

Using an SMS Service Quality Monitoring System to Improve HIV Services

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Acknowledgements:

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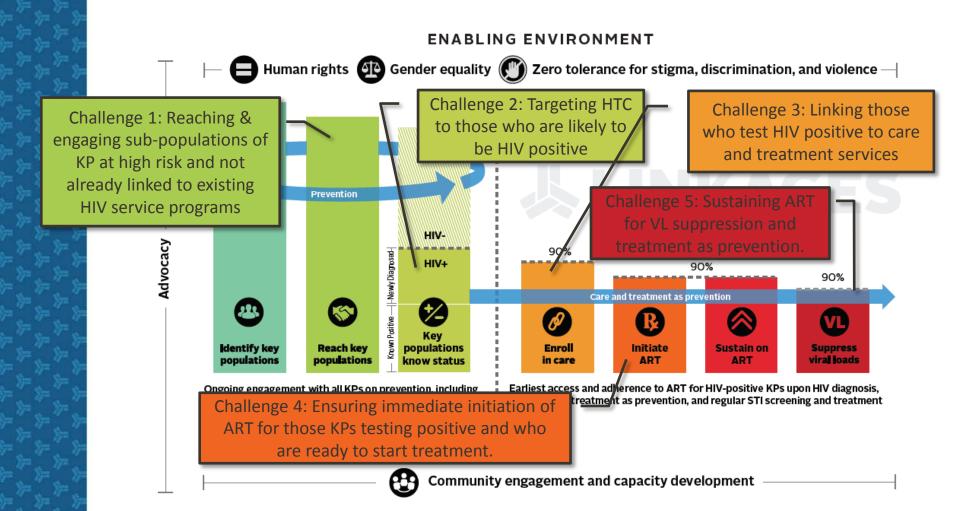








LINKAGES: Cascade of HIV Services



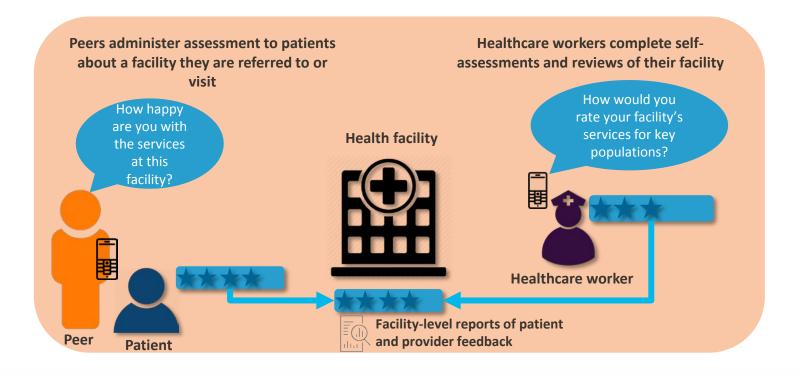
Stigma limits uptake of health services

- 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.

SMS²

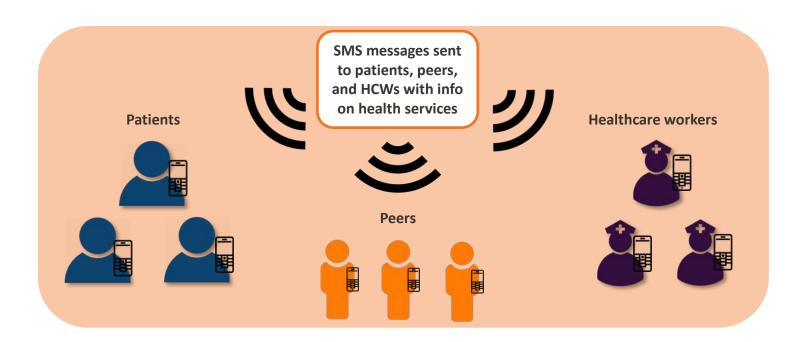
What is SMS²?

- Administer assessments among patients and healthcare workers to <u>monitor the quality of health services</u> at facilities
- Summary of assessments to <u>provide anonymous feedback to</u> <u>facilities</u> to support and track improvements in services



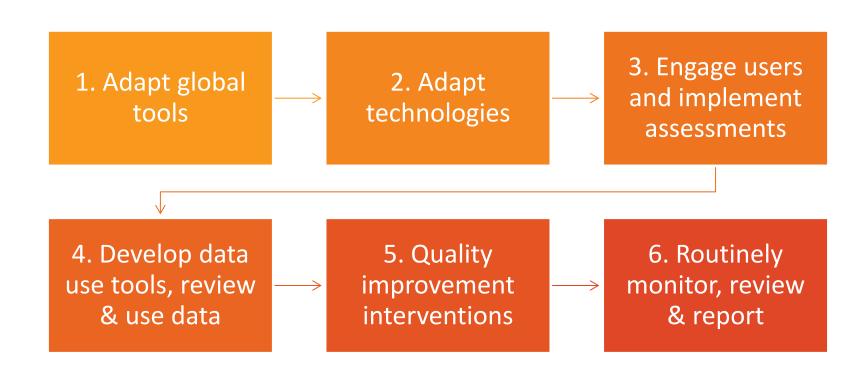
What is SMS²?

 Promotes <u>continual engagement to support</u> <u>behavior and attitude change</u> with patients, peer workers, healthcare workers.



Implementing SMS²

Steps of Implementation



Step 1 – Adapt global tools

- Review, adapt and translate global SMS²
 assessment for KP/PLHIV and health workers
 for country context
- Review standard operating procedures for SMS² 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

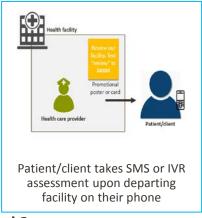
- Assess what the Users are using
- Identify local regulations for data sharing
- Consider long term sustainability in terms of capacity and cost implications

Step 3: Engage users and implement assessments

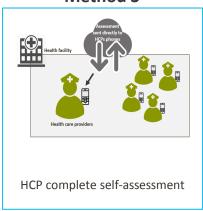
Method 1



Method 2



Method 3



- 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

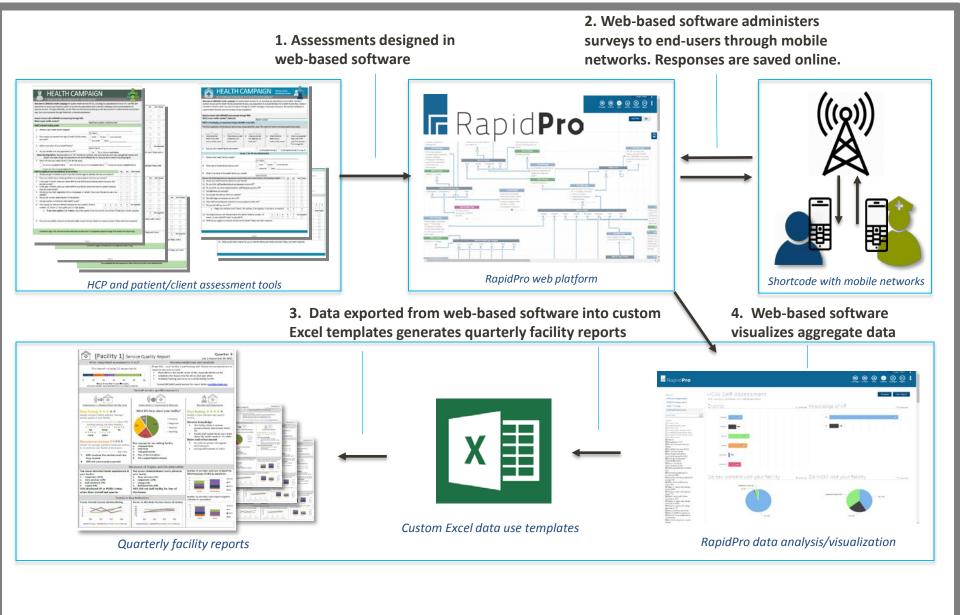
Step 5: Quality improvement interventions

- 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 overtime

SMS² Data Flow & Tools



SMS² in Action

Malawi

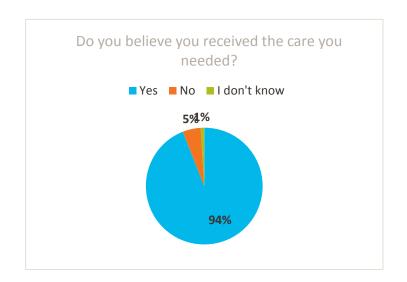
Cote d'Ivoire

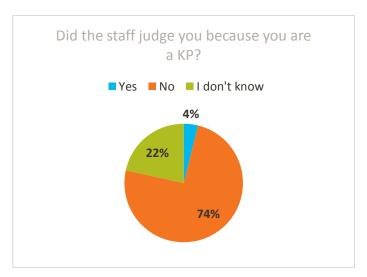
Burundi

Eastern Caribbean

Cote d'Ivoire Dashboard – Patient visits



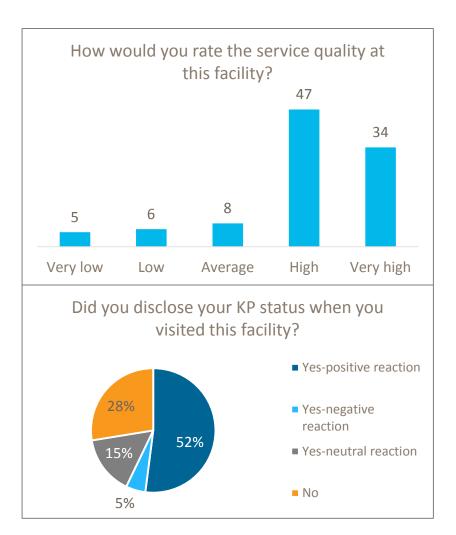


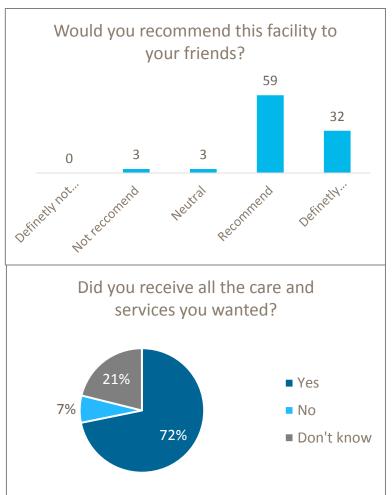




Malawi Dashboard – Patient visits



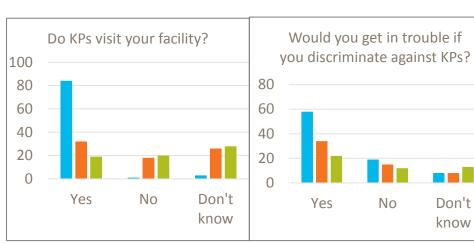




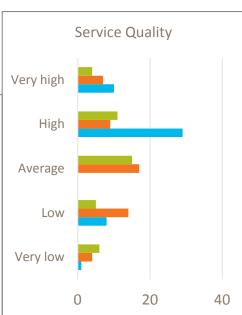
Legend: SW MSM TG

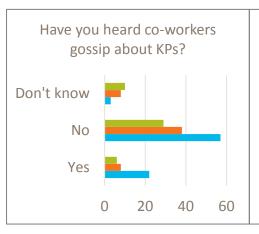
Malawi Dashboard HCW

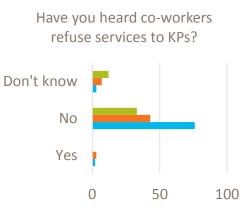


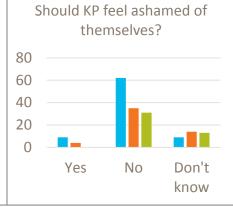


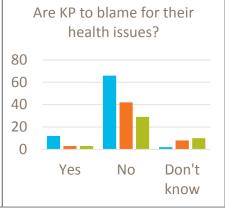












Key Learnings

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

























LINKAGES project and core partners















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