

MINISTRY OF HEALTH

AN ASSESSMENT OF THE QUALITY OF RH-OBA SERVICES

CLIENT-PERCEIVED QUALITY OF RH SERVICES IN SELECTED OBA SITES

INTRODUCTIONS

- I am here today working on a project that will be assessing the quality of services in the OBA sites.
- We are collecting information from OBA clients who have benefitted from the OBA programme to understand their rating of the services they received.
- This information will be gathered by asking you some questions related to the service you received

Purpose: The information collected will be used to describe the level of satisfaction that clients have related to this service and thus inform on areas that require service improvement for effective and efficient RH-OBA implementation.

Informed Consent (verbal):

Are you willing to participate in a short interview with me of about 20 minutes, in which I will ask you about the maternity services you received. The questions asked will be about your thoughts and opinions on these issues. There are no right or wrong answers. Your responses will remain anonymous.

Your participation is completely voluntary. You may choose to stop answering at any point. Your participation, and the answers you provide, will not impact on your care at this hospital in any way.

Date:	/ (DD-MM-YYYY)
County:	
Sub-county:	
Facility Name:	
Enumerator's N	ame
Client Number:	
SECTION A: GI	ENERAL INFORMATION
1. Age (years):	
2. Parity:	+
3. Education leve	l (Tick one):
\square N	o Education
□ P1	rimary Level
\Box Se	condary Level
\Box Te	ertiary Level
4. Distance to rea	ch facility from home (either by time on foot or by vehicle)
4.1: time \	by foot: (Hrs/Minutes)
4.2: time l	by vehicle: (Hrs/Minutes)
5. How many tim	es have you attended the ANC clinic?
\Box T	wo or less No Education
\Box Th	nree times or more
6. What is your m	narital status
\Box Ne	ever Married
□ Ma	arried
\Box No	ot currently married

SECTION B: PERCEIVED QUALITIES OF RH-OBA services

Respondents will express their opinion or experience on a four-point Likert scale (1 - 5), where Completely Disagree (1), Disagree (2), Agree (3), Completely Agree (4) and Don't Know (5). For each aspect/question please tick in the appropriate box provided on the right.

Aspects	Completely Disagree (1)	Disagree (2)	Agree (3)	Completely Agree (4)	Do not know (5)	
Q5: Health Facility						
5.1 In your opinion, the number of health staff in the health facility is adequate.						
5.2 a) In your opinion, the health staff have adequate knowledge in dealing with FP, SGBV, CS, normal, deliveries.		-		-		
5.2 b) In your opinion, the health staff in the health facility are very capable of finding out what is wrong with the patients.						
5.2 c) You developed complications from using OBA services						
5.2 d) In your opinion, complications arising from OBA services were dealt with effectively		-				
5.3 a) In your opinion, the waiting rooms, examination rooms and other rooms of the health facility are <u>adequate</u> for RH-OBA services.		-		-		
5.3 b) There is enough privacy while handling your cases						
5.4 In your opinion, the provision of clean drinking water for OBA clients in the facility is adequate.						
5.5 In your opinion, Hand washing facilities for OBA clients in the facility are adequate.						
5.6 In your opinion, Bathing facilities for OBA clients in the facility are adequate.						
5.7 In your opinion, Toilets for OBA clients in the facility are adequate.						

5.8 In your opinion, the overall					
environment of the health facility is very					
<u>clean</u> .					
5.9 In your opinion, the equipment in the					
health facility is well suited for detecting					
OBA client's medical problems and					
complications on time.					
5.10) You received enough information on		<u> </u>	<u> </u>	-	
services you had come for to help you					
make informed decisions					
5.11) In your opinion, the information of		 		 	
danger signs of delivery and postpartum					
provided by health staff is adequate.					
A 4	C 1.4.1	D'	A	C 1.4.1	D
Aspects	Completely	Disagree	Agree	Completely	Do not
	Disagree (1)	(2)	(3)	Agree (4)	know (5)
6. Health Care Delivery	·		- 	<u>.</u>	
6.1 In your opinion, the health staff in the			T	<u> </u>	
health facility examines pregnant and					
postpartum women <u>well</u> .					
6.2 In your opinion, the health staff in the					
health facility prescribe the drugs that are					
<u>needed</u> .					
6.3 In your opinion, there is adequate supply					
of drugs in this health facility <u>.</u>					
6.4 In your opinion, patients can <u>easily</u>			<u> </u>	 	
obtain drugs from this health facility.					
6.6 You felt very much of unnecessary and		 	- 	- 	
humiliating procedures during antenatal and					
delivery care.					
		 		 	
				1	

Aspects	Completely Disagree (1)	Disagree (2)	Agree (3)	Completely Agree (4)	Do not know (5)
7.0 Interpersonal Aspects	İ	<u> </u>	<u> </u>	<u> </u>	
7.1 In your opinion, the health staff in the health centre are very open with the patients.					
7.2 In your opinion, the health staff in the health facility are very compassionate towards the patients.					
7.3 In your opinion, the health staff are respectful towards the patients					
7.4 In your opinion, the time that the health staff devote to their patients is adequate .					
7.5 In your opinion, the health staff in the health facility are honest.					
8.0 Overall	. <u>i</u>	<u> </u>	<u>i</u>	l	
8.1 You were completely satisfied with the services provided to you					
8.2 In the case of your future delivery or next baby, will you again use this the health care facility?	yes	No	Undecided/do not know		
8.3 Is there any service you have paid for during your maternal care (ANC, Delivery, PNC, SGBV)	Yes	No	If Yes, which service?		