**IDI-HCP-003**

Time start: 10:45

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. Also you are free to refrain from answering any question that you do not want to answer.

1. 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

People who come for VCT they are attended on the other side of this building, here we is a clinic that positive clients from that side are referred to come for CTC

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

Yes we offer both VCT and CTC services

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

The counsellor at the VCT will give a client a referral form the patient will bring to us

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

I’m not sure but here they always come with the referral form

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

When a person comes here we firs ask for the referral letter because even people from other NGOs and dispensaries in chunya they refer the patient to this hospital. Then after seeing the letter we register the patient in the main registration book so that has all patients register for HIV care and we give the patient a CTC-card that has a similar number to that one in the register, so that he can go with that card to any other CTC they will reorganize it that this patient is from chunya hospital.

Then from there the patient can go for CD4 test or if he is sick then he can go to see the doctor before going to the lab for CD4 just in case he may need other lab test they can be done together.

In this hospital we do CD4 tests on Tuesday, Wednesday, and Thursday and the patient will be told to come next Tuesday for results.

When thy come on Tuesday with the results, they go to the doctor for assessment whether they are eligible for ART, because as you know one may have high CD4 but they have opportunistic infections so those will need to be started in ART regardless of high CD4s

For those who are eligible for ART, we make sure they have attended treatment adherence classes before giving them the initial dose…. And those not eligible we give them an appoint for coming back after three months so that we can monitor them. Though most of the patient not eligible for ART in the beginning they do not come back for follow up… may be they think is not important to continue with clinic if you are not on ART.

1. How do you follow up clients after HIV positive results? Pre-ART and those on ART?

We have one HBC who follows patients but now is sort of ceasing because there is no money for the allowances, Water Reed still pays for one treatment expert like the one you saw at the waiting area giving education on treatment adherence and sometimes the counsellors at … they do some follow up of the clients tested at their site. However nowadays some patient have phones occasionally you may phone if it is necessary to get this patient at the clinic

1. Are there clients who are reluctant to enter HIV care? if yes, what do you thin is the reason?

… yes it happens but I think is just due to fear of stigma , they know that coming at the clinic full of people like this they can easily be seen by other people and they will start pointing fingers on them. But normally when they get seriously sick they just come…

Fac: In this area is Distance to CTC and transport problems.

About distance is true there only two hospital in this district that has CD4 machine for CD4 count check it is here and … mission hospital so people from all health facilities public and private all refer their patients to this hospital and transport in chunya is very high cost because of the poor roads

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

I think in this district if we get more hospitals offering HIV … I guess it will be easier for people to join HIV care. Because some patients come on the first day when they see these long the queue is they just despair attending clinic and we don’t see them again we don’t know if they go to other clinics or not

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

First the government should increase the number CTCs and secondly …district has a serious shortage of staff because many nurses and doctors do not want to work in … due to pure infrastructure, poor roads, poor networks even phone communication is sometimes difficult. Everyone wants to work in …town hospitals. For example todays is Tuesday is the day for ART initiation the clinic is overcrowded and there is only me as a doctor and three nurses to attend all these patient… we leave here going home at 4 or five in some days….

… and for the laboratory, we have also shortage of staff but the CD4 count machine is the major problem it is frequently broken may be due to being overs used… this leads to delay in management of patients

Okay thank you very much.

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End time: 11.20