191114\_1147\_CHV\_IDI\_Male

**I:** I’ m grateful for your coming. Maybe to start please tell me about your roles as the CHV. What are your roles?

**R:** My roles as CHV is to visit patients, when someone is suffering from any ailment I visit him at home. We normally have books called Refferal, so when one is sick we write that referral and send them to the health centre to see the clinician but sometimes they dont get the services when they come. So the patient will ask you why in he first place you wrote him the refferal. So we go back to the hospitals and ask why they give us those referrals and yet they are not helping the sick. So that is the main challenge, you can easily lose hope because the patients are not give services as required. Patients dont benefit from our hospital services at all. Someone can go to hospital today and he is asked who wrote for you this, and yet they know there is a CHV person in that area but for us we just help to ensure they come. Sometimes we force the patients to come and then they dont get any services and they go back home without being attended to.

**I:** And when he doesnt get the services, what do they normally say is the problem. Why dont they get the services.

**R:** You can come here sick and you told the medicine you are supposed to get is not there, so you are send to buy. So you see they dont receive that particular service. So he will see no need of the referral you wrote him. That is the challenge we get from our patients. The patients are not hard-headed so long as you visit them and explain to them.

Today i have visited about 4 patients who are diabetic to check on how they are doing because today i heard in the radio that it is World’s Diabetic day then i remembered and i decided to visit few of them [**I:** Who are those?] before i came here because i was called by Cyprian and i said i will not do anything else until i visit the patients. I went to their homes to see how they use their medicine and i told them they should adhere to taking the drugs without fail. I advice them not to wait until the injections are over. I tell them to use the balanced diet and to be exercing. Someone should exerice a bit even if he is old. We teach them and they appreciate that we are teaching them well.

Another one is the TB disease. We normally make follow up on TB and the government ensures the medicines are available in the hospitals all the time. They never run out of stock. Its just that our patients dont go to get the drugs, they sometimes skip or if they feel that they are getting better they dont go to get them. But I normally follow up with them and ensure they have taken the drugs from when they last took. There is a list there and we know from which village they come from. Am the Chairman of the Kirindara CU and i would call one of my colleagues and inform him about a patient who has not been going to get medicine. We follow up until he comes and take the medicine, the medicine is always available others can run out of stock but the TB one is always available.

**I:** You have said you are the Chairman of the CHU. How many households do you visit in your CHU.

**R:** Am a CHV in a certain village but in the whole area (villages) am the chairman. You know every village has a CHV and like my area is called Irindie, there is another called Ntobune that is for other. So in all these villages of Kirindara we are told they must have a Chairman to oversee if the work is going on well and patients are attended to. So I ensure that talk to my colleagues on how to go about it. You know people must have a leader, to mitigate disease spreading.

**I:** You are the Chairman and I was how many households are you in charge with.

**R:** Am incharge of 168 households in my area.

**I:** Which year did you start the CHV work?

**R:** I think I started in 2012

**I:** So this is almost the 7th year

**R:** Eeh

**I:** You talked about your services to the TB, I wish to know how many CHVs are there in your CHU

**R:** CHV 24

**I:** 24. Ok

**R:** But those who are active are only 18. 18 are those who are very active.

**I:** What happened to the 6.

**R:** Those 6 are not stable. They are on and off. The 18 know their work but the 6 are not keen.

**I:** What do they say is the problem? Why don’t they come?

**R:** When you make a follow up they tell you that they thought they had gotten better and saw no need of going to work.

**I:** No am talking about the 6, you are say they are not keen.

**R:** Its because we don’t have money for going round. So most of the time I give out of my pocket like Ksh. 500 to facilitate them to see the patients.

**I:** You give CHV?

**R:** Yes I tell him there is a patient somewhere who bedridden go and visit him. so we spend and it is not the governments money it is mine, for I just want people to be healthy.

**I:** About the expenses, its been seven years since you started this work, is there a time the government has given you money to support you.

**R:** There is no they have given us to support our work but we have heard we may get something from the county government. Atleast something, even just for card, because we really struggle to make call to ensure that our people are healthy.

**I:** Even just for buying airtime.

**R:** Just to buy airtime. I have heard a rumour that the Governor will be paying us Ksh. 2000 every month. The other thing we benefit as CHV is through Immunization programs, during those programs we are given a chance. If one goes for this Immuniziation another person will go for the next program. Even if it is Ksh. 500/- its something.

**I:** Are involved in immunization programs for polio, do you assist-

**R:** Immunization programmes like those ones

**I:** I wish to know about TB, when you visit households,what steps do you take about TB, what do you there?

**R:** In my area I have 12 people with TB who are taking medicine. We advice them to take drugs as prescribed by the doctors and not to lose them and also to ensure they go for more when they get finished. I follow up even with the Docor and he will tell me that your patient came, your people have been coming. But sometimes our patients are stubborn, when they take medicine and they feel better, they tell you it is not a must they finish the medicine. But we tell them they have to take them and also eat wel for them to recover. You know in our area here food is plenty it is not badly off.

**I:** How do you know that someone in a particular household has TB?

**R:** All I know is that we have a list here that we use to make follow up and know who comes from which area and then the other list will help us know a particular person has TB. Someone becomes weak and coughs. And because we have been taught about TB, I would tell him that he has been coughing and taking medicine for many months and he is not getting any better, so I advice him and we the doctor. I write a referral and tell him to go to the doctor and tell him that he has been coughing for almost 3 months and taking medicine. Upon testing he will be found with TB direct, so that makes us know.

**I:** Sometimes when you make visits to the household, do you get people who are coughing or have breathing problems and then you send them to hospitals. When thy go to hospital the doctor tells them you are coughing or you have breathing problems but you don’t have TB.

**R:** I have found 2 patients like those ones in my area with difficulty in breathing and I even wrote a referral for them and came with him here and made a follow up until he was told that though he was being treated for TB, it was not. I don’t usualy know the type of drugs they are given, you know you cant ask the doctor. It is now between the doctor and the patient who know whats making him have difficuly in breathing.

**I:** But when its TB, that is when you make follow up.

**R:** TB is what we make follow ups mostly because it is widespread

**I:** And when you are making visits in your area, do you encounter those with Asthma.

**R:** In my area they are there, sometimes I take them to hospital. You know this one if there are no drugs then there is no life, there are those who are given, in my area there are two who are given this one for [**I:** Spray] until [**I:** you spray, the inhaler]

**I:** Sasa Nowlike those ones when you bring them to5 hospital, the doctor-

**R:** We tell them since we are using our health centres we can not take them to [unclear 0:15:four1] because we don’t have money we just bring them here. I normally tell them the drugs prescribed are the ones they normally use, they just told to go and buy them because they are not available there. Like those for-, where do you get them, if they are over you cant get them.

**I:** So they are told to go and buy

**R:** They go to buy

**I:** How much does it cost

**R:** Like Ksh. 2000 and something

**I:** And now such people, when they buy, what advice as CHV do you get from the doctors on how to support them

**R:** what we are normally told is to support them and tell them to follow up the doctors instructions and they should avoid cold. They should avoid cold. They norally dress warmly.

**I:** Have you ever received a phonecall from the hospital about an asthma patient who the hospital think is from your area while you are going about your own duties.

**R:** I have never received such phone calls but I bring reports to the doctors here about such cases but even if you bring they don’t get medicine. Because the patient is given a prescription and they just go and buy outside.

**I:** And about the asthma symptoms, how do you know someone has the asthma symptoms.

ROn my part I will know if someone has difficulty in breathing, you know if someone has difficulty in breathing he can even fall down. Like there was one I assisted who had difficulty in breathing and from there he fell down. When we went to the hospital he was tested and found to have asthma. He fell when we were with him, when I went to ask about it, I was told it asthma

**I:** How was he assisted?

**R:** We assisted him to hospital. He was given medicine by the doctors and he started breathing well and it was found to be asthma.

**I:** And when it was discovered it was asthma, what systems were put in place to ensure that he continued with treatment.

**R:** I as the CHV I ensure that I have advised him to to see the doctor every month and to ensure that he has medicine all the time, he should not wait for it to get finished.

**I:** It should not get finished?

**R:** I advice him that is he should not wait for it to get finished. I think I have like 5, 6 seven who are suffering from this illiness and they use that medicine.

**I:** I know that you make followups of the patients. How do you find patients with asthma, how do they adhere to instructions when you tell them do this and this.

**R:** The asthmatic people are not problematic because they know they have to use the medicine. Because if they don’t use they can die. They use it well, they are not stubborn. They used the medicine because if you they don’t they will have a congested chest and they can die. You know when you congest you feel pain. Another thing I have observed is that, it can even affect 5 people from the same family. Imagine one family. The 5 in my area belong to one family. Others you find 2 people in one family. It is not infectious, its like genetic diseases.

**I:**And in this community, how do people envisage asthma

**R:** From what I hear from peope, people fear disease that is infectious but asthma is not an infectious disease. People say it is not infectious but they fear TB and you can see people moving away because of fear. But an asthmatic patient they don’t run away from him. they run away from those with TB. And where we seat at the canteen, if someone has TB, people will avoid him but an asthma person, people will interact with easily because it is not infectious.

**I:** What kind of communication do you have between you and CHEW when you refer someone to the hospital.

**R:** **When I refer someone to our health centre like this one in Kwatangare [I: health centre] when someone has a problem and they make a call to one of my people they are told there is no medicine. You see like Cyprian we are with them on the ground, so even if you inform him he wont assist. He can not assist at all.)**

**I:** There is a time we arranged to have CHV desk outside there so that when the patients came they would identify themselves as having been send by the CHV to get services. But we realized it was hard to maintain that without peope having lunch. So we decided just to be sending them to be given services straight away because wehad no other way.

**I:** So if there was lunch support…

**R:** we would work well

**I:** So that CHV who is at the hospital-

**R:** The one we are wit on the ground

**I:** So on the ground, is the CHEw or it is just the CHVs like you

**R:** No, the one who normally gives out medicine is the CHEW. So what we planned, we were planning as one CHV to have a desk outside [**I:** In the hospital] in the hospital. To be known by the doctors. So when I sit out here, I cant know all.

**I:** So it was for you to send a patient to that desk-

**R:** At that desk he can really help because he will be well known

**I:** In which way does he help?

**R:** This is how he will help. He will take the patient to the doctor and tell him he has been send by the CHV to be helped. So those we send they normally go with the referral for that reason. So others ask why didn’t they give you medicine. Imagine the doctor asking this and am just a someone helping, tell what will I do. Why did they write a referral without giving you medicine. Imagine if I hear that will start losing hope. So that is the problem, when they are in the area they talk about you. They say he refused to give us medicine, he wrote and refused to give the medicine.

**I:** So the patient recognize you on the ground but when you come to the hospital you are not recognized.

**R:** At the hospital am not recognized but on the ground, in the households I am recognized as village doctors but at the hospital we are nobodies. Because we are not recognized. So if the doctor asks, why didn’t he give you medicine, why did he write this. You see now.

**I:** Problems like those ones, which steps have been taken to solve them.

**R:** Our role is to bring them to our CHEWs who are on the ground and they try to solve and if is solved now that is where there is a problem. Even if we help people on the ground, they are not helped here. Our doctors like Cyprian are on the ground, and they try to help but its not possible. Because sometimes you encounter people who are harsh and we decide to keep quiet.

**I:** You have mentioned these challenges but I wish to know especially when you send someone to the hospital, you send him with the card, and the referral note, how will you know that your patient has been attended to.

**R:** My work as a CHV is to follow up whether the patient got medicine. Like today I sent 3 patients and I went to the wards to find out if they got medicine.

**I:** You ask the patients?

**R:** My patients I send. I follow up to know whether they got or they didn’t. They are told there is no medicine they should go and buy. So if you are told to go and buy, I only did what I could. They should not stay home when they are sick. That’s where I help because I don’t have the means of buying them drugs. You know you can go there and be prescribed for very expensive medicine like for 3 weeks. Can you afford that, for me I cant. I just tell them to try and buy. It is good to be healthy.

IThank you. And on your part when you get patients with difficulty in breathing, for example we have talked about asthma, you have found someone suffering from difficulty in breathing, he has been given medicine. What kind of support do the patients receive in their households.

RLike in the community am incharge, there are youth who only go when the medicine is finished, they go to buy. Others don’t have the ability to buy, I just tell them to go and try they maybe able to get. They keep on coming to check all the time to see if they can get. They have congested chest and there are no drugs and that is dangerous.

**I:** They found in the hospital

**R:**It is not there...

**I:** The unavailability of drugs in the hospital for how long does it happen.

**R:** You cannot get the expensive drugs…

**I:** A part from peoplebeing send to buy drugs for themselves, do you know other illinesses that have patient support groups. Do you know of illinesses that have patient support groups?

**R:** Like the diabetes diseases [**I:** diabetes] diabetes, High blood pressure and, I have said high blood pressure[**I:** Diabetes] those are the ones that have I teach them to have support group. They should encourage each other.

**I:** Apart from encouraging each other, what else do they help each other. You have said they give each other encouragement.

**R:** I have taught them not to share medicine. They should use their own medicine and not share even if it gets finished. The diseases like diabetes differ from person to another, there is one that the sugars will rise and the other the sugar will drop, so they should not share thinking the diseases is the same. I teach them and tell them to teach amongst themselves.

**I:** Everyone to use his or her own disease

**R:** That is what I try to teach them.

**I:** Now apart from TB, are there groups for illinesses like Asthma in the communities.

**R:** I have not been taught that asthmatic people should have groups. But what I have been taught, I have passed on to them.

**I:** So are there groups in the area like those ones?

**R:** There are no groups for asthma.

**I:** Like for example, the time you were working and referred a patient here to Laare.

**R:** Even cancer groups, we arrange…

**I:** There is cancer group

**R:** Group ya cancer

**I:** Thanks for that. Sometimes you may refer a patient to Laare but the patient decides to go to another hospital, have you encounter such situations?

**R:** First there are those who don’t like going to the health centre because they know that they may not get the medicine, so they would rather look for money and go to where they get all the services including medicine. There are some you write a referral form to come hear to the health centre to get medicine. But they will just put it in the pocket. When you ask them later on they will tell you they were attended to and they have drugs. So I tell them so long as they have medicine and follow instructions its fine, it is not a must they go to the health centre.

**I:** A part from not getting the services they need and going to other places, is there any other reason that makes decide to go to different place from Laare?

**R:** Sometimes they complain that they are talked to harshly by the doctors who work there. Others tell you they wont go because they know they wont get medicine. So you just tell him it is ok, if you have money just go where you can be attended to.

**I:** So you just encourage them to visit any hospital to get medical services

**R:** Eeh

**I:** In the community, you know sometimes paying for the hospital expenses is very expensive. Which strategy does the community use so that when they go to the hospital they get medical services.

**R:** In the village am in charge of the village like Kirindara. We had so many CHVs, I have tried to tell people to pay for the card to assist in paying hospital bill

**I:** Ni gani hio sasa?

**R:** It is called NHIF

**I:** Ooh NHIF

**R:** I have advised them to be pay a little amount to enable them get medical services.

**I:** And how do you find the response of the community in joining the NHIF.

**R:** They have tried to join but there are complains, if it is outpatient, they go and maybe they are given ksh. 3000/-, they are told their card cant cover Ksh. 3000/-. They are told the card can only cover upto Ksh. 400/-, so they are told that maybe they can be given medicine worth Ksh. 400/- and not more than that. So that is a challenge. So they say maybe they get admitted and then the card will pay everything even if it is Ksh. 4000/- or Ksh. 3000/-. So that is not right.

**I:** Apart from that what other challenge do you hear people complain about NHIF.

**R:** That is the only challenge. For outpatient.

**I:** Have you ever received a phone call from doctors in Mutuati or Maua or any other hospital informing you that there is a patient there from your area.

**R:** No they have never called. Its me who goes there to check the list of TB to see whether there is anyone I know has gone. There are those with TB who don’t like going to places they are known so they go to places like Mutuati, but I normally go there to check if the names of those from my area have visited there and I come and note. And there is a doctor who deals with the issue of TB, we tell him if he sees anyone from area to contact me and even those who are HIV we make follow ups to ensure they take drugs

**I:** So for you as CHV, which training have you received concerning your work.

**R:** I have gone for so many trainings, like for TB I have gone, for Diabets, High blood pressure, cancer, all that I have gone for training but I have never gone for one of Asthma, I have not been trained on it.

**I:** Where do you go for the trainings.

**R:** There are those I go to Maua. Others I receive training through the phone for example for cancer, [**I:** someone calls you] we are given appointments and talk on the phone. We try to chat with them and we talk on the phone what you have learnt. They write to you on how to take care of that sick and how to feed them.

**I:** I see it is written Palliative Meru.

**R:** Palliative care is taking care of someone who is very sick like being diabetic. So we continue like that.

**I:** Who supports it

**R:** Its AMREF which pays for us. We get a free chance and also learning is free.

**I:** So you get those messages.

**R:** For my colleagues who are in the group, we are 50, we are trained and then the computer is able to pick out those who have trained further than the rest. Like see here, this shows you those who have trained more, like am one of them, Silas Maore.

**I:** Silas is you, congratulation the top performers. So T129, this is a certain course. Therefore, which course is this, if it is palliative care, what else have yu learnt.

**R:** For us that has worked well, ours is to ensure our peoples health is upto point in our communites and households. Even if you have your own issues, but when you help eradicate disease in your area you are also helping yourself. That is why we benefit from those trainings. I have tried to fight disease in my area because if I don’t fight it , I will also be affected.

**I:** What else is going on well?

RWhat has gone well when CHV are in the area, diseases doesn’t spread very much. For example if there is an outbreak of diarrhea, when the CHV is there, it will not kill a lot of people. You know if people don’t have someone who can guide them like myself you can easily perish all. So when we are there we really help because we have been taught how to prevent it.

**I:** What are the experiences in your work as CHV?

**R:** The challenges we have is for example, you are told there is a patient somewhere, so you have to go there on foot to see that patient. For example am called by everyone in the community because I work every where in Kirindara I don’t choose where to work. If am told there are people who are bedridden in a certain household, I will use my money to go and see and I found there were those who had been attacked with , this that attacks fingers and toes.

**I:** Jiggers

**R:** Jiggers. Someone cant go out. When I was called I came to see the doctor and I told him in that community people were not coming out, we went with the CHEW, these people are with us on the ground, we called them at once and went with the medicine for jiggers. We treated those people, it was not one person, they were like one family. Right now all of them can walk. So the main challenge is using our own money to help others.

**I:** What are other challenges.

**R:** Another challenge is when you send a patient to a facility and they don’t get services. You see if someone comes back without medicine, then we look like useless people. They say you send us and told us we will get medicine and we didn’t. So if you are community doctor you are looked down upon and yet I was serious when sending them there.

That is the challenge we face and all we say is God will pay us. Because when you get a patient somewhere you run there and help him so that he does not spread the disease to others. You use your own money to help the them and leave it to God to pay you. Because God is the one who will pay me because I have lacked even one day to have money to help the sick.

**I:** How many times in a month do you bring reports every month.

**R:** We bring reports once a month, like in our Kirindara CHU we bring them every Tuesday of the end month. We bring reports on how the communities are faring, like how many people are supposed to dig latrines, how many have dug and how many have build you right all that. Like how many kitchen gardens have you told them to make during this rainy season. We may write that we have told people to make 10 kitchen gardens. So you write the report and bring it here.

**I:** On your part you bring the reports, now you as CHV how do you know that the reports you have brought here have been acted upon by the county government to the bring changes in the community.

**R:** That is a very big challenge. We give CHEW the reports and they never tell us anything like how many toilets have been built but if the CHEWs will tell us and we wil know how far we have gone. We will also know how many TB people we have attended to to a particular month. We need to know if the reports we bring are good. We need to know like how many has Nkando brought, how many TB cases have they dealt with. But for us we bring and we don’t know what we have brought. But it would have been good if we knew Igembe North as a whole, where we have with dealing with TB. Where have reached with Cancer. It is good to know so that we know we are also working.

**I:** In the community there are different types of groups, you may find religious groups, like churches coming together to do something, there groups for mothers. There are groups for youth in the community. In the areas. You as CHV are there groups in the communities that you work together.

**R:** I as the CHV in this area, every morning, because I know my groups are meet a certain day, I go and teach them handwashing and how it is supposed to be. It is a must to have a washing facility so that when people come out of the toilet they wash their hands. I teach them exactly how to do it, just not taking water and doing this.

I have also announced to them that on 20th and 21st there will be cancer screening. Even last Sunday I announced that in the churches. I told them about cancer screening in Maua, Nyambene Hospital on 20 and 21st because I know going for cancer screening early is very important. So we go and teach them in groups. So even if you don’t go to all households, atleast you know you have taught them in the community meetings. I tell them to wash hands after visiting the toilet. We just tell them to buy a drum put a tap and look for clean water for washing hands.

**I:** Thank you. As we finish, I would like to know, you as a CHV and also the Chairman to the CHV’s what do you wish should be done to improve your services in the community.

**R:** As the Chairman of Kirindara CHU, I pray that if it was possible we be supported, they give us atleast a salary.

**I:** What do you feel will be enough

**R:** If we can be given Ksh. 20,000/- then we can fight disease effectively. You see sometimes it is like you push the CHV’s to go and visit visitors, it is like you force them. But if they get some salary they can be motivated and we will eradicate al the disease in the community

**I:** apart from the salary, what else do you think should happen?

**R:**Even if we are not given salary, they can support us with money for transport and to buy cards like Ksh. 5000/-. If we get ksh. 5000/- every month, we can fight these diseases.

**I:** Which card support.

**R:** Credit card for calling. It is good to inform each other. We use our credit a lot. Like you are told come and help this person to hospital he is dying here. Some like that.

**I:** And the last question, you have said you are a chairman here, is the position rotational, like if you a chairman for a certain period of time and then they elect another or how is it done.

**R:** We started this program in 2014 [**I:** 2014 is when you started as CHV] that is when we started, I was elected as chairman when we started. Kirindara has 38 villages and all I want is for it to be stable, so that when you to home you find a kitchen garden, hand washing facilities to be there so that after a short time or a few years things will be stable in Kirindara. Every household has a toilet. There is no household that doesn’t have a toilet, all households have toilets.

**I:** So Mr Silas, I want to thank you for taking your time to come and talk to us. I have learnt a lot on how you work here, I have learnt on how you help the community. I have learnt about the challenges you face in the hospital and also in the community and such information is what we need to take those who make polices. When they get them they will know what is happening to the community and know how to help.

I have also promised that we will come next year and give feedback, so that you also know that in places like Mituguu what happens. What is happening in Kanyakine. So it will help you to know in certain places they are doing this and this and so on and try to emulate them. So am grateful for your time we shall continue communicating and if you have any question just feel free to any time. Thank you.