Assessing HIV/AIDS Medical Care and Related Issues at Local Level

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This paper report on the field research was carried out for the Future Leaders Summit on HIV/AIDS.

1. Introduction
HIV/AIDS medical care and access to treatment are absolutely essential if we are to address the HIV/AIDS challenge effectively. The objective of the study was to assess the availability, affordability and accessibility of HIV/AIDS treatment at local level (Otjiwarongo) and to socio-economic factors that influences access to care and treatment, as well as to evaluate the ARV literacy of inhabitants at community level.

2. Procedure
To establish facts:
2.1 The regional co-ordinator of Lironga Eparu was interviewed on 1 December 2005.
2.2 ARV counselling nurse on special deceases was interviewed.
2.3 A visit was paid to the ARV office and observations were made on the 08.12.2005.
2.4 Five HIV positive patients on ARV were interviewed on 08.12.2005.
2.5 A sample of five randomly selected residents of Orwetoveni were interviewed, while six more of Tsaraxa-aibes informal settlement were also interviewed.

3. Findings
3.1 Results from the interviews.
3.1.1 Affordability, availability and accessibility of HIV/AIDS treatment in Otjiwarongo (state hospital).

ARV treatment for HIV/AIDS patients is free at the state hospital although N$6.00 consultation fee is payable.

The drugs have been available since September 2004 and since then there has been no shortages and they are always in excess to date. The drug are easily accessible by patients living in Otjiwarongo. However, transport problems and financial constraints makes it very difficult for patients living in Otavi,Outjo,Okahandja,Kalkfeld and surrounding farms to access the drugs easily as they have to come to Otjiwarongo for treatment. According Mr. Gerson Uri-khob (ARV counselling nurse) this distance gab has resulted in some patients defaulting and missing review dates. Moreover access to ARV’s is also affected by the current location of the ARV clinic.

3.1.2 Socio-economic factors
3.1.2.1 Social factors that influence access to treatment and care in Otjiwarongo include:
1) Stigma is attached to the current ARV clinic and results in fear in some patient and treatment supporters, according to the patients and
2) Reluctant treatment supporters also negatively influence treatment. However, the town’s home based care givers and HIV/AIDS support group were established to provide medical care and a supportive network for HIV positive people.

3.1.2.2 Economic factors that influence access to care and treatment in Otjiwarongo are as follows:
   a) Effect of food and balanced diet according to Nurse Gerson Uri-khob: Many of the patients taking ARV cannot afford a decent meal because of poverty and unemployment. Some patients do not take the drugs if they don’t have food.
   b) Transportation constraints for patients staying Outside Otjiwarongo: Distance is a major impediment for them to access treatment. Some patients do not have money to cover their transport cost.

3.1.3 ARV literacy of people in Otjiwarongo
3.1.3.1 Members of the following organizations Lironga eparu (local branch), HIV/AIDS support group, home based care givers had high knowledge of ARVs and deeper understanding of requirements for ARVs, how they work and other important facts pertaining the ARVs.
3.1.3.2 4 out of 5 resident of the Orwetoveni Township in Otjiwarongo interviewed had moderate knowledge on ARVs. They know the requirements for ARVs and how they worked.
3.1.3.3 4 out of 6 residents of the Tsraxa-eibes informal settlement in Otjiwarongo had generally very little knowledge on ARVs. They could not answer some basic questions pertaining to ARVs.

3.2 Findings from the observation
A visit was paid to the ARV clinic in Otjiwarongo and the following was observed:
3.2.1 The ARV clinic was an ordinary garage-like small room without a toilet or a tap where one could wash his/her hands.
3.2.2 It is located in the open, where people passing (gossipers) or people visiting the hospital can see everything going on inside or outside the office — e.g. counselling, queuing and so on.

4. Conclusions
4.1 ARV is affordable, available and accessible in Otjiwarongo (State Hospital).
4.2 Inability to afford a balance diet on a daily basis affects patients taking ARVs negatively.
4.3 Some residents of the Tsraxa-eibes Township lack basic knowledge and facts on ARV.
4.4 The current ARV clinic is absolutely not suitable nor convenient especially when confidentially is taken into account. The current ARV clinic is thickly attached with stigma.
5. **Recommendations**

It is recommended that careful consideration be given to the following:

5.1 That Ministry of Health allocate a vehicle or two for the ARV clinic in Otjiwarongo for outreach purposes to surrounding farms and towns.

5.2 Multilingual AIDS counselors must be stationed at the ARV clinic to eliminate the communication break down experience between counselors and patients.

5.3 The government of the Namibia and its partners in the fight against HIV/AIDS should solicit funds to implement a soup kitchen or a feeding scheme for poor patients taking ARV.

5.4 The ARV clinic must be move to a venue at the back of the hospital or a new structure must be erected at the back of the hospital. This will reduce stigma and restore confidentiality.

5.5 The social grant for HIV positive people should be reintroduced by the government. This will enable the HIV positive people to take care of themselves and their dependents as some have asserted that they face discrimination from some employers.

5.6 The ministry of health and its community based partners in the fight against HIV/AIDS must jointly initiate outreach programmes aimed at sharing facts about HIV medical care and treatment with all the people as no one is immune to HIV/AIDS.

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**Key Informants**

Magdalena Ndjuao, regional co-ordinator of Lironga Eparu

Gerson Uri-khob, counseling nurse on special diseases.

Members of the HIV/AIDS support group

Members of the Otjiwarongo Home based care givers

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**Extract from Ms Magdalena Ndjuao’s testimony, with permission.**

Magdalena Ndjuao

Diagnosed in June 1996

Disclosed on 20 December 2001

“I thank God for keeping me healthy me for 8 years without using any drugs. I started taking ARV’s in September 2004 with a CD4 count of 202, after 6 months my CD4 count rose to 485. I have done the last CD4 test in October 2005 and my CD4 stood at 612 which is very good.”