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ACHIEVING A STIGMA-FREE HEALTH FACILITY AND HIV SERVICES

*Resources for
Administrators*

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Achieving a Stigma-free Health Facility and HIV Services

Resources for Administrators





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I. Introduction

Welcome! This resource guide is designed to help administrators of health facilities promote stigma-free HIV services. Globally, many people living with or perceived to have HIV experience negative attitudes and harmful actions in health facilities that undermine their health and ability to lead a productive life. However, administrators and health facility staff worldwide have taken actions demonstrating that stigma and discrimination can be addressed successfully. Stigma-reduction efforts in settings as varied as Brazil, China, Ghana, India, Tanzania, and Vietnam have resulted in significant changes in health facility staff attitudes and practices, and a better quality of care for people living with HIV (PLHIV) and other key populations, such as men who have sex with men (MSM), people who use drugs, transgender people, and sex workers.

A stigma-free health facility is one in which PLHIV and other key populations are treated with respect and compassion, and provided with high-quality care. In a stigma-free facility, health facility staff members also are able to protect themselves from HIV transmission in the workplace through the use of Standard Precautions, which the World Health Organization defines as the basic level of infection control precautions for all patients. Additionally, in a stigma-free facility, health facility staff feel confident about getting tested for HIV, living with HIV, and continuing to work.

Who is this guide for?

This guide is intended for facility administrators and other personnel who play a role in ensuring that policies, procedures, and available supplies promote a safe workplace for staff, and the delivery of high-quality services. Others interested in responding to stigma and discrimination within healthcare settings may also find the tools in this guide useful.

II. Why Intervene?

Causes and Consequences of Stigma and Discrimination

People having an association with HIV often experience negative attitudes and harmful actions that deter them from accessing services, disclosing health information to providers, and adhering to treatment. HIV stigma refers to beliefs and attitudes that deeply discredit a person or group of people because of an association with HIV or AIDS. This can, in turn, lead to harmful actions or discrimination toward that person or group of people.

Globally, the availability of treatment and care for HIV has transformed the lives of millions of people for the better. However, groups more vulnerable to HIV infection—sex workers, MSM, transgender people, people who use drugs, and others—often do not access lifesaving services because of actual or anticipated HIV stigma and discrimination. When these groups do access services, they may be mistreated or receive a substandard quality of care. Furthermore, an association with HIV compounds some people's existing negative attitudes toward key populations. Additionally, a number of countries have laws that criminalize key population behavior, which makes it even more difficult for key populations to access health services and adhere to treatment.

What are the three primary drivers of HIV stigma and discrimination in health facilities?

Limited recognition of stigma and discrimination: Health facility staff may not realize their attitudes, words, and behaviors are stigmatizing and discriminatory toward PLHIV and other key populations, and have resulting negative consequences.

Fear of acquiring HIV through casual contact: Health facility staff may lack sufficient knowledge about HIV transmission, which can lead to fear of acquiring HIV through everyday interactions with patients. A lack of knowledge, coupled with the absence of adequate resources and knowledge to implement Standard Precautions, may result in health facility staff engaging in acts of discrimination.

Moral judgments and values: Health facility staff may hold judgmental attitudes toward PLHIV or key populations. These attitudes may affect the services received by clients in unintended and often unrecognized ways, and act as barriers to accessing treatment and care.

What forms do HIV stigma and discrimination take in health facilities?

Studies have documented a wide range of discriminatory practices in health facilities toward PLHIV and key populations, including the following:

- Refusing to provide treatment, keeping clients waiting longer, or referring clients unnecessarily to other health facility staff or facilities
- Gossip and verbal abuse, such as scolding and name calling
- Differential treatment, such as requiring clients to take an HIV test before providing care, not providing some forms of care that are available to others, and conditional treatment (e.g., that depend on contraceptive use)
- Marking the files or clothing of patients living with HIV or isolating clients in separate waiting areas or wards when there is no clinical need to do so
- Forcing clients to be tested for HIV or tuberculosis without their consent, without adequate counseling, and without providing the results of the tests to the client
- Disclosing the HIV status of clients to other health staff, family members, or other people without the consent of clients
- Excessive use of barrier precautions, such as using gloves or masks for routine tasks that do not involve the handling of bodily fluids

How do HIV stigma and discrimination affect clients?

Those who are stigmatized or fear being stigmatized may behave as follows:

- Fear taking an HIV test and delay getting tested until they are desperately ill, well beyond the optimal stage for antiretroviral (ARV) intervention
- Avoid going to health facilities for HIV and other health-related services
- Not disclose important information to health facility staff for a proper diagnosis or course of treatment
- Travel outside of their communities to access ARVs in secret or hide their use of ARVs and, as a result, take inconsistent doses of medication
- Avoid going to a health facility for delivery or drop out of a prevention of mother-to-child transmission program for fear of disrespectful care from health facility staff
- Avoid disclosing their serostatus to sexual partners or avoid insisting on safer sex
- May not access information and services needed to help them prevent getting HIV

How are health facility staff members living with HIV affected?

Health facility staff living with HIV may also face gossip or exclusion by other health facility staff, discrimination at work if there are no policies in place to protect their rights, and hostility from clients. They often hide their HIV status, avoid discussing their situation with others, and suffer in silence. Because of the fear of being stigmatized, or even losing their job, health facility staff may avoid testing for HIV and access treatment either late or not at all. They may become seriously ill or die, causing further strain on an overburdened healthcare system.

III. Getting Started

The resources in this guide will assist administrators in conducting a scan of stigma and discrimination within the facility, and taking action to promote the safety of health facility staff and improve the quality of services for all clients. The guide contains a facility environment and policy checklist and tools for developing an effective Code of Conduct and Action Plan for addressing stigma and discrimination. It also contains additional tools for measurement and training in Annexes A and B.

RESPONDING TO HIV STIGMA AND DISCRIMINATION IN YOUR HEALTH FACILITY

- Checklist for a Stigma-free Facility Environment and Policies
- Code of Conduct
- Action Plan

Administrators may use these resources either together as a package or on a stand-alone basis. The best results will likely be achieved by applying a combination of tools. This guide is part of a suite of tools for addressing HIV stigma and discrimination within health facilities. Other resources in the collection include the following:

Staff survey. This survey is a brief, standardized questionnaire for measuring the extent and nature of stigma and discrimination among personnel within a health facility. It may be used to produce baseline information and later to monitor progress. To develop the questionnaire, an international group of researchers assessed and synthesized existing measurement tools. The researchers then field tested the resulting questionnaire in China, Dominica, Egypt, Kenya, Puerto Rico, and St. Kitts & Nevis. Based on the results, the researchers extracted the most reliable, valid measures across settings. The questionnaire is accompanied by a user’s manual for implementation.

Training for health facility staff. This resource features participatory training modules, which include exercises to raise staff awareness about stigma and discrimination in health facilities and help change their attitudes and behaviors toward PLHIV and key populations. The training modules also cover basic skills on Standard Precautions. The training modules were selected based on effectiveness in field application across nine countries. Additionally, training program menus provide timetables for using core training exercises with different types of staff, including managers, doctors, nurses, support staff, trainers, and others. In delivering the program, each trainer is paired with a person living with HIV or a member of a key population group.

Combined, these components are designed to be part of a systematic process to transform the attitudes and practices of facility staff, and the institutions in which they work. The full suite of tools is available on the Health Policy Project (HPP) website: www.healthpolicyproject.com/index.cfm?id=StigmaPackage.

Steps for Responding to HIV Stigma and Discrimination

Below are some suggested steps for promoting a stigma-free health facility:

1. **Set up or identify a Stigma Action Group.** Include senior managers, clinical staff, nonclinical staff, and service users. The group will be responsible for developing and implementing stigma-related activities in the facility and monitoring progress.
2. **Assess your facility.** If possible, assess the levels of stigma and discrimination within your facility. Depending on your time and resources, you have different options for assessment. Implementing the staff questionnaire (Annex A) will provide you with the most complete information about knowledge, attitudes, and practices in your facility. The Checklist for a Stigma-free Facility Environment and Policies will provide critical information about the extent to which the facility supports and delivers stigma-free services. Be sure to share results with staff.
3. **Review current policies and practices.** In meetings or other regular activities, allocate some time to discuss policies and practices related to HIV stigma and discrimination. Each department could develop its own ideas on new policies or guidance to counteract stigma.
4. **Get ideas from the community and local organizations, including those that represent key populations with high burdens of HIV.** Encourage these groups to contribute their perspectives on stigma and discrimination, and then meet with them to discuss the effort to create a stigma-free facility.
5. **Develop and launch a Code of Conduct.** Organize the development of a written Code of Conduct; then heighten staff, clients', and the community's awareness of it. The Code of Conduct or Practice represents agreed-upon principles and behaviors in areas such as patient confidentiality, patient rights and respect, and quality of care. In facilities, such Codes of Conduct often are developed in a participatory manner with health facility staff and may be "peer enforced." Plan for a strong launch of the Code by displaying it in service areas and staff rooms, using meetings to let staff members know what it means for their work, and asking for feedback from clients. Celebrate your aim of creating a stigma-free facility!
6. **Mainstream stigma-free norms and practices.** Create an Action Plan to implement the Code of Conduct and any other activities needed for a stigma-free facility. In developing the Action Plan, note that sustaining change may entail activities such as training, as well as altering existing procedures, including how you assess staff performance.
7. **Monitor progress.** Carry out regular assessments of your Code of Conduct, record success stories, and discuss challenges and progress with staff. Periodically, you might also want to review the Code to see if it needs to be altered or new points need to be included.

IV. Tools

Tool 1: Checklist for a Stigma-free Facility Environment and Policies

This Checklist helps you assess the extent to which your facility supports and delivers stigma-free HIV services. Depending on time and resources, you may want to assign or create a team to apply the Checklist and report results back to management and staff. The Checklist touches on several operational and service areas. As such, a working group or task force made up of different types and levels of staff may be best equipped to assess how the facility performs on each of the items.

This tool may be applied to help develop a facility-wide or departmental Code of Conduct. More formal and accurate assessment information, however, will be obtained by conducting a survey of health facility staff (see Annex A) as well as applying this Checklist.

	STATUS				
	YES/ ALWAYS	MOSTLY	SOMETIMES	NO/ NEVER	DON'T KNOW
<i>I. EQUAL ACCESS TO QUALITY SERVICES</i>					
The facility provides equal access to services and information regardless of					
<ul style="list-style-type: none"> ▪ HIV status 					
<ul style="list-style-type: none"> ▪ Sexual orientation 					
<ul style="list-style-type: none"> ▪ Gender identity 					
<ul style="list-style-type: none"> ▪ Criminalized behaviors (e.g., sex work, injecting drug use, same-sex sexual relations) 					
Care for PLHIV—or patients awaiting results of an HIV test—is provided without delay or unnecessary referrals for services available within the facility.					
PLHIV are integrated with other patients unless there is a medical basis for isolation.					
All HIV tests are voluntary and accompanied by informed consent, including for pregnant women.					
<i>II. CONFIDENTIALITY</i>					
Information about HIV status is communicated only to the patient and treating healthcare workers, and otherwise is kept strictly confidential. It is not disclosed to a patient's family except with the explicit informed consent of the patient.					

	STATUS				
	YES/ ALWAYS	MOSTLY	SOMETIMES	NO/ NEVER	DON'T KNOW
Private health matters, such as HIV serostatus, are discussed with a patient in a way or in an area where others may not easily overhear the conversation.					
Healthcare records are stored in a secure location.					
Staff such as security guards and porters are not assigned roles that would make them privy to confidential patient information.					
Beds, wards, staff, and files are not labeled in ways that would convey HIV status to other patients or staff.					
III. SAFETY					
Standard Precautions are practiced in the same manner with all patients at all times.					
Sound waste management is practiced at all times by all staff.					
All staff are informed about and provided with free hepatitis vaccines and, if required, post-exposure prophylaxis (PEP).					
Essential supplies for Standard Precautions, infection control, and PEP are available at all times to all staff for Standard Precautions.					
The availability of these essential supplies is actively communicated to staff.					
Educational materials on Standard Precautions are posted in all wards and staff areas.					
IV. TRAINING					
All staff are trained in patients' rights and the right of PLHIV and other key populations to equal care.					
All treating healthcare workers are trained in the principles and procedures of voluntary testing and informed consent.					
All healthcare workers are trained in the principles of confidentiality and patients' rights to confidentiality.					

	STATUS				
	YES/ ALWAYS	MOSTLY	SOMETIMES	NO/ NEVER	DON'T KNOW
All staff are trained on the basis of HIV and hepatitis transmission and prevention, infection control (including Standard Precautions), waste management, and PEP.					
Staff members receive ongoing training and skills development in the areas above.					
V. QUALITY ASSURANCE					
Staff or a committee are assigned to monitor adherence to HIV stigma-related policies and procedures:					
<ul style="list-style-type: none"> ▪ Equal care and patient rights 					
<ul style="list-style-type: none"> ▪ Voluntary testing and informed consent 					
<ul style="list-style-type: none"> ▪ Confidentiality of the information system and health records 					
<ul style="list-style-type: none"> ▪ Patient confidentiality and privacy 					
The facility takes action to address violations of policies and procedures.					
The facility proactively tries to prevent violations of policies and procedures.					
Supervisors encourage a stigma-free environment and support staff members in providing nonstigmatizing services.					
An accessible patient grievance redressal cell, which registers and addresses patient complaints, is in place and open daily.					
The existence of the grievance redressal cell is posted in each ward and all patient waiting areas.					
The facility provides effective resolution of client complaints.					
An infection control team is in place and meets regularly (once a month or more) to monitor infection control practices and supplies.					

	STATUS				
	YES/ ALWAYS	MOSTLY	SOMETIMES	NO/ NEVER	DON'T KNOW
VI. POLICY					
Facility policy specifies respectful and equal care for all patients, regardless of HIV status, sexual orientation, gender identity, or other key population characteristics.					
Facility has a policy on voluntary testing and informed consent.					
Facility has a policy on patient privacy and confidentiality.					
Facility has guidelines that define the type of staff that comprise the treatment team for patients with HIV, making it clear what types of personnel have access to information about HIV status.					
Facility has clear guidance outlining procedures and timelines for responding to instances in which policies and procedures for a stigma-free facility or services are not followed.					
Facility has clear guidance and timelines for responding to patient complaints related to stigma and discrimination.					
Facility policy guarantees a safe working environment for all healthcare workers.					
Facility policies and procedures that promote a stigma-free facility are actively communicated to all staff members and, as appropriate, posted in all departments and patient waiting areas.					

Tool 2: Code of Conduct

A Code of Conduct is a set of agreed-upon policies and procedures that guide staff behavior to create a stigma-free facility and services. The Code of Conduct will be most effective if it is developed collaboratively by health staff and managers. Drawing upon the contributions of all staff (medical and non-medical) helps ensure it will not be a “top-down” exercise. Also, by helping to facilitate a sense of ownership by everyone, health facility staff will be more likely to implement the new practices.

There are different ways to develop a Code of Conduct. One possibility is to hold a broader training on HIV-related stigma and discrimination that includes a session on developing a Code (see training menu in Annex B). This training helps ensure that health facility staff members devise a Code that reflects a solid understanding of the drivers and manifestations of stigma in the facility. Other ways of taking this work forward might include assignment to an existing committee or to a group of department representatives that includes managers and staff. The formulation of the Code may also be incorporated into existing training activities or staff meetings.

Developing a Code of Conduct

Facilitator’s Note: The Code of Conduct may be developed in two sessions, ideally conducted together.

Objectives: By the end of this exercise, participants will have accomplished the following:

- a. Described the challenges of stigma and discrimination within the facility
- b. Outlined their vision for a stigma-free facility (Code of Conduct)

Session One: Identifying Our Challenges

Time: 1 hour

Step 1: Begin with a brief presentation of any information gathered on HIV-related stigma and discrimination as part of a formal or informal assessment process. This presentation could include the findings from an application of the Checklist for a Stigma-free Facility Environment and Policies or the health worker survey (Annex A). The presentation serves as a starting point for group work and discussion (see Step 2).

Step 2: Break the larger group into small groups of about five and ask them to answer the following guiding questions:

- How are PLHIV and other key populations (e.g., Men who have sex with men, sex workers, people who use drugs, transgender individuals) treated in your facility?
- What are our main challenges in providing better quality of care for PLHIV and other key populations?

Let each group know it will be reporting its answers to the whole group.

Step 3: Ask the groups to report back to the whole group. List the responses on a flipchart.

Step 4: Summarize the responses, combining similar answers. Note any responses that came up more than once. Discuss the full list and agree on any changes.

SAMPLE RESPONSES

What challenges regarding HIV stigma and discrimination do PLHIV or key populations face in the facility?

- Substandard care: providers take less time with the patient, keep them waiting, treat them last, and refer them to other providers
- Private health records are not kept in a secure way that safeguards confidentiality
- Staff avoid contact with the patient and use gloves and masks for routine tasks that don't involve the handling of blood and bodily fluids
- Staff gossip about the patient and blame them for getting HIV
- Staff reveal individuals' HIV status or other sensitive information to others, including family members, without their explicit consent
- Staff test the patient for HIV without their consent or adequate counseling—and do not always provide the results of the HIV test
- Staff seat the patient in a separate area or on a separate bench, or they are hospitalized in a separate, segregated room or ward

Session Two: Defining our Vision for a Stigma-free Facility

Time: 2 hours

Step 1. Divide into small groups of about five and ask each group to write a Code of Conduct for a stigma-free facility on their flipcharts. The following guiding questions can help them design their code:

- A stigma-free health facility is one in which...?
- If your sister, brother, or child is a person living with HIV or a member of a key population group, how would you like them to be treated in the health facility?
- What behaviors currently occur that need to be changed to create a stigma-free facility?
- What behaviors do facility staff need to show to create a stigma-free facility?
- Are there any policies, procedures, or practices we need to create, change, or add to address the challenges identified in the previous session?

Step 2. Each group reports back to the larger group, sharing their flipcharts.

Step 3. Summarize the responses, combining similar answers. Note any responses that have come up more than once. Facilitate a discussion with the entire group. Are there any changes or additions needed? Are there important similarities or differences among the codes created by each group? Is there consensus on items for a single Code of Conduct, including the language for each point? Bring the group to agreement.

Step 4. Wrap-up on Finalizing and Implementing our Code of Conduct

In the wrap-up discussion, engage the group in developing a plan for finalizing and implementing the Code of Conduct. Key discussion items to consider are as follows:

- Who or what entity will finalize the Code?
- Who or what entity will organize its rollout to all staff?
- How might we disseminate the Code to staff, clients, and other stakeholders?
- How will we monitor adherence to the Code?
- What happens when we notice that the Code is not being followed?
- How can we continue to promote adherence to the Code over time?
- When will we review and adjust our Code, if necessary?

Sample Code

At right is a Code of Conduct from St. Kitts & Nevis. Representatives from facilities throughout the twin-island nation developed it in 2014 through a participatory process with the Ministry of Health and National Advisory Council on HIV and AIDS. It has since been adopted by all government health facilities in the country. This work was supported through the USAID- and PEPFAR-funded Health Policy Project.

IDEAS FOR DISSEMINATING THE CODE OF CONDUCT

- Post the Code throughout the facility
- Present and discuss the Code during staff meetings
- Post the Code on the facility website and announce it through social media
- Share the Code with community groups and organizations, including those that work with key populations
- Plan an event to launch the code officially and invite staff, community members, and media to attend
- Write a brief article or press release about the Code, send it to media outlets, and post it on the facility website



Code of **Conduct**

A We the staff of _____ pledge to

- ✓ Provide service that is fair, equitable, and respectful, regardless of clients' race, religion, age, education, economic status, political affiliation, national origin, gender, health status, or sexual orientation
- ✓ Provide the best possible care we are able
- ✓ Keep all patient information private and confidential
- ✓ Provide appropriate and timely information on patient care and treatment
- ✓ Communicate effectively and respectfully to provide the necessary support to you and your persons of concern
- ✓ Ask for consent before services and treatment are administered
- ✓ Provide you with the most professional health service

B We ask you to

- ✓ Offer your understanding and cooperation
- ✓ Respect our staff and other patients
- ✓ Respect the privacy and confidentiality of other patients
- ✓ Ask questions and be engaged in your care or treatment
- ✓ Adhere to the rules and policies of this facility

For Compliments & Concerns

	St Kitts	Nevis
Private Medical Doctors: Chief Medical Officer	869-467-1270/1173/1172	Doctors in Hospital: Medical Chief of Staff 869-469-5473
Hospital Administration and Operations: Health Operations Manager	869-465-2551 Ext 104	Private Doctors: Medical Officer of Health 869-469-7080
Hospital Medical Staff: Medical Chief of Staff	869-465-2551 Ext 110	Community Health Nursing: Supervisor of Community Health Nursing 869-469-5521 Ext 2051
Hospital Nursing: Director of Institutional Nursing	869-465-2551 Ext 107	Community Health Doctors: Medical Officer of Health 869-469-7080
Community Nursing: Director of Community Nursing, Health	869-467-1273	Hospital Nurses: Matron 869-469-5473
Community Health: Director of Community-based Health Services	869-467-1134	Hospital Support Staff: Hospital Administrator 869-469-5473
		Public Health Support Staff: Health Services Administrator 869-469-5521 Ext 2112



Tool 3: Action Plan

The Code of Conduct should be linked to practical action so that health facility staff put their new skills into practice and gain support for new norms and attitudes. Ideally, Code items will be integrated into the everyday operations of the facility and the work of staff. This might mean improving the facility for Standard Precautions, incorporating stigma reduction into existing training programs, and altering staff supervision and assessment guidance. Action planning is key for translating your vision for a stigma-free facility into reality.

TANZANIA: STRONGER RESULTS AFTER INCORPORATING STIGMA-REDUCTION TRAINING INTO EXISTING TRAINING

In Muhimbili Hospital in Tanzania, stigma trainers successfully lobbied to include stigma as an additional component in a training program for hospital staff on provider-initiated testing and counseling (PITC). More than 650 hospital workers were trained on stigma reduction through this program. An evaluation of the training found that health workers trained in both PITC and stigma reduction achieved better patient results than those trained in PITC alone. Those services delivered by health workers who had received PITC and stigma reduction training showed increased uptake of ARV treatment among clients and higher disclosure rates.

(International HIV/AIDS Alliance. 2011. *Integrating Stigma Reduction into HIV Programming: Lessons from the Africa Regional Stigma Training Programme*, page 28)

Developing an Action Plan

Facilitator's Note: In a single session, staff can outline an Action Plan for responding to stigma and discrimination. This is envisioned as a facilitated discussion and working session. The Action Plan summarizes the challenges, desired results, and recommended actions. It also involves assigning specific staff to lead different activities and noting target dates for completion.

Objective: By the end of this exercise, participants will have created a concrete Action Plan for addressing challenges related to stigma and discrimination within the facility.

Time: 1.5 hours

Step 1. Summarize with the group the challenges in the facility related to HIV stigma and discrimination.

Possible sources of data or information include the following:

- Assessment results from applying the Checklist for a Stigma-free Facility Environment and Policies
- Findings from a survey of staff (see Annex A)
- Group discussion notes from developing a Code of Conduct (application of Tool 2)

Step 2. Engage the group in a discussion about the relevant Code of Conduct items that address the challenges identified.

Step 3. For each challenge, ask the group to identify root causes. Write down the root causes on a flipchart. Note the following:

- Participants may state a number of possible causes.
- Some causes may be behind more than one problem or challenge.
- Participants should be encouraged to be open about challenges and willing to bring about change. No one should be blamed for raising problems or issues.

Step 4. Engage the group in identifying priority recommendations for addressing each problem or challenge. To be addressed effectively, recommendations should be clear, specific, and concrete. Also note what measures facility staff and management will take to make sure that the proposed recommendations are well implemented or followed.

Step 5. Identify the staff person who will take on the recommended activities and agree on a target date for completion. Be sure to schedule meetings as needed to track ongoing progress and challenges.

Table 1: Sample Template for Action Planning

WHERE WE ARE NOW (CHALLENGES)	WHERE WE WANT TO BE (RELEVANT CODE OF CONDUCT ITEM/S)	ROOT CAUSE(S) FOR CURRENT SITUATION	RECOMMENDED ACTIONS/QUALITY ASSURANCE	STAFF LEAD/S AND TARGET COMPLETION DATE
Sex workers are viewed as troublemakers and are often made to wait longer than other clients	All clients receive the same high-quality care without discrimination	Moral judgments and blame	Train health facility staff on the needs of sex workers—and how to provide appropriate services and information	Name/Date
		Belief that other clients are more important	Assess training through pre- and post-surveys of participants	Name/Date
			After training, gather feedback from clients or client representatives about experiences in the facility	Name/Date
People who use drugs complain they are not greeted, listened to, or provided with information on available services	Client’s circumstances or behavior do not act as a barrier to their accessing healthcare and treatment	Health facility staff stigmatize people who use drugs due to fears of acquiring HIV through contact in the clinic	Make sure information on Standard Precautions is posted	Name/Date
			Hold refresher course on Standard Precautions	Name/Date
	Health facility staff speak to clients in a respectful and dignified manner	Staff exhaustion and burnout are due to work on HIV issues	Form staff welfare committee to address burnout issues	Name/Date
Facility staff avoid getting tested for HIV due to lack of confidentiality	Medical information of clients is treated confidentially	Lack of secure space for storing health records	Lock health records to ensure security	Name/Date
	Health facility staff feel confident about undergoing HIV testing	Unclear guidance to staff on confidentiality	Develop and disseminate clear guidance to staff on confidentiality	Name/Date
			Survey staff on confidentiality to assess whether conditions have improved	Name/Date

V. For More Information

The resources in this guide are intended to help you foster a stigma-free facility and services. They are part of a suite of tools for taking action against HIV stigma and discrimination in health facilities. The full suite includes resources for assessment, training, and sustaining change (see Table 2). These resources are available on the HPP website at www.healthpolicyproject.com/index.cfm?id=StigmaPackage.

Table 2: Suite of Tools for Health Facilities

CHANGE COMPONENT	TOOLS	AVAILABILITY
ASSESS Measure and understand HIV stigma and discrimination in the facility	<ul style="list-style-type: none"> ▪ Checklist for a Stigma-free Facility Environment and Policies for HIV stigma and discrimination ▪ Questionnaire for facility staff 	<ul style="list-style-type: none"> ▪ Checklist is in this guide ▪ Staff questionnaire is in Annex A and on the HPP website ▪ User's guide for implementing the questionnaire is on the HPP website
TRAIN Conduct participatory training to raise awareness and change attitudes and behaviors	<ul style="list-style-type: none"> ▪ Menu of training programs for different types of staff ▪ Modules with instructions and exercises 	<ul style="list-style-type: none"> ▪ Menu of training programs is in Annex B and on the HPP website ▪ Full collection of modules is on the HPP website
SUSTAIN Develop and mainstream action items and policies to sustain a stigma-free facility and HIV services	<ul style="list-style-type: none"> ▪ Code of Conduct ▪ Action Plan 	<ul style="list-style-type: none"> ▪ Code of Conduct tool in this guide ▪ Action Plan tool in this guide

Annex A: Health Worker Questionnaire

Section 1: Background Information

First we will ask about your background.

1. How old were you at your last birthday? _____ years
2. What is your sex?
 Female Male
3. What is your current job?
Adjust as appropriate for country context by adding or deleting categories according to sample.
 Accountant Cashier Cleaning staff Clinical Officer Dentist
 Dental Technician/Hygienist Doctor Educator Laboratory Technician
 Lay Health Worker/Peer Educator Medical Records Personnel Medical Technician
 Nurse Pharmacist Receptionist Security Guard Ward Attendant
 Phlebotomist Other
4. How many years have you worked in healthcare? _____ years
5. Have you ever worked in a clinic/hospital/department that specialized in HIV care and treatment?
 Yes No
6. If low prevalence, use question 6a. If high prevalence, use question 6b.
 - a. In the past 12 months, approximately how many HIV-positive patients did you provide with care or services?
 - b. In a typical week, approximately how many HIV-positive patients do you provide with care or services?
7. Do you typically use any of the following measures when providing care or services for a patient living with HIV?
 - a. HIV stigma and discrimination
 - b. Infection control and universal precautions (including post-exposure prophylaxis)
 - c. Patients' informed consent, privacy, and confidentiality
 - d. Key population stigma and discrimination

Section 2: Infection Control

Now we will ask you about infection concerns in your health facility.

8. How worried would you be about getting HIV if you did the following?
If any of the following is not one of your job responsibilities, please select "Not applicable."
- a. Touched the clothing of a patient living with HIV
 - Not worried
 - A little worried
 - Worried
 - Very worried
 - Not applicable
 - b. Dressed the wounds of a patient living with HIV
 - Not worried
 - A little worried
 - Worried
 - Very worried
 - Not applicable
 - c. Drew blood from a patient living with HIV
 - Not worried
 - A little worried
 - Worried
 - Very worried
 - Not applicable
 - d. Took the temperature of a patient living with HIV
 - Not worried
 - A little worried
 - Worried
 - Very worried
 - Not applicable
9. Do you typically use any of the following measures when providing care or services for a patient living with HIV?
- a. Avoid physical contact
 - Yes
 - No
 - Not applicable
 - b. Wear double gloves
 - Yes
 - No
 - Not applicable
 - c. Wear gloves during all aspects of the patient's care
 - Yes
 - No
 - Not applicable
 - d. Use any special infection-control measures with patients living with HIV that you do not use with other patients
 - Yes
 - No
 - Not applicable

Section 3: Health Facility Environment

Now we will ask about practices in your health facility and your experiences working in a facility that provides care to people living with HIV.

10. In the past 12 months have you seen a person living with HIV in your health facility?
- Yes *(Go to question 11)*
 - No *(Skip to question 12)*
 - Don't know *(Skip to question 12)*
11. In the past 12 months, how often have you observed the following in your health facility?
- a. Healthcare workers unwilling to care for a patient living with or thought to be living with HIV
 - Never Once or twice Several times Most of the time
 - b. Healthcare workers providing poorer quality of care to a patient living with or thought to be living with HIV, relative to other patients
 - Never Once or twice Several times Most of the time
 - c. Healthcare workers talking badly about people living with or thought to be living with HIV
 - Never Once or twice Several times Most of the time
12. If low prevalence, use question 12a. If high prevalence, use question 12b.
- a. How worried are you about
 - i. People talking badly about you because you care for patients living with HIV?
 - Not worried A little worried Worried Very worried Not applicable
 - ii. Friends and family avoiding you because you care for patients living with HIV?
 - Not worried A little worried Worried Very worried Not applicable
 - iii. Colleagues avoiding you because of your work caring for patients living with HIV?
 - Not worried A little worried Worried Very worried Not applicable
 - b. In the past 12 months, how often have you
 - i. Experienced people talking badly about you because you care for patients living with HIV?
 - Never Once or twice Several times Most of the time

ii. Been avoided by friends and family because you care for patients living with HIV?

- Never Once or twice Several times Most of the time

iii. Been avoided by colleagues because of your work caring for patients living with HIV?

- Never Once or twice Several times Most of the time

13. How hesitant are healthcare workers in this facility to work alongside a coworker living with HIV, regardless of their duties?

- Not hesitant A little hesitant Somewhat hesitant Very hesitant

Section 4: Health Facility Policies

Now we are going to ask about the institutional policy and work environment in your facility.

14. In my facility it is not acceptable to test a patient for HIV without their knowledge.

- Strongly Agree Agree Disagree Strongly Disagree

15. I will get in trouble at work if I discriminate against patients living with HIV.

- Yes No Don't Know

16. Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

a. There are adequate supplies in my health facility that reduce my risk of becoming infected with HIV.

- Strongly Agree Agree Disagree Strongly Disagree

b. There are standardized procedures/protocols in my health facility that reduce my risk of becoming infected with HIV.

- Strongly Agree Agree Disagree Strongly Disagree

17. My health facility has written guidelines to protect patients living with HIV from discrimination.

- Yes No Don't Know

Section 5: Opinions About People Living With HIV

Now we are going to ask about opinions related to people living with HIV.

18. Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

a. Most people living with HIV do not care if they infect other people.

Strongly Agree Agree Disagree Strongly Disagree

b. People living with HIV should feel ashamed of themselves.

Strongly Agree Agree Disagree Strongly Disagree

c. Most people living with HIV have had many sexual partners.

Strongly Agree Agree Disagree Strongly Disagree

d. People get infected with HIV because they engage in irresponsible behaviors.

Strongly Agree Agree Disagree Strongly Disagree

e. HIV is punishment for bad behavior.

Strongly Agree Agree Disagree Strongly Disagree

19. Women living with HIV should be allowed to have babies if they wish.

Strongly Agree Agree Disagree Strongly Disagree

20. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement:

a. If I had a choice, I would prefer not to provide services to people who inject illegal drugs.

Strongly Agree *(Go to question 20b)*

Agree *(Go to question 20b)*

Disagree *(Skip to question 21)*

Strongly Disagree *(Skip to question 21)*

b. I prefer not to provide services to people who inject illegal drugs because *(check all reasons that apply)*

i. They put me at higher risk for disease. Agree Disagree

ii. This group engages in immoral behavior. Agree Disagree

iii. I have not received training to work with this group. Agree Disagree

21. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement:

- a. If I had a choice, I would prefer not to provide services to men who have sex with men.
- Strongly Agree *(Go to question 21b)*
 - Agree *(Go to question 21b)*
 - Disagree *(Skip to question 22)*
 - Strongly Disagree *(Skip to question 22)*
- b. I prefer not to provide services to men who have sex with men because *(check all reasons that apply)*
- i. They put me at higher risk for disease. Agree Disagree
 - ii. This group engages in immoral behavior. Agree Disagree
 - iii. I have not received training to work with this group. Agree Disagree

22. Please tell us if you strongly agree, agree, disagree, or strongly disagree with the following statement:

- a. If I had a choice, I would prefer not to provide services to sex workers *(specify: male or female or both, depending on context)*.
- Strongly Agree *(Go to question 22b)*
 - Agree *(Go to question 22b)*
 - Disagree *(Skip to question 23)*
 - Strongly Disagree *(Skip to question 23)*
- b. I prefer not to provide services to sex workers because *(check all reasons that apply)*
- i. They put me at higher risk for disease. Agree Disagree
 - ii. This group engages in immoral behavior. Agree Disagree
 - iii. I have not received training to work with this group. Agree Disagree

Module 1: Antenatal care, Prevention of Mother-to-child Transmission, and Labor and Delivery Wards

The following section is to be completed by service providers who work with pregnant women in antenatal care, prevention of mother-to-child transmission of HIV, and in labor and delivery rooms. If you do not work in one of these areas, you have completed the questionnaire.

23. How worried are you about assisting in labor and delivery if the woman is living with HIV?

- Not worried A little worried Worried Very worried Not applicable

24. In the past 12 months, how often have you observed other healthcare providers

a. Performing an HIV test on a pregnant woman without her informed consent?

- Never Once or twice Several times Most of the time

b. Neglecting a woman living with HIV during labor and delivery because of her HIV status?

- Never Once or twice Several times Most of the time

c. Using additional infection-control procedures (e.g., double gloves) with a pregnant woman living with HIV during labor and delivery because of her HIV status?

- Never Once or twice Several times Most of the time

d. Disclosing the status of a pregnant woman living with HIV to others without her consent?

- Never Once or twice Several times Most of the time

e. Making HIV treatment for a woman living with HIV conditional on her use of family planning methods?

- Never Once or twice Several times Most of the time

25. Do you strongly agree, agree, disagree, or strongly disagree with the following statements?

a. If a pregnant woman is HIV positive, her family has a right to know.

- Strongly Agree Agree Disagree Strongly Disagree

b. Pregnant women who refuse HIV testing are irresponsible.

- Strongly Agree Agree Disagree Strongly Disagree

c. Women living with HIV should not get pregnant if they already have children.

- Strongly Agree Agree Disagree Strongly Disagree

d. It can be appropriate to sterilize a woman living with HIV, even if this is not her choice.

- Strongly Agree Agree Disagree Strongly Disagree

Annex B: Menu of Training Options

- A. Half-day workshop for health facility managers
- B. One-day workshop for health facility managers
- C. Two-day workshop for medical health workers
- D. Three-day workshop for medical health workers
- E. Ten-week modular course for medical health workers—two-hour sessions once a week over 10 weeks
- F. Four-day workshop for medical staff, including full component of Standard Precautions
- G. Three-hour introductory workshop for doctors
- H. One-day workshop for doctors
- I. Three-hour workshop for doctors on stigma toward key populations
- J. One-day workshop for nonmedical health staff
- K. Two-day workshop for nonmedical health staff
- L. Three-day intensive workshop on stigma toward key populations (also includes basics on S&D)
- M. Two-day workshop on stigma toward men who have sex with men (MSM) (also includes basics on S&D)
- N. Two-day workshop on stigma toward people who use drugs (also includes basics on S&D)
- O. Two-day workshop on stigma toward sex workers (also includes basics on S&D)
- P. Four-day training-of-trainers (TOT) workshop for S&D reduction trainers
- Q. Half-day reinforcement course—follow-up to all of the courses listed above
- R. Pre-service course for health worker trainees—two-hour sessions once a week over 12 weeks

Assumptions

Four sessions in the morning (one hour each) and two sessions in the afternoon (one hour each), producing a total of roughly six sessions per day and covering roughly six hours. Most sessions can be squeezed into one hour; however, some sessions may take longer.

Extra Notes

1. The workshops are described as full-day sessions, but you may choose to organize them as half-day sessions.
2. The workshops are described as a block of continuous training over several days—ensuring that the modules are closely linked and the learning process is sustained. However, it is also possible to organize the training to take place for two to four hours every week. This depends on the local schedule and the availability of health workers for training.

The full *Facilitator's Training Guide for a Stigma-free Health Facility* is available on the Health Policy Project website at: <http://www.healthpolicyproject.com/index.cfm?id=StigmaPackage>.

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