Feasibility and effectiveness of using an electronic client feedback tool to improve HIV service quality at six high-volume health facilities in the Democratic Republic of the Congo.

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Background

Engaging communities in the design, implementation, and monitoring of HIV services is essential for delivering high-quality services that bring in and keep clients engaged in the HIV care continuum. User-centered design ultimately leads to improved client health outcomes and progress towards achieving epidemic control targets.

PATH and IntraHealth International, through the United States Agency for International Development-funded Integrated HIV/AIDS Project in Haut-Katanga (IHAP-HK), partnered with community stakeholders and healthcare providers to co-design and test an electronic client feedback tool to gather client feedback to improve delivery of HIV services.

Description

Through stakeholder mapping and focus groups, IHAP-HK worked with facility-based providers, peer educators, civil society, and government representatives to co-design a service quality monitoring system. The group opted to use an anonymous electronic exit interview to gather client feedback and developed an interview questionnaire informed by an issues identification exercise.

Peer educators were trained to administer an exit interview with people living with HIV (PLHIV) clients or their caregivers following clinical appointments for care and treatment services. Each interview took roughly 10–15 minutes. The peer educators recorded responses offline in the KoBo Toolbox application using project-supplied tablets and mobile phones; data was uploaded automatically to the KoBo Toolbox when the device was connected to the Internet. Feedback from clients were analyzed monthly by IHAP-HK’s quality improvement team. IHAP-HK shared analysis of client feedback with facility quality improvement teams and discussed remediation steps for inclusion in site-level improvement plans. IHAP-HK staff monitored implementation of remediation steps as part of the project’s continuous quality improvement (CQI) systems (Figure 1).

We looked at the impact of the electronic client feedback system on reducing wait time and stigma experienced by PLHIV at six high-volume facilities in Haut-Katanga province.

Figure 1: Electronic community monitoring feedback loop.

File: Electronic community monitoring feedback loop.

Corrective actions

Stigma and discrimination

- Coaching providers on providing services in a non-stigmatizing manner.

Appointment wait times

- Pre-packaging of ARVs and cotrimoxazole prophylaxis, and/or tuberculosis preventative therapy, prior to client appointment.

- Using peer educators to conduct preparatory tasks (distributing refill lists; pulling client medical records) and escorting clients to the consultation room or laboratory, enabling clinical providers to deliver punctual services due to reduced administrative burden.

- Coaching clinical providers to use appointment agendas to better triage clients for needed services (medication renewal; viral load/early infant diagnosis sample collection).

Results

Feedback collected from 2,306 clients from May through December 2021 highlighted wait time and stigma and discrimination as the highest priority issues. Following the implementation of corrective actions (see textbox), the percentage of clients reporting stigma decreased, from 5.4% (May) to 1.04% (December). Wait times were also reduced, ranging between 1 and 90 minutes (median: 7 minutes, Mean: 14 minutes) in May to 1 and 25 minutes (median: 5 minutes – Mean: 5 minutes) in December.

Looking at data collected from May through August 2021, client satisfaction with appointment wait times increased during the period, with 99% of PLHIV clients reporting wait times to be acceptable or excellent in August 2021, compared to 80% in May 2021 (Figure 2).

"The feedback system allowed us to gather clients’ complaints...for example, about waiting time, viral load results delay...the [quality improvement] team worked to address [these] issues by preparing drugs package prior to appointment to reduce time duration of each client refill. Then these have drastically decreased.”

Lylian Masengo

Peer educator | Clinique Universitaire Lubumbashi

Conclusions and next steps

Our results showed the feasibility and effectiveness of using an electronic client feedback tool, embedded within site-level CQI processes, to collect client perspectives and implement user-informed corrective actions to enhance service quality, especially in low-resource settings with inconsistent Internet access. The implementation corrective actions led to improved HIV service delivery and improved client satisfaction at pilot facilities. IHAP-HK plans to extend this system to four facilities in Haut-Katanga in 2022 to continue engaging clients in service quality monitoring and advanced person-centered HIV service delivery.

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