

WEPED342 'THEY THINK WHEN YOU GO FOR HIV TESTING YOU'RE A PROSTITUTE AND SUSPECT YOU HAVE HIV': CLIENT PERSPECTIVES OF HIV TREATMENT SERVICES FROM COMMUNITY-LED MONITORING IN SOUTH SUDAN.



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Introduction

In South Sudan:

- 30% of people living with HIV/AIDS (PLHIV) know their status.
- 18% of PLHIV are on treatment
- HIV burden among key populations is 6.7-13.6% varying according to town

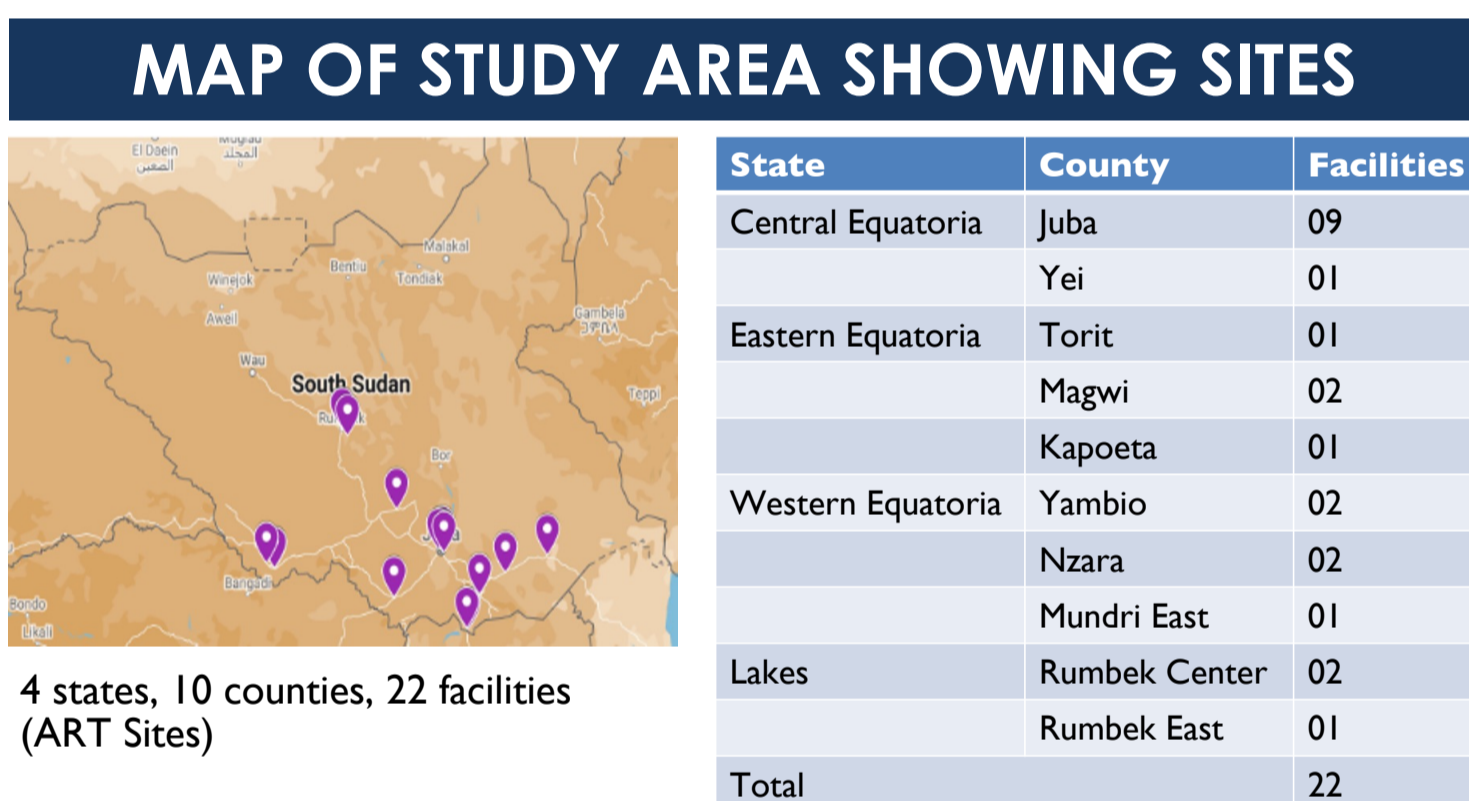
ART adherence is a major challenge

Communities emerging from recent conflict bear the brunt of low-quality services:

- Limitations of conventional, top-down models of design and implementation
- Limited engagement and involvement of affected persons.

Ministry of Health with technical support from development partners leads HIV/AIDS treatment programs

The US President's Emergency Plan for AIDS Relief (PEPFAR) funds ART - 86 ART sites in 5 states and 23 counties



Community Led Monitoring (CLM) models promise improved quality of services in resource limited settings.

PEPFAR Community Led Monitoring

- Conduct systematic and routine monitoring of facility and community HIV service delivery sites
- Establish community-driven rapid feedback loops to improve health service delivery and outcomes.

What then is the influence of CLM on quality of services from clients' perspectives?

Objectives

This qualitative study examined perspectives of ART patients at PEPFAR funded HIV treatment facilities in 4 states of South Sudan undertaking CLM of quality of services.

Methods

- Between January 2023 – June 2024
- CLM Citizen Social Science design,
- Client (N=2003), KP client (N=655), health worker (N=100) and community member interviews (N=358);
- facility observations (N=141)
- conducted at 22 sites across 11 counties in South Sudan.

Interviews/Observations	Central Equatorial	Eastern Equatorial	Lake State	Western Equatorial	Total
Clients	988	277	151	587	2003
KP Clients	208	140	63	244	655
Facility Managers	27	4	5	25	61
KP Facility Manager's	13	6	1	19	39
Facility Observation Guides	72	9	15	45	141
Reflective Guides	0	0	0	0	0
Support Group	35	5	8	53	101
Community Member	133	38	25	61	257
Totals	1476	479	268	1034	3257

- Data entry in Kobo tool, Atlas ti and Stata software
- Thematic analysis of qualitative data



Ethical considerations

- IRB approval
- Informed consent



EXAMPLE OF CHANGE OBSERVED AND REPORTED AFTER STAKEHOLDER FEEDBACK - FACILITY CLEANLINESS, COMPOUND

Results

- 57.2% (n=1862) of all interview participants were female
- Median age of 35 years, reflective of the young population as majority in South Sudan.
- 56.7% (n=1774) had primary level or no education.

Clients partly attribute experiences of improved quality of services to CLM:

- Shorter time spent at the clinics (63.4%, n=1270)
- "It depends on who comes first. I leave early after receiving medical care after one hour or less if people are not many because first come first serve."*

"I no longer find long lines because the staff are enough to facilitate services."

- Improved ambience/cleanliness (84%, n=1683)

"ART clinic is clean, and they have a hand washing bucket and dust bin, they need to improve the compound cleaning only."

- Greater sense of security at the facility (81.7%, n=1637)

- Availability of drugs and supplies

- Improved health care providers' attitudes and practices towards patients

"My relationship is good, they always send my drugs when they are finished. I call and they send me, I sometimes go to Juba to look for money and get my drug myself."

These experiences potentially may improve adherence to treatment.

"The staff at the facility has never judged me. They are good and active in working with the clients and sharing ideas and listening to the clients during the time of care. The good thing I have also seen is the staff giving counseling and making a follow-up of their clients, making sure the clients take their medicines at the right time."

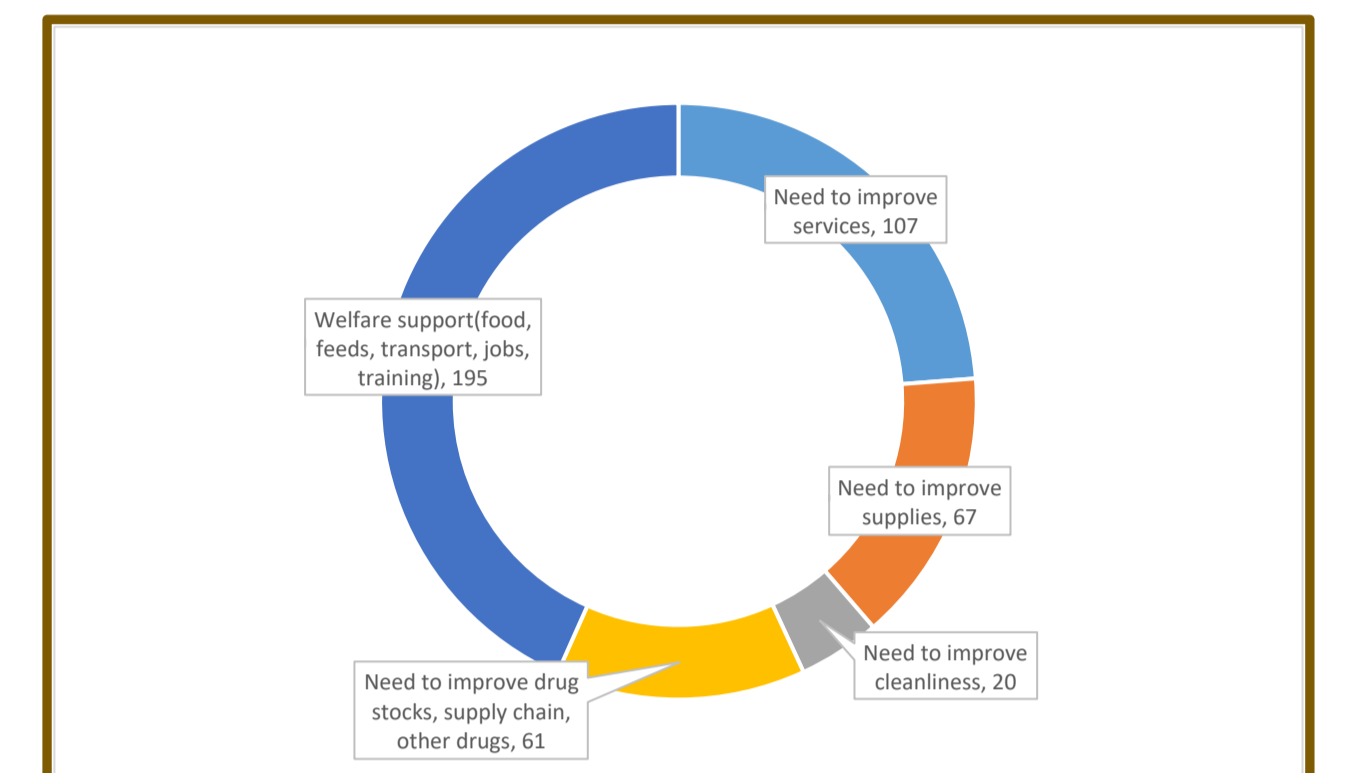
Participants' perceived reduction in stigma and discrimination

"No they have not treated me unfairly instead they give me sort of counselling and encouraging words to continue saving my life."

Conclusions

With the inevitable scale-up of HIV treatment in conflict settings like South Sudan, focusing on efforts to improve quality HIV care services will positively impact patient advocacy and adherence to treatment.

PERSPECTIVES ABOUT IMPROVING HIV CARE SERVICES



Participants revealed positive perspectives about the CLM model.



FEEDBACK DURING NATIONAL STAKEHOLDER MEETING

Success stories

The CLM model appears to strengthen efforts to influence adherence to ART and in turn further reduce new infections in the region.

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