Psychosocial Support for People Living with HIV/ AIDS in Selected Faith Based Organizations in Bonga town: The case of MekaneYesus and Genet Church

A Thesis Submitted to the School of Social Work in Partial Fulfillment of the Requirement for the Degree of Masters of Art in Social Work (MSW)

By MihretabBirhanu

Jimma University

College of Social Science and Humanities

School of Social Work

Main advisor: Rahel G/Michael (MSW)

Co-advisor: Lidia Assegid (MSW)

March, 2021

Ethiopia

A Thesis Submitted to the School of Social Work in Partial Fulfillment of the Requirement for the Degree of Masters of Art in Social Work (MSW)

Certificate

*This is to certify that the thesis entitled"*Psychosocial Support for People Living with HIV/ AIDS in Selected Faith Based Organizations in Bonga town: The case of MekaneYesus and Genet Church*",Submitted to Jimma University for the award of the Degree of Masters of Art in Social Work and is a record of research carried out by Miss MihretabBirhanuZewdieunder our guidance and supervision. Therefore, we hereby declare that no part of this thesis has been submitted to any other university or institutions for the award of any degree of diploma.*

Main Advisor Name	*Date*	*Signature*
***Rahel G/Michael** (MSW)*	_____	_____

Co-Advisor Name	*Date*	*Signature*
***Lidia Assegid**(MSW)*	_____	_____

Approval Sheet

School of Graduate Studies

Jimma University

As, thesis research adviser, I hereby certify that: I have read and evaluated this thesis prepared, under my guidance, by *Miss MihretabBirhanuZewdie*, entitled"Psychosocial Support for People Living with HIV/ AIDS in Selected Faith Based Organizations in Bonga town: The case of MekaneYesus and Genet Church"I recommend it to be submitted as fulfillment of the thesis requirement.

Name of Main Adviser	Date	Signature
Rahel G/Michael *(MSW)*	_____	_____
Name of Co- Adviser	Date	Signature
Lidia Assegid*(MSW)*	_____	_____

ABSTRACT

The main objective of the study was to explore the psychosocial support service among people living with HIV/AIDS in selected faith based organizations in Bonga town. The study was carried out at MekaneYesus and Genet Church. The study employed qualitative research method such as direct observation and interviewing to investigate the psychosocial conditions of people living with HIV/AIDS in selected faith based organizations in Bonga town. A total of 8 PLWHA, 2 facilitators from bothfaith based organizations (1 participant from each of the organizations) and 2 respondents from concerned government bodies were selected purposively as a sample for the data collection. Semi- structured interview which consist of different topics and open ended questions were developed to assess participant's belief about their situation. The relevant information obtained from study participants were analyzed and interpreted in line with the research key objectives. Both MekaneYesus and Genet churches had a great role in providing psychological support like individual counseling,life skill training and group counseling about living positively with HIV/AIDS to PLWHA and on the ways of how to protect themselves as well as those people around them. Based on the findings various recommendations were raised to policy makers, to donors, to government, to faith based organizations, and to future researchers.

Acknowledgement

I would like to acknowledge my advisor Rahel G/Mikael for her comments and continuous encouragement that made the completion of this study possible. Thanks to my co advisor Lidia Asegid for her valuable comments.

I am very grateful to all the academic staff of the of Social Work school for their cooperation in this study, especially to Hunde Doja head of Social Work department and to Tadesse Gobosho (Dr). For your constructive criticism, supervision, and continued encouragement.

I would like to gratitude all my respondents who participated in the data collection process. Many thanks go to Ethiopian Evangelical Church Mekane Yesus Bonga branch and Ethiopian Genet Church Development and welfare organization Bonga branch staffs.

Lastly, my parents deserve greater thank specially to my husband Wondiye Mitiku Ijetafor the necessary financial support and encouragement. My Mom this is for you. I will never tiered to make you proud Etetiye.

ACRONYMS

AIDS	Acquired Immune DeficiencySyndrome
ARC	AIDS Resource Center
CAR	Central African Republic
CDC	Center for Disease Control
DRC	Democratic Republic of Congo
EPHI	Ethiopian Public Health Institute
FAP	Formerly Abducted People
FBO	Faith Based Organization
FHI	Family Health International
GBV	Gender Based Violence
GIPA	Grater Involvement of People Affected by AIDS
HIV	Human Immune Deficiency Virus
IDP	Internally Displaced Person
LRA	Lord's Resistance Army
MHPSS	Mental Health and Psycho Social Support
MOH	Ministry of Health
NGO	Non-Governmental Organization
PLWHA	People Living with HIV/AIDS
PSEA	Protection against Sexual Exploitation and Abuse
PSS	Psycho Social Support
PTSD	Post Traumatic StressDisorder

SGBV	Sexual and Gender Based Violence
SPDI	Santi Pracha Dharma Institute
UNDP	United Nations Development Program
WHO	World Health Organization
YMCA	Young Men Christian Association

Table of contents

Contents page

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the study

HIV/AIDS has become one of the main agenda both at national and international levels. It has different effects like economic and social. Efforts to combat the disease since its outbreak range from formulating policy frameworks to the actual implementation of policies and programs at grass-roots level (United Nations Development Program (UNDP, 2001).The Human Immunodeficiency Virus /Acquired Immune Deficiency Syndrome (HIV/ AIDS) epidemic has become one of the most important public health problems in recent times, and sub-Saharan Africa has been disproportionately impacted by the disease. HIV/AIDS has become an obstacle for development efforts in African countries by aggravating the already existing poverty, reversing human development achievement, worsening gender inequalities, hindering government efforts to provide essential services and reducing the productive labor force (UNDP, 2001).

HIV/AIDS disease ravages humankind regardless of boundaries, sex, race, religion and the like. As witnessed by many researches the severely hit segment of the population is between the ages of 15-49 (AIDS Resource Center [ARC], 2005). This reality has a very significant negative implication on the development line of the severely affected Sub- Saharan poor countries (ARC, 2005).

According to the Ethiopian Public Health Institute (EPHI) HIV Related Estimates and Projections for Ethiopia for 2018, the national HIV prevalence is 0.96%. According to the same estimate for 2018, there are a total of 610,335 people living with HIV, of which 62 % are

females. Besides, there are an estimated 13,488 people newly infected, of whom 61.5% are females. Annual estimated AIDS related death for 2018 is 13,556. Variations in HIV prevalence were also observed among regions. According to the 2018 EPHI estimates, Gambella has the highest prevalence (4.06%) followed by Addis Ababa and Dire Dawa with prevalence of 3.58% and 3.03%, respectively, while it is lowest in SNNPR and Ethiopia Somali regional states with HIV prevalence of 0.42% and 0.16% respectively.However, due to their large population size, Amhara and Oromia regions have the largest People Living with HIV (PLHIV). Although these regions have a lower HIV prevalence, they still bear a significant proportion of the epidemic burden. Overall, the HIV epidemic in Ethiopia can be explained as both generalized and heterogeneous (Ministry of Health (MoH, 2018).

Appreciation and understanding of the care and support needs of PLWHA are essential in order to develop relevant and adequate care responses. Studies have revealed that needs of PLWHA go beyond clinical care and treatment. PLWHA's needs also include, for the most part, social support to alleviate the socio-economic impact of HIV (e.g. basic needs for food, school fees and shelter), psychological support to cope with the implications of having a life-threatening condition, PLWHA's right to protection in employment, to confidentiality, to medical care and access to new treatments, counseling, emotional, protection against discrimination and stigma, social support for their orphans left behind after the patients die, etc. (WHO/UNAIDS, 2000).

According to the working document of the WHO and UNAIDS (2000), it is explained the importance of care and support to the people living with HIV/AIDS as social and economic benefits. The PLWHAs arise from recognizing that they live longer and healthier, the loss of income for themselves and their families is postponed, and the future of their dependents will be better. In addition, the economy will benefit through the better performance of its workforce.

Care and support for PLWHA builds confidence and hope in clients: if the quality of life of PLWHA improves as a result of care and support, hope will be instilled to the benefit of the individual and the family, and as a result to the society at large.

HIV AIDS continues to be a major global health issue, having claimed more than 32 million lives so far. However, with increasing asses to effective HIV prevention, diagnosis, treatment and care including for opportunistic infections, HIV infection has become a manageable chronic health condition, enabling people living with HIV to lead long and healthy lives. There were approximately 37.9 million PLWHA at the end of 2018 and over the two third of all PLWHA live in the African Region (27.7 Million) (WHO, 2010). While HIV is prevalent among the general population in this region, an increasing number of new infections occur among key population groups. At the end of 2018, an estimated 79% of PLWHA knew their status. 62% were receiving ant rhetorical therapy (ART) and 53% had achieved supervision of the HIV virus with no risk of infecting others (UNAIDS, 2019).

Care and support services have the greater involvement for people living with HIV/AIDS in the fight against the epidemic. Beyond opening the possibility of involving PLHA in policy and decision-making, and target action against the epidemic with more precision, GIPA enables the personalization of HIV infection in provision of health care, prevention, peer counseling, community care and HIV/AIDS advocacy. This makesnon-infected people, institutions and policy makers realize that HIV is also their problem, and motivates them to do something about it (WHO/UNAIDS, 2000).

For a care and support package for HIV to be comprehensive, it should include elements of voluntary counseling and testing for HIV infection, psychosocial support, home and

community-based care, and clinical management (including medical, nursing and counseling care).

Faith based organization (FBO) are different religious institutions whose primary mission is preaching and teaching about spiritual life. In addition to this mission most FBOs involved in different activities to enrich the community around. They provide education service, health care service, helping orphans and vulnerable children in different aspect, provides psychosocial and economic support for people in need and so on.

Previously, religious organizations have confusion in dealing with HIV and AIDS and have taken time to accept HIV/AIDS epidemic as a disease rather than God punishment (CPA, 2005). Later on, religious leaders have changed the previous thought and take full responsibility in teaching, support and care of PLWHA. Churches also incorporate HIV and AIDS in the curriculum of its theological medium level schools. It also offers AIDS awareness education for the church members, local communities and youth. Mobilize communities to support changes in social norms and harmful practices that encourage risk reduction. Give training to many community workers to provide psychosocial support, basic care and health education about AIDS. All these effort consistently high levels of donors support the programs and activities (UNAIDS 1999).

This research was conducted in southwest part of Ethiopia in Kafa zone. The zone is found in south nation nationalities people's regional state. It will focus on the practice of psychosocial support for people living with HIV/AIDS in selected faith based organization in Bonga town.

1.2. Statement of the Problem

It is a universal truth that currently our planet is being critically challenged by the economic, health, and social adverse burdens brought by HIV/AIDS. Now a day AIDS has been appeared to be a very big sanction against development and especially in the Third World countries through time it updates its severity and burden on the poor people (Population Council, 2001).

Population mobility, poverty and gender relationships are mentioned as factors at the macro level. Individual sexual behavior, the numbers of sexual partners, use of protection during sexual intercourse are taken as factors at the micro level in determining HIV infection (Fontanet&Piot 1997 cited in Bernardi, 2002).

Impacts of HIV/AIDS is so immense that it result in a heavy tool of life decline in absolute figure of productive population, increased health expenditure at macro- economy and above all in the erosion of household assets, family disintegration etc. HIV/AIDS resulted in the high death rate of all ages and decline life expectancy of the generation. (MoH, 2003:11).

In order to respond to the need of PLWHAs different governmental, nongovernmental, community and faith- based organizations have tried to run different programs. However, not all PLWHAs receive adequate services since the number of organizations giving these services and the numbers of individuals requiring the services do not match (FHI, 2001).

Since the number of PLWHA is increasing significantly, providing care and support by GOs and NGOs including faith based organizations to meet their medical, emotional and social needs as well as that of , their family members and caregivers has become essential. Even though the national policy was designed in a manner to consider the need for a holistic approach in the

provision of care to people living with HIV/AIDS, its actual implementation is found to be different. Lack of funding, lack of coordination between stakeholders and shortage of human resources were identified as problems associated with HIV/AIDS care and support in Ethiopia (Proceeding of the National Workshop on Accelerating Access to Care and Support, 2001).

Psychosocial support involves the culturally sensitive provision of psychological, social and spiritual care. The FHI assessment identified the emotional and psychological well-being among others as the most important needs of PLWHA in the city (FHI, 2002) but the situation of many PLWHAs who lives in rural areas is not covered. The FHI research pointed out that associations of PLWHAs, Dawn of Hope and Mekdim Ethiopia were rendering the following services: HIV/AIDS counseling, material support, orphan care, legal support, home based care and financial assistance to cover medical costs but much is not known about psychosocial support in context of faith based organization who are known to be successful in this aspect of the service. Nevertheless, as reported by the beneficiaries (PLWHAs), inadequacy, duplication, lack of coordination, lack of clarity and transparency are observed in these services (FHI, 2002). Moreover, PLWHAs are made to be passive receipts of services than contributor and partner so this study will also have the perspectives of PLWHAs with regard to services provided for them and more importantly for psychosocial services.

Different researches were conducted on the overall supports needed to PLWHAs on number of issues from the concerned bodies both within Ethiopia and elsewhere in the world but very few to my knowledge on psychosocial services provided by faith based organization in Ethiopian context .

International agencies are increasingly recognizing the role of religious organizations in establishing effective HIV/AIDS interventions. Faith-based organizations (FBOs) are among the

most viable institutions at both local and national levels and have developed experience in addressing the multi- dimensional impact of AIDS. Religious organizations are prevalent throughout Africa (UNICEF, 2018).

In East Asia and the Pacific National Council of Churches in the Philippines and Regional Buddhist Leadership Initiative worked for the benefit of communities by employing ideas and skills they have gained through the UNICEF initiative to carry out low-cost, sustainable prevention and care activities in their local communities. They have been involved in prevention programs with young people, spiritual counseling and the provision psychosocial support to people with HIV/AIDS (UNICEF, 2018).

The Study took place in six countries in Africa (Kenya, Malawi, Mozambique, Namibia, Swaziland and Uganda) in these initiatives, mostly through community-based initiatives involving spiritual, material, educational and psychosocial support andmany individual congregational initiatives supported and the cumulative results was significant (UNICEF, 2018).

According to Erimias (2007), social and religious challenge of anti-retro viral treatment was studied on two associations –TesfaSetechign Mariam and Mekdim Ethiopia and religion related factors and social factors are noted to play significant role in affecting the treatment and most of the respondents taking the drugs secretly in fear of the stigma and discrimination they may encounter. From this finding the researcher recommended other study in order to measure the magnitude of the problem and for implementation of possible measures including the psychosocial support in order help the clients who are suffering from stigma and discrimination. Whereas the current study is going to focus on the provision of psychosocial support by faith based organizations for people living with HIV/AIDS based on the indication of previous study on the importance of psychosocial support for such members of the community.

The research study conducted by Abebayehu (2006) on role of Faith Based organizations in combating HIV and AIDS epidemic in Ethiopia, Addis Ababa on case study of Ethiopian Kale Heywet Church (EKHC) MEDAN ACTS Addis Ababa HIV/AIDS projectexamines the involvement of FBOs in the prevention and control of HIV/AIDS and indicated that they have played positive role in fighting HIV/AIDS. This study focuses on role of Faith Based organizations generally on fighting against HIV/AIDS in Addis Ababa on merely focuses on how psychosocial support is important in combating and helping the individuals living with HIV/AIDS.

One of the commonly referred study on HIV/AIDs and faith based organization is research conducted by Zena (2006) focusing on assessment HIV/AIDS care and support at holy water sites in Addis Ababa. This assessment is done in a way to look for alternative response mechanisms to HIV/AIDS that could in the long run be complemented and integrated to the widely known bio-medical approach of HIV treatments. The finding reveals that people in most cases are in need of compromising the spiritual practices together with the medical knowledge through counseling or other models, which are not available, let alone to access and utilize. At the same time due to the widespread poverty, this section of the population is also affected very much. Fulfilling basic needs is difficult to most of them. In addition the social isolation from their families, relatives and friends is very common to the majority to these communities. This study has been conducted over 13 years and was only focusing in Addis Ababa which may not show the experience in rural parts of the country. In addition to the above, this study was mainly about holy water but the current study at hand is more holistic in that it intendeds to examine psychosocial support given to PLWHAs by faith based organization.

Hence, this paper intends to assess the extent to which the psychosocial services of faith based organizations in Bonga town is substantial in terms of the overall psychosocial wellbeing of PLWHAs in eyes of currently resurging HIV/AIDS episodes in the country. Having in consideration of the gaps above, this research was designed to answer the following research questions:

- What are the practices of psychological support for PLWHA in selected faith based organization in Bonga town?
- What is the social service offered in selected faith-based organization in Bonga town?
- What are the opportunities of psycho social service delivery in selected faith based organization in Bonga town?
- What are the challenges of psychosocial service delivery for PLWHA in selected faith based organization in Bonga town?

1.3. Objective of the Study

1.3.1. General objective of the study

Main objective of the study was to explore the psychosocial support for people living with HIV/AIDS in selected faith based organizations in Bonga town.

1.3.2. Specific objective of the study

- To explore the practice of psychological support for PLWHA in selected faith based organization in Bonga town.
- To explore the social service practiced in selected faith-based organization in Bonga town
- To explore the opportunities of psycho social service delivery selected faith based organization in Bonga town.
- To identify challenges in psychosocial service delivery for PLWHA in selected faith based organizations in Bonga town.

1.4. Delimitation of the Study

In terms of content, the study was delimited on exploring the psychosocial support for people living with HIV/AIDS in selected faith based organizations. Regard to study area, the research will be delimited to Kaffa Zone Bonga town.

1.5. Significance of the Study

The main objective of this study is to explore the psychosocial support for people living with HIV/AIDS in selected faith based organizations in Bonga town. The findings from this study will help Policy makers to as input for positive criticisms in policies and guidelines that govern the work of faith based organizations in HIV/AIDS prevention, care, and support.

The research finding can help stakeholders like (donors, government and researchers) to explore the existing issues related with psychosocial support like how they provide the support, the challenge during the provision and the likes.

This study will help to raise awareness of the existing problem and it will initiate government and nongovernmental organizations, faith based organization and the community as a whole to be more conscious about the issue in order to take actions. It may serve as a reference for other researchers who may be interested to make investigation in a similar area.

1.6. Limitations of the study

The overall study has the following limitations. First, generalizability of results may be limited, because as it is qualitative study from the very beginning representative sample was not taken.

Second, the instruments used in this study were self-developed for this particular study. Thus, using such instrument only allows current context and depends on the researcher's exposure. So, what is a major lesson or insight obtained from these limitations is that future studies in our context will provide standardized instruments in collaboration with the concerned bodies and work on quantitative aspects.

Third, the study had to be conducted within limited time frame. In addition, it was not a longitudinal follow-up study. As a result the cross-sectional nature of the study suggests that interpretation of the results of the data is limited to association and not causation.

1.7. Operational Definition of Terms

- Psychosocial support: is a social(cultural, integration, sharing, social life)and psychological (mental, emotional, coping skill) support provided by faith based organization
- Faith based organization: is religious organization that provides different supports for the community in addition to preaching bible to the followers

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Historical Overview of AIDS

When AIDS was first recognized as disease in 1981 and giving a name what is now, it manifests in different signs and symptoms with homosexually people. People confused much about the incidence of the epidemic and medical professionals also have some difficulties to identify its complex nature, which contain more signs and symptoms, diseases at a person at a time. Later on, AIDS is further defining in medical term as" Syndrome" (set of symptoms, which occur together). AIDS officially adopted as Acquired Immune Deficiency Syndrome by the centers for disease control (CDC) in1982 (Shalina&Suninder, 2004).

In the beginning, several theories and ideas have been propounded regarding the origin of HIV and AIDS. In short, there was no shortage of thoughts raised at different corners where and what causes HIV and AIDS. People have various outlooks towards AIDS disease. Some believed that it is an act of God and religious curse or penalty against homosexual for practicing Biblically unaccepted life style, which include drug, Alcohol and sexual promiscuity (Gerald, 2002). Different religious leaders such as priests and Reverend and others had already accepted as God's judgment for wrong doing people. Reverend Bill Gram said that, "AIDS is a judgment of God". Religious based perspectives on HIV and AIDS general reflected as curse or punishment of God. Because of this, religious institutions become more reluctant to teach and participate in prevention and control of HIV and AIDS epidemic (Gerald, 2002).

Others people out of faith believe and understand in many ways. Nevertheless, scientists who are experts in the field of study associate the human immune deficiency causes with

infectious agent (Gerald, 2002). Different perspectives of AIDS deliberately targeted as "gay men" health problem. Such kind of thoughts is exposed mass people to the rapid spread of AIDS epidemic throughout the World and causes many "socio-economic" and "public health" issues. Because of this thinking, people also less attentive to work on HIV and AIDS prevention and become at risk of contracting the virus (Savita, 2004).

2.1.1. HIV and AIDS at the Global Level

According to UA Progress Report (2018), at the end of 2015, 36.7 million people were living with HIV. In the same year, 2.1 million people became newly infected with HIV and 1.1 million people died from HIV related causes globally. New HIV infections have fallen by 35% since 2000 and AIDS related deaths have fallen by 42% since the peak in 2004. The world has exceeded the AIDS targets of Millennium Development Goal (MDG), halting and reversing the spread of HIV, and increasingly countries are getting on the Fast Track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs).

2.1.2. HIV and AIDS at Sub Saharan Africa

Sub-Saharan Africa continues to bear a disproportionate share of the global HIV burden. In mid-2010, about 68% of all people living with HIV resided in sub-Saharan Africa, a region with only 12% of the global population (UA, 2011).

The 1.9 million people who became newly infected with HIV in 2010 in sub- Saharan Africa represented 70% of all the people who acquired HIV infection globally. However, the number of people newly infected in this region is decreasing. About 16% fewer people acquired HIV infection in 2010 than in 2001 (when an estimated 2.2 million people were newly infected) (UA, 2011).Because people accessing antiretroviral therapy and care tend to survive longer, the

total number of people living with HIV in sub-Saharan Africa is increasing; it reached 22.9 million in 2010 (12% more than in 2001).

More women than men in sub-Saharan Africa are living with HIV; in 2010, women comprised 59% [56–63%] of the people living with HIV in that region (very close to the same proportion as a decade ago).

The epidemics in sub-Saharan Africa vary considerably, however, with southern Africa most severely affected. An estimated 11.1 million people were living with HIV in southern Africa in 2009, 31% more than the 8.6 million people living with HIV in the region a decade earlier (UA, 2011).

In 22 countries, national models of HIV prevalence showed that the incidence of HIV infection declined by more than 25% between 2001 and 2009 – including in some of the countries with the largest epidemics in the region: Ethiopia, Nigeria, Zambia and Zimbabwe (UA, 2011).

2.2. Impact of HIV/AIDS in Ethiopia

Soon after the report of the first two confirmed cases of HIV in 1984, Ethiopia responded to the HIV epidemic promptly by establishing a taskforce in 1985. Two years later, in 1987, the national taskforce was upgraded to a department level under FMOH. The department had the responsibility of coordinating the national prevention and control program. Subsequently, short and medium term plans were prepared and implemented in collaboration with national and international partners. However, the National AIDS Policy was issued only a decade later (1998).

Further, in 1999, the Strategic Framework for the National Response against HIV was prepared.

Both documents served as the basis for the expanded and multi sectorial response against HIV. Despite the prompt initial response, the national progress was evaluated to be slow and interrupted. As a result, further restructuring in the response mechanism was required. In April 2000, the National AIDS Council (NAC) was established with secretariat offices from federal down to kebele levels. This further evolved into an office, the HIV/AIDS Prevention, and Control Office (HAPCO, 2002).

The 1998 Ethiopian HIV Policy and the Strategic Plan on Multi sectorial response have guiding principles including: multi sectionalism, shared sense of urgency, ownership and active involvement of the community, leadership commitment, partnership, gender sensitivity, public health approach, promotion and protection of human rights, greater involvement of PLHIV, and best use of resources, equitable and universal access, sustainability, and coordination.

The HIV pandemic has a major impact on the social, economic and cultural life of the community. HIV/AIDS is affecting productive citizens of the country. One of the major consequences of HIV/AIDS is increasing number of mortality. The estimated number of AIDS deaths in the country in 2018 is 13,556. In Ethiopia, Population between the age group of 15 to 49 constitutes 90 percent of the AIDS cases (MOH, 2018). This age category is the most productive and resourceful part of the population. Most literate and experienced members of the community that are involved in agriculture, education, health and other development sectors affected by AIDS means the socioeconomic development of the country is in vain.

2.3. The Needs of People Living With HIV/AIDS

To meet the physical, emotional, social and economic needs of PLWHA, care and support should be governed by the following principles and values. Respect for human rights, ethics, confidentiality, informed consent, privacy, and individual dignity. Human rights and

ethical practices apply equally to PLWHA as to other individuals. Fighting discrimination, enhancing respect of individual autonomy and human dignity, and pursuing informed consent are all relevant to HIV care and support. Equity: affordable care of acceptable quality should be provided to all people regardless of gender, age, race, ethnicity, sexual identity, income and place of residence. More attention should be given to those groups of the population that have more problems to access care: widows and orphans, pregnant women, children, the elderly, the uneducated and the poor (Tesfaye, 2006).

According to Tesfaye (2006), quality of care should be of good quality. Interventions and services have maximum benefit if they are of good quality. There ought to be continuous improvement in quality of the services. Quality can be measured in terms of the nature of services provided and in the specific interventions. Measures of quality of services include indicators such as waiting time, attitude of health workers and the type of facilities available. Indicators of specific interventions include compliance with recognized standards in administering the interventions. Quality of services is a strong indicator of how responsive the services are to the expectations of the people.

Efficiency and effectiveness: care should be provided at reasonable societal costs. Resources invested should be result-oriented and there should be corresponding concrete quantifiable results. Efficiency considerations fuel the need to coordinate and integrate health systems so as to ensure the continuity of service delivery among different providers and different levels of care. Accessibility and availability: all levels of the health system should make care accessible to as many people as possible. The provision of care appropriate to the resources available and levels of HIV prevalence need to be decided through local consensus building that

involves the whole community. This requires regular review with all stakeholders (Tesfaye, 2006).

Sustainability: initiatives in provision of care and support will remain meaningful and other principles of care and support will only be viable - where they are embedded in a sustainable program of provision. This requires taking into account human, logistic and financial resource requirements (WHO/UNAIDS, 2000).

2.3.1. Psychological Support for People Living with HIV/AIDS

The provision of good psychological care has been shown to be beneficial for patients by reducing both psychological distress and physical symptoms through increasing quality of life, enhancing coping and reducing levels of pain (Carlson and Bultz, 2003).

Psychological care and support is also important because it has a huge impact on quality of life and encompasses a broad spectrum of issues in HIV care including physical, social, cognitive, spiritual, and emotional and role functioning as well as psychological symptomology, pain and other common physical symptoms such as headaches, sleep disturbance and gastrointestinal upset (Grimm, 2005).

2.3.2. Social Support for People Living with HIV/AIDS

Although the construct of social support was first conceptualized by social scientists in the late 1970s (Berkman&Syme, 1979), the definition of the concept varies widely among researchers and their study context (William, Barclay, &Schmeid, 2004). Social support is generally defined as "the perception or experience that one is loved and cared for by others,esteemed and valued, and part of a social network of mutual assistance and obligations" (Taylor, 2007). Conceptualizations of social support have also focused on the source of support,

which can vary from family, spouse, friend, coworkers, doctor, and community ties/affiliations. House, Landis, and Umberson (1981) outlined the following types of social support, which are still extensively used in research conducted:

- Informational Support involves the provision of information, education, or guidance for use in managing personal and health-related problems.
- Instrumental Support (also referred to as tangible support) involves the provision of tangible assistance, in the form of financial aid, material goods, labor, time, or any direct help. Given the context of LMIC, we included both food insecurity and microcredit loan programs in this category.
- Emotional Support involves the provision of empathy, affection, love, trust, encouragement, listening, and care from members of an individuals' social network.
- Appraisal Support (also referred to as affiliated support and social integration) involves the number of social relationships an individual has with others that have mutual interests. This type of support also provides affirmation and feedback

2.3.3. Health Support for People Living with HIV/AIDS

A key element in HIV/AIDS care and support is the provision of psychosocial support. Counseling, spiritual support, support to enable disclosure and risk reduction strategies, medication adherence, and end of life and bereavement support are all part of psychological support. This should be part of the care package at all levels. At its most basic level, this requires the establishment and support of peer-support groups for those found positive, and those affected by HIV. Many good examples of such services - which act as a focus for education, training, and provision of material, basic economic, spiritual and psychosocial support - currently, exist in

many countries. Those most affected often create such groups through a need for solidarity in the face of broader public stigma and discrimination. The greater involvement of people affected by HIV/AIDS (GIPA) is a vehicle for generation of psychosocial support in communities, and needs to be incorporated and encouraged in designs for care and support (UNAIDS, 2000).

Health, religion and cultural norms and values define the health-seeking strategies of many Africans. The failure of health policy makers to understand the overarching influence of religion and the important role of FBOs in HIV treatment and care - could seriously undermine efforts to scale up health services. WHO has done a great service in quantifying the role of the faith community in providing HIV/AIDS care and treatment in sub-Saharan Africa, as it reports that Pastors, imams, and volunteers who minister to those who are suffering from deadly diseases are fully aware of their constituents' needs, and have responded with care on the front lines (WHO, 2007).

2.4. Faith Based Organizations and HIV/AIDS

FBOs in all sectors reach farther than any other institution, are sustainable and ideally suited for long-term community outreach, education, and support contact, maintain moral authority and espouse values of compassion, care, and youth outreach. Thus, the programmatic and philosophical interventions they undertake have the potential for long-term continuity, possess a reservoir of volunteers, local leadership, existing groups, and youth activities on which local efforts can draw for their community-based interventions, are important partners with government, are there for the long haul, which helps the sustainability of the services they provide (Green, 2003).

Many FBOs in the field of HIV/AIDS have been working patiently, compassionately, and effectively for years in AIDS mitigation and prevention. This is true of large, internationally recognized FBOs and smaller ones as well. Specifically, FBOs in the field of HIV/AIDS have been providing care, support, and counseling for people living with HIV/AIDS, including care for AIDS orphans, income generation projects for people living with HIV/AIDS and their dependents, and a variety of HIV prevention activities. Workshops and seminars have been conducted for leaders of Buddhist, Christian, Hindu, Muslim, and other faith groups, and these efforts often have resulted in programs aimed at followers of the religion as well as others in local communities. These efforts demonstrate the ability of FBOs to bring AIDS support and education to communities not being reached by government campaigns, often using creative educational approaches (for instance Campolino and Adams, 1992 and Farill et al. 1992).

2.5. The role of faith based organizations in HIV prevention

Faith-based organizations are religious and religion-based groups or congregations, specialized religious institutions, or registered and unregistered non-profit institutions that have a religious character or mission. Spiritual organizations are also considered faith-based organizations.

According to United Nations Population Fund (2015), Local congregations people who worship together and reach out socially, organizing, for example, food pantries, clothing donations, in-home visits and assistance to the elderly. Interfaith or faith-based coalitions: groups who come together for a common cause, guided by religious principles, or provide services that are beyond the scope of a single congregation. Citywide and region-wide sectarian agencies: for example, the Federation of Protestant Welfare Agencies of New York. National projects and organizations under religious auspices: for example, Habitat for Humanity, the

Young Men's Christian Association (YMCA) and the Young Women's Christian Association (YWCA). Para-denominational advocacy and relief organizations: these groups are not formally affiliated with any religion, but are influenced by or based on religious principles, such as the SantiPrachaDhamma Institute (SPDI). Religiously affiliated international organizations: for example, the Catholic Relief Services and the International Friends Service Committee.

FBOs are ideally placed to deal with the realities of HIV/AIDS and the intersections between faith, care and hope have been noted further above. Health Development Networks [HDN], (2001). FBOs promote values of compassion, tolerance and care for the needy; they are embedded within communities and understand local needs and conditions; and they have long histories of delivering health care and other social services in poor and underdeveloped areas. Yet some FBOs have been involved in denouncing or rejecting PLHA – including their own clergy. Negative sanctions have included forcing HIV-positive clergy and members out of parishes, compelling them to confess the 'sins' that led to their infection, and leading congregations in special prayers for HIV-positive followers who may be 'punished' for their status (Paterson, Aggleton, Wood, Malcolm, & Parker, 2005).

2.6. Challenges and opportunities of Psychosocial support

2.6.1. Challenges of Psychosocial Support for People Living with HIV/AIDS

The term psychosocial refers to the close relationship between the individual and the collective aspects of any social entity. It can be adapted in particular situations to respond to the psychological and physical needs of the people concerned, by helping them to accept the situation and cope with it. "Psychosocial" is used to describe the interconnection between the individual (i.e. a person's 'psyche') and their environment, interpersonal relationships,

community and/or culture (i.e. their social context). In situations where PSS services are available, access may be limited by geographic location or security restrictions. A person's race or ethnicity, gender, disability, special health care needs or socio-economic status may have an impact on their access to care. Where mental health care is provided, its scope tends to be limited and discriminatory. Moreover, there is a tendency to view all people with MHPSS needs as mentally ill. No specialized health personnel may lack specific MHPSS knowledge or experience, or indeed the time to acquire the skills to address the impact of violence on mental health, while MHPSS experts are scarce. Social and cultural beliefs and/or preconceptions regarding mental health may also discourage patients from seeking help, as they might face stigma.

HIV/AIDS stigma in the context of religious communities and FBOs It has long been recognized that FBOs play a pivotal role in relation to the HIV/AIDS epidemic. Elements include doctrinal positions and religious teachings on the meaning of HIV infection, the degree of openness with which religious figures address HIV/AIDS, and HIV prevention and HIV/AIDS mitigation efforts undertaken by religious institutions in the communities and societies within which they work. In the discussion below we make reference to the body of work that has explored issues of religion and faith in relation to HIV/AIDS. We use the term FBO broadly to encompass any religions, religious communities, religious institutions, faiths and denominations. However, much of the available literature focuses on formally organized religion and predominantly Christian responses, and thus our analysis largely reflects this predominance (Health Development Networks 2001).

Current literature makes reference to the challenges of eradicating HIV-related stigma and discrimination within FBOs Paterson, 2010). And whilst some analyses suggest that HIV-

related stigma and discrimination are pervasive within FBOs, there is also a body of documented HIV/AIDS-response activities that takes place within and via FBOs that are currently growing rapidly. This includes supporting families and orphans, providing medical care, resourcing HIV-positive support groups, and providing counseling and pastoral care. In South Africa, a review of FBOs listed in the national HIV/AIDS database found that FBOs that had AIDS activities at local level predominantly worked with PLHAs (33%) and orphans and vulnerable children (27%) (Birdsall, 2005).

2.6.2. Opportunities of Psychosocial Support for People Living with HIV/AIDS

"Psycho-" refers to the mind and soul of a person (involving internal aspects, such as feelings, thoughts, beliefs, attitudes, and values). "Social" refers to a person's external relationships and environment. This includes interactions with others, social attitudes, values (culture), and the influence exerted by one's family, peers, school, and community. Psychosocial support addresses the ongoing emotional, social, and spiritual concerns and needs of people living with HIV, their partners, and their caregivers (Fekadu et al., 2014).

The prevalence of psychosocial distress, common mental health disorders and complex mental illness, is reportedly high in both adults and children in Ethiopia. A 2014 baseline study aimed at determining the broad indicators of population-level psychosocial distress in rural communities (Fekadu et al., 2014).

Acknowledging the challenges that fulfilling the vision of the National Mental Health Strategic Plan entails, and aware of the growing psychosocial needs emanating from the humanitarian emergency, the Federal Ministry of Health, and the humanitarian and development agencies active in Ethiopia in the area of MHPSS, have recently taken significant steps to

strengthen interagency coordination, collaboration and technical standard-setting, through the establishment, in 2019, of the first Ethiopia Mental Health and Psychosocial Support Technical Working Group. This platform aims to foster closer collaboration and partnership between national, international and government agencies working in mental health and psychosocial support, and to improve the effectiveness and efficiency in meeting MHPSS needs in the various contexts across Ethiopia. The primary goal of the MHPSS Working Group is, therefore, to work collaboratively on technical input in the design and delivery of mental health and psychosocial support interventions across the country (UNICEF, 2014).

Key community actors are trained and supported by mental health practitioners (e.g. MHPSS delegates, local psychologists or trained counselors) to identify psychosocial needs and provide an appropriate response. This response may include facilitating psychosocial support groups, running information and/or sensitization activities, or making referrals to quality service providers. Psychosocial capacity-building training may also be provided to specialists, for example to help local psychiatrists incorporate psychosocial elements into the care they provide. As with all capacity-building activities, it is essential to ensure monitoring, follow-up and supervision (UNICEF, 2014).

Psychosocial group activities Key community actors are trained by mental health practitioners (e.g. MHPSS delegates, local psychologists or trained counselors) to implement activities that address psychosocial problems through psycho education and by building trust, solving problems and sharing experiences and information. Group activities, such as peer support groups or social activities, help to combat isolation, as they provide an opportunity to meet people who have been through similar experiences and to build a social support network. The

link between psychosocial problems and psychological distress is a given in these activities, meaning that the activities contribute to improving psychological well-being (UNICEF, 2014).

Information and sensitization activities Information and sensitization activities often feature a psychosocial aspect, but the aim in implementing them is to raise awareness of both mental health and psychosocial issues. Although they often cover technical aspects, the aim of these activities is to transmit information in a comprehensible, engaging and culturally-appropriate way. Information activities target a variety of audiences and aim to provide general information on MHPSS issues, such as the impact of violence and the availability and accessibility of services. Sensitization activities target a specific group of people, usually those with influence in the community or who have direct contact with people with MHPSS needs. Sensitization activities are tailored to the target group and aim to positively influence attitudes and behaviors towards people with MHPSS needs, in order to address the stigma that these people often face. Information and sensitization activities are often implemented as part of a community mobilization strategy, in an effort to engage community members and strengthen new and existing community support networks (UNICEF, 2014).

Referrals A multi-disciplinary referral network is created and timely referrals are made in cases where further protection, health, economic or legal needs are identified. The ICRC provides training and support to enable psychosocial support actors to identify needs and make appropriate referrals (International Committee of the Red Cross, 2017).

2.7. Theoretical Perspectives

Social work derives its structure from evidence-driven theories and practices. Using a more holistic model of intervention and assessment than do other mental-health practices, social

work seeks remedies that consider not only the individual's needs but also the environment in which he or she is living.If you're thinking about entering the profession, it's essential to understand the principles and theories that inform social work. Knowing where and how social work theory fits in can get confusing. Fortunately, we've done the hard work of breaking it down to provide you a guide (Forder, 2000).

Social work theories are general explanations that are supported by evidence obtained through the scientific method. A theory may explain human behavior, for example, by describing how humans interact or how humans react to certain stimuli.Social work practice models describe how social workers can implement theories. Practice models provide social workers with a blueprint of how to help others based on the underlying social work theory. While a theory explains why something happens, a practice model shows how to use a theory to create change (Forder, 2000).

There are many different practice models that influence the way social workers choose to help people meet their goals. Here are some of the major social work practice models used in various roles, such as case managers and therapists:Problem solving assists people with the problem solving process. Rather than tell clients what to do, social workers teach clients how to apply a problem solving method so they can develop their own solutions.Task-centered practice is a short-term treatment where clients establish specific, measurable goals. Social workers and clients collaborate together and create specific strategies and steps to begin reaching those goals (Forder, 2000).

Narrative therapy externalizes a person’s problem by examining the story of the person’s life. In the story, the client is not defined by the problem, and the problem exists as a separate entity. Instead of focusing on a client’s depression, in this social work practice model, a client

would be encouraged to fight against the depression by looking at the skills and abilities that may have previously been taken for granted.Cognitive behavioral therapy focuses on the relationship between thoughts, feelings, and behaviors. Social workers assist clients in identifying patterns of irrational and self-destructive thoughts and behaviors that influence emotions.Crisis intervention model is used when someone is dealing with an acute crisis. The model includes seven stages: assess safety and lethality, rapport building, problem identification, address feelings, generate alternatives, develop an action plan, and follow up. This social work practice model is commonly used with clients who are expressing suicidal ideation (Forder, 2000).

2.7.1. Systems Theory

Systems theory describes human behavior in terms of complex systems. It is premised on the idea that an effective system is based on individual needs, rewards, expectations, and attributes of the people living in the system. According to this theory, families, couples, and organization members are directly involved in resolving a problem even if it is an individual issue (Forder, 2000).

Systems theory looks at human behavior and problems from the perspective of the individual in the context of complex and interrelated systems. This holistic theory considers the needs, behavior, and experiences of all those interacting within the system. In systems theory, a social worker must consider all the factors within the system impacting the client and work to make that system healthy and supportive (Forder, 2000).

Those in the system include both the client and members of the client's family, as well as networks and communities such as friends, counselors, teachers, mentors, classrooms, schools,

and religious communities. Systems theory also considers the effect of societal values on an individual (Forder, 2000).

Systems theory in social work is based on the idea that behavior is influenced by a variety of factors that work together as a system. These factors include family, friends, social settings, economic class, and the environment at home. The theory posits that these and other factors influence how individuals think and act, and therefore examining these social structures to find ways to correct ineffective parts or adapt for missing elements of a given system can positively impact behavior. As HIV infection affects all dimensions of a person's life: physical, psychological, social and spiritual. Psycho social support can help people and their caregivers to cope more effectively with each stage of the infection and enhances quality of life. With adequate psychosocial support, PLWHA are more likely to be able to respond adequately to the stress of being infected and can manage their problem by what they have form themselves and their environment. Social work involves taking into account many factors of an individual's life. In current study the researcher tries to explore how the psychosocial support for PLWHA in faith based organization was implemented in holistic way and helped the clients in holistic manner.

CHAPTER THREE

3. RESEARCH METHODOLOGY

This chapter presents the methods employed to conduct the study. Under this chapter design of the study was explained and study area and participants were clearly described. Respondents were selected randomly from the beneficiaries of MekaneYesus Church and Genet Church and also Facilitators of the projects and concerned government bodies. After establishing the methods of data collection, data processing and analysis was followed. Lastly, the researcher summarized and concluded the final study.

3.1. Research Design

The study used the qualitative research method to explore the psychosocial issues of people living with HIV/AIDS in selected faith based organizations in Bonga town. The challenges and opportunities in providing psychosocial support for PLWHA in faith based organizations were also assessed. The reason to choose the qualitative method was it found to be the best research method to address the central research questions which tried to explore the overall conditions of people living with HIV/AIDS under the support of selected faith based organizations. Also it enabled to devise interventions for PLWHA by briefly examining the challenges and best practices of organizations that provide service for PLWHAs.

Social constructivist philosophical worldview shaped the design of this study. Constructivism or social constructivism is such a perspective and it is typically seen as an approach to qualitative research. Social constructivists believe that individuals seek understanding of the world in which they live and work. The goal of the research is to rely as much as possible on the participants' view of the situation being studied. Creswell (2012)

.Accordingly an exploratory qualitative research design will be used since there is no prior study in the location.

3.2. Study Area

The area of current research waslocated in Southwest part of Ethiopia specifically in Kaffa zone Bonga town. In the research area, there were different faith based organizations which provide care and supports to their beneficiaries. In these organizations the support was mainly in kind of supports like scholastic materials, food and personal hygiene materials and economic support to start a small business. But the researcher was selected the two faith based organizations namely MekaneYesus and Genet church by their additional support which was psychosocial.

MekaneYesus was formed and legally registered as a commission in 2000 and re registered as Ethiopian resident charity in 2009. Its head office is located in Addis Ababa and currently has 26 branch offices found in different parts of the country. Bonga is one of the branch office. The donor is Finnish Lutheran mission. The EECMY-DASSCs program priorities on livelihoods development, health support, HIV/AIDS prevention and care, child and youth care, gender and development and special programs.

According to the Genet Church information Ethiopian Genet Church Development and welfare organization was established in 1954 E.C as a religious and developmental wing. Again the Genet Church Development and welfare organization registered in 1999 E.C. It works in Addis Ababa, Oromia and Southern regions with the collaboration of different donors like Compassion International Ethiopia, Dorkash International aid Ethiopia, Tear fund UK and

others. The church provides different supports for vulnerable peoples which focuses on shelter and care, economic support, health supports and Educational support.

3.3.Selection of Study Participants and Sampling Technique

The study participants wereMekaneYesusand Genet Church. From different faith based organizations working in the area only two organizations i.e. Genet church and MekaneYesus church were the target of this study. The organizations are selected purposely due to the provision of psychosocial support for peoples living with HIV/AIDS. Purposive sampling technique was employed, as it offered opportunity for the researcher to obtain the required data from the appropriate persons.

Based on this 4 PLWHA whom receive the psychosocial support from each faith based organizations, 2 facilitators from each faith based organizations and 2 respondents from concerned government bodies were selected. Samples for qualitative studies are generally much smaller than those used in quantitative studies (Mason, 2002). Accordingly, data was collected from 8 adult people living with HIV/AIDS from both sexes who were receiving psychosocial services from the target organizations. In addition, 2 facilitators from both organizations and 2 key informants from concerned government bodies were interviewed.

3.4. Method of Data Collection

The current study employed un-structured in-depth interview and key informant interview to collect relevant data from the study participants about the psychosocial support among PLWHA in selected faith based organizations in context of the study areas.

Unstructured In-depth Interview

In- depth interviewing, mainly unstructured interviewing is a type of interview which researchers plans to use to elicit information in order to achieve a holistic understanding of the interviewee's point of view or circumstances (Patton,1990).

Accordingly, in-depth interview was employed with selected Peoples living with HIV/IDS to assess the psychosocial support for PLWHA in selected faith based organizations in Bonga town.

Basic socio-demographic profile of the research participants and the community was obtained from concerned department of the government in due process of data collection.

Key Informant Interview

Key informant interviews were conducted to get information from the service providers of in the area ofpsychosocial support services at FBOs and concerned government bodies.

A key informant guideused to capture data from fourkey informant respondents. 2 key informants' werefacilitators from each organization and 2 respondents from concerned government bodieswere interviewed.

3.5. Data Collection Procedure

After the approval of proposal, letter of support was obtained from Jimma University College of Social Sciences and Humanities Research and post graduate coordinator office and the department of Social Work. Then the letter was submitted to faith based organizations (MekaneYesus and Genet church) to get their permission for the data collection. Once the aforementioned process was smooth the data collection was started. Then the researcher

introduced objectives of study to participants and key informants. Participants were informed about the study and informed consent was taken orally. Then the researches followed all the necessary procedures to collect the entire data.

3.6. Methods of Data Analysis

The relevant information obtained via the data collection instruments was analyzed and interpreted in line with the research key objectives. The researcher started data analysis by transcribing the information from in depth interview and key informants response during the data collection.

The collected data's concept and language was transcribed in to Amharic then translating in to English from kafinoonoo language then analyzed.

Accordingly, the basic steps for analyzing qualitative data including compiling, organizing, interpreting and finally concluding was used. Data transcription was started immediately after data collection. First the row data was transcribed from audio to word form and translation to English language was done. Data was transcribed in a narrative form in accordance with the research objective. Finally, write up of the report was conducted.

3.7. Data Quality Assurance

For ensuring the quality of data, the following issues were used mainly: the data collected from the participants was double translated by local experts and re- checked by the selected interviewees during the interview as well. Triangulation of information from different source was used as one of the mechanism to boost the quality of the data.

3.8. Ethical Consideration

The researcher was taken to insure that the respondents to understand their rights and willingness to give the information and answer for the questions. Before starting the data gathering, every respondent were informed about the study. They were told that the information collected from them will not identify the respondents in any way and there will be no adverse consequences to them for the participation in this study. In this regard, the researcher made discussion to each interviewee and his/her agreement asked to confirm orally before going to answering the questions. They could quit their participation if they felt discomfort without looking permission from the researcher. During data analysis and dissemination of research findings different codes was used to secure confidentiality.

CHAPTER FOUR

4. DATA PRESENTATION

In this chapter results and analysis of data were presented.These results reflect information gained from interview from participants and key informants from faith based organization and government organization. The findings were organized in relation to the objectives of the study. The data is presented by using numbers, percentage and narratives.

4.1. Socio Demographic Profiles of the Respondents

The socio demographic characteristics considered in this study include age, gender, marital status, educational level and religion of the respondents.

The following table (Table 1) shows the socio demographic variables of the respondents. The age classification of respondents, 4 (50%) of the respondents were under the category of 20-30, 2925%) of the respondents were 31-40 and 2(25%) of the respondents were 41-50. From the total respondents 3(37.5%) of them were Males and the rest 5(52.5%) of the respondents were Females. Based on religious classification 3(37.5%) respondents were Protestants, 4(50%) were Orthodox Christian and the rest 1(12.5%) was Muslim. The marital status of respondents, 3(37.5%) of the respondents were married, 2 (25%) of the respondents were divorced, (25%) of the respondents were widowed and 1 (12.5%) of the respondents was single. When we come to the educational background of the respondents 2 (25%) of the respondents were Diploma graduates and most of the respondents had attained primary 3(37.5%) and secondary3 (37.5%) educations. The occupational status of the respondents, 5 (52.5%) were private workers participating on small scale businesses and 3 (37.5%) were government workers which were less paid.

Table 1: Socio demographic information of PLWHA (Total number is 8)

Characteristics	Categories	Frequency	Percent %
Age	20-30	4	50%
	31-40	2	25%
	41-50	2	25%
			100%
Gender	Male	3	37.5%
	Female	5	52.5%
Educational status	Primary education (1-8)	3	37.5%
	Secondary education (9-12)	3	37.5%
	Diploma	2	25%
Religion	Orthodox Christian	4	50%
	Protestant	3	37.5%
	Muslim	1	12.5%
Marital status	Single	1	12.5%
	Married	3	37.5%
	Divorced	2	25%
	Widowed	2	25%
Occupation	Private	5	52.5%
	Government	3	37.5%

4.2. The practice of psychological support for PLWHA

The psychological support was delivered through individual counseling, group counseling and life skill training. The PLWHAs consider the psychological support as a very important help on different emotional issues. Most of them have mentioned that they have been treated well andbenefited. Based on this they were expressing their attitude about the psychological support in a very pressing manner. Some respondents have tried to describe the benefits of psychological support according to the changes they brought by raising hope, thinking as a valuable person, avoiding fear and feeling strong …etc.

One of the participants (Mr. A) mentioned his ideas on psychological support as:

> *"Psychological support is a brain cleaner medicine. I have no word more than this. Many PLWHA thinking about themselves as a useless person but it is not right. I changed my mind with hope and futurity after receiving psychological support from this organization through counseling". (Male respondent from MekaneYesus).*

The other participant (Mrs. B) shared her idea as:

> *"Psychological support for me it is hope. By taking this support my mind is changing totally. In my previous thinking about HIV positive peoples, their lifespan was too short because of the disease and I was hopeless which is wrong. Now after participating in psychological support program, my mind was changed towards living as other people do".(A female respondent from Genet Church).*

The key informant from faith based organization mentioned about psychosocial supportas follow:

> *"Psychological support is wide ranging such as counseling, home visits, recreational support, peer education, life skill training, succession planning and family reunification. It enables PLWHA to have a sense of self-worth and belonging, to develop life skills, to participate in society and to have faith for the future".*
>
> *"In my outlook the psychological support is a key element in provision of HIV/AIDS care and support. Because it includes counseling services to meet the emotional and spiritual needs of people living with HIV/AIDS, support to enable disclosure and risk reduction strategies, medication adherence, and end of life and bereavement support. So it is very useful for PLWHA to their future life".*(Another key informant from faith based organization).

The service beneficiaries have a good attitude on the supports of psychosocial. They are comparing the service before and after delivery. Also the key informants from faith based organizations mentioned about the psychosocial support delivery is a wide ranging and it helps the PLWHA to have a sense of self-worth and to have faith for the future.

4.3. The Social Service Offered for PLWHA in Faith Based Organizations

The MekaneYesus and Genet churches were providing the social supports for their beneficiaries through different ways likePeer support group, Health support (Medical treatment and provision of personal hygiene materials), Food and nutritional support, legal services and support to income generating services.

Peer-support groups

Study findings revealed that there was a peer support group for people living with HIV/AIDS. One of the participant from MekaneYesus church revealed that a peer support group

was established to bring them together so they can share their challenges and life experiences and to promote disclosure and sensitization in the communities in which they live.

Income generating programs

Genet church provides support to income generating activities in order to empower the PLWHA financially. Participants from the interview mentioned that Genet church established a saving and self-help group (SSHG) to enable clients to save and borrow money to start a small business.

Study findings revealed that a credit facility was established to help boost the incomes of those affected and infected with HIV/AIDS, after discovering that many people had lost their jobs due to being on and off duty because of various illnesses, and that some could not cope with the job related challenges given their weak health system. They were allowed to access loans with a very low interest rate. The majority of the respondents were in support of the existence of the credit facility and its role in improving their household incomes.

Similarly MekameYesus church provides economical support like training to start a small businesses, seed money to start their businesses, organizing and facilitating the saving and loan groups. Providing trainings on urban gardening to yield vegetables for their home conception and for their income were some of the activities by the faith based organizations.

4.4. Opportunities of Psycho Social Service Delivery for PLWHA

While interview participants and key informants were mentioning a number of ways in PLWHA care and support effort in the community. From different opportunities mentioned by key informants,the existence of faith-based organizations and their interest to engage in HIV/AIDS prevention and control and local development activities.

Here is how the key informants from government organization mentioned:

> "*The establishment of the faith based organizations in Bonga town itself an opportunity to deliver the psychosocial support. HIV/AIDS is a worldwide problem even for developed countries. When we think of developing countries especially our community the psychosocial support was very crucial for those peoples in such condition. For these supports the availability of service providers were very important. In Bongatown there are other governmental and non-governmental organizations that*provide*other support to PLWHAs but not the psychosocial support. Both faith based organizations Genet and MekaneYesus churches are providing the psychosocial support. This is the main opportunity of the psychosocial service delivery for PLWHAs".*

The other opportunity that was communicated by the key informants of the government bodies *was*

> *"The positive attitude that the community in general has on PLWHA and the aspiration, which people develop to become members of the association and contribute their technical and financial input, was another opportunity*

Another key informant from Government mentioned the following two ideas.

> *"I think the presence ofvolunteer beneficiaries which understands the uses of psychosocial support is the main opportunity to deliver the service. In Bongatown there were PLWHAs with no awareness about the psychosocial support. The other opportunity is the availability of community volunteers and supportive community members. To provide any care and support for disadvantages peoples the contribution of volunteers are valuable. These supportive community members can support the organization by*

mobilizing communities' resources and by facilitating to create a linkage between other potential service providers.

As the key informants said the support venues are convenient. The offices of the faith based organizations are inside the Church's. The support venue is being convenient is important for service beneficiaries to their status secretion. For the counseling and treatment the venue it has a factor. A good venue for the psychosocial service delivery is one of the opportunities.

4.5. Challenges in Psychosocial Service Delivery for PLWHA

The study also sought to find out the various challenges they faced while providing the support to PLWHAs, they raised various issues. Giving a psychosocial support for people living with HIV and AIDS is complex and multidimensional in nature. The psychosocial wellbeing requires support for individuals and families as well as a supportive community environment. PLWHAs can get the psychosocial support in various forms, including one-to-one counseling sessions, by training, and recreational therapy developed to tackle AIDS-related social and psychosocial challenges, and those supports can be provided by healthcare providers, peer counselors, community volunteers, and community support groups. It also helps the prevention of HIV/AIDS.

The main challenge in provision of psychosocial support was that the nature of psychosocial support is complex and multidimensional which need plenty of resource and man power from different professionals. The other challenge was the demand and supply of donations is not congruent. It was explained that the amount of donation offered by foreign donors and other individuals is not sufficient or enough to reach all needy PLWHAs.

Here is how the facilitator's from Genet Church shared:

"In *organizations budget is difficult to fulfill their needs because they asked many things like they are asking money to buy land and to construct home.We are trying to support them in our capacity sometimes the issues like this raised by the PLWHA we are linking with Kebeles and town municipalities. The church can renovate houses not construct or provide home but they are asking so this is difficult to do in our budget.*

"As all of as known the needs of people living with HIV/AIDS is many. During the psychosocial service provision they want to take in-kind services additionally. They asked lot of things to provide them out of the churches plan. For example they asked the transportation cost to visit their families which is out of Bonga. (Facilitator from MekaneYesus church)

Governments support like monitoring and support for service providers is not regular. This is one of the challenges to accomplish their duties of faith based organizations as a facilitators said. The government officials come to the organizations one or two times in a quarter. So it is difficult to deliver a quality of services to the targeted beneficiaries which are PLWHAs. Also it is a problem to sustain the psychosocial support for next years.

(Facilitator from MekaneYesus church) *"The government officials are coming to our office one or two times within three months. When the times of evaluation from government's regional office the woreda government's officials are coming to our organizations and observe the level of our duties accomplishment".*

"There is no regular monitoring and support from government officials. They are busy by their work as they are saying. It's known the non-governmental organizations work have an end time or they can stop their support by the reason so the supports like psychological and social services should be sustainable. It is allowed to the government to made sustainability. But they are not giving support and monitor our work regularly". (Facilitator from Genet Church).

The other challenge mentioned by the facilitators were the absence of professionals in Psychology, Social Work and related professions.

The facilitator at MekaneYesus said the following point as to the problems encountered. *"The Psychosocial support is provided by the religious fathers, by our self and by community volunteers but not by professionals. If the Psychologist or the Social Worker gives the psychosocial support its easy to make change".*

The exact professionals are using many ways to succeed their goals. The profession helps itself the ways of handling the disadvantages peoples. Here we are other professionals and we do not know the handling techniques than Psychologists and Social Workers. To give a quality of services appropriate professional is needed". (Facilitator from Genet Church).

CHAPTER FIVE

5. DISCUSSION

In this chapter discussion was made based on the results presented in the previous chapter, literatures and my own reflections. The aim of the study was to explore the psycho social support provision of faith based organizations in Bonga town. The study was carried out at MekaneYesus and Genet churches and a sample of 8 respondents from PLWHA in psychosocial support system, 2 facilitators from both faith based organizations and 2 respondents from concerned government organizations participated intheinterview.System theory was usedto guide the current research finding.HIV infection affects all dimensions of a person's life: physical, psychological, social and spiritual. Psycho social support can help people and their caregivers to cope more effectively with each stage of the infection and enhances quality of life. With adequate psychosocial support, PLWHA are more likely to be able to respond adequately to the stress of being infected and can manage their problem by what they have form themselves and their environment. Social work involves taking into account many factors of an individual's life. While there are many theories in social work, systems theory is a unique way of addressing human behavior in terms of these multi-layered relationships and environments. Systems theory in social work is based on the idea that behavior is influenced by a variety of factors that work together as a system. These factors include family, friends, social settings, economic class, and the environment at home. The theory posits that these and other factors influence how individuals think and act, and therefore examining these social structures to find ways to correct ineffective parts or adapt for missing elements of a given system can positively impact behavior. In this particular theoretical approach to social work, professionals observe and analyze the many

systems that contribute to the subject's behavior and welfare. They then work to improve those systems according to the individual's unique situation.

5.1. Psychological Support Practice for PLWHA

Faith based organizations have increasingly become involved in HIV/AIDS prevention, care and support. The peoples living with HIV/AIDS have wide ranging needs such as food and nutrition, shelter and care, economic support and psychosocial support. According to current study finding the psychological support was delivered through individual counseling, group counseling and life skill training. The PLWHAs consider the psychological support as a very important help on different emotional issues. Most of them have mentioned that they have been treated well and benefited. Research conducted by Abebaye(2006), in Adiss Ababa Kale Hiwet church revealed the church has strong belief on creating awareness of the people about the overall nature of HIV/AIDS. This awareness raising will bring behavioral and attitudinal change to the community. Other than this, the church leaders said, one of the methods of prevention is provision of support to victims and counseling services either professionals or pastoral oneand the finding was in line with the current studies finding.

The study conducted by (Lenka, 2011), for many people finding out about their HIV/AIDS status it is the first opportunity, to realize their mortality and psychological vulnerability. They face social isolation due to the inability to perform all daily activities which they used to do. Relationships within the family change more frequently, one loses their colleagues and the attitude of acquaintances and friends changes frequently as well. Many are afraid of the loss of memory, their concentration and ability to make decisions.

5.2. Social service offered to PLWHA

This study finding showed that both MekaneYesus and Genet churches were providing the social supports for their beneficiaries through different ways like Peer support group, Health support (Medical treatment and provision of personal hygiene materials), Food and nutritional support, legal services and support to income generating services.

Similar finding showed on the research conducted by Dawit (2006), on review and evaluation of the care and Support programs of Mekidim Ethiopia National Association for persons living with HIV/AIDS and their family study shows revealed that meaningful protection of human rights of people infected and affected by HIV/AIDS, legal supports by the Kebele(local administration), housing assistance, and nutritious food support for those taking ART are the most essential needs.

Additionally research conducted by Abebaye(2006), mentioned as faith based organization uses peer education as a strategy to promote behavioral and attitudinal change. The activities rest on the participation of in and out of school youth, community influential leaders, and local known elders as peer educators. The teaching methods include the use of drama playing, one to one education, educational competitions and questions answering sessions related to HIV/AIDS. In addition to this, there are different educational means like mass media, particularly mini-media at school levels, public panel discussion, literature and dispatch appropriate and current leaflets and posters to the community at large. It also uses traditionally accepted practice such as coffee drinking ceremony.

According to Zena(2006), the study conducted on Care and support and people living with HIV and AIDS at Holy water: An assessment at four selected sites in Addis Ababa shows that beyond the voluntary caregivers, patients among themselves and relatives or families of

patients may help another patient in the same room who does not have any support. Washing (cleaning) bodies and clothes, preparing the available food, etc. are among the caring activities. The spiritual and psychological support from priests, preachers, youths in Sunday school and different religious associations ('TswaMahiberat') are more valuable in the eyes of the PLWHAs. These support networks were mentioned in all the sites but with different degree of importance differing from individual to individual.

According to Abebaye (2006), the FBO effort toward credit and saving service, and vocational skill training has important place for active HIV positive people and others. Nevertheless, the IGA officer said that most beneficiaries are not successful due to different reasons such as health, low or absence of market demand and family problem. During interview session, most clients bow their neck due to failures of their income business. One client said that, I have already started good job but unfortunately my child sick and I spent the seed money for the treatment of my son. Other client said that, I have taken 1000 Birr for income generating work but I used it for broken house construction. After construction, I divide the house into two parts one for me and the other one is for rent and I get monthly income.

Systems theory supports the current study finding as it tries to describe human behavior and problems from the perspective of the individual in the context of complex and interrelated systems. This holistic theory considers the needs, behavior, and experiences of all those interacting within the system. In systems theory, a social worker must consider all the factors within the system impacting the client and work to make that system healthy and supportive. Those in the system include both the client and members of the client's family, as well as networks and communities such as friends, counselors, teachers, mentors, classrooms, schools,

and religious communities. Systems theory also considers the effect of societal values on an individual (Forder, 2000).

5.3. The opportunities of psychosocial service

In this study the existence of faith-based organizations and their interest to engage in HIV/AIDS activities were discussed as opportunity of psychosocial support. The community's positive attitude on PLWHA is the other opportunity. The availability of community volunteers, supportive community members and good venue is an opportunity to deliver the psychosocial support for PLWHA in the study area.

Abebaye (2006), revealed the FBO has good opportunities such as workable government HIV/AIDS prevention and control policy. PLWHA have greater interest to teach people about AIDS and people may understand the presence of HIV and AIDS epidemic through their teaching. High cooperation and involvement from community based organizations like Iddirto work together. Government also helps HIV/AIDS projects not concentrate and duplication into one area.

5.4. Challenges in psychosocial service delivery for PLWHA

This study finds the various challenges that affect psychosocial service delivery for PLWHA. The main challenge is the shortage of donation. The PLWHA has different needs which are not covered by the organizations budget. Inconsistent governments support to monitor and provide technical support for faith based organizations is the challenge to deliver the service. The other challenge is the absence of professionals in Psychology, Social Work and related professions that matches the psychosocial issues.

The research study conducted by (Tesfaye, 2006) on The Situations of HIV/AIDS Infected and Affected People in Dessie Town, Amahara Regional State, Ethiopia shows that all kinds of care and support to PLWHA and AIDS orphan in Dessie are insufficient neither in quantity nor in the variety of support. Only less than one third of each category is getting any kind of support. Probably because care and support programs are the most difficult and resource intensive activities in HIV/AIDS endeavors, only few partners are providing this service in the town.

Similar challenges were mentioned to current research finding by Abebaye (2006), as thedemand of the clients, which is incompatible with the organization capacity. In addition, donors interest fluctuation from time to time following with reduction of budget and change into other project

CHAPTER SIX

6. CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

The aim of the study was to explore the psycho social support provision of faith based organizations in Bonga town. The study was carried out at MekaneYesus and Genet churches.From the findings above MekaneIyesus and Genet churches had provided that faith based organizations had great role not only educating people about prevention of HIV/AIDS but also in providing a psychosocial support to PLWHA.

MekaneYesus and Genet churches has demonstrated that it is possible, with only limited resources to respond many needs of the people with HIV/AIDS and their families. But more importantly, it has shown that it is possible through deep human commitment and faith in God to combat fear and stigma with a vision of hope.

HIV positive people offered counseling on psychosocial issues to know the way of how to protect themselves as well as those around them. They can also disseminate this knowledge to others and help to reduce the fear, to think as a valuable person, to feel strong within their peers. Through the many changes and challenges, it the support of family, friends, communities, and health care professionals which are essential to overall well-being.

6.2. Recommendations

This section suggests various recommendations to policy makers, to donors, to government, to faith based organizations, and to future researchers.

To Policy makers

- There is need to address the various needs and appreciate the contributions made by faith based organizations. Each FBO has its own guidelines and policies, in addition to the National policy guidelines. Further community assessment and situational analysis in the study area is necessary before intervention of PLWHA care and support programs and projects. Policy makers need to appreciate and do positive criticisms to the policies and guidelines that govern the work of faith based organizations as far as HIV/AIDS prevention, care, and support are concerned.

To the donors

- Allocating more resources to faith-based organizations will strengthen their role in HIV/AIDS prevention, care and support.
- FBOs have proved through experience that they can effectively handle HIV/AIDS related issues; however their contributions are greatly affected by inadequate financial resources.

To Government

- Linking and networking the existing IGAs of PLWHA to the formal structure of government and non-government organizations and credit institutions and plan for expansion.

- Income generating activities supported with market and viability studies need to be designed for PLWHA. Enough startup money, technical assistances and celling shades should be provided and follow up of the implementation should also be made.
- The study findings suggest these recommendations to better plan for future interventions and co-ordinate the responses being made by different stakeholders which is follow up and control of HIV/AIDS activities in Genet and MekaneYesus churches should be strengthened. Better coordination and networking of stakeholder's endeavors may help to fill the gaps.

To faith based organizations

- Establish or strengthen partnerships with other service providers outside the field of HIV/AIDSto complement services provided by MekaneYesus and Genet churches for example creating a linkage with governments financial institutions helps the beneficiaries to get celling shades, production venues and other technical supports.
- Strong referral and linkage should be established to fulfil their basic needs of PLWHA then they can be supported in more organized ways.
- About psychosocial support training for religious fathers, organizations facilitators and community volunteers in guidance, counseling and economic straightening support for PLWHAs the above interventions are needed.
- Resource mobilization needed. There are many viable projects developed by partners that could not be implemented due to lack of funds by mobilizing community's resources.

Suggestions for future researchers

- Undertaking research studies, researchers should look beyond academic purposes, but rather bear in mind that their research can be instrumental in policy formulation.
- In addition to read other researchers work compare research method is useful for purposes of knowing the right format to be followed.

Social Work implications

The social work profession primary mission is to enhance the human well-being and promote social change. If change is to come from all the community level, mobilizing the community resources and proper functioning of community organizations is very crucial. As PLWHAs lack the provision of proper attention in their medical, socioeconomic and psychological supports, the findings of the study help to effect advocacy services on behalf of these groups of people for a better interventions and considerations.

The study will have also the relevance with social work practice by presenting the gaps that need direct social work practice, community participation, policy development, and the areas which needs further research and evaluations.

In the context of this research on provision of care and support to PLWHA, social workers can do several things. One of the critical problems that communities face is undertaking community assessment before intervention of any program that benefits the community. Social workers conduct research on scope and magnitude of PLWHAs problems and distinguish the major gaps that hinder change, identify target groups for care and support and prioritize action accordingly.

Social workers also collaborate with other community organization CBOs, NGOs, CSOs and FBOs in provisions of social and psychological services for PLWHAs. And also social workers can influence policy makers and program designers to enact of law, social policy guidelines that have direct impact on community-based interventions for the benefit of the community in general.

The study being sensitive to the impact of HIV/AIDS on individuals, family and the society strives to promote social justice through the advocacy of rendering comprehensive care and support provision for the HIV/AIDS infected and affected persons which improve the quality of life.

Reference

Abebaye, H. (2006). Role of Faith Based organizations in Combating HIV and AIDS Epidemic in Addis a: Case Study of Ethiopian Kale HeywetChurchAdissAbeba, Ethiopia: unpublished Thesis

Agadjanian, Victor, Soma, Sen (2007), "Promises and Challenges of Faith-Based AIDS Care

Allen, T. and Mareike, S. (2006). A hard homecoming: Lessons learned from the reception center process in Northern Uganda. Washington, DC

Aklilu, K. and Haialom, B. (2003).AIDS and poverty. In DessalegnRahmato (Ed.), Some aspects of poverty in Ethiopia. Studies on Poverty No.1, 32-44. Forum on Social Studies. Addis Ababa.

ANTHONY FORDER.(2000). Social Work and System Theory.*The British Journal of Social Work*, Volume 6, Issue 1 British

Ayazi, T. (2012). "What are the risk factors for the comorbidity of posttraumatic stress disorder and depression in a war-affected population? A cross-sectional community study in South Sudan." BMC Psychiatry 12(1): 175.

Berkman, .F., and Syme, S.L. (1979). Social networks, host resistance, and mortality: A nine-year follow-up study of Alameda county residents. American Journal of Epidemiology

Bernardi, L. (2002). Determinants of individual AIDS risk perception: Knowledge, Behavioral control, and social influence. Max Planck Institute for Demographic Research (MPIDR), Working Paper WP 2002-029, Rostock, Germany. July 2002.

Bryman, A. (2004). Social research methods.(2nd Ed.). New York: Oxford University Press.

Carlson, L. and Bultz, B. 2003. Benefits of psychosocial oncology care: Improved quality of life and medical cost offset. Health and Quality of Life Outcomes

Creswell, H. (2003). *Research design; qualitative, quantitative, and mixed methods Approaches.*(2nd edition). Thousand Oaks, CA: Sage Publications.

Erimias ,B.(2007). Anti-Retro Viral Treatment- it's Social and Religious Challenges (The Experiences of 32 Members from two associations –TesfaSetechign Mariam and Mekdim Ethiopia)

Family Health International, (FHI) (2002).*Needs Assessment on PLWHA* in Addis Ababa.

Foundations of Health Psychology. Oxford; New York: Oxford University Press.

Grimm, P. 2005. Coping: Psychosocial Issues' in Itano, J and Taoka, K Core Curriculum for Oncology Nurses.

Guidelines On Mental Health And Psychosocial Support International Committee of the Red Cross 19, avenue de la Paix 1202 Geneva, Switzerland August 2017

HIV/AIDS Prevention and Control Office (HAPCO) and MOH.(2004). *Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response*. Addis Ababa

HIV/AIDS Prevention and Control Office (HAPCO) (2002).*National HIV/AIDS Behavioral Surveillance Survey (BSS),* Round One, Addis Ababa.

Hunter S, Williamson J (2000). *Children on the Brink 2000*. Washington, D.C.: USAID, Levine, Carol, Foster, Geoff. USA.

House, J.S., Landis, K.R., &Umberson, D. (1988). Social relationships and health Science,

Kaleeba, N. (1997), 'Participatory evaluation of counseling, medical and social Services of the AIDS Support Organization' (TASO) in Uganda. *AIDS care.*

Kanesathasan, Fritz et al., (2011). Equipping Parents and Health Providers to Address the Psychological and Social Challenges of Caring for Children Living with HIV in Africa. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.

LenkaFabianova (2011). Psychosocial Aspects of People Living with HIV/AIDS, Social and Psychological Aspects of HIV/AIDS and their Ramifications, Prof. GobopamangLetamo (Ed.), ISBN: 978-953-307-640-9, InTech, Available from: http://www.intechopen.com/books/social-and-psychological-aspects-of-hiv-aids-andtheir-ramifications/psychosocial-aspects-of-people-living-with-hiv-aids

MacInnis, R. (1997), 'What's care got to do with it? Responding to the AIDS Pandemic.'

MacNeil, JM and Anderson, S. (1998), 'beyond the dichotomy: linking HI prevention with care.' *AIDS*, 12 (suppl 2): S19-S26.

Ministry of Health [MoH], (2018).National Comprehensive HIV Prevention, Care, and Treatment Training for Pharmacy Professionals Ministry of Health, Ethiopia May 2018

Patton, M.Q. (1990). Qualitative Evaluation and Research Methods, Sage, Newbury Park.

Takai, A. (1998), 'Correlation between histories of contact with people living with HIV/AIDS and PLWHA in rural Thailand.' *International Journal of STD & AIDS* 9

Taylor, S.E. (2007). Social Support. In H.S. Friedman & R.C Silver (Eds.),

TesfayeWolde.(2006) The Situations of HIV/AIDS Infected and Affected People in Dessie Town, Amahara Regional State, Ethiopia

The Federal Ministry of Health (2006). AIDS in Ethiopia 6th Edition; Addis Ababa, Ethiopia.

UNAIDS (2000). Report on global HIV/AIDS pandemic. UNAIDS/WHO. Geneva. June 2000.

UNAIDS (2019).HIV/AIDS Report. Retrieved on November 2019 from United Nations website http://www.unaids.org

United Nations Population Fund 220 East 42nd Street New York, NY 10017 www.unfpa.org.

UNDP (2001).HIV/AIDS, implications for poverty reduction. Background paper prepared for The UNDP for the UN General Assembly Special Session on HIV/AIDS. New York, 25-27 June 2001.

UN (2001).United Nations declaration of commitment on HIV/AIDS. Retrieved on March 2005 from United Nations website http://www.un.org/ga/aids

UNICEF (2018). Study of the Response by Faith-Based Organizations to Orphans and Vulnerable Children: World Conference of Religions for Peace United Nations Children Fund

WHO/UNAIDS, (2000), *Key Elements in HIV/AIDS Care and Support*, Working Document.

Williams, P., Barclay, L., &Schmied, V. (2004).Defining social support in context: A necessary step in improving research, intervention, and practice. Qualitative Health Research,

YayehNegash, BetemariamGebere, Daniel Benti, and MebratuBejiga (2003). A community Based study on knowledge, attitudes and practices (KAP) on HIV/AIDS in Gambella town, Western Ethiopia. Ethiopian Journal of Health Development.

ZenaBirhanu (2006) Care and support and people living with HIV and AIDS at holly water: An Assessment of four selected sites in AdissAbeba.

Annexes 1: Data collection tool

Dear participant, Good Morning/Afternoon

My name is MihretabBirhanuZewdie. I am a student of Jimma University at School of Social Work undertaking study In Partial Fulfillment of the Requirements for Master's Degree in Social Work (MSW). By the title "The Practices of Psychosocial Support among people living with HIV and AIDS in selected faith based Organizations in Bonga town".

Your input will be extremely valuable as the information will be used to assess the Practices of Psychosocial Support for people living with HIV and AIDS in selected faith based Organizations in Bonga town".

Expected Outcomes and/or Benefits

At the end of the study, the Practices of Psychosocial Support among people living with HIV and AIDS in selected faith based Organizations in Bonga town will be identified.

In advance thank you for your help.

Basic socio-demographic profile of the research participants

Age: _____

Sex: Male _____ Female _____

Marital status: Single _____ Married_____ Divorced _____ Widowed _____

Number of children if married: _____

Religion or belief: _____

Occupation: _____

Educational status _____

A. Questions for People living with HIV and AIDS

1. What do you know about HIV and AIDS?
2. What do you think the causes of HIV/AIDS are?

3. When and Where have you been tested HIV/AIDS?

4. What did you feel and thought when you know you are HIV positive?

5. Have you ever gotten help when you were HIV positive? Indicate the source of help is it Medical care at hospital /clinic Community support or Support from NGO, Support from church? If other specify _____

6. Why did you come to this faith based organization? What makes you to come here?

7. What are the services that you are obtaining from this FBO? Please describe the things that you are getting?

8. Under the supports from FBOs how do you see the psycho social support?

9. What is your attitude on psychosocial support?

10. Do you believe that you can be treated by the support?

10. What is the challenges in this service providers which is not addressed? Or what problems do you observe here?

11. What is your future plan? How long will you receive the support to treat yourself by the psycho social support?

12. Are you satisfied or not? Please explain?

B. Questions for Community based organizations facilitators

Name.....

Position.....

1. What is the services provided in your organization?

2. Explain about the documentation system?

2. What is the practice of psychosocial support in your organizations?

3. Explain the process and experiences of psychosocial support provision?

4. What problems and challenges you faced on the provision of the support?

5. How much time takes to the provision of the psychosocial support?

6. Who are involving in the support activities?

7. What are the need and problems of PLWHAs?

8. How do you see the level of confidence and emotional stability of People living with HIV/AIDS in their day to day activity as compared to other people?

9. Do you feel that people living with HIV/AIDS need to live with their respective communities?

C. Questions for concerned government bodies

Name.....

Position.....

1. What is your offices role in combating the HIV and AIDS?

2. Explain the supports of your office on faith based organizations?

3. What is your level of mentoring and coaching of the service providers?

Amharic version of data collection toll

ውድተሳታፊዎችደህናአደራችሁ/ዋላችሁ

ስሜምህረተዓብብርሃኑዘውዴይባላል።

የጅማዩንቨርስቲየሶሻልወርክት/ቤትየሁለተኛድግሪየሶሻልወርክተማሪስሆንየመመራቂያፅሁፌን “psychosocial support for people living with HIV/AIDS in selected faith based organization in Bonga town. In ease of MekaneIyesus and Genet churches” በሚልርዕስበመስራትላይእገኛለሁ።

የእናንተግብዓትበጣምዋጋያለውመረጃስለሆነለጥናቱዓሰሳለማድረግይረዳኛል።

ተሣታፊዎችበጥናቱላይመሣተፍበእናንተፍቃደኛነትላይየተመሠረተነው።

ለምትሰጡኝመረጃእናጊዜያችሁአድናቆቴንልገልፅላችሁእወዳለሁ።

እስከመጨረሻውጊዜበትሳተፉጠቃሚነውነገርግንተሳትፎችሁንማቆምብትፈልጉመብታችሁነው።

በቅድሚያስለትብብራችሁአመሠግናለሁ።

እድሜ፡-_____

ዶታወንድሴት ☐ ☐

የጋብቻሁኔታያገባ/ችያላገባ/ች☐ታ/ች ☐ ☐

የትዳርአጋሩ/ሪበሞትየተለየ/ች ☐

ያገቡከሆነስንትልጆችአሎት _____

ሀይማኖትወይምእምነት _____

ስራ _____

የትምህርትደርጃ _____

ሀ/ ከቫይረሱጋርለሚኖሩስዎችየተዘጃጁጥያቄዎች

1) ስለኤችአይ.ቪኤድስምንያዉቃሉ ?
2) ስለኤች.አይ.ቪኤድስመተላለፊያመንገድምንያስባሉ ?
3) መቼእናየትየኤች.አይ.ቪኤድስምርመራአደራጉ ?
4) ቫይረሱበደምዎሲገኝምንአይነትስሜትተስማዎት
5) ቫይረሱከተገኘቦዎበኃላያገኙትድጋፍአለ? የድጋፉንምንምየጠቅስ? የህክምናድጋፍከሆስፒታል ☐ /ከክኒሊከየማህበረሰብድ☐ምመንግስታዊከልሆነድርጅትየተገኘድጋፍከእምነትተቋ☐ተገኘድጋፍሌላከሆነይገ ☐ ለፅ _____
6) ለምንወደሃይማኖታዊድርጅትመጡ?
7) ምንዓይነትአገልግሎትከድርጅቱአገኙ ? እባኮዎትንያገኙትንይግለፁ ?
8) በድርጅቱከሚሠጡትአገልግሎቶችመካከልየማህበራዊንስነ-ልቦናድጋፍእንዴትተመለከቱት ?
9) በአገልግሎትአሰጣጡላይተደራሽያልተደረገምንዓይነትችግሮችተመልከተዋልወይምምንዓይነትችግሮችንተመለከቱ ?
10) የወደፊትእቅድዎምንድነው? በማህበራዊናስነ-ልቦናራስዎንለመገንባትለምንያህልጊዜድጋፉንይወስዳሉ ?
11) በድጋፉረከተዋልወይንስአልረኩም? እባከዎንይግለፁልኝ ?

ለ) ለሃይማኖታዊድርጅቱአስተባባሪዎችየተዘጋጁጥያቄዎች

ስም _____

የስራድርሻ _____

1) በድርጅታችሁውስጥየሚሠጡአገልግሎቶችምንድናቸው ?
2) ስለመረጃአያያዛችሁይግለፁልኝ ?
3) የማህበራዊናስነ-ልቦናዊድጋፍአሠጣጣችሁምንይመስላል ?
4) የማህበራዊናስነ-ልቦናዊድጋፍየምትሠጡበትሂደትናልምዳችሁምንይመስላል ?
5) የማህበራዊናስነ-ልቦናዊድጋፍበምትሠጡበትጊዜምንአይነትችግሮችይገጥማችኋል?
6) የማህበራዊናስነ-ልቦናዊድጋፍሽጽሠፁምንይጎልጊዜይፈጀባችኋል?
7) ድጋፍስትሠጡማንተሣታፊይሆናል ?(ከመንግስትወይንሌላበጎ-ፍቃደኛአገልግሎትሠጪዎችካሉ ?)
8) ከቫይረሱጋርየሚኖሩሰዎችፍላጎትናችግራቸውምንድነው ?
9) ከቫይረሱጋርየሚኖሩሰዎችበራስመተማመንናስሜትለሚነሱነገሮችየመፅናትአቅማቸውበቀንተቀንእንቅስቃሴያቸውከሌሎችጋርስታነፃፅሩምንይመስላል ?
10) ከቫይረሱጋርየሚኖሩሰዎችከማህበረሰቡጋርለመኖርያላቸውፍላጎትምንይመስላል ?

ሐ) <u>ለሚመለከታቸውየመንግስትአካላትየተዘጋጀጥያቄዎች</u>

ስም _____

ሃላፊነት _____

1) ኤች.አይ.ቪኤድስንመስ
2) ለሃይማኖታዊድርጅቶቹመስርያቤታችሁየሚሠጠውንድጋፍያብራሩልኝ ?
3) ለአገልግሎትሰሚዎችየሚያደረጉትድጋፍከትትልምንይመስላል ?

Kafinoonoo version of data collection toll

OogetiqoodiyechinaʼotwaamadiggoonaQeyitote/heechitote

Ta shigooMihretaabBirhaanuZewudiGetteehe. JimmiYuniversitiiibbariyeedoyeekexonaguttinneedigrina mace Iibaariyeeshuuneedoyechi ta tunemmona ta diiriiyeekooroon”EchaayivieedisoonatookkibeemiasheenaʼochBoongikatemoochdanemmikaache tigibeenaʼonaichebeetishalligeedegoobeshoonawottaMekaaneiyesuusinaa Genet Baareekexinaʼch ”immishimbeetoomoochshuunaabedaneho.

Ittoshi teach imemmiqihoooogegattiyechotunetiqodooch to phiraaboshoochoogetoommongaacciye.

Ittoshiphiraabosheetoommoochqoodiyooitodaaggoonxepphootuniitone.taachittoimmemmiqihoon agooroonochnaadoogiddiyaabeeciiroochbeddaahaittoqoodeegaatagaacechone.Tunebaanineechoo ittoqaawigaatahakkeehe.

Shiichiyoonaittodegooyichoogichagaleteho.

Eeno……..

Animooanaamomaaache ☐ ☐

Shaageyeehinnooshaakkeeti /shaakkeeto ☐ Shaakkeyaane/shaakkyaano ☐

Biichito/Biicheti ☐ Qitoonamucceto/mucceti ☐

Gibeno……

Shuunoo……..

DoyeeDaqqo……

A/ Vaayiresoontookkibeetiasheena'ochqanitiecheena'o

1/EchAayivieedisoonciinimmonaamoomoariite?

2/EchAayivieedisebeshiyeegommina'onamoomonabiriyete?

3/aatoobinaaabiichaechaayvieedisebiiyephirogedete?

4/Vaayiresoittodamoochdanemmonaamooittichwaayeehe?

5/Vaayiresoittodamoochdaneechaittichichetidegoobeete?degeexuuphoamoone?

Dawiyeedegohospitaaloocheeniye……Macceedegoone?.....taateechotuniya anikocoowaaneeniye?.....gibeneegoreena'owaaneeniye?.....baroobeegaatasheq qeeba…….

6/Amoochgibeneegoroochwaate?

7/Amoommigaacogibeneegoroowaanedanete?doogenittodanetigaacoonbiriibiti.

8/Goroowaaneichebeetigaaceena'ocheiibaariyeeshalligeedegooamooshaahiye?

9/Gaaceimmitoomoochshaggohakkiyaaniiritooamoone?

10/Ebiyeegubittoyamooamoone?iibaariyeeshalligeedegoonaittinkupphiyoochamoomigoroochdegoondaamete?

B/Gibeneegoreena'ochiibaariyechina'ochqannitiecheena'o

Shigoo……..

Shuuneqoodoo…….

1/ittogoroochichebeetigaaceena'oameena'one?

2/Qihooyechihinnooamoshaahiye?

3/Iibaariyeeshalligeedegooimmihinnooamoshaahiye?

4/Iibaariyeeshalligeedegooittoimmibeetihinnoonadoyooamoshaahiye?

5/Iibaariyeeshalligeedegooitoimmibeetigooroochamoommiiritoodanehote?

6/Iibaariyeeshalligeedegooimochamoomigooroodaamiyote?

7/degoonittoimmimmonakoniqoodiyechotunehe?/taatoowoyee bare gallaamedaagechibeegaatoosheqqeeba?

8/Vaayiresoonatookkibeetiasheena'ochiniiyoonairitooamoone?

9/vaayiresoonatookkibeetiasheena'oboonoqelloonagibenoonamulloongeechimmonakeqqichimmimooshoonbareena'onaboonogoomeemonaamoshaaaiye?

10/vayiresoonatookkibeetiasheena'obareena'onatookibeemochbeetitimoonashalligooamoshaahiye?

C/Ciiinnimmitaateeqeppeena'ochqannitiecheena'o

Shigoo…….

Wullittinoo…….

1/Echaayivieedisoonwushonaittoko/kechiwullittinooamoone?

2/Gibeneegoroochittoko/kexoimmibeetidegoonbiriibot?

3/Degeeimmechina'ochittoimmiibeetidegoonadabboonaamooshaahiye?