

APPENDICES

APPENDIX A

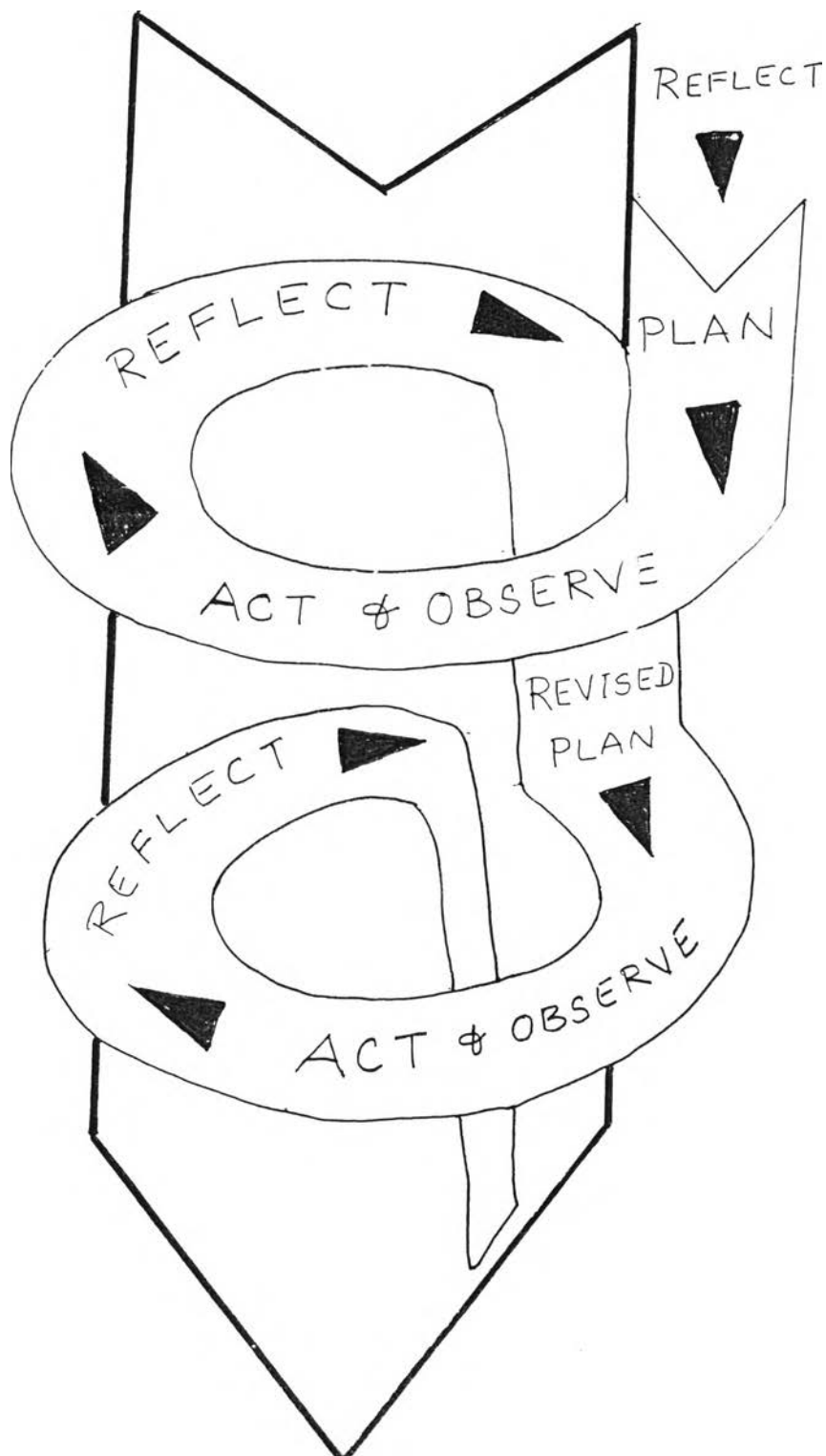
HIV/AIDS CASES IN BHUTAN

<i>Year</i>	<i>HIV Positive</i>	<i>Age</i>	<i>Sex</i>	<i>Probable mode of Transmission</i>	<i>Remarks</i>
1993	1	32	M	Sexual Contact	Died in 1994 due to malaria
	1	21	F	- do -	Died in December 1999 due to ARC
1994	1	27	M	- do -	Healthy
1996	1	28	M	- do -	Died of ARC on 19/11/1997
	1	28	M	- do -	Healthy
	1	29	M	- do -	Healthy
	1	20	F	- do -	Healthy
1997	1	26	M	- do -	Healthy
	1	20	F	- do -	Died in 1998 due to ARC
1999	1	20	F	- do -	Healthy
	1	22	F	- do -	Healthy

APPENDIX B

“PAR AS A SPIRAL”

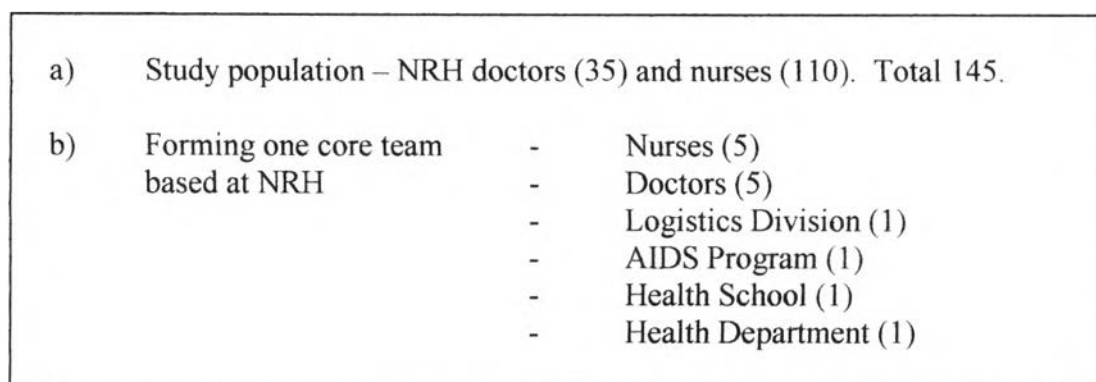
(Kemmis & Mc Taggart)



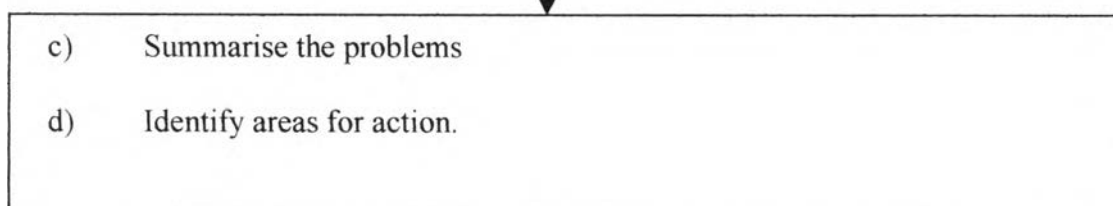
APPENDIX C

**An outline of the modified PAR in the participatory problem solving approach for
the study (adapted from Kemmis & Mc Taggart)**

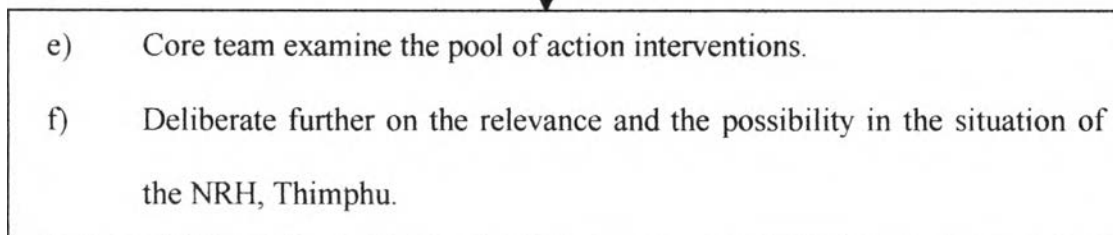
1. Forming



2. Reflection



3. Planning





- g) Prepare a tentative plan of action for the doable interventions and share among the study population - doctors and nurses of NRH, Thimphu for further comments.
- h) Make necessary modification and develop the plan of action to be implemented.
- i) Plot the plan of action to be undertaken among the doctors and nurses working schedule in the hospital to avoid any conflicts.
- j) After all agree on the content of the plan of action and the operational aspects, the plan of action is finalised.
- k) The plan of action to be approved by the Department.
- l) Plan of action is ready for implementation.

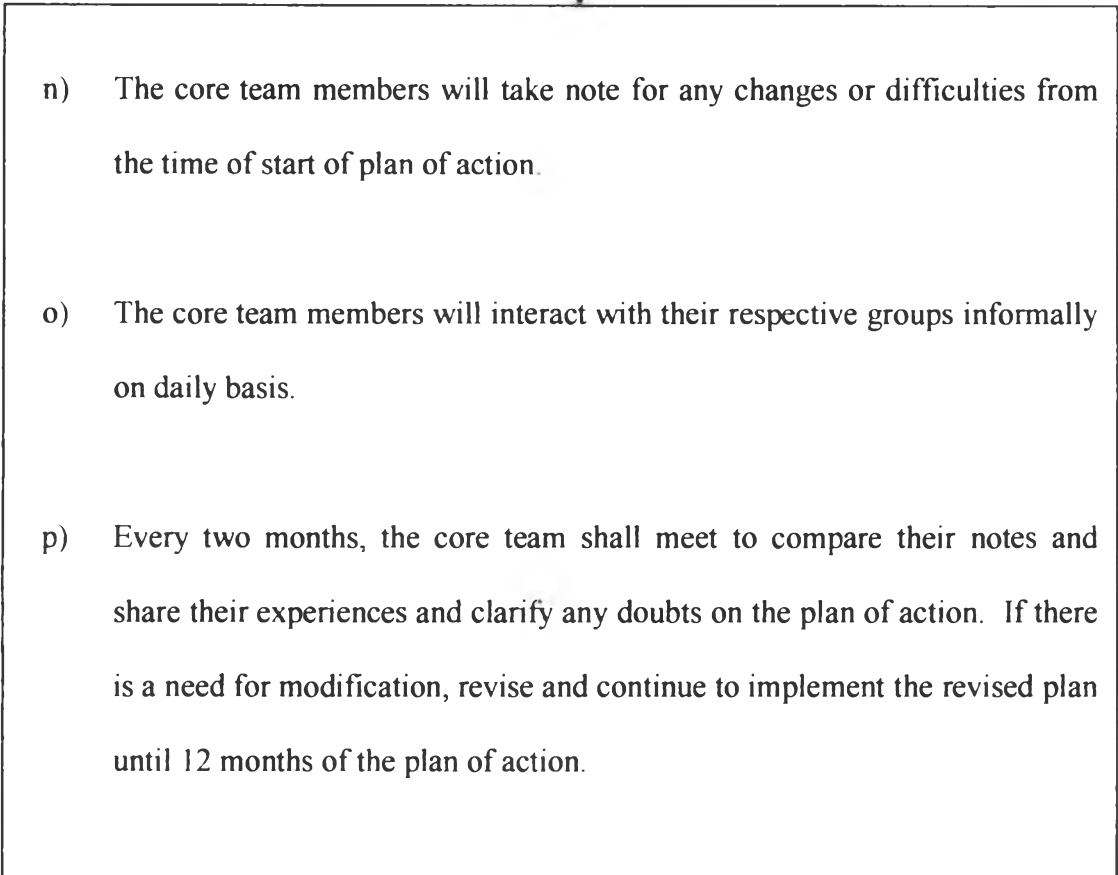


4. Action



- m) The plan of action is implemented at the NRH, Thimphu.




5. Monitoring


- 
- n) The core team members will take note for any changes or difficulties from the time of start of plan of action.
 - o) The core team members will interact with their respective groups informally on daily basis.
 - p) Every two months, the core team shall meet to compare their notes and share their experiences and clarify any doubts on the plan of action. If there is a need for modification, revise and continue to implement the revised plan until 12 months of the plan of action.
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6. Evaluation/Analysis



q) At the end of 12 months of plan of action, evaluation and analysis will be undertaken using quantitative and qualitative techniques among the doctors and nurses of NRH, Thimphu.

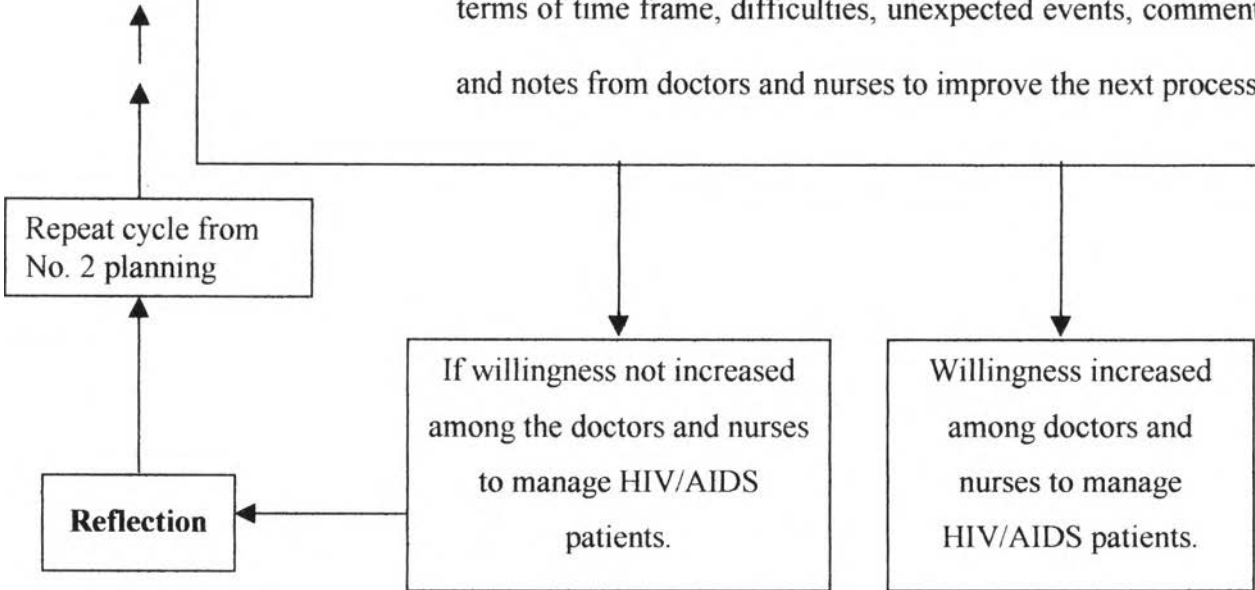
- ❖ To evaluate the effectiveness of plan of action, repeat ten point scale of self rating of willingness to manage HIV/AIDS patients, and to repeat KAP survey.
- ❖ To evaluate the implementation process of the plan of action in terms of time frame, difficulties, unexpected events, comments and notes from doctors and nurses to improve the next process.

Repeat cycle from No. 2 planning

Reflection

If willingness not increased among the doctors and nurses to manage HIV/AIDS patients.

Willingness increased among doctors and nurses to manage HIV/AIDS patients.



APPENDIX D

**TEN POINT SELF RATING SCALE OF WILLINGNESS TO MANAGE
HIV/AIDS PATIENTS**

If I were to rate my level of willingness at caring for an HIV/AIDS patient, I would give myself a on a scale of 1-10.



(Adapted from Sandra M. Hartnett, 1987)

REQUEST FOR DEPARTMENT APPROVAL FOR THE STUDY

MINISTRY OF HEALTH & EDUCATION DEPARTMENT OF HEALTH

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NOTE SHEET

APPENDIX F

Ref. No. 1(6)HSB/89

15 September 2000

As Sir is aware that presently, I am in Thimphu to carry out a preliminary baseline data exercise for the thesis to complete my MPH course in Bangkok by December 2000, for which the focus is HIV and Health Care Providers, specifically doctors and nurses of the in-patient departments. With the initial experiences of in-patient care of HIV/AIDS patients in our country, there has been certain degree of fear and anxiety among the health care providers. In this research, I would like to explore this problem among our health care providers in managing the HIV/AIDS patients. Further, I would also like to have the views and comments of our HIV positive people in line with the management in the hospital and by the health care services at large. By this process of attempting to define the causative factors of fear and anxiety among health care providers and also taking the comments of HIV/AIDS people, collectively, we should be able to develop specific appropriate interventions to be undertaken in the hospitals. I am hopeful that this would have a positive impact on care and support program for people living with HIV/AIDS in the future.

For a proper outcome of the study, my adviser and Dean of the college has advised me to look at the situation in Bhutan especially the hospitals in line with HIV/AIDS. I need to conduct a questionnaire survey, focus group discussions and in-depth interviews and also would require secondary data from certain hospitals. Tentatively, I have proposed to include the following hospitals in my survey :

JDWNR Hospital, Thimphu <i>/Gidokom</i>	Phuentsholing Hospital
Samtse Hospital	Punakha Hospital
Trongsa Hospital	Tshimalakha Hospital
S/Jongkhar Hospital	Gelephu Hospital
	<i>Pana Hospital</i>

For the purpose of my research involving these places/people and my movement, I may kindly be allowed to conduct the above survey.

Submitted for kind approval.



(Dr Tenzin Penjor)
MPH student
Chulalongkorn University
Camp : Thimphu

Approved as proposed.
Director, Health



དཔལ་ལྷན་འབྲུག་གཞི་རྒྱུ་།
གསོ་བ་དང་ཤེས་རིག་ལྷན་ཁག།
གསོ་བའི་ལས་ཁུངས།
ཐིམ་ཕུག།



ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH AND EDUCATION
HEALTH DEPARTMENT
THIMPHU P.O. BOX 108

Ref. No. 1(6)HSB/89/4079

18 September 2000

OFFICE ORDER

Approval is hereby accorded to undertake the research tour regarding HIV/AIDS in the following hospitals by Dr Tenzin Penjor presently undergoing one year MPH course in Chulalongkorn University, Bangkok.

1. JDWNR Hospital, *Gidakom Hospital,*
2. Samtse Hospital,
3. Trongsa Hospital,
4. S/Jongkhar Hospital,
5. Phuentsholing Hospital,
6. Punakha Hospital,
7. Tshimalakha Hospital,
8. Gelephu Hospital,
9. *Paro Hospital,*

The above activity is to be carried out as a requirement for his thesis to complete the MPH course.

All the concerned Superintendents/DMOs of the above hospitals are to extend all necessary assistance during his research survey.

This issues as per the approval vide Note Sheet No. 1(6)HSB/89 dated 15 September 2000.


(Dr Gado Tshering)
Director

Copy to :

1. Dr Tenzin Penjor, camp : Thimphu.
2. The Supdt./DMOs, JDWNR/Samtse/Trongsa/S/Jongkhar/Phuentsholing/Punakha/Tshimalakha & Gelephu Hospitals for information and necessary cooperation.
3. The Sr Finance Officer (Health), MHE, Thimphu.

APPENDIX H**KAP SURVEY QUESTIONNAIRE**

Knowledge, attitudes and practice of doctors and nurses working in NRH, Thimphu, Bhutan towards HIV/AIDS prevention and care. Please answer all the questions by checking in the appropriate bracket. Do not miss any questions. Your answers will be kept strictly *anonymous and confidential*.

Personal information :

- 1 Age _____ years
- 2 Gender : [] male [] female

3. ***Marital status :***

Single []
 Married []
 Divorced []
 Widowed []
 Separated []

4. ***No. of years in service :***

1 to 5 years []
 6 to 10 years []
 11 to 20 years []
 More than 20 years []

5. **Education level :**

- MBBS/MD []
- Post graduation []
- B. Sc. Nursing []
- Diploma Nursing []
- GNM []
- ANM []
- AN []
- ACO []
- Others, please specify _____

6. **Place of work**

- Surgery []
- Medicine []
- Gynae Obs. []
- Paediatrics []
- Others. Please specify; _____

PRACTICE REGARDING UNIVERSAL PRECAUTIONS AND ETHICAL ISSUES

A.. *Self Protection:*

1. Do you wash and scrub your hands with clean water and detergent before and after every procedure.

Yes always Yes sometimes No

2. *Do you wear gloves while doing invasive procedures on patients.

Yes always Yes sometimes No

3. Do you wear protective attire while treating patients.

Yes always Yes sometimes No

B. *Safe Environment:*

4. Do you change gloves after each patient.

Yes always Yes sometimes No

5. Do you use sterilized equipment in treating patients.

Yes always Yes sometimes No

6. *Do you advise disposing off blood and blood-contaminated products of patients safely.

Yes always Yes sometimes No

7. Do you use disposable items when possible.

Yes always Yes sometimes No

8. Do you dispose off needles used for injections immediately and properly.

Yes always Yes sometimes No

9. Do you discard contaminated materials in plastic bags to minimize human contact.

Yes always Yes sometimes No

10. Do you arrange to disinfect the operating room everyday.

Yes always Yes sometimes No

11. Do you decontaminate the contaminated instruments everyday.

Yes always Yes sometimes No

(* Key questions)

ATTITUDES TOWARDS HIV/AIDS

A. General Attitude:

1. HIV/AIDS patients should be treated as same as any other patients in the hospital.
 Agree Disagree Undecided
2. I have more fear of AIDS than of any other disease.
 Agree Disagree Undecided
3. All health care workers should be informed that the patient is HIV+.
 Agree Disagree Undecided
4. All patients coming to hospital should be tested for HIV antibody.
 Agree Disagree Undecided

B. Willingness:

5. *I would treat an HIV/AIDS patients in my hospital.
 Agree Disagree Undecided
6. A health care worker should not be terminated from service for refusing to manage an HIV/AIDS patient.
 Agree Disagree Undecided
7. *Surgeons should operate on AIDS/HIV+ patients.
 Agree Disagree Undecided
8. Health care professionals should not have the right to refuse in taking care of HIV/AIDS patients.
 Agree Disagree Undecided
9. It is moral obligation that doctors and nurses should accept and treat the AIDS patients in the same, equal, ethical and practical manner as they treat any other patient.
 Agree Disagree Undecided

(* Key questions)

KNOWLEDGE ABOUT HIV/AIDS

A. *Routes of Transmission:*

1. HIV can infect an unborn baby by his/her HIV/AIDS mother.
 True False Don't know
2. HIV can infect a baby by his/her HIV/AIDS mother through breast feeding.
 True False Don't know
3. *HIV can infect through accidental needle pricks and cuts by surgical instruments while operating on HIV/AIDS person.
 True False Don't know
4. HIV can infect another person through unprotected sexual intercourse with an HIV/AIDS person.
 True False Don't know
5. HIV cannot be transmitted by an insect bite.
 True False Don't know
6. HIV cannot be transmitted by living in a same room with an HIV/AIDS person.
 True False Don't know
7. HIV/AIDS cannot be transmitted by using the same toilet with an HIV/AIDS person.
 True False Don't know
8. *In a vehicle accident, HIV can infect another person with an open wound if contaminated by blood of an HIV/AIDS person.
 True False Don't know

B. *Universal Precaution:*

9. Use of sterilized equipment during surgical procedures prevents the risk of spread of HIV.
 True False Don't know
10. Immediate disposal of materials used during different procedures prevents the spread of HIV infection.
 True False Don't know

11. A positive antibody test means that a person has been exposed to the HIV.
 True False Don't know
12. Infection control measures for hepatitis B provides adequate protection against transmission of HIV.
 True False Don't know

(*Key questions)

APPENDIX I**FOCUS GROUP DISCUSSION, SEMI-STRUCTURED GUIDELINES**

- a) How would you feel in managing an HIV/AIDS case?
- b) Why would you feel that way?
- c) Would it affect you doing your duty?
- d) How would it affect?
- e) What could we do about it?

APPENDIX J**Breakdown of the category 'others' under Socio-demographic data**

Sno.	Categories	Respondents
1.	Reproductive Health Unit	5
2.	Casualty Emergency Unit	7
3.	General OPD/Ward	17
4.	Anaesthesia Unit	4
5.	ECG Unit	1
6.	Orthopaedic Unit	7
7.	Pharmacy Unit	1
8.	ENT Unit	4
9.	Radiology Unit	2
10.	Filter Clinic	2
11.	Physiotherapy Unit	1
12.	Dental Unit	1
13.	Psychiatry Unit	2
14.	Hospital Administration	2
15.	Eye Unit	1
16.	Cabin/ICU	7
17.	Pathology Unit	1
18.	TB/Leprosy Unit	7
19.	OT Unit	7
20.	Dialysis Unit	2

		81

1.	Surgery		
	(Casualty, Emergency, Anaesthesia, Orthopaedic, Dental, OT Units)	-	39
2.	Medicine		
	(ECG, Psychiatry, Cabin ICU, TB/Leprosy, Dialysis Units)	-	26
3.	Gynaecology/Obstetrics		
	(Reproductive Health Unit)	-	16
4.	Paediatrics	-	9
5.	General OPD Ward		
	(Filter Clinic)	-	19
6.	ENT/Eye Units	-	5
7.	Para Medical Services		
	(Pharmacy, Radiology, Physiotherapy, Hospital Admn., Lab. Units)	-	7

		Total :::	- 121
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Curricula Vitae

Name	Dr. Tenzin Penjor
Date of Birth	6 November 1962
Nationality	Bhutanese
Education	ISC-North Point, Darjeeling, India MBBS – CMC, Vellore, India DTM – Copenhagen, Denmark Diploma in Dermatology Institute of Dermatology Ministry of Public Health Bangkok, Thailand
Work Experience	Sarpang Hospital – July 1989-Dec. 1989 (General Duty Medical Officer) Trongsa Hospital – Dec. 1989-Feb. 1991 (District Medical Officer) Damphu Hospital – Feb. 1991-April 1994 (District Medical Officer) Gelephu Hospital – April 1994-March 1997 (Superintendent) National STD AIDS & TB Control Programs April 1997 – December 1998 (Program Manager) Public Health Division, Health Department 1999 – Till date (Joint Director)
