

*MEASURING FACILITY/
PROVIDER INDEX OF STIGMA
AND DISCRIMINATION IN
KENYA*



KENYA TREATMENT ACCESS MOVEMENT (KETAM)

The Presentation Outline

1. Introduction
2. Objectives
3. Methodology
4. Results
5. Conclusion

Introduction

- In many countries, S&D associated with HIV/AIDS is widespread
- S&D a barrier to the maximization of the benefits of interventions targeted at fighting HIV/AIDS pandemic.
- The negative effects call for measures to combat S&D
- However, no standardized method is available for capturing and measuring all the aspects of S&D.

Introduction...

- Against this background, the *USAID Interagency Working Group on S&D Indicators* developed specific tools to measure S&D in the communities, facilities/providers, and, among the PLHIV

Objectives

- The main goal - field-test the USAID IWG indicators measuring HIV/AIDS-related S&D
- and determine its validity and reliability in the Kenyan context, focusing on facilities and providers of health services.
- The specific objectives were:
 - Estimate indicators of HIV/AIDS-related S&D for facility/ provider indicators.
 - Use the derived indicators to determine HIV/AIDS related S&D sub-index for Kenya

Methodology

- A non-probability multistage sampling method was adopted
- 5 provinces out of the total of 8 provinces in Kenya selected
- including two provinces with the highest prevalence rates of HIV
- A similar procedure was adopted to select the districts for the study
- out of which a sample of facilities and providers was selected for interviews
- The facilities and providers stratified by
 - ownership (public, private, FBO/NGO)
 - level of HIV and AIDS care (comprehensive care centers (CCC), semi-CCC, voluntary counseling and testing centers and clinics)
 - Occupation (doctors, nurses etc) for providers only

Methodology...

- A total of 118 facilities were sampled in the 5 provinces
- Public sector⁶ (17 CCC, 37 semi-CCC and 12 VCT/clinics)
- Private-for-profit health sector (4 CCC, 49 semi-CCC and 8 VCT/ clinics)
- FBO/NGO facilities (15 CCC, 28 semi-CCC and 18 VCT/clinics)
- A total of 671 providers were interviewed
 - 270 were from public facilities
 - 207 from private facilities
 - 194 from FBO/ NGO facilities.

Methodology...

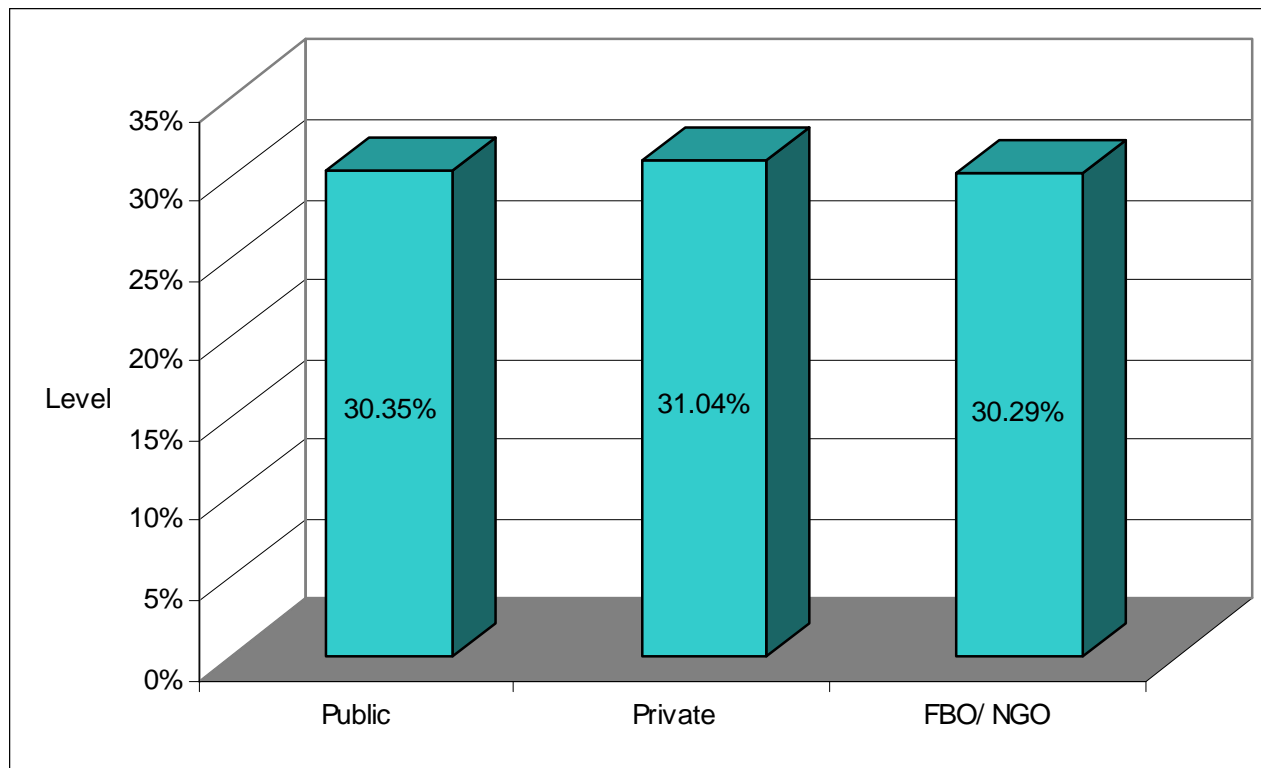
- The instrument was based on the indicators and questions recommended by the *USAID Interagency Working Group on S&D Indicators*
- Tailored to the local conditions
- The questions covered the following indicators:
 - 1) health facilities with policies protecting PLHIV against discrimination;
 - 2) facilities enforcing policies protecting PLHIV against discrimination;
 - 3) providers aware of policies protecting PLHIV against discrimination;
 - 4) providers with nondiscriminatory attitudes;
 - 5) providers reporting nondiscriminatory care;
 - 6) providers reporting blame;
 - 7) providers reporting shame;
 - 8) providers reporting fear of casual contact

Type of Ownership	Province	Level of Care			Total
		CCC ¹¹	Semi-CCC	VCT/ Clinic	
	Central	5	8	2	15
	Coast	8	5	4	17
Public	Nairobi	1	1	2	4
	Nyanza	1	11	2	14
	Rift Valley	2	12	2	16
	Sub-total	17	37	12	66
Private	Central	1	13	4	18
	Coast	2	10	1	13
	Nairobi	0	1	0	1
	Nyanza	1	9	0	10
	Rift Valley	0	16	3	19
	Sub-total	4	49	8	61
FBO/NGO	Central	7	3	5	15
	Coast	3	4	2	9
	Nairobi	1	1	1	3
	Nyanza	2	7	5	14
	Rift Valley	2	13	5	20
	Sub-total	15	28	18	61
Total Sample		36	114	38	188

Findings

- **Existence of policies:**
 - All public facilities have policy guidelines from the Ministry of Health
 - 28 out of 55 facilities with policies in private for profit
 - 22 out of 56 facilities with policies FBO/NGO sector
 - Based on the data, an indicator of 35% of facilities without polices was computed

Using the same methodology, the indicator for discriminatory care by type of ownership was estimated. The indicators were 30.35% in the public sector, 31.04% at private facilities, and 30.29% at FBO/NGO facilities, implying that it did not vary a great deal among the different ownership types (see Figure 3.1).



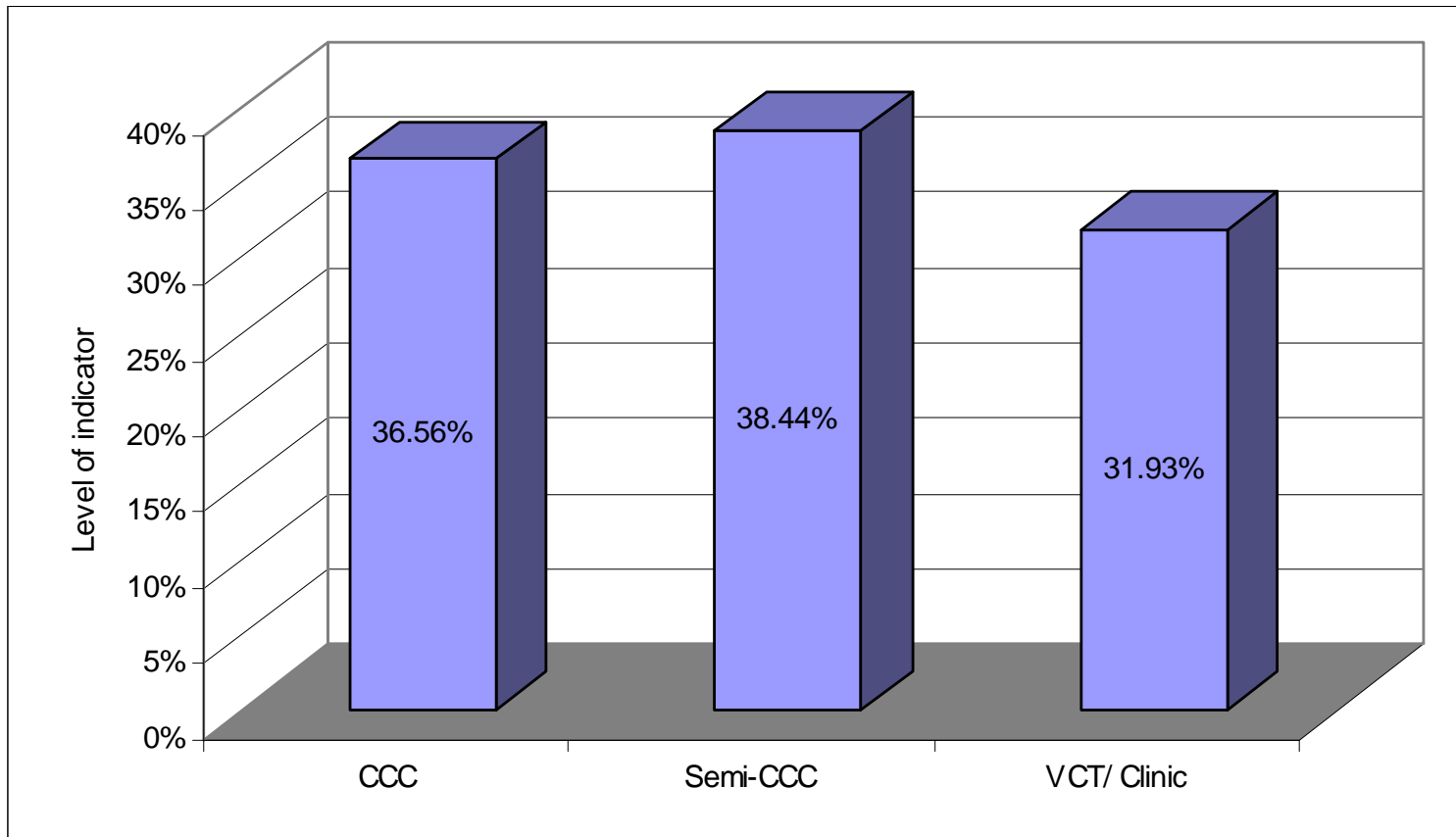
Findings...

- **Implementation of policies:**
 - A few facilities (27%) were reported as implementing policies to protect PLHIV
 - and therefore the indicator for the proportion of facilities not implementing policies protecting HIV positive clients against discrimination was computed at 73%
- **Providers' awareness of policies:**
 - Majority (75%) of the providers were aware of the policies
 - The indicator of the percentage of providers not aware of the policies protecting HIV positive clients against discrimination was therefore calculated to be 25%.

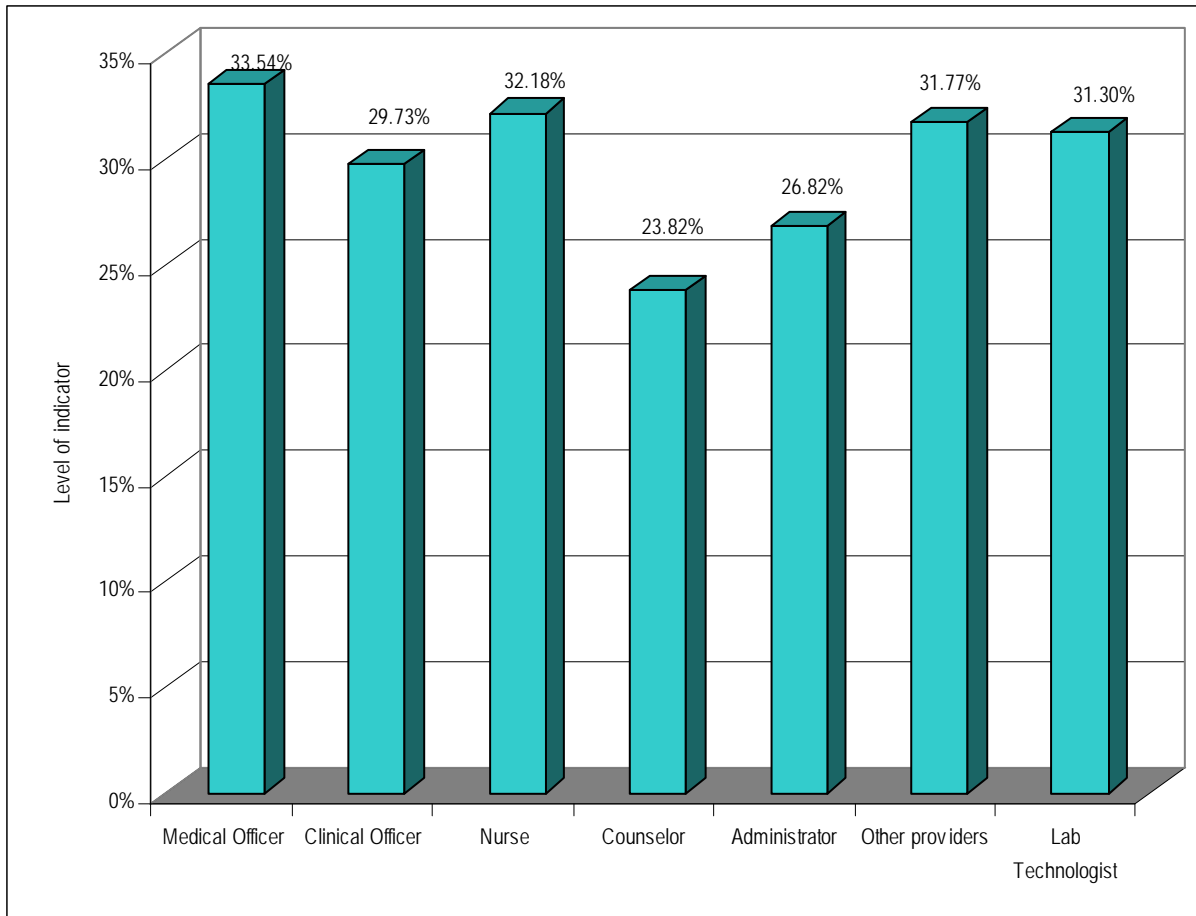
Findings...

- **Discriminatory attitude:**
 - A number of questions that were posed in order to compute an indicator for discriminatory attitudes towards people living with HIV/AIDS gave an average index of 30.43% for this indicator.
- **Discriminatory care:**
 - The questions which were used to examine whether or not the health delivered to HIV patients was discriminatory in nature produced overall results showing an average of 25.76% for reporting use of discriminatory care.
- **Blame:**
 - The responses to the questions were averaged to obtain an indicator of blame of 19.8%.

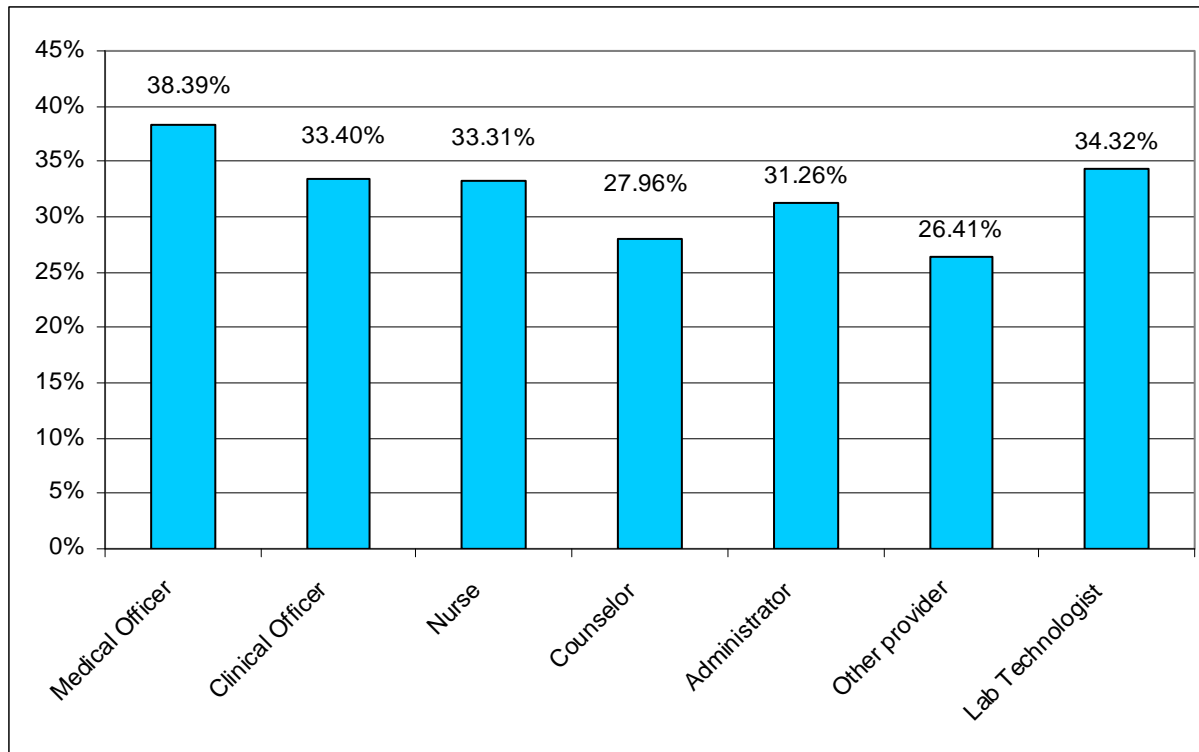
Indicator of discriminatory attitudes by level of care



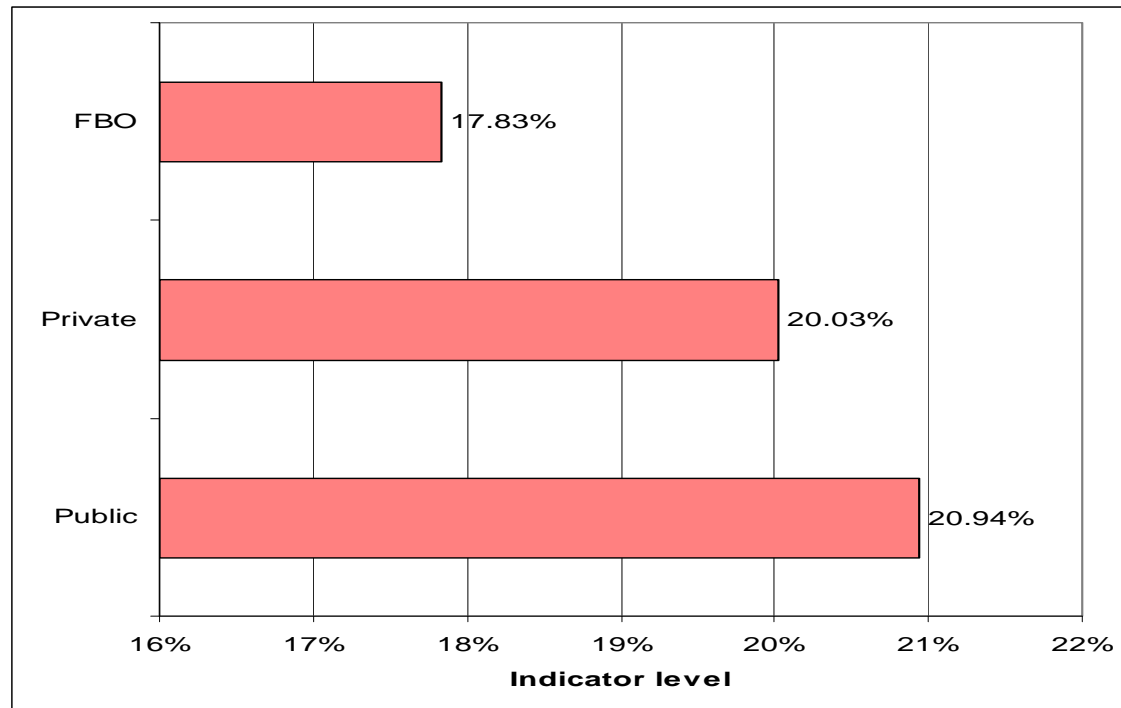
Indicator of discriminatory attitudes by type of personnel



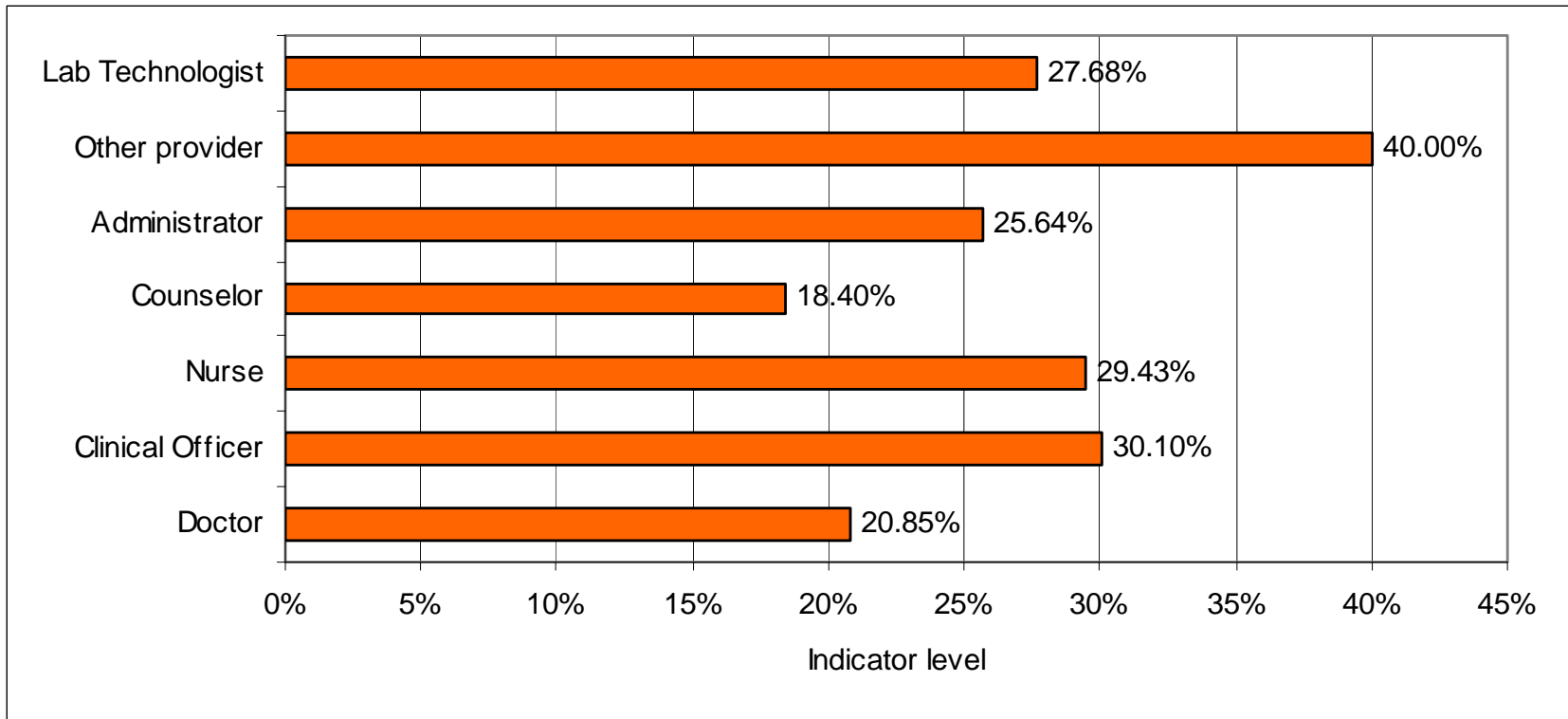
Levels of discriminatory *care* by type of personnel



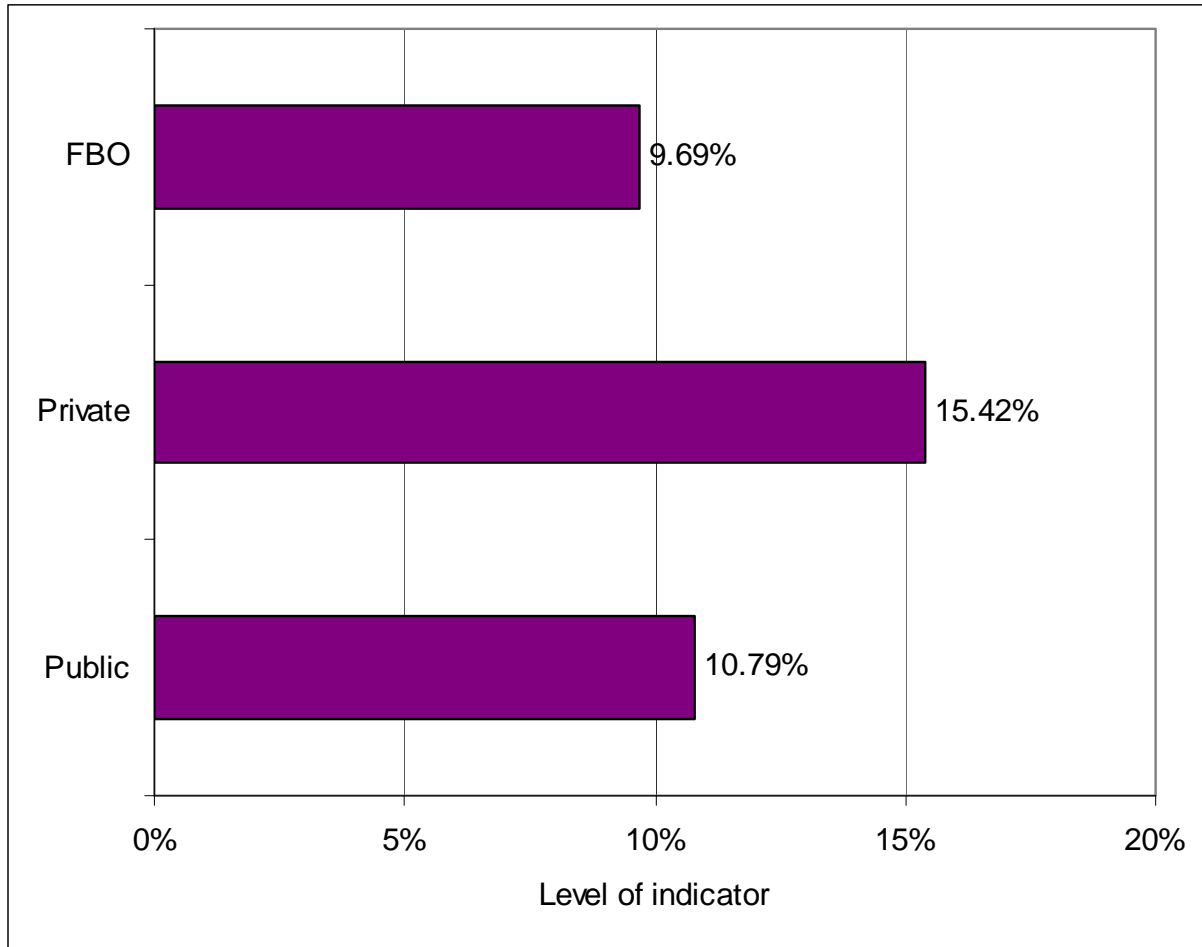
Levels of "blame" by type of facility ownership



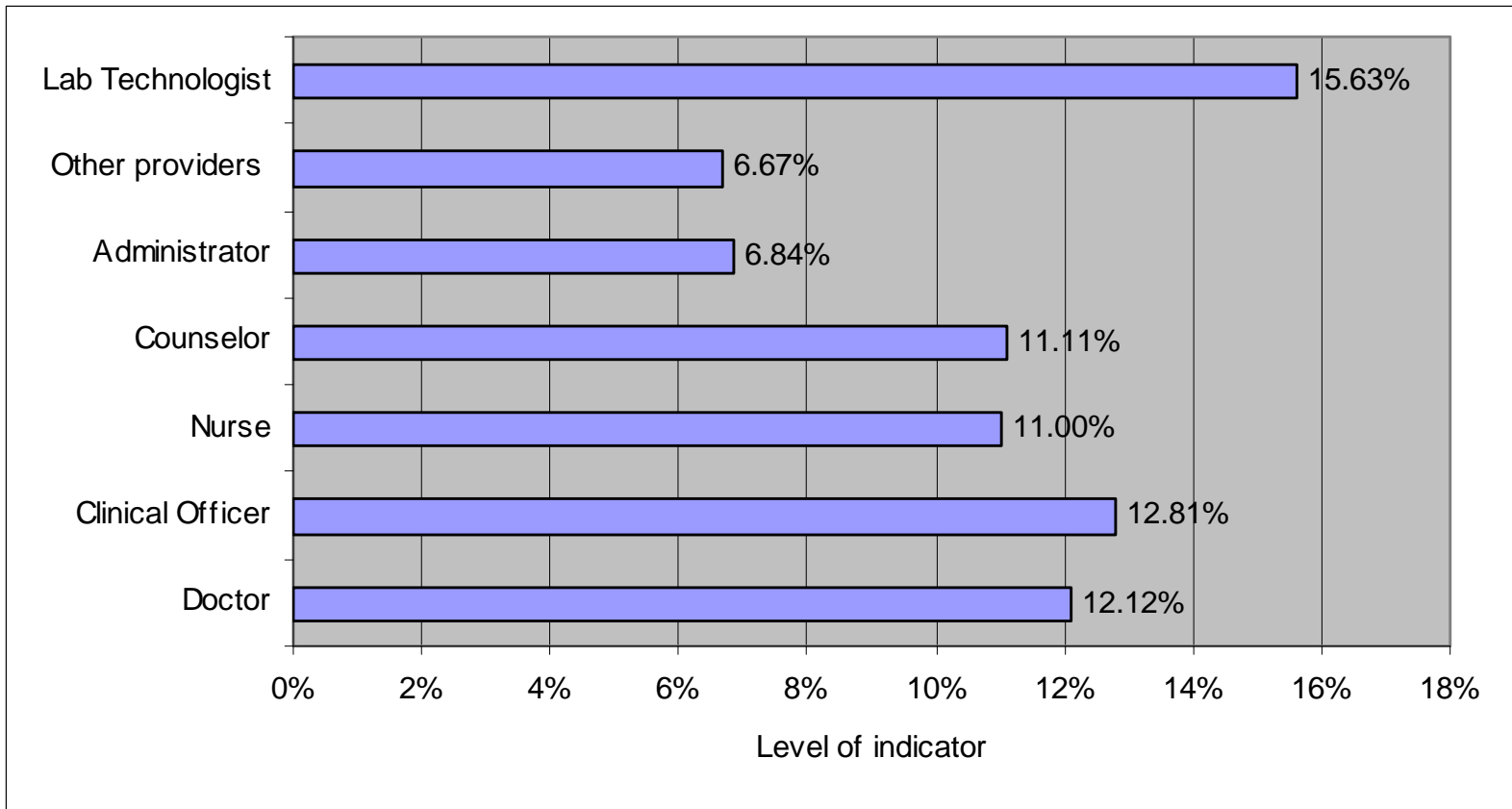
Levels of “blame” by type of health personnel



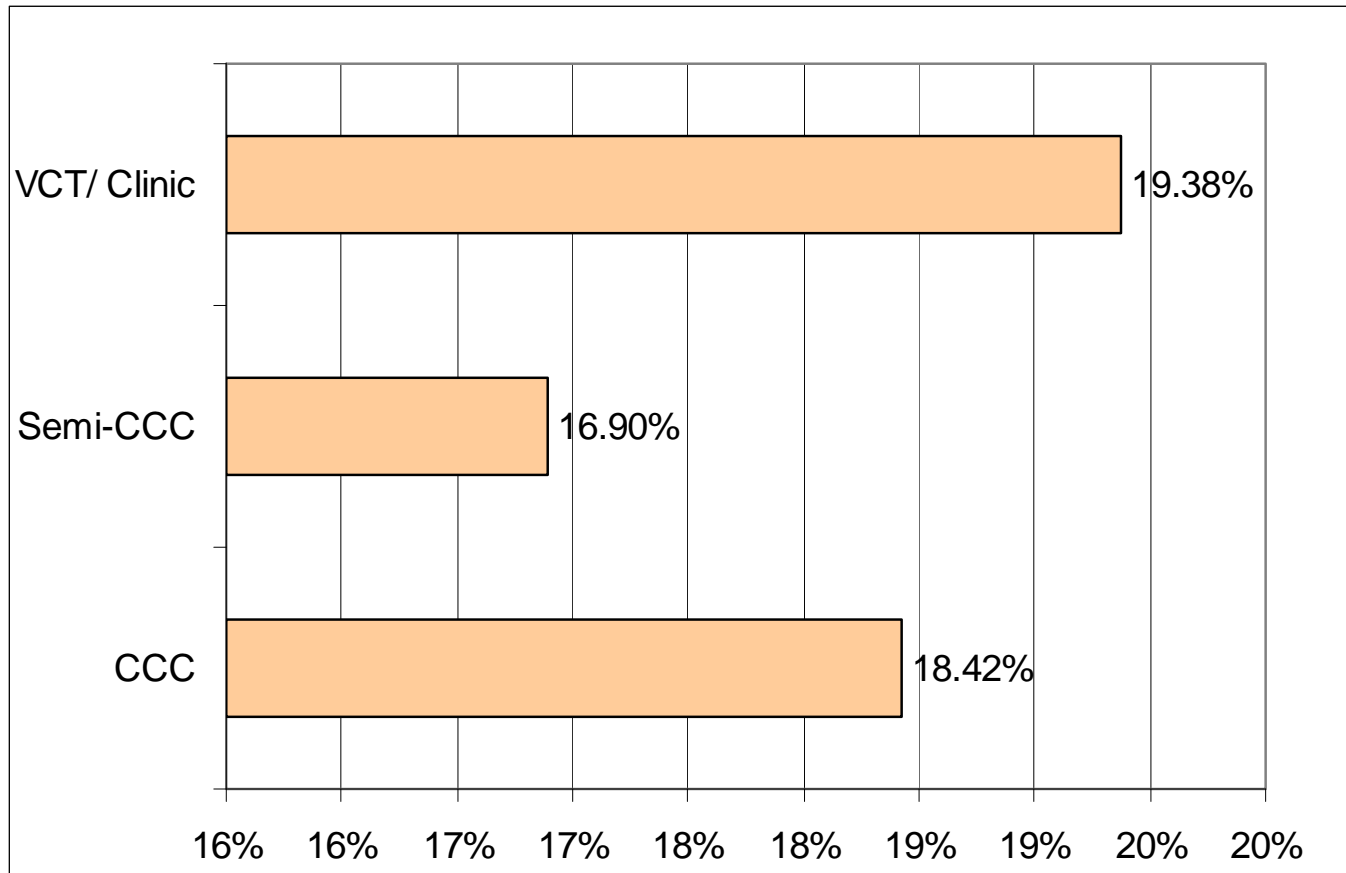
Levels of “shame” by type of facility ownership



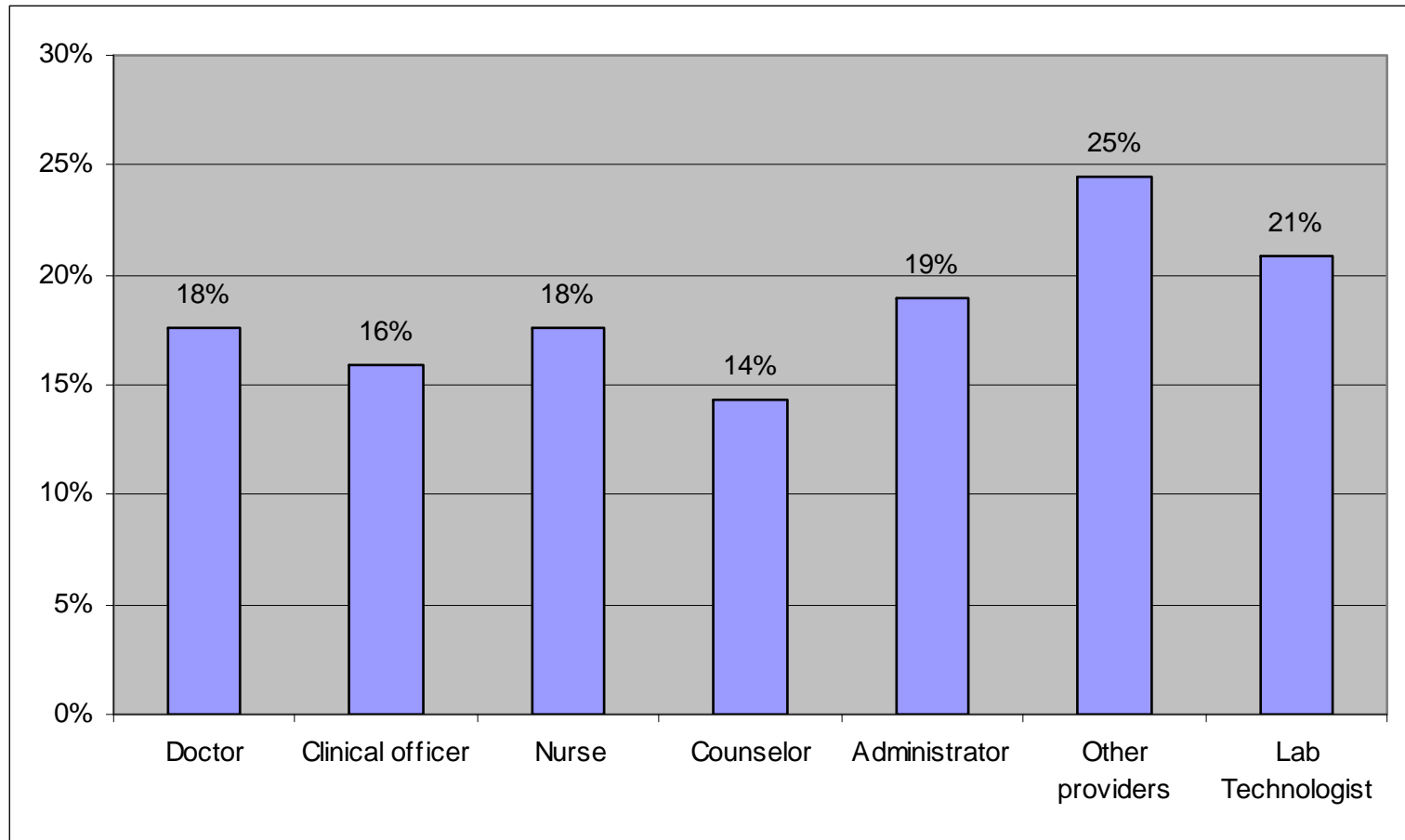
Level of "shame" by type of personnel



Level of "fear" by level of care



Level of "fear" by type of personnel



Findings...

- **Shame:**
 - The method followed to measure indicator for the “Shame” domain was similar to that used the “Blame” domain, and it produced 11.90%.
- **Fear of casual contact:**
 - The responses on twelve different questions used to capture providers’ fear of casual contact with PLHIV due to a worry of contagion of the virus were analyzed, and gave overall value equal to 17.5% for this indicator.

Overall Index

- The values of the 8 indicators were used for constructing indices for S&D in Kenya for the facility/providers
- The domains on policies were considered very crucial in fighting stigma and discrimination, and were allocated 50% of the total of the weights
 - existence of policies taking 20%
 - implementation of the policies taking 30%.
- The remaining 6 domains assigned equal weights of 8.3% towards the index
- With these assumptions, the score for the overall estimated index was 40%.
- This index is positively related to stigma and discrimination, that is, the higher the level of this index, the higher the level of S&D

Conclusion

- The tool faces several limitations:
- One:
 - the questions tend to guide the providers on what is being sought (that is measuring S&D)
 - Since the informants are relatively more knowledgeable, they are inclined to provide favorable responses to suggest the absence of, non-existence or limited S&D
 - The actual level of S&D may therefore be much higher than calculated.
- Two,
 - there is no mechanism to cross - check the responses by the providers
- Three
 - the weights allocated to the various indicators in constructing the overall index subjective and could easily influence the magnitude of the final result
- These limitations, notwithstanding, the tool is valid and reliable in measuring S&D in the Kenyan context.

Conclusion, cont'd

- HIV/AIDS related stigmatization and discrimination (S&D) provides a major constraint to effective and sustained response to prevention, treatment and care at the individual, family and community levels. Arguably, the increasing incidence of S&D poses great potential to wipeout the gains already realized in the fight against HIV/AIDS including scale-up efforts.

The results of the analysis are:

- *Existence of policies*
- *Implementation of policies*
- *Providers' awareness of policies*
- *Discriminatory attitude*
- *Discriminatory care*
- *Blame*
- *Shame*
- *Fear of casual contact*

Thank You