

DSD HELPS IN CURBING DEFAULTING

By Starphel Sithole

The introduction of Differentiated Service Delivery (DSD) model in delivering healthcare services to recipients of care has proved to be helpful in preventing defaulting from treatment by most recipients of care in Kasungu district.

This was revealed during a Community-Led Monitoring and Advocacy (CS-CLMA) project volunteers training on data collection by Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+) on 21 September 2022 in the district.

According to the Department of HIV and AIDS in the Ministry of Health, Malawi adopted the use of differentiated service delivery model of care in 2006 as part of the national strategy to build a strong national HIV program around the needs of the Country`s diverse population of people living with HIV.

During the training, Ministry of Health Programs Officer at the Department of HIV, STIS and Viral Hepatitis Brown Chiwandira said there are multiple issues that define the character of people in accessing HIV care in various service delivery points hence using DSD models by segregating them according to their needs.



training in session

“We have multi-month scripting where recipients of care who are stable (No longer sick) are able to access drugs for a maximum of 6 months which means they have time to run their errands and advance their life goals without worrying about going to the facility every month and spend long hours to access treatment”, said Chiwandira.

Chiwandira added that there are also teen-clubs model where we meet with teenagers in their own space not in the company of their parents or guardians as a way of supporting them continuously adhere to treatment for life compared to when they were grouped with everyone else.

One of the Men who have Sex with Men (MSM) members who attended the training commended the intervention of using DSD saying that mostly for the youths it is helpful because they feel shy to mix with the elders in accessing HIV services.

“As MSM, DSD models save them from discrimination and the insults they receive for being MSM when they go to access treatment, hence having their own space to access health care services makes them feel comfortable and not ashamed of anything”, He said.

The training which targeted key populations like people living with HIV, men who have sex with other men, female sex workers (FSM) and the transgender aims at empowering recipients of care to have knowledge and monitor how HIV and AIDS services are delivered in health facilities where they seek health care.

MANERELA+ is implementing the Citizen Science Community Led Monitoring (CS-CLMA) project in partnership with the Network of Journalists Living with HIV (JONEHA) in 8 health facilities in Kasungu and 6 health facilities in Dedza with funding from Bill and Melinda Gates through International Treatment Preparedness Coalition (ITPC). The project aims at improving HIV service delivery and service uptake by the target population amidst the COVID 19 pandemic and to assess and generate evidence on access gaps and HIV service barriers for people living with HIV and key populations in the context of COVID 19.