PROCESS EVALUATION ON VOLUNTARY COUNSELING AND TESTING AT JIMMA AND HIGHER-2 HEALTH CENTERS IN JIMMA CITY, JIMMA- ETHIOPIA

BY: M. Janjay Jones

AN EVALUATION THESIS REPORT

Evaluation Thesis submitted to the Monitoring and Evaluation Unit, Department of Health Services Management, College of Public Health and Medical Sciences, in Partial Fulfillment for the Requirement of the Degree of Master of Science in Health Monitoring and Evaluation

DATE: May, 2011

Jimma University

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Date: March, 2011

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Advisors:

1. **Kifle Woldemichael (MD, Mph)**
2. **Yibeltal Kifle (Bsc, Msc)**

Abstract/Summary

Background

Voluntary Counseling and Testing is one of the key strategies in HIV/AIDS prevention and control in Ethiopia and link infected people to care and support. This intervention is a process evaluation of the voluntary counseling and testing program at Jimma and Higher-2 health centers, both of which are situated in Jimma city, Jimma Zone located in the Oromia region of Ethiopia. The objective of this evaluation is to assess the process of voluntary counseling and testing services.

Method

This evaluation applied multiple case study design using both qualitative and quantitative methods. The focus of evaluation is process and approach is formative. Compliance, Availability, and Acceptability were the dimensions used to measure the implementation of voluntary counseling and testing services. Data were collected through In-depth and client exit interviews, direct observation, and document review. A World Health Organization adopted checklist was used. Qualitative data was analyzed manually, and Quantitative data were entered using EPI-Data and later exported to SPSS-16 for analysis.

Results

Result from the observation of counseling sessions saw an average of 79.3% (good) and 68% (fair) at Higher-2 and Jimma respectively. Clients' perception of service provided is generally good. The overall performance of VCT services score an average of 74.6% and 75.6% for Jimma and Higher-2 health center respectively, which means GOOD according to our parameter of judgment

Conclusion

The Zonal Health Office Authorities need to redesign the counseling and testing room to meet the minimum required standard enshrined within the HIV counseling and testing guideline of Ethiopia, so that confidentiality and privacy for clients can be ensure, and appoint a laboratory technician to supervise for the VCT program.

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ACKNOWLEDGEMENTS

Let me first give glory to the Almighty God for bringing me thus far.

Having strived for this opportunity for the past ten years, God made it possible at last for me to have gotten this scholarship from the Ministry of Health and Social Welfare; especially through the efforts of Dr. Bernice T. Dahn, Deputy Minister of Health for Curative and Preventive Services, and Chief Medical Officer of the Republic of Liberia.

I am very grateful to my Advisors, Dr. Kifle Woldemichael, and Mr. Yebeltal Kifle, whose efforts made the completion of the Proposal successful. Their individual constructive comments and inputs guided and helped shape this Thesis to what it is. May God blessed the works of their hands and be with their families.

Teachers or better say Instructors in Africa are at the most disadvantaged in terms of salaries and benefits, though they impart knowledge (something which is very difficult to do) in many people who end up becoming Presidents, Prime Ministers, Doctors, Lawyers, Pilots, etc. In this light, I want to say "hats off" and many thanks to all of those wonderful Men and Woman who have helped to mold me during my studies at Jimma University.

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ACRONYMS

AIDS---------- Acquired Immune Deficiency Syndrome

ART---------- Anti Retroviral Therapy

BCC---------- Behavioral Change and Communication

CBO---------- Community Based Organization

CDC---------- Center of Disease and Control

EDHS---------- Ethiopia Demographic Health Survey

FMOH---------- Federal Ministry of Health

FHAPCO---------- Federal HIV/AIDS Prevention Control Office

FHI----------Family Health International

FMOH---------- Federal Ministry of Health

HCT---------- HIV Counseling and Testing

HVCT---------- HIV Voluntary Counseling and Testing

HBC----------Home Based Care

HIV----------Human Immunodeficiency Virus

IEC---------- Information Education Communication

JHU---------- John Hopkins University

MSH ----------Management Science for Health

NAC----------National AIDS Council

NACP----------National AIDS Control Program

NGOs---------- Non-Governmental Organizations

PLWHA---------- People living with HIV/AIDS

PMTCT----------Prevention of Mother to Child Transmission

STIs ----------Sexually Transmitted Infections

TB----------Tuberculosis

UNAIDS ----------Joint United Nation Program on HIV/AIDS

VCT----------Voluntary Counseling and Testing

WHO ---------- World Health Organization

OI ---------- Opportunistic Infections

1. BACKGROUND

1.1 Rationale for the Program

In Ethiopia, voluntary counseling and testing is one of the three approaches of HIV counseling and testing. VCT is a strategy used to decrease stigma among people who may want to know their HIV status. (1) Without appropriate interventions, the risks of transmission of HIV to the next generation, including Mother-to-child transmission and children orphaned by or infected with HIV/AIDS will continue to experience increase. (2) The promotion and provision of VCT has proven to be a key intervention strategy to reduce HIV prevalence. This strategy is based on evidence that HIV counseling and testing results in behavior change including decreased unprotected sexual intercourse. (3)

1.1.1 Global Situation

Global statistics at the end of 2009 showed 33.3 million people were estimated to be living with HIV, up slightly from 32.8 million in 2008. This is in large part due to more people living longer as access to antiretroviral (anti-HIV) therapy increases. An estimated 2.6 million people became newly infected with HIV in 2009, nearly 20% fewer than the 3.1 million people that were reportedly infected in 1999. (4)

A recent analysis among young people provides further evidence of decreasing incidence and safer sexual behaviour. Seven countries showed a statistically significant decline of 25% or more in HIV prevalence (the percentage of people living with HIV) by 2008 among young pregnant women attending antenatal clinic. (4)

Sub-Saharan Africa continues to bear the heaviest burden of the disease with over 22.5 million people being infected; South and South-East Asia is next with 4.0 million; Eastern Europe and Central Asia, and Latin America are third with 1.6 million each; North America has 1.3 million; East Asia with 800,000; Western and Central Europe has 760,000; Middle East and North Africa with 380,000; the Caribbean with 230,000; and lastly, Oceania with 75,000. (4)

1.1.2 National Situation

In Ethiopia, the population is estimated at 79,455,634 (projected figure-2010, Central Statistics Agency). Data from the Ethiopian Demographic and Health Survey (EDHS-2005) shows that only 33.3% of males and 20.5% of females have comprehensive knowledge of HIV/AIDS. Condom use among the age group 15-24, stands at 46.8% for males and 28.4% among females, while condom use among the sexually active population 15-49 in general, is reported at 1.32%. (5)

HIV/AIDS is a significant public health and development problem in Ethiopia. (2) The primary modes of HIV transmission in Ethiopia as elsewhere in the sub-Saharan Region are heterosexual contact and prenatal transmission. Many factors fuel the spread of the epidemic. Among those include, the widespread norm of multiple and concurrent sexual relationships; women's low socio-economic status; increasing levels of poverty leading to sex work; lack of open discussion about sexuality; high incidence of sexually transmitted infections (STI); and stigma and discrimination, among others. (2)

HIV was first detected in 1984 in Ethiopia, and the first two cases were reported in 1986. The adult prevalence of HIV was estimated to be 2.1 % in 2008 among which urban and rural comprises 7.7% and 0.9% respectively. The total number of People Living with HIV estimated to be 1, 037,267adults. The number of new adult HIV infection for 2008 is estimated to be 125,147 for adults. (6)

National projections estimate approximately 1.1 million Ethiopians are living with HIV in 2009. (7)

1.1.3 Local Situation of the Problem

FMOH and FHAPCO report in 2009, estimates that Ethiopia has an HIV prevalence rate of 2.3%. (6) Against this back-drop the Authorities at the Jimma Zonal Health Office in close collaboration with Stakeholders have been engaged in the implementation of series of activities to avert, curb or stabilize the situation.

According to the Jimma Zonal Health Office Authorities, due to the existence of high cultural and traditional norms in Ethiopia, HIV prevention messages targeting the youth population is mainly concentrated on **A**bstinence, and not the last of the other two (**B**e faithful to one partner, and **Condoms use**). They instead prefer to use **C** to promote condom use among commercial sex workers (CSW) who they believe are more vulnerable. However, condom promotion could be used as the last option among the youth population. The Zonal Health Office has prioritized the prevention and control of HIV/AIDS, and says that voluntary counseling and testing is one of the foremost strategies used by health facilities that falls within the domain of Jimma Zone of which Higher-2 and Jimma health centers are integral part. (8)

1.1.4 Statement of the Problem

Voluntary counseling and testing for HIV has played a significant role in HIV prevention. For people with HIV infection, VCT acts as an entry point to care and support. VCT also provides people with an opportunity to learn about and accept their HIV sero-status in a confidential manner backed by counseling and referral for ongoing emotional support and medical care. Counseling and testing can also be provided to couples who wish to attend sessions together. (9) The low uptake of clients (as evidence by the drop in the average number of clients tested daily from 15-20, now 5-10) coming for HVCT despite the increase in IEC activities has been of serious concern to Authorities of Jimma Zonal Health office and the two Health centers.

1.2 Overview of the Program

1.2.1 Program Description

Voluntary counseling and testing is initiated by clients seeking to know their HIV status. HIV testing in the context of VCT is considered public or social testing and constitutes prevention strategy. Client-initiated HIV counseling and testing is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. (10) VCT is being delivered in a variety of models including integrated into health facilities, stand-alone facilities outside health institutions, through mobile services, and in Community-based settings. (11)

The national HCT guidelines were first published in 2002, and updated in 2007. However, new information as well as evidence based best practices has become available to make counseling and testing more effective and accessible. (1)

1.2.2 National Response to the HIV/AIDS Epidemic

Ethiopia responded to the HIV/AIDS epidemic as early as 1985. The Federal Ministry of Health and the HIV/AIDS Prevention and Control Office developed an HIV/AIDS policy, different guidelines (PMTCT, ART, IP, VCT, etc) and strategic documents to create an environment conducive for the implementation of HIV prevention, treatment, care, and support programs. As part of this effort, the first counseling and testing guidelines were published by the Federal Ministry of Health in 1996 and the second edition in 2002 which was revised, and published in 2007 and is currently in use. (1)

The government of Ethiopia was very instrumental in the fight against the HIV/AIDS epidemic. There were collective efforts from many actors, notably the government through the Federal Ministry of Health, multilateral and bilateral partners, international and local NGOs, associations of PLHIV, FBOs, CBOs, the private sector, and individuals, united in the fight against the epidemic. Different strategies and authorities were established in the country to fight against the epidemic. In 2001, the government launched a strategic framework for the national response to HIV/AIDS for 2001-2004; the strategic framework articulated a multi-sectoral approach which led to the establishment of national, regional, district and kebele-level coordinating bodies. (12) In July 2002, the Federal HIV/AIDS prevention and control Office (FHAPCO) was established as the executive arm of the National AIDS Council.

In December 2004, Ethiopia developed a National strategic plan for intensifying multi-sectoral HIV/AIDS response. The developing of five year plan (2004-2008) was geared towards enhancing and strengthening the ongoing multi-sectoral prevention and control activities. The strategic plan outlines the vision, mission, goals and guiding principles of the national multi-sectoral response to the HIV/AIDS epidemic. (13)

1.2.3 Stages of VCT Program Development in Ethiopia

HIV Voluntary Counseling and Testing commenced in the latter part of 1980-EC (1987) in Addis Ababa, the capital of Ethiopia. In the early 1990's, VCT services started to expand gradually, and efforts to prevent and control the spread of the epidemic saw the conductivity of several national level training for Nurse-counselors and Social workers.

An assessment conducted in September 2000 showed that about eighty VCT sites were established through-out the Country both in government and private health facilities. The number of government facilities was by far lower than those of private sector, and most of these facilities were initially established in the capital, Addis Ababa and other major urban areas. A massive scale up of VCT sites/centers occurred over the following years thus leading to an increase from 80 VCT centers in 2002 to 1005 in 2008. (14) However, the number of sites providing HIV counseling and testing in 2009 has increased to 1,823 public and private health facilities. (7)

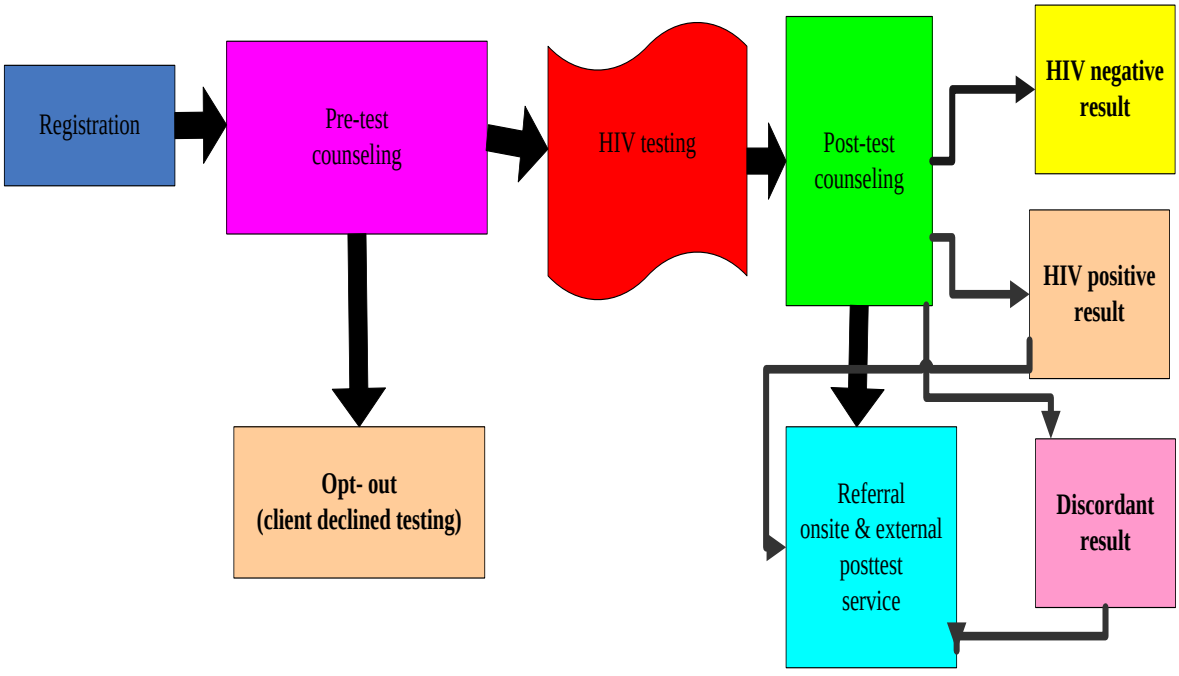


Figure 1: A Flowchart of the Process of a HIV Voluntary Counseling and Testing Program.

Source: Ethiopia HIV Counseling and Testing Guidelines

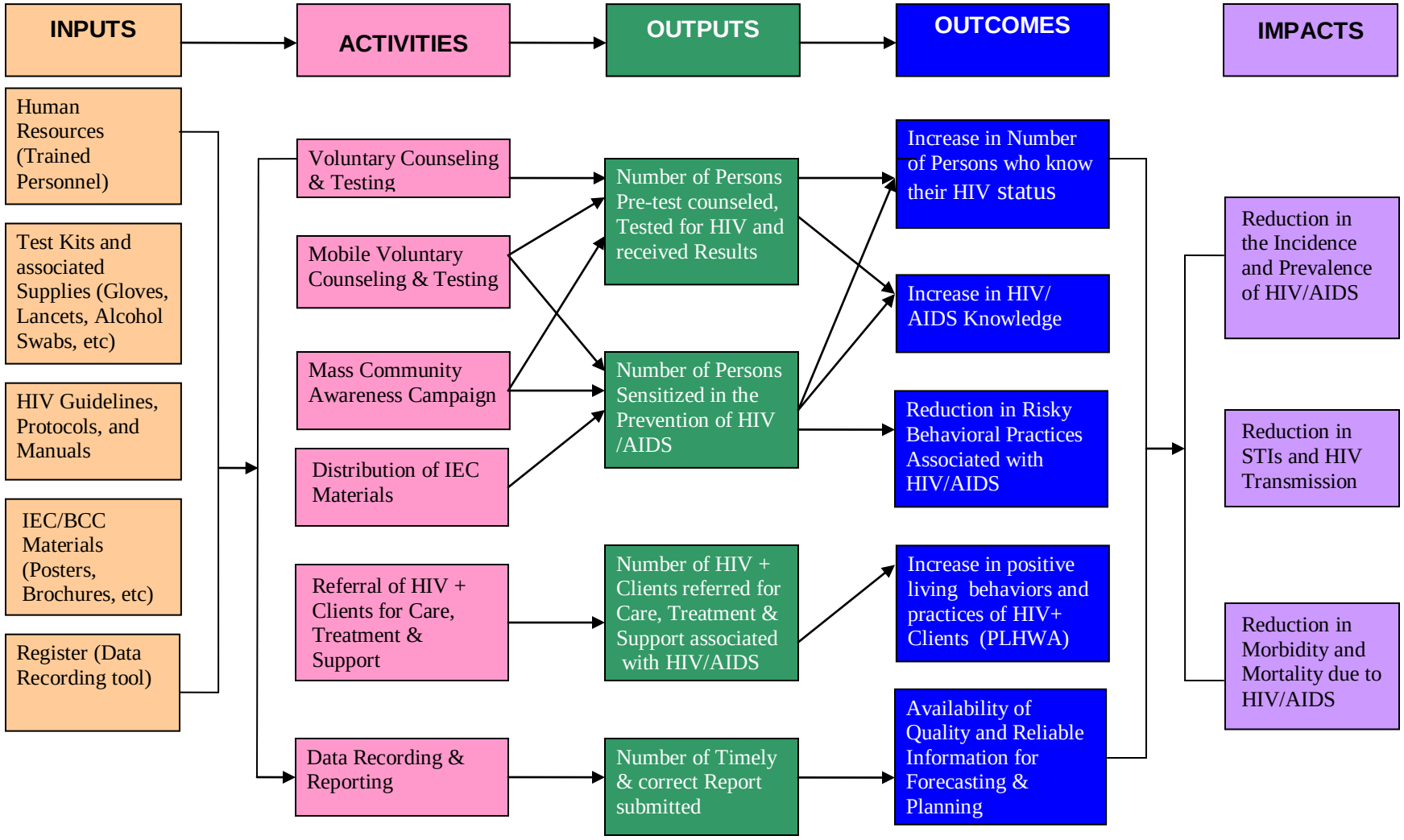
1.2.4 Logic Model of the Program

The logic model of a program is intended to exhibit the progression or succession of activities that show what the program is about and what it is intending to do. It is a methodical, orderly and visual way to present and share a common understanding of the logical linkages with respect to program resources, activities, outputs, outcomes and impacts. (15) Basically, the logic model of a VCT program is more or less the same at many facilities implementing the service. In the case of the two health centers (Jimma and Higher-2), they are both governed by the same authorities (Jimma Zonal Health Office) hence they share the same logic model.

Figure 2: Logic Model of Voluntary Counseling and Testing (VCT) Program

Problem Statement: Voluntary Counseling and Testing remains the best option for creating awareness and sensitization for the prevention and control of HIV and AIDS in our Global Village. Public perception towards HIV/AIDS has improved over the past years. However, the low uptake of clients coming for HVCT despite the alleged increase in IEC activities has been of serious concern to Authorities of the Zonal Health Office and authorities of the health centers.

Goal- Reduction in the incidence and prevalence of HIV and AIDS through Voluntary Counseling and Testing.



1.2.5 The Program Context

Voluntary counseling and testing is one of the programs that Jimma and Higher-2 health centers are providing the public under their health services delivery program. The facilities are located within the heart of Jimma Town, and operate under the direct supervision of the Zonal Health Office, which reports to the Oromia Regional Health Bureau. Jimma Health Center caters to an estimated population of 50,000 people, and HIV Counseling and testing commenced in 2004 at the facility. Higher-2 health center commenced voluntary counseling and testing in 2005. It caters to an estimated population of 41,958. With respect to HIV services the facilities are providing the following: VCT, PMTCT, PIHCT, STI prevention and treatment, condom promotion and distribution, including other HIV related services. However, one of the two facilities (Jimma health center) is also providing ART and OI services. (16)

1.2.6 The Goal and Objectives of Program Intervention

Although the goals and objectives of counseling and testing programs may vary from one country to another and from one program to another, in general, voluntary counseling and testing pursues two interdependent objectives which are:

- To enable clients to plan and cope with issues related to HIV/AIDS; and
- To facilitate preventive behavior. (17)

Goal: To reduce the incidence and prevalence of HIV/AIDS through Voluntary Counseling and Testing.

Objective: To ensure that at least 80% of clients opting to do voluntary counseling and testing are tested for HIV by the end of the period 2009/10.

1.3 Rationale for the Evaluation

Voluntary counseling and testing services require continued comprehensive evaluation to help adapt the service in response to evolving knowledge, clients' needs and improved technology. (17) The basis for this evaluation is to address whether factors that are responsible for the low uptake of clients are imbedded in the way the services are being

implemented at these facilities. The result of the findings will therefore lead to suggestions and recommendations that will improve the process of VCT implementation.

The evaluation at these health centers was needed because no evaluation has ever been conducted for either of the two before. Furthermore, during our meeting with key stakeholders the initiative to conduct an evaluation was highly welcomed. It is expected to produce results that will inform the design, implementation, and improvement of the VCT programs at the two health centers. In order for a program to attain these achievements, one must take into account the program's objectives. This evaluation addresses two main areas most relevant for providers and policymakers. They are:

- **Service delivery**-How well voluntary counseling and testing is provided in compliance with the FMOH Counseling and Testing Guideline and Protocol. (17)
- **Service Utilization**- How well VCT clients are making use of the service.

2. STAKEHOLDERS DESCRIPTION/ CONSULTATION

2.1. Stakeholders Description

Stakeholders are those authorities that coordinate the activities of a program and ensure that resources are allocated to keep the program operational/functional. They also ensure that the goals and objectives of the program are reasonably accomplished. Stakeholders' participation in the description of the program to be evaluated is very crucial to the evaluation, and as such, it ensures a clear understanding of the program's activities. Stakeholders may be perhaps more useful by contributing to the evaluation design to ensure that key questions that are of most significance to their organizations and the program are considered and included. Perceptibly, stakeholders view points may manipulate/persuade every step of the evaluation.

2.2. Stakeholders Identification and Involvement

The role of stakeholders in the success of this evaluation was very important and as such should not be over-emphasized. The identification of stakeholders was an initial process that led to a meeting between the Principal Investigator and the various actors during

which the stakeholders express their areas of interest and roles they will play in the evaluation. It is worth noting that the Stakeholders were identified through discussion with the Zonal Health Office. The Zonal Health Office and the Administrations of the Jimma and Higher-2 Health Centers are the key stakeholders of the VCT programs at two health facilities.

Government Stakeholders:

- Women and Children Affairs
- Youth and Sports
- Education Office (did not attend meeting)

Private NGOs:

- Organization for Social Services for AIDS (OSSA)
- Facilitator for Change-Ethiopia (FCE)

Other stakeholders that are said to also be directly involve in HIV program implementation at the health center level such as: MSH, PFSA, Medan Act, DKT Ethiopia, and Learn Ethiopia did not grant us audience neither did they attend any of the formal and informal meetings.

Key Stakeholders:

- Jimma Zonal Health Administrative Office
- Jimma Health Center
- Higher-2 Health Center

2.3 Communication with Stakeholders

We were privileged to engage some key Stakeholders and Partners named by the Zonal Health Office and the Administration of the Health Centers. As a means of communication, we held formal and informal meetings with stakeholders. However, for some we were unable to meet either due to their busy schedule or they were just not available.

2.4 Roles of Stakeholders in the Evaluation and the Program

Each category of stakeholders played various role with respect to the implementation of the program. They participated in the evaluation assessment and played unique roles during the evaluation process. These organizations implement and conduct HIV/AIDS community mobilization, sensitization and awareness campaigns, facilitate NGOs activities, and work with the Zonal Health Office through the problem identification city Committee. For the likes of NGO partners in program's implementation they collaborate with these public organizations to provide training for street and orphan children, financial support and vocational training for PLWHAs, reproductive health and nutrition support for women, mobile voluntary counseling and testing, care and support programs, among others. The Zonal Health Office coordinates all health related programs and activities of stakeholders and partners. The Zonal Health Office and authorities of the two health facilities were technically involved in the identification and formulation of the evaluation questions and the program description during the evaluation process.

During the evaluation communication was re-established with the stakeholders by paying visits at their offices to ascertain their views about evaluation process and comments on the findings derived from both the quantitative and qualitative data tools. Public organizations such as Women and Children Affairs, Youth and Sports, among others, said they will use the findings and recommendations thereof to enhance their programs.
However, the stakeholders' assessment and engagement matrix below only include the names of stakeholders that we met and cooperated with us.

Table 1: STAKEHOLDER ASSESSMENT AND ENGAGEMENT MATRIX (Jimma and Higher-2 Health Centers)-January, 2011

STAKEHOLDER	ROLE IN THE PROGRAM	ROLE IN THE EVALUATION	INTEREST OR PERSPECTIVE ON EVALUATION
1.Facilitator for Change Ethiopia (FCE)	• Provides training for street and orphan children • Nutritional support • Sanitation • Reproductive health • Indirectly work with the Health Centre	Supports the evaluation but decline to state or play direct role	Use findings and recommendations to improve services
2.Youth and Sports	• HIV/AIDS Community mobilization and awareness creation	Helped provide information to the evaluation Team on areas where HIV/AIDS awareness have occurred	Use findings to increase the coverage and utilization of the programs
3. Organization for Social Services for AIDS (OSSA)	• Conduct PMTCT • Mobile VCT • Care and Support program • Prevention activities • Workplace interventions • Provide financial support to PLWHA • Vocational training for PLWHA	Will work with evaluation Team by providing reports on mobile HVCT and other activities of the Organization as may be needed by the evaluation Team	Use the findings to improve services and coordination with Jimma and Higher-2 Health Centers, and the Zonal Health Office
4.Women and Children Affairs	• Mobilization and community sensitization on HIVAIDS, • Facilitation of the NGOs • Problems Identification with the City Health Committee	Provide information on NGOs directly and indirectly involve in HIV activities and their location to the evaluation team	Interested in the evaluation findings and hope to use results for program improvement
5.Jimma and Higher-2 Health Centers	• Implementers of all the various Health programs offered by the two Health Centers	Recommend evaluation of the program; was directly involved in the evaluation, including defining evaluation questions	Would like to identify the gaps in program implementation, and believe that findings from the evaluation will help to improve and strengthen program coordination and implementation
6. Zonal Health Office (ZHO)	• Coordinators of all health programs • Coordinates all activities of stakeholders and partners	Involved in defining evaluation questions, and program description	To identify the gaps and hope that findings from the evaluation will help to improve programs implementation

3. Literature Review

Existing literature on counseling and testing is almost exclusively composed of reports on studies that have tried to assess the effects of VCT on behavior, with before and after intervention evaluation as the most commonly used study design. Very little in the literature addresses issues such as **'how well the service is provided?'**, **'how is the service perceived both by the clients and providers?'**, or **'how cost-effective the service is as provided?'** This scarcity of information is unfortunate because people affected by HIV/AIDS want and need HIV counseling and testing services for future planning (including planning for marriage and children), emotional support, medical services, and other referral services. As such, VCT services require continued, comprehensive evaluation to help adapt the service in response to evolving knowledge, clients' needs, and technology. (18)

Counseling and testing for HIV was first started in USA in 1985, at that time little was known about the prevalence of HIV/AIDS and its natural history. The counseling service was designed to help persons to cope with the consequences of positive test and interpret the meaning of positive and negative results. (19)

The severity and magnitude of HIV/AIDS epidemic has been known since 1987 and HIV counseling and testing service was expanded in the United States. Every person visiting a clinic for sexually transmitted infections, family planning, childbirth and substance abuse were counseled and tested to reduce their risk for HIV transmission. (19)

Although the effectiveness of Voluntary Counseling and Testing intervention in changing people's behavior to reduce the risk for HIV infection had since been under debate until recently, VCT is already a major component of HIV prevention and care programs of most developed countries and is being promoted in many developing countries. (17)

A range of studies conducted in different settings indicate that sex, race, education, occupation and risk perception are the main determinant factors for seeking HIV testing, but the results were inconsistent across studies. (20)

Most HIV infection in sub-Saharan Africa occurs due to heterosexual intercourse between couples in a relationship. Women who are infected by an HIV positive partner risk infecting their infants in turn. Despite their importance as social contexts for sexual activity and HIV infection, couple relationships have not been given adequate attention. Studies done in various parts of Africa revealed that VCT is associated with reduced risk behaviors and lower rates of sero-conversion among sero-discordant heterosexual couples. Increased attention on couple-focused VCT services provides a high leverage HIV prevention intervention for African countries. (20

Counseling and testing protocols may vary from one program to another based on the goals and objectives of the program. However, whatever the approach taken, the VCT intervention must be regularly evaluated to determine whether it is provided in accordance with the pre-determined protocol and whether it satisfies clients' needs. Results or findings from an evaluation or research can be used to improve the quality of the service provided. Counseling adequacy is defined by the main components and characteristics of voluntary HIV counseling. (17) An analysis of the answers to these questions will provide feedback to be used in improving the quality of the service provided.

The testing protocol for a VCT service must be designed to reach maximum reliability and validity in accordance with local conditions, such as the type of equipment available, local HIV sero-prevalence, and the resources available to acquire the recommended test kits. The testing protocols used in VCT programs must be examined against the testing strategies for HIV. (17)

However, there is now increasing support for expanded programs of voluntary counseling and testing to enable people to cope with issues related to HIV/AIDS, to encourage

preventive behaviors, and to facilitate access to care and support services for people who test positive for HIV. To ensure continued quality and inform programmatic improvement, evaluating VCT services must be an ongoing process that is integrated into the implementation of the service from the beginning. Evaluative activities will be determined on the basis of program objectives and the available funds for evaluation. (17)

Documentation in VCT centers in Addis Ababa has shown that both couples already in union and couples preparing to be married visit the centers. In a report on VCT centers in Addis Ababa run by CARE International, it was indicated that out of the 2,179 clients who accessed VCT services, 9.4% were couples. (21) Another study in Addis Ababa revealed that 106 (11.1%) of the 953 people attending VCT sought the service as a prerequisite before marriage. (22) Data analysis among 7,773 people attending VCT at Bethzatha Clinic (also in Addis Ababa) showed that the reason for testing given by the majority was to know their status while only 10% of them sought the services as pre-marital check ups. (23)

For practical and operational purposes, the evaluation of VCT interventions should focus on key service aspects, such as service use, the adequacy of counseling and testing protocols, staff performance, and service accessibility, and should use complementary sources of information that provide different perspectives on the various service performance aspects. These sources include VCT staff and service records, client surveys, direct observation of VCT service provision, and population surveys in the community reached by the program. Special emphasis must be given to ensuring the confidentiality of sensitive information revealed by clients or VCT staff. The data collected must be analyzed and used to ultimately provide feedback to all interested parties at different levels (from the staff to the central authorities) and the methodology used must be carefully selected taking in account program priorities and available resources. (17)

Program outcomes related to behavior change, stigma reduction, and community support should be assessed periodically to determine the extent to which voluntary counseling and testing services have achieved their intermediate program goals and objectives. Measures of the long-term program impact should include trends in mother-to-child transmission of HIV in women of childbearing age because voluntary counseling and testing services play an essential role in interventions designed to reduce this mode of HIV transmission. (17)

4. OBJECTIVES OF THE EVALUATION

4.1 Evaluation Questions:

1. Are there sufficient resources to provide VCT services at Jimma and Higher-2 health Centers?
2. Is HIV counseling and testing (pre and post test counseling, and HIV testing) conducted according to the FMOH HCT guidelines? If not, why?
3. How is VCT service provision viewed by service providers and the clients?

4.2 General Objective:

To assess the implementation of the VCT Program at Jimma and Higher-2 health Centers in Jimma city, with respect to compliance to the HIV counseling and testing guidelines of Ethiopia, the availability of resources, and the perceptions of clients and providers on VCT services provided.

4.3 Specific Objectives:

- To identify the resources available and those required for the smooth operation of a VCT Program.
- To assess the compliance of HVCT services at both facilities to find out whether they are carried out as enshrined in the guidelines
- To ascertain the opinions of clients and service providers with respect to VCT services provided by both facilities.

5. EVALUATION METHODOLOGY

5.1 Study area

The study area was Jimma Town where both of these health facilities are located. The health centers operate under the direct supervision of the Zonal Health Office Authorities, which report to the Regional Health Bureau and the Federal Ministry of Health of Ethiopia. The Oromia Region where Jimma town is located has a population of 27, 158,471 inhabitants and has an area of 15,568.58 square kilometers. Jimma town has a population of 120,600 (EDHS-2005). Jimma Health Center caters to an estimated population of 50,000 people; whereas, Higher-2 health center caters to an estimated population of 41,958 including three Kebeles (Hermata Marketo, Hermata Mentina, and Bocho Bore).

5.2 Study Period

The study period was from January 10-31, 2011.

5.3 Evaluation Focus and Approach

The evaluation focused on the process of implementation of the various components of a VCT program. Process evaluation was used to explore or investigate how well the VCT services at Jimma and Higher-2 health centers are being offered. We investigated as to whether VCT services are provided according to the FMOH HIV counseling and testing guidelines which ensures the availability of required resources (logistics and trained personnel) and needed consumables and supplies, and clients and providers perceptions of the services to include confidentiality, convenience, etc.

The approach of this evaluation was Formative. A formative approach was used in that the intended purpose for this evaluation was to identify gaps in the implementation of the VCT program and make recommendations that will be used by stakeholders to improve program performance, with respect to what was not working well and needed to be improved; how they could be improved, and what was actually working but also may need some improvement. The primary users of the findings of this evaluation shall be the Jimma Zonal Health authorities and the two health centers. Findings from this evaluation

are expected to be used for the improvement of the VCT programs at both facilities. It will help managers and stakeholders make informed decisions that will positively affect the program.

5.4 Evaluation Design

A facility based multiple case study design was used with the application of both qualitative and quantitative methods. This design allows the investigator to maintain holistic and meaningful characteristics of actual life process. (24) We chose to use the case study method since the program needs to be explored, described, and explained in details since its focus is process. Case study is an ultimate/ideal methodology when a holistic and in-depth investigation is needed. (25, 26)

5.4.1 Source Population

The source population included all VCT clients that have visited the two health facilities, Program managers, local organizations, and documents related to the VCT program including the VCT Register. According to authorities at the facilities, the total source population of both VCT sites is approximately 91, 958.

5.4.2 Study Population

The study population included all VCT clients visiting the two health facilities during the study period, Counselors' and Managers, and all other documents including data records.

5.4.3 Study Unit

The study unit was VCT clients coming to be tested for the first time, counselors and managers, and the VCT program documents. Jimma and Higher-2 Health Centers was the unit of analysis.

5.4.4 Sampling Techniques and Sample Size

5.4. 4.1 Sample Size Calculation

To determine the sample size for the quantitative component of this evaluation study, we used single proportion formula to calculate the sample size for the client's exit interview.

We then used proportional allocation to sample size to divide the sample size between the two centers. It is worth noting that the health centers were selected based on convenience. The inclusion of all health facilities within Jimma Zone would have meant an increase in data collectors, and the budget. Another main reason was time constraints.

We used 50% as p-value because there was no based line data at both facilities owing to the fact that no evaluation study had ever been conducting for either of the two sites. It is statistically acceptable to use the hypothesis where the probability (p) can be applied as 50% 0r 0.5 in the absence of a p-value.

$$n = \frac{Z^2_{\alpha/2}}{E^2} P(1-p)$$

Where:

'n' equals the required sample size of client respondents for the study

'P' equals = 50% or 0.5 (proportion of clients that are satisfy with the service)

'E' equals the acceptable errors margin in the sample = 5% (0.05)

Z1-α: the z-score corresponding to desired level of confidence = 95 %(1.96)

Therefore,

$$n = \frac{Z^2_{\alpha/2}}{E^2} P(1-p) = \frac{1.96^2 \times 0.5(1-0.5)}{0.05^2} \approx 384$$

5% of 384 clients for non-respondent rate is 19. However, we didn't reduce our sample size by subtracting the non-respondent rate because we strongly felt that we were going to succeed in getting the number of respondents due to the technique we adopted which was using the counselors as "Gate keepers", and the length of time (4 weeks) we budgeted for the conduction of clients' exit interview.

A total of 384 client's exit interviews were conducted at the two health centers, 168 at Jimma Health center and 216 at Higher-2. This proportion was determined by the 2002-EC quarter-4 VCT reports of the two health centers as explained below.

Using proportion allocation to size, we use the number of clients tested in Quarter-4 at both centers as X and Y to obtain the number of clients to be interviewed at each site.

x= # of VCT clients at Jimma health center in Q-4 (819);

y= # of VCT clients at Higher-2 health center in Q-4 (1056)

n1= # of client to be interviewed for Jimma health center

n2= # of clients to be interviewed for Higher-2 health center

n1+n2=384; So: n1=384*x/x+y; and n2=384*y/x+y

n1=384*819/819+1056
n1= **168**

n2=384*1056/819+1056
n2=**216**

5.4.4.2 Sampling Technique

Document Review: We went through the VCT Register and reviewed the records of all clients tested in 2009. Every client that went through pre-test counseling and testing are given a card (an evidence that they have been tested) which they show when coming for post-test and receiving their test result. Those tested HIV positive were referred to the ART unit where they were enrolled into chronic care, and/or treatment. As a part of document review, we thoroughly went through the counseling protocols and guidelines so as to compare the procedures carried out at the facilities and those of recommended FMOH and UNAIDS/WHO standards.

Client Exit Interview: With respect to how respondents were selected, all VCT clients that met the inclusion criteria and were tested for HIV the first time were selected once they consented. Client exit interview was exclusively concerned with client's perception (satisfaction) about the services being provided, which addresses the acceptability dimension. (27) Eligible clients were those visiting the two centers within the designated data collection period of 4 weeks who were either 15 years or above. Owing to the

respective number of clients that were interviewed at each facility, data collectors work closely with the counselors to interview the clients until the required number was obtained.

Observation: Days for observation of counseling sessions were selected at randomly (two times in a week) for each of the two sites, and the counselors were not told the days the Team was going to observe counseling and testing proceedings. Eight counseling sections were observed at each of the facilities. Though the UNAIDS standard tool for VCT assessment says that at least 3-5 sections must be observed. We decided to do eight observations so as to have a considerable amount to judge. Observation of counseling sections is necessary in order to give the Principal Investigator or his supervisor the opportunity to check whether the process is done according to the counseling guideline.

5.5 Data Collection Techniques

The evaluation used mixed method which means the complementarity of both quantitative and qualitative data, to produce findings and results of the study.

5.5.1 Quantitative Methods

Clients exit interview and document review were the two techniques used to collect data for the quantitative method.

5.5.1.1 Clients Exit Interview

Using structured interview questionnaire, VCT clients that have gone through pre/post-test counseling were interviewed regarding their perception about the services deliver with respect to waiting area, waiting time, privacy and confidentially, among others. This was intended to assess the process of VCT implementation considering acceptability of the service at the two health centers. The questionnaire was produced in three folds. Namely: English, Amharric, and Oromifa languages to make the process of data collection smooth.

5.5.1.2 Documents Review

Quarterly work plan, annual work plan and the VCT Register were thoroughly reviewed with emphasis on 2009/10 calendar year. The work plan specified the number of clients targeted to be tested in each of the four quarters, while the VCT Register carries the variables (age and sex), information about whether the client went through pre-test, accepted the test, post-test, the results, among others. The Principal Investigator with assistance from one of his data collection supervisors reviewed these documents.

5.5.2 Qualitative Method

To gather qualitative data in-depth interview of service providers and observation of counseling and testing sessions were the two techniques used.

5.5.2.1 Expert/ In-depth Interview

In-depth interview questionnaire was used to interview managers and counselors of the two health centers. Earlier, we had planned to interview six persons (2 managers, 2 VCT supervisors, 2 counselors), three at each facility but could only interview four as both facilities do not have VCT supervisors, instead the managers are playing that role. Michael Quinn Patton said "the Researcher is the best instrument to undertake qualitative investigation/inquiry". (28) Owing to this, all in-depth interviews were done by the Principal Investigator.

5.5.2.2 Observation Checklist

A checklist was used to observe counseling proceedings between the counselor and clients. A checklist was also used to check the availability of resources with respect to the minimum required standards set by the FMOH HCT guideline in line with WHO/UNAIDS required standards, including test kits, consumable supplies, and condition of both waiting area and counseling room, number of chairs, among others.

5.6 Evaluation Dimensions

Program evaluators may assess programs based on several dimensions to determine whether the program is working or not. However, process analysis looks beyond the theory of what the program is supposed to do and instead evaluates how the program is being implemented. This evaluation focused on the implementation of VCT program using three dimensions: Availability, Compliance, and Acceptability.

- **Compliance**: mainly focuses on the existence and application of procedures and standards of HVCT according to the guideline. This evaluation looked at how the protocol is adhered to during the provision of services, and counsellors' performance in conformity to the HCT guidelines and protocol.

- **Availability:** has to do with the presence of resources and infrastructure for HIV voluntary counseling and testing services. Such as: counsellors, laboratory technicians, test kits, physical space, guidelines, formats and other supplies. Roy Perchansky described availability as a sub-dimension of access. (29)

- **Acceptability**: has to do with clients' views on satisfaction with services being provided. They include waiting time/area, pre-test counselling, testing and post test counselling, among others. Acceptability is also concern with the appointment system, working hours, and privacy and convenience of the counselling and testing rooms. Roy Perchansky defined acceptability as the relationship of clients' feelings and thoughts about personal and practice attributes of providers to the actual attributes of providers, and also providers' attitudes about acceptable personal attributes of the clients. (29)

5.7 Ethical Issues

Prior to the conduct of this evaluation an ethical clearance was obtained from the Ethical Clearance Committee of the College of Public Health and Medical Sciences, Jimma University. The Jimma Zonal Health Office Authorities also gave us their support and officially informed partners and other stakeholders. The two health facilities had already

been working with us since the Evaluability Assessment in early 2010. The issue of getting clients to endorse the "written consent" form is a significant aspect of HIV voluntary counseling and testing, and an international ethical norm. Some information on the process was provided to the clients to help them reach a decision. Written consent was secured from the study participants by mentioning the purposes and objectives of the evaluation. Clients' confidentiality was assured by not recording their names on the interview questionnaire. The interviewers were trained to respect the respondents' comments, values, and beliefs.

5.8 Matrix of Analysis and Judgment

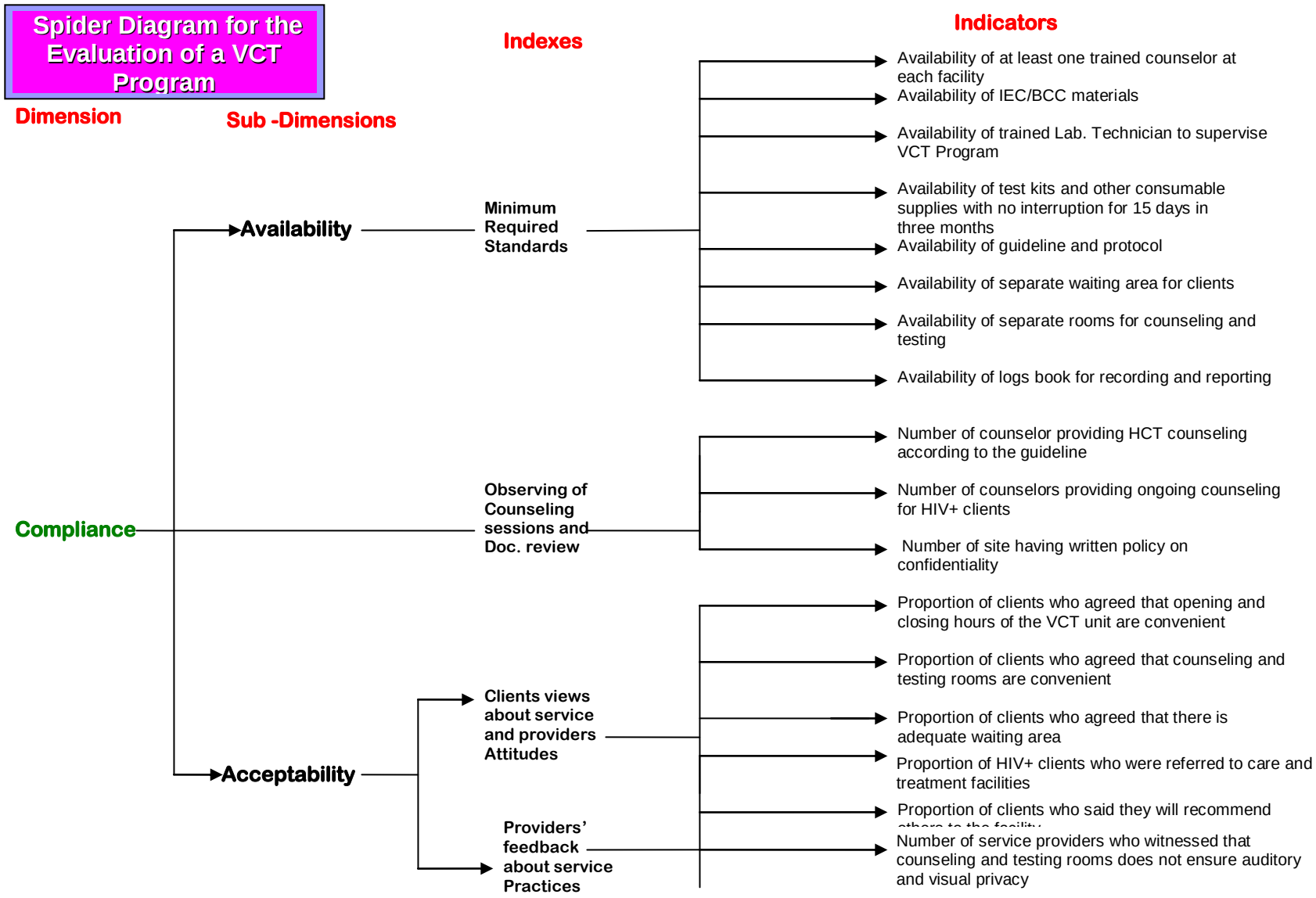
In this study three dimensions were used (Availability, Compliance, and Acceptability), along with twenty-one indicators (Availability-8, Compliance-4, and Acceptability-9). The three dimensions are directly related to each of the three evaluation questions that the evaluation seeks to address. The three dimensions are also imbedded within the general objective and are also directly related to each of the three specific objectives.

Indicators specified under each of the dimension were used to judge the performance of the voluntary counseling and testing program at both health centers with respect to findings for the evaluation questions. The scores for our parameter of judgment were classified as follows: <50 = Poor: meaning the facility performance was critical; 50-69=Fair: means the performance was midway or at average level; 70-79=Good: the facility was doing fine but improvement could lead to a PLUS; 80-89=Very good, interpreted as the performance being a PLUS; 90-100= Excellent, the facility was performing above average or SURPLUS (Extra).

Based on a consensus reached by the Principal Investigator and the key stakeholders, the judgment matrix was allocated a total of 300 points, 100 points for each of the three dimensions. However, the indicators did not carry equal weights. They were weighed according to their significance to the program implementation. The Availability dimension is composed of 8 indicators. Three of those indicators were given more weights than the rest. Having a trained counselor at every VCT site is paramount to the smooth operation of the program so that indicator was weighted 20 points, and the next

two were weighted 15 points each since in the absence of test kits and other consumables supplies clients could not get tested, and having separate counseling and testing rooms can ensure confidentiality and privacy. For Compliance, observation of counseling sessions was judged separately and given half (50%) of the total weighting for that dimension. Two of the four indicators were weighed 15 points each due to their importance. The provision of HIV counseling and testing in accordance with the guideline and ensuring that HIV positive clients are referred for care and treatment are very crucial issues. Acceptability has 9 indicators (7 centered around clients views about the program and 2 has to do with feedbacks from providers based on findings from clients). Two of the 9 indicators were given more weight (20 points each) over the rest. Clients responds concerning confidentiality and privacy, and ensuring that clients tested HIV positive are appropriately counseled and referred to a care and treatment unit or institution helped to promote the prevention and control mechanisms of the program.

The validity and reliability of the cut off points in the parameter of judgment used in determining results of the three dimensions was established based on the program that was being evaluated. For voluntary counseling and testing program the cut off point at which impact is determined is higher than that of prevention from mother to child transmission (PMTCT) and anti-retroviral therapy (ART) programs, among others. This is so because VCT uptakes have high ceiling/expectations due to the promotion and dissemination of IEC/BCC messages which are intended to attract and encourage people to do HIV voluntary counseling and testing. The monthly, quarterly, and yearly coverage of VCT program has reportedly been high in Sub-Saharan Africa as compare to other intervention programs. It was against this backdrop that we gave a high cut off points to the scores used in the parameter of judgment for the three dimensions.


Spider Diagram for the Evaluation of a VCT Program
Dimension
Sub -Dimensions
Indexes
Indicators
Compliance
Availability
Minimum Required Standards
Availability of at least one trained counselor at each facility
Availability of IEC/BCC materials
Availability of trained Lab. Technician to supervise VCT Program
Availability of test kits and other consumable supplies with no interruption for 15 days in three months
Availability of guideline and protocol
Availability of separate waiting area for clients
Availability of separate rooms for counseling and testing
Availability of logs book for recording and reporting
Observing of Counseling sessions and Doc. review
Number of counselor providing HCT counseling according to the guideline
Number of counselors providing ongoing counseling for HIV+ clients
Number of site having written policy on confidentiality
Acceptability
Clients views about service and providers Attitudes
Proportion of clients who agreed that opening and closing hours of the VCT unit are convenient
Proportion of clients who agreed that counseling and testing rooms are convenient
Proportion of clients who agreed that there is adequate waiting area
Proportion of HIV+ clients who were referred to care and treatment facilities
Proportion of clients who said they will recommend
Providers' feedback about service Practices
Number of service providers who witnessed that counseling and testing rooms does not ensure auditory and visual privacy

5.9 Data Collection Tools and Instruments

Data collection tools and instruments used during the implementation of this evaluation research were adopted from ***UNAIDS tools for evaluation HIV Voluntary Counseling and Testing-2000***.(27) Data collection tools and instruments used were as follows: Counselor's Interview Guide, Coordinator/Supervisor's Interview Guide, Checklist for Equipment, Supplies, and service delivery minimum standards, Checklist for observation of counseling session, Client's Exit Interview Questionnaire, and FMOH HIV/VCT Guideline and Protocol. Some adjustments were made to the Client's Exit Interview questionnaire after the completion of pre-testing. This was intended to make the questions more close-ended. Data were collected using Semi-structured Questionnaire, Structured Questionnaire, Checklists, and revision of documents including VCT and ART Registers, Quarterly and Annuals Reports and work plan-2009/10.

5.10 Data Management and Analysis

5.10.1 Pre-testing of Data Collection Tools

The significance of pretesting data collection tools is to determine the appropriateness, consistency, and the relevance of the tools. Data collection instruments were pre-tested at Jimma Specialized Referral Hospital in Jimma Town before the commencement of the evaluation. Data collection instruments were modified based on comments and result from the pre-test. 19 VCT clients which is equivalent to the 5% of the calculated sample size of 384 was the number of clients that were pretested.

5.10.2 Data Quality Control

Supervisors and Data collectors were provided training for two days on the content of the data to be collected, ethical issues to be addressed during the gathering of data, how to communicate with respondents, and on the use of data collection guide and tools. Supervisors were also trained on the contents to be covered by data collectors, and on how to manage data collection process and way to monitor the quality of data. The two supervisors were BSc nurses and the four data collectors were senior nursing students at Jimma University.

The quality of data during a survey, research or an evaluation is very significant to the interpretation of the findings from said study. The quality of data collected during the study period was assured as appropriate training of interviewers and supervisors, pre-testing of the questionnaire, and close supervision of the data collectors were properly conducted. To ensure thorough editing, questionnaires were examined for completeness and consistency each day after data collection. The Principal Evaluator along with the two supervisors was charged with the responsibilities to edit the data daily. Data entry and analysis were carried out using the original documents. Backup for electronic copy has been stored in a flash drive and in Compaq disk.

5.11 Inclusion and Exclusion Criteria

5.11.1 Inclusion Criteria

All VCT clients tested for HIV for the first time were eligible to participate in the client exit interview. HIV counselors and coordinators/ Health managers, were included in the study.

5.11.2 Exclusion Criteria

All clients less than 15 years old, the chronically ill, who were unable to provide information, and clients making a second visit were excluded.

5.12 Operational Definitions

1. **Counselor**: An individual who conducts HIV counseling activities at the VCT site.
2. **Expert**: A VCT Counselor and a VCT Manager who work at the selected VCT sites.
3. **VCT Client**: A person who voluntarily comes to the VCT center to receive counseling and testing services in order to know his/her HIV status.
4. **Client's Perception**: Clients feelings about the environment and the manner in which VCT services are being delivered at the health facility.
5. **Service Provider**: a health worker or social worker who is working with the VCT program, and/or other unit within the health facility

6. **Gatekeeper:** a name given to the role played by counselors who serve as middle man or intermediary between VCT clients and the evaluation Team

5.13 Evaluation Dissemination Plan

The final draft document will be distributed to the key stakeholders for their comments after completion of the study before presenting the document to the responsible University authorities. We will then present same to the Department and comments will be incorporated before dissemination of the final report/document. After the approval of the thesis, copies of the final document will be distributed to key Stakeholders and authorities of Jimma University. With support from our Professors, we hope to publish this study in a journal.

6. RESULT OT THE EVALUATION

6.1 Socio-demographic Characteristics of Clients Interviewed- January 2011

The sex distribution of the study population shows that 229 (59.6%) were women. Most of the clients (81.8%) were residents of Jimma Town. With respect to religion, 162 (42.2%) were Orthodox. According to ethnic grouping 165 (43%) were Oromo. Regarding their marital status most clients were single 255 (66.4%). Majority 159 (41.4%) had secondary education, and 129 (33.6%) were students by occupation. Majority 233 (60.7%) were youth age 15-24 years. The ages of clients interviewed ranges from 15-65 years with a mean of 24.6.

In table 2 below under socio-demographic characteristics of VCT client, the word "Others" under ethnicity variables refer to combine tribal groups in Ethiopia who are listed under the ethnicity. Ethiopia is a country with more than 80 ethnic groups or tribes. Hence, all cannot be listed in this table. Another reason for using "Others" has to do with the minimal number of other tribal groups that participated in this study which is not equivalent to the number of Oromo or Amhara speaking people.

Table 2: Socio-demographic Characteristics of VCT Clients at Jimma and Higher-2- January, 2011

Variables	No. of Persons	Percent (%)
Religion (N= 384)		
Orthodox	162	42.2
Muslim	135	35.2
Protestant	73	19
Catholic	4	3.6
Ethnicity (N=384)		
Oromo	165	43
Amhara	81	21.1
Gurage	46	12
Tigrey	29	7.6
Kefa	27	7.0
Others	36	9.3
Marital Status (N=384)		
Single	255	66.4
Married	98	25.5
Divorced	18	4.7
Widowed	13	3.4
Educational Level (N=384)		
7-12 Grade	159	41.4
Illiterate	67	17.4
Grade 1-6	62	16.1
College	58	15.1
Read and Write	38	9.9
Occupation (N=384)		
Student	129	33.6
Merchant	69	18.0
Housewives	41	10.7
Government Employees	40	10.4
Servant	40	10.4
Driver	35	9.1
Others	30	7.8
Age Grouping (N=384)		
15-24	233	60.7
25-34	117	30.5
35+	34	8.8
Sex (N=384)		
Male	155	40.4
Female	229	59.6
Residence (N=384)		
Jimma town	314	81.8
Out of Jimma town	70	18.2

6.2 Availability of Resources

6.2.1 Human/Personnel

The evaluation findings showed that both Jimma and Higher-2 VCT center/unit have one counselor each and client uptake at both facilities does not exceed 15-20 daily. However, few days before the commencement of the evaluation the counselor at Jimma Health Center left his post for an NGO job. Earlier, our evaluation assessment found out that both counselors were well trained and had long experience in HIV counseling. A nursing student on internship was the one conducting HIV counseling and testing replacing the counselor. Concerning the departure of the counselor, a service provider at Jimma health center said "*the Zonal health Authorities need to be more serious about encouraging trained staff to remain on the job. I do not blame the counselor for leaving. He was not motivated and everyone wants to live a good life so if a better opportunity comes, what do you expect the man to do"*? The HCT guideline states that in the situation where the rapid test is performed by the counselor, one laboratory technician should be dedicated/ recruited to supervise HIV testing. However, this is not the case at the two facilities. No laboratory technician serving as supervisor for the counselors, instead; they are supervised by the Head of the health centers who are already pre-occupied.

6.2.2 Equipment and Supplies for VCT

It was observed that the availability of equipment, supplies and consumables were very serious short-comings of the two facilities. The checklist in table 3 below shows that none of the two facilities had all the necessary equipment and supplies that should be available at a VCT site. However, the VCT program at Jimma health center has 23 out of 33 items (69.7%) available, and Higher-2 has 18 out of 33 items (54.5%) available. The availability of IEC materials at every VCT center is very crucial as they help to inform, educate and communicate to clients directly and indirectly about how HIV can be prevented, contracted and treated. The two sites rarely had IEC/BCC materials posted to strategic places. The few that were seen were hardly visible.

Although there had been "no stock out" in the last three months within the time of our evaluation, but it was reported at both facilities that stock out of test kits has always been a problem that has affected the smooth operation of the program. Asked what they told clients in the situation of stock-out, they said "we *simply tell them to keep checking or send them to another facility".* Another important item that was not always available at Higher-2 was **gloves**. Upon asking a provider why such an important item which is intended for protection was not always available, he said "*I don't why but there is always a shortage of gloves*".

6.2.3 Infrastructure

The waiting areas at both facilities are somehow acceptable. However, counselling and testing are done in the same room which has a common door with another unit. This does not ensure absolute privacy and confidentiality. Authorities at Higher-2 said: "*to be honest with you my brother, according to the guideline this is not how a VCT center should be designed and the Zonal Health Authorities themselves know this"…* the Jimma authorities said: "*we know that many things are not right but this is what we have to work with so we are just trying to do our best*". Table 3 below shows that each of the two VCT centers had 7 out of 10 (70%) requirements.

Table 3: An Assessment of Minimum Required Standard at Jimma and Higher-2–January, 2011

Item	Jimma	Higher-2
Separate waiting area	**Yes**	**Yes**
Private counseling room	**No**	**No**
Lockable cabinet in the counseling room	**Yes**	**No**
Trained counselor on HIV counseling	**No**	**Yes**
Trained laboratory technician for HIV	**No**	**No**
VCT Guidelines & protocol	**Yes**	**Yes**
Standard formats	**Yes**	**Yes**
Referral directory	**Yes**	**Yes**
Cue card	**Yes**	**Yes**
No Stock out of test kits in the last three months	**Yes**	**Yes**
T O T A L	**7/10**	**7/10**

In the tables 4 and 5 below, there are eight Indicators with respect to Availability. Three of the indicators were given higher weights than the rest due to their significance to the provision of VCT service. Having a trained VCT counselor is very crucial to the successful implementation of the Program. Equally so, without ensuring that HIV test kits and other consumables supplies are always available clients will not be given the opportunity to know their status. Lastly, confidentiality and privacy can not be assured in any way better than having separate rooms for counseling and testing.

Table 4: Judgment Matrix for Availability-Jimma Health Center, January, 2011

DIMENSION: Availability: 100 Points					
No.	INDICATORS	Weight	Observed Weight	Result	Judgment Parameter
1	**Availability of at least one trained counselor**	**20**	**10**	**10**	< 50=Poor **50-69=Fair** **70-79=Good** **80-89=V. Good** **90-100=Excellent**
2	**Availability of a trained Lab. Technician to supervise VCT Counselor**	**10**	**0**	**0**	
3	**Availability of HCT Guideline and Protocol**	**10**	**10**	**10**	
4	**Availability of IEC/BCC materials**	**10**	**3.3**	**3.3**	
5	**Availability of separate waiting area for client**	**10**	**10**	**10**	
6	**Availability of test kits and other consumable supplies with no interruption for 15 days in the last three months**	**15**	**15**	**15**	
7	**Availability of separate rooms for counseling and testing**	**15**	**7.5**	**7.5**	
8	**Availability of Log books for recording and reporting**	**10**	**10**	**10**	
TOTAL		**100**	**65.8**	65.8%	

Table 5: Judgment Matrix for Availability -Higher-2 Health Center, January, 2011

DIMENSION: Availability: 100 Points					
No.	INDICATORS	Weight	Observed Weight	Result	Judgment Parameter
1	**Availability of at least one trained counselor**	**20**	**20**	**20**	< 50=Poor **50-69=Fair** **70-79=Good** **80-89=V. Good** **90-100=Excellent**
2	**Availability of a trained Lab. Technician to supervise VCT Counselor**	**10**	**0**	**0**	
3	**Availability of HCT Guideline and Protocol**	**10**	**10**	**10**	
4	**Availability of IEC/BCC materials**	**10**	**2**	**2**	
5	**Availability of separate waiting area for client**	**10**	**10**	**10**	
6	**Availability of test kits and other consumable supplies with no interruption for 15 days in the last three months**	**15**	**15**	**15**	
7	**Availability of separate rooms for counseling and testing**	**15**	**7.5**	**7.5**	
8	**Availability of Log books for recording and reporting**	**10**	**10**	**10**	
T O T A L		**100**	**74.5**	74.5%	

6.3 Compliance

6.3.1 Observation of Counseling Sessions

A standardized checklist was used to observe sixteen counseling sessions (eight at each facility). The checklist contains three parts, namely: list of functions that need to be carried out during pre-test counseling; post-test counseling for HIV negative test result; and, post-test counseling for HIV positive test result. Below are two tables (tables 6 and 5) with the various proceedings and the results of the observation per facility.

Table 6: Observation of counseling session at Jimma Health Center-January, 2011

No	Component	Activity	Number of Clients counseled and Score per Client								Sub-total Average
			1	2	3	4	5	6	7	8	
1.	Items/Functions for Individual's Pre-test Counseling	8	5/8 **62.5%**	6/8 **75%**	6/8 **75%**	6/8 **75%**	6/8 **75%**	6/8 **75%**	6/8 **75%**	5/8 **62.5%**	**71.8%**
2.	Items/Functions for Individual's post-test counseling (Negative result)	5	3/5 **60%**	3/5 **60%**	4/5 **80%**	3/5 **60%**	4/5 **80%**		3/5 **60%**	3/5 **60%**	**65.7%**
3.	Items/Functions for Individual's post-test counseling (positive result)	9						6/9 **66.6 %**			**66.6%**
Average Performance			**68% (Fair)**								

Table 7: Observation of counseling session at Higher-2 Health Center- January, 2011

No	Component	Activity	Number of Clients counseled and Score per Client								Sub-total Average
			1	2	3	4	5	6	7	8	
1.	Items/Functions for Individual's Pre-test Counseling	8	7/8 **87.5 %**	7/8 **87.5 %**	6/8 **75%**	7/8 **87.5 %**	7/8 **87.5 %**	4/8 **50%**	7/8 **87.5 %**	7/8 **87.5%**	**81%**
2.	Items/Functions for Individual's post-test counseling (Negative result)	5	4/5 **80%**	4/5 **80%**	4/5 **80%**	4/5 **80%**	4/5 **80%**	3/5 **60%**	4/5 **80%**	4/5 **80%**	**77.5%**
3.	Items/Functions for Individual's post-test counseling(positive result)	9									**None**
Average performance			**79% (GOOD)**								

Out of the sixteen counseling sessions observed there was only one case of HIV positive, and the client was tested at Jimma health center. The eight columns under the caption "number of clients counseled" represent each of the 8 counseling session observed per facility. There are three parts (pretest counseling, post-test counseling of negative result, and post-test counseling of positive result) along with the narration of what should be done during each session. With respect to conduct of counseling session, Jimma health center student counselor carried out 68%; and Higher-2, 79% of the activities required.

Table 8: Judgment Matrix for Compliance -Jimma Health Center- January, 2011

DIMENSION: Compliance: 100 Points					
No.	INDICATORS	Weight	Observed Weight	Result	Judgment Parameter
1	**Number of counselor providing pre/post test counseling according to the HCT guideline**	**15**	**15**	**15**	< 50=Poor **50-69=Fair** **70-79=Good** **80-89=V. Good** **90-100=Excellent**
2	**Number of counselor providing on-going counseling for HIV positive clients**	**10**	**10**	**10**	
3	**Number of site having written policy on confidentiality**	**10**	**10**	**10**	
4	**Number of site with Referral linkage**	**15**	**15**	**15**	
Sub-total		50	50	50	
Observation of pre/post test counseling sessions		**50**	**34**	**34**	
T O T A L		**100**	**84**	84%	

Table 9: Judgment Matrix for Compliance - Higher-2 Health Center- January, 2011

DIMENSION: Compliance: 100 Points					
No.	INDICATORS	Weight	Observed Weight	Result	Judgment Parameter
1	**Number of counselor providing pre/post test counseling according to the HCT guideline**	**15**	**15**	**15**	< 50=Poor **50-69=Fair** **70-79=Good** **80-89=V. Good** **90-100=Excellent**
2	**Number of counselor providing on-going counseling for HIV positive clients**	**10**	**0**	**0**	
3	**Number of site having written policy on confidentiality**	**10**	**10**	**10**	
4	**Proportion of HIV+ clients linked to appropriate service**	**15**	**15**	**15**	
Sub-total		50	40	40	
Observation of pre/post test counseling sessions		**50**	**39.5**	**39.5**	
T O T A L		**100**	**79.5**	79.5%	

There are four indicators with respect to Compliance. They were weighted in accordance with their importance. Indicators 1and 4, carried more weight than 2 and 3 in our view because process of pre/post test counseling is the basis for doing VCT; and without a referral system in place lives of clients tested HIV positive will be made more vulnerable.

6.4 Acceptability

6.4.1 Clients Perception about HVCT Program

To ascertain the perceptions of clients about the program at the two centers a total of 384 were interviewed (Jimma-168, Higher-2, 216). Clients perception about the service provided was measured by service satisfaction which was also measured by six variables. Service satisfaction of clients with respect to the first three variables shows that at Jimma (61%) clients felt more comfortable with those components than at Higher-2 (55.5%). The fourth variable is inquiring whether clients would recommend the facility to others, 87.5% of clients at Higher-2 said they would recommend the facility than at Jimma (83%). Regarding the last two factors, almost all the clients at both facilities agreed with the time set for operation.

Table 10: Clients Service Satisfaction Variable Analyzed by Facility- January, 2011

No	Service Satisfaction Variables	Jimma Health Center		Higher-2 Health Center	
		Yes	(%)	Yes	(%)
1.	Does the counseling room have Auditory Privacy?	82	49	99	45.8
2.	Waiting area is comfortable and privacy maintained?	104	61.9	110	50.9
3.	Was the counseling and testing room comfortable and Privacy maintained?	124	74	151	69.9
4.	Would you recommend this Facility to someone?	140	83	189	87.5
5.	Should the present service hours be maintained?	167	99.4	212	98
6.	Are the Opening hours convenient to you?	167	99.4	210	97
Average			**77.8**		**74.9**

6.4.2 Factor Analysis of Clients' Satisfaction Variables

Of the six variables, factors that better explain the variability in clients' satisfaction are number 1, 2, and 3. Reasons are: (1) clients have little or no control over 5, and 6, since working hours of public facilities are fixed. (2) A positive response for the fourth component is dependent upon variables 1, 2, and 3. Satisfaction acknowledged from these factors will encourage clients to say "yes" or "No" to the fourth component (Table 11). If these three variables are good then service satisfaction will be rated as better. Result from the factor analysis shows that these three variables can explain utmost 73% of the variability in service satisfaction (Table 12).

Table 11: Factor Analysis of Clients' Satisfaction variables at Jimma and Higher-2 - January, 2011

Components	Values		
	Total	% of Variance	Cumulative %
1.	1.910	31.837	31.837
2.	1.479	24.644	56.481
3.	1.004	16.735	**73.215**
4.	.797	13.283	86.498
5.	.502	8.370	94.868
6.	.308	5.132	100.000

6.4.3 Clients Reasons for VCT Uptake

The reasons given by clients for doing HIV voluntary counselling and testing seems to suggest that IEC/BCC messages about HIV/AIDS is reaching the population. The result shows that 228 (59.4%) clients did VCT wanting to know their status, and 88 (22.9%) of clients went to do VCT because they had doubt about their HIV status.

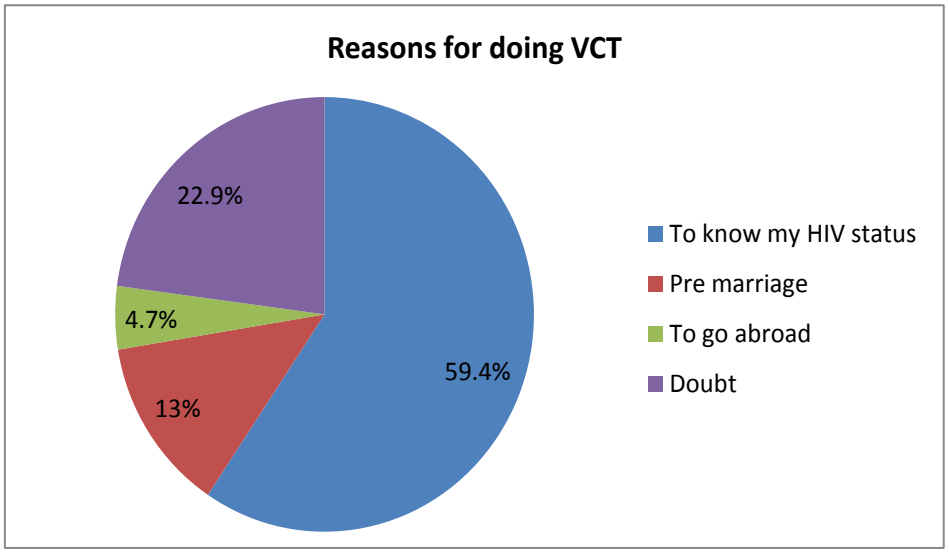


Figure 4: Clients reasons for VCT Uptake

6.4.4 Reasons for Preference of VCT Center

The question about preference of VCT center allows clients to choose multiple reasons as to why they prefer doing VCT at the two centers. Majority 232 (60.4%) felt the optimal reason was good care, 161 (41.9%) said because it was near their home, and 143 (37.2%) said because services were free or affordable, among the rest as shown in the table below.

Table 12: Clients Reasons for Preference of VCT Center by Facility - January, 2011

Reason for Preference	Jimma		Higher-2		Total # of Clients
	#	%	#	%	
Good care	73	43.5	159	73.6	232
Near to home	3	1.8%	158	73.1%	161
Free or Affordable cost	5	3.0%	138	63.9%	143
Attractive/ secure environment	84	50%	15	6.9%	99
Confidential	0	.0%	24	11.1%	24
Privacy secured	2	1.2%	21	9.7%	23
Treat with respect & dignity	3	1.8%	17	7.9%	20
Good technical competency	4	2.4%	6	2.8%	10

Table 12 above shows reasons for preference by health facility. Most clients at Higher-2 health center stated 'Good care' and 'near to home' as first and second reasons for preference of facility. At Jimma, 'Attractive/secure environment' and 'Good care' were given as first and second reasons respectively.

6.4.5 Confidentiality and Privacy

With respect to the stigma and discrimination associated with HIV/AIDS, clients braving the situation to do VCT need to be given assurance about confidentiality by counselors. Additionally, the environment in which VCT is conducted especially the counseling room should ensure privacy. It was therefore not surprising that majority 323 (84.1%) of clients knew the essence of confidentiality and privacy. Only 61 (15.9%) said they had no knowledge of confidentiality and privacy.

5.4.6 Factors Influencing Client's VCT Uptake

Two hundred twenty two (58.9%) of the clients who opted to do voluntary counselling and testing during our evaluation period were either influenced/ advised by their partners or friends, while 157 (40.9%) who may have realized the importance of knowing their HIV status dropped in to do so. This is a clear indication that clients perception regarding recommending of VCT service to others is being adhere to.

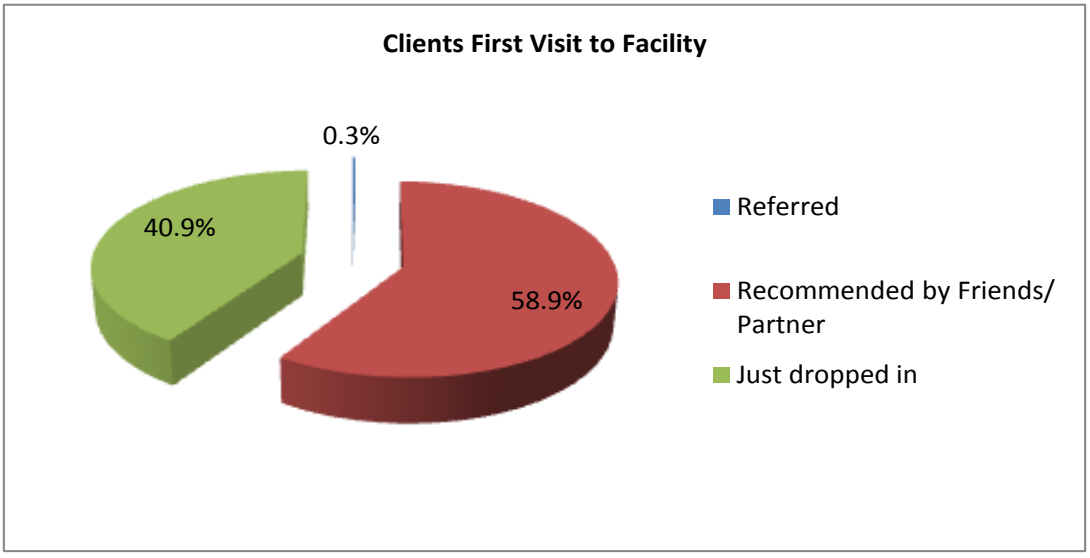


Figure 5: Factors Influencing Clients' VCT Uptake

6.4.7 Providers' Feedback on Clients' Perceptions

Feedbacks from providers which are a form of qualitative data were used to complement the quantitative data that had to do with views of the clients concerning VCT services provided. Majority of clients from both facilities (Jimma-51%, Higher-two-54.2%) said that there was no auditory privacy in the counseling room. This was confirmed by all providers interviewed. They agreed that the infrastructural design of the VCT center was not in accordance with what is approved and enshrined by the HIV counseling and testing guideline of Ethiopia, but had to work with what they had at present. Providers also confirm occasional cases of stock-out of HIV test kits and other consumable supplies.

Table 13: Judgment Matrix for Acceptability -Jimma Health Center, January, 2011

DIMENSION: Acceptability: 100 Points						
No.	INDICATORS	No. of client	%	Given weight	Observed weight	Judgment parameter
1	**Proportion of VCT clients who agreed that opening hours are convenient**	**167**	**99.4**	**5**	**4.97**	< 50=Poor **50-69=Fair** **70-79=Good** **80-89=V. Good** **90-100=Excellent**
2	**Proportion of VCT clients who said that counseling and testing room was comfortable and maintain auditory and visual privacy**	**124**	**74**	**20**	**14.8**	
3	**Proportion of clients who received HIV test among those who received pre-test counseling**	**168**	**100**	**10**	**10**	
4	**Proportion of clients who agreed that there is a waiting area**	**104**	**61.9**	**10**	**6.2**	
5	**Proportion of clients who said they will recommend others to the facility**	**140**	**83**	**10**	**8.3**	
6	**Proportion of clients who agreed that service hours should be maintained**	**167**	**99.4**	**5**	**4.97**	
7	**Proportion of HIV positive clients who were referred to care and treatment facilities**	**168**	**100**	**20**	**20**	
8	**Number of service providers who witnessed that counseling and testing room does not ensure auditory and visual privacy**	**2**	**100**	**10**	**0**	
9	**Number of providers who confirm that the program sometimes experienced stock-out of test kits and other consumable supplies**	**2**	**100**	**10**	**5**	
T O T A L			**100**	**100**	74.2%	

There are nine indicators under the Acceptability dimension. Each indicator is weighed according to its significance to the study. The percentage column represents percent of clients that responded to the question related to each indicator. The condition of the counseling and testing room (s) creates confidence in the client and ensure auditory and visual privacy. Equally so, ensuring that all clients tested HIV positive are referred is paramount to the survival of the client and could lead to the prevention and control of the epidemic. It is with these justifications we thought to give indicators 2, and 9 more weight than the others. Indicators 7, 8 and 9, have to do with qualitative method used to complement the first six indicators which are quantitative. Indicator # 7 is verified by both document review and expert interview, while indicators 8 and 9 are solely verified from expert interview.

Table 14: Judgment Matrix for Acceptability -Higher-2 Health Center, January, 2011

DIMENSION: Acceptability: 100 Points						
No.	INDICATORS	No. of client	%	Given weight	Observed weight	Judgment parameter
1	**Proportion of VCT clients who agreed that opening hours are convenient**	**209**	**97**	**5**	**4.9**	< 50=Poor **50-69=Fair** **70-79=Good** **80-89=V. Good** **90-100=Excellent**
2	**Proportion of VCT clients who said that counseling and testing rooms does not ensure auditory and visual privacy**	**151**	**69.9**	**20**	**14**	
3	**Proportion of clients who received HIV test among those who received pre-test counseling**	**216**	**100**	**10**	**10**	
4	**Proportion of clients who agreed that there is a waiting area**	**110**	**50.9**	**10**	**5.1**	
5	**Proportion of clients who said they will recommend others to the facility**	**189**	**87.5**	**10**	**8.75**	
6	**Proportion of clients who agreed that service hours should be maintained**	**212**	**98**	**5**	**4.9**	
7	**Proportion of HIV positive clients who were referred to care and treatment facilities**	**216**	**100**	**20**	**20**	
8	**Number of service providers who witnessed that counseling and testing room does not ensure auditory and visual privacy**	**2**	**100**	**10**	**0**	
9	**Number of providers who confirm that the program sometimes experienced stock-out of test kits and other consumable supplies**	**2**	**100**	**10**	**5**	
T O T A L			**100**	**100**	72.7%	

Table 15: Overall Judgment Matrix for the Three Dimensions-Jimma and Higher-2 –January, 2011

No.	Dimension	Value of the Dimension	Jimma	Higher-2	Judgment parameter
1	**Availability**		**65.8%**	**74.5%**	< **50= Poor**
2	**Compliance**		**84%**	**79.5%**	50-69= Fair
3	**Acceptability**		**74.2%**	**72.7%**	70-79= Good
Averaged Total Score			74.6%	75.6%	80-89= V. good 90-100= Excellent

The final score for the two VCT programs of this study which is in accordance with our parameter of judgment for Jimma health center is GOOD (74.6%), and for Higher-2 health center is also GOOD (75.6%). The difference in the overall performance of both centers is 1% more for Higher-2 health center.

6.5 Assessment of Facilities Documents

Documents that were reviewed at the two facilities included the VCT quarterly and annual work plan reports for 2009/10, the VCT Register, and the FMOH HIV counseling and testing guidelines. As shown in table 17 below, the 2009/10 work plan report shows that Jimma health center had a target of 3,734 clients, but 3,051 clients reportedly went through voluntary counseling and testing. On the other hand, Higher-2 had an average achievement of 2,179 from a target of 6,220.

Since the evaluation procedures commenced with the evaluability assessment aspect before the end of the fiscal year 2009/10, we decided to focus on the annual work plan of that year. Hence, all documents and records that were reviewed were concerned with 2009/10 (one year).

Table 16: **VCT Target for 2009/10 Work Plan- Jimma and Higher-2 Health Centers- January, 2011**

No.	**Name of Facility**	**# of Clients Targeted for HVCT**	**Actual # tested**	**Percent (%)**
1.	Jimma Health Center	3734	3051	81.7
2.	Higher-2 Health Center	6220	2179	35

The last column in the VCT register of both facilities is used for referral and the record shows that all clients tested HIV positive were referred. At Higher-2 there is no ART Unit so clients tested HIV positive are referred to Jimma University Specialized Hospital; whereas, at Jimma health center they are referred to the ART Unit of the facility. At Jimma, about 5.2% (161: male-43, female-118) of clients were tested HIV positive. Higher-2 register shows 4.3% (94: male-21, female-73) of the 2,179 clients tested were HIV positive.

The FMOH HCT guideline was very useful not only during the review of documents but throughout the writing of this report. It was used as a reference tool to counter-check the minimum required standards and the availability of trained providers and consumable supplies; compliance with respect to those functions that are required to be carried out by the counselor during HCT sessions; and perception of clients on what is enshrined in the guideline regarding the format/design of a VCT center.

6.6 Discrepancy in Data Recording and Reporting

Accuracy in recording and reporting of data or better say health information in general is very important in that it helps health technicians and managers to do proper forecasting in order to make decisions based on the reality of the existing situation. There were inconsistencies in the VCT registers of both health centers. There was vast difference in the total numbers of clients that went through VCT in the registers compared to what was recorded in the annual reports of the two centers. Managers had little to say about this but the counselors said one of the reasons was the length of time it took to replace the Log book when it was filled so they wrote report on flying sheets which was not guarantee.

6.7 Possible Limitations of the Study

The awareness of the counselors that they were being monitored could also have some bias as they may have performed better than in the absence of an observer.

However, this speculated limitation is not enough to affect the result or discredit this study.

7. Discussion

In that this evaluation has to do with the process of HVCT and its implementation in accordance with compliance to the FMOH HCT guideline, the availability of Human and material resources, meeting the minimum required standards, and the perception of clients about the services provided, we decided to first look at what the standards should be as enshrined in the guideline against what is actually obtained with respect to our evaluation findings.

If the global efforts to prevent and control HIV/AIDS has to become a reality by encouraging people to voluntarily go and get tested for HIV, clients' satisfaction must be considered paramount. Clients' perceptions were measured by nine indicators (seven of which was concerned with clients, and the other two was developed to address feedback from providers and complement the quantitative data from the client exit interview. Findings showed that most clients at both Jimma and Higher-2 are satisfied with service provided.

The result that more clients' reason for doing VCT was because they wanted to know their status is indeed a clear indication that the outcome of knowing one's HIV status can help to prevent and control the spread of the pandemic.

The variance between the VCT register and the annual reports is a clear indication that much more needs to be done to ensure proper recording of clients' information. The two health centers performed to a different degree in achieving what they planned though their objective (to test 80% of the clients targeted in annual work plan) was the same. Jimma health center succeeded in meeting its target, whereby Higher-2 didn't even meet 50% of the number of clients targeted to have gone through HCT. The reason for the failure was because Higher-2 target was too ambiguous and unrealistic. A center with one counselor which could test at most an average of 15-20 clients daily as enshrined in the FMOH HCT guidelines could not test 6,220 in a year. There are 52 weeks in a year. Mathematically, it means (52 x 5 working days) about 260 working days. Dividing that by the target of 6,220 required the testing of 23 to 24 clients daily which is above the

average number of clients that is to be tested by a facility with one counselor. Jimma health center succeeded because the target set was very realistic, in that the target of 3,734 did require the testing of 14 to 15 clients daily.

Availability

Human Resource

Although International standards set required at least two counselors at a VCT site; (30) the FMOH HCT guideline has a clause that accepts one counselor at a VCT site that has a client uptake of 15-20 daily. With this clause having one counselor at each at the two sites is acceptable as daily client's uptake at both centers does not exceed 15-20. However, there are many other standards set by the HCT guideline that weren't met. The guideline states that every VCT site should be supervised by a trained laboratory technician but the two centers do not have any, instead, they are both being supervised by the Heads of the two health facilities who are rather too busy or overwhelmed by their many responsibilities to adequately supervise the program.

Jimma health center VCT program presently does not have a full skilled counselor. But according to the International standard of HVCT a site should have a minimum of two counselors and two counseling rooms at each VCT site to ensure effective and efficient VCT services. (30) Had the sites had two counselors each, the unceremonious departure of one counselor would not have affected the program. The absence of a full trained counselor may have contributed to drop in client uptake.

Material Resource

The continuous availability of test kits and other consumable supplies is something that the guideline emphasizes. When filling-in the Inventory checklist, we were told by providers that there is always stock-out of test kits and gloves but they didn't know the reason. A question was posed to the managers at both site with regard to this issue but they couldn't deny or confirm it. Gloves play a major role in protecting providers from direct contact with blood while testing a client so it is important that they are always

available. On the other hand, the constant un-availability of test kits is a recipe for discouraging clients from coming for voluntary counseling and testing.

Compliance

Infrastructural Design of VCT Room

The FMOH HCT guideline which is molded in line with the WHO/UNAIDS HCT guideline acknowledges privacy and confidentiality as a very important aspect of HIV counseling and testing. The present VCT facilities infrastructure in no way preserve privacy and confidentiality as there is no auditory and visual privacy, and no separate rooms for counseling and for testing (something also acknowledged by the Providers). Both facilities have a common door in between the one room used for counseling and testing, and another unit.

Observation of Counseling Session

Counselors need to spend more time on pre/post-test counseling so as to give IEC/BCC messages that will effect behavioral change in clients who are either HIV negative or positive. The observation of counseling results showed that little or no IEC/BCC message(s) were given to clients, condom use was not introduced neither was condoms distributed to clients, and post-test counseling was not fully administered at Jimma health center with less skilled student counselor in charge. Properly conducting HCT procedures can impress upon clients. It is therefore very significant that counselors carry out every step required during HCT. The observation findings showed that counselors are not carrying out condom demonstration, giving IEC messages to affect behavior change, and providing clients the opportunity to assess their knowledge and perception about risky behavior and what it entails to institute risk reduction practices. These are important aspects of counseling especially for clients who are doing VCT for the first time.

Timeframe for Counseling

The HCT guideline of Ethiopia states that counseling sessions for each client should last for at least 20 minutes, and at most 30 minutes. However, it was observed that all clients that went through pre/post counseling and testing lasted for 5- 15 minutes. Another thing

was that all of the functions under each of the components (pre-test, test, post-test) were not fully carried out. i.e., clients' knowledge on HIV/AIDS, risk reduction practices, among others. This may have been the prime reason why the required time was not spent. However, it important that counselors carry out all of the functions as required during HCT session as this would help to provide /increase the clients' knowledge about HIV/AIDS.

Acceptability

Clients' Satisfaction

Six variables were used to determine clients' satisfaction with the service provided by the two VCT sites. The variable that was concern with auditory and visual privacy showed that most clients at both facilities felt that auditory and visual privacy were assured. More than 50% of respondents at both sites indicated that there was no auditory and visual privacy at the VCT centers. The other five variables showed that respondents were pleased with most of the services provided. However, average analysis from the six variables scores well at both facilities according to the parameter of judgment.

Providers' Feedback

To strike a balance between the views of clients about service provided, providers were asked to give their reaction. In their reaction providers confirmed that there was no auditory and visual privacy due to the manner in which the VCT unit was designed. They said with a common door in between the unit and another unit, and a window without curtain in no way one can ensure auditory and visual privacy, and confidentiality. Providers' concluded that there was a need to have separate counseling and testing rooms which would help to ensure auditory and visual privacy, and confidentiality.

Similarities in the study compare to Studies

Relating our findings to findings gathered from other VCT assessments, a study conducted in Kenya to "assess VCT program in the Rift Valley", the largest province in that country, showed VCT counselors served as "gatekeepers" to clients and sent clients to the research/data collection team if the client indicated or consented to participate in

the study. (31) Similarly in this study, counselors at the two sites served as "gatekeepers" to connect clients to the data collectors for interview.

Another study on "VCT uptake and it associated factors" conducted among Teachers in Harari Region, Ethiopia, showed most (98.6%) of the clients that were interviewed knew about confidentiality. (32) Similarly, 81.4% of respondents in this study knew about confidentiality and privacy. On the contrast, the Harari study (32) showed a higher uptake of VCT service by males (52.8%) than females (38.4%), while this study showed a higher uptake among females (59.6%) than males (40.4%) at both health facilities (Jimma: females-57.7%, males-42.8%; Higher-2: females-61.5%, males- 38%). The difference in both studies could be due to participation of more females than males in the Jimma Town study than the Harari study.

Like a study conducted on "factors influencing acceptance of VCT among different professional and community groups" in North and South Gondar Administrative Zones in Northwest Ethiopia. (33) This study similarly revealed that one's level of education didn't matter to VCT acceptance. The Gondar study showed that 70.9% of clients attending VCT were below grade 12, while this study also reveals that 84.9% of clients interviewed were either illiterate, could read and write, or at secondary level. Another similarity between the two studies had to do with the acceptance of VCT among young people. The Gondar study showed that majority (91.2%) of young people (15-19 yrs) opted to do VCT, while this study showed that majority (60.6%) of clients doing VCT within the study period were young people (15-24 yrs).

Another study on "Determinants of Acceptance of HIV voluntary counseling and testing among Antenatal clinic attendees" conducted in Dil Chora Hospital, Dire Dawa, East Ethiopia, also showed that majority (79.6%) of the study participants were young women aged 20-29 years. The difference in percentage in these three studies could be due to variation in study design, or the extended age grouping in two of the studies. (34) The percentage may not necessarily be the same but what is important to note here is the continuous dominance of young people in the eagerness to know their HIV status.

This is a welcome gesture and a good sign for Ethiopia as the most vulnerable and affected/infected group with HIV/AIDS in this country as the rest of Sub-Saharan Africa is the young population. The continuous high reception of young people to VCT could be attributed to peer-group organizations such as clubs, and access to information through institutions and mass media. This finding of the two separate studies is the same with previous studies done in other places in Ethiopia (33, 34, 35, and 36)

Finding that has to do with reasons for clients preference of VCT center in this study showed that majority 232 (60.4%) of the clients chose the site because of "good care/service" followed by 161 (41.9%) "Facility's located near to home". Similar study done on the "process evaluation of VCT in Dire Dawa" in East Ethiopia, (39) showed the reverse in that it reported "location of facility near the home of clients" 232 (58.6%), and "good care/service" 47 (11.9%) as reasons for client preference of facility. The reasons given by clients in both studies are the same but different in the weights given to the reasons and their order. However, another study done in Addis Abba in 2005 show the reason given by most (43.9%) clients for preference of site in that study was "location of site near home". (40) The difference could be that most 226 (58.9%) clients that participated in our study came to the centers based on recommendation by their friends and /or partners.

Clients' main reason for doing VCT was similar in the two studies. The Dire Dawa study showed that the paramount reason for most 319 (79%) clients doing VCT was to "know their HIV status." Similarly, this study showed that most clients 228 (59.8%) also gave the same reason. Another study conducted in Butajira, on "Factors associated VCT utilization" in Gurage Zone, SNNPR, Ethiopia, shows pre-marital as the most reason given by clients for utilization of VCT service. (41) The difference in percentage between the sites could be due to variance in sample size of the studies and other socio-demographic characteristics.

As stated in the result section of this study, clients' satisfaction of service was measured by six variables which gave a result of 77.8% at Jimma, and 74.9% at Higher-2 (an average of 76.4%). This means that most of the clients at both facilities are satisfy with the service provided. Similar to this study, a study conducted on process evaluation of VCT service in Arsi Zone, Oromia Region, Central Ethiopia, showed an average of 82.8% of clients at the six facilities were satisfied with the service. (42) Similarly, another study conducted in Atui, and St. Martin's VCT center in Ghana showed clients' satisfaction to have been at 83% in 2003, and 96% in 2005. (43)

The data obtained in this study strongly established and support the relationship between the different dimensions (Availability, Compliance, and Acceptability) used in this evaluation. Reason being data collection tools coherently address each of the three dimensions: i.e. checklist for equipment, supplies and service delivery minimum required standards, which ask about test kits and other consumables, waiting area, separate counseling and testing rooms, etc, addresses questions and concerns of Availability, Acceptability and also Compliance. Compliance to the national guideline addresses HCT proceedings between counselor and clients, infrastructural designs, and the presence of trained counselors and other service providers as conditions for operating a VCT center which have to do with both Availability and Acceptability dimensions.

The introduction of Rapid Test in HIV counseling and testing has helped to reduce waiting time for clients to get their test result. Prior to the introduction of Rapid test it took clients at least the whole day or more than a day to get their result. This led to many clients not sitting for post-test counseling and getting their test result. Obtaining their result the same day is the best approach for clients because it encourages client to sit for post- test counseling and attracts others to wanting to do VCT (44).

During this study all clients that came to do voluntary counseling and testing got their results the same day. Similarly, in a study conducted by Family Health International (FHI) in Ethiopia all clients that participated got their results the same day (45).

The limitation listed in the method section of this evaluation report which is concern about the counselor being aware that he was being monitored, is not enough to affect the validity of the study. In that Case study design and non probability sampling is being used, it may not be appropriate to generalize the findings of the study to other non-selected VCT sites because there may be varied situations that are unique to individual facilities. Despite these shortcomings, in order to ensure the validity and credibility of the study, extensive efforts were made to ensure that data provided during the evaluation was valid and reliable. Data collectors were cautioned to be honest in their reporting and judgments, by developing good rapport and building the confidence of clients, managers, and other service providers concern.

8. Conclusion and Recommendations

8.1 Conclusion

The over-all result of the study for the health centers was good, with Jimma health center obtaining an average score of 74.6%, and Higher-2 with 75.6%. In order improve clients' uptake, confidentiality and privacy of clients must be protected by ensuring that VCT facilities meet the required standard as stated in the HCT guideline. We strongly believe that if the below recommendations are welcomed and implemented the client uptake for VCT at both sites will increase.

With respect to the Availability dimension, most of the resources required were available. However, the absence of a laboratory technician to serve as supervisor at both facilities is a serious impediment to the smooth running of the program and need to be considered as enshrined in the HCT guideline. Other resources such as consumable supplies and stationary which sometimes experienced stock-out will have to be avoided.

Compliance to the HCT guideline is satisfactory in that many aspects of HCT are conducted in accordance with the guidelines. However, all of the functions that need to be carried out during pre/post-test counseling are not done. Key stakeholders must act to

curtail this practice by ensuring that the VCT program has a laboratory technician to supervise the counselor.

With respect to the Acceptability dimension, clients' perception at Jimma and Higher-2 was generally "good" for satisfaction of service. However, steps need to be taken to improve auditory and visual privacy by re-visiting the design of the two VCT sites. The assertion made by providers in respond to findings from the clients' exit interview were in conformity with the clients' view. As such, prompt action should be taken by key stakeholders to remedy the situation.

8.2 Recommendations

1. That the Zonal Health Office takes appropriate measures to guarantee the constant availability of HIV test kits and other consumable supplies to avoid disruption of service.

2. That urgent actions be taken by the Zonal Health Office Authorities to renovate the two VCT centers so as to meet the minimum required standards as enshrined in the FMOH HCT guidelines of Ethiopia.

3. That the Zonal Health Office Authorities urgently move to appoint a trained counselor for Jimma health center VCT program and put in place measures to avoid repeat of the present scenario. This should include training additional staff to overcome any unprecedented staff turnover.

4. That the option of having two counselors at every VCT site (which is enshrined in the WHO approved HCT guideline) is given serious consideration so the departure of one counselor may not entirely affect the operation of the program.

9. Meta-Evaluation

Improving and ensuring the quality of an evaluation enhances the usefulness and credibility of the intended users who will implement meta-evaluation to start at the beginning of the evaluation. The aspect of self meta-evaluation which has to do with the evaluator critiquing his own evaluation is very significant to enhance the credibility of his findings. Ensuring ethical issues also helps to add credibility to the study. Moreover, this evaluation used **meta-evaluation standards** to improve the quality of evaluation work.

Utility: Stakeholders involved in the evaluation have different needs and expectations from the evaluation. So to make them use the information resulting from the evaluation, we did involve them in the whole process of the evaluation based on their needs.

Feasibility: to ensure the practicality of the evaluation and keep the stakeholders involved, all the points upon which planning agreements were made were put into action and as much as possible measures to reduce wastage of resource was sought through a clear communication with those involved in the evaluation.

Accuracy: the evaluation team did everything to come up with adequate and correct information that will persuade the decision making bodies to take corrective and timely measures to solve the problems found in HVCT services which could contribute to the improvement of the service delivery.

Propriety: we made sure that the evaluation was conducted legally, ethically, and with due consideration for the welfare of those involved in the study, as well as those that will be affected (positively or negatively) by the findings.

Table 17: Summary of Evaluation Questions, Source of Information, Methods and Tools- January, 2011

No.	Evaluation Question	Dimension	Source of Information	Method	Number of Sessions Conducted		Tool
					Jimma	Higher-2	
1.	Are there sufficient resources to provide VCT services at Jimma and Higher-2 health Centers? If not, why?	Availability	Manager, and VCT Counselor	Interview; Observations	2	2	Interview Guide; semi-structured Questionnaire; Check-lists
2.	Is HIV counseling and testing conducted according to the FMOH HCT guideline? If not, why?	Compliance	VCT counselor; VCT Register	Interview; Observation of counseling	8	8	Checklist; Document review; Interview guide
3.	How is the VCT service perceived by Clients and Providers?	Acceptability	Clients, and Providers	Interview	170 (168 clients, 2 providers.)	218 (216 clients, 2 providers)	Interview guide; structured Questionnaire

Table 18: Valuing Relevance matrix, Standards, and Parameters of Judgment- January, 2011

Program component	Evaluation Dimensions			Criteria	Parameters	Source of verification
	Compliance	Availability	Acceptability			
Human Resources	RR	RRR	N/A	91 – 100 75 - 90 65 – 74 <65	Very good Good Fair Critical	Institutional
HIV Counseling and Testing	RRR	RR	R	91 – 100 75 - 90 65 – 74 <65	Very good Good Fair Critical	Institutional
Test Kits and other consumable supplies	RR	RRR	N/A	91 - 100 75 - 90 65 – 74 <65	Very good Good Fair Critical	Lab check list
Referral Linkage	RRR	RR	RR	91 - 100 75 - 90 65 – 74 <65	Very good Good Fair Critical	Pharmacy
Respondents and providers views about VCT services	R	NA	RRR	91 - 100 75 - 90 65 – 74 <65	Very good Good Fair Critical	Pharmacy

Figure 3: Evaluation dimensions and summary of indicators on spider diagram

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Appendices

Data Collection Tools

General Information for VCT coordinator/Supervisor (evaluation participant)

This in-depth interview is prepared by Student Evaluator of the Health Monitoring and Evaluation Department-Jimma University, and VCT stakeholders to provide information to improve the implementation of VCT services. Your VCT center was selected to be evaluated with the consent of all key stakeholders. I would like you to tell me about VCT services you provide. The information you provide is completely confidential and will not be shared with anyone else without your consent. The information provided is very important and valuable; it will help the Jimma Zonal Health Office, authorities of Health Centers, and other stakeholders to improve the quality of services being delivered.

Informed Consent Form

I would like to thank you for taking time off your busy schedule to discuss some issues regarding VCT services in this center.

My name is ----------and I would like to talk to you about the availability of resources required and compliance to Counseling and Testing according to the national standards set by the FMOH. We are evaluating the VCT service provision in order to identify the weaknesses and strengths that could be used to improve the services provided. The interview should take less than an hour. I will also be taking some notes during the session. Please speak out loud and clearly so that we do not miss some of your comments.

Your responses will be kept confidentially. This means your interview response will only be shared with evaluation team members and we will ensure that any information we include in our report does not identify you as respondent. Remember, you do not have to talk anything you do not want to and you may end the interview at will, but will ask that you kindly end it so as to make this evaluation a resounding success.

Is there any question about what I have just explained?

Are you willing to participate in this interview? Yes ( ), No ( )

_____ _____ _____

Interviewee Data collector Date

Guide topics for VCT coordinator interview

VCT coordinator (Code No) _____
Country _____
Region _____
Zone _____
Name of VCT center _____
Data collector _____ Signature _____ Date _____
Checked by _____ Signature _____ Date_____

Guide 1: General Information

Is pre and post-test counseling undertaken done properly? Yes ( ), No ( )
Define existing procedures. _____
_____

If Yes, Please, describe for example written policies, protocol, checklist, data management system...

Training

Is HIV counseling training courses being offered at your level? Yes ( ), No ( )
What are the backgrounds of the people being trained counselors? (Note taken)
How long is the training? _____
How many counselors have been trained? _____

Guide 2: Opening hours

At what time does the Facility open? _____
Weekday's _____
Are you open at weekends? Yes ( ), No ( )

Guide 3: Privacy

Is there a separate room for counseling? Yes ( ), No ( )
Do you have adequate space to ensure counseling session has privacy? Yes ( ), No ( )
Does the counseling room have audio-visual privacy? Yes ( ), No ( )

Guide 4: Waiting area

Is there a separate waiting area for clients? Yes ( ), No ( )
Are there chairs or benches? Yes ( ), No ( )
Are there IEC materials available in waiting area? Yes ( ), No ( )

Guide 5: Confidentiality

Does the site have a written policy on confidentiality? Yes ( ), No ( )
Do you keep files/records in a locked cabinet? Yes ( ), No ( )

Does staff of VCT receive specific guidance about the role of counseling and confidentiality? Yes ( ), No ( )

Guide 6: HIV testing

Where do you carry out HIV tests? _____

Are test kits always available? Yes ( ), No ( )

What is the time interval between taking blood and result being available? _____

Do you have a policy about testing in the window period? Yes ( ), No ( )

If yes, when do you tell the clients to come back for re-test? _____

Guide 7: Service charge

Are you providing the service free of charge? Yes ( ), No ( )

If not, how much do you charge for the services? _____

Are there people who do not pay? If yes, describe _____

Guide 8: Group-Pre test

Is group pre test counseling carried out? Yes ( ), No ( )

How many people on average, per group are pre counseled? _____

How many groups counseling session in the past 3 months? _____

How long, on the average is each session? _____

Guide 10:- Supervisions

Do you conduct regular supervision? Yes ( ), No ( )

If yes, how often? _____

What is the purpose of supervision? _____

Guide 11:-Data Management

Are statistical data about VCT services regularly complied? Yes ( ), No ( )

If yes, by whom? _____

Comments/Notes_____

_____

_____

_____

_____

_____

_____

_____

Thank you

General Information for VCT counselors' (evaluation participant)

This in-depth interview is prepared by Student Evaluator of the Health Monitoring and Evaluation Department- Jimma University and VCT stakeholders. It will seek to provide information that will help to improve VCT services. Your VCT center was selected to be evaluated with the consent of all stakeholders. I would like you to tell me about VCT services you provide. The information you provide is completely confidential and will not be shared with any one else without your consent. The information provided is very important and valuable; it will help the Jimma Zonal Health Office, authorities of the Health Centers and key stakeholders to improve the services delivery system.

Informed Consent Form

I would like to thank you for taking time off your busy schedule to discuss some issues regarding VCT services in this center.

My name is ----------and I would like to talk to you about the minimum resources required and compliance to Counseling and Testing according to the national standard set by the FMOH. We are evaluating the VCT service provision in order to identify the weaknesses and strengths that could be used to improve the services provided. The interview should take less than an hour. I will be taking some notes during the session. Please speak out loud and clearly so that we do not miss some of your comments.

All response will be kept confidential that means your interview response will only be shared with evaluation team members and we will ensure that any information we include in our report does not identify you as respondent. Remember, you do not have to talk about anything you do not want to and you may end the interview at will, but will ask that you kindly end it so as to make this evaluation a resounding success.

Is there any question about what I have just explained?

Are you willing to participate in this interview? Yes ( ), No ( )

_____ _____ _____

Interviewee Data collector Date

Guide topics for Counselor interview

Counselors (Code No) _____
Country _____
Region _____
Sub City _____
Name of VCT center _____
Data collector_____ Signature _____ Date _____
Checked by _____ Signature _____ Date_____

Guide 1: Training

What is your background? _____

How were you selected to be a counselor? _____

Probe: *Such as proposed by a colleague*

Reasons

_____
_____
_____
_____

Do you receive basic VCT refresher training? Yes ( ), No ( )
How long it take? Describe _____
Have you attended any other courses in counseling? Yes ( ), No ( )
What was the average duration of each course? _____
What were the good things and poor things in your training? (Take note)
Are there any areas for which you feel you need more training? Yes ( ), No ( )
Have you had follow-up or ongoing training? If yes, describe it? _____
Do you think ongoing training would improve your counseling skills? Yes ( ), No ( )

Guide 2:-Support and Supervisions

Do you attend any counselor's support group meeting? Yes ( ), No ( )
Do you think it is beneficial to have a counselor's support group? How? (Take note)
Do you have access to a designated counseling supervisor to provide you with support and technical backup? Yes ( ), No ( )
Who provides the support and supervision? _____

Guide 3: **Feeling and experience as counselors**

How do you feel about your job? _____
How many years have you been counseling? _____
How many days per week do you do counseling? _____
How many hours per day do you do counseling? _____
How many VCT clients do you see per day? _____
Do you have duties other than counseling in this facility? Yes ( ), No ( )

Are you given adequate time to carry out your counseling duties? Yes ( ), No ( )
How do you see your future in counseling? _____

Guide 4: Stock out of Test Kits and other consumables
Have you ever experience stock out of test kits in the last 3 months? Yes ( ), No ( )
If yes, how long was it for? _____
What do you tell clients in case of stock out of test kits? _____
_____
Have you experience stock out of other consumables? Lancets ( ), Alcohol swab ( ), Cotton ( ), Gloves ( ), Reagent ( )

Comments/Notes_____
_____
_____
_____
_____
_____
_____
_____

Thank you

General Information for observation of VCT site, Equipment and Supplies

This VCT site observation checklist is prepared by Student Evaluator of Health Monitoring and Evaluation Department-Jimma University, and VCT stakeholders to provide information to improve VCT services. Your VCT center was selected to be evaluated with the consent of all stakeholders. Will you please allow me to observe your VCT site? Information from the observation of the available resources is very important and valuable, it will help the Jimma Zonal Health Office, authorities of the Health Centers, and other stakeholders to plan and provide the resources necessary to improve VCT services.

Informed Consent Form

I would like to thank you in advance for allowing me to observe your VCT center today. My name is ----------and I will be checking on the availability of equipment, supplies and resources for VCT services. We are observing the availability of the needed resources according to FMOH/FHAPCO Ethiopia standards. This observation is valuable to plan and fulfill the necessary equipment and supplies, which is needed to provide a better VCT services.

Is there any question about what I have just explained?

Are you willing to allow me to start observation now? Yes ( ), No ( )

_____	_____	_____
Interviewee	Data collector	Date

Check list for Equipment, Supplies and Service delivery minimum standards

Country _____
Region _____
Sub City _____
Name of VCT center _____
Data collector_____ Signature _____ Date _____
Checked by: _____ Signature _____ Date _____

Complete the following table while observing the VCT site and asking the VCT staff

I Availability of resources

Availability of resources (Minimum standards)	Yes	No
Separate waiting area		
Private counseling room		
Lockable cabinet in the counseling room		
Trained counselor on HIV counseling		
Trained laboratory technician		
VCT protocol		
Standard formats		
Referral directory		
Cue card		
Stock out of test kits in the last three months		

II -Checklist for equipment and supplies for VCT

Items	Yes	No
Reception area		
Table with draw		
Registration/Client card		

Client record(Intake) form		
IEC/BCC materials		
Stationary		
Waiting Area		
Chairs or benches		
Posters, IEC/BCC materials		
TV/CVR		
Pamphlet		
Counseling room		
Table with lockable drawer		
Counseling protocol		
Cue card		
Timer/Clock		
Condom demonstration tools Condom		
Three chairs		
Referral forms		
Screen/Curtains (if HIV testing is done in the counseling rooms)		
Standard Operating procedure		
VCT protocol component poster		
Client registration log book		
Separate counseling room		
Monthly report form (for counselors)		
Testing room		

Test kit		
Sundry /Various supplies – cotton, dishes		
Lancets, sharps disposal container, cotton, dishes		
Gloves, waste disposable bag, pipettes, soap, water		
Stamp pads, centrifuge, refrigerator		
Laboratory request form, disinfectant +cleansing agent		
Needles and syringes, lighting, protective wear,		
Stationary, filling cabinet, lab slips, test tubes		

Observation: Start time_____ Stop time_____

General Information for VCT counselors' and VCT clients' (evaluation participant)

This counselors-client observation checklist is prepared by Student Evaluator of Health Monitoring and Evaluation Department-Jimma University, and VCT stakeholders to provide information to improve the VCT services. This VCT center was selected to be evaluated with the consent of all stakeholders. I will be observing counselor-client interaction. The information obtained from the observation is completely confidential and will not be shared with anyone else without your consent. The information obtained from the observation is extremely important and valuable; it will help the Jimma Zonal Health Office, authorities of the Health Center, and stakeholders to improve the VCT services.

Informed Consent Form

I would like to thank you in advance for allowing me to observe the counseling session today.

My name is ----------and I will be observing the counseling sessions of you with your client. We are evaluating the VCT service provision in order to identify the weaknesses and strengths that could help to improve VCT services. I will be taking some notes during the session.

All information obtained from this observation will be kept confidential. That means information obtained from observation will only be shared with evaluation team members and we will ensure that any information included in our report does not identify you as respondent.

Is there any question about what I have just explained?

Are you willing to participate in this interview? Yes ( ), No ( )

_____ _____ _____

Counselor Data collector Date

RECORD LIST FOR OBSERVING THE COUNSELLING SESSION

Complete the following table while observing Provider-Client interaction in VCT

Items/Functions for individual pre test counseling	Individual Pretest counseling Yes=1 No=2
Provide warm reception, greetings and introduction to client	
Explain and ensures confidentiality	
Assesses the client's risks and knowledge about HIV and mode of transmission	
Gives information about HIV testing (e.g. process of testing, meaning of possible test results, window period, etc)	
Reviews risk reduction options	
Collaboratively develops plan for risk reduction	
Provides condom demonstration	
Give informed consent for testing to clients	

Duration in minutes for:
Starting Pre-test counseling session: _____

End time: _____

Comments/Notes_____
_____
_____
_____
_____
_____
_____
_____

Items/Functions for post test counseling (Negative test result)	**Post test counseling (Negative) Yes=1 No=2**	**Items/Functions for post testing counseling (Positive test result)**	**Post test counseling (Positive) Yes=1 No=2**
Provide negative test result simply and clearly		Provide Positive test result simply and clearly	
Discusses meaning of test result and assesses most recent exposure and need for re-test(window period)		Allowed time for client reflection/reaction	
Review risk reduction options		Checked the understanding of the results by clients	
Available written materials and condoms whilst promoting the importance of maintaining negative result		Discusses strategies of hope, including benefits of early Medical treatment (e.g. for opportunistic infections, STIs, TB/PCP prophylaxis) and positive living	
Completes record keeping		Discusses plan of notification of partners/s	
		Provides IEC materials and condoms	
		Allows clients to ask questions and responds accordingly	
		Complete post test form	
		Refers clients for counseling or care and support services as appropriate	

Duration in minutes for:
Starting Post-test counseling session: _____

End time: _____

Comments/Notes_____
_____
_____
_____
_____
_____
_____

Thank you

General Information for VCT client (evaluation participant)

This client exit interview is prepared by Student Evaluator of Health Monitoring and Evaluation Department-Jimma University, and VCT stakeholders to provide information to improve the VCT services. You have been selected to participate in this evaluation. You will tell us about your view concerning Voluntary and testing services you received. The information you provide is completely confidential and will not be shared with any one else without your consent. Your name or any identifying information will not be registered. The information you provide us is extremely important and valuable, it will help the Jimma Zonal Health Office, authorities of the Health Center, and stakeholders to improve the quality of services delivery.

Written Consent Form

I would like to thank you in advance for taking your time to discuss some issues regarding VCT services in this center.

My name is ----------and I would like to talk to you about the availability of resources required and compliance of Counseling and testing according to the national standards of the FMOH. We are evaluating the VCT service provision in order to identify the weaknesses and strengths that could be used to improve the services provided. The interview should take less than an hour. I will be taking some notes during the session. Please speak out loud and clearly so that we do not miss some of your comments.

All responses will be kept confidential that means your interview response will only be shared with evaluation team members and we will ensure that any information included in our report does not identify you as respondent. Remember, you do not have to talk anything you do not want to and you may end the interview at will but will ask that you kindly end it so as to make this evaluation a resounding success.

Is there any question about what I have just explained?

Are you willing to participate in this interview? Yes ( ), No ( )

_____	_____	_____
Interviewee	Data collector	Date

Client exit interview Questionnaire

Code /File No _____
Country _____
Region _____
Sub City _____
Name of VCT center _____
Data collector _____ Signature _____ Date _____
Checked by _____ Signature _____ Date_____

I-Socio demographic Data

1. Sex of respondent 1.Male ☐ 2.Female ☐

2. Place of Residence 1. Jimma Town ☐ 2.Out of Jimma Town ☐

3. Age 1. _____ (years)

4. What is your religion?
1. Orthodox ☐
2. Muslim ☐
3. Catholic ☐
4. Protestant ☐
5. Others ☐

5. Ethnicity
1.Amhara ☐
2. Oromo ☐
3. Tigray ☐
4. Gurage ☐
5. Other (Specify ☐

6. Marital status
1.Single ☐ 3. Widowed ☐
2. Married ☐ 4.Separated ☐
5. Other (Specify) _____

7. What is your educational level?
1. Illiterate ☐ 2. Read and write ☐
3. Grade 1-6 ☐ 4.Grade 7-12 ☐
5. College ☐ 6.No response ☐

8. What is your current occupation?
1. Student ☐ 4.House wife ☐
2 Government employee☐ 5.Driver ☐
3. Merchant ☐ 6. Others (Specify) ☐

II. Voluntary Counseling and Testing

9. How did you first come to this center?
   1. Referred (Specify) _____
   2. Recommended to care (e.g. by partners, friends/specify) _____
   3. Just dropped in ☐ 4.Other (Specify) _____

10. Why did you do VCT?
   1. To know my HIV status ☐ 4.Doubt ☐
   2. Pre-marriage ☐ 5.Others (specify) _____
   3. To go abroad ☐

11. Why do you prefer this VCT center? (Circle as many as stated)
   1. Good care ☐ 5.Free or Affordable cost ☐
   2. Attractive environment ☐ 6.Confidential ☐
   3. Good technical competency ☐ 7.Privacy secured ☐
   4. Treat with respect and dignity ☐ 8.Near to home ☐
   9. Other (Specify) _____

12. Do you know any thing concerning confidentiality and privacy? Yes ( ), No ( )

13. Is there a waiting area for client? 1. Yes, 2.No.
14. If yes, are there seats in the waiting place for clients? 1 Yes 2. No
15. Is there a separate counseling room? 1. Yes 2. No
16. If yes, does the room protect privacy and confidentiality? 1. Yes 2. No
17. How do you view your counselor? (Read out options)
   1. Polite ☐
   2. Treat with respect and dignity ☐ 7. Clearly and simply told my result ☐
   3. Good listener ☐ 8. Helps to develop risk reduction pan ☐
   4. Assessed previous knowledge on HIV ☐ 9. Others (Specify) _____
   5. Corrected misconception ☐
   6. Reassure about confidentiality ☐

18. Do you wish a different counselor? 1. Yes ☐ 2.No ☐

19. If yes, in what aspect? 1. Different sex ☐ 2.Older ☐ 3.Younger ☐

20. Would you recommend this facility or center to a friend or relative for VCT services? Yes ( ), No ( )

21. If no, why? 1. Lack privacy ( ); 2. Lack of confidentiality ( ); 3. Long waiting time 4. Inadequate counseling ( ); 5. Lack of respect for clients ( ).

22. Are the opening hours convenient to you? Yes ( ), No ( ).

23. Have you recommended the services provided here to any one else due to confidentiality and privacy? Yes ( ), No ( )

24. What time is convenient for VCT service delivery? (Read options)

1. Normal working days/hours ☐
2. Normal working days/hours including lunch hours ☐
3. Normal working days/hours including lunch hours and late afternoon ☐
4. Normal working days/hours and weekends ☐

25. Should the present service(s) hours be maintained? 1. Yes ☐ 2.No ☐
26. Did the Service provider treat you with dignity and respect? 1. Yes ☐ 2.No ☐
27. The Counseling room was comfortable and privacy maintained? 1. Yes ☐ 2.No ☐
28. Is the Counselor confidential and trustworthy? 1. Yes ☐ 2.No ☐
29. Waiting area was comfortable privacy maintained 1. Yes ☐ 2.No ☐
30. Counseling room have auditory privacy 1. Yes ☐ 2.No ☐

Thank you

Note: **Data collections tools were adopted from- UNAIDS tools for VCT**

Odeeffannoo waligalaa tajaajilamtoota gorsaa fi qorannoo feedhii irratti hundaa'e (hirmaatoota madaalli)

Gaaffin tajaajilamtoota tajaajila argatanii bahaan kun kan qopha'e barataa Univarsitii Jimmatti Dipaartmantii Hordoffi fi Madaalli Fayyaa fi qoodafudhatoota gorsaa fi qorannoo feedhirratti hundaa'en tajaajila qorannoo feedhii irratti hundaa'e foyyeesuus odeeffannoo keennuf. Madaalli kan irratti akka hirmaattu ati filatamteerta. Tajaajila qorannoo feedhii irratti hundaa'e argatte ilaalchisee yaada qabdu nutti himta. Odeeffannoon nuuf keennitu iciitiidhaan qabama, heyyama kee malee nama kamiyuufu hinqoodamu. Maqaan kee yookiin odeeffannoon sii ibsuu hingalmaa'u. Odeeffannoon nuf keennitu baayyee barbaachisaa fi duudha, Qajeelcha Fayyaa Godinaa Jimmaa, ittigaafatamtoota buufata fayyaa fi qoodafuudhatootaaf qulqulina keenninsa tajaajila akka foyyeesan gargaara.

Unkaa waligaltee feedhii

Waa'ee tajaajila gorsaa fi qorannoo wiirtuu kanaa ilaalchisee mari'achuuf yeroo kee fudhadhee sii dubbisuu keetiif singalateefadha.

Maqaan koo ---------- jadhama, waa'ee jireenya qabeenyoota tajaajilaaf barbaachisan, adeemsa gorsaa fi qorannoo haala staandaardii Ministeera Fayyaa Feederaala walin walsimuu isaa sii walin dubbadha. Tajaajila keennamu foyyeesuuf akka gargaaru jabinaa fi haanqina keenninsa tajaajila qorannoo feedhii irratti hundaa'e addaanbaasuuf madaalaa jirra. Gaaffin kun sa'aa tokko gad fudhata. Yeroon sigaafadhu yaadannoodhaan barreesaa yaada fudhadha. Yaadni nuf keennitu akka dhagahamu fi akka irra hinutaalle sagalee kee olkaasi dubadhu. Deebiin kee hundaa iciitiidhaan qabama, kana jachuun deebiin kee miseensoota garee madaallif qofa qoodama, odeeffannoon gabaasa keenya keessatti haammatamu deebii ati keennitte akka ati keennitee addaan hinbaasuu. Yaadadhu, waan hinbarbaanne dubbachuu dhisuu dandeessa, akkasumas gaaffi feedhii keetiin addaan kuutuu dandeessa, garu madaalli kana bu'aa qabeessa ifa ta'e gochuuf obbolumaan akka addaan kuttu sigaaffanna. Waa'ee amma siif ibsee irratti gaaffi na gaaffattu qabdaa?

Gaaffi kana irratti hirmaachuuf feedhii qabdaa? Eeyyee ( ), Lakki( )

_____	_____	_____
Gaafatamaa	Ragaa sasaabaa	Guyyaa

Gaaffi tajaajilamtoota tajaajila argatani bahan

Lakkofsa koodii _____
Biyya _____
Naannoo _____
Aanaa/Magaala _____
Maqaa wirtuu gorsaa fi qoranno feedhii irratti hundaa'e _____
Ragaa sasaabaa _____Mallattoo _____ Guyyaa_____
Kan qoratee _____ mallattoo _____ guyyaa _____

I- Ragaa "Socio-demographic"

1. Saala deebisaa/deebistuu 1.Dhiira ☐ 2. Dubara ☐

2. Iddoo jireenyaa 1.Magaala Jimmaa ☐ 2. Magaala Jimmaa aala ☐

3. Umrii 1.Waggaa _____ 2. Hinbeeku ☐ 3. Deebiin hinjiru ☐

4. Ameentaan hordooftuu maal jadhama? 1.Ortoodoksii ☐
2 .Musliima ☐ 3. Kaatoolikii ☐
4. Prooteestaantii ☐ 5. Kan biroo _____

5 Sabnii kee maali? 1. Amaara ☐
2. Oromoo ☐
3. Tigree ☐
4. Guraagee ☐
5. Kan biroo (ibsii)_____

6. Haala fuudhaa fi heeruma kee 1. Kophaa ☐ 2. Fuudhee/Heerume. ☐
3. Abbaan warraan kan jalaa du'e ☐ 4. Addaan baanee ☐
5. Kan biroo (ibsii) _____

7. Sadarkaan barumsa keetii meeqa?
1. Hinbaranne ☐ 2. Dubbisuu fi barreessu ☐
3. Kutaa 1-6 ☐ 4. Kutaa 7-12 ☐
5. Kolleejji ☐ 6. Deebiin hinjiru ☐

8. Yeroo ammaa hojiin kee maali?
1. Barataa/barattu ☐ 2. Hojjataa/hojjattu mootummaa ☐
3. Daldala ☐ 4. Haadha manaa ☐
5. Konkolaachisaa ☐ 6. Kan biroo (ibsii) _____

II. Gorsaa fi qorannoo feedhii

9. Gara wirrtuu kanatti yeroo jalqabaaf akkamitti dhuftee?
1. Eergamee (ibsii) _____

2. kunuunsaaf gorfamee (fkn. Abbaa warraa/haadha warraan, hiriyootaan/ibsii)
_____
3. tasumaan dhufee ☐ 4.kan biroo (ibsii) _____

10. Gorsaa fi qorannoo feedhii irratti hundaa'e maalif goota?
1. haala HIV ofii beekuuf ☐ 4.shakii ☐
2. fuudha/heerumaa dura ☐ 5.kan biroo (ibsii) _____
3. biyya aalaa deemuuf ☐

11. maalif wiirtuu gorsaa fi qorannoo kana filatte? (kan ibsan hundaa irra marsii)
1. kunuunsa gaarii ☐ 5. Biliisa ykn gatii danda'mu ☐
2. haalli nama affeera ☐ 6. iciitiin ni eeggama ☐
3. ogummaa gaarii qabu ☐ 7.haalli dhunfaa ni eeggama ☐
4. kabajaa fi ulfinaan nama yaaluu ☐ 8.manaaf dhihoodha ☐
9. kan biroo (ibsii) _____

12. waa'ee iciitii eeguu fi haala dhunfaa wantii beektu jiraa? Eeyyee ( ) Lakki ( )

Eeyyee yoo jatte, iciitii HIV waliin walqabatee jiru nu ibsuu dandeesaa?
_____
_____

13. Iddoo turmaataa fi kutaan gorsaa, iciitii eeguu fi haala dhunfaatiif akkamitti ilaaltee?
_____
_____

14. Haala iciitii eeguu wiirtuu kanaa akkamitti ibsita?
_____
_____
_____

15. Ogeessa gorsa siif keenne akkamitti ilaalta?
1. amala gaarii qaba/qabdi ☐ 2. kabajaa fi ulfinaan na yaalee/yaaltee ☐
3. dhageefataa/dhageefattuu gaariidha ☐ 4. beekumsa HIV irratti kanaan dura qabu ilaaleera/ilaalteerti ☐ 5. ilaalcha dogograa sirressera/sirreessiteerti ☐
6. waa'ee iciitii eeguu sirritti na qabsiseera/naqabsisteerti ☐
7. Qorannoo heeyyama kootin godhee/gootee ☐
8. Bu'aa koo haala salphaa fi ifa ta'en natti himee/himtee ☐
9. Wantoota nasaaxilan hir'dhisuuf akka karoorsuu na gargaareera/nagargaarterti ☐
10. Kan biroo (ibsii) _____

16. Ogeessa gorsaa addaa ta'e haawwitaa? 1. Eeyyee ☐ 2.Lakki ☐

17. Eeyyee yoo jatte, haala kamiin? 1. Saala addaa ☐ 2.guddaa ☐ 3.xinnaa ☐

18. Qorannoon dura fi qorannoon booda ogeessi gorsaa mariif argitee tokko?

1. Eeyyee ☐ 2. Lakki ☐

19. Hiriyaa yookin fira sadarkaa ati osoo tajaajila kanaaf hindhufin dura qabdun walfakaatuuf haala dhunfaa fi eegumsa iciitii irraa kan ka'e gara tajaajila kannatti akka dhuftu/dhufu nigorsitaa? Eeyyee ( ), Lakki ( )

Lakki yoo jatte, maalif?
_____

20. Wiirtuun gorsaa fi qorannoo feedhii irratti hundaa'e sa'aan itti banamu yoomi?
Ibsii_____

21. Sa'aan itti banamuu siif mija'aadha? Eeyyee ( ), Lakki ( )

22. Yoo lakki jatte, maalif?
_____
_____

23. Eegumsa iciitii fi haal dhufaa irraa kan ka'e tajaajila assitti keennamu nama hundaaf nigorsitaa? Eeyyee ( ) Lakki ( )
Lakki yoo jatte, maalif?
Ibsii _____
_____
_____

24. Tajaajila gorsaa fi qorannoo feedhii irratti hundaa'e keennamuuf yeroon mija'a kami?
1. Guyyoota/sa'aa hojii ☐
2. Guyyoota/sa'aa hojii yeroo laaqanaa dabalatee ☐
3. Guyyoota/sa'aa hojii yeroo laaqanaa fi gara galgalaa dabalatee ☐
4. Guyyoota/sa'aa hojii fi sanbataa fi dilbata ☐

25. yeroon tajaajilli amma ittikeennamaa jiru ni eeggamaa? 1. Eeyyee ☐ 2.Lakki ☐

26. Tajaajila keennaan ulfinaa fi kabajaan sii yaalee? 1. Eeyyee ☐ 2.Lakki ☐

27. Manni gorsaa mija'a fi haala dhunfaa kan eeguu? 1. Eeyyee ☐ 2.Lakki ☐

28. Gorsa keennaan iciitii kan eeguu fi amanamuu? 1. Eeyye ☐ 2.Lakki ☐

29. Iddoon turmaataa mija'a fi haala dhunfaa kan eeguu? 1. Eeyyee ☐ 2.Lakki ☐

30. manni gorsaa kutaa itti aanuutti sagalee hindhageesisuu? 1. Eeyyee ☐ 2.Lakki ☐

Galatoomaa

ለበጎ ፈቃድ የኤች አይቪ ተመርማሪዎች አጠቃላይ መረጃ (ለጥናቱ ተሳታፊዎች)

ይህ ቃለ መጠይቅ የተዘጋጀዉ በጅማ ዩኒቨርሲቲ በክትትል እና ግምገማ ክፍል ተማሪ አና በሚመለከታቸዉ አከላት ሲሆን ከናንተ የሚገኘዉ መረጃም ለአገልግሎቱ መሻሻል አስተዋፅኦ ያደርጋል፡፡በዚህ ጥናት እንድሳተፉ ስለተመረጡ በበጎ ፈቃድ የኤች አይቪ ምርመራ አገልግሎት አሰጣጥ ላይ ያለዎትን አመለከከት ይነግሩኛል፡፡የሚሰጡኝ መረጃም ሚስጥራዊነቱ የተጠበቀ ነዉ ያለርሰዎ ፈቃድ ለማንም አይነገርም፡፡ስምዎትም አይገለፅም፡፡የሚሰጡጡኝ መረጃ የሚያገኙትን አገልግሎት ሁሉም የሚመለከታቸዉ አከላት እንዳሻሽሉት ይረዳል፡፡

የስምምነት ቅጽ

በበጎ ፈቃደኝነት ላይ በተመሰረተ የኤች አይቪ ምርመራ አገልግሎት አሰጣጥ ላይ የተወሰነ መረጃ እንድሰጡኝ ጊዜዎትን ስለሰጡኝ በቅድሚያ አመሰግናለሁ፡፡
ስሜ----------ይባላል፡፡በሚሰጠዉ አገልገሎት ላይ ያለዉን ጥንከሬ እና ድክመት በመለየት እንድሻሻል ይረዳን ዘንድ የተዎሰኑ ጥያቄዎችን እጠይቀዎታለሁ፡፡ከአንድ ሰዓት ያነሰ ጊዜ ሠቻ ነዉ የሚዎስደዉ፡፡እኔም ማስታዎሻ ስለምይዝ ድምጸዎትን ከፍ አድርገዉ በግልፅ ይንገሩኝ፡፡

የሚነግሩኝ ሁሉ ሚስጥራዊነቱ የተጠበቀ ነዉ፡፡መረጃዉንም ከክትትል እና ግምገማ ባለሙያ አባላት ጋር የምንዎያይበት ይሆናል የርሰዎ መሆኑንም ማንም አያዉቅም፡፡መጠይቁን እነዲጨረሱ አይገደዱም በፈለጉት ሰዓት ማቆም ይችላሉ፡፡
ጥያቄ አለዎት? ሀ)አለ------- ለ)□ለም------

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ተ□□ቂ መረጃ ሰብሳቢ ቀን

ቃለ መ□□ቅ

ኮ□ _____

አገር _____

□ልል _____

ከተማ _____

የጤና ማዕከሉ ስም _____

_____ _____ _____

መረ□ ሰብሳቢ □ርማ ቀን

_____ _____ _____

Á¿ÒÑÖ¬ □ርማ ቀን

I

ማሸበራዊና አከባቢያዊ መረጃ

1. ï• □ **1.**ወንድ □ **2.**ሴት □

2. የመኖሪያ ቦ• □ **1.**ጅማ ከተማ □ **2.**ከጅማ ከተማ ዉጭ □

3. ክ□ሜ **1.----------(ዓመት)**

4.ሃ□ማኖት **1.**ኦርቶዶክስ □
2.ሙስሊም □
3.ከቶሊክ □
4.ፕሮነስታንት □
5.ሌላ □

5.ብሄር **1.**አማራ □
2.ኦሮሞ □
3.ትግሬ □
4.Ñራ□ □
5.ሌላ(ፅለ□) □

6.የትዳር ሁኔታ **1.**ያላገባ(ች) □
2.ያገባ(ች) □
3.የሞተችበት(ባት) □
4.¾ተለ□¿ □
5.ሌላ(ፅለ□) □

7.የትምህርት ሁኔ• ?
1.መፃፍ ማንበብ የማይችል □
2. መፃፍ ማንበብ የሚችል □
3.1-6 ¡ ¯ል □
4. 7-12 ¡ ¯ል □
5.ኮሌ□ □
6. ምላሽ ¾ላም □

8.አሁን ስራዎት ምንድን ነዉ?

1.ተማሪ ☐

4. የቤት እመቤት ☐

2.የመንግስት ሰራተኛ ☐

5. ሾ☐ር ☐

3.ነጋዴ ☐

6.. ሌላ(ϑ ለ☐) ☐

II. በፍቃደኝነት ላይ የተመሰረተ የምክር አገልገሎት እና ምርመራ

9. *መጀመሪያ ወደዚህ የጤና ማዕከል እንዴት መጡ?*

1.ከሌላ ማዕከል ተልኬ(ግለϑ) ☐
2.እንድመረመር ተነግሮኝ(ምሳሌ ጓደኛ) ☐
3.በራሴ ተነሳሽነት ☐
4.ሌላ(ϑ ለ☐)ሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬ

10. **በፍቃደኝነት ላይ የተመሰረተ የምክር አገልገሎት እና ምርመራ ያደረከዉ(ሽዉ) ለምንድን ነዉ?**

1.የኤች አይ ቪ ሁኔታዬን ለማዎቅ ☐ **4.እራሴን ተጠራጥሬ** ☐

2. ለጋብቻ ☐ **5.ሌላ(ϑ ለ☐)** ሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬ

3ከሃገር ዉጭ ለመሄድ ☐

11.ይህን የጤና ማዕከል ለምን መረጡ?(ከአንድ በላይ መምረጥ ይቻላል)

1. ☐ሩንክብከቤ ስላለ ☐ 5.ነፃ ወይም ዕርከሽ ስለሆነ ☐
2.☐ማእከሉ ግቢ ስለሚስበኝ ☐ 6.ሚስጥራዊነት ስላለ ☐
3. ብቃት ያላቸዉ ባለሙያዎች ስላሉ ☐ 7.ሰ☐ አያይሕም(ሽም) ☐
4. ባለሙያዎች ለታከሚዉ ክብር ስለሚሰጡ ☐
9.ሌላ(ϑ ለ☐)ሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬሬ

12.ስለ ሚስጥራዊነትና ስለ ሰዉ አየኝ አላየኝ የሚያዉቁት ነገር አለ? አለ ( )የለም ( )

13.ለታከሚዎች መቆ☐ ቦታ አለ? 1.አለ 2.የለም

14.**አዎ ከሆነ መልሰዎ መቀመጫ አለ? 1.አለ 2.የለም**

15. **ለምክር አገልገሎት የተለየ ቦታ አለ? 1.አለ 2.የለም**

16. .አዎ ከሆነ መልሰዎ ሚስጥራዊነትና ግላዊ ምቾት አለዉን?1.አዎ 2.አይደለም

17.**የምክር አገልግሎት የሚሰጡት ባለሙያዎች እነዴት ናቸዉ?**

1.ትሁት ☐ 7.ዉጤትን በቀላሉ እና በግልፅ ነግርዉኛል ☐
2.**ታከሚን ያከብራሉ ☐ 8.እራሴን እንዴት መከላከል እንዳለብኝ ነግረዉኛል ☐**
3.☐ሩ አድማጭ ናቸዉ ☐ 9.ሌላ(☐ለ☐) ራራራራራራራራራራራራራራራራራራራራራራራራ
4.ስለ ኤ ች አይ ቪ ያለህን እዉቀት ይጠይቁሃል ☐
5.የተሳሳተ ገነዛቤን ያስተምራሉ ☐
6.ሚስጥራዊነቱን ይነገራሉ ☐

18.የምክር አገልግሎት የሚሰጡት ባለሙያዎች እንድቀየሩ ይፈልጋሉን?
ሀ.አዎ ለ.አይደለም

19.**አዎ ከሆነ መልሰዎ የትኛዉን ይመርጣሉ? 1.ከኔ ተቃራኒ ፆታ 2.በዕድሜ ትልቅ ሰ☐ 3.ወጣት**

20.የሚያዉቁትን ሁሉ እዚህ የጤና ማዕከል እንድመረመሩ ☐በረታታሉን?ሀ.አዎ ለ.አይደለም
21.አይደለም ከሆነ መልሰዎ ለምን?1.ሰዉ አየኝ አላየኝ ስለሚያስቸግር 2.ሚስጥራዊነት ስለሚጎድለዉ 3.ብዙ ሰዓት ስለሚያስጠብቅ 4. .የምክር አገልግሎቱ በቂ ስላልሆነ 5.ለታከሚ ክብር ስለማይሰጡ

22.**የምክር አገልግሎት የሚሰጥበት ሰዓት ተመችቶዎታልን?1 ሀ.አዎ ለ.አይደለም**

23. ሰዉ አየኝ አላየኝ ከማለቱና ከሚስጥራዊነቱ አንፃር የሚያዉቁትን ሁሉ እዚህ የጤና ማዕከል እንድመረመሩ ☐በረታታሉን?ሀ.አዎ ለ.አይደለም

24.ለምክር አገልግሎት የሚመቸዎት ሰዓት የትኛዉ ነዉ?
1.ማንኛዉም የስራ ሰዓት እና ቀን ☐
2. ማንኛዉም የስራ ሰዓት እና ቀን እንድሁም የምሳ ሰዓት ☐
3. ማንኛዉም የስራ ሰዓት እና ቀን እንድሁም የምሳ ሰዓት እና ምሽት ላይ ☐
4. ማንኛዉም የስራ ሰዓት እና ቀን እንድሁም ቅዳሜና እሁድ ☐

25. **.የምክር አገልግሎት የሚሰጥበት ሰዓት በዚሁ እንድቀጥል ይፈልጋሉን?1 ሀ.አዎ ለ.አይደለም**

26. .የምክር አገልግሎት የሚሰጡት ባለሙያዎች ያከብሮ- ታልን? 1 ሀ.አዎ ለ.አይደለም

27. **የምክር አገልግሎት የሚሰጥበት ክፍል ሰዉ አየኝ አላየኝ ከማለቱ አንፃር ተመችቶዎታልን? *1* ሀ.አዎ ለ.አይደለም**

28.**የምክር አገልግሎት የሚሰጡት ባለሙያዎች ሚስጥርን ይጠብቃሉ ብልዉ ያምናሉን? ሀ.አዎ ለ.አይደለም**

***29*.የምክር አገልግሎት ለማግኘት የሚጠብቁበት ቦታ ሰዉ አየኝ አላየኝ ከማለቱ አንፃር ተመችቶዎታልን? *1* ሀ.አዎ ለ.አይደለም**

30. **የምክር አገልግሎት የሚሰጥበት ክፍል ሲናገሩ ሰዉ ሰማኝ አልሰማኝ ያስጨንቃልን? *1* ሀ.አዎ ለ.አይደለም**

አመሰግናለሁ::

Declaration

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

Name of the student: Yonus Mekonnen

Signature

Name of the institution: Jimma University

Date of submission 29/09/03

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

Name and signature of the first advisor

Prof Challi Jira

Name and signature of the second advisor

Wayu Beyene

Name and signature of the internal examiner

Yibe Ital Kifle

14 June 2011