

Challenges faced by PLHIV in Uganda with the DSDM Model



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BACKGROUND/INTRODUCTION

The Implementation Guidelines for Differentiated Service Delivery (DSD) Models of HIV Services in Uganda (2017) led to the roll out of DSD to enable stable People Living with HIV (PLHIV) to serve them better but also remove unnecessary burdens on the health care as part of a deliberate move for retention in care and adherence to effective treatment.



METHODS

Open discussion was applied in a formal meeting between the PLHIV Coordinators, expert clients and service providers. Forty (40) PLHIV were selected from thirteen (13) PEPFAR implementing districts representing three (3) regions. Data was collected in September 2018.
November 2018

DISCUSSION



RESULTS

PLHIV in the 13 districts of Kayunga, Kamuli, Mayuge, Bugiri, Busia, Mbale, Pallisa, Kumi, Mityana, Luwero, Kalangala, Mpigi and Bushenyi revealed that DSD had been introduced in the districts. The PLHIV were accessing treatment largely through Community Drug Distribution Points (CDPPs), Community ART Group, Community Client-led ART Delivery (CCLAD) and Fast-track drug pickup.

The main challenges highlighted included high levels of stigma and discrimination that stop PLHIV from accessing the drugs from the nearest distribution point, sporadic stock outs of drugs, complacency to visit health facilities as required to check on viral load suppression, minimal monitoring of clients by health workers as DSD limits health worker-client interaction, limited primary health care funds to enable health workers follow up on their patients, treatment illiteracy and supply chain related issues such as the National Medical Stores supplies ART following a two month cycle yet PLHIV are meant to refill at least after 3 months.

NEXT STEPS/WAY FORWARD

Where as the DSD models have worked effectively in a community where drugs are available, health workers facilitated to follow up on their patients and PLHIV living in a stigma free environment, a lot remains to be done especially in a country where sporadic stock outs are common, internal stigma is still high and there have been no deliberate efforts to increase domestic funding of the HIV & AIDS response

