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APPENDICES

APPENDIX A
QUESTIONNAIRE ON HIV

STUDY QUESTIONNAIRE

Today's date: Interviewer's name: Language used:
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About you

1. Male

Female

2. Age:.....

3 What is your martial status?

Single married

Divorce widow

4. How many children do you have?

.....

5. What is your religious affiliation?

Hindu

Buddhist

Muslim

Christian

6. What is your highest educational qualification?

I have no educational qualifications

Primary school

Secondary school

High school

Other, such as vocational or professional qualifications

University degree or higher

7. Are you (TICK ALL THAT APPLY)

- Unemployed
- In full-time paid employment
- In part-time paid employment
- Self-employed
- Signed off long term sick

YOU AND HIV

How long ago diagnosed with HIV? (_____ YEAR)

8. Where you were first diagnosed with HIV?

- In a / STD / HIV clinic
- At your GP (family doctor)
- In hospital (on a ward)
- Antenatal clinic (during pregnancy)
- NGO
- Other-*please say where:* _____

9. Since your diagnosis, have you been ill BECAUSE OF HIV, in your opinion

- NO
- YES
- Not sure, including never

10. How often do you go to your HIV Hospital or health clinic?

- Never
- More than once a month
- Every month
- Every three months
- Every six months
- Less often

11. Who knows that you have HIV(TICK ONCE ON EACH LINE)

	YES	NO	NOT APPLICABLE
Your partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your (family doctor)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	ALL	SOME	NONE	NOT APPLICABLE
Your children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your brothers / sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your work colleagues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other people you live with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the last 12 months, have you had any problems (for ANY reason) in relation to:
(TICK ALL THAT APPLY?)

	YES	NO	NOT APPLICABLE
Housing and living conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating and drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Household chores and self-care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility – ability to get about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money – getting enough to live on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs and alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looking after children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of anti-HIV treatments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking anti-HIV treatments regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill, training and job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Using anti-HIV treatments

13. Have you EVER experienced any side effects from anti-HIV treatments in your opinion?

- NO
- YES

14. Do you feel you know enough about the anti-HIV treatments you are taking, AT THE MOMENT?

- NO
- YES
- NOT SURE

15. How do you find taking anti-HIV treatments?

- EASY
- OK
- DIFFICULT

16. How many anti-HIV treatments have you missed in the LAST TWO WEEKS?

- NONE
- ONE OR TWO DOSES
- FIVE OR SIX DOSES
- THREE OR FOUR DOSES
- SEVEN OR MORE DOSES

17. Do you tell your doctor when you miss does of anti-HIV treatments?

- NO
- YES
- SOMETIMES

18. What are the most common reasons for you missing doses of anti-HIV treatments?

(TICK ALL THAT APPLY)

- I just forget sometimes
- I have physical difficulty in taking them (swallowing, pill size etc.)
- Side effects make it difficult (vomiting, sleeping etc.)
- I have no privacy to take them (people around me don't know my status)
- My social life interferes (hard to take them when I am out with friends/family)
- My working life interferes (hard to take them when I am at work)
- Clinic ran out of medication
- Other – *please say what:* _____

19. How often do you understand what HIV clinic staff tells you about your anti-HIV treatments?

- Never Usually Always

20. How often do you ask HIV clinic staff questions when you don't understand what they are saying about your anti-HIV treatments?

- Never Usually Always

21. How satisfied are you about the way you and the HIV clinic staff make decisions together, about your anti-HIV treatments?

- Not at all satisfied somewhat satisfied Very satisfied

22. In the last 12 months, have you had any problems getting access to anti-HIV treatments?

- NO
- YES- *if YES, What problems have you had?*

Knowledge of anti-HIV treatments

23. In the past 12 months, have you had any problems getting information about anti-HIV treatments?

- NO
 YES

24. Overall, are you satisfied with what you know about anti-HIV treatments?

- NO
 YES

25. More specifically, are you satisfied with what you know about:

(TICK ONCE ON EACH LINE)

	YES	NO
Adherence (taking treatment exactly as prescribed)	<input type="radio"/>	<input type="radio"/>
Availability of anti-HIV treatments	<input type="radio"/>	<input type="radio"/>
CD4	<input type="radio"/>	<input type="radio"/>
Illnesses related to HIV	<input type="radio"/>	<input type="radio"/>
Looking after children	<input type="radio"/>	<input type="radio"/>
Nutrition / dietary advice	<input type="radio"/>	<input type="radio"/>
Pregnancy and HIV	<input type="radio"/>	<input type="radio"/>
Preventing HIV transmission	<input type="radio"/>	<input type="radio"/>
Resistance to anti-HIV treatments	<input type="radio"/>	<input type="radio"/>
Side-effects of anti-HIV treatments	<input type="radio"/>	<input type="radio"/>
Viral load	<input type="radio"/>	<input type="radio"/>

26. All the following statements about HIV and AIDS are TRUE. For each statement, please indicate whether: you already knew this; you weren't sure about it; you didn't know this already.(TICK ONCE ON EACH LINE)

	didn't know		Knew it
- Missing doses of anti-HIV treatments can allow drug resistance to develop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Anti-HIV treatments can stop many pregnant women with HIV passing it to their child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Drug resistance is an important reason why HIV treatments may fail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- Anti-HIV treatments prevent HIV from damaging your Immune system, and so prevent ill health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- A woman with HIV can pass it to her child during breastfeeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- At present, combinations of at least three anti-HIV drugs provide the best chance of reducing the amount of HIV in your blood to very low level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Thinking about what you ALREADY know about anti-HIV treatments,
Which of the following activities have you done in the LAST 12 MONTHS?
(TICK ONCE ON EACH LINE)

	Done it	NOT done it
READING leaflets and pamphlets	<input type="radio"/>	<input type="radio"/>
READING newsletters and the HIV-positive press	<input type="radio"/>	<input type="radio"/>
READING web-pages/the internet	<input type="radio"/>	<input type="radio"/>
READING medical journals	<input type="radio"/>	<input type="radio"/>
TALKED with medical staff like doctors or nurses etc.	<input type="radio"/>	<input type="radio"/>
TALKED with workers from black organizations	<input type="radio"/>	<input type="radio"/>
TALKED with workers from HIV organizations	<input type="radio"/>	<input type="radio"/>
TALKED informally with other people with HIV	<input type="radio"/>	<input type="radio"/>
TALKED with other people with HIV at support groups	<input type="radio"/>	<input type="radio"/>
TALKED with my friends	<input type="radio"/>	<input type="radio"/>
ATTENDED presentations (seminars) from medical staff	<input type="radio"/>	<input type="radio"/>
ATTENDE presentations from other positive people	<input type="radio"/>	<input type="radio"/>

28. How do you usually get hold of th3e publications you read?

- I subscribe to them/they are delivered to my home
- I pick them up at the HIV (GUM) clinic
- I pick them up at a support group/ HIV organization
- From the internet
- From friends
- Other-*how you get them?* _____

29. Generally speaking, are you satisfied with t he information you READ about anti-HIV treatments?

- Not at all satisfied
- Very satisfied
- Somewhat satisfied

APPENDIX B

QUESTIONNAIRE ON QUALITY OF LIFE

Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

		Very poor	Poor	Neither poor nor good	Good	Very good
1(G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2(G4)	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about how much you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4 (F50.1)	How much are you bothered by any physical problems related to your HIV infection?	1	2	3	4	5
5 (F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
6 (F4.1)	How much do you enjoy life?	1	2	3	4	5
7 (F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5
8 (F52.2)	To what extent are you bothered by people blaming you for your HIV status?	1	2	3	4	5
9 (F53.4)	How much do you fear the future?	1	2	3	4	5
10 (F54.1)	How much do you worry about death?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
11 (F5.3)	How well are you able to concentrate?	1	2	3	4	5
12 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
13 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about how completely you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
14 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
15 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
16 (F18.1)	Have you enough money to meet your needs?	1	2	3	4	5
17 (F51.1)	To what extent do you feel accepted by the people you know?	1	2	3	4	5
18 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5

19 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
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		Very poor	Poor	Neither poor nor good	Good	Very good
20 (F9.1)	How well are you able to get around?	1	2	3	4	5

The following questions ask you how good or satisfied you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
21 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
22 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
23 (F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
24 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
25 (F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
26 (F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
27 (F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
28 (F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5
29 (F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
30 (F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to how often you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
31 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

APPENDIX C

INFORMED CONSENT FORM

INFORMED CONSENT

In my research I will be informing all benefit and risk about research to all participant .I will inform them that you will be given the result of this research and there is no risk of participating in this research. You understand that your name is not recorded anywhere in file for this study .You understand that any information from this study will be stored in locked files. You will not be identified in any publication .you understand that your research records may be inspected by appropriate governmental or be released in response to an order from a court, but the records do not contain your name or identification

APPENDIX D

DATA COLLECTION FORM

CONSENT FORM

I, Mr./Mrs./Miss.....have fully understood that I will be participating in this research on *outcome and adherence of antiretroviral therapy among people living with HIV/AIDS in Nepal: a preliminary study*. I have been explained about research .I can also ask any question to the investigator. If I do not want to continue, I can also withdraw my self from this study anytime. I have been ensured that all confidentiality will be maintained.

Investigator Name.....

Date.....

PATIENT VISIT RECORD

Patient name or ID

Hospital/clinic number

Date of visit

Patient History:

- HIV related disease including TB
- Cough >2 wks
- Fever
- Weight Loss
- Diarrhea
- Other symptoms like GI, CNS, Skin

Other medications:

Drug Allergies:

WHO Staging:

Is there any change since last visit?

ADHERENCE TO ANTIRETROVIRAL THERAPY:

No of doses missed in last 7 days:

No doses missed since last visit:

Dose taken at correct time: yesno

Correct dose taken: yesno

Dose delay >1 hr: yesno

Specify reason for interruption or modification/failure to take prescribed doses:

OTHER MEDICATIONS: New and ongoing (if new, indicate Start date)

Medication Start Date

**Body Weight:..... kg Pulse BP..... Temp.....oC Resp.
Rate.....**

PHYSICAL EXAMINATION: (tick if normal, describe if abnormal)

General condition.....

Skin.....

ENT.....

Lymph nodes.....

Heart.....

Chest.....

Abdomen.....

GU Tract.....

Musculoskeletal system.....

Extremity.....

Neuro logical system.....

Other (describe).....

HIV-RELATED ILLNESSES: new and ongoing (if new, indicate Start Date)

Are there any new HIV-related illnesses at this visit? No..... Yes (if yes, specify).....

START DATE

COMMENTS

- Oral candidiasis ____/____/____
- Oral hairy leukoplakia ____/____/____
- Pruritic papular eruption ____/____/____
- Lymphadenopathy (>1 cm on both sides) ____/____/____
- Other HIV related illnesses
____/____/____
____/____/____

BASIC LABORATORY RESULTS

Hemoglobin.....g/dl WBC.....103cells/µl

Platelets..... 109/l RBC.....103cells/µl

Total lymphocyte count.....103cells/µl

Glucose.....mg/dl Creatinine.....mg/dl

ALT/SGPT..... U/l

CD4+cells...../µl HIV-1 RNA.....copies/ml

CURRICULUM VITAE

Name: Sushil Yadav
Date of Birth: 17/11/1974
Nationality: Nepal
Marital Status: Married
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PERMANENT ADDRESS

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QUALIFICATION

Student of Master in Public Health, Health System Development-epidemiology.

Chulalongkorn University , Bangkok, Thailand

Bachelor in Pharmacy (Four Years Course in English medium): Bahauddin

Zakaria University Multan Pakistan (2001)

Intermediate in Science: Bihar intermediate council, Patna, India



INTERNSHIP

Hamas Pharmaceutical Multan, Pakistan

- Production (Capsule, Tablets, Liquid Preparation , Semi liquid, semisolid, Quality control , in process management according to GMP)

From 1998 March to 1999 January

Nistar Medical Hospital (Bahauddin Zakaria University) Multan Pakistan

- Clinical reporting, Hospital Pharmacy, Unit dose dispensing system, Pharmacy management. From 1999 February to 2000 January

Zakaria Pharmacy Multan, Pakistan

- Medical Representative (MR) ,Pharmacy management Pharmacist, Retail Pharmacist , From 2000 February to 2000 June

EXPERIENCE

Guras Nongovernmental organization, Tokyo Japan

- As Coordinator from 2003 April- 2004 April
- Job responsibility: Coordination between Nepal branch and Japan Head office

Nepal herbs industries under licensed by Hamdard WAKF India Limited. From 2002 May to 2003 February

- Production Manager (Capsule, Tablets, Liquid Preparation, Semi liquid, semisolid)
- Quality control
- Management of 230 Employee working for production

Amie Pharmaceutical Janakpurdham Nepal from 2001 June to 2002 April

- Production Pharmacist

Hamas Pharmaceutical Multan From 2000 September to 2001 January

- Production Pharmacist(Capsule, Tablets, Liquid Preparation , Semi liquid, semisolid)
- Quality control

WORKSHOP/SEMINARS

- Industrial trip to Karachi & Quetta in July 1998
- International Pharmaceutical Congress & Exhibition, Lahore from 20th March 1997
- International Drug Information Congress Lahore from 9th to 12th January 2001
- Workshop on rational use of drug Islamabad ,Pakistan on 14th January 2001
- Workshop on rational use of drug at Nepalgunj ,Nepal, organized by Japan International Cooperation agency (JICA) , International Network for Rational Use of Drug(INRUD) 2001