ASSESSING DELIVERY OF QUALITY HEALTH SERVICES BY LOCAL GOVERNMENT AUTHORITIES: A CASE OF NACHINGWEA DISTRICT COUNCIL

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania, dissertation entitled: *"Assessing Service Delivery of Quality Health Services by Local Government Authorities: A Case of Nachingwea District Council",* in partial fulfillment of the requirements for the Degree of Master of Arts in Monitoring and Evaluation of the Open University of Tanzania (OUT).

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………………………..

Date

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DECLARATION

I, **Sultan Omari Ndoliwa**, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any University for a similar or any other degree award. It is hereby presented in partial fulfillment of the requirements for the Degree of Master of Arts in Monitoring and Evaluation

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Signature

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Date

DEDICATION

This dissertation is dedicated to my beloved wife Khadija Mohamed, our son Tarek and our daughter Nasra. I love them all to the moon and stars.

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I would like greatly to acknowledge my supervisor, Dr. Hamidu Abdallah Shungu for his guidance, supervision, encouragement, useful discussion and critics throughout the study period .My sincere appreciation is extended to those who devoted their efforts and much more their time in making this dissertation successful including my course instructors. I would like to thank my parents Omari Sultan Ndoliwa and Mariam Mwishehe Lipala for being patient and keep on encouraging during the entire time of my study.

ABSTRACT

The objective of the study was to assess the delivery quality of health services in the local government authorities in Nachingwea District Council. The study employed a mixed method approach which enabled a thorough understanding of a research problem.The sample size of 100 respondnts which applied both purposive and random sampling procedure was selected. With regard to data collection both primary and secondary methods of data collection were applied. The collected data ware processed and analysed by using SPSS programme version 21. The main findings of the research expressed community awareness of the health service delivery, but expressed disatisfaction with the services in that the quality of health service delivered was unsatisfactory. Study revealed that respondents unveilead factors which caused underperformance the leading being lack of facilities, shortage of human resources, poor equipment, shortage of laboratories and fewer technicians. The study pointed out issues causing customer disatisfactuon citing mainly inadequate financing and shortage of professionals. The study suggested having reasonable financial capacity to ensure quality health delivery, enough equipment and facilities, enough professionals and conducive environment for services. The study recommended to NDC management having more employment to qualified and skilled staffs for all departments, ensure and strengthen the availability of enough medical supplies at all times in all health facilities, improve Ward services and focus on customer satisfaction strategy.

Keywords: Service quality, Local Government, Healthcare, Medical supply

TABLE OF CONTENTS

xii

LIST OF TABLES

LIST OF FIGURE

LIST OF ABBREVIATIONS

CCM	Chama cha Mapinduzi
CHMT	Council Health Management Team
DMO	District Medical Officer
LGA's	Local Government Authorities
LGRP	Local Government Reform Programme
NBS	National Bureau of Statistics
NDC	Nachingwea District Council
PSRP	Public Service Reform Programme
SERVQUAL	Service Quality Model
URT	United Republic of Tanzania

CHAPTER ONE

INTRODUCTION

1.1 Overview

The study was about assessing service quality delivery of health services in local government authorities. The focus of the study was on how health which is delivered at the local government level by the local government authorities meets the required standards. The researcher chose Nachingwea District Council as a study area. The organization of the study was in such a way that it started off by highlighting on the background of the study then concluded with the statement of the problem since it deemed imperative that in order to make the study focused, back ground of the intended study should be made explicit. This was followed by the statement of the problem, and objectives of the study both general and specific along with the corresponding research questions. Then finally there is significance of the study.

1.2 Background to the Study

Improvement and access to quality health is a global agenda. Sustainable Development a Goal (SDG3) is committed to ensuring good health and wellbeing of the people by 2030. This commitment heavily depends on joint efforts by local authorities and the immediate service providers to the communities. This study was set to assess the status and qualities of health service provision by local government authorities in Tanzania. It did so by using the determinants of quality health services in Nachingwea District Council. The quality of health care services has long been a subject of concern for both private and public healthcare providers across the globe. Staying healthy is an important part of any one's life since good health determines

how productive a person can be and how much the people can participate in their daily activities. People with good health are free from diseases and their bodies function efficiently and effectively. It is therefore logical to suggest that people need to be guided on how to stay healthy (URT.2022). Scientists and medical professionals conduct research and develop guidelines aimed at helping people to manage their health. In the same vein different countries have resolved to make policies geared towards having in place adequate strategies on how to implement health programmes for its population.

A health care delivery system is an organ that provides resources and treatment that help people when they are sick or injured and help them stay healthy through preventive care. A heath care delivery system includes institutions, organizations people and recourses that help a particular group of people stay healthy. The World Health Organization (WHO) is an International Organization under the United Nations Organization is charged with the responsibility of coordinating the provision of health care internationally. The WHO compiles data on health care delivery and outcomes on the global basis. Delivery of health care differs from one country to another. For instance delivery of health care in America is paid by a combination of methods where as in other countries a single payment system meaning it is the government which plays the role of health care delivery. Many of these countries have some form of Universal health coverage which allows people to obtain the kind of health care they need. When they need it at an affordable cost. This system provides health care for every individual that needs it. Paying for the coverage could be through government organizations or single health insurance organizations.

In Tanzania quality health service delivery has been a major concern for many years including the problem of inadequate and ineffective supportive supervision of health care providers by appropriate authorities' especially council management teams. With regard to the study and as it has been asserted in the foregoing the purpose was to assess the quality of health service delivery in the local government authorities. Since the focus of the study is to assess the service quality delivery of health services in local government authorities it is imperative however to deal with the institution itself namely the Local government. The government of Tanzania has been taking deliberate steps aimed at improving the effectiveness and efficiency of Local government culminating into current local government status. Local government is a sub-national, semi-autonomous level government discharging its functions in a specified area within a nation (URT 1996).

Local governments are closer to the people and responsible for serving political and material needs of communities in both rural and urban setting. Under this system of local government measures were taken to ensure that local government authorities were efficient, democratic, accountable, transparent and responsive to the needs of the people. This therefore is in line with the Local Government reform Agenda which was instituted in 1996 (URT 1996). This was aimed to making the local authorities more efficient and effective. The local government reform under decentralization policies and is implementations were geared to provide government authorities with increased opportunities to become actively involved in quality health services delivery. In the move to have in place adequate and smooth operation in the health service delivery the government of Tanzania found it imperative to formulate

the National Health Policy. The health policy was perceived to be a vital guide towards health development of any country (URT 2002). It was considered particularly important in a country like Tanzania where resources and technology are scarce compared to developed countries.

The National Health policy of Tanzania emphasized on the need for increasing community involvement in health development and improved access and equity in health and health services. The structure of the national health policy is such that it is centrally instituted as well as decentralized. It also highlights the importance of health as an element required for national development, poverty alleviation and other health development gains needed by the people. It is in the light of this the government of Tanzania has put emphasis on delivery of equitable preventive, curative and rehabilitative health services at all levels (URT 2022). In view of this the Ministry of Health continues to support and facilitate implementation at Council level all the above functions. Focus of the study was the manner in which the assessment process of quality service delivery is targeted namely the local government. This being the case therefore it is necessary give a brief description of the manner in which the local government operates.

The local government refers collectively to the administrative authorities over the areas that are smaller than a state. The term is used to contrast with offices at nation state level which are referred to as the central government. For administrative purposes Tanzania is divided into 26 regions and 183 councils where they are urban councils as well as district councils. Nachingwea District Council which is a case

study is one in that number. Tanzania has a long history of functioning local government starting with the Local Authorities Ordinance in 1926. In 1972 the local government was abolished and replaced by the Direct Central government rule. The re-introduction of local government occurred in 1982 when rural councils and rural authorities were re-established. .The main purpose of having local government system of administration is to have in place the effective service delivery for the people. Studies shows that, service quality is very important as it dictates whether the service is good or bad and whether customers will or are satisfied with the services. Therefore, for service organizations, it's important to improve service quality during service delivery so as to gain more customer satisfaction (Crotts, 1999).

1.3 Statement of the Research Problem

Health Sector Reforms (HSR) started in 1994 and aims at improvement of access, quality and efficiency health service delivery. Primary health care was adopted as the most cost effective strategy to improve health of the people. The major focus of the HSR is therefore on strengthening the District Health Services, as well as strengthening and reorientation of secondary and tertiary service delivery in hospitals in support of primary health care (MoHSW, 2011).

Studies have indicated that inadequate and unequally distributed health services are a major obstacle to the socio-economic development of Tanzania and have a negative impact on the state of health of the population. Rural regions and poor population groups are most affected by these deficits. There is a considerable shortage of qualified health professionals and skilled staff, in addition to deficiencies in local

infrastructure and equipment. In addition, poor management in healthcare facilities often lead to inefficient use of scarce financial resources, among other problems. Maternal and neonatal mortality rates remain high: 454 women per 100,000 die giving birth, and there are an average of 26 neonatal deaths per 1,000 live births (Ngoli, 2016). These challenges have been hindering the development plans of Tanzania health systems. All these challenges have further exacerbated a sence of disatisfaction on general public regarding quality of health services delivered through the local government system more specically in the area of inaccessibility of proper medical facility and lack of good customer care.

Taking the case of Nachingwea District Council (NDC) as a case study, it is apparent that it is the local governments which were providing health services since its establishment 1984 and customers since then have been receiving services to date. In reality no one knows what customers feel about quality of delivered health services within the council. Therefore, this study is aimed at assessing service quality based on how Nachingwea District Council delivers health services to its customers. The researcher sought to assess the quality of service of health service delivery with the view to suggest ways to overcome the revealed challenges.

1.4 Research Objectives

1.4.1 General Research Objective

The general objective of the study was to assess service quality in delivery of health service in Local Government Authorities.

1.4.2   Specific Research Objectives

   i. To identify the challenges faced by the local government authorities in the health service delivery in NDC

   ii. To investigate the reasons for the apparent dissatisfaction on health services delivery among the community members in NDC

   iii. To determine ways of improving service quality in delivery of health services in NDC

1.5 Research Questions

   i. What are the challenges faced by local government authorities in the health service delivery in the NDC?

   ii. What are the reasons for the apparent dissatisfaction on heath service delivery among the community members in NDC?

   iii. What should be done to improve service quality in delivery of health services in NDC?

1.6 Significance of the Research

The study on the Assessment of delivery of quality health services in the local government authorities is significant in that it unveils crucial aspects of administrative efficiency or inefficiency within the local government authorities by examining the impacts of the staff responsible for delivering health services. By focusing specifically on the health sector at Nachingwea District Council, this research fills a crucial gap on the existing behaviour pattern where "business as usual" habit is rampant it is expected that a change will take place.

Furthermore this study will contribute substantially to administrative efficiency and effectiveness in quality service delivery of health which will be of benefit to the community and the general public. Moreover it will lay future research undertakings regarding the role of local government authorities in order to be diligent in the course of their performance in the delivery of quality service not only in the health sector but in other sectors as well.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter presented relevant conceptual definitions, critical review of supporting theories guiding the study, or theoretical literature review, empirical analysis of relevant studies, identification of research gap, and conceptual framework.

2.2 Conceptual Definitions

2.2.1 The Concept of Local Government Authorities (LGAs)

Local government refers collectively to administrative authorities over areas that are smaller than the central government. The term is used to contrast with offices at nation-state level, which are referred to the central government, national government, or federal government (Shadrack, 2010).

2.2.2 Service Quality

Service quality is the difference of expected services (Customer expectation) and perceived services (Customer perception). If customer expectations are greater than actual performance, then perceived quality is less than satisfactory and a service quality gap materializes (Parasuraman et al., 1985).

2.2.3 Customer Satisfaction

Customer satisfaction is how happy the customers are with services provided and can be determined through surveys and ratings to understand their needs and makes adjustments where relevant (Machirori et al., 2011).

2.3 Importance of Service Quality

In order to reach the customers, it is necessary for the organization to give service of good quality to all customers. Good service quality leads to the retention of existing customers and the attraction of new ones, reduced costs, enhanced corporate image, positive word of mouth recommendation and enhanced profitability (Cronin et al., 2000).

2.4 The Importance of Customer Satisfaction

Customer satisfaction is an important aspect for a business or services delivery and as such they need to retain clients through quality delivery or services. Service provider is required to pay attention on meeting customer needs as it is a core concern of every service. Customer satisfaction is a direct determining factor in customer loyalty which is a central determinant of customer retention (Gerpott et al., 2001). Therefore, customer satisfaction is a useful measurement of performance of the organization (Morgan and Rego, 2006). Deriving from customer satisfaction. Regarding factor affecting customer satisfaction there are many aspects which exist in the combined effects of customer satisfaction including service quality, product quality, price, situational factors (family members opinion) and personal factors (customer mood/emotional state). These different factors will affect the outcome of customer satisfaction and they can lead to the different levels of customer loyalty (Wilson et al., 2008).

2.5 Theoretical Framework

This research study is mainly guided by the theory known as SERVQUAL Theory. SERVQUAL Theory is a model that is generally used to ensure service quality. It

was developed by Parasuraman, Zethaman and Berry. It helps businesses measure and control quality of their services. In 1988 Parasuraman developed the servqual model that was needed to look into the different parts of service quality and how people see them. In general, the model identifies the principal dimensions of service quality. Initially, there were 10 dimensions of service quality identified. However, later these were reduced to 5 as some of these dimensions were auto-correlated. These 5 dimensions of service quality are Reliability, Assurance, Tangibility, Empathy, and Responsiveness (Wilson et al., 2008). Based on those five factors, Kotler and his colleague developed 21–iterms SERVQUAL scale. Therefore, in this study, the initial 21 items of SERVQUAL model are modified to measure the perceived service quality NDC. The model is a summary for the 21-items and researcher wanted to find out the overall service quality as perceived by customers and which dimensions customers are satisfied with.

2.5.1 Criticisms of SERVQUAL Model

There has been criticism however with regard to servqual model apart from its wide use, service quality model has a number of theoretical stance and the Service quality is linked to the concept of perceptions and expectations. Customers evaluate service quality by accompanying what they expect with how a service provider actually performs. Service quality is a measure of how well the service level delivered matches customer expectations. Based on this different authors developed model or theories for measuring service quality. The study mainly focused on service quality and customer satisfaction. In this regard, is preferred to use the SERVQUAL model in order to assess their expectations and perception of services. This model measures

service quality by evaluating the gap between expected service and perceived service.

2.5.2 SERVQUAL Model Variables

As already discussed, the SERVQUAL model is constructed based on its initial 10 dimensions. Later these 10 dimensions were merged into 5 dimensions namely Reliability, Assurance, Tangibles, Empathy and Responsiveness. These 5 dimensions influence the service quality, but also the service delivery process which consequently influences the level of customer satisfaction. These 5 dimensions are the independent variables, while the service quality, the service delivery process and the level of customer satisfaction are the dependent ones.

2.6 Empirical Analysis of Relevant Studies

The process of unveiling the empirical studies encompasses the reviewing of the literature of relevant and related studies. It is in the light of this that the researcher started off with the narrative that is directly connected with this study .A health care system is the organization of people, institutions and resources that deliver health care services to meet the health needs of the target population. Health quality in health care is very complex as compared to other services because this sector highly involves risk. On carrying a comprehensive review of literature the researcher has been compelled to discuss the Indian case studies where the definition of heath quality is conceived. Accordingly health is taken not to be merely absence of a disease. Good health confers on a person or groups' freedom from illness and the ability to realize ones potential (WHO). Health is therefore best understood as the

indispensable basis of defining a person's sense of wellbeing. The health of population is a distinct key issue in public policy discourse in any mature society (WHO). One widely accepted definition of is in the World Health Organization (WHO, p100) where health has been defined as a state of complex physical, Mental and social wellbeing and not merely an absence of disease (WHO p 100).In recent years this statement has been amplified to include leading a socially and economically productive life (Park, 2007 p 137).

In India there were changes from unorganised structure in health care which could be attributed to many factors. Some of the factors are, strong Indian economy, increasing opportunities in health care delivery system, and Gradual Corporation of the health care sector. This came up after a realization that India's health care fell well below International standards in terms of Infrastructure and manpower, thus her health care needed to scale up considerably in terms of the availability of quality of its physical infrastructure as well as human resources so as to meet the growing demand and to compare favourably with international standards and address the need for improvement in customer service and attain a higher quality of health service delivery.

Deshwal et al. (2014) attempted to categorize the SQ dimensions that play an important role in patient satisfaction in campus clinics in Delhi and found out that the dimensions that affects patient satisfaction were: staff professionalism; clinic staff reliability; clinic accessibility and basic facilities; tangibles; cleanliness; awareness of the clinic/diseases and how clinic staff deals with emergencies. Talib

and Rahman (2013) examined the current status and demographic characteristics of Indian healthcare and hospitality industries and presented a holistic picture of current status of these two Indian service industries which may help the Indian service managers and practitioners to further exploit opportunities in these two industries. Khan et al. (2012) measured Service Quality performance in corporate hospitals and established that the ranking of the dimensions like reliability, assurance, tangible, empathy and responsiveness were done to get best quality of services Existing literature studies on Service have indicated that the service quality and customer satisfaction are indeed independent but are closely related and that a rise in one is likely to result in an increase in another construct.

2.7 Development of Seroquel

Parasuraman et al. (1985) asserted that perceived SQ is an overall evaluation similar to attitude. They proposed that SQ is a function of the differences or gaps between customers' expectation and performance along the quality dimensions and therefore, this model is called 'gaps model. Gaps model indicates five gaps during service delivery process, which may lead to dissatisfaction of the customers. Later, Parasuraman et al.(1988) refined their existing model and came up with a new scale to measure SQ known as' SERVQUAL' .This scale consisted of five dimensions namely tangibles, reliability, responsiveness, assurance and empathy.

Measuring SQ in terms of performance alone would be sufficient and developed performance only measurement scale, which is known as 'SERVPERF' instrument. Parasuraman et al. (1994) responded to these concerns and again revised their

original instrument accordingly. However,Carman (1990) arrived at a different dimensional structure while using SERVQUAL scale in astudy pertaining to hospitals. Nine dimensions were found: admission service, tangible accommodations, tangible food, tangible privacy, nursing care, explanation of treatment, accessand courtesy afforded visitors, discharge planning and patient accounting. These dimensions explained sufficient variance in SQ.

The study conducted by Daniel and Berinyuy (2010) using the SERVQUAL model to assess Service Quality and Customer Satisfaction of grocery stores in Umea – Sweden. Study conducted by Teshnizi et al (2018) assessing quality of health services with the SERVQUAL model in Iran. The authors used SERVQUAL model which is the same model as this study intend to use and in that context, it's relevant. The shortcoming of conducted study is that, SERVQUAL model was modified by adding an additional dimension (products) to the original 5 dimensions.

2.7.1 Studies in African Countries

The study conducted by Cheruiyot and Maru (2013) using the SERVQUAL model to assess Service quality and relative performance of public Universities in East Africa (Moi, Makerere and Dar essalaam universities). Except for responsiveness, all the dimensions of service quality showed significant effect on relative performance. Study used SERVQUAL model which is the same model as this study intend to use and in that context, it's relevant. The SERVQUAL model was modified by reducing one dimension (Assurance) from the original 5 dimensions; and this is the only shortcoming.

2.7.2 Empirical Studies in Tanzania

Study conducted by Temba (2013) on assessment of service quality and customer satisfaction of Tanzania Telecommunications Company Limited (TTCL) using SERVQUAL Model, findings showed that, TTCL customers expect more than what they perceive. Wang, Malilo and Ibrahimu (2020), conducted study in measuring Patients' Perceived Service Quality of Healthcare Services Delivery in Public Hospitals in Tanzania (Tabora Urban) using SERVQUAL model. This study found that health service quality affects patient's satisfaction as well as patients' expectations. This implies that, SERVQUAL Model is suitable in assessing service quality and customer satisfaction hence is relevant to what is going to be done.

2.8 Research Gap

After carefully analysing various research studies conducted so far using the SERVQUAL model, it has been realized that many research works have been carried in different service industries such as education, grocery, restaurants, banking, automobile, telecommunication, and even healthcare in urban, but limited empirical study has been conducted using the SERVQUAL model to assess service quality in delivery of health services particularly in rural areas where most of Local Government Authorities operates. This was the research gap, and in order to fill the gap, the study tried to assess service quality using the SERVQUAL model based on how Nachingwea District Council deliver health services to its customers.

2.9 Conceptual Framework

In determining conceptual frame work of this study the researcher used the approach of the relationship between the Independent Variables and Dependent Variables.

Independent variables are what we expect will influence dependent variables. On the other hand a dependent variable is what happens as a result of the independent variable. Generally the dependent variable is the outcome of the interest for the study and the independent variables are the factors that may influence the outcome. In the case of the researcher's study on "assessing service quality delivery of health services in the local government authorities" the independent variables are the health quality service delivery which includes infrastructure medical care and considered as a factor which influences the outcome or dependent variable which in this case is quality Service delivered from the medical facility. The intermediate variables are local government personnel and health workers who include doctors and nurses. (See Figure 2.1below.

Independent Variables   Intermediate Variables   Dependent Variables

Delivery of Quality Health Services → **Local government personnel** / **Health Personnel** → **Quality Service Delivered**
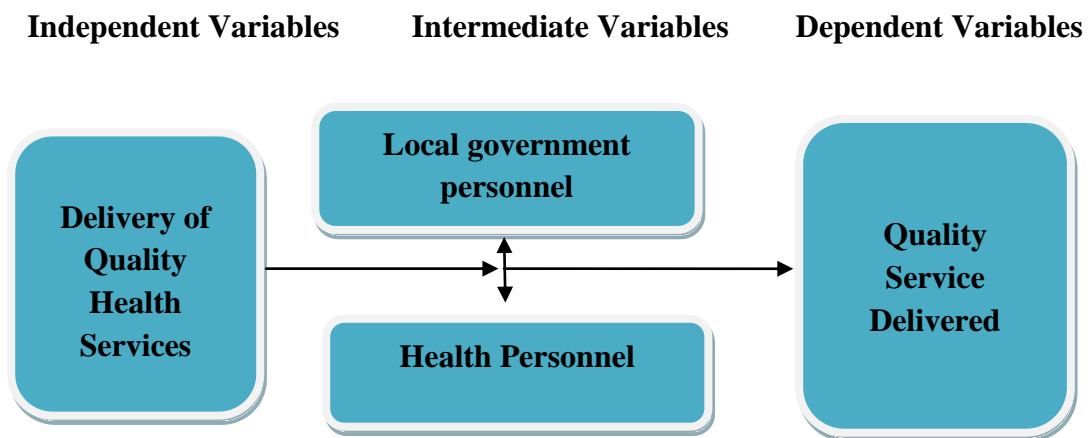
Figure 2.1: Conceptual Framework

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter explains the steps researcher followed in order to addresses the research questions efficiently, research design used, coverage of study, research techniques applied and determination of the sample size in an attempt to achieve the objective of the study.

3.2 Research Design

This study employed a mixed-methods research design, combining both quantitative and qualitative approaches to comprehensively assess the service quality delivery of health services in the local government authorities in Nachingwea District Council. The mixed-methods approach enables a thorough understanding of the research problem by leveraging the strengths of both quantitative and qualitative data (Creswell & Plano Clark, 2018).

The research design is a plan used to achieve expected results. This study employed cross sectional which belongs to exploratory type because of its flexibility that allows the use of different data collection methods such as questionnaires (Saunders et al., 2009).

3.2.1 Survey Population

The survey population used in this study was residents of District where Council operates. Researcher believed that normal person has at least visited once in any of

the 42 health facilities for health services. Anybody out of those who have visited health facilities was the respondent.

3.2.2 Area of the Research

NDC is in rural and has been selected among other LGAs as a case study for two reasons. NDC was involved in all three stages of Local Government Reforms that aimed at improving service delivery at local levels (Tidemand and Msami, 2010). This study helped to find out the status of improvement. Second, the researcher is currently working and residing in the District, It was considered less costly for the researcher and also convenient to do research in the same working area. There is also the question of familiarity of the which positively simplified research undertaking.

3.3 Sampling Design and Procedure

This study used the sample because is normally a small part selected from a large unit (Kothari, 2004). Respondent obtained through probability sampling involves random selection because it allows making strong statistical inferences about the whole group (Mc Combes, 2019). The researcher had to do the sampling with consideration it would not be possible to deal with all the respondents.

The study adopted a simplified formula for proportion to calculate sample sizes at 95% confidence level, based on precision rate error (±10%) and assumed a population proportion of 50% since provided the maximum sample size (Yamane, 1967: Israel, 1992) which provides a full representation of the population. Hence from the entire District population of 233,655, the calculated sample size was 100

respondents. Similarly, (Kothari C.R., 2004) emphasizes that collecting data from entire population ensures the accuracy and completeness of data when the population size is manageable and accessible. Questionnaires were distributed by hands to respondents living around 30 sampled health facilities out of 42.

3.4 Methods of Data Collection

Primary and Secondary data collected to achieve the objectives of the study. Secondary data accessed from past studies, Council database, OUT database to extract past experiences in literature and empirical findings on service quality and how Gap model theory applied.

The primary data gathered from self-administered questionnaires which prepared based on the 5 SERVQUAL dimensions with 4 sections and distributed randomly by hands all 42 qualified respondents. It took four days to collect back filled questionnaires.

3.5 Data Analysis Methods

TANGO, (2007), defines Data analysis as "a process of describing data and exploring relationships between variables contained in the data set". This Analysis enabled to reason and draw conclusions about the research problem findings. For this study the collected data was processed and analysed by using SPSS program version 21 to analyse quantitative data accurate results whereby percentages, frequency tables and graphs were generated. The researcher was also responsible for checking questionnaires completeness, correctness and cleanness. The method

involved organizing, reading, describing, classifying and interpretation of data. The analytical results were compared in order to draw conclusion.

3.6 Data Processing

Data processing is the actions and operation of translating collected data into valuable, usable information through checking for completeness, accuracy and uniformity, editing to remove errors, omissions, classified and then coded into numeric that used in SPSS.

CHAPTER FOUR

FINDINGS AND DISCUSION

4.1 Introduction

This study presents and discusses the findings of the study in accordance to the specific objectives. The study generally assessed delivery of quality health services by Local government Authorities using Nachingwea District Council as a case study. The study was guided by three specific objectives; the first one being to identify the challenges faced by the local government authorities in the health service delivery in NDC, the second specific objective was to investigate the reasons for the apparent dissatisfaction on health services delivery among the community members in NDC. The third specific objective was to determine ways of improving service quality in delivery of health services in NDC.

4.2 Respondents' Demographic Characteristics

Study was to first and foremost interest to research on the demographic characteristics of the respondents.

4.2.1 Age of Respondents

On assessing respondents' age it was seen that it ranged between 18 and above 55 as follows below, 18 to 24 were (11.9%), 25 to 34 were (28.6%), 35 to 44 were (19 %), 45 to 54 were (19%) above 55 were (21.4%) This is seen in Table 4.1 below.

Table 4.1: Age of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24	5	11.9	11.9	11.9
	25-34	12	28.6	28.6	40.5
	35-44	8	19.0	19.0	59.5
	45-54	8	19.0	19.0	78.6
	55 and above	9	21.4	21.4	100.0
	Total	**42**	**100.0**	**99.9**	

Source: Research Findings

4.2.2 Gender of Respondents

The other demographic characteristic of respondents was the gender where the results from the respondents showed that of the total respondents the majority were female who comprised of (57.1%) and the rest that is (42.9%) were male. This presented in the findings in Table 4.2 below.

Table 4.2: Gender of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	18	42.9	42.9	42.9
	Female	24	57.1	57.1	100.0
	Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.2.3 Respondents' Education

The study also assessed the level of education attained by the respondents. It was revealed that (14.3%) attained primary education and 21% were secondary school leavers while (31%) were college leavers. Lastly (26.2%) were University graduates from the finding it indicates that the majority are university graduates and this may

suggest the level of awareness of being relatively higher. This is indicated in Table4.3 below.

Table 4.3: Education of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Primary	6	14.3	14.3	14.3
	secondary	9	21.4	21.4	35.7
	college	13	31.0	31.0	66.7
	University	11	26.2	26.2	92.9
	Non	3	7.1	7.1	100.0
	Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.3 Profession of Respondents

The researcher found it imperative to research on professions of respondents. This was so because it would guide in finding out the nature of services delivery in the health sector in the area in question. Findings revealed respondent engaged in different categories in profession. There are peasants, who are (19%), (14.3%) are business men. There are also clinical officers who consist of (21.4%) and doctors and specialists are (16.7%), teachers (11.9%) but lastly there are leaders of different categories (16.7%). Detail are in Table 4.4

Table 4.4: Professional of Respondent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Peasant	8	19.0	19.0	19.0
	Business	6	14.3	14.3	33.3
	clinical officers	9	21.4	21.4	54.8
	doctors specialist	7	16.7	16.7	71.4
	Teachers	5	11.9	11.9	83.3
	leaders	7	16.7	16.7	100.0
	Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.4 Respondents' Understanding of Health Service Delivery

The study was further interested to know the respondents' understanding of the health service delivery. This was important in view of the fact that it would enable the researcher to gather information regarding their perceptions on the health service that is delivered by those responsible. Findings revealed that (31%) of the respondents confirmed the availability medicine and best care, while 26% revealed the presence of best professional deliverables and (31%) said there was best equipment and deliverables, while (11.9%) were satisfied with the customer care. The responses from the interviewees indicated that the members of the community were generally satisfied with the health services provided at NDC. Table 4.5 shows this.

Table 4.5: How do you understand about Health Service Delivery?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Best custom care	5	11.9	11.9	11.9
	Best equipment and deliverables	13	31.0	31.0	42.9
	Best professional deliverables	11	26.1	26.1	69.0
	Availability of medicine and best care	13	31.0	31.0	100.0
	Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.5 The respondents position on the Quality of Health Service and deliverables in NDC.

There was the question regarding the quality of health service and deliverables in Nachingwea District Council. This question was important because it was previously

stated that some of the community members may have expressed satisfaction with regard to the service delivered but this did not necessarily mean expressing satisfaction on the quality. Regarding this question however findings from respondents were diverse. The majority of responded that is (45.2%) which is 19 respondents said the quality was incomplete and unsatisfactory, while (23.8%) replied that the quality of health service delivery and deliverables are better, (19%) said they were not enough clinical officers and other facilities while (11.9%) expressed that the position fifty - fifty. On the whole the general trend shows that the quality of heath delivery was unsatisfactory by confirmation of 88% all respondents being not satisfied. Table 4.6 proves this.

Table 4.6: How Health Quality Service and deliverable in Nachingwea

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Better	10	23.8	23.8	23.8
	incomplete and unsatisfactory	19	45.2	45.2	69.0
	fair not enough clinical officers and facilities	8	19.0	19.0	88.1
	Fifty - fifty	5	11.9	11.9	100.0
	Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.6 Factors which Cause Underperformance in delivery of Quality Health Service

The study found it imperative to identify the factors which caused under performance in delivery of quality service. Findings were able to discern a number of responses from respondents. Among the recorded response for 11 respondents (26.2%), saw

poor equipment as being one of the factors. Another (26.2%) considered fewer laboratories. But there were also those who saw lack of human resource as being a factor. (21.4 %) and then (19%) who said lack of facilities was also a factor .and lastly (7.1%) alleged that poor environmental service to a factor as well. This is seen in table 4.7.

Table 4.7: What Factors Cause under Performance H QS and D

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid lack of facilities	8	19.0	19.0	19.0
lack of human resources	9	21.4	21.4	40.5
poor equipment's	11	26.2	26.2	66.7
shortage of laboratories and fewer technicians	11	26.2	26.2	92.9
poor environment of service	3	7.1	7.1	100.0
Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.7 What inhibits Customer Satisfaction in the delivery of Health Service to NDC

Further study also focused on the question regarding the issue which inhibits customer satisfaction in the delivery of health services to NDC. Customer satisfaction depends on the way in which health service is delivered. There are issues which when asked to explain what inhibits such customer satisfaction (33.3%) of respondents said it was due to shortage of professionals, for (21.4%) it was health structure management, and (14.3%) level of health facility which presumably were low, while (11.9%) revealed knowledge of health quality service and deliverables and finally (19.0%) said it was inadequate financing most likely meaning it was no sufficient. Table 4.8 below reveals this.

Table 4.8: What Inhibits Customer Satisfaction in delivery of Health Service to NDC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Inadequate financing	8	19.0	19.0	19.0
	Health structure managements	9	21.4	21.4	40.5
	Shortage of professionals	14	33.3	33.3	73.8
	Level of health facility	6	14.3	14.3	88.1
	knowledge of Health quality service and deliverables	5	11.9	11.9	100.0
	Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.8 What should be done to improve Quality Health Service and deliverables in NDC

From the research findings, majority of respondents have revealed that the quality of health service delivery is unsatisfactory. Researcher was compelled to find out what is to be done in order improve the quality of health service delivery. Indeed this is the big question in the research study regarding the improvement of health service delivery to communities and other beneficiaries which was advanced to the respondents. Findings of the results showed that (33.3%) suggested having in place enough equipment and facilities. The other respondents (19%) said recommended having conducive environment for services while (23.6%) saw the need for having enough professionals. (14.3%) proposed accessing best infrastructures and finally (9.5%) saw the need of having reasonable financial capacity. This is as shown in Table 4.9 below.

Table 4.9: What should be done to improve Quality Health Service and deliverables in NDC

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Reasonable financial capacity	4	9.5	9.5	9.5
Enough equipment and facilities	14	33.3	33.3	42.9
Conducive environment for services	8	19.0	19.0	61.9
Enough professionals	10	23.8	23.8	85.7
Best infrastructures	6	14.3	14.3	100.0
Total	**42**	**100.0**	**100.0**	

Source: Research Findings

4.9 Suggested best Environment Quality Health Service Delivery and deliverables in NDC.

Research study has been able gather that conducive environment is vital for smooth operation in the process of health service when it is supposed to be delivered in quality standards. The researcher having realized this requested the respondents on what they felt to be best environment for health service delivery. Findings of the results showed that the majority of respondents (28.6%) suggested enough equipment were needed, (26.2%) said there was a need to have best infrastructure, while (21.4%) suggested that best human resources and professionals were required ;(14.3%) were for enough finance and finally (9.5%) suggested availability of sufficient medicine. The respondents' findings are presented in Table 4.10 below.

Table 4.10: Suggest the best Environment for Health Quality Service and deliverables in NDC

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Enough financial	6	14.3	14.3	14.3
	Enough equipment's	12	28.6	28.6	42.9
	Best human resources and professionals	9	21.4	21.4	64.3
	the presence of best infrastructures	11	26.2	26.2	90.5
	The availability of enough medicines	4	9.5	9.5	100.0
	Total	**42**	**100.0**	**100.0**	

Source: Research Findings

CHAPTER FIVE

SUMMARY CONCLUSION AND RECOMMENDATIONS

5.1 Summary

The study was on assessing the delivery of quality health services by Local Government Authorities a case study of Nachingwea District. The specific objectives of the study ware to identify the challenges faced by local government authorities in the delivery of health services in NDC. To investigate reasons for apparent dissatisfaction on health services delivery among community members and to determine ways of improving service quality in delivery of health services in NDC. Findings revealed the majority of respondents were in between 25 and 34.with percentage of 28.

Furthermore with regard to gender the majority of the majority were female 57 per cent. In terms of education 57.2 per cent of the respondents attained the level of education between college and university. On health service delivery respondents were aware of health delivery. Findings revealed respondents acknowledged the existence of health service delivery but was generally dissatisfaction with regard to the quality of service delivered as the majority of respondents (88%) saw it as being unsatisfactory, meaning that NDC provides low quality health services. There were findings from respondents which expressed a need to identify the factors for underperformance whereby the following as the major factors; lack of facilities, shortage of human resources, availability of poor equipment, shortage of laboratories and fewer technicians. Findings of the research has revealed that, customer satisfaction in the delivery of health services is inhibited mainly by inadequate

financing, Shortage of professionals, Level of health facility, Health structure managements and knowledge of Health quality service and deliverables. Findings of the study also recommended having reasonable financial capacity to ensure quality health delivery, enough equipment and facilities, enough professionals and conducive environment for services.

5.2 Conclusion

From the results of the study the researcher has drawn the following conclusions, First the study was mainly focusing on the delivery of quality health service. From the findings the entire process was administered by the local government authority. In the course of the health delivery some question developed regarding the quality of health service delivered. Research had to get answers which have been presented in the foregoing discussion.

Research had to answers also regarding the factors which resulted into underperformance which has adequately been handled. In the same vein findings revealed shortcoming of the service quality delivery which was curtailed because of shortage of staff like clinical officers and doctors. From the finding it was also noted that efforts towards improvement of service quality delivery could still be made by the medical staff and deliverables.

5.3 Implication of the Findings

Generally the findings imply that, management of Nachingwea District Council has done better job but also they need to focus in all dimensions of SERVQUAL and

make more efforts to improve performance in all angles that would lead to much more higher perceived service quality and customer satisfaction. NDC management should focus on improving service quality by increasing number of employees (Doctors/Nurses/Receptionist), improve availability of medicine and improve Ward services in all health facilities in the district.

5.4 Recommendations

Based on the study findings and furthermore the conclusion, the researcher recommends the following:

i. NDC management should employ more qualified and skilled staffs for all departments in the entire health facilities within the district and provide in service trainings on service quality to staffs who are serving customers as it has direct impacts on customer expectation and perception.

ii. NDC management should ensure and strengthen the availability of enough medical supplies at all times in all health facilities within the district. Customers need to be assured with the availability of medicines whatever in need.

iii. NDC management is emphasized to improve Ward services in all health facilities in the district. Customers need to see every Ward is clean and equipped with proper beds, mattress, bed sheets, Mosquitoes' nets and supply of clean and safe water. Furthermore, customers want secured buildings and electrified.

iv. NDC management should focus on customer satisfaction strategy which will help to compare their performances against customer standards, internal processes and identify opportunities for improvement.

5.5 Limitation of the Study

The conducted study has limitation. The results obtained from this study cannot be generalized to similar situation. The study covered only small part with fewer respondents of the same nature and environment giving a narrow picture of the assessment of service quality

To have a much larger sample size required financial, time and material resources the researcher could not afford so opted for small sample size and the selected study area was Nachingwea District.

Regardless of the limitation, the importance of carrying out this type of the study remained. The kind of study need to be carried more frequently to monitor service quality and customer satisfaction level that used to monitor, maintain and improve service quality.

5.6 Area for further Study

In order to understand the concept of service quality and much more customer satisfaction, how they are measured and its importance in service giving institutions, a similar study which covers all Local Government Authorities in Tanzania could be conducted and their results be generalized to a larger population. The results of the

study will give a clear picture to the central government, stakeholders and the public in general on how the LGAs are working and what need to be worked on for the better services.

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APPENDICES

Questionnaires

These questionnaires are part of a research project and the study is to assess service quality in delivery of health services in Local Government Authorities (LGAs). I would be happy if you could help to answer the following questionnaires.

THANK YOU

The questionnaire is in two sections, expectations and perceptions

Expectations: This section deals with your opinion of NDCs. Please, show the extent to which you think NDC 'should' possess the following features. We are interested in knowing your expectations from ideal.

Instructions: Please rate how strongly you agree or disagree with each of the following statements by placing a check mark **(√)** in the appropriate bracket.

No	Statement	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
1.	Ideal NDC should have modern equipment	( )	( )	( )	( )	( )
2.	Their physical facilities (shelves, customer service counters, computers, lights) should be visually appealing	( )	( )	( )	( )	( )
3.	Their employees should be well dressed and appear neat	( )	( )	( )	( )	( )
4.	When provider promises to do something by a certain time, they should do so	( )	( )	( )	( )	( )
5.	When a customer has a problem, a provider should show a sincere	( )	( )	( )	( )	( )

No	Statement	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
	interest in solving it					
6.	Provider should perform the service right the first time	( )	( )	( )	( )	( )
7.	They should provide their services at the time they promise to do so	( )	( )	( )	( )	( )

Tangible ▨ **Reliability** ▨ **Responsiveness** ▨ **Assurance** ▨ **Empathy** ▨

No	Statement	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
8.	They should keep their records accurately	( )	( )	( )	( )	( )
9.	Employees should make information easily obtainable by the customers	( )	( )	( )	( )	( )
10.	Employees should give prompt service to customers	( )	( )	( )	( )	( )
11.	Employees are always willing to help customers	( )	( )	( )	( )	( )
12.	Employees in NDC should never be too busy to respond to customer's requests	( )	( )	( )	( )	( )
13.	The behaviour of employees in NDC should instil confidence in customers	( )	( )	( )	( )	( )
14.	Customers should be able to feel safe in their transactions with Employees in the counters	( )	( )	( )	( )	( )
15.	Their employees should be polite	( )	( )	( )	( )	( )
16.	Employees of NDC should have the knowledge to answer customers' questions	( )	( )	( )	( )	( )
17.	Provider should give customers individual attention	( )	( )	( )	( )	( )
18.	Their operating hours should be convenient to	( )	( )	( )	( )	( )

	all their customers					
19.	Employees should give customers personal service.	( )	( )	( )	( )	( )
20.	The employees should understand the specific needs of their customers	( )	( )	( )	( )	( )

Perceptions: The following statements deal with the perceptions of service experienced. Please, show the extent to which these statements reflect your perception of service in NDC

Put a cross (**X**) on your choice of answer.

No	Statement	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
1.	NDC customer service centers have up-to-date equipment	( )	( )	( )	( )	( )
2.	Physical facilities (like, computers, brochures) are visually appealing	( )	( )	( )	( )	( )
3.	Employees are well dressed and appear neat	( )	( )	( )	( )	( )
4.	When they promise to do something by a certain time, they do	( )	( )	( )	( )	( )
5.	When a customer has a problem, they show a sincere interest in solving it	( )	( )	( )	( )	( )
6.	Provider performs the service right the first time	( )	( )	( )	( )	( )
7.	NDC provides the service at the time they promised to do so	( )	( )	( )	( )	( )
8.	Employees keep their records accurately	( )	( )	( )	( )	( )
9.	Employees make information easily	( )	( )	( )	( )	( )

No	Statement	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
	obtainable by customers					
10.	Employees give prompt service to customers	( )	( )	( )	( )	( )
11.	Employees are always willing to help customers	( )	( )	( )	( )	( )
12.	Employees are never too busy to respond to customers' requests	( )	( )	( )	( )	( )
13.	The behaviour of employees instil confidence in customers	( )	( )	( )	( )	( )
14.	Customers feel safe in their transactions with employees in the Customer service counters	( )	( )	( )	( )	( )

No	Statement	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
15.	Employees are polite with customers	( )	( )	( )	( )	( )
16.	Employees of NDC have the knowledge to answer customers' questions	( )	( )	( )	( )	( )
17.	Employees give customers individual attention	( )	( )	( )	( )	( )
18.	Their operating hours are convenient to all their customers	( )	( )	( )	( )	( )
19.	Employees give customers personal service	( )	( )	( )	( )	( )
20.	The employees understand the specific need of their customer	( )	( )	( )	( )	( )

21. To what level are you satisfied in the following categories of NDC services?

   * Choose appropriate **[√]**

Service	Very satisfied	Satisfied	Not satisfied
Reception	[ ]	[ ]	[ ]
Medical Doctors/Clinical Officer	[ ]	[ ]	[ ]
Laboratory	[ ]	[ ]	[ ]
Pharmacy	[ ]	[ ]	[ ]
Injection room	[ ]	[ ]	[ ]

Theater	[ ]	[ ]	[ ]
Ward service	[ ]	[ ]	[ ]
Delivery service	[ ]	[ ]	[ ]

22. What should be done to improve customer satisfaction at NDC? * Write briefly

  i. …………………………………………………………………………………

  ii. …………………………………………………………………………………

 iii. …………………………………………………………………………………

 iv. …………………………………………………………………………………

  v. …………………………………………………………………………………

Basic Information (Please tick one)

23.	Your age	18 -29 [ ], 30 – 39 [ ], 40 – 49 [ ], 50 – 59 [ ] 60 and more [ ]
24.	Gender	Male [ ], Female [ ]
25.	How many times have you visited government owned health facilities	First time [ ], Once/twice [ ], Many times [ ]

RESEARCH CLEARANCE LETTER

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA

Ref. No OUT/PG202100224

28th August, 2023

District Executive Director (DED),
Nachingwea District Council,
P.O.Box 291,
LINDI.

Dear District Executive Director,

RE: RESEARCH CLEARANCE FOR MR. SULTAN OMARI NDOLIWA, REG NO: PG202100224

2.   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 of Tanzania mission is to generate and apply knowledge through research.

3.   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. Sultan Omari Ndoliwa,**

Reg. No: PG202100224), pursuing **Masters of Arts in Monitoring and Evaluation (MAME).** We here by grant this clearance to conduct a research titled **"Assessing Service Quality in Delivery of Health Services in Local Government Authorities: A Case Study of Nachingwea District Council".** He will collect his data at your area from 29 August to 30th September 2023.

4.   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,
THE OPEN UNIVERSITY OF TANZANIA

Prof. Magreth S.Bushesha
For: VICE CHANCELLOR