

CCMDD IN SOUTH AFRICA: PROVIDER WORKLOAD, RESPONSIBILITIES, AND TIME USE

Background

- ❖ Many countries in sub-Saharan Africa and elsewhere are scaling up differentiated service delivery (DSD) models for HIV treatment, in order to improve health outcomes, achieve patient-centred care, and increase healthcare system efficiency.
- ❖ South Africa introduced its decentralized Central Chronic Medicine Dispensing and Distribution (CCMDD) programme in 2014. CCMDD offers two main DSD models for established ART patients, facility-based medication pickup and external (community-based) medication pickup.
- ❖ The impact of CCMDD on healthcare facilities and providers in South Africa has not been well documented. This brief presents data from the AMBIT Project's SENTINEL surveys of healthcare providers' experiences with CCMDD.
- ❖ From 2021 to 2023, AMBIT conducted 2 rounds of the SENTINEL survey of healthcare providers at 21 public sector clinics in West Rand (Gauteng), Ekurhuleni (Gauteng), Ehlanzeni (Mpumalanga), and King Cetshwayo (KZN) districts.

FACILITY CHARACTERISTICS

	ROUND 1	ROUND 2
N	21	18
District		
West Rand (GP)	6	31%
Ekurhuleni (GP)	3	0%
Ehlanzeni (MP)	6	34%
King Cetshwayo (KZN)	6	34%
Facility setting		
Urban	52%	55%
Rural	48%	45%
% of facilities offering:		
External pick up points		96%
Facility pick up points		91%
Home art delivery		22%
Adherence clubs		16%
Pele boxes (ATM)		15%
Youth clubs		15%
Other		4%

RESPONDENT CHARACTERISTICS

	ROUND 1	ROUND 2
N	206	175
Cadre		
Operations managers	0%	8%
Nurses (all cadres)	54%	62%
Lay counsellors/CHWs	23%	13%
Pharmacist/Asst	9%	0%
Clerk/data	14%	0%
Other		17%
Experience*		
Years' worked	8 (5-12)	10 (5-15)
Years at facility	5 (2-9)	7 (2-10)
Employer	n.a.	
DOH		91%
Partner		9%

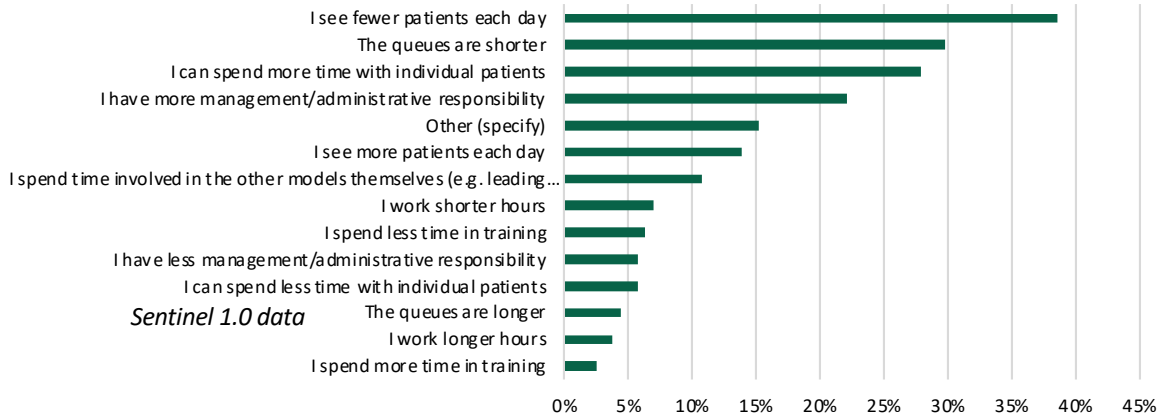
*Median (IQR)

Key findings:

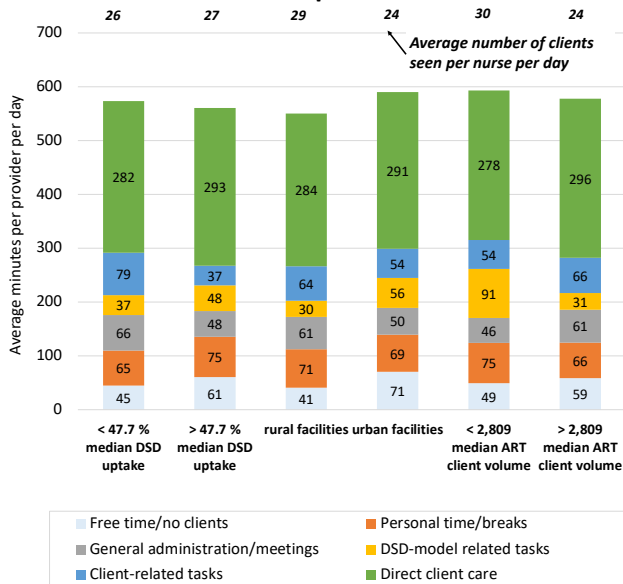
- ❖ Providers reported changes to their work environments from CCMDD resulting in decongestion of the clinics and fewer patients. This reduced workloads for providers and led to shorter queues and shorter waiting times for patients.
- ❖ Providers reporting additional free time due to CCMDD say that they spend it on improving patient care (e.g. tracing patients, following labs, and monitoring) and on administrative tasks (e.g. updating registers, pre-packing ARTs, sorting test results, reporting) both within and across departments.
- ❖ Those not reporting more free time attribute it to staffing challenges. A few providers described negative results of the policy changes and work environment changes brought about by CCMDD.

SENTINEL 2.0 responses	Ops mgrs (n=14)	Nurses (n=109)	Counsellors/ CHWs (n=23)	Other (n=29)
Has CCMDD made your job harder or easier?				
Harder	7%	8%	4%	3%
Easier	86%	76%	70%	86%
No change	7%	16%	26%	10%
Perceived changes to workload in previous year (Yes)	71%	49%	30%	38%
More free time after DSD (Yes)	64%	60%	52%	62%
Time required to enrol a patient in CCMDD model (minutes)	50	43	45	40

How has CCMDD changed your job compared to before CCMDD?



How do nurses spend their time?



- Compared to facilities with low DSD model uptake, nurses in facilities with high DSD model uptake:
 - Worked slightly shorter days (-13 minutes)
 - Spent slightly more time on direct client care (+11 minutes).
 - Had more free time/breaks (+26 minutes)
 - Spent substantially less time on client-related tasks (-42 minutes) and general administration/meetings (-18 minutes).
- Low or high DSD model uptake did not meaningfully affect the average number of clients seen per nurse per day (26 and 27 clients, respectively).
- Nurses in rural areas saw more clients per day, spent less time on DSD-related tasks, and had less free time.

Providers are saying:

- “There’s a decrease in workload and patient management by our nurses. Stress level has also decreased due to CCMDD in this facility because we only interact with fewer patients instead of full environment every day.” - Nurse
- “The workload is lighter than previously. Stock holding is less. Ordering is more stable than before as previously I would go to sister clinics to borrow what I didn’t have as I always ran short due to the influxes of patients.” - Pharmacy Assistant
- “Patients are happier as they just collect and go also the nurses’ attitude has changed...the more patients go to the pickup sites the less stress for everyone.” –Other
- “In my extra time, I order medication, do general administration work, and pack my medication in the cupboard.” –Nurse
- “[In my extra time, I do] paperwork and update the registers. We also educate those who are still not being decanted. We give them information and the benefits of being enrolled in a DSD model.” –Counsellor or CHW
- “It’s harder because we are short staffed and it takes time for us to prepare the packages, attend to those that have defaulted and manage the queues of those patients that are coming in daily...” –Nurse
- “Pressure to test and treat has increased the workload and those on treatment must be enrolled on CCMDD and there are few providers with credentials to enroll patients on to the system.” –Nurse

