

TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY



VOLUME 1: MAIN REPORT

DECEMBER 2020

# Service Delivery Survey 2020

## MISSION

To protect and promote public health by ensuring quality, safety and effectiveness of medicines, medical devices, diagnostics and other health related products.

## VISION

To be the leading Regulatory Authority in ensuring safe, quality and effective, medicines, medical devices, diagnostics and other health related products for all.

## PHILOSOPHY

TMDA strives to offer quality regulatory services in the pursuit of protecting public health and environment by using competent and dedicated staff.

# Table of Contents

LIST OF TABLES .....	iv
LIST OF FIGURES.....	v
LIST OF ABBREVIATIONS.....	vi
ACKNOWLEDGEMENTS .....	vii
EXECUTIVE SUMMARY.....	viii
<b>SECTION ONE .....</b>	<b>1</b>
<b>1 INTRODUCTION.....</b>	<b>1</b>
1.1 BACKGROUND.....	1
1.2 RATIONALE.....	2
1.3 OBJECTIVE .....	4
1.4 REPORT STRUCTURE.....	4
<b>SECTION TWO.....</b>	<b>5</b>
<b>2 SURVEY METHODOLOGY AND APPROACH .....</b>	<b>5</b>
2.1 SURVEY PREPARATION.....	5
2.1.1 ESTABLISH THE SCOPE.....	5
2.1.2 SAMPLING PROCEDURE AND SAMPLE SIZE.....	6
2.1.3 SURVEY TOOLS.....	9
2.1.4 TRAINING ENUMERATORS.....	10
2.2 DATA COLLECTION METHODS.....	11
2.2.1 QUESTIONNAIRE ADMINISTRATION.....	11
2.2.2 ONLINE DATABASE .....	12
2.2.3 FOCUS GROUP DISCUSSIONS.....	12
2.2.4 IN-DEPTH INTERVIEWS.....	12
2.3 DATA MANAGEMENT .....	13
2.3.1 DATA CODING.....	13
2.3.2 DATA ENTRY .....	14
2.3.3 DATA CLEANING .....	14
2.3.4 RESPONSE RATE .....	14
2.3.5 DATA ANALYSIS .....	14
<b>SECTION THREE.....</b>	<b>15</b>
<b>3 DESCRIPTIVE ANALYSIS.....</b>	<b>15</b>
3.1 EMPLOYEES CHARACTERISTICS.....	15
3.2 HOUSEHOLDS CHARACTERISTICS.....	16
3.3 PERMIT CUSTOMERS CHARACTERISTICS.....	18
3.4 LABORATORY CUSTOMERS CHARACTERISTICS.....	19
3.5 REGULATED CUSTOMERS CHARACTERISTICS.....	20
3.6 SUPPLIERS CHARACTERISTICS.....	21

<b>SECTION FOUR.....</b>	<b>22</b>
<b>4 ANALYSIS OF THE MAJOR FINDINGS.....</b>	<b>22</b>
4.1 EMPLOYEES MANAGEMENT .....	22
4.1.1 MANAGEMENT AND CULTURE.....	23
4.1.2 EMPLOYEES COMPETENCE.....	24
4.1.3 WORKING CONDITIONS.....	26
4.1.4 REMUNERATION.....	26
4.1.5 EMPLOYEES FGDs.....	27
4.2 SERVICE DELIVERY & QUALITY .....	33
4.2.1 SERVICES DEMAND.....	34
4.2.2 QUALITY OF SERVICES .....	35
4.2.3 STAFF ASSESSMENT.....	37
4.2.4 IMAGE AND REPUTATION .....	38
4.3 MEDICINES & MEDICAL DEVICES USAGE.....	39
4.3.1 PUBLIC TRUST .....	40
4.3.2 EXPIRED PRODUCTS.....	41
4.3.3 EFFORTS AND ACTIONS.....	41
4.4 PUBLIC EDUCATION & AWARENESS.....	42
4.4.1 CLIENT SERVICE CHARTER.....	43
4.4.2 PUBLIC KNOWLEDGE.....	44
4.4.3 MEDIA UTILIZATION .....	44
<b>SECTION FIVE .....</b>	<b>46</b>
<b>5 CUSTOMER SATISFACTION.....</b>	<b>46</b>
5.1 THEORETICAL BACKGROUND.....	46
5.2 EMPLOYEES SATISFACTION.....	47
5.3 CUSTOMERS SATISFACTION.....	48
5.3.1 PERMIT CUSTOMERS.....	48
5.3.2 LABORATORY CUSTOMERS.....	49
5.3.3 REGULATED CUSTOMERS.....	49
5.3.4 SUPPLIERS .....	51
5.3.5 GENERAL PUBLIC.....	52
5.3.6 OVERALL EXTERNAL CUSTOMERS SATISFACTION INDEX .....	52
5.4 COMPOSITE SATISFACTION INDEX.....	53
<b>SECTION SIX .....</b>	<b>54</b>
<b>6 SUMMARY AND RECOMMENDATIONS.....</b>	<b>54</b>
6.1 SUMMARY .....	54
6.2 RECOMMENDATIONS BY CUSTOMERS .....	55
6.2.1 STAKEHOLDERS VIEW .....	55
6.2.2 HOUSEHOLDS.....	55
6.2.3 PERMIT CUSTOMERS.....	56
6.2.4 REGULATED FACILITIES.....	57
6.2.5 EMPLOYEES VIEW .....	57

6.3	RECOMMENDATIONS FROM THE FINDINGS.....	58
6.3.1	QUICK WINS ACTIONS.....	58
6.3.2	STRATEGIC ACTIONS.....	59
<b>SECTION SEVEN</b>	<b>.....</b>	<b>61</b>
<b>7</b>	<b>APPENDIXES.....</b>	<b>61</b>
7.1	APPENDIX A: LIST OF KEY INFORMANTS.....	61
7.2	APPENDIX B: LIST OF REFERENCES.....	62

## List of tables

Table 1:	Selected Regions and Districts for Households Survey .....	7
Table 2:	Structure of Survey Tools.....	10
Table 3:	Employees responses on statements reported in percentage .....	24
Table 4:	General public scores on quality of services.....	35
Table 5:	Monitoring facilities score on quality of services.....	36
Table 6:	Laboratory customers score on quality of services.....	36
Table 7:	Households score on staff attributes .....	37
Table 8:	Suppliers score on staff attributes (n=26).....	38
Table 9:	Regulated facilities scores on image and reputation (n=594).....	39
Table 10:	Households responses on consumer rights and protection awareness.....	44
Table 11:	Media scores on knowing TMDA.....	45
Table 12:	Media scores on knowing client service charter .....	45
Table 13:	Employee Satisfaction Index .....	47
Table 14:	Scores on laboratory service parameters .....	49
Table 15:	Scores on monitoring capacity parameters .....	50
Table 16:	Scores on monitoring personnel parameters .....	51
Table 17:	Suppliers scores on performance parameters.....	51
Table 18:	Households scores on performance parameters.....	52
Table 19:	Overall External Customer Satisfaction Index .....	52
Table 20:	Households comments on the survey (n=1220).....	56
Table 21:	Permit customers' feedback on survey (n=79).....	56
Table 22:	Regulated facilities comments on survey (n=347).....	57

## List of figures

Figure 1:	Calculated Sample for the 95% confidence level with range of precision and variability .....	8
Figure 2:	Employees' years of work at TMDA.....	16
Figure 3:	Age profile of household respondents .....	17
Figure 4:	Occupation profile of household respondents .....	17
Figure 5:	Education profile of household respondents .....	18
Figure 6:	Permit customers years of working relation with TMDA.....	19
Figure 7:	Years of business experience for permit customers.....	19
Figure 8:	Distribution of length of time since request laboratory service .....	20
Figure 9:	Types of regulated facilities responded (n=641).....	21
Figure 10:	Suppliers' main business operation (n=26).....	21
Figure 11:	Employees score on supervisors' management qualities .....	23
Figure 12:	Employees score on workplace culture .....	23
Figure 13:	Employees score on general management.....	24
Figure 14:	Employees score on their jobs (n=203).....	25
Figure 15:	Employees score on their jobs (n=195).....	26
Figure 16:	Employees score on the remuneration items (n=198) .....	27
Figure 17:	Services demanded by general public.....	35
Figure 18:	Permit customers scored staff attributes .....	37
Figure 19:	Households scores on reputation elements.....	39
Figure 20:	Trend on annual medicines registration by TMDA .....	40
Figure 21:	Households score on trust to medical products in Tanzania .....	40
Figure 22:	Households response on buying expired medical products.....	41
Figure 23:	Knowledge on expired products by general public.....	41
Figure 24:	Households response public awareness on consumers' protection (n=1609).....	42
Figure 25:	Customers awareness of the Client Service Charter .....	43
Figure 26:	Customers responses on effectiveness in fulfilling client service charter.....	43
Figure 27:	Margins plot of employees' satisfaction by age and gender .....	47
Figure 28:	Permit customers satisfaction scores.....	48
Figure 29:	Distribution of overall monitoring satisfaction score .....	49
Figure 30:	Violin plot of the monitoring satisfaction score based on location.....	50
Figure 31:	Trend on internal and external satisfaction index.....	53
Figure 32:	Trend of composite satisfaction index.....	53

## List of abbreviations

<b>ADDO</b>	Accredited Drugs Dispensing Outlets
<b>CSI</b>	Customer Satisfaction Index
<b>FGDs</b>	Focus Group Discussions
<b>GCLA</b>	Government Chemist Laboratory Authority
<b>ISO</b>	International Organization for Standards
<b>ICT</b>	Information Communication Technology
<b>LGA</b>	Local Government Authority
<b>MCPEU</b>	Manager Communication and Public Education Unit
<b>MIS</b>	Management Information System
<b>NIMR</b>	National Institute for Medical Research
<b>PC</b>	Pharmacy Council
<b>QMS</b>	Quality Management System
<b>SD</b>	Standard Deviation
<b>SDS</b>	Service Delivery Survey
<b>SE</b>	Standard Error
<b>TAEC</b>	Tanzania Atomic Energy Commission
<b>TBS</b>	Tanzania Bureau of Standards
<b>TFDA</b>	Tanzanian Food and Drugs Authority
<b>TMDA</b>	Tanzania Medicines and Medical Devices Authority
<b>TQM</b>	Total Quality Management
<b>UDBS</b>	University of Dar es Salaam Business School
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>VCT</b>	Veterinary Council of Tanzani
<b>VOC</b>	Voice of Customers
<b>WHO</b>	World Health Organization



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## EXECUTIVE SUMMARY

Tanzania Medicines and Medical Devices Authority (TMDA) goal is to maintain a high level of customer and other stakeholders' satisfaction through excellence in service delivery. To achieve this customer and stakeholders' feedback is important as it informs the Authority how it fairs in service delivery and the gaps in service delivery as perceived by stakeholders. Service Delivery Survey (SDS) is one of the ways that an organization can capture customers and other stakeholders' feedback. It is from this fact that TMDA is committed to conducting periodic service deliver surveys. The 2020 SDS is the fourth service delivery survey conducted by the Authority in collaboration with the University of Dar es Salaam Business School (UDBS).

Overall objective of this survey was to examine the level of stakeholder's satisfaction with services offered by TMDA and its predecessor TFDA. Specifically, the survey was meant to provide information on areas where TMDA is doing well in service delivery and also highlight gaps in service delivery which need to be addressed to as to improve the level of customer satisfaction.

Fourteen regions namely Dar es Salaam, Tanga, Arusha, Mtwara, Mbeya, Njombe, Katavi, , Manyara, Tabora, Dodoma, Mwanza, Geita, Ruvuma and Singida participated in the survey. Two districts were picked from each region making a total of 28 districts that participated in the survey. Data was collected from TMDA employees, households, permit and regulated customers, suppliers and other stakeholders in 28 districts. Structured questionnaires Focus Group Discussions and In-depth interviews were used to gather information from respondents.

### Key findings

The findings of the 2020 Service Delivery Survey indicate that

- Overall, stakeholders and the general public appreciate the role of TMDA in the country and the **Authority is on track in terms of fulfilling its mission** in the society. It has managed to reduce counterfeit products in the market through regulation, frequent inspections and market surveillance programmes
- TMDA has been rated as the preferred employer, and an effective regulator with sound systems in place, good working conditions.
- Steadily the **quality of services** rendered by TMDA to its stakeholders continues to increase. The rating is above 80% across stakeholder' groups. This reflects top management commitment to quality.
- The level of **satisfaction with TMDA service** among stakeholders is high. The SDS 2020 Customer Satisfaction Index is higher than the one of SDS 2014
- Public awareness and education about TMDA are low. Majority can recognise TMDA when associated with or referenced to TFDA

- **Inadequate human resource and limited budget** contribute to TMDA strategic performance gap
- **Strategic working partnership** with Local Government Authority makes it possible for TMDA services to be rendered even in areas where the Authority does not have physical presence.
- Employees are not satisfied with the new scheme of work and unclear promotion process

## Major recommendations

- Public Education and awareness campaign: Based on the findings the survey recommends continuously public education and awareness campaigns in order to build the TMDA brand.
- TMDA should undertake a strategic review of its mode of operation and develop a new structure that will rationalize zone offices and the possibility to open offices at the regional level in remote areas.
- Limited resources: There is a need for the Authority to put up a case and request to the government to allow it recruit more staff. The Authority should also exploit opportunities in other areas to generate more funds (harness intrapreneurial culture). Additional staffing and budget for the Authority to broaden spectrum of laboratory services, areas to regulate and frequency of inspection. This will include opening offices in other regions.
- TMDA should develop new guidelines and modality of support from the LGAs to be approved by the Government.
- TMDA should consider to support facilities to dispose unfit products. .
- There should be management development programmes to staff especially at managerial levels to improve their human and conceptual skills
- TMDA need to put in place Customer Feedback Management system in order to capture stakeholders voice as part of monitoring performance. Feedback should be analysed and timely provided to directorates/units for routine improvements, informed decisions and planning.
- TMDA should look into HR issues especially the scheme of service to make sure that all positions with respective job codes and responsibilities are fairly included.
- The online system for service delivery needs to be improved so as to remove hiccups in service delivery
- The TMDA services marketing triangle is well aligned, continuous improvement is needed to ensure that it is well aligned all the time



## Section One

### 1. INTRODUCTION

This is a report of the Service Delivery Survey (SDS) for the Tanzania Medicines and Medical Devices Authority (TMDA) for the year 2020. The team of experts from the Department of Marketing of Business School, University of Dar es Salaam was appointed by the TMDA Management to conduct the SDS as part of the planning and performance assessment jointly with TMDA inhouse technical team.

This is the main report termed **Volume 1**, which provides detailed information of the SDS from the planning to the actual results. There are two reports, of which Volume 2 is prepared as separate to this main report. The **Volume 2** comprises of the actual data, analysis and survey tools that were used during the survey.

Therefore, reference is made to the second report (Volume 2).

This is the fourth SDS to be conducted by TMDA, previous surveys were done in 2004, 2008 and 2014. However, it should be noted that the SDS 2020 reflects the former organization from the then Tanzania Food and Drugs Authority (TFDA) and Tanzania Medicines and Medical Devices Authority (TMDA).

#### 1.1 BACKGROUND

Tanzania Medicines and Medical Devices Authority (TMDA) is an Executive Agency under the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGE). TMDA which was formerly known as Tanzania Food and Drugs Authority (TFDA) was established in 2003 after enactment of the Tanzania Food, Drugs and Cosmetics Act, Cap 219. This Act was later amended in 2019 to Tanzania Medicines and Medical Devices Act, Cap 219 by shifting of responsibilities of regulating food and cosmetics to the Tanzania Bureau of Standards (TBS). These changes were effected through the Finance Act No.8 of 2019 together with change of its name to the Tanzania Medicines and Medical Devices Authority (TMDA). TMDA operates as an Executive Agency in accordance with the Executive Agencies Act, Cap. 245 as amended by the Executive Agency Amendment Act No.13 of 2009.

TMDA key functions are:

- Regulating the importation, manufacturing, labelling, distribution, storage, promotion and sale of medicines, medical devices and diagnostics.
- Inspection of manufacturing facilities, product outlets and inlets to verify compliance to set standards and practices.
- Evaluation and registration of medicines, medical devices and diagnostics before approval for use.

- Issuing licenses and permit for dealing in products regulated by the authority.
- Analysing medicines, medical devices and diagnostics to determine their quality, safety and effectiveness.
- Promoting rational use of medicines, medical devices and diagnostics.
- Educating and providing unbiased information to the stakeholders and the general public on the regulated products.

In order to achieve its Mission and Vision, TMDA strives to and shall continuously strengthen registration, licensing, laboratory analysis, enforcement and inspection services pertaining to regulation of medicines, medical devices and diagnostics. Further, more efforts are deployed to create more public awareness through various public education programs in order to reach out vast majority of Tanzanians nationwide.

The Authority also implements Quality Management System (QMS) aiming at improving organizational performance through review of service delivery processes and procedures. TMDA will always be committed to provide quality services in response to customers' needs and expectations without compromising the safety, quality and efficacy of regulated products. To be able to achieve these, stakeholders' feedback on how the Authority is performing in service delivery is important. It is from this background that TMDA planned to conduct the Service Delivery Survey which is geared to assessing the overall stakeholders' satisfaction with her services and captures stakeholders' voices on the gaps and areas for improvement in service delivery.

## 1.2 RATIONALE

The New Public Management agenda of the Government under the leadership of His Excellency Dr. John P. Magufuli, the President of the United Republic of Tanzania emphasizes on improved public service delivery, value for money and results. In this respect, TMDA is determined to continuously keep on improving the services offered to her customers and stakeholders. TMDA deals with a wide cross section of stakeholders such as product manufacturers, distributors, wholesalers and retailers; law enforcement agencies; practitioners and researchers; health care providers; Government institutions; International institutions; NGOs; consumers and the general public as well as the media.

The expectations of these stakeholders from TMDA are diverse, and their interests may at times be in conflict. **The goal of TMDA is to maintain a high level of customer and stakeholder satisfaction.** TMDA is also committed towards improving the working environment for its internal customers (e.g., employees and advisory board members), for example through meetings and internal capacity building. The Agency is also keen to strengthen the linkages with other collaborators including, but not limited to the Local Government Authorities (LGAs).

The Authority envisages developing a roadmap that outlines quality improvement milestones that will fast track the realization of its vision. TMDA would also like to engage her customers with a view to

improving the relevance, efficiency and effectiveness of service delivery. Continuous improvement in service quality requires among other things capturing the voice of stakeholders, specifically, getting feedback on how the Authority is performing in service delivery as customers preferences change with time and new customers come in the market with new needs and preferences.

Therefore, there is a need for TMDA to conduct periodical SDS hence the need for the current survey. The findings from SDS provide inputs to the Authority on areas for improvement in service delivery for increased customer satisfaction and public awareness with focus to protect and promote public health. The findings highlight areas needed to be improved in order to align the authority's service delivery triangle. The study also recommends the priority areas that TMDA needs to focus on in improving its service delivery and customer satisfaction and public awareness with focus to protect and promote public health. The findings will inform plans and procedures to be put in place for improved performance and provide inputs for establishing a forum for the stakeholders.



## 1.3 OBJECTIVE

The overall objective of this SDS is to examine the level of stakeholder's satisfaction with services offered by TMDA and its predecessor TFDA. The outcome of this SDS is aimed at identifying the areas that TMDA needs to improve on especially by enhancing quality service delivery to its customers and stakeholders. The survey recommends the priority areas that TMDA needs to focus on in improving its service delivery, customer satisfaction and public awareness with focus to protect and promote public health. The results from the survey will also serve as inputs to the:

- Process of establishing a forum for the stakeholders' engagement.
- Process of developing the new strategic plan
- Process of establishing the QMS

## 1.4 REPORT STRUCTURE

After introductory part (Section one), the remaining part of the main report (Volume 1) is structured under the following sections described briefly below:

- **Section Two:** This section provides detailed information on **methodologies** and **approaches** used to conduct the service delivery survey. The section is structured under three main sub headings namely survey preparation, data collection and data management.
- **Section Three:** This section presents **descriptive findings** which include the profile of respondents in terms of response rate and characteristics. The SDS comprises of six categories of respondents for both internal and external to TMDA. The profiles are further used during the analysis to determine other useful information on the results as presented in next section of the report.
- **Section Four:** This section presents the findings of the survey. The section provides **detailed analytical information** based on survey questions and correlated factors as explained in Section Three. The analytical findings are presented under the following themes: employees management; service and quality; medicines and medical devices usage; and public education and awareness.
- **Section Five:** This section provides information on calculated **customer satisfaction** indices of different categories as well as composite satisfaction index.
- **Section Six:** This section provides the **summary and recommendations** of the survey. The summary outline brief key findings of the service delivery survey, while recommendations provide an outline of critical issues that need to be addressed structured by time horizon in quick wins and strategic plan interventions as well as comments and feedbacks from respondents.



## Section Two

### 2 SURVEY METHODOLOGY AND APPROACH

This section presents methodology and approaches that were used to conduct the Service Delivery Survey. This is a retrospective time series study in which for comparative purposes and measuring change performance reports and survey of as far as year 2004 were reviewed and used. To achieve the intended objectives the survey utilized multiple data collection methods. The choice of methodology and approach was influenced by survey objectives and key questions that were to be addressed and provide insight information to TMDA management for planning, execution of functions, performance evaluation and developing communication and education strategy. The section is structured under the following major headings:

- Survey Preparation.
- Data Collection.
- Data Management.

#### 2.1 SURVEY PREPARATION

In undertaking the SDS, several key tasks and activities were undertaken during the preparation stage. The subsections below present brief descriptions of major tasks conducted at this stage.

- Establish scope.
- Develop survey tools.
- Survey sampling.
- Training Enumerators

##### 2.1.1 ESTABLISH THE SCOPE

The SDS started with development of Terms of Reference (TOR) by the TMDA management. Thereafter, TMDA invited the University of Dar es Salaam Business School (UDBS) to provide a Team Leader and two consultants with experience in service delivery survey to support the internal team. SDS Inception meeting was held on 24<sup>th</sup> November 2020 at Kibaha during which TMDA management and UDBS consultants reviewed the TOR and planned for the survey work. TMDA appointed internal team under the Manager of the Communication Public Education Unit (MCPEU). It was agreed that the SDS should commence immediately and the field work should commence latest the second week of December 2020. The duration of the survey was agreed to be three months, December 2020 to February 2021.

### **2.1.1.2 Survey Area and Population**

The SDS 2020 was conducted in fourteen regions within seven (7) TMDA operational zones. Of the 14 regions, seven regions where TMDA zonal offices are located were selected and seven (7) more regions, at least one from each TMDA zone was added to the sample. The seven (7) new regions were added to the sample to provide a picture on how TMDA stakeholders/customers in regions where TMDA does not have physical presence obtain services. This is important for TMDA future planning and expansion.

## **2.1.2 SAMPLING PROCEDURE AND SAMPLE SIZE**

### **2.1.2.1 Sampling Procedure**

A multistage sampling procedure was used to select the respondents for the survey. The first stage involved determining the regions to be included in the survey. TMDA operational zones were used to select the regions to be included in the sample. The six zones are Eastern, Southern, SouthernHighlands, Western, Central, Northern and Lake one. Each zone was to be represented by at least one region. For comparative with past surveys six regions that participated in the past service delivery surveys were included in the sample. The regions are; Dar es Salaam, Arusha, Mbeya, Mwanza, Dodoma and Mtwara. In addition, eight new regions were included from each zone. These are Tanga, Tabora, Geita, Njombe, Katavi, Manyara, Singida and Ruvuma. The second stage involved selection of the districts to participate in the survey. Two districts one urban and one rural were selected from each region, making a total of 28 districts that were involved in the survey. Table 1 shows the regions and districts that constituted the survey area.

### **2.1.2.2 Sample Size Estimation and Allocation**

The groups of stakeholders that took part in the survey are the general public, TMDA employees, permit customers, Public and private health facilities which include hospitals, health centres, dispensaries, pharmacies and ADDO. Other groups of stakeholders involved in the survey are the suppliers and others. The sample determination for each stakeholder's group is presented in the subsections below.

*Table 1: Selected Regions and Districts for Households Survey*

Zone	Cluster: Regions	Comparative	Sub-Cluster	
			Urban	Rural
1. Eastern	1. Dar es Salaam	Existing	Ilala	Kigamboni
	2. Tanga	New	Tanga	Kilindi
2. Central	3. Dodoma	Existing	Dodoma	Bahi
	4. Singida	New	Singida	Singida
3. Lake	5. Mwanza	Existing	Mwanza	Sengerema
	6. Geita	New	Geita	Chato
4. Northern	7. Arusha	Existing	Arusha	Monduli
	8. Manyara	New	Babati	Mbulu
5. South	9. Mtwara	Existing	Mtwara	Newala
	10. Ruvuma	New	Songea	Mbinga
6. Southern Highland	11. Mbeya	Existing	Mbeya	Kyela
	12. Njombe	New	Njombe	Ludewa
7. Western	13. Tabora	New	Tabora	Kaliua
	14. Katavi	New	Mpanda	Nsimbo

## Households

Households that represent general public have large population; hence the assumption of normal distribution is valid and was used to determine the sample size. This study used formula that was proposed by Cochran (1963)<sup>1</sup>, which is widely used in surveys. According to Cochran determining the sample size is influenced by several factors, including the purpose of the study, population, sampling risk, and allowable sampling error. In addition to the purpose of the study and population size, three criteria are used to determine appropriate sample size. These criteria are: level of precision (e); confidence level (z); and degree of variability (p). The formula below was used to determine the sample size (n).

$$n = [Z^2.P.(1-P)] / e^2$$

**Figure 1** below shows the results of calculation based on 95% confidence level with range of degree of variability and precision level. The calculated sample size range from 138 to 9,604. This study opted for 95% confidence level, 0.5 degree of variability and level of precision of 3%. Substituting these in the formula above yielded a calculated sample of 1,067. Furthermore, 30% was added on calculated sample size to obtain field sample size of 1,387, rounded up to 1,400 households. This sample provided for non response. A Total number of 1,400 households were targeted for the survey in 14 regions on average 100 households per region. Each

Chchran, W.G (1963): Sampling Techniques, 2nd Edition, New York: John Wiley and Sons Inc.

region, two districts (urban and rural) were selected that translate to 50 households per district. Simple random sampling method was used to select the households that took part in the survey.

Figure 1: Calculated Sample for the 95% confidence level with range of precision and variability

Confidence Level	Z=95%	1.96					
Degree of Variability	p	0.5					
Level of Precision	e	0.05	Level of Precision				
Sample size		384	0.01	0.02	0.03	0.04	0.05
	0.1	3,457	864	384	216	138	
	0.2	6,147	1,537	683	384	246	
	0.3	8,067	2,017	896	504	323	
	0.4	9,220	2,305	1,024	576	369	
	0.5	9,604	2,401	1,067	600	384	

### Employees:

TMDA had a total of 294 employees as at December 2020 payroll, who form the population for the internal customers (employees) survey unit. The breakdown of the employees shows that 263 (89%) are permanent employees and 31 (11%) are contracted employees. Survey tool for the employees was distributed to all employees at the Head Office as well as in seven (7) zonal offices. The questionnaires were self administered and some of the employees completed the survey tool online.

### Customers and Suppliers:

TMDA has diversity of customers; hence breakdown was made on two main customers, those who seek permit (permit customers) and those who seek laboratory services (laboratory customers). Furthermore, TMDA has suppliers who supply goods, services and other work activities. Due to small population size of these customers and suppliers the survey strategy was adopted to send the survey tools (questionnaires) to all whose detail contact information was available. The survey team compiled customers and supplier’s database, the list is provided in **SDS Volume 2**.

### Quality and Safety Monitoring

One of the TMDA major functions is quality and safety monitoring activities conducted regularly to facilities. Monitored facilities comprises of hospitals, health centres, dispensaries, pharmacies and Accredited Drug Dispensing Outlets (ADDO). The survey team adopted a strategy to maximize the collection of responses from monitored facilities through physical visits by the field team in the 14 regions selected for the 2020 SDS. It was agreed



that each field team to collect at least 40 completed tools from the monitored facilities in one region. The target was to collect at least 560 completed tools. The target monitored facilities were clustered by regions and district (rural and urban) as well stratified by type of the facilities. Where possible 20 facilities were to come from each district, however, this was not possible as some rural districts did not have enough of these facilities hence a compensatory rule was used to obtain 40 respondents from this category.

### 2.1.2.3 Type of Data

The SDS 2020 utilized both primary and secondary data. Primary data was captured using sets of structured questionnaires, FGDs and indepth interviews. Secondary data was obtained from TMDA documents which include the previous service delivery surveys: 2004, 2008 and 2014, TMDA Communication and customer service strategy, TMDA strategic plan, TMDA Client Service Charter and performance reports. The two types of data were necessary to establish trends in the service delivery, quality improvement and satisfaction trends among TFDA/TMDA stakeholders.

### 2.1.3 SURVEY TOOLS

Seven (7) sets of structured survey questionnaires were developed for the SDS 2020 and used to collect data needed for addressing SDS 2020. Each set of questionnaires was used to capture data from a specific group of stakeholders. The questionnaires had common themes and questions while some questions were specific to a group of stakeholders. In addition to structured questionnaires check list questions were developed to guide Focus Group Discussions (FGDs) and in-depth interviews. **Table 1** provides summary of survey tools that were developed and deployed for data collection. The following were the common themes in the survey tools:

- Respondent Profile.
- Management and Culture.
- Employees Competence
- Premises and Working Condition.
- Public Education and Awareness.
- Service Delivery and Quality.
- Customer Satisfaction.

*Table 2: Structure of Survey Tools*

<b>Tool</b>	<b>Target Respondent</b>	<b>No of Themes</b>	<b>No of Questions</b>
Tool 1	Employees (TMDA)	5	12
Tool 2	General Public (Households)	4	22
Tool 3	Permit Customers	4	37
Tool 4	Retailers	4	37
Tool 5	Laboratory Customers	3	16
Tool 6	Quality and Safety Monitoring	3	14
Tool 7	Suppliers (TMDA)	3	15
Tool 8	Other stakeholders	5	7

### 2.1.4 TRAINING ENUMERATORS

Enumerators’ training is an important part of primary data collection. Prior to commencement of field work, the survey team under the Manager, Communication and Public Education Unit (MCPEU) coordination organized a one-day training session. 26 members of the survey team participated in the training. They included field supervisors, field data enumerators and survey online database experts and the Project Manager (MCPE). The training sessions covered basics of the TMDA service delivery survey task, detailed survey tools, field logistics and team formation. There were seven (7) field teams formed to cover the 14 regions between 10<sup>th</sup> and 31<sup>st</sup> December 2020. Each team comprised of one field supervisor with two field data enumerators, except Easternzone team which had one supervisor and four field data enumerators. List of participants (supervisors, enumerators and TMDA team) is appended.



*Photo 1: TMDA Management and survey team during the training session*

## 2.2 DATA COLLECTION METHODS

One week prior to data collection, introduction letters were sent to Regional Administrative Secretaries (RAS) introducing the survey teams. On arrival in the regions survey teams made courtesy visits to Regional administration blocks and obtained introduction letters to the districts. At the district level, they obtained introduction letters to two wards one rural and one in urban setting.

### 2.2.1 QUESTIONNAIRE ADMINISTRATION

Structured questionnaires were administered in person by data enumerators to households, and monitored facilities namely hospitals, pharmacies, ADDOs, health centres and dispensaries. Questionnaires to employees and permit customers i.e manufacturers and importers were self administered. Respondents under these groups of stakeholders were given the hard copy questionnaires to fill in. Others filled online questionnaire. On daily basis, field supervisors reviewed filled questionnaires to check for completeness and met with the enumerators to share the next day plan and logistics.



*Photo 2: Field data enumerator administer questionnaire to household in Western Zone*

## 2.2.2 ONLINE DATABASE

The survey field team also included two ICT experts who were trained to manage the online survey tools. The team organized the database, sent contacts to the respondents, uploaded the survey tools online and made follow-ups. Three survey tools were mainly collected through online, these are for permit customers, laboratory service customers and suppliers. Also, few TMDA employees opted to send the employee survey tool online. The online database team organized the filled tools, printing and filing for data management.

## 2.2.3 FOCUS GROUP DISCUSSIONS

Three consultants from UDBS conducted Focus Group Discussions (FGDs) with selected employees at TMDA Head Office and seven zonal offices. The employees were selected randomly and clustered according to seniority and functional area. This was made so in order to encourage freedom of expression and participation in the FGDs. The external experts facilitated the FGDs through initial presentation and lead discussions based on well-developed themes. The FGDs were structured as follows:

- Introduction.
- TMDA as an employer
- TMDA brand and public awareness
- Working Condition.
- Challenges and gaps in service delivered
- Management Performance.
- Overall Quality of service delivered

## 2.2.4 IN-DEPTH INTERVIEWS

The service delivery survey team conducted in-depth interviews with management of TMDA on various issues and clarification prior to field work, during field work and report writing. The interviews provided clarified issues and provided information that informed development of data collection tools. In depth interviews were conducted with other TMDA stakeholders. These included other regulatory authorities and international organizations that work closely with TMDA. The interviews were guided by the list of questions capturing data in four thematic areas namely: Type of working relations with TMDA, Public awareness about TMDA, Quality of service delivered and level of satisfaction and areas for improvement. The stakeholders interviewed are those that have working relations with TMDA for example the National Laboratory. Some have similar role to TMDA e.g National Institute for Medical Research (NIMR), Tanzania Atomic Energy Commission (TAEC) and the Government Chemist Laboratory Authority (GCLA). Others are those whose activities involve importation of products regulated by TMDA e.g UNHCR, DKT International. The complete list of stakeholders consulted for the survey is included as Appendix A at the end of this report.





*Photo 3: Preparation of survey packs for the field supervisors and data enumerators*

## 2.3 DATA MANAGEMENT

Following completion of the data collection, four field data enumerators were selected and trained for data management. Data management involved preparation of the completed survey tools, data processing and data analysis. The data management process took two weeks to complete. The data management is covered under the following main headings:

- Data coding.
- Data entry.
- Data cleaning.
- Data analysis.

### 2.3.1 DATA CODING

The coding frameworks for open-ended questions were developed after data collection and reviews of the survey tools. SDS 2020 data collection tools had few open-ended questions; hence the data coding was a brief task conducted by the data management team. Based on coding framework for each tool, the data management team read and marked the open-ended questions with numerical numbers for easy data entry process.

### 2.3.2 DATA ENTRY

Following completion of the data coding to relevant tools, the data management team continued with data entry process. Data entry was based on developed templates using Microsoft Excel software to capture each question in all survey tools. A total number of six survey templates were developed. To prevent data entry errors, the templates were customized with specific question responses in a required range. Members of data management team were allocated number of tools per zone to process.

### 2.3.3 DATA CLEANING

Following completion of the data entry, the computer inputs into the Microsoft Excel templates were printed for review and testing data entry errors. Scanning of the printouts were reviewed for obvious errors and corrected. Two further tests were conducted to further clean the data: first test, the data management team selected the sample of processed tools and traced the actual data entry and marked errors found. Second test was done by tracking sample of outputs from the printouts to respective tools. All errors found were corrected prior to data analysis.

### 2.3.4 RESPONSE RATE

The response rate exceeded the target for the households. The targeted sample was to 1,400 households however, the survey reached 1,629 households. The response to monitoring facilities was 641 compared to the target of 560. However, the target of employees was 294, while the actual collection was 211 (72%). Response rate of permit customers was 19% where the target was 600 while actual collection was 116. There were small population of customers in the survey that include laboratory service (target=35, actual=23), and suppliers (target=59, actual=26).

### 2.3.5 DATA ANALYSIS

Following completion of data cleaning, the survey data expert loaded the Microsoft Excel templates into computer software called STATA (**MP version 14.2**). STATA is one of the powerful computer analysis software with large number of functions and analytical tools. After loading all data into software (STATA), high-level data cleaning was also carried out using “codebook” and “sort” commands. The outputs from the data analysis form a separate survey report (**Volume 2**), and summary and analytical information presented in this main report (**Volume 1**) in Sections 3 to 5. The findings of the data analysis are presented in the following forms. Descriptive analysis.

- Crosstabulation and association analysis.
- Determinant's analysis.
- Graph analysis and presentation.

## Section Three

### 3 DESCRIPTIVE ANALYSIS

This section of the survey report presents analytical summary of demographic data or characteristics variables (**descriptive findings**) that were used in six survey tools. These variables are necessary information to collaborate survey analysis with individual questions posed in the survey tools in order to get insights on various issues. The section is presented under the following subsections:

- Employee's characteristics.
- Households' characteristics.
- Permit customers characteristics.
- Laboratory customers' characteristics.
- Monitoring customers' characteristics.
- Suppliers' characteristics.

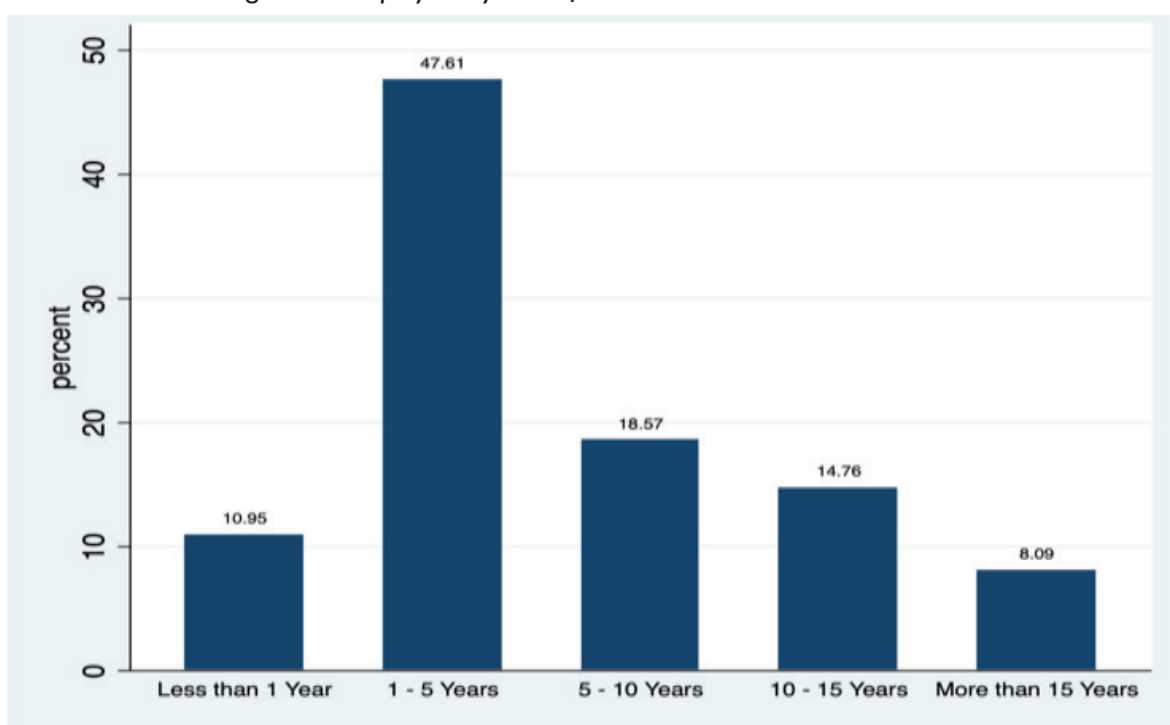
#### 3.1 EMPLOYEES CHARACTERISTICS

As per payroll of December 2020, TMDA has a total of 294 employees, of whom 263 (89%) are permanent employees and 31 (11%) are employees on temporary contract. A total of 211 (72%) employees responded to the SDS survey survey tool. In its strategic plan 2017/18 – 2021/22, TMDA has Objective "G", which states that "Institutional capacity to deliver regulatory services strengthened". Availability of adequate funding, competent human resources, infrastructure, working facilities and systems are important pillars for effective and efficient implementation of regulatory services. TMDA philosophy states that "TMDA strives to offer quality regulatory services in the pursuit of protecting public health and the environment by using competent and dedicated staff". Therefore, competent human resource (employees) is one of the major pillars for the functions of the TMDA.

The survey findings show that 30% of the respondents were female and 70% male. Also, 78% of employees who responded to the questionnaire were below the age of 46 years, while 22% were of age between 46 years and 55 years, 1.43% of the employees that responded to the survey tool were of age above 55 years. In terms of work location, 53.6% were from the Head Office and the remaining 46.4% were from zonal offices. Three zonal offices with few responses were Southern Zone (1.45%), Southern Highland Zone (0.48%) and Western Zone (3.86%) based on sample responded (n=207).

**Figure 2** shows distribution of employees who participated in the survey by number of years they have worked with TMDA. Significant respondents (47.61%, n=210) reported to have worked with TMDA between one and four years, 5-9 years (18.57%) and 22.86% have worked with the authority for 10 years and above. Therefore, TMDA have a mixed distribution of employees with number of work experience, with majority of them (59%) having less than five years work duration. This indicates the willingness of the authority to attract new blood in the organization and relatively good labour turnover which is good for firm organization performance.

Figure 2: Employees' years of work at TMDA



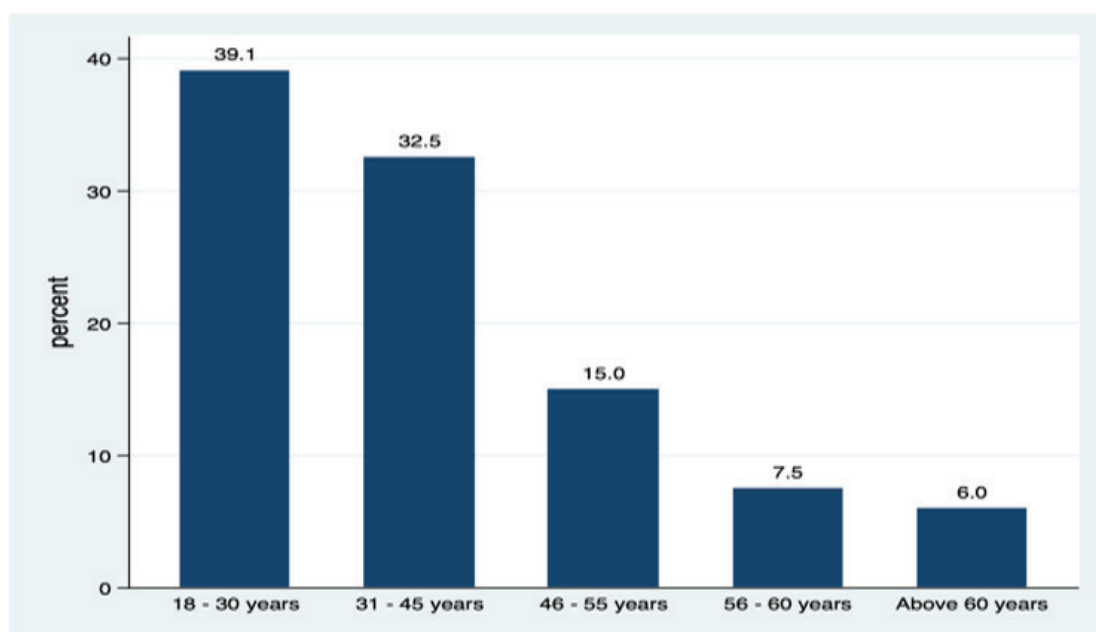
### 3.2 HOUSEHOLDS CHARACTERISTICS

TMDA continues to control quality, safety and effectiveness of medicines, medical devices and invitro diagnostics to safeguard public health in Tanzania. TMDA roles and functions have direct impact to the general public in the country; hence service delivery survey considers general public as key stakeholder to the institutional performance. The SDS 2020 included a sample of 1,629 households to represent general public in the country. The sampled households came from 14 regions, clustered into 28 districts and stratified by rural and urban locations. Data on 1,629 households are completed and analysed in this survey.

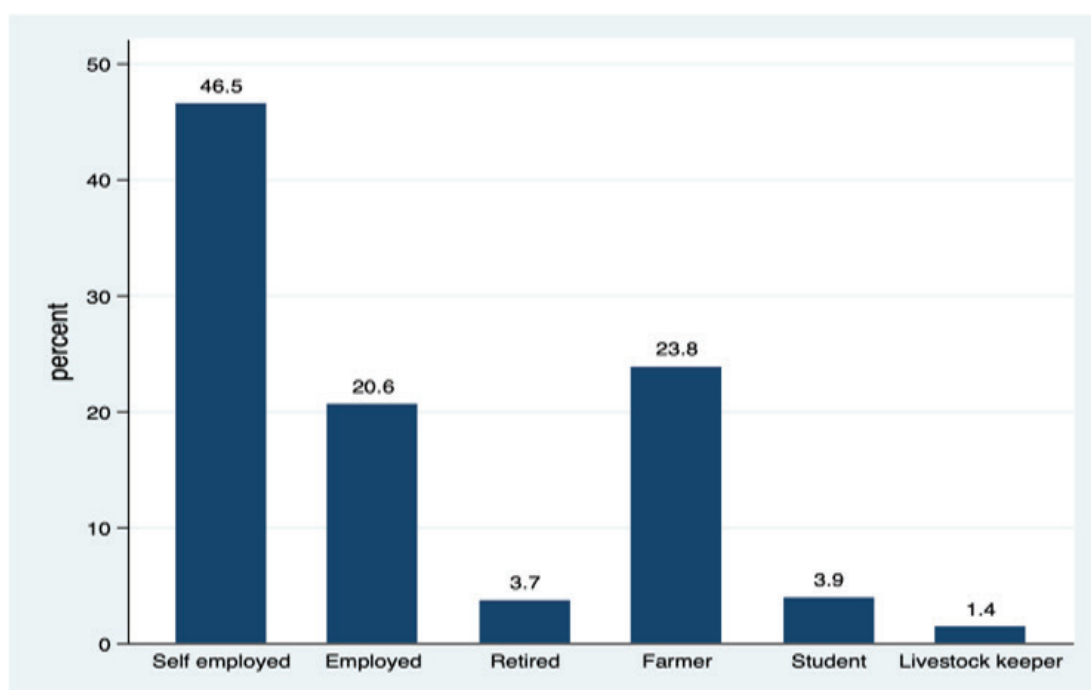
Of the total 1,629 households that responded to survey tool, 57% (930) were represented by female and 43% (699) were represented by male. 72% of the household respondents were of 45 years and below (**Figure 3**). The average household size was five (*standard deviation 2.54*), which is like the national average as per national census of 2012. The respondents were asked to report their occupation at time of the survey of which 46.5% reported that they were self-employed, 23.9% were farmers, 20.6% were employed and 9% were retired, students, livestock keepers and others (see **Figure 4**).

These findings support the norms in Tanzania where majority of female are expected to be found home taking care of the family and in a situation where they engage in business then they choose the business that allow them to combine with household chores. They are also in line with the current situation in the country where formal employment has declined and people opt for self employment to earn incomes.

*Figure 3: Age profile of household respondents*

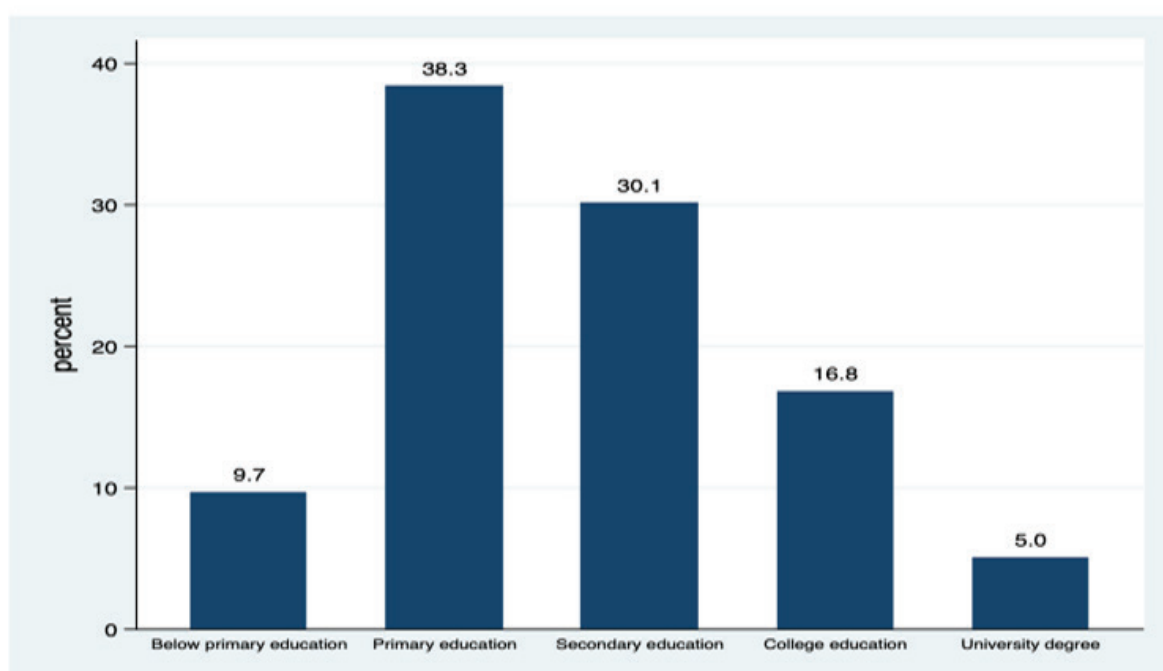


*Figure 4: Occupation profile of household respondents*



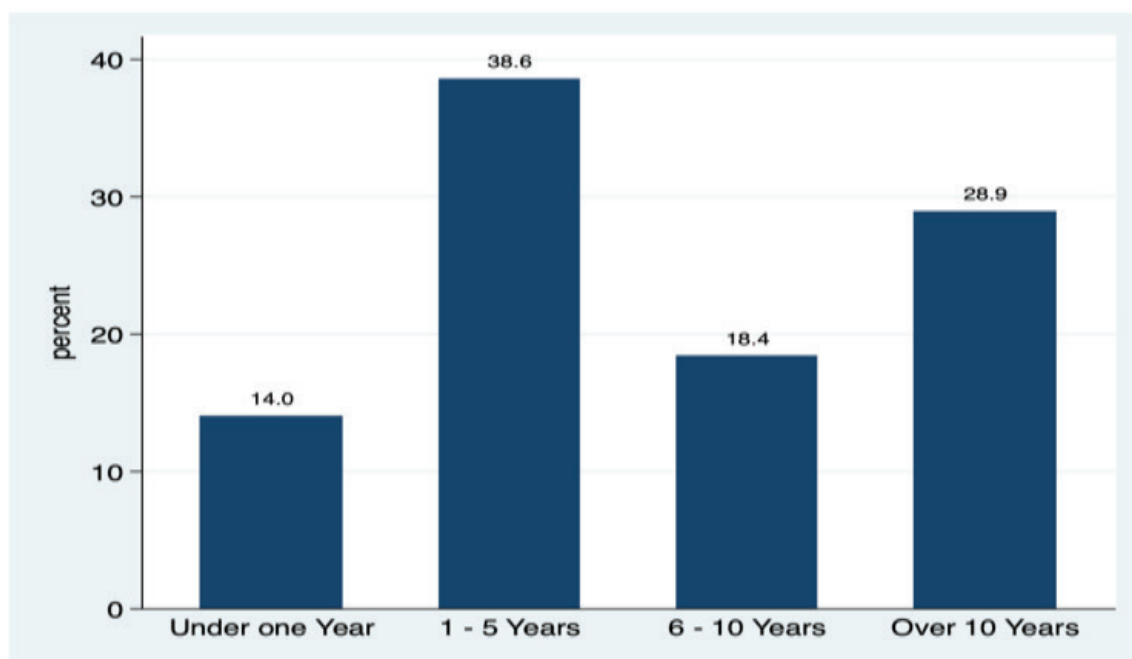
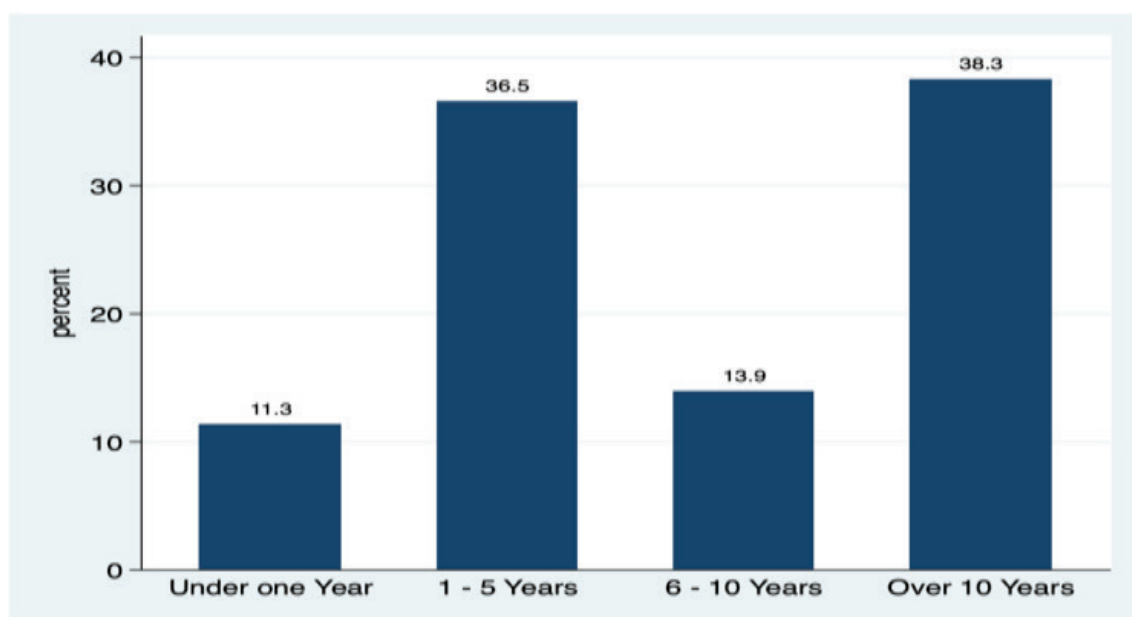
The respondents were asked to state their level of education at time of the survey of which 38.4% reported to have primary education, 30.1% had secondary education and 16.8% had college education leavers (see **Figure 5**). A Small proportion reported to be University graduates and 9.7% had education level below primary education. Overall, majority of the respondents had secondary education and below, while only 22% have college and universities education. This education profile has significant implication in developing communication and public education strategy to the general public. The choice of the language and communication tool needs to consider this.

Figure 5: Education profile of household respondents



### 3.3 PERMIT CUSTOMERS CHARACTERISTICS

TMDA has role to regulate, inspect and evaluate manufacturing, importation, distribution and selling of medicines, medical devices and invitro diagnostics. In this regard, TMDA issues permits to customers in those areas. 600 permit customers were contacted and 116 (19.3%) responded by completing the survey tool. Majority (69%) of permit respondents were from Dar es Salaam, followed by respondents from Arusha 7.8% and Mwanza 6.0%. **Figure 6** below shows the profile of permit customers on the age of their businesses. 38.3% of permit respondents (n=115) stated that their businesses had been in existence for more than 10 years, 13.9% between 6 and 10 years, 36.5% between 1 and 5 years and 11.3% under one year. This reflects the years of working relationship between permit customers and TMDA (see **Figure 7**).

*Figure 6: Permit customers years of working relation with TMDA**Figure 7: Years of business experience for permit customers*

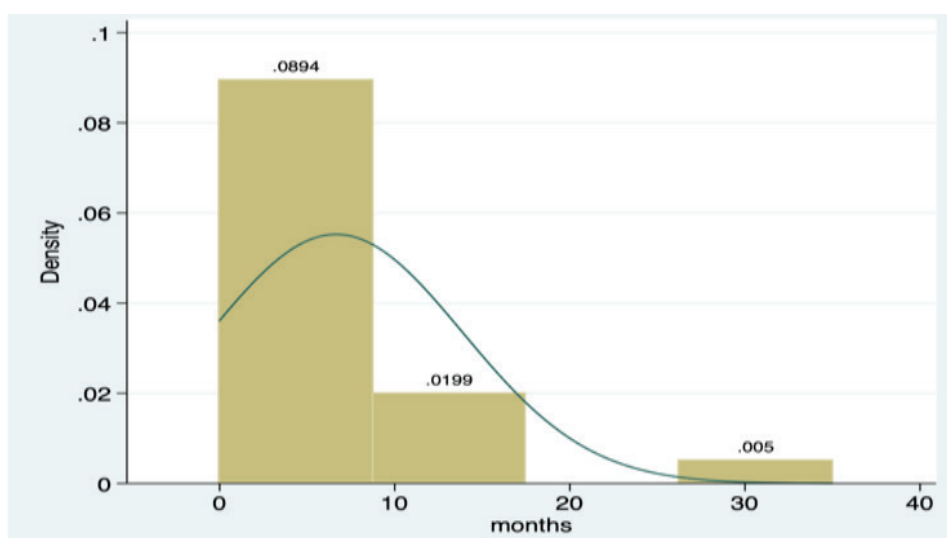
### 3.4 LABORATORY CUSTOMERS CHARACTERISTICS

TMDA laboratories have role to analyse product samples to assess safety, quality and effectiveness of the products before market authorization. TMDA has strengthened its laboratory services by acquiring and installing state of the art equipment in all its laboratories located in Dar es Salaam and its newly established laboratory in Mwanza. TMDA also has 25 minilab kits at ports of entry and several referral hospitals for screening product samples. TMDA's medicines laboratory is prequalified/accredited by the international organizations including World Health Organization (WHO) in 2012, and ISO/IEC 17025:2005.

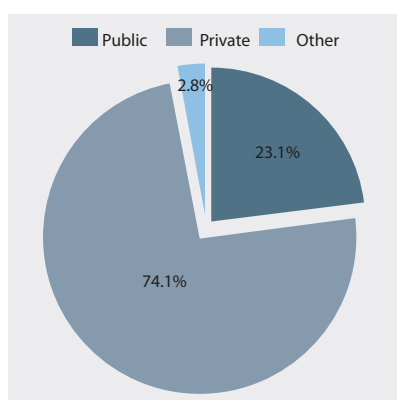
A total number of 35 questionnaires were sent out to targeted laboratory service customers, 23(66%) were filled out and returned. Among those who responded, 2(8.7%) are Government institutions, 16(69.6%) are product manufacturers, 2(8.7%) are wholesalers and retailers and 3(13.0%) are other customers. Majority of respondents (91.3%) were from Dar es Salaam region.

The respondents were asked to indicate the last time they had requested the laboratory service from TMDA. The findings show a minimum of one month i.e., current month of the survey (December 2020), with maximum of 35 months and an average of 6.7 months (standard deviation=7.2). The time distribution is skewed to the left as shown in histogram below (Figure 8). In terms of frequency of laboratory services 34.8% reported high frequency, 30.4% reported once in a year, 21.7% reported every quarter and 8.7% twice a year.

Figure 8: Distribution of length of time since request laboratory service



### 3.5 REGULATED CUSTOMERS CHARACTERISTICS

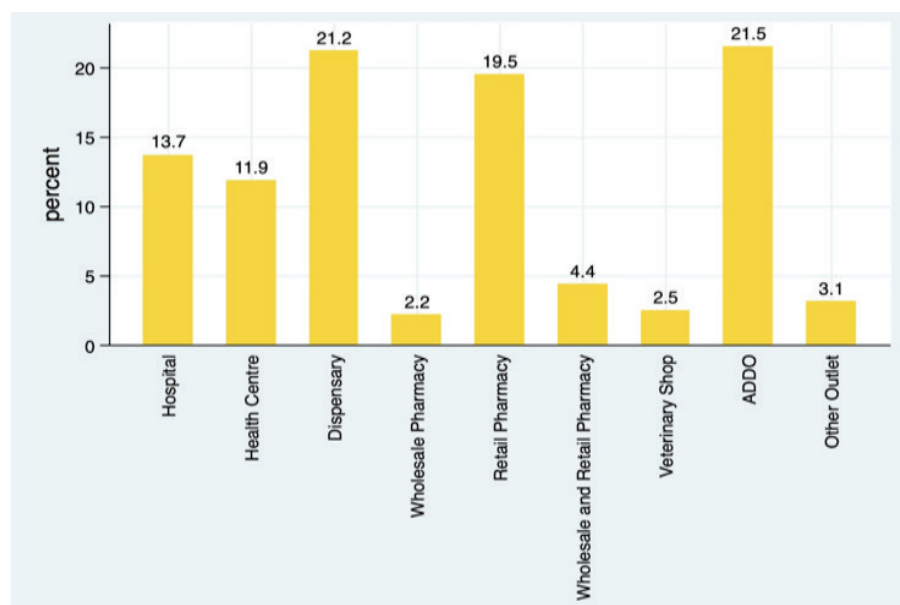


TMDA conduct regular quality and safety monitoring of facilities that store or dispense medicines, medical devices and invitro-diagnostics. The monitored facilities include health service units (hospitals, health centres and dispensaries) and medicines and medical devices selling facilities (pharmacies and ADDOs). These monitored facilities are scattered all over the country; TMDA conduct monitoring activities through its seven zonal offices. The monitored facilities are key external stakeholders; hence were included in SDS 2020. The sample of monitored facilities was selected on a simple random basis from 14 regions visited during the field work, clustered in 28 districts and stratified by location (rural and urban). A Total number of 641 completed survey tools were collected from the monitored facilities.



The profile of the regulated facilities shows that 74.1% were private sector, 23.1% public facilities and 2.8% mixed facilities. The responded regulated facilities majority (63.8%) were from urban areas and 36.2% were from rural areas. Figure 9 shows distribution of the types of regulated facilities. Significant responses were from ADDOs (21.5%), dispensaries (21.2%), retail pharmacies (19.5%), hospitals (13.7%) and health centres (11.9%). Small responses were from veterinary shops (2.5%), wholesale pharmacies (2.2%) and other outlets (3.1%).

Figure 9: Types of regulated facilities responded (n=641)

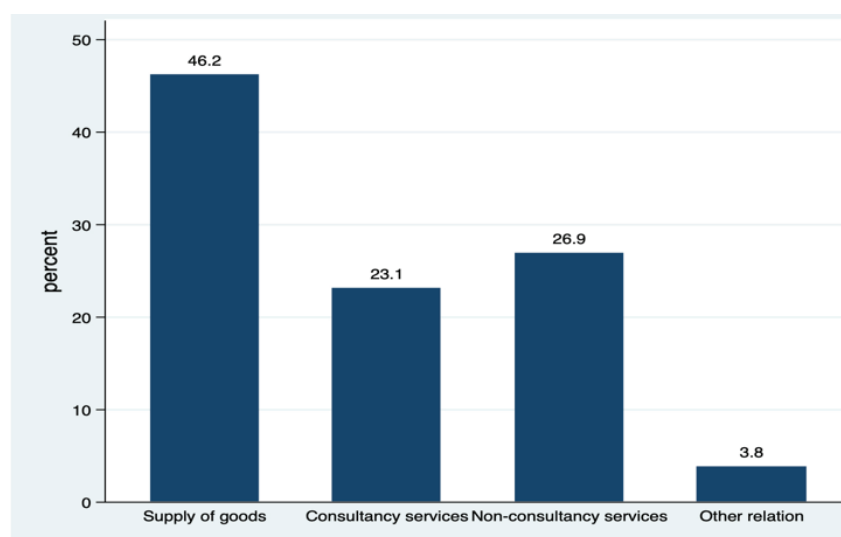


### 3.6 SUPPLIERS CHARACTERISTICS

TMDA has several suppliers who provide services and goods. The Authority is managing procurement process in accordance with the Public Procurement Act of 2004. This means all purchases from suppliers are done through its Tender Board. Suppliers are among key stakeholders who participated in the service delivery survey. About 59 suppliers were contacted and given the survey tool to respond to, 26 (44%) were completed tools and returned to TMDA.

Suppliers were asked to indicate the main area of operation in which they interact with TMDA. Out of those who responded to the questionnaire, 46.2% were suppliers of goods, 23.1% consultancy services, 26.9% non-consultancy services and 3.8% others.

Figure 10: suppliers' main business operation (n=26)



## Section Four

### 4 ANALYSIS OF THE MAJOR FINDINGS

This section presents detailed analysis of the survey findings. The section captures findings on all major survey themes. The section is structured in a manner to ensure that all major survey themes are discussed in relations to the actual data from respondents. The section organized under the following headings:

- Employees' management.
- Service delivery and quality.
- Medicines and medical devices usage.
- Public education and awareness.

#### 4.1 EMPLOYEES MANAGEMENT

The TMDA philosophy states that “TMDA strives to offer regulatory services in the pursuit of protecting public health and the environment by using competent and dedicated staff”. This philosophy points out that human resources (employees) are the key pillar in the performance of the TMDA functions. The Authority has been recruiting qualified staff as per available vacant positions at different periods of time. The Authority started with 62 employees in 2003, reached 294 in December 2020. The SDS 2020 covered four major themes related to human resources management at TMDA. The employees through self-administered questionnaire and focus group discussions were asked to respond to several questions that covered four drivers of their performance at TMDA. The four drivers are:

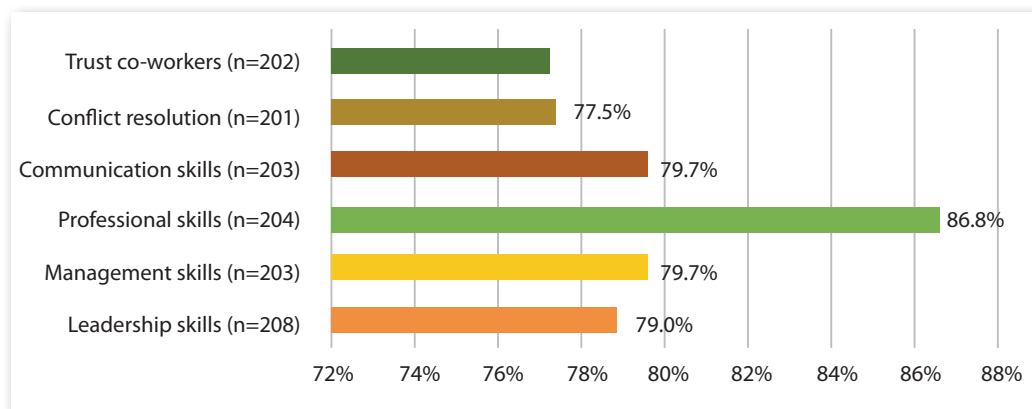
- Management and culture.
- Employees' competence.
- Working conditions.
- Remunerations.



### 4.1.1 MANAGEMENT AND CULTURE

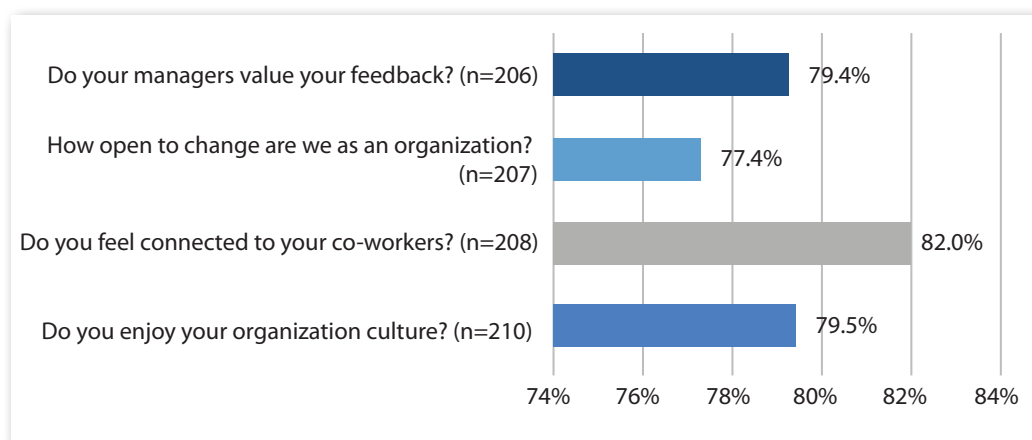
The employees were asked three key areas that covered their satisfaction level and rating on general management at TMDA. First employees were asked to rate the extent to which they are satisfied with their immediate supervisors on six management qualities. The findings indicate that professional skills of their immediate supervisors scored the highest while the rest of the qualities were scored between 77.3% and 79.7% (see **Figure 11**).

*Figure 11: Employees score on supervisors' management qualities*



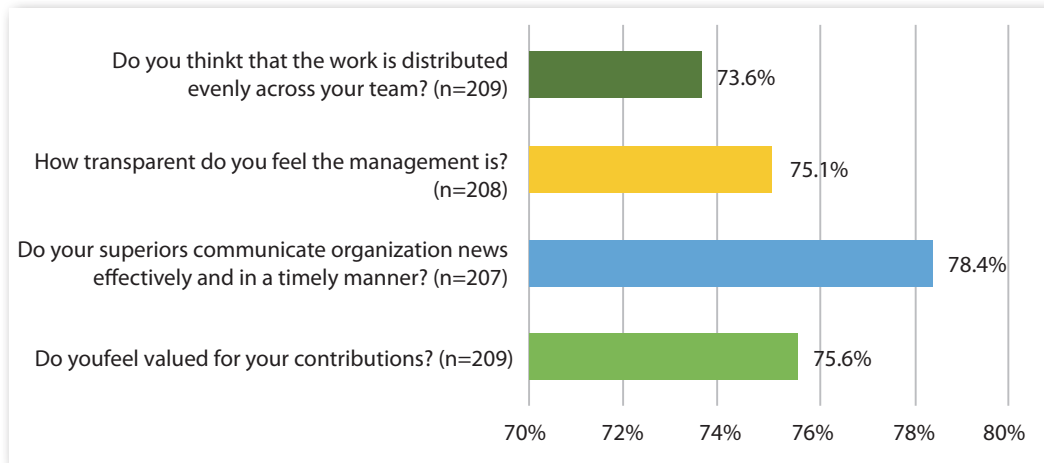
Secondly, employees were asked to rate the workplace culture in four areas namely the extent to which managers value employees' feedback, organization openness to change, employee's connectedness and organization culture. The findings indicate employees' connectedness is rated high (82%) while other attributes scored between 77.4% and 79.4% (see **Figure 12**). Overall, TMDA employees are satisfied with its management and organization culture.

*Figure 12: Employees score on workplace culture*



Employees were also asked to rate general management of TMDA on four aspects namely; work distribution among employees, management transparency, effectiveness and timeliness of communication in the organization, appreciation of employees’ contributions in the organization. Overall, from the rating the survey findings indicate that employees are satisfied with management qualities of their supervisors. Specifically, effective and timeliness communication scored the highest (78.4%) while the remaining three aspects scored between 73.6% and 75.6% (see **Figure 13**).

*Figure 13: Employees score on general management*



### 4.1.2 EMPLOYEES COMPETENCE

The competency of employees directly determines their ability to deliver services to their customers and the public. In this survey on a 7 points likert scale employees were asked to assess their own competence, morale and the extent to which their jobs give them opportunity to learn. They were also asked to rate the extent to which management respect employees’ competence and the availability of tools and resources needed to perform their job. The first part (**Question C1**), the employees were asked to indicate the extent of their agreement on six statements ranging from disagree completely and agree completely. Overall, the findings indicate employees’ agreement with the statement with the scores above 80% except morale, which scored 75%. Between 10 to 15% of the employees disagree with all statements and 10% were neutral on several statements (see **Table 3**).

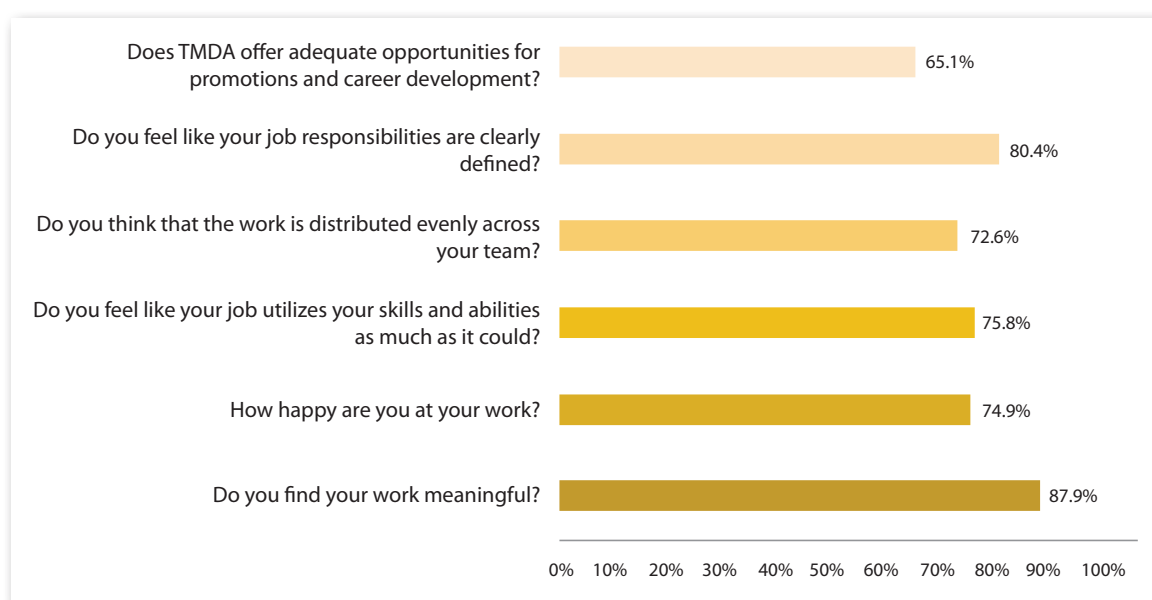
*Table 3: Employees responses on statements reported in percentage*

	Disagree Completely	Strongly Disagree	Somehow Disagree	Neither	Somehow Agree	Strongly Agree	Agree completely
a. My job gives me the opportunity to learn (n=208)	0.96	0.48	5.77	4.81	22.12	21.15	44.71
b. I have tools and resources I need to do my job (n=208)	2.88	1.44	2.88	6.25	22.12	24.04	40.38

	Disagree Completely	Strongly Disagree	Somehow Disagree	Neither	Somehow Agree	Strongly Agree	Agree completely
c. I have the training I need to do my job (n=206)	1.94	1.94	4.37	3.88	31.55	26.21	30.10
d. Management respects my competence (n=208)	1.44	0.96	2.40	10.10	17.31	32.69	35.10
e. I have balance between personal and job life (n=209)	3.35	2.87	6.70	7.18	18.18	33.49	28.23
f. Morale is very high in my Directorate or Unit (n=206)	3.40	3.88	7.77	10.19	16.02	30.58	28.16

Employees were also asked to state their perceptions on their job. They were asked the extent to which they feel that TMDA offers them opportunity for promotion and career development. They were further asked to state the extent to which responsibilities are clearly defined and work evenly distributed across the team. Employees were also asked to state if they are happy with their work and if they can utilize skills and abilities in performing their job. The findings in **Figure 14** show that employees feel that their job is meaningful at 87.9%, while lowest score is on opportunities for promotion at 65.1%. Therefore, issue of promotion is matter of concern to TMDA employees. These findings are consistent with those from FGDs where employees lamented on being recategorized into lower grades with the promise that there will be accerelated promotion. The accerelated promotion has not been implemented this has demoralised employees.

Figure 14: Employees score on their jobs (n=203)



### 4.1.3 WORKING CONDITIONS

Working environment and condition is critical to satisfaction, efficiency and effectiveness of human resource at any organization. The working condition include the place of work and its surrounding, office furnishing, equipment and tools for carrying out duties as well safety and adequate working space. The survey explored the issue of working conditions at TMDA to employees through six items on **Question D1**.

On a scale of 10 points employees were required to rate their satisfaction on these six items describing working condition. The findings reveal the highest scores on safety at work place (83.2%), followed by hygiene and maintenance at workplace (81.9%) and physical working conditions (81.8%). The other working conditions items that were below 80% mark include offices condition (77.2%), maintenance of buildings (76.7%) and access to equipment and tools (76.8%) (See **Figure 15**).

*Figure 15: Employees score on their jobs (n=195)*



### 4.1.4 REMUNERATION

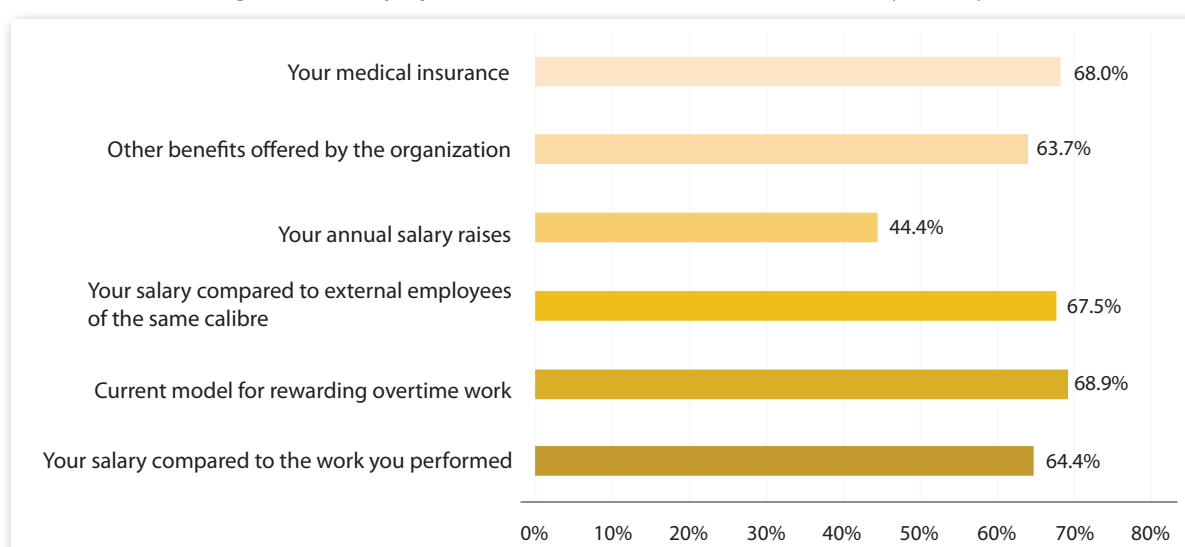
Creating the right compensation plan leads to stronger job satisfaction to employees. The right compensation plan includes benefits, along with all the other bonuses available. Employees often boast about holiday bonuses or they keenly watch how their organization performs against their plans and resources available. The right compensation program invests employees into the work being done, which gives them a stronger sense of satisfaction when the organization succeeds. They know they will be rewarded for their efforts; everyone likes to be appreciated.

Properly compensating employees shows you value them as workers and as human beings. When people feel valued, they feel better about coming in to work. Overall organization morale increases and people are motivated to come to work and do a good job. Additionally, when employees know there are bonuses or commissions, they are increasingly motivated to deliver grander results. If employees experience excellent service quality with the organization, they are more likely to be motivated to deliver excellent quality on the outside of the organisation. Today, findings shows that

training, empowerment and rewards are the three most significant factors, which determine the level of performance and, in turn, lead to delivery of service strategy and excellent service quality.

The survey explores the issue of remuneration at TMDA by asking employees how satisfied they are on six remuneration items (**Question E1**). In a scale of 1 to 10 employees were required to rate their satisfaction on these items. None of the remuneration indicators reached satisfaction mark of 70% (see **Figure 16**). Lowest satisfaction was on annual salary raise at 44.4%. The issue of promotion and salary increment emerged during FGDs where by employees mentioned to be the area that need to be improved. They said that employees stay long in one position with neither promotion nor salary increment.

*Figure 16: Employees score on the remuneration items (n=198)*



#### 4.1.5 EMPLOYEES FGDs

In addition to questionnaires Focus Group Discussions were conducted to capture data that could not be captured using questionnaires. FGDs were conducted in Mtwara, Mbeya, Dodoma, Tabora, Arusha, Mwanza and Dar es Salaam. FGDs were conducted to capture detailed information from employees on working condition, employees' assessment of the service delivery and quality of services delivered. In each zonal office one FGD was conducted. At head office seven (7) FGDs and one indepth interview were conducted. The discussions focused on five main themes below.

- TMDA as an employer
- Working conditions
- TMDA as brand awareness and Public education
- Employee's evaluation of TMDA performance and the quality of services delivered
- Gaps for improvement

### 4.1.5.1 TMDA as an Employer

Employees were asked to provide their views on what type of employer TMDA is. The discussions painted TMDA in two main areas. First employees identified TMDA in terms of the mandate that it has in the society the reasons for which it was established. Second they, described TMDA as an employer with the following qualities:

- Systems in place that guide employees in implementing their day-to-day activities.
- Standard operating procedures and guidelines in place which are followed in implementing activities.
- Transparent
- Balance production and people
- Care for staff development

### 4.1.5.2 Working Environment

The second theme involved employees' discussion on TMDA working environment. Employees were asked to describe the working environment at TMDA, in which they described the working environment in four main areas. First is the availability of working tools and resources, physical environment and working relations among staff. From the FGDs the following were observed.

#### **Tools and resources**

Employees collectively agreed that TMDA provides working tools and resources needed to support activities in order to achieve its goals and mission in the society. They pointed out that although resources are inadequate including staff, the organization strives to ensure optimal allocation of the available resources to ensure that staff perform their assignments comfortably.

#### **Physical environment**

The findings from FGDs revealed that in terms of physical environment employees also rated high TMDA physical environment. They also mentioned availability of working spaces where staff have conducive offices if compared with other government offices. Building in all zone and head offices are in good location, well kept and attractive. It was also observed that TMDA strives to create and maintain TMDA brand in all offices especially the reception area.



## **Working relations and team work**

Generally, employees that participated in FGDs said there were good working relations among staff. They said they get along well across directorates and units. However, on they said there is still a room for improvement to raise team work to the desired level. Employees should be prompt and ready to step in one's shoes to help and save the image of the organization.

For example, they pointed out that there are still such responses being given to external customers *"your registration is delayed by .....department"*. With good teamwork this should not surface because to the external customer TMDA is one.

On the issue of team work employees complained about directorates working on projects individually at conception stage and involve others during implementation. The danger is that capacity of other directorates could be taken for granted during project design stage, For example, taking samples to the laboratory without caring about the capacity.

They said *"Team work entails directorates moving together, for example, now laboratory services have moved online, ICT Section should be able to translate DLS needs, However, that happens slowly due to either laboratory services being not a priority or ICT staff are few in number"*. Given that teamwork is one of the TMDA core values there is a need to improve this to the level desired by the employees.

### **4.1.5.3 TMDA Awareness and Public Education**

#### **TMDA brand and awareness**

Employees were asked to discuss on how they view TMDA as a brand and how popular it is in the society. Overall, the findings from the FGDs indicate that employees consider TMDA brand to be noble, considering its critical role in the society. However, they said that following the transformation from TFDA to TMDA people are not familiar with TMDA. They said that out of 5 people 3 or 4 are not aware of TMDA. They said that sensitization effort should be increased. They stated that currently there is just one sensitization TV programme once a week and Nane Nane fair are being used for sensitization. They argued that that is not enough more sessions and communication tools should be used to sensitize and provide education to the general public about TMDA existence and its functions.

#### **Knowledge on Client Service Charter**

Employees were asked if they are aware of the CSC and if they have read it. They all agreed to have read the charter, especially the sections that are relevant to their directorates and work mandates. However, they pointed out that not all external customers were given hard copies because they are few and, in most cases,, they are

referred to websites to access the same. They said that some external customers know their rights but not necessarily from reading the CSC.

#### 4.1.5.4 TMDA Performance and Service Quality

Employees were asked to evaluate TMDA performance and service quality. They were asked to say if they see any gap in performance and whether the gaps observed are planning or strategic ones. Overall, the findings from FDGs show that there is no planning gap, the Authority can implement activities as planned, however, there are still strategic gaps. TMDA would wish to do more in terms of:

- Providing education to the public
- To conduct inspections in many areas to prevent smuggling into country falsified medicines and medical devices
- Increase the frequency of inspections
- To frequently inspect hospitals, health centres etc
- To perform all laboratory tests

However, the authority is not able to do more because of inadequate HR and limited resources. There is still between 30% to 40% strategic gap in performance for TMDA to attain the desired ideal performance as a regulator. The Authority is working hard to identify other sources of funds in order to increase its budget.

#### 4.1.5.5 TMDA service marketing triangle

Employees were asked to give their views on the extent to TMDA service marketing triangle is aligned. Services marketing triangle (Valarie and Bitner, 2000) is a strategic framework that looks at what needs to be done by the organization in order to deliver quality service that will improve customer satisfaction. The three points of the triangle are company top management, external customers and employees (service providers/internal customers). The three sides of the triangle represent the marketing activities to be performed by the organization. They include external marketing represented by the line joining top management and external customers. This is where the promise is made; here top management communicates its services to external customers. The second side of the triangle represents internal marketing activities; it is the line connecting top management and employees. This is where the promise is enabled. With internal marketing, the top management provides tools, train staff with right skills and knowledge needed to perform their duties and motivate staff, overall creating the conducive working environment. The third side of the triangle represents interactive marketing activities; the line connects employees and external customers. This is where the promise is delivered. Mostly on this line we find boundary spanners in the organization.

Assessing their service marketing triangle, overall TMDA employees are comfortable with the Authority performance in the three marketing activities. They said the organization triangle is well aligned with few areas that need continuous improvements. They also said that the use of technology, online processing of permits has improved performance; however, more services need to be finalized online. The employees identified the following gaps in the service triangle that need continuous improvement.

### **External marketing**

- Promise to external customers should be carefully made. Some services may not be possible either due to the method being new and the staff do not have needed skills to perform the method or there are no reagents and equipment.
- Communication to external should be very clear that services will be provided in specified duration under certain conditions.

### **Internal marketing**

- Information flow needs to be improved. Some information is made available to some units only.
- Double standards in implementing certain things, something could be possible in one unit and not possible in another
- Lack of innovativeness, making decisions in the same way expecting improved results
- Limited budget making it difficult to implement some HR activities
- Feedback management. Not working on feedback from internal customers
- The need for Psychology services to employees with social problems not e.g. counselling etc

### **Interactive marketing**

- There are still some challenges in adhering to timelines stipulated in CSC
- Language to our customers, we still think that customers have problems when they come to us
- There is still lack of collective responsibility culture. "We are still pointing fingers on one another when something goes wrong in customer service. Informing customers on failure of one department to deliver, is contrary to team work spirit". Sometimes units implement contradicting activities due to lack of communication
- Political interference and pressure lead to compromising profession and SOP. For example, 100 samples are needed to provide conclusive results but one might be told to draw conclusion based on 10 samples.

- Use of letters delays services unnecessarily some queries should be addressed via emails
- Frequency of inspection is low due to inadequate manpower and funds

### **Technology**

- Some customers still do not own the technology used by TMDA hence it becomes a challenge when it comes to sharing information
- Some customers are laggards in innovation. They still prefer manual application to online one. Despite being taught on how to use the online platform, they still submit manual application.
- Sometimes we lag technology as an institution. Some spare parts for equipment not being available in the market. Not being able to perform some tests due to lack of technology and fast innovation especially in the area of medical devices
- Need to extend online services e.g why submit hardcopy receipt if payment is effected online with control number? Accounting services should be available online

### **External Factors Affecting TMDA Service Delivery**

From the FGDs in addition to the specific gaps in service triangle, other factors identified to influence service delivery are:

- System could be down, which makes it difficult to meet the time duration promised in the CSC
- Communication from the facilities is very slow making it difficult for TMDA staff to act on time
- Services that are delivered in collaboration with other institutions with different accountability culture
- Unconclusive decisions due to dependency on ministry. This results into wastage of resources
- Limited resources, TMDA operates within government constrained budget

### **Internal Gaps for Improvements**

#### **Human resource Issues**

Employees in almost all the FGDS mentioned HR issues that are problematic which somehow affect staff morale. From the FGDs it was revealed that:

- Promotion process takes long time people have stayed in one position for many years. For example, they said that “some people have been in their

current position for more than 5 years other for more than 10 years”

- It takes time for the HR department to address staff demands and issues. For example, changes in the staff salary takes time to be effected
- Change of the scheme of service changed staff positions where one position now has three levels namely officer, senior officer and principal officer. Due to this change most staff were taken one step back from the positions they initially occupied. The change was not well understood by staff hence there is division among staff in the organization with some being unhappy with the change. It should be noted that change is inevitable in the organization however proper and effective communication is key to success in implementing change. There is a need for staff to be involved and educated fully particularly on changes that affect their life at work
- Communication from the HR department is very slow. Getting feed back on staff requests takes time e.g., a back dated leave approval letter being received when the staff has completed the annual leave. Staff are even not informed on certain matters e.g if one has a letter to be collected from HR
- Inadequate staffing, especially inspectors and IT people
- Need to appreciate all employees in the organization regardless of their education background. Both science and non science disciplines should be appreciated as they all contribute to the attainment of TMDA goal. This will contribute to improving staff morale and overall teamwork
- Quality management is not in the scheme of services and HR people have taken long time to address this issue. The scheme of service is disappointing and discriminating
- Transparency on employment contracts: some employees said they were employed on permanent basis; however, after joining the organization they are given renewable contracts.

## 4.2 SERVICE DELIVERY & QUALITY

Regardless of type of an organization, delivering services of high quality is an important pursuit for service providers that seek to create and provide value to their customers. Through the provision of high levels of service quality, companies can achieve increased customer satisfaction, loyalty and therefore long-term success. In order to provide high levels of service quality and therefore create value for their customers, service organisations need to plan the delivery of their services and to ensure the successful implementation of the actual plans. Therefore, good planning and effective implementation of the developed delivery plans are key factors for the service delivery system. Furthermore, continuous improvement of service procedures contributes to the optimisation of service delivery systems and enhances the organisation’s standards of service.

Quality service is one of the most important competitive factors in today's economic and social working environment. A fundamental question is how to make it excellent. Excellent service is not a one-way street, it depends on among other factors how the customer gives the feedback to that service. One of the 2020 SDS specific objectives was to capture the TMDA external customers' perception on TMDA performance on service and quality of service delivered. The findings are presented under the subsections below.

- Service demand.
- Quality of service.
- Staff assessment.
- Image and reputation.



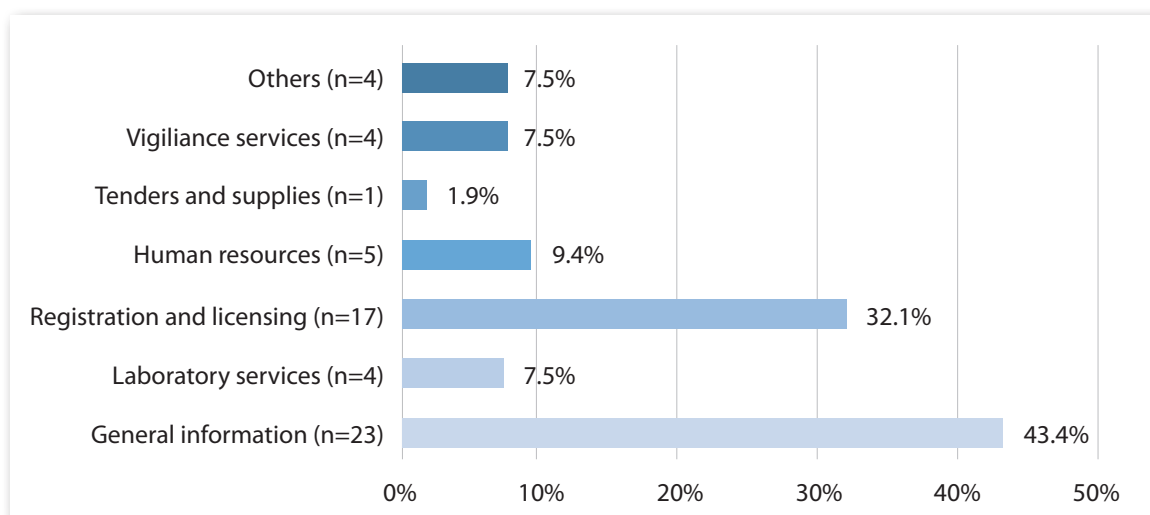
#### 4.2.1 SERVICES DEMAND

Customers demand various services from TMDA at different point in time. This survey sought out to determine service demand from different categories of customers.

The few questions were included on Tool 1 (households), Tool 3 (permit customers), and Tool 7 (suppliers). The general public (households) were asked to indicate if ever they have contacted TMDA for any service (**Question B3**). The findings indicate that out of 1,629 households surveyed, 767 responded on the question, of which 53 (6.91%) reported that they had contacted TMDA for services. However, on effective rate to the sampled households of 1,629 this rate becomes 3.25%. This indicates that customer from the general public represent a very small proportion compared to the regulated customers. The low demand of TMDA services by the general public is due the fact that majority of citizens are not aware of the existence of TMDA and its role in the country. Hence the need for more awareness campaign to position TMDA in the general public mind.

The general public customers that had ever sought services from TMDA were further asked to indicate the type of services they sought from TMDA. Significant of the services seekers were for general information (43.4%), registration and licensing (32.1%) and human resource (9.4%) (See **Figure 17**). The general public has responsibility and rights to seek information from TMDA, which hardly they utilize it. There is indication of need for continued with public education and creation of awareness to the general public on the services that general public can seek from TMDA.

*Figure 17: Services demanded by general public*



Permit customers were asked to indicate if they have permits from the TMDA. 73.3% of them those who responded to the question (n=116) reported to have the permits. Laboratory service customers were asked (**Question A3**) how often they interact with TMDA on services. Significant of laboratory customers reported to interact with TMDA on high frequencies (34.8%), once a year (30.4%) on quarterly basis (21.7%).

## 4.2.2 QUALITY OF SERVICES

General public customers who received services from TMDA were asked to indicate quality of services (**Question C4**). Overall, the findings indicate that customers perceive services delivered by TMDA to be of high quality. Specific, scores on TMDA service quality dimensions are assurance (83.7%), reliability (83.6%), empathy (80%), and responsiveness/timeliness (77.8%),

*Table 4: General public scores on quality of services*

	Very Good	Good	Neither Good nor Poor	Poor	Very Poor
Reliability (n=55)	34.5	49.1	5.5	5.5	5.5
Responsiveness/ Timeliness (n=54)	24.1	53.7	7.4	7.4	7.4
Empathy (n=55)	32.7	47.3	10.9	3.6	5.5
Assurance (n=55)	36.4	47.3	3.6	5.5	7.3

Permit customers were asked to state if TMDA services (**Question T19**) meet their expectations. The findings indicate that 81% of permit customers reported that their expectations are met compared to 19% whose expectations are not met (n=116). Permit customers also were asked to rate overall quality of services at TMDA (**Question T20**). 56% reported that services were of very high and high quality compared to 40% who reported the level to be average.

In terms of timeliness of services delivery, the permit customers were asked how long it took to register at TMDA. Significant (41.7%) reported that within five days, 22.6% within 20 days and 35.7% within 30 days. In terms of getting the permits, the customers reported that it took 30 days (80%), 45 days (6.9%) and 60 days (12.6%). These timeframes are clearly indicated in the TMDA Client Service Charter. Also, installation of the new systems will significantly improve the processes to reduce time from TMDA side.

Monitored facilities (n=641) were also asked to rate how well they think TMDA perform on its core functions (**Question C4**). The findings indicate very high score on quality of services performed by TMDA as reported on **Table 5**. All functions were scored total high (aggregate of good, very good and excellent) range between 87% and 94%.

*Table 5: Monitoring facilities score on quality of services*

	Poor	Fair	Good	Very Good	Excellent
Regulating Medical Products (n=611)	0.8	5.7	29.3	37.8	26.4
Inspecting Medical Products (n=615)	0.6	5.2	22.9	37.1	34.2
Issuance of Permits (n=599)	1.7	7.9	24.4	35.9	30.2
Quality and Safety Monitoring (n=612)	1.1	5.9	22.1	36.4	34.5
Conducting pharmacovigilance of medical products (n=606)	2.3	6.8	26.1	35.6	29.2
Promoting rational use of medical products (n=615)	1.9	6.5	25.5	33.2	32.9
Educating and sharing accurate and reliable information (n=613)	3.8	8.8	20.9	31.8	34.8

Laboratory service customers (n=23) were also asked to rate how well they think TMDA perform on its core functions (**Question C4**). The laboratory service customers have scored very high the quality of services performed by TMDA as reported on **Table 6** below. Most of the functions were scored total above 90% (aggregate of good, very good and excellent), except two functions. The functions which scored low are issuance of permits (78%) and pharmacovigilance of medical products (78%).

*Table 6: Laboratory customers score on quality of services*

	Poor	Fair	Good	Very Good	Excellent
Regulating Medical Products (n=22)	0.0	4.6	31.8	36.4	27.3
Inspecting Medical Products (n=23)	0.0	8.7	30.4	39.1	21.7
Issuance of Permits (n=23)	0.0	21.7	21.7	34.8	21.7
Quality and Safety Monitoring (n=23)	0.0	8.7	26.1	39.1	26.1
Conducting pharmacovigilance of medical products (n=23)	0.0	24.7	17.4	34.8	26.1
Promoting rational use of medical products (n=23)	0.0	4.4	39.1	34.8	21.7
Educating and sharing accurate and reliable information (n=23)	0.0	8.7	39.1	30.4	21.7



## Indepth Interviews

The findings from indepth interviews also support these findings in which the 10 stakeholders interviewed rated quality of TMDA services rendered to customers and general public above 90%. They also said they are satisfied with services rendered by the authority and the way the authority delivers on its manadate to the public.

### 4.2.3 STAFF ASSESSMENT

Assessment of TMDA employees is considered critical part of the service delivery survey, whereby the external customers evaluate performance at a high level. The external customers were asked to assess the general performance of the employees at TMDA on specific functions as well as general administration issues. The results of the external customers assessment of employees are presented below with reference to each survey tool used.

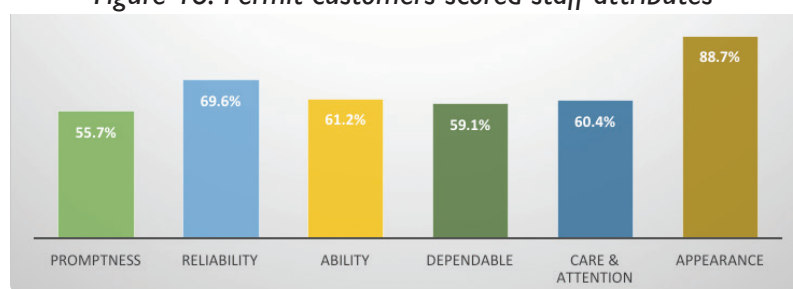
General public (households) who have contacted for services at TMDA have assessed staff attributes as shown on **Table 7** below. The general assessment shows that households scored very high (very good and good) staff attributes ranging from 75% and 88%. The average scores were very good (37.3%), good (43.7%), neither (6.8%), poor (3.8%) and very poor (9.0%). The aggregate score of good and very good assessment was 81%, therefore, there is a gap of 19% that calls for improvement on staff side at TMDA.

*Table 7: Households score on staff attributes*

	Very good	Good	Neither	Poor	Very poor
Professionalism (n=53)	39.6	39.6	3.8	9.4	7.6
Integrity (n=52)	34.6	46.1	3.9	3.9	11.5
Empathy (n=51)	35.3	39.2	11.8	1.9	11.8
Fairness (n=52)	42.3	40.4	5.8	1.9	9.6
Appearance (n=51)	43.1	45.1	3.9		7.8
Courtesy (n=52)	28.9	51.9	11.5	1.9	5.8
Simple Average	<b>37.3</b>	<b>43.7</b>	<b>6.8</b>	<b>3.8</b>	<b>9.0</b>

Permit customers were also asked six questions and attributes to rate on the attributes of staff at TMDA. The survey results on questions T21 to T27 are summarised on **Figure 18** below. The permit customers scored high staff appearance at 88.7%, while the rest of attributes were scored below 70%.

*Figure 18: Permit customers scored staff attributes*



Suppliers were asked to assess TMDA staff attributes as shown on **Question B4** that includes four items. The general assessment shows that suppliers scored very high (very good and good) staff attributes all above 90%. The average scores were very good (45.2%), good (50%) and medium (9.6%). The aggregate score of good and very good assessment was 95.2% (**Table 8**), therefore, there is a small gap for improvement on staff side at TMDA as perceived by the suppliers. Findings from stakeholders' indepth interview indicate that stakeholders are happy the way TMDA address customer needs. They said "TMDA staff have improved their attitude and promptness to service delivery"

**Table 8: Suppliers score on staff attributes (n=26)**

	Very Low	Low	Medium	High	Very High
Professionalism	0.0	0.0	7.7	46.2	46.1
Integrity	0.0	0.0	0.0	53.9	46.1
Courtesy	0.0	0.0	0.0	61.5	38.5
Responsiveness	0.0	0.0	11.5	38.5	50.0
Simple Average	0.0	0.0	9.6	50.0	45.2

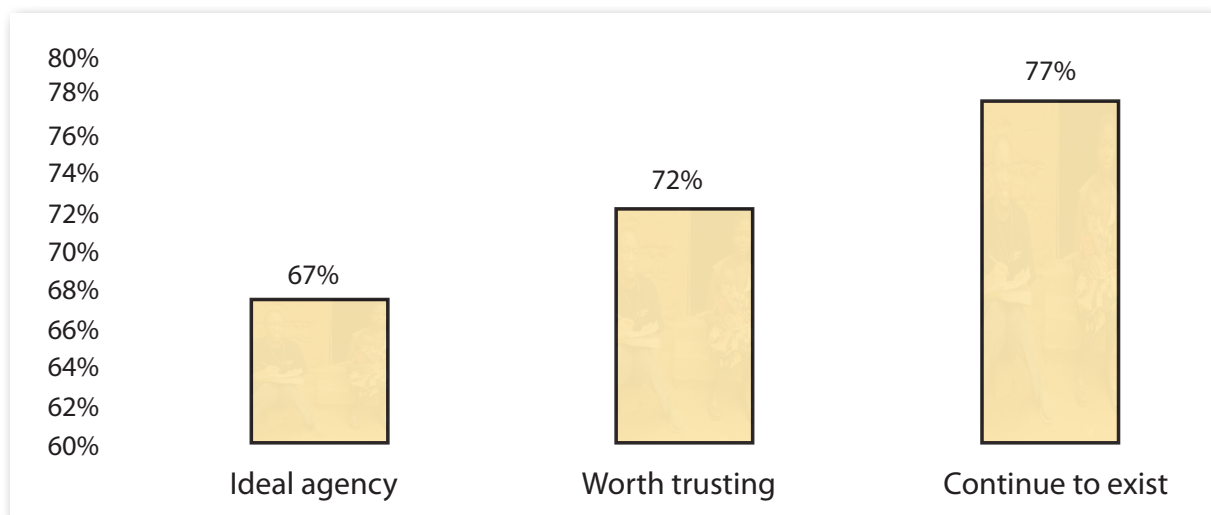
#### 4.2.4 IMAGE AND REPUTATION

Service quality as a basic business function of service providers has been one of the most important considerations for many stakeholders. High-quality service delivery and customer satisfaction are viewed as indispensable components of any strategy designed to secure a sustainable advantage for any organization.

Organization image and reputation are both influenced by service quality, (rather than vice versa); that while there is some evidence to support the idea of a causal route from cognitive aspects of reputation and to the affective (rather than vice versa) that the relationship might best be thought of as bidirectional i.e., as a co-variance. However, the affective aspect of organization reputation appears more critical and therefore useful in determining satisfaction and commitment. Survey included several questions on two tools that intended to measure or assess perception of customers on image and reputation of TMDA. These tools are households (Tool 2) and monitoring facilities (Tool 6).

Households were asked to rate on their perception or expectation on three elements of reputation for the TMDA. Majority of respondents reported high scores in all three elements of reputation, whereby ideal agency was 67%, worth trusting 72% and comment that TMDA continue to exist 77%. The reputation of the organization as per stakeholders is rated at above 90%. Stakeholders including other regulators in the country said TMDA is reputable and they know their mandate in the society and implement it with very high level of precision.

Figure 19: Households scores on reputation elements



Regulated facilities were asked to rate several statements that measure the image and reputation of TMDA. Regulated facilities (n=594) reported high scores on elements of image and reputation of TMDA ranging from 77.1% to 85.1% (**Table 9**). These results are not significantly different to those reported by households above.

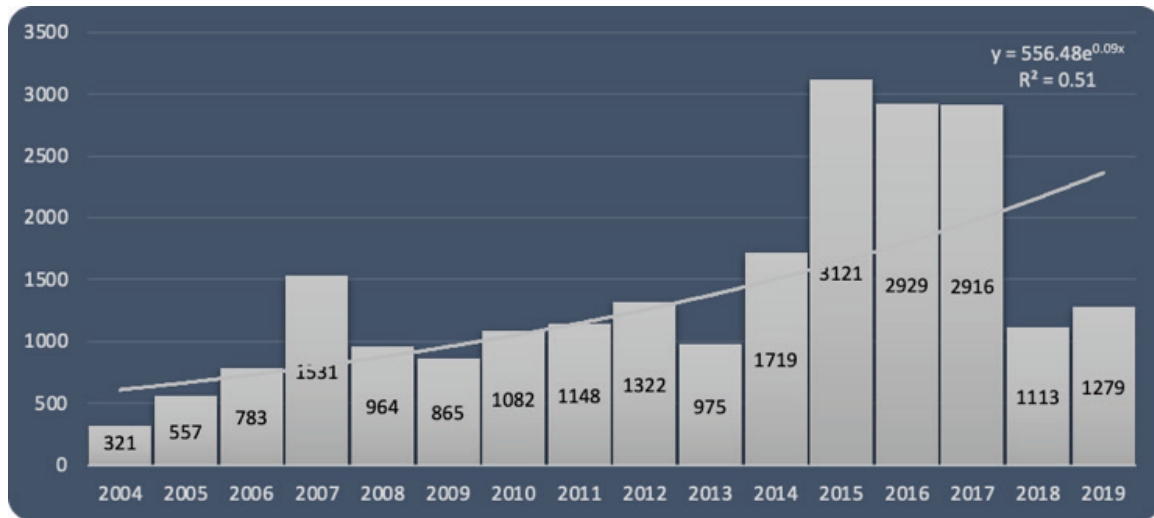
Table 9: Regulated facilities scores on image and reputation (n=594)

	Mean	SE
TMDA is an innovative organization	79.8%	.084
TMDA is an organization we can trust	85.1%	.077
TMDA has a good reputation in Tanzania	85.1%	.073
TMDA professionally discharges its mandate	81.9%	.082
TMDA is involved in corporate social responsibility activities	77.1%	.100
TMDA fulfils its regional and international obligations effectively	81.9%	.083

### 4.3 MEDICINES & MEDICAL DEVICES USAGE

TMDA as an Authority regulating medicines and medical devices has a role and responsibility to protect public health. The survey explored the status of medicines and medical devices issues from the public at large as represented by the households surveyed in 14 regions. The households' survey tools include specific theme on medicines and medical devices usage as experienced by the general public. Eight questions were posed to households (**Questions D1 to D8**) to explore this theme. In addition, **Question D9** was provided as an open-ended survey question to enable respondents to provide comments and feedback regarding the medicines, medical devices and vigilance services in Tanzania. Figure 20 shows the annual trend of medicines registered by TFAD/TMDA.

Figure 20: Trend on annual medicines registration by TMDA



Source: TMDA various annual performance reports

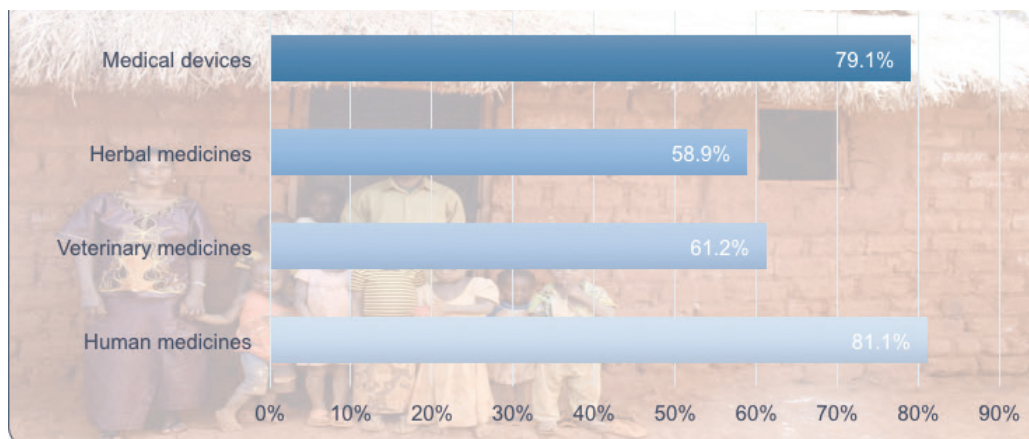
This sub-section covers the results of the survey on this theme as presented under three items below:

- Public trust.
- Expired products.
- Efforts and actions.

### 4.3.1 PUBLIC TRUST

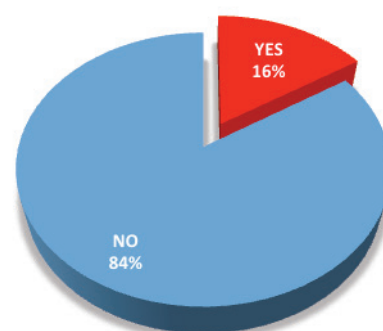
The general public were asked to indicate the extent to which they trust the four medical items in Tanzania (**Question D1**). These four items are human medicines, veterinary medicines, herbal medicines and medical devices. The respondents were asked to score between low 1 and high 5 points scale. Out of 1,629 households surveyed, 1,464 responded on this question. The general public trust human medicines at high score of 81% and medical devices at 79%. Low trust is in herbal medicines at 59% and veterinary medicines at 61%.

Figure 21: Households score on trust to medical products in Tanzania



### 4.3.2 EXPIRED PRODUCTS

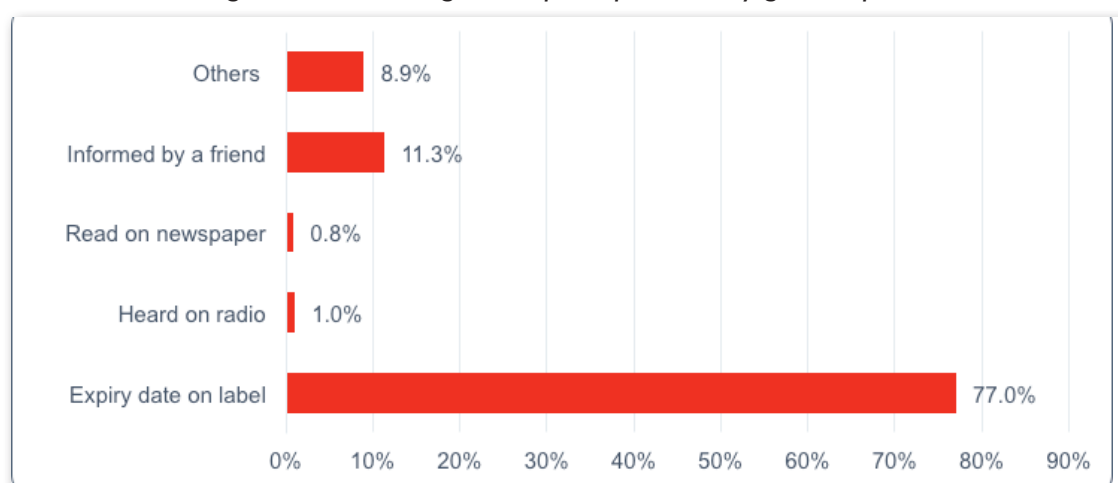
Households were asked to report whether they have bought expired medical products in the past (**Question D2**). **Figure 22** shows that 16% of responded households reported having bought expired products in the past.



*Figure 22: Households response on buying expired medical products*

Those households that have bought the expired medical products were further asked to indicate how they came to know if the products had expired (**Question D3**). Majority of the responded (77%) reported that they knew that through reading labels (**Figure 23**).

*Figure 23: Knowledge on expired products by general public*



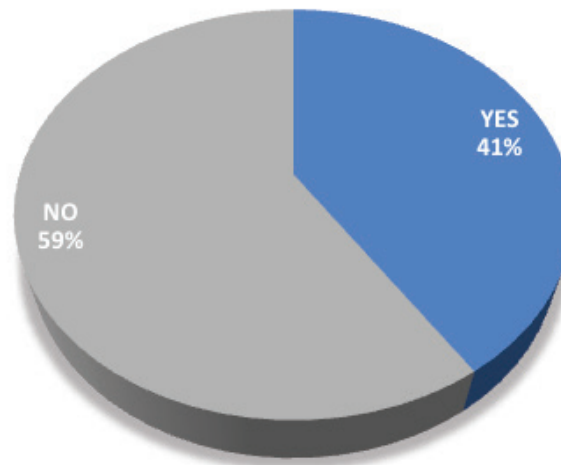
### 4.3.3 EFFORTS AND ACTIONS

The respondents who reported to have bought the expired medical products in the past were further asked on the action they took regarding those products (**Question D4**). Significant respondents (n=240) reports that they returned the products (35.8%), consumed the products (10.8%), threw out the products (45.8%), while minority reported the matter to relevant authorities (4.2%) and other actions (3.3%).

The general public were asked to indicate if they are aware of any action taken by TMDA to protect

consumers against counterfeit or poor-quality products (**Question D5**). The findings indicate that 41% are aware of the actions, while majority (59%) reported not to be aware.

Figure 23: Household response public awareness on consumers' protection (n=1609)



The households were asked to report which they consider to be the most counterfeit or poor-quality product (**Question D6**). The respondents reported in order of human medicines (62.7%), veterinary medicines (18.8%), herbal medicines (14.4%) and medical devices at 4.7%. Also, the respondents were asked (**Question D7**) how they consider the action taken by relevant authorities in the country to destroy counterfeit products. Majority (86.6%) reported that it is very important, while 11% reported that it is important (n=678).

#### 4.4 PUBLIC EDUCATION & AWARENESS

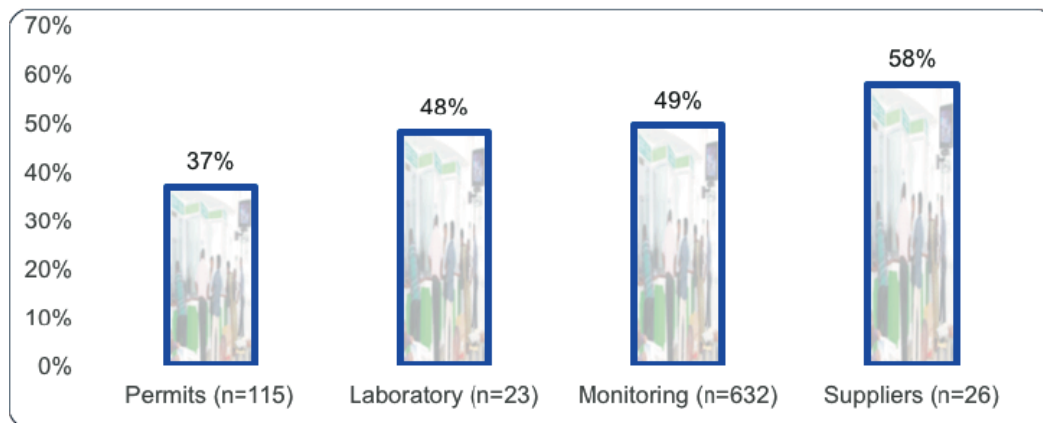
TMDA Strategic Objective “F” states that “Public education strengthened and customers’ service improved”. Public education on regulated products is of paramount importance because it relates with compliance to law and rational use of regulated products. Public education provides information that influence behaviour of customers, consumers and general public in relation to compliance with the use of products. The survey assessed the level of public education and awareness on several questions in five tools. The results of the survey on public education and awareness are presented under the following headings:

- Client service charter.
- Public knowledge.
- Media utilization.

### 4.4.1 CLIENT SERVICE CHARTER

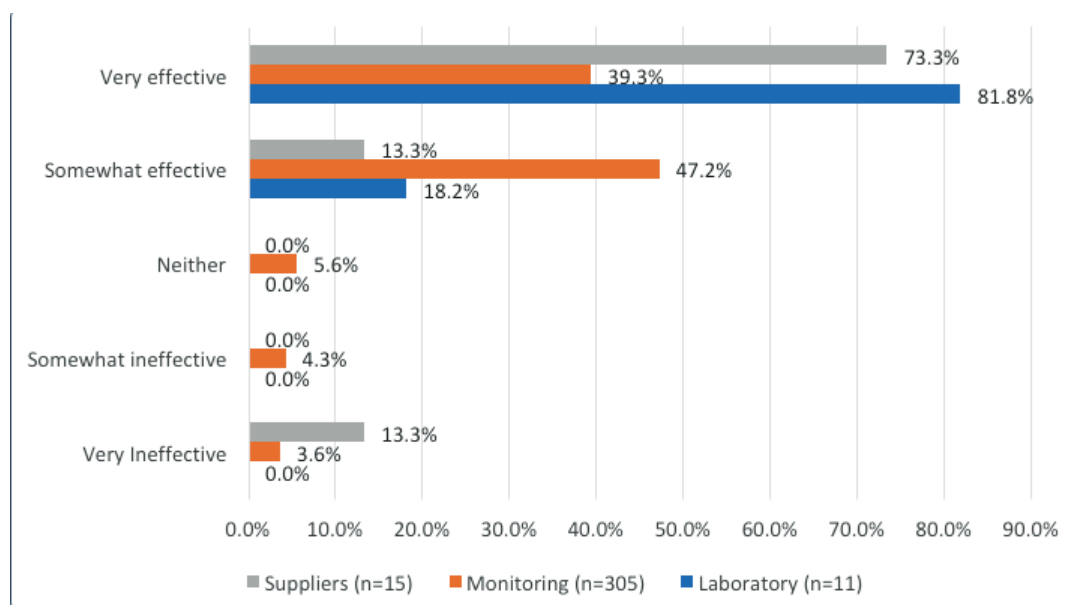
TMDA has reviewed its client service charter (4<sup>th</sup> Edition, June 2020) by shortening the time for service provision with the aim to satisfy and meet customers' expectations. The Client's Service Charter applies to external clients and stakeholders who utilize TMDA services. The charter provides for standards of service delivery expected by clients and what the Authority anticipates from its clients including what can be done if the specified standards are not met. Customers were asked if they are aware of TMDA client service charter. The weighted average of total customers who responded that they are aware of the client service charter is 47.5%. However, permit customers are less aware at 37% (see **Figure 25**).

Figure 24: Customer awareness of the Client Service Charter



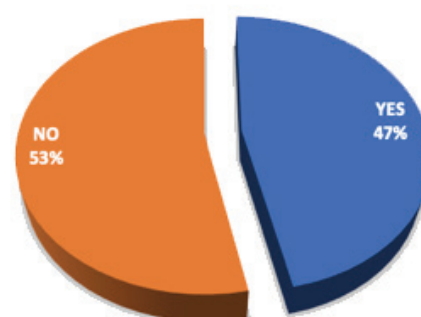
The customers were asked the extent to which with TMDA fulfill its commitment to its customers as stipulated in its Client's Service Charter. **Figure 26** below shows a high level of rating from customers on effectiveness of TMDA in fulfilling its commitment to customers as stipulated in the client service charter.

Figure 25: Customers responses on effectiveness in fulfilling client service charter



### 4.4.2 PUBLIC KNOWLEDGE

Households were asked to report whether they are aware of TMDA (**Question B1**). Results show that 47% of responded households (n=1620) reported that they are aware of the TMDA, while majority 53% reported not to be aware of existence of TMDA. TMDA Communication and Customer Service Strategy 2017/18 – 2021/22 revised in June 2020, indicated a target to increase stakeholders and general public awareness and knowledge to 80%.



Therefore, the survey finding score of 47% is way below the target for the strategy which is to be completed next year i.e., 2022. These findings are consistent with those from FGDs where employees scored 30% to 40% on the level of public awareness about TMDA and its functions. During indepth interviews other stakeholders also indicated their concern on the continued confusion between TFDA and TMDA. They said that even to them although they frequently interact with TMDA still they need to think twice in terms of what is abbreviated in TMDA. Therefore, more awareness campaigns should be conducted to inform the public on the transformation from TFDA to TMDA. TFDA brand was known to the general public and it took about 16 years to build it. The households were also asked the extent to which they agree or disagree with statements regarding public awareness about consumer rights and protection in Tanzania (**Question D8**). All responses (**Table 10**) leaned towards disagreement that means lack of public awareness on various issues on consumer rights and protection in the country.

Table 10: Households responses on consumer rights and protection awareness

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
There is public education about consumer rights	14.2	19.4	9.4	24.1	32.9
The labels provide information in the language that can easily be understood by consumers	8.8	18.8	12.5	24.3	35.6
People know where to report whenever affected by the products they consume	6.4	13.4	10.5	24.9	44.9
The system is not in favour of consumers	16.2	20.6	24.2	19.8	19.3
TMDA is doing enough to curb counterfeit and sub-standard products	23.2	23.9	28.3	13.9	10.7

### 4.4.3 MEDIA UTILIZATION

To ensure that members of the public are well informed of TMDA functions, various communication channels are used. They include outreach campaigns, televisions, social media and radio broadcasts across the country. Several questions were included in the survey to assess media utilization in public education as well as create awareness among customers and stakeholders of TMDA.



Two similar questions in Tool 2 (**Question B2**) and Tool 3 (**Question T6**) asked respondents on how they knew about the existence of TMDA. The media which were leading in households' responses were television (54.1%), radio (43.7%) and newspapers (17.3%). Permit customers leading media were social media (49.1%), followed by brochures/leaflets/flyers (32.5%) and radio/newspapers at 28.1% each. The responses show clear differences in use of media to educate each category of stakeholders.

*Table 11: Media scores on knowing TMDA*

	Households (n=758)	Permits (n= 114)
Newspapers	17.3%	28.1%
Radio	43.7%	28.1%
Television	54.1%	20.2%
Seminars and workshops	7.7%	
Brochures and leaflets/flyers	3.4%	32.5%
Posters and billboards	5.4%	11.4%
Public events	7.0%	14.0%
Trade fairs and exhibitions	4.1%	20.2%
Social media	14.2%	49.1%
Other sources	12.9%	30.7%

Customers were also asked on how they knew TMDA client service charter. Social media has been scored high by both monitored customers and suppliers, monitored facilities (55.3%) and to suppliers at 57.7%. Other media that were scored high include radio, newspapers, television brochures/leaflets/fliers and posters (see **Table 12**).

*Table 12: Media scores on knowing client service charter*

	Laboratory (n=23)	Monitoring (n=)	Suppliers (n=26)
Newspapers	47.8%	17.7%	3.8%
Radio	52.2%	21.2%	7.7%
Television	8.7%	34.1%	15.4%
Brochures and leaflets/flyers	21.6%	45.0%	7.7%
Posters and billboards	30.4%	9.3%	50.0%
Public events	30.4%	6.8%	11.3%
Social media	34.8%	55.3%	57.7%
Other sources	4.3%	5.5%	7.7%

## Section Five

### 5 CUSTOMER SATISFACTION

This section presents findings of the analysis on customers' satisfaction measurement. TMDA in its quality policy statement it states that: " **TMDA is committed to comply with the requirements of ISO 9001:2015 Standard and continually improve the effectiveness of the Quality Management System. It shall manage and provide resources for continuous improvement of services to ensure customer satisfaction**". Therefore, customer satisfaction is a driver for the service improvement; hence its measurement is critical. TMDA surveys over the years from 2004 to 2014, customer satisfaction has been measured and target sets in its strategic plans. This year survey, adapted the same approach to measure customer satisfaction index as described in detail in this section of the report. The remaining part of the section is presented under the following headings:

- Theoretical background.
- Employee's satisfaction.
- Customer's satisfaction.
- Suppliers' satisfaction.
- Composite Satisfaction Index.

#### 5.1 THEORETICAL BACKGROUND

The customer satisfaction index (CSI) is a versatile analytical tool for measuring customer satisfaction with a product, service or an organization. It offers help in finding reasons of customer satisfaction or rather dissatisfaction. Measuring a level of customer satisfaction and its determinants is important for all organizations. The CSI is based on the premise that the total customer satisfaction is not only a reflection of satisfaction with individual factors that influence overall satisfaction but also their importance. The factors that are important from the customer point of view affect the overall satisfaction more than those that are irrelevant.

The customer satisfaction literature identifies four model types, which can be used to determine levels of customer satisfaction. These alternative models are: The Disconfirmation of Expectation Model; the Performance Model; the Rational Expectations Model; and the Expectations Artefact Model. However, generally many studies customer satisfaction indexes (CSIs) have developed on combinations of all these models considering type of information and data available at a time. TMDA past service delivery survey have followed the simple approach to determine CSI through individual categories of customers and aggregate them in overall measurement of satisfaction.

## 5.2 EMPLOYEES SATISFACTION

Employees are TMDA internal customers and their levels of satisfaction were measured in all previous service delivery surveys. This year, employee’s satisfaction index was calculated based on three themes of: management and culture; premises and working conditions; and remuneration. **Table 13** below summarises the calculation of the employee satisfaction index considering respective responses to each theme of the survey covered. The calculated employee satisfaction index is 74.7%, rounded to 75%. The composition of this index includes scores on management and culture index which has score of 79.59%(n=210), working condition score of 80.13%(n=195) and remuneration score of 64.25%(n=198). The low driving factor has been remuneration score, which way below the average. The achieved employee satisfaction index of 75% is below the targeted score of 85% reported in the strategic plan of TMDA.

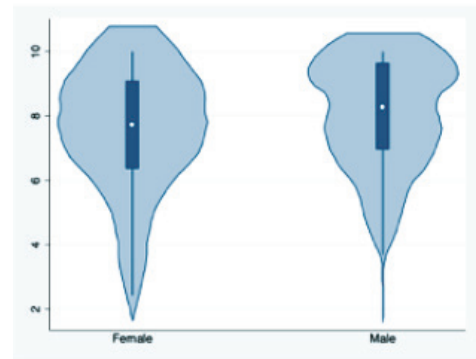
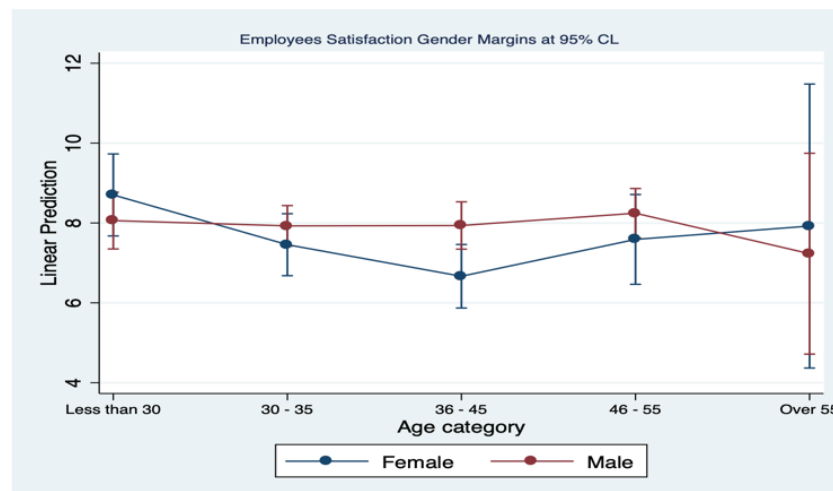


Table 13: Employee Satisfaction Index

Survey Theme	Score	Response	Weighted Score
Management and Culture	7.96	210	2.77
Working Condition	8.01	195	2.59
Remuneration	6.42	198	2.11
<b>Total</b>		<b>603</b>	<b>7.47</b>

Distribution of employee satisfaction index by gender shows that generally male have higher satisfaction than female at TMDA); however, with the age profiling it shows that satisfaction changes also based on age group of each gender. Violin plot insert shows that female have much wide distribution on satisfaction scores than male. **Figure 27** below shows the margins plot based on gender and age group of employees’ score. The margins plot shows that female have high satisfaction score at age below 30 years, while male have high between 30 and 55 years. Later, at above 55 years female have higher score than male. The least point in satisfaction score was for female reported age category between 36 and 45 years. Other drivers for the employee’s satisfaction index have been covered in Section 4 of this report.

Figure 26: Margins plot of employees’ satisfaction by age and gender



### 5.3 CUSTOMERS SATISFACTION

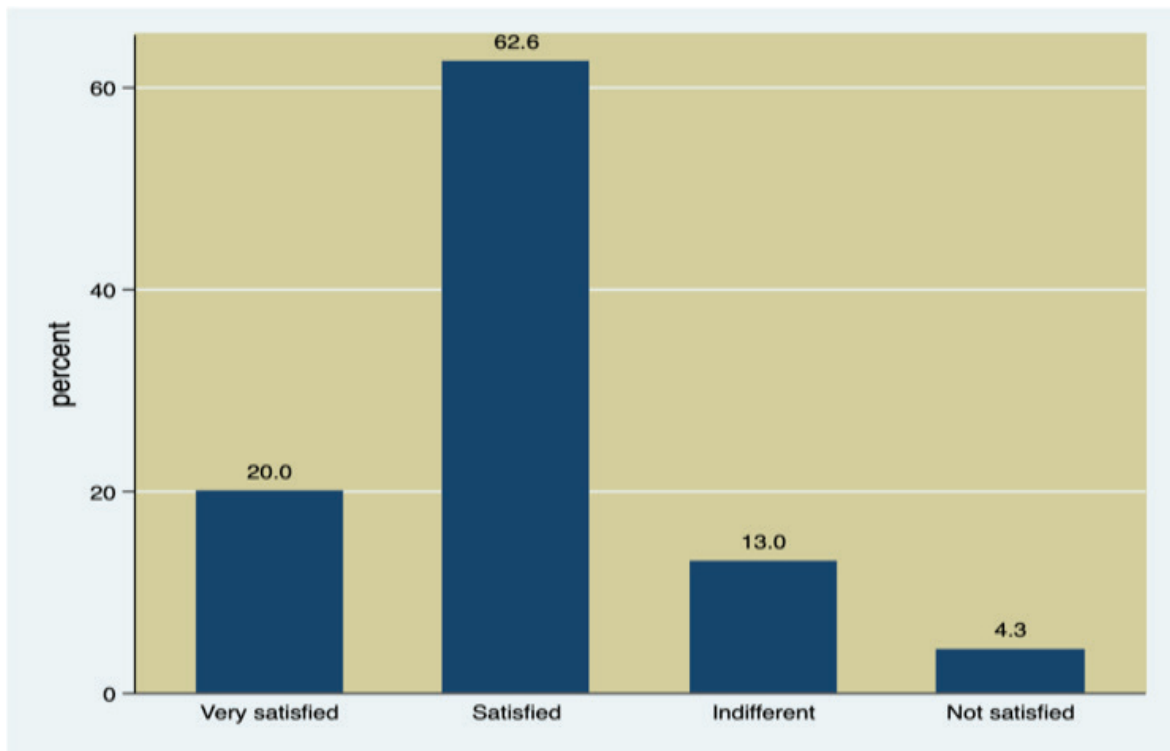
Customers’ satisfaction was measured for all external stakeholders that include: permit applicants, laboratory service customers, regulated customers, suppliers and general public as represented by the households surveyed. Each category of these external customers was asked specific questions that addressed measurement of the satisfaction scores. The findings of the results are presented under the following sub-sections:

- Permit customers.
- Laboratory service customers.
- Monitoring customers.
- Suppliers.
- General public.
- Overall external satisfaction.

#### 5.3.1 PERMIT CUSTOMERS

Permit customers were asked (Question T36) to indicate their level of satisfaction with TMDA services rendered to them. Majority of the permit customers (82.6%) report to be satisfied (n=79) with TMDA services while 4.3% are not satisfied with TMDA services.

Figure 27: Permit customers satisfaction scores



### 5.3.2 LABORATORY CUSTOMERS

Laboratory service customers were asked to score their satisfaction level with the laboratory services they received (**Question B1**) and overall satisfaction with TMDA (**Question B2**). The findings (n=23) show that customers satisfaction with laboratory services was 86.1% (SD=1.076) and overall satisfaction with TMDA was 87.8% (SD=1.24). There is no significant difference between scores on laboratory services and overall score to TMDA services.

The laboratory customers were further asked (**Question B3**) the extent to which they are satisfied with parameters related to TMDA laboratory capacity. **Table 14** presents the summary of responses on mean and standard errors (SE). Overall, the satisfaction scores with laboratory parameters ranged between 69.6% and 77.8% with an average of 75.3%. The only parameter that scored below average was on issuance of laboratory results.

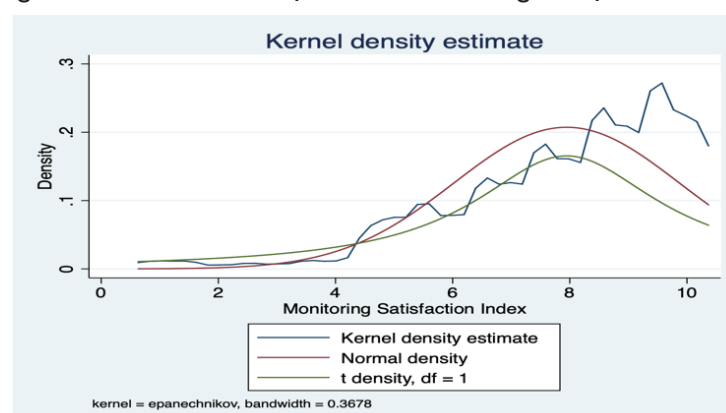
Table 14: Scores on laboratory service parameters

Parameter	Mean	SE
Handling of samples	7.78	.4827
Issuance of laboratory results	6.96	.4192
Existence of laboratory tools	7.65	.4472
Application of modern laboratory technology	7.61	.4651
Laboratory results are credible	7.65	.4688

### 5.3.3 REGULATED CUSTOMERS

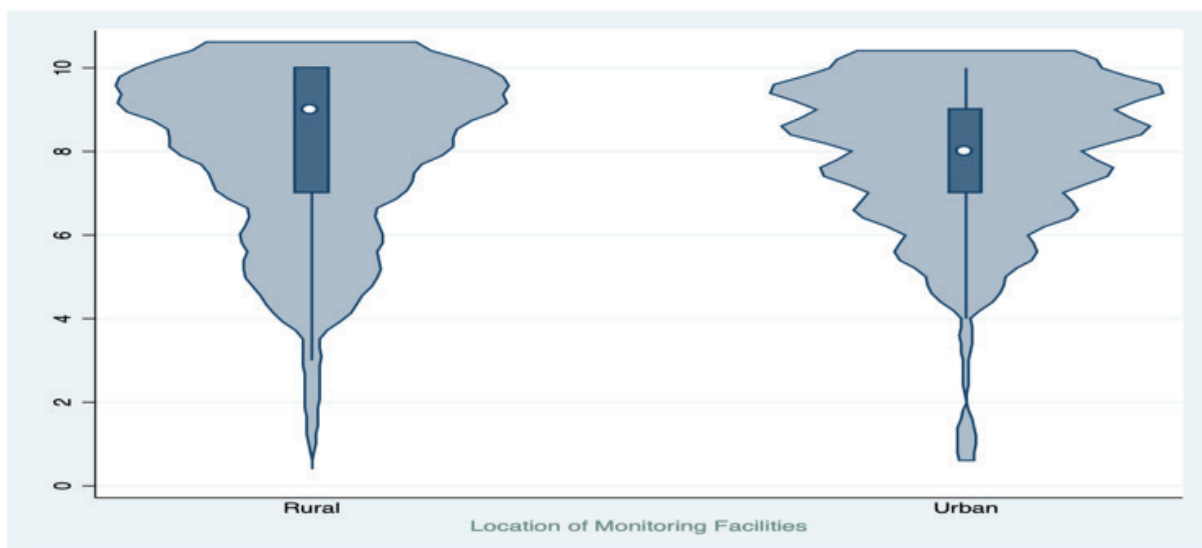
Regulated facilities customers were asked to score their satisfaction level with the monitoring activities by TMDA (**Question B1**) and overall satisfaction with TMDA (**Question B2**). The findings (n=627) show that customers satisfaction with monitoring activities was 78.1% (SE=0.082) and overall satisfaction with TMDA services was 79.5% (SE=0.076). There was no significant difference between scores on monitoring activities satisfaction and overall score to TMDA. The distribution of the overall monitoring satisfaction index shows positive skewedness ranging between 60% and 100%. However, the kernel density function (**Figure 29**) shows a small number of regulated facilities scoring TMDA overall satisfaction index below 40%.

Figure 28: Distribution of overall monitoring satisfaction score



**Figure 30** below shows violin plot distribution by location of the monitoring facilities scores between those located in rural areas and those located in urban areas. The mean scores were almost similar, whereby monitoring facilities at rural scored satisfaction at 80% compared to the 79% of the urban areas. However, the violin plot shows that monitoring facilities at rural areas have higher median scores (white dot) than the urban areas, with extended distribution in a long range between minimum and maximum.

*Figure 29: Violin plot of the monitoring satisfaction score based on location*



The regulated customers were asked (**Question B3**) to what extent they are satisfied with parameters related to quality and safety monitoring capacity at TMDA. **Table 15** summarises responses result on mean and standard errors (SE). Overall, the satisfaction scores with monitoring capacity parameters ranged between 76.4% and 77.9% with an average of 77.3%. Regression analysis shows significant (90% to 99%) contribution of monitoring capacity scores to overall satisfaction score (**coefficient=0.318, t-statistic=8.02**).

*Table 15: Scores on monitoring capacity parameters*

Parameter	Mean	SE
Handling of samples	7.79	.095
Effective disposal	7.78	.098
Using testing tools	7.71	.098
Handling reported cases	7.64	.106

The regulated customers were further asked (**Question B4**) to what extent are they satisfied with parameters related to TMDA quality and safety monitoring personnel. **Table 16** below summarises responses result on mean and standard errors (SE). Overall, the satisfaction scores with monitoring personnel parameters ranged between 75.9% and 81.5% with an average of 79.4%. It is only parameter that of issuing laboratory results that has score below the average. Regression analysis shows significant (90% to 99%) contribution of monitoring personnel scores to overall satisfaction score (**coefficient=0.338, t-statistic=8.36**).

*Table 16: Scores on monitoring personnel parameters*

Parameter	Mean	SE
Employees are easily accessible	7.59	.099
Employees are very helpful	7.90	.092
Employees are well trained and knowledgeable	8.15	.086
Employees demonstrate high standards of integrity	8.11	.090

*Linear regression*

MCSI	Coef.	St.Err.	t-value	p-value	[95% Conf	Interval]	Sig
capacity	.318	.04	8.02	0	.24	.396	***
personnel	.338	.04	8.36	0	.259	.418	***
Constant	2.817	.267	10.55	0	2.292	3.341	***

Mean dependent var	7.991	SD dependent var	1.919
R-squared	0.407	Number of obs	583.000
F-test	198.751	Prob > F	0.000
Akaike crit. (AIC)	2115.095	Bayesian crit. (BIC)	2128.200

\*\*\* p<.01, \*\* p<.05, \* p<.1

### 5.3.4 SUPPLIERS

Suppliers were asked to score their overall satisfaction with TMDA services (**Question B1**). The findings (n=26) show that supplier's satisfaction with TMDA services is 87.7% (SD=0.951). The minimum score was 70% and highest score was 100%.

The suppliers were further asked (**Question B2**) to rate their score TMDA on several performance measures. **Table 17** provide a summary of responses (n=22) on mean and standard errors (SE). Overall, the satisfaction scores with performance parameters ranged between 85.4% and 95.4% with an average of 89.4%. All performance parameters were scored very high by the suppliers.

*Table 17: Suppliers scores on performance parameters*

Parameter	Mean	SE
Accessibility of service	4.31	.101
Customer care	4.36	.123
Quality of service	4.50	.127
Staff behaviour and attitudes	4.54	.108
Confidentiality	4.73	.097
Fairness in contract award	4.77	.091
Timeliness of payments	4.27	.176
Handling of complaints	4.27	.117

### 5.3.5 GENERAL PUBLIC

The general public (households) that have interacted with TMDA were also asked to rate their level of satisfaction in the survey. First, the household respondents were asked if they have requested any service from TMDA (**Question C1**). The list of various services was provided for the respondents to indicate. If the respondent indicated that they have requested any service from TMDA, then they were asked to rate their level of satisfaction with these six performance parameters (**Question C2**). The results of the second question then were combined to form the overall satisfaction level of general public to TMDA.

**Table 18** provides the summary of responses (n=48) results on mean and standard errors (SE). Overall, the satisfaction scores with performance parameters ranged between 76.6% and 83.4% with an average of 80.4%. The low scores were on accessibility of services (76.6%) and process of getting services (77%).

*Table 18: Households scores on performance parameters*

Parameter	Mean	SE
Accessibility of service	3.83	.174
Customer care	4.10	.158
Quality of service	4.04	.165
Process of getting services	3.85	.195
Staff behaviour and attitudes	4.00	.185
Confidentiality	4.17	.181

### 5.3.6 OVERALL EXTERNAL CUSTOMERS SATISFACTION INDEX

**Table 19** shows calculation of overall external customers' satisfaction index for the SDS 2020. The achieved external customer satisfaction index is 80.4%. This level of satisfaction is equal to the target indicated in the Communication and Customer Service Strategy 2017/18-2021/22 (revised edition, June 2020). Almost all customer categories reported higher satisfaction level than the target with maximum of 87.7% and minimum of 79.5%.

*Table 19: Overall External Customer Satisfaction Index*

Category	Score	Valid Response	Weighted Score
Permits	82.6%	95	9.58%
Laboratory	87.8%	23	2.47%
Regulated customers	79.5%	627	60.86%
Suppliers	87.7%	26	2.78%
General Public	80.4%	48	4.71%
Total		819	80.40%





Photo 4: Survey team in central zone regulated facility in Bahi District

## 5.4 COMPOSITE SATISFACTION INDEX

**Figure 31** shows the trend comparison on internal and external satisfaction index for the four service delivery surveys conducted by the TMDA. The composite satisfaction index (CSI) for the SDS 2020 was calculated based on equal weight between internal satisfaction index and the external satisfaction index as calculated in sub-section 5.3 above. **Figure 32** provides trend on the TMDA overall CSI at each survey period from 2004 to 2020. The trend shows that TMDA have significantly improved its overall customer satisfaction level from 2004 (42%) to 2020 (78%).

Figure 30: Trend on internal and external satisfaction index

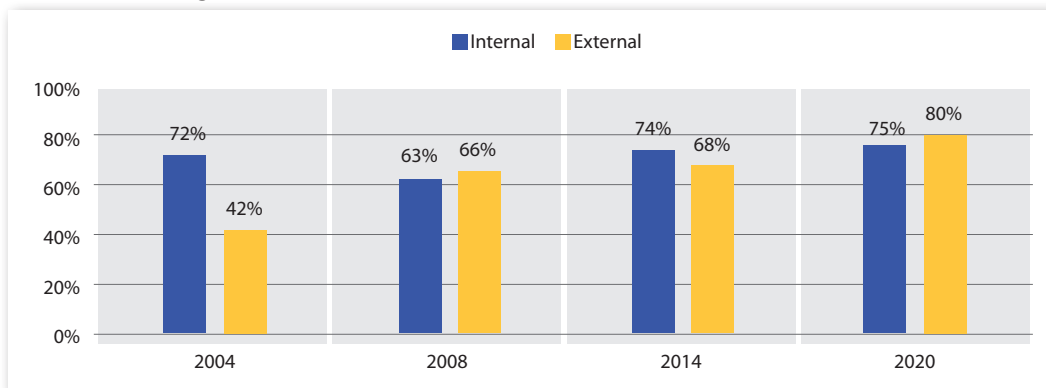
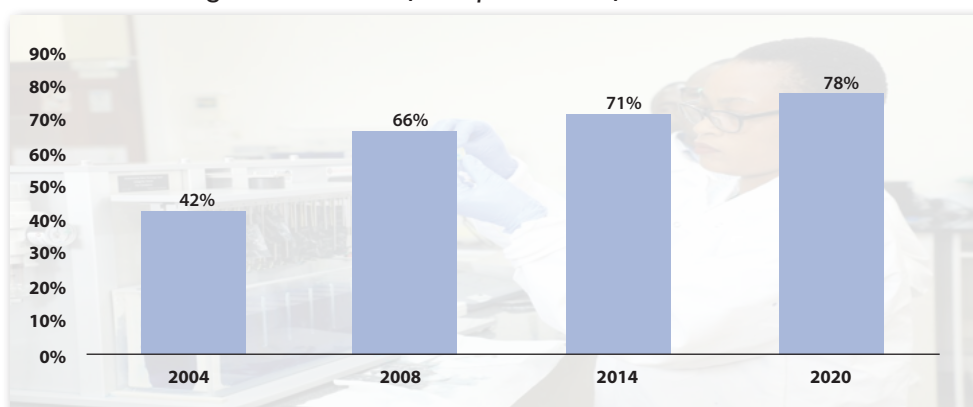


Figure 31: Trend of composite satisfaction index



## Section Six

### 6 SUMMARY AND RECOMMENDATIONS

This section presents the summary of the findings and recommendations of the study based on other sections of the report and analysis carried out. The section is divided into three subsections. Section one provides the summary of the findings. Recommendations by customers are presented in sub section two while the final subsection presents recommendations from findings.

#### 6.1 SUMMARY

A service delivery survey is vital to every organization, given the need to optimize resources utilization. Organization needs to make good implementation strategy to leverage on survey results in order to win back unhappy customers and boost the numbers of more happy customers, both internal and external. The overall objective of this SDS was to examine the level of stakeholder's satisfaction with services offered by TMDA and its predecessor TFDA. The key findings on SDS 2020 are:

- **Human Resource:** Generally, the employees are satisfied with management, management culture and working condition (81%). However, the satisfaction on remuneration was below 70% and morale was at 75%.
- **Service Delivery:** There is high demand on TMDA services in the country as reported by both general public and customers. Customers have scored very high on TMDA employees on all attributes as well as on quality of services. TMDA have good organization image and reputation to both general public and customers.
- **Medicines and Medical Devices:** Majority of general public (81%) have trust on human medicines in Tanzania compare to 59% on herbal medicines. 61% trust veterinary products. Furthermore, the respondents from general public reported to buy the expired products (16%) in the past and only 4.2% have reported the matter to the relevant authorities.
- **Public Education:** The levels of awareness for both TMDA and its client service charter is below the targeted indicators in the strategic plan. The findings indicate that 53% of the general public are not aware of TMDA, while 52% of its customers are not aware of its client service charter.
- There is a need for public education and awareness to the general public and TMDA customers. **Overall Satisfaction:** TMDA have achieved higher customer satisfaction index in SDS 2020 compare to SDS 2014 for both internal and external customers. The internal customers i.e., employee's satisfaction index was 75% (74%, 2014), while external customers satisfaction index was **80% (68%, 2014)**. Also, overall satisfaction index was higher in SDS 2020 at 78% compare to 71% in SDS 2014.

## 6.2 RECOMMENDATIONS BY CUSTOMERS

Survey respondents as well as stakeholders also provided comments and suggestions on how to improve performance of TMDA. These suggestions and comments are summarized under the following headings below:

- Stakeholders view.
- Households.
- Permit customers.
- Monitoring facilities.

### 6.2.1 STAKEHOLDERS VIEW

While overall stakeholders are satisfied with TMDA services, stakeholders were also asked to pinpoint areas for TMDA improvement. The 10 stakeholders interviewed pointed out four areas below that TMDA needs to work on in order to improve further the quality it renders to them.

- Stakeholders stated that there is still a problem with the system, it takes longer to get notification and sometimes it is offline making it difficult to submit applications. The system also has problems as manufacturers abroad cannot effect payment; hence they are forced to transfer money to distributors or importers in Tanzania who finalize the payment. There is a need to improve the system so that it can accept manufacrers payment.
- Another area recommended for improvement by stakeholders is the approval of promotion materials. That is takes long time for TMDA to approve the promotion materials. They recommend that the time should be shortened to allow customers exploit opportunities in the market
- Another area for improvement is on the importation of nuclear medicines (medicines with radioactive materials). These are very expensive medicines imported for special cases. The current practice is frustrating as the medicines stay long time at Airport waiting for TMDA clearance sometimes by the time they cleared they are no longer used by the patients. The Authority should find ways of minimizing the Airport clearance time.
- **Awareness of TMDA and public education:** still TFDA is the name popular among stakeholders including the general public. There is a need to sensitize and educate the society on the transformation from TFDA to TMDA and its mandate.

### 6.2.2 HOUSEHOLDS

Households were asked (**Question D9**) to provide comments regarding medicines, medical devices and vigilance services in Tanzania. Total of 1,220 responded on this specific survey question, with maximum of three comments. Comment responses were aggregated and summarized as shown on **Table 20** below. Three major comments were to provide and improve public education

(60.3%), improve regular inspection (27.7%) and improve customer care (11.5%). The comments with significant mentioned by households include use of Kiswahili language on medicines labels (8.6%), expand offices network (7.1%), mechanism for reporting counterfeit not known (2.4%) and improve inspection of veterinary medicines (1.4%).

*Table 20: Households comments on the survey (n=1220)*

	Freq.	% Response
Expand offices network	87	7.1%
Improve customer care	140	11.5%
Improve inspection of veterinary medicines	17	1.4%
Improve regular inspection	338	27.7%
Provide and improve public education	736	60.3%
Use Kiswahili on medicine labels	105	8.6%
Mechanism for reporting counterfeit not known	29	2.4%

### 6.2.3 PERMIT CUSTOMERS

Respondents were asked (**Question T37**) to provide their feedback on the survey. Total of 79 responded on this specific survey question, with maximum of three feedbacks. Feedback responses were aggregated and summarized as shown on **Table 21** below. Four major feedbacks were to provide quick feedback to clients (22.8%), timely issuing of certificates (22.8%), improve customer care (16.5%) and improve online systems (13.9%). The feedbacks with significant mentioned by permit customers include improve update sharing systems (11.4%), empower zonal offices (8.9%), reduce ambiguous in requirements (7.6%), improve employees' integrity (6.3%), share client service charter (3.8%), reduce registration costs (3.8%), improve payment system (2.5%) and improve regulatory framework for medical devices registration (2.5%).

*Table 21: Permit customers' feedback on survey (n=79)*

	Freq.	% Response
Provide quick feedback to clients	18	22.8%
Reduce cost on registration and permits	3	3.8%
Timely offering of certificates	18	22.8%
Reduce ambiguousness in requirements	6	7.6%
Share client service charter	3	3.8%
Empower zonal offices	7	8.9%
Improve employee's integrity	5	6.3%
Improve online systems	11	13.9%
Improve update sharing systems	9	11.4%
Improve payment system	2	2.5%
Provide training to local manufacturers	1	1.3%
Improve customer care	13	16.5%
Improve regulatory framework for devices registration	2	2.5%

## 6.2.4 REGULATED FACILITIES

Respondents were asked (**Question B5**) to provide comments to improve quality and safety function of TMDA. Total of 347 responded on this specific survey question, with maximum of three comments. Comment responses were aggregated and summarized as shown on **Table 22** below. Three major comments were to improve public education (43.8%), increase periodic follow-up (36.6%) and improve information sharing with service providers (13.3%). The comments with significant mentioned by regulated facilities include attend customer complains on time (6.6%), improve employees' integrity (4.3%), safe disposal of expired products and counterfeit products (3.5%) and provide list of registered veterinary medicines (2.3%).

Table 22: Regulated facilities comments on survey (n=347)

	Freq.	% Response
Increase periodic follow-up	127	36.6%
Improve public education	152	43.8%
Safe disposal of expired products and counterfeits	12	3.5%
Stop using Police for regular inspection	2	0.6%
Provide list of registered veterinary medicines	8	2.3%
Improve information sharing with service providers	46	13.3%
Attend customer complain on time	23	6.6%
Improve employee's integrity	15	4.3%
Issue permits on time	2	0.6%

## 6.2.5 EMPLOYEES VIEW

### Management Perception on income generation

Management perception on income generation needs to change. For example, registration of products cannot be done without laboratory services. However, DLS is considered like an appendage. It is important for the Management to note that some Directorates do not have visibility but they contribute to income generation. There is a need to clearly show contribution of each directorate in income generation. Every unit contributes in one way or another to income generated.

**Accountability culture: One of the TMDA core value is accountability where by everyone is expected to be accountable for actions and outcomes.** The accountability culture should apply to all directorates including HR unit. In FGDs employees argued that *“if Directorates are given number of days to register a facility or product, analyse the sample etc why not put into task HR people when a letter takes more than 5 days to be addressed”?*

**Working tools:** Drivers requested to be given more private numbers for security reasons given the nature of the activities performed by the authority.

**Education to customers:** There is a need to continuously provide education to customers, especially on how to use online platform. Delay in service delivery is sometimes caused by customers failing to upload documents or not addressing queries given **education to staff**

- Staff should be given training on how to protect themselves given the nature of their job.
- TMDA should also consider to train drivers on logistics since they work beyond driving cars
- Management Development Programmes to Managers to improve their leadership skills

**Use of E office:** This could improve the response rate of external communication

**Staff social matters:** Introduce the service of the psychologist paid by the organization, where staff with social problems could go for counselling and

## 6.3 RECOMMENDATIONS FROM THE FINDINGS

### 6.3.1 QUICK WINS ACTIONS

The following are considered recommendations that are quick wins actions to TMDA management that means its implementation can take short time with significant impact in its service delivery and customers' satisfaction:

- **Customers Feedback:** TMDA have established a mechanism on collecting customers feedback and complaints through its website (tmda.go.tz). However, the mechanism is based on manual forms that require the customer to download, fill and return to TMDA offices either physically or through email. There is an opportunity that TMDA can improve this process through introducing online mechanism, whereby customer complete the feedback form or complain form online, while responses are saved automatically into TMDA servers and databases. This will increase response rate as well as speed preparation of the compilation of the management information for decision making and actions.
- **Customer service training to new employees:** Customer focus is one of the TMDA core values. **Where by employees are expected to always treat customers and colleagues with courtesy and be responsive, timely and proactive to meet their needs.** To ensure that this customer focus culture pervase across all employees' customer service culture training should be a continuous activity to equip new staff with TMDA customer service culture and remind existing staff on the same.
- **Team building skills to management and staff: One of the TMDA core value is teamwork where by staff are expected to support one another, work cooperatively and respect one another's views. More is needed to further solidify teamwork. TMDA should** organize team building events on annual basis to increase the team work among staff

- **Working Tools:** TMDA employees reported a need to have adequate and effective working tools to use. For example, it was noted during the FGD in Central Zone office in Dodoma that the entire zonal office has only one laptop for the work. This means, field officers travel to the field and collect data and information to come back to the office to use desktop to write reports. It is important to assess the need of all offices and equip them with modern and effective working tools such as laptops, electronic notebooks, projectors and transport.
- **Scheme of Service:** Internal customers (employees) satisfaction was reported in the survey to be low compared to the external customers. Some of the human resource issues were pointed out in the survey responses as well as in FGDs that include low pace of promotion, annual increase and others. TMDA has updated scheme of service, hence it needs to operate it by starting with sensitization to its employees, improve performance appraisal system and reward employees accordingly.
- **Client Service Charter:** TMDA have recently revised its client service charter, and it was found out in the survey that significant numbers of customers are not aware of it. TMDA has printed copies of client service charter available; hence distribution to health facilities, medicines dispensing facilities, laboratory service customers and permit customers would make impact on understanding the role, functions, rights of customers.
- **Customers Database:** TMDA has several different customers depend on type of service and relationship. During this survey it was observed that compilation of the customer databases to contact was a challenge and time-consuming exercise. For example, the laboratory service customer from Mwanza were not available for the survey. This resulted in a small number of target respondents and low responses. TMDA should initiate internal task force to compile and establish customers' database system that can support management information that cater for the whole organization.
- **Internal information sharing mechanism:** There is a need to introduce internal information sharing mechanism where staff with letters and payment could be informed immediately in order to improve feedback to employees' queries. For example, a list of people with letters or payment could be circulated via staff group WhatsApp.
- **Recognition in income generation:** Planning (income forecasts) especially, from the DLS should show the Directorate's contribution to income generated. At the moment DLS employees feel that their work is not recognised by Management.

### 6.3.2 STRATEGIC ACTIONS

The following recommendations are considered strategic issues that may require planning and medium-term implementation strategies. These actions include the following:

- **Service Delivery:** Currently, TMDA operates through its Headquarter office in Mabibo External in Dar es Salaam together with operational offices in seven zonal areas. Most of the zonal offices are managing three regions in their areas with exception of Lake Zone which

has six regions with one new office recently opened in Simiyu Region. Tanzanian mainland has 26 regions and very wide scattered areas with rural and urban districts. TMDA needs to undertake a strategic review of its mode of operation and develop a new structure that will include rationalize zonal offices and possibility to open more regional offices in remote areas. It is important to undertake critical review that will include standardize work for the zonal offices, expanding laboratory facilities to zonal offices, recruit competent and adequate employees for the zonal offices and equip zonal offices with adequate working tools and facilities.

- **Public Education:** Following changes from TMDA to TMDA over one year ago, it is time for the management to develop a new communication strategy and plans that will ensure to reach the target of educating the general public as well its stakeholders. Adequate resources need to be allocated to this critical area that can be measured in next five years. Findings indicate stakeholders get information from different communication tools currently used by the Authority. The Authority should continue using the current tools selectively depending on the target audience/stakeholders.
- **Local Government Support:** In the past TMDA (formerly TFDA) had a working support from the Local Government through guidelines on monitoring quality and safety of food in the country. Currently, there is no guideline and modality of working support to receive from the Local Government Authorities (LGAs). Through the parent Ministry in collaboration with the PO-RALG (TAMISEMI), TMDA can develop a working guideline and modality of support from the LGAs to be approved by the Government.
- **Disposal of medicines and medical devices:** It has been observed from both public and private facilities that disposal role of expired medicines and medical devices left to be done by the facilities themselves is not done. There is a need for TMDA to consider supporting facilities to dispose these products and facilities should bear the costs.
- **Management Development Programmes:** There is a need to for management development programmes to staff especially at managerial levels to improve their human and conceptual skills
- **Feedback management system:** need to be put in place in order to capture VOC both internal and external



## Section Seven

### 7 APPENDIXES

#### 7.1 APPENDIX A: LIST OF KEY INFORMANTS

*List of persons and institutions consulted*

Name	Position	Organization
Prof. Yunus Mgya, Y	Director General	National Institute of Medical Research (NIMR)
Dr. Fidelis Mafumiko	Director General	Government Chemist Laboratory Authority (GCLA)
Mr. Kaimu Nshobeza	Senior Supply Assistant	United Nations High Commission for Refugees (UNHCR)
Dr. Remidius Kawala,	Director of Technology and Technical Services	Tanzania Atomic Energy Commission (TAEC)
Ms. Namin Adatia	Managing Partner	DKT International Ltd
Ms. Rose Maingu	Head of Pharmacy	Muhimbili Orthopedic Institute (MOI)
Mr. Alfred Mwenda	Quality Officer	National Health Laboratory Quality Assurance and Training Center (NHLQATC)
Dr. David Mwenesano	Director of Medical & Technical Services	National Health Insurance Fund (NHIF) Head Office
Dr. George Mtinda	Veterinary Officer	Veterinary Council of Tanzania (VCT)

## 7.2 APPENDIXB: LIST OF REFERENCES

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