

LINK – Electronic Client Feedback Systems for HIV Programs

LINKAGES | March 2019

Summary

LINK is a new technology-based system that routinely monitors clients' satisfaction with HIV services and documents health providers' perspectives that may affect client experience. The LINK system can operate through a variety of information and communications technology (ICT) tools and data management systems. Recurring surveys are administered to identify barriers to care, initiate feedback loops between clients and providers, and generate easily understandable and actionable data. LINK was specifically designed to ensure that people living with HIV and others who are disproportionately affected by the HIV epidemic (including men who have sex with men, transgender people, sex workers, and people who inject drugs) can confidentially provide candid feedback about the quality of HIV services and their experiences with health care providers. Ultimately, LINK can help implementing partners and health service providers improve clients' access to HIV care and support services that are tailored to their needs and free of stigma and discrimination.

To use LINK, HIV programs determine their needs and objectives for monitoring client satisfaction, consult with relevant stakeholders and key informants, assess technology options and constraints, and then customize the LINK survey questionnaire and data dashboard tools to meet their parameters. The survey includes questions about client demographics, services accessed, satisfaction with services, experience of stigma and discrimination, and other feedback about the client experience. Health workers can use a similar survey to provide their feedback and perspectives on metrics that may affect client experience. LINK data can be collected in different ways depending on the needs of the program as shown below. LINK data are displayed on dashboards or routinely developed presentations, and shared with implementing partners and health facility staff as a part of regular discussions about the quality of HIV services and the provision of stigma-free care.



Client perceptions and experiences in health facilities can affect how early they go for HIV testing and their willingness to remain in services after an HIV positive diagnosis (as shown above using a TRISPOT HIV test in Andhra Pradesh, India).

How LINK Data are Collected



By outreach workers in the community: During routine outreach activities, outreach workers ask clients to recall recent experiences at health facilities and then collect feedback on the outreach worker's or client's mobile device.



By health staff or clients in the facility setting: HIV service facilities have a mobile device or computer (such as a tablet with the survey tool) for clients to provide their feedback after receiving services.



By clients directly on their own device: HIV programs with electronic monitoring or referral systems can integrate a function that sends clients a message after they access services and provides a link to an online survey where they can provide feedback.

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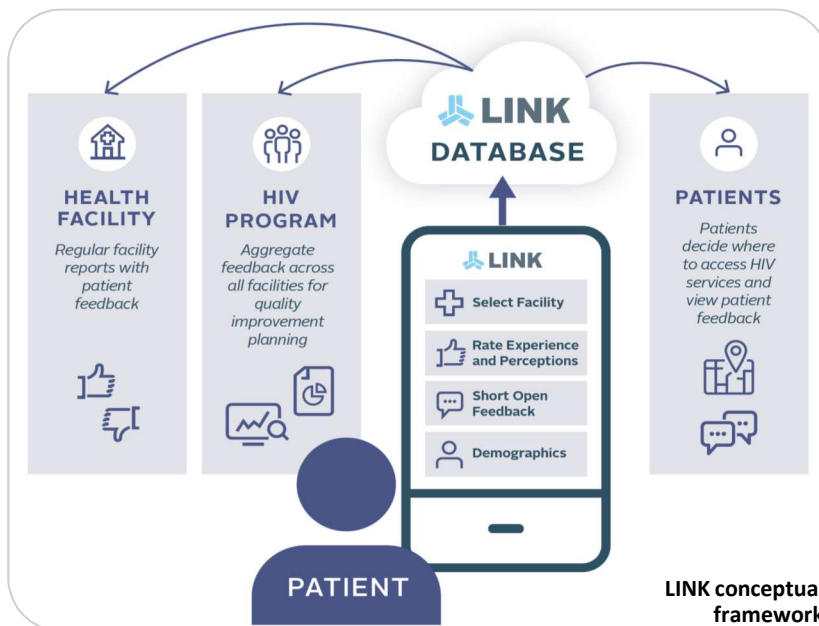
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Journey to Impact

The use and application of LINK could help in reducing stigma and discrimination, reduce failed referrals, and increase overall client satisfaction, if quality improvement actions are taken based on the feedback received from service users. LINK can be easily adapted to meet specific country and programmatic needs based on field pilot tests, formative assessments, and participatory stakeholder consultations. Future evaluations to measure direct impact on service delivery and health outcomes are planned as LINK systems are rolled out and expanded. See key stats below for a brief review of how some LINKAGES country projects are using LINK.



LINK conceptual framework

Key Stats

- **Seven countries started using LINK:** Malawi and Cote d’Ivoire since 2017 and Nepal, India, Cambodia, Angola, and Thailand since 2018.
- **Four data collection tools have been used:** Open Data Kit, a custom web tool (Yes4Me.net), SurveyMonkey, and RapidPro.
- **4,000+ surveys have been administered** to men who have sex with men, sex workers, transgender people, people who inject drugs, people living with HIV, other populations at risk for HIV, and health facility staff.



LINK country examples on next page



Data Security and Confidentiality

To improve data security and maintain client confidentiality while implementing LINK, we:

- Develop a data collection plan with community members and other service users
- Avoid collecting identifying information in surveys or, at a minimum, collect contact information on a separate de-linked survey (e.g., for entry into a prize drawing as an incentive)
- Use simple and nonstigmatizing messages when notifying clients about options to provide feedback on services
- Allow clients and patients to provide feedback in privacy



Budgeting and Resources

Costs involved in LINK implementation and data use vary and can include:

- Staff time to design and adapt LINK tools, consult with stakeholders and service providers, train data collectors, monitor data quality control, and support service providers to understand resulting data and guide quality improvement activities
- Technology costs, such as mobile device purchases, internet bundles and airtime, SMS short codes, and software costs
- Technical support for software development to automate data collection and dashboard tools
- Remote technical assistance for LINK design and rollout
- Incentives for clients to participate in surveys, if necessary



Examples of LINK in Action



Malawi

Outreach Worker Learning

Malawi was the first country to implement LINK, beginning in early 2017. More than 1,600 surveys have been administered by implementing partner organizations that run a variety of programs to support men who have sex with men, female sex workers, and transgender people. The outreach workers who are employed by those partner organizations are responsible for administering LINK surveys on smartphones as part of their regular duties when conducting outreach activities in communities. By administering the surveys, they now engage clients in discussions they never had before. Because of LINK, they talk with clients about the quality of HIV services they are receiving from health care providers and about which facilities discriminate against stigmatized populations—and which do not. They get to know more about their clients’ unique experiences navigating the health care system. Even before the LINK survey data are analyzed, the outreach workers use their knowledge of client experiences to refer clients to facilities that are friendlier to stigmatized populations and guide them away from facilities that discriminate.



An outreach worker in Mangochi, Malawi completes a short survey on her phone to help a beneficiary provide feedback on HIV services she received in the past month.



Cambodia

National Quality Assurance System

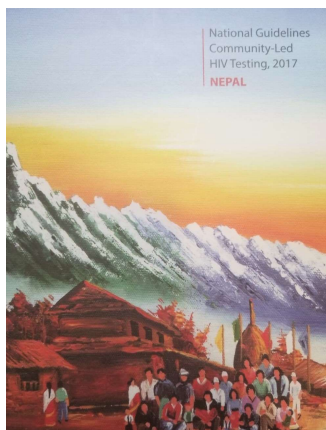
In Cambodia, LINK is called the “Patient Satisfaction Feedback” system and is owned by the national government with technical support provided by LINKAGES. Staff from the national HIV program are piloting the LINK survey as part of the clinical flow for clients at eight antiretroviral therapy (ART) facilities. Surveys can be self-administered by clients or can be administered by facility-based peer workers who often also work as receptionists at the facility. The government plans to integrate LINK into the national ART quality assurance mechanism and integrate data into existing provincial service delivery dashboards that are used by quality improvement teams in health care facilities to improve services.



Nepal

National Guidelines for HIV Testing

In Nepal, LINK is being implemented in coordination with UNAIDS and the national government. The national guidelines for community-led HIV testing include the use of LINK. Data from LINK surveys showed that clinical hours were not convenient for clients and confidentiality was not being maintained. Based on these data, health care providers received feedback about inconvenient clinic hours, and one clinic shifted their counseling room to a more secure area to ensure confidentiality.



National Guidelines for community-led HIV testing



Thailand

Improvement of Outreach Services

In Thailand, LINK has been integrated into the existing electronic monitoring system for community-led partners supported by the LINKAGES project. When a client is reported to have received outreach, mobile testing, or facility-based HIV services, the monitoring system sends that client an SMS message asking for their feedback on those services with a link to a short set of questions on SurveyMonkey. The process is completely automated and relies on the client to open the survey and provide their feedback. In the first month of implementation in October 2018, 840 surveys were completed by clients of seven community partners. Standard online dashboards are being created using SurveyMonkey’s built-in features to share results with partners (see example on page 4). In addition to collecting data on clinical services, partners in Thailand were the first to use LINK to collect data on community-led HIV outreach services to provide insight about how to make outreach services more relevant to clients.

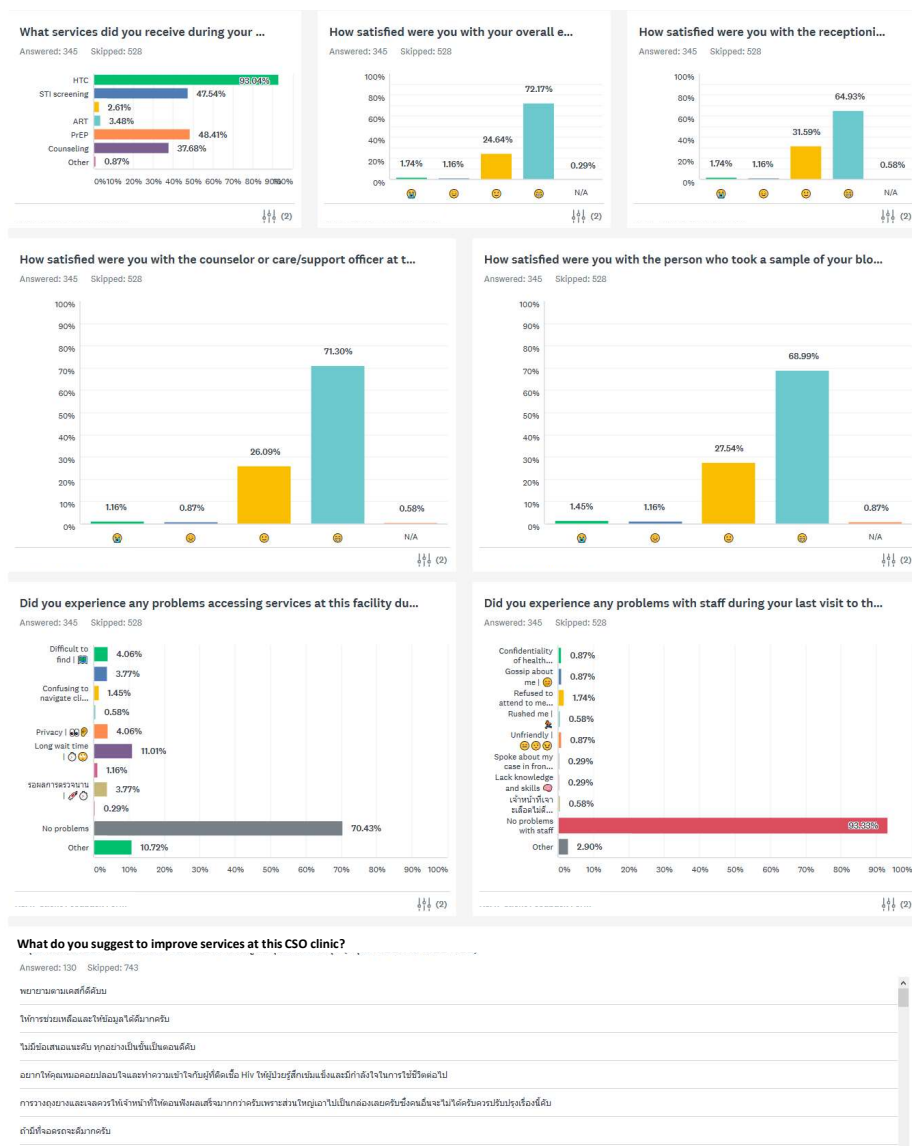


Lessons and Results

Lessons

- Choose the technology carefully:** There are many powerful ICT tools available these days, but the “right” ICT tools for implementing LINK are the ones that fit the country context, work within telecommunications realities, streamline data collection and analysis, help achieve the program objectives, require minimal technical support, and meet the needs of the LINKAGES teams and their implementing partners.
- Put data into the hands of the users:** LINK data must be provided to those in the best position to use the information, and the data need to be easily digestible and actionable. That means regularly generating user-friendly visual dashboards that are easy for implementers and health facility workers to interpret and use to address issues identified in the data. It also means convening meetings specifically to review and discuss data and including data discussions in usual recurring meetings (e.g., monthly staff meetings).
- Customize, customize, customize:** LINK contains many core elements, but the survey instruments, data dashboards, and the processes for data collection and data use all must be customized.
- Test, assess, refine:** Because LINK is so customizable, it is essential to pilot test country-specific LINK designs and assess various elements of the design (technology, data quality, and data use processes, etc.) early on in implementation, in order to refine and improve the design.
- Remember that LINK is not a standalone activity:** LINK works best when it contributes to the HIV program’s objectives, complements the activities of implementing partners, and is implemented in synchronization with health worker trainings and outreach efforts.

Example Dashboard of Client Feedback



Example of automated dashboard (generated in SurveyMonkey) showing client feedback for HIV services in a community-led HIV clinic in Thailand.

Next Steps

LINKAGES staff and partners continue to improve LINK data collection and data use processes, design innovative dashboard tools, systematize data quality audits, share more data with health authorities and facility managers, and measure LINK’s impact.

This technical brief is part of LINKAGES' vision for going online to accelerate the impact of HIV programs.



About us

We are the [LINKAGES project](#)—a global HIV project focusing on key and priority populations most affected by HIV. As of 2018, LINKAGES supports HIV programs in 30 countries across the Caribbean, Africa, and Asia through more than 150 awards to community service organizations (CSOs) and partnerships with governments and the private sector. Our goal is to accelerate the ability of partner governments, community-led CSOs, and private-sector providers to plan, deliver, and optimize comprehensive HIV prevention, care, and treatment services to reduce HIV transmission among people at risk for HIV and help those who are HIV positive to live longer. LINKAGES is the largest global project dedicated to key populations and is led by FHI 360 in partnership with IntraHealth International, Pact, and the University of North Carolina at Chapel Hill.

[Going Online](#) represents LINKAGES' approach for online HIV outreach and service delivery. Going Online seeks to broaden inclusion in HIV services to previously unreached populations, improve targeting and efficiency, and provide differentiated options for how people can receive HIV services and information in ways that meet their preferences. Programs using this approach focus outreach efforts on populations at risk of HIV which can include young people who are dating, having multiple sex partners, and may have transactional sex (which includes, but is not exclusive to, key and other priority populations).

This document is made possible by the generous support of the American people through USAID and PEPFAR through the terms of cooperative agreement #AID-OAA-A- 14-00045. The contents are the responsibility of the LINKAGES project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government.

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