

MODULE 4

Action, change, commitment

Name of presenter

Date

Country



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THE SCIENCE OF IMPROVING LIVES

LINKAGES
Across the Continuum of HIV
Services for Key Populations

Module 4: Learning objectives

After completing this module, participants will be able to:

- Describe how to create a “key-population-friendly” clinic environment
- Identify and document strategies and plans to put what they have learned throughout this training into practice



“Never believe that a few caring people can’t change the world. For, indeed, that’s all who ever have.”

—Margaret Mead



Session 4.1

Monitoring service quality using LINK



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Session 4.1: Learning objectives

After completing this module, participants will be able to:

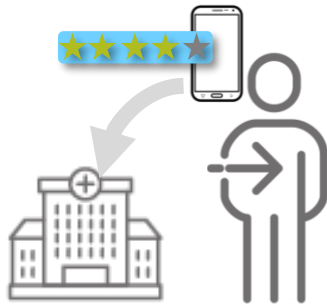
- Explain how to use LINK for monitoring service quality over time
- Define their own role in how to help implement LINK, including having a better understanding of how health care worker data from LINK will be used to identify challenges to providing quality services for key populations and help plan improvements

Session 4.1: Introduction

“What gets measured, gets managed.”

- To manage the quality of health services for key populations, we need to measure it.
- In this session, you will review how to use data to identify facility-level challenges and monitor progress in providing quality services for key populations using LINK.

Session 4.1: Introduction to LINK



What is LINK?

- A technology-based service quality monitoring system for KP health services
- Features short assessments for clients/patients and health providers on service quality and stigma and discrimination
- Helps track outcomes and successes in removing barriers to services for key populations by implementing the assessments
- Operates through SMS, interactive voice response, Facebook chat, tablet-based software, and other messengers

Session 4.1: Introduction to LINK (cont.)

1. Monitoring platform for patient/client experience and stigma and discrimination

2. Feedback loop between service users and providers with actionable data

3. Behavior change campaigns with service users and providers

Session 4.1: Introduction to LINK (cont.)

How LINK assessments are done:

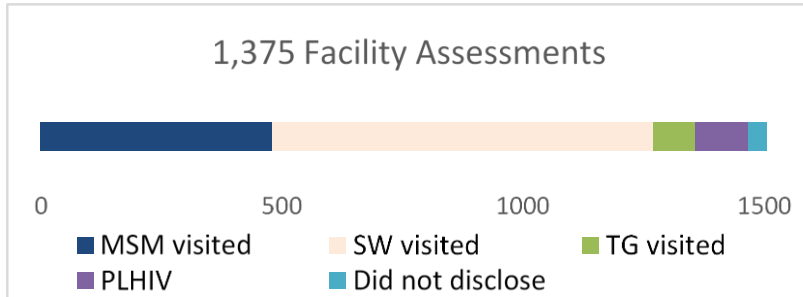
- Free and anonymous
- Paper-based forms or using technology
- Health workers are asked to complete the form at least quarterly
- Feedback can be provided to health care workers on their progress

An example of part of a LINK dashboard is provided on the next slide.



Summary

Recommendations & Analysis



Great Job – your facilities are performing well. Some recommendations to improve services include:

- **Clients are mostly concerned the quality of counseling services and wait time, consider various operational options and supportive supervision interventions.**
- **Potential clients that have not visited a facility are more worried about stigma and discrimination than quality of services, consider refreshing your health workers knowledge on the importance of reducing stigma and discrimination.**



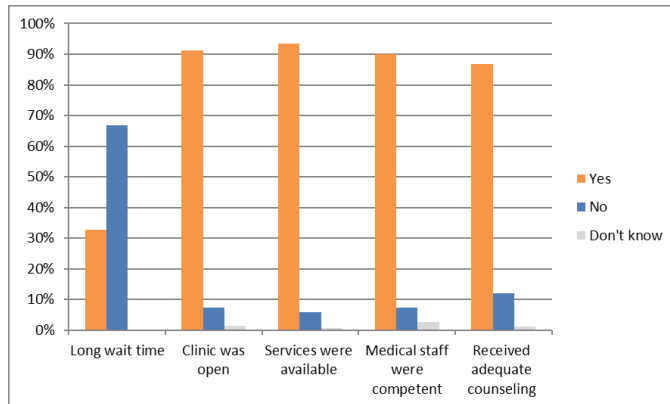
Assessment 1- Facility Experiences



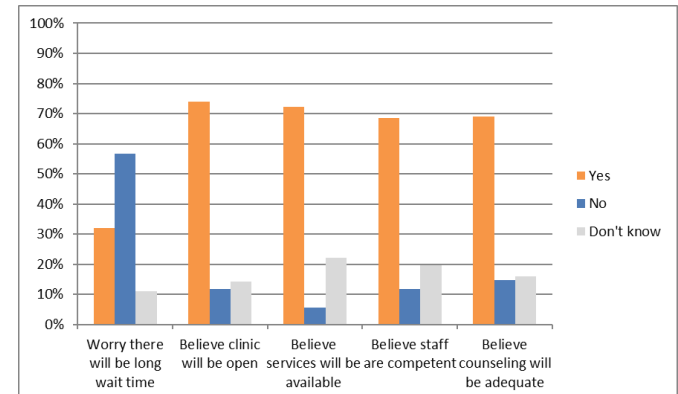
Assessment 2- Facility Perceived Issues

Overall Service Quality Measures

Service Quality: Experiences at Facilities



Service Quality: Perceived Experiences at Facilities



Session 4.1: Guided discussion

- What do you think about the LINK system and method of self-assessments? What about the number of questions and length of the self-assessments?
- Will this self-assessment help you monitor your progress on efforts to improve services?
- How will you use this data?
- Do you feel comfortable responding to LINK questions on a quarterly basis?

Session 4.1: Key messages

- LINK was developed by LINKAGES as a system for monitoring the quality of health services from the perspective of both key populations and health care workers.
- The data collected are used to:
 - Target information on and track the outcomes of efforts such as health care worker trainings
 - Initiate a feedback loop among clients, project staff/community-based organizations, and providers to improve health services
 - Continuously engage providers and patients/clients through SMS to encourage both high-quality service provision and positive health behaviors

Session 4.2

Creating a key-population-friendly clinic



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Session 4.2: Learning objectives

After completing this module, participants will be able to:

- Explain key elements of key-population-friendly services relevant to their professional roles and the health facilities where they work in order to provide more effective care for key populations
- Use this information and new knowledge gained to inform action planning

Session 4.2: Introduction

- Key-population-friendly services involve a tailored approach to meet individual needs, follow international human rights principles, and meet government or other relevant medical guidelines.
- It is helpful for us to understand what makes services truly “key-population-friendly” in order to generate small and large changes within institutions to improve the quality of health care service delivery for key populations.
- Making these improvements takes personal motivation and commitment to influence change in attitudes, behaviors, and values.

Session 4.2: Brainstorm key-population-friendly service characteristics

1. Imagine a health facility that is truly key-population-friendly from the perspective of a man who has sex with men (or other key population member client). What does the facility look like? How is this person treated? How are services provided and organized? What are other characteristics of care?
2. Imagine a health facility that is truly key-population-friendly from the perspective of a health care provider. What does the facility look like? How is this health care provider supported? How are services provided and organized? What are other characteristics of care?

Session 4.2: Personal reflection

- Can you recall an inspiring story of when someone (or you) has stood up to stigma and sought to achieve change in your clinic/office/workplace?
- Can you identify priorities for challenging stigma and key actions in your clinic/office/workplace to catalyze change to promote key-population-friendly services?

Session 4.3

Planning for action in the health facility



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Session 4.3: Learning objectives

After completing this module, participants will be able to:

- Describe their action plans to transform their facilities into “key-population-friendly” environments and provide more effective services for key populations

Session 4.3: Introduction

- Key population members experience many challenges and barriers to seeking, accessing, and receiving HIV-related services and other health care.
- Each person has a role to play in helping make services more “key-population-friendly.”
- Individual action plans developed today should build on what you have learned through the week, including identifying and building on skills you need to improve further.

Session 4.3: Group feedback and discussion

- What was the hardest part of action planning?
What was the easiest part?
- Do you anticipate significant barriers to implementing the changes you have planned to make?
- What changes have you identified that you will pursue immediately?
- Are there any areas that require technical or other support to make the changes?

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Concluding remarks



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Take home messages

- Everyone here has a role to play in improving HIV care, treatment, and services for key populations.
- Engage in the *Health4All* campaign to continually track your progress and receive information on best practices in prevention, treatment, and care for key populations.
- LINK can help support monitoring the quality of services, using data to better target efforts, improve engagement, and strengthen feedback loops.

Coming up next:

Closing session

Evaluation and post-test questionnaire



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Because Health Workers Save Lives.



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