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Assessing Provider and Recipient of Care Satisfaction and Service Quality Assessments in Mozambique

Morais da Cunha
MoH Mozambique

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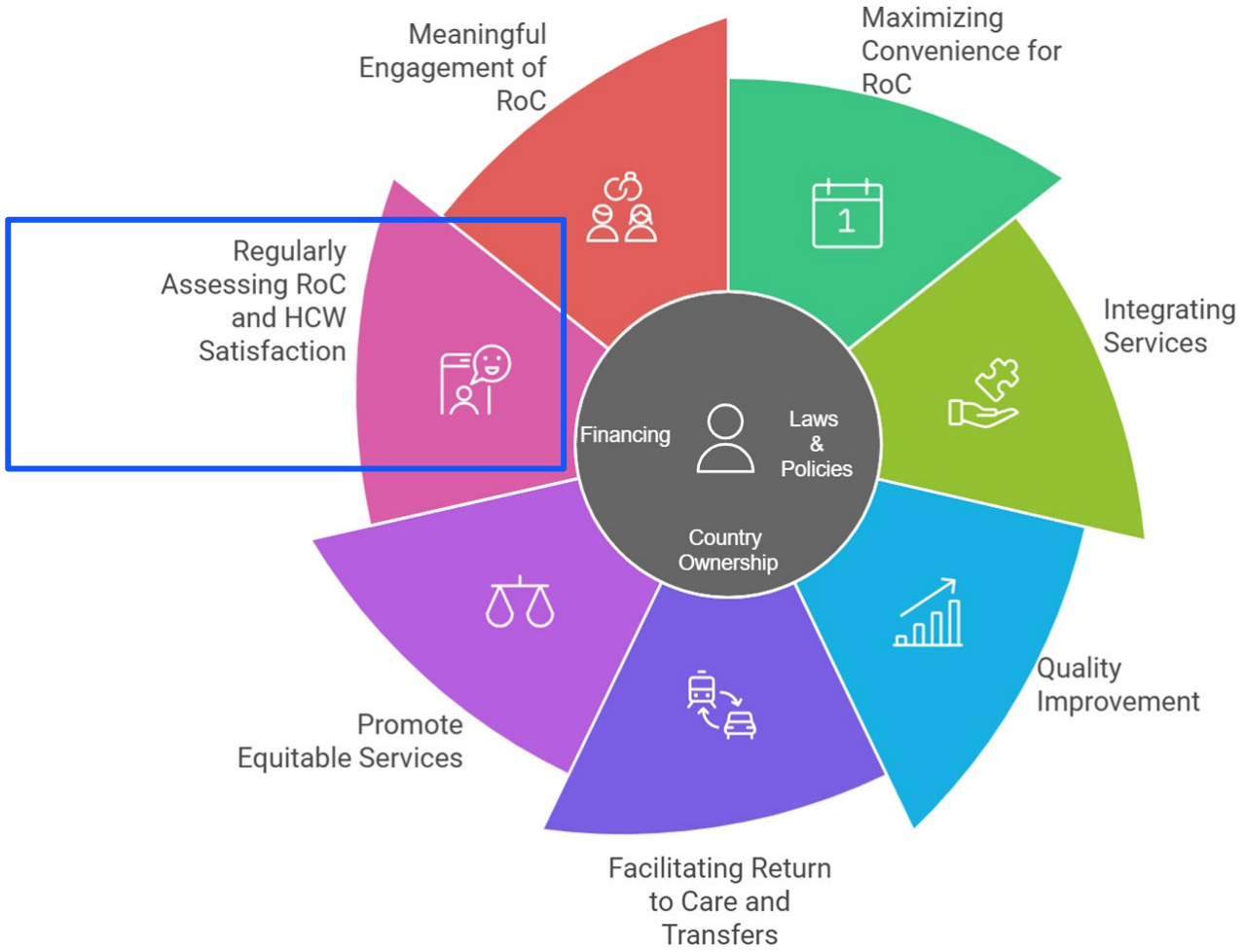
Outline

- Investigating PCS: ROC and HCW Satisfaction
- Overview of the 2024 DPR: Qualitative Methods and Results
- Recommendations
- Investigating PCS: Quality Improvement Methods
- Qualitative Improvement Programs in Mozambique
- Lessons Learned

Introduction

- Mozambique introduced DSD models as part of person-centered (PCS) care for HIV Recipient of care (RoC) in November 2018
- The DSD models in Mozambique encompass both facility-based and community-based models
- DSD has improved health service efficiency and retention in ART despite persistent challenges in HIV treatment coverage and retention
- Routine use of RoC-reported outcome measures was initiated in 2021 to improve outcomes
    - Monitoring and regular assessment of RoC and healthcare worker satisfaction are conducted using qualitative surveys
- Institutionalized efforts to assess and improve quality include service quality assessments and supportive supervision have been implemented within MoH and in collaboration with donors

Assessing RoC and Healthcare Provider Satisfaction in the 2024 DPR in the context of PCS



Advancements in PCS for Data Collection, Reporting and QI Efforts

- ❑ Significant progress has been achieved in PCS data collection and reporting (over the last 4 years) through DPRs
- ❑ Since 2021, annual assessment of RoC and healthcare worker satisfaction have been conducted
- ❑ There are ongoing efforts to assess and improve quality through:
    - Integrated supervision visits:
        - In 2024, supervision visits were combined with PEPFAR Site Improvement through Monitoring System (SIMS) visits
        - Established a unified approach to measure quality and fidelity of services offered
    - Intensive Monitoring and Quality Improvement by leveraging on EMR reports and focusing on implementing QI plans at the HF level

Overview of the 2024 DPR: Methods and Sampling

The DPR utilized both **qualitative and quantitative components:**

1. **Qualitative Questionnaire**: Designed to gather in-depth insights into the experiences of RoC, community workers and service providers. It explored satisfaction levels and perspectives on DSD implementation
    - **Sampling Design for Qualitative Component:**
        - The qualitative DPR was conducted in 6 provinces
        - A total of 36 health facilities (6 per province) were included, selected based on predefined criteria (RoC volume and location)

2. Quantitative Chart Review: Focused on extracting data related to health outcomes and service delivery indicators from RoC charts

HF Selection per Province –DPR

Quantitative Selection:

- A total of **66 HF** covering all 11 provinces
- Per Province by size and location:

  SIZE:

  - 2 HF with over 4000 RoC
  - 2 HF with between 1000-4000 RoC
  - 2 HF with <1000 RoC

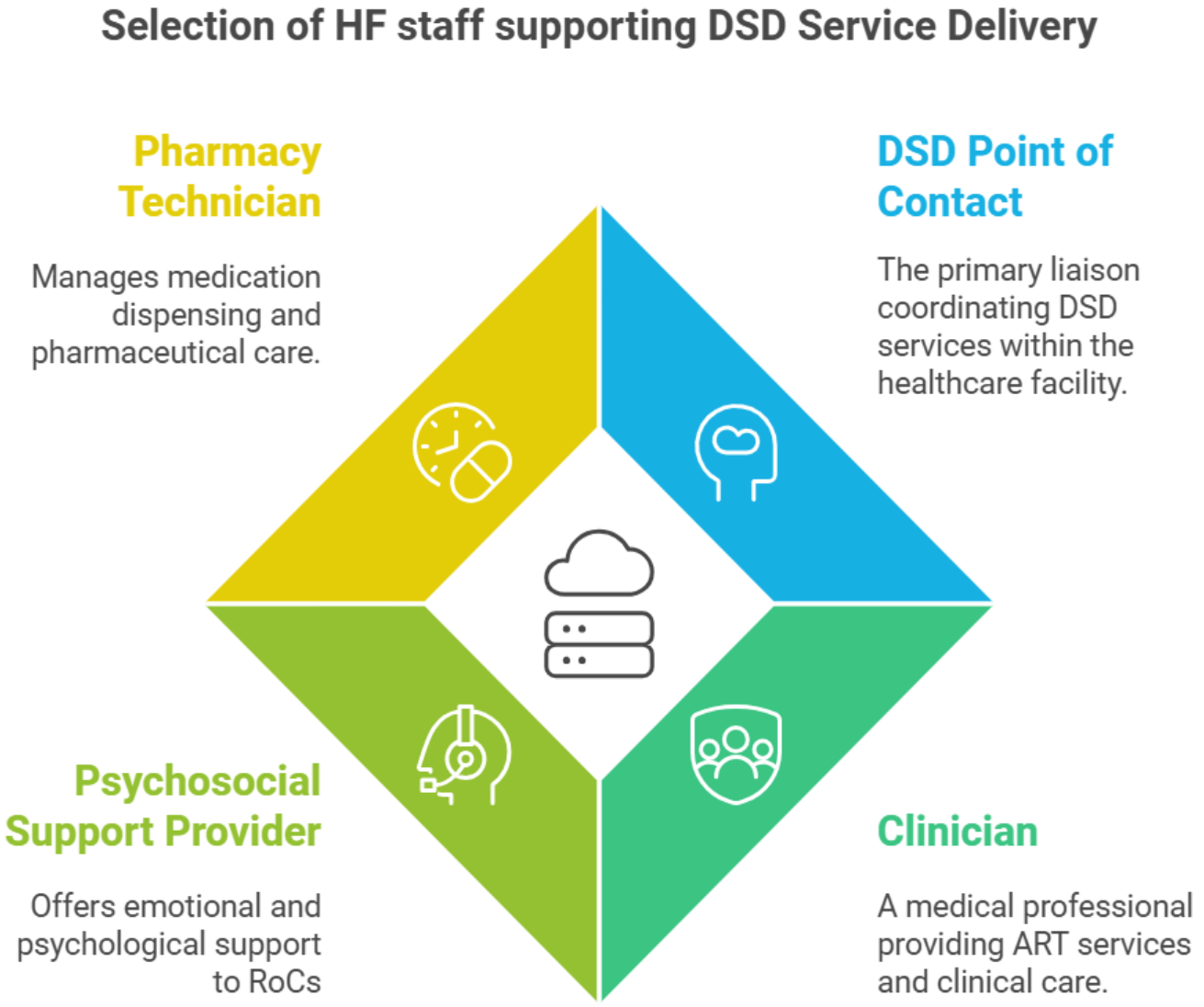
  LOCATION:

  - 3 HF in the capital
  - 2 HF in district capitals
  - 1 HF in rural areas

Qualitative Section:

- A total of **36 HF** over 6 of the 11 provinces
- Per Province:
  - 2 HF with a large volume of RoC (>1000), one rural, one urban
  - 2 HF with medium volume of RoC (500-1000), one rural, one urban
  - 2 HF with small volume of Roc (<500), one rural, one urban

Selection of Respondents at the HF level – Qualitative Components



Selection of community actors at HF

- **Three** community actors per HF were selected

Selection of Recipients of Care at HF

- **Three** RoC were enrolled in a DSD model
- **Two** RoC were not enrolled in a DSD model
- **One** RoC was recently returned to care and previously on a DSD model

Qualitative Results – Study Participant Response Rates by Group

	# Interviews Conducted				
Province	Clinican	Psychosocial Support	Pharmacy	Community Actors	RoC
Gaza	6	4	5	14	28
Inhambane	6	6	6	14	28
Nampula	6	5	1	13	19
Niassa	6	5	6	11	35
Sofala	6	5	6	13	28
Zambezia	6	5	0	16	31
Total	**36**	**30**	**24**	**81**	**169**

- The response rates for the study participants were as follows:
  - Clinicians: **100%**
  - Psychosocial Support Groups: **83%**
  - Pharmacy Technicians: **67%**
  - Community Actors: **75%**
  - Recipients of care: **78%**

Results - RoC Interview

Convenience, Cost Effectiveness and Time Management:

- *"I live far away from the HF, so being able to come quarterly saves time and money for me."* – RoC in 3MMD and Rapid Dispensation, Gaza

Privacy and Confidentiality:

- *"It allows me to have privacy in the family, not having to come to the HF always."* – RoC in 3MMD, Nampula

Work-Life Balance:

- *"It allows me to focus on my business, which often has trips out of town."* – RoC in 3MMD, Sofala

Results - Community Actors Interview

Forgetting Clinical Appointments:

- *"Because of the long spacing, people can forget their next clinical visit easily."* – Zambezia

Medication Oversupply and Lack of Adherence:

- *"Due to missed medication days, people can have many extra pills at home that makes them lose control of their appointments."* – Inhambane

Missed Appointments:

- *"Missed appointments due to the long spacing between visits."* – Niassa

Results- DSD Model Awareness and Implementation

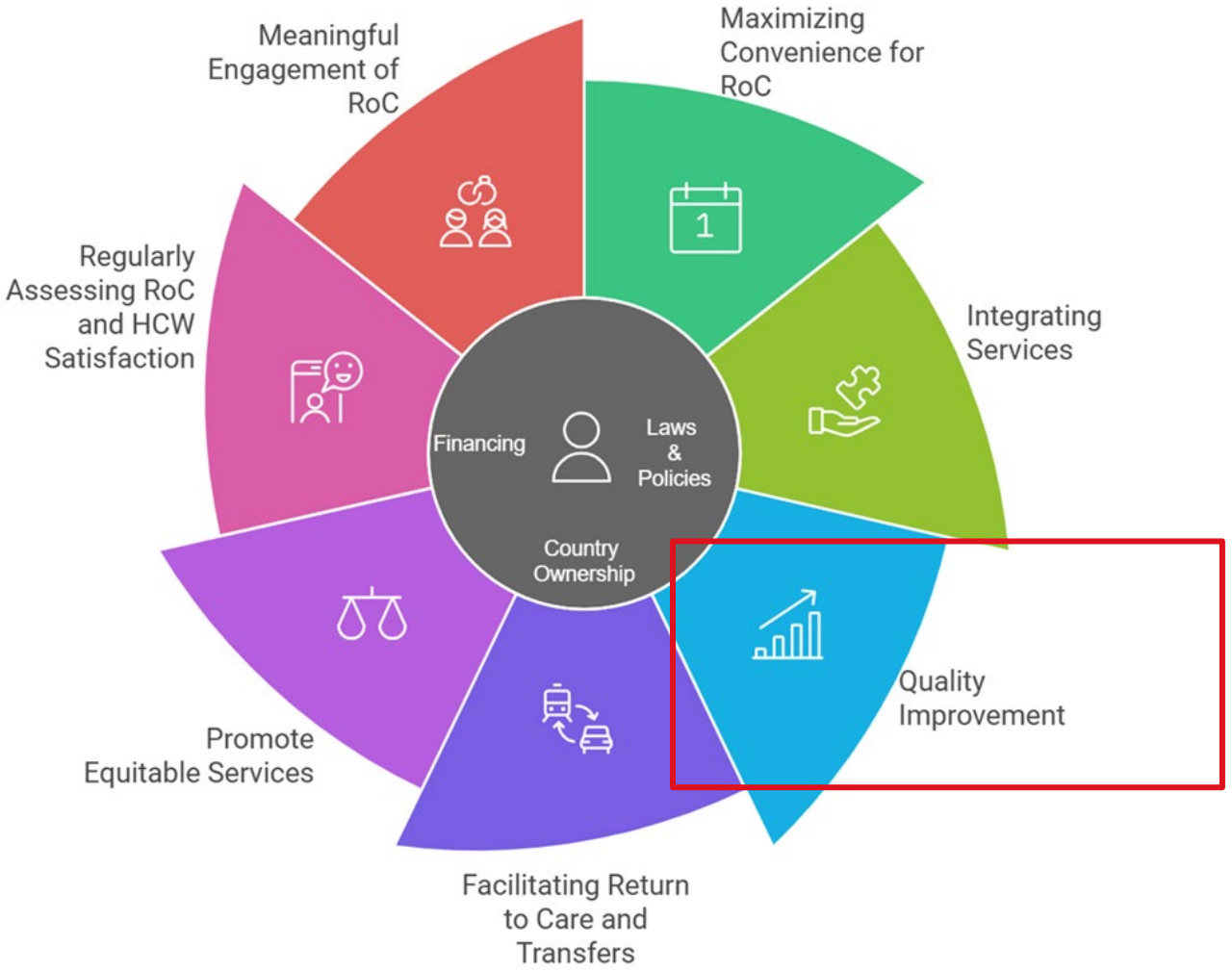
Key Findings:

- 78% of RoCs were aware of DSD models available in the HF or community, highlighting need in for demand creation efforts
- 6MMD was the model that is highly requested but remains under limited expansion due to supply chain constraints
- While 92% of community actors were aware of DSD models, only 52% included DSD presentations in their workplans
- 22% of HIV care clinicians providing services have not been trained in DSD models, indicating a need for capacity building

Recommendations from the Assessment

- Increasing the knowledge of the models available for the RoCs and HF staff would increase the demand for these services
- Pilot an online tool that allows a more frequent and more cost-effective method to capture RoC and provider feedback
- Decentralize funding to the provincial and district-level to conduct satisfaction surveys on a regular basis (quarterly)
- Strengthen the supply chain and resolve issues limiting 6MMD model expansion through stakeholder collaboration
- Provide practical training and support for HIV care clinicians (22% not currently trained)
- Encourage community actors to integrate DSD in their workplans (current uptake: 52%)

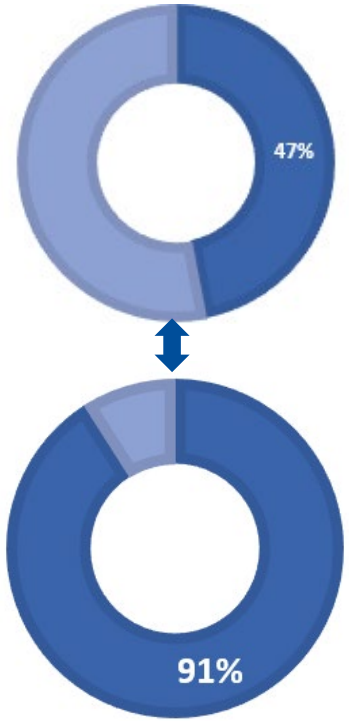
QI- Supervision and Intensive Monitoring



Strengthening Quality Improvement in PCS

- Mozambique is implementing the QI guidelines since 2016, with the second edition launched in the first semester of 2024, focusing on the following interventions:
    - PDSA (Plan-Do-Study-Act) cycle in implementation
    - Monthly **intensive monitoring** of the QI action plan
    - Mentorship approach
    - HF weekly clinical management committee

Status of Quality Improvement Efforts in PCS in Mozambique



The implementation of the PDSA cycle covered 47% (845/1,785) of ART HF

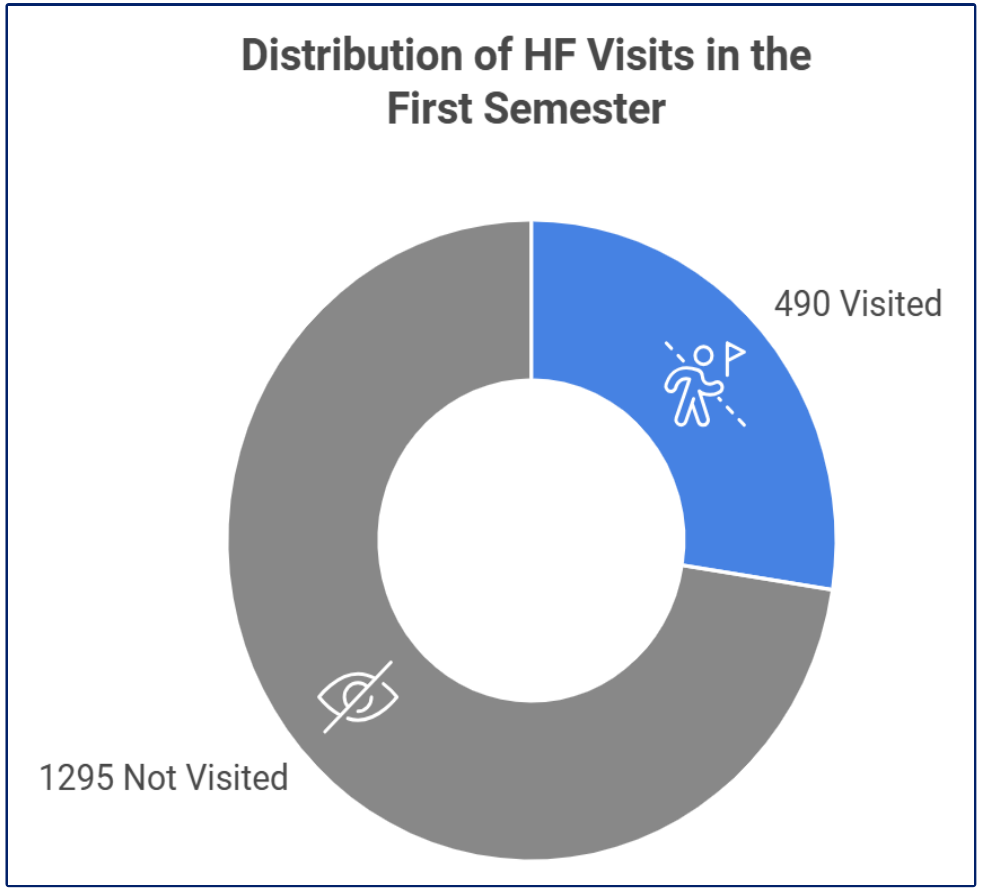
The QI interventions implemented by the PDSA cycle reached 91% of ART clients in the country

- Approximately 80% (666/845) of the QI HF with EMR implements intensive monitoring
- **The mentorship and the weekly clinical committees take place in all 1,785 ART HF**

Overview of Supervision and Technical Support Visits to HF

Supervision visits to 1,785 HF:

- Annually, the STI and HIV/AIDS national program team conducts integrated supervision and technical support visits in all 11 provinces
- On average 4 HF per province (3 min - 5 max) are visited by the national team
- Using the standardized tool, the provincial HIV team conduct supervision and technical support visits, at least one HF in all districts (161)
- With the same tool, the HIV district team conducts the supervision visits in all ART HF



Transforming Data into Action: Findings from Intensive Monitoring and Supervision

Intensive Monitoring:

- Once a month, each HF team uses the online Intensive Monitoring dashboard to measure changes and discuss the quality of services which informs the QI interventions
    - The HF mentors use the IM data to identify priorities areas in mentorship activities

Site Supervision Visits:

- The most relevant visits findings are used to provide generalized TA (in-person or virtual sessions) and recommendations to improve the quality-of-service delivery in all ART HF
- In each new visit, PDSA cycle indicators are prioritized to respond to the most frequent gaps identified in the previous supervision visits

Lessons Learned from Supervision Visits in 2024

- Use of Standardized Supervision Tool
  - Facilitates alignment of supervision goals with national HIV program priorities
  - Ensures consistent guidance across central, provincial and district levels
- Focus on National Priorities
  - Guides implementation of HIV program goals at all levels of the health system
  - Enables targeted supervision visits addressing the critical national priorities
- Integration with PEPFAR Efforts
  - Support supervision provides unified oversight during visits conducted by the PEPFAR team
  - Promotes cohesive action across various program stakeholders

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Thank You!