



THE REPUBLIC OF UGANDA

Routing Client Satisfaction Feedback Initiative

Objectives of the orientation

Main objective:

- Introduce the Routine Client Satisfaction Feedback Initiative

Specific objectives

- Orient the participants on the procedures of setting up the initiative in the facility
- Orient the participants on the administering the tool
- Demonstrate how to use the database
- Highlight the role and responsibilities of the different stakeholders
- Share the roll out plan
- Discuss data utilization process

Background

- Client satisfaction has previously been estimated from periodic surveys, i.e CSS 21[31%], NSDS 21[51%] and HFQAP 23 [41%]
- Actions following these surveys have been minimal, not systematic hence without significant impact
- Now moving towards integrating routine client feedback in routine service delivery for immediate corrective action using QI approaches
- Coverage of implementation are both public and private health facilities in Uganda

Rationale

General Objective

- Obtain and act on routine client feedback using standardized tools and approaches to ensure health services are responsive to client expectations and needs across the health care system

Specific objectives:

- Systematically collect routine client feedback as part of routine service delivery
- Take action to address gaps identified from the client feedback
- Provide routine feedback to clients on key findings and the actions

Implementation of routine client feedback initiative

- The implementation approach is standardized in the “***Routine Client Satisfaction Feedback Implementation Guidelines***”
- Implementation is at all levels of the health system:-community, facility, district, region and national structures
- Its not a stand alone but integrated into routine health service delivery (its not a survey)
- All client feedback will be visualized in form auto dashboard highlighting positive feedback and gaps for the facility teams to take action

What is in the client satisfaction feedback implementation guidelines

- Describes the organizational arrangements and actors that will be involved in the implementation of routine client feedback
- Describes to health workers on how to collect, analyze and use routine client feedback information to improve services
- Elaborates the harmonized routine client feedback mechanism across the health service delivery system
- Describes the appropriate tools to use in the routine client feedback initiative

Structure of the guidelines

- Introduction and rationale
- Implementation approach at national, regional, district and facility/community levels
- Orientation on the initiative at national, regional, district and facility
- Procedure for obtaining routine client feedback (use of QR code, self administered tool or HW administered)
- Exclusion criteria and how many clients to obtain feedback
- Data storage and access

The journey to the client satisfaction feedback tool and guidelines

MoH-led key stakeholders' meeting.

- WHO
- USAID
- CDC
- Medical bureaus
- Private sector
- Above-site and service partners

Drafted guide and tool that was reviewed and refined into a final draft for pilot by the select committee

Piloted the tool and drafted visualization for the client feedback

Refined the guidelines and tool into final drafts after pilot through a select committee

National launch of the guidelines and tool

Effective July 2024

Implement

Implementation approach

Implementation involves the various levels at national, regional, district, health facility and community.

National

- The MoH will be responsible for implementing this initiative through the Directorate of Governance and Regulation that will report directly to the Director General of Health Services and the Permanent Secretary.
- The MoH will develop, update and distribute the relevant tools for implementing the routine client feedback initiative at all levels.
- The MoH will mobilize resources and coordinate the implementation of the routine client feedback initiative.

Sub-national level

- The Director RRH through the Public Health Department (PHD) will take lead in planning and implementing the initiative in the RRHs and support to districts/urban authorities within their catchment areas.

District/urban authorities

- The DHO)/ CHO will coordinate implementation for all health facilities in their respective districts.
- Orient health facilities
- Monitor implementation
- DQIFP and Biostat are key to assist the DHO

Orientation on the initiative

National Level:

- MoH will orient the central team, NRRHs, RRHs, Regional teams and implementing partners

Regional Level

- The RRH through the PHD, in collaboration with regional health partners, will plan, coordinate and orient key actors in the RRH, districts and urban authorities including the private sector.

District Level

- The districts in collaboration with health partners will orient their respective health facility teams

Facility Level

- The head of the health facility shall designate a person Preferably the facility QIFP to plan and Coordinate implementation

Target persons for the orientation

Region


- RRH- Director, PNO, PA, PHD and the PHD staff, HQIFP, RQIO, Social workers, Records persons, regional IPs
- **District**-DHO, DDHO-MCH, DQIFP, Biostatistician
Extended DHT and the district based Implementing partners

Facilities

- Heads of facilities, FQIFP, Social workers, Records assistant, heads of departments/ Units

The Routine client satisfaction feedback tool

- A focal person(s) selected by management will administer the tool to a minimum number of clients per month
- Clients with smartphones will access the tool via a QR code anytime
- Data will be analyzed at least monthly, and teams take action to respond to the client feedback



THE REPUBLIC OF UGANDA
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Appendix 1: Routine Client Satisfaction Feedback Tool

This tool is used to obtain clients' feedback about their experience with the services and promote quality improvement, accountability and transparency within the healthcare system

REGION	DISTRICT			
HEALTH FACILITY	Reporting period (MM/YYYY)			
Service unit 1= OPD; 2=Medical ward; 3=Maternity; 4=Antenatal; 5=EPI/YCC/ Postnatal; 6=Surgical ward; 7= ART, 8= Community Services; 9= Other, specify				
Age (<i>Write age in complete years</i>)			Sex:	
1. Please rate each of the following according to your experience today on a scale of 1 to 4 where '1' means Poor, '2' Fair, '3' Good and '4' Excellent	4 Excellent	3 Good	2 Fair	1 Poor
a. Overall cleanliness of the facility				
b. Overall timeliness of services				
c. Privacy				
d. Respect				
e. Medicines were available during this visit				
f. Received all the services you needed during this visit				
g. Health workers were available to provide the services you needed during this visit				
h. Accessed health/medical information about your condition and what needs to be done				
i. Cost of services (<i>where services are formally paid for</i>)	Free	Affordable	Not Affordable	
2. Did you pay any charges that were not receipted in the form of a bribe?	Yes	No		
3. For the services you received, were you educated on them and your permission requested?	Yes	No		
4. Overall, were you satisfied with the services you received?	Yes	No		
5. Give one area of your choice where the facility should improve?				

Data storage, analysis and visualization

Data storage

Routine feedback will be uploaded into the Open Data Kit (ODK)-Central housed at the MoH-Division of Health Information

Access

Different stakeholders will be granted access rights by the responsible Officer at the MoH-DHI

Analysis

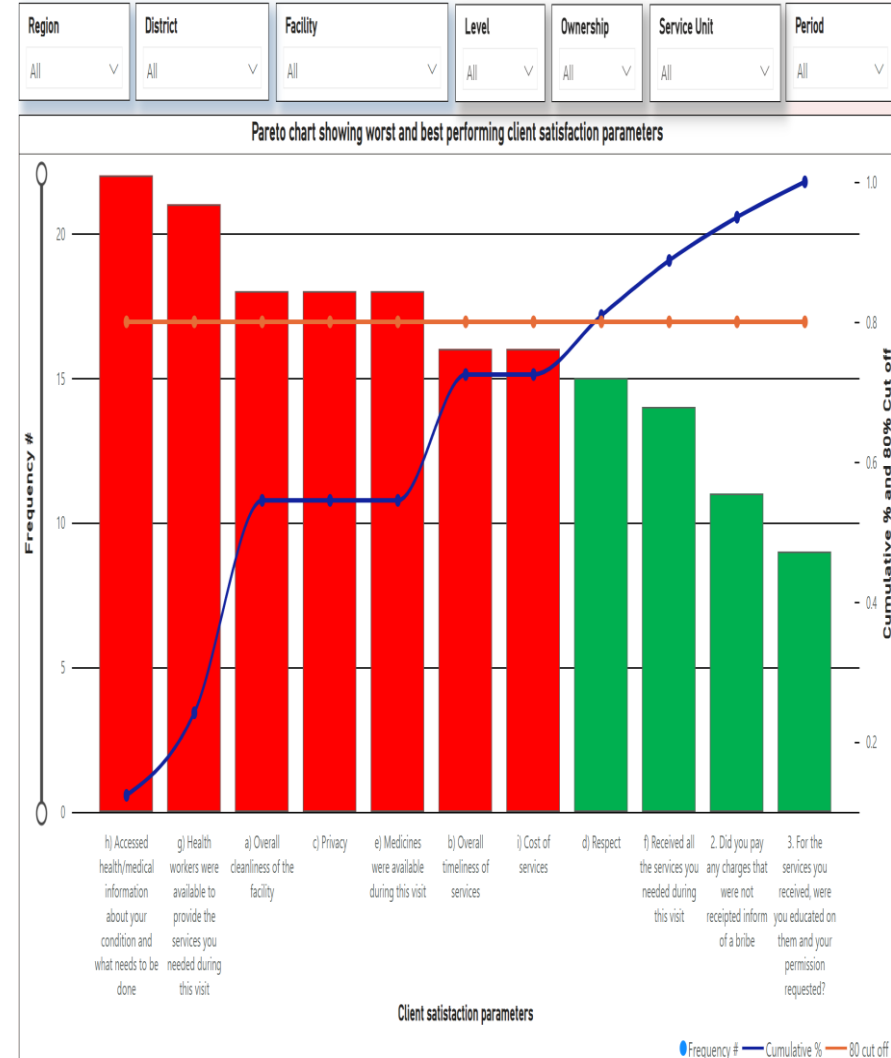
Made so easy for every level of skill set using MoH digital systems.

Visualization

Automated graphs, charts, and dashboards for each client feedback parameter at all levels; national, regional, district, facility, facility type, period, service unit etc

Pareto charts showing the dominant gaps (red) causing dissatisfaction

The Dashboard



The Action plan matrix

Identified gaps	Interventions to address the gaps	Timelines	Responsible person

Roadmap - 2024

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Developing the tool and implementation guidelines	■	■	■						
2. Digitising the tool		■	■						
3. Pilot test the tool		■	■	■	■				
4. Share with MOH for approval		■	■						
5. Launch			■						
6. Roll out			■	■	■	■	■	■	■
Roll out activities									
a. Virtual orientation of the regions, districts and health facilities				■					
b. Follow on Mentorships & supervisions				■	■	■	■	■	■
c. Monthly updates			■	■	■	■	■	■	■
d. Incorporate in the quarterly performance reviews						■			■



THE REPUBLIC OF UGANDA

Setting up the CSF system at a Health Facility

Overview

Introducing the initiative to clients/patients

- **Introduce the initiative at different points of care**, including waiting areas and during health education talks
- **Explain their role as key stakeholders** in improving the quality of health services in the health facility and community.
- **Assure clients that;**
 - participation is voluntary;
 - feedback is confidential;
 - feedback will be analysed in aggregate;
 - There are no reprisals from giving their opinions,
 - no client personal identifiers etc

How the routine client satisfaction feedback tool shall be implemented

- The health facility management (HFM) should plan to routinely collect client feedback information on selected days of the month
- The number of clients interviewed as per sample allocations should be fairly/randomly distributed across the days of the month
- A QR code should permanently be displayed in all the departments notice boards (NOT WALLS) for clients with smart phones to access and give feedback anytime
- There should be a **focal person appointed by the HFM and all in charges of the sub units in the facility** shall actively participate in the initiative and addressing the identified gaps.
- The data from routine client feedback should be discussed in the monthly HFM meetings and actions taken to address client needs.

Administering the routine client satisfaction feedback tool

Methods for client feedback

- Scanning a QR code displayed at a readily accessible location (e.g., notice board)
- Self-administered approach
- Interviewer administered

Two systems exist

- Paper-based tool
- Electronic/digital tool
- The tool shall be administered individually, in privacy and clients shall not be discriminated for services on the account of their views.
- Exclude patients in critical condition, or unable to engage in conversation, and those who decline to share their experience of services.



Minimum number of clients to give feedback per facility per month

National and
RRH=60

General
Hospital=40

Health Center
IVs=40

Health Center
IIIs= 30

Health Center
II=10

Community=5

The minimum number does not include clients giving their feedback using the QR code

Requirements

General

- Human resource – e.g QI Focal Person, social worker
- Accessible notice boards
- Information desks/Suggestion box area

Paper-based

- The tool (soft or hard copy)
- Stationery/papers
- Printery

Requirements



Electronic

- Access to a functional CSF database/system (user rights)
- Smartphone (for users)
- QR code of the application / tool

Demonstration of the CSF tool

Accessing the CSF tool via
QR code





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Hard copy tool



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Access/User rights to the CSFI dashboard

Overview

Introduction

- **USER RIGHTS:** permissions given to someone to access a particular system/database.
- **USER:** allowed access to a file, read, but will not be allowed to edit or delete anything from the database.
- **Who are the users :** These include all health stakeholders, health managers, facility health workers and clients

Types of users –

- user 1- only views the system and download
- User 2 – Data entry (any client who fills and completes the tool)
- User 3 – system admin, who does maintenance of the system



Who receives the user right?

All stakeholders at different levels as detailed below

- MoH
- Health Partners
- RRH and districts
- Urban authorities
- Health facility teams



Officers

- PS
- Directors
- Department heads
- M&E focal person from different departments
- SCAPP officers

Rights

- View the whole country
- Download
- Creating accounts
- Analysis as per request
- Share with the MoH departments

Note: The app/ system does all the analysis online

RRH list:

Officers

1. Director RRH
2. Principal Administrator
3. Principal Senior Nursing Officer
4. Principal Nursing Officer
5. Head PHD with all PHD staff
6. Regional/RRH Biostatistician
7. Hospital QI Focal person
8. Regional QI Focal Person
9. Social Worker
10. Regional IPs

Rights

Only view and download data for the RRH, Region, districts, sub-counties and health facilities within their coverage.

District



Officers (District Health Team)

1. District Health Officer
2. Deputy DHO-MCH
3. District QIFP
4. District Biostatistician
5. District Health Educator
6. Cold chain officer
7. Stores Assistant (Assistant Inventory Officer)
8. Senior Environment Health Officer
9. District IPs
10. Chief Administrative Officers

Rights

View and download data in their respective districts, sub counties and their respective Health facilities.

Urban Authority



Officers

1. City Health (medical) Officer or Municipal Health Officers
2. Biostatistician
3. City QIFP

Rights

Only view and download data for the facilities within the particular City or municipality

Health Facilities

Officers

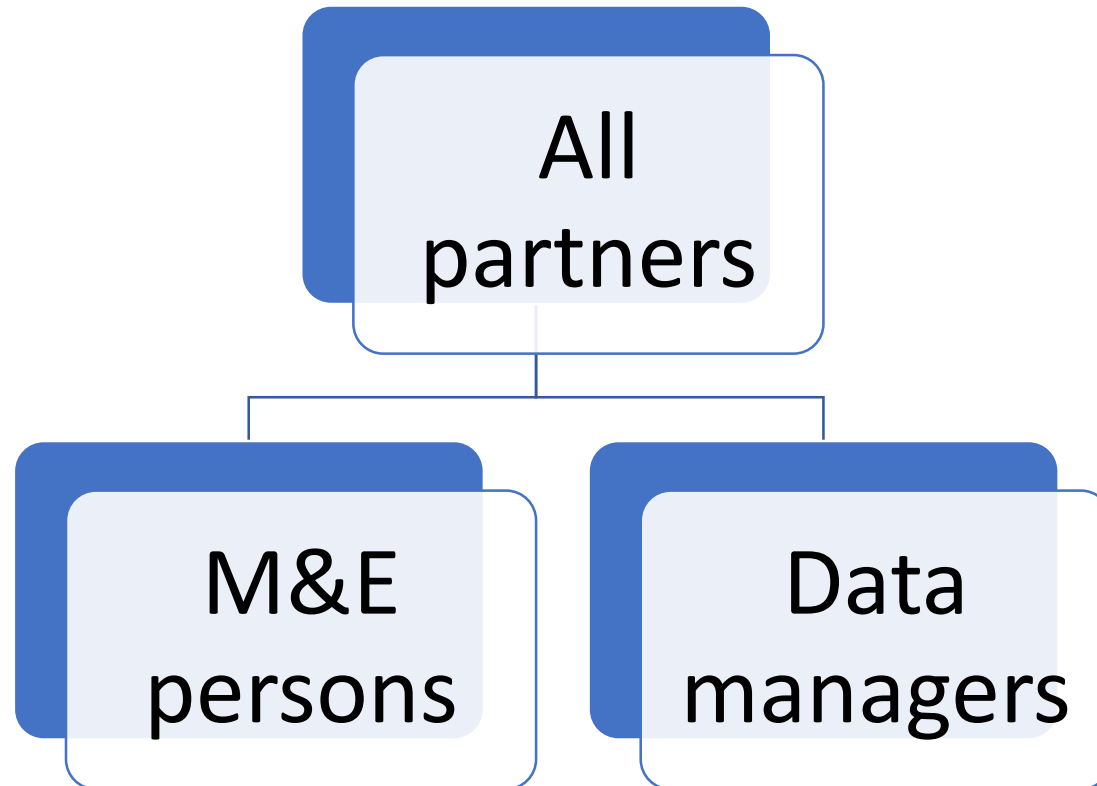
1. Facility in-charge/head
2. Data officer

Rights

Able to only view their facility

Download their data for further analysis

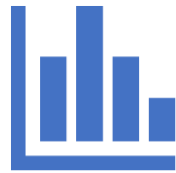
Health partners



What do we expect from the team who receive the user rights



To access the system and view the data



Analyze the data regularly and address the identified gaps



Meet with the QI team and share findings monthly



Develop action plan



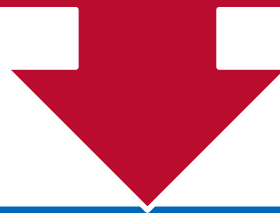
**NO
REPRIMAND**

**As emphasis in
the guidelines,
no client shall
be reprimanded
in any way on
account of their
views**

Data utilization

Data utilization

Client satisfaction feedback initiative is data is results-oriented and data driven



Data utilization is layered

Health facility

District level
utilization

Regional level
utilization

National level
utilization

How will the health facility utilize client feedback?



Step 1: Review the feedback using graphs, charts, trends to identify areas of client satisfaction and dissatisfaction and share widely during general staff and management meetings



Step 2: Prioritise areas of client dissatisfaction : Rank the identified issues based on their impact on the overall customer experience.



Step 3: Conduct a root cause analysis using QI tools such as 5 'Whys'



Step 4: The facility team-QI team, inclusive of relative stakeholders then identify actions to undertake/ recommend solutions.



Step 5: Develop a clear plan of action to address the identified issues.



Step 6: Monitor implementation of intervention to help assess the effectiveness of your actions and make any necessary adjustments



Provide routine feedback to clients on key findings and the actions



A brief update on the routine client feedback shall be shared with the governance structures (HUMCs/Hospital Management Boards).



Generate a matrix of interventions/actions to the identified gaps

District level
utilization of data

- ✓ **Review district aggregates during quarterly meetings including:**
 - District performance review meeting
 - District QI Committee meeting (DICO)
 - Partner coordination meeting
 - District support supervision of facilities
- ✓ **Deep dive facilities to identify sites influencing district performance**
District biostats and district QI focal persons are focal persons

Regional level
utilization of client
feedback

- ✓ **The RRH will analyze routine client feedback from the RRH districts and urban authorities within its catchment area**
 - ✓ The regional routine client feedback data shall be disseminated and discussed in forums such as;
 - Regional performance review meetings
 - Regional QI Committee meeting (RECO)
 - Regional (RMNCAH-N)
 - Local Maternity and Neonatal Systems (LMNS)
 - Regional health assemblies
 - ✓ The Regional QI Officer, Biostat and facility QI FP shall be the focal points for dashboard and actions taken for the previous client feedback
-

National level utilization of client feedback

- ☀ The department of SCAPP–MOH will generate the overall client feedback from all regions.
- ☀ The data shall be discussed quarterly in different forums including but not limited to;
 - SCAPP department and directorate of governance
 - technical working group (Governance Standards and Policy Regulation),
 - Senior Management Committee, and
 - Health Policy Advisory Committee
- ☀ MoH teams shall use the data to follow up implementation of actions during support supervision of regions, districts and sites
- ☀ MoH will organize learning events to harvest best practices from early adopters/best performing sites
- ☀ Recognition of best performing sites at the annual national QI conference



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MINISTRY OF HEALTH

WAY FORWARD & ACTION PLAN MATRIX

The Routine Client Feedback Implementation Guidelines Orientation

Way forward

Develop action plans for each level

- Region
- Districts
- Facilities

Region+ Regional IPs

- Designate the responsible person- under the guidance of the PHD head
- Orient more RRH staff
- Start the data collection
- Orient more DHT and the urban authority staff
- Support the Districts and the urban authorities to orient facilities
- Follow on support supervision to the districts and some facilities
- Printing of the guidelines and the QR-Code sheet
- Discuss performance at different fora

Way forward cont.

Districts + District IPs:

- Orient facilities in your district
- Follow on support supervision
- Share & discuss performance at different for a
- Print the guidelines and the QR-Code sheet

Way forward cont.

Facility

- Orient more facility staff
- Collect data
- Monthly data review and development of action plans based on the responses

Action Plan Matrix For Region and District

WAY FORWARD-based on the way forward	TIMELINES	RESPONSIBLE PERSON
E.g. Orient More RRH staff	August 6 th - 8 th 2024	RQIO, Hospital QI FP