ADDIS ABABA UNIVERSITY

FACULTY OF MEDICINE SCHOOL OF PUBLIC HEALTH

Assessment of the status of HIV/AIDS Mainstreaming at the government sectors in Addis Ababa and factors affecting the implementation

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti Retroviral Therapy
E.C	Ethiopian calendar
EFY	Ethiopian Fiscal Year
E.G	Example
ETB	Ethiopian Birr
FGD	Focus group discussion
HAPCO	HIV /AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
IEC	Information, Education, Communication
MDGs	Millennium Development Goals
MOH	Ministry Of Health
PLWHA	people living with HIV/AIDS
UNAIDS	United Nations program on HIV/AIDS
UNDP	United Nations Development Program
VCT	Voluntary Counseling and Testing

Abstract

Background: Mainstreaming HIV/AIDS at various levels is being increasingly recognized as a fundamental component of expanding the response to the epidemic globally and across Africa, and it is defined as the process of analyzing the impact that HIV/AIDS has, and will have, on all sectors. Though it is recognized as a means of expanding the response to the epidemic, the understanding and application of mainstreaming remains somewhat limited, and has different barriers.

Objectives: the study is designed to assess the status of HIV/AIDS mainstreaming at government sectors in Addis Ababa.

Methods: a cross sectional descriptive study was conducted in five sub-cities of Addis Ababa from February to March 2010. From five sub-cities a total of 420 government workers were participated in the study with a response rate of 99.5%. The data entered to EPI6 and analyzed by SPSS version 16. In-depth interview and FGD were also conducted.

Results: nearly 50% of the study participants have no information about HIV mainstreaming. Respondents who had knowledge about HIV/AIDS had significantly higher attitude towards mainstreaming with COR=9.42, 95% CI (1.62, 54.70) and AOR= 25.1(1.13, 558.07). Out of 55 sub-city sectors and 11 bureaus interviewed for mainstreaming implementation, only 20 (36%) of the sub-city sectors and 5 (45%) of regional bureaus were implementing stage one of UNDP's criteria. The over all implementation of HIV/AIDS mainstreaming was 38 percent.

The most commonly raised reasons for this low coverage include; low attention and lack of commitment from leader ship, limited resources, perception that HIV/AIDS work is only the responsibility of health sector and weak monitoring & evaluation system.

Conclusion and recommendation: the implementation status of HIV mainstreaming at government sectors in Addis Ababa is poor and in its initial stage due to different barriers. Therefore addressing those factors though continuous awareness raising is expected from HAPCO and Health bureau. HAPCO should also develop a clear guiding document and distribute to every sectors.

1. Introduction

1.1. Background

Worldwide, HIV/AIDS is one of the greatest obstacles to development, and there is still no sign of an end of the epidemic (1). HIV/AIDS epidemic is not just public health problem; it is also a major development issue that has an impact on every aspect of life which requires a response from all sectors of society: government, civil society and the private sector (2). The growing understanding of the connection between AIDS and development has led to the realisation that, in addition to having programmes that specifically address HIV/AIDS, the need to strengthen the way in which development efforts address both the causes and consequences of the epidemic.

The process through which to achieve this is called 'mainstreaming HIV and AIDS' (3). Mainstreaming HIV and AIDS means all sectors determining: how the spread of HIV is caused or contributed to their sector; how the epidemic is likely to affect their sector's goals, objectives and programmmes; and, where their sector has comparative advantage to respond to limit the spread of HIV and to mitigate its impact (4, 5, 6). It is different from integration which occurs when HIV/AIDS related issues and interventions are introduced into a project or programme as a component without much interference with the specific core business (7). Mainstreaming then starts from the analysis of the mandate or purpose and the routine functions of the organization (8). The goal of "mainstreaming HIV/AIDS" in development work is to ensure that the impacts of HIV/AIDS are addressed and reduced in communities and within organizations, in all sectors (9).

In Ethiopia multi-sectoral approach and HIV/AIDS mainstreaming was started in August 2003 a year after establishment of HIV/AIDS prevention and control office (HAPCO) on June 2000. Implementation guideline on sector mainstreaming was also developed. Several trainings were conducted to effectively mainstream HIV/AIDS in different public and non-public sectors (10, 11). Though, mainstreaming HIV/AIDS is recognized as a means of expanding the response to the epidemic the understanding and application of mainstreaming remains somewhat limited (7).

1.2 Rationale of the study

HIV/AIDS is having a huge impact on societies, economies, cultures and demographics. Sectors, institutions and communities are therefore forced to respond to it (1, 12). Mainstreaming HIV/AIDS is a tool to achieve an expanded cross-sectoral approach to HIV/AIDS (13).

In August 2003, the publication of the mainstreaming guideline in Ethiopia introduced new ways of approaching the epidemic via a multi-sectoral response. The document guided people to assess the impacts of AIDS on their respective sectors, and tried to assist mitigating these impacts. Despite these efforts HIV/AIDS mainstreaming is not implemented as needed; may be due to different factors like lack of knowledge about HIV and AIDS, lack of commitment from senior leadership, cultural and moral barriers to addressing issues of sexuality and reproductive health, lack of attention to the quality of processes underlying HIV/AIDS mainstreaming implementation such as policy analysis, budgeting and monitoring & evaluation (6, 14). In Ethiopia two studies were done on factors influencing effective HIV mainstreaming in education system in Addis Ababa which showed poor conceptualization and applicability of HIV/AIDS mainstreaming process; and on assessment of community & organizational response against the impact of HIV/AIDS in Tigray region which also showed the effort to curb HIV/AIDS epidemic is poor (15, 25). Factors affecting the implementation process and Knowledge & attitude of government workers towards HIV/AIDS mainstreaming is not well addressed.

Thus, the study tried to assess the knowledge & attitude of government workers towards mainstreaming, its implementation status and factors affecting the implementation process in Addis Ababa government sectors. Narrowing the gap of knowledge in this matters helps as base line for other studies. Furthermore it helps in forming strategies and specific intervention to deal with drawback of HIV/AIDS mainstreaming program.

2. Literature Review

2.1 A review of mainstreaming

The HIV/AIDS epidemic is today considered a major threat to development and economic growth in affected countries and its impact is felt across all sectors; health, education, agriculture, infrastructure, the corporate sector & many others. It is also a major challenge for international co-operations, as it risks eroding decades of progress in development (5, 16, 17). This is why the international community has put HIV/AIDS and poverty at the centre of the development agenda, as reflected for example in the Millennium Development Goals (MDGs).

MDG 6: “Combat HIV/AIDS, malaria and other diseases: Have halted by 2015 and begun to reverse the spread of HIV/AIDS”

Therefore, it can only be reversed by a joint multi-sectoral approach where a maximum of sectors collaborate and cooperate (18).

In the progression of HIV/AIDS response over time, as can be seen in Figure 1 below, initially it was to look at the epidemic from bio-medical perspective, looking at the clinical aspects of the virus and its progression in the hope of finding a viable cure and vaccine. As it became obvious that this process was by no means straight forward and would take many years, the response turned to specific HIV/AIDS work to prevent further infections and provide care and support for those already infected. Mainstreaming as an approach has developed more recently as there has been increasing recognition that HIV/AIDS is not just a health issue, but has vast implications for all sectors of development (4, 7).

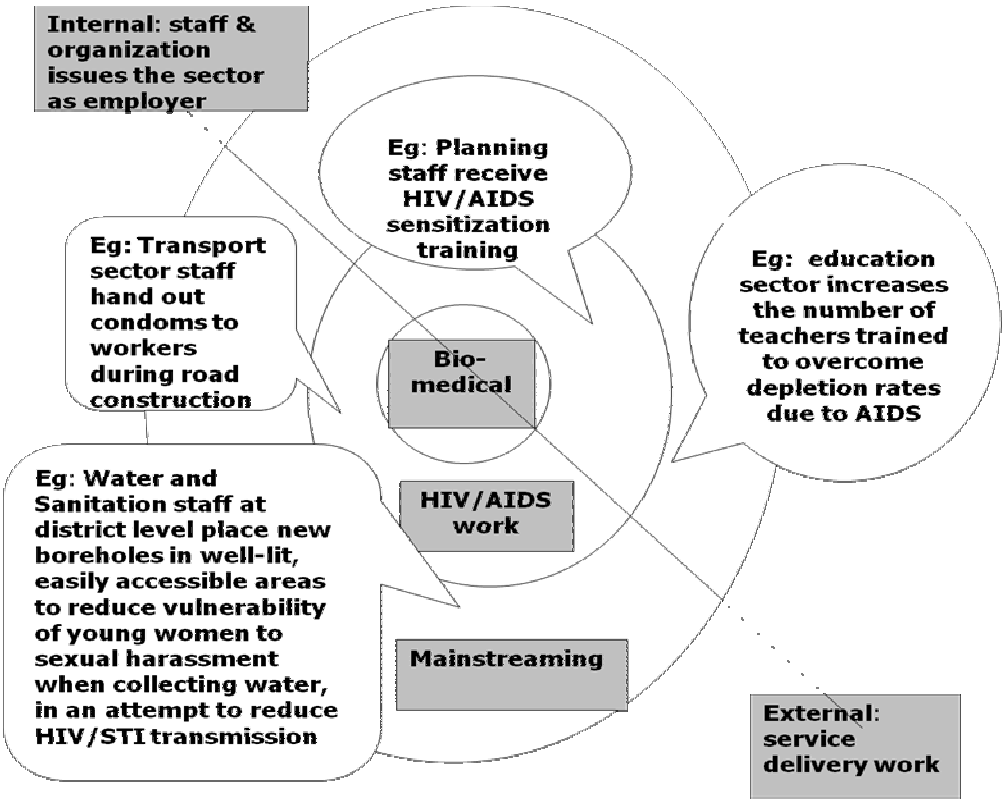


Figure 1: Conceptual frame work for HIV/AIDS Mainstreaming (4).

2.2 The classification systems of mainstreaming HIV/AIDS

There are two methods of classification styles of mainstreaming HIV/AIDS based on; (a). Inter connected areas of responsibilities. (b). Levels of implementation

2.2.1 Based on inter-connected areas of responsibilities and domain

a. Internal Domain: Mainstreaming in this domain focuses attention on the vulnerabilities and risks for people within the organization, sector, program, project, etc. itself. The challenge of HIV/AIDS is addressed within this context by consciously formulating workplace/workforce policies and guidelines that inform day to day practice, thus contributing to the protection of the workforce and deepening of an organization's understanding of the multidimensional impact of the epidemic (9, 19).

b. External Domain: In this domain, HIV/AIDS is mainstreamed into the core mandate, activities, and business of the sector, institution or project based on available capacities. HIV/AIDS becomes part and parcel of the interaction between these organizations and their target or client communities. Figure 2, outlines the interaction between the progression of HIV towards AIDS, which involves the dynamic between individuals and the epidemic, and the internal and external components of a sector. Box A relates to the interactions between HIV and sector's internal priorities and functions, i.e. issues surrounding supply. Box B is concerned with how HIV is affecting the beneficiaries or users of services of a sector. Box C examines how AIDS illness and death will impact the capacity of a sector to fulfill its mandates internally. Lastly, Box D looks in to the effects that illness and death within a sector will have on beneficiaries (9, 20).

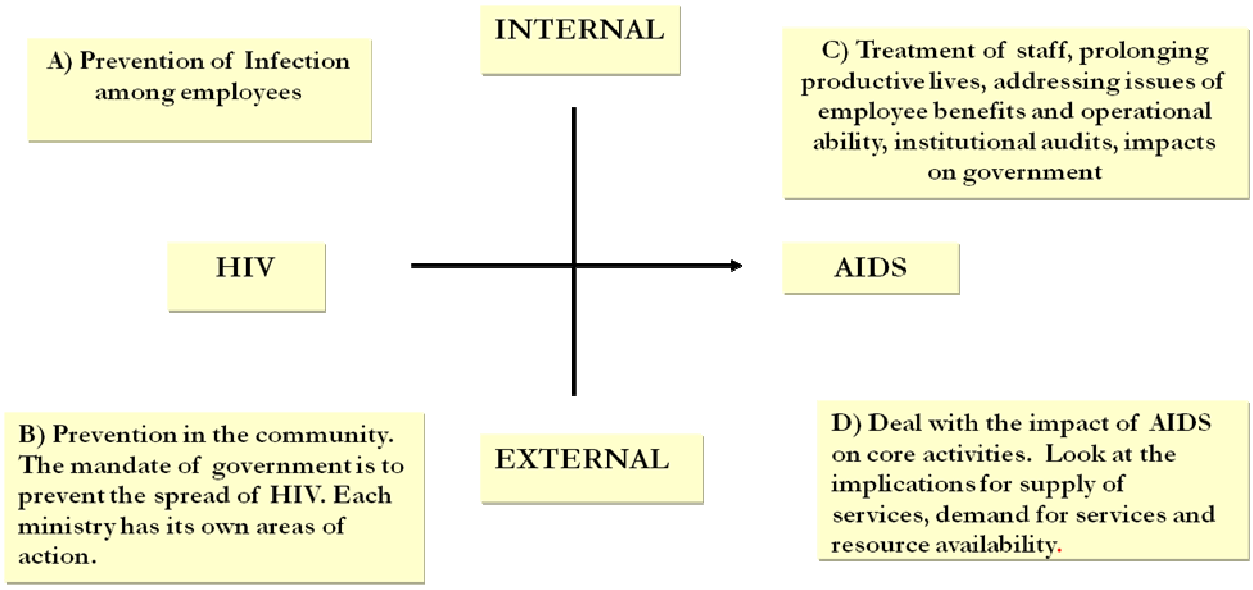


Figure 2: Mainstreaming HIV; internal and external domains (9).

2.2.2 Based on levels of implementation

HIV/AIDS can be mainstreamed at four different levels, namely at the global/regional level, at the national level, at the sector level and at the sub-national level (5, 21). To help people in different sectors and institutions establish a baseline status for planning, plan mainstreaming actions and create land marks to monitor the progress of implementation, UNDP (Unite Nations Development Programme) also classified mainstreaming in to four stages of implementation.

Stages one and two in the classification refer to internal or work place interventions such as AIDS risk analysis of sector workers, condom promotion, focal point person designation, financial resources made available, evidence based communication for behavior change, impact analysis, development of polices, strategies and actions and the like. Stages three and four commonly address demand requirements of a society and has the following elements; in addition to the above analysis of sector polices, strategies and actions and reflection on these polices and interventions, implement change to end negative actions, develop and implement a monitoring and evaluation frame work and finally incorporate lessons learned in to sector polices, strategies and actions (9) annex 1.

2.3 Barriers to mainstreaming

Mainstreaming is not simple and in practice there will be barriers to implementing the necessary steps. Common barriers may include any of the following: (a). lack of commitment from senior leadership, (b). lack of knowledge about HIV and AIDS, (c). denial in the face of the current and/or future impact of the epidemic, (d). limited capacity and poor conditions of service, (e). reluctance to take on unfunded mandates since it may take time to advocate for and obtain a budget, (f). The idea that cross-sectoral issues (such as gender, environmental sustainability and HIV/AIDS) are the responsibility of a single ministry, person, focal point or unit, (g). stigma and discrimination which impede access to HIV testing, prevention, treatment and (h). care and cultural and moral barriers to addressing issues of sexuality and reproductive health (6, 22).

Mainstreaming requires a process of personal and institutional change. Because of this it will need to be put in place as a process with long-term commitment to institutional change that affects norms, values and systems. Mainstreaming needs to take place at different levels so that processes can feed into each other. Mainstreaming requires strong leadership, coordination and the tracking of outcomes of multiple sectors by a central authority in order to avoid fragmentation (23, 24).

2.4 Experiences of other countries

Tanzania the ministry of education introduced family life education program in the curriculum, many local health facilities are being trained in youth-friendly service provision to encourage young people to use existing services and developed community-led rights-based approach where the community is encouraged to take the lead in bringing about AIDS competence. By promoting the role of the community, HIV/AIDS becomes fully mainstreamed into sustainable and relevant development plans (22).

Botswana mainstreamed HIV/AIDS in the vocational training system in order to prevent further infections among teachers and learners; at the level of learners knowledge and behavior, a recent Knowledge, Attitudes and Behavior study showed that Vocational training learners who participate in HIV/AIDS-related peer education, counseling and drama lessons report that they are more aware of the risks associated with unprotected sex. In addition they are more able to talk openly with their partners about sexuality, HIV/AIDS and the responsibility regarding prevention (20).

Uganda implemented HIV/AIDS mainstreaming in planning and budgeting process at national and district level in order to increase the capacity of local authorities to deal with the disease and a significant reduction of the national average adult prevalence rate from 18.5% in 1992 to 6.4% in 2007 was achieved (23).

In summary, the vast implications that HIV/AIDS has on sectors of development calls for multi-sectoral approach where a maximum of sectors collaborate to the response (17). Mainstreaming HIV/AIDS as an approach took many years since started but its implementation status was not assessed in our country particularly in Addis Ababa. Though it is not supported by scientific studies HIV/AIDS mainstreaming is not implemented as desired due to different factors. In study conducted in Tigray region/Ethiopia, out of 61 district government organizations only 19(31%) implemented stage one of UNDP's criteria (25). This shows HIV/AIDS mainstreaming is given little attention and needs scientific studies to support for implementation.

Therefore, the purpose of this study is to assess the status, factors affecting implementation and workers knowledge and attitudes towards HIV/AIDS mainstreaming in Addis Ababa government sectors.

3. Objectives

3.1 General objective

To assess the status of HIV/AIDS mainstreaming at government sectors in Addis Ababa.

3.2 Specific objectives

- To assess the knowledge and attitude of government workers towards HIV/AIDS mainstreaming.
- To assess the implementation of HIV/AIDS mainstreaming in government sectors.
- To identify factors those affect the implementation process.

4. Methods

4.1 Study area and period

The study was conducted in five sub-cities of Addis Ababa city administrative government sectors during the month of February to March 2010. Addis Ababa is the capital and largest city of the country and has 10 administrative sub-cities and 99 administrative kebeles. As of Addis Ababa health bureau estimate for 2002 Ethiopian fiscal year, the total population of the city is 2,914,405. There are about 11 government sectors bureaus in the region and 110 sectors in the 10 sub-cities. Concerning health facility distribution, there are a total of 752 health facilities in the city out of which 5 hospitals and 24 health centers are government and the rest are non government health facilities.

4.2 Study design

A descriptive cross-sectional study was conducted to describe the knowledge and attitude of government workers towards HIV mainstreaming and factors affecting the implementation process. The qualitative method was used to assess the implementation status of HIV mainstreaming at government sectors.

4.3 Study population

4.3.1 Source population

The source population was all government sector workers in all sub-cities of Addis Ababa.

The study participants were those government workers in the selected sub-city sectors who were selected using systematic sampling method.

All government sectors in the selected study area were illegible for qualitative study.

4.3.2 Sample size determination

The number of government workers to be included in the quantitative study was calculated using the formula for population proportion i.e.

$$n = \frac{\left(Z\frac{\alpha}{2}\right)^2 p(1-p)}{d^2}$$

n = desired sample size

z = the standard normal deviation at 95% confidence level =1.96

p = 50% (taking in to consideration the knowledge &attitude of workers towards HIV mainstreaming, because no similar quantitative study was done on knowledge and attitude towards mainstreaming)

d= desired precision (marginal error) 5%

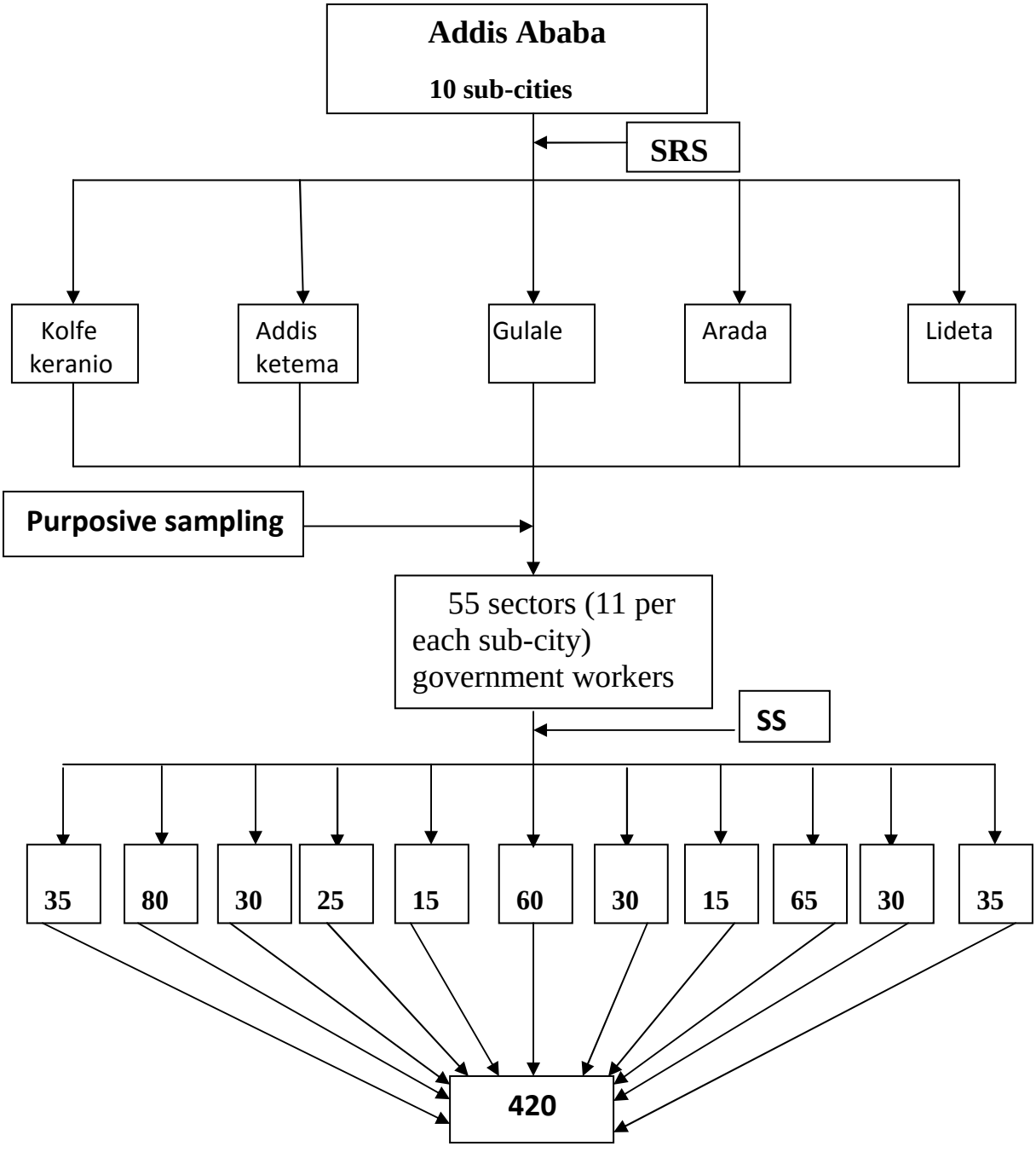
Non- response rate 10%

Therefore the required sample size is 422.

4.3.3 Sampling procedure

A simple random sampling technique using lottery method was used to select five sub-cities namely kolfekeranio, Addisketema, Gulale, Lideta, and Arada from the ten sub-cities of Addis Ababa administration. By including all sectors in selected sub-cities (eleven per sub-city and a total of fifty five sectors) the sample size were distributed to the five sub-cities sectors proportionate to the size of the respective government workers. An estimate number of government workers in each sector were obtained from the respective sector human resource office. The study subjects were selected from each sub-city sector through systematic sampling from random starting point. The sampling interval of study subjects in each sub-city was determined by dividing the total number of government workers to the allocated sample size. The initial study subject was randomly selected by lottery system from the respective attendance list using a number between one and sampling interval. The subsequent study subjects to be included in the study were identified systematically each time by adding the sample interval to the previous number. For both quantitative & in-depth interview all regional bureaus (capacity building, trade and industry development, urban development, finance and economic development, justice, education, communication affairs, youth and sport affairs, women& child affairs, culture and tourism, and health) were included in the study.

Figure 3: Schematic presentation of sampling procedure.



4.4 Data Collection

4.4.1 Data collection tools: Quantitative Technique - Questionnaire Survey (QS)

The data collection tools were self administered closed-ended structured questionnaire. The questionnaire was developed after reviewing relevant literatures. A number of questions were employed that address the objective of the study and assess the workers knowledge and attitude towards HIV/AIDS mainstreaming, factors affecting the implementation and its status. The questionnaire was adapted from different literatures and previous similar studies. It was developed in English and translated into Amharic language and back to English.

Qualitative Technique: in-depth interviews (IDIs)

In order to collect information about the status of HIV mainstreaming, and to get more ideas 66 IDIs and three focus group discussions (FGDs) qualitative assessment were made by using open-ended questions which is prepared for this purpose; and observations as well as records checking was also done.

4.4.2 Data collection procedures

Prior to the study, the number of workers in each sector of the selected sub-city was obtained from the respective sector human resource office. The self administered questionnaire was administered individually. The filled questionnaires were checked for completeness and accuracy by the principal investigator and supervisors and were collected on daily basis. Two incomplete questionnaires were left and advice was given for data collectors & supervisors to follow strictly and check for completeness.

Regarding to qualitative, in-depth interview was conducted by principal investigator using open ended guide questions in 11 regional bureaus and 55 sub-city level sector office representatives. In order to supplement the data that was obtained by the interview, three focus group discussions each consisted of 8 individuals were held among government workers who were not included in the interview was conducted using open ended guide questions. The participants of each FGD were selected on purposive bases by the facilitators and the principal investigator. The discussion was moderated by the principal investigator with the assistance of two data collectors as note taker and tape recorder.

4.4.3 Data Collectors and Supervisors

Eight data collectors and two supervisors all with qualification of diploma were recruited. One day training was given by principal investigator to be familiarized with data collection tools. The training included briefing on the objective of the study, discussing the content of the questionnaire one by one and more importantly how to keep confidentiality and privacy.

4.4.4 Operational definitions and variables

Sectors: are often conceived as sociological, economic, or political subdivisions of a given society which can be public, private or both. But for this study only those in public organizations are considered.

Attitude: is the study subject's opinion, outlook, position or ideas toward HIV/AIDS mainstreaming.

Knowledge: awareness on HIV/AIDS, what mainstreaming is and its importance to the workers and for their organizations.

External mainstreaming (Demand): HIV/AIDS actions related to the delivery of the organizations services or products.

Internal mainstreaming (supply): HIV /AIDS actions directed to the organizations internal human resource.

The Variables to be used in the study include*:*

- Knowledge, attitude towards HIV/AIDS mainstreaming
- Socio demographic factors (age, sex, educational status, religion, marital status)
- Implementation status of HIV mainstreaming
- Factors affecting the implementation of HIV/AIDS mainstreaming

4.4.5 Data Quality Control

Before conducting the main study, pre-test was carried out on 15 government workers who weren't included in the study. Based on the result, data collectors were reoriented and the questionnaire has been modified as necessary. Data collectors and supervisors/coordinators were trained on the administration of the study instruments. Throughout the data collection supervision was done by supervisors & the principal investigator to keep the quality of the data to its maximum. Timely correction of the completeness of the questionnaire was checked and submitted to principal investigator. For qualitative data each in-depth interview &observation was summarized on daily base. Each focus group discussion was also transcribed on the day it was conducted.

4.5 Data processing and analysis

After data collection, responses were checked for completeness and were edited accordingly. The data was entered in to EPI info – version 6 and analyzed by SPSS version 16 computer software package. Data cleaning and editing were carried out. To explain the study population in relation to relevant variables, frequencies and summary statistics were used. Associations between dependent and independent variables was assessed and presented using odds ratio and confidence intervals. Logistic regression was used to control possible confounders.

For qualitative study data was analyzed manually and using the frame work for staging HIV/AIDS mainstreaming jointly prepared by the HAPCO and UNDP country office (see annex 1). Based on the Frame Work the organizations were labeled from **zero to four**. A Stage Zero indicates that there is no sector HIV/AIDS activity. Stage one and stage two indicate the availability of internal (work place) mainstreaming and Stages three and four indicate the (external /Client) related mainstreaming.

4.6 Ethical Consideration

Ethical clearance was obtained from the Medical Faculty of Addis Ababa University, Institutional Review Board (IRB). Formal official letters from school of public health, Addis Ababa University was written and communicated to the regional as well as the selected sub-city sector offices. Verbal consent was obtained from each study subjects. Study subjects' name was not written, privacy and confidentiality was assured. The participants were informed that it has no harm for them to participate in the study and their participation will help for the success of the study for better improvement of the program. They were also informed that it is their right to refuse or withdraw from the study at any time during the course of study.

4.7 Dissemination of the Research Finding

The thesis will be presented to the school of public health as partial fulfillment of Masters Degree in Public Health. The result of the study will be communicated to federal HIV/AIDS prevention and control, Addis Ababa HIV/AIDS prevention and control office, Addis Ababa regional bureaus and to the selected sub-city sector offices. Finally the findings will be submitted to scientific journals for publication.

5. Results

5.1 Result of the individual questionnaire

5.1.1 Socio-demographic characteristics of respondents

A total of 420 government workers completed the questionnaire out of 422 workers with the response rate of 99.5%. From the total 420 respondents, 228 (54.3%) were males and 192 (45.7%) were females. Median age of the respondents was 29 years.

Majority of the respondents had diploma and degree 176 (41.9%) and 210 (50%) respectively. About 339 (80.7%) of them were followers of Orthodox Christian religion. Regarding their marital status, 247 (58.8%) of the respondents were single or not married. The description of the study participants is presented in Table 1.

Table 1: Socio-demographic characteristics of the study participants, Addis Ababa, Feb. – March 2010.

Variables	Number (n=420)	Percent
Age-group		
18-30	241	57.4
31-45	144	34.3
46-60	35	8.3
Mean ± SD		
	31.51±8.54	
Sex		
Male	228	54.3
Female	192	45.7
Educational status		
< 12 grade	34	8.1
Diploma	176	41.9
Degree& above	210	50
Religion		
Orthodox Christian	339	80.7
Protestant	44	10.5
Others*	37	8.8
Marital status		
Single	247	58.8
Married	160	38.1
Divorced	8	1.9
Widowed	5	1.2

NB

Others* includes Muslim and catholic

5.1.2 Knowledge and attitude towards HIV/AIDS mainstreaming

Almost all 413 (98.3%) of respondents have heard of HIV/AIDS and 359 (85.5%) reported that HIV/AIDS can affect their organizational development. For the preventive measures, 328 (78.5%) respondents reported that HIV/AIDS could be prevented by abstinence, 367 (87.8%) by faithful to one partner, 344 (82.3%) using condom, 2 (0.5%) avoid shaking of PLWHA, 1 (0.2%) avoid eating with PLWHA were mentioned as means of preventing HIV/AIDS. Comprehensive knowledge for both prevention and transmission is 416 (99%) and 418 (99.5%) respectively.

Nearly 399 (95%) of study participants have access to media to get information about HIV/AIDS. Two hundred nineteen (52.1%) of them could also get the information from health professionals and 37 (8.8%) got information from anti-aids club and their friends. Two hundred fifty eight (61.4%) of the study participants have taken training on HIV/AIDS.

Of all the participants, only 221 (52.6%) of them have heard about HIV mainstreaming and 214 (51%) responded that HIV/AIDS mainstreaming is different from HIV/AIDS integration. Even though awareness on HIV mainstreaming is low, 362 (86.2%) of the participants reported that mainstreaming HIV is important for their organization (Table 2).

One hundred eighty six (44.3%) of the study participants responded that their sectors are working on HIV prevention activities (awareness creation activities and condom distribution). One hundred thirty four (31.9%) of them also claimed that their sectors are working on support for people living with HIV/AIDS, AIDS orphans and on treatment activities.

Concerning voluntary counseling and testing, only 258 (61.4%) of the study participants reported that they were tested for HIV. One hundred seven (66.5%) of the respondents replied the reason for their not to be tested was “we did not give attention about it” and seven (4.3%) of them replied fear of stigma & discrimination as a reason for their not to be tested.

Table 2: Government workers knowledge and attitude towards HIV/AIDS mainstreaming, Addis Ababa, Feb. – March 2010.

Variables	Number	Percent
Mode of HIV/AIDS transmission*(n=420)		
Unsafe sex	418	99.5
Unsafe injection	337	80.2
Mother to child	309	73.6
Blood transfusion	246	58.6
Shaking hands	8	1.9
Others	11	2.6
Preventive methods*(n=418)		
Abstain from sex	328	78.5
Be faithful to one	367	87.8
Use condoms	344	82.3
Avoid shaking hands of PLWHA	2	0.5
Avoid eating with PLWHA	1	0.2
Others	8	1.9
Have you heard about HIV/AIDS? (n=420)		
Yes	413	98.3
No	7	1.7
Do you think HIV/AIDS affect your organization?		
Yes	359	85.5
No	61	14.5
Have you heard of HIV mainstreaming?		
Yes	221	52.6
No	199	47.4
Do you think HIV/AIDS mainstreaming is important for your organization?		
Yes	362	86.2
No	58	13.8
Comprehensive knowledge of HIV transmission(n=420)		
Yes	418	99.5
No	2	0.5
Comprehensive knowledge of HIV prevention(n=418)		
Yes	416	99
No	4	1

N.B* percents will not add up to 100 as multiple responses are possible.

Respondents who had degree & above educational level had significantly higher knowledge of HIV/AIDS mainstreaming compared to respondents who had high school & below educational level, COR = 2.52, 95%CI (1.20, 5.31) and AOR = 2.76, 95%CI (1.28, 5.95).

Similarly married respondents had significantly higher knowledge of HIV/AIDS mainstreaming compared to single respondents with COR = 1.89, 95%CI (1.26, 2.84) and AOR = 2.05, 95% CI (1.35, 3.11). However, no significant association was observed between the variable religions (Table 3).

Table 3: Knowledge about HIV mainstreaming associated with Socio-demographic variables in the study population, Addis Ababa, Feb. to March 2010. (n=420)

Variables	Knowledge about HIV mainstreaming		OR(95% CI)	
	Yes	No	COR	AOR
Educational status				
High school & below	13	21	1.00	1.00
Diploma	80	96	1.35(0.63, 2.86)	1.38(0.64, 3.00)
Degree & above	128	82	**2.52(1.20, 5.31)**	**2.76(1.28, 5.95)**
Religion				
Orthodox	173	166	1.00	1.00
Protestant	28	16	1.68(0.88, 3.22)	1.65(0.85, 3.23)
Others	20	17	1.13(0.57, 2.23)	1.00(0.49, 2.01)
Marital status				
Single	144	133	1.00	1.00
Married	99	61	**1.89(1.26, 2.84)**	**2.05(1.35, 3.11)**
Divorced/Widowed	8	5	1.87(0.60, 5.87)	2.20(0.68, 7.12)

As presented in Table 4, respondents who had knowledge about HIV/AIDS had significantly higher attitude towards HIV mainstreaming compared to those respondents who did not have knowledge of HIV/AIDS with COR= 9.42 (1.62, 54.70) and AOR= 25.1 (1.13, 558.07).

However, educational status, training on HIV/AIDS and perception that HIV/AIDS is health issue only, had no association with attitude towards HIV mainstreaming.

Table 4: Association of selected variables with attitude towards HIV mainstreaming among study population, Addis Ababa, Feb. to March 2010. (n=383)

Variable		Attitudes towards HIV mainstreaming		OR (95% CI)	
		Yes	No	COR	AOR
HIV/AIDS knowledge					
	No	4	2	1.00	1.00
	Yes	358	19	**9.42(1.62, 54.70)**	**25.1(1.13, 558.07)**
Educational status					
	High school &below	26	1	1.00	1.00
	Diploma	146	12	0.47(0.6, 3.75)	1.40(0.14, 14.21)
	Degree & above	190	8	0.91(0.11, 7.60)	2.11(0.21, 21.29)
Training on HIV/AIDS					
	No	134	7	1.00	1.00
	Yes	228	14	1.75(0.46, 2.98)	2.31(0.41, 13.16)
HIV is health issue only					
	No	105	6	1.00	1.00
	Yes	48	4	1.46(0.39, 5.41)	2.22(0.41, 11.98)

5.1.3 Reasons affecting the implementation of HIV/AIDS mainstreaming

All participants were asked for the implementation of HIV mainstreaming in their organization. Only 76 (18.1%) reported that HIV/AIDS mainstreaming is implemented in their organization. The reasons mentioned for this low coverage were lack of commitment from leadership 110 (66.3%), limited capacity and budget 63 (38%), perception that HIV and AIDS are health issues only 52 (31.3%), stigma and discrimination 10 (6.0%) and lack of knowledge about HIV/AIDS 6 (3.6%). Fifty four (12.9%) reported that there is a focal person for HIV/AIDS in their organization of which 21 (39.6%) of them were females. Thirty six (8.6%) responded that committee is established to manage the process of HIV/AIDS in their organization. Only 56 (13.3%) of the respondents knew whether their organization prepare reports concerning HIV/AIDS. Two hundred twenty four (78%) participants do not know to whom their organization report HIV/AIDS activities. Sixty (14.3%) responded that their organization have sector policy and strategy. Two hundred fifty six (61%) of the participants do not know whether their organization have HIV/AIDS sector policy and strategy or not.

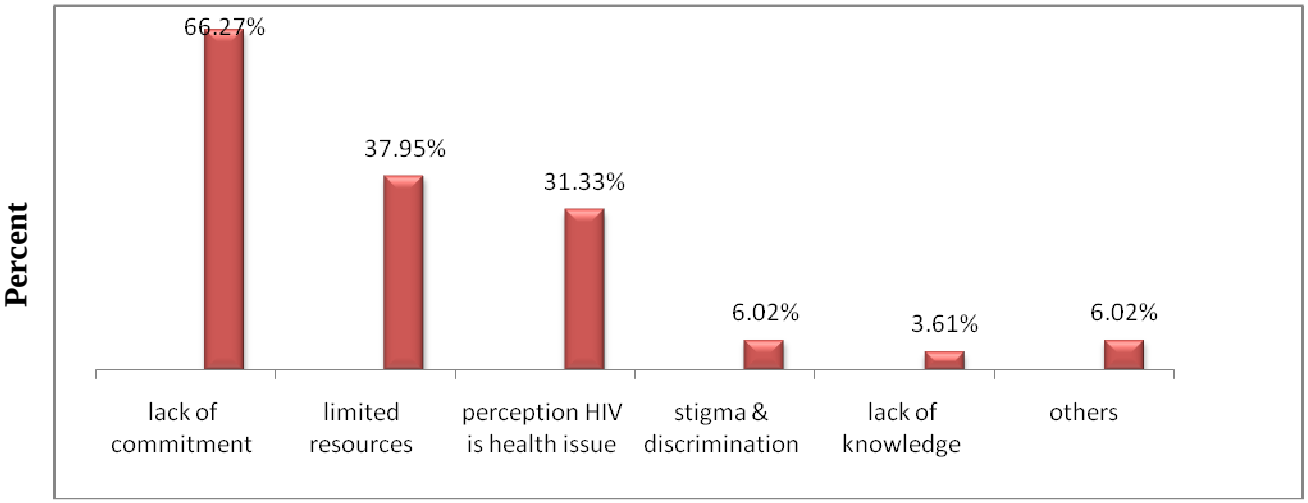


Figure 4: Mentioned reasons for the failure of the implementation of HIV mainstreaming at government sectors in Addis Ababa, Feb. to March 2010.

5.2 Results from the sectors (Qualitative data)

5.2.1 Description of participants

A total of 66 government sectors were interviewed for this study out of which 55 (83%) were sub-city level offices and the rest 11 (17%) were regional bureaus. From the 55 sub-city sectors and 11 bureaus contacted only 20 (36%) and 5 (45%) were implementing HIV/AIDS mainstreaming activities respectively. The over all implementation of HIV/AIDS mainstreaming was 38 percent.

5.2.2 Implementation status of HIV mainstreaming

In our country since the announcement of the threat created by HIV to human development several actions have been done by different government sectors. According to the interview made to the women and child affairs official, different trainings on gender promotion and HIV mainstreaming, business training, leaflet distribution and economic empowerment of women are the major achievements.

"This year we gave training on gender promotion with HIV mainstreaming for sector heads at sub-city and kebele level, business training on economic empowerment of women living with the virus and commercial sex workers and also distributed about 4000 leaflets". The city youth and sport bureau official said, HIV affects youths more than others and therefore we do more on prevention activities.

"*Since youth are more vulnerable to HIV because of their age, we work on prevention activities that reduces vulnerabilities of youth to HIV like: we constructed about 46 youth centers which have libraries, different games, internet activities, voluntary counselling & testing and condom distribution where youths pass most of their time than going to other places which initiate them for sex"*. Communication affairs bureau official also said both broadcast and print media work on health and HIV/AIDS issues. From print media on Addislisan news paper which is printed twice weekly there is always a topic on health including HIV issues. From broadcast there is a program on general health issues including HIV once weekly for 20 minutes. There is also live telephone communication on HIV weekly for an hour and thirty minutes.

"*Concerning media we have both print and broadcast working on health including HIV/AIDS issues. On broadcast we work on program and live telephone communication. As program there*

is issue on general health including HIV once weekly for 20 minutes and we have also a live telephone program on HIV related issues every week for an hour and thirty minutes. We allocated budget for these and no one help us for it"

Almost all discussants were able to state the effects of HIV/AIDS on their organizational development. According to interview done to city youth and sport bureau "*though HIV/AIDS affect every one, it affects us (youth) more than any others due to our age and this will affect organizational activities through absenteeism of workers from work due to illness and loss of skilled and labour productive workers. Loss of them (the future adults) will also affect even the country"*. Discussant from health belief that; a person who is infected with HIV/AIDS can not perform his activities as usual due to other diseases added on it like tuberculoses and as a result the organizational activities will be affected and even his families will suffer from economic or psychological problems. "*HIV weakens the productivity of the workers and affects not only organizational activities but also their families' economy*"

As in-depth interview to officials at different levels revealed, the concept of HIV mainstreaming was not clear and new for most of the respondents. Only those sectors which were implementing HIV/AIDS activities defined it correctly as mainstreaming HIV means sectors understand and are able to express how HIV impacts on their sector's performance, how the sector's work might promote or reduce the spread of the virus and what opportunities exist within the sector's directive to contribute to prevention, care and impact alleviation efforts. According to the discussion made to workers mainstreaming HIV to government sectors mean making the sectors to work on HIV activities like health sector in addition to their usual work without taking HIV one of the core businesses of the organization. Explanation was given about the concept of mainstreaming and again asked if they still consider this response as mainstreaming. All discussants finally agreed that they misunderstood the concept of mainstreaming and what they consider as mainstreaming was integration. Others also misunderstood mainstreaming as the main transmission method of HIV. FGD participant from finance and economic development said *"I know what HIV mainstreaming mean; it is one of the main way of transmission of HIV, our office does not work on this issue we just distribute the money for sectors"*

As of the city councils HIV/AIDS control office mainstreaming HIV is: "*to reduce and reverse the spread of the virus, government organizations at all levels in the mobilization against HIV/AIDS epidemic prevention and control take as one of the core business activities of their organization in sustainable manner by monitoring its result"*

According to all participants resources are necessary for HIV mainstreaming. From all sectors assessed it was only the communication affairs bureau that allocated budget to run HIV/AIDS activities. For the rest of the sectors the source of fund for HIV activities is from donors through city HAPCO office.

According to the interview made to the bureau of health all activities of HIV/AIDS are donor dependent and therefore its sustainability is questionable. "*…all activities of HIV/AIDS (prevention, treatment and care support) are supported to external donors up to now but this may not sustain*". In the national strategic framework for intensification of the fight against HIV, the usage of two percent the organizational budget is recommended and also the establishment of AIDS fund, where by everyone in the system contributes is stressed. But though it is known by most of the respondents' it is only the communication affairs bureau that run the programs with its own budget. Though the assignment of personnel who coordinates& monitors HIV activities and establishment of taskforce is recommended in the civil service agency government organizations workplace HIV/AIDS prevention &control guideline, except communication affairs bureau all the assessed sectors have no person assigned for HIV activities and no team established for this purpose in all of the sectors. According to many of FGD discussant, there were focal persons in their office before business process reengineering, but after that there is no such structure. The detailed description of sectors HIV mainstreaming implementation status is presented in Table 5.

Table 5: Showing sectors HIV mainstreaming activities implementation status (as per the questionnaire) Addis Ababa, Feb. to March 2010.

Sector	**Documentation available**	**HIV/AIDS activities implemented**	**Resources available**		**Concept of mainstreaming**	**HIV and development**
			Team/Focal Person	**Financial resource**		
Youth& sport	HIV as major issue in youth policy & in youth package	Awareness creation activities, Condom distribution, VCT	No team or focal person	Not allocated	clear	HIV can affect organizational development
Communication affairs	HIV is included in the annual plan	HIV/AIDS related messages on print & broadcast media Live telephone program	Focal person designated	Allocated	Clear	HIV can affect organizational development
Women & child affairs	Incorporated in gender and HIV plan	Training on gender & HIV Leaflet distributions Economic empowerment of PLWHA &commercial sex workers	No team or focal person	Not allocated	Clear	HIV can affect organizational development
Education	Has federal HIV policy& strategy HIV Plan is prepared separately	Distribution of different manuals Construction of FM 94.6 radio station	No team or focal person	Not allocated	Clear	HIV can affect organizational development
Health	HIV is incorporated in the annual	Prevention activities Treatment activities	No team or focal person	Not allocated	Clear	HIV can affect organizational development

	plan	Care & support				
Capacity building	No HIV/AIDS documentation available	No HIV mainstreaming activities implemented	No team or focal person	No financial resource allocated	Not clear	HIV can affect organizational development
Culture & tourism	No HIV/AIDS documentation available	No HIV mainstreaming activities implemented	No team or focal person	No financial resource allocated	Not clear	Do not affect organizational development
Trade & industry development	No HIV/AIDS documentation available	No HIV mainstreaming activities implemented	No team or focal person	No financial resource allocated	Not clear	Do not affect organizational development
Justice	No HIV/AIDS documentation available	No HIV mainstreaming activities implemented	No team or focal person	No financial resource allocated	Not clear	HIV can affect organizational development
Finance & economic development	No HIV/AIDS documentation available	No HIV mainstreaming activities implemented	No team or focal person	No financial resource allocated	Not clear	Do not affect organizational development
Urban development	No HIV/AIDS documentation available	No HIV mainstreaming activities implemented	No team or focal person	No financial resource allocated	Not clear	Do not affect organizational development

6. Discussion

Mainstreaming HIV/AIDS into national development was prioritized at the 2001 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) (14). In Ethiopia also the publication of the mainstreaming guideline in August 2003 introduced new ways of approaching the epidemic via multi-sectoral response (9). Even though it is nearly seven years since Ethiopia introduced new ways of approaching the epidemic via multi-sectoral response, in this study only about 50% of the respondents had heard about HIV mainstreaming. In the IDIs and FGD also the concept of HIV mainstreaming was not clear for most of the participants and was being interpreted differently, and is often used interchangeably with integration and multi-sectoral approaches. This finding is in line with other qualitative studies done in Ethiopia at Tigray, Addis Ababa education system and joint review report by UNAIDS and UNDP 2005 (14, 15, 25).

Respondents who had degree and above educational level had significantly higher knowledge of HIV/AIDS mainstreaming compared to respondents who had high school & below educational level. This is probably due to those who had degree & above educational level have access to information more likely than high school & below educational level.

Similarly married respondents had significantly higher knowledge of HIV/AIDS mainstreaming compared to single respondents may be married respondents are educated and have degree & above educational level or may belong to an organization that implemented mainstreaming. However, no significant association was observed between the variable religions.

Though knowledge on mainstreaming is low as compared to comprehensive knowledge of HIV/AIDS, 86.2% of the study participants reported that mainstreaming HIV in to their organization is important. Respondents who had knowledge about HIV/AIDS had significantly higher attitude towards HIV mainstreaming when compared to those who did not have, may be because they knew the effects of HIV/AIDS on their organizational development and therefore to overcome this problem they had positive attitude towards HIV mainstreaming.

Majority (85.5%) of the study group reported that HIV/AIDS can affect their organizational development. Most IDIs and FGD participants also support this idea in that HIV/AIDS have profound social and economic impact where prolonged illness, increased absenteeism and deaths

of staff that cannot be easily replaced are slowly crippling institutional productivity. According to joint review report by UNAIDS and UNDP 2005, ill health has costs for victims, family and society; leads to loss of income earners. Loss of labor and skilled man power leads to an increase in costs for training and replacement on the organization (14).

As most of the respondents replied, HIV/AIDS can affect their organizational development and mainstreaming is important for it to be solved. However, 76 (18.1%) of the respondents reported that HIV mainstreaming was implemented in their organization. According to UNDP classification on sector mainstreaming activity; sector at stage one should have done risk analysis, evidence based communication, condom promotion, focal person designation and financial resource allocation. In stage two the sector should have done stage one plus impact analysis, policies strategies & actions developed. In stage three components in stage two plus analysis of sector policies strategies & actions and develop and implement a monitoring and evaluation framework and finally incorporate the lessons learned into sectoral policies, strategies and actions (9). In this study though none of the sectors fulfill each and every step when compared to UNDP standards, from eleven government regional bureaus only five (45%) of them could be labeled as stage one of the criteria. Even in this stage in any of the sectors there was **no aids risk analysis of sector workers** was done and communication for behavior change was **not evidence based**, but there was condom promotion, focal person designation and financial resources allocation in some of the sectors. In the rest six (55%) of the bureaus there was no any HIV/AIDS activities was implemented and labeled as stage zero on the criteria.

From 55 sub-city government sector offices only 20 (36%) of them could be labeled as stage one on the criteria. The rest 35 (64%) were in stage zero because there was no any HIV/AIDS activities implemented in their organization. There was a great difference between sectors in the implementation of HIV mainstreaming like communication affairs bureau allocated resources while other sectors were did not implemented any HIV/AIDS activities. This shows HIV mainstreaming need accountability in addition to knowledge and commitment.

This finding is similar with study done in Tigray where 5 regional bureaus were labeled as stage one and from 61 district government organizations only 19 (31%) were implementing mainstreaming and labeled as stage one on the criteria (25).

Some of the reasons raised for this low coverage include lack of commitment from leadership, limited capacity and budget, perception that HIV/AIDS issues are health issues only, stigma and discrimination, lack of knowledge on HIV/AIDS and weak monitoring & evaluation system. This is inline with the findings of report by UNAIDS and UNDP 2005 where lack of shared understanding, low commitment of mainstreaming AIDS, limited focus on process, lack of capacity & resources and weak monitoring & evaluation system were found (14).

The federal democratic republic of Ethiopia civil service agency government organizations workplace HIV/AIDS prevention & control guideline recommends the assignment of focal person and the establishment of a team for HIV/AIDS mainstreaming in organizations (26). However, in this study only 54 (12.9%) and 36 (8.6%) reported the presence of focal person and team established to manage HIV/AIDS activities in their organization respectively. Unlike this during in-depth interviews & focus group discussion, it was before the business process reengineering that focal person and a team were assigned and established. But after that there was no such structure to assign the focal person or establish committees to coordinate or manage HIV/AIDS activities

Sixty (14.3%) responded that their organization have sector policy and strategy. During IDIs most of the respondents replied they do have policy, strategy and guideline but when asked to show they could not show. In general documented evidence of the process of mainstreaming HIV/AIDS is limited.

7. Strengths and limitations

Strengths

- HIV mainstreaming is one of the strategies of social mobilization to address the impact of AIDS on organizations. However, mainstreaming is given little attention and no related studies have been conducted addressing all government sectors in Addis Ababa. Therefore, this study can be taken as a baseline for other studies.

Limitations

- Shortage of literature, particularly studies on similar topics, could be mentioned as limitation
- Since the study touches very sensitive and intimate issues, the possibility of under estimation cannot be ruled out. Some sort of social desirability bias may not be eliminated even if the survey was anonymous.

8. Conclusion

- Knowledge about HIV mainstreaming is low as compared to comprehensive knowledge of HIV/AIDS.
- There was positive attitude towards HIV mainstreaming among the study participants.
- The implementation process of HIV mainstreaming at government sectors in Addis Ababa is in its initial stage between 0 and 1 of UNDP criteria.
- The process of HIV mainstreaming was with full of barriers like;
    - Low attention and commitment from leadership.
    - Failure to allocate budget.
    - Failure to assign focal person or team.
    - Lack of work place policy and implementation guide line.
    - Weak monitoring and evaluation system.

9. Recommendations

- Awareness raising should be continued by addressing the confusion around the concept of HIV/AIDS mainstreaming, how it can be done and how it can be measured. (by national and Addis Ababa HAPCO)
- Leaders should also be trained on HIV/AIDS mainstreaming to give attention and be committed.(by HAPCO)
- Budget allocation by different sectors and a mechanism in how to use it should be designed. (by sectors)
- Guiding documents on HIV/AIDS mainstreaming should be developed or revised and communicated to every sectors. (by national and Addis Ababa HAPCO)
- A system should be devised in how to designate focal person and focal point in business process reengineering. (by sector heads)
- The monitoring and evaluation system should be strengthened.

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ANNEX

Annex I- UNDP criteria for classification based on stages of implementation

Stages	Intervention areas
0	**No sector HIV/AIDS interventions**
1	Sector HIV/AIDS plan with the following elements: • Aids risk analysis of sector workers • Evidence based communication for behavioral change • Condom promotion • Focal point person designated • Financial resources made available
2	Components in stage one plus • Impact analysis conducted of the impact of AIDS on the sector • Policies strategies and actions developed • Actions to mitigate impact implemented
3	Components in stage two plus • Analysis of sector policies, strategies and actions and reflections on these policies and interventions in order to determine their negative or positive influence on the spread of HIV/AIDS in the community they serve • Implement change to ensure that positive actions are maintained • Implement change to end negative actions • Develop and implement a monitoring and evaluation frame work
4	Components in stage three plus • Incorporate lessons learned in to sectoral policies, strategies and actions

I. INFORMATION SHEET

Introduction:

Greeting, my name is _____. I am working as data collector in a study conducted by Addis Ababa University Medical faculty, School of Public Health in Addis Ababa administration bureaus and sub-city sector offices. The purpose of this study is to assess the status of HIV/AIDS mainstreaming, factors affecting the implementation; and knowledge &attitude of workers towards it. Since the outcome of this study is very important in determining future decision regarding HIV/AIDS mainstreaming implementation, we kindly request your genuine and entirely personal attitudes and experience on the various issues.

Your participation in every aspect of the study is completely voluntary. You may skip any questions that you prefer not to answer, but we would appreciate your cooperation. You may also ask me to clarify questions if you do not understand them or can stop at any time. All the information that you provide for the study is kept completely confidential. Therefore please **DONOT WRITE YOUR NAME OR ADDRESS ON ANY OF THE QUESTION PAGES.**
This is to guarantee that nobody can identify in any form whatever and assure complete confidentiality.

II. CONSENT FORM

Do I have your agreement to participate?

Yes _____. Go to the next page.

No _____. Acknowledge and stop.

Thank you!!

Interviewer signature certifying that the informed consent has been given verbally.

Name ----------signature ---------- date ----------

Checked by supervisor

Name ---------- signature ----------date ----------

Name and Address of principal Investigator

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For further information address of Institutional Review Board (IRB) **Tele 0115538734 e-mail aau mf irb@ yahoo.com**

Self administered questionnaire for workers

Circle the answer from the given choice or write your answer in the blank space

No.	Questions	Coding category	Skip to
100	**Socio -demographic characteristics of respondents**		
101	Age	In years----------	
102	Sex	Male 1 Female 2	
103	Educational status	< 10 1 11-12 2 Diploma 3 Degree & above 4	
104	Religion	Orthodox 1 Islam 2 Catholic 3 Protestant 4 Others/specify / ———— 5	
105	Marital status	Single 1 Married 2 Divorced 3 Widowed 4	
200	**Knowledge about HIV/AIDS mainstreaming and attitude towards it**		

201	Have you heard about HIV/AIDS?	Yes 1 No 2	
202	How HIV/AIDS is transmitted? (circle possible answers)	Unsafe sex 1 Unsafe injection 2 Mother to child 3 Blood transfusion 4 Shaking hands 5 Do not know 88 Others (specify) ---------- 6	
203	Is there any thing a person can do to prevent him self and his/her partner from HIV/AIDS?	Yes 1 No 2 Do not know 88	If 2&88 go to 205
204	If yes, to Q.203 circle all possible answers	Abstain from sex 1 Be faithful to one partner 2 Use condoms 3 Avoid shaking hands of PLWHA 4 Avoid eating together 5 Others(specify) ---------- 6	
205	From where do you think workers get information about HIV/AIDS?	From mass media 1 From health professionals 2 Others (specify) ---------- 3	
206	Did you take any training on HIV/AIDS?	Yes 1 No 2	
207	Do you think HIV/AIDS affect your	Yes 1	

	organization?	No 2	
208	Have you heard of HIV/AIDS mainstreaming?	Yes 1 No 2	
209	Is mainstreaming HIV/AIDS the same with integration?	Yes(the same) 1 No(different) 2 I do not know 88	
210	Which of the following HIV/AIDS activities are being done in your organization?	Awareness on HIV, Condom distribution, VCT services 1 Support for PLWHA, AIDS orphans and for treatment 2 Others(specify) ---------- 3	
211	Do you think HIV/AIDS mainstreaming is important for your organization?	Yes 1 No 2 I do not know 88	
300	**Factors affecting the implementation of HIV/AIDS mainstreaming**		
301	Is HIV/AIDS mainstreaming implemented in your organization?	Yes 1 No 2 I do not know 88	if 1 &88go to303
302	If no, to Q.301 why?	Lack of knowledge about HIV/AIDS 1 Lack of commitment from leadership 2 Limited capacity and budget 3 Stigma and discrimination 4	

		Perception that HIV and AIDS are health issues only 5 Others (specify) ---------- 6	
303	Have you been tested for HIV/AIDS?	Yes 1 No 2 No response 99	If 2 go to 304
304	If no, to Q. 303 why?	Fear of stigma and discrimination 1 Fear of loss work 2 I do not know what it is about 3 Others (specify) ---------- 4	
305	What is the source of resources for HIV mainstreaming in your organization?	Support from other organization 1 Organization allocated budget 2 Fund collected from workers (AIDS fund) 3 Others (specify) ---------- 4	
306	Is there a focal person for HIV/AIDS mainstreaming in your organization?	Yes 1 No 2 I do not know 88	If 2&88 go to308
307	If yes, to Q. 306 is the focal person male or female?	Male 1 Female 2	

308	Has a sector policy and strategy been developed in your organization?	Yes 1 No 2 I do not know 88	
309	Has a committee or structure been established to manage the process in your organization?	Yes 1 No 2 I do not know 88	
310	In your thinking, are HIV and AIDS issues, health issues only?	Yes 1 No 2	
311	In your opinion, do you think enough is being done against HIV/AIDS?	Yes 1 No 2	
312	Does your organization reports HIV/AIDS Mainstreaming activities?	Yes 1 No 2 I do not know 88	If 1 go to 313& if 2,88 go to 315
313	If yes to Q.312 to whom do they report?	to sub-city HAPCO 1 to health office 2 I do not know 3 Others (specify)---------- 4	
314	How often do they report?	every 6 months 1 every 2 months 2 every month 3 every 15 days 4 I do not 88	
315	Did you observed any barriers to HIV/ADS mainstreaming?	Yes 1 No 2 Specify if any ---------- 3	

Addis Ababa University

Medical Faculty School of Public Health

Verbal consent form for in-depth interview and focus group discussion

Title: Assessment of HIV/AIDS mainstreaming in government sectors in Addis Ababa and factors affecting the implementation

Major issues: HIV/AIDS and organizational response

Objective: This study will assess the status of HIV/AIDS mainstreaming in government sectors.

Introduction: Mainstreaming HIV/AIDS at various levels is being increasingly recognized as a fundamental component of expanding the response to the epidemic globally and across Africa. Though, it is recognized as a means of expanding the response to the epidemic the understanding and application of mainstreaming remains somewhat limited, and has different barriers. Hence the main intention of this discussion is identifying the effect of HIV on development of the sectors and distinguishes factors affecting the implementation.

Briefing: Your participation in this study is based on voluntary will, any time you may discontinue your presence or able to quite when you don't want to talk. During the discussion refreshment will served. If you want more clarification on the questions you are allowed to ask any time. Finally the outcome of this study will help policy makers and planners in making consideration for the fight against HIV/AIDS in the government sectors. Hence points you will discuss during the session will be valuable. Now if you are willing to be part of the discussion we will be continuing by introduction of each other and introduce norms to be followed during discussion. Otherwise you are allowed to leave.

Thanks in advance for whatever cooperation you do.

Annex. II

<u>የመረጃ ቅጽ</u>

መግቢያ፡-

ጤና ይስጥልኝ! እኔ ኦቶ/ወ/ሮ ---------- እባላለሁ፡፡

አዲስ አበባ ዩኒቪርስቲ የህክምና ፋካሊቲ የህብረተሰብ ጤና አጠባበቅ ትምህርት ክፍል በአዲስ አበባ መስተዳድር ውስጥ በሚገኙት ቢሮዎችና የክፍለ ከተማ ሴክተር ጽህፈት ቤቶች ለሚያከናውነው ጥናት መረጃ በመሰብሰብ ላይ ነኝ፡፡

የጥናቱ ዓላማ የኤችአይቪ/ኤድስን ወረርሽን ለመከላከልና ለመቆጣጠር በዋና መደበኛ ስራ ውስጥ አካቶ የመተግበሪያ/ የሜንስትሪሚንግ /አፈፃፀም ሂደት በምን ሁኔታ ላይ እንዳለ ለመዳሰስ፤ ለመተግበር የሚያስቸግሩ መሰናክሎችን ለመለየትና በየሴክተሩ የሚሰሩ ሰራኞችን በሜንስትሪሚንግ ዙሪያ ስለአላቸው እውቀት እንዲሁም በጉዳዩ ላይ ስለአላቸው አመለካከት/አቋም ለማወቅና መፍትሔዎችን ለመጠቆም ነው፡፡ ጥናቱ በትክክል የታለመለትን ግብ ይመታ ዘንድ የእርሶ ትብብር ወሳኝ ነው፡፡ የእርሶ በማንኛውም ሁኔታ በጥናቱ መሳተፉ በእረሶ በጎ ፈቃደኝነት ላይ የተመሰረተ ነው፡፡ ልመልሱት የማይፈልጉት ጥያቄ ካለ አልፎ ሌላውን መመለስ ይችላሉ፡፡ ይሁን እንጂ ማንኛውም እረሶ በትክክል የሚሰጡን ሃሳብ ለጥናቱ አስፈላጊ ስለሆነ ትብብርዎን በድጋሚ እንጠይቃለን፡፡ ግልፅ ያልሆነሎት ጥያቄ ካለ አቁመው በማንኛውም ጊዜ ሊጠይቁኝ ይችላሉ፡፡

በማንኛውም አይነት ለጥናቱ የሚሰጡት ሃሳብ በሚስጢር የተጠበቀ ነው፡፡ ስለዚህም ስምዎትን ሆነ አደራሻዎትን በማንኛውም ጥያቄ ወረቀት ላይ አይጽፉም፡፡

የፈቃደኝነት ማረጋገጫ ቅጽ

በጥናቱን ለመሳተፍ ፈቃደኛ ነዎት?

ምላሹ አዎ ከሆነ --------- መቀጠል ይችላሉ።

ምላሹ ፈቃደኛ አይደለሁም ከሆነ --------- ከምስጋና ገር መሄድ ይችላሉ።

የመረጃ ሰብሳቢው ስም ---------- ፊርማ ---------- ቀን ----------

የተቆጣጣሪ ስም ---------- ፊርማ ---------- ቀን ----------

የአጥኝው ስምና አድራሻ

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አድራሻ **አዲስ አበባ ዩኒቨርስቲ ሜድከል ፋኩልቲ የህብረተሰብ ጤና አጠባበቅ ት/ቤት**

ለበለጠ መረጃ **የአዲስ አበባ ዩኒቨርስቲ ሜድከል ፋኩልቲ አይአርብ (IRB)** ስልክ ***0115538734***
e-mail **aau mf irb@ yahoo.com** መጠቀም ይችላሉ።

Amharic version of workers self administered questions.

መልሱን ከተሰጠው ምርጫ ያክብቡ ወይንም በተሰጠው ክፍት ቦታ ይጻፉ ::

	ክፍል፡ አንድ አጠቃላይ የግለሰቡ መረጃ		
	ጥያቄ	**መልስ**	**ማስታወሻ**
101	እድሜ	በአመት ይገለጽ----------	
102	ፆታ	1. ወንድ 2. ሴት	
103	የትምህርት ደረጃ እስከ ስንት ተምረዋል?	1. አስርና ከዚያ በታች /10) 2. ከአስራ አንድ እስከ አስራሁለት (11-12) 3. ዲፕሎም 4. ድግሪና ከዚያ በላይ	
104	የምን እምነት ተከታይ ኖት?	1. ኦርቶዶክስ 2. እስላም 3. ካቶሊክ 4. ሌላ ይጥቀሱ ----------	
105	በአሁኑ ሰአት ያለዎት የጋብቻ ሁኔታ	1. ያላገባ/ች 2. ያገባ/ች/ 3. የፈታ/ች/ 4. የሞተበት/ባት/	

ክፍል ሁለት፡ በኤችአይቪ/ኤድስና በሜንስትሪሚንግ ዙሪያ ሰራተኞች ያላቸው ግንዛቤ /ዕውቀትና ለሜይንስትሪሚንግ ያላቸው አቋም /አመለካከት

201	ስለኤችአይቪ/ኤድስ ሰምተው ያውቃሉ?	1. አዎ 2. አልሰማሁም	
202	ኤችአይቪ በምን ይተላለፋል? በእርሶ እምነት መልስ ይሆናል ብለው	1. ጥንቃቄ የጎደለው ልቅ ግብረስጋ ግንኙነት	

	የሚያምኑትን በሙሉ ያክቡ	2. ንጽህና ባልተጠበቀ መርፌ 3. በእርግዝናና በወሊድ ጊዜ 4. በደም መወሰድ 5. በመጨባበጥ 6. አላውቅም 7. ሌላ ካለ ይግለጹ----------	
203	አንድ ሰው በኤችአይቪ/ኤድስ እንዳይያዝ ሊያደረጋቸው የሚገባ ጥንቃቄዎች አሉን?	1. አዎ 2. የሉም 88.አላውቅም	መልሶ 2እና 88 ከሆነ ወደ ጥያቄ205
204	ለጥያቄ ቁጥር 203 መልሶ አዎ ከሆነ አማራጭ መልሶችን በሙሉ ይክበቡ	1. ከግብረስጋ ግንኙነት መታቀብ 2. ለጓደኛ ታማኝ በመሆን 3. ኮንደም በመጠቀም 4. ከቫረሱ ጋር የሚኖሩትን ባለመጨበጥ 5. ከቫረሱ ጋር ከሚኖሩት አብሮ ባለመመገብ 6. ሌላ ከላይ ይግለፀ ----------	
205	የመስሪ ቤቶ ሰራተኞች ስለ ኤችአይቪ/ኤድስ መረጃ ከየት የሚያገኙ ይመስሎታል?	1. ከብዙኃን መገናኛ (ሬዲዮ፤ጋዜጣ) 2. ከጤና ባለሙያዎች 3. ሌላከለ ይግለጹ ----------	
206	በኤችአይቪ/ኤድስ ዙሪያ ስልጠና ወስዶ ያውቃሉ?	1. አዎ ወስጃለሁ 2. አልወሰዱኩኝም	
207	በእርሶ እይታ ኤችአይቪ/ኤድስ የመስሪያ ቤቶን ዕድገት የሚጎዳ ይመስሎታል?	1. አዎ 2. አይደልም/አይጎዳም	
208	ስለኤችአይቪ/ኤድስ ወረርሽኝ ለመከላከልና ለመቆጣጠር በዋና መደበኛ ስራ ውስጥ አካቶ መተግበር	1. አዎ ሰምቻለሁ 2. አይ/አልሰማሁም	

	/ሜንስትሪሚንግ/ሰምተው ያውቃሉ?		
209	የመከላከልና የመቆጣጠሪያውን ስራ በዋና መደበኛ ስራ አካቶ መስራትና የኤችአይቪ/ ኤድስን ስራ በመደበኛ ስራ ላይ ደረበው መስራት አንድ ነው ይላሉ?	1. አዎ አንድ ነው 2. አይደለም የተለየ ነው 3. አላውቅም	
210	ከሚከተሉት የኤችአይቪ/ኤድስ ስራዎች ውስጥ የተሞቹ በመስሪያ ቤቶ በመተግበር ላይ ናቸው?	1. ሰራተኞችን ስለኤች አይቪ ግንዛቤ ማስጨበጥ፤ ኤችአይቪ ምርመራ ማድረግና ኮንደም ማከፋፈል 2. ከቫይረሱ ጋር የሚኖሩና ወላጆቻቸውን በዚህ ምክንያት ያጡ እንዲሁም ለህክምና እርዳታ ማድረግ 3. ሌሎች ካሉ ይግለጹ	
211	በእርሶ እይታ ኤችአይቪ ሜንስትሪሚንግ ለመስሪያቤቶ ጠቃሚ ነው?	1. አዎ 2. አይጠቅምም	

ክፍል ሶስት፡ የኤችአይቪ/ኤድስ ወረርሽኝ ለመከላከልና ለመቆጣጠር በዋና መደበኛ ስራ ውስጥ አካቶ ለመተግበር ያሉ መሰናክሎች

301	በመስሪያ ቤቶ ኤችአይቪ ሜንስትሪሚንግ ተተግብሯል?	1. አዎ 2. አይደለም/አልተተገበረም 88. አላውቅም	መልሶ 1 እና 88 ከሆነ ወደ ጥያቄ 303
302	ለጥያቄ ቁጥር 301 መልሶ አይደለም ከሆነ ለምን?በእርሶ እይታ ለመስሪያ ቤቱ ምክንያት ይሆናሉ ብሎ የሚያስቡትን ይክበቡ	1. ስለ ኤችአይቪ/ ኤድስ ዕውቀት ስለሌለ 2. የበላይ ኃለፊዎች በጉዳዩ ላይ ያላቸው ቁርጠኝነት ማነስ 3. የሰው ሃይልና በጀት ማነስ	

		4. የአድሎና መግለል ፍራቻ 5. የኤችአይቪ/ኤድስ ስራ የጤና ስራ ብቻ ነው ብሎ ማሰብ 6. ሌሎች ካሉ ይግለፁ ----------	
303	ኤችአይቪ/ የደም ምርመራ አድረጎ ያውቃሉ?	1. አዎ 2. አይደለም/አላደረግኩም 99. አልመልስም/ፈቃደኛ አይደለሁም	መልሶ አዎ (1) ከሆነ ወደ ጥያቄ 305
304	ለጥያቄ ቁጥር 303 መልሶ አይደለም ከሆነ ምክንያቱን ይምረጡ ወይንም ይጻፉ	1. የአድሎና ማግለል ፍራቻ 2. ከመደበኛ ስራ እፈናቀላለሁ ብሎ ስለማሰብ 3. መመርመር ማለት ራሱ ስለምን ስለሆነ ስለ ማላውቅ 4. ሌላ ከሆነ ይግለፁ ----------	
305	መስሪያ ቤቶ ለኤችአይቪ ሜንስትሪሚንግ ግብአቶችን ከየት ያገኛል?	1. ከሌላ ተራድኦ ድርጅት 2. መስርያ ቤቱ በጀት ይዟል/መድቧል 3. ከሰራተኞች በምሰበሰብ ገንዘብ 4. ሌላ ካለ ይግለጹ----------	
306	ለኤች አይ ቪ ሜንስትሪሚንግ የተመደበ ወይንም የተወከለ ሰው በመስሪያ ቤቶ አለ?	1. አዎ 2. የለም 88. አላውቅም	
307	ለጥያቄ ቁጥር 306 መልሶ አዎ ከሆነ የተመደበው ሰው ወንድ ነው ሴት?	1. ወንድ 2. ሴት	
308	በመስሪቤቶ የኤችአይ ቪ/ኤድስ ፖሊስና ስትራተጂ ተዘጋጅቷል?	1. አዎ 2. የለም 88. አላውቅም	
309	የሜንስትሪሚንግ የሥራ ሂደት ለመከታተል የተወቀረ ኮሚተ ወይንም መዋቅር አለ?	1. አዎ 2. የለም 88. አላውቅም	

310	በእርሶ አስተሳሰብ የኤችአይቪ/ኤድስ ጉዳይ የጤና ጉዳይ ብቻ ነው ብሎ ያስባሉ?	1. አዎ 2. አይደለም	
311	በእርሶ አመለከከት በኤችአይቪ/ኤድስ ዙሪያ በበቂ ተሠርቷል ብሎ ያምናሉ?	1. አዎ 2. አይደለም/አልተሰራም	
312	ጽ/ቤቱ ኤችአይቪ/ኤድስን ስራ ሪፖርት ያዘጋጃል?	1. አዎ 2. አያዘጋጅም 88 አላውቅም	መልሶ 2 ወይም88 ከሆነ ወደጥያቄ 315
313	ለጥያቄ ቁጥር 312 መልሶ አዎ ከሆነ ወዴት ነው ሪፖርት የሚያደረጉት? ከሚከተሉት ክበቡ ወይም ይፃፉ	1. ወደ ክ/ከተማ 2. ወደ ክ/ከተማ ጤና ጽ/ቤት 88. አላውቅም 3. ወደ ሌላ ከሆነ ይግለጹ----------	
314	በምን ያህል ጊዜ ነው ሪፖርት የሚያደረጉት?	1. በ6ወሩ 2. በየ2 ወሩ 3. በየወሩ 4. በየ15 ቀን	
315	የኤችአይቪ ሜንስትሪሚንግን እንዳይተገበር የሚያደርጉ ምክንቶች እረሶ የተገነዘቡት አሉ?	1. አሉ 2. የለም 3. ከሉ ይግለጹ ----------	

የአዲስ አበባ ዩኒቨርሲቲ

የህብረተሰብ ጤና አጠ/ት/ት/ቤት

ለቃለ መጠይቅና ለቡድን ውይይት የፈቃደኝነት ማረጋገጫ ቅጽ

የጥናቱ ርዕስ፡- በአዲስ አበባ መንግስታዊ ተቋማት ውስጥ በመከናወን ላይ ስለሚገኘው ኤች አይቪ ሜንስቲሪሚንግ አፈፃፀም አሰሳና ለመተግበር የሚያስቸግሩ ሁኔታዎችን መለየት

የጥናቱ አላማ፡ ኤች አይቪ /ኤድስ በተቋማት የሚያደረሰውን ጉዳትና የተቋማትን ምላሽ ለማወቅ ይሆናል፡፡

መግቢያ፡- ኤች አይ ቪ ሜንስቲሚንግ በዓለምም ሆነ በአፍረካ የቫይረሱን ስርጭት ለመግታት መተገበር እንዳለበት ታመኖበት ሥራ ላይ ከዋለ ውሎ አድሯል፡፡ ይሁን እንጂ የሥራው ውጤት አናሳ ከመሆኑም በሻገር አፈፃፀሙ በችግር የተሞላ ነው፡፡ ስለዚህ የዚህ ቃለ መጠይቅም ሆነ የቡድን ውይይት አስፈላጊነት ኤችኤይቪ/ኤድስ በተቋማት ዕድገት ላይ ስለሚያደረሰው ጉዳትና ሜንስትሪሚንግን ለመተግበር በሚስቸገግሩ ጉዳዮች ላይ ለመወያየት ይሆናል፡፡ በውይይቱ መሳተፍ በርሶ ፈቀቃደኝነት ላይ የተመሰረተ ነው፡፡ በማንኛውም ጊዜ ውይይቱን ማቋረጥ ከፈለጉ ማቆም ይችላሉ፡፡ ግልፅ ያሆነሎት ነገር ሲኖር በማንኛውም ጊዜ መጠየቅ ይቻላሉ፡፡ በውይይቱ ላይ የሻይ ቡና ግብዣ ይኖረናል፡፡ በውይይ ላይ የምታነሱት ሃሳብ ለጥናቱ አስፈላጊ ስለሆነ የርሷን ትብብር እንጠይቃለን፡፡

በውይይቱ ለመሳተፍ ፈቃደኛ ከሆኑ ውይይቱን ራሳችንን በማስተዋወቅ ጀምረን ለውይይቱ ውስጠ ደንብ ከወጣን በኋላ ወደ ውይይቱ እንገባለን፡፡ ፈቃደኛ ካልሆኑ ግን ከምስጋና ጋር መሄድ ይችላሉ፡፡

አዲስ አበባ ዩኒቨርሲቲ

የህብረሰብ ጤና አጠ/ት/ት/ቤት

በአዲስ አበባ ውስጥ በሚገኙ ቢሮዎችና በክፈለ ከተማ ሴክተር ጽ/ቤቶች የኤችአይቪ/ኤድስ ወረርሽን ለመከላከልና ለመቆጣጠር በዋና መደበኛ ስራ አካቶ መተግበር/ሜንስትሪሚንግ/ አፈፃፀም ሂደትና ለመተግበር አስቸጋሪ የሆኑ ጉዳችን ለማጥናት የተዘጋጀ የቃለመጠይቅና የቡድን ውይይት መመሪያ

የኤችአይቪ/ኤድስ ወረርሽኝን ለመከላከልና ለመቆጣጠር የሚኒስትሪሚንግ ጠቀሜታና አስፈላጊነት በአለምም ሆነ በአፍሪካ ከፍተኛ ትኩረት አግኝቷል። ይሁን እንጂ ግንዛቤውም ሆነ አተገባበሩ አናሳ ከመሆኑም ባሻገር በአፍፃፀሙ ላይ ብዙ ችግሮች ይታያሉ። የዚህ ውይይት ዋና ዓላማ ኤችአይቪ/ኤድስ በሴክተሮች ዕድገት በሚያደርሰው ጉዳዮችና ሜንስትሪሚንግ እንዳይተገበር በሚያግዱ ሆኔታዎች ዙሪያ ለመወያየት ነው። ለሚያደርጉልን ማንኛውም ትብብር በቅሚያ እናመሰግናለን።

ለቃለ መጠይቅና ለቡድን ውይይት የተዘጋጁ ጥያቄዎች

ጥያቄዎች	አመላካች /ዝርዝር ጥያቄዎች
ኤችአይቪ/ኤድስ የመሥሪያቤቶን ዕድገት እንዴት እየጎዳ ነው?	- ኤችአይቪ/ኤድስ መስሪያቤቶ ያቀደው አላማና ግብ ላይ እንዳይደርስ የሚፈጥረው ችግር አለ? - ካለ እንዴት መከላከል ይቻላል።
የኤችኤይቪ/ኤድስ ሜንስትርሚንግ ኮንሴፕት ግልጽ ነው?	- በእርሶ አመለከከት ኤችአይቪ ሚንስትሪሚነግ ሲባል ምን ማለት ነው? - ሜንስትርሚንግ ለመስሪያቤቶ አስፈላጊ ነው ብለው ያምናሉ? - እንዴት ቢሆን ሁሉም ሰራተኛ በዚህ ጉዳይ ይሳተፋል ይላሉ? - በመስረያ ቤቶ ምን ምን የኤችአይቪ ስራዎች ተጀምራል? - ለዚህ ስራ ምን አይነት የሙያ እገዛ አግነኝተዋል?
ለኤችአይቪ/ኤድስ ሜንስትሪሜንግ ግብአቶች አሉ?	- ለኤችአይቪ ስራ ምንምን አይነት ግብአቶች አሉ? - ግብአቶቹ ከየትና እንዴት ነው የሚገኙት? - በመስሪያቤቶ የኤችአይቪ/ኤድስ ፖሊስ/ስትራተጂ አለ? - ለዚህ ስራ የተመደበው ሰው ይህን ስራ ብቻ ነው የሚሰራው ወይንስ በሌላ ስራ ላይ ደርቦ ነው? - ግብአቶችን ማፈላለግ የማን ስራ ነው? - ይህን ስራ በቀጣይነት ለመስራት እንዴትነው የታሰበው? -
በኤችአይቪ ሜንስትሪሚንግ ስራ ዙሪያ ውጤቶች ታይቷል?	- ኤችአይቪ/ኤድስ በመስራያ ቤቶ ላይ ያደረውን ጉዳት እንዴት ያዩታል? - ለዚህ ለደረሰው ጉዳት የኤችአይቪ ሜንስትሪሚንግ ሚና ምን ይመስላል? - በኤችአይቪ/ኤድስ ዙሪያ የወሰዱት ስልጠና አለ? - ምን ምን ውጤት በኤችአይቪ ስራ ዙሪያ ተይቷል?
ኤችአይቪ ሜንስትሪሚንግ በትክክል ሥራ ላይ እንዲውል ምንያህል ቁርጠኝነት ያስፈልጋል ይላሉ?	- ሠራተኞችም ሆኑ ሃላፊዎች ለኤችአይቪ/ኤድስ ስራ ምን ያህል ቁርጠኛ ናቸው? - እርሶ ስያስቡት ኤችአይ/ኤድስን በተመለከተ በበቂ ተሠርቷል ብሎ ያመናሉ? - ብዙዎች በኤችአይቪ/ኤድስ ዙሪያ የሚያደርጉትን ቁርጠኝነት እንዴት ያዩታል?
ኤችአይቪ ሜንስትሪሚንግ እንዳይሰራ የታዩ ችግሮች /መሰናክሎች አሉ?	- በኤችአይቪ ሜንስትሪሚንግ ዙሪያ ምንምን ችግሮች ገጥሞታል? - እየተሰራ ባለው ኤችአይቪ ሚንስትሪሚንግ ምን ክፍተት ይታያል?

Guideline for in-depth interview and focus group discussion

Addis Ababa University

Medical Faculty, School of public Health

Guideline for In-depth interview and Focus Group Discussion

On assessment of the status of HIV/AIDS mainstreaming to the government sectors

The purpose of this study is to assess the status of HIV/AIDS mainstreaming, factors affecting the implementation; and knowledge &attitude of workers towards it.

Mainstreaming HIV/AIDS at various levels is being increasingly recognized as a fundamental component of expanding the response to the epidemic globally and across Africa. Though, it is recognized as a means of expanding the response to the epidemic the understanding and application of mainstreaming remains somewhat limited, and has different barriers. Hence the main intention of this discussion is identifying the effect of HIV on development of the sectors and distinguishes factors affecting the implementation.

Thanks in advance for whatever cooperation you do.

Open ended interview guide questions for in-depth interview& focus group discussion

Research questions	Guiding questions
How is HIV/AIDS affecting your organization development?	**Is HIV/AIDS creating problem on achieving your organizational goals& objectives?** **How can it be addressed?**
Is HIV/AIDS mainstreaming understood?	**In your opinion, what does mainstreaming HIV mean?** **Do you think is it important to mainstream HIV into your organization?** **How can everybody in the system be involved in mainstreaming process?** **What sort of HIV related service have been opened or linked?** **What type of technical assistance you received for the activities you have?**
Are resources available for mainstreaming?	**What types of resources are available for HIV related activities?** **From where resources are obtained and how?** **Is there a policy/strategic frame work of action in your organization?** **Is there an HIV/AIDS team or an HIV/AIDS focal person in your organization?** **Is HIV/AIDS mainstreaming the primary assignment of the focal person, or is it an add-on responsibility to existing workload for the focal person?** **Who participate in making resources available?** **What are the sustainability plans?**
Are output related to HIV/AIDS mainstreaming observed?	**How do you feel the effect of HIV/AIDS on your organization?** **How do you think mainstreaming impacts against HIV/AIDS in your organization?** **Do you receive a follow up and training regarding HIV?** **What sort of achievement you gained on HIV related activities?**
What level of commitment is needed for effective mainstreaming?	**How do workers and mangers react to HIV/AIDS problem?** **Do you think enough is being done against HIV/AIDS?** **How do you see commitment among different actors?**
Are barriers observed in mainstreaming HIV/AIDS?	**To the best of your knowledge, what challenges did you face in mainstreaming HIV/AIDS in to your organization?** **What do you consider as gaps in the mainstreaming effort?**

ANNEX. III

Declaration

I, the undersigned, declare that this thesis is my original work in partial fulfillment of the requirement of the degree of Master of Public Health and has not been presented for a degree in any other university. All the sources of materials used for this thesis and all people and institutions who gave support for this work are fully acknowledged.

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Date of submission: _____

This thesis work has been submitted for examination with my approval as university advisor

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