Improving client-centered HIV services through community-led monitoring in Nepal

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EPE277

BACKGROUND

With support from the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the FHI 360-led Meeting Targets and Maintaining Epidemic Control (EpiC) project in Nepal supports community-led monitoring (CLM) to ensure that HIV services are continuously accountable to clients. EpiC Nepal implements CLM through implementing partners, including networks of key populations (KPs), people living with HIV (PLHIV), and other affected groups, or other community entities that gather data about HIV services. The focus is on getting input from recipients of HIV services in a routine, systematic manner to ensure that their preferences and needs are met.

DESCRIPTION / METHODS

In October 2020, the EpiC team introduced community scorecards (CSC) and an electronic client feedback system to implement CLM in Nepal. Community scorecards are two-way, participatory, quality improvement tools routinely used for monitoring and evaluating health services. The scorecards are generated from a structured quantitative questionnaire with a rating scale and supplemented with focus group discussions and key informant interviews conducted at the site level. An electronic client feedback system, called LINK, is promoted through service sites and push messaging to clients upon their consent and can be anonymously accessed by scanning posted quick response (QR) codes (see photo) or clicking embedded weblinks. LINK routinely monitors clients' satisfaction with HIV services and documents health providers' perspectives that may affect the client experience. Both the community scorecard and LINK results guide project-facilitated quality improvement consultations that engage program managers, site-level staff, and community members in developing action plans.

QR code for collecting online feedback.

तपाईलाई हाम्रो सेवा कस्तो लाग्यो ?

अब, तपाईंले मोबाइल फोनबाट हाम्रो सेवाको बारेमा सल्लाह र सुझावहरु दिन सक्नुहुन्छ ।

यसका लागि तल दिइएको क्यूआर (QR) कोड स्क्यान गर्नुहोला ।

प्रश्नहरु कुनै कठिनाई भएमा वा थप जिज्ञासा भएमा क्लिनिकमा वा समुदायमा कार्यरत साथीहरुको सहयोग लिन सक्नुहुन्छ ।

LESSONS LEARNED / RESULTS

From October 2020 to September 2021, clients submitted feedback 3,512 times through LINK from 119 sites, with 90 percent of entries expressing satisfaction with services. Complaints were registered in only 212 entries, and clients provided constructive suggestions about making service operating hours more convenient; expanding the availability of sexually transmitted infection services; improving the quality of counseling (ensuring testing is voluntary and seeking informed consent); ensuring client confidentiality; and improving clinic cleanliness. These suggestions were communicated to the respective sites and corrective actions were tracked. Each site is provided with a unique dashboard to review feedback in real time (see Table 1).

FIGURE 1. Definitions of scores for community scorecards

Not applicable	Needs Urgent Remediation	Needs Improvement	Meets Expectations	Surpasses Expectations
0	1	2	3	4
Not available or does not exist	Very poor	Poor	Good	Excellent
🚫	🤬	☹️	🙂	😃

Using the scores provided by participants for each component on a range from 0 to 4, an average weighted score was calculated for each site in percentages. Sites scored an average rating of 83 out of 100 on the CSC, but this average varied across sites for specific service components. Clients gave the lowest average score (74 %) to index testing services and the highest average score (87 %) to components focused on access to commodities and reducing stigma and discrimination. Figure 2 presents the weighted average score in percentages for each component of the community scorecard across the EpiC Nepal service sites that were assessed.

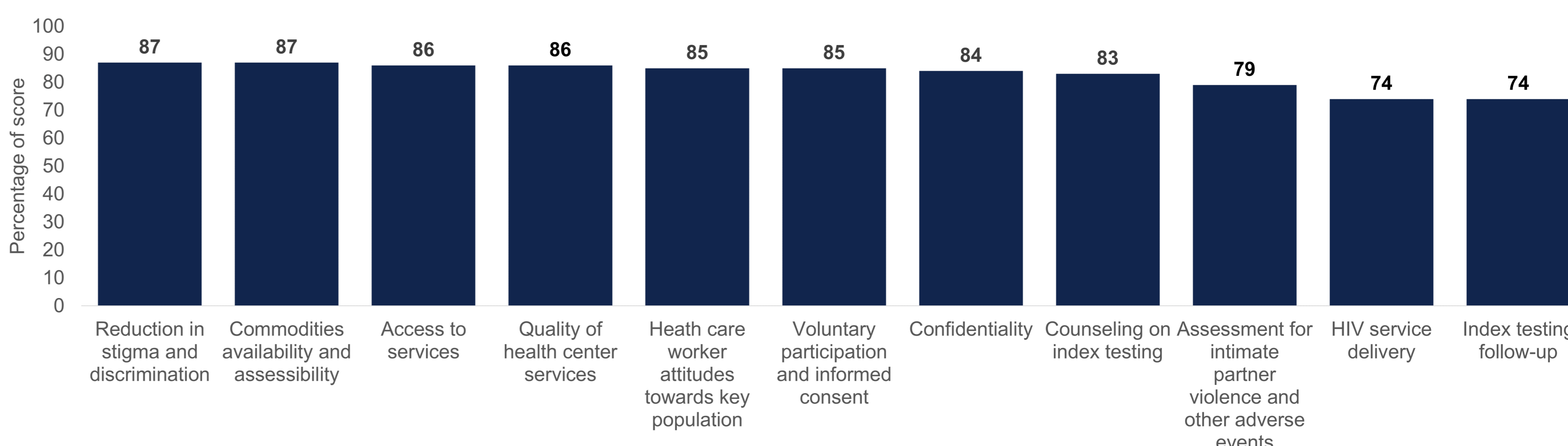### TABLE 1. LINK Feedback Tool complaint tracker for EpiC Nepal

Date	Facility name	Short description of complaint	Type of complaint Select first relevant option	Related to index?	Contact info available?	Client Contacted?	Status	Short description of resolution
25-Feb	Bheti Hospital, Banke	Quantity of medicine not enough	5 Routine complaint	✕ No	✕ No		Closed	NSARC discussed with hospital and, as per discussion, MMD has been provided on need with written letter
2-Mar	Lumbini Hospital, Lumbini	I feel city clinic is not placed at proper location and it takes much time while receiving service.	5 Routine complaint	✕ No	✕ No		Closed	Discussed with concerned staff and team to address how services can be provided near residents
6-Mar	AMDA Nepal, Sunsari	It would be great if feminine hygiene products were available at the site.	5 Routine complaint	✕ No	✕ No		Closed	Discussed. Water is already available. Regarding pads, they can be provided upon request. KPs are also provided with hygiene kits.

Community scorecards were generated from assessments at 26 sites. Sites were rated based on 11 types of HIV services. For each component, sites were scored on a scale of one to four based on participants' responses during the discussions and interviews (Figure 1).

TABLE 2. Community scorecard action plan tracker

District	Name of the IP	Issues	Key recommendations/ action points	Update as of December 2021
Kathmandu	Cruiseaids	Clinic timings are not adequate.	Open clinic time even on holidays to cater to clients who work on weekdays.	Clinic is open even during weekends for any clients willing to take services on an on-call basis.
		Viral load test (VLT) reports are not provided in a timely manner.	VLT report should be provided by the sample collection sites and should be provided on time.	For timely dispatching of VLT reports, Cruiseaids follows up with ART site and EpiC Nepal staff at NPHL.
		Allied services are not available.	Include treatment of other health services, dermatology services, and hormonal treatment.	Hormonal counseling services are included so far.

FIGURE 2. Weighted average score for scorecard components, EpiC Nepal service sites

Bar chart — Percentage of score:
- Reduction in stigma and discrimination: 87
- Commodities availability and assessibility: 87
- Access to services: 86
- Quality of health center services: 86
- Heath care worker attitudes towards key population: 85
- Voluntary participation and informed consent: 85
- Confidentiality: 84
- Counseling on index testing: 83
- Assessment for intimate partner violence and other adverse events: 79
- HIV service delivery: 74
- Index testing follow-up: 74

Based on the assessment through the CSCs, action plans were prepared for each site. Implementation of these plans was tracked over time to facilitate quality improvement (Table 2).

CONCLUSIONS / NEXT STEPS

CLM identified specific opportunities to differentiate services to be more responsive to clients while providing a platform for community members and providers to develop and advance improvements. Almost all sites implemented actions in response to CLM results. Going forward, sustained engagement in CLM should include evaluating the potential impact of these improvement efforts.

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