**IDI-HCP-005**

Time start: 12.04

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

A. Facility /site operation

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

when they came, if their many I start with group counselling then one by one they inter the room for registration and tasting, if not many I call them in one by one I register them in our registration book. Then I do pre-test counselling as usual and prepare the client for result. Then take a test wait a test for few minutes I read the result and give a result as usual with post-test counselling

2. Is facility offering care and treatment services? If not where do you refer your clients for further management?

Yes, this facility is also a CTC site, so when I get reactive clients I refer them to my colleges in CTC unit,

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

I fill this referral letter and give it to the client to show it to CTC staff.

4. Are there official documents or guide lines /processes for referral at the site? No guidelines, if there is a new guideline, they normally take us for a training or seminar, where we are trained.

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

They are registered at the CTC book, and give CTC card and if patient came on the day for CD4 count test they can also check CD4 on the same day if they are luck, but if late they are given another date to come for CD4 checking.

6. How do you follow up clients after HIV positive result? Pre ART and also on ART?

I do not know if there is follow up because if their CD4 is low they are started on treatment with in ten to fourteen days later. And if CD4 is high, they follow up every three months, they are supposed to come at the clinic

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

I don’t know much, I’m not working in CTC. I only knows some of the things but not everything.

8. What doesn’t work well in follow up of clients?N/A

9. Are the clients who are reluctant to enter HIV care?

Yes but now a days is better most people are willing to go to CTC comparing to the past years when stigma was still high

(a) if yes, what do you think is a reason?

I guess is because of stigma but some may tell you no I don't want register today, I need some days to think and decide and you know I cannot force them.

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

Silence..... I guess people differ in ways of accepting problems, but also the problem in this site we are very few staff, patients need to wait for services for a very long time, because the same staff have to go in the wards to assist then come here again to work in the out-patients unit. For example on Wednesday when they come for treatment adherence classes we can only start with them after 12.00 after finishing other duties ... and they always complain.

Int: What makes it easier for client to enter HIV care?

I think may be every reactive client should be told to bring a treatment supporter whom the counsellor can explain to them the importance of his relative join into care because sometimes the client himself is confused he does not understand anything you tell him after result.

11. What do you think need to be done to improve things at the site with regards to linkage and continuity in HIV care?

I think... especially in this hospital there is a severe shortage of staff clients wait CTC services for hours before there is a nurse available to attend them; so I may advice to Increase the number of staff at the CTC – there are only one or two nurses and one doctor, if one of them is sick or on leave, patients wait up to 4 o'clock in the evening, waiting for services

Thank you so much for your time

End time 12.40 pm