

THE UNITED REPUBLIC OF TANZANIA



Ministry of Health, Community Development,
Gender, Elderly and Children

National Client's Service Charter for Health Facilities

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Definition of Terms

In this document, the following words or phrase would mean:

Authority	A person or institution having administrative power and control
Charter	A statement of commitment by the Ministry of Health Community Development Gender (Health Departments) on health care expectations and responsibilities, which outline what service users, can and should expect every time they use health services and what service providers can do to deliver safer and more effective health services in Tanzania.
Client	A person or institution accessing health service in health facility. Client may be internal (Health Care Provider -from within the Health Facilities) or external (from outside the Health Facilities)
Complaints	A statement that something is unsatisfactory or unacceptable
Diagnosis	The identification of the nature of an illness or other problem by examination of the symptoms
Disability	Loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical, mental or social factors (Persons with Disabilities Act, No. 9 of 2010)
Health	A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (World Health Organization, 1948)
Health Facility	Any institution that provides healthcare services

Health Care Provider Any person or institution involved in the management of a patient or client

Health Care worker Any person who is involved in the management of patient or clients.

Palliative Care is an approach that improves the quality of life of patients and their families that face the problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems.

Responsibility The duty of people to do their best to maintain and improve their health, to respect the health of others and to support the health and social care services to run efficiently.

Right A moral or legal entitlement to have or do something.

Abbreviation

1. MOHCDGEC – Ministry of Health Community Development Gender Elderly and Children
2. CHMT – Council Health Management Team
3. QI – Quality Improvement
4. QIT – Quality Improvement Team
5. DRCHCO – District Reproductive and Child Health Coordinator
6. DNO – District Nurse Officer
7. TB – Tuberculosis
8. DACC – District AIDS Control Coordinator
9. M&E – Monitoring and Evaluation
10. HFGC – Health Facility Governing Committee
11. DMO – District Medical Officer
12. RHMT – Regional Health Management Team
13. CSC – Client Service Charter

Foreword

To ensure the Tanzanian population is enjoying their right to quality health care services, the Client Charter for Health Facilities has been developed to outline the rights and responsibilities of users of the Health facilities. A Guideline on the Development of Clients' Service Charter for Health Facilities, which also includes the Monitoring and Evaluation (M&E) System accompanies this charter to instruct the Health Facilities on how to adapt the approved Client Charter for use at the point of care. The M&E system will be used to monitor and evaluate the implementation of the Clients' Service Charter at the Health Facility level. The implementation will be monitored through different ways including gathering of patient feedback of their experience of services as described in this document. This will enable the MoHCDGEC to improve the quality of care by empowering the users to demand for client-centered health care.

The implementation of the charter will be accompanied by intensive awareness raising of the charter to ensure that all stakeholders' particularly health care service users and providers are aware of their rights and their responsibilities in improving health care delivery

I urge the Directors, InCharges and Managers of Health Facilities to do the following:

- (i) Create awareness of users of their Health Facilities regarding the Rights of Clients contained in this document as well as their responsibilities.
- (ii) Take immediate actions to adopt the approved Client Charter to suite the facility context.
- (iii) Put in place a robust mechanism for M&E regarding implementation of the adopted Client Charter in (ii) above; and
- (iv) Ensure that there is a clear mechanism for complaints management as an intergral part of Clients Rights.



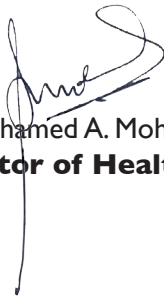
Prof. Muhammad Bakari Kambi
Chief Medical Officer

Acknowledgement

The development of the National Clients' Service Charter would have not been possible without enormous contribution from different stakeholders from both within and outside the Ministry. As part of the process, valuable contributions and feedback were received from health service users, staff and the management team of the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) which all together enriched the process of development of this document.

MoHCDGEC wishes to extend special thanks to USAID BAS ZONE PROGRAMME for financial and technical support in the preparation of the National Client Charter. The Ministry also wishes to thank the team of experts listed in appendix V who were involved in formulating this document.

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Dr. Mohamed A. Mohamed
Director of Health Quality Assurance

CHAPTER ONE:

Introduction

The Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) is committed to improving the quality of health services provided at health facilities. For a long time health services provision often did not focus on the needs and expectations of the client. This has been contributed by inadequate awareness of client rights and responsibilities at the health facility level. In order to address this challenge the Government through the MoHCDGEC has developed the National Client Service Charter for health facilities. The Charter outlines the agreement between the health facilities as health care providers on behalf of the government and the community as beneficiaries of these health services. It also aims at informing and empowering individuals, families and communities to actively look after their own health and to influence the quality of health care in Tanzania. In turn this will enforce the provision of quality health service by the provider.

The MoHCDGEC therefore proclaims this National Clients' Service Charter for Health Facilities as a common standard for achieving the realization of the right to quality health care for every citizen regardless of socioeconomic status.

The observations during the Star Rating assessments, done in 2015/16 showed that most health facilities lacked client's service charter, and the available charters were not standard and sometimes had misleading content.

Included in this charter is a guide to provide a framework for the health facilities to develop their own Client' Service Charter ensuring a standardized format which reflects the national vision of client centered care.

The implementation of the Charter will be monitored and evaluated so as to meet the client's satisfaction. It is our expectation that this document shall change the modus operandi in healthcare for the betterment of all the stakeholders. Similarly, Practitioners should adhere to the stipulations of this charter as it relates to them.

CHAPTER TWO:

Clients Charter

2.1 Client's Rights

Client rights include but are not limited to the following: -

2.1 Right to Medical Treatment

2.1.1 The client has the right to receive medical advice and treatment which meets the currently accepted standards of care and quality. The currently accepted standards are those developed and/or adopted by MoHCDGEC and a responsible body of the profession in the light of accepted contemporary medical practices. Health care shall include promotive, preventive, curative, reproductive, rehabilitative, reconstructive¹ and palliative care.

2.1.2 The clients with special needs (elderly, persons with disabilities, pregnant women, under five children etc.) have right to be given priority in accessing medical treatment, however triaging should be observed

2.2 Right to Information

2.2.1 The client has the right to information on the available health care services, charges involved and right to have documents such as receipts. The information should be readily available and accessible to all clients in the health facility regardless of their health, socio-economic status and types of disabilities (intellectual, visual, physical and hearing) and elderly. Accessible formats of information for persons with disabilities may include: braille, large print, audio visual materials, simple terms and sign language interpretation services.

2.2.2 The client has the right to be given a clear description of his/her medical condition with diagnosis, prognosis (i.e An opinion to the likely future course of any illness) and of the treatment proposed including common risks and side effects of drugs and appropriate alternatives.

¹Reconstructive procedures like plastic surgery

- 2.2.3 The client has the right to know the names/types of any medication to be prescribed and its normal action and potential side effects given his/her condition.
- 2.2.4 The client has the right of access to medical information which relates to his/her condition and which might affect the decision concerning his/her treatment. This right enables the client to participate in decision relevant to treatment and facilitate continuity of health care. Provision of the information will be according to the practices and operational procedure of the facility.
- 2.2.5 The client has the right to be informed about the mode of payment and medical insurance scheme acceptable by the specific health facility without any discrimination whether of socio-economic status, age, race, tribe, sex, disability or illness including mental disorder.
- 2.2.6 The client has the right to know the name and title of the respective healthcare provider(s).
- 2.2.7 The client has the right to know the expected time to be spent in accessing health services at the health facility.
- 2.2.8 The client has the right to receive these informations in a respectful and appealing communication from health care provider.

2.3 Right to Choices

- 2.3.1 The client has the right to accept or refuse any medication, investigations, or treatment and to be informed of the likely consequences of doing so. His/her wishes to accept or refuse medication, treatment or investigations will be respected and documented. However, he/she should have a clear understanding of the implications of such refusal.

2.3.2 The clients has right to access a health care worker of his/her choice so long as the provider of choice is qualified and registered and as long as that choice is acceptable in medical and ethical standards and does not interfere with clinical care of other patients within the facility.

2.3.3 The client has the right to choose whether or not to take part in medical research programs. Written consent explaining all aspects of the research is required for the client to take part in any medical research program conducted within the health facilities.

2.4 Right to Dignity and Respect

2.4.1 The client, family and carers have the right to be treated with dignity, respect and compassion. The client has the right to be called by his/her name not by diagnosis, disability, race, age, tribe, and or nationality.

2.4.2 The client's diversity of culture, beliefs and values in line with clinical decision making should be respected. Care should be provided in a sensitive, kind and compassionate way which does not contradict with medical practices.

2.4.3 The client should enjoy an end-of-life care that is dignified, comforting and supporting.

2.4.4 Client's personal beliefs and wishes will be respected provided the observance is not at the expense of other patients and health care provider's rights or medical procedures.

2.5 Right to Safety

2.5.1 The client has the right to receive services with care in a safe and clean environment, delivered by qualified professionals.

2.5.2 The client has the right to be protected from acquiring new infections while in the health facility environment.

2.6 Right to Privacy

2.6.1 The client has the right to have privacy respectful of individual religious and cultural beliefs. Due to historical reasons there are

varying standards of facilities and physical settings in different facilities. But every effort will be made to meet minimum standards to protect client's privacy.

2.7 Confidentiality

2.7.1 The client has the right to have information relating to his/her medical condition kept confidential.

2.7.2 In general, medical information pertaining to client's conditions will not be released to a third party without his/her expressed consent or as might be required by law.

2.7.3 Confidentiality of client's medical issues shall be maintained even after their demise.

2.8 Right to Receive Emergency Treatment

2.8.1 In emergency situations, irrespective of the client's ability to pay, treatment to stabilize his/her condition shall be provided.

2.9 Right to Donate His/Her Organs or any other arrangements/wishes upon ones' demise

2.10 The Right to Complaint and Compliment

2.10.1 The client has the right to give feedback, make comment, raise concerns or complaint about the health care services received, through channels provided for this purpose by the relevant authority.

2.10.2 The client has the right to make formal complaints and compliment either verbally or in writing.

2.10.3 The client has the right to have his/her complaints dealt with promptly and fairly.

2.10.4 The complaints will be investigated and followed up by appropriate personnel or authority.

2.10.5 The client will receive a substantive reply to any complaints within a reasonable period of time, together with an indication of any action that has been or will be taken.

2.11 Clients Responsibilities

- 2.11.1 To take care of his/her health by adopting a healthy lifestyle.
- 2.11.2 To adopt a positive attitude (behavior) towards his/her health and life.
- 2.11.3 If the client is a minor, the protection, care and healthy lifestyle shall be the responsibility of the parents or guardian.
- 2.11.4 Where an adult client is not in a position to make decisions on the health care services, a spouse, next of kin and/or the guardian where applicable shall accord protection and care to the client.
- 2.11.5 To take care of the health facility properties and keep the environment safe and clean.
- 2.11.6 To respect the rights of other patients and not to endanger their life and health; clients are not allowed to carry weapons in hospital premises.
- 2.11.7 The client should respect the facility staff by treating them with dignity, respect and consideration. They should not use abusive language, intimidate or assault health care providers.
- 2.11.8 To give healthcare providers relevant and accurate information to facilitate diagnosis, treatment, rehabilitation and/or counselling while being truthful and honest on past medical history.
- 2.11.9 To take care of health records in his/her possession and produce them when required by the health care provider.
- 2.11.10 To keep scheduled appointments, observe time and if not possible to do so, inform the health care provider as early as possible.
- 2.11.11 To follow medical instructions, adhere to and not abuse, or misuse prescribed medication or treatment and/or rehabilitation requirements.

- 2.11.12 To enquire about costs of treatment and rehabilitation and to make appropriate arrangements for timely payments.
- 2.11.13 To be aware of the available health care services in his/her locality and to make informed choices while utilizing the services responsibly.
- 2.11.14 To inform the health care providers, when one wishes to donate his/her organs and/or any other arrangements/wishes upon one demise.
- 2.11.15 To seek health care and health related services at the appropriate time.
- 2.11.16 To express any complaints, comments and recommendations through the existing right channels at health facility.
- 2.11.17 Do not enter in health care premises with alcohol or drugs and other substances of abuse

2.12 Rights Of Health Care Provider

- 2.12.1 To be respected by the client
- 2.12.2 Professionally exercising duties and responsibilities without interference from client and clients' relatives.
- 2.12.3 Right to professional consultation from other health care providers while maintaining confidentiality.
- 2.12.4 Right to conduct professional research without interfering with patient confidentiality.
- 2.12.5 Right to register a complaint about a patient /client or to pursue those complaints through the health facility or in a Court of Law without risk to his employment.
- 2.12.6 Health care workers have the right to sufficient personal time to rehydrate and nourish themselves.

2.13 Responsibility of Health Care Provider

- 2.13.1 To provide quality health services and maintain a professional code of conduct.
- 2.13.2 To provide health services in a conducive environment in a respectful dignified manner.
- 2.13.3 To maintain a good interpersonal relationship with client/patient and provide adequate and relevant information.
- 2.13.4 To maintain team work so as to provide quality health services.
- 2.13.5 To protect client/patient from hospital acquired infection (nosocomial infection).
- 2.13.6 To ensure that rules and regulations of the health facility are adhered to.
- 2.13.7 Health workers should not solicit, or receive any kind of unofficial payment from patients /clients.
- 2.13.8 To communicate with all clients/patients in a clear and understandable language and with special consideration to people with special needs while in the health facility.
- 2.13.9 To give priority to seriously ill patients, people with special needs, elderly, children and pregnant women.
- 2.13.10 To ensure that all documents and medical records are maintained in a safe, confidential and accessible manner.
- 2.13.11 To receive and attend suggestions ,complaints and comments timely properly with transparency.
- 2.13.12 To cooperate with different bodies in complaints handling and provision of feedback to complainant.
- 2.13.13 To create awareness among clients/patients on early health seeking behavior on both preventive and curative services

CHAPTER THREE:

Guide for Development of Facility Client Charter

This chapter provides guidance for health facilities to develop their own client's service charter based on the population they serve. It outlines key contents for a Client's Service Charter in a health facility, which ensures standardization at all levels.

4.0. Preparation Of Client Service Charter For Health Facilities

4.1. Adoption process at the Council and Facility level

The client charter has to be adapted at the level of the Council with the QI focal person at the Council level overseeing the process. The Council Health Service Board should approve the adapted Client Charter during their scheduled meetings. Preparation has to align with the National Client Service Charter for Health Facilities.

The approved Client charter will be distributed to the health facilities in the council. The Health Facility QIT will adopt this Client Charter for display in easy to understand language and clear font. This Client Charter will be presented to the Health Management Team. The Health Facility Governing Committee should then approve this facility specific Client Charter.

4.2. Client Service Charter Preparation Teams and Approval process.

- 4.2.1. Preparation Team at the Council level: The preparation team should comprise the following at the level of the Council
- Members of the CHMT who focus on QI including but not limited to QI Focal Person, DRCHCo, District Lab Technician/Scientist, Malaria Focal Person, TB Focal Person, DNO, Health Secretary, DACC, M & E Specialist, Private Health Facilities Representative.
 - A Consumer Representative of health care at the level of council.

4.2.2. Approval of Client Service Charter

At the level of the Council, approval should be from the Council Health Services Board while at the level of health facility the draft charter should be tabled for approval to respective Executive Board, Hospital Advisory Board or Health Facility Governing Committee (HFGC).

4.3. Format of Client Service Charter

4.3.1. Cover Page

The cover page should have the following:-

- Name of District/Municipal Council
- Council Logo
- Title of the Document
- Year

4.3.2. Table of Content

A table of contents shows major topics and subtopics with respective page numbers while developing the Client Service Charter to help the reader to trace and find relevant information easily.

4.3.3. Abbreviations & Acronyms

Abbreviations used in the document should be listed for clarity.

4.3.4. Definition of Terms

Key words should be given meaning to provide relevant context of the respective word(s) in the document.

4.3.5. Approval page

Page with District Medical Officers' (DMO) signature to signify approval of document by Council Health Service Board.

4.3.6. Introduction

The introduction should carry a summary of the content of the document. It should briefly explain the meaning and purpose of the charter.

4.3.7. Vision, Mission and Core Values

Vision, mission and core values of the Council should be stated separately.

4.4. Purpose of Client Service Charter

The purpose of the Client Service charter is to make a client aware of his/her rights and responsibilities. It gives a client a clear statement of the level of service they can expect from the facility, and shows their responsibilities towards the service providers.

The charter helps the health facility to engage with clients in designing services in a better way and responding to the needs of the clients. It gives a framework that allows the facility to measure and improve the quality of services provided.

4.5. Client's Rights and Responsibilities

The charter should recognize the client's rights and responsibilities as described in chapter two.

The client's rights and responsibilities should include but is not limited to the ones shown in the Figure below.

Client rights and responsibility

CLIENT RIGHTS

1. Right to medical treatment
2. Right to information
3. Right to choices
4. Right to Dignity and Respect
5. Right to safety
6. Right to privacy
7. Right to Confidentiality
8. Right to receive emergency treatment
9. Right to donate his/her organs or any other arrangements/wishes upon ones demise
10. The right to complain

CLIENT RESPONSIBILITY

1. Adopting a healthy lifestyle and positive attitude (behavior) towards his/her health and life.
2. Keep the environment safe and clean.
3. To respect the rights of other patients
4. Respect the facility staff
5. Provide relevant and accurate information on past medical history.
6. Take care of health records
7. Keep scheduled appointments,
8. Follow medical instructions,
9. Seek health care and health related services at the appropriate time.
10. Complain through correct channels at the health facility
11. Do not enter in health care premises with alcohol or drugs and other substances of abuse

Health care worker rights and responsibility

Health Care worker rights

1. To be respected by the client
2. Professionally exercising duties and responsibilities
3. Right to professional consultation from other health care providers while maintaining confidentiality.
4. Right to conduct professional research
5. Right to register a complaints about a patient /client
6. Health care worker have the right to sufficient personal time to rehydrate and nourish him/herself

Health care worker responsibility

1. To provide quality health services.
2. To provides health in respectful dignified manner.
3. To maintain team work so as to provide quality health services.
4. To protect client /patient from hospital acquired infection (nosocomial infection)
5. To ensure that rules and regulations of the health facility are adhered
6. Health worker should not solicit, or receive any kind of an official payment from patient /client
7. To give priority to seriously ill patient, people with special needs, elderly, children and pregnant women
8. To ensure that all documents and medical records are maintained in a safe, confidential and accessible manner
9. To receive and attend suggestions ,complaints and comments timely ,properly with transparence
10. To Cooperate with different bodies in complaints handling and provision of feedback to complainant
11. To create awareness among client/patient on early health seeking behavior on both preventive and curative services.

CHAPTER FOUR: Monitoring and Evaluation

The implementation of this Client Services Charter is expected to be monitored at the health facility, Council Health Management Team (CHMT), Regional Health Management Team (RHMT) and National level. At facility level, monitoring will be done through quarterly customer satisfaction surveys. The tool for customer survey and list of indicators are attached in the Annex II: the facility can modify this to include more indicators. Through continuous supportive supervision, R/CHMT will be able to monitor the implementation of Client Services Charter by ensuring the charter is displayed at various service delivery points of the health facilities, surveys are conducted and issues identified during surveys have been addressed.

At national level, implementation of the Client Charter for Health Facilities will be monitored through Star Rating Assessment. Star Rating Assessments are done annually on all primary level facilities but also on Regional and Zonal and Referral Hospitals. Both for Public and Private Client focus which is one of the service areas in the star rating tool measures presence of the client charter and compliance to the client charter. Supportive Supervision at the national level is carried out quarterly. The supportive supervision checklist has indicators which are key in contributing to performance measurement concerning adherence to the client charter.

Appendices

Client Surveys (Client Satisfaction Interviews)

A simple survey can ask questions about customer perceptions.

APPENDIX I: Tool for assessing patient' awareness on CSC in Facility

Questionnaire No.....

Part I: General information

1. Date of interview:.....
2. Name of departments visited by the client:.....
3. Name of interviewer:.....
4. Name of respondents (optional):.....
5. (i) Age
- (ii). Sex: Male/ Female
- (iii) Religion.....
6. Area of residence (i) Ward
- (ii) District.....
- (iii) Region.....
7. Mobile number of the respondent's (optional).....

Part 2: Patient Awareness on the Availability of CSC in the Facility

1. Patient's awareness on CSC.
- NB: 1=Unaware, 2=Not sure 3=Aware

Questions	1	2	3
i) Are you aware that the health facility has a Client Service Charter?			
ii) Do you know the time set for receiving care in different departments in this health facility?			
iii) Do you know the patient' rights (such as right to complain and receive feedback) as stated in the Charter			
iv) Do you know of any patient' responsibility to the facility as indicated in the Charter			
v) The health worker responsibilities to its patient as indicated in the Charter			

If the answer to question 1 (i) is 1 then proceed with question 2

2. How did you know about the existence of CSC?
 - i. Through copies of the charter in the facility
 - ii. Through any Facility staff
 - iii. Through print media (fliers and cartoons)
 - iv. Through news (radio,TV)
 - v. Through friends and family
 - vi. Through website of the facility
 - vii. Others (specify).....

3. When was the Charter introduced in your Facility?
 - (i).1 year ago (ii). 2 years ago (iii). I don't know
 - (iv). Others (specify).....

4. Have you ever read the CSC document? 1.Yes 2. No

5. If answered YES in question 4, do you find the language used is easy and simple to read and understand? 1.Yes 2. No

6. In your own opinion what do you think was the reason for introducing CSC in the facility?
 - i. To improve service provision
 - ii. Empower patient to demand quality services
 - iii. Enhance good relationship between health providers and the patients
 - iv. I don't know
 - v. Others (specify).....

7. Has the facility promoted the CSC document?
(i) Yes (ii) No (iii) I don't know

8. If you have answered yes in Qn. 7 what were the strategies used?
 - i. Copies of the Charter in the facility
 - ii. Posting the Charter on the website
 - iii. Use of mass media
 - iv. Others (specify).....

9. If you don't know about the existence of CSC, what do you think is the reason?
 - i. Poor promotion of the Charter
 - ii. It is a useless document
 - iii. I don't know
 - iv. Others (specify)

10. In your opinion, which procedure would be helpful for you to know about CSC?
 - i. Copies of the Charter in the facility
 - ii. Publicity in print media (fliers and cartoons)
 - iii. Publicity in electronic media
 - iv. Knowing from Facility staff
 - v. Other (please specify)

11. In your own opinion what steps should be taken to build up awareness of citizens about CSC?
 - i. Training and seminars to public servants
 - ii. Fliers
 - iii. Congregation
 - iv. Mass media
 - v. Others (specify)

12. In your opinion do you think that the Health Care Workers observe client rights as stipulated in the Client Charter?
(i) Yes (ii) No (iii) I don't know

13. Please comment for your answer in 12 above.
Others (specify)

APPENDIX 2: Tool for assessing implementation of CSC; (Patient Satisfaction on Service Provided by Facility)

Part I: General information

1. Date of interview:.....
2. Name of departments visited by the client:.....
3. Name of interviewer:.....
4. Name of respondents (optional):.....
5. (i) Age
- (ii). Sex: Male/ Female
- (iii) Religion.....
6. Area of residence (i) Ward
- (ii) District.....
- (iii) Region.....
7. Mobile number of the respondent's (optional).....

Part 2: Assessment of Implementation status of the CSC

1. Patient's satisfaction on services provision in the facility.

NB; 1=Dissatisfied 2= Neutral and 3=Satisfied

Are you satisfied with:	1	2	3
Staff tried their level best to give you the service you wanted			
The staff was civil enough with the language they communicate with you.			
Information about any side effect of the medicine that you received			
Discussion with your doctor about your disease condition			
Privacy during services provision			
The amount of time it took to get the service			
The overall service delivery from the facility			

2. Did you get the service you needed from the facility?
(i).Yes (ii). No (iii) Part of what I needed

3. If you answered Yes in Qn. 2; generally, how would you rate the services
(i). Excellent (ii). Good (iii). Satisfactory (iv). Poor

4. If you have answered No or parts of what you needed in Qn. 2, what do you think is the reason?
 - i. Staff needed bribe
 - ii. The Staff said my documents were not valid
 - iii. The Staff did not cooperate
 - iv. I had incomplete documents
 - v. Service is not available
 - vi. Other (specify)

5. Does the facility gather your complaints?
(i).Yes (ii). No (iii). I don't know

6. If you have answered Yes in question 5, how do they gather your complaints?
 - i. Suggestion box
 - ii. Desk officer
 - iii. Letter writing
 - iv. Others (please specify)

7. Have you ever had a complaint for example from the treatment or service delivered from the facility?
1.Yes 2. No

8. If you have answered Yes in Qn. 7, have you ever lodged a complaint?
(i) Yes (ii) No

9. If you have answered No in Qn. 7, what are the reasons?
 - i. They don't make follow up of the complaints
 - ii. I don't know the procedure of lodging a complaint
 - iii. It is a complicated process
 - iv. Others (specify).....

10. If you answered Yes in Qn. 7, could you please estimate the duration involved in follow up of the complaint lodged by you or your fellow patient?
 - i. Immediately in the same day
 - ii. 2 days
 - iii. 7 days
 - iv. No action at all
 - v. Others (specify)

11. Did you feel satisfied with the solution offered to your complaint?
(i).Yes (ii). No (iii). Somehow (iv). Not at all

12. Does the facility solicit feedback from you on the standards of service delivery offered to you?
i.Yes ii. No

13. If you have answered Yes in question 12, how did you gather the feedback?
 - i. Mobile phone
 - ii. Facility staff
 - iii. Social media
 - iv. Letter writing/e-mail
 - v. Others (please specify)

14. Have you ever suggested anything to the facility?
i.Yes ii. No

15. If you answered Yes, do you think that your suggestions/feedback have been reflected in follow up action?
i.Yes ii. No iii. Somehow iv. I don't know

16. Can you estimate the duration of time spent to get the service you were seeking for from the facility?
 - i. 5 to 30 minutes
 - ii. 1 to 5 hours
 - iii. 1 to 5 days
 - iv. 1 to 3 months
 - v. Others (specify)

17. Are you aware of the services offered at the Facility?
(i).Yes (ii). No
18. If You answered yes to question 17, where did you get the information?
- i. Sign board of the facility
 - ii. Social media
 - iii. Facility Public Addressing System /TV
 - iv. Oral/Health Care Worker
 - v. Through family and friends
 - vi. Others /Specify.....
19. Have you ever being in need of any information from the facility?
(i) Yes (please specify).....
(ii) No
20. If you have answered Yes in Qn. 19, can you estimate the time duration it took ;
- (i). 10 minutes
 - (ii). 30 minutes
 - (iii). 14 days
 - (iv). Very long time
 - (v). Others (specify)
21. If you are aware about the contents of the Charter, to what extent did you find consistency between the information as mentioned in the Charter and the way Facility Staff have dealt with your case?
- (i) To a lesser extent
 - (ii) To a greater extent
 - (iii) I don't know

Thank you for your participation!!!

APPENDIX 3: Tool for Assessing Health Worker Understanding on CSC and Factors Influencing Utilization of CSC

Part I: General information

1. Date of interview;.....2. Questionnaire No.....
3. Name of department in which the staff is working;
4. Name of interviewer;.....
5. Facilities; (i) Name;.....
(ii) District;.....
(iii) Region;.....
6. Mobile number of the respondent's (optional);.....

Part 2 : Staff Understanding on CSC

1. Staff awareness on CSC.

NB; 1= Unaware ,2= Neutral and 3=Aware within the statement

		1	2	3
i	Existence of CSC in the Facility			
ii	I am supposed to participate during formulation/review of CSC			
iii	The time standards of service provision indicated in the Charter			
iv	The quality of services you're supposed to provide			
v	The responsibility of the facility to its clients as indicated in the Charter			
vi	The responsibilities of the clients to the facility as indicated in the Charter			

2. How did you know about the Charter?
 - i. Through copies of the Charters in the facility
 - ii. Through fellow staff
 - iii. Through training on CSC
 - iv. Other (please specify).....
3. Were you involved in the formulation or reviewing process of the Charter in the facility?

- i. Yes
 - ii. Somehow
 - iii. Not at all
4. What do you think are the reasons on why the CSC was introduced in your office?
- i. To improve service provision
 - ii. Enhance good relationship between health service provider and clients
 - iii. To empower the clients
 - iv. Others (please specify)
5. In your own opinion what steps do you think should be taken to build up awareness of the health service provider on CSC?
- i. Staff training and education
 - ii. Meeting and conference
 - iii. Media
 - iv. Others (please specify).....
6. Have you ever created awareness of the clients on CSC
- i. Yes
 - ii. No
 - iii. I don't know
7. In your opinion, what are the major problems of implementing CSC in facility?
- i. Unawareness of the Charter
 - ii. Poor service facilities
 - iii. I don't know
 - iv. Others (please specify)

Part 3: Factors Influencing Implementation of CSC

8. In your own opinion are there any strategies imposed to promote the Charter in this health facility?
- i. Yes
 - ii. No
 - iii. I don't know

9. If you answered Yes in question 8, what are those strategies to promote it?
 - i. Training to the health service provider
 - ii. Ensure there are copies of the Charter in the facility
 - iii. Display of the Charter in a locally understandable language
 - iv. Usage of fliers
 - v. Uploading the Charter to the website of the facility
 - vi. Use of mass media
 - vii. Others (please specify)

10. Does this facility monitor and evaluate success and failures of utilizing CSC?
 - i. Yes
 - ii. No
 - iii. I don't know

11. If answered Yes in Qn.10, what are those mechanisms to monitor and evaluate the success and failures of CSC ?
 - i. Internal monitoring and evaluation system
 - ii. Customer Feedback Form/Exit Interview at the point of service delivery
 - iii. Participatory monitoring and evaluation led by R/CHMT in collaboration with NGOs or Community Based Organisations (CBOs)
 - iv. Others (specify)

12. Does the facility have a complaint handling mechanism?
 - i. Yes
 - ii. No
 - iii. I don't know

13. If Yes, what are those complaint handling mechanisms?
 - i. Desk facility dealing with complaints
 - ii. Through letter writing
 - iii. Use of suggestion box

- iv. Use of SMS or phone calls
 - v. Others (please specify)
14. In your own opinion, what other factors influence implementation of CSC in your facility?
- i. Awareness creation
 - ii. Availability of copies of the Charter
 - iii. I don't know
 - iv. Others (please specify).....

Thank you for your participation!!!

APPENDIX 4: Swahili Version HAKI NA WAJIBU WA MTEJA

1.1 HAKI ZA MTEJA

Haki za mgonjwa zinajumuisha

1.1.1 Haki ya kupata matibabu

- 1.1.1 Haki ya kupata ushauri wa kidaktari pamoja na matibabu yanayokidhi kikamilifu viwango vya ubora vinavyokubalika. Viwango vilivyokubalika ni vile ambavyo vimeandaliwa na Wizara ya Afya Maendeleo ya Jamii, Jinsia, Wazee na Watoto (WAMJW). Huduma za afya zinajumisha huduma za uhamasishaji (Promotive), Kinga, Tiba, Uzazi, Utengamao, na Huduma Shufaa.
- 1.1.2 Haki ya kupata kipaumbele kwa wagonjwa wanaohitaji huduma za dharura na wenye mahitaji maalumu (wazee, watu wenye ulemavu, akina mama wajawazito, watoto wenye umri chini ya miaka mitano, n.k)

1.2.1 Haki ya kupata taarifa

- 1.2.1 Kupata taarifa juu ya huduma zinazotolewa katika kituo, gharama za huduma pamoja na hati halali za malipo kulingana na huduma zilizotolewa. Taarifa hizi zipatikane katika mfumo rafiki kwa mteja bila kujali hali yake ya kiafya, kiuchumi na aina ya ulemavu (ulemavu wa akili, uoni, viungo, uziwi). Fomati ya upatikanaji wa taarifa kwa watu wenye ulemavu zinajumuisha *'Braille, large print, audiovisual materials, simple terms and sign language interpretation services'*.
- 1.2.2 Kupata taarifa kuhusu ugonjwa alionao, matokeo ya uchunguzi, aina ya matibabu aliyopewa, maelezo juu ya ufanyaji kazi wa dawa alizopewa pamoja na madhara ambayo yanaweza kutokea kwa kutumia dawa alizopewa.
- 1.2.3 Kujua jina na aina ya matibabu anayopewa na vitu ambavyo vinavyoweza kubadilisha aina ya matibabu endapo vikitokea. Hii itamsaidia mteja kushiriki katika maamuzi juu matibabu anayopewa.
- 1.2.4 Kupata taarifa juu mfumo wa malipo (fedha taslim au bima za afya) unakubalika na kituo cha kutolea huduma bila ubaguzi wa hali ya uchumi umri, jinsia, kabila au ulemavu alio nao mteja.
- 1.2.5 Kumtambua jina na cheo cha mtoa huduma anayemhudumia

1.3.1 Haki ya kuchagua

- 1.3.1 Mteja ana haki ya kukubali au kukataa tiba, uchunguzi au matibabu yoyote na kuelezwa kuhusu matokeo yanayoweza kutokea kwa kufanya hivyo. Maamuzi ya mgonjwa kukataa tiba, uchunguzi au matibabu yataheshimiwa na kuwekwa kwa ajili ya kumbukumbu.
- 1.3.2 Kuchagua mtoa huduma unayemtaka kati ya wataalamu waliopo katika sehemu husika ilimradi anakidhi viwango vinavyokubalika na uchaguzi huo hautoingilia utoaji wa huduma kwa wagonjwa wengine.
- 1.3.3 Kuchagua kushiriki au kutokushiriki katika mpango wa utafiti wa kitabibu unaofanywa na Kituo cha Kutolea Huduma za Afya husika. Hati ya ridhaa inahitajika kwa yeye kushiriki katika utafiti huo

1.4.1 Haki ya utu na heshima

- 1.4.1 Mteja, familia na wanaomhudumia mgonjwa wana haki ya kuhudumiwa kwa kuzingatia utu, heshima, upendo na huruma.
- 1.4.2 Desturi na imani ya mteja viheshimiwe wakati wa utoaji huduma ilimradi kufanya hivyo hakutaathiri utoaji wa huduma kwa mgonjwa husika mwengine au taratibu nyingine za kitabibu.
- 1.4.3 Mteja anayo haki ya kupata huduma inayothamini utu wake, kumpa faraja na usaidizi hadi mwisho wa maisha yake.
- 1.4.4 Mteja anayo haki ya kuitwa kwa jina lake na siyo kwa tatizo alilo nalo au rangi, ulemavu, umri, kabila au utaifa.
- 1.4.5 Kupewa heshima na kufuata imani za kidini na za kiutamaduni bila ya kunyanyaswa ili mradi imani hizo haziingiliani na taratibu za matibabu

1.5.1 Haki ya usalama

- 1.5.1 Kupata huduma katika mazingira safi na salama na zinazotolewa na mtoa huduma aliyethibitishwa na mamlaka husika
- 1.5.2 Mteja ana haki ya kulindwa ili asipate maambukizi mapya wakati akiwa kwenye mazingira ya kutolea huduma za afya

1.6.1 Haki ya kupewa faragha

- 1.6.1 Mteja ana haki ya kuhudumiwa kwenye mazingira yenye faragha, kuthaminiwa utu wake kwa kuzingatia imani ya dini na utamaduni wake bila kuathiri taratibu za matibabu.

1.7.1 Haki ya usiri

- 1.7.1 Kutunziwa taarifa za matibabu kwa usiri
- 1.7.2 Habari zinazohusu hali ya mteja hazitatolewa kwa mtu wa tatu bila ridhaa ya kimaandishi au kwa kadiri itakavyohitajika kisheria.
- 1.7.3 Usiri wa taarifa za kitabibu za mteja zinatakiwa kutunzwa hata baada ya mteja kufariki.

1.8.1 Haki ya kupata huduma za dharura

- 1.8.1 Katika hali ya dharura, matibabu yatatolewa ili kuimarisha hali ya kiafya ya mteja bila kujali uwezo wake wa kulipia gharama za matibabu. Malipo hayo yanaweza kufanyika mara baada ya matibabu.

1.9.1 Haki ya kutoa kiungo chake cha mwili au kufanya taratibu zingine iwapo atafariki.

1.10.1 Haki ya kutoa malalamiko na maoni

- 1.10.1 Kutoa maoni, malalamiko au pongezi na kupata mrejesho kuhusu huduma alizopata kupitia mifumo iliyowekwa na mamlaka husika kwa lengo la kuboresha huduma
- 1.10.2 Mteja anayo haki ya malalamiko yake kushughulikiwa haraka bila upendeleo
- 1.10.3 Malalamiko yatachunguzwa na kufuatiliwa na mtaalamu au mamlaka husika
- 1.10.4 Mteja atapokea mrejesho kwa kila lalamiko katika muda mwafaka ikiwa ni pamoja na hatua zozote ambazo zimechukuliwa au zitakazochukuliwa

1.2 WAJIBU WA MTEJA

Utaratibu na Uadilifu

- 2.1 Kutunza afya yake kwa kuzingatia mwenendo bora wa maisha kiafya.
- 2.2 Kuwa na mtazamo chanya kuhusu afya na maisha yake.
- 2.3 Kama mteja ni mtoto mdogo jukumu la ulinzi, matunzo na mwenendo bora wa maisha kiafya itakua ni jukumu la mzazi au mlezi.
- 2.4 Iwapo mteja ni mtu mzima ambaye hayupo katika hali ya kuweza kutoa maamuzi kuhusu huduma za matibabu yake, Mke, Mrithi na/au Mlezi atachukua jukumu hilo endapo itahitajika.
- 2.5 Kulinda mali za kituo na kuweka mazingira ya kituo safi na salama
- 2.6 Mteja ana wajibu wa kuheshimu haki za wateja wengine na kutohatarisha afya na maisha yao. Mteja hatoruhusiwa kubeba silaha ndani ya eneo la kituo cha kutolea huduma za afya.
- 2.7 Kuwaheshimu na kuwajali watoa huduma ikiwa ni pamoja na kutoa lugha yenye staha
- 2.8 Mpe mtoa huduma wako wa afya maelezo sahihi na ya kutosha kadri uwezavyo kuhusu afya yako ya sasa, maradhi yako yaliyopita,

kikwazo chochote cha kutotumia aina fulani ya dawa na taarifa nyingine muhimu

- 2.9 Kutunza kumbukumbu za matibabu ulizonazo na kuzitoa wakati zinapohitajika na mtoa huduma za afya.
- 2.10 Timiza ahadi yako uliyopewa ya kuhudhuria Kituo cha Kutolea Huduma ya Afya mapema na iwapo hautaweza kutimiza wajulishe Kituo cha Kutolea Huduma ya Afya mapema inavyowezekana
- 2.11 Fuata maelekezo ya matibabu uliyopewa na zingatia namna sahihi ya kutumia dawa ulizopewa pamoja na mahitaji mengine ya matibabu ulioelekezwa na unashauriwa kutokwenda kinyume na maelekezo.
- 2.12 Kuuliza kuhusu gharama za matibabu na kufanya taratibu za kufanya malipo sahihi kwa wakati
- 2.13 Kufahamu huduma za afya zinazopatikana sehemu unayoishi na kuwa huru kuchagua unapokwenda kwenye Kituo cha Kutolea Huduma za Afya.
- 2.14 Kuwajulisha watoa huduma za afya wakati unapoamua kutaka kutoa kiungo chako au kufanya taratibu zingine utakapofariki.
- 2.15 Kutafuta matibabu mapema iwezekanavyo ili watoa huduma waweze kutoa huduma stahiki kwa wakati
- 2.16 Mteja ana wajibu wa kutoa maoni, malalamiko na mapendekezo kupitia njia sahihi za uwasilishaji zilizowekwa na kituo.
- 2.17 Mteja ana wajibu wa kutokuingiza pombe au dawa za kulevywa ndani ya Kituo cha Kutolea Huduma za Afya.

2.0 HAKI NA WAJIBU WA MTOA HUDUMA

2.1 HAKI ZA MTOA HUDUMA

1. Haki ya kuheshimiwa na mteja
2. Haki ya kutekeleza kazi na wajibu wake kitaaluma na kwa weledi bila kuingiliwa na mteja na ndugu wa mteja.
3. Kujadiliana na jopo la wataalamu wenzake kitaaluma kuhusu mgonjwa/ mteja bila kuingilia au kutoa siri za mteja /mgonjwa.
4. Kufanya utafiti baada ya kupata kibali na kusambaza taarifa za utafiti huo kitaaluma bila kuingilia siri za mgonjwa
5. Mtoa huduma anayo haki ya kuwasilisha malalamiko kuhusu mteja/ mgonjwa na kushughulikiwa malalamiko hayo kupitia Kituo husika au kwenye Mahakama bila kuhatarisha ajira yake.
6. Haki ya mtoa huduma kupata muda wa kutosha kwa ajili ya kunywa maji na kula chakula

2.2 WAJIBU WA MTOA HUDUMA

1. Kutoa huduma bora za afya kwa kuzingatia kanuni, maadili, uadilifu na umakini bila upendeleo
2. Kutoa huduma katika mazingira salama, kwa namna inayomjali na kumheshimu mgonjwa au mteja.
3. Kujenga mahusiano mazuri kwa mteja na kutoa maelezo na ushauri wa kutosha kuhusu afya yake pamoja na mazingira ya hospitali.
4. Kufanya kazi pamoja kama timu ili kutoa huduma bora
5. Kumkinga mgonjwa asipate maambukizi mapya anapokuwa Kituo cha Kutolea Huduma za Afya.
6. Kuhakikisha kanuni na taratibu za Kituo cha Kutolea Huduma za Afya zinazingatiwa .
7. Kutokuomba wala kushawishi malipo yoyote yasiyo halali kutoka kwa mgonjwa/mteja.
8. Kutoa taarifa sahihi kwa lugha inayoeleweka inayomhusu mteja awapo katika Kituo cha Kutolea Huduma za Afya. Lugha hiyo izingatie watu wenye mahitaji maalum.
9. Kutoa kipaumbele kwa makundi maalumu na wale waliozidiwa kama vile watu wenye ulemavu, wazee, watoto chini ya miaka mitano na kina mama wajawazito.
10. Kuhakikisha kumbukumbu za matibabu zilizopita zinapatikana sehemu sahihi kwa kuzingatia usiri wa mgonjwa.
11. Kupokea na kushughulikia maoni, ushauri au malalamiko yanayohusu huduma anazozitoa kwa haraka, uwazi na uhakika.
12. Kushirikiana na mamlaka nyingine katika kushughulikia malalamiko na kutoa mrejesho kwa wahusika juu ya hatua zilizochukuliwa baada ya kupokea malalamiko au maoni.
13. Kuwaelimisha wagonjwa/wateja kuhusu kutafuta huduma za tiba na kinga mapema iwezekanavyo ili kulinda afya zao na jamii nzima

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