

# PEPFAR Public Health Evaluation: Care and Support Newsletter

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## Data analysis & thanks



Welcome to the third and last newsletter for the PEPFAR public health evaluation.

You will notice a slight name change to the project, shown in the title above, but the evaluation remains the same.

Thanks again for the high quality data that have been received - we appreciate your considerable efforts

and commitment to the evaluation.

Indeed, throughout this second phase, we have been delighted at the way in which the study's researchers in Kenya and Uganda have been welcomed at the 12 participating sites.

Currently we are busy transcribing our qualitative interviews and developing the initial coding frame necessary for their analysis, and double entering the quantitative data to ensure its validity (see page 2 for more details).

We are also discussing how to best disseminate the final results for maximum impact, both to the individual sites and to other audiences within and outside Africa.

Lastly, and on behalf of all involved this important project, I wish to express my many thanks for all your help with our work. We hope we will have the opportunity to work with you again in the future.

Tony Powell  
M&E and Research Manager

## Partner Profile: USAID

The United States Agency for International Development (USAID) is a key PEPFAR partner. With headquarters in Washington DC, USAID's strength is its field offices around the world.

They work in close partnership with private voluntary organisations, indigenous organisations, universities, American businesses, international agencies, other governments, and other U.S. government agencies.

There have been some changes in USAID personnel in relation to this evaluation. Firstly, we would like to thank Dr. Rick Berzon for all his input to the evaluation to date. He has now moved on to new work. Secondly, we are pleased to introduce Dr. Scott Stewart as the new USAID link for this evaluation.

Scott is a health economist in the Strategic Planning, Evaluation and Reporting Division of the Office of

HIV/AIDS. As USAID's activity manager for this project, Scott will coordinate technical input from the US government.

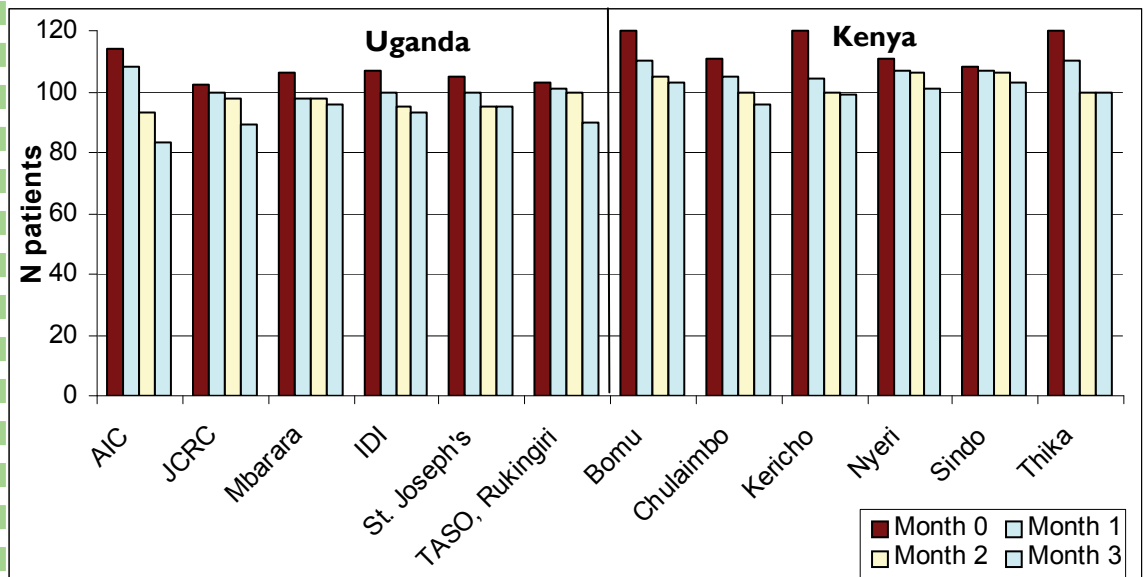


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## Phase 2 progress: longitudinal data collection

The table below shows the final numbers of patients (except a handful at AIC, whose final data are just being entered) who were recruited and completed each of the 3 subsequent interviews for the patient longitudinal component. Data collection has finished.

All facilities recruited at least 100 patients, and the proportion of patients who were followed up for 4 monthly interviews were remarkable. An average of over 86% of patients who were recruited completed the interview at month 3—well done and thanks to all staff and patients involved!



Patients recruited for Phase 2 and follow-up interviews, by facility — figures as at Sept 5th

## Evaluation: Next steps

Now that all data have been collected and the bulk of it transferred to the offices, the study team have been simultaneously completing data entry, transcribing interviews and planning data analysis.

The second round of entry of the patient longitudinal data is well under way by the APCA researchers. An initial validation of the data entered twice so far has indicated a very low level of typing

errors, which should make data cleaning fast. So thanks to those people who entered the data on site for their great work.

Transcription and translation of the interviews with staff, patients and carers is nearing completion. A total of 190 interviews was completed, which promise to be very rich and informative. The research team are meeting in Uganda in October to finalise the coding frame to be

used to analyse these interviews, and to undertake the bulk of the coding.

Now plans for analysis of the other study components have been made, meetings have also been arranged to undertake analysis of the economics data and patient longitudinal data at the end of September.

The team is working to a tight deadline and we hope to share the findings with you in spring 2009.

## PCAU Conference 1-3 Sept 2008



The Palliative Care Association of Uganda (PCAU) recently held its 3rd bi-annual conference in Kampala, entitled

'Palliative care across the ages: From children to old people',

APCA was very well represented, delivering over five oral presentations and facilitating a number of workshops.

The care and support public health evaluation was reported on in a two-part presentation delivered by Kenyan and Ugandan researchers.



findings and elaborated upon the nature and status of phase 2 of the project.



The first presentation, given by Geoffrey Banga, provided an overview of the evaluation and the challenges encountered in phase I; the second presentation, by Grace Munene and Mackuline Atieno, highlighted some of the key phase I

This was the third conference this year (another was the HIV/AIDS Implementers' Meeting held in Kampala, Uganda, in June) at which findings from the evaluation have been disseminated.

Dr Julia Downing, APCA's Deputy Executive Director, remarked of the presentation: 'It was a pleasure to listen to the researchers. They did APCA and the evaluation itself proud.'

## STOP PRESS: PEPFAR reauthorisation

On July 30 2008, President George Bush signed new legislation which will dramatically increase the US Government's financial commitment to PEPFAR—authorising up to \$48 billion to combat global HIV/AIDS, tuberculosis, and malaria.

Under this legislation, the next phase of the American people's commitment to those suffering from HIV/AIDS will support treatment for at least 3 million people, the prevention of 12 million new infections, and provide care for 12 million people, in-

cluding 5 million orphans and vulnerable children.

Dr Faith Mwangi-Powell, APCA's Executive Director, commented: 'This is great news for those in Africa in desperate need.'

Read more at: [www.pepfar.gov](http://www.pepfar.gov)

## Spotlight on Nyeri

In August Tony Powell visited Nyeri Provincial Hospital (NPH) in Central Province, Kenya, with the researchers Grace Munene, Nancy Gikaara and Mackuline Atieno, and Dr Zipporah Ali, the national coordinator of the Kenya Hospice and Palliative Care Association.

As a provincial hospital, NPH has a large catchment area, and a bed occupancy rate that often exceeds 100%.

With support from the Ministry of Health and the International Centre for AIDS Treatment Programme, the hospital runs a Comprehensive Care Centre (CCC). The CCC offers various services, including

treatment, provision of ARVs, and adherence and nutrition counseling, and sees an average of approximately 80 clients daily.

During the visit, the health care workers (HCWs) involved with the evaluation shared their experiences of the study. Both the data clerk and HCWs cited an increase in workload as one challenge posed by the evaluation.

However, one HCW commented, 'Initially it took long to administer the questionnaire, but later, due to both an appreciation by the patients and better understanding by the HCWs, it took less time.'



'The tool was very user-friendly to patients,' another HCW added. 'It is very patient-focused and made our relationship with our patients that much closer.'

Prior to their departure, the visiting team thanked the NPH staff for their commendable work.

**If you have any queries relating to the evaluation, please contact:**

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