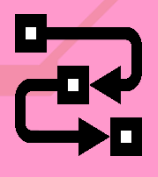


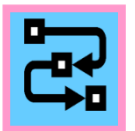


GOING TO A **BETTER** PLACE



GOING TO A **BETTER PLACE**

LEARNING FROM COMMUNITIES TO IMPROVE QUALITY AND STANDARDS OF CARE IN HEALTH FACILITIES AND PROGRAMMES DELIVERED TO, ESPECIALLY, SEXUAL AND GENDER MINORITIES





WHAT'S GOOD?

Since 2017, Positive Vibes has explored and supported community-led monitoring of health services and health facilities in East and Southern Africa. Over four years, that process, facilitated amongst hundreds of LGBTIQ people, sex workers, people living with HIV and healthcare workers across seven countries, began with the same simple question:

*“When it comes to healthcare, and the services you want to receive, **what does good look like?** What makes a good health service for you, the kind you’d keep going back for?”*

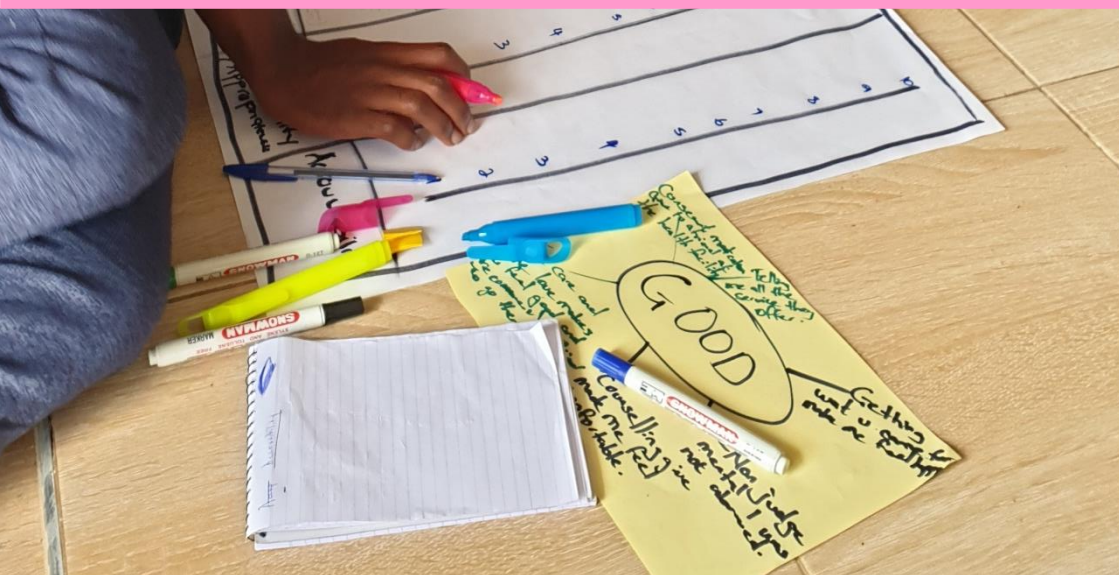
It turns out, regardless of identity – whether community members or healthcare workers; whether heterosexual, bisexual, or homosexual; whether cisgender or transgender; with partners and families or single; whether working in the health facility offering services, or working elsewhere, or not at all – we’re not that different. At a basic human level, we all share a common standard – a similar expectation – for the quality of care and services we’d like for ourselves, our families, and our friends.

That, in itself, is a good thing. Maybe even a great thing. Despite diversity and difference, most people agree to a standard for good care that is universal and unifying. And if that standard is reasonable for healthcare workers to hold for themselves, it is an equally reasonable expectation for community members who seek healthcare. It opens space for all of us in a shared system for health to cooperate and collaborate towards achieving that aspiration.

This publication is an acknowledgment of that shared aspiration. The pages that follow draw from the insights of communities and healthcare workers to highlight principles and practices that characterise that common standard. Collectively, they frame a checklist of sorts, replicable markers for good care by which facilities, agencies and programmes can become not only competent, but appropriate and acceptable and desirable to communities. Remarkably, whilst some features, characteristics and qualities of good care unavoidably require money to implement – and may take a little longer to realise – many do not. They can be achieved instead through shifts in attitudes, in working culture, in positioning, in practice where conscious acts of will and determination produce deep, sustainable impact for which money cannot substitute.

This publication is also a recognition: health facilities, health workers, and communities all have work to do. Perfection may not be possible, and it may not be constructive to think in all-or-nothing absolutes when major challenges confront and constrain our health systems.

But every place can be improving. Every place can be making progress. Every place can be changing things – one thing at a time, adapting here and there – to become not quite yet perfect but, at least, and achievably, better.



"I'd like to be greeted with a friendly face, with a smile. Right from the start, from the reception, I'm welcomed with a smile. They invite me into the room. The doctors and nurses are humble. The nurses are not rude; I don't feel dirty or small or inferior. Friendly services make me want to come back again.

Those things show how I will be treated later on, and that people inside have been sensitised."



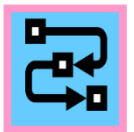
DIAGNOSTIC

Do we make a good first impression on clients, especially first-time users? Are we memorable for the right reasons? Is our facility the kind of place we, ourselves, would like to visit and return to? Do all our staff and volunteers - from security, to reception, to healthcare workers - consistently demonstrate warmth, welcome and friendliness?

#1

MAKE A GOOD FIRST IMPRESSSION

YOU NEVER GET A SECOND CHANCE TO MAKE A FIRST IMPRESSION. FIRST CONTACT WITH HEALTHCARE WORKERS AND OTHER STAFF IN A **WARM, WELCOMING, FRIENDLY ENVIRONMENT** IS REASSURING FOR CLIENTS. GOOD FIRST IMPRESSIONS BUILD CONFIDENCE AND LOYALTY. SIMPLE GESTURES CONSISTENTLY DEMONSTRATED – A GENUINE SMILE; A POLITE GREETING; A PERSONAL INTRODUCTION – GO A LONG WAY. THEY SIGNAL THAT A HEALTH FACILITY IS SAFE, AND CAN BE TRUSTED TO PROVIDE GOOD CARE.



“The facility should be welcoming. If healthcare workers approach me to ask, ‘How can I help you?’ – in a polite way, with a good attitude – that environment makes me feel free.”



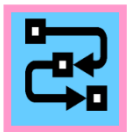
Is our health facility hospitable or hostile? Is hospitality a service-standard and service-culture in our facility? Do clients feel welcome - can they make themselves at home - as if they are guests? Do all staff members and volunteers - from security, to reception, to healthcare workers - understand their responsibility to create a hospitable environment?

DIAGNOSTIC

#2

BE OUR GUEST

THINK GUESTHOUSE. OR HOTEL. OR RESTAURANT. OR AIRLINE. **HOSPITALITY** EXPRESSED IN ATTITUDE AND ACTION IS ATTRACTIVE AND ADDICTIVE. IT'S WHY RECEPTION MATTERS. CLIENTS WHO ARE WELL RECEIVED BY HEALTHCARE WORKERS, BY RECEPTIONISTS, BY SECURITY GUARDS – REGARDLESS OF THEIR GENDER IDENTITY OR SEXUAL ORIENTATION – QUICKLY MAKE THEMSELVES AT HOME. THEY FEEL WELCOME. THEY FEEL FREE. THEY RELAX. THEY FEEL THEY ARE AMONGST FRIENDS. THEY COME BACK. AND THEY RECOMMEND THEIR FRIENDS TO OTHER FRIENDS.



“There is good care from some departments, but it’s not consistent for everyone. It’s not like that from everyone. It shouldn’t have to be limited to some people who have been specially trained. There is a problem with having these special people who are friendly and welcoming, but others are not. It should be from all, by all, starting from outside from the gate.”



DIAGNOSTIC

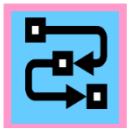
Are hospitality and sensitivity whole-system cultures in our facility? Are they a universal standard amongst all staff and volunteers, or are they reserved for, and required from a select few?

Do we have a staff education and sensitisation programme that applies to everyone: all healthcare workers, security guards, cleaners, administration staff, receptionists?

#3

NOT JUST FOR SOME, BUT FOR EVERYONE

A CHAIN REALLY IS ONLY **AS STRONG AS ITS WEAKEST LINK** – THE FACTOR THAT PUTS A LIMIT ON ITS STRENGTH, ITS POTENTIAL, AND ITS SUCCESS. HEALTH FACILITIES ARE LIKE THAT, TOO. THE ENVIRONMENT IS LESS WELCOMING, LESS HOSPITABLE, LESS ATTRACTIVE WHEN ONLY ONE OR TWO HEALTHWORKERS ARE SENSITISED, FRIENDLY, AND APPROACHABLE. CLIENTS MAY NEVER REACH THOSE HEALTHWORKERS IF THEY ARE DISCOURAGED BY OTHER CLINICIANS, OR DISRESPECTED AT THE RECEPTION DESK, OR REFUSED ENTRY BY SECURITY AT THE GATE. HOSPITALITY AND SENSITIVITY MUST BE WHOLE-SYSTEM CULTURES, OR THE CHAIN BREAKS.



“We don’t want to be shut out. We need that one-to-one interaction between me and the healthcare worker, that two-way communication. We talk, and then we reach a conclusion together. There is no pressure to just accept what you don’t want. They should take the time to educate me about the treatment they are giving me and the side effects of those.”



DIAGNOSTIC

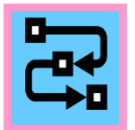
Are our facility and our services client-centred? Do the needs and preferences of our clients inform how our services are designed and delivered, so that services are comfortable, convenient, responsive, and relevant to clients, their lifestyles, and circumstances? Do we consciously collaborate with our clients so that they make informed decisions for themselves?

Are any of our practices coercive or conditional?

#4

YOUR BODY YOUR LIFE YOUR CHOICE

CLIENTS MAY BE MEDICALLY UNTRAINED, BUT THEY ARE EXPERTS IN THEIR OWN LIVES, IN THEIR FEELINGS AND SENSATIONS, IN THEIR CIRCUMSTANCES. THEY HAVE AGENCY, INTUITION AND EXPERTISE ABOUT THEIR BODIES. **GOOD CARE IS CLIENT-CENTRED**, RESPONDING TO CLIENTS AS PARTICIPANTS AND PARTNERS IN HEALTH, NOT SIMPLY AS TARGETS OR RECIPIENTS FOR SERVICES. THEY ARE NOT SHUT OUT; THEY ARE INVOLVED IN DECISIONS ABOUT CARE THAT IS DELIVERED WITH WELL-INFORMED CONSENT, FREE OF COERCION.



“As nurses we take a pledge; to help everyone. I have objectives and they include to make my clients happy. I want you to come back and bring back more people. But some of us have forgotten the pledge we have taken to give the best service, and why we are here.”



DIAGNOSTIC

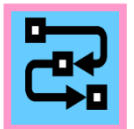
Do we actively promote and develop a service-culture amongst staff members at our facility?

Do they ask clients, specifically, 'How may I assist you?'. Do we routinely monitor the quality of that service-approach amongst staff members towards clients? Do clients feel they are in-charge of their own healthcare experience, or do they feel inferior - with less power or authority - to healthcare workers who are doing them a favour?

#5

SERVICE, NOT SUPERIORITY

IT'S RIGHT THERE IN THE NAME. [SERVICE-PROVIDERS SERVE](#). GOOD HEALTHCARE WORKERS UNDERSTAND THEIR ROLE TO DEFER TO THE DIGNITY OF CLIENTS, AND TO BE OF SERVICE TO THEM. NOT AS INSTRUCTORS. NOT AS SUPERIORS. NOT AS DISCIPLINARIANS. NOT AS AUTHORITIES.



“The healthcare worker should put herself in my shoes. To really understand how I am bringing my issue. Not bringing their own issue to fit into mine. Good communication between us is important – they understand me, and I understand them – even if they just explain carefully to me what is available or not. You know, to have that rapport...”

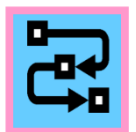


DIAGNOSTIC

Do the healthcare workers at our facility have a good rapport with our clients? Can they relate and connect as humans? Are healthcare workers well enough, within themselves - not burned out, exhausted, stress and overwhelmed - to exercise genuine empathy and compassion in the way they engage with clients?

I FEEL YOU

GREAT HEALTHCARE EXPERIENCES – LIKE MOST GOOD THINGS IN LIFE – FLOW FROM CONNECTION AND EMPATHY, WHEN HEALTHCARE WORKERS HAVE A GOOD RAPPORT WITH THE FELLOW HUMAN BEINGS THEY SERVE. [EMPATHY AND HUMANITY GUIDE APPROACHES](#) TO SERVICE-DELIVERY THAT ARE APPROPRIATE, PERSONAL, SENSITIVE AND HUMANE. CLIENTS RESPOND POWERFULLY TO HEALTHCARE WORKERS WHO ARE COMPASSIONATE, CAREFUL AND CONSIDERED, WHO EXPRESS GENUINE CONCERN AND INTEREST TO KNOW AND UNDERSTAND THEIR COMMUNITIES.



“It would be good if they, the service-providers, could communicate with us as we wait in the line. Just tell us what is going on. Tell us why it’s taking so long. Explain why we’re waiting. You know, I should not feel scared to ask questions. I should be able to give feedback to the provider for the service I received.”



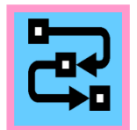
DIAGNOSTIC

Is clear communication an explicit value and policy within the health facility, not only an option? Is it a standard practice for healthcare workers to keep clients informed: to announce, in advance, shortages of medication; to announce and explain delays? Do clients feel comfortable and confident to ask for information or questions for clarity without fear of a negative response from staff members?

#7

SAY SOMETHING I'M GIVING UP ON YOU.

IT'S TRUE WHAT THEY SAY: **COMMUNICATION REALLY IS THE KEY TO A GOOD RELATIONSHIP.** HEALTHCARE IS BETTER – IN QUALITY OF UPTAKE; IN COMPLIANCE; IN ADHERENCE; IN DISCLOSURE; IN PROCEDURE – WHEN SERVICES ARE TRANSPARENT. WHEN CLIENTS KNOW AND UNDERSTAND WHAT IS HAPPENING IN THE ENVIRONMENT AROUND THEM, THEY FEEL FREE AND COMFORTABLE TO ASK QUESTIONS. THEY INCREASE THEIR TRUST OF HEALTHCARE WORKERS WHO RESPECT THEM ENOUGH TO INCLUDE THEM IN INFORMATION RELEVANT TO THEIR EXPERIENCE OF SEEKING CARE AND SERVICES.



“We do understand that our health is our responsibility. If channels of communication can be available to us, we are happy to engage. For me, a good service has a process where I can give feedback easily and know that I have been heard. The problem is we don’t know who to talk to and how, so our complaints don’t have weight and they don’t get followed up. It will be better if facilities can go beyond suggestion boxes and posters with Patient Rights...”



DIAGNOSTIC

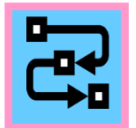
Is the health facility genuinely accountable to the community it serves? Are healthcare workers and staff members accountable for their actions? Is there an effective system in place for feedback and critique and complaint from clients? Is that system active and functional? Is it clear to clients how to use the system, and easy to access? Do clients receive prompt feedback and response to complaints?

#8

AUTHORITY COMES WITH RESPONSIBILITY & ACCOUNTABILITY

MAY I OFFER YOU A LITTLE FEEDBACK?

WE GIVE FEEDBACK ON JUST ABOUT EVERYTHING THESE DAYS: WORKSHOP EVALUATIONS; RETAIL EXPERIENCES; RESTAURANT SERVICE; REALITY SHOW COMPETITIONS. [WHY NOT HEALTHCARE](#), WHEN HEALTH IS A RIGHT, A SERVICE-OBLIGATION UNDER THE STATE, AND A COMMODITY PAID FOR THROUGH PUBLIC FUNDS? GOOD HEALTH SERVICES MAKE SPACE FOR CLIENTS – WHO ARE CUSTOMERS AND CONSUMERS OF SERVICES – TO ASK QUESTIONS, TO OFFER CRITIQUE, TO EXPECT ANSWERS FROM THOSE WHO DELIVER SERVICES THAT FULFIL THE RIGHTS OF CITIZENS.



“I want to be treated in a way that is respectful and kind and fair. Just recognised as a human being, not an animal, not chased away. Then I can feel free and open, not shy in front of the health workers. I won’t need to be anxious. I can feel comfortable, even to be naked, to undress. Because I am being recognised. They see me.”



DIAGNOSTIC

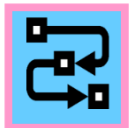
Do our staff members consistently and universally treat our clients with dignity? Do they demonstrate, in their actions - in the way they speak; in the way they respond to questions; in the way they share information; in the way they prioritise consent, confidentiality, privacy - that clients are respected? Is there any reason to suspect that any clients feel disrespected by staff at our facility?

#9

R.E.S. P.E.C.T

(EVEN) JUST A LITTLE BIT.

WE ALL KNOW WHEN WE'RE NOT GETTING IT. IT'S SOMETIMES AN ATTITUDE. IT'S SOMETIMES A BEHAVIOUR. IT'S ALWAYS DEHUMANIZING AND DIMINISHING. IT MAKES US FEEL SMALLER. SHARP WORDS, HARSH INSTRUCTIONS, CARELESSNESS WITH CONSENT, DISREGARD FOR PRIVACY, NO COMMUNICATION...THESE ARE **THE OPPOSITE OF CARE**. RESPECT DOESN'T TAKE MUCH TO GIVE, BUT WHEN IT'S THERE, IT MAKES ALL THE DIFFERENCE: TO BE TREATED HUMANELY, LIKE A PERSON. TO FEEL BOTH EQUAL TO OTHERS AND SEEN UNIQUELY AS AN INDIVIDUAL OF VALUE AND WORTH.



“There should be no stigma where they look at me like I’m a bad person. When I go with a STI, they shouldn’t be telling me ‘you’re smelling; you’re stinking’ when they should be helping me to get better. I should be able to go with my partner, without people staring and pointing and talking about what I’m wearing. I came for a service. I did not come to be asked, ‘why are you doing these things? Do you know God?’”



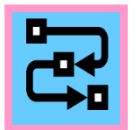
DIAGNOSTIC

Are our facility staff trained to, and reminded to, maintain professional objectivity? Do healthcare workers maintain a clear separation between their personal moral beliefs, attitudes and opinions and their professional responsibilities? Do they deliver their duties without stigmatising clients or expressing prejudice or disapproval through actions or speech?

#10

THIS CLINIC IS A JUDGEMENT FREE ZONE

LIFE WOULD BE PRETTY DULL IF WE ALL THOUGHT THE SAME WAY. INSTEAD, SOCIETY IS DIVERSE AND INTERESTING BECAUSE WE ALL HAVE OUR UNIQUE BELIEFS AND OPINIONS AND PREFERENCES ABOUT HOW THE WORLD SHOULD WORK. THERE MAY BE MANY PLACES WHERE WE CAN EXPRESS AND EXPLORE THOSE OPINIONS, BUT THE HEALTHCARE SERVICE ENVIRONMENT SHOULD NOT BE ONE OF THEM. STAFF IN HEALTHCARE FACILITIES MUST **SEPARATE THEIR PROFESSIONAL RESPONSIBILITIES FROM THEIR PERSONAL OPINIONS** TO OFFER DIGNIFIED SERVICE TO EVERY CLIENT, REGARDLESS OF THEIR PRESENTATION, THEIR OCCUPATION, THEIR DRESS CODE, THEIR HISTORY, THEIR BELIEF SYSTEM, THEIR GENDER OR THEIR SEXUALITY. THERE CAN BE NO SPACE FOR STIGMA IN SERVICE.



"I want to walk into a clinic where no one concentrates on my gender identity. We don't want to be special or separate. We want to be there, in the middle, with everyone else. I'm treated equal, like the others. The service they provide to the next person is the same as for me. Like every other man and woman. Like the straight people. It makes me feel like any other person."



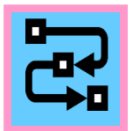
DIAGNOSTIC

In practice, does our facility offer all services to all people, in the same way, regardless of their appearance, dress code, expression, age, race, religion, social status, sexual orientation or occupation? Do we provide some services and commodities to some people only, but not to others? Is every client - regardless of their identity - treated with equal respect and dignity, with equal safety, with equal welcome, with equal availability of information and services?

#11

**EVERYONE IS
EQUAL.
NO EXCEPTIONS**

DISCRIMINATION – DENYING SOMEONE A BENEFIT THAT IS AFFORDED TO OTHERS, BASED ON AN ARBITRARY CHARACTERISTIC LIKE RACE OR SEX OR GENDER OR SEXUAL ORIENTATION – IS NOT ONLY UNETHICAL. IT'S ILLEGAL. COME ON NOW. **JUST DON'T DO IT.** YOU'RE BETTER THAN THAT.



“For some of our populations, little changes made a big difference. As a health facility, we created a separate entrance for LGBTIQ people and sex workers, so they had more privacy. We expanded the categories on our intake and reporting forms, so they are not only ‘male’ and ‘female’, but now also show ‘transgender’. We made our counselling more gentle and sensitive; our counsellors know to use more gender-neutral and inclusive language now...”



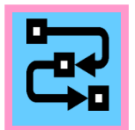
DIAGNOSTIC

Are there ways in which we can be more sensitive to, and accommodating of, the unique needs of certain groups of clients? How do we become more aware of those needs? What small adaptations to our practices might make it easier for some vulnerable population groups - who, for varying reasons, experience barriers and difficulties - to access our services?

#12

HANDLE WITH CARE

IT'S EASY TO DISMISS SOME POPULATION GROUPS AS DRAMATIC OR ENTITLED. WE'VE PROBABLY ALL SAID IT AT SOME POINT, IN SOME WAY: 'THOSE PEOPLE JUST WANT SPECIAL TREATMENT'. IT'S A BIT OF AN UNFAIR ACCUSATION THOUGH TO CONFUSE "SENSITIVE TREATMENT" WITH "SPECIAL TREATMENT" WHEN [HEALTHCARE SERVICES MAKE ADAPTATIONS ALL THE TIME TO CATER FOR THE NEEDS OF UNIQUELY VULNERABLE GROUPS](#) LIKE THE ELDERLY, OR PEOPLE WITH DISABILITIES, OR PEOPLE LIVING WITH HIV. WHY SHOULD IT BE TOO MUCH TO ASK THAT SERVICES ARE A LITTLE MORE SENSITIVE TO, FOR INSTANCE, THE PRIVACY NEEDS OF POPULATIONS UNIQUELY VULNERABLE TO STIGMA OR TO VIOLENCE?



“The health providers should maintain confidentiality and be willing to listen. I need to know they are not going to call the friend – another nurse from next door – and talk about me behind the curtain. Or you find a healthcare worker is maybe someone who comes from your area. Then you find they are talking about the issue after work in the community. What happens there must remain there.”



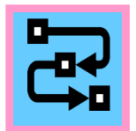
DIAGNOSTIC

Does our facility have clear policy and practice guidelines on professional confidentiality? Are these clearly communicated to, monitored, and enforced amongst all staff members to regulate their speech and how they share information? Are there clear, sufficiently strong consequences for violating client confidentiality? Do clients have a clear mechanism for reporting violations in confidentiality?

#13

LOOSE LIPS SINK SHIPS

SECRETS. WE ALL HAVE THEM. AND FROM A VERY YOUNG AGE THEY HELP US UNDERSTAND HOW TRUST WORKS, AND WHO TO TRUST IN LIFE. PEOPLE WHO BREAK OUR CONFIDENCE – WHO SHARE SENSITIVE INFORMATION ABOUT US BEHIND OUR BACKS AND WITHOUT OUR CONSENT – LOSE OUR TRUST, OFTEN PERMANENTLY. IF CHILDREN CAN LEARN AND APPLY THOSE LESSONS, HOW MUCH MORE SO SHOULD HEALTHCARE WORKERS BOUND BY PROFESSIONAL CODE AND ETHICS TO RESPECT THE CONFIDENTIALITY OF CLIENTS?



“No one should know what you are doing there or going there for. It’s not a situation of this one in the ARV clinic, and that one in the TB clinic. You don’t just line up there with everyone else or get counselled in the open. There should be a space like an enclosed room and other nurses should not just burst in. Things are not just public.”

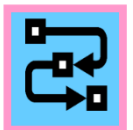


DIAGNOSTIC

Do the design of our facility and the delivery of our services actively consider the privacy needs and dignity of our clients? Are files left open in public to divulge client information? Are certain areas demarcated for specific conditions or populations (eg. HIV, TB, ARV, KP) that, effectively, divulge private health information without consent? Are examinations performed behind closed doors, without interruption?

A LITTLE PRIVACY, PLEASE?

SEEKING AND RECEIVING CARE ARE SENSITIVE EXPERIENCES. WE MAY BE UNWELL, FEELING WEAK OR IN PAIN, FEELING ANXIOUS. IT'S A VULNERABLE MOMENT. PERSONAL. SOMETIMES RISKY. CONSULTATIONS AND EXAMINATIONS AND TEST RESULTS CAN BE EMBARRASSING, INTENSE AND CONFRONTING. GOOD HEALTH SERVICES ARE SENSITIVE TO PRIVACY AND TO DIGNITY OF CLIENTS, ENSURING THEY ARE NOT EXPOSED TO UNDUE ATTENTION FROM OTHER CLIENTS, OR TO INTRUSION FROM OTHER HEALTHCARE WORKERS.



“ They don’t understand us or our issues; they think we don’t exist. Or they treat us like an object; like something to see. So they don’t know how to examine us properly. They don’t know how to give us information we are asking about. Healthcare workers should have proper training for how to work with our community, so that you get what you came for. So that they know what a trans person is, or a lesbian. It should not be always up to us to have to educate the healthcare workers about us.”



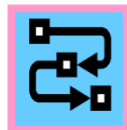
DIAGNOSTIC

Are our healthcare workers adequately informed and trained to deliver effective services, appropriately, confidently, and competently, to diverse populations? Are they knowledgeable enough to answer questions from clients seeking health information relevant to their identity?

#15

RELAX. YOU'RE IN SAFE HANDS.

NOTHING SETS OUR MIND AT EASE QUITE LIKE EXPERTISE AND COMPETENCE. OUR BRAKES WON'T FAIL AFTER A VISIT TO A GREAT MECHANIC. AN EXCELLENT PLUMBER WILL SAVE US FROM THE DISASTER OF AN ALMOST OVERFLOWING TOILET. WE CAN SIT BACK AND RELAX FOR THAT OVERNIGHT FLIGHT, KNOWING THE PILOTS KNOW WHAT THEY'RE DOING IN THE COCKPIT. GOOD HEALTHCARE SHOULD BE THE SAME. WE SHOULD FEEL CONFIDENT THAT IT IS DELIVERED BY [HEALTHCARE WORKERS WHO ARE TRAINED, SKILLED, CAPABLE AND KNOWLEDGEABLE](#), ABLE TO GIVE US INFORMATION ABOUT OUR OWN HEALTH, AND NOT SHOCKED BY A LITTLE DIVERSITY.



"It's the way the questions are asked sometimes. They are just asked in an offensive manner. And we are triggered. If they have to ask questions, it should be approached and done in a respectful manner and explained why it is being asked. But it's offensive to be asked 'now, who is the man and who is the woman?' or 'tell us how do you do sex?' or 'when did you last have sex with your girlfriend?' when I have a boyfriend."



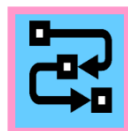
DIAGNOSTIC

Are our healthcare workers adequately informed about and trained to work inclusively and appropriately - without prejudice, judgement, or stigma - with diverse populations, including sexual and gender minorities? Does our facility provide adequate support and sensitisation to orient healthcare workers appropriately? Have we adapted our forms, guidelines, and protocols with gender-neutral, inclusive language?

#16

ASK ME GOOD QUESTIONS I'LL TELL YOU NO LIES.

IT'S NOT TRUE WHAT THEY SAY: THERE REALLY IS SUCH A THING AS A STUPID QUESTION. AND JUST BECAUSE HEALTHWORKERS ARE CURIOUS DOES NOT MEAN THEIR QUESTIONS ARE VALID OR RELEVANT. SOMETIMES QUESTIONS ARE NECESSARY FOR A GOOD EXAMINATION. BUT THERE ARE MANY TIMES WHEN THEY ARE NOT; TIMES WHEN **QUESTIONS ARE INSENSITIVE, INTRUSIVE, INTERROGATING, OR INVASIVE**. CLIENTS FEEL AT BEST UNCOMFORTABLE; AT WORST OFFENDED.



“It’s the first time for me to see at that facility that gay, trans, straight, young...all those different people are working together. People like me, like us, are part of the staff. Someone like me is working there. It makes it so there are faces we can relate to.”



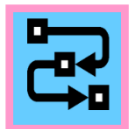
DIAGNOSTIC

Does our staffing reflect the diversity of the community and clients we serve - in race, in religion, in age, in sexual orientation, in gender? Do we actively look for opportunities to expand the diversity of our staff, and make it visible to clients? Does our facility have an explicit hiring policy that prioritises inclusion, representation, and diversity?

#17

PEOPLE JUST LIKE US.

DIVERSITY IS A WONDERFUL THING. IT REMINDS US THAT SPACE EXISTS FOR ALL OF US – EVEN YOU, EVEN ME – TO BELONG IN THE WORLD. AND IT DEMONSTRATES TO US THAT ALTHOUGH WE ARE UNIQUE, WE ARE NOT ALONE, NOT ISOLATED. WE EXIST IN COMMUNITY WITH OTHERS WHO ARE LIKE US. THAT SAME [DIVERSITY SHOULD BE VISIBLE IN HEALTH FACILITIES, AMONGST STAFF MEMBERS WHO REFLECT THE IDENTITIES OF THE COMMUNITIES THEY SERVE](#). DIVERSITY MAKES HEALTH FACILITIES MORE RELATABLE, MORE ACCESSIBLE, MORE INCLUSIVE, MORE WELCOMING.



"I get help because I am friends with some of the nurses, but I worry about those who don't have friends there. How are they treated? It often depends on who you know there and who you can contact directly. Sometimes it's easy, but it depends on who you get to treat you. Usually there's only one person for referral, or who is trained to work with our community. If you don't find that nurse there on the day, then you can go home because you won't get services."



DIAGNOSTIC

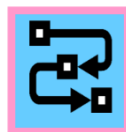
Are we confident that every client can expect to receive the same quality of care and service, consistently, any time they visit our facility, regardless of the service-provider on duty at the time? Are our services adequately standardised across our facility - including across our personnel - so that we are reliable, trustworthy, predictable, and safe, with no favouritism, prejudice, or inconsistency?

#18

THE SAME TREATMENT EVERY TIME

**NO MATTER WHEN I GO
NO MATTER WHO I FIND
NO MATTER WHO I AM**

GOOD HEALTH SERVICES ARE **CONSISTENT, RELIABLE, AND PREDICTABLE**, REGARDLESS OF WHO I AM OR WHICH HEALTHCARE WORKER I ENCOUNTER WHEN I VISIT. THERE ARE NO FAVOURITES OR EXCEPTIONS. WE CAN HAVE CONFIDENCE THAT **THE SAME STANDARDS** GUIDE PERSONNEL, PRACTICES, AND AVAILABILITY OF SERVICES.



“To access the facility, you must pass through blocks of flats and hostels in the high-density area. People are exposed to verbal assaults and discrimination along the way from residents and community members. Homophobia is high. Especially for trans people, they feel unsafe to get off a kombi and walk the distance down the path to the clinic. We want to be able to come to the facility without being afraid. Without being harassed outside by the taxis. Just to go to the toilet for us can be dangerous. We are in danger from men, and women think we are dangerous to them.”



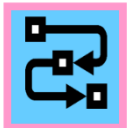
DIAGNOSTIC

Is the physical environment within and around the facility acceptably safe for staff members and for clients? Does the physical environment in or around the facility present any threats of violence, harm or harassment that place clients or staff in potential danger?

#19

SAFE SPACE

CLIENTS WHO ARE ALREADY SOCIAL VULNERABLE TO, FOR INSTANCE, HARASSMENT, ABUSE AND VIOLENCE – WOMEN, SEX WORKERS, GAY MEN, TRANSGENDER PEOPLE – SHOULD NOT NEED TO **FEAR OR RISK HARM TO ACCESS HELP AND HEALTH**. HEALTHCARE SHOULD BE AVAILABLE IN FACILITIES THAT ARE PHYSICALLY SAFE FOR CLIENTS, IN ENVIRONMENTS THAT DON'T EXPOSE CLIENTS TO DANGER.



“When the space is safe, I feel comfortable, not uncomfortable. I am addressed in a way that suits me, and for who I am. I feel free to express myself; to say who I am. I am not misgendered. And I can feel confident with my own gender in the environment. But we often need to present like a straight person to access services. And be prepared to hear about Jesus and the Church and that God will punish me. And stared at. You really start to feel bad about yourself.”



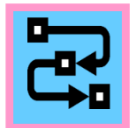
DIAGNOSTIC

Is our facility - and the way staff members interact with one another and with clients - in any way toxic or psychologically harmful? Do staff members have an adequate understanding about mental health, inclusive language, the effects of stigma, and their ethical obligation to do no harm? Is there any reason to suspect that clients experience negative psychological effects as a result of their experience at our facility?

#20

SOUND MIND

PHYSICAL WOUNDS HEAL, EVEN IF THEY LEAVE A MARK AFTERWARDS.
BUT MENTAL WOUNDS...THOSE STICK AROUND. GOOD HEALTHCARE
CANNOT BE PHYSICALLY SAFE, BUT PSYCHOLOGICALLY HARMFUL –
THAT'S NOT CARE, BY ANY DEFINITION. THE TRAUMA OF TOXIC
ENVIRONMENTS DOES LASTING AND WIDESPREAD DAMAGE.



"I expect you as the nurse, when I come there with a problem, to do your job. To do a full exam, not just diagnose from a distance behind the desk and then give Panado while I go home with my untreated STI. Look at me. Touch me."



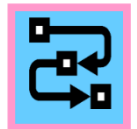
DIAGNOSTIC

Does our facility have sufficient resources - human resources, material resources, equipment - to deliver the services we advertise, at an effective standard, so that client health outcomes improve? Are clients satisfied with the quality and outcomes of their care? Do healthcare workers conduct examinations that are sufficiently comprehensive and thorough to meet requirements and expectations?

#21

FEELING SO MUCH BETTER, FASTER

IT'S NOT ROCKET-SCIENCE. THE TEST OF GOOD HEALTHCARE IS THAT IT WORKS THE WAY IT SHOULD AND PRODUCES RESULTS. CLIENTS GET WHAT THEY COME FOR, LEAVE SATISFIED, AND FEEL BETTER AFTERWARDS. EXAMINATIONS ARE COMPREHENSIVE AND THOROUGH, AND TREATMENT IS APPROPRIATE AND EFFECTIVE. HOW SIMPLE IS THAT?



“You don’t have to pay for services. But still, we have to travel to get the services we are referred for. And then other transport costs to go somewhere to buy medication, privately, that is often not available at the facility. And waiting there, standing for hours, and buying food while you wait, costs time you could have been working and making an income.”



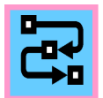
DIAGNOSTIC

Are our services affordable to our clients?
Are there any ways that the design and delivery of our services make them more costly to our clients, either directly or indirectly? Are there issues around stock-outs and procurement of medications, specifically, that we need to identify and address?

#22

THE PRICE IS RIGHT

THIS ONE IS TRUE: YOU GET NOTHING FOR NOTHING. **GOOD HEALTHCARE IS AFFORDABLE**, BUT EVEN SERVICES THAT ARE FREE COME WITH HIDDEN COSTS, ESPECIALLY WHEN THOSE SERVICES AREN'T AVAILABLE OR EASY TO ACCESS. TRAVEL COSTS WHEN THE CLINIC IS FAR AWAY. TIME OUT OF WORK WHEN THE CLINIC IS CONGESTED AND THE QUEUE IS LONG. PURCHASING MEDICATION WHEN THE CLINIC IS OUT OF STOCK. PAYING BRIBES TO POLICEMEN FOR THE REPORT NEEDED TO QUALIFY FOR LIFESAVING TREATMENT.



“When I get there, I get the full treatment for what I need. Medication is available; the drugs are there and not expired. The facility is stocked. I don’t need to buy for myself. But that is not the case. Maybe sometimes there are condoms, but no lube. Or medication has stock-outs. Or often you wait for the friendly nurse or doctor who are not available or busy with someone else. Those times you go home without the service you are there for.”



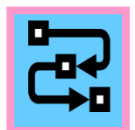
DIAGNOSTIC

Does our facility deliver, consistently and reliably, on the services and commodities we offer? Can clients presenting at our facility find the services they are looking for that correspond to their needs and interests? Are clients satisfied that the facility has available the equipment, medication, and personnel necessary to deliver on its offers and obligations, or are clients frequently disappointed?

#23

IT'S JUST WHAT I WANTED!

GOOD HEALTH FACILITIES ARE THE ONES THAT CAN BE TRUSTED TO DELIVER ON THEIR OWN SERVICE STANDARDS – THE ONES THEY SET FOR THEMSELVES – AND WHO DO WHAT THEY SAY THEY CAN DO, BECAUSE THEY HAVE WHAT THEY SAY THEY SHOULD HAVE. THEY MEET THEIR OWN EXPECTATIONS, EVEN BEFORE THEY MEET THE CLIENT'S EXPECTATIONS. THE SERVICES THEY ADVERTISE ARE THERE BECAUSE THE MEDICATION THEY NEED IS THERE; THE EQUIPMENT AND SUPPLIES THEY NEED ARE THERE; THE TRAINED PERSONNEL THEY NEED ARE THERE.



“They are well located in the heart of town, so easy to reach. But the branding and the big billboard and the big gate by the highway are a deterrent. So anyone who sees you knows “HIV+”. The location is stigmatising. Even your friends who see you from far, or potential boyfriends. That doubt comes on you. That fear...so you can hardly access the place.”



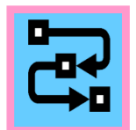
DIAGNOSTIC

Does our facility - and our staff - consciously make it as easy as possible for clients to access the services they want and need? Do we consciously identify possible barriers and obstacles to access - including staff attitudes; medication costs; location; environment; poor signage; operating hours; waiting time; patient-flow -and work to reduce or remove them?

#24

YOU CAN GET IT! OR CAN YOU?

WHEN DID HEALTHCARE BECOME AN OLYMPIC SPORT? LIKE A CROSS-COUNTRY ENDURANCE MARATHON AND AN OBSTACLE COURSE ROLLED INTO ONE? IT DOESN'T HELP THAT SERVICES ARE AVAILABLE IF CLIENTS NEED TO PASS THROUGH, AND OVER, AND UNDER, AND AROUND BARRIER AFTER BARRIER TO REACH THEM. IF FACILITIES ARE FAR AWAY. IF TRANSPORT IS DIFFICULT TO OBTAIN, OR EXPENSIVE. IF OPERATING HOURS ARE IMPRACTICAL. IF SIGNAGE IS UNCLEAR. IF STAFF ATTITUDES ARE DISCOURAGING. AVAILABLE SERVICES MUST ALSO BE ACCESSIBLE BEFORE THEY CAN BE EFFECTIVE.



"I don't want to wait too long; I have a life. I have other things to do. Even one hour is fine. But three hours...that's too long! The longer I sit in that queue, the more I get exposed to other people. If I can get out of there quickly, there's less time to be noticed. People in the waiting area have less opportunity to stigmatise me."



Are we satisfied that the waiting times for services at our facility is reasonable? Do we routinely review, identify and address factors that contribute to longer service-delays and waiting times, and introduce initiatives to reduce congestion or improve inefficiency? Are our staff members consistent in communicating delays to waiting clients so they are kept informed?

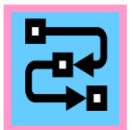
DIAGNOSTIC

#25

HOW LONG MUST I WAIT?

YOU CAN'T HURRY LOVE, BUT SERVICES CAN COME A LITTLE QUICKER.

WE COULD ALL DO WITH A LITTLE MORE PATIENCE. IT'S GOOD FOR US; A VIRTUE. BUT TIME IS MONEY, AND [THE COST OF ENDLESS WAITING FOR SERVICES ADDS UP QUICKLY](#). LONG WAITS CAUSE FRUSTRATION AND ERODE CONFIDENCE FROM CLIENTS WHO MAY NOT RETURN. PEOPLE MAY AVOID HEALTHCARE WHEN LONG WAITS LEAD TO LOSS OF INCOME, OR TO CHALLENGES WITH CHILDCARE. AND FOR CLIENTS WHO LIVE WITH STIGMA AND PREJUDICE, LONG WAITS EXPOSE THEM TO LENGTHY PERIODS OF PUBLIC SCRUTINY – AND JUDGEMENT – THEY WOULD PREFER TO AVOID.



“When I get there, I get all the services I need or that I want: the full treatment, head to toe, total patient care. They are fully stocked. The drugs are there. Everything is found under one roof and [we] don’t need to go elsewhere to get medication after treatment.”



DIAGNOSTIC

Are our services and our facility - in the way they are designed and delivered - comprehensive, or specific, specialist and narrow?

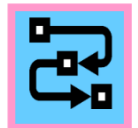
Can clients access a wide range of service options and offerings that meet their unique needs? Is our service-delivery integrated so that clients receive a variety of services (in the same space from the same person), or is it fragmented (specific services from specific people in demarcated areas)?

#26

ONE

STOP

THERE'S A REASON MODERN DAY SUPERMARKETS AND DEPARTMENT STORES ARE POPULAR: **EVERYTHING WE COULD NEED OR WANT IS CONVENIENTLY LOCATED IN ONE PLACE.** IT TURNS OUT PEOPLE LIKE THEIR HEALTHCARE THE SAME WAY THEY LIKE THEIR SUPERMARKETS: COMPREHENSIVE. GOOD HEALTH FACILITIES OFFER SERVICES AND PROGRAMMES THAT ARE HOLISTIC, THAT CATER FOR THE WHOLE PERSON ALL UNDER ONE ROOF AND, IDEALLY, ARE DELIVERED BY ONE PERSON WITHOUT REQUIRING CLIENTS TO MOVE FROM ROOM TO ROOM BETWEEN SERVICE-PROVIDERS.



“They call you if you forget your appointment. Or they text you in advance to remind you. Even if you go to see them at lunchtime, they will sacrifice their lunch to see you. The nurse at the facility – we call her a Doctor – is always just a phone call away, even on a Saturday. If she doesn’t have your medication when you are there, she will even call you, and drive in her own vehicle to bring it to you. She’s like your mother; she will talk to you and go the extra mile.”



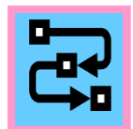
DIAGNOSTIC

Is our facility able to offer clients care that has a personal touch? Do we have in place one or two practices to promote contact and connection between healthcare workers and clients that go beyond the mechanics of targeted service-delivery? Do our clients feel affirmed and supported in their healthcare and treatment?

#27

HERE'S MY NUMBER... CALL ME, MAYBE.

THE WORLD CAN BE A LITTLE MUCH SOMETIMES. WE ALL NEED SOME PRIVACY AND SOLITUDE. BUT WHILE WE MAY RETREAT EVERY NOW AND THEN, ULTIMATELY WE COME BACK OUT FOR CONNECTION. [AS A SPECIES WE'RE MORE SOCIAL THAN SOLITARY. AND WE CARE THROUGH CONTACT.](#) GOOD HEALTHCARE GOES BEYOND EXAMINATIONS AND PRESCRIPTIONS. IT'S PERSONAL, NOT MECHANICAL. FACILITIES THAT FOLLOW-UP CLIENTS WITH PHONECALLS, REMINDERS, CHECK-INS SHOW THEY ARE VALUED, APPRECIATED, REMEMBERED, NOT FORGOTTEN. CARE THAT EXTENDS BEYOND SERVICE-PROVISION GOES A LONG WAY TO STIMULATE GREATER HEALTH-SEEKING BEHAVIOUR.



“I must be given information about my health, my treatment, the side effects and then receive the right treatment. And for many of us – especially lesbian women and transgender people – there is little information specific to our needs. Community members should know which services are available at the facility. There must be advertising of services even if it’s mouth-to-mouth or outreach programmes.”



DIAGNOSTIC

Can clients find, through our facility, clear, appropriate, easy to understand information on health issues that are relevant to them? Are there pamphlets or publications – relevant to a diverse range of people – that provide information on services, procedures, diagnoses, treatment options so that clients are educated, informed, and equipped to make lifestyle or medical decisions?

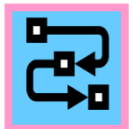
#28

STAYING INFORMED

STAYING ALIVE

STAYING IN CHARGE

TO THOSE OF US NOT TRAINED AS LAWYERS, THE LAW CAN SEEM EXCLUSIVE, ALMOST ELITIST. FOR THOSE OF US NOT TRAINED AS ENGINEERS, PHYSICS CAN SEEM IMPOSSIBLE TO GRASP. HEALTHCARE MAY BE TECHNICAL, BUT **HEALTH SHOULD NOT BE SO FAR REMOVED FROM US WHEN IT AFFECTS EACH OF US SO CLOSELY AND PERSONALLY.** GOOD HEALTH FACILITIES PROVIDE CLIENTS FROM DIVERSE WALKS OF LIFE WITH INFORMATION TO UNDERSTAND THEIR BODIES AND TO PARTICIPATE IN HEALTHCARE BY MAKING INFORMED DECISIONS FOR THEMSELVES.



“I want to look around the room and see messages and information that apply to me. We need pamphlets that will represent everyone. We need to make posters that are inclusive and show everyone in them.”



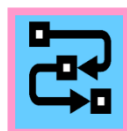
DIAGNOSTIC

Do information, education and communication materials and resources around our facility - posters and pamphlets in exam rooms and waiting rooms, and on the walls - reflect the diversity of our client base? Are they representative of many different ages and cultures, identities, relationships, and families? Do our clients see and hear messages and information to which they can relate and in which they recognise themselves?

#29

THIS IS ME!

NOT ALL FAMILIES ARE A MAN, A WOMAN AND TWO CHILDREN. SOME COUPLES ARE TWO MEN, OR TWO WOMEN. WHEN THE WORLD IS DIVERSE – NOT EVERYONE IS HETEROSEXUAL, OR CISGENDER, OR MARRIED, OR CHRISTIAN, OR THE SAME RACE – IT'S DIFFICULT TO FEEL A PART OF SOMETHING WHEN YOU OR PEOPLE LIKE YOU ARE NOT REFLECTED IN IMAGES OF IDENTITY, OF FAMILY, OF RELATIONSHIP, OF GENDER, OR SEXUALITY, OR RACE, OR AGE. [TO FEEL LIKE YOU BELONG IS TO BE ABLE TO SEE YOURSELF IN SPACES YOU FREQUENT. REPRESENTATION MATTERS.](#) GOOD HEALTH FACILITIES CONSCIOUSLY REFLECT DIVERSE IDENTITIES AND RELATIONSHIPS IN THE MEDIA AND MATERIALS THEY DISPLAY FOR INFORMATION, COMMUNICATION AND EDUCATION.



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