CLIENT SATISFACTION

STUDY REPORT

BASED ON

FOCUS GROUP DISCUSSIONS (FGDS) AND IN-DEPTH INTERVIEWS WITH TRAGET GROUPS OF MS

Submitted to:

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List of Acronyms and Abbreviations

CBSG	Capacity Building Service Group
D & C	Diluted & Curette
FGD	Focus Group Discussion
HH	House Hold
HSC	Higher Secondary Certificate
MR	Menstruation Regularization
MS	Marie Stops
MSCS	Marie Stops Clinic Society
NGO	Non-Governmental Organization
RH	Reproductive Health
SSC	Secondary School Certificate
SRH	Sexual and Reproductive Health
TV	Television
UK	United Kingdom

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1 BACKGROUND

Marie Stopes (MS) Clinic Society is a leading Bangladeshi NGO with affiliation of Marie Stopes International (UK), engaged in providing quality reproductive health services for the urban communities particularly for the poor in Bangladesh since long. Its mission is "to improve the reproductive health and well being of women and men in urban and peri-urban areas of Bangladesh" Having its Head Office in Dhaka, MSCS operates 23 clinics spread over the cities/towns of in Dhaka, Chittagong, Feni, Comilla, Sylhet, Khulna, Brahmanbaria, Rangpur, Rajshahi, Barisal, Mymensingh, Moulvi Bazar, Narsingdi and Tongi.

1.1 Purpose of the Study

Being a quality conscious service provider, MS periodically takes initiatives to find out the views/opinions of MS health service recipients. The current study one of such initiatives carried-out through conducting FGDs and in-depth interviews with the different service recipients target groups at five different service locations. The main purpose of the study is to assess the degree of MS service recipients' satisfaction as well as their views towards MS service quality.

1.2 Scope of the Study

FGD is one of the techniques through which MS intended to see the degree of client satisfaction. The scope of the study included:

- Conducting FGDs with service recipients target groups in five (Narshindi, Chittagong – 2, Comilla, Rajshahi and tongi clinics).clinic locations (with four types of recipients – Homeless, Men, Women and Adolescents in each location)
- Conducting 64 in-depth interviews of services recipients on sample basis.
- Analyzing data and preparing report

2 METHODOLOGY

CBSG complied with the methodology as laid out in the guideline of MS. In addition, it adopted the following processes to bring rigor in the study. These were:

- Observation of the clinic environment and facilities
- Review of relevant document of MS
- Few key informants interview (service providers).
- The study begun with the inception and briefing meeting with the relevant staff of MS where a detail work plan for FGD conduction and site visit was developed.

2.1 Refinement of FGD guideline and develop guide for in-depth interview

CBSG refined and updated FGD guideline and develop a guideline for in-depth interview through a rigorous and consultative process with MS.

The following steps were followed:

- Reviewed and translated the guide questions for FGD supplied by MS.
- Developed a set of questions for in-depth interview in consultation with MS. for any modifications of the questionnaire and FGD guide/checklist.
- Applied the questionnaire and tool in field staff training and in the **field test** as part of the training programme.

- Conducted field test of the study tools at Tongi Clinic site of MS.
- Updated the checklist/guide questions of the study and obtained approval from MS for field implementation. The guide is attached in the annex –I.

2.2 Implementation of Field Work

The data collection was done between May 02 and May 15, 20016 in five clinic sites. CBSG placed 3 experienced FGD facilitators familiar with PRA techniques into the field to conduct the FGDs and in-depth interviews. CBSG organized one-day classroom and field training for the FGD team.

Figure-1 FGD with d\adolescent boys at Norsingdi area

The FGD team comprised of three experienced staff of CBSG with two females in the team. MS clinic level staff mobilized target group (ever visited service recipients) upon prior intimation. For in-depth interview, clients were selected on randomly from FGD participants. The following table provides category wise FGD and in-depth interviews conducted in this study.

Table –1: Conducted FGD and In-depth Interviews by participants' type

Respondent Category	No. of FGD	No. of in-depth Interviews
Female	5	30
Male	4	24
Adolescent Girl	3	9
Adolescent Boy	3	9
Total	**15**	**72**

Besides, the FGD team also observed clinic situation while in the field. The observation areas included waiting time, reception pattern, behaviors of support staff etc at the clinic level. CBSG also discussed with the service providers at the clinic level. As such CBSG conducted some key informants interview (selected service providers) to validate and complements the FGD findings.

2.3 Limitation of the Study

The fieldwork of the study was successfully carried-out with sincere cooperation of MS clinic level staff. They were instrumental in organizing target group for FGDs and indepth interviews. However, expected number of FGDs could not be conducted in one or two sites particularly in Comilla where adolescent and homeless programs are not in operation. Therefore, clients for Adolescent and Homeless FGDs were not found. Adolescent program is also missing in Rajshahi clinic and homeless program was found in none of the clinic sites. CBSG complement this gap by increasing number of in-depth interviews with individual clients from similar type of target groups.

Figure-2: FGD with female adult in Tongi area

3 FINDINGS AND ANALYSIS

3.1 Basic demographic characteristics of the respondents

The study covered a total of 178 respondents of different types. The respondents were reached through FGDs and in-depth interviews. Among them almost 60% were adult and rest 40% were adolescent. In totality about 54% were female and rest 46% were male. Average age of the respondents is calculated at 27 for female adult and 38 for male adult. The average age for adolescent boys and girls was found almost similar – 17 years. The household size of the respondent's family was found 5.59 which is close to Bangladesh national figure (5.48).

With regards to the education status of the respondents, almost 75% of the adolescent are student and their education level was found above primary level. About 39% of the adolescents have education level Secondary and above. Almost 99% of adolescents were found unmarried while about 94% of adult were found married. The following table depicts some demographic and social indicators of the respondents.

Table-2: Background characteristics of the study participants

Characteristics	Adult		Adolescent		Total
	Female	Male	Girl	Boy	
	(n=58)	(n=49)	(n=38)	(n=33)	(n=178)
Percentage by the types of respondent	32.58	27.53	21.35	18.54	100
Age (average)	26.59	37.98	16.74	17.39	24.68
HH size (average)	5.17	5.53	5.76	5.88	5.59
Education (in percentage)					
No education	3.45	24.49	0.00	6.06	8.50
Can sign only	0.00	10.2	0.00	0.00	2.55
Primary (1-5)	8.62	24.49	7.89	18.18	14.80
Secondary (6-10)	24.14	20.41	52.63	42.42	34.90
SSC	29.31	12.24	28.95	18.18	22.17
HSC +	34.48	8.16	10.53	15.15	17.08
Marital status (average)					
Married	96.55	91.84	2.63	0	47.75
Unmarried	3.45	8.16	97.37	100	52.25

3.2 Occupation of the respondents

About 75% of adolescents were found student while only 9% of adult respondents were student. For adult male - about 37% were rickshaw/Van pullers followed by 18% were doing service and another 18% were doing small business. For adult female – about 77% were found house-wife/household workers and some 12% were doing service. The occupation status clearly indicates that MS is reaching out to the poorer section of the society. The average monthly income for the respondent's family was calculated at about Taka 5000 only.

3.3 Frequency of visit by the respondents

Special attention was given by MS clinic level staff to mobilize service recipients who have multiple visits for the FGDs and in-depth interviews. The study participants were found quite familiar with MS clinic environment. On an average they paid about 5 visits to the clinic. It is interesting that average visit paid by male clients (4.95) is even more than female (4.09). This is mainly because of the visits made by adolescents' boys. The study also captured the number of visits in last six months, which was found 2.13 on average per client. A detail table is presented in the annex-II.

3.4 Accessibility of MS services

3.4.1 Source of information about MS service

Source of information about MS is one of the key issues particularly how the clients knew about MS and its services. Both during FGD and in-depth interviews service recipients were asked the source of information about MS. About one third of the service recipients mentioned that they were informed about MS through the community people and neighbours The next information source about clinic services was relatives (22.22%), television advertisement (18.06%), friends and (16.67%), other service centre & persons (12.5%), clinic staff staying in the locality (8.33%) and leaflet-signboard-other related sources (5.56%). Some of the adolescents are aware about MS clinic through their peer.

One adolescent of Tongi area expressed as *I learned about this clinic initially from my friend who eventually became my peer.*

The issue was discussed during FGDs, which also confirmed the in-depth interview findings Following are the quotes received from FGDs presented according to the highest number of responses.

Matrix-1: Quotes from FGDs about how respondents knew about MS

Male	Female	Adolescents
▪ During discussion with MS staff ▪ From television and advertisements ▪ From the community people ▪ From local drug stores	▪ From neighbour ▪ From relatives/friends ▪ From television and advertisements ▪ From community people ▪ From husbands	▪ From Friends/peer ▪ From MS staff ▪ From community people ▪ From Health worker and doctors

The study also attempted to know the knowledge level of respondent about clinic services. It was found that almost every respondent (100%) partially or fully knew about the clinic services. Most of the respondents (69%) claimed that the clinic mainly provided family planning services and services concerning child health care and pathological test (5.56%). The responses are summarized in the following table.

Table -3: MS services as recalled by the respondents

SL	Name of Services	% of responses
1	Family planning	69.44
2	Reproductive health	54.17
3	Antenatal and postnatal care	45.83
4	Vaccination	38.89
5	General disease	16.67
6	Information and suggestion	9.72
7	Child health care	5.56
8	Primary blood test and checkups	5.56

3.4.2 Suitability of clinic timing to the clients

Timing is an important issue for any service-providing outlet. The issue of when clinics are accessible to clients interrelates two factors of clinic hours: when they are open and whether there are special hours for serving different category clients. Regarding the clinic timing most of the respondents expressed that the present timing is fine with them and they find it convenient to attend the clinic. However, the jobholders' showed their reservation about the present timing. They expect clinic should remain open in two shifts – morning (9 am-12 pm) and evening (3 pm-10 pm) including Fridays. The students also expressed similar type of opinion. Majority of adolescents preferred clinics to remain open from afternoon to evening. They also preferred to attend the clinic on normal clinic days rather than special days and hours. Housewives prefer morning hours.

3.4.3 Suitability of clinic location

Convenience of location of MS clinic is important factor to the clients. Almost all the respondents expressed their satisfaction about the location of the clinic. The clinic is within 1 to 3 kilometer radius from the respondents' home. They require 10 to 30 minute walk-time to reach the clinic. Majority (75 percent) of the females and males responded that they can easily reach the while rest 25 percent differs to the opinion. 71 percent females and 59 percent males opined that the distance of the clinic should be less than one kilometer.

Irrespective of respondents' type, majority of study participants expressed that MS clinics are located at well-communicated place of the town. Low cost transport like Bus and Tempo services are available in Chittagong and Tongi areas. Very few of the female respondents opined that clinic should be at clam and quite place not on the main road. Many of the respondents expressed that there should be enough signs and

directions (bill-boards, signboards, direction signs at the important town points) near the location of the clinic.

Although location of the clinic is found to be within the reach of majority of the respondents, but during FGDs with adolescent it was revealed that some of them had difficulty traveling very far away. Sometimes travel time and conveyance are not favorable to them. One of the male adolescent participants at the FGD said, "*My father does not give me money for transport to visit clinic, it is difficult for me to visit. It will be better if clinic is within our locality".*

3.4.4 Service charge of MS

Cost for services for the clients should be affordable, if cost is too high they constitute a barrier to avail MS clinic services for the clients. Results of the study indicate that, more than 93% of the service recipients expressed the service cost is affordable while only 7 % expressed the cost is high – not within the reach of poor people. Some of the adolescents mentioned economic inability as their barrier for accessing services even if it is Taka 10.00 per visits.

Matrix-2: Comments of FGD participants about MS service cost

Type of respondents	Majors comments about existing service cost
Male	▪ Clinic is providing service at lower cost compared to other private clinics in the town ▪ Good incentives are given for Vasectomy service ▪ Service is even affordable for poor class of people
Female	▪ Quality of service is far better than private clinics. Moreover it is less expensive here. ▪ Charge for MR, D&C and anti-natal cares could have been less ▪ Service cost is less as we see more and more middleclass females are accessing MS services
Adolescents	▪ Taka ten during first visit, afterwards Taka five per visit. The rate is affordable for most of us. ▪ The clinic also provides us necessary medicines without charging for it.

The study team discussed the FGD findings with respective clinic staff to obtain their reaction. Most of the staff members expressed that MS clinic should remain open in holidays to a limited extent but with alternative arrangement. They also opined that clinic may also serve in two shifts to cater the need of different category of clients.

Policy Implication:
- TV, Radio and other mass media can be used for addressing mass population
- Community awareness is an important factor to programmatic success and sustainability.
- Location of the clinic should be within the reach of target population, convenient hours and affordable fees should be fixed instead of free service

3.5 Comfort ness of the Clients

3.5.1 Environment of the clinic

Environment is always an important considerable matter especially for health service centre. Good environment is needed to attract, serve and retain for service recipients as well as to gain their confidence. The study attempted to find the present environmental situation of MS services. From in-depth interview and FGDs it was found that the clinics have open space and are well decorated with picture & posters. The behaviour of staff and doctors were nice, pleasant and they were familiar with the respondent. Overall the existing environment was reported to be clean, soundless and peaceful that is attractive for service recipients. The FGD participants mentioned the following attributes of MS clinics that ensures client friendly environments.

- Cleanliness
- Pleasant reception
- Peaceful, clean and quite
- Organized & disciplined
- Friendliness of staff
- Well decorated
- Attractive and adequate waiting space
- Well ventilated space
- Provision for water and generator during power failure

During in-depth interview it was found that 88% of the respondents are very happy with the attitude and manner of MS clinic receptions. They mentioned that the process is simple, quick and systematic. Token system maintains discipline. The friendly behaviour of the medical personnel particularly doctors were very much appreciated by the respondents.

An Adolescent girl program participant

Khodeja Akther (16) studies in a high school of Tongi. Her father is a driver and her mother is a housewife. From thirteen years of age she had been suffering from menstruation problems and was gradually losing weight due to it. But because of her shyness, she was unable to contact a doctor. One day she heard that MS clinic has good services for adolescents. When she came to check it out, she found the doctors and the counselors to be very friendly. Their friendly behaviour enabled her to penetrate the wall of shyness and help her solve problems. She also received free medicines and plenty of health-related information. She expressed her deep satisfaction over MS clinic of Tongi.

3.5.2 Waiting time and place

About the waiting time, male respondents expressed that the time should not be more than 10-15 minutes while female and adolescents are ready to wait 30-45 minutes. However, as there exists a very systematic procedure of attending patients, clients seemed to have less concern about waiting time even if it is beyond one hour.

With regard to waiting place, the respondents seemed to be happy with the arrangements provided by the MS. They particularly praised for TV facility, which makes them feel comfortable if the waiting time is even longer. In some places, male clients were not very happy with seating arrangements. They mentioned that some

places lack adequate chairs or seating facilities. In some places, male clients reported that the waiting room for them is not enough specious.

Although MS clinic sites have separate arrangements for male and female, still some of the adolescent (specially male adolescent) opined that they prefer to have separate seating arrangement from adults. In totality, 81% of the study participants are very satisfied with the seating arrangements while 21 % are moderately satisfied. None of the respondents was found unsatisfied with the present seating arrangement. One of the FGD participants from Rajshahi area expressed, as "*the quality of service and the staff behaviour is so satisfactory that I do not mind waiting here even without a seat in the waiting room*."

3.5.3 Reception at the Clinic

Reception is an important factor to attract client and gain their initial confidence of health service delivery point. The study found that 88% of all types of respondent was satisfied about present reception arrangement. They all mentioned that patients are received in the clinic with smile and the staff members give proper attention. However, male and male adolescents prefer a bit more privacy during registration in the reception.

A female service recipient

Moriam Begum a thirty-five years old housewife of Halishahar, Chittagong, had a bad impression about private reproductive health clinic environment. But her ideas changed almost instantly after visiting MS clinic. She was really amazed by the discipline, cleanliness, and low costs of service and good behaviors of the staff. She expressed her comments - " the behaviors of the doctors and other staffs are very pleasing. I could discuss health-related issues freely with them." She re-visited the clinic with her daughter, who had menstruation problems. Her daughter improved a lot with the suggestion of the doctors.

3.5.4 Behaviour of support staff and service Providers

People receiving reproductive health services are particularly sensitive to provider's attitude. Research indicates that the single most important barrier to care relates to providers' attitudes. In our societies, particularly the young people are not encouraged to seek care if they encounter providers whose attitudes convey that youth should not be seeking sexual and reproductive health services.

Respondents under the current study, irrespective of type have expressed their satisfaction over the attitude and behavior of clinic support staff and technical service providers.

One Shahnaj Begum (16) of Norshingdi area expressed as "*Girls of our age are ignored when we visit other clinics but here the situation is different. Initially Counselor advised me in a very friendly manner and about the doctor – she is excellent – listen my entire problem attentively - explains me the consequences and give me detail advice and treatments*". The matrix below depicts some major comments of the respondents about staff behaviour.

Matrix-3: Major comments of the service recipients received during FGD about staff

Respondent	Service Providers	Support Staff
Female	▪ Friendly behaviour ▪ Listen attentively ▪ Inadequate number of doctors ▪ Need specialist doctors for child care	▪ Understands problem and guide us properly ▪ They show right attitude and provide us necessary support
Male	▪ They feel comfortable to visit the clinic with any kind of physical problem ▪ Doctors room is separated from other place – it helps keeping confidentiality ▪ Doctors are very cordial and friendly ▪ Friendly behaviour and maintain privacy	▪ Polite and friendly ▪ Systematic and maintains serial ▪ Support should have skill on management
Adolescent	▪ Friendly counsellors and doctors ▪ Gives us sufficient time ▪ Provides us medicine at free of cost ▪ They never show annoyance ▪ Providers give due importance and special honor ▪ Providers reduce our tension	▪ Reception sometime give less attention to us when there are many adult patients ▪ They still require training to handle new clients

The above matrix indicates that by and large service recipients are happy with behaviour of clinic staff. Although some of them, particularly the adolescents seemed not very happy with support staff behaviour. One Syeda Jahan (32) of Chittagong area expressed as "*I come here because things move here very systematically and above all the behaviour of the doctor and others staff is very pleasing".*

Policy Implication

- Discipline and cleanliness contribute to gain confidence of the service recipients
- Positive attitude of the service recipients towards MS staff needs to be retained. Therefore staff orientation and development should be an integral part of MS system
- Colorful, attractive books and posters containing RH messages should be developed to attract clients

3.6 Service Quality

3.6.1 Rating about quality of service

Quality of service is very crucial for a sustainable health service delivery point. Quality is again a relative term but in this study quality is judged with expectation of

service recipients while cost was considered as an important element. The clients rated quality in terms of providers' competency satisfactory and acceptable. In totality, 98% respondents are satisfied with the quality of service provided by the clinic. This was particularly meant for reproductive health services. While asked about what are the attributes for MS quality service, the respondents mentioned the following:

- Treated very carefully
- Easily reachable
- Cost effective
- Value for money
- Clean environment
- Quality doctors having hands on experience provide Service
- Problem can be discussed here freely
- Right medicine are supplied by the clinic under adolescents program
- Clinic is very organized and disciplined
- Family Planning services like vasectomy and Tubactomy are done very efficiently
- Doctors explains the problem and give suggestions in a friendly manner
- Timeliness is maintained
- Good quality – this why we are coming repeatedly

Category wise male service recipients seemed to be happier about the service quality – particularly the vasectomy clients. One reason could be – there is an incentive associated with the package. Adolescents expressed that they not only get solution of their immediate problem but also get directions for future anticipated problems. They find health education and counseling is beneficial for the community.

An Adolescent boy program participant

Shabuj Zaman (18) is a resident of Aaricpur, Tongi. His father is a small businessman, and so is often unable to fulfill family needs. Shabuj had been suffering form a pain in his belly. But due to his economic hardship, he went to a quack doctor. It is obvious that the situation just got worse. One day, he heard from one of his friends about MS clinic. His parents agreed to take him there as it only costs Tk. 10. When Shabuj visited the clinic, he was surprised to receive very friendly behaviors from the staff and the doctors. The doctor listened to his problems patiently, gave him advice and also gave some free medicines from the clinic. The decorations of the clinic made Shabuj feel at home and the magazines and the television attracted him. Shabuj recovered fully under the treatment of the doctors and later influenced other friends with similar problems to visit this clinic.

3.7 Expectation of the service recipients to MS

The study captured the expectations of the service recipients expressed during FGDs and in-depth interviews. By and large, they all are recommendations for extension of MS service facilities by the service recipients. They are presented below:

Introduce investigation facilities: Common laboratory (Pathological tests), X-ray etc are not done in MS clinics. Clients mentioned that they often referred outside to have simple blood and urine tests done. Clients' expectation is that all RH related investigations should be available in the MS clinics. It will improve the quality of

service as well. Some of the female recipients wanted to have safe delivery facilities in the clinics including operation facilities.

***Increase number of doctors*:** There has been found a common complain from the service recipients particularly from the female that number of doctors are not adequate in the clinic. Whenever doctors are required for specialized services like MR and D&C etc, general RH patients require waiting for long. Furthermore, there are expectations from clients that MS clinic should have child specialists to treat children particularly the new borns. Adolescents also preferred to have fulltime doctors rather that part-time in special hours. In some cases, it was expressed by the service recipients that not only doctors, clinic does not have adequate number of technical staff.

Extend clinic hours: It was expressed both during FGDs and in-dept interview that clinic may remain open in two shifts to address the need of service holders during evening. Adolescents also want to enjoy clinic service in six days. Some of the respondents expect clinic should remain open during holidays for a certain period.

Arrange medicine at token cost for the poor: There was an expressed expectation particularly from the poorer section to have access to medicine with nominal cost. This type of expectation received mainly from the sites where adolescents program is running. Apart from this, some of the respondents expect MS should start community level awareness program on reproductive health through home visits and group discussion.

Policy Implication

- MS might think of bringing diversity in clinic hours to cater the needs of various occupational groups
- Targeting Male seemed to have grater impact in MS program dimensions
- Health education session could be arranged during waiting time

4 CONCLUSION

The study has captured the expectations of the service recipients on the one hand and the service providers on the other hand about quality SRH services. The in-depth interview and FGD findings clearly provide a pen picture of the look, physical setting, providers' competencies and attitudes that would ensure client satisfaction particularly for the economically and socially backward segment of the population.

FGD results have been well supported by the indepth-interview findings. These two sources of information have optimized the analysis and conclusion made in the report. Thus it is expected that the findings will provide significant insights and hands on road map toward further degree of clients' satisfaction