**IDI- HCP-10**

Thank you to take part in this key informant interview, please be free to explain to me anything that is important in relation to this study

1. Facilities/site operation

From 7.30 to officially 3.30 but in most of days we are here up to 4 or 5 due to having many clients

1. Please tell me about works of this facility / site what happens to client from the time he/she registers for service

For those who come for VCT we have another section my colleague who works in that section will explain to you better than I can do

1. Is this facility offering care and treatment services?

If not where do you refer your clients for further management?

Yes, we offer VCT and CTC, however we receive a many clients referred from other facilities and especially NGO’s working on HIV testing in ... so we do not serve clients from this Hospital alone,.. as you can see the clinic is always busy.

1. What are the procedures for referral at this facility/site?

After being tested and counseled on that side or referred from other facilities, they normally come with a referral letter we take the letter and register the patient in our file to start other clinic procedures.

1. Are there official documents or guidelines/processes for referral at the site?

They only come to CTC with the referral letter showing the date of test results and contacts of the patient

1. Please tell me what happens after the client registers at the HIV care clinic or CTC?

When the client comes with his /her letter we register them then offer a CTC card, which has the identification number for this clinic ,that which will be kept by the patient, but we have all references in our register. The patient must bring the card in all their visits whether to this clinic or any other HIV clinic. In this visit we also open a patient file / folder which will be kept all his hospital or clinical records plus any other document related to his health including HIV staging etc

Depending on the day and how early the participant come…normally the day for registration (linkage) for newly diagnosed patients is Tuesday. But sometimes depending on the condition of the patient we can register them in other days. … So if he is lucky on Wednesdays and Fridays are days for CD4 test. If he came early he can register the same day and check CD4 on the same day but then he will be given an appointment to come in next week for his results and ART initiation if CD4 is very low.

1. How do you follow up, client after HIV positive results?

In this hospital we do follow up using community Home based care (HBC), initially when they had sponsors, also when Kihumbe was operating here, they used to be very active to follow and track patients, but now days the project ended there is no payment most of them are no longer active as they used to be, we only have one now… the lady you saw helping with patient files.. This one is working under WRP they still do some home based care but still not like in previous years. HBC used to follow up patients in their homes and bring them to the clinic or bring the report on what has happened… is the patient died or may be transferred to his home village and etc, …but as I said no much follow up is done especially from the clinic, we are so few there is no way we can work her and still follow up patients.

1. What works well in following up and retention of clients?

I think home visits works better although nowadays we also use the phones but most of the time patient are not reachable, or they sometimes sell the phone when they need money, or the phone is stolen and the just buy a new one with a new number and the clinic does not have a new number so….mmh! Not much reliable

1. What doesn’t work very well in follow up of clients?

Tracing by phone as I said, and we hospital staff cannot do home visit because there is shortage of us and there is no budget for tracing patients

1. Are there clients who are reluctant to enter HIV care?

YES.

1. if yes what do you think is the reasons?

Most of them is due to stigma, they fear people will know their status…. But also some people are just ignorant especially those who do not have any symptoms they do no see the importance of being in care. Others may register and check Cd4 if they are told is still high they completely disappear they don’t come for follow up visits (normally every three months to check CD4), just to re-appear at the clinic very sick they cannot even walk you check the CD4 is 30 or 40 and then they start treatment but as you know when the patients is very week adherence is poor even the prognosis is poor most of them die, or you may see him in the ward admitted with a drip in his hand… while if he was coming to the follow up CD 4 check we could have started him in ART on time.

1. In your opinion what makes it difficult for a client to enter or join HIV care?

Just stigma and Ignorance as I said above… although to some who test in dispensaries and NGOs when you asking them why did you take so long to come for treatment they will say I was looking for money for transport but not many … but it happens

1. What makes it easier for a clients to enter HIV care?

Well I guess more education and increase the number of facilities offering especially CD4 test, most of the people here they delay due to CD4, is only this site with a working CD4 machine we receive patients from … (Neighbor region) even … from another country (this site is in the border to …) because this service is not available in their areas. Also the staff…. I tell you is too much work here like in this section we are only two if one is sick and is a clinic day like Monday when patients come for CD4 results and is also a day for ART initiation, there is no even time to eat, the whole place is full and you are alone, what do you expect?...

1. What do you think can be done to improve things at the site with regard to linkage and continuity in HV care?

Mmh! For me I just don’t know if there is a way of improving this here, we have been complaining of shortage for years…nothing is done… at times I wish to be transferred to another hospital. Also the space, this clinic is small, initially it was a dispensary , then it was upgraded to be health centre but the patients we receive and attend is more that big hospitals in the region. We attend about 100 HIV cases per day just in this small building with three rooms, the waiting area is small to fit all patients. I have not counted other patients at the OPD and the wards are always full, are no … is too much work here!

Int: Thank you very much sister for your time, Do you have any question for me or anything else to tell me

Res: No thank