Reviewer's report

**Title:** Assessment of service quality of public antiretroviral treatment (ART) clinics in South Africa: a cross-sectional study

**Version:** 2  **Date:** 23 January 2012

**Reviewer:** Ralf Weigel

**Reviewer's report:**

The authors survey service quality against set performance standards in a sample of ART clinics in urban South Africa, using feedback from trained evaluator patients. In their results they report on waiting and contact time and achieved performance measured against the standards by service provider station and by clinic.

Investigations of ART service quality are important as their results may inform clinicians, clinic managers and policy makers and may enable them to identify and resolve bottlenecks, improve patient outcomes and satisfaction of both, patients and providers.

The way methods, results and discussion are presented raise several questions which have to be clarified.

**Major compulsory revisions**

**Methods:**

1. Were the applied performance standards discussed with the providers prior to the survey? Where providers trained according to the standards?

2. The use of evaluator patients is interesting. Were the providers aware that their services will be assessed by evaluator patients? Has this method been tested elsewhere? Did you do a pilot prior to your study to see if the tools work and evaluator patients record meaningful information?

3. According to what criteria did you select your clinic sample?

4. Can you give more detailed information about the selected clinics and cadres involved, e.g. are these clinics run by the government or by NGOs or are they research clinics?
   - Counsellors: are they lay counsellors, expert patients, nurses?
   - Clinicians: medical doctors, specialist nurses, clinical officers?

5. In these clinics I assume not all providers are working full time 5 days a week. You may want to introduce the concept of full time equivalent (FTE) to describe workload per cadre to improve comparability between the sites.

6. Patient load and headcount are better described as either number of patient
visits or number of patients visited per month. The same patient may visit several
times in a month and it is likely that an initial visit takes longer and requires more
and different procedures for a clinician than a regular follow up visit or
unscheduled visit for acute illness. The same may apply to counsellors: are these
all counselling and testing visits? Or are adherence counselling visits included?
Is there a standard protocol for pre and post test counselling across clinics or is
pre test counselling done in groups? Is couple counselling included? It would be
important to have more detailed information for these core HIV/ART services.

7. Why did you decide to present summary statistics as mean and range, rather
than either mean and standard deviation or median and interquartile range?

8. In the description of the correlation analysis in the paragraph before ethical
approval, can you clarify what you correlate, using the terms in table 4? Can you
also please clarify what the Correlation Coefficient R² means? A graph, showing
the correlation between the variables would be more informative than a table.

Results:

9. Under services accessed you talk about general availability and availability
that day. However, also the observer patients might have only selective need for
services. For example, is it plausible that the patients would have a counselling
session, ART visit, social workers visit all at the same day- or were they told to
access and assess all services available at the site under all circumstances?

10. Generally, information is mainly repeated what is already visible in the tables,
especially in the quality of services section. The text in the results section of the
paper should highlight key results and point the reader to expected and
unexpected findings, which are later discussed. The last paragraph on
correlations is not helpful.

Discussion:

11. The first paragraph should summarize the main findings, and highlight why
they are important and what they add to the knowledge base. The following
paragraphs go into more detail describing the results, but the meaning of the
findings in the context of other research in this area is largely missing. Limitations
should be discussed towards the end of the discussion.

12. Was feedback of the survey results given to the clinics? What were their
responses? Did the study result in any changes of procedures? Information
about these aspects would make the discussion more relevant.

Minor essential revisions

13. You use several terms for the same thing: trained participant observers,
evaluator patients, assessors- please stick to one term.

14. You mention several times the Foundation of Professional Development.
What is the mandate of this organisation? Is it an NGO? Is it linked to the Ministry
of Health? Is it linked to a professional council, such as the Medical council or
medical board? A generic explanation would be more helpful than the actual name of the organisation.

15. How long was the training for evaluator patients?

16. In the abstract you conclude that the overall service quality was good. However, if core HIV services provided by clinicians and counsellors on average only achieve acceptable (60-69%) scores, I don’t think one can say that overall it was good- it is actually an issue of major concern (only 41% of visits with clinical exam, little TB screening: 56% ask for night sweats).

17. Did the authors think about use of qualitative methods, such as focus group discussions with providers and patients, observation, in depth interviews to evaluate service quality further?

18. In Conclusions, first sentence:.....describes a mixed picture of services. Or did you want to say: ....a mixed picture of adherence to performance standards?

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests