



CUSTOMER SATISFACTION INFORMATION FORM

In order to help us improve the quality of our services, kindly fill the following questionnaire and return it to us by e-mail at your best convenience. Thank you for helping us in this endeavour. You receive this questionnaire because you have contracted our services in the past, either directly or indirectly. The filling of this form will take no more than ten minutes and will contribute to maintaining our objectives : dedication to the pursuit of excellence through customer satisfaction in Quality Evaluation, Research and Planning Services.

- 1. Number of persons contracted and names : Christian Bugnion de Moreta
- 2. Title of project, programme or policy : “Strengthening Regional Multi-National Coordination for Increased Protection of Vulnerable and Trafficked Migrant Children Travelling Through the Gul of Aden Migration Route” Project

2.b. Mission date : October/November 2016

3. Type of service (Please tick as appropriate)

- Evaluation : X
- Planning mission : -
- Research : -
- Other (specify) : -

4. Please appraise the overall quality of services undertaken (on a scale of 0 –lowest- to 10 –highest-) : 8

5. Regarding our staff, please appraise (on a scale of 0 –lowest- to 10 –highest-)

- 1. skills : 8
- 2. knowledge : 8
- 3. attitude : 10
- 4. commitment : 10

6. Please also indicate the level of appropriateness of the methodology and methodological tools that were used during the assignment

(on a scale of 0 –lowest- to 10 –highest-) : 7 (considering the many constraints in place)

7. Kindly appraise the quality of the final report delivered (on a scale of 0 –lowest- to 10 –highest-) in terms of :

- 1. style : 8
- 2. content : 8
- 3. clarity : 8
- 4. format : 8

5. length : 8
6. answering the TOR : 9

8. Kindly indicate the level of usefulness and utilisation of the services rendered (on a scale of 0 -lowest- to 10 -highest-) : 9

9. Did our services contribute to positive change within your organisation? Please tick as appropriate :

Yes No Not applicable

If no, why?

10. Did our services contribute to improved practices within your organisation?

Yes No Not applicable

If no, why?

11. Have our services contributed to obtaining increased donor support?

Yes No Not applicable

If no, why?

12. How do our services compare to that of our competitors (other companies) :

Better worse Same

Please explain


NOT ENOUGH ELEMENTS TO ANSWER

12. Please list our strengths

→ CAPACITY TO UNDERSTAND AND ADAPT TO CLIENT'S NEEDS

13. Please list our weaknesses

14. What can be improved?



Please indicate your name : Paolo Caputo

Your title and your organisation : Head of Programmes, IOM Ethiopia

current date : 23/05/2017

Thank you for your time and kind collaboration and for helping us better serve you.