

USING THE KOBOTOOLBOX APP TO GATHER CLIENT FEEDBACK AND IMPROVE HIV SERVICE QUALITY: A DIGITAL INNOVATION OF THE INTEGRATED HIV/AIDS PROJECT IN HAUT KATANGA, DRC

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Osée Lieke, MD, MPH, IntraHealth; Pascal Milenge, MD, MPH, PATH; Cyprien Tendo, MD, PATH; Sujata Bijou, IntraHealth; Pierre Kasongo, IntraHealth; JC Kiluba, PATH

BACKGROUND

With advancements in antiretroviral treatment, the prognosis of HIV-positive individuals has improved dramatically, but their long-term continuity in the health care system remains a concern. Health systems can benefit from systematically measuring client satisfaction, which can be a determining factor in a client's engagement with HIV care and treatment. While there has been ongoing progress in strengthening community-led monitoring of service delivery, this is seldomly done systematically, resulting in missed opportunities for achieving universal health coverage by 2030.

The PEPFAR/USAID-funded Integrated HIV/AIDS Project in Haut Katanga (IHAP-HK), led by PATH and implemented in partnership with IntraHealth International, supports health facilities and communities in the Democratic Republic of the Congo (DRC) to improve access to high-quality HIV prevention, testing, treatment, and care services. Given this focus, it is imperative to know whether clients are satisfied with services offered by project-supported facilities. IHAP-HK developed and piloted an electronic feedback system to evaluate client satisfaction with services provided at six health facilities in Haut Katanga province, with an ultimate goal of using client service satisfaction data to improve service quality and contribute to client continuity in HIV care and treatment.

The objectives of the pilot were to:

1. Develop and test an electronic tool that collects data on client satisfaction and allows for easy data analysis
2. Utilize data to discuss gaps in satisfaction with care and services provided
3. Identify and introduce strategies to address service quality gaps and client grievances.

METHODS

IHAP-HK leveraged human-centered design principles to design a system for gathering client feedback on service quality, applying PATH's Living Labs methodology and conducting focus groups with stakeholders, including people living with HIV (PLHIV) and providers from health facilities and non-governmental organizations.

To meet the first objective, a questionnaire was programmed into a digital application, KoBoToolbox, to continuously gather and store client service satisfaction data. KoBoToolbox is a suite of open-source tools for field data collection designed for use in challenging environments.

Interview questions were drafted with PLHIV and community stakeholders based on their identified



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priorities and issues of concern. The interview included the following questions in local languages:

- ▶ How long did you wait before being received by a service provider?
- ▶ What was the provider’s attitude towards you?
- ▶ Have you received all the medications that have been prescribed to you?
- ▶ Have you been stigmatized by site staff?
- ▶ Have the services been offered to you in complete confidentiality?
- ▶ Have you had a viral load (VL) sample taken in the last six months?
- ▶ Have you received your viral load results? If yes, how long did it take to receive your viral load results?
- ▶ What do you suggest to improve the quality of services at this site?

To collect data, project-supported peer educators conducted exit interviews with consenting clients following clinic appointments for care and treatment services. Each interview took about 10-15 minutes. Peer educators recorded answers offline using tablets or phones and interview data were uploaded automatically to KoBoToolbox when the device had Internet connection.

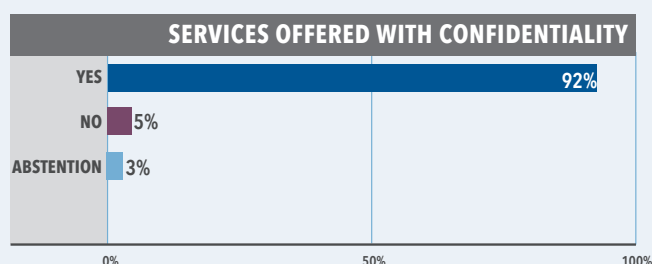
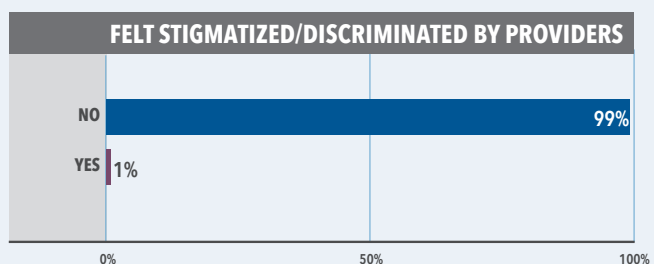
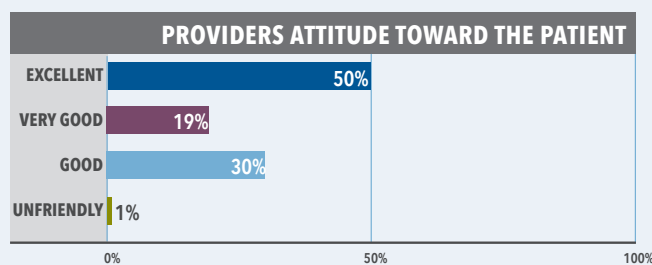
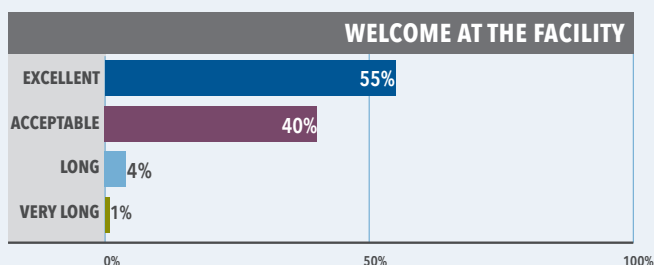
IHAP-HK’s quality improvement (QI) team compiled and analyzed client responses and shared analysis monthly with QI teams at the pilot facilities. Facility-level QI teams, with technical support from IHAP-HK, used these monthly findings to discuss and identify strategies to address client grievances or service quality gaps. Teams then incorporated these strategies into monthly site-level QI plans. As part of the project’s QI approach, semi-annual learning sessions with community stakeholders, such as the National Multisectoral HIV/AIDS Program, Congolese Union of People Living with HIV/AIDS, National Community Base Network, caregivers and peer educators, were organized to share experiences and lessons learned.

RESULTS

The pilot took place in Kenya, Lubumbashi, Sakania, and Kamalondo health zones from May through September 2021. Of the 1,096 respondents, the majority of people who participated in the client satisfaction survey were between 30 and 49 years old and primarily female. The greatest number of clients who provided feedback were from Clinique Universitaire Lubumbashi.

Most clients were satisfied with services provided at project-supported facilities and generally felt that services were offered confidentially and in a non-stigmatizing manner. One percent of clients did report feeling discriminated by providers, and five percent had concerns about the confidentiality of services provided to them (Figure 1).

Figure 1: Client responses on provider behavior



ALL 4 CHARTS N=1,087; RESPONDENT RATE=99%

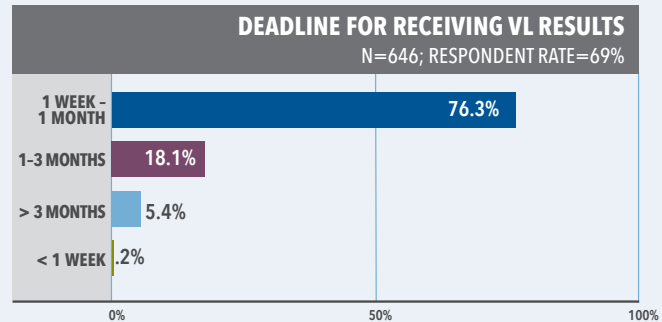
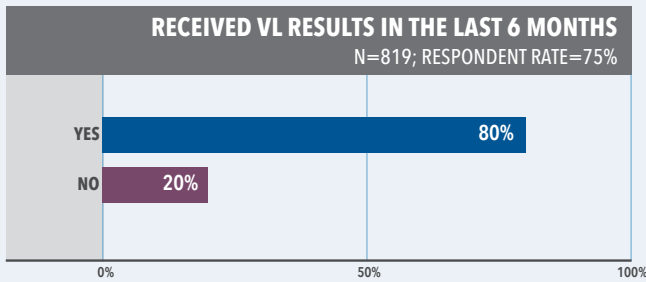
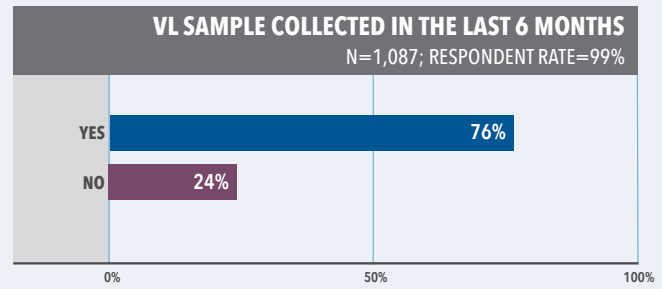
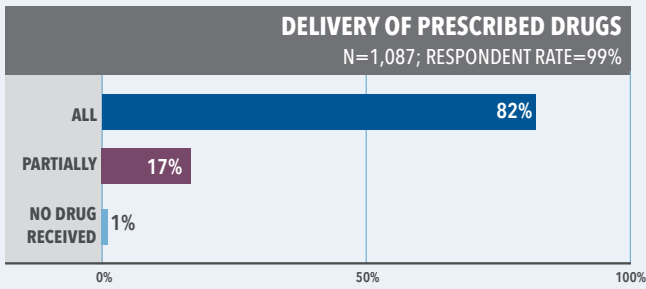


Figure 2: Client responses to service delivery

Over 75% of clients had a viral load sample collected, received their results, and were delivered prescribed drugs within an appropriate time frame. However, 20% of clients experienced delays in receiving their viral load results and 24% did not have a viral load sample collected (Figure 2 above).

Clients were also asked an open-ended question about what could be done to improve the quality of services. Their responses centered on time considerations, reductions of costs, and reorientation of health facility spaces, specifically:

- ▶ Reduce the time it takes to provide viral load results
- ▶ Facilitate client entry into the hospital space
- ▶ Encourage better punctuality of service providers.

Based on the data received from clients, the QI and health facility teams developed a remediation plan to improve services. Some of the actions implemented were:

- ▶ Instruction to guards to remove physical barriers so that all clients seeking care could freely enter the hospital space.

“At first there was a long queue for clients and the long waiting times ... This is how there was a sharing of feedback from clients on non-satisfaction with the waiting time. Through the quality improvement teams, remediation actions suggested by clients have been implemented and monitored. Hence there has been a gradual improvement in time management.”

–Peer educator, Clinique Universitaire Lubumbashi

- ▶ Instruction to facility providers to use appointment agendas to reduce wait times, better triage clients for needed services, and escort them to their point of service delivery (e.g., medication renewal, VL sampling/early infant diagnosis [EID]). The facility also prepackaged ARVs, cotrimoxazole prophylaxis, commodities for TB preventive therapy, and VL/EID kits to decrease wait times.
- ▶ Use of peer educators to perform preparatory tasks (e.g., prepackaging, filing of client files, providing prepackaged refill packages) while waiting for clinical providers. This allowed providers to provide punctual services and immediately see clients by reducing administrative burden.

APPRECIATION BY THE PATIENTS

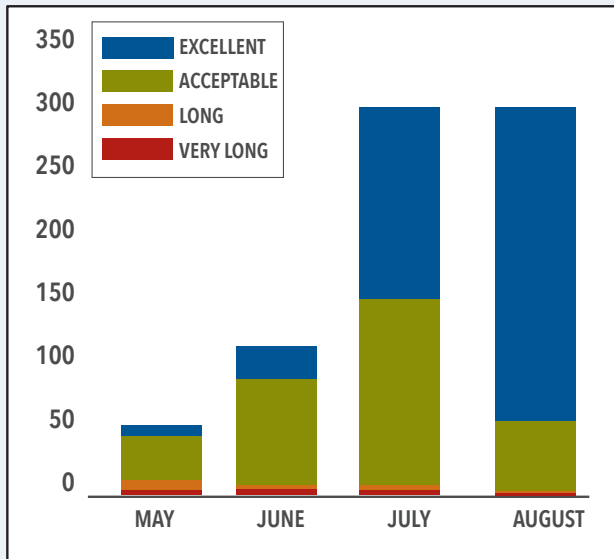


Figure 3: Client service satisfaction and wait time at six pilot sites.

Figure 3 shows a significant improvement in client wait times, from a wide baseline range of 1 to 90 minutes reduced to an average of 10 minutes. It also shows an increase in client satisfaction with their experience at facilities, from May to August 2021.

CHALLENGES

The following difficulties were noted by peer educators when administering the survey during the pilot period:

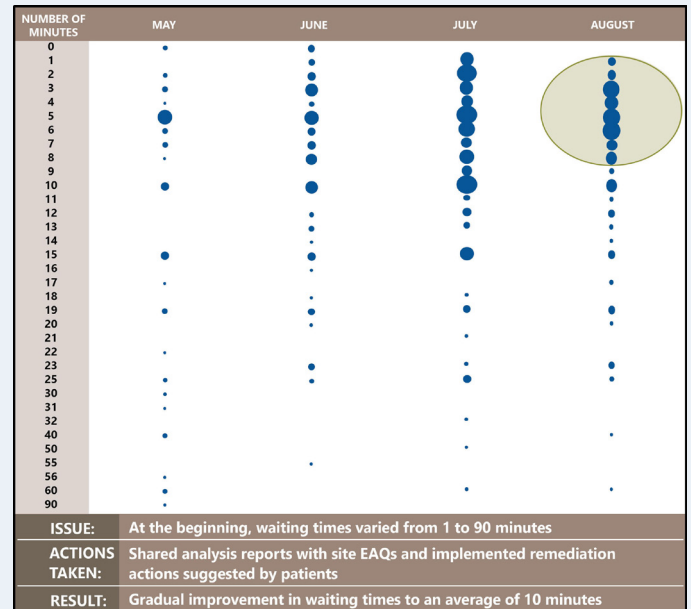
- ▶ Initial slow pace in administering the questionnaires while peer educators were getting used to the tablets and KoBoToolbox application.
- ▶ Refusal of some clients to answer some questions due to fears of disclosing their HIV status.
- ▶ Difficulty simultaneously translating the questionnaire into Swahili for some peer educators.
- ▶ Lack of a confidential place to administer the questionnaire at some pilot facilities.

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CONTACT

Sujata Bijou
Senior Measurement and Learning Technical Advisor,
IntraHealth International
sbijou@intrahealth.org

WAITING TIME BEFORE RECEIVING SERVICES (IN MINUTES)



ISSUE: At the beginning, waiting times varied from 1 to 90 minutes
ACTIONS TAKEN: Shared analysis reports with site EAQs and implemented remediation actions suggested by patients
RESULT: Gradual improvement in waiting times to an average of 10 minutes

CONCLUSION

“A disappearance of complaints of discrimination over the months thanks to the awareness of staff in the sites by the quality improvement teams.”

–Peer educator, Clinique Universitaire Lubumbashi

The use of the KoBoToolbox application, as part of an integrated client service quality monitoring system, is an efficient electronic mechanism for quickly gathering and analyzing client feedback and grievances to improve the quality of HIV services delivered to PLHIV, especially in lower-resourced settings with inconsistent Internet access. Implementation of a client service quality monitoring system, including the use of this tool, is a way to improve relationships and build trust among clients, site providers, and peer educators. The tool can also act as an early warning system to identify and address, in real-time, the root causes of issues impacting the quality of services provided by health facilities.

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