



CBA2I/Sayana Press - Client Satisfaction Assessment Tool

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Instructions:

1. Only interview clients of CBFP-trained VHTs
2. Interview past and current users of FP who have received services from the VHT.
3. Interviewer should note comments and areas for improvement on each question. If the FP service standard is met and no comments are given by the respondent, indicate N/A under comments, and tick "no" under areas for improvement. If additional comments are provided by the client, note them in the comments section. If the standard is not met, or deficiencies are reported, please describe under comments and tick "yes" under areas for improvement.
4. At the end of the survey, the interviewer should review the responses to the questions to ensure that **all questions have been completed** before ending the discussion.

Name of interviewer.....Name of Respondent/Client.....

Name of Sub CountyParish (for client).....Village.....

Date:..... Nearest Health Facility...

Age.....Sex..... VHT Name/Number: (if applicable)

Hello. My name is _____. I am here on behalf of WellShare International. As part of Advancing Partners & Communities, a USAID-funded project, we are conducting client satisfaction surveys for a project on Scaling-up Access to Community Based Family Planning Including Injectable Contraceptives and Sayana Press in Iganga Districts (5 sub-counties including Nambaale, Nakigo, Ibulanku, Makuutu, and Nawandala) and Kumi District (5 sub-counties including Nyeo, Kanyum, Kumi, Ongino and Mukongoro). The findings shall help us continuously improve community-based family planning services offered by VHTs to clients.

YES..... NO.....

THANK YOU

Respondent Signature: _____ Date: _____



Section 1: DEMOGRAPHICS

Interviewer say: *First I would like to ask you some general questions.*

1	Interviewer: Note sex of respondent	Male.....1 Female.....2	
2	How old were you on your last birthday?	_____ years old Don't know.....99	
3	What is your marital status?	Single/never married.....1 Married2 Living w/ partner, not married3 Separated/divorced.....4 Widowed.....5 Other (specify)_____ 98	
4	What is the highest level of education you have completed? Primary completion is up to P7	Less than primary1 Primary.....2 Secondary (O Level)3 Secondary (A Level)4 University/Tertiary5 Vocational.....6 None7 Other (specify)_____ 98	
5	How many living biological children do you have?	_____ (write '0' if none)	



Topic	Question	Response	Notes and Areas for Improvement/comments
8a	Who chose the FP method that you are using now?	Myself.....1 My husband/partner.....2 My in-laws/parents.....3 Others (specify):_____ 98	Area for Improvement: ___Yes ___No
8b	If you did not choose your FP method yourself, would you prefer to have made the choice yourself?	Yes.....1 No.....2	
8c	If you could not make a choice, did your not being able to choose a FP method on your own affect your satisfaction with the program?	Yes.....1 No.....2	
9a	Where did you most recently access the FP method you are currently using? (Tick whichever applies—One response only)	Government Health Facility.....1 Private Health Facility.....2 VHTs.....3 Outreach.....4 Other (Specify): _____ 98	
9b	If Facility, note the name of the facility If outreach, note who provided services (CORP, Health Worker, Other)	_____ _____	
10a	What are your reasons for choosing this method? (Do not read out responses. CIRCLE ALL THAT APPLY)	Only one available1 Easy to use-.....2 Health worker recommendation.....3 Has less side effects.....4 Partner chose for me.....5 Can be hidden from partner/spouse.....6 Other specify _____	Area for Improvement: ___Yes ___No



Topic	Question	Response	Notes and Areas for Improvement/comments
I 0b	Did you ask the Health Worker about other FP methods?	Yes.....1 No.....2	
I 1a	What other FP methods did the Health Worker tell you about? (Tick whichever applies; multiple responses possible)	IUD.....1 Intramuscular (Depo) Injection.....2 Uniject Subcutaneous (Sayana Press) Injection....3 Implant/Norplant.....4 Sterilization.....5 Male Condom.....6 Female Condom.....7 Moon Beads.....8 Standard Days Method.....9 Lactational Amenorrhea Method.....10 Oral contraceptive (pill).....11 Emergency Contraceptive.....12 Other (specify)_____ 98	Area for Improvement: ___Yes ___No All Skip to 12A
I 1b	If you are currently not using any family planning method, what are the reasons for not using it	I am/ I want to become pregnant1 Medical reasons2 Services/method not available3 Other4 Specify_____	



Topic	Question	Response	Notes and Areas for Improvement/comments
	I2a Did you have any questions or concerns about FP when you visited the Health Worker? If yes, list concerns:	Yes.....1 No.....2	Area for Improvement: ___Yes ___No
	I2b Did you feel comfortable asking your questions or expressing your concerns? If no, why not? (Write response)	Yes.....1 No.....2	
	I3 Did the Health Worker make you feel that it was all right to ask questions and express your concerns?	Yes.....1 No.....2	Area for Improvement: ___Yes ___No
	I4a Did the Health Worker adequately answer your questions and concerns?	Yes.....1 No.....2	If yes Skip to 15. Area for Improvement: ___Yes ___No
	I4b If no, did the Health Worker refer you to another provider?	Yes.....1 No.....2	



Topic	Question	Response	Notes and Areas for Improvement/comments
	15 Would you complain or tell your Health Worker if you were unhappy with the services? If no, probe why:	Yes.....1 No.....2	Area for Improvement: ___Yes ___No
Knowledge of Potential Side Effects and Informed Choice	16 Did the Health Worker tell you information about the method you selected (risks/benefits, side effects, how to use the method, procedures, and conditions that made method inadvisable)?	Yes.....1 No.....2	Area for Improvement: ___Yes ___No
	17 Did the Health Worker explain what to do if you experience side effects?	Yes.....1 No.....2	Area for Improvement: ___Yes ___No
	18a Do you feel that you received all of the information necessary to make a decision about your FP needs?	Yes.....1 No.....2	If yes SKIP to 18c. Area for Improvement: ___Yes ___No
	18b If No, probe: What other information would you have wanted to know? Indicate response at right.		
	18c How much did the information you received further help you to make a decision?	It further helped a lot.....1 It further helped some.....2 It further helped a little.....3 It did not further help me.....4	



Topic	Question	Response	Notes and Areas for Improvement/comments
	18d Did the information you received affect your initial Family Planning choice?	Yes.....1 No.....2	
Referrals	19a If the Health Worker was not able to provide you with the method you selected, were you referred to another FP provider? (VERIFY RESPONSE TO Q9a) If Yes, mention place referred to:	Yes.....1 No.....2 Not applicable.....3	If no skip to Q19c If not applicable, skip to 20 Area for Improvement: ___Yes ___No
	19b If yes, did you receive the service you were referred to?	Yes.....1 No.....2	
	19c If No, why? Indicate response at right.		
Coercion	20a Did you feel any pressure from anyone to use FP, or to use a particular method?	Yes.....1 No.....2	If NO, Skip to Q21a
	20b If yes, who pressured you?	Husband/Partner.....1 Family.....2 Health Worker.....3 Other (specify)_____ 98	
	20c How did you feel pressured? Indicate response at right.		
	21a Did someone give you anything in exchange for using FP or using a particular method (i.e., food, money, gift, access to a particular program)?	Yes.....1 No.....2	If No, Skip to Q22a



Topic	Question	Response	Notes and Areas for Improvement/comments
	21b If yes , what? And please describe how much or how many.		Area for Improvement: ___ Yes ___ No
Supplies	22a In the past 6 months, has the VHT always been able to resupply your method of choice?	Yes.....1 No.....2	If Yes, skip to Q23
	22b If no , what reason did s/he give you?		Area for Improvement: ___ Yes ___ No
	22c If no , how many times did this happen In the last 6 months?		
	22d If no , what was the solution?		
Waste Management	23 Are you using Injectable Contraceptives?	Yes.....1 No.....2	If No, skip to Q26.
	24 The last time you received an injection, did you notice the VHT dispose of the needle and syringe?	Yes.....1 No.....2	If No, skip to Q26



Topic	Question	Response	Notes and Areas for Improvement/comments
	25 Did the VHT dispose of the needle and syringe in a sharps container (special Safety box for containing needles)?	Yes.....1 No.....2	Area for Improvement: ___Yes ___No
Overall Satisfaction	26 On a scale of 1-4 (1 being poor, 2 being fair, 3 being good and 4 being excellent), how would you rate your overall satisfaction with the comprehensive family planning services you received from your most recent visit with the VHT. Please briefly explain the reasons for your rating (interviewer to note):	Poor.....1 Fair.....2 Good.....3 Excellent.....4	Area for Improvement: ___Yes ___No
Attitude	27 How have your opinions about family planning changed in the past year?		
Enabling Factors	28 What are the three most important reasons/factors that enable you or others like you to obtain family planning?		



Topic		Question	Response	Notes and Areas for Improvement/comments
Barriers	29	What are the barriers that prevent you or others like you from being able to obtain family planning services?		
	30	Is there anything else important about the family planning services in your community that you want to add?		

THANK THE RESPONDENT.