Delivering High-Quality DSD Services at Scale
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IMPLEMENTATION OF DIFFERENTIATED SERVICE DELIVERY MODELS OF HIV SERVICES: A CROSS SECTIONAL ASSESSMENT OF CLIENT SATISFACTION, UGANDA

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The CQUIN Project for Differentiated Service Delivery

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Presentation Outline

❑Background

❑Methods

❑Results

❑Recommendation

Background

- 2016, WHO recommended implementation of DSD

- 2017, Uganda adopted DSD strategy and rolled out in high volume facilities

- Five models were recommended for implementation
  - FBIM
  - FBG
  - FTDR
  - CDDP
  - CCLAD

- End 2018, DSD was implemented in 474 High volume ART facilities country wide

Background

- In 2017, Uganda MoH began planning scale up of DSD for all ART facilities, however there was a lack of information on performance to guide expansion

- Through Global Fund support, a country wide study to examine DSD implementation was conducted to collect data on measures of DSD quality

- Uganda MoH routinely conducts client satisfaction assessments during quarterly support supervision but, these assessments are performed on a small sample and are not used to inform strategic interventions

- A client satisfaction objective was added to the overall national study examining the quality of DSD implementation.

Methods -1

- Country wide facility based study to assess DSD implementation – performance & initial outcomes

- Cross sectional design – used quantitative and qualitative methods

- Data was collected from;

  - 10 HIV sero-survey regions and 33 random selected districts

  - 50 high volume ART facilities implementing DSDM

  - 5 models of care (FBIM, FBG,FTDR, CDDP, CCLAD) assessed

  - Data was collected between Jan and April, 2019
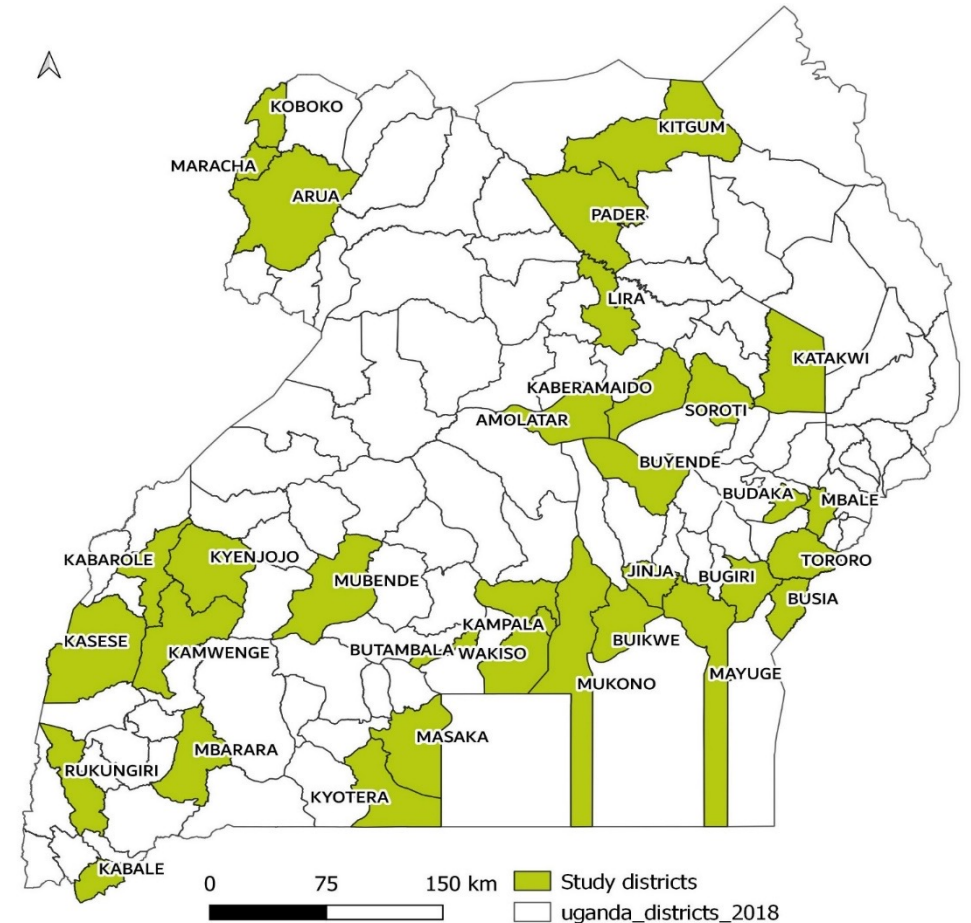
Methods - 2

- **Procedure and Sample size:**
  - ➢Exit interview with 8384 ROC randomly selected
  - ➢10 FGDs(5 male, 5 female) with experience ROC
- **Client Satisfaction was assessed using five dimensions**

  ➢Accessibility/convenience (*Place, time of the day, day of the week for drug refill and clinic review*);

  ➢Environment *(cleanliness, easy to find where to go, privacy);*

  ➢Efficiency *(waiting time, contact time, cost during visit);*

  ➢Comprehensiveness *(health education, counseling, number of visits);*

  ➢Humaneness *(friendly, confidentiality, respect, listen, given enough time, involved)*

Methods - 3

Quantitative Data

➢Client satisfaction was measured on a scale of 1 to 5,

➢ Client respondents who scored 3 and above was considered "satisfied"

➢A composite satisfaction score was computed for each model, and the overall score for all the five dimensions

Qualitative Data

➢Themes identified and coded in matrix tables using excel. Codes grouped into categories and then themes and subthemes, relevant quotations

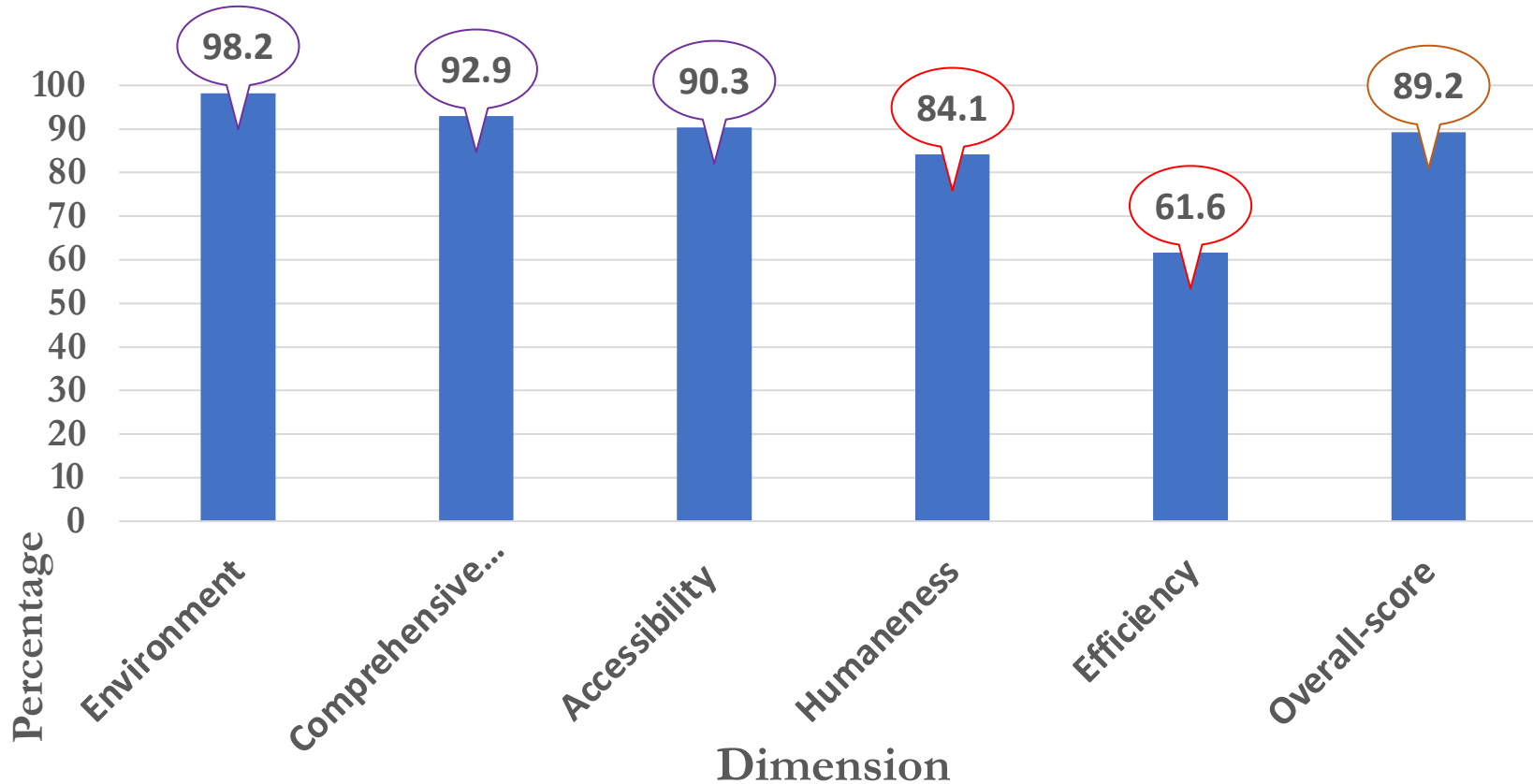| D	Patients satisfaction					
We are interested in receiving your feedback about the HIV care services you are receiving under the current method of care you are using. Your responses are important to us and will help to improve the services.						
	Accessibility/convenience *(How convenient to you are the following :)*	Extremely Inconvenient	Very inconvenient	Convenient	Very convenient	Extremely convenient
D1	Place for drug refill	1	2	3	4	5
D2	Day of the week you are scheduled to pick your drugs	1	2	3	4	5
D3	Time of the day you pick your drugs	1	2	3	4	5
D4	Place for clinic review	1	2	3	4	5
D5	Day of the week you are scheduled for clinic review	1	2	3	4	5
D6	Time of the day you are scheduled for clinic review	1	2	3	4	5
	Environment *(Tell me how good are the following :)*	*Very good*	*Good*	*Fair*	*Poor*	*Very Poor*
D7	Neatness and cleanliness	5	4	3	2	1
D8	Ease of finding where to go (clinic flow)	5	4	3	2	1
D9	Privacy	5	4	3	2	1

Results

Satisfaction with DSD Model Type
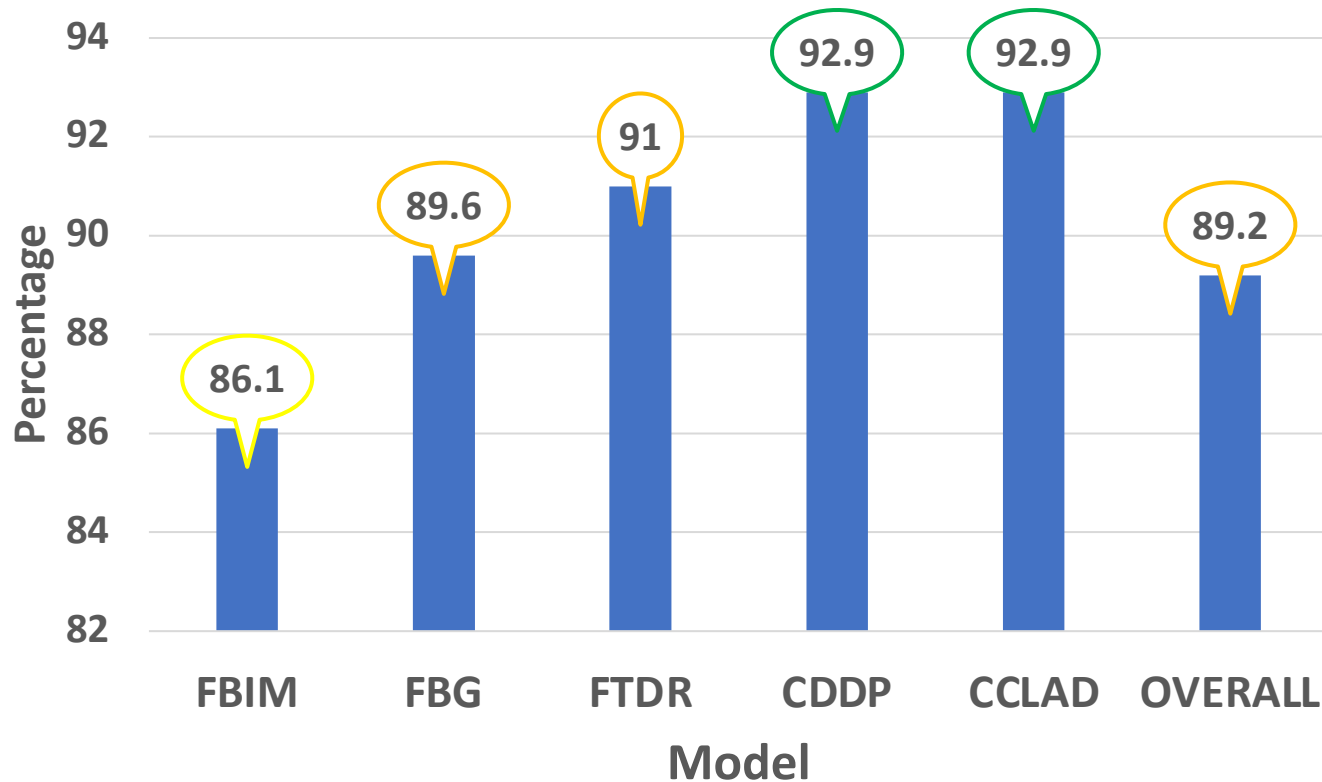
➢**Overall satisfaction with all DSD models was high (89.2%)**

➢**Satisfaction was relatively lower for facility models as compared to community models**
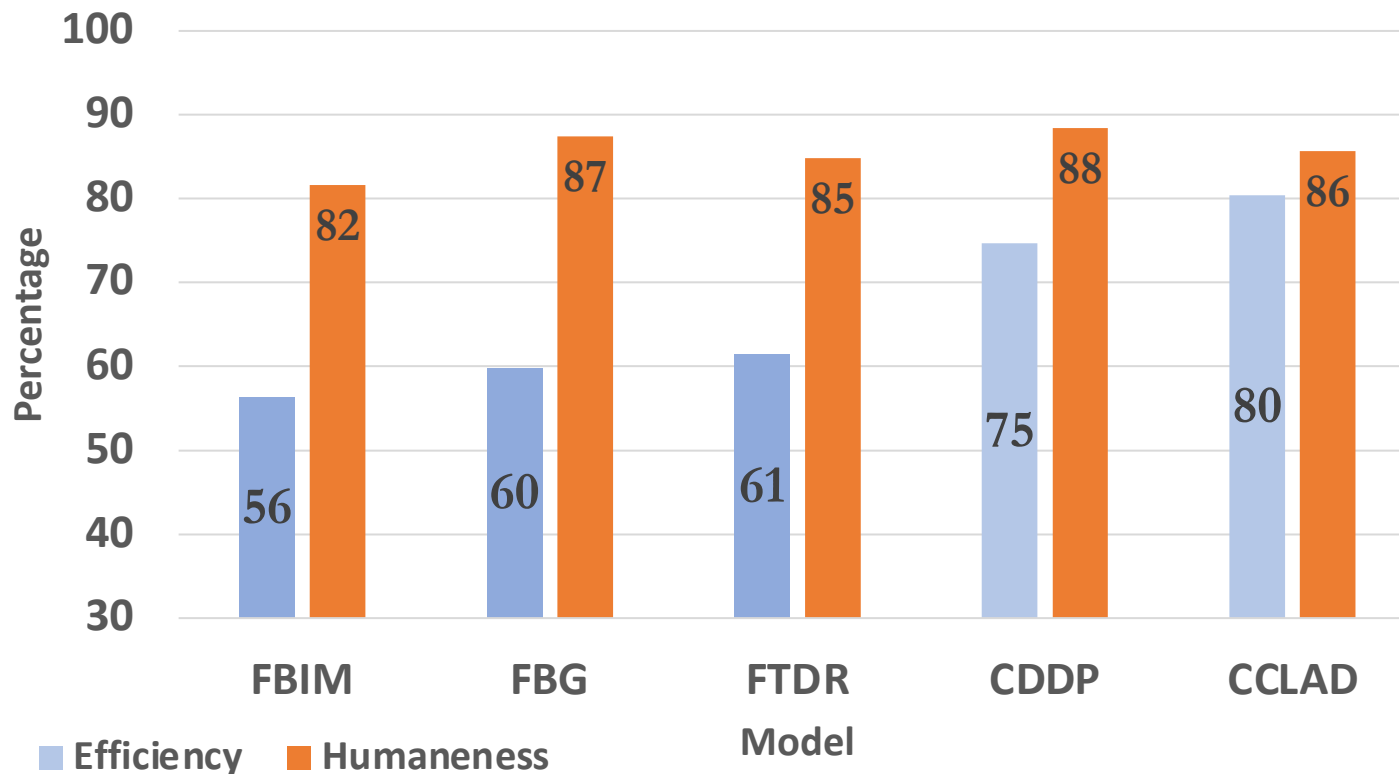
Results

Satisfaction by Dimension

'Efficiency' and 'Humaneness' had the lowest satisfaction level

Results

Satisfaction with 'Efficiency' and 'Humaneness' Dimensions by DSD Model Type

➢ **Satisfaction with 'efficiency' was relatively lower for facility models compared to community models**

➢ **Satisfaction with humaneness was about the same across all models**

Results

Overall Satisfaction by Health Facility Level

Health facility level	Total (N.)	Satisfied n(row%).	Crude PR (95%CI)	p-value
Regional Referral Hospital	3,305	2891(87.5)		
General Hospital	2,701	2447(90.6)	1.04(1.02-1.05)	<0.001
HCIV	1,736	1555(89.6)	1.02(1.00-1.05)	0.024
HCIII	674	613(90.9)	1.04(1.01-1.07)	0.005

Satisfaction was higher in lower facilities than regional referral level facilities

Qualitative Data

➢Efficiency was a key contributor to client satisfaction;

"There is too much waiting and sitting, you come here in the morning, by 8am you are here and the health workers tell you that they have a meeting at 8am and they leave you…… the meeting end at 10:00am and they tell you its time for break tea … they go for tea and you continue waiting for them,… most times you are hungry yet you have no money to buy something to drink, you keep moving around, it is so annoying…..they start working on you late when you are very tired" **(FGD, FBIM)**

Conclusion

- Satisfaction was high across models. This is a possible indication of prospects of DSD models to improve quality of care

- Satisfaction was relatively lower for facility models than community models. This is likely an effect of low efficiency for facility models including long waiting time and higher patient costs

- Satisfaction was relatively higher for lower health facilities than regional referral. This result could be an influence of less patient volumes and more clients being enrolled on community models

Recommendations

- More attention is required to further enhance the efficiency i.e;
  - Put measures to minimize patient waiting time
  - Have more patients enrolled to community models

- Quality of provider-patient interaction should also be emphasized - Humaneness
  - Communication
  - Feedback
  - Empathy

Acknowledgement

❖Global Fund

❖MOH

❖Districts

❖Health Facilities

❖ROC