

# Assessment of ART Users Adherence to Their Treatment-Using Community Lead Monitoring (CLM) Initiative in Negele Arsi Town, West Arsi Zone, Oromia Region, Ethiopia

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## Abstract

**Background:** TSD has been conducting a research project called “Community Led Monitoring (CLM)” in collaboration with the Negele Arsi City Health Department with funding from the US Embassy of PEPFAR. The project is being implemented at Negele Arsi Health Center and Negele Arsi Primary Hospital in the city in collaboration with the two KP ART Service Providing Centers.

**Methods:** A mixedcross sectional mixed method was used. This study used was conducted on a total of 172 ART users, and 4 key informants were included. The qualitative data were transcribed, translated, coded, and analyzed thematically.

**Results:** The respondents were interviewed for how long they have known their result and about 33.72 % of them more than 12 years ago. About 3.49 % of them knew their result with in the last one year. About 87.2 % of the respondents take their drugs regularly without interruption, the rest discontinued the reasons depicted the following pie chart. About 13.94 % of the respondents think there is a problem if they continue taking your ART. About 51.74 % of them collect their drug for six months, 44.19 % for three months and 2.33 % of them every month. More than three forth (79.65 %) of the respondents reported that they have no barriers to receive the service. However 20.35 % Clients were reporting having barriers for accessing HIV services are for the following barriers. Clients responded that they are satisfied with their last facility

visit are 156 (90.67%). Among the satisfied clients 61.63 % of them satisfied on the Information they received about services and 29.07 % of them for Service Providers handling.

**Conclusions:** Community led monitoring is crucial for improving the ART adherence of ART users. Key stakeholders at the site played crucial role for its implementation.

**Keywords:** CLM, Negele Arsi, ART users, KP, Ethiopia

## Introduction

Community-led monitoring of HIV ART adherence is a vital approach that engages individuals and communities affected by HIV in actively monitoring and supporting the adherence of antiretroviral therapy (ART) among people living with HIV(1, 2). This innovative strategy empowers community members to play an active role in ensuring the successful management of HIV and improving health outcomes(3).

Effective adherence to ART is crucial for achieving viral suppression, reducing HIV transmission, and maintaining overall health and well-being(4). However, adherence challenges, such as pill burden, side effects, stigma, and lack of social support, can hinder individuals from consistently taking their medication as prescribed. Community-led monitoring of ART adherence aims to address these barriers by involving community members, including people living with HIV, in monitoring and supporting adherence practices(5).

Through community-led monitoring, trained community members are equipped with the knowledge and skills to provide ongoing support, education, and reminders to individuals on ART(6). They work closely with healthcare providers to track adherence levels, identify challenges, and offer tailored interventions to promote adherence(7-9). This approach not only strengthens the bond between individuals and their communities but also fosters a sense of ownership and responsibility for individual health and the well-being of the broader community(6, 10).

## Need of The Study.

The benefits of community-led monitoring of HIV ART adherence are multifold. It improves medication adherence rates, leading to better health outcomes and reduced viral load. By involving community members, this approach also helps to reduce stigma associated with HIV, as it normalizes the discussion around ART adherence and creates a supportive environment for individuals living with HIV. Furthermore, community-led monitoring promotes a patient-centered approach to healthcare, ensuring that the unique needs and challenges faced by individuals are taken into account.

In conclusion, community-led monitoring of HIV ART adherence is an effective and empowering approach that recognizes the importance of community engagement in HIV management(11). By actively involving individuals and communities in monitoring and supporting ART adherence, we can enhance treatment outcomes, reduce HIV transmission rates, and foster a more inclusive and supportive environment for those living with HIV. This approach is a testament to the power of community-driven initiatives in transforming healthcare delivery and improving the lives of individuals affected by HIV

## Results of the Implementation

**TSD-CLM core team established:** Before the signing of the project agreement, after we reached in the final step of signing of the agreement we have established a CLM core team at the organization level with member of 5 people (Executive Director, Program Manager, Area Coordinator, Regional Coordinator and

M&E coordinator). After forming the team, the proposal is briefly presented to the team member. The team members intensively discussed on the proposal and added their inputs to make it more applicable during the implementation. Detail Implementation Plan of the project is developed by the TSD-CLM members and they become ready to implement it.

**Result:**

- The established team supported to have responsible and comprehensive implementing body.
- Each of the team members incorporated CLM issue on their regular working program.

**4.1. Town level CLM advisory team formed:**

After sensitization of the assessment we have established town level CLM advisory group which it has 7 members (health office, ART site health facility, PLHIV/KP association, city council member). The major role of this team is to create fertile ground for the CLM process. Most of the team members represented by their office with sending letters. The established team developed its own action plan, decided meeting date and place, chairperson and secretary for the team.

**Result:**

- The Organized advisory groups created clarity about the CLM.
- Each of the concerned bodies appreciated the implementation of CLM and took their responsibilities.

**4.2. Target hot spot areas (villages) selected:**

The TSD CLM team in collaboration with town level CLM advisory group selected 5 hotspot areas in the town. Even though there are different residence areas of KPs but the selected hotspot areas are the major residence areas about 80 % of HIV Positive KPs are leaving in. Most of the hotspot areas are business areas, broker's villages and an area lower income people are living in. The identification of the hotspot areas made based on the previous experience of TSD and the town level CLM advisory group recommendation based on the data they have.

**Result:**

- Identifying the hotspot areas assisted the implementation, in order to avoid unnecessary time and wastage.

**4.3. Literate active KPs and interns selected:**

15 literates active KPs and 2 interns selected for data collection and validation. Before the selection of data collectors and interns' selection criteria was developed by TSD CLM team and town level CLM Advisory group. The major selection criteria were; for KPs: can read and write, PLHIV, who has an experience in peer education, who has better discipline and for interns who has voluntary service. Based on the selection criteria the above mentioned KPs and interns were selected. A KP (Key Population) ART friendly service provider gave us data, that are current on ART of the Health Center are 540.

**Result:**

- Data collectors and supervisors selected with clear selection criteria.
- Most of the selected data collectors are interested to engage in, because of they believed that CLM can solve their problems on ART service provision.
- Interviewee are happy to respond because of almost all of the data collectors are PLHIV and there is not confidentiality problem.

**4.4. The project sensitized for staff and key stakeholders:**

31 key staff, CLM advisory team, interns and volunteers attended in the sensitization workshop of the project. The sensitization workshop had been conducted in Negele Arsi town. In the sensitization the overall planned activities of CLM was presented for the stakeholders and inform their roles in the process.

Accordingly, the participants shared their experiences and they think about what they are currently doing and that the purpose of the project would be encouraging and transformative.

**Result:**

- All concerned stakeholders become on the same page in related to CLM.
- Each of them (from the government and target community side) appreciated and shown their commitment CLM to be applicable.

**4.5. Data Collection Tool Developed and Translated:**

Data Collection tool with 51 questions developed. The questioner developed by TSD CLM team. The questioner has 7 major parts; the first Demographic Data with 10 questions, second Information about her HIV positivity and ART adherence status with 8 questions, third enablers and barriers to get ART service at health facility level with 9 questions and the fourth part is service providers' behavior and service provision approach for ART service users with 11, the fifth availability with 3 questions, the sixth accessibility with 3 questions and the seventh is quality of service with 2 questions one with four subsections. The questioners developed based on the practical experience of the organization. After properly developed, it translated to local language 'Amharic'. TSD gave orientation for volunteers and requested them to comment on the questioner (data collection tool) and to read each question and ask if it was appropriate for the respondents to ask questions.

**Result:**

- A standard data collection tool developed with full involvement of each stakeholder.
- The developed tool translated and became ready for data collection.

**4.6. First round Data Collected:**

Two types of data collection tool (Qualitative and Quantitative) have been developed. The quantitative data collection tool with 51 questions prepared and translated. The questioner was adopted from the previously used one in Shashemene for the same assessment. The quantitative data is summarized and articulated using KOBO collect tool the qualitative data were also analyzed manually.

**Result:**

- Data collection tool with 51 questions prepared and translated.
- Data /input/ collected/generated based on the final approved tool.
- 2 interns were assigned & investigated the behavior of both the user and service providers as qualitative data both at the health center and hospital

**4.8. First round Analysis Conducted:**

The findings of collected data were analyzed in two ways the quantitative data were analyzed with Kobo toolbox and the qualitative data was also analyzed manually. According to information obtained from the health center of the town there are 450 KP (Key Population) ART users till the start of the CLM. We engaged all (172) of them found in the town and the data collection process took 4 consecutive weeks. On the first cycle of the CLM, the qualitative and quantitative preliminary finding was generated.

**4.8.1. Demographic Data**

The socio demographic characteristics of the respondents are crucial to understand their social status. If we take some of the demographic data of the respondent in terms of Age, originally where they are from, marital status, and level of education and etc., Age: 16.9% of them are 25-29, 8.7% 24 and below, 20.3% 29-34, and the remaining 51.4 % of them are above to 35. Originality they are from 28.5 % surrounding rural kebeles of Negele Arsi. 19.8 % Born and grown in Negele Arsi Town. About 11.6 % of the

respondents are commercial sex workers. The majority of their marital status is divorced (29.9 %). About 72.1 % of the respondents has no regular sex partner. Regarding the education level, 32.6 % of them are illiterates (unable to read and write). About 86.6 % of the respondents have children (Table 1)

**Table 1: Socio demographic characteristics of the respondents**

Variables	Categories of the variable	Number	Percent (%)
Sex	Male	50	29.0 %
	Female	122	71.0 %
Age	<24	15	8.7%
	25-29	29	16.9%
	29-34	35	20.3%
	>35	93	54.1%
Religion	Catholic	6	3.5%
	Muslim	29	16.9%
	Orthodox	117	68.0%
	Other	2	1.2%
	Protestants	18	10.5%
Other specify		170	98.8%
	Adventist	1	0.6%
	Seventh day Adventist	1	0.6%
Residence	Addis Ababa	3	1.7%
	Amahara region	29	16.9%
	Born and grown in Negele Arsi Town	34	19.8%
	Other regions of Ethiopia	3	1.7%
	Other zones of Oromia	17	9.9%
	Other Zones of SNNPR	7	4.1%
	Sidama Region	2	1.2%
	Surrounding rural kebeles of Negele Arsi.	49	28.5%
	Surrounding woredas of west Arsi zone	19	11.0%
	Wolayita zone	9	5.2%
Other Specify		169	98.3%
	Gurage zone	1	0.6%
	Hadiya zone	2	1.2%
Commercial sex worker	No	152	88.3%
	Yes	20	11.6%
Marital status	Divorced	50	29.1%
	Has baluka	17	9.9%
	Has husband	42	24.4%
	Other	0	0.0%
	Single	19	11.0%
	Widowed	44	25.6%
Regular sex partner	no	124	72.1%

	yes	48	27.9%
Educational level	11-12	4	2.3%
	1-6	54	31.4%
	7-10	28	16.3%
	illiterates	56	32.6%
	Reading and writing	29	16.9%
	University or college completed	1	0.6%
Participants have children	no	23	13.4%
	yes	149	86.6%

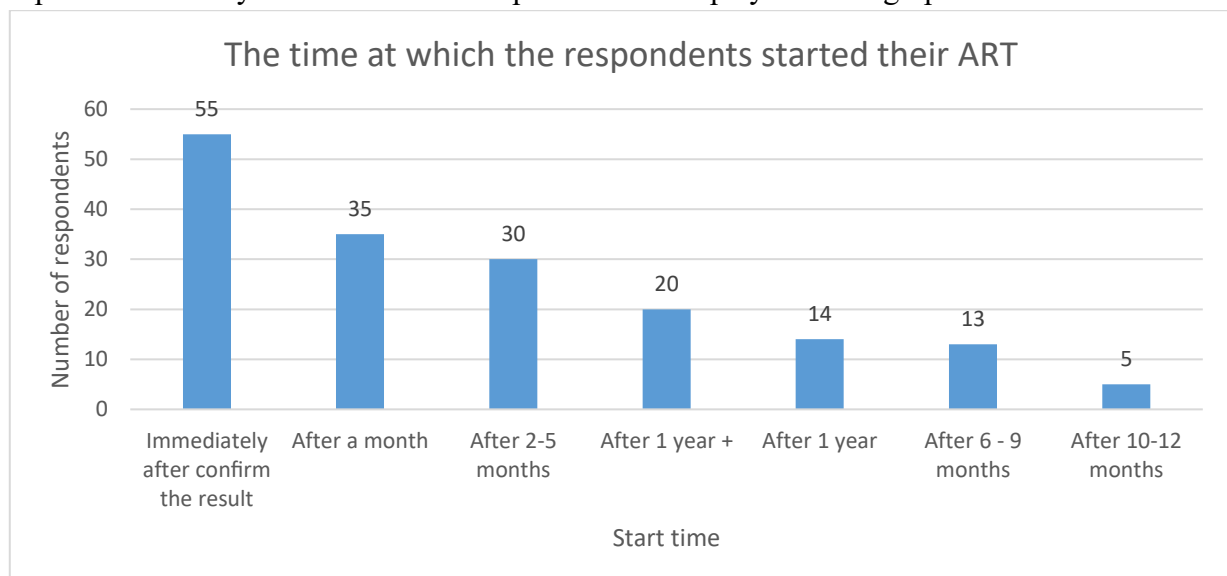
#### 4.8.2. Information About her HIV positivity and ART adherence Status

The respondents were interviewed for how long they have known their result and about 33.72 % of them more than 12 years ago. About 3.49 % of them knew their result with in the last one year.

**Table 2: The time at which the respondents knew their HIV result**

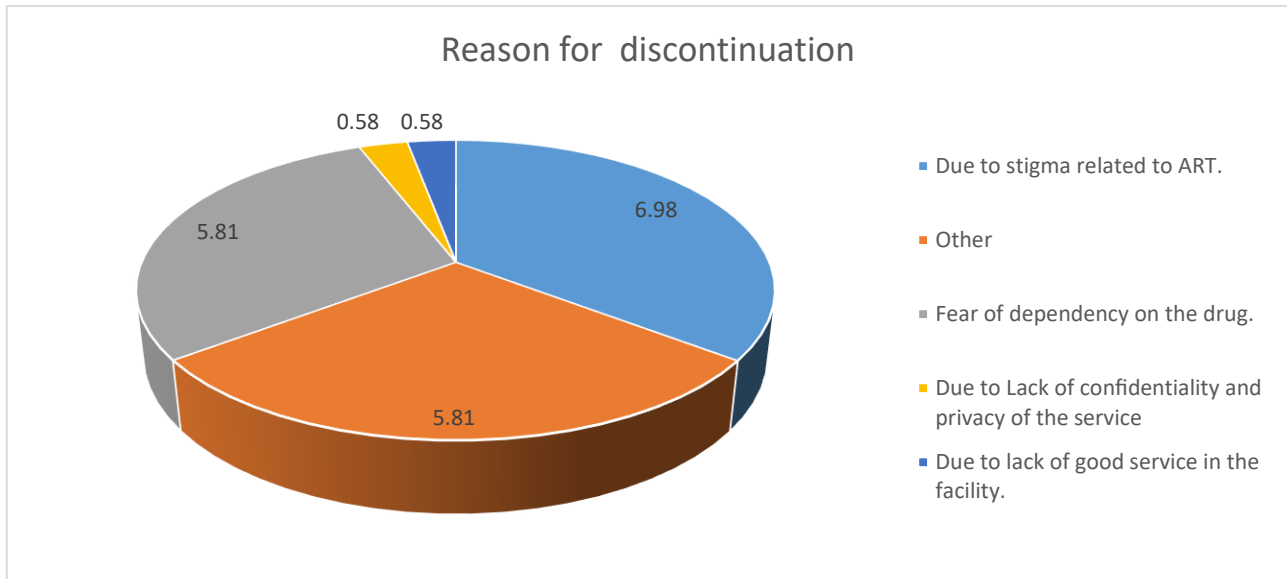
Value	Frequency	Percentage
12+ years	58	33.72
8-12 years	53	30.81
4-7 years	37	21.51
1-3 years	17	9.88
Below 1 year	6	3.49

All respondents already started ART at the specific time displayed in the graph below



**Fig 1: The time at which the respondents started their ART**

About 87.2 % of the respondents take their drugs regularly without interruption, the rest discontinued the reasons depicted the following pie chart.



**Fig 2: Reason for discontinuation of their treatment (ART)**

In the above pie chart the other option consists of 5.81 %, these reasons specified as follows

- Going to the holy water and ART medications were not available there.
- Going to a remote site for work and ART
- Medications were not available.
- There was a time where I was so much depressed and economically debilitated to the extent of lack of food, these led me default my ART medication.
- Due to travel to other area
- Because sometimes I feel desperate in life and have my own personal problems.
- Due to dispute with family
- Due to financial issues
- Because of doctors suggestion
- Due to my personal problem

About 13.94 % of the respondents think there is a problem if they continue taking your ART. About 51.74 % of them collect their drug for six months, 44.19 % for three months and 2.33 % of them every month

#### 4.8.3. Enablers and Barriers to get ART service at health facility level

Clear explanation was given for why they are having tests for 7.6% respondents. There is a need of improvement in their care in the health facility for 46.5 % of them About 5.8 % of them are not told everything they want to know about their ART drugs The problem of discontinuing the ART drug is not told for 4.1 % of them During their consultation 14 % of them are not given little or no medical explanation I am given good advice on how to cope with HIV ART department care in the health facility is not satisfying for 10.5 % of them It's not easy to get an appointment for 6.7 % of them Much time is not given for their consultation for 7 % of them



**Table 3: Enablers and barriers to get ART service at health facility level**

Variables	Agreement status	Number	Percentage (%)
Clear explanation was given for why I am having tests done	agree	158	91.9%
	disagree	13	7.6%
	neutral	1	0.6%
There is a need of improvement in my care in the health facility	agree	80	46.5%
	disagree	88	51.2%
	neutral	4	2.3%
I am told everything I want to know about my ART drugs	agree	162	94.2%
	disagree	10	5.8%
I am told well the problem of discontinuing the ART drug	agree	164	95.3%
	disagree	7	4.1%
	neutral	1	0.6%
During my consultation I am given little or no medical explanation	agree	24	14.0%
	disagree	147	85.5%
	neutral	1	0.6%
I am given good advice on how to cope with HIV	agree	169	98.3%
	disagree	3	1.7%
I am satisfied with the ART department care I receive in the health facility	agree	153	89.0%
	disagree	18	10.5%
	neutral	1	0.6%
It's easy to get an appointment	agree	158	91.9%
	disagree	11	6.4%
	neutral	3	1.7%
I am given much time for my consultation	agree	156	90.7%
	disagree	12	7.0%
	neutral	4	2.3%

**4.8.4. Service Provider's behavior and service provision approach for ART service user**

**Table 4: Service Provider's behavior and service provision approach for ART service user**

Variables	Agreement status	Number	Percentage (%)
service providers in the health facility are concerned for me	agree	155	90.1%
	disagree	15	8.7%
	neutral	2	1.2%
The person I see in the health facility really knows what he/she is talking about	agree	154	89.5%
	disagree	17	9.9%
	neutral	1	0.6%
The person I see in the health facility does not understand what it's like to have HIV	agree	36	20.9%
	disagree	133	77.3%
	neutral	3	1.7%



I have no confidence in the person who is treating me	agree	24	14.0%
	disagree	147	85.5%
	neutral	1	0.6%
I am rarely asked which treatments I would prefer	agree	50	29.1%
	disagree	120	69.8%
	neutral	2	1.2%
My feelings about my treatment are taken into consideration	agree	149	86.6%
	disagree	22	12.8%
	neutral	1	0.6%
Prescriptions for new tablets are given to me without any explanation	agree	144	83.7%
	disagree	23	13.4%
	neutral	5	2.9%
I am usually told what the possible side effects of the tablets could be		1	0.6%
	agree	161	93.6%
	disagree	9	5.2%
	neutral	1	0.6%
I am encouraged to contact the health care provider, If I have a problem with my health condition.	agree	152	88.4%
	disagree	17	9.9%
	neutral	3	1.7%
Service providers are too busy to spend enough time with me	agree	117	68.0%
	disagree	50	29.1%
	neutral	5	2.9%
It's hard to get an appointment if I need it quickly	agree	25	14.5%
	disagree	143	83.1%
	neutral	4	2.3%

#### 4.8.5. Availability of services

About 14.53 % of the respondents have experienced absence of commodities during their last facility visit.

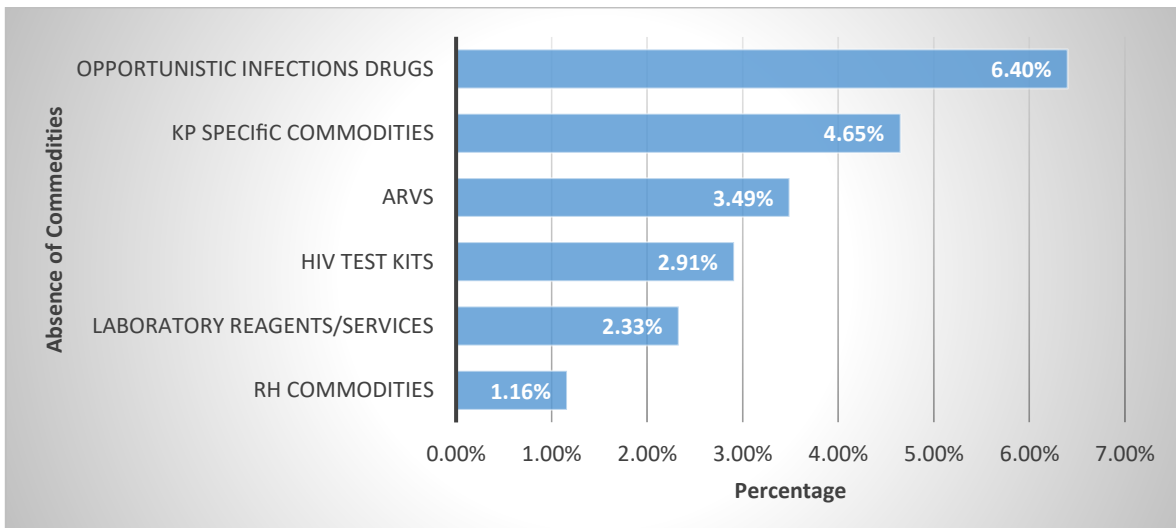
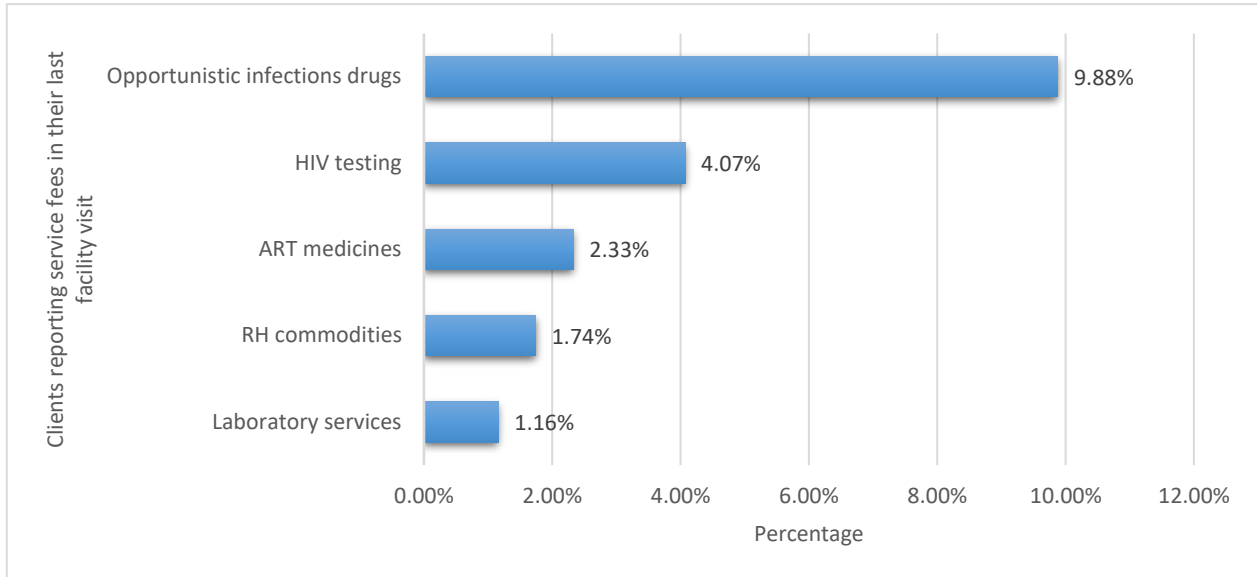


Fig 3: Absence of commodities encountered for HIV treatment in the facility

#### 4.8.6. Accessibility of services

About 6.98 % of the respondents did not receive adequate information about the HIV services they received in their last facility visit. Service fee was asked from KPs from 19.6 % of them.



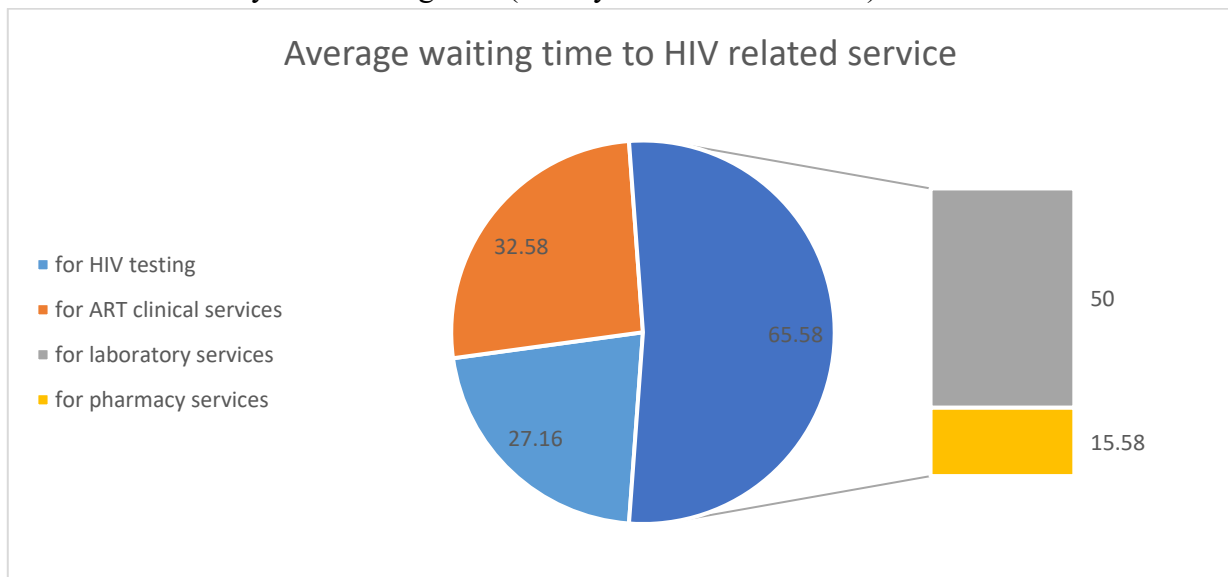
**Fig 4: Clients reporting service fees in their last facility visit**

More than three fourth (79.65 %) of the respondents reported that they have no barriers to receive the service. However 20.35 % Clients were reporting having barriers for accessing HIV services are for the following barriers.

- Cost of transportation 22 (12.79 %)
- Inconvenient working hours 10 (5.81 %)
- Distance 2 (1.16 %)
- Cost of commodities and services 1 (0.58 %)

#### 4.8.7. Quality of services

The whole health facility visit waiting time (for any HIV related service) is 31.20 minutes



**Fig 5: Average waiting time to HIV related service**

Clients responded that they are satisfied with their last facility visit are 156 (90.67%). Among the satisfied clients 61.63 % of them satisfied on the Information they received about services and 29.07 % of them for Service Providers handling.

## 5. The qualitative findings of the assessment

### 5.1. At the town level health center

The supervisors and follow up team had a visit to Arsi-Negele town ART health center, as part of Observation of the behavior and approach of service providers during service. Here are the results of our observation...

- The provider is able to
- Maintain an open, non-judgmental attitude and actively listen to patient concerns and new complaints in a compassionate, respectful and caring manner.
- Respect patient autonomy, privacy and confidentiality in the overall HIV care.
- Provide comprehensive education to patients about HIV/AIDS and its treatment options.
- Implement routine counselling on the critical importance adhering to the HAART medications and ART clinic follow up with nearly all patients.
- Follow patients at regular intervals to monitor changes in their health status related to drug side effect, development of potential opportunistic infection or adjustment to medication needed.
- Encourage and support patient involvement in the development of their treatment plan and adhere to this plan accordingly.
- Promote responsibility for clinical care by addressing any potential psychological, financial or social barriers that may prevent treatment adherence or success. However, the provider was not happy with the fact that their psychosocial support program to HIV positive pediatric age group patients, which they practice on a monthly basis, is now working less efficiently because of shortage of budget.
- Actively assess all patients for potential treatment failure and facilitate access to timely care through coordination of referrals for specialized services such as mental health care and higher health facilities with better infectious disease care as needed.

### 5.2. At the Hospital

Negele primary hospital does not yet started ART service. Financial constraints are the significant obstacle that prevents the hospital from starting ART HIV clinic. Firstly establishing an ART HIV clinic requires specialized infrastructure and equipment to manage the medication, monitor patient progress, and administer regular tests. These costs can be challenging to bear particularly for those with limited funding on top of this Since the Budget is allocated by Oromia health bureau; still the bureau does not permit the hospital to start ART service despite efforts by hospital. Secondly the covid-19 pandemic has led to unprecedented challenges for healthcare systems worldwide. As the virus quickly spread across continents, hospitals found themselves overwhelmed with the number of patients requiring treatment. In response to this crisis, many hospitals decided to convert part or all of their facilities into Covid centers. Among those Negele primary Hospital is one of them that is changed to Covid centers here in Ethiopia in 2020 soon after its inauguration in 2019 which leaves the hospital no time to open ART services.

Non ART HIV services can be provided in multiple ways, depending on the specific needs of the person living with HIV. Some examples include: HIV testing and diagnosis and management of opportunistic infections The Hospital has ART Focal who worked for the last one year, but did not taken ART training. The focal responded for the questions asked what do they do when there are HIV positive patients, “ *Educate and*

*counsel the patient about the disease, its treatments and the importance of adherence to medical therapy regimens as well as lifestyle modifications and linking to nearby ART clinic which is Negele health center”*  
HIV positive Clients were interviewed for some kind of questions. Some of the services the clients received are HIV testing and diagnosis, management of opportunistic infections, counseling service and their confidentiality was kept. They start their follow up at Negele health center. The client’s recommendation for the hospital *“Hospital is more equipped, has more investigation modalities and better trained human power than the health center, it’s better to start ART clinic”*

## 6. Second round Analysis

### 6.1. Demographic Data

The socio demographic characteristics of the respondents are crucial to understand their social status. If we take some of the demographic data of the respondent in terms of Age, originally where they are from, marital status, and level of education and etc., Age: 18.6% of them are 25-29, 7% 24 and below, 10.5 % 29-34, and the remaining 64 % of them are above to 35. Originality they are from 24.4 % surrounding rural kebeles of Negele Arsi. 22.7 % Born and grown in Negele Arsi Town. About 13.4 % of the respondents are commercial sex workers. The majority of their marital status is having husband (27.3 %). About 55.8 % of the respondents has no regular sex partner. Regarding the education level, 33.7 % of them are illiterates (unable to read and write). About 84.9 % of the respondents have children (Table 1)

**Table 1: Socio demographic characteristics of the respondents**

Variables	Categories of Variables	Number	Percent (%)
Age	<=24	12	7.0%
	25-29	32	18.6%
	29-34	18	10.5%
	>=35	110	64.0%
SEX of the respondents	Female	111	64.5%
	Male	61	35.5%
Religion	Catholic	8	4.7%
	Muslim	29	16.9%
	Orthodox	103	59.9%
	Other	3	1.7%
	Protestants	29	16.9%
Other specify	Adventist.	1	0.6%
	Jovantis.	1	0.6%
	Protestant	1	0.6%
Address	Addis Ababa	4	2.3%
	Amhara region	25	14.5%
	Born and grown in Negele Arsi Town	39	22.7%
	Other regions of Ethiopia	2	1.2%
	Other zones of Oromia	21	12.2%
	Other Zones of SNNPR	4	2.3%
	Sidama Region	3	1.7%
	Surrounding rural kebeles of Negele Arsi	42	24.4%

	Surrounding woredas of west Arsi zone	17	9.9%
	Wolayita zone	11	6.4%
Other Specify	Garage zone.	1	0.6%
	Hadiya	1	0.6%
Working as a commercial sex worker	No	141	82.0%
	Yes	23	13.4%
category	Bar based	2	1.2%
	Home based (local drink house)	13	7.6%
	Waitress	3	1.7%
occupation	Daily laborer	42	24.4%
	Government	3	1.7%
	House wife	20	11.6%
	Other	5	2.9%
	Own business (Merchant)	16	9.3%
	Pity trade	3	1.7%
	Private	9	5.2%
	Unemployed (No work at a time)	12	7.0%
	Waitress Private	1	0.6%
Other specify	Begging	1	0.6%
	Farmer	1	0.6%
	Guard	2	1.2%
	Tailor	1	0.6%
Residential Status	Has own house	51	29.7%
	On the street	3	1.7%
	Other	5	2.9%
	Rented	92	53.5%
	Sexual partner house	1	0.6%
	With friends	1	0.6%
	With relative	7	4.1%
	Work place	6	3.5%
Other specify	Government house.	1	0.6%
	Government owner.	1	0.6%
	Guard	1	0.6%
	Kebele house	1	0.6%
	With others people.	1	0.6%
Marital status	Divorced	42	24.4%
	Has baluka	33	19.2%
	Has husband	47	27.3%
	Single	11	6.4%
	Widowed	37	21.5%
Regular sex partner	No	96	55.8%

	Yes	73	42.4%
Educational level	1-6	48	27.9%
	11-12	8	4.7%
	7-10	30	17.4%
	Illiterates	58	33.7%
	Reading and writing	27	15.7%
Do you have children	No	25	14.5%
	Yes	146	84.9%
Number of children	1	19	11.0%
	2-4	94	54.7%
	5-7	28	16.3%
	8-10	4	2.3%

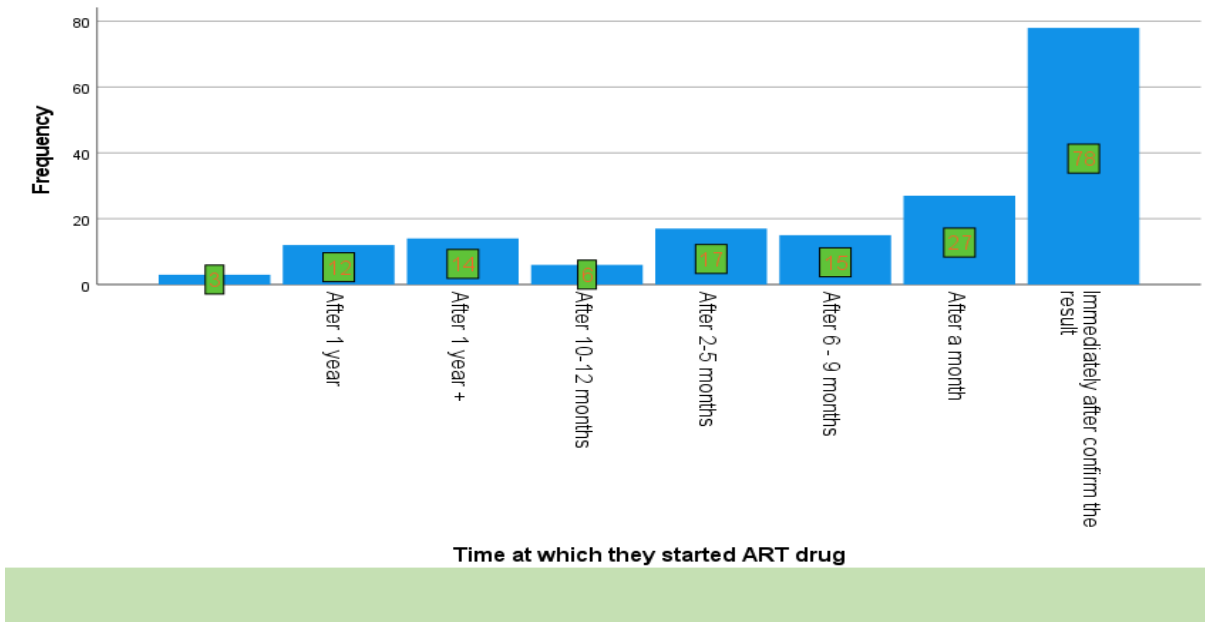
### 6.2. Information About HIV positivity and ART adherence Status

The respondents were interviewed for how long they have known their result and about 40.7 % of them more than 12 years ago. About 4.7 % of them knew their result with in the last one year.

**Table 2: The time at which the respondents knew their HIV result**

Values	Frequency	Percentage
Below 1 year	8	4.7
1-3 years	19	11.0
4-7 years	29	16.9
8-12 years	44	25.6
12+ years	70	40.7
Total	172	100.0

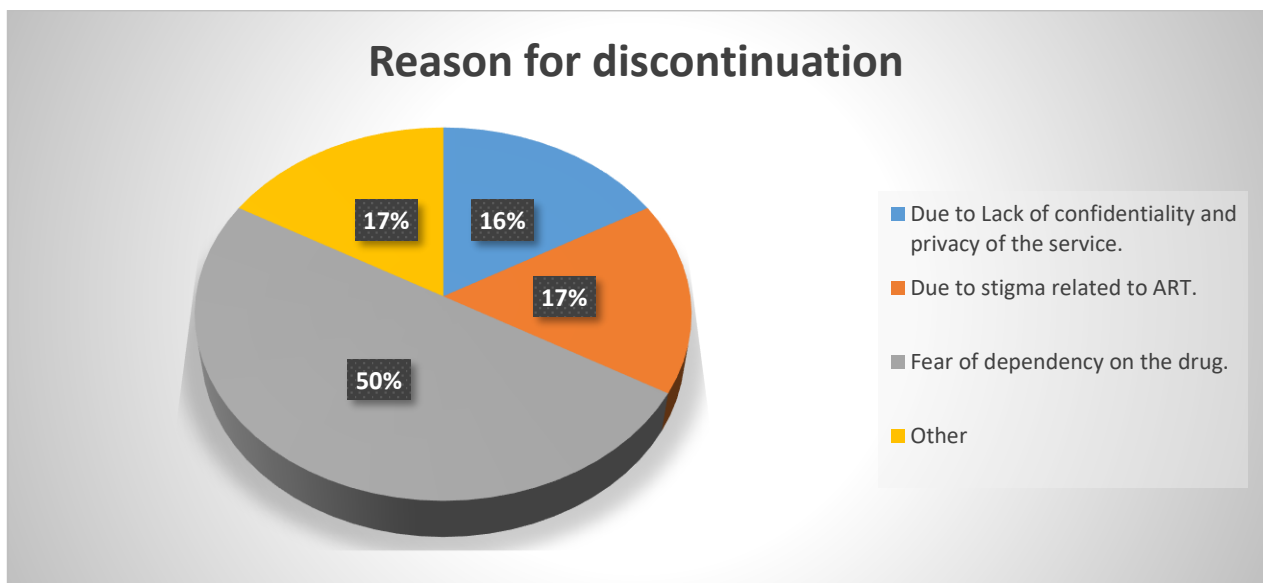
All respondents already started ART at the specific time displayed in the graph below



**Fig 1: The time at which the respondents started their ART**

About 92.4 % of the respondents take their drugs regularly without interruption, the rest discontinued the reasons depicted by following pie chart.

Duration of discontinuation	Number	Percent (%)
For a week	4	2.3%
For 2 weeks	1	0.6%
For a month	6	3.5%
For 2 months	4	2.3%
For 3 months	4	2.3%
For above 3 months	3	1.7%



**Fig 2: Reason for discontinuation of their treatment (ART)**

In the above pie chart, the other option consists of 17 %, these reasons specified as follows

- **Because of going to somewhere**

About 19.8 % of the respondents think there is a problem if they continue taking your ART. About 66.9 % of them collect their drug for six months, 32 % for three months and 0.6 % of them every month.

About 97.7 % of clients get their drug without any problem

### 6.3. Enablers and Barriers to get ART service at health facility level

Clear explanation was given for why they are having tests for 84.9 % respondents. There is a need of improvement in their care in the health facility for 45.9 % of them About 5.2 % of them are not told everything they want to know about their ART drugs The problem of discontinuing the ART drug is not told for 9.3 % of them During their consultation 15,7 % of them are not given little or no medical explanation I am given good advice on how to cope with HIV (5.2%) ART department care in the health facility is not satisfying for 2.9 % of them It's not easy to get an appointment for 4.7 % of them Much time is not given for their consultation for 4.7 % of them Table 3: Enablers and barriers to get ART service at health facility level



Variables	Agreement status	Number	Percentage (%)
Clear explanation was given for why I am having tests done.	Agree	146	84.9%
	Disagree	15	8.7%
	Neutral	8	4.7%
There is a need of improvement in my care in the health facility.	Agree	79	45.9%
	Disagree	87	50.6%
	Neutral	3	1.7%
I am told everything I want to know about my ART drugs.	Agree	161	93.6%
	Disagree	9	5.2%
	Neutral	1	0.6%
I am told well the problem of discontinuing the ART drug by the service provider.	Agree	151	87.8%
	Disagree	16	9.3%
During my consultation I am given little or no medical explanation	Agree	27	15.7%
	Disagree	142	82.6%
I am given good advice on how to cope with HIV	Agree	163	94.8%
	Disagree	9	5.2%
I am satisfied with the ART department care I receive in the health facility	Agree	163	94.8%
	Disagree	5	2.9%
	Neutral	1	0.6%
It's easy to get an appointment if I need to come back to the facility for additional clarification and if I have any concern on the tablets I took.	Agree	161	93.6%
	Disagree	8	4.7%
	Neutral	2	1.2%
I am given as much time as I need for my consultation	Agree	160	93.0%
	Disagree	8	4.7%
	Neutral	3	1.7%

**6.4. Service Provider's behavior and service provision approach for ART service user**

About 7 % of the respondents see that their health care providers are not concerned about their clients (Table 4)

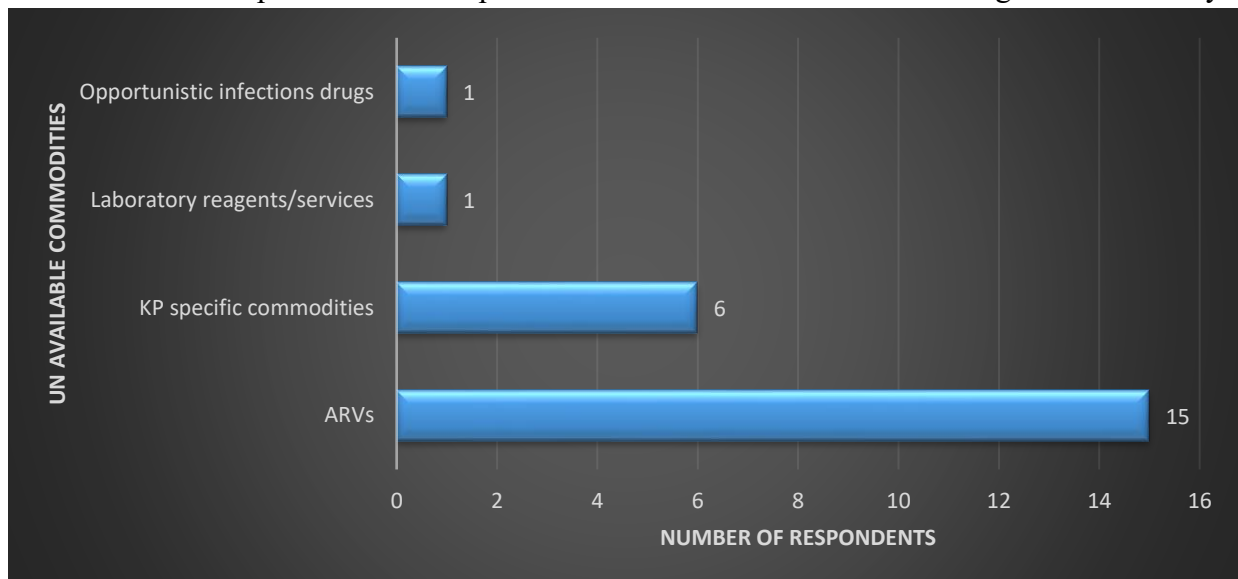
**Table 4: Service Provider's behavior and service provision approach for ART service user**

Variables	Agreement status	Number	Percentage (%)
I see service providers in the health facility are concerned for me?	Agree	158	91.9%
	Disagree	12	7.0%
	Neutral	2	1.2%
The person I see in the health facility really knows what he/she is talking about in regard to my health issue and ART problem.	Agree	156	90.7%
	Disagree	13	7.6%
	Neutral	3	1.7%
The person I see in the health facility does not understand what it's like to have HIV	Agree	32	18.6%
	Disagree	133	77.3%
	Neutral	5	2.9%

I have no confidence in the person who is treating me	Agree	12	7.0%
	Disagree	157	91.3%
	Neutral	2	1.2%
I am rarely asked which treatments I would prefer	Agree	43	25.0%
	Disagree	123	71.5%
	Neutral	3	1.7%
My feelings about my treatment are taken into consideration	Agree	155	90.1%
	Disagree	14	8.1%
	Neutral	2	1.2%
Prescriptions for new tablets are given to me without any explanation	Agree	159	92.4%
	Disagree	11	6.4%
	Neutral	1	0.6%
I am usually told what the possible side effects of the tablets could be	Agree	155	90.1%
	Disagree	13	7.6%
	Neutral	1	0.6%
I am encouraged to contact the health care provider, If I have a problem with my health condition.	Agree	152	88.4%
	Disagree	16	9.3%
	Neutral	1	0.6%
Service providers are too busy to spend enough time with me	Agree	121	70.3%
	Disagree	42	24.4%
	Neutral	6	3.5%
It's hard to get an appointment if I need it quickly	Agree	21	12.2%
	Disagree	148	86.0%
	Neutral	1	0.6%

### 6.5. Availability of services

About 16.3 % of the respondents have experienced absence of commodities during their last facility visit.

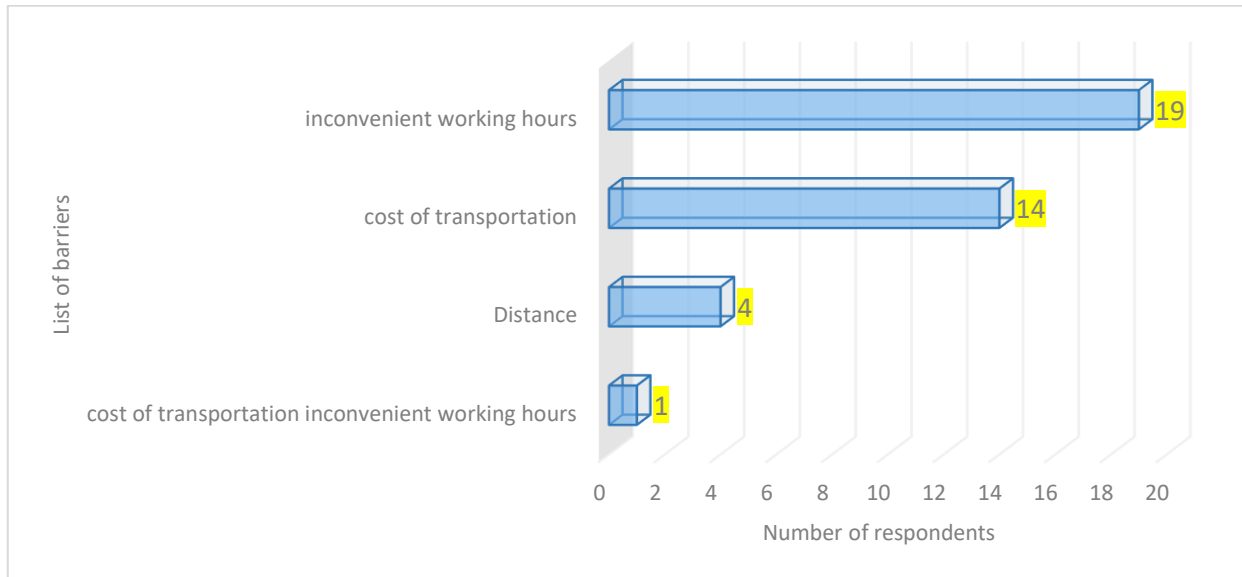


**Fig 3: Absence of commodities encountered for HIV treatment in the facility**

### 6.6. Accessibility of services

About 0.6 % of the respondents did not receive adequate information about the HIV services they received in their last facility visit. Service fee was asked from KPs from 9.7 % of them (7 % of them for ART medicines and 1.2 % for opportunistic infection drugs).

More than three fourth (77.3 %) of the respondents reported that they have no barriers to receive the service. However, 22.7 % Clients were reporting having barriers for accessing HIV services are for the following barriers.



**Fig 4: Clients reporting barriers for accessing HIV services**

### 6.7. Quality of services

The whole health facility visit waiting time (for any HIV related service) is 20 minutes

**Table 5: Average waiting time to HIV related service**

Service areas	Minimum minutes	Maximum minutes	Mean in minutes
Waiting time for HIV testing	1.0	60.0	19.001
Waiting time for ART clinical services	1.0	60.0	18.378
Waiting time for laboratory services	1.0	60.0	29.293
Waiting time for pharmacy services	.0	50.0	13.358
The whole health facility visits waiting time			20 minutes

Clients responded that they are satisfied with their last facility visit are 171 (99.4%). Among the satisfied clients 57 % of them satisfied on the Information they received about services and 17.4 % of them for Service Providers handling.

## Detail Activities achievements

Phase s	Activities	Unit of measurement	Target	Achievement	Achievement in %
<b>Phase 1:</b>	<b>Preparation and Sensitization</b>				
	Establish TSD-CLM core team.	Person	5	5	100 %
	Form town level CLM advisory team.	Person	12	12	100 %
	Select target hot spot areas (villages).	Hot Spots	5	5	100 %
	Establish right holders' team.	Person	12	12	100 %
	Select literate active KPs and interns.	Person	25	17	68 %
	Sensitize the project for key stakeholders.	Person	50	36	72 %
<b>Step 1:</b>	<b>First round Data Collection</b>				
	Provide orientation for the data collectors.	Person	14	17	100 %
	Collect the data-based tool.	Collectors	14	17	100 %
	Investigate the behavior of service providers.	Investigators	3	4	100 %
	Collect data and reflection of the observation.		10	10	100 %
<b>Step 2:</b>	<b>First round analysis</b>				
	Summarize and analyzing of the data.	Analysts	2	2	100 %
	Conduct 6 CLM core & advisory teams' meetings.	Person	12	4	33 %
<b>Step 3:</b>	<b>Primary engagement</b>				
	Organize a meeting for selected right holders.	Person	10	10	100 %
	Organize a meeting for CBOs and FBOs.	Person	15	17	100 %
	Increase the health literacy of right holders.	Person	100	100	100 %
	Facilitate a discussion forum for right holders.	Person	100	100	100 %
	Facilitate a dialogue for members of the city council.	Person	20	20	100 %

	Conduct a training for service providers.	Person	20	10	50 %
<b>Step 4:</b>	<b>Primary dissemination of findings.</b>				
	Disclose the preliminary findings.	Person	20	30	100 %
	Disclose the finding for decision makers.	Person	50	1	100 %
	The CLM technical advisor's workshop.	Person	12	1	100 %
<b>Step 5:</b>	<b>First round advocacy</b>				
	Bring the right holders and duty barriers.	Person	25	25	100 %
	Given the opportunity right holders to claim.	Person	20	1	100 %
	Propose action points for the improvement.	Person			100 %
	Influence the decision makers to decide.	Person	25	1	100 %
<b>Step 6:</b>	<b>Second round data Collection &amp; Analysis</b>				
	Collect the data /generate outcome/ with questioner.	Data Collectors	14	17	100 %
	Conduct CLM technical team regular meetings.	Meeting	4	3	75 %
	Second round findings will be articulated and organized.		1	1	100 %
<b>Step 7:</b>	<b>Second round Engagement &amp; Dissemination</b>				
	Engage the right holders (KP) to evaluate findings.	Person	13	13	100 %
	Support them to disclose the progress results.	Person	20	25	100 %
<b>Step 8:</b>	<b>Second round advocacy</b>				
	Bring the right holders and duty barriers.	Person	50	40	80 %
	Facilitate the opportunity to the right holders.	“	20	25	100 %
	<b>Monitoring and Publication</b>				
5.1	Implementing staff monthly joint review meeting.	Meeting	4	4	100 %

5.2	TWG quarterly monitoring and supportive supervision.	Meeting	4	3	75 %
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**Table 6: The main changes observed between CLM round one and two**

Variables/Indicators	Status during baseline	Status during second round CLM	Changes status
<b>Information About HIV positivity and ART adherence Status</b>			
Percent of respondents who take their drugs regularly without interruption	87.2 %	92.4 %	improved
Percent of respondents think there is a problem if they continue taking your ART	13.94 %	19.8 %	Not improved
<b>Enablers and Barriers to get ART service at health facility level</b>			
Clear explanation was given for why they are having tests	7.6%	84.9 %	improved
There is a need of improvement in their care in the health facility	46.5 %	45.9 %	improved
Not told everything they want to know about their ART drugs	5.8 %	5.2 %	improved
The problem of discontinuing the ART drug is not told for them	4.1 %	9.3 %	Not improved
During their consultation they are not given little or no medical explanation	14 %	15.7 %	Not improved
ART department care in the health facility is not satisfying for them	10.5 %	2.9 %	Improved
It's not easy to get an appointment for them	6.7 %	4.7 %	Improved
Much time is not given for their consultation	7 %	4.7 %	Improved
<b>Service Provider's behavior and service provision approach for ART service user</b>			
The person I see in the health facility really does not know what he/she is talking about in regard to my health issue and ART problem.	9.9 %	7.6 %	Improved
I have no confidence in the person who is treating me	14 %	7 %	Improved

Prescriptions for new tablets are given to me without any explanation	83.7 %	92.4 %	Not improved
Service providers are too busy to spend enough time with me	68 %	70.3 %	Not improved
<b>Availability of services</b>			
The respondents have experienced absence of commodities during their last facility visit	14.53 %	16.3 %	Not improved
<b>Accessibility of services</b>			
Did not receive adequate information about the HIV services they received	6.98 %	0.6 %	Improved
Service fee was asked from KPs from of them	19.6 %	9.7 %	Improved
<b>Quality of services</b>			
The whole health facility visits waiting time (for any HIV related service)	31 minutes	20 minutes	Improved
Clients responded that they are satisfied with their last facility visit	90.67%	99.4 %	Improved

S.No	Challenges/problems identified	Actions proposed	Improvements observed or outcomes achieved
1	Lack of food	Clearly identifying those who are really suffering due to lack of food to take their ART drug	<ul style="list-style-type: none"> <li>34 absolute poor families, suffered from shortage of food identified for support.</li> <li>The town women and social affair office provided education materials like exercise book and pen for 31 students (children of ART KPs)</li> </ul>
		Making part of the Safety Net program user or searching other solutions	<ul style="list-style-type: none"> <li>Some ART drug users included with the safety net program.</li> <li>Cooperating with Hunde Oromo organization 34 individuals supported 3,000 – 5,000 ETB.</li> <li>98 people got 880-1,000 birr of financial support by the woreda administration.</li> </ul>



2	Family disputes	The family themselves should discuss openly to solve the problem	<ul style="list-style-type: none"> <li>6 families in dispute discussed with each other and able to identify reason of their dispute.</li> </ul>
		Reconciliation of families	<ul style="list-style-type: none"> <li>5 person those in dispute due to personal problems and shortage of income advised and reconciled.</li> </ul>
3	The service fees reported	Identifying ART-KPs who are not user of the insurance	<ul style="list-style-type: none"> <li>250 individual able to have health insurance with the budget of city administration.</li> </ul>
4	Awareness creation activities	Giving awareness creation, sensitization trainings and mass education for both right holders and for the general population	<ul style="list-style-type: none"> <li>No performed yet, but will be done in the coming weeks.</li> </ul>
5	There are some clients who are believing cured off the disease because of the holy water they took. Because of this problem they are discontinuing the drug.	Awareness creation	<ul style="list-style-type: none"> <li>In collaboration with religious leaders' awareness creation started at orthodox church in Sunday and mosques on Friday.</li> </ul>
6	Counselling service for ART-KPs is not being given as previous	Counselling services at ART clinic should be re emphasized	<ul style="list-style-type: none"> <li>New patients and those with poor adherence are receiving counseling services effectively</li> </ul>
7	Some of the ART-KPs are taking a lot alcohol	Awareness creation to reduce high alcoholic consumption	<ul style="list-style-type: none"> <li>Awareness was created on the impact of alcohol use on the proper functioning of ART drugs and on the need to stop or reduce alcohol consumption by inviting professionals from the health office.</li> </ul>
8	Shortage of some commodities	Availing the Stock status of the ART commodities	
9	HIV/AIDS should be incorporated as a subject at least above grade eight (8)	At least strengthening the school clubs	<ul style="list-style-type: none"> <li>Due to budget constraints and lack of support from the city administration, we are unable to establish or enhance existing clubs as planned.</li> </ul>
10	Volunteers were actively engaged previously, but	Acting as a volunteer for one another Availing volunteers	<ul style="list-style-type: none"> <li>The Hunde Oromo organization established a group of 16 volunteers. These volunteers</li> </ul>

	currently the volunteers are not available		identified individuals living in extreme poverty. <ul style="list-style-type: none"> <li>The selected individuals were given training, learned about saving culture and began saving.</li> </ul>
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**7. Monitoring and Evaluation of the project activities**

Regular monitoring and follow-up of project activity have been done at a different level.

- **Daily follow-up:** With the telegram page created for the entire organization team, the daily performance of the organization was followed up both by the top and regional level leadership team.
- **Weekly Monitoring:** This has been conducted by the program manager and MERL coordinator.
- **Monthly Monitoring** has been conducted by the head office teams, the regional coordinator, Area coordinator and concerned staff and has been performed as per the project plan.

**8. Challenges Faced and How we overcome**

Challenges Faced	Overcoming strategies for the challenges
Less interest of some faith leaders to participate on different work shop that TSD organize	Informing as the participation of FBO is crucial for ART-KPs
Less collaboration from gov't sectors to overcome identified gaps from 1 <sup>st</sup> round data collection based on action plan they set	Awareness creation as addressing the gaps is all sectors responsibility
The data collectors were not submitting the filled questionnaire to the interns for encoding	One additional ART-KP selected to collect the filled questionnaire
Interviewees expectation of fees and other support during data collection process	Informing the benefit of the assessment and participation is voluntarily

**9. Lesson Learned**

- Involving key stakeholders is crucial for smooth project implementation
- Scoping study done by UN women has been mandatory to prove the importance of this project.
- Town level advisory team and Core teams are very essential to get constructive idea for the implementation of the project.
- Bring all stakeholders together in the sensitization workshop supported to know more about the project
- Having detail and how to do it plan creates same understanding for all staffs and simplify work
- Properly orienting the interns for day-to-day data entry will expedite the work
- Involving and working collaboratively with assigned responsible bodies for ensuring the implementation of action plan is crucial

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