KINGDOM OF CAMBODIA

Nation Religion King

Ministry of Health

Standard Operating Procedures (SOP) for Patient Satisfaction Feedback (PSF) from People Living with HIV (PLHIV) in Cambodia

May 2021

National Center for HIV/AIDS, Dermatology and STD (NCHADS)

PREFACE

Cambodia's national HIV response is considered one of the most successful in the Asia Pacific Region with 62% reduction of new HIV infections and 54% decline of AIDS-related deaths between 2010 and 2019. Cambodia is recognized as one of seven countries globally to have achieved 90-90-90 targets in 2017 and continues to be among high performing countries being on track towards achieving 95-95-95 targets by 2025. Still, challenges remain in maintaining the gains and sustaining the response.

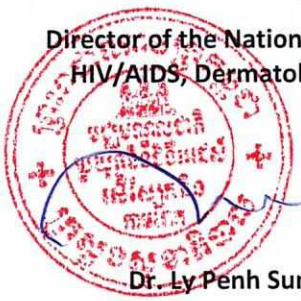
Stigma and discrimination include fear of being discriminated against or having experienced discrimination including in healthcare settings often preventing many from accessing HIV testing. People living with HIV have high levels of self-stigma as well and are hesitant to seek early access to care and too frequently, retention in care is low. In 2020, 5.8% of 62,110 PLHIV on ART dropped out of care making the third 90, viral suppression in 90% of those on ART, unreachable.

Cambodia cannot end AIDS without addressing stigma, discrimination and the human rights of people living with HIV and key populations. To identify and effectively address stigma and discrimination, particularly in health facilities, and continuously improve the quality of HIV services, the National Center for HIV/AIDS, Dermatology, and STD (NCHADS) has developed this Patient Satisfaction Feedback (PSF) Standard Operating Procedure (SOP) to guide PSF implementation at all ART sites across the country. The PSF will help provide insight ART client satisfaction with provided services and discover possible stigma and discrimination that might contribute to poor adherence or loss to follow-up. PSF contributors can identify areas of improvement in service provision and appropriate actions to ensure continued service quality improvement.

NCHADS strongly hopes that all concerned stakeholders will effectively implement this SOP to address stigma and discrimination in healthcare settings and continuously improve HIV services for people living with HIV and key populations in Cambodia.

Phnom Penh..12..../July/2021

Director of the National Center for HIV/AIDS, Dermatology and STD



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AHF	AIDS Healthcare Foundation
ANC	Ante-Natal Care
ART	Anti-Retroviral Therapy
ARV	Antiretroviral Drugs
CAA	Community Action Approach
CRS	Catholic Relief Service
CMA	Case Management Assistant
CQI	Continuous Quality Improvement
DFONPAM	District Forum of PLHIV and MARPs
DMU	Data Management Unit
EQHA	Enhancing Quality of Health Care Activity
FEW	Female Entertainment Worker
FBW	Facility-Based Worker
FONPAM	Forum of Network of PLHIV and MARPs
GoC	Group of Champion
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
KP	Key Populations (MSM, TG, FEW, PWID/PWUD)
KHANA	Khmer HIV/AIDS NGO Alliance
Lab	Laboratory
MSM	Men who have sex with men
NCHADS	National Center for HIV/AIDS, Dermatology and STD
NGO	Non - Governmental Organization
OD	Operational District
ODK	Open Data Kit
PASP	Provincial AIDS and STI Program
PEPFAR	President's Emergency Plan for AIDS Relief
PHD	Provincial Health Department
PLHIV	People Living with HIV
PSF	Patient Satisfaction Feedback
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
QI	Quality Improvement
RH	Referral Hospital
S&D	Stigma and Discrimination
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
US-CDC	U.S. Centers for Disease Control and Prevention
VCCT	Voluntary Confidential Counseling and Testing
VL	Viral Load
WHO	World Health Organization

TABLE OF CONTENT

1. BACKGROUND

Cambodia has successfully identified and enrolled most of its PLHIV on ART which has led the country to be one of the only seven countries globally to have achieved the 90-90-90 target in 2017. However, challenges remain to maintain this achievement and move toward achieving the 95-95-95 target by 2025. In 2018, there were 3,734 new HIV cases diagnosed and 59,164 PLHIV on ART (99% of PLHIV who knew their HIV status and 83% of total estimated PLHIV). However, 1,877 (6% of the whole ART cohort) dropped out of care in that same period, 118 (3.2%) of whom were the newly diagnosed PLHIV lost to follow-up after six months of ART. These dropouts affect the second 90 (PLHIV on HIV treatment) achievement and third 90 (PLHIV on treatment have achieved viral suppression).

A PSF survey for ART service users was developed and implemented in eight selected sites to better understand the losses related to dissatisfaction with treatment services to assess clients' perceptions of service quality and possible service-related reasons for dissatisfaction and dropout from care. NCHADS, the Community Action Approach (CAA) teams, CRS, with technical assistance (TA) from LINKAGES, have collected feedback from satisfaction surveys from 8,908 ART clients for the period July 2018 to September 2020. **Table 1** summarizes the results to date. Overall, most clients are reasonably happy with their ART care. Long waits and repeat visits were bothersome (7.9%), and 4.1% were concerned about staff gossiping about their HIV status. When asked about their level of satisfaction with the care received by individual providers, 84% responded 'satisfied' with clinician/doctor; 82% 'satisfied' with the counselor; 79% 'satisfied' with the Pharmacist; and 75% 'satisfied' with the receptionist. Low literacy made self-completion tricky for some (10%), requiring staff to assist, possibly influencing some client comments.

Table 1: Level of satisfaction on ART service

	Satisfied		Neutral		Unsatisfied		
ART Service	**Freq**	**%**	**Freq**	**%**	**Freq**	**%**	**N**
Receptionist	6,648	75%	1,979	22%	261	3%	8,908
Counselor	7,300	82%	1,471	17%	124	1%	8,908
Physician/Doctor	7,516	84%	1,239	14%	138	2%	8,908
Pharmacist	7,071	79%	1,631	18%	183	2%	8,908

When asking about other services in the hospital, levels of satisfaction were lower than those at ART clinics. Only 48% were satisfied with ANC & RH services; 54% for STI services; 75% for laboratory services; 75% TB care; and 77% for psychosocial support.

The PSF results were used by clinic staff and the Group of Champion to address client concerns that cause dissatisfaction and might lead to treatment interruption and drop out of treatment. Corrective actions are essential to take, and the PSF data monitored for ongoing improvement. Expansion of PSF to all ART sites could improve the client-centered focus of those clinics and increase levels of satisfaction and retention.

2. INTRODUCTION

In line with the Continuous Quality Improvement (CQI) of ART services, the Cambodia PSF tool is a technology-facilitated HIV and related service quality monitoring system for PLHIV, including key populations living with HIV. It will allow service users and providers to make a standardized assessment of perceived and real service quality and stigma and discrimination (S&D) with the information to be used for rapid quality improvement approaches. Using real-time data collection and dashboard enable sites, operational districts, provincial and national programs to monitor the service's performance from the perspective of clients and respond to the identified problems/challenges on time.

The current PSF tools designed and led by the NCHADS enable clients and providers to provide feedback on the service delivery to improve service quality and reduce stigma and discrimination against people living with HIV and key population. Based on the assessment of acceptability, feasibility, and importance of the PSF at demonstrated sites, NCHADS has recommended moving PSF from research to routine program implementation. Both clients and providers are engaged in this feedback system and share their anonymous inputs on critical satisfaction measures with services and any perceptions or experience with stigma and discrimination impacting the client's experience.

PSF is a people-centered feedback system using a technology platform to facilitate ongoing service satisfaction monitoring. It allows service users and service providers to take a quick standardized assessment on service satisfaction and S&D, followed by the data analysis and onsite discussion for rapid quality improvement. Data collection will employ a facility-based, tablet device running data collection software as well as QR code.

NCHADS plans phased implementation of the PSF with CRS and EpiC at all 69 ART sites. PSF will be implemented as a routine activity to improve service quality, provide data on S&D, inform the QI activities, and monitor outcomes over time to respond to changes implemented on site.

3. OBJECTIVES

The overall objective of the PSF is to provide evidence-based information to drive quality improvement efforts of ART and relevant services toward increasing satisfaction, improving patient's reported outcomes that link to reduce the treatment interruption among PLHIV in Cambodia. Specific objectives of the PSF system are:

- Establishing and deploying routine monitoring platform for PLHIV clients and providers at the facilities on quality of care and stigma and discrimination experience
- Engaging PLHIV clients, including key populations living with HIV, to share their perception, experience, and expectation on the quality of care
- Using facility based PSF data including data from providers to improve quality of care and reduce stigma and discrimination onsite, at sub-national and national level.

4. EXPECTED OUTCOMES OF PSF

PSF is a technology-based service satisfaction monitoring system that allows the clients and providers to quickly assess the services' uptake/provision for quality improvement. The PSF will provide data for the following core indicators to drive the discussion in defining the root cause of the problem related to the quality of care and S&D and identify key action points and implement those action points.

CLIENTS EXPERIENCE AND PERSPECTIVE

1. Percentage of clients reported satisfied with ART services they received (disaggregated by type of providers: receptionist, counselor, physician, and Pharmacist)
2. Percentage of clients reported the waiting time is acceptable

3. Percentage of clients said the clinic hours were convenient for them
4. Percentage of clients received adequate counseling
5. Percentage of clients reported no worry about staff gossiped
6. Percentage of clients felt that providers kept their information confidential
7. Percentage of clients reported satisfied with other related services (disaggregated by type of services: RH/ANC, STI, Laboratory, TB, psychosocial counseling)
8. Percentage of clients recommended this facility to their HIV positive acquaintances or friends.

PROVIDERS PERSPECTIVE

1. Percentage of providers observed healthcare workers at their facility unwilling to care for KPs
2. Percentage of providers observed healthcare worker at their facility providing poor quality of care for KPs
3. Percentage of providers who wear a double glove when providing care or service for PLHIV
4. Percentage of providers reported very worry about getting HIV if they drew blood from a PLHIV
5. Percentage of providers rated their health facility's services for KPs with low and very low quality.

5. IMPLEMENTATION PROCEDURE

5.1. PSF Tool

To respond to the expected outcomes stated in the above section, NCHADS and PSF Core Group develop a web-based system installed on the tablet and hosted in the cloud server with technical assistance from EpiC and generate the QR code link to the PSF tool. The PSF tool will be a user-friendly routine monitoring tool that equips with audio-assisted and emoji. The PSF tablet-based tool runs online (connect to the internet) and offline, requiring designated staff at the ART clinic to synchronize the data frequently to the PSF server by connecting the tablet with the internet to send the data. The PSF tool consists of two different sets, including: 1. Clients' assessment; and 2. Providers' self-assessment. In the client's assessment, there are three components: 1. Client satisfaction (ART services); 2. Client satisfaction (other relevant services); and 3. Client profile. There are two components in the provider's self-assessment, including: 1. Team profile; and 2. Practice and observation of providers.

5.2. PSF Training

To effectively implement the PSF system at the hospital, all relevant and involved staff at the ART clinics, especially the CAA team, take a two-day training on the PSF implementation procedure. The objectives of the PSF training are: 1. To equip knowledge and skill of participants on the objectives of the PSF, implementation flow, and procedures (very detailed steps); 2. How to promote PSF and encourage the clients to provide their feedback; 3. How to assist clients (for those who cannot do it their own) in completing the PSF; and 4. How to sync data to the cloud, PSF data management and use.

5.3. Target Population

The PSF will focus on both ART clients and service providers.

- ART clients including from key populations such as MSM, TG, FEW, and PWID/PWUD
- ART providers and other related services including TB, STI, RH/ANC providers.

The clients and providers can either provide their feedback by completing the PSF tool in the tablet by themselves or with assistance from a designated CAA team member/healthcare worker. Those who

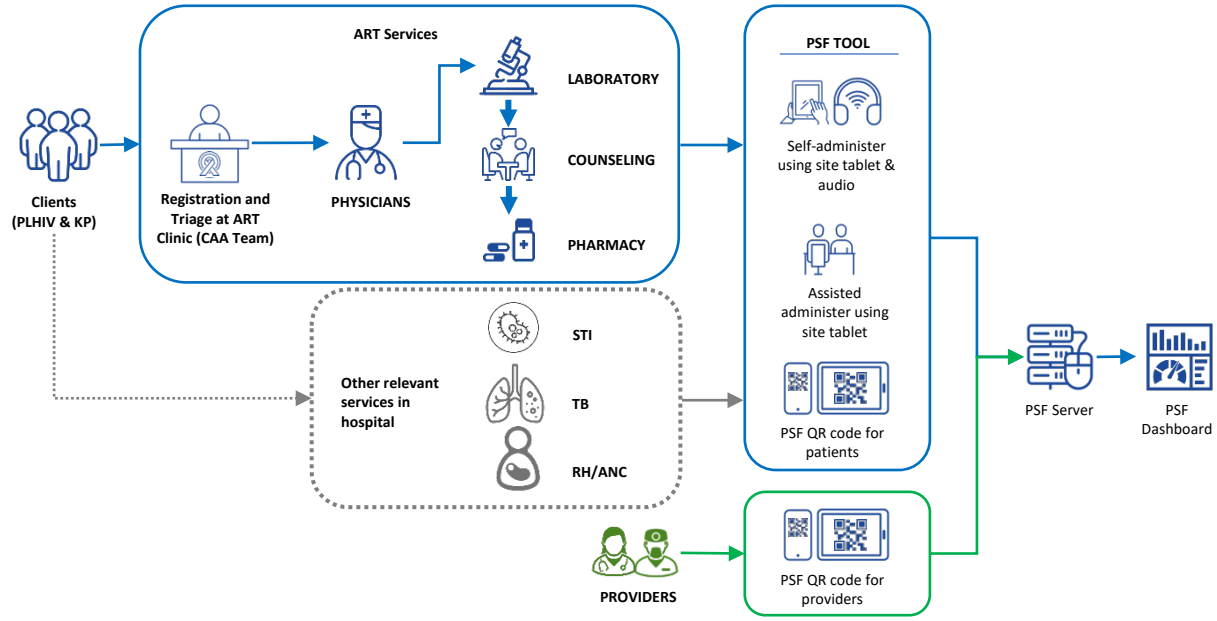
are literate and familiar with using smartphones/devise can scan QR codes to access the PSF platform and complete the PSF online tool.

5.4. PSF Implementation Approach

The PSF will be implemented at ART clinics. PSF will allow the clients and providers to share their views and feedback on the HIV and other related healthcare services they received, such as TB, STI, and RH/ANC, at the specific ART facilities in every ART visit.

The trained staff responsible for PSF at the ART clinic will introduce the PSF tool to all clients who access ART services and service providers and encourage them to provide feedback for improving quality care. The PSF tablet-based tool and QR code should be placed at the ART clinic's triage, and the QR code poster should post on the wall of the ART clinic and relevant services so that clients and providers can quickly fill the PSF tool they are waiting for after receiving services.

Figure 1: Diagram of PSF procedure at ART site



5.5. Recruitment Procedure for Clients

Active ART clients are encouraged to voluntarily participate in PSF (see **Figure 1)** to share their perception and experience on the quality of care and S&D at specific ART facility where they received HIV and relevant services. Active ART clients may visit other services (TB, STI, lab and RH/ANC) on the same or a different date and it is important that the clients' share their perception and experience in those services as well.

Designated staff at ART clinic (can be CAA and ART team) offer PSF tool to clients either by tablet or QR code at every visit to ensure at least 15% of the active ART clients participate and respond to PSF tool. For example: if clinic "A" has 50 ART clients visiting daily, designated staff at ART should engage and offer ART tools to as many ART clients as possible to ensure participation of at least 8 ART clients per day. Systematic sampling can be applied to recruit participants. To try to ensure representativeness the staff should offer the PSF tool to one of every five clients until they reach 8 clients who responded to PSF (8/50). If their first random number is #5 [from those who come first], then they will choose #10, #15, #20, and so on. They will pick the next number if the selected number refuses to participate until they reach the expected number of participants if they cannot get the desired number in the first round (please note that the first random number should be between 1 to

5 for this example). However, completion of the PSF tool is open to every client willing to provide feedback, so clients can ask the CAA and ART team to complete PSF on the tablet or use a QR code.

The ART client education is varied. Some can read but not write and some can read and write, and some cannot even read so it is essential to make sure that every ART client can participate in the PSF. Three different options of the PSF system are available to better engage clients:

OPTION 1: SELF-ADMINISTER USING SITE TABLET & AUDIO ASSISTED

ART clients who are visiting the ART clinics are encouraged to provide their feedback on the service they received using PSF electronic system at the facilities. After receiving the HIV and other related services, the clients engaged by designated staff or those who want to provide the feedback can use the tablet and complete the PSF tool voluntarily and confidentiality on their own (only client) without any support from a healthcare worker. For the client who can read Khmer (literate), it is easy for them to complete the PSF tool. For those who cannot read Khmer (illiterate), the PSF system equips with the audio-assisted that allows clients to listen to the voice of introduction and consent, questions, and answers to complete the questionnaire independently.

OPTION 2: ASSISTED ADMINISTER USING TABLET

Like Option 1, Option 2 supports clients who are not sure they can complete the PSF tool independently even with audio-assist. They can seek assistance from designated staff to support them in participating in the PSF. The role of the ART and CAA team is to explain to clients the meaning of questions and answer options and provide clear instructions on how to select an answer and how to move to the next question, but not influence or make a decision in choosing a solution for the clients.

OPTION 3: SELF-ADMINISTER USING PSF QR CODE

Clients, those who are technology savvy and can use the smart device (smartphone or tablet), can also provide their feedback to the healthcare service they received by scanning QR code place on the wall at ART clinic to access the web-link URL of the PSF tool online. The QR code will be printed and place at any convenient location at the ART clinics. The trained healthcare worker will provide orientation to the clients on how to scan the QR code to complete the PSF by themselves.

5.6. Recruitment Procedure for Providers

Health care providers, including medical staff and non-medical staff involved in providing HIV and relevant services (TB, STI, RH/ANC), will be asked to complete the PSF tool once a quarter. Designated staff at ART clinic responsible for PSF will create a Telegram/messenger group within a relevant team in the hospital and share the link/QR code of the PSF tool for providers to complete in the last month every quarter. Since ART clients seek services at many points of care in the hospital, so relevant staff including housekeeping should take the PSF assessment to identify problems with stigma or discrimination that might lead to ART client's disappointment, missed visits and dropping out of care.

6. IMPLEMENTATION ARRANGEMENT

The PSF system will be implemented at ART clinics located in referral and national hospitals and at the Chhouk Sar NGO clinic. The Community Action Approach (CAA) staff will be largely responsible implementation. Oversight will be by the National Center for HIV/AIDS, Dermatology and STD (NCHADS) in close collaboration with the ART team at every ART clinic and NGO. They will support the implementation by the CAA staff with technical assistance from the EpiC FHI360 project, UNAIDS, and NGO partners.

NCHADS has played a critical role in developing the PSF SOP and tools and provides training to ART and CAA team, OD, and PASP to implement PSF. NCHADS will provide overall management, technical guidance, and support to the ART sites to ensure the implementation is going smoothly and on the

right track. NCHADS will coordinate with key relevant stakeholders at the national level to ensure smooth implementation of the PSF. NCHADS will conduct ongoing monitoring and site supervision, manage PSF data and analysis, develop the PSF dashboard, and use evidence from data analysis to drive appropriate actions for quality improvement.

At the national level, NCHADS will establish the PSF National Core Group of AIDS Care Unit, Research Unit, Data Management Unit, and a representative from development and CSO partners including US-CDC, UNAIDS, WHO, CRS, AHF, KHANA, RHAC, and EpiC (FHI360) to support and provide oversight for PSF implementation. The national core group led by NCHADS Director will perform the following role:

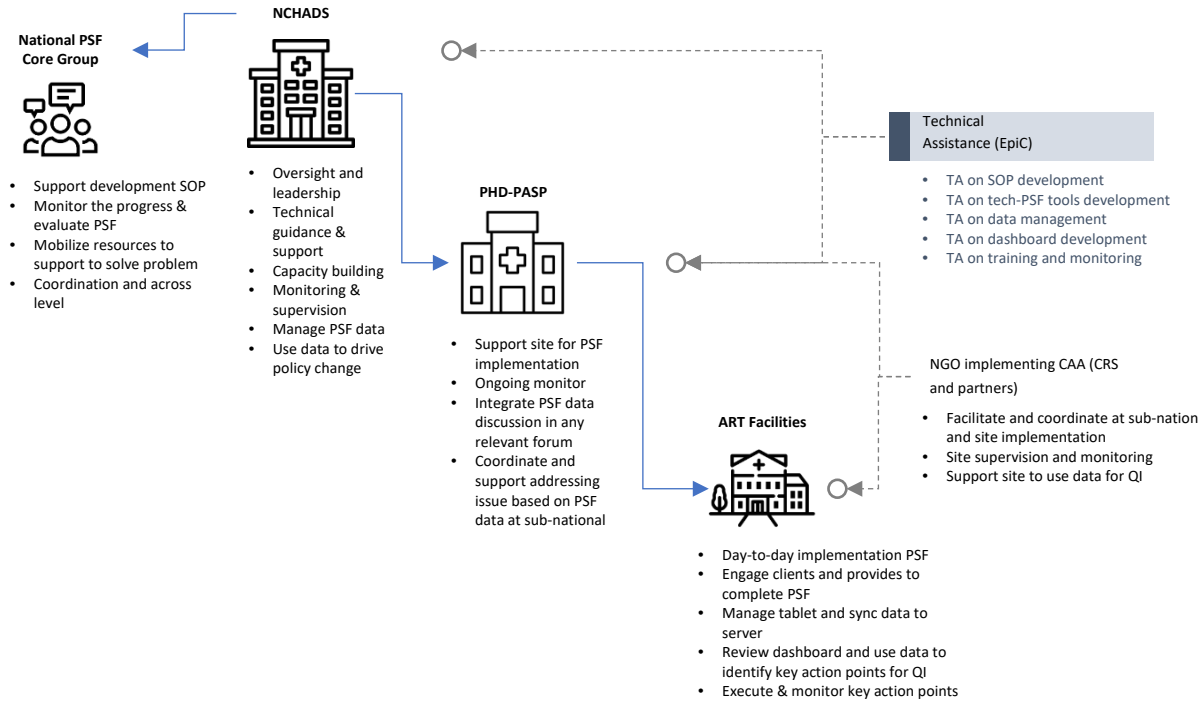
- Develop, review and revise PSF Standard Operating Procedure (PSF SOP) as needed
- Develop, review and revise PSF questionnaires
- Monitor and evaluate the implementation of PSF to ensure consistency with the PSF SOP
- Support PASP and ART sites to solve any problems or issues encountered during the start-up and the implementation
- Analyze data collected from field level, generate results, and provide feedback to the PASP and ART sites for quality improvement on a timely and regular basis
- Develop and maintain PSF dashboards to facilitate analysis and use of PSF data by PASP and ART staff
- Build capacity of PASP and train PASP to train ART site staff through quarterly monitoring and onsite coaching.
- Ensure PSF sustainability of the program
- Coordinate and arrange technical forums or meetings such as quarterly forums between healthcare providers, including NGOs working in ART clinics and clients, to discuss PSF result findings to identify priority solutions for quality improvement.

At the sub-national level: PHD/PASP will provide support on the implementation of the PSF by offering integration of the PSF discussion into existing mechanisms such as Continuous Quality Improvement (CQI), BIACM meeting, GOC meeting, etc. These platforms are comprised of critical players at the sub-national level, so that the issues identified by PSF can be heard, considered, and addressed accordingly.

At site level: the ART and CAA team will be responsible for the day-to-day management and implementation of the PSF system, engaging and encouraging clients to participate in the PSF. The will show clients the importance of their feedback on improving quality of care and offer an option either tablet-based or QR code to clients. They will mobilize providers at ART clinic and other services including TB, STI, RH/ANC to provide their feedback as well. The ART/CAA will be responsible for managing the tablet, ensure data is sync to the server daily, and for using PSF data and dashboards to discuss among ART and CAA team and relevant wards to explore root causes of dissatisfaction and identify key action points and implement necessary actions to improve the quality of care and reduce S&D and monitor the impact of changes in PSF data.

Given the concept of doing more with less, it is vital to integrate the PSF onsite monitoring and coordination activity with the existing structure. The CAA staff are crucial players in the implementation of PSF at ART site ensuring that it is consistent with the SOP. CAA team will ensure data is being collected, synced to the server, and use PSF data to improve the quality of service based on identified key action points. CAA also conducts ongoing monitoring to enforce the implementation of agreed action points. Figure 2 below demonstrates the operationalization of the PSF.

Figure 2: PSF implementation arrangement



7. DATA MANAGEMENT AND USES

7.1. Data Management and Analysis

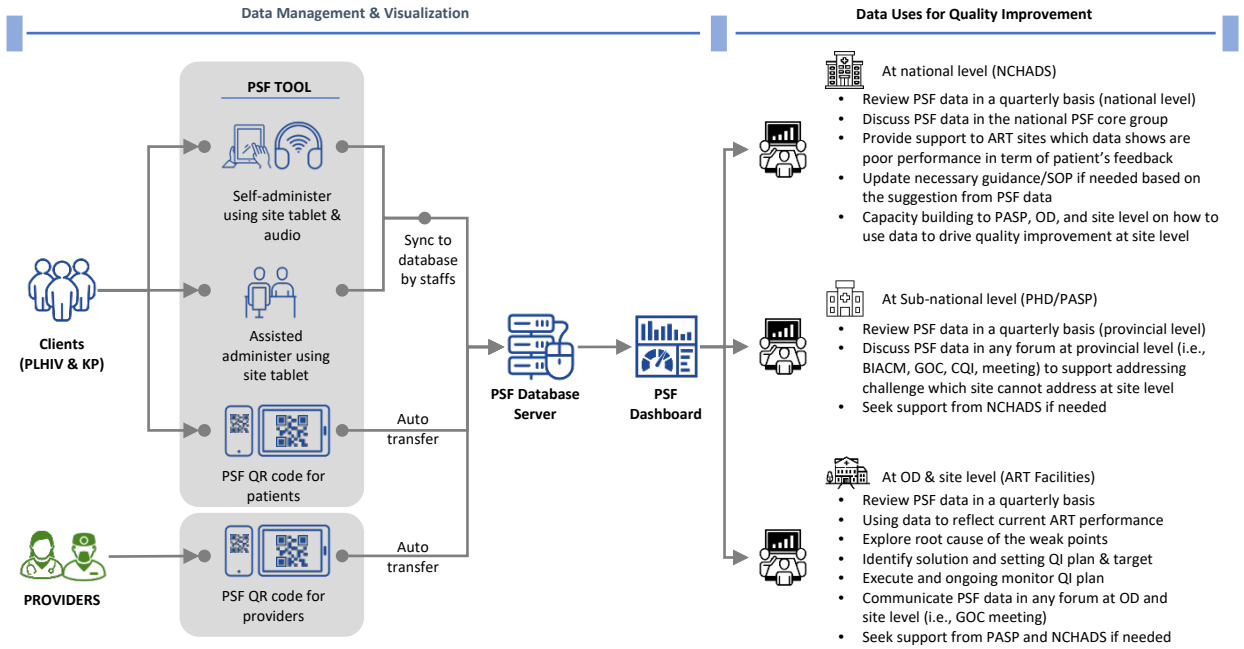
Data collected from the clients and providers will flow to the PSF database server placed at NCHADS for storing and managing PSF data from all ART sites. For the PSF tablet-based tool at ART clinics, the offline data is stored in the tablet and synchronized to the central server when the internet is available in case of no internet access during the PSF completion. The designated staff at ART clinics frequently connect tablets to the internet and sync data weekly. For ART clients and providers who complete the PSF tool via QR code, the data will automatically transfer into the PSF database server. All collected data from participants (both clients and providers) will be automatically analyzed in the system and produce a live PSF dashboard. All data elements in the PSF tools (both clients and providers) are automatically analyzed and generate into the graphic showing percentage of each available. For example, the rate of clients who reported satisfaction to the clinician at ART service.

The PSF dashboard will be available by each ART facility. The ART team leader, CAA, and OD team can review and use data to improve the quality of care and reduce stigma and discrimination at the site level. The PSF dashboard also allows users at OD and site level to filter the day by time frame (quarterly basis: Q1-2021 – Q4-2021), type of population, and age group. Please refer to Annex 3 for the sample PSF dashboard.

PSF data is also available in the PSF dashboard for PHD and PASP to review status in all provincial ART clinics. The PSF dashboard allows users to filter to see data by the facility and total aggregate and time frame, type of population, and age group at the provincial level.

At the national level, the dashboard is more comprehensive for the users as it shows PSF data by period, province, ART clinic, type of population, and age group. The user can display data with multiple selections of time frame, multiple provinces, and multiple ART clinics simultaneously as the review. **Figure 3** below demonstrates the detailed flow of PSF data management and uses.

Figure 3: Flow of PSF data management and uses



7.2. Data Uses to Drive Quality Improvement

At ART facility

Using findings from the PSF to drive service quality improvement is the ultimate goal of the PSF system. PSF data is available by each facility and time frame. Each facility, including Hospital Director, ART team leader, ART team, CAA team, and OD can review data within the scope of the PSF. It is essential for Hospital Director, ART, and CAA team to use the PSF findings (the result of data analysis display in the PSF dashboard) to discuss internally within the facility every quarter to explore the root cause of the indicator which have less satisfaction. The discussion will identify what the facility could do to improve the situation, quality of care, increase satisfaction and trust, and reduce stigma and discrimination. These can be the recommended action points suggested by the PSF findings to develop the quality improvement action plan. More importantly, the hospital team, ART, and CAA team will execute the QI plan and seek support from PHD/PASP, NCHADS, and development and CSO partners to implement the QI plan and monitor the progress of the implementation routinely. Below is the critical function for the hospital, ART, and CAA team for the data uses at the site level:

- Review PSF data every quarter
- Use data to reflect current ART service performance
- Explore the root cause of the weak points
- Identify solution and setting QI plan & target
- Execute an ongoing monitoring QI plan
- Communicate PSF data in any forum at OD and site level (i.e., GOC meeting)
- Seek support from PASP and NCHADS if needed.

It is recommended to use **Table 2** as an example to drive the discussion on PSF findings, develop the QI action plan, and follow up the plan's implementation.

Table 2: Sample of ART clinic quarterly QI action plan

No	Area of improvement	Action point	Who	When	Status	Remarks	Next action
1.	There is no room for keeping client records that make the waiting room mess and not well organize at triage – *(PSF data show that there is less % of satisfaction with receptionist/ triage preparation)*	- The ART team leader will request the hospital director or NCHADS for number of lockers that can keep client records	ART team leader	W3 of March 2021	☐ Not at all ☐ Partly ☐ Mostly ☑ Completed	Letter already sent to Hospital Director	Follow up with the hospital director to see if the hospital can support this – and when.
		- ART and CAA team re-arrange the triage and establish the line with waiting number for clients	ART & CAA team	W2 April 2021	☐ Not at all ☐ Partly ☐ Mostly ☐ Completed		
2.							
3.							

The ART team leader should share the results of PSF and the QI action plan with OD, PHD/PASP, NCHADS, and critical stakeholders to mobilize resources to support the ART team QI action plan. PSF data can be used to define the gaps and identify solutions and reflect and celebrate the success of the ART and relevant services at the hospital within a specific time frame.

At Provincial Level (PHD and PASP)

PHD/PASP also contribute to support the translation of PSF data into action by performing the essential functions described below:

- Review PSF data every quarter (at the provincial level) to identify the gaps and what the PASP can do at the provincial level to support the improvement of quality of care and reduce stigma and discrimination
- Discuss PSF data in any forum at the provincial level (i.e., BIACM, GOC, CQI, meeting) to support addressing challenges that sites cannot handle at the site level,
- Mobilize resources to support ART sites to improve quality of care and increase client satisfaction, primarily poor performance sites based on PSF data.
- Seek support from NCHADS if needed
- Correlate data from PSF with reports from FONPAM/DFONPAM for consistency and prioritization.

At National Level

At the national level, the PSF data can reflect the performance of ART services and relevant services (TB, STI, RH/ANC) provision across the country in terms of quality of care and client-centeredness, and stigma and discrimination. It is essential to organize quarterly meetings among the national PSF core group to discuss the progress, challenges, and way forward of the PSF implementation using the PSF data display in the dashboard. At the policy level, PSF data can drive the revision or development of necessary relevant policies or guidelines related to the quality of service provision. Crucial functions for the national level (NCHADS and national PSF core group) on the best use of PSF data include:

- Review PSF data every quarter (national level) or more frequently for problem sites with high drop-out rates or poor VL suppression.
- Organize quarterly among national PSF core group to discuss PSF data to identify the gaps and provide support for the improvement of quality of care and reduce stigma and discrimination
- Bring PSF data to discuss in any relevant forum to align the intervention for the benefit of keeping clients in care (retention)

- Provide support to ART sites which data shows are poor performance in term of client feedback
- Update necessary guidance/SOP if needed based on the suggestion from PSF data
- Capacity building to PASP, OD, and site-level on how to use data to drive quality improvement at the site level.

8. MONITORING AND TECHNICAL SUPPORT

The ongoing monitoring and supervision can serve as encouragement from the provincial and national levels to the health facilities to improve services through the implementation of the PSF system. NCHADS, PHD/PASP, and NGO partners should schedule monitoring visits to the sites implementing PSF at least one time per quarter in the first six months of the implementation and one per semester after six months of the implementation. The objective of the monitoring visit is to acknowledge and appreciate the efforts and results of the ART clinic related to PSF's work and provide technical support related to technology (tablet, sending data, submission error, scanning QR code, etc.). The monitoring visit will explore how the site uses PSF data to improve the quality of healthcare services and provide capacity building/coaching to involved staff (ART and CAA team) to implement PSF tools better and effectively use PSF data.

Annex 1: PSF tool for clients

Welcome. You can use this tablet to anonymously provide feedback about your experience and satisfaction with services during your visit today. Your feedback will use to improve services and client experiences.

Do you want to provide your feedback? ☐ YES ☐ NO

This feedback form is made available to you by Cambodia's National Centre for HIV/AIDS, Dermatology, and STD (NCHADS) and its partners.

PART 1A. CLIENT SATISFACTION (ART SERVICES)

How satisfied were you with the services you received from today/last visit?

	Unsatisfied	Neutral	Satisfied	Rather not say
1a. Overall satisfaction with the visit	😡	😐	😊	☐
2a. Receptionist/triage	😡	😐	😊	☐
3a. Counselor	😡	😐	😊	☐
4a. Physician	😡	😐	😊	☐
5a. Pharmacist	😡	😐	😊	☐

Indicate yes or no to the following statements about your recent visit to this facility.

	Yes 👍	No 👎	Don't know 🤷‍♀️	Rather not say
6a. The waiting time is acceptable?	☐	☐	☐	☐
7a. The clinic hours were convenient for me?	☐	☐	☐	☐
8a. I received adequate counseling?	☐	☐	☐	☐
9a. I am not worried staff gossiped about me?	☐	☐	☐	☐
10a. The staff kept my information confidential?	☐	☐	☐	☐

Part 1B: CLIENT SATISFACTION (OTHER SERVICES)

Did you access any other services within this health facility in the past month? How satisfied were you with the services you accessed?

	Unsatisfied	Neutral	Satisfied	Not received	Rather not say
1b. Reproductive health services or antenatal care	😡	😐	😊	☐	☐
2b. STI	😡	😐	😊	☐	☐
3b. Laboratory	😡	😐	😊	☐	☐
4b. TB	😡	😐	😊	☐	☐
5b. Psychosocial counseling	😡	😐	😊	☐	☐

PART 1C. CLIENT PROFILE

1c. How much time does it take you from where you live to reach this facility? (Tick one)	☐ Less than one hour ☐ One to two hours ☐ More than two hours
2c. How long have you been attending this health facility for HIV treatment? (Tick one)	☐ Less than a year ☐ 1-2 years

	☐ 3-4 years ☐ More than 4 years
3c. Why do you access HIV services at this particular facility? (Multi-answers)	☐ This facility is the only facility available to me ☐ This facility is easiest to reach for me ☐ It delivers the best service ☐ It offers the most affordable service ☐ This facility was recommended by a relative/friend ☐ This facility is not in the area where I live, so friend/family member/colleague I will not easily be recognized. ☐ It usually has shorter waiting time/queues ☐ It is situated near my working place.
4c. Would you recommend this health facility to your HIV-positive acquaintances or friends?	☐ Yes ☐ Probably yes ☐ Probably not ☐ No ☐ I do not know who is HIV positive

5c. Please score the facility/care/service during today/last 's visit for each of these statements (tick one box):

	Yes 👍	No 👎	Don't know 🤷	Rather not say
5c1. You felt physically safe and secure in the facility	☐	☐	☐	☐
5c2. The staff treated me disrespectful during your visit	☐	☐	☐	☐
5c3. The nurses gave you good and easy-to-understand information about your health and treatment.	☐	☐	☐	☐

6c. What do you suggest to improving services at this facility? Reply with a short response. (Multi-answers)	☐ I don't have any suggestion ☐ The waiting time should reduce ☐ The healthcare provider should be more friendly ☐ Staff should be present during the published working hours ☐ Staff should pay more attention to client's needs ☐ The hospital should improve the cleanliness of the waiting room and overall ☐ The Toilet should be clean ☐ I would like to receive 6 months of my meds at every visit
7c. How old are you currently?	☐ <18 years ☐ 18 – 24 years ☐ 25 – 35 year ☐ 36 – 45 years ☐ 45+ years
8c. How do you describe your gender today?	☐ Male ☐ Female ☐ Transgender
9c. Who do you have sex with? (Multi-answers)	☐ Men ☐ Women ☐ Transgender ☐ No response ☐ Never had sex

10c. Have you ever had exchange sex for money or goods in the past 6 months?	☐ Yes ☐ No ☐ No, response
11c. Have you ever injected drugs recreationally or without a doctor's prescription in the past 6 months?	☐ Yes ☐ No ☐ Rather not say
12c. Do you want to receive free and confidential sexual health and HIV info via SMS?	☐ Yes ☐ No ☐ I had no phone
13c. Could we contact you for further discussion	☐ Yes (If Yes ➔ 14c) ☐ No
14c. Could you give me your mobile phone number?	…….
Thank You!	

Annex 2: PSF tool for providers

Welcome! Use this tablet-based assessment to review your attitudes and practices related to people living with HIV and key populations at risk of HIV. Any data collected on this assessment is free and anonymous. We use your feedback to support health facilities to improve services.	
1D. FACILITY & STAFF PROFILE	
1d. What department do you work at?	☐ ART Services ☐ Reproductive health or antenatal care (ANC) ☐ HIV or STI testing ☐ Lab ☐ Methadone ☐ TB ☐ Other
This assessment asks questions about people living with HIV and key populations. Key populations include female entertainment workers, men who have sex with men, transgender people, and people who inject drugs. Key populations are more affected by HIV because of risk factors, including stigma.	
1E. For PLHIV and KP (MSM, FEW, TG, PWID/PWUD)	
1e. In the past 3 months, have you observed healthcare workers, at your facility unwilling to care for KPs?	☐ Yes ☐ No ☐ Don't know
2e. In the past 3 months, have you observed healthcare workers at your facility providing poorer quality of care to KPs?	☐ Yes ☐ No ☐ Don't know
3e. Do you typically wear double gloves when providing care or services for a client living with HIV?	☐ Yes ☐ No ☐ Don't know ☐ N/A
4e. How worried would you be about getting HIV if you drew blood from a client living with HIV?	☐ Very worried ☐ Little worried ☐ Not worried ☐ N/A
5e. Do you strongly agree, disagree, or strongly disagree that there are adequate supplies in my facility that reduce my risk of becoming infected with HIV?	☐ Strongly agree ☐ Disagree ☐ Strongly disagree
6e. How would you rate your facility's services for PLHIV and KPs?	☐ Very low quality ☐ Low quality ☐ Average ☐ High quality ☐ Very high quality

Annex 3: Sample PSF dashboard