REPORT ON CLIENT SATISFACTION SURVEY

Exit Interview at Selected Public Health Facilities from 20th - 30th January 2022

Directorate of Planning & Information
Quality Assurance Unit

Contents

INTRODUCTION

The Ministry of Health has committed itself to the provision of quality and affordable health care services with a view to achieving Universal Health Coverage (UHC) as clearly articulated in the National Health Policy 2021 – 2030 and National Health Sector Strategic Plan 2021 – 2025. The National Health Sector Strategic Plan and Monitoring & Evaluation Plan have also stated the need to conduct both facility - based and population - based client/ patient surveys for quality improvement.

The Sustainable Development Goals (SDGs) stressed that quality is a key element of UHC. SDGs target 3.8 calls on Countries to achieve UHC, including Financial Risk Protection alongside access to quality essential health care services. Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries (LMICs), which represents up to 15% of overall deaths in these countries. (WHO, 2022). Sixty per cent of deaths from conditions requiring health care in LMICs occur due to poor quality care, whereas the remaining deaths result from non-utilization of the health system. Inadequate quality of care imposes costs of US$ 1.4 – 1.6 trillion each year in lost productivity in LMICs (WHO, 2022).

It has been estimated that high quality health systems could prevent 2.5 million deaths from cardiovascular disease, 900 000 deaths from tuberculosis, 1 million newborn deaths and half of all maternal deaths each year (WHO, 2022). Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with evidence-based professional knowledge. This definition of quality-of-care spans promotion, prevention, treatment, rehabilitation and palliation, and implies that quality of care can be measured and continuously improved through the provision of evidence-based care that takes into consideration the needs and preferences of service users – patients, families and communities (WHO,2022).

Client/patient satisfaction survey is a set of questions used to collect feedback from patients/clients to measure their satisfaction with the quality and care of the healthcare service provider. Over the past two decades, client/ patient satisfaction surveys have gained increasing attention as vital sources of information for recognizing gaps and developing an effective action plan for quality improvement in healthcare settings. Client/ patient rating have attracted prominent importance mainly because it can measure quality of healthcare services by gauging the perception of service users to service responsiveness (Rashid Al A. et al 2014). Donabedian, a doyen in Quality Improvement stated that client satisfaction is a key measure of quality of care because it gives information on providers' success at meeting clients/ patient's values and expectations. (Mosadeghrad (2014). Many authors tend to have different perception of defining patient satisfaction. Jackson C et al. (2002) and Ahmad et al. (2011) pointed out that patient satisfaction mostly appears to represent attitudes towards care or aspects of care. While Mohan et al. (2011) referred to patients' satisfaction as patients' emotion, feeling and their perception of delivering of healthcare services.

One of the most common methods of measuring client/patients' satisfaction is through surveys. The main reason for this is providing patients with the best possible care which is very important in the modern healthcare settings**.** Connecting with your clients is the only real way to measure client's satisfaction. Measuring client or patient satisfaction has become an integral part of healthcare management strategies across the globe. Moreover, the quality assurance and accreditation process in most countries requires that satisfaction of clients be measured on regular basis (Fekadu et al,2011).

Quality could be improved in the health sector by increasing supportive leadership, proper planning, education and training, and judicious management of resources, employees, and processes. Conducting patient satisfaction surveys will allow healthcare providers to learn if they are meeting the expectations of their patients or if they are

lacking in any area. Health Care Managers that endeavor to achieve excellence, take patient perception into account when designing the strategies for quality improvement of care. The findings of the survey will inform policy planning and decision making as well as contributes to Quality Improvement plans for healthcare service delivery system.

RATIONALE

Amid the progressively competitive and multifaceted nature of the healthcare industry coupled with an empowered citizenry, healthcare providers and managers are under exorbitant scrutiny to provide quality healthcare services that cater or surpass clients/patient's values and hopes. Considering this, the healthcare industry is focusing on hospitality/ service industries with a sight to learning and reproducing some superlative practices in customer/ client satisfaction. It is therefore judicious for the MoH, which is the chief upholder of healthcare services in The Gambia to offer quality healthcare services that are responsive to the needs of individuals, families, and the population at large with a view to attaining augmented patient satisfaction. To improve the quality-of-service delivery it is important that healthcare managers characterize and identify factors influencing client/ patient satisfaction.

To understand various factors affecting client/ patient satisfaction, researchers have explored various scopes of the perceived service quality, as meaningful and essential measures of patient perception of healthcare quality. Healthcare service providers have a responsibility to regularly monitor healthcare quality and institute continuous quality improvement Initiatives to increase echelons of patient satisfaction (Mosadeghrad, 2014). Therefore, assessing patient satisfaction is a good indicator for measuring and enhancing the services and strategic goals of the MoH.

ACKNOWLEDGEMENT

First and foremost, we are indebted to our study participants who volunteered to provide information during the survey. Without their cooperation, this exercise would have been a futile venture. We extend profound gratitude to the World Bank who provided financial support through The Gambia Essential Health System Strengthening Project.

To the MoH Senior Management Team (SMT) for their technical advice, guidance and moral support during the exercise. We are also grateful to the Director and staff of the Directorate of Planning and information, Directorate of Human Resources for Health, Directorate of Health Services, Regional Health Directorates and the RBF Unit for their active participation which led to the successful implementation of the survey. Similarly, we are thankful to the Hospital CEOs, Regional Directors, Officer-in-Charge and staff of the health facilities for their maximum cooperation.

Finally, a big thank to the Quality Assurance Unit and the Core Data Analyst team for the effective coordination and analysis of the data for policy process.

MAIN OBJECTIVE

To measure the satisfaction of Client/Patients on quality of health care service delivery in public health facilities in the Gambia.

Specific Objectives:

1. To assess levels of client/ patient satisfaction towards healthcare services
2. To explore perception of clients/ patients towards healthcare services
3. To improve quality of healthcare service delivery in the country

METHODOLOGY

Study Design

A cross – sectional descriptive survey was conducted from the 20th to 30th January 2022 through an exit interview at the point of service delivery.

Study Area

The study was conducted in 36 health facilities (23 Minor Health Centres, 4 Major Health Centres 4 District Hospital and 5 General Hospitals) spread evenly across the Gambia in all the seven health regions.

Study Population

The study population was all clients/patients that visited or were discharged from the 36 health facilities on the day the questionnaire was administered. A total of 1821 patients/clients were seen and interviewed.

Sample Size and Sampling Techniques

A total number of thirty (36) health facilities spread across the country were included in the study. A stratified random sampling process was used to select health facilities. Public health facilities were stratified into two strata, namely by tier and regional distribution. This was done as part of administration process to enhance equal representation and reduce biases as much as possible. A review and extraction of Health Management Information System data from DHIS2 was done to determine the total number of clinic attendance and admission annually and calculate the average turnover of client/patients per day from the selected health facilities. After obtaining the estimated daily turnover

of patients, 50% of all expected number of clients/ patients were targeted and included in the sample size of the study in all the selected 36 health facilities.

The sample for this survey was computed considering all the health facilities in the country. On average 100 clients were interviewed in each of the general Hospitals, 70 clients from District 60 form Major health centres and 30 clients from minor health centres. All respondents answered the questions on their own behalf guided by an interviewer. The questionnaire was built into the DHIS2 system and data was collected electronically by using Mobiles phones.

Below is the list of selected health facilities for the survey.

REGION	HEALTH FACILITY
Central River Region	Bansang General Hospital
	Kaur Minor Health Center
	Brikamaba Minor Health Center
	Janjangbureh Minor Health Centre
	Kuntaur Major Health Centre
	Chamen Minor Health Center
	Kudang Minor Health Center
Lower River Region	Kwinella Minor Health Centre
	Bureng Minor Health Center
	Pakaliba Minor Health Centre
	Soma District Health Center
North Bank East Region	Farafenni General Hospital
	Illiassa Minor Health Centre
	Ngenyen Sanjal Minor Health Centre
	Salikenni Minor Health Centre

	Kerewan Minor Health center
North Bank West Region	Essau District Hospital
	Albreda Health Center
	Kerr Cherno Minor Health Centre
	Kuntaya Minor Health Centre
	Fass Njaga Choi Community Clinic
Upper River Region	Basse District Hospital
	Diabugu Minor Health Centre
	Gambisara Minor Health Centre
	Fatoto Health Center
	Baja Kunda Major Health Center
Western Region 1	Sukuta Minor Health Centre
	Serekunda Minor Health Centre
	Bundung Maternal & Child Health Hospital
	Faji Kunda Major Health Centre
	Kanifing General Hospital
	Farato Health Centre
Western Region 2	Brikama District Hospital
	Bwiam General Hospital
	Gunjur Minor Health Centre
	Sanyang Major Health Centre

ETHICAL CONSIDERATIONS

This study was low risk and approval was obtained from the Ministry of Health. Participant Information sheets detailing information about the study were attached to all questionnaires. All participants were asked to sign a written informed consent following

a through explanation of the study as contained in the participant information sheet. In the event that a person was functionally illiterate, the interviewer read and translate the consent form and asked the participant to indicate "Yes or No" to either consent or decline respectively. Participants' confidentiality was protected throughout the study and no personal identifier was displayed on either the information, consent or questionnaire forms. Participants were informed that the study was voluntary and consenting does not prevent them from withdrawing during any stage of the interview process. In addition, participants were informed that non-participation in this study would not disadvantage anyone in accessing service (s) from any public health facility.

VARIABLES

The dependent variable was: satisfaction level. For the purpose of assessing factors that were associated with satisfaction levels, socio-demographic characteristics such as gender, age and poverty level were cross tabulated to look for associations. Furthermore, access (financial and physical) was assessed as possible factors related to patient satisfaction.

DATA ENTRY & ANALYSIS

The data was downloaded from DHIS2. cleaned and stored in Microsoft Excel sheet. Following data validation, the data set was exported to SPSS version 25 for analysis. The analysis was purely descriptive, frequencies and percentages were performed for gender, educational level, age category, poverty level etc.

RECRUITMENT & TRAINING OF DATA COLLECTORS

A team of 25 data collectors were recruited for this study and all of them are health workers, some of them are grounded in public health research. Virtually all data collectors have some experience in data collection and analysis. Notwithstanding, the

team of data collectors were trained for two days on the administrative technique of the study instruments and reoriented on the research protocols. During the training the supervisors reviewed all the questionnaires with the data collectors to identify possible on any challenges that may be encountered during the survey and mapped out strategies in overcoming them.

VALIDATION AND PRETESTING OF RESEARCH INSTRUMENT

The study instrument was reviewed by a task force team of the survey. Pooled of health officials well-grounded in health research also perused the survey instrument for content validity. However, the tool was not pre-testing this time around because the same tool was used in the previous survey 2017 and it yielded excellent results.

DATA COLLECTION PROCEDURES

A questionnaire was use to collect information form clients/patients during the ten days survey. The data collectors translated the questionnaire in local languages in the event that the patients cannot speak English, three main local languages that are widely spoken in the Gambia were mainly used namely; Mandinka, Wolof and Fula. Respondents' opinions were taken record, their feedback via multiple-choice questions, rating questions, and open-ended questions during the survey. Consented participants that receive service and were exiting were interviewed based on socio-demographic (e.g., Age, educational level, household income status etc) and questions relating to physical and financial access to health services including availability of prescribed medication, perception of staff attitude and overall levels of satisfaction with services provided were asked.

RESULTS ANALYSIS

Characteristics of the Study Sample

The study sample consisted of 1821 patients/clients that sought treatment or were discharged at the time of data collection in the selected 36 health facilities. Of these, 1416 (77.8%) were females, 400 (22%) were males (Table 1). The ages of the respondents ranged between 18 and 78 and above but majority were between the ages of 18-47 (83.8%).

Table1: Socio-demographic characteristics of study participants (n=1821)

Characteristics	Number	Percentage (%)	Total
Age Group			
18 to 27	761	41.8	1821
28 to 37	505	27.7	
38 to 47	261	14.3	
48 to 57	134	7.4	
58 to 67	98	5.4	
68 to 77	40	2.2	
78 and Older	12	0.7	
Missing	10	0.5	
Sex			
Female	1416	77.8	
Male	400	22	
Missing	5	0.3	
Educational Level			1821
University	17	0.9	
College	48	2.6	
High School / Senior Secondary School	260	14.3	
Junior/ Secondary School	253	13.9	
Vocational Training School	31	1.7	
Arabic/ Madrassa School	553	30.4	
Primary School	158	8.7	
Non -Literate	470	25.8	
Missing	31	1.7	

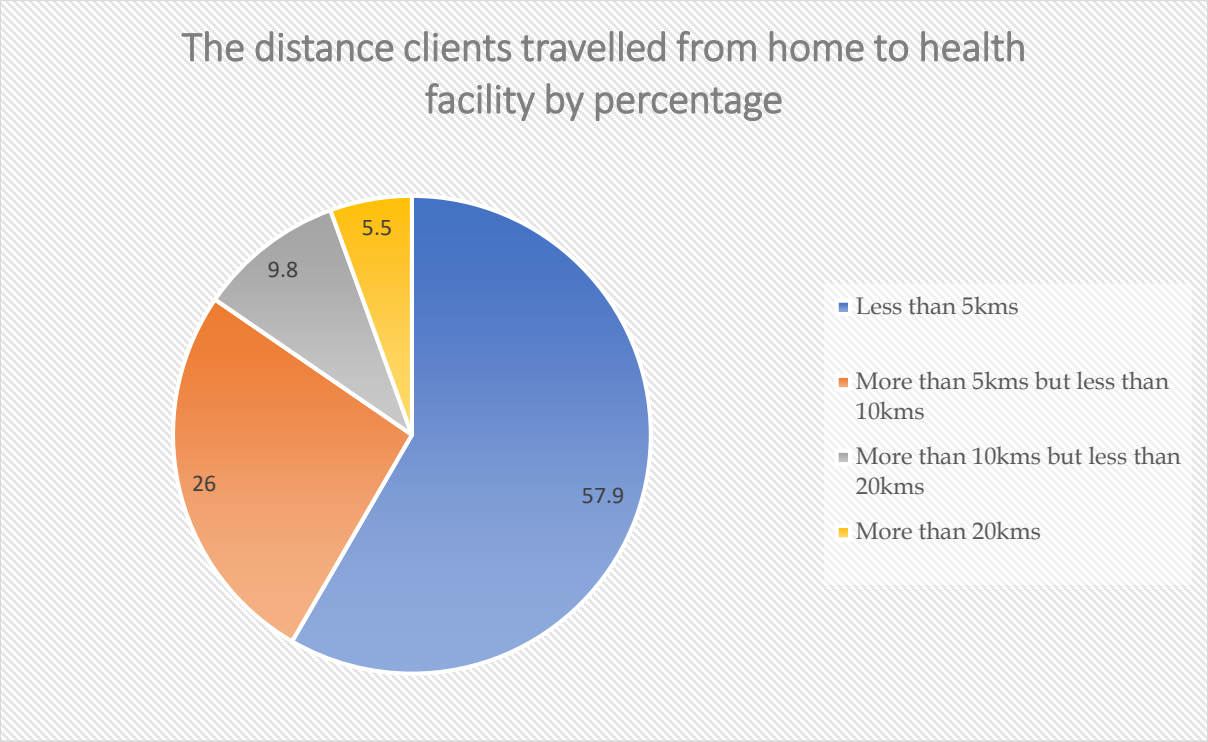
Employment Status			1821
Employed	206	11.3	
Self - Employed/ Informal sector	383	21	
Unemployed	404	22.2	
Housewife	823	45.2	
Missing	5	0.3	
Household Income status			1821
Very Poor	118	6.5	
Poor	861	47.3	
Very Poor	118	6.5	
Well off/ Wealth	19	1	
Missing	15	0.8	
Remittance			1821
No	1308	71.8	
Yes	505	27.7	
Total	1821	100.0	
Missing	8	0.4	

ACCESS TO HEALTH FACILITY

More than half of respondents (57.9%; n=1054) lived within 5 kilometers radius of the health facility. 26% (n=474) respondents lived between 5-9 kilometres from the health facility. 9.8% (n=179) of clients reported living between 10-19 km and 5.5 % (n= 100) reported living more than 20 kilometers from the health facility.

Table 2: Distance from Home to Health Facility

Distance From Home to Facility	Frequency	Percent
Less than 5kms	1054	57.9
More than 5kms but less than 10kms	474	26
More than 10kms but less than 20kms	179	9.8
More than 20kms	100	5.5
Missing	14	0.8
Total	1821	100



Out of the 1821 respondents 833(45.7%) of them reported using public transport to get to the health facility, whilst 569(31.2%) of respondents of the service users reported walking on foot to the health facility. Others 15.4% (n=280) used horse/donkey carts and motorbikes as means of transport to the health facility. More than quarter (27.9%) reported D25 or less to get to the health facility. Also, a little more than three quarters (75.8%) of respondents reported accessing the health facility within 30 minutes or less.

Table 3: Mode of transport

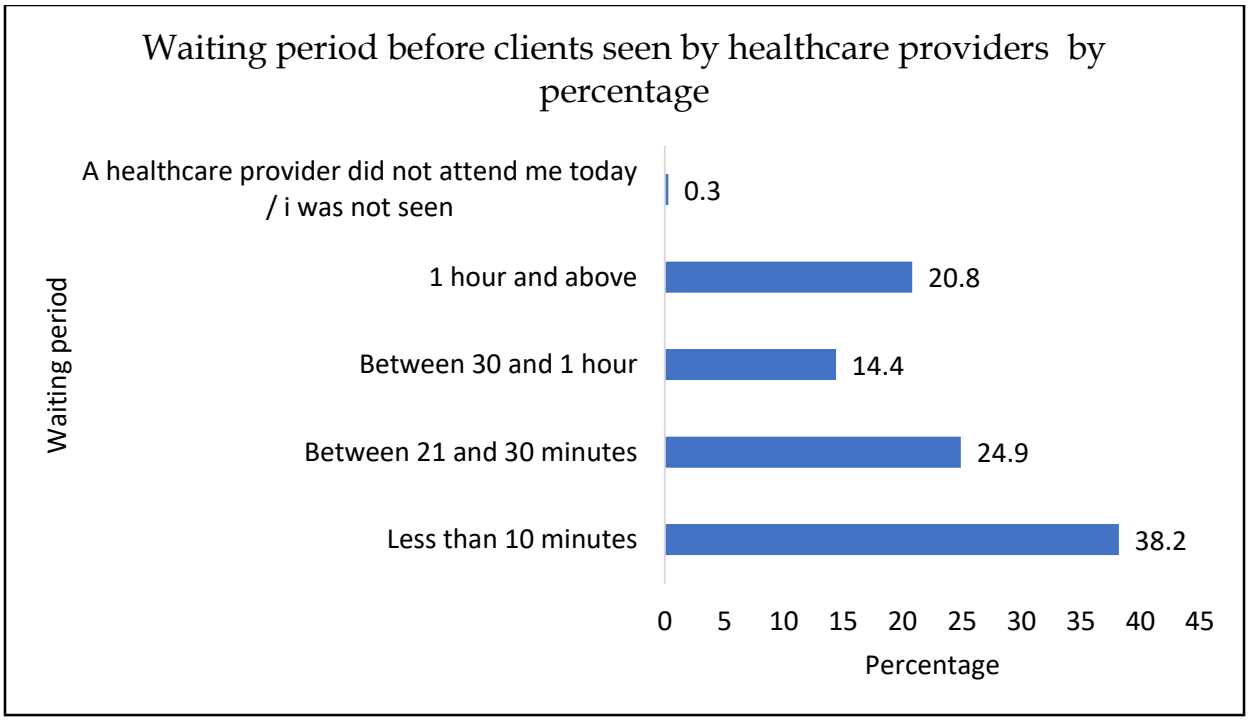
Mode of Transport	Frequency	Percent
Walk on foot	569	31.2
Public Transport	833	45.7
Lift in Privately Owned Car	66	3.6
Used My Own Car	66	3.6
Horse/Donkey cart	102	5.6
Others (Please Specified)	178	9.8
Missing	7	0.4
Total	1821	100

SERVICE DELIVERY

The majority (63.1%) of the clients reported being seen within 30 minutes upon arrival at the health facility, where more than one-third (38.2%, n=695) clients reported being seen within 10 minutes. Clients that reported being seen after an hour were 379(20.8%), of the total sample. About 90% of the clients reported interacting with Nurses. Clients that reported being seen by a doctor were 230 (12.6%).

Table 4: Waiting Time

Waiting Time before being seen	Frequency	Percent
Less than 10 minutes	695	38.2
Between 21 and 30 minutes	454	24.9
Between 30 and 1 hour	263	14.4
1 hour and above	379	20.8
A healthcare provider did not attend me today / i was not seen	5	0.3
999	25	1.4

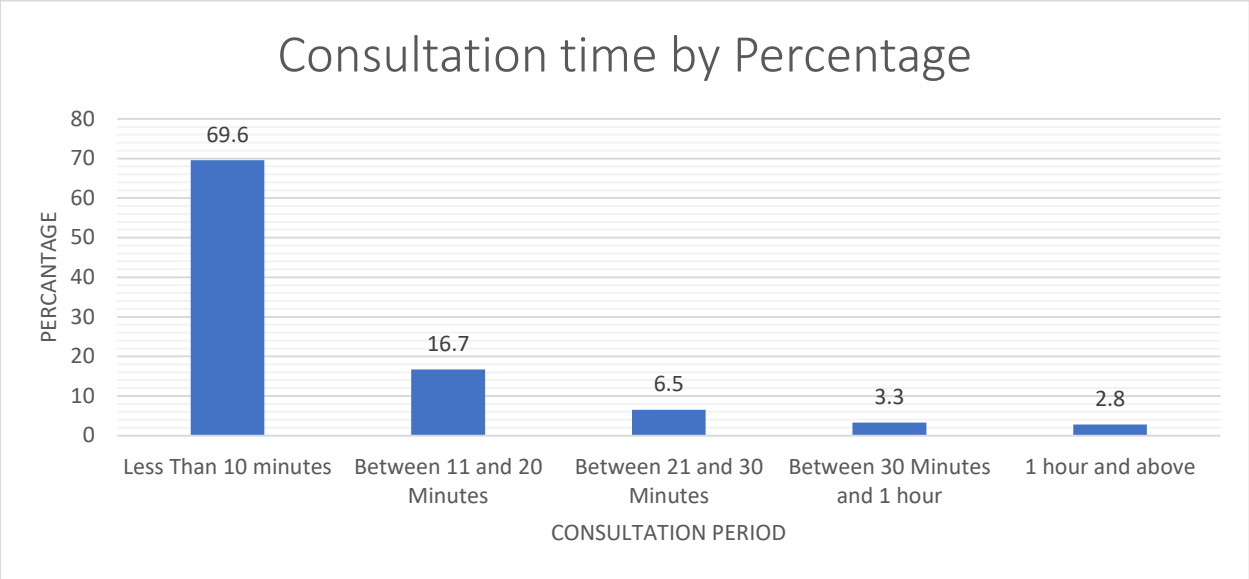


Most of the respondents (69.6%, 1268) reported a consultation time of less than 10 minutes. A health service provider attended to about 3% of total respondents in more than 30 minutes.

Table 5: Consultation Time

Consultation Time	Frequency	Percent
Less Than 10 minutes	1268	69.6
Between 11 and 20 Minutes	304	16.7
Between 21 and 30 Minutes	118	6.5
Between 30 Minutes and 1 hour	61	3.3
1 hour and above	51	2.8
Missing	19	1

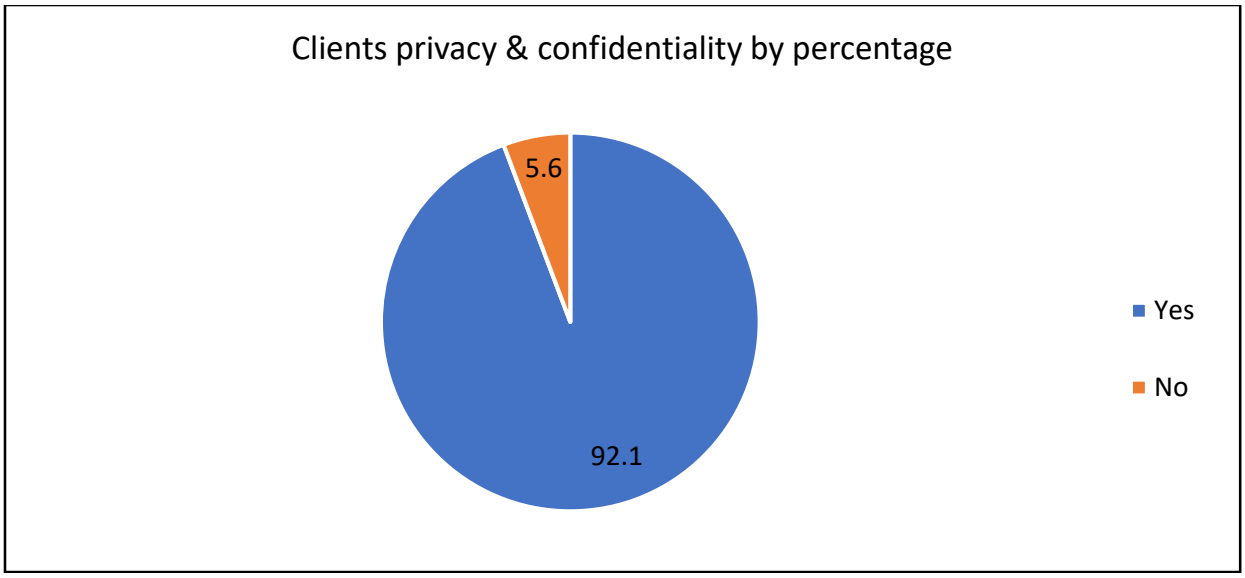
Total	1821	100



Majority of the clients reported that the nurse/doctor explained their condition to them very clearly (84.6%; n=1540). While 267(14.7%) of clients said the nurse or doctor did not explain their condition to them. Most of the respondents (92.1%; n=1006) claimed their privacy was upheld.

Table 6: Privacy & Confidentiality

Privacy & Confidentiality	Frequency	Percent
Yes	1677	92.1
No	102	5.6
Total	1821	100
Missing	42	2.3

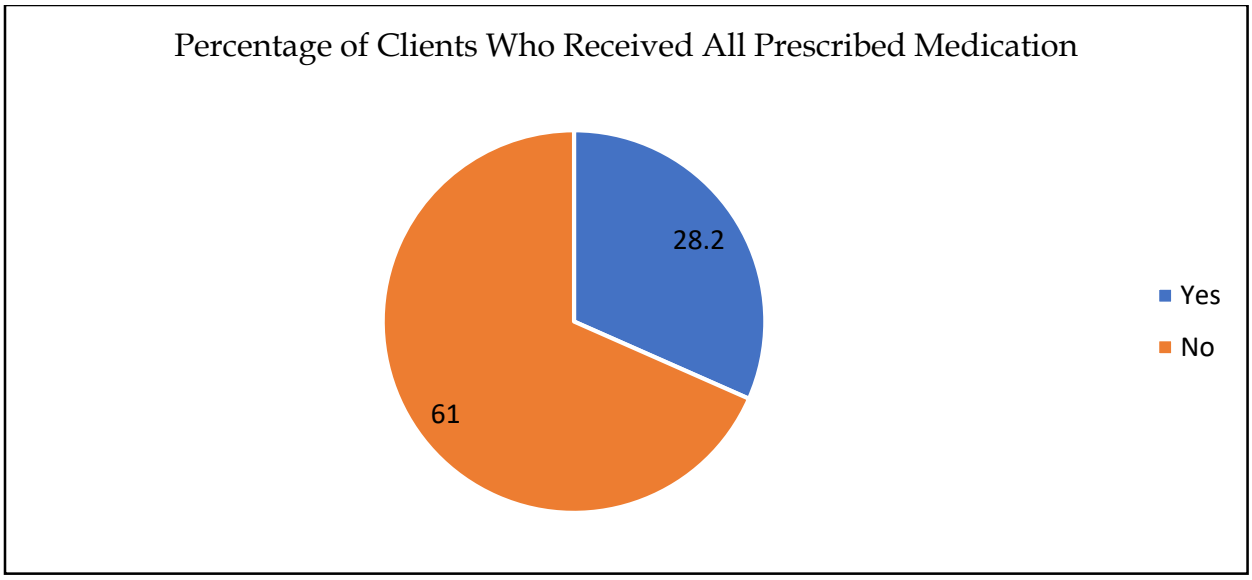


Nine out of ten of the clients said the service providers were either very Respectful or Respectful. Equally, 89.7% (n=1633) of the clients said service providers were either very helpful or helpful given their experience on the day of the survey.

Of the 1457 clients who reported being given prescription for medication, less than 30% reported receiving all prescribed medications. 76.6%; claimed that the medications were not available at the health facility. Of the total clients for whom medications were prescribed and did not receive all the medication (13.4%; n=90) of clients said they were not told of the reason why they could not get all the required medications from the facility.

Table 7: Received all medicines prescribed

Received all medication	Frequency	Percent
Yes	513	28.2
No	1111	61
Missing	197	10.8
Total	1821	100



Out of the total 1821 participants, 1216 female clients (66.7%) reported either very satisfied or satisfied with the services they received compared with 321male clients (17.6%), this difference was statistically significant p=0.040, indicating that there is an association between gender and satisfaction levels. However, going by the fisher's exact value of (p=0.052), no statistical significance was found between gender and satisfaction levels. Similarly, there were statistically significant association between Health Regions (p<001), age (p=0.033), education level (p=0.001) and household socioeconomic status (p=0.001) with patient satisfaction levels. Although an association between employment status, remittance and patient satisfaction levels were observed, these associations were not significant from the statistical point of view (all p values > 0.05).

Table 8: Socio- demographic factors associated with patient satisfaction

Characteristics	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	P-value
Gender						0.002
Female	314	902	113	72	5	
Male	91	230	44	26	7	

Age group						
18 to 27	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	P-value
28 to 37	150	486	63	50	6	0.005
38 to 47	139	305	35	22	2	
48 to 57	42	167	37	11	2	
58 to 67	32	82	11	6	2	
68 to 77	28	57	9	4	0	
78 and Older	10	24	1	4	0	
Education						
University	2	11	1	1	2	<0.001
College	8	24	12	2	1	
High School / Senior Secondary School	58	153	28	17	2	
Junior/ Secondary School	52	164	18	18	0	
Vocational Training School	6	21	2	2	0	
Primary School	35	106	11	3	0	
Non -Literate	90	306	42	24	7	
Household Status						
Very Poor	35	62	8	8	2	0.012
Poor	189	523	90	47	8	
Average	173	530	55	42	2	
Well off/ Wealth	6	12	0	1	0	

Health Facility Access Related Factors to Patient Satisfaction

Table 9 illustrates association between health facility access related factors and patient satisfaction. Seeking health services from the closest facility to the client/patient house, mode of transport and distance travel were statistically associated with patient satisfaction (see table 9 below).

However, paying fares to the health facility is not significantly different among clients (meaning such differences were not significant from a statistical perspective), p>0.05

Table 9 Health facility access related factors to patient satisfaction

Characteristics	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	P- value
Closest health facility						
Yes	322	897	126	73	9	<0.001
No	77	216	30	23	3	
Mode of transport						
Walk on foot	138	349	43	31	4	
Public Transport	180	526	69	48	4	
Lift in Privately Owned Car	10	42	6	6	1	
Used My Own Car	11	46	4	5	0	<0.001
Horse/Donkey Cart	28	59	11	2	1	
Others	37	109	24	6	2	
Transport fare						
<= D10	39	100	23	7	0	
Between D11 and D18	19	62	6	5	0	
Between D19 and D25	53	167	13	10	1	
Between D26 and D32	12	32	7	3	0	0.161
Between D33 and D39	7	17	2	6	1	
Between D40 and D47	7	39	4	4	0	
Between D48 and D55	11	52	7	3	0	

Between D56 and Above	62	143	27	14	5	
Nothing / It was Free	42	147	21	12	1	

Association between service delivery and patient satisfaction levels

Characteristics	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	P-value
Type of Health facility						
Hospital	125	362	40	37	4	< 0.001
District Hospital	65	206	36	18	5	
Major Health Centre	23	144	16	10	2	
Min Health Centre	198	428	67	33	2	
Waiting time						
Less than 10 minutes	200	415	46	30	3	
Between 21 and 30 minutes	88	302	41	19	1	
Between 30 and 1 hour	56	162	30	11	2	
1 hour and above	56	245	37	33	3	< 0.001
A healthcare provider did not attend me today / i was not seen	0	0	0	2	3	
Consultation time						
Less Than 10 minutes	297	793	107	60	5	
Between 11 and 20 Minutes	57	193	28	21	1	
Between 21 and 30 Minutes	20	80	9	7	2	
Between 30 Minutes and 1 hour	18	31	8	3	0	< 0.001
1 hour and above	13	30	2	6	0	
Experience with health worker						
The healthcare worker explained my condition to me very well/clearly	351	866	105	58	5	,0.001

The healthcare worker explained my condition but I did not understand what s/he said	14	90	17	7	0	
The healthcare worker did not explain my condition to me	22	86	24	24	3	
Privacy and confidentiality						
Yes	380	1066	142	75	6	<0.001
No	14	51	10	21	4	
Staff attitude						
Highly Respectful	232	129	15	10	1	
Respectful	167	970	107	62	3	
Neutral	0	28	28	14	1	<0.001
Not Respectful	2	2	4	10	2	
Highly Not Respectful	0	1	0	2	4	
Received all medication						
Yes	166	322	19	3	0	
No	186	689	131	90	10	<0.001
Staff interacted						
Doctor	44	143	26	13	2	
Nurse	359	1026	143	88	8	
Laboratory Staff	132	454	77	45	5	<0.001
Pharmacy Staff	220	731	112	72	8	
Public Health Officer	78	114	6	5	1	

DISCUSSIONS AND KEY FINDINGS

As shown in this study, significant numbers of participants that sought care or discharged as at the time of data collection were females. This trend is consistent with findings from HMIS Service Statistic Report. 2020 which showed 70,5% of OPD visits comprise females. This is further amplified by the findings of an independent baseline study of Interestingly, majority of the respondents were within the youthful age bracket. It is therefore important for the Ministry of health to re-design the benefit package to factor in healthcare services that are youth friendly. Similarly, health promotion activities should be strengthened in public health facilities to enable young people live a healthy and productive lifestyle.

More than half of respondents (57.9%; n=1054) lived within 5 kilometers radius of the health facility, this finding is in line with the policy goal of the MoH which states that people must not travel for more than 5 kilometers without accessing basic healthcare services. Out of the 1821 respondents 833(45.7%) of them reported using public transport to get to the health facility, whilst 569(31.2%) of respondents of the service users reported walking on foot to the health facility which is also a significant number Although some of the respondents walk on foot as a result of closer proximity to the health facility especially in the urban setting, financial and physical access could be attributed to some respondents walking to the facilities on foot.

Financial hardship could be a key factor in the decision to walk on foot. This corresponds to findings under household income, which showed over half of respondents reporting being very poor or poor. With the poverty levels in the country at an all-time high especially in rural Gambia, efforts must be put in place to protect the vulnerable population such as pregnant women and children by improving community referral systems.

In terms of service quality, majority of respondents reported being seen within 30 minutes of arrival. This is significant as waiting time is shown to have strong relationship

with patient satisfaction (Michael, Schaffer, Egan, Little & Pritchard (2013). Clients that reported being seen after an hour were 379(20.8%), of the total sample which is also a significant proportion. However, its showed that there are lots of people who spent more time at health facility than required to receive health services. This has both a social and economic implications because women who were shown to seek healthcare services more than men in this study are also responsible for preparing family meals and are in some instances bread winners of the family. The lost productivity could have huge implications for household incomes.

The findings also showed that significant numbers of respondents reported a consultation time of less than 10 minutes. This is an alarming situation that requires redress by the MoH. Although consultation time differs from person to person and consulting staff, a thorough consultation should not be less than 10 minutes. The MoH has taken a paradigm shift from providing quantity services to a preferred quality service. Out of the total sample Clients/patients that reported being seen by a doctor were 230 (12.6%) which is a small number where the Ministry should improve on training more doctors and posting them nationally to all the regions.

This would not only reduce inefficiency and cost but also improve good health outcomes for the population. The MoH must therefore take a bold stance to ensure that healthcare providers provide quality health services to the population at all times. In terms of interpersonal communication and courteousness, about two- third of clients/ patients reported that healthcare providers were very respectful or respectful and very helpful or helpful given their experience on the day of the survey. Although there are strong anecdotes suggesting low confidence in public health facilities, the findings of this survey painted a completed different picture. Notwithstanding, the MoH should put in place strategies that would address concerns of clients/ patients. Out of the total 1821 participants, 1216 female clients (66.7%) reported either very satisfied or satisfied with

the services they received compared with 321male clients (17.6%), this difference was statistically significant.

One interesting finding that stood out among the service quality is the issue of medicines. 1111 (61%) respondents reported that they did not receive all the medicines prescribed for them, as they were not available at the pharmacy on the day of survey.
This finding is consistent with other findings in studies conducted in Africa where unavailability of medicines was cited as one of the key challenges facing the health sector (Assefa, Mosse & Michael, 2011) and the 2017 Client/patients satisfaction Survey conducted in the Gambia. Shortage of essential medicines in public health facilities could also be attributed to inadequate budget allocation for the procurement of medicines and non- medical supplies, which has huge quality implications. This situation could have been more compounding if health facilities implementing the Gambia Essential Health System Strengthening Project (GEHSSP) were not empowered and given the autonomy to procure medicines from subsidies they received. Furthermore, about quarter of respondents reported not being told why they could not receive all prescribed medicines.

Finally, the findings showed a relatively high degree of satisfaction among respondents (80.1%).out of the total 1821 participants, 1216 female clients (66.7%) reported either very satisfied or satisfied with the services they received compared with 320 male clients (17.6%), this difference was statistically significant.

CONCLUSION

This study was a national facility – based client/ patient satisfaction survey targeting public health facilities in the country (General hospitals, District hospitals major and minor health centres). The study findings showed significant level of satisfaction among respondents. To the best of the researcher's knowledge, this was the second-national survey conducted in The Gambia. Policy and decision makers and other key actors in health can utilise the findings of this survey to make evidence- based decision-making in quality improvement. Development partners who inject substantial capital in the health sector may also utilise the findings to redesign activities that are more responsive to the population. Despite the power of this study, there are limitations to this study that should be taken into consideration. Exit interviews largely target respondents that sought care at the facility who may have higher satisfaction level based on past previous visits and who may be more likely to come back to the facility for health services. Facility – based client/ patient satisfaction surveys target users in health facilities as oppose to those that did in the past. So, a population-based client/ patient satisfaction survey may have more precision and may be a true reflection of the general population. Translating the questions verbatim in local languages could be a challenge. Further inferential analysis will be undertaken to identify: inter-regional variations; variations between different tiers of the healthcare delivery system and identify independent predictors of client satisfaction. unavailability of medicines was cited as one of the key challenges facing the health sector despite the intervention of the World Bank through the Gambia Essential Health System Strengthening Project.

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