to the fact that it was easier to apply and require no prior knowledge or true composition of the population.

3.6.1 Sampling Design and Procedures

The total population has included 103 respondents specifically workers with their dependents from private and public sectors as well as Non-government Organizations who are NHIF members. The classification was described as here below.

Table 3.1: Responsiveness of NHIF Staffs in Customer Staisfaction

Profession	Gender		Age	Total number of Respondents
	Female	Male		
Teachers	8	8	Above 18	16
Police	5	5	Above 18	10
Health workers	8	8	Above 18	16
Engineers/Technicians	4	4	Above 18	8
Social workers	8	8	Above 18	16
Accountants	2	2	Above 18	4
Administrators	3	2	Above 18	5
Employers	3	3	Above 18	6
Government Officials	2	2	Above 18	4
Students	5	5	Above 18	10
Dependents	4	4	Below 18	8
Total	**52**	**51**		**103**

According to Yin (1994), the sample of more than thirty elements is sufficient and can guarantee the application of statistical analyses. Therefore, the selection of 103 respondents will enable the study to generalize the findings regarding the effects of service quality on user's satisfaction with NHIF services in Kibondo District.

3.9 Variables and Measurement Procedures

3.9.1 Independent Variable

Service Quality was based on modified version of SERVQUAL as proposed by Parasuraman *et al.* (2008), which involve five dimensions of service quality which

consist of 5 items, namely Tangibility, reliability, responsiveness, empathy, and assurance. Regarding that, NHIF offices have buildings that are well known, accessible as well having enough accredited facilities, NHIF employees are dependable in handling customer's service problems and timely way (Reliability). Employees provide prompt service to customers (Responsiveness). Employees of NHIF provide customers' attention in a gentle way (Empathy). NHIF employees feel confidence in dealing with customers (Assurance).

3.9.2 Dependent Variable

In this study customer satisfaction was measured using 15 questions of which are in a scale format. Scale ranged from 1 to 5 (1 indicating strongly agree with the proposition, and 5 showing strongly disagree with the proposition). The responses were summed up and a total score was obtained for each respondent, the minimum score was 15. Three levels of customer satisfaction were generated from the 15 items, level one was named as "High level of Satisfaction", then moderate level of satisfaction" and the third level was named as "Low level of satisfaction. Factor analysis was used to combine the variables in a meaningful way after computing frequencies for each question.

3.10 Data Collection Methods

Data collection refers to gathering specific information aimed at proving or refusing facts (Kombo et al. 2009). Data was obtained from two sources namely Primary and Secondary sources. The methodology in primary data collection has included Questionnaires, Interviews and the secondary data has involved documentation/ documentary review. From the questionnaire the participants were chosen randomly.

A structured questionnaire with closed ended questions were prepared so as to capture demographic, cultural, historical factors associated with service quality and customer satisfaction. Both closed and open-ended questions were included to capture all dimensions of service quality and satisfaction. Furthermore, in some questions respondents were asked to clarify the reasons behind certain responses.

3.11 Data Processing and Analysis

Statistical Package for Social Sciences (SPSS) version 16.0 was used during analysis. Regression model and descriptive data analysis of quantitative was done where frequencies and percentages have been presented in tables and graphs.

3.12 Data Analysis

Regression models may be one of the most commonly used statistical analysis techniques in educational research. It is a tool for the investigation of relationships between variables. Regression models are used to develop a better understanding of the relationship between a dependent variable and a set of independent variables (Ochola, 2006). At the outset of any regression study, one formulates some hypothesis about the relationship between the variables of interest. In this particular study, logistic regression has been used to assess determinants of customer satisfaction. The dependent variable was binary taking the value of 1 if customers are satisfied with the services and 0 if not satisfied with services offered by the company.

The multiple regression models is built on the following assumptions: (i) Linearity and additively of the relationship between dependent and independent variables, the expected value of dependent variable is a straight-line function of each independent

variable, holding the others fixed; (ii) Regression assumes that there is little or no multicollinearity in the data (iii) the model assumes a constant variance (homoscedasticity) of the errors; (iv) normality of the error distribution (meaning that errors of the response variables are uncorrelated with each other) Parasuraman et al. (2008). Test statistics such as link test (model specification), variance inflation factor-an indicator (multicollinearity) and normality test has been used during analysis. F= f (tangibles, reliability, responsiveness, assurance, empathy, demographic information).

$$F = \alpha + \beta T_i + \varepsilon$$

where i=Customer age (Ag), gender (G), marital status (M), Tangibles (TAN), Reliability (REL), Responsiveness (RESP), Assurance (ASS), Empathy (EMP) and participants level of education (ED)

$$F = \alpha + \beta Ag + \beta G + \beta M + \beta TAN + \beta REL + \beta RESP + \beta BASS + \beta EMP + \beta BED + \epsilon$$

Where α = constant

β =coefficient e=error

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSIONS

4.1 Chapter Overview

This study has intended to assess the effects of service quality on Customer`s satisfaction, thus in this chapter the presentation of study findings, which are organized according to the research objectives were analyzed. The chapter consists of sections, namely: demographic characteristics of the study population; customer's response on quality service provided by NHIF; factors which affect customer satisfaction; level of customer satisfaction on service provided and determinants of customer satisfaction. It is worth noting that the sample size of the study was 103 participants however only 84.46% (87) completed the survey and information has been used during the analysis. The remaining 15.53% (16) respondents terminated the interview midway. The information from these respondents was incomplete and was thus excluded from analysis.

4.2 Validity and Reliability Analysis

A conclusion of any study can be affected by either a researcher's bias or subjective judgment in the data collection process (Yin, 1994). The researcher must provide supporting evidence that a measuring instrument does in fact measure what it supposed to measure. Interviewing a single respondent at a time and carrying on discussions with the respondent was a way of maintaining validity.

On the other hand, data collection was done by only one person (research assistant) for the purpose of owning and controlling the questionnaire administration and it was

conducted in the form of an interview. But prior to the main survey, a pilot study of 15 respondents was done, and the questions were modified. Validity test usually determines whether the research truly measures what it was intended to measure in the study population The closer the Cronbach's alpha coefficient is to 1.0 the greater the internal consistency of the items in the scale.

The consistency of study results over time and the accurate representation the whole population in measuring what it intended to measure given the available information. Reliability test is reliable if it is consistent over time and within itself (Nunnally, 1978). Cronbach's alpha (α) was used to measure internal consistency as suggested by Nunnally (1978). According to Nunnaly, a cut-off of 0.6 Cronbach's alpha (α) test scale is a good scale. Moreover, Hair *et al.,* (2012) confirm that Cronbach's alpha (α) should be at least 0.60 or higher to retain variables in adequate scale. Table 4.2.1 presents the reliability test coefficients whereas service quality dimensions as shown; reliability, responsiveness, assurance and empathy have higher values greater than 0.601 indicating that the reliability is excellent at the level of the best standardized tests. Therefore, both variables indicate a strong internal consistency of instruments used in data collection.

4.2.1 Reliability Statistics and Analysis

Table 4.1: Reliability Statistics

Cronbach's Alpha	Number of Items
0.601	5

Table 4.2: Reliability Analysis

Service quality dimensions	Number of participants	Minimum	Maximum	Mean	Standard Deviation
Responsiveness	87	2.00	4.00	3.0000	0.66473
Reliability	87	2.00	4.00	2.7356	0.73863
Tangibility	87	2.00	33.00	3.6782	3.34280
Empathy	87	2.00	5.00	3.6437	1.05629
Assurance	87	2.00	5.00	3.0575	0.99249
Valid N (listwise)	87				

4.3 Demographic Characteristics of the Study Population

Table 4.2 presents characteristics of the surveyed respondents. Regarding marital status, about 43 (49.4%) of the respondents were married, 27 (31.03%) reported to be single, 11 reported to be widow/widower (12.6%) and 6 (6.8%) reported to have been divorced and separated respectively.

In terms of level of education for 87 respondents: 2 respondents (2.2%) were illiterate, 19 (20.7%) completed primary education, 38(41.3%) had completed Secondary school Education, 28 (30.4%) were holders of first degree and postgraduate education.

In terms of respondents' age, results shows that 11 (12.0%) reported to have age below 30 years, while 31 (33.7%) were between 31 – 40 years of age, 39 (42.4%) were between 41 – 50 years of age and remaining 6 (6.5%) were above 50 years of age.

The surveyed participants 57 (62.9%) were formally employed, while 18 (19.6%) were not formally employed and remaining 12 (13.0%) were students.

Table 4.3: Demographic Characteristics of the Study Population

Marital Status		Frequency	Percent
Valid	Married	43	49.4
	Single	27	31.03
	Widow/widower	11	12.6
	Divorced/separated	6	6.8
Age			
Valid	0-30 Years	11	12.0
	31-40 Years	31	33.7
	41-50 Years	39	42.4
	50-Above	6	6.5
Gender			
Valid	Male	50	54.3
	Female	37	40.2
Employment Status			
Valid	Employed	57	62.0
	Not Employed	18	19.6
	Student	12	13.0
Education level			
Valid	Illiterate	2	2.2
	Primary Education	19	20.7
	Secondary School Education	38	41.3
	First Degree	28	30.4

4.4 Customer's Response n Quality Service Provided by NHIF in Tanzania

Participants were asked to rate the quality of services provided by NHIF as presented in figure 4.3.1 below, of the surveyed respondents 4 (4.5%) rated very poor, 18 (19.6%) rated somewhat unsatisfactory, while 41 (44.6%) rated the quality as average, 29 (31.3%) rated as very satisfactory.

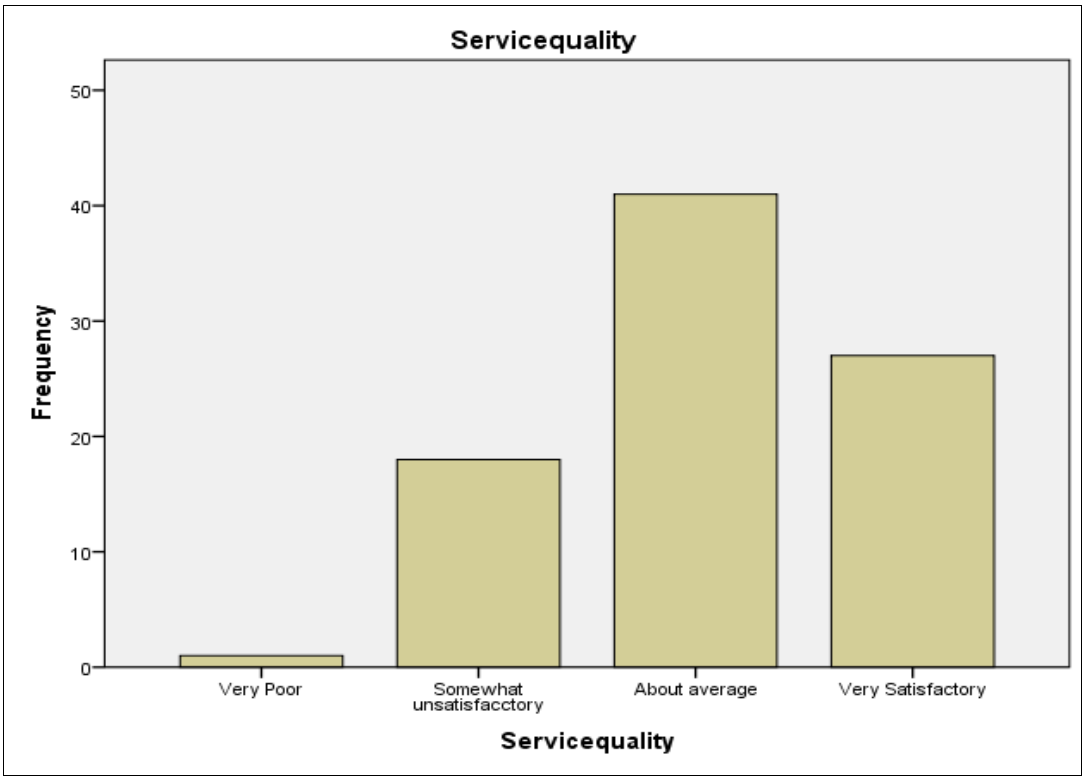

Figure 4.1: Rating Quality of Services Provided by NHIF

4.4.1 Responsiveness of NHIF Staffs Towards Customer Satisfaction

In a case of Customer care assistance by NHIF staffs; The findings shows that, 19 respondents i.e. (21.8%) have said that NHIF customer care to staff is very good, while majority 49 respondents i.e. (56.3%) have said that NHIF customer care service is satisfactory, and 19 respondents i.e. (21.6%) have said that NHIF customer care service is poor as shown in the Table 4.4.

Table 4.4: Responsiveness of NHIF Staffs Towards Customer Satisfaction

Response		Frequency	Valid Percent	Cumulative Percent
Valid	Very good	19	21.8	21.8
	Satisfactory	49	56.3	78.2
	Poor	19	21.8	100.0
	Total	**87**	**100.0**	

For the case of timely service provision by NHIF to customers; The findings summary shows that, 29 respondents said that the NHIF services are very good provided on time, 40 respondents said that NHIF services are satisfactory provided on time and 18 respondents said that services are not provided on time at all as shown in the Table 4.5.

Table 4.5: Timely Service Provision by NHIF to Customers

Response		Frequency	Valid Percent	Cumulative Percent
Valid	Very good	29	33.3	33.3
	Satisfactory	40	46.0	79.3
	Poor	18	20.7	100.0
	Total	**87**	**100.0**	

4.5 Level of Satisfaction

Table 4.4.1 presents participant's level of satisfaction on various services offered by the company. Five elements were used to Asses 'participants' satisfaction with services. The first one was the company provision of service as promised, findings shows that 38 respondents (43.6%) has agreed that NHIF is providing her services as promised and 34 participants i.e. (39.0%) were uncertainly sure if the promised services are completely provided by NHIF, however few i.e. 15 respondents (17.2%) disagreed to the statement that the company provides services as promised. The Second element was on keeping customers informed about when services will be performed; the findings shows that about 22 respondents i.e. 25.2% have agreed that they are informed of the NHIF services, 23 i.e. 26.4% said that they are partially informed about the NHIF service performance, 41 i.e. 47.1% have disagreed that they are always informed when the services is supposed to be performed, and 1 person (1.1%) strongly disagree about the NHIF information dissemination to customers.

The third element was on readiness to respond to customers' request; whereas as about 37.9% agreed that the respond to customer request is good while about 22 respondents i.e. 25.2% were strongly agreed on the company's redness to respond on customer`s complaints, the findings show that 20.6% of the respondents agree that the NHIF offices responds quickly to customer`s complaints, 24.1% respondents said that sometimes they receive quick response from NHIF to their concerns, 54% respondents disagreed to NHIF readiness to provide quick response of their concerns, 1.1 % respondents are totally not receiving timely response of their complaints. Element 4 was on Easy accessibility of NHIF offices of which 1.14% respondents agreed that NHIF offices are easily accessible, 34.4% respondents said that NHIF offices are somehow accessible especially to people near or around towns, 47.1% respondents disagreed to the statement that NHIF offices are easily accessible, and 24.1 have strongly disagreed to the accessibility of NHIF offices.

Last element was on convenient office hours, whereas the findings shows that 25.2% respondents agreed that NHIF office hours are convenient, while majority (26.4%) said to some extent office hours are convenient, majority respondents (47.1) said that NHIF office hours are inconvenient and 1.14% have strongly disagreed to the NHIF office opening hours.

Table 4.6: Level of Satisfaction

S/N	Statement	Score in Percentage (n=375)				
		Strongly agree	**Agree**	**Uncertain**	**Disagree**	**Strongly Disagree**
		n(%)	n(%)	n(%)	n(%)	n(%)
1.	Providing service as promised	0(0.0)	38(43.6)	34(39.0)	15(17.2)	0(0.0)
2.	Keeping customers informed about when services will be performed	0(0.0)	22(25.2)	23(26.4)	41(47.1)	1(1.1)
3.	Readiness to respond to customers request	0(0.0)	18(20.6)	21(24.1)	47(54.0)	1(1.1)
4.	Easy office accessibility	0(0.0)	1(1.14)	30(34.4)	56(64.3)	21(24.1)
5.	Convenient business hours	0(0.0)	22 (25.2)	23(26.4)	41(47.1)	1(1.14)

4.6 Factors Affecting Customer Satisfaction

4.6.1 How long does it take for NHIF Customers Queries to be Answered

Table 4.6 shows that 27% of the respondents said that their responses have been answered immediate after reporting at NHIF offices, however over 43.7% of the respondents said that NHIF responds customers queries 3 days after the concern being reported at NHIF offices, and 25.3% of respondents said that NHIF do respond customers concerns between 3 to 5 days later after the challenge to be reported at NHIF offices.

Table 4.7(a): How long does it take for NHIF Customers Queries to be Answered

Response		Frequency	Valid Percent	Cumulative Percent
Valid	Immediate	27	31.0	31.0
	3days	38	43.7	74.7
	3-5Days	22	25.3	100.0
	Total	**87**	**100.0**	

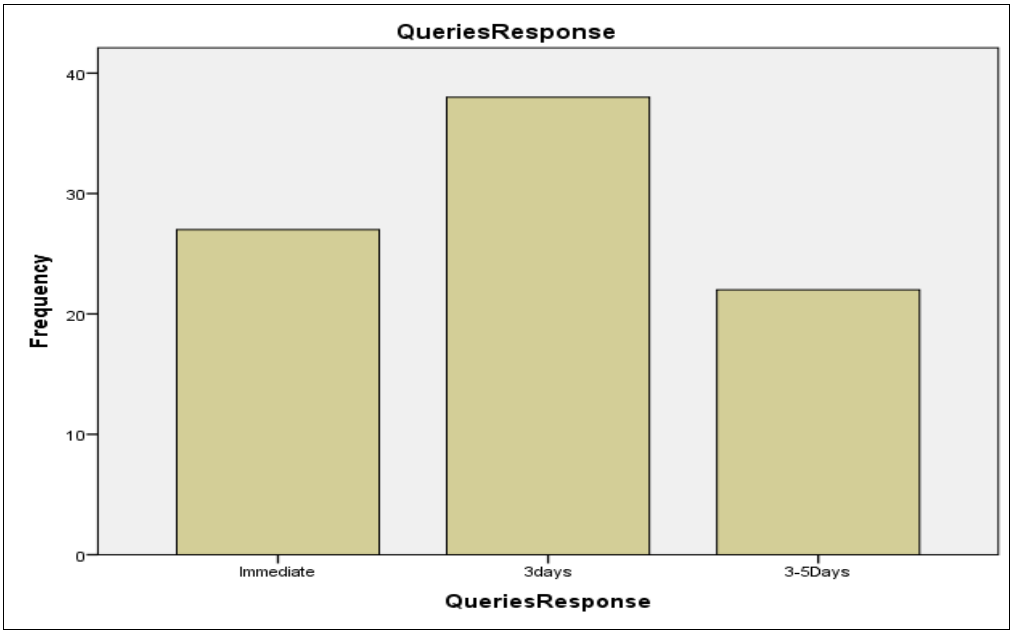

Figure 4.2: Queries Response shows Customer`s Responses

Therefore, this study identified that waiting time for queries to be answered affect the customer satisfaction, hence become determinant of customer satisfaction in accessing health insurance services.

This study was supported by Sieverding et al (2018), Almobaraq(2008), and Peyton *et al* (2003) their studies identified similar findings that waiting time affect customer satisfaction. For customer waits longer, then customer become dissatisfied, similarly in this study when the customer waits longer, then less likely to be satisfied.

4.7 Opinions on what does Quality Service mean to Customers (Overall Quality)

Table 4.7 below presents the findings on various questions which were used to assess overall quality of services. Findings shows that 17 (19.5%) said the company has staffs who are welcoming, 33 (37.9%) said service time is convenient, while 33 (37.9%) said company renders services accurately, 4 (4.6%) mentioned the costs of services.

Table 4.7 (B): Knowledge of Quality Service by Customers

Responses		Frequency	Valid Percent	Cumulative Percent
Valid	Staff welcoming	17	19.5	19.5
	Service time	33	37.9	57.5
	Accurate service	33	37.9	95.4
	Service cost	4	4.6	100.0
Total		**87**	**100.0**	

Graph 4.7.11(b) shows the customers responses on Quality service understanding (QS Understanding).

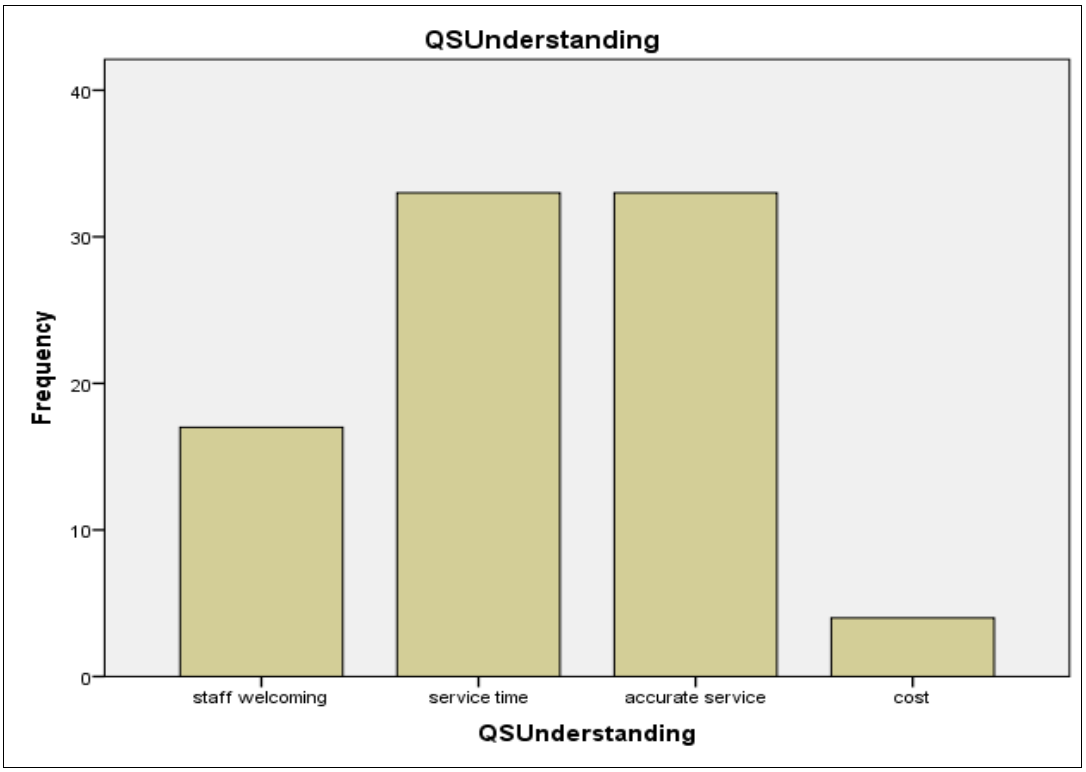

Figure 4.3: Figure QS Understanding

Therefore, this study identified that service quality dimensions, which were empathy, responsiveness and reliability, affect the customer satisfaction, hence become determinants of customer satisfaction in accessing health insurance services. Other two dimensions; tangibility and assurance were not determinants of customer satisfaction.

This study findings were consistent with the study conducted by Sieverding et al (2018), Almobaraq (2008), and Peyton *et al* (2003) identified similar findings that service quality dimensions; empathy, responsiveness, and reliability affect the extent of customer satisfaction. And also, inconsistent with the findings found that Tangibility and assurance determine customer satisfaction while in this study found that assurance and tangibility had no significant effect on customer satisfaction.

4.8 How many Follow-ups should be Made by Customers for their Complaints to be Resolved

The respondents were given a list of items in a table regarding the number of customers reach out attempt to NHIF offices for their complaints to be resolved. About 3 respondents (3.4%) have said that, their challenges are being resolved after being reported once a time, 12 respondents (13.8%) have said that their challenges are being resolved once they are reported two times, however 46 participants (52.9%) said that, they get complaints resolution after they report three times their complaints at NHIF offices.

Lastly, 26 respondents (29.9%) said that their complaints use to be reported in more than 3 times so as for the follow-ups to be successful.

Their responses are as shown in the Table 4.9.

Table 4.8: Customers for their Complaints

	Response	Frequency	Valid Percent	Cumulative Percent
Valid	Once	3	3.4	3.4
	Twice	12	13.8	17.2
	Thrice	46	52.9	70.1
	More Than 3times	26	29.9	100.0
	Total	**87**	**100.0**	

Their responses were summarized in the Figure 4.10.

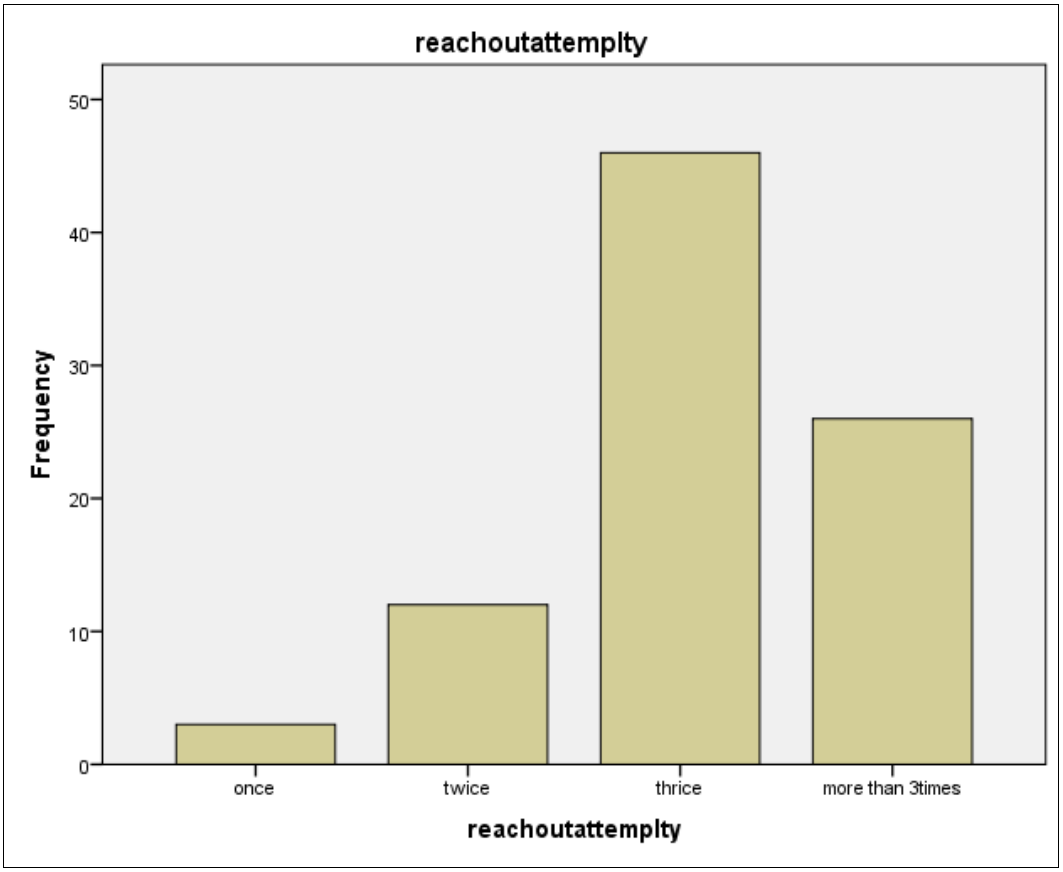

Table 4.9: Reachoutattemplty

This study was supported by Sieverding et al (2018), Almobaraq (2008), and Peyton *et al* (2003) in their studies identified similar findings that waiting time for the complaints to be resolved affect customer satisfaction. For customer waits longer, then customer become dissatisfied, similarly in this study when the customer waits longer, then less likely to be satisfied.

4.9 Challenges that NHIF Customers do Face

Delay of response to their concerns due to Few NHIF offices that are mostly allocated in big cities and towns, therefore the complaints are not responded on time. Some of diseases are not covered by NHIF like dental problems.

Delay of membership registration as NHIF cards sometimes takes 3 months for a customer to receive them.

Failure to receive service due to low knowledge about the NHIF packages.

To large extent, NHIF Customers are not supported with medicines in NHIF accredited health centers compared to other members from other Health Insurance funds like Jubilee, Strategies etc.

NHIF service package is very basic/low as it covers just a very small number of diseases treatments.

Most of NHIF customers are not well informed with NHIF services for example no clear information on what NHIF covers in terms of medication.

Private pharmacies and some of health facilities do not prefer customers that use NHIF card.

Most of NHIF customers in villages and some in towns sometimes decide to use cash to access service due to bureaucratic procedures available to NHIF customers in hospitals.

Sometimes customers do face difficulties when trying to access the missed NHIF covered medicines in hospitals they have attended at first time especially when referred to other private pharmacy.

Health providers in some hospitals copy the details of NHIF customers who attended at the hospital and make fraud by re-using the same details of NHIF Card to another person whose either their friends or other close person.

4.10 Suggestions on ways to improve NHIF Services

NHIF to open more offices (main branches and subbranches) in urban and rural areas so that customers to be easily supported with to their concerns/challenges. Registration for new customers should not take much time so that customers can start accessing services soon after their registration.

NHIF should monitor their services provision closely by arranging regular visits to the accredited health centers to observe and advise on how their customers should be handled and valued.

NHIF to make sure that all promised services are provided to customers.

NHIF to train its staff in communication skills as some of staff in NHIF offices are rude and harsh when responding to customer`s concerns.

NHIF to adjust packages of their services to customers like adding benefits of medical treatments to cover various many diseases and improve their customer care to their beneficiaries.

NHIF accredited health centers to ensure full time access of medicine to NHIF customers as most of time their pharmacy are run out of medics stock.

NHIF offices to improve customer care including quick response to customers concerns.

4.11 Level of Customer Satisfaction on Service

4.11.1 What are the Customers Feelings about NHIF Services

The table 4.11 shows that 37.9% of respondents feel that the price charged by NHIF are acceptable, 42.5% of respondents have said that the price is somewhat fair and

19.5% of respondents feel that are not the price is not acceptable. In element two of feeling about trustworthy brand, 37.9% of respondents feel that NHIF brand is trustworthy, however more than 42.5% are saying that NHIF brand if somewhat trustworthy, and 19.5% have said that NHIF brand is not trustworthy.

In element three; 3.4% of respondents are feeling that NHIF packages are strongly acceptable, 36.8% of respondents have accepted that the NHIF packages are acceptable, 19.5% of respondents have said that NHIF packages are somewhat acceptable and 40.25 of respondents have said that NHIF packages are not acceptable and not friendly to its customers.

Table 4.10: Rating How Participants Feel about these Services

	Score in Percentage (n = 375)			
Statement	**Strongly Agree n(%)**	**Agree n(%)**	**Uncertain n(%)**	**Disagree n(%)**
Feeling about Price	0(0.0)	33(37.9)	37(42.5)	17(19.5)
Feeling about Trustworthy Brand	0(0.0)	33(37.9)	37(42.5)	17(19.5)
Feeling about Packages	3(3.4)	32(36.8)	17(19.5)	35(40.2)

Therefore, this study identified that benefit packages, price and trustworthy brand affect the customer satisfaction, hence become determinant of customer satisfaction in accessing health insurance services.

This study was supported by Foad (2008) in their studies identified similar findings that benefit packages; price and trustworthy brand are statistically significant affect customer satisfaction.

4.12 Customer's Knowledge on Service Provided by NHIF Tanzania

Table 4.11: Customer`s Knowledge on Service Provided by NHIF Tanzania

S/N	Statement	Score in Percentage (n=375)				
		Strongly agree	**Agree**	**Uncertain**	**Disagree**	**Strongly Disagree**
		n(%)	**n(%)**	**n(%)**	**n(%)**	**n(%)**
1.	NHIF has employee who have a neat, professional appearance	0(0.0)	23(26.4)	24(27.6)	26(29.9)	13(14.9)
2.	Does make customers feel safe in their services	0(0.0)	34(39.1)	20(23.0)	27(31.0)	6(6.9)
3.	Employees who have the knowledge to answer customer questions	0(0.0)	15 (17.2)	24(27.6)	25(28.7)	23(26.4)

Customer knowledge on service provided by NHIF Tanzania was assessed using a number of questions. First was on employees neatness and professional appearance; about 23 (26.4%) agreed that NHIF Tanzania have employee who have a neat, professional appearance, 24 (27.6%) have said that somewhat NHIF employee have neat and professional appearance, 26 (29.9%) have disagreed and very few 13 (14.9%) strongly disagreed. Study findings showed that majority 34 (39.1%) agreed that they feel safe to be under NHIF health Insurance, 20 (23.0) respondents were uncertain, 27(31.0%) disagreed and very few 6 (6.9%) strongly disagreed that customer feel safe with NHIF services. Lastly, the assessment was on how participants view company to have employees who have the knowledge to answer customer questions, about 15 (17.2%) agreed that the company's staffs are knowledgeable in answering customer questions, 24(27.6%) were uncertain and about 23 (26.4%) strongly disagreed.

4.13 Determinants of Service Quality

4.13.1 Correlation Analysis

Pearson correlation between dependent variable and independent variables was done before regression analysis. Results showed significant relationship between the overall

Service Quality and Tangibility (p<0.52), Reliability (p<0.39), Responsiveness (p<0.233), Assurance (p<0.322), Empathy (p<0.337).

4.14 Regression Analysis

Regression models may be one of the most commonly used statistical analysis techniques in educational research. It is a tool for the investigation of relationships between variables. Regression models are used to develop a better understanding of the relationship between a dependent variable and a set of independent variables (Soors, 2010). At the outset of any regression study, one formulates some hypothesis about the relationship between the variables of interest.

Table 4.12: Pearson Correlation between Dependent Variable and Independent Variables

Correlations

		Service quality	Tangibility	Reliability	Responsiveness	Assurance	Empathy
Pearson Correlation	Service quality	1.000	.052	.039	.233	.322	.337
	Tangibility	.052	1.000	.003	.052	.097	-.039
	Reliability	.039	.003	1.000	-.047	.291	.272
	Responsiveness	.233	.052	-.047	1.000	.247	.316
	Assurance	.322	.097	.291	.247	1.000	.446
	Empathy	.337	-.039	.272	.316	.446	1.000
Sig. (1-tailed)	Service quality	.	.316	.361	.015	.001	.001
	Tangibility	.316	.	.490	.315	.186	.361
	Reliability	.361	.490	.	.332	.003	.005
	Responsiveness	.015	.315	.332	.	.011	.001
	Assurance	.001	.186	.003	.011		.000
	Empathy	.001	.361	.005	.001	.000	.
N	Service quality	87	87	87	87	87	87
	Tangibility	87	87	87	87	87	87
	Reliability	87	87	87	87	87	87
	Responsiveness	87	87	87	87	87	87
	Assurance	87	87	87	87	87	87
	Empathy	87	87	87	87	87	87

***. Correlation is significant at the 0.01 level (2-tailed).*
**. Correlation is significant at the 0.05 level (2-tailed).*

In this study, Multiple linear Regression analysis was deployed by researcher to analyze relationship between Quality service and customer satisfaction. Before running the analysis, a multiple regressions basing on the following assumptions were tested: (i) Linearity and additively of the relationship between dependent and independent variables, the expected value of dependent variable is a straight-line function of each independent variable, holding the others fixed; (ii) Regression assumes that there is little or no multicollinearity in the data (iii) the model assumes a constant variance (homoscedasticity) of the errors; (iv) normality of the error distribution (meaning that errors of the response variables are uncorrelated with each other.

Test statistics such as link test (model specification), variance inflation factor-an indicator (multicollinearity) and normality test has been used during analysis.

F= f(tangibles, reliability, responsiveness, assurance, empathy, demographic information)

$$F = \alpha + \beta T_i + \varepsilon$$

where i=Customer age (Ag), gender (G), marital status (M), Tangibles (TAN), Reliability (REL), Responsiveness (RESP), Assurance (ASS), Empathy (EMP) and participants level of education (ED)

$$F = \alpha + \beta Ag + \beta G + \beta M + \beta TAN + \beta REL + \beta RESP + \beta BASS + \beta EMP + \beta BED + \epsilon$$

Where α = constant

β =coefficient

e=error

4.15 Multiple Linear Regression Analysis

Findings of the regression analysis indicate that, R Square =.169, this implies that, independent variables explain 16.9% of the model variations. Results also indicate that, the model was statistically significant (p<.009) as depicted on Table 4.15.

Table 4.13: Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.412[a]	.169	.118	.70476	.169	3.304	5	81	.009

a. Predictors: (Constant), Tangibility, Reliability, Responsiveness, Assurance, Empathy

b. Dependent Variable: Service quality

Table 4.14: Regression Coefficients

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	1.964	.469		4.190	.000					
	Tangibility	.008	.023	.036	.348	.729	.052	.039	.035	.979	1.021
	Reliability	-.083	.111	-.082	-.751	.455	.039	-.083	-.076	.863	1.159
	Responsiveness	.114	.124	.101	.923	.359	.233	.102	.094	.857	1.167
	Assurance	.161	.089	.213	1.808	.074	.322	.197	.183	.741	1.350
	Empathy	.211	.108	.234	1.956	.054	.337	.212	.198	.718	1.394

a. Dependent Variable: Service quality

4.16 Regression Coefficients

Furthermore, regression coefficients on Table 4.15 suggest that all variables were significant predictors (p<.000) of the model. One unit increase of employee

professional appearance (Tangibility) explains 0.008 increase of service quality. Increase in one unit of Provision of service as promised (Reliability) suggest 0.083 unit increase of service quality. Also, one unit increase of responsiveness explains 0.114 unit increase in service quality.

In addition, single unit increase in Assurance explains 0.161 and one unit increase in Service providers empathy explains 0.211 increase in Service quality respectively.

Based on Table 4.15, the following regression model equation was developed;

From

$$Y = \alpha + x_1\beta_1 + x_2\beta_2 + \ldots x_n\beta_n + \varepsilon$$

Then,

$$y = \alpha + TAN\beta_2 + REL\beta_3 + RES\beta_1 + ASS\beta_4 + EMP\beta_5 + \varepsilon$$

Hence,

$$\boldsymbol{y = 2.0 + 0.008TAN + 0.08REL + 0.11RESP + 0.2ASS + 0.21EMP + \varepsilon}$$

Where,

Y = *Service Quality*

TAN=Tangibility

REL= *Reliability*

RESP=Responsiveness

ASS=Assurance

EMP=Empathy

α = *Constant*

ε = *Standard Error*

4.17 Assumptions of Multiple Regression

4.17.1 Homoscedasticity Assumption

The homoscedasticity test assumes that, there are should be the same variance of the errors between independent variables (Stevens 2009). Scatterplot was used to determine homoscedasticity presence. Figure 4.4, which demonstrates the spontaneous dispersion of error that produces unequal distributions containing errors of similar variance.

4.17.2 Linearity Assumption

This assumption requires that, relationship between dependent and independent variables should be linear in nature. Pearson correlation was used to check this assumption. Results show that, customer satisfaction has significant positive linear relationship with all independent variables (p <.000).

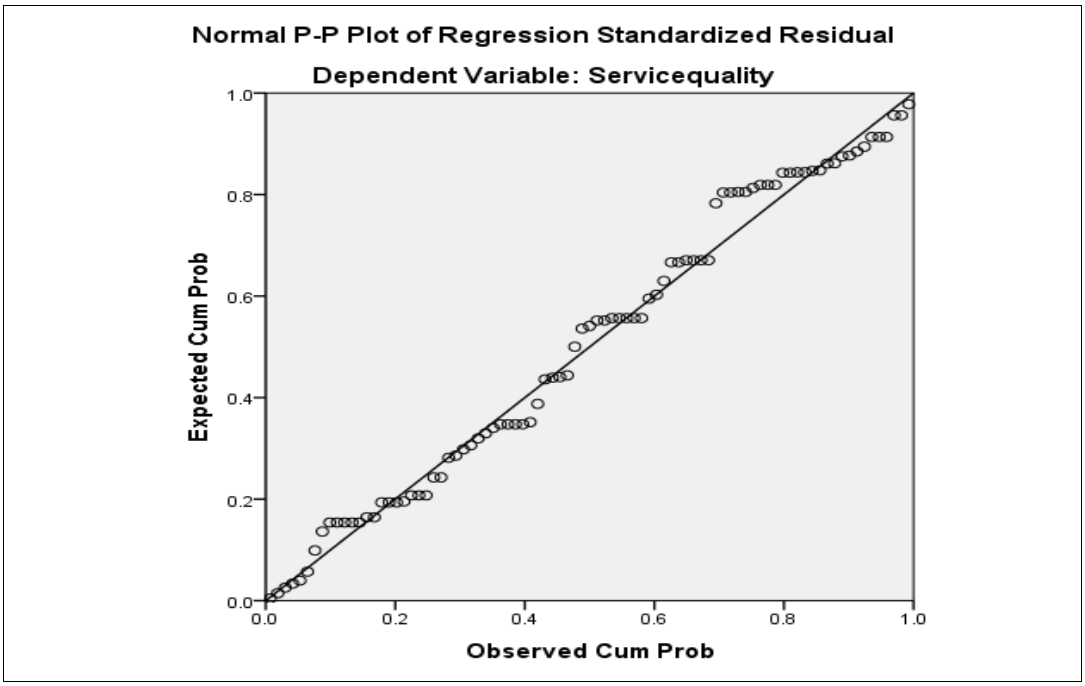

Figure 4.4: Homoscedasticity Assumption

Also, the relationship between the variable was strong positive such that, Tangibility (professional appearance staffs), Reliability (customers are receiving services as promised), Responsiveness (customers complaints resolution), Assurance (safety guarantee) and Empathy as demonstrated on Table 4.17.2.

Tangibility; Figure 4.5, which shows linear relationship between tangibility and customer satisfaction.

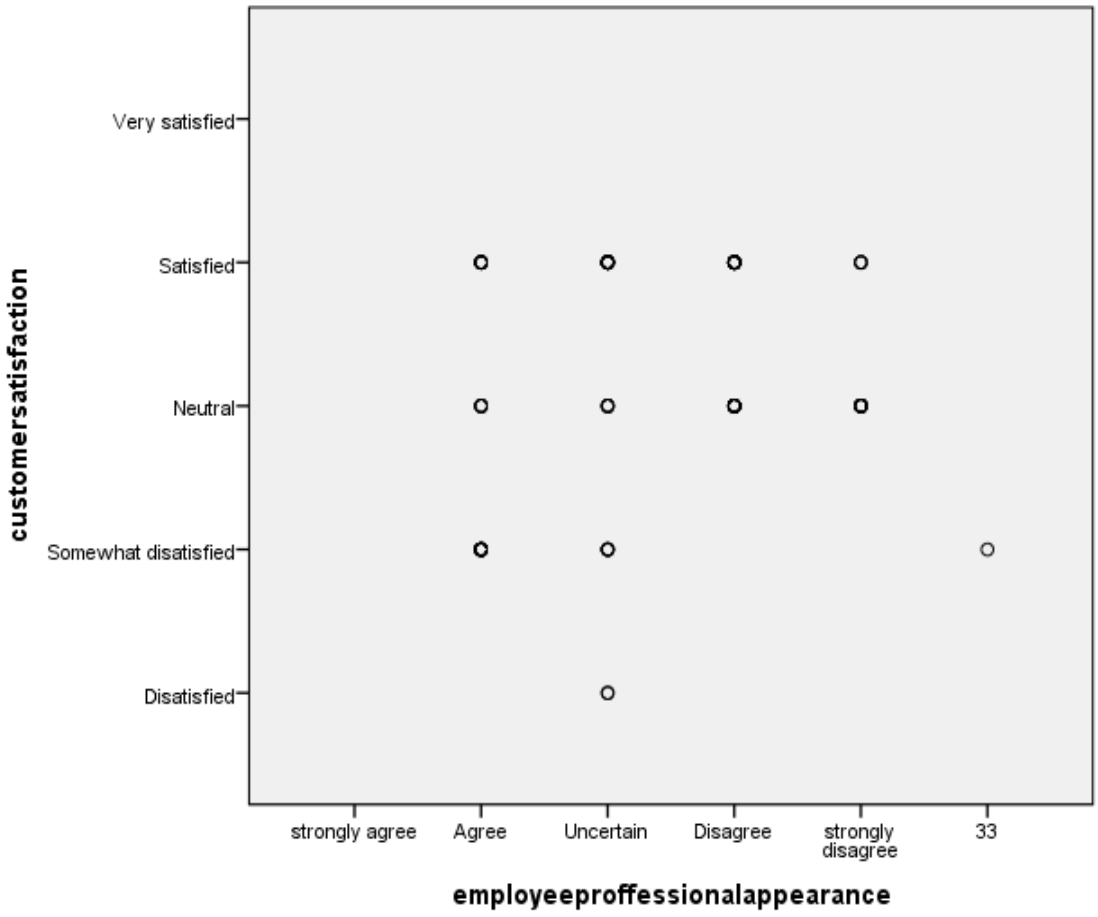

Figure 4.5: Tangibility

Reliability; Figure 4.6, which shows linear relationship between reliability and customer satisfaction

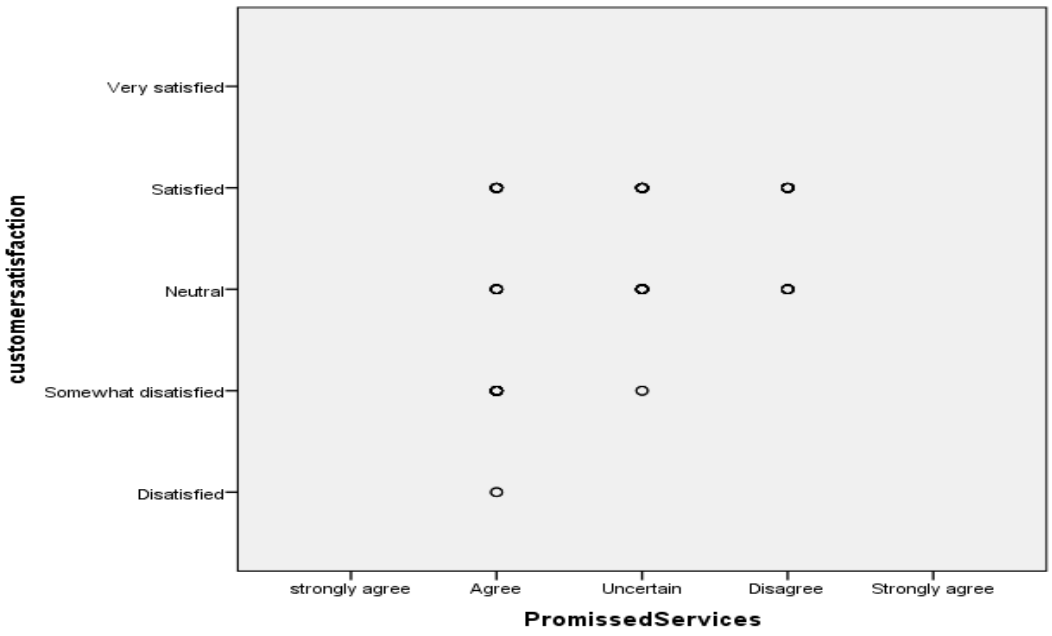

Figure 4.6: Reliability

Responsiveness; Figure 4.7, which shows linear relationship between responsiveness and customer satisfaction.

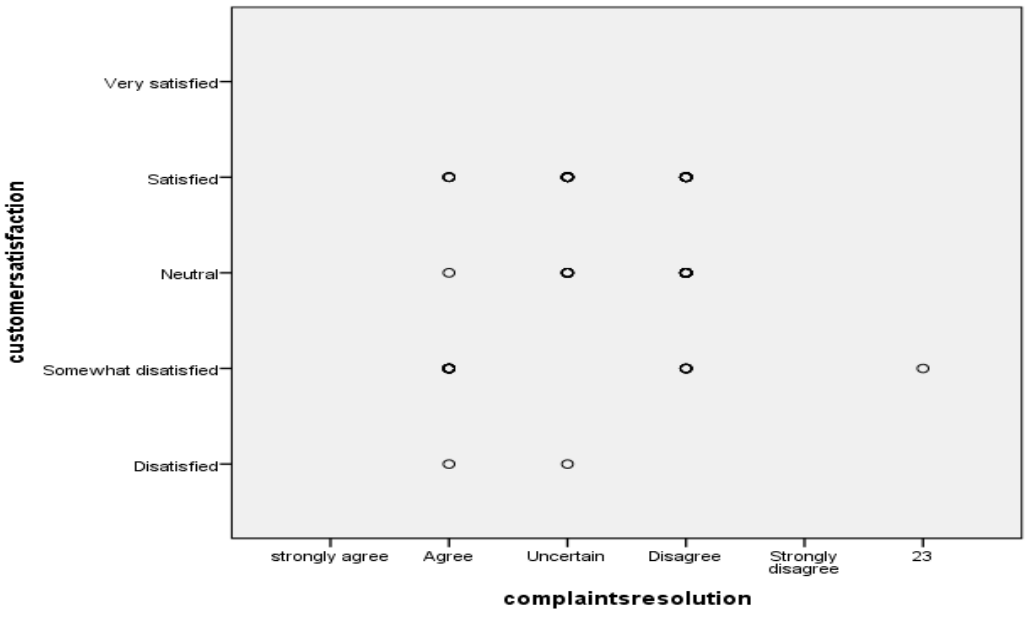

Figure 4.7: Responsiveness

Assurance; Figure 4.8, which shows linear relationship between assurance and customer satisfaction

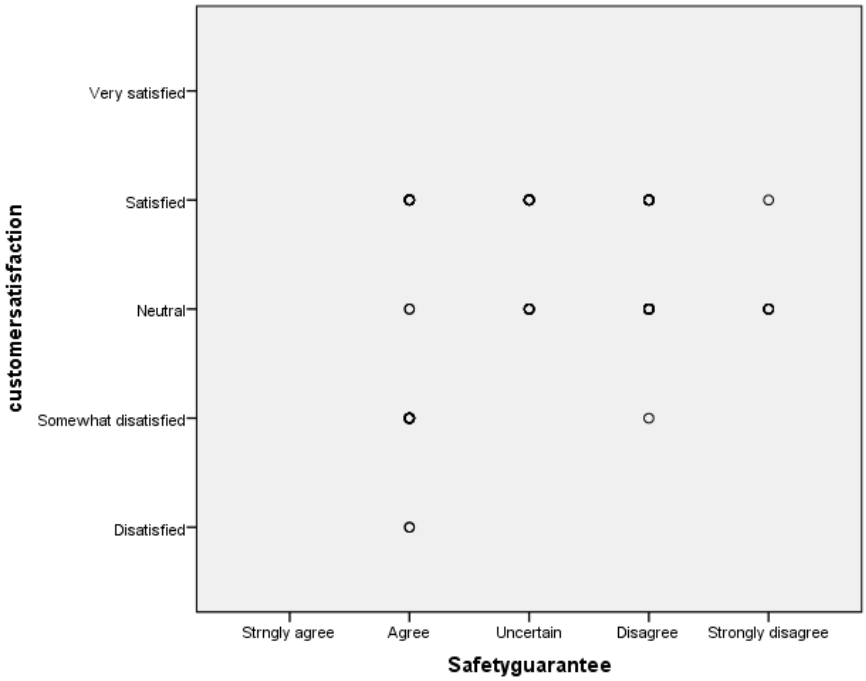

Figure 4.8: Assurance

Empathy: Figure 4.9, which shows linear relationship between empathy and customer satisfaction

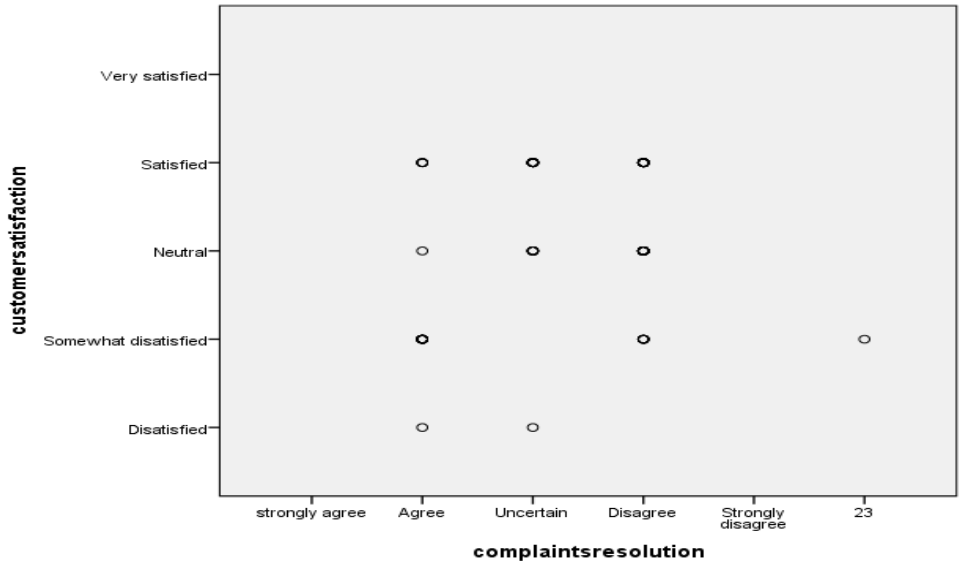

Figure 4.9: Empathy

4.17.3 Little or no Multicollinearity Assumption

To test this assumption, the Variance Inflation Factor (VIF) and Tolerance Rate were determined. The results on Table 4.16 shows VIF and tolerance conform to the thumb rule which implies extremely low collinearity between independent variables. (Field, 2009) suggest that low VIF and large tolerance implies presence of low multicollinearity. Tolerance rate coefficient ranges between 0 and 1 whereas VIF ranges between 1 and 10.

Table 4.15: Little or Multicollinearity Assumption

Variable	Collinearity Statistics	
	Tolerance	VIF
Tangibility	.124	8.091
Responsiveness	.123	8.163
Assurance	.757	1.321
Reliability	.890	1.124
Empathy	.744	1.344

a. Dependent Variable: customer satisfaction

4.17.4 Autocorrelations Assumption

Autocorrelations means that errors between independent variables remain independent . Durbin-Watson was used as shown in Table 4.17 to check this assumption. The result indicates that variables had very low autocorrelations, with Durbin-Watson varying within reasonable appropriate values (DW=1.6). (Field, 2009) notes that Durbin-Watson guarantees low autocorrelations when its coefficient lies between 1.5 and 2.5.

Table 4.16: Durbin-Watson Test Showing Autocorrelations

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.496[a]	.246	.200	.75805	.621

a. Predictors: (Constant), Tangibility, Assurance, Reliability, Empathy, Responsiveness

b. Dependent Variable: customer satisfaction

4.17.5 Normality assumption

This assumption demands the independent variables errors to be normally distributed. Skewness and Kurtosis were employed to test normality. It was revealed that, all variables' errors were normally distributed as per rule of thumb. The rule of thumb for Skewness-Kurtosis is ± 2.58. The test is depicted on Table 4.17.5.1

Table 4.17: Skewness and Kurtosis Coefficients Showing Normality Assumption

	N	Skewness		Kurtosis	
Variable	Statistic	Statistic	Std. Error	Statistic	Std. Error
Reliability	87	0.467	.258	-1.029	.511
Responsiveness	87	7.548	.258	65.738	.511
Empathy	87	-0.062	.258	-.763	.511
Tangibility	87	8.005	.258	70.728	.511
Assurance	87	.321	.258	-1.190	.511

4.18 Discussion for the Assumptions

The Multiple linear Regression analysis was deployed by researcher to analyze relationship between Quality service and customer satisfaction. therefore, the above assumptions obtained the data that shows

Under linearity assumptions the relationship between dependent and independent variables are linear, which means customer satisfaction has significant positive linear relationship with all independent variables (p <.000). Also, the relationship between

the variable was strong positive such that, Tangibility (professional appearance staffs), Reliability (customers are receiving services as promised), Responsiveness (customers complaints resolution), Assurance (safety guarantee) and Empathy.

Also, under Little or no multicollinearity assumption the Variance Inflation Factor (VIF) and Tolerance Rate were determined. The results on Table 4.18 shows VIF and tolerance conform to the thumb rule which implies extremely low collinearity between independent variables. (Field, 2009) suggest that low VIF and large tolerance implies presence of low multicollinearity.

Under, Autocorrelations assumption Autocorrelations means that errors between independent variables remain independent. Durbin-Watson was used to check this assumption and the result indicates that variables had very low autocorrelations, with Durbin-Watson varying within reasonable appropriate values (DW=1.6). (Field, 2009) notes that Durbin-Watson guarantees low autocorrelations when its coefficient lies between 1.5 and 2.5.

Moreover, under Normality assumption This assumption demands the independent variables errors should be normally distributed. Skewness and Kurtosis were employed to test normality. It was revealed that, all variables' errors were normally distributed as per rule of thumb. The rule of thumb for Skewness-Kurtosis is ± 2.58.

Also, Homoscedasticity assumption the scatterplot was used to determine homoscedasticity presence to demonstrate the spontaneous dispersion of error, which has shown unequal distributions containing errors of similar variance.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter focuses on the summary, conclusion and recommendations of the differential of satisfaction for customers who access health insurance services for the case of the customers of the National Health Insurance Fund, found in Kibondo District-Kigoma Region. The chapter is organized into three sections devoted to providing summary of the findings, conclusions and recommendations of the study.

5.2 Summary

The main objective of this study is to determine the effects of Quality services on Customer satisfaction, A case of NHIF Kibondo District in order to put in place important measures of satisfaction for customers of the NHIF. In this study, a Regression and Descriptive analysis were used. Primary and secondary data collection methods were used. The simple random sampling techniques also used to select respondents to be included in the sample. The independent variable was customer satisfaction and independent variables were five service quality dimensions (including assurance, tangibility, responsiveness, empathy, and reliability), contribution fees, benefit packages and waiting time.

The study has used Questionnaire, interviews and FGDs to collect data from the respondents The selected sample was 103, in which 87 respondents were able to provide required information. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 16.0 to answer the specific objectives, which were

first, To examine customers response on quality service provided by NHIF Tanzania, secondly; To identify factors which affect customer satisfaction on service provided by NHIF Tanzania. And the Third objective is; To measure the level of customer satisfaction on service provided by NHIF Tanzania.

The findings show that the customer`s responses on NHIF services is; (31.3%) respondents said NHIF services are very satisfactory as the services provided with NHIF are consistency quality, (44.6%) participants said that, they are somewhat satisfied with NHIF services since they rated the NHIF service quality as average, However 24.1% respondents said they are not satisfied with NHIF Services at all since their complaints take a very long time to be responded, and sometimes NHIF workers do not give feedback to customer`s queries in a professional way.

So far, the level of customer Satisfaction on various services offered by NHIF were assessed using 5 elements of participants' satisfaction with services. The first one was provision of service as promised, findings shows that 43.6% respondents have agreed that NHIF is providing her services as promised, 39.0% respondents were uncertainly sure if the promised services are completely provided by NHIF, however 17.2% respondents disagreed that NHIF provides services as promised. The Second element was on keeping customers informed about when services will be performed; the findings shows that about 25.2% respondents have agreed that they are informed of the NHIF services, 26.4% said that they are partially informed about the NHIF service performance, 47.1% respondents have disagreed that they are always informed when the services is supposed to be performed, and 1 person (1.1%) strongly disagree about the NHIF information dissemination to customers. The third element was on readiness

to respond to customers' request; whereas as about 37.9% agreed that the respond to customer request is good while 25.2% respondents were strongly agreed on the company's redness to respond on customer`s complaints, the findings show that 20.6% of the respondents agree that the NHIF offices responds quickly to customer`s complaints, 24.1% respondents said that sometimes they receive quick response from NHIF to their concerns, 54% respondents disagreed to NHIF readiness to provide quick response of their concerns, 1.1 % respondents are totally not receiving timely response of their complaints. Element 4 was on Easy accessibility of NHIF offices of which 1.14% respondents agreed that NHIF offices are easily accessible, 34.4% respondents said that NHIF offices are somehow accessible especially to people near or around towns, 47.1% respondents disagreed to the statement that NHIF offices are easily accessible, and 24.1 have strongly disagreed to the accessibility of NHIF offices.

Last element was on convenient office hours, whereas the findings shows that 25.2% respondents agreed that NHIF office hours are convenient, while majority (26.4%) said to some extent office hours are convenient, majority respondents (47.1) said that NHIF office hours are inconvenient and 1.14% have strongly disagreed to the NHIF office opening hours.

Finally, the study has found factors which affect customer satisfaction on service provided by NHIF Tanzania are Delays of service provision including response of NHIF workers to customer queries, offices are few and crowded, so far they are only found town, slow operations, most of hospitals are not covered i.e. private hospitals,

children above 18 who are dependents are not covered by NHIF and also that NHIF does not cater for out-patients.

5.3 Conclusions

Generally, this study identified that the possible determinants of customer satisfaction in accessing health insurance services were contribution fees, benefit packages, empathy, responsiveness, waiting time and assurance. So far, the contribution fees were the strongest predictor of customer satisfaction.

Since, the customers feelings about NHIF services shows; 37.9% of respondents feel that the price charged by NHIF are acceptable, 42.5% of respondents have said that the price is somewhat fair and 19.5% of respondents feel that the price is not acceptable.

However other issues like feeling about trustworthy brand, shows that 37.9% of respondents feel that NHIF brand is trustworthy, 42.5% are saying that NHIF brand if somewhat trustworthy, and 19.5% have said that NHIF brand is not trustworthy. The packages of NHIF benefits was also discussed as determinant of customer satisfaction whereby; 3.4% of respondents are feeling that NHIF packages are strongly acceptable, 36.8% of respondents have accepted that the NHIF packages are acceptable, 19.5% of respondents have said that NHIF packages are somewhat acceptable and 40.25 of respondents have said that NHIF packages are not acceptable and not friendly to its customers.

Therefore, in this regard, this study has also concluded that benefit packages, price and trustworthy brand affect the customer satisfaction, hence become determinant of

customer satisfaction in accessing health insurance services. However, the following recommendations has resulted from the study.

5.4 Recommendations

NHIF to open more offices (main branches and subbranches) in urban and rural areas so that customers to be easily supported with to their concerns/challenges.

Registration for new customers should not take much time so that customers can start accessing services soon after their registration.

NHIF should monitor their services provision closely by arranging regular visits to the accredited health centers to observe and advise on how their customers should be handled and valued.

NHIF to make sure that all promised services are provided to customers.

NHIF to train its staff in communication skills as some of staff in NHIF offices are rude and harsh when responding to customer`s concerns.

NHIF to adjust packages of their services to customers like adding benefits of medical treatments to cover various many diseases and improve their customer care to their beneficiaries.

NHIF accredited health centers to ensure full time access of medicine to NHIF customers as most of time their pharmacy are run out of medics stock.

NHIF offices to improve customer care including quick response to customers concerns.

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https://catalog.ihsn.org/index.php/catalog/4618

APPENDICES

Appendix 1: Questionnaires

Dear Respondent,

My name is Mathew Kidola, a postgraduate student at OPEN UNIVERSITY OF TANZANIA. In partial fulfilment of the requirements of a Masters degree of Project Management. I am undertaking research on **"The effects of service quality on customer satisfaction,** A case of National health Insurance Fund (NHIF)- Kibondo District, Kgoma Region**".** I wish to emphasize that the research is purely academics and all the information given and views expressed shall be treated with confidential. It is hoped that the findings will be useful for both academicians and the public as whole. I would appreciate if you spend some times to answer the questions as required.

SECTION A: DEMOGRAPHIC INFORMATION

Kindly mark (√) in the adjacent to your correct option.

Marital status: a) Married b) Single c) Widow/widower d) Divorced e) Separated

Age: a) Less than 30yrs b) Between 31- 40yrs c) Between 41-50yrs d) More than 50yrs

Gender: a) Female b) Male

Level of Education:

Illiterate	Primary Educatio	Secondary Educatio	First Degree	Postgraduate and abo
1	2	3	4	5

Employment status: a) Employed b) Not employed c) Student d) Retire e) Others.

SECTION B: CUSTOMER RESPONSES

Please show the correct answer with the statement as indicated below.

1. Kindly rate the quality of service you received from NHIF.
   a) Very poor
   b) Somewhat unsatisfactory
   c) About average
   d) Very satisfactory
   e) Superior

2. Is NHIF branch network adequate?
   a) Inadequate
   b) Adequate
   c) Highly Adequate

3. How long have you been using NHIF Services?

Months _____

Years _____

4.How do you rate each of the services below

	Excellent=1	Very good=2	Satisfactory=3	Poor=4
The NHIF timely service				
NHIF Customer care assistance				
NHIF benefits				
Accessibility/reachability of NHIF offices				
How is the stratification of NHIF contributions based on level of income?				

5. Kindly indicate how you are satisfied by each of the following criteria by using scale of 1-5 from strongly agree to strongly disagree

Variable	Strongly Agree…….1 Agree……2 Uncertain…….3 Disagree……4 Strongly disagree……...5
a. Providing service as promised	
b. Keeping customers informed about when services will be performed	
c. NHIF employees address customer complaints quickly	
d. NHIF offices are easily accessible	
e. Convenient business hours	

SECTION C: FACTORS AFFECTING CUSTOMER SATISFACTION.

6. Are customers well informed on the scope of NHIF services?.

a) Very well informed

b) Well informed

c) Informed

d) Not informed

e) Not Informed at all

7. About how long did it take for your query to be answered?

a) I was taken care of immediately.

b) Within 3 minutes

c) Within 3-5 minutes

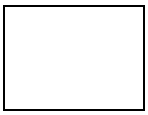
d) Within 5-10 minutes

e) More than 10 minutes

7. What does quality service mean to you?

a) Welcoming staffs

b) Service time
c) Accurate service
d) Service cost
e) Provision of products



8. How many times did you have to contact customer services before the problem was resolved?

a) Once

b) Twice
c) Three times
d) More than three times
e) The problem is still on resolved.

Scope of Coverage of NHIF benefits

9. How many family members are covered by your NHIF contributions other than yourself?

a) One () Two () Three () Four () More than four ( )

b) Is the coverage adequate? Yes/No

c)If No ,suggest ways for a wider family cover

10 . NlllF places a limit on the age of the dependants. Is it okay for NHIF to do this? Yes!No

b) If No, give suggestions concerning the age limit.

SECTION D: LEVEL OF CUSTOMER SATISFACTION ON SERVICE.

11. Overall, how satisfied are you with the quality of the customer service provided by NHIF?

a) Dissatisfied
b) Somewhat dissatisfied
c) Neutral
d) Satisfied

e) Very satisfied

12 .Select the rate that best describes how you feel about these services.

Variables	Strongly agree-1	Agree-2	Uncertain-3	Disagree-4	Strongly disagree-5
Quality					
Price					
Trustworth brand					
Packages					

13. Customer's knowledge on service provided by NHIF Tanzania

Variables	Strongly Agree…….……1 Agree…….……2 Uncertain…….…….3 Disagree……4 Strongly disagree…….....5
a. NHIF has employee who have a neat, professional appearance	
b. NHIF has employee who understand the needs of their customers	
c. Does make customers feel safe in their services	
d . Employees have the knowledge to answer customer questions	

Challenges Facing NHIF customers

14 Please enumerate any five challenges that you face as an NHIF customer.

……
……
……
……

……
……
…….

15Kindly state any five ways in which you think NHIF can be improved

……
……
……
……
……
……
…….

Thanks for your time and cooperation

Appendix II: Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 23409
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REF: PG201900119

23rd July, 2021

Principal of the college,
Folk Development Colleges,
P.O Box 47,
Kibondo,
KIGOMA

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University mission is to generate and apply knowledge through research.

To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you Mr. Mathew Kidola, Reg. No: PG201900119 pursuing Master of Project Management (MPM). We here by grant this clearance to conduct a research titled "*The Effects of Service Quality on Customer Satisfaction, A Case of National Health Insurance Fund (NHIF)- Kibondo District, Kigoma Region*". He will collect his data in your office between 26th July -26th August, 2021.

In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O. Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly, thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours Sincerely,

Prof. Magreth Bushesha
For: VICE CHANCELLOR
THE OPEN UNIVERSITY OF TANZANIA

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 23409
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REF: PG201900119

23rd July, 2021

District Administrative Secretary (DAS),
Kibondo District,
P.O BOX 3,
Kibondo,
KIGOMA

RE: RESEARCH CLEARANCE

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23rd July, 2021

Head of Hospital,
Kibondo Hospital,
P.O. Box 8,
Kibondo,
KIGOMA

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