
National Client Satisfaction Survey: Healthcare Services at Public Health Facilities in Cambodia

Baseline Report for Ministry of Health

Prepared by



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Contents

List of Acronyms	7
Executive Summary	8
Background & Objectives	8
Methodology	8
Key Facts	8
Priority Improvements - Snapshot.....	10
Background and Objectives	12
Methodology	13
Sample	13
Sample structure	13
Sample profile	14
Target sample	15
Data collection.....	15
Client Satisfaction Survey Tools (CSST).....	16
Weighting procedure for satisfaction index	16
Percentage of dissatisfaction	17
Limitations of the study.....	17
1. National Overview.....	21
Satisfaction	21
Dissatisfaction	22
General trends.....	22
2. Analysis by Health Facility Type	24
Overall Quality of Service	24
Satisfaction	24
Dissatisfaction	25
Health Centres.....	25
Health centre performance/importance analysis	27
Referral Hospitals.....	28
Referral hospital performance/importance analysis	30
National Hospitals.....	30
National hospital performance/importance analysis	31
Health Facilities - Key Facts and Priority Improvements.....	32
Health centres	32
Referral hospitals.....	32
National hospitals.....	33
3. Analysis by Province	35



Overall Situation	35
Large Provinces (over one million inhabitants).....	35
1. National hospitals (Phnom Penh).....	35
Main improvement areas	36
2. Kampong Cham.....	37
Main improvement areas	37
3. Kandal	38
Main improvement areas	39
4. Battambang.....	40
Main improvement areas	40
5. Siem Reap.....	41
Main improvement areas	41
Medium Provinces	42
6. Prey Veng	42
Main improvement areas	43
7. Takeo.....	43
Main improvement areas	44
8. Kampong Speu	45
Main improvement areas	45
9. Banteay MeanChey	46
Main improvement areas	47
10. Kampong Thom.....	47
Main improvement areas	48
11. Kampot	49
Main improvement areas	49
12. Kampong Chhnang.....	50
Main improvement areas	51
13. Svay Rieng	51
Main improvement areas	52
Small Provinces.....	52
14. Pursat	52
Main improvement areas	53
15. Kratie	54
Main improvement areas	54
16. Sihanoukville.....	55
Main improvement areas	55
17. Oddar MeanChey	56



Main improvement areas	57
18. Preah Vihear	57
Main improvement areas	58
19. Ratanak Kiri	58
Main improvement areas	59
20. Koh Kong	60
Main improvement areas	60
21. Stung Treng	61
Main improvement areas	61
22. Pailin.....	62
Main improvement areas	63
23. Mondul Kiri.....	63
Main improvement areas	64
24. Kep	64
Main improvement areas	65
Provinces - Key Facts and Priority Improvements	66
Large provinces (over one million inhabitants)	66
Priority improvements	66
Medium provinces (500,000 – 1,000,000 inhabitants).....	66
Priority improvements.....	66
Small provinces (less than 500,000 inhabitants).....	67
Priority improvements.....	67
4. Conclusion and Recommendations.....	70
Snapshot	70
Nationwide	70
Priority Improvements	70
Key Facts.....	71
Recommendations.....	72
Appendix 1 – Questionnaire	73

List of Tables - Figures - Maps

• Map 1 – Priority Improvement Provinces	8
• Table 1 – Sample structure	12
• Table 2 – Detailed sample by province	13
• Figure 1– National satisfaction index and dissatisfaction percentage	20
• Figure 2 – Satisfaction index by type of health provider	23
• Figure 3 – Dissatisfaction by type of health provider	24
• Figure 4.1 – Satisfaction and dissatisfaction with health centres	25
• Table 3 – Issues spontaneously mentioned by health centre patients	25
• Figure 5.1 – Health centre priority improvements	27
• Figure 4.2 – Satisfaction and dissatisfaction with referral hospitals	28
• Table 4 – Issues spontaneously mentioned by referral hospital patients	28
• Figure 5.2 – Referral hospital priority improvements	29
• Figure 4.3 – Satisfaction and dissatisfaction with national hospitals	30
• Figure 5.3 – National hospital priority improvements	31
• Figure 8– Province satisfaction index	34
• Figure 9 – Satisfaction Index of National Hospital in Phnom Penh	35
• Figure 10 – Satisfaction Index of Kampong Cham	36
• Figure 11 – Satisfaction Index of Kandal	37
• Figure 12 – Satisfaction Index of Battambang	39
• Figure 13 – Satisfaction Index of Siem Reap	40
• Figure 14 – Satisfaction Index of Prey Veng	41
• Figure 15 – Satisfaction Index of Takeo	42
• Figure 16 – Satisfaction Index of Kampong Speu	44
• Figure 17 – Satisfaction Index of Banteay MeanChey	45
• Figure 18 – Satisfaction Index of Kampong Thom	46
• Figure 19 – Satisfaction Index of Kampot	48
• Figure 20 – Satisfaction Index of Kampong Chhnang	49
• Figure 21 – Satisfaction Index of Svay Rieng	50
• Figure 22 – Satisfaction Index of Pursat	51
• Figure 23 – Satisfaction Index of Kratie	52
• Figure 24 – Satisfaction Index of Sihanoukville	54
• Figure 25 – Satisfaction Index of Oddar MeanChey	55
• Figure 26 – Satisfaction Index of Preah Vihear	56
• Figure 27 – Satisfaction Index of Ratanak Kiri	57
• Figure 28 – Satisfaction Index of Koh Kong	59
• Figure 29 – Satisfaction Index of Stung Treng	60
• Figure 30 – Satisfaction Index of Pailin	61



• Figure 31 – Satisfaction Index of Mondul Kiri	62
• Figure 32 – Satisfaction Index of Kep	63
• Map 1 – Priority Improvement Provinces	66

List of Acronyms

- CSS Client Satisfaction Survey
- CSST Client Satisfaction Survey Tool
- GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit
- HC Health centre
- KPI Key Performance Index
- MOH Ministry of Health
- NH National hospital
- PBCI Provider Behaviour Change Intervention
- RH Referral hospital
- SUBO Subsidy operator
- VHSG Village health support group

Executive Summary

Background & Objectives

In 2011, Cambodia had 1,094 public healthcare facilities: 1,004 health centres and 82 referral hospitals across 23 provinces, and eight national hospitals in Phnom Penh.

In addition to its health facility assessments, in 2011 the Cambodian Ministry of Health (MOH) conducted the Client Satisfaction Survey (CSS) to measure patients' (clients') perceptions of public healthcare providers. The GIZ Social Health Protection Programme supported this survey on behalf of MOH.

The overall objective of the CSS was to collect baseline information on client satisfaction with health services in four key areas –process of care, facilities, communication and cost –by using the Client Satisfaction Survey Tool (CSST) developed by MOH. The results of the study help MOH to better understand the factors involved in client satisfaction with public health services, and to further improve services accordingly.

More precisely, the objectives of the survey were:

1. To measure client satisfaction with public health services at the national and provincial level,
2. To identify service gaps at public hospitals and health centres,
3. To provide recommendations for priority improvements to MOH.

This report outlines the results of the baseline survey conducted from December, 2011 to January, 2012.

Methodology

The CSS was conducted across all 23 provinces in Cambodia by interviewing 3,723 patients from 100 different public health facilities:

- Three national hospitals in Phnom Penh (eight total),
- 29 referral hospitals (82 total),
- 68 health centres (1,004 total).

This sample of 100 public health facilities provided a nationally representative assessment of client satisfaction with public health services in Cambodia.

The questionnaire was created using the MOH's CSST. Interviews were conducted at patients' homes, or directly at the hospital (for all national hospitals and some referral hospitals).

Key Facts

The National Satisfaction Index was 86, meaning that the majority of clients were satisfied with the services received at the public health facility. However clients expressed dissatisfaction in several areas, including: inattentiveness of health facility staff, unavailability of staff at night, unclean facilities, and poor communication on illness diagnosis and prevention.

**Priority Improvements - Snapshot**

Health Facility	Priority	Action
1. Referral Hospitals	Very high	<ul style="list-style-type: none">- Upgrade customer care- Improve communication on illness diagnosis and prevention- Improve cleanliness of rooms & toilets
2. National Hospitals	Lower	<ul style="list-style-type: none">- Lower cost- Increase accessibility of staff at night- Improve communication on illness diagnosis and prevention- Improve cleanliness of toilets
3. Health Centres	Lower	<ul style="list-style-type: none">- Improve communication- Increase attention from doctors/staff- Examine the provision of drugs- Improve cleanliness of toilets
4. Health Facilities in Kandal and Four Medium Provinces	High	<ul style="list-style-type: none">- Entire process needs attention
5. Health Facilities in Three Small Provinces	High	<ul style="list-style-type: none">- Entire process needs attention



Background and Objectives Methodology and Model of Analysis

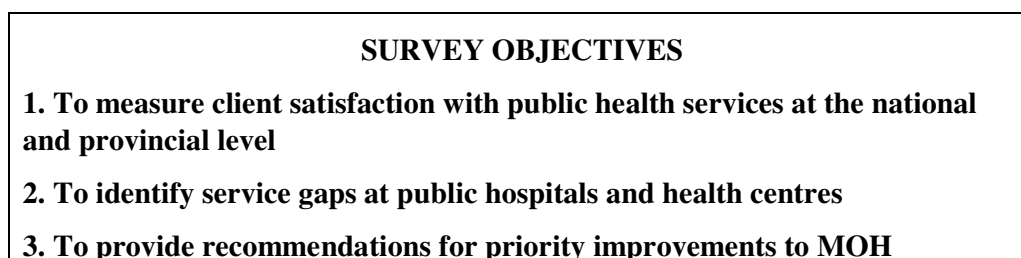
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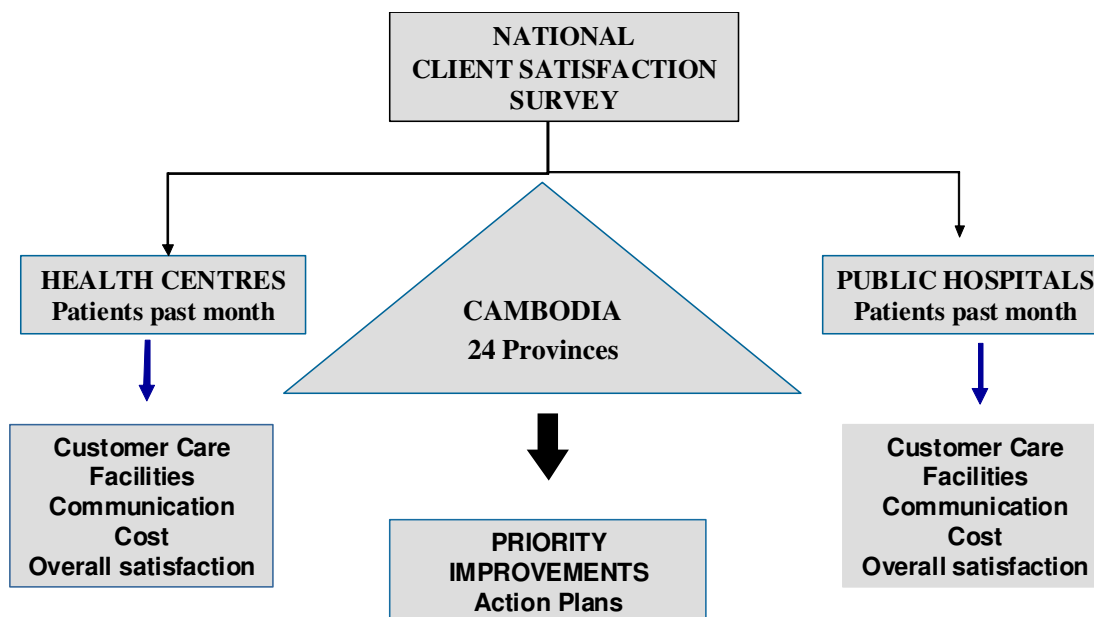
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More precisely, the objectives of the survey were as follows:



This report outlines the results of the baseline survey conducted from December, 2011 to January, 2012.



Methodology

Sample

The sample was designed to be representative of the target population at both the national and provincial level.

Disproportionate sampling has been applied to allocate a sufficient sample to both small and large provinces. As the sampling errors are dependent on the sample size by province, a proportionate sample would have given different levels of accuracy for each province, limiting the reliability of data in small provinces, and therefore the comparability of the data across provinces. For this reason, a minimum sample size has been allocated to each province rather than distributing the sample fully proportionate to the population by province.

More precisely, the number of public hospitals and health centres was selected based on the population size of each province. The sample was then balanced; a minimum sample size was allocated to the smaller provinces (104) and a maximum sample size to the larger provinces (348), in order to get reliable and comparable data across all 23 provinces. The result was a disproportionate sample, but larger provinces were still represented by a larger sample.

Sample structure

The final sample was composed of 100 health facilities: 68 health centres (from a total of 1,004, 7% sampling rate), 29 referral hospitals (from a total of 82, 35% sampling rate) and three national hospitals (from a total of eight, 38% sampling rate).

The 100 health facilities were evaluated by 3,723 face-to-face interviews: 2,386 in health centres (35 per HC), 1,074 in referral hospitals (37 per RH), and 263 in national hospitals (88 per NH). The sample is representative of the patient population at the national level, as well as each of the 23 provinces of Cambodia.

Table 1: Sample structure

		Universe	Sample Size	Sample Rate
Health Facilities	National Hospital	8	3	38%
	Referral Hospital	82	29	35%
	Health Centre	1,004	68	7%
	Total	1,094	100	9%
Population	National Hospital	-	263	88/NH
	Referral Hospital	-	1,074	37/RH
	Health Centre	-	2,386	35/HC
	Total	14.5 Million	3,723	-
Provinces	Total	23	Min 104 / Max 357	-



Table 2: Detailed sample by province

PROVINCE	UNIVERSE					SAMPLE							SAMPLE PROPORTION	
	Population		Health Care Providers			Health Care Providers			Patients				Providers	Pop
	Projection 2011		MOH Database											
	000	%	NH	RH	HC	NH	RH	HC	NH	RH	HC	Total		
1 Banteay Meanchey	746	5%		5	55		1	3		37	105	142	4%	5%
2 Battambang	1,126	8%		4	76		1	5		37	179	216	6%	8%
3 Kampong Cham	1,745	12%		12	140		4	6		148	209	357	10%	12%
4 Kampong Chhnang	513	4%		3	38		1	3		38	107	145	4%	4%
5 Kampong Speu	768	5%		3	50		1	3		37	106	143	4%	5%
6 Kongpong Thom	669	5%		3	50		1	3		37	105	142	4%	5%
7 Kampot	613	4%		5	50		1	3		37	103	140	4%	4%
8 Kandal	1,190	8%		6	86		2	6		72	205	277	7%	8%
9 Koh Kong	133	1%		2	12		1	2		37	70	107	3%	1%
10 Kratie	351	2%		3	24		1	2		37	70	107	3%	2%
11 Mondul Kiri	71	0%		1	9		1	2		37	70	107	3%	0%
12 Phnom Penh	1,745	12%	8	5	27	3	0	0	263	0	0	263	7%	12%
13 Preah Vihear	186	1%		1	18		1	2		37	71	108	3%	1%
14 Prey Veng	981	7%		7	91		2	4		74	140	214	6%	7%
15 Pursat	426	3%		2	32		1	2		38	71	109	3%	3%
16 Ratanak kiri	166	1%		2	10		1	2		37	70	107	3%	1%
17 Siem Reap	1,000	7%		4	76		1	4		37	140	177	5%	7%
18 Sihanoukville	247	2%		1	12		1	2		36	68	104	3%	2%
19 Stung Treng	123	1%		1	9		1	2		37	70	107	3%	1%
20 Svay Rieng	500	3%		3	38		1	3		37	108	145	4%	3%
21 Takeo	878	6%		5	72		2	3		75	107	182	5%	6%
22 Oddar Meanchey	219	2%		2	19		1	2		37	70	107	3%	2%
23 Kep	40	0%		1	4		1	2		37	70	107	3%	0%
24 Pailin	88	1%		1	6		1	2		38	72	110	3%	1%
24 Provinces	14,524	100%	8	82	1,004	3	29	68	263	1,074	2,386	3,723	100%	100%

NH: National Hospital
RH: Referral Hospital
HC: Health Center

Sampling rate
1083 10%

Sample profile

The sample of 3,723 clients of health facilities has the following characteristics:

Sample Profile		Total (n=3,723)	HC (n=2,386)	RH (n=1,074)	NH (n=263)
Sex	Male	29%	26%	29%	55%
	Female	71%	74%	71%	45%
Age	15-25	24%	24%	22%	29%
	26-30	19%	19%	19%	16%
	31-40	22%	24%	18%	18%
	41-50	15%	15%	17%	11%
	51+	20%	18%	24%	27%
Marital Status	Single	7%	5%	8%	19%
	Married	83%	86%	79%	73%
	Divorced/widowed	10%	9%	13%	8%
Education	< Primary	52%	54%	53%	40%
	Primary	10%	10%	10%	11%
	Lower secondary	30%	30%	30%	32%
	High school	6%	5%	6%	9%
	Some college +	2%	1%	-	8%
Chronic	No	79%	81%	74%	83%



	Yes	21%	19%	26%	17%
Payment Type	Insurance	4%	4%	3%	6%
	HEF	18%	13%	28%	13%
	Self-pay	67%	70%	60%	76%
	Exemption	11%	13%	9%	4%
Department Visited	General medicine	49%	49%	50%	41%
	Paediatrics	20%	24%	16%	1%
	Maternity	27%	27%	28%	26%
	Surgery	4%	-	5%	32%

Target sample

The target sample is composed of the patients who visited public health facilities within the last month. Respondents were selected from health facility registration books. Only respondents, who visited one of the four medical departments, as mentioned in the above table, were selected from health facility registration books.

Data collection

Respondents were selected from health facility registration books, and most interviews were conducted at the patients' homes. The project team approached each provincial health department with an introduction letter from MOH asking for their cooperation and support. In Phnom Penh, the project team was not allowed to conduct fieldwork at health centres and referral hospitals. After discussion with GIZ it was decided that surveying only the national hospitals in Phnom Penh would be acceptable, and these other facilities would be excluded from the survey.

The project team was thoroughly trained on the survey tools, methodology, and communication techniques to elicit appropriate feedback. Before conducting actual fieldwork with the respondents in the target sample, a pilot survey was conducted to ensure the fieldwork teams understood the survey tools and were well prepared for the survey.

The fieldwork was conducted from December, 2011, to January, 2012.

Fieldwork teams

	Supervisors	Interviewers	Quality Control Staff	Data Processing Staff	Total
Phnom Penh	6	24	5	5	30
Battambang	3	12	-	-	15
Siem Reap	3	12	-	-	15
Sihanoukville	3	12	-	-	15
Total	15	60	5	5	75



Client Satisfaction Survey Tools (CSST)

The questionnaires used for both hospital and health centre clients were the standard CSST questionnaires as developed by MOH (see Appendix 1).

The questionnaires covered five service components. Twenty different attributes of these components were included in the HC questionnaire, and 24 attributes were included in the hospital questionnaire. Attributes were evaluated by the respondents using a 4-point scale and yes/no questions.

Questionnaire design

Component	Description
Screening & profile	Respondent corresponds to target group and demographic
1. Customer care	Responsiveness, process of care, reliability
2. Facilities	Facilities and access
3. Communication	Explanation, diagnosis and prevention
4. Cost	Payment procedures and cost
Expectations	Overall satisfaction and recommendations
Issues & suggestions	Spontaneous reactions

Weighting procedure for satisfaction index

Weighting of the data was conducted according to the CSST to measure the satisfaction level of the patients towards health facilities, for each service component and overall.

Each point on the 4-point scale was weighted by a factor of 25. “Yes” responses were equal to 100 points, and “no” responses were equal to 25 points (see table below). “Don’t know” responses were excluded, meaning that the resulting “satisfaction index” does not take into account these responses.

Weighting procedure for CSST

Scale	Description	Factor
1	Very dissatisfied	25
2	Dissatisfied	50
3	Satisfied	75
4	Very Satisfied	100
DK	Don't Know	Excluded

Scale	Description	Factor
YES	Satisfied	100
NO	Dissatisfied	25
DK	Don't Know	Excluded



The satisfaction index is a calculated index measuring the degree of satisfaction among respondents. It is *not* equal to the percentage of respondents satisfied or dissatisfied with a facility or service.

The same index was used to calculate each level of the survey, for each process (average of the indexes by attribute), and for overall satisfaction (average of the indexes by process).

Satisfaction index calculation (example)

Scale	1. Scores	2. Factor	Index 1x2
1	2%	25	0.5
2	3%	50	1.5
3	70%	75	52.5
4	15%	100	15
DK	10%	Excluded	
Satisfaction Index			69.5

Scale	1. Scores	2. Factor	Index 1x2
YES	90%	100	90
NO	5%	25	1.25
DK	5%	Excluded	
Satisfaction Index			91.25

Percentage of dissatisfaction

The “percentage of dissatisfaction” is another parameter that was used in the analysis to identify issues in service quality at three levels: national, provincial and health facility type. This parameter was calculated by adding the percentage of people who answered “1” (“very unsatisfied”) and “2” (“somewhat unsatisfied”) for the scaled questions and “no” for themes/no questions. This represents the percentage of people who were not satisfied with the specific attribute.

Example:

Scale	Scores	% Dissatisfied
1	2%	5%
2	3%	
3	70%	
4	15%	
DK	10%	

Scale	Scores	% Dissatisfied
YES	90%	
NO	5%	5%
DK	5%	

Limitations of the study

During the fieldwork, the following obstacles were encountered with the patient lists provided by health facilities:

- The name in the list was the patient’s full name, used for formal documents. Because the use of nicknames is so common, other people in the village were often not aware of the person’s full name, making it hard to locate patients.
- The name in the list was the patient’s husband’s name. Because some wives think of the husband as the person responsible for the family, they record his name.

- The patient in the list moved.
- The patient in the list did not live within the catchment area of the referral hospital or health centre.

The main limitation of the analysis is that the satisfaction scores resulting from the MOH CSST are very high at the national (national satisfaction index of 86), provincial and health facility levels of the survey.

These high scores are due to three reasons:

1. Cambodian respondents tend to be too positive in their evaluation, a common cultural tendency observed in many studies. People are too nice when asked to rank something.
2. The type of scales used in the CSST questionnaire. Overall satisfaction was asked with a yes/no question, resulting in many yes answers. The most common method to measure satisfaction is with a five- or 11-point scale, allowing for a range of answers. The same issue applies for the four-point scale as well, where over 75% of the respondents chose a neutral position (number three, "somewhat satisfied"), but which was weighted as 75/100.
3. The weighting procedure applied in the CSST model and the absences of an independent variable for overall satisfaction in the final calculation (the overall satisfaction index is just an average of the process and attribute satisfaction indexes) reinforce the problem. Averages of averages tend to eliminate data differentiation.

Due to the above reasons, the overall satisfaction index score of 86 does not show significant differences across the 23 provinces; the range is scores is from 84 to 89, in the range of the statistical margin of 5%. Consequently, this index is not appropriate to rank the provinces and list priorities in terms of total satisfaction/quality by province.

As a conclusion, it is strongly recommend that MOH be very careful in the interpretation of these results, avoiding any misinterpretation. These important issues have been discussed and documented with GIZ since the beginning of the analysis process; however, these drawbacks were accepted with the decision to apply the CSST model.

Two actions were taken in this survey to reduce these artificially high satisfaction scores:

1. Analysis the dissatisfaction scores (1+2 and “no” responses) in the questionnaire rather than the satisfaction scores (3+4 and “yes”). If respondents are too nice, the satisfaction scores will be too high, but the dissatisfaction scores will certainly not be too high, and can be used for a reliable analysis. The sample size also allows for this type of analysis.
2. Use of a different parameter as key performance index(KPI). Conscious of this problem from the beginning, MSD added one question to the CSST questionnaire; asking the respondents if they would recommend the health centre or referral hospital to their family members or friends. But instead of a yes/no response, a 10-point scale was provided, allowing for a range of responses. The results of this exercise have not been included in this report, to avoid any confusion with the CSST. This analysis shows naturally high variations in satisfaction scores by province, and is available upon request.

Recommendations for future CSS are:

- Use a five- or 11-point scale, and use the same scale consistently for all attributes,
- Do not weight data. A satisfaction index is very abstract and difficult for people to comprehend,



- For satisfaction scores, use the sum of the highest two scores (percentage of 3+4) for a five-point scale, or the highest three scores (percentage of 8+9+10) for a 10-point scale,
- Use an independent variable as KPI, overall satisfaction or recommendations analysis. This is common in satisfaction surveys.



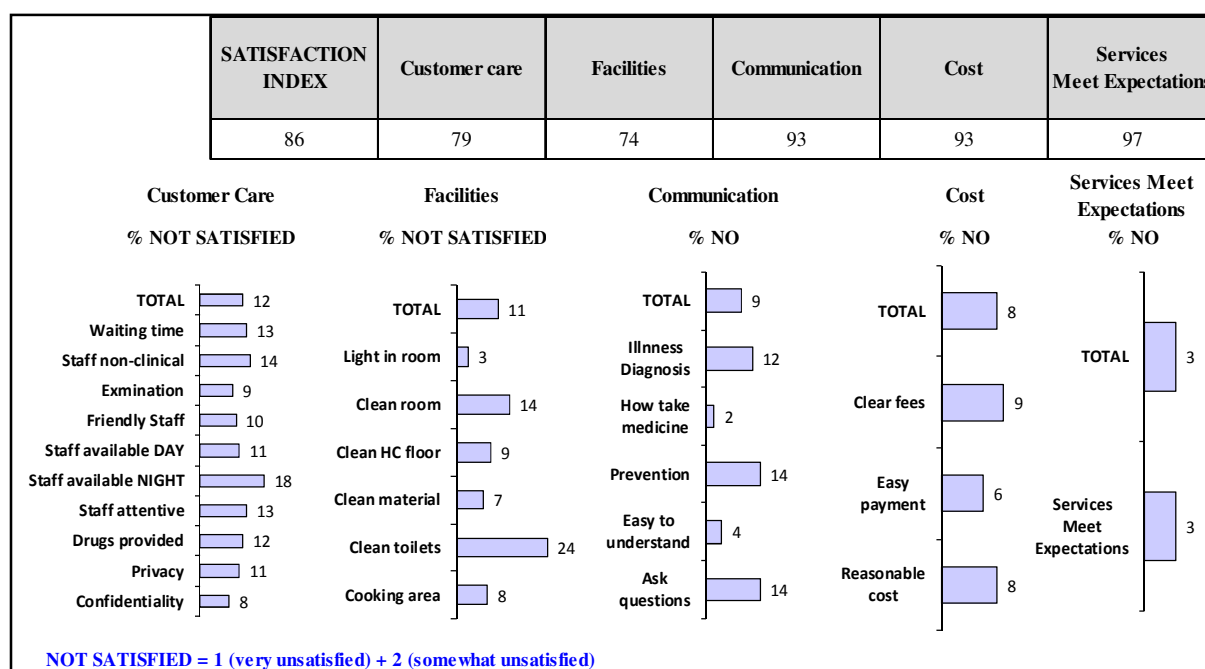
1. National Overview

1. National Overview

As an introduction to the detailed analysis by health provider and province in the following sections, Figure 1 provides a general overview of the satisfaction of patients towards public health services in Cambodia. These figures are only given as a benchmark for more detailed analysis in the coming chapters.

The detailed analysis by health provider showed that the main strengths for health centres were in providing customer service for a reasonable cost, while the main weaknesses area was communication on illness diagnosis and prevention. Customer care is the main improvement needed in referral hospitals, followed by staff communication and cleanliness. National hospitals offered the best services and communication, but cost was an obstacle for many patients. Please refer to the individual health centre, referral hospital and national hospital sections for detailed analysis.

Figure 1: National satisfaction index and dissatisfaction percentage summaries



Satisfaction

By using the satisfaction index weighting procedures, the overall satisfaction index for the country was calculated. Out of a total sample of 3,723 respondents nationwide, the majority expressed their satisfaction with public health services (overall score of 86), which means they were more than satisfied with the health services received. People were highly satisfied (over 90 points) with communication; and costs and facility services exceeded their expectations. Lower satisfaction scores were given for customer care (79 points), which is the most important process for patients, and also facilities (74 points).



Dissatisfaction

By calculating the dissatisfaction percentage, there are some components and attributes that need to be improved in health facilities nationwide:

- Customer care. This is the most important process for client satisfaction, but received the highest overall dissatisfaction percentage (12% dissatisfied). Respondents were particularly dissatisfied with staff service (attentiveness, availability at night, service of non-clinical staff) and waiting times.
- Facilities. Dissatisfaction here clearly focused on two items – the cleanliness of rooms and toilets.
- Communication. This process scored high on the satisfaction index, but improvements are needed in staff explanations of illness prevention, and providing patients the opportunity to ask questions. Explanations of illness diagnosis also need more attention.
- Cost was generally not an issue, with some exceptions –mainly the national hospitals.

General trends

These general trends at the national level –the need to prioritize customer care, cleanliness and communication –were reflected at each level of the analysis with different accents by type of health provider and by province, as shown in the following sections.



2. Analysis by Health Facility Type

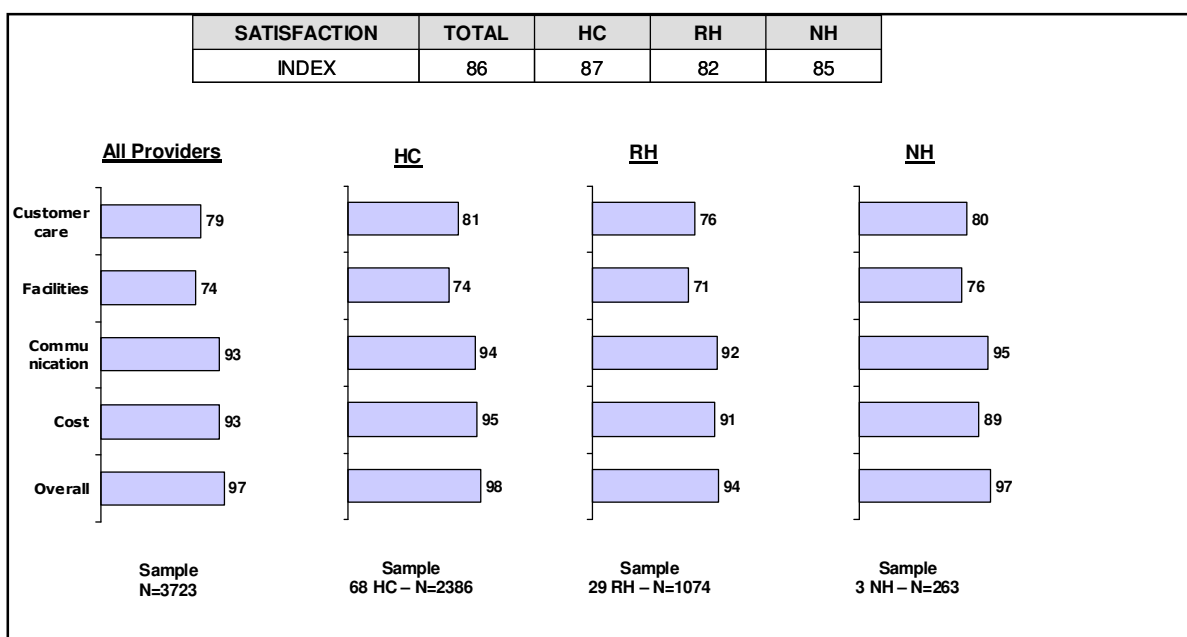
2. Analysis by Health Facility Type

Overall Quality of Service

Satisfaction

The majority of patients were satisfied with the services of their public healthcare provider; the national satisfaction index is 86, which is above “satisfied”. Health centres had the highest satisfaction index score (87), followed by national hospitals (85) and referral hospitals (82). The main issues for referral hospitals to address were customer care and facilities. The main issue for national hospitals was cost.

Figure 2: Satisfaction index by type of health provider

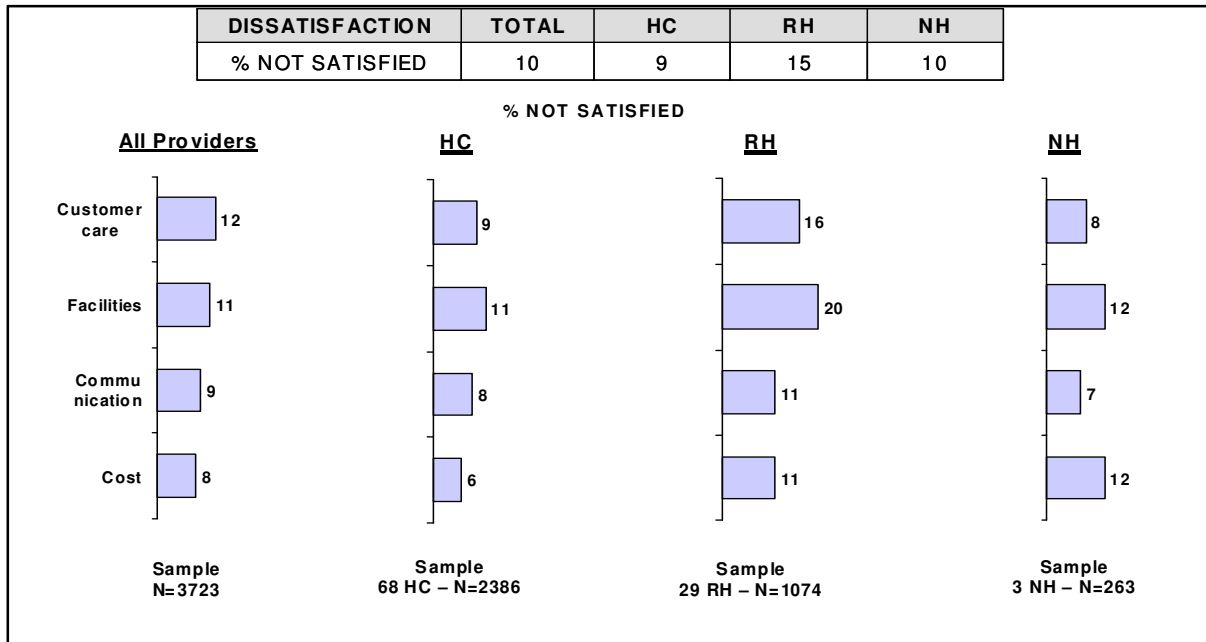


Customer care, the most important process for client satisfaction, had a satisfaction index of 79, with a clear weakness in the referral hospitals (76). Facilities had a satisfaction score of 74, the lowest of the processes in all three types of health facilities. However, this was mainly due to one attribute – unclean toilets. Communication had a high satisfaction index of 93. Cost had a high satisfaction index at health centres (95) and referral hospitals (91), but clients were less satisfied with the cost of services at national hospitals (89).

Dissatisfaction

15% of patients (out of 1,074 respondents) were dissatisfied with two main issues in referral hospitals: customer care (16%) and facilities (20%). For national hospitals, 10% of patients were dissatisfied overall, and 12% were dissatisfied with cost (Figure 3).

Figure 3: Dissatisfaction by type of health provider

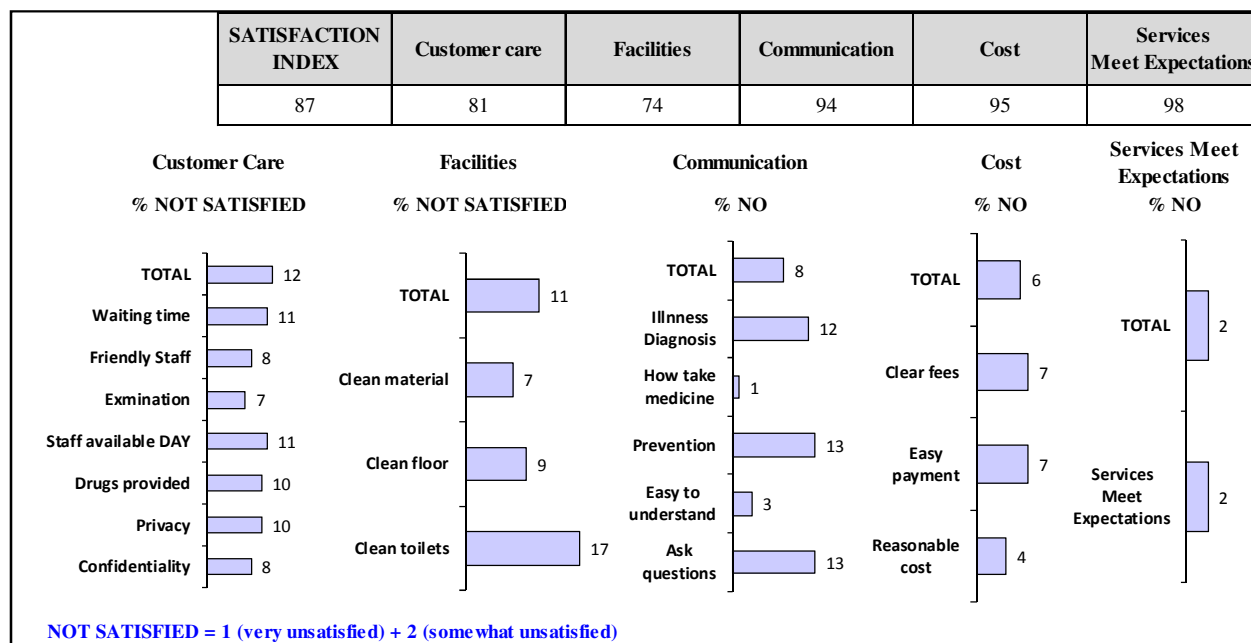


Health Centres

Health centres had the highest client satisfaction index of all health facility types, with a score of 87 (2,386 respondents). Communication had a high satisfaction index of 94, but 12%-13% of patients expected better explanations on illness diagnosis and prevention, and the opportunity to ask questions.

The availability of staff during daytime, and waiting times, were also sources of dissatisfaction for 11% of patients at health centres. The cleanliness of toilets was also a source of dissatisfaction, which was common among all providers.

Figure 4.1: Satisfaction and dissatisfaction with health centres



However, many of the issues mentioned spontaneously by the respondents related to customer care, confirming the importance of this process for client satisfaction. The most frequently mentioned customer care issues related to provided drugs (27% of respondents), staff service, and the need for more specialized doctors.

Table 3: Issues spontaneously mentioned by health centre patients

Customer care	Respondents (n=2,386)
Provided drugs	27%
More specialized doctors	19%
Welcome from health staff	17%
Staff available	16%
More attention from doctors	14%
Waiting time	7%
Facilities	
More material	12%
Clean bathroom/toilets	11%
Should have ultrasound	5%
Clean material	5%
Clean room	4%



Communication	
Clear explanations about health	3%
Cost	
Fair price	10%
Fair between the rich and the poor	3%

Health centre performance/importance analysis

The strengths and weaknesses of health centres in terms of patient services are summarized in an “improvement matrix” analysis, which maps HC performance (satisfaction) by process and attribute in relation to their importance for patients. Importance is given by the correlation coefficient of each attribute with the overall satisfaction.

Figure 5.1 below shows clearly the main strength of health centres: “A good service for a reasonable price”. The primary improvements expected by patients are related to communications on diagnosis and illness prevention.

Improvement matrix

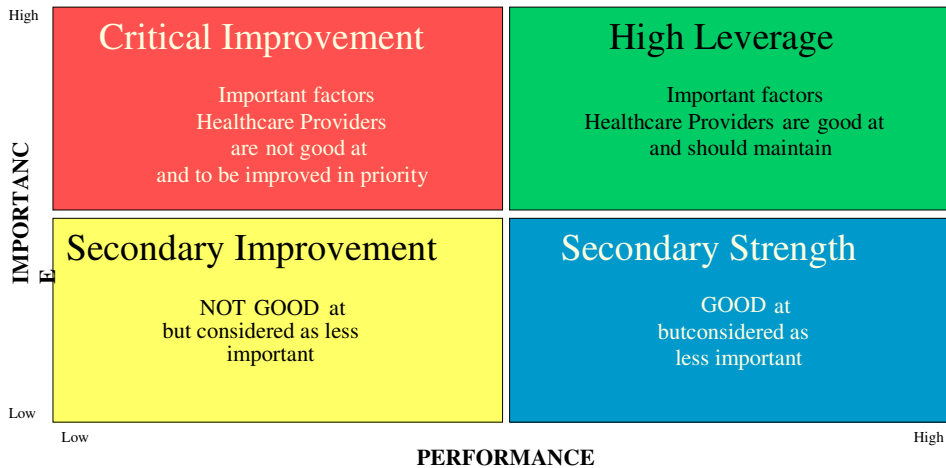
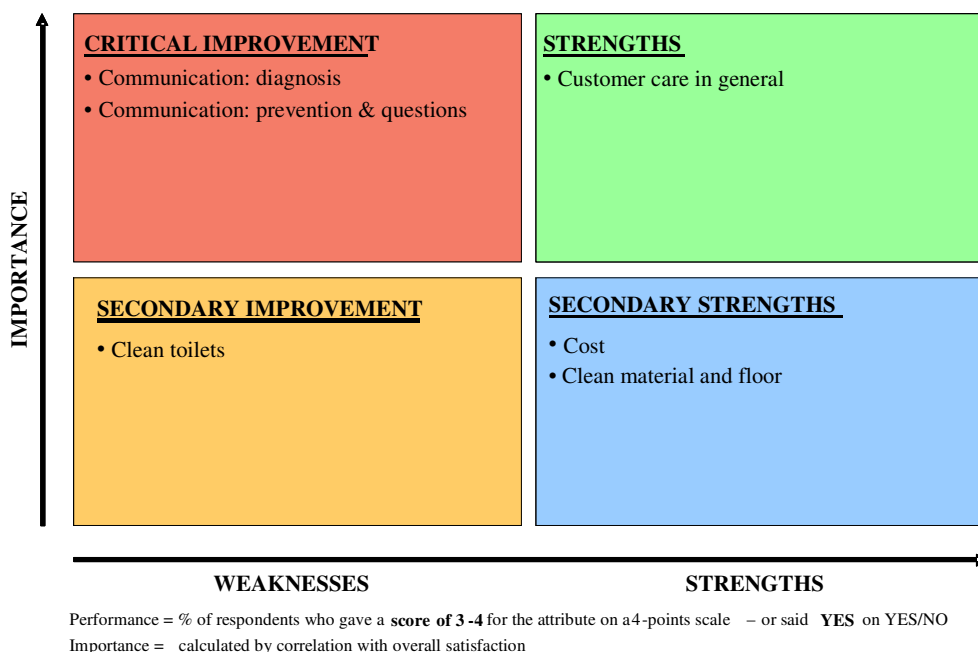


Figure 5.1: Health centre priority improvements



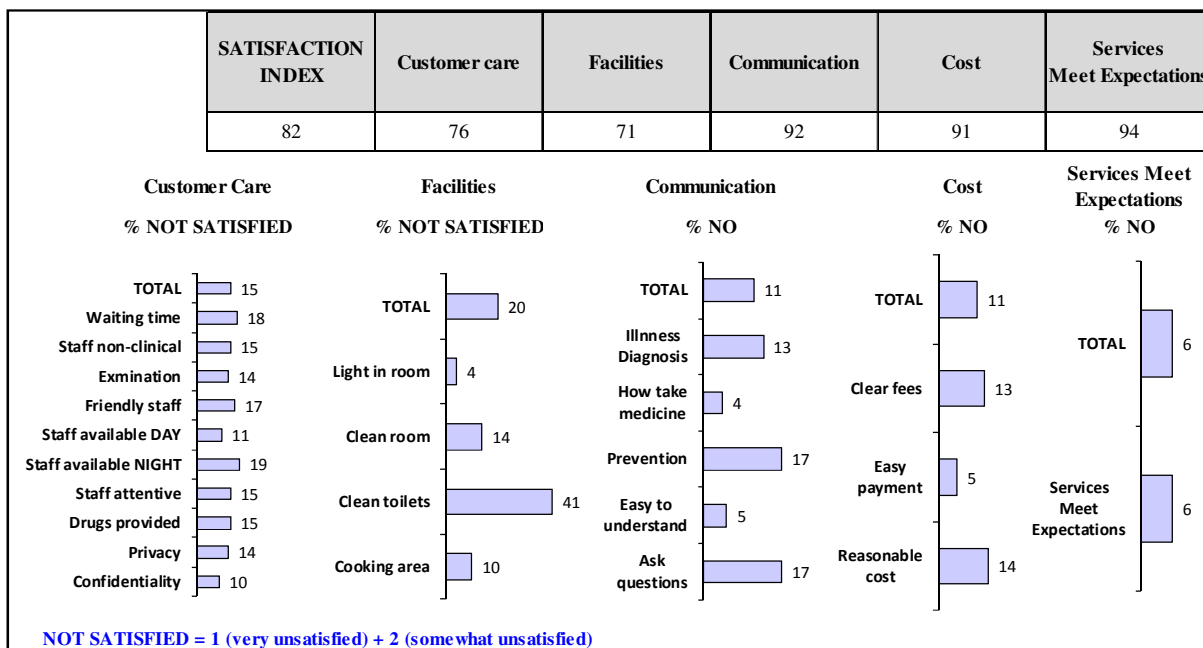
Referral Hospitals

Referral hospitals had the lowest performance among health facilities in terms of client satisfaction, but based on the weighted satisfaction index most respondents were still more than satisfied (82). However, 15% of patients were dissatisfied with RH, based on the result of the dissatisfaction analysis.

Concerning the processes, patients were most dissatisfied with customer care and facilities.

- Customer care. Customer service left 15% of RH patients unsatisfied. Waiting times, friendliness and attentiveness of staff, availability of staff at night, service of the non-clinical staff, thoroughness of examination
- Dissatisfaction with provided drugs was also high (15%) and needs further investigation at each individual hospital to fully understand the cause. It may only be caused by the perception of patients, and not a problem with the service provided.
- Facilities. Issues concerned the cleanliness of rooms and toilets.
- Communication. Patients expected better explanations on illness diagnosis and prevention, and the opportunity to ask questions.
- Cost. The cost of services was considered too high by 14% of respondents.

Figure 4.2: Satisfaction and dissatisfaction with referral hospitals



As shown in Table 4, the main issues mentioned spontaneously by the respondents confirm the dissatisfaction figures. Customer care was the main issue, followed by facility cleanliness, and then cost of services.

Table 4: Issues spontaneously mentioned by referral hospital patients

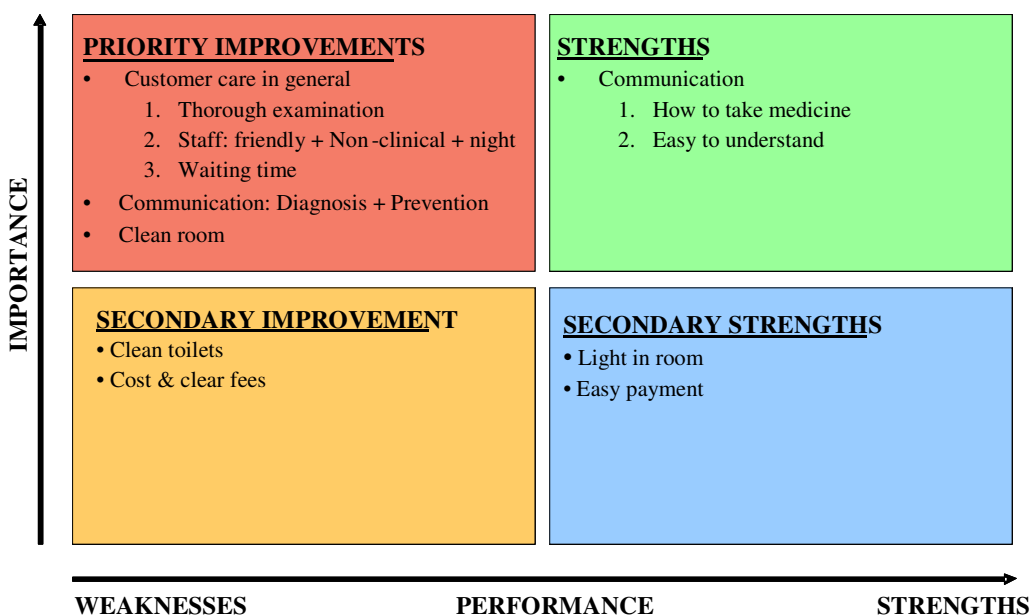
Customer care	Respondents (n=1,074)
Care of staff	30%
Welcome from health staff	30%
Provide drugs	18%
Staff available day & night	15%
Waiting time	10%
More specialized doctors	8%
Facilities	
Clean bathroom/toilets	25%
Clean room	12%
Clean material	9%
Cost	
Fair price	20%
Fair between the rich and the poor	8%

Referral hospital performance/importance analysis

The strengths and weaknesses of referral hospital patient services are summarized in the “improvement matrix” analysis, which maps RH performance (satisfaction) by process and attribute, in relation to their importance for patients. Importance is given by the correlation coefficient of each attribute with overall satisfaction.

Figure 5.2 shows that referral hospitals need to prioritize the improvement of customer care in general (such as the thoroughness of examinations, friendliness of staff, staff availability at night, and waiting times), as well as communication about illness diagnosis and prevention, and the cleanliness of the rooms.

Figure 5.2: Referral hospital priority improvements



Performance = % of respondents who gave a **score of 3-4** for the attribute on a 4-points scale – or said **YES** on YES/NO
 Importance = calculated by correlation with the Overall Satisfaction

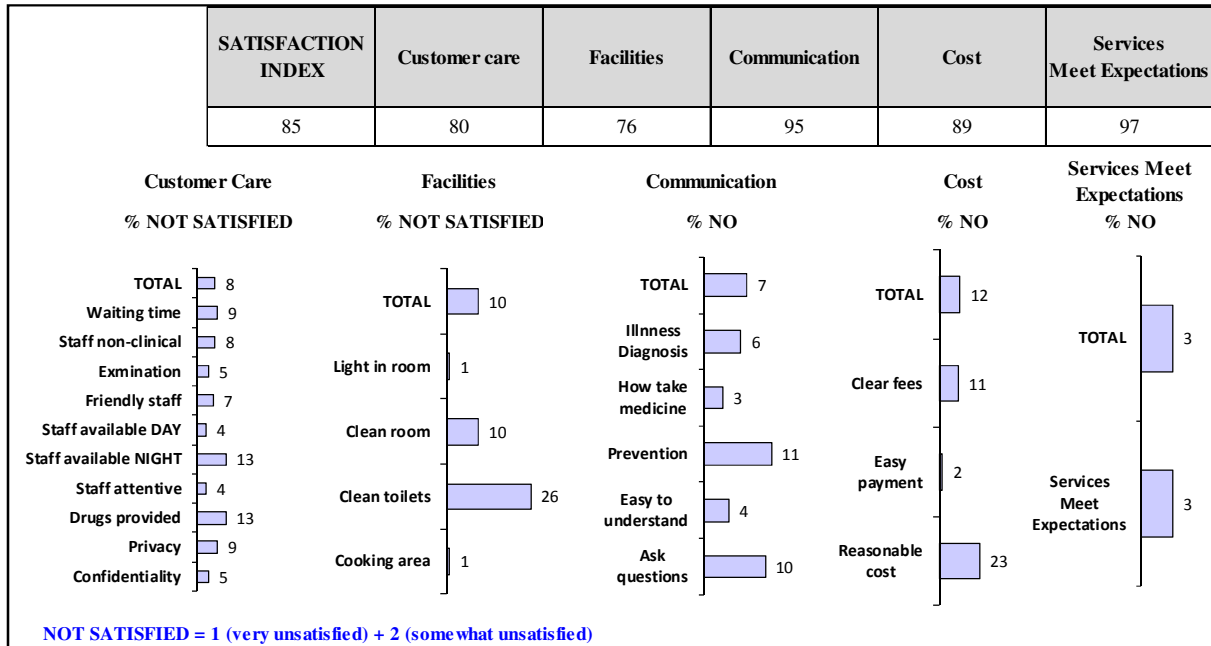
National Hospitals

National hospitals offered good service and the best communication with patients, and achieved a satisfaction index score of 95. However, cost was a constraint. There are some important points that national hospitals should pay more attention to, in order to improve their satisfaction index rating:

- 13% of patients were dissatisfied with the availability of staff at night, and the drugs provided,
- 26% of patients wanted cleaner toilets,
- 23% of respondents considered costs too high.



Figure 4.3: Satisfaction and dissatisfaction with national hospitals

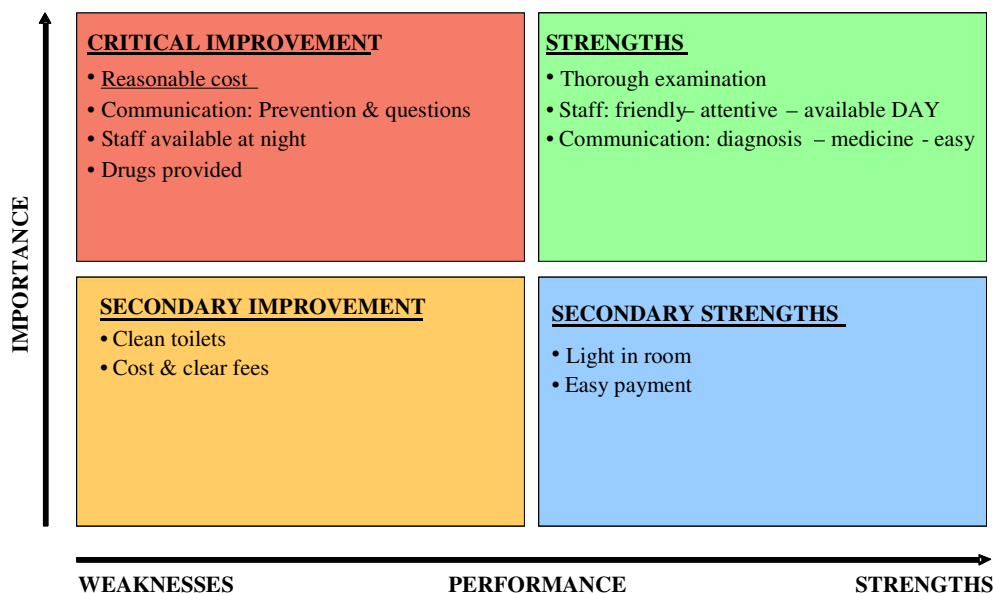


National hospital performance/importance analysis

The strengths and weaknesses of national hospitals in terms of patient services are summarized in the “improvement matrix” analysis, which maps NH performance (satisfaction) by process and attribute, in relation to their importance for patients. Importance is given by the correlation coefficient of each attribute with overall satisfaction.

Figure 5.3 below clearly shows the strengths of national hospitals: excellent service (examinations and staff) and very good communication. But national hospitals present a major problem, because cost is considered too high by many patients.

Figure 5.3: National hospital priority improvements



Performance = % of respondents who gave a **score of 3-4** for the attribute on a 4-points scale – or said **YES** on YES/NO
 Importance = calculated by correlation with the Overall Satisfaction

Health Facilities - Key Facts and Priority Improvements

Health centres

Patients had a positive perception of health centres; they were satisfied that HCs offered good services at a fair price.

Communication at the health centre level should be improved by the active promotion of clients' rights, informing providers about their responsibility to provide explanations on illness/diagnosis and prevention, and the right of patients to ask questions.

The spontaneous responses from patients about service improvement suggest that more attention should be provided to patients (from both doctors and other staff), and there should be increased access to specialists and appropriate drugs at health centres.

Referral hospitals

Patients' evaluations of referral hospitals were not good; 15% were not satisfied with the services they received at referral hospitals.

The main issues concern customer care (16% not satisfied) and facilities (20% not satisfied), although communication and cost also presented some weaknesses.

The focus for improvement should first be on customer care, and more precisely:

- Thoroughness of examination,
- Attentiveness of staff,

- Availability of staff at night,
- Waiting times.

The whole process of customer care at referral hospitals needs close attention, and could be improved by active promotion, proper management and close monitoring of a provider behaviour change intervention (PBCI).

Communication is the other priority, mainly for diagnosis and illness prevention, which can be improved through the active promotion of clients' rights. The cleanliness of facilities (rooms and toilets) and reasonable costs are secondary improvement areas.

These findings were confirmed by the spontaneous responses from patients, who expected more attention from doctors and staff when welcoming and caring for them.

National hospitals

Patients had a very good perception of national hospitals, stating that they offered the best service. However, the cost was too high; 23% were dissatisfied with this process.

There are also some other areas which need improvement:

- Closer monitoring and increased availability of staff at night,
- Drugs provided by the NH. This needs further investigation at each individual hospital, because patient's perceptions might not be appropriate for modern hospitals. Moreover, national hospitals are only located in the capital city of Cambodia (Phnom Penh), where the expectations of people are higher.
- Cleanliness of toilets is a problem, but this is a concern in all facilities.

Analysis by Province

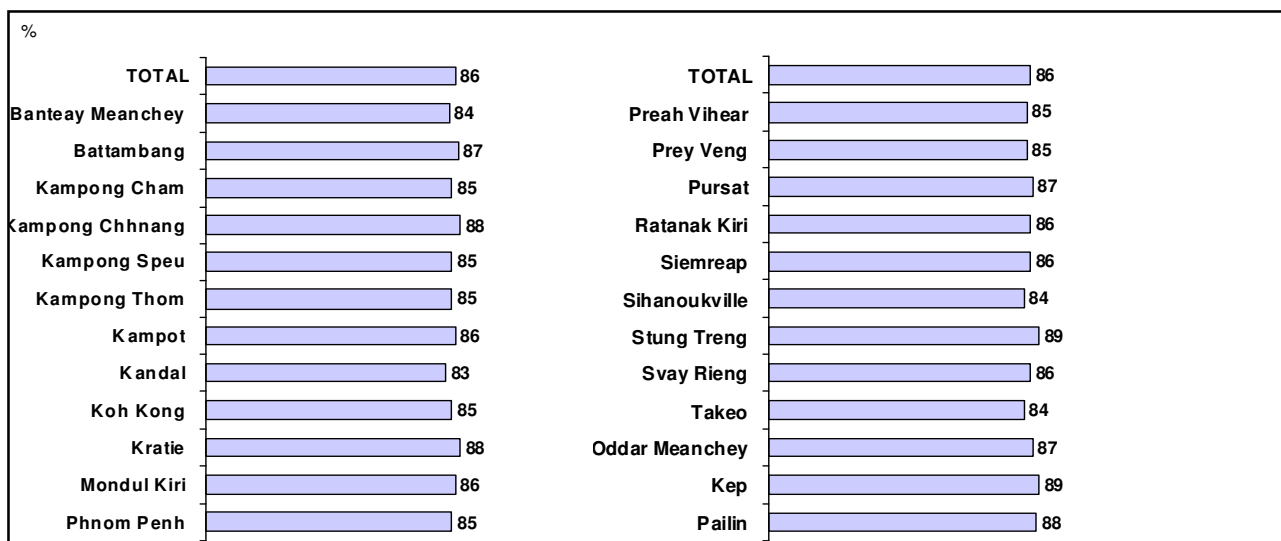


3. Analysis by Province

Overall Situation

The satisfaction index across provinces (Figure 8) was close to the national average of 86, showing no significant difference by province for this index.

Figure 8: Province satisfaction index



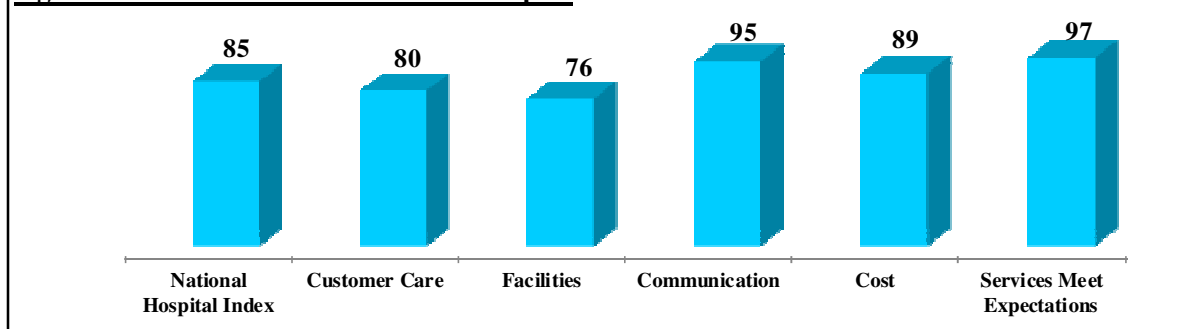
The findings were divided into three types of provinces by population size: large, medium and small.

- Large provinces (over one million inhabitants) included Phnom Penh (national hospitals), Kampong Cham, Kandal, Battambang and Siem Reap.
- Medium provinces (500,000-1,000,000 inhabitants) included Prey Veng, Takeo, Kampong Speu, Banteay MeanChey, Kampong Thom, Kampot, Kampong Chhnang and Svay Rieng.
- Small provinces (less than 500,000 inhabitants) included Pursat, Kratie, Sihanoukville, Oddar MeanChey, Preah Vihear, Ratanak Kiri, Koh Kong, Stung Treng, Pailin, Mondulkiri and Kep.

Large Provinces (over one million inhabitants)

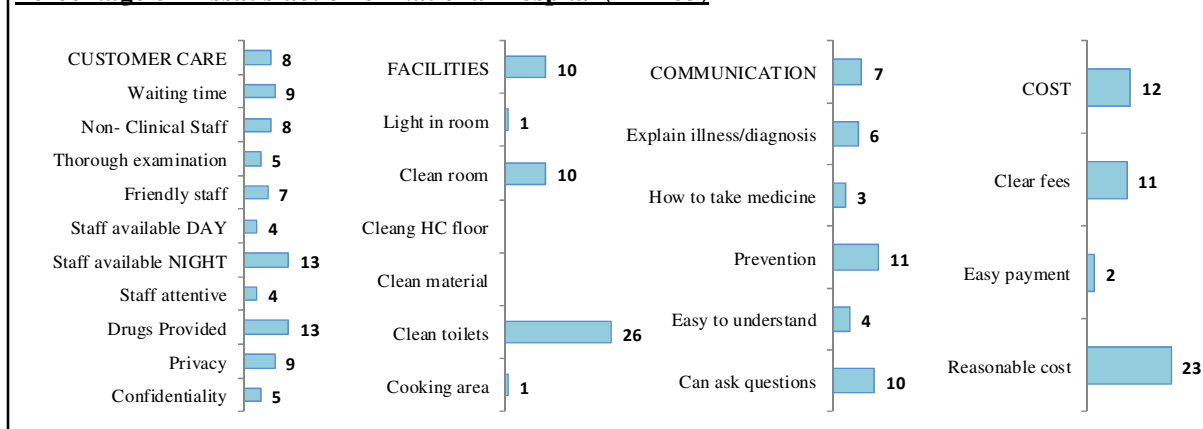
1. National hospitals (Phnom Penh)

Figure 9: Satisfaction Index of National Hospital



Hospitals at the national level in Phnom Penh recorded an overall satisfaction index score of 85, in line with the national average of 86. Services met clients’ expectations (97), and communication was highly effective (95). Lower scores were given on customer care (80) and facilities (76).

Percentage of Dissatisfaction of National Hospital (n = 263)



Main improvement areas

Customer care

- In total, only 8% of patients were dissatisfied with customer care (national average: 12%)
- Highest dissatisfaction scores were in staff availability at night (13%), and drugs provided (13%).

Facilities

- 10% of patients were dissatisfied with facilities (national average: 11%)
- Highest dissatisfaction scores were in toilet cleanliness (26%), and room cleanliness (10%).

Communication

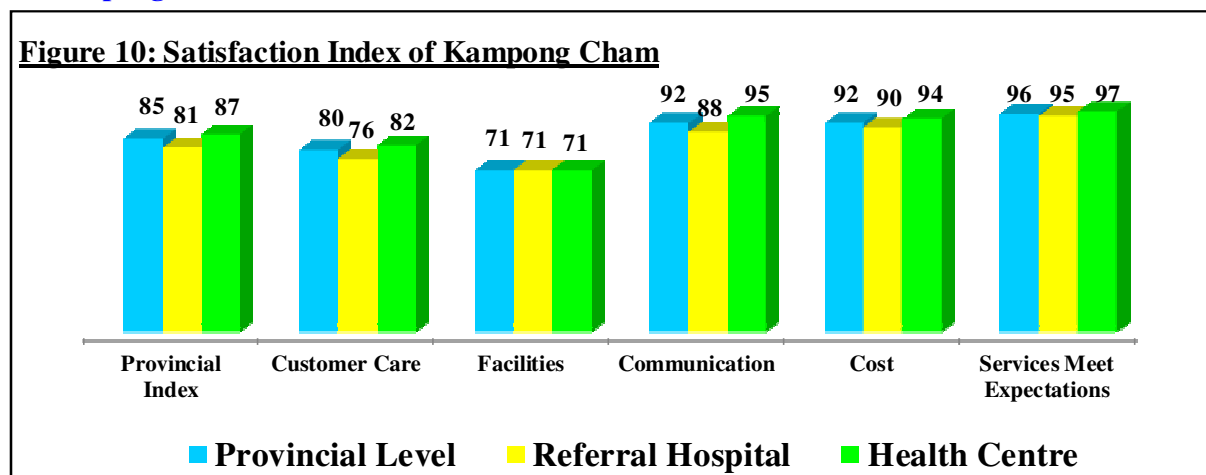
- Only 7% of patients were dissatisfied with staff communication (national average: 9%)
- Highest dissatisfaction scores were in communication on prevention (11%) and the opportunity to ask questions (10%).

Cost

- 12% of patients were dissatisfied with the cost of care at national hospitals (national average: 8%)
- Highest dissatisfaction scores were in reasonable cost (23%), and clear fees (11%).

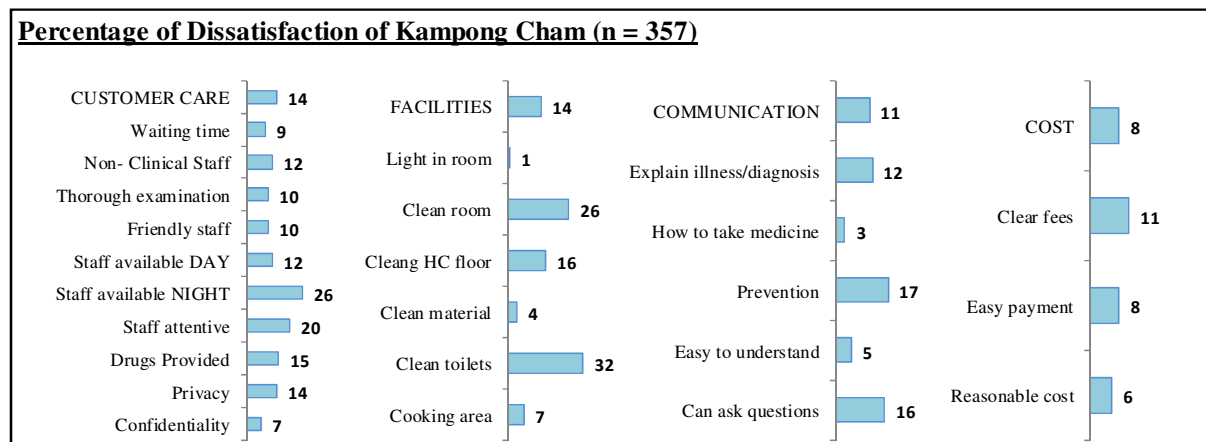
2. Kampong Cham

Figure 10: Satisfaction Index of Kampong Cham



Overall, Kampong Cham had a satisfaction index of 85, in line with the national average of 86. Satisfaction index scores were also in line with national averages for both health centres (87) and referral hospitals (81 vs. 82). However, the scores for facilities (71) were significantly below the national average (74).

Percentage of Dissatisfaction of Kampong Cham (n = 357)



Main improvement areas

Customer care

- In total 14% of patients were dissatisfied with customer care, compared to 12% at the national level.

- Highest dissatisfaction scores were in staff availability at night (26%), staff attentiveness (20%), and provided drugs (15%).

Facilities

- 14% of patients were dissatisfied with facilities compared to 11% at the national level.
- Highest dissatisfaction scores were in toilet cleanliness (32%), room cleanliness (26%), and health centre floor cleanliness (16%).

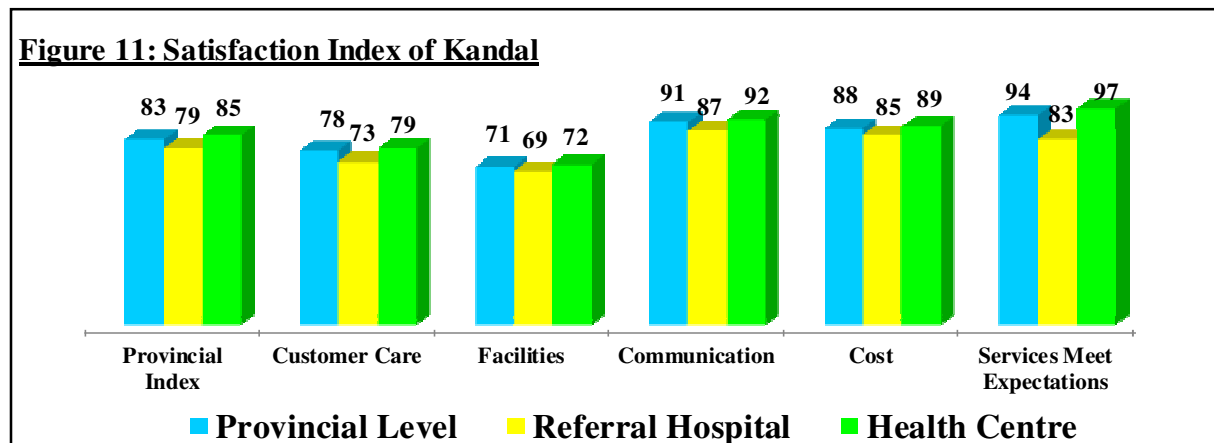
Communication

- 11% of patients were dissatisfied with communication compared to 9% at the national level.
- Highest dissatisfaction scores were in prevention explanation (17%), and the opportunity to ask questions (16%).

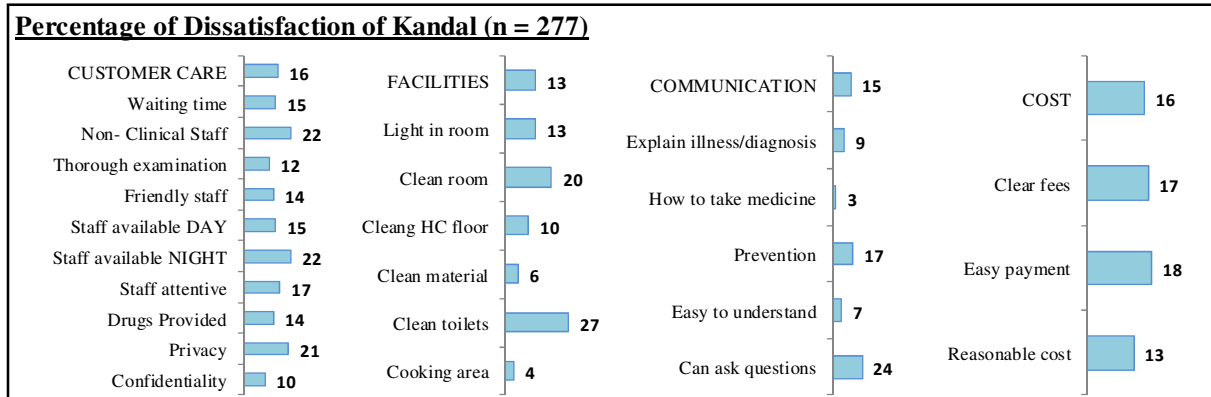
Cost

- Only 8% of patients were dissatisfied with cost.

3. Kandal



Overall, Kandal had a satisfaction index of 83, below the national average of 86. Health centres and referral hospitals were both below average. Kandal had the highest dissatisfaction score of all provinces (16%, compared to the national average of 10%) and recorded low scores on all processes, primarily customer care and cost.



Main improvement areas

Customer care (Critical Improvement Area)

- In total, 16% of patients were dissatisfied with customer care, compared to the national average of 12%.
- Highest dissatisfaction scores were in the friendliness of non-clinical staff (22%), staff availability at night (22%), protection of privacy (21%), staff attentiveness (17%), staff availability during the day (15%), and waiting time (15%).

Facilities

- 13% of patients were dissatisfied with facilities, compared to 11% at the national level.
- Highest dissatisfaction scores were in toilet cleanliness (27%), and room cleanliness (20%).

Communication

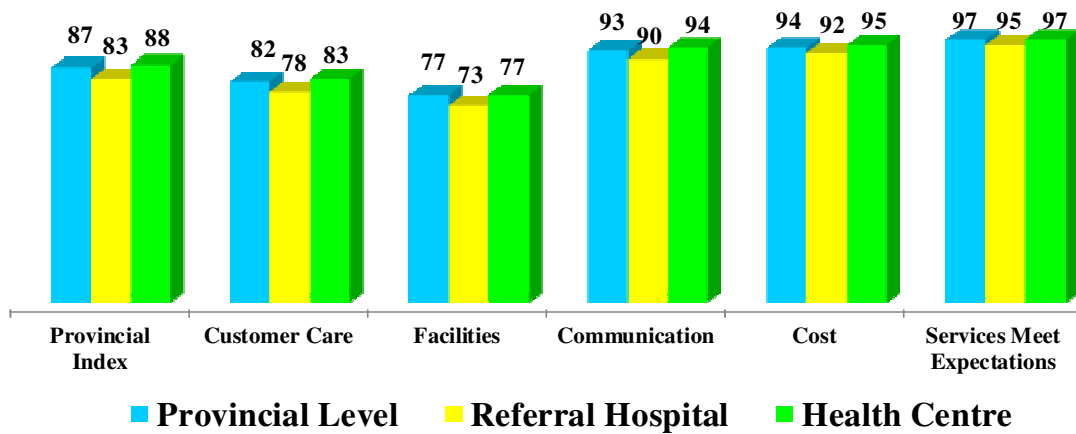
- 15% of patients were dissatisfied with staff communication, compared to 9% at the national level.
- Highest dissatisfaction scores were in the opportunity to ask questions (24%), and illness prevention (17%).

Cost (Critical Improvement Area)

- 16% of patients were dissatisfied with cost, compared to the national average of 8%.
- Highest dissatisfaction scores were in payment procedures (18%), and clear fees (17%).

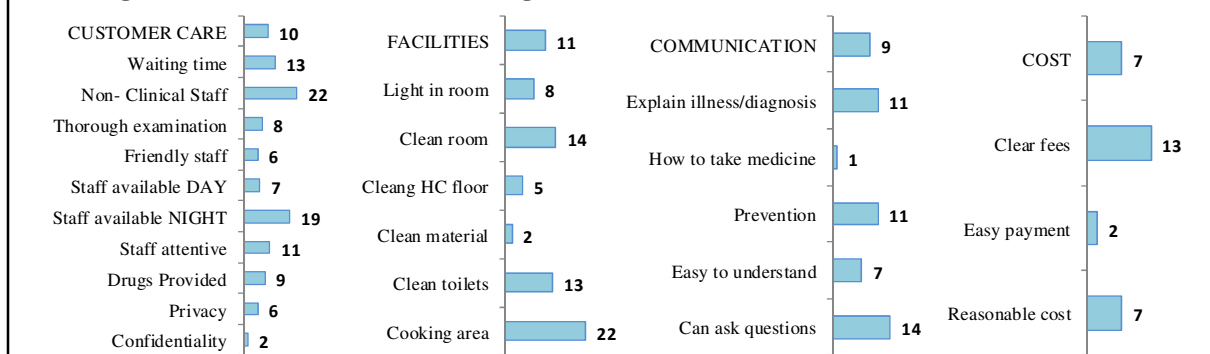
4. Battambang

Figure 12: Satisfaction Index of Battambang



Overall, Battambang had a satisfaction index of 87, slightly above the national average of 86. Both health centres (88 vs. 87) and referral hospitals (83 vs. 82) had higher than average scores. The lowest scores were for customer care (82) and facilities (77), but these scores were also generally above the national average for these processes.

Percentage of Dissatisfaction of Battambang (n = 216)



Main improvement areas

Customer care

- In total, 10% of patients were dissatisfied with customer care, compared to 12% at the national level.
- Highest dissatisfaction scores were in friendliness of non-clinical staff (22%), staff availability at night (19%) and waiting time (13%).

Facilities

- 11% of patients were dissatisfied with facilities, in line with the national average.
- Highest dissatisfaction scores were in room cleanliness (14%), toilet cleanliness (13%), and lighting in rooms (8%).

Communication

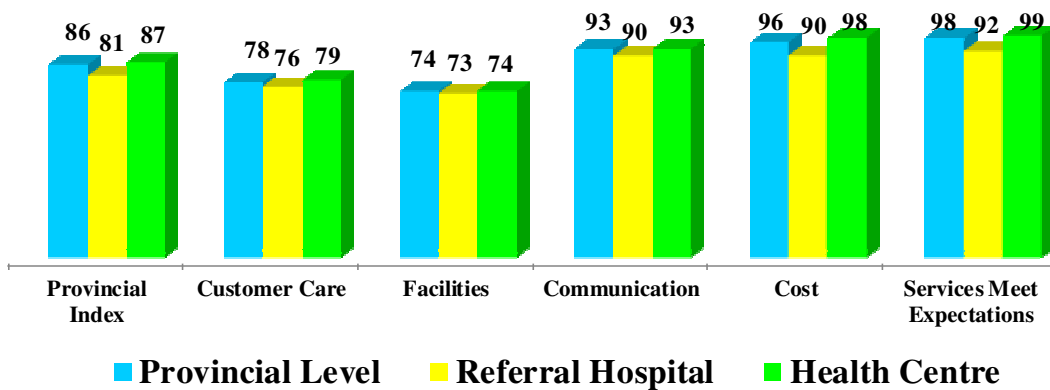
- 9% of patients were dissatisfied with communication, in line with the national average.
- Highest dissatisfaction scores were in the opportunity to ask questions (14%), prevention communication (11%), and illness explanation/diagnosis (11%).

Cost

- 7% of patients were dissatisfied with cost overall; 13% were dissatisfied with the transparency of fees.

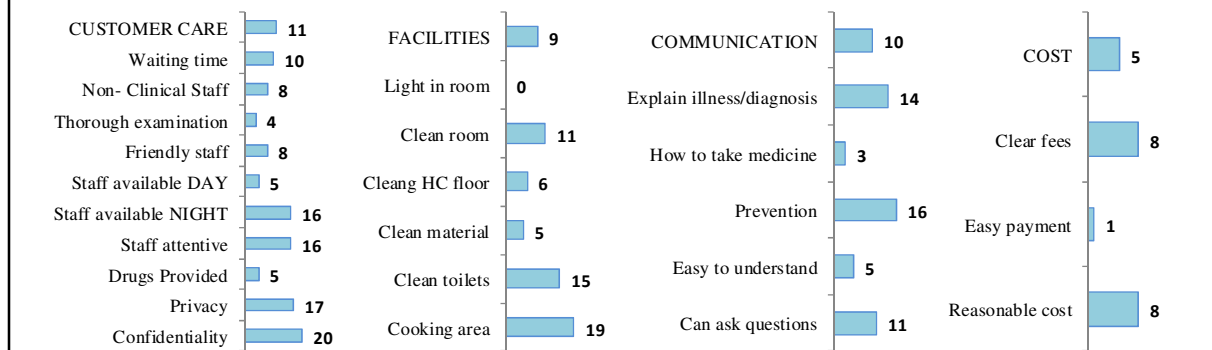
5. Siem Reap

Figure 13: Satisfaction Index of Siem Reap



Overall, Siem Reap had a satisfaction index of 86, equal to the national average. Health centres (87 vs. 87) and referral hospital (81 vs. 82) were both in line with the national average as well.

Percentage of Dissatisfaction of Siem Reap (n = 177)



Main improvement areas

Customer care

- In total 11% of patients were not satisfied with customer care.

- Highest dissatisfaction scores were in confidentiality (20%), privacy protection (17%), staff availability at night (16%), and staff attentiveness (16%).

Facilities

- 9% of patients were not satisfied with facilities.
- Highest dissatisfaction scores were in the cooking area (19%), toilet cleanliness (15%), and room cleanliness (11%).

Communication

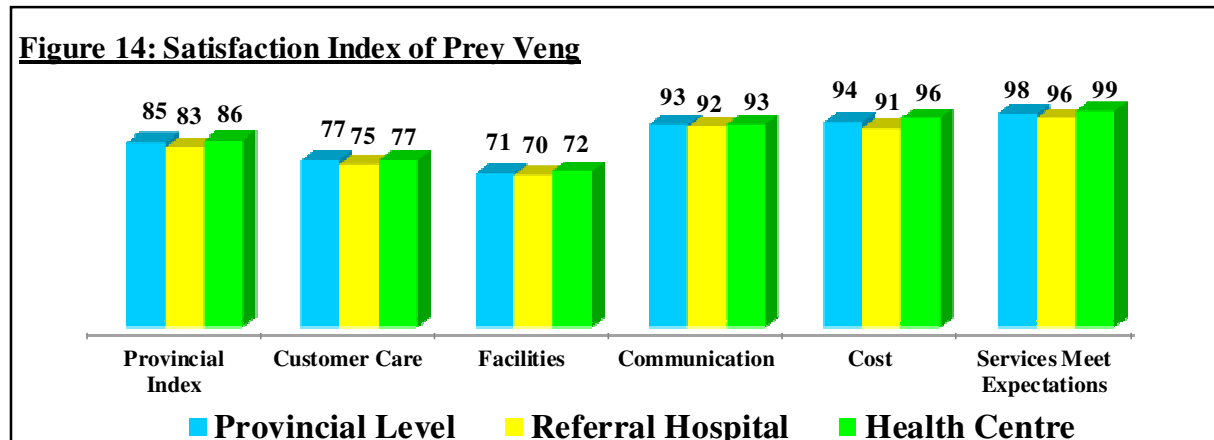
- 10% of patients were not satisfied with staff communication.
- Highest dissatisfaction scores were in prevention explanation (16%), illness explanation/diagnosis (14%), and the opportunity to ask questions (11%).

Cost

- Only 5% of patients were not satisfied with cost.

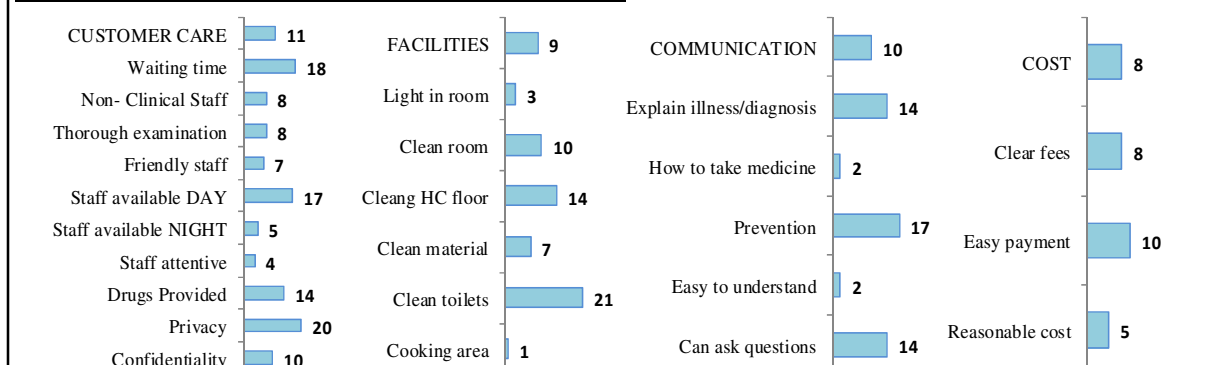
Medium Provinces

6. Prey Veng



Overall, Prey Veng had a satisfaction index of 85, in line with the national average of 86. Both health centres (86 vs. 87) and referral hospitals (83 vs. 82) were also in line. However, customer care at referral hospitals was an issue (70, compared to the national average of 76).

Percentage of Dissatisfaction of Prey Veng (n = 214)



Main improvement areas

Customer care (High Priority Improvement Area)

- In total, 11% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in privacy protection (20%), waiting time (18%), staff availability during the day (17%), and drugs provided (14%).

Facilities

- 9% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (21%), health centre floor cleanliness (14%), and room cleanliness (10%).

Communication

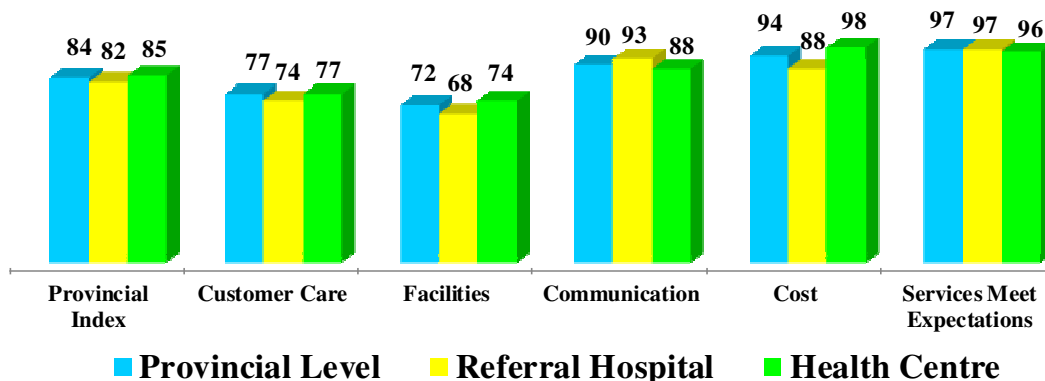
- 10% of patients were dissatisfied with staff communication.
- Highest dissatisfaction scores were in prevention explanation (17%), illness explanation/ diagnosis (14%), and the opportunity to ask questions (14%).

Cost

- Only 8% of patients were dissatisfied with cost.

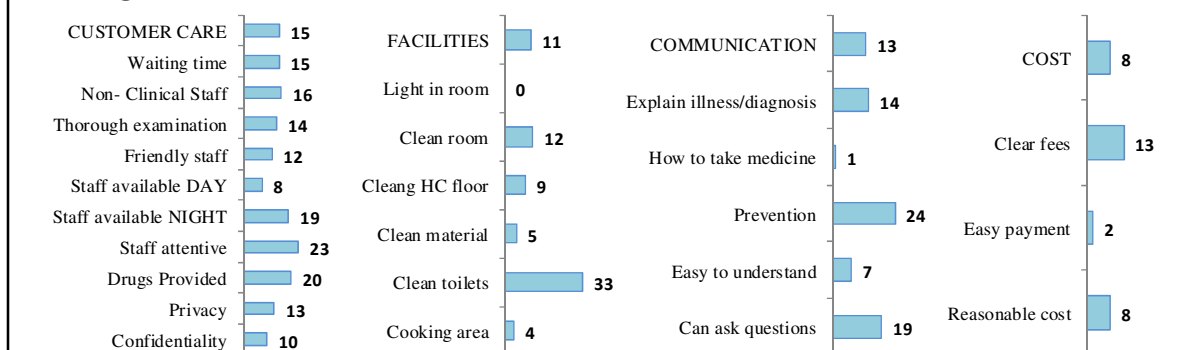
7. Takeo

Figure 15: Satisfaction Index of Takeo



Overall, Takeo had a satisfaction index of 84, below the national average of 86. Health centres were below average (85 vs. 87), and referral hospitals were equal to the national average (82). The main issues in Takeo were customer care and communication.

Percentage of Dissatisfaction of Takeo (n = 182)



Main improvement areas

Customer care (Critical Improvements Area)

- In total, 15% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in staff attentiveness (23%), drugs provided (20%), staff availability at night (19%), friendliness of non-clinical staff (16%), waiting time (15%), and thoroughness of examination (14%).

Facilities

- 11% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (33%), and room cleanliness (12%).

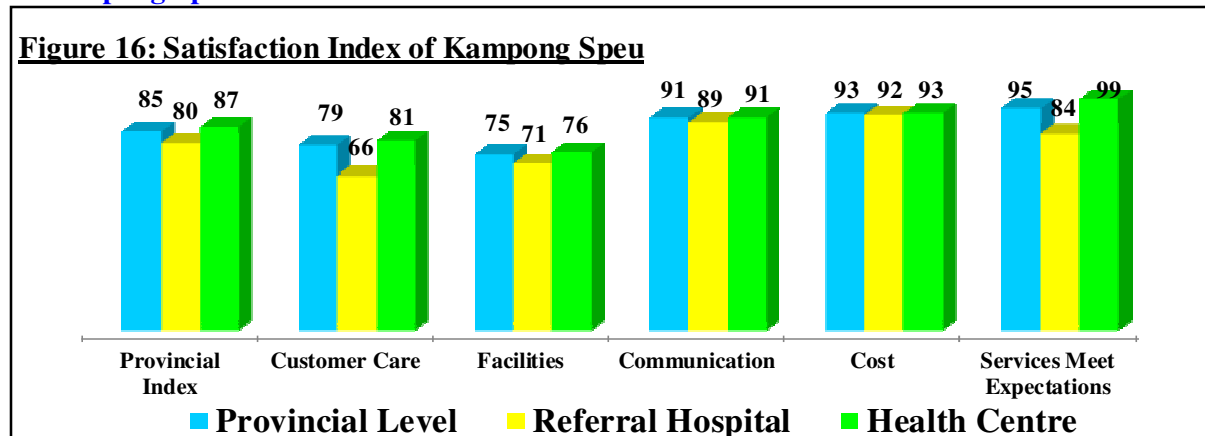
Communication

- 13% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in prevention explanation (24%), the opportunity to ask questions (19%), and illness explanation/diagnosis (14%).

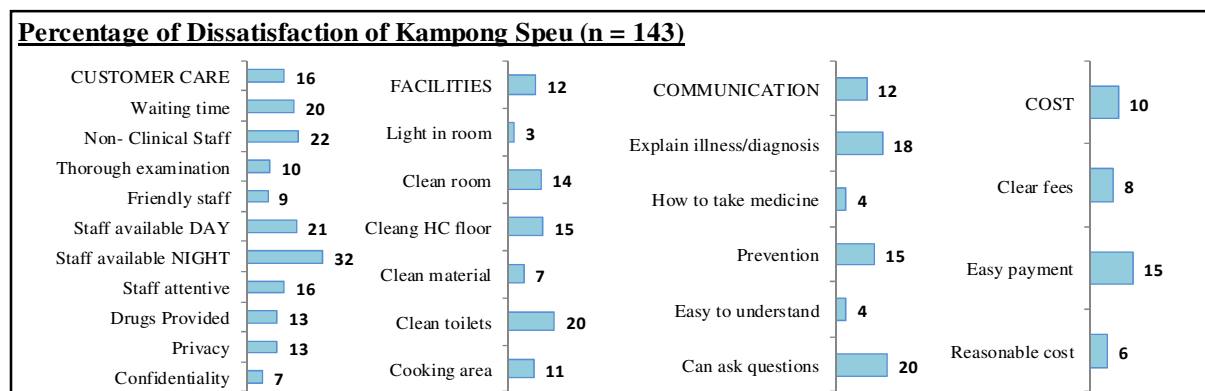
Cost

- 8% of patients were dissatisfied with cost.

8. Kampong Speu



Overall, Kampong Speu had a satisfaction index of 85, in line with the national average of 86. Health centres were equal to the national average (87 vs. 87), and referral hospitals were slightly lower (80 vs. 82). RH scores were quite low for customer care (66, compared to the national average of 76).



Main improvement areas

Customer care (Critical Improvement Area)

- In total, 16% of patients were dissatisfied with customer care, compared to the 12% national average.
- Highest dissatisfaction scores were in staff availability at night (32%), friendliness of non-clinical staff (22%), staff availability during the day (21%) and waiting times (20%).

Facilities

- 12% of patients were dissatisfied with facilities, compared to the 11% national average.

- Highest dissatisfaction scores were in toilet cleanliness (20%), health centre floor cleanliness (15%), and room cleanliness (14%).

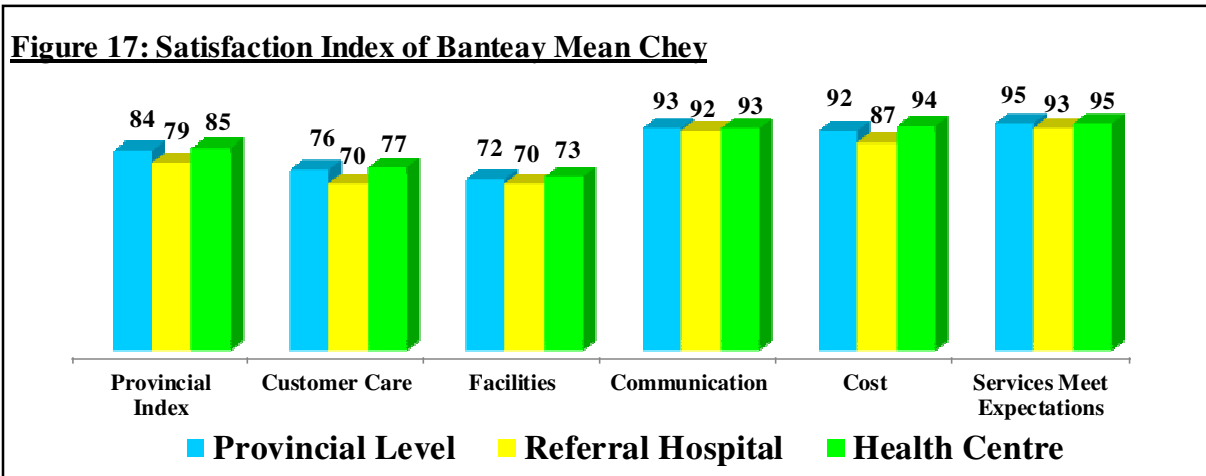
Communication (Critical Improvement Area)

- 12% of patients were dissatisfied with communication, compared to the 9% national average.
- Highest dissatisfaction scores were in the opportunity to ask questions (20%), illness explanation/diagnosis (18%), and prevention explanation (15%).

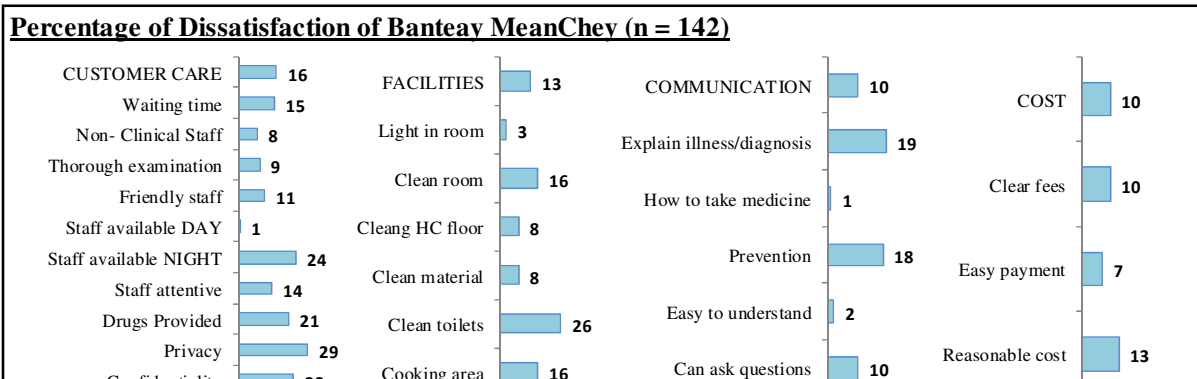
Cost

- 10% of patients were dissatisfied with cost, compared to the 8% national average.
- 15% were dissatisfied with the ease of payment procedures.

9. Banteay MeanChey



Overall, Banteay MeanChey had a satisfaction index of 84, slightly lower than the national average of 86. This difference with the national score was observed for both health centres (85 vs. 87) and referral hospitals (79 vs.82). The lowest scores were given for customer care (76), the most important process, and facilities (72).



Main improvement areas

Customer care (Critical Improvement Area)

- In total, 16% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in protecting patient’s privacy (29%), staff availability at night (24%), confidentiality (23%) and drugs provided (21%).

Facilities

- 12% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (26%), and room cleanliness (16%).

Communication (High Priority)

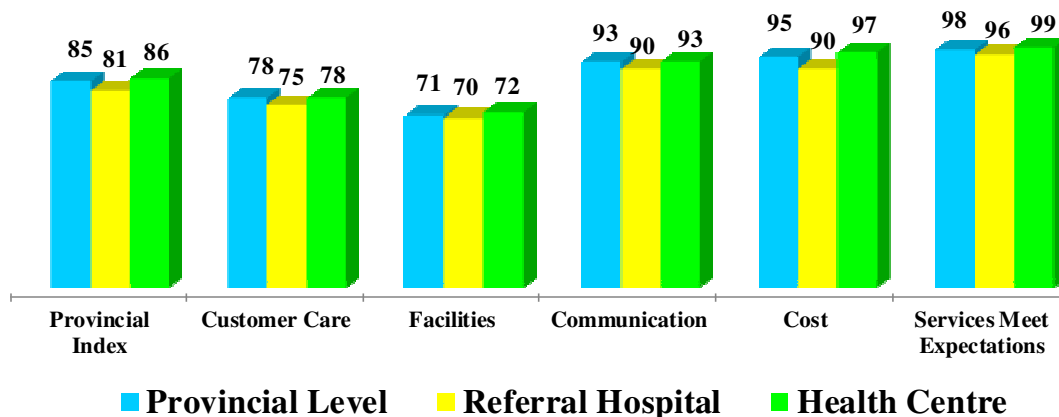
- 10% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in illness diagnosis (19%) and prevention explanation (18%).

Cost

- 10% of patients were dissatisfied with cost, and 13% for dissatisfied with the reasonableness of cost.

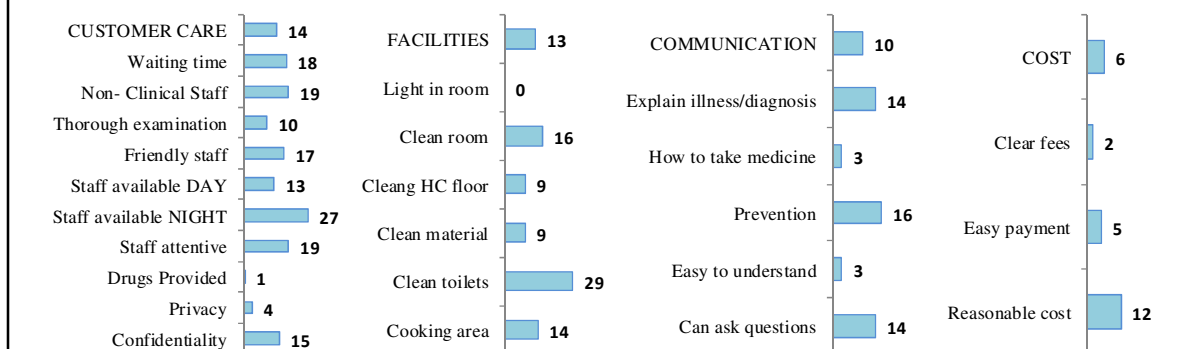
10. Kampong Thom

Figure 18: Satisfaction Index of Kampong Thom



Overall, Kampong Thom had a satisfaction index of 85, in line with the national average of 86. Both health centres (86 vs. 87) and referral hospitals (81 vs. 82) were also in line with the national average. Weaknesses in customer care and cost were the main reasons for this average performance.

Percentage of Dissatisfaction of Kampong Thom (n = 142)



Main improvement areas

Customer care (Critical Improvement Area)

- In total, 14% of patients were dissatisfied with customer care, compared to the national level of 12%.
- Highest dissatisfaction scores were in staff availability at night (27%), friendliness of non-clinical staff (19%), staff attentiveness (19%), waiting time (18%), friendliness of staff (17%) and confidentiality (15%).

Facilities

- 13% of patients are dissatisfied with facilities, compared to 11% nationally.
- Highest dissatisfaction scores were in toilet cleanliness (29%), and room cleanliness (16%).

Communication

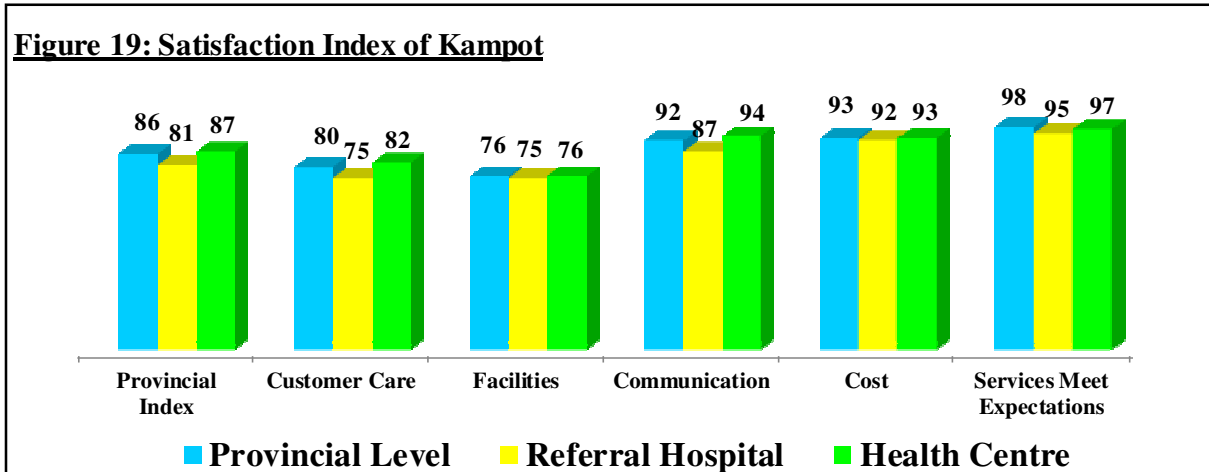
- 10% of patients are dissatisfied with communication, compared to 9% nationally.
- Highest dissatisfaction scores were in prevention explanation (16%), illness explanation/diagnosis (14%), and the opportunity to ask questions (14%).

Cost (High Priority)

- Only 6% of patients were dissatisfied with overall cost. But, 12% were dissatisfied with the reasonableness of cost (national average: 8%).

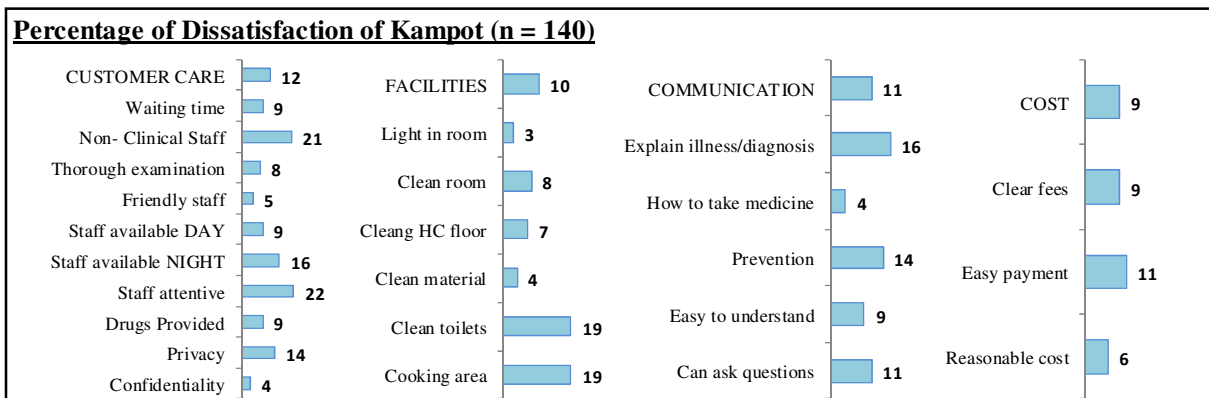
11. Kampot

Figure 19: Satisfaction Index of Kampot



Overall, Kampot had a satisfaction index of 86, equal to the national average. Both health centres (87 vs. 87) and referral hospitals (81 vs. 82) were also in line with the national averages.

Percentage of Dissatisfaction of Kampot (n = 140)



Main improvement areas

Customer care

- In total 12% of patients were dissatisfied with customer care.

- Highest dissatisfaction scores were in staff attentiveness (22%), and staff availability at night (16%).

Facilities

- 10% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in cooking areas (19%), and toilet cleanliness (19%).

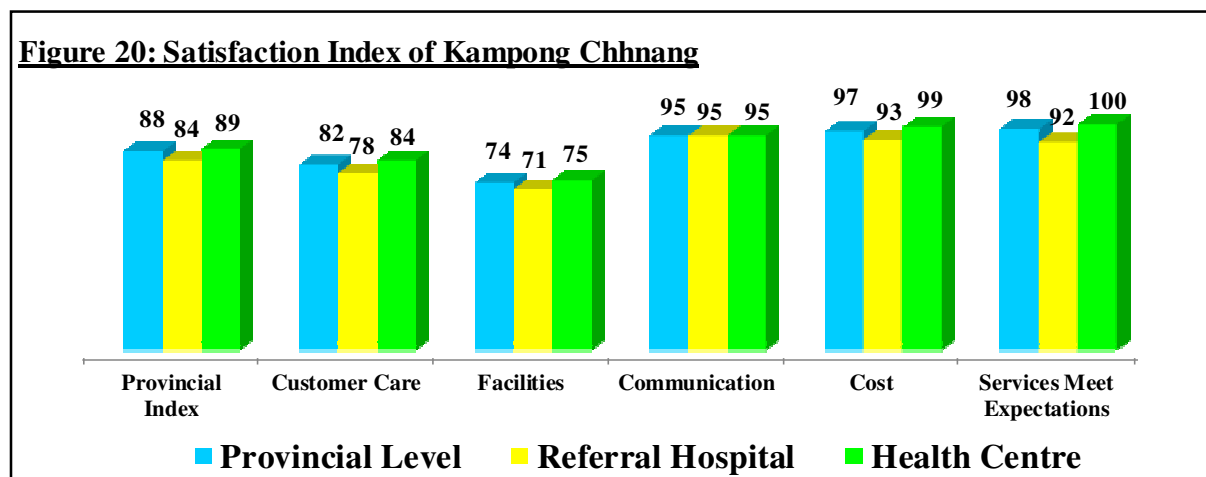
Communication

- 11% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in illness diagnosis (16%), and prevention explanation (14%).

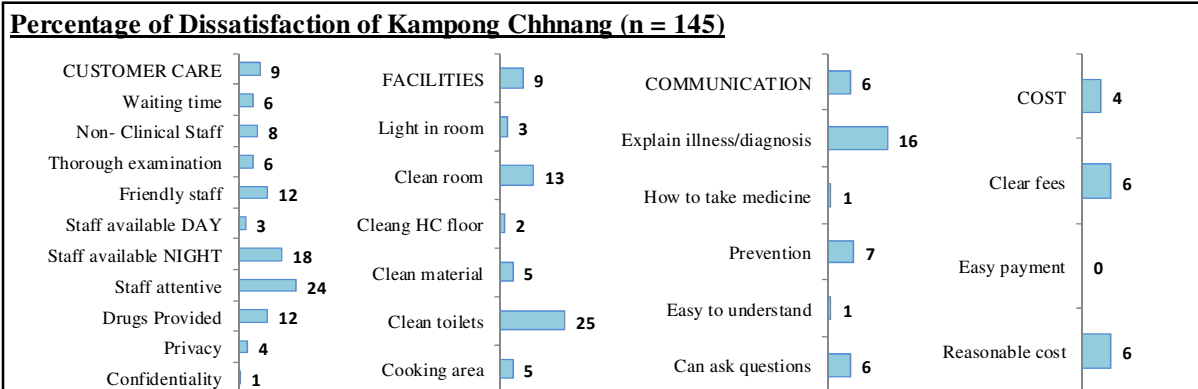
Cost

- Only 9% of patients were dissatisfied with cost.

12. Kampong Chhnang



Overall, Kampong Chhnang had a satisfaction index of 88, beyond the national average of 86. Scores were high for both health centres (89 vs. 87) and referral hospitals (84 vs. 82). Lower scores were given for facilities (74), but these were in line with the national average (74). Kampong Chhnang recorded the best scores among all medium-sized provinces.



Main improvement areas

Customer care

- In total, only 9% were dissatisfied with customer care (national average: 12%).
- Highest dissatisfaction scores were in staff attentiveness (24%), staff availability at night (18%), friendliness of staff (12%), and drugs provided (12%).

Facilities

- 10% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (25%), and room cleanliness (13%).

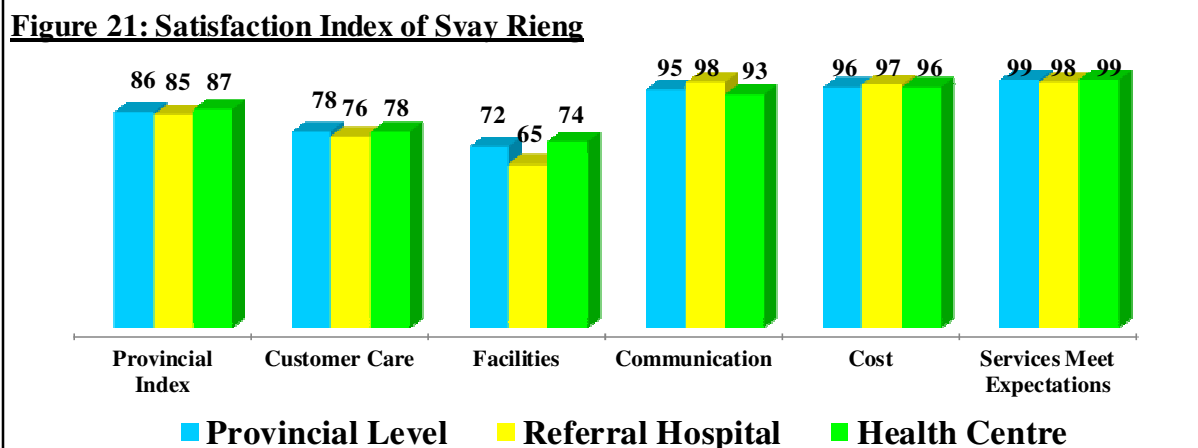
Communication

- Only 5% of patients were dissatisfied with staff communication.
- But 16% were dissatisfied with illness explanation/diagnosis, which needs to be improved.

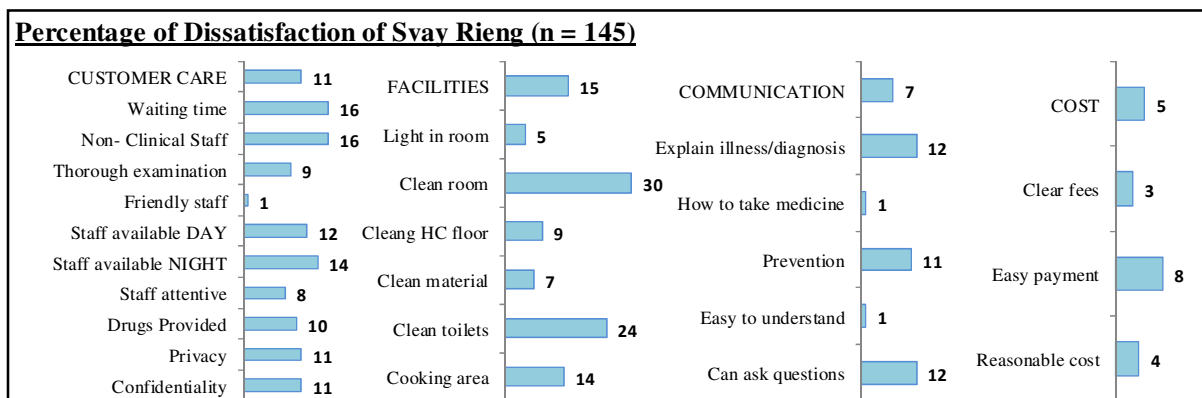
Cost

- Only 4% of patients were dissatisfied with cost.

13. Svay Rieng



Overall, Svay Rieng had a satisfaction index of 86, equal to the national average of 86. Health centres were in line with the average (87), and referral hospitals were above average (85 vs. 82). The main issue was facilities within the RH.



Main improvement areas

Customer care

- In total, 11% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in waiting time (16%), friendliness of non-clinical staff (16%), staff availability at night (14%), staff availability during the day (12%).

Facilities

- 15% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in room cleanliness (30%), toilet cleanliness (24%) and cooking areas (14%).

Communication

- 7% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in illness explanation/diagnosis (12%), the opportunity to ask questions (12%), and prevention explanation (11%).

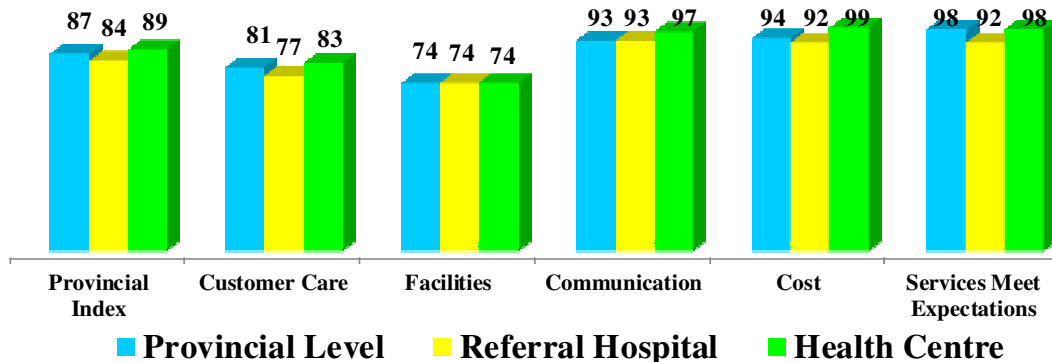
Cost

- Only 5% of patients were dissatisfied with cost.

Small Provinces

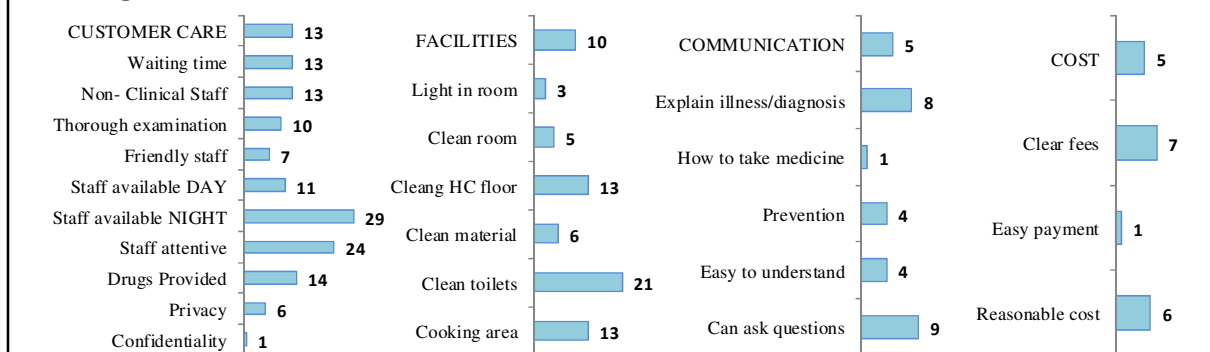
14. Pursat

Figure 22: Satisfaction Index of Pursat



Overall, Pursat had a satisfaction index of 87, slightly above the national average of 86. Both health centres (89 vs. 87) and referral hospitals (84 vs. 82) were above average.

Percentage of Dissatisfaction of Pursat (n = 109)



Main improvement areas

Customer care

- In total, 13% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in staff availability at night (29%), staff attentiveness (24%), drugs provided (14%), waiting time (13%), friendliness of non-clinical staff (13%), and staff availability during the day time (11%).

Facilities

- 10% of patients were dissatisfied with facilities.
- Highest satisfaction scores were in toilet cleanliness (21%), health centre floor cleanliness (13%), and cooking areas (13%).

Communication

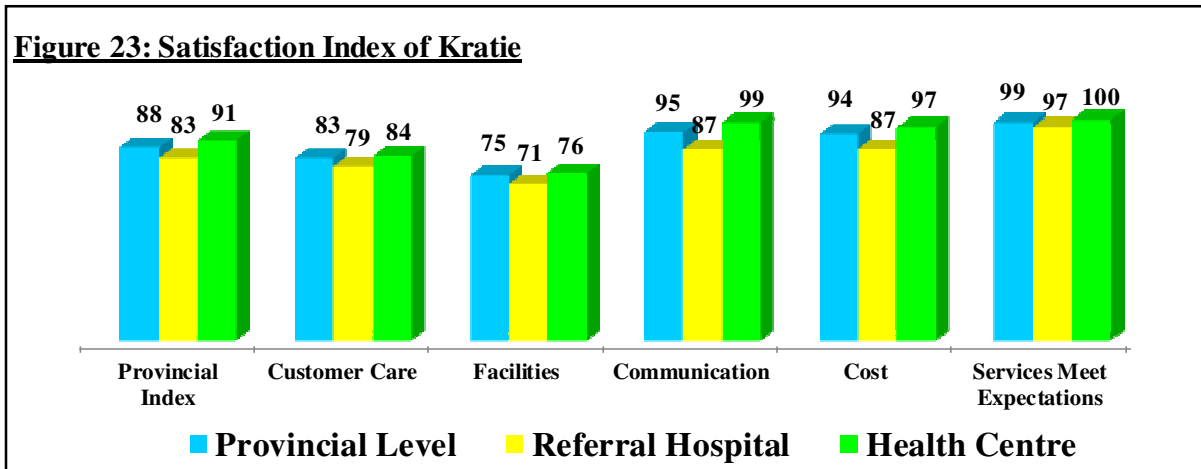
- 5% of patients were dissatisfied with communication.

Cost

- 5% of patients were dissatisfied with cost.

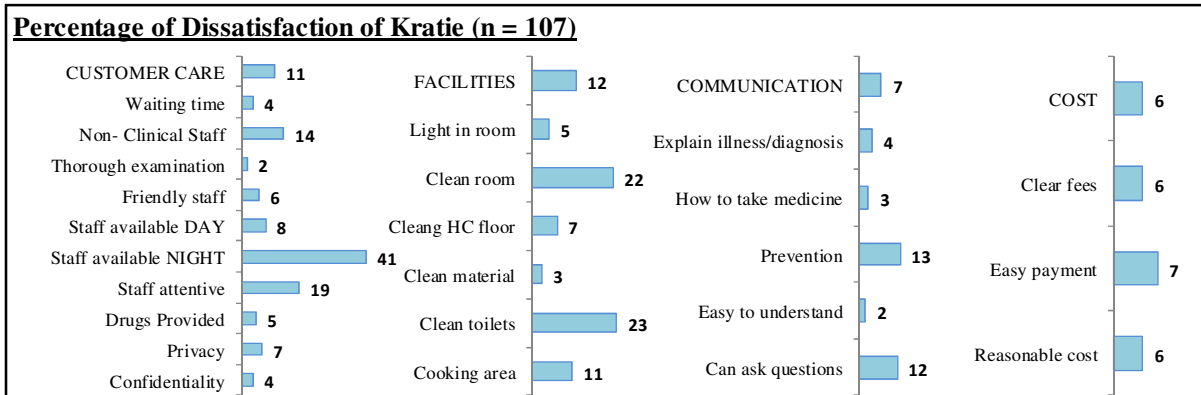
15. Kratie

Figure 23: Satisfaction Index of Kratie



Overall, Kratie had a satisfaction index of 88, above the national average of 86. Both health centres (91 vs. 87) and referral hospitals (83 vs. 82) were above average. Kratie offered the best service/price ratio among the 24 provinces.

Percentage of Dissatisfaction of Kratie (n = 107)



Main improvement areas

Customer care

- In total, 11% of patients were dissatisfied with customer care, compared to the national average of 12%.
- Highest dissatisfaction scores were in staff availability at night (41%), staff attentiveness (19%), and friendliness of non-clinical staff (14%).

Facilities

- 12% of patients were dissatisfied with facilities (11% nationally).
- Highest dissatisfaction scores were in toilet cleanliness (23%), and room cleanliness (22%).

Communication

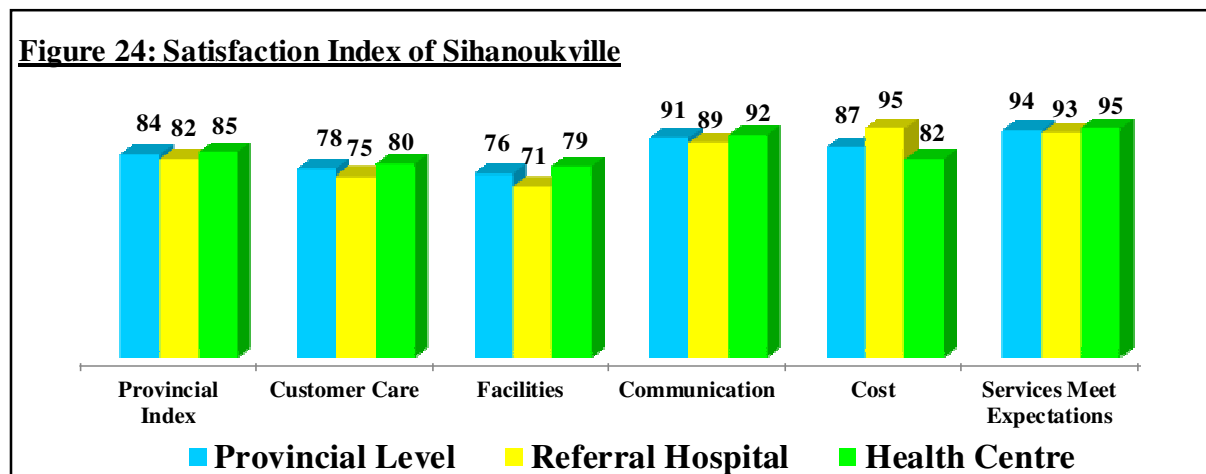
- 7% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in prevention explanation (13%), and the opportunity to ask questions (12%).

Cost

- Only 6% of patients were dissatisfied with cost.

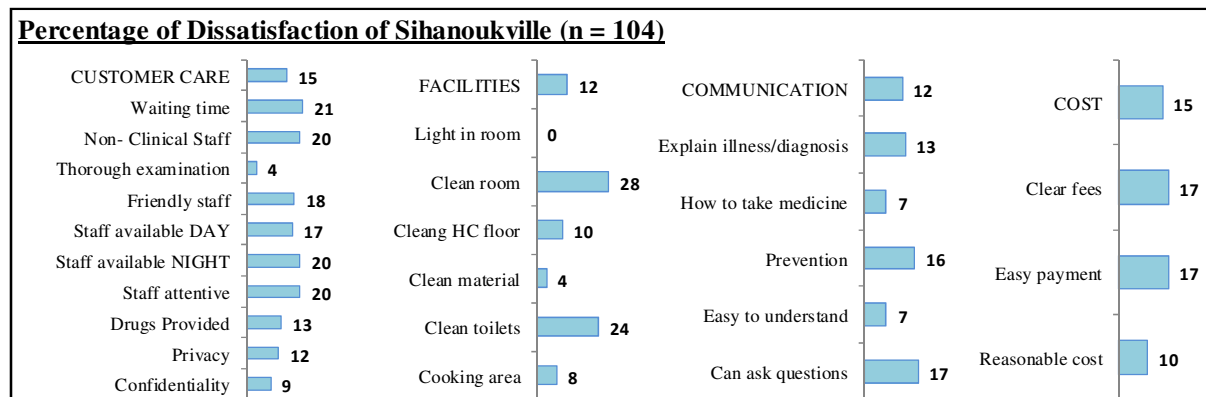
16. Sihanoukville

Figure 24: Satisfaction Index of Sihanoukville



Overall, Sihanoukville had a satisfaction index of 84, below the national average of 86, primarily due to the low health centre score (85 vs. 87). Referral hospitals were in line with the national average (82). Customer care and cost were the main issues.

Percentage of Dissatisfaction of Sihanoukville (n = 104)



Main improvement areas

Customer care (Critical Improvement Area)

- In total, 15% of patients were dissatisfied with customer care.

- Highest dissatisfaction scores were in waiting time (21%), staff availability at night (20%), friendliness of non-clinical staff (20%), staff attentiveness (20%), friendliness of staff (18%), and staff availability during the daytime (17%).

Facilities

- 12% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in room cleanliness (28%), and toilet cleanliness (24%).

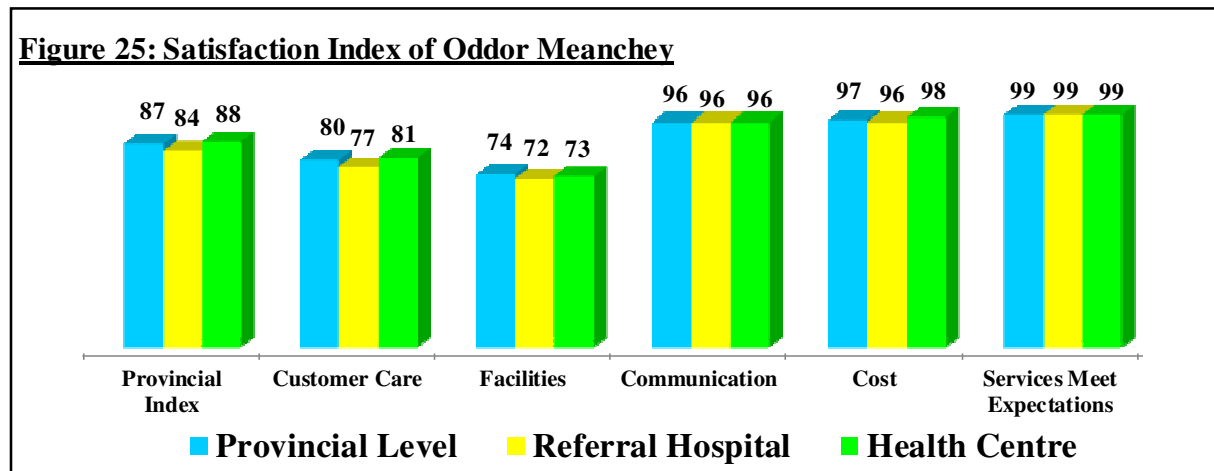
Communication

- 12% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in the opportunity to ask questions (17%), prevention explanation (16%), and illness explanation/diagnosis (13%).

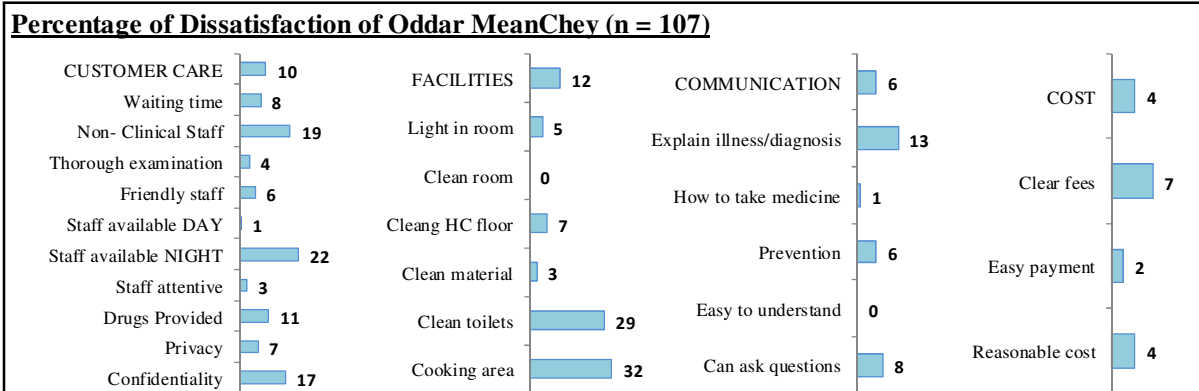
Cost

- 15% of patients were dissatisfied with cost.
- 17% were dissatisfied with clear official fees and ease of payments.

17. Oddar MeanChey



Overall, Oddar MeanChey had a satisfaction index of 87, in line with the national average of 86. Health centres and referral hospitals were both in line with national averages. This excellent performance was mainly due to high scores in communication and cost.



Main improvement areas

Customer care

- In total, 10% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in staff availability at night (22%), friendliness of non-clinical staff (19%), and confidentiality (17%).

Facilities

- 12% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in cooking areas (32%), and toilet cleanliness (29%).

Communication

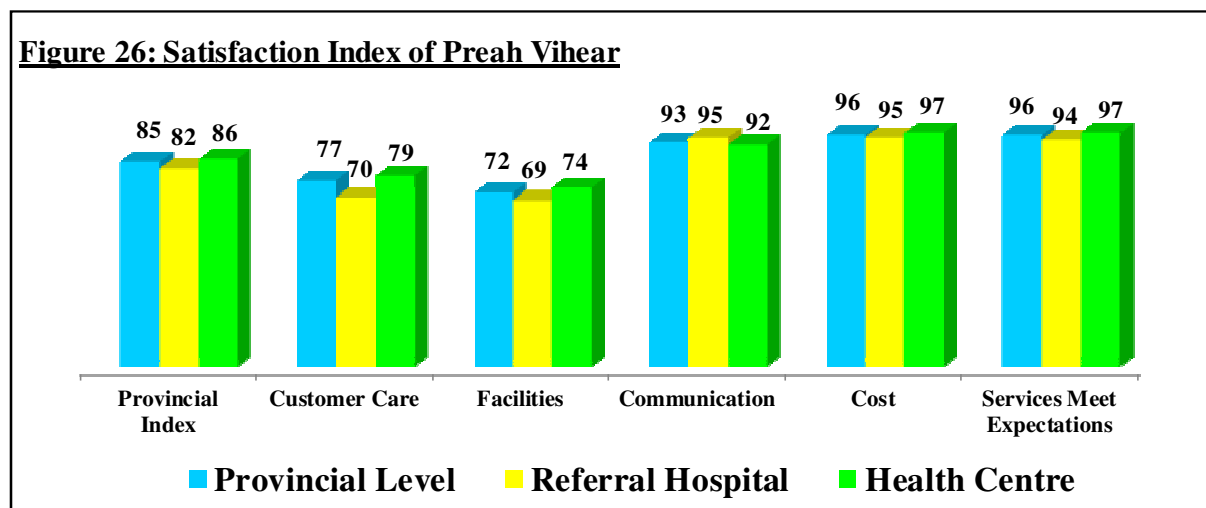
- 6% of patients were dissatisfied with communication.
- 13% for dissatisfied with illness explanation/diagnosis.

Cost

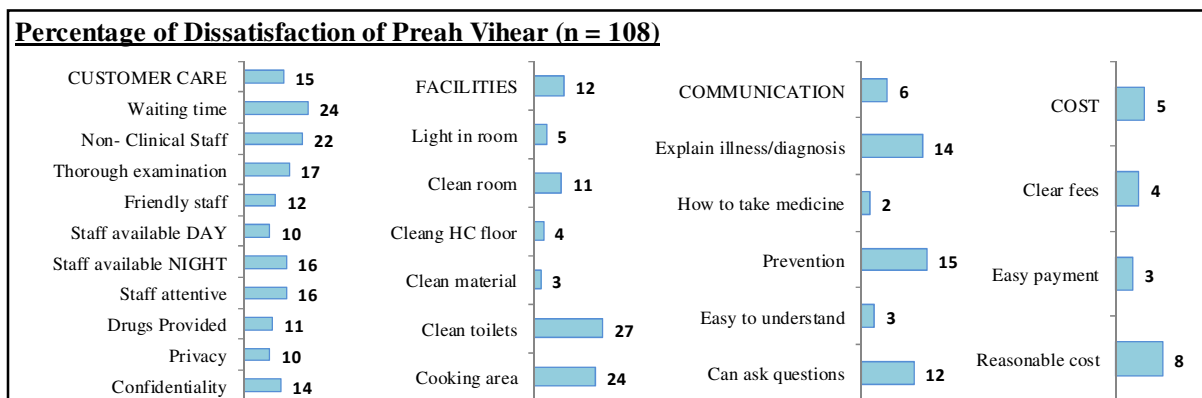
- Only 4% of patients were dissatisfied with cost.

18. Preah Vihear

Figure 26: Satisfaction Index of Preah Vihear



Overall, Preah Vihear had a satisfaction index of 85, in line with the national average of 86. Both health centres (86 vs. 87) and referral hospitals (82 vs. 82) were also in line with the average. Customer care in the RH was, however, an issue (70 vs.76 national average).



Main improvement areas

Customer care (Critical Improvement Area)

- In total, 15% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in waiting time (24%), friendliness of non-clinical staff (22%), thorough examination (17%), staff availability at night (16%), staff attentiveness (16%), and confidentiality (14%).

Facilities

- 12% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (27%), cooking areas (24%), and room cleanliness (11%).

Communication

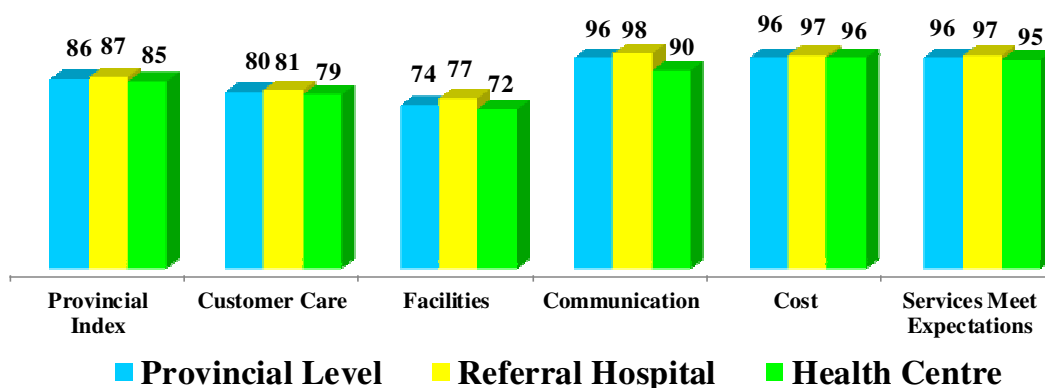
- 9% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in prevention explanation (15%), illness explanation/diagnosis (14%), and the opportunity to ask questions (12%).

Cost

- Only 5% of patients were dissatisfied with cost overall.
- 8% were dissatisfied with the reasonableness of costs.

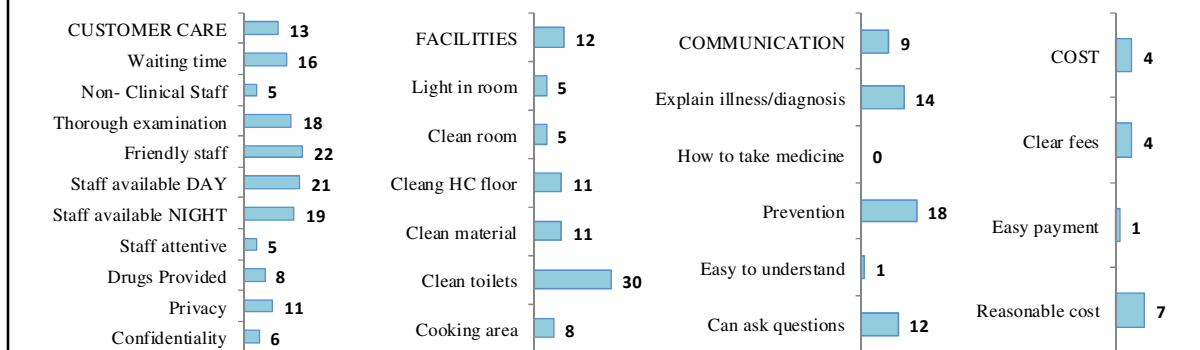
19. Ratanak Kiri

Figure 27: Satisfaction Index of Ratanak Kiri



Overall, Ratanak Kiri had a satisfaction index of 86, equal to the national average, with slightly below-average health centres (85 vs. 87), and above-average referral hospitals (87 vs. 82). The health centre scores were due to issues in customer care and facilities.

Percentage of Dissatisfaction of Ratanak Kiri (n = 107)



Main improvement areas

Customer care (Critical Improvement Area)

- In total, 13% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in friendliness of staff (22%), staff availability during the day time (21%), staff availability at night (19%), thorough examination (18%), and waiting time (16%).

Facilities

- 12% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (30%), material cleanliness (16%), and health centre floor cleanliness.

Communication

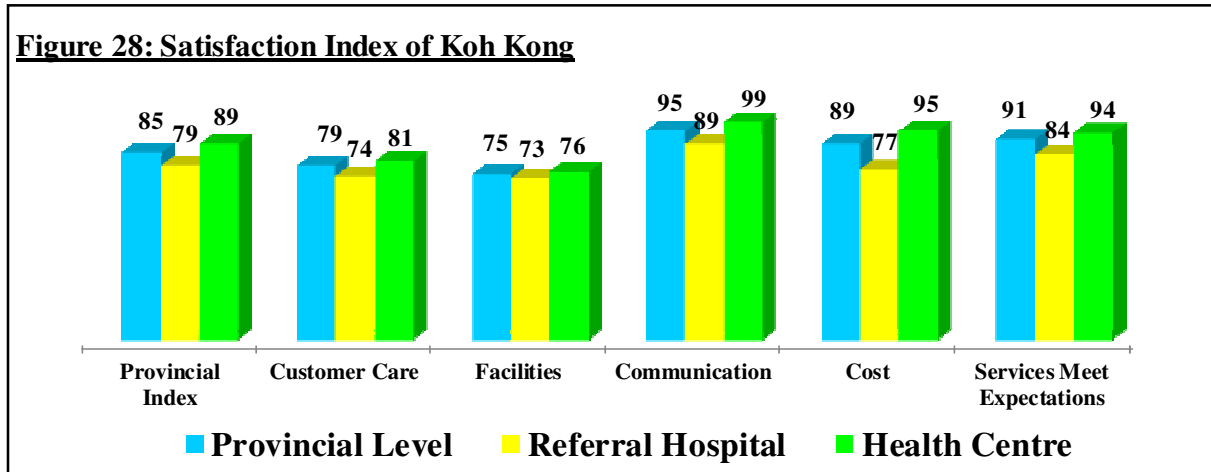
- 9% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in prevention explanation (18%), illness explanation/diagnosis (14%), and the opportunity to ask questions (12%).

Cost

- 4% of patients were dissatisfied with cost.

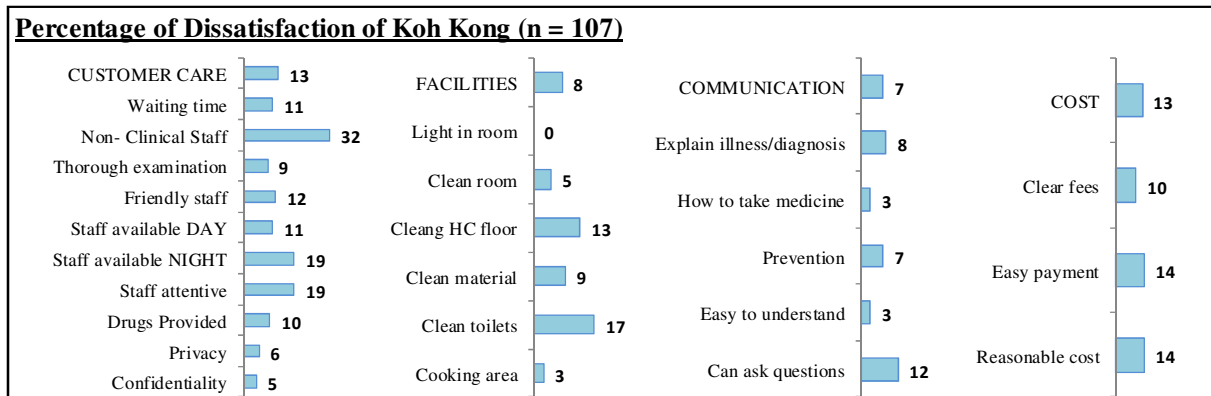
20. Koh Kong

Figure 28: Satisfaction Index of Koh Kong



Overall, Koh Kong had a satisfaction index of 85, in line with the national average of 86. Health centres were slightly above the national average (89 vs. 87), but referral hospitals were lower (79 vs. 82). Overall, cost was considered too high for the services offered.

Percentage of Dissatisfaction of Koh Kong (n = 107)



Main improvement areas

Customer care (High Priority)

- In total, 13% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in friendliness of non-clinical staff (32%), staff availability at night (19%), staff attentiveness (19%), and friendliness of staff (12%).

Facilities

- 8% of patients were dissatisfied with facilities.

- Highest dissatisfaction scores were in toilet cleanliness (17%), and health centre floor cleanliness (13%).

Communication

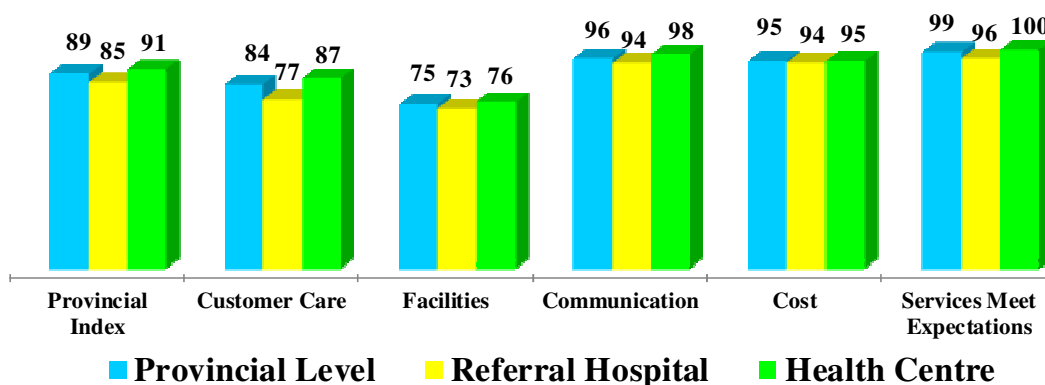
- 7% of patients were dissatisfied with communication.

Cost (High Priority)

- 13% of patients were dissatisfied with cost.
- Highest dissatisfaction score were in reasonable cost (14%), easy payment procedures (14%), and clear fees (10%).

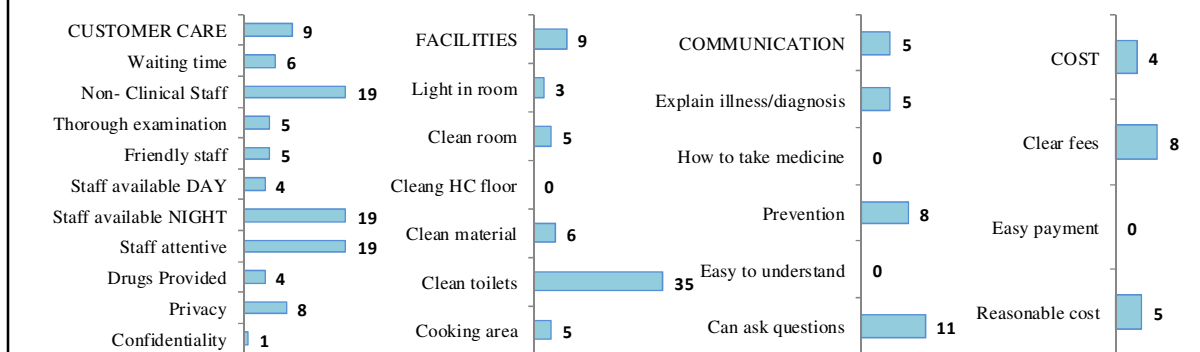
21. Stung Treng

Figure 29: Satisfaction Index of Steng Treng



Overall, Stung Treng had a satisfaction index of 89, beyond the national average of 86. Health centres (91 vs. 87) and referral hospitals (85 vs. 82) were both above average. Stung Treng offered an excellent service/price ratio.

Percentage of Dissatisfaction of Stung Treng (n = 107)



Main improvement areas

Customer care

- Only 9% of patients were dissatisfied with customer care.

- Highest dissatisfaction scores were in staff availability at night (19%), friendliness of non-clinical staff (19%), and staff attentiveness (19%).

Facilities

- 9% of patients were dissatisfied with facilities.
- The highest dissatisfaction score was toilet cleanliness (35%).

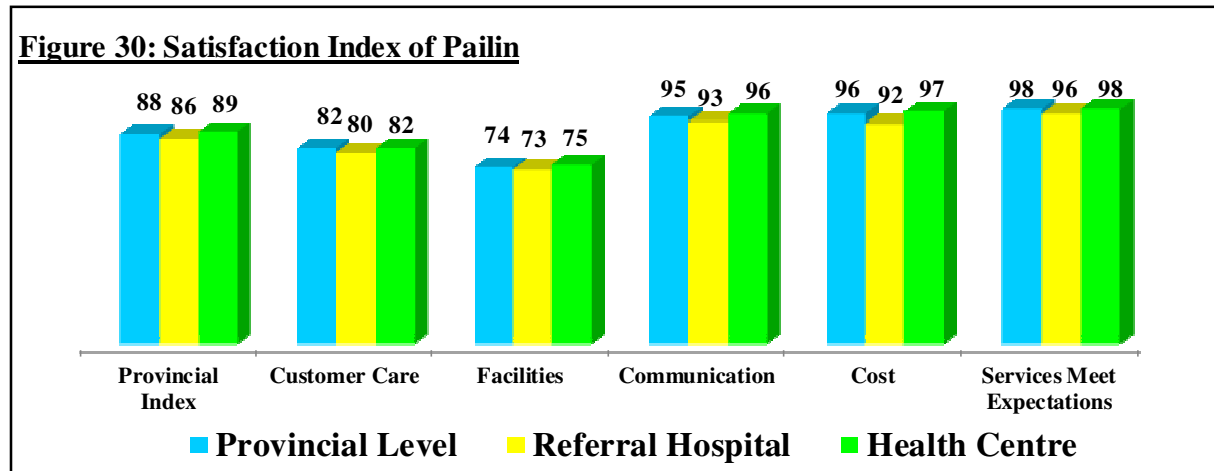
Communication

- Only 5% of patients were dissatisfied with communication.

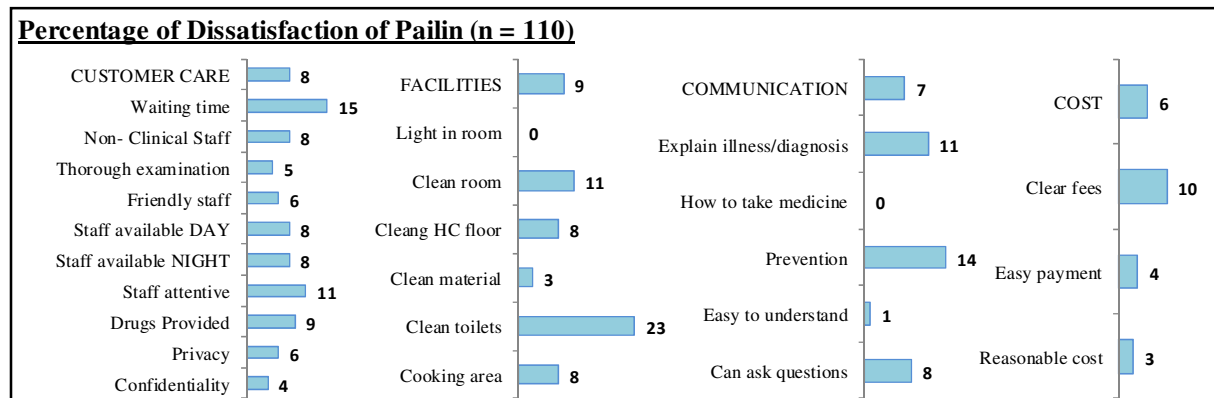
Cost

- Only 4% of patients were dissatisfied with cost.

22. Pailin



Overall, Pailin had a satisfaction index of 88, above the national average of 86. Health centres (89 vs. 87) and referral hospital (86 vs. 82) were both above average. This excellent performance was due to high scores in customer care, communication and cost.



Main improvement areas

Customer care

- Only 8% of patients were dissatisfied with customer care.
- Highest dissatisfaction score were in waiting time (15%), and staff attentiveness (11%).

Facilities

- 9% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (23%), and room cleanliness (11%).

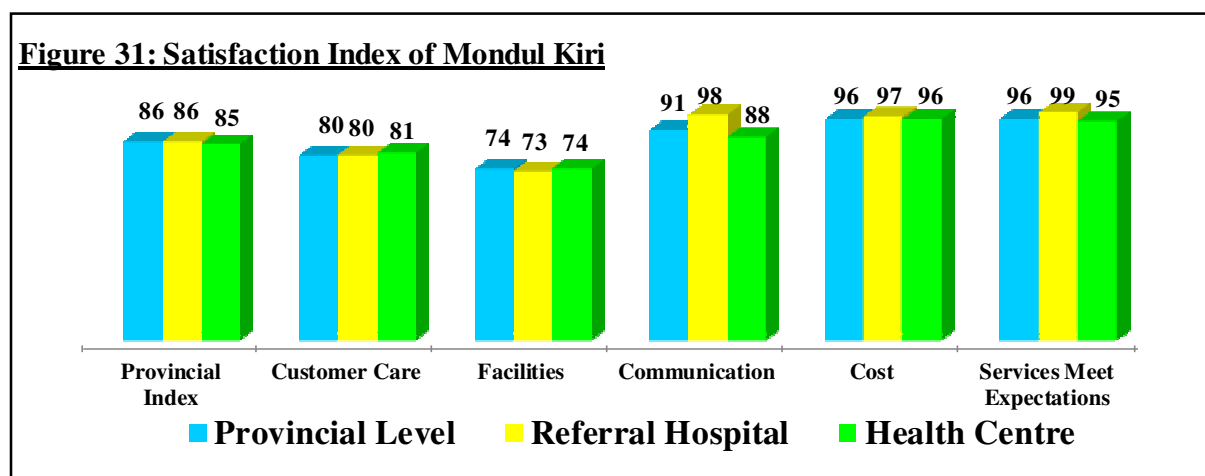
Communication

- 7% of patients were dissatisfied with communication.
- Highest dissatisfaction scores were in prevention explanation (14%), and illness explanation/diagnosis (11%).

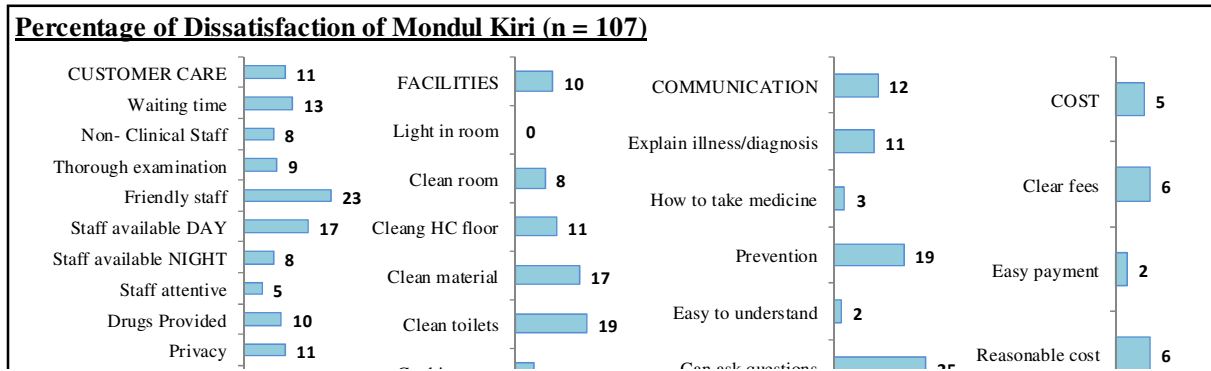
Cost

- Only 6% of patients were dissatisfied with cost.

23. Mondul Kiri



Overall, Mondul Kiri had a satisfaction index of 86, equal to the national average. Health centres were lower than average (85 vs. 87), and referral hospitals were above average (86 vs. 82).



Main improvement areas

Customer care (High Priority)

- 11% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in friendliness of staff (23%), and staff availability during the daytime (17%).

Facilities

- 10% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were in toilet cleanliness (19%), material cleanliness (17%), and health centre floor cleanliness (11%).

Communication (High Priority)

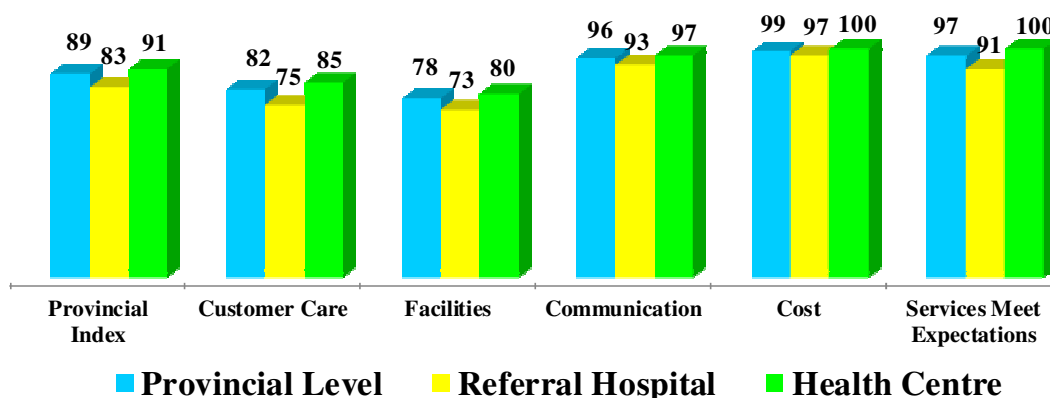
- 12% of patients were dissatisfied with communication (9% national average).
- Highest dissatisfaction scores were in opportunity to ask questions (25%), prevention explanation (19%), and illness explanation/diagnosis (14%).

Cost

- Only 5% of patients were dissatisfied with cost.

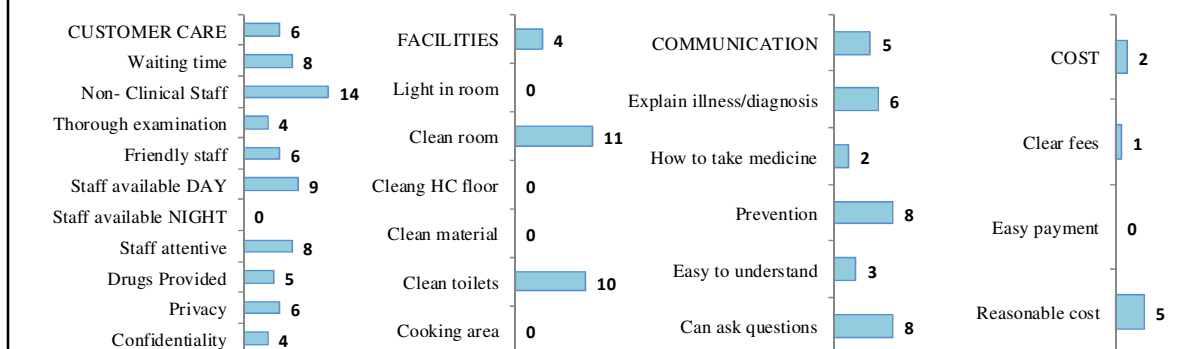
24. Kep

Figure 32: Satisfaction Index of Kep



Overall, Kep had a satisfaction index of 83, below the national average of 86. Health centres (85 vs. 87) and referral hospitals (79 vs. 82) were both below average.

Percentage of Dissatisfaction of Kep (n = 107)



Main improvement areas

Customer care

- In total, 6% of patients were dissatisfied with customer care.
- Highest dissatisfaction scores were in friendliness of non-clinical staff (14%), and staff availability during the day time (9%).

Facilities

- Only 4% of patients were dissatisfied with facilities.
- Highest dissatisfaction scores were room cleanliness (11%), and toilet cleanliness (10%).

Communication

- Only 5% of patients were dissatisfied with communication.

Cost

- Only 2% of patients expressed dissatisfaction with cost.

Provinces - Key Facts and Priority Improvements

Large provinces (over one million inhabitants)

The five large provinces (and Phnom Penh) can be divided into three groups, in terms of satisfaction and recommendation:

- Above average: Battambang
- Average: National hospitals in Phnom Penh, Kampong Cham, Siem Reap
- Below average: Kandal

Priority improvements

1. Among the large provinces, Kandal is the highest priority province for improvement.
 - 16% of patients were dissatisfied with customer care; all attributes showed high dissatisfaction scores. The highest dissatisfaction was with the service of non-clinical staff, and the availability of staff at night. The whole process of customer care in Kandal needs close attention, by promoting the Provider Behaviour Change Intervention (PBCI) and staff management.
 - Facilities also need further improvement by close monitoring; 20% of patients considered rooms not clean, and 27% considered toilets not clean.
 - Communication needs improvement primarily on prevention explanation, and the opportunity for patients to ask questions.
 - Cost was considered high, fees unclear and payment procedures not easy.
2. Specific improvements needed in Phnom Penh, Kampong Cham, Siem Reap:
 - National hospitals in Phnom Penh: High cost of care.
 - Kampong Cham: Staff service and facilities (cleanliness).
 - Siem Reap: Minor improvements in attentiveness of staff and privacy.
3. Battambang is a model of satisfaction among the large provinces.
 - However, minor improvements could be made in the attentiveness of non-clinical staff, cooking areas and clear fees.

Medium provinces (500,000 – 1,000,000 inhabitants)

The medium provinces recorded an average satisfaction index of 84-86, with one exception: Kampong Chhnang, with an index of 88, was above the national average.

Priority improvements

1. Takeo, Kampong Speu, Banteay MeanChey and Kampong Thom are the priority provinces. These four provinces had two common weaknesses: customer service (12-13% dissatisfied) and facilities (12-13% dissatisfied). There are some improvements that should be made to improve this:
 - Communication: Closer monitoring of the services at health centres and referral hospitals, and refresher training on clients' rights and providers' duties would help in addressing the

dissatisfaction of patients. Communication is primarily an issue in Takeo and Kampong Speu.

- Facilities: More frequent checking of the cleanliness of rooms, floors, and toilets would help improve patients' satisfaction with facilities.
- Cost: Cost can be improved in Banteay MeanChey and Kampong Thom.

2. The other four provinces present specific problems:

- Prey Veng: Waiting times, availability of staff at night, and privacy problems.
- Kampot: Service of non-clinical staff, attentiveness of staff, cooking areas, and communication on illness diagnosis.
- Kampong Chhnang: Minor improvements are needed in staff service and communication.
- Svay Rieng: Cleanliness of facilities.

Small provinces (less than 500,000 inhabitants)

The 11 small provinces can be divided in three groups, in terms of satisfaction and recommended improvements:

- Above national average: Stung Treng, Kratie, Pailin, Pursat, Oddar MeanChey
- Average: Kep, Preah Vihear, Ratanak Kiri, Mondul Kiri
- Below average: Koh Kong, Sihanoukville

Priority improvements

1. Sihanoukville

- Had the highest dissatisfaction scores among small provinces: 14% overall, 15% in customer care, 28% in cleanliness of rooms, 17% in clear fees and payment procedures.
- Highest priority province for improvement.

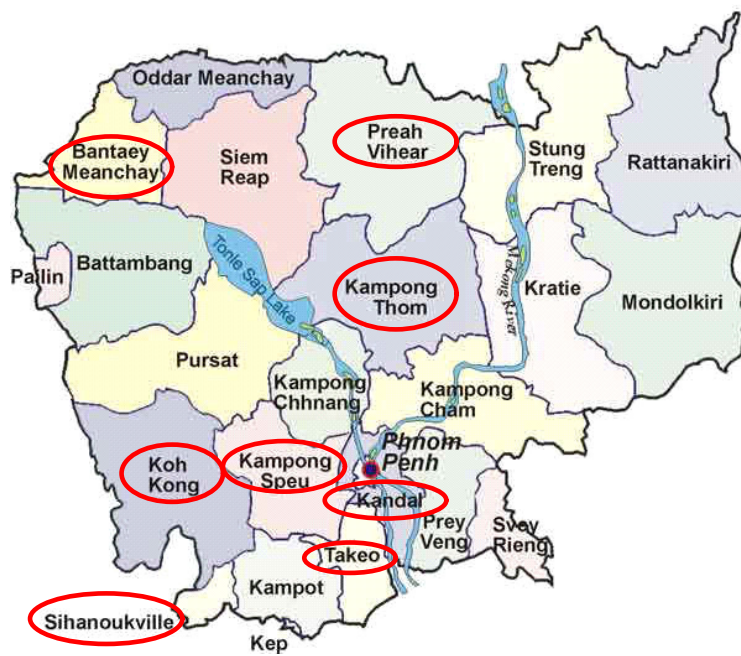
2. Preah Vihear should be the second priority province for improvement.

- 15% dissatisfaction with customer care.

3. The other provinces present specific issues:

- Pursat and Kratie: Availability of staff at night, and attentiveness of staff.
- Oddar MeanChey: Service of non-clinical staff, and availability of staff at night.
- Ratanak Kiri and Mondul Kiri: Staff availability, and communication on prevention.
- Koh Kong and Stung Treng: Service of non-clinical staff, and availability at night.

Map 1 – Priority Improvement Provinces





Conclusion and Recommendations

4. Conclusion and Recommendations

The National Client Satisfaction Survey 2011-2012 was conducted by interviewing 3,723 patients from 68 health centres (out of 1004 total) and 29 referral hospitals (out of 82 total) across 23 provinces, and three national hospitals (out of eight total) in Phnom Penh. This sample of 100 health facilities provided a full assessment of client satisfaction with the services of public health facilities in Cambodia.

Snapshot

Nationwide

At the national level, the priority improvements by process are clear:

- Customer care in general (all attributes), with a special attention on the availability of staff at night.
- Communication, with a focus on three points: diagnosis explanation, prevention explanation, and patient questions.
- Cleanliness of rooms and toilets.

By health facilities:

- Referral hospitals are the highest priority for improvement. All processes need attention, beginning with customer care and communication (diagnosis and prevention explanations), cleanliness, and cost.
- Health centre service is appreciated by patients. The main improvement area is communication.
- National hospitals offer excellent service, but cost is a serious issue. Progress also needs to be made on the availability of staff at night, and drugs provided by the hospital.

By province:

- There is significant room for improvement in eight provinces.
- Specific points exist for improvement in other provinces.
- Priorities should be fixed province by province.

Priority Improvements

The five following areas for improvement have come out of the analysis:

Referral hospitals

- The highest priority for improvements.
- Customer care (as a whole) should be improved/upgraded.
- Communication on diagnosis & illness prevention should be the second area improved.
- Availability of drugs is a need expressed by patients.
- Cleanliness of rooms & toilets is a secondary area for improvement.

National hospitals

- Cost is the biggest issue. (Can costs be adapted for the poorest families?)
- Secondary areas for improvement are the availability of staff at night, and communication on illness prevention.
- Availability of drugs is a need expressed by patients.
- Cleanliness of toilets is a secondary area for improvement.

Health centres

- Communication is the main issue that needs improvement.
- Patients want more attention from doctors/staff.
- Availability of drugs is a need expressed by patients.
- Cleanliness of rooms & toilets is a secondary area for improvement.

Kandal & four medium provinces

- Kandal, Takeo, Kampong Speu, Kampong Thom, and Banteay MeanChey are the large and medium provinces that need the most improvement.
- Entire process in these provinces should be revised and upgraded.

Threesmall provinces

- Preah Vihear, Koh Kong, Sihanoukville are the small provinces that need the most improvement.
- Entire process in these provinces should be revised and upgraded.

Key Facts

The majority of patients were satisfied with the services of their public health facilities, as shown in the national satisfaction index score of 86. However, there were several areas where dissatisfaction was expressed. Those include: poor attentiveness of staff toward their clients, unavailability of staff at night, unclean facilities, and poor communication on illness diagnosis and prevention.

The satisfaction index for health centres was 87, above the national index (86), national hospitals (85) and provincial/district referral hospitals(82) respectively.

There were some specific issues and areas for improvement at the different types of health facilities:

- The health centre level in general offers good services at a low cost. The biggest area for improvement is mainly staff communication with patients, such as explaining diagnosis and illness prevention, and allowing time for clients to ask questions.
- The referral hospital level ranked lowest in satisfaction compared to other types of health facilities. There are several areas that need further improvement, particularly waiting times, staff behaviour, thoroughness of examinations, and the availability of drugs. Explanations

on diagnosis and illness prevention, as well as the cost of care need further improvement also.

- The national hospital level offers good service and good communication to their clients, but the cost is considered too high. Areas that need further improvement include the availability of staff at night, availability of drugs, and cleanliness of the hospital.

The analysis by province showed that eight provinces perform below the national average in terms of overall satisfaction: one large province (Kandal), three medium provinces, and two small provinces, as shown in the map below.

The reasons for low performance vary from one province to another. Some provinces need close attention in all 4 processes (customer care, facilities, communication and cost). Refer to the analysis by province for more detailed information.

Recommendations

In general there was a high degree of satisfaction on public health care services among those who used the services. However, there are several important areas need to be improved in order to maintain the attractiveness of public health service provisions. These include:

- Communication between health care providers and their clients, such as thorough explanations of diagnosis and illness prevention, and giving the opportunity to clients to ask questions, needs to be improved in all levels of health services. The active promotion of clients' rights and providers' responsibilities, especially the right to information, may improve the interaction.
- Although the majority of responses about service at referral hospitals and national hospitals were positive, negative staff behaviour (even verbal abuse) and the unavailability of staff at night were frequently reported. Provider Behaviour Change Intervention (PBCI) and the proper management of a duty roster, together with close supervision, can address such issues.
- Drugs provided at health facilities, especially at national hospitals, were not generally satisfactory to their clients. Since perception can be arbitrary, further investigation at each individual hospital should be carried out in order to address the problem effectively.
- Cost incurred at referral hospitals and national hospitals was frequently considered too high. Reviewing user fees or introducing other health financing mechanisms, such as health equity funds (HEF), subsidy operators (SUBO), or community-based health insurance will address this issue.
- To improve responsiveness to clients' demands, it's important to organise the routine collection of client feedback, by using MOH's standard tools, through all possible means (e.g. suggestion boxes at health facilities, accountability boxes at commune/district halls), and especially by engaging the subnational councils, civil society and village health support groups (VHSG) to conduct client satisfaction surveys and share the findings with health care providers on a regular basis.
- Follow-up mechanisms (e.g. meetings, action plans, community forums, etc.) to monitor the response to client satisfaction feedback should be established at all health facilities.



Appendix 1 – Questionnaire

**Client Satisfaction**

Market Strategy & Development Ltd (MSD)

79 St. 454 Phnom Penh 12311

Tel: 023 987 889; Fax 023 987 887

Email: research@msd.com.kh

http://www.msd.com.kh

Questionnaire No.: _____ (1)

Interviewer Name: _____

Interviewer ID No.: _____ (2)

Date of Interview: ____/____/2011 (3)

Int. Length From: ____:____ (4) To: ____:____ (5)

Respondent's Name: _____ **CH:**Address: # _____ St. _____ Group: _____ Commune: _____ **CO:**District: _____ City: _____ **DC:**Phone Number: _____ **DP:****RH - For Interview Only**

Date of interview: / /

Name of RH: Operation district: Province: Interviewer's Name:

Introduction

Thank you very much for making the time available for this interview. My name is.....I am e.g.
(a CBHI agent, HEF implementer) for this province/ district.

One of my tasks is to monitor if the services provided response to the need fo their clients. So, my objective today is to get information from you how you feel about the services you received so far so we can feedback to health care providers to better response to your needs. All responses will be kept confidential and anymous. So pelase be opened and do not hesitate to express you views.

Do you agree to participate in this survey? Yes 1 No (end of interview) 2

Socio-demographic information of Patient or Patient's Caregiver

D 1	Is the patient a child? (15 years and younger)	Yes 1 Please interview caregiver No 2
D 2	Age in years:	<input type="text"/> <input type="text"/> Years
	Sex:	Male 1 Female 2
D 3	Health Status: Do you have chronic disease or disability/imparement?	Yes 1 No 2
D 4	Marital Status	Single 1 Married 2 Divorced/Widowed 3
D 5	Educational attainment	<input type="text"/> <input type="text"/> Years
D 6	Type of payment	Insurance 1 HEF 3 Self paying 2 Exemption 4
D 7	Department of hospital that was used	Department: _____



National Client Satisfaction Survey

Q 1 How satisfied/happy are you with is aspect of the service? Please tick the answer of each question as following:
4 "Very satisfied", 3 "Satisfied", 2 "Somewhat unsatisfied, 1 "Very unsatisfied and 98 "Don't know" and 3 "Yes" , 1 "No"

1. Responsiveness, process of care and reliability		A	B	C	D	E
		Very Satisfied	Satisfied	Somewhat unsatisfied	Very Unsatisfied	Don't know
1	The amount of time you waited until you were attended to	4	3	2	1	98
2	The way non-clinical staff treated you (guard, janitor, resistrar)	4	3	2	1	98
3	Thoroughness of examination	4	3	2	1	98
4	Courteousness and friendliness of staff	4	3	2	1	98
5	The ease with which you were able to see the staff you needed during day time	4	3	2	1	98
6	The ease with which you were able to see the staff you needed at night	4	3	2	1	98
7	The attentiveness of staff during your stay in hospital	4	3	2	1	98
8	Drugs provided in hospital	4	3	2	1	98
9	Did staff protect your privacy during examination?	Yes	3	No	1	98
10	Did staff protect your confidentiality?	Yes	3	No	1	98
2. Access and Facilities						
11	The availability of light in the room	4	3	2	1	98
12	The cleanliness of room	4	3	2	1	98
13	The cleanliness of the toilets	4	3	2	1	98
14	The cooking area for patient and relatives	4	3	2	1	98
3. Communication						
15	Did health staff explain your illness/diagnosis to you?	Yes	3	No	1	98
16	Did health staff explain to you about proper way to take the medicine?	Yes	3	No	1	98
17	Did health staff explain to you about prevention mearsure?	Yes	3	No	1	98
18	Were explanation easy to understand?	Yes	3	No	1	98
19	Were you given the opportunity to ask question?	Yes	3	No	1	98
4. Cost						
20	Was information about official fees including the exemption clear/easy to understand?	Yes	3	No	1	98
21	Was the procedure for making payment easy? (e.g. one place to pay with proper receipt & no under table payment etc.)	Yes	3	No	1	98
22	Was the cost of treatment reasonable?	Yes	3	No	1	98
5. Overall Assessment						
23	Were overall services you received, satisfy your needs?	Yes	3	No	1	98
24	Will you recommend this facility to your friends or relatives?	Yes	3	No	1	98



National Client Satisfaction Survey

Q 2	Will you recommend this facility to your friends or relatives?	Yes 1 No 2										
Q 3	How likely is it that you would recommend your hospital to a friend or relative?" Please give me a score from 1 to 10, where 1 means that you are not at all likely to recommend and 10 mean that you are absolutely likely to recommend. You can of course also use the in-between scores, between 1 and 10											
	Not absolutely recommend <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr></table> Absolutely recommend		1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10			
Q 4	Please list 3 important issues that you would like to see changes first. 1. 2. 3.											
Q 5	Any other comments or suggestions											

Thank you for your participation!

**Client Satisfaction**

Market Strategy & Development Ltd (MSD)

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Email: research@msd.com.kh

http://www.msd.com.kh

Questionnaire No.: _____ (1)

Interviewer Name: _____

Interviewer ID No.: _____ (2)

Date of Interview: ____/____/2011 (3)

Int. Length From: ____:____ (4) To: ____:____ (5)

Respondent's Name: _____

CH:Address: # _____ St. _____ Group: _____ Commune: _____ **CO:**District: _____ City: _____ **DC:**Phone Number: _____ **DP:****HC - For interview only**

Date of interview: / /

Name of HC: Operation district: Province: Interviewer's Name:

Introduction

Thank you very much for making the time available for this interview. My name is.....I am e.g.....
(a CBHI agent, HEF implementer) for this province/ district.

One of my tasks is to monitor if the services provided response to the need fo their clients. So, my objective today is to get information from you how you feel about the services you received so far so we can feedback to health care providers to better response to your needs. All responses will be kept confidential and anonymous. So pelase be opened and do not hesitate to express you views.

Do you agree to participate in this survey? Yes 1 No (end of interview) 2

Socio-demographic information of Patient or Patient's Caregiver

D 1	Is the patient a child? (15 years and younger)	Yes 1 Please interview caregiver No 2
D 2	Age in years:	<input type="text"/> <input type="text"/> Years
	Sex:	Male 1 Female 2
D 3	Health Status: Do you have chronic disease or disability/imparement?	Yes 1 No 2
D 4	Marital Status	Single 1 Married 2 Divorced/Widowed 3
D 5	Educational attainment	<input type="text"/> <input type="text"/> Years
D 6	Type of payment	Insurance 1 HEF 3 Self paying 2 Exemption 4



Q 1 How satisfied/happy are you with is aspect of the service? Please tick the answer of each question as following:
 4 "Very satisfied", 3 "Satisfied", 2 "Somewhat undsa", 1 "Very undsa" and 98 "Don't know" and 3 "Yes" , 1 "No"

1. Responsiveness, process of care and reliability		A	B	C	D	E
		Very satisfied	Satisfied	Somewhat undsa	Very undsa	Don't know
1	The amount of time you waited until you were attended to	4	3	2	1	98
2	Courteousness and friendliness of staff	4	3	2	1	98
3	Thoughtness of examination	4	3	2	1	98
4	The availability of staff during office hours	4	3	2	1	98
5	Drugs provided at health center	4	3	2	1	98
6	Did health staff protect your privacy during examination?	Yes	3	No	1	98
7	Did health staff protect your confidentiality?	Yes	3	No	1	98
2. Facilities						
8	The cleanliness of medical material or bed for examination	4	3	2	1	98
9	The cleanliness of the health center floor	4	3	2	1	98
10	The cleanliness of the toilets	4	3	2	1	98
3. Communication						
11	Did health staff explain your illness/ diagnosis to you?	Yes	3	No	1	98
12	Did health staff explain to you about proper way to take the medicine?	Yes	3	No	1	98
13	Did health staff explain to you about prevention measures?	Yes	3	No	1	98
14	Were explanations easy to understand?	Yes	3	No	1	98
15	Were you given the opportunity to ask questions?	Yes	3	No	1	98
4. Cost						
16	Was information about official fees including the exemption clear/ easy to understand?	Yes	3	No	1	98
17	Was the procedure for making payment easy ?(under table payment etc.) (e.g. one place to pay with proper receipt and no under table payment etc.)	Yes	3	No	1	98
18	Was the cost for treatment reasonable?	Yes	3	No	1	98
5. Overall Assessment						
19	Were overall services you received, satisfy your needs?	Yes	3	No	1	98
20	Will you recommend this facility to your friends or relatives?	Yes	3	No	1	98



National Client Satisfaction Survey

Q 2	Will you recommend this facility to your friends or relatives?	Yes 1 No 2										
Q 3	<p>How likely is it that you would recommend your hospital to a friend or relative?" Please give me a score from 1 to 10, where 1 means that you are not at all likely to recommend and 10 mean that you are absolutely likely to recommend. You can of course also use the in-between scores, between 1 and 10</p>											
<p style="text-align: center;">Not absolutely recommend <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">10</td></tr></table> Absolutely recommend</p>			1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10			
Q 4	<p>Please list 3 important issues that you would like to see changes first.</p> <p>1.</p> <p>2.</p> <p>3.</p>											
Q 5	<p>Any other comments or suggestions</p> <p>.....</p> <p>.....</p> <p>.....</p>											

Thank you for your participation!