**In the name of God; The most precious; The most Merciful**

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| Facilitator | Well. First, can you tell me more about the services that you provide at this hospital in general? |
| Participant | This hospital is not a general hospital; Obse and gynae, surgery, pediatrics, all types of patients. |
| Facilitator | Do you have all types of departments? |
| Participant | Yes, all departments. |
| Facilitator | Well. Over here in XXXX what are the main priority diseases and illnesses for this hospital? |
| Participant | First, Infections; respiratory infections and asthma, tuberculosis is average since this hospital is in general… يعني الدرن ده وسط لانو المستشفى عامة |
| Facilitator | What are the other diseases at this facility? |
| Participant | Secondly, malaria, inflammatory cases in women. I do not think there is something else. |
| Facilitator | Well. Why are these the main priorities? |
| Participant | Since they are endemic and existing. Inflammatory diseases and malaria are the most common diseases in addition to typhoid. |
| Facilitator | Why do you think they are very common? |
| Participant | Environmental health; environmental health is very poor and too bad. صحة البيئة ’ صحة البيئة حقتنا متدنية وواقعة في الواطة |
| Facilitator | Well. Can you tell me about the context of CLDs in particular asthma, TB, and COPD at this facility? |
| Participant | There is shortness of breath. The patient will be breathless, cannot sleep, and cannot sit up. |
| Participant | These are the symptoms these patients have. |
| Participant | Yes, these are the symptoms. In relation to TB patients, the patient will have fever, sweating, excessive cough and fever. Patients with asthma will have shortness of breathing. |
| Facilitator | Can you tell me more about the services you provide for patients with TB and other lung diseases at this hospital? |
| Participant | In relation to tuberculosis patients, we perform investigations for them. Some of the patients are referred and already diagnosed. We provide treatment to those patients right away. If we suspect the patient to have TB, we perform sputum test for 2 days; we perform sputum test on the 1st day the patient presents. On 2nd day, the patient will be fasting and we perform sputum test. If the sputum test is positive, we start treatment. If sputum test is negative and the patient is suspected to have TB, we refer the patient to a medical doctor. If the doctor advises TB treatment, we start the treatment. If the doctor doubts the diagnosis, he will refer the patient as the patient might have another disease. |
| Facilitator | Another disease like what? |
| Participant | The patient might have a heart problem. In relation to asthma patients, we have Ventolin. Those patients are managed via Ventolin, hydrocortisone, and samixon sometimes. This is what the doctors prescribe at this facility. |
| Facilitator | Well. Can you tell me more about the services you provide for the patients in relation to diagnosis and treatment in details? |
| Participant | Those patients have health insurance; of course. |
| Facilitator | Are all patients under the umbrella of health insurance? داخلين في التامين الصحي ؟ كل المرضى |
| Participant | Many patients; the majority. The minority of patients do not have health insurance. If you would like to manage those patients at the emergency room; if you require intravenous fluids, Benzyl penicillin, these medicines are available at the emergency department and could be provided over there after being prescribed by the doctor; prescribed by the doctor for 24 hours. |
| Facilitator | This is in case of asthma patient. |
| Participant | Yes, this is in case of asthma patients and other patients are also prescribed Benzyl Penicillin. Patients with malaria are prescribed IV fluids. |
| Facilitator | Well. You mentioned that TB patients are diagnosed via sputum test. |
| Participant | Yes. We used to have the sputum test tool. However, it is currently not functioning. |
| Facilitator | Which tool? |
| Participant | The genetic examination tool (G-Expert). However, the battery is low and we took it to them but it is not functioning yet. That is why we perform sputum test. |
| Facilitator | How do you test now? |
| Participant | We test sputum and we perform x-ray as well. |
| Facilitator | You mean an x-ray and laboratory test? |
| Participant | Yes. |
| Facilitator | This is in case of TB patient. How asthma patients are diagnosed? |
| Participant | There is actually no chest physician at this hospital. |
| Facilitator | Why? |
| Participant | There is not. There are medical officers. If the doctor suspects a case of asthma, the doctor will refer this patient to Khartoum or XXXX to be examined by a chest physician. The patient might go to [district capital]. After being diagnosed and treatment prescribed, the patient will attend the hospital for re-writing the prescription for medicine every time. |
|  | بعد يجي مشخص والعلاج شايلو معاهو تاني كل مرة بكتبوهو ليهو |
| Facilitator | Well. If we would like to connect the services provided by this hospital to the existing community health services; such as health assistants and community volunteers, how could we coordinate with them in this issue? |
|  | طيب الخدمات في المستشفى هنا لو نحن دايرين نربطها مع الخدمات البقدمها المجتمع زي المعاونين الصحيين والناس المتطوعين في المجتمع نحن كيف ممكن نخليهم يساهموا معانا في الحكاية دي ؟ |
| Participant | Let them be close to us. |
| Facilitator | How could they be close? |
| Participant | For example, they could work at this facility and be distributed across the departments; women, children, women, and laboratory. They could be close to these departments. |
|  | يعني مثلا يشتغلوا معانا ونقسمهم في الاقسام النساء والاطفال والحريمات والمعمل يعني يكونوا قريبين من الحاجات دي . |
| Facilitator | Well. Why do you said to let them be close and provide training? |
| Participant | In order to get their help. For example, if a patient requires IV fluids, he could administer I.V. fluids; he will be oriented and could work at the hospital; in the wards. |
| Facilitator | This is in relation to the wards. If we would like to get their help in providing services to patients with CLDs, how could we make the community participates in this issue? |
| Participant | You have media; extensive broadcasting at mosques and schools as health awareness so that they will spread the messages. |
|  | دي بكون عندكم اعلام , تكثفوا الاعلام في الجوامع وفي المدارس كتوعية صحية عشان هم ينشروا الكلام ده . |
| Facilitator | Well. You earlier talked about how we could diagnose TB and asthma, how TB and asthma are managed? |
| Participant | In relation to TB, after the patient is diagnosed, we weigh the patient and calculate the dose; how many tablets. If the patient is category 1, we will prescribe tablets; of course. At the workshop we attended yesterday, they took out streptomycin and advise to give tablets to all patients. According to patient’s weight, some patients take 3 tablets while others take 4 tablets. In relation to children, some patients take 1 or 2 tablets. |
| Facilitator | According to the weight? |
| Participant | Yes, according to the weight. |
| Facilitator | How long is the treatment? المدة بتكون كيف ؟ |
| Participant | Treatment duration for category 1 is 6 months; CAT 2 is 8 months; and others |
| Facilitator | Well. What patients are CAT 1; CAT 2; and CAT 3? |
| Participant | CAT are those who are diagnosed for the 1st time; new cases. |
|  | مشخصين اول مرة المرض يدخل الاولى جسمهم . |
| Facilitator | You mean new treatment. Ahh; what is about CAT 2? |
| Participant | Yes, new treatment. CAT 2 are relapse after treatment; patient returns or default after starting treatment and return. Those patients are classified as CAT 2 right away. You perform sputum test. If the test is positive, you start CAT 2 treatment. If it is resistant TB, we refer them. |
| Facilitator | Where to refer them? تسفروهم وين ؟ |
| Participant | Khartoum; XXXX. We refer two patients there. |
| Facilitator | Those are CAT 3 Patients? |
| Participant | Those patients are CAT 2; itself. If TB is resistant, we do not manage / keep the patient. We refer this patient there. |
| Facilitator | Well. What is CAT 3? |
| Participant | They are 2 categories and the 3rd category is this resistant TB. We do not manage resistant TB, we refer such patients. However, we manage CAT 2 over here. |
| Facilitator | And you refer those cases right away? |
| Participant | Yes, we do. |
| Facilitator | Well. This is TB treatment. Let’s move to asthma patients. How are asthma patients managed? |
| Participant | Asthma patients present when they are distressed. We administer Ventolin and the patient takes his medicines. If s/he has an inhaler, s/he will be prescribed one. If s/he takes tablets, s/he will be prescribed tablets. We only relieve / provide nebulizer the patient at the facility. |
| Facilitator | Well. How ready do you feel your health facility is to be able to properly diagnose and manage patients with CLDs? |
| Participant | Pardon! |
| Facilitator | Is this hospital able to diagnose and manage patients with asthma and TB? |
| Participant | It manages; patients attend to be treated. We manage patients. If they are already diagnosed, we prescribe treatment. |
| Facilitator | Well. How ready is this hospital? |
| Participant | In respect to what? |
| Facilitator | In respect to services provision; management and diagnosis, is it ready 100% according to what do you think? |
| Participant | Not 100%. |
| Facilitator | How much do you evaluate the quality of services? |
| Participant | It is 75%. The remaining 25% is missing. |
| Facilitator | What equipment do you feel is needed to diagnose and manage patients with CLDs; whether they are patients with TB, asthma or COPD? |
| Participant | In relation to equipment? |
| Facilitator | Yes. Please tell me one by one; in relation to asthma patient and in relation to TB patients. |
| Participant | In relation to asthma patient, they need nebulizer. TB patients need an investigation tool. They say there is new equipment. I do not know whether they will avail it. We currently have the microscope. Of course, microscopes and diagnostic tools shall be availed. An x-ray is to be availed for asthma patients. |
| Facilitator | Do you have x-ray machine? |
| Participant | An x-ray machine is there but it is not functioning. |
| Facilitator | Well. What else is needed to diagnose patients with asthma apart from x-ray? What tool could be used to diagnose patients with asthma apart from x-ray? |
| Participant | I have not comprehended asthma yet. I forgot asthma diagnosis long time ago. I have been working for 30 years, would I forget it? However, we provide emergency treatment; provide emergency treatment to the patient and safeguard against being breathless. |
| Facilitator | Well. What are the challenges with ensuring this equipment being available, and used within your facility? |
| Participant | Resources. If they can afford it, they will avail it. |
| Facilitator | You mean financial resources? |
| Participant | Yes; finance. |
| Facilitator | Well. In respect to being functional, if this equipment is available, is there staff to operate it? |
| Participant | The staff is available but need training. It is all about training but we need equipment. |
| Facilitator | Well. What could make it easier to avail this equipment? |
| Participant | This is related to the general director. |
| Facilitator | Well. Do you have a standard case definition for any chronic lung diseases; asthma is so and so or TB is so and so)? |
| Participant | No, no. My colleague has received training but they do not provide her with posters; she did not bring any. However, the posters we have are TB posters. |
| Facilitator | There are TB posters. Is there a written definition for TB; TB is so and so? |
| Participant | Yes; it could be managed and cured and other points. |
| Facilitator | Well. What is about asthma patient? |
| Participant | NO, no. There is no staff. I am TB officer that why I always bring along posters and hanged them up.  مسؤلة درن عشان كده طوالي انا هسه بجيب ملصقات بختها |
| Facilitator | Are there posters available and hanged up? |
| Participant | Yes; each time we attend a workshop, we bring them along. |
| Facilitator | Well. Based on your experience, can you comment on how long it takes to detect cases; TB case detection; diagnosis of asthma patient? Do you detect the cases early or late? |
| Participant | It might be late. |
| Facilitator | Why? |
| Participant | Because the patient attends the facility at a late stage; particularly TB patients. They present after attending health facilities at Khartoum, [state capital] private hospitals. Of course after attending public hospitals, they attend private hospitals. After the patient’s health condition deteriorates, they bring the patient. We suspect TB diagnosis and refer according. |
| Facilitator | So, the patient is not diagnosed at the health facilities he attended? |
| Participant | Yes; they did not diagnose the patient. |
| Facilitator | Why did they not diagnose? |
| Participant | I do not know. However, there are cases that have been attending one health facility to another before they present at this hospital. We perform sputum test and it is positive. |
| Facilitator | Well. If the patient attends this facility, does sputum test take time in order to be able to diagnose a TB patient? |
| Participant | What time? |
| Facilitator | Does diagnosis take time? |
| Participant | No. After performing sputum tests on the first and second days and the result was positive, you start treatment; weigh the patient and provide treatment at this facility. |
| Facilitator | This is for TB patient. |
| Participant | Yes; TB patient. |
| Facilitator | Well; asthma patient? |
| Participant | There is not diagnostic tool for asthma at this facility. The patient is already diagnosed at presentation. We only provide medicines and emergency treatment. |
| Facilitator | Well. Are there algorithms for staff in your facility to follow to diagnose and manage patients with CLDs? |
| Participant | There is TB algorithm; it demonstrates management pathway |
|  | عندنا حق التي بي بوريك طريقة العلاج زاتها . |
| Facilitator | In respect to asthma patients, is there an algorithm? |
| Participant | There is no algorithm for asthma patients. |
| Facilitator | Well. Who was involved with developing TB algorithm? |
| Participant | We brought it from the organization. |
| Facilitator | Which organization? |
| Participant | The organization that works with TB program. They avail them; we attended workshops and they provide them to us. |
| Facilitator | Well. Who showed you how to use it? |
| Participant | The coordinator; TB coordinator himself. Trainers from at the federal ministry and [state capital] will come. |
| Facilitator | Do they train you on how to use the algorithm in diagnosis and management? |
| Participant | Yes. We bring it and hung it up on the wall. |
| Facilitator | Well. As a TB health provider and has used this algorithm, what do you think about it? |
| Participant | In relation to what? |
| Facilitator | All aspects; is it useful in diagnosis and management; etc? |
| Participant | Useful. |
| Facilitator | Why it is useful? |
| Participant | Because it is complete; ready to be followed right away. |
|  | عندنا حق التي بي بوريك طريقة العلاج زاتها . |
| Facilitator | Well. Are drugs for managing CLDs included in essential drugs list requested by this facility? |
| Participant | Yes. I request TB treatment drugs; I always report on the consumption and stock of TB drugs). |
| Facilitator | Well. What is about your request for monthly drug supply? |
| Participant | The monthly drug is calculated according to the total number of patients reported; if the total number is 10 patients, they calculate the percentage and avail the amount of TB drugs required. If it is 5 patients, the same calculation is applied. |
| Facilitator | Well. In relation to the drug supply request at XXXX hospital in general; are drugs for managing asthma and TB included in essential drugs list for your facility? Do you request Ventolin, etc? |
| Participant | Yes. These drugs are emergency drugs. The emergency drugs list is separately requested in isolation of TB treatment drugs; TB treatment drugs are not included. They are separately requested. However, asthma treatment is included in the emergency drugs list; requested and avail at the emergency department. |
| Facilitator | Well. How available are these medicines? |
| Participant | Sometimes, there is shortage in drug supply. At other times, the drug supply is adequate. والله مرات تشح ومرات تكون كويسة |
| Facilitator | Why there is shortage? |
| Participant | When there is high influx of patients, ratio of drug supply to high number of cases is suboptimal since they do not avail adequate drug supply; the drug supply availed is insufficient. |
| Facilitator | Why do they not avail adequate drug supply? |
| Participant | I do not know. The drug supply availed is inadequate. |
| Facilitator | Well. In respect to essential drugs list, you mentioned that you request Ventolin, etc.. Well. Why are these medicines included in the essential drugs list? |
| Participant | Which medicines? |
| Facilitator | Medicines for asthma patients. |
| Participant | Drugs for managing asthma are availed. In general; they are availed via revolving drug fund at sometimes, i.e., when the patient is poor and does not have money, they provide his/her treatment drugs from emergency stock of revolving drug fund. |
|  | الزول لما يكون مسكين ما عندو حاجة ( قروش ) بشيلوا ليهو من الطوارئ للدواء الدوار . |
| Facilitator | How? |
| Participant | For example, if the patient does not have money, how will s/he purchase treatment drugs; unless these drugs are availed in the emergency stock? |
| Facilitator | Well. After you submit your essential drugs list, how long does it take to receive these drugs? |
| Participant | In relation to the drugs? |
| Facilitator | Yes, in general? |
| Participant | These drugs are usually availed every month; every 25 days. Of course, emergency are availed monthly while that of revolving drug fund, the vehicle avails drug supply every 15 days. |
| Facilitator | How much do drugs for managing TB and asthma cost? |
| Participant | TB treatment drugs are free-of-charge; at no cost. I do not know about asthma drugs. They are purchased. However, I do not know whether the cost is expensive. However, when the doctor sees that the patient is poor, he will manage the patient in the emergency department in order to provide the treatment drugs for free. |
| Facilitator | Fine. You mentioned that there are health services provided for managing asthma and TB patients. However, you evaluate the quality of such services as 75 %. How do you think the quality of these services could be improved to be 100%? |
| Participant | To avail these health services. |
| Facilitator | Which services? زي شنو الخدمات ؟ |
| Participant | To avail equipment for asthma management; drugs and any other tools required by those patients. |
| Facilitator | Well. What do you think effective care for asthma and TB patients looks like in order to be evaluated as high quality of health care provision? How do you think it is supposed to look like? |
| Participant | In respect to asthma patients? |
| Facilitator | In respect to patients with asthma and TB as well. |
| Participant | This is a difficult question. |
| Facilitator | Well. If we would like to provide a 5 stars quality of health care to asthma or TB patients; in your opinion, what health care services shall be provided in order to be evaluated of that quality? |
| Participant | Take care of the patient; him/herself. |
| Facilitator | What else? |
| Participant | Availing treatment. |
| Facilitator | What do you think are the main needs for patients with asthma and TB when they attend a hospital? |
| Participant | Good reception; to welcome the patient. تستقبل المريض كويس . |
| Facilitator | What else? |
| Participant | To provide them healthcare services in relation to investigations and treatment. |
| Facilitator | Well. How prepared is your facility to meet the needs you have just mentioned? |
| Participant | We are ready. However, we request / demand these healthcare services / them as they are not available. |
|  | نحن جاهزين لكن دايرنها هي لانها هي ما متوفرة |
| Facilitator | You mean; you as health staff are ready. However, you request / demand equipment. |
| Participant | Yes, we demand. |
| Facilitator | Well. If we would like to integrate management of asthma patients within existing health system in order to provide high quality of healthcare services, where do you think this integration shall take place |
| Participant | They actually share similar symptoms to patients with TB or respiratory infection department. والله هم مشتركين مع ناس التي بي او الاتهاب الرئوي . |
| Facilitator | Shall we integrate within TB program? |
| Participant | Yes, they say so. |
| Facilitator | Well. What do you think would be the main benefits of integrating the management of asthma within TB program? What would be the disadvantages? What is good and what is bad in integration within TB program? |
| Participant | We integrate in order to take care of them in relation to investigations, etc. The disadvantage is neglect; the patient attends and leaves. |
|  | دمجنا ده عشان نهتم بيهم من ناحية بتاعت فحوصات وكدي والسلبية دي الاهمال الواحد يجي ويرجع . |
| Facilitator | Well. Who are health workers involved in the management of CLD within your facility? |
| Participant | The majority of health workers are medical assistant; followed by medical doctors, laboratory staff, and statisticians. |
| Facilitator | What are the roles and responsibilities of each category? |
| Participant | The medical assistants are treatment officer; laboratory staff performs investigations, and statisticians perform statistics. |
|  | وناس الاحصاء طبعا الاحصائيات |
| Facilitator | And doctors? |
| Participant | Doctors diagnose the patient; they do not treat the patients. They only diagnose the patient. The majority of health workers are medical assistant. Currently, medical assistants are predominately the ones in charge. |
| Facilitator | Yes. Why staff in charge is predominately medical assistants? |
| Participant | They turn over more frequently (doctors); they move to another hospital every year or every 6 months. However, medical assistants are permanent staff. |
| Facilitator | Are there adequate numbers of staff; you have just mentioned, to provide health care services to patients? |
| Participant | There are adequate numbers of staff unless they are not recruited. They are available. We have many staff. However, they are not formally appointed. عندنا كتار لكن ما معينين رسمي . |
| Facilitator | Well. You mentioned that the numbers of staff are adequate. Why do you think they are adequate? |
| Participant | Because I see there are a lot of health workers. |
| Facilitator | Well. In respect to staff you mentioned; medical doctors, medical assistants, statisticians and laboratory staff, are this staff currently well trained to provide care to patients with CLDs? |
| Participant | They shall be re-trained. If a staff is assigned a task, this staff shall be re-trained. Currently, we as medical assistants have not received training for a long time. I was appointed in 2000. Every time I attend a workshop, we learn more / a new thing. كل ما نمشي ورشة بنجيب حاجة جديدة |
| Facilitator | Well. How this training is conducted; pre-service training, in-service training, how is it? |
| Participant | What is the training for? التدريب لشنو ؟ |
| Facilitator | How is the training conducted? |
| Participant | In-service training. |
| Facilitator | How does this training vary depending on the job role of each staff category you have mentioned? |
| Participant | In respect to training, it does not vary. It is the same. |
| Facilitator | Training for doctors is similar to that for medical assistants and for statisticians. |
| Participant | They are all the same. In respect to TB, training is the same. However, the language of instruction is sometimes English for this category and Arabic for the other category. |
|  | لكن مرات بكون ده بالانجليزي وده بالعربي بس |
| Participant | Well. In respect to asthma, have you even been trained? |
| Participant | No. I have been trained. However, some staff have been trained. |
| Facilitator | Medical doctors, are not they? |
| Participant | Medical assistant. There are no doctors since they do not reside permanently. هنا ما عندنا طبيب عشان ما بقعدوا ( يستقروا ) |
| Facilitator | Well. How could the training; itself, be improved in order to be of good quality? |
| Participant | Increase the numbers of staff to be trained. |
| Facilitator | Well. What supervision structures are in place for health staff working at this facility? |
| Participant | Supervision in respect to what? الاشراف بالنسبة لشنو ؟ |
| Facilitator | Supervision structures for health staff involved in the management of TB and asthma within this facility? How is supervision carried out? |
| Participant | What is supervision for? بالنسبة لي وين الاشراف ؟ |
| Facilitator | Supervision by the ministry or any other type of supervision. Do you have supervision? |
| Participant | Yes, there is supervision. بجي أي . |
| Facilitator | How often does it take place? |
| Participant | Supervision is sometimes carried out on annual basis. In respect to TB program, supervision is carried out for 6 times this year. |
|  | بالنسبة للاشراف حقنا حق التي بي في السنة دي جونا 6 مرات . |
| Facilitator | What is the difference that they carried out supervision 6 times this year? |
|  | الفرق شنو انهم جوكم السنة دي 6 مرات ؟ |
| Participant | Pardon! |
| Facilitator | Why did they carry out supervision 6 times this year? |
| Participant | They intensify TB supervision. |
| Facilitator | Well. Do you think supervision could be improved or carried out in other ways? |
| Participant | In respect to supervision? |
| Facilitator | Yes. Do you think it could be improved? Or it is fine as it is now? |
| Participant | Intensify supervision. Supervision is good; it makes staff works. |
| Facilitator | Well. In order to ensure staff is ready to provide health services, how can I ensure they are ready? |
|  | طيب عشان انا اتاكد انو الكادر بتاعي ده جاهز يقدم الخدمة بتاكد كيف ؟ |
| Participant | Through this supervision; each time I carry out supervision, I review staff performance. بي اشرافي ده , انا كل ما اجي بفتش اشوف شغلو |
| Facilitator | Well. We would like to review recording, reporting, etc. What data is currently captured in relation to patients with CLDs in existing health information management systems? How do you capture these data? |
| Participant | In respect to what; training? |
| Facilitator | What information do you record when a patient presents? |
|  | المريض لما يجيكم شنو المعلومات البتاخدوها منو ؟ |
| Participant | Once the patient presents, we record the patient’s name, address, telephone number, age, and place of residence. The patient’s disease is of course to be diagnosed. المرض ده طبعا بنشخصو |
| Facilitator | Fine. Where is these data; you have just mentioned, recorded? |
| Participant | There are registers. |
| Facilitator | Where? At the out-patient clinic; where are they? |
| Participant | At the out-patient clinic over here. The statistician will enter these data. After a month, these data are reported. |
| Facilitator | Data are reported after one month? |
| Participant | At this facility, it is reported after one month. However, TB data are reported every 3 months. |
| Facilitator | On a quarterly basis. |
| Participant | Yes. |
| Facilitator | Well. Are these data analyzed in order to use this information? |
| Participant | Where? |
| Facilitator | The data currently captured; you mentioned that there is a register book to record patient’s information; diagnoses of cases, patients’ influx, total number of patients. Are these data analyzed, are not they? |
| Participant | The report is already submitted. |
| Facilitator | Where is it reported? |
| Participant | Of course, these data are reported to [state capital]. There is a monthly meeting; the medical director will travel to [state capital], submit the report and they review the report. At the end of the year, annual report is prepared and we attend the meeting. هسي نحن بعد نتم السنة عندنا التقرير كلو بطلعوهو لينا بالنسبة وبنمشي اجتماع |
| Facilitator | Well. How are the results of reports’ analysis used? |
| Participant | In respect to what? بالنسبة لشنو ؟ |
| Facilitator | In relation to the patients; you capture data on these patients, prepare and submit reports, how are the results of reports’ analysis used? Where could it be useful? ممكن تفيدنا في شنو ؟ |
| Participant | I do not have an answer. |
| Facilitator | You, as TB treatment officer, submits the TB report, the report included the total number of TB cases in this quarter; negative TB cases and positive TB cases, and total number of defaulters. How is the information used? |
| Participant | In order to assess whether the percentage of TB patients increased? If it increased, it means I did not carry out my tasks well. If it decreased, that means I am competent. |
|  | يلا عشان اشوف النسبة حقتهم زادت ولا نقصت ؟ لو زادت معناها انا ما عملتا حاجة ولو نقصت معانها انا ماشة كويس . |
| Facilitator | Well. In relation to diagnosis and management of CLDs, what are the main barriers that you face in diagnosing and management of CLDs patients at this facility? |
| Participant | There is no problem. |
| Facilitator | Are there no problem in diagnosing and management? |
| Participant | It is either you diagnose or refer the patient. |
| Facilitator | Well. You partly answered this question. You mentioned that TB patients are diagnosed via microscope, G-test that is currently not functioning, and x-ray whereas asthma patients are diagnosed via radiology? Is there any other diagnostic tool that you use? |
| Participant | It is not available at this facility. |
| Facilitator | Well. What would make it easier to diagnose patients with asthma or TB? What make it easier to diagnose such patients? |
| Participant | The picture. |
| Facilitator | X-ray picture? |
| Participant | Yes. |
| Facilitator | Well. You earlier mentioned that management of asthma shall be integrated within TB program since one of the advantages; you mentioned, is that asthma patients will receive attention, get treatment, etc. Could problems arise from such integration? |
| Participant | No, no. |
| Facilitator | Well. We almost reach the end of this interview. There is an imaginary case scenario; I will explain the case to you in order to know whether you could diagnose this patient from the symptoms? What is your suspected diagnosis? |
| Participant | How long was the illness? |
| Facilitator | The patient had episodes of coughing in the morning for the last 5 years, breathlessness after effort for the last year 5 kg weight loss over the last year, no history of allergic disease or tuberculosis, no known co-morbidity. Ex-smoker (smoked 30 cig/day over period of 20 years; stopped smoking 3 years ago) |
| Participant | This patient has symptoms of tuberculosis and allergy. Since the cough is not clear, my diagnosis is asthma. There are symptoms suggesting TB diagnosis. |
| Facilitator | What are the symptoms that suggest TB diagnosis? |
| Participant | Purulent sputum with traces of blood in expectoration. Asthma patients do not have such symptoms. |
| Facilitator | What do you decide to do in this case? |
| Participant | I will perform a sputum test / request investigation. I will request an x-ray test. |
|  | بفحص ليهو وبعمل ليهو الصورة |
| Facilitator | What do you prescribe? |
| Participant | I will only prescribe Ventolin nebulizer and then re-assess the patient. |
| Facilitator | Well. After 8 days, patient improves. Predicted PEF536 l/min. The patient performed a lung function test; PEF measurements are as follows: PEF before bronchodilator = 280 l/min; PEF after bronchodilator = 290 l/min. However, as the breathlessness has not completely disappeared, the doctor prescribes a short course of prednisone, with salbutamol as needed. After this treatment, the patient comes back and the PEF is measured. PEF after bronchodilator after 8 days of prednisone = 300l/min. If we would like to assess the variation in PEF, how much is it in this patient? |
| Participant | In respect to? |
| Facilitator | In respect to this patient. If we would like to know whether asthma is the definite diagnosis, how could we evaluate that? |
| Participant | We perform x-ray test. |
| Facilitator | Well. After this discussion, what is most probable diagnosis? |
|  | طيب بعد الكلام الهسه قلناهو ده التشخيص المحتمل بكون شنو ؟ |
| Participant | It is asthma. |
| Facilitator | Well. If it is asthma, what is the severity of asthma according to these symptoms? |
| Participant | According to symptoms. |
| Facilitator | Yes. According to symptoms, it is acute, severe or moderate? |
| Participant | Acute on chronic. حادة مزمنة . |
| Facilitator | Well. If the diagnosis is asthma, what steps do you follow in manag, what shall you start with? |
| Participant | I will start with ventolin, prescribe prednisone and antibiotic in order to cure infection if it is there. Advise the patient against dust and cold exposure. |
|  | بنبدا ليهو بالفانتولين واديهو بريدسلون ومضاد حيوي عشان لو في حاجة يشيلها ونمنعو ما يمشي مكان فيهو غبار وما يتعرض للبرد . |
| Facilitator | Fine. What instructions would you give to the patient regarding inhaler use technique? |
| Participant | Inhaler is taken at night; for example |
|  | البخاخ ده بتديهو ليهو بعد يجي ينوم مثلا يبخ بخة واحدة لي بكرة بكون كويس ويستخدمها كل 8 ساعات او صباح ومساء او مرة واحدة في اليوم . |
| Facilitator | Well. If the patient says he does not want to use inhaler, the inhaler result in so and so. What are you going to explain about inhaler use? |
| Participant | Inhaler is good and it will alleviate your symptoms and prevent distress. |
|  | البخاخ سمح وبنفسك وما بخليك تتضايق . |
| Facilitator | Well. In respect to ability to self-control attacks (patients does not present at the hospital frequently), what will you advise the patient? |
|  | طيب عشان المريض ده ما يجيك هنا في المستشفى كتير بتنصحيهو بشنو ؟ |
| Participant | Remain comfortable (rest) and stay away from factors that trigger asthma attack. |
| Facilitator | Well. How would you manage patient presenting at the emergency department with an acute asthma attack and was very distressed? |
| Participant | I will admit the patient into the ward and start ventolin every hours or every 2 hours. After the patient improves, s/he will be prescribed tablets and discharged. |
| Facilitator | Well. Please describe how you would respond if the patient told you he was no longer able to carry out his work, due to his breathlessness and he was feeling quite low as a result. |
| Participant | How / what do you mean? كيف يعني ؟ |
| Facilitator | If this patient is upset due to his breathlessness and told you he was no longer able to carry out his work and he was feeling quite low as a result; as health staff in this hospital, what would you do? Or how would you respond in this case? |
| Participant | I will advise the patient. |
| Facilitator | What will you advise? |
| Participant | Disease affects people and a patient shall not feel despair of life. |
|  | يعني المرض اصلو بجي للناس والواحد ما يياس من الدنيا . |
| Facilitator | Well. If this patient told you he was feeling quite low and this disease affects his mood, are there any other service sectors that you might want to link this patient with? |
| Participant | I will refer the patient to the department of psychological diseases. |
| Facilitator | What shall they provide to this patient? |
| Participant | They will advise the patient; provide counseling. |
| Facilitator | Well. We finish our questions. Thank you so much for your time, information, and your patience. Do you have any additions? |
| Participant | No, no. This is no addition. |