



# **The Uganda Private Providers Loan Fund: Client Exit Interview Baseline Report**

*A Study of Exit Clients at Private Clinics in the Districts of  
Kampala, Mukono, Mpigi and Mbarara*

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In addition to providing financing and technical assistance, the Summa Foundation is charged with researching and disseminating findings regarding the use of financing to achieve health impact through the private sector. The papers in this series report the results of Summa's ongoing monitoring and evaluation of current investments. This data informs program management and is used in future case studies.

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CMS is a 5-year USAID-funded project that seeks to expand the role of the private and commercial sectors in reproductive health care in developing countries. The program in Uganda seeks to improve the use of private sector family planning and other products and services on several fronts. It is a multi-faceted and comprehensive country program. The Uganda Private Provider's Loan Fund is being implemented as part of the USAID funded PURSE Project, which is promoting the development of the private health sector.

**Cover Photographs:**

Upper left — Midwives attending training in basic business skills and credit management in Masaka, Uganda

Main cover image — Midwife, Uganda

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## **ACKNOWLEDGEMENTS**

This report is based on a Client Exit Interview Baseline Study designed by the Commercial Market Strategies (CMS) Project's Research Department. The study was implemented in collaboration with the CMS/Uganda Research team, which also prepared this report. The CMS Washington Research team and Summa Foundation reviewed the report and provided comments. The information contained in this report will be used to strengthen the Uganda Private Providers Loan Fund, which operates as part of the PURSE Project. Special thanks are due to the private providers and the clinic clients that participated in this study.

# EXECUTIVE SUMMARY

## Introduction

The Summa Foundation, a not-for-profit investment fund that operates under the USAID funded Commercial Market Strategies Project (CMS), conducted an assessment in Uganda, determining that a lack of financing and basic business skills was constraining the development of the private health sector. In response to this assessment, the Summa Foundation designed the Uganda Private Providers Loan Fund that provides financing and technical assistance to private health providers in Uganda. The Uganda Private Providers Loan Fund operates under the USAID funded PURSE Project that is being implemented by CMS. Initially, the Loan Fund will target midwives and then will expand to other private providers, including nurses and doctors. The objective of the loan program is to increase the viability of private practices and to expand and improve private health services, in order to promote positive public health outcomes with an emphasis on family planning and reproductive health.

Summa collaborates with the Uganda Microfinance Union (UMU), a local microfinance institution, to administer the loan fund and with the Uganda Private Midwives Association (UPMA) to identify potential borrowers. The Summa Foundation has sub-contracted ACDI/VOCA, an international private voluntary organization, to provide training to private providers in basic business skills and credit management. The Commercial Market Strategies Project is assisting in implementing the project and in monitoring and evaluation.

This baseline client exit survey, whose findings are presented in this report, is part of the overall project monitoring and evaluation exercise. The other components include clinic visits, service statistics records and analysis of loan applications. The overall objective of the baseline client exit survey was to obtain service utilization and quality of service information about the private clinics from end users for comparison with future trends after implementation of the Loan Fund program.

## Study Design

A client exit interview approach was adopted for this study. All clients exiting the clinics were included in the sample. However, not all exit clients were interviewed. This was especially the case in situations where some clients left the clinics while an interviewer was still administering a questionnaire to another respondent, where a respondent was below 15 years of age and was not escorted to the clinic by an adult and in the few cases of refusals by clients. Interviews were conducted over a period of five days by a team of 22 interviewers. A pre-coded questionnaire was used as the instrument for data collection and face-to-face interviews were conducted with clinic clients. Each interviewer conducted interviews in the same clinic throughout the period of data collection.

The sample included 22 private clinics located in the districts of Kampala, Mukono, Mpigi and Mbarara. All the clinics in Mbarara (5) were in the control group while the rest (17) were in the treatment group. The clinics in the control group had not applied for loans and the clinics in the treatment group had applied for loans.

## **A SUMMARY OF KEY FINDINGS**

### **Demographic Characteristics of Clients**

A majority of clinic clients were young with 83.9% in the treatment group and 80.9% in the control group between the ages of 15-34. In fact, there were a significant number of adolescents in this group. In terms of education, 40.3% in the treatment group and 42.7% in the control group had attained some primary or completed primary education. A majority of clinic clients were female. Quite a large percentage of clients were unemployed. Business/trading was the main occupation for 23.7% of respondents in the treatment group and for 21.2% in the control group. Household sizes were large with about half of respondents reporting household sizes of 4 to 6 people.

### **Utilization of Family Planning Services**

Current use of family planning was 31.9% of the respondents in the treatment group and 37.1% in the control group. This is comparable to utilization reported in other surveys. The DISH Evaluation Survey (1999) for example reported 25% women and 34% of men in the reproductive age to be current users of modern family planning. The type of family planning service used was not investigated. Kampala and Mbarara districts had the highest percentage of current users of family planning services (37.6% and 37.1% respectively).

The survey also found that private clinics and hospitals are playing a key role in the provision of family planning services. Just over half of current family planning users reportedly obtained family planning services at the providers' clinics included in this study (51% in the treatment group and 52.9% in the control group). Another 25.9% in the treatment group and 10.9% in the control group obtained their family planning from other private hospitals/clinics. Public hospitals/clinics, pharmacies and drug shops were cited less often as a source of family planning.

### **Reasons for Visiting the Clinic**

Clients seek a range of services at the private providers' clinics, including curative treatment, maternal and child health care and HIV/AIDS/STI treatment and counseling. Overall, 77.9% of the clinic clients in the treatment group came for curative care while 94.4% in the control group came for curative care. Under the curative care category, the single main ailment for which the clinics were visited was malaria (36.2% of the clients in the treatment group and 39.9% in the control group came for malaria treatment).

Maternal and child health accounted for 31.9% of the visits at the treatment group clinics and for 15.5% of the visits at the control group clinics. Under the maternal and child health care category, 1.1% of the clients in the treatment group came to start family planning, 6.1% came to repeat family planning, 8.2% came for antenatal care, 1.2% came for postnatal care, 6.7% came for immunization, 3.5% came for delivery and 5.2% came for child nutrition and growth monitoring. In the control group, 0.3% of the clients came to start family planning, 6.2% came to repeat family planning, 7.5% came for antenatal care, 0.3% came for postnatal care, 0.3% came for delivery and 0.9% came for child nutrition and growth monitoring.

## **Respondents' Usual Place for Obtaining Treatment**

Private clinics/hospitals were the place of choice for treatment/health services for a majority of respondents although 14.6% of respondents in the treatment group and 15.9% in the control group used public hospitals/clinics as the place they always obtain treatment.

## **Satisfaction with the Clinics**

The overall level of satisfaction with the clinics was fair with 41.6% of the respondents in the treatment group and 17.9% in the control group saying they were very satisfied with services at the clinics, while 57.5% in the treatment group and 80.5% in the control group were somewhat satisfied.

The level of client satisfaction with the handling of clients, accessibility and cleanliness was quite high compared with availability of essential equipment, range of services and the physical outlook of the clinics, thus highlighting areas needing improvement.

## **Conclusion**

Utilization of the private clinics in the survey is high and they enjoy reasonable levels of client satisfaction despite limitations related to availability of equipment/ drugs, range of services and physical outlook of the clinics. Other studies, such as the Uganda National Household Socio-economic survey (2001) also indicate high levels of utilization of private clinics as a source of health services. In this study, the Household Socio-Economic survey results showed that 29% of respondents who had been ill before the survey sought treatment from private clinics, a higher percentage compared to other sources of health services. Despite fairly positive client satisfaction, there is still need for improvement in services, and increased promotion of family planning among people if an increase in the number of new family planning clients is to be realized.



## INTRODUCTION

In May 2000, the Summa Foundation conducted an assessment in Uganda to examine the feasibility of establishing a revolving loan fund that would provide microcredit to midwives and other private health providers in Uganda. During the assessment, Summa determined that a lack of financing and basic business skills was constraining the development of the private health sector. Summa designed the Uganda Private Providers Loan Fund to address these issues. The objective of the Summa Loan Fund program is to increase the viability of private practices and to expand and improve private health services in order to promote positive public health outcomes, with an emphasis on family planning and reproductive health. Summa, in collaboration with CMS/Uganda, works with the Uganda Microfinance Union to administer the Loan Fund and with the Uganda Private Midwives Association to identify potential borrowers. In addition to financing, the program also provides training in basic business skills to private providers through ACIDI/VOCA (Agricultural Cooperative Development International/Volunteers in Overseas Cooperative Assistance), an international, not-for-profit organization. The CMS Project is assisting in implementation and monitoring and evaluation.

CMS has designed and is implementing a rigorous monitoring and evaluation plan for the Loan Fund project. Four separate but interrelated activities constitute the monitoring and evaluation exercise: exit interviews, service statistics records, clinic visits and the analysis of loan applications. The key objective of the monitoring and evaluation exercise is to provide information to the Summa Foundation, CMS and USAID about the impact of the Loan Fund on the viability of private practices, service expansion and service improvement, especially in regards to family planning services. It is expected that the Loan Fund will have the largest impact on the viability of private practices. It is worth, however, collecting the additional data in order determine the broader health impact of the Loan Fund as well as to demonstrate the clinic profiles.

## **Project Partners**

### **The Summa Foundation**

The Summa Foundation is a not-for-profit investment fund that was created by USAID to provide financing and technical assistance to the private and commercial health sector in developing countries, with a particular emphasis on family planning and reproductive health. Summa provides loans to commercial companies, non-governmental organizations and microcredit for private providers, such as midwives, nurses and doctors. Summa is currently working under the Commercial Market Strategies Project.

### **The Commercial Market Strategies (CMS) Project**

CMS is a 5-year USAID-funded project that seeks to expand the role of the private and commercial sectors in reproductive health care in developing countries. The CMS Project in Uganda is one of the largest, combining an innovative social marketing program with health financing, NGO sustainability and work to promote the development of the private health sector under the PURSE Project.

### **ACDI/VOCA (Agricultural Cooperative Development International/Volunteers Overseas Cooperative Assistance)**

ACDI/VOCA is an international, private not-for-profit development organization that provides a comprehensive range of technical assistance and training services to cooperatives, small and medium-scale enterprises and agribusinesses and private and public associations in developing countries. ACDI/VOCA has been operating in Uganda since 1992 and its Business and Finance Training Unit provides business and credit training to a number of different microfinance borrower groups.

### **The Uganda Private Midwives Association (UPMA)**

The UPMA is the professional organization representing private midwives in Uganda. The UPMA has more than 250 active members in 10 branches throughout Uganda. The UPMA facilitates training for its members; represents midwives on policy issues; acts as a sub-distributor of CMS health products; and operates a model clinic in Kampala.

### **The Uganda Microfinance Union (UMU)**

UMU is a microfinance institution that offers credit, savings and other financial services to micro-entrepreneurs and low-income people in Uganda. UMU has approximately 5 branches located in Kampala and surrounding areas.

## **Objectives of the Study**

The overall objective of this baseline client exit survey was to obtain service utilization information about the private clinics from end users and to serve as the basis for comparison with future trends after implementation of the Loan Fund. The following were the specific objectives:

- To determine the level of use of the providers' clinics for maternal and child health services including family planning
- To determine client satisfaction level with the services
- To investigate clients perceptions about the areas for improvement at the clinics
- To determine the socio-economic status of the clients at the clinics

## **Methodology**

### **The Study Design**

The findings presented in this report are based on information collected from clients exiting the providers' clinics. The study was conducted over a period of five days and all clients leaving the clinics were included in the study sample. Some of the clients exiting the clinics were, however, not interviewed. This was particularly the case in situations when a client left the clinic while an interviewer was still administering a questionnaire to another respondent, when the client was under 15 years of age and was not accompanied by an adult and in the few situations of client refusal. Though not recorded, the number of non-interviewed clients was not high. CMS Uganda Research Manager and Research Assistant trained a team of 22 interviewers prior to the start of fieldwork. Each interviewer conducted interviews with exit clients in the same clinic throughout the five days of fieldwork. A pre-coded questionnaire was administered to each respondent in a face-to-face manner.

A sample of 22 clinics was studied in the districts of Kampala, Mukono, Mpigi and Mbarara. This sample was broken down into the treatment and the control groups. All the clinics in Mbarara (5) were in the control group while the rest of the clinics (17) were in the treatment group. Mbarara was selected for the control group because the loan program was not being implemented in this district and because Mbarara had a number of similarities to the four districts where the program was being implemented. The providers in the control group were not receiving loans, while the clinics in the treatment group had applied for loans.

### **Data Analysis**

Data was entered and analyzed using the Statistical Package for Social Scientists (SPSS).

# RESEARCH FINDINGS

## Background Characteristics of Clinic Exit Clients

The clinics included in this study were located in four districts of Uganda, which included Kampala, Mpigi, Mukono and Mbarara. All clinics in Kampala, Mpigi and Mukono (17) had applied for Summa loans and so were in the treatment group, while all clinics in Mbarara (5) were non-loan applicants and thus the control group. A total of 1218 interviews were conducted with clients exiting the 22 clinics; 897 were in the treatment group and 321 were in the control group. A majority of clinic clients in the treatment group were female (72.7%) while only 27.3% were male. In the control group (Mbarara), there were nearly as many male clients as there were female clients (49.2% and 50.8% respectively).

The age distribution of respondents indicates most clients to be young. In both the treatment and control groups, a majority of clients were in the age range of 15-34 years (83.9% and 80.9% respectively). In fact, 19.1% of the treatment group and 20.2% of the control group were adolescents, ages 15-19. It was also evident that a majority of clients had attended school, with 40.3% in the treatment group and 42.7% in the control group having attained some primary or completed primary education. In Mbarara and Kampala districts, a majority of clients had attained some secondary education or had completed secondary education (39.5% and 42.4% respectively). The Uganda 1991 Population Census reports that 48.3% of Ugandans had no school education, but in the client exit interviews, only 5.5% of respondents in the treatment group and 7.5% in the control group had not attended school. This variation is, however, understandable considering that the census was national and involved enumeration of all people while client exit interviews only covered clients coming to the clinics. The clear picture that these findings show is that there is a higher literacy level among clinic clients compared to the general population. Other background characteristics of the clinic clients can be seen in Table 1 below.

*Table 1: Percentage distribution of respondents' demographic characteristics by district*

Demographic characteristic	Treatment group				Control group
	Total N=897	Kampala N=564	Mukono N=136	Mpigi N=197	Mbarara N=321
<b>Gender</b>					
Male	27.3	27.3	24.3	29.4	49.2
Female	72.7	72.7	75.7	70.6	50.8
Total (%)	100	100	100	100	100
<b>Respondents' age</b>					
15-19	19.1	20.4	13.2	19.3	20.2
20-24	31.1	30.5	39.7	26.9	20.2
25-29	22.4	23.0	23.5	19.8	21.8
30-34	11.3	11.7	10.3	10.7	18.7
35-39	6.6	6.6	6.6	6.6	5.3
40-44	3.7	2.7	2.2	7.6	5.6
45 or above	5.9	5.1	4.4	9.1	8.1
Total (%)	100	100	100	100	100
<b>Education level</b>					
Some primary	22.7	19.3	29.4	27.9	20.6
Completed primary	17.6	18.1	19.9	14.7	22.1
Some secondary	24.6	28.0	12.5	23.4	31.8
Completed secondary	14.9	12.9	19.9	17.3	10.6
College / Institution	11.3	11.3	11.8	10.7	7.5
University	3.3	4.3	2.9	1.0	0
Never attended school	5.5	6.0	3.7	5.1	7.5
Total (%)	100	100	100	100	100

## Occupation and Household Size of Respondents

More than one third of the clinic clients in the treatment group were unemployed (42.4%). In the control group, 30.8% of the clients were unemployed. The percentage of unemployed clinic clients was highest in Kampala compared to other districts (46.6%). For respondents who were employed, business/trading was the main occupation for 23.7% in the treatment group and for 21.2% in the control group. The distribution of respondents employed in business was similar across districts. In the treatment group, 17.3% of the respondents were employed in the private sector while only 5.4% were employed in the public sector. The control group had 21.2% of the respondents employed in the private sector while 5.3% were employed in the public sector. The percentage of clients employed in farming was quite low in the treatment group. In the treatment group 10.3% of respondents were peasant farmers while 1% were large-scale farmers. The control group had 19.6% of their clinic clients employed in peasant farming and 1.9% in large-scale farming. There were more peasant farmers in the districts of Mukono, Mpigi and Mbarara than in Kampala.

The average household size in both the treatment and control groups was 5.2. This is comparable to the national average household size in Uganda of 4.8 (Population and Housing Census, 1991). In the treatment group, 45.6% (409) of respondents reported household size of 4 to 6 people, 16.7% (150) reported household size of 7 to 9 people and 9.4% (84) reporting household size of 10 or more people. In the control group 51.7% (166) of the respondents reported household size of 4 to 6 people, 16.8% (54) reported 7 to 9 people and 5.6% (18) reported household size of 10 or more people. Table 2 below provides a summary of respondents' occupations and household size.

Table 2: Percentage distribution of respondents' occupations and household size by district

Description	Treatment Group				Control Group
	Total N=897	Kampala N=564	Mukono N=136	Mpigi N=197	Mbarara N=321
<b>Respondents' occupation</b>					
Peasant farmer	10.3	3.4	25.7	19.3	19.6
Large scale farmer	1.0	0.9	0.7	1.5	1.9
Businessman / woman	23.7	23.0	22.8	26.4	21.2
Employee in private sector	17.3	17.6	17.6	16.2	21.2
Employee in public sector	5.4	5.5	2.9	6.6	5.3
Unemployed	42.4	46.6	30.1	29.9	30.8
Total %	100	100	100	100	100
<b>Household size</b>					
3 or less	28.3	28.5	28.7	27.4	25.9
4-6	45.6	46.5	44.1	44.2	51.7
7-9	16.7	16.8	18.4	15.2	16.8
10 or more	9.4	8.2	8.8	13.2	5.6
Total %	100	100	100	100	100

## Household Expenditure on Food and Rent

Because of the difficulty in establishing income groups of people, an estimate of household income levels was attempted by looking at their expenditure on food and on rent. Not all respondents were able to state their household expenditures. This was especially the case among respondents who were not key decision-makers in their household. Data on household expenditure on food and rent should only be used as a proxy to understand income levels of clinic clients but not as an accurate classification.

The Uganda National Household Socio-Economic Survey (2001) groups people into five income groups: Ush. 0-50,000 (\$0-\$28), 50,000-100,000 (\$28-\$56), 100,000-150,000 (\$56-\$83), 150,000-200,000 (\$83-\$111) and above 200,000 (\$111)<sup>1</sup> per month. Because the Socio-Economic Report was not available by the time of this research, the exit interview study did not follow this grouping. The Socio-Economic Survey shows 28% of Ugandans to be in the lowest income group (Ush. 0-50,000), 32% in the income group of Ush. 50,000-100,000, 16% in the income group of Ush. 100,000-150,000, 9% in the income group of Ush. 150,000-200,000 and 15% in the income group above Ush. 200,000. According to this report, on average, every household spends nearly 50% of their income on food, drink and tobacco. This information was used to interpret income groups of clinic clients.

Respondents reported varying monthly expenditures on food. In the treatment group, expenditure on food was quite evenly distributed across the different expenditure brackets. In the control group, a majority (42.1%) spent between Ush 20,001 to 40,000 (\$11 to \$22) per month compared to 17.9% in the treatment group. It is likely that most respondents in Mbarara grow their own food given that the vast area surrounding Mbarara is a largely rural agricultural area, thus justifying their low expenditure on food. Only 8.3% of the respondents in the control group (Mbarara) reported their households to be spending more than Ush 120,001 (\$67) on food per month compared with 19.6% in the treatment group. A majority of respondents who reported spending Ush 120,001 or more were in Kampala district. Relatively high-income households fall in this category. The overall findings show that the average expenditure on food is \$11-\$22 per month and considering that typically households spend 50% of the income on food, then the average monthly income must be between \$22-\$44 and that would put them in the lower income groups.

About half of the respondents in both the treatment and control groups (420 in the treatment group and 168 in the control group) did not provide information about their households' average expenditure on rent. This was largely because most clinic clients were staying in their personal homes where they did not have to pay rent. It was evident from the location of the clinics in rural and peri-urban settings and the fact that most of the clients had come from rural/ peri-urban neighborhoods where they were less likely to live in rented housing. Other respondents did not know how much their household paid for rent; this was especially the case among non-decision makers at households. However, findings from clients who responded show that a majority of respondents reporting lower expenditure on rent were in the control group (Mbarara). As seen in Table 3, 32.3% of the respondents in the treatment group and 80.4% in the control group reported spending Uganda shillings 20,000 or less (\$11) on rent per month. Another 33.3% of respondents in the treatment group and 15.7% in the control group reported spending between Ush 20,001 to 40,000 (\$11 to \$22). About one third of the respondents in the treatment group (34.4%) and only 3.9% in the control group were spending Ush 40,001 (\$22) or more on rent per month, with a majority being in Kampala (20.3%). Household expenditure on rent portrays a majority of respondents to be living in low cost housing, a characteristic of low-income people.

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<sup>1</sup> Throughout this document an exchange rate of \$1:1800Ush is used.

Table 3: Percentage distribution of respondents' expenditure on food and rent by district

Expenditure	Treatment Group				Control Group
	Total N=764	Kampala N=449	Mukono N=131	Mpigi N=184	Mbarara N=240
<b>Household expenditure on food</b>					
20,000 or less (\$11)	15.6%	9.4%	32.8%	18.5%	13.3%
20,001 – 40,000 (\$11-\$22)	17.9%	11.6%	20.6%	31.5%	42.1%
40,001 – 60,000 (\$22-\$33)	17.3%	14.7%	19.1%	22.3%	19.2%
60,001 – 80,000 (\$33-\$44)	7.9%	10.0%	6.9%	3.3%	5.4%
80,001 – 100,000 (\$44-\$56)	16.0%	20.7%	9.2%	9.2%	8.3%
100,001 – 120,000 (\$56-\$67)	5.8%	7.6%	4.6%	2.2%	3.3%
120,001 or more (\$67)	19.6%	26.1%	6.9%	13.0%	8.3%
Total %	100	100	100	100	100
	<b>Total N=477</b>	<b>Kampala N=365</b>	<b>Mukono N=42</b>	<b>Mpigi N=70</b>	<b>Mbarara N=153</b>
<b>Household expenditure on rent</b>					
20,000 or less (\$11)	32.3%	27.1%	42.9%	52.9%	80.4%
20,001 – 40,000 (\$11-\$33)	33.3%	35.6%	38.1%	18.6%	15.7%
40,001 – 60,000 (\$33-\$44)	17.2%	17.0%	16.7%	18.6%	2.6%
60,001 or more (\$44)	17.2%	20.3%	2.4%	10.0%	1.3%
Total %	100	100	100	100	100

## Utilization of Family Planning Services

Clients were asked about current use/non-use of family planning services. For respondents who were not current users of family planning, a further question was asked to find out if they had ever used family planning services in the past. Reported use of family planning was similar in both the treatment and control groups. Of all respondents in the treatment group, 31.9% (286) reported current use of family planning while in the control group, 37.1% (119) reported current use of family planning. As seen in Table 4, current use of family planning was highest among clinic clients in the districts of Kampala and Mbarara (37.6% and 37.1% respectively) compared to Mpigi and Mukono (23.4% and 20.6% respectively). Among the non-current users of family planning 32.8% (267) had used family planning in the past and there was no difference between the treatment and the control group. The survey did not investigate whether these clients would consider using family planning again in the future.

Private clinics and hospitals were the most cited sources of family planning among clinic clients. Over half of the current family planning users interviewed in both the treatment and control groups (51% and 52.9% respectively) reported obtaining family planning services in the clinics surveyed. Another 25.9% in the treatment group and 10.9% in the control group obtained their family planning from other private hospitals/clinics. Public hospitals/clinics, pharmacies and drug shops were cited less often as a source of family planning. In the control group clinics, 56.5% of the clients reported ever obtaining family planning services from a public facility whereas in the borrower group clinics only 19.4% had ever obtained FP services from the public facility. This is understandable due to the limited private sector health practitioners (clinics) in Mbarara compared to Kampala, Mukono and Mpigi (treatment group), which leaves a majority of people to rely on the public sector. Out of 19.4% of respondents in the treatment group who had ever obtained family planning services from a public hospital/clinic, only 8% were currently obtaining their family planning services from a public hospital/clinic. Likewise, in the control group, out of 56.5% of the



clients who had ever obtained family planning services from a public hospital/clinic, only 16.8% currently used the public hospital/clinic as a source of family planning services. There appears to be an indication that people are switching from public to the private sector sources of family planning services. A summary of these findings is presented in Table 4.

*Table 4: Percentage use and sources of family planning by district*

Use/source of family planning	Treatment Group				Control Group
	Total N=897	Kampala N=564	Mukono N=136	Mpigi N=197	Mbarara N=321
Percent currently using family planning	31.9	37.6%	20.6%	23.4%	37.1%
	<b>Total N=495</b>	<b>Kampala N=352</b>	<b>Mukono N=62</b>	<b>Mpigi N=81</b>	<b>Mbarara N=177</b>
Percent who have ever obtained family planning from a public hospital/clinic	19.4	19	17.7	22.2	56.5
	<b>Total N=286</b>	<b>Kampala N=212</b>	<b>Mukono N=28</b>	<b>Mpigi N=46</b>	<b>Mbarara N=119</b>
<b>Current source of family planning (multiple answers)</b>					
Public hospital / clinic	8.0	8.0	10.7	6.5	16.8
This outlet	51.0	52.4	53.6	43.5	52.9
Other private clinic/hospital	25.9	25.9	14.3	32.6	10.9
Pharmacy	8.0	9.0	7.1	4.3	0.0
Drug shop	8.4	9.0	10.7	4.3	11.8
Traditional healer	0.3	0.0	3.6	0.0	0.0
General merchandise shop	2.8	2.4	10.7	0.0	8.4

## Respondents Reasons for Today's Visit to the Clinic

Multiple reasons were noted for visiting the clinics at the time of this research, which lasted one week. During the analysis, reasons for visits were re-grouped into: maternal and child health, HIV/AIDS/STDs treatment and counseling and curative care. Some clients came to seek multiple health services, thus the percentages presented do not add to 100%.

Overall, curative care was the main reason that 77.9% of the clients in the treatment group and 94.4% in the control group came to the clinics. Under curative care category, malaria cases accounted for 36.2% of the respondents in the treatment group and 39.9% of the respondents in the control group. The number of malaria clients was higher in the clinics in Mpigi and Mbarara districts (47.7% and 39.9% of respectively). It is notable that around the period of this research, there was a widespread outbreak of malaria, especially in parts of the western region of Uganda. It is also notable that in both the treatment and the control groups, 10% of their clients had come to buy drugs.

The second prominent category of clients came for maternal and child healthcare. This included 31.9% of the clients in the treatment group and 15.5% in the control group. Only 1.1% of the clients in the treatment group came to start family planning while 6.1% came to repeat family planning. In the control group, 0.3% of the clients had come to start family planning while 6.2% came to repeat family planning. Under maternal and child health category of clients, antenatal care (8.2%), immunization (6.7%) and repeat family planning (6.1%) were the key reasons for visiting the clinics among the treatment group of clients, while in the control group, the key reasons were

antenatal (7.5%) and repeat family planning (6.2%). Child nutrition and growth monitoring and delivery were also cited.

HIV/AIDS/STI treatment and counseling was only mentioned by 3.8% of the respondents in the treatment group and by 2.8% of the respondents in the control group. Mukono district (one of the districts in the treatment group) had a higher percentage of clients coming in for STI treatment (8.1%) compared with Kampala (2.1%), and Mpigi (1.5%).

*Table 5: Percentage of respondents' reasons for visiting the outlet by district*

Reason for today's visit to the clinic (multiple answers)	Treatment Group				Control Group
<b>Maternal and Child Health (MCH)</b>					
Start Family Planning	1.1	1.1	1.5	1.0	0.3
Repeat Family Planning	6.1	6.0	5.9	6.6	6.2
Antenatal	8.2	8.2	15.4	3.6	7.5
Postnatal	1.1	0.9	3.7	0.0	0.3
Immunization	6.7	9.6	2.9	1.0	0.0
Delivery	3.5	2.3	6.6	4.6	0.3
Child nutrition & monitoring	5.2	5.5	6.6	3.6	0.9
Total Percentage MCH	31.9	33.6	42.6	20.4	15.5
<b>HIV/AIDS/STI</b>					
AIDS/STI counseling	0.9	0.7	1.5	1.0	0.9
STI treatment	2.9	2.1	8.1	1.5	1.9
Total percentage HIV/AIDS/STI	3.8	2.8	9.6	2.5	2.8
<b>Curative care</b>					
Malaria	36.2	33.0	33.1	47.7	39.9
Buy drugs	10.0	12.0	3.7	7.6	10.0
Flu and Cough	5.5	3.5	9.6	8.1	13.7
Headache	1.2	1.0	0.0	2.5	4.4
Stomach infection	4.0	3.7	5.1	4.0	4.4
Wounds	3.5	4.6	0.7	2.0	5.2
Visit /Escort patient	1.9	2.3	0.7	1.5	6.2
Child treatment	1.6	1.9	1.5	0.5	0.3
Ear Nose and Throat	1.6	1.8	1.5	1.0	0.9
Skin disease	0.7	0.7	0.0	1.0	2.2
Body pains	2.1	1.4	3.7	3.0	1.6
Others	9.6	9.9	11.8	7.1	5.6
Total percentage curative care	77.9	75.8	71.4	86	94.4

## Respondents Usual Place for Obtaining Treatment

Evidence from these findings indicates that utilization of private clinics/hospitals as the main source of treatment is high. Findings show that 79.1% of respondents in the treatment group and 78.5% in the control group normally obtain treatment from private clinics and hospitals when they are sick. On the other hand, public hospitals/clinics were reportedly less used as a source of treatment with only 14.6% of respondents in the treatment group and 15.9% in the control group always using them to get treatment when they are sick. The rest of the findings are summarized in Table 6 below.

*Table 6: Percentage distribution of respondents' usual place for obtaining treatment by district*

Normal place for obtaining treatment	Treatment Group				Control Group
	Total N=895	Kampala N=563	Mukono N=135	Mpigi N=197	Mbarara (control) N=321
Public hospital / clinic	14.6	16.7	9.6	12.2	15.9
Private clinic/hospital	79.1	76.4	84.4	83.2	78.5
Pharmacy	2.3	2.8	2.2	1.0	0.3
Drug shop	3.1	3.7	1.5	2.5	3.1
General merchandise shop	0.4	0.4	0.7	0.5	0.6
Traditional healer	0.3	0.0	1.5	0.5	1.6
Total %	100	100	100	100	100

## **SERVICE SATISFACTION**

### **Frequency of Visiting the Outlets**

There is a tendency to visit the same clinic when in need of treatment or health services. In the treatment group, 36.1% of respondents reported always visiting the surveyed clinic when in need of treatment or health services, 48.6% visited sometimes, while 15.3% were first time visitors at the clinics. In the control group, 41.7% of respondents reported always visiting the surveyed clinic, 47% visited sometimes and 10.9% were first time visitors. With only 36.1% of the respondents in the treatment group and 41.7% in the control group always obtaining treatment at the surveyed clinics, there is significant room to improve client retention.

As seen in Table 7, the clinics that had the highest percentages of clients that always visit them included: Kawuku Maternity Home (63.3%), Musoke Domiciliary (60%) Martyrs Clinic (57.1%), Good Samaritan Maternity Home (55.6%), Kyosiima Maternity and Nursing Home (53.8%) and Nsiikye Domiciliary Clinic (50%). These findings could, however, be affected by a number of factors, which may include distribution of clinics within the areas of study, the purpose of visit or type of illness and the type of relationship with the proprietors of the clinic. For example, clinics with low 'always' clients such as Makindye Maternity Home and St. James Domiciliary Clinic are located within the outskirts of Kampala, where a large number of clinics are located, while Kawuku Maternity Home is located in a rural area and was the only clinic within the trading center. Regardless of intervening factors, these findings suggest room for improvement in client retention.

Table 7: Percentage frequency of respondents' visits to the clinics

Name of clinic	Treatment group				Total (%)
	Number of cases (n)	Always (%)	Sometimes (%)	Never visited before (%)	
<b>All clinics (treatment group)</b>	897	36.1	48.6	15.3	100
Eseri Domiciliary Clinic	70	21.4	44.3	34.3	100
Family Care Clinic	41	31.7	34.1	34.1	100
Good Samaritan Maternity Home	36	55.6	38.9	5.6	100
Kawuku Maternity Home	30	63.3	30.0	6.7	100
Kitebi Domiciliary Clinic	58	48.3	36.2	15.5	100
Kyosiima Mat. and Nursing Home	52	53.8	36.5	9.6	100
Makindye Maternity Home	90	14.4	63.3	22.2	100
Martyrs Clinic	21	57.1	19.0	23.8	100
Mary's Domiciliary Clinic	37	40.5	54.1	5.4	100
Modern Maternity Home	28	46.4	42.9	10.7	100
Musoke Domiciliary Clinic	85	60.0	30.6	9.4	100
Nakibuuka Domiciliary Clinic	55	41.8	54.5	3.6	100
Nyamayalwo Maternity Home	61	49.2	41.0	9.8	100
Omamt Mat. and Nursing Home	64	20.3	65.6	14.1	100
St. James Domiciliary Clinic	41	7.3	85.4	7.3	100
St. Anthony Domiciliary Clinic	68	20.6	64.7	14.7	100
Zaam Clinic	60	23.3	55.0	21.7	100
Name of clinic	Control Group				
<b>All clinics (control group)</b>	321	41.7	47	10.9	100
London Modern Clinic	6	16.7	33.3	50.0	100
Nsiikye Domiciliary Clinic	116	50.0	49.1	0.9	100
Kiyanja Maternity Clinic	32	15.6	62.5	21.9	100
Hossana Domiciliary Clinic	69	26.1	44.9	29.0	100
Kakoba Domiciliary Clinic	98	53.1	42.9	4.1	100

## Respondents' Level of Satisfaction with the Clinics

A total of 1200 respondents answered the question on overall satisfaction with the clinics. Overall 41.6% of the respondents in the treatment group said they were very satisfied, and 57.5% said they were somewhat satisfied. In the control group, only 17.9% of the respondents said they were very satisfied, and 80.5% said they were somewhat satisfied. Client satisfaction was highest among clients in the clinics in Mpigi (54.6%) and Kampala (43%). The fact that 57.5% of the respondents in the treatment group were somewhat satisfied with the clinics indicates significant room for improvement.

Table 8: Distribution of respondents' overall level of satisfaction with the clinics by district

Level of satisfaction	Treatment Group				Control Group
	Total N=882	Kampala N=550	Mukono N=136	Mpigi N=196	Mbarara N=318
Very satisfied	41.6	42.9	17.6	54.6	17.9
Somewhat satisfied	57.5	56	82.4	44.4	80.5
Not satisfied	0.9	1.1	-	1.0	1.6
Total	100	100	100	100	100

## Respondents' Satisfaction with Different Aspects of the Clinics

As seen in Table 9 below, clients in both the treatment and control groups were more likely to cite high levels of satisfaction with the handling of clients (89.3% and 89.1 respectively) and accessibility (79% and 87.9% respectively). As seen in Table 9, the clinics scored lowest in the availability of essential equipment, range of services and the physical outlook of the clinics, clearly pointing out some of the key areas that the Summa loan program is targeting. It should also be noted that the areas in need of improvement identified by respondents were in line with the proposed use of loans as indicated in the loan application forms. The levels of satisfaction by category investigated for each clinic are presented in Appendix 1.

Table 9: Percentage distribution of respondent's satisfaction with different items in the clinics

Treatment Group (Kampala, Mukono and Mpigi)							
All clinics: N=897	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Don't know	No opinion	Total (%)
Cleanliness/hygiene	68.6	29.8	1.1	-	0.2	0.3	100
Availability of drugs	46.8	40.9	2.7	0.3	3.5	5.8	100
Essential equipment	18.1	38.0	17.2	1.4	8.8	16.5	100
Handling of clients	89.3	9.3	0.3	0.4	0.1	0.6	100
Charges for services/treatment	34.2	54.1	6.8	1.1	0.8	3.0	100
Physical outlook	34.2	53.7	8.9	1.0	1.3	0.8	100
Range of services	31.2	44.4	4.8	0.2	7.6	11.8	100
Privacy	46.3	28	4	0.3	4.8	16.6	100
Accessibility	79	15.7	1.7	0.2	0.4	2.9	100
Control Group (Mbarara)							
All clinics: N=321	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Don't know	No opinion	Total (%)
Cleanliness/hygiene	30.8	63.9	4.4	0.3	0.3	0.3	100
Availability of drugs	44.9	44.2	8.1	0.3	0.3	2.2	100
Essential equipment	9.7	23.7	44.5	1.2	0.9	19.9	100
Handling of clients	89.1	9.7	-	0.3	0.3	0.6	100
Charges for services/treatment	33.6	44.2	17.4	0.6	0.9	3.1	100
Physical outlook	12.1	36.8	40.8	-	3.7	6.5	100
Range of services	15.3	27.4	31.5	0.9	1.9	23.1	100
Privacy	49.2	24.6	21.2	0.6	0.9	3.4	100
Accessibility	87.9	10.3	0.9	-	0.9	-	100

## Areas for Improvement

A question was included in the questionnaire to find out the areas that clinic clients wanted improved. The overall important area pointed out by 34.9% of respondents in the treatment group and 58.6% in the control group, was availability of essential equipment. Improvement in the physical outlook of the clinics and availability of drugs also had a fair level of mention.

*Table 10: Distribution of respondents' opinions about areas to improve at the clinics*

Area needing improvement (multiple answers)	Treatment Group		Control Group	
	Total sample N=897	Percentage (%)	Total sample N=321	Percentage (%)
Cleanliness/hygiene	68	7.6%	93	29.0%
Availability of drugs	153	17.1	89	27.7
Essential equipment	313	34.9	188	58.6
Handling of clients	17	1.9	4	1.2
Charges for services/treatment	169	18.8	57	17.8
Physical outlook	167	18.6	147	45.8
Range of services	117	13.0	89	27.7
Privacy	53	5.9	80	24.9
Accessibility	17	1.9	7	2.2
Clinic expansion	109	12.2	3	0.9
Hire more medical personnel	31	3.5	5	1.6
Others	17	1.9	7	2.2

## CONCLUSIONS

The following are general conclusions and recommendations that can be arrived at from the findings of the client exit interviews contained in this report:

- Judging from household expenditures on food and rent, occupations of head of households and education levels, it seems like a majority of the clinic clients fall within lower income groups.
- The study was conducted during one week with 22 clinics and a total of 1218 exit clients were interviewed, indicating relatively high utilization rates. Most of the clients were lower income women of reproductive age, a significant portion of whom were adolescents. Based on all of these factors, it is possible to conclude that the private clinics are an appropriate channel for promotion of the use of reproductive health and maternal and child health services.
- The clinics provide an important source for healthcare beyond family planning and maternity services. Clients seek out the clinics for malaria and other illnesses as well.
- This study found out that 31.9% of the clinic clients in the treatment group and 37.1% in the control group were current family planning users, but only 1.1% in the treatment group and 0.3% in the control group came to the clinics to start family planning, some of who may be irregular users. In future surveys, there is a need to include a question to find out what modern family planning methods clinic clients are using and the intention to use family planning services in the future among non-users and discontinued users.
- While most clients were somewhat satisfied with the clinics, especially in terms of client service and accessibility, there is room for improvement particularly in equipment, range of services offered and physical outlook of the clinics. There is also room to improve client retention.



## APPENDIX I: LEVELS OF SATISFACTION WITH DIFFERENT ASPECTS OF THE CLINICS

### *Eseri Domiciliary Clinic*

<b>N=70</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	81.4	17.1	0.0	0.0	1.4	0.0	100
Availability of drugs	18.6	70.0	1.4	0.0	10.0	0.0	100
Availability of essential equipment	2.9	52.9	0.0	0.0	42.9	1.4	100
Handling of clients	94.3	5.7	0.0	0.0	0.0	0.0	100
Charges for services	17.1	77.1	2.9	0.0	1.4	1.4	100
Physical outlook	7.1	77.1	1.4	0.0	14.3	0.0	100
Range of services	17.1	52.9	0.0	0.0	30.0	0.0	100
Privacy	55.7	42.9	1.4	0.0	0.0	0.0	100
Ease of accessibility	78.6	21.4	0.0	0.0	0.0	0.0	100

### *Family Care Clinic*

<b>N=41</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	73.2	22.0	0.0	0.0	0.0	4.9	100
Availability of drugs	43.9	41.5	0.0	0.0	0.0	14.6	100
Availability of essential equipment	12.2	61.0	2.4	0.0	4.9	19.5	100
Handling of clients	63.4	31.7	2.4	0.0	0.0	2.4	100
Charges for services	12.2	73.2	2.4	2.4	0.0	9.8	100
Physical outlook	65.9	31.7	0.0	0.0	2.4	0.0	100
Range of services	7.3	53.7	2.4	0.0	4.9	31.7	100
Privacy	12.2	51.2	4.9	0.0	12.2	19.5	100
Ease of accessibility	73.2	22.0	2.4	0.0	0.0	2.4	100

### *Good Samaritan Maternity Home*

<b>N=36</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	33.3	61.1	5.6	0.0	0.0	0.0	100
Availability of drugs	13.9	47.2	22.2	8.3	5.6	2.8	100
Availability of essential equipment	11.1	41.7	25.0	13.9	2.8	5.6	100
Handling of clients	77.8	22.2	0.0	0.0	0.0	0.0	100
Charges for services	8.3	61.1	25.0	0.0	5.6	0.0	100
Physical outlook	16.7	38.9	38.9	0.0	5.6	0.0	100
Range of services	11.1	50.0	13.9	2.8	5.6	16.7	100
Privacy	52.8	30.6	0.0	2.8	5.6	8.3	100
Ease of accessibility	50.0	36.1	11.1	0.0	0.0	2.8	100

*Kawuku Maternity*

Home N=30	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	No opinion	No response	Total (%)
Cleanliness / hygiene	3.3	93.3	3.3	0.0	0.0	0.0	100
Availability of drugs	3.3	90.0	0.0	0.0	0.0	6.7	100
Availability of essential equipment	3.3	6.7	86.7	0.0	0.0	3.3	100
Handling of clients	83.3	13.3	0.0	3.3	0.0	0.0	100
Charges for services	13.3	83.3	3.3	0.0	0.0	0.0	100
Physical outlook	0.0	30.0	66.7	0.0	3.3	0.0	100
Range of services	3.3	63.3	23.3	0.0	3.3	6.7	100
Privacy	80.0	6.7	0.0	0.0	0.0	13.3	100
Ease of accessibility	66.7	30.0	3.3	0.0	0.0	0.0	100

*Kitebi Domiciliary*

Clinic N=58	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	No opinion	No response	Total (%)
Cleanliness / hygiene	96.6	0.0	3.4	0.0	0.0	0.0	100
Availability of drugs	86.2	1.7	5.2	0.0	1.7	5.2	100
Availability of essential equipment	50.0	3.4	6.9	6.9	8.6	24.1	100
Handling of clients	100.0	0.0	0.0	0.0	0.0	0.0	100
Charges for services	67.2	17.2	10.3	3.4	1.7	0.0	100
Physical outlook	70.7	17.2	10.3	0.0	1.7	0.0	100
Range of services	84.5	8.6	1.7	0.0	3.4	1.7	100
Privacy	89.7	5.2	1.7	0.0	1.7	1.7	100
Ease of accessibility	91.4	6.9	0.0	1.7	0.0	0.0	100

*Kyosiima Maternity and Nursing Home*

N=52	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	No opinion	No response	Total (%)
Cleanliness / hygiene	73.1	26.9	0.0	0.0	0.0	0.0	100
Availability of drugs	40.4	48.1	0.0	0.0	0.0	11.5	100
Availability of essential equipment	3.8	36.5	11.5	0.0	1.9	46.2	100
Handling of clients	84.6	11.5	0.0	1.9	0.0	1.9	100
Charges for services	3.8	76.9	13.5	0.0	0.0	5.8	100
Physical outlook	46.2	53.8	0.0	0.0	0.0	0.0	100
Range of services	76.9	15.4	0.0	0.0	1.9	5.8	100
Privacy	21.2	5.8	0.0	0.0	7.7	65.4	100
Ease of accessibility	92.3	7.7	0.0	0.0	0.0	0.0	100

*Makindye Maternity Home*

<b>N=74</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	82.2	16.7	0.0	0.0	0.0	1.1	100
Availability of drugs	63.3	27.8	1.1	0.0	0.0	7.8	100
Availability of essential equipment	10.0	47.8	18.9	0.0	0.0	23.3	100
Handling of clients	86.7	12.2	0.0	0.0	0.0	1.1	100
Charges for services	52.2	37.8	5.6	2.2	0.0	2.2	100
Physical outlook	48.9	45.6	2.2	0.0	0.0	3.3	100
Range of services	11.1	55.6	15.6	0.0	0.0	17.8	100
Privacy	80.0	14.4	1.1	0.0	0.0	4.4	100
Ease of accessibility	95.6	1.1	2.2	0.0	0.0	1.1	100

*Martyr's Clinic*

<b>N=21</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	90.5	9.5	0.0	0.0	0.0	0.0	100
Availability of drugs	71.4	19.0	0.0	0.0	4.8	4.8	100
Availability of essential equipment	28.6	23.8	0.0	0.0	4.8	42.9	100
Handling of clients	81.0	19.0	0.0	0.0	0.0	0.0	100
Charges for services	38.1	57.1	4.8	0.0	0.0	0.0	100
Physical outlook	66.7	28.6	4.8	0.0	0.0	0.0	100
Range of services	38.1	47.6	0.0	0.0	9.5	4.8	100
Privacy	66.7	14.3	0.0	0.0	4.8	14.3	100
Ease of accessibility	100.0	0.0	0.0	0.0	0.0	0.0	100

*Mary's Domiciliary Clinic*

<b>N=37</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	32.4	67.6	0.0	0.0	0.0	0.0	100
Availability of drugs	32.4	59.5	2.7	0.0	0.0	5.4	100
Availability of essential equipment	18.9	67.6	8.1	0.0	0.0	5.4	100
Handling of clients	100.0	0.0	0.0	0.0	0.0	0.0	100
Charges for services	78.4	21.6	0.0	0.0	0.0	0.0	100
Physical outlook	27.0	67.6	0.0	0.0	0.0	5.4	100
Range of services	10.8	45.9	0.0	0.0	5.4	37.8	100
Privacy	27.0	16.2	2.7	0.0	0.0	54.1	100
Ease of accessibility	86.5	13.5	0.0	0.0	0.0	0.0	100

*Modern Maternity Home*

<b>N=28</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	71.4	28.6	0.0	0.0	0.0	0.0	100
Availability of drugs	50.0	42.9	3.6	0.0	0.0	3.6	100
Availability of essential equipment	3.6	7.1	21.4	0.0	35.7	32.1	100
Handling of clients	82.1	14.3	0.0	0.0	0.0	3.6	100
Charges for services	28.6	60.7	3.6	0.0	0.0	0.0	100
Physical outlook	25.0	75.0	0.0	0.0	0.0	0.0	100
Range of services	10.7	57.1	0.0	0.0	14.3	17.9	100
Privacy	14.3	32.1	3.6	0.0	10.7	39.3	100
Ease of accessibility	82.1	17.9	0.0	0.0	0.0	0.0	100

*Musoke Domiciliary Clinic*

<b>N=85</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	17.6	82.4	0.0	0.0	0.0	0.0	100
Availability of drugs	14.1	80.0	3.5	0.0	0.0	2.4	100
Availability of essential equipment	3.5	28.2	63.5	2.4	0.0	2.4	100
Handling of clients	96.5	3.5	0.0	0.0	0.0	0.0	100
Charges for services	11.8	70.6	4.7	2.4	0.0	10.6	100
Physical outlook	5.9	82.4	10.6	1.2	0.0	0.0	100
Range of services	4.7	76.5	9.4	0.0	0.0	9.4	100
Privacy	20.0	62.4	10.6	1.2	1.2	4.7	100
Ease of accessibility	96.5	2.4	1.2	0.0	0.0	0.0	100

*Nakibuuka Domiciliary Clinic*

<b>N=55</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	85.5	10.9	1.8	0.0	1.8	0.0	100
Availability of drugs	90.9	3.6	1.8	0.0	0.0	3.6	100
Availability of essential equipment	21.8	27.3	36.4	1.8	5.5	7.3	100
Handling of clients	98.2	1.8	0.0	0.0	0.0	0.0	100
Charges for services	96.4	3.6	0.0	0.0	0.0	0.0	100
Physical outlook	50.9	32.7	12.7	0.0	3.6	0.0	100
Range of services	54.5	40.0	0.0	0.0	3.6	1.8	100
Privacy	94.5	1.8	1.8	0.0	0.0	1.8	100
Ease of accessibility	94.5	3.6	1.8	0.0	0.0	0.0	100

*Nyamayalwo Maternity Home*

<b>N=61</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	80.3	18.0	1.6	0.0	0.0	0.0	100
Availability of drugs	70.5	23.0	0.0	0.0	3.3	3.3	100
Availability of essential equipment	29.5	50.8	1.6	0.0	6.6	11.5	100
Handling of clients	88.5	8.2	0.0	3.3	0.0	0.0	100
Charges for services	26.2	59.0	11.5	0.0	3.3	0.0	100
Physical outlook	57.4	42.6	0.0	0.0	0.0	0.0	100
Range of services	36.1	44.3	0.0	0.0	6.6	13.1	100
Privacy	45.9	37.7	0.0	0.0	8.2	8.2	100
Ease of accessibility	63.9	36.1	0.0	0.0	0.0	0.0	100

*Omamt Maternity and Nursing Home*

<b>N=64</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	98.4	1.6	0.0	0.0	0.0	0.0	100
Availability of drugs	14.1	56.3	0.0	0.0	17.2	12.5	100
Availability of essential equipment	3.1	54.7	4.7	0.0	20.3	17.2	100
Handling of clients	96.9	1.6	0.0	0.0	1.6	0.0	100
Charges for services	0.0	78.1	14.1	4.7	1.6	1.6	100
Physical outlook	3.1	81.3	14.1	0.0	1.6	0.0	100
Range of services	1.6	46.9	1.6	1.6	29.7	18.8	100
Privacy	9.4	18.8	1.6	0.0	21.9	48.4	100
Ease of accessibility	50.0	40.6	0.0	0.0	1.6	7.8	100

*St. James Domiciliary Home*

<b>N=41</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	82.9	17.1	0.0	0.0	0.0	0.0	100
Availability of drugs	22.0	43.9	7.3	0.0	14.6	12.2	100
Availability of essential equipment	22.0	26.8	4.9	2.4	9.8	34.1	100
Handling of clients	87.8	7.3	4.9	0.0	0.0	0.0	100
Charges for services	39.0	53.7	4.9	2.4	0.0	0.0	100
Physical outlook	14.6	65.9	19.5	0.0	0.0	0.0	100
Range of services	58.5	24.4	9.8	0.0	0.0	7.3	100
Privacy	19.5	56.1	19.5	0.0	0.0	4.9	100
Ease of accessibility	92.7	0.0	2.4	2.4	0.0	2.4	100

*St. Anthony Domiciliary Clinic*

<b>N=68</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	47.1	48.5	4.4	0.0	0.0	0.0	100
Availability of drugs	63.2	32.4	2.9	0.0	0.0	1.5	100
Availability of essential equipment	11.8	61.8	2.9	0.0	4.4	19.1	100
Handling of clients	77.9	20.6	0.0	0.0	0.0	1.5	100
Charges for services	33.8	58.8	7.4	0.0	0.0	0.0	100
Physical outlook	22.1	72.1	4.4	1.5	0.0	0.0	100
Range of services	30.9	52.9	2.9	0.0	7.4	5.9	100
Privacy	26.5	52.9	14.7	1.5	0.0	4.4	100
Ease of accessibility	70.6	23.5	5.9	0.0	0.0	0.0	100

*Zaam Clinic*

<b>N=60</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	93.3	6.7	0.0	0.0	0.0	0.0	100
Availability of drugs	80.0	13.3	0.0	0.0	1.7	5.0	100
Availability of essential equipment	73.3	13.3	0.0	0.0	3.3	10.0	100
Handling of clients	96.7	3.3	0.0	0.0	0.0	0.0	100
Charges for services	53.3	36.7	1.7	0.0	0.0	8.3	100
Physical outlook	63.3	31.7	0.0	0.0	0.0	5.0	100
Range of services	73.3	10.0	0.0	0.0	1.7	15.0	100
Privacy	60.0	3.3	0.0	0.0	11.7	25.0	100
Ease of accessibility	53.3	13.3	0.0	0.0	6.7	26.7	100

*Nsiky Domiciliary Clinic*

<b>N=116</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	24.1	75.9	0.0	0.0	0.0	0.0	100
Availability of drugs	35.3	60.3	4.3	0.0	0.0	0.0	100
Availability of essential equipment	0.9	25.0	69.0	2.6	0.0	2.6	100
Handling of clients	92.2	6.9	0.0	0.9	0.0	0.0	100
Charges for services	10.3	77.6	10.3	0.0	0.9	0.9	100
Physical outlook	0.0	29.3	63.8	6.0	0.9	0.0	100
Range of services	0.9	44.8	48.3	2.6	0.9	2.6	100
Privacy	67.2	30.2	1.7	0.0	0.9	0.0	100
Ease of accessibility	84.5	14.7	0.0	0.0	0.9	0.0	100

*London Modern Clinic*

<b>N=6</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	100.0	0.0	0.0	0.0	0.0	0.0	100
Availability of drugs	66.7	33.3	0.0	0.0	0.0	0.0	100
Availability of essential equipment	16.7	83.3	0.0	0.0	0.0	0.0	100
Handling of clients	100.0	0.0	0.0	0.0	0.0	0.0	100
Charges for services	100.0	0.0	0.0	0.0	0.0	0.0	100
Physical outlook	83.3	16.7	0.0	0.0	0.0	0.0	100
Range of services	100.0	0.0	0.0	0.0	0.0	0.0	100
Privacy	100.0	0.0	0.0	0.0	0.0	0.0	100
Ease of accessibility	16.7	50.0	33.3	0.0	0.0	0.0	100

*Hosanna Domiciliary Clinic*

<b>N=69</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	75.4	23.2	0.0	0.0	0.0	1.4	100
Availability of drugs	66.7	23.2	1.4	0.0	0.0	8.7	100
Availability of essential equipment	37.7	17.4	5.8	0.0	0.0	39.1	100
Handling of clients	98.6	0.0	0.0	0.0	0.0	1.4	100
Charges for services	81.2	5.8	1.4	0.0	0.0	11.6	100
Physical outlook	46.4	40.6	13.0	0.0	0.6	0.0	100
Range of services	58.0	11.6	2.9	0.0	0.0	27.5	100
Privacy	73.9	10.1	1.4	0.0	0.0	14.5	100
Ease of accessibility	92.8	4.3	1.4	0.0	0.0	1.4	100

*Kakoba Domiciliary Clinic*

<b>N=98</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	12.2	73.5	12.2	1.0	1.0	0.0	100
Availability of drugs	54.1	29.6	13.3	1.0	1.0	1.0	100
Availability of essential equipment	3.1	20.4	59.2	1.0	1.0	15.3	100
Handling of clients	81.6	16.3	0.0	0.0	1.0	1.0	100
Charges for services	33.7	21.4	40.8	1.0	2.0	1.0	100
Physical outlook	1.0	44.9	48.0	0.0	3.1	3.1	100
Range of services	2.0	24.5	43.9	0.0	3.1	26.5	100
Privacy	10.2	19.4	66.3	2.0	2.0	0.0	100
Ease of accessibility	94.9	4.1	0.0	0.0	1.0	0.0	100

*Kiyanja Maternity Clinic*

<b>N=32</b>	<b>Very satisfied</b>	<b>Somewhat satisfied</b>	<b>Somewhat dissatisfied</b>	<b>Very dissatisfied</b>	<b>No opinion</b>	<b>No response</b>	<b>Total (%)</b>
Cleanliness / hygiene	3.1	90.6	6.3	0.0	0.0	0.0	100
Availability of drugs	0.0	78.1	21.9	0.0	0.0	0.0	100
Availability of essential equipment	0.0	31.3	3.1	0.0	6.3	59.4	100
Handling of clients	78.1	21.9	0.0	0.0	0.0	0.0	100
Charges for services	3.1	87.5	9.4	0.0	0.0	0.0	100
Physical outlook	3.1	34.4	3.1	0.0	6.3	53.1	100
Range of services	0.0	12.5	0.0	0.0	6.3	81.3	100
Privacy	40.6	56.3	0.0	0.0	0.0	3.1	100
Ease of accessibility	81.3	18.8	0.0	0.0	0.0	0.0	100

*Overall Level of Satisfaction*

<b>Name of Clinic</b>	<b>Very satisfied</b>	<b>Just satisfied</b>	<b>Not satisfied</b>
Eseri Domiciliary Clinic, N=70	17.1	82.9	0.0
Family Care Clinic, N=41	34.1	63.4	2.4
Good Samaritan Maternity Home, N=30	27.8	72.2	0.0
Hossana Domiciliary Clinic, N=69	36.2	59.4	4.3
Kakoba Domiciliary, N=98	24.7	75.3	0.0
Kawuku Maternity, N=30	6.7	93.3	0.0
Kitebi Domiciliary, N=58	83.6	14.5	1.8
Kiyanja Maternity Clinic, N=32	0.0	96.9	3.1
Kyosiima Maternity & Nursing Home, N=52	25.0	75.0	0.0
London Modern Clinic, N=6	100	0.0	0.0
Makindye Maternity Home, N=74	40.4	55.1	4.5
Martyrs Clinic, N=21	71.4	28.6	0.0
Mary's Domiciliary Clinic, N=37	43.2	56.8	0.0
Modern Maternity Clinic, N=28	36.0	64.0	0.0
Musoke Domiciliary Clinic, N=85	4.8	95.2	0.0
Nakibuuka Domiciliary Clinic, N=55	87.0	13.0	0.0
Nsiikye Domiciliary Clinic, N=116	1.8	97.4	0.9
Nyamayalwo Maternity Home, N=61	50.8	49.2	0.0
Omamt Maternity and Nursing Home, N=64	37.5	60.9	1.6
St. James Domiciliary Home, N=41	48.8	48.8	2.4
St. Anthony Domiciliary Clinic, N=68	36.8	63.2	0.0
Zaam Clinic, N=60	75.0	25.0	0.0



## APPENDIX II: EXIT INTERVIEW QUESTIONNAIRE

### Summa Loan M&E Exit Questionnaire

Hello, my name is \_\_\_ from the CMS project. I'm part of a team of people who are carrying out a survey on health issues in this area. We are talking to all people visiting this and other health units to learn more about their health needs. This will last about 15 minutes. Your answers will remain confidential and we will not take down your name or address. May I ask you some questions?

#### A. BACKGROUND INFORMATION

Interviewer's name \_\_\_\_\_ Date of interview \_\_\_/\_\_\_/\_\_\_/

1. Interviewer:		
2. The interviewer is to directly observe and record answers to Questions 2 – 5. District	Kampala Mukono Mpigi Mbarara	1 2 3 4
3. Neighborhood	City center Commercial Residential Rural village	1 2 3 4
4. Type of outlet	Out-patient clinic In-patient clinic Drug store Pharmacy	1 2 3 4
5. Respondent's gender	Male Female	1 2
6. What is your current marital status?	Married Never married Divorced Separated Widowed No response	1 2 3 4 5
7. Do you live in this neighborhood?	Yes No No response	1 2
8. What is the highest level of education you have attained?	Some primary Completed primary Some secondary Completed secondary College/institution University Never attended school No response	1 2 3 4 5 6 7
9. How old are you? (write exact age, ask all individuals visiting the unit alone; ask oldest individual in a group/family visit))	Don't know Undisclosed	/_____/ 98 99

10. What is your main occupation	Peasant farmer Large-scale farmer Businessman/woman Employed (private sector) Employed in public sector Unemployed No response	1 2 3 4 5 6
11. What is the main occupation of your spouse? <i>(See Q. 6)</i>	Peasant farmer Large-scale farmer Businessman/woman Employed (private sector) Employed in public sector Unemployed No response	1 2 3 4 5 6
11 b. How many people in total live in your household, including yourself? <i>(Write the number)</i>		/_____/
11c. Approximately how much money does your household spend each month on the following?  Food Rent	/_____/_____/_____/_____/_____/_____ /_____/_____/_____/_____/_____/_____/	

## B. SERVICE UTILIZATION

12. Are you currently using any type of family planning?	Yes No No response	1 > Q14 2
13. Have you ever used any type of Family planning before?	Yes No No response	1} Q15 2} Q16
From which of the following outlets do you currently get your family planning services ( <i>Read out</i> )	Public hospital/clinic This outlet Other Private hospital/clinic Pharmacy Drug shop Traditional healer GM shop Other SP. _____ Don't know No response	1 Q16 2 3 4 5 6 7 8
Q15. Have you ever obtained family planning services from a public sector health facility (e.g., Public hospital/clinic)?	Yes No Don't know No response	1 2 Q16
For what reason(s) did you visit this outlet today? ( <i>Multiple answers possible</i> )	Start FP user Repeat FP user Antenatal Postnatal Immunization Delivery Child nutrition/ growth monitoring AIDS/STI counseling STI treatment Malaria treatment Other sp. _____ No response	01 02 03 04 05 06 07 08 09 10 11
Other than today, when was the last time you visited this outlet? ( <i>One answer only</i> )	Within the past four weeks 4 to 8 weeks ago 8 to 12 weeks ago 12 to 16 weeks ago More than 12 weeks ago Never visited before Don't know No response	1 2 3 4 5 6 > Q19
What was the reason(s) for your last visit to this outlet ( <i>Multiple answers possible</i> )	Start FP user Repeat FP user Antenatal Postnatal	01 02 03 04

	Immunization	05
	Delivery	06
	Child nutrition/ growth monitoring	07
	AIDS/STI counseling	08
	STI treatment	09
	Malaria treatment	10
	Other sp. _____	11
	No response	
Where do you normally go for treatment when you are sick or when you need health services? <i>(One answer only, Show card/read out)</i>	Public hospital/clinic	1
	Private hospital/clinic	2
	Pharmacy	3
	Drug shop	4
	GM shop	5
	Traditional healer	6
	Other sp _____	7
	Don't know	
	No response	
The last time you were sick, where did you go to obtain treatment? <i>(More than one answer possible)</i>	Public hospital/clinic	1
	Private hospital/clinic	2
	Pharmacy	3
	Drug shop	4
	GM shop	5
	Traditional healer	6
	Other sp _____	7
	Can't remember	8
	Don't know	
	No response	

### C. SERVICE SATISFACTION

Could you please give me all the reasons that you came to this outlet today instead of any other? <i>(Spontaneous answers only, Multiple answers possible)</i>	Cleanliness/hygiene	01
	Availability of drugs	02
	Has essential equipment	03
	Good handling of clients	04
	Fair charges	05
	Good physical outlook	06
	Range of services	07
	Privacy	08
	Easily accessible	09
	Other sp _____	10
	Don't know	
	No response	
How often do you visit this outlet for treatment or health services? <i>(Show card/Read out) See Q17</i>	Always	1
	Sometimes	2
	Never visited before	3
	Don't know	
	No response	

I'd like to know whether you are very satisfied, somewhat satisfied, have no opinion, or Somewhat dissatisfied with the services you get from this outlet. How satisfied are you with... <i>(read out each response, code one answer only for each response category, do not explicitly tell respondent they have the option to answer "Very dissatisfied or don't know but do code if this is their spontaneous response)</i>		Very satisfied	Somewhat satisfied.	Somewhat dissatisfied	Very dissatisfied	No opinion	Don't know	No response
	Cleanliness/hygiene Availability of drugs Has essential equipment Handling of clients Charges for services Physical outlook Range of services Privacy Easy accessible	1	1	1	1	1	1	1
What areas, if any, would you like improved in this outlet to make you a more satisfied client? <i>(Multiple answers possible, do not read out, probe in detail)</i>	Cleanliness/hygiene Drugs availability Essential equipment Handling of clients Treatment/service charges Physical outlook Range of services Level of privacy Accessible Other sp <hr/> Don't know No response	01	02	03	04	05	06	07
Taking everything into consideration, how satisfied are you with the facilities and services provided in this outlet? <i>(One answer only)</i>	Very satisfied Just satisfied Not satisfied Somewhat dissatisfied Don't know No response	1	2	3	4			

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS RESEARCH