

Trip Report: Yoseph Fisahaye; Gizachew Abate

Ethiopia HIV/AIDS Care and Support Project
January 14-19, 2008

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract No. 663-C-00-07-00408-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

HIV/AIDS Care and Support Program (HCSP)
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org



HIV/AIDS Care & Support Project (HCSP) Amhara Field Visit Report



HCSP PROJECT CARE & SUPPORT TEAM

Yoseph Fisahaye T/brhan
CM Technical Advisor
Save the Children USA
Addis Ababa
Ethiopia Country Office

Mobile Phone: +251-911-908-561

E-mail:

yfisahaye@savechildren.org.et

Yfisahaye@hacsp.org

Increasing access to gender sensitive continuum of comprehensive HIV/AIDS services resulting in improved quality of life of PLWHAs, their families, and communities; reduce stigma and discrimination; and improve capacity of public/private health and social sectors by 2010

Care and Support Team

Amhara Field Visit Report

Department/Team: HCSP, Care and Support Team

Date of Visit: 14 – 19th January, 2008

Visit Made to: Amhara Region

Visit Made by: Yoseph Fisahaye; Gizachew Abate

Report Submitted by: Yoseph Fisahaye, CM Technical Advisor

Report Submitted to: Nelia Matinhure, Team Leader for Care & Support

Overview

Amhara is one of the five regional states where HCSP is operating. The project operates in twenty four existing and sixteen new ART health centers. However, community care and support part of the project covers only the existing ART health center catchments for this fiscal year. These transitioned health centers serve the population of 24 woredas from ten zones of the region. The regional operation office has recently staffed with one regional coordinator for community mobilization and BCC activities. The region has also hired and trained eleven community mobilizers to take the whole actions of care & support down to the ground.

Regionally, it is expected to deploy 280 volunteer out reach workers to provide comprehensive family focused care & support, and other BCC services at community level for the existing ART health centers catchments. As a result more than 20, 000 clients will be reached with basic palliative care services by the end of year one project life. Hence, the regional office is currently engaged merely in achieving the first objective which is also the basis for the subsequent objectives of result 3 part of the project. Accordingly, capacity improvement of existing community groups and others structures are being effected. The present visit is therefore to support the regional office to accelerate the over all care and support (R3) activities so that to catch up all the deliverables timely.

Objectives of the Visit

- To give an overview of care & support (R 3) plan and approach to the regional health bureau and regional HAPCO
- To discuss on the immediate action plans of care & support such as sensitization workshops, KOOWs selection & training, and trainer selection for the training.
- To get final appraisal of KOOWs JD from the regional health bureau.
- To initiate and facilitate sensitization workshops.
- Provide technical assistance to the newly hired regional CM coordinator.

Major Accomplishments

I. Orientation of Care & Support Plan & its Approach

As the regional CM coordinator is new for the project, giving him detail orientation on the general aspects of HCSP project was the first action which I have done. Some of the major issues which we dealt include:

- Purpose of the project: It is aimed at supporting the government of Ethiopia in providing nation wide comprehensive HIV/AIDS treatment, prevention, and care and support services at health centers, community and household level.
- HCSP strategic model: Result oriented framework, family focused and PBC approaches were discussed.
- According to the result framework all the seven results were overviewed.

Thorough discussion was also held focusing on result 3 strategies & approaches. Thus, we had seen the following major care and support areas.

- Its community mobilization approach (CAC) as a means for community owned care & support services
- Training and deployment of 6350 volunteer out reach workers
- Major care and support services to be serviced by KOOWs
- Networking and referral linkages between health center & community services
- The regional result 3 plan

Finally, we came up with the following effects.

1. Revised immediate action plan for sensitization workshop, CCG formulation, KOOWs selection and training was developed.
2. He was able to see all the care and support deliverables in harmony with all the seven phases of community action cycle.
3. Critically learned the regional care and support plan.
4. Shared recording and reporting tools of community mobilizers, and sensitization workshops minutes form.

After having common understanding related to the care and support part of the project, we went to the regional health bureau, HIV/AIDS team and regional HAPCO with the aims of over viewing result 3 & 4, regional community mobilization plan, and discuss on KOOWs job description, selection criteria, training curriculum and training time plan. With the present of Sinidu Bekele; ART & other STI expert, Negash Tesfu; VCT & HIV surveillance expert, and Getaneh Derseh; regional HAPCO head, the following action points were taken.

1. Job description of KOOWs were appraised
2. RHB and regional HAPCO to send a letter to 24 woreda HAPCO requesting support for the overall care & support activities particularly sensitization workshops, CCG formulation and KOOWs selection activities together with the community mobilizers immediately. Phone calls were made to the woredas where sensitization workshops have done last week. Gizachew (MSH-Regional CM coordinator) will ensure dissemination of these letters.

3. Our regional operation office to send official letter to RHB requesting KOOWs trainer by 21st January 2008.
4. List of trainers for KOOWs training will be given by RHB by 25th January 2008.

It was learned from the regional HAPCO that volunteer home based care providers who were deployed by FHI at Bahir Dar, Dessie, Gondar and Kombolcha towns have ceased their care & support functioning. Hence, these should be considered as KOOWs. It was also recommended to adopt I-tech's experience for case finding activities and that was taken positively. Similar discussions were also conducted with South Achefer, Injibara and Bure woredas HAPCO head and health offices.

2. Sensitization Workshops

As per the revised plan, three sensitization workshops were conducted at Durbete, Injibara and Merawi health centres from three different Woredas during the last week. Total of 161 attendees with male to female ratio of 2.57 (116/45) participated these three events. All the events were conducted for an average of 3 hours time. With attendance from Iddir counsel, religious institutions, PLWHA associations, anti AIDS clubs, Kebele leaders, health centre ART unit head, youth associations, woreda HAPCO, woreda health office and other community members, the following issues were discussed and decided on immediate way forwards.

- ✚ HCSP overview particularly on community based family care & support and BCC services
- ✚ Local HIV/AIDS related problems such as stigma & discrimination, ART uptake & adherence, and family focused care & support service demand.
- ✚ CBO/FBO selection and CCG formulation steps and community actions
- ✚ Importance of volunteer out reach workers deployment for effective, community owned and sustainable family focused care & support services.
- ✚ Selection process and requirements of KOOWs.



Ato Getinet Ayallew
Head, South Achefer Woreda HAPCO

Giving opening speech at Durbete Health center catchment sensitization workshop. He addressed the magnitude of HIV/AIDS problem, low uptake of ART and the need for support from NGOs in enhancing HIV/AIDS prevention, treatment, care and support activities at Durbete community.

Next to Opening speech by the respective woreda HAPCO head, introduction of participants, issues and objectives of the sensitization workshop was facilitated by the regional CM coordinator and woreda community mobilizer.



Gizachew Abate; Regional CM & BCC Coordinator

Participants introducing their full name, where they came and their care & support experience at Durbete health center.

Brief HCSP overview with focus on community mobilization for care and support was elaborated after introduction of participants.

Yoseph Fisahaye; HCSP CM Advisor

Speaking about HCSP vision, care & support approaches, and roles expected from the community members at Injibara health center catchment sensitization workshop.



In all the three events much of the time was spent in discussing local HIV/AIDS related problems such as stigma & discrimination and its effect on ART uptake & adherence, and family focused care & support service demand. Major barriers for ART adherence and uptake were tried to be seen from different angle. Of which, the following are summarized by facility, community/family and individual level.

Table 1: Factors affecting ART uptake and adherence, ART health centers Catchment Sensitization workshops, Amhara HCSP, January 2008

Health center level	Community/Family level	Individual/Client level
<ul style="list-style-type: none"> • Unwelcome physician approach • No adequate OI drugs 	<ul style="list-style-type: none"> • No community care & support • No strong community or faith based organization support • Stigma and discrimination • No financial and technical aid for CBO/FBO for care & support 	<ul style="list-style-type: none"> • Secrecy and fear of status disclosure • Poor economic status or no work • LACK OF FOOD SUPPORT • Religious believes on holy water though church is dealing with that.

Discussions were supported with the following suggestions

- ✚ HIV/AIDS messages should shift to focusing on ART issues than just prevention
- ✚ Deployment of trained volunteers for personalized follow up and HIV/AIDS messages
- ✚ Mobilize the broader community for care & support services so that to enhance ART uptake & adherence
- ✚ Financial & technical aid to the existing CBO/FBOs
- ✚ Mainstreaming ART issues to all sector offices



Finally, the participants were able to understand and appreciated the project approach and promised to lead the community action. Thus, CBO/FBO selection, CCG formulation, and KOOWs selection activities were planned to be carried out with in a week time.

The sensitization workshops will be continued, and at least ten events will be organized during the next week in Amhara region. See annexed regional sensitization plan for more.

3. Synopsis of Major Challenges and Recommendations

During the visit I have tried to look at challenges for care and support activities at regional office and down at community level. Regionally, more of support issues were found to be areas of improvement as mentioned below.

- Office furniture and lap top supplies were found to be not arranged for the regional CM coordinator. These needs to be settled urgently otherwise it will significantly decelerate the regional care & support actions.
- Communication means such as internet and telephone should also be installed as early as possible so as to facilitate timely program information communication.

At Community level the following bottlenecks were discovered

- Community mobilizers are covering two to three health centers where located very scattered. This incurs more cost on them particularly for transportation costs. Therefore, their stipend should be started as early as possible; otherwise, that will impact the care and support activities.
- The regional office should also prepare and provide community mobilizers ID card.
- Office set up and accountability of community mobilizers should be handled centrally and communicate the regional office for their smooth working activities. May be woreda HAPCO should take the accountability and provision of office.

Annexes

- I. Detail Implementation Plan for Sensitization workshops, CCG formulation and KOOWs Selection-Amhara region**
(See attached Excel file)

2. Schedule for Amhara Field Visit

Major Objectives of the field visit:

- To give an overview of R 3 (care & support) plan and approach to the regional health bureau/HAPCO
- To get final appraisal of KOOWs JD from the region.
- To discuss on the regional training time table and curriculum of KOOWs.
- To initiate and facilitate sensitization workshops targeting kebele, religious, iddir and business leaders and other community members per catchment of existing ART health centre.
- Provide technical assistance to the newly hired regional community mobilization coordinator so that to ignite & maintain accelerated over all care & support activities in the pipe line.

Date	Activity	Responsible	Remark
Monday, 14 th Jan 2008	Journey to Bahir Dar Meet our regional staff & brief field visit objectives	Yoseph F	
Tuesday, 15 th Jan 2008	Before noon: Hold meeting with regional health bureau/ HAPCO to discuss on the following issues:- R 3 (care & support) plan & approach overview; responsibilities of community mobilizers; discuss about JD of KOOWs; and training time table and curriculum of KOOWs After noon: Continue over viewing of the near by woreda health office (S)	Yoseph F; Gizachew A; one additional; regional staff of ours	
Wednesday, 16 th Jan 2008	Before noon: Ensure preparation or arrangements of sensitization workshops with Dangla health centre catchments. After noon: Do same with Addis Zemen &/or Woreta H/Cs	Yoseph F; Gizachew A	
Thursday, 17 th Jan 2008	Before noon: facilitate & support sensitization workshop events at least for two health centres After noon: Ensure preparation for all the remaining sites and develop regional time break down for these sensitization workshops	Yoseph F; Gizachew A	
Friday, 18 th Jan 2008	Journey back to Addis	Yoseph F	

Note: Selected health centers can be changed if necessary.