Using an SMS Service Quality Monitoring System to Improve HIV Services

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Challenge 1: Reaching & engaging sub-populations of KP at high risk and not already linked to existing HIV service programs

Challenge 2: Targeting HTC to those who are likely to be HIV positive

Challenge 3: Linking those who test HIV positive to care and treatment services

Challenge 4: Ensuring immediate initiation of ART for those KPs testing positive and who are ready to start treatment.

Challenge 5: Sustaining ART for VL suppression and treatment as prevention.

LINKAGES: Cascade of HIV Services

ENABLING ENVIRONMENT

Human rights, Gender equality, Zero tolerance for stigma, discrimination, and violence

Prevention, HIV, HIV+, Key populations know status, Key populations

Identify key populations, Reach key populations

90% care and treatment as prevention, 90% Enroll in care, 90% Initiate ART, 90% Sustain on ART, 90% Suppress viral loads

Ongoing engagement with all KPs on prevention, including

Earliest access and adherence to ART for HIV-positive KPs upon HIV diagnosis, treatment as prevention, and regular STI screening and treatment

Community engagement and capacity development
Stigma limits uptake of health services

• Health provider stigma results in:
  – Discrimination and denial of services to KP
  – Verbal abuse and shaming of KPs at health facilities
  – KPs uncomfortable and mistrusting of healthcare workers and not disclosing HIV or KP status
  – Fear of stigma and discrimination and avoidance of health services
  – Internalized stigma, self-shaming and depression among KPs leading to substance abuse, neglect of health, etc.
SMS$^2$
What is SMS\(^2\)?

- Administer assessments among patients and healthcare workers to monitor the quality of health services at facilities.
- Summary of assessments to provide anonymous feedback to facilities to support and track improvements in services.
What is SMS²?

- Promotes *continual engagement to support behavior and attitude change* with patients, peer workers, healthcare workers.
Implementing SMS$^2$
Steps of Implementation

1. Adapt global tools
2. Adapt technologies
3. Engage users and implement assessments
4. Develop data use tools, review & use data
5. Quality improvement interventions
6. Routinely monitor, review & report
Step 1 – Adapt global tools

• Review, adapt and translate global SMS$^2$ assessment for KP/PLHIV and health workers for country context
• Review standard operating procedures for SMS$^2$ and adapt to country context, considering data security and privacy
• Pilot and test tools, building interest and ownership
• Seek necessary donor, government and ethical approvals
Step 2: Adapt technologies

- Assess what the Users are using
- Identify local regulations for data sharing
- Consider long term sustainability in terms of capacity and cost implications
Step 3: Engage users and implement assessments

- **Method 1**: Train of peer workers on how to administer assessments among KP/PLHIV

- **Method 2**: Create promotional material to be placed in health facilities to instruct patients/clients on how they can assess services.

- **Method 3**: Train health workers on how to take self-assessments and inform patients/clients how they can assess services.
Step 4: Develop data use tools, review & use data

- Adapt global data use tools and facility reports templates to country context
- Export data from RapidPro into adapted templates
- Share resulting data with stakeholders and plan service quality improvement activities
Step 5: Quality improvement interventions

• Develop behavior change campaigns
• Review and prioritize suggestions to improve services from health worker and KP/PLHIV feedback
• Target and tailor health worker trainings on KP/PLHIV competent and inclusive care
• Develop job aids and tools to ensure quality of health services
• Etc.
Step 6: Routinely monitor, review & report

• Continue to collect data, share with stakeholders, use data to refine interventions and assess outcomes over time
1. Assessments designed in web-based software

2. Web-based software administers surveys to end-users through mobile networks. Responses are saved online.

3. Data exported from web-based software into custom Excel templates generates quarterly facility reports

4. Web-based software visualizes aggregate data
SMS$^2$ in Action
Malawi
Burundi
Cote d’Ivoire
Eastern Caribbean
Do you believe you received the care you needed?

- Yes: 94%
- No: 5%
- I don't know: 1%

Did the staff judge you because you are a KP?

- Yes: 74%
- No: 22%
- I don't know: 4%

Were the staff at the facility welcoming and respectful to you during the entire visit?

- Yes: 90%
- No: 5%
- I don't know: 5%
Malawi Dashboard – Patient visits

How would you rate the service quality at this facility?

- Very low: 5
- Low: 6
- Average: 8
- High: 47
- Very high: 34

Would you recommend this facility to your friends?

- Definitely not: 0
- Not recommend: 3
- Neutral: 3
- Recommend: 59
- Definitely: 32

Did you disclose your KP status when you visited this facility?

- Yes-positive reaction: 28%
- Yes-negative reaction: 15%
- Yes-neutral reaction: 21%
- No: 5%

Did you receive all the care and services you wanted?

- Yes: 72%
- No: 21%
- Don't know: 7%
Malawi Dashboard HCW

- **Do KPs visit your facility?**
  - Yes: 80
  - No: 20
  - Don't know: 0

- **Would you get in trouble if you discriminate against KPs?**
  - Yes: 60
  - No: 40
  - Don't know: 0

- **Does your facility have written guidelines to protect KPs?**
  - Yes: 40
  - No: 60
  - Don't know: 0

- **Have you heard co-workers gossip about KPs?**
  - Don't know: 20
  - No: 40
  - Yes: 60

- **Have you heard co-workers refuse services to KPs?**
  - Don't know: 10
  - No: 50
  - Yes: 40

- **Should KP feel ashamed of themselves?**
  - Very high: 20
  - High: 10
  - Average: 30
  - Low: 40
  - Very low: 50

- **Are KP to blame for their health issues?**
  - Yes: 50
  - No: 30
  - Don't know: 20

Legend:
- SW
- MSM
- TG

Service Quality:
- Very high
- High
- Average
- Low
- Very low
Key Learnings
What have we learned?

• Community ownership
• Truly understand your context when developing tools and technologies
• Data security, privacy and sharing
• Defining sustainability
Acknowledgments

Sources of tools and measurements for stigma and discrimination

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