

INDIA

SERVICE QUALITY ASSESSMENT



## Understanding the Satisfaction, Perceptions, and Expectations of Clients of Public Health Facilities: A Service Quality Assessment Pilot

Taking quality health care to the farthest corners of the country is at the heart of the Government of India's public health policy and programming. The National Health Mission's reproductive, maternal, newborn, child and adolescent health (RMNCH+A) strategic approach underscores the need to ensure quality health care. A key thrust of the government's reform focus has, thus, been on plugging service delivery gaps through improved, evidence-based decision making. The USAID-funded Health Finance and Governance (HFG) project supported the country's Ministry of Health and Family Welfare (MoHFW) to yield preliminary insights into the level of patient satisfaction and utilization of public health services.

**Enhancing Data Use for Responsive, Evidence-based Decision Making is a Key Focus Area for HFG in India.**

The increasing emphasis on qualitative aspects of public health services necessitates attention to what the clients of health services have to say about the services offered and delivered. Recognizing the vital role people's feedback can play in establishing a responsive health care delivery system,

MoHFW, with support from HFG, initiated a service quality assessment (SQA) pilot to ascertain client perspectives and identify issues. To this end, HFG developed and piloted, in consultation with MoHFW, an SQA methodology to assess the perceptions of users and non-users of public health services. The SQA methodology was piloted in five districts from five geographically dispersed states—Chirang from Assam, Ernakulam from Kerala, Ferozepur from Punjab, Kota from Rajasthan, and Birbhum from West Bengal. The pilot aimed at demonstrating the SQA methodology and generating preliminary insights that could inform quality improvement efforts.

*Public health programs the world over are recognizing the crucial importance of client satisfaction as a measure of the quality of health care. Client satisfaction must be a major goal for any health system, given the bearing it has on service uptake and compliance with treatment. The insights gleaned from an assessment of people's perceptions about health care facilities can equip public health providers and programmers with the knowledge to strengthen health services and make them more responsive to people's needs and expectations.*

## Key Findings of the SQA Pilot

The SQA pilot, implemented in January–February 2016, was designed to elicit views of users and non-users of public health facilities from diverse geographic regions. Respondents—2,467 users and 2,345 non-users—were drawn from catchment areas of 123 public health facilities. Almost 60 percent of the respondents were from sub-centers (SCs), followed by nearly 20 percent from primary health centers (PHCs), about 7 percent from community health centers (CHCs) and sub-divisional hospitals (SDHs) each, and about 4 percent from district hospitals (DHs). Two data collection tools—the Patient Satisfaction Survey and the Non-Utilization Survey—were used to obtain primary data. The Patient Satisfaction Survey assessed perceptions of beneficiaries who had used a public health facility in the previous three months. The Non-Utilization Survey was administered to non-users to explore perceived barriers to care in public health facilities. The survey team used FluidSurveys, an internet-based platform, to facilitate data collection. The key findings of the SQA pilot are summarized<sup>1</sup> in this brief.

Satisfied - 71%

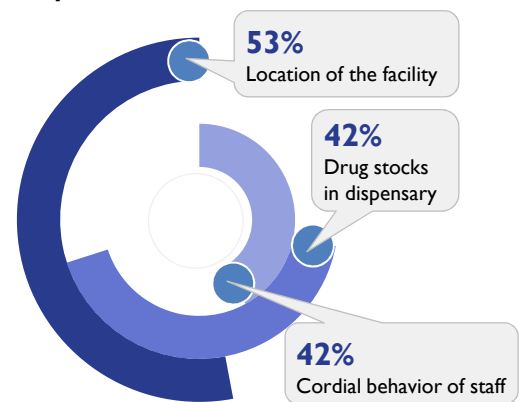
Moderately Satisfied - 16%

Dissatisfied - 13%

### What do satisfied users tell us?

A majority of the surveyed users (71%) reported satisfaction with their most recent visit to a public health facility. Highest satisfaction was at the SC level, with 81 percent satisfied. When adding moderately satisfied, the proportion of satisfied respondents decreased with increasing facility complexity—from 90 percent at SCs to 84 percent at DHs. Users across the five districts reported location<sup>2</sup> of facility, availability of drugs, and cordial staff behavior as the major reasons for satisfaction. Satisfied users also cited availability of required services and interactions with facility staff. Lower satisfaction with diagnostic services and poor condition of toilets emerged as areas of weakness across facilities. Remarkably, a high percentage of users (95%) indicated a willingness to return to the public health facility regardless of their level of satisfaction with their most recent experience.

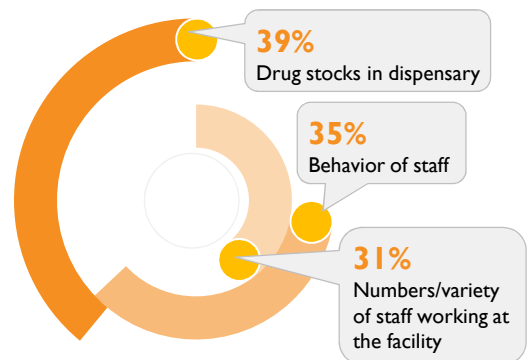
#### Top Three Reasons for Satisfaction



### What do dissatisfied users tell us?

For those dissatisfied with their most recent experience (13% of all respondents), availability of drugs, behavior of staff, and lack of sufficient numbers/variety of staff at facilities were most often mentioned as reasons for dissatisfaction with the public health facility experience. Notably, the fact that drug availability and staff behavior were cited as major factors by both satisfied and dissatisfied users attests to the crucial importance of ensuring drug availability and cordial staff behavior at all public health service delivery points. Interestingly, dissatisfied users at SC, PHC, and DH levels frequently also mentioned poor availability of health services and waiting time among the main factors contributing to the feeling of dissatisfaction.

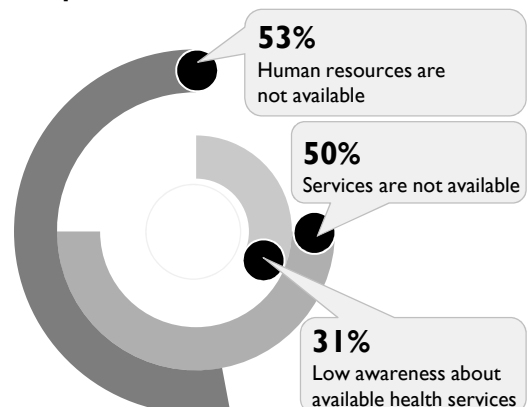
#### Top Three Reasons for Dissatisfaction



### What do non-users tell us?

People's reasons for not using public health facilities carry critical insights about actual or perceived gaps hindering service uptake. Most of the surveyed non-users across districts cited poor availability of health staff, limited range of health services, and lack of awareness about available services as the key reasons. Poor availability of health staff and desired range of health services were most often cited at the DH level, although the perception about lack of higher-level specialists and related services was quite pronounced even at the lowest level (SC). When asked about the additional services desired, more services/treatments, more specialists, and better quality were mentioned often. Antenatal and maternity services and family planning were cited less often, pointing perhaps to existing availability of these services.

#### Top Three Reasons for Non-utilization

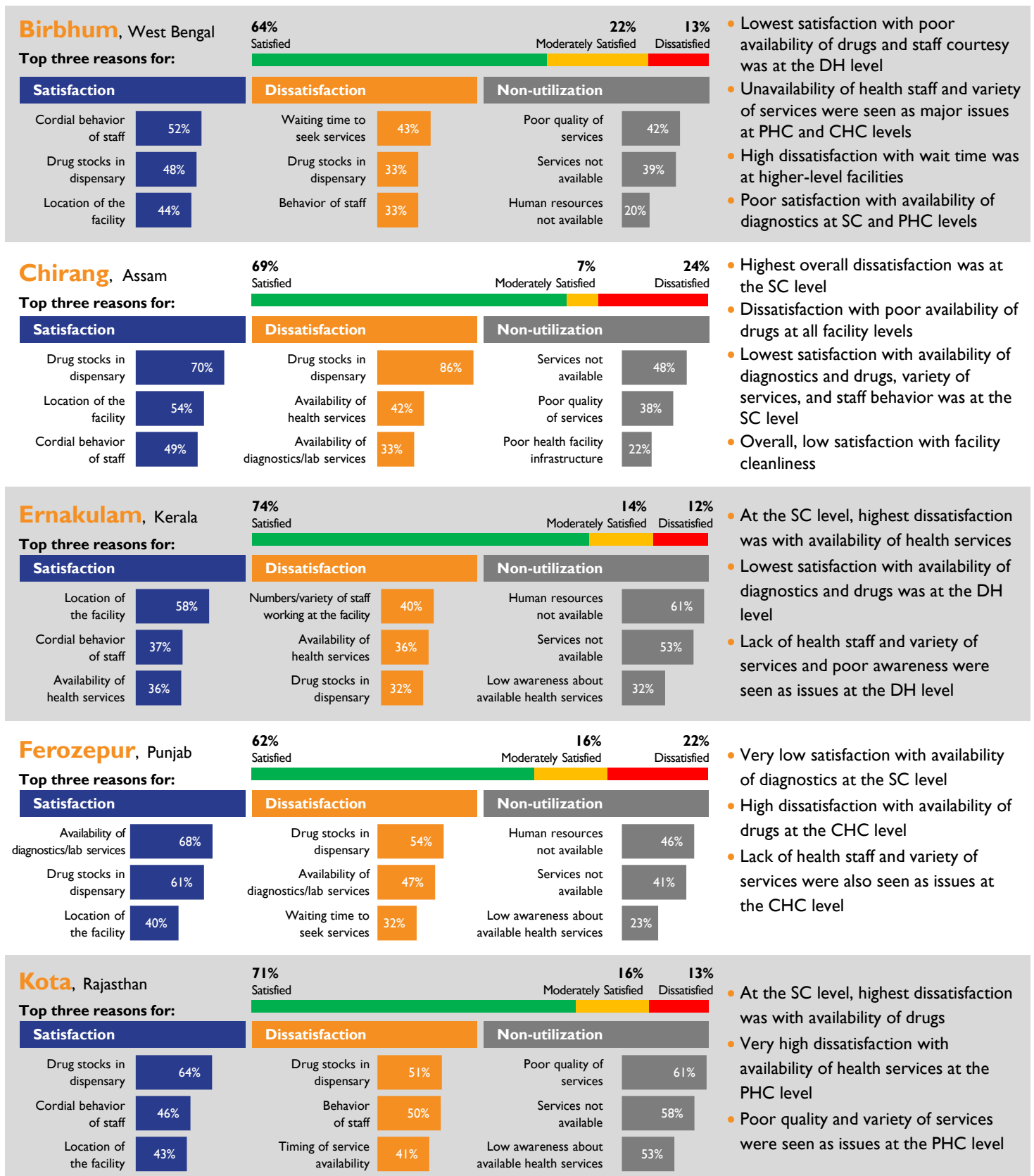


<sup>1</sup> The complete report is available at <https://www.hfgproject.org/where-we-work/asia/india/>. <sup>2</sup> The high level of satisfaction with facility location, even in rural areas, is an important result, but should be seen in light of the fact that the survey sample was drawn from close vicinity of health facilities.

## Findings by District

The SQA pilot entailed surveying of users and non-users from the five districts. The assessment has generated some insights about what is perceived to work and not work at public health facilities in these districts. These findings,<sup>3</sup> the highlights of which are shared below, should, however, be seen as preliminary and tentative, pointing to possible areas for more robust exploration.

## Areas for Attention



<sup>3</sup>As the districts were selected purposively, the findings should not be assumed as generalizable across the individual states.





## Conclusion and Recommendations

The SQA pilot has provided interesting preliminary insights into the level of patient satisfaction and causes of non-utilization of public health services. The assessment insights can help MoHFW pinpoint areas for further research and initiatives to improve service quality and client satisfaction. Results of the SQA pilot have a clear message—ensuring wider availability of a range of health services, drugs, and diagnostics is crucial to service uptake. The latter two present as major issues, both for users and non-users. The Patient Satisfaction Survey pointed to weaknesses in the availability of diagnostic services across all facilities, the relatively poor variety of services at PHCs and CHCs and availability of drugs at DHs, and the poor condition of toilets at public health facilities. For non-users, poor availability of a wide range of services and relevant health staff emerged as key impediments to service utilization.

On the basis of the SQA pilot findings, the following emerge as possible areas that merit further strengthening:

- Strengthen the availability of diagnostic testing, especially at lower-level health facilities
- Ensure uninterrupted availability of a wide range of drugs at every level, including expansion of the existing drug repository at the DH level

- Build greater awareness about public health services and health schemes by better leveraging of frontline health workers and greater dissemination of services-related material
- Consider strengthening the referral system to make a variety of services accessible, including specialized health services and transportation for emergency care
- Continue the focus on improving the quality of care and the behavior of staff who interact with patients
- Improve patient conveniences, especially the condition of toilets
- Strengthen human resources for health, particularly at higher-level facilities
- Conduct further exploration on the determinants of satisfaction, dissatisfaction, and non-utilization, undertaking not only a detailed investigation on the key issues the pilot has revealed but also further exploring the landscape of beneficiary perception

## The Way Forward

The pilot application of SQA methodology and the resultant findings have demonstrated the feasibility of implementing the assessment methodology and its capacity to elicit important issues around the perception of health services. Few such assessments have been done in India to examine the relationship between patient satisfaction and the use of health services. Assessment of client perspectives is crucial, not only to give the people a voice but also help health care providers and managers identify problems that need to be resolved to improve public health services. A more in-depth assessment of service quality and client perception, using a more exhaustive methodology and robust sample size, is both warranted and feasible.

The Health Finance and Governance (HFG) project works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. Designed to fundamentally strengthen health systems, the HFG project improves health outcomes in partner countries by expanding people's access to health care, especially to priority health services. The HFG project is a five-year (2012-2017), \$209 million global project funded by the U.S. Agency for International Development under Cooperative Agreement No: AID-OAA-A-12-00080.

The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, Training Resources Group, Inc. For more information visit [www.hfgproject.org/](http://www.hfgproject.org/)

Agreement Officer Representative Team: Scott Stewart ([ssewart@usaid.gov](mailto:ssewart@usaid.gov)) and Jodi Charles ([jcharles@usaid.gov](mailto:jcharles@usaid.gov)).

DISCLAIMER: The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.



Abt Associates  
4550 Montgomery Avenue  
Suite 800North  
Bethesda, MD20814  
[abtassociates.com](http://abtassociates.com)

Photo credits: © John Nicholson (p.1), SPRING Project, Courtesy of Photoshare; © Anil Gulati (p. 4), Courtesy of Photoshare

June 2016