Differentiated Service Delivery for Key Populations

Virtual Meeting: August 25-26 and 30-31, 2021

Project: My Provider, My Health

By Jacques OMBILITEK

Executive Deputy Director / Coordinator

National Program Fonds Mondial

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icap Global Health

HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Affirmative action

SOUTH TO SOUTH LEARNING NETWORK
The HIV Prevention Interchange

Plan of presentation

1. Affirmative Action Presentation
2. Stakes and key problems of "My Provider, My Health" project
3. Project goals and indicators
4. Project Stages
5. Project beneficiaries
6. Activities implemented and outcomes obtained
7. Conclusion
8. Thanks to…

1.AFFIRMATIVE ACTION: Who are we?

Manages 5 programs :

=> One program is engaged in HIV prevention for MSM and transgender women in Cameroon as a sub-recipient of the Global Fund

=> Another program is engaged in overall care of MSM in the anglophone zone and the northern zone of Cameroon as a sub-beneficiary of PEPFAR

=> Another program is engaged in advocacy for the inclusion of lesbian and transgender women in public health policy in Cameroon with financing from CoC Netherlands

=> Improvement of information and competencies on GF, Ongoing support for regular communication and working with key national networks (PVHIV, network of HIV service providers) on problems of gay and bisexual men and transgender persons with MPACT/CRG financing

=> Making 10 Grassroots Community Organizations for MSM and transgender individuals in Cameroon model facilities for the provision of innovative services involving HIV/STD adapted for MSM and transgender individuals with financing from Expertise France

Created in 2010 to

=> Facilitate LGBT access to health services

=> advocacy to improve the environment

=> create community leadership and expertise

It has:

=> 47 full-time salaried staff distributed through Cameroon's 10 regions

=> 7 offices in 6 cities of Cameroon (Yaoundé, Douala, Garoua, Ngaoundéré, Ebolowa & Bamenda)

=> active network of 160 volunteers

2. "My provider, My Health" project : stakes/key problems identified

- Article 2 of Decree n° 83-166 of April 12, 1983 concerning the code of professional ethics for physicians in Cameroon, states that "a physician must treat all patients with the same consideration regardless of their status, nationality, religion, reputation or convictions."
- Nevertheless, according to the report on levels of stigmatization drawn up by the Cameroonian network of PLWHA (Recap+) in 2012, there are numerous cases of stigmatization and discrimination against persons living with HIV.
- Such stigmatization is intensified if the patient has a different gender identity or if their sexual orientation proves to be homosexual or bisexual.
- Article 347 of the Penal Code states that "Any person having sexual relations with a person of the same sex shall be punished by six months to five years imprisonment and a fine of 20,000 to 200,000 francs CFA."
- Certain providers invoke this provision as an argument to justify their bad attitudes
- IBBS 2016 : Populations of MSM, gays and trans continue to be strongly affected by HIV (20.6% of national prevalence). The study also shows that perceived stigmatization was also a reason to be afraid (182/1323; 13.8%) or to avoid health services (178/1323; 13.5%)

3. Program approach: Goals and indicators

This project aims to:

- Strengthen capacities of caregivers in notions of human rights, right to health, medical ethics, welcoming and sympathetic listening
- Reduce the level of stigmatization and discrimination to which MSM and trans individuals are subject in clinics
- Issue certificates to providers who successfully complete the training after reduction in stigmatization has been evaluated using a tool that will be designed for such purpose.

The 2 key indicators are:

- For year 1 : reducing the level of stigmatization and discrimination by 80% for homosexual men, other MSM and transgender women in 4 Clinics in Yaoundé and Douala
- For year 2 : improving attendance levels and quality of services by 80% at 9 clinics in the cities of Yaoundé, Douala, Bamenda and Ebolowa

4. Program approach: how to proceed?

Stage 1 : Set up project and establish partnership with Treatment Access Watch (TAW): June 2018
Stage 2 : Launch project: July 2018
Stage 3 : Part 1 of Watchdog or pre-Watchdog: August 2018 – November 2018
Stage 4 : Training for providers: December 2018
Stage 5 : Watchdog Part 2 or Post-Watchdog : December 2018 – April 2019
Stage 6 : Certification of supplier: April 2019 and December 2019
Stage 7 : Advocacy and duplication in other cities: April 2019-December 2019

5. Project beneficiaries

Key project beneficiaries during this period are:

- 20 managers of MSM, TGs and WSW identity organizations who have benefited from the project presentation to solicit their donation
- 07 Technical, financial and institutional partners have benefited from the project presentation to solicit their support
- Positive Generation with which Affirmative Action will contract to perform the watchdogging at health care facilities
- 28 MSM and TG control patients who have been trained in watchdogging
- 3 health care facilities with which Affirmative Action has established collaborative arrangements in the framework of this project.
- 9 Grassroots community organizations with which Affirmative Action will contract to facilitate follow-up on control patients, in collaboration with Positive Generation.

More or less indirectly, we have the MSM and TGs who will in time become beneficiaries of the project.

6. Activities implemented and outcomes obtained

Over the course of project implementation the following activities have been undertaken:

1. Organized a presentation workshop to launch the project and consult with community actors
2. Developed a tool for assessment of the level of stigmatization and discrimination
3. Organized a training workshop for 10 new control patients and retraining of 18 control patients from Grassroots community organizations
4. Assessed the level of stigmatization and discrimination, implemented watchdogging and drafted a progress report on the quality of services as observed by control patients
5. Developed training modules on friendly care of MSM and TGs at health care facilities
6. Organized a training workshop for health care providers from pilot health care facilities
7. Organized on site restitution for training of health care providers
8. Drafted and produced a guide for welcoming and friendly care of MSM/TGs at health care facilities
9. Organized a presentation meeting on project outcomes

a. Organize a presentation workshop to launch the project and consult with community actors

- This activity has been carried out under the sponsorship of the National Committee for AIDS Control (CNLS - *Comité National de lutte contre le sida*) and UNAIDS. It provided the opportunity to introduce participants to the project's different goals to solicit their participation and support.

- The project has thus already received a commitment of support by CNLS, UNAIDS, PEPFAR through the CHAMP project, the National Committee for Human Rights and Liberties (CNDHL - *Comité National des Droits de l'Homme et des Libertés*), CAMNAFAW and the Grassroots Community Organizations present.

- This workshop was also the occasion to introduce Positive Generation which, acting within the framework of its TAW arrangement, was required to undertake an assessment of the level of stigmatization and discrimination at health care facilities. Positive Generation took the opportunity to make presentations on the TAW arrangement, on notions of accountability and the classification of stigmatization and discrimination in the health care environment.

b. Organize two training workshops for 18 control patients and 10 new control patients and retraining for 18 control patients from Grassroots community organizations.

- Stage 1 here involved training 18 control patients, and Stage 2, training 10 new control patients and retraining the first 18. To achieve this, Affirmative Action selected from among its volunteer experts 18 control patients and then 10 more in order to reinforce the 18 from Grassroots community organizations already in the field.

- These training sessions facilitated by Positive Generation have enabled participants to acquire the capacity to observe care of the populations in question at health care facilities.

C. Evaluate the level of stigmatization and discrimination, implement watchdogging and draw up a progress report on the quality of services as observed by control patients

This activity was carried out over two different periods : before and after training of providers.

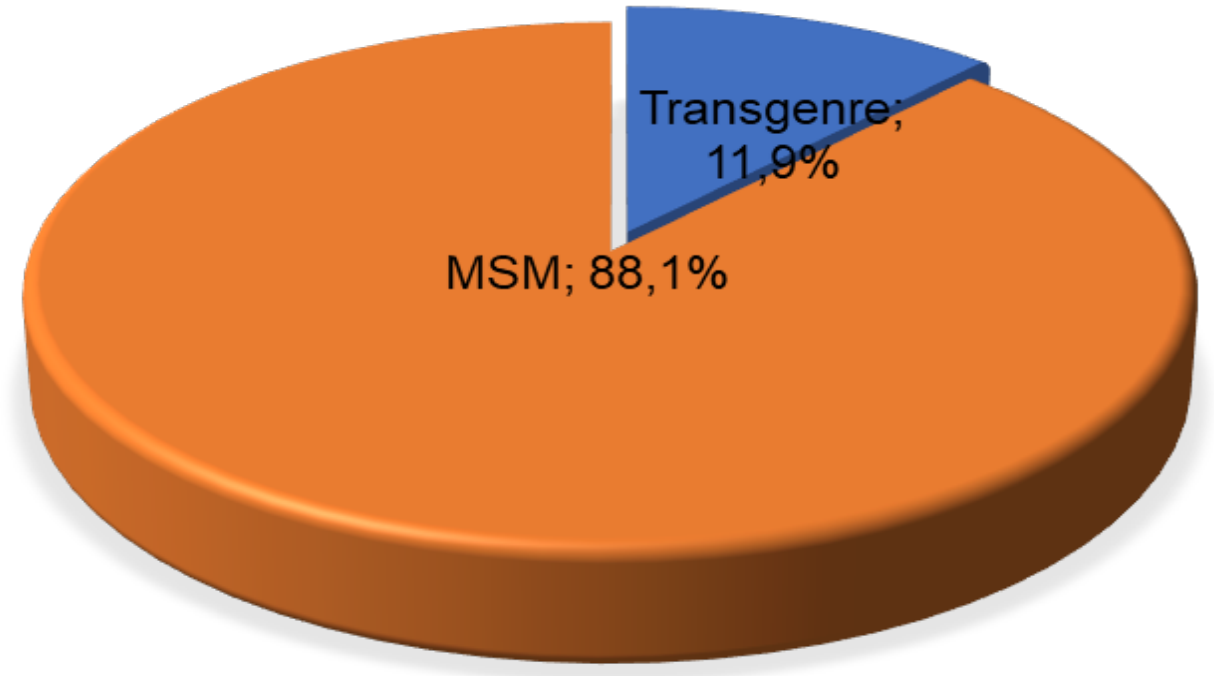


Fig1. Breakdown of target MSM and Transgenders observed before training

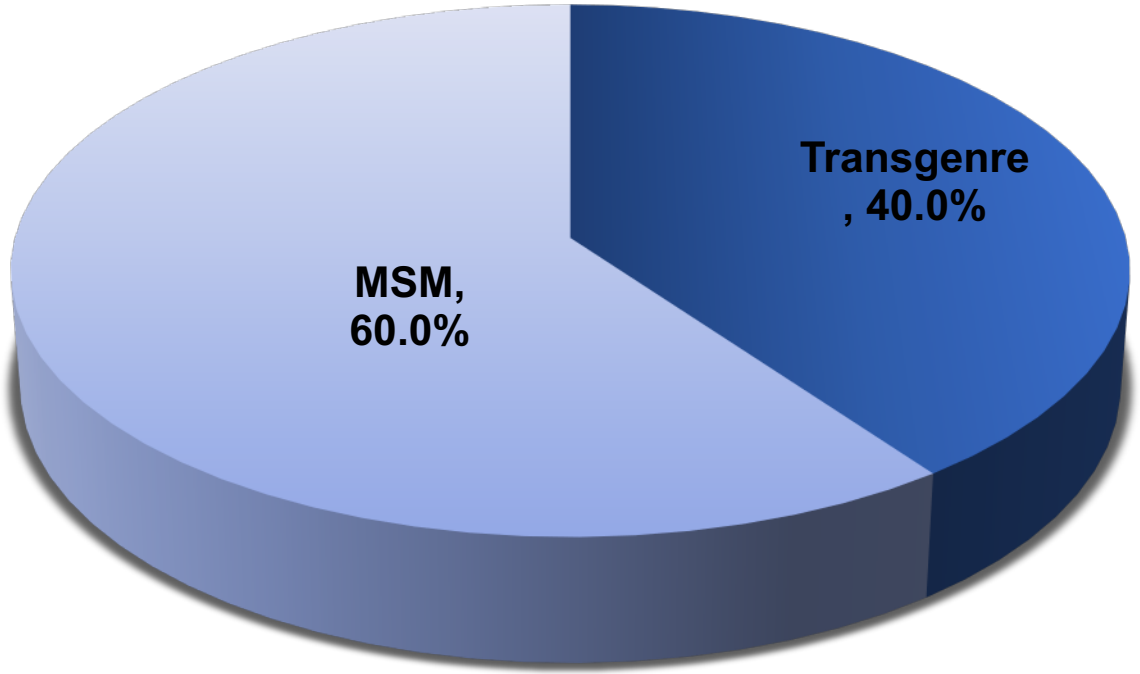


Fig 2. Breakdown of target MSM and Transgenders observed after training

d. Evaluate the level of stigmatization and discrimination, implement watchdogging and draw up a progress report on the quality of services as observed by control patients (continuation)

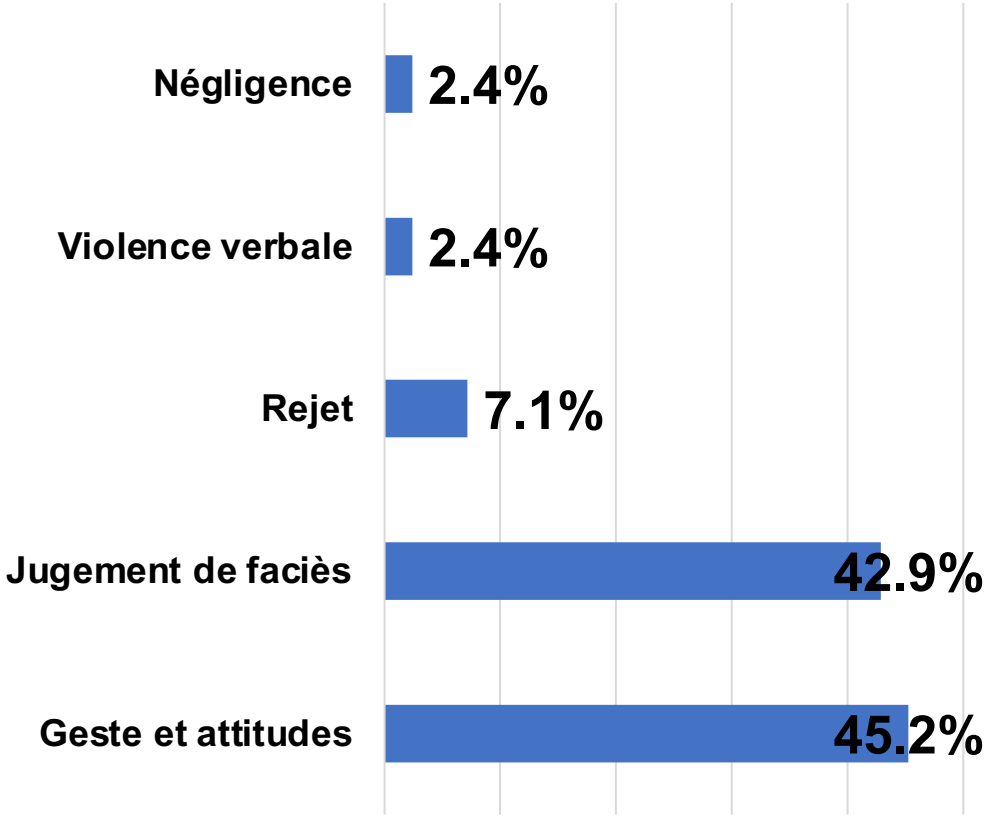


Fig 2. Recurrence (%) of stigmatization indicators observed before health training

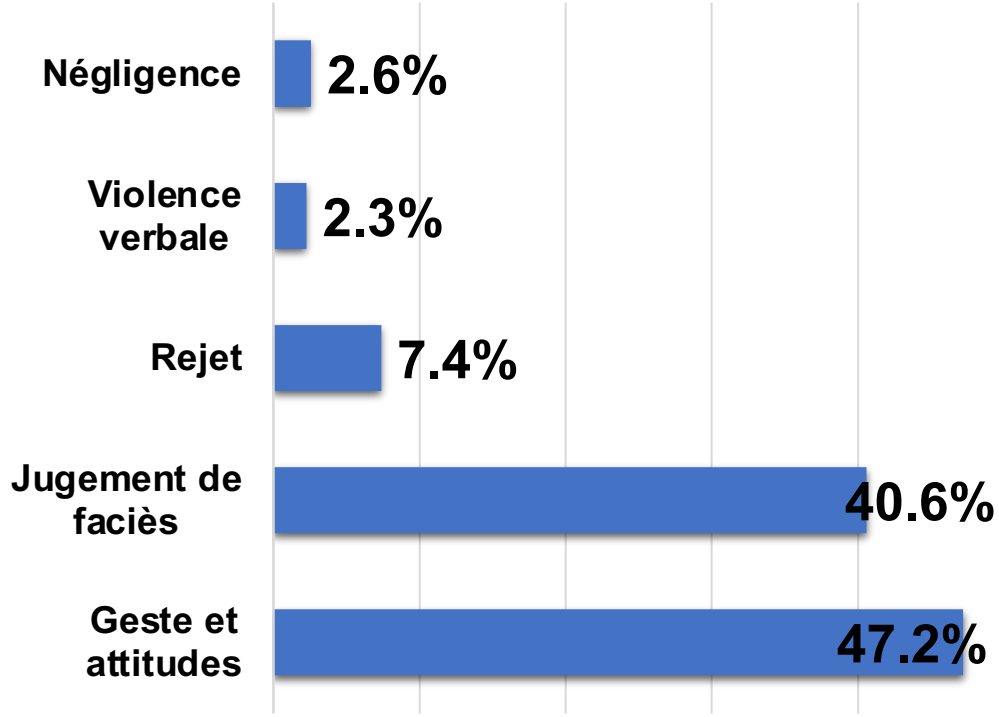


Fig 2-a. Recurrence (%) of stigmatization indicators observed after health training

e. Evaluate the level of stigmatization and discrimination, implement watchdogging and draw up a progress report on the quality of services as observed by control patients (continuation)

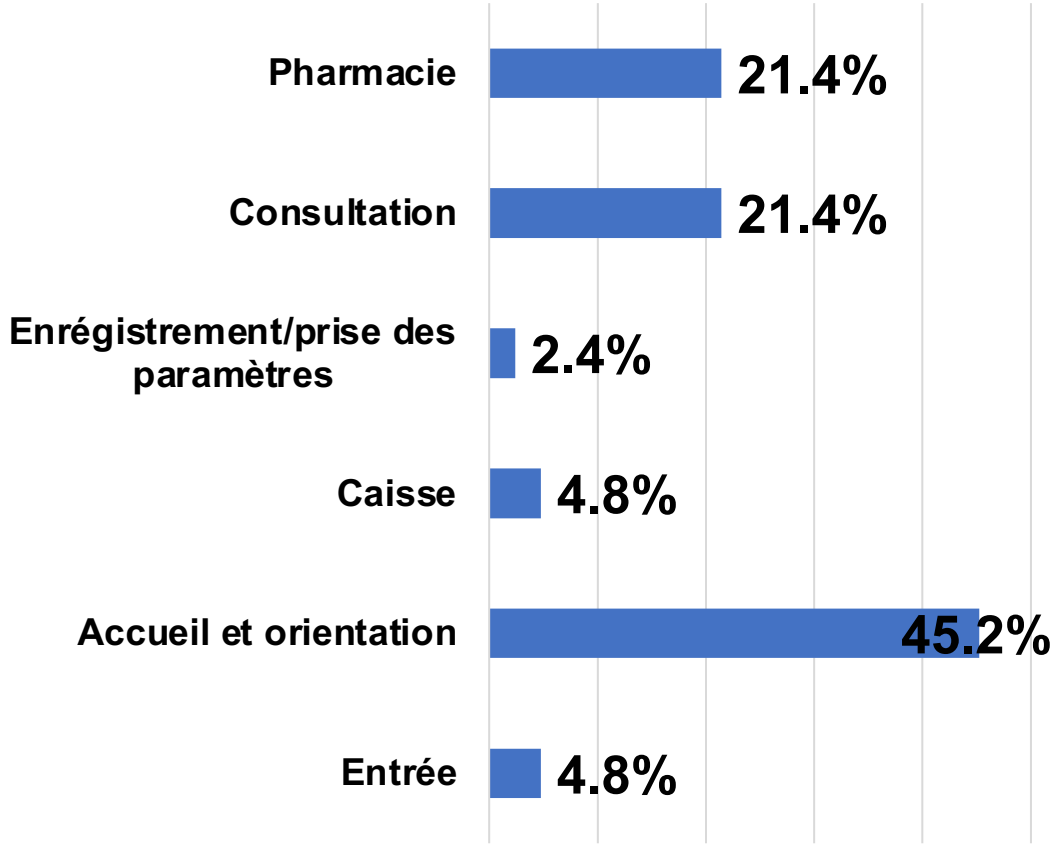


***Fig 3**. Breakdown (%) of observation posts based on recurrence of stigmatization indicators observed before observation*

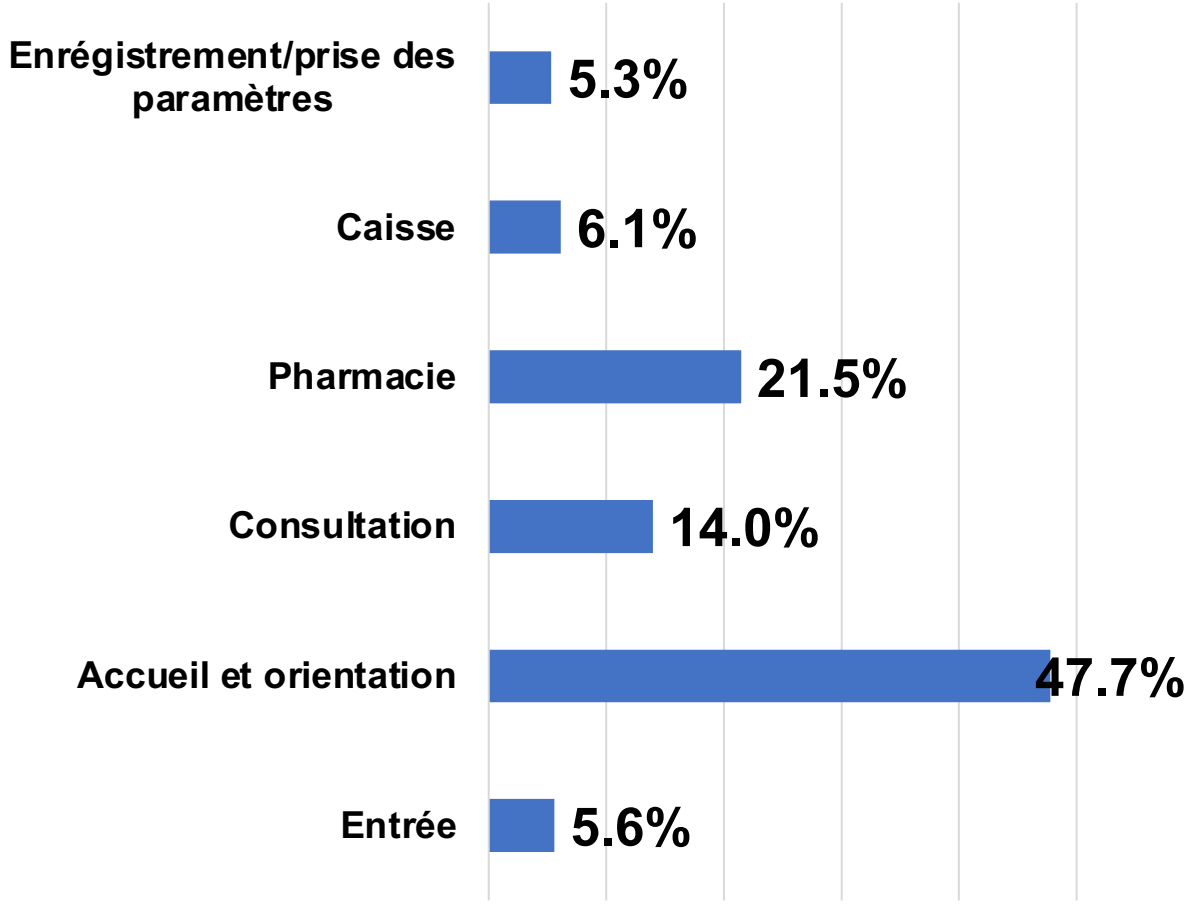


***Fig 3-a**. Breakdown (%) of observation posts based on recurrence of stigmatization indicators observed after observation*

f. Evaluate the level of stigmatization and discrimination, implement watchdogging and draw up a progress report on the quality of services as observed by control patients (continuation)

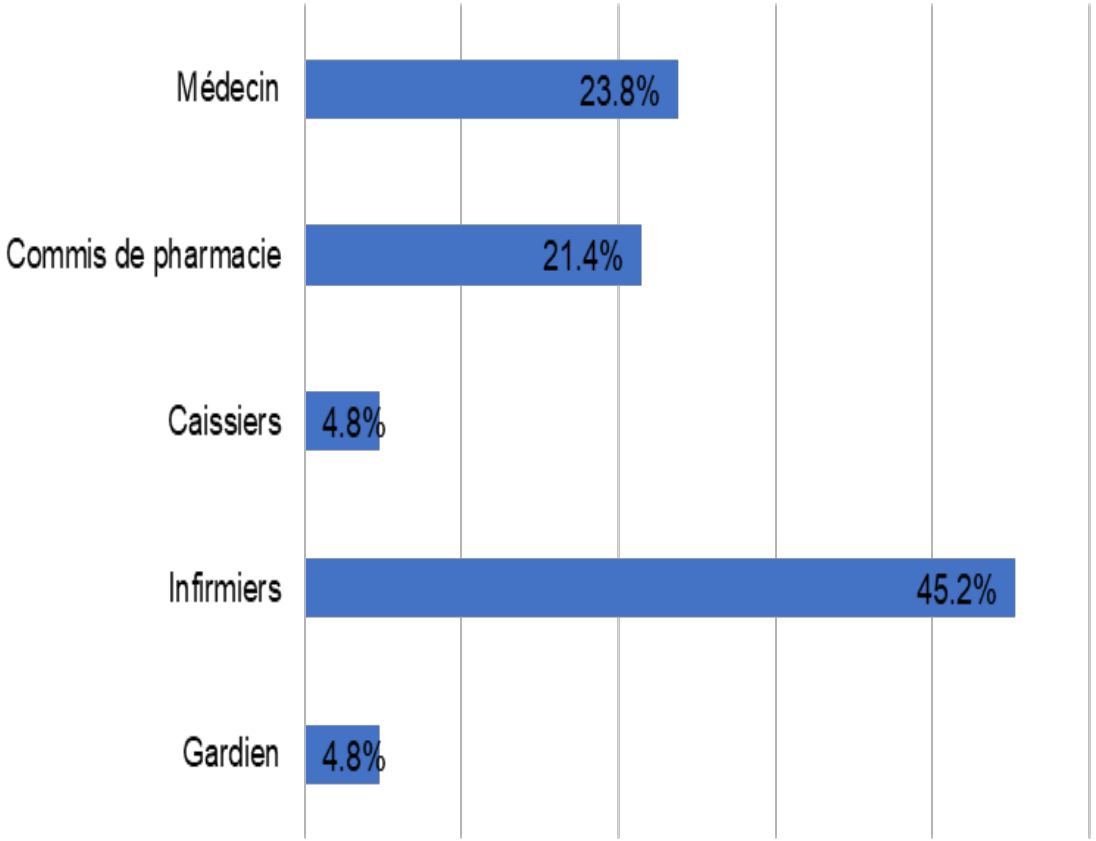


Fig 4. Breakdown of staff, perpetrators of acts of stigmatization observed before observation

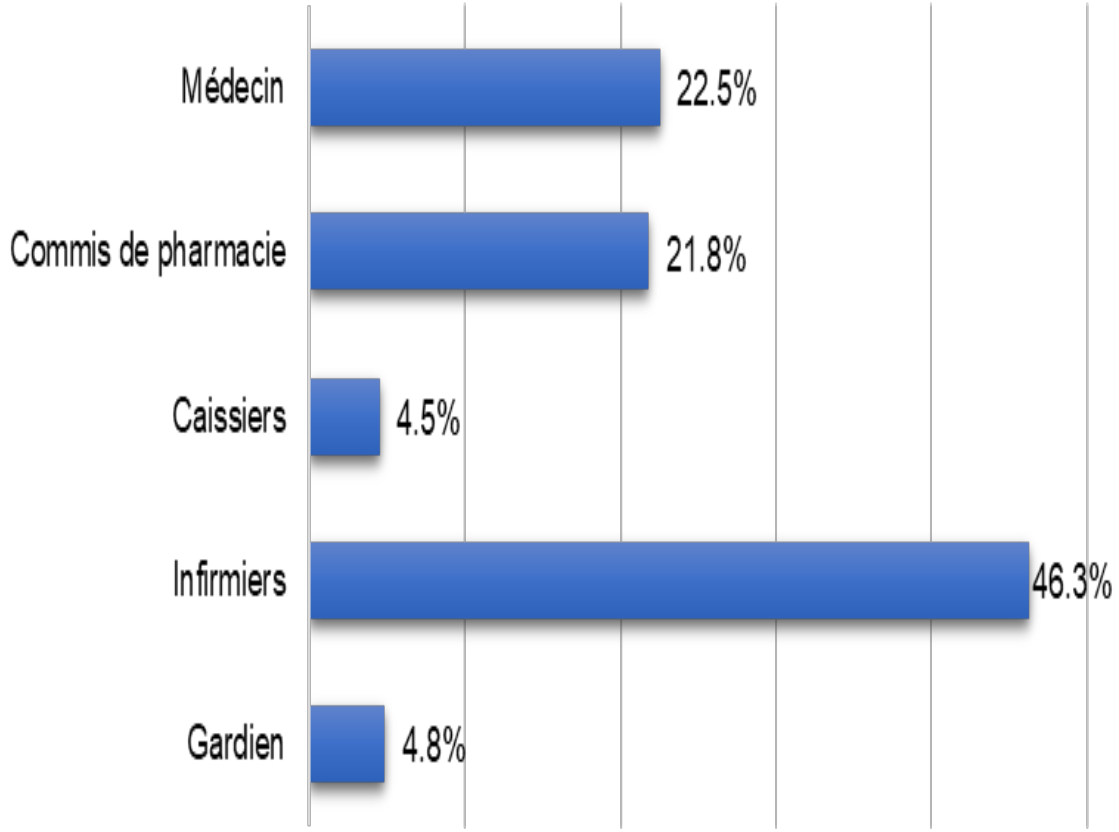


Fig 4-a. Breakdown of staff, perpetrators of acts of stigmatization observed after observation

g. Evaluate the level of stigmatization and discrimination, implement watchdogging and draw up a progress report on the quality of services as observed by control patients (continuation and conclusion)

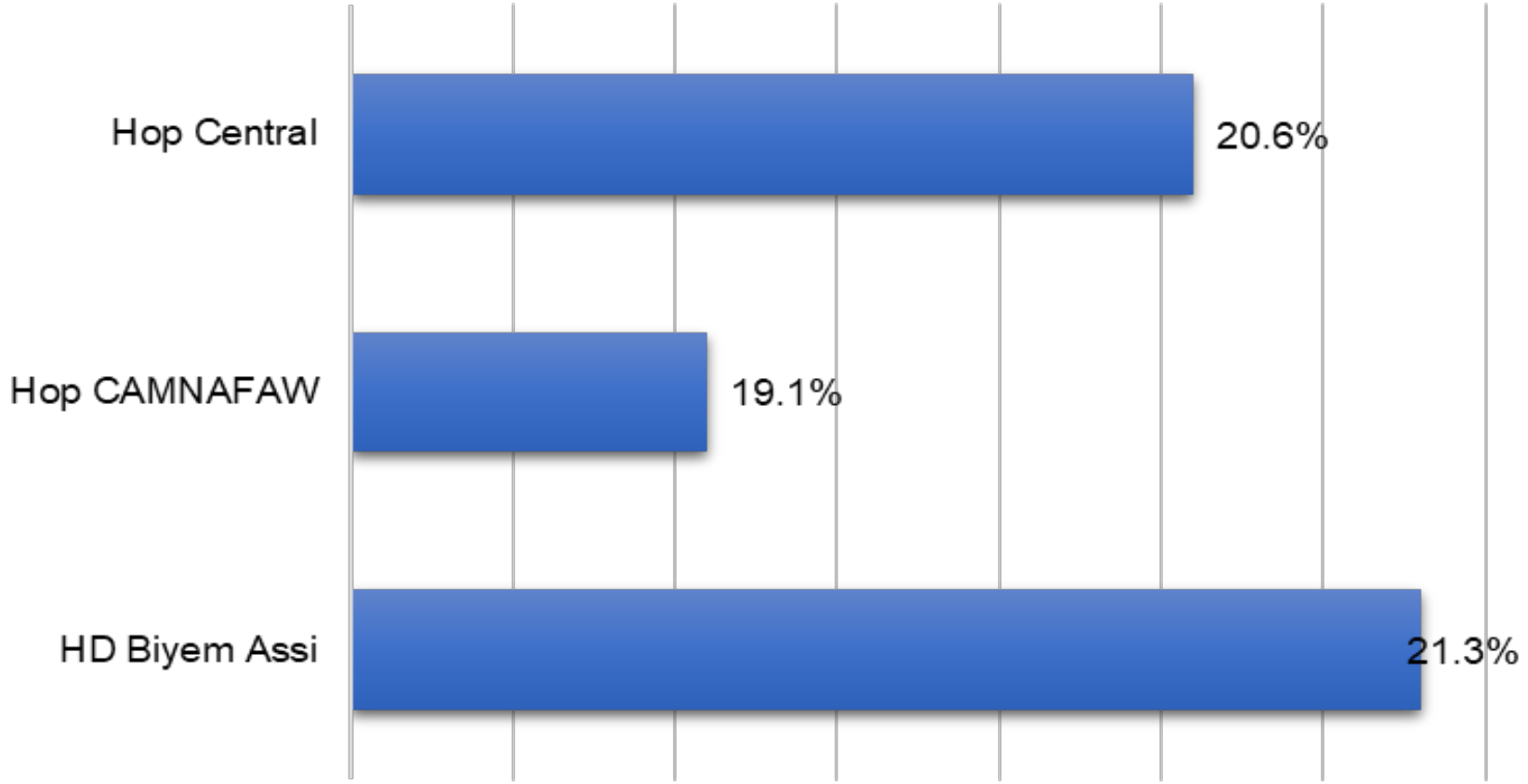


Fig 5. Breakdown (%) health care facilities by practice of stigmatization based on control patients received

h. Discussion

- The observation whose results are presented here was done with the intention of having as many MSM as Transgender control patients.
- The observations conducted have underscored that **acts of stigmatization are performed at all levels of intake at health care facilities and pharmacies.** The interpretation of the gestures and attitudes of a person often depends on the subjectivity of a subject. This observation also applies to judgments of profiling. Accordingly, it is possible that a subject may so interpret a gesture that is actually normal for a person and is not one of stigmatization.
- One may, however, note an improvement in the reduction of cases of stigmatization observed in comparison to earlier periods. Furthermore, one may lament the fact that Hôpital de Biyem-Assi remains at the head of the line in the practice of stigmatization among the three health care facilities observed

i. Develop training modules on friendly care for MSM and TGs at health care facilities and organize a pilot training workshop for providers from health care facilities

- Modules were developed by a consultant and structured around the following axes:

  - Representations and key concepts on sexual orientation and gender identity
  - Impact of stigmatization and discrimination on the health of MSM and TG individuals;
  - Sexual practices among LGBTs;
  - Local response : gains, challenges and prospects;
  - How to improve access to prevention and care for LGBTs : next steps.

- Training profiles: 12 care providers; 3 heads of health districts; 5 resource persons; 2 control patients ;
- Care providers came from the 3 pilot health care facilities that are project partners and the managers from the health district in which the respective health care facilities are located.

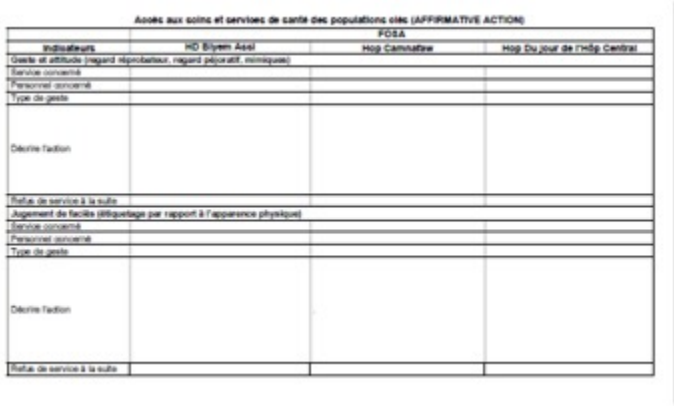
j. Organize on-site review of training of health care providers

With regard to the limited number of participants at the training workshop, refresher sessions were organized by each one of the three health districts to benefit other health care providers in their areas of competency.

k. Draft and produce a guide for welcoming and friendly care of MSM/TGs at health care facilities

- A guide was designed and drafted by a consultant to facilitate and improve welcoming and friendly care of MSM and TGs at health care facilities.

- The guide was produced in a hard copy version, and an explanatory videogram was published on YouTube. The guide itself was disseminated among health care facilities and grassroots community organizations.



I. Description of key lessons learned

The key successes with which Affirmative Action can be satisfied are, notably:

- The mobilization of technical, financial and institutional partners, the CNLS, UNAIDS, PEPFAR, CAMNAFAW and CNDHL, to the extent that they have followed and supported the project.
- Presentation of diplomas to control patients which help to substantiate their expertise ;
- Certification of health training programs which could be a driver to encourage attendance by MSM/TGs at health care facilities ;
- The involvement of health districts in the process of project implementation;
- The organization of on-site refreshers by district health managers;
- Drafting and production of the guide on welcoming and care that will substantively contribute to strengthening the capacity of health care personnel;
- And above all, the reconciliation of MSM and Transgender beneficiaries with health care facilities

Conclusion

With the implementation of the "My Provider, My Health" project

- Implementation of activities took on considerable dynamism leading to reorientations that made the outcomes achieved effective and efficient.

- Strengthening attendance at health care facilities by control patients through
  - ➢Payment of fees for consultations,
  - ➢Involvement of health districts in the implementation process,
  - ➢Drafting and distribution of a guide to care for MSM and transgender individuals,
  - ➢Involvement of media figures, among others

The final feeling one may have is that it was worthwhile to conceive and implement this project. Now it remains for the project to be scaled up in order not only to extend actions to other health care facilities, but also, and above all, to strengthen the improvement of the care environment for MSM and transgender individuals at health care facilities.

Thanks to…

- The Ministry of Health
- IMPACT (the whole team)
- The Elton John Foundation for funds raised
- Project beneficiaries: MSM and TGs