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

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

The increasing emphasis on qualitative aspects of public health services necessitates attention to what the clients of health services have to say about the services offered and delivered. Recognizing the vital role people’s feedback can play in establishing a responsive health care delivery system, MoHFW, with support from HFG, initiated a service quality assessment (SQA) pilot to ascertain client perspectives and identify issues. To this end, HFG developed and piloted, in consultation with MoHFW, an SQA methodology to assess the perceptions of users and non-users of public health services. The SQA methodology was piloted in five districts from five geographically dispersed states—Chirang from Assam, Ernakulam from Kerala, Ferozepur from Punjab, Kota from Rajasthan, and Birbhum from West Bengal. The pilot aimed at demonstrating the SQA methodology and generating preliminary insights that could inform quality improvement efforts.

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

The SQA pilot, implemented in January–February 2016, was designed to elicit views of users and non-users of public health facilities from diverse geographic regions. Respondents—2,467 users and 2,345 non-users—were drawn from catchment areas of 123 public health facilities. Almost 60 percent of the respondents were from sub-centers (SCs), followed by nearly 20 percent from primary health centers (PHCs), about 7 percent from community health centers (CHCs) and sub-divisional hospitals (SDHs) each, and about 4 percent from district hospitals (DHs). Two data collection tools—the Patient Satisfaction Survey and the Non-Utilization Survey—were used to obtain primary data. The Patient Satisfaction Survey assessed perceptions of beneficiaries who had used a public health facility in the previous three months. The Non-Utilization Survey was administered to non-users to explore perceived barriers to care in public health facilities. The survey team used FluidSurveys, an internet-based platform, to facilitate data collection. The key findings of the SQA pilot are summarized1 in this brief.

What do satisfied users tell us?

A majority of the surveyed users (71%) reported satisfaction with their most recent visit to a public health facility. Highest satisfaction was at the SC level, with 81 percent satisfied. When adding moderately satisfied, the proportion of satisfied respondents decreased with increasing facility complexity—from 90 percent at SCs to 84 percent at DHs. Users across the five districts reported location2 of facility, availability of drugs, and cordial staff behavior as the major reasons for satisfaction. Satisfied users also cited availability of required services and interactions with facility staff. Lower satisfaction with diagnostic services and poor condition of toilets emerged as areas of weakness across facilities. Remarkably, a high percentage of users (95%) indicated a willingness to return to the public health facility regardless of their level of satisfaction with their most recent experience.

What do dissatisfied users tell us?

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

What do non-users tell us?

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

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1 The complete report is available at https://www.hfgproject.org/where-we-work/asia/india/. 2 The high level of satisfaction with facility location, even in rural areas, is an important result, but should be seen in light of the fact that the survey sample was drawn from close vicinity of health facilities.
The SQA pilot entailed surveying of users and non-users from the five districts. The assessment has generated some insights about what is perceived to work and not work at public health facilities in these districts. These findings, the highlights of which are shared below, should, however, be seen as preliminary and tentative, pointing to possible areas for more robust exploration.

### Areas for Attention
- Lowest dissatisfaction with poor availability of drugs and staff courtesy was at the DH level
- Unavailability of health staff and variety of services were seen as major issues at PHC and CHC levels
- High dissatisfaction with wait time was at higher-level facilities
- Poor satisfaction with availability of diagnostics at SC and PHC levels
- Highest overall dissatisfaction was at the SC level
- Dissatisfaction with poor availability of drugs at all facility levels
- Lowest satisfaction with availability of diagnostics and drugs, variety of services, and staff behavior was at the SC level
- Overall, low satisfaction with facility cleanliness
- At the SC level, highest dissatisfaction was with availability of health services
- Lowest satisfaction with availability of diagnostics and drugs was at the DH level
- Lack of health staff and variety of services and poor awareness were seen as issues at the DH level
- Very low satisfaction with availability of diagnostics at the SC level
- High dissatisfaction with availability of drugs at the CHC level
- Lack of health staff and variety of services were also seen as issues at the CHC level
- At the SC level, highest dissatisfaction was with availability of drugs
- Very high dissatisfaction with availability of health services at the PHC level
- Poor quality and variety of services were seen as issues at the PHC level

### Findings by District

#### Birbhum, West Bengal

**Top three reasons for:**
- **Satisfaction**
  - Cordial behavior of staff
  - Drug stocks in dispensary
  - Location of the facility
- **Dissatisfaction**
  - Waiting time to seek services
  - Drug stocks in dispensary
  - Behavior of staff
- **Non-utilization**
  - Poor quality of services
  - Services not available
  - Human resources not available

#### Chirang, Assam

**Top three reasons for:**
- **Satisfaction**
  - Drug stocks in dispensary
  - Location of the facility
  - Cordial behavior of staff
- **Dissatisfaction**
  - Drug stocks in dispensary
  - Availability of health services
  - Availability of diagnostics/lab services
- **Non-utilization**
  - Services not available
  - Poor quality of services
  - Poor health facility infrastructure

#### Ernakulam, Kerala

**Top three reasons for:**
- **Satisfaction**
  - Location of the facility
  - Cordial behavior of staff
  - Availability of health services
- **Dissatisfaction**
  - Numbers/variety of staff working at the facility
  - Availability of health services
  - Drug stocks in dispensary
- **Non-utilization**
  - Human resources not available
  - Services not available
  - Low awareness about available health services

#### Ferozepur, Punjab

**Top three reasons for:**
- **Satisfaction**
  - Availability of diagnostics/lab services
  - Drug stocks in dispensary
  - Location of the facility
- **Dissatisfaction**
  - Drug stocks in dispensary
  - Availability of diagnostics/lab services
  - Waiting time to seek services
- **Non-utilization**
  - Human resources not available
  - Services not available
  - Low awareness about available health services

#### Kota, Rajasthan

**Top three reasons for:**
- **Satisfaction**
  - Drug stocks in dispensary
  - Cordial behavior of staff
  - Location of the facility
- **Dissatisfaction**
  - Drug stocks in dispensary
  - Behavior of staff
  - Timing of service availability
- **Non-utilization**
  - Poor quality of services
  - Services not available
  - Low awareness about available health services

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1. As the districts were selected purposively, the findings should not be assumed as generalizable across the individual states.
The SQA pilot has provided interesting preliminary insights into the level of patient satisfaction and causes of non-utilization of public health services. The assessment insights can help MoHFW pinpoint areas for further research and initiatives to improve service quality and client satisfaction. Results of the SQA pilot have a clear message—ensuring wider availability of a range of health services, drugs, and diagnostics is crucial to service uptake. The latter two present as major issues, both for users and non-users. The Patient Satisfaction Survey pointed to weaknesses in the availability of diagnostic services across all facilities, the relatively poor variety of services at PHCs and CHCs and availability of drugs at DHs, and the poor condition of toilets at public health facilities. For non-users, poor availability of a wide range of services and relevant health staff emerged as key impediments to service utilization.

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

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

Conclusion and Recommendations

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

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The Way Forward

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