

LGBTIQ COMMUNITY-LED MONITORING: HISTORY AND GENDER SENSITIVITY

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Community-led monitoring (CLM) is a process in which people, representatives of key population groups who are negatively affected by inequalities in health care, including HIV, systematically monitor services, analyse the data they collect and conduct evidence-based advocacy, to improve service delivery, generate better solutions in health care and social policies and create an enabling environment for their well-being. This is done in collaboration with key partners in the community response to the HIV epidemic.

In its history worldwide CLM has been proven to enhance the efficiency, quality and accessibility of healthcare programs [1]. CLM is able to empower LGBTIQ communities including gay and bisexual men and transgender people as the key population groups vulnerable to HIV, strengthen community-based and community-led networks and organizations, and build local leadership in addressing the HIV/AIDS epidemic. CLM also enables LGBTIQ people to demand high-quality services and respect for their human rights, contributing to HIV programs and strategies at the local and national levels, strengthening the health care system in general.

This report aims to summarize several aspects of CLM experience and analyse the practices of its implementation in Ukraine and worldwide and the current challenges and gender sensitive approach to its implementation in Ukraine.

Community-based organizations in Ukraine have considerable experience in CLM since mid 2010s, including data collection on the availability and quality of HIV services. Civil society organizations have been taking a variety of approaches to CLM, including field data collection and the use of digital tools. They are involved in collecting data on community needs and services for community members, as well as monitoring both health services and human rights violations. Public organizations conduct assessments and studies of the community's needs in medical services and respect for human rights [2]. Although the effectiveness of LGBTIQ CLM is limited by the lack of organizational capacity and a systematic approach to the implementation of CLM and its results into the changes in social services healthcare services.

One of the significant reasons of inequality in healthcare access for LGBTIQ people remains a lack of gender sensitivity among healthcare professionals. Gender sensitivity includes knowledge and competence in sex and gender diversity healthcare providers obtain and use in their practice [3]. Applying a gender sensitive perspective in patient-centred care requires improved healthcare providers gender related knowledge and perception of gender and sexual variety, issues and inequalities to incorporate these into strategies and actions. Providing gender sensitivity in CLM is important for helping to address health inequalities.

References:

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