Assessing and Reducing Stigma and Discrimination in Health Facilities in Tanzania: Intervention and Evaluation Results
Acknowledgments

- Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), through the National AIDS Control Programme (NACP)
- Survey respondents, staff, and management of St. Francis-Bwagala (Turiani) and Kilosa district hospitals
- Morogoro Regional Medical Officer’s office and Mvomero and Kilosa district councils
- USAID and PEPFAR
- USAID and PEPFAR-funded Health Policy Plus (HP+) project
- Muhimbili University for Health and Allied Sciences (MUHAS)
- Kimara Peer Educators
Overview

Background

Intervention components (informed by baseline results)
  - Participatory skill building for facility staff
  - Additional tailored intervention activities (developed and led by facility staff and clients)

Evaluation results
  - Questions and discussion
Approach

Context-specific customization of globally tested total facility approach

• First use in generalized epidemic setting
• Addition of new focus on stigma toward youth

Three stages

1. Baseline quantitative survey: facility staff, clients living with HIV (adults and youth ages 15–24) (June–December 2017)
2. Stigma-reduction interventions (March–May 2018)
3. Endline assessment (data collected June and July 2018)

Two district hospitals in Morogoro Region: Kilosa and St. Francis-Bwagala in Turiani
Key Elements of the Total Facility Approach

- Builds on global best practices
  - Address the key immediately actionable drivers of stigma and discrimination
  - Adapt validated measurement and participatory training tools to Tanzanian context
  - Recognition that all staff at a facility have a role to play to reduce stigma

- Data-driven
  - Baseline to inform intervention design and catalyze action
  - Endline to allow for evaluation of intervention

- Participatory approaches to learning and behavior change
  - Creating a safe and fun space to discuss difficult issues
  - Finding new ways to communicate about “old” issues, like HIV transmission

- Strengthens capacity for facility-owned and driven stigma and discrimination reduction
  - Stigma-reduction facilitators are from the facility (staff and clients)
  - Facility champion teams design and lead stigma and discrimination-reduction activities
Intervention
Informed by baseline data

Welcome to Bwagala Hospital
stigma-free services

Kilosa without stigma and
discrimination is fabulous

Photo by: Kimara Peer Educators
Intervention Components

- Adaptation of global participatory training tools to Tanzanian context (and to add focus on youth)
  - Two-day participatory workshop with stakeholders

- Participatory skill building
  - All facility staff (clinical and non-clinical)
  - Three-person facilitation teams: facility staff person, adult living with HIV, young person living with HIV

- Additional tailored interventions
  - Developed and led by facility staff and clients
  - Ownership and involvement of facility leadership throughout
  - Youth involvement key
Training of Facilitators

- Competitive selection of participants (key to success)
  - Facility staff and clients applied to be trained
  - Process developed and selection made with facility involvement
- Led by master trainers (Kimara Peer Educators)
- 22 facilitators trained (14 staff and 8 clients living with HIV)
- Five days of off-site training to build:
  - Participatory facilitation skills
  - Content knowledge
  - Comfort levels for facilitation
- Five days of on-site coaching
  - Trainers led initial trainings; master trainers provided feedback and support
### Training Content

<table>
<thead>
<tr>
<th>Topic</th>
<th>Corresponding Exercise</th>
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<tbody>
<tr>
<td>Create awareness of what stigma is in concrete terms</td>
<td>Identify stigma and discrimination through pictures; analyze stigma in health facilities</td>
</tr>
<tr>
<td>Understand and address fear of workplace HIV transmission</td>
<td>Partner work and quantity, quality, and route of entry tool on non-sexual transmission; role play to review standard precautions</td>
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<tr>
<td>Understand and address stigma faced by youth seeking HIV and other sexual and reproductive health services</td>
<td>Use individual reflection, small group work, and plenary discussion to explore stigma experienced by youth, provider comfort/discomfort serving youth, and ways to improve service delivery for youth clients</td>
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<tr>
<td>Building empathy and reducing distance (contact strategies)</td>
<td>Listen to first-hand experiences from adults and youth living with HIV; discuss experiences in health facilities; self-reflection</td>
</tr>
<tr>
<td>Working to create change</td>
<td>Develop realistic strategies and a code of practice and action plan</td>
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*Final curriculum: 16 participatory exercises (11 core and 5 optional).*
Rollout of Facility-Based Trainings

Led by three-person facilitation teams:
- 1 facility staff, 2 clients living with HIV (1 adult, 1 youth)

Split into two daylong trainings at least one week apart, deepening learning

Training groups of 30–35 (different departments and levels):
- Schedule and attendance designed in partnership with facility administration
- Minimized interruption of service provision
- Built relationships and shared learning across departments/levels

100% of official staff trained, as well as an additional 188 contract staff and students—far exceeding original target (70%)

<table>
<thead>
<tr>
<th>Staff &amp; students trained</th>
<th>Kilosa District Hospital</th>
<th>Bwagala (Turiani) District Hospital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target (health facility staff)</td>
<td>120</td>
<td>120</td>
<td>240</td>
</tr>
<tr>
<td>Health facility staff trained</td>
<td>175 (100%)</td>
<td>173 (100%)</td>
<td>348</td>
</tr>
<tr>
<td>Students and contract staff trained</td>
<td>95</td>
<td>93</td>
<td>188</td>
</tr>
<tr>
<td>Actual</td>
<td>260</td>
<td>266</td>
<td>526</td>
</tr>
</tbody>
</table>
Benefits

• Builds relationships across departments and levels

• Builds relationships between youth and adults (youth facilitators)

• Insights among non-clinical staff about how their actions affect access and quality

• Staff highlighted participatory nature of skills building sessions—quite different from past experiences
Facilitators helped staff identify local solutions

- Teams of **champions** to lead promotion of a stigma-free environment
- Community **TV** and **radio spots** to declare and draw attention to a facility’s commitment to stigma-free care
- Creation and posting of **codes of conduct**
- Complaint and compliment system

- Designed to be institutionalized, embedded within existing resources, structures, and processes
- Trainers playing an ongoing role supporting facility staff in their stigma-reduction efforts

During rollout, participants were keen on identifying themselves as part of the stigma and discrimination activity with t-shirts and name badges.
Involving Youth

Youth participation throughout:
- Designing questionnaires
- Adapting facilitator’s guide
- Facilitating trainings for facility staff

Youth facilitators helped staff identify stigmatizing tendencies faced by youth and design appropriate local solutions
Teams of Facility-Based Champions

- 48 members (38 in Kilosa; 10 in Turiani) representing multiple departments and levels of staff, including management

Key selection criteria for members:
- Enthusiasm for the training and commitment to change
- Self-identified
- In a position to influence colleagues

Management endorsed the team, but had no hand in selecting them

Champion teams developed a program of stigma and discrimination-reduction activities for their facility

Sustainable
- Takes staff turnover into account
Kilosa Champions

- 38 champions identified
  - Section in-charge and nurse from each department, covering all 16 departments
- Received an extra day of training focused on role as champions
  - Continuing to change their own attitudes and behaviors
  - Motivating others
- Departmental action plans
  - Each department developed an action plan based on what they had been observing in their areas of work
  - Trainers are making periodic rounds to observe and give feedback (as frequently as possible so all stigmatizing habits are dealt with promptly)
- One of the facility staff even made herself a “signboard”
Turiani Champions

- 10 champions identified
  - Participants of the training of facilitators
- Integrated stigma reduction into existing structures and processes
  - Prepared and shared a stigma-related topic after morning prayers (held daily before ward rounds)
  - Responded to comments gathered from suggestion boxes
  - Introduced a monthly process of honoring a staff member (nominated by colleagues) for outstanding performance in stigma reduction
    For example, a security guard was honored by colleagues who observed his commitment to being kind and welcoming to all clients and to speaking with colleagues when they did not do the same
- Posted signboards with stigma-reduction messages in each department (20)
- Issued special identity badges to each trained individual

“Putting on your badge meant that you are part of the anti-stigma movement at the facility...ready to practice and be known if you are really practicing or not. Plus, ready to be corrected.”
Sustainable Response

- Continual involvement and support by hospital management
  - Management attended training
  - Management part of champion team

- Use of hospital training facility

- Trainers are facility staff and community members

- Training is non-disruptive to service delivery

- Selective application process for training

- Champion teams carrying forward stigma-reduction efforts

- Continuous emphasis on stigma and discrimination-reduction at departmental meetings
Measuring Success: Endline Results
Survey Respondents

- **Health facility staff**
  - Baseline: n=233 (148 female; 83 male; 2 not stated)
  - Endline: n=278 (190 female; 88 male)

- **Adults living with HIV**
  - Baseline: n=243 (166 female; 77 male)
  - Endline: n=248 (171 female; 77 male)

- **Youth living with HIV ages 15-24**
  - Baseline: n=88 (40 female; 48 male)
  - Endline: n=90 (44 female; 46 male)
What Was Measured

- Key drivers: fear, attitudes, and health facility environment
- Self-reported stigmatizing avoidance behaviors (self-reported by staff)
- Observed discrimination (behaviors observed in other facility staff)
  - Unwillingness to provide care
  - Providing poorer quality of care
  - Talking badly about clients
  - Disclosing HIV status without consent
  - Toward adults and four categories of youth (perinatally and non-perinatally infected; unmarried pregnant adolescents; sexually active adolescents)
- Stigmatizing attitudes toward adults and youth (self-reported by staff)
- Experienced discrimination (youth and adult clients living with HIV)
Measuring Success

Pre-post evaluation methods

• Facility staff
  o Pre-post analysis, including tests of significance (chi square)
  o Sample powered appropriately to detect change

• Adult and youth clients
  o Pre-post analysis of selected items (those that could be responsive to intervention)
  o Limited ability to detect significance in pre-post trends (size and convenience nature of client samples)

• Measures to reduce social desirability bias
  o Self-filled questionnaires
  o No identifying information collected
Worry about HIV Transmission in the Workplace

- Concern about contracting HIV while providing services can drive unnecessary stigmatizing avoidance behaviors.
- Understanding concerns allows them to be addressed.
- Worry questions included in the survey:
  - Fear of touching clothing/bedding of people living with HIV
  - Dressing wounds of people living with HIV
  - Drawing blood from people living with HIV
  - Taking temperature of people living with HIV
- Composite of the four questions: “yes” to at least one of the four fears
  - Provides an overall measure of the extent of concerns about HIV transmission while providing services.
Expressed Worry about HIV Transmission while Caring for Clients Living with HIV

- Touching bedding or clothes: 45% (Pre), 5% (Post)
- Dressing wounds: 47% (Pre), 2% (Post)
- Drawing blood: 51% (Pre), 2% (Post)
- Taking temperature or blood pressure: 18% (Pre), 0% (Post)
- Composite (expressed worry about at least 1 of the 4): 55% (Pre), 5% (Post)
Stigmatizing Avoidance Behaviors

- Unnecessary overprotection that not only stigmatizes but visibly marks clients as living with HIV

- Stigmatizing avoidance behavior related questions:
  - Wearing double gloves when treating people living with HIV
  - Wearing gloves for all aspects of patient care with people living with HIV
  - Using extra precautionary measures when caring for people living with HIV

- Composite of the three questions: “yes” to at least one of the three types of avoidance behaviors
  - Provides an overall measure of the extent of concerns about HIV transmission while providing services
Reported Use of Stigmatizing Avoidance Behaviors

- Wearing double gloves: Pre - 44%, Post - 38%
- Taking extra precautions: Pre - 77%, Post - 42%
- Composite (1+ avoidance behavior): Pre - 86%, Post - 49%
- No avoidance behavior: Pre - 65%, Post - 51%
HCWs are hesitant to take HIV test due to fear of others' reactions if positive (61% to 42%).

I am hesitant to take HIV test due to fear of others' reactions if positive (42% to 34%).

HCW living with HIV would be hesitant to seek care in this facility (45% to 30%).

HCWs are hesitant to work alongside a person living with HIV, regardless of duties (15% to 7%).

Confident with confidentiality of test results (11% to 3%).

Access to post-exposure prophylaxis (14% to 95%).

HCW = healthcare worker
Facility has written guidelines protecting people living with HIV from stigma and discrimination

Not allowed to test for HIV without client knowledge

Will get in trouble if I discriminate against people living with HIV

Will get in trouble by offering FP to unmarried youth (18-24)

Will get in trouble by offering FP to unmarried youth (15-17)

Facility has written guidelines on provision of care to adolescents

Pre  Post  FP = family planning
Stigmatizing Attitudes

- Attitudes may influence (often unconsciously) how services are delivered.
- Recognizing attitudes can help mitigate unconscious bias in health service delivery.
- Asked to respond to statements related to attitudes (strongly agree, agree, disagree, or strongly disagree):
  - Most people living with HIV do not care if they infect other people.
  - Adolescent girls who are sexually active are promiscuous.
  - People living with HIV should feel ashamed of themselves.
  - Most people living with HIV have had many sexual partners.
  - Adolescent boys engaging in sexual activity is normal.
  - People get infected with HIV because they engage in irresponsible behaviors.
  - I would be ashamed if I had HIV.
  - Adolescents living with HIV should not have sex.
  - A woman living with HIV should be provided treatment only if she is using family planning methods.
  - Women living with HIV should be allowed to have babies if they wish.
  - Young people living with HIV should receive counseling and support to make informed decisions on having pregnancy.
Stigmatizing Attitudes: Specific

PLHIV do not care if they infect others (agree)

PLHIV should be ashamed of themselves (agree)

Most PLHIV have had many sexual partners (agree)

People get HIV because they engage in irresponsible behavior (agree)

Women living with HIV should be allowed to have babies (disagree)

I would be ashamed if I had HIV (agree)

A woman living with HIV should be provided treatment only if she is using family planning (agree)

PLHIV = people living with HIV
Stigmatizing Attitudes: Composite

Holds 1+ stigmatizing attitude about PLHIV
- Pre: 99%
- Post: 35%

Holds no stigmatizing attitudes about PLHIV
- Pre: 64%
- Post: 4%

Holds 1+ stigmatizing attitude about women living with HIV
- Pre: 57%
- Post: 21%

Holds 1+ stigmatizing attitude about sexually active adolescents
- Pre: 97%
- Post: 23%

PLHIV = people living with HIV

Pre vs. Post
Attitudes Toward Youth

- Adolescent girls who are sexually active are promiscuous (agree): 71% (pre) to 50% (post), decrease of 21%
- Adolescent boys engaging in sexual activity is normal (disagree): 44% (pre) to 37% (post), decrease of 7%
- Adolescents living with HIV should not have sex (agree): 43% (pre) to 9% (post), decrease of 34%
- Young people living with HIV should receive counseling to make informed decisions (disagree): 16% (pre) to 6% (post), decrease of 10%
Observed Discrimination

- Measures what facility staff are observing, rather than their own behavior
- May increase after the intervention because staff are now more aware of what discrimination is—and so may be more likely to notice it
- Asked: “In the past 6 months, how often have you observed healthcare workers…”
  - Unwilling to care for
  - Providing poorer quality of care
  - Talking badly about
    - Client living with (or thought to be living with) HIV
    - Adolescent who is (or is thought to be) sexually active
    - Young person living with HIV who did not acquire HIV from their mother
    - Young person who acquired HIV from their mother
    - A pregnant adolescent who is unmarried
Observed Discrimination: Composite, by Group

PLHIV = people living with HIV

Pre Post

PLHIV 29% 2% 7%
Sexually active adolescents 40% 31% 9%
Unmarried pregnant adolescents 41% 32% 9%

PLHIV = people living with HIV
Health Facility Staff Perception of Behavior Change Compared to 12 Months Ago

Kilosa:

- 94% reported improved health facility staff behavior compared to 12 months ago
- “Discrimination and stigma have greatly been reduced at the facility. The message that test results are not shared without client’s consent has spread across communities and around the facility. Radio Kilosa has pioneered this message. This has contributed a lot in the big number of clients coming to screen for HIV.”
  – Regina Masalu, CBHS-focal person at Kilosa Hospital

Turiani:

- 95% reported improved health facility staff behavior compared to 12 months ago
- “Our hospital has been upgraded to ‘four star’ from ‘three star’ by the regional health supervision team. We managed to attain this because the team observed how we are delivering our services, the quality of services including sign posts, codes of conduct, and suggestion/feedback boxes. Clients showed facial expression being satisfied and none of them told them that they are treated differently because they are HIV positive.”
  – Dr. Zahir, Outpatient Department Turiani Hospital
Health Facility Staff Exposure to Intervention Activities

Kilosa:
- 96% participated in the training (95% both days)
- 95% received stigma and discrimination (S&D)-reduction t-shirt
  - 89% have worn it 3+ times
  - 27% reported t-shirt has sparked a conversation
- 87% have heard S&D-reduction messages on the intercom
- 97% have seen the suggestion boxes
- 62% have had S&D-related discussions during ward rounds
- 98% have seen the S&D-reduction signboards
- 84% have heard the S&D-reduction program on radio Kilosa
- 32% have seen S&D program on Abood TV
- 85% reported taking action to change S&D

Turiani:
- 95% participated in the training (88.5% both days)
- 93% received an S&D-reduction t-shirt
  - 94% have worn it 3+ times
  - 53% reported t-shirt has sparked a conversation
- 90% have heard S&D-reduction messages on the intercom
- 99% have seen the suggestion boxes
- 87% have heard S&D-related messages after morning prayers
- 98% have seen the S&D-reduction signboards
- 87% have seen S&D program on Abood TV
- 83% reported taking action to change S&D
Clients: Experienced Discrimination: Composite

- Adults: Pre 38%, Post 21%, Decrease 17%
- Youth: Pre 53%, Post 27%, Decrease 26%

Pre vs Post comparison shows a significant decrease in experienced discrimination.
Adult Client Perceptions of Health Facility Policies

- Medical records relating to HIV status are kept completely confidential: 68% to 88%
- Health facility staff are not allowed to test health facility clients for HIV without their knowledge: 74% to 95%
- Health facility staff will get in trouble at work if they discriminate against persons living with HIV: 66% to 90%
- Health facility staff are not allowed to force HIV-positive clients to use contraception if they do not want to: 70% to 83%
Medical records relating to HIV status are kept completely confidential.

Health facility staff are not allowed to test health facility clients for HIV without their consent.

Health facility staff are not allowed to force HIV-positive clients to use contraception they do not want.

Health facility staff will get in trouble at work if they discriminate against persons living with HIV.
Clients’ Perception of Positive Change in Health Facility Staff Behavior Toward Clients Compared to 12 Months Ago

<table>
<thead>
<tr>
<th>Kilosa:</th>
<th>Turiani:</th>
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<tbody>
<tr>
<td>Adults: 65% reported positive change</td>
<td>Adults: 55% reported positive change</td>
</tr>
<tr>
<td>Youth: 77% reported positive change</td>
<td>Youth: 79% reported positive change</td>
</tr>
</tbody>
</table>

“We are receiving supportive care and we are satisfied with the attitudes of the care providers at the CTC clinic. The habit of ignoring us and chatting with their phones or going out for tea and leaving us there waiting has disappeared.”

- Mohamed, youngest trainer living with HIV
## Clients’ Exposure to Intervention

<table>
<thead>
<tr>
<th>Activity</th>
<th>Adults (Kilosa)</th>
<th>Adults (Turiani)</th>
<th>Youth (Kilosa)</th>
<th>Youth (Turiani)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are aware of the facility’s stigma-reduction activities</td>
<td>70%</td>
<td>62%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Have seen a facility staff member wearing a stigma-reduction t-shirt</td>
<td>33%</td>
<td>49%</td>
<td>47%</td>
<td>58%</td>
</tr>
<tr>
<td>Have heard the stigma-reduction messages on the intercom</td>
<td>21%</td>
<td>42%</td>
<td>42%</td>
<td>50%</td>
</tr>
<tr>
<td>Have seen the suggestion boxes</td>
<td>68%</td>
<td>63%</td>
<td>98%</td>
<td>67%</td>
</tr>
<tr>
<td>Have used the boxes</td>
<td>14%</td>
<td>11%</td>
<td>40%</td>
<td>19%</td>
</tr>
<tr>
<td>Have seen the stigma-reduction signboards</td>
<td>61%</td>
<td>68%</td>
<td>70%</td>
<td>88%</td>
</tr>
<tr>
<td>Have seen the stigma-reduction program on Abood TV</td>
<td>--</td>
<td>--</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Have heard the stigma-reduction program on community radio</td>
<td>39%</td>
<td>48%</td>
<td>--</td>
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</tr>
<tr>
<td>Have participated in a youth club at the facility</td>
<td>-</td>
<td>--</td>
<td>55%</td>
<td>21%</td>
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Key Elements for Success

- Data to define challenges, catalyze action, shape responses, and evaluate progress
- Participatory nature of the process
  - Questionnaire and training tools adaptation
  - Dissemination of baseline results
  - Stigma and discrimination-reduction skills building sessions
- Facility-led and owned
  - Management commitment and support
  - Capacity building within facilities
    - Trainers are staff and clients from the facility
    - Champion teams
- Addressing actionable drivers of stigma and discrimination
- Involving all facility staff in the process (medical and non-medical)
Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project’s HIV activities are supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

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