

The CQUIN Learning Network

Annual Meeting

Engaging Women and Girls

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NEPHAK

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HIV LEARNING NETWORK
The CQUIN Project for Differentiated Service Delivery



Its Time to Deliver Differently.



Should be adaptable to our needs.

Differentiated care should be designed with consideration to our different needs and in a manner that is easily adaptable to the different groups of women and girls in all our diversity.

"The amount of time we spend at the health facility in the queues – a queue for triage, a queue for the nurse, a queue at the pharmacy and a queue for the labs – it's too much time. I want to come to the facility only twice a year... I have a life to live." .

Innovative Approaches

Innovative approaches should be made especially when designing differentiated care model for adolescent girls and young women.

“We hate standing on the long queues because of fear of being seen with our peers and the subsequent stigma that follows. Services should consider our need for confidentiality and safe space. They should be attractive to adolescents who cannot stand or sit on boring queues the whole day.” AGLHIV Zimbabwe.

Informed Consent.

Women and girls living with HIV have unique needs and therefore need to design service delivery models that respond to our unique needs.

“While I am a stable patient, It is always refreshing to go to the health care facility every month to see the counselor. I feel good just getting regular assurances that I am doing well.”

Integration of Services.

Differentiated Service Delivery should take into consideration integration of services e.g. pregnant and lactating mothers would want to receive ART care and PVT services during the antenatal visits and post natal visits.

“Having HIV and a baby feels like a full time job. I have to go for monthly ante-natal visits separately from monthly visits to the HIV clinic. When the baby comes the visits will increase as I have to take him for vaccination. All these visits take a whole day”

Consider Needs for Opt Out

Differentiated Service Delivery should consider Needs for Opt out should one feel they need to seek health care services at the health facility.

“Lately I have been feeling weak but every time I go to the health facility on a day that I don’t have an appointment, I am asked to leave and come back on my day. I don’t even get to enter the facility. Someone checks the dates on our clinic cards and only allows us in if we have an appointment on that day.”

Treatment literacy Important.

Only patients that have gone through treatment literacy and understand how treatment works should qualify for DSD.

“I haven’t raised resources to cater for our bus fare to the hospital. I have therefore decided to give my grandchild her medicines once a day instead of twice so that they can last longer, till we get money to go for more.”

Psychosocial Support Key.

Women living with HIV go through a lot of issues that affect mental health and well being. Psychosocial support through individual counseling and treatment support group therapy sessions, conducted in our safe spaces, go a long way in giving reassurances to support us stay on treatment.

Use of Technology

Use of Technology can provide a platform for PLHIV to access information and answers to questions they would have around their well being.

“Due to the huge numbers our health care providers have to deal with during adolescent clinic days, we hardly have time to ask questions regarding our health. If we only had a mobile app that would address the common issues affecting adolescent especially AGLHIV and give real time SRHR information as well as address the myths and misconceptions that we have around how treatment works, we would adhere much better.”

Human Rights

Differentiated Services Delivery should be embedded on the human rights principles of

1. Informed Consent
2. Confidentiality (mother baby book, malaria nets, EID, etc.
3. Better treatment by health care providers especially with defaulters, SRHR.

Meaningful Engagement.

Women and girls living with HIV need to be meaningfully engaged in these processes and discussions in a 3 – lens approach.

1. As recipients of services we want to understand the services and the benefits for us.
2. As equal partners we want to be engaged in the design of DSD as we know better “what works for women and girls living with HIV”
3. As service providers we want strengthened institutions that are resourced for and not as volunteers.

Other Factors to Consider...

- Punitive laws and criminalization of HIV continues to frustrate our efforts to reach the 90:90:90 goals.
- Flexibilities in implementing treatment guidelines (breastfeeding)
- Stigma and Discrimination should be deliberately invested in and effectively addressed to improve uptake, adherence and retention to services.
- We need resilient and sustainable systems for health to support the new WHO treatment guidelines of test and start.

Thank You.

