ASSESSMENT OF QUALITY OF VOLUNTARY HIV COUNSELING AND TESTING SERVICES IN ADDIS ABABA, ETHIOPIA

BY

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A thesis submitted to the school of graduate studies of Addis Ababa University, Medical Faculty, Department of Community Health in partial fulfillment of the requirement for the Degree of Masters of Public Health

July, 2006

Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

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DEDICATION

To my brother and sisters, especially Mrs. Selam Johnsen, to my mother W/o Amelework Tadesse, to my wife W/o Hanna Tilahun and our new born baby girl who was six days old by the time I defended my thesis.

DECLARATION

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree in this or any other university, and all sources of materials used for this thesis have been fully acknowledged.

Name: Dawit Abraham (MD)

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Date of Submission: July 14, 2006

This thesis has been submitted with my approval as University advisor.

Professor Yemane Berhane (MD, MPH, Ph D) _____

Advisor's Name Signature

ACKNOWLEDGEMENT

Above all I would like to thank my advisor Professor Yemane Berhane for his invaluable comments and suggestions.

I am grateful to the Addis Ababa Regional Health Bureau for granting approval of this study and communicating to the different health facilities of the region.

My special thanks also go for all the VCT site managers, VCT counselors, and clients who participated in the study.

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LIST OF ABBREVIATIONS

AAHAPCO	Addis Ababa HIV/AIDS Prevention and Control Office
AAHB	Addis Ababa Health Bureau
AIDS	Acquired Immuno Deficiency Syndrome
AOR	Adjusted Odds Ratio
AAUMF	Addis Ababa University Faculty of Medicine
CDC	Center for Disease Control
CSA	Central Statistical Authority
CI	Confidence Interval
CRDA	Christian Relief Development Association
DHS	Demographic Health Survey
EIA	Enzyme Immuno Assay
ELISA	Enzyme Linked Immunosorbent Assay
FHI	Family Health International
FRPC	Faculty Research and Publication Committee
GO	Governmental Organization
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
IDUs	Injection Drug Users
MOH	Ministry of Health
MTCT	Mother to Child Transmission
NGO	Non Governmental Organization
OIs	Opportunistic Infections
OR	Odds Ratio
OSSA	Organization of Social Services for AIDS
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PVT	Private
SD	Standard Deviation
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV/AIDS
UNHCR	United Nations Higher Commission for Refugees
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

ABSTRACT

Background: *HIV testing and counseling are entry points to HIV-related care and prevention services, and provide opportunities for people to reduce their risk of acquiring or transmitting HIV. Very little has been done to assess the quality of VCT services in Addis Ababa.*

Objective: *A cross sectional, facility based study was conducted in February 2006 to assess the quality of VCT services in Addis Ababa.*

Methodology: *It used structured questionnaires adopted from standardized UNAIDS materials. The study involved 41 different VCT sites, 65 VCT counselors and 403 VCT clients for exit interview. Six clients per counselor for exit interview were selected systematically. Descriptive statistics were computed for most of the variables. A non parametric comparison was made for time variables among the three service provider sites. SPSS version 11.0 was used to enter, clean, and analyze the data.*

Results: *Only 27 (69.2%) VCT sites provide follow up counseling for HIV positive individuals besides Pre- and Post-test counseling services. Twenty two VCT sites have a separate counseling room with adequate space. Out of 65 counselors, 61 (93.8%) were nurses and only 20 (30.8%) were self motivated to be one. In-service training was given for only 11(16.6%) counselors and only 24 (36.9%) attend counselors' support group. Over 83% of the clients came self referred and 177 (43.9%) clients chose the specific VCT site because it was close to home. The median waiting time to see a counselor was longer in government sites and waiting time to get test results was longer in private VCT sites. Over 79% of the clients were generally satisfied by the service.*

Conclusions: *Majority of the VCT sites in Addis Ababa fulfilled the minimum requirements recommended by the WHO. There seemed to be lack of ongoing counseling training and support for counselors. There was a high satisfaction*

rate by the clients. However, counseling session durations were found to be less than the recommended.

Recommendations: *The regional government should take measures to enhance quality VCT services within the already available sites and establish more free standing sites. A strong counselors' support group should be formed and be able to enroll as many members as possible. Further studies should apply direct observation of counseling sessions.*

BACKGROUND

The HIV epidemic continues to spread at an alarming rate, with over 14,000 new infections per day. More than 90 percent of the estimated 42 million persons living with HIV/AIDS (PLWHA) around the world live in resource- constrained countries in Africa, Asia, Latin America and Caribbean. But despite the very high number of people already living with HIV/AIDS, it is estimated that less than 10 percent are aware that they are infected, mainly because of the limited availability, access, and use of voluntary HIV counseling and testing (VCT) services (1).

People have a right to know their HIV status, and testing and counseling should be widely accessible through innovative, ethical and practical models of delivery. HIV testing and counseling are entry points to HIV-related care and prevention services, and provide opportunities for people to reduce their risk of acquiring or transmitting HIV (2, 3).

The World Health Organization (WHO) defines voluntary HIV counseling and testing (VCT) as: *the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. This decision must be entirely the choice of the individual and he or she must be assured that the process will be confidential* (4). According to the WHO 2002 report, VCT coverage among people who need the service is 6 percent in less developed countries of Africa. VCT has a vital role to play within a comprehensive range of measures for HIV prevention and care, and should be promoted. The potential benefits of VCT for the individual include improved health status through good nutritional advice and earlier access to care and treatment/prevention for HIV-related illnesses; emotional support; better ability to cope with HIV-related anxiety; awareness of options for prevention of MTCT and infant feeding; and motivation to initiate or maintain safer sexual and drug-related behaviors. Other benefits include safer blood donation (5).

The concept of quality is one of the leading forces in improving health services. The perception of what quality entails differs between countries and sectors because of different value systems. Many definitions are in use, and all may be justified depending on the perspectives and objectives. A common aspect at the centre of the concept of quality is the needs of a client or community (6).

Even though millions have already grown ill and died from AIDS and millions more are infected and ill, current practices regarding HIV testing and counseling in clinical care settings are poorly described, standards and protocols are few, counseling is often inadequate and lack of confidentiality and inappropriate disclosure are common (7). Studies evaluating VCT have concentrated on attempting to prove that VCT reduces incidence of HIV infection and thus contributes to prevention. Studies on the efficacy of VCT have largely concentrated on the role of VCT in risk reduction and changing sexual behavior. Monitoring of VCT has depended on reporting attendance, coverage and return rates (8).

Due to the fact that VCT services in Ethiopia have been expanding recently, nothing much has been done to evaluate their quality. Few available assessments done in Addis Ababa and nationwide indicated the lack of uniformity and absence of a continuous monitoring and evaluation (9, 10). Since VCT has a vital role to play within a comprehensive range of measures for HIV/AIDS prevention and support, good quality service should easily be available and accessible. The purpose of this study is to assess the quality of VCT services in the city of Addis Ababa.

LITERATURE REVIEW

Evolution of HIV testing and counseling services

Over the past decade, the scope of Voluntary Counseling and Testing (VCT) has evolved from a diagnostic tool for symptomatic patients to an essential component of HIV prevention efforts (3).

The first 'VCT' model came about in the 1980s in developed countries in an era of high stigma and fear, when there was little or no access to HIV treatment. In the 1990s, with increased access to drugs for treatment of HIV diseases and for prevention of mother to child transmission, benefits of knowing one's serostatus increased dramatically. As the cost per client of VCT declined, VCT was considered a basic prevention strategy, resulting in increased donor and government support. Currently there is consensus among various agencies that VCT provides the synergy between HIV prevention and care and treatment, primarily because the most effective HIV prevention and care activities require people to know their HIV status (3).

Models/ Approaches of VCT Services

Different models of VCT are available in many different settings in developing and industrialized countries. There is no single preferred model and the choice of VCT service will depend on the needs of the community, HIV sero prevalence, maturity of the epidemic, attitudes towards HIV, political and community commitment to VCT, available financing and existing VCT resources (8). A classic VCT model is that of individual pre- and post-test counseling with follow-up counseling for those requiring further support. This model has been adopted by the majority of free-standing VCT sites. It is viewed as the "gold standard", allowing the person attending VCT to have individual counseling to help him/her make an informed decision about whether to test and make a personal risk assessment and risk reduction plan. Some models involve group information (which may include a written information), with or with out individual pre- and post-test counseling. There are also

screening/testing models with no pre test information followed by individual post test counseling for those turned out to be HIV positive (5). Mandatory HIV testing is a protocol in some countries as a precondition for obtaining a service or benefits like employment. UNHCR UNAIDS and WHO oppose mandatory HIV testing among refugees because of possible consequent stigmatization, discrimination, and difficulty in immigration / resettlement (11). Since 1993, Center for Disease Control (CDC) has recommended one interactive counseling model, called client-centered HIV prevention counseling, which involves two face-to-face sessions with a provider or counselor. This model has traditionally used a two-step HIV testing approach in which clients are physically present at a setting for the HIV test (initial session) and then return for HIV test results (follow-up session). Each session might require 15-20 minutes (including testing and referral) for clients at increased risk for HIV, but could take only a few minutes for those at lower risk (12).

VCT services have been given in different settings such as free-standing (stand-alone VCT sites), integrated within hospitals and other health services, health centers, private clinics, work place clinics, referral sites (for legal requirements, pre-employment, pre-travel, pre-marital), health services for vulnerable groups (commercial sex workers, injection drug users (IDUs), etc.), self testing/home testing, attached to research project, and blood transfusion services (13).

Techniques of HIV testing

HIV testing methods have become simpler and cheaper, making testing a more feasible option in many developing countries (8). Among the many ways of identifying HIV from different body specimens, UNAIDS and WHO recommend the use of Enzyme immuno-assays (EIAs) and rapid tests for both HIV surveillance and diagnostic purposes for their

accuracy and cost effectiveness (14). The wide availability of high-quality, rapid HIV tests has helped VCT programs overcome one of their main problems — patients' failure to return for test results. Using ELISA-based technology, VCT clients must typically wait at least 72 hours for their results. Experience in most VCT centers suggests that 20-40 percent of those tested do not return for their test results. In settings where service utilization has been low, introducing rapid tests has increased access to VCT services significantly. This is because rapid tests allow same day notification of results (1).

Benefits of VCT

VCT provides people with an opportunity to learn and accept their HIV serostatus in a confidential environment with counseling and referral for ongoing emotional support and medical care. People who have been tested seropositive can benefit from earlier appropriate medical care and interventions to treat and/or prevent HIV- associated illnesses. Pregnant women who are aware of their seropositive status can prevent transmission to their infants. Knowledge of HIV serostatus can also help people to make decisions to protect themselves and their sexual partners from infection. Studies have indicated that VCT may be a relatively cost- effective intervention in preventing HIV transmission in developing countries including low prevalence settings (4, 15). VCT helps communities to reduce the denial, stigma and discrimination that surround HIV/AIDS. It also helps to mobilize support for appropriate response (16). In a prospective cohort study of two years follow up, a confidential HIV testing and counseling program was associated with increased use of condoms and reduced rates of gonorrhea and HIV in urban Rwandan women (17).

Global Coverage of VCT

Ideally, VCT services should be available to everyone who wants them. However, these programs can be difficult and expensive to implement, requiring, among other things, recruiting and training counselors, establishing appropriate facilities that protect the confidentiality of the client, establishing guidelines and ensuring an adequate quantity of tests. It was estimated that a global total of 180 million people would need HIV testing and counseling annually by 2005. Coverage is generally low in Africa and the Western Pacific, moderate in South- East Asia and Europe and high in South America. Although many countries have voluntary counseling and testing centers in urban areas, most of the rural population is not well covered. Overall, globally, VCT is available to only about 12% of the people needing it (7, 16).

Quality of VCT Services

WHO representative to India defined quality VCT service as: "*the provision of professional, client centered counseling and testing services, in an easily accessible, non-threatening, non-discriminating environment; where clients are treated equally with dignity and respect, their information kept confidential, and through an ongoing process of pre-test, post-test and follow-up counseling clients are facilitated to understand their personal situation, realize their abilities and are empowered to make appropriate choices; based on standard protocols, for prevention, treatment and care of sexually transmitted infections including HIV, opportunistic infections (OIs), MTCT and referrals*" (18).

Quality entails different dimensions from the perspectives of clients, counselors and VCT managers. Only a judgment can determine whether quality is good or bad, satisfactory or unsatisfactory. Several dimensions of quality are recognized and one may address one or more of these dimensions depending on what efforts are taking place. Dimensions of quality

include: technical competence(skills, capability, and actual performance of health providers, managers, support staff and material resources), access to service (not restricted by geographic, economic, social, cultural, organizational or linguistic barriers), effectiveness (whether the desired results are achieved or not), interpersonal relations (interaction between providers and clients/community), continuity (service provision on an ongoing basis), safety (minimizing dangers related to service delivery) and amenities (physical appearance and comfort). Support for counselors should also be considered so as to decrease counselors' burnout (19, 20). Information from which inferences can be drawn about the quality of care can also be classified under three categories: "Structure", "Process" and "Outcome". Structure denotes the attributes of the settings in which care or service provision occurs. This includes the attributes of material resources (such as facilities, equipment, and money), of human resources (such as the number and qualifications of personnel), and of organizational structure (such as medical stuff organization, methods of peer review, and methods of reimbursement). Process denotes what is actually done in giving and receiving care. It includes the patient's activities in seeking care and carrying it out as well as the provider's activities in making a diagnosis and recommending and implementing treatment. Outcome denotes the effects of care on health status of patients/clients and populations. The outcome of care consists of individual's knowledge, behavior, and satisfaction with services (21, 22).

HIV remains a stigmatizing condition in most countries and uptake of services will be low if it is not known that confidentiality will be respected. Therefore a system must be in place to avoid breaches of confidentiality at all stages in the VCT process. VCT center waiting rooms should be well-ventilated in order to reduce nosocomial tuberculosis infection to vulnerable clients (8).

In an assessment of challenges in accessing VCT services by youth in four towns of Southern Ethiopia; 30.8%, 18.5%, 18%, 10.2%, 7.4%, 6.8%, 5.2% and 3.1% of the respondents preferred the specific VCT site for reasons of; good treatment, good technical competence of the staff, affordable price, treatment with respect and dignity, secured privacy, closeness to home, secured confidentiality and attractiveness of environment respectively (23).

Setting up VCT and ensuring a quality that will create demand is a considerable challenge. In counseling, perhaps more than in any other area of service provision, service quality determines outcome. Poor quality counseling can result in misunderstanding and even resistance to behavior change. Counselors need adequate training and ongoing support and supervision to ensure that they give good-quality counseling and can cope with their work load (24).

WHO proposed set of standards that an organization with VCT service delivery should fulfill to the minimum. These are:

(a) The organization should have an established / *written policy on HIV testing* which should be followed by all the staff members and which reflects national laws and WHO guidelines for rapid testing.

(b) It should offer provider-initiated HIV testing to antenatal clients, patients of STIs, injection drug users, and tuberculosis patients.

(c) HIV testing should only be conducted with informed consent (*voluntarily*).

(d) *Confidentiality* of test results should be respected in a way that only health care providers with a direct role in managing the person being tested have access to the results on a need-to-know basis.

(e) The counseling process (pre-, post-, and on-going counseling) should aim at maintaining a *positive health attitude*, reducing the risk of HIV transmission, preventing MTCT, correcting misunderstandings, and verifying that the counseling is understood. Counseling should be conducted by specifically trained individuals in an environment that ensures *privacy*.

(f) When appropriate, the VCT setting should make *referrals* to community-based services and other care settings, ensuring continuity of care and support (5, 6).

Because of the recognized importance of HIV VCT in national AIDS control programs, HIV VCT services are in various stages of development in many resource constrained countries. Where available (these services tend to be of limited quality and coverage) they are implemented by nongovernmental organizations (NGOs) and some public and private health centers, clinics, and hospitals (1).

VCT Service in Ethiopia

Many people with HIV in Ethiopia do not know that they are infected. Up until now, only a small percentage of those with HIV/AIDS have had access to reliable VCT services (24). The 2000 Ethiopian Demographic Health Survey (DHS) revealed that only 2% of men reported being tested for HIV (25).

In Ethiopia, HIV counseling service began in the late 1980s. In the early 1990s several national level training programs were conducted by the Ministry of Health (MOH), Christian Relief and Development Association (CRDA) and Organization of Social Services for AIDS (OSSA) for nurses and social workers from all regional hospitals and in Addis Ababa. About 3000 counselors were trained. The National AIDS Council Secretariat in collaboration with International Partners has recently produced national guidelines on VCT (26).

In 2003, according to the HIV/AIDS Prevention and Control Office of Ethiopia, there were 144 VCT sites in the country (27). By the end of June 2005, about 114 VCT sites (all in Addis Ababa) reported to AAHAPCO. (Unpublished report from AAHAPCO)

It is the country's policy that testing and screening should be voluntary and encouraged along with counseling services (28). At all levels of health care delivery system, the use of two rapid tests of different principles (Determine and Cappilus) as the minimum HIV test algorithm and a third rapid test (Unigold) as a tie breaker is recommended. However, health facilities having ELISA machine may continue to use ELISA test kits if that is their choice (24).

According to a situation assessment of VCT practice in Ethiopia conducted in September 2000, about 80 institutions were involved in the service. It was found that most of the institutions in the regions do not follow standardized VCT guidelines. Although confidentiality of test results was maintained in many of the institutions most had no separate rooms for HIV counseling; only few health facilities had full time counselors and referral system for HIV positive individuals to care and support centers (9).

In 2002, an assessment of HIV Care and Support services in Addis Ababa revealed that, out of the 16 VCT centers available, 11 were using the national VCT guideline; most centers had 2 or more counselors; and eight of the VCT centers provided 'same day' results for HIV tests. External assessment of quality control in the VCT centers was very limited. Four centers expressed concern that HIV results did not remain confidential due to access of other staff to laboratory and counselor's room. In 40 of 42 counseling sessions, the counselors' approaches to clients were non-judgmental. In the majority of sessions, counselors showed emotional warmth and support, encouraged client feedback,

communicated at the client's level of understanding and listened effectively. At VCT centers, charges for VCT ranged from 10 to 250 Ethiopian birr (10).

Since VCT services are expanding quite recently in Ethiopia (Addis Ababa) few studies are available in assessing their service quality. The aim of this study is to assess the quality of voluntary HIV counseling and testing services in the city of Addis Ababa.

OBJECTIVES

General Objective:

- To assess the quality of Voluntary HIV Counseling and Testing services in Addis Ababa.

Specific Objectives:

1. To assess operational aspects of VCT sites and services.
2. To assess the needs and satisfaction of counselors.
3. To assess quality of VCT services in terms of clients' satisfaction.

METHODOLOGY

1. **Study Design**

The study is a quantitative, facility based and cross sectional in design.

2. **Study Area**

Addis Ababa is the capital city of Ethiopia and amongst others the seat of the economic commission of Africa and the Africa Union. It has a population of about 2.9 million people. The city is reported to have an annual growth rate of 2.82, mostly due to the rural to urban migration. Addis Ababa is structured into 10 sub cities and 99 Kebeles (the lowest level of administration of the city). Addis Ababa is reported to have one of the highest concentrations

of HIV/AIDS cases in the country. According to ANC surveillance reports of the Ministry of Health, the HIV prevalence rate in Addis Ababa amounts to 12.4%, in 2003 (29).

According to the Addis Ababa HIV/AIDS Prevention and Control Office (AA HAPCO), in 2005 there were about 114 VCT service sites in the different sub cities of AA mostly integrated with other medical services. All the centers provide pre and post test counseling and HIV testing. HIV VCT services were given for 183,600 (44.3% males and 55.7% females) clients from July 2004 to June 2005; 17.9%, 34.3% and 47.8% in the non governmental, governmental and private settings respectively. (Unpublished Document from AAHAPCO, 2005)

3. **Study Population**

The study involved VCT settings, VCT counselors, and VCT clients with in the sites found in Addis Ababa. The VCT sites have different status of ownership. At the end of June 2005, there were a total of 114 VCT service sites of which 36 were owned by the government (GO), 17 by non-governmental (NGO) and 61 by private organizations. A list showing the number of VCT clients served within these sites was obtained from Addis Ababa HIV/AIDS Prevention and Control Office (AAHAPCO).

4. **Sample size**

As this is a cross sectional study, in part, dealing with the proportion of VCT clients who are satisfied with the service delivered, a single population proportion formula, [$n = (Z\ \alpha/_2)^2\ p\ (1\text{-}p)\ /\ d^2$], was used to estimate the sample size of clients to be interviewed. Due to lack of previous such studies showing the proportion of people being satisfied with VCT services and to achieve a conservative sample size, the following assumptions were made: proportion of VCT clients to be satisfied as 50% ($\mathbf{p} = 0.5$), level of significance to be 5% ($\boldsymbol{\alpha} = 0.05$), $\mathbf{Z}\ \alpha/_2 = 1.96$ and absolute precision or margin of error

to be 5% (**d** = 0.05). Computing with the above formula gives a total sample size of 384. Considering a 10% non-response rate would finally make the sample size 422.

The number of VCT site managers and VCT counselors included in the study were in accordance with the instructions given by the UNAIDS tools, which states that all should be included.

5. **Sampling procedures**

Since it was very difficult to cover all with in the time and resources available for the study, only "Major VCT sites", selected based on daily flow of clients, were involved in the study. Based on the report compiled by AAHAPCO from July 2004 up to June 2005, daily client flows of each setting were estimated. Sites were stratified as High (>10 clients per day), Medium (5 – 9 clients per day), and Low (<5 clients per day). High and medium flow sites were part of the study so as to be time and cost effective. Accordingly, 43 VCT centers were found to fulfill this criterion. However, while preparing to start the data collection, two VCT sites had to be excluded from the study. One was a governmental institution found with in a prison's compound and permission was not granted for security reasons. The other one was a privately owned higher clinic with no regularly functioning VCT counselors and willingness to participate was not also fully granted by the owner.

All the managers of the selected VCT sites were communicated to fill a questionnaire about the structural and operational aspects of the sites and services.

All full time working VCT counselors in the selected sites were included in the study. This is the recommended way of selecting counselors for such a purpose according to the UNAIDS evaluation tool (8). Accordingly it was found out that about 71 VCT counselors were working in the selected VCT sites on a full time /regular/ basis.

Six clients per each counselor were selected by systematic random sampling technique. Since most of the government institutions have fixed a maximum number of clients to be served to 12 per day, it was taken so for all health centers and hospitals which have got only one counselor. For the rest of the institutions a similar procedure, but with individualized estimation of total clients, was followed to select clients according to the number of counselors working during the day of the data collection. The sample size for client exit interviews and the sampling procedure was made different from the instruction by the tool in order to increase the validity and generalizability of the study.

6. **Data Collection Procedures**

6.1. **Data Collection Instruments**

All the questionnaires were developed from UNAIDS' Tools for Evaluating HIV Voluntary Counseling and Testing document /UNAIDS, 00.09E, May 2000/. These tools were developed to help HIV programs evaluate aspects of their VCT services, and were field tested in developing and industrialized countries. They were designed to be used in a flexible manner, to be adapted and modified according to the needs of the service being evaluated, acknowledging that some questions might be inappropriate at a specific site and might need to be removed or reworded.

Questions that were found not to be pertinent were removed and additional pertinent questions were added. Questionnaires assessing the minimum structural and operational requirements for a VCT site as recommended by the WHO/UNAIDS were used to assess the structure and logistics of VCT sites. This was in the form of self administered questionnaire by the managers of the selected VCT sites. Counselors were also assessed using a self administered structured questionnaire. All questionnaires were

pre tested on sites which were not included in the study and were used after making the necessary corrections and translated into Amharic.

Fourteen data collectors each 12th Grade-complete (some with previous experiences of data collection) and two general practitioners participated as supervisors in the study.

6.2. **Data quality control**

Data quality assurance was maintained with the undertakings of the following:

- Questionnaires formulated from standardized UNAIDS tools.
- Questionnaires were translated to Amharic then back to English for consistency.
- A two days training was given for data collectors and supervisors. The issue of confidentiality and privacy was stressed in much depth during the training session. Client exit interviews were done in separate rooms or in a place where no one else could have heard the interview.
- Questionnaires were pre-tested in four VCT sites which were not included in the main study. Based on the pretest, questions were revised, edited, and those found to be unclear or confusing were removed.
- Daily data entry and cleaning were done by the principal investigator.
- Ten percent of the data for the client exit interview was reentered and checked.

7. **Inclusion and Exclusion criteria**

Out of the 43 selected "major VCT sites", two were excluded from the study. One private health institution did not have a regular full time working counselor and the other government institution was not willing to participate.

VCT clients were asked to participate in the study after they received their post test counseling. Those who were critically sick to be interviewed and those who cannot speak

Amharic were excluded from the study and replaced by the next legible clients. This was not much of an experience during the process.

8**. Study Variables**

Independent Variables:

- Type of VCT setting (GO, NGO, PRIVATE)

- Socio-demographic characteristics of VCT clients including; age, ethnicity, religion, educational status, marital status, occupation, income.

- Previous VCT service

- Time spent waiting to see a counselor, waiting time to get test result, duration of counseling

Dependent Variables:

- Quality of VCT sites

- Quality of counselors

- Clients' Satisfaction

9**. Data Analysis procedures**

Data were entered, cleaned, and analyzed using SPSS version 11.0 soft ware. Descriptive statistics were computed for most of the study variables. Frequency distribution tables were used to describe most of the findings and graphs were also plotted for some.

Quality of VCT sites was assessed by analyzing the proportions of sites using written policy for counseling and testing, owning a private room for counseling, providing pre-, post-, and follow up counseling, conducting HIV blood testing within the same facility, making referrals to community based or social service centers, keeping files in a locked cabinet, and providing special VCT services for pregnant mothers or youths.

Quality of VCT counselors was assessed using proportion of counselors who were self motivated during selection, number of counseling courses attended, duration of courses, proportion of counselors who had a follow up or in-service trainings, proportion of counselors with access to a supporting and supervising body, and proportion of counselors experiencing features of burnout.

Client satisfaction was analyzed using information obtained about overall satisfaction by the service and also about satisfaction with specific attributes of the interpersonal relationship, technical competence of service provider, and outcomes of care. Associations were sought between service satisfaction and other variables using logistic regression model. Means and medians for different time variables were computed. For two of the variables, "waiting time to see a counselor" and "waiting time to get test results", the reported values were found very hugely dispersed to the extent that the standard deviations were larger than the means. Histograms and normal distribution curves showed a very rightly skewed distribution for these two and a third time variable, "duration of counseling sessions". A Kolmogorov-Smirnov test for normality was also used to check whether the continuous time variables had a Gaussian distribution. All the three time variables were found to be non-normally distributed ($p < 0.001$). Hence further analyses were limited to the non-parametric tests; the median and the Kruskal-Wallis tests. In tests like the Kruskal-Wallis, the distribution of test statistics approaches a chi-square distribution. So here, the test statistic is simply compared with the critical values given in a chi-square table. For such "asymptotic testing" procedures performed for large samples, p-values (asymptotic significance) are also given by the SPSS soft ware package. Although nonparametric tests are less powerful than parametric ones their main advantage is that they allow analyses of such non-normally distributed samples.

DEFINITION OF TERMS

● **VCT Client**: is any person, feeling healthy or sick-who seeks a service where one receives HIV counseling and learns of his/her HIV serostatus.

● **VCT Counselor**: a person who has received special training in client-centered HIV counseling and who has a background in health or social sciences.

● **Voluntary Testing**: the decision to pursue testing for HIV must be made by the client who seeks counseling and testing services.

● **Major VCT site**: VCT sites with daily client flow of 5 or above as estimated from a list obtained from AAHAPCO.

● **Free Standing (Stand Alone) VCT site**: VCT site just meant for VCT service, no other medical services are offered at that site.

- **Burnout**: a gradual process by which a person, in response to prolonged stress and physical, mental, and emotional strain, detaches from work and other meaningful relationships. The result is lowered productivity, cynicism, confusion, and a feeling of being drained, or having nothing more to give.
- **Quality of VCT Site**: VCT site fulfilling the basic structural and functional requirements as set by the WHO and having at least one full time working VCT counselor.
- **Quality of VCT Counselors**: counselors with a health or social science background who received at least a three weeks basic training in HIV counseling and ongoing in-service trainings.
- **Client Satisfaction:** the state of being pleased or contented by clients about the overall service they received or the specific attributes of the interpersonal relationships, technical competence, and the outcomes of care.

ETHICAL CONSIDERATIONS

Recruitment and training of data collectors were dealt very carefully, and training had given more attention to the issue of confidentiality. Informed consent was sought from all study participants at all levels.

The offices of Addis Ababa city administration Health Bureau, the Addis Ababa HIV/AIDS Prevention and Control Office (AAHAPCO), and the selected VCT centers were communicated with formal letters from the AAUMF/Department of Community Health.

Efforts were made to maintain the confidentiality of the data. No translator (only those who can speak Amharic were interviewed) or no third person was involved during the client interview. Most of the interviews were done in separate rooms provided by site managers to ensure privacy and confidentiality.

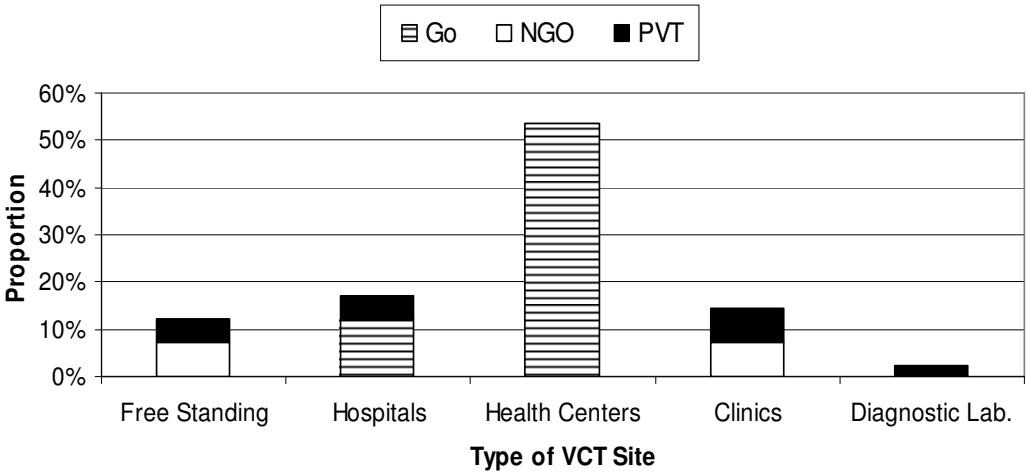
All the study participants were reassured that they will be anonymous. Names or any personal identifiers were not recorded. Respondents were clearly told about the study and the variety of information needed from them. They were given the chance to ask anything about the study and were made free to refuse or stop the interview at any moment they want if that was their choice.

The Faculty Research and Publication Committee (FRPC) and the ethical committee of the Addis Ababa Regional Health Bureau granted approval for this study.

RESULTS

Types of VCT provider sites and their status of ownership

Based on the criteria set earlier, 43 VCT sites were selected to be included in the study. Just before beginning the data collection, two sites were excluded. The rest 41 sites were 27 (65.9%) governmental, 6 (14.6%) non governmental and 8 (19.5%) private by their status of ownership. These VCT sites were working as free standing or integrating VCT service with other medical services. Five (12.2%) were free standing VCT sites, 7 (17.1%) were in hospitals, 22 (53.7%) in health centers, 3 (7.3%) in NGO clinics, 3 (7.3%) in private clinics, and 1 (2.4%) was a diagnostic laboratory. (Figure 1)



GO- Governmental, NGO- Non governmental, PVT- Private

Figure1. Voluntary Counseling and Testing Service Sites included in the study, Addis Ababa, Ethiopia, February 2006

Operational aspects of the sites and services

Out of the forty one VCT site managers or coordinators, 39 responded for the questionnaire. All the VCT sites provide Pre- and Post-test counseling services and except one, HIV blood testing. Follow up counseling service for HIV positive individuals and diagnostic counseling service (HIV counseling without blood testing) were given by 27 (69.2%) and 19 (48.7%) of the VCT sites. Written policies/guidelines about counseling were available in 34 of the centers. Referrals to social services were exercised by 31 (79.5%) of the sites. Special VCT service for pregnant mothers was available in 33 of the sites. Out of 36 VCT sites 22 have a private counseling room measuring 9 m^2 or above (Figure 2). (Also See Annex III)

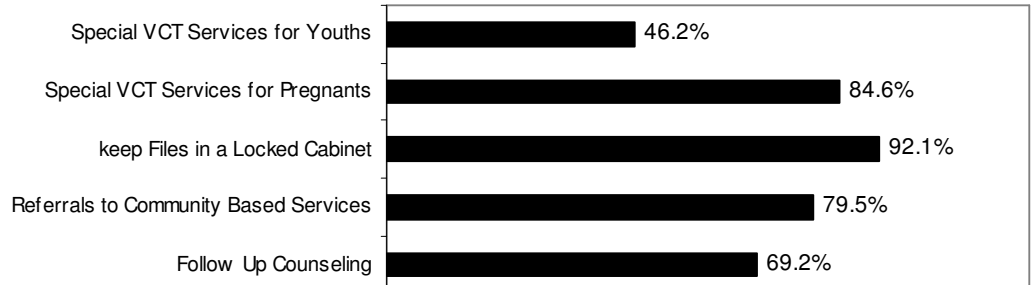


Figure 2: Percentages of VCT sites with basic structural and functional requirements for service, Addis Ababa, Ethiopia, February 2006.

Counselors' requirement and satisfaction

I. *Counselors' Selection, Training and Support*

Within the 41 VCT sites, a total of 71 individuals involved in HIV counseling were identified. Although there were no refusals at the beginning, six of the counselors did not return the completed questionnaire. Of those who responded, 61 (93.8%) were nurses before they became VCT counselors. More than 30% of the counselors were self motivated to be one. Most feel that they have to do counseling as part of their job. More than half of the counselors (53.8%) have taken only one counseling course throughout their practices. The mean duration of counseling courses taken was 2.6 weeks (2.60±0.787). Ongoing or follow up training was believed to be necessary to improve counseling skills by 53 (98.1%). Twenty four (36.9%) counselors attend a counselors' support group and 37 (56.9%) admitted that they

have access to a designated counseling supervisor to provide them with support and technical backup. Of the 18 (27.7%) counselors who have duties other than HIV counseling, 4 (22.2%) said that they have shortage of time to do counseling. The VCT counselors had been counseling for a median of two years (Range= 4 Months to 15 years). Majority, 57(87.6%) of them work 6 to 8 hours per day. The mean number of VCT clients seen by a counselor was 10 per day. Majority of the counselors (78.5%) said they will continue counseling in the future. (Table 1)

Table 1: Selection, Training, Support, and experience of VCT counselors in Addis Ababa, Ethiopia, February 2006 (n=65)

Characteristics	Frequency (%)
Background	
Nurse	61 (93.8)
Social Worker	2 (3.1)
Health Assistant	2 (3.1)
Selection	
Proposed by senior colleague	45 (69.2)
Self Motivated	20 (30.8)
Pressurized into doing counseling	
Doing it as part of my job	45 (69.2)
Counseling is a strain	10 (15.4)
Counseling feels comfortable doing	9 (13.8)
Other	1 (1.5)
Number of counseling courses	
Only 1	35 (53.8)
2 or more	30 (46.2)
Duration of courses	
< 3 Weeks	33 (50.7)
3 Weeks or more	32 (49.3)
Mean±SD	2.60±0.787
Follow up/Ongoing/ Training	
YES	11 (16.6)
NO	54 (83.1)
Follow up training improves skill (n=54)	53 (98.1)
Attend Counselors' Support Group (n=65)	24 (36.9)
Access to Support and Supervision (n=65)	37 (56.9)
Supervising Body	
Addis Ababa Health Bureau	25 (67.5)
Non Governmental Organizations	5 (13.5)
Both	7 (18.9)
Duties other than Counseling (n=65)	18 (27.7)
Years of counseling service	
< 1 Year	5 (7.7)
1-3 Years	45 (69.2)
> 3 Years	15 (23.1)
Hours of counseling per day	
≤ 5 Hours	4 (6.2)
6-8 Hours	57 (87.6)
> 8 Hours	4 (6.2)
Mean±SD	7.35±1.304
VCT Clients per counselor per day	
5-10 Clients	39 (60.0)
11-15 Clients	26 (40.0)
Mean±SD	10.11±2.085
Future in Counseling	
Will go on counseling	51 (78.5)
Find a new job	14 (21.5)

II. *Counselors' "burnout"*

46.2% of the counselors have never felt emotionally drained. For 5 (7.7%) of the counselors counseling was very stressful. Counseling has never been rewarding for only 3 (4.6%) of the counselors. Counselors felt that they always can help their clients (86.2%) and are confident by their clinical skill (90.8%). Respondents have never felt isolated (87.7%), never had problems in communicating test results (75.4%), never felt helpless and vulnerable (84.6%), and never had problems communicating with their colleagues (86.2%). (Table 2)

Table 2: Counselors' "Burnout", in Addis Ababa, Ethiopia, February 2006.

Characteristics	Frequency (%)		
	Always	Sometimes	Never

"I feel emotionally drained by my work"	0	35 (53.8)	30 (46.2)
"My work is very stressful"	5 (7.7)	52 (80.0)	8 (12.3)
"My work is very rewarding"	36 (55.4)	26 (40.0)	3 (4.6)
"I learn something new in my work everyday"	30(46.1)	33 (50.8)	2 (3.1)
"I feel isolated in my work"	1 (1.5)	7 (10.8)	57 (87.7)
"I have problems communicating with my colleagues"	3 (4.6)	6 (9.2)	56 (86.2)
"I can help my clients"	56 (86.2)	8 (12.3)	1 (1.5)
"I have no confidence in my clinical skills"	1 (1.5)	5 (7.7)	59 (90.8)
"I feel helpless and vulnerable"	0	10 (15.4)	55 (84.6)
"I have problems in communicating test results"	0	16 (24.6)	49 (75.4)
"I am overburdened at work"	6 (9.2)	35 (53.9)	24 (36.9)

VCT client exit interviews assessing service satisfaction

I. *Socio-demographic characteristics of VCT clients in Addis Ababa*

Four hundred three individuals, of whom 210(52.1%), 89(22.1%), and 104(25.8%) were from governmental, non governmental, and private institutions respectively, volunteered for the exit interview. The non response rate was 5.4%. Most of the non respondents said they have no time to be interviewed and few just refused without making a reason.

Most of the respondents, 360(89.3%), reside within the city of Addis Ababa. Majority (62.4%) of the clients lie in the age group of 20-29 years with the mean age being 25 years (25.84±6.45). Females comprised 244 (60.5%) of the respondents. Orthodox Christians and the Amhara ethnic individuals, 295(73.2%) and 200(49.6%) respectively, were found to be predominant among others. Two hundred eighty two (70%) of the subjects reported to be never married and 158 (39.2%) have no income. (Table 3)

Table 3: Socio demographic characteristics and distribution of VCT clients by type of VCT provider, in Addis Ababa, Ethiopia, February 2006 (n=403)

Characteristics	Frequency (%)
Place of Residence	
Addis Ababa	360 (89.3)
Out of AA	43 (10.7)
VCT Site/provider	
Governmental	210 (52.1)
Private	104 (25.8)
Non Governmental	89 (22.1)
Sex	
Female	244 (60.5)
Male	159 (39.5)
Age (n=402)	
15-19 Years	59 (14.7)
20-24 Years	138 (34.3)
25-29 Years	113 (28.1)
30-34 Years	49 (12.2)
35-39 Years	23 (5.7)
40 and Above	20 (5.0)
Mean±SD	25.84±6.45
Marital Status	
Never Married	282 (70.0)
Married	88 (21.8)
Divorced	25 (6.2)
Widowed	8 (2.0)
Ethnicity	
Amhara	200 (49.6)
Oromo	82 (20.3)
Gurage	70 (17.4)
Tigray	39 (9.7)
Other	12 (3.0)
Religion	
Orthodox	295 (73.2)
Muslim	54 (13.4)
Protestant	44 (10.9)
Catholic	6 (1.5)
Other	4 (1.0)
Income	
No income	158 (39.2)
< 100 Birr	14 (3.5)
100-500 Birr	121 (30.0)
> 500 Birr	66 (16.4)
Do Not Know	44 (10.9)

II. *Sexual characteristics of VCT clients*

Of the 403 respondents 325(80.6%) admitted that they have had sexual intercourse in their life time. The mean age at first sexual debut was 19 years (Range=10-35 Years). Fifty three (16.3%) of those with previous sexual experience have exercised multi-partner sex and 158 (48.6%) have never used condom in their life time. Recent history of sexual contact (sexual intercourse in the past one year) was noted in 241 (74.2%) of the respondents who ever had sex. Among the entire respondents 131 (32.5%) think that they had a risk for acquiring HIV and having sex without condom was the commonest identified risk by 68 (51.9%) followed by injuries with sharp instruments and taking care of AIDS patients by 14 (10.7%) respondents for each risk. (Table 4)

III. *Voluntary counseling and testing service*

Majority (45.2%) of the respondents heard the presence of the service from the mass media for the first time. Eighty three percent of the VCT clients interviewed came to the service "self referred". The most common reasons for having VCT were "to know my self", "for marriage", "I suspected myself", and "because I am sick" by 266(66%), 36(8.9%), 36(8.9%), and 22(5.5%) of the respondents respectively. The service on the day of the interview was not the first encounter for 151 (37.5%) of the subjects. The usual government's working hours (Monday to Friday; 8:00AM-12:00PM in the morning and 1:00PM-5:00PM in the afternoon) were convenient for 171 (42.4%) clients. (Table 5)

Table 4: Sexual characteristics of VCT clients, in Addis Ababa, Ethiopia, February 2006

Characteristics	Frequency (%)
History of ever sexual intercourse (n=403)	
Yes	325 (80.6)
No	77 (19.1)
No response	1 (0.3)
Age at first sexual intercourse (n=325)	
10-14	14 (4.3)
15-19	165 (50.8)
20-24	90 (27.7)
25-29	14 (4.3)
≥ 30	5 (1.5)
Do Not Remember	37 (11.4)
Mean±SD	19.03±3.28
Multi-partner sex (n=325)	
No	268 (82.5)
Yes	53 (16.3)
No Response	4 (1.2)
Ever use of Condom (n=325)	
Never	158 (48.6)
Sometimes	98 (30.2)
Always	69 (21.2)
Sex in the past 1 Year	
Yes	241 (74.2)
No	83 (25.5)
No Response	1 (0.3)
Condom Use in the past 1 Year (n=241)	
Never	115 (47.7)
Sometimes	58 (24.1)
Always	68 (28.2)
Had risk for acquiring HIV (n=403)	
No	245 (60.8)
Yes	131 (32.5)
Do not know	23 (5.7)
No Response	4 (1.0)
Risk conditions for acquiring HIV (n=131)	
Sex without Condom	68 (51.9)
Cut with sharps	14 (10.7)
Used to care AIDS patients	14 (10.7)
Other	35 (26.7)

Table 5: Source of information about VCT and utilization of services, in Addis Ababa, Ethiopia, February 2006 (n=403)

Characteristics	Frequency (%)
Source of information	
Mass Media	182 (45.2)
Friends	122 (30.3)
Family	36 (8.9)
Health Professional/Facility	33 (8.2)
Neighbors	17 (4.2)
Other	13 (3.2)
Type of Referral	
By my self	335 (83.1)
Recommended by others	57 (14.2)
Just Dropped in	11 (2.7)
Reason for VCT	
To know myself	266 (66.0)
For Marriage	36 (8.9)
Suspected myself	36 (8.9)
To Go Abroad	35 (8.7)
Because of illness	22 (5.5)
For a job	5 (1.2)
Other	3 (0.7)
VCT in the Past	
No	252 (62.5)
Yes	151 (37.5)
Convenient time for VCT	
Gov't working days/Hours	171 (42.4)
Seven days a week/ 24 Hrs.a day	102 (25.3)
Seven days a week/ Gov't Hours	48 (11.9)
Monday-Friday/ 6 AM-8 PM	36 (9.0)
Monday-Friday including lunch times	33 (8.2)
Monday-Friday late afternoons (5-8 PM)	13 (3.2)

The presence of the VCT service site near to home was the main reason for preferring a specific facility by 177 (43.9%) of the respondents. Free or affordable service charge was the next main reason in preferring the particular VCT site in question, by 82 (20.4%) of the respondents.

7.4% of the VCT clients were not served immediately as they arrived to a center and were given appointments. Six (20%) of them got the service after 2 days of appointment. More than 80% of the clients met their counselors immediately after they arrived to the center. Most (80.2%) of the respondents said that they received HIV test results in less than 30 minutes. Majority (79.4%) of the counseling sessions (both pre and post test sessions) took between 15 to 60 minutes. Most of the clients had the same counselor both before and after HIV blood test. (Table 6)

Only 22 (5.5%) of the clients wished they had a different counselor in terms of either gender or age. Majority (84.4%) of the clients were willing to share their HIV test results with somebody either; partners, friends or relatives. Most of the clients were satisfied and benefited with the counseling sessions, and said that the counseling room was comfortable in terms of privacy. In general, 319(79.2%) respondents were satisfied by the VCT service they received. (Table 7)

Table 6: Reason to prefer VCT site and duration of stay in the site by clients, in Addis Ababa, Ethiopia, February 2006

Characteristics	Frequency (%)
Reason to prefer VCT site (n=403)	
Near to home	177 (43.9)
Affordable/Free	82 (20.4)
Good technical competence	34 (8.4)
Good care	33 (8.2)
TV advertisement	13 (3.2)
Issue papers for test results	13 (3.2)
Other	51 (12.7)
Given Appointment on first visit (n=403)	
No, VCT same day	373 (92.6)
Yes	30 (7.4)
Time to get first appointment	
≤ 1 Day	24 (80.0)
2-3 Days	5 (16.7)
> 3 Days	1 (3.3)
Waiting time to see counselor (n=398)	
Immediately	326 (81.9)
30-60 Minutes	43 (10.8)
> 60 Minutes	29 (7.3)
Median	20.00
Waiting time for test result (n=399)	
< 30 Minutes	320 (80.2)
30-60 Minutes	40 (10.0)
> 60 Minutes	39 (9.8)
Median	25.00
Duration of counseling (n=397)	
<15 Minutes	76 (19.1)
15-30 Minutes	172 (43.4)
31-60 Minutes	143 (36.0)
> 60 Minutes	6 (1.5)
Median	30.00
Same Counselor for pre and post test counseling	
Yes	396 (98.3)
No	7 (1.7)

Table 7: Willingness to share HIV result and service satisfaction by clients, Feb. 2006, Addis Ababa

Characteristics	Frequency (%)
Wished another counselor	22 (5.5)
Recommend this VCT Site to others	371 (92.0)
Willingness to share HIV test result	340 (84.4)
Benefited and satisfied with pretest counseling	393 (97.5)
Benefited and satisfied with posttest counseling	385 (95.5)
Service providers treated me with Respect	397 (97.5)
Counseling room was comfortable for privacy	388 (96.3)
Service providers were technically competent	390 (96.8)
Time for counseling was adequate	362 (89.8)
Trust service providers maintain confidentiality	376 (93.3)
Satisfied by the VCT service	319 (79.2)

Associations were sought between level of satisfaction by the service and the different socio demographic characteristics of VCT clients. As compared to the younger age group, the likelihood of being satisfied by the service was found to be higher in those aged 20-24 years [OR=2.11, 95% CI: 1.06, 4.18] and 25-29 years [OR=2.54, 95% CI: 1.22, 5.27]. There was no a statistically significant association between service satisfaction and the type of VCT provider site, place of residence and educational status. The odds of being satisfied by the service rendered was lesser among the never married than the married VCT clients [OR=0.48, 95% CI: 0.24, 0.95]. Being a student and a civil servant has got a lower likelihood of being satisfied, [OR=0.29, 95% CI: 0.13, 0.65] and [OR=0.33, 95% CI: 0.13, 0.82] respectively, as compared to clients with no jobs. Service satisfaction was not significantly associated with income, having VCT in the past, reasons for preferring a specific VCT site, being given appointment, having same counselor before and after test result, and sharing HIV result to someone. (Table 8)

Different time variables; waiting time to see counselors, time taken for test results and duration of counseling sessions among the different VCT site service providers (Governmental, Non governmental, and Private) were compared using the Kruskal-Wallis test

to check for the presence of significant differences among their values. It was shown that there were statistically significant differences for waiting time to see a counselor (X^2 =42.096, p=0.000) and waiting time to get test results (X^2 =65.99, p=0.000). The mean ranks were highest for government and private sites for variables of waiting time to see a counselor and waiting time to get test results, respectively. The test showed no statistically significant differences for duration of counseling sessions among the three VCT service sites (X^2 =2.145, p=0.342). (Table 9)

Table 8: Comparison of VCT service satisfaction of clients by type of VCT site and socio demographic characteristics, in Addis Ababa, Ethiopia, February 2006

Characteristics	Satisfaction		Odds Ratio	
	Yes	NO	OR[@] (95% CI)	AOR[@@] (95% CI)
Age Group				
19 years or Less	39	20	1.00	1.00
20-24 Years	111	27	**2.11 (1.06, 4.18)***	**2.04 (1.00, 4.17)***
25-29 Years	94	19	**2.54 (1.22, 5.27)***	**2.40 (1.12, 5.14)***
30-34 Years	39	10	2.00 (0.83, 4.82)	1.61 (0.65, 3.97)
35 and Above	36	7	2.64 (0.99, 6.98)	2.48 (0.90, 6.81)
Type of VCT Site				
Governmental	163	47	1.00	1.00
Non governmental	74	15	1.42 (0.75, 2.71)	1.35 (0.69, 2.64)
Private	82	22	1.08 (0.61, 1.90)	1.43 (0.76, 2.70)
Address				
Addis Ababa	283	77	1.00	1.00
Out of AA	36	7	1.40 (0.60, 3.27)	1.61 (0.67, 3.88)
Religion				
Orthodox	241	54	1.00	1.00
Protestant	35	9	0.87 (0.40, 1.92)	0.79 (0.36, 1.77)
Muslim	37	17	**0.49 (0.26, 0.93)***	0.60 (0.30, 1.18)
Marital Status				
Married	77	11	1.00	1.00
Never Married	217	65	**0.48 (0.24, 0.95)***	**0.48 (0.23, 0.97)***
Divorced	19	6	0.45 (0.15, 1.38)	0.65 (0.20, 2.12)
Educational Status				
Grade1-6	63	14	1.00	1.00
Grade 7-10/12	183	52	0.78 (0.41, 1.51)	0.82 (0.42, 1.62)
College & Above	41	12	0.76 (0.32, 1.80)	0.72 (0.30, 1.76)

Occupation				
Jobless	86	14	1.00	1.00
Student	32	18	**0.29 (0.13, 0.65)***	**0.28 (0.12, 0.66)***
Daily Laborer	36	4	1.47 (0.45, 4.76)	1.73 (0.49, 6.03)
Civil servant	22	11	**0.33 (0.13, 0.82)***	**0.27 (0.10, 0.69)***
Merchant	36	12	0.49 (0.21, 1.16)	0.47 (0.19, 1.14)
House wife	26	3	1.41 (0.38, 5.29)	1.34 (0.35, 5.21)
Other	74	17	0.71 (0.33, 1.53)	0.70 (0.31, 1.56)

OR@ - Crude Odds Ratio, AOR@@ - Adjusted Odds Ratio, CI – Confidence Interval
( )* - Significant at P-Value < 0.05

Table 9: Comparison of time variables among VCT service provider sites in Addis Ababa, Ethiopia, February 2006

Characteristic	Median Time in Minutes	Mean Ranks			Chi square*	Asymptotic Significance
		Government	Non government	Private		
Waiting time to see counselor (n=398)	20.00	234.31	171.71	152.30	**42.096**	**0.000**
Waiting time to get test result (n=399)	25.00	171.46	176.34	278.84	**65.990**	**0.000**
Duration of counseling Sessions (n=397)	30.00	196.83	189.04	212.38	2.145	0.342

* Degrees of freedom=2

DISCUSSION

This study assessed the quality of VCT services in Addis Ababa using modified tools of the UNAIDS. Among 41 "Major" VCT sites, majority were owned by the government. Only five were found to be free standing. Follow up counseling service for HIV positives was available in 69% of the centers. Twenty out of 65 VCT counselors were self motivated to be a counselor. Counseling has always been stressful for few (7.7%) but rewarding for more than half of them. Although majority of the counselors have a less than 3 years work experience, 20% of them said that they will find a new job. In this study most of the VCT clients were females and in the age group of 20-29 years. Most clients came for voluntary HIV counseling and testing by them selves and just to know their HIV sero status. Most of the clients were served the same day and met their counselors immediately after their arrival. Overall, about 80% of the VCT clients were satisfied by the service they received.

The UNAIDS tool for evaluating HIV voluntary counseling and testing services in an operational setting are simple and adaptable to use. Despite initial concerns, there were no refusals to participate in the study especially by the privately owned VCT centers. The non response rate for the client exit interview was also minimal, 5.4%. This was not consistent with a similar study done in 2002 in South Africa, where they were able to interview all the

clients identified (30). But still, considering the Socio-cultural characteristics of our society, our refusal rate can arguably be said very minimal.

In this study most of the VCT services were found integrated with in health centers, hospitals and clinics. Only five sites were VCT dedicated. In an assessment of HIV care and support done in Addis Ababa, there were only 2 free standing VCT sites in 2002. It is clear that presence of free standing VCT service sites helps to serve as many clients as possible who come just for this purpose. Service providers in these sites will not have duties other than counseling as compared to those working in the non-standalone VCT sites (24). All the VCT sites were providing pre and post-test counseling and except one VCT site all do HIV blood testing with in the same institution. In a situation assessment done in 2000 in Ethiopia, 3 out of 39 VCT sites were not doing HIV blood testing (9). Sending a client's blood to another site for testing will take more time and the client may question the reliability of the service. Any VCT site should provide follow up counseling and referrals to different community based services and other care settings ensuring continuity of care and support (5, 6). A program's willingness to establish continuity or follow-up mechanisms is one measure of its longer-term commitment to individual welfare (22). In this study follow up counseling and referrals to social services were available in 27 (69.2%) and 31 (79.5%) of the sites respectively. In 31 (79.5%) of the sites people may not get VCT services immediately as they appear and are given appointments. This may have a negative repercussion for clients seeking the service.

Presence of separate room for counseling is one of the minimum prerequisites in establishing/providing VCT service. People who wish to know their sero-status have concerns about confidentiality and privacy. There is also evidence that assurance of confidentiality and trust facilitates disclosure of risk behaviors during counseling sessions. The counseling room should provide audiovisual privacy; conversations between clients and counselors should not

be seen or overheard by others (10, 20). In this study 36 (92.3%) of the sites had a separate office for counseling while 2 (5.1%) had a cubicle which might make dialogues to be overheard. Nine (29%) of the VCT sites had counseling rooms measuring less than 9 square meters. The HIV care and support service assessment done by FHI- Ethiopia in April 2002 found that 7 out of 11 VCT sites had adequate space (>9 m^2). The Addis Ababa Regional Health Bureau also specifically recommends a separate room for counseling which is at least 9 square meters wide (31).

Twenty eight (71.8%) of the VCT sites provide services only with in regular government working hours and for five days a week (Monday to Friday). Operating the centers during late afternoons, evenings, and early mornings is believed to be convenient to commercial Sex workers (24). Most (89.5%) of the VCT sites use counseling guide lines. This was higher than those observed in the FHI assessment done in Addis Ababa and the Welkom study of South Africa, 68.8% and 63.6%, respectively (10, 30).

All of the VCT sites studied use Rapid HIV test kits, which are believed to be as reliable for confirmation as western blots, relatively inexpensive, do not require as high a level of technical expertise to perform and interpret, and produce fewer indeterminate results (14). For some rapid tests kits, specimen preparation may take as long as 10-20 minutes, while the simplest rapid tests (Determine and/or Cappilus) which are done here require no specimen preparation. Thus, confirmed test results should be obtained in less than 30 minutes after the specimen (blood) is taken (14, 31). Half of the VCT sites make test results ready at or less than 30 minutes after blood is taken for test.

The ongoing process of monitoring the laboratory system, both internally and externally, is essential. Quality assurance is the dynamic and ongoing process of monitoring a system for reliability and reproducibility of results that permits corrective action when

established criteria are not met. Proficiency testing (external quality control) was done for 38 (97.4%) of the VCT site laboratories by the regional laboratory. In the assessment done in 2002 in Addis Ababa, external quality control activities were very minimal (only for 4 VCT sites out of 16). The regional guideline for VCT in Addis Ababa recommends such a controlling visit by the regional health bureau to be at least four times a year (10, 14, 31).

Most of the counselors were nurses before they were trained to be VCT counselors. This may be beneficial in that nurse counselors could be relatively more confident with their counseling skills because of their medical background and general counseling experience. The majority of the counselors were selected after being proposed by their senior colleagues. This may or may not have the will of the person proposed. On the other hand, self motivated counselors may have a greater threshold of resisting burnout. Along with this, most of the counselors admitted feeling pressurized into doing counseling. It has been shown that health care workers who are self motivated to counsel are more likely to be empathetic and proficient counselors. Therefore counseling training should not be a mandatory part of work, but rather assigned to health care workers who feel committed to counseling (8).

Although there are several models of counseling training, according to the national guidelines for VCT in Ethiopia, anyone selected to be a counselor should be given at least a one month training on counseling. The VCT guideline of the regional health bureau also states that to be a VCT counselor one should have a background of social or health science (24, 31). A short course (usually 1-2 weeks) followed by a practical work, then a further 1-2 weeks, is the recommended time scale. The need for refresher courses and ongoing training and support is also a widely recognized fact (8). In this study, more than half of the counselors took only one counseling course. For most of them the duration of the course was less than 3 weeks. Ongoing training was received by only 11 of the counselors. It was believed by most

others (98.1%) that ongoing counseling improves skill. Here 54 of the counselors said that they had never been given an ongoing training but 30 (out of 65) had already said to have taken more than one courses of counseling. It looks that the meaning of ongoing counseling was not either well understood or not well addressed by the questionnaire. One has to also be careful here. In our study, about 77% of the counselors have a working experience of three years or less which may not be enough for them to have the chance of getting a follow up training. According to the situational assessment done in the nation in 2000, for the majority of the counselors the training sessions lasted for a time period ranging from one to three weeks, and occasionally, for one month (9).

Only 24 counselors attend a counselors' support group and 37 have access to a designated support and supervision body (mostly to Addis Ababa Health Bureau and some NGO's). In order to minimize "burnout", and avoid losing valuable and experienced staff, regular support and supervision is necessary (8). A study conducted in Zambia, looking at HIV counselors' knowledge, attitudes and vulnerabilities to HIV, noted that out of 101 counselors 20 (20%) said that they always found it difficult to discuss sexual behavior with clients and need confidential support to help them cope with the anxieties created by the job (32).

Ideally one VCT counselor should be available for every five clients (20). The majority of the counselors in this study see 5 clients or more per day. Most counselors in the health centers and government hospitals see up to a maximum of 12 clients per day although many more come daily. This may be a big number of clients to serve only by one counselor and may enhance the "burnout" process, which in turn may increase the likelihood of high turnover of counselors.

In our study no counselor always felt emotionally drained, helpless or vulnerable. For all, communicating test results seemed not to be a problem always. In a study done in the rural South Africa, out of 18 counselors, 40% of them admitted that counseling was stressful citing concerns about conveying positive results to clients but 85% felt confident and were satisfied providing the service (33).

Females and those aged between 20-29 years were predominant among the VCT clients, 60.5% and 62.4%, respectively, and the mean age was 25 years. It is however surprising to notice that about 6% of the VCT clients were below 18 years old. According to the regional health bureau's guideline, consent from a parent or guardian should have been necessary for this age group of clients. On the other hand it seems that adolescents are not being denied this service. In a study done in rural South Africa, records of 618 VCT clients showed that female clients and those aged between 20-29 years comprised of 63% and 34% of the respondents, respectively (33). Since these both groups are the most vulnerable ones for HIV infection it is an encouraging phenomenon to have more of such VCT clients.

Most of the clients had history of sexual intercourse and 115 (47.7%) never used condom in the past one year when they had sexual intercourse. Out of 131 clients who believed to have a risk for acquiring HIV, only 68 (51.9%) identified sex without condom as a risk factor. Here one should be very cautious in interpreting reported sexual behavior. People may wish to please the interviewer by reporting what they perceive to be "good" sexual behavior, or may not wish to disclose sensitive information during interviews.

Most of the VCT clients (83.1%) came to the sites self referred or by themselves. In the study done in the rural South Africa, 75% of encounters were "self referred". The

high proportion of clients presenting voluntarily or 'self-referring' may relate to: increased local accessibility of VCT service in most of the health facilities, affordability or free user fees, and an increased recognition of the value of knowing one's HIV status (33).

Availability of a VCT site nearby and affordable or free service charge were the commonest reasons given by 43.9% and 20.4% of the respondents, respectively. To the contrary, in a study done among 374 youths of four regions in Southern Ethiopia (Awassa, Leku, Wolkitie, and Yirgalem), respondents preferred the specific VCT center for reasons of good treatment (30.8%), affordable price (18%), and closeness to home (6.8%) (23). This could be explained by the availability of more VCT service sites in recent years, if at all, similar reasons had applied in Addis Ababa earlier.

Thirty (7.4%) clients claimed that they were told to make future appointments after they arrived to the respective VCT service sites. Quality of a service may be affected if people are asked to make future appointments as this may cost the client his time and/or money. Especially in VCT service delivery, making a client to come back for some other time may discourage his/her decision to get tested for HIV.

The average time that clients stayed waiting to see a counselor was longer in the government than was either in the private or NGO institutions. For 76 (19.1%) of the VCT clients, both pre test and post test counseling sessions took less than 15 minutes irrespective of test results. Majority (43.4%) estimated the total time for counseling to be 15-30 minutes. This was much less than the standard given by the CDC guideline (and the regional health bureau) which is 30-40 minutes for both pre and post test sessions (12). In the rural South African study, two known HIV positive clients were trained to evaluate counseling sessions (as mock-clients/ dummy clients), and the average time per interaction was 16 minutes and 23 minutes for pre test and post test counseling sessions respectively (33). Most of the clients

interviewed estimated the time for their test results to be less than 30 minutes. For 39 clients it took more than an hour. Since all of the institutions studied use rapid test kits, the maximum time to be taken including the screening and the confirmatory tests should have been 30 minutes or less (14, 31). It was noticed that almost all of those who said they stayed more than an hour to get results were from private institutions. In these sites the longer waiting time for test results could be due to the extra time taken to prepare test results in papers (certificates) to clients. One has to consider here that clients (most of them) were just guessing any time duration they were asked. In the previous instrument used to assess operational aspects of VCT sites, 50% of the managers reported that test results would be ready with in 15-30 minutes.

Ninety two percent of the clients said they will recommend the service site for somebody who is planning to have voluntary HIV counseling and testing. Most of their reasons also revolve around their being satisfied by the service given. According to Bruce J, this could be considered as nearer-term outcome in quality of care as it may reflect clients' satisfaction by the service (22).

To make changes in sexual behavior and to reduce HIV transmission following VCT, it is important to be able to share HIV results with sexual partners, and ideally to persuade partner/s to be tested as well. It has also been shown that people with HIV often gain much support if they are able to share knowledge of their infection with partners, friends or family. However, unless couples present together, or are particularly targeted, reports have often shown a low level of partner notification and subsequent partner testing (34). In this study 84.4% of the respondents expressed their willingness to share their HIV test results to someone else (spouse, sex partner, friends, family, relatives, employer, neighbors, etc.). The level of partner notification should not be seen as a simple indication of success, as cultural

and social factors will be of importance in this issue. In some contexts it may be appropriate for women not to reveal their status, and pressurizing them to do so may lead to abuse (8).

Client satisfaction may be considered to be one of the desired outcomes of care. An expression of satisfaction or dissatisfaction is also the client's judgment on the quality of care in all its aspects, but particularly as concerns the interpersonal process. However, it should be remembered that, unless special precautions are taken, clients may be reluctant to reveal their opinions for fear of alienating their attendants (21). Most clients generally seemed to have a positive opinion towards the service they received. Most confirmed that they benefited and satisfied with the pretest and posttest counseling sessions and they were treated respectfully. Forty one clients complained that time allocated for counseling sessions was inadequate. Here, there is a chance that clients' judgment could be biased by their HIV results. In general there still lies a high level of service satisfaction (79.2%) by the VCT clients. The overall satisfaction by the clients was found to be lesser than the individual service satisfaction components. Although inadequate time for counseling was one component to which clients were dissatisfied most, it may not be wise to consider this component as a sole contributor for the observed overall client satisfaction rate. There could still be other factors which this study might have not addressed but critical to affect service satisfaction. In the Welkome study, South Africa, clients appeared reluctant to criticize their counselors and, when they did have misgivings, they were guarded in their criticisms. This may reflect the fact that the clients appreciated their counselors' efforts to help them. It may also be related to broader cultural attitudes of unquestioning faith in caregivers. In this same study, most counselors and their clients believed that they benefited from the counseling sessions psychologically. Most clients felt the amount of time available with the counselor was satisfactory (30).

Service satisfaction was found to be negatively associated with longer duration of time for test results ($p=0.025$). Type of service site, religion, educational status, income and previous HIV testing were not associated with satisfaction ($p>0.05$). Age groups 20-24 and 25-29 years, being never married, student, and civil servant were associated with satisfaction ($p<0.05$). In a study done in Hong Kong, Satisfaction of HIV rapid test among clients attending a Voluntary Counseling and Testing (VCT) Clinic; sex, age, marital status, ethnicity and suspected exposure were not associated with satisfaction (all $p>0.2$). Tertiary or above education and previous HIV testing were associated with a higher degree of satisfaction (both $p<0.001$) (35).

STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths

1. Probably, this study is the first of its type in assessing quality of service among the major VCT sites of Addis Ababa using among other tools, client exit interviews.
2. The study used structured questionnaires adopted from standardized and field tested UNAIDS evaluating materials which were pre-tested and corrected accordingly.

Limitations

1. The results purely depended on the responses of the participants. Here there is a high chance of recall bias and respondents may also choose to answer what the interviewer would like to hear.
2. This study lacks one of the main elements of service quality assessment instruments i.e. counseling session observations. This was because the FRPC could not grant an ethical clearance for it. Observation of interpersonal relationship would have enabled us to directly assess the technical competence, the content and quality of counseling, and other aspects of client-provider interactions.
3. Lack of as many such similar studies for the purposes of comparison.

4. Self administered questionnaires have disadvantages like: items may not be clear or be confusing with out the aid of interpretation and respondents might not give the necessary concern for the subject as no interviewer is present.

CONCLUSIONS

This study demonstrated that except for follow up counseling and referral services, majority of the VCT service sites have fulfilled most of the basic set of standards (structural and functional) as proposed by the WHO. The use of rapid test kits by all of the VCT centers ensured same day notification of test results which is an important aspect of the service. However, lack of adequate VCT dedicated service sites and inconvenient/inadequate service hours might have affected the quality of the service as majority of the centers tend to give appointments to clients to come back for some other time.

Counselors lack a continuing in service training or refresher course that could improve their counseling skills. Besides, a strong professional communication between counselors that could enable them share experiences and help reduce burnout, was not established.

Overall service satisfaction by clients was high. However, waiting time to see service provider was found to be longer with in the governmental institutions. Similarly, waiting time to get test results was longer with in the privately owned VCT sites. Although duration of counseling sessions did not vary among the different sites, this was the most dissatisfying service component for clients.

In general, this study tried to assess quality of VCT services in Addis Ababa using three of modified tools developed by UNAIDS. As stated earlier, one tool which would have

a more important role here in assessing quality is missing. We might have noticed many more important findings objectively if we had observed client-counselor interactions directly.

RECOMMENDATIONS

- ✓ The regional health department should enhance quality VCT service provision by improving longer waiting times, follow up and referral services.

- ✓ It is advisable to provide voluntary HIV counseling and testing services during extra regular days and hours (such as weekends, late afternoons, and lunch hours).

- ✓ The importance of continuing in-service trainings or ongoing courses is a well established fact. So it should be the responsibility of the regional government and NGOs to facilitate and execute such programs.

- ✓ A counselors' support group should enroll as many VCT counselors as possible and be strengthened in an organized manner.

- ✓ This study did not include observation of voluntary HIV counseling and testing sessions. Hence, future researchers should find a way to include it as one of the assessment tools for VCT services.

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Annex I

A Simple Frame work for Quality VCT service

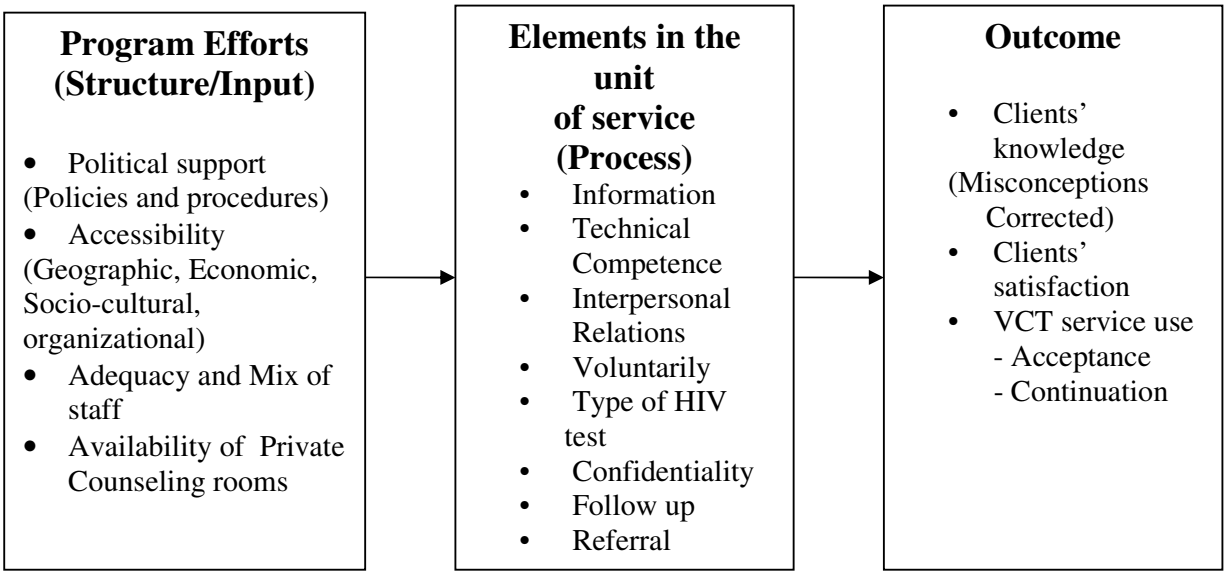
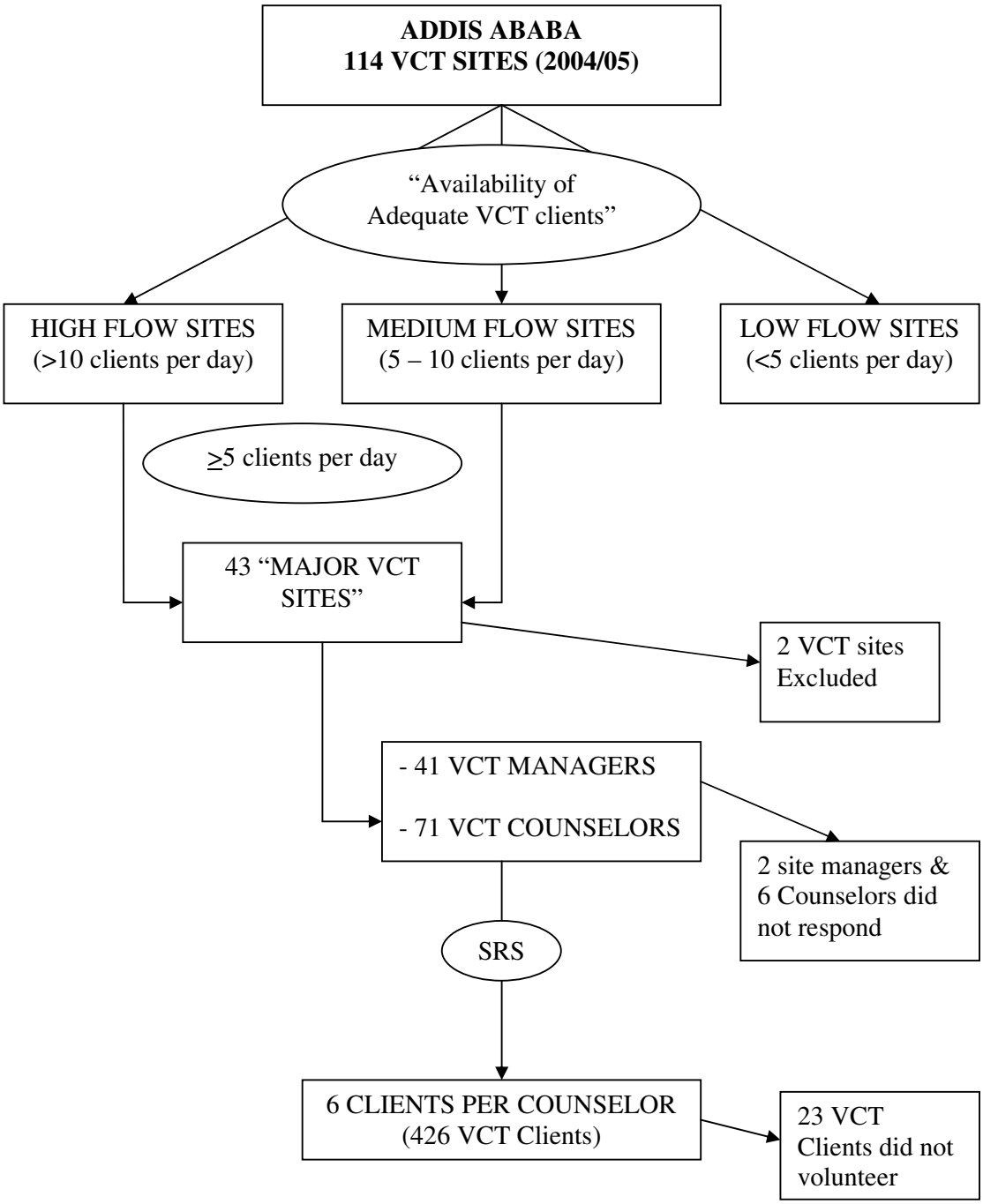


Figure 3: Building Blocks of Quality of VCT Services. (Adopted from: Judith Bruce, Fundamental elements of the Quality of Care, A simple framework, Population Council, Selected resources, 2005)

Annex II

Figure 4: Sampling procedure framework



Annex III (Table)

Table 10: Evaluation of VCT service sites, in Addis Ababa, Ethiopia, February 2006

Character	Frequency (%)
Types of Service (n=39)	
Pre-& Post-test Counseling Services	39 (100)
HIV Blood Test	38 (97.4)
Follow up counseling	27 (69.2)
Diagnostic counseling	19 (48.7)
Extra hours of service provisions	
Weekends (Saturdays&/or Sundays) (n=39)	12 (30.8)
Lunch Time (n=39)	8 (20.5)
After 5 PM/Late afternoons (n=39)	4 (10.3)
Experience of giving appointments (n=39)	31 (79.5)
Separate room for counseling (n=39)	38 (97.4)
Feature of counseling room (n=39)	
Private office	36 (92.3)
Cubicle	2 (5.1)
Curtained off area	1 (2.6)
Area of counseling room (n=31)	
$< 9\ m^2$	9 (29.0)
$\geq 9\ m^2$	22 (71.0)
Written policies for counseling (n=38)	34 (89.5)
Keep files in a locked cabinet (n=38)	35 (92.1)
Place of HIV blood test (n=39)	
All done at the site	37 (94.8)
Confirmatory test sent to other Lab.	1 (2.6)
All tests done in another Laboratory	1 (2.6)
Type of test kit (n=39)	
Rapid	37 (94.9)
Rapid and ELISA	2 (5.1)
Time interval for test result (n=38)	
15-30 Minutes	19 (50.0)
30-45 Minutes	12 (31.6)
> 45 Minutes	7 (18.4)
Retest policy after 3 month/Window period/(n=36)	35 (97.2)
Referrals to social services (n=39)	31 (79.5)
Special VCT service	
Pregnant Mothers (n=39)	33 (84.6)
Youths (n=39)	18 (46.2)
Children and families (n=39)	6 (15.4)
Commercial sex workers (n=39)	9 (23.1)
Refugees (n=39)	2 (5.1)
External Quality control done (n=39)	38 (97.4)
Service charge (n=38)	
Free	22 (57.9)
10 Eth.Birr	10 (26.3)
50 or more Eth. Birr	6 (15.8)
Funded by external body (n=39)	10 (25.6)
Outreach VCT service (n=39)	6 (15.4)
Advertise or promote service (n=39)	28 (71.8)

Annex IV – Questionnaires

Addis Ababa University
Faculty of Medicine
Department of Community Health

Questionnaire for VCT Managers on logistic considerations and Cost of VCT service

001. Code Number (VCT Manager) _____

002. Country _____

003. Region _____

004. Kifle Ketema _____

005. Kebele _____

006. Name of VCT Center _____

Checked by Investigator: Signature _____ Date ____/____ /_____
dd / mm / yyyy

GENERAL INFORMATION FOR VCT MANAGER STUDY PARTICIPANTS

This self administered questionnaire was prepared on behalf of the Ministry of Health and Addis Ababa University, to assist the Government in improving its capability in obtaining information on the quality of VCT service provision for HIV. Your facility was selected to participate in this study just by chance. You will find several questions asking you about the voluntary counseling and testing services you provide. **By Voluntary Counseling and Testing, we mean a process by which an individual undergoes counseling enabling him/her to make an informed choice about being tested for HIV**. **This decision must be the choice of the individual and he/she must be assured that the process is confidential**. You will also find questions asking you about the logistics and cost of VCT service at your site. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one else working in this facility or participating in this study will know what you tell us. The information you provide us is extremely important and valuable, as it will help the Government and the health facilities involved in VCT service provision to improve formulation of policy and the delivery of VCT services.

CONSENT FORM

I undersigned have been informed that the interview is conducted to gather information about HIV Voluntary Counseling and Testing service. The result of the study will help the government and health facilities involved in this service provision to improve the quality of the service. I also agreed about the confidentiality of the responses to be at a highest possible level.

Signature_____

Date _____.

No.	Question	Code of Classification	Code
101	What is the type of the VCT site?	Free-standing----------1	

		Hospital----------2 Health Center----------3 Private Clinic----------4 Other (Specify) _____	
102	Which services do you offer?	Pre-test counseling----------1 Post-test counseling----------2 Ongoing counseling----------3 HIV testing----------4 HIV diagnostic counseling (without testing)----------5	
103	Are you open at any of the following times?	Early evening (After 5 pm)--------1 Lunch Hours----------2 Weekends – Saturdays----------3 – Sundays----------4	
104	Do you have an appointment system?	Yes----------1 No----------2	
105	If yes, what happens if someone comes without an appointment?	Asked to make a future appointment-----1 Always be seen the same day----------2 Usually be seen the same day----------3	
106	Is there a separate room for counseling?	Yes----------1 No----------2	
107	Area of counseling room?	_____ Square meters	
108	How does the counseling room look like?	Private office----------1 Cubicle----------2 Curtained of area----------3 Other (Specify) _____	

No.	Question	Coding Classification		Code
		Yes	No	
109	If pre- and post-test counseling are undertaken, do written policies exist?			
110	Do you have adequate space to ensure counseling sessions can be private?			
111	Does the site have a written policy on confidentiality?			
112	Do you keep files in a locked cabinet?			
113	Have any of the following staff received specific guidance about the role of counseling and confidentiality? ⇨ Counselors ⇨ Laboratory staff ⇨ Non-counseling medical staff			

	⇨ Receptionists ⇨ Ancillary staff (e.g. cleaners) ⇨ Others (Specify) _____			
114	Do you receive referrals from any of the following? ⇨ Medical services (e.g. clinics/hospitals) ⇨ Social services ⇨ NGOs ⇨ Family planning services ⇨ MCH services ⇨ TB/chest clinic ⇨ STI services ⇨ Traditional healers ⇨ Spiritual/religious groups Others (Specify) _____			
115	Do you refer to any of the following? ⇨ Medical services (e.g. clinics/hospitals) ⇨ Social services ⇨ NGOs ⇨ Family planning services ⇨ MCH services ⇨ TB/chest clinic ⇨ STI services ⇨ Traditional healers ⇨ Spiritual/religious groups Others (Specify) _____			
116	Do you have special services for any of the following groups? ⇨ Pregnant women ⇨ Young people ⇨ Children and families ⇨ Commercial sex workers ⇨ Refugees Other (Specify) _____			

No.	Question	Coding Classification	Code
117	Where do you carry out HIV tests?	All testing done on site----------1 Preliminary tests done on site, confirmations sent to other laboratory----------2 All testing carried out in other laboratory----3	
118	What type of test kit do you use?	Rapid----------1 ELISA----------2	

		Both----------3 Other (Specify) _____	
119	Do test kits are available always?	Yes----------1 No----------2	
120	If using Rapid test kit, which test algorithm do you use?	Series----------1 Parallel----------2	
121	What is the time interval between taking blood and results being available?	_____	
122	Do you have a policy about testing in the window period?	Yes----------1 No----------2	
123	If yes, when do you tell clients to come back for re-test?	_____	
124	Do you have external quality control for HIV testing?	Yes----------1 No----------2	
125	If yes, by whom?	Specify _____	
126	If yes, how frequently in a year?	_____ Times	
127	How much do you charge for services?	_____ Ethiopian Birr	
128	Is the VCT service funded by an external body?	Yes----------1 No----------2	
129	If yes, how long is the funding of the services ensured?	_____ Years	
130	Are any inducements given to people attending the site?	Yes----------1 No----------2	
131	If yes, in what way?	Transport costs----------1 Refreshments----------2 Other (Specify) _____	
132	Is out reach counseling carried out?	Yes----------1 No----------2	
133	Do you advertise or promote your service in any way?	Yes----------1 No----------2	
134	Is group pre-test counseling carried out?	Yes----------1 No----------2	

Addis Ababa University
Faculty of Medicine
Department of Community Health

<u>Questionnaire on VCT Counselors' selection, training and support</u>

001. Code Number (Counselor) _____

002. Country _____

003. Region _____

004. Kifle Ketema _____

005. Kebele _____

006 Name of VCT Center _____

Checked by Investigator: Signature _____ Date ____/____ /_____
dd / mm / yyyy

GENERAL INFORMATION FOR STUDY PARTICIPANTS

This self administered questionnaire was prepared on behalf of the Ministry of Health and Addis Ababa University, to assist the Government in improving its capability in obtaining information on the quality of VCT service provision for HIV. Your facility was selected to participate in this study just by chance. You will be asked several questions about the voluntary counseling and testing services you provide. **By Voluntary Counseling and**

Testing, we mean a process by which an individual undergoes counseling enabling him/her to make an informed choice about being tested for HIV. **This decision must be the choice of the individual and he/she must be assured that the process is confidential**. You will also be asked about your technical qualifications and training in the various areas of VCT service. The information you provide us is completely confidential and will not be shared with anyone else without your consent. No one else working in this facility, including your supervisor(s), or participating in this study will know about your responses. Your name or any identifying information will not appear in the questionnaire. The information you provide us is extremely important and valuable, as it will help the Government and the health facilities involved in VCT service provision to improve formulation of policy and the delivery of services.

CONSENT FORM

I undersigned have been informed that the interview is conducted to gather information about HIV Voluntary Counseling and Testing service. The result of the study will help the government and health facilities involved in this service provision to improve the quality of the service. I also agreed about the confidentiality of the responses to be at a highest possible level.

Signature_____

Date _____.

Section I- Selection and Training

No.	Question	Coding Classification	Code
101	What is your background?	Nurse----------1 Doctor----------2 Health Officer----------3 Social worker----------4 Person living with HIV----------5 Other (Specify) _____	
102	How were you selected to be a counselor?	Proposed by senior colleague---------1 Self motivated (Specify) _____--------2	

103	Do you feel that you have been pressurized into doing counseling?	Counseling feels comfortable doing----1 Counseling is a strain----------2 I have to do it as part of my job---------3 Other (Specify) _____	
104	How many courses of counseling you have attended?	_____	
105	What was the average duration of each course?	_____	
106	How would you rate your counseling training?	Very Good----------1 Good----------2 Adequate----------3 Inadequate----------4	
107	Have you had follow up /ongoing/ in service training in the past?	Yes----------1 ➔108 No----------2 ➔109	
108	If yes, when did you have the last follow up training?	Within the last 12 Months----------1 Within the last 2 to 5 Years----------2 More than 5 Years back----------3 Don't remember----------4	
109	If No to 107, do you think ongoing training would improve your counseling skills?	Yes----------1 No----------2 Don't know----------88	

Section II- Support, Supervision and "Burnout"

No.	Question	Coding Classification	Code
201	Do you attend a counselor support group?	Yes----------1 ➔ 203 No----------2	
202	If No, do you think it is beneficial to have a counselor support group?	Yes----------1 No----------2	
203	Do you have access to a designated counseling supervisor to provide you with support and technical back up?	Yes----------1 No----------2 ➔ 301	
204	If yes, who provides the support and supervision?	Ministry of Health----------1 Regional Health Bureau----------2 AAHAPCO----------3 NGOs----------4	

		Other (Specify) _____	

Please indicate how you feel about the following statements.

No.	Questions	Always	Sometimes	Never
205	"I feel emotionally drained by my work"			
206	"My work is very stressful"			
207	"My work is very rewarding"			
208	"My other staff members / colleagues respect my job"			
209	"I learn something new in my work everyday"			
210	"I feel isolated in my work"			
211	"I have problems in communicating with my colleagues"			
212	"I can help my clients"			
213	"I am confident about my counseling skills"			
214	"I have no problems in maintaining confidentiality about my clients' detail"			
215	"I am overburdened at work"			
216	"Other staff members interfere during the counseling of my clients"			
217	"I find it difficult to communicate test results to my clients"			
218	"I feel helpless and vulnerable at times"			
219	"I feel the space provided for counseling is suitable for ensuring privacy and maintaining confidentiality"			
220	"I would like further follow-up counseling training"			
221	"I feel undervalued by clients"			

No.	Question	Coding Classification	Code
222	How many Years have you been counseling?	_____ Years	
223	How many days per week do you do counseling?	_____ Days	
224	How many hours per day do you do counseling?	_____ Hours	
225	How many VCT clients do you see per day?	_____ Clients	
226	Do you have duties other than counseling in this facility?	Yes----------1 No----------2 ➔ 316	
227	If yes, are you given adequate time in your job to carry out your counseling duties?	Yes----------1 No----------2	
228	How do you see your future in counseling?	Will go on with my counseling----------1 Find counseling too stressful/difficult	

		and want to find a new job----------2	

229. Any suggestions in improving VCT services.

_____
_____
_____
_____
_____
_____
_____
_____.

Addis Ababa University
Faculty of Medicine
Department of Community Health

Questionnaire on Client Satisfaction in VCT services and characteristics of VCT clients

001. Code Number _____

002. Country _____

003. Region _____

004. Kifle Ketema _____

005. Kebele _____

006. Interviewer Code_____ Name _____

007. Date of Interview ____/____ /_____

dd / mm / yyyy

008. Name of VCT Center _____

Checked by Investigator: Signature _____ Date ____/____ /_____
dd / mm / yyyy

Time at the beginning of the interview _____

GENERAL INFORMATION FOR STUDY PARTICIPANTS

Hello. My name is _____We are here on behalf of the Ministry of Health and Addis Ababa University, to assist the Government in improving its capability in obtaining information on the provision of Voluntary Counseling and Testing for HIV. You were selected to participate in this study just by chance. **By Voluntary Counseling and Testing, we mean a process by which an individual undergoes counseling enabling him/her to make an informed choice about being tested for HIV**. **This decision must be the choice of the individual and he/she must be assured that the process is confidential**. We will also be asking you about your previous sexual experience and any risk behaviors for HIV. The information you provide us is completely confidential and will not be shared with anyone else without your consent. Your name or any identifying information will not be registered. You may refuse to answer any question and choose to stop the interview at any time. The information you provide us is extremely important and valuable, as it will help the Government and the health facilities involved in VCT service provision to improve formulation of policy and the delivery of services.

CONSENT FORM

I undersigned have been informed that the interview is conducted to gather information about HIV Voluntary Counseling and Testing service I just received. The result of the study will help the government and health facilities involved in this service provision to improve the quality of the service. I am also asked to participate voluntarily. I have also agreed that I will be asked about my past personal sexual history. I also agreed about the confidentiality of the responses to be at a highest possible level.

Signature_____

Date _____.

Section I- Socio-demographic Data

No.	Questions	Coding Classification	Code
101	Record sex of the respondent	Male----------1	

		Female----------2	
102	Place of Residence	Addis Ababa----------1 Out of Addis Ababa-------2	
103	How old were you at your last birth day?	Age in completed years_____ Don't Know----------88 No Response----------99	
104	What is your Religion?	Orthodox----------1 Protestant----------2 Catholic----------3 Muslim----------4 Other (Specify) _____	
105	To which ethnic group do you belong?	Amhara----------1 Oromo----------2 Tigrai----------3 Gurage----------4 Other (Specify) _____	
106	What is your marital status?	Married----------1 Single----------2 Widowed----------3 Separated----------4 Other (Specify) _____	
107	What is the highest level of education you completed?	Illiterate----------1 Read and write----------2 Grade 1-6----------3 Grade 7-12 or 10^{+2}---------4 College----------5 No response----------99	
108	What is your current occupation?	Jobless----------1 Student----------2 Daily Laborer----------3 Government employee----------4 Merchant----------5 Commercial Sex Worker----------6 Driver----------7 House wife----------8 Others (Specify) _____	
109	What is your total monthly income?	_____Ethiopian Birr No income ----------1 Don't Know----------88 No response----------99	

Section II- Sexual history and Condom Use

No.	Question	Coding Classification	Code
201	Did you ever have sexual intercourse?	Yes----------1 No----------2 ➔209 No response----------99 ➔209	
202	If yes, at what age you had sex first?	_____ Years old	

		Don't remember--------1 No response----------99	
203	Have you had sexual intercourse in the past ONE year?	Yes----------1 No----------2 No response----------99	
204	If yes, how often you have used condom when you have sexual intercourse in this one year?	Always----------1 Sometimes----------2 Never----------3	
205	Did you practice multi-partner sex?	Yes----------1 No----------2 No response----------99	
206	With how many different people have you had intercourse during the past one year?	_____	
207	Have you ever had sex with Commercial sex worker?	Yes----------1 No----------2 No response----------99	
208	How often you have used condom with all the sex partners?	Always----------1 Sometimes----------2 Never----------3	
209	If answer for Q.106 is other than 1, do you have a boy/girl friend?	Yes----------1 No----------2 ➔214	
210	If yes, did you ever have sex with your friend?	Yes----------1 No----------2	
211	If yes, what was the action to prevent HIV?	Condom----------1 Nothing----------2 HIV Testing----------3 Other (Specify) _____	
212	Why didn't you have sex with your friend until now?	Not before HIV testing----------1 To avoid pregnancy----------2 To protect from STIs----------3 Not before marriage----------4	
213	Did you have any STIs in the past one year?	Yes----------1 No----------2 No response----------99	
214	Do you think you have any other risky behavior for acquiring HIV?	Yes----------1 No----------2 ➔301 Don't know----------88 ➔301 No response----------99 ➔301	
215	If yes, what would that be?	Specify _____	

Section III- Voluntary Counseling and Testing

No.	Question	Coding Classification	Code
301	What was your first source of information about this service?	Health worker/facility----------1 Mass media----------2 Friends----------3 Neighbors----------4 Other (Specify) _____	
302	How did you first come to this center?	By my self----------1	

		Recommended by Health worker----------2 Recommended by My partner----------3 Recommended by Friends----------4 Other (Specify) _____	
303	Why did you have VCT?	To know my HIV status----------1 In time of illness----------2 Pre-marriage----------3 To go abroad----------4 In doubt----------5 Other (Specify) _____	
304	Who would benefit from VCT?	Suspected people----------1 Health workers----------2 Accidentally exposed----------3 Before marriage----------4 Pregnant mothers----------5 Others (Specify)_____ Don't know----------88	
305	I don't want to hear the result. Have you ever had VCT in the past?	Yes----------1 No----------2 No response----------99	
306	If a person with positive HIV- status what should be the next action?	Abstinence----------1 Give-up bearing child-------2 Prayer----------3 Condom use----------4 Medical follow up----------5 Commit suicide----------6 Hopeless, nothing----------7 Other (Specify) _____	
307	Why do you prefer this health institution?	Good care----------1 Attractive environment----------2 Good technical competence----------3 Treat with respect and dignity----------4 Affordable----------5 Confidential----------6 Privacy secured----------7 Near to home----------8 Other (specify) _____	
308	What have you talked about to your counselor today?	Having an HIV test----------1 Receiving test results----------2 Issues arising from an HIV test taken some time ago----------3 Other issues (Specify) _____	
309	Were you given an appointment to come to the center today?	Yes----------1 No----------2 ➔311	
310	If yes, how much time did you spend to		

	get your first appointment?	_____	
311	How much time did you spend waiting to see your counselor today?	_____	
312	How much time did you spend waiting for your HIV test result?	_____	
313	How much time did you spend in the session with your counselor today?	_____	
314	How do you view your counselor?	Polite----------1 Treats with respect and dignity----------2 Good listener----------3 Can easily pass information----------4 Assessed previous knowledge on HIV---5 Corrected Misconceptions----------6 Reassured about confidentiality----------7 Made the test completely voluntary------8 Clearly told the test result----------9 Discussed on future plans----------10 Recommended for follow up ----------11 Other (Specify) _____	
315	Do you wish you had a different counselor?	Yes----------1 No----------2 ➔317	
316	If yes, in what aspect?	Different sex----------1 Older----------2 Younger----------3 Other (Specify) _____	
317	Were you able to see the same counselor for discussion both before and after the test?	Yes----------1 No----------2	
318	If a friend or relative were in a similar position to you before you came to the service, would you recommend that he/she came to the service?	Yes----------1 No----------2 Why? Specify reason _____ Don't know----------88	
319	Have you recommended the service to any one else?	Yes----------1 No----------2 ➔321	
320	For whom did you recommend the service?	Spouse----------1 Sex partner----------2 Friends----------3 Other (Specify) _____	
321	What time is convenient for VCT service delivery?	Normal working days/hours----------1 Normal working days including lunch hours----------2 Normal working days and late afternoons (5 PM – 8 PM)----------3 Normal working days (6 AM- 8 PM)-----4	

		Normal working days and weekends-----5 Seven days a week and 24 hours a day---6	
322	Are you willing to tell me your test result?	Yes----------1 No----------2 ➔324	
323	What is your sero status?	Positive----------1 Negative----------2 Indeterminate----------3 Other (Specify) _____	
324	Whom do you tell your HIV status?	Your spouse----------1 Your sexual partner/s----------2 Your children----------3 Your siblings----------4 Your other relatives----------5 Your friends----------6 Your Neighbors----------7 Your religious leaders----------8 Your employers----------9 Others (Specify) _____	

No.	Question	YES	NO	CODE
325	Generally I have benefited and satisfied with pre test-counseling.			
326	Generally I have benefited and satisfied with the post test-counseling.			
327	Service providers treated me with dignity and respect.			
328	Counseling room was comfortable and privacy was secured.			
329	Service providers were confidential and trustful.			
330	I was satisfied with the technical competence of service providers.			
331	Time at which VCT service delivered was adequate.			
332	**Generally I was satisfied by the service I received today.**			

333. Any recommendation, suggestion and comment about VCT service for future interventions?

_____
_____
_____
_____
_____.

Time at the end of interview

ADDIS ABABA UNIVERSITY FACULTY OF MEDICINE

DEPARTMENT OF COMMUNITY HEALTH

Assessment of Quality of VCT Service in Addis Ababa

ስለ VCT **ተቋማት አገልግሎት አሰጣጥ ለሃላፊዎች** (VCT MANAGERS/COORDINATORS) **የተዘጋጀ ቃለ መጠየቅ**

001. Code Number (VCT Manager/Coordinator):_____

002. Country: Ethiopia

003. Region: 14

004. Kifle Ketema (of VCT Site):_____

005. Kebele (of VCT Site):_____

006. Name of VCT center:_____

Checked by Investigator: Signature_____Date:____/____/_____

dd mm yyyy

M]\lé¦

¨C gELº¨i £MëOF“ lpLTº“ VCT pkN £lF¨ yFÖ }“:: gELº¨e £pš¶±“ l†«é^ †lm ¥¿ßY\épí lŠåG EMëªT·~ lÔgª„}r F¨ £pL\Tp £†îv †¨ ßë NYLW~ £NŒŒY †µG·Eør¿ lpLEŠp LT± EL\n\n }“:: £Më\l\l“ LT± £L¿·^r¿ £†µG·pý¿ £MaaG †iN ¦·›G pnEø ¨qL~G:: ¨C pkN £pLTº“ l†¶»Më }“:: lÔgª„}r F¨ £pL\Tp £†îv †¨ ßë NYLW~ £NŒŒY †µG·Eør MEr ˜-Mð“ £MëÔi-Er M¿ƒ“N ·E\n lW\å p}]b}r~ Ôgª„}r £†îv †¨ ßë à¨T^ lªLå “^¼ L□Y †EL□U¿ EM’i £Më¦ªYµ“ lNŒŒY £qµš £ªN NYLW MEr }“:: ^Y^• £Më\ºår M¿ƒ“N LT± Më^¼W”í}pý ÙÐåN £pºld }“:: ¦E ^Y_ Ôg-N M¿N \“ ^¿«é¦“d“ †¨ªT·N:: ^N•¿ ’¨N EîF £Y^•¿ M¿}r EéµGÎ £MëvG M¿ƒ’åN LT± †¨OFN:: ELLE^ Ôgªƒ ¦GD}år¿ ¼¦h Lp“ ¨vFEå ::

●ትክክለኛውን መልስ የያዘው ቁጥር ይከበብ (እንደ አስፈላጊነቱ ካንድ በላይ መልስ ሊኖር ይችላል)

NO	QUESTION	CODING CLASSIFICATION	CODE
101	ይህ ተቋም ከየትኛዉ ይመደባል?	ራሱን የቻለ (Free Standing)---- -------1 ሆስፒታል----------2 የግል ክሊኒክ----------3 ጤና ጣቢያ----------4 መ.ያ.ድ(NGO) ----------5 ሌላ(ይገለፅ)_____	
102	የሚሰጣቸዉ የአገልግሎት ዓይነቶች ምን ምን ናቸዉ?	የቅድመ ምርመራ የምክክር አገልግሎት----1 የድህረ ምርመራ የምክክር አገልግሎት------2 ተከታታይ የምክክር አገልግሎት----------3 የኤች አይ ቪ የደም ምርመራ----------4 ያለ ደም ምርመራ የኤች አይ ቪ የምክክር አገልግሎት----------5	
103	ከመንግስት የመደበኛ የስራ ሰዓት ዉጪ በየትኞቹ ጊዜያት የVCT አገልግሎት ትሰጣላችሁ?	ከ11 ሰዓት በኃላ----------1 በምሳ ሰዓት----------2 ቅዳሜ----------3 ዕሁድ----------4 ከላይ በተጠቀሱት አንሰጥም----------5	
104	ተገልያዮች በቀጠሮ እንዲመጡ ታደርጋላችሁ?	አዎን----------1 አናደርግም----------2	
105	መልሱ አዎን ከሆነ አንድ ተገልጋይ ያለቀጠሮ ቢመጣ ምን ይደረጋል?	ቀጠሮ ለሌላ ጊዜ እንዲይዝ ይደረጋል---------1 ሁል ጊዜ የዚያኑ ቀን አገልግሎት ያገኛል----2 በአብዛኛዉ የዚያኑ ቀን አገልግሎት ያገኛል--3	
106	በተቋሙ ለምክክር አገልግሎት መስጫ የተለየ ክፍል አለ?	አለ----------1 የለም----------2	
107	የተለየ ክፍል ካለ የክፍሉ ስፋት ስንት በስንት ሜትር ይሆናል?	____ X ____ ሜትር	
108	የምክክር አገልግሎት መስጫዉ ክፍል ገፅታ ምን ይመስላል?	ራሱን የቻለ ክፍል----------1 በኮምፒርሳቶ (እንጨት) የተከለለ----------2 በመጋረጃ የተከለለ----------3 ሌላ ይገለፅ_____	

NO	QUESTION	CODING CLASSIFICATION		CODE
		አዎን	አይደለም	
109	ለምክክር አገልግሎት የሚዉል የተፃፈ ፖሊሲ አለን ?			
110	የምክክር አገልግሎቱን ሚስጥራዊነት ለማረጋገጥ የሚያስችል በቂ ቦታ (ስፋት) ይገኛልን ?			
111	ስለአገልግሎቱ ሚስጥራዊነት በስራ ላይ የዋለ የተፃፈ ፖሊስ አለ?			
112	የተገልጋዮች መረጃ ሊቆለፍ በሚችል ካቢኔት ይቀመጣልን ?			
113	ከዚህ ተቋም ሰራተኞች መካከል የትኞቹ ስለ ምክክር አገልግሎትና ምስጢራዊነቱ ትምህርት(አመራር) ወስደዋል? ➢ አማካሪዎች----------→ ➢ የላቦራቶሪ ባለሞያዎች------→ ➢ አማካሪ ያልሆኑ የጤና ባለሞያዎች----------→ ➢ እንግዳ ተቀባዮች----------→ ➢ ሌሎች ሰራተኞች ለምሣለ የፅዳት ሰራተኞች----------→ ➢ ሌላ ካለ ይግለፅ _____			

እባክዎ በሚከተሉት ጥያቄዎች ትይዩ በተገቢዉ ቦታ ላይ ይህን ምልክት (X) ያድርጉ። ወይም ትክክለኛውን ምርጫዎች ወይም ምርጫ ያስምሩበት

NO	QUESTION	CODING CLASSIFICATION		CODE
		አዎን	አይደለም	
114	ከሚከተሉት ከየትኞቹ ተገልጋዮችን በሪፈራል መልክ ትቀበላላችሁ ? ➢ የህክምና ተቋማት(ምሳሌ ክሊኒኮች ፣ ሆስፒታል)----→ ➢ የማህበራዊ አገልግሎት ተቋማት ----------→ ➢ መንግስታዊ ያልሆኑ ድርጅቶች----------→ ➢ የቤተሰብ ምጣኔ አገልግሎት ሰጪ ተቋማት----------→ ➢ የእናቶችና የህፃናት ጤና አጠባበቅ ተቋማት----------→ ➢ የሳንባ / የቲቢ ክሊኒኮች---→ ➢ የአባላዘር በሽታ ክሊኒኮች-→ ➢ ከባህል ህክምና ሰጪዎች--→ ➢ ከመንፈሳዊ/የሃይማኖት ተቋማት----------→ ➢ ሌላ(ይገለፅ)_____			
115	ከዚህ ተቋም ወደየትኞቹ ተገልጋዮችን ትልካላችሁ ወይም ሪፈር ታደርጋላችሁ ➢ የህክምና ተቋማት(ክሊኒኮች ሆስፒታል)----------→ ➢ የማህበራዊ አገልግሎት ተቋማት ----------→ ➢ መንግስታዊ ያልሆኑ ድርጅቶች----------→ ➢ የቤተሰብ ምጣኔ አገልግሎት ሰጪ ተቋማት----------→			

	➢ የእናቶችና የህፃናት ጤና አጠባበቅ ተቋማት----------→ ➢ የሳንባ / የቲቢ ክሊኒኮች---→ ➢ የአባላዘር በሽታ ክሊኒኮች-→ ➢ ከባህል ህክምና ሰጪዎች--→ ➢ ለመንፈሳዊ/የሃይማኖት ተቋማት----------→ ➢ ሌላ ይገለፅ_____		
116	ለሚከተሉት ለየትኞቹ የልዩ VCT ግልጋሎት ትሰጣላችሁ? ➢ ለእርጉዝ እናቶች----------→ ➢ ለወጣቶች----------→ ➢ ለህፃናትና ወላጆች/ቤተሰብ/->> ➢ ለሴተኛ አዳሪዎች----------→ ➢ ለሥደተኞች----------→ ➢ ሌላ(ይገለፅ) _____		

●ትክክለኛውን መልስ የያዘውን ቁጥር ያክብቡ

NO	QUESTION	CODING CLASSIFICATION	CODE
117	የኤች አይ ቪ ምርመራ የምታከናወኑት የት ነዉ?	ሁሉም የምርመራ ደረጃዎች እዚሁ ይደረጋሉ------1 የመጀመሪያ ደረጃ ምርመራ እዚህና የማረጋገጫ ምርመራ ወደ ሌላ ቦታ ይላካል----------2 ሁሉም የምርመራ ደረጃዎች በሌላ(ከተቋሙ ዉጪ) ላብራቶሪ ይደረጋል----------3	
118	የትኛዉን ዓይነት የኤች አይ ቪ ምርመራ ኪት ትጠቀማላችሁ?	Rapid----------1 ELISA----------2 Both (ሁለቱንም) ----------3 ሌላ (ይገለፅ) _____	
119	የምርመራ ኪቶች <u>ሁል ጊዜ</u> ይገኛሉን?	አዎን----------1 አይገኝም----------2	
120	Rapid የምርመራ ኪት ተጠቃሚ ከሆናችሁ የትኛዉን የምርመራ ቅደም ተከተል ስልት ትጠቀማላችሁ?	Series----------1 Parallel----------2	
121	የደም ናሙና ከተወሰደ በኃላ ዉጤቱ በምን ያህል ጊዜ ዉስጥ ይደርሳል?	_____	
122	ስለ ድጋሚ ምርመራ/WINDOW PERIOD/ ፖሊሲ አላችሁ? ?	አዎን----------1 የለንም----------2	
123	መልሱ አዎን ከሆነ ተገልጋዩ መቼ እንደገና እንዲመረመር ይነገረዋል?	_____	
124	የዉጭ አካል በሆነ የሚደረግ የላብራቶሪ ቁጥጥር አለን ?	አዎን----------1 የለም----------2 → 127	
125	መልሱ አዎን ከሆነ ቁጥጥሩንየሚያደርገዉ አካል ማን ነዉ? (ይገለፅ)	_____	
126	መልሱ አዎን ከሆነ በአመት ስንት ጊዜ ቁጥጥር ይደረጋል	_____ጊዜ	
127	አንድ ተገልጋይ ለሚሰጠዉ አገልግሎት ምን ያህል ይከፍላል?	_____ብር ክፍያ የለም(ነጻ ነው)----------1	
128	የኤች አይ ቪ ምርመራና የምክክር አገልግሎቱን በገንዘብ የሚያግዝ መንግስታዊ ያልሆነ አካል አለን ?	አዎን----------1 የለም----------2	
129	መልሱ አዎን ከሆነ እገዛዉ ለምን ያህል ጊዜ ነዉ?	_____ዓመታት	
130	አገልግሎቱን ለማግኘት ለሚመጡ ግለሰቦች የሚሰጥ ማበረታች አለ?	አዎን----------1 የለም----------2	

131	መልሱ አዎን ከሆነ በምን መልኩ ነዉ ማበረታቻዉ የሚሰጠዉ?	የመንገዣ ወጪ መሸፈን----------1 ሻይ ቡና----------2 ሌላ (ይገለፅ) _____	
132	ከተቋሙ ዉጭ የሚሰጥ /Out reach/ የምክክር አገልግሎት አለ?	አዎን----------1 የለም----------2	
133	ይህ ተቋም ስለሚሰጠዉ የኤች አይ ቪ ምርመራና የምክክር አገልግሎት የማስተዋወቅ ስራ ይደረጋል?	አዎን----------1 አይደረግም----------2	
134	የቅድመ ምርመራ የምክክር አገልግሎት በግሩፕ ወይም በስብሰባ ላሉ ሰዎች ይሰጣልን? /Group Counseling/	አዎን----------1 አይሰጥም----------2	

ADDIS ABABA UNIVERSITY FACULTY OF MEDICINE

DEPARTMENT OF COMMUUNITY HEALTH

Assessment of Quality of VCT Service in Addis Ababa

በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምርመራና የምክክር አገልግሎት

ለአማካሪዎች ስለአማካሪዎች አመራረጥ ስልጠናና ድጋፍ የተዘጋጀ ቃለ መጠየቅ (VCT COUNSELORS)

001. Code Number (VCT Counselor)_____

002. Country: Ethiopia

003. Region: 14

004. Kifle Ketema (of VCT Site):_____

005. Kebele (of VCT Site):_____

006. Name of VCT Site:_____

Checked by Investigator: Signature_____Date:____/____/_____

dd mm yyyy

ማሳሰቢያ

ይህ ቃለመጠይቅ የሚሞላዉ በተመረጠዉ VCT ተቋም ዉስጥ በቋሚነት በሚሰራ የVCT አማካሪ ወይም ካዉንስለር ነዉ። ቃለመጠይቁ የተዘጋጀዉ በአዲስ አበባ ዩኒቨርሲቲ በኩል ለሚደረግና በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምርመራና የምክክር አገልግሎትን በተመለከተ መረጃ ለመሰብሰብ ነዉ። የሚሰበሰበዉ መረጃ የመንግስትን የአገልግሉን የማሻሻል አቅም ያግዛል ተብሎ ይገመታል።ይህ ተቋም የተመረጠዉ በአጋጣሚ ነዉ። በፈቃደኝነት ላይ የተመሰረተ ኤች አይ ቪ ምርመራና የምክክር አገልግሎት ማለት ዕድሜዉ የሚፈቅድለት

ማንኛዉም ግለሰብ በራሱ ተነሳሽነትና ፈቃደኝነት የኤች አይ ቪ ቫይረስ በደሙ ዉስጥ መኖር አለመኖሩን ለማወቅ የሚያደርገዉ በምክክር የታገዘ የደም ምርመራ ማለት ነዉ። እርስዎ የሚሰጡት ማንኛዉም መረጃ ሚስጥራዊነቱ፣ ፍፁም የተጠበቀ ነዉ። ያለርስዎ ፈቃድም የበላይ ኃላፊዎም ሆነ ሌላ ሰዉ እንዲያዉቀዉ አይደረግም። ስምዎም ሆነ ሌላ ማንነትዎን ሊገልጽ የሚችል መረጃ አይሞላም። ለመመለስ ፈቃደኛ ያልሆኑትን ጥያቄ መተዉ ይችላሉ።

ክፍል 1 የአማካሪዎች አመራረጥና ስልጠና (ትክክለኛውን መልስ የያዘው ቁጥር ይከበብ)

NO	QUESTION	CODING CLASSIFICATION	CODE
101	ካውንስለር ወይም አማካሪ ከመሆንዎ በፊት ምን ነበሩ?	ነርስ----------1 ዶክተር /ሐኪም----------2 የጤና መኮንን----------3 የማህበራዊ አገልግሎት ሰራተኛ----------4 ከቫይረሱ ጋር የሚኖር----------5 ሌላ (ይገለፅ)_____	
102	አማካሪ ለመሆን እንዴት ነበር የተመረጡት?	በበላይ ሃላፊ ወይም አለቃ ተመርጨ----------1 በራሴ ተነሳሽነት (ይገለፅ)_____ _____	
103	አማካሪ በመሆንዎ ምን ይሰማዎታል?	አማካሪነት ተመችቶኛል ተስማምቶኛል------1 አማካሪነት ጭንቀት ነዉ----------2 አማካሪነትን እንደስራዬ ነዉ የማየዉ----------3 ሌላ (ይገለፅ)_____	
104	ምን ያህል የአማካሪነት / Counseling/ ኮርሶችን ወስደዋል?	_____	
105	ኮርሶቹ በአማካኝ የምን ያህል ጊዜ ይሆናሉ?	_____	
106	የካዉንስሊንግ ስልጠና ብቃትዎን እንዴት ይገመግሙታል?	በጣም ጥሩ ነዉ----------1 ጥሩ ነዉ----------2 በቂ----------3 አነስተኛ----------4	
107	የተከታታይ(Ongoing) ካዉንስሊንግ ስልጠና በስራ ላይ እያሉ ተከታትለዋል?	አዎን----------1→108 አልተከታተልኩም----------2→109	
108	መልሱ አዎን ከሆነ የተከታታዩን ስልጠና የወሰዱት መቼ ነበር?	ባለፉት 12 ወራት ዉስጥ----------1 ባለፉት ከ2-5 ዓመት----------2 ከ5 ዓመታት በፊት----------3	

		አላስታወስም----------4	
109	መልሱ አልተከታተልኩም ከሆነ ተከታታይ የካዉንስሊንግ ስልጠና የማማከር ብቃትዎን ያሻሽላል ብለዉ ያስባሉ?	አዎን----------1 አላስብም----------2 አላዉቅም----------88	

ክፍል 2 ድጋፍ ቁጥጥርና "Burnout" (ትክክለኛውን መልስ የያዘው ቁጥር ይከበብ)

NO	QUESTION	CODING CLASSIFICATION	CODE
201	የአማካሪዎች የድጋፍ ማህበር (Counselor's support group) አላል ነዎት?	አዎን----------1→203 አይደለሁም----------2	
202	መልሱ አይደለሁም ከሆነ የአማካሪዎች የድጋፍ ማህበር መኖር ጠቃሚ ነዉ ይላሉ?	አዎን----------1 አይደለም----------2	
203	ድጋፍና የቴክኒክ እገዛን ሊያደርግሎ ከሚችል የታወቀ የካዉንስሊንግ ተቆጣጣሪ አካል ጋር ግንኙነት አለዎት?	አዎን----------1 የለኝም----------2→205	
204	መልሱ አዎን ከሆነ ይህንን ድጋፍና የቴክኒክ እገዛ የሚያደርግሎ አካል የትኛዉ ነዉ?	የጤና ጥበቃ ሚኒስቴር----------1 የአ.አ. ጤና ቢሮ----------2 መንግስታዊ ያልሆነ ድርጅት----------3 ሌላ ይገለፅ_____	

እባክዎ የሚከተሉትን ዝርዝር ሃሳቦች በደንብ ካጤኑ በኋላ የተሰማዎትን ሰሜት እንደ ደረጃው በተገቢዉ ቦታ ላይ ይህን ምልክት (X) በማድረግ ይግለፁልን።

NO	QUESTION	CODING CLASSIFICATION			CODE
		ሁልጊዜ	አንዳንድ ጊዜ	በጭራሽ	
205	"በስራዬ ተሰላችቻለሁ።"				
206	"ስራዬ በጣም አሥጨናቂ ነው።"				
207	"በስራዬ በጣም እበረታታለሁ።"				
208	"የስራ ባልደረቦቼ ስራዬን ያከብራሉ።"				
209	"ከስራዬ በየቀኑ አዳዲስ ነገሮችን እማራለሁ።"				
210	"በስራዬ የመገለል ሰሜት ይሰማኛል።"				
211	"ከስራ ባልደረቦቼ ጋር ለመነጋገር ወይም communicate ለማድረግ እቸገራለሁ።"				
212	"ተገልጋዮችን በደንብ መርዳት እችላለሁ።"				
213	"በካዉንስሊንግ ችሎታዬ አልተማመንም።"				
214	"የተገልጋዮቼን ምስጢር ለመጠበቅ ምንም አልቸግርም።"				

215	“የስራ ጫና ወይም መደራረብ አለብኝ።”				
216	“የምክክር አገልግሎት በመስጠት ላይ እያለሁ ሌሎች ሰራተኞች ጣልቃ ይገቡብኛል ወይም ይረብሹኛል።”				
No.	**QUESTION**	**ሁልጊዜ**	**አንዳንድ ጊዜ**	**በጭራሽ**	**CODE**
217	“የኤች አይ ቪ ዉጤትን ለተገልጋዮች ለመንገር እቸገራለሁ።”				
218	“ተስፋ የመቁረጥ ስሜት ይታይብኛል።”				
219	“የምክክር አገልግሎት የምሰጥበት ክፍል በቂና ምስጢር ለመጠበቅ አመቺ ነዉ።”				
220	“ተጨማሪ ወይም ተከታታይነት ያለዉ የካዉንስሊንግ ስልጠና ያስፈልገኛል።”				
221	“በተገልጋዮቼ ዘንድ የተናቅሁ ወይም ዝቅ ተደርጌ የምታይ ይመስለኛል።”				

NO	QUESTION	CODING CLASSIFICATION	CODE
222	የVCT ካዉንስሊንግ ስራ መስራት ከጀመሩ ምን ያህል ጊዜ ሆነ?	_____ ወራት _____አመታት	
223	በሳምንት ዉስጥ ለስንት ቀናት የምክክር አገልግሎት ይሰጣሉ?	_____ቀናት	
224	በቀን ለስንት ሰዓታት የምክክር አገልግሎት ይሰጣሉ?	_____ሰዓታት	
225	በቀን በአማካኝ ለምን ያህል ሰዎች የምክክር አገልግሎት ይሰጣሉ?	_____ሰዎች	
226	ከአማካሪነትዎ በተጨማሪ ሌላ ዓይነት የስራ ድርሻ በዚህ ተቋም ዉስጥ አልዎት?	አዎን----------1 የለኝም----------2	
227	መልሱ አዎን ከሆነ የአማካሪነት ስራዎን ለመስራት በቂ ጊዜ ይኖሮዎታል?	አዎን----------1 አይኖረኝም----------2	
228	በአማካሪነት ወይም በካዉንስሊንግ ሙያዎ ስለወደፊቱ ምን ያስባሉ?	በዚሁ ሙያ እቀጥላለሁ----------1 ካዉንስሊንግ ከባድና አስጨናቂ ስለሆነብኝ ሌላ ሥራ እፈልጋለሁ----2	

229. ሌላ ተጨማሪ ሃሳብ ወይም አስተያየት ካልዎት፣

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ADDIS ABABA UNIVERSITY

FACULTY OF MEDINE

DEPARTMENT OF COMMUNITY HEALTH

Assessment of Quality of VCT Service in Addis Ababa

በፈቃደኝነት ላይ የተመሰረተ የHIV **ምርመራና የምክክር አገልግሎት ለወሰዱ የሚደረግ ቃለ ምልልስ**

(VCT CLIENTS)

001. Code Number :_____

002. Country: Ethiopia

003. Region: 14
004. Kifle Ketema (**የቦታው**)_____
005. Kebele (**የቦታው**)_____
006. Interviewer's Name (**የጠያቂው ስም**):_____
007. Date of Interview: _____/_____/_____
dd mm yyyy
008. Name of VCT center: _____
Checked by investigator: Signature _____
Date: _____/_____/_____
dd mm yyyy

ºî~ ¨^¼G„ ^Mð----------¨mFG:: ›X ^šéC £pµ,}“ lºî~ ¼lg Më}ð^pòY~ l†«é^ †lm ¤¿ßY^pí lŠåG EMëªT·~ lÙgª„}r F¨ £pLPTp £†îv †¨ ßë NYLW~ £NŒŒY †µG·Eør¿ lpLEŠp LT± EL\n\n }“:: ^Y_• EšéC gENGG^ £pLTºår l†¶»Më nu }“:: lÙgª„}r F¨ £pL\Tp £†îv †¨ ßë NYLW~ £NŒŒY †µG·Eør MEr ^-Mð“ £MëÔd-Er M¿ƒ“N ·E\n lW\å £p}]b}r~ Ôgª„}r £†îv †¨ ßë à¨T^ lªLå “^¼ L□Y~ †EL□U¿ EM’i £Mëi ªYµ“ lNŒŒY £qµš £ªN NYLW MEr }“:: lšéC gENGG^ ^EY^• ¦EÔ“ £^} ’\én GN-~ E†îv †¨ ßë Eé¶Gºå ^EMëvEå †¿«¿- mCV¦r ^¿º¨i•qE¿:: ^N•N D} EîF £ˆY^•¿ M¿}r EéµGÐå £MëvEå LT±•v †¨Lšµ1åN:: £Më\ºå¿ M¿ƒ“N LT± Më^ºéW”í}pý ÙÐåN £pºld }“:: ¦EˆY^• Ôg-N M¿N ^¿«é¦“i †¨ªT·N:: ELLE^ Ôgªƒ ¦GD}år¿ ¼¦h Lp“ ¨vFEå:: lÔEµår µéšîN gENGG\å¿ MjN ¨vFEå:: lgENGG\å £Më\ºå¿ M¿ƒ“N LT± ^³· l»N ºgMë~ lšéC †µG·Eør F¨ £p\MU £ºî~ pkMôr¿ ngr EMaaG ¨T«G::

የሚጠይቁኝ ጥያቄ አሎት? ----------

በቃለምልልሱ ለመሳተፍ ፈቃደኛ ነዎት? **አዎ**----------1

አደለሁም----------2□➔ **አቁም**

የተጠያቂዉን ፈቃደኝነት የሚያረጋጥ የጠያቂዉ ፊርማ

አመሰግናለሁ :: ወደ ቃለምልልሱ እንገባለን ::

ክፍል 1

NO.	QUESTION	CODING CLASSIFICATION	CODE
101	የተጠያቂዉ ያታ ይመዝገብ	ወንድ----------1 ሴት----------2	
102	የመኖሪያ ቦታ	አ.አ.----------1 ከአ.አ.ዉጭ----------2	
103	ዕድሜዎ ስንት ነዉ? (የመጨረሻዉ ልደት ይመዝገብ)	----------አመት አላዉቀዉም------88 ምላሽ የለም------99	
104	የየትኛዉ ሃይማኖት ተከታይ ነዎት?	ኦርቶዶክስ----------1 ፕሮቴስታንት------2 ካቶሊክ----------3 ሙስሊም----------4 ሌላ(ይገለፀ) _____	
105	የየትኛዉ ብሄረሰብ አባል ነዎት?	አማራ----------1 ኦሮሞ----------2 ትግራይ----------3 ጉራጌ----------4 ሌላ(ይገለፅ) _____	
106	የጋብቻ ሁኔታ	ያገባ----------1 ያላገባ----------2 ባል/ሚስትየሞተበት----------3 የተፋታ----------4 ሌላ(ይገለፅ) _____	
107	የትምህርት ደረጃ	ያልተማረ----------1 ማንበብና መፃፍ----------2 ለ1-6ኛ ክፍል የደረሰ--------3 ከ7-12ኛወይም10^{+2} የደረሰ--4 ኮሌጅ የደረሰ----------5 ምላሽ የለም----------99	
108	ሥራዎ ምንድን ነዉ?	ሥራ የለም----------1 ተማሪ----------2 የቀን/ጉልበት ሰራተኛ-------3 የመንግስት ተቀጣሪ----------4 ነጋዴ----------5 ሴተኛአዳሪ----------6 ሾፌር----------7 የቤት እመቤት----------8 ሌላ(ይገለፅ) _____	

109	ጠቅላላ የወር ገቢዎ ምን ያህል ነዉ?	----------ብር ምንም ገቢ የለም--------1 አላዉቀዉም----------88 ምለሽ የለም----------99	

ክፍል -2 ስነ ወሲብ እና ኮንዶም መጠቀም

NO	QUESTION	CODING CLASSIFICATION	CODE
201	የግብረ ስጋ ግንኙነት አድርገዉ ያዉቃሉ?	አዎን----------1 አላዉቅም---------2➔ □209 ምላሽ የለም------99➔ □209	
202	መልሱ አዎን ከሆነ መጀመሪያ የግብረ ስጋ ግንኙነት ሲፈፅሙ እድሜዎ ስንት ነበር?	_____አመት አላስታዉስም-------88 ምላሽ የለም--------99	
203	ባለፈዉ አንድ አመት ዉስጥ የግብረ ስጋ ግንኙነት አድርገዉ ያዉቃሉ?	አዎን----------1 አላዉቅም----------2➔ 206 ምላሽ የለም--------99➔206	
204	መልሱ አዎን ከሆነ ባላፈዉ አንድ አመት ጊዜ ዉስጥ ከምን ያህል ሰዎች ጋር ወሲብ ፈፅመዋል?	_____ሰዎች ጋር ምላሽ የለም--------99	
205	ባለፈው አንድ አመት ጊዜ ውስጥ የግብረ ስጋ ግንኙነት ሲፈጽሙ ምን ያህል ጊዜ ኮንዶም ተጠቅመዋል?	ሁል ጊዜ----------1 አንዳንዴጊዜ----------2 በጭራሽ አልተጠቀምኩም----------3	
206	በአንድ ጊዜ ከአንድ በላይ የወሲብ ጓደኛ ኖሮት ያውቃል?	አዎን----------1 አያዉቅም----------2 ምላሽ የለም----------99	
207	ከሴተኛ አዳሪ ጋር የግብረ ስጋ ግንኙነት ፈፅመዉ ያዉቃሉ? (ተጠያቂዋ ሴት ከሆኑ ቁጥር 3 ይከበብ)	አዎን----------1 አላዉቅም----------2 አይመለከተውም----------3 ምላሽ የለም----------99	
208	እስከዛሬ ከነበርዎት የወሲብ ጓደኞች ጋር ለምን ያህል ጊዜ ኮንዶም ተጠቅመዋል?	ሁል ጊዜ----------1 አንዳንዴጊዜ----------2 በጭራሽ አልተጠቀምኩም–3	
209	ተጠያቂዉ በአሁን ሰዓት ያገባ ካልሆነ የወንድ(ወይም የሴት) ጓደኛ አልዎት?	አዎን----------1 የለኝም----------2➔213	
210	መልሱ አዎን ከሆነ ከጓደኛዎ ጋር የግብረ ስጋ ግንኙነት አድርገዉ ያዉቃሉ?	አዎን----------1 አላዉቅም----------2➔ □212	
211	መልሱ አዎን ከሆነ ኤች አይ ቪን ለመከላከል ምን ተጠቅመዋል?	ኮንዶም----------1 ምንም----------2 የኤች አይ ቪ ምርመራ----------3 ሌላ ካለ ይገለፅ_____	
212	ለምንድነዉ እስካሁን ድረስ ከሴት/ወንድ ጓደኛዎ ጋር የግብረ ስጋ ግንኙነት ያላደረጉት?	መጀመሪያየኤችአይቪምርመራ ለማድረግ–1 እርግዝና ለመከላከል----------2 ከአባላዘር በሽታ ለመጠበቅ----------3 ከጋብቻ በፊት ላለማድረግ----------4 ሌላ(ይገለፅ) _____	
213	ባለፈዉ አንድ አመት ጊዜ ዉስጥ የአባላዘር በሽታ ይዝዎት ያዉቃል?	አዎን----------1 አያዉቅም----------2 ምላሽ የለም----------99	
214	ከዚህ ቀደም ለኤች አይ ቪ ሊያጋልጡ/ጥ የሚችሉ ባህርያት ይኖረኛል ብለዉ ያስባሉ?	አዎን----------1 አላስብም----------2 ➔ □301 አላዉቅም----------88➔ □301 ምላሽ የለም--------99□ ➔301	
215	መልሱ አዎን ከሆነ እንዚህን ባህሪያት ሊነግሩኝ ይችላሉ?	_____ _____ _____	

ክፍል 3 ስለ በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምርመራና የምክክር አገልግሎት

No.	QUESTION	CODING CLASSIFICATION	CODE
301	ስለዚህ አገልግሎት መኖር መጀመሪያ መረጃዉን ያገኙት ከማን ነበር?	ከጤና ባለሙያ/ ተቋም----------1 ከመገናኛ ብዙሀን----------2 ከጓደኛ----------3 ከጎረቤት----------4 ከቤተሰብ----------5 ሌላ(ይገለፅ) _____	
302	ወደዚህ ኤች አይ ቪ ምርመራ ተቋም እንዴት ሊመጡ ቻሉ?	በራሴ ተነሳሽነት----------1 በጤና ባለሙያ ተመክሬ/ተነግሮኝ----------2 በትዳር/በፍቅር ጓደኛዬ ተነግሮኝ----------3 በጓደኞቼ ተገፋፍቼ----------4 ሌላ(ይገለፅ) _____	
303	በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምርመራና የምክክር አገልግሎት ተጠቃሚ ለምን ሆኑ?	ኤች አይ ቪ በደሜ መኖር/አለመኖሩን ለማወቅ----------1 ስለታመምኩኝ----------2 ከጋብቻ በፊት ምርመራ ለማድረግ-----3 ወደ ዉጭ አገር ለመሄድ----------4 ስለተጠራጠረኩ(ራሴን)----------5 ስራ ለመቀጠር----------6 ሌላ(ይገለፅ) _____	
304	በዚህ አገልግሎት **<u>በተለይ</u>** ማን ሊጠቀም ይችላል ብለዉ ያስባሉ?	በበሽታዉ የተጠረጠሩ ሰዎች----------1 የጤና ባለሞያዎች----------2 በድንገት ለኤችአይቪ የተጋለጡ ሰዎች----------3 ከጋብቻ በፊት ተጋቢዎች----------4 እርጉዝ እናቶች----------5 ሌላ(ይገለፅ) _____ አላዉቅም----------88	
305	ከዚህ ቀደም የዚህ አገልግሎት ተጠቃሚ ነበሩን?	አዎን----------1 አልነበርኩም----------2 ምላሽ የለም----------99	
306	አንድ ግለሰብ በደሙ ዉስጥ የኤች አይ ቪ ቫይረስ ቢገኝበት ምን ማድረግ አለበት? (ከአንድ በላይ ምርጫ ሊመርጥ ይችላል::)	ከወሲብ መታቀብ----------1 ልጅ መዉለድ ማቆም----------2 መፀለይ----------3 ኮንዶም መጠቀም----------4 የህክምና ክትትል ማድረግ----------5 ራስን ማጥፋት----------6 ተስፋ መቁረጥ/ምንም ማድረግ አይችልም-------7 ሌላ(ይገለፅ) _____	
307	ይህንን የኤች አይ ቪ ቫይረስ ምርመራ ጣቢያ እንዴት ሊመርጡ ቻሉ?	ጥሩ እንክብካቤና/መስተንግዶ----------1 የሚስብ አካባቢ ስላለዉ----------2 ጥሩ የሙያ ብቃት ስላላቸዉ----------3 በመልካም ከበሬታቸዉ----------4 ዋጋቸዉ ቀላል ስለሆነ----------5 ነጻ ስለሆነ----------6 ምስጥራዊነታቸዉ ስለሚያስተማምን----------7 የምክክር አገልግሎቱ ብቻ ለብቻ ስለሆነ----8 ለቤቴ ቅርብ በመሆኑ----------9 ሌላ(ይገለፅ) _____	
308	ከአማካሪዎ ጋር ስለምን ተነጋገራችሁ? (ከአንድ በላይ ምርጫ ሊመርጥ ይችላል::)	ኤች አይ ቪ ቫይረስ ምርመራ ስለማድረግ-------1 ኤች አይ ቪ ቫይረስ ዉጤት ስለመቀበል---------2 ከጊዜ በፊት ስለተደረገ የኤች አይ ቪ ቫይረስ ምርመራ ዉጤት----------3 ሌላ(ይገለፅ) _____	
309	ዛሬ ለመምጣት የቀጠሮ ጊዜ ተሰጥቶት ነበር?	አዎን----------1 አልተሰጠኝም----------2➔ □311	
310	መልሱ አዎን ከሆነ ይህን ቀጠሮ ለማግኘት ምን ያህል ጊዜ ፈጅብዎት?	_____	
311	ዛሬ ከአማካሪዎ ጋር ለመገናኘት ምን ያህል ጊዜ /ሰዓት ፈጅቶብዎታል?	_____	
312	ደምዎ ለምርመራ ከተወሰደ አንስቶ ዉጤቱ እስኪደርስዎ ድርስ ምን ያህል ጊዜ ፈጅቷል?	_____	

313	ከአማካሪዎ ጋር ከደም ምርመራ በፊትና ከውጤት በኋላ የነበርዎት ቆይታ በአጠቃላይ ምን ያህል ጊዜ ፈጅቷል?	_____	
314	አማካሪዎን እንዴት ይገመግሟቸዋል? (ከአንድ በላይ ምርጫ ሊመርጥ ይችላል::)	ትሁትና አክባሪ ----------1 ጥሩ አድማጭ----------2 በቀላሉ መረጃን ማስተላለፍ የሚችል----------3 የነበረኝን የኤች አይ ቪ ቫይረስ ዕዉቀት ገምግመዋል----------4 የነበረኝን የተሳሳተ የኤች አይ ቪ ቫይረስ ዕዉቀት አስተካክዬአለሁ----------5 የወጤቱን ምስጥራዊነት አረጋግጠዉልኛል------6 ለምርመራ ደም የመስጠቱን ዉሳኔ ሙሉ በሙሉ ለእኔ ትተዉልኛል----------7 ስለ ምርመራ ዉጤቱ በግልፅ አስረድተዉኛል---8 ስለወደፊት እርምጅዎቼ ተወያይተናል----------9 ሌላ(ይገለፅ_____	
315	ሌላ አማካሪ ቢኖረኝ ኖሮ ብለዉ ተመኝተዉ ነበር?	አዎን----------1 አልተመኘሁም----------2➔ □317	
316	መልሱ አዎን ከሆነ አማካሪዎ ምን አይነት ሰዉ ቢሆኑ ተመኝተዉ ነበር? (ከአንድ በላይ ምርጫ ሊመርጥ ይችላል::)	የተለየ ያታ----------1 በዕድሜ ላቅ ያሉ----------2 በዕድሜ አነስ ያሉ----------3 ሌላ(ይገለፅ) _____	
317	ከምርመራ በፊትም ሆነ በኃላ አማካሪዎ ራሳቸዉ አንድ ነበሩ?	አዎን----------1 አልነበሩም----------2	
318	ሊመረመር እያሰበ ያለን ጓደኛዎን ወይም ዘመድዎን ወደዚህ ምርመራ ጣቢያ እንዲመጣ ይመክራሉ?	አዎን----------1 አልመክርም----------2 ለምን(ምክንያትይገለፅ)_____ አላዉቅም----------88	
319	ይህን አገልግሎት ሌላ ሰዉ እንዲጠቀም መክረዋል/ነግረዋል?	አዎን----------1 አልመከርኩም----------2➔ □321	
320	መልሱ አዎን ከሆነ ለማን ነዉ የመከሩት/የነገሩት?	የትዳር/ የፍቅር ጓደኛ----------1 የወሲብ ጓደኛ----------2 ጓደኞች----------3 ለቤተሰብ (እህት ወንድም)----------4 ሌላ(ይገለፅ) _____	
321	በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ ምርመራና የምክክር አገልግሎት ለማግኘት የሚመቸዉ ሰዓት/ጊዜ የትኛዉ ነዉ ብለዉ ያስባሉ?	በመደበኛ የሥራ ቀናትና ሰዓታት----------1 በመደበኛ የሥራ ቀናት የምሳ ሰዓታትን ጨምሮ----- 2 በመደበኛ የሥራ ቀናት ከምሽቱ 11 ሰዓት እስከ 2 ሰዓት----------3 በመደበኛ የሥራ ቀናት ከጧቱ 12 ሰዓት እስከ ምሽቱ 2 ሰዓት----------4 ከሰኞ እስከ እሁድ በመደበኛ የሥራ ሠዓታት---------5 በሳምንቱ ሰባቱንም ቀናትና 24 ሰዓት በቀን ----------6	
322	የኤች አይ ቪ ምርመራ ዉጤትዎን ሊነግሩኝ ፈቃደኛ ነዎት?	አዎን----------1 አይደለሁም----------2➔ □324	
323	መልሱ አዎን ከሆነ ዉጤቱ ምን ነበር?	ኤች አይ ቪ በደሜ ዉስጥ አለ----------1 ኤች አይ ቪ በደሜ ዉስጥ የለም----------2 አጠራጣሪ ዉጤት ነዉ----------3 ሌላ(ይገለፅ) _____	
324	ስለዉጤትዎ ለማን ይነግራሉ?	ለማንም አልነግርም----------1 ለትዳር/ለፍቅር ጓደኛ----------2 ለወሲብ ጓደኛዎ/ችዎ----------3 ለልጆችዎ----------4 ለእህት/ወንድሞችዎ/ እናትና አባት----------5 ለሌላ ዘመዶችዎ----------6 ለጓደኞች----------7 ለጎረቤት----------8 ለሃይማኖት አባቶች----------9 ለስራ ቀጣሪዎ/ሃላፊዎ----------10 ሌላ(ይገለፅ) _____	

ለሚከተሉት የሚስማማዉ ላይ(X) ምልክት ይደረግ

No	QUESTION	አዎን	አይደለም	CODE
325	በአጠቃላይ በቅድመ ምርመራዉ የምክክር አገልግሎት ተጠቅሜአለሁ ወይም ረክቻለሁ ይላሉ?			
326	በአጠቃላይ ከዉጤት በኃላ በነበረው የምክክር አገልግሎት ተጠቅሜአለሁ/ ረክቼአለሁ ይላሉ?			
327	የግልጋሎቱ ሰጪዎች በከበሬታና በሰብዓ ዊነት በሚገባ አስተናግደዉኛል ይላሉ?			
328	የምክክር አገልግሎት የሚሰጥበት ክፍል ምቹና ምስጢርን ለመወያየት ተስማሚ ነበር ይላሉ?			
329	የግልጋሎት ሰጪዎቹ ምስጢሬን ጠባቂና ታማኞች ናቸው ብለው ያምናሉ ?			
330	የአገልግሎት ሰጪዎቹ የሙያ ብቃት አጥጋቢ ነበር ይላሉ?			
331	ለምክክር አገልግሎቱ የነበረው ጊዜ በቂ ነበር ይላሉ?			
332	**በአጠቃላይ ዛሬ እዚህ ባገኙት አገልግሎት ረክቻለሁ ይላሉ?**			

333. ሌላ የሚሰጡት አስተያየት ወይም ጥቆማ ካለ ቢገልፁልን_____

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