**File name: 200227\_1212\_FGD\_3\_MALE\_COMMUNITY\_MUTUATI**

**Duration: 00:57:46**

**I: So to begin, I want to ask this – where do you come from – what is the name of the community where you come from?**

R: Mwathi.

**I: So which diseases are most common in Mwathi community?**

R7: Currently its flu.

**I: Number seven says flu.**

R: Headache.

**I: Number five.**

R: Malaria.

**I: Kindly be audible so that your voice can be recorded. Number four.**

R: The disease that is most common now is everybody is saying they are having a cold. I don’t know what is causing it. They are also complaining of amoeba.

**I: Okay, so I’ve heard there is flu, there are headaches, malaria, amoeba. Number three.**

R: There is also TB and most of those are people who don’t want to go to the hospital so they just live with the disease.

**I: Okay, there are those with TB but they don’t go to the hospital?**

R: They don’t want to go to the hospital. So if doctors can help them, it would be better if they looked into that.

**I: Okay, thank you. Number two.**

R: Head diseases.

**I: What do you mean by that?**

R: There is pressure, stress and such like.

**I: Okay, number one.**

R: I would like to say that the most common disease is malaria and coughs.

**I: Okay, you’ve talked of malaria, headaches, TB, and coughs. Okay, thank you. Now you’ve mentioned various diseases that affect people. So when the community members have these diseases, what steps do they take to get better?**

R4: When they go to a public hospital, they explain what their problems are and they are mostly told to go and buy drugs from outside or that there are no drugs in the public hospitals. So they go and buy from the private. Sometimes they – say if there are drugs today, you will not have drugs again for another month. That is the problem.

**I: Okay, he has mentioned that there are those who go to public hospitals but don’t get drugs and they are asked to buy outside.**

R: Yes, from the chemist.

**I: Okay, someone else – I want to know, you’ve mentioned various diseases, when one is sick, what steps do they take to feel better? He has mentioned that some go to public hospitals and he also mentioned the challenges they face there. Where else can the sick people go or what steps do they take?**

R7: They just go to the shops or clinics.

**I: Clinics or shops?**

R: Yes, they buy mara moja.

**I: They buy drugs from the shops?**

R: Yes.

**I: Okay, number eight do you have something to add?**

R: Yes, the disadvantage we mostly have is that whenever we go to public hospitals we don’t get drugs and we are told to go to certain chemists. The doctor may even direct you there so you wonder what would you do if you didn’t have the money. So if you don’t have enough money, you just have to go back home.

**I: Okay, so one goes to the hospital and they don’t get drugs so they have to go back home.**

R: Yes, you have to go back home because you don’t have enough money.

**I: Thank you number eight.**

R: Sometimes you may be directed to buy drugs from a certain chemist and you cannot afford, if you get to improve health-wise, you will decide not to go back to the hospital because you know you will be sent to the chemist and yet you don’t have any money. So you decide to buy the painkillers.

**I: Okay, so you go to the hospital and you don’t get drugs, you just look for the painkillers.**

R: Yes.

**I: Okay, someone else – number five.**

R5: Sometimes there are these dispensaries where you may not find a doctor and you find that it is closed.

**I: So you go to the hospital and find it closed and there are no services at all?**

R: Yes.

**I: Okay, so that’s a challenge. And I would like to know, do sick people in this community go to herbalists for help?**

R: Very many people depend on the traditional herbalists.

**I: Okay, you’ve given me reasons why people decide to go to the shops, for example lack of drugs at the hospital; why do people go to traditional herbalists as their first option?**

R7: Traditional herbalists are cheap. For example for a bottle of herbs for a cold, they will sell you that at a hundred shillings.

**I: Okay.**

R4: Some also go to the hospital and if they don’t get cured by the drugs from the hospital, they resort to the traditional herbalists and hope that the herbs are their last hope. They ten tell others that they were cured by the traditional herbs.

**I: So they tell people that the hospital drugs were not of help to me but the traditional herbs helped me.**

R: Yes.

**I: And for the ones who go to private clinics or hospitals, why do you think they go there?**

R3: They go there because they are capable and the drugs that are found there are not found in the public facilities. So if you have your money, you can get the drugs that you wouldn’t get here.

**I: So number three is saying that they are capable and they can get enough drugs from those clinics. Number one.**

R1: I would like to say, as my friend has said, I would like to say that you may go to a government hospital and get some drugs then you are told to go buy the rest. If you don’t have the money to buy the drugs – you know that is a challenge because you don’t have money. So you find that your disease keeps being there due to lack of money. And you know if your family cannot raise the money, you will die.

**I: Okay.**

R2: Sometimes they also go to save time because if you go to a private hospital you will be served faster as compared to public hospital. So you will get to go and do other of your chores.

**I: Okay.**

R: And some also just do it to avoid the insults of the service providers from the public hospitals. Because when you go to the hospital they don’t act like they care about you. Maybe you have a very sick patient but the service provider doesn’t care about you and the more you talk to them the more they insult you. So you have to avoid them.

**I: Okay, and go somewhere else.**

R: And go somewhere else because the others want money and they know how to talk to patients since it’s a business. So you know they will talk to you appropriately without insulting you. So some also avoid such issues.

**I: Okay, they feel that there is no need of stressing themselves up here and maybe the doctor is in bad moods…**

R: You can come and wait – maybe the queue is too long and they don’t even serve you. You just leave.

**I: Okay.**

R4: I also have a point that does make people avoid public hospitals; you know you may have a disease such as diarrhea and come to the hospital, you can really be insulted. You even wonder whether you are mad or what is wrong with you. So some avoid being insulted.

**I: Okay, they say I went there and I was insulted – you think you are going to the hospital for help…**

R: Yes, such like things.

**I: Okay.**

R: If a mother has a child suffering from diarrhea, she will be told by a fellow how the fellow was treated. Maybe she was asked, what kind of a person are you; why are you bringing this child here, get out of here! Stupid! So if she tells her colleague about this, you find that the children will just be at home.

**I: Instead of…**

R: Or they can go to a private facility because she will not be insulted there.

**I: Yeah.**

R: Or they just call the traditional herbalists to avoid being embarrassed in front of everyone else.

**I: Okay, thank you. So I have heard various reasons that can make patients to either come here to the public hospitals or decide to go somewhere else. So I would now like us to talk about the issues we have talked about; the lungs and respiratory diseases. So some of the symptoms to these diseases could be breathing difficulties or maybe they feel pain in the chests or some even have abnormal coughs, some produce some sound when they breathe and some people may have those symptoms for a long time. So I would like to know, are these symptoms common in this community?**

R: They are very common now.

**I: Let’s listen to number three then number four.**

R3: Recently, about three days ago, a friend of mine came to the barbers shop for a haircut; he didn’t wait for me to cut his hair. He just got up and told me that he had breathing problems. He went to a chemist and was given an injection and some drugs. Yesterday he came back to that chemist and he was in a worse state. And he isn’t the only one I have seen. I have seen more than five or seven people this month alone. So that situation is not better now.

**I: Okay, so number three has told us, for example the person who came to his workplace and had breathing problems and he had to go look for help. He has also said that he has seen more than five people with such problem. Number four, you had something to add.**

R4: First of all, whenever most people that have respiratory diseases have to the hospital, they are asked some questions that they don’t like because if one is asked how many months have you been coughing? And you know if you have a respiratory disease, you are asked some questions and you are told if you have coughed for three months, you have to get your coughs tested. Another one – that is never a problem in these hospitals and even at the private hospitals, they really treat us well on that. But if you have – in my community there is a woman with a child, when his respiratory tract is closed, he really has difficulty in breathing and you hear him producing some weird sound. So she does take her to the hospital and she is given medication. After two to three days you find her just okay.

**I: Okay, so you have seen such symptoms in your community and the patients are always rushed to the hospital and they just recover.**

R: Yes.

**I: Thank you, anyone else with something to add; number five – number six, have you seen anyone with such symptoms?**

R2: I also had a friend, he had dry coughs but always felt something on his throat; he would go to the hospital and get some drugs but he wasn’t cured.

**I: Okay, thank you number seven; number eight?**

R: No.

**I: Okay, I would now like to know – and amongst you, has anyone of you experienced any of these symptoms; either coughing or difficulty in breathing or feeling some pain when you breathe or…**

R7: Like yesterday, I was coughing and feeling some pain.

**I: Okay.**

R: For me, when the vegetation is this green…

**I: Yes, you were telling me about that before we started…**

R: Whenever the vegetation is that green, my respiratory tract is always blocked at around two or three in the morning. And the moment the sun comes out, I do feel relieved again. And I always have to buy the allergy drugs before I can feel better at night. And if I don’t take the drugs, it has to happen.

**I: Okay.**

R: Mine isn’t about coughing but my throat is always itching; so most of the time I try to remove it.

**I: You feel it itching.**

R: Yes. So there was a time I had to put something here because I don’t puke easily.

**I: Not all the time but at given times?**

R: Yes.

**I: Okay, and from the symptoms we’ve mentioned, which diseases have you been told you are suffering from?**

R: I was told it’s an allergy.

**I: Someone else that has been told about these diseases; number two -**

R: Still I have a problem and I have had the problem since nineteen eighty seven. Whenever I take a shower my body starts to itch for about three minutes and then it stops. So I always make sure that I take a painkiller whenever I go to the bathroom so as to avoid the itchiness. I have gone to the hospitals because of that but the drugs haven’t worked. So I do wonder what disease I have.

**I: Okay, have you seen asthma patients in this community?**

R: Yes there are asthma patients.

**I: Okay, can you tell me how it is in this community?**

R: Most of them are not around here because they do move to hotter areas like north eastern because of what they are told by, I don’t know whether they are the experts or the doctors, that if you go to a hotter climate, you will be better off than the cold here. So most of them to move to the hotter climates.

**I: So there are people who have moved to the hotter climates?**

R: There are people who have gone to Wajir or Garissa.

**I: Okay.**

R: So they are not very common here because whenever one has asthma, they are always advised to move to hotter climates.

**I: Okay.**

R: And whenever I sit with an asthma patient, whenever they breathe you hear some sound. You know that’s when you know they have it.

**I: And what steps do they take to reduce that?**

R: That’s why they do say that whenever they go to the hospital they are told to – I don’t know, use certain drugs, some are told to leave the cold climates and that’s why they move there. Because if you take them somewhere you will be told that you will just suffer until you die if you stay there.

**I: Okay, and have you seen the drugs the asthma patients use?**

R: No.

**I: Number two.**

R: Inhaler.

**I: Okay, have you seen it been used?**

R: Yes.

**I: Number two has seen the inhaler. Number eight?**

R: I have seen it being used.

**I: Number six.**

R: Too.

**I: number three, number five; you’ve seen it being used. And is there anyone in your community with the problem?**

R: TB or asthma?

**I: Asthma.**

R: No, I don’t have any in my family; we only have TB patients.

**I: And when it comes to those who use the inhalers; what challenges do you think they face – the asthma patients?**

R: Most of them are always isolated because people fear being infected as well.

**I: Who isolates them?**

R: You know even friends; some even move away due to isolation.

**I: Okay.**

R: Its stigma.

**I: Okay.**

R: they fear.

**I: Okay, so people fear interacting with them so they decide to move away.**

R: Yes. And even the TB patients, that’s why they don’t tell people even at the hospital that they have TB. Even if they have the drugs, they fear going for the drugs or keep the drugs in the pocket because when they are known to be TB patients, they will be isolated. That’s how their friends understand it.

**I: Okay, there is isolation. So I have heard of people fearing infection so they isolate these patients. Why else do they isolate the asthma patients in this community apart from the fear of being infected?**

R: That’s all I know about.

**I: And how does the community view asthma patients?**

R2: They believe it’s a very dangerous disease.

**I: How dangerous?**

R: They think asthma has no cure.

**I: Okay, so we have heard a discussion about these diseases that affect people. You have told me about stigma, isolation and also that people move away – I didn’t know one would move from one place to another because of a health issue. So I would like to know about the hospital, you had mentioned various things about lack of drugs, the patients being insulted by the health service providers, some have challenges with the money; so I would like to know something about tests; a patient may be told to go for a test, according to you, what is your experience about someone who is sent to the laboratory or for an x-ray; what can you tell me about your experiences? I am talking about the public hospitals not the private hospitals.**

R: I have never had a respiratory disease but there are people who we know and do go to the hospital. You find that they are given a container to put their coughs so that it can be tested. I have seen that.

**I: Okay, can you tell me – that’s some of the tests people can be asked to take; you will be given a container and told to go for some coughs so that it can be tested; and maybe I would like to say – number four has said something very important; you may not have been a victim but you know someone in the community, could be a neighbor, a school child, relative who maybe has a certain problem and you have had a conversation about his diseases. So that’s something that can help us because you may have certain information about someone in the community with the problem we are talking about. So I was asking number four, whenever he goes for such tests, what challenges does he face?**

R4: When he gets the test, he will be told the disease he is suffering from, maybe pneumonia, he may be told he has TB or some are even told that according to the test, they have TB.

**I: Okay, so depending on the result they will be told what they are suffering from.**

R: Yes.

**I: And do they face any challenges when they go for the test?**

R2: There are; like my friend didn’t have the test within Meru, it was somewhere else. So I took him to the hospital and he was told to take the cough for testing in the lab. They told him to wait for two hours. After that he was told that the doctor who operates the machine wasn’t around, come the following day. When he came back, he didn’t get the doctor again. He was again told to wait for another two days. So when he was told that, he never went back to that hospital. He went to level five in Eldoret. Again there, he took two days to get his test results.

**I: So he thought it would just take two hours and he was told to come back the following day, then the following day he was again told that the results were not out and he gave up and went to a different hospital where he also had to wait?**

R: Yes.

**I: That’s a challenge. Number four do you have something to add?**

R3: The person I took and I was asked some stupid questions because he was given a container and asked to put some coughs in the container; I am the one who took it to the lab.

**I: Why?**

R: The person I took was too sick to take it.

**I: Okay.**

R: Do you have blood in your hands?

**I: They asked you that?**

R: Yes.

**I: So you didn’t know how to answer that.**

R: And you aren’t a doctor.

**I: Okay.**

R: So you know such things is the reason I was telling you that the service providers insult and lead to people being affected even by diseases that can be cured hence leading to death.

**I: One decides to stay away.**

R: Yes, they say I would rather die than be insulted in front of people; like when they asked me whether I had blood, even the people who were outside came to see what was being talked about. Those are some of the bigger challenges we face.

**I: These are very important points you are raising. I have heard about the delays, how they talk to the patients and you also said that even some patients come to check what are we hearing about blood.**

R: Yes.

**I: Number four.**

R4: I have four people I know of and they have respiratory problems; one of them is my brother. Since we were young children in the seventies, he started coughing. And whenever he coughs it becomes nonstop. He is always taken to the hospital but we have never been told whether its TB or whatever it is. But it doesn’t end. My parents are now old and he even have children. He just coughs nonstop. And then there is another one, when you sit like we are now, it’s not like we were saying that you hear an asthma patient produce some sound; when you talk you hear the, pause – so you fear asking them what the problem is because they may feel you think they have a bad disease.

**I: But you just wonder.**

R: Yes, so you will just put up with him. And then there is also another one who coughs like my brother but you hear him – can someone cough that long without TB.

**I: For long?**

R: Yes. For him, since we were young children up to now, he still coughs that much and late at night mostly. Whenever he coughs you may even wake up to check whether he is back.

**I: Challenge; thank you number four. He has given examples of people he interacts with. People you know about but there is no relation…**

R: And we have never been told whether he has TB…

**I: He has never said what he is suffering from?**

R: We haven’t been told and we come from the same family. He goes to the hospital and takes drugs but it has never cured that and we grew up with him that way.

**I: Does he personally say he hasn’t been told or was he told but he doesn’t say what the problem is?**

R: Even when we ask him he doesn’t tell you what disease he was told he has. He just says it’s a respiratory disease. And that is since we were young children.

**I: Okay, anyone else with something to add about whatever has been mentioned; there are those who have talked about tests, when one goes they are given a container – what challenges – and on x-rays, have you heard of any challenges on x-rays? Those who go for a respiratory tract x-rays?**

R3: I went for an x-ray and I didn’t see any challenge. The challenges are just in the other departments.

**I: Okay, number three says he didn’t see any challenge at the x-ray department; number five, do you have something; number, six, seven, eight?**

R: No.

**I: number two do you have something; number one – okay; now we have talked about – does anyone want to say something about the time of service? You said that when people go to private they are served faster; that’s what I heard. You get in, you get served fast and leave.**

R: Yes.

**I: What do you think is the biggest challenge when it comes to time it takes to be served in a public hospital?**

R3: It is a process. You are told to go to room six for I don’t know what, by the time you get to the pharmacy, you are very tired.

**I: You take long.**

R8: And then mostly they don’t direct you to the room.

**I: You say you don’t have anyone to direct you?**

R: Yes, someone to take you to the room. You may just be given a prescription and be told to go to room number six. You may look for number six and miss it. And even if you ask the other service providers, they don’t care.

**I: Okay.**

R: Because if you have a patient suffering from TB and is severe, it affects the joints. So if you are alone and no one to help you do all that, you will just sit there because you will be sent to more than ten rooms. So if you don’t have anyone to follow up that for you, you cannot get services.

**I: It becomes tough. Number four you have something to say then number five or six.**

R4: The other challenge I see for the patients you know – this is just my opinion; you know these government doctors have other clinics of theirs close to the hospital. So that may be the reason why they mistreat the patients so that they will be told that there are no drugs here, go and buy drugs from a certain chemist. That is his chemist.

**I: Okay, so you are told that there are no drugs…**

R: So that you can go and buy from his chemist.

**I: Okay, private…**

R: Yes, and none of them doesn’t have a private chemist.

**I: Okay, so there is also that; I heard that you may not get anyone to direct you. Maybe you are told to go to a certain room…**

R: You know I went to Meru Level Five; the disease I had, the doctor who prescribed for me medication and directed me where to go, followed me; let’s go I show you where to buy the drugs. I wondered why.

R: He tells you where you will get a faster testing…

R: Some other day I went back to Meru and I got him in that hospital.

**I: And then you understood now.**

R: Yes.

**I: Okay.**

R: I have a question I want to ask you about what we have talked about thought it’s about drugs; can’t the government afford h pillory drugs or why aren’t they available in hospitals like this and yet many people suffer from h pillory?

**I: Now, that’s one of the things we want to know about. For example you’ve said that sometimes there could be drugs and other times it may not be available. So those are some of the things the research is looking into; why government hospitals don’t have drugs because we expect the county to buy the drugs. We expect that when the county buys the drugs, patients should access the drugs from the hospital. So the question is, why are the drugs not available?**

R: Yes, is it that the government cannot afford to buy them or why does a private hospital has them and not here.

**I: Oh an individual can stock them in his hospital?**

R: Yes and yet they are not available here. Is it that the government doesn’t have the drugs or what?

**I: Those are some of the questions we are asking as researchers so that when we get such issues, we take them up there so that they can get to know what the problem is. Because for example what you are mentioning about h pillory, the government may ask, we bought this drug on such a day, because that’s when we’ll ask, why isn’t this drug available?**

R: Because I suffer from h pillory but I cannot get the drugs here. Right now if I go for h pillory test, I will be told to go there now to buy the drugs.

R: And if you go to these dispensaries, you will only be given two types of drugs, flagyl and a painkiller and amoxicillin, the big one. That’s all you will be given.

**I: So those are the only available drugs?**

R: Yes, nothing else.

**I: Okay, if one is, like you said, if you have a disease like h pillory and you need a specific drug, it becomes a problem?**

R: Yes.

**I: Okay.**

R: Because I will come here thinking I will get services and I will afford the drugs, I can afford the little money and pay, even a thousand shillings. But for h pillory, because there is one for seven forty something onwards. So if I have one thousand shillings, they will take almost three hundred and give me back a balance of six hundred so that I can go and buy h pillory drugs. It will be tough because I had a thousand shillings and I didn’t have it and I only have six or seven hundred now. How will I get the drugs?

**I: You cannot get the drugs.**

R: So the hospital just looks like a decoration since if you cannot get what you need, doesn’t that show it’s just a decoration then?

**I: Yes.**

R: So I just see it as a decoration.

**I: So you know that if you go there, you will not solve your problem.**

R: Yes, because I haven’t got the drugs to date and yet there is a hospital here.

**I: That’s the kind of things we want to – as we talk – like I told you, when we take the report we say these are the issues that we got from the community. So you know one may be up there but not know what is going on here or somewhere else. But I told you we selected five hospitals; that’s just an example to show you the five hospitals we went to. You may also want to know you have more than one hundred hospitals for example in the county or we can go countrywide since we are looking at health. So say if these five hospitals have a problem, what could be happening in the other three, four, five thousand hospitals. That will then give a broader picture of the situation. Because if this problem is found in five hospitals, it means that if a thousand hospitals have this problem, this number of people are affected in the service delivery. So thank you for the contributions and questions because as a citizen you may ask yourself, why did I go to such a place and receive a service or fail to get a service and what is the problem. When we ask such questions we’ll know how to solve the challenges and what to do to solve the problems. Okay.**

R: Yes.

**I: My next question is; have you ever seen anyone come to your homes or community to have health talks with you? Number six is nodding – number five.**

R5: I have seen. Sometimes they come and ask about the sanitation.

**I: Okay, how often do they come – do they come daily, weekly, monthly or once per year?**

R: Even a year they can come once, or twice or thrice.

**I: Okay.**

R4: I just saw them once when they had a campaign asking people to dig latrines. That is the day I saw them in the community. I haven’t seen them ever again.

**I: Okay.**

R: It is now about six years.

**I: Okay.**

R: I only saw them recently during the trachoma campaign.

**I: During the recent trachoma campaign?**

R: Yes.

**I: Number three says trachoma campaign. Number seven you said you can go for how long?**

R: Like now it has been six years.

**I: They haven’t come again?**

R: Yes.

**I: Number eight.**

R8: I haven’t even seen them ever.

**I: Number two.**

R: I haven’t seen them ever.

**I: Number one.**

R: I haven’t.

**I: So you said that trachoma, when they came…**

R: When they were checking those who had not dag latrines. It was a campaign to encourage people to have latrines at home.

**I: So what I have learned from you is that…**

R: But we have never seen anyone come to have health talks with us, no.

**I: Okay; so you’ve said that you haven’t seen anyone coming – and are there any community groups that talk to you about health?**

R: No.

**I: Okay, now I would like to ask a question about NHIF; how many of you are members of the NHIF?**

R: I am.

**I: Number four, number five – the rest of you haven’t enrolled?**

R: Yes.

**I: Let me start with those who have enrolled, I would like to know; what made you enroll to NHIF?**

R: First of all my wife is a teacher so that is why I am in the scheme. But even before I married her, I used to pay the monthly fees but when she came, I started using hers.

**I: Okay,**

R: I recently enrolled my mother recently and I only had to do it because of the service. She has pressure and it was a problem. There are no services in the public hospitals and we cannot afford the money. So we had to enroll her into NHIF because we couldn’t get the services from a public hospital.

**I: Okay, it’s not easy to receive treatment so you decided to enroll him into NHIF.**

R: Yes.

**I: How long has she had it?**

R: Its been more than ten years now.

**I: With the card?**

R: Its now a year.

**I: Okay, and do you have the card?**

R: No.

**I: Why don’t you have the card – you haven’t enrolled yet?**

R: No.

**I: Why haven’t you enrolled?**

R: I will enroll but the problem now is money. Even recently I wanted to go for the card but I didn’t have the money as it was increased.

**I: How much do they charge now?**

R: Five hundred.

**I: Which means its six thousand in a year.**

R: Yes.

**I: Number five you said you got a hard?**

R: It’s a family card.

**I: Okay, so you access it through the parents?**

R: Yes.

**I: Okay, and generally in this area, for those who don’t have the card, he has mentioned money; why else don’t you have NHIF cards?**

R7: Just the money.

**I: Number five.**

R5: Most of the people do feel it’s a waste of money and they feel that they can never fall sick. So they feel that you just waste money of you pay for it.

**I: And yet you are not sick – you don’t know whether you will have to use it.**

R: Yes, they feel that it will never help them. And if they get sick that is when they see its importance. And then there is no civic education to show them the importance of this.

**I: So they don’t have that information as well?**

R: Yes.

**I: Okay, so number five has said some may think that I may have to pay for this card but not fall sick. Number three told us that there is a challenge in registration because of the challenge to get the money; what are the other reasons? Number eight, what do you hear people say about NHIF in the community?**

R: Most don’t talk about it but paying it monthly is also a problem because one may have gone for years without falling sick

**I: So if one goes for years without falling sick they feel there is no need?**

R: Yes.

**I: Okay, number four.**

R: No.

**I: Okay, now I would like to ask the final question; I would like to know the opinion of each one of you; if we want to improve health services especially to patients with respiratory diseases or the issues we raised that we were talking about in the public hospitals; what do you think should be done to improve these services?**

R3: First they should create awareness in the interior parts of the community and teach people the importance of going to the hospital whenever there are symptoms, either respiratory symptoms or any other disease. Secondly, the service providers should be warned or given directions on how to treat the patients.

**I: Okay, so the service providers should be educated on how to handle their patients.**

R: Yes.

**I: Okay, number five then number four.**

R5: They should increase the drugs in the hospitals.

**I: Number four.**

R4: You know the people I said that I saw in the community when having a health talk, I was then a CHV chairman. So what the government should do to help the patients with the diseases we are talking about, the CHVs should empower the CHVs so that they can visit households and educate them so that they can know that the diseases are dangerous.

**I: So they should be empowered to visit households and educate them.**

R: Yes.

**I: Okay, did you say you were a CHV chairman?**

R: Yes.

**I: When did you stop?**

R: They just failed to call me again.

**I: When did you stop being the chairman?**

R: I cannot remember because it’s been five to six years now.

**I: Okay, so you have said that they should be empowered; how should they be empowered?**

R: You know let’s say you take the responsibility of visiting households and then in the evening you go to your home without anything; you will not manage to do that.

**I: Okay, so one goes from household to household during the day and then…**

R: And then you go back home without flour; that will be very bad and you will not be motivated.

**I: You wonder how you can get into the house.**

R: Yes. So if the government can view them as their workers and pay them something small, they can do that job even for a week or – they should visit households at least once per week.

**I: Okay, so you think the government should uplift them so that they can visit – when one comes back home in the evening they can have something.**

R: Yes. Because they are the ones who do a lot of work and they talk to them and convince them to go to the hospital.

**I: Okay, anyone else with anything to add; number one.**

R1: What I think is that the government should check on the chemists that belong to doctors in government hospitals. they are really mistreating us because drugs are brought and the doctor takes them to his chemists. Some even take the testing kits to their clinics because there was a day I went to Meru and I was told to go to a chemist – from the gate in Meru, you go uphill and you get there. I went there to be tested and returned with the forms and the patient whom I took was treated.

**I: Okay, so you are saying that the government should know whose chemists they are…**

R: They know them, they just – you know….

**I: What I am trying to understand is, when the government gets to know that the chemist belongs to this doctor and that, what should it do?**

R: You know, the drugs should get to know if the drugs in the chemist belongs to the government of Kenya or not.

**I: Okay, number seven do you have something to add?**

R: Just what he has said that – if the drug has a mark of GoK, then the person should be arrested and taken to the court of law.

**I: So the government should go to the private pharmacies and chemists and look for…**

R: Check the drugs that are being sold there.

**I: Show us the drugs you have so that they can know for example that this drug should be a government drug and how did it get here.**

R: Yes.

**I: Okay, number five.**

R5: The government should increase the machines in the hospitals.

**I: Okay.**

R: And the experts.

**I: What?**

R: The experts as well.

**I: Okay, the machines and the experts who will operate on them in the hospital.**

R: Yes, the hospital may have a machine but no expert to operate them.

**I: Okay. So machines should be added and the experts to operate them should be there too.**

R: The experts.

**I: Okay. Anyone with anything else to add?**

R: No, that’s all.

**I: Okay, so I would like to thank you very much.**

[End of audio]