



*Indira Gandhi National
Open University*

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

Enrollment No: ID1326611

Date of submission: April 12,2017

Name of the study center: St.Mary's University

Name of the Guide:

Title of the project: Adherence to Antiretroviral Therapy and Associated Factors

**Among Adult people living with HIV/AIDS: the case of Yergalem Health Center,
Southern Ethiopia**

Signature of the student:

Enrolment No: ID1326611

Date:

Name: Hanna Reta

**Address: Addis Ababa,
Ethiopia**

Approved/Not Approved

Date:

Name:

School of Graduate studies

St.Mary's University

Address of the supervisor:

Signature:

Table of Contents

CHAPTER ONE.....	1
1. Introduction	1
1.1. Background	1
2. Statement of the problem.....	3
3 .Research Questions of the Study	5
4. Objectives of the study	5
4.1 General objective.....	5
4.2 Specific Objectives.....	5
5. Significance of the study	6
6. Research Design and Methodology.....	7
7. Universe of the study (Population source).	7
8. Sampling Method	8
9. Data collection tools and Procedures	9
9.1: Interview schedule:.....	9
9.2Document Analysis:	9
9.3: FGD Schedule:	9
9.4. Interview Guide for the health care worker:.....	9
10. Data processing and analysis:.....	10
11. Organization of the Thesis.....	11
References	12

CHAPTER ONE

1. Introduction

1.1. Back ground

Worldwide HIV/AIDS has created an enormous challenge on the survival of mankind. Since its recognition, more than 70 million people have been infected with the HIV virus and about 35 million people have died of HIV. Globally, 36.7 million [34.0–39.8 million] people were living with HIV at the end of 2015. An estimated 0.8% [0.7-0.9%] of adults aged 15–49 years worldwide is living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 25 adults (4.4%) living with HIV and accounting for nearly 70% of the people living with HIV worldwide and over 25 million have already died due to AIDS (WHO,2016).

Currently only 60% of people with HIV know their status. The remaining 40% (over 14 million people) still need to access HIV testing services. As of June 2016, 18.2 million people living with HIV were accessing antiretroviral therapy (ART) globally, up from 15.8 million in June 2015, 7.5 million in 2010, and less than one million in 2000 (PEPFAR& Global ,2016).

In Ethiopia based on 2016 EDHS report, HIV adult prevalence is estimated to be 1.18%.there were an estimated 718,500 people living with HIV from this, Adults were 653,412 (91%) and Children: 65,088 (9%) and 437,763 Female (60%) and 284,737 Male (40%)including children. Though there is a significant reduction in AIDs related deaths, about 73% compared

to 2007 in 2016 still HIV is killing many. Around 19,743 deaths were reported in 2016. Among the total deaths 16% were children of under fourteen years and 58% of them were females. (FHAPC 2017)

Regarding the prevalence of HIV in SNNPR, the estimated prevalence is 0.54% which is low relative to other regions and administrative towns like, Gambella and the urban administrations of Addis Ababa and Dire Dawa. However; due to large population size Oromia and SNNPR regional states still bear a significant proportion of the epidemic burden (EHNRI and FMOH 2017).

The development of highly effective antiretroviral drugs represented a major turning point by allowing people living with HIV to live long and healthy lives. Ethiopia has achieved exemplary successes in terms of HIV service expansion, and uptake, which impacted to a 90% decline of new HIV infection and 73 % reduction of AIDS deaths compared to the periods 2006 and 2016 respectively. However, lack of adherence to ART is a major challenge to AIDS care. Adherence is taking the correct dose of medications, on schedule, and following dietary instructions (SNNPR, RHB 2017). Poor adherence is linked to the development of drug resistance, higher mortality rates, lower rates of increase in CD4 cell count, lower rates of undetectable viral load, lower therapeutic success and increased hospital days (Hogan D, Salomon J, 2010).

In relation to retention to care in Ethiopia, by the end of June 2013 the number of people ever enrolled in chronic care reached 728,874 while the number ever started ART was 439,301 and 317,443 were currently receiving ART (SNNPR, RHB 2016).

Only 70.3% of individuals who ever started ART were currently on treatment indicating challenges in patients' retention. Patient loss to follow-up and ensuring adherence to ART regimens remain major challenges of the ART program across the regions (FHAPCO, 2014).

Reasons reported for non-adherence in two studies in Addis Ababa, are being too busy/forgetting, travels, depression, drug adverse effects. Treatment fitting to daily routine, relationship with health care providers, patients' perceptions of their doctors' capacities, perceived access to support from their ART unit, and reliable pharmacies, keeping clinical appointments, using memory aids, and educational levels were associated with ART adherence (Tadios Y, Mengesha A ,2011).

Adherence is necessary to achieve full and durable viral suppression. Adherence is a complex feature influenced by numerous factors. Hence it is imperative to undertake an assessment study on the degree of adherence to ART and to identify factors associated with adherence to HIV positive patients who were on ART at Yergalem Health center, Southern Ethiopia

2. Statement of the problem

The rapid scale-up of ART is a key strategic priority for the Government of Ethiopia and its partners. With the rapid scale-up of access to testing and treatment for an increasing number of Ethiopians with HIV/AIDS, an urgent need has arisen to ensure that clients are supported to adhere to recommended care and treatment. Clients are required to maintain more than 95% adherence, yet because of lack of support and various other reasons, an alarming number of clients has been dropping out of treatment: they are now considered lost to follow-up. Poor adherence is likely to lead to the progression and severity of AIDS, resulting in the development of a virus that is resistant to medications and poor health outcomes. Hence, the

national “Road Map” recognizes that adherence to treatment will be critical to success, and ART must be provided with coordinated services to ensure a comprehensive continuum of care. (FHPCO, FMOH, 2009)

Patient adherence to antiretroviral (ART) combination therapy is a critical component to successful treatment outcome because HIV is highly mutable and requires lifelong treatment. Non adherence is a global problem and has been seen in all diseases. (WHO, 2016) Patient adherence to ARV combination therapy is a critical component to successful treatment outcome. While combination therapy is known to be effective in slowing disease progression, the long term benefit of these therapies can only be sustained if resistant strains of HIV do not emerge among conditions that can result in the emergence of resistance. (Muluneh, 2011) Multiple factors related to health care delivery systems, the medication and the person taking ARV drugs may affect adherence to ART. (FMOH, 2014). Therefore understanding the degree of adherence and its barriers would support the Government, people receiving ART and others to design feasible intervention methods to enhance adherence.

According to the observation made on the area of HIV/AIDS care and treatment program of the study area, the clients who have attended ART face challenges of adherence for diverse reasons. A barrier for adherence varies from client to client. This study will try to investigate this situation to fill up the gap based on the findings.

3 .Research Questions of the Study

- ✚ What is the level of Knowledge of adherence among PLHA attending in Yergalem ART clinic?
- ✚ To what extent do patients adhere to ART?
- ✚ Are there association between the socio-demographic characteristics of patients and their level of adherence to ART at the Health center?
- ✚ What looks like patient relationship with the health care provider?
- ✚ What is the contribution of convenient health care system and clinical setting for ART Adherence?

4. Objectives of the study

4.1 General objective

- ✚ To assess the magnitude of adherence to antiretroviral therapy (ART) and associated factors among PLWH attending ART clinic at Yergalem Health center in Yergalem town, southern, Ethiopia.

4.2 Specific Objectives

- ✚ To assess the magnitude of ART adherence among people living with HIV/AIDS at Yergalem Health center Yirgalem, southern, Ethiopia.
- ✚ To assess the level of knowledge of ART adherence.
- ✚ To identify the socio demographic factors associated with ART adherence.
- ✚ To examine the patients' relationship with the health care providers at the clinic.
- ✚ To identify the contribution of health care system and clinical setting for ART adherence.

5. Significance of the study

Ethiopia has been able to scale up ART in spite of the limited resources available in the country. This has been possible due to different initiatives including the public health approach, health systems strengthening, community mobilization and provision of care and support services. While ART was being scaled up in Ethiopia, retention in care was later recognized as a real challenge for the program. The program has thus tried to identify and implement interventions to improve retention in care. A number of initiatives, including case management program, catchment area meetings, patient information systems, provision of care and support services, decentralization and task shifting, and framework for linkage to care, were designed and implemented to improve retention in care. (FMOH, 2014)

As a result of the rapid expansion of antiretroviral therapy (ART) programs in Ethiopia, the number of people living with HIV (PLHIV) enrolled in ART programs has increased dramatically, with overall ART coverage approaching 80%. Yet, poor adherence—characterized by attrition from HIV care, or becoming lost to follow-up remains a significant challenge to the success of the national ART program. Poor adherence is known to negatively influence the success of HIV treatment, increasing the likelihood that more drug-resistant strains of HIV will emerge. (I-Tech, 2014)

In the case of HIV, most PLHIV end up requiring lifelong ART in order to successfully reduce viral replication, thereby reducing AIDS-related morbidity and mortality. Nonetheless, ensuring maximum adherence and retention is a major hurdle to overcome in the management of HIV. Today, clinicians, HIV-positive clients, and affected families continuously struggle to maximize adherence to lifelong treatment

In addition, the already available initiatives on improving ART adherence and retention to care, up to date researches to determine the level of adherence and factor associated to adherence like this one is mandatory. That study has significance in building knowledge to explain the relationship of different factors associated with ART adherence that may hinder or facilitate adherence to ART. Also, it gives insight where to act to have a better treatment outcome.

The rationale for assessing this problem area is due to the fact that identification of determinant factors affecting ART amongst the adult people receiving ARV at health facilities is so significant to prevent resistance which could occur due to Non-adherence and to improve the qualities of life of HIV/AIDS patients.

6. Research Design and Methodology

This study will be conducted from May – October 2017 at ART clinic of Yergalem Health center, Yirgalem, southern, Ethiopia. Yirgalem town is found 317 Km South of Addis Ababa. The catchment population of Yergalem Health center is 43,618. The health center started providing ART service seven years back in 2002 EC. An institutional cross-sectional study will be conducted with both qualitative and quantitative methods on Adult PLWA at Yergalem Health center, Yergalem, Southern Ethiopia.

7. Universe of the study (Population source).

All Adult people living with HIV/AIDS who are eligible for HAART and being treated in ART of Yergalem health center, Yergalem, Southern Ethiopia. There are a total of 101 clients currently taking ART at Yergalem HC.

8. Sampling Method

All Adult PLWHA taking ART in Yergalem Health center constituted source population whereas all PLWHA getting antiretroviral treatment services within the study period represented study population.

From the total of 101 ART clients currently taking ART at Yergalem HC ART clinic, the sample size will be determined using sampling formula. Then sample size determination formula will be applied for 101 ART clients currently taking ART at Yergalem HC ART clinic by simple size determination formula that is developed by (Yemane.Taro, 1967).

$$n = N / (1 + N(e)^2)$$

Where n is the sample size

N is the population size and

e is the acceptable sample error = (5%)

$$n = 101 / (1 + 101 (0.05)^2) = 81 \text{ sample participants}$$

Since all ART clients come to the clinic every 28 days for refill, the study covered all consecutive patients who attend ART clinic for refill over four weeks' study period and hence, convince sampling technique will be used. As to the inclusion criteria study participants that were age >18 years of age, Taking the fixed dose multiple combined ART to single drug, admitted to the study Health center for ART at least for three months and of take the drug as outpatient and Able to give consent voluntarily. For the qualitative study (FGD) Peer educator will be communicated to recruit 12 volunteer ARV users and all volunteer peer

educators to participate. And also in-depth interview schedule will be conducted with two health worker's/ART providers

9. Data collection tools and Procedures

9.1: Interview schedule:

Every patient who comes for ART service during the data collection time will be interviewed by trained enumerators. Volunteer patients will be interviewed for the following variables socio -demography, Health and Illness, Knowledge, attitude to the regimen, relation with health care professionals, HIV/AIDS related disease occurrence while taking ART and opinion of the health delivery system.

9.2 Document Analysis:

relevant document review will be conducted to assess the level of medication Adherence, current functional status, and weight and most recent WHO staging from the ART follow up chart.

9.3: FGD Schedule:

In addition, three types of guiding questions will be prepared for focused group discussion. Peer educator will be communicated to recruit 12 volunteer ARV users and volunteer peer educator and case manager to participate

9.4. Interview Guide for the health care worker:

Interviews will be conducted with the officials (1 ART HO and one ART nurses) from Yergalem Health center ART clinic who will be on provision of ART service at the time of data collection.

The questionnaire will be Pre-Tested on selected participants of the same sample population of ten (10) clients using a treatment of HAART at Yergalem Health center.

A cross-sectional study will be conducted to collect data for assessment of adherence. the adherence rate of the past one month (April ,2017) prior to the data collection period will be calculated by considering number of doses taken by the number of doses prescribed multiplied by 100%.

In the study there will be dependent and independent variables. the dependent Variables of the study: ART Adherence level, the independent variables include Demographic characteristic, Health care service, Benefits and importance of adherence, Satisfaction on HAART and service etc.

10. Data processing and analysis:

The raw data will be scrutinized and coded and then data analyzed using statistical methods. Information collected from the respondents will be sorted, coded and entered in data sheet created in statistical package for social science (SPSS) version 20 to estimate various impacts of different factors on ART adherence. During the data analysis different statistical techniques will be applied using frequency distribution consisting of frequency and percentage, measurement of central tendency (mean, mode, median) and **chi-square test** will also be done to look for association. More over the qualitative data will be transcribed and categorized by the main theme manually and presented in narrative form to supplement the quantitative findings. The finding (result) of the study will be presented and discussed.

11. Organization of the Thesis

The organization of this study will be divided into chapters. This study will be organized with five chapters and a number of subtitles within each chapter, Chapter one of the studies will be titled as introduction with statement of the problem, objectives, research questions, significance of the study and limitation of the study and operational definition.

The second Chapter of this study will be Literature Review. Under this part of the study there will be subdivisions like Introduction, history of ART adherence to HIV, factors facilitating adherence, Factors hindering ART adherence, strategies and priority preventions.

Research Design and Methodology will be organized under chapter three of the study. The description of the study area, study design, universe of the study. Inclusion and exclusion criteria, sample size and methods, Data collection tools, procedure and Data analysis

The interpretation and discussion part of this study will be placed under chapter four of the study with different socio demographic and economic characteristics of respondents, factors influencing ART Adherence among ARV users. Chapter five will be conclusion and recommendation of the study.

References

- ENHRI and FMOH. (2016).HIV related estimates and projections of Ethiopia. Addis Ababa:FMOH.
- FHAPCO. (2014). country progress report on the HIV response, Addis Ababa: FMOH.
- FMOH. (2014). National guidelines for comprehensive HIV prevention, care and Treatment. Ethiopia, Addis Ababa: FMOH.
- FHAPCO. (2012). Multi-sectoral HIV/AIDS Response Annual Report. Addis Ababa:FHAPCO.
- FHPCO, FMOH. (2009). Guideline for the implementation of HIV/AIDS case management in Ethiopia. Addis Ababa. FMOH
- Hogan D, Salomon J. (2010). Prevention & treatment of HIV/AIDS in resource limited settings. Bulletin of WHOM. Vol.83, No 2 Geneva.
- Mengesha A, Worku A. (2011). Assessment of antiretroviral treatment among HIV infected persons in the Ministry of Defense Hospitals.(MPH Thesis) department of public health, faculty of medicine, AddisAbaba University, Ethiopia.
- Muluneh and Ezra. (2010). Adherence to ART and its associated factors among HIV Aids Patients in Addis Ababa.Science and Technology against Microbial Pathogens: Singapor.
- SNNPRRHB. (2016). HIV testing and care and treatment catch up campaign final draft document. SNNPR, Hawassa: RHB.

Tadios Y, Davey G. (2011). Retroviral drug adherence & its correlates in Addis Ababa, Ethiopia; Ethiop Med J; 44:237-244.

WHO. (2015).Scaling Up Antiretroviral Therapy in Resource-limited Settings: Guidelines for a Public Health Approach. WHO.

CURRICULUM VITAE

of

MOSISA KEJELA MEGERSA

CONTACT: Mob: +251 911 24 3883 or +251 933707782, E- mail: mkmegersa@yahoo.com

EDUCATIONAL BACKGROUND:

- ✓ MSW Degree in Social Work, Indira Gandhi National Open University(IGNOU), Maidan Garhi , New Delhi -110068, India , June, 2013.
- ✓ BA Degree in Management, Alpha University College, Addis Ababa, Ethiopia, Dec, 2011.
- ✓ Diploma in Management, Alpha University College, Addis Ababa, Ethiopia, Dec, 2002.
- ✓ BA Degree in Theatre Arts, Addis Ababa University, Addis Ababa, Ethiopia, Jul, 1986.

TRAINING:

- ✓ Certificate in Computer Literacy, Ethiopian Science and Technology Commission Training Centre, Addis Ababa, Ethiopia, Feb, 2000.
- ✓ Certificate in Gender Project Formulation, Austrian Embassy Development Cooperation (AEDC), Aug, 2000.
- ✓ Certificate in the Prevention, Sexual Harassment and Abuse of Authority in the workplace, Online Course, UNDP Certified, Mar 2009.
 - ✓ Certificate in Ethics Training in Assessment, OnlineCourse, and UNDP Certified, February, 2009.
 - ✓ Certificate in Gender Journey, Onlinecourse, UNDP Certified, March 2009.

- ✓ Certificate in Democratic Governance, OnlineCourse, and UNDP Certified, March 2009.

RESEARCH:

- ✓ Assessing Supervision of Social Work Practicum: the case of master of social work of SMU –IGNOU Program Sep., 2017.
- ✓ Assessing the Advising of International Programs of St. Mary’s University and Indira Gandhi National Open University Masters Programs Sep, 2016.
- ✓ The Role of Social Workers in Improving Quality Health Care Services:The Case of ALERT Public Hospital , Sep, 2015.
- ✓ MSW Dissertation on Assessment of Women Saving and Credit Cooperative Services in Zuway Dugda District, South East of Ethiopia, May 2013 ,Addis Abba ,Ethiopia.
- ✓ Produced community mobilization workson the UN Convention on the Rights of the Child, HIV /AIDS Prevention, Girl Child Education, EPI / ORT, Child Labor and young girl prostitutes.
- ✓ Women saving and credit Services: the Case of Zuway Dugda District Published on JBAS Journal of St. May’s University, Sep, 2015.

WORK EXPERIENCES:

ASST. DEAN, FACULTY OF INTERNATIONAL PROGRAMS ST. MARY’S UNIVERSITY (SMU), ADDIS ABABA, ETHIOPIA, AND APRIL 2014-TO- DATE.

- ✓ Responsible to manage the international programmers’ conducting of needs assessment , expansion of new programs ,execution of approved programs and

- coordination of programmes with partners , communication with partner institutions , provision of professional guide to students , establishment of smooth operational of the programmes;
- ✓ Provided technical support to social work students on social work field practicum practicing of methods such as casework ,group work ,community organization and community development , social welfare administration , social action and social research ;
 - ✓ Supervised , mentored and coach the field work practicum placement in healthcare ,education , service and development agencies settings ;
 - ✓ Advised the students on project proposal preparation , research paper writing, report writing ,communication ,coordination and time management skills ;
 - ✓ Mentored social work skills of students in dealing with individual, group, and community, and family, home visit that comprise youth, women, community elders and leaders as well as other stakeholders.
 - ✓ Coordinated academic counseling , tutor marked assignment awarding ,placement of the students in agencies , problem solving with partner agencies , facilitation of teaching and learning process;
 - ✓ Provided individual and group counseling on the development of students' knowledge, skills, attitude and professional self - development.
 - ✓ Advised the students on case management, case conferencing and investigation and intervention theories and practices.

TEAM LEADER/ OPERATIONS OFFICER, UNITED NATIONS MISSION IN SUDAN (UNMIS). OCT 2010-MAR 2011

- ✓ Responsible for two counties to identify and develop strategic partnerships with government, corporate sector, civil society and donors, volunteer placements, support of volunteers and building networks;
- ✓ Responsible to prepare operational plan , implementation , monitoring , evaluation , and reporting of the referendum programmes activities ;
- ✓ Coordinate technical support provision to governmental and non- governmental organizations , volunteers and other partner organizations in implementation of referendum project;
- ✓ Ensure the smooth –functioning of placement development and volunteer management systems and process ,within the county and the state programme office ;
- ✓ Ensure smooth implementation of field operations effectively by addressing policy guidance, logistics, and other project needs as per SOP;
- ✓ Facilitate the training of different community members such as youth and women ,community leaders and elders to actively involve them in developmentprogrammes through empowerment;
- ✓ Plan, organize and coordinate, implement ,monitor ,evaluate and report capacity building training with the objective of attaining high slandered of performance in accordance with policies and guidance of the UN Mission in Sudan ;
- ✓ Supervise teams in the County and provide overall team leadership and guidance for the team activities and delegation as per SOP;

- ✓ Administer UN personnel and the project office without dedicated administration officer and performed daily administrative matters like sustaining UN living and working standards;
- ✓ Serve as security focal person and participate in security management meeting (SMT), delegate the UN Mission in the county and reporting of the project implantation.

**PROVINCIAL PUBLIC OUTREACH AND TRAINING ADVISOR, UNDP PROJECT
- AFGHANISTAN, FEB 2009 – JAN 2010**

- ✓ Responsible for production of Information , Education and Communication productions of face- to- face , community mobilization events , on –the- spots programmes through public outreach and training activities ;
- ✓ Advised provincial office in designing locally relevant outreach strategies to involve the community in democratization process;
- ✓ Advised the provincial office on training of women , youth , elders , community leaders and other sectors participation in the democratization process of the country;
- ✓ Advised on the promotion of women participation in local self-government to make- decision in their affairs through empowerment ;
- ✓ Assisted on coordination of GOs, NGOs, CBOs engagement in effective mobilizing of resources and efficient utilization of the same;
- ✓ Advised the provincial office on involving socially disadvantaged groups such as displaced and disabled people, women and youth as well as other marginalized groups participation in democratization processes;

**PROVINCIAL PUBLIC OUTREACH OFFICER, UNITED NATIONS ASSISTANCE
MISSION IN AFGHANISTAN / UNAMA/ MARCH 2004-DEC 2005**

- ✓ Responsible for public outreach planning ,organizing ,staffing ,directing ,coordinating, reporting , budgeting ,communication ,monitoring ,evaluation and utilization ((POSDCORB_COMU);
- ✓ Organized capacity building training for National Public Outreach Trainers , Public Information Officer and Small Grant Officer and Panther NGO Trainers on public outreach programmes;
- ✓ Coordinated partner GOs, NGOs , UN Agencies , CSOs and media groups involvement in mobilization of target groups participation in democratization process;
- ✓ Represented UNAMA at provincial level in Networking, Security Management Meeting and other coordination meetings;
- ✓ Prepared and submitted reports as per the requirements in a timely manner’.

**HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT ADVISOR,
OROMIA CAPACITY BUILDING SUPREME OFFICE (OCBSO) - GO, MAY 2002 –
MAR 2004**

- ✓ Responsible to advice the OCBSO on human resource development and management in establishing working systems;
- ✓ Designed and formulated project proposals on trainings of Good Governance ,Decentralization, Participatory Planning ,Organizational Conflict Prevention and Management, Strategic Planning and Management that have been fund by DFID-Ethiopia , Pact-Ethiopia, and World Bank –Resident Mission;

- ✓ Developed and maintain appropriate working relations with Regional, Zonal and Districts and higher educational and training institutions of the national regional State;
- ✓ Served as a key liaison for communication and coordination ,assessment and reporting of activities specific to the projects among OCBSO, Donors , Line Government Offices;
- ✓ Prepared projects comprehensive narrative and financial reports for OCBSO and Donors.

HEAD PROGRAM AND COMMUNICATION, ETHIO –SWEDISH CHILDREN AND YOUTH REHABILITATION AND PREVENTION PROJECT (ESCYRPP), DEC 1997 – MAY 2001

- ✓ Responsible for the organization programmes , projects preparation , execution ,networking , training of marketable skills training;
- ✓ Developedrealistic programmes plans and budgets ,ensuring compliance with donor requirements that won funding for implementation ;
- ✓ Formulated income generation project proposals and submit to donors as well as implement the approved projects ;
- ✓ Produced awareness building Artistic works on UN Convention on the Rights of Child (UNCRC) , HIV /AIDS social ,economic ,health and psychological impact on children ,Girl ‘ Education to empowerment to realize their capabilities and entitlements , EPI / ORT the six killers of children , Child Labor’ family tradition ,lack of education, poverty, illiteracy ,adult unemployment and urbanization and prevention of young girl prostitutes ;
- ✓ Promoted the awareness of the community members on contributing factors for street children such as socio-structural ,economic, school dropout, natural climates ,cruelty and abuse ,neglect ,broken family, peer group and media influence;

- ✓ Advised the children and youth on personal values, family values ,cultural values social values and work values ;
- ✓ Prepared and submitted the projects implementation narrative and financial reports to Line Bureau and Donor Agencies.

GENERAL MANAGER, CHILDREN AND YOUTH THEATRE / CYT/ JULY 1992 – JULY 1997

- ✓ Established management systems of Children and Youth Theatre personnel, financial and property effectively and efficiently.
- ✓ Formulated, implemented, monitored, evaluated, reported and coordinated Japan Embassy , UNICEF and Norway Save the children projects of artistic production and professional equipment ,
- ✓ Produced awareness building Artistic works on UN Convention of Child Rights , HIV /AIDS Prevention ,Girl Child Education , EPI / ORT , Child Labor and young girl prostitutes ,
- ✓ Established good working relations with media such as TV , Radio and News Agency
- ✓ Prepared reports and submitted to HQ on a regular basis.