SURVEY ON THE DISSEMINATION AND UTILIZATION OF HIV & AIDS TREATMENT AND CARE PROGRAMME DOCUMENTS AND TOOLS IN ZIMBABWE

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-retroviral Therapy
ARV	Anti-retroviral drugs
ASOs	AIDS Service Organizations
CBOs	Community Based Organizations
DHE	District Health Executive
DMO	District Medical Officer
DNO	District Nursing Officer
FBOs	Faith Based Organizations
HIV	Human Immunodeficiency Virus
IST	Inter-country Support Team
OI	Opportunistic Infection
PHE	Provincial Health Executive
PMD	Provincial Medical Director
NGO	Non Governmental Organization
NPO	National Professional Officer
MOHCW	Ministry of Health and Child Welfare
TB	Tuberculosis
WHO	World Health Organization

Executive Summary

In April 2004, the Government of Zimbabwe established the OI/ART programme in the public sector. The major areas of programme activities included: Resource mobilization to support institutional capacity strengthening and overall programme implementation; **development of programme tools and documents to guide implementation and scale up of the programme activities;** building capacity of health managers to support scale up of the programme; strengthening the health systems especially laboratory services; procurement and supply management and programme monitoring and evaluation.

Between 2005 and 2007, the MOHCW in collaboration with partners invested a lot of resources in development of evidence based OI/ART programme tools and documents. These included; strategic and operational plans, health facility assessment tool, technical guidelines, training manuals, procedure manuals (SOPs), data management tools and newsletters. Development of these documents involved extensive consultation. Each of the documents was produced for dissemination to stakeholders. The above documents were developed with the aim of informing and guiding health programme managers, clinicians, trainers in health, data managers and all other relevant health service providers in supporting the implementation and scaling up of the OI/ART programme.

This study aimed at establishing the extent to which the dissemination of developed tools was achieved. The main objective was to establish the methods and level of dissemination and use of the documents which were developed between 2005 and 2007 to support the implementation and scaling up of the OI/ART programme. Gaps identified during the survey would inform policy on the most effective way of utilizing material resources developed to support programme implementation. A cross-sectional descriptive survey was thus conducted from June to July 2009.

Research findings indicated that the MOHCW in collaboration with its partners had done a lot in the development of documents to guide the scale up of the OI/ART programme. Orientation of health workers on use of the tools was taking place but to a limited extent. Health workers interviewed found the documents very useful in the provision of quality HIV and AIDS services. It was however noted that the MOHCW does not have any documented methods for dissemination of programme tools and documents, there is no focal person dedicated to the equitable dissemination of documents. There was no dedicated storage space for documents before they were disseminated. There are no set timeframes for the distribution of the documents, resulting in some documents being outdated before they are disseminated, neither is there a list of stakeholders to whom the documents are disseminated. In summary the Ministry was not planning and budgeting for the dissemination of the documents and tools developed within the OI/ART programme.

Recommendations for the improvement of the dissemination and utilization of programme tools and documents include some of the following:

- The ministry should select a few methods for the dissemination of programme documents as the standard means of dissemination with the rest of the methods used on ad hoc basis to supplement.

- The ministry should make planning for dissemination of programme documents and tools mandatory during the development of the different documents i.e. drawing up dissemination plans and budgets.

- Ministry to keep a log of all programme tools i.e. title of document, date received from printing, targeted populations for distribution, system used for dissemination, date of dispatch, follow-up on dissemination.

- The national, provincial and district offices to develop a guide on how many copies of each document are to be disseminated to the different levels i.e. an all-encompassing distribution list. This information should be readily available to staff who participate in the distribution of the documents.

- Ministry to assign document management to an officer/unit at central, provincial, district and facility levels who will monitor the timeous dissemination of programme documents and tools. This also involves setting aside space specifically for storage and stock management of documents.

- Ministry needs to document concrete timeframes on when the different documents are to be disseminated after delivery from the printers with the aim of distributing at least 90% of the programme documents within three months from the date of delivery from the printers.

- The Ministry to produce memos on documents that are under print and circulate to all levels of the health delivery system at least a month before the documents are disseminated to alert management and implementers on forthcoming documents.

- The Ministry should produce and disseminate adequate quantities of the programme documents and tools.

- Based on the dissemination plan the Ministry should organize orientation/training workshops for managers and health workers when programme documents are produced. This also includes taking advantage of other meetings or workshops.

Survey on the Dissemination and Utilization of HIV/AIDS Treatment and Care Programme Documents and Tools

1.0 Introduction

In April 2004, the government of Zimbabwe established the OI/ART programme in the public sector. The major areas of programme activities included some of the following:

- Resource mobilization to support institutional capacity strengthening and overall programme implementation;
- **Support development of programme tools and documents to guide implementation and scale up of the programme activities**
- Building capacity of health managers and implementers to support scale up of the programme;
- Training health workers to deliver HIV Treatment and Care services;
- Providing support supervision to trained health workers;
- Support programme review activities to enhance quality service provision,
- Strengthening the health systems especially laboratory services
- Procurement and supply management and
- Programme monitoring and evaluation

Between 2005 and 2007, the MOHCW in collaboration with partners invested a lot of resources in development of evidence based OI/ART programme tools and documents. The HIV/AIDS programme in the MOHCW with WHO support committed significant amount of funds for development of the following tools; strategic and roll out plans, health facility assessment tool, technical guidelines, training manuals, procedure manuals, data management tools and newsletters. The programme also supported sister programmes such as HIV Testing and Counseling, PMTCT, TB and STI to develop and produce a number of important programme documents. Details of the documents developed for the OI/ART Programme are found in Appendix 1.

Most of the above stated tools were developed either by international experts or technical task force teams consisting of national experts using evidence based tools provided by WHO and other partners. Development of the documents involved extensive consultation with a cross section of medical experts in the country[1]. Large quantities of each of the final documents were produced for dissemination to stakeholders.

Appropriate use of such tools by the health managers and service providers would translate into evidence based practices and improved outcomes[2].

The above documents were developed with the aim of informing and guiding health programme managers, clinicians, trainers in health, data managers and all other relevant health service providers in supporting the implementation and scaling up of the OI/ART programme.

To achieve the above objective, the OI/ART programme would ensure that each tool reached all the relevant health professionals and health service providers. For the health professionals to appropriately use the tools, they would need to be adequately armed with information on the documents; what they are, their content and how to use them in the process of providing OI/ART services. **The distribution process must always be accompanied by instructions on how to use the documents.** Otherwise materials could be underutilized if health workers do not know how to use them properly. Effective dissemination process of any material depends on the dissemination system and a comprehensive inventory of the populations targeted with documents.

This study aimed at establishing the extent to which the dissemination of developed tools was achieved. No similar surveys have been conducted in the MOHCW, Zimbabwe to inform the survey, though many programmes have for years been involved in development of programme tools. Gaps identified during the survey would inform policy on the most effective way of disseminating and utilizing material resources developed to support programme implementation.

2.0 Overall Objective:

This survey was aimed at establishing the methods and level of dissemination and use of the documents which were developed between 2005 and 2007 to support the implementation and scaling up of the OI/ART programme.

2.1 Specific Objectives:

- To establish the methods currently used for dissemination of programme documents.
- To establish the timeframe within which the documents were disseminated.
- To obtain the list of stakeholders to whom the programme disseminates documents.
- To establish whether the relevant stakeholders (health managers and health workers in MOHCW, Local Authority, FBO institutions and facilities) were reached with the relevant documents
- To establish the extent to which the stakeholders who received the documents used them to support programme implementation.
- To establish as to whether those who used the documents had received relevant orientation or sensitization.

- To establish factors that facilitate or inhibit dissemination of programme documents.

- To provide recommendations on how to improve dissemination and use of programme documents.

3.0 Methods used in the Survey

3.1 Study design

This was a cross-sectional descriptive survey at health facilities. Most of the variables were simple descriptive in nature. However, the objective of establishing the effect of training on the use of the documents presented a predictor – outcome variable situation. The null hypothesis was that orientation or sensitization has no effect on the use of the materials.

The survey was conducted between June and July 2009. Using a predetermined questionnaire, relevant health managers and health workers at all levels of the health system were interviewed.

3.2 Sample size and Sampling method

Assuming that 75% of the health facilities would have received the documents, at a confidence level of 95% and the total width of confidence interval of 15%, a minimum of one hundred and twenty-eight (128) health facilities were to be studied[3]. Assuming that 50% of health workers oriented or sensitized on the documents would use them in provision of services while only 20% of the health workers who were not oriented would use them, and using a two tailed alpha value of 0.05 and a beta value of 0.20, a minimum of thirty-eight (38) health providers in the OI/ART clinics were studied to establish the effect of training in use of the documents[4]. One to two health providers were selected from each of the OI/ART clinic for the study.

A multistage random sampling method was used to select the health facilities to be studied. The sampling included public, private, local authorities and Faith Based Organization (FBO) institutions and facilities, and covered central, provincial, district hospitals as well as the health centres, and clinics.

Zimbabwe has 8 provinces and 2 cities. Two provinces (Mashonaland West and Midlands) and one city (Harare) were randomly selected for the study. In each province and city there are between 6 and 9 districts. All the health facilities providing OI/ART services in these districts were studied.

The provincial hospitals (one per province) in the selected provinces and the two central hospitals in the selected city were included in the study. Central hospitals are the fourth level referral facilities to which all the provincial hospitals refer patients. The Medical School and all the Nursing schools in the selected provinces were also studied.

3.3 Identification and training of Study enumerators

Before the survey, two enumerators and one study supervisor were identified per province in consultation with their operational/administrative supervisors (Provincial Medical Directors and Provincial Nursing Officers). The enumerators were Registered General Nurses (RGN) working in other departments not offering OI/ART services but from within the selected provinces. The study supervisors were members of the Provincial Health Executive.

The enumerators and the study supervisors were trained over a three day period by three of the study investigators. The training included basic principles of research (definition of research, research question and its development, research designs and methods, data collection and management, principles of survey and details of the current survey protocol). The enumerators then went through a thorough review of the three study questionnaires to grasp the content of the questionnaires and meaning of the questions presented. On the third day they (enumerators and the supervisors) conducted a pilot test in one of the non study provinces using the questionnaires. This was followed by a session in which the experiences of the enumerators were shared together and the questionnaires revised and finalized. Each enumerator was provided with a predetermined number of coded copies of questionnaires 2 and 3, all of which were to be returned to the data manager (completed, spoilt or unused) at the end of the data collection.

3.4 Data collection

Data were collected using interviewer-administered questionnaire (in English language). At the national level (OI/ART programme), two of the study investigators used questionnaire 1 to collect information from the national HIV/AIDS programme managers and some policy makers.

The enumerators were provided with a list of health management institutions, health facilities and schools of nursing to be visited and the health managers, health providers and tutors to interview. It also indicated the dates when the enumerators were to visit the various facilities and institutions.

At the provincial, district, local authority and health facility institutions (public or private), the enumerator used questionnaire 2 to collect data from the health managers (the officer in-charge of the institutions) and questionnaire 3 to collect information from the service providers in the OI/ART clinic.

During the survey, the enumerators carried a copy of each of the programme tools and documents relevant to the study. These were used to confirm with interviewees the type of documents they received and or had.

The PMDs coordinated the logistics and transport for the enumerators within their provinces. They made sure that the health facility and institution staff were aware of the date of visit by the enumerators. They also made sure that the enumerators had reliable transport to allow them access the listed facilities and institutions in time.

At the end of each day or as convenient after two days, the enumerators presented all the completed or spoilt questionnaires to the supervisors who reviewed them for omissions and errors. In case of blank or inaccurate responses, the supervisor discussed these with the enumerator and the questionnaire appropriately corrected. The supervisor kept the questionnaires in a marked study folder. At the end of the data collection period, the study supervisors confirmed availability of all the questionnaires from each enumerator. He or she submitted these to the Study Data Manager within two days of completion of data collection.

3.6 Data Management and Analysis

The questionnaires submitted to the Data Manager were reviewed by the study investigators to determine the response rate for each questionnaire and to identify omissions and errors. The data was then entered into a data base developed using an Epi Info programme. Data re-entry was done as a quality assurance measure for all questionnaires. Descriptive analysis was carried out for each variable responding to the study objectives and the information presented in frequency distribution tables and figures.

4.0 Ethical Consideration

The study largely sought information from health managers and service providers on the availability and use of programme (OI/ART) documents in support of implementation and scale up of the services. There were therefore minimal ethical issues involved. Permission to carry out the study was obtained from the HIV/TB Coordinator, MOHCW, the Harare City Health Director and the PMDs of the Mashonaland West and Midlands Provinces. Before interview, the respondents were given information on the rationale of the study, the objectives, the questionnaires to be administered and the possible benefits that the study results would avail to the OI/ART and other health programmes run by the MOHCW.

5.0 KEY FINDINGS

Number of Health Institutions by function visited and Personnel Interviewed at each level

As shown in the table below, a total of 90 institutions were visited and 193 health personnel were interviewed at different levels of the health systems both within the public and private sectors.

Table 1: Health Institutions by function visited and Personnel Interviewed at each level

Type of Institution by Function	Type of Institution by level	Number of institutions visited	Number of personnel interviewed
Health management	National Level	2 (national office & Programme office concerned)	6
	Central Level	5	5
	Provincial level	2	3
	Local Authorities	2	4
	District level	12	27
	Training Institutions	5	8
	Private	2	8
Service Delivery	OI/ART Clinics	60	130
Total		**90**	**193**

Objective 1: To establish the methods currently used for dissemination of programme documents and tools

The MOHCW utilizes several methods for the dissemination of programme documents and tools. At the national level the following methods are used:

Table 2: Dissemination Method utilized for programme tools and documents

	Dissemination Method utilized
1	During training workshops and meetings conducted by the ministry e.g. for guidelines, training materials
2	Through the Provincial Medical Directorís office (for most documents)
3	During supportive supervisory visits by National staff
4	Collection by provincial and district staff when they pass through the national office while on other business
5	Using the Logistics Sub-Unit system during delivery of medicines e.g. for Pharmacy registers, ART guidelines
6	Following the launch of the documents e.g. Strategic plans, HIV Estimate documents
7	Through partners who work within the different provinces and the districts
8	Using the Expedited Mail Services (EMS) system used for monthly progress reports

There was no standard approach for disseminating programme documents or tools and all the methods used were on an ad hoc basis.

Findings were similar at the provincial and district level with the major methods utilized at these levels being through training workshops, meetings, supervisory visits and distribution through the PMDs and DMOs Offices. Training institutions disseminated their documents through their libraries.

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Objective 2: To establish the timeframe within which the documents were disseminated.

Distribution of the OI/ART programme documents and tools from the AIDS & TB Unit was reported to be occurring anytime ranging from one week to between three to six months at the national level. At provincial level respondents indicated that most documents were disseminated within a week with a few documents being disseminated within a month. There were no log sheets to demonstrate as to when the different programme documents and tools were disseminated, neither was there an officer(s) responsible for monitoring when the documents are delivered from the printers and when they are disseminated. This finding was applicable to all levels. There were no records to confirm the mentioned time frames.

Objective 3: To obtain the list of stakeholders to whom the programme disseminates documents and tools.

Respondents at national level indicated that there were distribution lists of stakeholders to whom programme documents were disseminated. However, these lists were not made available to the research team. During the survey it was noted that at the national, provincial or district levels there was no consolidated list of when, to who and how much of the documents had been disseminated to the different levels of the health delivery system.

Storage of Documents in the AIDS & TB Unit before dissemination

Objective 4: To establish whether the relevant stakeholders (health managers and health workers in MOHCW, Local Authority, FBO institutions and facilities) were reached with the relevant documents and tools

The OI/ART programme documents and tools were classified under the following three categories:

Programme Management Documents and tools which would largely target programme managers included the OI/ART Roll out plans, Health Facility Capacity Assessment tool, Procedure Manual and Training materials.

Service provision Documents and Tools targeting to a large extent the service providers included the technical guidelines and Clinic Registers/cards/reporting forms.

General documents and tools are appropriate for both programme managers, service providers and even the general population, included here were the Newsletters.

In general the level of dissemination of the different programme documents and tools varied depending on the type of document. Tables 3-5 indicate the level of awareness and availability of copies of programme management documents, service provision and general documents and tools.

Programme Management documents

Table 3: Level of awareness by managers and implementers of existence of the programme documents and tools including their availability

Title of document		Programme management level n=57		Implementer level (at health facility level, n= 130	
		Level of awareness	Availability of a copy	Level of awareness	Availability of a copy
1	OI/ART Roll out Plan 2005-2007	**64.9%** (37/57)	**67.6%** (25/37)	**30%** (39/130)	**41%** (16/39)
2	Health Facility assessment tool	**52.6%** (30/57)	**66.7%** (20/30)	**30.8%** (40/130)	**72.5%** (29/40)
3	Standard Operating Procedure Manual	**24.6%** (14/57)	**50%** (7/14)	**15.4%** (20/130)	**30%** (6/20)
4	Adult OI/ART Training materials	**56.1%** (32/57)	**56.3%** (18/32)	**46.9%** (61/130)	**65.6%** (40/61)
5	Paediatric OI/ART Training materials	**31.6%** (18/57)	**77.8%** (14/18)	**35.4%** (46/130)	**60.9%** (28/46)

Generally the programme managers were more aware of the existence of these documents than were the service providers. However the level of knowledge of the existence of the programme documents and tools by the programme managers was very low, none was above 65% and miserably low level of awareness for the Standard Operating Procedure Manual (24.6%). The level of awareness of the existence of the same documents was much lower among the service providers (all less than 50%). Availability of the documents among those who knew about them was relatively better with a range of 50-78% among the programme managers and 30-72% among the service providers.

Guidelines

Table 4: Level of awareness by managers and implementers of existence of service provision documents and tools including their availability

	Title of document	Programme management level n=57		Implementer level (at health facility level, n=130	
		Level of awareness	Availability of a copy	Level of awareness	Availability of a copy
1	ART Guidelines 2003 version	**59.6%** (34/57)	**70.5%** (24/34)	**35.4%** (46/130)	**56.5%** (26/46)
2	ART Guidelines 2005 version	**86%** (49/57)	**79.5%** (39/49)	**80.8%** (105/130)	**80.9%** (85/105)
3	ART Guidelines 2007 version	**68.4%** (39/57)	**74.3%** (29/39)	**60%** (78/130)	**92.5%** (59/62)

The level of awareness of the existence of the guidelines among management was 59.6%, 86% and 68% for the 2003, 2005 and 2007 versions respectively. A similar trend was found among the health workers at implementation level. Availability of the copies of the guidelines among managers was 70.5%, 79.5% and 74.3% for the 2003, 2005 and 2007 versions respectively. For the implementation level, availability of copies of the guidelines was 56.5%, 81% and 92.5% for the 2003, 2005 and 2007 versions respectively.

Clinic Registers and Reporting tools

Table 5: Level of awareness by managers and implementers of existence of Clinic Registers and reporting tools including their availability

	Title of document	Programme management level n=57		Implementer level (at health facility level, n= 130	
		Level of awareness	Availability of a copy	Level of awareness	Availability of a copy
1	Clinic Attendance Register	**86.0%** (49/57)	**27.1%** (13/48)	**91.5%** (119/130)	**94.1%** (112/119)
2	Pre ART register	**84.2%** (48/57)	**27.7%** (13/47)	**74.6%** (97/130)	**85,6%** (83/97)
3	ART Register	**86.0%** (49/57)	**28.6%** (14/49)	**89.2%** (116/130)	**96.6%** (112/116)
4	ART Patient held card.	**80.7%** (46/57)	**32.6%** (15/46)	**86.9%** (113/130)	**50.9%** (57/112)
5	ART clinic held	**66.7%** (38/57)	**18.4%** (7/38)	**40.0%** (52/130)	**65.4%** (34/52)
6	Cohort Analysis Forms	**45.6%** (26/57)	**40%** (8/20)	**19.2%** (25/130)	**60%** (15/25)
7	Monthly reporting form	**80.7%** (46/57)	**47.8%** (22/46)	**87.7%** (114/130)	**97.4%** (111/114)
8	First line regimen Pharmacy registers	**77.2%** (44/57)	**18.2%** (8/44)	**73.1%** (95/130)	**64.2%** 61/95)
9	Second line regimen Pharmacy registers	**57.9%** (33/57)	**21.2%** (7/33)	**32.3%** (42/130)	**45.2%** (19/42)

The awareness levels of the existence of the clinic attendance register, ART register and the ART patient held card was 91.5%, 89.2% and 86.9% respectively among the implementers. The awareness among management for the above tools was 86%, 86% and 80.7% respectively. On the contrary, level of awareness of the pre-ART register and the ART clinic held card among management was 84.2% and 66.7% compared 74.6% and 40% among the implementers. Availability of the registers and tools mentioned above was higher ranging from 51-96% for the implementers compared to 18.4- 32.6% for management.

For the monthly progress report both the level of awareness and availability was higher at 87.7% and 97.4% respectively among implementers compared to 80.7% and 47.8% respectively among management. Level of awareness and availability of the cohort analysis form was 45.6% and 40% respectively among management compared to 19.2% and 60% respectively among the implementers

Awareness of the existence of the first line and second line ART pharmacy register was 77% and 57.9% for managers while it was 73% and 32.3% for implementers. The converse was true when it came to the issue of availability of the registers, 64% and 45.2% of the implementers had copies of the first line and second line ART pharmacy registers respectively compared to only 18.2% and 21.2% for the management.

General Documents

Table 6: Level of awareness by managers and implementers of existence of Clinic general documents including their availability

	Title of document	Programme management level n=57		Implementer level (health facility level) n=130	
		Level of awareness	Availability of a copy	Level of awareness	Availability of a copy
1	Newsletter 1st Issue (April 2006)	**36.8%** (21/57)	**47.4%** (9/19)	**10.0%** (13/130)	**46.2%** (6/13)
2	Newsletter 2nd Issue (November 2006)	**15.5%** (10/57)	**44.4%** (4/9)	**5.4%** (7/130)	**28.6%** (2/7)
3	Newsletter 3rd Issue (April 2007)	**14%** (8/57)	**42.9%** (3/7)	**5.4%** (7/130)	**28.6%** (2/7)

The level of awareness of the existence of the three editions of the newsletter was miserably low among programme managers (14-37%) and even worse among the service providers (5-10%). Though slightly better than awareness, availability of the documents among those who were aware was also very low for both groups.

Table 7: Level of awareness of existence of programme documents and tools in relation to when the respondents were in post

Documents and tools	Programme Management			Implementer level (health facility level)		
	Before 2008	2008-2009	p-value	Before 2008	2008-2009	p-value
	N=36 (%)	N=21 (%)		N=60 (%)	N=63 (%)	
Programme Management documents						
The OI/ART Roll out Plan 2005-2007	69.4	57.1	0.18	36.7	27.0	0.14
Health Facility Assessment Tool	44.4	66.6	0.0	36.7	27.4	0.12
Standard Procedure Manual for OI/ART.	16.7	38.1	0.04	13.1	16.1	0.42
Training materials on OI/ART Adults	52.8	61.9	0.26	49.2	49.2	0.46
Training materials on OI/ART Paediatrics	54.3	66.7	0.19	44.1	27.0	0.02
Service Provision Tools						
Guidelines for ART in Zimbabwe 2003 Version	55.9	71.4	0.13	38.2	33.9	0.28
Guidelines for ART in Zimbabwe 2005 Version	88.9	81.0	0.22	88.3	75.8	0.06
Guidelines for ART in Zimbabwe 2007 Version	66.7	71.4	0.36	52.5	71.4	0.01
Clinic Registers and Reporting tools						
Clinic attendance register	83.3	90.5	0.37	90.0	92.1	0.36
Pre ART register	80.6	90.5	0.28	70.1	79.4	0.13
ART Register	80.6	95.2	0.12	88.3	88.9	0.48
ART Patient held card	77.1	90.5	0.19	85.0	87.3	0.37
ART clinic held card	69.4	61.9	0.29	31.7	50.8	0.01
First Line Regimen Pharmacy register	80.0	76.2	0.49	70.0	74.6	0.31
Second Line Regimen Pharmacy register	61.1	52.4	0.27	35.0	25.8	0.11
Cohort Analysis Forms	51.4	38.1	0.18	20.0	19.7	0.50
Monthly reporting form	80.6	81.0	0.63	93.3	84.1	0.06
General Documents						
Newsletter First Issue	36.1	38.1	0.44	15.0	6.3	0.07
Newsletter Second issue	17.1	19.0	0.43	3.4	7.9	0.24
Newsletter Third issue	14.3	14.3	0.64	3.4	7.9	0.23

At management level there was no significant relationship between level of awareness of a documents and whether they were in post before or after 2008, except for the Standard Procedure Manual. However at the implementer level, those who were in post before 2008 were significantly more likely to be aware of Paediatric OI/ART training materials than those who were in post between from 2008 to 2009. Those who were in post between 2008 and 2009, were significantly more aware of the 2007 ART Guidelines and the ART clinic held card.

Objective 5: To establish the extent to which the health workers who received the tools used them to support programme implementation.

Results at Implementer level

Table 8 Utilization and usefulness of programme management documents by health workers at implementation level

	Title of document	Implementers n=130	
		Have you used it in your work	How useful was it
1	OI/ART Roll out Plan 2005-2007	**54.8%** (17/31)	Useful **76.5%** (13/17) Very Useful **23.5%** (4/17)
2	Health Facility assessment tool	**39.4%** (13/33)	Useful **46.2%** (6/13) Very Useful **53.8%** (7/13)
3	Standard Operating Procedure Manual	**73.3%** (11/15)	Useful **45.5%** (5/11) Very Useful **54.5%** (6/11)
4	Adult OI/ART Training materials	**88.5%** (46/52)	Useful **21.7%** (10/46) Very Useful **78.3%** (36/46)
5	Paediatric OI/ART Training materials	**67.6%** (25/37)	Useful **24.0%** (6/25) Very Useful **76.0%** (19/25)

As shown in table 8 above, the level of awareness of existence of these documents among the service providers was very low. Absolute figures for those who were aware range from 20 for the Standard Operating Procedure to 61 for the Adult OI/ART Training Materials (Table 3). This explains why the denominators used in table 8 above are low. Forty six out of 52 (88.5%) respondents had used the adult OI/ART training materials while 25 out of 37 (67.6%) had used the paediatric OI/ART training manuals. Eleven out of fifteen (73 %) of the health workers had utilized the Standard Operating procedure manual while 17 out of 31 (54.8%) had utilized the OI/ART Roll out plan. The least utilized document being the Health Facility Assessment tool at 39.4%. All the respondents (100%) who utilized the documents found them useful or very useful in their work.

Table 9 Utilization and usefulness of guidelines by health workers at implementation level

	Title of document	Implementer level (at health facility level, n=130	
		Have you used it in your work	How useful was it
1	ART Guidelines 2003 version	**89.2%** (33/37)	Useful **21.2%**(7/33) Very Useful **78.8%**(26/33)
2	ART Guidelines 2005 version	**87.8%** (79/90)	Useful **25.5%**(20/78) Very Useful **74.4%**(58/78)
3	ART Guidelines 2007 version	**95.3%** (61/64)	Useful **10.0%**(6/60) Very Useful **90.0%**(54/60)

For all the three versions of the ART guidelines, the level of utilization ranged from 87.8% to 95.3%. All the respondents found the guidelines useful or very useful in their work.

Table 10 Utilization and usefulness of Clinic Registers and Reporting tools by health workers at implementation level

Title of document		Implementers n=130	
		Have you used it in your work	How useful was it
1	Second Line Regimen Pharmacy register	**99.1%** (115/116)	Useful **36.0%** (41/114) Very Useful **64.0%** (73/114)
2	Pre ART register	**88.9%** (80/90)	Useful **25.0%** (20/80) Very Useful **72.5%** (58/80) Not Useful **2.5%** (2/80)
3	ART Register	**97.3%** (110/113)	Useful **22.9%** (25/80) Very Useful **77.1%** (84/109) Useful **51.4%** (37/72)
4	ART Patient held card	**86.9%** (73/84)	Very Useful **41.7%** (30/72) Not Useful **6.9%** (5/72)
5	ART clinic held	**88.9%** (40/45)	Useful **37.5%** (15/40) Very Useful **57.5%** (23/40) Not Useful **5.0%** (2/40)
6	First Line Regimen Pharmacy register	**64.7%** (55/85)	Useful **34.5%** (19/55) Very Useful **65.5%** (36/55)
7	Second Line Regimen Pharmacy register	**24.1%** (7/29)	Useful **42.9%** (3/7) Very Useful **57.1%** (4/7)
8	Cohort Analysis Forms	**5.9%** (1/17)	Useful 1/1
9	Monthly reporting form	**87.4%** (97/111)	Useful **45.8%** (44/96) Very Useful **53.1%** (51/96) Not Useful **1.0%** (1/96)

Utilization rates for the Clinic attendance register, ART register and pre-ART registers were 99.1%, 97.3%, and 88.9% respectively. Utilizations rates for the ART clinic held card, ART patient held card, the monthly reporting form and the first line pharmacy registers were also high at 88.9%, 86.9%, 87.4% and 64.7% respectively. The least used tools were the second line regimen pharmacy registers and the cohort analysis forms at 24.1% and 5.9%. The majority of the respondents found all the documents useful in their day to day work. However 6.9% did not find the ART patient held card useful, 5% did not see the benefit of the ART clinic held card, 2.5% did not find the Pre-ART register useful and only 1% did not find the monthly reporting form useful.

Table 11 Utilization and usefulness of General documents by health workers at implementation level

Title of document		Implementer level (health facility n= 130)	
		Have you used it in your work	How useful was it
1	Newsletter 1st Issue (April 2006)	6 out of 10	Useful - 2 out of 6 Very Useful - 4 out of 6
2	Newsletter 2nd Issue (Nov 2006)	4 out of 4	Useful - 3 out of 4 Very Useful - 1 out of 4
3	Newsletter 3rd Issue (April 2007)	6 out of 8	Useful - 3 out of 6 Very Useful - 3 out of 6

Few respondents had come across the newsletters. Only six out of the ten that were aware of the existence of the 1st edition had used it, all 4 who knew the 2nd edition had also used it and 6 out of 8 had used the 3rd edition. All respondents had also found the newsletters useful.

Results at programme management level

Table 12 Utilization and usefulness of programme management documents by programme managers

	Title of document	Programme management level (n= 57)		
		Have you used it in your work	How useful was it in supporting staff	How useful was it in providing OI/ART services
1	OI/ART Roll out Plan 2005-2007	**78.8%** (26/37)	Not useful **3.8%** (1/26) Useful **38.5%** (10/26) Very Useful **57.7%** (15/26)	Useful **23.8%** (5/21)* Very Useful **61.9%** (13/21) Not Useful **14.3%** (3/21)
2	Health Facility assessment tool	**76.0%** (19/25)	Useful **31.6%** (6/19) Very Useful **68.4%** (13/19)	Useful **23.5%** (4/17) Very Useful **76.5%** (13/17)
3	Standard Operating Procedure Manual	**78.6%** (11/14)	Useful **45.5%** (5/11) Very Useful **54.5%** (6/11)	Useful **40.0%** (4/10) Very Useful **60.0%** (6/10)
4	Adult OI/ART Training materials	**66.7%** (20/30)	Useful **30.0%** (6/20) Very Useful **70.0%** (14/20)	Useful **14.3%** (2/14) Very Useful **37.5%** (12/14)
5	Paediatric OI/ART Training materials	**66.7%** (18/27)	Useful **22.2%** (4/18) Very Useful **77.8%** (14/18)	Useful **23.1%** (3/13) Very Useful **76.9%** (10/13)

* Please note that 5 out of the 26 managers were no longer in clinical practice hence the question on usefulness in providing OI/ART services was no longer applicable

Of the programme management documents, 78.8% of the managers had used the OI/ART rollout plan, while 78.6% had used the Standard Operating Manual. The least used were the Paediatric OI/ART Training materials and the Adult OI/ART Training materials at 66.7%. Most found the documents useful or very useful in either supporting staff or providing OI/ART services. However 1 out of 26 managers did not find the OI/ART rollout plan useful in supporting staff and 3 out of 21 did not find the same document useful in providing services.

Table 13 Utilization and usefulness of guidelines by programme managers

	Title of document	Programme management level (n=57)		
		Have you used it in your work	How useful was it in supporting staff	How useful was it in providing OI/ART services
1	ART Guidelines 2003 version	**93.1%** (27/29)	Not useful **3.8%** (1/26) Useful **38.5%** (10/26) Very Useful **57.7%** (15/26)	Useful **23.8%** (5/21)* Very Useful **61.9%** (13/21) Not Useful **14.3%** (3/21)
2	ART Guidelines 2005 version	**93.5%** (43/46)	Useful **11.6%** (5/43) Very Useful **88.4%** (38/43)	Useful **12.5%** (4/32) Very Useful **84.4%** (27/32) Not Useful **3.1%** (1/32)
3	ART Guidelines		Useful **10.0%** (3/30)	Useful **12.0%** (3/25)

The level of utilization of the three versions of the ART guidelines by managers ranged from 88.2% to 93.5%. Twenty five out of 26 (96.2%) managers found the 2003 version useful in supporting staff, while all managers found the 2005 and 2007 versions useful in supporting staff. Twenty out of 22 managers found the 2003 version useful in providing OI/ART services while, 31 out of 32 and all found the 2005 and 2007 versions useful in providing OI/ART services respectively.

Table 14 Utilization and usefulness of clinic registers and reporting tools by programme managers

Title of document		Programme management level (n= 57)		
		Have you used it in your work	How useful was it in supporting staff	How useful was it in providing OI/ART services
1	Clinic Attendance Register	**68.9%** (31/45)	Useful **19.4%** (6/31) Very Useful **80.6%** (25/31)	Useful **20.8%** (5/24) Very Useful **75.0%** (18/24) Not Useful **4.2%** (1/24)
2	Pre ART register	**63.4%** (26/41)	Useful **23.1%** (6/26) Very Useful **76.9%** (20/26)	Useful **28.6%** (6/21) Very Useful **66.7%** (14/21) Not Useful **4.8%** (1/21)
3	ART Register	**65.9%** (29/44)	Useful **14.3%** (6/29) Very Useful **79.3%** (23/29)	Useful **25.0%** (6/24) Very Useful **70.8%** (17/24) Not Useful **4.2%** (1/24)
4	ART Patient held card	**65.9%** (27/41)	Useful **25.9%** (7/27) Very Useful **74.1%** (20/27)	Useful **21.7%** (5/23) Very Useful **69.6%** (16/23) Not Useful **8.7%** (2/23)
5	ART clinic held	**54.8%** (17/31)	Useful **23.5%** (4/17) Very Useful **76.5** (13/17)	Useful **18.8** (3/16) Very Useful **75.0%** (12/16) Not Useful **6.3%** (1/16)
6	First Line Regimen Pharmacy register	**51.3%** (20/39)	Useful **31.6%** (6/19) Very Useful **68.4%** (13/19)	Useful **29.4%** (5/17) Very Useful **64.7%** (11/17) Not Useful **5.9%** (1/17)
7	Second Line Regimen Pharmacy register	**40.0%** (10/25)	Useful **30.0%** (3/10) Very Useful **70.0%** (7/10)	Useful **37.5%** (3/8) Very Useful **62.5%** (5/8)
8	Cohort Analysis Forms	**35.0%** (7/20)	Useful **28.6%** (2/7) Very Useful **57.1%** (4/7) Not Useful **14.3%** (1/7)	Useful **16.7%** (1/6) Very Useful **50.0%** (3/6) Not Useful **33.3%** (2/6)
9	Monthly reporting form	**64.3%** (27/42)	Useful **29.6%** (8/27) Very Useful **70.4%** (19/27)	Useful **22.2%** (4/18) Very Useful **72.2%** (13/18) Not Useful **5.6%** (1/18)

The most used tools were the clinic attendance register, the ART register and the ART Patient held card. These were used by 68.9%, 65.9% and 65.9% of managers respectively. Majority of the managers found the tools either useful or very useful in supporting staff or providing ART services. Among the least used registers and reporting tools were the first Line Regimen Pharmacy register at 51.3%., the Second Line Regimen Pharmacy register at 40% and the cohort analysis form at 35%.

Table 15 Utilization and usefulness of general documents by programme managers

Title of document		Programme management level (n= 57)		
		Have you used it in your work	How useful was it in supporting staff	How useful was it in providing OI/ART services
1	Newsletter 1st Issue (April 2006)	13 out of 18	Useful - 6 out of 13 Very Useful - 7 out of 13	Useful - 4 out of 9 Very Useful - 5 out of 9
2	Newsletter 2nd Issue (November 2006)	6 out of 9	Useful - 3 out of Very Useful - 3 out of 6	Useful - 3 out of 6 Very Useful - 3 out of 6
3	Newsletter 3rd Issue (April 2007)	2 out of 7	Useful - 2 out of 2	Useful - 2 out of 2

The number of programme managers who were aware of these was few and so those who had used them were even fewer. However all of them who utilized the 1st, 2nd and 3rd edition of the newsletters found them useful.

Objective 6: To establish as to whether those who used the documents appropriately had received relevant orientation or sensitization.

Table 16 Relationship between level of utilization of programme documents with level of training sensitization in the use of the documents

Title of document		Implementer level (at health facility level, n = 130		
		Utilized the document	Sensitized on the document	p-value
Programme management documents				
1	OI/ART Roll out Plan 2005-2007	**56.7%** (17/30)	**76.5%** (13/17)	0.01
2	Health Facility assessment tool	**39.4%** (13/33)	**69.2%** (9/13)	0.57
3	Standard Operating Procedure Manual	**73.3%** (11/15)	**90.9%** (10/11)	0.76
4	Adult OI/ART Training materials	**88.5%** (46/52)	**97.8%** (44/45)	0.32
5	Paediatric OI/ART Training materials	**67.6%** (25/37)	**91.7%** (22/24)	0.92
Guidelines				
6	ART Guidelines 2003 version	**89.2%** (33/37)	**75.8%** (25/33)	0.99
7	ART Guidelines 2005 version	**87.8%** (79/90)	**83.5%** (66/79)	0.45
8	ART Guidelines 2007 version	**95.3%** (61/64)	**91.7%** (55/61)	0.17
Clinic Registers and Reporting tools				
9	Clinic Attendance Register	**99.1%** (115/116)	**99.1%** (114/115)	ñ
10	Pre ART register	**87.9%** (80/91)	**96.3%** (77/80)	0.14
11	ART Register	**97.3%** (110/113)	**98.1%** (106/109)	0.03
12	ART Patient held card	**86.9%** (73/84)	**93.1%** (67/72)	0.01
13	ART clinic held card	**88.9%** (40/45)	**97.5%** (39/40)	ñ
14	First Line Regimen Pharmacy register	**64.3 %** (54/84)	**94.3%** (50/53)	0.95
15	Second Line Regimen Pharmacy register.	**24.1%** (7/29)	**100%** (7/7)	0.01
16	Cohort Analysis Forms	**5.9%** (1/17)	**66.3%** (2/3)	0.67
17	Monthly reporting form	**87.4%** (97/111)	**97.9%** (95/97)	0.001
General document				
18	Newsletter 1st Issue (April 2006)	**60%** (6/10)	**16.7%** (1/6)	ñ
19	Newsletter 2nd Issue (November 2006)	**100%** (4/4)	**0%** (0/4)	ñ
20	Newsletter 3rd Issue (April 2007)	**85.7%** (6/7)	**16.7%** (1/6)	ñ

Programme management documents

The level of utilization of the tools among health workers at implementation level ranged from 39.4% to 88.5% for the programme management documents, 87.8% to 95.3% for guidelines, 5.9% to 99.1% for clinic registers and reporting tools and from 60% to 100% for the general documents.

Among those who used the document, most had been sensitized, trained or briefed on how to use the document. Levels of sensitization were low for the general documents.

The level of sensitization among health workers at implementation level on programme tools and documents ranged from 69.2%- 97.8% for the programme management documents, 75.8% to 91.7% for guidelines, 66.3% to 100% for clinic registers and reporting tools and lastly from 0% to 16.7% for the general documents.

The level of utilization among those sensitized and those who had not been sensitized was statistically significant for the OI/ART Roll out Plan 2005-2007 (p-value 0.01), ART Register (p-value 0.03) and the ART Patient held card (p-value 0.01), Second line regimen pharmacy register (p-value 0.01) and Monthly Reporting Form (p-value 0.001). For the remainder of the documents there was no significant difference.

Objective 7: To establish the factors that facilitated or inhibited dissemination of programme tools.

Table 17 Factors that facilitated dissemination and utilization of programme documents at the different levels

Factors Facilitating Dissemination and Utilization by Level		
A. National Level		
1	Existing systems for the delivery of HIV medicines and commodities by the Logistics Sub-Unit of the MOHCW	
2	Orientation of health workers on the available programme tools during training workshops and meetings	
3	Supportive supervisory visits by officers from the national level to the different levels of the health delivery system	
4	Availability of extra resources in selected districts that are benefiting from developmental partner support e.g. ESP and GF	
5	Visit to the national level by health workers from the provinces, districts and facilities when programme documents and tools may be collected	
B. Provincial, District and Health Facility Level		**Number (%)**
1	OI/ART programme meetings and training workshops, conducted at provincial or district level	**26.5%** (11/41)
2	Outreach activities	**19.5%** (8/41)
3	Supportive supervisory visits; province to district level and district to health facility level	
4	The ease with which the Health facilities are accessed.	**4.9%** (2/41)
5	Proactive health workers collecting and disseminating programme documents and tools	**39.0%** (16/41)

Factors that facilitated the dissemination of programme documents and tools at national level included the utilization of existing systems for the delivery of HIV medicines and commodities, sensitization during training workshops and meetings, dissemination during supportive supervisory visits by the national level to lower levels, during visits to the national level by provincial and district

health workers for other issues. Extra resources from donor partners in selected district were also instrumental in the dissemination of tools and documents.

At district level, pro-activeness of health workers in looking for documents, dissemination during training workshops and meetings for health workers, during outreach activities and supportive supervisory visits and the ease with which health facilities could be accessed were the most frequently mentioned factors that facilitated the dissemination of programme documents and tools.

Table 18 Factors that hindered the dissemination and utilization of programme documents at the different levels

FACTORS THAT HINDER DISSEMINATION AND UTILIZATION BY LEVEL		
A. National Level		
1	Inadequate resource such as funds, transport and committed personnel for dissemination of programme documents	
2	Lack of a system or systems for dissemination of documents within the different levels of the ministry	
3	Lack of a designated focal person within the ministry responsible for receiving, documenting and disseminating documents produced for the ministry in particular the OI/ART programme	
4	Lack of orientation/training and a system for updating MOHCW staff on available programme documents and tools and how to use them	
5	Low morale among health workers hence less interest in seeking information	
6	Lack of ownership of documents at site level i.e. health workers link the OI/ART programme to the AIDS and TB Unit and not to the MOHCW head quarter	
B. Provincial, District and Health Facility Level		**Number (%)**
1	Inadequate quantities of programme documents and tools received at these sites	**46.2%** (18/39)
2	Documents distributed without prior orientation of the health managers and the health workers	**10.3%** (4/39)
3	Resource constraints for the dissemination of the documents and tools i.e. no vehicles or fuel	**43.6%** (17/39)
4	Poor communication from the higher health services levels to lower levels about the availability of programme documents and tools.	**15.4%** (6/39)
5	Documents not coming through proper channels	**7.7%** (3/39)
6	Nursing schools not traditionally invited to trainings workshops and hence missed during the dissemination of the programme documents and tools. They are also not included in the list of stakeholders to receive programme documents.	**2.6%** (1/39)

The most frequently mentioned factors that hindered the dissemination of documents at national level included inadequate resources (funds, transport, human), non existence of dissemination systems at different levels of the MOHCW, lack of focal persons within the ministry responsible for receiving, documentation and dissemination of documents.

At Provincial and district levels, the most frequently cited factors that hindered dissemination of documents included inadequate quantities of documents, non orientation of health workers prior to distribution and poor communication about the availability of programme documents and tools by the national level to the lower levels of the health delivery system. Non inclusion of the school of nursing both during training workshops as well as on the distribution list were noted hindrances.

6.0 DISCUSSION

Methods currently used for dissemination of programme tools and documents

There is no documented method of dissemination of OI/ART programme documents and tools to the different levels of health delivery system within the Ministry as well as to the private sector. Several methods are utilized for the dissemination of documents and the most common being distribution during workshops, meetings and through the PMD/DMO offices. Similar findings were noted throughout the African regions with most countries utilizing different methods of dissemination of documents and tools. Use of these varied methods can result in the target population not being reached. It can also create artificial shortages of documents from possible accumulation at some sites and scarcity at others. In essence efficiency of the distribution of the tools can be compromised.

Timeframes for dissemination of programme documents and tools

There was no documentation on timeframes on when programme documents should be disseminated from the national level to the provincial or district level. This applied to the provincial and district level as well. Failure to have specified timeframes for dissemination of documents can result in documents remaining at national level for long periods. The failure by the ministry to provide concrete timeframes on when documents should be disseminated including monitoring of the dissemination of documents can result in some documents being outdated before they are disseminated. This also has implications especially for documents that are reviewed regularly within short periods e.g. the ART guidelines which are reviewed biannually. Delays in dissemination of documents can impact on the quality of health care services provided as health workers continue to use outdated information. This can also result in wastage of resources used to produce these documents.

Availability of distribution lists for programme documents and tools

There were no documented lists indicating to whom the documents were disseminated. Such lists are important as not all programme documents need to be disseminated everywhere and to everyone. There is a need for targeted dissemination of programme documents based on the target population e.g. strategic plans are mostly for management level and as such more copies should be given to management so that they plan according to the national priorities. However documents like programme registers, guidelines etc, need to reach the health worker at facility level since that is where such documents are mostly utilized.

Awareness of the programme documents and tools by the intended beneficiaries

The level of awareness among management of the ART roll out plan and most of the programme management tools was higher compared to the health workers at facility. Although the level was reasonable, one would expect it to be higher than this (at least 80% and above) as these documents are essential for programme management. Level of awareness for the Standard Operating Procedure manual was very low at both levels. The methods of dissemination that were used for this manual needs to be revisited to establish whether the document was distributed inequitably or that its distribution was generally poor.

In general the level of awareness for training materials was low. These materials are usually distributed to participants during training. It has been noted that most participants do not in turn share the materials with their colleagues on return to their stations, but keep them as personal materials. The level of awareness of the respondents was higher for adult OI/ART training materials compared to the paediatric OI/ART training materials. This trend can be explained by the fact that training in adult OI/ART was initiated much earlier in 2004 compared to the paediatric training that only began in 2006. There are also more adult OI/ART training courses held per year in relationship to the paediatric OI/ART trainings.

Both the management and the implementation level were aware of the different versions of the ART guidelines. Most of the respondents who were aware of the guidelines had copies of the same document for use. The results suggest a better dissemination for the 2005 guidelines compared to the 2007 and 2003 editions. The 2003 low rates could also be due to recall bias or due to high staff turnover. The low rates for 2003 version could also be due to the fact that by that time the programme was still very young and most health managers had not been adequately sensitized about the programme leading to poor ownership among these important health personnel.

The programme management and the service providers were generally well informed of the programme tools though awareness was low for cohort analysis forms and the second line pharmacy registers. This could be explained by the fact that cohort analysis had not been established for use by most health workers. The availability of the tools among those who were knowledgeable was very low among the programme managers however it was a lot higher among the service providers. This is an expected finding as implementers use these tools in their day to day work.

The objective of the newsletters is to provide updates to health workers countrywide on new developments in the HIV/AIDS programmes in particular the ART programme. It encourages health workers to share their OI/ART experiences by writing articles for publication at national level. Production of inadequate quantities of the newsletters and possibly inequitable distribution could be factors that contributed to the low levels of awareness and availability of the three editions of the newsletters. The newsletters therefore failed to fulfill their objectives as most health workers had not come across them.

Utilization of programme documents and tools by the beneficiaries:

The majority of the health workers who received the OI/ART programme documents and tools had used them and almost all of them found them useful in their work. However the rate of utilization was low for the Health Facility Assessment tool, the 2nd line pharmacy register and the cohort analysis forms. The low rate of utilization of the Health Facility Assessment was because a limited number of health personnel had been trained on how to use the tools. The second line pharmacy register was not used widely as large majority of the patients on ART were on the first line regimen. Cohort Analysis had not at the time of the study been established for global use, hence the low use of the forms. The health workers interviewed gave several reasons why they felt the documents were useful. Programme documents were stated to be useful in guiding management in proper planning for the programme in line with national priorities. Guidelines were being utilized in providing quality care for patients living with HIV accessing services at facilities. Clinic registers and reporting tools provided information on patient management and workload. Only a small number of health workers had received the newsletters making it difficult to make any reasonable conclusions on utilization and usefulness of the newsletters

Correlation between sensitization on programme documents and their utilization:

The level of orientation and training on the use of the documents and tools was highest for service tools followed by programme documents, however it was very low for the general documents. In general health workers are usually oriented or trained on the service tools as part of the usual adult or paediatric OI/ART training workshops. During the period under review and subsequently there were specific ART M & E training workshop for health workers. This could have contributed to the high orientation levels and subsequent high utilization of the tools as providers were conversant with the tools i.e. their purpose and how to use them. Orientation and training on the cohort analysis form was low and this tallied well with the low utilization. Statistically there was no significant differences between the rate of utilization of programme documents between those who were sensitized versus those not sensitized.

Factors facilitating and inhibiting the dissemination of programme documents and tools.

Utilization of existing mechanisms like: delivery of HIV medicines and commodities by the Logistics Sub-Unit of MOHCW; taking advantage of training sessions and supportive supervision etc may result in efficiency in both the use of resources and dissemination of programme documents.

However, the non existence of an established dissemination system at all levels of the MOHCW, and lack of focal persons responsible for receiving, documentation and dissemination of documents does not hold anyone responsible. This can lead to non systematic and inequitable distribution of documents and also delays in the actual dissemination. Lack of training and orientation of health workers prior to distribution coupled by poor communication about the availability of the tools will mean that health workers at lower levels will not anticipate the tools and hence will not order them. Production and distribution of inadequate quantities of programme documents and tools and lack of an all- encompassing distribution list can result in some targeted populations being missed during distribution. All this results in the targeted beneficiaries being deprived of up to date information on new developments thus compromising the quality of health services provided.

7.0 Study Limitation

- High attrition and high staff mobility could lead to loss of institutional memory where the staff had been in the facility for only a short period
- All health workers who use or who are supposed to use the documents might have not received relevant training or orientation.
- Recall bias was bound to be a problem when questions sought past information.
- At the time of the study, there were fewer health facilities providing OI/ART services in the provinces hence unable to reach the estimated 128 health facilities as per sampling method.
- The study covered health institutions owned and managed by the MOHCW, FBOs and Local Authorities leaving out a good number of facilities manned by NGOs and the private sector, etc.

8.0 Recommendations

- The numerous methods utilized for distribution of programme documents and tools should continue, however the Ministry should select a few of these methods i.e. the most cost effective methods, as the standard means of dissemination with the rest being used on ad hoc basis but documented to supplement.

- The ministry to make planning for dissemination of programme documents and tools mandatory during the development of the different documents i.e. drawing up dissemination plans and budgets.

- Ministry should keep a log of all programme tools i.e. title of document, date received from printing, targeted populations for distribution, system used for dissemination, date of dispatch, follow-up on dissemination.

- The national, provincial and district offices should develop depending on the document type, a guide on how many copies of each document are to be printed and disseminated to the different levels i.e. an all-encompassing distribution list. This information should be readily available to staff who participates in the distribution of the documents.

- Ministry needs to assign document management to an officer/unit at central, provincial, district and facility levels who will monitor the timeous dissemination of programme documents and tools.

- Space specifically designated for storage and stock management of documents should be identified at all levels.

- Ministry needs to document concrete timeframes on when the different documents are to be disseminated after delivery from the printers and aim to have at least 90% of the programme documents disseminated within three months from the date of delivery from the printers.

- The Ministry should produce memos on documents that are under print and circulate to all levels of the health delivery system at least a month before the documents are disseminated to alert management and implementers on forthcoming documents.

- Based on the dissemination plan the Ministry should organize orientation/training workshops for managers and health workers when programme documents are produced. This also includes taking advantage of other meetings or workshops.

- The Ministry needs to continue with the orientation on tools during the OI/ART and M & E training workshops as they result in increased levels of awareness and utilization of tools.

- The Ministry needs to intensify orientation and training specifically in the use and importance of the cohort analysis form which provides strategic information for decision making at programmatic level.

- The Ministry should regularly revisit its methods of dissemination of programme documents and the list of beneficiaries to ensure that the documents reach the intended beneficiaries.

- The Ministry should produce and disseminate adequate quantities of the programme documents and tools.

References

1. MOHCW reports on preparatory and consensus meetings.

2. Leah Hamaker, Dissemination of Effective Treatment Modalities for children with Mental Health needs.

3. SB Hurley and SR Cummings, Designing Clinical Research, an epidemiological approach, pgs 139-150 and Appendix 13E pg 220.

4. SB Hurley and SR Cummings, Designing Clinical Research, an epidemiological approach, pgs 139-150 and Appendix 13B pg 216.

5. Ministry of Health and Child Welfare, Zimbabwe: National OI/ART Programme, Annual Report 2007.

Annexes

Appendix 1: Definitions of terms

TERMS USED	DEFINITION
Programme tools and documents	These are the procedure manuals, guidelines, registers, newsletters, forms, cards etc, that were developed and are being used by the programme
Stakeholder(s)	A person (people) with an interest or concern in OI/ART services
Use of tools and documents	Refers to whether the stakeholders are aware of the existence of the documents and their contents including utilization of the documents in service provision
Efficient dissemination of tools and documents	Points at whether we achieved maximum coverage in distribution of the programme tools and documents
Effective dissemination of tools and documents	Whether documents were successfully distributed to or reached the intended beneficiaries
Task Force of national experts	Group of selected people, at national level, with diverse, comprehensive and authoritative skills and experiences in different particular areas of HIV and AIDS
Enumerator	A person recruited to collect data e.g. for census, survey etc.
Respondent	A person who supplies information during surveys in response to questionnaires, adverts etc.
ART providing health facility	An accredited establishment set up to provide ART services, (hospital, clinic, private surgery)

Appendix 2

OI/ART Programme Tools developed between 2005 and 2007

- The OI/ART Roll out Plan 2005-2007
- Health Facility Assessment tool
- Guidelines for Anti-retroviral therapy in Zimbabwe – this has been revised twice, so there are 2003, 2005 and 2007 versions)
- Training materials on OI/ART for Adults and Children
- Standard Procedure Manual for OI/ART
- A package of OI/ART Monitoring and reporting tools which included
    - Clinic attendance register
    - Pre ART register
    - ART Register
    - Patient appointment card (patient held)
    - Out patient card (clinic held)
    - First Line Regimen Pharmacy register
    - Second Line Regimen Pharmacy register
    - Cohort Analysis Forms.
- Monthly reporting form
- HIV and AIDS Newsletter (three issues between 2005 and 2007).

Tools developed for other sister programmes (HTC, PMTCT, TB and STI)

- Towards Universal Access to HIV Prevention – the Health Sector HIV Prevention Framework 2007-2010
- PMTCT and Paediatric HIV Prevention, Treatment and Care National Plan 2006-2010
- Zimbabwe National Guidelines on HIV testing and counseling
- National TB Manual
- TB monitoring tools
- EDLIZ 2006.

Tools developed for the OI/ART programme but no yet available for distribution

- OI/ART Review Report
- Revised OI/ART Strategic Plan 2008-2012)
- Documentation of Best Practices: models of decentralization of the OI/ART Programme.

Appendix 3:

Cost of OI/ART Programme tools

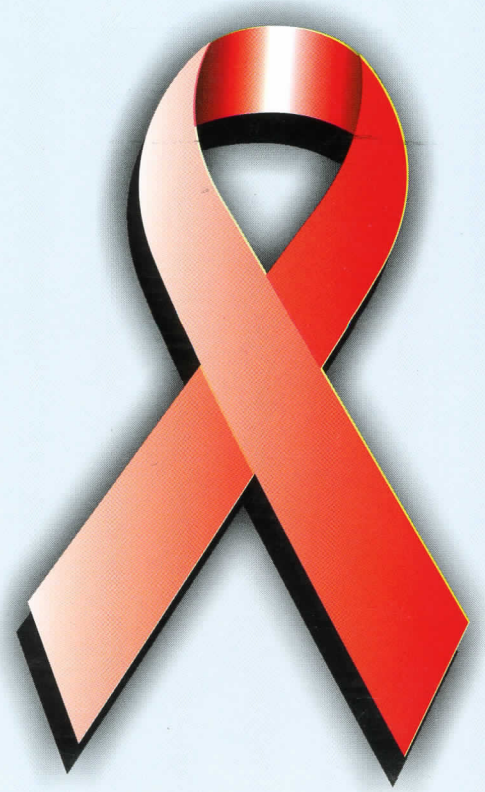
Document	Quantity	Amount (USD)
a. The OI/ART Roll out Plan 2005-2007	2,500	12,165
b. Health Facility Assessment Tool	1,500	7,240
Guidelines for Anti-retroviral therapy in Zimbabwe		
c. 2003 Version	10,000	7,000
d. 2005 Version	10,000	7,000
e. 2007 Version	10,000	6,346
Training materials on OI/ART		
f. Adults	4,000	36,000
g. Paediatrics	2,000	18,000
h. Standard Procedure Manual for OI/ART.	2,000	6,640
OI/ART Monitoring and reporting tools		
l. Clinic attendance registers	2,000	9,215
j. Pre ART registers	2,000	19,836
k. ART Register	2,000	19,778
p. Cohort Analysis Forms	10,000	9,994
l. Patient appointment card (patient held)	100,000	20,000
m. Out patient card (clinic held)	60,000	12,432
n. First Line Regimen Pharmacy registers	2,000	17,473
o. Second Line Regimen Pharmacy register	2,000	9,215
q. Monthly reporting form		
HIV and AIDS Newsletter (three issues between 2005 and 2007)		
r. First Issue	500	
s. Second Issue	2,500	1,176
t. Third Issue	5,000	2,400

Appendix 4

Reasons for usefulness or non-usefulness of programme tools and documents at implementation level

	Tool	Reasons
1	**The OI/ART Roll out Plan 2005-2007**	Basic information on OI/ART programme management For reference purposes on the OI/ART programme for new staff Help understand our contribution to the national programme as implementers
2	**Health Facility Assessment Tool**	For learning purposes Helps you prepare your health facility before an assessment team comes Guide on requirements for setting up of the OI/ART clinic Has basics of providing ART and clear guideline
	Standard Procedure Manual for OI/ART	Easy to understand policies Informative. Good guidance for delivering services. Serves as a training document to prepare new staff Shows what we are supposed to do Provide current information Gives examples on the recording of OI/ART numbers, medicine ordering forms etc
	Training materials on OI/ART Adults	Easy to understand. Very informative For reference on correct doses and patient management. Teaching purposes Well documented and easy to read States staging and when to start patient on ART Provides steps in counselling patients
	Training materials on OI/ART Paediatrics	Comprehensive information. Good referral tool. Easy to understand and provides good techniques for counselling Give information on management of child illness in HIV Self training reference Well documented, summarized Reference book for management of paediatric problems Know how to manage OI in paediatrics and CD4 % in paediatrics.
3	**Guidelines for Anti-retroviral therapy in Zimbabwe 2003 Version**	Assist as reference book for drug combination & dosage Reference guide for side effects of drugs, 1st and 2nd line treatment. Clear guidelines easy to follow Useful in managing children. Enhances management of ART Provides information on ART and side effects
4	**Guidelines for Anti-retroviral therapy in Zimbabwe 2005 Version**	ART Drug literature As reference for OI/ART conditions Portable Reference for OI management Very useful in staging patients Shows which drugs to prescribe if patients is on TB treatment
5	**Guidelines for Anti-retroviral therapy in Zimbabwe 2007 Version**	As a reference tool. Easy to follow Informative. Good guideline for treating patients Helps in WHO clinical staging Used it for reference especially on initiation of treatment Simplified WHO guidelines. Monitoring patients on ART Useful for drug dosages and management of OI conditions Very educative. Simple to understand

9	**Clinic attendance register**	Assess daily workload for planning purposes Can be used to compile statistics, trace defaulters and deaths Captures demographic medical data, Initial assessment
10	**Pre ART register**	Provides baseline information for patients before commencement of ART. Shows number of patients eligible for ART. Compiling statistics To identify patients needs General overview of patient & demographic data
11	**ART Register**	Identification of defaulters Good follow up of clients Comprehensive data collection on event s and CD4 Count. Helps with Cohort analysis Gives total no. of patients on ART
12	**ART Patient held card**	Easy retrieval of patients notes Summary of patients management Easy identification clients. Monitoring drug adherence Keeps record of review dates Patient can use it for a long time Baseline investigations noted
13	**ART clinic held card**	Has all the information in case patient loses card Detect when patient is defaulting Easy record keeping Monitoring adherence and any side effects and patient progress Straight forward, easy to understand and User friendly Detailed history of patient on card
14	**First Line Regimen Pharmacy register**	Check if patient is getting correct drugs and dosage. Easy stock control and drug ordering Can pick defaulters Useful in control of OI/ART drugs
15	**Second Line Regimen Pharmacy register**	Easily know how many patient are on 2nd line Enables to order adequate drugs for patient Record keeping and drug ordering
16	**Cohort Analysis Forms.**	Know how many people died in cohort, stopped treatment and survival rates
17	**Monthly reporting form**	Evaluation of clinic activity Collect all data monthly. Assess hospital workload Forwarding statistics to next level To check if there are any defaulters and patients not responding Assist in ordering drugs and testing kits Statistics for planning purposes
18	**Newsletter First Issue**	Get knowledge on OI and side effects management Informative, entertaining
19	**Newsletter Second issue**	Gives you more information on conditions Information contained passed on to client Informative
20	**Newsletter Third issue**	Helped us to be able to give health education Very good to read and acquire knowledge Refreshes one's mind



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