

Assessment of the Effectiveness of the MomConnect Helpdesk in Handling and Resolving Complaints

INTRODUCTION

MomConnect is a national-scale ministerial mHealth initiative that employs cell phone technology to register pregnant women in South Africa and deliver to them stage-based maternal messages during pregnancy and after delivery. The effort aligns with the global health goal of the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief to prevent child and maternal deaths. USAID supported early implementation and rollout of the initiative through the MEASURE Evaluation-Strategic Information for South Africa (MEval-SIFSA) project.

MomConnect has a helpdesk feature that allows mothers to ask maternal and child health-related questions and to provide feedback on services they receive at antenatal care (ANC) clinics. The MomConnect helpdesk has responded to almost 250,000 messages since the initiative's launch, in August 2014. According to quantitative analysis conducted on helpdesk messages received through March 2017, feedback on health services comprised about 4 percent of all helpdesk messages. Approximately 8,100 messages were compliments and 1,800 were complaints about services received at ANC clinics. Figure 1 summarises the distribution of complaints across provinces.

Compliments and complaints received through the helpdesk at the national office are forwarded to a MomConnect focal person at the relevant province or district department of health (DOH) office for follow-up action. Standard operating procedures (SOPs) were developed to outline steps for communicating and investigating complaints at national, provincial, district, and facility levels. The SOP document also includes requirements for documentation, monitoring, and reporting at each level to track the progress of complaints.

METHODS

In August 2017, key informant interviews (KIIs) were conducted with provincial- and district-level MomConnect focal persons to explore if and how the SOPs were being implemented

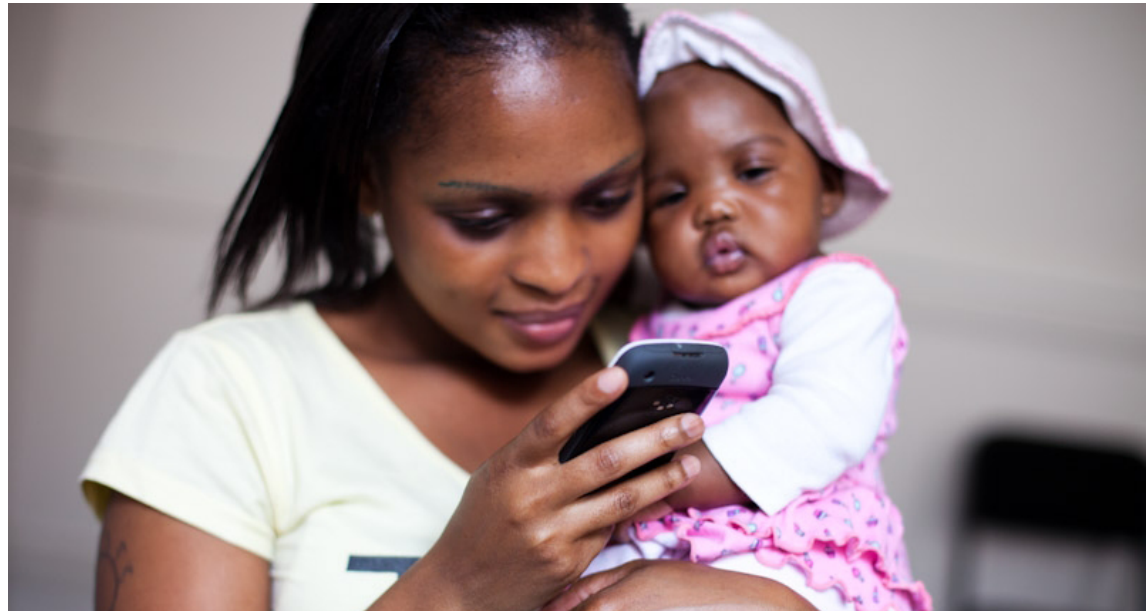
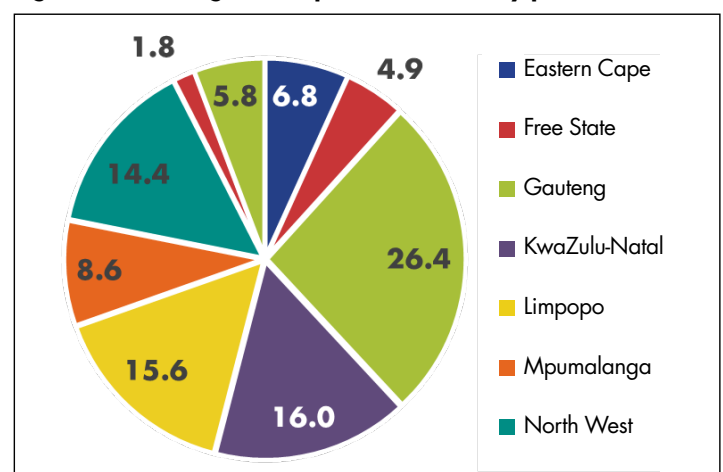


Photo: Praekelt, South Africa Department of Health

Figure 1. Percentage of complaints received, by province



at the subnational level to resolve complaints. The objectives were these:

1. To determine how the SOPs for handling messages submitted to the helpdesk are implemented and how complaints are resolved
2. To provide recommendations for improving the helpdesk SOPs and implementation

MomConnect focal persons in the three provinces with the highest proportion of complaints and the district with the highest proportion of complaints in each province were selected for the

KIIs. The provinces and districts were selected in consultation with the helpdesk manager. Two of the three provincial-level interviews were not achieved. The two provinces with the next highest proportion of complaints were selected as substitutes; district-level interviews were achieved in the originally selected provinces and, therefore, were not pursued in the substitute provinces.

The purpose of this technical brief is to summarise findings from the KIIs and recommendations for improving the SOPs and their implementation.

KEY FINDINGS

SOP Implementation

The SOPs were generally being implemented as intended. That is, complaints were communicated to appropriate personnel, from the helpdesk at the National Department of Health (NDOH) office to subnational offices and facilities. Complaints were mostly resolved at facilities. Complaint resolution was communicated back to the district, provincial, and national offices.

There was no indication that complaints were handled in a timely manner, as outlined in the SOPs. No respondent at the provincial or district level mentioned the time requirements related to acknowledging receipt of complaints, documenting and forwarding complaints to the relevant districts/facilities, or following up on unresolved complaints. The timeline in the SOPs was mentioned only twice in all six KIIs. Both instances were comments by district respondents; one district respondent stated that “facilities are reminded of the 10-day turnaround time for resolving complaints” if outstanding complaints are listed on the monthly MomConnect reports that are sent from NDOH. When asked, a provincial respondent did not “know the time frame and records that should be in place for resolving complaints successfully” and requested “information on timeline and procedures so [MomConnect coordinators] can have uniformity and resolve the complaints effectively.”

All the respondents described varying levels of tracking complaints or compiling reports of complaints, suggesting that there be some degree of documentation and monitoring of complaints at the subnational levels. However, when asked to describe and list specific steps or actions that were taken in response to complaints, only two district respondents and one provincial respondent cited documentation or record-keeping of the complaint as one of the steps.

Roles and Responsibilities

All the provincial and district MomConnect focal persons or MomConnect coordinators interviewed were from the Maternal, Child and Women’s Health (MCWH) Directorate.

Provincial-level respondents mostly saw their role as receiving complaints from the national office, forwarding the complaints

to relevant districts, and communicating the resolution back to the NDOH. For example, one provincial coordinator stated, “I do not work directly with the complaints, as they are directed to the district focal person, who attends to them until they are resolved.”

Similarly, district-level respondents also saw their primary role as communicating the complaints to relevant facilities and reporting the resolution to the province and NDOH. There was a strong implication that steps taken to investigate, address, and resolve the complaints were the responsibility of the facility. One respondent stated, “[The facility] must resolve the complaint within the time frame and report back.” However, all respondents reported a more active role with the complaint resolution process in situations where extra sensitivity was required. The following quotes provide examples of sensitive situations that required district engagement:

- “[I] make sure that fair processes of investigation are followed... [not] as disciplinary actions.”
- “[I] contact the client in case of sensitive complaint... an example regarding death of the unborn child.”

The district respondents also indicated a more active role in monitoring and tracking complaints. These responsibilities include the “compiling of reports,” though the contents of the reports were not fully explained.

The roles and responsibilities described or inferred by the provincial and district-level respondents aligned with responsibilities outlined in the SOPs.

Timely Communication and Reports Received from NDOH

All respondents reported that they received from NDOH monthly MomConnect reports, which summarised their MomConnect registration performance. Most of the respondents indicated that compliments were communicated as an aggregate number on the monthly reports, while complaints were communicated more frequently and in detail: “Compliments are sent as a number of compliments. Complaints are sent as they come, sometimes two or one and the details of the complaint.”

Need and Desire for Training and Support and Additional Resources for Handling Complaints

None of the respondents received training on how to handle complaints received through the helpdesk. Two respondents received training in 2014 on how to register mothers on MomConnect, but both noted that it did not include instructions for handling complaints. All the respondents expressed that they and their facility staff did not have the proper skills or resources to address many of the challenges raised by the complaints. This coincided with expressed desires for additional training and resources and for higher-level offices to actively engage and intervene in the complaint resolution process. Two district respondents indicated that they received

“recommendations” or “guidance” from provincial coordinators, but usually only in critical cases, and that the burden of resolving the complaints remained with them. Most respondents felt that they lacked support from NDOH, but also acknowledged that NDOH was likely restricted by its own limited resources. One respondent expressed that higher-ups were interested only in knowing whether there was truth in the complaint and how the complaint would be handled.

The following were desired areas for training and additional information and resources, followed by supporting quote(s):

- Staff and client communication
 - ♦ “NDOH can always do better by providing different kinds of training. Regular training on staff and client communication.”
- Sharing of common challenges and success
 - ♦ “We never had a meeting or a workshop as MomConnect coordinators... for them to share experiences in relation to MomConnect.”
 - ♦ “There has to be a MomConnect workshop, where all province[s] come together, share their experiences, and plan a way forward on the improvement of MomConnect. Including how we deal with complaints. What do others do?”
- Guidance on when and how to involve other departments or staff
 - ♦ “Quality assurance department doesn’t have similar aspects and sometimes create[s] tension.”
 - ♦ “[Facility discussion] assist[s] facilities to approach the investigations from different angles.”
 - ♦ Requests for human resources “to protect staff” from misguided complaints
- Dealing with critical or sensitive complaints
 - ♦ “...critical cases like death/stillbirth, where client blames the service rendered”

RECOMMENDATIONS

The MomConnect helpdesk SOPs for handling complaints are mostly being implemented as intended, including the division of roles and responsibilities at the national and subnational levels. The SOPs provide guidance for how and to whom complaints should be directed, from the national to subnational levels, and how complaint resolutions should be reported back up to the national helpdesk office. However, a significant gap in the current SOPs is a lack of guidance or suggestions on how to address and resolve these complaints.

Complaints received by the MomConnect helpdesk vary widely. Solutions to the complaints will also vary. Solutions to complicated issues may require the cooperation of multiple departments within and outside of the NDOH. Therefore, developing guidance on how staff should deal with varying

complaints can be a long and complicated process, involving engagement by multiple stakeholders to agree on appropriate solutions that comply with existing departmental protocols.

The following are short-term and long-term recommendations to improve the MomConnect helpdesk SOPs for resolving complaints. Short-term recommendations are steps that can be taken quickly, to improve staff adherence to and efficiency of the current SOPs. Long-term recommendations will require two to four years and additional resources to implement, but they can improve the SOPs, by establishing resources and support for subnational staff and by providing clearer guidance on how facility staff should address complaints.

Short-Term Recommendations

1. Disseminate the MomConnect helpdesk SOPs: These SOPs for handling complaints should be shared with all MomConnect focal persons and coordinators. Electronic copies can be widely shared over email, and hard copies distributed as they are available. This helps ensure that staff are aware of their roles and responsibilities related to the timely follow-up and reporting of complaints received through the MomConnect helpdesk.

2. Remind MomConnect focal persons and coordinators of timelines in the SOPs: Even though timelines for resolving complaints are stated in the SOPs, these timelines are not clear to focal persons and coordinators at the provincial and district levels. In addition to disseminating the current SOPs, the MomConnect helpdesk manager should include a reminder of the timeline obligations in all email communications that are related to resolving complaints to subnational staff. For example, all emails that forward new complaints to provincial and district focal persons should include a standard message, such as:

“Reminder: Complaints must be resolved within 10 days. Facility managers will provide the district office with weekly updates on the status of open complaints. Provincial coordinators and district focal persons will follow up with the district office or the facility to pursue all open complaints past 10 days.”

3. Develop a simple, Excel-based monitoring tool to monitor open complaints: The national office already maintains an Excel database of all complaints received through the MomConnect helpdesk. The helpdesk manager also uses the database as a monitoring tool to track the complaints. Additional indicators, formulas, and functions can be added to the current database template, to improve its utility as a monitoring tool for all levels of management. For example, automatic sorting functions can allow provincial and district managers to prioritize outstanding complaints that require their attention. Metrics for average turnaround times for complaint resolution in individual provinces, districts, and facilities can be developed and used for performance monitoring and improvement. If possible, where resources allow, the national office can consider working with MomConnect stakeholders to implement a more robust, automated monitoring tool.

4. Share common complaints and complaint resolutions during MCWH technical review or working group meetings:

This recommendation assumes that most MomConnect focal persons and coordinators are from the MCWH directorate and that there are routine (monthly or quarterly) meetings to discuss MCWH services. Time should be designated (30 minutes to one hour) during MCWH review meetings to share relevant MomConnect programmatic updates, including reporting of common complaints received during the period and discussions on how facilities appropriately resolved the complaints. Key informant respondents requested a platform to share common challenges and successes. Including MomConnect-designated time as part of the MCWH meeting schedule maximizes time and resources, because many or most MomConnect focal persons already participate in the MCWH meeting. MomConnect topics can be included as part of the formal meeting itinerary or as an add-on discussion after the MCWH meeting.

Long-Term Recommendations

1. Revise roles and responsibilities of MomConnect focal persons: District-level feedback indicated that the current support they and facility staff receive is insufficient. District respondents also expressed a strong desire for more active support to handle complaints. Therefore, we recommend that the NDOH consider revising the roles and responsibilities associated with complaint resolution for MomConnect focal persons at the national, provincial, and district levels. New responsibilities should include proactive tasks that facilitate the process of resolving complaints. For example, provincial and district managers can provide strategies or refer additional resources to support facility staff who are primarily responsible for addressing complaints. Currently, the national office handles some prioritization of complaints. Provincial and district managers can also help to organize and prioritize complaints before passing them on to facility staff, so that they are aware of high-priority complaints that may require their attention or proactive follow-up.

2. Revise the MomConnect helpdesk SOPs for handling complaints: Related to the above, key informant respondents indicated that the lack of formal guidance, procedures, and resources to address complaints were major gaps in the current SOPs. The current SOPs serve primarily as a delegating, monitoring, and reporting guide, and do not provide any advice

or suggest resources that can help district and facility staff to resolve complaints.

a. The NDOH should develop a framework (based on common complaints) that can guide staff on next steps for each type of complaint, at each level. This framework would give steps for resolving specific complaints. Here are two examples:

- If complaint is about individual staff ► discuss with staff and explore both sides of the story ► refer to HR manual as necessary
- If complaint is about facility ► discuss with facility manager/housekeeping/etc.

b. The NDOH should also compile a comprehensive list of existing resources that may help staff resolve issues, such as quality assurance or human resource manuals from other departments, or referrals for additional support from other staff (e.g., facility managers and counselors). These manuals may provide guidance on resolving different kinds of issues that staff are likely to face.

3. Provide training to MomConnect focal persons on revised MomConnect helpdesk SOPs for handling complaints:

MomConnect focal persons and coordinators should be trained and supported to handle and resolve complaints effectively. Newly revised SOPs that include guidance on complaint resolution should be disseminated and incorporated in training workshops to ensure a comprehensive understanding of reporting responsibilities, timelines, and follow-up procedures that are required for different types of complaints.

Although this research focused on helpdesk SOPs for handling and resolving complaints, complaints make up only a small proportion of messages received by the MomConnect helpdesk. At the time of this research, SOPs did not exist for handling the other kinds of messages received by the helpdesk (questions, opt-out requests, compliments, etc.). Nor were there documented procedures for such administrative duties as filing and quality control, although a manual for helpdesk staff on the use of the helpdesk platform did exist. A comprehensive SOP document that covers all aspects of operating the MomConnect helpdesk—including handling different message types, administration, and management—has since been developed