

Addis Ababa  
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**ADDIS ABABA UNIVERSITY COLLEGE OF BUSINESS AND  
ECONOMICS DEPARTMENT OF PUBLIC ADMINISTRATION AND  
DEVELOPMENT MANAGEMENT**

An Evaluation Of Good Governance Practices: The Comparative Analysis of  
Tikur Anbessa Specialized Hospital And St. Peter's Specialized Hospital

By

DANIEL GETANEH

**June, 2019**

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**Approved by the Examining Board**

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Examiner (External)	Signature
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Examiner (Internal)	Signature



## **CERTIFICATE OF ACCEPTANCE**

Certified that the thesis entitled “An Evaluation of Good Governance Practices: the Comparative Analysis of Tikur Anbessa Specialized Hospital and St. Peter's Specialized Hospital” submitted by Daniel Getaneh Legesse is his own work and has been done under my supervision. It is recommended that this thesis be placed before the examiner for evaluation.

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## *Abstract*

The purpose of this study was the evaluation of good governance practices using comparative analysis method. The study used qualitative and quantitative research design where random sampling method was used for selection of clients. Data were collected using structured questionnaire and analyzed by SPSS windows version 20.0. Questionnaires used to gather raw data from the respondents. Secondary data were also collected from different existing sources. The data were analyzed using Microsoft excel and presented using tables and chart. The findings show that in TASH there is poor accountability, lack transparency and less responsiveness their client in contrast to SPSH. The findings also show that in TASH stakeholders did not make the society or another stakeholder to participate in the provision of basic service delivery, in the supervision of basic service delivery, in the financial activities, and in handling customers' complaints compared to SPSH. Although there are attempts of good governance practices, a lot need to be done at the TASH in contrast to SPSH. The study recommended that, to improve good governance practice, the management of Hospitals should ensure that two Specialized Hospital staff are aware of the elements of good governance practice and adhere to them in their day to day activities.

**Key words:** Good governance practice, Accountability, Transparency, Responsiveness, Participate, Tikur Ambesa Specialized Hospital (TASH), St. Peter's Specialized Hospital (SPSH)

## ACKNOWLEDGEMENT

First of all I would like to thank my Lord Jesus Christ for his countless help, which has done to me to be successful in my study. For mot I would like to thank my advisor Dr. Terefe Zeleke for his skillfull and valuable support, useable advice, critical remark, comments and suggestions in the work of this study.

My appreciation also goes to my family members all including my wife Kokeb Demese whose moral and material support enabled me to successfully conduct and complete this study. My father him advice to upgrade my educational status and him close following of my success during the time of assignments and final exams period would like also to thank Gech. I would like to thank all people who supported me during thesis work.

I am also thanks to Tikur Anbessa Specialized Hospital and St. Peter's Specialized Hospital Office for their help from starting to end the thesis and my acknowledgments helped is very great Finally my family members all including my wife kokeb Demese for their cooperation when I am studying and doing assignments I will say thank you all.

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## **ACRONYMS AND ABBREVIATIONS**

AGOAP	Australian Government's Overseas Aid Program
EFY	Especially for Youth
FDRE	Federal Democratic Republic of Ethiopia
FDREMHG	Federal Democratic Republic of Ethiopia Ministry of Health Governance
IGNOU	Indira Gandhi National Open University
OECD	Organization for Economic Cooperation and development
PDRE	People's Democratic republic of Ethiopia
SPSH	St. Peter's Specialized Hospital
TASH	Tikur Anbesa Specialized Hospital
UN	United Nations
UNDP	United Nation Development Program
UNESCAP	United Nation Economic and Social commission for Asia and the Pacific

# CHAPTER ONE

## INTRODUCTION

### 1.1. Background of the Study

Governance is “good” when it allocates and manages resources to respond to collective problems, in other words, when a State efficiently provides public goods of necessary quality to its citizens. Hence states should be assessed on both the quality and the quantity of public goods provided to citizens (Rotberg, 2005).

The concept of good governance is simply defined as good governance, while the World Bank defines it as an implementation of management development that is solid and accountable in line with the principles of democracy and efficient market, the avoidance of misallocation of investment funds, and the prevention of corruption both political and administrative, exercise budget control and the creation of legal and political framework for the growth of business activity (Mardiasmo, 2002). It can be concluded from the concept that the implementation of good governance is an absolute necessity for the creation of a majority of the political system of governance that is more aligned to the interests of the people in accordance to the principles of democracy which are universal. It can also be a motivating factor of realization for political governance that processes the good governance of the process of public policy formulation, implementation of development, the implementation of public administration bureaucracy that run transparently, effectively and efficiently to improve the welfare of the people (Dwipayana, 2003).

Good governance assures that corruption is minimized, the views of minorities are taken into account and that the voices of the most vulnerable in society are heard in decision-making. It is also responsive to the present and future needs of society. Good governance has eight major characteristics. These are participatory, consensus oriented, accountability, transparency, responsiveness, effectiveness and efficiency, equitable and inclusive and follow the rule of law (UNESCAP, 2012).

Governments Services have an important impact on the standard and quality of life of people living and working in their jurisdiction. Health sector is one of the public organization which given that services for the society.

In 1989 World Bank study “Sub-Saharan Africa-from Crisis to Sustainable Growth”, the term ‘Governance’ was first used to describe the need for institutional reform and a better and more efficient public sector in Sub-Saharan countries. It defined governance as “the exercise of political power to manage a nation’s affairs.” However, it did not explicitly refer to the connotation ‘good’. It was only in the foreword, that former World Bank President Barber Conable (1991) used the term ‘good governance’, referring to it as a “public service that is efficient, a judicial system that is reliable and an administration that is accountable to its public.” The concept of governance was further developed in the Bank’s 1992 publication ‘Governance and Development’. In this publication, governance was defined as “the manner in which power is exercised in the management of a country’s economic and social resources for development.”

The Government of Ethiopia initiated the good governance movement in EFY2008 to accelerate economic and democratic development and the citizen’s intense pursuit of change. Despite, the impressive changes in access to health services and improvement in health outcome, the health sector still suffers from the existence of inequality, poor quality of health service and a high burden of communicable and non-communicable disease. There is an increasing trend of community dissatisfaction with the health system. According to the good governance package for the health sector, the major reasons are unavailability of service, unaffordable cost, unethical health professionals, frequent service disruption and poor service quality. Further drilling down the problem proves that bad governance is one of the underlying causes as expressed by theft of medicines, diversion of patients to private facilities, health workforce absenteeism, corruption, weak regulation and inadequate accountability.

Addis Ababa, the capital city of Ethiopia, has currently 3 specialized hospitals. (FDREMHG 2016). The researcher has selected Tikur Anbessa specialized hospital and St. Peter's

Specialized Hospital as target area for this study. Grounded on this, the study spirit conducted in Tikur Anbesa Specialized Hospital and St. Peter's Specialized Hospital among the several Hospitals giving the same service in Addis Ababa city administration.

Tikur Anbessa Specialized Hospital started giving service to the whole country in 1966 as a memorial of prince mekkonen, the Duke of Harar. In 1998, the largest referral hospital in the country, with 850 beds, was transferred to the school of Medicine by the Federal Ministry of Health, and it has since become a university teaching hospital. The Tikur Anbessa Specialized Hospital is now the main teaching hospital for both clinical and preclinical training of most disciplines. It is also an institution where specialized clinical services that are not available in other public or private institutions are rendered to the whole nation. The medical service provided in Tikur Anbessa Specialized Hospital includes Outpatient and Inpatient services, TB treatment, Pediatrics treatment, Internal Medicine, Gynecology/Obstetrics, Delivery services, Family Planning, HIV testing and treatment, VCT, Neonatal ICU, Emergency Service, Neuro surgery, Cervical cancer screening, General Surgery, Non-contagious medical services, Dermatology services, ICU, 24hour laboratory, 24 hour pharmacy , 24 Radiology, Community Pharmacy (Black Lion Specialized Hospital, 2012)

St. Peter's Specialized Hospital was established by Emperor Hailesilassie I on 17 January, 1948. The hospital has formerly been known only by TB and HIV/AIDS treatments, launched a new reform in 2011 to create clean and safe health institution-currently named St. Peter's Specialized Hospital and kick off several new medical services. The hospital has a mission of reduce mortality, morbidity and disability by providing excellent preventive, curative and rehabilitative services directed to infectious disease by conducting operational and high tech infectious disease by conducting operational and by providing comprehensive preservice and in service infections disease training. The medical service provided in St. Peter's Specialized Hospital includes Outpatient and Inpatient services, TB treatment, MDR TB treatment, Pediatrics treatment, Internal Medicine, Gynecology/Obstetrics, Delivery services, Family Planning, HIV testing and treatment, VCT, Neonatal ICU, Emergency Service, Neuro

surgery, OPHTHALMOLOGY, Toxicology and Poison Management, Cervical cancer screening, General Surgery, Dental services, Mental health services, Non-contagious medical services, Dermatology and Venereology services, ICU, 24hour laboratory, 24 hour pharmacy , 24 Radiology, Community Pharmacy(Specialized Hospital, 2011).

The purpose of this study is thus to examine good governance practices in Tikur Anbesa Specialized Hospital and St. Peter's Specialized Hospital by doing a Comparative analysis between these Hospitals.

## **1.2. Statement of the problem**

State of good governance is a dynamic and complex phenomenon. The health sector adopted a conceptual framework of good governance using the World Health Organization health system building blocks and the government growth and transformation plan of good governance direction (which is based on the 8 principles of good governance). The dimensions of the good governance conceptual framework are Community demand and grievance, government commitment, media involvement, health system (infrastructure, information, pharmaceuticals, finance, leadership, human resource and service delivery), citizen life style and status of health outcome and impact. The conceptual framework assumes all dimensions interact in a complex way to drive change.

Health sector is one of the public organizations which deliver health services for the society. The specialized hospitals selected for research have challenges that can deter for the promotion of governance. According to Federal Democratic Republic of Ethiopia Ministry of Health Governance watch 2016 on availability of drugs, laboratory reagents, and medical supplies , Patient rights, lack of transparency in modern time worker controlling mechanisms such as digital signatures were not implemented in the majority is a critical challenge for the hospitals.



Furthermore, a lot of studies have been undertaken the study in area. The Significance of Good Governance and its challenges in TASH and SPSH.

Therefore, conducting an assessment on the current practice of good governance along with identifying the magnitude of the above mentioned problems and other drawback is the focus of the study. Thus, in order to recommend alternative solution, the study focuses on addressing the following basic research questions.

### **1.3. Basic Research questions**

For the purpose of this study, the following question will be addressed:

1. What is the level of accountability practices in selected hospitals?
2. What is the level of transparency practices in selection to outpatients/clients with the different components of medical services at Tikur Anbessa Specialized hospital and St. Peter's Specialized Hospital?
3. What is the condition of stakeholder participation in the service delivery practices of Tikur Anbessa Specialized hospital and St. Peter's Specialized Hospital?
4. How are Tikur Anbessa Specialized hospital and St. Peter's specialized hospitals responsive to the quality service requests of their customers?
5. What is the general level of good governance practices in selected hospitals?

### **1.4. Objectives of the Study**

The general and specific objectives of this study are described as follows.

#### **1.4.1. General Objective**

To evaluate good governance practices among Tikur Anbessa specialized hospital and St. Peter's Specialized Hospital in Addis Ababa, Ethiopia.

#### **1.4.2. Specific Objectives**

- Ñ To assess the level of accountability practices in selected hospitals.
- Ñ To determine the level of Transparency practices in selection to outpatients/clients with the different components of medical services at Tikur Anbessa Specialized hospital and St. Peter's Specialized Hospital.
- Ñ To address the condition of stakeholder participation in the service delivery practices of Tikur Anbessa Specialized hospital and St. Peter's Specialized Hospital.
- Ñ To assess the hospitals responsive to the quality service requests of their customers.
- Ñ To determine the general level of good governance practices in selected hospitals.

#### **1.5. Scopes of the Study**

The research has selected between Tikur Anbessa specialized hospital and St. Peter's Specialized Hospital in Addis Ababa which is the capital city of Ethiopia as target area for study.

Therefore, this study in Tikur Anbessa specialized hospital and St. Peter's Specialized Hospital among the same service hospitals in Addis Ababa. The study focused on good governance practices the Comparative analysis of Tikur Anbessa Specialized Hospital and St. Peter's Specialized Hospital.

#### **1.6. Significance of the Study**

The study will advantage committees responsible for ensuring quality service delivery in public hospitals and help them come up with highly modified policies as well as more appropriate measures to improve governance in public hospitals, enabling them to attain high levels of service quality. It will be of great importance to the hospital under study since it make the employer aware of their position in terms of good governance and help them know how best to govern the hospital.

Furthermore, it also contributes as a source of reference to other hospitals to evaluate and manage the good governance practices. Finally, the study will be as a base reference

material for those individuals or researchers who want to conduct research in this topic for the future.

### **1.7. Limitation of the Study**

While carrying out this study, the researcher was faced certain constraints. One of the problems the researcher encountered was not easy to get most of Tikur Anbessa specialized hospital and St. Peter's Specialized Hospital officials due to frequent out of their office, field works and workloads. Lengthy appointments to return questionnaires or to conduct interview were also another problem. These factors caused data collection to take long time. Despite this, the researcher overcome the problems by using varies mechanisms. For instance, the researcher made frequent mails and phone calls until officials in the field or meeting returned, the researcher also used to collect data from secondary sources.

### **1.8. Organization of the Study**

This research reports has been organized under five chapters. Chapter one concentrates on the problem and its approach. It include the background of the study, statement of the problem, objectives of the study, significance of the study, the scope of the study and research design and methodology. The second chapter is general literature review on good governance. The third chapter includes the methodology of the research. The fourth chapter covers presentation and analysis of the data. The last chapter focuses on the summary, conclusions and recommendations of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1. Introduction**

In this chapter the empirical and theoretical frameworks of the study, the Definition and Concept of Good Governance, elements of good governance, measurement of good governance practice, concepts of good governance practice.

#### **2.2. Definition and Concept of Good Governance?**

##### **Governance**

Governance refers to the formal and informal arrangements that determine how public decisions are made and how public actions are carried out from the perspective of maintaining a country's constitutional values (United Nations, 2007). Governance has been defined as a network of private non- governmental bodies that have a role to play in the formulation and implementation of public policy and the delivery of public services. Governance is government plus the private and third (not for profit) sectors (Smith, 2007). Governance is a multifaceted concept with wide ramifications. This is so because of the fast-changing and interdependent global environment. No country can afford to continue with a governance system that is outdated, slow, ineffective, expensive, and corrupt in this age of globalization (Khan, 2003). Governance though is increasingly widely used it is not a new term. It was first used in the fourteenth century. At that time it was used in two senses. In first case it meant action, method of governing; and in the second sense it included action and manner of governing (Khan, 2006:19). Governance has a dual meaning; on the one hand, it refers to the empirical manifestations of state adaptation to its external environment as it emerges in the late twentieth century (Pierre, 2000); on the other hand, governance also denotes a conceptual or theoretical representation of coordination of social systems and, for the most part, the role of the state in that process (Pierre, 2000).

In general terms, it can also denote “how people are ruled, how the affairs of the state are administered and regulated as well as a nation’s system of politics and how this functions in relation to public administration and law” (Landell-Mills and Serageldin, 1991:304).

Governance is defined as “a system” of government concentrating on effective and accountable institutions, democratic principles and electoral process, representation and responsible structures of government, in order to ensure an open and legitimate relationship between the civil society and the State (Halfani et al. 1994:4).

Governance is ruling system-consists of delegation of authority, power decentralization, people's participation, and group/stakeholder dynamism in level of participation, idea sharing and decision-making. Good Governance is a key element in development and in ensuring that globalization of all benefits in society. The state, in partnership with civil society and private sector, has a major role to play in the quest for peace, greater freedom, social equity and sustainable development. It also includes awareness at operational level, inclusiveness, transparency and accountability. These elements are mutually reinforcing and cannot stand- alone (Shrestha, 2000).

### **Good governance**

Good governance is part of the development vocabulary in 1980 century under the influence of the World Bank development program to replace structure adjustment which based itself on neo-liberal macro economic reforms, privatization of trade and reducing the role of the state in economical issues. In general, according to Seppanene (2003), good governance is about democracy, transparency, equality, property rights, combating corruption, self administration, and responsiveness.

According to Seppanene (2003), good governance can be defined as a democratic governance to make fair rules of accountability, transparency, participation and rule of law. According to Bond (2006), good governance as transparent and accountable management of human, natural, economic and financial resources of a country in the drive towards equitable and

sustainable development. Good governance generally implies a number of institutions, which regulate the behavior of public bodies, stimulate citizens' participation in government and control public-private relations (Villadsen, 1999).

According to Jaya Chaturvedi, (2009) Good Governance is the exercise of legitimate political power and formulation and implementation of policies and programs that are equitable, transparent, non-discriminatory, socially sensitive, participatory, and above all and accountable to people.

According to Chaudhry, et al (2009:339) good governance can be identified with the following features:

- Good governance is mutually supportive and cooperative relationships between government, society, and the private sector. The nature of relationships among these three characters, and the need to make stronger viable system to facilitate interactions, assume critical importance.
- Good governance is defined as control of all, or some combination of, the following elements: contribution, transparency of decision-making, accountability, rule of law, predictability.
- Good governance is normative in origin. The values that provide the foundation for governance are the values postulated by the defining characters and institutions. According to (OECD, 2013), good governance can be explained as participation, transparency and accountability, effective, equity promoting rule of law. This proposed study used the UN (2007) definition of good governance. With regard to good governance, the World Bank (2003) stressed that good governance in institutions is the key to successful and satisfactory efficiency and should thus be initiated and practiced within institutions in order to achieve better performance.

### **2.3. Significance of Good Governance**

Good governance aims at achieving much more than efficient management of economic and financial resources or public services. It is a broad reform strategy that makes government more open, responsive, accountable, democratic, as well as strengthens institutions of civil society and regulates the private sector. It is a combination of efficiency concerns of public management and accountability concerns of governance (IGNOU, 2009).

Good governance is an essential precondition for development. Various countries that are quite similar in terms of their natural resources and social structures have shown strikingly different performance in improving the welfare of their people. Much of this is attributable to standards of governance. Poor governance stifles and impedes development. In those countries where there are corruptions, poor control of public funds, lack of accountability, abuses of human rights and excessive military influence, development inevitably suffers (AGOAP, 2000).

Good governance is both a means and an end in itself. It becomes an end if it addresses all its major elements satisfactorily. This implies that society is generally satisfied with the procedures and processes of arriving at solutions to problems, even if they may not necessarily agree on the methods and conclusions. It is therefore the highest state of development and management of a nation's affairs. It is good that a democratic form of government is in place that people participate in decision-making processes, that services are delivered efficiently, that human rights are respected, and that the government is transparent, accountable, and productive (Agere, 2000).

## **2.4. Elements of Good Governance**

Good Governance relates to enhancing the quality of governance through empowerment participation, accountability and justice. Researchers, policy makers and international institutions have attempted to conceptualize the concept of governance and identify its basic characteristics (IGNOU, 2009).

The international fund for agricultural development (1999), states that the UNDP has classified eight major characteristics of good governance. As a result, good governance is Participatory, Follows the rule of law, Transparent, Responsive, Consensus Oriented, Equitable and Inclusive, Effective and Efficient, Accountable.

### **2.4.1. Participation:-**

According to Uma Medury (2009), participation is considered the core of good governance. According to him, governments are aiming to ensure the requisite freedom to the citizens in order to participate in the decision making process, articulate and represents which get reflected in policies and programs. Participations is being looked upon as a transformative approach to development.

All men and women should have a voice in decision-making, either directly or through legitimate in-termediate institutions that represent their interests. Such broad participation is built on freedom of association and speech, as well as capacities to participate constructively (Neena Jindal, 2014).

### **2.4.2. Rule of law:-**

According to Brown (2000), governance does not imply arbitrary use of authority. Any type of governance to be effective needs to be supplemented by a fair legal framework. This



should be supported by appropriate enforcement machinery independent judiciary which instills confidence in the people.

#### **2.4.3. Transparency:-**

Transparency is built on the free flow of information. Processes, institutions and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them (Neena Jindal, 2014). According to Jennifer Jalal (2008), transparency is any mechanism for adopting reforms for responsive governance usually implies the need to access the vital information. According to Max Weber, governments which operate secrecy is more prone to corruption as compared to governments which operate in greater openness. Therefore, transparency is an openness of governmental functioning and regarded as an essential ingredient of democracy and the right to information as fundamental democratic right. Transparency and the right to information tends to remove unnecessary secrecy surrounding the decision making process in the government and thereby helps to improve the quality of decision making in public policy and administration.

#### **2.4.4. Responsiveness:-**

According to Goetz and Gaventa (2001), responsiveness is the extent to which a public service agency demonstrates receptivity to the views, complaints and suggestions of service users by implementing changes to its own structure, culture and service delivery patterns in order to deliver a more appropriate product.

#### **2.4.5. Consensus Oriented**

According to the 2002 of FDRE higher government officials training manual on democratic system, the full establishment of democratic culture and thought in a society can be reflected in the national consensus of its citizens around the basic principles and guide lines. These basic

principles and guide lines are equality; freedom and rule of law have been identified as important characteristics that reflected in all eligible citizens.

Good governance mediates differing interests to reach a broad consensus on what is in the best interest of the group and, where possible, on policies and procedures (Neena Jindal, 2014).

#### **2.4.6. Effectiveness and Efficiency**

According to Jian, (2004), Good governance relates to the government effectiveness which includes the quality of policy making and public service delivery as well as quality of regulation. In addition to this, as stated by Brown, 2000, good governance and new public management need to aim effectiveness and efficiency in the usage of resources in consonance with the societal needs and demands.

Good governance means that the processes and institutions produce results that meet the needs of society while making the best uses of resources at their disposal. The concept of efficiency in the context of good governance also covers the sustainable use of natural resources and the protection of the environment. (Jain, 2004)

#### **2.4.7. Accountability**

As stated by Mohit Bhatatacharya (2008), accountability is both answerability and enforceability. Accountability is giving an account of action of public officials to inform about and explain what they are doing, while enforceability is the capacity of accounting agencies to impose sanctions on power holds that have violated their public duties. The objective of accountability is controlling the abuse of bureaucratic power and discretion as well as an assurance that performance will be in accordance with standards and quality.

#### **2.4.8. Equity and Inclusiveness**

According to P. Madhu, (2015), Equity and inclusiveness are aspects of good governance. Similarly inequity and exclusiveness are of bad governance. In the inclusive sense profit means what is profitable for the well-being of the Human lives. In the exclusive sense it is capitalising the public for private ends. By equity we also mean providing equitable opportunity for citizens to lead a life of self-respect and dignity.

#### **2.5. Good Governance in Ethiopia**

According to FDRE civil service Agency (2001), although Ethiopia has a long tradition of various, governments, it has so far given little attention to good governance due to the orientation, attitude and work practices of the bureaucratic machine established to carry out highly centralized and control oriented government policies of the various regimes are ill suited to the needs of the new policy environment in Ethiopia. According to this idea, since the various governments were not democratic in nature, they did not promote, rule of law, participation, transparency and accountability.

According to FDRE Ombudsman (2012), before 1991, there was not good governance in Ethiopia. The despotic monarchy and dictatorship form of governments, the violation of fundamental rights and freedoms were the major problems of democracy and good governance. After down fall of PDRE government, the radical political, economical and social changes have taken place in Ethiopia since the establishment of the transitional government. The FDRE constitution (1995), establishes a federal democratic state structure.

According to the 2013, FDRE government plan, the human rights protection and good governance are given more attention to ensure them. The 2013 of federal prison administration

citizen charter stated that the preparation of citizen charter, the redressed of citizens grievances, the right to information, and the participation of people are initiatives of good governance in Ethiopia.

## **2.6. Service Delivery**

Services are defined as the means of delivering intangible economic activities that add value to customers, implying interaction between service provider and consumer through a process of transaction (Frauendorf, 2006).

Carlson & Sondorp, (2005) proposed all-encompassing definition of service delivery as: “. . . the relationship between policy makers, service providers, and poor people. It encompasses services and their supporting systems that are typically regarded as a state responsibility. These include social services (primary education and basic health services), infrastructure (water and sanitation, roads and bridges) and services that promote personal security (justice, police). Pro-poor service delivery refers to interventions that maximize the access and participation of the poor by strengthening the relationship between policy makers, providers, and service users”.

According to United Nations (2007) good governance enhances service delivery like health, education, and social justice. This means that good governance is necessary for a meaningful and sustain service delivery, because, there exist evidence of relationship between good governance and policy performance (Humphreys & Bates, 2005). More so, good governance guarantee fundamental human rights in a society as underpinned by the United Nations (2007) that good governance tends to improve state’s capacity to effectively fulfill its responsibilities through provision of social over heads that are essential for the protection of human rights, such as right to education, health, and food and shelter.

## 2.7. Conceptual Framework

The study emphasizes important pillars of good governance such as accountability, participation, transparency, and rule of law as to what extent the cooperative members and leaders realize these pillars and how good governance enhances service delivery. The conceptual framework is developed based on literature review to emphasize mainly on the relationship of the explanatory Good Governance Practices with the Good Service Delivery (Figure 1).

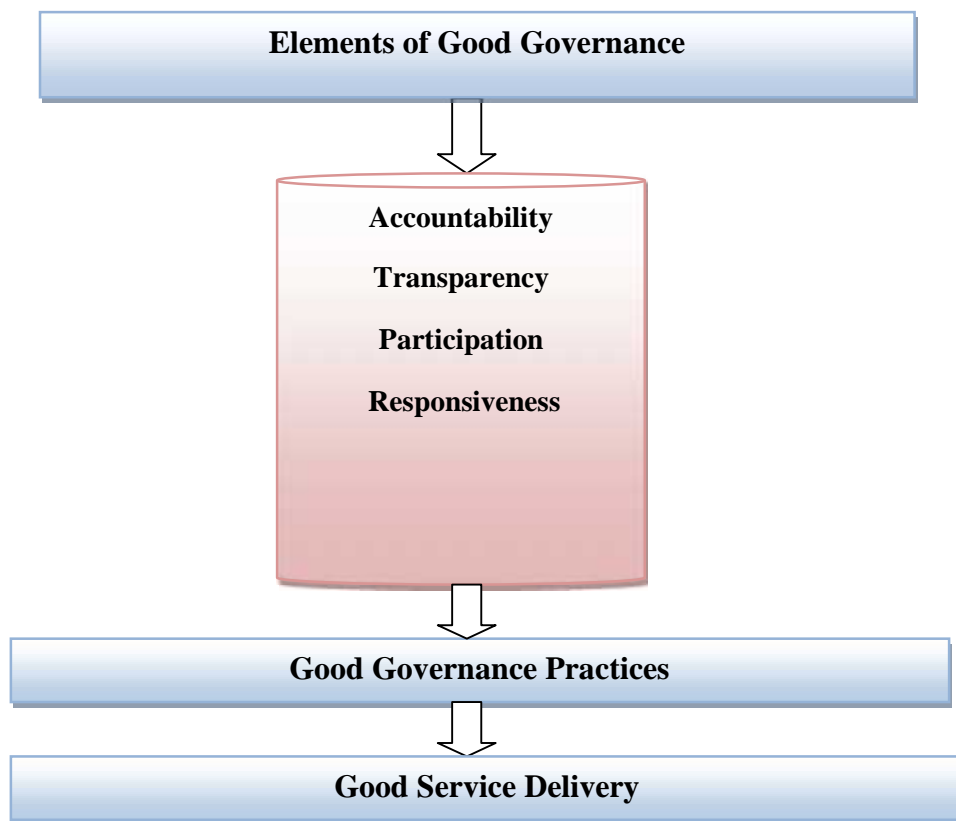


Figure.1 Conceptual Framework

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1. Research Design**

Research design is used to structure the research; to show how all of the major part of the research project the samples or group, work together in addressing research question (Kothari, 2004).

To get these objectives a descriptive research method was used. To collect information from office informants the researcher used questionnaire. The questionnaires were of two types: closed and open-ended. Two types of questionnaires were prepared for sample respondents of the study area. Structured questionnaires were used to collect information by interviewing the Hospital manager. The questionnaire prepared for hospitals were set in English language by the researcher that contained closed and open-ended questions.

#### **3.2. Data Sources**

The data used in this study included both primary and secondary data sources. Primary data which was directly collected from the respondents while secondary data relied on published and unpublished materials, such as internet, books, magazines, reports and journals.

#### **3.3. Area of the Study**

The study conducted at Tikur Anbessa specialized hospital and St. Peter's TB Specialized Hospital in Addis Ababa the capital city of Ethiopia. These a specialized hospital serves as a referral hospital. The reasons for selecting these hospitals are they provide mostly the same services and they are public hospitals.

### 3.4. Study Population

Population can be defined as the totality of observation with which the study is concerned (Saunders et. al. 2007). In this study, the population was comprised of staffs and patients of Tikur Anbesa specialized hospital and St. Peter's TB specialized Hospital.

### 3.5. Sample Size Determination

A sample design is meant to address two basic issues: how many elements of population and how they were selected? Sample size determination is an important and often difficult step in planning an empirical study. A sample is a subset of a population element, where a population is a theoretically-specified aggregation of an element. Hence a sample size is a subset of a population (Agresti & Finlay, 2009: 4).

The aim of the sample was for the researcher to select estimated population parameters. The researcher plan getting a sample size from the patients(outpatients inpatients and emergencies) who will be rendered services from the Tikur Anbessa specialized hospital and St. Peter's TB Specialized Hospital by using Yamane (1967) a simplified formula to calculate sample sizes, with a 95% confidence level, expected margin of error (e) of 0.05.

$$n = \frac{N}{1 + N e^2}$$

Where n is the sample size, N is the population size, and e is the level of precision. When this formula is applied to the above sample equation will get:-

Where; n= total number of samples

N= total number of population

N1= total number of population in each Hospital.

n = 8484 (patients)

n = 2,226 (patients)

$$n1 = \frac{4528}{1+4528 (0.05)^2}$$

TASH n1= 368

$$n2 = \frac{2,226}{1+2,226 (0.05)^2}$$

SPSH n2= 339

Therefore, the sample of respondents was determined by using simple random sampling (lottery method).

### **3.6.Sampling Technique**

Sample procedure was defined by Kothari (2006) as the process of selecting a part of the aggregate of the totality based on which a judgment or inference about the aggregate or totality is made. It is a process of selecting a group of people, events, behavior or other elements with which to conduct a study.

Data obtained from the Tikur Anbessa specialized hospital statistics office indicates that the hospital gave 159,859 for Outpatient, 20,618 for inpatients and 36,910 for emergencies then total patient is 217,387 in 2018. Therefore, the hospital gave 4528 per week. Other data obtained from the St. Peter's TB Specialized Hospital statistics office indicates that the hospital gave for Outpatient, inpatients and emergencies then total patients is 106,878 in 2018. Therefore, the hospital gave 2,226 per week.

The study was took from 367 patient Tikur Anbessa specialized hospital and 336 patients from St. Peter's TB Specialized Hospital simple randomly selected from different levels of patient.

### **3.7.Methods of Data Collection**

Based on the work of Van-Zyl (2005) the data collection method is described as the specific approach used to gather information and the choice of methods depends on research objectives and questions to be addressed. The data collected for the study comprised of both primary and



secondary data. Data collected from Tikur Anbessa specialized hospital and St. Peter's TB Specialized Hospital patient was used to evaluate the good governance practice with the service quality of the services they do receive from Tikur Anbesa specialized hospital and St. Peter's TB Specialized Hospital.

According to the nature of the study structured questionnaires for staff and patient and interview for manager will be used the tool for collecting primary data the study.

The questionnaires were completed by respondents, asking the respondents to rate the role of good governance practices in enhancing service delivery in Specialized Hospital. Secondary data are those data obtained from a literature source. These are the ones that have already been collected by the other people for some other purposes. These are the second hand information and include published ones (Sunders et al, 2007). The most important source of literature on the field of good governance and service delivery in public Specialized Hospitals as an aid to gain a better understanding of good governance over service delivery included; relevant books concerning the role of good governance in the delivery of services offered by public Hospitals, published and unpublished dissertations, and articles from journal and newspaper reports. The study also reviewed Tikur Anbessa specialized hospital and St. Peter's TB Specialized Hospital annually Reports.

### **3.8.Methods of Data Analysis**

In analyzing qualitative data and quantitative, data using the relevant instrument of data collection, the analysis was carried out by using frequency counting and percentage so as to make it ready for presentation in table form. A simple excel or software like Statistical package for social sciences (SPSS) was used for data analysis. Such as tables for easy drawing of conclusions and to make recommendations regarding An Evaluation of Good Governance

Practices: the Comparative Analysis of Tikur Anbessa Specialized Hospital and St. Peter's Specialized Hospital.

### **3.9.Ethical Considerations**

It is argued that a good research is that which safeguards the wellbeing of its participants by not causing any mental or physical harm during the study and after the final report. Any data or information that received from respondents will treat with high integrity ,whereas confidentially will given priority in research situations, where identification of the respondent might result to psychological or physical harm ,embarrassment, privacy invasion, loss of integrity and exploit.

## CHAPTER FOUR

### DATA ANALYSIS, INTERPRETATION AND DISCUSSIONS

#### 4.1. Introduction

This chapter consists of two major parts. The first part presents the characteristics of the respondents. Whereas, the second part deals with the analysis of data which were collected from the respondents to seek answers for the basic questions that are raised in the statement of problems. Under this section the back ground and characteristics of respondents, the result of questionnaires and interviews, the general assessment and findings are discussed.

#### 4.2. Response Rate

The questionnaire was administered to 368 TASH and 339 SPSH. Prior to the presentation of this data, 368 and 339 questionnaires were planned to be administered. However; due to personal problems of respondents 367 TASH responses on the other hand 339 SPSH responses were obtained and used for analysis but four questionnaires were not returned as a result of personal problems. This fact is tabulated as follows.

**Table 4.1: Response rate**

TASH					SPSH				
No Of questionnaires	Questionnaires responded	Questionnaires Not returned	Responses used	Responses rate	No of questionnaires	Questionnaires responded	Questionnaires Not returned	Responses used	Responses rate
368	367	1	367	99.71%	339	336	3	336	99.11%

Source: Field survey, 2019

As shown in table 4.1 above, 100 % of respondents return the questionnaire but only 99.71% 99.71% of the responses accepted TASH; On the other hand, 99.11% 99.71% of the responses accepted SPSH. All the questionnaires were issued and collected in person.

### 4.3. Background of Respondents

This section aims at discussing the respondents' profile to help the study establish the extent of judgment one might have in the area of the study. Based on the responses obtained from background information's are analyzed in terms of their Gender, Age, Educational status, Awareness on good governance Practices and Perception on the quality of Hospital service.

**Table 4.2: Back ground information of respondents**

Variable	Characteristics	TASH		SPSH	
		No. of respondents	Percentage	No. of respondents	Percentage
Gender	Male	200	54.5	144	42.9
	Female	165	45.0	192	57.1
	Missing	2	.5	-	-
Age	20-29	243	66.2	120	35.7
	30-39	51	13.9	96	28.6
	40-49	31	8.4	48	14.3
	50-60	39	10.6	24	7.1
	Over 60	3	.8	48	14.3
Educational status	Elementary	22	6.0	24	7.1
	Secondary	20	5.4	48	14.3
	Certificate	26	7.1	72	21.4
	Diploma	20	5.4	48	14.3
	Degree	241	65.7	48	14.3
	Post Graduate	38	10.4	96	28.6
Awareness on good governance Practices	Totally aware	65	17.7	144	42.9
	Aware	146	39.8	144	42.9
	Partially aware	150	40.9	46	13.7
	Not aware	6	1.6	2	.6
Perception on the quality of Hospital service	Maximum	62	16.9	117	34.8
	Average	167	45.5	144	42.9
	Minimum	113	30.8	71	21.1
	None	24	6.5	4	1.2

Source: Field survey, 2019

As have seen from table 4.2 out of the total TASH respondents 54.5% were male while the remaining 45.0% were female. Similarly, in the case of SPSH out of the total respondents 42.9% were male while the remaining 57.1% were female.

The largest groups of TASH respondents which contain 66.2% were aged between 20 and 29. And 13.9% of the respondents were between 30- 39 and 8.4% of the respondent were between 40-49. And 10.6% of the respondents were between 50 and 60. And 0.8% were above 60. Likewise, the largest groups of SPSH respondents which contain 35.7% were aged between 20 and 29. 28.6% were between 30 -39. 14.3% were aged between 40-49. 7.1% were aged between 50 -60. And 14.3% were above 60. These results indicate that the majority of the respondents were young people.

Regarding to educational level, the largest group of TASH respondents which make 65.7% were BA holder, 5.4% of the respondent have diploma, 29% of the respondent have certificate, and 7.1% of the respondent have secondary, 6% of the respondent have elementary and the remaining 10.4% of the respondent have Post Graduate. In the same way, the largest numbers of SPSH respondents were included under Post Graduate group which makes 28.6%. 14.3% of the respondent have BA holder, 14.3% of the respondent have diploma, 21.4% of the respondent have certificate, and 14.3% of the respondent have secondary and 7.1% of the respondent have elementary educational status.

With regard to aware of good governance practices, the largest group of TASH respondents which make 61.6% were not aware, 40.9% of the respondent were partially aware, 39.8% of the respondent were aware and 17.7% of the respondent were totally aware. Similarly, , in the case of SPSH respondents which contain 0.6% of the respondent were not aware, 13.7% of the respondent were partially aware, 42.9% of the respondent are aware, and 42.9% of the

respondent are totally aware. These findings show that the majority of respondents are either moderately aware or fully aware of good governance practices and this could enable us to get the correct information on the issue at hand.

Concerning to Perception on the quality of Hospital service, the largest group of TASH respondents which is about 45.5% were average, 30.8% of the respondent are minimum, 16.9% of the respondent are maximum, and 6.5% of the respondent are none. In the same way, the largest numbers of SPSH respondents were included in minimum group which makes 21.1%. 42.9% of the respondents are average, 34.8% of the respondents are maximum and 1.2% of the respondents are none.

#### **4.4. Reliability Test**

Before proceeding to the analysis of the data collected, the overall reliability of the measurement scale was tested, Chronbach's Alpha was conducted to test the reliability of the instrument. As stated by Nunnaly (1979) the closer the reliability coefficient to 1.00 is the better. In general, reliabilities less than 0.60 are considered poor; those in the range of 0.60 to 0.80 are considered good and acceptable. In this study, all the variables, met the above requirement with Chronbach's Alpha value of 0.968 which is very good reliability.

**Table 4.3: Reliability Statistics**

Cronbach's Alpha	N of Items
0.968	43

Source: Field survey, 2019

#### **4.5. An accountability practices in provision of services to customers**

Accountability is both answerability and enforceability. Accountability is giving an account of action of public officials to inform about and explain what they are doing, while enforceability is the capacity of accounting agencies to impose sanctions on power holds that have violated their

public duties (Mohit Bhatatacharya 2008), Data was analyzed on whether there is an accountability practice in provision of services to customers. In this regard, Table 4.4 presents the summaries of respondents' views.

**Table 4.4:**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	48	14.3
Disagree	40	10.9	13	3.9
neither agree nor disagree	75	20.4	33	9.8
Agree	162	44.1	137	40.8
Strongly agree	70	19.1	105	31.3
Total	367	100.0	336	100.0

Source: Field survey, 2019

As clearly shown in table 4.4 above, 5.4% and 10.9% of the respondents strongly disagree and disagree, respectively, with the statement about the health service providers are accountable for their action, considering TASH. About 20.4% of the respondents are neutral. Majority of respondents 44.1% agree and the rest 19.1% respondents strongly agree. On the other hand, majority of the respondents 40.8% agree and 31.3% strongly agree, 9.8% neutral, 3.9% of them are disagree and the remaining 14.3% strongly disagree with the claim that the health service providers are accountable for their action at SPSH. Although in both hospital the health service providers are accountable for their action SPSH is better.

**Table 4.5: The accountability of hospital manager**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	19	5.2	48	14.3
Disagree	166	45.2	48	14.3
neither agree nor disagree	18	4.9	24	7.1
Agree	153	41.7	168	50.0
Strongly agree	11	3.0	48	14.3
Total	367	100.0	336	100.0

Source: Field survey, 2019

As can be seen in the table 4.5 above, 5.2% and 45.2% of the respondents strongly disagree and disagree, respectively, with the statement about the accountability of hospital manager, considering TASH. About 4.9% of the respondents are neutral, 41.7% of the respondents agree and the rest 3.0% respondents strongly agree. Considering the sample respondents of SPSH, 50.0% of sample respondents agreed and 14.3% strongly agree, 7.1% of sample respondents said neither agree nor disagree, 14.3% of them are disagree and the remaining 14.3% strongly disagree with the argument the hospital manager are accountable . This result implies that the hospital managers are accountable at SPSH; however, at TASH the hospital manager had the inverse.

**Table 4.6: Presence of accountability in the hospital**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	3	0.8	24	7.1
Disagree	249	67.8	72	21.4
neither agree nor disagree	5	1.4	24	7.1
Agree	78	21.3	48	14.3
Strongly agree	32	8.7	168	50.0
Total	367	100.0	336	100.0

Source: Field survey, 2019

As shown the results in the table 4.6 above, 0.8% and 67.8% of the respondents strongly disagree and disagree, respectively, with the statement about the presence of accountability in the hospital, considering TASH. About 1.4% of the respondents are neutral, 21.3% of the respondents agree and the rest 8.7% respondents strongly agree. On the other hand, regarding respondents of SPSH, 14.3% of them agree and 50.0% strongly agree, 7.1% of sample respondents said neither agree nor disagree, 21.4% of them are disagree and the remaining 7.1%



strongly disagree with the abovementioned statement. This result implies that in the hospital accountable at SPSH; however, at TASH in the hospital had the no accountable.

**Table 4.7: The accountability of health service providers't to patients**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	2	0.5	48	14.3
Disagree	313	85.3	48	14.3
neither agree nor disagree	6	1.6	24	7.1
Agree	35	9.5	96	28.6
Strongly agree	11	3.0	120	35.7
Total	367	100.0	336	100.0

Source: Field survey, 2019

As clearly shown in table 4.7 above, 0.5% and 85.3% of the respondents strongly disagree and disagree, respectively, with the statement about the accountability of health service providers' to patients, considering TASH. About 1.6% of the respondents are neutral. 9.5% of the respondents agree and the rest 3.0% respondents strongly agree. On the other hand, majority of the respondents 35.7% strongly agree and 28.6% agree, 7.1% neutral, 14.3% of them are disagree and the remaining 14.3% strongly disagree with the claim that the accountability of health service providers' to patients at SPSH. This result implies that the health service providers' are accountable at SPSH; however, at TASH the health service providers' had the opposite.

**Table 4.8: The health service providers exemplify ideal accountability behaviors for Patient**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	24	7.1
Disagree	82	22.3	94	28.0
neither agree nor disagree	59	16.1	6	1.8
Agree	164	44.7	140	41.7
Strongly agree	42	11.4	72	21.4
Total	367	100.0	336	100.0

Source: Field survey, 2019

As can be seen in the table 4.8 above, 5.4% and 22.3% of the respondents strongly disagree and disagree, respectively, with the statement about the health service providers exemplify ideal accountability behaviors for Patient, considering TASH. About 16.1% of the respondents are neutral, 44.7% of the respondents agree and the rest 11.4% respondents strongly agree. Considering the sample respondents of SPSH, 41.7% of sample respondents agreed and 21.4% strongly agree, 1.8% of sample respondents said neither agree nor disagree, 28.0% of them are disagree and the remaining 7.1% strongly disagree with the above statement. Even though in both the health service providers exemplify ideal accountability behaviors for Patient SPSH is better.

**Table 4.9: The hospital Manager holds workers accountable for all of their decisions and actions**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	2	0.5	24	7.1
Disagree	300	81.7	72	21.4
neither agree nor disagree	22	6.0	10	3.0
Agree	38	10.4	136	40.5
Strongly agree	5	1.4	94	28.0
Total	367	100.0	336	100.0

Source: Field survey, 2019

As can be observed in the table 4.9 above, 0.5% and 81.7% of the respondents strongly disagree and disagree, respectively, with the statement about the hospital Manager holds workers accountable for all of their decisions and actions, considering TASH. About 6.0% of the respondents are neutral. 10.4% of the respondents agree and the rest 1.4% respondents strongly agree. On the other hand, majority of the respondents 40.5% agree and 28.0% strongly agree, 3.0% neutral, 21.4% of them are disagree and the remaining 7.1% strongly disagree with the claim that the hospital Manager holds workers accountable for all of their decisions and actions

at SPSH. This result implies that the hospital Manager holds workers accountable for all of their decisions and actions at SPSH; however, at TASH the health service providers' had the reverse.

As far as the table 4.4 – 4.9 is concerned in all dimensions of accountability practice SPSH are better than TASH. This implies that there is good accountability practice in provision of services to customers at SPSH. In the health care institution, accountability is incredibly important. A lack of accountability in healthcare can cause significant damage to hospital. A culture of accountability in healthcare improves doctor-patient trust, reduces the misuse of resources, and helps organizations provide better quality care.

#### **4.6. Transparency practices in outpatient/inpatient services**

Transparency is built on the free flow of information. Processes, institutions and information are directly accessible to those concerned with them, and enough information is provided to understand and monitor them (Neena Jindal, 2014). Data was analyzed on whether there is a transparency practices in outpatient/inpatient services. The feedback from respondents was documented in the following table.

**Table 4.10: The provision of right information to customers**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	36	9.8	39	11.6
Disagree	186	50.7	24	7.1
neither agree nor disagree	25	6.8	9	2.7
Agree	111	30.2	216	64.3
Strongly agree	9	2.5	48	14.3
Total	367	100.0	336	100.0

Source: Field survey, 2019

As indicated in the table4.10, the hospital provides right information to its customers. That 9.8% and 50.7% of TASH respondents are strongly disagree and disagree; about 6.8% of the respondents are neutral. 30.2% of the respondents agree and the rest 2.5% respondents strongly

agree. Considering SPSH, majority of the respondents 64.3% agree and 14.3% strongly agree, 2.7% neutral, 7.1% of them are disagree and the remaining 11.6% strongly disagree with the above statement. This result implies that the hospital provides right information to its customers at SPSH; however, at TASH the health service providers' had the reverse.

**Table 4.11 Transparency of Decision making process at the hospital level**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	39	10.6	24	7.1
Disagree	183	49.9	48	14.3
neither agree nor disagree	2	.5	2	.6
Agree	139	37.9	166	49.4
Strongly agree	4	1.1	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As indicated in the table 4.11, Transparency of Decision making process at the hospital, that 10.6% and 49.9% of TASH respondents are strongly disagree and disagree; about .5% of the respondents are neutral. 37.9% of the respondents agree and the rest 1.1% respondents strongly agree. Considering SPSH, majority of the respondents 49.4% agree and 28.6% strongly agree, .6% neutral, 14.3% of them are disagree and the remaining 7.1% strongly disagree with the above statement. This result implies that the hospital is transparency of Decision making process at SPSH; however, at TASH the hospital is transparency of Decision making process had the inverse.

**Table 4.12: Transparency of Decision making process at the unit level**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	48	14.3
Disagree	165	45.0	24	7.1
neither agree nor disagree	23	6.3	1	.3
Agree	154	42.0	167	49.7
Strongly agree	5	1.4	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As indicated on the table 4.12 above, 5.4% and 45.0% of the respondents strongly disagree and disagree, respectively, with the statement about transparency of Decision making process at the unit level, considering TASH. About 6.3% of the respondents are neutral, 42.0% of the respondents agree and the rest 1.4% respondents strongly agree. Considering the sample respondents of SPSH, 49.7% of sample respondents agreed and 28.6% strongly agree, 0.3% of sample respondents said neither agree nor disagree, 7.1% of them are disagree and the remaining 14.3% strongly disagree with the above statement. This result implies that the unit level is transparency of Decision making process at SPSH; however, at TASH the unit level is transparency of Decision making process had the opposite.

**Table 4.13: The Medical professionals provide right information**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	3	0.8	24	7.1
Disagree	41	11.2	48	14.3
neither agree nor disagree	74	20.2	48	14.3
Agree	238	64.9	96	28.6
Strongly agree	11	3.0	120	35.7
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As indicated on the table 4.13 above, 0.8% and 11.2% of the respondents strongly disagree and disagree, respectively, with the statement about the medical professionals provide right information, considering TASH. About 20.2% of the respondents are neutral. 64.9% of the respondents agree and the rest 3.0 % respondents strongly agree. On the other hand, majority of the respondents 35.7% strongly agree and 28.6% agree, 14.3% neutral, 14.3% of them are disagree and the remaining 7.1% strongly disagree with the claim that the medical professionals provide right information at SPSH. Although in both hospital the medical professionals provide right information SPSH is better.

**Table: 4:14. Providing in a timely manner**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	48	14.3
Disagree	230	62.7	68	20.2
neither agree nor disagree	42	11.4	4	1.2
Agree	71	19.3	72	21.4
Strongly agree	4	1.1	144	42.9
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.14 above, 5.4% and 62.7% of the respondents strongly disagree and disagree, respectively, with the health service made by the hospital workers reaching you in a timely manner, considering TASH. About 11.4% of the respondents are neutral, 19.3% of the respondents agree and the rest 1.1% respondents strongly agree. Considering the sample respondents of SPSH, 21.4% of sample respondents agreed and 42.9% strongly agree, 1.2% of sample respondents said neither agree nor disagree, 20.2% of them are disagree and the remaining 14.3% strongly disagree with the above statement. This result implies that the health service made by the hospital workers reaching you in a timely manner at SPSH; however, at

TASH the health service made by the hospital workers reaching you in a timely manner had the reverse.

**Table 4.15: The hospital provides service in transparent environment**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	21	5.7	48	14.3
Disagree	174	47.4	47	14.0
neither agree nor disagree	25	6.8	24	7.1
Agree	120	32.7	169	50.3
Strongly agree	27	7.4	48	14.3
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As indicated in the table 4.15, the hospital provides service in transparent environment. That 5.7% and 47.4% of TASH respondents are strongly disagree and disagree; about 6.8% of the respondents are neutral. 32.7% of the respondents agree and the rest 7.4% respondents strongly agree. Considering SPSH, majority of the respondents 50.3% agree and 14.3% strongly agree, 7.1% neutral, 14.0% of them are disagree and the remaining 14.3% strongly disagree with the above statement. This result implies that the hospital provides service in transparent environment at SPSH; however, at TASH the hospital provides service in transparent environment had the reverse.

As much as the table 4.10 – 4.15 is concerned in all extent of transparency practices SPSH are better than TASH except in the medical professionals provide right information. This implies that there is a good transparency practice in outpatient/inpatient services at SPSH. Health care transparency as making to be had to the public, in a reliable, and understandable manner, information on the health care system’s quality, efficiency and consumer experience with care,

which includes price and quality data, so as to influence the behavior of patients, providers, payers, and others to achieve better outcomes.

#### 4.7. The condition of stakeholders' participation in the service delivery practices

All men and women should have a voice in decision-making, either directly or through legitimate in-termediate institutions that represent their interests. Such broad participation is built on freedom of association and speech, as well as capacities to participate constructively (Neena Jindal, 2014). Data was analyzed on whether there is a stakeholders' participation in the service delivery practices. The feedback from respondents was documented in the following table.

**Table 4.16: Stakeholders 'participate in the planning of basic service delivery**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	19	5.2	24	7.1
Disagree	131	35.7	24	7.1
neither agree nor disagree	126	34.3	48	14.3
Agree	66	18.0	192	57.1
Strongly agree	25	6.8	48	14.3
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As clearly shown in table 4.16 above, 5.2% and 35.7% of the respondents strongly disagree and disagree, respectively, with the statement about the stakeholders 'participate in the planning of basic service delivery, considering TASH. About 34.3% of the respondents are neutral, 18.0% of respondents are agreed and the rest 6.8% respondents strongly agree. On the other hand, majority of the respondents 57.1% agree and 14.3% strongly agree, 14.3% neutral, 7.1% of them are disagree and the remaining 7.1% strongly disagree with the claim that the stakeholders 'participate in the planning of basic service delivery at SPSH. This result implies that the



stakeholders ‘participate in the planning of basic service delivery at SPSH; however, at TASH the stakeholders not ‘participate in the planning of basic service delivery.

**Table 4.17: Stakeholders exist to support basic service delivery**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	1	0.3	48	14.3
Disagree	147	40.1	24	7.1
neither agree nor disagree	144	39.2	72	21.4
Agree	51	13.9	96	28.6
Strongly agree	24	6.5	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As indicated in the table4.17, Stakeholders exist to support basic service delivery that 0.3% and 40.1% of TASH respondents are strongly disagree and disagree; about 39.2% of the respondents are neutral. 13.9% of the respondents agree and the rest 6.5% respondents strongly agree. Considering SPSH, 28.6% of the respondents agree and 28.6% strongly agree, 21.4% neutral, 7.1% of them are disagree and the remaining 14.3% strongly disagree with the above statement. This result implies that the Stakeholders exist to support basic service delivery at SPSH; however, at TASH the stakeholders not exist to support basic service delivery.

**Table 4.18: Stakeholders Participate in the Supervision of basic service delivery**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	2	.5	24	7.1
Disagree	127	34.6	24	7.1
neither agree nor disagree	152	41.4	72	21.4
Agree	83	22.6	144	42.9
Strongly agree	3	.8	72	21.4
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.18 above, 0.5% and 34.6% of the respondents strongly disagree and disagree, respectively, with the statement about the Stakeholders Participate in the Supervision of basic service delivery, considering TASH. About 41.4% of the respondents are neutral, 22.6% of the respondents agree and the rest 0.8% respondents strongly agree. Considering the sample respondents of SPSH, 42.9% of sample respondents agreed and 21.4% strongly agree, 21.4% of sample respondents said neither agree nor disagree, 7.1% of them are disagree and the remaining 7.1% strongly disagree with the above statement. This result implies that the Stakeholders Participate in the Supervision of basic service delivery at SPSH; however, at TASH the Stakeholders Participate in the Supervision of basic service delivery had the reverse.

**Table 4.19: Stakeholders Participate in the financial activities**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	3	.8	48	14.3
Disagree	134	36.5	72	21.4
neither agree nor disagree	116	31.6	48	14.3
Agree	90	24.5	96	28.6
Strongly agree	24	6.5	72	21.4
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As indicated in the table 4.19, Stakeholders Participate in the financial activities, that 0.8% and 36.5% of TASH respondents are strongly disagree and disagree; about 31.6% of the respondents are neutral. 24.5% of the respondents agree and the rest 6.5% respondents strongly agree. Considering SPSH, 28.6% of the respondents agree and 21.4% strongly agree, 14.3% neutral, 21.4% of them are disagree and the remaining 14.3% strongly disagree with the above statement. SPSH are relatively 50% agree in Stakeholders Participate in the financial activities whereas TASH is lesser than the SPSH.

**Table 4.20: Stakeholders Participate in the feedback of customer complaints**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	1	.3	48	14.3
Disagree	141	38.4	7	2.1
neither agree nor disagree	131	35.7	41	12.2
Agree	87	23.7	144	42.9
Strongly agree	7	1.9	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As clearly shown in table 4.20 above, 0.3% and 38.4% of the respondents strongly disagree and disagree, respectively, with the statement about the Stakeholders Participate in the feedback of customer complaints, considering TASH. About 35.7% of the respondents are neutral, 23.7% of respondents are agreed and the rest 1.9% respondents strongly agree. On the other hand, majority of the respondents 42.9% agree and 28.6% strongly agree, 12.2% neutral, 2.1% of them are disagree and the remaining 14.3% strongly disagree with the claim that the Stakeholders Participate in the feedback of customer complaints at SPSH. This result implies that the Stakeholders Participate in the feedback of customer complaints at SPSH; however, at TASH the Stakeholders Participate in the feedback of customer complaints had the reverse.

In so far as the table 4.16 – 4.20 is concerned in all extent of stakeholders’ participation SPSH are better than TASH. This implies that there is a good stakeholders’ participation in the service delivery practices at SPSH.

#### **4.8. Responsiveness of service providers to the quality service requests of customers**

Responsiveness is the extent to which a public service agency demonstrates receptivity to the views, complaints and suggestions of service users by implementing changes to its own structure, culture and service delivery patterns in order to deliver a more appropriate product (Goetz and Gaventa 2001). Data was analyzed on whether there is a Responsiveness of

service providers to the quality service requests of customers. The feedback from respondents was documented in the following table.

**Table 4.21: Prompting service to patients by health service providers**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	21	5.7	24	7.1
Disagree	88	24.0	24	7.1
neither agree nor disagree	39	10.6	24	7.1
Agree	179	48.8	144	42.9
Strongly agree	40	10.9	120	35.7
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.21 above, 5.7% and 24.0% of the respondents strongly disagree and disagree, respectively, with the statement about the Health service providers prompt service to patients when the patients need them, considering TASH. About 10.6% of the respondents are neutral, 48.8% of the respondents agree and the rest 10.9% respondents strongly agree. Considering the sample respondents of SPSH, 42.9% of sample respondents agreed and 35.7% strongly agree, 7.1% of sample respondents said neither agree nor disagree, 7.1% of them are disagree and the remaining 7.1% strongly disagree with the above statement. Even though in both the Health service providers prompt service to patients when the patients need them SPSH is better.

**Table 4.22: Willingness to help their patients by health service providers**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	8	2.2	31	9.2
Disagree	98	26.7	42	12.5
neither agree nor disagree	40	10.9	23	6.8
Agree	133	36.2	144	42.9
Strongly agree	88	24.0	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As clearly shown in table 4.22 above, 2.2% and 26.7% of the respondents strongly disagree and disagree, respectively, with the statement about the health service providers of the hospital always are willing to help their patients, considering TASH. About 10.9% of the respondents are neutral, 36.2% of respondents are agreed and the rest 24.0% respondents strongly agree. On the other hand, majority of the respondents 42.9% agree and 28.6% strongly agree, 6.8% neutral, 12.5% of them are disagree and the remaining 9.2% strongly disagree with the claim that the health service providers of the hospital always are willing to help their patients at SPSH. Although in both the health service providers of the hospital always are willing to help their patients SPSH is better.

**Table 4.23: Explaining customer's question about the discharge process**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	6	1.6	24	7.1
Disagree	151	41.1	24	7.1
neither agree nor disagree	28	7.6	48	14.3
Agree	118	32.2	120	35.7
Strongly agree	64	17.4	120	35.7
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As indicated in the table 4.23, Health service providers of the hospitals explain customer's question appropriately about the discharge process, that 1.6% and 41.1% of TASH respondents are strongly disagree and disagree; about 7.6% of the respondents are neutral. 32.2% of the respondents agree and the rest 17.4% respondents strongly agree. Considering SPSH, 35.7% of the respondents agree and 35.7% strongly agree, 14.3% neutral, 7.1% of them are disagree and the remaining 7.1% strongly disagree with the above statement. This result implies that the

health service providers of the hospitals explain customer's question appropriately about the discharge process at SPSH; however, at TASH is lesser than the SPSH.

**Table 4.24: Explaining customer's question about any procedure**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	3	.8	72	21.4
Disagree	161	43.9	51	15.2
neither agree nor disagree	8	2.2	10	3.0
Agree	188	51.2	107	31.8
Strongly agree	7	1.9	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.24 above, 0.8% and 43.9% of the respondents strongly disagree and disagree, respectively, with the statement about the health service providers of the hospital explain customer's question appropriately about any procedure, considering TASH. About 2.2% of the respondents are neutral, 51.2% of the respondents agree and the rest 1.9% respondents strongly agree. Considering the sample respondents of SPSH, 31.8% of sample respondents agreed and 28.6% strongly agree, 3.0% of sample respondents said neither agree nor disagree, 15.2% of them are disagree and the remaining 21.4% strongly disagree with the above statement. Even though in both the health service providers of the hospital explain customer's question appropriately about any procedure SPSH is better.

**Table 4.25: The hospital explains treatment to the patient very clearly**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	12	3.3	24	7.1
Disagree	202	55.0	96	28.6
neither agree nor disagree	33	9.0	16	4.8
Agree	76	20.7	104	31.0
Strongly agree	44	12.0	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.25 above, 3.3% and 55.0% of the respondents strongly disagree and disagree, respectively, with the statement about the health service providers of the hospital explain customer's question appropriately about any procedure, considering TASH. About 9.0% of the respondents are neutral, 20.7% of the respondents agree and the rest 12.0% respondents strongly agree. Considering the sample respondents of SPSH, 31.0% of sample respondents agreed and 28.6% strongly agree, 4.8% of sample respondents said neither agree nor disagree, 28.6% of them are disagree and the remaining 7.1% strongly disagree with the above statement. This result implies that the health service providers of the hospital explain customer's question appropriately about any procedure at SPSH; however, at TASH the health service providers of the hospital explain customer's question appropriately about any procedure had the reverse.

**Table 4.26: The hospital explains discharge the patient's family**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	4	1.1	48	14.3
Disagree	146	39.8	72	21.4
neither agree nor disagree	20	5.4	48	14.3
Agree	172	46.9	72	21.4
Strongly agree	25	6.8	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As clearly shown in table 4.26 above, 1.1% and 39.8% of the respondents strongly disagree and disagree, respectively, with the statement about the hospital explains discharge the patient's family, considering TASH. About 5.4% of the respondents are neutral, 46.9% of respondents are agreed and the rest 6.8% respondents strongly agree. On the other hand, majority of the respondents 21.4% agree and 28.6% strongly agree, 14.3% neutral, 21.4% of them are disagree and the remaining 14.3% strongly disagree with the claim that the hospital explains discharge the

patient's family at SPSH. TASH and SPSH are relatively similar in the hospital explains discharge the patient's family. Although in both the hospital explains discharge the patient's family SPSH is better.

As much as the table 4.21 – 4.26 is concerned in all extent of responsiveness of service providers SPSH are better than TASH except in the hospital explains discharge the patient's family. This implies that there is a good responsiveness of service providers to the quality service requests of customers at SPSH. Responsiveness embraces aspects of respect of human rights, such as respecting patient autonomy and dignity, as well as interpersonal aspects of care, such as the quality of basic amenities.

#### **4.9. Good governance practices in selected hospitals**

Data was analyzed on whether there is a general level of good governance practices in selected hospitals. The feedback from respondents was documented in the following table.

**Table 4.27: The hospital carries out appropriate services**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	42	11.4	24	7.1
Disagree	150	40.9	25	7.4
neither agree nor disagree	55	15.0	23	6.8
Agree	98	26.7	144	42.9
Strongly agree	22	6.0	120	35.7
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.27 above, 11.4% and 40.9% of the respondents strongly disagree and disagree, respectively, with the statement about the hospital carries out appropriate services, considering TASH. About 15.0% of the respondents are neutral, 26.7% of the respondents agree and the rest 6.0% respondents strongly agree. Considering the sample respondents of SPSH, 42.9% of sample respondents agreed and 35.7% strongly agree, 6.8% of sample respondents said



neither agree nor disagree, 7.4% of them are disagree and the remaining 7.1% strongly disagree with the above statement. This result implies that the hospital carries out appropriate services at SPSH; however, at TASH the hospital carries out appropriate services had the reverse.

**Table 4.28: Properly place notice board**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	48	14.3
Disagree	34	9.3	24	7.1
neither agree nor disagree	97	26.4	6	1.8
Agree	198	54.0	234	69.6
Strongly agree	18	4.9	24	7.1
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As clearly shown in table 4.28 above, 5.4% and 9.3% of the respondents strongly disagree and disagree, respectively, with the statement about there is a notice board properly placed to indicate place to acquire speedy and clear services and information, considering TASH. About 26.4% of the respondents are neutral, 54.0% of respondents are agreed and the rest 4.9% respondents strongly agree. On the other hand, majority of the respondents 69.6% agree and 7.1% strongly agree, 1.8% neutral, 7.1% of them are disagree and the remaining 14.3% strongly disagree with the claim that the hospital explains discharge the patient's family at SPSH. Even though in both the notice board properly placed to indicate place to acquire speedy and clear services and information SPSH is better.

**Table 4.29: The health service providers wear badge**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	24	7.1
Disagree	40	10.9	15	4.5
neither agree nor disagree	59	16.1	24	7.1
Agree	164	44.7	105	31.3
Strongly agree	84	22.9	168	50.0
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.29 above, 5.4% and 10.9% of the respondents strongly disagree and disagree, respectively, with the statement about the health service providers wear badge which indicates their name and responsibility, considering TASH. About 16.1% of the respondents are neutral, 44.7% of the respondents agree and the rest 22.9% respondents strongly agree. Considering the sample respondents of SPSH, 31.3% of sample respondents agreed and 50.0% strongly agree, 7.1% of sample respondents said neither agree nor disagree, 4.5% of them are disagree and the remaining 7.1% strongly disagree with the above statement. Although in both the health service providers wear badge which indicates their name and responsibility SPSH is better.

**Table 4.30: The are rules and regulation when mistakes commit**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	48	14.3
Disagree	86	23.4	20	6.0
neither agree nor disagree	78	21.3	22	6.5
Agree	95	25.9	102	30.4
Strongly agree	88	24.0	144	42.9
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.30 above, 5.4% and 23.4% of the respondents strongly disagree and disagree, respectively, with the statement about there are rules and regulation when the health service providers commit mistakes, considering TASH. About 21.3% of the respondents are neutral, 25.9% of the respondents agree and the rest 24.0% respondents strongly agree. Considering the sample respondents of SPSH, 30.4% of sample respondents agreed and 42.9% strongly agree, 6.5% of sample respondents said neither agree nor disagree, 6.0% of them are disagree and the remaining 14.3% strongly disagree with the above statement. This result implies

that the rules and regulation when the health service providers commit mistakes at SPSH; however, at TASH the rules and regulation when the health service providers commit mistakes had the reverse.

**Table 4.31: The hospital feedback for client's complaint**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	39	10.6	24	7.1
Disagree	125	34.1	24	7.1
neither agree nor disagree	126	34.3	72	21.4
Agree	33	9.0	168	50.0
Strongly agree	44	12.0	48	14.3
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As clearly shown in table 4.31 above, 10.6% and 34.1% of the respondents strongly disagree and disagree, respectively, with the statement about the hospital give feedback when the client has a complaint about unfair treatment at the hospital, considering TASH. About 34.3% of the respondents are neutral, 9.0% of respondents are agreed and the rest 12.0% respondents strongly agree. On the other hand, majority of the respondents 50.0% agree and 14.3% strongly agree, 21.4% neutral, 7.1% of them are disagree and the remaining 7.1% strongly disagree with the claim that the hospital give feedback when the client has a complaint about unfair treatment at the hospital at SPSH. This result implies that the hospital give feedback when the client has a complaint about unfair treatment at the hospital at SPSH; however, at TASH the hospital give feedback when the client has a complaint about unfair treatment at the hospital had the opposite.

**Table 4.32: The health care units are clean**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	58	15.8	48	14.3
Disagree	128	34.9	24	7.1
neither agree nor disagree	63	17.2	32	9.5
Agree	94	25.6	136	40.5
Strongly agree	24	6.5	96	28.6
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As shown the results in the table 4.32 above, 15.8% and 34.9% of the respondents strongly disagree and disagree, respectively, with the statement about the health care units are clean, considering TASH. About 17.2% of the respondents are neutral, 25.6% of the respondents agree and the rest 6.5% respondents strongly agree. On the other hand, regarding respondents of SPSH, 40.5% of them agree and 28.6% strongly agree, 9.5% of sample respondents said neither agree nor disagree, 7.1% of them are disagree and the remaining 14.3% strongly disagree with the abovementioned statement. This result implies that the health care units are clean at SPSH; however, at TASH the health care units are clean had the reverse.

**Table 4.33: The health care units' buildings are maintained quickly**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	97	26.4	23	6.8
Disagree	103	28.1	17	5.1
neither agree nor disagree	77	21.0	36	10.7
Agree	68	18.5	92	27.4
Strongly agree	22	6.0	168	50.0
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.33 above, 26.4% and 28.1% of the respondents strongly disagree and disagree, respectively, with the statement about the health care units' buildings are

maintained quickly, considering TASH. About 21.0% of the respondents are neutral, 18.5% of the respondents agree and the rest 6.0% respondents strongly agree. Considering the sample respondents of SPSH, 27.4% of sample respondents agreed and 50.0% strongly agree, 10.7% of sample respondents said neither agree nor disagree, 5.1% of them are disagree and the remaining 6.8% strongly disagree with the above statement. This result implies that the health care units' buildings are maintained quickly at SPSH; however, at TASH the health care units' buildings are maintained quickly had the reverse.

**Table 4.34: The health care units are furnished adequately**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	79	21.5	48	14.3
Disagree	155	42.2	48	14.3
neither agree nor disagree	30	8.2	42	12.5
Agree	101	27.5	126	37.5
Strongly agree	2	.5	72	21.4
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As shown the results in the table 4.34 above, 21.5% and 42.2% of the respondents strongly disagree and disagree, respectively, with the statement about the health care units are furnished adequately, considering TASH. About 8.2% of the respondents are neutral, 27.5% of the respondents agree and the rest 0.5% respondents strongly agree. On the other hand, regarding respondents of SPSH, 37.5% of them agree and 21.4% strongly agree, 12.5% of sample respondents said neither agree nor disagree, 14.3% of them are disagree and the remaining 14.3% strongly disagree with the abovementioned statement. This result implies that the health care units are furnished adequately at SPSH; however, at TASH the health care units are furnished adequately had the inverse.

**Table 4.35: Food provide to inpatients**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	43	11.7	19	5.7
Disagree	172	46.9	11	3.3
neither agree nor disagree	58	15.8	30	8.9
Agree	70	19.1	118	35.1
Strongly agree	24	6.5	158	47.0
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.35 above, 11.7% and 46.9% of the respondents strongly disagree and disagree, respectively, with the statement about the food provide to inpatients by the health care units are nutrient and edible, considering TASH. About 15.8% of the respondents are neutral, 19.1% of the respondents agree and the rest 6.5% respondents strongly agree. Considering the sample respondents of SPSH, 35.1% of sample respondents agreed and 47.0% strongly agree, 8.9% of sample respondents said neither agree nor disagree, 3.3% of them are disagree and the remaining 5.7% strongly disagree with the above statement. This result implies that the food provide to inpatients by the health care units are nutrient and edible at SPSH; however, at TASH the food provide to inpatients by the health care units are nutrient and edible had the opposite.

**Table 4.36: The health care unit has access to clean water**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	57	15.5	17	5.1
Disagree	39	10.6	48	14.3
neither agree nor disagree	49	13.4	47	14.0
Agree	198	54.0	152	45.2
Strongly agree	24	6.5	72	21.4
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.36 above, 15.5% and 10.6% of the respondents strongly disagree and disagree, respectively; with the statement about the health care unit has access to clean water, considering TASH. About 13.4% of the respondents are neutral, 54.0% of the respondents agree and the rest 6.5% respondents strongly agree. Considering the sample respondents of SPSH, 45.2% of sample respondents agreed and 21.4% strongly agree, 14.0% of sample respondents said neither agree nor disagree, 14.3% of them are disagree and the remaining 5.1% strongly disagree with the above statement. This result implies that the health care unit has access to clean water at SPSH; however, at TASH the health care unit has access to clean water had the reverse.

**Table 4.37: The health care units' toilets are clean**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	124	33.8	65	19.3
Disagree	116	31.6	16	4.8
neither agree nor disagree	20	5.4	20	6.0
Agree	83	22.6	115	34.2
Strongly agree	24	6.5	120	35.7
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As shown the results in the table 4.37 above, 33.8% and 31.6% of the respondents strongly disagree and disagree, respectively, with the statement about the health care units' toilets are clean, considering TASH. About 5.4% of the respondents are neutral, 22.6% of the respondents agree and the rest 6.5% respondents strongly agree. On the other hand, regarding respondents of SPSH, 34.2% of them agree and 35.7% strongly agree, 6.0% of sample respondents said neither agree nor disagree, 4.8% of them are disagree and the remaining 19.3% strongly disagree with

the abovementioned statement. This result implies that the health care units' toilets are clean at SPSH; however, at TASH the health care units' toilets are clean had the inverse.

**Table 4.38: The health care units' linens are clean**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	61	16.6	96	28.6
Disagree	127	34.6	24	7.1
neither agree nor disagree	85	23.2	24	7.1
Agree	70	19.1	144	42.9
Strongly agree	24	6.5	48	14.3
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.38 above, 16.6% and 34.6% of the respondents strongly disagree and disagree, respectively, with the statement about the health care units' linens are clean, considering TASH. About 23.2% of the respondents are neutral, 19.1% of the respondents agree and the rest 6.5% respondents strongly agree. Considering the sample respondents of SPSH, 42.9% of sample respondents agreed and 14.3% strongly agree, 7.1% of sample respondents said neither agree nor disagree, 7.1% of them are disagree and the remaining 28.6% strongly disagree with the above statement. This result implies that the health care units' linens are clean at SPSH; however, at TASH the health care units' linens are clean had the opposite.

**Table 4.39: Consultations carried out in a manner that protects patient confidentiality**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	5	1.4	24	7.1
Disagree	63	17.2	48	14.3
neither agree nor disagree	47	12.8	48	14.3
Agree	207	56.4	168	50.0
Strongly agree	45	12.3	48	14.3
Total	367	100.0	336	100.0

Source: Field Survey, 2019



As shown the results in the table 4.39 above, 1.4% and 17.2% of the respondents strongly disagree and disagree, respectively, with the statement about consultations carried out in a manner that protects patient confidentiality, considering TASH. About 12.8% of the respondents are neutral, 56.4% of the respondents agree and the rest 12.3% respondents strongly agree. On the other hand, regarding respondents of SPSH, 50.0% of them agree and 14.3% strongly agree, 14.3% of sample respondents said neither agree nor disagree, 14.3% of them are disagree and the remaining 7.1% strongly disagree with the abovementioned statement. Although in both the consultations carried out in a manner that protects patient confidentiality SPSH is better.

**Table 4.40: The confidentiality of information provided by patients preserved**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	19	5.2	48	14.3
Disagree	31	8.4	24	7.1
neither agree nor disagree	104	28.3	96	28.6
Agree	165	45.0	96	28.6
Strongly agree	48	13.1	72	21.4
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As can be seen in the table 4.40 above, 5.2% and 8.4% of the respondents strongly disagree and disagree, respectively, with the statement about the confidentiality of information provided by patients preserved, considering TASH. About 28.3% of the respondents are neutral, 45.0% of the respondents agree and the rest 13.1% respondents strongly agree. Considering the sample respondents of SPSH, 28.6% of sample respondents agreed and 21.4% strongly agree, 28.6% of sample respondents said neither agree nor disagree, 7.1% of them are disagree and the remaining 14.3% strongly disagree with the above statement. Though in both the confidentiality of information provided by patients preserved TASH is better.

**Table 4.41: The confidentiality of patients’ medical records preserved**

Variable	TASH		SPSH	
	No. of respondents	Percent	No. of respondents	Percent
Strongly disagree	20	5.4	24	7.1
Disagree	62	16.9	13	3.9
neither agree nor disagree	147	40.1	17	5.1
Agree	111	30.2	138	41.1
Strongly agree	27	7.4	144	42.9
Total	367	100.0	336	100.0

Source: Field Survey, 2019

As shown the results in the table 4.41 above, 5.4% and 16.9% of the respondents strongly disagree and disagree, respectively, with the statement about the confidentiality of patients’ medical records preserved, considering TASH. About 40.1% of the respondents are neutral, 30.2% of the respondents agree and the rest 7.4% respondents strongly agree. On the other hand, regarding respondents of SPSH, 41.1% of them agree and 42.9% strongly agree, 5.1% of sample respondents said neither agree nor disagree, 3.9% of them are disagree and the remaining 7.1% strongly disagree with the abovementioned statement. Although in both the confidentiality of patients’ medical records preserved TASH is better.

In so far as the table 4.27– 4.41 is concerned in all extent of good governance practices SPSH are better than TASH. This implies that there is a more good governance practice at SPSH.

At both hospitals the challenges facing in implementation of good governance practice was assessed by conducting interview with the hospital managers. The qualitative finding indicated that the major challenges were Very poor understanding about the importance of the role of management in the hospital service. This includes:-

- Lacks of basic knowledge of manage about the service.

- Giving less importance to the relationship between care givers and management.

-Lack of management Knowledge and skill in handling health professionals.

-Poor relationship between health professionals and managers.

-Less attention of health worker to the management function.

The qualitative descriptive analysis indicated that the challenge in implementation of practicing good governance is more at TASH

## CHAPTR FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1. Summary of Findings

By investigating the relationship between an evaluation of good governance practices: the comparative Analysis of in TASH and SPSH, the following findings were reached.

- As the survey result and the discussion with Accountability practices in provision of services to customers in TASH were relatively higher having average of 36.4% either strongly agree or agree on the accountability than SPSH average of 66.1% of respondents' either strongly agree or agree on the accountability. This implies that at the TASH there reported less accountability their client in contrast to SPSH.
- The study finding with transparency practices in outpatient/inpatient services in TASH were relatively higher having average of 40.58% of respondents' either strongly agree or agree on the transparency than SPSH average of 68.7% of respondents' either strongly agree or agree on the transparency. These findings show that at the TASH there reported lack of transparency their patient in compare to SPSH.
- Stakeholders' participation in the service delivery practices that about 25% of respondents' either strongly agree or agree on the stakeholders' participation at TASH then St. Peter's Specialized Hospital average of 62.88% of respondents' either strongly agree or agree on the stakeholders' participation. These findings show that in TASH stakeholders did not make the society or another stakeholder to participate in the provision of basic service delivery, in the supervision of basic service delivery, in the financial activities, and in handling customers' complaints compared to SPSH.

- The study finding that responsiveness of service providers to the quality service requests of customers in TASH were relatively having average of 51.5% of respondents' either strongly agree or agree on the transparency than SPSH average of 65.25% of respondents' either strongly agree or agree on the responsiveness. These findings show that responsiveness of service providers SPSH are better than TASH.
- As shown the results in the table 4.32 above, 21% of the respondents strongly agree and agree, respectively, with the statement about the health care units are clean, considering TASH. On the other hand, regarding respondents of SPSH, 64.3% of the respondents strongly agree and agree, 9.5% of sample respondents said neither agree nor disagree, 7.1% of them are disagree and the remaining 14.3% strongly disagree with the abovementioned statement.

As shown the results in the table 4.37 above, 29.1% of the respondents strongly agree and agree, respectively, with the statement about the health care units' toilets are clean, considering TASH. On the other hand, regarding respondents of SPSH, 69.6% of the respondents strongly agree and agree with the abovementioned statement.

As can be seen in the table 4.38 above, 25.6% of the respondents strongly agree and agree, respectively, with the statement about the health care units' linens are clean, considering TASH. Considering the sample respondents of SPSH, 57.2% of the respondents strongly agree and agree with the above statement.

As shown the results in the table 4.34 above, 0.5% and 27.5% of the respondents strongly agree and agree, respectively, with the statement about the health care units are furnished adequately, considering TASH. On the other hand, regarding respondents of SPSH, 37.5% of them agree and 21.4% strongly agree with the abovementioned statement.

As can be seen in the table 4.33 above, 6.0% and 18.5% of the respondents strongly agree and agree, respectively, with the statement about the health care units' buildings are maintained quickly, considering TASH. Considering the sample respondents of SPSH, 27.4% of sample respondents agreed and 50.0% strongly agree with the above statement.

These findings show that concerned in all dimensions that SPSH are better than TASH. This implies Material utilization, proper maintenances, furnishings, usage of cleaner materials were not carried out according to good governance practices. This shows that the institution suffered from shortage material or resources, hence no proper maintenance or proper sanitation has been conducted.

- Interview respondents, Very poor understanding about the importance of the role of management in the hospital service. This includes:- Lacks of basic knowledge of manage about the service, Giving less importance to the relationship between care givers and management, Lack of management Knowledge and skill in handling health professionals, Poor relationship between health professionals and managers, Less attention of health worker to the management function. The results show that there was awareness gap on importance of polices and principles. This implied that awareness gap lead the administration office to violate principles of good governance and it was challenging to them to apply good governance and there were knowledge and skill gap among the administrators of the study area in manage about the service.

## **5.2.Conclusion**

The study concluded that clients are aware of good governance practices. Good governance practices with service delivery hence the perception that poor service delivery is due to poor management. The conclusion was also arrived that good governance practice contributes to

quality service delivery. Main challenge hindering good governance at TASH and SPSH is organizational bureaucracy.

Material utilization, proper maintenances, furnishings, usage of cleaner materials were not carried out according to good governance practices. This shows that the institution suffered from shortage material or resources, hence no proper maintenance or proper sanitation has been conducted. At the TASH there reported less accountability, transparency and responsiveness to their client in contrast to St Peter Specialized Hospital.

The study revealed that in TASH stakeholders did not make the society or another stakeholder to participate in the provision of basic service delivery, in the supervision of basic service delivery, in the financial activities, and in handling customers' complaints.

Generally, this paper has argued that although there are attempts of good governance practices, a lot need to be done at the TASH in contrast to St Peter Specialized Hospital.

### **5.3. Recommendations**

Based on the conclusions reached, the following recommendations can be made:

- Ñ The Specialized Hospital health provider together with the management office should be accountable, transparent and responsiveness to the client.
- Ñ Information about hospital services should properly reach the patients and to this end, the hospitals should establish an information desk at a suitable place which would particularly be helpful for the majority of the clients.
- Ñ The hospital management needs to create different mechanisms to address problems pertinent to material utilization, maintenances, availability of cleaner materials. It should have a proper plan for furnishings and for keeping essential resources and supplies in the hospitals' stock adequately.
- Ñ The management of Specialized Hospital should ensure that Specialized Hospital should work to fill awareness gaps of staff, through orientations on their day to day activities.

- Ñ The study believes that Specialized Hospital should involve its staff in appropriate short and long-term training packages to enhance knowledge of good governance.
- Ñ Finally, that the management of Specialized Hospital should reduce bureaucracy in delivery of its services.



## References

- Agere, Sam [2000] - *Promoting Good Governance : Principles, Practices and Perspectives*, London, Management and Training Services Division of the Commonwealth Secretariat.
- Agresti, A & Finlay, B (2009).*Statistical Methods for the Social Sciences*. 4th edition. New Jersey, Pearson Education, Inc.
- Brown, D. H. (2000). *Principles of language learning & teaching*. (4th ed.). New York: Longman. (pp. 49-58)
- Conable. (1986-1991). *World Bank President Barber used the term 'good governance'*, referring to it as a “public service that is efficient.
- Dwipayana, Ari. (2003). *Membangun Good Governance*.
- FDRE (2002), *The Building of Democratic System and Issues in Ethiopia*
- FDRE Prison Administration (2013), *Citizen Charter*.
- FDRE Service Agency (2001), *Service Delivery Policy*.
- FDRE Ministry of Health. (2016). *Health Governance Watch*
- Frauendorf, J., (2006).*Customer Processes in Business to Business Service Transaction*  
*Wiesbaden: Deutcher Universities –Verlag*.
- Goetz, A.-M. and Gaventa, J. (2001) ‘*From Consultation to Influence: Bringing Citizen Voice and Client Focus into Service Delivery*’, IDS Working Paper 138, Brighton: IDS
- Halfani, M. et al (1994). *Towards an Understanding of Governance: The Emerge of an Idea and its Implications for Urban Research in Developing Countries*. Toronto: The Centre for Urban and Community Studies, University of Toronto.
- Humphreys, M., & Bates, R. (2005). *Political institutions and economic policies: Lessons from Africa*. *British Journal of Political Science*, 35(3), 403-428.

- IGNOU.(2009). *State, Society and Public Administration Student book*. Vijayalakshmi Works Pvt. Ltd : New Delhi.
- JenniferJalal(2008), *public system management*, New Delhi.
- Khan, Mohammad Mohabbat (2003). “*State of Governance in Bangladesh*”, *The Round Table*, 370: 391-405, Carfax Publishing
- Khan, Mohammad Mohabbat (2006). *Dominant Executive And Dormant Legislature : Executive-Legislature Relations In Bangladesh*, Dhaka: University Press Limited (UPL) & New Delhi : South Asian Publishers
- Kothari, C. (2004). *Research Methodology, Methods and Techniques*. New Age International Publishers,
- Kothari, C. (2006). *Research Methodology, Methods and Techniques*. New York: Willey Eastern ltd.
- LandeU-Mills, P., Serageldin, I. 1991: *Governance and the Development Process*, in: *Finance and Development*. Vol. 28, No.3, pp. 14-17.
- Mardiasmo. (2002). *Elaboration Public Sector Accounting Reform: Critical Review Effort*
- Mughal, M. S. (2005). *Good Governance for the Sustainable Public Housing Development*. Karachi, Pakistan.
- Neena, J. (2014). *Good Governance: Needs and Challenges*
- OECD. (2013). *Government at a Glance 2013*. OECD. Retrieved on 10th January, 2014 from: doi:10.1787/gov\_glance-2013-en
- O'Neal, T. A. (2012). *Good Governance and Local Service Delivery in Malawi*. Lilongwe: Free Press.

Pierre, Jon (2000). *Introduction: Understanding Governance*, in J. Pierre (Ed.), *Debating Governance*, pp.1-10, Oxford: Oxford University Press.

Rotberg. (2005). *Against Actualization Needs Local Government Financial Accounting System*.

Rotberg, R.I. (2004-05). *Strengthening governance: ranking countries would help*”, the Washington.

Saunders, M. L. (2007). *Research methods for business student*. New York: Prentice Hall.

Seppanen (2003) *Good Governance, in International Law*

Smith, B. C. 2007, *Good Governance and Development*; Palgrave Macmillan; 2007

St. Peter's TB Specialized hospitals. (2011). Retrieved February 01, 2019, from <http://www.moh.gov.et/ro/web/guest/st.-peter-s-tb-specialized-hospital>)

The Federal Democratic Republic of Ethiopian (FDRE) *constitution*, 1995

Tikur Anbesa specialized hospital. (2012), *A business visa is required and more information is available from* <https://ameca.org.uk/directory/listing/black-lion-specialized-hospital-ethiopia>.

UN ESCAP (2007). *‘What is Good Governance?’*, United Nations Economic and Social <http://www.unescap.org/pdd/prs/ProjectActivities/Ongoing/gg/governance.asp>

Villadsen, Soren 1999, *Good Governance and Decentralisation Public Sector Reforms in Developing Countries*; Nordic Consulting Group; Denmark; 17

World Bank, 2003, *World Development Report 2003: Sustainable Development in a Dynamic World: Transforming Institutions, Growth and Quality of Life*, Washington D.C. 2003

Neena Jindal, (2014). *Good Governance: Needs And Challenges*, Jaypee University of Information and Technology, Wahnaghat, Solan, HP (173234)

## **APPENDICES**

### **ADDIS ABABA UNIVERSITY COLLEGE OF BUSINESS AND ECONOMICS MASTERS PROGRAM IN PUBLIC MANAGEMENT AND POLICY QUESTIONNAIRE TO BE FILLED BY CLIENTS**

**Dear Sir/Madam,**

I am conducting a research for the partial fulfillment of Master's degree of Public Management and Policy at Addis Ababa University College of business and economics. The aim of this questionnaire is collect data for the on 'An Evaluation of Good Governance Practices: the Comparative Analysis of TikurAnbesa Specialized Hospital and St. Peter's Specialized Hospital'.

Your answers and suggestion are important to successfully finalize this study. The answers and suggestion that will be made by your shall be only used for this research propose and it will be kept strictly confidential.

There is no need of writing your names. After all questionnaires are collected and analyzed, interested participants of this study will be given feedback on the overall research results. I would like to express and gratitude for your cooperation in advance.

Daniel Getaneh email; danigech7@gmail.com

Telephone; 0910295637

**Part I: Background of the Respondents**

Please indicate your choice by putting a thick mark ( ) in the box provided below.

1. Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
2. Age	20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-60 <input type="checkbox"/> or 60 <input type="checkbox"/>
3. Educational status.	Elementary <input type="checkbox"/> Certificate <input type="checkbox"/> Degree <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Post Graduate <input type="checkbox"/>
4. Your awareness on good governance Practices.	Totally aware <input type="checkbox"/> Aware <input type="checkbox"/> Partially aware <input type="checkbox"/> Not aware <input type="checkbox"/>
5. Your perception on the quality of Hospital service.	Maximum <input type="checkbox"/> Average <input type="checkbox"/> Minimum <input type="checkbox"/> None <input type="checkbox"/>

**Part II: The level of accountability practices in provision of services to customers**

- Instructions:-Put tick a mark( ) in the box that best indicate your opinion using the following scale: - (5) Strongly agree, (4) Agree (3) neither agree nor disagree (2) Disagree (1) Strongly disagree

Items	5	4	3	2	1
1. The health service providers are accountable for their action.					
2. The hospital Manager is held very accountable for his/her actions at work.					
3. There is accountability in the hospital.					
4. The health service providers' account to patients for all the services delivered.					
5. The health service providers exemplify ideal accountability behaviors for Patient.					
6. The hospital Manager holds workers accountable for all of their decisions and actions.					

**Part III: The level of transparency practices in outpatient/inpatient services.**

- Instructions:-Put tick a mark ( ) in the box that best indicate your opinion using the following scale: - (5) Strongly agree, (4) Agree (3) neither agree nor disagree (2) Disagree (1) Strongly disagree

Items	5	4	3	2	1
1. The hospital provides right information.					
2. Decision making process is transparency at the hospital level.					
3. Decision making process is transparency at the unit level.					
4. The Medical professionals (Doctor,Nurse....) provide right information					
5. Health service made by the hospital workers reaching you in a timely manner.					
6. The hospital provides service in transparent environment.					

**Part Four: The condition of stakeholders’ participation in the service delivery practices**

- Instructions:- Put tick a mark ( ) in the box that best indicate your opinion using the following scale: - (5) Strongly agree, (4) Agree (3) neither agree nor disagree (2) Disagree (1) Strongly disagree

Items	5	4	3	2	1
1. Stakeholders ‘participate in the planning of basic service delivery.					
2. Stakeholders exist to support basic service delivery					
3. Stakeholders Participate in the Supervision of basic service delivery.					
4. Stakeholders Participate in the financial activities.					
5. Stakeholders Participate in the feedback of customer complaints.					

**Part Five: Responsiveness of service providers to the quality service requests of customers**

- Instructions:- Put tick a mark ( ) in the box that best indicate your opinion using the following scale: - (5) Strongly agree, (4) Agree (3) neither agree nor disagree (2) Disagree (1) Strongly disagree

Items	5	4	3	2	1
1. Health service providers prompt service to patients when the patients need them.					
2. Health service providers of the hospital always are willing to help their patients.					
3. Health service providers of the hospitals explain customer's question appropriately about the discharge process.					
4. Health service providers of the hospital explain customer's question appropriately about any procedure.					
5. The hospital explains treatment to the patient very clearly.					
6. The hospital explains discharge the patient's family.					

**Part Six: The general level of good governance practices in selected hospitals**

- Instructions from question tick ( ) the box that best indicate your opinion using the following scale: - (5) Strongly agree, (4) Agree (3) neither agree nor disagree (2) Disagree (1) Strongly disagree

<b>Items</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
1. The hospital carries out appropriate services.					
2. There is a notice board properly placed to indicate place to acquire speedy and clear services and information.					
3. The health service providers wear badge which indicates their name and responsibility.					
4. There are rules and regulation when the health service providers commit mistakes.					
5. The hospital gives feedback when the client has a complaint about unfair treatment at the hospital.					
<b>6.</b> The health care units are clean.					
7. The health care units' buildings are maintained quickly.					
8. The health care units are furnished adequately.					
9. Food provide to inpatients by the health care units are nutrient and edible.					
10. The health care unit has access to clean water.					
11. The health care units' toilets are clean.					
12. The health care units' linens are clean.					
13. Consultations carried out in a manner that protects patient confidentiality.					
14. The confidentiality of information provided by patients preserved (except if the information is needed by other health care providers).					
15. The confidentiality of patients' medical records preserved (except if the information is needed by other health care providers).					

**Thanks for your co-operation**



## **Interview Questionnaire**

1. What the challenges facing the hospital in implementation of good governance practice at specialized hospital?

**Thanks for your co-operation**