

Annexure one: Focus-group discussions' methodology

Overview

Field work was conducted in Botswana, Malawi and Zambia between February and April 2016. During this time, 14 focus-group discussions were conducted with 211 participants.

Five focus-group discussions were conducted with lesbian, gay, bisexual and transgender (LGBT) participants with a total of 68 participants. Four focus-group discussions were conducted with sex workers with a total of 72 participants. Three focus-group discussions were conducted with persons with disabilities with a total of 36 participants. Two focus-group discussions were held with women living with HIV with a total of 35 participants. Participant recruitment was conducted through in-country NGO partners. Participant selection was based on self-identification with the relevant participant group. Figure 1 (below) shows the schedule of the focus-group discussions:

Figure 1: Schedule of focus-group discussions in Botswana, Malawi and Zambia

Location	Participant identity	Number of participants	Date	TOTAL
Palapye, Botswana	LGBT persons	6	12-Mar-16	68
Gaborone, Botswana	LGBT persons	7	20-Mar-16	
Lilongwe, Malawi	LGBT persons	20	1-May-16	
Kitwe, Zambia	LGBT persons	23	10-Apr-16	
Lusaka, Zambia	Transgender persons	12	12-Mar-16	
Selebi Phikwe, Botswana	Sex workers	16	18-Mar-16	72
Blantyre, Malawi	Sex workers	20	22-Feb-16	
Mwanza, Malawi	Sex workers	15	29-Feb-16	
Lusaka, Zambia	Sex workers	21	8-Apr-16	
Gaborone, Botswana	Persons with disabilities	9	1-Apr-16	36
Ndola, Zambia	Persons with disabilities	8	11-Mar-16	
Ndola, Zambia	Persons with disabilities	19	11-Mar-16	
Chiradzulu, Malawi	Women living with HIV	15	29-Feb-16	35
Kabwe, Zambia	Women living with HIV	20	22-Mar-16	
TOTAL				211

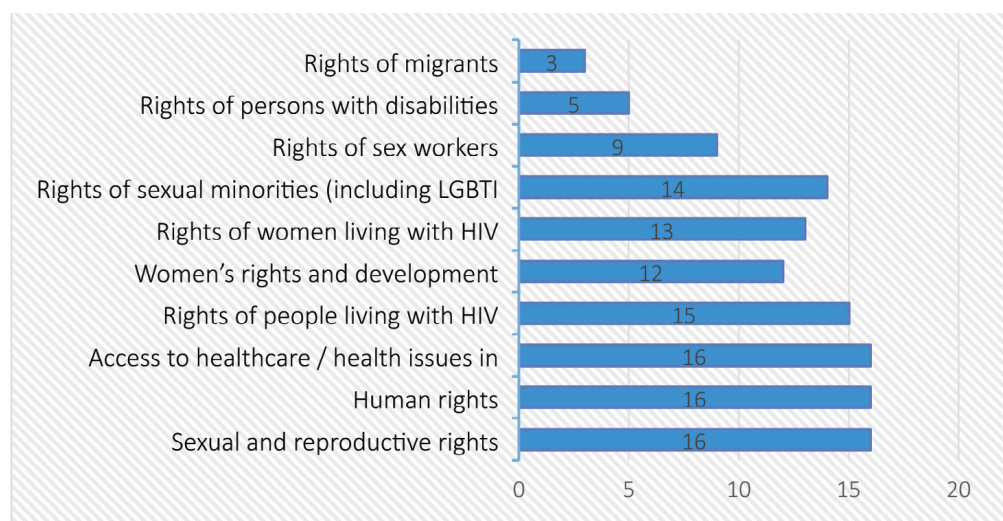
Facilitators worked off structured Focus-Group Guidelines and Terms of Reference. Informed consent was obtained from all research participants. Focus-group discussions were organised and conducted with in-country partner organisations (see acknowledgments), in order to ensure that the safety, dignity, and privacy of participants were protected. Participants were assured of the confidentiality of the information shared with researchers and were asked to respect the confidentiality of information shared by other participants in the focus groups. All researchers were required to, *inter alia*, inform research participants of the nature and purpose of the research and of their freedom to refuse to answer questions and cease participation at any stage, to protect the identities of focus-group participants, to ensure the security of data, and to destroy all personal details of the identities of participants in the research post-publication.

Annexure two: NGO and CBO questionnaires and interviews

Overview

A total of 16 in-person interviews were conducted with non-governmental organisations (NGOs) and community-based organisations (CBOs), and 25 questionnaires were completed by NGOs and CBOs in Botswana, Malawi and Zambia. Most of the respondents identified as national NGOs. Researchers were required to obtain informed consent from all respondents for the use of the information shared in publication.

Issues that respondent organisations deal with⁴⁰¹



⁴⁰¹ Some respondents indicated multiple issues, which accounts for duplications.

Questionnaire

Respondent Information

1. Country and region /province:
2. Your name (optional) and occupation (optional):
3. Name of organisation and department:
4. Your organisation's email/telephone number:
5. Which category best describes the sector you represent? (Please tick the relevant box).

a.	Government ministry or department	
b.	National AIDS council/coordinating body	
c.	Network or association of people living with HIV	
d.	United Nations agency	
e.	Inter-governmental organisation	
f.	Regional non-governmental organisation	
g.	National non-governmental organisation	
h.	Community-based organisation	
i.	Other (Please specify)	

6. On which of the following issues does your organisation work? (Please tick all that apply).

a.	Human rights	
b.	Access to healthcare/health issues in general	
c.	Women's rights and development	
d.	Sexual and reproductive rights	
e.	Rights of people living with HIV	
f.	Rights of women living with HIV	
g.	Rights of persons with disabilities	
h.	Rights of sexual minorities (including LGBTI and men who have sex with men)	
i.	Rights of sex workers	
j.	Rights of migrants	
k.	Other (Please specify)	

Understanding of Stigma and Discrimination

1. Describe your understanding of “stigma” in a healthcare setting?
2. Describe your understanding of “discrimination” in a healthcare setting?
3. Do you consider the following instances of discrimination in the context of healthcare?
(Please indicate Y for “yes” and N for “no”):

		Y/N
a.	Healthcare provider refuses to treat a patient.	
b.	Healthcare provider refuses to provide specific kinds of treatment to a patient (e.g. refuses contraceptive care).	
c.	Healthcare provider offers inferior treatment to a specific patient.	
d.	Healthcare provider refuses to touch a patient or uses excessive precautions.	
e.	Healthcare provider is physically rough or abusive to patients.	
f.	Healthcare provider uses harsh or abusive language.	
g.	Healthcare provider blames patient for health status or condition.	
h.	Healthcare provider/institution segregates certain patients.	
i.	Healthcare provider/institution employs identifying practices or distinguishes categories of patients by the use of publically visible markers (e.g. different coloured files for patients living with HIV, or separate queues).	
j.	Healthcare provider discloses the patient's status to other healthcare providers/patients/members of the public.	
k.	Healthcare provider does not adequately inform the patient of the medical intervention or does not conduct a thorough informed consent process?	
l.	Healthcare provider ignores patient.	
m.	Healthcare providers refer patient for HIV testing or treatment without counselling.	
n.	Healthcare provider unnecessarily refers the patient to other healthcare facilities.	
o.	Healthcare provider demands that patient undergoes HIV-testing before administering care.	
p.	Healthcare provider gossips about the patient to other healthcare providers, community members or patients.	

4. What are some other examples (not mentioned above) of discrimination in healthcare settings?

Legal and Policy Framework

1. Are you aware of any legal prohibition in your country against discrimination in general? (If yes, please specify. If you don't know, please indicate.)
2. Are you aware of any legal prohibition in your country against discrimination in healthcare, in particular? (If yes, please specify. If you don't know, please indicate.)
3. Are you aware of any national policies in place to prevent stigma and discrimination in healthcare? (If yes, please specify. If you don't know, please indicate.)
4. Are you aware of any policies or directives in place at local/healthcare-institution level to prevent stigma and discrimination in healthcare? (If yes, please specify. If you don't know, please indicate.)
5. Are you aware of any government programmes (at any level) being implemented to combat stigma and discrimination in healthcare? (Please specify).
6. Does your organisation have any programmes to combat stigma and discrimination in healthcare? (Please specify).

Complaints Mechanisms and Redress

1. If a patient experiences discrimination in healthcare, how could they make a complaint and with whom?
2. How efficient or effective are these complaints mechanisms? (Please mark with an X).

a.	Very effective.	
b.	Somewhat effective.	
c.	Inconsistently effective.	
d.	Seldom effective.	
e.	Never effective.	
f.	I don't know.	
g.	There are no complaints mechanisms.	

Comments:

1. What are some of the barriers that patients may face in making a complaint?
2. If a patient approached your organisation complaining of stigma or discrimination in healthcare, how would you assist? Where would you direct their complaint? Or how would you advise them to seek assistance or redress?
3. What legal recourse does a patient have if they experience discrimination in healthcare?
4. What are some of the barriers patients may face in seeking legal recourse for discrimination in healthcare? (Please mark with an X).

a.	Too expensive.	
b.	Patients don't know their rights.	
c.	Legal assistance is unavailable.	
d.	Lawyers are not willing or able to take cases.	
e.	Patients are afraid of the consequences.	
f.	The legal system is too slow.	
g.	Patients can't access information to prove their cases.	
h.	Patients are involved in unlawful conduct that makes seeking legal redress difficult.	
i.	Other (please specify):	

Addressing Stigma and Discrimination and Healthcare

1. What do you think needs to be done to effectively combat stigma and discrimination in healthcare?
2. Has your organisation undertaken any work to redress stigma and discrimination in healthcare? Please specify.

Annexure three:

Key informant questionnaires

Overview

In-person, key informant interviews were conducted with eleven complaints bodies in Botswana, Malawi and Zambia. This included three national human rights institutions, three health professions councils, three nursing councils and organisations and one with the Office for People with Disability in Botswana. For standardisation, questionnaires were used by researchers to lead the interviews. Researchers were required to obtain informed consent from all respondents for the use of the information shared in publication.

Questionnaire

Respondent Information

- 1. Country and region/province:
- 2. Your name (optional) and occupation:
- 3. Name of organisation and department:
- 4. Your organisation’s email/telephone number:

Understanding Of Stigma And Discrimination

- 1. Describe your understanding of “stigma” in a healthcare setting?
- 2. Describe your understanding of “discrimination” in a healthcare setting?
- 3. Do you consider the following instances of discrimination in the context of healthcare?
(Please indicate Y for “yes” and N for “no”):

		Y/N
a.	Healthcare provider refuses to treat a patient.	
b.	Healthcare provider refuses to provide specific kinds of treatment to a patient (e.g. refuses contraceptive care.)	
c.	Healthcare provider offers inferior treatment to a specific patient.	

d.	Healthcare provider refuses to touch a patient or uses excessive precautions.	
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j.	Healthcare provider discloses the patient's status to other healthcare providers/patients/members of the public.	
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l.	Healthcare provider ignores patient.	
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4. What are some other examples (not mentioned above) of discrimination in healthcare settings?

Legal And Policy Framework

1. Are you aware of any legal prohibition in your country against discrimination in general? (If yes, please specify. If you don't know, please indicate.)
2. Are you aware of any legal prohibition in your country against discrimination in healthcare, in particular? (If yes, please specify. If you don't know, please indicate.)
3. Are you aware of any national policies in place to prevent stigma and discrimination in healthcare? (If yes, please specify. If you don't know, please indicate.)
4. Are you aware of any policies or directives in place at local/healthcare-institution level to prevent stigma and discrimination in healthcare? (If yes, please specify. If you don't know, please indicate.)
5. Are you aware of any professional standards, codes of conduct or ethical guidelines that govern stigma and discrimination in healthcare? (If yes, please specify. If you don't know, please indicate.)

6. Are you aware of any government programmes (at any level) being implemented to combat stigma and discrimination in healthcare? (Please specify)
7. Does your organisation have any programmes to combat stigma and discrimination in healthcare? (Please specify).

Training

1. Do the healthcare workers that your organisation represents undergo any standard training relating to stigma and discrimination and/or patient rights? (Please specify details or note if not applicable).
2. Do you think that the healthcare workers require more training in stigma and discrimination and/or patient rights? (Please specify details.)
3. What needs to be done to create better opportunities for healthcare workers to learn more about stigma and discrimination and patients' rights?

Complaints Mechanisms And Redress

1. If a patient experiences discrimination in healthcare, how could they make a complaint and with whom?
2. How efficient or effective are these complaints' mechanisms? (Please mark with an X).

a.	Very effective.	
b.	Somewhat effective.	
c.	Inconsistently effective.	
d.	Seldom effective.	
e.	Never effective.	
f.	I don't know.	
g.	There are no complaints mechanisms.	

Comments:

1. What are some of the barriers that patients may face in making a complaint?
2. If your organisation has a complaints mechanism in place, how many complaints are received on average per year?
3. If your organisation has a complaints mechanism in place, what is its annual budget?
4. If your organisation has a complaints mechanism in place, how are patients and healthcare providers made aware of the services?
5. If your organisation has a complaints mechanism in place, how does it operate?
6. Who can file a complaint?

7. How is a complaint filed and where?
8. Who assesses the complaint?
9. Do patients have a right to appear before the complaints mechanism or to make representations?
10. Is a patient entitled to information on the status of their complaint?
11. On average how long does it take for a complaint to be assessed and determined?
12. What consequences or outcomes can come from the investigation into and determination of a complaint?
13. What is the purpose of a complaints mechanism?
14. How can accountability in the healthcare sector to practices of stigma and discrimination, be improved?