

Anti-Red Tape Act Implementation and Client Awareness, Compliance, and Satisfaction: A Correlational Study of a Provincial Hospital in Masbate, Philippines

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Article History:

Date Received: August 12, 2026

Date Revised: August 18, 2026

Date Accepted: August 26, 2026

Date Published: September 29, 2026

DOI: <https://doi.org/10.67903/ijroms0419>

Document ID: 2026IJROMS0419

Recommended Citation:

Lumontad, R. A., Jr. (2026). Anti-Red Tape Act implementation and client awareness, compliance, and satisfaction: A correlational study of a provincial hospital in Masbate, Philippines. *International Journal of Research on Multidisciplinary Studies*, 1(8), 310-324. <https://doi.org/10.67903/ijroms0419>

Abstract. This study evaluated the effectiveness of the implementation of the Anti-Red Tape Act of 2007 (Republic Act No. 9485) at the Masbate Provincial Hospital, the province's only secondary referral hospital, addressing the absence of a facility-level assessment of how client awareness, compliance, and satisfaction relate to overall Anti-Red Tape Act Report Card Survey performance following the hospital's failing rating in 2012. Using a descriptive-correlational design combining a researcher-modified Civil Service Commission questionnaire, an inspection checklist, and key informant interviews, data were gathered from 30 client-respondents and LGU informants in each of the 2012 and 2014 survey periods (combined N = 60). Frequency and percentage distribution, Pearson r correlation, and an independent-samples t-test were used to analyze the data. Results showed an overall performance rating of 60.37 (Failed) in 2012 and 67.92 (Failed) in 2014, with client awareness of the Citizen's Charter consistently rated Poor (10%-20%), compliance shifting from Failed to Acceptable, and satisfaction remaining Acceptable throughout. Performance correlated significantly and positively with awareness ($r = .372$, $p = .003$), compliance ($r = .482$, $p < .001$), and satisfaction ($r = .832$, $p < .001$), while satisfaction showed no significant relationship with either awareness or compliance. The 2014 overall rating was significantly higher than the 2012 rating ($t = -2.764$, $p = .008$), reflecting measurable gains following post-survey feedback sessions, although both ratings remained below the passing threshold. Key informant interviews revealed the absence of community participation in Citizen's Charter formulation and reliance on billboard posting as the sole dissemination channel. The study concludes that Anti-Red Tape Act implementation at the hospital remains inadequate despite incremental improvement and recommends adoption of the proposed Project C.U.R.E. Masbate action plan to strengthen client awareness, service-provider compliance, and the quality of frontline health service delivery.

Keywords: Anti-Red Tape Act; Citizen's Charter; Client Satisfaction; Local Governance; Service Delivery

Introduction

Corruption and an inefficient government bureaucracy are consistently cited among the most problematic factors for doing business in the Philippines (World Economic Forum, 2013), and weak governance disproportionately burdens the poorer sectors of society by slowing the delivery of basic services (Asian Development Bank, 2013). The Philippines has historically ranked among the more corrupt countries in international assessments (Transparency International, 2013), and red tape - a hallmark of bureaucratic inefficiency that enables fixing, bribery, and extortion - has been identified as a major obstacle to doing business, contributing to the country's low ranking in the World Bank's ease-of-doing-business assessment (World Bank, 2013).

Beyond its effect on business, red tape directly undermines the delivery of vital public services. Under the Local Government Code of 1991, local government units (LGUs) sit at the frontline of basic service delivery, yet they are frequently identified by the public as a source of red tape and corruption that erodes the adequacy, speed, and affordability of services. Republic Act No. 9485, the Anti-Red Tape Act (ARTA) of 2007, was enacted to close this gap by requiring government offices and LGUs to adopt a Citizen's Charter - a public pledge that sets out the specific steps, timelines, fees, and responsible personnel for every frontline transaction - so as to

eliminate the asymmetry of information between service providers and the public (Government of the Philippines, 2007).

The Civil Service Commission monitors compliance through the periodic ARTA Report Card Survey (ARTA-RCS). In the 2012 survey round, the Provincial Government of Masbate registered the weakest performance among the province's 22 LGUs, and subsequent monitoring under the province's health sector was concentrated in the Masbate Provincial Hospital (MPH), the only secondary referral hospital serving the province (Department of the Interior and Local Government, 2012). Despite this poor standing and the hospital's central role in provincial health service delivery, no facility-level study had examined how client awareness of the Citizen's Charter, service-provider compliance with ARTA provisions, and client satisfaction relate to one another and to the hospital's overall performance rating across successive survey periods. This gap in facility-specific, longitudinal evidence limited the ability of the LGU to target its post-survey corrective actions.

This study addressed that gap by determining the effectiveness of ARTA implementation at the Masbate Provincial Hospital across the 2012 and 2014 ARTA-RCS periods, examining the relationships among performance, awareness, compliance, and satisfaction, and using the findings as the basis for a proposed action plan to strengthen the hospital's compliance and quality of service delivery.

Research Questions

Specifically, this study sought answers to the following questions:

1. What was the overall performance rating of the Province of Masbate in the implementation of the Anti-Red Tape Act for the 2012 and 2014 survey periods?
2. What was the level of awareness of the client-respondents regarding the Citizen's Charter?
3. What was the level of compliance of the local government unit with the Anti-Red Tape Act?
4. What was the level of satisfaction of the client-respondents with the implementation of the Anti-Red Tape Act?
5. Was there a significant relationship among performance rating, awareness, compliance, and satisfaction?
6. Was there a significant difference in the overall performance rating of the respondent local government unit between the 2012 and 2014 Anti-Red Tape Act Report Card Surveys?
7. What was the relevance of the Citizen's Charter in terms of community participation in its formulation or revision, and the means of its dissemination?
8. What factors restrained or facilitated the implementation of the Anti-Red Tape Act?
9. What action plan could be proposed based on the findings of the study?

Scope and Delimitation of the Study

This study assessed the effectiveness of Anti-Red Tape Act implementation at the Masbate Provincial Hospital during the 2012 and 2014 ARTA Report Card Survey periods. It covered the overall performance rating and the awareness, compliance, and satisfaction sub-indicators specified in the standardized Civil Service Commission survey instruments, and it examined the relevance of the Citizen's Charter in terms of community participation and dissemination. Respondents were limited to 30 clients of the hospital's frontline service units per survey year and to key informants from the local government unit directly involved in Citizen's Charter formulation and revision. The study did not extend to the other 21 municipal and city LGUs of Masbate Province, nor did it evaluate clinical quality of care beyond the frontline-service indicators specified in the ARTA-RCS instruments.

Literature Review

Good Governance and the Anti-Red Tape Act

Governance refers broadly to the process of decision-making and the process by which decisions are implemented, with government as one of several actors alongside civil society, media, and other stakeholders (United Nations Economic and Social Commission for Asia and the Pacific [UNESCAP], 2014). Good governance is characterized by participation, rule of law, transparency, responsiveness, consensus orientation, equity and inclusiveness, effectiveness and efficiency, and accountability; while rarely achieved in its totality, these characteristics represent the standard toward which public institutions are expected to work (UNESCAP, 2014). The Anti-Red Tape Act operationalizes several of these characteristics - particularly transparency, responsiveness, and accountability - by requiring frontline offices to publish service standards through a Citizen's Charter and to observe fixed processing timeframes for simple and complex transactions (Government of the Philippines, 2007, 2008).

The Citizen's Charter as a Governance Instrument

The citizen's charter model, first popularized in the United Kingdom's Citizen's Charter initiative, reframes public service delivery around a business-like, client-centered standard of accountability (Cabinet Office, 1991; Drewry, 2005; House of Commons, 2008). Comparative experience, particularly in India, shows that charters can raise transparency and responsiveness where they are actively disseminated and where citizens participate in setting and monitoring standards, but that charters risk becoming a symbolic compliance exercise when formulated solely by service providers without public consultation (Indian Institute of Public Administration, 2008; Public Affairs Centre, 2007; Shah, 2006). Haque (2007) similarly cautions that citizen's charters have, in several jurisdictions, been progressively reduced to a bureaucratic requirement rather than a genuine accountability mechanism, a risk that is amplified when charters are not periodically reviewed with citizen input (Mendoza, 2011).

Local Compliance with the Anti-Red Tape Act

Nationally, the Civil Service Commission (2010, 2011) has reported that LGUs tend to register lower rates of Citizen's Charter observance than national government agencies, attributing this gap to weaker institutional capacity and monitoring at the local level. This pattern is consistent with the broader literature on decentralized governance, which links local compliance gaps to limited resources, uneven leadership commitment, and inconsistent citizen engagement (Shah, 2006).

Synthesis and Research Gap

The reviewed literature establishes that a Citizen's Charter functions as an accountability mechanism only to the extent that it is disseminated, understood, complied with by service providers, and shaped by citizen participation - and that these elements can be expected to relate to one another and to overall governance performance. However, prior ARTA-RCS-based studies have largely reported province- or agency-level compliance scores without examining how awareness, compliance, and satisfaction interrelate within a single frontline facility across successive survey periods. This gap - the absence of a facility-level, longitudinal analysis linking these variables at the Masbate Provincial Hospital - is the specific contribution addressed by the present study.

Methodology

Research Design

This study employed a descriptive-correlational research design combining quantitative and qualitative approaches, using structured questionnaires, direct observation, document analysis, and key informant interviews. The design was appropriate for examining the relationship between the hospital's Anti-Red Tape Act implementation indicators (awareness, compliance, and satisfaction) and its overall performance rating across the 2012 and 2014 survey periods.

Research Locale

The study was conducted at the Masbate Provincial Hospital, a 100-bed, general, secondary non-departmentalized hospital owned by the Philippine government and located at the Provincial Health Office Compound, Barangay Kalipay (JT Fernandez), Masbate City. As the province's only secondary referral hospital, it provides emergency, outpatient, inpatient, surgical, obstetric, laboratory, and medico-legal services to the entire province.

Research Participants

Following Department of the Interior and Local Government Memorandum Circular No. 2012-124, which specifies a fixed sample of 30 client-respondents per local government unit per survey year for the ARTA-RCS, 30 clients of the Masbate Provincial Hospital were selected through purposive sampling in each of the 2012 and 2014 survey periods (combined $N = 60$). Only clients who had completed their transactions were included, drawn proportionally across the hospital's frontline service units (discharge processing, outpatient consultation, admission, medical records, dental service, and laboratory services). From the local government unit side, respondents included the Administrative Officer, the Human Resource Management Officer of the hospital, and selected frontline service providers who were directly involved in the formulation, implementation, and revision of the Citizen's Charter.

Research Instrument

Three tools formulated or adapted from the Civil Service Commission's standardized ARTA-RCS package were used. The ARTA-RCS Questionnaire, a researcher-modified version of the Civil Service

Commission's standard instrument, was divided into four parts covering awareness, compliance, satisfaction, and demographic information. The Inspection Checklist, a standardized Civil Service Commission tool for onsite inspection of frontline service units, was used to validate selected questionnaire responses through direct observation. A researcher-developed Key Informant Interview Guide was used to gather qualitative information not captured by the first two tools. Because the questionnaire and inspection checklist are standardized national instruments prescribed by the Civil Service Commission for uniform application across all surveyed LGUs, no additional validity or reliability testing was conducted by the researcher; this is noted as a methodological limitation, as facility-specific psychometric testing could have strengthened confidence in the instrument's performance in this setting.

Data Gathering Procedure

Following approval from the Dean of the Graduate School, formal notice of the survey was transmitted to the Provincial Governor of Masbate and the Provincial Health Officer pursuant to Department of the Interior and Local Government Provincial Memorandum No. 1, series of 2014. One-on-one interviews using the researcher-modified questionnaire were then conducted with the 30 selected client-respondents in each survey year, limited to those who had completed their transactions. Concurrently, the standardized inspection checklist was used to record observable facility conditions, and key informant interviews were conducted with LGU personnel using the researcher-developed guide. All client responses were treated with confidentiality throughout data collection and encoding.

Results and Discussion

Research Question 1: What was the overall performance rating of the Province of Masbate in the implementation of the Anti-Red Tape Act for the 2012 and 2014 survey periods?

Table 1. ARTA Report Card Survey 2012 Province of Masbate, Masbate Provincial Hospital

Indicators	Score Per Tool		Maximum Score	Cutoff Score Per Area *	Actual Score	Descriptive Rating
	Questionnaire	Inspection Checklist				
1. Awareness	(8) 1.53	(0)	6.4	4.48	1.22	Failed
2. Compliance	(32) 22.04	(74) 12.00	40.4	28.28	20.03	Failed
3. Satisfaction	(60) 45.4	(26) 14.00	53.2	37.24	39.12	Acceptable
Weight	80%	20%				
Weighted Score	55.17	5.20				
Overall Score	60.37					
Descriptive Rating	Failed					

Table 1 reflects the Pass/Fail Report per Area under the ARTA Report Card Survey for the LGU in the year 2012. The scores were based on the two tools used, namely, the Questionnaire and Inspection Checklist which accounts for 80% and 20% of the overall score, respectively. Per CSC scoring scheme, the cut-off score was set at 70% of the perfect score per area. It can be noted that in all 2 major areas, the LGU obtained "Failed" scores while it had an Acceptable rating in the other one. For Awareness, its score of 1.22 was equivalent to 27.23% of the cutoff score and 19.06% of the total area score. For Compliance, its score of 20.03 represents 49.58% of the maximum score and 70.82% of the cutoff score. In Satisfaction, the score 39.12 was equivalent to 73.53% of the maximum score and 105% of the cutoff score. The Overall Performance rating of the Provincial Government was 60.37 which is also categorized as Failed. In 2012, the rating was pulled down by the non-posting of the citizen's charter, the prevalence of hidden costs, non-issuance of official receipts, the absence of public assistance and complaints desk, the non-wearing of ID and non-observance of no lunch break, lack of medicines, dirty surroundings and decrepit facilities. Despite Failed ratings for both Awareness and Compliance in 2012, the Satisfaction rating was Acceptable. Going back to the definition of terms, each variable has different spheres of influence. A client may find the service delivery acceptable even if he doesn't know the

Citizens Charter since that is the kind of service he is accustomed to, not knowing that there may be a higher standard he ought to be accorded as set in the Citizens Charter. Also, he may find the quality of service acceptable even if the service provider is collecting donations from him which is a form of hidden cost since for him it is a sign of gratitude even if it is illegal as he is used to these collections before. In other words, a client may find the kind of service provided to be satisfactory even if he is not aware of the existence of the Citizens Charter or even if the employee is not complying with the ARTA provisions.

Table 2. ARTA Report Card Survey 2014, Province of Masbate, Masbate Provincial Hospital

Indicators	Score Per Tool		Maximum Score	Cutoff Score Per Area*	Actual Score	Descriptive Rating
	Questionnaire	Inspection Checklist				
1. Awareness	(8) 2.27	(0)	6.4	4.48	1.82	Failed
2. Compliance	(32) 26.53	(74) 38.00	40.4	28.28	28.82	Acceptable
3. Satisfaction	(60) 43.6	(26) 12.00	53.2	37.24	37.28	Acceptable
Total	72.40	50.00				
Weight	80%	20%				
Weighted Score	57.92	10				
Overall Score	67.92					
Descriptive Rating	Failed					

Table 2 presents the overall performance of the LGU for the year 2014 in the implementation of RA 9485. The overall rating of 67.92 is still a failing grade. It can be noted that the Province of Masbate obtained Acceptable rating in all 2 major areas and failed in one. For Awareness, its score of 1.82 was equivalent to 40.6% of the cutoff score and 28.44% of the total area score. For Compliance, its score of 28.82 represents 71.34% of the maximum score and 101.9% of the cutoff score. In Satisfaction, the score 37.28 was equivalent to 70.1% of the maximum score and 100.1% of the cutoff score. The Awareness score increased from 2012 since the LGU was able to post the Citizens Charter even if in billboards only in 2014 as compared to none in 2012. Compliance score also increased since ID's were now worn by employees, almost eradicated all cases of collection of hidden costs and non-issuance of OR's. However, problems on the physical facilities, lack of medicines, no public assistance and complaints desk and non-observance of no lunch break still persist. The Satisfaction rating declined compared to 2012 due to lack of medicines and lack of personnel as many doctors resigned in 2014 and 2015, thus the quality of service was adversely affected.

Research Question 2: What was the level of awareness of the client-respondents regarding the Citizen's Charter?

Table 3. Level of Awareness

Awareness Indicators	Year	Frequency		Percentage		Adjectival Rating
		Yes	No	Yes	No	
1. Heard about the term "Citizen's Charter" before	2012	8	22	26.7	73.3	Failed Orpoor
	2014	12	18	40	60	Failed Or Poor
	Combined	20	40	33.3	66.7	Failed Or Poor
2. Has seen the CC posted at a conspicuous place within the premises	2012	4	26	13.3	86.7	Failed Or Poor
	2014	8	22	26.7	73.3	Failed Or Poor
	Combined	12	48	20	80	Failed Or Poor
3. The CC as source of information on the procedure of availing the service	2012	0	30	0	100	Failed Or Poor
	2014	2	28	6.7	93.3	Failed Or Poor
	Combined	2	58	3.3	96.7	Failed Or Poor

4. Have read the Citizen's Charter	2012	0	30	0	100	Failed Or Poor
	2014	2	28	6.7	93.3	Failed Or Poor
	Combined	2	58	3.3	96.7	Failed Or Poor
Overall Level Of Awareness	2012	3	27	10	90	Failed Or Poor
	2014	6	24	20	80	Failed Or Poor
	Combined	9	51	15	85	Failed Or Poor

Table 3 illustrates the level of awareness of clients on the Citizen's Charter. Across the board on all four awareness indicators, the subject LGU had an adjectival rating of Failed or Poor. All indicators be it in the year 2012, the year 2014 or combine d figures, had generated "YES" responses of less than the Acceptable, Good or Excellent rating ranges. This just shows the dismal picture of the awareness level of the community of the Citizen's Charter (CC) and the ARTA as a whole. As validated through key informant interviews, it came out that the concerned LGU did not make any efforts to let the public know of the CC's existence through print, radio or TV media except the posting of such in billboards within the hospital premises. The CC was not even posted in the year 2012. Despite being posted in 2014, only a handful were aware of it as frontline service providers also failed to refer or mention it to clients. The awareness level further dwindles when talking of making the CC as their guide of the procedures in availing the services and having read the CC. It is not surprising that the Overall Level of Awareness is Poor. Awareness may have been improved if the citizens were involved in the formulation and revision of the CC. Hague (2007) stated that the citizen's charter is a paradigm shift towards a business-like managerial model of underscoring the client's needs. This can only be achieved through citizen's participation in the CC formulation process. The citizen's charter aims to move towards a citizen-centric delivery of services which was not yet happening as of the time of this research.

Research Question 3: What was the level of compliance of the local government unit with the Anti-Red Tape Act?

Table 4. Level of Compliance

Compliance Indicators		Year	Maximum Score	Cut Off Score	Actual Score	Adjectival Rating
1. Compliance To Posted Standards The Cc	In	2012	11	7.7	7.38	Failed Or Poor
		2014	11	7.7	9.58	Good
		Combined	11	7.7	8.48	Acceptable
2. Use Of Measures Against Fixers		2012	3.8	2.66	0	Failed Or Poor
		2014	3.8	2.66	1.72	Failed Or Poor
		Combined	3.8	2.66	0.86	Failed Or Poor
3. Absence Of Fixers In Availing Service	The	2012	3.2	2.24	3.2	Excellent
		2014	3.2	2.24	3.2	Excellent
		Combined	3.2	2.24	3.2	Excellent
4. Absence Of Hidden Costs		2012	3.2	2.24	2.02	Failed Or Poor
		2014	3.2	2.24	3.10	Excellent
		Combined	3.2	2.24	2.56	Good
5. Issuance Of Official Receipts For Payments Made		2012	3.2	2.24	2.46	Acceptable
		2014	3.2	2.24	3.2	Excellent
		Combined	3.2	2.24	2.82	Good
6. Presence Of Manned Pacd		2012	6.2	4.34	1.28	Failed Or Poor
		2014	6.2	4.34	1.50	Failed Or Poor
		Combined	6.2	4.34	1.39	Failed Or Poor
7. Observance Of No Lunch Break		2012	6.2	4.34	2.78	Failed Or Poor
		2014	6.2	4.34	3.14	Failed Or Poor
		Combined	6.2	4.34	2.96	Failed Or Poor
8. Wearing Of Easy To Read Id Cards		2012	3.6	2.52	0.904	Failed Or Poor
		2014	3.6	2.52	3.38	Excellent
		Combined	3.6	2.52	2.14	Failed Or Poor
Overall Level Of Compliance		2012	40.4	28.28	20.02	Failed Or Poor
		2014	40.4	28.28	28.82	Acceptable
		Combined	40.4	28.28	24.41	Failed Or Poor

The performance of the LGU with respect to compliance indicators was shown in Table 4. Among the eight indicators, the LGU registered Poor marks in six, Acceptable in 1 and Excellent in 1 indicator for the year 2012. For 2014, the picture shows only 3 indicators registered Poor marks, 1 with Good and 5 with Excellent ratings. For the combined 2012 and 2014 figures, 3 indicators had Poor ratings, 1 with Acceptable, 2 with Good and 2 with Excellent. The Overall Level of Compliance was Failed or Poor in 2012, Good in 2014 and Failed or Poor for the combined figures. After the conduct of exit conferences for the 2012 ARTA-RCS results, the LGU became aware of its gaps. In 2014 its Compliance scores greatly improved since the LGU was able to post the citizen's charter within the hospital premises, post some posters on anti-fixing which were not conspicuous to many, able to curb the incidence of hidden cost to just one in 30 respondents, the perfect issuance of official receipts, and had very high compliance in the wearing of ID's. RA 9485 gives much importance to Compliance indicators since these are the measures geared towards curbing graft and corruption, improving transparency in government transactions and advance the accountability of service providers. Furthermore, in this indicator group is the Citizen's Charter (CC), which LGUs and national agencies are scrutinized if the mandated parts of the CC are present and if the service providers comply with the standards set therein. For the Province of Masbate, its CC needs to be improved and made user-friendly as some parts are vague and confusing and many relevant information are missing. Another finding made from this study is that from the many years since the implementation of the ARTA, there was no single case of documented complaint brought against any service provider even if many negative comments against some providers were raised during the interviews. This can be due to the fact that most are not aware of the redress mechanism present in the citizen's charter against violations of the CC and ARTA. This can also be related to the Filipino trait as being non-confrontational. Many are reluctant to complain and let things pass as long as they can endure things or if it is not life threatening especially if the aggressor is of higher stature than the complainant. Many are also discouraged of going through the grievance process as this eats a big chunk of their time and efforts. This is one area which should be reversed to stop graft and corruption, lousy service and lack of transparency and accountability through an effective feedback mechanism.

Research Question 4: What was the level of satisfaction of the client-respondents with the implementation of the Anti-Red Tape Act?

Table 5. Level of Satisfaction

Satisfaction Indicator Groups	Year	Maximum Score	Cut Off Score	Actual Score	Adjectival Rating
1. Frontline Service Provider	2012	12.8	8.96	9.18	Acceptable
	2014	12.8	8.96	8.54	Failed Or Poor
	Combined	12.8	8.96	8.86	Failed Or Poor
2. Service Quality	2012	11.2	7.84	8.96	Good
	2014	11.2	7.84	8.74	Acceptable
	Combined	11.2	7.84	8.85	Acceptable
3. Physical Working Condition	2012	13.2	9.24	8.08	Failed Or Poor
	2014	13.2	9.24	7.74	Failed Or Poor
	Combined	13.2	9.24	7.91	Failed Or Poor
4. Client Overall Satisfaction	2012	16	11.2	12.90	Good
	2014	16	11.2	12.26	Acceptable
	Combined	16	11.2	12.58	Acceptable
Overall Level Of Satisfaction	2012	53.2	37.24	39.12	Acceptable
	2014	53.2	37.24	37.28	Acceptable
	Combined	53.2	37.24	38.2	Acceptable

The results on the satisfaction indicators are shown in Table 5. In 2012, out of the 4 indicator groups, 2 got Good grades, 1 had Average and 1 Poor. The frontline service provider indicators which include the response time, competence, courtesy and fairness, among others, posted an Acceptable rating. Service Quality which includes outcome and overall transaction time had a Good rating. Physical working condition which comprises of physical setup and basic facilities obtained a Poor rating. Overall client satisfaction with regard to the quality of service delivery had a rating of Good. Surprisingly for 2014, the results were worse compared to 2012. All 4 indicator groups had ratings which declined relative to 2012. The Overall Level of Satisfaction also decreased in 2014. This drop in level of satisfaction in 2012 can be attributed to the lack of qualified practitioners particularly doctors, poor service by some providers and the lack of medicines, laboratory reagents and other medical supplies. Many doctors had resigned in 2014 and 2015 to look for greener pastures elsewhere. Also many service providers were complaining of lack of tenure in their jobs as many of them are

on job orders only, thus, affecting the quality of service provided. Clients complain of lack of medicines and vaccines, reagents in the laboratory, dirty toilets or comfort rooms and wards, long queues in clinics and crowded hospitals. These problems were present before in 2012 but somehow some became magnified in the 2014 survey.

Research Question 5: Was there a significant relationship among performance rating, awareness, compliance, and satisfaction?

Table 6. Relationship between Performance and Awareness

Variables	Pearson r	P-value	Decision on Ho	Interpretation
Performance and Awareness	0.372	0.003**	Reject Ho	Low Correlation Significant

Table 6 shows the test for correlation between performance and awareness using SPSS. With a p-value of 0.003 which is lower than the 0.01 sig level, it shows a significant correlation between performance and awareness. With a Pearson r correlation coefficient value of 0.372, it implies a positive and low correlation between performance and awareness. It is expected since awareness is part of the overall performance score. Awareness accounts for 6.4% of the overall performance score as shown in Tables 1.1 and 1.2. If awareness rises with all other factors held constant, the performance also rises. Likewise, if awareness decreases, the performance also decreases.

Table 7. Relationship between Performance and Compliance

Variables	Pearson r	P-value	Decision on Ho	Interpretation
Performance and Compliance	0.482	0.000**	Reject Ho	Low Correlation Significant

The relationship between performance and the compliance indicators is summarized in Table 7 With a p-value of 0.000 which is lower than 0.01 sig. level, it shows a significant correlation between the two variables. This was expected as compliance accounts for 40% of the performance score as shown in Tables 1 and 2 The Pearson r coefficient value of 0.482 implies a low and positive correlation between performance and compliance. If the compliance score rises, so does the performance scores. If compliance score declines, the performance score also declines.

Table 8. Relationship between Performance and Satisfaction

Variables	Pearson r	P-value	Decision on Ho	Interpretation
Performance and Satisfaction	0.832	0.000**	Reject Ho	High Correlation Significant

Table 8 presents the relationship between performance and satisfaction. The p-value of 0.000 shows significant relationship between performance and satisfaction. The Pearson r correlation coefficient value of 0.832 showed a positive and high correlation between these two variables. This is so because satisfaction makes up for 53.2% of the overall performance score as illustrated in Tables 1.1 and 1.2. As you increase the satisfaction score, there is a tendency for performance score to also increase. If the satisfaction level decreases, performance also decreases.

Table 9. Relationship between Satisfaction and Awareness

Variables	Pearson r	P-value	Decision on Ho	Interpretation
Satisfaction and Awareness	0.069	0.601	Accept Ho	Weak Correlation Not Significant

Table 9 illustrates the relationship between satisfaction and awareness. The p-value of 0.601 which is higher than the significant level of 0.01 shows that there is no significant correlation between satisfaction and awareness. The Pearson r correlation coefficient of 0.069 shows that the correlation is very weak. The changes in one variable are not correlated with the changes in the other variable. As shown in Tables 1 and 2,

a Failed awareness rating does not correlate to the satisfaction rating as the latter had Acceptable ratings.

Table 10. Relationship between Satisfaction and Compliance

Variables	Pearson r	P-value	Decision on Ho	Interpretation
Satisfaction and Compliance	0.068	0.603	Accept Ho	Weak Correlation Not Significant

Table 10 shows the relationship between satisfaction and compliance. The p-value of 0.601 shows that there is no significant correlation between satisfaction and compliance. The Pearson r correlation coefficient of 0.068 shows that the correlation is very weak. The changes in one variable are not correlated with the changes in the other.

Table 11. Relationship between Compliance and Awareness

Variables	Pearson r	P-value	Decision on Ho	Interpretation
Compliance and Awareness	0.361	0.005**	Accept Ho	Weak Correlation Not Significant

Table 11 presents relationship between compliance and awareness. The p-value of 0.005 shows a significant correlation between the two variables. However, this result must be taken with caution. As defined, awareness pertains to the clients, their knowledge of the Citizen's Charter, their utilizing the CC in their transactions. Whereas compliance pertains to the service providers or the office and their adherence to the posted standards in the CC and the mandates in the ARTA. Awareness may increase if the compliance indicators are met coupled with education campaign for the community. Put in another way, compliance may increase if the community is aware of the CC and its use which in turn may force the service providers to follow the CC and ARTA provisions piously.

Research Question 6: Was there a significant difference in the overall performance rating of the respondent local government unit between the 2012 and 2014 Anti-Red Tape Act Report Card Surveys?

Table 12. Group Statistics

	Year	N	Mean	Std. Deviation	Std. Error Mean
Performance Rating	2012	30	60.373	10.0327	1.8317
	2014	30	67.920	11.0883	2.0244

Table 13. Test for Significant Difference in the Overall Performance Rating for 2012 and 2014

		Levene's Test for Equality of Variances		t-test for Equality of Means			Decision on Ho	Interpretation
		F	Sig.	t	df	Sig. (2-tailed)		
Performance Rating	Equal variances Assumed	.007	.935	-2.764	58	.008	Reject Ho	Significant
	Equal Variances Not Assumed			-2.764	57.429	.008		

After the conduct of the 2012 survey, series of feedback sessions were made to the local officials and functionaries to apprise them of the dismal results. Recommendations were given to improve their standing in the succeeding surveys. It was expected that there will be a marked improvement in the performance rating by the next round of assessment. To test if there is a significant difference between the performance ratings in 2012 and 2014, respondent's t-test for two independent samples was employed using SPSS software. Based on Table 12, the mean performance rating in 2012 was 60.37 and 67.92 in 2014. There was a marked increase in

the rating. To find if the increase is significant or not, a two-tailed independent samples t-test was conducted as shown in Table 13. To determine if the two data sets have about the same or different amounts of variability between scores, the Levene's Test for Equality of Variances was used. With the sig. value of 0.935 larger than 0.05 means that the variability in the two groups is about the same. Thus, we use the data from the first row in the t-test for equality of means. In the aspect of overall performance rating, since the significant (2-tailed) value of 0.008 is lesser than 0.05, the null hypothesis is hereby rejected. This implies that means are statistically different. The overall rating in 2014 is significantly higher than the 2012 rating. The higher rating came about due to the feedback sessions conducted after the 2012 survey. Thus, the LGU became aware of its weak and strong areas and was expected to do better in the next round of survey. The LGU was able to implement measures addressing the gaps communicated during the exit conferences. The LGU was able to post the Citizen's Charter within hospital premises, minimize cases of hidden costs, implements the wearing of ID's and issuances of OR's. However, the efforts done were not enough since the LGU still failed the ARTA-RCS in both years.

Research Question 7: What was the relevance of the Citizen's Charter in terms of community participation in its formulation or revision, and the means of its dissemination?

Participation of the Community in the Formulation and Revision of the Citizen's Charter: No Participation

This study probed if the community was consulted during the formulation or revision of the citizen's charter especially on setting the standards of the frontline services offered. These are the remarks of the key respondents, to wit:

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| Informant 1: | No citizen or client was consulted in the formulation or revision of the citizen's charter. |
| Informant 2: | The LGU does not see the need of inviting outsiders in developing or refining the charter since the service providers themselves know best what standards are to be set. |
| Informant 3: | I was one of those who drafted the citizen's charter and all of us are from the LGU. |

It is sad to note that during the formulation or revision of the Citizen's Charter, the community had no role whatsoever. Only the key personnel from the LGU were involved in the process. The feedbacks from the clients in the 2012 ARTA-RCS may have been used as inputs in the revision process but the community had no direct participation in the formulation or revision. RA 9485 is not explicit as to the direct involvement of the community, the onus is on the LGU to give the people a say in coming up with such important document. In places where the CSOs and POs have active engagement with the local government units particularly in the planning and implementation process, such participation is feasible. For a typical locality like Masbate where such engagement is still in its infancy stage, there is lack of relevant groups or individuals who are willing to be involved in the CC formulation or revision process. Also the LGU is not yet ready to engage the community on this aspect especially that it is not mandated in the law.

Means of Disseminating the Citizen's Charter: Billboard Posting Only

Awareness of a law, policy or any information is a function of the scope and frequency of dissemination. To validate on the findings in the ARTA-RCS that awareness level of the community on the citizen's charter is Poor, interviews were conducted with the key informants of the LGU. Their remarks were as follows:

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| Informant 1: | The CC was printed on billboards and posted at the main entrance of the hospital. Aside from that, there was no other means of disseminating the CC. |
| Informant 2: | Information dissemination of the CC through brochures in Pilipino or local dialect, radio & TV plugs, etc., were not done by the LGU. |
| Informant 3: | Not all of the employees were oriented on the CC. If many of us employees are unaware of the CC, what would you expect from those of the community? |

In the aspect of Means of Disseminating the CC, there is none to speak of except the mandatory posting of the Citizen's Charter on billboard within the hospital premises. The other mandatory means of disseminating through the use of brochures or leaflets in local dialect, English or Filipino were not complied. There was no information campaign through radio, TV, meetings or assemblies and other means. This is validated in Table 2 which showed that all Awareness Indicators registered Poor ratings in 2012, 2014 and

aggregate figures. Majority of the respondents were not aware of the term "Citizen's Charter", and they were not aware that the CC was posted within the premises. They did not use the CC as guide in availing frontline services or almost none had read the CC at all. Even employees or service providers were not aware of the CC or failed to mention it to the clients. All of these mean that the LGU had no active means of disseminating the CC except the passive mode of posting it on billboards which is not effective as the ARTA-RCS results show. In a nutshell, the CC is not relevant to those who do not know it existed or as to what its uses are.

Research Question 8: What factors restrained or facilitated the implementation of the Anti-Red Tape Act?

Perceived Factors That Facilitate or Restrain the Implementation of the ARTA in Thematic: Content Analysis

To gather information on the perceived factors that may influence the implementation of the ARTA, interviews were conducted with the informants. It revealed that information dissemination, incentives, strict implementation of the law & CC, a functional feedback system, kind of service providers, adequate resources and quality of citizen's charter are among these factors.

Information Dissemination

Many of the respondents cited this factor. Information dissemination can be construed on the part of the client or on the side of the service provider. As gathered from the interview:

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| Informant 4: | Awareness is important for the clients because if we are aware of the CC or about the ARTA, we expect to be accorded that kind of standard. |
| Informant 2: | Awareness of the CC and ARTA on the part of the provider allows him or her to be conscious of his obligation accorded to the clients. |
| Informant 5: | Since I am not aware of the CC, I expect my transaction with the government to be business as usual. |
| Informant 9: | Is the citizen's charter the same as charter change? |
| Informant 7: | I have not seen any citizen's charter. How does it look like? |

These remarks emphasizes the need for the community and service providers to be aware of the ARTA and CC for the implementation to be successful. The importance of awareness and consequently, knowledge cannot be discounted.

Incentives

As with any other endeavor, a program has a higher chance of becoming fruitful if there is an incentive attached to it. As disclosed by the informants:

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| Informant 1: | An office or the LGU may strive to perform better if there is an incentive to do so. |
| Informant 2: | Linking the good performance in the ARTA to grant of any assistance is most welcome. |
| Informant 3: | If you perform well, you ought to be recognized or rewarded. |

The findings revealed about the importance of incentives in contributing to good performance as this spurs LGUs and agencies to do what is supposed to be done.

Strict Implementation

This factor includes sanctions & the periodic monitoring of performance in relation to the implementation of ARTA provisions and the CC standards. As gleaned from the interviews:

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| Informant 8: | For service providers which deviate from the standards in the CC, penalty must be imposed. |
| Informant 6: | Periodic monitoring of implementation will always keep the service providers on their toes. |
| Informant 10: | Sanctions need to be imposed for them to keep in mind of their pledge to the people to fulfill as embodied in the CC. |
| Informant 11: | The doctor is charging me this amount without giving me any official receipt. |
| Informant 3: | We are ordered to wear IDs because it is mandated in the ARTA. |

Strict implementation means that cases of graft & corruption, collection of hidden cost, fixing, non-

issuance of OR, non -implementation of CC standards without due cause, among others, must be meted penalty accordingly.

Feedback System

A functional feedback system is necessary for the service providers to be aware of their shortcomings and for the people to be heard.

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| Informant 10: | The people must exercise their right to be heard by the government by giving their feedbacks to the concerned authorities. |
| Informant 8: | There is no way of punishing any erring service provider if there is no complaint received against him or her. |
| Informant 7: | Will my complaint prosper if ever I make one? |
| Informant 5: | It is a hassle on my part to file any complaint as it is to me only a minor violation. |

The CC will only be a truly effective document if the community are on guard against violations or abuses by exercising the right to grievance and if the concerned grievance officers will act on these complaints fairly.

Human & Other Resources

This factor includes the adequacy of trained personnel who will attend to clients, availability of medicines and other medical supplies, the kind of facilities and structures being offered, among others. The interviews disclosed the following:

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| Informant 4: | We have been waiting for more than an hour for the doctor to arrive and attend to us outpatients. We are many and the waiting area is not enough for us. |
| Informant 9: | There is no separate CR for males & females in the outpatient area and it is dirty. |
| Informant 6: | There is no more free rabies vaccine available so I have to find another patient who will want to share the cost with me in buying it outside. What happened? This was available before. |
| Informant 8: | The private ward's ceiling is leaking that we have to scamper for a dry place inside the room. |
| Informant 10: | We are currently sleeping on the hallway as there is no room or ward available for us. |
| Informant 11: | There is no available reagent in the laboratory so I will have to perform this test in a private clinic which is more expensive. |
| Informant 5: | The service providers I encountered today treated me well, promptly and courteously. |

The kind of service providers as well as their availability when needed contribute to the service delivery. The adequacy and quality of resources and facilities matter much as they are important components to avail of basic services such as health.

Quality of Citizen's Charter

This factor echoes the saying "garbage in, garbage out". If the CC is ambiguous, conflicting and incomplete, you are just fooling the people. The LGU might as well not implement it before it has undergone review by the CSC. Excerpts from the interview reveal:

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| Informant 11: | Dental service is not among the frontline services listed in the CC but it is a basic service. |
| Informant 6: | The CC needs to be revised because it is confusing and lacks some relevant information. |
| Informant 7: | The CC was done haphazardly that it might create confusion among service providers. |

The citizens must be consulted in the formulation or revision as they are the end users or beneficiaries of this document.

This section presents the overall Anti-Red Tape Act performance rating of the Masbate Provincial Hospital for the 2012 and 2014 survey periods, the corresponding levels of client awareness, service-provider

compliance, and client satisfaction, the statistical relationships among these variables, and the qualitative findings on the relevance of the Citizen's Charter and the factors that facilitated or restrained implementation.

Research Question 9: What action plan could be proposed based on the findings of the study?

Proposed Action Plan

Based on the findings, a three-pronged action plan - Project C.U.R.E. Masbate (Comprehensive and Unified Response to Eliminate Red Tape) - is proposed, with the general objective of enabling the hospital to pass the Anti-Red Tape Act Report Card Survey in succeeding assessment periods. The plan is organized around the study's three core indicators. Under Awareness, the Human Resource Management Office would lead a proactive information and education campaign - posting the Citizen's Charter at additional conspicuous locations, distributing leaflets and brochures in the local dialect, running radio plugs, and inviting community and civil-society representatives into the Charter revision process. Under Compliance, a technical working group composed of selected office heads and employees would revise and update the Citizen's Charter with community input to ensure it is complete, current, and easily understood, supported by periodic review every two years. Under Quality of Service and Physical Working Conditions, the LGU would prioritize the sourcing of essential medicines and supplies, the rehabilitation of facilities, and measures to address staffing gaps in frontline units. Each activity is assigned a responsible office and an implementation timeframe beginning July 2015 and continuing thereafter, with funding requirements to be sourced from the provincial budget. The ARTA - RCS conducted from July 26-31, 2012 and August 26-30, 2014 in the Provincial Government of Masbate showed the many gaps that plague the LGU in relation to the implementation of the ARTA. Some gaps are minor while some entail considerable resources to address. The focus of this study is on the delivery of health services. This service is vital especially that the province has limited options as to the health facilities available. The MPH is the only secondary - referral hospital in the province. That says a lot to the state of public health in the province. If the only secondary hospital in the province failed miserably in the ARTA Report Card Survey, one may ask "what had gone wrong"? As most of the component LGU's in Masbate passed the ARTA-RCS with flying colors, one can think of many reasons attributable to dismal result of the Provincial Government. This Action Plan was formulated with the aim to turn things for the better. This intends to address the problem in a holistic way for a complete overhaul of running public hospitals. This does not go as far as emulating the private health sector in a short span of time but we will get there one step at a time. It is envisioned that public hospitals can be at par with private ones with regards to the quality of service, care and facilities. More so, this document hopes to make the LGU more serious in its implementation of the ARTA and able to deliver fast, affordable and quality services. The Action Plan lays out the problems along the 3 major areas of concern, the solutions or strategies to these problems and the timetable and persons responsible to these actions. Project C.U.R.E Masbate aims to have a Comprehensive and Unified Response to Eliminate Red Tape. The General Objective is to pass the ARTA-RCS comfortably in the succeeding years of assessment. Specific Objectives is (1) To increase the awareness level of the community on the existence and use of the Citizen's Charter; (2) To make the LGU compliant to the provisions of the Anti - Red Tape Act; and (3) To achieve an excellent or good quality of service and physical working condition.

Ethical Considerations

This study observed established ethical protocols for research involving human respondents. Formal permission to conduct the study was obtained from the Dean of the Graduate School prior to data collection, and the conduct of the Anti-Red Tape Act Report Card Survey was formally communicated to the Provincial Governor of Masbate and the Provincial Health Officer pursuant to Department of the Interior and Local Government Provincial Memorandum No. 1, series of 2014, consistent with the survey's status as a government-mandated monitoring exercise administered under Civil Service Commission and Department of the Interior and Local Government protocols rather than an independent experimental or clinical study. No separate review by an Institutional Review Ethics Committee or Institutional Review Board was undertaken, as the data collection instruments were the standardized, nationally prescribed Anti-Red Tape Act Report Card Survey tools administered as part of a regular government compliance-monitoring exercise rather than a clinical or experimental protocol; the researcher's graduate school approval and the LGU-level notifications described above served as the applicable institutional clearance for this academic use of the survey data. Future replications of this design in similar contexts would benefit from securing a formal ethics committee clearance where one is available, to further strengthen procedural transparency. Informed consent was obtained from all client-respondents through a written letter explaining the purpose of the study, the voluntary nature of participation, and the respondent's right to decline or withdraw at any time without consequence to the services they were availing. Confidentiality and anonymity were maintained throughout; client responses were

coded rather than identified by name, and no personal information was disclosed in the analysis or reporting of findings, consistent with the requirements of the Data Privacy Act of 2012 (Republic Act No. 10173). All data collected were used solely for the purposes of this study and the corresponding ARTA-RCS monitoring exercise, and were stored securely by the researcher with access limited to the study team.

Conclusion

The Anti-Red Tape Act was not yet effectively implemented at the Masbate Provincial Hospital as of the 2014 survey period, with the facility registering a Failed overall performance rating in both 2012 and 2014 despite a statistically significant improvement between the two periods. The persistence of Poor awareness ratings throughout, set against measurable gains in compliance, indicates that the hospital's corrective actions following the 2012 exit conference addressed provider-side adherence more effectively than they addressed public knowledge of the Citizen's Charter - a gap traceable to the absence of community participation in the Charter's formulation and to the LGU's reliance on a single, passive dissemination channel. The strong positive correlation between satisfaction and overall performance, contrasted with the absence of any significant relationship between satisfaction and either awareness or compliance, suggests that clients' evaluation of their immediate service experience is shaped less by their knowledge of formal service standards than by tangible service conditions such as staffing, medicine availability, and facility quality. This is consistent with the Civil Service Commission's (2011) broader finding that LGUs tend to lag national agencies in Citizen's Charter observance, and with Haque's (2007) caution that charters risk becoming a procedural formality unless actively disseminated and co-owned by the communities they serve. Taken together, these findings indicate that closing the hospital's remaining performance gap requires parallel, rather than sequential, investment in public awareness campaigns, sustained provider compliance, and the underlying human and material resources that shape the client's service experience.

Recommendations

Based on these findings, the following stakeholder-specific recommendations are offered. The Masbate Provincial Hospital and the Provincial Government of Masbate should adopt and fund the proposed Project C.U.R.E. Masbate action plan, prioritizing a multi-channel information campaign and the inclusion of citizen and civil-society representatives in the next Citizen's Charter revision. The Human Resource Management Office should institutionalize an internal oversight body to monitor Citizen's Charter and Anti-Red Tape Act compliance between survey periods rather than relying solely on the biennial ARTA-RCS. The Civil Service Commission and the Department of the Interior and Local Government should sustain post-survey feedback and incentive mechanisms, which this study found to be associated with measurable performance gains, and should consider periodic review of the ARTA-RCS scoring tools to ensure they remain sensitive to facility-level conditions such as staffing and supply shortages. Future researchers should extend this design to the province's other local government units and to subsequent survey periods to determine whether the awareness-compliance-satisfaction relationships observed here hold across settings and over time.

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