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| Facilitator | Can you tell me more about the services that you provide at XXXX hospital in general? |
| Participant | In general, in relation to emergency services provision (outside), the clinic is functioning, laboratory is functioning, and radiology department and minor operation theatre are providing services through medical insurance as well as the major operation theatre and the obs and gynae department. |
| Facilitator | Well. What are the main priority diseases and illnesses for this hospital? |
| Participant | I do not understand the question. What do you mean? |
| Facilitator | The diseases that are main priority; have high influx of patients at the facility and are considered main priority at the hospital, what are these diseases? |
| Participant | In relation to influx at this facility, it is general; we do not have particular disease. والله ياخي نحن التردد حقنا عام ماعندنا حاجه However, tuberculosis is a top priority disease,; TB program, TB health staff (TB treatment officer and etc) |
| Facilitator | Why are the (common) diseases at this hospital? |
| Participant | The common diseases are malaria, asthma, respiratory infection. These are the diseases with high influx of patients. |
| Facilitator | Why these diseases have high influx? |
| Participant | Due to the environment. |
| Facilitator | Can you tell me more about the services you provide for patients with asthma at this facility? You earlier mentioned asthma. What are the services that you provide for patient with asthma at XXXX hospital? |
| Participant | Once you diagnose asthma, you evaluate whether it is mild attack or severe attack as prescribe treatment accordingly. The patient will immediately take ventolin (Sulbutamol inhaler); based on the doctor evaluation of the case, the patient will be prescribed inhaler, steroid injection (cortisone). Then, they check for example (chest infection). If there is no infection, what is the provoking factor for the (attack)? The patient will be managed accordingly. Most of the patients presenting at this facility do not use inhaler. They are only prescribed nebulizer; (no ventolin inhaler or steroid). |
| Facilitator | What algorithms or processes do you follow for patient with lung disease or asthma at this facility? |
| Participant | The asthma algorithm. البروتوكول بتاع الازما الآن |
| Facilitator | Do you have this algorithm at this hospital? |
| Participant | To tell you the truth, I do not really know whether it is available or not. However, based on treatment provided for asthma patient at this hospital; how this patient will be treated at presentation and what this patient shall be prescribed at discharge. I have not come across asthma algorithm. |
| Facilitation | You have never come across asthma algorithm? |
| Participant | I never come across it at the hospital. |
| Facilitator | Well. What does effective asthma care look like? What do you think based on your experience? |
| Participant | First, The patient must be convinced that s/he has asthma in order to be managed since most of the patients over here are not convinced. They say they have allergy. No patient ever accepts the diagnosis if s/he is told he has asthma. They say this is allergy; I do not have asthma. If you prescribe inhaler, the patient will absolutely refuse to take inhaler; never take or use inhaler. Around 90% of the population considers asthma as a stigma. If you tell someone that s/he has have asthma, s/he will tell you that s/he does not; s/he has allergy and does not have asthma. I tell them it is the same; asthma is allergy. They will not be convinced. Some patients to cut it short will say it is fine, and request oxygen; Ventolin is considered oxygen by them. Most of the patients request oxygen via nebulizer as they will get better upon nebulizer administration. If you advise them how to use inhaler, they will not be convinced. You show them the inhaler, they will be convinced. You will get embarrassed; this patient will not listen and does not want to be convinced. For treatment, they will present at the hospital whenever they have an attack, be managed via nebulizer and then leave; leave once get better. |
| Facilitator | You said there is (stigma). The patient does not accept the diagnosis. How do you manage this problem? |
| Participant | If I tell you, it stops لو قلت ليك قعد تقيف; No patient is convinced for me. I once had a patient and told him he had asthma and I would like to prescribe inhaler for him. He requested Ventolin. I told him that the inhaler is better and I will provide him the inhaler. He told me no, no. I asked him, why? He said he would get addicted to it. I told him there is no addiction. He told me that I wanted him to be an addict and quarreled with me; whether he used drugs to be an addict; etc. Most of the doctors stop at this point due to problems etc. |
| Facilitator | At XXXX hospital over here, there are many types of programs; a program for treatment. If we take program; where do you think we could integrate CLDs management into another similar (line); another disease, where could CLDs be integrated with another disease? Do you think TB has similar symptoms; can we integrate them together? |
| Participant | It could be with lung diseases in general and TB is one of lung diseases. |
| Facilitator | I see that TB program is more active. |
| Participant | I have told you that no one will accept asthma diagnosis. They tell you this is allergy and that is it. People get accustomed to purchasing Antistine; they know what they shall purchase from the pharmacy, they always purchase them. Prednisone is constantly taken. The patient takes prednisone and never takes Ventolin. They call it allergy tablets. I get confused; I thought the patient was taking Antistine, and the patient showed me a prednisone strip. They take these tablets. Most patients do that. |
| Facilitator | Well. |
| Participant (continuing) | Of course, this is not only taking place in the hospital; at the health centre where I work, and all the patients who consult me at the neighborhood; i.e., all the people/patients that I come across. |
| Facilitator | The community’s point of view. |
| Participant | Unfortunately, yes. |
| Facilitator | Well. If integration takes place; asthma program or any other similar program; as you mentioned TB as it is an active program over here, would there be benefits of integrating them together? |
| Participant | It could be. |
| Facilitator | Please tell me more. |
| Participant | At least, when the patient presents (phone ringing stop the talk); when you explain to the patient what is asthma and what causes an attack, what the patient shall avoid, what s/he shall take and what treatment is effective. The patient might know similar to the TB patient when I talk to him/her, TB patient follows medical advices 100%. When I started working here, I saw one TB patient. When I saw this patient yesterday, I did not recognize her. Her health improved very well; she follows instructions, and she knows how to deal with children, etc. They understand; all people accept her. She has a problem and gets better. When we advise people and talk to them, etc, they might most probably understand and accept asthma diagnosis. They will utter asthma (with a laughing tone نبره ضاحكه) instead of allergy that they say. A patient tells you he does not have asthma and he has allergy. You think that ….or something, and s/he tells you he has asthma. يعني زول يقوليك لا لا انا عندي حساسيه بتفهمها انو مثلاThirosyties والا كده ويجي يقول انه عنده ازما |
| Facilitator | Based on your experience at XXXX hospital, what challenges/obstacles have you experienced in providing care for patient with CLDs? |
| Participant | We have high influx of asthma patients and we do not face any challenges. |
| Facilitator | There are no challenges. You easily provide asthma treatment at this hospital? |
| Participant | There is really one problem; when the electricity is cut off, this creates a problem. |
| Facilitator | Well. There is no electricity. In order to improve service provision, we need to find out some solutions via this discussion. How could these services be improved? |
| Participant | There is no generator at the hospital. It used to have a generator. However, the generator is no longer functioning. Until we unhook the oxygen cylinder, there is a problem. The solution is very easy; to be functioning via electricity. There is a problem via oxygen. To provide… this is the main problem that we face; electricity cut off. We will have a big problem with asthma patients. |
| Facilitator | Well. Move to more clinical section, Can you tell me more about how you would diagnose a patient with asthma? |
| Participant | Most of the patients that present; as I earlier mentioned, are (already diagnosed asthmatic). They present with (attacks; shortness of breathing) or (wheezes) in the (chest), etc. Or the patient might tell you that he is taking … and show you the prescription illustrating the treatment. The patient has already visited a consultant. Those patients are already (diagnosed) by the consultant. The problem is that they do not want to use medicines in the right way. They do not present; rarely there is a (new case). |
| Facilitator | Well. What would make it easier for you to diagnose a patient with asthma? Could it be use of algorithms, availing particular equipment at the laboratories, and at the hospitals? What do you think would make it easier? |
| Participant | If the avail equipment for investigations, etc. we have an x-ray machine. However, the laboratory over here is not that good; no all equipments are available? |
| Facilitator | Well. We talk about diagnosis. Can you tell me more about how you would manage a patient with asthma? |
| Participant | Once the patient presents; according to the severity of the attack, we start with nebulizer if it is mild and the patient is improving. Ventolin is prescribed based on the patient’s age and the ventolin dose is administered in the saline every 20 minutes along with hydrocortisone; (base dose) every 20 minutes. If the patient improves, we search for the provoking factor and eliminate it. We continue on (steroid) and change to (oral) treatment. If there is (chest infection), we will prescribe (antibiotics). If there is no chest infection, the patient will be discharge with (oral steroid); (short dose) for (5 days). That is it. |
| Facilitator | Well. What do you think would make it easier for us to manage a patient with asthma? Could it be medicines used and their availability; staff involved? What would make it easier for us to manage a patient with asthma? |
| Participant | What would make it easier is the patient him/herself. First, stay away.. |
| Facilitator | What would make it easier for us; as medical doctors, make management process easier? |
| Participant | The patient is the one who helps us. If keep away from triggering factor that provokes your attack, you will not have asthma attack. For example, I have a patient that presents with (wheezes) in the chest, and the wheezes never stop. Why they never stop? Because this patient is working; for example, he has cattle and breed them and mix up with them. What shall I do for such patient? If the patient does not stop this type of work, s/he will not be cured. The patient will come and go; take ventolin and still there is no improvement. This patient must be convinced and keep away from the triggering factor. |
| Facilitator | Well. Can you tell me more about health workers supporting diagnosis and management of patients with asthma at this facility? Tell me more about them; is this staff available at this hospital? |
| Participant | In relation to staff, we used to have a chest physician. He worked for 2 years. However, this …year, people do not know that there is a consultant, etc. However, most of the asthma patients that present at the facility will be referred immediately to the consultant. Once they got diagnosed; in a way that asthma is the definite diagnosis, and they take their treatment. |
| Facilitator | You mentioned the consultant. Apart from the consultant, is there health staff that are trained / involved in services provision for CLDs patients? If there is staff, who are they? Please tell me more about what roles does this staff perform for those patients? |
| Participant | In relation to tuberculosis, there is sister XXXX. 90% of the tuberculosis patients are already diagnosed and want treatment according to the locality. They perform the tests at another site. Then; as she told you, patients are distributed to the near facility in order not to default. For example, the patient might be diagnosed in [state capital]; in Kahrtoum. S/he will be referred to a health facility that is near to his place of residence. The health facility shall have a TB treatment officer in order to provide TB treatment till the end. TB patients will follow up at the hospital and pick up their treatment monthly and perform a test at 2 months and then the final test. Patients take their treatment drugs and instructions, etc. |
| Facilitator | Can you tell me more about the supervision structure at this hospital? How could supervision be improved? |
| Participant | In relation to tuberculosis, why there is no trained doctor? Why do they train the sister (nurse)? She is the one who provides treatment and advises the patient about disease transmission, etc. Why there is no medical doctor among treatment staff from the start; complete health staff from the start? Other staff shall be involved, not only one particular staff. There should not be one particular staff to provide medicines, and supervise to TB patients. The patient is diagnosed by a doctor and then is referred to another health staff; patient management is not entirely at the hospital. The patient is diagnosed outside; most of patients are diagnosed outside the hospital. If when this patient presents at the healthy facility, I as a medical doctor working at the clinic shall request investigations, etc. That is it. |
| Facilitator 2 | Well. Why do you think that nurses (sisters) rather than doctors are the ones who supervise TB treatment? |
| Participant | Treatment is through sisters. Once the patient is diagnosed outside the hospital; the patient must have visited a consultant at another site. Chest patients have requested availing a consultant at the hospital since it is near. The sister is resident staff that works all the times. It is better to train the sister on how to provide treatment. However, what I am saying is that Why the doctor is not involved? After the nurse provide treatment… The patient; who is an already diagnosed case, shall visit the doctor and see what the doctor will advise and then go for treatment. The patients who attend over here are already diagnosed; and have his medical records and advised to go to the nearest health facility; as the locality advises, to the nearest health facility. They are distributed according to the hospitals. For example, the hospital has a nurse; thus the treatment/nurse is available. المستشفي فيه مثلاً ممرض كده قاعد متوفر |
| Facilitator | Are there any other health workers at this hospital that you think should be involved in caring for patients with CLDs, who are not currently part of the CLDs management team? |
| Participant | There are not adequate staffs at this hospital. This is one of the problems. At the hospital; for example, there are 3 medical officers including myself. I am a medical director. The other 2 doctors work at the clinic. Therefore, we have to recruit other doctors to cover other days. We appoint external staff to work here as consultants. There is a problem; we do not have consultants. We had a chest physician and he finished his contract duration and left. We do not have another one. We have an obse department. We have a consultant surgeon. That is all. No everything is available. |
| Facilitator 2 | Why is there no adequate staff? What is the reason? |
| Participant | We have not been appointed staff. No staff; no recruitment; or doctors; all of them, want to emigrate. No doctor will be appointed to come and work here at the hospital. They prefer private sector. The majority of them worked for a certain period, leave to specialize and then work private, travel outside the country. This is the problem of medical doctors in general; ministry of health in general. |
| Facilitator | Well. Can you tell me more about the availability of (diagnostic tools) / equipment for diagnosing asthma at this hospital? |
| Participant | Oxygen. |
| Facilitator | There are no equipments for CLDs available at all. |
| Participant | This is the most available thing. |
| Facilitator | What is about the availability of drugs to manage asthma? |
| Participant | Drugs are available. |
| Facilitator | Available and all drugs are available to asthma patients? |
| Participant | Available. |
| Facilitator | They do not require any improvement. You think the hospital is at the (top) in regard to the quality of services provided? مابتحتاج لنوع من التحسين انتي شايفه انها في الTop في درجه متقدمه من الخدمه ؟ |
| Participant | The asthma drugs are the most requested at the emergency room. We take precaution that there is no stock out of asthma drugs at the emergency room. To supplement our stock until the next quota arrives. It should not stock out in the middle. For example, we always have a problem with Ventolin. If we suspect there might be shortage in the (stock) and etc., we take precautions and supplement our stock so that we can manage the case if a patient presents. If you have noticed XXXX hospital is outside XXXX; it is at the periphery. If we would like to refer a patient to a clinic, I will not be able to do that. It is too far and the patients will suffer a lot. |
| Facilitator | You mentioned that drugs are available! |
| Participant | To some extent. |
| Facilitator | Are the drugs available for the patient; at a low price that the patient can afford and they are accessible? |
| Participant | No, no. Not all drugs are of low price or accessible. In general; not only asthma drugs. |
| Facilitator | Can you tell me more about how you collect data for patients with CLDs at this hospital? How does data collection for the patient take place? |
| Participant | You mean when the patient presents and take (history) and perform (examination) or what? |
| Facilitator | All that. |
| Participant | First, I will take (history and examination) and ask the patient. Sometimes, the patient cut it short and tells us that s/he already has allergy, has brought along his medical records and show them to us. |
| Facilitator | Are there data collection; in regard to patients’ influx, in order to take decision (accordingly)? Is there any data collection? الباحث في معلومات بتتجمع عشان انتو تتخذوا القرارات according للمعلومات البتجيكم بشكل متردد دي ؟ مافي شكل بتاع معلوماتيه ؟ |
| Participant | I do not understand the question quite well. However, it is according to reports that are submitted, etc; whether this patient has asthma, etc. المشارك مافهمت السؤال كويس لكن طبعاً حسب تقارير تترفع وكده انو الزول ده ازما وكده |
| Facilitator | Hmmm |
| Participant | Yes, there is data collection. We have a register book where patients are and diagnoses are recorded; this patient has asthma. Statisticians submit asthma report; for example, the number of patient influx. Yes, there is. |
| Facilitator | How do you make use of the information recorded in the register? What is the (reflection) of data use at the hospital? الباحث المعلومات البتنزلوها في الدفتر دي قاعدين تستفيدوا منها في شنو ؟ الانعكاس بتاعها او الreflection البنعكس علي المستشفي شنو؟ |
| Participant | We do not have any reflection. We do not have anything but they are submitted. |
| Facilitator | Are they submitted to higher levels? |
| Participant | Yes. Reports on all these diseases are submitted on a weekly basis or on a daily basis according to the disease. Monthly reports are submitted on a regular basis. We collect all data. This is statistics. We have a register; clinic register book where information are recorded on the patient’s name, sex, residence, cause of attending the hospital, number of hospital visit وانو هو متردد يعني للزياره وانو هو متكرر , diagnosis, medical instructions; management plan, referral of patient or advise to follow certain instructions. All this information is recorded; recorded in the register on a monthly basis and submitted to statistics department, and they reported. Statisticians also supervise and measure the total patients’ influx; for example, they review the register and calculate the total influx of asthma patients; and whether a patient has frequent visits to hospital, etc. The statistics department is always functioning. طوالي شغاله |
| Facilitator | Well. I would like to enquire about; it might be a question related to statisticians. However, since you are the medical director, you might have the answer and we are looking for that. Who do you share this data with at the higher levels; for example, the ministry of health? |
| Participant | Yes. This is (systematic); who shall you report to on a weekly basis? Data are reported to the related department. For example, asthma data are reported to asthma managers; there is an appointed asthma officer. Malaria officer submit report as well as the officer on diarrheal diseases. They constantly submit reports. |
| Facilitator | Well. How often is the (sharing) of these data? |
| Participant | According to the diseases. Some diseases are reported on a weekly basis while other diseases are reported immediately; once diagnosed, they are reported right away. |
| Facilitator 2 | Do you report CLDs immediately? How often do you report CLDs? |
| Participant | No, no. They are probably reported on a weekly basis. CLDs are not reported right away. They are not an epidemic disease (With a laughing tone) to be reported immediately. |
| Facilitator | Well. What do you think are the main needs for patients with CLDs? According to your own opinion? |
| Participant | To whom? To be availed by the hospital! ليه والا المستشفي تكون بتوفره؟ |
| Facilitator | To asthma patient? What do you think are the main needs for patients with asthma? |
| Participant | They main needs that are supposed to be availed by the hospital. |
| Facilitator | (Yes). |
| Participant | Asthma patient attends the hospital daily. Even if the patient is not very distressed, s/he will be malingering that s/he is in severe distress. First, the nebulizer at the hospital shall be functioning. The ventolin shall be available and there is no stock out. Electricity shall not be cut off. If asthma patient presents at any time, I shall be able to admit this patient, provide emergency treatment and follow up after improvement. Patients present and I examine them by stethoscope to assess the patient’s condition and immediately refer the patient. Thereafter, I ask the patient about what is the problem and what is s/he suffering from, etc? |
| Facilitator | Are there health posts or health care centres providing management for CLDs over here; in XXXX? |
| Participant | Management of CLDs is provided at health care centres. |
| Facilitator | Well. If we would like to introduce provision of CLDs management at these health facilities, how do you think they could be involved in the provision of asthma management services? طيب نحن لو دايرين ندخلها نقدم فوقها الخدمات بتاعت امراض الرئه المزمنه في رايك انتي ممكن نعمل شنو؟ |
| Participant | If there is a doctor available, there will be no problem. |
| Facilitator | Only doctor? |
| Participant | If the doctor is available; I worked at a health centre in the past. The health centre is fully equipped but there is no doctor. If a resident doctor is appointed at health care centres, these health centres will be functioning and have no problem. Equipment for asthma and oxygen are available at the majority of health centres. There is no big problem. They will manage the patient until his/her health condition is stabilized (stable) and then you refer the patient to hospital for example. The hospital could not manage the patient; s/he will be referred to another better health facility. If there is health centre at the villages in close proximity, XXXX is far away. For example,XXXX and XXXX have health centre. If the patient is severely distressed, the patient will present at the health centre and start sessions for ventolin until his/her health condition is (stable). The patient might be referred to the hospital to complete treatment. If something wrong takes place; the patient does not get better, etc, referral of the patient will be performed according to his/her health condition. Areas near to the main street; all areas adjacent to the main street have health care centres; each village has a centre. |
| Facilitator | This is the history of a patient. Please read the history and provide answers at this paper according to what do you think. This is absolutely not a test on skills. This patient presents at the hospital. How will you manage this patient and record it here. |
| Participant | If such a patient presented at the health facility, I will consider (COPD; Bronchitis). Based on the type of his work; he used to work at a textile factory. The (sputum)…. However, according to the patient history, his complaint is (acute) apart from breathless for w -3 weeks. Weeks-duration period does not reflect something chronic so as to consider COPD or Bronchitis. At first, I wrote COPD as the suspected diagnosis. However, when I revised the history, this illness was acute. This could be asthma; an asthma attack. However… onset of…it could be asthma until this patient is diagnosed as COPD. What do you decide to do? What do you prescribe? Based on the patient’s history, I will prescribe (Ventolin nebulizer, and steroid) at the start. After 8 days, the patient improves coughing, expectoration and breathlessness decrease. This will be due to steroid treatment. It improves the patient’s condition. ده علي حسب انه اخد الsteroid بكون قللت لينا حبه Weight is stable. Bacteriological examinations are negative, in particular AFB smear. This means (tuberculosis) is excluded. Sorry, I am not that good in the PEF, etc.. معليش انا حق PEF وال كده ده ماشديده فيهو |
| Facilitator | Skip that. |
| Participant | Yes. However, as the breathlessness has not completely disappeared, the doctor prescribes a short course of prednisone, with a salbutamol as needed. That means the patient improves. The patient gets better with salbutamol and prednisone for 8 days. What is the most probable diagnosis? I will write down COPD. Next it says If your diagnosis is asthma, what instructions would you give to a newly diagnosed patient in relation to inhaler use technique? First, the patient must know how to use the inhaler whether it is Ventolin or steroid. Ability to self-control attacks Identify the triggering factor and type of his work; stay away from his work. How would you manage the patient if he had an acute asthma attack? I will start with Ventolin first. If his condition does not improve, I will proceed step by step until the patient improves. If he does not improve, I will need a ventilator, ICU admission based on the severity of asthma; it could be life-threatening asthma. 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 low as a result. Of course; in relation to asthma patients, based on the type of his work, if he really could not exert effort or there is something triggering his breathlessness, the patient shall change his work. This is determined by what the doctor recommends. However, there are some patients; for example, according to the type of his work, if the patient thinks he is asthmatic and he is fine at the moment and could perform his work and nothing wrong will happen. However, the patient sometimes thinks if he does so, something will happen, in order to not to work or perform his duties; may be to take a rest, etc. At the past, army officers presented with disc and told the doctor it was due to standing in the queue and boot wearing. They presented when I was working in neurosurgery and asked us to recommend against standing in the queue and boot wearing. This decision shall be taken by the medical doctor. The patient does not have a medical problem. Shall I give instructions to the patient in order not to perform his work in the right way or record that such activities will affect the patient’s health condition? Such decisions shall be taken by medical doctors; it is a medical decision. If the patient still keeps in his mind he will be hurt, this patient shall be referred to a psychiatrist. Patients do not consider it depends on the type of work. Are there any other service sectors that you might want to link this patient with? You mean referral from the hospital if I could not manage this patient. |
| Facilitator 2 | Over here. |
| Participant continuing | Over here, these services are not available. |
| Facilitator | Will you refer the patient? |
| Participant | Yes. I will refer the patient. I am based in XXXX. I can refer the patient to [district capital]. There will be a respiratory department, and ICU. I will refer the patient there or according to patient’s preference. I will refer the patient to where he would like to go right away. I have referred patients to [district capital] and [state capital]. |
| Facilitator 2 | Where do you refer from here? |
| Participant | The only asthma case from here, I referred to [district capital]. She was referred to [state capital] from [district capital]. She was a student in the boarding house over here. It was summer or I was a new doctor; once I started working here. She was the only patient I came across and was taking ventolin and there was no response. There is nothing I could do at this hospital. I do not have any other treatment. I only use ventilon; administer it every 20 minutes for one hour and then re-start treatment. It took 8 hours or 6 hours, and there was no improvement in her health status. I cannot keep that patient any longer at the hospital. She should be referred right away to a health facility where she would receive proper treatment. |
| Facilitator 2 | What else might you want to consider when managing this patient given his recent low mood? بالنسبه للمزاج السئ ده بتحولي وين بتتصرفي معاه كيف ؟ |
| Participant | Those low mood cases… |
| Facilitator | Will you provide patient support? |
| Participant | Yes. I have told you it depends; this decision shall be taken by the doctor based on the reason behind the patient’s low mood? The low mood could be related to steroid therapy. Steroid does not severely change the patient’s mood status. There are patients who take steroid; there is no apparent change in the patient’s mood – clear change; the patient has low mood. Sometimes, the (shortness of breathing) itself might make the patient uncomfortable. |
| Facilitator | Do you have any addition? Do you have any question before we thank you? |
| Participant | I hope the questionnaire and your research will be fruitful and you come back with something good. You come back and inform us about the results; what has happened? We as well as the hospital will benefit from this in order to provide services. This is asthma season. It is raining these days; hot and cold weather. There is high influx of asthma patients. Tuberculosis is probably decreasing in incidence. الدرن ده ممكن يكون قلَّ بجيبو لينا كتر حاجه الناس البجيبوا لينا في الايام دي Eid al-Adha is approaching. The people; who have animals, sheep and etc, are the most presenting cases. The people; who are most affected, are the Bedouin. Those who are traveling are the most presenting cases. They have this disease since they are very connected to their cattle; their animals, and depend on these animals for livelihood. This is the most common problem. We are going to have this problem on these days. They frequently present at the hospital to purchase medicines and asthma attacks are very common. اكتر ناس بشيلوا الرُحّل البترحلوا ديل يعني هم البجونا بكون عندهم عشان هم اكتر حاجه ملتصقين ببهائمهم دي بحيواناتهم دي وعيشتهم عليها دي اكتر حاجه يعني حتواجهنا الايام دي حتكون حتي بجو يشيلو العلاج كتير والازما بتكون كتيره . |
| Facilitator | Thank you so much; doctor. Thank you for your time. |