

JOINT HUMANIZATION INITIATIVE IN THE HEALTH SECTOR

Inhambane Provincial Health Leadership & Namati Moçambique



Ministry of Health



Inhambane Provincial Health Leadership & Namati Moçambique

January 2023

JOINT HUMANIZATION INITIATIVE

Even where health services are affordable and within reach, people still face significant barriers to care. These include disrespectful treatment of patients, bribery, lack of information, disregard for privacy and confidentiality and inadequate infrastructure including health facilities without running water or bathrooms for patients – representing not only a threat to public health but an affront to human dignity.

These types of human rights violations can have a significant impact on access to and use of health services.

Namati Moçambique's experience over the past decade and evidence from around the world indicate that urgent care, maternity and HIV patients are particularly vulnerable to coercive informal payments.¹

In Mozambique 42% of patients cited lack of privacy, violations of confidentiality, and poor treatment by clinic staff as key reasons that they stopped taking their antiretroviral medication.²

Else Maternity patient

I started to feel severe labor pains. When I got to the hospital the nurse told me I had to pay 1,000 meticaïs, but I didn't have that amount. My mother had to go out looking for money, but she only managed to get 500 meticaïs. When she came with the money, I put it inside a paper and gave it to the nurse, and she said angrily "This is money?" But even so, she took the amount and then took me to the birthing room and left me there.

My baby was born alone. I screamed for the nurse, but she didn't come. She only came hours later, and by the time she arrived my baby wasn't breathing. He had changed color and wasn't crying. They didn't clean me, they didn't stitch me up. My baby had died. They just left me. It's a pain that I can't explain – all because I didn't have the money that she asked for.

Sónia Triage patient

I went to the hospital for a consultation because of sores in my private parts. When I arrived, I noticed that four nurses were in the room providing various services at the same time. They invited me in and asked me what I was complaining about. I was very embarrassed and ashamed because the other patients were looking at me. I told the nurse that I had a headache only. She gave me a prescription and I went home.

The sores were not healing but I took a long time before going back to hospital because whenever I thought about it I felt ashamed. My health was deteriorating. I couldn't even eat, and I was losing weight fast until I went back to hospital once more. There were several technicians in the sector serving patients at the same time, and one of the patients was my neighbor. Again, I went back home without getting care."

¹ See, for example, Duff P, Kipp W, Wild TC, Rubaale T, Okech-Ojony J (2010) Barriers to accessing highly active antiretroviral therapy by HIV-positive women attending an antenatal clinic in a regional hospital in western Uganda. *J Int AIDS Soc* 13: 37; McDonald K, Kirkman M (2011) HIV-positive women in Australia explain their use and non-use of antiretroviral therapy in preventing mother-to-child transmission. *Aids Care-Psychological and Socio-Medical Aspects of AIDS/HIV* 23: 578–584; O'Gorman DA, Nyirenda LJ, Theobald SJ (2010) Prevention of mother-to-child transmission of HIV infection: views and perceptions about swallowing nevirapine in rural Lilongwe, Malawi. *BMC Public Health* 10: 354; Stinson K, Myer L (2012) Barriers to initiating antiretroviral therapy during pregnancy: a qualitative study of women attending services in Cape Town, South Africa. *AJAR - African Journal of AIDS Research* 11: 65–73; Varga C, Brookes H (2008) Factors influencing teen mothers' enrollment and participation in prevention of mother-to-child HIV transmission services in Limpopo Province, South Africa. *Qual Health Res* 18: 786–802.

² Groh, K., Audet, C. M., Baptista, A., Sidat, M., Vergara, S. H., & Moon, T. D. (2011). Barriers to antiretroviral therapy adherence in rural Mozambique. *BMC public health*, 11(1), 1–8. Kruk, M. E., Riley, P. L., Palma, A. M., Adhikari, S., Ahoua, L., Arnaldo, C., ... & Rabkin, M. (2016). How can the health system retain women in HIV treatment for a lifetime? A discrete choice experiment in Ethiopia and Mozambique. *PloS one*, 11(8), e0160764.

In May 2021, the Provincial Health Directorate of Inhambane and Namati Moçambique launched a joint campaign aimed at ensuring that all 144 health facilities in the province guarantee privacy, have functional bathrooms, and work actively to combat bribery and illegal charges.

Namati supported the Provincial Director in the drafting of two official directives obliging health facilities to take measures to resolve these barriers and providing concrete recommendations for doing so.

This bulletin focuses on Inhambane's efforts to ensure privacy and dignified bathrooms.

Manuel
HIV patient

I went for my appointment because I wasn't feeling well anymore. When I was in line, I started to experience stomach discomfort. I moved round and round the health facility. There was a toilet there, but I couldn't get in. I had to run somewhere behind a tree just to get some relief. It wasn't a hidden thing. A lot of people were watching me in this situation and I couldn't escape from it. All that embarrassment was very humiliating to me.

We have HIV-positive patients and TB patients taking drugs that even cause diarrhea. When they are in a health facility without proper sanitation, people don't feel comfortable. They think "let the diarrhea pass and then I'll go to the hospital". Others run the risk of missing their appointment. They prefer to stay at home where they are not surrounded by many people.



Instructions from the directive issued by Inhambane's Provincial Director of Health in mid-2021 to ensure protection of patient privacy:

- Use privacy screens as an interim solution
- Maximize the use of existing space (for example make use of rooms that are currently being used for storage – building simple shelves if needed to free up space for consults, divide larger rooms into multiple rooms by raising a wall)
- Install curtains or opaque glass on windows
- Introduce consults by agenda and/or organize services by scheduling blocks (for example if HIV testing and triage consults normally take place side by side in the same room, can instead offer one service in the mornings and another in the afternoons, or one could be offered on Mondays/Wednesdays/Fridays and another on Tuesdays/Thursdays)
- Sensitize health workers about the need to knock and seek permission before entering a room where a patient is being attended, to seek informed consent for the presence of an additional colleague during any consultation, and to avoid entry and/or presence of unnecessary people during consultations
- Place wooden or metal dividers or booths (or curtains as a temporary measure) in the pharmacy and paint a line on the floor to indicate to other health facility users that they must wait their turn behind the line. Health committees can be an asset in helping to manage queues in a way that protects patient privacy
- Hold regular meetings with the community to seek their feedback regarding the barriers they face at the health facility when seeking care for themselves and their family members
- Monitor respect for patient privacy through both direct observation and exit interviews with patients leaving appointments at the health facility

During the year that followed, Namati and Inhambane's provincial health leadership worked hand in hand to give life to the initiative. This included:

Involving the community over the course of the initiative, **giving voice to patients** to share their testimonies about how these barriers impact their health

Monitoring the situation of every health facility in terms of privacy and access to dignified bathrooms over time

Elaborating action plans with deadlines to ensure implementation of recommendations by district health offices and health facilities

Conducting a series of **joint supervision visits** to provide oversight and support districts in their efforts

Sharing best practices, successes and challenges via a WhatsApp group created to generate dialogue between the 14 district directors

Compilation of persistent infrastructure, water and sanitation needs at health facilities across the province to facilitate advocacy with district and provincial health leadership and government, the MoH nationally, partners and donors

Formal recognition of high-performing districts and health facilities

Health Advocates and Village Health Committees as Essential Partners in Humanization

Namati's health advocates (defensores de saúde), together with village health committees, walk alongside patients and communities to pursue remedies to grievances that undermine human dignity and access to care. They bridge the gap between policy and practice by breaking policy down into simple terms and helping people navigate a path towards justice.

Over the course of the 18-month humanization initiative, health advocates and village health committees played an integral role in disseminating the provincial directives to communities and ensuring compliance at health facility level.

The results within a relatively short time frame have been impressive. Over an 18-month period (from March 2021 to September 2022) together we achieved the following results:

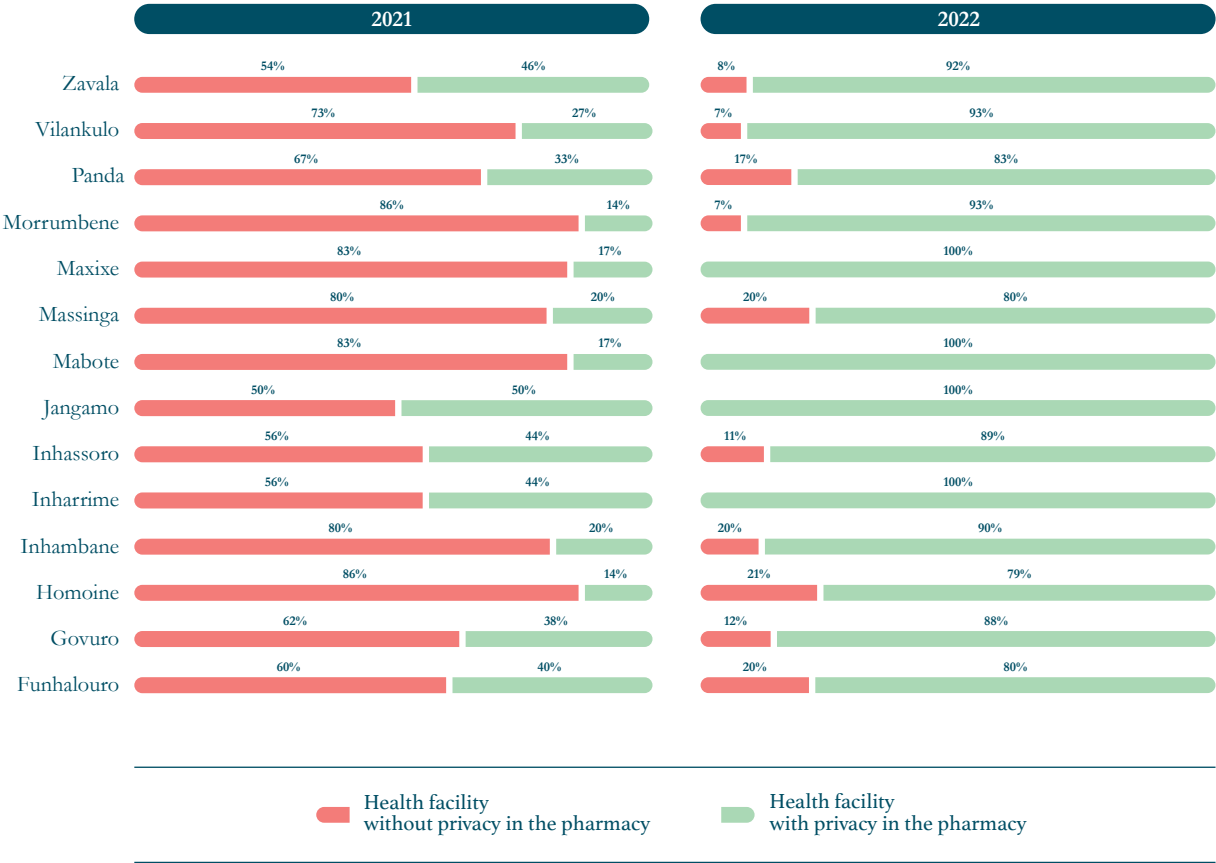
- Health facilities with privacy in the pharmacy increased from 28% to 90%
- Health facilities with privacy in consult rooms increased from 53% to 72%
- Health facilities with privacy in HIV testing rooms increased from 63% to 81%
- Health facilities in which bathroom is dignified increased from 60% to 83%

Dr. Andrade Nhamuxue
District Director of Health, Maxixe

It gives me great satisfaction to see the problem of lack of privacy solved in our pharmacies. The privacy initiative campaign launched across Inhambane Province was really key. Together we managed to influence changes in our health workers' behavior as well as improvements in infrastructure to ensure that our patients' privacy is respected, which improved retention and adherence to health services.



Privacy in Health Facility Pharmacies
Inhambane Province, March 2021 and September 2022

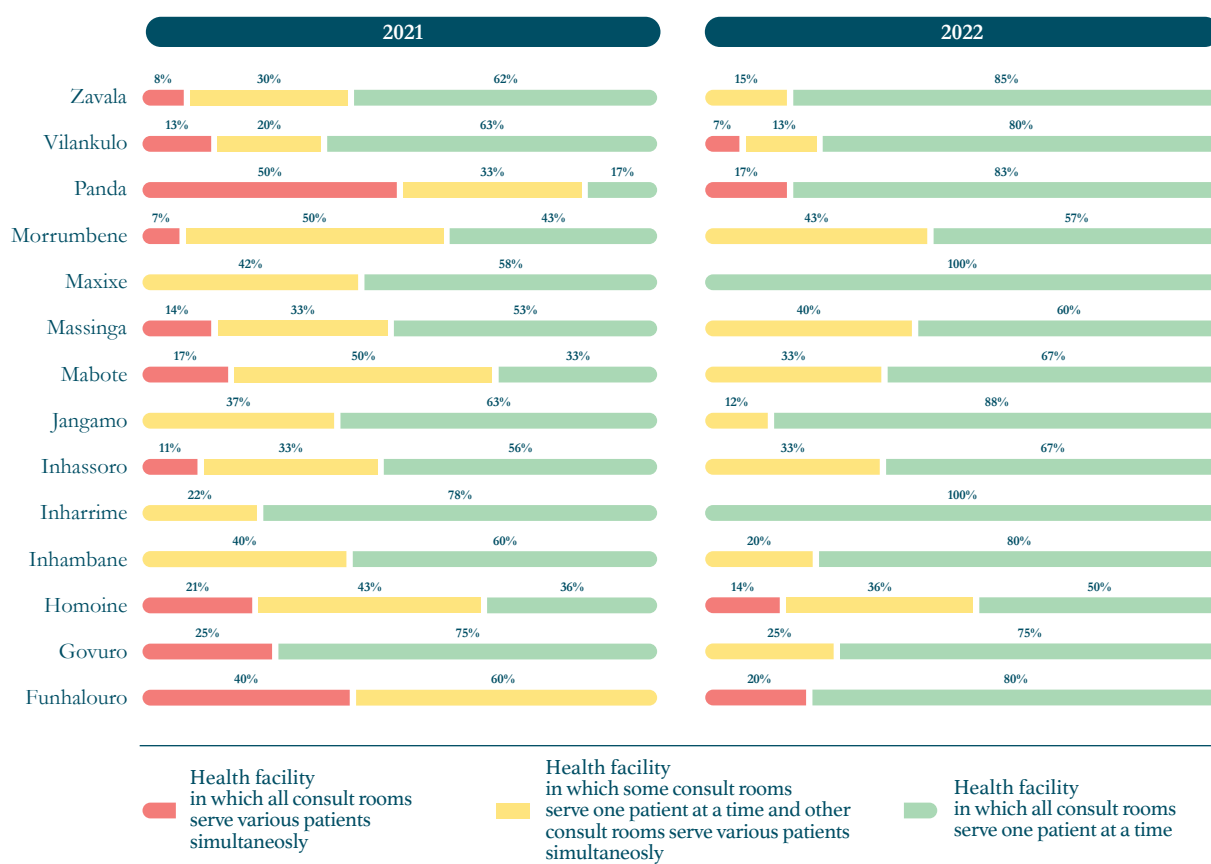


Patient giving testimony about the impact of human rights barriers on access to care as the Provincial Director of Health listens.



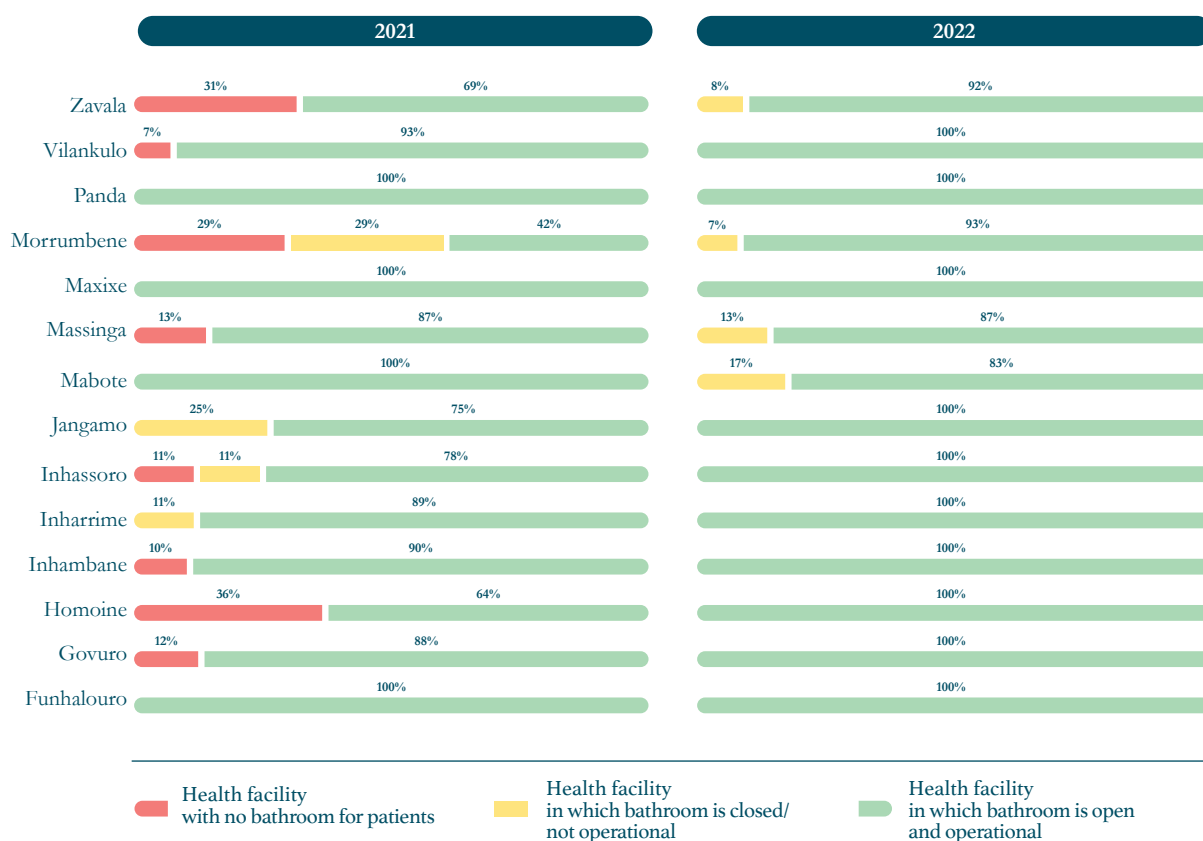
Privacy in Health Facility Consult Rooms

Inhambane Province, March 2021 and September 2022



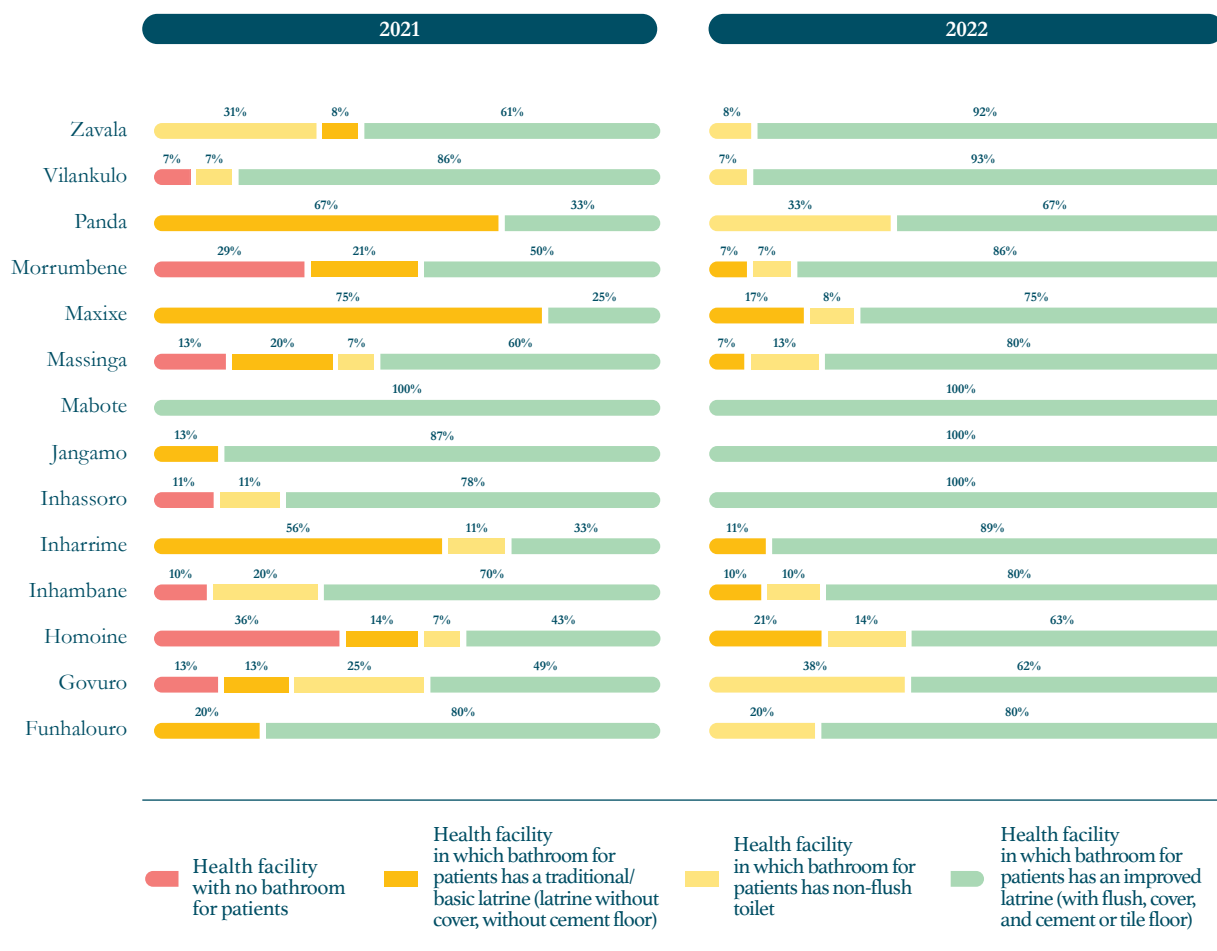
Availability of Bathroom at Health Facility

Inhambane Province, March 2021 and September 2022



Type of Bathroom at Health Facility

Inhambane Province, March 2021 and September 2022



In addition to Inhambane Province, Namati advocated for the adoption of similar directives in Maputo City, Maputo Province and Zambézia Province.

Our vision is for these directives to be implemented by the Ministry of Health at national level.

Dr. Naftal Matusse
Provincial Director of Health, Inhambane

The results had an impact on people's lives in the sense of improving the humanization of health services. In some places, the bathrooms were precarious or didn't exist... or they existed but without dignified conditions. We have also advanced a lot in terms of privacy in our pharmacies.

It's a very sensitive area because we can also have situations of discrimination and stigmatization there, but with the conditions created to offer privacy, I think our patients were more satisfied, more willing to go and get their medication - mainly antiretrovirals - and that was a big change.

The work done in collaboration with health advocates and health committees also helped a lot in combatting illicit charges and mistreatment of patients. We achieved notable results, which is difficult because it involved changing the attitudes and behavior of health professionals.



The following images were shared by health facilities across the province over the course of the initiative.

Massinga

Before After

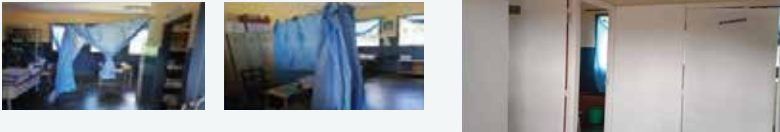


Inharrime

Before After



Before After



Morrumbene

Before After



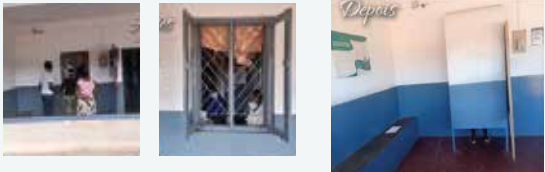
Govuro

Before After



Maxixe

Before After



Health is a human right. Take action.

For more information: www.namati.org

The preparation and production of this document was supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC). The content is the sole responsibility of its authors and does not necessarily represent the official view of the CDC or the United States Government.



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