**CHV\_IDI\_1\_Male\_**

**46:55 mins**

**I:** So tunaanza, jinsi nimekueleza mimi natoka Kemri tuko Meru County kwa uchunguzi wa magonjwa ya wenye wako na shida ya mapafu, kifua na pia kuongea na madaktari na pia vile mmeona pia kuongea na nyinyi kama CHV’s Community health volunteers. Kwanza ningependa nijue, wewe ni wa sehemu gani?*(Lets start. I am from KEMRI, we are In Meru County for Research on people suffering from Respiratory and chest conditions and to talk to Doctors and and also to talk to you people CHV’s Community Health Volunteers. First I would like to know, where do you come from)*

**R:** Mimi ni wa [Unclear: 0.039] *( I am from....)*

**I:** Kwanza ningetaka kujua kwa hio sublocation yenu mko wangapi? *( I would like to know how many are you in your sublocation)*

**R:** Kwa ujumla *( In total)*

**I:** Nyinyi CHV pekee yao *(Only CHV)*

**R:** Tuko 27 *(We are 27)*

**I:** Na kwa hao 27 kila mtu ako na nyumba kama ngapi ambazo anafanya ama mmegawanyaje? *(And in those 27 units how many units are under each person or how have you divided amongst yourself)*

**R:** Kuna vile kwa kijiji, kuna vile tumegawanya, kila mtu anakuwa na village yake, village yake. Kama yangu ni Mrume. *(In every village, there is a way we have been divided, everyone has his/her village. Like mine is called Mrume)*

**I:** So kila kijiji inakuwa na CHV mmoja. *(So every Village has one CHV?)*

**R:** Inakuwa na CHV mmoja *( It has one CHV)*

**I:** Unaweza nieleza kidogo tu baadhi ya kazi ambazo *(phone ringing ).* Kwanza nielezee kuhusu kazi ambazo nyinyi hufanyi baadhi ya kazi zenyu mkiwa huko kwa kijiji kama CHV*.(Please tell me about the roles that (phone rings). First te*ll me about which roles you perform when you are in the vilalge as CHV)

**R:** Kama CHV tukiwa kwa kijiji kwanza tulianzia na kufunza watu about the staple food [**I:** Staple food] *(As CHV, first in the village we started by teaching people about staple food)*

**I:** Mliwafunza ( What did you teach them?)

**R:** Kuanzia vile wanapaswa kutumia vile vitu vya kutoka shambani, si kuuza maragwe kuenda kunulilia watoto mchele ama mkate. Kama ni breakfast unaenda unauza mayai unanunua mandazi. Tuliwafunza ati mtoto akila yai moja imeshinda kila kitu iwe ni mkate ama mandazi. Halafu tukawafunza tena, tunawafunza mambo ya handwashing ili kukinga maradhi ya tumbo. Tunawafunzwa vile mikono inapaswa kuoshwa ukitoka kwa choo. Tunawaambia waweke handwashing facility kwa nyumbani hapo [**I:** Kwa kila boma] eeh kwa kila boma iwe na handwashing facility. Halafu tunawafunza mambo ya wamama wajawazito, huwa wakienda tunaita hii kliniki ya [**I:** Kliniki zao hizi ANC] tunawafunza waende kliniki wajifunze mambo ya birth plan si wanakaa hapo lakini wakati ule watoto wakifika waanze kuendanga ati wanatafuta transport wapi, ati nitaenda health facility. Sasa tunawaambia how they plan, unajua kama ni [Unclear: 0.03:13-31](*We started by teaching them to use what they harvest from their shamba and not to sell. Like they would sell eggs to buy mandazi for breakfast. We also taught them handwashing to prevent diarrhoea diseases. We teach them to wash hands after visiting the toilet. We also tell them to have handwashing facilities in the house [****I:*** *In each household] yes every household should have a handwashing facility. We also taught them about maternity services, they normally go to this clinic that is called [****I:*** *ANC] we teach them to go for their clinics to learn about birth plan and not wait when the child is due is when they start looking for transport or the health facility. So we tell them to plan ...)*

**I:** Sasa hio mnaambia nini watu ( So on that what do you tell them)

**R:** Hio ndio tuna-, watu wakiwa kwa baraza tunawafunza haya mambo yakiwa pamoja*.(Thats what we-, we teach people these things in barazas)*

**I:** Na hio Community dialogue mnakuwa nayo baada ya muda gani*.( You have community dialogue after how long)*

**R:** Hata baada ya mwezi ama tunapata opportunity tu unaweza kuta siku akiwa na mkutano, so unaongeleanga hio opportunity unaendelea kuwafunza ukiwa unatumia nafasi ya hio mkutano yao, pia unatumia hio wakati ku-, kwa sababu kwa nyumba si unaenda unakuta hakuna mkutano. Kuna nyumba unataka kusema ooh, mambo fulani lakini unakuta hakuna mtu lakini unaweza mkuta kwa hii mkutano kwa sababu ataitikia umuhimu wakuja kwa hio mkutano. *(Even after a month or if we get an opportunity like when they are meetings you take that opportunity and continue teaching them, you also use that time to-, because you can go in their household and not be able to meet them. You may go to the house and want to teach them on certain issues and you find there is no one but in these meetings you may find them because they heed the importance of coming to these community meetings)*

Na tena mambo ya usafi ndio tunafuatilia sana. Kila boma iko na choo, kuwe na choo kwa boma. Si lazima ziwe [**I:** Permanent kabisa] eeh, tunasema lazima tuwe na choo ata iwe imejengwa kwa magunia bora iwe ni sawa inatumika*.( We follow the issue of cleanileness keenly. Every household a toilet, there should be a toilet in the home. Its not a must they are permanent. We insist on toilets even if they are built using sacks so long us they can be used.)*

**I:** So kitu ile mnashugulika nayo sana bora ikuwe ni pit. Shimo imechimbwa kuenda chini, imefunikwa juu. (*So what you are concerned with is that so long as it is a pit. That a hole is dug and it is covered on the outside.)*

**R:** Na inatumika na iwe na usafi. Kwa sababu sio wote wanaafford hii ya kisasa. Mwenye anaafford hio tunamfunza vile ataijenga na pia kama anaweza kuweka slab na i we na pipe na hii upande wa nyuma, maybe imefunikwa juu na kanet na ipakwe rangi ya black , ndipo nzi zikiingia ndani, zikitokea kwa ile pipe lazima zitachomwa kwa sababu hazitaweza kutoka nje [**I:** Zitachomewa] zitachomewa pale kwa sababu ya ile black*. (It should be usable and clean. Not all of them can afford the modern ones. Those who can afford we teach them how to build and put slab and pipe behind, and then maybe it is covered with a net that is painted black, so that when flies enter inside the they will not be able to come and in that process they will burn because of the black paint. )*

**I:** Hio ndio improved ama hio ni ile ya kawaida. Ile inaitwa Ventilated Improved Toilets*. (Are those the improved ones or the normal ones. They are called Ventilated Improved Toilets)*

**R:** Mmh

**I:** Ningependa kidogo nielewe unajua nini kuhusu, unajua magonjwa ya kifua zozote ama mapafu*.( I wish to know , what you know about the Respiratory and lung diseases)*

**R:** Najua mambo ya TB*.( I know about TB)*

**I:** Umefundishwa kuhusu? *( Were you trained on it)*

**R:** Tulifundishwa mtu akikohoa , kama wiki mbili tunamrefer tu kwa health facility ndio anapimwa kama unapiwa hio kifua kikuu. Unajue naye tunamfuatilia mpaka anakula dawa anamaliza dose. So wakipotea tunawatrace*.( we taught that if someone coughs for atleast 2 weeks we refer that person to the health facility so that he can be tested for TB. We also do follow ups to ensure they finish the given dose. When they get lost we trace them.)*

**I:** So hawa watu wa TB mnawatambuaje, nini haswa ambayo-, mmefundishwa , mlienda training mkafundishwa? *( So how do you identify those infected with TB, were taught during the training?*

**R:** Tulifundishwa. Tuliambiwa ya kwanza , ukikohoa zaidi ya wiki mbili, unaona mtu mwili umelegea halafu kuwa na joto nyingi usiku hizo ndizo... *(We were taught, first we were told, if one coughs for more than 2 weeks and then someone becoming emaciated and having high fevers at night, those are the...)*

**I:** Ni vizuri, hizi shida, wakati ambao unatembea tu kawaida jijini ukiwa na shughuli zako ama unaenda kwa kila boma, kila wakati, kila wakati ukichunguza kama kuna mtu ako na shida. Kazi yenu mnaifanyaje, ni wakati gani unajua huu ndio wakati wangu wa kufanya kazi, huu si wakati wangu wa kufanya kazi. *(Do you identify these problems when you are having your normal rounds in the community or you just go to every household to find out if there is any problem. How do you perform your roles, when do you know you are supposed to start start and when to stop.)*

**R:** Vile tunafanya kazi unajua sisi tunaitwa volunteer, tunaweza kosa hata hio lunch kama ukikoconcentrate kwa kazi sana unajua kwa boma yako watakuwa wanasema, sababu ni kazi tumevolunteer, hakuna transport kama unasema, hakuna hata lunch hizo zote. Sijui vile tunapatanga nini, ni volunteer tu, sasa hio ndio sababu moja unaweza sema, unafanya kazi kutoka Monday mpaka Friday, unajipeana tu kwa masaa machache, tuseme kama leo tunaweza peana kutoka kama ni asubuhi saa mbili mpaka saa sita, unaenda kwa boma kama mbili tatu nne tano ile utaweza. Ikifika saa saba naenda na mimi kujitafutia . *( For us we are called volunteers, we can go without lunch when you concentrate alot of the work. There is no transport and no lunch at all. We work from Monday to Friday for a few hours, for example we can work during the morning hours like 8.00 am to 12.00pm and then at 1.00 oclock we also go to do our owns work.)*

**I:** Unajifanyia shughuli yako *( You do your own stuff?)*

**R:** Eeh *(Yes)*

**I:** Saa ile umepata hawa wagonjwa, unapata anakohoa, labda anakohoa kwa muda fulani. Wewe umeona kweli huyu anafaa umerefer kuna chochote ambacho unamwandikia au unafanyaje. *( When you get the patients coughing and maybe that patient has coughed for a while. When you refer that person do ou write anything or what do you do?)*

**R:** Kuna referral nini, tunakuwanga na hii referral book. *(There is a referral book)*

**I:** Uko na referral book. Hii referral book mlipewa hospitali.*( You have the referral book. Are you given this referral book in the hospital)*

**R:** Ndio *(Yes)*

**I:** Hio kitabu iko na nini na nini imeandikwa. Karatasi ambayo unampatia basically imeandikwa nini na nini, ni details gani zake zenye umeandika hapo ndani? *( What does that book entail. What do you write on that piece of paper you give him, which details are written there)*

**R:** Imeandikwa [**I:** Jina yake] Jina la mtu mwenye amemrefer na jina lako wewe mwenye umerefer na unamrefer kwa sababu gani? Yaani afanyiwe huduma gani, kama umempata akiwa [Unclear: 0:8:54] TB, unaandika ati , umcheki, umwangalia kama dalili za [**I:** TB] eeh kama unakuta ako na the [unclear 0:9:07] trachoma, kama ni macho unaona huyu mtu macho yake si mzuri unaandika kwa ile karatasi naye atakuja nayo hata kama ni mtu hajui kujielezea daktari atajua straight huyu mtu alikuwa referred kwa sababu ya hio.*( It is written [****I:*** *name] the name of the person being referred and the person who is referring and for what reasons. That he should be treated if you find him with symptoms of TB or trachoma . If he is having sick eyes you write on that piece of paper, he will come with it even if he doesnt know how to explain himself the doctor will know)*

**I:** So hio kitabu mnapewa hospitali wakati ambao unachaguliwa, unajitolea kuwa CHV. So ikiisha unarudi unachukua ingine.*( That book you are given by the hospitals when you have been chosen or volunteered as CHV? When it gets filled up do you go for another one.)*

**R:** Eeh unachukuwa ingine *( Yes you take another one)*

**I:** So hio unaandika magonjwa zote ama *( So that one you write all the illinesses.)*

**R:** Magonjwa zote za mtu yule, vile utakuta mtu. Unaweza kuta mtu hata ako na mtoto kwa nyumba na hajawahi kumleta kwa adungwe zile sindano za kliniki, unamrefer tu. Kuna wenye hawajui umuhimu wa hizo sindano.*(All the illineses he is suffering from. You can get someone has a child in the house and that child has not been immunised, you just refer. There are those who dont know the importance of those injections)*

**I:** So hao watu wa TB tuseme umeshampata, unamweleza pia hospitali ambayo tuseme sasa tuongee juu ya watu ambao wako na shida ya kifua, umesema, tuongee kidogo, umeongea juu ya watu wa TB, wakati ambao unampata, unamtuma, unamwambia uende hospitali umpatie referral na wewe ndiye unamchagulia hospitali ambayo ataenda ama mgonjwa mwenyewe anachagua.*(Lets talk about those with chest diseases, lets talk about people with TB, when you find them and refer them to the hospital, are you the one who chooses for them the facility or they choose for themselves.)*

**R:** Unamchagulia *( You choose for him)*

**I:** Unamchagulia [**R:** Eeh] Wewe [**R:** Eeh] aha *( You choose for the person?)*(**R:** Yes)

**R:** Kama mimi najua kwa hii area yangu facility ile iko karibu na mimi ni Theological centre iko karibu na mimi, sa sitaambia mgonjwa aende Mutuati na anaweza kuwa hana gharama na mimi hata ndio nitamfuatilia nijue kama alikuja ama hakukuja niende nimtafute tena. Sa namleta ile iko karibu. Ndio asione ugumu wa kuenda na mimi pia nisiwe na ugumu wa kumtafuta. *(Like mysef, i know the nearest facilty is the Theological Centre, so i will not tell the patient to go to Mutuati and maybe he doesnt have fare and also i will be able to make a follow up to know whether he visited the centre or not and if not i will look for him. So i bring them to the nearest place so that they dont find it difficult to go there)*

**I:** Magonjwa zingine za kifua ambazo wewe, nyinyi hukutana nazo, kuna zingine?*( Other diseases that you encounter ?)*

**R:** Sasa zingine ni kama asthma tu. *( Another one is like Asthma)*

**I:** Kuna cases za asthma ambazo unakutana nazo. *(Are there cases of Asthma that you have encountered.)*

**R:** Eeh (Yes)

**I:** Utanieleza kidogo. Kuna wowote ambao unajua wako na asthma kwa kijiji. *( Please explain to me, are any patients that you know in the community)*

**R:** Saa hizi hakuna *( Right now there is none)*

**I:** Kuna wakati ambao ushakutana nao. *( Is there a time you have encountered them)*

**R:** Nishakutana na mmoja, baridi imesemekana, baridi imekuwa mingi kwa mwili lakini ika kaa kama asthma imefungana, mtu amefungana kabisa. Ni kama baridi ilikuwa mingi kwa mwili. *( I met one, he said he was feeling cold and was having difficult in breathing)*

**I:** Mmefundishwa kuhusu asthma pia ama ni TB kidogo yenye mulielezwa jinsi ya kufanya ama pia hizi ugonjwa zingine za kifua za kifua mko na ...*( Were you trained on Asthma or its only TB you were told on how to handle or also other diseases.*

**R:** Za TB tu ndizo tumepata inakuja.......referral kwa sababu hio ndio ilikuwa [unclear 0: 11:58] ni kama hizo za asthma si ......*(Only trainings for TB)*

**I:** Na kama hio asthma yenye umesema wakati fulani uliwahi kutana nao, ulijuaje, ulijuaje huyo ako na asthma .*( You said you once met someone with Asthma, how did you know he had asthma)*

**R:** Ni vile alikuwa anafungana, sasa mimi nikafikiri ni asthma. Nikamrefer ikasemekana si asthma. Si asthma mtu anafungana, anashinda anafungana?(It is the way he blocked and i thought it was asthma*. I referred him and it was not asthma. I thought as asthma people are blocked****(lack for a better word)*** *)*

**I:** Unajua, nitaka bado tukiendelea kuongea kuhusu kifua, kukohoa unaelewa kwamba mara nyingi hawa wagonjwa ambao mko nao kwa kijiji ambao hukohoa, unaona ako na kikohozi zaidi ya wiki mbili vile umesema, umwandikia referral aende atibiwe TB, aende achekiwe TB kwa wakati ambao anafika hospitali halafu anapata ..........anatibiwa anamaliza, huyu mgonjwa hurudi kwako kukuona wewe kwanza ama nyinyi hufanyanje, nyinyi humfuatilia aje? *(Lets talk abit about coughing, you understand that these patients you have in the community who cough for more than 2 weeks as you have said, when you write a refferal to go to be treated for TB or to be checked, when they get the treatment does the patient return back to you first or how do you follow up.)*

**R:** Ni kwa hospitali *(at the hospital)*

I : Mnaenda na yeye hospitali *(do you go with him to the hospital)*

**R:** Wewe unamtuma tu halafu baada unakuja kuangalia *( You just send him and follow up later)*

**I:** Kivyako?*(Yourself?)*

**R:** Eeh *(Yes)*

**I:** Na ukikuja upate *(And when you come you find)*

**R:** Uliona huyo jina lake haliko unajua hajakuja ndio unarudi kwa tena.*(When you find out his name is not there then you know he didnt come, you go back to him again)*

**I:** Tuseme umepata jina lake liko pale, umeshapata ripoti yake alikuja akatibiwa akapewa dawa , unafanya nini. *(Lets say you find his name is there, you are given a report he came for treatment and was given medicine, what do you do next?)*

**R:** Hapo ndipo nitamfuatilia tuone kama anatumia dawa vizuri. Si ati unaenda kwake kila siku, una mvisit tu after hata wiki mbili, ndio asione kama unamsumbua.*(You start doing follow up visits to see whether he is adhering to the medicine. You dont go there on a daily basis but you visit like after 2 weeks so that they dont feel bothered.)*

**I:** So hao ndio wagonjwa wenye wamepatikana na TB ama wote wenye hata ... *(So are those the patients with TB or even those who...)*

**R:** Ni mwenye amepatikana na TB.*(Those found with TB)*

**I:** So alikuwa, umeshuku ako na TB amekuja ametibiwa wamepata hana amerudi nyumbani.*( And those you thought had TB, they come here for treatment and they find out its not TB?)*

**R:** Akikuja kwa hospitali utaona daktari atawambia vile kulienda, kama unaulizia kwa yule mgonjwa. Kwa sababu italingana na vile mnagawana, unajua kuna wale, unaona huyu tunamsukuma kilazima na kuna mwenye unaona anafurahia, mwenye unaona anafurahia huyo anaona kama usaidizi umempea, huyo unaweza rudi kwake hata mara mbili tatu tu uone vile anaendelea. Lakini yule unaona unaweza kumuudhi kwa kuenda kwake sana utatafuta tu mbinu za kumvisit tu hata once. *(When you come to the hospital and inquire about the patient the doctor will tell you the outcome. Because it depends with the person, there those you force them to come and there are those who come willingly, and those who come willingly will always see that you are helping them, for that person you can go back to him 2 or 3 times just find out how he is faring.)*

**I:** Lakini uje ujue anaendeleaje *(But you come to see how he is faring)*

**R:** Eeh, unaenda tu kierevuerevu hivi.*( You go there smartly)*

**I:** Nataka unieleze kidogo kazi yenu vile mnaendelea kusaidia wanakijiji huko ndani wenye wanashida hio tu ya kukohoa kwa sababu tu ya kupumua lakini wenye hawana TB. So wa TB umenieleza vizuri umeniambia ushawapatia referral ukuje upate wamekuja hospitali amepatikana ako nayo najua utaendelea kumfuatilia kule nyumbani, vile umeniambia si ndiyo? [**R:** mmh] so nataka tuongee kidogo kwa wale ambao wamekuja hospitali wamepatikana hawana hio TB lakini anakohoa, anashida ya kifua kifua inauma labda anashindwa kupumua na umesema anaweza kuwa labda hata hajui kama ako na asthma vile umesema unajua kuhusu asthma, hawa watu, tusema wamekuja hapa kutibiwa hospitali, wameshamaliza wamerudi nyumbani, wamepata huyu mtu bado anaendele kukohoa wewe hufanyaje?*( I want you to tell me abit about those who have problems with breathing but they dont have TB. Like for TB you told me that once you give them referrals and they come to the hospital and they are diagnosed, you continue the follow up at their homes, thats what you told me isnt it (****R:*** *Yes] Now i want us to talk abit about those who come to the hospital and theyve been found to be TB free, but he has chest problems, maybe he can not breath well or the chest is paining and he may not know if he is having asthma, so lets say they come for treatment in the hospital, they go back home and when you pay them a visit you find they are still coughing what do you do.?)*

**R:** Unamwambia arudi kwa daktari tena tu kwa sababu huyo daktari tu ndio atajua vyenye atafanya tu kama nikumrefer kwa another facility, tuseme kama level .*(You tell the person to go back to the doctor because it is that doctor whol will know what to do like referring him to another facility, another level)*

**I:** So wewe utashinda tu kumweleza, hapana kama hakuna shida rudi tena hospitali. *( You keep on telling him if there is no other problem, then he should go back to hospital)*

**R:** Unamwambia tu, yaani unakuta, yaani umeniuliza ati amepewa dawa na unakuta tu na anaendelea vilevile [**I:** Mmh] si yeye atarudi tu kwa hospitali kama hii na wanamrefer [**I:** kwingine] kama wanamrefer kama Maua. *( You juust tell him, when you find him-, you have asked me that he had been given drugs and the condition is still the same [****I:*** *Yes] he will come back to the hospital like this and then they will refer him [****I:*** *To another facility] they can refer him to Maua.*

**I:** Nyinyi mnakuwanga na mikutano kwa muda gani na hawa CHEWs, hawa wakubwa, mnakutana nao (How long do you do meetings with your seniors, the CHEWs)

**R:** Labda mwezi mmoja(Maybe one month)

**I:** Kila baada ya mwezi, mnakutana mkiwa wote pamoja [**R:** sote pamoja] CHVs wote wanakuja mnakutana nao.(After every one month you meet all of you [**R:** all together] all CHV’s come and we meet with them?

**R:** Mmh(Yes)

**I:** Hio ni vizuri, tuseme umekuja umepata kuna mgonjwa ambaye ako na, umepata alikuwa anakohoa kwa ajili ya TB akapewa madawa, wewe umeanza kufuatilia kule nyumbani, kuna records ambazo nyinyi huweka pia pamoja na hapa nini?((Lets say you find a patient who is coughing because of TB and he has been given medicine, and you do the follow up at home, are there records that you keep together with this place?)

**R:** Record zinankuwanga (The records are there)

**I:** Unakuja pamoja na-( You come together with-)

**R:** Tunakuja hapa, tunafuatilia, pengine akiwa alipotea daktari atatuambia trace huyu mtu. Sasa jukumu yangu inakuwa ni kumtrace mpaka nimuone mahali ako, nitafute mbinu zingine zakumleta aendelee na dawa tena, ajue umuhimu wa daa.(We come here and follow up, maybe the patient has disappeared the doctors will tell us to trace that person. My role is to trace until i find him wherever, and find ways of bringing him back to continue with medicine and also to know the importance of medicine)

**I:** Tuseme amepotea, mbinu kama gani nyinyi hutumia, tuseme umemtafuta, umempata, umepata ni ngumu labda kumleta ni mbinu gani zingine. Huyu patient tuseme ni mgumu.*( Lets say he disappeared, what method do you use to bring him back. Lets say he is a difficult one. )*

**R:** Mimi sijawahi kutana na mwenye ako hivyo.*(I have never encountered any )*

**I:** Wote wenye unakutana nao hawananga shida*( All those you have encountered are not difficult)*

**R:** Sijawahi kutana na mtu ako na ugumu hio.*( I have never encountered anyone that difficult)*

**I:** Hakunanga...*(There is none)*

**R:** Ni watu tu, najua watu si ati ni wagumu sana, naelezea mtu lakini mtu ako na zile weakness za kuona kama anasumbua lakini ukirudi kwake tena ataona umuhimu wa kuendelea na dawa. *(they are just human, itsnot that they are that difficult, you explain to someone but that person is difficult but again when you go back to him he will see the importance of medicine)*

**I:** So vile unamueleza*( When you explain)*

**R:** Namueleza sana yeye anajiuliza, anauliza kama mimi nataka nini kwako ndio nikufuatilie, nataka upone, si ati kuna kitu nataka ukipona. Nataka, nakuhurumia tu hata wewe upone.*( I just explain to him that there is nothing i want from him but for him to get well. I just want you to get well.)*

**I:** So umesema hujawahi kutana na cases kama hizo ambayo amekataa kumeza dawa *( So you say you have not encountered those who refuse to take drugs.*

**R:** Mmh(Yes)

**I:** Na nyinyi hu....... tuseme umepata mgonjwa ambaye ako na hio shida kama ya TB halafu...*(And you....lets say have you encountered a patient with the problem of TB and then....)*

**R:** Venye tunaelezwa mwenye utaona mgumu kabisa, huyo tunaambiwangwa tu hata anaweza chukuliwa kisheria kwa sababu TB si ugonjwa wa kukaa nao kwa kijiji. Kwa sababu unaumiza wengine. So inasemekana ukikutana na mtu ako mgumu hivyo kabisa pia tuna inform hao wanatafuta mbinu zao na anakamatwa hata anapelekwa hata huko kwa police anatumia dawa akiwa huko kwa police lakini hatujawahi kutana na kesi kama hizo. *( We have been told that if you find anyone who is very difficult, we use the law because TB is not a diseases to stay with in the community. You will endangering others. So we are told if encounter such a person we inform the authorities and they will send police to arrest him/her and he will taking the drugs a t the police)*

**I:** Wakati tuseme huyu mgonjwa amepatikana, sasa tuseme si ati yeye ni mgumu lakini umemfuatilia ameenda ametibiwa akirudi nyumbani wakati unaenda kumuona nyinyi huhusisha pia familia, familia yake, labda mumemueleza, mmemfundisha, chochote kile, tuseme ameenda ametibiw amepatikana ako na TB, ameanza kuchukua dawa, kuna elimu ingine yoyote ama usaidizi mwingine yoyote ama mafundisho ingine yoyote ama nyinyi hufanyaj mkienda kwa hio boma ama nyinyi hushughulika na mgonjwa peke yake*.(Lets say you find a patient who is difficult but he goes to be treated, when you you make your follow ups do you involve his family, do teach them on anything. Lets say he has been treated and he is found with TB and he started taking medicine, do you give any instructions or any other help, or you only deal with the patient)*

**R:** Huwa tunashughulika na mambo yake, huwa tunawaeleza mambo ya usafi, vile wanaweza kuweka vitu zao vizuri.*( We tell them about cleanliness and how to keep their things clean. )*

**I:** Sasa tuseme mtu amepatikana na TB, familia yake nyinyi huwaambia nini?*(For instance one has been diagnosed with TB, what information do you give the family)*

**R:** Familia yake?*(The family?)*

**I:** Tuseme boma yao, sasa ukienda kwake, uende utawaeleza nini? Utawaambia vile uko na TB nataka nijue, tuseme mimi umepata niko nayo, umenirefer, umekuja kwetu utafanyaje ama ni mimi tu utashughulika na mimi peke yake*.( what normally do you tell the household. Will you deal with the person with TB alone or the whole household?)* ***(kiswahili ya Damian jameni)***

**R:** Hio, hio ni mambo ambayo tutaambilia familia, mmfuatilie wakati anatumia dawa vizuri halafu mambo ya usafi, kwa sababu vitu vikiwa vichafu haiwezi haendea.*(That one, that one we tell the family, we follow up when he using the drugs to see if he adhering. And also cleanliness, because if things are dirty then the disease will not heal. )*

**I:** Kitu kingine?*(Another thing?)*

**R:** Nafikiria hakuna kingine. *( I dont think there is any other)*

**I:** Sawasawa. Kuna watu wanaitwa patient supporters unawajua. Tuseme mgonjwa umeshampata, kuna mtu yule ambaye unaweza muita patient supporter. Tuseme huyu ni mtu ambaye ako karibu labda na mgonjwa. Anaweza msaidia kumeza dawa, kumshughulikia, kuhakikisha kila kitu kiko sawa najua hawa watu mko nao, mnakutana kwa mafamilia zenye kuna wagonjwa si ndio, lazima kutakuwa na supporters. Kuna mafundisho yoyote ambayo unapitishia huyo supporter kwanza *(There are people called patient supporters, do you know them. Someone who is near the patient. He can assist the patient to take drugs, to take care of him and ensure that everything is ok. I believe you have encountered such. Is there any information or instructions you give to the supporter.)*

**R:** Hio ni lazima. Unaona huyo mmoja wa tuseme atibiwe, kila supporter unamfunza tu vyenye anapaswa kumpea dawa na yeye hata ile search pia unamfunza.*(You teach the supporter how to give the drugs to the sick)*

**I:** Na ikiwa hana TB, wewe unampata hana TB, huyo mgonjwa nyinyi humshughulikia tena. *( And if he doesnt have TB, you find that he doesnt have TB, do you look after that patient again)*

**R:** Tukiwa vile tunaongea kuhusu mwenye ako nayo tayari.*(We are talking about the one who has it)*

**I:** Actually hana, sasa mwenye ako umenieleza vile anafanya, so tuseme mwenye hana sasa, huyo ameenda hospitali ametibiwa, hizi wakati mwingine wote tumekuwa tunaongea juu ya mwenye ako na TB, sasa tuseme mwenye hana, ameenda hospitali ametibiwa amepatikana hana TB, huyu, humfuatilia tena ama mnaachananga nao.*(All this time we have been talking about the one with TB, lets talk about the one who has gone to the hospital, been treated and found with no TB, do you follow up on him again or you stop following up)*

**R:** Hio mnaachana sababu shida imeisha.*(We dont follow up because the problem is solved)*

**I:** So nyinyi mnashughulika sana sana na TB.*( So you deal mostly with TB)*

**R:** Si TB peke yake *( Not TB alone)*

**I:** Tuseme sasa kifua, sasa saa hizi wachana na malaria na hizi ugonjwa zingine si ndio. Tuongee juu kifua.*( Lets talk about coughing, lets leave out malaria and these other diseases. Lets talk about coughing)*

**R:** Sasa umeleta mtu ameenda na amepiwa na amepona*( As in you have brought someone, he has been tested, treated and he is well)*

**I:** Hana TB. Tuseme tuko na TB, yeye amepewa madawa na kila kitu ameambiwa aende ameze [**R:** Na amepona] mmh *( He does not have TB. He has TB, he has been given drugs to go and take [****R:*** *And he is well] yes*

**R:** Yenye unaweza fanya ukiwa ready tena sababu tunaenda round kila saa, tunampitia unamwona. Si utampitia uone tu vile ako. Tunakaa tu tukiwapitia kila wakati, kila wakati, si ati unapotea tu. Tuseme uko na nyumba hata mia moja zenye unatembelea, kwa mwezi unaweza enda tu hata nusu ya hizo nyumba na unajua mahali ulianza ukiwa na shida sana hapo tu ndio hautapotea.*(When you are ready because we do follow up every time, you passby to see him. We visit them every time, we do go for good. Lets say you have like 100 households that you visit, in a month you can visit like half of them and where there was a problem you dont take long to visit)*

**I:** Kwanza vile umetaja hizo nyumba huwa unasimamia nyumba ngapi exactly. *( how many households do you visit)*

**R:** 100

**I:** 100 flat

**R:** mmh (Yes)

**I:** Kila mtu ako na the same 100,*( Every one has about 100?)*

**R:** Si the same, kuna wengine wako na 200*(It is not the same, there are those with 200)*

**I:** So inalingana *( So are they the same)*

**R:** Inalingana na vile boundaries zimewekwa. *( Its according to how the boundaries have been put)*

**I:** So ni boundary ndio inadetermine*( So its the boundary that determines)*

**R:** Eeh boundaries inaenda kama kutoka hapa kwa barabara hivi mpaka hivi, wewe fika hapa, so utashugulikia mambo ya kwako.*( Like boundary can be from here to the road , so you deal with your jurisdiction)*

**I:** Ushawahi pigiwa simu tuseme kutoka kwa sub-county tuseme Mutuati ama Laare kuhusu mgonjwa wakati wowote.*( Have you ever received a call from the Subcounty, like Mutuati or Laare about a patient)*

**R:** Mutuati nimewahi *(I have received from Mutuati)*

***I:*** Labda juu ya mgonjwa anatoka area yako. *(Is it because the patient comes from your area)*

**R:** Ni mmoja tu alikuwa wa trachoma *( Just one who had trachoma)*

**I:** Hio ilikuwa wakati mgani, zamani? *(when was that, far back)*

**R:** MMh *( Yes)*

**I:** Hakuna yeyote wa mgonjwa wa kifua yoyote umewahi pigiwa kumhusu. *( Youve never been called a bout a patient with chest problems)*

**R:** Sijawahi. Kwa kuwa tu kwambiwa , ni wakati mmoja tuliambiwa tuwa trace wenye wamepotea na mimi kwa area yangu hakuna mwenye alikuwa amepotea. *(No. its just one time we were told to trace those who were lost, and in my area there was none)*

**I:** Mlikuwa mmeambiwa mtrace wenye wamepotea wa TB, wenye hawamezi dawa*( You have been told to trace those with TB who had disappeared, those who had defaulted taking drugs.)*

**R:** Kama ya kwamba akiangaliwa kwa kitabu sababu rekodi iko ikionekana mtu alikuwa wa area fulani, tuseme kama hio yangu Mururi, isemekana mtu fulani na fulani ametoka Mururi kama mimi nitapigiwa, niambiwe tafuta huyu mtu *(When they check in the records because there are and they see one from a certain area, lets say my area Mururi, and they say so and so is from Mururi then they will call me to trace for that person).*

**I:** Wewe kama CHV wewe pamoja na wenzako, mshawahi pokea training yeyote na nani walikuwa wanapatiana? *( You together with other CHVs have you ever received any training and who was giving that training)*

**R:** Ni wakati zamani sana *(Its a long time)*

**I:** Mwaka kama gani*(Which year)*

**R:** Nimemaliza miaka kama saba hivi *( It is like 7 years)*

**I:** ilikuwa training ya nini *( what was training about)*

**R:** Ilikuwa ya mafunzo yenye niliwambilia mbeleni.*(Its the training i told you about)*

**I:** Nani walikuwa wanapatiana, serikali ama ilikuwa ya nani.( Who was training you, the government or who was it)

**R:** Haikuwa ya serikali ilikuwa NGO. *( It was not from the Government , it was from the NGO)*

**I:** Ilikuwa inajiitaje*( Its called)*

**R:** Sikumbuki lakini niliona hio makaratasi yako nikaweza kuongea. Ilikuwa ya Amerika, ilikuwa [**I:** USAID], eeh ni hio tu umesemea. Ndio ilikuwa imetusimamia lakini wakaenda, hao mbeleni walikuwa wanatupea hata ka nini kidogo, ka-transport lakini kutoka waende hatupatangi seminar sana lakini kuna wenye wanaenda, inakuja seminar inapewa watu watatu tu wanapelekwa wengine wanaachwa. Kama mimi sijawahi enda hivi karibuni. Nimewahi ile ile tu ya mwanzo wakati tulianzia *(I dont remember it, but i have seen your papers and i have remembered. It was American [****I:*** *USAID] yes that one. Its the one that was training us but it left, they even used to give us transport but since they left we do go for seminars anymore, but there are those who go like about 3. They take others and leave others. I only went the first one.)*

**I:** Kutoka hio wakati hakuna ingine imekuja.*( Since that time there is no other training that has taken place?)*

**R:** Sijawahi ona mimi ingine lakini kuna zenye nasikia wengine wanaenda. Zinakujanga.*( Personally i have not gone but i have heard about others who go)*

**I:** Nawanachaguliwa aje, hao wenye wanaenda hizo zingine.*( Those who go, how are they chosen)*

**R:** Kwa location tu wana-pick watu kama wawili, watatu.*( In a location they pick, 2 or 3 people)*

**I:** Kuna wenye mnafanya nao ambao hawajawahi enda training yeyote *( Are there those you work with who have not gone for any training)*

**R:** Hapana *(No)*

**I:** Ooh lazima mtu tu akuwe ameenda training. *(Ohh its a must for someone to have gone for training)*

**R:** mmh

**I:** Umenieleza hio training, hio training sasa ilikuwa ya siku ngapi ama siku moja tu. *( That training was for how many days? Or just one day)*

**R:** Ilikuwa ya wiki moja, tukaenda ingine wiki moja hizo zilikuwa tunaenda after kama miezi tatu tunaenda training.*(It was for one week, we went for one week and we used to go like after 3 months we go training)*

**I:** Mlikuwa mnaongelea ilikuwa juu ya nini haswa.*( What was it about)*

**R:** Ni ile magonjwa *( About diseases)*

**I:** Yote *( all of it)*

**R:** Eeh magonjwa yote kabisa. Na hio cleanliness yakuwa na maziwa nyumbani na ma[ unclear 0:27:14] *(Yes all the diseases. And the cleanileness of milk at home .....)*

**I:** oh kuhusu tu kazi yako vile inafaa uifanye.*( Ohh about how to go about your work)*

**R:** MMh. Hio tulifunzwa kindani sana. Ninakwambia hata zingine zinakujanga na kwa vile sijui wanakuwanga hawana sijui ni lack of funds sababu wanachukua watu wachache tu. *( Mmh. That one we were trained in detail. I have told you there are some that come but i think they dont have funds because they take a few)*

**I:** Kwa hii kazi yenu ni nini tunaweza sema huwa ni changamoto inawasumbua, ni kitu gani yenyu hamwezi ifanya vizuri ama kwa wepesi.*( What are your challenges, what are things you think you dont perform well. )*

**R:** Changamoto kabisa ni hiyo, ni funds, sababu unatoka kwako nyumbani asubuhi unaenda unashugulikia hawa watu na wewe unarudi bila hata lunch, unaenda bila nyumbani, unaenda huku [unclear 0:28:12] unamwambia, hio ya kwanza ndio changamoto ya kwanza. Halafu ingine, kuna dawa tunapaswa tutembee nazo, *(The greatest challenge is funds, because you leave your house in the morning to help people but yourself you come back even without lunch. And then another we are supposed to be given drugs to go around with.)*

**I:** Za nini?(For what)

**R:** Hii ya kuweka kwa maji kama wanatibu..., hii maji ya tank*(The one to put in water...to treat water)*

**I:** Ya kupurify*(For purifying?)*

**R:** Eeh. Kama dawa hizo ni changamoto sababu unaenda kama saa hii kwa boma unakuta mtu ako na tangi zake kama mbili tatu na anahitaji dawa na unamwambia mambo ya kunywa maji masafi, sasa anauliza wapi dawa. Na pia dewormers hazipatikani, unaenda kumwambia mtoto anapaswa kupewa dawa ya minyoo baada ya miezi tatu, na mbeleni nilikuwa nimemwambia ati tutawaletea, sababu kuna wakati tulikuwa tunaambiwa tutapewa hizo dawa tunatembea nazo kwa kijiji, nazo pia hazipatikani. Zinapatikana kama once a year, kama zinapotea kabisa, hio pia ni changa moto. *(When it comes to those drugs, its a challenge because you can go to a homestead and find people with one or two tanks and they need drugs. When you tell them about the safety of drinking clean water they ask you where are the drugs. And also dewormers are not there, you tell someone that you are supposed to give a child dewormers after 3 months and i had previously told them i will bring but later they were not available. That is also a challenge)*

**I:** So umeniambia juu ya pesa na ofcourse umesema wakati hata- *( So you have told me about money and ofcourse you have said when-)*

**R:** Mimi ningefanya, vile ungefanya kazi kwa masaa mengi, unafanya masaa masazo ndio unaenda kujitafutia [**I:** Yako] hee. *( I would have done, i would work for long hours before going to fend for yourself)*

**I:** Umenieleza pia dawa ama, tuseme dawa kama za maji, dawa za minyoo pia unakosa kuzipata na unahitajika kuwa nazo ama? *( You have told me you are supposed to have drugs for water and dewormers but they are not available?)*

**R:** Mmh

**I:** Kitu ingine *( What else?)*

**R:** Kitu ingine sina, hakuna kitu ingine. *( Nothing else)*

**I:** So kama tuseme kabla nikuulize nini, labda inafanya kazi vizuri kwa nyinyi vile mko saa hizi, si ndio, wacha tuongee juu ya hii pesa, wewe ungetakaje hii shida ya pesa inaweza isha aje wewe ukiulizwa. Nini wanaweza wafanyia uone hata mmetusaidia sasa tunaweza fanya kazi.*(What do you think this issue of money can be solved. Like what do you want to be done for you to motivate you and feel we can work now)*

**R:** Kama tungepata angalau kitu kidogo, tunawaambia mbeleni ati inaitwa US- [**I:** USAID ] eeh wakati huo tulikuwa tunapewa kaallowance kidogo lakini saa hii tukifanyiwa vile hao walikuwa wakifanya tunaita aje [**I:** Stipend] mmh tukipewa stipend, hio kazi unaona tu inakuwa rahisi sababu, saa zingine unataka kutembelea boma kama ishirini leo sasa ifike saa saba bila [unclear 0:31:12] ungeenda kama tano saba hivi, na utaachilia hapo lakini ukiwa unajua unangojea kitu fulani kwa mwezi unaweza sema hata nitachukuwa deni mahali fulani nitalipa kuendelea na ile kazi vile nilikuwa umepanga mpaka umalize.*(If we would get atleast something small, like before when [****I:*** *USAID] yes, that time they used to give us a small allowance, it was called [****I:*** *Stipend]if we are given stipend, our work will be easy because sometims you plant to visit 20 homesteads but when it reaches 1.00 Oclock [unclear 0:31:12] and maybe you have visited 5 or 7 homestead, you stop there but if you are waiting for payment at the end of the month, lets say i may take a debt somewhere to pay later as i continue working as planned)*

**I:** Hio ni kweli. Mshawahi ongea juu ya hio stipend. Mshawahi eleza kuanzia tu tuseme, CHW hapa kupanda juu kuendelea mpaka tuseme Kaunti.*(Thats true. Have you ever talked about the stipend. Have you ever talked about it starting from CHV climbing upwards to the county level)*

**R:** Eeh tumeongea, tumeongea hio sana.*( We have talked about it)*

**I:** Na mkaambiwaje*(What were you told)*

**R:** Tunaambiwa tu, wanapanga,wanapanga kama watu wa Governor Munya walikuwa wametuahidi na wakatuita sote tuende mahali pamoja sijui Meru town, tulikuwa ni Wa meru wote. CHV wa Meru wote.*(We are just told, they plan like Governor Munya’s people used to promise us and they called us to Meru town. All CHV’s in Meru.)*

**I:** Mwenye amechaguliwa ama kabla achaguliwe.*(Those who are chosen or those who have not been chosen)*

**R:** Akiwa Governor, akatuahidi lakini wakati alienda CHV ilikuwa mahali tena lakini kutoka wakati huo tume-demand.*(When he was a Governor, he had promised us but by the time he left we were somewhere)*

**I:** So bado ni kitu ambao kila wakati mnaendelea *(So its something you are still waiting for)*

**R:** Mmh kuuliza zilienda wapi, zilienda wapi. *(Yes asking where did they go)*

**I:** Na nyinyi mnaambiwaje *(What have you been told)*

**R:** Saa hii tunaambiwa zinafuatiliwa.*(That they are being followed up)*

**I:** Hakuna kitu ingine. *(There is nothing else)*

**R:** Mmh. Tunaambiwa tu zinafuatiliwa na saa hii tuliambiwa ziliwekwa sijui Million ngapi lakini hatujapata lakini tu tunaambiwa ziko on. *(Yes, we are just told they are being followed up, we are hear they are several millions but we have not received anything.)*

**I:** Na mnaambiwa itakuwa kiasi gani tuseme *(How much was it)*

**R:** Tuliambiwa sijui, sikumbuki ni million ngapi lakini. *(I dont remember, i dont remember how many millions)*

**I:** No yenye kila mtu atakuwa anapokea tuseme, ama hio hamjaelezwa.*(How much amount were you to receive)*

**R:** Ni kama tumeelezwa ni kama Ngiri Mbili hivi lakini hizo ni ndogo zaidi. *(Its about Ksh. 2000, which is little)*

**I:** Hio wakati, tuseme wakati mlikuwa mnapewa, wakati mlisema kulikuwa na hio organization ilikuwa inawapatia kitu kidogo . walikuwa wanawapatia how much? *( How much were you being given by the previous organization)*

**R:** Ni Ngiri Mbili lakini ni kitambo sana wakati tulianza, kwa sababu tulianza miaka 15 hivi imeisha.*( About 2000 but thats a long time ago, because we had started about 15 years)*

**I:** So hio wakati Ksh. 2000 ilikuwa ni- *(So that time It was Ksh. 2000-)*

**R:** Ilikuwa atleast kitu tu *(But it was something)*

**I:** Unaeza fanyia kitu. Sawa umenieleza changa moto, mimi napendanga sana changa moto ndio mtu asisahau, nini inafanya vizuri kwenu saa hizi, kwa kazi yenu, nini kinaendelea vizuri, ni nini unaeza sema unafurahia kwa kazi yenu.*(So we talked about challenges, because i like starting with challenges so that one does not forget. Now what is working for you now in your work. What makes you happy in your work.)*

**R:** Kitu kama *(Like what)*

**I:** Umeniambia changa moto za kazi yenu si ndio, sasa wewe kama CHV ni nini unafurahia kwa hii kazi yako kama volunteer.*(You have told me about your challenges, now i want you as a CHVto tell me what is working for you )*

**R:** Ile nafurahia tu ni kuona watu wamekuwa wa safi , penye ulikuwa unaenda ukiichange, utakuta watu wameenda kama kujisaidia huko kwa mashamba , barabarani huko, hio kitu nafurahi kwa sababu iliisha.*(What am happy about is to see people observing cleanliness and stopped using their shambas or roads to relieve themselves. At least that is getting over.*

**I:** So kijiji inakuwa chafu. *( So the community becomes unhygienic)*

**R:** Imekuwa safi saa hii. *(Its becoming clean now)*

**I:** Saa hizi ni safi, ile wakati mwingine ilikuwa chafu.*(Right now its clean, the other time it was dirty)*

**R:** Mbeleni ulikuwa unaenda kwa shamba tu unakuta mafi ya watoto, lakini watu wamefunzwa mpaka wakajua. Saa hii unakuta kila boma iko na choo, unakuta uchafu kama huo hauko huko, hio inanifurahisha.*(Before you will walk around shamba’s and there were children’s fecaeces everywhere but now people have been taught and they now know. Right now you find that almost every homestead has a toilet and it is a good thing)*

**I:** Ok, hio ni vizuri. So nikimalizia kabla ni nipatie mwenzangu atleast kama yeye atakuwa na swali moja mbili kwako, naeza kuliuza ni nini wanaeza fanya ku-improve kazi yenu kama CHV *(That is good. So as i conclude before i give my colleague if she has one or two questions to ask. If i may ask what can they do to improve your work as a CHV)*

**R:** Sisi vile tunaweza fanya? *(what we can do?)*

**I:** Ni nini tuseme Serikali inaweza fanya. Serikali naongelea juu ya National Government, County Government, basically ni nini wanaezafanya kuimprove kazi yako kama CHV ikue bora zaidi.*( What do you think the government can do for you. By government i mean National Government, county government, basically what can they do to improve your work as CHV to be much better)*

**R:** Unaona hio nimesemea dawa, dawa zikuwe zinapatikana dawa za kutosha. Iwe kila CHV ako na dewormers ya kutosha na hii ya maji hio inaimprove hio kazi yetu sasa. Halafu hiyo stipend tumesemea, hio kazi naona inaenda vizuri na pia dawa ya nini, hio ya [unclear 0:35:49].*(There should be enough drugs. Every CHV should have enough dewormers and the drugs for water that will improve our work. And then the stipend , then will work well [unclear 0:35:49])*

**I:** Nikimalizia tu nikuulize wewe personally hii kazi ya CHV ni nini ilikuvutia kuifanya ama mlichaguliwa tu kwa kijiji area hii wakatafuta mtu wakachagua kwa kijiji area hii tunafuta mtu wakachagua, ama ulijitolea, ni nini ilikutuma. *(What motivated youto do this CHV work. Were you chosen in the community or you just came out voluntarily)*

**R:** Tuliambiwa, unaona vyenye vijiji vilikuwa, ununue tu nafasi usaidie, ulikuwa unaona hii kijiji haiendi vizuri. *(We were told, you just saw how the community was, it was not doing well and decided to volunteer to help)*

**I:** So ni kitu walitangaza tunahitaji volunteers, ndio mkaanza kujitoa.*(Is it something they announced they needed volutneers that when you decided to volunteer)*

**R:** Mmh

**I:** So ni kitu wewe mwenyewe uliona hapana wachana nijitolee nisaidie kijiji yangu. *( So its something you decided yourself to volunteer for your community)*

**R:** Mmh

**I:** Caro?

**R:** Tulikuwa tunasaidiwa tu kwa ile mtu anaweza tu kufanya kazi, pia ukiambiwa vile kazi hii inaenda tufanye, na wewe pia unaona ni kazi hata wewe utasaidia , kwa sababu ukiona mwenzako anaenda vizuri hata wewe utafurahia.

*(We were volunteering to the level which we were able to handle and we are always happy to see things going well)*

**I:** Ni kweli, ukiona kijiji yako imeendelea pia unafurahia.*(Its true if you see your community doing you are also become happy)*

**R:** mmh

**I:** Wacha tuone-*(Lets see)*

**R:** Sasa sisi tumekuwa kama mwangaza kwa kijiji kwa wengine, kuonyesha itaenda hivi itaharibika, ukienda hivi utakuwa na magonjwa ya kila saa. *(We have become light in the village by showing others that if you do this things will not be good and if you do this disease will ravage you)*

I2: David na mimi niko na maswali kadhaa kama tatu nne hivi, ninataka kujua vile mmsema kila mtu ako na village yake, unakuwa ile village unaishi ama unagawanaje.*(David I also have 2 or 3 questions , I wish to know about what you said everyone having his community, is it the community you live in or how is it divided)*

**R:** Ile yenye unaishi. Yenye umeishi kwa sababu wewe ndio unajua shida za hio village na unajua boma za hio village zote, hakuna ile utapitia, hakuna yenye hutaenda, utaenda zote. *(The one you stay. The one you stay in because you know the problems that are there and you also know the homesteads of that community, you will go to all of them)*

I2: Sasa ile vyenye unapewa ile village yenye unaishi kuna hio kuzoeana na watu, umejuana ukienda kutembelea watu unajihisi wanakuchukuliaje. *(How do the community members treat you)*

**R:** Kwanza unaenda unamwambia wewe ni nani na unafanya kazi gani na unamwelezea kwanza kivyako vile unaendanga kwake, sasa yeye anakukubali. Na tena wewe pia anakujua ni mtu aina gani kwa hii kijiji. Wanajua kama wewe ni mtu mzuri au ni mtu mbaya unaweza kuenda unashukisha kwake. Sasa anakukubali sababu anajua, anajua wewe ni mtu aina gani kwa hio kijiji. *(First you tell him who you are and what you are doing. And they also know who you are so they just accept. They know what kind of person you are in the community. They know whether you are good or bad person. So they will acept you because they know who you are in the community)*

I2: Hivyo ni kusema watu wamewakubali kwa vijiji. *(That is to say people have accepted you in the community)*

**R:** Mmh

I2: Sasa ulisema kunakuwanga na community dialogue, mkienda hio dialogue sasa mnaenda yenye iko kwa kijiji yako ama nani anaita hio dialogue, umesema ni mara moja kila mwezi?*( You said there is normally Community dialogue, so when you go for the dialogue, do you go for the one in the community or the one that is arranged monthly)*

**R:** Vile nimekwambia hio, sana kama kuna kamkutano unaweza kuwa na mkutano kwa kijiji unawezakuta watu tu mnaongea. Si hata mimi nitawaita sana. Si unajua hata siku hizi watu wakina mama wanakaa karibuni sana ndipo hata nawatumia, kuna wenye wananiambia, sasa unataka tu siku wanakutana na wewe unakuja hapo tu mnaongea. *(As i have told you, when there is a community dialogue you talk to the people. Even these days women call me me in the meetings and we talk)*

I2: Unaenda peke yako ama CHEW anaenda na wewe. Kuna mahali penye CHEW anaenda na wewe.*(Do you go alone or with CHEW. Is there a place you go with the CHEW)*

**R:** Kuna mahali tunaendanga na CHEW lakini hata sio lazima muende na yeye.*(There are places we go with CHEW but it is not a must)*

I2: Kama wapi mnaeda na yeye. *(Where do you go with them)*

**R:** Kama siku ingine tulikuwa handwashing. *(There is a day we went for handwashing)*

**I:** Handwashing

**R:** Eeh hio tulikuwa naye. *(Yes we were with them)*

I2: Kuna wakati wenye nyinyi CHW’s wa hii CHU mnapatananga wote ama sasa wenye mnareport hapa kwa hii Laare, kuna wakati wenye nyinyi wote mnapatananga [**R:** CHV’s] eeh, halafu mnakuja kwa mkutano nyinyi wote. *(Is there a time when the CHW’s of this CHU meet all of you together here or those who report here in Laare, is there a time you meet all of you [****R:*** *CHV’S] yes, so you come all of you for the community dialogue)*

**R:** Eeh (Yes)

I2: Kama lini hivo, mkikuja kureport kila- *(Like when you come to report )*

**R:** Wakati tunakuja kuleta report , sasa tunaleta report kila mwisho wa mwezi , so tunakutana sote siku moja. *(When we come to bring the report, because we bring report every end month. Thats when we report end month)*

I2: Na kuna wakati mnapatana na CHU’s wengine, hizo CHU’s zingine, wenye wanareport hapa. *(So is there a time you meet all of the CHU’s, those who report here)*

**R:** Unajua kuna watu wanatuma-copy kwa hizo nini, mahali wameambiwa wapeleke report zao, lakini kuna wakati wanakuja wote hapa.*(There are those who send copy where they have been told to take the reports, but there is a time they come all of them)*

I2: Na mkipatana hapa kuna wakati mnakuwanga na mkutano, wacha hio ku-report, kuna wakati wenye mko na mikutano mnaongelelea changa moto zenu, vyenye iko kwa vijiji zenu, kuna wakati ka huo. *(And when you all meet, is there a time you have a meeting together, leave a lone the report, is there a time when you have your meetings you talk about challenges you encounter in your communites, is there that time?)*

**R:** Eeh mpaka tunaombea wenye wako mbele zaidi ya wengine na wale wako nyuma tunawaambia, tunawaombea activity.*(Yes and those who are ahead and those who are still behind we ask activities on their behalf activites)*

I2: Ukisema mbele na nyuma ni kulingana na nini ? *(When you say ahead and behind what do you mean)*

**R:** Ni kulingana na bidii hao CHV’s, sasa unaweza kuta ile haijamaliza mambo fulani na unakuta kama nyingi zao kulingana na report, kuna boma ambazo hakuna vyoo. *(It depends with the CHV’s effort, like you may find those have finished certain things and there those according to the report, there are homesteads with no toilets.)*

**I:** So tuseme unamaanisha hii report kulingana na vile kila mtu ameleta report yake, mnaendelea, hapo ndio wanajua nani wamefikisha wapi-, *(So you mean its accordig to the report is when they know where everybody has reached)*

**R:** Mmh

I2: Sawasawa, ukimaanisha kaa sasa vyenye unasema uko na nyumba mia moja, nyumba mia moja hizo ni nyumba moja zimesimama hivo ama ni boma kama vyenye kunaweza kuwa na mama.*(Initially you said that you have 100 households you visit, so are those 100 housholds visited individually or they are homesteads, like they could have a mother...)*

**R:** Boma yenye iko na mama, na watoto na baba.*(Household that has a mother, children and father)*

I2: Hata kama ni, kama sasa kwa mama yako na brother yako amejenga hapo na sister yako, sasa mama yako ni mmoja, sister yako ni mmoja na brother yako ni nyumba ingine. Ama sasa unachukulia kama boma moja? *(Like for instance, your mother, your brother has built there and your sister. Like your mother is one household, your sister another and your brother another. Or you take it as one hosehold or homestead)*

**R:** Hio ni kama kwa boma moja.*(That one is one homestead)*

I2: Hizi training zenye umesema kuna CHV wanachaguliwa kuenda, unaezajua wanaongelelea topic kama gani?*(Those training you said CHV’s go,would you know what topic they talk about)*

**R:** Wanakuja tu wanatwambia, kama ni hii training ya, tuseme kuna outbreak fulani, inatakikana hio iongelezewe, wanaenda training wanaambia vyenye watafanya hivi ili kushughulikia hio. Tuseme kama hii ya trachoma, kama sasa kuna NGO imejitolea ama serikali inajitolea kueradicate, kuna wenye wanaitwa wanaenda training, wakikuja wanatufunza, naye tunaendelea nayo kwa vijiji. *(If there is an outbreak, they go to be trained on that outbreak. Lets say like trachoma, there is an NGO or the government has come out to eradicate the disease, there are those who are selected to go for training and when they return they teach us also and us we go to the community)*

I2: Sasa kama hizi campaigns za polio watu wanaenda. *(Like those campiagns for polio do you go)*

**R:** Ehh kama hizo za polio *(Yes those like polio)*

I2: Sasa vyenye wanapatiananga dawa sanasana huku inakuwanga ni CHV’s.(So those who give out the medicines are mostly CHV’s)

**R:** CHV anapelekanga daktari kwa vijiji yake na CHV anapewa daktari wake anamtembeza kwa kijiji ndio amuonyeshe boma zote. *(CHV takes the doctor to his community and every CHV is given a doctor to show him around the community to show him all the households)*

I2: Na kuna boma unawezaenda waseme hawataki mambo ya CHV ama hawataki polio.*( And are there households you go to and you are told they dont want to have anything to do with CHV or they dont want polio.)*

**R:** Hakuna, si nimekwambia kwa community wametukubali kwa sababu tumechaguliwa kwa kijiji yako na kwa hio kijiji watu wamekubali. Ni kama vile unaona sub-area, si mtu anaweka sub-area kwa kijiji ile watu wa area wanamjua. Na ukiamsha mtu usiku ukimwambia ni [unclear 0:44:22] ...*( No, i have told you that we have been accepted in the community because we were chosen from our own communiteis. Its like a Sub-area, they normally choose a sub-area from a community that he known. And when you wake up someone at night to tell him...)*

**I:** Ataamka tu atajua kuna shughuli. *( He will wake up and know its something important...)*

I2: Asante sana kwa wakati wako.*(Thank you for your time)*

***I:*** Mimi nitamalizia nikikuuliza, uliniambia, tukiongelea juu ya hao patients, tuseme mgonjwa umempata, umemtuma referral, kuna wale ambao unawatuma kuja kutibiwa wana kosa kutibiwa, alikuja hospitali kawaida lakini akakosa kutibiwa juu ya, sababu ya kitu mmoja ama lingine, wapo? Kuna patient ushawahi kumtuma, tuseme ugonjwa yoyote umemtuma aende hospitali, umemrefer akakuja- *( I will finish by asking, lets say you have referred a patient and there are those you send for treatement and they dont come or they come for treatment but they didnt get treated for reason or another, are there those patients -)*

**R:** Kaangalia tu aende akute kama hakuna daktari.*(Maybe he and finds no doctor)*

**I:** Na hio hufanyika kila wakati ama*( And that happens all the time)*

**R:** Si kila wakati, kuna wale wakuje akute kama hakuna dawa sababu si kila wakati dawa zinakuwanga kwa hospitali.( Not all the time, they can come and get no drugs, its not like all the time the drugs are there)

**I:** So ni kitu inafanyika kila wakati ama dawa tuseme kwa facility zenye, wewe hukuwa facility gani mostly unarefer watu. (Which facility do you mostly refer people)

**R:** Ni hii tuko (This one)

**I:** Laare. Na wanakuwanga na dawa kila wakati wakitumana ( Laare. And they always have the drugs all the time )

**R:** Wanakuwanga na dawa lakini si dawa zote. ( They have drugs but not all)

**I:** Tuseme mgonjwa amekuja ametibiwa amekosa hizo dawa zingine kuna-( Lets say a patient comes and he is treated but there are no drugs, is there-)

**R:** Unajua mtu anakuja tu , dawa kama ziko anapewa na kama haziko tu atanunua.( You know one just comes, if the drugs are there he is given and if they are not there he will buy.)

**I:** Na ikiwa tuseme amekuja ame-(And lets say he has come-)

**R:** Hio haionekani sana, ni kwa vile hakuna mahali unaweza pata kila kitu 100%( That one is not there, its just that you can not get everything 100%)

**I:** Ni sawasawa, mimi naona sina maswali mengine ambayo naweza kukuuliza, nimeshukuru kwa muda wako, tumeongea vizuri. Nilikueleza ni kitu tunataka tu tuongee, nielewe vile nyinyi mnafanya kazi na tumeongea na nimeshukuru kwa muda wako, labda kama unakitu yeyote unataka kusema. Ni sawa sawa so tunaweza malizia hapo.( Thank you for your time. I told you its something i just wanted us to talk about and understand how you perform your work and i thank you for your time)