

Addis Ababa University
School of Graduate Studies
College of Business and Economics
Department of Public Administration and Development Management

**THE ROLE OF CIVIL SERVICE REFORM IN IMPROVING
PUBLIC SERVICE DELIVERY: THE CASE OF WOREDA
4(ALEM BANK) HEALTH CENTER, KOLFE KERANYO SUB-
CITY, ADDIS ABABA CITY ADMINISTRATION-ETHIOPIA**

**A Thesis Submitted to the School of Graduate Studies of Addis Ababa
University in partial fulfillment of requirement for the Masters Degree
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and Development Management**

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Delivery: The Case of Woreda 4(Alem Bank) Health Center,
KolfeKeranyo Sub-City, Addis Ababa City Administration-Ethiopia**

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Acronyms

BPR	Business Process Reengineering
BSC	Balanced Score Card
CC	Citizens' Charter
CSR	Civil Service Reform
EC	Ethiopian Calendar
FDRE	Federal Democratic Republic of Ethiopia
FMoH	Federal Ministry of Health
GEAR	Growth Employment and Redistribution
GTP	Growth and Transformation Plan
HC	Health Center
HEWs	Health Extension Workers
HSDP	Health Sector Development Program
MoFED	Ministry of Finance and Economic Development
NGO	Non-Governmental Organization
NPM	New Public Management
NPS	New Public Service
SDS	Service Delivery Survey
USA	United States of America
WHO	World Health Organization

Abstract

The main purpose of this study was to assess the role of service delivery reform in improving health service delivery focusing on Woreda 4 Health Center in KolfeKeranyo Sub-City. To deal with the problems on service delivery, three fundamental research questions were formulated to evaluate the responsiveness, quality and timeliness of services that provided by the health center as a result of reform implementation in the public health sector as well as challenges encountered in the implementation of reform program in service delivery in woreda 4 health center. To conduct the study, mixed method study design was employed, and simple random and purposive sampling methods were used to select 272 service users and 10 health workers and officials of the health center and sub-city health office respectively. The main instruments of data collection were questionnaire, in-depth interview and document analysis. The data were analyzed using frequency tables and percentage. The finding of the study reveals that the majority of service user participants of the study have confirmed that they were satisfied by the health services provided by the woreda health center. This justifies that currently the contribution of the implementation of service delivery reform in health service institutions has had significant positive role in improving health service delivery. From the findings of the study it was possible to conclude that health service delivery is improving through the implementation of service delivery reform despite some challenges that needed to be addressed in order to achieve all the intended objectives of the reform program for the benefit of end users in public health service delivery. The need to develop and implement comprehensive grievance and complaints handling mechanisms including a need for sensitization of customers about their rights and privileges, and the need to adopt and implement reward systems are some of the recommendations forward in order to consistently improve better service delivery in all public institutions in general and in woreda 4 health center in particular.

CHAPTER ONE

1. INTRODUCTION

1.1. Background

The civil service reform program in Ethiopia, as one of the National Capacity Building Program, was initiated in 1997 in response to weak administrative system that, challenges encountered in the public service delivery system unequivocally important for the overall development of the country. It is also a national program which is undertaken by the government in terms of utilizing both human and financial resources. It also aims at introducing new and improved legislations and working systems to exemplify administrative processes as well as ensuring effectiveness, efficiency and ethical behavior in performance and service delivery (FDRE Ministry of Civil Service, 2013). The civil service reform sub-program has five sub-programs; these are top management system, human resource management, service delivery improvement, expenditure and control and Ethics sub-program. The service delivery improvement is one of the sub components of the civil service reform program. Its main objective is to achieve results for clients in terms of quality, quantity, timeliness and cost of service (EMI, 2003).

Thus, the policy was specifically designed to:

- i) Create awareness among civil service institutions and the general public about government institutions and expectations regarding service delivery and quality of services;
- ii) Publicize the rights and obligations of both service providers and recipients
- iii) Ensure that core service institutions strive to deliver better services within the same framework
- iv) Encourage and promote service delivery improvement throughout the service and Ensure continuing improvement in service delivery (FDRE, 2001)

One of the prerequisites for service delivery improvement in the civil service is the existence of clearly defined policy that reflects government intention and expectations regarding service delivery and quality of services as well as the rights and obligations of the service providers and recipients in the process of service delivery. To this effect, a service delivery policy was

developed and published by the Ethiopian Government in April 2001 to be implemented in all public sectors, including the health sector. The Addis Ababa City Administration Health Bureau adopted BPR, BSC and Health service delivery standard guidelines in 2004 E.C. in order to facilitate for the implementation of service delivery reform program in all health centers under its jurisdiction.

This research focuses on the role of service delivery reform program for service delivery improvement in woreda 4 health center, from 2006 -2008 E.C. Therefore, the outcome of this study provides knowledge on the role of customer service delivery reform program in health centers under Kolfekeranyo sub-city health office, especially in woreda 4 health center.

The sub-city health office service delivery survey (SDS) conducted in 2007 and 2008 E.C. revealed that the sub-city health centers success in the implementation and hence improvement of service delivery with regards to customer satisfaction remain different from center to center. Different efforts are on process to fulfill the health centers with the right manpower, medical equipments and other supplies to improve the customer service delivery ultimately to meet the needs of customers. However, the level of customers satisfaction is not known since no systemic study was carried out to assess the condition. Hence, adequate information about the satisfaction of customers is needed to device the appropriate strategy in service delivery reform program.

This paper relies on a statistical data from customers' response to assess the quality of service in relation to a number of different indicators. Therefore, the outcome of this study provides knowledge on the role of customer service delivery reform programs in improving health service delivery for customer satisfaction in KolfeKeranyo sub-city health centers, especially in woreda 4 health center.

1.2. Statement of the Problem

Lufunyo(2013) asserts that the introduction, adoption and implementation of public sector reforms has seen a shift in focus from the adherence of formalized procedures to an emphasis on resource allocation and goal achievement for improved service delivery to the public and more in tune with contemporary thinking regarding public sector management globally; nowadays public sector reform programs play a major role in introducing fundamental changes in the structure and operation of civil service in Africa. One of the major factors that play vital role in the day to day activity of the people is health

According to the country wide survey undertaken by a task force of FDRE Ministry of Civil Service (2013), service delivery system was poor and the citizens were not benefited from the services. It was due to the discontent of the citizens that shift in the service delivery was introduced through the identification of the five civil service reform sub-programs. After the introduction of the civil service reform programs some studies were undertaken and identified some gaps in the service delivery in relation with good governance principles. For example, the study by Yosef (2011) indicates different findings why effective service is not delivered to citizen. As Yosef stated the problem is on the organizational structure and due to lack of commitment to serving others and seemingly exaggerated desire for self-aggrandizement, deficit in knowledge, skills and attitudes (perceptions) towards serving a citizen. Thus, the above problems are indicators for poor performance of customer service reform program that need to be studied.

In the same study on service delivery and customer satisfaction by Yosef (2011) indicated that task clarities of the front line staff will affect service delivery and customer satisfaction when there is no effective and efficient civil service in general and of service delivery in particular is of vital importance for a successful implementation of the changed policies and strategies.

Moreover, as indicated by performance evaluation of the reform report document (FMoH report, 2013) the overall performance of the leadership and governance sector was poor, as the program considered a new concept and because of this, the leaders become resistant to change. And, monitoring and evaluation system in the public health institutions is not yet strong. In addition to the effort by the Ethiopian Federal Government donors, funding agencies and all other stakeholders are trying to improve the quality of health care delivery in Ethiopia.

During the implementation period of the service delivery program several initiatives launched to improve health service delivery for the last fifteen years. Encouragingly, there is significant improvement in health service delivery system at public health facilities. Currently, the government also has been due attention to the development of human resources for health (increasing the number of health care providers), the number of health facilities and accessibility of the services by citizens.

Despite all these efforts, as previous studies has shown that customer satisfaction with regards to service delivery at public health facilities is not high. This situation might be explained by

different reasons. As the statistics of the health center shows that the existing number of health professionals are not proportionate to customers seeking health service from the health center, and the diagnostic facilities are also limited to carry out the day to day activities of the health. In addition to the above challenges, the level of customer satisfaction and factors for dissatisfaction are not well identified and documented.

Therefore, from those facts, this paper aimed to investigate to what extent the implementation of the service delivery reform program in health sector ingeneral and in woreda 4 health center in particular, is playing positive role in the health service delivery for the improvement of customer satisfaction related issues; quality of service, speed of service delivery, attitudes of service providers, proximity and availability of facilities and the like, as indicators of organizational improvement.

1.3. Research questions

The following questions are considered relevant to address the stated problems:

1. What are the common principles of service delivery reform implementation variables?
2. What are the public views and opinions on the responsiveness, quality and timeliness of service provide by woreda 4 Health Center as the result of reforms implementation on the public health sector?
3. What are the initiatives and efforts taken so far to improve the public service delivery and the implementation challenges that have existed on woreda 4 Health Center as perceived by the staffs of the health center?

1.4. Objective of the Study

The general objective of this study is to assess the role of the service delivery reform for improving service delivery in the public health sector in general and inworeda 4 Health Center in particular by assessing various aspects, investigate challenges and problems, thenforward recommendations for improvement. The central theme of this study focused on assessing the role of civil service reform in improving public service delivery in the woreda 4 health center.

Specific objectives

The specific objectives of this study are:

- i. identify policy instruments of service delivery implementation variables,
- ii. assess the opinions of service users on the responsiveness, efficiency, quality and timeliness of services provided by health center
- iii. assess the contribution of the implementation of service delivery reform in improving health service delivery in woreda 4 health center,
- iv. identify challenges that woreda 4 health center have in delivering health services

1.5. Organization of the study

This study is organized in five chapters. Chapter one is the introduction. This includes the background to the study, statement of the problem, objectives, significance of the study, scope and limitation of the study as well as organization of the study. Chapter two will cover the review of related literature on the role of service delivery reform program in improving service delivery in general. Chapter three will deal with research design and methodology. It will explain the methods used and how the data for the study will be analyzed and presented. Chapter four provides data analysis, interpretation and discussion of findings. Chapter five is conclusion and recommendations which will summarize its findings and conclude the research outcome and forward appropriate recommendation.

1.6. Significance of the Study

The finding and concluding remarks of this study will help the concerned decision makers to understand the existing improvements and challenges facing the service delivery reform implementation. This study has significant for the following reasons:

- policy makers and management of the woreda 4 health center could use the findings as an input to modify, revise, and design different policies, and initiatives to improve public service delivery reform program system based on recommendations and suggestions given by the researcher,
- the paper can also be a good indicator for leaders and officials to know the gap between the office perceptions and its customers,

- this study is valuable for employees to understand improvements and challenges of public service delivery reform program implementation in their health center so that to deliver effective and efficient service to their customers by taking lessons from findings and recommendations forwarded by the researcher,
- this study is useful for stakeholders of the health center to deliver effective and efficient service to their customers by taking lessons from the findings and recommendations forwarded by the researcher.
- Finally, the study may also encourage and help as initial reference for other researchers who want to conduct in-depth study on the subject.

1.7.Scope and Limitation of the Study

The scope of this study is limited to the KolfeKeranyo sub-city woreda 4 health center which focused on the role of public service delivery reform program initiatives for the improvement of health service delivery in the woreda 4 health center.

The research study is conducted for only one health center and focused on the role of public service delivery reform program in improving health service delivery for the improvement of customer satisfaction. Data collected through interview and questionnaires were more reflection of personal views. Limitation of time and other resources put on the scope to be limit. However, this study will give highlights for further investigation on the issue.

CHAPTER TWO

2. LITERATURE REVIEW: THEORETICAL BACKGROUND

This chapter reviews literature on civil service reforms and tools. This is done mainly to get the current knowledge in the topic the researcher planned to study. Hence this chapter tries to review the brief history of civil or public service reform, basic concepts in this field, national health sector reform and service delivery indicators.

2.1. The New Public Management (NPM): NPM as a guiding model for public sector reform

NPM has variously been as a vision, an ideology or a bundle of particular management approach and techniques, based on ideas generated on the private sector and imported into the public sector (Nigussa, 2014). NPM arose first in New Zealand in 1979 (and reform of governance continues there to this day), then, in quick order, Britain, Canada and the U.S.A, and it were aggressively marketed internationally throughout the 1990s. According to Sharma (cited in Hilu, 2015) the emergency of NPM is associated with the changed role of the state and the growing demands for good governance practices worldwide. According to him New Public Management a reform stream from neoliberal ideology, which prioritize market over the state and establishes a goal to run government as a business. As he notes, NPM reforms shift the emphasis from traditional public administration are the determinants for the rise of the new public management. Such inadequacies became apparent in the period between 1970s and 1980. It is thus argued that by comparing outputs with inputs, hierarchical structures are not necessarily the most efficient of organizations. Bureaucracy may be ideal for control but is usually slow in moving; work standardization may entail the cost of innovation.

The model of political control was inadequate illogical and always problematic, in assuring genuine accountability. Thus, new paradigm for civil service reforms in the more academic literature, they have been described as, “New Public Management” or “Managing for Result” or “Reinventing Government” As Kamarck (2007), characteristics of the NPM are:

- Government works well if it is organized around baskets of “services and results” not the hierarchies of “agencies and programs”
- Government services should be organized and sensitive to their customers.

- Results – orientation results in better management than the stewardship orientation reflected in traditional public administration.
- Accountability is largely driven via transparency and choice instead of hierarchy and inspection.
- In attempts to break down operational procedures in order to better focus on outcomes
- Pursue a customized response vs. one-size-fits-all, to do this requires pushing as much authority as practicable to the front line delivery agent, or reducing the distance between the “center” and the “edge” as much as possible.
- Use incentive in place of disincentives where possible “Trust but verify”
- Place a greater reliance on risk management than on risk avoidance.
- Emphasize being performance based rather than process compliance focused in accountability and oversight.
- Separate policy and regulatory development from program implementation functions in order to increase the programmatic executive-level emphasis on implementation.

On the other hand, Zamensky (cited in Yosef 2011) the characteristics of the NPM as the types of public management reforms that include the following:

- An emphasis on management skills to complement policy skills,
- A shift from bureaucratic reliance on rules and inputs to quantifiable output measures and performance targets.
- The decentralization of management and development of new systems of reporting and monitoring.
- The separation of large hierarchical bureaucratic structures into more flat service-autonomous divisions.
- The incorporation of private sector management practice such as strategic planning, mission statement and performance contracts, and
- A preference for efficiency and cost saving.

The New Public Management (NPM) seeks to enhance the efficiency of the public sector, a collection more flexible strategies in terms of service delivery and human resource management. The main assumption in the NPM- reforms is that more market orientation in the public sector will lead to greater cost-efficiency for governance, without having negative side effects on other

objective and considerations. There are different interpretations of what that common response consists of but there is general agreement that the key components include deregulation of line management, conversion of civil service departments into free-standing agencies or enterprises performance based accountability, particularly through contracts; and competitive mechanisms such as contracting – out and internal markets (Polidano, 2001)

According to Nigussa (2014) NPM theory is an inferential model for public sector for effective service delivery; encouraging government to be more efficient and responsive. It basically empathize an efficiency, accountability and transparency in public service delivery. Furthermore, NPM, as a reform measure, is being undertaken in many countries of the North and the South. The model, however, is not fool proof and generates some difficulties in implementation some also have pointed out that in many countries the avowed objectives of the model are not being attacked (Chanie, 2001)

In the book by Olaopa (2008), for example, revealed that, to reform to service using the NPM in Nigeria would require a through change in the culture of doing things which cannot occur simply by changing regulations, structures processes and technology, but by changing the orientation of public servants through a robust- competency driver, competitive people centered re professionalization scheme. Similarly, in his qualitative data analysis, Chanie (2000) tried to make initial analyses on the contents and processes of the civil service reform program of the federal democratic republic of Ethiopia. He concluded that the reform measures had deficiencies in tackling the major problems confronting the Ethiopian civil service. According to him, this had been due, inter alia, to faulty diagnosis of the problems. Underlying the weaknesses of the civil service he also found that the reform measures lacked the necessary preconditions to be adequately but into practice. Finally, he argued that the reform measures must be contextualized and executed incrementally by identifying priority areas, while taking into consideration capacity to implement the measures proposed. Comparing the use of NPM in developed countries, Chanie (2000) further states: In countries such as Ethiopian, where an inadequate administrative system is entangled with problems such as poor civil service pay and compensation system. Undue share of the posts being political appointments rather than career posts, a substandard training system; lack of trust, respect and confidence by the politicians of the career civil service, it will be wishful thinking to implement the measures. Moreover, the reform measures are too

comprehensive and ambitious and it is doubtful whether the country can accommodate and implement such changes in a short period of time.

Supporting Chanie's initial observation Gebre(nd) mentioned NPM's recommendation for better pay and employee motivation as a pre-requisite for better performance which were actually given no consideration even during the courses of implementations of the reforms. In his introduction of the challenges and prospects of public service delivery reform in Ethiopia, supporting the above statements, Gebre puts the idea of polidano (1999) and Chanie (2000) as; the context in which any reform is implemented and the organizational conditions around it are the key determinants for successful execution of a reform (Polidano, 1999). In Ethiopia, the political commitment to reform is often criticized as inadequate, since many institutions are lacking visionary leadership, organizations are operating under very poor conditions, the staff in many organizations are not consulted and motivated when they should be, clients' interests are not consulted, and the accountability relationship between government and public service providers has not been clarified etc.

Overall, NPM model have significantly contributed on designing public service delivery reforms. Service delivery reform ideas developed based on the basic concepts and principles of NPM approaches. NPM points to the failures and inadequacies of public sector performance overtime and locates the problem in the nature and processes of public sector activity and public administration. In the past, government organizations have paid little attention to service quality or responsiveness to clients. By now, through new approaches in public service delivery government has become more conscious of the need to address service quality. (Andrews and Walles,2012). Accordingly, NPM have brought some implications on public service delivery reform initiatives.

- Key public change in public sector ethos
- Basic of NPM has been an emphasis of efficiency and cost cutting and general assumption the government should deliver more or for less.
- Customer oriented public service
- Reinforces organization and procedures of the public sector for more competitiveness and efficiency in resource use and service delivery.

- It suggests structure organizational choices that promote decentralized control through a wide variety of alternative service delivery mechanisms.
- Management culture that emphasizes the centrality of the citizens of customers.
- Addresses centralized bureaucracies, wastes and inefficiency in resource use, inadequate mechanisms of accountability. (Bitanio,2010)

2.2.Civil Service Reform

2.2.1.Civil Service Reform in Global Context

Improving a country's civil service can further development goals. Reforming the civil service is important in improving governance, service delivery, economic policy and public financial management.

Government in any country faces the dilemma of unlimited needs with limited resources. The pressure on the welfare state was fast becoming an issue that appeared on policy agenda. In the modern welfare state this pressure was increasing with poor, young and aged demanding the delivery of quality social service, jobs and welfare entitlements. Another imperative to change was the more efficient and competitive. According to Porter (cited in Miller, 2005) there is a link between the quality of public service delivery and national performance. It stands to reason that the quality of education and training, health of a workforce, efficiency of tax administration and the enabling environment for entrepreneurs increase country's competitiveness on the global market. According to Rickman (as cited in Miller, 2005) the modern welfare states began to realize that they were deeply mortgaged and unless there was some intervention these states faced deficits, which ultimately affected their competitiveness. The modern welfare states therefore had to continually find ways of doing more with less. The response has been the elimination of waste, a reduction in the size of the bureaucracy, the cutting of welfare programs such as the American Assistance to Dependent Children, privatizing public services and generally transforming the public service so that it became more efficient.

A global reform movement in public management has been in operation. The movement has been global in two senses. First, it has spread around the world to many nations, including Sweden, New Zealand, and the United States. Second, it has been sweeping in scope. Governments have used management reform to shape the role of the state and its relationship with citizens. The movement has been striking because of the number of nations that have taken

up the reform agenda within a short time Olaopa(2008).Internationally many political leaders won election campaigns on the ticket of reforming government. In the United Kingdom, Margaret Thatcher's 1979, 1983 and 1987 election campaigns sought to reform the public service. Throughout the Conservative governments' (1979-1997) years in office there was concerted effort to reform the public service along efficiency, effectiveness, and market and private sector principles. In the 1980s Britain saw the privatization of public industries utilities and housing, reduction in public expenditure, and increased drive towards efficiency and fiscal prudence. Similarly, in the United States the federal government underwent a change in the manner in which it delivered services. President Clinton during his election campaign announced that "the era of big government is over." The election of President Clinton in 1992 saw Vice-President Gore embark upon a program of inventing the United States federal government.

The USA public sector reform strategy had one goal which was to shift systems that held people accountable for process. To systems that held people accountable for results, Gore (cited in Miller, 2005). The reinvention of the USA federal government focused on streamlining the budget process by reducing restrictions and waste, decentralizing personnel policy, developing an efficient procurement process, re-orienting the role of Inspectors General to ensure improved performance, reducing the amount of regulations, and empowering state and local government (Miller, 2005)

Many countries began to borrow public sector reforms introduced by Britain and the USA, either voluntarily or as in the case of developing countries, a condition of donor or financial assistance. Thus, internationally, the reform of the public service has a number of common principles: (Miller, 2005)

- An emphasis on management skills to complement policy skills,
- A shift from bureaucratic reliance on rules and inputs to quantifiable output measures and performance targets,
- The decentralization of management and development of new system of reporting,
- A preference for privatization,
- The separation of large hierarchical bureaucratic structure into more flat semi-autonomous division,

- The incorporation of private sector management practices such as strategic planning, mission statements and performance contracts, and
- A preference for efficiency and cost-saving .

Africa's public service reform process is complex as there are often political developments coupled with public sector reforms. Reforms of the bureaucracy were initiated by the demands of donor agencies or structural adjustment programs which were invariably borrowed from developed countries' public service reform experiences (Miller,2005) in the 1980s emphasis was placed on retrenchment and restructuring to contain the cost of government where in the 1990s New Public Management (NPM) reforms were adopted in differing degrees by developing countries according to Turner (cited in Yibeyn, 2016) These included items such as performance assessment, monitoring transparency, benchmarking and decentralization

Africa's public service reform process is complex as there are often political developments coupled with public sector reforms. Reforms of the bureaucracy were initiated by the demands of donor agencies or structural adjustment programs, which were invariably borrowed from developed countries' public service reform experiences (Miller, 2005)

2.2.2. Civil Service Reform Program in Ethiopia

The early years of the twentieth century witnessed the inception of modern public administration and the emergence of civil servant in Ethiopia. As of this period, the civil service has been serving the different regimes in power. The current regime (FDRE) has also introduced major reform measures in the civil service (Chanie, 2001).

2.2.2.1.Current Civil Service Reform Program in Ethiopia

According to Chanie(2001), Federal Democratic Republic of Ethiopia (FDRE) has been taking different reform measures in the political, economic and social spheres. The major changes include the move from a centralized unitary state to an ethnic based decentralized state; a shift from a command economy to a market-based economy in the context of a structural adjustment; and the introduction of a multi-party electoral system. The government has also taken different specific measures, one of which is civil service reform. So far the government has implemented two phases of civil service reform in the country.

In the first phase, the measures taken include the initial actions of the government to overhaul the problem in the civil service system. In order to alleviate the problems of civil service, the government established an inter-ministerial Committee (task force) consisting of representatives from the Prime Minister's Office, Ministries of Education, Finance, Planning and Economic Development, Labor and Social Affairs and the Public Service Commission. The Committee was mandated to review the appropriateness of the existing structure of government in the light of the new economic policy and devolution measures. It was given the task of reviewing the whole civil service administrative system so as to recommend ways and means off renovation (Adamolekun,2002). In doing so, the task force had in turn created six sub-committees to work on the restructuring of institutions; civil service pay; position classification; personnel directives and manuals; efficiency; effectiveness and accountability; and training. This task force submitted draft proposals on the salary scale, allowances and benefits of the civil servant. A study on working conditions and occupational safety was underway. A study on position classification in the civil service had been made and its proposals had been submitted. Nonetheless, all the above studies have not been put into action. The committee had also submitted a study on ways of restructuring the central government institution (Ministries and Commissions) as well as a manning plan for the same Beyene (as cited in Adamolekun, 2002). The other major reform measure taken during the first phase was the issuance of a retrenchment policy. The policy resulted in the retrenchment of civil servants and employees of public enterprises who were said to be redundant. In addition to the above two major reforms i.e. the restructuring of the government institution and the retrenchment programs, the following civil service reform measures were taken:

- i. Terminating automatic assignment of fresh graduates of higher institutions to public organizations.
- ii. Lifting the order which denies the periodic salary increment for those who earn a monthly salary of Br 636 and above.
- iii.Revising the rate of per diem payments for the civil service:
- iv.Canceling the policy that denies the right to resign from duty, especially for the semi-professional and professional workers in the civil service:
- v.Raising the lowest pay of the civil servant from Birr.50 to Br.105 as of September 1990.
- vi.Approving salary increments for teachers, doctors and university professors;

vii. Freezing recruitment in the civil service except for some crucial position.

The second phase of the civil service reform was comprehensive and included five major sub-programs. The following are the details regarding the sub-programs and the expected outcomes. (Office of the Prime Minister Of Ethiopia 1998, in Amharic; Government of Ethiopia 1998)

The expenditure management and control sub-program: The sub-program is under the responsibility of the Ministry of Finance. Under this program, by the year 2000/1, it is expected to develop a comprehensive legal framework for the entire financial management of the civil service; develop a system where budget appropriation and execution is done by taking into consideration governmental priorities as well as yearly and medium term plans of the concerned institutions; institute an improved system whereby government financial resource can be properly received, maintained and utilized; bring about better accountability to the Council of Representatives and develop human resources that possess professional knowledge and qualifications in financial management and control.

Human Resource Management Sub-Program: The major aim of the program is to modernize the human resource management in the civil service so as to develop an effective and efficient civil service. The responsibility of this sub-program is given to the Federal Civil Service Commission. The sub-program, by the year 2000/1, will have developed the following: a refined system for administering the employees of the civil service institutions in a just and equitable manner; a system of pay and promotion which is directly related to merit/performance; an effective system which allows the development of a human resources plan so as to implement government policies and priorities; comprehensive and uniform rules and regulations for managing the human resources of the civil service and adequate number of knowledgeable and capable employees in the civil service.

Top management system sub-program: the sub program is housed in the office of the Prime Minister and will work towards the improvement and selection of senior government officials. The objectives of the reform program, for the year 2000/1, are to see strategic management approaches being follows in the planning, implementation and control of the total operations of federal institutions; to improve the practice of management, especially in the areas of planning and controlling, delegation of authority, responsibility and accountability, in the federal and regional institutions; and to have improvements in the structure of the Prime Minister's Office.

The ethics and judicial reform sub-program: The sub-program will be under the responsibility of the office of the Prime Minister. By the year 2000/1, it will improve awareness of civil service personnel that government activities should be free of fraud, embezzlement, corruption and other unwanted mal-practice; develop a feeling of commitment, among the civil service employees, to an appropriate use of government money and resources; develop necessary arrangements to have ethical practices in federal institutions and regional governments; improve the capacity of the police, courts and attorneys to investigate and pronounce on unethical practices; improve the capability of the media to adequately search, investigate and publicize unethical practices of government bodies; develop a code of conduct and educate the society about the need for and importance of ethical practices; and create institutions that will follow up and control unethical practices.

Service delivery and quality of service sub-program: The program is under the office of the Prime Minister and is designed to improve the quality of service provided by public sector employees and includes the establishment of a complaint-handling mechanism. The program, by the year 2000/1, will have made civil service institutions follow an appropriate and improved system of service delivery so as to give service to the public in an effective, efficient, transparent and impartial manner; the employees of the civil service institutions have the responsibility and obligation to provide quality service to the public fairly, equitably, honestly, efficiently and effectively.

There were six project under the umbrella of Service Delivery Sub-Program: Development of service delivery policy, grievance handling directives, award system in the civil service, methods integration of related public service (center links), and preparation of technical directives for improving civil service delivery and service delivery standard directives. However, the implementation status of the aforementioned sub-programs as evaluated in 2001 (in the Capacity Building Strategy paper) by the government was below the expectation. This attributes to many factors like too much focus on technical aspects, rather than changing attitude of the workforce, impulsive start of implementation, and lack of committed political leadership (Mesfin, 2009).

2.3. Principles of Public Service Delivery

Eight principles for transforming public service delivery principles identified by Naidoo (2004) and EMI (2011) are expressed in broad terms in order to enable national and provincial departments to apply in accordance with their own needs and circumstances.

i. Consulting users of services

All national and provincial departments must, regularly and systematically, consult not only about the service currently provided but also about the provision of the new services to those who back them. Consultation will give citizens the opportunity of influencing decision about public services by providing objective evidence which will determine service delivery priorities. Consultation can also help to foster a more participation and co-operative relationship between the provider and users of public service

- There are many ways to consult users of services, including customers' surveys, interviews with individual users, Consultation group, and meetings with customers representatives bodies NGOs.
- The methods or methods adopted must be chosen to suit the characteristics of the users and consumers concerned whatever method is chosen, consultation must cover the entire range of existing and potential customers. It is essential that consultation should include the view of those who have previously been denied access to public services. Particular effort must be made to include the views of those who have been previously disadvantaged or who, due to geography, language barriers fear of authority or any other reason, have previously found it hard to make their voices heard. The consultation process should be undertaken sensitively, for example, people should not be asked to reveal unnecessary personal information, and they should be able to give their view anonymously if they wish, after, more than one method of consultation will be needed to ensure comprehensiveness and representativeness.
- The result of the consultation process must be reported to ministers and made public. The result should also be widely publicized within the organization so that all staffs are aware of how their services are perceived. The results must then be taken into account when decisions are made about what services are to be provided and at what level, consultation must be conducted intelligently. It should not result reveal where resources and efforts should be focused in future to meet the public's most pressing needs. The outcome should

be a balance between what citizens want and what provincial departments can realistically afford and have the resources and capacity to deliver.

ii. Setting Service Standards

- National and provincial departments must publicize standards for the level and quality of services they provide, including the introduction of new services to those who have previously been denied access to them. Service standards must be relevant and meaningful to the individual user. This means that they must cover the aspects of services which matter most to users, as revealed by the consultation process, and they must be expressed in terms of which are relevant and easily understood. Standards must be precise and measurably so that users can judge for themselves whether or not promised.
- Some standards will cover process, such as the length of time taken to authorize a housing claim, to issue a passport or to answer letters. Others standards might be about outcomes. In the health area, for example, standards might be set for the maximum time a patient should have to wait at primary health care clinic, or for non-urgent operation; or for the information they are entitled to receive about their treatment and about who is responsible for their case. Service standards must be set at a level of service which is higher than that currently offered but which can be achieved with dedicated effort, and by adopting more efficient and customer-focused working practices to achieve the goal of making South Africa globally competitive, standards should be benchmarked against international standards taking into account South Africa's current level of development
- The overall responsibility for decision about what services are to be provided and at what level, rests with elected representatives- ministers- who are accountable to the legislature for implementing Government process and for the proper use of public money. Service standards must therefore have the approval of minister before Ministers to be personally involved in the detail of service delivery programs.
- The process will normally be conducted by presenting the Ministers with results of the consultation exercise, and proposing for his or her approval, the key standards to be set in priority areas together with a strategic plan for achieving them.
- Once approved, services standards must be published and displayed at the point of delivery and communicate as widely as possible to all potential users so they know what level of service they are entitled to expect, and can complain if they do not receive it. Publishing

standards is not enough, however, a formal mechanism for determining standard must be developed and performance against standards must be regularly measured and the results published at least once a year and more frequently where appropriate. These steps form an essential mechanism to enable the public to hold national and provincial departments to account for their performance. They are also essential tools to track improvements in services from year to year and to inform subsequent decisions about the level of which standards should be raised in future

- Performance against standards must be reviewed annually and as standards are met, so they should be progressively raised, year on year. Once set and publicized standard may not be reduced. If a standard is not met, the resources must be explained publically and a new target done set for when it will be achieved.

iii. Increasing Access

- One of the prime aims of Naidoo is to provide a framework for making decisions about delivering public services who were and still are deemed access to them, within the parameters of the Governments GEAR strategy. Naidoo also aims to rectify the inequalities of distribution or existing services. All national and provincial departments are required to specify and set targets for progressively increasing access to the services for those who have not previously received them.
- One significant factor affecting access is geography. Many people who live in remote areas have to travel long distance to avail themselves of public services. In drawing up their services delivery programs, national and provincial departments must develop strategies to eliminate the disadvantages of distance.
- Setting up mobile units and redeploying facilities and resources closer those in greatest need. Another significant factor is the lack of infrastructure, which exacerbates the difficulties of communication with and travel to remote areas. There are other barriers to access- social, cultural, linguistic for example- which need to be taken into account. Service delivery programs should be therefore specifically address the need to progressively redress the disadvantage of all barriers to access.

iv. Ensuring Courtesy

- The concept of courtesy goes much wider than asking public servants to give a polite smile and to say “please” and “thank you”, though these are certainly required. It receives service

providers to put themselves in the shoes of the customer and to treat them with as much consideration and respect as they would like to receive themselves many public servants do this instinctively; they joined the public service precisely because they have a genuine desire to serve the public. The principles of Naidoo require that the behavior of all public servants is raised to the level of the best.

- National and provincial departments must specify the standards for the way in which customers should be treated. These are to be included in their departmental codes of conduct. These standards should cover, among others things.
 - Greeting and addressing customers.
 - The identification of staff by name when dealing with customers, whether in person, or the telephone or in writing.
 - The style and tone of written communications.
 - Simplification and “customer-friendliness” of forms;
 - The maximum length of time within which responses must be made to enquires.
 - The conduct of interviews; how complaints should be dealt with.
 - Dealing with people who have special needs, such as the elderly or infirm; gender; and language.
- The performance of staff who deal with customers must be regularly monitored, and performance which falls below the specified standards should not be tolerated. Service delivery and customer case must be included in all future training programmes, and additional training should be given to all those who deal directly with the public, whether face-to-face, in writing or on the telephone this should not require the injection of large amounts of additional resources; it is more a case of reorienting existing training courses to focus on service delivery of equal importance to formal training, in the example set by senior managers and the day-to-day guidance of immediate supervisors, Junior staff quickly picks up the unspoken messages about an organization's values from the way their seniors behave. Senior managers have a duty to ensure that the value and behavioral norms of their organization are in line with the Principles of Bath Pele.
- An important aspect of encouraging customer-focused behavior is to provide staff with opportunities to suggest ways of improving services and the senior managers to take these suggestions seriously. This applies particularly to staffs who come into regular contact with

the public because they usually have an accurate appreciation of the need and concerns. Senior managers should ensure they receive first hand feedback from front-line staff, and should personally visit front-line staff at regular intervals to see for themselves what is happening.

v. Providing More and Better Information

- Information is one of the most powerful tools at the customer's disposal on exercising his or her right to good services. National and provincial departments must provide full, accurate and up-to-date information about the service they provide, and who is entitled to them. They must be done actively, in order to ensure that information is received by all who need it, especially those who have previously been excluded from the provision of public services.
- The consultation process should also be used to find out what customers and potential customers need to know, and then to work out how, where and when the information can best be provided.
- Implementing Naidoo (2004) will require a complete transformation of communication with the public. Information must be provided in a variety of media and languages to meet the differing needs of different customers. This is essential to ensure the inclusion of those who are or have previously been disadvantaged by physical disability, language, race, gender, geographical distance or in any other way. Written information should be plain and free of jargon, and supported by graphic material where this will make it easy to understand. There should always be a name and contact number for obtaining further information and advice. All written information should be tested on the target audience for readability and comprehensiveness. However, it should not be assumed that written information alone will suffice: Many people prefer to receive information verbally, so that they can ask questions and check their understandings.
- As a minimum, information about services should be available at the point of delivery, but for users who are far from the point of delivery, other arrangements will be needed. Schools, libraries, clinics, shops, and local NGOs are all potential distribution points, information notices on trees in rural areas, and full-free telephone helplines, in a variety of languages, where needed, can be extremely effective. Service providers should also make regular visits to remote communities to disseminate information.

vi. Increasing openness and transparency

- Openness and transparency are the hallmarks of a democratic government and are fundamental to the public services transformation process. In terms of public services delivery, their importance lies in the need to build confidence and trust between the public sector and the public they serve. A key aspect of this is that;
- The public should know more about the way national and provincial departments are run, how well they perform, the resources they consume, and who is in charge.
- The mechanism for achieving this will be an Annual Report to citizens published by each national and provincial department setting out, in plain language: staff numbers employed and the names and responsibilities of senior officials:
 - Performance against targets for improved services delivery, financial savings and increase efficiency.
 - Resources consumed including salaries and other staff costs, and other operating expenses
 - Any income, such as fees for services.
 - Targets for the following year and
 - A name and contact number for further information.
- These Reports to citizens are not a substitute for national and provincial departments' formal annual reports. They aim is, more or two pages of straight forward language, to provide the public with key information which they are entitled to know. Reports to citizens should be publicized as widely as possible and should also be submitted to national and provincial legislatures in order to adjust the relevant portfolio committees in scrutinizing and monitoring departmental activities.
- Additionally, national and provincial departments may utilize events such as open days, preferably not during normal working hours, to invite citizens to visit the department or institution to meet with all level as of officials to discuss service delivery issues standards, problems, etc. these events can also provide the department or institution with any opportunity to advertise their services to customers.

vii. Redressing Wrongs

- The capacity and willingness to take action when the things go wrong, is the necessary counterpart of the standard setting process. The key to the Naidoo (2004)

- Redress principles lies in being able to identify quickly and accurately when services are falling below the promised standard and having procedures in place to remedy the situation. This needs to be done at the individual level in transaction with the public as well as at the organizational level, in relation to the entire service delivery program.
- This means a completely new approach to handling complaints are seen by many public servants as a time-consuming irritation. Where complaints procedures exist, they are often lengthy and bureaucratic, aimed at defending. The department's action rather than solving the user's problem. Many departments have no procedures for regularly reviewing complaints in order to identify systematic problems. Indeed many organizations do not collect any statistics about number and type of complaint they receive. Often complaints are counted as such only when they are submitted in writing through the formal channels. Yet many members of the public do not bother using these channels because they have no confidence in their effectiveness, and because they find the process time-consuming and sometime daunting. As a result, public sector organization frequently underestimates the level of dissatisfaction which exist.
- The first step, therefore, are to acknowledge that all dissatisfaction expressed in writing or verbally, is an indication that the citizen does not consider that the promise standard of service is being delivered and men to establish ways of measuring all expressions of dissatisfaction. Staff should be encouraged to welcome complaints as an opportunity to improve service and to report complaints so that weakness can be identified and remedied. The head of each department should regularly and personally reviewed complaints, and how they have been deal with.
- National and provincial departments are required to review and improve their complaints systems, in line with the following principles:

Accessibility- complaints systems should be well-publicized and easy to use. Excessive formality should be avoided. Systems which requires complaints to be made only in writing may be convenient for the organization but can be off-putting to many customers. Complaints made in other ways such as face-to-face, or by telephone, should therefore also be welcomed.

Speed-the longer it takes to respond to a complaint the more dissatisfied customers will become. An immediate and genuine apology together with a full explanation will often be all that they

want. Where delay is unavoidable, the complainant should be kept informed of progress and told when an outcome is expected.

Fairness- complaints should be fully and impartially investigated. Many people will be nervous of complaint to a senior official about a member of their staff, or about some aspect of the system for which the official is responsible. Wherever possible, therefore, an independent avenue should be offered if the complainant is dissatisfied with the response they received the first time round.

Confidentiality-The complainant's confidentiality should be protected so that they are not deterred from making complaints by feeling that they will be treated less sympathetically in future.

Responsiveness-The response to a complainant, however trivial, should take full account of the individual's concerns and feelings. Where a mistake has been made, or the service has fallen below the promised standard, the response should be immediate, starting with an apology and a full explanation and assurance that the occurrence will not be repeated, and then whatever remedial action is necessary. Wherever possible, staff who deal with the complainant directly should be empowered to take actions themselves to put things right.

Review- Complaints system should incorporate mechanisms for review and for feeding back suggestions for change to those who are responsible for providing the service; so that mistakes and failures do not recur.

Training-complaints handling procedures should be publicized throughout the organization and training given to all staff so that they know what action to take when a complaint is received.

viii. Getting the best possible value for money

- Improving services delivery and extending access to public services to all the government's GEAR (Growth Employment and Redistribution) strategy for reducing public expenditure and creating a more cost-effective public service. The rate at which services are improved will therefore be significantly affected by the speed with which national departments achieve efficiency savings which can be ploughed back into improved services. Many improvements that the public would like to see often require no additional resources and can sometimes even reduce costs. A courteous and respectful

greeting requires no financial investment. Failures to give a member of the public a simple, satisfactory explanation to an enquiry may result in an incorrectly completed application form which will cost time to put right. A few hours each month of a senior manager's time spent taking to their customers and the staff who serve them- may be worth hundreds of rands in consultant's fees.

- One of the key aims of Naidoo (2004) will therefore be to search for way to simplify procedures and eliminate waste and inefficiency. All national and provincial departments will be required, as a part of these services delivery improvement programs, to identify areas where efficiency savings will be sought, and the services delivery improvements which will results from achieving the savings.

2.4. Service Delivery Policy in the Civil Service Reform Program in Ethiopia

Service is generally any activity undertaken to meet social needs. Public service, particularly, refers to those activities of government institutions aimed at satisfying the needs and ensuring the well being of society as well as enforcing laws, regulations and directives of the government. The service delivery reform (SDR) in Ethiopia aimed at bringing about efficiency and effectiveness, render better quality services and be accountable for its failure, produce committed citizen, and to bring attitudinal change towards public service delivery sub-program. Modern service delivery, which has been a distinguishing feature of the private sector, has become a typical issue among government as well as non-government institutions to transfer good management practices from the private to the public sector. Service delivery basically refers to the systematic arrangement of activities in service giving institutions with the aim of fulfilling the needs and expectations of service receivers and other stakeholders with the optimum use of resources. In short, improvement of service delivery means increasing the cost effectiveness, coverage and impact of services. Although the Ethiopian civil service has a long tradition and experience of serving various governments, it has so far given little attention to service delivery. The orientation, attitude and work practices of the bureaucratic machinery established to carry out highly centralized and control oriented government policies of the previous regimes are ill-suited to the needs of the new policy environment in Ethiopia. Radical changes about political economic and social changes have taken place in Ethiopia since the establishment of the transitional government. The promulgation of the new constitution, the federal arrangement of the state, the decentralization of administration to the lowest level of government, the shift

towards the market-oriented economy as well as the adoption of the Agriculture-led industrial development strategy have laid down the foundation upon which all other major policy changes are built. One of the prerequisites for service delivery improvement in the civil service is the existence of clearly defined policy that reflects government intentions and expectations regarding service delivery and quality of service as well as the rights and obligations of service providers and recipients in the process of service delivery. Accordingly, the Federal Government of Ethiopia has issued this policy primarily aimed at improving service delivery in the civil service.

2.4.1. Problems of the Ethiopian Civil Service in the Delivery of Services

There are several problems that contributed to poor service delivery in the Ethiopian civil service. The major problems include: (FDRE,2001)

- i. Positive attitude towards public service has not developed to the desired extent;
- ii. Insufficient recognition that citizens have rights to perceive service;
- iii. Lack of accountability in civil service institutions for failure to meet expected performances;
- iv. Service delivery in many public institutions are based on long and time consuming, excessively hierarchical organizational structure obsolete management practice;
- v. Services are in most cases provided in a manner that suits the administrative convenience of the providers rather than meet the needs of the recipients;
- vi. Civil service institutions tend to concentrate more on concerns for inputs and routine activities that on achieving tangible outputs by way of implementing government policies and programs as well as improving service;
- vii. The public is seldom given clear and adequate information on the availability of particular services and the conditions required to get these services;
- viii. Civil service institutions are sole providers of some services;
- ix. Most of the institutions do not have any formally constituted complaint handling mechanisms
- x. Service delivery improvement is not given sufficient attention in the planning process of may government institutions.
- xi. In many cases the level of initiative and commitment to improve services leaves much to be desired.
- xii. Shortage of resources constrains improvement of services to the desired level.

- xiii. Inconsistency of regulations and guidelines governing institutions that provide related services as well as lack of coordination and cooperation among various departments within an institution and between related institutions often hamper efficiency in service delivery;
- xiv. Human resource management system and conditions of work in the civil service do not motivate employees to provide quality service.
- xv. Service users are often unaware of their right and obligations pertaining to services and at times tend to resort to illicit means to get the service.

As a result of these and other problems, the civil service has so far not been able to effectively carryout government policies and programs as well as to organize and delivery cost effective services. Consequently, its role in promoting economic and social development remains limited. Besides, the fact that the civil service, on several occasions, has not been able to properly address the rights of service users to get public services in a fair equitable manner has contributed to the prevailing negative perception among the public about the efficiency of government institutions and civil servants. In general, it is believed that absence of a clear and consistent government policy on service delivery in the civil service partly accounts for the prevalence of the above mentioned problems.

2.4.2. The Need for Policy

The state of service delivery in civil service institutions calls for fundamental changes. The government is committed to bring about such an improvement. Thus, the service delivery policy is the first step to realize such government commitment. The policy is specifically designed to:

- i. Create awareness among civil service institutions and the general public about government intentions and expectations regarding service delivery and quantity and quality of service.
- ii. Publicize the rights and obligations of both service providers and recipients;
- iii. Encourage and promote service delivery improvement throughout the civil service;
- iv. Encourage continuing improvement in service delivery.

2.4.3. Scope and Objective of the Policy

Federal ministries, commissions, public authorities and municipal administrations as well other agencies financed from the regular budget of the federal government. The federal government

will make utmost efforts and provide necessary support to assist regional states to formulate and implement their own policies on service delivery by adapting contents of this policy to their specific conditions.

The overall objective of the policy on service delivery is to attain user satisfaction in service delivery in the civil service. The specific objectives are to ensure:-

- i. Efficiency and effectiveness of service delivery in the civil service thus reducing the burden of proving and receiving services and there by facilitating economic and social development.
- ii. Equity in access to government provided services and in the treatment of service users.
- iii. Those institutions are managed in such as way as to provide better quality services and accountable for failure to do so.

2.5.Public Health Service Delivery Reform Improvement Tools

Sector ReformSystem responding well to what people expect of it fairness, means it responds equally well to everyone without discrimination. In the world health report 2008, devoted entirely to health system, the world health organization, expects its traditional concerns for people. Physical and well-being to emphasize these other elements of goodness and fairness (world health report 2008) present trends shows availability of health service in Ethiopia is adequate many customers are not fully happy about this. It feared that if this situation continues the problem will get worth and there will be a major shortage of health services in relation to significant increase in population. Herbrghe(cited in Hilu,2015)

Despite the modern scientific development and technological advancement in health care delivery will need improvement. More importantly health personnel could undervalue the psychological aspect of treatment during the course of executing their duties. Quality designs involves providers, client and managers in a structured process to explicitly identify client needs and design services process with the key feature to meet those needs clients stratification is of fundamental importance as measure of quality care, because it gives information on the provider's success at meeting those client values and expectations on which the client has authority. To the client, quality health care is one, which meets their needs, and delivered courteously and on time. One cannot talk about quality issues without factoring in the concerns of customers. Increased contact with external and internal customers provides manager with new

ideas for improvement and ultimately assists a manager to measure and adjust his or her performance.

In 2002, the Ethiopian government laid emphasis on improving efficient and effective service delivery, driven by using the NPM Principles. The service delivery reform as part of CSR is an ongoing process practiced to date in the country. Evident to this are implementation of BPR at all levels of government organizations, BSC in majority of the federal executive agencies and regions, the introduction of Citizens' Charter by the Ministry of Civil Service and Change communication strategy in some regions (MoFED, 2012). This saw the introduction of Reform program in Ethiopia the implementation of Sub-programs of different management performance tools like Business Process Reengineering (BPR) Balanced Score Card (BSC) Citizens' Charter.

2.5.1. Business Process Reengineering (BPR) in the civil service to improve service delivery

The government of Ethiopia has chosen BPR in-order to get the civil service system shift radically transformed to totally new civil service system where jobs are organized around results, people are focused on end result, the management and measurement system based on result and the belief and values of people in the organization has changed towards supporting development. This is a fundamental reason that government has chosen BPR as a great tool to achieve their total transformation of civil service system Belete (2008). This stage of reforms concentrated on customer needs add in making service delivery more effective and efficient. As official documents shows that in this country service delivery including health service has tremendously been improved as a result of BPR, processes have been re-designed to create total reduction in time taken to deliver services, the quality of service has improved and the resources utilized optimal.

Organizations undertaking BPR has been going through lots of challenges where lack of reengineering leader and lack of adequate knowledge and skill for undertaking BPR were critical among others. Reengineering leadership is also a critical factor in achieving BPR. Because of the fact that BPR entails system overhaul, major changes in rules and structure, many critical decisions on resources unlike other change programs, it can never succeed without executive leadership. According Belete (2008) the other major challenge was the misunderstanding on BPR from people in organization, including stakeholders, some of the misunderstanding points were:

- i. Thinking BPR as American culture oriented which does not work in our environment,

- ii. BPR resulted in massive lay off,
- iii. BPR needs sophisticated technology,
- iv. BPR is for those developed countries that passed through industrial development and technological advancement, we are too far behind, so we do not have resources, readiness to absorb BPR.

Although a number of challenges have been identified in the BPR implementation process, the Ethiopian approach to BPR has uniqueness as the process is entirely owned by the Ethiopian. According to AH Consulting Survey (2010) the following are achievement of BPR implementation in Ethiopian public service:

- Organizations have been organized around processes, outcomes or results;
- Processes are identified and designed in such a way that they can add value to customers; efficiency has been improved – less time is taken and less money is spent to provide services as a result of BPR;
- Achievements of flatter structure- less time to decide, empowering employees and increasing flexibility of service,
- BPR helps to drive the Human Resource Management reform agenda of the civil service which is highly related to professionalism of the civil service;
- Customer satisfaction has been registered in many implementing agencies;
- Improved effectiveness- in most institutions, BPR has helped institutions to do the right thing as defined in their mission and vision this helps to improve effectiveness in civil service;
- Change attitudes – the attitude of the civil servants started to change to be client focused. After BPR the attitude of employees towards clients and team work is improved;
- After BPR, team work has been recognized and its performance has been improved introduced that makes the civil service easy to do business;
- Customer care and client relationship has been improved;
- Management skills have been improved as a result of trainings in areas of strategic planning and management, change management, performance management;
- Many benchmarking programs were carried out and lessons helping to improve performance have been gained.

As BPR has been introduced in the civil service organization so far, its impact on service delivery has largely been positive and the Ethiopian reforms have been become a major success in service delivery due to the changes and efforts of BPR transformation work of the government. Efficiency has increased, bureaucratic tendencies have been collapsed, one stop shops have been introduced and accountability and transparency has improved. Motivation is high in civil service and the attitudes have changed for the better. (FDRE Ministry of Capacity Building, 2010)

The purpose of the BPR in the health sector is to establish customer focused institutions, rapid scaling up health service delivery and enhancing the quality of care, thereby improving the health status of the Ethiopian people as desired in the mission of the health sector (FDRE Ministry of Health, 2011)

2.5.2. Balanced Score Card (BSC)

BSC was introduced in the Ethiopian civil service in 2009 as a tool that would be used for performance management. BSC is used to plan, implement, monitor and measure the performance of all actors involved in the implementation of the goals and objectives of the country. It is an integrated approach to strategically plan, implement, and measure the performance of all actors involved. (FDRE Ministry of Capacity Building , 2010)

Balanced Score Card (BSC) also widely used in health sector institutions as a performance management tool to enable strategic planning and management by aligning institutional activities to the vision and strategy of the organization. The BSC tool involves setting of performance measures and targets for the institutions, departments, teams and individual employees. BSC replaces tool which had been used for employee performance measures in the delivery of public service.

Because of its strategic approach, balanced set of measures and strategically alignment, BSC has taken as the most important tool implement in almost all government institutions including health sectors throughout the country.

2.5.3. Civil Service Change Army (YelewtSerawit)

YelewitSerawit is being implemented to create a structured approach to implement, monitor and evaluate the operation at each level. Yelewitserawit is nothing but an organized platform where team members build their capacity evaluates the basic challenges and problems they encounter

and relieve them through democratic way, measure the performance collectively and individually and identify outstanding performance (ginbarkedemfetsami).

Yelewitserawit can be equated to equality circles established in kaizen and total quality management for the purpose of ensuring quality. It is the most dynamic platform available and suitable for our condition to identify strategy, to clearly articulate basic shortcomings in the implementation of the strategy, build capacity of performers, and the key circle of excellence.

2.5.4. The Citizens' Charter

Ministry of Civil Service launched Citizens' Charter in February 2012 with an intention to enable civil servants to serve the community in an improved and better manner. The charter would be expected to ensure government's accountability to the public and openness and transparency as well. Nevertheless, it is seldom to find organizations which have produced their own citizens' charter and publicized. Indeed, there have been trainings for different experts and mid level officials about the essence and development of the charter.

Definitely, the charter approach to service delivery enhances the transparency and accountability of the public service delivery system. However, the Ethiopian Civil Service has developed the twelve Ethical principles in service provision.

A decade has passed echoing and posting these principles. But, they have not standards to measure- the degree of transparency or honesty etc. The charter approach to public service delivery may not come with different principles rather repeating on the already existing- transparency, accountability, impartiality etc. Besides, almost in every government organizations there are complain hearing committee or office or in another form. The charter may strengthen and more comprehensively state the grievance handling and redress mechanism. In addition the charter shall be published in different languages, punchy and communicated well; and includes addresses of top officials, and concerned service providers.

Regarding the lists of services and standards, BPR document constitutes these kinds of issues. In the country, the public service delivery system though revealed an improvement compared with the past still it is not up to the expected standard. This may be attributed to absence of servant mentality from the service providers' side loose accountability, lack of information and openness about the services, standards and requirements, poor and disparate grievance handling and

redress mechanisms. Thus, if the charter approach is well designed, communicated and implemented, it will address the afore cited tribulations (Nigussa, 2014)

2.6. Health Service Delivery Indicators

To date, there is no robust, standardized set of indicators to measure the quality of services as experienced by the citizens. Existing indicators tend to be fragmented and focus either on final outcome or inputs rather than on the underlying systems that help generate the outcomes or make use of the inputs. In fact, no set of indicators is available for measuring constraints associated with service delivery and the behavior of frontline. Providers, both of which have a direct impact on the quality and efficiency of services, it is difficult for citizens or politicians (the principal) to assess how service providers (the agent) are performing and to take corrective action. Based on the above facts, for the purpose of this study the following indicators are developed for assessing the status of health service delivery in line with the ongoing reform processes in the health center.

- a) The existence of a service delivery strategy and implementation plan (policy)
- b) Existence of published service delivery standards: Health centers should develop service delivery standards that are used to meet the expectation of clients. Besides, service delivery standards, other information is provided about organizations to enable easy access to service by the clients. Along with service delivery standards shall also develop service charters (Citizens' Charters) which are used as guidelines to achieving quality services provision.
- c) Complaints and grievance handling procedures: Health centers should develop standard mechanism of complaints handling. In a bid to enhance the relationship between internal customers (civil servants) and external customers and to serve them better, mechanisms should put in place to improve this relationship and to improve service delivery. A grievance and customer complaints handling procedures that would facilitate the setting of customer grievances through developing guidelines for handling customer complaints. Such mechanism could include setting up of committees responsible for discussing the aggrieved parties reach consensus with the aim of providing effective services to clients. Such committees should be tasked to meet regularly and report their activities to the management of the institutions.

- d) Citizens' sensitization system: Sensitization of the public on their rights and obligations to held public servants accountable should be planned and delivered.
- e) Coordination and monitoring of health service delivery: Service delivery is a major component of the civil service reform program. The coordination and monitoring mechanism has to be ensured the reforms go on as planned at the health center level.
- f) Percentage of users satisfied with the quality and efficiency of service delivery at health center level.
- g) Availability of a civil service award system: It would constitute an incentive structure for civil servants, designed to achieve high service delivery standards through rewards and penalties.

CHAPTER THREE

3. RESEARCH METHODOLOGY

This chapter deals with the research methodology used in gathering data for the study. It contains the research design, sources of data, sample size, and sampling techniques, data gathering instruments, procedures for methods and data analysis.

3.1. Research Design

The main purpose of this study was to assess the role of service delivery reform in improving public health service delivery in the Woreda 4 Health Center. It also aimed at assessing the opinion of service users and accordingly at forwarding possible recommendations that can be used to improve better public health service delivery.

In order to answer the research questions relevant for this study, the researcher chose mixed method research design by which both quantitative and qualitative approaches were employed to provide a better understanding of a research problem (Creswell and Clark, 2007)

As indicated in the objective this study focuses on assessing the role of civil service reform in improving public service delivery and stating the challenges and problems encountered in this regard. To this effect, to get reliable information of the current status of the issue under study, descriptive statistics used with appropriate sampling that deals with methods of organizing, summarizing, and presenting data in a convenient and informative way using numerical means as it allows the reader clearly capture the outcome of the research (Keller, 2012). Moreover, for the outcomes to have a broad impact in the health center and useful in the future, it will help review quickly for further consideration. Questionnaire is used to get quantitative data, and interviews are used to get qualitative data to extract the relevant information on the issue under study. All the data collected will be analyzed with the appropriate tool and the quantitative data will be interpreted and presented on table. Its outcome will be used to reinforce the findings and to come up with subsequent recommendations.

3.2. Instruments of Data Collection

To gather necessary information from the respondents, closed ended questionnaire along with very limited options to open-ended responses were used. In the case of interview, structured interview with few unstructured questions were provided. Questionnaires and interviews for all

respondents were prepared and conducted in English and its Amharic version were prepared for those subjects who do not read and write in English.

The questionnaire is used because it provides wider coverage of more respondents and also facilitates collection of a large amount of data. Hofstee (2006) reasoned that questionnaires will offer confidentiality and also allows getting more volume of data as they can be sent to more people.

In addition to this, the researcher conducted structured interview with customers and key informants including Manager of the Woreda 4 health office, Medical Director, Matron (Head Nurse), Human Resource Head and staffs of the health center.

To get reliable information about the issue under investigation, interview conducted were necessary to extract views of the employee which were directly involved.

3.3.Source of Data

Both primary and secondary data sources were used in order to generate relevant information to the research. Primary data are gathered from employees and relevant officials in the health center and the Woreda Administration health offices. In addition to this primary data also gathered from the service users of the health center. As to the secondary data, both published and unpublished sources were used after evaluating their relevance. Among others, various documents, internet (on-line) sources and books were reviewed in order to get information about the subject of study. Moreover; an observation of the current conditions of service delivery in the health center is done by the researcher.

3.4.Sample size Determination and sampling technique

Kothari (2004) defines sampling in a research as the selection of some part of an aggregate or totality on the basis of which a judgment or inference about the whole population by examining only part of it. Therefore, not all the members of the study population are surveyed. Also, it is considered economically feasible to use part of the population. This will enable the research to be conducted within the limited time frame. Determining sample size is very important because samples that are too large may waste time, resource and money, while samples that are too small may lead to inaccurate results. Thus Kothari(Ibid) affirmed that, if the total number of the target

population is assumed to be less than 10000 to use the following formula to have a representative sample size. Thus, the following formula used while the population size is already known.

$n = \frac{N}{1 + Ne^2}$, where N is the size of the total population that is studied and n is the required sample size & e is the limit of error tolerance which assured to be 5%(0.05) level of confidence.

$n = \frac{850}{1 + 850(0.05)^2} = 272$. Having the above formula and assumption into consideration, out of 850 numbers of the target population, 272 customers will be taken as questionnaire respondents.

The respondents (customers) will be selected for inclusion in the sample based on easy access. Maximum of ten key informants (officials & staffs) and customers purposively selected for interviewing. Service user (respondents) were requested to fill the questionnaire and collected on the spot.

Thus, the sampling techniques used simple random sampling (Probability sampling) and purposive sampling.

3.5. Techniques of Data Analysis

Qualitative procedures in combination with quantitative procedures were used to analyze the data collection for this study. Descriptive statistics were used in numerical aspects. In the numerical aspect, percentages are used to show the disparity in responses among the respondents. In the tables, and other tools used to show the outcomes of the data analysis with description attached to each of the figure. The analysis of the data was generated through qualitative techniques, summaries and short narrations are used.

Therefore, the data from the interview were analyzed qualitatively and the results are presented in the form of summary while the quantitative results are presented in tables.

Finally, the findings are discussed in relation to the research question.

3.6. Ethical Consideration

The respective health center officials were contacted and informed about the whole purpose of the research project.

The respondents were informed about the objective of the study and their right to participate or not to participate in filling the questionnaire. And the employees were informed that their

answers will be held confidential. Moreover, the mechanism used to collect the responses has a specific technical feature to hide identity of the respondents.

3.7. Description of the Study Area

Woreda 4(Alem Bank) Health center is one of the 11 health centers under KolfeKeranyo sub-city of Addis Ababa City Government. It is located in South West periphery of Addis Ababa City Administration.

Woreda 4 Health center serves a population of 64,190 residences of the woreda 4 Administration, including communities coming from the neighboring woredas like woreda 03 and woreda 06.

The health center was established in 2002E.C. and fully operational in the beginning of 2003 E.C. The health center renders health services such as: Outpatient Department (OPD), Inpatient Department (IPD), Laboratory, Pharmacy, Ambulance service are among others.

Woreda 4 health center has an annual budget of Birr more than 8.5 million and total staff exceeding 170. It provides services for approximately 1526 inpatient (Delivery cases) and 65500 outpatient attendants each year, out of 90 technical staff, there is no doctor in the health center.

Woreda 4 health center is established in a new residential area which is expected to serve more people than other similar health centers in the sub-city. Since private health institutions are not still flourished in the area, this public health facility becomes the only choice for the majority of woreda 4 residents including other service users coming from neighboring woredas. This is the main reason for choosing this area as a target area of study to assess the role of the ongoing service delivery reforms in improving health service delivery at grass root level.

CHAPTER FOUR

4. PRESENTATION AND ANALYSIS OF DATA

This part of the paper deals with analysis, interpretation and discussion of the data gathered through questionnaire and interview. The chapter consists of two parts. The first part describes about the demographic characteristics of the respondents while the second part deals with the analysis and discussion of the findings.

4.1. Socio-demographic profile of the respondents

4.1.1. The data below in table 1 present the personal profile of informants by sex, age, education, marital and employment status

Table 1: Sex, Age, Education, Marital and employment Status of respondents

No.	Sex	Age	Educational Status	Marital Status	Employment Status
1	Male 88 (32.4%)	18-24 97(35.66%)	Illiterate 25 (9.2%)	Single 82 (30.1%)	Employee 62 (22.8%)
2	Female 184 (67.6)	25-35 133 (48.9%)	Grade 1-6 45 (16.5%)	Married 177 (65.1%)	Own business 84 (30.9%)
3		36-60 39 (14.3%)	Grade 7-12 130 (47.8%)	Divorced 4 (1.5%)	Unemployed 60 (22.1%)
4		60 and above 3 (1.1%)	Diploma and Above 72 (26.2%)	Widowed 9 (3.3%)	Others 66 (24.350)

In the above table (Table 1) summarizes the information that large number of respondents in terms of sex were female, 184 which comprises 67.6% of the total respondents and male were 88 which comprises 32.4% of the total respondents. This shows females greatly found to be participating in the study and were the majority of the population for the study. The statistical data from the health center also shows that majority of service users were those

who seeks maternity related services. This information indicates that these services would be one of the main focus areas of the health center.

According to the information obtained from the study as summarized in table 1 above, it was found that out of the total number of respondents who participate in the study 97(35.4%) respondents were with the age range of 18-24, 133(48.9%) respondents which were within the age range of 25-35, 39(14.3%) respondents were within the age range of 36 – 60 and 3(1.1%) respondents were within the age range of 60 and above. This shows respondents within the age range of 25-35 greatly found that is potential productive age group to be participative in the study and were the majority in the population of the study.

Table 1 above also illustrates different levels of education of the respondents who were involved in this study. Those illiterates were 25(9.2%) of the total respondents, grade 1-6 were 45(16.5%), grade 7-12 were 130(47.8%) and diploma and above were 72(26.5%) of the total respondents who were involved in the study. Even though they have homogeneity in educational status would enable the study to incorporate diversified views pertaining service and service delivery reform concepts.

The distribution of respondents by employment category according to the information obtained from the questionnaires was as indicated in the table above. Employed respondents who participate in the study were 62(22.8%) out of the total respondents, those run out their business were 84(30.9%) , unemployed were 60(22.1%) and others were 66(24.3%) of the total respondents.

4.1.2. Residential Area of Respondents

Table 2 below summarizes the residential area of the respondents who were approached in this study, 120(44.1%) respondents were residents of woreda 4, 28(10.3%) respondent were residents of woreda 6, 63(26.1%) respondents were residents of woreda 3 and 61(22.4%) respondents were others.

As the data in this table illustrated majority (44.1%) of the respondents were residents of woreda 4. Moreover, this indicates also that more than half of the respondents were coming from other woredas' administration area.

Table 2: Residential area of respondents

Residential area	Frequency	Percent
Woreda 4	120	44.1
Woreda 6	28	10.3
Woreda 3	63	26.1
Others	61	22.4
Total	272	100

4.1.3. Paying and non-paying Service Users

According to the information obtained from the study, it was found that out of the total number of respondents who participate in the study, as indicated in table 3, those who received service by payment were 157(57.7%) of the total respondents, those received services for free were 115(42.3%) of the total respondents. This implies that significant number of respondents had received services without payment.

Table 3: Service Type

Service Type	Frequency	Percent
By payment	157	57.7
For Free	115	42.3
Total	272	100

4.1.4. The Respondents Reason to Visit the Health Center

According to the information obtained from the questionnaires, 142 respondents(52.2%) were coming to the Health Center because of illness and 130(47.8%) respondents were coming to the health center to seek other health services (Family planning, Immunization, Health Education etc).

Table 4: Reason for visit

Reason For Visit	Frequency	Percent
Illness	147	52.2
Other Services	130	47.8
Total	272	100

4.1.5. The Frequency of Visiting Health Center

Most of the participating respondents in terms of their frequency of visit to the health center as indicated in table 5, repeated visitors were 198(72.8%) of the total respondents and new visitor were 74(22.2%) of the total respondents. This shows repeated visitors greatly found to be participated in the study and were the majority in the population for the study. This indicates their responses has significance importance to use as an input for further analysis.

Table 5: Frequency of visit

Frequency of Visit	Frequency	Percent
New visit	74	22.2
Repeated visit	198	72.8
Total	272	100

4.2. Analysis and Interpretation of Customer Responses

4.2.1. Customer satisfaction with the service delivery of the health center

Service delivery policy states that civil service institutions are required to (a) develop the culture of courtesy and helpfulness among the staff, (b) provide as much as possible services to service users, and (c) design and enforce a system by which service users can easily recognize front-line staff by name (FDRE, 2001). The policy further states that in order to facilitate easy access, institutions should take measures to minimize red tape and other undesirable administrative and management practices, these all aimed at in promoting positive attitudes the public service.

According to the government document one of the problems and drawbacks of the Ethiopian civil Service in the delivery of services was that the civil servant had not developed positive attitude towards public service to the desired extent (FDRE, 2001). One of the obligations of the civil servants (as is explained in the policy itself and in modern service delivery or new public management theories and practices) was the workers' politeness and willingness to help their clients or the public at large. With this regard, improvements had been observed in change of some aspects of service delivery like customer support and availability of information facilities, speed in provision of service, behaviors (in customer handling) from the point of view to the workers as perceived by the subject health center.

Table 6: Customer satisfaction with the location of the health center, availability of information and customer support

Level of Agreement	On Service Delivery by the Health Center							
	Information		Courtesy		Process of Registration and seeing a doctor		Proximity of the Health Center	
	F	%	F	%	F	%	F	%
Strongly disagree	37	13.6	24	8.8	40	14.7	26	9.6
Disagree	35	12.8	44	16.2	38	14.0	42	15.4
Neutral	22	8.1	92	33.8	30	11.0	24	8.8
Agree	156	57.4	94	34.6	156	57.4	168	61.8
Strongly agree	22	8.1	18	6.6	8	2.9	12	4.4
Total	272	100	272	100	272	100	272	100

Customer support and information has been provided as one of the major areas under service delivery (FDRE, 2010). Respondents were asked to assess their level of satisfaction with the information provided, as summarized the opinion of respondent in table 6 above the larger category response overall was satisfied with the customer support and availability of information in place about the health center where services are given to its customers. 156(57.4%)

respondents agree, 37(13.6%) strongly disagree, 35(12.8%) respondents disagree, 22(8.1%) respondents strongly agree and 22(8.1%) respondents are neutral. There is a clear desire for more information in approximately more than 35% of those filled the questionnaire, 8.1% of respondents were unsure or did not know, mainly because the idea of Health centers making information available to them was a new concept.

Courtesy and respect of staffs to customers the government believes that the ability to bring about this change in the mind-set of service providers would be the most significant challenge of service delivery improvement in Ethiopia (FDRE, 2001) asked respondents whether health workers had been developing polite way of treating their customers. Opinion of the respondents as summarized in table 6 above nearly 60% of the respondents witnessed their satisfaction regarding the health center staffs' politeness and cooperation and the positive altitudes the staffs had shown to their customers , whereas, quarter of the total respondents were not satisfied by the behavior of the staffs (by their customer handling). However, this result is not similar with the outcome of the customer satisfaction assessment survey by the kolfekeranyo sub-city health office of 11 health centers under its Jurisdiction, including Woreda 4 health center revealed that the attitude and behaviors of the health centers' workers were rated by sample respondents is more than 90% in June 2007. Therefore, more had to be done in creating awareness in the obligations and responsibility of civil servants or in handling customers, in changing their attitude for draw back which were identifying by the task force in the course of developing the Service Delivery Policy (reported on December 2001).

Concerning the views on the process of registration and meeting doctors as it is depicted in table 6 above, more than half 170 (66.8%) respondents who were involved in the study were satisfied with the short waiting time from registration to meet doctors. 55(20.2%) respondents disagree on the issue, 32(11.8%) respondents are neutral, 17(5.9%) respondents strongly disagree. There is a clear desire for more improvement on the registration process and waiting time to accomplish the process. For more than quarter of those filled the questionnaire. But the view of 32 (11.8%) of participants is unknown. In support to the above positive view from respondents with regards to the process of health service delivery of Woreda 4 HC, An independent assessment report on the implementation of civil service reform program in Ethiopia by AH consulting firm (2010) revealed that service delivery has tremendously been improved in public services as a result of the implementation of BPR; process have been re-designed to create total reduction in time taken

to deliver services. Moreover, as the researches witnessed from personal observation that some instance of changes for example, service users (other than patients) after fulfilling the usual registration process directly dispatched with their cases to the service unit for which services they are seeking to get from instead of visiting the doctor as a mandatory process, obviously. This has a direct impact to decrease a waiting time of patients who are in need to see a doctor.

Proximity of public health centers' facilities to citizens was one of the main reasons for seeing an improvement of service delivery. The distance to the nearest health facility is important to users for a number of reasons. Therefore, according to the information obtained from the study, as general response from respondents is summarized and presented in table 6 above, it was found that, out of the total number of respondents who participate in the study. 168(61.8%) respondents agree that they are within short distance to the health center facility, 42 (15.4%) respondents disagree, 26 (9.6%) are strongly disagree, 24 (8.8%) are neutral and 12 (4.4 %) respondents strongly agree on that the establishment of the health center is in short distance from their home. Here, there is a clear demand of customers in terms of easy access to the facility of the health center established on their nearest locality. More than 30% who are not satisfied is very significant portion of the respondents; hence this indicates that still number of citizens who are not accessible to the health center.

4.2.2. Customer satisfaction with the availability of health professionals and facilities in the Health Center

Customer satisfaction is the level of satisfaction that customer experience having used in service. It therefore reflects that gap between the expected service and the experience of the service from the customers' point of view; meaning customers or patient satisfaction has become in general part of health institutions management strategies across the globe.

Asking patients what they think about the care and treatment they have received is an important step towards improving the quality care, and ensure local health services are meeting patients' needs. It is an established fact that satisfaction influence whether a person seeks medical care or not. Importantly, delivery of health services will depend on the availability of health workers, health facilities, diagnostics, drugs and other supplies, including provision for financing and existence of responsive communities (Global Health Action, 2014)

Table 7: Customer satisfaction with the availability of health professionals and facilities in the Health Center

Level of Agreement	On service delivery by the health center							
	Availability							
	Health Professionals		Emergency medical care & ambulance service		Facilities (Lab, X-ray, etc)		Cleanliness of the HC	
	F	%	F	%	F	%	F	%
Strongly disagree	27	9.9	24	8.8	34	12.5	52	19.1
Disagree	45	16.5	44	16.2	30	11.0	14	5.1
Neutral	38	14.0	92	33.8	34	12.5	14	5.2
Agree	150	55.2	94	34.6	170	62.5	182	66.9
Strongly agree	12	4.4	18	6.6	4	1.5	10	3.7
Total	272	100	272	100	272	100	272	100

The availability of health professionals would be expected as measure of quality of health service delivery. With regards to the availability of professionals, although availability was seen in terms of numbers of staff and regularly present on their duty. Respondents were asked to assess their level of satisfaction with the availability of health workers in health center, as summarized in table 6 above, significant category of response overall was satisfied with the availability of health professionals where services are given to its customers. 150 (55.2%) respondents agree, 45 (16.5%) respondents disagree, 38 (14.0%) are neutral, 27 (9.9%) respondents strongly agree and 12 (4.4%) strongly disagree.

Availability of emergency medical care service and prioritization for patients in need would be expected as measures of quality health service delivery. With regards to availability of emergency medical ambulance service and emergency communication was also a concern raised. As it is shown the opinion of respondents in the table above who were involved in the study. 94 respondents(34.6%) show agreement of their satisfaction with the availability of health workers in the health center, 92(33.8%) respondents neutral, 44(16.2%) respondents disagree, 24(8.8%)

respondents strongly agree and 18(6.6%) respondent strongly disagree with issue. Of course, those who are neutral, which comprises a larger proportion of respondents, their position might not been categorized as a negative explanation. This is because emergency care service is not given for all, rather for patients in need only.

From the above table that summarized the opinion of respondents who were approached, significant number of respondents which is more than half of the total respondents were satisfied with the availability of facilities for health service provision in the health center. 170 (62.5%) agree that Woreda 4 health center has sufficient facilities for service provision. 34 (12.5%) neutral position, 30 (11%) disagree and 4 (1.5%) strongly disagree.

As it is shown from the table above the opinion of the respondents who were involved in the study summarized that large number of respondents were satisfied with the cleanliness of the health center compound and waiting places. 182 (66%) show agreement of their satisfaction on the cleanliness of health center facility. 52 (19.1%) respondents strongly agree, 14 (5.2%) are neutral, 14 (5.1%) disagree and 10 (3.7%) respondents are strongly disagree.

4.2.3. Customer satisfaction with the availability of information about customer grievance handling mechanisms in the health center.

The Ethiopian government believes that effective implementation of service delivery policy or reform requires that service users to have full information about the public service provider including mechanisms for handling complaints (EDRE, 2001). As it is shown in the table 8 below summarizes the opinion of respondents who were involved in the study approximately 40% of the total service users respondents agreed or strongly agreed with the availability of information about the customer grievance handling mechanisms in the health center that is where and who is responsible to handle complaints and further related aspects on the mechanisms like redressing wrong doing.

Significant number of respondents involved in this study, were not aware with the existence of customer grievance handling procedures and even an office responsible to handle such matter in the health center. Even though, an interview made with the medical director of the health center confirmed that there is customer grievance handling mechanisms including a committee for this purpose. 92 (33.8%) respondents shows their agreement on the availability of information about the mechanisms, 82 (30.1%) are neutral, 70 (25.7%) disagree, 18 (6.6%) respondents strongly

disagree and 10 (3.7%) respondents strongly agree, 27.7% those who disagree and 6.6% who strongly disagree are very significant and indicative that there is a problem on the issue raised. Those who are neutral their position is not clear can have or negative explanation altogether.

Table 8: Customers' satisfaction with the availability of information about customer grievance handling mechanisms in the health center.

Level of Agreement	On service delivery by the health center	
	Customer grievance handling mechanism	
	Frequency	%
Strongly disagree	10	3.7
Disagree	70	25.7
Neutral	82	30.1
Agree	92	33.8
Strongly agree	18	6.6
Total	272	100

4.2.4. Factors given to explain satisfaction with the services provided by the health center

Participants were asked to mention the factors that have contributed to realize their satisfaction with the services provided by the Woreda 4 Health Center.

Factors for perceived satisfaction are summarized in table 9 below. The respondents came up with the following responses as factors for their satisfaction, 34.4% of respondents indicated that they were satisfied by the availability of some health services and medical supplies. 11.7% suitability of the health center's building facility and cleanness of its compound, 8.5% availability ambulance service, 3.2% proximity of the health center, 2.8% availability of free of payment service and 10.7% availability of service with minimum payment.

Table 9: Factors given to explain satisfaction

S.N.	Factors given to explain satisfaction	Frequency	Percent
1	Availability and competence of health professionals and support staff	97	34.4
2	Availability of medical services and supply of medicine	81	28.7
3	Suitability of building facilities and cleanliness of its compound	33	11.7
4	Availability of ambulance service	24	8.5
5	Proximity or closeness of the health center	9	3.2
6	Availability of free of payment service	8	2.8
7	Availability of service with minimum payment	30	10.7
	Total	282	100

4.2.5. Action taken by service users if not satisfied with a service

Participants were asked if not satisfied with a health service, what they could do?

Table 10 below summarizes the responses as follows; 26.5% of the respondents saw appealing to higher officials as the action most likely to be taken. 6.6% of the respondents would turn to the other service providers. 28.2% respondents could do nothing rather than go back home because they do not know where and to whom to appeal. 22.1% of respondents believed that no action could be taken because the authorities have not answered complaints. 16.6% used suggestion box and feedback form.

Table 10: Actions taken by service users if not satisfied with a service

S.no.	Actions taken by service users	Frequency	Percent
1	Appeal to higher officials	48	26.6
2	Use alternative service providers	21	6.6
3	Not appealing because I do not know to whom and where to appeal	51	28.2
4	Not appealing because authorities can do nothing	40	22.1
5	Use suggestion box and feedback form	30	16.6
	Total	188	100

4.2.6. Customers' Assessment of the existing Health Service Delivery standard

Preceding section of the paper has shown the overall opinions of the service users and the gaps observed by the users. Whereas, the subsequent table as annexed show detailed evaluation of each service rendered by the center based on the standards, set for each service. The services are measured against the three important yardsticks; namely time (speed with which services are given), the quality and level of customer satisfaction.

According to FDRE Ministry of Civil Service (2013), through introducing the reform program, significant improvement and success in the service delivery in government offices throughout the country keep long time to provide services were became an improvement due to the intervention of various reform tools have been implemented. In this view customers were asked to generally evaluated and rate the implementation of the subject center service standards in terms of speed of services, quality and customers' satisfaction. Service users of the health center, the customers, differently rated the general service standard. In this study, however, subjects who responded the items rated the overall service provision of the health center as "average". Here, it can be said that the customers were satisfied by the overall service provision of the health center. From this research result of these items, it can be generalized that the health center was in a better position in providing standard and quality services to its customers and had been successfully implementation of the service delivery reform throughout all these years. Except customers expressed their dissatisfaction by ratings of some services such as registration, triaging and admission were as "fair" that can be generalized that the health center management need much effort to be done for better served and increase satisfaction of their customers.

From the analysis of general service provision ratings of the customers of the health center with exception of few services as mentioned above, it can be concluded that the service provision of this health center had shown improvement since the implementation of service delivery reform. However, it should be noted that the survey results were indicative of possibilities for bringing more change and improvement on the service standards and qualities in this center as was stated objectives in the policy reform document for the provision of service delivery in public institutions.

Overall, the results on annexed table indicate that there are certain aspects of health service delivery than can be changed to improve the feeling of the users towards health service

delivery, variation in satisfaction level could be the result of multiple factors for example quality and speed on service delivery e.t.c,

4.2.7. Summary of customers' response to the open-ended questions on overall progress or improvement in the health center's service delivery for the last two years (2014/15 – 2015/16)

Response analysis on opinion of the subject service users are made specific to the purpose of the study.

Based on the previous discussions, service delivery improvement of health service comprises many components that should be available on the health facility. For example, availability of medical supplies, medical equipment, and health professionals with having positive attitude towards their customers, ambulance service and emergency customer care service as well as proximity of the health facility, efficiency and speed of service and the like could be taken as measures of good health service.

Customers' witnessed as observable progress had been observed in the provisions of the services in the health center for the last two years (2014/15 – 2015/16). This means that these tangible changes in the service delivery had resulted because of the implementation of service delivery reform in the health center. As can also be seen from responses no customer interviewee had replied the service provision of the health center had been deteriorating for the last two years. Therefore, the implementation of the service delivery reform program in this institution had been bringing positive results in the provision of health service to the public whether the desired outcomes which were stated in the reform (policy) document were achieved or not. Workers' (Staffs) observation on the change of the health center's service standard within the last two years also witnessed as there were improvements in the service provision of the health center. Moreover, the document review carried out by the researcher on 2 customer service delivery satisfaction assessment survey results report of the KolfeKeranyo Health Office confirm that there is positive change in the attitude of customers, on status of service provision of the Woreda 4 health center since the last two years. Overall the positive responses obtained from participants resemble the conclusion reached by Bezabih(2009) on the improvement of delivery of service in public organizations.

It is possible to say that executing health center started developing annual plans for service provision, set service objectives and standards, BPR, BSC and worked towards the implementation of plans and tools. Efforts were also made to develop a sense of civil service on the part of the workers through introducing citizen's charter to ensure quality service to citizens and foster transparency and accountability among health service providers. Some improvements were observed on the behavior of health workers in recognizing their roles as civil servants (to serve the public), in changing their attitude towards their clients and in handling their clients in a better manner.

Certain behaviors could also be observed on the part of public or some customers of the health center. Customers were beginning to request their rights and make their complaints on the health center's service provision. Sometimes some customers of the health center were willing to comment on service delivery issues and even suggesting how they would prefer to get the service from public institutions.

4.2.8. Summary of civil servants' response to the open-ended questions in overall service delivery reform program implementation

As part of the research, interview was conducted with health workers, head nurses and officials of Woreda 4 health center including KolfeKeranyo sub-city health office manager. Most of the interviewees agreed unanimously that they had not provided a consistent level of customer service to ensure their customer satisfaction which was revealed on the periodic assessment undertaken at health center and sub-city health office level.

Apart from the woreda 4 administrative area residents, high number of health service seekers flow to the health center from other localities, under free health access policy to all, is not proportionate with the number of staffs allocated to this task. This situation in turn affect the time taken to deliver services and medical supplies (drugs, reagents, and the like) as well as other health facilities such as exam rooms, delivery rooms.

Despite such challenges encountered, majority of interview participant believed that health service delivery in the Woreda 4 Health Center in general has been improving from year to year and days to hours.

Regarding the methods the health center used to motivate employees for better performance in service delivery, as to medical director of the health center admitted that there is no as such adopted reward system mechanisms implemented so far in the health center.

In order to recognize employee's effort in doing their best, the type of formal employee recognition is already applied, of course this happened on personal initiative of the management of the Health center. Outstanding departments and employees recognized by posting their names on notice board and with some incentives in the form of gift. Besides, he also confirmed that there is a committee to handle patient's complaints using an established complaints and grievance handling guideline of the health center, as a tool suggestion box and feedback forms method also implemented to facilitate customers to come up with their dissatisfaction on services.

As to tackle challenges, the following recommendation forwarded from the sub-city health office manager.

- Increasing additional health centers in different areas to access health service to those in need in their nearby localities in order to minimize the burden of workload in the existing health centers.
- Developing an appropriate reward system to achieve high standard service delivery in the health centers.
- Improving information exchange through networking with the government agency responsible to supply medicine and other medical supplies to public health institutions.
- For that matter the health center could not buy drug and other medical supplies from the market to fulfill its backlog in its shelf unless a confirmation received from the said agency when these supplies are not available in its stock. Therefore here the time factor in exchanging information hinders the possibility of providing necessary supplies to customers in a consistent manner.

4.2.9. Service Delivery Indicators Assessment.

1. Existence of Service Delivery Policy

A service delivery policy was developed and published by the Ethiopian Government in April 2001. The policy includes key element of service delivery such as promoting a positive attitude towards serving the public, eligibility for service, facilitating easy access

to services coordinating related services, providing information on services, consulting with users, setting service standards, and providing cost-effective services.

2. Existence of published service standard. Woreda 4 health center implementing health service delivery standard that prepared and adopted by the Addis Ababa city Health Bureau distributed for all health centers under its jurisdiction. The document comprises core components of service delivery standard strategy such as ensuring whether health centers provided health services according to the given health service delivery standard, increasing satisfaction of customers through provision of efficient and quality health services and strengthening good governance in the health sector.

The list of health services expected to be provided to customers by the woreda 4 health center are standardized and rated based on three measuring criteria: Service delivery time, quality and satisfaction level of customers. Though under the health service delivery standard document of the health center were required to provide customers with information to expect, service delivery standards are not displayed with banners at the entrance of the center. Based on personal observation, only service delivery time is displayed on examination rooms, including other information is provided about the health center to enable easy access to service by the customers where each service are given by sign posting on building blocks and rooms.

3. Complaints and grievance handling procedure

The assessment observed that this area has not been given more attention at woreda 4 health center even if it deals with high number of customers which could be complaints here and there. As assessed, limited tools for complaining are in place such as suggestion boxes and feedback forms that gave an opportunity to write about dissatisfaction about a service that has been provided.

Substantial proportion of responses, customers believed no action could be taken if they are dissatisfied with services provided by the Health Center, instead would go back home or turn to other private health service providers, if any and affordable to them. Insignificant respondents also confirmed that a timely response is always given to solve these problems by the management of the health center.

4. Citizens' sensitization system: the level of awareness of customer's rights and responsibilities to hold public servants accountable is still low in the woreda 4 health

center, where customers believed that civil servants, especially health workers are not accountable for their action, this is the reflection of the deeply rooted perception of our society. There are instances which some health professionals mistreat their patients even extended in some cases up to physical harm. Therefore, the health center's community needs much effort to reverse such critical problem faced by their customers and citizens at large, through developing and applying various citizens' sensitization approaches. That means, the notion that 'the customer is the king' should be clearly communicated to their customers in particular.

5. Coordination and monitoring of health service delivery.

The assessment show, that the major concern of customers is the service delivery time, they were consuming more time to get services which is something not compatible with the given service delivery standard of the Health Center. For example, registration/payment and triaging services in particular are gray areas for patient customers. It is believed that the major causes to such problems are due to lack of proper coordination and continuous monitoring of the health service delivery from the management of health center or someone else who is in charge to do such assignment.

6. Availability of a civil service award system

Woreda 4 Health Center applied the civil service change army as a tool to measure the performance collectively and individual base and identified outstanding performers (genbarkedemfetsami). Teams and individual staffs who are perform well are given rewards as performance recognition on weekly and within six month period, their names posted on the notice board of the Health Center visible to patient customers. However, this is done on personal initiative of the management of the health center rather than supported by legal framework, procedures and guidelines.

4.2.10. Challenges facing implementation of service delivery reforms at woreda 4 health center level

This section addresses the last objective of the study. The objective aimed at identifying the challenges affecting implementation of service delivery reforms as one component of the civil service reforms in the health center. It was possible to observe that front-line workers of the health center workers were busy serving their customers. It was also possible to witness that these

workers had been working in stress. In addition, a number of workers had orally explained that lack of reward (especially absence of adequate financial rewards) could be taken as the major source of dissatisfaction, which would harm their work motivation and diligence, would also hinder them to whole heartedly accept of the reform program and have a greater influences in the implementation of the reform program.

Workers and customers also gave response to open-ended items; to suggest for improvement on health service delivery and to give some advice how for better implement the service delivery reform.

- Institutionalize a culture of respect, courtesy and observing human dignity,
- Improving delay in service provision,
- Increase addition infrastructure and facilities and improving the existing one,
- Increase supply of medical equipment and medicine,
- Increase number of health professionals and support staff,
- Creating more awareness about the reform programs and communicating on-service requirements to customers using different medias,
- encouraging customers to present their complaints and ask their rights,
- Developing system of transparency and accountability,
- Continually solving implementation problems,
- Evaluating performance of workers continuously and implementing monitoring system to improve service delivery,
- Undertaking training on policy and reform documents and capacity building programs for all level of employees,
- Taking best practices of other countries' experiences in service provisions and service delivery reform program development and execution.

CHAPTER FIVE

5. CONCLUSION AND RECOMMENDATIONS

In this chapter summary of the major findings of the study, conclusion drawn on the basis of the findings and recommendations are presented.

The Ethiopian government has undertaken comprehensive measures to restructure its civil service through implementing the civil service reforms in order to change the way the public service operated and with a focus to improve service delivery to the public. The study was aimed to assess the role of service delivery reform in improving public health service delivery in woreda 4 health center.

5.1. Summary of Findings and Conclusion

The main purpose of this study was assessing the role of service delivery reforms in improving public health service delivery: the case of Woreda 4 health center, KolfeKeranyoSubcity, Addis Ababa City Administration. To achieve this objective, three basic research questions were raised.

These were:-

1. What are the principles of service delivery reform implementation variables?
2. What are the public views and opinions on the responsiveness, quality and timeliness of services provided by Woreda 4 health centers as the result of reforms implementation on the public health sector?
3. What are initiatives and efforts taken so far to improve the public service delivery and the implementation challenges that have existed on Woreda 4 Health Center as perceived by the staffs.

In order to gather reliable and relevant data, informants were selected using simple random sampling and purposive sampling. To collect information, different data collection instruments were used. These were questionnaire, in-depth interview and document analysis. The analysis was made through the use of percentage and presented in table.

On the basis of the analysis made on the data secured through the above procedures, the major findings of the study are summarized as follows. The basis of the analysis made on the data

secured through the above procedures, the major findings of the study are summarized as follows.

5.1.1. Summary of Finding

This assessment has shown that the overall customer satisfaction with the health service delivery in Woreda 4 health center has been significantly improved in the last two years. Majority of customers agreed with the key services provided at the health center. Among the factors for satisfaction, suitability and cleanliness of the health center facility, availability of medical service and supply of medicine, and health professional and support staff, ambulance service and proximity of the health center facility were among factors which were identified by the study. It was also seen that the factors for dissatisfaction such as the politeness of the professionals and supportiveness (Professional Ethics), during the need, delay in service provision, inadequate information about the process of treatment, lack or absence of some laboratory test were among others.

Similarly the perception of staff and the leaders of the health center and health office were assessed. Based on the responses obtained from leaders, employees, and customers of the health center administration through the key informant interview the following points were found as the major problems, shortage of doctor (General Practitioner), turnover of employee, backward registration style and mismanagement of some lower leaders were the main factors for dissatisfaction of customers. In general the findings from both key informant interviews have strongly supportive of the findings which were obtained from customers. Furthermore, the existence of the factors for customers' dissatisfaction was confirmed. Similarly it has shown that there were staff needs which need to be responded by the health center as well as health office management. Encouragingly, the current government service delivery reform policy, the BPR, the Citizens' Charter, etc are good opportunities to further improve the gaps.

As a final point the finding from the survey and interviewees obtain most important recommendations. It seems that to improve the service delivery process by solving the problem of employee competent and commitment, customer responsiveness, rewarding and motivational system of the health center.

5.1.2. Conclusion

In this investigation, the aim was to assess the role of service delivery reforms in improving the health sector delivery. Though there existed complex and many socio-cultural, political and resource or economic problems in the country during the execution of the reforms of the civil service specifically the service delivery reform sub-program and though the reform measures were too comprehensive and seems ambitious, it was possible to observe some improvement as the result of the reform policy intervention efforts Therefore, this study has found generally that the implementation of service delivery reforms have contributed to improve health service delivery, although there are some aspects still far from being realized and considered as a challenge for better improvement in health service delivery in the health sector in general and in woreda 4 health center in particular.

The findings of the study, as discussed earlier, were in general in agreement with the literature that reforms are playing necessary role to improve public health service delivery. However the implementation came with challenges that needed to be addressed in order to achieve the intended objectives of the reforms which are maximizing the satisfaction of service users in all aspects of public service delivery.

Although the current study is based on small sample participants as well as used a convenience sample for conducting the research, this study makes significant contributions to assist in our understanding of the role of service delivery reform in improving the health service delivery.

This research has shown up many questions in need of further investigation. What is now needed is a cross-national study involving all public health service facilities overview the status of health service delivery in the country.

5.2. Recommendations

Based on the above findings of the study and conclusion, the following recommendations are made.

- There is a need to develop and implement comprehensive grievance and customer complaints handling procedures and mechanisms through which using different tools and approaches that would help to facilitate the settling of customer grievances.

- There is a need to adopt and implement a reward system that would constitute an incentive structure for employees, designed to achieve high health service delivery standards through rewards and penalties.
- There is a need to have in place billboards and sign posts in a visible place that indicate the health center identity, and what they stand for. These sign posts have contributed to awareness of the purpose of the health center, especially for new customers who can easily access the center of choice in pursuit of various health services.
- There is a need for sensitization of customers about their rights and privileges, because of that public defense is essential for improved health service delivery.
- Providing intensive ethics education and undertaking capacity building training in order to raise capacity and the level of the health center's staffs, in the different components specific areas where skills gaps have been identified is highly needed.
- There is a need for follow up on the implementation of health service delivery standards in the health center.
- There is a need to revise the rigid rules that curtail efficiency in health service delivery. For example, procurement of supplies and recruitment laws.
- There is a need to enhance coordination and continuous monitoring of health service delivery in the health center.
- There is a need to increase other additional health facilities in order to easy access of health services to citizens within a reasonable distance to their localities. The distance to the nearest health facility was important to users for a number of reasons. Close proximity saved time and effort, and transportation cost.

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Annex I: Declaration

I declare that the thesis is my original work and to the best of my knowledge has not been presented for a degree in any other university and that all resources and materials used herein have been duly acknowledged.

Name: Gezae Assefa

Signature _____

Date of Submission: _____

Addis Ababa University

College of Business and Economics

Public Administration and Development Management

This thesis has been submitted for examination with my approval as a university advisor.

Name: Dr. Jemal Abagissa

Signature: _____

Date: _____

Annex II. Questionnaire to be filled by respondents

Addis Ababa University, College of Business and Economics

Department of Public Administration and Development Management

Questionnaire (to be filled by respondents)

The purpose of this questionnaire is to obtain data that is used to measure the level of your satisfaction and what dissatisfied you with health service delivery in the health center. The information you provide in this questionnaire will be kept confidential and the researcher would like to assure you that data will only be used for academic purposes and to fulfill the gap for future. Therefore, I would kindly request you to carefully read the questions and give your valuable answer to each question. Your genuine and frank response to the questions is highly important for the achievement of the objectives of this research. Please provide your response as per the instruction. Tick (✓) in the given box and write your answer on the blank space for open ended questions. Do not write your name on this questionnaire.

Thank you in advance for your cooperation.

Part I: Socio-demographic Characteristics of the respondents

S.N	Questions	Response	
1.	What is your sex?	Female <input type="checkbox"/>	Male <input type="checkbox"/>
2.	How old are you?	18-24 <input type="checkbox"/> 26-35 <input type="checkbox"/>	36-60 <input type="checkbox"/> 60 and above <input type="checkbox"/>
3.	What is your Marital status?	Single <input type="checkbox"/> Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
4.	What is your educational status?	Illiterate <input type="checkbox"/> Grade 1-6 <input type="checkbox"/>	Grade 7-12 <input type="checkbox"/> Diploma and above <input type="checkbox"/>
5.	What is the type of your occupation?	Employee <input type="checkbox"/> Farmer <input type="checkbox"/>	Own business <input type="checkbox"/> No job <input type="checkbox"/>
6.	Residence	Woreda 4 <input type="checkbox"/> Woreda 6 <input type="checkbox"/>	Woreda 3 <input type="checkbox"/> Other <input type="checkbox"/>
7.	Service type	Payment <input type="checkbox"/>	For free <input type="checkbox"/>
8.	Reason for visit	Illness <input type="checkbox"/>	Other services like family planning, vaccination, etc <input type="checkbox"/>
9.	Frequency of visit	New visit <input type="checkbox"/>	Repeated visit <input type="checkbox"/>

Part II: General questions related to assessment of the level of customer satisfaction and factors for satisfaction/dissatisfaction (Issues that are not covered in the service delivery standard of the HC)

Please indicate the level of your satisfaction or dissatisfaction on the given issues related services delivery of the Health Center:

1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree

S.N	Questions for customers (Patients)	5	4	3	2	1
1.	How satisfied are you with the information of the service in the health center?					
2.	How satisfied are you with the process from registration to see the doctor?					
3.	How satisfied are you with the availability of health professionals in the health center?					
4.	How satisfied are you with the availability of emergency service and prioritization for patients in need?					
5.	How satisfied are you with courtesy and respect of the health center workers, doctors, nurses, administrative staffs?					
6.	How satisfied are you with the health center's facilities such as laboratory, exam rooms, surgery rooms, pharmacy etc ...?					
7.	How satisfied are you with the access and cleanliness of the waiting areas, toilets and wards of the health center					
8.	In general, how satisfied are you with the waiting time to get service from the health center?					
9.	How satisfied are you with the availability of information about customer grievance handling mechanisms in the health center?					
10.	How satisfied with the distance of the health center facility to your home.					

13. What do you think are the major factors that have contributed to your satisfaction with the service provided by the health center?

14. What can you do if not satisfied with a service provided from the health center?

15. What are your suggestions in order to improve health service delivery under the ongoing reforms?

Annex III: Check list for Interview

Part I: Interview Questions for customers of Woreda 4 health center.

1. On your opinion state the main outcomes of service delivery reform program or improvements observed in service delivery in the health center with in the last two years (since the year 2006 EC)?
2. How do you evaluate that service delivery standards had changed in the health service delivery of the health center?
3. Is there any compliance when to get a service in Woreda 4health center? Could mention some of the sources of compliance?
4. How do you evaluate the level of health service satisfaction in Woreda 4 health center?
5. What do you think are the major factors that have contributed to your satisfaction with the health service provided by the health center?
6. What do you think are the problems that contributed to your dissatisfaction with the service provided by the health center?
7. What can you do if not satisfied with a service provided by the health center?
8. What are your suggestions inorder to improve health service delivery under the ongoing reform program?

Part II: Interview Questions for management members of the health center and sub-city health office and employees of the health center.

1. Do you believe that service users are provided adequate information about the identity of the health center, where and what types of services the health center provide?
2. Could you specify the major sources of complains? What kind of techniques do you use to handle complain and remedying wrong doings?
3. How do you evaluate the awareness of service users on using complaint and grievance handling mechanisms of the health center?
4. How do you evaluate the behavior of staffs on service provision and customer handling?
5. Do you believe that service users of the locality are within a reasonable distance to your health facility?
6. How do you evaluate the feedback and level of service users' satisfaction while implementing the service delivery reform program in the health center?
7. What are the main challenges do you face while implementing the service delivery reform program? Could you mention the frequent source of such challenges?
8. What is your suggestion to solve the current problems of customer service delivery?
9. In your outlook which point of service delivery to be amended and as input to policy makers?

Annex IV. Customer's evaluation of services against existing service delivery standard of the health center.

No.	Services	Service Delivery Standards		Customer Evaluation			
				Measuring Items	Frequency	Percent	
1	Emergency	Time	Immediately	Before Time	50	33.6	
				Timely	78	52.3	
				Not timely	21	14.1	
		Total				149	100
		Quality	100%	Very high	50	33.6	
				High	86	57.7	
				Low	13	8.7	
		Total				149	100
		Satisfaction	100%	Highly satisfied	53	35.6	
				Satisfied	78	52.3	
				Unsatisfied	18	12.1	
		Total				149	100
		2	Registration and payment	Time	7.8 min.	Before Time	22
Timely	114					44.7	
Not timely	119					46.7	
Total				255	100		
Quality	100%			Very high	27	10.6	
				High	151	59.2	
				Low	77	30.2	
Total				255	100		
Satisfaction	100%			Highly satisfied	28	11.0	
				Satisfied	147	57.6	
				Unsatisfied	80	31.4	
Total				255	100		

No.	Services	Service Delivery Standards		Customer Evaluation		
				Measuring Items	Frequency	Percent
3	Triaging (sorting and allocation of cards)	Time	4.8 min.	Before Time	40	15.7
				Timely	80	31.5
				Not timely	134	52.8
				Total		254
		Quality	100%	Very high	43	16.9
				High	119	46.9
				Low	92	36.2
				Total		254
		Satisfaction	100%	Highly satisfied	44	17.3
				Satisfied	115	45.3
				Unsatisfied	95	37.4
				Total		254
		4	OPD	Time	15 min	Before Time
Timely	118					50.9
Not timely	58					25.0
Total						232
Quality	100%			Very high	58	25.0
				High	132	56.9
				Low	42	18.1
				Total		232
Satisfaction	100%			Highly satisfied	74	31.9
				Satisfied	96	41.4
				Unsatisfied	62	26.7
				Total		232

No.	Services	Service Delivery Standards		Customer Evaluation		
				Measuring Items	Frequency	Percent
5	Minor surgery	Time	1.5	Before Time	39	52.0
				Timely	19	25.3
				Not timely	17	22.7
				Total		75
		Quality	100%	Very high	37	49.3
				High	27	36.0
				Low	11	14.7
				Total		75
		Satisfaction	100%	Highly satisfied	34	45.3
				Satisfied	29	38.7
				Unsatisfied	12	16.0
				Total		75
		6	Laboratory	Time	10 min.	Before Time
Timely	132					55.0
Not timely	66					27.5
Total						240
Quality	100%			Very high	58	24.2
				High	162	67.5
				Low	20	8.3
				Total		240
Satisfaction	100%			Highly satisfied	57	23.8
				Satisfied	159	66.2
				Unsatisfied	24	10.0
				Total		240

No.	Services	Service Delivery Standards		Customer Evaluation				
				Measuring Items	Frequency	Percent		
7	Pharmacy	Time	7 min.	Before Time	48	19.9		
				Timely	178	73.5		
				Not timely	16	6.6		
				Total	242	100		
		Quality	100%	Very high	52	21.5		
				High	168	69.4		
				Low	22	9.1		
				Total	242	100		
		Satisfaction	100%	Highly satisfied	54	22.3		
				Satisfied	164	67.8		
				Unsatisfied	24	9.9		
				Total	242	100		
		8	Admission	Time	15 min.	Before Time	21	12.9
						Timely	57	35.0
Not timely	85					52.1		
Total	163					100		
Quality	100%			Very high	25	15.3		
				High	79	48.5		
				Low	59	36.2		
				Total	163	100		
Satisfaction	100%			Highly satisfied	25	15.4		
				Satisfied	77	47.2		
				Unsatisfied	61	37.4		
				Total	163	100		

No.	Services	Service Delivery Standards		Customer Evaluation		
				Measuring Items	Frequency	Percent
9	IPD	Time	3 days	Before Time	16	21.9
				Timely	21	28.8
				Not timely	36	49.3
				Total	73	100
		Quality	100%	Very high	7	9.6
				High	30	41.1
				Low	36	49.3
				Total	73	100
		Satisfaction	100%	Highly satisfied	6	8.2
				Satisfied	31	42.5
				Unsatisfied	36	49.3
				Total	73	100
		10	Inpatient release	Time	15 min.	Before Time
Timely	42					34.7
Not timely	57					47.1
Total	121					100
Quality	100%			Very high	22	18.2
				High	41	33.9
				Low	58	47.9
				Total	121	100
Satisfaction	100%			Highly satisfied	22	18.2
				Satisfied	43	35.5
				Unsatisfied	56	46.3
				Total	121	100

No.	Services	Service Delivery Standards		Customer Evaluation			
				Measuring Items	Frequency	Percent	
11	Under 5 age child OPD	Time	22 min.	Before Time	51	34.5	
				Timely	80	54.0	
				Not timely	17	11.5	
		Total				148	100
		Quality	100%	Very high	50	33.8	
				High	86	58.1	
				Low	12	8.1	
		Total				148	100
		Satisfaction	100%	Highly satisfied	49	33.1	
				Satisfied	88	59.5	
				Unsatisfied	11	7.4	
		Total				148	100
		12	Family planning	Time	21 min.	Before Time	47
Timely	72					55.8	
Not timely	10					7.8	
Total				129	100		
Quality	100%			Very high	48	37.2	
				High	72	55.8	
				Low	9	7.0	
Total				129	100		
Satisfaction	100%			Highly satisfied	46	35.7	
				Satisfied	73	56.6	
				Unsatisfied	10	7.7	
Total				129	100		

No.	Services	Service Delivery Standards		Customer Evaluation			
				Measuring Items	Frequency	Percent	
13	Antenatal care (ANC)	Time	55 min.	Before Time	65	39.9	
				Timely	80	49.1	
				Not timely	18	11.0	
		Total				163	100
		Quality	100%	Very high	61	37	
				High	96	58.9	
				Low	6	3.7	
		Total				163	100
		Satisfaction	100%	Highly satisfied	64	39.3	
				Satisfied	91	55.8	
				Unsatisfied	8	4.9	
		Total				163	100
		14	Delivery	Time	Immediately	Before Time	61
Timely	62					45.6	
Not timely	13					9.5	
Total				136	100		
Quality	100%			Very high	81	59.6	
				High	43	31.6	
				Low	12	8.8	
Total				136	100		
Satisfaction	100%			Highly satisfied	61	44.9	
				Satisfied	61	44.9	
				Unsatisfied	14	10.2	
Total				136	100		

No.	Services	Service Delivery Standards		Customer Evaluation				
				Measuring Items	Frequency	Percent		
15	Postnatal care (PNC)	Time	60 min.	Before Time	65	44.9		
				Timely	64	44.1		
				Not timely	16	11.0		
		Total				145	100	
		Quality	100%	Very high	60	41.4		
				High	73	50.3		
				Low	12	8.3		
		Total				145	100	
		Satisfaction	100%	Highly satisfied	60	41.4		
				Satisfied	73	50.3		
				Unsatisfied	12	8.3		
		Total				145	100	
		16	Immunization	Time	30 min.	Before Time	54	33.7
						Timely	86	53.7
Not timely	22					13.6		
Total				162	100			
Quality	100%			Very high	46	28.4		
				High	102	63.0		
				Low	14	8.6		
Total				162	100			
Satisfaction	100%			Highly satisfied	47	29.0		
				Satisfied	99	61.1		
				Unsatisfied	16	9.9		
Total				162	100			

No.	Services	Service Delivery Standards		Customer Evaluation			
				Measuring Items	Frequency	Percent	
17	TB and Leprosy Treatment	Time	15 min.	Before Time	16	19.3	
				Timely	41	49.4	
				Not timely	26	31.3	
		Total				83	100
		Quality	100%	Very high	18	21.7	
				High	43	51.8	
				Low	22	26.5	
		Total				83	100
		Satisfaction	100%	Highly satisfied	18	21.7	
				Satisfied	37	44.6	
				Unsatisfied	28	33.7	
		Total				83	100
		18	Voluntary HIV Aids Blood test and counseling	Time	50 min.	Before Time	43
Timely	60					43.5	
Not timely	35					25.3	
Total				138	100		
Quality	100%			Very high	42	30.4	
				High	70	50.7	
				Low	26	18.9	
Total				138	100		
Satisfaction	100%			Highly satisfied	38	27.5	
				Satisfied	69	50.0	
				Unsatisfied	31	22.5	
Total				138	100		

No.	Services	Service Delivery Standards		Customer Evaluation			
				Measuring Items	Frequency	Percent	
19	HIVAIDS Treatment	Time	50 min.	Before Time	8	11.4	
				Timely	28	40.0	
				Not timely	34	48.6	
		Total				70	100
		Quality	100%	Very high	7	10.0	
				High	29	41.4	
				Low	34	48.6	
		Total				70	100
		Satisfaction	100%	Highly satisfied	9	12.8	
				Satisfied	27	38.6	
				Unsatisfied	34	48.6	
		Total				70	100
		20	Health Education	Time	20 min.	Before Time	33
Timely	84					53.1	
Not timely	41					26.0	
Total				158	100		
Quality	100%			Very high	32	20.3	
				High	88	55.7	
				Low	38	24.0	
Total				158	100		
Satisfaction	100%			Highly satisfied	32	20.3	
				Satisfied	87	55.0	
				Unsatisfied	39	24.7	
Total				158	100		

Source: Own survey conducted in February 2016