

Assessing Triggers for Dissatisfaction among Persons Living with HIV receiving Differentiated Antiretroviral Services in Southern Nigeria: A Cross-Sectional Study

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Background

Differentiated Service Delivery (DSD) is recommended for the provision of person-centred antiretroviral therapy (ART) services to improve client satisfaction and treatment continuity among people living with HIV (PLHIV)^{1,2}. This paper assessed satisfaction with ART services and triggers for dissatisfaction among PLHIV enrolled on DSD in southern Nigeria.

Methods

This cross-sectional study involved a random sample of 10% of PLHIV aged ≥15 years who received ART for over 12 months across 25 health facilities in Akwa Ibom State. Clients had to be enrolled in a DSD model for at least 12 months to be included in the study. The DSD models analysed include Community Pharmacy ART-refill (CPAR), Community ART refill group-Healthcare worker-led (CARG-HCW), Community ART refill group-PLHIV-led (CARG-PLHIV), Hub-and-Spoke (HS), Adolescent community ART (ACA), and Fast-track. Client satisfaction was assessed between June and July 2023 across nine quality domains (privacy, availability of ancillary services, staff professionalism, confidentiality, operating time, staff knowledge and skills, wait time, distance, and convenience) using a validated tool. The cutoff level of satisfaction was determined using a demarcation threshold ((highest – lowest rating) /2) + lowest rating). Ratings below the threshold were categorized as “unsatisfied”; and triggers reported by 80% of the respondents were summarized.

Results

Of 919 participants enrolled, 64.6% (594) were females, and median age was 35 [IQR: 28–43] years. 450 participants (49.0%) accessed ART through Fast-track, 196 (21.3%) through CARG-HCW, 146 (15.9%) through ACA, 76 (8.3%) through HS, 35 (3.8%) through CARG-PLHIV, and 16 (1.7%) through CPAR. Overall satisfaction score was 95.5% (at a 55% demarcation cutoff), with CPAR (25.0%), and CARG-PLHIV (11.4%) having over 5% respondents below the satisfaction threshold. Triggers reported by respondents in CARG-PLHIV was the perception of the service provider's knowledge and skills to deliver ART services, while confidentiality of client information was added by respondents in CPAR.

Figure 1. DSD model distribution among respondents

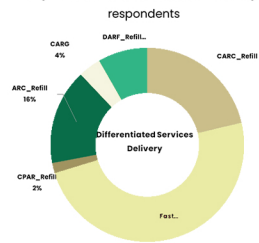
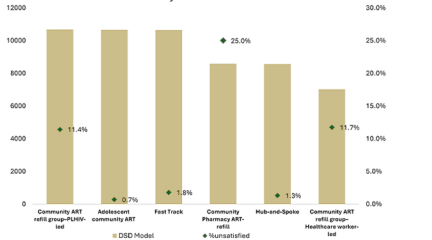


Figure 2: Proportion of respondents reporting non-satisfaction by DSD model



Triggers for dissatisfaction include perceptions of the service provider's knowledge and skills in delivering ART services and perceived confidentiality of client information

Conclusions

Clients receiving ART care through peer-led (CARG-PLHIV) model, and fee-paying (CPAR) models have the least satisfaction with service delivery. Interventions to improve satisfaction could prioritize improving the knowledge and skills of service providers.

References

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