وزارة الصحة

كلية الصحة العامة
School of Public Health
القدس – فلسطين

جامعة القدس

Deanship of Graduate Studies
Al-Quds University

Evaluation of the child health services provided by Ard El Insan health center at southern part of Gaza Strip: client's perspectives.

Jamal Ahmed Zourob

M.Sc. Thesis

Jerusalem – Palestine

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Evaluation of the child health services provided by Ard El Insan health center at southern part of Gaza Strip: clients perspectives.

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Dedication

To my family, parents, wife, and sons for

Their endless

support, encouragement and patience

Jamal Ahmed Zourob

Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis has not been submitted for a higher degree to any other university or institution.

Signed

Jamal Ahmed Soliman Zourob

Date: 21/1/2007

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Without my father dedication I would never dare to think of standing where I am. Father thanks for dedicating your youth, beauty, energy and wealth to see me blossom. Thanks for your encouragement, support, and extraordinary patience. Thanks for your prayers and blessings. I dedicate this thesis to my beloved mother, wife and lovely sons who were my meaning and reason for life.

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Abstract

This descriptive analytical cross sectional study was conducted to evaluate client's views about the child health services, and to investigate the differences in client's perspectives among the services offered by the two clinics of AEI's at the southern part of Gaza. The evaluation of the health care they received assesses client satisfaction, which it is a key component of comprehensive program evaluation. Patient satisfaction with health care has emerged as a key quality indicator.

This study evaluate the client perspective regarding to the child health services, identify the strengths areas and areas for improvement to identify the dimensions related to the client satisfaction and its relation to some organizational and demographic variables affecting their perspectives. Study results could contribute to improve the quality of child health services which provided by NGOs at Gaza.

A 202 clients were face to face interviewed according to the inclusion criteria. The response rate was 100%.the study investigate the seven dimensions of clients' perspective related to the child health care. Study results revealed that clients reported a relatively moderate degree of satisfaction or positive scores (82.5%).
The result showed that there is differences in the level of clients perspectives among the investigated dimensions at this organization and the type of services provided, there were seven dimensions of mother's perspectives, findings revealed that, the positive scores with services general satisfaction 84%, attitudes and respect with 81%, utilization from the offered services with 87% considered the highest one, accessibility of services with 80%, communication and information with 85%, the lowest one the child care dimension with 78%, and health counseling dimension with 84%.

Also, the results shows the incongruence with others variables as the place of residency and governorate where clients live, mothers who lives in Khan Younis Governorate showed more positive scores than Rafah residents, also, Villages residents were unsatisfied with the centers places, also, mothers with high number of visits revealed more positive scores than whom were less, also, the results revealed that the positive scores increased as the mothers ages and educational level increased,

and mothers with no history of hospitalization before visit reporting the slightly higher positive scores than others whom were hospitalized, in addition to that , the mothers who were visits other health centers during visits reporting higher positive scores than others not.

Also, mothers who were received social aids reporting more positive scores than whom not. Finally, because the child health services provided at GS through much different organization, thus, the results of this study well contributes to improving the level of the offered child health services. Decision makers recommended to facilitate clients services and improve the responsiveness for clients needs as possible, also, to look forward to take care with this results to improve the provided health services.

ملخص الدراسة

لقد تم إجراء هذه الدراسة المقطعية لتقيم آراء المنتفعين في الخدمات الصحية المقدمة للأطفال من خلال مركزي جمعية ارض الإنسان في المحافظات الجنوبية من قطاع غزة, حيث أن تقيم الخدمات الصحية يعتبر معاينة لمدى رضا المنتفعين من نلك الخدمات و بدورة الرضا العام للمنتفعين يمثل تقيم شامل للبرنامج و يعتبر مؤشر عن مدى جودة الخدمات الصحية المقدمة. هذه الدراسة البحثية جاءت لتقيم الخدمات الصحية المقدمة للأطفال باستخدام بعض فروع و عناصر التقييم المستخدمة في تقيم الخدمات الصحية و ذلك من اجل الوقوف على عناصر القوه و الضعف, لتعزيز الايجابي و تحسين نقاط الضعف. كذلك من خلال هذه الدراسة يمكن معرفة و التحقق من العلاقات بين بعض المتغيرات الديموغرافيه و التنظيمية من جانب و تأثيرها على آراء المنتفعين, حيث أن مثل تلك المشاريع تهدف في النهاية إلى تحسين جودة الخدمات المقدمة.

لقد أجريت هذه الدراسة في جمعية ارض الإنسان – المنطقة الجنوبية (رفح و خان يونس) حيث تم اختيار نظام العينة بواسطة استخدام المتاح أو الملائم داخل المركز المحدد لإجراء عملية جمع المعلومات بالشكل السليم.

لقد شملت الدراسة ٢٠٢ من أمهات الأطفال اللواتي يتابعن في المركز, حيث وزعت ألعينه على المركزين في منطقتي الدراسة بين رفح و خان يونس, حيث أعطيت رفح ٩٢ حالة فيما حصلت خان يونس على ١١٠ حالة. لقد أجريت المقابلات الانفرادية من خلال مقابلة شخصية وجها لوجه وذلك باستخدام لاستبانه. لهذا كان معدل الاستجابة)١٠٠٪) . لقد أظهرت النتائج انسجاما و اختلافا مع الدراسات ألسابقه من ناحية المتغيرات السبعة المستخدمة لقياس آراء الأمهات فيما يتعلق بالخدمات الصحية المقدمة لأطفالهن. فقد أظهرت الدراسة أن ٨٢,٥٪ من الأمهات المشاركات في الدراسة أبدين درجه عالية من الرضا العام عن الخدمات التي تلقاها أطفالهن, و بخصوص المتغيرات الأخرى, فقد بينت أن هناك فروق بين آراء المنتفعات من هذه المؤسسة فيما يتعلق بهذه المتغيرات التي بحثت. فقد كان معدل رضا الأمهات فيما يتعلق بالبعد الأول "الرضا العام" ٨٤٪ والذي يشتمل على الولاء للمؤسسة و وقت الانتظار, حوالي ٨١٪ معدل الرضا فيما يتعلق بالتوجهات والاحترام, و قد سجل أعلى معدل لرضا الأمهات حوالي ٨٧٪ فيما يتعلق بمدى الاستفادة من الخدمات المقدمة لأطفالهن, و حوالي ٨٠٪ من الأمهات أبدين موافقتهن فيما يتعلق ببعد إمكانية و سهولة

الوصول للمؤسسة مع توفر وسائل النقل, الاتصال و المعلومات ٨٥٪, والاستشارة الصحية ٨٤٪, أما اقل معدلات الرضا فقد سجلت فيما يتعلق بالعناية بالطفل وكانت ٧٨٪. أما فيما يتعلق بالسكن فقد سجل سكان محافظة خان يونس توافقا ايجابيا أكثر ممن يسكن رفح بفارق بسيط, و كذلك أبدين سكان القرى عدم رضاهن عن مكان المؤسسة, و الأمهات اللواتي سجلن عدد زيارات أكثر للمؤسسة عبرن عن رضاهن أكثر من الأخريات, كذلك سجلت الدراسة أن الأمهات الأكبر سنا و الأعلى مستوى تعليمي عبرن عن رضاهن عن الخدمات ألمقدمه أكثر ممن دونهن, كذلك تبين أن اللواتي لم يسبق أن ادخل أطفالهن لمستشفى قبل زيارة المؤسسة أكثر رضا من غيرهن وان اللواتي زرن عيادات صحية أخرى أبدين موافقتهن و رضاهن عن الخدمات المقدمة أكثر من غيرهن, وكذلك اللواتي حصلن على مساعدات غذائية أو غيره عبرن عن موافقتهن و رضاهن أكثر ممن لم يحصلن على شيء. في النهاية الخدمات الصحية للأطفال تقدم من خلال الكثير من المؤسسات, يجب على صانعي القرار أن يأخذوا مثل تلك النتائج بعين الاعتبار ومحاولة الوقوف على ما يمكن الاستفادة منه بهدف الارتقاء بالخدمات إلى أفضل المستويات. كما أتمنى أن يقوموا بتسهيل وصول و تلقى الحالات للخدمة و الاستجابة لاحتياجاتهم قدر الإمكان.

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Definitions of terms

Perspective: The mother experience, opinions, attitudes, views, perceptions or satisfaction about their child health services they received during visits and follow up periods.

Clients: Mothers were visit and follow up with their children at AEI's clinics (their child registered at AEI's clinics).

Level of perspective scores: Means also level of dis / satisfaction; the degree to which mothers are satisfied or no, happy or no and have a positive or negative attitudes about the received services.

Respondents: Mothers who were completed the questionnaire of this study.

Follow up visits: Mothers re-back to the clinics for review and re-assessment for her child as appointment schedules.

Child health services: All services offered by staff for the child or contribute to improve the child health status.

Abbreviations

AEI	Ard El Insan
ANOVA	Analysis Of Variance
CBR	Crude Birth Rate
CDR	Crude Death Rate
GS	Gaza Strip
Mn	Malnutrition
MOH	Ministry Of Health
NGOs	Non Governmental Organizations
PCBS	Palestinian Center Bureau Of Statistics
PHC	Primary Health Care
PNA	Palestinian National Authority
SPSS	Statistical Package For Social Science
UNRWA	United Nations Relief and Work Agency
WB	West Bank
WHO	World Health Organization

Chapter (1)

Introduction

Chapter (1)

Introduction

The values of evaluative study is improving, developing, providing feedback, motivating, help in decision making process and quality considerations. Bergman (1982) defined evaluation of care as" the objective measurement of phenomena, as well as subjective perceptions and opinions of the feeling of care as reported by recipients, providers and important others". The recipients and providers of care, the health care services should all benefit from evaluation. Evaluation of health care is not new. In 1980 Royal College of Nursing callrd for increased involvement of consumers in evaluating the effectiveness of health care (RCN, Society of Primary Care Nursing, 1980). In 1981, Luker published a paper on evaluation research, defined as "the utilization of scientific methods and techniques for the purpose of making an evaluation, and pointed out the need to justify nursing practice.".

The evaluation process involves the recognition of values, setting goals and measuring them, putting them into action and assessing the effect. In order to achieve a high quality of services provided by health professionals at our health institutions, we want to know the mothers views about the health services provided for them during the period of treatment and follow up. Those involved may have different views on quality of care (Harris, 1988). Patients may measure it according to their level of satisfaction. Consumer satisfaction definition have either emphasized an evaluation process (Fornell, 1992; Hunt, 1977; Oliver, 1981). Also, consumer satisfaction by others researchers, a response to an evaluation process (Oliver, 1981; 1997). Managers may look in terms of meeting goals within certain time periods in order to make financial savings

.

This study aimed to evaluate the client perspectives about the child health services providing by Ard El Insan Khan Younis and Rafah centers in a specific identified period. In average 40 cases treated daily by this unit include both new and follow up cases and receive health services they needed. The importance of this study to

evaluate the offered and received health services by this targeted unit from clients perspectives to identify the strengthens and weaknesses factors that influences the received or offered services to the targeted beneficiaries or children and the main causes that lead to many people ask AEI services not from governmental organizations services. Thus, through this study we try to identify the mothers of the children they treated and followed by AEI their views and perception about the health services provided for their children during the period of treatment, that can help the decision makers at both the Governmental and Non-Governmental organizations to improve their services and develop their organizations positively, and help health professionals in improve their performance with more concerns with both services provided and clients. Measures of client satisfaction often focus on some form of transaction (either explicit or implied) which defines the relationship between the provider and the recipient. This evaluative study Conducted to know and identify factors in related to the high numbers of beneficiaries treated by one organization from many NGOs at Gaza Strip, and the increased number of clients followed by AEI centers, also the rapid effective expanded in its services at long of Gaza Strip.

This study determine and explore the causes that push and invite customers or cases (mothers of children) to ask the services from AEI centers, also from beneficiaries perspectives about services provided. Also this evaluative study can help the decision makers at this organization to improve and develop the weaknesses and maintain and empower the strengths and help them in planning for the future at the level of the offered services for customers and the organization as a whole.

The study aims to evaluate and identify the mothers views and experiences (clients perspectives) about the health services provided by Ard El Insan-Khan Younis and Rafah centers for children who registered and followed by this center. In addition to provide the decision makers at the organization with a helpful recommendations can be used for more improvement and development. Ard El Insan is a Gaza based Palestinian nongovernmental organization primarily dealing in the field of nutrition AEI created in 1984 by the Swiss organization Terre Des Hommes. AEI's has become localized since 1997 (participatory evaluation of Ard El Insan community health services report,1999).

This study focus on the assessment of AEI's "medical and nutritional assessment unit" works and activities, provided for cases followed by this unit by evaluation its services from clients or beneficiaries perspectives in order to assess and evaluate the quality of the services provided, also to examine the relationship between the clients or beneficiaries economic status and the increased number of the follow up cases. In addition to help the decision-makers to improve and develop of health services provided by the organization.

This study was conducted in the GS in Palestine. Therefore in the following paragraphs provided some information about the geographical context, Palestinian population size and economy, distribution of the health care system in Palestine including NGOs, especially the targeted organization AEI.

1.1 Justification for the study

An important element of quality assessment or quality improvement efforts in health care organizations is the evaluation of patients or clients perspectives. Client satisfaction has long been recognized as a key to success in the private sector. Client satisfaction in the public sector context is also becoming increasingly important in how the government operates and delivers its services.

Ard El Insan considered one from the main organizations working at the nutritional field at Gaza and offer services for our children at the most critical stage of ages. In Gaza strip there were 457,903 visits for different NGOs clinics have been seen general and specialized physicians (MOH Annual report, 2003). Total visits during

year 2003 for Ard El Insan centers at Gaza strip 90,232 visits, Khan Younis visits 28,977. AEI Khan Younis branch new cases 3,344 and the new malnutrition cases were, 328 (69,6%) cases. The total new cases at year 2003, 9790 cases, 7570 from them new malnutrition compared with 8163 new cases at 2002, 6750 cases considered malnutrition (AEI Annual report, 2003).

There is a noticeable increase in the total numbers of new cases admitted to AEI centers, in compared with the year 2002, the total of underweight cases seen during year 2003 are more observed, the prevalence of moderate and severe underweight cases increases (AEI Annual report, 2003).

This findings increases the demand to assist AEI to provide the best health services for their clients with more focus on quality of provided services, also to decrease any barriers that faced and limited AEI services.

Agency feedback from the consultations and pilots concurred with Standards Australia (2001:2) that client satisfaction measurement when used effectively and strategically can improve the quality of service by: Supporting and informing management decision making about how and what an agency does and where it operates from; Defining and directing an agency's effort to continually improve the quality of services and practice; Incorporating increased awareness of client needs and views throughout the agency; also improving existing facilities, programs and services; Anticipating future needs and identifying unmet need; Providing opportunities for service innovation; Improving the agency's standing and reputation; Providing more effective resource allocations etc, all of these mentioned notes considered the main benefits and strength of the client satisfaction measurement, in addition to that, since client expectations and priorities tend to change over time, satisfaction levels must be monitored regularly to ensure that product and service quality initiatives are in tune with client preferences. Also, expectations are critical as they form the basis for the subjective assessment of care that is the ratings of satisfaction. There can be different expectations for different aspects of care and patients with lower expectations tend to be more satisfied (Sitzia and Wood, 1997). The goal of any health care facility is to deliver perfect services, also, not meeting a patient's expectations generates complaints and clients dissatisfaction. Evaluation

programs the main methods to discover and solve problems and decrease clients complaints, then improve client's perspectives, especially after many clients complaints were recorded by beneficiaries themselves.

1.2 Objectives of the study

1.2.1: General objectives

To evaluate the mothers views and experiences about the child health services provided by the health centers of Ard El Insan association.

1.2.2: Specific objectives

1- To assess the perception of the clients in terms of satisfaction, attitudes and utilization, regarding the health services rendered by the study center.

2- To examine the mothers views about the child health services provided by AEI.

3- To explore the causes that invite the clients to follow up with AEI centers.

4- To identify areas of strength and areas for improvement of the provided health services.

5- To assess the level of mothers health information and the quality of counseling process.

6- To provide the decision makers with a helpful suggestions and recommendations.

1.3 Research question

1- Are demographic and socio-cultural determinants influences the levels of perception.?

2- What are the mothers views about the child health services provided by AEI.?

3- What are the main factors that affect mothers satisfaction.?

4- What are aspects of the provided services that satisfy mothers.?

5- What are aspects of the provided services that dissatisfying mothers.?

6- What are the main factors affect the mothers choice and preference of AEI not others.?

7- Do the AEIs clients positively perceived the provided health services.?

8- What is the main mothers complains.?

9- What are the recommended strategies that could improve the provided health services by AEI institution.?

10- Are they satisfied with various aspects of the services provided.?

1.4 Geographic Location

Palestine has an important geographic and strategic location, it is situated on the eastern coast of the Mediterranean Sea in the Middle East. It is bordered by Syria and

Jordan on the east, by Lebanon on the north, the Gulf of Aqaba on the south and by Egypt and the Mediterranean sea on the west (MOH, 2003). The PNA comprises two areas separated geographically, the WB region and GS. WB lies within an area of 5.800 square kilometer west of the river Jordan. It is divided into nine districts with a population density of 362 inhabitants per square kilometer (MOH, 2003).

GS region is divided into five governorates: Gaza north, Gaza city, Mid-Zone, Khan Younis and Rafah, with a population density of 3,278 inhabitants per one square kilometer. The GS is a narrow Zone of land, bordered on the South by Egypt, Mediterranean Sea on the west, and Israeli occupation on the North &East. It is 46 kilometers long, and 5-12 kilometers wide with an area of 360 square kilometers. It has four towns, fourteen villages and eight refugee camps (MOH, 2003).

1.5 Demographic context

1.5.1: Population size

The population in Palestine was estimated with 3.56 million at the end of 2004, thereof 2.26 million in the West Bank (63.2%) and 1.3 million in the Gaza Strip (36.8%). According to the distribution of population by governorates, Hebron has the highest rate of population at 13.9% of the total population, followed by Gaza Governorates with 12.9%, while Jericho Governorate has the lowest rate (1.1%) of population (pcbs, 2005).

According to the Palestinian Central Bureau of Statistics (pcbs) in 2005, 42.6% of the population in Palestine is refugees, in the WB 656,376 individuals (28.5%) out of the total WB population and 884,376 individuals in GS with a percentage of 66.1% out of the total population in GS (pcbs, 2005).

The estimated number of males in Palestine at the end of 2004 is 1.84 million compared with 1.79 million females, the sex ratio in Palestine 102.6 males per 100 females, in Gaza, the number of males is 676 thousand compared with 660 thousand females, the sex ratio is 102.4 (pcbs,2005).

There is a slight increase in the median age of population in Palestine between 1997 and 2004, where it increase from 16.4 years in 1997 to 16.7 years in 2004. WB median age increased from 17.4 years to 17.7 years and from 14.8 years to 15.4 years in GS at the same period (pcbs, 2005).

The total fertility rate in Palestine is high in comparison with other countries on the region. This may be due to early marriage especially among females, the desire to have many children, and the prevailing traditions of the Palestinian society. In 2004, PCBS published a demographic health survey, that the TFR in Palestine was 5.6 in 2004 (5.2 in WB and 6.6 in GS). According to MOH reporting the TFR in Palestine slightly declined from 4.39 in 1999 to reach 4.1 in 2004 (pcbs,2005).

The crude birth rate (CBR) in Palestine dropped from 42.7 births per 1000 population in 1997 to 28.6 in 2004. there are regional variations where the CBR in WB decreased from 41.2 births per 1000 population in 1997 to 25.6 in 2004. in GS, the CBR dropped from 45.4 to 33.6 at the same period. The average CBR for the last five years 2000-2004 was 28.8 (MOH, 2004).

The crude death rate (CDR) in Palestine declined from 4.8 deaths per 1000 population in 1997 to 2.8 in 2004. there is a slight difference between WB and GS. In WB, the CDR dropped from 4.9 in 1997 to 2.6 in 2004, where it dropped from 4.7 to 3.3 in GS in the same period. These results indicate that there is an improvements in living standards, health services, and health awareness among people. The average CDR for the last five years 2000-2004 was 2.9 (MOH, 2004).

The decline in the mortality rate in Palestine led to a longer life expectancy. It reach 71.1 years for males and 74.1 for females in 2004. there are regional variations, life expectancy in WB is 71.5 years for males and 74.5 years for females compared with 70.3 years for males and 73.5 years for females in GS. The improvement in health situation and the gradual decline in the infant and child mortality rate contributed to a longer life expectancy (MOH, 2004).

1.5.2: Palestinian economy

The workers in Gaza and West Bank increased from 453.000 in 1999 to 527.600 in 2004 due to the political situation and recurrent crisis. The PCBS reported that the unemployment rate was 26.8% (Gaza 35.4% and 22.9% in WB).

This revealed a considerable increase in the unemployment rate from 11.8% in 1999 to 26.8% in 2004. workers among fathers constituted 44%, employees 28.6%, and only 1.8% of mothers are employees. Also, in the third quarter of 2006, GDP (gross domestic product) declined by 8.9% compared with the second quarter 2006. (pcbs, 2005).

1.5.3: Parents' level of education

About 5.6% of fathers and 15.2% of mothers reached the level of primary school, 15.7% of fathers and 17.2% of mothers reached the level of preparatory school, 79.2% of fathers and 88% of mothers reached the level of secondary school, only 20.4% of fathers and 11.1% of mothers completed the first university degree, and the illiteracy percent among fathers is 0.2% and 0.22% among mothers. The main findings showed that the literacy rate is 92.9 % among individuals aged 15 years and over in Palestinian territory. This rates varies between males and females 96.9% for males and 88.9% for females. (pcbs, 2005).

1.6 Palestinian Health Care System

1.6.1: Hospitals

In Palestine, there are 77 hospitals furnished with 4.824 beds. The population/hospital ratio is 47.241. the average bed capacity per hospital is 62.65 beds. In Gaza, there are 22 hospitals of (28.57%). The population/hospital ratio is 60.783. the average bed capacity per hospital is 76.9 beds.

In West Bank including Jerusalem, there are 55 hospitals of (71.43%). The ratio of population/hospital is 41.824, on the average bed capacity per hospital is 51.55 beds (MOH, 2004).

1.6.2 Primary Health Care

The total number of registered PHC centers in Palestine 731 centers (125 centers in Gaza and 606 centers in West Bank). Distribution by provider shows that, there are 413 centers owned and supervised by the MOH with a high percentage of 56.5%, 53 centers by the UNRWA with a percentage of 7.3% and NGOs have 256 centers with a percentage of 36.3% of the total centers. In Palestine the average ratio of persons per center was 4.976 (10.698 in GS and 3.796 in WB)(MOH, 2004).

In GS; the total number of PHC centers is 125 centers in comparison with 100 centers in 2000, which indicates an increase of 25% in the last five years. Although the PHC system in GS is unique, well established and functioning well, the high population density and the overcrowd ness of population were responsible for the high ratio of population per center. The highest ratio was recorded in Khan Younis of 12.982 persons per center and the lowest ratio was recorded in Mid-Zone of 6.247. the number of PHC per 10,000 persons was 0.93 (MOH, 2004).

1.6.3: Non-governmental organizations (NGOs) clinics

In 2004, the health sector in NGOs owns and operates 265 mini PHC centers in Palestine. It was distributed as 214 centers in WB and 51 centers in GS. Some centers include medical laboratories to perform simple investigations, and many pharmacies that provide the attendants with low cost medications. Services of child health department are mainly directed to children who complain from metabolic and nutritional problems. In Gaza, 84,677 visits to general clinics were reported, and about 248,358 visits to specialized clinics were reported (MOH, 2004).

1.6.4:Child health services and status

In Gaza Strip MOH owns and operates 54 PHC centers, in addition to one specialized mental health clinic in Khan Younis. 34 of these centers provide immunization and well child health care. 1,973,025 visits were done in 2003 in comparison with 2,237,799 visits in 2002, with a decreasing percentage of 11,9%.

The immunization of children has been completely changed by increasing the availability of MCH, where the services became more accessible and affordable. Services of Child Health Departments directs mainly towards children who's complaining from metabolic and nutritional problems. In Gaza Strip, 6401 visits were made in 2003, comparing with 4693 visits in 2002; with an increasing percentage of 36.4%. this directly reflects the bad economic situation that mainly affects the nutritional status of all Palestinians particularly in the Gaza Strip. In 2003, the number of reported new cases of Ricketts in Gaza Strip was 444 cases in comparison with 308

new cases in 2002, with an increasing percentage of 30.6%. in 2003, the number of new cases of failure to thrive in Gaza Strip was 675 cases in comparison with 538 new cases in 2002, with increasing percentage of 20.3%.

A bout anemia, WHO defined anemia as the Hb less than 11 gm/dl. In MOH, blood samples were collected from 53,662 infants aged 9 months who visited MCH in 15 governorate for measles vaccination, the results revealed that 40.5% of infants suffered from anemia, distributed as 37.2% in WB vs. 46.5% in GS. In UNRWA, in GS, the prevalence rate of anemia was 58.3% among refugees children aged 6-36 months (MOH, 2003). (UNICEF,2004) notes deteriorating health status of children under occupation and they notes the cumulative effects on the health and nutrition of children. Beside the available data on Iron deficiency anemia, data from a recent survey show that about 20% of the children under 5 have a biochemical vitamin A deficiency, and additional 54% "borderline" levels thus being at risk for vitamin A deficiency. (Mazen, 2000) in the study conducted to evaluate the health status in Gaza Strip and reported that the low birth weight estimated 8%, and the immunization system in GS is effective and efficient, more than 96% of the children are covered by the system, and the global goal to eradicate polio was achieved in the Gaza Strip.

1.7Ard El Insan Institution

Ard El Insan is a Gaza based Palestinian non-governmental organization primarily dealing in the field of nutrition. AEI created in 1984 by the Swiss organization Terre Des Hommes. AEI has become localized since 1997.(participatory evaluation of Ard El Insan community health services report, 1999).

AEI's vision is to improve the nutritional status and the environmental health in the Palestinian community. Also with overall goals to improve health and nutritional status of Palestinian children and families and to attain sustainable developmental programs. AEI provides curative and preventive health and nutritional services from its centers based at Gaza Strip, in south, middle and north Gaza, the curative services provided at AEI centers and the preventive services provided by other units or departments and the community activities throughout the out reach team. The main services provided to its beneficiaries through its units concentrated on breast feeding counseling, medical and nutritional consultations, community health education, growth monitoring, management of diarrhea, anemia and diseases of malabsorption. The locality of study at the southern part of Gaza Strip, at both Khan Younis and Rafah centers, both offers the same types of child health services but each for its Governorates residents through a special separated health care providers with different health background and specialty.

Chapter (2)

Literature Review

Chapter (2)

Literature Review

The long-term target of the Organization is to attain Customer satisfaction. It is the Communication with the Customer that is essential to understanding his needs and expectations.

The process of organizing, monitoring and controlling the gathering of Customer satisfaction feedback provides constant stream of information on Customer demands and expectations towards the Organization's products. Such information is the basis for contracting and coordinating product creation specifications.(Diana Tomova, Hristina Hristova, 2003).

2.1 What is evaluation.

Satisfaction ratings capture personal evaluations of medical care providers and services. These ratings can be distinguished from consumers reports about their providers and care. Ratings are intentionally more subjective and reflect both experiences and personal evaluations that cannot be known to an outside observer. Analysis indicate that consumers develop distinct attitudes toward some features of care; accessibility and convenience; financial aspects; the efficacy of care in terms of outcomes; continuity; physical environment; and availability of services (Ware et al., 1983) and an overall concept, general satisfaction, has also been identified.

At the study, the items were selected according to criteria included: representation of the major dimensions of care reflected at conceptual framework; technical aspects, interpersonal relationship in addition to attitudes and respect. Also, Iveta Reinholde, in her study of the performance evaluation in Latvian public administration, (2000) she mention that the performance evaluation and management is an important element in the strategy of public sector development and modernization.

The program evaluation consider one from the performance management issues. She mention that the performance evaluation is a very complex phenomenon and consists of several types of evaluation instruments and the more popular one is a client survey that is used in order to characterize and evaluate the agency's performance from customer's point of view/perspectives. In addition, she speaking about the evaluation

elements or categories that includes, the general client satisfaction, the client satisfaction with services delivery and the client satisfaction with the agency work as well as the accessibility to the service. Also, the evaluative measures emphasized on the patient's perceptions of what occurred and evaluation are considered subjective and presumed to capture a personal evaluation of care that cannot be shown by observing care directly. Moreover, ratings or evaluations are considered both a measure of care and a reflection of the respondent, because they are influenced by the care received, but also by the patient preferences and expectations (Ware, J. et al. 1983). Here the prefix " subjective" refers to the way of measurements. And subjective appraisals often involve judgments in terms of satisfaction, this judgments may vary from person to person and external judgment is not possible. That is , a summary of evaluations of how well one likes something, also, subjective quality of life is how people appreciate their life personally as, how satisfied they are with their health and education, etc. (Veenhoven, 1996).

2.2 Importance of evaluation studies

At the level of organizations, by taking subordinates perspective, managers are more able to understand the specific elements that are needed in a particular situation to facilitate the desired work outcomes of effective performance and employee well being. Clearly the use of performance evaluations as the behavioral outcome makes the results important for the success of work organizations(Paul, P. Edward, L. Richard, M. (2004). Some models assumes that the client is the primary decision maker who chooses services to meet his/her requirements. It is appropriate to evaluate such services with any consumer/client satisfaction instrument.

The project conducted by the Irish society for quality and safety in health care in Ireland (2003) documented that patients/clients are rightly becoming more involved in their own health care and being encouraged to do so. The movement to include patient/client evaluations of care is growing as more providers/organizations realize that patient/client satisfaction measurement is a cost effective, non invasive indicator

of quality of care. Also, the Irish society project (2003) speaking about the evaluation of patient satisfaction and said that should form part of continuous improvement, and patient satisfaction as a method of evaluating health services is essential(Irish Society, Ireland, 2003). The performance evaluation has been introduced recently as a new tool improving the general performance and quality of public administration.

The client surveys (the common performance evaluation instrument) already conducted in order to research the client satisfaction about the service delivery have proved that results of such surveys are important in improving the service delivery making administration more responsive(Iveta Reinholde, Latvia, 2000) and she identify that the benchmarking and client satisfaction surveys are more common tools to make evaluation. Also. Decision making is only as accurate and reliable as the information upon which is based (Canadian center for management development, 1998).

Many service organizations face the challenge of achieving a balance between increasing demands for services and ongoing funding limitations. By surveying clients to assess for service expectations and satisfaction levels, organizations obtain the information they need to assist in decision making and strategic planning.

In addition to, that help to reveal the areas that require resources and to identify areas where resources are unnecessarily being expended, the collected information will assist organizations to target service areas where a communications strategy is needed in order to manage expectations (Faye,S. with Teresa, S, 1998). Thus, the information collected through evaluative measures or tools that enable the organizations to understand clients perspective and communicate with them effectively.

2.3 Concept of perspective/perception and the influenced dimension

The main objective of client satisfaction surveys is to identify the service gaps between what your clients expect or need from your organization (expectations) and the level of services that they feel they actually receive (perception of services), that reported by Canadian Center for Management Development, 1998. also, this center reporting about the key elements of service to assess in order to provide your

organization with information that can be used effectively to make improvements (evaluation), and this includes, client expectation, perception of service experience and level of satisfaction. In addition, it is important to collect demographic information about your clients and to understand client perception of services experience in order to identify how to make improvements that are noticeable to clients. About the influenced dimensions, there is five broad service elements/factors determined by the Canadian Center for Management Development Report, (1998), that the factors includes: Responsiveness (waiting time, timely delivery of services, and service staff are courteous, helpful, skilful and competent, Respectful), Reliability (provided needed services, provided what was promised), Access and facilities (convenient location, hours of services, obtaining appointments), communication (questions were answered, availability of information, plain language, consistency of information/advice, ease of understanding information, ease of understanding procedures), and cost (ease of payment and reasonable cost). Also, the respect to evaluation criteria, the focus must be on the clients' experience of the care they received, their information levels, their satisfaction and their health status, should be used as indicators of success (Leonie, et al. 2004)

Consumer satisfaction/dissatisfaction theory argue that satisfaction is a multi dimensional concepts, three constructs (expectations, performance and confirmation/disconfirmation) determine the client's satisfaction evaluation. If the there is a difference between their expectations and the performance, the resulting discrepancy that affects the satisfaction judgment for that service characteristics (White, Eales, Keating, 1998). Also, in related to the expectations, expectations are defined as the consumer's beliefs about the anticipated performance of the service (Oliver, 1980). Expectations are formed and continually modified by the consumer's experiences.

The project stated by Irish Society for Quality and Safety of Health Care (2003), reported that satisfaction is achieved when the patient/client's perception of the quality of care and services that they receive in health care setting has been positive, satisfying, and meets their expectations. Williams, (1994), reporting that patient satisfaction may be affected more by expectations than by actual services. Also, client satisfaction comprises the extent to which the response or service provided and the outcomes met the expectation and the needs of the client.(Draper & Hill 1995; Lillie-Blanton & Hoffman 1995). Within this definition, client satisfaction measurement is a

means of assessing the performance of a service from the client's viewpoint. This definition places emphasis on the client's views on the extent to which both expectations and needs were met.

This definition considered the more logical one to express this situation to evaluate the performance and the provided services itself from clients view.

2.4 Why measuring client satisfaction

Client satisfaction or client perspective measurement may reflect a belief that as an indicator of health care quality, and concerned with how patients feel about the cost or accessibility of services, their interpersonal relationships with health care professionals.

Also, these are concerned with aspects of patients' health care experience (Pamela, L., James, G. 2000). It is know that satisfied and dissatisfied patients/clients behave differently, satisfied client seem more likely to cooperate with their treatments, continue using medical care services, maintain a relationship with a specific providers.

The public service organizations depend on feedback from their clients in order to make effective decisions about the services they provide. By surveying clients to assess their service expectations and satisfaction levels, organizations obtain the information they need to assist in decision making and strategic planning (Faye, S., Teresa, S. 1998). Surveying clients about services can help to reveal the areas that require resources and to identify areas where resources are unnecessarily being expended.

Also, from the surveying clients satisfaction, organizations will be able to do many important things as able to identify opportunities for service improvements, identify what clients want as opposed to what organizations think what they want, allocate resources more effectively to meet client priorities, develop proactive responses to emerging clients demands, reducing crises and stress for staff and clients, provide

feedback for management and political leaders about program effectiveness, evaluate the achievements of the organization, strengthen the strategic planning process, in addition to evaluate the effectiveness of new program and validate requests for increased resources to areas in need of improvement.

Also, reported by the Canadian center for management development (1998), that by understanding your clients' satisfaction with individual service features, organizations can make important decisions on where to allocate resources in order to solve problems that are important to the client. Also, consumer participation is increasingly being linked with improvements in the quality of health care and improved health outcomes.

Williams, (1999), reported that patient satisfaction has been seen as important for many reasons, including the fact that satisfied patients are more likely to comply with their medical regimes, use their medications properly, and keep their a appointments. In addition, the psychiatric consumer satisfaction research found that consumers who are more satisfied with their local community mental health clinic are less likely to be re-hospitalized (Sulliva, and Spritzer, 1997).

At this evaluative study, the clients involved and considered the main element to conduct this study effectively, the clients who received and consume the offered services and in fact practice this services, then the clients able to decide if this services good or bad and effective or no, this concepts reflect the concept and values of satisfaction, the client can be satisfied or dissatisfied. The patient satisfaction is one measure used to assess the performance of health care programs and personnel (Dearmin, 1995).

The client also reflect the ability of the providers to meet customers needs through the offered services, the satisfied clients are the happy one to follow up and ask services from them, but at the other hand , the dissatisfied clients are unhappy to follow up with them and easily leave with mistrustful relationship in this organization and its employees.

Clients or customers satisfaction defined as(a summary of the psychological state that result from confirmation or disconfirmation of expectations when compared to perceptions of a discrete episode of contact with an organization.. Also, he stared that patients satisfaction is a key component in the evaluation of the quality of care delivered (Oliver, 1981)

This evaluative study try to identify in depth the clients perception about AEI services delivery from Khan Younis clinic in order to identify the quality and the priority of services provided in addition to know the targeted beneficiaries(AEI participatory evaluation project, 1999). The service quality is an outcome defined as, an attitude that customer develops over time about an organization, this attitude is based on customers perception of the organizations actual performance of particular service or group of services (Cronin and Tylor, 1992).

Wilson in 1999 stated that if you keep your customers satisfied, you are likely to be the first people asked when new need arises or may be recommended to others. Also to improve customer loyalty by exceed customer expectations and the ability to achieve this is often dependent on the level of customer expectations and the investment in resources you feel able to apply to a customer (Wilson 1999). The level of clients satisfaction are different from one to another related to the different expectations, that dependent on some variables inherent in the client personality as attitudes, educational level and experiences.

Many different indicators can be used to measure client satisfaction. Some of the more common indicators include: accessibility, reliability, competence, timeliness, responsiveness, fairness, courtesy, usefulness and value. Furthermore, since client expectations and priorities tend to change over time, satisfaction levels must be monitored regularly to ensure that product and service quality initiatives are in tune with client preferences.

Measures of satisfaction can be either direct (obtained from clients directly) or indirect (based on secondary sources). Examples of indirect measures include revenue

generated, the number of new or repeat clients, and the number of complaints. Care must be taken when using indirect measures. For example, revenues may be rising, not because client satisfaction levels with a product or service have increased, but because fees have increased and clients have no available alternatives. Accurately assessing client satisfaction often requires *multiple lines of evidence*; thus, the interpretation of indirect indicators should be confirmed with direct measures whenever possible. (Treasury Board, Oct, 1991).

2.5 Concept of satisfaction

from the marketing discipline, customer satisfaction widely accepted definition " Satisfaction is the fulfillment, it is a judgment that a product or service feature, or the product of service itself, provided a pleasurable level of consumption – related fulfillment, including levels of under or over fulfillment,,,,,,,,"(Oliver, 1997).

The concept of satisfaction can be divided into categories, firstly, it is regarded as an evaluation on the accord of prior expectation with alternatives of the selection (Czepiel and Rosenberg 1976; Hunt 1977; Engel and Blackwell 1982). Secondly, satisfaction is defined as an affective response after purchase and thirdly, customer satisfaction demonstrates that satisfaction judgments are influenced by both emotional responses and cognitive disconfirmation (Oliver 1993; Oliver 1997).

Also they mentioned that the most of customer satisfaction studies were performed based on tow points of view, the first one which judges satisfaction by comparing the performance and expectation of each offered care or service.

The second category of view is the cumulative customer satisfaction, which determines satisfaction by the comprehensive evaluation on the cumulative experience of the specific offered service or care (Anderson, Fornell, and Lehmann 1994). Many researchers defined satisfaction in terms of goals and setting of their study, as, when evaluating a medical clinic, Pulliam (1991) defined satisfaction as " the evaluation of services offered by the Nurse by clients' responses in a focus group discussion". Other researchers, when evaluating various services, have conceptualized

satisfaction as a fulfillment of the expectations and needs of hospitalized individuals from their perspectives (Ryan, Collins, Dowd and Pierce, 1995). And others speaking about client's attitudes toward care as Barrett and Koran (1992).

Oliver (1993) defined satisfaction as the consumer's cognitive evaluation of, and emotional reaction to, his/her perception of whether the characteristic met or exceeded his/her expectations. In other words, satisfaction is the consumer's reaction to confirmation or disconfirmation with the actually provided services, this definition supported by Oliver (1998) defined satisfaction as " a summary of psychological state that results from the confirmation and disconfirmation of expectations when compared to perceptions of discrete episode of contact with an organization". In fact, these different definitions of satisfaction related to the lack of a standardized definition of satisfaction.

The study conducted by both Joan L. Giese and Joseph A. from Washington states university, (2000), they review the existing literature about the specific definition for satisfaction and that indicate a wide variance in the definitions of satisfaction, without a specific definition for satisfaction, researchers unable to select an appropriate definitions. They found that the literature contains significant differences in the definition of satisfaction, all the definitions share some common elements.

Three general components can be identified: (1) consumer satisfaction is a response " emotional or cognitive ". (2) the response patients to a particular focus " expectations, product, consumption experience ". (3) the response occurs at the particular time " after consumption, after choice " based on accumulated experience. Most definitions have favored the notion of consumer satisfaction as a response to an evaluation process.

Most of satisfaction definitions formulate by researchers depending on consumer's expectations and perceptions with regarding to consumer's experiences, nearly considered most accepted definition for satisfaction by the researcher which satisfaction defined " the consumer's products expectations and perceptions and is, therefore, grounded in the consumer's experience" (White, et al. 1998). The

component of satisfaction consist of structural, technical, and interpersonal aspects of care.

The structural aspects includes: access, physical setting, costs and convenience. The technical aspects includes: knowledge, competence / quality of care, interventions and outcomes. The interpersonal aspects includes: communication, empathy, and education. Consumer satisfaction with the services received is an appropriate outcome measure (Keating, Fast, Connidis, Penning and Keefe, 1997).

2.6 Attitudes and Respect

The measurement of perspective of clients, like measurement of satisfaction, the Treasury Board Of Canada (1993), define the client satisfaction as the client's perception that the service provider's performance meets or exceeds his or her expectations. And they define the client satisfaction measurement by the assessment of client expectations and of the actual and perceived quality of services, also identify the main client satisfaction indicators as courtesy, helpfulness, competence, empathy, responsiveness, clarity, fairness and assurance. Communication skills are the most important determinant of patient satisfaction with care, and satisfaction with care is the primary determinant of personal decisions to use health plans and improves adherence to treatment (Jonathan, et al. 1999). The scale that measured clients' perspectives among child health services was based on 7 items, which focus on client respect during communicate and intervention with health care providers, clarity of communicated language, responsiveness and availability of health care providers. The study conducted by Gotlieb and Jerry, (2002), showed that the individual care for patients and treated their needs also as an individual, that may enhance the patient's self-esteem and put the patient in more positive mood. According to Ericksen's, (1995), *patient satisfaction with nursing is related to patients feeling involved in planning their care, having a sense of continuity among caregivers, feeling that the care they are receiving is personalized care, having complete and clear information, being able to express their opinions and concerns and have them attended to, having providers who are kind, courteous, caring, and sensitive to their needs, getting timely responses that get problems solved, seeing predictably dependable, consistent, and*

accurate performance. Patient care has technical and interpersonal components. The technical component depends on current knowledge and technology and occurs within an interpersonal context which can facilitate or frustrate it (Donabedian, 1988).

Green et al (1990), conducted a survey in southeast England to assess expectations, experiences and psychological outcomes of childbirth, the researcher assess positive and negative staff attitudes were reported by women, the result showed that the women who felt in control had more positive psychological outcomes than those who felt disempowered by their caregivers.

2.7 Accessibility of services

One from the main client satisfaction/perspectives components. The performance evaluation by Latvian public administration was conducted in order to find out the client satisfaction and one from the tested categories were the access to offices (Iveta, 1999). Also, components of satisfaction consist of structural, technical and interpersonal aspects of care, the structural aspects includes access and physical settings of services (Sitzia and Wood, 1997). Client perspectives can be evaluated by accessibility of services and the location of centers, it is important whether an office of an agency is located at the center of city or at peripherally, therefore, everyone who is coming to agency are to be concerned on transportation to an office. The aspect of accessibility were given good attention at this study, 3 items of study instruments asked about the appropriateness of the clinic place, time of work and the scheduled times for the next visit for reassessment and evaluation. Also, according to Donabedian, (1988) patient satisfaction reflects the patient's judgments on all aspects of care, including the technical and interpersonal processes, outcomes of care, and structural attributes of the setting in which care is provided which includes the location of an agency or clinic. Many evaluative studies of health care facilities including aspects of accessibility and availability of health care. Fongwa, (2001) study exploring 4 main issues as important in evaluating quality of care, one of them feelings, likes, and dislikes about people and places where health care is received, that corresponding with health care experiences, how quality can be improved, and how racism influences quality of health care. also, Fongwa conducting the study about the

importance of health care facility location and places in related to clients, but Paxton and Heaney (1997), conducting a study to evaluate patients' perceptions and results revealed the location of the clinic was convenient for 90 percent of patients. Also, Treasury Board Of Canada (1993), speaking about the client satisfaction measurements as the assessment of clients expectations and of the actual and perceived quality of services, and indicate that many different indicators can be used to measure client perception, one of them accessibility and hours of services.

2.8 Services utilization

Recently, health care planning and evaluation emphasis on involving clients as a main source for health care feedback. The quality of health information were clients received can be measured by the extend to which clients knowledge gaining and child health status improvement, which depend on the client education and health information giving during period of visits and follow up in order to make mothers more involved in her child home care. This dimension of the study measured through 8 items answered by mothers about the level of experiences and health care knowledge which gaining during follow up at this agency, as how to deal with child health problems at home, how to protect and improve the child health status and any positive changes in her health care attitudes and behaviors regarding her child and all family members. Thus, any positive changes on mothers attitudes and behaviors reflected on her child and family health status that considered positive signs for services utilization. One main goals of health agency is to increase the awareness level of clients through health education and information were they received. Also, outcome quality is directly dependent on the knowledge, skills, abilities, efforts, and motivations of the patient (Lengnick, C. and Barton, F. 1995). Generally, this dimension reflects the benefits were mothers have had throughout follow up period with this agency.

2.9 Communication and information

Communication and information considered one from the main categories of client perspectives evaluation. Communication is one of five characteristics that patient used

to define healthcare quality (Michael, 1994). The study conducted at GS to assess clients' satisfaction with the family planning services at MOH and UNRWA clinics, the result revealed that the least satisfaction level was found with the process of communication and interaction dimension (Mousa, 2000). Also, improving communication styles and information exchange among with clients seems to be the key in order to improving clients perspectives about the services received. Thus, clients perspectives influenced positively or negatively with the communication and information styles used by the providers. Many previous studies conducted by researchers speaking about the health information as the quality of information given or the accurate health information received by clients. At this study the communication and information dimension evaluated by 4 items, which answered by mothers in response to their experience during follow up period at this agency. The mentioned items focused mainly on the quality of information which mothers received, the child health status clearly presented by staff and understood by her mothers and the communication style which used by health care providers during client-staff interaction and care providing. Studies revealed that the interaction between nursing staff (health providers) and patients not only enhance patient satisfaction, but contribute to the patient's health and recovery. Better communication saves time for all providers, prevents confusion, and eliminates the cost of rework (Rosselli, et al 1996).

2.10 Child care

Many studies have found satisfaction with nursing care to be the most important factor in predicting overall patient satisfaction. As a result health care system are often judged by consumers based on the quality of nursing care (Bader, M 1988). Studies found that consumer dissatisfaction is not always an indicator of the quality of health care, but it does reflect a failure to meet consumer expectations and needs. Abu shuaib (2005), conduct a study to assess women's perceptions of child birth services, results revealed that the approach of baby care dimension reported a relatively moderate level of satisfaction. Bjorvell and Stieg (1991) studied patients " perceptions of health care received in an emergency department, including interaction with health care personnel and perceptions of the emergency department visit, this study

suggested that patients were more satisfied with their care when they were satisfied with the information they were given. The child care dimension consist from 7 items which it answered by mothers of the followed children. Most of these items focused on the child health status improvement or no change during the period of follow up, if the child weight increased or no, if the child receive the suitable treatment and care by the health care providers and if the child health status better than before or no. these items answered by mothers and generally reflecting the quality of child health care which given by health care staff. Patient satisfaction with health care has emerged as a key quality indicator. Because patient satisfaction with nursing care directly influences patient satisfaction with hospital care, organizations are routinely using such data to direct quality improvement initiatives (Larrabee, et al 2001).

2.11 Health counseling

Health counseling dimension considered one from the main goals of the studied agency in order to increase mothers child health care awareness. The counseling dimension indicate that the health care providers response and explain to mothers of children the counseling she needed through enhancing their knowledge, answering their questions about the child health status and care, enough time to express the concerns regarding their children health actual condition and care, satisfied responses was received from health care providers regarding to their questions, information about the child home care, suitable instructions about child feeding, in addition to other instructions regarding to the prescribed medication. Many studies conducted to assess, evaluate or examine the clients perspectives, the health counseling domain were used at the study instrument. Abu Saileek (2004), who examined client's satisfaction with nursing care, and the results revealed that the counseling domain were reported the lowest level of satisfaction with 59.5%. also, Abu Shuaib (2005), who assess the women's perceptions of childbirth services, the results revealed that the women were reported 54.7% of satisfaction level with counseling dimension. Also, other study conducted at GS by Mousa (2000), who examined the client's satisfaction with family planning services and showed counseling and information domain were reported the highest level of satisfaction with 81%. Patients need to be told the rules, they need to know what type of services will be considered their

responsibility, and patient representatives need to be prepared not only to resolve complaints, but also to educate the patient on being an enlightened consumer, also caregivers and employees throughout the organization, need to know when and how to provide information (Rosselli, et al 1996).

Clark, et al (1996),they mentioned that African American consumers were less satisfied with discharge teaching than white consumers holds implications for nursing practice and advise nursing staff to spend more time on discharge teaching with rural African American consumers.

Literature review summary

The program evaluation consider one from the performance management issues and performance evaluation complex phenomenon which consist of several types of evaluation instruments and the more popular one is a client survey from client's point view.

From evaluative studies managers are more able to understand the specific elements that are needed in a particular situation to facilitate the desired work outcomes of effective performance and employee well being.

In literature review chapter, researcher was focusing on evaluation process and items of health care, and the major health care items or dimensions were discussed which it the technical aspects, interpersonal relationship, attitudes and respect in addition to clients general satisfaction.

The differences between expectation and perspectives of services were discussed at this chapter. Client's perspective measurement may reflect a belief that as an indicator of health care quality, their interpersonal relationship with health care professionals and effective decisions and strategic planning depends on their client's feedback.

About client satisfaction, researcher found that the literature contains significant differences in the definition of satisfaction and most of definitions share some common elements, but White 1998, summarized satisfaction definition as the consumer's products expectations and perceptions and is, therefore, grounded on the consumer's experiences.

The evaluation aspects or dimensions which it, client's general satisfaction, attitudes and respect, accessibility of services, services utilization, communi9cation and information, child care and health counseling were discussed.

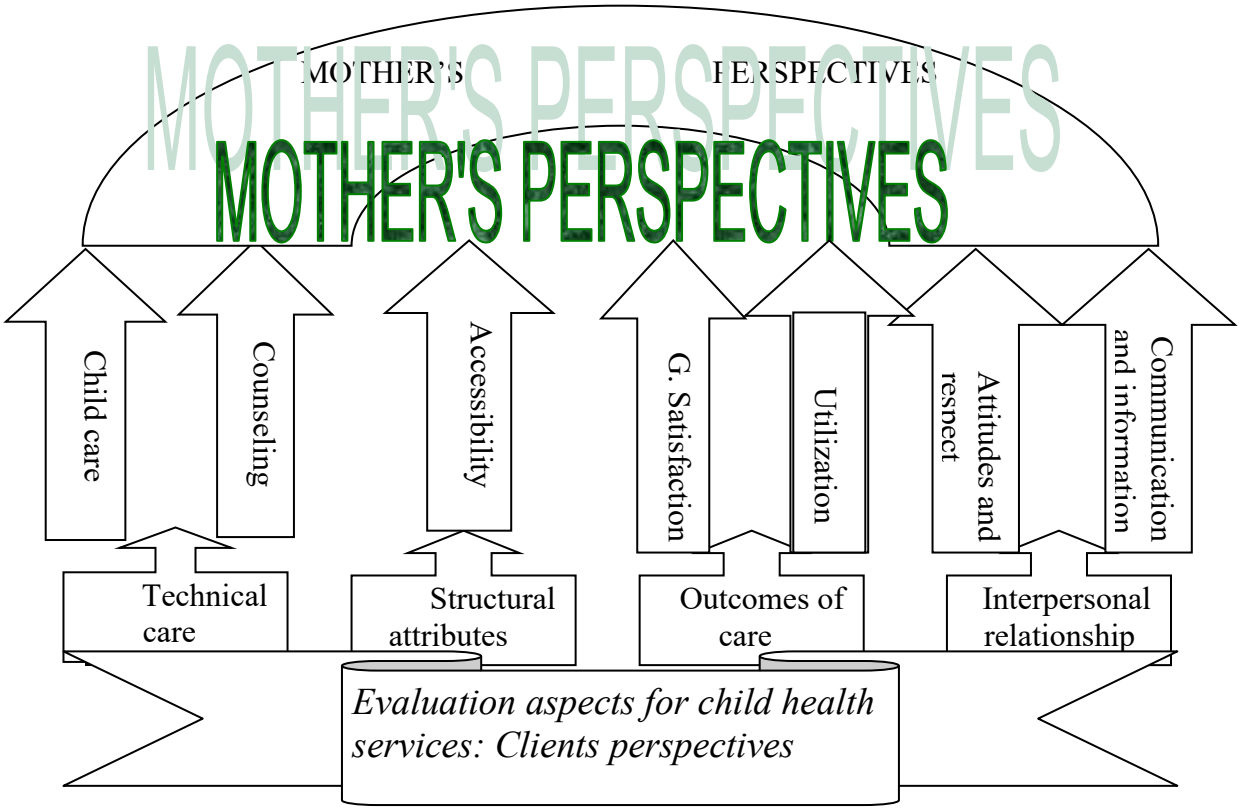
Chapter (3)

Conceptual framework

Chapter (3)

Conceptual framework

Diagram illustrate mothers of children perspectives of the child health services



Client satisfaction has received attention in the last decade as a reliable and valid measurement of quality of care (Helga, B. et al. (2002). In addition, that has known the important element of quality assessment and quality improvement efforts in health care organizations is the evaluation of patient satisfaction.

The main indicator to consider when conducting evaluative studies for health services is the perspective of the client. Also the quality of services indicator is measured in terms of client satisfaction with particular aspects of the provided services.

Client satisfaction comprises the extent to which the response or service provided and the outcomes met the expectation and the needs of the client.(Draper & Hill 1995; Lillie-Blanton & Hoffman 1995). Within this definition, client satisfaction measurement is a means of assessing the performance of a service from the client's viewpoint. This definition places emphasis on the client's views on the extent to which both expectations and needs were met. This definition considered the more logical one to express this situation to evaluate the performance and the provided services itself from clients view.

Client satisfaction is vital to health care organizations, as customer satisfaction to other businesses. The results of patient satisfaction measurements provide an example of patients' experiences that is useful in directing quality improvement projects (Jeans, S. Giguere and Barbara (1996). Davis and Ware (1988), in their research found that patients are the best source of data about interpersonal domains of care, and they are able to provide some data concerning technical quality of care as well.

Today, most health care programs use patients satisfaction surveys to assess the quality of care from patients' perspectives. Many surveys are available, some focusing on satisfaction with a specific health care for inpatient, and some focusing on health care received over a period of time.

These were overall satisfaction; satisfaction with access, overall quality, humaneness, competence, the amount of information supplied by the provider, physical facilities, the provider's attention to psychosocial problems of the patient, continuity of care and the outcome of care(Hall, J. and Dornan, M. 1988). Also, Sitzia and Wood (1997), suggest that patient satisfaction could be assessed by measuring the degree to which patients believe that care possesses certain attributes and patient's evaluation of those attributes, and speaking about the components of satisfaction consist of structural, technical and interpersonal aspects of care.

According to Donabedian (1988), patient satisfaction reflects the patient's judgment on all aspects of care, including the technical and interpersonal process, outcomes of care and structural attributes of the settings in which care is provided. The most

commonly used model for evaluation of care was proposed by Donabedian in 1968 and in 1980, who looked at structure, process and outcome of care.

In this study the researcher adopted Donabedian models for evaluation of child health services provided by Ard El Insan institution. According to Donabedian's models, patient satisfaction reflects the patient's judgments on all dimensions of health care, including the technical (Counseling and Child care), interpersonal process (Communication and Information), outcomes of care (Client general satisfaction and Utilization from the received services) utilization means to which level the clients utilize AEI's services and the attained benefits from these services, and the structural attributes of the settings in which care is provided (Accessibility of services). The health care outcomes were evaluated by the clients general satisfaction level among the received services.

3.1 Technical approach

Technical approach refers to the care providers skills and actual performance, and represented in this study by the two dimensions which is**:**

Approach of childcare.

The child health status considered the most important indicator for the quality of the given care and one from the most important component for health care program assessment. The child care dimension consist from 7 items which it answered by mothers of the followed children. Most of these items focused on the child health status improvement or no change during the period of follow up, if the child weight increased or no, if the child receive the suitable treatment and care by the health care providers and if the child health status better than before or no. these items answered by mothers and generally reflecting the quality of child health care which given by health care staff. Patient satisfaction with health care has emerged as a key quality indicator. Because patient satisfaction with nursing care directly influences patient satisfaction with hospital care, organizations are routinely using such data to direct quality improvement initiatives (Larrabee, et al 2001).

Counseling.

Health counseling dimension considered one from the main goals of the studied agency in order to increase mothers child health care awareness. The counseling dimension indicate that the health care providers response and explain to mothers of children the counseling she needed through enhancing their knowledge, answering their questions about the child health status and care, enough time to express the concerns regarding their children health actual condition and care, satisfied responses was received from health care providers regarding to their questions, information about the child home care, suitable instructions about child feeding, in addition to other instructions regarding to the prescribed medication**.**

3.2 Interpersonal relationship

Interpersonal relationship refers to effective communication and respect skills, and represented in this study by the following tow dimensions which is:

Communication and information.

Communication and information considered one from the main categories of client perspectives evaluation. Communication is one of five characteristics that patient used to define healthcare quality (Michael, 1994). Also, improving communication styles and information exchange among with clients seems to be the key in order to improving clients perspectives about the services received. Thus, clients perspectives influenced positively or negatively with the communication and information styles used by the providers. Many previous studies conducted by researchers speaking about the health information as the quality of information given or the accurate health information received by clients. At this study the communication and information dimension evaluated by 4 items, which answered by mothers in response to their experience during follow up period at this agency. The mentioned items focused mainly on the quality of information which mothers received, the child health status clearly presented by staff and understood by her mothers and the communication style which used by health care providers during client-staff interaction and care providing. Studies revealed that the interaction between nursing staff (health providers) and patients not only enhance patient satisfaction, but contribute to the patient's health and recovery.

Attitudes and respect.

The scale that measured clients' perspectives among child health services was based on 7 items, which focus on client respect during communicate and intervention with health care providers, clarity of communicated language, responsiveness and availability of health care providers. The study conducted by Gotlieb and Jerry, (2002), showed that the individual care for patients and treated their needs also as an individual, that may enhance the patient's self-esteem and put the patient in more positive mood. According to Ericksen's, (1995), *patient satisfaction with nursing is*

related to patients feeling involved in planning their care, having a sense of continuity among caregivers, feeling that the care they are receiving is personalized care, having complete and clear information, being able to express their opinions and concerns and have them attended to, having providers who are kind, courteous, caring, and sensitive to their needs, getting timely responses that get problems solved, seeing predictably dependable, consistent, and accurate performance. Patient care has technical and interpersonal components. The technical component depends on current knowledge and technology and occurs within an interpersonal context which can facilitate or frustrate it (Donabedian, 1988).

3.3 Structure

Structural attributes of the setting in which care is provided, and represented in this study by the one dimension which is:

Accessibility of service.

Client perspectives can be evaluated by accessibility of services and the location of centers, it is important whether an office of an agency is located at the center of city or at peripherally, therefore, everyone who is coming to agency are to be concerned on transportation to an office. The aspect of accessibility were given good attention at this study, 3 items of study instruments asked about the appropriateness of the clinic place, time of work and the scheduled times for the next visit for reassessment and evaluation.

3.4 Outcomes of care

Outcomes are the results of the services provided, although satisfaction with the treatment outcomes may contribute to satisfaction with care and vice Vera (Pamela, L. and James, G. 2000). This represented in this study by one dimension which is:

Client general satisfaction.

The performance evaluation has been introduced recently as a new tool improving the general performance and quality of public administration. In the short time, it has proved to be a very helpful instrument for ministries to define the role and functions of supervised institutions that performs service delivery functions. Moreover, the client surveys already conducted in order to research the client satisfaction about the service delivery have proved that results of such surveys are important in improving the service delivery and making administration more responsive(Reinholde Iveta, Latvia, 2000).

Performance management and measurement usually are evolving and progressing at three levels: a macro (country or national), meso (policy fields), and micro (organizational) level. The micro level is the individual organization, agency or administration level. Performance evaluation usually happens by referring to other comparable organizations. Benchmarking and client satisfaction surveys are more common tools to make evaluation. If we are looking upon organizational level, it has to be mention that agencies are operating vis-à-vis citizens. Customer satisfaction as a tool for measurement can provide only one side of information. Kuutiniemi K., Virtanen P., "Citizen's Charters and Compensation mechanisms: Ministry of Finance, Helsinki, 1998, pp. (Reinholde Iveta, Latvia, 2000). At the study conducted by Iveta Reinholde (performance evaluation in Latvia public administration) she said that the speed of service is one of the important factors that make client satisfaction. The speed of service includes time spend at agency as well as times visiting at agency. (Reinholde Iveta, Latvia, 2000).

Generally speaking, client satisfaction measurement is the process of obtaining qualitative and quantitative information which indicates the extent to which client expectations are being met. Such information can be obtained in a variety of ways, both formally and informally, this information is typically retrieved through: surveys, feedback forms, evaluative studies, focus groups, advisory panels, meetings, conferences and other interactions which occur in the normal course of business. In addition to these primary sources of information, secondary sources such as complaint records and logs of client visits can also prove valuable in assessing client

satisfaction. It is the customer who sets the development trends of the business hence all endeavors of the Organization are directed towards attaining customer satisfaction. It is the customer who evaluates product and service quality.

This is the reason why the goal of the Organization is purposeful gathering and analysis of information on customer response to our products and using that information for making informed decisions. Major principle in quality management is the continual improvement of general management. The continuous improvement in product and service quality, as well as in production processes is essential for the competitiveness of the Organization on the market.

Chapter (4)

Methodology

Chapter (4)

Methodology

4.1 Study design

Descriptive analytical cross sectional design to assess the services provided by health workers and the outcomes (clients responses) and the effectiveness of this services , also that enable the researcher to achieve the study objectives, and can be done quickly at short period. Additionally, cross sectional studies examine exposure and effect in the same time and in this study cross sectional study allow to measure and evaluate the clients perspectives about the services offered by AEI's clinics.

4.2 Study Population

Mothers of all registered cases (4120 cases) of medical and nutritional assessment unit in Khan Younis and Rafah centers of AEI, who visit the unit more than one time at a specific period of time determined by the last quarter of this year (2005). All cases treated by the targeted unit at this period included in the study sample and considered from our study population.

4.3 Sample size and sampling

A 202 cases from all registered cases in medical and nutritional assessment unit in Khan Younis and Rafah centers of AEI. 110 from Khan Younis and 92 from Rafah centers were taken conveniently. The researcher used the statistical calculator of Epi-Info to determine a scientifically based sample. The sample proportionally distributed among both centers. A convenient sampling method were used. 202 cases from all registered cases mothers were interviewed conveniently.

4.4 Place of the study

The study is a community based and AEI's Khan Younis and Rafah centers considered the place of work, and the Medical and Nutritional Assessment departments at this centers was the targeted area of work and all followed cases considered the targeted population for the study. Both agencies working at southern part of Gaza, and offered the same services for the target group of children complain from nutritional problems. Data were collected from participants which were selected by convenient method and face to face interviewed questionnaire were used.

4.5 Period of the study

The study was conducted in the last quarter of the year 2005. Data were collected in September / 2005. then, the questionnaires were checked out for completeness and data entry and analysis was completed by the end of Dec / 2005.

4.6 Research instrument

A structured face to face questionnaire was used in this study. Quantitative approach develops solid base data, gives objective view regarding facts in order to understand them, also, quantitative approach decreased bias by researcher. Face to face interview was used in this study. The interview conducted by researcher at Khan Younis and by the trained one (nurse) at Rafah center.

4.6.1 Questionnaire design

the research instrument for the study was designed and prepared to collect information relating to the objectives of the study. In this regard, the questionnaire was constructed using questions formulated by a common Arabic language was used as the mothers language of the participants to avoid language difficulties and misunderstanding or other different interpretations of the questions by the interviewers or by the participant. The instrument structured to obtain relevant data and consist from socio-demographic characteristics, general satisfaction dimension. Attitudes and respect dimension, utilization from services dimension, accessibility of services, communication and information, child care dimension, and health counseling dimension.

4.6.2: Validity of the instrument

Content related validity examines the extent to which the method of measurement includes all the major elements relevant to the construct being measured. In other words, construct validity examines the fit between the conceptual and operational definitions of variables (Burns and Groves, 1997). To examine the validity of this instrument which was used by researcher. The evaluation process conducting by using an structured questionnaire, to achieve its validity, the instrument was evaluated by seven experts in the field, who are interested in both the field of research and others in the field of child health services. The proposal of the study corresponding with the structured questionnaire to be reviewed and comments recorded if any. The two rating

scale which the experts used includes: (1) proper question. (2) question need modification. Experts comments that written directly in its suitable place for the targeted question were discussed and questionnaire questions were modified, some questions deleted and others added.

4.6.3 Reliability of the instrument

To minimize the variations in interpretation of the study instrument, the researcher conduct a training sessions for the nurse who participate in data collection process. Only one staff nurse who participated in data collection. Pilot study also revealed the some common mistakes that could be a voided. All the collected questionnaires were reviewed daily by researcher to ensure that both data collectors following the same method in data collection. Also to calculate the reliability of the inventory the researcher used the following methods:

*** Split half method**

The researcher calculated the reliability of the evaluative instrument by using split half method (part 1=10 & part 2=10); where the Pearson's correlation coefficient was (R1=0.62) and by using the spearman brown equation to correct the length of the scale (R2=0.76).

*** Cronbach's alpha**

The researcher estimated the reliability of the scale by using the Cronbach's alpha equation (No. of cases: 202); where the Cronbach's alpha value: (alpha: 0.85); the scale was valid and reliable for data collection.

4.7 Ethical Consideration and Procedures

The researcher obtain the official approval letter to conduct the study from the Helsinki committee in Gaza Strip. Also an official letter was obtained from the general director of the organization where the study will be conducted. Regarding mothers, mothers or participants were given full explanation both verbally and written about the purposes and nature of the study, and participation is optional, client can be refused to participate. Participants rights and confidentiality secured with free to make independent decisions. Consent form were obtained from all participants, which attached to each questionnaire to ensure their voluntary participation after their signing to the consent.

4.8 Pilot Study

A pilot study was carried out on prior to the actual data collection to check appropriateness of this instrument and to eliminate any ambiguities. To test the instrument Piloting was done with 20 clients conveniently (mothers). After conducting the pilot interview and the instrument evaluation conducted for its suitability, minor changes were carried out according to the results of the pilot study. However, the pilot subjects were excluded from the study sample.

4.9 Data Collection

Data collection was conducted by administering the prepared, structured questionnaire. Face to face interview conducted with the respondents (mothers of the followed child). The data collectors explain the purposes of this study for mothers and their participation considered optionally not obligatory, also the agreement form signed by each one of participants. Data collectors (the researcher at Khan Younis and trained nurse at Rafah out of AEI's employees) read the questionnaires for mothers (respondents) because there is a number of mothers with low educational level, thus data collectors read questions for all participants to decrease bias at this issue.

The face to face interviewed questionnaire conducted, after mothers received her child health services and before leave the clinic. The questionnaire consist of demographical and socio-economic data, in addition to the seven dimensions of health services evaluation from client perspective, that to enable researcher to assess and evaluate the targeted prepared dimensions. In regarding to the data collectors, only the researcher and another one nurse.

The second data collector were trained in interviewing skills and the purposes of this study also explained, in addition to that, questions of the questionnaire was discussed for the data collector before starting work. The face to face interview conducted in a separated area (room).

4.10 Data Entry and analysis

After data collection, the data were entered and analyzed by using the Statistical Package for Social Sciences (SPSS. version 11). The descriptive statistical techniques such as frequency distribution, independent t-test and one way ANOVA were used. Also, the p-value of less than 0.05 was considered statistically significant.

4.11 Eligibility Criteria

Inclusion Criteria

All mothers of children who were visit and registered at AEI's centers and visit this centers not less than 2 visits, and seen conveniently and accidentally during her follow up for her child at this centers. All participants from the southern part of Gaza Strip and followed at one of both centers (Khan Younis and Rafah centers) for more than

one visit. Also, the cases followed during the study identified period.

Exclusion Criteria

Mothers who were lived out of the targeted areas, and visit the targeted agency less than 2 visits. Cases not registered at the targeted agency and conducting follow up visits.

4.12 Limitations of the Study

* Lack of relevant resources as closely relevant literature review.

* Convenient is one of the weakest way of sampling.

4.13 Response Rate

Sample size 202 from the mothers of children followed with AEI. Data collected by face to face interview. No missed or deleted questionnaires, thus, the response rate was 100% for both targeted areas at this study.

Chapter (5)

Results and Discussion

Chapter (5)

Results and Discussion

The data collected in this study provides a wealth information on mother's perception and experience with the health services provided by Ard El Insan centers at southern part of Gaza through this evaluative study for the child health services provided from clients perspectives (mothers of children). This chapter presents the core results of the study including firstly, the sociodemographic characteristics of the subjects of the study population, the second one the child health status profile, and the main constructs of the evaluation process for health services (programs) variables mainly affecting satisfaction. By using descriptive analysis to provide summary of the sample characteristics, frequency distribution and presentation of data in tables and graph.

5.1 Characteristics of study population

The study population characterized by, 56.9% of the investigated children were female while the other remaining percentage 43.1% were male children. 54.5% of the study population were living in Khan Younis and 45.5% from Rafah. Also, 46% of the study population were living in villages, 36.6% in camps and 17.3% of study population were living in cities. exactly 41.1% of the study population have attained secondary education and 24.8% of them have received preparatory education followed by 15.8% of them have received primary education, while only 9.9% of study population have received college or university education and only 8.4% are considered alliterated. 98.5% of the interviewed mothers were not working and only 1.5% of them working while 63.9% of the study population fathers were having irregular works, 19.3% not work and only 16.8% of the study population fathers having regular works. About the study population family size, nearly 50.5% of them 5

and less, and 36.9% of them with 6-9, while 11.4% of the study population family size more than 9 members.

Table (5.1): Summary table of sociodemographic of the study population

Variables	Categories	Frequency	Percent
Gender	Male	87	43,1
	Female	115	56,9
Governorate	Khan Younis	110	54,5
	Rafah	92	45,5
Residency	City	35	17,3
	Camp	74	36,6
	Village	93	46
Mother education level	Alliterated	17	8,4
	Primary	32	15,8
	Preparatory	50	24,8
	Secondary	83	41,1
	College / University	20	9,9
Mother working status	Work	3	1,5
	Not work	199	98,5
Father working status	Not work	39	19,3
	Irregular work	129	63,9
	Regular work	34	16,8
Family size	5 and less	102	50,5
	6 - 9	77	38,1
	> 9	34	11,4

5.2 Variables affecting mother's perspectives

5.2.1: Respondents Governorates

Table (5.2) shows that there is 110 mothers lives in Khan Younis and 92 were lives in Rafah. The relationship between this tow group of mothers with relation to mothers perception, an independent t – test was used to compare between the mean of the perceptions regarding the Governorate she live, Khan Younis higher positive scores with mean (2.7915) than Rafah scores with mean (2.7217) with the Overall perspective dimension with highly statistically significant relationship between mother perspective and governorates. Also the results illustrated that the study population who were lived in Khan Younis have higher positive attitudes with the dimensions of mothers perception "general satisfaction" with the child health services

offered (mean 2,8364**),** attitudes (mean 2,7792), communication and information (mean 2,8250), child care (mean 2,7403), and counseling (mean 2,8236) than those whom lives in Rafah. While about utilization from services, Rafah residency have higher positive answers (mean 2,8329) than Khan Younis. About availability of services there is no real differences between both cities.

The result also revealed that there were a highly real differences and significant statistical differences between independent variable and general satisfaction (P-value 0,00), respect and attitudes (P-value ,018), child care (P-value ,023) and slightly counseling (P-value ,055) of dimensions of mothers perceptions.

The results indicated that there were a high real differences and significance between the dimension of general satisfaction and the Governorates clients live, the mothers who were living in Khan Younis had more positive perspectives (nearly 94,5% generally satisfied) than mothers who were living in Rafah, general satisfaction dimension includes if the mothers satisfied about services offered generally by the center, loyalty to the organization itself and waiting time for services. Also the results indicate that the Khan Younis mothers more satisfied with attitudes and respect dimension (nearly 92%) than Rafah mothers, also in the dimension of utilization of services and to which level services utilized, Rafah mothers more satisfied (nearly 94,4%) than Khan Younis mothers, about the availability of services dimension, there is no real differences between both Khan Younis and Rafah client's perspectives and nearly same level of satisfaction for both. About the communication and information dimension, Khan Younis mothers more satisfied (94%) than Rafah mothers. Also, there is a real differences and significance between the client governorate and the child care dimension, Khan Younis mothers more satisfied (nearly 91%) with the communication style and information received than Rafah mothers. Also Khan Younis mothers more satisfied (94%) with the health consultation they received than Rafah mothers.

This results not congruent with previous studies, Abu Shuaib (2005) findings indicates that women who were living in Rafah had more positive perspective than women who were living in other provinces, to discuss this differences, the study findings depict that more than 82% of study population live in camps and villages while only 17% were lives in city, Mousa (2000) reporting that clients' living inside

refugee camps are more satisfied with the family planning services provided by MOH and UNRWA than clients live outside refugee camps.

Also Abu Shuaib (2005) reporting that there was a significant difference between women's perspectives and residency, women who were living in villages reported higher scores of perception with childbirth services and women who were living in cities reported the lowest score perception. From this table we found the t-value negatively at the utilization dimension, mothers perception about their knowledge and information which acquired during follow up period were negative views.

Table(5.2): Relationship between mother's perspective and Governorate

Dep. Variable Mother perspectives	Ind. Variable Governorates	No.	Mean	Std. Deviation	t. test	P - value
Satisfaction	Khan Younis	110	2.8364	.2241	3,581	,00 *
	Rafah	92	2.6533	.4456		
Attitudes	Kan Younis	110	2.7792	.2245	2,402	,018 *
	Rafah	92	2.6553	.4503		
Utilization	Kan Younis	110	2.7977	.2376	_1,011	,313
	Rafah	92	2.8329	.2529		
Availability	Khan Younis	110	2.7386	.3622	,336	,737
	Rafah	92	2.7201	.4124		
Communication	Khan Younis	110	2.8250	.2904	1,816	,071
	Rafah	92	2.7283	.4364		
Child care	Khan Younis	110	2.7403	.2980	2,292	,023 *
	Rafah	92	2.6165	.4407		
Consultation	Khan Younis	110	2.8236	.2799	1,931	,055
	Rafah	92	2.7271	.4367		
Overall perspective	Khan Younis	110	2.7915	.1734	2.700	.000*
	Rafah	92	2.7217	.4367		

* Statistically Significant

5.2.2: Respondents residency place

As shown in figure (5.1) the study participants categorized into three groups according to the living places, most of study participants were living in villages and represented 46 % of the total study population, and 36,6% were living in camps, and the remaining percentage 17,3% were living in cities.

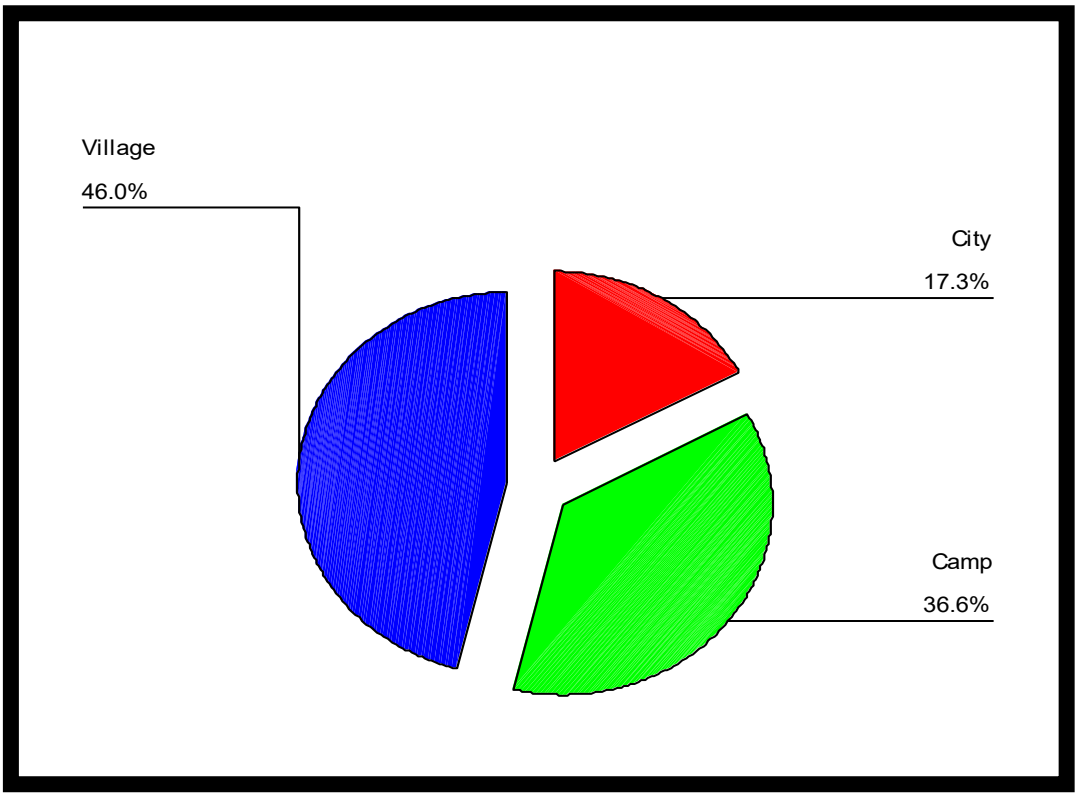


Figure (5.1): Distribution of study population by living place (Residency):

One way ANOVA was used to estimate the differences between residency places (city, camp, village) and mothers perceptions. The results revealed that there is a real difference only between the dimension of availability of services and the living places (city, camp, village) and no real differences among the others dimensions of mothers perception, that could be related to the majority of study population from villages and camps.

Descriptive analysis revealed that the city residents were more satisfied than others (with mean 2,8357) in related to the availability of services, but the village residents were dissatisfied (with mean 2,6371) in related to the availability of services, this result can be interpreted by the location of AEI's centers at cities or nearest to city than villages, thus mothers who were living in or surrounding to cities more satisfied with the places and availability of services. Scheffee test indicates that the mothers who were living in villages reporting the lowest scores of perception in related to the availability of services.

Table (5.3): Relationship between dimensions of mother's perspectives and residency place

Dep. Variables Mother's perspective	Indep. Variables Residency place	Sum of Squares	df	Mean Square	F	p-value.
General satisfaction	Between Groups	.412	2	.206	1.651	.195
	Within Groups	24.812	199	.125		
	Total	25.223	201			
Attitude and Respect	Between Groups	.147	2	.073	.595	.553
	Within Groups	24.573	199	.123		
	Total	24.720	201			
Utilization from services	Between Groups	.062	2	.031	.518	.597
	Within Groups	11.976	199	.060		
	Total	12.039	201			
Availability	Between Groups	1.529	2	.764	5.382	.005*
	Within Groups	28.267	199	.142		
	Total	29.796	201			
Communication and information	Between Groups	.141	2	.070	.521	.595
	Within Groups	26.854	199	.135		
	Total	26.994	201			
Child care	Between Groups	.591	2	.295	2.136	.121
	Within Groups	27.528	199	.138		
	Total	28.119	201			
Counseling	Between Groups	.105	2	.053	.399	.672
	Within Groups	26.310	199	.132		
	Total	26.415	201			
Overall perspective	Between Groups	.076	2	.038	.698	.499
	Within Groups	10.841	199	.054		
	Total	10.917	201			

* Statistically significant

5.2.3: Respondents age

As shown in figure (5.2) the mother's age categorized into three groups, the majority of mother's age group between 26 – 34 years which represented 44,6 % of study population, then the second age group between 17 – 25 years which represented 38,6 % and the remaining percentage 16,8 % for whom more than 34 years. The mean of mother's age was 28,2 years with SD ± 5,7 years.

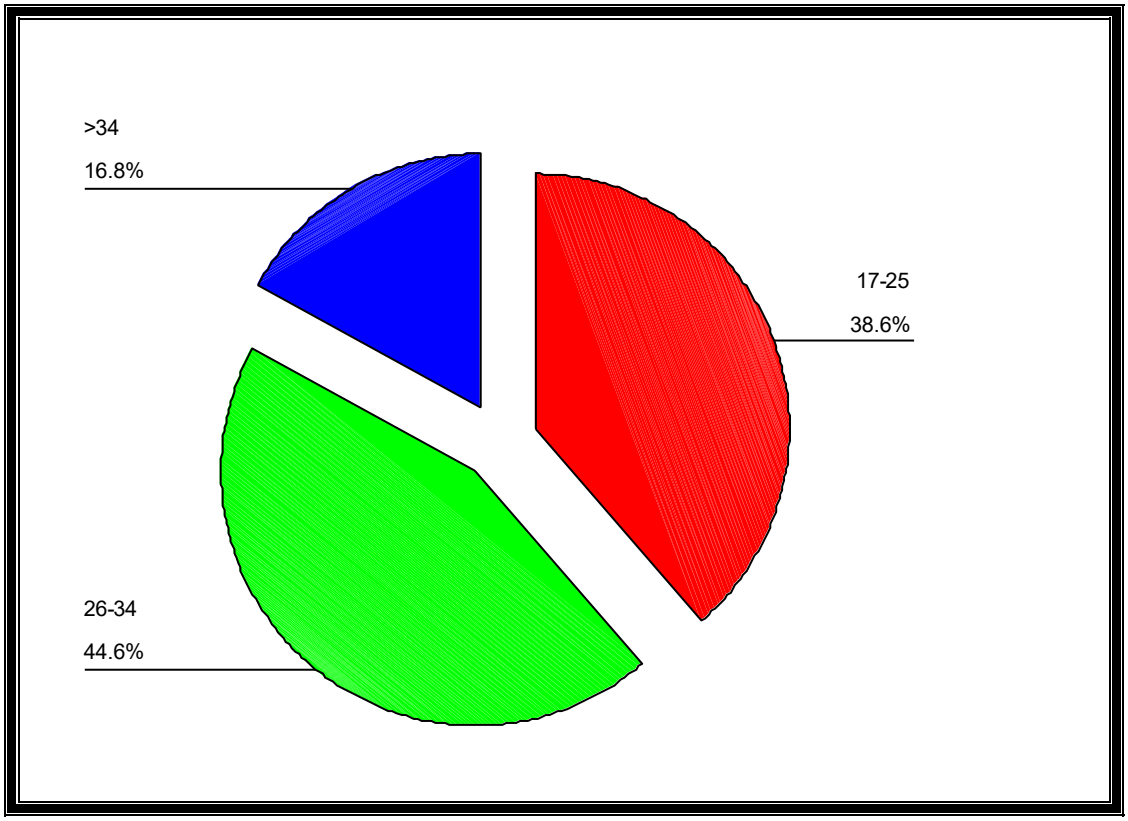


Figure (5.2): Distribution of study population by mothers' age.

Table (5.4), illustrates the relationship between the mother's perspective and mother's age group, which were categorized to three groups as follows, 17-25 years, 26-34 and more than 34 years. The result revealed a significant statistical differences between the age of mother and both general satisfaction (include loyalty and waiting time) and child care dimension with (p-value .026 and .002 respectively). Additionally the result revealed nearly significant differences between the age of mother and the dimension of communication and information with (p-value .073), also the result revealed there is a real significant differences among overall perspective with (p-value .025). Scheffe test showed that those mothers who were at the 17-25 years age group have lower scores of perspectives, while the age group who were more than 34 years reported the higher scores of perspectives at the overall perspective dimension. Nearly 92% of mothers who were more than 34 years age group satisfied with the child health care received, while the age group 17-25 years were less satisfaction with nearly 85% percentage.

Also mothers who were more than 34 years generally satisfied with nearly 94% percentage (include loyalty and waiting time at this dimension), while those who were

at the first age group (17-25 years) reported less satisfaction with percentage nearly 88%. This results were consistent with Abu Shuaib (2005), Mousa (2000) and Abd Alkareem, Aday and Walker (1996) in there results about the significant differences between the mother or women perspective and the age, but this inconsistent with the influenced age groups, Abu Shuaib (2005) reported in his study that those women who were less than 18 years had positive attitudes towards child birth services than those who were more than 24 years. Also Mousa (2000) in his study reported that the level of satisfaction increased as the age was decreased and the older people in Palestine context tend to be less satisfied than younger people.

These findings might indicate that expectations changes and shows differences among different age groups. The mentioned results shows the opposite for our results in regarding to the mother's scores and age groups, our result indicate that the positive scores increased as the age increased, this result nearly consistent with Jacox, Bausell and Mahrenholz (2000) reported that a weak positive scores and relationship existed for patients who age more than 50 years who tended to be more satisfied than younger patients.

Also M. Greco and R. Powell (2003) reported that the younger patients rated nurses less favorably than older patients. Also a similar results was found by Al-Ajmi (2001) in a study of Saudi Petroleum Industry managers to assess managers job satisfaction who found that managers aged 31-45 years were significantly more satisfied with their jobs in general than those aged thirty or younger. And another study conducting at Gaza to assess job satisfaction among managers working in Gaza's hospitals by Thabet (2004) shows that managers aged 44-54 years was more satisfied with salary than the others groups.

Also, Locker, D. and Dunt, D. (1978) study reported that *"elderly patients are more satisfied with care".* This result might to be related to the younger age mothers with less experiences and expectations about the health services offered by health centers for children, also can be related to the mother age group (17-25), mothers newly graduated from school or university with higher expectations about the future as a whole, but the high scores of perspective by the older mothers might to be related to the limited educational level, or related to good experience with the offered health services that reflected on her perspectives about the health services received, and

older mothers with frequent visits and follow up with the same clinic and staying for long time may find ways of dealing with staff and the offered services than younger mothers, so they more satisfied than others. Thus, the inconsistent relationship between mothers perspective and age groups means that the client perspectives influenced by other variables rather than the age of the clients. Also, Al Hindi (2002) study revealed no significant differences between the level of satisfaction and the client age. Generally, this inconsistent in the relationship between the satisfaction level (client perspective) and the client age implies the need for more studies conducting to investigate this relation in depth. Additionally, this result could be attributed to the mature, experienced clients who able to understand instructions and information were received from staff, that reflects the high scores of the older mothers than younger.

Table (5.4): Relationship between dimensions of mother's perspective and mother's age:

Dep. variables Mother's perceptions	Indep. variable Mother age	Sum of Squares	df	Mean Square	F	p-value
General satisfaction	Between Groups	.906	2	.453	3.707	.026*
	Within Groups	24.317	199	.122		
	Total	25.223	201			
Attitude and Respects	Between Groups	.439	2	.220	1.800	.168
	Within Groups	24.281	199	.122		
	Total	24.720	201			
Utilization from services	Between Groups	.094	2	.047	.784	.458
	Within Groups	11.945	199	.060		
	Total	12.039	201			
Availability	Between Groups	.048	2	.024	.161	.852
	Within Groups	29.748	199	.149		
	Total	29.796	201			
Communication and information	Between Groups	.699	2	.350	2.647	.073
	Within Groups	26.295	199	.132		
	Total	26.994	201			
Child care	Between Groups	1.668	2	.834	6.272	.002*
	Within Groups	26.452	199	.133		
	Total	28.119	201			
Counseling	Between Groups	.558	2	.279	2.147	.120
	Within Groups	25.857	199	.130		
	Total	26.415	201			
Overall perspective	Between Groups	.397	2	.199	3.758	.025*
	Within Groups	10.519	199	.053		
	Total	10.917	201			

* Statistically significant

5.2.4: Respondents educational level

As shown in figure (5.3) the educational level of mothers of children of the study population were categorized into five groups or levels, exactly 41,1 % of study population have had attained secondary educational level, then 24,8 % attained the preparatory level, also 15,8 % have had attained the elementary / primary level. Only 9,9 % of subjects have had college or university level, and only the remaining percentage 8,4 % of study population have achieved no educational level.

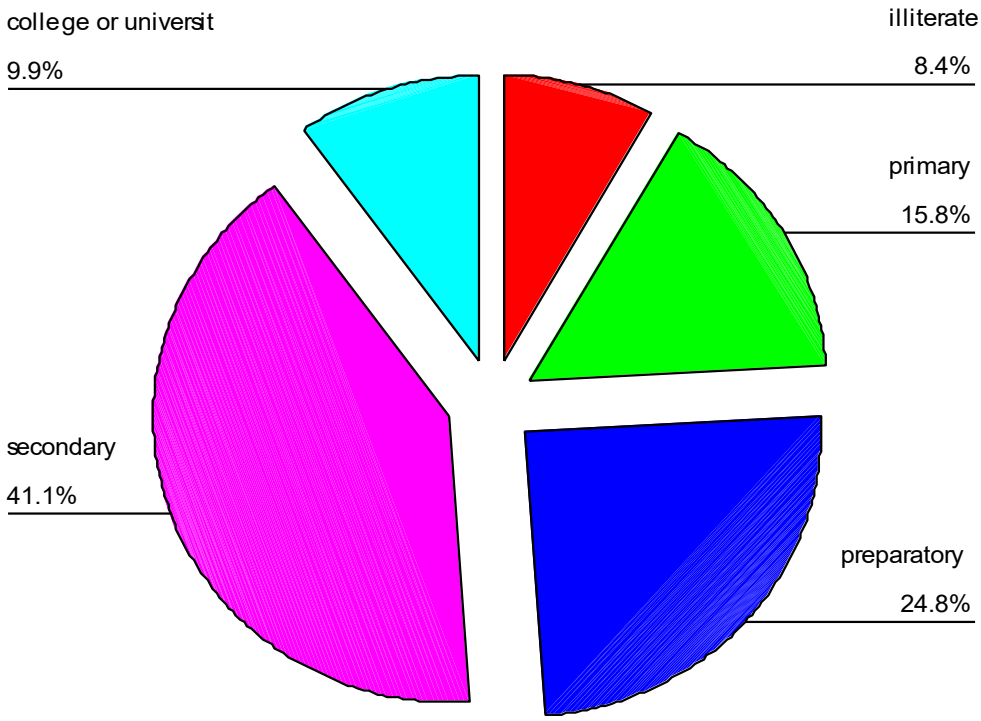


Figure (5.3): Distribution of study population by mothers' educational level.

Table (5.5) illustrate the mothers educational levels which was categorized into five groups, illiterate, primary, preparatory, secondary, and college or university. The result revealed that there is a real differences between mothers education level and availability of services and overall perspectives dimension with (P-value .038 and .026 respectively. However, this table shows there was no significance difference

between educational level and the other dimensions of mothers perspectives dimensions.

Scheffe test indicates that the mothers perspectives scores increased as the educational levels of mothers increased, the high scores reported by the highly educated mothers (college or university) while the lower scores reported by the illiterate mothers. The higher educated mothers have had higher positive views with nearly 94% regarding the overall perspectives.

This result consistent with Al-Hindi (2002) shows that the respondents of higher level of educational attainment (13 years and more) tended to be more satisfied than others. Also, Thabet (2004) study shows that managers with master degree were more generally satisfied with those with diploma. Also Diab (2002) study about job satisfaction among employed Dentists in the Gaza strip that the respondents with post graduate qualifications were more satisfied rather than the Dentists with BA. Also Pierre, (2003) reported about the areas of client satisfaction, one of them the upgrade education. On the other hand, Abu Shuaib (2005) indicates that the illiterate women reported the higher scores of perceptions, while those women who had high education level reported the lowest score of perceptions. Also Mousa (2000) study revealed that the clients with intermediate level of education were more satisfied than that of higher or elementary education with the family planning services provided at Gaza strip.

This result could be attributed to that mothers with high educational level are more knowledgeable and more educated about health issues that lead to easily understand health instructions and recommendations provided by health providers, and could be related to the difficult, unclear language which staff use during intervention with mothers with the different educational levels, illiterate mothers need simple, clear language and behaviors.

Additionally, mothers in our community dealing with a limited number of health society as clinics and most of this clinics nearly the same culture and environment, thus mothers expectations were limited for both educated and illiterate. Mother who was visits governmental clinics could be make a comparison between both governmental and non-governmental clinics, the lowest number of the followed cases

at non-governmental clinics, staff carefully dealing with child and mother with more focusing on client.

Table (5.5): Relationship between the dimension of mother's perspective and mother's education level:

Dep. Variables Mother's perspectives	Indep. variable Mother education	Sum of Squares	df	Mean Square	F	p-value.
General satisfaction	Between Groups	.485	4	.121	.965	.428
	Within Groups	24.738	197	.126		
	Total	25.223	201			
Attitude and Respect	Between Groups	.657	4	.164	1.345	.255
	Within Groups	24.063	197	.122		
	Total	24.720	201			
Utilization from services	Between Groups	.113	4	.028	.466	.760
	Within Groups	11.926	197	.061		
	Total	12.039	201			
Availability	Between Groups	1.490	4	.372	2.592	.038*
	Within Groups	28.306	197	.144		
	Total	29.796	201			
Communication and information	Between Groups	.898	4	.224	1.694	.153
	Within Groups	26.096	197	.132		
	Total	26.994	201			
Child care	Between Groups	.729	4	.182	1.310	.268
	Within Groups	27.391	197	.139		
	Total	28.119	201			
Counseling	Between Groups	.903	4	.226	1.743	.142
	Within Groups	25.512	197	.130		
	Total	26.415	201			
Overall Perspective	Between Groups	.591	4	.148	2.817	.026*
	Within Groups	10.326	197	.052		
	Total	10.917	201			

* Statistically significant

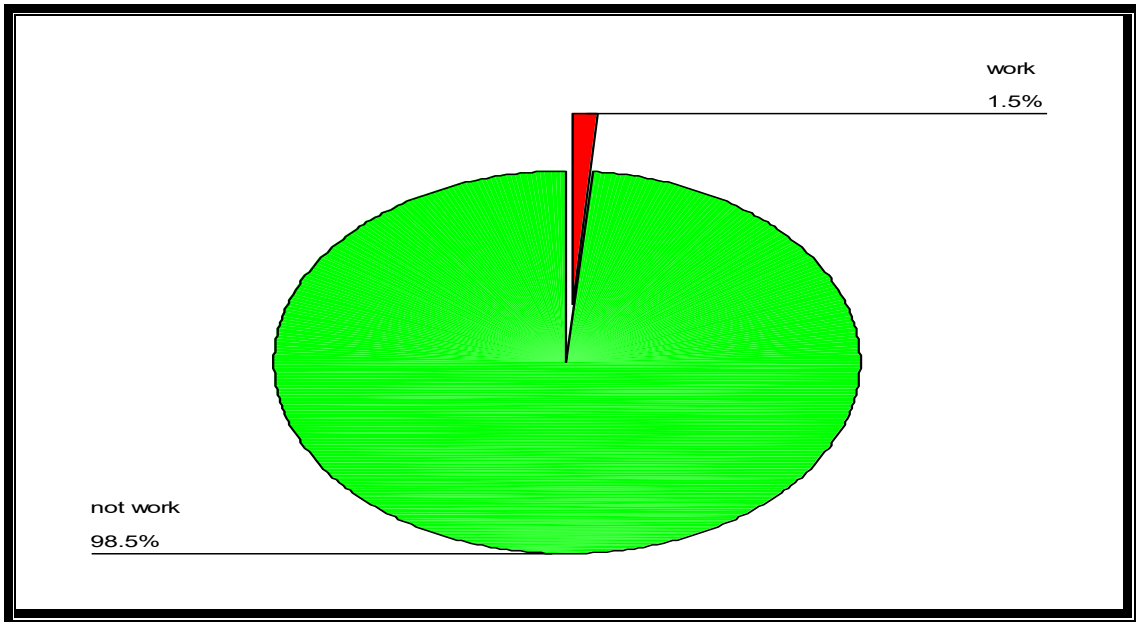


Figure (5.4): Distribution of study population by mother's occupation:

As shown in fig. (5.4) this figure reflect the Palestinian community style in related to the mother work. As shown the majority of mothers not work and represented by 98,5 % of study population and only 1,5 % were working.

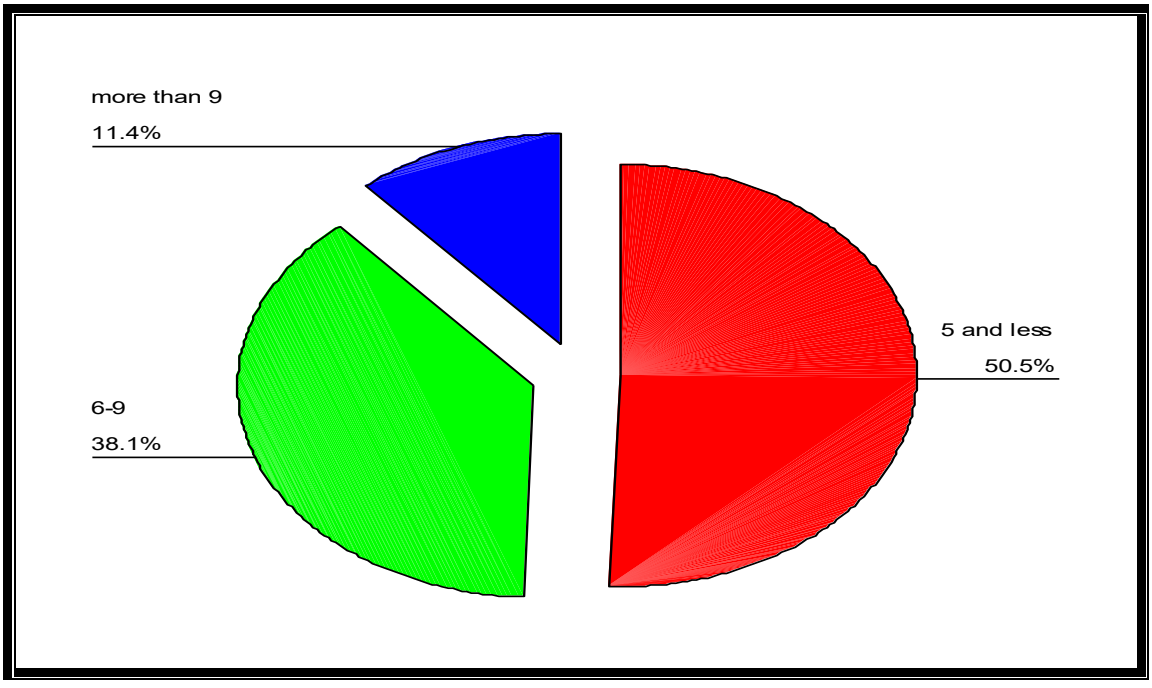


Figure (5.5): Distribution of study population by the No. of family members:

The size of family for the study population divided into three groups as shown in figure (5.5), the first group of 5 and less was the majority of families and represented by 50,5 % of study population, and the second group of 6 – 9 members were represented by 38,1 %, and the less represented one was more than 9 members with percentage 11,4 % of study population. The mean of family size was 1,6 members with SD ±0,68.

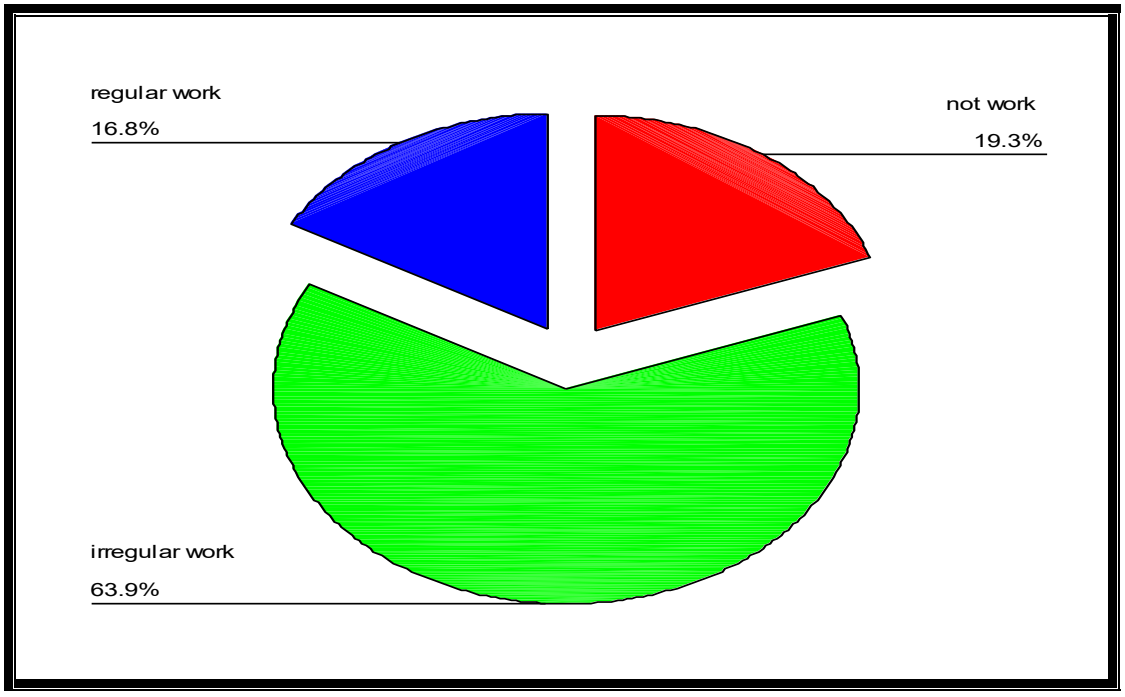


Figure (5.6): Distribution of study population by father's occupation:

At this fig. (5.6) we categorized the father's work at Gaza into three groups, the first one which called the " irregular works group " which also represented the commonest

group with percentage 63,9 % of study population, the second group called " not work " which represent 19,3 %, the third lowest group which called " regular work " represent 16,8 % of study population. The mean was 1,9 with SD ± 0,6 .

5.3:Child health status profile variables

5.3.1: Respondents number of visits

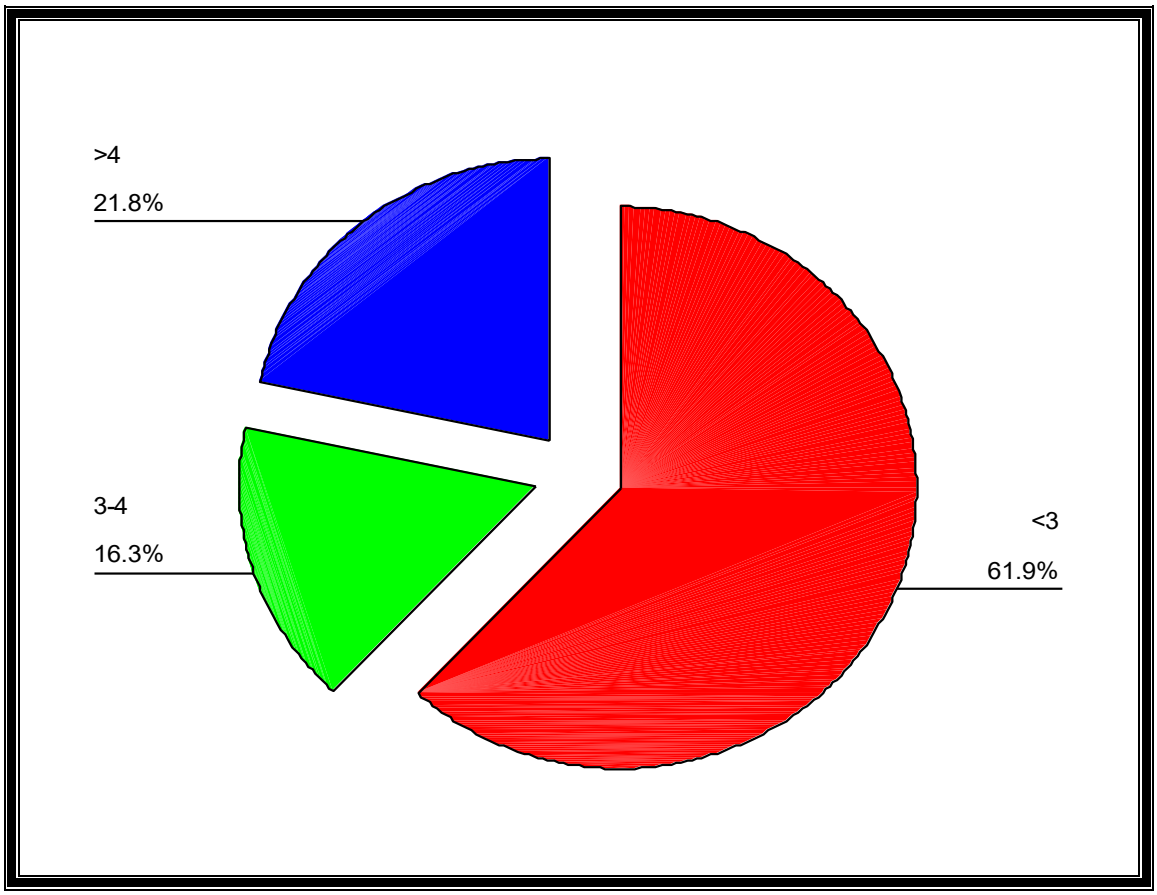


Figure (5.7): Distribution of study population by number of visits for AEI:

As shown in fig. (5.7) nearly 61,9 % of subjects have had less than 3 visits for AEI, the second group more than 4 visits represented by 21,8 % and the remaining percentage 16,3 % represent the third group of subjects between 3 – 4 visits. The mean of No. of visits were 3,7 with SD ± 2,2.

Table (5.6) illustrates the relationship between the dimension of mother perspectives and the number of visits to AEI for follow up with the same child. The no. of visits categorized into three groups, the first group <3, and the second group 3-4 visits and the third one >4 visits.

The results revealed that there are no statistical differences between dimensions of mother perspective and number of visits. By using one way ANOVA, the result revealed that the scores of mothers perspectives were slightly increased as the number of visits increased, and the group of mothers with more than 4 visits reported higher scores of perspectives (nearly 93%) than the other groups for the overall perspectives. Also the higher scores of perspectives reported at the dimension of utilization from services offered for mothers and their children, and scores increased positively as number of visits were increased with (mean 2,8256), that revealed that mothers those attended more than 4 times, highly satisfied with the services received and utilized and with time mothers experience good views about health services provided.

This result consistent with Pierre, (2003) reported that the clients who attended the program almost daily rated themselves more involved in the program than other clients with less attended. Also, Kuh and Hu's (2001), shows in their research that the more student interact with faculty the more satisfied they are. also, this result congruent with Jackson and his colleagues (2001), results indicate that patients with three months post visits were more satisfied than patients with less period post visit. Inconsistent example by Al Hindi (2002), reported that the first visit's clients were more satisfied than other who attended several times and had some experience to the radiology services.

This incongruence results related to that Palestinian people have a limited expectations and other same societies provided the same services also with regard to the difficult political and socio-economical situation and the differences between the governmental and non-governmental organizations in its culture and environment.

This results consistent with others studies, which confirm that the customer with long term relationship with suppliers tended to be a decisive source for competitive advantages (Kalwani and Narayandas 1995, Ganesan 1994).

Table (5.6): Relationship between the dimensions of mother's perspective and No. of visits:

Dep. Variables Mother's	Indep. Variable No. of visits	Sum of Squares	df	Mean Square	F	p-value

perspective						.
General satisfaction	Between Groups	.221	2	.110	.878	.417
	Within Groups	25.003	199	.126		
	Total	25.223	201			
Attitude and respect	Between Groups	.236	2	.118	.959	.385
	Within Groups	24.484	199	.123		
	Total	24.720	201			
Utilization from service	Between Groups	.012	2	.006	.099	.906
	Within Groups	12.027	199	.060		
	Total	12.039	201			
Availability	Between Groups	.055	2	.027	.183	.833
	Within Groups	29.741	199	.149		
	Total	29.796	201			
Communication and Information	Between Groups	.205	2	.103	.762	.468
	Within Groups	26.789	199	.135		
	Total	26.994	201			
Child care	Between Groups	.141	2	.071	.502	.606
	Within Groups	27.978	199	.141		
	Total	28.119	201			
Counseling	Between Groups	.215	2	.108	.817	.443
	Within Groups	26.200	199	.132		
	Total	26.415	201			
Overall Perspective	Between Groups	.083	2	.041	.760	.469
	Within Groups	10.834	199	.054		
	Total	10.917	201			

* Statistically significant

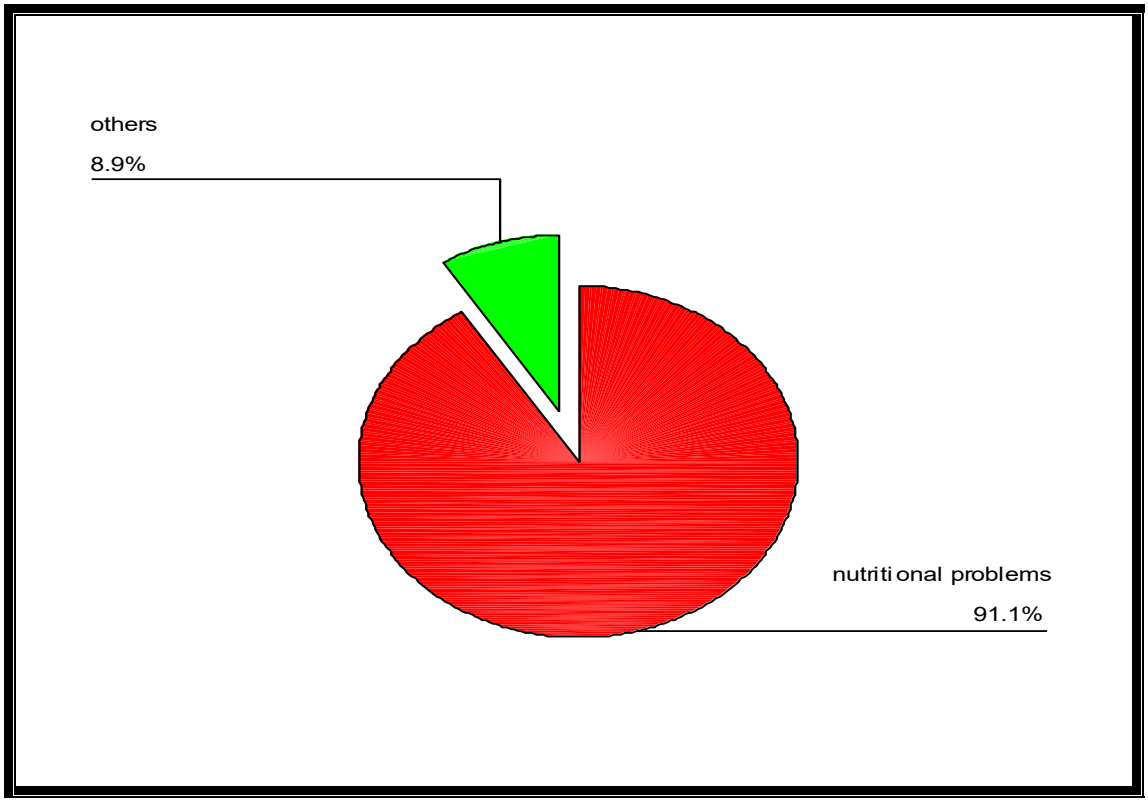


Figure (5.8): Mother's chief complains:

From Fig. (5.8) and related figure about the distribution of study population by the mother's chief complain (child problems), at this study researcher categorize mother's complains into tow main groups, the first one Nutritional problems which include all diseases and complains related to nutritional deficiencies from client perspective and this complain represented 91,1 % from study population, that mean most of cases arrived to AEI's centers were considered from the targeted cases. The second main group of mother's complain was called other problems, mean all problems not related to Nutritional deficiencies and that not mentioned at the first group, this group represented 8,9 % of study population were visits AEI's centers.

5.3.2: Child Hospitalization before visit

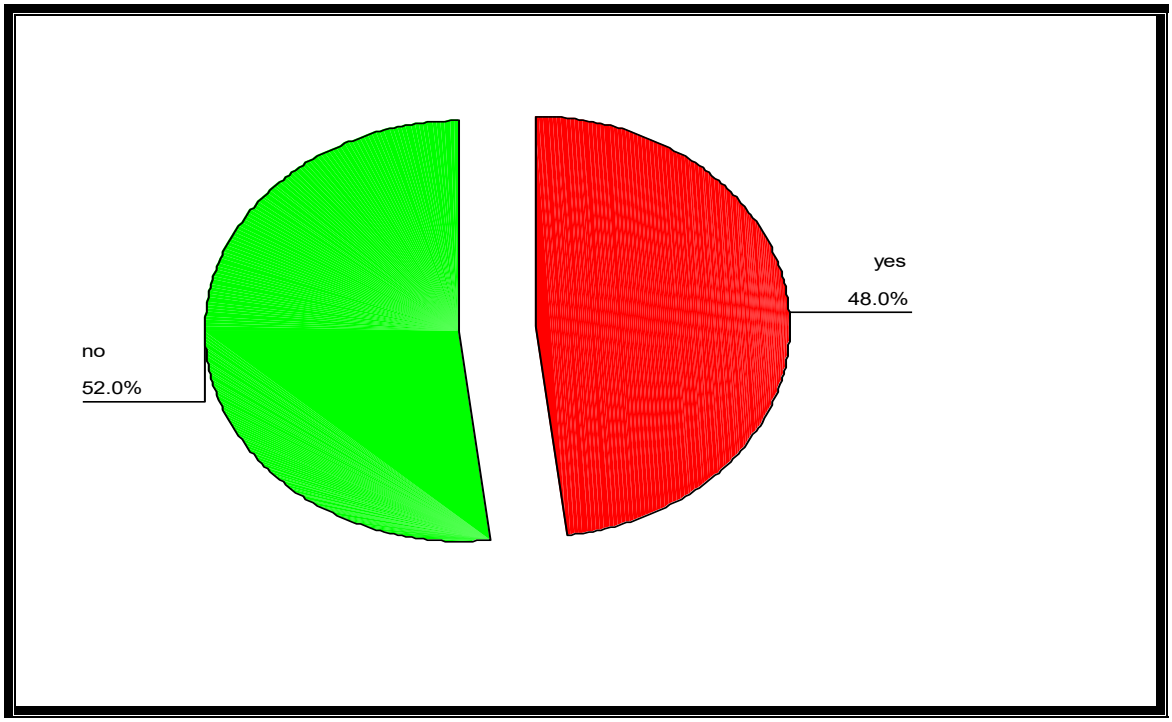


Figure (5.9): Child hospitalization before visit

As shown in Fig. (5.9) one from the child health status profile assessment was the child hospitalization before visit to AEI centers, most cases no history of hospitalization before visit and represent 52% of study population and the remaining cases 48% hospitalized for a different periods and causes**.**

To answer research question No. 13, about if the child visit or hospitalized before the first visit to AEI's clinic, this independent variable were analyzed with respect to their potential relationships with the seven dimensions and the overall perspective of mothers. An independent t-test was used to compare the means of the mothers perspective scores in regard to child hospitalization before first visit to AEI.

The result revealed that (97) from the respondents were answers (yes) and the remaining respondents (105) with (no) answers. That meaning nearly 48% from the study population were hospitalized for different medical reasons before AEI's visit. Table (5.7), reveals that the clients which answer with (no) elicit the higher positive scores in most of dimensions and the overall perspective than others.

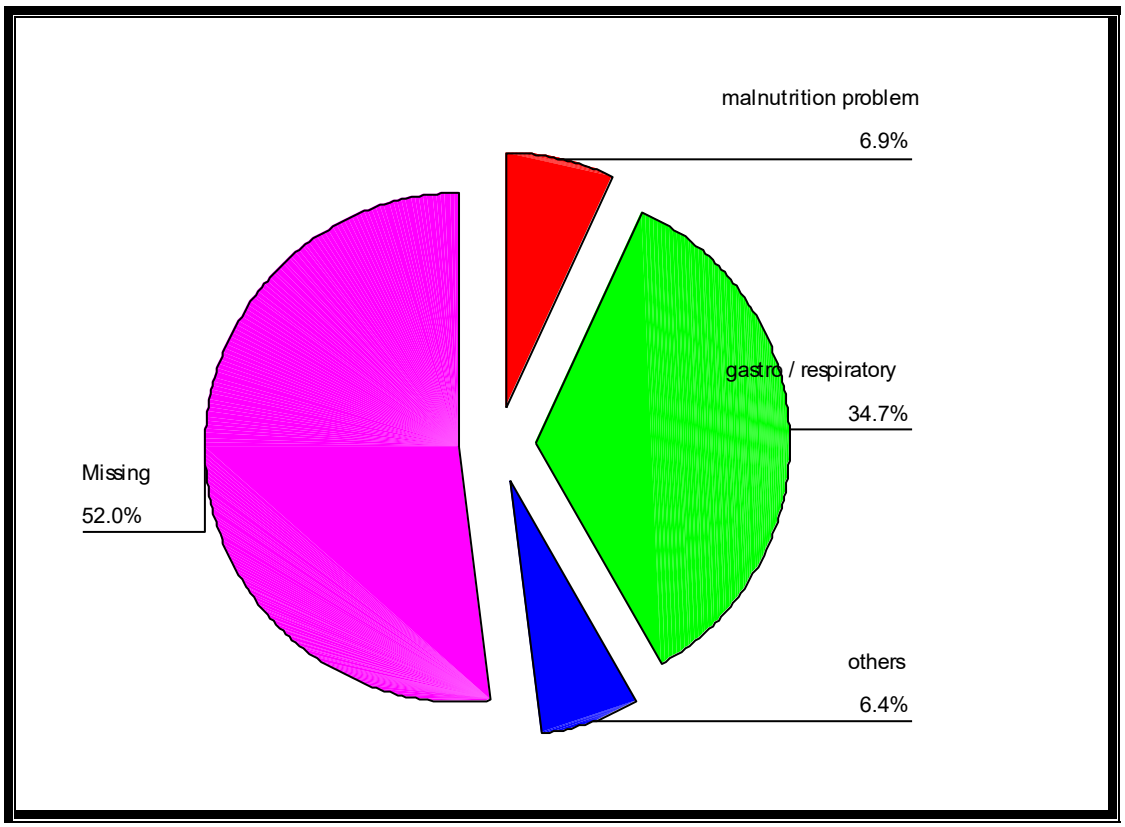


Figure (5.10): Causes of hospitalization before visit:

Also results showed that there is a statistical differences and significance between mothers perspectives and the dimensions of general satisfaction (which include waiting time and loyalty), attitudes and respect, and the overall perspective with (p-value .008, .004, .050 respectively) while no statistical significance among the others dimensions. The higher perspective scores shows at dimensions of general satisfaction, attitudes and respect, and the overall perspective who answer (no) with (mean 2.8000, 2.7905, 2.7706 respectively). This result inconsistent with Gary (1999), which reported there is no statistical differences between the client satisfaction levels and previous hospitalization.

This variations between both the hospitalized and un hospitalized views related to the expectation levels among both hospitalized and un hospitalized client because the hospitalized one have some positive or negative experiences than others that capable the client to compare between the services received. Dansky et al. (1996), reported that the differences in satisfaction may mirror real differences in care as well as differences in expectations. And could be related to other variables that influence the

mother's perspective or views about the services were received as the health status of child and the responses for care and treatment, some studies reported that the differences in disease process could influence patient expectations and satisfaction.

About the causes of hospitalization, fig. (5.10) illustrates the main causes for child hospitalization before the first visit to AEI's clinic. The most common cause for child hospitalization is the Gastro-Respiratory infections which represent 34,7% of the study population and 72% of the hospitalized cases, and the second cause were the nutritional problems which represent nearly 7% of the total study population and 14.4% from those hospitalized before the first visit, and the last cause of hospitalization is the others problems which represent nearly 6,4% of study population and 13.4% from the hospitalized cases.

Table (5.7): Relationship between the dimensions of mother's perspectives and the child hospitalization before visit:

Dep. Variables Mother's perspective	child hospitalization before visit	N	Mean	Std. Deviation	t-test	p-value.
General satisfaction	yes	97	2.7021	.41205	-1.950	.008*
	no	105	2.8000	.28488		
Attitude and respect	yes	97	2.6495	.42709	-2.649	.004*
	no	105	2.7905	.24430		
Utilization from service	yes	97	2.8260	.25359	.683	.884
	no	105	2.8024	.23691		
Availability	yes	97	2.7345	.38496	.154	.772
	no	105	2.7262	.38687		
Communication and Information	yes	97	2.7577	.41056	-.865	.069
	no	105	2.8024	.32093		
Child care	yes	97	2.6672	.38671	-.608	.893
	no	105	2.6993	.36310		
Counseling	yes	97	2.7814	.35833	.158	.816
	no	105	2.7733	.36802		
Overall Perspective	yes	97	2.7312	.26036	-1.190	.050*

	no	105	2.7706	.20407		.

* Statistically significant

5.3.3 Child Hospitalization during follow up period

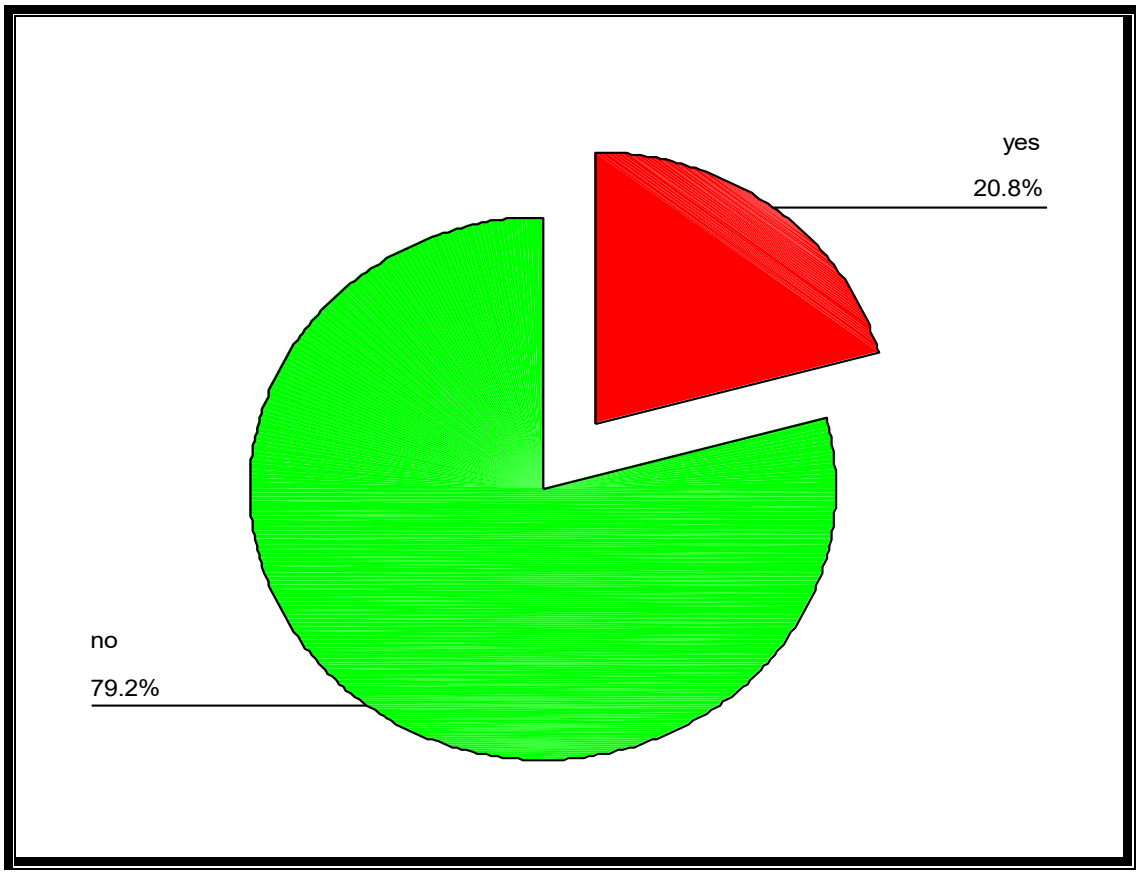


Figure (5.11): Child hospitalization during follow up

As shown in Fig. (5.11) and illustrates in this figure, if the child hospitalized during follow up with AEI or no, the majority of cases not hospitalized during follow up with percentage 79,2 % of study population, while 20,8 % were hospitalized during follow up. To answer the question No. 15, about if the child visit or hospitalized during follow up with AEI's clinic, this independent variable were analyzed with respect to their potential relationships with the seven dimensions and the overall perspective of mothers.

An independent t-test was used to compare the means of the mothers perspective scores in regard to child hospitalization during follow up with AEI. The result revealed that (42) from the respondents were answers (yes) and the remaining respondents (160) with (no) answers.

That meaning nearly 20.8% from the study population were hospitalized for different medical reasons during follow up period with AEI's. Table (5.8), reveals that the clients which answer with (no) elicit the higher positive scores in most of dimensions and the overall perspective than others. Also results showed that there is a statistical differences and significance between mothers perspectives and the dimensions of general satisfaction (which include waiting time and loyalty), attitudes and respect, utilization from services and the overall perspective with (p-value .001, .002, .021, .002 respectively) while no statistical significance among the others dimensions. The result shows that the higher positive perspectives scores reported by which who un hospitalized during follow up period, that mean, those who un hospitalized during follow up more satisfied than those who hospitalized and with hospitalization experience.

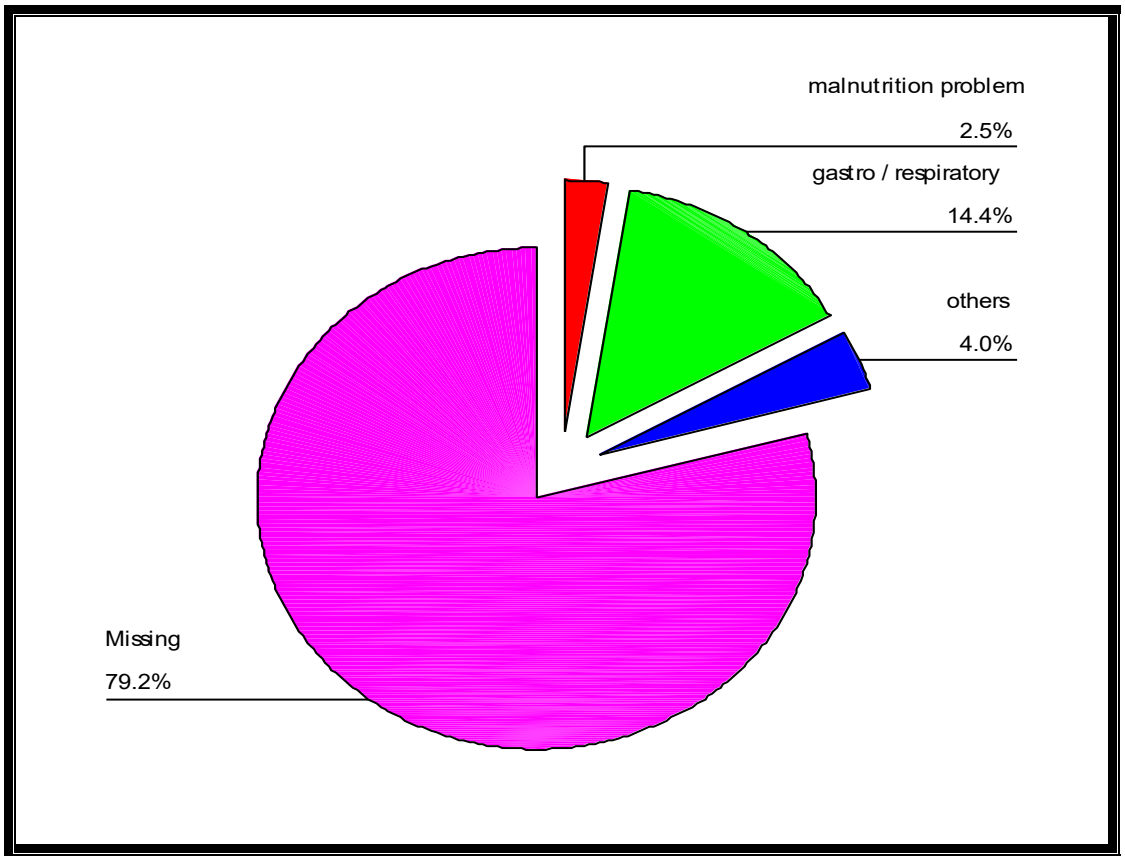


Figure (5.12): Causes of hospitalization during follow up:

As fig. (5.12) shows, the main causes of child hospitalization during follow up period with AEI's clinic, nearly 69% of the hospitalized cases complain from Gastro-Resp. infections (nearly 14.4% of the total study population), but only five cases only

hospitalized during follow up with nutritional problems which represent 2,5% of the total study population and nearly 11% from the total hospitalized cases, while the remaining cases with others causes which represent nearly 19% of the hospitalized cases, the category of (others causes) includes hospitalization for operations, injuries, …. . By comparing between both hospitalization before visit and during follow up period, the result elicit good indicators for the effective of health services that child received during follow up period. As illustrated in tables (5.7) and (5.8), the number of hospitalized children during follow up were decreased from 48% to 20.8% of the total study population.

The majority of hospitalized cases related to Gastro – Respiratory infections and fever which represent 14,4 % of the total study population, while only 2,5 % related to Nutritional problems. Only 4% of study population hospitalized for other causes as operations, injuries, …….

Table (5.8): Relationship between the dimensions of mother's perspectives and the child hospitalization during follow up period:

Dep. Variables Mother's perspective	child hospitalization during follow up	N	Mean	Std. Deviation	t-test	p-value.
General satisfaction	yes	42	2.6143	.49365	-2.195	**.001***
	no	160	2.7894	.29897		
Attitude and respect	yes	42	2.6293	.49894	-1.467	**.002***
	no	160	2.7473	.29726		
Utilization from service	yes	42	2.7470	.31657	-1.624	**.021***
	no	160	2.8313	.21997		
Availability	yes	42	2.7024	.44255	-.473	**.385**
	no	160	2.7375	.36964		
Communication and Information	yes	42	2.7440	.39620	-.691	**.479**
	no	160	2.7906	.35895		
Child care	yes	42	2.6327	.43163	-.894	**.096**
	no	160	2.6973	.35768		
Counseling	yes	42	2.7667	.40223	-.196	**.689**
	no	160	2.7800	.35267		
Overall Perspective	yes	42	2.6909	.30228	-1.550	**.002***
	no	160	2.7676	.20944		

* Statistically significant

5.3.4: Respondents visits to other health centers

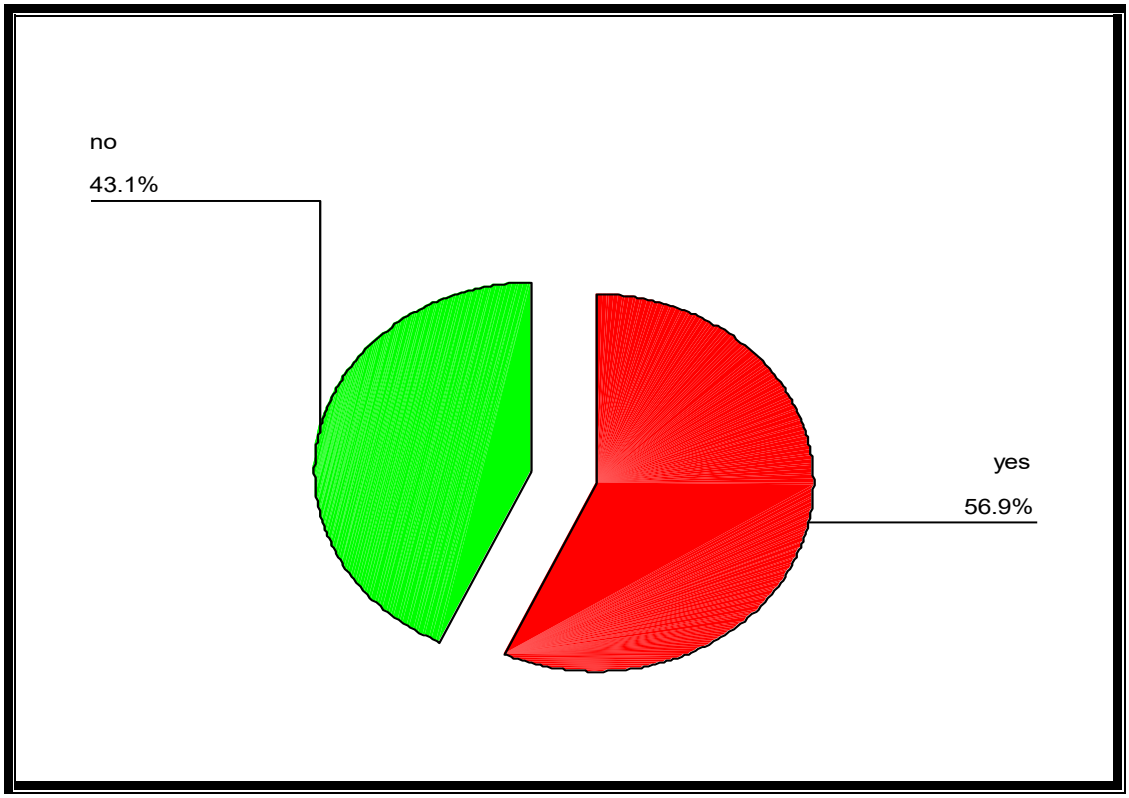


Figure (5.13): Any visit to other health centers:

As shown in Fig. (5.13) exactly 56,9 % of cases visit other health centers for different causes, while 43,1 % of cases were not visit any other health centers.

Table (5.9), illustrates the relationship between dimensions of mothers perspectives and the child visits to any other health centers. The independent t-test was used to compare the mean of the mothers perspectives regarding the child visits to any others health centers, the result illustrated that the study population who were visit other health centers have higher positive perspective scores than others at most of dimensions in addition to the overall perspective dimension with (mean 2.7607) than whom answer were not with (mean 2.7397). the result also revealed that there were a significant statistical differences between independent variable and utilization from services dimension (p-value .032) and have higher positive scores at this dimension with whom answer no with (mean 2.8218), this results indicates that most of clients who were visit other centers more satisfied with all dimensions of mothers

perspectives except the utilization dimension, this reflect that the experienced mother with previous history of visiting other health centers capable to differentiate between the services offered by or received at AEI's clinics. According to Faweet, (1989) reported that perceptions represent the way that clients interpret and express their sense and experiences. This results consistent with (Mousa, 2000) at the study of clients satisfaction with the family planning services in Gaza Strip, the result revealed that the clients attending UNRWA (NGOs) clinics were more satisfied in the overall services they received than those attending MoH clinics.

Table (5.9): Relationship between the dimensions of mother's perspectives and the child visits to other health centers:

Dep. Variables Mother's perspective	any visiting to other health centers	N	Mean	Std. Deviation	t-test	p-value.
General satisfaction	yes	115	2.7617	.39036	.404	**.265**
	no	87	2.7414	.30176		
Attitude and respect	yes	115	2.7180	.38892	-.221	**,569**
	no	87	2.7291	.29474		
Utilization from service	yes	115	2.8076	.27169	-.408	**.032***
	no	87	2.8218	.20498		
Availability	yes	115	2.7522	.38969	.932	**.992**
	no	87	2.7011	.37903		
Communication and Information	yes	115	2.7783	.39979	-.119	**.244**
	no	87	2.7845	.31937		
Child care	yes	115	2.7106	.38289	1.167	**.774**
	no	87	2.6486	.36114		
Counseling	yes	115	2.7965	.35834	.869	**.310**
	no	87	2.7517	.36849		
Overall Perspective	yes	115	2.7607	.25775	.632	**.072**
	no	87	2.7397	.19652		

* Statistically significant

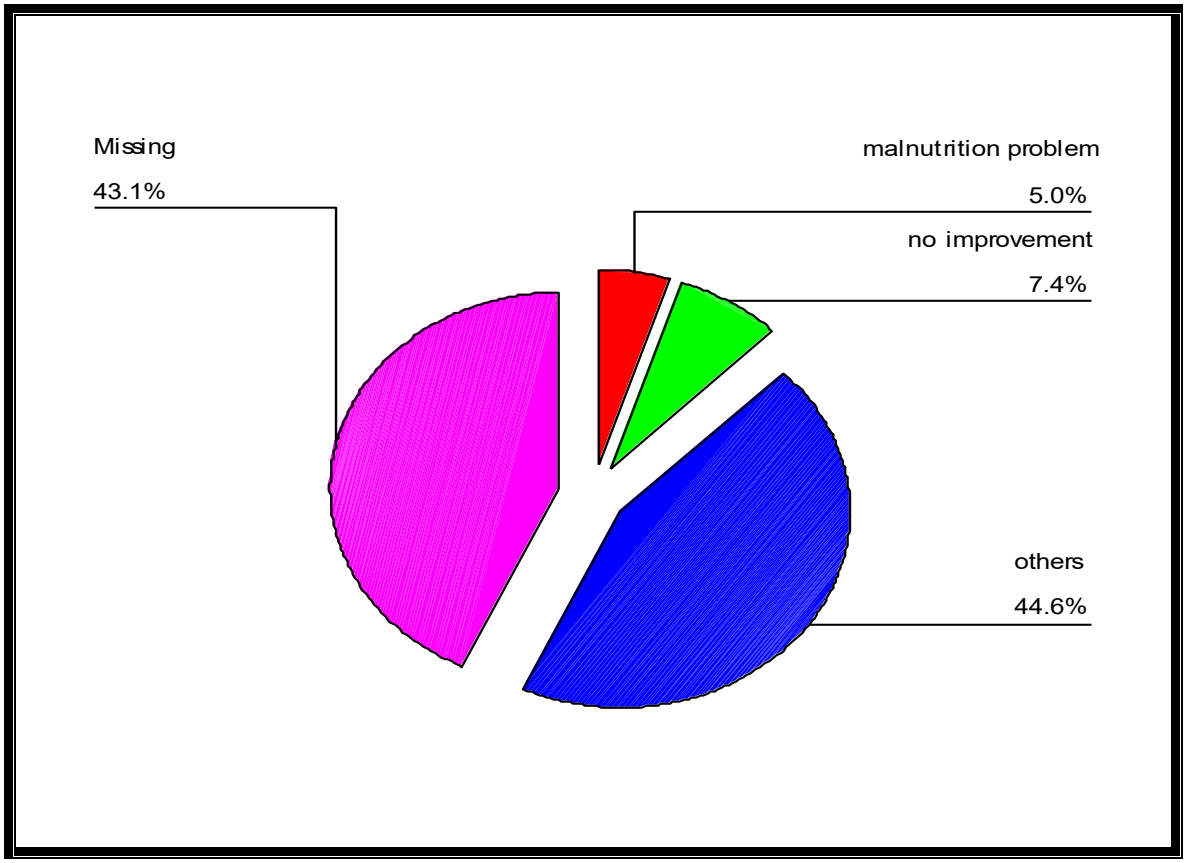


Figure (5.14): Causes of visit to other health centers:

As shown in Fig. (5.14) this table illustrates the different causes for visiting the other health centers, only 0,5 % related to Nutritional problems, and 7,4 % of study population because no improvement, but 44,6 % of study population visit other health centers for { other causes } as child weighting or vaccination.

5.3.5: Causes of selecting AEI's clinics

to study the relationship between the dimensions of mothers perspectives and the causes of choosing AEI clinics for follow up, one way ANOVA analysis used. The

independent variables categorized into three groups as the causes for selecting AEI's clinics by the client, the first cause were (recommended by others, second one physician transfer and the last were past experience).

The highest level of overall perspective scores was found among the clients with the first category (recommended by others) with mean (2.8147) which it the highest positive scores and more satisfied than the others groups, while the groups of physician transfer with mean (2.7457), but the lowest level of scores reported by the last group of clients with the past experience follow up with AEI with mean (2.7196). however, the findings were not statistically significant among the overall perspective dimension with (p-value .195). the study shows there is a statistical significant among the dimensions of availability and counseling with (p-value .023 and .047 respectively).

The client category with past experience were less satisfied and less perspectives scores at the availability dimension, that mean, clients with old frequent visits and follow up with AEI reporting less satisfaction level in related to the place of the clinics at Khan Younis and Rafah cities, that revealed the unsuitable location of centers for this group of clients

Also, results revealed that the counseling dimension statistically significant, and the clients category with the (recommended by others) were reported the highest level of positive perspectives scores with mean (2.9152) than the others clients groups (physician transfer and past experience with mean 2.7406 and 2.7805 respectively), that could be related to the good views drawn by the individual which who advice the client for follow up, in addition to this group of clients transferred by another as mothers, relatives, friends and others not a medical team, thus, the counseling experience considered new, thus, client unable to make comparison between the recent and previous counseling. But the others categories of client groups with the physician transfer and past experience, mothers faced counseling process previously and able to differentiate between both that received at AEI and what received at or by another health centers were visits before.

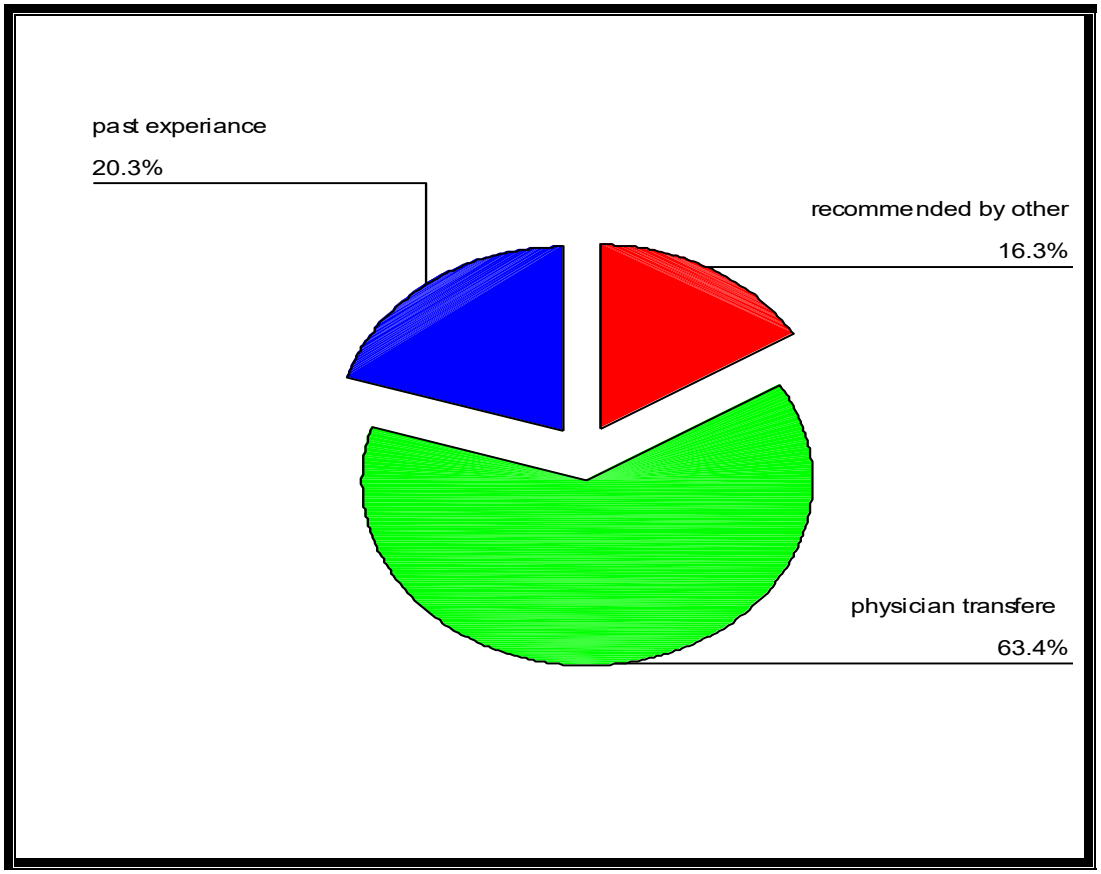


Figure (5.15): Causes of selecting Ard El Insan:

As seen in Fig. (5.15) that illustrates the causes of choosing AEI centers for follow up, the majority of cases related to medical transfer and represent 63,4 % of study population, while 20,3 % of cases related to past experience, and the remaining percentage 16,3 % of study population choosing AEI because recommended by others.

Table (5.10): Relationship between dimensions of mother's perspectives and the causes of choosing AEI:

Dep. Variables Mother's perspective	Indep. variable Causes of select AEI	Sum of Squares	df	Mean Square	F	p-value
General satisfaction	Between Groups	.430	2	.215	1.725	.181
	Within Groups	24.793	199	.125		
	Total	25.223	201			
Attitude and respect	Between Groups	.308	2	.154	1.256	.287
	Within Groups	24.412	199	.123		
	Total	24.720	201			
Utilization from	Between Groups	.117	2	.059	.978	.378
	Within Groups	11.922	199	.060		

service	Total	12.039	201			
Availability	Between Groups	1.108	2	.554	3.845	.023*
	Within Groups	28.687	199	.144		
	Total	29.796	201			
Communication and Information	Between Groups	.090	2	.045	.334	.716
	Within Groups	26.904	199	.135		
	Total	26.994	201			
Child care	Between Groups	.623	2	.312	2.255	.108
	Within Groups	27.496	199	.138		
	Total	28.119	201			
Counseling	Between Groups	.800	2	.400	3.106	.047*
	Within Groups	25.616	199	.129		
	Total	26.415	201			
Overall Perspective	Between Groups	.178	2	.089	1.646	.195
	Within Groups	10.739	199	.054		
	Total	10.917	201			

* statistically significant

5.3.6: Respondents and type of social aids

Table (5.11), shows that there is 85 women or mothers said yes when they asked if the child having any help or aids from AEI and 117 mother said no. the relationship between this tow groups of mothers with relation to mothers perspectives, an independent t-test was used to compare the mean of the perspectives regarding any aids offered by AEI, the result illustrated that the study population who were received any aids from AEI have higher positive perspective scores with the overall perspective with mean (2.8067) than those whom answer were no with mean (2.7117). this result revealed that the highly significant statistical differences relationship between both dependent and independent variables, and the level of perspective scores increased as soon as aids offered, also, those whom received aids from AEI, positive response were reporting about the health services offered by AEI, that mean, the client perspectives was positively influenced by the aids offered by the agency or institution followed with.

The result also revealed that there were a significant statistical differences between the independent variable and all dimensions of mother perspectives except the availability dimension there is no statistical differences among this dimension. Statistical differences among the general satisfaction (including waiting time and loyalty), attitudes and respect, utilization from the services received, communication and information, child care, counseling and overall perspective with (p-value .006, .002, .051, .034, .013, .019, and .001 respectively). This result consistent with Pierre, (2003) study reported that the areas of client satisfaction includes " receiving help". And satisfaction level was highest among social services agencies. Also, Gary (1999), reported that the level of client satisfaction influenced by the type and amount of help received.

Table (5.11): relationship between the dimensions of mother's perspectives and if the child having any help (aids) from AEI:

Dep. Variables	having any help	N	Mean	Std.	t-test	p-value

Mother's perspective	from AEI			Deviation		
General satisfaction	yes	85	2.8271	.26699	2.569	.006*
	no	117	2.6991	.39860		
Attitude and respect	yes	85	2.8067	.22448	2.955	.002*
	no	117	2.6618	.40951		
Utilization from service	yes	85	2.8618	.20047	2.405	.051*
	no	117	2.7788	.26789		
Availability	yes	85	2.7294	.34764	-.025	.524
	no	117	2.7308	.41152		
Communication and Information	yes	85	2.8265	.32280	1.510	.034*
	no	117	2.7479	.39323		
Child care	yes	85	2.7580	.29903	2.429	.013*
	no	117	2.6300	.41317		
Counseling	yes	85	2.8376	.29999	2.035	.019*
	no	117	2.7333	.39741		
Overall Perspective	yes	85	2.8067	.18118	2.914	.001*
	no	117	2.7117	.25788		

* Statistically significant

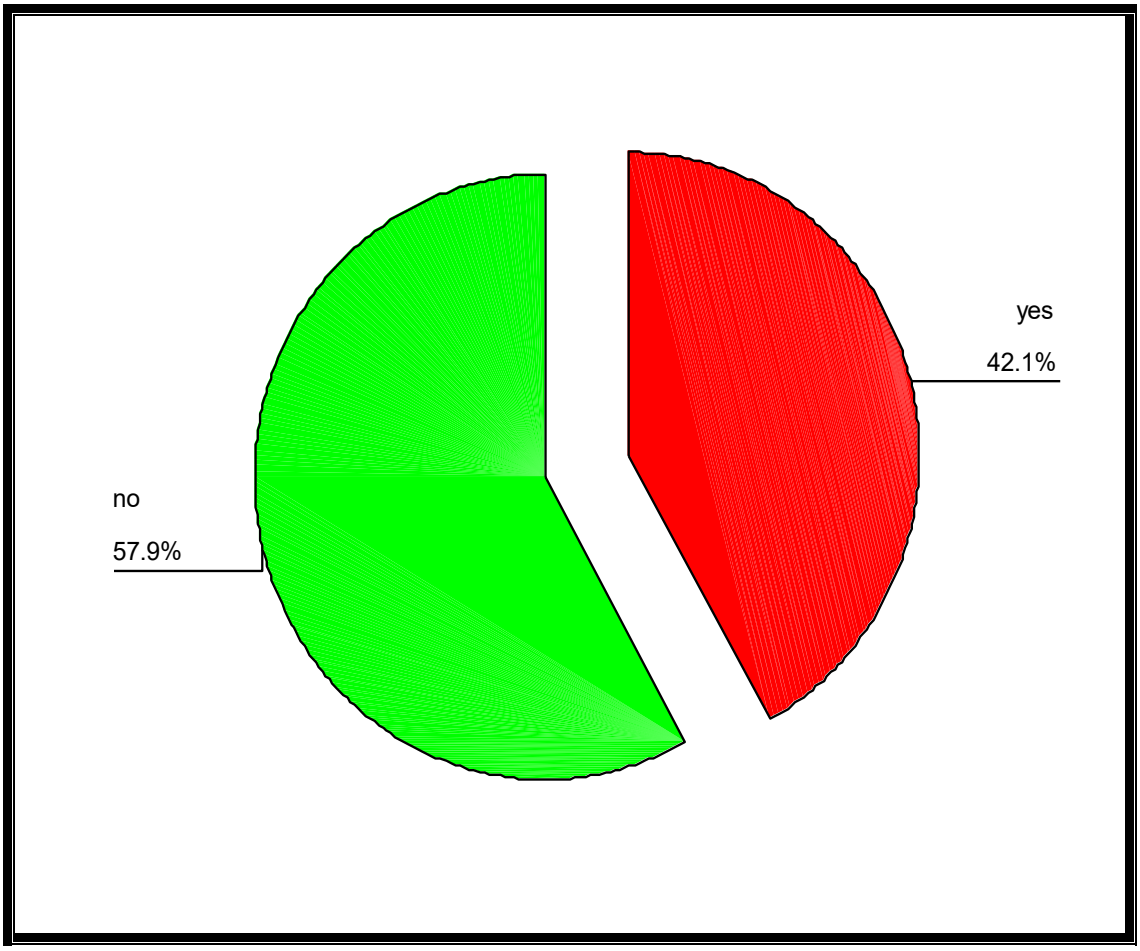


Figure (5.16):Having any help from Ard El Insan:

As shown in Fig. (5.16) about if the child having any help from AEI, nearly 42,1 % of study population answer with yes, they receive some aids, while the remaining percentage 57,9 % which it the majority of cases were not received any help from AEI.

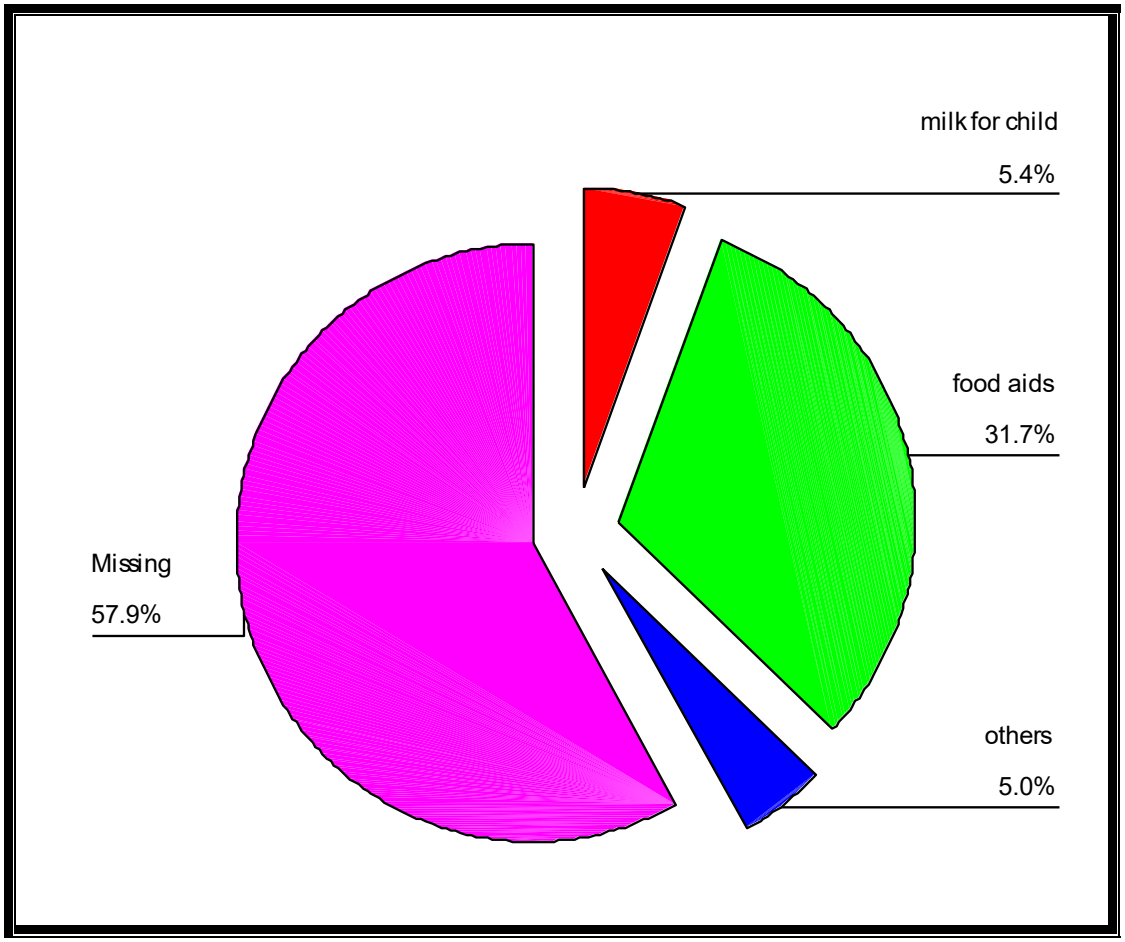


Figure (5.17): Type of aids:

As shown in Fig. (5.17) about the type of aids received by the cases, this aids categorized into three groups, the first group which they received only milk for child represented by 5,4 % of study population, and the second group which represent the most of cases were receive food aids which represent 31,7 %, the third group which represented by only 5 % of study population were receive other aids as clothes, …

5.4 Overall perspective

Generally, this study was conducted to evaluated mothers perspectives of the child health services provided by Ard El Insan centers at the southern part of Gaza strip.

Moreover, the study aimed to assess the clients perspectives in terms of satisfaction and utilization from the received services and to examine the mothers views about the child health services provided. Also, this study aimed to explore the main causes which invite clients to choose the health services which provided by AEI institution, in addition to identify the areas of strength and areas need improvements of the provided health services. Furthermore, the study aimed to provide the decision makers with a helpful suggestion and recommendation.

It is essential to evaluate the clients perspectives about the provided services on an ongoing basis. Such process enables organizations to keep up to date with environmental changes taking place and to assess the impact of changes implemented to improve clients perspectives. Measuring and monitoring client satisfaction is not an end in itself. It is a means to improve services to the public and program performance in general. Client satisfaction measurement provides invaluable information for responsive and effective client consultation.

The concept of client satisfaction was defined by the Treasury Board of Canada (1996), as the client's perception that the service provider's performance meets or exceeds his or her expectations, which measured by the assessment of client expectations and of the actual and perceived quality of services. Many different indicators or domains can be used to evaluate the client perspectives regarding the received health services, as the dimension of general satisfaction which including the clients views about waiting time, loyalty and staff competence, and dimension of respect and attitudes which include staff respect, courtesy, plain language used and responsiveness.

Also, dimension of the client utilization and benefits from the provided services. And dimension of the accessibility of services and hours of service. The dimension of communication and information. In addition to dimension of the child care, and last one the dimension of health counseling. In general, the findings from this study indicate that clients reported a high level of satisfaction or a high level of perspectives scores with the child health services provided by AEI's clinics (82.7%).

This result consistent with Al Hindi (2002) study, which conducted in Gaza strip and investigated client's satisfaction with Radiology services in Gaza (82.5%). Also, this

result in-congruent with other studies, Abu Shuaib (2005) study, the result showed that the women's perception level for childbirth services at governmental hospitals was (70%), while the result in the same study revealed that women were perceived approach of mother care reported level of satisfaction as (85.5%). Also Mousa (2000) study, which were reported nearly congruent level of satisfaction (82.4%) And Abu Saileek (2003) study which was conducted in tow hospitals in GS to evaluate the client's satisfaction with nursing care, the result showed that the satisfaction level was (70.1%). Abu Dayya (2000), at the study of clients satisfaction with Radiology services at GS, concluded that the high level of satisfaction related to that the Palestinian people have real and limited expectations with regard the difficult political and socio-economic situation of the Palestinian Authority in general and MOH specially.

In addition, researcher attributed this results also to the nature of the institution clients, which more of them with the lowest socio-economic status among the total population, that lead to lowering the expectation level and could be attributed to the ability of mothers to differentiate between the governmental and non-governmental clinics, governmental clinics most times crowded, high waiting time and communication difficulties, that increase the perspectives scores of non-governmental clinics.

Al Hindi (2002) attribute the high level of client satisfaction with radiology services offered by private centers more than what's offered by governmental centers, this reflects that the private centers were providing marketer behaviors in service delivery including short waiting time, pleasant physical environment and good communication skills.

This analysis supported by Mssoud, (1994) study which reported that the difficult political and socio-economic situations of the Palestinian people might have lowered their expectations and have resulted in a high satisfaction level. Also face to face interview mainly influenced by the bias during answer, to decrease the bias factors, researcher distribute questionnaire for the literate mothers for individually questionnaire completed while the illiterate one face to face interview in order to complete questionnaire at a separated place.

5.5 Domains of evaluation process

The targeted dimensions used to evaluate the child health services as perceived by the clients were seven dimensions. At this study, mothers considered the clients were asked to complete the questionnaire used for data collection.

The level of perspectives scores of these factors were varied as the following: general satisfaction (84%), which includes {the loyalty for the organization with (84%) and waiting time with (74%)}. Attitudes and respect with (81%), which includes the staff responsiveness with (71%), in addition to other question about if the mothers were bored during visit or no, 52% were positively responses. The dimension of utilization from the offered services with (87%). The availability of services or accessibility regarding the place and work hours with (80%), while the suitability of the place with (61%). The dimension of communication and information with (85%). The dimension of child care with (78%). And the last one was the health counseling dimension with (84%). These mentioned dimensions construct the evaluation item were used at this study to evaluate the provided child health services as perceived by the clients.

5.5.1: General satisfaction approach

The approach of general satisfaction dimension is considered one of the important dimensions, as mentioned before, nearly 84% of study population were satisfied in regard to this dimension, this dimension constructed from many different items to evaluate the client general satisfaction.

The first item to evaluate the general intervention provided for clients, second item to measure loyalty to the organization, and the last item to evaluate the waiting time from client's view. About 82% of the interviewed mothers expressed satisfaction in regarding to general services were child received, and only 18% of mothers dissatisfied.

Also about 84% of the interviewed mothers expressed the loyalty to the organization and they will recommend this organization for others. Also about 81% of the interviewed mothers satisfied with the experience level of the staff, and 19% were dissatisfied. About 74% of the interviewed mothers were satisfied with the waiting

time at the clinic, while 26% dissatisfied about the waiting time experienced during visits or follow up. Waiting time and contact time scores represent the lowest perspective scores with74%, this result consistent with Kersnik (2000) study, reported that the low satisfaction level found with consultation time, and considered that consultation time , waiting time and connectional aspects as areas in which quality improvement is required.

Also, satisfied customers tend to be loyal patron who also encourage other potential customers to do business with the firm (Fisher, Garrett, Arnold, and Ferris, 1999). Also, the in marketing field, researchers speaking about commitment and customers-providers relationship, Walter Ashim from Karlsruhe, IBU. Shows that " *developing a customer's commitment in business relationship does pay off in increasing profit, customer retention, willingness to refer and recommend".* This reflect to which extent the relationship between customer and supplier influence the clients general satisfaction positively or negatively.

5.5.2: Attitudes and Respect

A respected customer takes the goodwill and shares it with others leading in the most profitable marketing company.

At this study, about 81% of the interviewed mothers received a respectful intervention, while 19% were dissatisfied and negative responses reported by this group. About 96.5% of the interviewed mothers satisfied with the staff's clear and understood language when dealing with him and her child. About 83% of the interviewed mothers feel that the staff cared with mothers and her child during visits.

Also, about 71% of the interviewed mothers reported that the staff responsiveness level were satisfied, while 29% dissatisfied. Also other important item analyzed and revealed about 52% of the interviewed mothers were feel with bored and tired in order to get services while 48% with negative response.

5.5.3: Approach of utilization from the offered services

This dimension to evaluate the offered services outcomes from clients perspectives, this considered as one important part of quality dimension. This considered part of

the staff technical skills and knowledge, this dimension reflects to which extent the health provider knows their role in providing the child health care during visits and follow up.

Also the client feedback about the services outcomes reflects to which extent the client involved and concerned at the organization activities and the offered services. About 87% of the interviewed mothers were satisfied, while 13% of them dissatisfied in regarding to this dimension. About 96% of the interviewed mothers became more concerns with frequent child weighting after this clinic visit. And about 97% of the interviewed mothers became more concern with her home health status after clinic visit.

Also the mother's level of knowledge in regard to the child nutritional health field were measured, about 88% of the interviewed mothers answer these questions correctly, while only 12% with no answers.

This relatively high level of satisfaction reflected the clients behaviors and to which extent the level of comply with health care providers, the satisfied and dissatisfied clients behave differently. Aharony, L. Strasser, S. (1993). And Carr-Hill, R. (1992). And Ferris LE. And the health services research group, (1992). Shows in their studies, that satisfied patients seem more likely to cooperate with their treatments, continue using medical care services, maintain a relationship with a specific provider, participate in their own treatment and cooperate with their health care providers by disclosing important medical information. Conversely, if dissatisfied, patients may make services less effective, either by neglecting to seek care when needed or refusing to comply with the prescribe course of treatment.

5.5.4: The availability dimension

The availability of the place (location) and services hours was evaluated from clients perspectives. Only 61.4% of the interviewed mothers agree with the suitability of the clinics location, and no statistical differences between Rafah and Khan Younis centers, with slightly high scores with Khan Younis clients.

That meaning Rafah clients dissatisfied about the clinic location. About the working hours, the interviewed mothers reported high level of satisfaction and agreement with the organization working hours, about 92% of the clients with the stated working hours.

This results, specially the clinic location need more investigation to explore main factors which lead to these results as if the clinic far away from camps, villages, city or if difficulties in transportations or there is another causes.

5.5.5: Communication and Information dimension

This domain composed of communication and information aspects of the service features. Some researchers speaking about the importance of communication, Roter, D. et al. (1997), conclude that communication patterns are critical to patient satisfaction. It reflects the extent of clients perspective (positive or negative) with the staff's answers and their response in case the clients inquired about some child health related issues. About 85% of the interviewed mothers express their agreements with the communication and information dimension. While 15% dissatisfied with this dimension.

This result congruent with Mousa (2000), who examined the client's satisfaction with family planning services in Gaza Strip and revealed that counseling and information domain were reported the highest level of satisfaction 81%.

The high level of perspective positive scores with the communication and information aspect could be related to the enough time that staff spend with the client for treatment and counseling, and related to the good focus on psycho-social support, in addition to other causes as their fairness in dealing with clients and no staff's work overload, that enable staff to communicate and informed clients about every thing related to targeted problems. About the importance of communication and information for clients, Henderson (1966), reported that " *Acceptable communication makes clients feel worthwhile, valued and able to go on. Good communication creates a trustful relationship, which makes clients responds to main messages".* And Michael (1994), reported that communication is one of the five characteristics that patients use to define healthcare quality.

This mentioned results expressed the actual study results in regarding to the high level of satisfaction or agreement with nearly most of study dimensions as the communication and information dimension and this results supported by Henderson (1966) report. Most important way to increase the clients satisfaction with communication and information aspect by encouraged users to ask more questions, and providers responding to those queries and anxieties in a sensitive and technically competent way (Mousa, 2000).

This results reflects that necessary to give more attention and focus on the quality of information provided for clients in regarding to the targeted child health problem, in order to make clients (mothers) more informed and oriented about her child targeted health and nutritional problems. In addition, health providers should be more oriented and educated about the diseases and problems that could be faced by the children which seen to enable staff easily dealing with these faced problems.

This results supported by Kevin (1999), study which identify that You need to know what it takes to satisfy your clients before you can do it well… take time to ask them, listen and understand their answer and act on it! And conversely, the failure to communicate information about the condition and treatment options is the most frequent source of client dissatisfaction (Rivkin,M. Bush,P. 1974).

5.5.6: Approach of child care

This dimension focuses on the outcomes of the received health care and related feedback from mothers. And it reflects the extent of the clients benefits from the provided health care by staff of the organization. Also, this dimension is considered as one important of quality indicators.

Approach of child care dimension shows the lowest positive perspectives scores at this study with (78%) of the interviewed mothers. This results reflects that nearly 78% of the interviewed mothers were satisfied with the provided health care for their children. While nearly 22% of the interviewed mothers were dissatisfied by the provided health services.

This result consistent with other studies conducted at Gaza Strip, Al Hindi, (2002) study reported that 80% of the clients of Radiology services were satisfied with moderate level of satisfaction. This dimension investigate the level of client agreement or satisfaction with the child health status assessment during visits, about 85% were agree with this question, and the remaining 15% dissatisfied with this statement. Also, about if the child weight increased in a suitable scale or no, nearly 62% of the interviewed mothers were satisfied, and their child's weight properly increased, and about 38% not properly child's weight increased. Also, another question about " is the child receiving a suitable treatment, from client perspective" the result revealed that about 82% of the clients positively answers and agreement reported.

Also, another question about if mother feel sometimes with neglecting and child careless during visit, the result showed that nearly 72% of clients reporting their disagreement with this statement, this meaning that nearly 72% received concerns and their child cared during visit. Only 28% of clients reporting their disagreement about this statement.

This result was congruent with Gilleard and Read (1998), who reporting that the empathy and concerns as personal domains of satisfaction. Also, Berg et al (1996), shows that the women wanted to be cared for by health providers with whom they could have " a trusting relationship," and "to be seen as an individual," and "to be supported and guided" on their "own terms" during childbirth.

This results reflects that clients need to be cared, concerned, guided and supported during intervention at clinics, that positively influencing the client's views in regarding to the received health services and the offered care. Also, about the question of who mother perceived her child " *generally the child health status now more better than before,"* mothers answers reflects that 69% of the interviewed mothers agree with this statement, and this mean that nearly 69% of the clients (children) health status improved from their mother's perspectives, but not merely they satisfied with this results or outcomes. While nearly 31% of the interviewed mothers or clients said that no improvement on the child health status during follow up period.

The agreed (satisfied) mothers relatively represent good percent, but need to be increased more than 69%, by conducting special training courses regarding how to deal effectively with clients, to conduct proper assessment and to prescribe proper treatment, in addition to encourage staff for refreshment courses in the same work field (health and nutrition programs). The client responses and comply for treatments influenced by the level of satisfaction, as shown at literature review, the satisfied patients seem more likely to cooperate with their treatments, continue using medical care services, maintain a relationship with a specific provider, participate in their own treatment and cooperate with their health care providers by disclosing important medical information. Conversely, if dissatisfied, patients may make services less effective, either by neglecting to seek care when needed or refusing to comply with the prescribe course of treatment. Also Williams (1994), said that "satisfied patients are more likely to comply with their medical regime, use their medication properly, and keep their appointments.

5.5.7: Approach of health counseling

The counseling dimension reflects that the health providers offered to the mothers the information she needed in order to empowering her knowledge, answering her questions, identify and discuss her problems, and instructions about child feeding, care, prescribed drugs and home assessment and follow up. The result shows that the positive perspective scores were reported 84% of the interviewed mothers, means that about 84% of study population were satisfied with the counseling program at this organization.

This results consistent with Mousa (2000), who reported that counseling and information domain represent the highest level of satisfaction (81%) with family planning services in Gaza Strip. Also, incongruent with Abu Shuaib (2004), study who reported that the women satisfaction level with counseling dimension represent 54.7% with the childbirth services offered by the governmental hospitals in Gaza Strip. About 78% of the interviewed mothers were satisfied with the answers received in related to their questions, while 22% of them dissatisfied, this mean that must to give more attention for clients questions and answers with acceptable interpretations for her child health or nutritional issues. And 87% of the interviewed mothers also satisfied with the time given to discuss their child health status, Al Hindi (2002),

concluded in clients satisfaction with radiology services that the client satisfaction was increased when the procedures time was increased. in addition to 84% of them were satisfied with the quantity of instructions and information they received regarding her child health care at home, also, about the benefits of the received instructions in feeding my child properly, about 86% of the interviewed mothers were agreed with this statement.

This results consistent with others at this dimension there is adequate time given for discussion and interpretation of the child status that lead to enough information and instructions mothers received. The benefits of information and counseling process supported by previous studies, as that by Heywood (1973), showed the benefits of keeping patients well informed. And Bond (1991), shows that adequate information giving is a necessary condition for customers' empowerment.

Chapter (6)

Conclusion and Recommendations

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Conclusion

This study was conducted to evaluate the child health services provided by AEI centers at the southern part of Gaza Strip from mother's perspectives, by assess and examine the mothers perspectives in terms of satisfaction and utilization of the provided health services rendered by the study centers, also to explore causes for follow up with this centers. In addition to identify areas for improvement and to provide the decision makers with helpful suggestions and recommendations.

This study was conducted at two centers of AEI at southern part of Gaza Strip (Khan Younis and Rafah center) were the child health services provided. The response rate was 100% at both Rafah and Khan Younis center because the interviewed mothers selected with convenient sampling, all cases seen and asked to participate were positively response for study participation. Face to face interview for data collection with questionnaire completed.

The results revealed that, the mean age of respondents was 28.2 years with SD 5.7 years, and nearly 45% of respondents were from the 26-34 years of age group, most of cases or respondents living in villages which represent 46% of study respondents and 36% from camps, the rest from cities. Also, most of them completed the secondary school with 41%, and only 8.4% from the respondents were illiterate, and 98.5% from mothers were not work. About father's occupation, only 16.8% of clients fathers working regularly, while 63.9% with irregular working and about 20% not working at all. Nearly 51% of respondents with 5 and less of family members, while 11.5% with more than 9 members. About the child age at interview, nearly 50% of the respondents child at 7-12 months age group, while 13.5% less than 6 months with mean 12.5 months of age, but the child age at the first visit for AEI shows that also, 47% at 7-12 months age group and 35.6% at 1-6 months age group with mean 9.3 months of age.

The child age indicate that most of children seen by AEI's clinics with late ages, that mean they arrived for treatment not for preventive care with early ages, to remember that the most important part of AEI's goal were to offer preventive services in related to nutritional health services. About the child number of visits for follow up with AEI, most of cases visit AEI less than 3 times represent nearly 70% of respondents, and only 22% with more than 4 visits.

The study findings revealed that the majority of mothers chief complain were nutritional problems with 91.1% of cases, and about 48% from them were hospitalized before first visit for some different reasons, most of hospitalization causes before visit was the Gastro-Respiratory infection and fever which represent 72% of cases, while nearly 15% related to nutritional problems, this percentages decreased at the hospitalization during follow up which revealed that nearly 20% of cases hospitalized during follow up period, while nearly 80% un-hospitalized, and the main causes of hospitalization during follow up also Gastro-Respiratory infection and fever with 69% of cases and 12% for nutritional problems and the rest percent 19% of the hospitalized cases related to other diseases as injuries, operations or others. Also results shows that 56.9% of cases visit others health centers (out patient clinics) for different reasons, the main one for immunizations and acute illness, while nearly 8.7% related to nutritional problems and 13% of cases because they believe there is

no child health status improvement. Medical transfer considered the main cause of selecting AEI's clinics, and 20.3% because past experience with this society, while 16.3% related to recommendations by others. Results shows that nearly 42.1% of respondents received social help from this society.

The study findings revealed that the overall perspectives level of mothers was reported as high as 82.5%. the dimension of mothers perspective with the received child health services which recorded the high positive scores were the level of mothers utilization from the offered services (87%). And second dimension was communication and information with (85%), then third dimension was the general satisfaction and counseling with (84%), followed by the dimension of attitudes and respect with (81%), then dimension of services availability with (80%), which reflect no statistical differences between mothers perspective and availability dimension, with slightly Khan Younis residents reporting higher positive scores than Rafah residents, about the suitability of the clinic place, nearly 61% of mothers responds positively with this items at both Khan Younis and Rafah, that need to give more attention for the place of both centers and its availability and suitability for clients. Also, the lowest perspectives scores were reported by the child care with (78%), and only 62% of respondents reported that their child weight increased, this results corresponding with nearly 69% of mothers believe that their children general health status improved than before visits, and 72% of respondents feel with neglecting and child careless during visit, but about the getting information and instructions, this study reflect that there is excellent package of information and instructions received by mothers in related to the nutritional health problems. This attribute to the need of more focusing on the child main complain by offering suitable treatment and information with continuous follow up schedule until the child health status improved.

Regarding the mother's sociodemographic factors, there are some differences in their perspectives; the result revealed that their was differences between the provinces (governorates) and dimensions of mothers perspectives, especially the mothers who were living in Khan Younis had more positive perspectives than mothers who were living in Rafah with highly statistical significance at overall perspectives. And mothers who were living in cities reported higher positive perspectives scores than others whom living in camps or villages.

Also, in related to the mother's age, study shows that the positive scores of perspectives increased as the age of mother increased, the study revealed that mother's age more than 34 years more satisfied than others with less ages groups, as also, the highly educated mothers reported the high positive perspective scores than whom less educated, that mean positive scores increased as the level of education increased. About the number of visits, the mother's perspective scores increased as the number of visits increased, thus the clients with more than 4 visits reported more positive scores than whom with less number of visits.

Also regarding the child hospitalization before AEI visit, results revealed that the children who were un-hospitalized before visit reported higher positive perspective than who were hospitalized and the children who were hospitalized during follow up, results revealed that the un-hospitalized child during follow up period reported higher positive perspective scores than who were hospitalized. The mothers who were visit any other health centers, results revealed that the mothers who visit any other health centers reported higher positive perspectives scores than others who were not visit any others health centers, that attributed to mothers experience with health centers and health care agencies which able to differentiate between both services offered in regarding to the dimension evaluated.

Regarding to the reason for choosing this agency, the results revealed that the mothers who choose this agency because (recommended by others), had higher positive perspective scores than others who were choose this agency because medical transfer or past experience, this issues express the strongest of social relationship among our community, client comply more positively with friends, relatives instructions or advice than what received from formal ways as health providers, thus mother accept and comply with the services received. About the social aids offered to the child, results revealed that the mothers who were received social aid from this agency reported high positive perspectives scores than who not received any help.

In regarding to the waiting time, mothers perspective scores reflected that moderately satisfied with this issue (74%). Also, the staff responsiveness to clients indicate that moderately satisfied with (71%), and most of clients bored during visit (52%) to the clinics of AEI.

However, within this overall study picture of relatively moderate level of positive perspective scores of mothers (satisfaction) towards the child health services offered by AEI's centers, a number of specific suggestions and issues have been identified and others need for improvements.

Recommendations

The health services provided at both governmental and non-governmental health facilities should respond to the clients perspectives in regarding this services in order to enhance client involvement in decision making. The study results that help in developing an in depth understanding issues which influence mothers perspectives and to address its causes. Therefore, recommendations based on the study findings which might help health care providers, managers and decision makers to set priorities, quality improvement plan and methods for effective problem solving.

* Most of children number of visits less than three visits until time of interview, only two visits considered insufficient for good contact between clients and health providers, managers should work to increase the contact time with both, and enhance follow up schedules for the nearest and frequent visits as child health status need.

* Conduct training courses to the staff including physicians, nurses, and technicians to enhance their communication skills with their clients.

* Supporting strategies that appreciate the role of informativeness of the clients about their child health related issues. The health provider should inform and educate clients about their child health to help them in changing their behaviors in ways that positively influence their child health.

* Frequent assessment to ensure that the mothers utilizing the provided information, instructions and treatment effectively, through good frequent listening for mothers and her child home care.

* Managers should examine and assess the suitability of the centers places (location) and its availability for clients.

* Child care dimension the least positive perspective scores than others, this issue need more investigations at other studies.

* Client's perspective dissatisfied with the staff responsiveness as study results revealed, thus, managers and staff should working to improve the responsiveness for client's needs.

* Results revealed that clients bored during visits, decision makers with their staff should examine its sources, and organize the work and decrease the clients' feelings of bored.

Areas for further research

* Child care dimension the least positive perspective scores than others, this issue need furthers studies for discussion.

* Anew probability sampling study was recommended.

* Examine the relationship between the client Residency (city, camp or villages) and its effect on client perspective.

*A qualitative studies to evaluate clients' perspective to explain clients' feelings and perspectives.

* Further evaluative studies for other health institutions to confirm or disconfirm this findings, and explore the main differences between NGOs and others.

* Examine the relationship between the employee job satisfaction and its influence on the client satisfaction.

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Annexes

THE STUDY QUESTIONNAIRE

Date ----------

Child name----------(not necessary)

1- Sex **(1) M.** **(2) F.**

2- Governorate **(1) Khan Younis.** **(2) Rafah.**

3- Residency **(1) City.** **(2) Camp.** **(3) Village.**

4- The child age (today) in month:

5- The child age at first visit (month):

6- Number of visits for the same child:

7- Mother's Age (year):

8- Mother's Education level

(1) Illiterate.

(2) Primary.

(3) preparatory.

(4) Secondary.

(5) College/University.

(6) Higher education.

9- Mother's work

(1) Working.

(2) Not Working.

10- Number of Family Members (including parents):

(1) 5 and less.

(2) 6 – 9.

(3) More than 9.

11- Father work.

(1) Absolutely not working.

(2) Irregular work.

(3) Regular work.

12- Reason of the first visit (mother's complain):

13- Do the child hospitalized before first visit.

(1) Yes.

(2) No.

14- If (13) yes, Why?

15- Do the child hospitalized during follow up period.

(1) Yes.

(2) No.

16- If (15) Yes, Why?

17- Do the child visit any other health centers.

(1) Yes.

(2) No.

18- If (17) Yes, Why?

19- Causes of choosing AEI.

(1) Nearest to my home.

(2) Recommended by others.

(3) Medical transfer.

(4) Past experience.

(5) Others.

20- If getting any social aids from AEI.

(1) Yes.

(1) No.

21- If (19) Yes, identify the type.

General Satisfaction:

22- Overall I am satisfied with the services my child received.

a- Disagree. b- Uncertain. c- Agree.

23- If I need health services for my child in the future, I would use these services again.

a- Disagree. b- Uncertain. c- Agree.

24- If I had other choices, I would still get services from this agency.

a- Disagree. **b- Uncertain.** **c- Agree.**

25- I would recommend this agency to a friend or family member.

a- Disagree. **b- Uncertain.** **c- Agree.**

26- I am satisfied with the way agency staff treated my child.

a- Disagree. **b- Uncertain.** **c- Agree.**

27- I am satisfied about the examination process on my child health and progress.

a- Disagree. **b- Uncertain.** **c- Agree.**

28- I am satisfied with the level of expertise of the staff.

a- Disagree. **b- Uncertain.** **c- Agree.**

29- I am perceive that waiting time before nursing and doctor assessment is acceptable.

a- Disagree. **b- Uncertain.** **c- Agree.**

30- I am perceive that the time spent during agency visit is acceptable.

a- Disagree. **b- Uncertain.** **c- Agree.**

31- I am satisfied with the amount of time care provider spent with my child.

a- Disagree. **b- Uncertain.** **c- Agree.**

Attitudes and Respect:

32 - Staff treated us with respect.

a- Disagree. **b- Uncertain.** **c- Agree.**

33- Staff language clear and plain for me.

a- Disagree. **b- Uncertain.** **c- Agree.**

34- I felt that I was being respected.

a- Disagree. **b- Uncertain.** **c- Agree.**

35 - I felt that I was being concerned with my child….

a- Disagree. **b- Uncertain.** **c- Agree.**

36 - Staff responds in timely manner when being called.

a- Disagree. **b- Uncertain.** **c- Agree.**

37 - Staff consistently demonstrate willingness to listen to me.

a- Disagree. **b- Uncertain.** **c- Agree.**

38 - I am and my child were very bored at the center during visits.

a- Disagree. **b- Uncertain.** **c- Agree.**

Utilization from services:

39- I am better able to assess my child health status.

a- Disagree. **b- Uncertain.** **c- Agree.**

40 - I deal more effectively with my child health problems.

a- Disagree. b- Uncertain. c- Agree.

41 - I am more concern with my child weight, and frequent, periodic weight follow up.

a- Disagree. b- Uncertain. c- Agree.

42 - My housing situation has improved (ventilation and cleansing).

a- Disagree. b- Uncertain. c- Agree.

43- That necessary to expose child for sun for limited time.

a- Disagree. b- Uncertain. c- Agree.

44- Breastfeeding contribute to protect child against diseases.

a- Disagree. b- Uncertain. c- Agree.

45- Supplementary feeding necessary for child after 4th. Of age.

a- Disagree. b- Uncertain. c- Agree.

46- Should increase oral fluids for child with diarrhea.

a- Disagree. b- Uncertain. c- Agree.

Availability of services:

47 - The location of center was convenient for us (public transportation, distance, etc).

a- Disagree. b- Uncertain. c- Agree.

48 - Convenience of the duty hours.

a- Disagree. b- Uncertain. c- Agree.

49- I am perceive that the appointment schedule are suitable for follow up again.

a- Disagree. b- Uncertain. c- Agree.

Communication and Information:

50 - Staff telling me every thing being truthful and frank.

a- Disagree. b- Uncertain. c- Agree.

51 - Clear and enough instructions the care provider gave you about child home care.

a- Disagree. b- Uncertain. c- Agree.

52 - Always staff encouraging me to ask questions about child care.

a- Disagree. b- Uncertain. c- Agree.

53 - I am received instructions about the danger signs that require seeking medical attention after I went home.

a- Disagree. b- Uncertain. c- Agree.

Child Care:

54 - I got helpful advice about child feeding.

a- Disagree. b- Uncertain. c- Agree.

55 - Good frequent child health and nutritional assessment by the staff.

a- Disagree. b- Uncertain. c- Agree.

56 - My child weight increased properly during follow up period.

a- Disagree. b- Uncertain. c- Agree.

57- I belief that my child receive a suitable treatment.

a- Disagree. b- Uncertain. c- Agree.

58 - Suitable medication was given for child as prescribed.

a- Disagree. b- Uncertain. c- Agree.

59 - I felt ignored, no one care about my child.

a- Disagree. b- Uncertain. c- Agree.

60 - Generally, my child health status better than before.

a- Disagree. b- Uncertain. c- Agree.

Health Counseling:

61 - I was received satisfactory answers to my questions.

a- Disagree. b- Uncertain. c- Agree.

62 - Always I have had enough time to discuss my child condition during my consultation.

a- Disagree. b- Uncertain. c- Agree.

63 - I got enough information about child care at home.

a- Disagree. b- Uncertain. c- Agree.

64 - I got helpful advice about my child feeding.

a- Disagree. b- Uncertain. c- Agree.

65 - I got information about the prescribed medication.(if any)

a- Disagree. b- Uncertain. c- Agree.

بسم الله الرحمن الرحيم

No. ( ) الرقم

التاريخ : ----------

اسم الطفل : ---------- (ليس إلزامي)

١- الجنس 1 - ذكر 2 - أنثى

٢- المحافظة 1 - خان يونس 2 - رفح

٣- مكان السكن: 1- مدينة 2- مخيم 3- قرية أو ريف

٤- عمر الطفل (اليوم) بالشهر : .....

٥- عمر الطفل عند أول زيارة للمركز (بالشهر) :.....

٦- عدد الزيارات لنفس الطفل (تشمل هذه الزيارة) منذ بداية العام الحالي..... زيارة.

٧ - عمر ألام: ..... سنة

٨- المستوى التعليمي للام :

1 - أمي.

2 - ابتدائي.

3 - إعدادي.

4 - ثانوي.

5 - جامعي أو معهد.

6 - دراسات عليا.

٩- عمل ألام:

1 - تعمل.

2- لا تعمل (ربة بيت).

١٠ - عدد أفراد الأسرة يشمل الوالدين ..... فرد.

1– 5 واقل.

2 - 6 – 9.

3- أكثر من 9 أفراد.

١١- عمل الأب:

1 - لا يعمل بتاتا.

2 - عمل غير منتظم.

3- يعمل بانتظام.

١٢- سبب أول زيارة للمركز(شكوى ألام) .....

١٣- هل سبق و أن ادخل ا لطفل لمستشفى قبل بدا المتابعة مع ارض الإنسان؟

1- نعم

2- لا

١٤- إذا كانت الإجابة في (١٣) نعم, فلماذا----------.

١٥- هل ادخل الطفل لمستشفى خلال المتابعة مع ارض الإنسان؟

1- نعم

2- لا

١٦- إذا كانت الإجابة في (١٥) نعم, فلماذا----------.

١٧- هل راجع الطفل أي مركز أو عيادة للعلاج خلال المتابعة مع ارض الإنسان؟

1- نعم

2-لا

١٨- إذا كانت الإجابة في (١٧) نعم, فلماذا ----------.

١٩- لماذا اخترت المتابعة مع ارض الإنسان؟

1- لأنها اقرب لمنزلي.
2- نصحني بها الآخرون.
3- تحويله من طبيب.
4- خبرة \ معرفة سابقة.
5- أخرى, حددي.....

٢٠- هل حصلت على مساعدات من هذه المؤسسة.
1- نعم.
2- لا.

٢١- إذا كانت الاجابه نعم في (٢٠), حددي نوع المساعدة.....

أولا: الرضا العام:

٢٢- بصورة عامة أنا راضية عن الخدمات التي تلقاها طفلي.
1- لا أوافق. 2- متردد. 3- موافق.

٢٣- إذا احتاج طفلي لأي خدمات صحية في المستقبل, فسوف أعود إلى هذا المركز ثانية.
1- لا أوافق. 2- متردد. 3- موافق.

٢٤- لو أتيحت لي خيارات أخرى فسوف أبقى أتابع مع هذه المؤسسة.
1-لا أوافق. 2- متردد. 3- موافق.

٢٥- سوف انصح الآخرين بالمتابعة مع هذه المؤسسة.
1-لا أوافق. 2- متردد. 3- موافق.

٢٦- أنا راضية عن الطريقة التي تعامل \ عالج بها طاقم المركز طفلي.
1-لا أوافق. 2- متردد. 3- موافق.

٢٧- أنا راضية عن الكشف الطبي الذي تم لطفلي و متابعة حالته الصحية.

1-لا أوافق. 2- متردد. 3- موافق.

٢٨- أنا راضية عن مستوى الخبرة التي يتمتع بها مقدمو الخدمات الصحية في هذه المؤسسة.

1-لا أوافق. 2- متردد. 3- موافق.

٢٩- أنا أرى أن وقت الانتظار قبل معاينة التمريض و الطبيب لطفلي مناسب.

1- لا أوافق. 2- متردد. 3- موافق.

٣٠- أنا أرى أن الوقت الذي اقضيه خلال الزيارة \ المراجعة مناسب.

1- لا أوافق. 2- متردد. 3- موافق.

٣١- أنا راضية عن كمية الوقت الذي يقضيها مقدم الخدمة مع طفلي.

1- لا أوافق. 2- متردد. 3- موافق.

ثانيا: التوجهات و الاحترام:

٣٢- الطاقم تعامل معي باحترام.

1-لا أوافق. 2- متردد. 3- موافق.

٣٣- اللغة التي يخاطبني بها الطاقم واضحة لي و مفهومة.

1-لا أوافق. 2- متردد. 3- موافق.

٣٤- اشعر باحترام مقدمي الخدمات الصحية لي.

1-لا أوافق. 2- متردد. 3- موافق.

٣٥- اشعر بالاهتمام بي و بطفلي من قبل طاقم المركز خلال الزيارة.

1- لا أوافق. 2- متردد. 3- موافق.

٣٦- الموظف يستجيب في الحال إذا تم استدعاؤه.

1- لا أوافق. 2- متردد. 3- موافق.

٣٧- اشعر بان الطاقم دائما يبدي استعدادا للاستماع لي.

1- لا أوافق. 2- متردد. 3- موافق.

٣٨- اشعر بأنني و طفلي أجهد كثيرا من اجل الحصول على الخدمة المطلوبة خلال الزيارة.

1- موافق. 2- متردد. 3- لا أوافق.

ثالثا: مدى الاستفادة من خدمات المؤسسة:

٣٩- امتلك القدرة الجيدة على معاينة الوضع الصحي العام لطفلي في المنزل.

1- لا أوافق. 2- متردد. 3- موافق.

٤٠- أصبحت قادرة على التعامل مع بعض المشاكل الصحية لطفلي.

1- لا أوافق. 2- متردد. 3- موافق.

٤١- اهتم أكثر بميزان الطفل , مع متابعة وزن الطفل باستمرار بعد زيارتي للمركز.

1- لا أوافق. 2- متردد. 3- موافق.

٤٢- أصبحت اهتم أكثر بالوضع الصحي لمنزلي بعد زيارتي للمركز.(مثل التهوية و النظافة)

1- لا أوافق. 2- متردد. 3- موافق.

٤٣- من الضروري تعريض الطفل لأشعة الشمس لوقت محدد.

1- لا أوافق. 2- متردد. 3- موافق.

٤٤- الرضاعة الطبيعية تساهم في تحصين الأطفال ضد الأمراض.

1- لا أوافق. 2- متردد. 3- موافق.

٤٥- الأغذية الفطامية ضرورية للطفل بعد الشهر الرابع.

1- لا أوافق. 2- متردد. 3- موافق.

٤٦- يجب زيادة كمية السوائل للطفل المصاب بالإسهال.

1- لا أوافق. 2- متردد. 3- موافق.

رابعا: إمكانية الوصول للخدمة:

٤٧- مكان المركز ملائم لنا. (مثل المواصلات العامة و المسافة)

1- لا أوافق. 2- متردد. 3- موافق.

٤٨- آري بان ساعات دوام المركز ملائمة لي للزيارة.

1- لا أوافق. 2- متردد. 3- موافق.

٤٩- اعتقد بان مواعيد المراجعة التي يحددها الموظف لي مناسبة.

1- لا أوافق. 2- متردد. 3- موافق.

خامسا: طرق الاتصال و المعلومات المقدمة:

٥٠- مقدمو الخدمات يخبروني عن كل ما يتعلق بطفلي بصدق ووضوح.

1- لا أوافق. 2- متردد. 3- موافق.

٥١- مقدمو الخدمات يتحدثون معي بلغة أستطيع فهمها عندما يصفون لي حالة طفلي و علاجه.

1- لا أوافق. 2- متردد. 3- موافق.

٥٢- مقدمو الخدمات يشجعونني دائما على طرح الأسئلة و الاستفسار عن كيفية العناية بالطفل.

1- لا أوافق. 2- متردد. 3- موافق.

٥٣- تلقيت إرشادات عن الأعراض المرضية التي تتطلب ضرورة نقل الطفل لمركز صحي.

1- لا أوافق. 2- متردد. 3- موافق

سادسا: العناية بالطفل:

٥٤- حصلت على نصائح و إرشادات مفيدة عن كيفية تغذية الطفل.

1- لا أوافق. 2- متردد. 3- موافق.

٥٥- يتم دائما معاينة الحالة الصحية للطفل بشكل جيد و عند كل زيارة.

1- لا أوافق. 2- متردد. 3- موافق.

٥٦- خلال فترة المتابعة زاد وزن طفلي زيادة مناسبة.

1- لا أوافق. 2- متردد. 3- موافق.

٥٧- اعتقد بان الطفل كان يتلقى العلاج المناسب له.

1- لا أوافق. 2- متردد. 3- موافق.

٥٨- العلاج الموصوف للطفل كان يصرف كاملا من الجمعية في كل مرة.

1- لا أوافق. 2- متردد. 3- موافق.

٥٩- أحيانا اشعر بأنة يتم إهمالي و لا أحد يهتم بالطفل.

1- موافق. 2- متردد. 3- لا أوافق.

٦٠- بصورة عامة الحالة الصحية للطفل الآن أفضل كثيرا من قبل.

1- لا أوافق. 2- متردد. 3- موافق.

سابعا: الاستشارة الصحية:

٦١- دائما أتلقى إجابات مرضية على أسئلتي و استفساراتي.

1- لا أوافق. 2- متردد. 3- موافق.

٦٢- دائما أعطى الوقت الكافي لشرح الوضع الصحي للطفل.

1- لا أوافق. 2- متردد. 3- موافق.

٦٣- اعتقد بأنني احصل على معلومات كافية بخصوص العناية المنزلية بالطفل.

1- لا أوافق. 2- متردد. 3- موافق.

٦٤- اعتقد بان الإرشادات التي تلقيتها ساعدتني كثيرا في تغذية طفلي بشكل سليم.

1- لا أوافق. 2- متردد. 3- موافق.

٦٥- دائما احصل على إرشادات عن الأدوية التي تم صرفها لي و كيفية إعطائها.

1- لا أوافق. 2- متردد. 3- موافق.

مع الشكر

Table (5.12): Distribution of study population by Governorates:

Governorate	Frequency	Percent
Khan Younis	110	54.5
Rafah	92	45.5
Total	202	100.0

Table (5.13): Distribution of study population by living place (Residency):

Residency	Frequency	Percent
City	35	17.3
Camp	74	36.6
Village	93	46.0

Table (5.14): Distribution of study population by the mother's age:

Mother's age	Frequency	Percent
17 - 25	78	38.6
26 - 34	90	44.6
> 34	34	16.8

Table (5.15): Distribution of study population by mother's educational level:

Education level	Frequency	Percent
Illiterate	17	8.4
Primary	32	15.8
Preparatory	50	24.8
Secondary	83	41.1
College / University	20	9.9

Table (5.16): Distribution of study population by mother's occupation:

Mother's work	Frequency	Percent
Work	3	1.5

Not work	199	98.5

Table (5.17): Distribution of study population by the No. of family members:

No. family members	Frequency	Percent
5 and less	102	50.5
6 - 9	77	38.1
> 9	23	11.4

Table (5.18): Distribution of study population by father's occupation:

Father's work	Frequency	Percent
Not work	39	19.3
Irregular work	129	63.9
Regular work	34	16.8

Table (5.19): Illustrates the child age at interview:

Age group	Frequency	Percent
1 - 6	27	13.4
7 - 12	100	49.5
13 - 18	50	24.8
> 18	25	12.4

Table (5.20): Illustrates the ages of children at the first visit for AEI:

Age group	Frequency	Percent
1 - 6	72	35.6
7 - 12	95	47.0
>12	35	17.3

Table (5.21): Distribution of study population by number of visits for AEI:

Visits No.	Frequency	Percent
< 3	125	61.9
3 - 4	33	16.3
> 4	44	21.8

Table (5.22): Mother's chief complains:

Categories	Frequency	Percent
Nutritional problems	184	91.1
Others	18	8.9
Total	202	100.0

Table (5.23): Child hospitalization before visit:

Categories	Frequency	Percent
Yes	97	48.0
No	105	52.0
Total	202	100.0

Table (5.24): Causes of hospitalization before visit:

Categories	Frequency	Percent
Nutritional problems	14	6.9
Gastro / Resp. infection / fever	70	34.7
Others	13	6.4

Table (5.25): Child hospitalization during follow up:

Categories	Frequency	Percent

Yes	42	20.8
No	160	79.2
Total	202	100.0

Table (5.26): Causes of hospitalization during follow up:

Categories	Frequency	Percent
Nutritional problems	5	2.5
Gastro. / Resp. infection / Fever	29	14.4
Others	8	4.0

Table (5.27): Any visit to other health centers:

Categories	Frequency	Percent
Yes	115	56.9
No	87	43.1
Total	202	100.0

Table (5.28): Causes of visit to other health centers:

Categories	Frequency	Percent
Nutritional problems	10	5.0
No improvement	15	7.4
Others	90	44.6
Total	115	56.9

Table (5.29): Causes of selecting Ard El Insan:

Categories	Frequency	Percent
Recommended by others	33	16.3
Medical transfer	128	63.4
Past experience	41	20.3

Table (5.30):Having any help from Ard El Insan:

Categories	Frequency	Percent
Yes	85	42.1
No	117	57.9
Total	202	100.0

Table (5.31): Type of aids:

Categories	Frequency	Percent
Milk for child	11	5.4
Food aids	64	31.7
Others	10	5.0
Total	85	42.1