

# Client Feedback Tool

## TIME

60

minutes per client  
or client group

## GOAL

The client feedback tool will allow facilitators to;

- Further understand clients' perceptions of the health area.
- Gather specific details on their experience of receiving health care services.
- Have a better understanding of clients' motivation for seeking health care services and their barriers to adopting and maintaining the desired health behaviors.

## HOW DOES IT WORK?

1. Clients should be handled on a one-on-one basis or group format.
2. The facilitator will hold a discussion with client(s) about the following themes – examination, health education, counseling, facility environment, testing and drug dispensing.
3. The facilitator will lead the conversation / discussion and make follow on questions to dig deeper into the different influencing factors.
4. Clients rate their experience on each of the themes.
5. If you are going for a specific diseases area, choose the best day (could be a clinic day) and time when you are most likely to find the clients.

## MATERIALS NEEDED

- Print out of the interview guide.
- VIIP cards
- Audio recorders, if using/allowed
- Pens

## PARTICIPANTS & ROLES

- Number of Participants:**  
Three to four clients. For group formats, no more than three or four participants who meet the selection criteria (see the selection criteria section below).
- Roles:** (both fluent in the preferred languages of the client)
  - One facilitator
  - One notetaker



## CLIENT INFORMATION

HIV		
<p>Category (Tick what is applicable)</p> <p><b>HIV Care and treatment</b></p> <ul style="list-style-type: none"> <li>• Adults</li> <li>• Caregivers of children living with HIV</li> <li>• Adolescents and young people</li> <li>• Pregnant and breastfeeding women</li> <li>• PLHIV with NCDs</li> <li>• The clients should have been enrolled on treatment for at least 6 months.</li> <li>• Criteria can adapt based on client category and IP priorities.</li> </ul> <p><b>HIV Prevention</b></p> <p>Those who have received an HIV prevention service or been counselled by a provider at that specific facility.</p>	Age	Marital Status

Malaria		
<p>Category (Tick what is applicable)</p> <ul style="list-style-type: none"> <li>• Consider selecting any of the following           <ul style="list-style-type: none"> <li>• Mother / caregiver of a child under 5</li> <li>• Adult male</li> <li>• Woman</li> <li>• Young person sick with malaria.</li> </ul> </li> <li>• The client should be selected according to the following.           <ul style="list-style-type: none"> <li>• Should have received care from the facility.</li> <li>• Client diagnosed with malaria whether they have been tested or not.</li> <li>• A client who has been previously treated for malaria at the facility.</li> </ul> </li> </ul>	Age	Marital Status

Nutrition		
<p>Category (Tick what is applicable)</p> <ul style="list-style-type: none"> <li>• Caregivers of malnourished children in inpatient care.</li> <li>• Caregivers of children under 5.</li> <li>• Someone who has received nutrition counselling.</li> </ul>	Age	Marital Status

## MCH

<p>Category (Tick what is applicable)</p> <p><b>Maternal health</b></p> <ul style="list-style-type: none"> <li>● A pregnant adolescent girl</li> <li>● A pregnant woman</li> <li>● A repeat pregnancy</li> <li>● Adolescent first timer</li> <li>● Adult first timer</li> <li>● Previous history of attending ANC from the facility. Client who comes for ANC during the second trimester.</li> </ul> <p><b>Child health</b></p> <ul style="list-style-type: none"> <li>● An adolescent parent</li> <li>● A repeat parent</li> <li>● First timer</li> <li>● Adult first timer</li> <li>● Previous history of receiving care from the facility.</li> </ul>	Age	Marital Status
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## TB

<p>Category (Tick what is applicable)</p> <ul style="list-style-type: none"> <li>● Caregivers of children</li> <li>● PLHIVs with TB</li> <li>● Non PLHIVs with TB</li> <li>● Has been on treatment for at least a month.</li> </ul>	Age	Marital Status
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Theme	Guiding Questions	Client Responses
Examination	<ul style="list-style-type: none"> <li>● Share your experience about a most recent examination you've received. How did you feel about the examination? Was permission requested before examination?</li> <li>● Were you asked about your previous conditions / history of allergies?</li> <li>● Were the examination / lab findings explained?</li> </ul>	

<b>Health education</b>	<ul style="list-style-type: none"><li>● Share your experience about a most recent health education session you attended? What topic was discussed? How did you feel about it?</li><li>● Did the provider use any job aides or demonstration materials?</li><li>● Were you given an opportunity to ask questions?</li></ul>
<b>Counselling</b>	<ul style="list-style-type: none"><li>● Did you like how the health worker welcomed?</li><li>● Did you have an opportunity to ask questions?</li><li>● Were your questions answered?</li></ul>
<b>Facility environment</b>	<ul style="list-style-type: none"><li>● Were you able to easily identify or get directions to the service point? How long did it take you to receive the services?</li><li>● How clean was the health facility?</li><li>● were there any available audio, visual and IEC materials</li></ul>
<b>Testing</b>	<ul style="list-style-type: none"><li>● Did the health worker tell you what you were testing for and how long it would take to get your results ?</li><li>● Did the health worker greet and prepare you for the test?</li><li>● How did you feel about the time you took to receive the results?</li></ul>
<b>Drug dispensing</b>	<ul style="list-style-type: none"><li>● Were you given the drugs you needed?</li><li>● Were you given instructions on how to take your drugs? and any side side effects?</li><li>● Were you given an opportunity to ask about the drugs dispensed?</li></ul>