

Declaration

I hereby declare that the dissertation entitled **Assessing and Evaluating Implementation of Technical Support Interventions for HIV Positive Patients in Abomsa Hospital, Oromia Regional State, Ethiopia** submitted by me for the partial fulfilment of the MSW to Indira Gandhi National Open University (IGNOU) or New Delhi is my original work and has not been submitted earlier, either to IGNOU or to any other institution for the fulfilment of the requirement for any other programme of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

Place: **Abomsa/ Ethiopia**

Signature:.....

Date: **September 5, 2013**

Enrolment No: **ID1051129**

Name: **Fanos Dechasa**

Address: **Abomsa / Ethiopia**

Certificate

This is to certify that **Mr. Fanos Dechasa** student of MSW from Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his project work for the course **MSWP-001**. His project work entitled **Assessing and Evaluating Implementation of Technical Support Interventions for HIV Positive Patients in Abomsa Hospital, Oromia Regional State, Ethiopia** which he is submitting, is his genuine and original work.

Place: Addis Ababa, Ethiopia

Signature:

Date: **September 5, 2013**

Name: Mr. Sebsib Belay

Address of the supervisor: Addis Ababa, Ethiopia

Table of Contents

Declaration.....	i
Certificate.....	ii
Acknowledgment	v
Acronyms and Abbreviations	vi
List of Tables	vii
List of figures.....	viii
Abstract.....	ix
CHAPTER ONE.....	1
INTRODUCTION	1
1.1 Need for study.....	3
1.2 Statement of the Problem.....	3
1.2 Objectives of the Study.....	6
1.3.1 General Objective	6
1.3.2 Specific Objectives	6
1.3 Operational Definition of Terms.....	6
1.4 Limitations of the Study.....	7
1.5 Organization of the Thesis	7
CHAPTER TWO	9
LITERATURE REVIEW	9
2.1 Conceptual framework and comprehensive care and support for PLHA.....	9
2.2 HIV/AIDS as multi-dimensional health problem	10
2.3 PLHA care and support services.....	11
2.3.1 At international level.....	11
2.2.2 In USA	11
2.2.3 In Canada	12
2.2.4 In Latin America.....	12
2.2.5 In Europe.....	13
2.2.6 Asia (India)	14
2.2.7 In Sub Sahara Africa.....	14
2.2.8 In East Africa	15
2.2.9 In Ethiopia.....	15
2.4. Comprehensive care and support services for PLHA in woreda , Hospital.....	16
2.5 Strengths and constraints of care support services.....	17
2.7 Factors.....	18
2.8 Summary	18

CHAPTER THREE	19
STUDY DESIGN AND METHODS.....	19
3.1 Description of the study	19
3.2 Study Design and Methods	20
3.3 Universe of the Study.....	20
3.4 Sampling method	21
3.5 Data collection Tools and procedures.....	21
3.3. Data processing and Analysis	21
3.4 Ethical issues.....	22
CHAPTER FOUR.....	22
DATA ANALYSIS AND INERPRETION	22
4.1 Background of the Study Area Abomsa Hospital	23
4.2 Care and Support Services	25
4.3 Human Resources	29
4.4 Effects, Strengths and Constraints	33
4.5 Health Professionals Awareness of Comprehensive HIV Care and Support Services	35
CHAPTER FIVE	37
SUMMARY, CONCLUSION AND RECOMMENDATION	37
5.2 Conclusion	39
5.3 Recommendation	40
REFERENCES	42
Appendix I : Interview Schedule	44
Appendices II :- Interview Guide to technical staff the of Abomsa Hospital	53
Appendix III :- Focus Group Discussion Checklist or schedule.....	54
Appendix IV : Observation Checklist or schedule.....	55
Appendix V : Document Analysis template/matrix	56

Acknowledgment

I would like to express my appreciation to my advisor Mr. Sebsib Belay for his unreserved supports and comments at all stages of the study. First and foremost, I would like to acknowledge the School Social Work of Indira Gandhi National Open University and the School of Graduate Studies of St. Mary's university college for giving me this opportunity for conducting this research-based thesis.

I would also like to extend my thanks to Oromia Regional Health Bureau's Administrative Officials for facilitating to perform my study at Abomsa Hospital. I would like to thank the Ethiopian Federal HIV/AIDS Prevention and Control Office (FHAPCO) for funding my study.

Many thanks also go to all of the study participants, clients and Abomsa Hospital ART staff who have participated in supporting me during data collection. My heartfelt gratitude further go to my Wife Miss Zewudenesh Tesfaye for her encouragement and support throughout my study, and for my children who have allowed me their previous time for being cared and supported in the daily routines of life. Finally, I would like to remain indebted to all these people and organizations that had been at my side during the demanding contexts.

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BSS	Behavioural Surveillance Survey
CSA	Central Statistical Authority
FMOH	Federal Ministry of Health
HAART	Highly Active Antiretroviral Therapy
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
MSP	Multiple sexual partner
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSS	Psychosocial Support
SPSS	Statistical Package for Social Sciences
SSA	Sub Saharan Africa
STD	Sexually Transmitted Disease
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

List of Tables

Table- 1: The background /demographic information data on Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 2013	20
Table-2: Access to IEC materials on HIV positive living ,ART at Abomsa hospital on Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 2013	22
Table- 3: The satisfaction of ART services at the Abomsa hospital on Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 2013	24
Table- 4: Table- 4: Respondent opinion about availability of facility with test and service for delivering ARVs opportunistic infection, care and support service at the Abomsa hospital on Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 2013	25

List of figures

- Fig.1** The current occupation of clients participated on Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 201321
- Fig.2** Assessing the awareness of all people living with HIV in the hospital need Anti retro viral therapy, Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 201323
- Fig. 3** The way clients know their HIV status, Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 2013.....24
- Fig. 4** The age category, the care and support providers' age is found, Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 201325
- Fig. 5** The satisfaction of health worker for providing service for their client, Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 201328

Abstract

The purpose of the study was to assess and evaluate the HIV-related services care and support provisions at Abomsa Hospital. The findings of the study have resulted in a greater emphasis on the integration of health systems to support the provision of comprehensive HIV/AIDS prevention, care, and treatment services. A truly comprehensive approach to HIV service provision therefore involves the integration of psychosocial support (PSS) interventions within HIV prevention, care, and treatment services. This has prompted the Hospital to undertake coordinated efforts to assist countries in integrating prevention of mother-to-child transmission (PMTCT) and HIV care and treatment services and to ensure that psychosocial support (PSS) interventions are introduced at key points along the continuum of care for women, children, and families. The objective was to assess and evaluate implementation of technical support interventions for HIV positive patients at Abomsa Hospital in South-East Ethiopia. The methods used include cross sectional study and the data were collected from 61 respondents using structured interview schedule. It was analyzed using SPSS version 20 and from the data frequency, percentage and cross tabulation were computed. The results of the study indicated that a total of 61 respondents were interviewed for study the majority 62.3% of the respondents were females and 37.7% were males. The marital status of the respondents was different in that 24.6% were single, 36.1% were married, 11.5% were divorced, 16.4% were separated, 3.3% were widower and 6.6% were widowed patients. From the total respondents, the rate of ART services was good which accounted for 70.5% and very good accounted for 27.9% at the Hospital. The ART providers gave medical examinations, diagnoses and treatments for each of the client's health complaints were most appropriate which accounted for 26.2% and appropriate accounted for 72.1%. This thesis concludes that the HIV/AIDS patients are provided with proper care and support services which can be rated as very good at Abomsa Hospital. Moreover, the five major problems include absence of transport support, appointing the AIDS patients for some other days which is longer than it should be because of the malfunctioning of the CD4 count machine, absence of support for food items, the location of the Hospital and absence of services on the Saturdays and Sundays at Abomsa Hospital. Therefore, the study recommends that Abomsa Hospital should create strong networkings with local stakeholders in order to ensure the collaborative efforts of addressing the quality service for PLWHA who are taking ART services.

CHAPTER ONE

INTRODUCTION

International HIV/AIDS response efforts in recent years have concentrated on the scale-up of comprehensive HIV/AIDS care and treatment services to poor and vulnerable populations, with a focus on expanding access to ART. The resulting increase in access to ART has allowed HIV-positive individuals to live longer, healthier lives, while highlighting the importance of addressing psychosocial issues in this vulnerable population. Any model for the provision of comprehensive care for PLHIV and their families must therefore ensure that clients' psychosocial needs, in addition to their medical needs, are being satisfactorily addressed.

In order to better address psychosocial issues in the context of HIV, programs must increase the level of community involvement in the treatment, care, and support of PLHIV and their families. Achieving this goal will require enhancing psychosocial support (PSS) services for PLHIV and strengthening linkages between facilities, communities, and community-based care and support organizations. While numerous strategies have been implemented in high-HIV-prevalence settings to strengthen such linkages, psychosocial support (PSS) remains a significant gap in current HIV programming. Several challenges inhibit the provision of psychosocial support (PSS) services in resource-constrained settings. For example, there are often insufficient numbers of adequately trained HCWs able to provide comprehensive psychological care, meaning that PSS services are mostly provided through community-based organizations that do not always collaborate with health facilities. National departments of health must therefore train and mentor HCWs on psychosocial support (PSS) and review existing psychosocial support (PSS) guidelines, tools, and job aids to facilitate the implementation of these interventions at facilities where clients receive HIV care and treatment.

According to federal ministry of Health, (2006) the projected population is estimated at 75 million which makes Ethiopia the second most populous country in Africa next to Nigeria where 16.2 and 83.8 % live in urban and rural areas respectively. Similar to many developing countries, education has marked influence on the spread of diseases, the acceptability of health practices and utilization of modern health services. Not only the literacy but also health service provision has historically been poor in Ethiopia.

To improve health service provision, the Ethiopian government has focused on principles of decentralization and democratization throughout the restructuring of the health system. The zonal health office has also been a link between the regional health bureau and district health office which is responsible for managing, implementing and coordinating the operation of the primary health care services that includes prevention, promotion and basic curative services (FMOH, 2005) .

Oromia national regional state is one of the largest federal states in Ethiopia both in terms of area coverage and population. Administratively, Oromia Region is divided in to 17 zones, 5 special administrative towns, 5 administrative cities, 282 districts (246 rural and 36 urban) and 339 towns. The districts are further divided in to 6500 rural villages and 546 urban localities. Decision making power has been decentralized to the districts and they are responsible for all development activities in their respective areas (ORHB, 2008) health management system of oromia region is organized into three levels which includes regional health bureau, zone and district health offices. District health offices are responsible for managing and co-ordinating the operation of primary health care services at district level. Potential health service coverage of the region was about 73% . the region is facing an acute shortage of health personnel. Human resource to population ratio indicates that one physician serves more than 115,000 people, one nurse serve 7943 people which is very low compared to WHO standard of 1:10,000 for physician and 1:5000 for nurses (ORHB 2006) (Table 1)

Abomsa hospital is one of 37 Hospital of Oromia national regional state and is located in Arsi zone south east Ethiopia. It has estimated 749,000 catchment of population and services delivering for 6 (six) woreda in the Arsi zone which supported prevention respects of health centre and health post with materials as well as skill men power for the success of common goals of the regional health services developments Hospital responsibility to provide facility leadership and ownership of the comprehensive HIV prevention Catchment Care and treatment program with as part of HIV care /ART service delivery and non - complicated HIV positive patients shall be encourage to be transferred- out to the near by ART health centre. Hospital remain primarily responsible for managing critical patients who need close follow up and in – patient services.

1.1 Need for study

There are organizations (governmental or non-governmental) that have a wide spread interest in helping people which face different problems in general and HIV/AIDS in particular. Apart from the technical support it is clear this would bring better awaking people for the ways of transmission of HIV/AIDS and supporting many people in the hospital.

Now a day's HIV positive patients require support, consequently their awareness has a great contribution for their future career as well as the country's development at large. However, little has been known in recent days about the technical supports of HIV positive patients and the implementation of such technical supports at the hospital level in the country in general and in Abomsa hospital in particular. Thus, this study will be important in the following ways:

- The Abomsa Town society will benefits from the finding of the study to get technical supports from the hospital.
- Addressing hospital Administrators, counsellors, doctors, nurses and other organization (governmental or non- governmental) on how to promote HIV positive patients supports in the society and help them to develop and create better awareness.
- Providing a valuable suggestion for hospital workers in the way of patients' treatment in relation to health care.
- The study will used as a reference for further, broad and detailed study on the implementation of technical supports on HIV positive patients.

1.2 Statement of the Problem

Health systems challenges and benefit from HIV treatment care and support In many countries, overburdened health systems are struggling valiantly to address the challenges posed by HIV, including health worker shortages, centralized Programmers, fragmented rather than integrated and holistic services delivery, and weak procurement and supply systems. This is especially true for health systems in sub-Saharan Africa, which must care for two of three people living with HIV but have only 3% of the world's health care providers (sub-Saharan Africa, however.

Countries in Asia, the Middle East and North Africa report that an inadequate supply of health care workers skilled in delivering antiretroviral therapy impedes treatment scale-up. In response, many countries have implemented innovative strategies to expand.

The capacity of health systems to address HIV and other challenges include, increasing the use of civil society partners to manage health care facilities, other forms of task-shifting in clinical settings, and institutional twinning. Arrangements between local clinics and institutions in high-income countries Shortages of human resources for health have severely hampered the rolling out of antiretroviral therapy in sub-Saharan Africa. Current roll-out models are hospital- and physician-intensive. A recent review (9) has shown that task shifting, or delegating tasks performed by physicians to staff with lower-level.

Qualifications, including lay and community workers, are an effective strategy for Addressing shortages of human resources for health in HIV treatment and care.8). (UNAID Global Report full –e 2010. Pdf-Adobe Reeder) Training and technical assistance provision has focused on helping agencies understand that developing the decision making skills and self-efficacy around status disclosure has a dual purpose of helping client make better decisions about when, where and to whom they should disclose their HIV status also facilitating capacity building and self-efficacy. Talking to peers more generally (including a support group situation) has been found to be critical for people with HIV to gain support after diagnosis. The experience offers for people encouragement and hope, some describe it as literally life saving.

In 2001, the Strategic Framework for National Response to HIV/AIDS in Ethiopia was launched. Recognizing the seriousness of the epidemic and its multi-faceted impact, in 2002, the government declared AIDS as a national public health emergency. In 2002, the Federal HIV/AIDS Prevention and Control Office (HAPCO) with mandates to coordinate and lead implementation of the national HIV/AIDS policy, was established. The Federal HAPCO took a lead role in organizing the National HIV/ADS Council, National and Regional HIV/AIDS Secretariats and Advisory Boards, and the National Partnership and Donors' Forum against HIV/AIDS. Furthermore, to facilitate implementation of the national policy, several strategies and guidelines were developed, implemented and further revised as necessary, including on

voluntary counseling and testing(VCT), antiretroviral therapy (ART) and on prevention of Mother-to-Child Transmission (PMTCT) of HIV.

Furthermore, a road map for accelerated access to HIV prevention, treatment and care in Ethiopia (2007-2010), and the Plan of action for universal access to HIV prevention, treatment, care and support were also developed. The first five-year strategic plan (SPM I) was implemented from 2004-2008. Evaluation of its implementation has shown remarkable progress in expanding access to HIV services. Response capacity in the health sector was scaled-up significantly. The number of health facilities providing HIV prevention, care and support services has substantially expanded. Over 30,000 health extension workers, who play a vital role in creating public awareness were deployed throughout the country. Key to the success of this scale-up was the building of leadership capacity in the health sector, involvement of civil societies and the community in implementation, and strengthening of monitoring and evaluation capacity. Equally important was the engagement of bilateral and multilateral partners, Abomsa Hospital contribute its part in the process of planning and implementation of SPM I.

Annual monitoring results show implementation of planned activities is on track and encouraging progress is being registered in expanding access to HIV prevention, care and support services. Nevertheless, more is desired to increase demand and utilization of services.

In 2011, the second five year strategic plan (SPM II 2010/11-2014/15) was developed based on lessons and experiences from implementation of SPM I, and gives due consideration of the current state of the epidemic. The SPM II has five thematic areas: creating an enabling environment; intensifying HIV prevention; increasing access to and improving quality of chronic care and treatment; intensifying mitigation efforts against the epidemic; and strengthening the generation and utilization of strategic information. Moreover, in 2011, a road map for implementation of SPM II was finalized, manuals on a minimum service package for orphans and vulnerable children, for Most at Risk Populations, on HIV/AIDS mainstreaming, and on partnership, and a framework for behavioral communication were developed. An annual implementation plan for SPM II for 2010/11 was finalized and implemented. Results of programme monitoring show that overall implementation of SPM II is on track (30).

The above strategies, national plans and implementation guidelines incorporate managerial, technical and clinical developments accepted nationally and internationally. In summary, the NCPI shows that the formulation of the national HIV/AIDS policy, and other national policies including on health, development, women and reproductive health, have provided opportunities for implementation of strategies in a harmonized manner. The establishment of relevant bodies and mechanisms for implementation of the multi-sectoral HIV/AIDS plan at various levels of response exemplify a high level commitment and an enabling policy environment.

Generally, the problem of the study will be to identify the technical support of HIV positive patients and to assessing and evaluating implementation of technical support intervention for HIV positive patients at Abomsa Hospital, Middle East Ethiopia. To this end, the study tries to examine the technical support of HIV positive patients (psychosocial and socio-economic support) and asses the implementation.

1.2 Objectives of the Study

1.3.1 General Objective

The general objective of the study was to assess and evaluate implementation of technical support interventions for HIV positive patients at Abomsa Hospital, South-East Ethiopia.

1.3.2 Specific Objectives

- To examine the implementation of technical support the hospital has been providing to the clients and
- To evaluate the implementation of technical supports provided to HIV positive patient,vis-a-vis the federal HIV/AIDS prevention of control offices (FHADCOS) provided to standard guidelines?

1.3 Operational Definition of Terms

- **Assessing**- make a judgment about the value or quality of the technical support of HIV positive patients.
- **Implementation**- putting the technical supports of HIV positive patients into practice.
- **Support**- providing encouragement and emotional help to HIV positive patients.
- **Evaluation (assessment of value)**:- the act of considering or examine some things in order to Judge its value quality, importance, extent or condition.
- **Intervention**- action affecting another's affairs, the act of intervening, especially a deliberate entry into a situation or dispute in order to influence events or prevent undesirable consequence.

1.4 Limitations of the Study

Due to the research done specifically in the one health institution, it is difficult to generalize the objective of the study. Since some questions include sensitive issues, it was embarrassed the responder

1.5 Organization of the Thesis

The MSW dissertation has five chapters. Chapter one is on introduction which includes the need for study, statement of the problem, objectives of the study, operational definitions of concepts and limitations of the study. Chapter two also presents review of related literature and discusses about conceptual framework and comprehensive care and support for PLHA, HIV/AIDS as multi-dimensional health problem, PLHA care and support services, Comprehensive care and support services for PLHA in district, hospital and strengths and constraints of care support services. Chapter three is on study design and methods. Specifically, it describes the study area, study design and methods, universe of the study, sampling method, tools and procedures of data collection, data processing and analysis and ethical issues. Chapter four presents and deals with data analysis and interpretation. Chapter five presents and highlights those major findings in the light of the objectives of the study. Finally, the thesis puts together those analyzed data and interpreted findings in order to draw conclusions and to forward suggestions for action or practice.

CHAPTER TWO

LITERATURE REVIEW

2.1 Conceptual framework and comprehensive care and support for PLHA

In many countries, overburdened health systems are struggling valiantly to address the challenges posed by HIV, including health worker shortages, centralized programmes, fragmented rather than integrated and holistic services delivery, and weak procurement and supply systems. This is especially true for health systems in sub-Saharan Africa, which must care for two of three people living with HIV but have only 3% of the world's health care providers. Challenges associated with health-system capacity are not limited to sub-Saharan Africa, however. Countries in Asia, the Middle East and North Africa report that an inadequate supply of health care workers skilled in delivering antiretroviral therapy impedes treatment scale-up. In response, many countries have implemented innovative strategies to expand the capacity of health systems to address HIV and other challenges. These include increasing the use of civil society partners to manage health care facilities, other forms of task-shifting in clinical settings, and institutional twinning arrangements between local clinics and institutions in high-income countries.

Shortages of human resources for health have severely hampered the rolling out of antiretroviral therapy in sub-Saharan Africa. Current roll-out models are hospital-and physician-intensive. A recent review (9) has shown that task shifting, or delegating tasks performed by physicians to staff with lower-level qualifications, including lay and community workers, is an effective strategy for addressing shortages of human resources for health in HIV treatment and care. South Africa is using a nurse-driven model to decentralize antiretroviral therapy provision and expedite treatment scale-up. A randomized controlled trial that has assessed the effectiveness of task-shifting for antiretroviral therapy delivery in urban clinics of Johannesburg and Cape Town found that nurse-managed antiretroviral therapy was not inferior to doctor-managed antiretroviral therapy: both treatment arms had similar

outcomes of viral suppression, adherence, toxicity, and death. Similarly, in Rwanda, nurses accurately determined eligibility for antiretroviral therapy for more than

2.2 HIV/AIDS as multi-dimensional health problem

HIV/AIDS is a progressive disease, and the health care needs of those infected change over time. On an individual level a person can remain healthy with HIV infection for years before experiencing periodic and increasingly severe and debilitating bouts of illness, ranging from skin infections, diarrheal and other opportunistic infections such as tuberculosis, as well as some forms of cancer. The care needs of people living with HIV will change accordingly and range from basic, no frills, clinical treatment for opportunistic infections to day-to-day palliative care and support. On a population level, as an HIV epidemic matures, there will be increasing numbers of people experiencing these effects over time, leading to an overall increase in morbidity and mortality, with subsequent impacts on every aspect of a community's functioning. The cumulative effects of increasing HIV sero-prevalence in highly affected countries results in unprecedented demands being placed on already under-resourced health care services—services which have been further weakened by health sector reform and structural adjustment programs (see De Jong 2010). It is commonly reported, for example, that 50 - 70 percent of all hospital beds in many affected countries are being occupied by people with HIV infection (see Haacker 2010; Carballo and Careal 1988; Osborne 2008; Msobi and Msumi 2010; Guinness et al. 2010). One project recently reported that if all AIDS patients in Tanzania were treated in public health facilities and if sufficient drugs were available for this purpose, treatment would absorb roughly half of the entire public health budget (Msobi and Msumi 2010).

In some countries the problem is further compounded by high absenteeism and increased death rates among hospital staff (Buvé et al. 2008; Foster 2009; Foster 2010). Despite the heavy demands being placed on these weak formal health care services, however, it is important to note that this burden reflects only a portion of the total number of people needing care for HIV-related illness. When a family member falls sick as a result of HIV, not only does that individual's inability to work lessen family income, so too does the fact that carers will spend less time making money. In a survey of over 700 South African households where someone was either

sick or had recently died from AIDS, more than a fifth had diverted time from work or informal income-generating activities to provide care in the home.

2.3 PLHA care and support services

In 2005, leaders at the G8 Summit, followed by other UN member nations in 2006 at the UN High-Level Meeting on AIDS, set Universal Access as the framework for both the UN system and, by extension, the country-level response to HIV. As part of their commitment, countries promised to set national level targets to work towards the goal of “universal access to comprehensive prevention programs, treatment, care and support by 2010.

2.3.1 At international level

When the United Nations General Assembly Special Session on HIV/AIDS was held in 2001, access to antiretroviral therapy in low- and middle-income countries was in its infancy. By 2006, Member States unanimously supported goals towards universal access to HIV prevention, treatment, care and support. This commitment was underpinned by successful country experiences in accelerating access to HIV treatment .Antiretroviral therapy is now better seen as having several crucial roles in the AIDS response. More people received antiretroviral therapy in all regions in 2009Advances toward universal access to treatment, care and support services were significant achievement in 2009, especially given the considerable challenges that accompanied the flattening of global funding for HIV programmers in low and middle-income countries.

2.2.2 In USA

In the United States, more than 1.1 million individuals are living with HIV/AIDS and roughly 21% of them do not know their HIV status (CDC, 2008). According to the Uniform Data System (UDS), in 2009 Health Centers provided HIV testing to more than 700,000 people and provided HIV/AIDS care and treatment to nearly 95,000 patients, approximately 9% of Americans with HIV positive.

Recent advances in pharmacologic therapies for HIV have improved the safety, tolerability, and efficacy of treatments, leading to adherence and improved health outcomes. These same advances enable more primary care practices, including health centers, to actively manage the care and treatment needs of PLWHA. To reduce AIDS-related mortality, guidelines recommend routine HIV testing and the provision of antiretroviral treatments soon after infection. This recommendation requires substantial increases in the availability, accessibility, and quality of HIV/AIDS services. Health centers are well positioned to help meet this demand.

2.2.3 In Canada

In the role of Canada national knowledge exchange broker in HIV, CATIE champions and supports innovation and excellence in knowledge exchange for the care, treatment and support of people living with HIV and the prevention of HIV transmission. CATIE does this by collaborating with and building the capacity of frontline organizations to use knowledge effectively to respond to the HIV epidemic, supporting and connecting people with HIV, other individuals and organizations to develop, synthesize, share and apply HIV knowledge; and, acting as a central contact point for the flow of comprehensive, accurate, Unbiased, timely and accessible HIV information and community-based knowledge .Over the course of the past 25 years there has been an explosive growth in our collective knowledge of HIV prevention, care, treatment and support and of the individuals and communities most impacted by the virus. However, this knowledge has tended to emerge sporadically from many different communities, disciplines and areas of specialization. Consequently, understanding of HIV prevention, care, treatment and support has remained fragmented, with few mechanisms and processes in place for integration and exchange of knowledge among different stakeholders in order to strategically pursue coordinated opportunities for advancing the response to HIV in Canada.

2.2.4 In Latin America

In Sao Paulo in Brazil, Catholic nuns started Project Hope to provide support and care for families affected by AIDS. They have more than 100 volunteers who each give a few hours of

their time per week. The volunteers each visit a few families where parents are ill. They provide basic care, counselling and help care for children. The project also looks after children once their parents have died

2.2.5 In Europe

HIV/AIDS is a serious public health issue in the WHO European Region, where more than 2.5 million people are estimated to be living with HIV. The epidemic continues to spread, and in 2006 the Region recorded its second highest number of newly reported cases. Fortunately, with the introduction of highly active antiretroviral treatment (HAART) more than 10 years ago, the prognosis for most infected people in the Region is no longer death but chronic disease management. As a result, when treatment and other health care issues are addressed judiciously, people with HIV can expect to live to old age. Universal access to HIV treatment and care, where available, has not only provided people living with HIV an almost normal life expectancy and comparable quality of life; it has also significantly reduced the risk of further transmission. High-quality HIV treatment and care must therefore address the issue of long-term care, as well as the complex interaction of various conditions and diseases that can simultaneously affect a person with HIV.

The tremendous challenge that European health providers face is integration– integrating HIV treatment and care with mental health and substance use services, with treatment and care of major co infections such as hepatitis and tuberculosis, with prevention and treatment of sexually transmitted infections, with other reproductive health services and with palliative care. These treatment and care protocols can help by providing an evidence-based package of interventions for chronic case management that is effective and patient-centred. The United Nations has charged WHO with leading the health sector response to the HIV/AIDS epidemic, particularly in promoting effective treatment and care. A major part of this role has been helping countries where treatment was just a dream a few years ago to scale up access to antiretroviral therapy. HAART is now available in every state of the European Region; the task at hand is to ensure that the best medicines in the correct dosages reach everyone in need. These 13 protocols form the cornerstone of strategic efforts by the WHO Regional Office for Europe to achieve universal access to HIV/AIDS prevention, treatment, care and support services. They replace HIV/AIDS

treatment and care: WHO protocols for CIS countries (2004) and have been specifically developed for the entire European Region, based on current knowledge and the skills, technical capacity and health infrastructure found in the Region.

2.2.6 Asia (India)

In 2008, 4.7 million [3.8 million–5.5 million] people in Asia were living with HIV, including 350 000 [270 000–410 000] who became newly infected last year. Asia's epidemic peaked in the mid-1990s, and annual HIV incidence has subsequently declined by more than half. Regionally, the epidemic has remained somewhat stable since 2000. In 2008, an estimated 330 000 [260 000–400 000] AIDS-related deaths occurred in Asia. While the annual number of AIDS-related deaths in South and South-East Asia in 2008 was approximately 12% lower than the mortality peak in 2004, the rate of HIV-related mortality in East Asia continues to increase, with the number of deaths in 2008 more than three times higher than in 2000.

The study done in India on longitudinally assesses the quality of life of HIV-infected individuals in a resource-limited setting prior to the extensive generic roll-out of highly active antiretroviral therapy. Data was collected on 136 individuals receiving clinical care at Y.R. Gaitonde Centre for AIDS Research and Education YRG CARE, a large community-based HIV tertiary care referral center in Chennai, South India. The quality of life questionnaire was administered to participants at baseline, 6-months follow-up, and 12-month follow-up, and analysis of variance was used to assess for significant differences in mean quality of life scores for each of these visits. Study findings showed that quality of life scores significantly improved in all five domains of the questionnaire between participants' baseline visit, second interview, and third interviews ($p < 0.01$). We conclude that a multidisciplinary approach to managing HIV infection can enhance patients quality of life, independent of antiretroviral therapy.

2.2.7 In Sub Sahara Africa

In 2008, an estimated 1.9 million [1.6 million–2.2 million] people living in sub-Saharan Africa became newly infected with HIV, bringing the total number of people living with HIV to 22.4 million [20.8 million–24.1 million]. While the rate of new HIV infections in sub-Saharan Africa has slowly declined—with the number of new infections in 2008 approximately 25% lower than at the epidemic’s peak in the region in 1995—the number of people living with HIV in sub-Saharan Africa slightly increased in 2008, in part due to increased longevity stemming from improved access to HIV treatment. Adult (15–49) HIV prevalence declined from 5.8% [5.5–6.0%] in 2001 to 5.2% [4.9–5.4%] in 2008. In 2008, an estimated 1.4 million [1.1 million–1.7 million] AIDS-related deaths occurred in sub-Saharan Africa. This number represents an 18% decline in annual HIV-related mortality in the region since 2004.

2.2.8 In East Africa

At Mulago Hospital in Uganda, a specialized clinic has been established to address the low rates of male involvement in ANC. The weekly clinic, called the Men’s Access Clinic, was created for male partners of pregnant women attending ANC, with men invited to attend the clinic through invitation letters sent with their spouses attending ANC. The Men’s Access Clinic takes place in the evenings, a more convenient time for men who work during the day. Men receive counseling and testing services at the clinic, as well as health education on various topics. These clinics, together with the invitation letters, have significantly enhanced male participation in the care and treatment of HIV-positive mothers.

2.2.9 In Ethiopia

The recent reports show that Ethiopia is one of the sub-Saharan countries demonstrating more than a 25% decline in new HIV infections. ANC sentinel surveillance data show that prevalence of new infections among pregnant women 15–24 years of age has declined from 5.6% in 2005, to 3.5% in 2007, and 2.6% in 2011. Likewise, DHS data show that use of preventive methods and the number of people who were tested for HIV and utilizing treatment and care services has increased. For example, the number of people tested for HIV annually has increased from forty-thousand in 2005 to nearly ten million by 2011. Similarly, the proportion of women aged 15–49

who received an HIV test in the last 12 months and who know the results has increased from just 1.9% in 2005 to 22.4% by 2011.

The proportions for men increased from 2.3% to 22.2%, respectively. It is also worth noting that the national programme has established an in-built monitoring system-indispensable to track progress and guide implementation of activities. Oromia Regional state is located in the center of Ethiopia & is the most populous regional state in the country. Based on the 1994 population and Housing census, the projected population of the region was estimated at 23,704,000 at end of 2002 with a rural population of 87.7%. The population of the region is characterized by high population growth increasing at a rate of 2.9% annually. Over 45% of the population is under 15 years of age while the economically active age group at about 50%. Although more than half the population lives in rural areas, the health Infrastructure is under developed and the distribution is urban-biased. since a large portion of the population does not have access to safe water nor sanitation facilities, many are severally affected by water borne diseases. The major causes of morbidity are malaria, respiratory Infections, HIV/AIDS, skin infections, diarrheal diseases & internal parasitic infections. The HIV/AIDS status in Oromia has not get been studied with a adequate coverage & good quality data. However general trends & observation on the spread of HIV/AIDS in oromia are available from a number of sources. Factors that impact on HIV/AIDS situation in oromia are many & diverse. Consequently efforts are being made to prevent the spread of HIV in Oromia and significant results have been achieved. nevertheless, owing to these direct causes and underlying factors HIV/AIDS has continued to spread. (<http://www.romiahivstatus>).

2.4. Comprehensive care and support services for PLHA in woreda , Hospital

Merti District one of Arsi zone which far from the zonal City by 175km. Merti woreda conduct HIV/AIDS care and support in the Abomsa Hospital , in four health centre different town and in 21rural community level. District Heath Office has made supports for technical and mobilizing resource for different health facility in the district.

The woreda health sector persists as a major contributor in the implementation of both prevention and control strategies. The health sector is responsible for the provision of the following HIV/AIDS prevention and control activities like HIV counseling and testing, Prevention of mother to child transmission of HIV/AIDS, HIV/AIDS care, support and treatment and Infection prevention

Abomsa Hospital is one of 37 Hospital of oromia national regional state and is located in Arsi zone south east Ethiopia.If has estimated 749,000 catchment of population and services health center and health post with materials as wall as skill men power for the success of common goals of the regional health services developments Hospital responsibility to provide facility leader ship end owner ship of the comprehensive HIV prevention and control. Currently Abomsa hospital gives service for more than five hundred people living with HIV/AIDS(PLWHA).Abomsa Hospital remain primarily responsible for managing critical patients who need close follow up and in – patient services in the district. (Documents in ART clinic)

2.5 Strengths and constraints of care support services

Health systems challenges and benefit from HIV treatment care and support. In many countries, overburdened health systems are struggling valiantly to address the challenges posed by HIV, including health worker shortages, centralized Programmers, fragmented rather than integrated and holistic services delivery, and weak procurement and supply systems. This is especially true for health systems in sub-Saharan Africa, which must care for two of three people living with HIV but have only 3% of the world's health care providers (sub-Saharan Africa, however. Countries in Asia, the Middle East and North Africa report that an inadequate supply of health care workers skilled in delivering antiretroviral therapy impedes treatment scale-up. In response, many countries have implemented innovative strategies to expand.The capacity of health systems to address HIV and other challenges include, increasing the use of civil society partners to manage health care facilities, other forms of task-shifting in clinical settings, and institutional twinning. Arrangements between local clinics and institutions in high-income countries

Shortages of human resources for health have severely hampered the rolling out of antiretroviral therapy in sub-Saharan Africa. Current roll-out models are hospital- and physician-intensive. A recent review (9) has shown that task shifting, or delegating tasks performed by physicians to staff with lower-level Qualifications, including lay and community workers, are an effective strategy for Addressing shortages of human resources for health in HIV treatment and care.

2.7 Factors

There are many Factors that promote the spread of the disease including absence of awareness, the presence of sexually Transmitted infections, gender inequality, multiple sexual partners, prostitution, poverty, alcohol, unsafe blood transfusion, and transmission from infected Mother to her fetus/child during pregnancy and breast-feeding.(AIDS in ETH 6th –en.pdf- Adobe Reeder

2.8 Summary

A recent paradigm shift among institutions involved in the support and provision of HIV-related services, including Abomsa Hospital, has resulted in a greater emphasis on the integration of health systems to support the provision of comprehensive HIV/AIDS prevention, care, and treatment services. Recognizing that the impact of HIV and AIDS is not only biological, but also psychosocial and economic, HIV programs must respond holistically to the needs and rights of people living with HIV (PLHIV).

CHAPTER THREE

STUDY DESIGN AND METHODS

3.1 Description of the study

The study was conducted in Arsi Zone. Arsi Zone is one of the zones in Oromia Regional State in Ethiopia. Arsi is also the name of a former province. Both the zone and the former province are, named after subgroup of the Oromo who inhabit Arsi is bordered on the south by Bale, on the south west Arsi zone, on the north-west east Shewa Zone, on north by Afar regional state and on the east with west Harerege zone.

The highest point in Arsi is mount Chilalo other mountain include mount Kaka and Gugu. The administration city of the zone is Assela and other district town are Abomsa, Robe, Bokoji, Dera and so on. Coffee has been major cash crop in Arsi as early 1912 when the Belgian companies where granted concessions of 1,464 hectors of land for cultivating coffee.

Based on the 2011 estimation, the total zone population 3,194,198 of whom 1,602,968 are male and 1,591,231 are women, with area of 19,825.22km² with population density of 133.05 while 408,836 lives in urban and 2,785,362 population live in rural area. based on 2007 census the two largest ethnic groups reported were Oromo (84.15%) and the Amhara (14.3%) Afan Oromo was spoken as first language by (81.38%) and Amharic was spoken by (17.76%) the remaining (0.86%) spoken all other primary languages reported.

The weather condition of the Arsi zone was characterized by mild subtropical weather with maximum and minimum temperature ranging from 18°0 to 28°0 c and 5°0 to 10°0c respectively. The station experience bimodal rainfall, with an annual average precipitation of 1300 to 1350mm, short rains occur during march and April, followed by long rains during July to September.

Administratively, the zone is divided into 25 districts and one administrative city. In the zone there is 2 district hospital, 96 health centres and 497 health post serving the catchments populations of the zones. Abomsa hospital is one of the hospital found in the zone. It is supported by governments, International non- Governmental organization and local non- Governmental organization.

3.2 Study Design and Methods

The study Design for the research was a cross-sectional methods focusing implementation of technical support intervention for HIV positive patents. The study would be used both quantitative and qualitative data which meant a mixed type. The quantitative part would be a descriptive survey which tries to identify the technical supports of HIV positive patients and their implementation at Abomsa Hospital, Middle East Ethiopia. It also assesses the implementation of these technical supports in the above mentioned hospital. The qualitative data would also collected concerning about the technical supports of HIV positive patients in the hospital including their implementation and assessment.

3.3 Universe of the Study

One of the Universe of the study would be the fact that focus on mertu Woreda and more specifically consider only Abomsa hospital. Unless it will have been better for drawing comprehensive conclusion if it would be included other hospital and health centre too. But this would be made due to the researcher's years of experiences in this hospital will make the study more clear than other places. And it would be believed that the hospital is the right place to make the implementation of the technical supports or at least to have some comfort situation. Besides, patients' technical supports would be limited to some components as mentioned (psychosocial and socio-economical support). This would be done due to the researcher's exposure at this situation and finding them more relevant than other for this study. Otherwise it would have been broader if it embraces further

3.4 Sampling method

In the study, the research proposal to take sample size of 61 people that were selected and drawn among a total of 260 people living with HIV/AIDS. Sampling method proposed were non-probability sampling, specifically purposive sampling. The researcher selected this sampling method due to proximity of the health institution and cost effectiveness. Generally, as much as possible, the researcher collected data from different categories of the clients who had been residing in kebeles of the town in Merit district.

3.5 Data collection Tools and procedures

In the study both primary and secondary data will be used (interview, closed and open ended questioner, document review). I prepared checklist for interviewing patients that focused on technical support and questioners for health workers that focused on implementation, intervention and technical support of HIV positive patient. Also focus group discussion and documentation review that used for HIV patient follow up and report at the hospital

3.3. Data processing and Analysis

In order to study the level patient, level of information collected, anti retroviral therapies protocol and patient recorded data analyze would perform with the descriptive statistics (frequency, and percentage) of basic information and distribution of the technical support.

The data gathering procedure would be thorough interview and documents of patient concerning the implementation of the technical support of HIV positive patient would carefully transcribed, coded and categorized based on similar attributes. Following the data management process, the data analysis task would be performed with the help of SPSS (statistical package for social science)

3.4 Ethical issues

Before the data collection, formal letter was obtained from Indira Gandhi National Open University whose local study centre is the School of Graduate Studies of St. Mary's University College to formally get permission to conduct the study in the study area. After the researcher had secured formal permission from the respective authorities, informed consent from each study subject was got by making clear explanation about the purpose of the study.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

The chapter is dedicated to the presentation of the results from the research. It has been categorized into four main parts. The first part deals with a distribution of respondents according to certain selected background variables through the questionnaire survey. The main variables are care and support services. They include sex, age, marital status, educational status, religious affiliation, disability status, cause of disability, residence type, time of knowing one's HIV status, mechanism of knowing one's HIV status, reaction after knowing HIV-positive, ways of convincing to live positively, current occupational status, and monthly income. The second part looks at available care and support services at Abomsa Hospital. The next part presents and

discuss about human resources. The last part is devoted to the effect, strengths and constraints in effectively providing comprehensive care and support for PLHA clients in Merti District

4.1 Background of the Study Area Abomsa Hospital

Out of sixty one clients/ respondents in the study period in the Abomsa Hospital the sex of respondents were 60.7% females and 37.7% were males. The question why the number of female increase in ART clinic because mother vulnerable to socio-economic problem, as well as, the transparency of community very weak to discuss gender equality. Most of age group of respondents was between the ages of 16- 34 it contents around 49.2 percent in abomsa hospital young and production group of society influenced by HIV/ADIS virus. The marital status of the respondents were different 24.6% were single, 36.1% were married, 11.5% were divorced, 16.4% were separated, 3.3% were widower and 6.6% were widow. The data show that the prevalence of disease high in were married family. Almost same of them can read and write and 57.4% the respondents education status low in the cause of this, there is lack of awareness and low wealth status good environment for PLHA number increase. The clients were found to be followers Orthodox Christianity religion, 23% were Muslims and 18% were Protestants.

Table 4.1 Socio-demographic Characteristics of HIV Positive Patients at Abomsa Hospital, Oromia Regional State, Ethiopia (April 2013)

Variable	Category	Frequency(n)	%
Sex	Female	38	62.3
	Male	23	37.7
	Total	61	100.0
Age	=<15	6	9.8
	16-34	30	49.2
	35-50	22	36.1
	>50	3	4.9
	Total	61	100.0

Religious affiliation	Orthodox		
	Protestant	36	59
	Muslim	11	18
	Total	14	23
		61	100.0
Marital status	Single	16	26.2
	Married	22	36.1
	Divorced	7	11.5
	Separated	10	16.4
	Widower	2	3.3
	Widow	4	6.6
	Total	61	100.0
Education status	Illiterate	8	13.1
	able to write and read	15	24.6
	primary first cycle education(1-4)	8	13.1
	primary second cycle education(5-8)	13	21.3
	secondary first cycle education(9-10)	7	11.5
	secondary second cycle education (preparatory11-12)	3	4.9
	certificate holder	5	8.2
	BA/BSC/UB HOLDER	2	3.3
	Total	61	100.0
Type of house (resident)	conventional house (separated)	29	47.5
	conventional house (attached)	30	49.2
	orphanage	1	1.6
	homeless	1	1.6
	Total	61	100.0

SOURCE: Own study results, 2013

The respondents were asked whether or not they had faced disability. The findings of the study indicated that 13(21.3%) had disability, while 48(78.7%) were found not to be disabled persons. Therefore, the majority of them are not disabled clients of the ART Programme. In addition, types of disability of the respondents were composed of locomotive (30.8%), hand (23.0%), and sight, hearing, as well as other types of disability each accounted for 15.4%. Generally, more than half of the ART clients have had locomotive and hand –related disability. The reasons for being disabled persons included: accident (38.5%), illness (23.0%), natural by birth (15.4%), others (15.4%) and paralysis (7.7%).

Regarding feelings and reactions upon knowing HIV positivity on the part of the respondents, the results of the study found out that they got shocked, became upset, felt deep sorrow, felt fear, denial, regretted, became faint, could not believe the laboratory result, did not feel anything, suspected the truth of the laboratory result, said how honour, and expressed their feelings by stating that “it was problematic situation which could not be expressed in words.” However, about forty-four percent of them got shocked upon knowing their HIV positivity.

The findings of the study show that almost all of them go convinced to live positively in Abomsa town and its environs. A total of 60(98.4%) of the clients in the study expressed their affirmative action to live positively, whereas 1(1.6%) was found to be not convinced in this regard.

4.2 Care and Support Services

A total of sixty one respondents participants in the study as shown in figures 1, their current occupation were about 40% were daily labour , 23% house wife , 21% farmer , 4.9% government worker , 9.8% others in the Abomsa hospital to providing ART services the data in ART clinic found show daily labour to attack highly. The study show that ART clinic client found daily lobar highly infected.

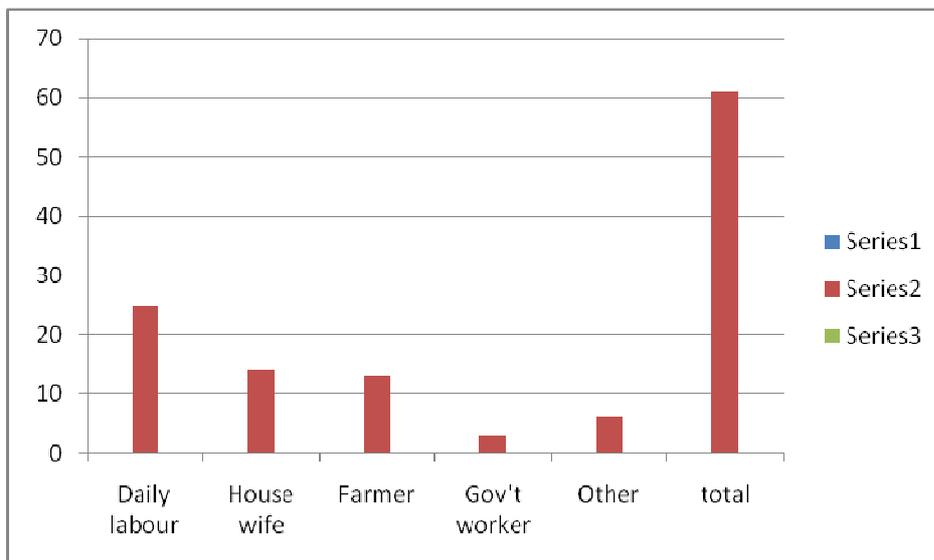


Fig. 4.1 The current occupation of clients participated on Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 2013

SOURCE: Own study result 2013

The respondent 61(100%) no counts viral load in the Hospital and 61(100%)respondent the CD4 count service is done for all client enrolled for pre ART and ART in the Abomsa hospital and as well as 61(100%)respondent blood sent away from nearby facility for count to CD4 Abomsa Hospital from different health centre in the hospital catchment area or from nearby health centre which have pre ART and ART service, Blood sent away to nearby facility for CD4 counts 61(100%) respondent said yes and majority of respondent 61(100%) not in the Abomsa hospital re-use of syringes and needle. Conduct on time properly CD4 count for its own clients and for surrounding health center blood sent for CD4 count. CD4 count is very important laboratory investigation to initiate the highly active anti retro viral drugs (HAART) for client infected with HIV/AIDS.

Table 4.2 Opinions about Availability of Facility with Test and Service for Delivering ARVs Opportunistic Infection, Care and Support Service at Abomsa Hospital

Items	Yes		No		I don't know	
	f	%	f	%	f	%
Viral load counts done at the facility	0	0.0	56	91.8	5	8.1
Blood sent away from nearby facility	61	100.0	0	0.0	0	0.0
CD4 count done at the facility	61	100.0	0	0.0	0	0.0

Blood sent away to nearby facility for CD4 counts	61	100.0	0	0.0	0	0.0
Re-use of syringes and needles	0	0.0	61	100.0	0	0.0

SOURCE: Own study results, 2013

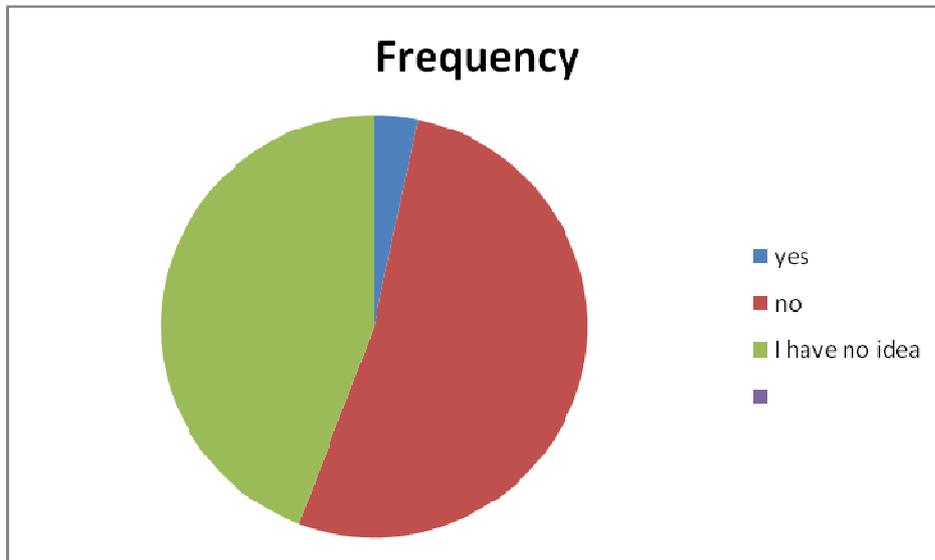
Almost all of respondents know the practice of ART services in Abomsa hospital and all the clients participated in the study got comprehensive HIV care and support in Abomsa hospital. The CD4 count the opinion for all clients which the factors taken in to account to qualify HIV positive people for anti retro viral therapy at the Abomsa hospital

All of the respondent participated on the study were access to information, education and communication/IEC materials in the team case of ART clinic, but other case team not such much access to information, education and communication/IEC in the Abomsa hospital due to most of the time the government and none governmental organization focus HIV/AIDS prevention and control on ART clinic .

All of the clients participated during the study have good information about keeping track of clients medical history and Record system (log book , facility-retained and client retained card) and The care and support commodity management books /records like equipment ,register of medicine, register of contraceptives. Most of the client were no idea about monitoring and evaluation, sending reports for other body. All of respondents clearly told me that about the types of care and support services available PLHA at the hospital were Anti retro viral therapy (ART), voluntary HIV counselling and testing, control anti-bad management of STI, prophylaxis for certain opportunistic infection (IOs), treatment for TB and palliative care.

A total of sixty one respondents participants in the study as shown in figure 4.2, assessing the awareness of all people living with HIV in the Hospital need anti-retroviral therapy show about 52.5% were no awareness about all people living with HIV need anti-retroviral therapy in the Hospital, 44.3% were no idea about all people living with HIV need Anti retro viral therapy in the Hospital and 3.2% had awareness about all people living with HIV need Anti retro viral therapy in the Hospital.

In the study, the respondents' awareness of the presence of ART signposts at different locations in Abomsa Hospital and its surroundings was assessed. Surprisingly, the study results documented that all of the ART clients were found to be unaware of the signposts.



SOURCE: Own study results, 2013

Fig. 4.2 Awareness of all People Living with HIV in the Hospital at Abomsa Hospital, Oromia Regional State, Ethiopia (April 2013)

The researcher also posed a question on types of necessary tools and equipment for PLHAA who are ART clients at the Hospital. They were aware of the presence of the CD4 count machine (3.3%), but the significant majority of the clients (91.8%) failed to know about all types of necessary tools and equipment which were used in the Programme.

A significant proportion of the clients in the study do not whether or not there is a practice of reusing the already utilized medical items. About seventy-one percent of them state that they did not know such a practice and twenty-three percent of the clients were unaware of the practice of utilizing the reused medical items.

With regard to types of reused medical items, the researcher came up with the fact that the clients were not aware of the reused medical items. Although 1(1.6%) of the client in the ART Programme was found to be aware of the practice of the re-utilization of medical items at

Abomsa Hospital, s/he could not explicitly state these items. Thus, the clients in the Programme cannot clearly state those reused medical items at the Hospital.

Table 4.3 Types of Care and Support Services provided at Abomsa Hospital

Types of Care and support service	f	%
Counselling and provision of drugs	1	1.6
Free medical care services and counselling	4	6.6
Free medical care services	8	13.1
Counselling services	15	24.6
Free medical examination services	19	31.2
Provision of medical treatment, counselling and medicines for admitted AIDS patients	1	1.6
Supply of free medical items	5	8.2
Counselling and care services	1	1.6
Provision of medical treatment for admitted AIDS patients	2	3.3
Counselling on use of ART drugs	2	3.3
Supply of materials	1	1.6
Provision of palliative care	1	1.6
Creating awareness of ART services	1	1.6
Total	61	100.0

SOURCE: Own study results, 2013

4.3 Human Resources

The most of age category of the care and support providers' were found in abomsa Hospital between the of 25- 29 age group account 54.1%, 30-34 age group account 32%, 20-24 age group account 9.8%, 35-39 age group account 1.6% and 40-44 age group account 1.6% the study show young generations to provide service delivering .

At district level, which are the district HIV/AIDS committees members The district health office representative, district hospital office representative, health centre, PLHA, NGOs representative and private health centre (representative) were not district HIV/AIDS committees members due

to no HIV/AIDS committee at district level also not to strength the network between health post and different health provider involve in the community to participated on solution finding. Hospital HIV/AIDS committee members include Facility director ,Physicians, Nurse, Pharmacist / Pharmacy technician /druggist, Lab technician, counsellors and Matron. but the time of participate observation not keeping the committee there schedule of meeting and monitoring daily activities of the all department. Out of sixty one respondents 57.4% very satisfied and 42.6 % satisfied by ART services at the Abomsa hospital during study period,.

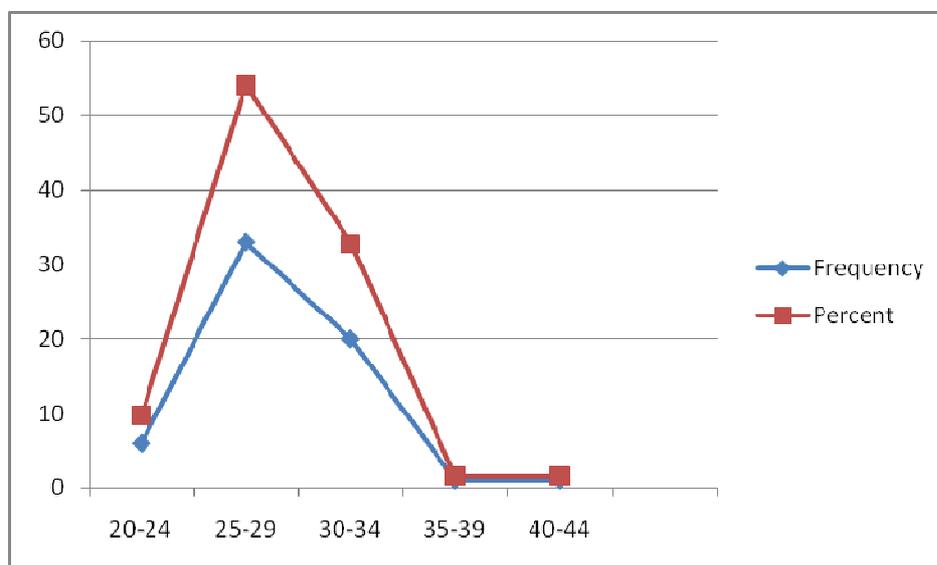


Fig. 4.3 Age Category of providers, Care and Support Provision for AIDS Patients at Abomsa Hospital, Oromia Regional State, Ethiopia (April 2013)

SOURCE: Own study results, 2013

Table 4.4 Satisfaction of ART Services at the Abomsa Hospital, Oromia Regional State, (April 2013)

	Frequency	Percent	Valid Percent	Cumulative Percent
very satisfied	35	57.4	57.4	59.0
satisfied	26	42.6	42.6	100.0
Total	61	100.0	100.0	

SOURCE: Own study results, 2013

A total of sixty one respondents participants in the study as shown in figures 3, show the way of respondent know their status 40.9% were at VCT, 55.7% were at PITC and 3.3 were at PMCT the study show PITC in Abomsa Hospital the most interested to securing HIV positive patient and the society not adopted the behaviour of knowing there status with- out motivated of other governmental or non- governmental organization.

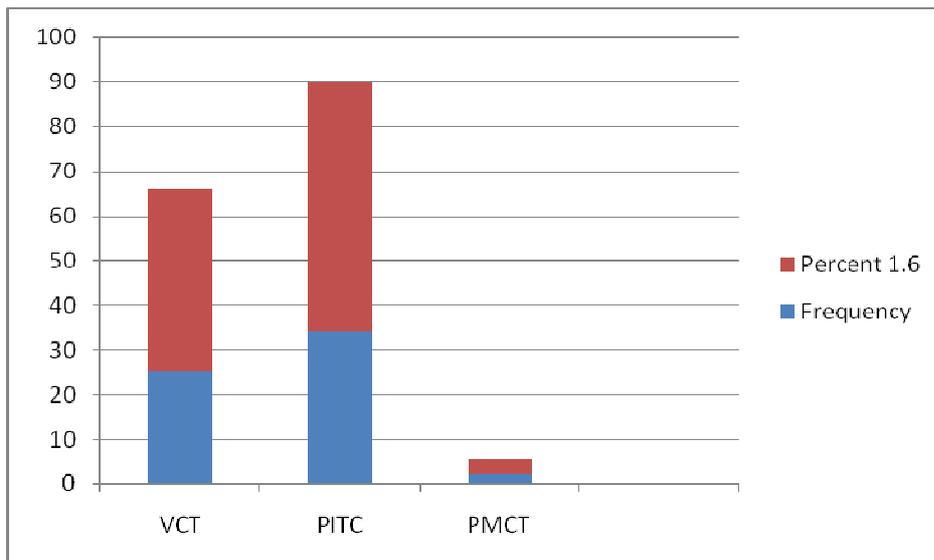


Fig. 4.3 The way clients know their HIV status, Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia April 2013

SOURCE: Own study results, 2013

Moreover, experiences gained by the respondents from getting involved in ART Programme were some other issues considered in the study. The clients gain multi-dimensional experiences as a result of getting involved in the Programme. A total of 10(16.4%) respondents each gained experience in how to live positively and some other multi-dimensional experience related to the ART services as shown in Table 4.5.

Table 4.5 Experiences gained by the Clients from ART Programme at Abomsa Hospital

Types of experience	f	%
Patience	4	6.6
How to live positively	10	16.4
Acquired good lessons	7	11.5
Diet and nutrition for PLHA	4	6.6
Proper use of ART drugs	2	3.3
Self-dedication and commitment for ART	1	1.6
Multi-dimensional experience	10	16.4
Many good experience related to ART	2	3.3
Utilization of ART medicines on time	8	13.1
Good monitoring practice	2	3.3
How to bring real changes in one's life	1	1.6
Living with hope	5	8.2
All types of experience related to ART and living positively	1	1.6
How to take care for oneself	3	4.9
Provision of counselling	1	1.6
Total	61	100.0

SOURCE: Own study results, 2013

Regarding on what issues the ART clients discussed with the ART specialized health professionals, a total of 17(27.9%) of them discussed about HIV counselling services and 14(23.0%) of the clients held discussions on HIV/AIDS types and its related opportunistic infections. On smaller magnitude than those proportions, the clients were found to discuss about modes of HIV transmission, multi-faceted health related issues, sexually transmitted infections (STIs), how to swallow the ART drugs, CD4 counts, scarcity of essential drugs, communicable

diseases, quality standards for ART, medical care services, impact of ART drugs, lessons learnt from ART Programme and protection of oneself from diseases.

In the empirical study, health problems and illness behaviour which consisted of fever, cough, diarrhoea, headache, allergic conditions as a result of capsules and drugs, TB, opportunistic infections and itching. However, fever and cough as health problems and illness behaviour were stated by two-third of the respondents (65.6%) who participated in the study.

Being feverish or suffering from fever, chest pain and coughing, stomach pain, headache and itching were identified as illness/sickness symptoms among the clients in the last 12 months. Among these symptoms, however, a significant majority of the clients (about seventy-two percent) reported that they were suffering from fever, chest pain and coughing.

While working in the ART Programme, the targeted clients gained such experience as positive aspects of all issues related to HIV/AIDS and ART, getting respect from the public, experience-based lessons, caring oneself, proper feeding habit, provision of proper care and support, good and improved experience on ART, provision of counselling, proper use of ART drugs, patience, public supports, capacity of performing ART related tasks, hope and farsightedness, strength, and openness. Less than half of the clients (about thirty-nine percent) gained experience-based lessons (24.6%), as well as good and improved experience on ART (14.8%). Generally, there is no as such dominating experience gained on the part of the clients of the ART Programme in Abomsa Hospital.

4.4 Effects, Strengths and Constraints

In the study, the researcher studied on effectiveness of Abomsa Hospital. A total of 61 respondents were asked about this issue. The availability of drugs and adherence of the clients to defaulters to normal follow up ART clinic was one of the effective services which was provided for HIV positive patients. More than 85% of respondents in the Hospital were encouraged to provide the clients with opportunistic infection drugs and laboratory tests freely for ART patients.

Concerning strengths of Abomsa Hospital, based on the track available, those Departments (such as OPD, IPD, TB, Delivery and wards) were found to be linked to pre-ART to ART clinic using

the National Guideline prepared by the FHAPCO in order to provide the necessary services for the clients. As presented in Table 4.6, there is no outstanding strength on the part of the Hospital

Table 4.6 Strengths of the ART Services b at Abomsa Hospital (April 2013)

Types of strength	f	%
Proper and timely provision of the drugs	16	26.1
Availability of essential drugs and proper health care services	4	6.6
Good patient care services	2	3.3
Politeness and cooperation by health professionals and support staff	14	23.0
Provision of services on timely basis	11	18.0
HIV and personal health care counselling	3	4.9
Respect for PLHAs	4	6.6
Holding consultative meetings	2	3.3
ART related campaign in local communities	2	3.3
Provision of health education	3	4.9
Total	61	100.0

SOURCE: Own study findings, 2013

The above table shows that proper and timely provision of the drugs accounted for 26.1%, politeness and cooperation by health professionals and support staff contributed to 23.0%, and provision of services on timely basis (accounted for 18.0% of those strengths on the part of Abomsa Hospital. Therefore, there is no sole and outstanding service which has appeared as the only one strength at Abomsa Hospital.

As to the limitations of Abomsa Hospital, the respondents said that there was no financial support for the clients which could be used for accessing transport and delay in CD4 count result when the time of laboratory equipments became malfunctioned. Table 4.7 depicts that there were various constraints related to ART services at Abomsa Hospital. Although the proportion was about one-third, 32.8% of the respondents found to consider problem of transportation as

major constrain on the part of the Hospital. Like its strength, there is no major outstanding constraint in the provisions of the ART services.

Table 4.7 Constraints of the ART Services at Abomsa Hospital (April 2013)

Types of constraint	f	%
Problem of transport	20	32.8
No provision of services on Saturdays and Sundays	7	11.5
Location of the Hospital far from the centre of the town	5	8.2
Absence of food support	6	9.8
Absence of home-based care and support	2	3.3
Problem of water supply	6	9.8
Absence of financial support	4	6.6
Shortage of health professionals	4	6.6
Appointing many PLHAs on the same day	1	1.6
Malfunctioning of the CD4 count machine	1	1.6
Problem of water supply and HBC	1	1.6
Limited PLHA discussion sessions	1	1.6
No problem	3	4.9
Total	61	100.0

SOURCE: Own study findings, 2013

4.5 Health Professionals Awareness of Comprehensive HIV Care and Support Services

The twenty health worker were interviewed on the following comprehensive service on HIV like; giving VCT training, risk management ,screen health worker, infection prevention material, visiting ART and ANC department ,HIV positive pregnant mother partner test, screen TB,

screen STI, use of national guide line , job satisfaction, keep confidentiality and with other facility relationship.

The twenty health worker informants participated on the study show that 65% account yes and 35 no in the Hospital, This idea of more staff satisfied their Daly activities, but there is gape and limitation when the time of services providing in the facility client very poor economical and lose CD4 in the cause malnutrition the staff not only support with themselves.

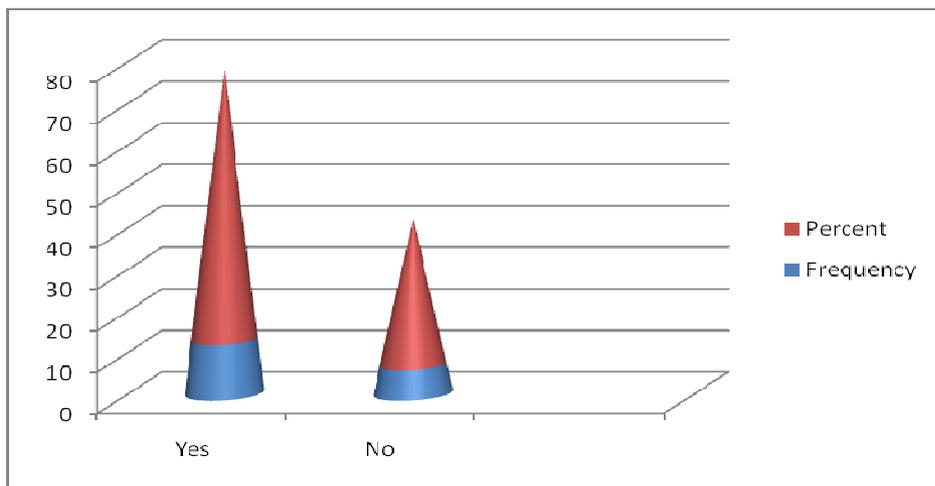


Fig. 4.5 Satisfaction of Health Worker for providing Service for their Clients at Abomsa Hospital, Oromia Regional State, Ethiopia (April 2013)

SOURCE: Own study results, 2013

Almost all of interviewed health profession were aware of the above service and work on it. in addition to focus group discussion the team participated form staff of ART clinic, management member and representative of client in ART, the discussion on how to implement technical intervention in Abomsa hospital and constraint of side of health provider and PLWH, the participate agreed to there is still fear discrimination and stigma in the society the client residents of near the Hospital to leave one hundred to follow their status, lack of integration of the hospital HIV/AIDS committee and community to support lack of (shortage of nutrition, money for transport, psycho-social problem) with other stakeholder to solve client basic challenge to addressed. Health provider and hospital managements facilitate the patient there is not relative support when the time of admitted in ward for long clinic management.

In conclusion, there are very few major problems which have been affecting the effective and efficient provisions of the ART services at Abomsa Hospital. The five major problems are absence of transport support, appointing the AIDS patients for some other days which is longer than it should be because of the malfunctioning of the CD4 count machine, absence of support for food items, the location of the Hospital and absence of services on the Saturdays and Sundays at Abomsa Hospital.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Summary

This study indicated that all of the respondents had known the practice of ART service at the Abomsa hospital. This practice was found to be similar to what had been stated in the guide line. The guidelines indicate that those types service which have been provided to support PLWHA clients. Everyone should receive clinical care regardless of gender and age. service including counselling and testing for diagnostic purpose (volunteer counselling and testing of HIV, provider initiative testing and counselling HIV); prophylaxes for opportunistic infection, management of HIV/AIDS related illness, control of tuberculoses and management of sexually transmitted infections , management of HIV disease with anti retroviral combination, palliative care , access to drug related to HIV/AIDS including drug for opportunistic infection ,antiretroviral drug, interventions to reduce the mother-to -child transmission of HIV, support system such as functioning laboratories for CD4 for and other laboratory investigation ,nutritional support ,health education measures ,adequate universal precautions in clinical setting and post exposure prophylaxis's.

Even though the ART guidelines were indicating that all clients who were living with HIV need ART service, the findings of the study have came up with mixed picture on the issues under investigation. About 52.5% were no awareness about all people living with HIV need Anti retro viral therapy in the Hospital, 44.3% were no idea about all people living with HIV

need Anti retro viral therapy in the hospital and 3.2% have awareness about all people living with HIV need Anti retro viral therapy in the hospital.

Realizing that community support and participation were critical to the success of the comprehensive care and support program for PLHIV and their families, the Foundation's South Africa program has begun a small grants program to provide more direct support to community-based organizations and faith-based organizations. This Community Awards Program will award grants to organizations with innovative projects that support HIV care, support, and treatment for PLHIV, especially women and children.

Most people receiving antiretroviral therapy in sub-Saharan Africa start treatment late on study 2010, which limits the overall impact of HIV treatment programmes. The infrastructure, systems, and staff required to properly monitor treatment retention and loss are becoming increasingly inadequate as programmes are scaled up. As HIV testing expands, systems are strengthened to monitor the health status of people living with HIV, and access to treatment is provided at the appropriate time, AIDS-related mortality is likely to further reduce.

The study further identified the Abomsa Hospital Health profession awareness assessment on comprehensive HIV care and support service, almost all of interviewed health profession aware of the comprehensives HIV/AIDS service. In many countries, overburdened health systems are struggling valiantly to address the challenges posed by HIV, including health worker shortages, centralized programmes, fragmented rather than integrated and holistic services delivery, and weak procurement and supply systems. This was especially true for health systems in sub-Saharan Africa, which must care for two of three people living with HIV but have only 3% of the world's health care providers. Challenges associated with health-system capacity are not limited to sub-Saharan Africa, however. Countries in Asia, the Middle East and North Africa report that an inadequate supply of health care workers skilled in delivering antiretroviral therapy impedes treatment scale-up. In response, many countries have implemented innovative strategies to expand the capacity of health systems to address HIV and other challenges. These include increasing the use of civil society partners to manage health care facilities, other forms of

task shifting in clinical settings, and institutional twinning arrangements between local clinics and institutions in high-income countries.

Shortages of human resources for health have severely hampered the rolling out of antiretroviral therapy in sub-Saharan Africa. Current roll-out models are hospital-and physician-intensive. A recent review has shown that task shifting, or delegating tasks performed by physicians to staff with lower-level qualifications, including lay and community workers, is an effective strategy for addressing shortages of human resources for health in HIV treatment and care.

5.2 Conclusion

This thesis is arguing that proper care and support services provide to PLWHA clients has to consider the socio demographic, scientific issues related to getting infected with HIV and individual reaction up getting informed their HIV positive status, available care and support service and available number, quality and professional composition of the service provides at district hospital level and concentrated effort as well as strength contribute a lot. In addition constraints in the part of the hospital and its various stakeholders have a rent their hands in influencing the ART service at the hospital.

The PLWHA client at Abomsa hospital who have already attending second cycle of primary education of the current regimes education system .as all of the PLWHA client have know the practice of ART service at Abomsa hospital. Almost all of the client are accessing to IEC materials and aware of the availability of essential drugs includes laboratory test. More over service related to CD4 for count available health facilities. In Abomsa hospital the HIV/AIDS Committee members who are providing ART care and support service for PLHWA the client did not know trained staffs working on ART clients, therefore the ART services which are provide in the hospitals are vied are very good because of medical examination, availability of diagnostic laboratory, availability of opportunistic infection drugs clients said as more appropriate. Against this backdrops, there are some constraints

on the part of different stakeholders at different levels in effective provision of comprehensive care and support services due to scarcity of well trained manpower in drug dispensing and that of few drugs(co-trimoxazol syrup) and shortage of nutrition, financial support for (transport, miscellanies expense, house rent payment).

5.3 Recommendation

Based on these major finding and conclusion draw from above, the researcher forwards the following points in order to made some adjustment or practice in the future;

- ❖ Abomsa hospital should create strong networking with local stakeholder in order to ensure the collaborative effort of addressing the quality service for PLWHA who are taking ART service in the hospital. In addition, HAPCO which is found in the town should mobilize the community to provide integrated palliative care for those clients to alleviate the interruption of ART drugs.
- ❖ The workers who are working on the provision of ART service should inform his/her status on the capability of providing intended service so as to develop confidentiality in his future of the client.
- ❖ Abomsa hospital must organize PLWHA who are taking ART service in the hospital to host the ownership in preventing and control HIV/AIDS.
- ❖ The hospital committee timely conduct assess the problem of ART patient to improvement more quality HIV/AIDS service providing in Abomsa Hospital.
- ❖ All stake holder include beneficiaries participated for the same goals and target of decrease the prevalence of identified problem. Establish a quality improvement team for periodic supervision and follow-up of quality improvement activities at Hospital.
- ❖ Hospital management providing timely resources for quality improvement and Provide supportive supervision.

- ❖ I recommend others study at referral and zonal hospital level on Assessment implementation of technical support intervention, for HIV positive patients in Ethiopia

REFERENCES

- Aklilu M., Messele T., Tsegaye A., et al. (2001). Factors associated with HIV-1 infection among sex workers of Addis Ababa. *AIDS 2001*, 15(1), 87-96.
- Amare D. (2009). Distribution of most-at-risk population groups. (Unpublished research report). Addis Ababa, Ethiopia.
- Banteyirga H., Kidanu A., Conteh L., & McKee M. (2005). *Ethiopia: Placing health at the center of community involvement*. Addis Ababa: Miz-Hasab Consultancy Firm.
- CSA. (2006). *Ethiopia demographic and health survey 2005*. Addis Ababa: CSA.
- CSA. (2012). *Ethiopia demographic and health survey 2011*. Addis Ababa: CSA.
- DKT and FHAPCO. (2009). Study of condom use and behaviour among venue-based sex workers and their clients in major urban areas in Ethiopia. (Unpublished research report). Addis Ababa, Ethiopia.
- FDRE. (2010). PASDEP, progress report of implementation of HSDP II-III.(Unpublished research report). Addis Ababa, Ethiopia.
- FDRE. (1998). *Policy on HIV/AIDS*. Addis Ababa: MoH.
- FDRE.(2008). *Summary and statistical report of the 200. Population and housing census..* Addis Ababa: Central Statistics Agency.
- FHAPCO. (2011). *Multi-sectoral HIV/AIDS response annual monitoring and evaluation Report, July 2010*.Addis Ababa: FHAPCO.
- FHAPCO. (2010). *SPM I: Federal HAPCO. Annual performance report of multi-sectoral response to HIV/AIDS 2009/2010*. Addis Ababa: Central Press.
- FHAPCO. (2011). *Strategic plan on intensifying multi-sectoral HIV/AIDS response in Ethiopia (SPM II), 2009-2014*. Addis Ababa: Central Press.
- FHAPCO. (2009). *The drivers of HIV/AIDS epidemic and response in Ethiopia, 2008*. Addis Ababa: Commercial Printing Press.
- FMoH. (2010). Health sector development program (HSDP) IV, 2010/11 – 2014/15. (Unpublished program final draft document). Addis Ababa, Ethiopia.
- FMoH. (2011). *Ethiopian health and nutrition research institute. Report on the 2009 round antenatal care sentinel HIV surveillance in Ethiopia*. Addis Ababa: FMoH.

- Fenta W. (2010). Barriers to VCT among ANC clinic attendants in Gambella Region, Ethiopia. [Amharic edition]. *Public Health Digest*, 4(5), 5-12.
- Goncho M. (2009). *Factors influencing utilization of PMTCT services in Addis Ababa, Ethiopia. The 45th international course in health development. September 22, 2008 – September 11.* London: KIT (Royal Tropical Institute).
- HAPCO and World Bank. (2009). *HIV/AIDS in Ethiopia: An epidemiological synthesis, 2008.* Addis Ababa: World Bank.
- Holt B.Y., Effler, P., Brady, W., Friday, J. et al. (2003). Planning STI/HIV prevention among refugees and mobile populations: Situation assessment of Sudanese refugees. *Disasters*, 27(1), 1–15.
- Lester, F.T., Ayehunie, S., & Zewudie D. (1988). AIDS: Seven cases in Addis Ababa Hospital. *Ethiop. Med J.*, 26(3), 139-45.
- Meheret M., Khodakevich L., & Zewdie D. (1990). HIV-1 infection and some related risk factors among female sex workers in Addis Ababa. *Ethiop. J. Hlth. Dev.*, 4(2), 171-182.
- Mekonen Y., & Demisie Y. (2010). SC-USA-tans ACTION program. Baseline survey among most-at-risk-populations in 12 towns of Ethiopia, 2010. (Unpublished report). Addis Ababa, Ethiopia.
- MOH. (2005). *HIV/AIDS behavioral surveillance survey – Ethiopia: Round 2.* Addis Ababa; MOH/HAPCO AAU CSA EPHA.
- Paul, B. S. Anne, R. B., Johanna, C., et al. (2007). Prevalence of HIV infection in conflict-affected and displaced people in seven sub-Saharan African countries: A systematic review. *Lancet*, 369, 2187–95.
- Population Council. (2009). *Commercial sex workers in five Ethiopian cities: A baseline survey for USAID targeted HIV prevention programs for most-at-risk populations.* Addis Ababa: Population Council Ethiopia.
- PSP-Ethiopia. (2009). *Distribution of most-at-risk population groups and their perceptions towards HIV/AIDS.* Addis Ababa: PSP-Ethiopia.
- UN. UN Country data. Accessed online at <http://www.un.org/popin/region/africa/ethiopia>
- UNAIDS.(2010). *Global report: UNAIDS report on the global AIDS epidemic.* Geneva, Switzerland: UNAIDS.
- UNHCR. (2012). HIV intervention in refugee camps in Ethiopia. Addis Ababa: UNHCR.
- World Bank. (2011). *World Bank reports, 2010/2011.*(accessed online).

WHO, UNICEF, & UNAIDS. (2010). *Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector. Progress report 2010*. Geneva: World Health Organization. Assessable at <http://www.who.int/hiv/pub/2010progressreport/report/en/index.html> (accessed on 17 October 2010).

Appendix I : Interview Schedule

Indira Gandhi National Open University

School of Social Work

Appendix I: English Version Study Questionnaire

Interview individual Client and questionnaire to be filled by principal investigator in the Abomsa Hospital

Dear client,

This is a study Assessment implementation of technical support intervention, for HIV positive patients in Abomsa Hospital, Oromia Regional State, Ethiopia

In order to attain effective goal, I ask your honest and genuine answer. There is no need to put your name. No individual response will be reported. This is to keep absolute confidentiality. It is your full right to participate or refuse in the study. If there is anything not clear, don't hesitate to ask for clarification.

Do you want to participate in the study?

Yes, I want to participate

No, I don't want to participate

If you say" yes" put your signature her_____

Date of Interview _____

Thank you for your cooperation.

Interview Schedule

I. Socio-demographic Characteristics

1. Sex of respondent

1 female 2 male

2. Age of respondent _____ years

3. Educational status of respondent

1 = Illiterate 2 = Able to read and write 3= Primary first cycle education (Grade 1-4)

4 = Primary Second cycle education (Grade 5-8) 5 = Secondary first cycle education (Grade 9-10) 6 = Secondary Second cycle education (preparatory Grade 11-12) 7 = Certificate holders 8 = BA/BSC (BEd) UB holders 9 = MA/MSc/MEd/UM holders 10 = other (please specify)

4. What is your religious affiliation?

1=Orthodox Christian 2=Protestant 3= Muslim 4=catholic 5=other (please specify)

5 .What is your marital status?

1=single (not married) 2=married 3=divorced 4=separated 5=widower
6=widower 7=living together as husband and spouse 8=other (please specify)

6. Do you have any types of disability? 1=yes 2=no

6.1 If “yes”, please specify your physical disability _____

6.2 If “yes”, what is/are the cause(S) of your disability? _____

7. In which types of house (resident) are you living?

1=conventional house (separated) 2= conventional house (attached)

3=hotel (hostel) 4=orphanage 5=boarding school (university/college dormitory)

6=homeless 7=other (please specify)

8. when did knew your HIV positive status _____?

9. How did you know your HIV positive status?

10. What were your reactions when you knew your HIV positive status?

11. How did you get convinced to live positively?

12. What is your current occupation? _____

13. you're monthly income _____ETB

II Care and support Service

1. Do you know the practice of ART services at Abomsa hospital? 1=yes 2=no

2. What was your CD₄count when you started getting ART at the hospital?

3. Which of the following types of comprehensive care and support have you been getting at the hospital?

1) =Anti retro viral therapy (ART)2=voluntary HIV counseling and testing

3=Control and management of STI 4=prophylaxis for certain opportunistic infection (IOs)

5=treatment for TB 6=palliative care 7=other (please specify)

4. Do you think that all people living with HIV need anti retro viral therapy (ART) at the hospital? 1=yes 2=no 3=I have no idea

5. In your opinion, which of the following factors is taken into account to qualify HIV positive people for ART at the hospital?

1=The CD₄ count 2=viral loads 3=Evidence of HIV related disease 4=A combination of this factors 5 =other (please specify_____)

6. Do you have access to IEC materials on HIV positive living, ART, etc?

1= yes 2=no 3=I do not know

7. Please indicate the types of facilities with sign of posters advertising ART care and support services.

ART Services	Location of sign or poster			
	Inside	Out side	Both	Facility with sign

8. which of the following essential equipment is available for providing care and support services for PLHA?

9. Do you think that essential drugs available in the hospital for ART services?

1=yes 2=no 3=I do not know

9.1 If “yes “to Q No 9 then please tell me the essential drugs

10. In order to effectively provide the required care and support for PLHA at the hospital ,are there laboratory test? 1=yes 2=no 3=I do not know

10.1 Would you mind telling me about the types of the laboratory test available?

11. What types of facilities with tests and services are available for delivering ARTs and opportunistic infection care and support at the hospital level?

11.1 Viral load counts done at the hospital facility 1=yes 2=no

11.2 Blood sent way to nearby facility 1=yes 2=no

11.3 CD4 count done at the facility 1=yes 2=no

11.4 Blood sent way to nearby for CD4 counts facility 1=yes 2=no 3=I do not know

11.5 In your opinion are there instances indicating the re-use of syringes and needles 1=yes 2=no 3=I do not know

12. Which of the following care and support facilities have commodity management books/records?

12.1 equipment 1=yes 2=no

12.2 Register of medicine

12.3 Register of contraceptives

12.4 Reusable commodities

12.5 others

13. Which of the following care and support facilities have client record system?

Record system	yes	No	Remark
13.1 Record system in use			
13.2 Types system			
a) log book			

b) facility-retained card			
c)both client and facility-retained card			
d) others			

14 Indicate the use of records by the facility managers at the hospital.

14.1 sending reports 1=yes 2=no 3=I do not know

14.2 following client who did not return 1=yes 2=no 3=I do not know

14.3 keeping track of clients medical history 1=yes 2=no 3=I do not know

14.4 For monitoring and evaluation 1=yes 2=no 3=I do not know

15 please clearly tell me about the types of care and support services available PLHA at the hospital

1=_____

2=_____

3=_____

4=_____

5=_____

6=_____

7=_____

III HUMAN RESOURCES

1. what is the dominant sex category in ART care and support services? 1=male 2=female

2. in which age category, the care and support providers' age is found? 1=15-19 2=20-24
3=25-29 4=30-34 5=35-39 6=40-44

3. at district /woreda level, which are the district HIV/AIDS committees members? (Multiple responses is possible)

1= district health office representative 2= district hospital office representative 3= health center

4=PLHA5=NGOs representative6=private health center (representative)

4. what are the responsibilities of district level health post officer regarding ART care and support services? (Multiple responses is possible)

1=Assisting implementing the ART program by linking facilities, kebeles and the level of community

2=Supports ART activities at the local community level

3=Encourage community mobilization among NGOs, LBOs, LSOs, and FBOs.

4=Responds to facility needs /Abomsa Hospital needs

5=Reports monitoring and evaluation data to the Oromia Region health bureau

6=Gets support from the district HIV/AIDS committees

5. Hospital HIV/AIDS committee members include

1=Facility director 2=Physicians3=Nurse4=Pharmacist / Pharmacy technician /druggist

5=Lab technician6=counselors7=Matron

6. among the hospital HIV/AIDS committee members, do you think that all of the health personnel got trained in ART? 1=yes 2=no 3=I do not know

7. Do you think that the health professional at ART services got trained? 1=yes 2=no 3=I do not know

8. Have you attained in ART training? 1=yes 2=no 3=I do not know

9. Are you satisfied by ART services at the hospital?

1=very satisfied 2= satisfied 3=neither satisfied nor satisfied 4=unsatisfied 5=very unsatisfied

10. What is/are your experiences about and /or views on general ART services?

11. about which types did you discuss during your interaction with the ART providers?

12. How do you evaluate or rate the ART services at the hospital? 1=very good 2=good
3=neither good nor bad 4=bad 5=very bad

13. what were your health complaints during the last 12 months?

14 what types of illness symptoms did you experience during the last 12 months?

15. How do you evaluate the ART providers examinations diagnosis and treatment for each of your health complaint? 1= most Appropriate 2= Appropriate 3=neither Appropriate nor inappropriate 5= inappropriate 6= most inappropriate

16. what is /are your experiences with and views in those services provided?

IV EFFECTS,STRENGTHS AND CONSTRAINTS

1. in your opinion, what effects have the hospital ART providers made to the level of your satisfaction?

2. what are the five major strengths of care and support provider for OLHA at Abomsa hospital?

3. what are the five major constraints in effectively providing comprehensive care and support for the PLHA clients?

Appendices II :- Interview Guide to technical staff the of Abomsa Hospital

		Yes	No	Remark
1	Dose this Hospital give VCT training?			
2	Dose Hospital have risky management system?			
3	Are you screed your HW status?			
4	Dose Hospital make available infection prevention materials?			
5	Are all clients visiting ART clinic to use all follow up procedures?			
6	Are mother ANC attendance should be counseled ?			
7	Dose HIV pregnant women know her status timely count of CD4 ?			
8	Are labouring women's partners shall be tasted for HIV ?			
9	Dose HIV positive people /clients screened TB ?			
10	Dose HIV positive screened STI			
11	Has ART service following started at the Hospital in the procedures of national guidelines ?			
12	Do you have enough time to counseling your client ?			
13	Are you satisfied for providing service for your client ?			
14	Are Hospital have mechanism of confidentiality			
15	Are the Hospital staff not working to other facilities staff ?			
16	Are there treatment of STD and TB at the Hospital ?			
17	Do you gives treatment of opportunity infections such as prophlayixs for opportunistic infection ?			
18	Do you believe that ARV'S immune boosting therapies			

Appendix III :- Focus Group Discussion Checklist or schedule

Questions for focus group discussion for the clients / patients HIV positive services providing in the Hospital

1. Could you tell me about the types of services provided for HIV positive patients in the Hospital?
2. Do the HIV positive clients comprehensive HIV /AIDS, treatment and care services in the Hospital ?
3. Would you telling me level of access all services the Hospital
4. Would you tell me knowledge get for adherences of technical supports Hospital?
5. Do the rapport and respected form the Hospital's staff.
6. What types of problem for providing the technical support services to the HIV positive clients ?
7. Would you explain had occurred which made cope follow- up system of to up the problem of HIV positive patients?
8. What is the strength and weakness of hospital?
9. What are the constraints of the hospital recoding in improperly the technical support services?
10. What should be done to effectively and efficiently? providing the comprehensive care and support technical service to HIV positive patient (client) at the Hospital ?

Thank you?

Appendix IV : Observation Checklist or schedule

1. The awareness training supports the staff on process and Procedure.
2. Observe the availability or access to evaluation HIV counseling and testing services
3. Observational physical environments of effectiveness of hospital services delivered?
4. To see over all team work staff of clinical and other psychological supports
5. to observing easily accessibility of client information.
6. to observing testing facilities and approach of staff to the client
7. to see Hospital value and practical situation of staff.
8. Culture of staff treatment, care and support for infected HIV positive patient.
9. How to treated non reactive patient coming hospital.
10. Observed personal profile of ART clinic
11. Observe whether or not there STD services on site
12. Observing available in the types of equipment in the hospital related HIV Positive patient service providing.
13. Observe stock holders related capacity and materials support for agency which as providing services.
14. Observe how to provide the appropriate treatments and intervention in the Hospital

15.Observe the whether or not HIV committee meets regularly according to prepared with the schedule.

16.Observation other relevant aspect of the hospital's settings

Appendix V : Document Analysis template/matrix

1. VCT registration book
2. Pre-ART registration book
3. ART Registration book
4. PHICT registration book
5. Patient records (follow up card registration book and patient card)
6. Cohorts analysis (Execute transfer out and include transfer in
7. MCH registration book
8. Labour and Delivery and PMCT registration book.
9. Drug ART dispensary registration
- 10.Positive link
- 11.Family Planning
- 12.Project related documents .
- 13.Published and unpublished researchers.
- 14.Web-based documents.

Appendix VI : MSW Dissertation Research Project Proposal

PROFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR APPROVAL FROM ACADEMIC COUNSELLOR AT STUDY CENTRE

Enrolment No : **ID 1051129**

Date of Submission: **.JUNE 20, 2012**

Name of the study centre: **ST MARY UNIVERSITY COLLEGE**

Name of the guide: **SUBSEB BELAYE**

Title of the project: **Assessing and Evaluating Implementation of Technical Support Interventions for HIV Positive Patients at Abomsa Hospital, Oromia Regional State, Ethiopia.**

Signature of the student:

Date: June 20, 2012

Enrolment No: **ID1051129**

Name: Fanos Dechasa

Address: Abomsa, Ethiopia

Date:

Name: Sebsib Belay (Mr)

School of Graduate Studies

St. Mary's university College

Address of the Supervisor: Addis Ababa, Ethiopia

Signature:

**Assessment implementation of technical support
intervention, for HIV positive patients in Abomsa
Hospital, Oromia Regional State, Ethiopia**

**MSW Dissertation Research Project Proposal
(MSWP-001)**

Prepared By

Fanos Dechasa

Enrolment No . ID1051129

Project Supervisor

Sebsib Belay (Mr)

Indira Gandhi National Open University

School of Social Work

June, 2013

Addis Ababa, Ethiopia

Table of Contents

Acronyms and Abbreviations	2
1. INTRODUCTION.....	3
1.1 Operational Definition of Terms.....	4
2. Statement of the Problem.....	5
3 . Objectives of the Study.....	6
4 . Universe of the Study.....	6
5. METHEDOLOGY AND RESEARCH DESIGN.....	7
6. Sampling Method.....	7
7. Data collection Tools and procedures.....	7
8. Data processing and Analyze.....	8
Organization of the Thesis	8
References.....	9

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BSS	Behavioural Surveillance Survey
CSA	Central Statistical Authority
FMOH	Federal Ministry of Health
HAART	Highly Active Antiretroviral Therapy
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
MSP	Multiple sexual partner
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSS	Psychosocial Support
SPSS	Statistical Package for Social Sciences
SSA	Sub Saharan Africa
STD	Sexually Transmitted Disease
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

1. INTRODUCTION

Ethiopia

According to federal ministry of Health, (2006) the projected population is estimated at 75 million which makes Ethiopia the second most populous country in Africa next to Nigeria where 16.2 and 83.8 % live in urban and rural areas respectively. Similar to many developing countries, education has marked influence on the spread of diseases, the acceptability of health practices and utilization of modern health services. Not only the literacy but also health service provision has historically been poor in Ethiopia.

To improve health service provision, the Ethiopian government has focused on principles of decentralization and democratization throughout the restructuring of the health system. The zonal health office has also been a link between the regional health bureau and district health office which is responsible for managing, implementing and coordinating the operation of the primary health care services that includes prevention, promotion and basic curative services (FMOH, 2005) .

OROMIA:-

Oromia national regional state is one of the largest federal states in Ethiopia both in terms of area coverage and population . Administratively, oromia region is divided in to 17 zones, 5 special administrative towns, 5 administrative cities, 282 districts (246 rural and 36 urban) and 339 towns. The districts are further divided in to 6500 rural villages and 546 urban localities. Decision making power has been decentralized to the districts and they are responsible for all development activities in their respective areas (ORHB, 2008) health management system of oromia region is organized into three levels which includes regional health bureau, zone and district health offices. District health offices are responsible for managing and co-ordinating the operation of primary health care services at district level. Potential health service coverage of the region was about 73% . the region is facing an acute shortage of health personnel. Human resource to population ratio indicates that one physician serves more than 115,000 people, one nurse serve 7943 people which is very low compared to WHO standard of 1:10,000 for physician and 1:5000 for nurses (ORHB 2006) (Table 1)

Abomsa Hospital

Abomsa hospital is one of 37 Hospital of oromia national regional state and is located in Arsi zone south east Ethiopia.

If has estimated 749,000 catchment of population and services delivering for 6 (six) woreda in the Arsi zone which supported prevention respects of health center and health post with materials as wall as skill men power for the success of common goals of the regional health services developments Hospital responsibility to provide facility leader ship end owner ship of the comprehensive HIV prevention

Catchment

Care and treatment program with as part of HIV car /ART service delivery and non - complicated HIV positive patients shall be encourage to be transferred- out to the near by ART health center.

Hospital remain primarily responsible for managing critical patients who need close follow up and in – patient services.

1.6 Operational Definition of Terms

- **Assessing-** make a judgment about the value or quality of the technical support of HIV positive patients.
- **Implementation-** putting the technical supports of HIV positive patients into practice.
- **Support-** providing encouragement and emotional help to HIV positive patients.
- **Evaluation (assessment of value):-** the act of considering or examine some things in order to Jude its value quality, importance, extent or condition.
- **Intervention-** action affecting another's affairs, the act of intervening, especially a deliberate entry into a situation or dispute in order to influence events or prevent undesirable consequence.

2. Statement of the Problem

Ethiopia is one of the countries that have been hard-hit by the wave of HIV infections.

Since it has surfaced, the unfolding epidemic has claimed hundreds of thousands of lives in the country. Oromia is home to a third of HIV – positive population in Ethiopia while HIV incidence is stabilized in urban areas; it is still soaring in the rural part of the region. Over the past three decades, the disease has strained the health systems, severed social cohesion and dented the development of the region and the country.

In response, Oromia Regional health bureau has intensified targeted HIV/AIDS interventions in rural and urban parts of the region. Millions of people have been tested for HIV that has ultimately enhanced both the prevention and treatment arms of the program. By the end of March 2010, a total of 56,229 eligible clients were initiated on ART and 113,741 were enrolled on chronic HIV care in Oromia region . However, optimal adherence to treatment and retention in care can only be achieved through more rigorous implementation and follow up of the program.

Peer educators in urban hospitals, case managers in the health centers and health extension workers (HEWs) in rural areas are playing pivotal role in beefing up adherence to treatment and client retention in HIV care. Similarly, health development army and HEWs are working shoulder to shoulder on creating awareness on HIV testing that translates in to better prevention at community level and more enrollments in HIV care at facility level. Consequently, healthier lives and communities that sharply focus on improving productivity will permanently be created.

Having updated standard operating procedure (SOP) on comprehensive HIV/AIDS prevention, treatment, care and support services can minimize the existing gaps and accelerate the expansion of service sites, improve the service quality at all level and assist to have uniform set of procedures.

For this purpose the regional health bureau has developed a standard operating procedure on comprehensive HIV/AIDS prevention , treatment, care and support services implementation which could be instrumental in improving the quality of the existing services as well as assist in rapid expansion of multifaceted HIV/AIDS interventions.

Therefore, this revised SOP has to be used by all actors- health care/service providers, program managers and partners in the implementation of comprehensive HIV/AIDS prevention, treatment, care and support services.

It is my firm belief that all key actors in the program would benefit from using this SOP and more importantly, uniform and cutting edge services would be delivered to those in need. (*Oromia Regional Health Bureau, Standard Operating Procedure For Comprehensive HIV/AIDS Prevention Treatment, Care And Support Services, July 2011*)

Generally, the problem of the study will be to identify the technical support of HIV positive patients and to assessing and evaluating implementation of technical support intervention for HIV positive patients at Abomsa Hospital, Middle East Ethiopia. To this end, the study tries to examine the technical support of HIV positive patients (psychosocial and socio-economic support) and asses the implementation.

3 . Objectives of the Study

1. Assess the technical support provided to HIV /AIDS positive patients who are clients of Abomsa Hospitals.
 - Examine the implementation of technical support the hospital has been providing to the clients and
 - Evaluate the implementation of the technical supports provided to HIV positive patient, vis -a- vis the federal HIV /AIDS prevention of control offices (FHADCOS') provided to standard guidelines?

4 . Universe of the Study

One of the Universe of the study will the fact that focus on Merti Woreda and more specifically consider only Abomsa hospital. Unless it will have been better for drawing comprehensive conclusion if it will be included other hospital and health centre too. But this will be made due to the research's years of experiences in this hospital will make the study more clear than other places. And it will be believed that the hospital is the right place to

make the implementation of the technical supports or at least to have some comfort situation. Besides, patients' technical supports will be limited to some components as mentioned (psychosocial and socio-economical support). This will be done due to the researcher's exposure at this situation and finding them more relevant than other for this study. Otherwise it will have been broader if it embraces further.

5. METHODOLOGY AND RESEARCH DESIGN

The study Design for the research was a cross-sectional methods focusing implementation of technical support intervention for HIV positive patients.

The study will be used both quantitative and qualitative data which means a mixed type. The quantitative part will be a descriptive survey which tries to identify the technical supports of HIV positive patients and their implementation at Abomsa Hospital, south East Ethiopia. It also assesses the implementation of these technical supports in the above mentioned hospital. The qualitative data interview, Focus group discuss, documentary Analysis and observation will also collected concerning about the technical supports of HIV positive patients in the hospital including their implementation and assessment.

6. Sampling Method

A simple random sampling method will be used to select adequate number of sample size. The source of population for the study will be all HIV positive patients those have follow up at Abomsa hospital and health workers. We do have the total population of 260 (60 health workers and 200 HIV positive patients). So we will take 50%-75% the total population to be representative sample size (100 HIV positive patient and 30 health workers).

7. Data collection Tools and procedures

In the study both primary and secondary data will be used (quantitative structured questionnaire, interview schedule) qualitative (interview guide/protocol, FGD schedule/checklist, documentation analysis checklist, observation schedule/checklist (interview, closed and open ended questioner, case study, document review). Positive patient used for HIV patient follow up and report at the hospital.

8. Data processing and Analyze

In order to study the level patient, level of information collected, anti retroviral therapies protocol and patient recorded data analyze will perform with quantitative (Manual or SPSS coding and codebook, master descriptive statistic such as frequency distribute measure of central tendency and of dispersion and measure of association and correlation depending the specific objective of the study and the level of measurement of each variable and qualitative data analysis thematic, content analysis or discourse analysis or their combination. Chart the descriptive statistics (mean, standard deviation, frequency, percentage, bi-varilate analyze) of basic information and distribution of the technical support.

Organization of the Thesis

The MSW dissertation has five chapters. Chapter one is on introduction which includes the need for study, statement of the problem, objectives of the study, operational definitions of concepts and limitations of the study. Chapter two also presents review of related literature and discusses about conceptual framework and comprehensive care and support for PLHA, HIV/AIDS as multi-dimensional health problem, PLHA care and support services, Comprehensive care and support services for PLHA in district, hospital and strengths and constraints of care support services. Chapter three is on study design and methods. Specifically, it describes the study area, study design and methods, universe of the study, sampling method, tools and procedures of data collection, data processing and analysis and ethical issues. Chapter four presents and deals with data analysis and interpretation. Chapter five presents and highlights those major findings in the light of the objectives of the study. Finally, the thesis puts together those analyzed data and interpreted findings in order to draw conclusions and to forward suggestions for action or practice.

References

Abomsa hospital (2011/2012) annual report

AIDS in Ethiopia/six report FMOH / National HAPCO, 2006

Counseling and HIV /AIDS UNAIDS technical up date

EDHS 2005 /6 , Ethiopia Demographic and health survey 2006 Addis Ababa , Ethiopia CSA & ORC march

FHAPCO, Guidelines for HIV care /ART clinical mentoring in Ethiopia, August 2007

Habte, Dereje, Joly 2008 assessment of the distribution of at risk populations and HIV AIDS referral services in Ethiopia baseline assessment for mobile HIV counseling and tasting program in oromia region Bethesda, MDi private sector program Ethiopia, Abt associates

Health sector development program III 2005 ministry of health Ethiopia .

Merti wordaa health office six month report 2010/11.

Ministry of health, 2004 AIDS in Ethiopia, fifth edition and Addis Ababa disease prevention and control departments.

Rathavuthong, vinodmishra and pavgovindasany 2008 fetors associated with prevalent HIV infections among Ethiopia adults further analysis of the 2005 Ethiopia Demographic and health survey Calverton Maryland USA macro international Inc.

UNAIDS/WHO Epidemiological fact sheets on HIV and AIDS, 200 update

(un Aids Best practice collection technical up date) Geneva

World health organization (2004) achievement of the health relater MDG reports