

INTRODUCTION, AIM & METHOD

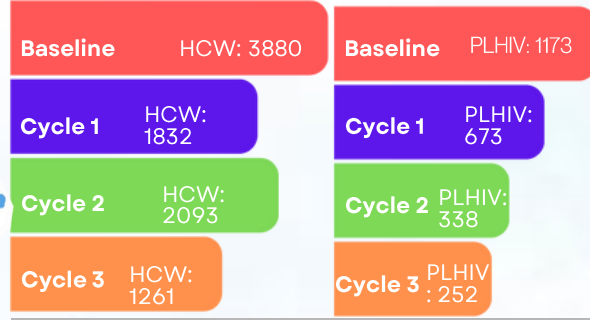
The HIV-related Stigma and Discrimination (S+D) Reduction Quality Improvement (QI) Project in Government Primary Health Clinics Malaysia started in 2020¹, in line with Strategy 3 of the National Strategic Plan in Ending AIDS by 2030².

On the ground, the project expanded to 55 primary care clinics from 10 (mix of clinics and hospitals) in the initial phase (Phase 1), representing 14 states and federal territories in Malaysia. This collaboration used the QI approach to reduce stigma and discrimination in government health facilities.

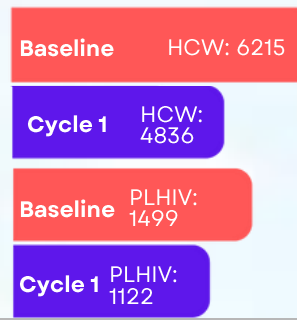


RESULTS: RESPONSES

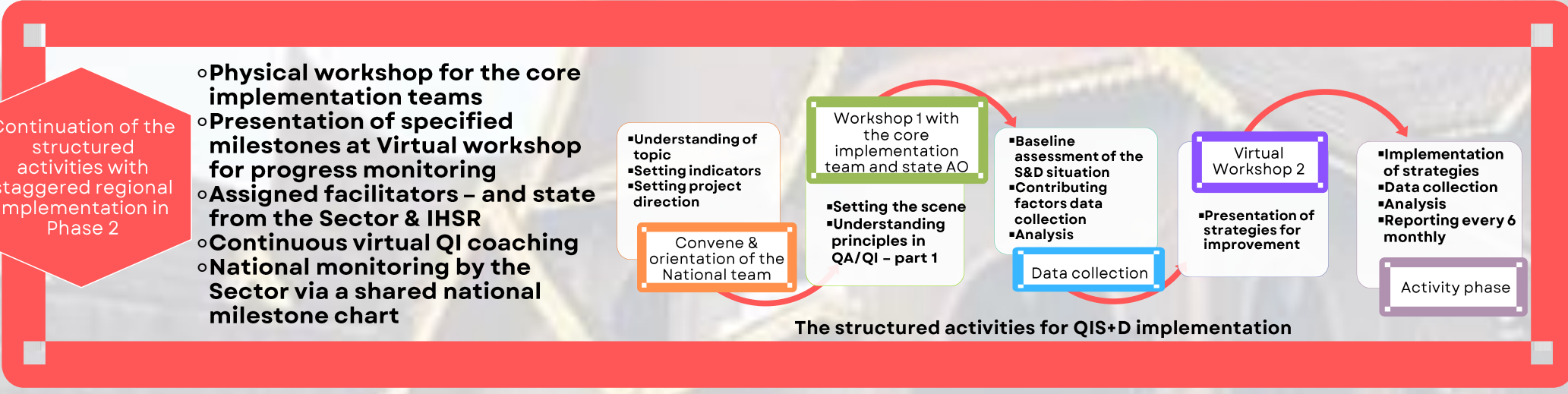
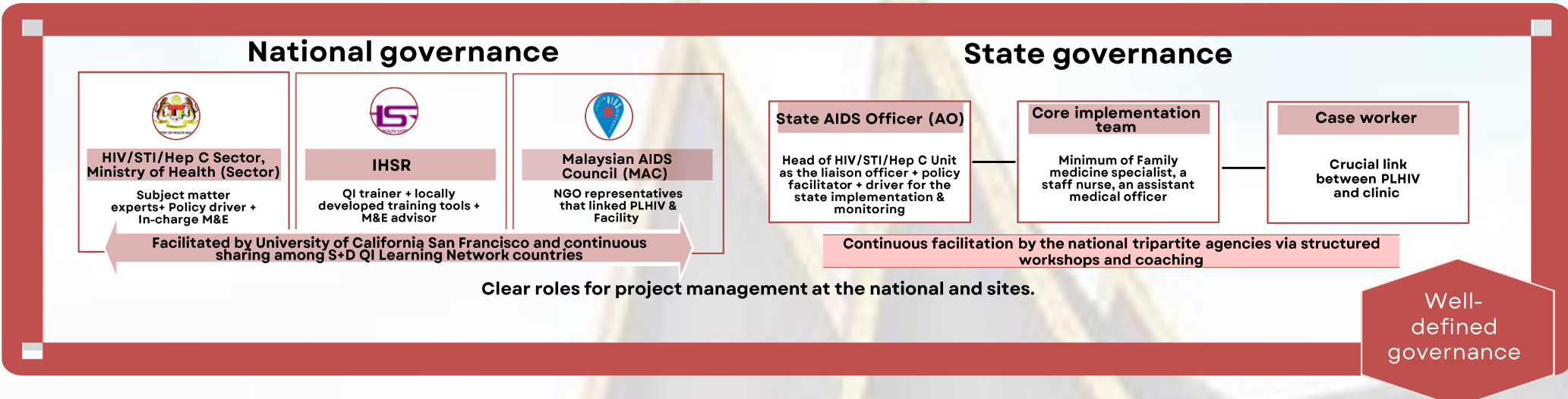
PHASE 1 Cycles and responses (6 primary care clinics & 4 hospital)



PHASE 2 Cycle and responses (55 primary care clinics)



RESULTS: CRITICAL EXPANSION FACILITATORS



Strengths-based and inter-clinics learning

- Sharing session by the change champion from Phase 1 for Phase 2 clinics
- Exploration of experienced and perceived facilitators and barriers among clinics in Phase 1 and 2 using an adapted scalability assessment tool for expansion preparedness.
- The structured activities enhanced understanding of analysis and enriched ideas in intervention designing.

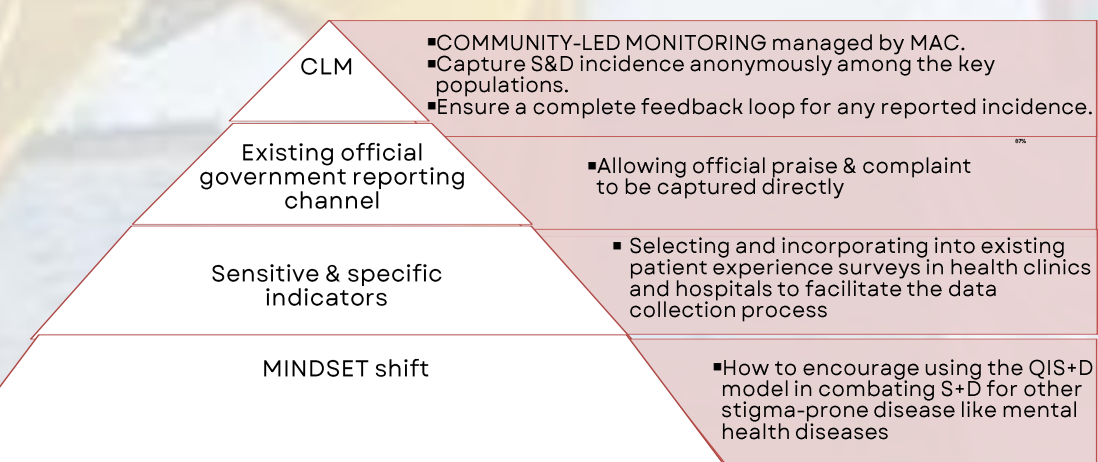
Horizontal & vertical involvement by all staff in the clinics for the assessment

Total facility approach

Shared tools

- QA/QI workbook to facilitate project implementation knowledge
- Standardised indicators questionnaire which was improved in term of sentence structure & responses options in Phase 2
- Centralised data collection system for the indicators in Phase 1 and continued in Phase 2
- Standardised KAP questionnaire to assist finding contributing factors
- A Compendium of best practices from Phase 1 and shared with Phase 2 clinics to allow adopt and adapt

MOVING FORWARD



DISCUSSION & CONCLUSION

Defined governance, shared learning and tools, structured activities and total facility approach helped in the expansion process of this QI project in tackling S+D among HCW towards PLHIV in the selected government primary clinics. Yet, reducing response trend and plateauing results need to be explored to ascertain whether institutionalization of the strategies had occurred or true non-respond.

REFERENCES

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ACKNOWLEDGEMENT

We would like to express our gratitude to the Director-General of Health and Deputy Director- General of Health (Research and Technical Support) Malaysia for allowing this presentation. We would also like to express our appreciation to the designer of our poster, Mr Muhd Maziz and to all who had involved either directly or indirectly to complete this study and presentation.

This e-poster is presented at the 12th National QA Convention, 8 - 10 October 2024, Klana Resort, Negeri Sembilan.

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