

ROC Satisfaction Across the Cascade in Sierra Leone

Idrissa D.M. Songo
Executive Director
NETHIPS

HIV Coverage, Quality, and Impact Network

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ROC Satisfaction - Our Perspective

We consider **ROC satisfaction** to mean when the services received by the Recipient of Care (ROC) or service user meets his/her expectations.

Simply put: It means among other things

- minimal time is spent by the ROC in receiving the services;
- the intended services were available without interruption;
- the services were of high quality irrespective of where the service was sought and who received it;
- the service meets the specific needs of the ROC;
- there is effective communication with ROC;
- and that it was provided in an atmosphere wherein the Human Rights of the ROC was taken into consideration and protected.

Community-Led Monitoring Definition

Community-Led Monitoring: is an accountability mechanism for HIV responses at different levels, led and implemented by local community-led organizations of people living with HIV, networks of key populations, other affected groups or other community entities.

Community-Led Monitoring *is therefore a process where communities take lead to routinely monitor an issue that matters to them by:*

- *Identifying their top priorities;*
- *Creating indicators to routinely track those priorities;*
- *Collecting data;*
- Analyze the result
- *Share insights from the data with a larger group of stakeholders*

The 5 As Framework – Top Priorities for Monitoring

Availability	Accessibility	Acceptability	Affordability	Appropriateness
<p>Do the required health services, medicines, commodities and supplies exist?</p> <p>If so, do they exist when they are needed and in adequate supply?</p> <p>How are stock out of HIV drugs and other commodities managed?</p>	<p>Are there long travel distances or wait time</p> <p>Are hours of operation convenient?</p> <p>Are referral processes along the care cascade smooth?</p>	<p>Is there a high quality of care</p> <p>Are services provided free of stigma and discrimination?</p> <p>Are the Human Rights of Recipients of Care promoted and protected?</p>	<p>Do services require user fees or out-of-pocket spending on behalf of the Recipients of Care?</p> <p>Is the service delivery model(s) efficient?</p> <p>What is the sustainability of the response?</p>	<p>Are services tailored to the specific needs of key and vulnerable populations?</p> <p>Are age and gender considered in service packages?</p> <p>Are the guidelines and recommendations for better service delivery for key and vulnerable populations implemented?</p>

Methodology

Exit interview to explore level of satisfaction of ROC with services received

Data informed on health systems-related challenges that pose barriers to care for the ROC

Data analysis (Qualitative and Quantitative)

Data cleaning

Categorization of Responses

Data analysis

Identification of key issues for action

Sample CLM Data Collection Tool - ROC Identification

Category	Gender			Age
	Male	Female	Other	
TB				
Key Population (MSM, FSW, PWID, PLHIV, Persons in closed settings) Please tick right option				
Persons with Disability				
Caregiver for Children Living with HIV				
Pregnant Women				
Lactating Mother				

Availability

1	a. How often do you need to return to the clinic for your medications/Refill?	Once every ____ days/weeks/months
	a. For how many days/weeks/months did you receive medication/refill during your last visit?	____ days/weeks/months
2	a. Was there stock out of your medication during your last visit? (Circle the client's answer)	a. Yes No Don't know
	Additional comments:	
	b. Has your medication changed within the last three months ?	Yes No Don't know
	Additional Comments (provide reasons)	

Accessibility

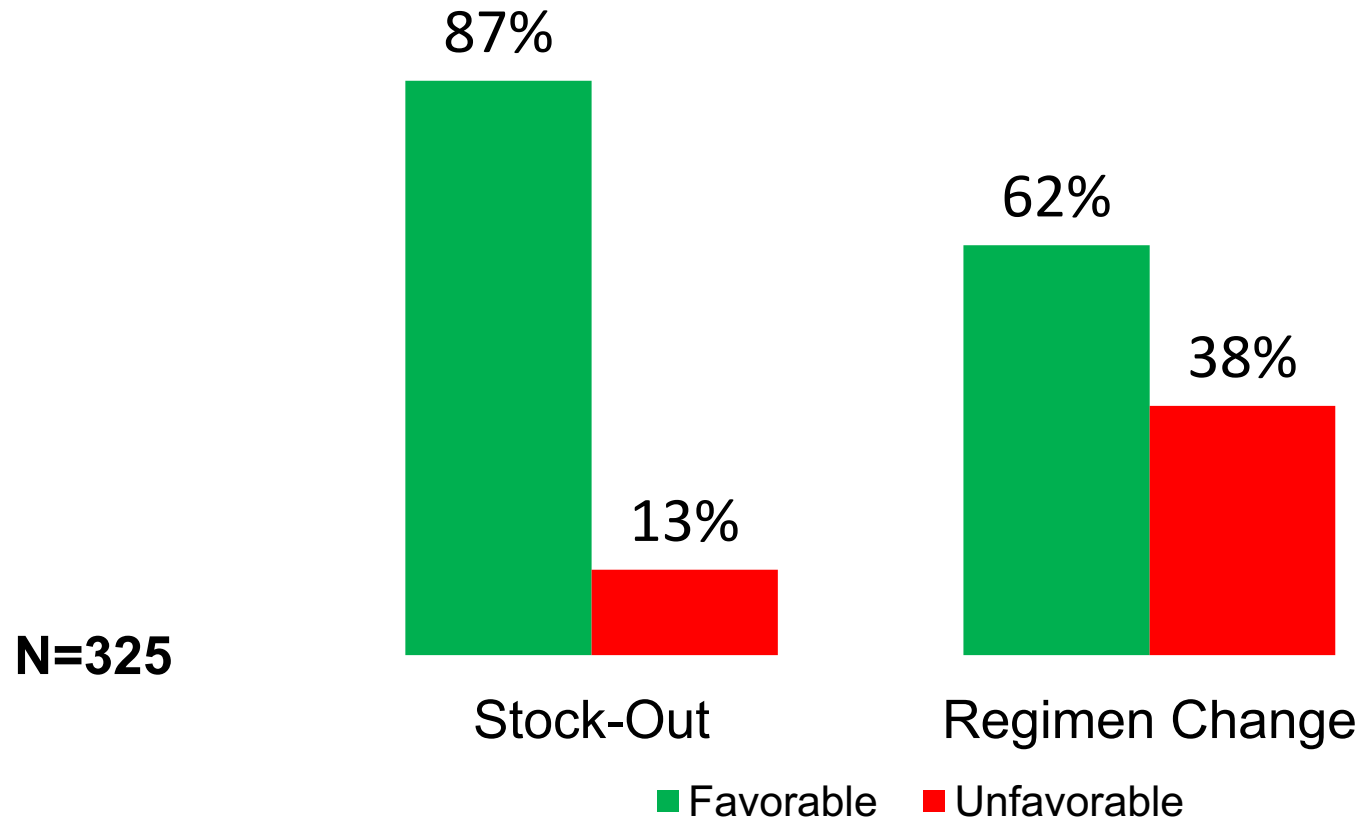
1	The clinic is too far away (in distance or in time)	Yes	No
	If yes” please indicate how far it is (distance or time)	-----Hours	-----Km
2	Is it difficult to go to the clinic? (E.g. It is difficult to get time off from work. It is difficult to find someone to look after my children? Etc.)	Yes	Sometimes
		No	
	If ‘Yes’ please provide some details about what makes it difficult.		
	Was the wait time acceptable for you during your visit to the clinic?	Yes	No
Additional Comments (If Yes or If No):			

Acceptability

21	Please rate the overall quality of the care you received during your visit to the clinic (on a scale from 1-5 where 1 is very poor and 5 is excellent)	1 2 3 4 5
Comments:		
22	Did you feel uncomfortable because of the words or actions of the clinic staff during your visit to the clinic?	Yes No
Comments (If Yes or if No):		

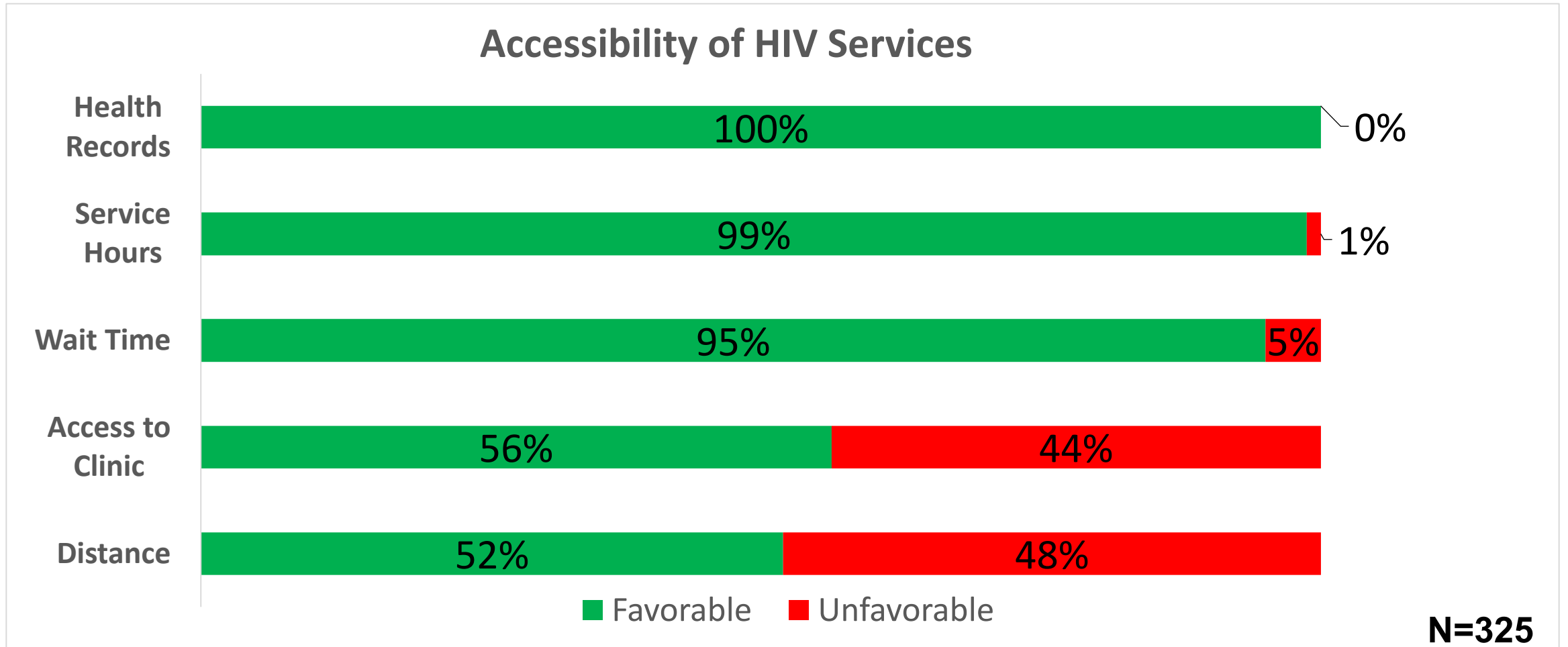
Availability (November 2021 – April 2022)

Stock-Out and Change of Regimen



Accessibility

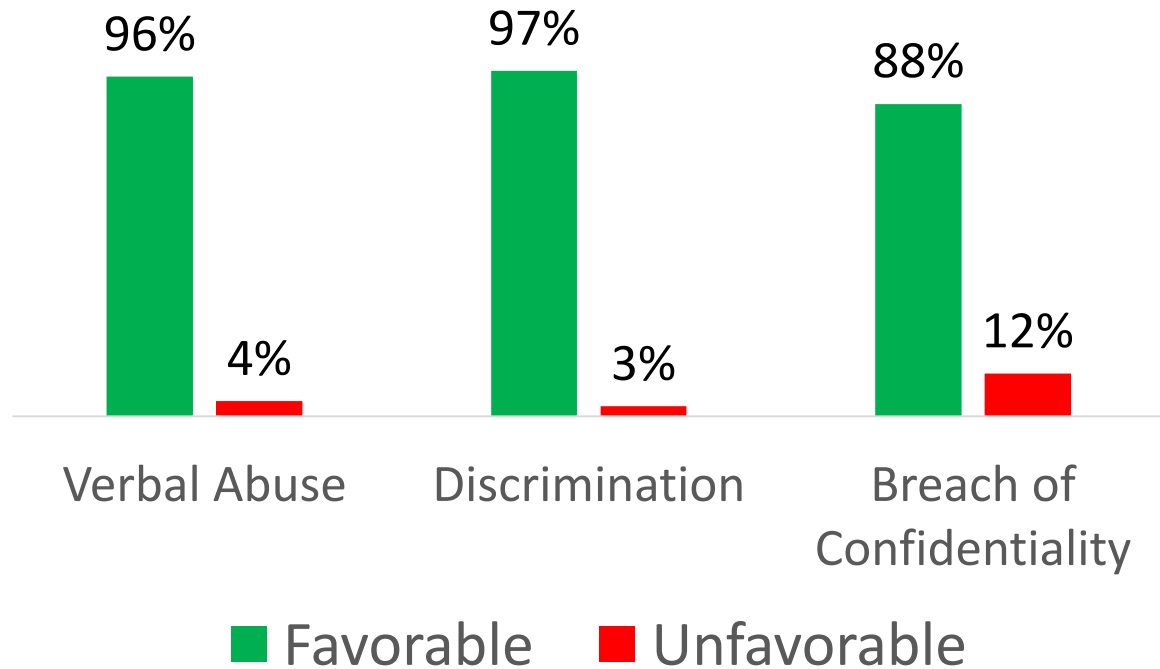
(Data for November 2021 – April 2022)



Acceptability

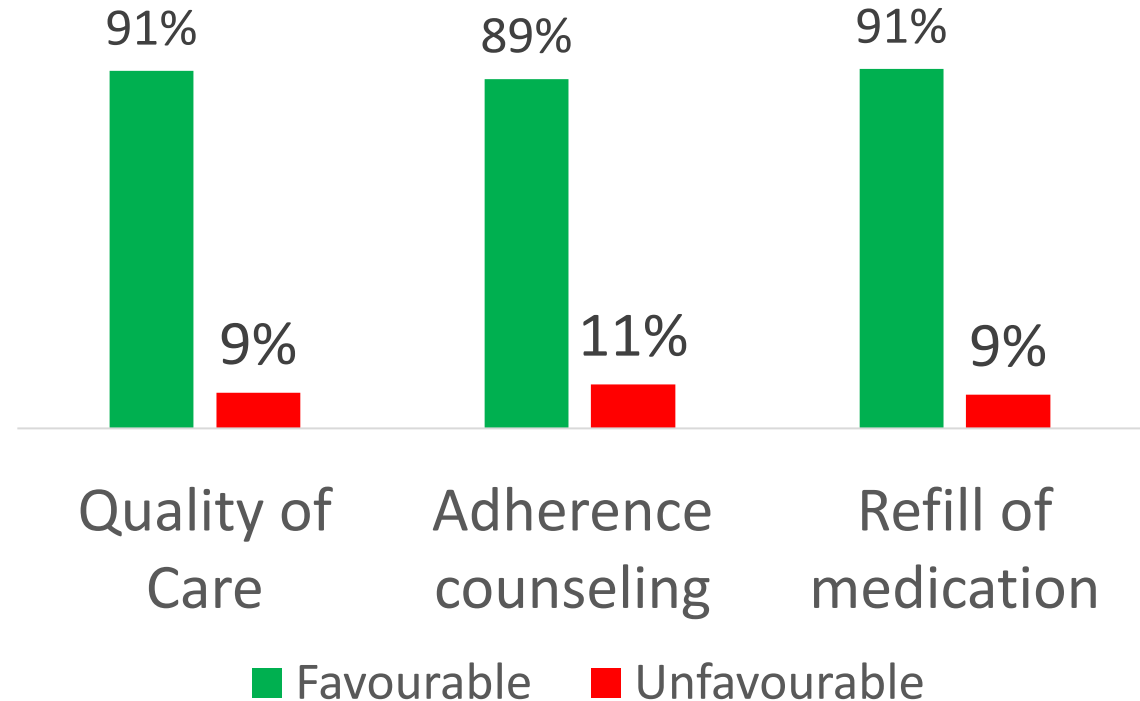
(Data for November 2021 – April 2022)

Rights and Protection



N = 325

Quality of Care



N = 325

Selected Advocacy Actions Undertaken

Evidence generated from CLM identified and led to the following advocacy issues:

- i). There was need for more education on the rights and responsibilities of recipients of Care (ROC) and Healthcare Workers
- ii). We identified gaps in a unified approach to deal with issues that affect the communities
- ii). Stock out of ARV and HIV test kits across the country – These commodities were at the ports for about six months
- iii). We also realized that switching ROC on TLD was not going as planned – mainly due to low stock level

What changed?

As per evidence generated, the following were achieved through advocacy:

- i). Worked with other partners to develop the following documents:
Patient Rights Charter
Community Charter
- ii). Advocacy led to clearing of HIV medication and other HIV commodities from the ports (in only three days) after being held for about six months
- iii). Advocacy led to approval (in two days) of efficacy test on HIV medication in Ghana
- iv). Advocacy resulted in ad hoc drug distribution utilizing partners' resources
- v). Stock out of ARV has been addressed across the country

What did we learn?

- i. CLM promotes client centered approach to care
- ii. Using ROC as Community-Led Monitors makes it easier to collect information from ROC
- iii. Developing and maintaining interpersonal relationship with survey participants leads to trust and confidence leading to honest feedback from participants
- iv. Evidence-informed advocacy provides opportunity for recipients of care and relevant stakeholders to work together to improve access to quality, uninterrupted HIV services

Acknowledgements

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RECIPIENTS OF CARE

KEY POPULATIONS

Thank you!

