



Strengthening Family Planning Project

تعزيز تنظيم الأسرة

Client Satisfaction Pilot Survey Results

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Executive Summary

Objective

The purpose of this pilot is to determine which of two methods is the most effective and valid way to measure client satisfaction and to assess if proper family planning (FP) counseling is being provided to clients and if the clinic staff promotes FP services to women who visit the clinic for other service. The instrument also measures clients' perception of respect for privacy, appropriate client-provider interaction, safety measures and hygiene at the clinic.

Methods

Data was collected from five different clinics operated by the Jordanian Association for Family Planning and Protection (JAFPP): Bayader, Irbid Central, Madaba, Mahatta, and Zarqa. For each study method 20 women were interviewed from each center for a total sample size of 100 for each study method.

Method 1: Exit interviews with 100 married women of reproductive age (MWRA) who had received family planning or reproductive health (FP/RH) services on day they obtained such services. All exit interviews were conducted October 22-28, 2013.

Method 2: Phone interviews with 100 MWRA who had received family planning or reproductive health services prior to the interview. The clinics provided a list of names and phone numbers of women who had received FP/RH services. All of the clients interviewed received FP/RH services from September 15-30, 2013 and all interviews were conducted October 29- November 4, 2013.

Key Findings

- Satisfaction and service quality at the JAFPP
 - Satisfaction among clients who received services at the sampled JAFPP clinics was generally high regardless of the service received or the interviewing methodology.
- Methodology selection
 - Differences in service quality were noted, however, when comparing those interviewed through exit interviews as compared to telephone interviews.
 - FP clients interviewed through the phone were less likely to agree to statements related to good FP counseling quality as compared to those interviewed upon exiting the clinic.
 - Reproductive health clients interviewed through the phone were less likely to agree to statements aiming to assess whether clinic staff attempt to

capture lost FP opportunities as compared to those who were interviewed upon exiting the clinic.

- Each method has limitations
 - Exit interviews
 - A budget must be allocated for someone outside of the clinic to conduct exit interviews. Ideally, the interviewer would have no official affiliation with the organization. Effort and cost will increase in order to generate a representative sample, especially if clinics are geographically dispersed.
 - Clinic staff often approached the interviewer to inquire about her presence and clients saw the interaction, which may have influenced clients' responses.
 - The interviewer estimates that approximately 35% of respondents were in a rush to leave the clinic and most were not very comfortable with being interviewed outside of the clinic.
 - Securing privacy outside of the clinic was a challenge depending on the location of the clinic, the weather and if the client was accompanied by relatives.
 - Phone interviews
 - Incorrect or invalid telephone numbers were common, which could have introduced a bias. This method is only recommended if the organization maintains a database with valid and updated client contact information.
 - The respondent may be occupied (at work, tending to children, etc.) when contacted.
 - Two complaints were received by the organization from clients who did not appreciate having their contact information shared with an outside party.
 - There is a potential for recall bias

Recommendations

The above mentioned limitations must be taken into consideration when an organization decides upon a methodology to assess client satisfaction and service quality.

The JAFPP should continue its efforts to maintain high client satisfaction, but more effort should be dedicated towards promoting their FP services to reproductive health clients in order to capture missed FP opportunities.

Programmatic Implications

It is evident that one methodology may not be applicable to all NGOs. In order to assure that accurate and reliable client satisfaction data is collected by sub-grantee NGOs,

- Ta'ziz will share the findings with the JAFPP and the other sub-grantee NGOs,
- will conduct meetings with each NGO individually in order to assist them in choosing a method to assess client satisfaction regularly and validly,
- will provide NGOs with any necessary technical or logistical support that is needed to successfully implement the chosen methodology, and
- will assure that the client satisfaction module is available for data entry and report generation in the CMIS system.

Objectives

Various methods may be used in order to gauge client satisfaction. The purpose of this pilot is to determine which of two methods is the most effective and valid way to measure client satisfaction. The pilot will also evaluate whether the designed study instrument can measure:

- Overall client satisfaction
- Whether proper family planning counseling is being provided to clients
- The clinic's success at identifying unmet need for family planning services among women who visited the clinic for non-family planning services such as reproductive health services as well the staff's initiative in promoting the family planning services provided at that center to women of unmet need.
- Client's perception of respect to privacy, proper client-providers interaction, safety measures and hygiene at the clinic.

Methodology

Data was collected from 5 different clinics run by the Jordanian Association for Family Planning and Protections (JAFFP): Bayader, Irbid 1, Madaba, Mahatta, and Zarqa. For each method 20 women were interviewed from each center for a total sample size of 100.

Data was collected using two different methods.

The first method consisted of exit interviews with the clients as they left the clinic. The interview was conducted by a second-party and all interviewees were married women of reproductive age (15-49 years old) who had received family planning or reproductive health services on the same day as the interview. All exit interviews were conducted October 22-28th 2013.

The second method consisted of phone interviews with women who had received family planning or reproductive health services prior to the interview. The clinics provided a list of names and phone numbers of women who had received FP/RH services. All of the clients interviewed received FP/RH services from September 15th-30th, 2013 and all interviews were conducted October 29th - November 4th 2013. The quality of contact information varied widely from clinic to clinic, as is shown in Table 1. In order to reach 20 women for

Madaba	30
Zarqa	45
Irbid 1	60
Mahatta	80
Bayader	120

each clinic, the interviewer had to attempt to contact 30 women for Madaba, 45 women for Zarqa, 60 women for Irbid 1, 80 women for Mahatta, and 120 women for Bayader.

Study Instrument

The interview questionnaire consisted of 2 parts. Women who visited the clinic for family planning services, either the first time or for a follow-up, (Visit 1 & 2) were asked one questionnaire, while those who visited for other reproductive services (Visit 3) were asked another. Each questionnaire consisted of a series of questions regarding the visit and clients were asked to respond either "Agree", "Disagree", or "Neutral." Each response was given a numerical value: 1 for "Agree", 2 for "Neutral", and 3 for "Disagree." At the end of each questionnaire interviewees were asked to give any additional comments regarding their experience and to rate the clinic on a scale of 1-10, with 1 being the worst and 10 being the best.

Data Security

Clients were asked to give their consent to be interviewed and upon consent they were then asked their reasons for visiting the clinic. No identifiers were recorded on the questionnaires. Abt Associates Institutional Review Board (IRB) determined that this study was exempt from IRB review.

Data Analysis

Data was entered into Microsoft Excel and was analyzed using STATA version 12. Significant differences between proportions were assessed using Chi2 test and significance between means was assessed using ANOVA.

Results: Quantitative Findings

A total of 100 telephone interviews and 100 exit interviews were successfully conducted for this pilot test of the satisfaction survey. Only three potential respondents refused to participate in the telephone interviews and two refused to participate in the exit interviews, yielding a refusal rate of 3% and 2% respectively.

Reasons for Visiting the Clinic

As shown in Figure 1, both survey methodologies produced a similar distribution of clients with regards to reasons for visiting the clinic. Overall, nearly 40% of clients received reproductive health services, 40% received follow-up FP services and 20% were first time FP clients.

Satisfaction among all Respondents

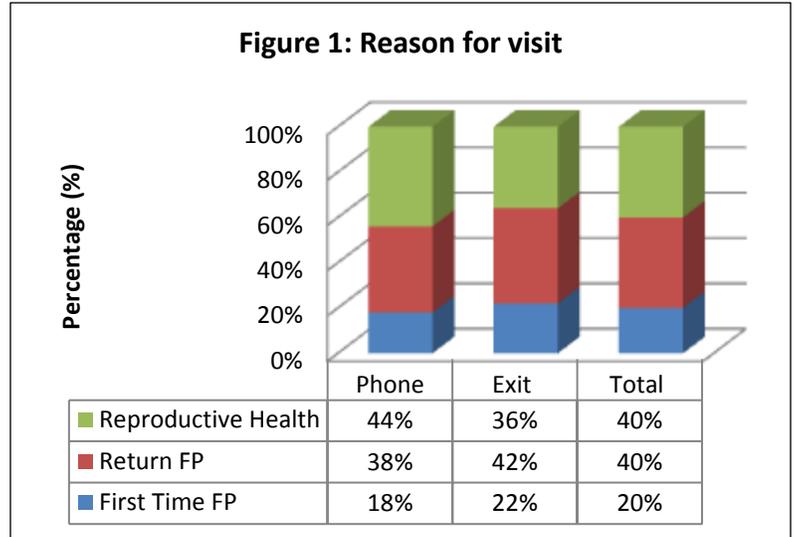


Table 2 depicts statements to which all respondents were asked to gauge their agreement. When considering all respondents, irrespective of the reason for their visit, agreement rates were not significantly different for six of the seven statements when comparing respondents by questionnaire administration method. The proportion of agreement to all statements was also considerably high (>90%) when considering all respondents. A similar trend was noted when considering FP clients' responses: No significant differences were noted when comparing administrative method and all responses were considerably high in agreement. When examining the responses of those who sought reproductive health services at the clinic, it becomes apparent that there are some slight differences when comparing interviewing methodologies. The most significant difference relates to respondents' agreement to whether the counselor was keen to explore her reproductive or medical history, to which 96% of those interviewed through exit interviews agreed while only 69% of those interviewed through a phone interview agreed.

Additionally, there was a significant difference in total percent who agreed that the counselor was keen to explore their reproductive or medical history when comparing those who visited for reproductive health services and those who visited for family planning services. Nearly all (96%) respondents who had visited for FP services agreed that the counselor was keen to explore their reproductive or medical history as compared to 84% of those who had visited for reproductive health services agreed. This difference is likely attributable to the difference noted among those interviewed by phone since those interviewed by exit interviews had an agreement rate of 96% irrespective to the service received on the day of the visit. This suggests that those who went to receive family planning services were asked about their medical history more often than those who went to receive reproductive health services.

Respondent agreed with the following statements:	Family Planning			Reproductive Health			All respondents		
	Phone n=64	Exit n=56	Total n=120	Phone n=36	Exit n=44	Total n=80	Phone n=100	Exit n=100	Total n=200
1. The counselor (social worker , nurse or doctors) was keen to explore my reproductive/medical history	96.9	94.6	95.8†	69.4*	95.5*	83.8†	87.0	95.0	91.0
2. My privacy was respected during counseling and medical examination/procedures.	98.4	98.2	98.3	94.4	93.2	93.8	97.0	96.0	96.5
3. I was comfortable discussing problems or concerns about my health with the provider.	96.9	98.2	97.5	94.4	95.5	95.0	96.0	97.0	96.5
4. The clinic was clean and appealing	95.3	98.2	96.7	100.0	97.7	98.8	97.0	98.0	97.5
5. Waiting time was reasonable and I was referred to the doctor in a timely manner	96.9	96.4	96.7	91.7	97.7	95.0	95.0	97.0	96.0
6. The fee paid is appropriate for the kind of service I received	90.6	92.9	91.7	97.2	93.2	95.0	93.0	93.0	93.0
7. I would go back to and recommend this clinic/doctors to others	93.8	98.2	95.8	88.9	90.9	90.0	92.0	95.0	93.5

* Statistically significant (p<0.05) difference in proportions when using Peason’s Chi2 test.

Clients’ Overall Satisfaction with the Visit

As show in Table 3, there was no significant difference in the overall satisfaction rating of the clinics between those who participated in phone interviews and those who participated in exit interviews. Nor was there any significant difference in the overall clinic rating given by those who visited for family planning services and those who visited for reproductive health services. Furthermore, all of the average overall satisfaction ratings were fairly high, with the lowest average rating being 8.8/10 and the highest being 9.0/10.

Satisfaction	Family Planning			Reproductive Health			All respondents		
	Phone n=64	Exit n=56	Total n=120	Phone n=36	Exit n=44	Total n=80	Phone n=100	Exit n=100	Total n=200
Mean score	8.8	9.0	8.9	8.9	8.9	8.9	8.8	9.0	8.9

Quality of Family Planning Services

The instrument used to interview those who received a FP service at the clinic was designed to assess satisfaction as well as the quality of counseling received by the client at the clinic. Table 4 depicts four statements asked only to those who received a FP service in order to assess counseling and clinical care quality.

Agreed or strongly agree with:	Phone n=64	Exit n=56	Total n=120
1. The counselor (social worker , nurse or doctors) was keen to explore my social / family circumstances and family planning method preferences	96.9	94.6	95.8
2. Information and health educational messages provided by the doctor were consistent with those provided by the social worker and nurse	89.1	94.6	91.7
3. The counselor (social worker, nurse or doctors) provided me with complete information about the FP method given to me (regarding effectiveness, managing common side effects and warning signs)	82.8*	96.4*	89.2
4. I was informed about other available FP options in case I was dissatisfied with my current method and decided to switch	79.7*	94.6*	86.7

* Statistically significant ($p < 0.05$) difference in proportions when using Pearson's Chi2 test.

A high proportion ($\geq 95\%$) of respondents agreed that providers were keen to explore their social and family circumstances and FP method preferences through both exit and telephone interviews. Nearly 90% and 95% of phone and exit interview respondents, respectively, agreed that the information given to them by the doctor were in alignment with those given by to social worker and nurse.

The last two statements listed in Table 4, however, showed significant differences in agreement rates when comparing those who were interviewed by phone or in person upon exiting the clinic. Nearly all exit interview respondents (96%) agreed that the counseling provided them with complete information about the FP method given to them while 83% of those interviewed by phone said they agreed. Also, nearly all exit interviews respondents (95%) agreed that they

were informed about other available FP options in case she was dissatisfied with the current method or decided to switch as compared to 80% of those interviewed by phone.

Quality of Reproductive Health Services

Aside from measuring overall satisfaction, the instrument included statements aiming to gauge the clinic staff’s initiative to catch missed FP opportunities by informing non-FP clients about the benefits of FP, the available services at the clinic and by providing the clients with brochures about the topic. Table 5 depicts five statements which were used to gain a measure of clinic staff’s initiative to capture such missed opportunities.

There was a significant difference in the responses based on interview method for every statement except for statement number one. Nearly all respondents interviewed through either method agreed that the services they received were appropriate to their presenting health problem (statement 1). Ninety-three percent of respondents who were interviewed through exit interviews agreed that the provided counseling informed them about the benefits of birth spacing as compared to only 61% of those interviewed through telephone and 93% of exit-interviewed respondents agreed that the counselor provided them with; 1) general information about FP methods they could use in the future, 2) informed them about FP services available at the clinic, and 3) provided them with brochures, as compared to 64%, 67% and only 56% of telephone-interviewed respondents, respectively.

Agreed or strongly agree with:	Phone n=36	Exit n=44	Total n=80
1. The services I received were appropriate to my presenting health problem	94.4	97.7	96.3
2. The counselor (social worker, nurse or doctors) informed me about benefits of birth spacing to my health and family.	61.1*	93.2*	78.8
3. The counselor (social worker , nurse or doctors) provided me with general information about available family planning methods I could choose from in case I decided to use in the near future	63.9*	93.2*	80.0
4. The counselor (social worker, nurse or doctors) informed me about family planning service available at the clinic.	66.7*	93.2*	81.3
5. The counselor (social worker , nurse or doctors) provided me with family planning brochures	55.7*	93.2*	76.3

* Statistically significant (p<0.05) difference in proportions when using Peason’s Chi2 test.

Results: Findings from the Field

Table 6 presents a summary of the findings attained from the experience of conducting the study. The table includes observations attained from the interviewers.

	Phone interviews		Exit interviews	
	Pro	Con	Pro	Con
Cost	Someone within the administrative body can conduct the telephone calls monthly or quarterly. Volunteers may also conduct the phone interviews.			A budget must be allocated for someone outside of the clinic to conduct exit interviews. Ideally, the interviewer would have no official affiliation with the organization.
Sample	A representative and random sample can be generated Interviews can be done in one batch but with a representative sample	Incorrect or invalid telephone numbers were common, which could introduce a bias. The generated sample was not representative because of the high proportion of incorrect telephone numbers.		Effort and cost will increase in order to generate a representative sample. Interviews were conducted as women exit the clinics on one to two days without randomization. One cannot generalize findings to other days at the clinics.

Table 6: Summary of qualitative findings from the field

	Phone interviews		Exit interviews	
Administration	<p>Refusal rate was low (3%)</p> <p>No one from within the clinic can interrupt the interviews or introduce a bias</p> <p>Administration time was short (3 minutes) once the woman was reached.</p>	<p>The time and effort required to reach a woman was greater than anticipated. A very high proportion of phone numbers were invalid. Contact data quality varied from clinic to clinic. To reach 100 women, the interviewer attempted to call 335 clients (30% success rate). The success rate varied between clinics, ranging from 17% to 67%).</p> <p>Respondents may be occupied (at work, tending to children, etc.) when contacted.</p>	<p>Refusal rate was low (2%)</p> <p>Administration time was short (2 minutes).</p>	<p>The interviewer waited anywhere between half an hour to an hour and half to secure an interview. Clinic client-flow rates vary which influences how much time was needed at the site to secure 20 interviews.</p> <p>Clinic staff often approached the interviewer to inquire about her presence and clients saw the interaction, which may influence their responses. Clinic staff also inquired about client responses sometimes. The only exception was in Zarqa and Irbid, where no one approached the interviewer.</p> <p>The interviewer estimates that approximately 35% of respondents were in a rush to leave the clinic.</p> <p>Most were not very comfortable with being interviewed outside of the clinic and some inquired as to why they could not be interviewed inside. Clients' reactions varied according to region.</p>

	Phone interviews		Exit interviews	
Privacy	<p>The woman may move to a private place if she was surrounded by others when reached, or she may ask the interviewer to call at a later time.</p>	<p>Two clients complained to clinic staff about being contacted by telephone by an outside party. It signified a breach of confidentiality to them.</p> <p>One woman complained to the JAFPP about the interviewer speaking to her husband, who answered the phone when the interview was attempted. The interviewer did not reveal to the husband that the interview was about family planning, but the woman was upset nonetheless.</p>		<p>Privacy depends on the clinic. The weather also dictates whether interviews can be done outside the clinic. One clinic was on a main street and it was hard to conduct the interviews in private.</p> <p>If the client is accompanied by her mother/mother in law/ sister in law, it is hard to get her alone. They stay and sometimes answered on her behalf.</p>
Data validity	<p>The interviewer reported that clients recalled their experiences vividly and were honest.</p>	<p>Potential for recall bias.</p>	<p>Recall is not a concern since the interviews were conducted right after the client received the service.</p>	<p>The interviewer reported that some clients were in a rush when interviewed at exit and did not concentrate sometimes. Example: When asked if they received brochures, most said yes but the interviewer noted that some did not have any with them. This was reflected in the quantitative findings.</p>

Conclusion and Recommendations

Survey Methodology

Satisfaction among clients who received services at the sampled JAFPP clinics was generally high regardless of the service received or the interviewing methodology. Differences in service quality were noted, however, when comparing those interviewed through exit interviews as compared to telephone interviews. Generally speaking, FP clients interviewed through the phone were less likely to agree to statements related to good FP counseling quality as compared to those interviewed upon exiting the clinic. Similarly, reproductive health clients interviewed through the phone were less likely to agree to statements aiming to assess whether clinic staff attempt to capture lost FP opportunities as compared to those who were interviewed upon exiting the clinic.

These findings may be the result of many factors. First, it is possible that clients interviewed over the phone feel more comfortable in responding to the questions when they are at a distance from clinic staff or they did not completely recall their experience at the clinic since the interview took place nearly one month after the actual visit. It is also possible that clinic staff noted the presence of the interviewer and therefore improved the rendered services. The interviewer who conducted exit interviewed reported that on some occasions clinic staff approached her and asked her if clients were reporting satisfaction and were clearly aware of her presence and her purpose. Finally, the sampling methodology for telephone interviews allows for a more representative measure of service quality while exit interviews took place within a span on 1-2 days.

In deciding which methodology is best for an organization, many things must be taken into consideration, as was made clear in Table 6. For telephone interviews, the organization must maintain an updated database with clients' valid telephone numbers. As previously noted, the proportion of invalid or inaccessible numbers ranged from 33% to 83%. It is not very unusual for a client to provide the clinic with an incorrect number; however it is very unlikely that 83% of 120 clinics who received services at the same clinic would provide incorrect numbers purposefully. It is possible that not all JAFPP clinics update their clients' information when the client returns to the clinic, and it is also possible that information is entered incorrectly or is fabricated. This discovery indicates that a test of the clients' contact information validly must be conducted prior to relying on telephone interviews as a means of measuring satisfaction and service quality.

The benefit of telephone interviews is that it is possible to generate a random and representative sample periodically (quarterly, biannually, annually, etc.) in order to assess satisfaction and get a gauge of quality as well. To get a representative sample through exit interviews, the interviews should be done continuously and consistently at all clinics, which may require a long-term employee to assure administrative consistency. Moreover, the responsible staff should not be affiliated with any one clinic to assure unbiased administration. Measures should also be taken to assure that clinic staff are not informed before-hand that exit interviews will be conducted and that the interviewer is trained to maintain a professional distance from clinic staff should they approach her.

Privacy considerations must also be taken into account. While only two JAFPP clients were upset to find that their telephone numbers were given to an outside party, this issue will likely rise again as the sample size increases. This can be avoided if someone from within the organization conducts the interviews. If an outside party is commissioned, they should still specify that they are conducting the interviews on behalf of the organization. The interviewer should also be trained to maintain the privacy of the respondent in situations when someone other than the respondent answers the phone.

Cost considerations should be taken into account when deciding upon a methodology. Telephone interviews may be more cost effective at conducting representative surveys of clients when the organization's clinics are geographically distant from one-another.

Overall, it appears that telephone interviews are better for generating a representative sample only if an organization has a high quality database with clients' contact information. Telephone interviews are also associated with fewer drawbacks as compared to exit interviews (see Table 6) and may provide a more valid measure of service-specific quality. For the purpose of measuring client satisfaction alone, data from both methods were comparable.

JAFPP Services

Client satisfaction is considerably high. It appears, however, that more efforts are made towards learning a woman's reproductive and medical background when she is receiving a FP services as compared to a reproductive health service. Also, the JAFPP should place more efforts towards promoting their FP services to reproductive health clients in order to capture missed opportunities.

Programmatic Implications and Next Steps

This pilot was conducted in order to generate findings that may assist NGOs such as the JAFPP choose a methodology to measure client satisfaction. The instrument used in the pilot, however, was not limited to detecting client satisfaction. Estimates of the quality of FP counseling services and efforts to seize lost FP opportunities among reproductive health clients were also captured through the used instrument. The results indicate that there is a need to continue to capture such measures, for there was a notable room for improvement as noted through the telephone interviews.

It is evident that one methodology may not be applicable to all NGOs; many considerations must be taken into account in selecting the proper methodology. The NGO's technical capacities, client file accuracy and database quality, the number and geographical locations of the clinics, among other things, must be considered when choosing the methodology.

Next steps:

- Ta'ziz will share the findings with the JAFPP and the other sub-grantee NGOs,
- will conduct meetings with each NGO individually in order to assist them in choosing a method to assess client satisfaction regularly and validly,
- will provide NGOs with any necessary technical or logistical support that is needed to successfully implement the chosen methodology, and
- will assure that the client satisfaction module is available for data entry and report generation in the CMIS system.

Client satisfaction is one of three key performance indicators (KPIs) used to measure the progress of sub-grantee NGOs. Each NGO will be using the agreed upon methodology in order to report upon client satisfaction to Ta'ziz. As part of the efforts to monitor KPI reporting, Ta'ziz will conduct audits to verify data validity.