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A Quality Improvement Approach for Reducing Stigma and Discrimination against Young Key Populations in the Delivery of Sexual Reproductive Health and Rights Services

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Abstract : Introduction: In Uganda, provision of adolescent sexual reproductive health and rights (SRHR) services for key population is still hindered by negative attitudes, stigma and discrimination (S&D) at both the community and facility levels. To address this barrier, Integrated Community Based Initiatives (ICOBI) with support from SIDA is currently implementing a quality improvement (QI) innovative approach for strengthening the capacity of key population (KP) peer leaders and health workers to deliver friendly SRHR services without S&D. Methods: Our innovative approach involves continuous mentorship and coaching of 8 QI teams at 8 health facilities and their catchment areas. Each of the 8 teams (comprised of 5 health workers and 5 KP peer leaders) are facilitated twice a month by two QI Mentors in a 2-hour mentorship session over a period of 4 months. The QI mentors were provided a 2-weeks training on QI approaches for reducing S&D against young key populations in the delivery of SRHR Services. The mentorship sessions are guided by a manual where teams base to analyse root causes of S&D and develop key performance indicators (KPIs) in the 1st and 2nd second sessions respectively. The teams then develop action plans in the 3rd session and review implementation progress on KPIs at the end of subsequent sessions. The KPIs capture information on the attitude of health workers and peer leaders and the general service delivery setting as well as clients' experience. A dashboard is developed to routinely track the KPIs for S&D across all the supported health facilities and catchment areas. After 4 months, QI teams share documented QI best practices and tested change packages on S&D in a learning and exchange session involving all the teams. Findings: The implementation of this approach is showing positive results. So far, QI teams have already identified the root causes of S&D against key populations including: poor information among health workers, fear of a perceived risk of infection, perceived links between HIV and disreputable behaviour. Others are perceptions that HIV & STIs are divine punishment, sex work and homosexuality are against religion and cultural values. They have also noted the perception that MSM are mentally sick and a danger to everyone. Eight QI teams have developed action plans to address the root causes of S&D. Conclusion: This approach is promising, offers a novel and scalable means to implement stigma-reduction interventions in facility and community settings.

Keywords : key populations, sexual reproductive health and rights, stigma and discrimination , quality improvement approach
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