

"ONE STOP CENTER: BENEFITS OF INTERGRATED SERVICE DELIVERY"

By Christer Kalukusha

In many parts of the world, stigma associated with HIV hinders recipients of care from seeking health care and the support they need from health facilities. Despite HIV being known in Malawi in 1985, some people still have a negative attitude towards people living with HIV which discourages recipients of care from publicly or freely accessing healthcare services out of fear of being discriminated.

To create an environment where recipients of care are without fear when it comes to accessing Anti Retroviral Treatment (ART) services, an integration of services is being adopted in some parts of the health sector. This is an approach that aims at providing comprehensive care and increasing uptake of services by combining different health services under a single roof, or facility. Common integrated services include HIV care services, Family Planning, Tuberculosis (TB), Sexually Transmitted Infections (STI's), Malaria and Non-communicable diseases such as Diabetes.

When it comes to HIV, Anti Retroviral Treatment (ART) is offered together with other HIV care related services like Sexually Transmitted Infections (STI's), Tuberculosis, Cervical Cancer and Family Planning to create a sense of confidentiality for the stigmatized.

Family Planning Association of Malawi (FPAM) Health Facility in Dedza district is one of the facilities that adopted this service at its facility. One of the service providers, Steven Gama describes integrated service delivery model of offering health care including ART as a preferable approach that comes with a number of benefits.

"All our services are provided in one room and that includes; Sexual Reproductive Health Services, STI's diagnosis and treatment, malaria diagnosis and treatment as well as ART, we feel this is time saving because recipients of care do not need to move from one room to another to access a service if they are looking for various services. Integration is also much helpful to recipients of care and key population because it creates a room for privacy to them because some prefer not to be known that they are on ART," said Gama.



integration provides room for privacy-Gama

A study conducted by United States Agency for International Development (USAID) in 2022 on “achieving equitable access to end AIDS” indicates that key populations have inequitable access to safe, effective and quality HIV services and face disproportionate levels of stigma and discrimination among others that prevent them from getting the care they need hence having an integration of health care services; helps to minimize their concerns.

A Key population affiliated to Female Sex Workers Association (FSWA) who is also a recipient of care at FPAM health facility in Dedza explained how she favours integrated service delivery.

“Being a sex worker, it is always difficult for us to openly declare our HIV status for fear of putting our business at risk. We do not wish people to know our HIV status especially our clients because we put ourselves at risk of losing customers. Therefore, I had to transfer from one health facility where ART had a special room and everyone could judge

about your HIV status if they see you entering that room. So, I started receiving treatment here at FPAM because I was assured of privacy and confidentiality that I needed when it comes to my HIV status. I also do not want the public to know why I'm visiting the health facility because us sex workers have so many health care services that we seek from health facilities and having rooms of such services far apart makes it hard for us to feel free in accessing all the services for fear of being seen by others," she said.

Mwayi Kholiyo, an expert client at Dedza District Health Office (DHO) and a Young People Living with HIV (Y+) member added that having related health services such as HIV Testing Services (HTS), ART, TB, STI's, Viral load testing and cervical cancer screening under a single roof helps them to be helped easily and quickly.

"We do not need to move up and down for viral load testing, TB or ART because these services are provided in one building at the DHO and this saves our time and we are easily helped for the other services even when the sole purpose of visiting the hospital was for ART only but because the rooms for the other HIV care services are adjacent to each other we get the chance to seek for those as well without being lazy," said Kholiyo.

Dedza District Hospital ART Coordinator, Hiva Mheviwa said having HIV care services in one building helps service providers to assist recipients of care accordingly.

"Before these services were provided in a single building, it was hard for us to provide the adequate care needed to the recipients of care in the sense that when referred to go for TB testing or viral load most of them never went to get that service. Once they go out of the ART room they would leave for home for fear of being observed by many and this made us feel inadequate as service providers that we are not providing enough care to recipients of care," said Mheviwa.

Dedza DHO provides partial integration services where related services are supplied in a single building but in distinct rooms. Mheviwa therefore said the hospital has also incorporated Differentiated Service Delivery (DSD) for those who still feel infringed with the partial integration of services.

According to the International AIDS Society, DSD is a client centred approach that simplifies and adapts HIV services across the cascade to reflect the preferences, expectations and needs of people living with and vulnerable to HIV, while reducing unnecessary burdens on the health system.

Malawi Network of Religious Leaders Living with or Personally Affected by HIV (MANERELA+) through its project; Citizen Science Community Led Monitoring and Advocacy (CS-CLMA) aims at improving HIV service delivery and uptake by targeted populations with DSD being one of the approaches of increasing uptake of services.

CS-CLMA is being implemented in selected health facilities in Dedza and Kasungu districts. Dedza DHO being one of the health facilities where the project is being implemented, the ART Coordinator said DSD helps to reduce number of visits of recipients of care to the hospital.

“We offer teen clubs and Male Adherence ART clinic (MAAC) as part of DSD where a grouping of people within the same age group receive care together which is usually conducted over the weekend once a month to ensure privacy and reduce the number of visits to the hospital,” He said.

At Kasungu district hospital, Idah Katimba who has been on ART for 18 years said DSD’s have been a life saver to those who do not want others to know they are on ART since ART has a special space at the DHO where everyone can observe who is going there hence DSD’s help to relieve them from their fears of being known to be on ART through frequent visits to the hospital.



Idah Katimba

Twaibu Chipsese, Clinical Officer at Kasungu district council added that, having both integrated and DSD models of providing care is ideal in helping to address stigma and discrimination as they both ensure privacy of recipients of care in one way or the other.

CS-CLMA supervisor in Kasungu James Nthondo said MANERELA+ is promoting the use of DSDs through the project.



We are promoting the use of DSD-Nthondo

"We are mobilising support groups so that they should know the different types of DSDs and choose the ones which are convenient to them. We also engage with health workers because many of them are aware of these DSDs but are not offering them in their respective facilities. So, we engage them so that they should arrange with the recipients of care and begin offering the services," said Nthondo.

A 2021/22 study called "Getting to the Heart Of Stigma in Malawi" commissioned by the International AIDS Society noted that people living with HIV, Service Providers and Policy makers agreed that integration helped to reduce stigma and discrimination. However; despite joint calls by the WHO and Ministry of Health in Malawi as per the 2019 Review Report; Malawi is yet to fully integrate. This is so because currently; integration is adhoc, unstructured and un-coordinated efforts by some health facilities. One service provider respondent said it all about Malawi's status on integration and known benefits: "*Since we are moving towards integration; cases of stigma have reduced. But unfortunately we*

have not yet fully integrated, we are doing it in a staggered approach. There are a few health care facilities that have adopted the system”.