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MEASURING THE DEGREE OF S&D IN KENYA: AN INDEX FOR HIV/AIDS FACILITIES AND PROVIDERS

JULY 2007

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EXECUTIVE SUMMARY

HIV/AIDS-related stigma and discrimination (S&D) is a major impediment to effective and sustained responses to prevention, treatment, and care; and, thus, an appropriate index is needed to gauge changes in types and levels of S&D. Against this background, the USAID Interagency Working Group on S&D Indicators developed specific tools to measure S&D in communities, facilities/providers, and among people living with HIV (PLHIV). The tools focus on specific aspects of S&D, including existence, awareness, and enforcement of policies; demonstration of nondiscriminatory attitudes; and reporting on nondiscriminatory care, blame, shame, and fear of casual contact with PLHIV. These aspects formed the basis for designing indicators that were used to construct an S&D index for facilities/providers based on a weighted average of the indicators.

The objective of this study was to field test the tools in the Kenyan context, focusing on facilities and providers of health services. A non-probability multistage sampling method was adopted to select five provinces out of the total eight provinces in Kenya, including two provinces with the highest prevalence of HIV. A similar procedure was adopted to select the districts for the study—out of which facilities and providers were selected for interviews. The providers and facilities, respectively, were later stratified by ownership (e.g., public, private, FBO/NGO) and level of HIV and AIDS care (e.g., comprehensive care centers (CCCs), semi-CCCs, and voluntary counseling and testing (VCT) clinics).

The findings reveal that although the majority of the facilities (65%) indicated having policies to protect PLHIV, only 27 percent reported implementing the policies. Seventy-five percent of all providers are aware of the existence of HIV/AIDS policies; 25 percent reported use of discriminatory care toward PLHIV; 12 percent reported blaming PLHIV for their HIV status; and 17.5 percent expressed fear of casual contact with PLHIV.

The overall value of the S&D index is 40 on a scale of 0 to 100, where higher values indicate higher levels of S&D. When calculated by type of facility ownership, public facilities recorded the highest index (41), followed by the FBO/NGO facilities (36) and private hospitals (35). When calculated by level of care, VCT clinics had the highest index (42), followed by semi-CCCs (41) and CCCs (40). When calculated by type of personnel, excluding the category of other providers, laboratory technologists had the highest S&D index (27); and counselors had the lowest S&D index (20).

The tool has several limitations. First, because providers as a group are relatively more aware of S&D, they tend to provide favorable responses to questions to suggest that S&D is limited or nonexistent. The actual level of S&D for providers may therefore be much higher than calculated. Second, there are no questions for cross-checking providers' responses; the addition of such questions would address the first issue. Third, the weights allocated to the various indicators used in constructing the overall index are subjective, and changes could influence the magnitude of the final result.

ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CCC	Comprehensive Care Center
FBO	faith-based organization
HIV	human immunodeficiency virus
IWG	Interagency Working Group on S&D Indicators
NGO	nongovernmental organization
PLHIV	people living with HIV
S&D	stigma and discrimination
Semi-CCC	Semi-Comprehensive Care Center
SPSS	Statistical Package for the Social Sciences
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

SECTION I: INTRODUCTION

I.1 Background

HIV/AIDS-related stigma and discrimination (S&D) is a major impediment to the creation of an effective and sustained response to HIV prevention, treatment, and care at the individual, family, and community levels. The existence of S&D also poses a barrier to scaling up efforts. In many countries, S&D associated with HIV/AIDS is widespread. Stigma and discrimination generally affect HIV-positive persons and affected households adversely. S&D also acts as a barrier to maximizing the benefits of interventions targeted at fighting the HIV/AIDS pandemic.

These negative effects call for measures to combat S&D. A major challenge in implementing interventions, however, is how to measure the level of stigma and discrimination. There are numerous anecdotal reports and pre- and post-test surveys that report internal and external stigma and discrimination. Yet, there is no coordinated tool or agreement about which indicators to use to measure S&D in communities and among people living with HIV (PLHIV). PLHIV networks believe they are reducing HIV/AIDS-related S&D, but measuring the impact has often been difficult. More often, networks operate without either baseline information or evaluation data about the level of stigma in their own communities, healthcare settings, and workplaces.

The USAID Interagency Working Group on S&D Indicators (USAID IWG) began meeting in 2002 to develop a consistent set of indicators to measure HIV/AIDS-related stigma and discrimination that could be used across a wide variety of settings. In February 2004, a larger group of experts (including the USAID IWG) met to recommend a set of indicators that was then field-tested in Tanzania. Based on these results, the USAID IWG made a set of recommendations in June 2005 regarding three sets of indicators—one set each for the community, facilities/providers, and PLHIV.¹

This study reports the findings of a survey that used the set of indicators measuring HIV/AIDS-related S&D for facilities and providers in Kenya. Note that this index pertains to the facilities/providers of HIV/AIDS-related services only.

I.2 Objectives of the Survey

The research was conducted to field-test indicators measuring HIV/AIDS-related stigma and discrimination, as recommended by the USAID IWG, focusing on facilities and providers of health services. The specific objectives were to

- a. Estimate indicators of HIV/AIDS-related stigma and discrimination for the facility/provider level; and
- b. Use the derived facility/provider indicators to calculate the HIV/AIDS-related S&D sub-index for Kenya.

¹ Stigma & Discrimination Indicators Working Group. 2005. "Stigma & Discrimination Indicators Working Group: An Update from the Field (Meeting Report). Washington, DC: USAID.

SECTION 2: METHODOLOGY

2.1 Population and Sampling Strategy

The survey sampled two units of analysis: facilities and providers. A non-probability multistage sampling method was adopted to select five provinces out of the total eight provinces in Kenya, including two provinces with the highest prevalence of HIV. In each of the selected provinces, a non-probability method was used to select districts—out of which facilities and providers were selected to be interviewed. The criteria used for selection included

- Type of ownership (public, private, FBO/NGO);
- Level of care for facility type, including Comprehensive Care Centers (CCCs), semi-CCCs, and VCT clinics; and
- Occupation of individual respondents.

The distribution of selected facilities and providers is presented in tables 2.1 and 2.2.

Table 2.1: Number of facilities by province and type of ownership

Type of Ownership	Province	Level of Care			Total
		CCC ²	Semi-CCC	VCT Clinic	
Public	Central	5	8	2	15
	Coast	8	5	4	17
	Nairobi	1	1	2	4
	Nyanza	1	11	2	14
	Rift Valley	2	12	2	16
	Sub-total		17	37	12
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
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
Total Sample		36	114	38	188

Table 2.1 shows the facilities according to type of ownership: public, private, and FBO/NGO. The facilities are also distributed according to the level of care. In the public health sector, the sample included 66 facilities (17 with CCCs, 37 with semi-CCCs, and 12 VCT clinics). In the private health sector, the sample included 61 facilities (4 with CCCs, 49 with semi-CCCs, and 8 VCT clinics). Among

² A CCC is a hospital that has an exclusive section devoted to providing comprehensive services to HIV-positive patients. The personnel working at the CCC are usually given additional on-the-job training to handle the patients. A semi-CCC is a hospital that provides services to HIV-positive patients, but the range of services is smaller than at CCCs and there is not an exclusive section devoted to providing services to PLHIV.

the FBO/NGO facilities, the sample included 15 CCCs, 28 semi-CCCs, and 18 VCT clinics. A total of 118 facilities were sampled in the five provinces.

The distribution of the type of health personnel interviewed at the selected facilities is shown in Table 2.2. A total of 671 providers were interviewed (270 from public facilities, 207 from private facilities, and 194 from FBO/NGO facilities). The table also presents the distribution of health personnel by type of ownership, occupation, and level of care.

Table 2.2: Number of health personnel by type of facility ownership, occupation, and level of care

Type of Ownership		CCC	Semi-CCC	VCT Clinic	Total
Public	Doctor	13	8	0	21
	Clinical Officer	25	30	0	55
	Nurse	36	62	10	108
	Counselor	10	17	3	30
	Administrator	6	5	0	11
	Lab Technologist	13	27	0	40
	Others	2	2	1	5
	Sub-total	105	151	14	270
Private	Doctor	5	21	0	26
	Clinical Officer	0	25	2	27
	Nurse	10	60	4	74
	Counselor	1	12	3	16
	Administrator	1	16	0	17
	Lab Technologist	4	38	2	44
	Others	0	3	0	3
	Sub-total	21	175	11	207
FBO/NGO	Doctor	10	9	0	19
	Clinical Officer	13	13	2	28
	Nurse	25	39	4	68
	Counselor	7	12	16	35
	Administrator	4	7	0	11
	Lab Technologist	12	19	0	31
	Others	0	2	0	2
	Sub-total	71	101	22	194

2.2 The Development of Instruments and Data Collection Process

The initial survey instrument was based on the indicators and questions recommended by the USAID IWG and was then tailored to the Kenyan local context. The questions elicited information on the following indicators:

- Health facilities with policies protecting PLHIV against discrimination

- Facilities enforcing policies protecting PLHIV against discrimination
- Providers aware of policies protecting PLHIV against discrimination
- Providers with nondiscriminatory attitudes
- Providers reporting nondiscriminatory care

The survey instrument was forwarded to the Health Policy Initiative for review, which suggested additional questions to capture indicators for fear of casual contact, blame, and shame.

After reaching an agreement on the questions, six research assistants were trained on the instrument. The consultants and research assistants then conducted a pretest of the instrument in two facilities (one private and one public) in Nairobi. No major revisions of the instrument were required, so the data collection commenced by administering the questionnaire to providers at the other selected health facilities. The health personnel interviewed included primarily facility administrators, medical officers (doctors), clinical officers, nurses, VCT counselors, and laboratory technologists.

2.3 Data Analysis

The collected data were entered into SPSS; analysis was performed using both SPSS and Excel. The units of analysis consisted of facilities and providers of HIV/AIDS services. The indicators that formed both the basis for the analysis and construction of the S&D facility/provider index, described in Section 3, included the following:

- Indicator #1: Health facilities with policies protecting PLHIV against discrimination
- Indicator #2: Facility enforcing policies protecting PLHIV against discrimination
- Indicator #3: Providers aware of policies protecting PLHIV against discrimination
- Indicator #4: Providers with nondiscriminatory attitudes
- Indicator #5: Providers reporting nondiscriminatory care
- Indicator #6: Providers reporting blame
- Indicator #7: Providers reporting shame
- Indicator #8: Providers reporting fear of casual contact

SECTION 3: STUDY FINDINGS

3.1 Health Facilities with Policies Protecting PLHIV against Discrimination

Table 3.1 shows the distribution of facilities with and without policies to protect against discrimination of PLHIV. Overall, 65 percent of the selected facilities reported having anti-discrimination policies in place. All public facilities reported having policy guidelines from the Ministry of Health, while only about 50 percent of private facilities and 39 percent of FBO/NGO facilities reported having such policies.

Table 3.1: Distribution of number of facilities with and without policies

Type of Ownership	Facilities with Policies	Facilities without Policies	Total
Public	62 (100%)	0 (0%)	62
Private	28 (51%)	27 (49%)	55
FBO/NGO	22 (39%)	34 (61%)	56
Total	112 (65%)	61 (35%)	173

A further analysis by provider type and level of care shows that among the facilities with the highest level of care (CCCs), policies were in place in 73 percent and 57 percent of the private and FBO/NGO sectors, respectively (see Table 3.2). For the semi-CCCs, 49 percent and 35 percent of the private and FBO/NGO facilities, respectively, reported having policies in place. For the VCT clinics, 50 percent and 31 percent in the private sector and FBO/NGO sector, respectively, indicated having policies to protect PLHIV against discrimination.

Table 3.2: Number of facilities with and without policies by level of care

	Level of Care	Facilities with Policies		Facilities without Policies		Total	
		Number	%	Number	%	Number	%
Public	VCT Clinic	10	100	0	0	10	100
	Semi-CCC	36	100	0	0	36	100
	CCC	16	100	0	0	16	100
Private	VCT Clinic	4	50	4	50	8	100
	Semi-CCC	21	49	22	51	43	100
	CCC	3	73	1	25	4	100
FBO/NGO	VCT Clinic	5	31	11	69	16	100
	Semi-CCC	9	35	17	65	26	100
	CCC	8	57	6	43	15	100
Total Sample	VCT Clinic	19	56	15	44	34	100
	Semi-CCC	66	63	39	37	105	100
	CCC	27	79	7	21	34	100

3.2 Health Facilities Enforcing Policies Protecting PLHIV against Discrimination

Additional questions were posed to assess the extent of policy implementation. The questions, asked only of those facilities that reported having policies, related to

- Whether the policies have been implemented in the facility;

- What experiences the facility has had with respect to policy implementation;
- Whether the facility provided recourse for violation of the rights of HIV-positive clients; and
- What remedial actions the facility had taken when the rights of HIV-positive clients had been violated.

In the analysis, those facilities responding to all four items were categorized as implementing the policies, while all others were categorized under “no.” Table 3.3 shows that, even when policies are in place to protect PLHIV from S&D, few facilities (27%) reported actually implementing these policies.

Table 3.3: Facilities implementing policies

	Responses	Number of Facilities	Percent
Overall (total) sample	Yes	30	27%
	No	82	73%
	Total	112	100%

Table 3.4 presents the results for policy implementation by type of facility ownership. The results indicate that, overall, the majority of facilities are not implementing the policies (92% of public facilities, 54% of private facilities, and 45% of FBO/NGO facilities). The high percentage of public facilities is further corroborated by the observation that in all public hospitals, HIV-positive inpatients are isolated in wards called “TB wards.” Thus, although more public than private or FBO/NGO facilities report having anti-discrimination policies in place, they are far less likely to implement these policies.

Table 3.4: Facilities implementing policies by ownership

Type of Ownership	Responses	Number of Facilities	Percent of Each Type of Ownership
Public	Yes	5	8%
	No	57	92%
	Total	62	100%
Private	Yes	13	46%
	No	15	54%
	Total	28	100%
FBO/NGO	Yes	12	55%
	No	10	45%
	Total	22	100%

Note: Only the facilities that indicated having policies are reflected in this table.

As shown in Table 3.5, the majority of CCCs (81%), VCT clinics (74%), and semi-CCCs (70%) are not implementing the policies.

Table 3.5: Facilities implementing policies by level of care

Level of Care	Responses	Number of Facilities	Percent of Each Type of Ownership
CCC	Yes	5	19%
	No	22	81%
	Total	27	100%
Semi-CCC	Yes	20	30%
	No	46	70%
	Total	66	100%

VCT Clinic	Yes	5	26%
	No	14	74%
	Total	19	100%

3.3 Providers Aware of Policies Protecting PLHIV against Discrimination

The next indicator calculated is the percentage of providers who are aware of policies in their respective facilities. Only providers working in facilities that reported having anti-discrimination policies were included in the analysis. As shown in Table 3.6, overall, the majority of providers (75%) are aware of the policies.

Table 3.6: Providers aware of existing policies

	Responses	Number of Providers	Percent of Providers
Overall (total) sample	Yes	326	75
	No	109	25
	Total	435	100

Table 3.7 shows that 92 percent of providers in private facilities are aware of the policies, followed by 85 percent in FBO/NGO facilities and 64 percent in public facilities. When analyzed by level of care (see Table 3.8), 83 percent of providers from CCCs are aware of the policies, followed by 82 percent and 70 percent of providers from the VCT clinics and semi-CCCs, respectively.

Table 3.7: Providers aware of policies by type of facility ownership

Type of Ownership	Responses	Number of Providers	Percent of Providers for Each Type of Ownership
Public	Yes	155	64
	No	87	36
	Total	242	100
Private	Yes	99	92
	No	9	8
	Total	108	100
FBO/NGO	Yes	72	85
	No	13	15
	Total	85	100

Table 3.8: Providers aware of policies by level of care

Level of Care	Responses	Number of Providers	Percent of Providers for Each Level of Care
CCC	Yes	121	83
	No	24	17
	Total	145	100
Semi-CCC	Yes	187	70
	No	81	30
	Total	268	100
VCT Clinic	Yes	18	82
	No	4	18
	Total	22	100

Table 3.9 presents the results for this indicator by the occupations of individual providers. The greatest lack of awareness of policies exists among laboratory technologists (30%), followed by clinical officers (28%), nurses (25%), medical officers (23%), and VCT counselors (23%).

Table 3.9: Providers aware and not aware of policies by type of personnel

Type of Personnel	Responses	Number of Providers	Percent of Providers for Each Level of Care
Doctor	Yes	34	77
	No	10	23
	Total	44	100
Clinical Officer	Yes	54	72
	No	21	28
	Total	74	100
Nurse	Yes	126	75
	No	43	25
	Total	169	100
VCT Counselor	Yes	33	77
	No	10	23
	Total	43	100
Administrator	Yes	24	89
	No	2	11
	Total	26	100
Laboratory Technologist	Yes	49	70
	No	21	30
	Total	70	100
Other providers	Yes	6	86
	No	1	14
	Total	7	100

3.4 Discriminatory Attitudes Domain

Table 3.10 shows the number and percentage of healthcare providers that gave a “Yes” or “No” answer to each of the questions posed to measure an indicator for non-discriminatory attitudes toward PLHIV. The table shows that 349 providers (57%) reported taking special precautions when providing services for PLHIV, while a slightly lower percentage indicated wearing a mask when providing services to an HIV-positive patient (46%). Almost all providers (99%) feel that HIV positive-people should not be isolated, and a vast majority of the providers (97%) said that TB is curable in an HIV-positive patient.

In general, the providers feel that people should not be compelled to take an HIV test. The majority of providers (66%) do not support compulsory testing for all admitted patients, while a slightly lower percentage (53%) do not believe in compulsory testing for high-risk groups. The difference between these percentages implies that some of the providers, although not supporting compulsory testing for all admitted patients, do support the testing of high-risk groups.

Table 3.10: Discriminatory and non-discriminatory attitudes (total sample)

Questions	Responses	Number of Providers	Percent of Providers for Each Question
1. Do you take special precautions for HIV/AIDS patients?	Yes	349	57
	No	263	43
2. Should persons be isolated because of having a positive sero-status?	Yes	4	1
	No	651	99
3. Is TB curable in an HIV-positive patient?	Yes	644	97
	No	17	3
4. Would you wear a mask to protect yourself/patient?	Yes	295	46
	No	345	54
5. Should there be compulsory testing for all admitted patients?	Yes	220	34
	No	422	66
6. Should there be compulsory testing for high-risk groups, such as commercial sex workers, truck drivers, etc.?	Yes	306	47
	No	342	53
7. Do you provide counseling with HIV testing?	Yes	643	97
	No	19	3
8. Do you ever disclose the status of patient to anyone other than the patient?	Yes	206	31
	No	451	69
9. Is there anyone else who should know the status of a patient?	Yes	507	81
	No	119	19
10. Have you told an HIV-positive woman not to have children?	Yes	132	20
	No	518	80
11. Do you provide reproductive healthcare to HIV-positive women?	Yes	574	89
	No	74	11

While a majority of the providers (69%) reported never disclosing a patient's status to anyone, a large percentage (81%) said that the HIV status of a patient should be disclosed to someone. The providers indicated that spouses, other next-of-kin, and other healthcare providers should be informed of the client's HIV status. The providers who have disclosed a patient's HIV status to others revealed the status to spouses, parents, employers, friends, and other healthcare providers.

The responses in Table 3.10 were used to calculate the indicator of the proportion of providers with discriminatory attitudes toward PLHIV. The percentage of "Yes" responses to questions 1, 2, 4, 5, 6, 8, and 9 and the percentages of "No" responses to questions 3, 7, 10, and 11 were averaged to calculate the indicator for discriminatory attitudes. The computed indicator had the value of 30.43 percent. Table 3.11 shows the responses categorized by the type of facility ownership.

Table 3.11: Discriminatory and non-discriminatory attitudes by type of facility ownership

Questions	Type of Facility Ownership	Responses	Number of Providers	Percent of Providers for Each Question and Ownership
1. Do you take special precautions for HIV/AIDS patients?	Public	Yes	139	56%
		No	110	44%
	Private	Yes	117	63%
		No	68	37%
	FBO/NGO	Yes	93	52%
		No	85	48%
2. Should persons be isolated because of having a positive sero-status?	Public	Yes	0	0%
		No	266	100%
	Private	Yes	3	1%
		No	199	99%
	FBO/NGO	Yes	1	1%
		No	186	99%
3. Is TB curable in an HIV-positive patient?	Public	Yes	264	99%
		No	3	1%
	Private	Yes	191	95%
		No	11	5%
	FBO/NGO	Yes	189	98%
		No	3	2%
4. Would you wear a mask to protect yourself/patient?	Public	Yes	102	39%
		No	158	61%
	Private	Yes	111	55%
		No	90	45%
	FBO/NGO	Yes	82	46%
		No	97	54%
5. Should there be compulsory testing for all admitted patients?	Public	Yes	92	36%
		No	162	64%
	Private	Yes	54	27%
		No	149	73%
	FBO/NGO	Yes	74	40%
		No	111	60%
6. Should there be compulsory testing for high-risk groups, such as commercial sex workers, truck drivers, etc.?	Public	Yes	128	49%
		No	134	51%
	Private	Yes	88	44%
		No	111	56%
	FBO/NGO	Yes	90	48%
		No	97	52%
7. Do you provide counseling with HIV testing?	Public	Yes	259	97%
		No	8	3%
	Private	Yes	193	96%
		No	9	4%
	FBO/NGO	Yes	191	99%
		No	2	1%
8. Do you ever disclose	Public	Yes	90	34%

the status of a patient to anyone other than the patient?		No	175	66%
		Private	Yes	63
	FBO/NGO	No	137	69%
		Yes	63	32%
9. Is there anyone else who should know the status of a patient?	Public	Yes	207	83%
		No	43	17%
	Private	Yes	155	80%
		No	39	20%
	FBO/NGO	Yes	145	80%
		No	37	20%
10. Have you told an HIV-positive woman not to have children?	Public	Yes	59	22%
		No	208	78%
	Private	Yes	35	18%
		No	162	82%
	FBO/NGO	Yes	38	20%
		No	148	80%
11. Do you provide reproductive healthcare to HIV-positive women?	Public	Yes	234	89%
		No	28	11%
	Private	Yes	175	88%
		No	23	12%
	FBO/NGO	Yes	165	88%
		No	23	12%

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

Figure 3.1: Indicator of discriminatory attitudes by type of facility ownership

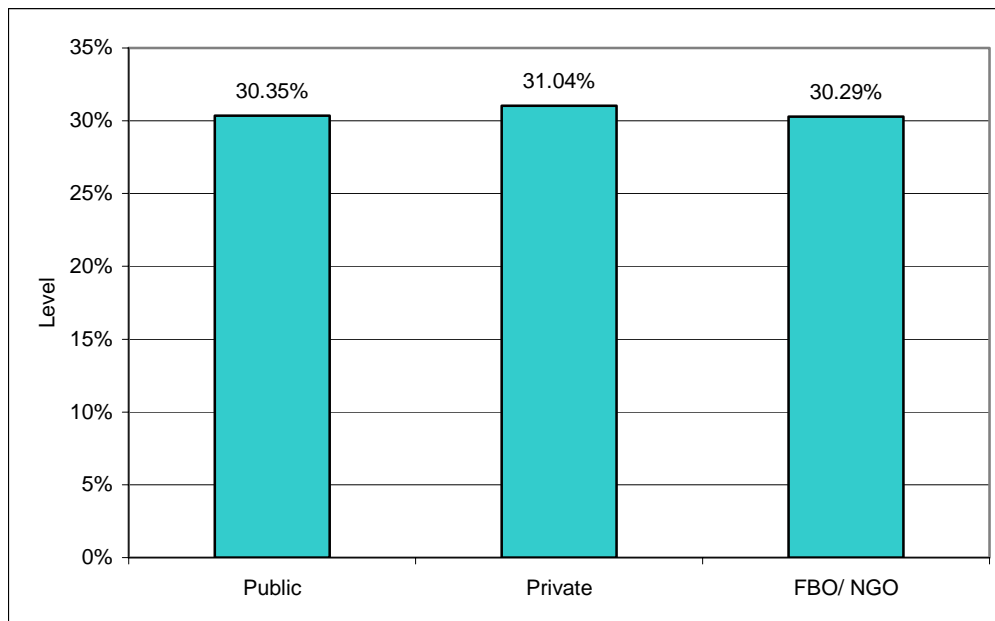


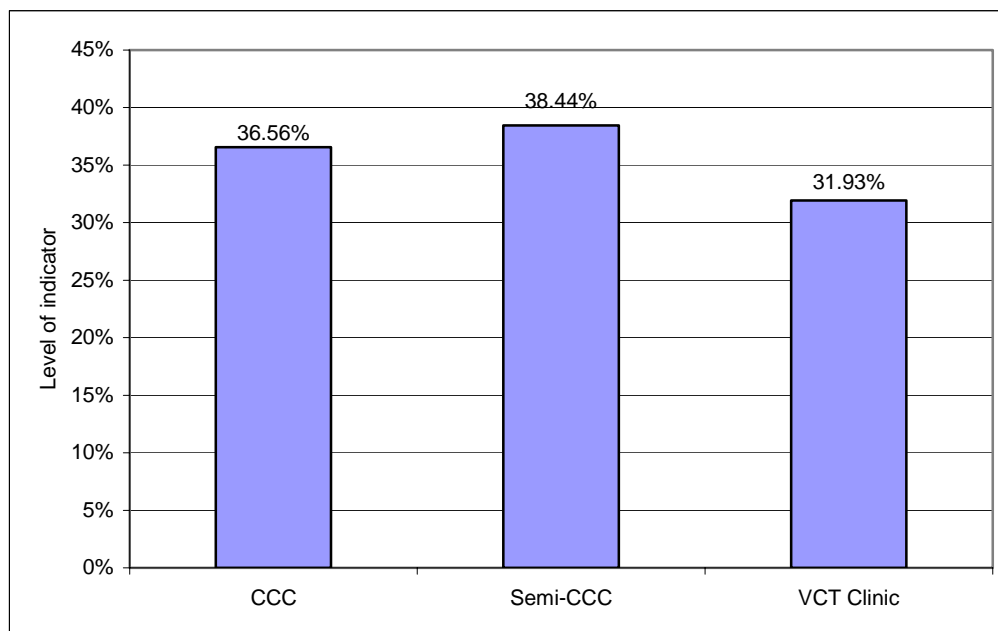
Table 3.12 further examines this issue by level of care, and the estimated levels of the indicator are depicted in Figure 3.2.

Table 3.12: Discriminatory attitudes by level of care

Questions	Level of Care	Responses	Number of Providers	Percent of Providers for Each Question
1. Do you take special precautions for HIV/AIDS patients?	CCC	Yes	100	55%
		No	81	45%
	Semi-CCC	Yes	225	58%
		No	164	42%
	VCT Clinic	Yes	24	57%
		No	18	43%
2. Should persons be isolated because of having a positive sero-status?	CCC	Yes	1	1%
		No	194	99%
	Semi-CCC	Yes	3	1%
		No	412	99%
	VCT Clinic	Yes	0	0%
		No	45	100%
3. Is TB curable in an HIV-positive patient?	CCC	Yes	193	98%
		No	4	2%
	Semi-CCC	Yes	404	97%
		No	13	3%
	VCT Clinic	Yes	47	100%
		No	0	0%
4. Would you wear a mask to protect yourself/patient?	CCC	Yes	66	37%
		No	114	63%
	Semi-CCC	Yes	214	52%
		No	201	48%
	VCT Clinic	Yes	15	33%
		No	30	67%
5. Should there be compulsory testing for all admitted patients?	CCC	Yes	54	29%
		No	132	71%
	Semi-CCC	Yes	149	36%
		No	262	64%
	VCT Clinic	Yes	17	38%
		No	28	62%
6. Should there be compulsory testing for high-risk groups, such as commercial sex workers, truck drivers, etc.?	CCC	Yes	76	40%
		No	112	60%
	Semi-CCC	Yes	215	52%
		No	198	48%
	VCT Clinic	Yes	15	32%
		No	32	68%
7. Do you provide counseling with HIV testing?	CCC	Yes	189	96%
		No	7	4%
	Semi-CCC	Yes	407	97%
		No	12	3%

	VCT Clinic	Yes	47	100%
		No	0	0%
8. Do you ever disclose the status of a patient to anyone other than the patient?	CCC	Yes	68	35%
		No	125	65%
	Semi-CCC	Yes	132	32%
		No	286	68%
	VCT Clinic	Yes	6	13%
		No	40	87%
9. Is there anyone else who should know the status of a patient?	CCC	Yes	166	89%
		No	21	11%
	Semi-CCC	Yes	306	77%
		No	91	23%
	VCT Clinic	Yes	35	83%
		No	7	17%
10. Have you told an HIV-positive woman not to have children?	CCC	Yes	34	18%
		No	160	82%
	Semi-CCC	Yes	87	21%
		No	324	79%
	VCT Clinic	Yes	11	24%
		No	34	76%
11. Do you provide reproductive healthcare to HIV-positive women?	CCC	Yes	176	93%
		No	13	7%
	Semi-CCC	Yes	365	89%
		No	47	11%
	VCT Clinic	Yes	33	70%
		No	14	30%

Figure 3.2: Indicator of discriminatory attitudes by level of care



The highest level of discriminatory attitudes exists at the semi-CCCs (38.44%), followed by the CCCs (36.56%) and VCT clinics (31.93%).

Table 3.13 and Figure 3.3 show the results for this indicator by the occupations of individual respondents. Figure 3.3 shows that discriminatory attitudes are highest among medical officers (33.54%), followed by nurses (32.18%), other providers (31.77%), laboratory technologists (31.30%), clinical officers (29.73%), administrators (26.82%) and VCT counselors (23.82%). It is not surprising that VCT counselors had the lowest score for this indicator, as they are trained in HIV/AIDS issues and care.

Table 3.13: Discriminatory attitudes by type of personnel

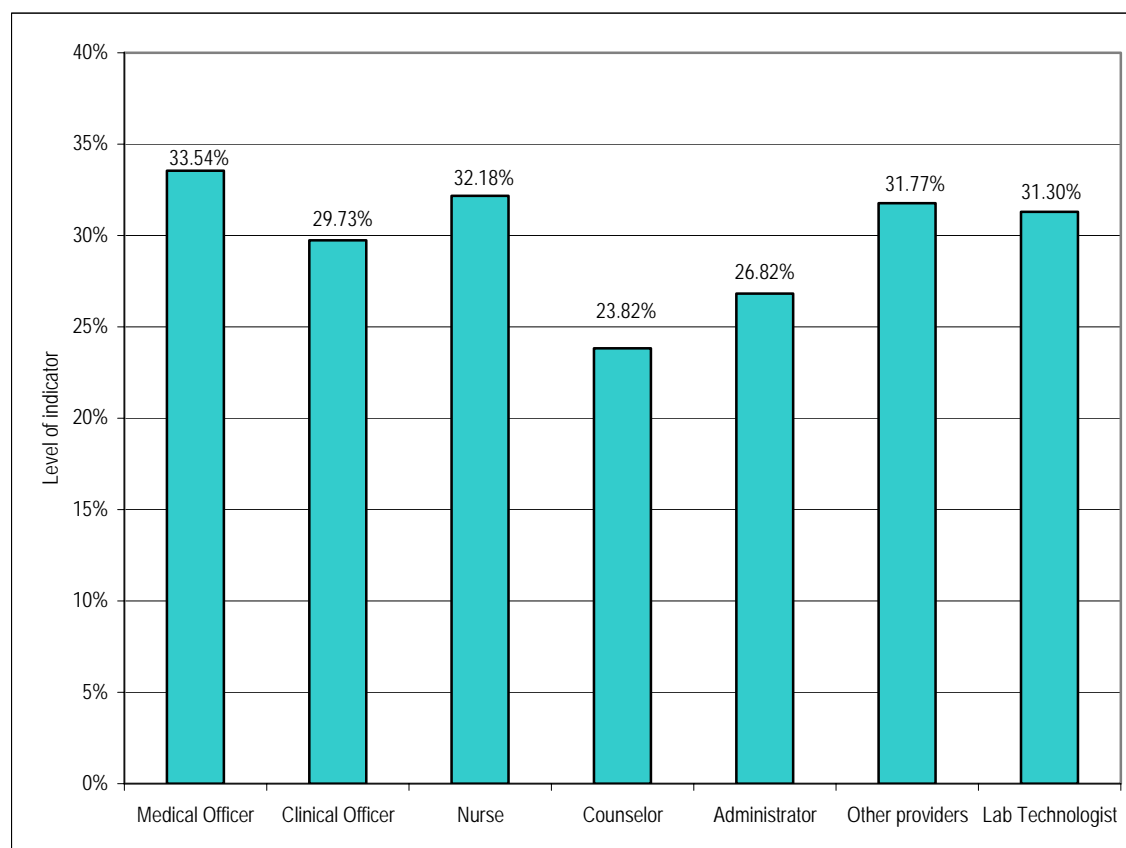
Questions	Type of Personnel	Responses	Number of Providers	Percent of Providers for Each Question
1. Do you take special precautions for HIV/AIDS patients?	Medical Officer	Yes	30	48%
		No	32	52%
	Clinical Officer	Yes	57	55%
		No	46	45%
	Nurse	Yes	137	60%
		No	92	40%
	Counselor	Yes	38	54%
		No	32	46%
	Administrator	Yes	22	65%
		No	12	35%
	Other Providers	Yes	6	67%
		No	3	33%
	Lab Technologist	Yes	59	56%
		No	46	44%
2. Should persons be isolated because of having a positive sero-status?	Medical Officer	Yes	1	2%
		No	64	98%
	Clinical Officer	Yes	0	0%
		No	107	100%
	Nurse	Yes	3	1%
		No	241	99%
	Counselor	Yes	0	0%
		No	79	100%
	Administrator	Yes	0	0%
		No	39	100%
	Other Providers	Yes	0	0%
		No	10	100%
	Lab Technologist	Yes	0	0%
		No	111	100%
3. Is TB curable in an HIV-positive patient?	Medical Officer	Yes	66	100%
		No	0	0%
	Clinical Officer	Yes	110	100%
		No	0	0%
	Nurse	Yes	239	97%
		No	8	3%
	Counselor	Yes	79	99%

		No	1	1%	
		Yes	35	95%	
	Administrator	No	2	5%	
		Yes	9	90%	
	Other Providers	No	1	10%	
		Yes	106	95%	
Lab Technologist	No	5	5%		
	Yes	40	63%		
4. Would you wear a mask to protect yourself/patient?	Medical Officer	No	24	38%	
		Yes	39	38%	
	Clinical Officer	No	65	63%	
		Yes	121	50%	
	Nurse	No	121	50%	
		Yes	22	28%	
	Counselor	No	56	72%	
		Yes	14	40%	
	Administrator	No	21	60%	
		Yes	2	25%	
	Other Providers	No	6	75%	
		Yes	57	52%	
	Lab Technologist	No	52	48%	
		Yes	25	40%	
	5. Should there be compulsory testing for all admitted patients?	Medical Officer	No	38	60%
			Yes	36	34%
		Clinical Officer	No	71	66%
			Yes	90	37%
Nurse		No	151	63%	
		Yes	15	19%	
Counselor		No	62	81%	
		Yes	11	30%	
Administrator		No	26	70%	
		Yes	4	44%	
Other Providers		No	5	56%	
		Yes	39	36%	
Lab Technologist		No	69	64%	
		Yes	38	61%	
6. Should there be compulsory testing for high-risk groups, such as commercial sex workers, truck drivers, etc.?		Medical Officer	No	24	39%
			Yes	54	50%
		Clinical Officer	No	55	50%
			Yes	125	51%
	Nurse	No	118	49%	
		Yes	19	24%	
	Counselor	No	61	76%	
		Yes	16	44%	
	Administrator	No	20	56%	
		Yes	3	33%	
	Other Providers	No	6	67%	
		Yes	51	47%	
	Lab Technologist	Yes			

		No	58	53%
7. Do you provide counseling with HIV testing?	Medical Officer	Yes	66	100%
		No	0	0%
	Clinical Officer	Yes	103	95%
		No	5	5%
	Nurse	Yes	242	98%
		No	5	2%
	Counselor	Yes	77	95%
		No	4	5%
	Administrator	Yes	37	100%
		No	0	0%
Other Providers	Yes	10	100%	
	No	0	0%	
Lab Technologist	Yes	108	96%	
	No	5	4%	
8. Do you ever disclose the status of a patient to anyone other than the patient?	Medical Officer	Yes	31	48%
		No	33	52%
	Clinical Officer	Yes	34	31%
		No	75	69%
	Nurse	Yes	82	34%
		No	162	66%
	Counselor	Yes	16	20%
		No	65	80%
	Administrator	Yes	8	21%
		No	30	79%
Other Providers	Yes	2	20%	
	No	8	80%	
Lab Technologist	Yes	33	30%	
	No	78	70%	
9. Is there anyone else who should know the status of a patient?	Medical Officer	Yes	52	83%
		No	11	17%
	Clinical Officer	Yes	88	84%
		No	17	16%
	Nurse	Yes	193	82%
		No	41	18%
	Counselor	Yes	54	71%
		No	22	29%
	Administrator	Yes	25	76%
		No	8	24%
Other Providers	Yes	10	100%	
	No	0	0%	
Lab Technologist	Yes	85	81%	
	No	20	19%	
10. Have you told an HIV-positive woman not to have children?	Medical Officer	Yes	13	20%
		No	52	80%
	Clinical Officer	Yes	25	23%
		No	83	77%
Nurse	Yes	55	23%	

		No	188	77%
	Counselor	Yes	15	19%
		No	65	81%
	Administrator	Yes	4	11%
		No	32	89%
	Other Providers	Yes	2	20%
		No	8	80%
	Lab Technologist	Yes	18	17%
No		90	83%	
11. Do you provide reproductive healthcare to HIV-positive women?	Medical Officer	Yes	63	95%
		No	3	5%
	Clinical Officer	Yes	100	92%
		No	9	8%
	Nurse	Yes	222	90%
		No	25	10%
	Counselor	Yes	62	79%
		No	16	21%
	Administrator	Yes	35	97%
		No	1	3%
	Other Providers	Yes	7	70%
		No	3	30%
	Lab Technologist	Yes	85	83%
		No	17	17%

Figure 3.3: Indicator of discriminatory attitudes by type of personnel



3.5 Discriminatory Care Domain

The next set of questions examined whether healthcare delivery to HIV-positive patients is discriminatory in nature. The analysis of the discriminatory care indicators was done at four levels: by the total sample; type of facility ownership; the level of care; and type of personnel. Table 3.14 presents the overall results for the number and percentage of providers who responded to the questions used to assess S&D in relation to care.

Table 3.14: Discriminatory care (total sample)

Questions	Responses	Number of Providers	Percent of Providers for Each Question
1. Do you provide the same care to HIV-positive clients and other clients?	Yes	567	88
	No	76	12
2. Have you seen/observed healthcare providers gossiping about a client's HIV status?	Yes	163	25
	No	494	75
3. Have you seen/observed the testing of a client for HIV without his/her consent?	Yes	145	22
	No	514	78
4. Have you seen/observed an HIV-positive patient being assigned by a senior health worker to a junior provider?	Yes	35	5
	No	619	95

5. Have you seen/observed use of latex gloves for performing noninvasive exams on clients suspected to have HIV?	Yes	355	56
	No	281	44
6. Have seen/observed requiring some clients to be tested for HIV before scheduling surgery?	Yes	271	44
	No	344	56
7. Have you seen/observed extra precautions being taken in the sterilization of instruments used on HIV-positive patients?	Yes	279	43
	No	365	57
8. Should HIV-positive patients be given a limited stay in the hospital but more care at home?	Yes	418	69
	No	192	31
9. Have you seen/observed an HIV-positive client receive less care/attention than other patients?	Yes	45	7
	No	619	93
10. Who provides care (feeding) to HIV-negative inpatients in wards?	Relatives	78	13
	Nurses	329	56
11. Who provides care (feeding, cleaning) to HIV-positive inpatients in wards?	Relatives	70	12
	Nurses	329	56

Overall, the responses suggest less stigma and discrimination in the provision of healthcare than was the case for the indicator regarding discriminatory attitudes. For instance, 567 (88%) of the providers indicated they provide the same care to HIV-positive clients and HIV-negative clients. Additionally, 619 providers (93%) indicated that they had not observed HIV-positive patients receiving less care than other patients. The table also shows that the majority of providers had not seen HIV-positive patients being assigned to junior providers. This notwithstanding, a substantial percentage (43%) of providers reported observing the taking of extra precautions when sterilizing instruments used for HIV-positive patients. Furthermore, 271 providers (44%) had experienced situations when clients are tested for HIV before scheduling them for surgery. In addition, 355 providers (56%) had observed the use of latex gloves for performing noninvasive exams on clients suspected to have HIV. Within the wards for inpatients, 56 percent of providers reported that nurses are providing the care, and 69 percent preferred that HIV-positive clients have a limited stay at the health facility and more care at home.

The responses in Table 3.14 were used to determine the percentage of providers who reported discriminatory care. The percentages of “Yes” responses for questions 2, 3, 4, 5, 6, 7 and the percentages of “No” responses to question 1 were used together with the percentages of care given by relatives and others in questions 10 and 11 to calculate the indicator reporting the use of discriminatory care. The average of these responses yielded an indicator of 25.76 percent for the overall sample.

Table 3.15 shows the number and percentage of providers exhibiting stigma and discrimination during the provision of healthcare by type of facility ownership. The level of discriminatory care does not vary much among ownership types. For example, responses to the first question indicated that in private hospitals, 177 providers (90%) provide the same care to HIV-positive and other clients. Similarly, 164 providers (88%) in the FBO/NGO facilities and 226 providers (87%) in the public facilities indicated that they provide the same care.

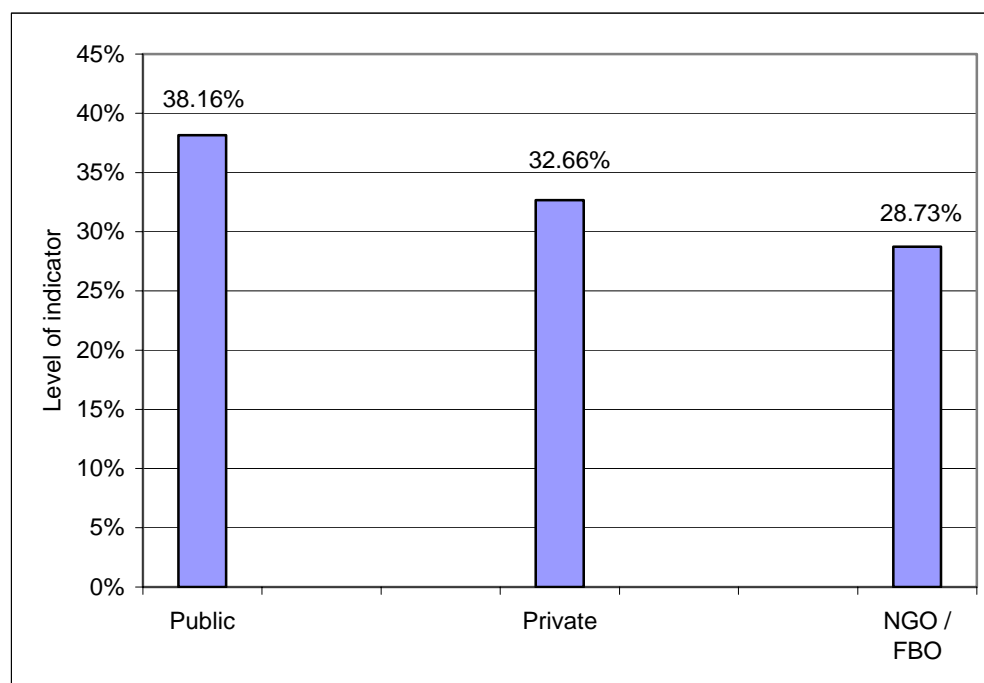
Table 3.15: Discriminatory and non-discriminatory care by type of facility ownership

Questions	Type of Facility Ownership	Responses	Number of Providers	Percent of Providers for Each Question and Ownership
1. Do you provide the same care to HIV-positive clients and other clients?	Public	Yes	226	87%
		No	33	13%
	Private	Yes	177	90%
		No	20	10%
	FBO/NGO	Yes	164	88%
		No	23	12%
2. Have you seen/observed healthcare providers gossiping about a client's HIV status?	Public	Yes	76	29%
		No	190	71%
	Private	Yes	43	21%
		No	159	79%
	FBO/NGO	Yes	44	23%
		No	145	77%
3. Have you seen/observed testing a client for HIV without his/her consent?	Public	Yes	65	25%
		No	198	75%
	Private	Yes	41	20%
		No	164	80%
	FBO/NGO	Yes	39	20%
		No	152	80%
4. Have you seen/observed an HIV-positive patient being assigned by a senior health worker to a junior provider?	Public	Yes	17	6%
		No	246	94%
	Private	Yes	11	5%
		No	191	95%
	FBO/NGO	Yes	7	4%
		No	182	96%
5. Have you seen/observed use of latex gloves for performing noninvasive exams on clients suspected to have HIV?	Public	Yes	153	60%
		No	102	40%
	Private	Yes	115	59%
		No	81	41%
	FBO/NGO	Yes	87	47%
		No	98	53%
6. Have you seen/observed requiring some clients to be tested for HIV before scheduling surgery?	Public	Yes	103	42%
		No	141	58%
	Private	Yes	94	48%
		No	103	52%
	FBO/NGO	Yes	74	43%
		No	100	57%
7. Have you seen/observed extra precautions being taken in the	Public	Yes	113	44%
		No	143	56%
	Private	Yes	108	54%
		No	91	46%

sterilization of instruments used on HIV-positive patients?	FBO/NGO	Yes	58	31%
		No	131	69%
8. Should HIV-positive patients be given a limited stay in the hospital but more care at home?	Public	Yes	174	71%
		No	72	29%
	Private	Yes	128	68%
		No	59	32%
	FBO/NGO	Yes	116	66%
		No	61	34%
9. Have you seen/observed an HIV-positive client receive less care/attention than other patients?	Public	Yes	25	9%
		No	241	91%
	Private	Yes	12	6%
		No	192	94%
	FBO/NGO	Yes	8	4%
		No	186	96%
10. Who provides care (feeding) to HIV-negative inpatients in wards?	Public	Relatives	60	60%
		Nurses	92	40%
	Private	Relatives	6	33%
		Nurses	128	67%
	FBO/NGO	Relatives	12	34%
		Nurses	109	66%
11. Who provides care (feeding) to HIV-positive inpatients in wards?	Public	Relatives	56	61%
		Nurses	91	39%
	Private	Relatives	4	34%
		Nurses	126	66%
	FBO/NGO	Relatives	10	33%
		Nurses	112	67%

The responses in Table 3.15 were used to calculate the indicator of discriminatory care by type of facility ownership. Figure 3.4 shows that, relatively speaking, stigma and discrimination in care provision is highest in public facilities (38.16%), followed by private (32.66%) and FBO/NGO (28.73%) facilities.

Figure 3.4: Levels of discriminatory care by type of facility ownership



Further analysis for discriminatory care was done based on the level of care (see Table 3.16). The estimated indicator shows that discrimination in healthcare delivery, based on provider responses, is highest at CCC facilities (35.21%), followed by semi-CCC facilities (33.52%) and VCT clinics (30.36%) (see Figure 3.5). Although it was expected a priori that CCCs would record the lowest score, the interviews at the CCCs included providers working at both the CCCs and other clinics, where most providers had no training in HIV/AIDS—partly explaining the relatively high indicator. Note that the questions asked were theoretical and could not capture the actual care provided.

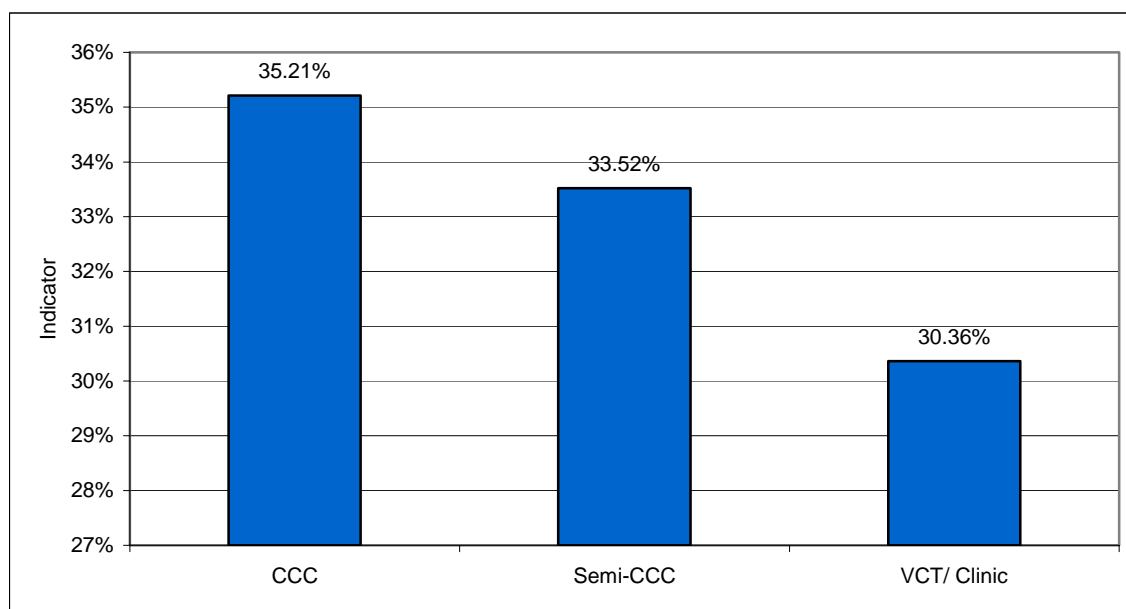
Table 3.16: Discriminatory and non-discriminatory care by level of care

Questions	Level of Care	Responses	Number of Providers	Percent of Providers for Each Question and Level of Care
1. Do you provide same care to HIV-positive clients and other clients?	CCC	Yes	165	89%
		No	21	11%
	Semi-CCC	Yes	365	89%
		No	45	11%
	VCT Clinic	Yes	37	79%
		No	10	21%
2. Have you seen/observed healthcare providers gossiping about a client's HIV status?	CCC	Yes	52	27%
		No	141	73%
	Semi-CCC	Yes	105	25%
		No	315	75%
	VCT Clinic	Yes	6	14%
		No	38	86%
3. Have you seen/observed	CCC	Yes	48	25%

testing a client for HIV without his/her consent?		No	143	75%
		Yes	94	22%
	Semi-CCC	No	328	78%
		Yes	3	7%
VCT Clinic	No	43	93%	
	Yes	11	6%	
4. Have you seen/observed an HIV-positive patient being assigned by a senior health worker to a junior provider?	CCC	No	181	94%
		Yes	22	5%
	Semi-CCC	No	397	95%
		Yes	2	5%
	VCT Clinic	No	41	95%
		Yes	97	53%
5. Have you seen/observed the use of latex gloves for performing noninvasive exams on clients suspected to have HIV?	CCC	No	86	47%
		Yes	237	58%
	Semi-CCC	No	173	42%
		Yes	21	49%
	VCT Clinic	No	22	51%
		Yes	84	46%
6. Have you seen/observed requiring some clients to be tested for HIV before scheduling surgery?	CCC	No	98	54%
		Yes	177	45%
	Semi-CCC	No	219	55%
		Yes	10	27%
	VCT Clinic	No	27	73%
		Yes	70	38%
7. Have you seen/observed extra precautions being taken in the sterilization of instruments used on HIV-positive patients?	CCC	No	116	62%
		Yes	189	46%
	Semi-CCC	No	225	54%
		Yes	20	45%
	VCT Clinic	No	24	55%
		Yes	136	74%
8. Should HIV-positive patients be given a limited stay in the hospital but more care at home?	CCC	No	49	26%
		Yes	262	68%
	Semi-CCC	No	125	32%
		Yes	20	53%
	VCT Clinic	No	18	47%
		Yes	18	9%
9. Have you seen/observed an HIV-positive client receive less care/attention than other patients?	CCC	No	177	91%
		Yes	26	6%
	Semi-CCC	No	396	94%
		Yes	1	2%
	VCT Clinic	No	46	98%
		Relatives	38	50%
10. Who provides care (feeding) to HIV-negative inpatients in wards?	CCC	Nurses	95	50%
		Relatives	34	41%
	Semi-CCC	Nurses	218	59%
		Relatives	6	41%
	VCT Clinic	Nurses	16	59%

11. Who provides care (feeding) to HIV-positive inpatients in wards?	CCC	Relatives	36	49%
		Nurses	97	51%
	Semi-CCC	Relatives	30	42%
		Nurses	216	58%
	VCT Clinic	Relatives	4	41%
		Nurses	16	59%

Figure 3.5: Levels of discriminatory care by level of care



Similar to the results for the indicator of discriminatory attitudes, medical officers displayed the highest discriminatory care (38.39%), as shown in Table 3.17 and Figure 3.6. However, the levels among other providers varied slightly: laboratory technologists (34.32%), clinical officers (33.40%), nurses (33.31%), administrators (31.26%), VCT counselors (27.96%), and other providers (26.41%).

Table 3.17: Discriminatory and non-discriminatory care by type of health personnel

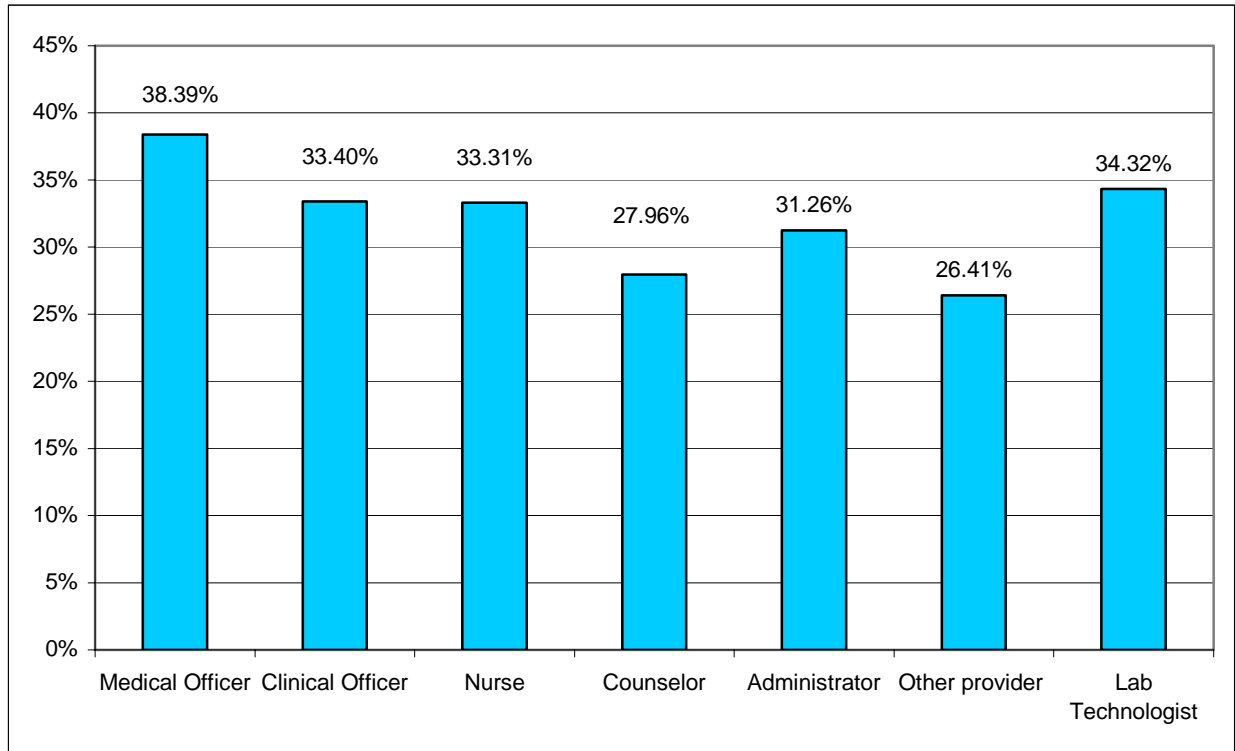
Questions	Type of Health Personnel	Responses	Number of Providers	Percent of Providers for Each question and Type of Personnel
1. Do you provide the same care to HIV-positive clients and other clients?	Medical Officer	Yes	62	94%
		No	4	6%
	Clinical Officer	Yes	100	93%
		No	8	7%
	Nurse	Yes	218	89%
		No	26	11%
	Counselor	Yes	63	80%
		No	16	20%
Administrator	Yes	35	97%	
	No	1	3%	

	Other Providers	Yes	8	80%
		No	2	20%
	Lab Technologist	Yes	81	81%
		No	19	19%
2. Have you seen/observed healthcare providers gossiping about a client's HIV status?	Medical Officer	Yes	27	41%
		No	39	59%
	Clinical Officer	Yes	25	23%
		No	84	77%
	Nurse	Yes	64	26%
		No	178	74%
	Counselor	Yes	15	19%
		No	64	81%
	Administrator	Yes	8	21%
		No	30	79%
	Other Providers	Yes	1	10%
		No	9	90%
Lab Technologist	Yes	23	20%	
	No	90	80%	
3. Have you seen/observed testing a client for HIV without his/her consent?	Medical Officer	Yes	30	45%
		No	36	55%
	Clinical Officer	Yes	23	21%
		No	87	79%
	Nurse	Yes	50	20%
		No	194	80%
	Counselor	Yes	10	13%
		No	69	87%
	Administrator	Yes	7	18%
		No	32	82%
	Other Providers	Yes	1	11%
		No	8	89%
Lab Technologist	Yes	24	21%	
	No	88	79%	
4. Have you seen/observed an HIV-positive patient being assigned by a senior health worker to a junior provider?	Medical Officer	Yes	4	6%
		No	62	94%
	Clinical Officer	Yes	7	6%
		No	102	94%
	Nurse	Yes	16	7%
		No	226	93%
	Counselor	Yes	2	3%
		No	74	97%
	Administrator	Yes	0	0%
		No	39	100%
	Other Providers	Yes	0	0%
		No	10	100%
Lab Technologist	Yes	6	5%	
	No	106	95%	
5. Have you seen/observed the	Medical Officer	Yes	35	53%
		No	31	47%

use of latex gloves for performing noninvasive exams on clients suspected to have HIV?	Clinical Officer	Yes	56	51%	
		No	54	49%	
	Nurse	Yes	128	55%	
		No	104	45%	
	Counselor	Yes	38	51%	
		No	36	49%	
	Administrator	Yes	23	62%	
		No	14	38%	
	Other Providers	Yes	5	50%	
		No	5	50%	
	Lab Technologist	Yes	70	65%	
		No	37	35%	
	6. Have you seen/observed requiring some clients to be tested for HIV before scheduling surgery?	Medical Officer	Yes	32	49%
			No	33	51%
Clinical Officer		Yes	39	37%	
		No	67	63%	
Nurse		Yes	105	46%	
		No	125	54%	
Counselor		Yes	31	47%	
		No	35	53%	
Administrator		Yes	16	47%	
		No	18	53%	
Other Providers		Yes	4	44%	
		No	5	56%	
Lab Technologist		Yes	44	42%	
		No	61	58%	
7. Have you seen/observed extra precautions being taken in the sterilization of instruments used on HIV-positive patients?	Medical Officer	Yes	28	43%	
		No	37	57%	
	Clinical Officer	Yes	47	44%	
		No	61	56%	
	Nurse	Yes	105	43%	
		No	137	57%	
	Counselor	Yes	26	36%	
		No	47	64%	
	Administrator	Yes	16	43%	
		No	21	57%	
	Other Providers	Yes	1	10%	
		No	9	90%	
	Lab Technologist	Yes	56	51%	
		No	53	49%	
8. Should HIV-positive patients be given a limited stay in the hospital but more care at home?	Medical Officer	Yes	42	65%	
		No	23	35%	
	Clinical Officer	Yes	67	66%	
		No	35	34%	
	Nurse	Yes	170	74%	
		No	59	26%	
	Counselor	Yes	43	61%	
		No	28	39%	

	Administrator	Yes	22	67%
		No	11	33%
	Other Providers	Yes	7	70%
		No	3	30%
	Lab Technologist	Yes	67	67%
		No	33	33%
9. Have you seen/observed an HIV-positive client receive less care/attention than other patients?	Medical Officer	Yes	5	8%
		No	60	92%
	Clinical Officer	Yes	10	9%
		No	100	91%
	Nurse	Yes	17	7%
		No	230	93%
	Counselor	Yes	3	4%
		No	78	96%
	Administrator	Yes	2	5%
		No	37	95%
	Other Providers	Yes	0	0%
		No	10	100%
	Lab Technologist	Yes	8	7%
		No	104	93%
10. Who provides care (feeding) to HIV-negative inpatients in wards?	Medical Officer	Relatives	6	52%
		Nurses	31	48%
	Clinical Officer	Relatives	19	51%
		Nurses	45	49%
	Nurse	Relatives	24	38%
		Nurses	140	62%
	Counselor	Relatives	16	55%
		Nurses	28	45%
	Administrator	Relatives	2	39%
		Nurses	22	61%
	Other Providers	Relatives	2	38%
		Nurses	5	63%
	Lab Technologist	Relatives	9	41%
		Nurses	58	59%
11. Who provides care (feeding) to HIV-positive inpatients in wards?	Medical Officer	Relatives	6	54%
		Nurses	30	46%
	Clinical Officer	Relatives	16	53%
		Nurses	44	47%
	Nurse	Relatives	23	39%
		Nurses	139	61%
	Counselor	Relatives	13	55%
		Nurses	28	45%
	Administrator	Relatives	2	39%
		Nurses	22	61%
	Other Providers	Relatives	2	38%
		Nurses	5	63%
	Lab Technologist	Relatives	8	38%
		Nurses	61	62%

Figure 3.6: Levels of discriminatory care by type of health personnel



3.6 Blame Domain

Questions were also asked to measure the extent to which providers blame PLHIV for their HIV status. The respondent was asked to reply to four statements by indicating whether they strongly agreed, agreed, disagreed, or strongly disagreed. Table 3.18 shows that 384 providers (58%) and 215 (33%) strongly disagreed and disagreed, respectively, that “HIV is a punishment from God,” compared with 35 (5%) who agreed and 27 (4%) who strongly agreed. The same pattern is observed for the second statement, “People with HIV should be blamed for bad behavior,” where the vast majority of providers either strongly disagreed (55%) or disagreed (42%), while a small percentage agreed (2%) or strongly agreed (1%). The statements regarding promiscuity and its relation to the spread of HIV elicited mixed responses. For instance, while 184 providers (28%) agreed that promiscuous men are the ones who spread HIV in the community, 236 providers (36%) disagreed with the notion. Furthermore, 52 (8%) strongly agreed, while 188 (28%) strongly disagreed.

These responses were then averaged to obtain an indicator of blame of 19.80 percent by combining the responses for each question into two categories: agree (agree plus strongly agree) and disagree (disagree plus strongly disagree).

Table 3.18: Providers’ responses to blame questions (total sample)

Questions	Responses	Number of Providers	Percent of Providers for Each Question
1. HIV is a punishment from God.	Strongly agree	27	4
	Agree	35	5
	Disagree	215	33
	Strongly disagree	384	58
2. People with HIV should be blamed for bad behavior.	Strongly agree	5	1
	Agree	15	2
	Disagree	276	42
	Strongly disagree	368	55
3. Promiscuous men are the ones that spread HIV in our community.	Strongly agree	52	8
	Agree	184	28
	Disagree	236	36
	Strongly disagree	188	28
4. It is the women prostitutes who spread HIV.	Strongly agree	35	5
	Agree	170	26
	Disagree	257	39
	Strongly disagree	202	30

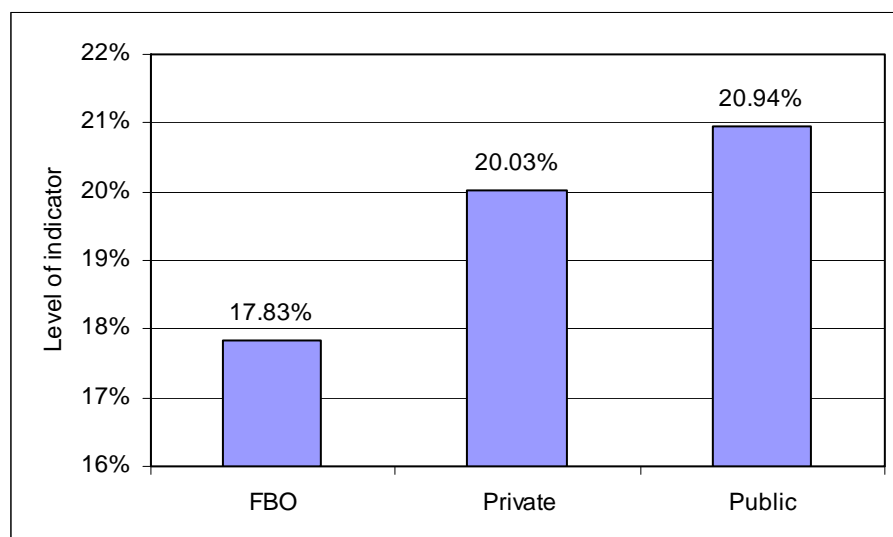
Table 3.19 presents the responses by type of facility ownership; they show little difference in the indicator for blame by facility ownership, with an overall score of 17.83 percent for the providers in FBO/NGO facilities, 20.03 percent in private facilities, and 20.94 percent in public facilities (see Figure 3.7)

Table 3.19: Providers’ responses to blame questions by type of ownership

Questions	Type of Facility Ownership	Responses	Number of Providers	Percent of Providers for Each Question and Type of Ownership
1. HIV is a punishment from God.	Public	Strongly agree	11	4%
		Agree	14	5%
		Disagree	87	33%
		Strongly disagree	150	57%
		Total	262	100%
	Private	Strongly agree	10	5%
		Agree	15	7%
		Disagree	59	29%
		Strongly disagree	122	59%
		Total	206	100%
	FBO/NGO	Strongly agree	6	3%
		Agree	6	3%
		Disagree	69	36%
		Strongly disagree	112	58%
Total		193	100%	

2. People with HIV should be blamed for bad behavior.	Public	Strongly agree	2	1%
		Agree	10	4%
		Disagree	111	42%
		Strongly disagree	143	54%
		Total	266	100%
	Private	Strongly agree	1	0%
		Agree	5	2%
		Disagree	85	41%
		Strongly disagree	114	56%
		Total	205	100%
	FBO/NGO	Strongly agree	2	1%
		Agree	0	0%
		Disagree	80	41%
		Strongly disagree	111	58%
		Total	193	100%
3. Promiscuous men are the ones that spread HIV in our community.	Public	Strongly agree	20	8%
		Agree	77	29%
		Disagree	87	33%
		Strongly disagree	79	30%
		Total	263	100%
	Private	Strongly agree	15	7%
		Agree	61	30%
		Disagree	69	34%
		Strongly disagree	59	29%
		Total	204	100%
	FBO/NGO	Strongly agree	17	9%
		Agree	46	24%
		Disagree	80	41%
		Strongly disagree	50	26%
		Total	193	100%
4. It is the women prostitutes who spread HIV.	Public	Strongly agree	12	5%
		Agree	75	28%
		Disagree	91	34%
		Strongly disagree	87	33%
		Total	265	100%
	Private	Strongly agree	9	4%
		Agree	48	23%
		Disagree	89	43%
		Strongly disagree	59	29%
		Total	205	100%
	FBO/NGO	Strongly agree	14	7%
		Agree	47	24%
		Disagree	77	40%
		Strongly disagree	56	29%
		Total	194	100%

Figure 3.7: Levels of blame by type of facility ownership



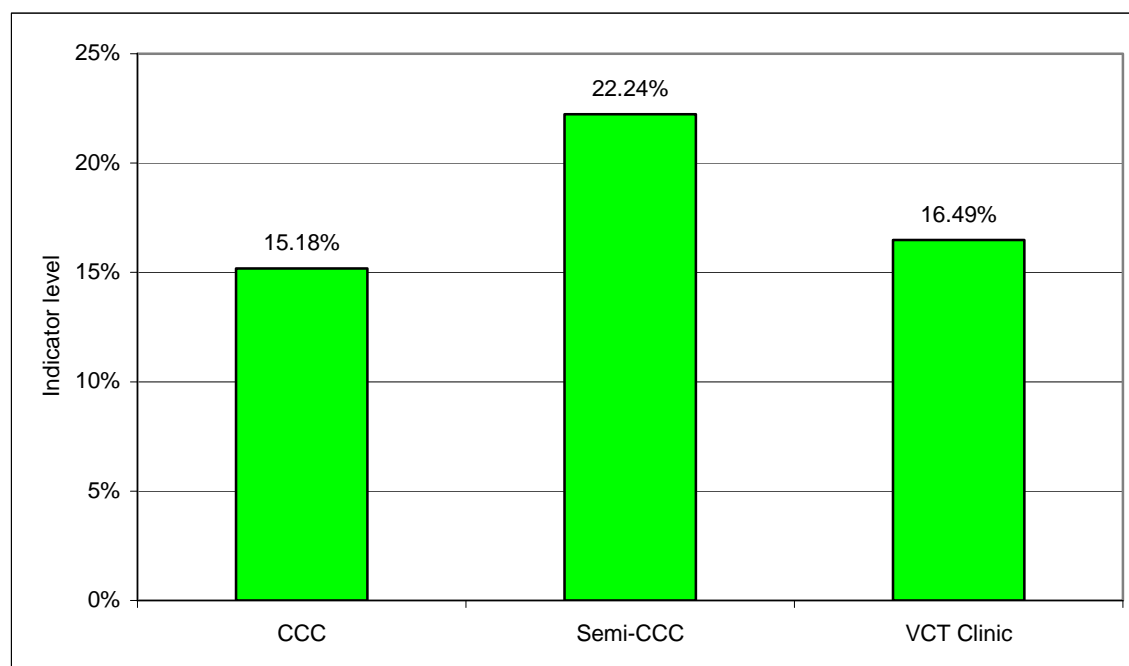
Similar analysis was done for the indicator for blame by level of care (see Table 3.20 and Figure 3.8). The scores in Figure 3.8 show that the level of blame varies somewhat by level of care; blame is most evident among the semi-CCCs (22.24%), followed by the VCT clinics (16.49%) and CCCs (15.18%).

Table 3.20: Providers' responses to blame questions by level of care

Questions	Level of Care	Responses	Number of Providers	Percent of Providers for Each Question and Level of Care
1. HIV is a punishment from God.	CCC	Strongly agree	7	4%
		Agree	5	3%
		Disagree	62	32%
		Strongly disagree	120	62%
		Total	194	100%
	Semi-CCC	Strongly agree	18	4%
		Agree	30	7%
		Disagree	140	33%
		Strongly disagree	232	55%
		Total	420	100%
	VCT Clinic	Strongly agree	2	4%
		Agree	0	0%
		Disagree	13	28%
Strongly disagree		32	68%	
Total		47	100%	
2. People with HIV should be blamed for bad behavior.	CCC	Strongly agree	1	1%
		Agree	0	0%
		Disagree	70	36%
		Strongly disagree	124	64%
		Total	195	100%

	Semi-CCC	Strongly agree	3	1%
		Agree	15	4%
		Disagree	192	45%
		Strongly disagree	212	50%
		Total	422	100%
	VCT Clinic	Strongly agree	1	2%
		Agree	0	0%
		Disagree	14	30%
		Strongly disagree	32	68%
		Total	47	100%
3. Promiscuous men are the ones that spread HIV in our community.	CCC	Strongly agree	11	6%
		Agree	45	23%
		Disagree	74	38%
		Strongly disagree	63	33%
		Total	193	100%
	Semi-CCC	Strongly agree	38	9%
		Agree	129	31%
		Disagree	142	34%
		Strongly disagree	111	26%
		Total	420	100%
	VCT Clinic	Strongly agree	3	6%
		Agree	10	21%
		Disagree	20	43%
		Strongly disagree	14	30%
		Total	47	100%
4. It is the women prostitutes who spread HIV.	CCC	Strongly agree	4	2%
		Agree	45	23%
		Disagree	74	38%
		Strongly disagree	73	37%
		Total	196	100%
	Semi-CCC	Strongly agree	26	6%
		Agree	115	27%
		Disagree	167	40%
		Strongly disagree	113	27%
		Total	421	100%
	VCT Clinic	Strongly agree	5	11%
		Agree	10	21%
		Disagree	16	34%
		Strongly disagree	16	34%
		Total	47	100%

Figure 3.8: Levels of blame by level of care



Further analysis was performed through disaggregating the results by type of health personnel (see Table 3.21 and Figure 3.9). The scores in Figure 3.9 show that the blame indicator varied from a high of 40.00 percent (other providers) to a low of 18.40 percent (counselors). Again, given the extra training received by counselors, it is not surprising that they exhibit the lowest score.

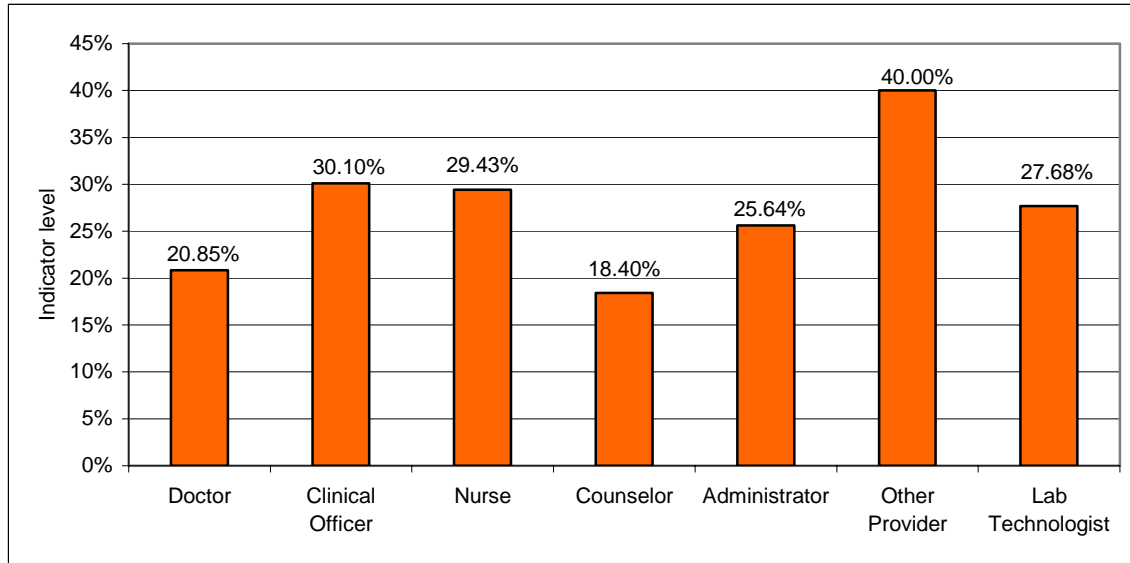
Table 3.21: Providers' responses to blame questions by type of personnel

Questions	Type of Personnel	Responses	Number of Providers	Percent of Providers for Each Question and Type of Personnel
1. HIV is a punishment from God.	Doctor	Strongly agree	1	2%
		Agree	2	3%
		Disagree	20	31%
		Strongly disagree	42	65%
	Clinical Officer	Strongly agree	2	2%
		Agree	8	7%
		Disagree	36	33%
		Strongly disagree	63	58%
	Nurse	Strongly agree	16	6%
		Agree	15	6%
		Disagree	78	31%
		Strongly disagree	139	56%
Counselor	Strongly agree	2	3%	
	Agree	1	1%	
	Disagree	19	24%	
	Strongly disagree	56	72%	

	Administrator	Strongly agree	1	3%
		Agree	2	5%
		Disagree	13	33%
		Strongly disagree	23	59%
	Other Provider	Strongly agree	0	0%
		Agree	0	0%
		Disagree	4	40%
		Strongly disagree	6	60%
	Lab Technologist	Strongly agree	5	4%
		Agree	7	6%
		Disagree	45	40%
		Strongly disagree	55	49%
2. People with HIV should be blamed for bad behavior.	Doctor	Strongly agree	1	2%
		Agree	1	2%
		Disagree	24	36%
		Strongly disagree	40	61%
	Clinical Officer	Strongly agree	1	1%
		Agree	2	2%
		Disagree	44	40%
		Strongly disagree	63	57%
	Nurse	Strongly agree	2	1%
		Agree	5	2%
		Disagree	111	45%
		Strongly disagree	129	52%
	Counselor	Strongly agree	0	0%
		Agree	3	4%
		Disagree	24	30%
		Strongly disagree	53	66%
	Administrator	Strongly agree	0	0%
		Agree	0	0%
		Disagree	15	38%
		Strongly disagree	24	62%
	Other Provider	Strongly agree	0	0%
		Agree	0	0%
		Disagree	4	40%
		Strongly disagree	6	60%
Lab Technologist	Strongly agree	1	1%	
	Agree	4	4%	
	Disagree	54	48%	
	Strongly disagree	53	47%	
3. Promiscuous men are the ones that spread HIV in our community.	Doctor	Strongly agree	3	5%
		Agree	24	36%
		Disagree	21	32%
		Strongly disagree	18	27%
	Clinical Officer	Strongly agree	5	5%
		Agree	38	35%
		Disagree	35	32%
		Strongly disagree	32	29%

	Nurse	Strongly agree	28	12%
		Agree	61	25%
		Disagree	90	37%
		Strongly disagree	64	26%
	Counselor	Strongly agree	2	3%
		Agree	18	23%
		Disagree	26	33%
		Strongly disagree	34	43%
	Administrator	Strongly agree	2	5%
		Agree	11	28%
		Disagree	14	36%
		Strongly disagree	12	31%
	Other Provider	Strongly agree	2	20%
		Agree	3	30%
		Disagree	5	50%
		Strongly disagree	0	0%
	Lab Technologist	Strongly agree	10	9%
		Agree	29	26%
		Disagree	45	40%
		Strongly disagree	28	25%
4. It is the women prostitutes who spread HIV.	Doctor	Strongly agree	0	0%
		Agree	23	35%
		Disagree	25	38%
		Strongly disagree	18	27%
	Clinical Officer	Strongly agree	5	5%
		Agree	31	28%
		Disagree	42	39%
		Strongly disagree	31	28%
	Nurse	Strongly agree	20	8%
		Agree	59	24%
		Disagree	96	39%
		Strongly disagree	72	29%
	Counselor	Strongly agree	1	1%
		Agree	15	19%
		Disagree	31	38%
		Strongly disagree	34	42%
	Administrator	Strongly agree	1	3%
		Agree	10	26%
		Disagree	16	41%
		Strongly disagree	12	31%
Other Provider	Strongly agree	2	20%	
	Agree	4	40%	
	Disagree	4	40%	
	Strongly disagree	0	0%	
Lab Technologist	Strongly agree	6	5%	
	Agree	28	25%	
	Disagree	43	38%	
	Strongly disagree	35	31%	

Figure 3.9: Levels of blame by type of health personnel



3.7 Shame Domain

The methodology followed to calculate an indicator for the shame domain was similar to that followed for the blame domain. In this case, providers responded to three statements with strongly agree, agree, disagree, or strongly disagree. To calculate the indicator, the responses were combined into two categories, agree or disagree, as done with the blame domain.

Table 3.22 displays the results for the shame domain for the overall sample. When read the statement, “People with HIV should be ashamed of themselves,” overall, 442 providers (66%) strongly disagreed, 276 (32%) disagreed, 6 (1%) agreed, and 6 (1%) strongly agreed. The responses to questions 2 and 3 were similar, with the majority of providers disagreeing. The responses resulted in an overall score of 11.90, which is the percentage of providers who either agree or strongly agree with the statements about HIV and shame.

Table 3.22: Providers’ responses to shame questions (total sample)

Questions	Responses	Number of Providers	Percent of Providers for Each Question
1. People with HIV should be ashamed of themselves.	Strongly agree	6	1
	Agree	6	1
	Disagree	213	32
	Strongly disagree	442	66
2. I would feel ashamed if I was infected with HIV.	Strongly agree	23	3
	Agree	126	19
	Disagree	301	45
	Strongly disagree	212	32
3. I would feel ashamed if someone in my family was infected with HIV.	Strongly agree	19	3
	Agree	57	9

	Disagree	325	49
	Strongly disagree	266	40

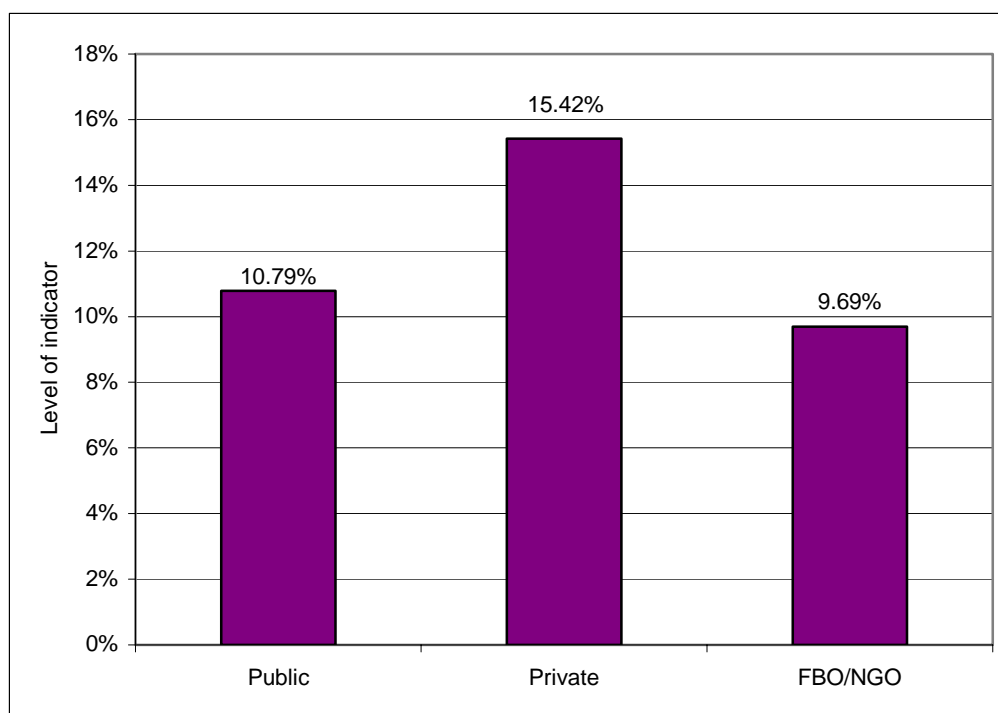
Additional analysis was performed for the shame domain by type of facility ownership (see Table 3.23 and Figure 3.10). Providers at private facilities exhibit the highest level of stigma in the shame domain (15.42%), followed by providers at public facilities (10.79%) and FBO/NGO facilities (9.69%).

Table 3.23: Providers' responses to shame questions by type of ownership

Questions	Type of Facility Ownership	Responses	Number of Providers	Percent of Providers for Each Question and Type of Ownership
1. People with HIV should be ashamed of themselves.	Public	Strongly agree	1	0%
		Agree	6	2%
		Disagree	80	30%
		Strongly disagree	180	67%
		Total	267	100%
	Private	Strongly agree	3	1%
		Agree	0	0%
		Disagree	72	35%
		Strongly disagree	131	64%
		Total	206	100%
	FBO/NGO	Strongly agree	2	1%
		Agree	0	0%
		Disagree	61	31%
		Strongly disagree	131	68%
		Total	194	100%
2. I would feel ashamed if I was infected with HIV.	Public	Strongly agree	10	4%
		Agree	43	16%
		Disagree	117	44%
		Strongly disagree	95	36%
		Total	265	100%
	Private	Strongly agree	11	5%
		Agree	48	23%
		Disagree	94	46%
		Strongly disagree	52	25%
		Total	205	100%
	FBO/NGO	Strongly agree	2	1%
		Agree	35	18%
		Disagree	90	47%
		Strongly disagree	65	34%
		Total	192	100%
3. I would feel ashamed if someone in my family was infected with HIV.	Public	Strongly agree	9	3%
		Agree	17	6%
		Disagree	127	48%
		Strongly disagree	114	43%
		Total	267	100%

	Private	Strongly agree	7	3%
		Agree	26	13%
		Disagree	104	50%
		Strongly disagree	69	33%
		Total	206	100%
	FBO/NGO	Strongly agree	3	2%
		Agree	14	7%
		Disagree	94	48%
		Strongly disagree	83	43%
		Total	194	100%

Figure 3.10: Levels of shame by type of facility ownership



Further analysis by level of care revealed the highest value at VCT clinics (13.85%), followed by semi-CCCs (11.92%) and CCCs (11.41%) (see Table 3.24 and Figure 3.11).

Table 3.24: Providers' responses to shame questions by level of care

Questions	Level of Care	Responses	Number of Providers	Percent of Providers for Each Question and Level of Care
1. People with HIV should be ashamed of themselves.	CCC	Strongly agree	1	1%
		Agree	1	1%
		Disagree	52	26%
		Strongly disagree	143	73%
		Total	197	100%

	Semi-CCC	Strongly agree	4	1%
		Agree	5	1%
		Disagree	150	35%
		Strongly disagree	264	62%
		Total	423	100%
	VCT Clinic	Strongly agree	1	2%
		Agree	0	0%
		Disagree	11	23%
		Strongly disagree	35	74%
		Total	47	100%
2. I would feel shamed if I was infected with HIV.	CCC	Strongly agree	7	4%
		Agree	36	18%
		Disagree	88	45%
		Strongly disagree	64	33%
		Total	195	100%
	Semi-CCC	Strongly agree	14	3%
		Agree	80	19%
		Disagree	199	47%
		Strongly disagree	129	31%
		Total	422	100%
	VCT Clinic	Strongly agree	2	4%
		Agree	10	22%
		Disagree	14	31%
		Strongly disagree	19	42%
		Total	45	100%
3. I would feel ashamed if someone in my family was infected with HIV.	CCC	Strongly agree	3	2%
		Agree	19	10%
		Disagree	92	47%
		Strongly disagree	83	42%
		Total	197	100%
	Semi-CCC	Strongly agree	14	3%
		Agree	34	8%
		Disagree	216	51%
		Strongly disagree	159	38%
		Total	423	100%
	VCT Clinic	Strongly agree	2	4%
		Agree	4	9%
		Disagree	17	36%
		Strongly disagree	24	51%
		Total	47	100%

Figure 3.11: Levels of shame by level of care

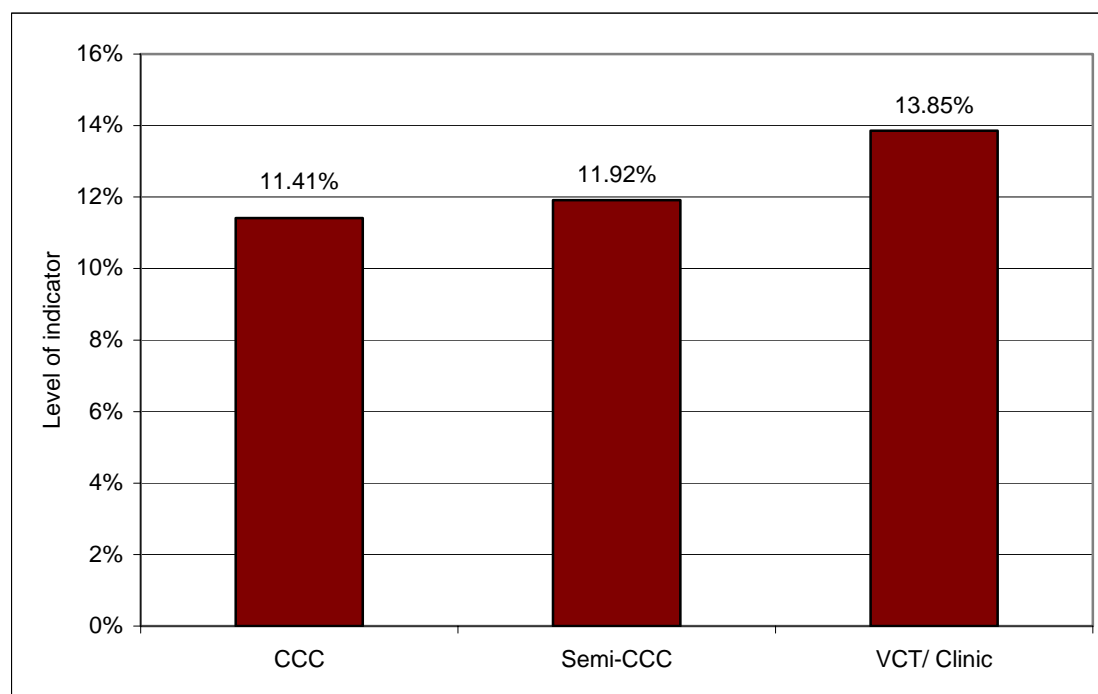


Table 3.25 and Figure 3.12 present the results of the analysis by type of health personnel. In general, other providers and administrators exhibit the lowest levels of shame (6.67% and 6.84%), while laboratory technologists exhibit the highest level of shame (15.63%).

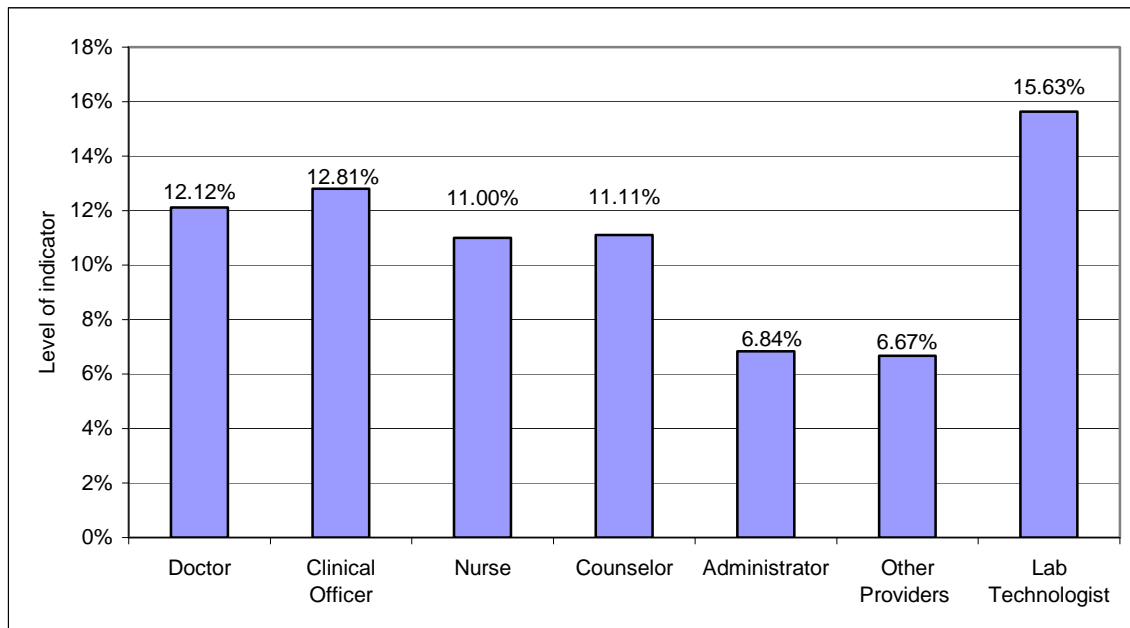
Table 3.25: Providers' responses to shame questions by type of personnel

Questions	Level of Care	Responses	Number of Providers	Percent of Providers for Each Question and Level of Care
1. People with HIV should be ashamed of themselves.	Doctor	Strongly agree	2	3%
		Agree	0	0%
		Disagree	20	30%
		Strongly disagree	44	67%
	Clinical Officer	Strongly agree	0	0%
		Agree	1	1%
		Disagree	33	30%
		Strongly disagree	76	69%
	Nurse	Strongly agree	3	1%
		Agree	4	2%
		Disagree	84	34%
		Strongly disagree	157	63%
Counselor	Strongly agree	0	0%	

		Agree	0	0%
		Disagree	20	25%
		Strongly disagree	61	75%
	Administrator	Strongly agree	0	0%
		Agree	0	0%
		Disagree	11	28%
	Other Providers	Strongly disagree	28	72%
		Strongly agree	1	10%
		Agree	0	0%
	Lab Technologist	Disagree	1	10%
		Strongly disagree	8	80%
		Strongly agree	0	0%
2. I would feel ashamed if I was infected with HIV.	Doctor	Agree	1	2%
		Disagree	12	18%
		Strongly disagree	34	52%
		Strongly agree	19	29%
	Clinical Officer	Strongly agree	4	4%
		Agree	24	22%
		Disagree	50	46%
	Nurse	Strongly disagree	31	28%
		Strongly agree	10	4%
		Agree	41	17%
	Counselor	Disagree	109	45%
		Strongly disagree	84	34%
Strongly agree		3	4%	
Administrator	Agree	15	19%	
	Disagree	23	28%	
	Strongly disagree	40	49%	
Other Providers	Strongly agree	0	0%	
	Agree	6	15%	
	Disagree	20	51%	
Lab Technologist	Strongly disagree	13	33%	
	Strongly agree	0	0%	
	Agree	1	10%	
Lab Technologist	Disagree	9	90%	
	Strongly disagree	0	0%	
	Strongly agree	5	4%	
Lab Technologist	Agree	27	24%	
	Disagree	56	50%	
	Strongly disagree	25	22%	
3. I would feel ashamed if someone in my family was infected with HIV	Doctor	Strongly agree	1	2%
		Agree	8	12%
		Disagree	27	41%
		Strongly disagree	30	45%
	Clinical Officer	Strongly agree	3	3%

		Agree	10	9%
		Disagree	58	53%
		Strongly disagree	39	35%
	Nurse	Strongly agree	8	3%
		Agree	15	6%
		Disagree	125	50%
	Counselor	Strongly disagree	100	40%
		Strongly agree	2	2%
		Agree	7	9%
	Administrator	Disagree	26	32%
		Strongly disagree	46	57%
		Strongly agree	0	0%
	Other Providers	Agree	2	5%
		Disagree	18	46%
		Strongly disagree	19	49%
	Lab Technologist	Strongly agree	0	0%
		Agree	0	0%
		Disagree	7	70%
		Strongly disagree	3	30%
		Strongly agree	5	4%
Agree		15	13%	
Disagree		64	57%	
Strongly disagree		29	26%	

Figure 3.12: Levels of shame by type of personnel



3.8 Fear Domain

Table 3.26 presents the number and percentage of providers who responded to 12 questions about their fear of casual contact with PLHIV due to worries about contracting the virus. The results show that, for the first six questions, the majority of providers reported no fear. For instance, 459 providers (73%) indicated that they have no fear of assisting in the delivery of an HIV-positive woman's child. In addition, 507 providers (80%) and 417 providers (68%) indicated no fear in dressing the wounds of HIV-positive patients or of conducting surgery on/suturing HIV-positive patients, respectively.

The next six questions focused on being comfortable with various facets of delivering care, rather than fear of contracting the virus. The majority of responses were either "agree" or "strongly agree." For example, when asked if they were comfortable assisting or being assisted by an HIV-positive colleague, the majority of providers, 356 (54%), agreed and 270 (41%) strongly agreed. A small minority either disagreed, 28 (4%), or disagreed strongly, 6 (1%). When asked whether they are comfortable providing health services to HIV-positive clients, 355 (54%) providers strongly agreed, 291 (44%) agreed, 11 (2%) disagreed, and 6 (1%) disagreed strongly.

The responses in Table 3.26 were converted into a dichotomous level of agree (agree plus strongly agree) and disagree (disagree plus strongly disagree) for questions 7 to 12. For questions 1 to 6, the responses used "have fears." The percentages of the responses to these two levels were then averaged to obtain the score for an indicator measuring fear with an overall value equal to 17.50.

Table 3.26: Providers' responses to fear questions (total sample)

Questions	Responses	Number of Providers	Percent of Providers for Each Question
1. Do you have fear assisting in the delivery of an HIV-positive woman's child?	Have fear	147	23
	Do not have fear	459	73
	Don't know	23	4
2. Do you have fear in dressing the wounds of HIV-positive patients?	Have fear	113	18
	Do not have fear	507	80
	Don't know	17	3
3. Do you have fear in conducting surgery on/suturing an HIV-positive patient?	Have fear	166	27
	Do not have fear	417	68
	Don't know	33	5
4. Do you have fear in putting a drip in someone showing signs of AIDS?	Have fear	86	14
	Do not have fear	521	83
	Don't know	21	3
5. Do you have fear in touching the sweat of an HIV-positive person?	Have fear	86	13
	Do not have fear	555	85
	Don't know	12	2
6. Do you have fear in touching the saliva of an HIV-positive person?	Have fear	131	20
	Do not have fear	503	77
	Don't know	19	3
7. Am comfortable assisting or being assisted by an HIV-positive colleague.	Strongly agree	270	41
	Agree	356	54
	Disagree	28	4
	Strongly disagree	6	1

8. Am comfortable performing surgical or invasive procedures on clients whose HIV status is unknown.	Strongly agree	104	17
	Agree	339	54
	Disagree	134	21
	Strongly disagree	52	8
9. Am comfortable providing health services to HIV-positive clients.	Strongly agree	355	54
	Agree	291	44
	Disagree	11	2
	Strongly disagree	6	1
10. Am comfortable sharing a bathroom with HIV-positive colleagues.	Strongly agree	257	39
	Agree	333	51
	Disagree	54	8
	Strongly disagree	10	2
11. I avoid touching the clothing/belongings of clients known or suspected to have HIV for fear of infection.	Strongly agree	27	4
	Agree	66	10
	Disagree	236	36
	Strongly disagree	330	50
12. Most frequent mode of contracting HIV among healthcare workers is through work-related exposure.	Strongly agree	61	9
	Agree	135	20
	Disagree	311	47
	Strongly disagree	154	23

The results in Table 3.27 examine the same issue by type of facility ownership. Fear of casual contact is highest among the providers at public facilities (17.61%), followed by FBO/NGO facilities (14.22%) and private facilities (13.84%) (see Figure 3.13).

Table 3.27: Providers' responses to fear questions by type of ownership

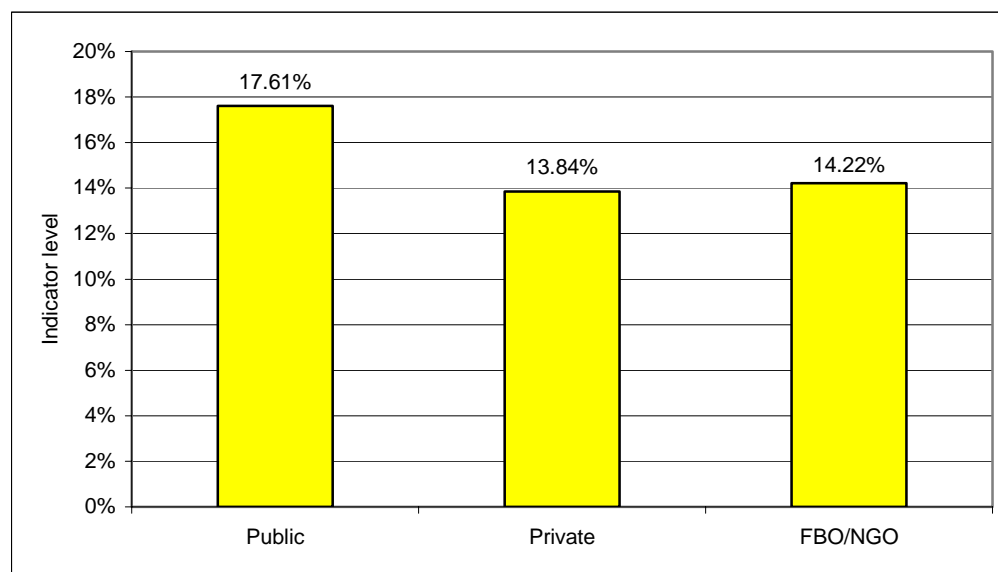
Question	Type of Facility Ownership	Responses	Number of Providers	Percent of Providers for Each Question and Type of Ownership
1. Do you have fear assisting in the delivery of an HIV-positive woman's child?	Public	Have fear	71	28%
		Do not have fear	172	67%
		Don't know	12	5%
	Private	Have fear	35	18%
		Do not have fear	149	78%
		Don't know	6	3%
	FBO/NGO	Have fear	41	22%
		Do not have fear	138	75%
		Don't know	5	3%
2. Do you have fear in dressing the wounds of HIV-positive patients?	Public	Have fear	59	23%
		Do not have fear	188	73%
		Don't know	10	4%
	Private	Have fear	25	13%
		Do not have fear	163	84%
		Don't know	5	3%
	FBO/NGO	Have fear	29	15%

		Do not have fear	156	83%
		Don't know	2	1%
3. Do you have fear in conducting surgery on/suturing an HIV-positive patient?	Public	Have fear	86	34%
		Do not have fear	150	60%
		Don't know	15	6%
	Private	Have fear	40	21%
		Do not have fear	139	74%
		Don't know	8	4%
	FBO/NGO	Have fear	40	22%
		Do not have fear	128	72%
		Don't know	10	6%
4. Do you have fear in putting a drip in someone showing signs of AIDS?	Public	Have fear	48	19%
		Do not have fear	195	77%
		Don't know	11	4%
	Private	Have fear	19	10%
		Do not have fear	167	87%
		Don't know	6	3%
	FBO/NGO	Have fear	19	10%
		Do not have fear	159	87%
		Don't know	4	2%
5. Do you have fear in touching the sweat of an HIV-positive patient?	Public	Have fear	39	15%
		Do not have fear	216	82%
		Don't know	7	3%
	Private	Have fear	26	13%
		Do not have fear	171	85%
		Don't know	3	1%
	FBO/NGO	Have fear	21	11%
		Do not have fear	168	88%
		Don't know	2	1%
6. Do you have fear in touching the saliva of an HIV-positive patient?	Public	Have fear	53	20%
		Do not have fear	202	77%
		Don't know	8	3%
	Private	Have fear	41	20%
		Do not have fear	153	76%
		Don't know	6	3%
	FBO/NGO	Have fear	37	19%
		Do not have fear	148	78%
		Don't know	5	3%
7. Am comfortable assisting or being assisted by an HIV-positive colleague.	Public	Strongly agree	107	40%
		Agree	145	55%
		Disagree	12	5%
		Strongly disagree	2	1%
	Private	Strongly agree	79	39%
		Agree	112	55%
		Disagree	8	4%

		Strongly disagree	3	1%
	FBO/NGO	Strongly agree	84	44%
		Agree	99	52%
		Disagree	8	4%
		Strongly disagree	1	1%
8. Am comfortable performing surgical or invasive procedures on clients whose HIV status is unknown.	Public	Strongly agree	107	40%
		Agree	145	55%
		Disagree	12	5%
		Strongly disagree	2	1%
	Private	Strongly agree	79	39%
		Agree	112	55%
		Disagree	8	4%
		Strongly disagree	3	1%
	FBO/NGO	Strongly agree	84	44%
		Agree	99	52%
		Disagree	8	4%
		Strongly disagree	1	1%
9. Am comfortable providing health services to HIV-positive clients.	Public	Strongly agree	139	52%
		Agree	120	45%
		Disagree	6	2%
		Strongly disagree	3	1%
	Private	Strongly agree	112	55%
		Agree	86	43%
		Disagree	2	1%
		Strongly disagree	2	1%
	FBO/NGO	Strongly agree	104	54%
		Agree	85	44%
		Disagree	3	2%
		Strongly disagree	1	1%
10. Am comfortable sharing a bathroom with HIV-positive colleagues.	Public	Strongly agree	99	38%
		Agree	134	51%
		Disagree	28	11%
		Strongly disagree	3	1%
	Private	Strongly agree	75	38%
		Agree	103	52%
		Disagree	17	9%
		Strongly disagree	5	3%
	FBO/NGO	Strongly agree	83	44%
		Agree	96	51%
		Disagree	9	5%
		Strongly disagree	2	1%
11. I avoid touching the clothing/belongings of clients known or suspected to have HIV	Public	Strongly agree	11	4%
		Agree	21	8%
		Disagree	101	38%
		Strongly disagree	130	49%

for fear of infection.	Private	Strongly agree	7	3%
		Agree	18	9%
		Disagree	73	36%
		Strongly disagree	105	52%
	FBO/NGO	Strongly agree	9	5%
		Agree	27	14%
		Disagree	62	32%
		Strongly disagree	95	49%
12. Most frequent mode of contracting HIV among healthcare workers is through work-related exposure.	Public	Strongly agree	30	11%
		Agree	44	17%
		Disagree	127	48%
		Strongly disagree	62	24%
	Private	Strongly agree	17	8%
		Agree	46	22%
		Disagree	96	47%
		Strongly disagree	46	22%
	FBO/NGO	Strongly agree	14	7%
		Agree	45	23%
		Disagree	88	46%
		Strongly disagree	46	24%

Figure 3.13: Levels of fear by type of facility ownership



The analysis of this same issue by level of care is presented in Table 3.28 and Figure 3.14. As shown in Figure 3.14, fear of casual contact is highest among providers at VCT clinics (19.38%), followed by CCCs (18.42%) and semi-CCCs (16.90%).

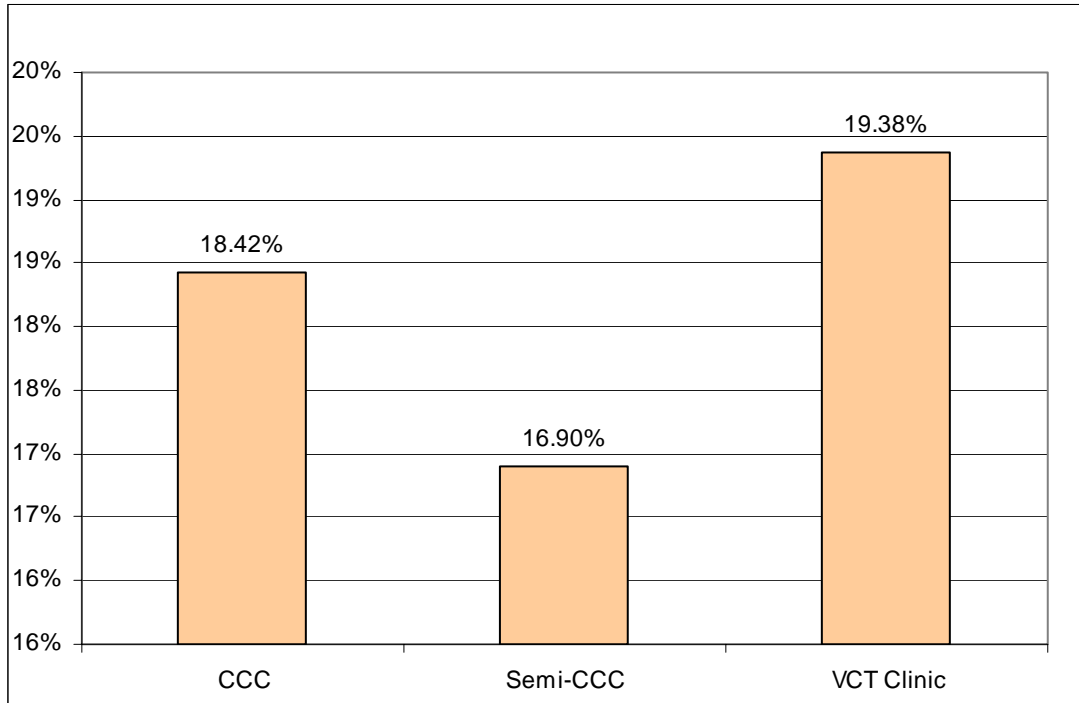
Table 3.28: Providers' responses to fear questions by level of care

Questions	Level of Care	Responses	Number of Providers	Percent of Providers for Each Question
1. Do you have fear of assisting in the delivery of an HIV-positive woman's child?	CCC	Have fear	56	30%
		Do not have fear	121	65%
		Don't know	10	5%
	Semi-CCC	Have fear	82	20%
		Do not have fear	308	77%
		Don't know	12	3%
	VCT Clinic	Have fear	9	22%
		Do not have fear	30	75%
		Don't know	1	2%
2. Do you have fear in dressing the wounds of an HIV-positive person?	CCC	Have fear	35	19%
		Do not have fear	144	77%
		Don't know	8	4%
	Semi-CCC	Have fear	68	17%
		Do not have fear	330	81%
		Don't know	9	2%
	VCT Clinic	Have fear	10	23%
		Do not have fear	33	77%
		Don't know	0	0%
3. Do you have fear in conducting surgery on/suturing an HIV-positive person?	CCC	Have fear	59	32%
		Do not have fear	112	61%
		Don't know	13	7%
	Semi-CCC	Have fear	94	24%
		Do not have fear	282	72%
		Don't know	17	4%
	VCT Clinic	Have fear	13	33%
		Do not have fear	23	59%
		Don't know	3	8%
4. Do you have fear in putting a drip in someone showing signs of AIDS?	CCC	Have fear	29	15%
		Do not have fear	149	80%
		Don't know	8	4%
	Semi-CCC	Have fear	48	12%
		Do not have fear	340	85%
		Don't know	12	3%
	VCT Clinic	Have fear	9	21%
		Do not have fear	32	76%
		Don't know	1	2%
5. Do you have fear in touching the sweat of an HIV-positive person?	CCC	Have fear	27	14%
		Do not have fear	159	83%
		Don't know	5	3%
	Semi-CCC	Have fear	51	12%
		Do not have fear	359	86%
		Don't know	5	1%
	VCT Clinic	Have fear	8	17%
		Do not have fear	37	79%

		Don't know	2	4%
6. Do you have fear in touching the saliva of an HIV-positive person?	CCC	Have fear	42	22%
		Do not have fear	146	76%
		Don't know	5	3%
	Semi-CCC	Have fear	80	19%
		Do not have fear	322	78%
		Don't know	11	3%
VCT Clinic	Have fear	9	19%	
	Do not have fear	35	74%	
	Don't know	3	6%	
7. Am comfortable assisting or being assisted by an HIV-positive colleague.	CCC	Strongly agree	88	45%
		Agree	100	51%
		Disagree	6	3%
		Strongly disagree	1	1%
	Semi-CCC	Strongly agree	159	38%
		Agree	234	56%
		Disagree	21	5%
		Strongly disagree	5	1%
	VCT Clinic	Strongly agree	23	50%
		Agree	22	48%
		Disagree	1	2%
		Strongly disagree	0	0%
8. Am comfortable performing surgical or invasive procedures on clients whose HIV status is unknown.	CCC	Strongly agree	22	12%
		Agree	103	55%
		Disagree	48	26%
		Strongly disagree	14	7%
	Semi-CCC	Strongly agree	72	18%
		Agree	216	54%
		Disagree	79	20%
		Strongly disagree	34	8%
	VCT Clinic	Strongly agree	10	24%
		Agree	20	49%
		Disagree	7	17%
		Strongly disagree	4	10%
9. Am comfortable providing health services to HIV-positive clients.	CCC	Strongly agree	112	57%
		Agree	81	41%
		Disagree	3	2%
		Strongly disagree	0	0%
	Semi-CCC	Strongly agree	217	52%
		Agree	192	46%
		Disagree	7	2%
		Strongly disagree	5	1%
	VCT Clinic	Strongly agree	26	57%
		Agree	18	39%
		Disagree	1	2%
		Strongly disagree	1	2%
10. Am comfortable sharing a bathroom with HIV-	CCC	Strongly agree	79	41%
		Agree	99	51%

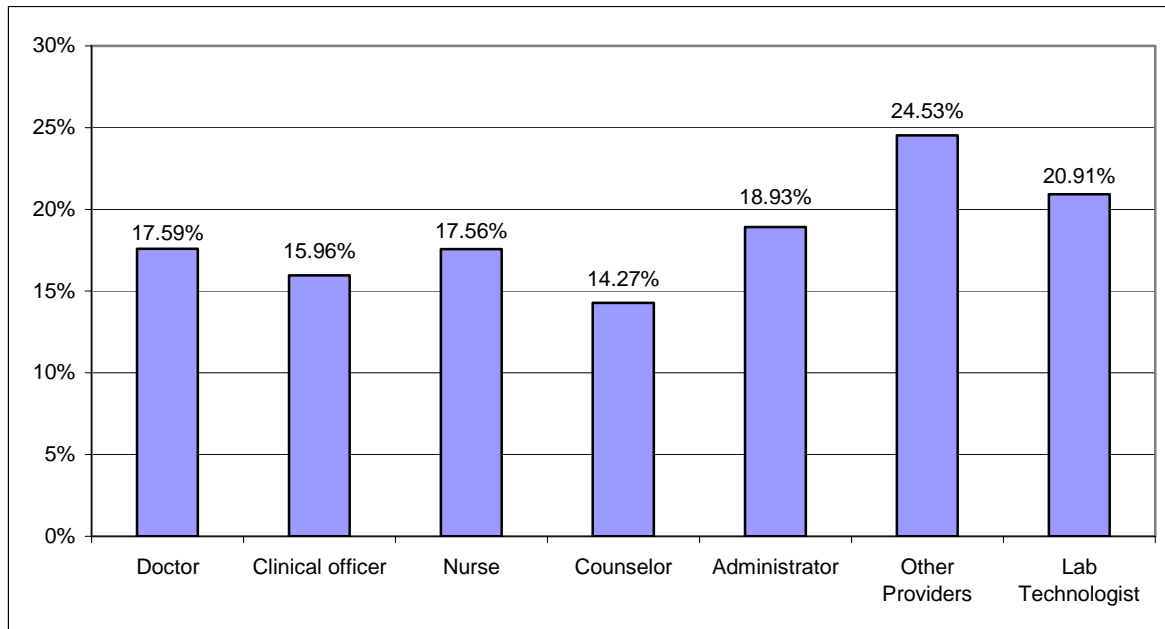
positive colleagues.		Disagree	14	7%
		Strongly disagree	1	1%
	Semi-CCC	Strongly agree	158	38%
		Agree	216	52%
		Disagree	34	8%
		Strongly disagree	9	2%
	VCT Clinic	Strongly agree	20	45%
		Agree	18	41%
		Disagree	6	14%
Strongly disagree		0	0%	
11. I avoid touching clothing/belongings of clients known or suspected to have HIV for fear of infection.	CCC	Strongly agree	8	4%
		Agree	11	6%
		Disagree	72	37%
		Strongly disagree	104	53%
	Semi-CCC	Strongly agree	16	4%
		Agree	50	12%
		Disagree	144	34%
	VCT Clinic	Strongly disagree	208	50%
		Strongly agree	3	7%
		Agree	5	11%
		Disagree	20	43%
	12. Most frequent mode of contracting HIV among healthcare workers is through work-related exposure.	CCC	Strongly disagree	18
Strongly agree			16	8%
Agree			35	18%
Disagree			92	48%
Semi-CCC		Strongly disagree	50	26%
		Strongly agree	44	10%
		Agree	89	21%
		Disagree	200	48%
VCT Clinic		Strongly disagree	88	21%
		Strongly agree	1	2%
		Agree	11	23%
		Disagree	19	40%
	Strongly disagree	16	34%	

Figure 3.14: Levels of fear by level of care



Finally, among the types of health personnel, other providers exhibited the highest level of fear (25%) and counselors exhibited the lowest level (14%) (see Figure 3.15).

Figure 3.15: Levels of fear by type of personnel



SECTION 4: INDEX FOR STIGMA AND DISCRIMINATION

The indicators were used to construct an index for stigma and discrimination for facilities/providers for Kenya. The index was computed at four different levels: by the total sample, by type of facility ownership, by level of care, and by type of health personnel. Note that the index score increases as the level of stigma and discrimination increases.

Indicator values were calculated for eight indicators of stigma and discrimination for the total sample used in the study (see Table 4.1). The indicators regarding the existence and implementation of the policies at the facility level were considered crucial in estimating the extent of the fight stigma and discrimination and were thus allocated 20 percent and 30 percent, respectively, of the total weight. The remaining six indicators were assigned equal parts of the remaining total weight, thus contributing about 8.3 percent each toward the index. The score for the overall estimated index was 40.³

Table 4.1: Determination of overall index for facility/provider discrimination

Label	Weight within Group	Indicator Value	Weighted Index
Existence of policies against discrimination	0.20	0.35	0.07
Implementation/enforcement of policies	0.30	0.73	0.22
Providers' awareness of policies	0.08	0.25	0.02
Providers with discriminating attitudes	0.08	0.30	0.03
Providers with discriminating care	0.08	0.26	0.02
Blame domain	0.08	0.20	0.02
Shame domain	0.08	0.12	0.01
Fear of casual contact domain	0.08	0.18	0.01
Total			40

Table 4.2 presents the S&D indices for the eight domains of stigma and discrimination by the type of facility ownership. The results show the highest level of S&D among public facilities (41), followed by FBO/NGO facilities (36) and private facilities (35).

Table 4.2: Stigma and discrimination index by type of facility ownership

Type of Facility Ownership	Label	Weight within Group	Indicator Value	Weighted Index
Public	Existence of policies against discrimination	0.20	0.0	-
	Implementation/enforcement of policies	0.30	0.92	0.28
	Providers' awareness of policies	0.08	0.36	0.03
	Providers with discriminating attitudes	0.08	0.30	0.03
	Providers with discriminating care	0.08	0.38	0.03
	Blame domain	0.08	0.21	0.02
	Shame domain	0.08	0.15	0.01
	Fear of casual contact domain	0.08	0.18	0.02

³ The sum of the individual indicators may not equal the total value of the index due to rounding.

	Total			41
Private	Existence of policies against discrimination	0.20	0.49	0.10
	Implementation/ enforcement of policies	0.30	0.54	0.16
	Providers' awareness of policies	0.08	0.08	0.01
	Providers with discriminating attitudes	0.08	0.31	0.03
	Providers with discriminating care	0.08	0.32	0.03
	Blame domain	0.08	0.20	0.02
	Shame domain	0.08	0.11	0.01
	Fear of casual contact domain	0.08	0.14	0.01
	Total			35
FBO/NGO	Existence of policies against discrimination	0.20	0.61	0.12
	Implementation/enforcement of policies	0.30	0.45	0.14
	Providers' awareness of policies	0.08	0.15	0.01
	Providers with discriminating attitudes	0.08	0.30	0.03
	Providers with discriminating care	0.08	0.29	0.02
	Blame domain	0.08	0.18	0.02
	Shame domain	0.08	0.10	0.01
	Fear of casual contact domain	0.08	0.14	0.01
	Total			36

Table 4.3 includes the indices calculated by level of care, and the results are similar across the levels. The values range from a high of 42 at the VCT clinics, to 41 at the semi-CCCs, to a low of 40 at the CCCs.

Table 4.3: Stigma and discrimination index by level of care

Level of Care	Label	Weight within Group	Indicator Value	Weighted Index
CCC	Existence of policies against discrimination	0.20	0.21	0.04
	Implementation/enforcement of policies	0.30	0.81	0.24
	Providers' awareness of policies	0.08	0.17	0.01
	Providers with discriminating attitudes	0.08	0.37	0.03
	Providers with discriminating care	0.08	0.35	0.03
	Blame domain	0.08	0.15	0.01
	Shame domain	0.08	0.11	0.01
	Fear of casual contact domain	0.08	0.18	0.02
	Total			40
Semi-CCC	Existence of policies against discrimination	0.20	0.37	0.07
	Implementation/enforcement of policies	0.30	0.7	0.21
	Providers' awareness of policies	0.08	0.3	0.03
	Providers with discriminating attitudes	0.08	0.38	0.03
	Providers with discriminating care	0.08	0.34	0.03
	Blame domain	0.08	0.22	0.02
	Shame domain	0.08	0.12	0.01
	Fear of casual contact domain	0.08	0.17	0.01
Total			41	
VCT Clinic	Existence of policies against discrimination	0.20	0.44	0.09
	Implementation/enforcement of policies	0.30	0.74	0.22

	Providers' awareness of policies	0.08	0.18	0.02
	Providers with discriminating attitudes	0.08	0.32	0.03
	Providers with discriminating care	0.08	0.3	0.03
	Blame domain	0.08	0.16	0.01
	Shame domain	0.08	0.14	0.01
	Fear of casual contact domain	0.08	0.19	0.02
	Total			42

Table 4.4 shows that, excluding the category of other providers, laboratory technologists exhibited the highest levels of stigma and discrimination, followed by clinical officers. Counselors exhibited the lowest levels of stigma and discrimination—likely because they are trained on HIV and AIDS issues.

Table 4.4: Stigma and discrimination index by type of personnel

Type of Personnel	Label	Weight within Group	Indicator Value	Weighted Index
Doctor	Providers' awareness of policies	0.167	0.23	0.04
	Providers with discriminating attitudes	0.167	0.34	0.06
	Providers with discriminating care	0.167	0.38	0.06
	Blame domain	0.167	0.21	0.04
	Shame domain	0.167	0.12	0.02
	Fear of casual contact domain	0.167	0.18	0.03
	Total			24
Clinical Officer	Providers' awareness of policies	0.167	0.28	0.05
	Providers with discriminating attitude	0.167	0.30	0.05
	Providers with discriminating care	0.167	0.33	0.06
	Blame domain	0.167	0.30	0.05
	Shame domain	0.167	0.13	0.02
	Fear of casual contact domain	0.167	0.17	0.03
	Total			25
Nurse	Providers' awareness of policies	0.167	0.25	0.04
	Providers with discriminating attitude	0.167	0.32	0.05
	Providers with discriminating care	0.167	0.33	0.06
	Blame domain	0.167	0.29	0.05
	Shame domain	0.167	0.11	0.02
	Fear of casual contact domain	0.167	0.18	0.03
	Total			25
Counselor	Providers' awareness of policies	0.167	0.23	0.04
	Providers with discriminating attitude	0.167	0.24	0.04
	Providers with discriminating care	0.167	0.28	0.05
	Blame domain	0.167	0.18	0.03
	Shame domain	0.167	0.11	0.02
	Fear of casual contact domain	0.167	0.14	0.02
	Total			20
Administrator	Providers' awareness of policies	0.167	0.11	0.02
	Providers with discriminating attitude	0.167	0.27	0.05

	Providers with discriminating care	0.167	0.31	0.05
	Blame domain	0.167	0.26	0.04
	Shame domain	0.167	0.07	0.01
	Fear of casual contact domain	0.167	0.19	0.03
	Total			20
Other Providers	Providers' awareness of policies	0.167	0.14	0.02
	Providers with discriminating attitude	0.167	0.32	0.05
	Providers with discriminating care	0.167	0.26	0.04
	Blame domain	0.167	0.40	0.07
	Shame domain	0.167	0.07	0.01
	Fear of casual contact domain	0.167	0.25	0.04
	Total			24
Laboratory Technologist	Providers' awareness of policies	0.167	0.30	0.05
	Providers with discriminating attitude	0.167	0.31	0.05
	Providers with discriminating care	0.167	0.34	0.06
	Blame domain	0.167	0.27	0.05
	Shame domain	0.167	0.16	0.03
	Fear of casual contact domain	0.167	0.21	0.04
	Total			27

SECTION 5: CONCLUSION

In summary, the survey findings revealed that although the majority of the facilities (65%) indicated having policies to protect PLHIV, only 27 percent reported implementing the policies. Seventy-five percent of all providers are aware of the existence of HIV/AIDS policies; 25 percent reported use of discriminatory care toward PLHIV; 12 percent reported blaming PLHIV for their HIV status; and 17.5 percent expressed fear of casual contact with PLHIV.

In examining the data for each of the eight indicators used as the basis for the survey, the following average scores were calculated:

- *Existence of policies that protect HIV-positive clients:* All public facilities have policy guidelines from the Ministry of Health, while 28 out of 55 and 22 out of 56 facilities in the private and FBO/NGO sectors, respectively, have policies. Thus, based on the data, 65 percent of the 118 facilities have policies, resulting in a score of 35 for the indicator measuring the percentage of facilities without policies.
- *Implementation of policies that protect HIV-positive clients:* Few facilities (27%) reported implementing the policies to protect PLHIV, resulting in a high score of 73 for the indicator measuring the proportion of facilities not implementing policies.
- *Providers' awareness of policies:* The findings indicate that the majority of providers (75%) are aware of the policies, resulting in a score of 25 for the indicator measuring the percentage of providers who are aware of the policies protecting HIV-positive clients.
- *Discriminatory attitudes:* Questions posed to compute a composite indicator for having discriminatory attitudes toward PLHIV produced an average score of 30.43.
- *Discriminatory care:* Questions used to examine whether the healthcare delivered to HIV-positive patients was discriminatory in nature produced an average score of 25.76.
- *Blame:* The study also measured the extent to which providers blame PLHIV for their HIV status. Responses to the relevant questions were averaged to produce a score of 19.80.
- *Shame:* The method used to measure the indicator for the shame domain was similar to that used for the blame domain, and it resulted in a score of 11.90.
- *Fear of casual contact:* The responses to 12 questions used to capture providers' fear of casual contact with PLHIV were analyzed, resulting in an overall value of 17.50.

The values of the eight indicators above were used to construct an index for stigma and discrimination in Kenya for facilities/providers. The score for the overall estimated index was 40 out of 100. The higher the index, the higher the level of stigma and discrimination exhibited toward PLHIV by facilities/providers.

When calculated by type of facility ownership, using the same weighting structure as above, public facilities recorded the highest index (41), followed by private facilities (36) and FBO/NGO facilities (35). When calculated by level of care, VCT clinics had the highest index (42), followed by semi-CCCs (41) and CCCs (40). When calculated by type of personnel, excluding the category of other providers, laboratory technologists had the highest S&D index (27); and counselors had the lowest S&D index (20).

The tool has several limitations. First, because providers as a group are relatively more aware of S&D, they tend to provide favorable responses to questions to suggest that S&D is limited or nonexistent. The actual level of S&D for providers may therefore be much higher than calculated. Second, there are no questions for cross-checking providers' responses; the addition of such questions would address the first issue. Third, the weights allocated to the various indicators used in constructing the overall index are subjective, and changes could influence the magnitude of the final result.

RESOURCES

Busza, J. R. 2001. "Promoting the Positive: Responses to Stigma and Discrimination in Southeast Asia." *AIDS Care* 13: 441–456.

Brouard, P., and C. Will. 2006. "A Close Look: The Internalization of Stigma Related to HIV." Washington, DC: Policy Project/Futures Group.

Chandra, P. S., S. Deepthivarma, and V. Manjula. 2003. Disclosure of HIV Infection in South India: Patterns, Reasons, and Reactions. *AIDS Care* 15: 207–215.

Crandall, C.S., and R. Coleman. 1992. "AIDS-Related Stigmatization and the Disruption of Social Relationships." *Journal of Social and Personal Relationships* 9: 163–177.

Goffman, E. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice Hall.

Green, G., and S. Platt. 1997. "Fear and Loathing in Health Care Settings Reported by People with HIV." *Sociology of Health and Illness* 19(1): 70–92

Herek, G.M. 1999. "AIDS and Stigma." *American Behavioral Scientist* 42(7): 1106–1116.

Herek, G. M., L. Mitnick, S. Burris, M. Chesney, P. Devine, and M. Thompson. 1998. "AIDS and Stigma: A Conceptual Framework and Research Agenda." *AIDS and Public Policy Journal* 13(1): 36–47.

Ong, E.L.C., K. W. Clarke, E. M. Dunbar, and B.K. Mandal. 1993. "Health Care of People with HIV/AIDS." *AIDS Patient Care* 7(2): 98–101.

Parker, R., P. Aggleton, K. Attawell, Pulerwitz, and L. Brown. 2002. *HIV/AIDS–Related Stigma and Discrimination: A Conceptual Framework and an Agenda for Action*. Washington, DC: Horizons/Population Council.

Sowell, R., A. Lowenstein, L. Moneyham, A. Demi, U. Mizumo, and B. Seals. 1997. "Resources, Stigma and Patterns of Disclosure in Rural Women with HIV Infection." *Public Health Nursing* 14(5): 302–312.

Stigma & Discrimination Indicators Working Group. 2005. "Stigma & Discrimination Indicators Working Group: An Update from the Field" Meeting report. Washington, DC: USAID.

United Nations Program on HIV/AIDS (UNAIDS). 2002. *A Conceptual Framework and Basis for Action: HIV/AIDS-Related Stigma and Discrimination*. Geneva: UNAIDS.

UNAIDS. 2003. Fact Sheet on Stigma and Discrimination. Available from <http://www.unaids.org/en/MediaCentre/PressMaterials/FactSheets.asp>.

APPENDIX: QUESTIONNAIRE

Survey Questionnaire Facility Managers and Providers September and October 2006

INFORMED CONSENT—*Read, agreed, approved*

Name of institution/facility _____

Location _____

Sector _____

Level of care

1 = Comprehensive Care Centre (CCC) _____

2 = Semi-CCC _____

3 = VCT/clinics _____

Type of facility by ownership

1 = Public _____

2 = Private _____

3 = FBO/NGO _____

Date of interview _____

Name interviewee/provider _____

Designation of interviewee _____

Name of interviewer _____

Sex of respondent Female _____ Male _____

Age of respondent _____

Background level of education (tick as appropriate)

1 = None _____

2 = Primary _____

3 = Form 1-2 _____

4 = Form 3-4 _____

5 = Form 5-6 _____

6 = University (first degree) _____

7 = University (postgraduate) _____

Others (specify) _____

Occupation

1 = Doctor _____

2 = Clinical officer _____

3 = Nurse _____

4 = Counselor _____

5 = Administrator _____

Other provider (specify) _____

Length of employment at the occupation Years _____ Months _____

Length of employment at this facility Years _____ Months _____

Level of pre-service training

1 = Postgraduate _____

2 = Degree _____

3 = Advanced diploma _____

4 = Diploma _____

5 = Certificate _____

6 = Short course/less than 1 year _____

Other (specify) _____

Received in-service training

Yes _____ No _____ Details _____

Received in-service training specifically on HIV/AIDS

Yes _____ No _____ Details _____

1. May I start by asking if your institution/facility has policies for protecting against discrimination of clients who are HIV positive?

Yes _____ No _____
(If Yes go to Q2, if No go to Q5)

2. Describe briefly the specific policies that your institution/facility has for protecting against discrimination of clients who are HIV positive.

3. Have the above policies been implemented in your institution/facility?

Yes _____ No _____
(If Yes go to Q4, if No go to Q5)

4. Outline the experiences in this institution/facility with implementation of the above policies.

5. Does your institution/facility provide recourse for the violation of the rights of HIV-positive clients?

Yes _____ No _____
(If Yes go to Q6, if NO go to Q7)

6. What remedial actions have been taken by your institution/facility when the rights of HIV-positive clients are violated? Explain.

7. What are normal/universal precautions undertaken at this facility?

8. Do you take special precautions for HIV/AIDS patients?

Yes _____ No _____
(If Yes go to 9, if No go to 10)

9. If yes, indicate the special precautions undertaken.

10. Should persons be isolated because they have a positive sero-status?

Yes _____ No _____
(If Yes go to 11, if No go to 12)

11. If yes, provide reasons for the isolation.

12. Is TB curable in an HIV-positive patient?

Yes _____ No _____

13. Would you wear a mask to protect yourself or to protect your patient?

Yes _____ No _____

14. Should there be compulsory testing for all admitted patients to the hospital?

Yes _____ No _____

15. Should there be compulsory testing for high-risk groups, such as commercial sex workers, truck drivers, etc?

Yes _____ No _____

16. Do you provide counseling with HIV testing?

Yes _____ No _____

17. Do you ever disclose status of a patient to anyone other than the patient?

Yes _____ No _____
(If Yes go to 18, if No go to 19)

18. If yes, to whom did you disclose? Explain.

19. Is there anyone else who should know the status of a patient?

Yes _____ No _____
(If Yes go to 20, if No go to 21)

20. If yes, explain who else should know.

21. Have you ever told an HIV-positive woman that she should not have children?

Yes _____ No _____

22. Do you provide reproductive healthcare to HIV-positive women?

Yes _____ No _____

23. Do you provide the same care to HIV-positive clients as other clients?

Yes _____ No _____

24. Who provides care (such as feeding, cleaning them) to HIV-positive inpatients in the wards?

Relatives _____ Nurses _____ Others (specify) _____

25. Who provides care (such as feeding) to other (HIV-negative) inpatients in the wards?

Relative _____ Nurses _____ Others (specify) _____

26. Should the HIV-positive patients be given a limited length of stay in the hospital but more care at home?

Yes _____ No _____

Explain your answer

In response to the following situations, please tell me if you have fear of HIV transmission, do not have fear of HIV transmission, or do not know:

27. Giving an injection to a person with HIV or AIDS

Have fear _____ Do not have fear _____ Don't know _____

28. Assisting in the delivery of an HIV-positive woman's child

Have fear _____ Do not have fear _____ Don't know _____

29. Dressing the wounds of a person living with HIV or AIDS

Have fear _____ Do not have fear _____ Don't know _____

30. Conducting surgery on or suturing a person with HIV or AIDS

Have fear _____ Do not have fear _____ Don't know _____

31. Putting a drip in someone who is showing signs of AIDS

Have fear _____ Do not have fear _____ Don't know _____

32. Touching the sweat of a person with HIV or AIDS

Have fear _____ Do not have fear _____ Don't know _____

33. Touching the saliva of a person with HIV or AIDS

Have fear _____ Do not have fear _____ Don't know _____

Now I am going to read you several statements, and I want you to tell me whether you strongly agree, agree, disagree, or strongly disagree:

34. I am comfortable assisting or being assisted by a colleague who is HIV positive.

Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____

35. I am comfortable performing surgical or invasive procedures on clients whose HIV status is unknown.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
36. I am comfortable providing health services to clients who are HIV positive.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
37. I am comfortable sharing a bathroom with a colleague who is HIV positive.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
38. Clients who are sex workers deserve to receive the same level and quality of health care as other clients.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
39. I avoid touching the clothing and belongings of clients known or suspected to have HIV for fear of becoming infected.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
40. The most frequent mode of contracting HIV among healthcare workers is through work-related exposure.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
41. Most HIV-positive healthcare workers get infected at work.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
42. HIV is a punishment from God.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
43. People with HIV should be blamed for bad behavior.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
44. People with HIV should be ashamed of themselves.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
45. Promiscuous men are the ones that spread HIV in our community.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____
46. It is the women prostitutes who spread HIV.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____

47. I would feel ashamed if I was infected with HIV.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____

48. I would feel ashamed if someone in my family was infected with HIV.
Strongly agree _____ Agree _____ Disagree _____ Strongly disagree _____

In the past 12 months, have you seen or observed the following happen in this health facility because a client was known to have or was suspected of having HIV or AIDS?

49. Receiving less care and/or attention than other patients.
Yes _____ No _____

50. Extra precautions being taken in the sterilization of instruments used on HIV-positive patients.
Yes _____ No _____

51. Requiring some clients to be tested for HIV before scheduling surgery.
Yes _____ No _____

52. Using latex gloves for performing noninvasive exams on clients suspected of having HIV.
Yes _____ No _____

53. Because a patient is HIV-positive, a senior healthcare provider assigned the client to a junior provider.
Yes _____ No _____

54. Testing a client for HIV without his/her consent.
Yes _____ No _____

55. Healthcare providers gossiping about a client's HIV status.
Yes _____ No _____

56. Does your facility provide services to the following categories of HIV-positive clients

Adult male:	Yes _____	No _____
Adult female:	Yes _____	No _____
Male children:	Yes _____	No _____
Female children:	Yes _____	No _____

For each "No" response, please explain.

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