End Term Evaluation of Patient Satisfaction across Secondary level Health Facilities in Rajasthan

for

Rajasthan Health Systems Development Project

A study by:

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Acronyms used in the study

APL	Above Poverty Line
BPL	Below Poverty Line
CTF	Common Treatment Facility
HCWM	Health Care Waste Management
HMIS	Health Management Information System
HSIC	Health Systems Improvement Committee
HSIT	Health Systems Improvement Team
IEC	Information Education Communication
IPD	In Patient Department
MMJRK	Mukhya Mantri Jeevan Raksha Kosh
MO I/C	Medical Officer In-Charge
NPF	Non Project Facility
OBC	Other Backward Class
OPD	Out Patient Department
PF	Project Facility
Pvt. F	Private Facility
RHSDP	Rajasthan Health Systems development Project
RMRS	Rajasthan Medicare Relief Society
SC	Scheduled Caste
SIHFW	State Institute of Health and Family Welfare
ST	Scheduled Tribe

Executive Summary

For a health care organization to be successful, monitoring customer's perceptions is a simple but important strategy to assess and improve their performance.Assessment of patient satisfaction is required to help improve health system performance and promote better governance of the hospital services. Although most patients are generally satisfied with their service experience, they may not be uniformly satisfied with all the aspects of care they receive.Somehow, there are very few studies in India that measure patient satisfaction with the services provided by health care organizations

A baseline and a mid-term survey of Patient Satisfaction was conducted and comparisons drawn. Now with the Project heading towards closure it was felt apt to assess the impact of the Project inputs by conducting an end-term study.

The End Term Patient Satisfaction Study was undertaken by State Institute of Health and Family welfare for RHSDP to assess patient's satisfaction levels with the secondary level health facilities across the State. Besides comparing the level of patients' satisfaction with that of the Non Project and Private Facilities, and reasons of non-use of secondary level public health facilities were also identified.

Data was collected through structured questionnaire from in-patients (684) and out-patients (1907) of Project, Non Project and Private Facilities. Non-users (2100) from community within different range of Project Facilities were also interviewed. Finally, views of the facility-in-charge (91) of Project Facilities were taken.

To ensure consistency and accuracy, the data entry was done, by the supervisors of the respective teams from July 6-18, 2011. After the completion of data entry tables were generated for analysis using MS Access and SPSS 16.0.

Responses of In-patients

Interview was taken from those in-patients who were discharged after treatment or who had been admitted for at least 24hours. For Project Facilities easy accessibility (40.9%) and low expenses (44.8%) were the prime reasons cited by the in-patients. Similar reasons were given for the Non Project Facilities also. Low expenses were the main reason given by respondents of Project Facilities across education, gender and income status (BPL-50.9%).

More patients were able to locate the registration counter in Project Facilities (96.7%). Availability of staff at the registration counter has been reported almost 100% across region and various demographic characteristics (age, gender, caste, education and income) in Project Facilities. 53.4% of the in-patients of the Project Facilities rated the behavior as “good”, 25.5% as “fair” and 20.4% as “excellent”. When compared with Non Project Facilities, almost similar percentage considered the behavior to be “good”. Moreover, human behavior tends to get easily affected by a number of personal and environmental factors. Across region more in-patients from tribal and desert had considered the behavior as “excellent”.

Most of the in-patients admitted through emergency were satisfied as the admission process had taken less than 15 minutes. 82.9% of the respondents from the Project Facilities had paid for the IPD ticket and of this 20.9% were from the BPL category. Comparing it to Non Project Facilities (79.8%) a slightly higher percentage (24.1%) of BPL was amongst those who paid the admission fee. More in-patients from government facilities, both Project and Non Project, found admission fee as reasonable as compared to Private Facilities.

Patients of Project Facilities were more satisfied as there was somebody to help them find the ward (82.1%) as compared to Non Project (50%) and Private Facilities (70%). Approximately 95% in-patients were attended immediately after being admitted in all the types of facilities.

Of those who underwent investigations 66.24% of in-patients of the Project Facilities and 64.9% of Non Project Facilities had got their investigations done at the facility itself. More in-patients of BPL category from Project Facilities (50.3%) had their investigations done within the facility as compared to Non Project Facilities (43.9%). 57% of those interviewed at Project Facilities paid for their tests, a higher number 61.4% paid at the Non Project Facilities. More in-patients of Non Project Facilities got the tests done outside the facility due to non availability of technicians and functional equipments (NPF-15.4%; PF-9.8%).

57.8% in-patients from the Project Facility rated the behavior of the nursing staff as “good” while 51.9% from Non-Project Facilities rated such. More in-patients from BPL (PF-20.0%; NPF-17.1%) and Tribal population (PF-19.6%; NPF-5.6%) rated doctor’s behavior as “excellent” than in Non-Project.

Not much difference was found between the three types of facilities – Project Facilities – 75.6%; Non Project facilities – 74% and Private facilities – 78.9%. Doctor was available when called for by the patient more in Project Facilities (8.6%) than in Non Project Facilities (6.7%).

More in-patients from Project Facilities reported more than 5 minutes time given to them for examination by the doctor (PF-29.3%; NPF-27.9%). Satisfaction from treatment was higher amongst Tribal region in-patients and those from BPL category in Project Facilities. With the increase in bed strength satisfaction level of in-patients show a rise in Project Facilities when compared to Non Project.

More care was taken in Project Facilities (81.4%) than in Non Project (76.9%) in terms of presence of female nurse/ attendant being present during examination of female patient by male doctor.

40.5% in-patients from Project Facilities received medicines from the facility while 38.5% received in Non Project Facilities. More tribal patients expressed satisfaction in Project Facilities where availability of medicines was concerned (P-57.1%; NP-33.3%) as were BPL in-patients.

More in-patients reported availability of signage (70.1% - PF; 65.4% - NPF), display of doctor's name (80.9% - PF; 77.9% - NPF), suggestion box (43.4% - PF; 35.6% - NPF); functional ambulance (85.7% - PF; 67.3% NPF), wheel chair/ trolley/ ramp (90.2% - PF; 82.7 % - NPF).

A very high percentage (97.1%) from Project Facilities preferred seeking treatment from same facility in future thus suggesting high satisfaction level.

Responses of Out-patients

Those out-patients were contacted who had consulted the doctor, got their tests done and purchased medicines. Easy accessibility was the main reason given by out-patients of Non Project Facility (48.9%) while besides this (45.1%) low expenses (41.7%) were also a major reason in Project Facilities. Tribal population and BPL patients of Project Facilities stated low expenses as major reason.

Approximately equal number of out-patients had paid registration fee in both Project and Non-Project Facilities (PF-80.1%; NPF-80.9%) but when compared across income status, less number of BPL out-patients paid fee for registration in Project Facilities (PF-55.8%; NPF-57.1%).

Out-patients were able to locate the OPD easily in all the three types of facilities. This suggests that either the proper signage was present or help was available when the patients asked for it. The consultation time (5 minutes and above) given to patients was more in Project Facilities than in Non Project Facilities which led to more wait time for the patients (PF-25.3%; NPF-20.1%). In order to avail the services in Project Facilities people do not mind to wait even for more than an hour there, while this is not so in Non Project Facilities. More BPL patients from Project Facilities

were satisfied with consultation time (5 minutes and above) given to them by doctor (PF-26%; NPF-19.4%). Similarly, tribal population was also more satisfied in Project Facilities (PF-31.7%; NPF-13.6%).

In Project Facilities 23.1% out-patients reported that they received information on it. Comparatively, in the Private Facilities this information was given to more patients (39.8%).

More out-patients were prescribed tests in Project Facilities (31.9%) than in Non Project (26.7%). 76.5% out-patients from Project Facilities had their tests done within the facility as compared to 69.2% from Non Project Facilities. In the tribal region of Project Facilities 90.1% got the tests done within facility while in Non Project Facilities only 74.1% could get their tests done in facility. Amongst BPL patients also more investigations were done within facility in the Project Facilities (PF- 79%; NPF-75.6%). Non-availability of the test was cited highest in Non Project Facilities (30%) so was non availability of technician and equipment (22.5%).

More BPL patients from Non Project Facilities were charged for tests (32.4%) than in Project Facilities (27.1%). Even in tribal region less number of out patients had to pay for their tests in Project Facilities (PF-40%; NPF-55%)

15.5% of out-patients from Project Facilities of tribal regions rated doctor's behavior as "excellent" while only 11.6% of those from Non Project rated such. Similar views were expressed by 13.2% female out-patients from Project Facility as compared to 11.7% from Non Project Facilities. More patients from Project Facilities in the tribal region were satisfied with the examination and treatment given by doctor (PF-94.3%; NPF-93.7%).

Privacy was well maintained in the Private Facilities (94%) and not so much in the Project Facilities (79.3%) which was better than Non Project Facilities (75.2%). Out-patients of Project Facilities were more satisfied with the behavior of technicians (60.8%) than that of the nursing staff (56.4%).

The prescribed medicines were available in the facility to 44.8% of out-patients from Project Facilities and 38.4% from Non Project Facilities. The patients from Non Project Facilities (66.7%) reported that they always had to purchase medicines from outside while this figure was 55.6% in Project Facilities. A subsidized medical store was reported to be available in the health facility by 70.7% of out-patients from Project Facilities while this number was only 51.3% in Non Project Facilities and more so as 29.5% in Private Facilities.

Amongst region more out-patients from Project Facilities in the tribal area stated that hospital premises were clean than those from Non Project Facilities (PF-97.7%; NPF-94.7%). More awareness in out-patients of Project Facilities was visible in terms of Signage (72.6% - PF; 62.6% - NPF), Display of doctor's name (79.3% - PF; 66.3% - NPF), Suggestion box (56.3% - PF; 46.4% - NPF), Functional ambulance (79.7% - PF; 60.4% - NPF), Wheelchair/ ramp (79.4% - PF; 70.8% - NPF), Trash disposal (70.7% - PF; 68.6% - NPF). The efforts have led to more satisfaction in tribal region and thus out-patients from Project Facilities had stated preferring treatment again from the same facility (PF-97.7%; NPF-93.7%). Even BPL patients were more satisfied in Project Facilities (PF-97.7%; NPF-95.9%). The tribal population of Project Facility came to know about the services through media more than in Non Project Facility (PF-32.9%; NPF-25.4%).

Responses of Non Users

People from the community who either themselves or any of their family members had fallen sick in the past three months but did not avail services from Project Facility were interviewed to know the reasons for not going to that facility and preferring another one.

The major reasons given by Non Users for not availing services from Project Facility were no personal attention given by doctors (25%); non-availability of services (24.7%); non-availability of doctors (21.7%); bad image of hospital (12.5%) and long waiting time (11.8%).

Further they were asked to give reasons for preferring another facility which here came out to be a private facility. The reasons given were personal attention by doctors (43.7%); Goodwill of doctor (28%); facilities under one roof (27.8%) and proper management (14.3%).

Responses of Medical Officer-in-Charge

Out of 101 MO I/Cs to be contacted, 91 could be actually interviewed and they were asked questions to understand the changes occurred in their facility with the interventions made by RHSDP.

89% believed that positive changes have taken place. HSIC, HCWM, HMIS, MMJRK, RMRS were all reported to be functional at all the facilities.

A lot of civil work in form of renovation was mentioned but somehow 35% were satisfied with the work done and 40.7% considered it to be average.

Regarding HCWM, 87% of them reported their staff complied with the guidelines; there was also adequate supply of bins and bags. 95.6% also stated that staff had received the training on

HCWM. However waste management practices had improved after trainings, need for refresher training was expressed.

The intense IEC activities had led to increased patient load at their facilities but there was not sufficient staff to meet the requirements.

59.3% stated that they had made several efforts to motivate the community to avail the services of the facility.

73.6% reported that arrangements were made to ensure the tests prescribed were made available to the patients.

The equipments supplied by RHSDP were reported to be very useful for critical services but it was expressed by MO I/Cs of smaller facilities that they required specialists to make the equipments functional whereas those of higher facilities required more equipments to provide services to their patients.

75.8% of the respondents state that drug supply was made regular but in case of shortage arrangements through RMRS were made.

Regarding trainings 89% believed that trainings upgraded the skills of the staff. 61.5% considered that adequate trainings had been provided while 31.9% expressed need for more skill based trainings.

Overall, the Project Facilities have improved to a greater extent over the years more evident when compared to the baseline survey.

Introduction

Rajasthan Health Systems Development Project, supported by World Bank, was launched in July 2004. The aim was to improve the health status of the population of Rajasthan, in particular the poor and the underserved by increasing the access to health care. Focus was on improving the effectiveness of health care through institutional development and increase in the quality of health care.

Health care requires considerable amount of interaction between the health care providers and the seekers of care. Improving the quality of patient care is a vital and necessary activity. The level of patients' satisfaction is an important goal of health system and serves as an important indicator of the effectiveness of the services provided at the health facility.

The patients' perception of the services received: medication, testing facilities, accommodation, behavior of the staff; all add up to satisfaction level. The intensity of such perception is highly defined, though ranges from subtle to high contrast definitions. Only when these personal demands are met, the satisfaction quotient is hit.

Patient satisfaction is a multi-dimensional healthcare construct affected by many variables. Healthcare quality affects patient satisfaction, which in turn influences positive patient behaviors such as loyalty. Patient satisfaction and healthcare service quality, though difficult to measure, can be operationalized using a multi-disciplinary approach that combines patient inputs as well as expert judgement.

By and large the major determinants of patient satisfaction can be grouped as:

- **Basic Factors - (Dissatisfiers; Must have)**
    - Cause dissatisfaction if they are not fulfilled, (doctor not there, laboratory not functional)
    - But do not cause customer satisfaction if they are fulfilled (or are exceeded) (staff in uniform, signage)
- **Excitement Factors - (Satisfiers, Attractive)**
    - Increase customer satisfaction if delivered (clean facilities, reduced wait time)
    - Do not cause dissatisfaction if they are not delivered.
- **Performance Factors.**

- Cause satisfaction if the performance is high, (low infection rate, home visits for ANC)
- Cause dissatisfaction if the performance is low.
- Directly connected to customers' explicit needs and desires

It is important to find out whether patients are satisfied with the care provided so that desired changes are prioritized and brought in to improve the quality of services. The data gathered through measuring patient satisfaction reflects care delivered by staff and physicians and can serve as a tool in decision-making. These surveys can be tools for learning; they can underline problem areas and act as reference point for making management decisions.

For the medical institutions to know how patients feel about their service is very important, both, for improvisation of self and, retention of patients. Both these factors will decide the fate of the institute and help in its extension in terms of infrastructure and reach/coverage within the community.

Assessment of patient satisfaction is required to help improve health system performance and promote better governance of the hospital services.

Although most patients are generally satisfied with their service experience, they may not be uniformly satisfied with all the aspects of care they receive. It is worth noting that most patient-satisfaction studies are based on patients' experiences at one-time encounters rather than their experiences over time and that at times might result into frustrating findings. Over a life time, patient expectations of health care may change dramatically. Some patients may place more emphasis on technical competence where as others; fulfillment of personal needs, comfort, dignity and supportive services will be of paramount importance.

Right from admission to discharge a patient undergoes a lot of interaction with different level of care providers and, expects that his medical and non-medical needs shall be adequately and timely addressed. In the process his/ her experience decides the satisfaction levels with the facility and probability of his/her returning back which would affect utilization directly and cost-effectiveness of care, indirectly.

While the literature contains a number of contradictions on the subject of patient satisfaction, it also offers a number of compelling reasons for working to improve satisfaction among our patients. Studies support the idea that patients who get better are (not surprisingly) satisfied with their care. One study, in which researchers followed up with patients three weeks after they were

seen, found that most were better, but those who were still symptomatic were still worried, had unmet expectations and had lower satisfaction.

Besides, other factors like ambience, aesthetics, location of facility and location of services within the facility, waiting time, counseling & communication are also decisive for patient satisfaction.

Some of the patient satisfaction indicators are:

a. Accessibility
b. Behavior and promptness of staff
c. Doctor-Patient communication
d. Service availability and waiting Time
e. Facilities, amenities and Infrastructure
f. Hygiene and cleanliness

In order to assess the patient satisfaction from the health care facilities across the State on the said indicator, a baseline and a mid-term survey of Patient Satisfaction were conducted by RHSDP through IIHMR (HospiHealth) and in-house team respectively and comparisons drawn. Now, with the Project heading towards closure it was felt apt to assess the impact of the Project inputs by conducting an end-term study.

The End Term Patient Satisfaction Study was undertaken by State Institute of Health and Family welfare for RHSDP to assess patient's satisfaction levels with the secondary level health facilities across the State.

The study

A. Scope of the work

Objectives

The main objective of the study was to measure the level of patient's satisfaction in terms of the various services provided at the Project supported secondary level health care facilities and compare with satisfaction level of the patients availing services at the Non Project health care facilities and Private secondary health care providers or informal care providers. The specific objectives of the study were:

- To assess the level of patients' satisfaction in the Project supported health facilities;
- Compare the level of patients' satisfaction with that of the Non Project health facilities;
- To measure the satisfaction level in the private health facilities for comparison between public-private facilities; and
- To identify reasons of non-use of secondary level public health facilities.

B. Approach

To accomplish these objectives, the following approach was adopted.

1. Study Design

In consultation with RHSDP, the study design was developed and refinements were made before taking it to facilities and community.

2. Methodology

a. Sampling

Proportionate Sampling method with a precision level of 0.10 was used to derive the sample size, using the following formula:

$$\mathbf{n} = \frac{N}{1 + N(e)^2}$$

N = number of facilities.

e = precision level (0.10)

b. Sample Size:

The 238 Project Facilities: 28 District hospitals, 23 Sub-district hospitals and 187 CHCs, were classified according to the bed strength into four categories – 30, 50, 100 and 150-300 bedded. Using the sampling formula, an adequate sample size was derived from the 238 facilities.

c. Selection of Facilities

Further, random sampling was done to select the Project Facilities and purposive sampling to select Non Project Facilities, so that geographical and social parameters stay matched as far as possible.

Table 1: Number of facilities selected

Bed Strength	Project		Non Project	
	Total facilities	Number Selected	Total facilities	Number Selected
30 Bedded	141	36	146	38
50 Bedded	59	34	16	9
100 Bedded	11	10	4	3
150-300 Bedded	27	21	nil	0

Respondents:

The subjects identified for interview were Patients-

1. Attending project facilities;
2. Seeking care from non-project government facilities;
3. Getting treatment from private facilities; and
4. Non-users from the community

Ten patients, attending OPD/ IPD of each of the selected 30 & 50 bedded facilities, 15 patients from 150-bedded and 20 patients from 150-300-bedded facility were contacted. The distribution is summed up as follows:

Table 2: Number of patients selected

		Hospital Category			
		30 bedded	**50 bedded**	**100 bedded**	**150-300 bedded**
Project Facility(PF)	**Selected Facilities**	36	34	10	21
	Patients Interviewed	**360 OPD and 72** (10 OPD and 2 IPD patients at each facility)	**340 OPD and 170 IPD** (10 OPD and 5 IPD patients at each facility)	**150 OPD and 70 IPD** (15 OPD and 7 IPD patients at each facility)	**420 OPD and 210 IPD** (20 OPD and 10 IPD patients at each facility)
Non Project Facility (NPF)	**Selected Facilities**	38	9	3	0
	Patients Interviewed	**380 OPD and 76 IPD** (10 OPD and 2 IPD patients at each facility)	**90 OPD and 45 IPD** (10 OPD and 5 IPD patients at each facility)	**45 OPD and 21 IPD** (15 OPD and 7 IPD patients at each facility)	**-**

12 Private Facilities, 3 from each category of 4 types of facilities were taken up based on the identification and listing by District Project Coordinators (DPC) of the Districts, from where Project Facility was selected. The number of respondents was matched with the number of respondents in Project and Non Project categories.

Table 3: Number of patients selected

		Hospital Category			
		30 bedded	**50 bedded**	**100 bedded**	**150-300 bedded**
Private	**Selected Facilities**	3	3	3	3
	Patients Interviewed	**30 OPD and 6** (10 OPD and 2 IPD at each facility)	**30 OPD and 15 IPD** (10 OPD and 5 IPD at each facility)	**45 OPD and 21 IPD** (15 OPD and 7 IPD at each facility)	**60 OPD and 30 IPD** (20 OPD and 10 IPD at each facility)

Selection of Respondents:

Selection of IPD-

The in patients getting discharged on the day of visit were selected with the understanding that during stay their responses might be influenced by Hospital Staff. However, due to time constraint and less number of in-patients at some facilities, those who had been admitted for more than 24 hours were also interviewed. Care was taken to cover patients from all departments in larger facilities and attempt was made to seek equal representation of gender, BPL, age and geographical location.

Selection of OPD-

The out-patients were selected randomly. Patients, who had consulted the doctor, had their tests done and medicines dispensed/ purchased were interviewed. Once again representation of different categories was ensured.

Selection of Non Users

The non users were assessed from the catchment area of all the Project Facilities, which were selected from three categories –

1. The facility village/town
2. Villages within 5 km radius
3. Villages between 5-15 kms.

Non users, who had not availed the government facilities in the last 3 months, were searched by visiting each and every house of the village. These marked households were then interviewed based on equal representation of BPL and poor families, women and geriatric patients amounting to 7 per category of the village.

d. Study Tools

The pre-tested, structured questionnaire was administered to:

i. Patients from IPD & OPD
ii. Non Users
iii. Medical Officers

The patients and the non-users from the community were interviewed on the following parameters:

- Personal characteristics-
  - Age
  - Sex
  - Family size
  - Occupation
  - Level of education
  - Economic class-APL/BPL
  - Caste-SC/ST/OBC
- Accessibility to services
- Waiting time
- Consultation time
- Behavior of Service Providers
- Preferred OPD times
- Investigations
- Availability of services, equipment and drugs
- Referral

Since the variable on formal/ informal payments was not the part of original ToR, the data was not collected on this.

e. Pre-testing

Pretesting of questionnaires for OPD as well as IPD patients, and non users was done before finalizing the questionnaires. For pretesting 30 patients were interviewed from Public facilities and 20 from Private facilities. The questionnaire for non-users was piloted by interviewing 25 households in the community.

f. Selection and orientation of team

Briefing of the supervisors (SIHFW staff) was done on objective, design and approach of the study, questionnaires used and flow of field study.

Investigators were selected on basis of experience in field studies with graduation as the minimum qualification. Further, orientation of investigators was done on June 28, 2011. Each questionnaire to be filled by the investigators was discussed in detail and every query and doubt was addressed. Accordingly, the Study Team had 64 (Supervisors: 19 & Investigators: 45) members. Together they contributed 448 man days of field work.

Each team comprised of at least one supervisor (from SIHFW) and four to five investigators.

g. Data Collection

Field visit was done from June 29 – July 05, 2011 and data were collected on pre-decided attributes and variables using structured protocols.

Due to the division of one district (Originally Chittorgarh) into two administrative units – Chittorgarh and Pratapgarh, the facility indicated under them actually turned out to be same and hence the number of IPD, OPD and Non-users automatically reduced. However, a conscious effort was made to include the number of subjects as planned, still the number could not be matched to the one planned, particularly in NPF and Private Facilities as the sufficient case load was not present on the day of visit. This loss, however, was as low as 2.20% for OPD and 7.0% for IPD patients.

The caretakers/ attendants were interacted for children below 15 years of age and patients who were not in a condition to speak. No LAMA and attendant of expired patient were found.

Table 4: Number of Respondents actually covered

Bed Strength	Facility Type	IPD		OPD		Non Users		MO	
		Estimated	Actual	Estimated	Actual	Estimated	Actual	Estimated	Actual
30 Bedded	PF	72	75	360	370	756	756	36	32
	NPF	76	59	380	356	-	-	-	-
	Pvt. F	6	5	30	26	-	-	-	-
50 Bedded	PF	170	161	340	329	714	714	34	31
	NPF	45	24	90	86	-	-	-	-
	Pvt. F	15	17	30	35	-	-	-	-
100 Bedded	PF	70	73	150	155	210	210	10	10
	NPF	21	21	45	45	-	-	-	-
	Pvt. F	21	21	45	45	-	-	-	-

150-300 Bedded	**PF**	210	200	420	400	441	420	21	18
	NPF	-	-	-	-	-	-	-	-
	Pvt. F	30	28	60	60	-	-	-	-
Total		**736**	**684**	**1950**	**1907**	**2121**	**2100**	**101**	**91**

Table 5: Distribution of Facilities across bed strength, region and type of facility

Region/Bed Strength	Project	Non Project
Plain		
30	25	26
50	26	8
100	7	1
150-300	15	-
Tribal		
30	8	8
50	6	1
100	2	1
150-300	6	-
Desert		
30	3	4
50	2	-
100	1	1
150-300	-	-

h. Software development, data entry, analysis and Report Writing

Software development and preparing dummy tables for tabulation was done simultaneously to avoid time loss and to facilitate the data entry and data analysis.

To ensure consistency and accuracy, the data entry was done, by the supervisors of the respective teams from July 6-18, 2011. After the completion of data entry tables were generated for analysis using MS Access and SPSS 16.0. As the nature of data was categorical hence non – parametric tests were applied for further analysis - as Mann Whitney 'U' test to find out the significant difference between the variables of Project and Non Project Facilities. This was followed by report writing.

Results and Discussion

There were separate questionnaires for the different groups of respondents which focused on assessing their satisfaction level in terms of services available at health facilities and the behavior of service providers.

Responses of In-patients

The in-patients of various facilities with different bed size across Project, Non Project and Private Facilities in different regions, who had been discharged at the time of interview, were interacted.

Table 6: Common problem areas amongst IPD patients for visiting the health facility

Facility & (No. of Patients)	Problem area								
	Pediatric	Orthopedic	ENT	Opthal	Gynae	Gen. Med.	Skin	Surgery	TB
Project (N=509)	29 (5.7)	29 (5.7)	11 (2.2)	8 (1.6)	165 (32.4)	208 (40.9)	9 (1.8)	44 (8.6)	6 (1.2)
Non Project (N=104)	1 (1.0)	6 (5.8)	0 (0.0)	0 (0.0)	48 (46.2)	34 (32.7)	6 (5.8)	9 (8.7)	0 (0.0)
Private (N=71)	5 (7.0)	8 (11.3)	0 (0.0)	1 (1.4)	15 (21.1)	23 (32.4)	3 (4.2)	13 (18.3)	3 (4.2)

Most of the patients came with general medical problems ranging from common cold to renal problems. Most of the females came with gynecological problems. As specialists are available in Project Facilities, cases of ENT and ophthalmology were also found there as compared to Non Project Facilities.

Table 7: Duration the IPD patient was admitted

Facility	Number of days				Total
	1-2	3-5	6-10	Above 10	
Project	302 (59.3)	159 (31.2)	34 (6.7)	14 (2.8)	509
Non Project	64 (61.5)	28 (26.9)	9 (8.7)	3 (2.9)	104
Private	27 (38.0)	22 (31.0)	16 (22.5)	6 (8.5)	71

The figures show that there were fewer patients with stay above 6 days in Project and Non Project Facilities when compared with the Private Facilities.

A. Satisfaction of Patients

a. Selection of health facility

A host of factors (past experience, access, distance, and credibility of doctor, availability of Doctor-Drugs-Diagnostics, peer pressure, aesthetics, staff behavior and ilk) dictate the health seeking behavior and choice of facility for the treatment. The in-patients on being probed came out with varied reasons for choosing a particular facility.

Table 8a: Reasons behind selecting the health facility by IPD patients

Facility	Reasons *					
	Easily accessible	Good reputation	Low expenses	Availability of services	Facility of investigations	Availability of medicines
Project	208 (40.9)	82 (16.1)	228 (44.8)	99 (19.4)	51 (10.0)	43 (8.4)
Non Project	47 (45.2)	22 (21.2)	36 (34.6)	22 (21.2)	9 (8.7)	9 (8.7)
Private	16 (22.5)	34 (47.9)	10 (14.1)	31 (43.7)	17 (23.9)	13 (18.3)

Table 8b

Facility	Reasons *					
	Availability of doctors	Known doctor/nurse	Emergency services	Advised by family members	Referred by govt. doctors	Referred by pvt. doctor
Project	62 (12.2)	18 (3.5)	28 (5.5)	22 (4.3)	9 (1.8)	1 (.2)
Non Project	13 (12.5)	8 (7.7)	2 (1.9)	3 (2.9)	0 (.0)	0 (.0)
Private	29 (40.8)	7 (9.9)	12 (16.9)	8 (11.3)	3 (4.2)	2 (2.8)

Table 8c

Facility	Reasons *			
	Heard from satisfied customer	No other alternative	Govt. scheme	Good treatment
Project	2 (.4)	35 (6.9)	18 (3.5)	7 (1.4)
Non Project	1 (1.0)	3 (2.9)	4 (3.8)	1 (1.0)
Private	10 (14.1)	2 (2.8)	1 (1.4)	1 (1.4)

*** multiple responses**

For Project Facilities easy accessibility (40.9%) and low expenses (44.8%) were the prime reasons cited by the in-patients. Similar reasons were given for the Non Project Facilities also. **The in patients preferred the Project Facilities more than the Non Project Facilities due to 'low expenses' and this difference is significant at 95% CI with P value of 0.05.** Though there is a marginal difference in favor of Non Project Facilities, it needs to be carefully noted that if a Non Project Facility is closer to people they shall first prefer it. Further the number of patients

at a facility governs the availability of medicines as the budget allocated is based on sanctioned bed compliment.

Main reasons as given by the in-patients of Private Facilities include good reputation, availability of doctors, services and medicines, facility of investigations and emergency services.

When we further look at the reasons given on the basis of bed size, low expenses was the major reason for selecting the facility in 30 bedded (50.7%) and 50 bedded (32.9%) in the Project Facilities, which was higher in comparison to Non Project Facilities – 33.9% and 20.8% respectively. Similarly, facility of investigations and availability of medicines attracted the patients more in the 30 and 50 bedded Project Facilities as compared to those in Non Project Facilities.

The tribal population with inherited poverty preferred Project Facilities for treatment on account of "availability of services" as compared to non project and that is in consonance to the overall Project objective (PF-23.2%; NPF-11.1%), Facility of investigations (PF-14.3%; NPF-11.1%), availability of medicines (PF-23.2% NPF-11.1%), availability of doctors (PF-16.1% NPF-11.1%) and emergency services (PF-12.5% NPF-0%) also made the project facilities as preferred ones and that is where the Project appears to have made a palpable dent but extends a little room for complacency.

Similarly, in-patients from tribal region have reported availability of services (PF-28.6%; NPF-11.8%), medicines (PF-22.4%; NPF-17.6%) and doctors (PF-30.6%; NPF-17.6%) more in Project Facilities than in Non Project Facilities.

With the System's focus on marginalized populace, a comparison between BPL patients reporting at Project Facilities with those from Non Project, low expenses (PF-50.9%; NPF-36.6%) and availability of medicines (PF-10.9%; NPF-7.3%) shows that the objective, even if not fully, has been accomplished with concerted efforts of the Project.

The gender was no more a punctuation as both males and females preferred Project Facility for being less expensive. However, female respondents at Non Project Facilities preferred those facilities as they were easily accessible. The plain observation vouches for the fact that closer the facility is to population more footfalls it shall have particularly from fair sex.

Respondents of Project Facilities ranging from illiterates to primary went there due to less expensive, while the same group from Non Project Facility preferred the facility due to easy accessibility.

Interventions made by RHSDP have helped BPL and tribal population in particular to use Project facilities in view of improved availability of services and medicines besides lower Out-of-Pocket expenditures as compared to Non Project Facilities.

The midterm evaluation of Project in relation to Patient Satisfaction also reflected on the preference for Project supported facilities (CHCs or 30 and 50 bedded) where 73.8% patients reported that they had to spend a very small amount. This percentage in the present study has gone up to 83.6%.

b. Registration

As an obligatory procedural step every care seeker has to visit the registration counter which is the point of first contact with the system from where the person is directed to the related departments. It therefore becomes imperative that besides the availability of staff the counter is easily accessible and has visibility.

Questions regarding accessibility to the registration counter, availability of staff, their behavior and necessary directions were asked from the IPD patients.

Table 9: IPD patients able to locate registration counter

Facility	Response		Total
	Yes	No	
Project	492 (96.7)	17 (3.3)	509
Non Project	98 (94.2)	6 (5.8)	104
Private	68 (95.8)	3 (4.2)	71

Though appears marginally higher but the difference is significant at 95% CI (P value 0.23) as more patients in Project Facilities were able to locate the registration counter in Project

Facilities (96.7%). This suggests that the registration counter was at the right place and with proper signage which made it easy for the patients to locate it.

Table 10: Availability of staff at registration counter

Facility	Responses		Total
	Yes	No	
Project	506 (99.4)	3 (0.6)	509
Non Project	102 (98.1)	2 (1.9)	104
Private	71 (100.0)	0 (0.0)	71

Again, Project Facilities (99.4%) scored over and Non Project Facilities (98.1%) though just lost to Private Facilities (100%) when it came to staff availability at the registration counter and this observation had been witnessed by all irrespective of all other variable (geography, accessibility, gender, caste, education, income).

Availability of staff at the registration counter has been reported almost 100% across region and various demographic characteristics (age, gender, caste, education and income) in Project Facilities.

Comparing the responses of Project Facilities with the baseline survey on patient satisfaction, approximately 10% more patients have reported availability of staff at the registration counter.

Table 11: Perception of IPD patients regarding behavior of staff at registration counter

Facility	Responses				Total
	Excellent	Good	Fair	Bad	
Project	103 (20.4)	270 (53.4)	129 (25.5)	4 (0.8)	506
Non Project	30 (29.4)	53 (52.0)	19 (18.6)	0 (0.0)	102
Private	30 (42.3)	36 (50.7)	5 (7.0)	0 (0.0)	71

The staff behavior at Private Facilities outsmarted the public facilities, both Project and Non Project but that is the survival instinct. However, though very small still the difference between Project and Non Project Facilities can't be justified as the Project has made investment to improve but the efforts could not change the perception of care seekers and we fail to justify it. At registration counters, 29.4% of Non Project Facility staff was rated as excellent against just 20.4% opining it for Project Facility staff.

Exploring the possible reasons, one that probably can justify is that at Project Facilities with easy accessibility, availability of doctors and medicines more patients drop in and higher the work load lowers the efficiency could be one reason reflected in the behavior

Interestingly, digging further, beyond the generic explanations, it became clear on analysis of the perception from tribal, desert, elderly patients that staff behavior at registration counters was far better (27.3% at Project perceived it as excellent against 22.3% from NPF) and the patients above 50 years of age considered PF staff as far better than NPF in terms of behavior (19.2 v/s 9.1%). The impatient younger crowd appears to have distorted the entire perception on behavior of Project Facility staff; may not be palatable to a few Cassandra but we have no reason to negate it in view of the project inputs and perseverance over last seven years.

Table 12: Directions given by staff at registration counter to IPD patients

Facility	Responses		Total
	Yes	No	
Project	393 (77.7)	113 (22.3)	506
Non Project	81 (79.4)	21 (20.6)	102
Private	68 (95.8)	3 (4.2)	71

On the issue of whether they were guided properly as to where to go after registration, the perception at Project and Non Project Facilities had a minor difference in favor of NPF (79.4% against 77.7% at Project Facility) and Private Facilities scored over both. But then it has to be realized that Project Facilities by and large had a larger patient load and it becomes at times difficult to respond to all.

c. Admission

On being admitted based to the severity and interventions required, the constant interaction with staff and facilities changes the perception of patients about the facility in general. The admission timing and channel also moulds the perception; emergency admissions require immediate attention and immediately carves the impression about facility particularly for behavior, and availability of Doctor-Drugs and Diagnostics.

Table 13: Department through which IPD patients was admitted

Facility	Department		Total
	Emergency	OPD	
Project	223 (43.8)	286 (56.2)	509
Non Project	46 (44.2)	58 (55.8)	104
Private	27 (38.0)	44 (62.0)	71

It was found that most of the patients were admitted through OPD (56.7%) in all the three types of facilities though there were a good number of patients who were admitted from the emergency also (43.3%).

Table 14: Time taken in being admitted through emergency by IPD patients

Facility	Time taken			Total
	Less than 15mins	15-30mins	More than 30mins	
Project	163 (73.1)	44 (19.7)	16 (7.2)	223
Non Project	37 (80.4)	5 (10.9)	4 (8.7)	46
Private	23 (85.2)	3 (11.1)	1 (3.7)	27

The emergent nature of patients attending Emergency asks for a quick response with minimal time loss which at times is critical to life saving. Majority attending Emergency department felt satisfied as the admission process took less than 15 minutes at both PF and NPF. Larger the facilities, relatively higher shall be emergency admissions and response time still matching with NPF and Private facilities is an achievement that can't be bullied even though by default there was no District Hospital which fell under the category of Non project and therefore could be compared.

Also at times it was observed that instead of waiting the patients go out for attending to other non-medical needs (a cup of tea, smoke, gossiping, natural calls) but when asked for "how long you had to wait" puts everything into cumulative, which apparently reflects on computation of total waiting time. Unfortunately these facts are often discounted and the services are ritually ridiculed under connived convenience.

Table 15: Fee paid by IPD patients for IPD tickets

Facility	Responses		Total
	Yes	No	
Project	422 (82.9)	87 (17.1)	509
Non Project	83 (79.8)	21 (20.2)	104

Under the RMRS, user fee charges are to be paid by everyone but for a select few (including BPL) including IPD admission. Of the respondents from Project Facility, 82.9% had paid for the IPD ticket; the unfortunate part is that 20.9% of this percentage is from the BPL category who ideally should have been exempted. Patients at Non Project Facilities also had to pay. The exemption criteria (show the BPL card to avail benefits), appears to be too strict as those who either did not have it or failed to carry it to the facility were denied benefits. This obviously shall reflect on their response to satisfaction as they had nursed an inadvertent grudge and System following "Rules" appears too indifferent. That needs to be examined at Policy level as a few "Rich" availing BPL benefits will not make the system poor.

Though Patient Counselors are there to guide the patients but in case the BPL patient does not carry a BPL Card he/she is also helpless. Moreover, a Patient Counselor cannot single handedly attend to both the out-patients and in-patients, and to each patient as escorting one misses on another.

Table 16: Perception of IPD patients on IPD ticket fee being reasonable

Facility	Responses		Total
	Yes	No	
Project	375 (88.9)	47 (11.1)	422
Non Project	73 (88.0)	10 (12.0)	83
Private	52 (75.4)	17 (24.6)	69

But for the patients in emergency conditions, patients admitted through OPD need to locate the desired section in the facility either of their own or with assistance from staff/ counselor. It was found that mostly people were able to locate the IPD – 94.5% in the Project Facilities and 98.1% in the Non Project Facilities. The patients seemed to locate the ward easily in the Project Facilities when compared to the Private Facilities (85.9%).

A generous credit can be given to the Counselors besides project and the System for its effort in displaying proper legible signage.

Table 17: IPD patients able to locate IPD at facility easily

Facility	Responses		Total
	Yes	No	
Project	481 (94.5)	28 (5.5)	509
Non Project	102 (98.1)	2 (1.9)	104
Private	61 (85.9)	10 (14.1)	71

When a patient comes to the facility in emergency conditions, he/she is usually taken on a stretcher to the emergency room and finally to the IPD Ward. If the patient is admitted through OPD he/she may or may not be provided stretcher and may have to locate the IPD themselves. Such a situation was focused in the study and it was found that mostly people were able to locate the IPD – 94.5% in the Project Facilities and 98.1% in the Non Project Facilities. The patients seemed to locate the ward easily in the Project Facilities when compared to the Private Facilities (85.9%).

We should appreciate the fact that despite Project Facilities being larger in size and with a number of wards 94.5% were able to locate IPD. The credit can be attributed to the Counselors and at least to proper signage.

Table 18: Availability of assistance to IPD patients for locating IPD

Facility	Responses		Total
	Yes	No	
Project	23 (82.1)	5 (17.9)	28
Non Project	1 (50.0)	1 (50.0)	2
Private	7 (70.0)	3 (30.0)	10

The assistance to IPD patients in locating the respective IPD at the facility was far better (82.1% expressed satisfaction) at Project supported facilities as compared to NPF with no counselor (project initiative which can't be brushed away).

The literacy levels among patients from rural areas often relegate signage to backstage. Moreover the plain observation on psyche is that one tends to "ask" rather than "look" for.

Table 19: IPD patients attended immediately after admission

Facility	Responses		Total
	Yes	No	
Project	483 (94.9)	26 (5.1)	509
Non Project	102 (98.1)	2 (1.9)	104
Private	69 (97.2)	2 (2.8)	71

Immediate attention after the admission has an impact on the patients' physical as well as perception about facility. All the three types of facilities showed no marked difference in terms of receiving immediate attention and satisfaction levels were markedly high.

Table 20: IPD patients assigned bed after admission

Facility	Responses		Total
	Yes	No	
Project	503 (98.8)	6 (1.2)	509
Non Project	103 (99.0)	1 (1.0)	104
Private	70 (98.6)	1 (1.4)	71

Bed availability following admission also kept satisfaction at its maximum amongst admitted patients (close to 99%) in all facilities.

d. Investigations

Diagnostics are crucial at times to translate "provisional" to "final" and that besides facilitating the treatment also tells a lot on satisfaction level particularly when these are available at the facility and that too for "free".

Table 21: Place where IPD patients had their investigation done

Facility	Place			Total
	Facility	Outside facility	Both	
Project	259 (66.2)	100 (25.5)	32 (8.2)	391
Non Project	48 (64.9)	17 (23.0)	9 (12.2)	74
Private	65 (95.5)	3 (4.41)	0 (0.00)	68

Percentage of those who had their investigations done within the facility at Project Facility (66.2%) as compared to Non Project (64.9%) has a significant difference at 95% CI (P value 0.21). However, probably non availability of certain tests at the facility asked more number of patients (25.5%) from project facilities to have it done from the market as compared to 23.0% at NPF but then Project had already invested a lot in capacity building of Project Facility staff particularly in honing their clinical skills as a result of which they might have been rolling out prescriptions with a little advanced tests, to reach a final diagnosis, which are not the mandate under assured services at the institution.

Private Facilities for economic and survival reasons need to maintain the facility of all possible tests and therefore offer it in house to almost 96% of their patients, besides catering to those from Public Health Facilities.

Table 22: Place where IPD patients had their investigation done according to income status

Place	Project		Non-project	
	APL	BPL	APL	BPL
Within facility	171 (51.2)	88 (50.3)	30 (47.6)	18 (43.9)
Outside facility	69 (20.7)	31 (17.7)	10 (15.9)	7 (17.1)
Both	19 (5.7)	13 (7.4)	7 (11.1)	2 (4.9)
Not prescribed	75 (22.5)	43 (24.6)	16 (25.4)	14 (34.1)

More in-patients of BPL category from Project Facilities (50.3%) had their investigations done within the facility as compared to Non Project Facilities (43.9%). It is to be noted that 31.4% of BPL patients from Non Project Facilities were not prescribed any tests while this number was 24.6% in Project Facilities.

Table 23: IPD patients charged for tests within the facility

Facility	Charged		Total
	Yes	No	
Project	166 (57.0)	125 (43.0)	291
Non Project	35 (61.4)	22 (38.6)	57
Private	57 (87.7)	8 (12.3)	65

The responses of in-patients for the charge given for tests done at the health facility showed that 57% of those interviewed at Project Facilities paid for their tests, a higher number 61.4% paid at the Non Project Facilities.

Of those who paid for the tests in the Project Facilities 77.7% were from APL category while 22.3% were BPL. But if we compare the BPL patients from Project and Non Project Facilities who paid for their tests more were from the Non Project Facilities (P-36.6%; NP-40%).

Again for tests not within the scope of “assured services” at a facility, people are bound to pay in market and also RMRS charges a certain amount as user fee charges from APL.

Table 24: IPD patients charged for tests within the facility according to bed strength

	Project				Non-project		
	30	50	100	150	30	50	100
Charged for test	10 (38.5)	35 (41.7)	24 (66.7)	97 (66.9)	14 (56.0)	9 (69.2)	12 (63.2)

Comparison across different bed size facilities show more number of patients had paid for tests in Non Project Facilities. More tribal population of Non Project Facilities stated that they were charged for the tests (PF-45.2%; NPF-58.3%).

Table 25: Availability of technician

Facility	Responses
	Technician available
Project	278 (95.5)
Non Project	56 (98.2)
Private	65 (100.0)

The patients who underwent the investigations at the facility were asked if the technician was available at the time they went for the investigation. When we compared the responses of in-patients from Project and Non Project Facilities, the latter fairs slightly better (98.2%).

The ideal situation was found in Private Facilities (100%) as they ensured that even in the situation when the technician was on leave some alternative was available to conduct the investigations.

Table 26: IPD patients for getting the tests done outside the facility: Reasons

Facility	Reasons				Total
	Prescribed by doctor	Non availability of test	Non availability of technician	Personal choice	
Project	58 (43.9)	29 (22.0)	13 (9.8)	32 (24.2)	132
Non Project	10 (38.5)	7 (26.9)	4 (15.4)	5 (19.2)	26
Private	3 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	3

Why did you get the tests done from market, was the questions and responses were as expected. The prime reason was “prescription” because of “Non availability” and “choice”. The dominating reason “prescription” can only be explained (not to be misconstrued as “excuse”) with the possibility of better skilled physician posted at Project Facility. The availability of technicians (24.2% compared to 19.2% at NPF) place Project Facilities at a relatively higher pedestal.

Table 27: Reasons given by IPD patients for getting the tests done outside the facility according to income status

	Project		Non-project	
	APL	BPL	APL	BPL
Prescribed by doctor	40 (45.5)	18 (40.9)	6 (35.3)	4 (44.4)
Non availability of test	20 (22.7)	9 (20.5)	5 (29.4)	2 (22.2)
Non availability of technician/ equipment	9 (10.2)	4 (9.1)	2 (11.8)	2 (22.2)
Personal choice	19 (21.6)	13 (29.5)	4 (23.5)	1 (11.1)

Apparently understanding the paying capacity, it seems compromise were made and far less number of BPL patients from Project Facilities (40.9%) were prescribed tests outside the facility but same does not hold valid for Non Project Facilities (44.4%).

More in-patients from Project Facilities chose for themselves to get tests done outside (24.2%). This may be attributed to the Project Facilities available at relatively better developed towns/ cities where people are more aware of the facilities available outside the hospital, more choice is available to them and also to avoid the rush at the hospital laboratory besides the inherent attitude towards “quality” in public sector services.

Table 28: Time when reports were received by IPD patients

Facility	Duration						Total
	Same day	24 hrs later	3 days later	1 week later	Report not received	Recently done	
Project	298 (76.2)	53 (13.6)	8 (2.0)	1 (0.3)	14 (3.6)	17 (4.3)	391
Non Project	53 (71.6)	14 (18.9)	0 (0.0)	0 (0.0)	3 (4.1)	4 (5.4)	74
Private	55 (80.9)	7 (10.3)	0 (0.0)	0 (0.0)	4 (5.9)	2 (2.9)	68

Report delayed, delays the rational treatment and defies the very objective of diagnostic support. The Project Facilities were far quicker to respond here (76.2% from Project Facilities received the report on the same day) with a longer latent period (71.6%) at Non Project Facilities. The Private Facilities were better in providing the reports on the same day (80.9%).

e. Behavior

It is not only the availability of services that influences the satisfaction of a patient but also how he/she is received by the service providers in terms of behavior which in itself is an intricate variable dependent on time, work load, skills, attitude, values, antecedents and ilk.

Table 29: Perception of IPD patients on behavior of staff during stay at facility

Facility	Staff	Behavior				Total
		Excellent	Good	Fair	Bad	
Project	**Nursing Staff**	88 (17.3)	294 (57.8)	116 (22.8)	11 (2.2)	509
	Support Staff	83 (16.3)	278 (54.6)	132 (25.9)	16 (3.1)	509
Non Project	**Nursing Staff**	31 (29.8)	54 (51.9)	19 (18.3)	0 (0.0)	104
	Support Staff	28 (26.9)	52 (50.0)	24 (23.1)	0 (0.0)	104
Private	**Nursing Staff**	35 (49.3)	26 (36.6)	10 (14.1)	0 (0.0)	71
	Support Staff	29 (40.8)	31 (43.7)	11 (15.5)	0 (0.0)	71

On being probed as to how was the behavior of staff, the Project Facility staff scored poorly in comparison to staff in Non Project Facilities. The “best” is the enemy of “good”, probably is one consolation as 57.8% in-patients from the Project Facility rated the behavior of the nursing staff as “good” as compared to 51.9% in Non Project facilities; though “Excellent” is where Non Project have outsmarted Project Facilities.

The in-patients from Private Facilities seem to be very much satisfied by the behavior of the staff and so majority has rated as “excellent”.

A somewhat similar trend was visible in the perception of the behavior of support staff with 3.1% respondents from Project Facilities showed dissatisfaction by rating them as “bad”. But it needs to be noted that workload at times decreases efficiency and reflects on behavior too.

Compared to the previous studies on PSS (baseline & midterm) there has been an improvement in people’s perception regarding behavior of staff but the present scores are no reason to rejoice rather requires a careful introspection as to what is wrong and how can it be improved.

In a Patient Satisfaction Study at a tertiary Hospital by Arpita Bhattacharya et al, at PGIMER in 2001; the overall level of satisfaction about doctors ranged from 89.29% to 99.6%, contrary to the study by Mahapatra et al (2001) where patient satisfaction regarding technical quality of doctors scores only 63% 4. The percentage of satisfied attendants regarding nursing care was slightly lower.

Table 30: Perception of IPD patients on Doctor's attitude and practice

Attitude and Practice	Facility	Responses				Total
		Excellent	Good	Fair	Bad	
Promptness in attending	Project	124 (24.4)	280 (55.0)	101 (19.8)	4 (0.8)	509
	Non Project	21 (20.2)	66 (63.5)	16 (15.4)	1 (1.0)	104
	Private	36 (50.7)	30 (42.3)	5 (7.0)	0 (0.0)	71
Behavior	Project	106 (20.8)	275 (54.0)	124 (24.4)	4 (0.8)	509
	Non Project	20 (19.2)	66 (63.5)	17 (16.3)	1 (1.0)	104
	Private	40 (56.3)	28 (39.4)	3 (4.2)	0 (0.0)	71
Listening to problem	Project	99 (19.4)	279 (54.8)	125 (24.6)	6 (1.2)	509
	Non Project	17 (16.3)	69 (66.3)	17 (16.3)	1 (1.0)	104
	Private	37 (52.1)	28 (39.4)	6 (8.5)	0 (0.0)	71
Explaining about the problem	Project	99 (19.4)	267 (52.5)	134 (26.3)	9 (1.8)	509
	Non Project	18 (17.3)	65 (62.5)	20 (19.2)	1 (1.0)	104
	Private	35 (49.3)	27 (38.0)	9 (12.7)	0 (0.0)	71
Explaining about the treatment	Project	112 (22.0)	251 (49.3)	135 (26.5)	11 (2.2)	509
	Non Project	20 (19.2)	62 (59.6)	21 (20.2)	1 (1.0)	104
	Private	36 (50.7)	27 (38.0)	8 (11.3)	0 (0.0)	71

The patients' expectation from the doctor is much higher than what he/she expects from the other staff in terms of many variables

Overall the Doctors at Project Facilities were rated to be well behaved. However, more BPL patients (PF-20.0%; NPF-17.1%) and patients from tribal population (PF-19.6%; NPF-5.6%) rated doctor's behavior as "excellent" in Project Facilities. Across regions none of the in-patients from Non Project Facilities of tribal region considered doctor's behavior as "excellent" while 24.5% of those from Project Facilities gave this response.

As expected at Private Facilities rating for "excellent" was much higher (approx. 52%) than Project Facilities.

f. Care

A patient would prefer coming to the same facility or recommend it to his/her friends and relatives, if need be, only if proper care is given to them. They were asked about when doctor visited them, time he gave for reviewing the condition, whether they were satisfied with the examination done by doctor, privacy maintained for all and specially the female patients and care provided by nurse.

Table 31: Responses of IPD patients on frequency of Doctor's visit

Facility	Frequency				Total
	Twice daily	Once a day	Once in 2 days	On being called	
Project	385 (75.6)	76 (14.9)	4 (0.8)	44 (8.6)	509
Non Project	77 (74.0)	19 (18.3)	1 (1.0)	7 (6.7)	104
Private	56 (78.9)	8 (11.3)	0 (0.0)	7 (9.9)	71

As is the norm most of the patients reported that the doctor came twice a day to check their condition. Not much difference was found between the three types of facilities – Project Facilities – 75.6%; Non Project Facilities – 74% and Private Facilities – 78.9%.

"On call" availability of Doctor was better in Project Facilities (8.6%) than in Non Project Facilities (6.7%), though higher in the Private Facilities (9.9%).

Table 32: Time given by doctor for consultation to IPD patients

Facility	Time				Total
	0-2	2-5	5-10	10-15	
Project	91 (17.9)	269 (52.8)	115 (22.6)	34 (6.7)	509
Non Project	18 (17.3)	57 (54.8)	23 (22.1)	6 (5.8)	104
Private	4 (5.6)	31 (43.7)	23 (32.4)	13 (18.3)	71

Patients are normally expected to be impatient and need Doctor's time to vent out many more things besides medical history in OPD as well as in IPD for which Patients in both, hope that the doctor would give them adequate time.

More than 50% of the in-patients in both Project and Non Project Facilities reported that the doctor gave them between 2-5 minutes. The difference was seen when we compared Project Facilities with Private where a small percentage (5.6%) was given 0-2 minutes time. The percentage of those responding 10-15 minutes was higher (18.3%).

Table 33: Satisfaction of IPD patients with the examination and treatment given by doctor

Facility	Satisfied		Total
	Yes	No	
Project	490 (96.3)	19 (3.7)	509
Non Project	101 (97.1)	3 (2.9)	104
Private	69 (97.2)	2 (2.8)	71

When asked whether they were satisfied by the examination done by the doctor, slight difference found in the responses of in-patients of all the three types of facilities.

When seen across region in-patients from Project Facilities (95.9%) of tribal region showed a bit higher satisfaction than those from Non Project Facilities (94.1%). BPL patients of Project Facilities also showed similar satisfaction; a welcome transition in the attitude of service providers for marginalized population.

Table 34: Satisfaction of IPD patients with the examination and treatment given by doctor across different bed strength

	Project				Non Project		
Satisfied with treatment	**30**	**50**	**100**	**150**	**30**	**50**	**100**
Number	72	157	71	190	58	23	20
Percent	96.0	97.5	97.3	95.0	98.3	95.8	95.2

By and large the patients irrespective of type of facility appeared satisfied with the examination and treatment offered.

Table 35: Privacy maintained during examination of IPD patients

Facility	**Responses**		**Total**
	Yes	**No**	
Project	429 (84.3)	80 (15.7)	509
Non Project	90 (86.5)	14 (13.5)	104
Private	65 (91.5)	6 (8.5)	71

Privacy particularly for female patients and those getting examined for Reproductive sytem is crucial in the present cultural setup besides making patient relaxed to share the history without hurting the modesty. 15.7% of in-patients from Project Facilities reported that privacy was not maintained while this number was 13.5% in Non Project Facilities. The patient load in the ward may be one of the reasons. It was also observed that though screen was available these were hardly used. But it should be appreciated that in hospitals with higher bed strength privacy was better ensured. Privacy was well maintained in the Private Facilities (91.5%).

Table 36: Presence of Female Nurse/Attendant during examination

Facility	Responses of female IPD patients		Total
	Yes	No	
Project	245 (81.4)	56 (18.6)	301
Non Project	60 (76.9)	18 (23.1)	78
Private	29 (93.5)	2 (6.5)	31

A question was specifically asked from the female patients on whether privacy was observed when they were being examined. More care was taken in Project Facilities (81.4%) than in Non Project (76.9%). However, Private Facilities (93.5%) were more particular on this.

Table 37: Timely care given by nurse to IPD patients

Facility	Responses			Total
	Yes	No	After long gap	
Project	435 (85.5)	67 (13.2)	7 (1.4)	509
Non Project	92 (88.5)	11 (10.6)	1 (1.0)	104
Private	67 (94.4)	4 (5.6)	0 (0.0)	71

Nursing care is a round the clock 24 x 7 function. Patients on being asked about frequency of nursing care responded in affirmation at all facilities. However, negligence was reported by a little higher number (13.2%) in Project Facilities compared to (10.6%) Non Project Facilities. Patients of Private Facilities were more satisfied (94.4%).

Table 38: Response time of Nurses for IPD patients

Facility	Duration				Total
	Within 5mins	5-15mins	15-30mins	Only after repeated complaining	
Project	110 (25.3)	117 (26.9)	124 (28.5)	84 (19.3)	435
Non Project	18 (19.6)	28 (30.4)	28 (30.4)	18 (19.6)	92
Private	14 (20.9)	26 (38.8)	17 (25.4)	10 (14.9)	67

Most of the patients in all facilities said that the nurse visited them between 5-30 minutes. Though patients have also reported them visiting in 5 minutes also but somehow it was not acceptable neither was visible.

g. Medicines

Besides, Doctor and Diagnostics, Drugs play an important role in completing the curative triad. At times these are provided by the facility and at other times are purchased by patients. Questions on availability from Facility, whether purchased from market, were put to patients.

Table 39: Prescribed medicines made available to IPD patients

Facility	Responses		Total
	Yes	No	
Project	206 (40.5)	303 (59.5)	509
Non Project	40 (38.5)	64 (61.5)	104
Private	34 (47.9)	37 (52.1)	71

Of the prescribed medicines, some are supplied from the hospital and some are purchased. It was observed from the responses that 40.5% in-patients from Project Facilities received medicines from the facility while 38.5% received in Non Project Facilities. The supply of medicines was reported regular by the medical officers-in-charge at the Project Facilities. In case of irregular supply medicines these were also purchased through RMRS.

It is worth mentioning that 63.3% of in-patients of Project Facilities from tribal region received medicines from the facility while only 47.1% of their counterparts attending Non Project Facilities got their prescriptions honored by the facility. Further, BPL (PF-54.3%; NPF-51.2%) patients received medicines in Project Facilities than in Non Project Facilities and tribal patients also were contended with Medicine supply from Project Facilities (PF-57.1%; NPF-33.3%).

Private Facilities can't be logically compared as even if medicines were provided at the facility, the cost was inbuilt in the bill.Compared to results of earlier conducted baseline survey on Patient Satisfaction, the Project Facilities at present shows a **substantial increase in Medicine availability to BPL** (Baseline – 33.5%; End term – 54.3%) and **Tribal population** (Baseline – 34.3%; End term – 57.1%).

Table 40: Place from where medicines were purchased by IPD patients

Facility	Place		Total
	Pharmacy within facility	Pharmacy outside facility	
Project	73 (24.1)	230 (75.9)	303
Non Project	11 (17.2)	53 (82.8)	64
Private	26 (70.3)	11 (29.7)	37

In-patients from Project Facilities (75.9%) and from Non Project Facilities (82.8%) purchased the medicines from pharmacies outside the hospital. While in Private Facilities 70.3% purchased from the pharmacy within the hospital.

Table 41: Availability of 24 hour medical shop

Facility	Responses			Total
	Yes	No	Don't know	
Project	358 (70.3)	136 (26.7)	15 (2.9)	509
Non Project	60 (57.7)	42 (40.4)	2 (1.9)	104
Private	67 (94.4)	4 (5.6)	0 (0.0)	71

The responses for availability of 24 hour medical shop at the facility show significant difference (P value 0.0) between the Project and Non Project Facilities where higher number of respondents from Project Facilities (70.3%) confirmed the availability and out of these 84.1% said that pharmacy was located within the facility. While only 57.7% from Non Project said that it was available and 75% reported having it within the facility. 94.4% of respondents from Private Facilities said that a 24 hour pharmacy was there and 95.5% affirmed it to be within the facility.

h. Assistance by Patient Counselor

To facilitate the patients in availing services, RHSDP has placed Patient Counselors at the Project Facilities and some of the Non Project Facilities specially to facilitate access and utilization of services by vulnerable group. They have been trained to inform patients about various services available at the health facility, guide the patient, explain doctors' prescription and like. The Patient Counselor are placed at 63 Project Facilities and 5 Non Project Facilities.

Table 42: Assistance received by IPD patients from patient counselor

Areas	Facility	Responses *		Total
		Yes	No	
Guiding to different service areas	**Project**	98 (79.7)	25 (20.3	123
	Non Project	11 (78.6)	3 (21.4)	14
Explaining the treatment prescribed	**Project**	110 (89.4)	13 (10.6)	123
	Non Project	10 (71.4)	4 (28.6)	14
Facilitating in getting free drug	**Project**	95 (77.2)	28 (22.8)	123
	Non Project	10 (71.4)	4 (28.6)	14
Explaining the user charges	**Project**	96 (78.0)	27 (22.0)	123
	Non Project	8 (57.1)	6 (42.9)	14

*** multiple responses**

Patient counselor like the Medical Social Workers that system had almost 30 years back, have a specific role to comfort patients while seeking care Patients were asked regarding services given to them by the Patient Counselor. 79.7% from Project and 78.6% from Non Project Facilities reported that they were guided by the Patient Counselor to different service areas. More patients in Project Facilities (89.4%) said that the Patient Counselor explained the prescribed treatment to them than those in non Project Facilities. Also they were the catalysts in getting free drugs to patients in Project Facilities (77.2%). Also as a confidence building measure the Patient Counselors at Project Facilities were more enthusiastic in explain rationale of user charges (78.0%) compared to those at NPF (57.1%).

i. Support Services/Facilities

Table 43: Perception of IPD patients on quantity and quality of food being adequate and good

Facility	Responses				Total
	Yes	No	Did not get	Did not take	
Project	77 (41.8)	69 (37.5)	28 (15.2)	10 (5.4)	184
Non Project	6 (42.9)	0 (0.0)	0 (0.0)	8 (57.1)	14

Besides the medical care needs, there are non-medical needs that, if fulfilled, help in maneuvering the patient satisfaction. One such is availability of meals from facility. Regarding the quantity and quality of the meals, 41.8% of in-patients from Project Facilities and 42.9% from Non Project Facilities appeared contended while 37.5% did not appreciate the quality. 15.2% of patients from Project Facilities did not get food from the facility while 5.4% preferred home cooked meals.

Table 44a: Responses of IPD patients on availability of facilities/services in the Hospital

Facility	Facilities/Services							
	Drinking water	Sitting arrangement	Toilets	Signage	Display name of doctor	Suggestion box	Functional ambulance	Wheelchair/ Trolley/ Ramp
Project	484 (95.1)	491 (96.5)	491 (96.5)	357 (70.1)	412 (80.9)	221 (43.4)	436 (85.7)	459 (90.2)
Non Project	96 (92.3)	100 (96.2)	100 (96.2)	68 (65.4)	81 (77.9)	37 (35.6)	70 (67.3)	86 (82.7)
Private	70 (98.6)	71 (100.0)	69 (97.2)	57 (80.3)	60 (84.5)	(37 (52.1)	61 (85.9)	68 (95.8)

Table 44b

Facility	Facilities/Services							
	Blood bank	**Trash disposal facilities**	**Citizen charter**	**Lighting arrangement in ward**	**Ventilation in ward**	**Canteen facility**	**Room for minor checkups and procedure**	**Separate toilet for female**
Project	221 (43.4)	386 (75.8)	208 (40.9)	484 (95.1)	458 (90.0)	134 (26.3)	435 (85.5)	476 (93.5)
Non Project	13 (12.5)	87 (83.7)	47 (45.2)	100 (96.2)	100 (96.2)	21 (20.2)	95 (91.3)	97 (93.3)
Private	35 (49.3)	51 (71.8)	30 (42.3)	66 (93.0)	69 (97.2)	54 (76.1)	69 (97.2)	68 (95.8)

Satisfaction level among patients regarding some of the non-medical needs was probed during the interaction.

The patients (>90%) were satisfied with the drinking water facility, sitting arrangement, toilets, light and ventilation facilities in the wards and room for minor check-ups in all the three types of facilities.

The signage was noticed more by the in-patients of Project Facilities (70.1%) than Non Project Facilities (65.4%) and so were the availability of functional ambulance, wheelchair/ Trolley/ Ramp and the **difference between Project and Non Project Facilities for availability of functional ambulance and wheelchair/ trolley/ ramp is significant (P value is 0.0 for both).**

Private Facilities (76.1%) extended on payment cafeteria facility. Respondents from Project Facilities (26.3%) and Non Project Facilities (20.2%) reported that the facilities have canteen facility which actually refers to a tea or Tuck shop outside the premise as the Public sector facilities up to District level do not operate any canteen. Moreover since the food either is had from home or bought, they don't even consider it essential.

Table 45: Improvement in health condition of IPD patients after treatment

Facility	Responses		Total
	Yes	**No**	
Project	476 (93.5)	33 (6.5)	509
Non Project	100 (96.2)	4 (3.8)	104
Private	70 (98.6)	1 (1.4)	71

On being asked if there was any improvement in their condition after being admitted in the health facility, a great majority of the respondents from all the three types of facilities gave a positive answer. Only 6.5% of the patients from the Project Facilities replied negatively, as there were still undergoing the treatment.

Table 46: Referral of IPD patients in case of no improvement after treatment

Facility	Responses		Total
	Yes	No	
Project	8 (24.2)	25 (75.8)	33
Non Project	0 (0.0)	4 (100.0)	4
Private	0 (0.0)	1 (100.0)	1

Patients who said “no improvement in their condition” were further questioned regarding their referral to a higher facility, to which 24.2% of respondents from Project Facilities replied that they were referred while the rest said ‘no’. No one from Non Project and Private Facilities said that they were referred further. It can be suggested that the specialists available in Project Facilities were better equipped to assess the condition of the patient and timely refer them to higher facilities for treatment.

Table 47: IPD patients preferring to seek healthcare services from the facility in future

Facility	Responses		Total
	Yes	No	
Project	494 (97.1)	15 (2.9)	509
Non Project	103 (99.0)	1 (1.0)	104
Private	66 (93.0)	5 (7.0)	71

Majority of in-patients from Project Facilities (97.1%) opined that they would seek healthcare services from the same facility, if need be.

Table 48: Reasons given by IPD patients for not preferring to seek health care from the facility in future

Facility	Reasons						Total
	Expensive	Lack of female doctors	No proper care	No proper treatment	Overcrowded	Unhygienic	
Project	0 (0.0)	0 (0.0)	4 (26.7)	4 (26.7)	3 (20.0)	4 (26.7)	15
Non Project	0 (0.0)	1 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1
Private	4 (80.0)	0 (0.0)	1 (20.0)	0 (0.0)	0 (0.0)	0 (0.0)	5

Of the 21 patients deciding not to return the same facility, four (26.7%) at Project facility opined that the facility has no proper care and/ or treatment while Private Facilities (80.0%), patients feel the treatment was quite expensive.

Overall the patients were satisfied with the services provided at the Project Facilities and would prefer seeking treatment in future and also recommend it.

Table 49: IPD patients willing to recommend the health facility to family and friends

Facility	Responses		Total
	Yes	No	
Project	477 (93.7)	32 (6.3)	509
Non Project	100 (96.2)	4 (3.8)	104
Private	65 (91.5)	6 (8.5)	71

"If you are satisfied tell others, if not tell us" is the marketing principle. The patients were probed if based on their interaction and satisfaction would they recommend the facility to others; majority said that they would recommend the facility but 6.3% dissatisfied said that they would not do so. The high cost incurred in the treatment in the Private Facilities was the reason that 8.5% did not feel like repeating the mistake or recommending it to their acquaintances.

Table 50: Ratings given by IPD patients on services received

Facility	Responses				Total
	Excellent	Good	Fair	Poor	
Project	109 (21.4)	266 (52.3)	126 (24.8)	8 (1.6)	509
Non Project	31 (29.8)	53 (51.0)	19 (18.3)	1 (1.0)	104
Private	28 (39.4)	33 (46.5)	10 (14.1)	0 (0.0)	71

The project facilities score over Non Project and Private Facilities as reflected in perception of IPD patients who have put the services as "Good (52.3%) and Fair (24.8%), though the "excellent" response is in favor of NPF.

Responses of Out-Patients

A series of questions were asked from the out-patients at the Project, Non Project and Private Facilities to assess their satisfaction from the respective facilities.

Table 51: Health problem of OPD patients for visiting the health facility

Facility	Health problem										Total
	Pediatric	Orthopedic	ENT	Opthal	Dental	Gynae	Gen. Med.	Skin	Surgery	TB	
Project	43 (3.4)	92 (7.3)	67 (5.3)	41 (3.3)	24 (1.9)	128 (10.2)	706 (56.3)	88 (7.0)	34 (2.7)	31 (2.5)	1254
Non Project	22 (4.5)	16 (3.3)	13 (2.7)	4 (0.8)	5 (1.0)	54 (11.1)	334 (68.6)	26 (5.3)	10 (2.1)	3 (0.6)	487
Private	2 (1.2)	19 (11.4)	9 (5.4)	10 (6.0)	3 (1.8)	27 (16.3)	80 (47.2)	4 (2.4)	11 (6.6)	1 (0.6)	166

Majority had common ailments and visited the General Medicine department in all the three types of facilities.

As specialists were available in the Project and Private facilities, the patients consulted them for problems related to Ortho, ENT, Ophthalmic and Skin. More cases came to Project Facilities for treatment of TB.

A. Satisfaction of Patients

a. Selection of health facility

On being asked that why they chose the particular facility multiple responses were given by the out-patients. Low expenses (41.7%) diagnostic facility (8.1%) and reputation of facility (13.6%), Drug availability (8.1%) and benefits of Govt. schemes (3.7%) were the reasons extended by out-patients from Project Facilities to seek care compared to those from Non Project Facilities. Once again as was visible in IPD patients the difference on low expenses is significant with P value of 0.0.

Table 52a: Reasons behind selecting the health facility by OPD patients

Facility	Reasons *				
	Easily accessible	Good reputation	Low Expenses	Round the clock availability of services	Facility of investigations
Project	565 (45.1)	171 (13.6)	523 (41.7)	164 (13.1)	101 (8.1)

Non Project	238 (48.9)	50 (10.3)	166 (34.1)	70 (14.4)	30 (6.2)
Private	32 (19.3)	64 (38.6)	12 (7.2)	71 (42.8)	47 (28.3)

Table 52b

Facility	Reasons *					
	Availability of drugs at facility	**Doctor Always available**	**Known to doctor/ nurse**	**Emergency facility**	**Advise of family member/relatives**	**Govt Scheme**
Project	101 (8.1)	101 (8.1)	37 (3.0)	21 (1.7)	34 (2.7)	47 (3.7)
Non Project	34 (7.0)	55 (11.3)	22 (4.5)	6 (1.2)	14 (2.9)	10 (2.1)
Private	24 (14.5)	58 (34.9)	10 (6.0)	13 (7.8)	19 (11.4)	0 (0.0)

*** multiple responses**

A very small number also expressed that their choice was influenced by factors such as “referred by doctor”, on advice of PRI, heard from satisfied patients, media and “no other option” available.

In both Project and Non Project Facilities prime, APL opined in favor of “Accessibility” (PF-48.3%; NPF-50.5%), while BPL patient’s preference was governed by cost (PF-45.7%; NPF-46.5%).
Tribal population at Project Facilities found the facilities “easily accessible” and “less expensive” (PF-42.1%; NPF-37.3%) as compared to those from Non Project Facilities.

Respondents >50 years of age from Project Facility sought services because of low expenses (49.0%) more than any other reason. But their counterparts from Non Project Facilities gave easily accessibility as the prime reason (50.7%).

b. Registration

The staff availability at Registration counter was far better at Project Facility despite the high number of patients and this “first interaction” had a positive impact on patient satisfaction compared to Non Project Facilities **with significant difference at 95% CI (P value 0.001)** and these responses were virtually same across all age, caste, gender and educational groups.

Table 53: Availability of Staff at registration counter

Facility	Responses		Total
	Yes	**No**	
Project	1250 (99.7)	4 (0.3)	1254
Non Project	474 (97.3)	13 (2.7)	487
Private	166 (100.0)	0 (0.0)	166

.More than 57% and respondents rated behavior of staff at registration counter as “good” and “fair” (20%) in Project Facilities though marginally lower than NPF

Table 54: Perception of OPD patients on behavior of staff at registration counter

Facility	Responses				Total
	Excellent	Good	Fair	Bad	
Project	255 (20.4)	720 (57.6)	258 (20.6)	17 (1.4)	1250
Non Project	127 (26.8)	277 (58.4)	68 (14.3)	2 (0.4)	474
Private	55 (33.1)	89 (53.6)	21 (12.7)	1 (0.6)	166

However, in the tribal region respondents from Project Facilities reported the behavior as “excellent” more in comparison to Non Project Facilities (PF-24.6%; NPF-20.7%); less expectations from deprived populace could be one way to deprive the project of the credit.

Table 55: Directions given by staff at registration counter to IPD patients

Facility	Responses		Total
	Yes	No	
Project	866 (69.3)	384 (30.7)	1250
Non Project	345 (72.8)	129 (27.2)	474
Private	150 (90.4)	16 (9.6)	166

Patients visiting the facility need proper directions from the staff at the counter helps. With a marginal difference in %age of respondents at PF and NPF close to 70% were directed to the asked for destination at the facility by staff at the counter. Of course larger number at PF could be the only excuse for that three percentage point difference. Staff in Private Facilities was more responsive in this regard.

Table 56: Fee given by OPD patients for registration

Facility	Responses		Total
	Yes	No	
Project	1005 (80.1)	249 (19.9)	1254
Non Project	394 (80.9)	93 (19.1)	487
Private	166 (100.0)	0 (0.0)	166

At the Project Facility 19.9% % of the respondents did not pay as compared to 19.1% at NPF (a just difference of 0.8%). Out of those who paid, 26.5% of the BPL patients in the Project Facilities reported paying the registration fee while this number was 24.6% in Non Project Facilities. As said earlier the **BPL card need to be flashed** and those who left it at home did pay.

For the NPF patients since the facility was little more accessible (they might be from same village), it was easier to go back and produce BPL card to avail "free" services.

More out patients from 50 (PF-81.5%; NPF-89.5%) and 100 (PF-78.7%; NPF-93.3%) bedded facilities of Non Project had paid for registration than in Project Facilities, again probably left card at home but came to a facility farther away from home; could be the possibility .Compared across income status, **less number of BPL out-patients paid fee for registration in Project Facilities** (PF-55.8%; NPF-57.1%).

Table 57: Perception of OPD patients on registration fee being reasonable

Facility	Responses		Total
	Yes	No	
Project	910 (90.5)	95 (9.5)	1005
Non Project	367 (93.1)	27 (6.9)	394
Private	142 (85.5)	24 (14.5)	166

A minimum of Rs. 2/- are charged as token money for the 'parchi' varying from facility to facility even in government facilities. **More than 90% of the out-patients from Project and Non Project Facilities opined that the fee was reasonable**.

c. OPD

i. Timing

Table 58: Perception of OPD patients on suitability of OPD timings

Facility	Responses		Total
	Yes	No	
Project	1226 (97.8)	28 (2.2)	1254
Non Project	473 (97.1)	14 (2.9)	487
Private	166 (100.0)	0 (0.0)	166

Except for a few out-patients, majority was comfortable with the present OPD timings. Some outrageous comments (timing to be 7.00 am to 7.00 pm) are bound to come and need no cognizance.

Table 59: OPD patients able to locate OPD at facility easily

Facility	Responses		Total
	Yes	No	
Project	1181 (94.2)	73 (5.8)	1254
Non Project	473 (97.1)	14 (2.9)	487
Private	163 (98.2)	3 (1.8)	166

The responses show that out-patients were able to locate the OPD easily in all the three types of facilities. This suggests that either the proper signage was present or help was available when the patients asked for it. The percentage is higher in Non Project Facilities when compared to Project Facilities. Some of the project facilities were in final stages of civil work and signage obviously shall be displayed after the completion.

ii. Waiting Time

Nobody wants to wait at a public facility and expects immediate attention but for a few seasoned ones who have little higher threshold of endurance. The response on how long they had to wait were compiled and analyzed.

Table 60: Responses of OPD patients regarding wait time at different places

Place	Facility	Wait time				Total
		Up to 10mins	11-20mins	21-30mins	More than 30mins	
At registration counter	**Project**	287 (70.7)	97 (23.9)	22 (5.4)	0 (.0)	406
	Non Project	74 (59.2)	39 (31.2)	8 (6.4)	4 (3.2)	125
	Private	34 (61.8)	15 (27.3)	5 (9.1)	1 (1.8)	55
OPD	**Project**	221 (43.3)	141 (27.6)	91 (17.8)	57 (11.2)	510
	Non Project	68 (48.6)	49 (35.0)	17 (12.1)	6 (4.3)	140
	Private	25 (41.0)	18 (29.5)	12 (19.7)	6 (9.8)	61
Investigation room	**Project**	54 (46.2)	31 (26.5)	20 (17.1)	12 (10.3)	117
	Non Project	19 (63.3)	5 (16.7)	4 (13.3)	2 (6.7)	30
	Private	16 (40.0)	12 (30.0)	6 (15.0)	6 (15.0)	40
Injection room	**Project**	77 (75.5)	13 (12.7)	11 (10.8)	1 (1.0)	102
	Non Project	36 (83.7)	5 (11.6)	2 (4.7)	0 (.0)	43
	Private	7 (87.5)	0 (.0)	1 (12.5)	0 (.0)	8
Pharmacy store	**Project**	135 (61.1)	69 (31.2)	11 (5.0)	6 (2.7)	221
	Non Project	40 (60.6)	21 (31.8)	5 (7.6)	0 (.0)	66
	Private	10 (52.6)	5 (26.3)	4 (21.1)	0 (.0)	19

When probed further for the time they had to wait, majority reported a wait time of up to 20 minutes while few expressed dissatisfaction and said that they had to wait for more than 30 minutes which also included wait time of one to one and a half hours. This was observed more in Project and Private Facilities. 15% of the Private Facility respondents waited for a longer time outside laboratory for investigations while 11.2% of those responding from Project Facilities waited longer outside OPD.

The place where maximum people had to wait was obviously the OPD and laboratory.

Table 61: Responses of OPD patients regarding wait time to consult the doctor

Facility	Wait time				Total
	Less than 10mins	10-20mins	20-30mins	More than 30mins	
Project	704 (56.1)	295 (23.5)	124 (9.9)	131 (10.4)	1254
Non Project	370 (76.0)	65 (13.3)	32 (6.6)	20 (4.1)	487
Private	76 (45.8)	36 (21.7)	30 (18.1)	24 (14.5)	166

Majority out-patients (above 93%) reported that the doctor was available on their seat and they did not have to wait long for their turn. 76% from Non Project Facilities said that their wait time was less than 10 minutes while this figure was 56.1% in Project Facilities. 10.4% respondents from Project Facilities shared that they waited for more than 30 minutes.

It may be noted here that in the Project Facilities the consultation time (5minutes and above) given to patients was more than in Non Project Facilities which led to more wait time for the patients (PF-25.3%; NPF-20.1%).

Table 62: Reasons given by OPD patients waiting for more than 30 minutes

Facility	Reasons			Total
	Doctor not available on his/her seat	Less doctors available	Overcrowded	
Project	70 (53.4)	11 (8.4)	50 (38.2)	131
Non Project	9 (45.0)	0 (0.0)	11 (55.0)	20
Private	7 (29.2)	0 (0.0)	17 (70.8)	24

Of those who had to wait for more than 30 minutes, 53.4% from Project Facilities and 45% from Non Project Facilities said that the doctor was not available on the chair- quite possible that the doctor was “on round” in the wards or busy with procedures at other setting within the facility.

Out-patients of Private Facilities (70.8%), quoted overcrowded OPD (“rush”) but if we correlate it with the responses of non-users of Project Facilities we find that they preferred Private Facilities because there was less rush there. This contradiction defies all logic.

Table 63: Wait time normally accepted by OPD patients

Facility	Wait time			Total
	15mins	30mins	One hour	
Project	968 (77.2)	229 (18.3)	57 (4.5)	1254
Non Project	405 (83.2)	70 (14.4)	12 (2.5)	487
Private	134 (80.7)	25 (15.1)	7 (4.2)	166

Normally the waiting time in OPD is acceptable within a range of 15-30 minutes depending on specialty, nature and size of Hospital and Patient load. Response received on acceptable waiting time showed that around 15 minutes wait time is acceptable to them. However there are cases where patients are ready to wait even for an hour. The Non project facilities had more patients willing to wait for 15 minutes.

With enhanced services in the Project Facilities the mindset of outpatients has changed. To avail these services people do not mind to wait even for more than an hour there, while this is not so in Non Project Facilities. **Though it appears that there is not much variation in the responses of patients of Project and Non Project Facilities, but when the Mann Whitney 'U' test was applied the difference came out was significant (P value of 0.005).** 5.2% of BPL from Project Facilities responded that they are ready to wait for more than an hour while this percent is 2.4% in Non Project. Even across bed strength more patients from Project Facilities accepted higher waiting time (30 bedded: PF-5.9%; NPF-3.1%; 50 bedded-PF-3%; NPF-1.2%; 100 bedded: PF-3.2%; NPF-0%)

Even in Private Facilities patients are ready to wait for more than an hour to get the services.

A study done at King George V Hospital, UK in 2008 showed that 100% of patients waited for 0-30 minutes in Main Pharmacy, 38% of OPD patients waited for 0-30 minutes and 47% of OPD patients waited 1 to 2 hours. Mean expected maximum waiting time for seeking medical help was 1 hr. in Ghana (Aug 2003 to Oct. 2004) and waiting time at the SSKM hospital, Kolkata (June 2005) at OPD was extremely high with 55.5% of the patient's surveyed waiting from 1 to 4 hours.

iii. Consultation

Even if the patient has to wait for a long time, he/she feels satisfied if the doctor is patient and gives an ear. Out-patients were questioned regarding the total time spent by provider on consultation.

Table 64: Responses of OPD patients on time given by doctor for consultation

Facility	Consultation time				Total
	0-2mins	2-5mins	5-10mins	10-15mins	
Project	264 (21.1)	672 (53.6)	275 (21.9)	43 (3.4)	1254
Non Project	105 (21.6)	284 (58.3)	80 (16.4)	18 (3.7)	487
Private	13 (7.8)	62 (37.3)	62 (37.3)	29 (17.5)	166

Normally a patient would prefer at least 5-10 minutes are given to him/her by the doctor for consultation. In the Project Facilities 53.6% out-patients reported that the doctor gave them 2-5 minutes. 0-2 minutes were stated by 21% respondents. Even in the Non Project Facilities 2-5 minutes were given to most of the patients (58.3%).

More BPL patients from Project Facilities were satisfied with consultation time (5 minutes and above) given to them by doctor (PF-26%; NPF-19.4%). Similarly, tribal population was also more satisfied in Project Facilities (PF-31.7%; NPF-13.6%).On the other hand more time was given to the patient in Private Facilities.

Table 65: OPD patients referred to some other doctor within the facility

Facility	Responses		Total
	Yes	No	
Project	71 (5.7)	1183 (94.3)	1254
Non Project	19 (3.9)	468 (96.1)	487
Private	23 (13.9)	143 (86.1)	166

The patients were asked if they were referred to another doctor within the facility when the patient was diagnosed with problem demanding specialized care. Maximum out-patients from Project and Non Project Facilities stated that they were not referred to any other doctor within the facility. Referrals within the facility were reported more by the patients from Private Facilities.

d. Investigations

Table 66: Investigations/ tests prescribed to OPD patients

Facility	Responses		Total
	Yes	No	
Project	400 (31.9)	854 (68.1)	1254
Non Project	130 (26.7)	357 (73.3)	487
Private	104 (62.7)	62 (37.3)	166

Subsequent to examination, to ascertain, diagnostic tests are prescribed. More patients were prescribed tests in the Private Facilities (62.7%) followed by Project and Non Project Facilities which indicated significant difference (P value 0.034) reflecting on better clinically equipped providers at Project Facilities.

Of those who were prescribed tests mostly got it done within the facility. **76.5% out-patients from Project Facilities had their tests done within the facility as compared to 69.2%** from Non Project Facilities. More investigation services are available in the Private Facilities and thus 92.3% reported getting their tests done within the facility itself.

Table 67: Place where OPD patients had their investigation done

Facility	Place			Total
	Facility	Outside facility	Both	
Project	306 (76.5)	86 (21.5)	8 (2.0)	400
Non Project	90 (69.2)	34 (26.2)	6 (4.6)	130
Private	96 (92.3)	5 (4.8)	3 (2.9)	104

At Project Facilities in the tribal region 90.1% got the tests done within facility while in Non Project Facilities only 74.1% could get their tests done in facility. Amongst **BPL patients** also **more investigations were done within facility in the Project Facilities** (P- 79%; NP-75.6%).

Table 68: Reasons given by OPD patients for getting the tests done outside the facility

Facility	Reasons				Total
	Prescribed by doctor	Non availability of particular tests	Non-availability of lab technician	Personal choice	
Project	39 (41.5)	17 (18.1)	7 (7.4)	31 (33.0)	94
Non Project	11 (27.5)	12 **(30.0)**	9 **(22.5)**	8 (20.0)	40
Private	1 (12.5)	1 (12.5)	1 (12.5)	5 (62.5)	8

Why did you go out to get tests done and a Pandora was opened. 41.5% respondents from Project Facilities stated that doctor advised them to get the tests done from outside. Reasons could be many- patient asked for; had no patience to wait or the specific test was not within the mandate of “assured services” at the facility.

Non-availability of the test was cited highest in Non Project Facilities (30%) so was non availability of technician (22.5%). This suggests that investigation services and technicians were available in the Project than in Non Project Facilities.

33% of Project Facilities out-patients got their tests done outside the facility by their own choice. Though, this number was higher in the Private Facilities (62.5%).

Table 69: OPD patients charged for tests done within the facility

Facility	Responses		Total
	Yes	No	
Project	174 (55.4)	140 (44.6)	314
Non Project	48 (50.0)	48 (50.0)	96
Private	97 (98.0)	2 (2.0)	99

On being asked about if they had to pay for their tests, the number of patients who did not pay was less in Project Facilities (44.6%) but 50% in Non Project Facilities. Of those who paid 20.1% were from BPL category in Project Facilities and 25% in Non Project Facilities. But for the small difference, again **BPL paying for diagnostics within the facility is a point of concern** even if they failed to flash the BPL card. Some mechanism needs to be evolved for it.

More BPL patients from Non Project Facilities were charged for tests (32.4%) than in Project Facilities (27.1%). In tribal region less number of outpatients had to pay for their tests in Project Facilities (PF-40%; NPF-55%)

Table 70: Availability of technician

Facility	Responses
	Technician available
Project	290 (92.4)
Non Project	88 (91.7)
Private	99 (100.0)

A large majority affirmed that technician was available when they had gone to the laboratory to get the tests done. The availability was reported 100% in the Private Facilities as compared to Project Facilities thus giving an example about proper management there.

Table 71: Time when reports were received by OPD patients

Facility	Duration						Total
	Same day	24 hrs later	3 days later	1 week later	Report not received	Recently done	
Project	275 (68.8)	58 (14.5)	3 (0.8)	1 (0.2)	16 (4.0)	47 (11.8)	400
Non Project	92 (70.8)	18 (13.8)	2 (1.5)	1 (0.8)	5 (3.8)	12 (9.2)	130
Private	91 (87.5)	10 (9.6)	1 (1.0)	0 (0.0)	0 (0.0)	2 (1.9)	104

Timely availability of test results facilitates decision making on part of Provider. Private Facilities (87.5%) expectedly were more prompt followed by Non Project (70.8%) and then Project Facilities (68.8%). Those who did not get the report on the same day received it after 24 hours.

Table 72: Perception of OPD patients on test charges within their paying capacity

Facility	Responses		Total
	Yes	No	
Project	318 (79.5)	82 20.5)	400
Non Project	114 (87.7)	16 (12.3)	130
Private	78 (75.0)	26 (25.0)	104

Compared to Private Facilities (75%) the out-patients from Project (79.5%) and Non Project Facilities (87.7%) were more satisfied as far as the test charges were concerned. Obviously people with higher paying capacity visited the Private Facilities while those with low purchasing power parity went to Government Facilities

e. Behavior

The behavior (a cumulative of skill, values, attitude, communication, concern and compassion) of service provider is key to patient satisfaction.

Table 73: Perception of OPD patients Doctor's attitude and practice

Attitude and Practice	Facility	Responses				Total
		Excellent	Good	Fair	Bad	
Promptness in attending	**Project**	169 (13.5)	745 (59.4)	314 (25.0)	26 (2.1)	1254
	Non Project	92 (18.9)	307 (63.0)	82 (16.8)	6 (1.2)	487
	Private	58 (34.9)	91 (54.8)	16 (9.6)	1 (0.6)	166
Behavior	**Project**	143 (11.4)	752 (60.0)	346 (27.6)	13 (1.0)	1254
	Non Project	65 (13.3)	319 (65.5)	99 (20.3)	4 (0.8)	487
	Private	51 (30.7)	95 (57.2)	20 (12.0)	0 (0.0)	166
Listening to your problem	**Project**	145 (11.6)	733 (58.5)	357 (28.5)	19 (1.5)	1254
	Non Project	77 (15.8)	295 (60.6)	110 (22.6)	5 (1.0)	487
	Private	54 (32.5)	87 (52.4)	25 (15.1)	0 (0.0)	166
Explaining about the problem	**Project**	152 (12.1)	677 (54.0)	390 (31.1)	35 (2.8)	1254
	Non Project	67 (13.8)	296 (60.8)	115 (23.6)	9 (1.8)	487
	Private	55 (33.1)	81 (48.8)	29 (17.5)	1 (0.6)	166
Explaining about the treatment	**Project**	141 (11.2)	692 (55.2)	387 (30.9)	34 (2.7)	1254
	Non Project	69 (14.2)	291 (59.8)	117 (24.0)	10 (2.1)	487
	Private	53 (31.9)	85 (51.2)	27 (16.3)	1 (0.6)	166

Though subjective, respondents were asked to put it on a scale at Project, Non Project and Private Facilities.

The out-patients rated the behavior of the doctor in terms of promptness in attending, attitude, listening to problem, explaining about problem and medicines. The responses suggest that the

patients of Private Facilities were more satisfied as more responses of "excellent" were given as compared to Project and Non Project Facilities.

It is worth mentioning that **15.5% of out-patients from Project Facilities of tribal regions rated doctor's behavior as "excellent" while only 11.6% of those from Non Project r**ated such. Similar views were expressed by 13.2% female out-patients from Project Facility as compared to 11.7% from Non Project Facilities.

Table 74: Satisfaction of OPD patients with the examination and treatment given by doctor

Facility	Responses		Total
	Yes	No	
Project	1160 (92.5)	94 (7.5)	1254
Non Project	463 (95.1)	24 (4.9)	487
Private	163 (98.2)	3 (1.8)	166

A high percentage of the out-patients were satisfied by the examination done by the doctor. This was seen in all the three types of facilities.

More patients from Project Facilities in the tribal region were satisfied with the examination and treatment given by doctor (PF-94.3%; v/s NPF-93.7%).

Table 75: Privacy maintained during examination of OPD patients

Facility	Responses		Total
	Yes	No	
Project	995 (79.3)	259 (20.7)	1254
Non Project	366 (75.2)	121 (24.8)	487
Private	156 (94.0)	10 (6.0)	166

Privacy was well maintained in the Private Facilities (94%) and not so much in the Project Facilities (79.3%) and Non Project (75.2%). However, when comparing between Project and Non Project Facilities the difference is significant at 95% CI with P value 0.057. The rush of patients and limited OPD timings have leave little opportunity for doctors to check each patient in private.

Table 76: Presence of Female Nurse/Attendant during examination

Facility	Responses of female OPD patients		Total
	Yes	No	
Project	375 (61.2)	238 (38.8)	613
Non Project	148 (61.7)	92 (38.3)	240
Private	60 (69.8)	26 (30.2)	86

There was no significant difference in the responses and close to 38% at both, project and non-project had themselves examined without the presence of a female nurse/ attendant.

Table 77: Perception of OPD patients on behavior of staff at facility

Facility	Behavior				Total
	Excellent	Good	Fair	Bad	
Project	184 (14.7)	707 (56.4)	348 (27.8)	15 (1.2)	1254
Non Project	92 (18.9)	291 (59.8)	98 (20.1)	6 (1.2)	487
Private	50 (30.1)	93 (56.0)	23 (13.9)	0 (0.0)	166

Though not much interaction takes place between the nursing staff and out-patients, yet in investigation room, injection room the nurse: patient interaction is inevitable. More than 55% out-patients rated the behavior as “good” and once again more patients rated “excellent” in the Private Facilities.

21.6% of out-patients from Project Facilities of tribal region stated staff behavior as “excellent” while only 14.7% of those from Non Project Facilities stated it.

Table 78: Perception of OPD patients on behavior of technician at facility

Facility	Behavior				Total
	Excellent	Good	Fair	Bad	
Project	38 (12.1)	191 (60.8)	84 (26.8)	1 (0.3)	314
Non Project	21 (21.9)	50 (52.1)	21 (21.9)	4 (4.2)	96
Private	22 (22.2)	64 (64.6)	12 (12.1)	1 (1.0)	99

Those out-patients who had tests done at facility were asked about the behavior of the technicians present there. The out-patients in Project Facilities were satisfied with the behavior to the extent that they concentrated on “good’ (60.8%) and ‘fair” (26.8%) more unlike 4.2% from Non Project Facilities who rate the behavior as “bad”.

f. Medicines

Table 79: Prescribed medicines made available to OPD patients

Facility	Responses		Total
	Yes	No	
Project	562 (44.8)	692 (55.2)	1254
Non Project	187 (38.4)	300 (61.6)	487
Private	100 (60.2)	66 (39.8)	166

The prescribed medicines were available in the facility to 44.8% of out-patients from Project Facilities and 38.4% from Non Project Facilities and there is significant difference between the two, in favor of Project facilities, at 95% CI with P value of 0.015. Comparatively a higher number were able to avail services in Project Facilities, this includes those who got medicines from BPL counter as well as those who purchased from the subsidized shops of the health facilities.

Even in the Private Facilities only 60.2% got the medicines from within the facilities, off course on payment.

Table 80: Medicines purchased by OPD patients from market

Facility	Responses				Total
	Always	Often	Sometimes	Never	
Project	385 (55.6)	148 (21.4)	143 (20.7)	16 (2.3)	692
Non Project	200 (66.7)	51 (17.0)	46 (15.3)	3 (1.0)	300
Private	35 (53.0)	10 (15.2)	14 (21.2)	7 (10.6)	66

The out-patients were asked about how many times they had to purchase prescribed medicines from market.

From **Non Project Facilities 66.7% patients reported that they always had to purchase medicines** while this figure was **55.6% in Project Facilities** which were better managed in drug supply. At Private Facilities,53% purchased medicines but rest obviously were billed by the facility for the consumption during stay.

In tribal region 62.8% out-patients from Non Project Facilities reported purchasing medicines from outside the facility while this number was **36.4% in Project Facilities**. Even high number BPL patients from Non Project Facilities stated that they always purchased medicines from outside (PF-44.8%; NPF-58.1%). The size of facility had no impact on this trend.

Table 81: Availability of subsidized medical store in the Facility

Facility	Responses			Total
	Yes	No	Don't Know	
Project	887 (70.7)	335 (26.7)	32 (2.6)	1254
Non Project	250 (51.3)	227 (46.6)	10 (2.1)	487
Private	49 (29.5)	114 (68.7)	3 (1.8)	166

A subsidized medical store was reported to be available in the health facility by 70.7% of out-patients from Project Facilities while this number was only 51.3% in Non Project Facilities and more so as 29.5% in Private Facilities. The satisfaction of patients to purchase medicines at subsidized rates was higher in the Project Facilities. The doctors at the Private Facilities prescribe medicines which are available at their store but somehow these stores do not sell medicines on subsidized rates.

g. Support Services/Facilities

The patients were also asked about various services made available to them.Role of Patient Counselors was probed from respondents at facilities where Patient Counselors are posted. Approximately 10% of the respondents were not aware about the Patient Counselors.

Table 82: Assistance received by OPD patients from patient counselor

Areas	Facility	Responses *		Total
		Yes	No	
Guiding to different service areas	**Project**	253 (32.1)	535 (67.9)	788
	Non Project	19 (34.5)	36 (65.5)	55
Explaining the treatment prescribed	**Project**	268 (34.0)	520 (66.0)	788
	Non Project	19 (34.5)	36 (65.5)	55
Facilitating in getting free medicines	**Project**	227 (28.8)	561 (71.2)	788
	Non Project	18 (32.7)	37 (67.3)	55
Explaining the different schemes	**Project**	211 (26.8)	577 (73.2)	788
	Non Project	18 (32.7)	37 (67.3)	55

*** multiple responses**

Majority reported of not receiving any assistance from Patient Counselors. This is in contrast to the responses received from the in-patients where a higher number had reported receiving the assistance and guidance.

Table 83: Service Ratings by OPD patients

Facility	Responses				Total
	Excellent	Good	Fair	Poor	
Project	170 (13.6)	727 (58.0)	341 (27.2)	16 (1.3)	1254
Non Project	84 (17.2)	310 (63.7)	89 (18.3)	4 (0.8)	487
Private	44 (26.5)	96 (57.8)	26 (15.7)	0 (0.0)	166

Regarding satisfaction for the services made available for the patients coming to the facilities, they were asked to rate the services. The out-patients at Private Facilities were more satisfied as compared to others as 26.5% rated “excellent”. Almost equal number rated “good” in the three types of facilities.

In Project Facilities of tribal region 17.8% respondents expressed satisfaction and rated the services received as “excellent” and 12.6% responded the same in Non Project Facilities.

Table 84: Perception of OPD patients on cleanliness of hospital

Facility	Responses		Total
	Yes	No	
Project	1148 (91.5)	106 (8.5)	1254
Non Project	455 (93.4)	32 (6.6)	487
Private	164 (98.8)	2 (1.2)	166

With satisfaction expressed by >90% patients across all facilities, patients in Project Facilities of the tribal area were far more contended than those from Non Project Facilities (P-97.7%; NP-94.7%).

Table 85a: Availability of facilities/services in the Hospital: Responses of OPD patients

Facility	Facilities/Services						
	Drinking water	Sitting arrangement	Toilets	Signage	Display name of doctor	Suggestion box	Functional ambulance
Project	1179 (94.0)	1199 (95.6)	1190 (94.9)	911 (72.6)	995 (79.3)	706 (56.3)	1000 (79.7)
Non Project	441 (90.6)	467 (95.9)	448 (92.0)	305 (62.6)	323 (66.3)	226 (46.4)	294 (60.4)
Private	161 (97.0)	163 (98.2)	160 (96.4)	135 (81.3)	135 (81.3)	109 (65.7)	135 (81.3)

Table 85b

Facility	Facilities/Services							
	Wheel chair	Blood bank	Trash disposal facilities	Citizen charter	Lighting arrangement in ward	Canteen facility	Room screen for minor checkups and procedure	Separate toilet for female
Project	996 (79.4)	525 (41.9)	886 (70.7)	621 (49.5)	1058 (84.4)	336 (26.8)	1046 (83.4)	1088 (86.8)
Non Project	345 (70.8)	80 (16.4)	334 (68.6)	238 (48.9)	427 (87.7)	72 (14.8)	413 (84.8)	416 (85.4)
Private	139 (83.7)	77 (46.4)	128 (77.1)	94 (56.6)	146 (88.0)	111 (66.9)	155 (93.4)	147 (88.6)

Responses were collected and analyzed on other support services/ facilities at the facility. Drinking water, sitting arrangement and toilets were reported to be there by >90% of the out-patients from all the three types of facilities. **For signage, display of the name of doctor on duty, suggestion box availability, ambulance, availability of wheel chairs, blood banking, waste disposal and canteen; the Project Facilities outsmarted the Non Project ones** at 95% CI (P value 0.001 for all).

Table 86: Perception of OPD patients on cleanliness of various areas of hospital

Areas	Facility	Responses				Total
		Excellent	Good	Fair	Bad	
OPD	**Project**	185 (14.8)	755 (60.2)	299 (23.8)	15 (1.2)	1254
	Non Project	81 (16.6)	292 (60.0)	110 (22.6)	4 (0.8)	487
	Private	52 (31.3)	103 (62.0)	11 (6.6)	0 (0.0)	166
Toilet	**Project**	81 (6.5)	546 (43.5)	492 (39.2)	135 (10.8)	1254
	Non Project	44 (9.0)	230 (47.2)	176 (36.1)	37 (7.6)	487
	Private	47 (28.3)	84 (50.6)	32 (19.3)	3 (1.8)	166
Drinking Water	**Project**	136 (10.8)	629 (50.2)	419 (33.4)	70 (5.6)	1254
	Non Project	52 10.7)	266 (54.6)	148 (30.4)	21 (4.3)	487
	Private	54 (32.5)	82 (49.4)	29 (17.5)	1 (0.6)	166
Waiting Area	**Project**	137 (10.9)	701 (55.9)	382 (30.5)	34 (2.7)	1254
	Non Project	56 (11.5)	267 (54.8)	148 (30.4)	16 (3.3)	487
	Private	53 (31.9)	90 (54.2)	23 (13.9)	0 (0.0)	166
Laboratory	**Project**	35 (11.1)	162 (51.6)	113 (36.0)	4 (1.3)	314
	Non Project	9 (9.4)	62 (64.6)	25 (26.0)	0 (0.0)	96
	Private	32 (32.3)	52 (52.5)	15 (15.2)	0 (0.0)	99
Hospital Campus	**Project**	146 (11.6)	654 (52.2)	403 (32.1)	51 (4.1)	1254
	Non Project	84 (17.2)	256 (52.6)	136 (27.9)	11 (2.3)	487
	Private	63 (38.0)	76 (45.8)	27 (16.3)	0 (0.0)	166

The grey area lies with wash rooms as the **Dissatisfaction on cleanliness of toilets in Project as well as Non project Facilities** was strongly voiced.

Table 87: OPD patients preferring to seek healthcare services from the facility in future

Facility	Responses		Total
	Yes	No	
Project	1226 (97.8)	28 (2.2)	1254
Non Project	475 (97.5)	12 (2.5)	487
Private	162 (97.6)	4 (2.4)	166

More than 97% of the out-patients seemed highly satisfied with the respective health facilities and preferred seeking health care from the same facility in future. The efforts have led to more satisfaction in tribal region and thus out-patients from Project Facilities had stated "we would come back" (PF-97.7%; NPF-93.7**%). Even BPL patients were more satisfied in Project Facilities (PF-97.7%; NPF-95.9%).**

Table 88: OPD patients willing to recommend the health facility to family and friends

Facility	Responses		Total
	Yes	No	
Project	1174 (93.6)	80 (6.4)	1254
Non Project	457 (93.8)	30 (6.2)	487
Private	158 (95.2)	8 (4.8)	166

"If satisfied tell others, of not tell us" and **majority agreed to be facility "ambassadors" marketing it to their friends and relatives;** a small percentage in Project (6.4%) and Non Project (6.2%) sharing that they would not do so.

Table 89: Information received by OPD patients about services available at government facilities through Radio/TV

Facility	Responses		Total
	Yes	No	
Project	481 (38.4)	773 (61.6)	1254
Non Project	177 (36.3)	310 (63.7)	487
Private	57 (34.3)	109 (65.7)	166

From the responses it appears that media has not "pushed" the facility rather these are the satisfied customers who market it.

The tribal population of Project Facility came to know about the services through media more than in Non Project Facility (P-32.9%; NP-25.4%).

Comparison with Base line survey

Connotation conveyed as corollary of the analyzed un-maneuvered raw data appears to be contumelious to the concerted efforts made under the Project.

The following comparison is not to be construed as "guarded defense" but is made to prove a point that Patient Satisfaction is too complex a phenomenon to understand in wake of infinite attributes and variables that dictate it.

A baseline survey was done in 2009 by HospiHealth Consultants India Private Limited, Mumbai to generate baseline information on patients' satisfaction with secondary level hospitals that are being strengthened under the Project.

Common facilities included in present (2011) and earlier (2009) study along with common variable has been picked up for comparison to look into the improvement that has taken place over time. Incidentally, common facilities listed here have representation of Desert, Tribal and Plain areas too.

Table 90: Behavior of staff

Facilities	Doctor		Nursing Staff		Staff at Registration Counter	
	Base line Survey	End Term Survey	Base line Survey	End Term Survey	Base line Survey	End Term Survey
UPHC Aspur	82.8	**100.0**	70.7	**100.0**	79.3	**100.0**
UPHC Simalwara	100.0	**100.0**	86.4	**100.0**	98.2	**100.0**
UPHC Sagwara	95.5	**100.0**	78.1	**100.0**	98.9	**100.0**
GH Balotra	99.1	**100.0**	94.6	**96.7**	91.1	**100.0**
Y.N. Hosp. Kishangarh	89.1	**100.0**	73.1	**100.0**	93.3	**95.4**
Referral Hospital Kekri	90.9	**100.0**	87.9	**100.0**	81.8	**100.0**

The patient's satisfaction related to the behavior of doctors, nursing staff and staff available at the registration counter suggest that there has been a considerable improvement. Patients from almost all the six common facilities had expressed very high satisfaction (100%) with the behavior.

Table 91: Services of doctor

Facilities	Time given by doctor for consultation		Doctor detailed about treatment	
	Base line Survey	End Term Survey	Base line Survey	End Term Survey
UPHC Aspur	77.6	**66.7**	65.5	**83.3**
UPHC Simalwara	69.5	**46.7**	64.4	**100.0**
UPHC Sagwara	98.9	**22.7**	89.9	**100.0**
GH Balotra	84.8	**53.3**	74.1	**100.0**
Y.N. Hosp. Kishangarh	81.5	**13.6**	81.5	**100.0**
Referral Hospital Kekri	89.4	**33.4**	78.8	**100.0**

Though the consultation time has markedly gone down with increase in patient load still what has to be appreciated is that doctors took far more interest in making patient understand- so vital for compliance, follow-up, continuation and confidence.

Table 92: Services at Registration

Facilities	Availability of staff		Directed to related department		Able to locate related department (OPD/IPD)	
	Base line Survey	End Term Survey	Base line Survey	End Term Survey	Base line Survey	End Term Survey
UPHC Aspur	84.1	**100.0**	62.1	**83.3**	69.0	**91.7**
UPHC Simalwara	86.4	**100.0**	57.6	**80.0**	62.7	**100.0**
UPHC Sagwara	100.0	**100.0**	100	**50.0**	100	**95.5**
GH Balotra	91.1	**100.0**	75.9	**86.7**	80.4	**80.0**
Y.N. Hosp. Kishangarh	98.3	**100.0**	87.4	**72.7**	84.9	**86.4**
Referral Hospital Kekri	77.3	**100.0**	72.7	**80.0**	77.3	**86.7**

Put to a scale of these three parameters and the Project Facilities have picked up the cadence momentum in last two years with remarkable achievements, if both the studies are trusted, and this simply can be attributed to dogged determination of Project staff.

The availability of Drugs has markedly improved with regular and increased supply of medicines under RHSDP and satisfaction level has increased except for Kishangarh. Various civil works undertaken by RHSDP at the facilities has made an impact on the satisfaction level of the patients. Waiting area in the OPD has been renovated and widened the area and patients are highly satisfied with the development.

Table 93: Availability of Services

Facilities	Medicines at facility		Waiting area		Functional ambulance	
	Base line Survey	End Term Survey	Base line Survey	End Term Survey	Base line Survey	End Term Survey
UPHC Aspur	13.8	**75.0**	67.2	**90.0**	22.4	**70.0**
UPHC Simalwara	22.0	**80.0**	33.9	**100.0**	32.2	**30.0**
UPHC Sagwara	60.1	**63.6**	99.4	**93.3**	82.0	***33.3***
GH Balotra	34.8	**53.3**	66.1	**100.0**	66.1	**100.0**
Y.N. Hosp. Kishangarh	32.8	***27.3***	70.6	**100.0**	85.7	**100.0**
Referral Hospital Kekri	12.1	**40.0**	40.9	**100.0**	60.6	**70.0**

Patients had also expressed satisfaction with the ambulance services at most of the places. It needs to be noted that with the introduction of “108” ambulances since Sep. 2008 the dependency on ambulances of facility has reduced.

Overall the satisfaction level of the patient has increased and all Cassandra shall be belittling themselves if the just and apt credit is not credited to Project (RHSDP) accounts.

Responses from Non-Users

Come what may, a section of populace does not use the public facilities for weird and inexplicable reasons. An attempt was made to uncover some of these reasons by personally interacting with the People from the community who seek care from else where

A house to house visit was made in identified villages and people who fell sick or with someone in the family falling sick and also sought treatment elsewhere but for project facility, in the past three months; was interacted.

A. General Profile

Table 94: Distribution of Non-Users according to gender, income status and caste category

		Number	Percent
Gender	**Male**	1177	56
	Female	923	44
Income status	**APL**	1470	70
	BPL	630	30
Caste Category	**SC**	364	17.3
	ST	250	11.9
	OBC	925	44
	General	561	26.7
Education Level	**Illiterate**	659	31.4
	Literate	268	12.8
	Primary	529	25.2
	Secondary	430	20.5
	Graduate	165	7.9
	Post Graduate	49	2.3

Of the total 2100 persons contacted 56% were males and 44% were females. Seventy percent belonged to the APL category while the rest were BPL. OBC category had the maximum representation (44%) followed by General (26.7%), SC (17.3%) and ST (11.9%).

B. Responses

The non-users of the respective facilities were asked if they were aware of the free treatment services in the government health facilities. 54.8% gave a positive nod for the question while 45.2% were not aware of such services.

Table 95: Medium through which Non-Users received information on free services

	Medium			Total
	Through TV/Radio	Through PRI	Through friends/ relatives	
Number	449	251	450	1150
Percent	39.0	21.8	39.1	100

Of those who were aware about the free treatment services an almost equal number of non-users reported that they came across this information through TV/ Radio (39%) or friends/ relatives (39.1%).

Table 96: Preference of place for treatment by Non-Users

					Total
	Govt. Facility	Private Facility	Quacks	Others	
Number	352	1440	128	180	2100
Percent	16.8	68.6	6.1	8.6	100

The private clinics and hospitals were preferred by 68.6% while only 16.8% chose government facilities. The availability of drugs over the counter facilitated another 8.6% who took drugs from 'pharmacist' at medical shops.

Table 97: Distance of nearest health facility

	Responses				Total
	0-2 kms.	2-5 kms.	5-10 kms.	10-15 kms.	
Number	1045	525	302	228	2100
Percent	49.8	25	14.4	10.9	100

The distance of the health facility (accessibility) primarily plays a deciding role regarding choice and preference of facility for the treatment. 49.8% respondents had gone to a health facility (public/ private) within 0-2 kms from their house. 25% travelled 2-5 kms followed by 14.4% who even travelled for 5-10 kms and another 10.9% have gone to a facility as distant as 10-15 kms.

Table 98: Type of facility visited regularly by Non-Users

	Type of facility			Total
	Private	Government	Others	
Number	506	116	37	659
Percent	76.8	17.6	5.6	100

Regarding the type of facility, by ownership, 76.8% respondents visited the Private hospital and clinics, 17.6% visited the government facilities.

Table 99: Conditions under which Non-Users visit the facility

	Conditions *				
	Common ailments	**Major ailments**	**Emergency**	**Delivery**	**Chronic ailments**
Number	1375	712	228	91	118
Percent	65.5	33.9	10.9	4.3	5.6

*** multiple responses**

People prefer different health facilities for different types of ailments. The respondents were queried that for what particular type of ailments they preferred this facility (one where they usually visit). Majority of the Non-Users of Project Facilities preferred the other facilities for treatment of common ailments (65.5%) while only 33.9% preferred them for major ailments. This suggests that for emergencies and chronic ailments, services of Project Facilities were availed.

a. Perceptions regarding the Project Facility

Table 100: Reasons for not availing services at Government facilities by Non-Users

Reasons	Number	Percentage
Distance	253	**12**
Bad Roads	50	2.4
Poor Transportation	98	4.7
Bad image of hospital	262	**12.5**
Non availability of doctors	455	**21.7**
Non availability of female doctors	77	3.7
Self perception	332	15.8
Non availability of services	519	**24.7**
Unhygienic	109	5.2
No personal attention by doctor	524	25
Services not under one roof	136	6.5
Long waiting time	248	**11.8**
Medicines not free	171	8.1
Demand by staff	27	1.3
Costly	23	1.1
Rush	26	1.2
Give expiry medicines	6	0.3
Ineffective Treatment	81	3.9
Doctors take fee	28	1.3

*** multiple responses**

A number of reasons were shared by the respondents to the question as to why they don't prefer Govt. facilities. Non-availability of services (24.7%), Non-availability of Doctor (21.7%), Bad image of facility (12.5%), distance (12%) and long waiting time (11.8%) were the prime reasons.

A multicentre study in 53 countries has shown that 30% of the Doctors are absent at any given point in time from the health facilities in India.

b. Perceptions regarding preferred facility

Table 101a: Reasons given by Non-Users behind preferring the facility visited most

	Reasons *				
	Goodwill of doctor	**Services under one roof**	**Proper Management**	**Personal attention by doctors**	**Patient friendly services**
Number	589	583	300	918	420
Percent	28	27.8	14.3	43.7	20

Table 101b

	Reasons *				
	Cleanliness	**Cost effective**	**Treatment Good**	**Near by**	**Availability of doctors**
Number	157	133	90	74	78
Percent	7.5	6.3	4.3	3.5	3.7

*** multiple responses**

Why do they visit a particular facility was the question and 28% of the respondents subscribed to it for reputation of the doctor, 27.8% considered that all facilities – consultation, tests, medicines etc. are available under one roof there. 14.3% preferred going there because of proper management while 43.7% preferred because doctors gave personal attention to them. This was the prime reason amongst all given reasons.

The other reasons cited included cleanliness (7.5%), cost effective (6.3%), good treatment (4.3%), facility being nearby (3.5%) and availability of doctors round the clock (3.7%).

Table 102: Non-Users ever visited the related Project Facility

	Responses		Total
	Yes	**No**	
Number	1636	464	2100
Percent	77.9	22.1	100

The reasons aired by non-users of Govt. facility were further dug in with reference to their prudence based on experience or whether they were simply based on “hearsay”. Of the total respondents, 77.9% that they had gone to a Govt. facility earlier at one or the other point in time though 22.1% had never visited the public facility.

Table 103: Perception of Non-Users on presence of problems similar to government facilities in the facility most visited

	Responses		Total
	Yes	No	
Number	186	1914	2100
Percent	8.9	91.1	100

91.1% respondents shared that the problems (non availability of staff/ drugs, behavior, waiting time, distance, cleanliness, emergency services and reputation of doctor) they see with the government facilities were not there in the facility they visited for treatment and that is why they frequent them. Only 8.9% said that these were also present in their facilities.

Perceptions of Medical Officer-in-Charge:

Medical Officers-in-Charge of the Project Facilities were also interviewed to find out their perceptions regarding the initiatives taken up by RHSDP in their respective facilities. They were asked about the changes that were made in infrastructure, waste disposal practices, supplies and trainings which have helped them provide better services to the patients, in turn telling on satisfaction level of clients.

Against the planned interaction with 100 MO I/C of the Project Facilities only 91 could be contacted, as some who had recently joined they expressed their inability to opine. For those who were on leave the next in-charge was contacted, but some did not cooperate on pretext of busy schedule.

Of the total Project Facilities under the study from where the information was provided a few (15) facilities were taken up by RHSDP in the year 2004 when the Project started, but maximum (39) were undertaken in 2005, followed by 16 in 2006 and 5 in 2007. One of the MO I/C stated that he had no idea when the facility was taken up.

Changes observed

81 of the total 91 respondents felt that the changes occurred in the facility after it was taken up by RHSDP have been “positive”, while 2 considered the changes as “negative”. 6 felt that the changes brought “no effect” and 2 opted to maintain silence. The principal areas addressed during interaction with In charge related to infrastructure, HCWM, HMIS, MMJRK, RMRS, insurance, Village Camps, IEC, Medical Equipments, Untied Funds and HSIC.

Almost all MO I/Cs reported that renovation was undertaken by RHSDP for the complete building which involved ramps, re-plastering and paint of the whole building. Storage rooms and burial pits were also constructed. Some reported construction of wards, operation theatres, labor room, trauma centre, rehabilitation centre, burn units and even blood banks.

The MO I/C s appreciated the initiative taken in the field of **HCWM** in relation to Trainings, improved segregation practices, regular supply of Bins and Bags, Burial pit construction and connectivity to CTF. Some resented that as emptying of pits is a problem their facility should also be connected to CTF.

HMIS has improved the reporting system at most of the facilities including timeliness, completeness and regularity. But a few expressed that HMIS is not functional at their facility due lack of computers and/or internet.

For **MMJRK**, a large majority of MO I/Cs said that it was functional in their facility and is benefitting the BPL patients. A separate counter has been established to ease the process for the BPL patients as the scheme has resulted in an increase of the patients. The regular supply of medicines has boosted it. But it was expressed by a few that in the absence of manpower it becomes difficult to make it fully functional.

RMRS with its autonomy has been reported as functional by all MO I/Cs, helping them to overcome the financial hurdles faced earlier and under this they now have the freedom to take financial decisions necessary for the health facility. Most of them reported regular meetings, at least once in a month or bi-monthly. The major decisions taken include purchasing emergency medicines, building maintenance, salaries of contractual employees, emptying of burial pits, fee to the CTF. This has also helped the patients get services at low cost.

RSBY, somehow, was an alien to all the MO I/Cs.

Regarding **Village Camps,** the in-charge of smaller facilities reported that these were managed by BPMU and only staff was provided at their end. Others reported conducting mostly the Family Planning and few reported Eye Camps.

IEC has brought positive changes as this has increased the awareness of the patients and their attendants through the display of various posters and banners. The MO I/Cs showed the displayed **posters supplied by RHSDP related to HCWM, JSY, Patient Counselors, MCH,**

Referral Cards, Balanced diets, eye donation etc. Some however did not receive the supply and a few had hardly displayed them.

Various **medical equipments** have been received at the facilities from RHSDP for OT, Labor room, wards, Ophthalmology and Dental departments and also in the laboratory. The **Doctors appeared quite satisfied with the supply** and expressed that this has helped them improve the quality of services and also now they are able to provide more services to the ailing patients. But a few were not happy with the supply and said that the equipments were not sent according to the requirement of the facility. Lack of manpower was also expressed by a few and so was the disappointment on receiving damaged equipments which limited the use.

Untied funds appear to have been better utilized. However, some reported of not receiving it for the present financial year.

The **HSIC is functional** in all the facilities as confirmed by the respondents. Monthly meetings are held at the facility regularly wherein the hospital inspection is done and it is seen that HCWM practices are being followed, blood bank norms are observed, local problems are discussed and solutions are derived through consensus. This meeting is also utilized to refresh on HCWM practices.

The MO I/Cs were probed about the **renovations** done in the facility by RHSDP. Most of them specified that the complete building was taken up for renovation and repairing work was done in the wards, OT, Labor room, corridors, toilets, ramp, x-ray room, burn unit, emergency ward etc. 32 respondents were satisfied with the renovation and called it as “good” while 37 considered it to be “average”. Somehow 16 were dissatisfied, rating it as “poor”. Six of the In-charges did not opine.

Opening up, the Medical officer In charge said that despite renovations some of the problems persist, like the drainage problem persists, water seepage, construction left incomplete, rooms not constructed practically, improper ventilation, congestion in the OPD etc.

HCWM

Further, queries were done regarding HCWM practices at the facility. 79 reported that the staff complied by the guidelines of HCWM. The reasons they gave for non compliance included overburdened staff, lack of training and reluctance on part of staff. A few also expressed that the trolley to carry the waste was broken and so could not be used. Remedial measures like seeking

explanation are taken but that is not going to help alone. For those who dispose the waste the matter is discussed with the contractor and issues are resolved. Refresher trainings are organized to brush their knowledge on HCWM.

Seventy nine Mo I/C said that adequate supply of waste bins and bags for HCWM was received while 10 denied and 2 had no idea about it.

On the issue of HCWM trainings, 87 replied that the staff was trained while rest said no for it. Majority (67) felt that the frequency of these trainings should be increased while 24 did not feel the requirement. According to 88 MO I/Cs the waste management practices have improved after the initiative of RHSDP while 3 felt that no change has occurred.

The MO I/Cs came up with various issues regarding waste management. Inadequate supply of bins and bags, high patient load, burial pits being full, no connectivity to CTF, collection not being done timely and regularly, problem of renewal of license every year, lack of manpower and PPGs were the prominent punctuations that now need to be addressed in sustenance phase.

Suggestions were also given as requirement of adequate manpower, regular supply of bins and bags, trolleys, construction of more pits, CTF connectivity, budget supply, refresher trainings, appointment of Sanitary Officer at block level and strictness on part of higher officials.

Manpower

The hostile issue of Human resource has been haunting the health sector for ages. Of the total, 65 MO I/Cs felt that the staff was inadequate to handle the patient load. On being asked that how they manage in case the doctors, para-medicals and other support staff are on a long leave. Usually doctors and para-medicals are adjusted internally by increasing duty hours or managing shifts. The emergency cases are referred and others are attended. It was also suggested that the arrangements are made at the BPMU level or staff is called from other facilities. As most of the support staff is on contract, the contractor arranges the alternative. Moreover, with functional “108” services, the absence of drivers can be managed easily.

Community Motivation

Regarding efforts to motivate community to use the facility, 54 replied that they have made such efforts while 26 denied and 11 did not respond. The efforts mentioned basically revolved around IEC activities in the form of display of posters, distribution of pamphlets and communicating with the community during health camps besides the yearly Swasthya Chetna Yatra.

Investigations

It is not essential that all the prescribed investigations are available within the facility. 67 MO I/Cs stated that arrangements are created to ensure that prescribed investigations are available to the patients and in places where investigations are not available they do not hold the investigation but instead refer the patient to other government facility or private facility. More patients are referred to the private facilities as the facility exists in the vicinity and investigation reports are required timely to start the correct treatment.

Equipment

Over the years a number of medical equipments have been supplied by RHSDP. The MO I/Cs arranged a copy of the various equipments received. These have helped in providing critical services as dialysis, cardiac care, ophthalmic surgery, dental x-rays particularly in District Hospitals. There were **limitations also** that were voiced, like Lack of **specialists** as dentists or ophthalmologist, **damaged or non-functional equipments** and, Regular supply of reagents. 56 of the 91 MO I/Cs believed that the equipments are not adequate and facility needs some.

Drugs

RHSDP had supplied number of drugs to the Project Facilities especially for BPL patients. Only 69 of the respondents vouched for regular supplies. While rest said they have to make local purchases from RMRS funds often to meet requirements as supplies are irregular.

Trainings

As capacity building endeavor, number of trainings (HCWM, Rational Use of Drugs, Geriatric Care, Disaster Management, Disability Management, Maintenance of equipments, Critical care) were organized at different level for various cadres; apart from SBA, IMNCI, IDSP, BCC, IUCD,

and CAC. On benefits of these trainings, 81 opined that trainings have helped in the up-gradation of the skills of the staff while 4 did not agree to it and 6 did not express their views. 56 regarded that the trainings given so far were adequate and 29 thought that more trainings should be given.

Suggestions were sought from the respondents for improvement of trainings. The major suggestions given were that new staff should be given thorough training and refresher courses should be arranged for all; doctors should be given training according to the specialty; comprehensive training module should be provided in the trainings; as far as possible the trainings should be conducted at the zonal level (Medical Colleges) and or at the local level. Many also viewed that trainings should not be held very frequently as the patients suffer in the absence of staff and moreover only those interested should be nominated.

Conclusion

Patient satisfaction is now deemed an important outcome measure for health services; however, this professed utility rests on a number of implicit assumptions about the nature and meaning of expressions of 'satisfaction'. Through a review of past research findings this paper suggests that patients may have a complex set of important and relevant beliefs which cannot be embodied in terms of expressions of satisfaction.

Consequently, many satisfaction surveys provide only an illusion of consumerism producing results which tend only to endorse the status quo. For service providers to meaningfully ascertain the experience and perceptions of patients and the community then research must first be conducted to identify the ways and terms in which those patients perceive and evaluate that service.Patient perception of the quality of services provided is a key factor (along with cost effectiveness) in determining a health care organization's competitive advantage and survival.

The Patients, Providers and Provisions and the interaction between three, which is too complex, drives the satisfaction at any Health Facility. Often the responses of patient are subjective based on the personal experience; still their feedback is critical to improvements in the System.

For a health care organization to be successful, monitoring customer's perception and satisfaction is a simple but important strategy to assess and improve their performance.

The claim for the measure of satisfaction may be final common pathway for all health care outcomes. Over a life time, patient expectations of health care may change dramatically. Some patients may place more emphasis on technical competence where as others; fulfillment of personal needs, comfort, dignity and supportive services will be of paramount importance.

Understanding how things look through the patient's eye should be central part of any quality improvement programme. Patient satisfaction is now deemed an important outcome measure for health services; however, this professed utility rests on a number of implicit assumptions about the nature and meaning of expressions of 'satisfaction'. a review of past research findings suggests that patients may have a complex set of important and relevant beliefs which cannot be embodied in terms of expressions of satisfaction.
The present study was undertaken in Aug-Sep, 2011 across the sampled secondary level health facilities in the State to assess the patient satisfaction level in Health facilities and see if the inputs through RHSDP have made any difference when put to a scale in relation to the baseline

results.There are areas where Project supported facilities created a niche and others where these facilities still need to improve in comparison to Non project facilities.

The interventions by RHSDP in form of signage, assistance and better services has improved the satisfaction level of the patients in Project Facilities is visble in the form of easy location of departments, faster admission, immediate and continous care and treatment.

As a number of investigations are available in the Project Facilities, lesser number of people have to seek the services outside the facility. If the number of technicians is also increased the wait time for the patients would reduce. Similarly with more supply of medicines here, the number of patients being benefitted by it has also increased more so the BPL and Tribal patients. Those who need to purchase the medicines are able to get them at the subsidized pharmacy shop within the facility.

The trainings for upgradation of skills has also given positive results as doctors are now able to diagnose the ailment and prescribe specific tests and refer the patients timely for treatment at higher facilities. The trust of people is also increasing as they are ready to wait longer to avail the services.

More number of patients was satisfied with the behavior of doctors and other staff. It can be said that with better services more patients are coming to the facilities but somehow the number of service providers has not increased to match the load and they are not able to maintain the same behavior with all.

Though not much difference is seen between the Project and Non Project Facilities yet Project Facilities need to improve on overall cleanliness of the facility. The satisfaction amongst the underpriviledged and unserved population, specially the BPL and Tribal, is higher in Project Facilities and thus the objective of RHSDP is accomplished to a great degree.

The Facility In-charges of the Project Facilities also expressed satisfaction with the interventions of RHSDP and were contended with the growth of the facility.

Overall the Project Facilities have improved to a greater extent over the years more evident when comparing to the baseline survey.

Recommendations

Based on the key findings some recommendations can be suggested.

Manpower:

1. The interventions of RHSDP have increased the patient load at the facilities. In order to match it, **vacant positions of staff should be filled at all levels** – doctors, paramedical staff, technicians and even other support staff.
2. The services provided by the Patient Counselors have benefitted the patients but somehow he/she is not able to attend to all patients which leave some of the patients unsatisfied. The **number of Patient Counselors should be increased** and be according to the bed strength to adequately handle patient load.
3. The location and need of IPD and OPD patients is different and so **separate Patient Counselors should be appointed for IPD and OPD.**
4. For proper management of the facility specially the ones with higher bed strength (100 bedded and above), **Health Managers should be positioned**. This would spare the doctors from administrative work.

Trainings:

1. The doctors had expressed satisfaction with the trainings as these have enhanced their skills and helped in providing better services to the patients. In order to update the skills and solve any problems **refresher trainings should be held regularly**.
2. Trainings related to equipment handling and maintenance should be provided to other staff also so that in the absence of one the work continues.
3. Apart from the clinical and managerial trainings, **behavioral training** should also be given to the staff so that patients are also satisfied with the behavior.

Equipments

1. With time and regular use, equipments undergo wear and tear. **Maintenance of equipments should be done on regular basis and replacement of non functional equipments/parts.**

Finally, the patient satisfaction matrix shold be developed on the essential 5:

a. Establish a sense of trust,
b. Uncover patients' actual needs,
c. Think dialogue, not monologue,
d. Don't force “the close”,
e. Always follow up