

Clients Exit interview of Community Health and Social Accountability Project (CHASP)

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Table Contents

LIST OF ACRONYMS.....	3
1.0 Introduction.....	4
1.2 General objective.....	4
2.0 Methodology.....	4
2.1 Study Design.....	4
2.2 Sampling.....	4
2.3 Data collection tools.....	5
2.4 Data Management.....	5
2.5 Ethical procedure.....	5
3.0 Result.....	6
3.1 Demographic information and services received of the clients.....	6
3.2 Clients satisfaction with services received.....	6
3.3 Antennal visit care services.....	7
3.5 During the visit to this facility.....	8
3.6 Post-natal care.....	8
3.7 Child health care Services.....	9
3.8 Children admitted for any diarrheal disease.....	10
4.0 Discussion.....	11
5.0 Conclusions.....	12
6.0 Recommendations.....	12
Appendix I: Client Exit Interview.....	13

LIST OF ACRONYMS

ANC	Antenatal care
CEMONC	Comprehensive Emergency Obstetric and Neonatal Care
CHASP	Community Health and Social Accountability Programme
CHC	Community Health Committees
CHW	Community Health Workers
CNV	Community Nutrition Volunteers
EPHS	Essential Package of Health Services
ICCM	Integrated Community Case Management
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MEAL	Monitoring Evaluation Accountability and Learning
MoH	Ministry of Health
M2MSG	Mother to Mother Support Group
OTP	Outpatient Therapeutic Programme
PNC	Postnatal Care
REALM	Research Evaluation Analysis Learning and Monitoring
RMNCH	Reproductive Maternal Newborn and Child Health
RHC	Referral Health Centre
SAM	Severe Acute Malnutrition
SDC	Swiss Agency for Development and Cooperation
SIDA	Swedish International Development Cooperation Agency
WHO	World Health Organization

1.0 Introduction

Save the Children International (SCI) is one of the biggest Health and Nutrition actors in Somalia, working in the country for over 60 years. SCI has been implementing a range of health and Nutrition interventions in Somalia, often in an insecure or unpredictable operating environment. In 2018, SCI supports over 220 health facilities in approximately 20 districts directly reaching one million people. SCI is a key implementing partner of the CHANGE (Community Health and Nutrition through Local Governance and Empowerment) consortium in Somalia. CHASP project is funded by SIDA and SDC builds upon SCI's decentralized approach used in the Karkaar Region of Puntland as part of the DFID-funded CHANGE programme. The decentralized system for the delivery of health care and Nutrition services empowers district authorities, and communities, while maintaining the support, supervision and accountability role of the regional and national authorities; as well as ensuring the provision of the Essential Package of Health Services (EPHS) across all four tiers of services delivery, complemented by a strong community level engagement component, and flexibility for humanitarian response. As part of this project, SCI conducted client exit interview from four piloted health facilities in Kismayo and Adaado district (2 in kismayo and 2 in Adaado), to assess client's satisfactions and the quality effectively of the project during the course of two years.

1.2 General objective

To assess the level of client satisfaction on four selected piloted health facilities in Kismayo and Adaado supported by CHASP project.

2.0 Methodology

2.1 Study Design

A cross-sectional descriptive survey was conducted at four piloted health facilities in Kismayo and Adado districts. This was conducted in the form of user exit surveys at the point of service delivery. Clients were interviewed as they left their final service delivery point at the health facility. The four pilot participating facilities were offering both integrated health and nutrition services.

2.2 Sampling

A total of 200 interviews were conducted across Adaado and kismayo districts. For each of the four piloted health facilities, a sample size of 50 clients per health facility was allocated. To select a client from health facilities simple random sampling was used.

2.3 Data collection tools

A semi-structured interview format was designed to collect information about project processes and client satisfaction. For data collection, a client exits survey questionnaire (appendix I) was administered to assess the client's satisfaction at the facility level.

The questionnaire was consisting of 4 sections.

- i. The demographic characterizes and overall satisfaction of the clients.
- ii. Antenatal Care Services (ANC)
- iii. Postnatal Care Services (PNC)
- iv. Child health Care services

2.4 Data Management

Data was collected by trained enumerators, Kobo tool was used to collect data from the targeted health facilities and analysis was conducted using STATA software. Basic descriptive analysis was done to describe data in percentages, graphs, tables, means and then other statistical testes was used to assess the association of certain variables in the study.

2.5 Ethical procedure

Study population was informed thoroughly about their right and the purpose of the study. Only those who give verbal consent were interviewed. Necessary precaution was made to ensure confidentiality. The information given by the respondents was kept confidential.

3.0 Result

3.1 Demographic information and services received of the clients.

From the study majority (97.6%) of the clients interviewed were females with mean age of 28.1. Almost half (56.1%) of the respondents came to the health facilities to seek child health services followed by one third (39.6%) antenatal care services. Only 4.2% of the clients visited the facility to attend the facility to seek postnatal care services.

Table 1: Demographic information and services received of the clients.

Variable	Percentage
Sex	
Male	2.36%
Female	97.6%
Mean Age	28.1
Services	
ANC	39.6%
PNC	4.3%
Child health services	56.1%

3.2 Clients satisfaction with services received

Over all the client's satisfaction with services received from 4 piloted health facilities was high 98% at the time of the survey. 90.0% of the clients were satisfied with their waiting time at the facilities. The average waiting time per client was almost 48.0 minutes. Majority of the clients (94.8%) reported that, they were also given enough time during consultation with the service provider. Likewise, majority (97.1%) of clients were satisfied with the service provider's attitude during consultation period. Clients visiting all the piloted health facilities were equally satisfied with over all cleanness of health facilities and how they kept their privacy during the consultation time. In terms of distance and accessibility to health facilities, the clients reported that their place of residence were an average of 3.3 Km away from the health facility as shown in the **table 2** below.

Table 2: Clients satisfaction with services received.

Variable	Percentage
----------	------------

Overall satisfaction with services received	98.1%
Percentage of Satisfaction(Satisfied) Level with:	
Waiting time (in minutes)	90.0%
Average waiting time	48.0 min
Overall Cleanliness of facility	95.7%
Privacy (during consultation)	95.2%
Time given by service provider	94.8%
Service provider's attitude	97.1%
Average distance to health facility	3.3 Km

3.3 Antennal visit care services

Pregnant women attended ANC services at the piloted health facilities as shown in **table 3** below. During the survey period the pregnant women had an average of 6.5 months of their gestational period. 19.5% of them heighted that, they had their first pregnancy during the visit. Additionally, half of them (55%) attended their first visit of antenatal care at the facilities. 40% of the pregnant women that had visited the ANC services had scheduled their delivery in the facility while 52% of the pregnant women that attended the health facilities for other services were registered for ANC on other clinics however, they registered to deliver at the facility.

Table 3: Antennal visit care services

Variable	Percentage
Percentage of pregnant women and the average months of pregnancy.	6.5
Number of first pregnancies	19.5%
Number of first antenatal visits	55.0%
Parentage women scheduled delivery?	40%
Percentage of pregnant women registered for ANC in other clinics	52.1%

On the other hand, Of the 40% of the mothers that attended ANC visits 21% of the pregnant women reported to have attended ANC services four time and above and 15% attended ANC three times and 55.9% attended first ANC services during survey period of data collection.

3.5 During the visit to this facility

The pregnant women that attended the ANC services were consulted on a number of advices including recommended food intake during pregnancy and lactation. 85.3% of clients interviewed were prescribed folic acid/iron tablets at the health facility. Additionally, 75.1% were counseled importance of immunization and supplements during pregnancy while 86% were also counselled on the importance of post-natal care. 63.1% of the pregnant mothers had tetanus toxoid injection during their current pregnancy.

Table 4: During the visit to this facility

Variable	Percentage
Percentage of Pregnant women:	
a. Given advise on diet	36.5%
b. Prescribed Folic Acid/Iron tablet	85.3%
c. If prescribed folic acid, explained side effects minimization.	75.1%
d. Received Tetanus Toxoid Injection	63.1%
Informed importance of PNC	86.7

3.6 Post-natal care

During delivery, half of the care givers reported to have given birth with assistance of skilled personnel. Breastfeeding was positively practices with 81% of the clients had ever breast fed their babies in their previous pregnancy. Among them, two third (68.2%) initiated breast feeding within one hour of delivery. Majority (83%) of the clients were counselled on exclusive breast feeding during post-natal care services (8 weeks within the delivery time).

Table 5: Post-natal care (PNC).

Place of delivery	Percentage (%)
Skilled delivery	45.4%
Un skilled delivery	54.5%
Percentage of ever breast fed	81.1%

Initiation of breastfeeding within one hour	68.2%
Counselled on Exclusive BF	83.3%

3.7 Child health care Services

All (99.2%) the clients that came for child health care services within the facility reported to have received counselling sessions on child feeding practices. Majority of the clients (93.1%) whose children were admitted at the malnutrition center were reported to have been prescribed to vitamin A at their admission stage. Additionally, majority (95.4%) of the clients reported that, they were counseled and informed on the importance of the immunization as it prevents the six major killer diseases during childhood period. Approximately three third (82.7%) of children admitted in the malnutrition center had improved their weight since last visit during the course of exit interview. All (99.2%) the number of sachets of Ready to Use Therapeutic Food (RUTF) and Ready Use Supplementary Food (RUSF), given the children were same as the amount written in their cards. But only half (57.2%) of clients participated in group discussions of Infant and Young Child Feeding (IYCF) during the survey data collection period. More than two third (76.7%) of the clients reported that, late coming to the nutrition center was the main reasons of defaulters on the IYCF group sessions. Additionally, 12% of the clients indicated that, they missed at least one follow up appointment at the nutrition center, but the average missed appointment was 1.5 which was low and acceptable according sphere standard which stated the acceptable defaulter rate in the OTP nutrition centers should less than 15%.

Table 6: Child health care Services

During the Visit, what percentage of women were	Percentage (%)
% Informed on Child feeding Practices	99.2%
% Prescribed with Vitamin A/D Capsules for child	93.1%
% Informed on Importance of Immunization	95.4%
% Informed about child growth status and have improved child weight since last visit	82.7%
Number of sachets of RUTF given (also is it same as written on the card?)	99.2%

% of Women Who Participated in group discussions of IYCF	57.2%
Preseasons not participating group discussion	
% I arrived late	76.7%
% There was no health education promotion session in this site	8.9%
% Other specific reasons	14.2%
% Missed appointment from nutrition center	12.9%
Average missed appointment	1.5

3.8 Children admitted for any diarrheal disease

Among the clients that visited the facility during the exit interview period, 4.2% of children were admitted for diarrheal disease during the last two weeks at the time of the survey. All of the caregivers whose children were admitted for diarrheal disease were shown how to administer ORS, counseled on the needs to increase breast feeding and fluids during the sickness as well as maintaining good hygiene practices. Most importantly, more than three third (94.4%) of the participants reported to have been advised to return to the clinic whenever their children become sick.

Table 7: Women who had their children admitted for any diarrheal disease

% Children admitted for diarrheal disease	4.2%
% Shown how to administer ORS?	
% Counseled on the need to increase fluids (breast milk, soup, water.	100%
% Counseled on maintaining proper hygiene	100%
% Advised to return to the clinic if your child becomes sick.	94.6%

4.0 Discussion

The exit interview was meant to understand the client satisfaction at the facilities supported under CHASP project. We piloted 4 of the health facilities in Adado and Kismayo (two each) and the scale up of other additional facilities to follow shortly. Generally, more than half of the clients came to the health facilities to seek child health care services, followed by ANC services. Post natal services was the least services sought at the facilities.

The results in client satisfaction indicate that clients visiting all the pilot health facilities were all most equally satisfied with services they received, including waiting time, over all cleanness of the facilities, privacy of the clients, time given during the consultation time and attitudes of health care providers. The level of satisfaction is not different from the results obtained from previous exit interviews conducted by the SCI Meal team in which overall the client were satisfied with services received. Potential explanation could be, save the children is known to have very strong monitored accountability system by the monitoring and evaluation team i.e. complain and feedback mechanism in case of dissatisfaction there is call center to report anonymously.

ANC results show that, majority of the pregnant women attended the health facilities during data collection were provided folic acid/iron tablets, tetanus toxoid injection and counseled on the importance PNC and recommended dietary intake during pregnancy. However, percentage of women advised on diet during pregnant was low, only one third (36.5%) of the pregnant mothers attended ANC at the four health facilities were advised on diet during pregnant.

Results from child health services show that, almost all caregivers whose children admitted in the nutrition center were informed and counseled about the importance of child feeding practices, immunization. Also 93% of children were prescribed and administered vitamin A at admission stage. This was evidence that, the health facilities were providing quality services to their clients and following standard care procedure protocol (Integrated Management of Malnutrition Guideline (IMAM)) of implementing OTP and TSFP centers. Moreover, as confirmed from child's nutrition card (82.7%) of children improved their weight since last visit of the facility during the course of exit interview survey. This is acceptable according to IMAM guideline and sphere standard procedure. Additionally, this result is in line with result of nutrition data from year two annual report. Overall, the attendance of IYCF group sessions was low. Only half (57.2) of clients attended IYCF lessons during the group session, this line with mother to mother and father support group study conducted

in Kismayo, Adaado and Armo districts which indicates that, the participants selected to participate in the study were at times absent common reasons for absence included pressure to work to feed their families, sickness among other issues. Competing priorities forced attendees to leave midway through a day's session to attend to daily chores. Indeed, more than two third mother of the participants missed at least one IYCF session in the exit interview stated that, late coming to the nutrition center was the main reasons caused to miss the IYCF group sessions.

5.0 Conclusions

- Over all the client satisfaction indicated that all clients visting the four piloted health facilities were all most equally satisfied with services they received including waiting time, client privacy and etc.
- Based on the result results from the exit interview CHASP project staff were delivering quality work to the client and silky following standard international protocol for ANC, PNC and child health and nutrition services.

6.0 Recommendations

- There a need to improve PNC utilization across the four piloted health facilities in Adaado and Kismayo, providing more counseling session to the communities.

Appendix I: Client Exit Interview

Site/facility name		Region	
Date of visit		District	

	Client Satisfaction: All Clients S=Satisfied UC=Uncertain NS=Not Satisfied			
1. How would you describe your overall satisfaction with the service (s) you received?	S	U C	NS	
2. How long did you wait to see the health care provider? (<i>In minutes</i>).	-----	-- --	----	
3. Are you satisfied with this waiting time?	S	U C	NS	
4. Are you satisfied with the overall cleanliness of the health/nutrition facility?	S	U C	NS	
5. Are you satisfied with the privacy at during consultation?	S	U C	NS	
6. Are you satisfied with the time given to you by the health service provider?	S	U C	NS	
7. Are you satisfied with the health service provider's attitude with you?	S	U C	NS	
8. How far did you travel to reach the health facility?				
Maternal Health Care Services: Antenatal Care (ANC) Clients (<i>2nd & 3rd trimester women only</i>)	Y=yes N=no			
9. Are you pregnant?				
10. How long have you been pregnant?				

	11. Is this your first pregnancy?	Y	N
	12. If NO how many children do you have?		
	13. Is this your first antenatal visit at this health center for this pregnancy?	Y	N
	14. Including this visit, how many antenatal care visits have you had for this pregnancy to this health center?	Y	N
	15. Have you registered for Antenatal care with any other health center?	Y	N
	16. If Yes, how many Antenatal care visits have you made to that health facility	Y	N
	17. Why did you choose to visit this health facility today?		
	18. During this visit, did you schedule your delivery in the facility?	Y	N
	19. During this visit, did a health worker give you advice on your diet (this is, what to eat and drink) during pregnancy?	Y	N
	20. Do you remember five key advice that you were given on your diet? List them		
	21. Were you provided and / or prescribed with folic acid and/or Iron tablets?	Y	N
	22. If you were prescribed and/or provided with Iron Tablets, did provider explain how to minimize side effects?	Y	N
	23. Did the provider discuss danger signs in pregnancy (bleeding, severe headache, dizziness, etc.)?	Y	N

	24. Have you ever received a tetanus toxoid injection, including one you may have received today?	Y	N
	25. During this visit or previous visits, has a health worker asked you whether you had ever received a tetanus toxoid injection?	Y	N
	26. Including any Tetanus Toxoid injection you received today, how many times in total during your lifetime have you received a Tetanus Toxoid injection?		
	27. During your visit, were you informed about the importance of returning for post-natal care (PNC) after delivery	Y	N
	Maternal Health Care Services: Post Natal Care (PNC) Clients/Recently Delivered Mothers (within 8 weeks of delivery)		
	28. Where did you delivery your baby?		
	29. When did you initiate breast feeding your baby	a) Immediately (within minutes) after birth, b) Hours after birth, c) A day after birther, d) Never breastfed	
	30. Were you counselled on the importance of Exclusive breastfeeding?	Y	N
	31. Are you currently practicing Exclusive Breastfeeding?	Y	N
	32. Were you informed about the importance of returning for PNC while you were still pregnant?	Y	N
	33. Were you informed about the importance of two PNC visits at an ANC or any PNC visit?	Y	N

	34. Were you informed about complications for you and new born that will necessitate seeking medical advice?	Y	N	
	Child Health Care Services: Mothers of Well-Baby Clients between 6 and 60 months			
	35. Were you given any verbal and / or printed information on child feeding practices, iron or vitamin A supplementation?	Y	N	N/A
	36. Were you prescribed and / or provided with vitamin A/D drops or capsules for your child at this or at any other visit in the last 6 months?	Y	N	N/A
	37. Were you informed of importance of immunization, did you immunize your child so far	Y	N	
	38. If your child's weight and/or height were measured, were you informed about the growth status of your child?_____	Y	N	N/A
	39. Has the weight of your child improved from the last	Y	N	N/A
	40. How old is your child?			
	41. If the child is less 2 years, is the mother breastfeeding her baby	Y	N	N/A
	42. Who brought the child at the nutrition/health facility	a) Mother, b) Father c) Elder sibling d) Grandmother e) Relative f) others		
	43. How many sachets of RUFT/RUTF was your child given today?			
	44. Is the amount of RUFT/RUTF given to the child same as that written on the ration card?	Y	N	N/A

	45. Is there a difference between the values?	Y	N	N/A
	46. Has your child ever missed an appointment here	Y	N	N/A
	47. If yes, how many times?			
	48. Tell me the reason(s) why you did not bring your child for treatment before?			
	49. Have you participated in any group discussion session in the waiting area today?	Y	N	N/A
	50. If no, why did you not participate in a group discussion?	a) I arrived late, b) There was no health education promotion session in this site c) others (specify)		
	51. If yes, what was the key discussion topics?	A) IYCF, B) Child safeguarding, C) Disease outbreaks awareness, D) Hygiene promotion E) others		
	Child Health Care Services: Diarrheal Diseases (DD) <i>(only if clinic visit due to DD)</i>			
	52. Were you shown how to administer ORS?	Y	N	
	53. Were you counseled on the need to increase fluids (breast milk, soup, water) for your sick child?	Y	N	
	54. Were you counseled on maintaining proper hygiene including proper solid waste disposal?	Y	N	

	Child Health Care Services: Acute Respiratory Infections (ARI) <i>(only if clinic visit due to ARI)</i>		
	55. Were you asked if your coughing child has ear problems (pain, discharge, tenderness or swelling)?	Y	N
	Child Health Care Services: <i>(answer if clinic visit due to either DD or ARI)</i>		
	56. Were you advised to return to the clinic if your child becomes sick (e.g., Diarrhea: develops blood in stool, drinks poorly; ARI: develops fast/rapid breathing, etc.)?	Y	N

Please remember to thank the respondent.