



MAKERERE UNIVERSITY

Infectious Diseases Institute

College of Health sciences, Makerere University

Investing in the Future: Impacting Real Lives



TAILORING HIV SERVICES TO SUIT A FRAGILE CLIENTELE

LESSONS LEARNT AT THE IDI CO-PAY COMPREHENSIVE CLINIC, AT MULAGO NATIONAL REFERRAL HOSPITAL COMPLEX

“It’s not that the need to go to a health facility doesn’t occur to men”, says Kaggwa an accountant based in Kampala. “But when it comes to HIV, there is a sense that while you might get good treatment, there might be consequences resulting from going to an open clinic.”

“Kaggwa is not the only one afraid of unwanted disclosure of his HIV status based on the fear of stigmatization resulting from being seen at a public health facility. Some clients express concern about the layout of the clinics – where people living with HIV (PLHIV) wait in a particular section designated to PLHIV” says Counselor Kapiga Timothy, working with Partners in Prevention, Kampala.

“Privacy for an emotionally fragile clientele is not a new concept. Several qualitative researchers report that clients who do not know their HIV status hesitate going to public facilities because being seen at a clinic could be enough to alert people in the communities of their HIV positive status,” Counselor Namugwe Zuhura adds.

Other clients have been reported to shun HIV services because of the long waiting times associated with public health facilities and the familiarity bound to arise from seeing the same health workers overtime.

“If a particular client has hesitations about getting HIV services at a public health facility, then we need to think out of the box. If it means creating a safe space for them, so be it.” Dr Noela Owarwo, HIV Specialist at IDI says.

The Approach

The Infectious Diseases Institute (IDI) in Kampala, Uganda was confronted with similar concerns from inception in 2002. The Prevention, Care and Treatment (PCT) Program took it to heart and innovated an IDI Co-pay Comprehensive Clinic (IDI 3C)

- The IDI 3C refurbished the physical spaces with a safe and secure reception area and different entrance and exit doors to minimize gender-based violence and stigma among non-disclosing and discordant couples, key populations, and stigmatized men in general.
- The PCT Program would rebuild health worker capacity in communication skills and care for its clients. All clients seen at the IDI clinics would be referred to and treated as “Friends”, not patients or PLHIV.
- The IDI 3C would promote the ‘Greater Involvement of People Living with HIV/AIDS (GIPA)’ strategy with a focus on understanding that ‘Men need Men’ to address stigma and non-disclosure issues. Private socializing lounge space for women who seek peer relations for support outside family structures would be part of the plan.
- The PCT Program instituted a minimal fee for “Friends” to pay at the Co-Pay Clinic. This fee is Remuneration for Consultant Physicians who meet the clients after official work hours.

CALL TO COLLABORATE

IDI calls upon clinicians and clients to refer, recommend and utilize the IDI 3C for:

- Pre-Referral and Referral Management of 'Fragile' Clients
- Promoting GIPA
- Fighting Stigma and Non-disclosure
- Cost effective and scalable models specialized in complex HIV.
 - Chronic Non-Communicable Diseases management .



The IDI 3C Innovation works!

- The IDI Co-pay clinic sees over 700 clients per year, who include 'hard to reach+ difficult to engage + high risk' clients. This statistic is not inclusive of the 8,000 clients who IDI serves through the General HIV Clinic.
- Currently, the IDI 3C provides exceptional and cost-effective services, including specialized care and treatment of chronic HIV management; malignancies, HIV-related opportunistic infections and HIV among the ageing.
- The IDI 3C observed improved client commitment to Viral Load (VL) monitoring and suppression, as a way of protecting partners and suppressing telltale signs associated with opportunistic infections.
- The IDI 3C succeeded in offering in-depth counselling privately, to promote GIPA. Men were able to discuss HIV-related social-cultural issues, such as HIV discordance, men having sex with men, HIV in advanced age, assisted partner notification, HIV co-infection, adherence to antiretroviral therapy (ART), and dealing with treatment failure.
- The IDI 3C staff observed a reduced client burden in the general clinic as a preference for private and flexible services increased.
- The IDI 3C started addressing other health care issues beyond HIV (Non-Communicable Diseases (NCDs) such as diabetes, hypertension and other lifestyle illnesses.
- The IDI 3C started contributing to the Research Programs by monitoring and reporting adverse events to improve health outcomes.

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