NAMATI
MOÇAMBIQUE

THE IMPACT OF LEGAL EMPOWERMENT ON BARRIERS TO HEALTH CARE

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Despite massive investments and expanding policy commitments in Mozambique, health services are often a failure at the point of delivery. In addition to the challenges of a severe human resource shortage and long distances between health facilities and the communities they are intended to serve, human rights barriers are widespread and undermine both access to and quality of care. These include disrespectful treatment, breaches of privacy and confidentiality, unlawful charges, lack of information, and inadequate infrastructure such as wheelchair ramps, functioning toilets and benches in health facility waiting areas. Poor enforcement and power dynamics effectively prevent those whose rights have been violated from seeking and receiving redress, negatively impacting clinical outcomes in particular for vulnerable populations such as women and adolescent girls, the elderly, and people living with HIV and TB.

Namati's grassroots health advocates, known as *defensores de saúde,* empower patients to understand their rights as citizens and advocate for improvements to the system. Health advocates educate patients about key laws and policies, facilitate dialogue between communities and health facility staff to proactively identify and address system failures, and engage in "casework" to seek redress for specific violations - walking alongside patients to overcome the social and structural barriers that undermine human dignity and treatment uptake and retention.

Namati works closely with village health committees to transform what are often inactive groups into effective institutions for governance. Health advocates provide training and ongoing capacity building and support these committees to conduct biannual health facility assessments. This process makes it possible to track progress on barriers to the right to health over time. The approach, which has been formally approved by the Ministry of Health and incorporated into its new five-year strategy on humanization and quality, gathers detailed feedback from patients, community members and health workers and assists them in identifying and prioritizing challenges in provider behavior, infrastructure, equipment and supplies. Village health committee members then analyse the root cause of each problem, document the problem clearly, and formulate a potential solution. They aim for amicable resolution with local facility staff wherever possible, but when necessary seek redress from higher levels of authority.

This is a draft. Authors: Ellie Feinglass, Joana Falcão and Erin Kitchell

Namati currently supports village health committees to complete assessments in 62 health facilities. Below is an analysis of health facility assessments conducted in a subset of 13 of these sites, which were selected based on the following two criteria: 1) the health facility began receiving Namati's support after April of 2016, when we first introduced the health facility assessment methodology (sites where Namati initiated program implementation earlier were excluded, as health advocates had already addressed many grievances through casework and hence it was not possible to capture baseline data) and 2) the health facility had at least four full quarters of program implementation and had completed a minimum of three assessments, enabling us to look at trends over time.

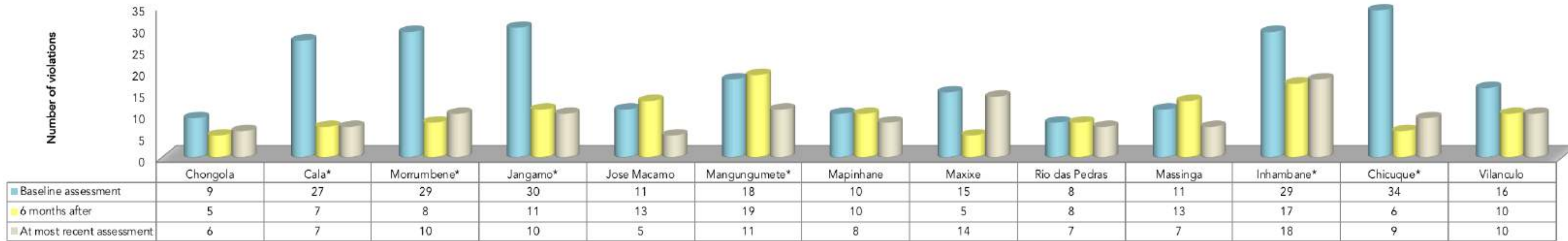
1. Overall trends

Trends in violations at 6 months and at most recent assessment (n=13)		
	At 6 months n	At most recent assessment n
HFs with a reduction in violations	8	13
HFs with an increase in violations	3	0
HFs with the same number of violations	2	0
HFs with a decrease in violations < 15%	5	2
HFs with a decrease in violations > 50%	5	6
Total overall reduction in violations	47%	51%
Average reduction in violations per facility	34%	43%

Health facility (HF) assessments were conducted biannually, although in a handful of cases the interval between assessments was as long as eight months. For each of the 13 health facilities, data analysis included three points: month 0 (baseline), month 6, and the most recent assessment, which was site-specific and based on the month and year Namati initiated program implementation. For six of the health facilities the most recent assessment was conducted at 12 months of implementation, for one HF it was conducted at 19 months, and for six HFs it was conducted at 27 months.

There was a 51% drop in aggregate violations across all sites and an average reduction of 43% per facility. Given the high rates of staff turnover, particularly at larger health facilities, we can expect to see additional challenges arise over time. While progress varied across sites, the significant level of change achieved in a short time period is noteworthy and serves as an indication of both the importance of patient feedback in identifying barriers to care and of the tremendous potential for village health committees to work with providers to effectively resolve violations.

2. Trends by health facility



	Chongola	Cala*	Morrumbene*	Jangamo*	Jose Macamo	Mangungumete*	Mapinhane	Maxixe	Rio das Pedras	Massinga	Inhambane*	Chicuque*	Vilanculo
Baseline assessment	9	27	29	30	11	18	10	15	8	11	29	34	16
6 months after	5	7	8	11	13	19	10	5	8	13	17	6	10
At most recent assessment	6	7	10	10	5	11	8	14	7	7	18	9	10

** Indicates health facilities that completed just 3 assessments (those with ~12 months of program implementation)*

A comparison of the baseline and most recent assessments shows that the total number of violations per health facility decreased with time. The baseline assessment, with few exceptions, reported the highest number of grievances – many of them longstanding challenges that had previously gone unaddressed - which is not surprising given that for many communities this was the first time they had been asked to provide feedback on the quality of health services. There was variation across health facilities, with significant levels of change in several facilities after a single assessment and others in which the baseline assessment produced less pronounced results, confirming the importance of ongoing opportunities for community voice over time to support continuous improvement and redress of new violations that might arise.

> "Problems always existed, but no one reported them. We had complaints registers – for example in the maternity ward – but the few complaints we had often remained without any response whatsoever. People were afraid to write down 'Nurse X did such and such.' But now people's concerns are heard by the health advocate and the village health committee, and the community is finally opening up and talking. With the existence of the committee they get a prompt response, and the health providers change immediately…. With these biannual assessments we now have information, and it's a huge advantage."
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> ***MCH Nurse, Morrumbene Health Center***

3. Trends in key violations at selected health facilities

Type of Violation	Centro de Saúde de Cala			Centro de Saúde de Morrumbene			Centro de Saúde de Jangamo			Hospital Rural de Chicuque			Centro de Saúde de Rio das Pedras		
	baseline	6 months	most recent	baseline	6 months	most recent	baseline	6 months	most recent	baseline	6 months	most recent	baseline	6 months	most recent
Equipment failure or malfunction															
Lack of nets, sheets, blankets, etc.															
Lack of functioning water system															
Lack of functioning electricity															
Lack of functioning bathroom															
Lack of private space															
Inadequate hygiene in health facility															
Lack of medication															
Staff absenteeism/tardiness															
Rude or disrespectful treatment															
Discrimination															
Lack of confidentiality															
Lack of privacy															
Insufficient information about patients' health															
Insufficient information about health services															
Illegal fees and/or bribery															
Non-compliance with priority attendance															

HIV and TB	General outpatient consultations	Maternal health
Others	Common areas	Pharmacy

* ***Common areas*** *include, for example, waiting areas, cleanliness of health facility and grounds and access to patient bathrooms, running water and electricity*

******Other*** *includes services such as malaria, wards, surgery, dental health, ophthalmology, and nutrition*

Without disaggregating data by type of violation and sector it is not possible to know if the violations documented at six months and at the most recent assessment were new or recurrent. The more detailed analysis presented above, however, shows that the vast majority of violations were resolved and the existing ones represented new issues.

Cala, Morrumbene, and Jangamo Health Centers and Chicuque Rural Hospital seem to be "success cases", as they were the health facilities that began with the largest number of violations and achieved the most notable improvements over time. Disaggregated data per type of violation and per sector shows that with just six exceptions, all violations were solved between one assessment and the next, and that new cases, although sometimes within the same sector, corresponded to new issues.

At Morrumbene Health Center, which serves as the district hospital, during the initial assessment community members reported widespread bribery in the maternity ward. It had been common practice for many years for a woman in labor to slip 200-300 meticais into her prenatal health card in order to ensure adequate attention from health providers during delivery. A number of patients also complained of disrespectful treatment of the elderly, who according to MOH policy are supposed to be prioritized in line and of the lack of privacy during HIV testing and ART consults. Since a 2017 storm destroyed the roof on one of the buildings multiple providers were attending patients side by side in a temporary tent. In all three of these cases, the village health committee and health advocate worked in close collaboration with Morrumbene health leadership to identify solutions.

A small number of challenges – for example lack of adequate hygiene in the common areas at Centro de Saúde de Cala and mistreatment in the maternal health sector Centro de Saúde de Jangamo - seem to be persistent, spanning multiple assessments.

> "There are many concerns that patients don't have the courage to present individually, but with the hearings out in the community it's much easier for people to speak up as a group. Analyzing the underlying causes of these problems helps a lot to improve understanding and communication between the health facility staff and the community. Together with the village health committee we have been able to resolve many persistent problems. When people see that their concerns are being heard and resolved they are more likely to be adherent and to return to the health facility."
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> ***District Health Director, Massinga***

Since launching this work in March of 2013 we have seen communities begin to overcome a culture of silence. Health advocates have supported village health committees to transform themselves from collections of names on a list into active agents for change.

Engagement in bi-annual health facility assessments has had a substantial impact in terms of empowering patients and village health committees to identify and address collective grievances, ultimately making health services more accountable to the communities they serve. We have learned that sharing examples of successful cases can be helpful in mobilizing others to come forward. These success stories have the power to change expectations and to catalyze a ripple effect in the community.

Our experience has shown that bridging the gap between health policy and health practice can be most powerful when patients are empowered to understand their rights as citizens and call for improvements to the system. When people are equipped to exercise their rights to health, even a poorly resourced system can improve.

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