Integrated People-centered Health Services: Baseline Assessment in Nelson Mandela Metro Municipality in Eastern Cape Province, South Africa
TECHNICAL REPORT

Integrated People-centered Health Services: Baseline Assessment in Nelson Mandela Metro Municipality in Eastern Cape Province, South Africa

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DISCLAIMER

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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

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## Acronyms

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<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Auto-immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>ASSIST</td>
<td>USAID Applying Science to Strengthen and Improve Systems Project</td>
</tr>
<tr>
<td>BMI</td>
<td>Body mass index</td>
</tr>
<tr>
<td>CHC</td>
<td>Community Health Center</td>
</tr>
<tr>
<td>CHW</td>
<td>Community Health Worker</td>
</tr>
<tr>
<td>DOH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>HCT</td>
<td>HIV Counseling and Testing</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IPCHS</td>
<td>Integrated People-centered Health Services</td>
</tr>
<tr>
<td>MUAC</td>
<td>Middle upper arm circumference</td>
</tr>
<tr>
<td>NA</td>
<td>Not applicable</td>
</tr>
<tr>
<td>NMM</td>
<td>Nelson Mandela Metro</td>
</tr>
<tr>
<td>SDS</td>
<td>Service Delivery and Safety Department</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>URC</td>
<td>University Research Co., LLC</td>
</tr>
<tr>
<td>USAID</td>
<td>United States Agency for International Department</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Introduction

Integrated People-centered Health Services (IPCHS) is a World Health Organization (WHO) strategy for placing people and communities at the center of health services. The strategy is currently being piloted in developing as well as developed countries. IPCHS aims to empower and engage individuals, families, and communities in health care; strengthen governance and accountability through participatory governance and mutual accountability; reorient the model of care to focus on life course needs, promotion, prevention, public health, strong primary health care systems, a move towards outpatient and ambulatory care, and innovation and incorporation of new technology; coordinate care across sectors, programs, and care for the individual; and create an enabling environment for IPCHS through strengthening of leadership and management, quality improvement and patient safety, reorienting the workforce, aligning regulatory frameworks, and reforming payment structures.

The IPCHS project in South Africa is piloted in ten primary health care facilities in Nelson Mandela District in the Eastern Cape Province. This pilot includes a baseline assessment, implementation of improvement activities, documentation of changes implemented, evaluation of project outcomes, and sharing of lessons learned. The baseline assessment at the targeted facilities will establish patient and community perceptions of strengths and weaknesses related to IPCHS as well as provider and decision maker perceptions.

The results of this pilot will enable the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project and WHO to gauge the extent to which the IPCHS concept is implemented to develop an approach to health care that is responsive to community needs and preferences in humane and holistic ways. It is envisaged that implementation of IPCHS will strengthen the capacity of households and communities to support their decision-making processes and participate in their own care.

Findings

Responses from patients and community members highlighted aspects related to the health care environment that negatively influence the health care experience for patients, such as waiting time, space, and cleanliness of facilities. Provider-patient interaction is challenged by limited patient choice, limited patient involvement in health care planning, lack of self-care support, and inadequate explanation of patient condition and treatment. Functionality of community health workers and governance structures also seem to be a challenge. Patient responses also revealed strengths in the system, such as the dignity and respect with which patients are treated, access to services, and availability of medications.

Provider and decision maker responses indicate a challenging work environment. There are concerns about space, cleanliness, and maintenance of facilities. The existing health care system does not allow for much patient choice. Providers and decision makers feel that there are inadequate resources available for: planning and organizing care, coordination and continuity of care, strengthening governance systems and accountability, empowerment and engagement of users, shaping training and skills of providers, monitoring and evaluation of services, and shaping the legal and financial framework for service provision. High patient volume and conflicting demands result in high stress levels where decision makers feel emotionally drained by their work and unable to manage work demands. In addition, decision makers feel that there is little recognition for their efforts and insufficient time to adequately support providers.

Providers and decision makers feel that even with limited resources, the service provided is good, patients are treated with respect and dignity, and there are good communication and management systems in place. Decision makers also feel that they are exposed to good management and leadership role models.
Conclusions and Recommendations

Nelson Mandela District has good health systems in place that will support integrated people-centered care. Health care providers are positive that the health care provided is improving the quality of life of patients.

In some areas, patient and provider perceptions were vastly different. This includes shared decision making, which empowers patients and gives them the opportunity to contribute to their treatment plan. Nearly 30% of patients said they were never or rarely involved in making decisions about their care, and only 25% said they were involved as much as they wanted. On the other hand, 77% of providers said they usually or always involved patients in developing a care plan, and only 6% said they never or rarely did so. Provider responses also indicate they perceive themselves performing better than patients do, in particular with communication and encouragement to discuss concerns freely and asking questions about diseases, treatment, and care above; the difference indicates that patients have higher expectations related to communication that providers are not aware of.

Patients and providers reported similar levels of screening for tuberculosis (TB), HIV, hypertension; of particular concern is that 61.1% of providers reported that they had never screened clients for HIV and TB, and 13.0% reported that it was not part of their scope of work to do so.

During focus group discussions, a need was also expressed for providers to listen more to patients and to explain their conditions and treatment better. Providers rated the importance of patient needs and of knowing each patient as an individual highly, yet they then reported providing information and choices less than that rating of importance would signify. In addition, patients indicated limited opportunities for choice related to treatment options and patient needs. Patients and providers also differed in reporting support from providers to develop a treatment plan that can be applied in daily life. Clearly, there is a marked difference between patient expectation and provider perception.

There were vast differences between patient responses from different clinics and different aspects of services. Individual facility dashboards were developed to highlight strengths and improvement opportunities at the facility level.

USAID ASSIST in consultation with WHO will work with district managers and facility teams to identify challenges to optimum care and identify, test, and implement solutions for improvement. Lessons learned will be documented and shared with stakeholders.
I. INTRODUCTION

The USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project has been working closely with the Department of Health (DOH) in South Africa and its partners to accelerate morbidity and mortality reduction by improving access, patient utilization, and satisfaction with essential HIV services in five provinces. The project draws on its partnership with the World Health Organization (WHO) Service Delivery and Safety (SDS) Department to promote people-centered care as an essential pillar of quality care. Specifically, ASSIST staff leverage the principles of the new WHO global strategy on Integrated People-centered Health Services (IPCHS), released by WHO in 2014, to strengthen this approach in one district in Eastern Cape Province, as a pilot for integrated health services focusing on people-centered care. A more people-centered and integrated approach to service delivery is expected to increase access to needed health services throughout the life course; improve health and clinical outcomes; enhance continuity of care and satisfaction with services; expand participation of users and communities in their own health care; improve providers’ job satisfaction; reduce system inefficiencies and duplication of services; and facilitate inter-sectoral collaboration in order to address other social determinants of health.

The project consists of a baseline assessment to harvest patient, provider, and decision maker perceptions regarding integration and patient centeredness within services at onset of the project; training in IPCHS and quality improvement concepts and methodology; facility-based identification and analysis of problem areas; facility- and district-based implementation of improvement interventions; and an assessment at the end of the project. The baseline assessment was conducted during November and December 2015 at ten facilities in the Nelson Mandela Metro District. Focus group discussions were conducted within the same community.

A. Coverage

The baseline assessment of IPCHS covered one district, the Nelson Mandela Metro Municipality in Eastern Cape Province of South Africa. Table 1 shows the evaluation coverage in detail.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Sub District</th>
<th>Type of Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPH</td>
<td>B</td>
<td>District Hospital</td>
</tr>
<tr>
<td>Lukhanyo</td>
<td>B</td>
<td>Clinic</td>
</tr>
<tr>
<td>Mabandla</td>
<td>B</td>
<td>Clinic</td>
</tr>
<tr>
<td>Middle Street</td>
<td>B</td>
<td>Clinic</td>
</tr>
<tr>
<td>Kwa Zakhele</td>
<td>A</td>
<td>Clinic</td>
</tr>
<tr>
<td>Kwa Magxaki</td>
<td>A</td>
<td>Clinic</td>
</tr>
<tr>
<td>New Brighton</td>
<td>A</td>
<td>Community Health Center (CHC)</td>
</tr>
<tr>
<td>Korsten</td>
<td>C</td>
<td>Clinic</td>
</tr>
<tr>
<td>Central Rose Street</td>
<td>C</td>
<td>Clinic</td>
</tr>
<tr>
<td>Central CHC</td>
<td>C</td>
<td>Community Health Center</td>
</tr>
</tbody>
</table>

B. Design

The baseline assessment included interviews with decision makers, providers, patients, and the community. Decision makers, which included facility managers, district managers, and other stakeholders, were interviewed in one-on-one discussions. Providers, which included facility HIV Counseling and Testing (HCT) counsellors, professional nurses, community health workers, and administration clerks, were interviewed one-on-one. Five providers were interviewed per facility. Patients attending the clinic during the day of the assessment were interviewed one-on-one as part of the evaluation. Five patients were interviewed per facility. Community members were interviewed in three focus group discussions, with a total of 38 participants.
Ten sites that provide antiretroviral therapy (ART) were randomly selected in Nelson Mandela Metro District in the Eastern Cape Province to be part of the sample. Five patients, five providers, and one decision maker were selected and interviewed from each site. Four questionnaires were used for the pilot to interview patients, providers, and decision makers, and for the community focus group discussion. No ethical approval was necessary. Data were entered into and analyzed on an Excel spreadsheet, as well as analyzed in the statistical software Stata 10. All variables in the questionnaire were analyzed against one another. One limitation of this assessment is that sites were selected randomly rather than conducting a statistical sample.

C. Activities prior to baseline assessment

1. Achieving buy in from district management for implementing the IPCHS Strategy

Achieving buy in is essential for a mandate for ASSIST staff to work with facilities on improvement and for sustainability of the project. Meetings conducted between ASSIST and Nelson Mandela Metro District management during August and September 2015 led to commitment from the management to implement the IPCHS project; ten facilities, consisting of a district hospital, three CHCs and six clinics, were identified for implementation. The ASSIST work plan was accepted and supported by district management.

2. Development of baseline assessment tools

Monitoring and evaluation of the project requires defining what the project wants to achieve and what indicators should be used for measurement. ASSIST staff worked with WHO to develop suitable baseline assessment tools during October 2015, which included the following:

- **Patient interview tool** to measure patient perception regarding current health service status related to IPCHS dimensions such as amenities, waiting times, communication, shared decision making, self-care support, confidentiality, dignity, cultural competency of providers, emotional support from providers, continuity of care, governance, and patient recommendations.

- **Provider interview tool** to measure provider perception regarding current performance in IPCHS dimensions such as amenities, integrated care process, communication, informed choice, comprehensiveness of services, confidentiality, respect, dignity, self-care support, motivation of providers, accessibility of care, responsiveness of providers, and facility organization and management.

- **Decision maker interview tool** to measure the perception of managers regarding the current status of IPCHS in service provision regarding concepts such as governance and accountability, work environment, motivation and support of staff, reorienting the model of care, empowering and engaging patients, care coordination and care continuity, creating an enabling environment, and system responsiveness to health needs of patients.

- **Focus group discussion guide** to measure the perceptions of community members who utilized the health services in the last 12 months regarding their experiences, attitudes of staff, communication of staff, respect shown by staff, shared decision making between patient and provider, trust between patient and provider, community support, relationship with providers, access to care, community involvement in services, and recommendations.

3. Database

ASSIST developed an Excel database to capture and analyze the information obtained from baseline assessments during October 2015. Patients were provided with three to six different options for the questions. In the analysis, the number of responses to the different options were aggregated. Responses to some questions were divided into categories or “yes” or “no” options, and responses were calculated
as percentage of responses to the category. Provider and decision maker responses were aggregated and reported by the number of responses and a percentage score.

D. Completion of baseline assessments

During November and December 2015, ASSIST staff conducted baseline assessments at all ten identified facilities. WHO accompanied ASSIST during the assessments at the first two facilities and the first focus group discussion. Five patients were interviewed at nine facilities, and six patients were interviewed at the tenth facility, for a total of 51 patients interviewed. At least five providers were interviewed at each facility for a total of 54; the providers interviewed included professional nurses, counsellors, administrative clerks, and community health workers. Eight decision makers were interviewed, including one district program manager, one clinic supervisor, two facility managers, and four facility operational managers. Three focus group discussions were conducted with a total of 38 community members.

Every patient interviewed was also asked to do a knowledge quiz on basic HIV facts. A few patients declined to answer the questions, making the total number of patients who completed the quiz 49.

II. FINDINGS FROM PATIENT INTERVIEWS

Results from the baseline assessments reflected that there are quality gaps in most of the dimensions of IPCHS in current service delivery. Patient and provider perception of the quality of services provided shows differences in perceptions.

A. Background

Five patients were interviewed from each of nine facilities and six from the tenth facility. Patient interviews were conducted at health care facilities. Two patients preferred not to respond to some of the questions asked.

The main areas covered during patient interviews included data under the components listed below; several questions were asked under each component:

- Demographic data
- Health status
- Choice
- Communication
- Shared decision making
- Self- management support
- Cultural competency
- Dignity
- Emotional support
- Dignity
- Care continuity and care coordination
- Governance
- HIV and HIV knowledge quiz

B. Demographic data

Characteristics of the interviewed patients are shown in Table 2. Fifty-one patients were interviewed, of which 80% were female and 20% were male. At all the facilities visited, it was clear that females utilized the health services more than males. The average age of patients interviewed across facilities was 43 years, however the average age differed greatly across facilities. At Korsten CHC, the average age was 63 years, while at Kwa Magxaki it was 29 years. The age difference may have an impact on expectations of patients.
The majority of patients (64.7%) attended secondary school, 2.0% of patients could not read, 9.8% had basic reading skills, 21.6% completed primary school, and only 2.0% reported having tertiary education.

The majority of patients (51.0%) reported living on social security, which included child grants, disability pensions, and old-age pensions. Income from a salary was reported by 23.5%, retailing by 3.9%, and 21.6% reported that they had no income and were supported by family and friends.

The majority of patients (62.8%) earned less than R 2000 per month, and 13.7% earned between R 2000 and R 5000 per month.

**Table 2: Demographic characteristics of patients interviewed**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients interviewed</td>
<td>41/51 (80%)</td>
<td>10/51 (20%)</td>
<td>51/51</td>
<td>100%</td>
</tr>
<tr>
<td>Average age (years)</td>
<td>44.0</td>
<td>42.0</td>
<td>42.9</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of education</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot read</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>Basic reading</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>9.8%</td>
</tr>
<tr>
<td>Primary school</td>
<td>8</td>
<td>3</td>
<td>11</td>
<td>21.6%</td>
</tr>
<tr>
<td>Secondary school</td>
<td>27</td>
<td>6</td>
<td>33</td>
<td>64.7%</td>
</tr>
<tr>
<td>Tertiary education</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>10</td>
<td>51</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sources of income</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>10</td>
<td>2</td>
<td>12</td>
<td>23.5%</td>
</tr>
<tr>
<td>Retailing</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>3.9%</td>
</tr>
<tr>
<td>Social security</td>
<td>22</td>
<td>4</td>
<td>26</td>
<td>51.0%</td>
</tr>
<tr>
<td>No income</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>21.6%</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>10</td>
<td>51</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income level</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No income</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>21.6%</td>
</tr>
<tr>
<td>&lt; R2000</td>
<td>28</td>
<td>4</td>
<td>32</td>
<td>62.8%</td>
</tr>
<tr>
<td>R 2000 - R5000</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>13.7%</td>
</tr>
<tr>
<td>R5000 - R10000</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2.0%</td>
</tr>
<tr>
<td>&gt; R10000</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td></td>
<td>41</td>
<td>10</td>
<td>51</td>
<td>100%</td>
</tr>
</tbody>
</table>

C. Reported health status

Nearly half of patients (47%) reported their health status as “good.” Poor health status was reported by 33%, and 5.9% reported their health status as very poor (Table 3). The majority of patients (78.4%) reported having a long-standing chronic illness. Nearly 8% had a severe hearing impairment, and 3.9% of patients were blind. Nearly 12% reported a physical disability.

**Table 3: Patient self-reported health status**

<table>
<thead>
<tr>
<th>Number reporting general health as...</th>
<th>#</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>3</td>
<td>5.9%</td>
</tr>
<tr>
<td>Poor</td>
<td>17</td>
<td>33.3%</td>
</tr>
<tr>
<td>Good</td>
<td>24</td>
<td>47.0%</td>
</tr>
<tr>
<td>Very good</td>
<td>4</td>
<td>7.8%</td>
</tr>
</tbody>
</table>
Number reporting general health as… | # | % of total
---|---|---
Excellent | 3 | 6.0%
Total number patients interviewed | 51 | 100%

Number reporting… | # | % of total
---|---|---
Deafness or severe hearing impairment | 4 | 7.8%
Blindness or partially sighted | 2 | 3.9%
A long-standing physical disability | 6 | 11.8%
A learning disability | 1 | 2.0%
A mental health condition | 2 | 3.9%
A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease | 40 | 78.4%
Total number of patients interviewed | 51 | 100%

D. Choice, amenities, office staff, and waiting time

Choice in terms of which health care provider a person can see impacts the trust that the person has in the provider and the information that will be offered willingly to the provider, which can influence the care provided and patient compliance to the treatment plan. On the question of choice of provider, it may not always be possible in public health care to provide choice of service providers, however, opportunities for more choice can be explored and lessons can be learned from Kwa Magxaki and Central CHC.

Cleanliness, ventilation, and seating in the waiting area are important to patients as a lot of time is spent in the waiting area (see Table 4). This is also an opportunity for general health education. Ventilation is crucial for infection prevention and control. Conditions in the waiting room were scored as good or better by the majority of patients (Figure 1).

The attitude of office staff who have the first contact with patients influences the mood of the patient for the health care visit. The responses to how often office staff made patients feel welcome were scored very high (Figure 2), with only Mabandla scoring lower (Table 5).

Waiting time was reported to be under 2 hours by the majority of patients (Figure 3), with Mabandla reporting more than 4 hours and Central Rose clinic, UPH, and Kwa Magxaki reporting the shortest waiting times (Table 6). Patients from Mabandla and Korsten reported the waiting time as the least acceptable (Table 7). Well over a third of patients considered the waiting time to be very long or unbearable (Figure 4).

Table 4: Patient responses regarding waiting area

<table>
<thead>
<tr>
<th>Q(14) How would you rate the conditions in the waiting room, for example space, seating and fresh air?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukkanyo</th>
<th>KwaMagxaki</th>
<th>Kwazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>27</td>
</tr>
<tr>
<td>Very good</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Excellent</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>
Figure 1: Patient responses regarding waiting area

Q (14) How would you rate the conditions in the waiting room, for example space, seating and fresh air? n=51

Figure 2: Patient responses regarding office staff

(15) How often did the office staff, such as receptionists or clerks, make you feel welcomed? n=51

Table 5: Patient responses regarding office staff

| Q(15) How often did the office staff, such as receptionists or clerks, make you feel welcomed? |
|-------------------------------------|---------|---------|----------|---------|---------|---------|---------|---------|---------|
| Central Korsten Central Rose Middle st Lukhanyo KwaMgqiyi KwaZakele New Brighton Mabandla UPH Total |
| Never 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rarely 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 |
| Sometimes 0 | 2 | 0 | 2 | 0 | 2 | 0 | 2 | 3 | 1 | 1 | 2 | 9 |
| Frequently 0 | 1 | 2 | 1 | 2 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 1 |
| Always 5 | 2 | 3 | 2 | 3 | 3 | 6 | 2 | 0 | 3 | 2 | 9 |
| Total 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 51 |

Table 6: Patient responses regarding waiting time

| Q(16) How long did you wait before being seen by your provider? |
|-------------------------------------|---------|---------|----------|---------|---------|---------|---------|---------|---------|
| Central Korsten Central Rose Middle st Lukhanyo KwaMgqiyi KwaZakele New Brighton Mabandla UPH Total |
| <30 minutes 0 | 1 | 2 | 1 | 1 | 2 | 0 | 1 | 1 | 2 | 11 |
| 30 min - 1 hour 1 | 0 | 1 | 2 | 2 | 2 | 1 | 2 | 1 | 1 | 13 |
| 1 - 2 hours 1 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 1 | 2 | 8 |
| 2 - 4 hours 1 | 2 | 1 | 2 | 1 | 1 | 3 | 0 | 1 | 0 | 12 |
| >4 hours 2 | 2 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 7 |
| Total 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 51 |
E. Communication

Patient understanding of his/her condition and treatment depends on communication between the patient and provider. A patient’s understanding of the treatment plan will influence patient behavior and compliance with treatment. Communication is influenced by the language, attitude, body language, and listening skills of both the provider and patient. Verbal communication can be strengthened by written or audio-visual materials. Patients scored the explanation of their condition and treatment the highest at Central CHC, Central Rose Clinic, Mabandla, and Kwa Magxaki (Table 8), and most considered the provider’s explanation as good, very good, or excellent (Figure 5). Patients at Korsten CHC scored explanation of treatment and condition the lowest. Patient ability to understand the information provided was scored similarly to explanation (Figure 6 and Table 9).
Table 8: Patient responses regarding explanation of condition and treatment

<table>
<thead>
<tr>
<th>Q(18) How complete was your provider’s explanation of your condition and treatment?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Very good</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Excellent</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 5: Patient responses regarding explanation of condition and treatment

Figure 6: Patient responses regarding patient understanding of information

Table 9: Patient responses regarding patient understanding of information

<table>
<thead>
<tr>
<th>Q(19) How easy to understand was the information provided by your provider?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very difficult</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Difficult</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Good</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Very good</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Excellent</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>
Scores for information on how to use medicines and side effects were scored the highest at Central CHC, Mabandla, and Kwa Magxaki, while scores for Korsten, UPH, and Lukhanyo were much lower (Table 10). Most patients rated the information received about medications as good or better.

**Table 10: Patient responses regarding information on use of medicines and side effects**

<table>
<thead>
<tr>
<th>Q(20) How would you rate the information about how to use medicines and their possible side effects?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>Kwa Magxaki</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very poor</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Very good</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
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<td>3</td>
<td>0</td>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

**Figure 7: Patient responses regarding information on use of medicines and side effects**

Opportunity for family to ask questions was scored high at Central CHC, Central Rose, and New Brighton (Table 11). The majority of patients responded that they frequently or always have the opportunity to ask questions (Figure 8). Involving a patient’s family strengthens the individual’s support base and treatment success.

**Table 11: Patient responses regarding opportunity for family or friends to ask questions**

<table>
<thead>
<tr>
<th>Q(21) Do your family and friends have opportunities to ask your provider questions if wanted?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>Kwa Magxaki</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Always</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>10</td>
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</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
<td></td>
</tr>
</tbody>
</table>
F. Shared decision making

Every person has a need for control of their own life which includes a say in the medicines they take and the lifestyle choices they make. Patients may not be able to comply with the treatment plan as prescribed in their daily lives, but given the opportunity to explain what action would fit into their lifestyle, acceptable options can be identified. Shared decision making empowers people and strengthens self-support. The question asked on shared decision making was: “In the last six months, how often were you involved in making decisions about your care.” The overall patient response to this question indicates room for improvement as 9/51 said they were never involved, 5/51 mentioned rarely, and 14/51 said sometimes; only 13 mentioned that they were involved as much as they wanted (Figure 9 and Table 12).

Figure 9: Patient responses regarding involvement in decision making

Table 12: Patient responses regarding involvement in decision making

<table>
<thead>
<tr>
<th>Q(22) In the last 6 months, how often did your provider involve you in decisions about your care?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMakhoseni</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Sometimes</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Frequently</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>As much as I wanted</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Self-management involves the individual’s actions to manage his/her condition and lead a healthy lifestyle. Individuals manage their own health on a daily basis, while contact and treatment with health care providers occur on a monthly basis or for short periods during the life span, when hospitalized or institutionalized for health care. The individual’s self-management skills are therefore the basis for individual health status and the key to preventive and promotive health care. Providers should therefore
strengthen self-care support through providing adequate information in a way that is understandable by the patient and involving the patient in decision making.

Support with the development of a patient treatment plan demonstrated gaps at most facilities with Korsten, Kwazakhele, and New Brighton scoring very low and only Central CHC and Kwa Magxaki achieving high scores (Table 13 and Figure 10). Receiving advice on what food groups to eat seemed very good (Table 14 and Figure 11).

Table 13: Patient responses regarding involvement in making a treatment plan

<table>
<thead>
<tr>
<th>Q(23) Does the provider help you make a treatment plan that you could do in your daily life?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Sometimes</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Always</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 10: Patient responses regarding involvement in making a treatment plan

Table 14: Patient responses regarding eating food groups advised

<table>
<thead>
<tr>
<th>Q(24) Are you eating the food groups advised by a health care worker?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>I try to</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Never received advice</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>
On average, 47/51 (92%) of patients reported that they take their treatment as prescribed (Table 15 and Figure 12). The few patients who reported not taking their treatment as prescribed gave “forgetting” or “not always having treatment” as reasons for not taking treatment (Table 16 and Figure 13).

### Table 15: Patient responses regarding taking treatment as prescribed

<table>
<thead>
<tr>
<th>Q(25) Are you taking your treatment as prescribed by the health care worker?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMgqokli</th>
<th>Kwazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Always</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

### Table 16: Patient responses regarding not taking treatment as prescribed

<table>
<thead>
<tr>
<th>Q(26) If you are not always taking your treatment as prescribed, what are the reasons?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMgqokli</th>
<th>Kwazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>I do not always have treatment</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>It makes me feel sick</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I forget to take</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N/A</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
Responses to exercising at least three times a week revealed that patients from Middle Street do regular exercise and no patients from Lukhanyo and Kwazakhele do regular exercise (Table 17). Most patients do not do regular exercise (Figure 14). Reporting of side effects of medication was good at most of the facilities, while patients from Lukhanyo do not report side effects (Table 18 and Figure 15). The most common reason given for not reporting side effects was that they do not know what the side effects are. This contrasts with provider responses, which reflect a self-perception of good performance with scores above 80% for all questions, except for provision of written information in a language that patients can understand, which was scored 78%.

### Table 17: Patient responses regarding doing physical exercise

<table>
<thead>
<tr>
<th>Q(27) Are you doing exercise at least three times a week?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwazakhele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Sometimes</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

### Table 18: Patient responses regarding reporting side effects of medication

<table>
<thead>
<tr>
<th>Q(28) Do you report all side effects of medication to your health care provider?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwazakhele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>I don’t know the side effects</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>
4. Hand washing practices

Frequent and proper hand washing habits influence the transmission of harmful viruses and bacteria and are part of preventive and promotive health behavior. Hand washing practices were similar for all facilities. 44/51 (86%) patients reported to wash their hands every time after they used the toilet. Concerning is that only 38/51 (75%) reported to wash their hands before handling food. Only 3/51 (5.9%) reported to wash their hands less that twice a day (Table 19 and Figure 16).

Table 19: Patient responses regarding hand washing practices

<table>
<thead>
<tr>
<th>Q(29) How often do you wash your hands?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle St</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(29.1) Every time after I went to the toilet</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>44</td>
</tr>
<tr>
<td>(29.2) Before I handle food</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>(29.3) At least 3 times a day</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>38</td>
</tr>
<tr>
<td>(29.5) Less than twice a day</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

G. Confidentiality, cultural competency, dignity, and emotional support

Confidentiality protects people against discrimination and embarrassment related to diseases and behavior. When confidentiality is compromised, there is a risk of patients not being honest about behavior and practices and may result in inappropriate health care provided and prevent patients from accessing health care when needed. Patient responses to questions on respect and confidentiality were positive at all clinics, with small gaps at Korsten and Central Rose (Tables 20 and 21; Figures 17 and 18).
**Table 20: Patient responses regarding privacy and respect during physical examination and treatment**

Q(30) In the last 6 months how often were your physical examinations and treatments there done so the privacy of your body was respected?

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMangazi</th>
<th>Kwazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Frequently</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Always</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>37</td>
</tr>
</tbody>
</table>

**Figure 17: Patient responses regarding privacy and respect during physical examination and treatment**

![Chart showing patient responses](image)

**Table 21: Patient responses related to confidentiality of personal information**

Q(31) In the last 6 months, how often did your doctor, nurse or other health care provider keep your personal information confidential?

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMangazi</th>
<th>Kwazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Frequently</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Always</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>34</td>
</tr>
</tbody>
</table>

**Figure 18: Patient responses related to confidentiality of personal information**

![Chart showing patient responses](image)
Cultural beliefs and practices play an important role in the daily lives of individuals. Health care providers need to discuss the benefits and risks of beliefs and practices objectively with patients and develop a health care plan that will accommodate the patients’ culture. Patient scoring for consideration of values and traditions were the lowest at Korsten, Middle Street, Lukhanyo and Kwazakhele and the highest at Mabandla (Table 22 and Figure 19). Responses on discrimination based on race and ethnicity reflected that while some patients do feel discriminated against, especially at Korsten and Middle Street, most patients felt they have never or rarely been discriminated against because of race or ethnicity (Table 23 and Figure 20).

Table 22: Patient responses related to consideration of their values and traditions

<table>
<thead>
<tr>
<th>Q(32) How confident are you that your provider thought about your values and traditions when they recommended treatments to you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Not confident</td>
</tr>
<tr>
<td>Somewhat confident</td>
</tr>
<tr>
<td>Confident</td>
</tr>
<tr>
<td>Very confident</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Figure 19: Patient responses related to consideration of their values and traditions

Table 23: Patient responses regarding discrimination

<table>
<thead>
<tr>
<th>Q(33) How often did you feel discriminated against by providers because of your race or ethnicity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Never</td>
</tr>
<tr>
<td>Rarely</td>
</tr>
<tr>
<td>Sometimes</td>
</tr>
<tr>
<td>Frequently</td>
</tr>
<tr>
<td>Always</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
More than 80% of patients utilizing public health services have no income or are dependent on social security grants which impacts on their own sense of value. The dignity and respect with which a patient is treated influences patient behavior and practices. Each patient is part of a family or community and needs recognition as an individual in a society. Patient scores for the dignity with which they were treated were high at most facilities (Table 24). The average age of patients interviewed at Korsten, was 63 years which may indicate that older people are treated with less dignity or that the expectation of older people to be treated with dignity is higher.

Table 24: Patient scores related to dignity. Scores out of 10, with 0 the worst and 10 the best

| Q(34) On a scale of 0 to 10, 0 being the worst and 10 the best, how would you rate your providers for the dignity with which you were treated? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Central | Korsten | Central Rose | Middle st | Lukhanyo | KwaMagxaki | KwaZakele | New Brighton | Mabandla | UPH | Average, n=51 |
| Never | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 3 |
| Rarely | 0 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 4 |
| Sometimes | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 2 | 9 |
| Frequently | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 |
| Always | 5 | 3 | 4 | 3 | 5 | 3 | 2 | 5 | 0 | 33 |
| Total | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 51 |

Comprehensive health care involves the physical, mental and emotional wellbeing. In the presence of physical or mental disease or injury, emotional wellbeing is often more fragile. Time constraints due to heavy workload and provider attitudes can influence the time and quality of emotional support and encouragement provided to patients. At Kwa Magxaki all patients felt that they could always discuss their health concerns with providers while patients at New Brighton gave a score of only 52% (Table 25). Patient responses to support and encouragement by providers were good at most facilities and 100% at Kwa Magxaki while UPH and New Brighton scored the lowest (Table 25 and Figure 21).

Table 25: Patient responses regarding support and encouragement

| Q(36) How often did providers give you support and encouragement? |
|---|---|---|---|---|---|---|---|---|---|
| Central | Korsten | Central Rose | Middle st | Lukhanyo | KwaMagxaki | KwaZakele | New Brighton | Mabandla | UPH |
| Never | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 |
| Rarely | 0 | 2 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| Sometimes | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 2 |
| Frequently | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Always | 5 | 3 | 4 | 3 | 5 | 3 | 2 | 5 | 0 |
| Total | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 51 |
H. Care continuity and coordination

Responses on whether the patient saw the same provider each time reflected low scores for the majority of facilities (Table 26 and Figure 22). The lowest scores were at Central CHC, Mabandla, Korsten and UPH. The highest score was at Kwa Magxaki where all patients reported to be seen by the same provider with every visit. The majority of patients reported never or only sometimes seeing the same health care provider.

Table 26: Patient responses regarding seeing the same provider with every visit

<table>
<thead>
<tr>
<th>Q(37) When you go to your primary care site, are you taken care of by the same provider each time?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwezakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sometimes</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Always</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

A majority of patients reported that providers always ensure that providers who provide follow up care are aware of care received from others (Table 27 and Figure 23). Thirteen patients reported not receiving care from more than one provider. However, at Korsten, less awareness was reported.
Table 27: Patient responses regarding different providers being aware of care received by other providers

| Q(38) Is the person who ensures your follow-up aware of health care you receive from others? | Central | Korsten | Central Rose | Middle st | Lukhanyo | KwaMagxaki | Kwazakele | New Brighton | Mabandla | UPH | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Never | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 3 |
| Rarely | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| Sometimes | 1 | 1 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 6 |
| Frequently | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 3 | 6 |
| Always | 2 | 0 | 1 | 1 | 2 | 4 | 3 | 3 | 3 | 1 | 20 |
| N/A | 2 | 2 | 2 | 0 | 1 | 1 | 3 | 1 | 1 | 0 | 13 |
| Total | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 51 |

Figure 23: Patient responses regarding different providers being aware of care received by other providers

Only half of patients reported that they could always discuss their health concerns with providers (Table 28 and Figure 24).

Table 28: Patient responses regarding opportunity to discuss health concerns with providers

| Q(35) How often are you able to discuss your greatest health concerns with your provider? | Central | Korsten | Central Rose | Middle st | Lukhanyo | KwaMagxaki | Kwazakele | New Brighton | Mabandla | UPH | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Never | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 6 |
| Rarely | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 0 | 0 | 4 |
| Sometimes | 1 | 1 | 2 | 2 | 2 | 0 | 2 | 1 | 1 | 1 | 13 |
| Frequently | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 3 |
| Always | 4 | 2 | 3 | 2 | 1 | 5 | 3 | 1 | 2 | 2 | 25 |
| Total | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 51 |
38/51 (75%) of patients felt that providers frequently or always work well together to provide the best care for them (Table 29 and Figure 25). The lowest score was at Lukhanyo.

Table 29: Patient responses regarding how well providers work together

<table>
<thead>
<tr>
<th>Q(39) Did the different people treating and caring for you well together to give you the best possible care?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwazakhele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Rarely</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Sometimes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Frequently</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Always</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Patient responses on how often they did not receive treatment due to stock-outs revealed that it never happened for them at Central CHC, Kwa Magxaki, Korsten and Lukhanyo while Middle Street and Kwazakhele seems to have problems with stock-outs (Table 30 and Figure 26).
Table 30: Patient responses regarding visits where treatment was out of stock

Q(40) Over the last six months, how many times did you come to the service and did not receive treatment because it was out of stock?

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central</th>
<th>Rose</th>
<th>Middle St</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>KwaZakelele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 or more times</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>1 - 3 times</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Never</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td></td>
<td>38</td>
</tr>
</tbody>
</table>

Figure 26: Patient responses regarding visits where treatment was out of stock

From all the clinics, 48/51 (94%) of patients reported that they have never been seen by a CHW at home or in a support group in the last six months (Table 31 and Figure 27). Twenty patients (39%) reported that they have not been referred to a clinic by a community health worker (CHW), and 30/51 (59%) patients reported that they did not need referral (Table 32 and Figure 28). Eight patients reported that they were referred to a hospital by the clinic, and only one felt that referral was needed but was not referred (Table 33 and Figure 29).

Table 31: Patient responses regarding support by community health workers

Q(41) Were you seen by a CHW at home or in a support group in the last six months?

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central</th>
<th>Rose</th>
<th>Middle St</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>KwaZakelele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td></td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 27: Patient responses regarding support by community health workers
Table 32: Patient responses regarding referral by CHW

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMngazi</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>I did not need referral</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 28: Patient responses regarding referral by CHW

Table 33: Patient responses regarding clinic referral to hospital

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMngazi</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>I did not need referral</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>I needed referral but not referred</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 29: Patient responses regarding clinic referral to hospital

Only one patient reported going to more than one clinic to treat the same condition in one week (Table 34 and Figure 30).
Table 34: Patient responses regarding utilization of more than one clinic for the same problem

| Q(44) Did you go to more than one clinic for treatment of the same condition within one week? |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                                | Central         | Korsten         | Central Rose    | Middle st       | Lukhenyo        | KwaMagxaki      | Kwazakel    | New Brighton    | Mabandla         | UPH             | Total          |
| Yes                            | 0               | 1               | 0               | 0               | 0               | 0               | 0            | 0               | 0               | 0               | 1              |
| No                             | 5               | 4               | 5               | 5               | 5               | 6               | 5            | 5               | 5               | 5               | 50             |
| Total                          | 5               | 5               | 5               | 5               | 5               | 6               | 5            | 5               | 5               | 5               | 51             |

Figure 30: Patient responses regarding utilization of more than one clinic for the same problem

Treatment supporters can be a friend, family member, or a community health worker. Twenty (43%) patients reported having treatment supporters (Figure 31 and Table 35), and 13 (25%) reported that it would be helpful to have a treatment supporter, with another 13 (25%) reporting that they did not want a treatment supporter (Table 36 and Figure 32). Perceived discrimination seems to play a role and being visited by a community health worker is often associated with having tuberculosis (TB) or HIV.

Table 35: Patient responses regarding whether they have a treatment supporter

| Q(46) Do you have an allocated treatment supporter that reminds you to take treatment? |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                                | Central         | Korsten         | Central Rose    | Middle st       | Lukhenyo        | KwaMagxaki      | Kwazakel    | New Brighton    | Mabandla         | UPH             | Total          |
| Yes                            | 3               | 1               | 3               | 2               | 3               | 1               | 2            | 2               | 1               | 1               | 22             |
| No                             | 2               | 4               | 2               | 3               | 2               | 4               | 4            | 3               | 4               | 1               | 22             |
| Total                          | 5               | 5               | 5               | 5               | 5               | 6               | 5            | 5               | 5               | 5               | 51             |

Figure 31: Patient responses regarding whether they have a treatment supporter
### Table 36: Patient responses regarding the usefulness of a treatment supporter

| Q(47) Do you think it will be helpful to you if you had a treatment supporter? | Central Korsten Central Rose Middle st Lukhanyo KwaMagzaki Kwazakele New Brighton Mabandla UPH Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 2 | 1 | 0 | 1 | 1 | 2 | 1 | 0 | 1 | 4 | 13 |
| No | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 4 | 0 | 7 |
| N/A | 1 | 3 | 3 | 2 | 2 | 2 | 3 | 3 | 0 | 1 | 20 |
| I do not want a treatment supporter | 1 | 0 | 2 | 2 | 2 | 1 | 1 | 2 | 0 | 0 | 11 |
| Total | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 51 |

### Figure 32: Patient responses regarding the usefulness of a treatment supporter

I. Screening for tuberculosis, diabetes, hypertension, and weight

South Africa has a TB incidence of 860/100,000 population and TB is the leading cause of death amongst South Africans. According to the 90/90/90 targets, health care providers should screen 90% of vulnerable populations for TB. Patient responses to being screened for TB demonstrate a major quality gap, with only 24/51 (47%) of all patients reporting having been screened for TB during their last visit to a facility (Table 37 and Figure 33). Providers reported even lower rates of TB and HIV screening (Table 57). Screening for diabetes also shows room for improvement at 35/51 (69%), while screening for hypertension and weight were good. When patients were asked about this, the screening processes were explained to patients.

### Table 37: Patient responses regarding screening for TB, diabetes, hypertension and weight

| Q(48) The last time that you visited the clinic, were you screened for the following? (Yes responses) | Central Korsten | Central Rose | Middle st Lukhanyo KwaMagzaki Kwazakele New Brighton Mabandla UPH Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TB | 3 | 2 | 2 | 2 | 2 | 4 | 3 | 1 | 3 | 2 | 2 | 24 |
| Diabetes | 4 | 2 | 2 | 5 | 4 | 4 | 5 | 3 | 2 | 4 | 35 |
| Hypertension | 5 | 4 | 3 | 4 | 5 | 5 | 5 | 5 | 4 | 4 | 45 |
| Weight | 5 | 2 | 4 | 4 | 5 | 5 | 4 | 5 | 4 | 3 | 41 |
| Total | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 51 |
Figure 33: Patient responses regarding screening for TB, diabetes, hypertension, and weight

J. Governance

Patient responses to questions on clinic committees reflected a big gap in availability, functionality, and awareness of clinic committees. Only 11/51 (22%) of patients reported that their clinic had a clinic committee (Table 38 and Figure 34) and only 2/51 (4%) knew a member of a clinic committee (Table 39 and Figure 35). Three (5.9%) patients reported health issues are discussed with community members (Table 40 and Figure 36).

Table 38: Patient responses related to the availability of a clinic committee

<table>
<thead>
<tr>
<th>Q(49) Does your local clinic have a clinic committee?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMashu</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>I don’t know</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>38</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 34: Patient responses related to the availability of a clinic committee

Table 39: Patient responses related to whether they know a member of the clinic committee

<table>
<thead>
<tr>
<th>Q(50) Do you know anyone who is on the clinic committee?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMashu</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>48</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>
Figure 35: Patient responses related to whether they know a member of the clinic committee

Table 40: Patient responses regarding whether the clinic committee ever discuss health related issues with you or anyone they know

| Q(51) Does the clinic committee ever discuss health related issues with you or anyone you know? | Central | Korsten | Central Rose | Middletown | Lukhanyo | KwaMgqokazi | KwaZakele | New Brighton | Mabandla | LPH | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 3 |
| No | 0 | 0 | 1 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 5 |
| N/A | 4 | 5 | 3 | 3 | 2 | 1 | 4 | 4 | 0 | 5 | 32 |
| I don’t know | 1 | 0 | 1 | 1 | 0 | 3 | 1 | 0 | 4 | 0 | 11 |
| Total | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 51 |

Figure 36: Patient responses regarding whether the clinic committee ever discuss health related issues with you or anyone they know

The majority of patients reported their clinic has a suggestion/complaints box (Table 41 and Figure 37) but only two patients reported having placed a comment or complaint in the box (Table 42 and Figure 38). Reasons for not placing complaints or suggestions in the box included: “I did not have something to complain about” (by the majority of patients), “the staff don’t pay attention to the complaints,” and “there was no paper or pen available to write a complaint” (Table 43 and Figure 39). During the assessment, the interviewers observed that all clinics have suggestion boxes.
Table 41: Patient responses to whether the clinic has a suggestion/complaints box

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMzukazi</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>39</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>I don’t know</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 37: Patient responses to whether the clinic has a suggestion/complaints box

Table 42: Patient responses regarding whether they ever put a complaint/suggestion in the box

<table>
<thead>
<tr>
<th></th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMzukazi</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>49</td>
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<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 38: Patient responses regarding whether they ever put a complaint/suggestion in the box
Table 43: Patient responses regarding why they did not complain or comment

<table>
<thead>
<tr>
<th>Q(54) If the answer in 47 was No: Why did you not make any complaints or comments?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwazaklele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No pen and paper available</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>I did not wish to complain</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>41</td>
</tr>
<tr>
<td>The clinic never respond to complaints</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
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<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 39: Patient responses regarding why they did not complain or comment

K. HIV related responses

The majority of patients 40/51 (78%) reported that they know their HIV status (Table 44 and Figure 40) and 13/51 (25%) of patients reported having an HIV test in the last six months (Table 45 and Figure 41). At Korsten CHC, one patient declined to answer and three patients said that they did not know their status. Three out of the five patients from Korsten reported never to have been tested and one was tested within the last 12 months. At Central Rose clinic, one patient declined to answer the questions on HIV. Three reported to never been tested, one tested in the last six months, and one tested in the last 12 months. It is concerning that 18 reported never to be tested for HIV, however one has to consider that some patients may not have wanted to admit being tested.

Table 44: Patient responses related to whether they know their HIV status

<table>
<thead>
<tr>
<th>Q(55) Do you know your HIV status?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMagxaki</th>
<th>Kwazaklele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>
Figure 40: Patient responses related to whether they know their HIV status

Table 45: Patient responses on when was the last time they tested for HIV

<table>
<thead>
<tr>
<th>Q(56) When was the last time that you were tested for HIV?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMngxulu</th>
<th>KwaZakazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 months ago</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>6-12 months ago</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>&gt;12 months ago</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>never</td>
<td>0</td>
<td>3</td>
<td>3</td>
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<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Total</td>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
<td></td>
</tr>
</tbody>
</table>

Figure 41: Patient responses on when was the last time they tested for HIV

Twenty patients reported that they are on ART (Table 46 and Figure 42). Amongst the 20 patients on ART, 90% (18/20) had a CD4 count during the last six months (Table 47 and Figure 43) and 17/20 (85%) had their viral load tested in the last six months (Table 48 and Figure 44).

Table 46: Patient responses regarding being on ART

<table>
<thead>
<tr>
<th>Q(57) If you are HIV infected: Are you on ART?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMngxulu</th>
<th>KwaZakazakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>
Table 47: Patient responses regarding when last their CD4 was tested

<table>
<thead>
<tr>
<th>Q(58) If you are HIV infected: When was the last time that your CD4 was measured?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMangxeki</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 months ago</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>6-12 months ago</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
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<tr>
<td>&gt;12 months ago</td>
<td>0</td>
<td>5</td>
<td>4</td>
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<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
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<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
</tr>
</tbody>
</table>

Figure 43: Patient responses regarding when last their CD4 was tested

Table 48: Patient responses regarding when last their viral load was tested

<table>
<thead>
<tr>
<th>Q(59) If you are HIV infected, when was the last time your viral load was measured?</th>
<th>Central</th>
<th>Korsten</th>
<th>Central Rose</th>
<th>Middle st</th>
<th>Lukhanyo</th>
<th>KwaMangxeki</th>
<th>KwaZakele</th>
<th>New Brighton</th>
<th>Mabandla</th>
<th>UPH</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6 months ago</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>6-12 months ago</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>&gt;12 months ago</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>51</td>
<td></td>
</tr>
</tbody>
</table>
A knowledge quiz with 18 statements regarding HIV was administered. Patients had to respond on whether the statements were true or false (Figure 45). Patients from Mabandla and Central Rose scored the highest with >85%, while patients from Korsten scored the lowest at 47%. Age may play a role in HIV knowledge, as the average age of patients from Korsten was 63 years while the average age at Central Rose was 41 years and 40 years at Mabandla. At Middle Street the score was also low at 66% while the average age was 53 years. Table 49 shows the questions on the HIV knowledge questions that were answered wrong by more than a third of patients.
L. Recommendations/comments from clients for improving services

Eight patients recommended that waiting time should be reduced.

Five clients commented that they were satisfied with the services and two of the clients (from UPH) said that the doctor provided very good care.

One patient commented that there have been a lot of changes and services have improved recently.

Two clients recommended that they see the same provider every time and would like to see all the providers they need to see during the same visit.

Three clients recommended that providers should listen to what they say and explain their conditions and treatment better.

Four clients requested that they need shelter and a seating area outside the clinic where they wait before the clinic opens.

Four patients recommended that services for older people should improve.

Two patients recommended that new patients and old patients should be seen at different times.

Five patients recommended that more nurses and doctors should be employed.

Eight patients recommended that the cleaning of the facility should improve.

Four patients recommended that the clinic waiting area should be extended.

Two clients (from UPH) recommended that toilets should be renovated.

Two patients (from Lukhanyo) recommended that the pharmacy waiting area should be improved.

Two patients (from Mabandla) recommended that registration should improve.

III. FINDINGS FROM FOCUS GROUP DISCUSSIONS

The findings from the focus group discussions reflect somewhat different opinions than what was reported during patient interviews.

A. Interview tools and numbers of people interviewed

Three focus group discussions were conducted at community or church halls, with a total of 38 individuals. Participants were welcomed and thanked for volunteering to take part in the discussions and that their time and inputs are appreciated. It was explained that participants have been asked to participate because their points of view as patients and community members are important, and that discussions aimed to better understand participant thoughts and feelings about health care received in public health facilities in NMM District within the last 12 months. Permission was requested and obtained to take notes and tape the conversations. Participants were ensured that personal information would be kept confidential.

B. Questions asked and responses to questions

1. Introductory question: I would like you to take a couple of minutes to think about your experience receiving care at a public health facility in NMM District. Would anyone share his or her experience?

“Nurses are sometimes arrogant to patients, I went to the clinic to do a pap-smear and arrived after 10:00 and the nurse told me that I was late and must come back the next day and come in time.”
“I moved from another area to this area. I went to the antenatal clinic with my clinic card from the previous clinic and the nurse was very angry and did not want to see me. She later did attend to me and now the visits are better.”

“Nurses do not start to work when they arrive. They take a long time before they start seeing patients.”

2. What are the attitudes of staff and providers towards you? (What did people think/say/do?)

“The clinic staff were very rude when giving the rules especially in the morning, and they are holding meetings for a long time before focusing on the clients. Nurses don’t assist clients after lunch especially before 4 PM.”

“The clinic staff approach is very bad towards clients, they always have long-time during tea-time and forget about the clients. Nurses are always shouting at the clients and that is annoying. Nurses requested clients to weigh their kids at the clinic.”

“I have no problem with any clinic staff. If I come to the clinic with a positive attitude, then they are also positive.”

3. How did the staff, doctors and nurses or community health workers communicate with you?

“Doctors are very helpful especially with patient with TB.” The majority of the clients were very happy with the way the clinic staff were communicating with them.

“Nurses are not always communicating well with the clients e.g. one nurse complained about a client who was not taking her pills the way the client was supposed to.”

4. How were you respected or disrespected during your visit?

The majority of the clients reported to be very happy or were respected by the health professionals although not always.

The majority of the clients reported to be well respected during their visit especially when they have come to see the doctor.

5. How involved were you with the decisions about your care? In what ways did that meet or fail to meet your expectations?

“There are not enough nurses and doctors. There are many patients and they do not have much time to spend with you. You just take your treatment and go.”

Most participants felt that there is a shortage of staff and that nurses are overworked.

6. Do you think that people in the community trust and use the clinic? Why or why not?

Focus group two agreed that people in the community use the clinic although sometimes people are lazy to visit the clinic. One client who finished her medical aid is visiting the clinic frequently.

“We have to use the clinic because we need treatment. If we had money we would use a private doctor.”

Focus group three also agreed that people from the community are using the clinic, but there are some who still prefer to go to private clinics because of the treatment they receive there. They recommended that more nurses should be employed and time must be monitored in the clinics.
7. How would you improve the clinic and your experience there?

Focus group three suggested that the clinic should have a sign board with clinic names, opening and closing time, and the services they are offering. They also suggested that nurses should attend workshops that will assist them on how to deal with people.

Most participants recommended that the cleanliness of facilities should be improved and waiting time reduced.

“They should provide shelter and seating outside the clinic where we wait until the clinic opens. In winter it is cold and it sometimes rains. We have to come early or we may not be seen on the day.”

8. How would you like your family or friends to be involved in your care?

“There should be a nurse to educate the community especially in the waiting room before the clinic starts working.”

“I would like the staff to explain my condition and treatment to my family as I am a diabetic.”

9. What ways does the community support patients?

“The home base care workers are visiting patients in their homes to check them if they are adhering to their medication as prescribed from the clinics.”

“The community don’t practice “Ubuntu” instead they are ashamed to share their problems.”

10. What services provided by community health workers are helpful? What parts are not helpful?

Focus group three mentioned that some people in the community allow community health workers (CHWs) to visit them.

“CHWs do not help at all in the community, they cannot trace defaulters. CHWs are known in the community but they cannot assist the community at any given time.”

Focus group one reported that they do not have CHWs. Participants reported that the church started a support service with nurses that are no longer working; it stopped because they did not receive any support.

11. How would you describe the relationship you have with the providers at the facility?

“I have a very good relationship with providers at the facility.”

Focus group three mentioned that there was no close relationship between nurses and patients, but there was good collaboration between CHWs and the community.

12. Have you had trouble accessing services when you needed them? How could this be improved?

Focus group one mentioned that there was no problem with accessing services as long as you are prepared to wait.

Focus group two mentioned that they had troubled accessing services and recommended that CHWs must visit people who default treatment and also must prioritise patients who arrive at the clinic very sick.

Focus group three reported not to have any problems accessing the service except for waiting time.
13. How could the facility better support you in caring for your conditions at during your daily life?

Focus group one suggested that it would be helpful for CHWs to provide home based services to elderly or bedridden community members.

Focus group two suggested that patients must be informed as soon as their medication is in-stock rather than waiting too long. They also suggested that there should be a community Imbizo (a meeting in the community where community members can discuss appropriate problems) to discuss their clinic problems as a community.

14. Would you recommend using the health facility to your family and friends? Why or why not?

Focus group one shared that they would recommend the clinic.

Focus group two commented that many of them were referred by family or friends to this clinic but that things have changed.

15. Do you have community representatives who help make decisions at the clinic? Are they able to influence decisions? Why or why not?

Focus group one was not aware of a clinic committee and no one knew anyone on a clinic committee.

In focus group two, one member mentioned that they didn’t have a representative, and another member mentioned that she knew one person who was elected but the counsellor refused to allow them to work because of politics.

Focus group three agreed that they have community representation, which also contributed to the minister visiting the community.

16. In what ways are you able to influence the services provided at the health facility? Does the community have an active role in planning or designing services?

None of the participants in the focus groups felt that they had an influence on the way services were provided.

17. Concluding question: Of all the things we’ve discussed today, what would you say are the most important issues you would like to improve at your local facility?

“Employ more nurses and doctors.”

“Staff must manage time better.”

“Provide a shelter outside the clinic for patients to wait before the clinic opens.”

“Open the old Mabandla clinic again.”
IV. FINDINGS FROM PROVIDER INTERVIEWS

A. Demographic and background data

Fifty-four providers were interviewed from the ten pilot facilities; nine were male and 45 were female. Categories of providers interviewed included 21 community health workers, 20 professional nurses, and 13 others (counsellors and administrative clerks). The majority of providers have worked at the facility for more than five years and have worked in the same position for more than five years.

Table 50: Demographic characteristics of providers interviewed

<table>
<thead>
<tr>
<th>Number interviewed</th>
<th>Female (83.3%)</th>
<th>Male (16.7%)</th>
<th>Total (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average age (years)</td>
<td>41.1</td>
<td>43.4</td>
<td>41.5</td>
</tr>
<tr>
<td>Level of education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>23 (51.1)</td>
<td>6 (66.7)</td>
<td>29 (53.7)</td>
</tr>
<tr>
<td>University</td>
<td>22 (48.9)</td>
<td>3 (33.3)</td>
<td>25 (46.3)</td>
</tr>
<tr>
<td>Occupation position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community</td>
<td>17 (37.8)</td>
<td>4 (44.4)</td>
<td>21 (38.9)</td>
</tr>
<tr>
<td>Nurse</td>
<td>18 (40.0)</td>
<td>2 (22.2)</td>
<td>20 (37.0)</td>
</tr>
<tr>
<td>Other</td>
<td>10 (22.2)</td>
<td>3 (33.3)</td>
<td>13 (24.1)</td>
</tr>
<tr>
<td>Monthly income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; R2 000</td>
<td>10 (22.2)</td>
<td>0 (0.0)</td>
<td>10 (18.5)</td>
</tr>
<tr>
<td>R 2000-R4999</td>
<td>11 (24.4)</td>
<td>5 (55.6)</td>
<td>16 (29.6)</td>
</tr>
<tr>
<td>R5 0000-R9 999</td>
<td>3 (6.7)</td>
<td>0 (0.0)</td>
<td>3 (5.6)</td>
</tr>
<tr>
<td>&gt; R10 000</td>
<td>21 (46.7)</td>
<td>4 (44.4)</td>
<td>25 (46.3)</td>
</tr>
<tr>
<td>Working experience in facility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>4 (8.9)</td>
<td>1 (11.1)</td>
<td>5 (9.3)</td>
</tr>
<tr>
<td>1-2 yrs</td>
<td>6 (13.3)</td>
<td>0 (0.0)</td>
<td>6 (11.1)</td>
</tr>
<tr>
<td>3-5 yrs</td>
<td>8 (17.8)</td>
<td>4 (4.4)</td>
<td>12 (22.2)</td>
</tr>
<tr>
<td>6-9 yrs</td>
<td>17 (37.8)</td>
<td>0 (0.0)</td>
<td>17 (31.5)</td>
</tr>
<tr>
<td>10+ yrs</td>
<td>10 (22.2)</td>
<td>4 (4.4)</td>
<td>14 (25.9)</td>
</tr>
<tr>
<td>Working period in the position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 year</td>
<td>1 (2.2)</td>
<td>1 (11.1)</td>
<td>2 (3.7)</td>
</tr>
<tr>
<td>1-2 yrs</td>
<td>4 (8.9)</td>
<td>0 (0.0)</td>
<td>4 (7.4)</td>
</tr>
<tr>
<td>3-5 yrs</td>
<td>16 (35.6)</td>
<td>5 (55.6)</td>
<td>21 (38.9)</td>
</tr>
<tr>
<td>6-9 yrs</td>
<td>15 (33.3)</td>
<td>2 (2.2)</td>
<td>17 (31.5)</td>
</tr>
<tr>
<td>10+ yrs</td>
<td>9 (20.0)</td>
<td>1 (1.1)</td>
<td>10 (18.5)</td>
</tr>
<tr>
<td>Do you manage staff</td>
<td>Yes</td>
<td>18 (40.0)</td>
<td>3 (33.3)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>27 (60.0)</td>
<td>6 (66.7)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Coloured</td>
<td>11 (24.4)</td>
<td>1 (11.1)</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>30 (66.7)</td>
<td>7 (77.8)</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>4 (8.9)</td>
<td>1 (11.1)</td>
</tr>
</tbody>
</table>

B. Provider responses to work environment

The work environment influences the quality of care provided by providers. Forty-one percent of providers reported feeling emotionally drained by his/her work never or a few times a year, while 59% feel
emotionally drained a few times a month to a few times a week. Forty-four percent of providers reported a heavy workload of seeing more than 30 patients per day, which could contribute to emotional stress.

Quality care requires that providers spend sufficient time with patients to take a medical history, perform examinations, listen to patient complaints, explain patient condition, provide health education, develop a treatment plan for each patient, and prescribe/provide treatment. However, 33% of providers reported spending fewer than 10 minutes per patient, which is insufficient for providing the required care; 61% reported to spend 10 to 30 minutes per patient. Table 51 shows the number and percentage of providers who rated their work environment at different levels.

Table 51: Provider responses regarding work environment, n=54

<table>
<thead>
<tr>
<th>Q15 Time of being emotionally drained by work</th>
<th>NA or a few times a year</th>
<th>A few times a month</th>
<th>A few times a week to everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22 (40.7%)</td>
<td>17 (31.5%)</td>
<td>15 (27.8%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10–30</td>
<td>&gt;30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q16 Number of patients seen per day</th>
<th>A few times a year</th>
<th>A few times a month</th>
<th>A few times a week to everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13 (24.1%)</td>
<td>23 (42.6%)</td>
<td>18 (33.3%)</td>
</tr>
<tr>
<td></td>
<td>&lt;10 min</td>
<td>10–30 min</td>
<td>&gt;30</td>
</tr>
</tbody>
</table>

| Q17 Time spent with each patient | 18 (33.3%) | 33 (61.1%) | 3 (5.6%) |
| Q18 Rating of the cleanliness and maintenance of health care units | 10 (18.5%) | 24 (44.4%) | 20 (37.0%) |
| Q19 Rating of access to hand washing facilities at health care units | 4 (7.4%) | 22 (40.7%) | 28 (51.9%) |

<table>
<thead>
<tr>
<th>Q20 Ability to manage all the conflicting demands on my time at work</th>
<th>A few times a year</th>
<th>Monthly</th>
<th>A few times a month</th>
<th>A few times a week</th>
<th>Everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18 (33.3%)</td>
<td>5 (9.3%)</td>
<td>11 (20.4%)</td>
<td>9 (16.7%)</td>
<td>11 (20.4%)</td>
</tr>
</tbody>
</table>

C. Provider responses to integrated care processes

Table 52 shows that 46.3% of the providers reported always having good communication with other organizations providing care for their patients. 64.8% of the providers reported the presence of formal system for accepting referred patients, and 66.7% reported always having access to patients’ recent test results. However, 22.2% reported that having access to patient’s recent test results was not part of their scope of work and only 22.2% report they always get a report from a specialist or hospital if their patient visits them. Providers were also asked the last time they referred clients to CHW support and it was surprising to note 46.3% of the providers reported it was not part of their working scope to refer clients to CHW for support.
Table 52: Provider responses on integrated care processes, n=54

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q21 There is good communication with other organisations providing care for my patients.</td>
<td>2 (3.7%)</td>
<td>1 (1.9%)</td>
<td>12 (22.2%)</td>
<td>14 (25.9%)</td>
<td>25 (46.3%)</td>
<td>--</td>
</tr>
<tr>
<td>Q22 Is there a formal system for and or accepting referred patients?</td>
<td>3 (5.6%)</td>
<td>1 (1.9%)</td>
<td>2 (3.7%)</td>
<td>13 (24.1%)</td>
<td>35 (64.8%)</td>
<td>--</td>
</tr>
<tr>
<td>Q24 How often do you have access to patient’s most recent test results or exams when you need them?</td>
<td>2 (3.7%)</td>
<td>--</td>
<td>1 (1.9%)</td>
<td>3 (5.6%)</td>
<td>36 (66.7%)</td>
<td>12 (22.2%)</td>
</tr>
<tr>
<td>Q25 Do you get a report from a specialist or hospital if your patient has visited them?</td>
<td>12 (22.2%)</td>
<td>5 (9.3%)</td>
<td>13 (24.1%)</td>
<td>4 (7.4%)</td>
<td>12 (22.2%)</td>
<td>8 (14.8%)</td>
</tr>
<tr>
<td>Q26 When was the last time that you referred a client to a CHW for support?</td>
<td>3 (5.6%)</td>
<td>8 (14.8%)</td>
<td>4 (7.4%)</td>
<td>14 (25.9%)</td>
<td>25 (46.3%)</td>
<td>--</td>
</tr>
</tbody>
</table>

D. Provider responses to communication with and choices of patients

Provider responses indicate a perception of a much better performance for communication than patients. The big difference in scores indicate that patients have higher expectations related to communication that providers are not aware of. During focus group discussions a need was also expressed for providers to listen more to patients and to explain their conditions and treatment better.

Table 53 shows that of 54 providers, 83.3% reported they always encourage patients to freely discuss their concerns and 77.8% reported they always encourage patients to ask questions about diseases, treatment and care. Surprisingly, 7.4% reported that it was not their task or scope of work to encourage patients to ask questions about diseases, treatment and care. About 48.1% of the providers reported that sometimes individuals have a choice between health care providers in a health care unit.

Table 53: Provider responses related to communication, n=54

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q26 How often are patients encouraged to discuss their concerns freely?</td>
<td>--</td>
<td>--</td>
<td>6 (11.1%)</td>
<td>3 (5.6%)</td>
<td>45 (83.3%)</td>
<td>--</td>
</tr>
<tr>
<td>Q27 How often are patients encouraged to ask questions about diseases, treatment and care?</td>
<td>--</td>
<td>--</td>
<td>5 (9.3%)</td>
<td>3 (5.6%)</td>
<td>42 (77.8%)</td>
<td>4 (7.4%)</td>
</tr>
<tr>
<td>Q28 How often do individuals have a choice between health care providers in a health care unit?</td>
<td>5 (9.3%)</td>
<td>8 (14.8%)</td>
<td>26 (48.1%)</td>
<td>6 (11.1%)</td>
<td>9 (16.7%)</td>
<td>--</td>
</tr>
<tr>
<td>Q29 How often do individuals have the opportunity to see a specialist, if they wish to?</td>
<td>6 (11.1%)</td>
<td>12 (22.2%)</td>
<td>18 (33.3%)</td>
<td>13 (24.1%)</td>
<td>5 (9.3%)</td>
<td>--</td>
</tr>
</tbody>
</table>

E. Provider scores related to confidentiality, respect, and dignity

Providers reported high levels of confidentiality, respect, and dignity with which patients are treated. Average patient scores were also high, so patient expectations and provider perceptions are therefore well balanced. Table 54 shows that 79.6% of the providers reported that there is always confidentiality of patients medical records and 77.8% reported that consultations are always carried out protecting patients’
confidentiality. Only 5.6% providers reported that they never or sometimes carried out consultations that protected patient confidentiality and only 3.8% reported never or rarely seeking patient consent before testing or starting treatment. With regard to respect and dignity, 88.9% reported that always clients are treated with respect and 85.2% of the providers reported that always patient consent are sought before testing or starting the treatment.

Table 54: Provider responses on confidentiality, cultural competency, dignity, and emotional support, n=54

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q31 How often is the confidentiality of patients’ medical records preserved (except if the information is needed by other health care providers)</td>
<td>--</td>
<td>2 (3.7%)</td>
<td>1 (1.9%)</td>
<td>8 (14.8%)</td>
<td>43 (79.6%)</td>
</tr>
<tr>
<td>Q32 How often are consultations carried out in a manner that protects patient confidentiality?</td>
<td>2 (3.7%)</td>
<td>1 (1.9%)</td>
<td>3 (5.6%)</td>
<td>6 (11.1%)</td>
<td>42 (77.8%)</td>
</tr>
<tr>
<td>Q33 How often are patients treated with respect?</td>
<td>--</td>
<td>--</td>
<td>2 (3.7%)</td>
<td>4 (7.4%)</td>
<td>48 (88.9%)</td>
</tr>
<tr>
<td>Q34 How often are the human rights of patients with communicable diseases such as AIDS or tuberculosis safeguarded within the health system?</td>
<td>--</td>
<td>1 (1.9%)</td>
<td>3 (5.6%)</td>
<td>6 (11.1%)</td>
<td>44 (81.5%)</td>
</tr>
<tr>
<td>Q35 How often is patient consent sought before testing or starting treatment?</td>
<td>1 (1.9%)</td>
<td>1 (1.9%)</td>
<td>2 (3.7%)</td>
<td>4 (7.4%)</td>
<td>46 (85.2%)</td>
</tr>
</tbody>
</table>

F. Provider responses related to informed choice

Table 55 shows provider responses about informed choice. About 33.3% of the providers reported that patients are always provided with information on an alternative treatment option, 29.6% reported sometimes, and 18.5% reported that it is not part of their scope of work and 5.6% reported that patients were never provided with information on alternative treatment options.

Providers were further asked about how often patients are consulted about their preferences over alternative treatment options. Only 27.8% reported that patients are always consulted about their preferences over alternative treatment options, 24.1% reported sometimes, and 22.2% reported usually.

Furthermore, 79.6% of the providers strongly agreed that the needs and preferences of service users should be central in Health Services, while 13.0% agreed and 7.4% disagreed or strongly disagreed. 68.5% of the providers strongly agreed that it is important to get to know each service user as an individual while 27.8% just agreed and 1 provider strongly disagreed.
Table 55: Provider responses to informed choice, n=54

<table>
<thead>
<tr>
<th>Q36 How often are patients provided information on alternative treatment options?</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 (5.6%)</td>
<td>--</td>
<td>16 (29.6%)</td>
<td>7 (13.0%)</td>
<td>18 (33.3%)</td>
<td>10 (18.5%)</td>
</tr>
<tr>
<td>Q37 How often are patients consulted about their preferences over alternative treatment options?</td>
<td>4 (7.4%)</td>
<td>--</td>
<td>13 (24.1%)</td>
<td>12 (22.2%)</td>
<td>15 (27.8%)</td>
<td>10 (18.5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree or disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q38 The needs and preferences of service users should be central in Health Services.</td>
<td>2 (3.7%)</td>
<td>2 (3.7%)</td>
<td>--</td>
<td>7 (13.0%)</td>
<td>43 (79.6%)</td>
<td>1</td>
</tr>
<tr>
<td>Q39 It is important to get to know each service user as an individual (eg. their medical history, social, supports, cultural factors, pre-morbid status).</td>
<td>1 (1.9%)</td>
<td>--</td>
<td>--</td>
<td>15 (27.8%)</td>
<td>37 (68.5%)</td>
<td>1 (1.9%)</td>
</tr>
</tbody>
</table>

G. Provider responses related to self-care support

Table 56 shows provider responses about support for patient self-care. The providers were asked how often they co-develop a care plan with their patients. Only 55.6% of them reported that they always develop a care plan with their patients while 14.8% reported that they do it sometimes, 1.1% reported that they usually do it, 3.7% reported they rarely do it, and only provider reported that he or she never developed a care plan with patients. Surprisingly 13.0% reported that it was not part of their work to develop a care plan with the patients for how they can manage their condition in their daily life.

Forty percent of the providers reported they always provide written information to patients about their conditions in their language, 25.9% sometimes, 13.0% usually, 5.6% rarely, and 2 providers had never provided written information to their patients in the patient’s language. Another 11.1% reported that it was not part of their scope of work to issue a written information to patients about their conditions in their languages. Patient perception regarding support from providers to develop a treatment plan that can be applied in daily life was scored lower than provider perception; there is a clear difference between patient expectation and provider perception.

Table 56: Provider responses to self-management support, n=54

<table>
<thead>
<tr>
<th>Q40 How often do you co-develop a care plan with your patient for how they can manage their condition in their daily life</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 (1.9%)</td>
<td>2 (3.7%)</td>
<td>8 (14.8%)</td>
<td>6 (11.1%)</td>
<td>30 (55.6%)</td>
<td>7 (13.0%)</td>
</tr>
<tr>
<td>Q 41 How often do you provide written information to patients about their condition or treatment in language they can understand?</td>
<td>2 (3.7%)</td>
<td>3 (5.6%)</td>
<td>14 (25.9%)</td>
<td>7 (13.0%)</td>
<td>22 (40.7%)</td>
<td>6 (11.1%)</td>
</tr>
<tr>
<td>Q43 How often do you screen your clients for HIV and TB?</td>
<td>33 (61.1%)</td>
<td>8 (14.8%)</td>
<td>3 (5.6%)</td>
<td>2 (3.7%)</td>
<td>1 (1.9%)</td>
<td>7 (13.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree or disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q42 I offer education about peer-based services and mutual support groups as part of the planning process</td>
<td>1 (1.9%)</td>
<td>1 (1.9%)</td>
<td>1 (1.9%)</td>
<td>19 (35.2%)</td>
<td>26 (48.1%)</td>
<td>6 (11.1%)</td>
</tr>
</tbody>
</table>
H. Provider responses related to integrated care

Integration of different programmes is essential for comprehensive patient care. Patients attended the facilities for different services such as chronic care, HIV, TB or antenatal care. Providers reported good levels of TB screening and provision on information related to TB, HIV, nutrition, diabetes and hypertension but patients reported lower levels of screening for TB and diabetes.

Table 57 shows that 63.0% of providers reported providing information on TB and HIV prevention to every client visiting, but 13.0% had never provided such information to clients. 61.1% of providers reported that they had never screened clients for HIV and TB, and 13.0% reported that it was not part of their scope of work. In contrast, 53.7% of the providers reported they always screen and provide information on diabetes and hypertension, but 18.5% thought it was not part of their work. 63.0% of providers report they always weigh and check middle upper arm circumference (MUAC) or body mass index (BMI) and 64.8% reported they provide advice on nutrition to every client with every visit.

**Table 57: Provider responses on screening for and information on TB, diabetes, hypertension, and weight, n=54**

<table>
<thead>
<tr>
<th>Q43 How often do you screen your clients for HIV and TB?</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>(61.1%)</td>
<td>(14.8%)</td>
<td>(5.6%)</td>
<td>(3.7%)</td>
<td>(1.9%)</td>
<td>(13.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q44 How often do you provide information to a client on TB and HIV prevention?</th>
<th>Never</th>
<th>Seldom</th>
<th>When I have time</th>
<th>Every adult and adolescent client with every visit</th>
<th>Every client with every visit</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>34</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>(13.0%)</td>
<td>(1.9%)</td>
<td>(7.4%)</td>
<td>(14.8%)</td>
<td>(63.0%)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q47 How often do you screen and provide information to clients on diabetes and hypertension?</th>
<th>Every client with every visit</th>
<th>Every adult and adolescent client with every visit</th>
<th>Every pregnant woman with every visit and BMI every 6 months</th>
<th>Only pregnant women, every client with HIV, TB and &lt; 5 clients</th>
<th>When I have time</th>
<th>Seldom</th>
<th>Never</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Every client with every visit</td>
<td>Every adult and adolescent client with every visit</td>
<td>Only pregnant women, every client with HIV, TB and &lt; 5 clients</td>
<td>When I have time</td>
<td>Seldom</td>
<td>Never</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>29</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(5.6%)</td>
<td>(11.1%)</td>
<td>(5.6%)</td>
<td>(5.6%)</td>
<td>(53.7%)</td>
<td>(18.5%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q45 How often do you weigh and do MUAC or BMI for your clients?</th>
<th>Every client with every visit</th>
<th>Every adult and adolescent client with every visit</th>
<th>Every pregnant woman and mothers w/ babies only</th>
<th>When I have time</th>
<th>Seldom</th>
<th>Never</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Every client with every visit</td>
<td>Every adult and adolescent client with every visit</td>
<td>Every pregnant woman and mothers w/ babies only</td>
<td>When I have time</td>
<td>Seldom</td>
<td>Never</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(63.0%)</td>
<td>(1.9%)</td>
<td>(1.9%)</td>
<td>(9.3%)</td>
<td>(9.3%)</td>
<td>(1.9%)</td>
<td>(11.1%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q46 How often do you provide advice to your clients on nutrition?</th>
<th>Every client with every visit</th>
<th>Every adult and adolescent client with every visit</th>
<th>Pregnant women and mothers w/ babies only</th>
<th>When I have time</th>
<th>Seldom</th>
<th>Never</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Every client with every visit</td>
<td>Every adult and adolescent client with every visit</td>
<td>Pregnant women and mothers w/ babies only</td>
<td>When I have time</td>
<td>Seldom</td>
<td>Never</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(64.8%)</td>
<td>(1.9%)</td>
<td>(1.9%)</td>
<td>(9.3%)</td>
<td>(14.8%)</td>
<td>(1.9%)</td>
<td>(5.6%)</td>
</tr>
</tbody>
</table>
I. Provider responses related to staff motivation

Staff motivation influences the quality of care provided, and work environment and workload influences staff motivation. Table 58 shows that 37.0% of providers reported they think the number of patients and the time spend with each patient is always appropriate. About 79.6% reported never having rewards and recognition for patient and family-centered practice while 20.4% reported sometimes, rarely, usually, or always. Providers reported low rewards and recognition for patient-centred care, as well as scores for addressing staff stress levels and needs was low, and there was feeling amongst providers that they have little support for stress-reduction and wellness. become slightly less compassionate towards people as a result of their work. Seventy-nine percent of providers reported that it was never or rarely a strain for them to work with people all day and 63% reported they never or seldom think about changing organizations. Regarding the support to get training in their area of work, 40.7% reported that they always get enough support training they need in their area of work, and 14.8% reported they never or rarely get enough. Providers mostly reported that they deal effectively with the problems of their patients, and of the 54 providers, 40 (74.1%) reported they always feel they are positively influencing other people’s lives through their work.

Table 58: Provider responses related to staff motivation

<table>
<thead>
<tr>
<th>Q48 Do you think the number of patients and time you spend with each patient is appropriate?</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 (3.7%)</td>
<td>3 (5.6%)</td>
<td>16 (29.6%)</td>
<td>12 (22.2%)</td>
<td>20 (37.0%)</td>
<td>1 (1.9%)</td>
</tr>
<tr>
<td>Q49 There are rewards and recognition for patient- and family-centred practice.</td>
<td>43 (79.6%)</td>
<td>3 (5.6%)</td>
<td>4 (7.4%)</td>
<td>2 (3.7%)</td>
<td>2 (3.7%)</td>
<td>--</td>
</tr>
<tr>
<td>Q50 Staff’s stress-reduction and well needs are addressed</td>
<td>14 (25.9%)</td>
<td>11 (20.4%)</td>
<td>19 (35.2%)</td>
<td>4 (7.4%)</td>
<td>4 (7.4%)</td>
<td>2 (3.7%)</td>
</tr>
<tr>
<td>Q54 I have enough support to get the training I need in my area of work.</td>
<td>4 (7.4%)</td>
<td>4 (7.4%)</td>
<td>12 (22.2%)</td>
<td>12 (22.2%)</td>
<td>22 (40.7%)</td>
<td>--</td>
</tr>
<tr>
<td>Q55 I deal very effectively with the problems of my recipients.</td>
<td>1 (1.9%)</td>
<td>--</td>
<td>15 (27.8%)</td>
<td>15 (27.8%)</td>
<td>23 (42.6%)</td>
<td>--</td>
</tr>
<tr>
<td>Q56 I feel I’m positively influencing other people’s lives through my work.</td>
<td>--</td>
<td>--</td>
<td>4 (7.4%)</td>
<td>10 (18.5%)</td>
<td>40 (74.1%)</td>
<td>--</td>
</tr>
</tbody>
</table>

J. Provider responses to organization and management

Organization and management are key to creating an enabling environment for quality care provision. Provider responses reflect good working relationships between providers. Table 59 shows that 55.6% of the providers reported that people providing care always work well together, and only 5.6% reported they never or rarely work well together. Furthermore, 59.3% of the providers reported that there is always a good collaboration between physicians and nurses, and only 5.6% reported sometimes or never having a good collaboration between physician and nurses. However, only 37.0% of the providers reported that their clinic always has a system for reviewing patient and family opinion, and 22.2% reported never or rarely.

Similar numbers of providers reported meeting monthly (29.6%), a few times a week (27.8%), and a few times a month (22.2%) to discuss how they can improve care for their patients. With regard to the use of protocol and guidelines, 42.6% of the providers reported they use them every day.

Sixty-five percent of the providers reported that health facilities provide appropriate supervision and support to CHWs. Seventy-four percent reported they know who to whom they are accountable and they are supervised appropriate. Lastly, the providers were asked if they have opportunity for scientific development and 55.6% reported more than appropriate, 18.5% less than needed, and 20.4% rarely or had opportunities for scientific development.
Table 59: Provider responses to organization and management

<table>
<thead>
<tr>
<th>Q57 People providing care for my patients/service users work well together</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>16</td>
<td>30</td>
<td>--</td>
</tr>
<tr>
<td>Q 59 There is good collaboration among and between physicians and nurses.</td>
<td>3</td>
<td>--</td>
<td>3</td>
<td>16</td>
<td>32</td>
<td>--</td>
</tr>
<tr>
<td>Q64 Our clinic has a system for eliciting and reviewing patient and family opinion.</td>
<td>10</td>
<td>2</td>
<td>9</td>
<td>13</td>
<td>20</td>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q58 Our group meets to discuss how care for our patients can be improved</th>
<th>Never</th>
<th>Rarely</th>
<th>Less than needed</th>
<th>Appropriate</th>
<th>More than appropriate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
<td>16</td>
<td>12</td>
<td>15</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Q63 How often do you use these protocols and guidelines?</td>
<td>13</td>
<td>2</td>
<td>7</td>
<td>7</td>
<td>23</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q60 Health facilities provide supervision and support to CHWs.</th>
<th>Never</th>
<th>Rarely</th>
<th>Less than needed</th>
<th>Appropriate</th>
<th>More than appropriate</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>35</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Q61 I know who to whom I am accountable and am supervised.</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>40</td>
<td>8</td>
<td>--</td>
</tr>
<tr>
<td>Q65 I have opportunities for scientific development/continuing education.</td>
<td>5</td>
<td>6</td>
<td>10</td>
<td>30</td>
<td>3</td>
<td>--</td>
</tr>
</tbody>
</table>

K. Provider responses regarding responsiveness of services

Providers were asked to score 12 components of integrated people-centered care between zero and ten, with zero being not important and ten being extremely important. As Table 60 shows, providers scored the importance of all aspects higher than nine. Providers were also asked to score the performance of the service; communication, confidentiality, dignity, emotional support, and organization and management were scored higher than eight. The lowest score, at 6.9, was given for choice of providers. Integration, comprehensiveness, quality of basic services, informed choice, and self-care support were scored above seven, which indicates that providers feel there is room for improvement in these areas.
### Table 60: Provider responses regarding responsiveness of services

<table>
<thead>
<tr>
<th>Importance and performance of the aspects of IPCHS out of 10, with 0=not important or poor performance and 10= extremely important/excellent performance</th>
<th>Importance</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration</td>
<td>9.1</td>
<td>7.7</td>
</tr>
<tr>
<td>Communication</td>
<td>9.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Choice of provider</td>
<td>8.8</td>
<td>6.9</td>
</tr>
<tr>
<td>Comprehensiveness</td>
<td>9.7</td>
<td>7.7</td>
</tr>
<tr>
<td>Quality of basic amenities</td>
<td>9.6</td>
<td>7.1</td>
</tr>
<tr>
<td>Promptness of attention</td>
<td>9.4</td>
<td>7.4</td>
</tr>
<tr>
<td>Confidentiality and privacy</td>
<td>9.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Dignity and respect</td>
<td>9.9</td>
<td>9</td>
</tr>
<tr>
<td>Emotional support and empathy</td>
<td>9.7</td>
<td>8.6</td>
</tr>
<tr>
<td>Informed choice/ autonomy</td>
<td>9.2</td>
<td>7.9</td>
</tr>
<tr>
<td>Self-care support</td>
<td>9.5</td>
<td>7.9</td>
</tr>
<tr>
<td>Organization and management</td>
<td>9.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Total</td>
<td>114.4</td>
<td>95.8</td>
</tr>
<tr>
<td>Total Average</td>
<td>9.5</td>
<td>7.9</td>
</tr>
</tbody>
</table>

### L. Provider recommendations for improvement

Better communication between different institutions.
We need more space and staff.
More visibility of operational manager.
Improve togetherness as a team.
More recognition for Primary Health Care qualified nurses.
Increase doctor’s sessions for psychiatric services.
Better integration of services.
More time allocated for different programmes.
Patient records for HIV infected clients should not look different than records for other patients.

“It felt good to be interviewed, I learned a lot of things I did not know were important.”

-Provider comment
V. FINDINGS FROM DECISION MAKER INTERVIEWS

A. Demographic characteristics of decision makers

Eight decision makers were interviewed, including one district program manager, one clinic supervisor, two facility managers, and four facility operational managers. The decision maker interview tool was used for all interviews. The average age of decision makers was 51 years. All managers had tertiary education, with three managers having advanced degrees. Six of the managers had been working in the same position for 5 – 10 years.

Table 61 shows demographic details of the eight decision makers.

Table 61: Demographic characteristics of decision makers interviewed

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number interviewed</td>
<td>6 (75.0%)</td>
<td>2 (25.0%)</td>
<td>8 (100%)</td>
</tr>
<tr>
<td>Average age (years)</td>
<td>44.0</td>
<td>53.8</td>
<td>51.4</td>
</tr>
<tr>
<td>Local Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>1 (16.7)</td>
<td>-</td>
<td>1 (12.5)</td>
</tr>
<tr>
<td>B</td>
<td>4 (66.7)</td>
<td>1 (50.0)</td>
<td>5 (62.5)</td>
</tr>
<tr>
<td>C</td>
<td>1 (16.7)</td>
<td>1 (50.0)</td>
<td>2 (25.0)</td>
</tr>
<tr>
<td>Staff Category</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic Supervisor</td>
<td>-</td>
<td>1 (50.0)</td>
<td>1 (12.5)</td>
</tr>
<tr>
<td>Facility manager</td>
<td>1 (16.7)</td>
<td>1 (50.0)</td>
<td>2 (25.0)</td>
</tr>
<tr>
<td>Operational manager</td>
<td>4 (66.7)</td>
<td>-</td>
<td>4 (50.0)</td>
</tr>
<tr>
<td>Programme manager</td>
<td>1 (16.7)</td>
<td>-</td>
<td>1 (12.5)</td>
</tr>
<tr>
<td>Level of Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University degree</td>
<td>4 (66.7)</td>
<td>1 (50.0)</td>
<td>5 (62.5)</td>
</tr>
<tr>
<td>Advanced degree</td>
<td>2 (33.3)</td>
<td>1 (50.0)</td>
<td>3 (37.5)</td>
</tr>
<tr>
<td>Monthly Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than R10 000</td>
<td>4 (66.7)</td>
<td>2 (100.0)</td>
<td>6 (75.0)</td>
</tr>
<tr>
<td>No answer</td>
<td>2 (33.3)</td>
<td>-</td>
<td>2 (25.0)</td>
</tr>
<tr>
<td>Period working at the department</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 yr</td>
<td>-</td>
<td>2 (100.0)</td>
<td>2 (25.0)</td>
</tr>
<tr>
<td>1 - 2 yrs</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2 – 5 yrs</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5 – 10 yrs</td>
<td>6 (100.0)</td>
<td>-</td>
<td>6 (75.0)</td>
</tr>
<tr>
<td>Period in current position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 yr</td>
<td>-</td>
<td>1 (50.0)</td>
<td>1 (12.5)</td>
</tr>
<tr>
<td>1-2 yrs</td>
<td>1 (16.7)</td>
<td>-</td>
<td>1 (12.5)</td>
</tr>
<tr>
<td>2-5 yrs</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5 – 10 yrs</td>
<td>5 (83.3)</td>
<td>1 (50.0)</td>
<td>6 (75.0)</td>
</tr>
<tr>
<td>Managing the staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Yes</td>
<td>6 (100.0)</td>
<td>2 (100.0)</td>
<td>8 (100.0)</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coloured</td>
<td>-</td>
<td>1 (50.0)</td>
<td>1 (12.5)</td>
</tr>
<tr>
<td>Black</td>
<td>3 (50.0)</td>
<td>1 (50.0)</td>
<td>4 (50.0)</td>
</tr>
<tr>
<td>No answer</td>
<td>3 (50.0)</td>
<td>-</td>
<td>3 (37.5)</td>
</tr>
</tbody>
</table>

B. Decision maker responses to governance and accountability

Table 62 shows that the majority of the decision makers understand their role in planning and organizing care delivery, monitoring and evaluating care delivery and leading quality improvement, supporting the coordination and continuity of services, strengthening system governance and accountability, and supporting the empowerment and engagement of users. Of the eight decision markers, only two felt that shaping the training and skills development of providers, and monitoring the legal and financial framework
that support service delivery are not part of their management role. With regard to resources, all eight decision makers were not satisfied with department resources.

**Table 62: Decision maker responses to governance and accountability, n=8**

<table>
<thead>
<tr>
<th>Decision maker role at health district</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan and organize care delivery</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Monitor and evaluate care delivery and lead quality improvement</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Support the coordination and continuity of services</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Strengthening system governance and accountability</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Support the empowerment and engagement of users</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Shape the training and skills development of providers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree and monitor the legal and financial frameworks that support service provision</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

**Accomplished resources**

<table>
<thead>
<tr>
<th>Decision maker role at health district</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan and organize care delivery</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Monitor and evaluate care delivery and lead quality improvement</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Support the coordination and continuity of services</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Strengthening system governance and accountability</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Support the empowerment and engagement of users</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Shape the training and skills development of providers</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Agree and monitor the legal and financial frameworks that support service provision</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

Decision makers seem to have a clear understanding of their management role, as shown in **Table 63**. Responses reflect that all decision makers agree that planning and organizing care delivery, monitoring and evaluating care delivery, supporting the coordination and continuity of services, strengthening system governance and accountability, and supporting the empowerment and engaging of service users are part of their management role. One decision maker felt that shaping the training and skills development of providers, and monitoring the legal and financial framework that support service delivery, are not part of their management role.

**Table 63: Decision maker responses related to their management role, n=8**

<table>
<thead>
<tr>
<th>15. I understand that our role at the health district in relation to care provided to patients include (numbers represent decision makers who checked that box)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1. Plan and organize care delivery</td>
</tr>
<tr>
<td>15.2. Monitor and evaluate care delivery and lead quality improvement</td>
</tr>
<tr>
<td>15.3. Support the coordination and continuity of services</td>
</tr>
<tr>
<td>15.4. Strengthening system governance and accountability</td>
</tr>
<tr>
<td>15.5. Support the empowerment and engagement of users</td>
</tr>
<tr>
<td>15.6. Shape the training and skills development of providers</td>
</tr>
<tr>
<td>15.7. Agree and monitor the legal and financial frameworks that support service provision</td>
</tr>
</tbody>
</table>

Decision makers seemed to feel there was a lack of the required resources to execute the management roles, as shown in **Table 64**. Only three agreed that there were adequate resources to plan and organize care delivery, monitor and evaluate care delivery, and support the empowerment and engagement of service users. Two agreed that there were sufficient resources to support the coordination of services and to shape the training and skills development of providers. Only one decision maker felt there were
sufficient resources for strengthening system governance and accountability, and to monitor the legal and financial framework that supports service delivery. A lack of resources limits the capacity of managers to fulfil their management role.

**Table 64: Decision maker responses related to available resources, n=8**

| 16. I have the resources (knowledge, time, and finances) to accomplish |  |  |  |  |  |  |
|---|---|---|---|---|---|
| 3 | 3 | 2 | 1 | 3 | 2 | 1 |

**Table 65** shows that of the eight decision makers, five reported that providers always or usually perceive them as useful partners that are able to make changes towards people care, while three reported never, rarely, and sometimes. It is also interesting to note that five of the decision makers always have formal ways for communities to participate in decision making that affect how their care is provided, and it is also amazing that only one of them reported never. All decision makers reported that their district always or usually has a system for collecting and reviewing patient and family opinion. Decision makers were also asked if there is a good collaboration between them and the providers, and six reported always or usually, while the other two reported sometimes. Furthermore, they were also asked if providers are encouraged to discuss their concern freely and, similar to the previous question, six reported always or usually, and one reported sometimes and the last reported never. Five decision makers reported that providers are always or usually encouraged to asked questions about management and improvement of care freely, with three reported sometimes or rarely. It was also interesting that seven of the decision makers reported they always listen to the needs of clinic managers and providers while only one reported that they only sometimes listen. Five of the eight reported that people managing and improving care for users in their districts always or usually work well together, while only three reported people managing and improving care for users in their districts only sometimes work well together.
Furthermore, decision makers were asked about supervision and support to local providers, and half of them reported that it was less needed, while three reported that it was appropriate. It was also interesting that half of the decision makers knew to whom they were accountable and who supervises them, while only three thought it was appropriate who they were accountable to and who supervised them.

As can be seen in Table 65 above, it was amazing that only three reported that their group meets every day to discuss how the care for their patient and support for their providers can be improved and the other three reported rarely, while only two meet few times per month to discuss on how it can be improved. It is also amazing that all the eight decision makers strongly agreed that health care should be a collaborative partnership between service user, communities, providers, and district leaders.
C. Decision maker responses related to working environment, motivation, and support

With regard to working environment, Table 66 shows that of the eight decision makers, five felt emotionally drained by their work a few times a week or a few times per month, two felt drained a few times a year, and only one never felt emotionally drained by work. It is interesting that those decision makers who reported to be emotionally drained by their work a few times a month were also able to manage all the conflicting demands on their time work a few times per month, while three of them were never able to manage all the conflicting demands on their time while at work. The same four decision makers who were able to manage the conflicting demands in their time at work also felt that sometimes they had power to influence how care is provided, while two other decision makers always felt they had the power to influence how care is provided in their districts. It is also amazing that all reported they were always, usually, or sometimes exposed to good role models of management and improvement of health systems. Furthermore, all but one decision maker reported they were always, usually, or sometimes exposed exposed to good environments of management and improvement of health systems. Five felt that they were always or usually supported to develop the skills they needed to manage and improve health systems, and two felt they were never or sometimes supported to do so.

It is surprising that of the three decision makers who are usually supported to develop skills, only one usually thought the number of clinics and time spent in supporting each clinic was appropriate. Overall, three reported they never or rarely thought it was appropriate. It is also surprising that none of the eight decision makers reported that they are always rewarded and recognized for district work in enabling patient- and family-centered services; six reported never, rarely, or sometimes, and the other two reported usually there are such rewards and recognition. Half of the decision makers felt that sometimes staff stress reduction and well needs are addressed, with another two reporting they’re always addressed and never addressed. The present study also showed that of the eight decision makers, six of them reported that they felt working with people the whole day is really strain for them sometimes, while one did not have any challenge and another felt it was always a strain.

It was also surprising that three of the decision makers sometimes thought of changing organizations while another three never thought about it, and the remaining two thought of it usually. It should also be acknowledged that half of the decision makers always had enough support for training in their area of work, and the others felt they sometimes or rarely had enough. It was also interesting that five of the decision makers felt they always deal very effectively with the problems of their recipients.
Table 66: Decision maker responses related to work environment, motivation, and support n=8

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>A few times a year</th>
<th>Monthly</th>
<th>A few times a month</th>
<th>A few times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q29 I feel emotionally drained by my work?</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Q30 I am able to manage all the conflicting demands on my time at work.</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Q31 I feel I have the power to influence how care is provided in my district</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Q32 I have been exposed to good role models of management and improvement of health systems</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q33 I have been exposed to good environments of management and improvement of health systems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Q34 I am supported to develop the skills I need to manage and improve health systems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Q36 Do you think the number of clinics and time you spend in supporting each clinic is appropriate?</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Q37 There are rewards and recognition for the district work in enabling patient- and family-centred services</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Q38 Staff's stress-reduction and well needs are addresses</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Q40 Working with people all day is really a strain for me</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Q41 I think about changing organizations</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Q42 I have enough support for training in my area of work</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Q43 I deal very effectively with the problems of my recipients</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Very mild, barely noticeable</th>
<th>Moderate</th>
<th>Strong</th>
<th>Very strong/noticeable</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q39 I’ve become more callous toward people since I took this job</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

D. Decision maker responses related to re-orienting the model of care

Re-orienting the model of care is very important in the health sector, especially in South Africa. Table 67 shows that all eight decision makers strongly supported that primary health care should be the key component in health care delivery. Seven of them strongly agreed that preferences of service users and communities should be central in the District Health System. Five strongly agreed that they thought providers consider cultural factors in all parts of the treatment planning process, while the remaining three somewhat agreed. All eight decision makers strongly agreed that it is important that providers find out how the service user and caretaker feel about the episode care. Decision makers were also asked if providers should offer each person a copy of his or her plan to keep, and of the eight, six strongly agreed, one somewhat agreed, and surprisingly one decision maker strongly disagreed. Furthermore, seven of
them strongly agreed that the treatment plan should include goals and objectives that address what each person wants to get back in his or her life. The results also show that of the eight decision makers, six strongly agreed that a care plan should include each person’s strengths, interests, and talents in his or her plan. It was also amazing that five of them somewhat agreed that in their district they are actively developing and linking users to peer-based services while the remaining three strongly agreed.

Table 67: Provider perception of how services should be provided, n=8

<table>
<thead>
<tr>
<th>Q</th>
<th>Question</th>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q44</td>
<td>Primary Health Care should be the key component in health care delivery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Q54</td>
<td>The needs and preferences of service users and communities should be central in District Health Systems</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Q57</td>
<td>I think that providers consider cultural factors (such as the person’s spiritual beliefs and culturally-based health/illness beliefs) in all parts of the treatment planning process</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Q58</td>
<td>I think is important that providers find out how the service user and career feels about this episode of care (e.g. Worried about surgery, or how they will manage when discharged)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Q66</td>
<td>In my district, providers should offer each person a copy of his or her plan to keep.</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Q67</td>
<td>A treatment plan should include goals and objectives that address what each person want to get back in his or her life, not just what he or she is trying to avoid or get rid of.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Q68</td>
<td>I think that a care plan should include each person’s strengths, interests, and talents in his or her plan.</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Q69</td>
<td>In our district we are actively developing and linking users to peer-based services.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

In a similar vein, decision makers were also asked about re-orienting the model of care. They were also asked if they know how to assess population needs and prioritize services. The results (Table 68) show that five of them usually know, two sometimes know, and only one says he or she always knows how to assess population needs and prioritize services. It was also good to know that half of the decision makers responded that promotion, prevention, and public health interventions are as important as curative services. It was also interesting that half of the group responded that they always move the service closer to the population and their working place, while the other half responded that they usually do that. Half of the group usually make accessible protocols and guidelines that provided need for patient care and three always make them accessible. Furthermore, half of them reported that every day they make sure that providers use the protocols and guidelines, two responded a few times a week, one a few times a month, and one responded monthly.
Table 68: Decision maker responses related to re-orienting the model of care, n=8

<table>
<thead>
<tr>
<th>Q45 In my district, we know how to assess populations needs and prioritize services</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q46 In my district promotion, prevention and public health interventions are as important as curative services</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q47 In my district, we are moving services closer to where the population live and work</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q48 In my district, we make accessible protocols and guidelines that provided need for patient care</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q49 In my district, I make sure providers use these protocols and guidelines</th>
<th>A few times a year</th>
<th>Monthly</th>
<th>A few times a month</th>
<th>A few times a week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

E. Decision maker responses related to empowering and engaging people

The present study also looked at how the decision makers are empowering and engaging other staff. As can be seen in Table 69 below, five of the decision makers reported patients are always treated with respect while the other three reported usually. It also amazing that the same responses are seen for seeking patient consent before testing or starting treatment. It should also be noted that the decision makers reported their districts take the confidentiality of patient very seriously. Six of the eight decision makers reported their district always maintained confidentiality of patient medical records and that consultations were carried out in a manner that protects patient confidentiality. However, fewer decision makers reported that they think providers supports the person to identify the goal they want to work towards and to break it down into small and achievable actions; half responded sometimes, two responded as always, and the remaining two responded rarely and usually. Seven of the decision makers said patients should always be reminded that they can bring family members or friends to care appointments and treatment planning meetings. Three of the decision makers always know how many careers in their district and their needs, while two of them sometimes knows and the other two reported that they rarely know. Five decision makers reported that patients in their districts are always provided with information on different treatment options, and another two reported patients usually are. Furthermore, decision makers were asked if providers should develop a care plan with the patient for how they manage their condition and five said always while three said usually.
Table 69: Decision maker responses related to empowering and engaging people, n=8

<table>
<thead>
<tr>
<th>Empowering and engaging people</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q50 In my district patients are treated with respect</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Q51 In my district patient consent is sought before testing or starting treatment</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Q52 In my district the confidentiality of patients’ medical records is preserved (except if the information is needed by other health care providers)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Q53 In my district, consultations are carried out in a manner that protects patient confidentiality</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Q55 How often do you think providers in your district supports the person to identify the goal they want to work towards and to break this down into small and achievable actions</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Q56 How often you think professionals used the person life history and surrounding circumstances in the care plans you use?</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Q59 Patients should be reminded that she or he can bring family members or friends to care appointments and treatment planning meetings.</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Q60 I know how many careers are in my district and what their needs are</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Q61 In my district, patients are provided information on different treatment options</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Q62 In my district, patients are consulted about their preferences over difference treatment options</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Q63 In my district, individuals have a choice between health care providers in a district?</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Q64 In my district, individuals have the opportunity to see a specialist, if they wish to?</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Q65 In my district, providers should develop a care plan with the patient for how they can manage their condition in their daily life</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

Decision makers were confident that the needs and preferences of patients and communities should be central in the district health system and that in services provided, patients are treated with respect, confidentiality, and with consent of the patient. They were also confident that a patient’s life circumstances and culture is considered when treatment plans are developed, that it is important how patients and care-givers feel about services provided, and that patients should be reminded that they can bring family or friends to care appointments. Decision makers were confident that patients receive information regarding treatment options, are consulted regarding patient preferences, should be part of the development of their health care plan, should receive a copy of the plan to take home, and that the district is actively working towards linking patients with peer-based services. There seemed to be a challenge regarding choice of service provider and the opportunity to see a specialist.

F. Decision maker responses relate to care coordination and care continuity

Care coordination is also a key factor in the health setting of South Africa. As can be seen in Table 70 below, decision makers were not confident that all patients are given a contact number of a provider that
is known to them or that there is good communication between different organizations providing care in the district. Decision makers were, however, confident that when patients contact their clinic, they will be directed to the most appropriate service and that there is a formal system for referring and accepting patients.

### Table 70: Decision maker responses related to care coordination and care continuity, n=8

<table>
<thead>
<tr>
<th>Care coordination and care continuity</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q70 Service users in my districts are allocated a key contact person who is known to the service user and their carer</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Q71 If a service user makes contact with his health service in my district, they are directed to the most appropriate service</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Q72 There is good communication between the different organizations providing care for the people in my district.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Q73 There is a formal system in my district for and or accepting referred patients</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

### G. Decision maker responses regarding creating an enabling environment

Table 71 shows decision maker responses with regard to creating an enabling environment. When asked how often they support providers to identify the service improvement goal, six said always or usually. It is surprising that one decision maker said that he never supported the providers to identify the service improvement goal. Furthermore, of the eight decision makers, three responded that always users always experience barriers in access to health care services in their districts and three responded sometimes. Surprisingly, half of the decision makers said the financial mechanism and payment systems in their districts always impact care, with another three reporting usually. Two decision makers said they never support providers’ training in people-centered care, while five said they always or usually do. The decision makers were further asked if they know how to support and lead change towards people-centered and integrated services, and none said always, four said usually or sometimes, and one said never. Lastly, the decision makers were asked if they were satisfied with the quality of care their district provides to patients; five said always or usually, two said sometimes and only one was rarely satisfied.

Thus, decision makers mostly agreed that financial mechanisms have an impact on how person-centered and integrated care is provided. There was still some uncertainty on decision maker awareness of barriers to health care, the support to providers to identify and work towards an improvement goal, supporting provider training in IPCHS and how to lead change towards IPCHS.
<table>
<thead>
<tr>
<th>Creating an enabling environment and responsiveness</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q74 How often do you think you support providers to identify the service improvement goal they want to work towards and to break this down into small and achievable actions?</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Q75 How often users experience barriers in access to health care services in your district?</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Q76 Financial mechanism and payment systems in my district have an impact on how centred and integrated care is</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q77 We are supporting providers training in people centre and integrated care related competencies</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Q78 I know how to support and lead change towards people centre and integrated services</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Q81 Are you satisfied with the quality of care your district provides to patients/service users?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
VI. CONCLUSION

Nelson Mandela District has good health systems in place that will support integrated people-centered care (IPCHS). With the national, provincial and district focus on primary health care, much has been achieved towards IPCHS.

One aspect that stood out that providers and decision makers seem to be under enormous stress in the work situation. The majority of staff feel that they can improve on performance, but they need support, coordination, and recognition to perform better. In particular, the short amount of time providers reported spending with each patient seems at odds with their scores of appropriate amount of time spent with each patient. Quality care requires that providers spend sufficient time with patients to take a medical history, perform examinations, listen to patient complaints, explain patient condition, provide health education, develop a treatment plan for each patient, and prescribe/provide treatment.

This baseline assessment focused on identifying strengths and quality gaps in an IPCHS environment. The samples were small and patients interviewed were from different age groups and visited the clinics for different services. At some facilities, all the patients interviewed were over the age of 60 years while at other facilities patients interviewed were much younger. In the older age group, patients attended for chronic care related to diabetes or hypertension, while at one clinic all the patients interviewed attended ART services. The differences in responses may therefore be related to the specific service or the expectations of the age group. There were vast differences between patient responses from different clinics and different aspects of services. Individual facility dashboards were developed to highlight strengths and improvement opportunities at facility level.

There were also notable differences between patient and provider responses. In shared decision making, which empowers patients and gives them the opportunity to contribute to their treatment plan, nearly 30% of patients said they were never or rarely involved in making decisions about their care, and only 25% said they were involved as much as they wanted. On the other hand, 77% of providers said they usually or always involved patients in developing a care plan, and only 6% said they never or rarely did so. Patients and providers reported similar levels of screening for TB, HIV, hypertension, and diabetes; of particular concern is that 61.1% of providers reported that they had never screened clients for HIV and TB, and 13.0% reported that it was not part of their scope of work to do so. Provider responses also indicate they perceive themselves performing better than patients do, in particular with communication and encouragement to discuss concerns freely and asking questions about diseases, treatment, and care above; the difference indicates that patients have higher expectations related to communication that providers are not aware of. During focus group discussions, a need was also expressed for providers to listen more to patients and to explain their conditions and treatment better. Providers rated the importance of patient needs and of knowing each patient as an individual highly, yet they then reported providing information and choices less than that rating of importance would signify. In addition, patients indicated limited opportunities for choice related to treatment options and patient needs. Patients and providers also differed in reporting support from providers to develop a treatment plan that can be applied in daily life. Clearly, there is a marked difference between patient expectation and provider perception.

The USAID ASSIST Project, in consultation with WHO will work with district managers and facility teams to identify challenges to optimum care, identify, test, and implement solutions for improvement. Lessons learned will be documented and shared with stakeholders.
APPENDICES

Appendix I: Patient interview tool
Appendix II: Provider interview tool
Appendix III: Decision maker interview tool
Appendix IV: Focus group discussion guide
Appendix I: Patient interview tool

Baseline Survey Patients

Thank you for answering these questions about the care you have received regarding your HIV condition. We are trying to organise more integrated and people-centre care to meet your needs better. Your answers will help us to improve the care you receive.

We would like to hear about your own views. Your answers to the questions are confidential.

Identification

N° /__/__/__/
1. Region:   EC______________                      2. District: NMM____________________
3. Clinic _____________________   4. Category: Patient
5. Age: /__/__/ Years    6.  Gender:  Male/Female

Background characteristics

7. Ethnic group:
   1. Coloured
   2. Black
   3. Asian
   4. White
   5. Others

8. Level of education:
   1. Cannot read
   2. Basic reading
   3. Primary school
   4. Secondary school
   5. University
   6. Advanced degree

9. Sources of income:
   1. Retailing
   2. Agriculture
   3. Fishing
   4. Salary
   5. Other __________________

10. Average monthly income
    1. <R2000
    2. > R2000 < R 5000
    3. > R5000 < R10 000
    4. > R10 000
11. In general, how would you rate your overall health?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

12. Do you have any of the following longstanding conditions? (Cross ALL that apply)
   1. Deafness or severe hearing impairment
   2. Blindness or severe sight impairment
   3. A impaired mobility due to physical condition
   4. A learning disability
   5. A mental health condition
   6. A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
   7. No, I do not have a long-standing condition

Choice:

13. On a scale of 0 to 10, 0 being the worst and 10 the best, how would you rate the health centre in terms of being able to see the doctor, nurse, other health care provider of your choice? _______

Quality of amenities and office staff

14. Thinking about when you visited the health centre in the last 6 months, how would you rate the conditions in the waiting room, for example space, seating and fresh air?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

15. In the last 6 months, how often did the office staff, such as receptionists or clerks, make you feel welcomed?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

Timeliness

16. How long did you wait before being seen by your provider?
   1. Less than 30 minutes
   2. 30 minutes to 1 hour
   3. 1 hour to 2 hours
   4. 2 to 4 hours
   5. More than 4 hours
17. How would you rate this waiting time?
   1. Unbearable
   2. Very long
   3. Long
   4. A little bit long
   5. Fine

**Communication**

18. How complete was your provider’s explanation of your condition and treatment?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

19. How easy to understand was the information provided by your provider?
   1. Very difficult
   2. Difficult
   3. Good
   4. Very good
   5. Excellent

20. How would you rate the information about how to use new medicines and their possible side effects?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent

21. Do your family and friends have opportunities to ask your provider questions if wanted?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always
   6. Not applicable

**Shared-decision making**

22. In the last 6 months, how often did your provider involve you in decisions about your care?
   1. Never
   2. Rarely
   3. Sometimes,
   4. Frequently, but less than I wanted
   5. As much as I wanted
Self-Management Support:

23. Does the provider help you make a treatment plan that you could do in your daily life?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

24. Are you eating the food groups advised by a health care worker?
   1. Yes
   2. No
   3. I try to
   4. I never received advice on what foods to eat

25. Are you taking your treatment as prescribed by the health care worker?
   1. Always
   2. Sometimes
   3. Seldom
   4. N/A

26. If you are not always taking your treatment as prescribed, what are the reasons?
   1. I do not always have the medication
   2. It makes me feel sick
   3. I sometimes forget
   4. N/A

27. Are you doing exercise at least three times a week?
   1. Yes
   2. No
   3. Sometimes

28. Do you report all side effects of medication to your health care provider?
   1. Always
   2. Sometimes
   3. Never
   4. I don’t know which are side effects of medication

29. How often do you wash your hands? (circle all applicable)
   1. Every time after I went to the toilet
   2. Before I handle food
   3. At least three times a day
   4. Once or twice a day
   5. Less than twice a day
Confidentiality/Privacy:

30. In the last 6 months, how often were your physical examinations and treatments there done so the privacy of your body was respected?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

31. In the last 6 months, how often did your doctor, nurse or other health care provider keep your personal information confidential (that means that anyone whom you did not want informed could not find out about your medical conditions)?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

Cultural competency:

32. How confident are you that your provider thought about your values and traditions when they recommended treatments to you?
   1. Not confident
   2. Somewhat confident
   3. Confident
   4. Very confident

33. How often did you feel discriminated against by providers because of your race or ethnicity?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

Dignity:

34. On a scale of 0 to 10, 0 being the worst and 10 the best, how would you rate your providers for the dignity with which you were treated? _________________

Emotional Support/Empathy:

35. How often are you able to discuss your greatest health concerns with your provider?
   1. Never
   2. Rarely
   3. Sometimes
   4. Frequently
   5. Always

36. How often did providers give you support and encouragement?
1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Always

Care continuity and care coordination

37. When you go to your primary care site, are you taken care of by the same provider each time?

1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Always

38. Is the person who ensures your follow-up aware of health care you receive from others?

1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Always
6. N/A

39. Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?

1. Never
2. Rarely
3. Sometimes
4. Frequently
5. Always

40. Over the last six months, how many times did you come to the service and did not receive treatment because it was out of stock?

1. Three or more times
2. One to three times
3. Never

41. Were you seen by a CHW at home or in a support group in the last six months?

1. Yes
2. No

42. Were you referred to the clinic by a CHW in the last six months?

1. Yes
2. No, we do not have CHW
3. I did not need referral
4. I needed referral and did not receive any
43. Were you referred to a hospital by the clinic in the last six months?
   1. Yes
   2. No
   3. I did not need referral to a hospital
   4. I needed referral and did not receive any

44. Did you go to more than one clinic for treatment of the same condition within one week?
   1. Yes
   2. No

45. If the answer to 44 is yes: Why did you prefer to go to another clinic?
   1. I did not receive the treatment I expected
   2. I wanted a second opinion
   3. I wanted more medication
   4. N/A

46. Do you have an allocated treatment supporter that reminds you to take treatment?
   1. Yes
   2. No

47. Do you think it will be helpful to you if you had a treatment supporter?
   1. Yes
   2. No
   3. I do not want a treatment supporter
   4. N/A

48. The last time that you visited the clinic, were you screened for the following?
   1. TB a) Yes b) No
   2. Diabetes a) Yes b) No
   3. Hypertension a) Yes b) No
   4. BMI or MUAC: a) Yes b) No

**Governance:**

49. Does your local clinic have a clinic committee?
   1. Yes
   2. No
   3. I don’t know

50. Do you know anyone who is on the clinic committee?
   1. Yes
   2. No

51. Does the clinic committee ever discuss health related issues with you or anyone you know?
   1. Yes
   2. No
   3. Not applicable
52. Does your clinic have a suggestion box or other way where you can report problems, make comments or suggestions?

1. Yes
2. No
3. I don’t know

53. If the answer in 52 was yes, ask: Have you ever put a comment or complaint in the box?

1. Yes
2. No
3. Not applicable

54. If the answer in 52 was No: ask the respondent: Why did you not make any complaints or comments?

1. I did not have anything I wished to complain or comment on
2. There was no paper or pen for me to use to write a comment/complaint
3. The clinic never responds to complaints
4. N/A

90:90:90 Targets – Client may refuse to answer these questions

HIV

55. Do you know your HIV status?

1. Yes
2. No

56. If you are HIV negative: When was the last time that you were tested for HIV?

1. 1 - 6 months ago
2. 6 – 12 months ago
3. More than 12 months ago
4. Never

57. If you are HIV infected: Are you on ART?

1. Yes
2. No
3. N/A

58. If you are HIV infected: When was the last time that your CD4 was measured?

1. < 6 months ago
2. More than 6 months ago
3. N/A

59. If you are HIV infected, when was the last time your viral load was measured?

1. <6 months ago
2. >6 but less than 12 months ago
3. More than 12 months ago
4. Never
5. N/A
Responsiveness:

60. Now, on a scale of 0 to 10, 0 being the worst and 10 being the best and thinking about these elements and all the questions you answered before, how would you rate the health centre? _________ out of 10

Suggestions for improvement

61. What suggestions do you have to improve the clinic?

________________________________________________________________________________________

________________________________________________________________________________________

__________________________________________________________

Thank you
Appendix II: Provider interview tool

Baseline Survey Providers

This questionnaire is trying to find out what you think about the health system in your district. Fifty (50) persons in your country involved in the health sector in different capacities are being asked to fill out this questionnaire.

Identification

Fiche N° /__/__/__/
1. Province: __EC_________________                   2. District: ___NMM_____________________
3. Sub-district: _C____________________   4. Staff category :___________________________
5. Facility___________________________         6. . Age: /__/__/ Years
7. Gender: Male/Female

Background characteristics

8. Level of education:
   1. Primary school
   2. Secondary school
   3. University
   4. Advanced degree

9. What is your occupational group?
   1. Community Health Worker
   2. Nurse
   3. Midwife
   4. Physician
   5. Specialist
   6. Other: __________________

10. Monthly income
    1. <R2000
    2. > R2000 < R 5000
    3. > R5000 < R10 000
    4. > R10 000

11. How long have you worked at your current facility?
    1. Less than one year
    2. 1 to 2 years
    3. 2 to 5 years
    4. 5 to 10 years
    5. More than 10 years
12. How long have you been in your current position?
   1. Less than one year
   2. 1 to 2 years
   3. 2 to 5 years
   4. 5 to 10 years
   5. More than 10 years

13. Do you manage staff as part of your job?
   1. Yes
   2. No

14. Ethnicity:
   1. Coloured
   2. Asian
   3. Black
   4. White
   5. Other: _________________

15. I feel emotionally drained by my work?
   1. A few times a year
   2. Monthly
   3. A few times a month
   4. A few times a week
   5. Every day
   6. Never

16. How many patients do you see in a day?
   1. Less than 5
   2. 5 to 10
   3. 10 to 20
   4. 20 to 30
   5. More than 30

17. On average, how much time do you spend with each patient?
   1. Less than 5 minutes
   2. 5 to 10 minutes
   3. 10 to 20 minutes
   4. 20 to 30 minutes
   5. More than 30 minutes

18. How would you rate the cleanliness and maintenance of health care units?
   1. Very poor
   2. Poor
   3. Good
   4. Very good
   5. Excellent
19. How would you rate access to hand washing facilities at health care units?

1. Very poor
2. Poor
3. Good
4. Very good
5. Excellent

20. I am able to manage all the conflicting demands on my time at work.

1. A few times a year
2. Monthly
3. A few times a month
4. A few times a week
5. Every day

Integrated Care processes:

21. There is good communication with other organisations providing care for my patients.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

22. Is there a formal system for and or accepting referred patients?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

23. When was the last time that you referred a client to a CHW for support?

1. Never
2. 1 – 3 months ago
3. Last week
4. Today
5. Not applicable

24. How often do you have access to patient’s most recent test results or exams when you need them?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
6. Not applicable
25. Do you get a report from a specialist or hospital if your patient has visited them?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
   6. Not applicable

Communication:

26. How often are patients encouraged to discuss their concerns freely?
   6. Never
   7. Rarely
   8. Sometimes
   9. Usually
  10. Always

27. How often are patients encouraged to ask questions about diseases, treatment and care?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
   6. Not applicable

Choice:

28. How often do individuals have a choice between health care providers in a health care unit?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

29. How often do individuals have the opportunity to see a specialist, if they wish to?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

Comprehensiveness:

30. My patient can see the following providers if needed: (Circle all that apply)
   1. Health promoter/educator
   2. Dietitian
   3. Social worker
   4. Community health worker (home visit)
   5. Physiotherapist
   6. Dental/oral health worker
   7. Mental health worker
Confidentiality and Privacy:

31. How often is the confidentiality of patients’ medical records preserved (except if the information is needed by other health care providers)?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

32. How often are consultations carried out in a manner that protects patient confidentiality?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

Respect and Dignity:

33. How often are patients treated with respect?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

34. How often are the human rights of patients with communicable diseases such as AIDS or tuberculosis safeguarded within the health system?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

35. How often is patient consent sought before testing or starting treatment?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

Support informed choice:

36. How often are patients provided information on different treatment options?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
   6. Not applicable
37. How often are patients consulted about their preferences over different treatment options?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
   6. Not applicable

38. The needs and preferences of service users should be central in Health Services.
   1. Strongly disagree
   2. Somewhat disagree
   3. Neither agree
   4. Somewhat agree
   5. Strongly agree

39. It is important to get to know each service user as an individual (e.g., their medical history, social, supports, cultural factors, pre-morbid status).
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree
   6. Not applicable

Self-Care Support:

40. How often do you co-develop a care plan with your patient for how they can manage their condition in their daily life?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
   6. Not applicable

41. How often do you provide written information to patients about their condition or treatment in language they can understand?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
   6. Not applicable

42. I offer education about peer-based services and mutual support groups as part of the planning process.
   1. Strongly disagree
   2. Somewhat disagree
   3. Neither agree
   4. Somewhat agree
   5. Strongly agree
   6. Not applicable
43. How often do you screen your clients for HIV and TB?
   1. Every client with every visit
   2. Every adult and adolescent client with every visit
   3. When I have time
   4. Seldom
   5. Never
   6. Not applicable

44. How often do you provide information to a client on TB and HIV prevention?
   1. Every client with every visit
   2. Every adult and adolescent client with every visit
   3. When I have time
   4. Seldom
   5. Never
   6. Not applicable

45. How often do you weigh and do MUAC or BMI for your clients?
   1. Every client with every visit
   2. Every adult and adolescent client with every visit
   3. Every pregnant women with every visit and BMI every 6 months
   4. Every child with every visit
   5. Only pregnant women, every client with HIV, TB and < 5 clients
   6. When I have time
   7. Seldom
   8. Never
   9. Not applicable

46. How often do you provide advice to your clients on nutrition?
   1. Every client with every visit
   2. Every adult and adolescent client with every visit
   3. Pregnant women and mothers with babies only
   4. When I have time
   5. Seldom
   6. Never
   7. Not applicable

47. How often do you screen and provide information to clients on diabetes and hypertension?
   1. Every client with every visit
   2. Every adult and adolescent client with every visit
   3. When I have time
   4. Seldom
   5. Never
   6. Not applicable
Motivation:

48. Do you think the number of patients and time you spend with each patient is appropriate?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

49. There are rewards and recognition for patient- and family-centred practice.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

50. Staff's stress-reduction and well needs are addressed
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

51. I've become less compassionate toward people since I took this job.
   1. Very mild, barely noticeable
   2. Mild
   3. Moderate
   4. Strong
   5. Very strong, very noticeable
   6. Not at all

52. Working with people all day is really a strain for me.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

53. I think about changing organizations.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

54. I have enough support to get the training I need in my area of work.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
55. I deal very effectively with the problems of my recipients.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

56. I feel I’m positively influencing other people’s lives through my work.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

Organization and Management:

57. People providing care for my patients/service users work well together.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

58. We hold staff meetings to discuss how care for our patients can be improved.

1. A few times a year
2. Monthly
3. A few times a month
4. A few times a week
5. Every day
6. Never

59. There is good collaboration among and between physicians and nurses.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

60. Health facilities provide supervision and support to CHWs.

1. Never
2. Rarely
3. Less than needed
4. Appropriate
5. More than enough
6. Not applicable
61. I know who to whom I am accountable and am supervised.
   1. Never
   2. Rarely
   3. Less than needed
   4. Appropriate
   5. More than enough

62. Do you have accessible the protocols and guidelines you need for patient care?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

63. How often do you use these protocols and guidelines?
   1. A few times a year
   2. Monthly
   3. A few times a month
   4. A few times a week
   5. Every day

64. Our clinic has a system for eliciting and reviewing patient and family opinion.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

65. I have opportunities for scientific development/continuing education.
   1. Never
   2. Rarely
   3. Less than needed
   4. Appropriate
   5. More than enough

**Accessibility:**

66. How often is the length of time spent at health care units waiting for consultation/treatment reasonable?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
Responsiveness:

67. Considering the seven aspects of health system function that you have reported on above, how would you rate:

- **Importance**: Please give a value between 0 and 10 to indicate your personal rating of how important the aspect is. Here, 0 means not at all important and 10 means extremely important.
- **Performance**: Please give a value between 0 and 10 to indicate your personal rating of the performance of your facility. Here, 0 means the poorest performance and 10 means the best.

<table>
<thead>
<tr>
<th>Aspect of care</th>
<th>Importance</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration</td>
<td></td>
<td></td>
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<tr>
<td>Communication</td>
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<tr>
<td>Choice of care provider/institution</td>
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<tr>
<td>Comprehensiveness of care</td>
<td></td>
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<tr>
<td>Quality of basic amenities</td>
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<td>Promptness of attention</td>
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<td>Confidentiality and privacy</td>
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<td>Dignity and respect</td>
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<tr>
<td>Emotional Support and empathy</td>
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<tr>
<td>Informed choice/autonomy</td>
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<tr>
<td>Self-care support</td>
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<td></td>
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<tr>
<td>Organization and management</td>
<td></td>
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</tr>
</tbody>
</table>

68. Are any of the following social groups facing worse care and health system performance with regard to the areas above. Please include other social groups (age, gender, education level, race, religion, income level, lifestyle, beliefs, etc.) as needed. Note the areas of poor performance:

<table>
<thead>
<tr>
<th>Social Group</th>
<th>% Clinic population (approximate)</th>
<th>Aspect(s) of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td></td>
<td></td>
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<tr>
<td>Children</td>
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<td>Poor</td>
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<td>People living with HIV/AIDS</td>
<td></td>
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</tr>
</tbody>
</table>

69. Are you satisfied with the quality of care you give to patients/service users?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

Comments_________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
_______________________________________________________
70. What suggestions do you have to improve the clinic?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Thank you!

----------------------------------- THE END -----------------------------------
Appendix III: Decision maker interview tool

Baseline Survey Decision Makers

This questionnaire is trying to find out what you think about the health system in your district. Persons in your district involved in the health sector in different capacities are being asked to fill out this questionnaire.

Identification

Fiche N° /__/__/__/

1. Province : Eastern Cape 2. District : Nelson Mandela Metro
3. Sub/district: C________ 4. Staff Category ___________________________
5. Age: /__/__/ Years 6. Gender: Male/Female

Background characteristics

7. Level of education:
   1. Cannot read
   2. Basic reading
   3. Primary school
   4. Secondary school
   5. University
   6. Advanced degree

8. What is your occupational group?
   1. Director - DM
   2. Programme manager
   3. Facility operational manager
   4. Administrative support
   5. Other : __________________

9. Monthly income
   1. <R2000
   2. > R2000 < R 5000
   3. > R5000 < R10 000
   4. > R10 000

10. How long have you worked at your current facility?
   1. Less than one year
   2. 1 to 2 years
   3. 2 to 5 years
   4. 5 to 10 years
   5. More than 10 years
11. How long have you been in your current position?
   - 1. Less than one year
   - 2. 1 to 2 years
   - 3. 2 to 5 years
   - 4. 5 to 10 years
   - 5. More than 10 years

12. Do you manage staff as part of your job?
   - 1. Yes
   - 2. No

13. If yes, how many? ___________

14. Ethnicity:
   - 1. Coloured
   - 2. Asian
   - 3. Black
   - 4. White
   - 5. Other:

**Governance and accountability**

15. I understand that our role at the health district in relation to care provided to patients (check all appropriate)
   - 1. Plan and organize care delivery
   - 2. Monitor and evaluate care delivery and lead quality improvement
   - 3. Support the coordination and continuity of services
   - 4. Strengthening system governance and accountability
   - 5. Support the empowerment and engagement of users
   - 6. Shape the training and skills development of providers
   - 7. Agree and monitor the legal and financial frameworks that support service provision

16. I have the resources (knowledge, time, and finances) to accomplish
   - 1. Plan and organize care delivery
   - 2. Monitor and evaluate care delivery and lead quality improvement
   - 3. Support the coordination and continuity of services
   - 4. Strengthening system governance and accountability
   - 5. Support the empowerment and engagement of users
   - 6. Shape the training and skills development of providers
   - 7. Agree and monitor the legal and financial frameworks that support service provision

17. Providers see us as useful partners in enabling change towards more people centre care
   - 1. Never
   - 2. Rarely
   - 3. Sometimes
   - 4. Usually
   - 5. Always
18. We have formal ways for communities to participate in decisions that affect how they care is provided
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

19. Our district has a system for collecting and reviewing patient and family opinion.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

20. There is good collaboration among and between decision makers and providers
    1. Never
    2. Rarely
    3. Sometimes
    4. Usually
    5. Always

21. District staff provide supervision and support to local providers
    1. Never
    2. Rarely
    3. Less than needed
    4. Appropriate
    5. More than enough

22. I know who to whom I am accountable and am supervised.
    1. Never
    2. Rarely
    3. Less than needed
    4. Appropriate
    5. More than enough

23. In my district, I believe that providers are encouraged to discuss their concerns freely
    1. Never
    2. Rarely
    3. Sometimes
    4. Usually
    5. Always
24. In my district, I believe that providers are encouraged to ask questions about the management and improvement of care freely

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

25. In my district, I listen to the needs of my clinics managers and providers

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

26. People managing and improving care for users in my district work well together.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

27. We hold staff meetings to discuss how care for our patients and support for our providers can be improved.

1. A few times a year
2. Monthly
3. A few times a month
4. A few times a week
5. Every day
6. Never

28. Health care should be a collaborative partnership between service user, communities, providers and district leaders

1. Strongly disagree
2. Somewhat disagree
3. Neither agree
4. Somewhat agree
5. Strongly agree
Working environment, motivation and support

29. I feel emotionally drained by my work?
   1. A few times a year
   2. Monthly
   3. A few times a month
   4. A few times a week
   5. Every day
   6. Never

30. I am able to manage all the conflicting demands on my time at work.
   1. A few times a year
   2. Monthly
   3. A few times a month
   4. A few times a week
   5. Every day

31. I feel I have the power to influence how care is provided in my district
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

32. I have been exposed to good role models of management and improvement of health systems
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

33. I have been exposed to good environments of management and improvement of health systems
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

34. I am supported to develop the skills I need to manage and improve health systems
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

Applying Science to Strengthen and Improve Systems, South Africa
35. Which do you think are the main skills required to manage and improve health systems?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

36. Do you think the number of clinics and time you spend in supporting each clinic is appropriate?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
6. NA

37. There are rewards and recognition for the district work in enabling patient- and family-centred services

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

38. Staff’s stress-reduction and well needs are addressed

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

39. I’ve become less compassionate towards people since I took this job.

1. Very mild, barely noticeable
2. Mild
3. Moderate
4. Strong
5. Very strong, very noticeable

40. Working with people all day is really a strain for me.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
41. I think about changing organizations.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

42. I have enough support for training in my area of work.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

43. I deal very effectively with the problems of my recipients.
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

44. Primary Health Care should be the key component in health care delivery
   1. Strongly disagree
   2. Somewhat disagree
   3. Neither agree
   4. Somewhat agree
   5. Strongly agree

45. In my district, we know how to assess populations needs and prioritize services
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

46. In my district promotion, prevention and public health interventions are as important as curative services?
   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
47. In my district, we are moving services closer to where the population live and work

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

48. In my district, we make accessible protocols and guidelines that provided need for patient care

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

49. In my district, I make sure providers use these protocols and guidelines

1. A few times a year
2. Monthly
3. A few times a month
4. A few times a week
5. Every day

Empowering and engaging People

50. In my district patients are treated with respect

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

51. In my district patient consent is sought before testing or starting treatment

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

52. In my district the confidentiality of patients’ medical records is preserved (except if the information is needed by other health care providers)?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
53. In my district, consultations are carried out in a manner that protects patient confidentiality

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

54. The needs and preferences of service users and communities should be central in District Health Systems

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

55. How often do you think providers in your district supports the person to identify the goal they want to work towards and to break this down into small and achievable actions?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

56. How often you think professionals used the person life history and surrounding circumstances in the care plans you use?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

57. I think that providers consider cultural factors (such as the person’s spiritual beliefs and culturally-based health/illness beliefs) in all parts of the treatment planning process

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

58. I think is important that providers find out how the service user and carer feels about this episode of care (e.g. Worried about surgery, or how they will manage when discharged)

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree
59. Patients should be reminded that she or he can bring family members or friends to care appointments and treatment planning meetings.

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

60. I know how many carers are in my district and what their needs are

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

61. In my district, patients are provided information on different treatment options

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

62. In my district, patients are consulted about their preferences over different treatment options

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

63. In my district, individuals have a choice between health care providers in a district?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always

64. In my district, individuals have the opportunity to see a specialist, if they wish to?

   1. Never
   2. Rarely
   3. Sometimes
   4. Usually
   5. Always
65. In my district, providers should develop a care plan with the patient for how they can manage their condition in their daily life

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

66. In my district, providers should offer each person a copy of his or her plan to keep.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree
4. Somewhat agree
5. Strongly agree

67. A treatment plan should include goals and objectives that address what each person want to get back in his or her life, not just what he or she is trying to avoid or get rid of.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree
4. Somewhat agree
5. Strongly agree

68. I think that a care plan should include each person’s strengths, interests, and talents in his or her plan.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree
4. Somewhat agree
5. Strongly agree

69. In our district we are actively developing and linking users to peer-based services.

1. Strongly disagree
2. Somewhat disagree
3. Neither agree
4. Somewhat agree
5. Strongly agree

**Care coordination and care continuity:**

70. Service users in my districts are allocated a key contact person who is known to the service user and their carer/s

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
71. If a service user makes contact with his health service in my district, they are directed to the most appropriate service

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

72. There is good communication between the different organisations providing care for the people in my district.

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

73. There is a formal system in my district for and or accepting referred patients

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

Creating an enabling environment

74. How often do you think you support providers to identify the service improvement goal they want to work towards and to break this down into small and achievable actions?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
6. I don’t know

75. How often users experience barriers in access to health care services in your district?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always
76. Financial mechanism and payment systems in my district have an impact on how centred and integrated care is provided

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

77. We are supporting providers training in people centre and integrated care related competencies

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

78. I know how to support and lead change towards people centre and integrated services

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

**Responsiveness:**

79. Considering the seven aspects of health system function that you have reported on above, how would you rate?

**Importance:** Please give a value between 0 and 10 to indicate your personal rating of how important the aspect is. Here, 0 means not at all important and 10 means extremely important.

**Performance:** Please give a value between 0 and 10 to indicate your personal rating of the performance of your facility. Here, 0 means the poorest performance and 10 means the best.

<table>
<thead>
<tr>
<th>Aspect of care</th>
<th>Importance</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance and accountability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empowering and engaging people</td>
<td></td>
<td></td>
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<tr>
<td>Care coordination and care continuity</td>
<td></td>
<td></td>
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<tr>
<td>Choice of care provider/institution</td>
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<tr>
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<td></td>
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<tr>
<td>Quality of basic amenities</td>
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<tr>
<td>Organization and management</td>
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<tr>
<td>Supporting providers</td>
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<td></td>
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<tr>
<td>Reforming payment systems</td>
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</tbody>
</table>
80. Are any of the following social groups facing worse care and health system performance with regard to the areas above. Please include other social groups (age, gender, education level, race, religion, income level, lifestyle, beliefs, etc.) as needed. Note the areas of poor performance:

<table>
<thead>
<tr>
<th>Social Group</th>
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<td></td>
<td></td>
</tr>
<tr>
<td>People living with HIV/AIDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

81. Are you satisfied with the quality of care your district provides to patients/service users?

1. Never
2. Rarely
3. Sometimes
4. Usually
5. Always

Comments________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

82. What suggestions do you have to improve the way the district works?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Thank you!
Appendix IV: Focus group discussion guide

Guidance note for facilitators

Thank you for agreeing to facilitate a focus group discussion. Running an effective focus group is a skill and requires planning. This note is intended to assist you in organizing and conducting focus group discussions with community members to support public health facility implementation of the WHO strategy on integrated, people-centered health services in NMM District, Eastern Cape Province. It is critical that the voices and perspectives of the community be captured and reflected. If you have any questions on the guidance, please do not hesitate to contact us (contact information at end of note). We thank you for being a part of this important work!

I. What are we asking you to do?

We are asking you to facilitate focus group discussions with people from NMM District, Eastern Cape Province who have utilized public health facilities in NMM District within the last 12 months for their health needs. We are hoping to include at least 100 community members in 4-10 focus group discussions.

To make it easier for you to record and share with us your focus group discussions, we offer this Word file with suggested questions and space to summarize responses. You can e-mail it back to us at **** after each focus group discussion. Please note, we would appreciate that you complete one copy of this file for each focus group discussion you facilitate, because that gives a richer range of views than combining multiple focus group discussions into one summary.

We hope you will find the questions pertinent, and we encourage you to guide each focus group to address them, so that we can consistently compare the feedback on the questions across many focus groups. Please note that we are also collecting information from surveys and interviews with patients, providers, and managers.

II. General principles of focus group discussions

Voluntary participation
Community members must agree to participate in the discussion of their own free will. It is essential that participants understand that their participation is voluntary, no quotes are attributed to any specific participant, and there are no consequences to answering specific questions. You should communicate how the views obtained during the discussion will be used in the overall collection and analysis of perspectives for the Regional Consultation.

Confidentiality
The focus group organizers and participants must agree to keep confidential any sensitive personal information that is revealed during discussion, unless the individual in question and the other respondents agree that it is required as part of the feedback.

Participants as Experts
Community members are invited to the focus group because they have the knowledge, experiences and perspectives that we must learn more about. A focus group is not an individual survey about facts and numbers or to determine a majority opinion; instead it aims to bring out a rich experience-based analysis through interaction and a range of views (some common, some divergent).

Let participants know that you are there to learn from them. Expressing this to participants helps to establish a respectful appreciation for valuable contributions that they will make. Use the suggested questions, but let the conversation go its own way for some periods, as long as it’s producing useful inputs per the general thrust of the questions.

Participants: people from NMM District, Eastern Cape Province who have who have utilized public health facilities in NMM District within the last 12 months for their health needs. Ideally participants should reflect a range of ages, both men and women, community leaders and members, older and younger should have a chance to participate.
Participant Consent: Participants will sign a consent form to participate in the focus group discussion. One copy of the informed consent form should be given to participants and a second copy should be kept by the focus group facilitator. Participants should be informed if any audio-taping will be used for data collection.

Demographic data: It is important to collect anonymous demographic data from focus group participants. Simple questionnaires for this purpose could be handed out as participants arrive, then collected at the end of the focus group and kept with the tapes of the focus group.

II. How you should organize the focus group discussion?

Select the participants
Identify the most suitable individuals to participate in each group. Be sure that participants are able to address the topics raised in the discussion questions and well positioned to provide valuable insight. Focus group participants should represent the diversity of the larger group about whom we want to learn—for example both men and women, community leaders and members, older and younger should have a chance to participate. The ideal focus group size is between 8 and 20 people, so invite enough to allow for no-shows.

Decide on the time and location
Focus groups normally last about 1.5 hours, although sometimes longer. Plan a time of day that is convenient for the participants and responsive to their life circumstances. Find a location that is convenient and comfortable for participants, quiet, and preferably with some degree of privacy (though practicalities or community culture may point to a common space, and/or perhaps scheduling it alongside some other gathering). It is up to you to judge the situation and decide on the best, most appropriate location. Set the date and reserve the space. Plan some basic refreshments.

Invite the participants
Invite your selected participants as soon as the date and place are set. Contact them the day before the discussion to remind them and re-confirm their participation. Make any necessary last-minute additional invitations.

Familiarize yourself with the questionnaire
The suggested questions have been crafted with the community in mind and to cover certain pertinent topics and issues that should be explored. They are designed to give respondents an opportunity to share their experiences in a fully personal, subjective, qualitative manner and to ensure that the topics relate to the experiences.

Record the discussion
You’ll need a dedicated note-taker, writing or typing. Ideally, focus group discussions will be recorded using both audio recording equipment and the note-taker’s notes (which can be refined later with the help of the audio recording). The hand-written notes should be extensive and accurately reflect the content of the discussion, as well as any salient observations of nonverbal behaviour, such as facial expressions, hand movements, group dynamics, etc. You should assign the note-taker or a third person to monitor the audio recording equipment and keep track of time.

Discussion guides: Please see the Discussion Guide to facilitate structuring the focus group discussion by highlighting the topics that need to be covered. Though it is not to be used rigidly, like a questionnaire. At the focus group discussion, the facilitator encourages participants to explore topics in depth, to reflect, to raise their own issues, etc.

Data collection: The discussions can be audio-taped if agreed by participants, and transcribed verbatim for analysis. The recordings need to be securely stored until transcribed and then destroyed. The transcription shall not contain information that would allow individuals to be linked to specific statements. Confidentiality will be strictly preserved, except where disclosure is mandated by a court of law.

Send back the “suggested questions” file with the discussion summary typed in
Once you have completed each focus group discussion, please e-mail the Word file with your discussion summary typed in, to **** by **** so that they can be incorporated into the analysis.
III: Tips for conducting focus group discussions

Explain the principles of focus group discussions *(see above)*
Make sure participants understand their rights and express their verbal consent; assure them that their identities and individual statements will not be recorded or published.

Establish rapport
Often participants do not know what to expect from focus group discussions, so the facilitator should outline the purpose and format of the discussion at the beginning of the session to set the group at ease. Participants should be told that the discussion is informal, everyone is invited to speak up, and divergent views and debate are welcome.

Follow the suggested questions
The pre-set questions provide a framework for the facilitator to explore, probe, and ask questions. Initiating each topic with a carefully crafted question will help participants share their experiences in a focused and meaningful manner. It also helps us to aggregate and analyze the responses across many focus groups. At the same time, use judgment in allowing the conversation go its own way for some periods, as long as it’s producing useful inputs per the general thrust of the questions. People will be more engaged if they can say what’s on their minds even if it’s somewhat off topic.

How to keep the conversation flowing
A few suggested techniques:
- Repeat the question – repetition gives more time to think.
- Pause for the answer – a thoughtful nod or expectant look can convey that you want a fuller answer.
- Repeat the reply – hearing it again sometimes stimulates conversation
- Ask when, what, where, which, and how questions – they provoke more detailed information
- Use neutral comments – “Anything else?”

Ensure that all focus group members participate
In focus groups, it is not uncommon for a few individuals to dominate the discussion. Sometimes in mixed gender groups, one gender may tend to speak more than the other. To balance participation, and ensure that every participant has an opportunity to contribute to the discussion, you might consider the following strategies:
- Address questions to individuals who are reluctant to talk
- Give nonverbal cues (look in another direction or stop taking notes when an individual talks for an extended period)
- Intervene, politely summarize the point, then refocus the discussion

Minimize pressure to conform to a dominant viewpoint
When an idea is adopted without any general discussion or disagreement, it’s likely that group pressure to conform to a dominant viewpoint has occurred. To minimize this group dynamic, the facilitator should probe for alternative views. For example, the facilitator can raise another issue, or say, “We have had an interesting discussion, but let’s explore other ideas or points of view. Has anyone had a different experience that they wish to share?”

Feedback and getting involved
Participants may be interested to know more about what will be done with the information they provided and/or how other groups in the same or different countries responded. The analysis of people’s inputs will appear in the USAID ASSIST report and will influence the strategies for improvement of health services in NMM District, Eastern Cape Province. The report will be posted on the website as well.

Contacts
USAID ASSIST, South Africa: ****
Focus Group: Consent

Improving integration and people-centeredness of health services

**Sponsoring organizations:**
NMM District, Eastern Cape Province  
USAID ASSIST  
World Health Organization

**Part I: Information Sheet**

**Aim of the study**
This study aims to understand to what extent services delivered at public health facilities in NMM District within the last 12 months are integrated and people-centered and in what ways they could be improved to better meet the needs and expectations of people across the life course.

**Voluntary Participation**
You are invited to participate in this study about people-centred and integrated health services. You are invited to participate in a focus group discussion because you have direct experience with health services. Participation in this study is voluntary. Whether or not you participate will have no effect on your relationship with any collaborating institution, your work place or your access to health services.

**Procedures**
If you agree to participate you will be part of a focus group discussion. The topics that will be discussed include your experiences with services and how they could be improved. The focus group discussion will last around one hour.

The focus group will be audio-recorded in order to accurately capture what is said. If you participate in the study, you may request that the recording be paused at any time. You may choose how much or how little you want to speak during the group. You may also choose to leave the focus group at any time.

**Benefits and Risks**
You will not receive any payment for your participation. Participating in this study may not benefit you directly, but it will help us learn about health services and help us to improve them. Because some of the information shared may be personal, you may experience some degree of emotional discomfort. The investigators are available to speak to you should you have any further questions.

**Privacy and Confidentiality**
You may choose to speak as much or as little as you wish. Neither the content of the discussion, the identity nor the affiliation of any other participant should be shared outside the discussion. The information you share with us will be kept confidential after the workshop will be accessible to the researchers only. The audio-recordings and transcripts of the focus groups will be kept on a password-protected computer.

You will be asked to complete a participant profile sheet to inform the research team of the background of respondents. Reports of study findings will not include personally identifiable information. The data will be kept for up to five years after the completion of the study.

**Who to contact**
If you have any questions about this study and this workshop, please contact Linda Ncaca at: 082 6499601.

Your signature on this consent form indicates your agreement to participate in this study. You will be given a copy of this form to keep for your reference. The second signed consent form will be kept by the improvement team.

**Part II: Statement of Consent**

I have read the consent form, have been given opportunities to ask questions, and all of my questions about the study have been answered. I understand that the focus group will be recorded. I agree to participate in this study.

Print name: _____________________________________________

Signature:  ______________________________________________

Date: ______________________
Focus Group: Demographic Details

Please answer the following questions in the spaces provided, circle or tick the most appropriate options.

1. Age: ..............................................................................................................

2. Are you: (please tick as necessary) □ Male □ Female

3. What is your ethnicity?

4. What is your education level?

5. What is your income?

Thank you for taking the time to complete this questionnaire
Facilitator's welcome, introduction and instructions to participants

Welcome and thank you for volunteering to take part in this focus group. You have been asked to participate as your point of view as a patient and community member is important. Your time and input is appreciated.

Introduction: This focus group discussion is designed to better understand your thoughts and feelings about health care you received in public health facilities in NMM District within the last 12 months. The focus group discussion will take no more than two hours. May I tape the discussion to facilitate its recollection? (If yes, switch on the recorder)

Anonymity: Despite being taped, I would like to assure you that the discussion will be anonymous. The tapes will be kept safely in a locked facility until they are transcribed word for word, then they will be destroyed. The transcribed notes of the focus group will contain no information that would allow individual subjects to be linked to specific statements. You should try to answer and comment as accurately and truthfully as possible. I and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; however please try to answer and be as involved as possible.

Consent: Please assure that you have completed a consent form. One copy of the informed consent form should be given to me and you should keep the second copy for your records.

Demographic Details: Please also complete a copy of the demographic details questionnaire which provides us with a little more information about you.

Ground rules

- The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers.
- You do not have to speak in any particular order.
- When you do have something to say, please do so. There are many of you in the group and it is important that I hear everyone’s views.
- You do not have to agree with the views of other people in the group
- Does anyone have any questions? (answers).
- OK, let’s begin

Warm up

- First, I’d like everyone to introduce themselves. Can you tell us your name and something about you?

Introductory question

I would like you to take a couple of minutes to think about your experience receiving care at a public health facility in NMM District. Would anyone share his or her experience?

Guiding questions

- What are the attitudes of staff and providers towards you? (What did people think/say/do?)
- How did the staff and doctors and nurses or community health workers communicate with you?
- How were you respected or disrespected during your visit?
- How involved were you with the decisions about your care? In what ways did that meet or fail to meet your expectations?
- Do you think that people in the community trust and use the clinic? Why or why not?
- How would you improve the clinic and your experience there?
- How would you like your family or friends to be involved in your care?
- What ways does the community support patients?
- What services provided by community health workers are helpful? What parts are not helpful?
• How would you describe the relationship you have with the providers at the facility?
• Have you had trouble accessing services when you needed them? How could this be improved?
• How could the facility better support you in caring for your conditions during your daily life?
• Would you recommend using the health facility to your family and friends? Why or why not?
• Do you have community representatives who help make decisions at the clinic? Are they able to influence decisions? Why or why not?
• In what ways are you able to influence the services provided at the health facility? Does the community have an active role in planning or designing services?

Concluding question
• Of all the things we’ve discussed today, what would you say are the most important issues you would like to improve at your local facility?

Conclusion
• Thank you for participating. This has been a very successful discussion
• Your opinions will be a valuable asset to the study and to improvement efforts.
• We hope you have found the discussion interesting
• If there is anything you are unhappy with or wish to complain about, please contact ***** or speak to me later
• I would like to remind you that any comments featuring in this report will be anonymous
• Before you leave, please hand in your completed personal details questionnaire

Please, write your report based on the results of the focus group. Please remember to maintain confidentiality of the participating individuals by not disclosing their names.
Focus Group: Report

1. Introductory question

I would like you to take a couple of minutes to think about your experience receiving care at a public health facility in NMM District. Would anyone share his or her experience?

Guiding questions

2. What are the attitudes of staff and providers towards you? (What did people think/say/do?)

3. How did the staff and doctors and nurses or community health workers communicate with you?

4. How were you respected or disrespected during your visit?
5. How involved were you with the decisions about your care? In what ways did that meet or fail to meet your expectations?

6. Do you think that people in the community trust and use the clinic? Why or why not?

7. How would you improve the clinic and your experience there?

8. How would you like your family or friends to be involved in your care?

9. What ways does the community support patients?
10. What services provided by community health workers are helpful? What parts are not helpful?

11. How would you describe the relationship you have with the providers at the facility?

12. Have you had trouble accessing services when you needed them? How could this be improved?

13. How could the facility better support you in caring for your conditions at during your daily life?

14. Would you recommend using the health facility to your family and friends? Why or why not?
15. Do you have community representatives who help make decisions at the clinic? Are they able to influence decisions? Why or why not?

16. In what ways are you able to influence the services provided at the health facility? Does the community have an active role in planning or designing services?

Concluding question

17. Of all the things we've discussed today, what would you say are the most important issues you would like to improve at your local facility?